# Hypermobility Syndromes: Key messages for health professionals

## 1. Be aware of the 5 point questionnaire

Can you now (or could you ever)

Place your hands flat on the floor without bending your knees?

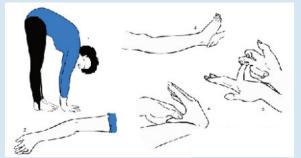
Bend your thumb to touch your forearm?

Do party tricks?

Dislocate on more than one occasion?

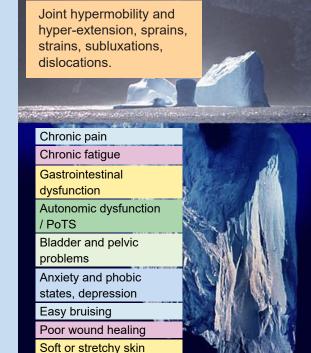
Consider yourself double-jointed?

#### **2. The Beighton Score** (not a diagnostic test)

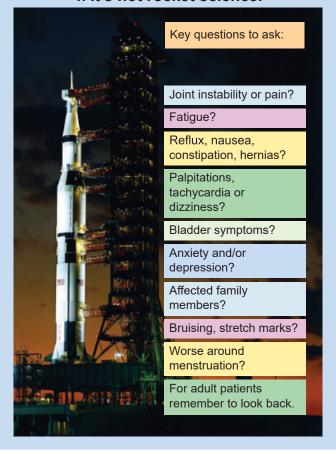


Low Beighton score does not exclude hypermobility, which can affect other joints or other planes of movement.

# 3. Know the common associations



#### 4. It's not rocket science.



#### 5. When to refer for Genetic Testing

- Marfanoid habitus + aortic root or ocular signs
- Very stretchy skin or unusually widened atrophic scars
- Large unusual bruising/haematomas
- Organ rupture
- Personal or family history of young onset unexplained arterial dissection, aneurysms or significant haemorrhage
- Significant kyphoscoliosis
- Recurrent large hernias

## 6. What can you do?

- Listen carefully
- Make a diagnosis (asymptomatic hypermobility, HSD, hEDS, query rare HDCT)
- Ensure you have access to a hypermobility orientated physiotherapist with a holistic approach.
- · Refer for podiatry assessment.
- Use HMSA website as a resource for the patient and yourself (see 'professionals' section).
- Be aware that medications are often ineffective.
- Try to avoid codeine, opioids, and morphine.
- PoTS? Increase fluid and salt in moderation
- IBS-like symptoms? See website for more info.
- Address anxiety and depression consider evidence based intervention such as mindfulness and mindful self compassion.
- Consider the Alexander Technique and Tai Chi.
- Review and support

For more information visit

Hypermobility.org/Kent-Model



The Information Standard Certified Member

Poor proprioception

allergies

Mast cell disorders and