

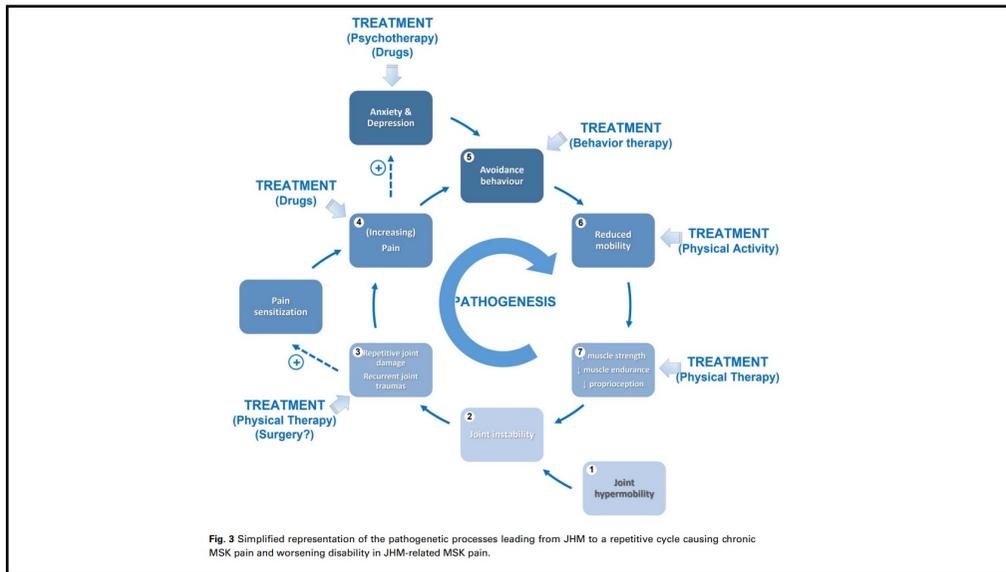
1

3 BEIGHTON SCORE

ITEM	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



3

Beighton in children age 5+

Paediatric Working Group
The International Consortium on Ehlers-Danlos Syndromes & Related Disorders
In Association with The Ehlers-Danlos Society

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

Distributed by **The Ehlers Danlos Society**

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

Children From 5 Years Of Age Until Biological Maturity

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

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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

6

Patient organisations UK – both have professional membership

- [Hypermobility.org](https://www.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/>

7