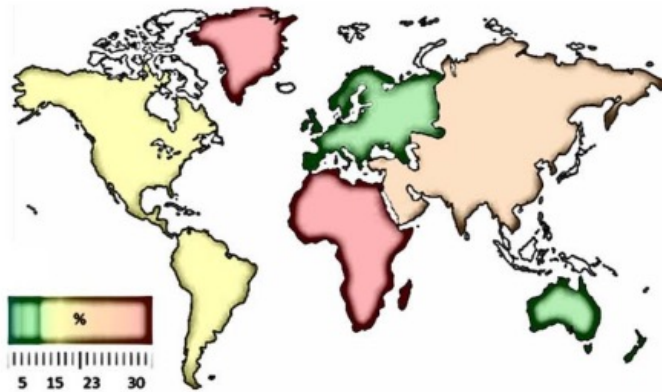







A JOINT HYPERMOBILITY ACROSS THE WORLD



1

ITEM	BEIGHTON SCORE	POINTS
	Passive dorsal hyperextension beyond 90° of the fifth finger with extended interphalangeal joints and the palm firmly adherent to hard surface	2 (1 point each side)
	Passive volar flexion of the thumb with the nail touching the arm	2 (1 point each side)
	Active hyperextension beyond 190° of the elbow with the upper limb straight	2 (1 point each side)
	Passive hyperextension beyond 190° of the knee with the lower limb lying over a hard surface	2 (1 point each side)
	Frontal bending of the spine with extended knees and both palms resting flat on the floor	1
		Range = 0-9

2

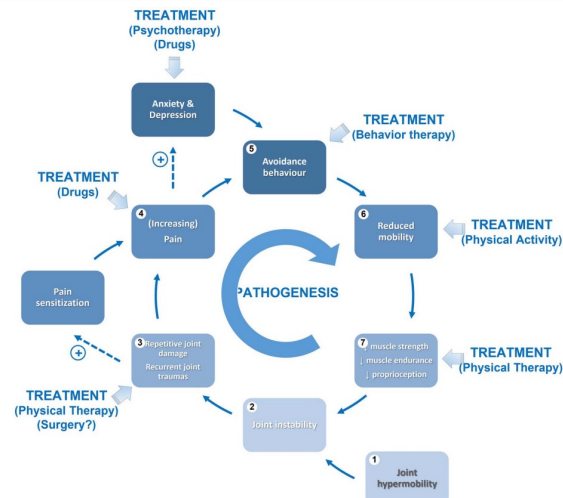


Fig. 3 Simplified representation of the pathogenetic processes leading from JHM to a repetitive cycle causing chronic MSK pain and worsening disability in JHM-related MSK pain.

3

Beighton in children age 5+

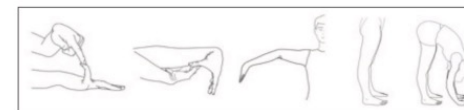


Diagnostic Criteria for Paediatric Joint Hypermobility
This diagnostic checklist is to support doctors to diagnose paediatric joint hypermobility and hypermobility spectrum disorder



Patient name: _____ DOB: _____ DOV: _____ Evaluator: _____

Children From 5 Years Of Age Until Biological Maturity



L ☐ R ☐ L ☐ R ☐ L ☐ R ☐ L ☐ R ☐ ☐

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Beighton Score: ____/9
Must be a minimum of 6

4

MSK, Skin and Tissue Abnormalities

Skin and Tissue Abnormalities

- ☐ Unusually Soft Skin – unusually soft and/or velvety skin
- ☐ Mild Skin extensibility
- ☐ Unexplained striae distensae or rubae at the back, groin, thighs, breasts and/or abdomen without a history of significant gain or loss of body fat or weight
- ☐ Atrophic scarring involving at least 1 site and without the formation of truly papyraceous and/or haemosideric scars as seen in classical EDS
- ☐ Bilateral piezogenic papules in the heel
- ☐ Recurrent hernia, or hernia in more than one site (excludes congenital umbilical hernia)

Score: ____/6
Must be a minimum of 3

Musculoskeletal Complications

- ☐ Episodic Activity related pain not meeting the chronic pain frequency and duration criteria
- ☐ Recurrent joint dislocations, or recurrent subluxations in the absence of trauma, and/or frank joint subluxation on physical exam in more than one joint (excludes radial head <2yrs)
- ☐ Soft tissue injuries – One major (needing surgical repair) and/or current multiple minor tendon, and/or ligament tears

Score: ____/3
Must be a minimum of 2

5

References

- Tofts et al.(2023) Pediatric joint hypermobility: a diagnostic framework and narrative review. Orphanet Journal of Rare Diseases
- Malfait F, Francomano C, Byers P, et al. The 2017 international classification of the Ehlers–Danlos syndromes. Am J Med Genet C Semin Med Genet. 2017;175(1):8–26. <https://doi.org/10.1002/ajmg.c.31552>.
- Mackenzie Garreth Brittain, Sarah Flanagan, Lindsey Foreman & Patricia Teran-Wodzinski (2023) Physical therapy interventions in generalized hypermobility spectrum disorder and hypermobile Ehlers-Danlos syndrome: a scoping review, Disability and Rehabilitation, DOI: [10.1080/09638288.2023.2216028](https://doi.org/10.1080/09638288.2023.2216028)
- Lamari, Neuseli, and Peter Beighton. "Joint Hypermobility in Newborns and Children." *Hypermobility in Medical Practice*. Cham: Springer Nature Switzerland, 2023. 135-144

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Patient organisations UK – both have professional membership

- **Hypermobility.org**
- **www.ehlers-danlos.org**

Dr Alan J Hakim MA FRCP

Dr Hakim's time is now spent primarily between education, clinical research, and advocacy and charity work in the field of the Ehlers-Danlos Syndromes and Hypermobility Spectrum Disorders

<https://alanhakim.com/>

For patients:

- The London Hypermobility Network - Services for all Hypermobility-related Conditions
- <https://www.thelondonhypermobilityunit.co.uk/>

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