Hypermobility spectrum disorder: What is it?

Anna Higo gives us the lowdown.

Physical therapists are playing a central role in the management of individuals with hypermobility-related disorders[1,2,3]. The prevalence of such disorders is reported to be between 30%[4] and 55%[1] in the musculoskeletal outpatient setting. The main concern, however, is that despite this high incidence, many clinicians are not familiar with the diagnostic criteria, prevalence or common clinical presentation of affected individuals.[5,6,7]

In March 2017, a re-classification occurred of joint hypermobility syndrome to aid with a better understanding and appropriate diagnosis of this complex subject. In 2012, Rodney Grahame devised the terminology 'joint hypermobility syndrome', a range of movement that exceeds what is considered to be normal for that joint, taking into consideration the individual's age, gender and ethnic background. In 2017, it became classified as hypermobility spectrum disorder (HSD).

Diagnosis criteria for HSD

Beighton score

You score one point for each side and there is a maximum of nine available.

It is important to note that Caucasian is a score of 4+ and black/Asian is a score of 5+. The Beighton score (see diagram top right) also has its limitations, as it does not consider other joints that can be affected such as the shoulders, fingers, neck and feet. It also does not allow for age: joint range of movement decreases with age.[8,9] Hence, Grahame and Hakim[7] devised the 5 Point Hypermobility Questionnaire.

5-Point Hypermobility Questionnaire

1. Can you/could you ever place your hands on the floor without bending your knees?
2. Can you/could you ever bend your thumb to touch your forearm?
3. As a child did you amuse your friends by contorting your body into strange shapes or could you do the splits?
4. As a child or teenager did you dislocate your shoulder or kneecap on more than one occasion?
5. Do you consider yourself double jointed? (Must have at least two positive items)

Other signs associated with HSD are isolated or widespread, and recurrent, injury to joints, ligaments or tendons. The individual may have acute or chronic joint pain and, due to the instability around the joints, there may occur subluxations or dislocations and/or poor proprioception. A sign that many are unaware of and which can be extremely debilitating to the individual concerned is the inability to undertake daily activities of living or exercise, schooling or work due to extreme fatigue and disability.

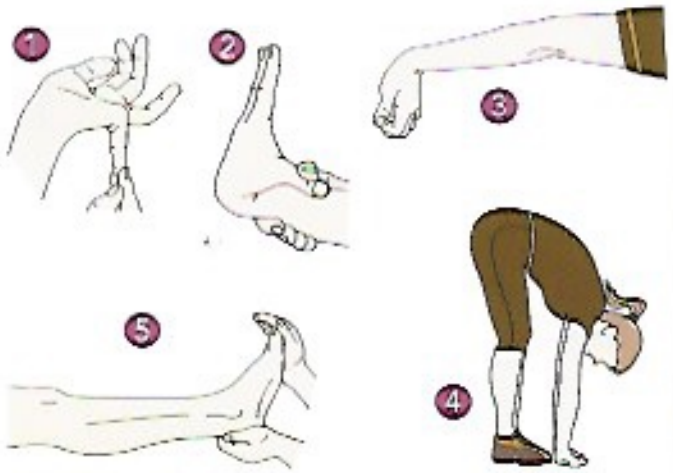
Principles of management

When managing these individuals within a fitness setting, it is vital they get the correct advice on training. Strength, core stability and endurance training are vital.[10] Exercise programmes must be tailored to the individual and should be graduated with the main emphasis on motor control[11] and adequate recovery. ***fp***

BIOGRAPHY►

Anna Higo MCSP is a chartered physiotherapist with a keen interest in the assessment, diagnosis and treatment of shoulder injuries. She is joint partner of Physiocure (**physiocure.org.uk**) based in North Leeds.

The Beighton Scale for Testing



	LEFT	RIGHT
1. Passive dorsiflexion and hyperextension of the fifth metacarpophalangeal (MCP) joint beyond 90°	1	1
2. Passive apposition of the thumb to the flexor aspect of the forearm	1	1
3. Passive hyperextension of the elbow beyond 10°	1	1
4. Active forward flexion of the trunk with the knees fully extended and the palms of the hands flat on the floor	1	1
5. Passive hyperextension of the knee beyond 10°	1	1

Hypermobility: My story

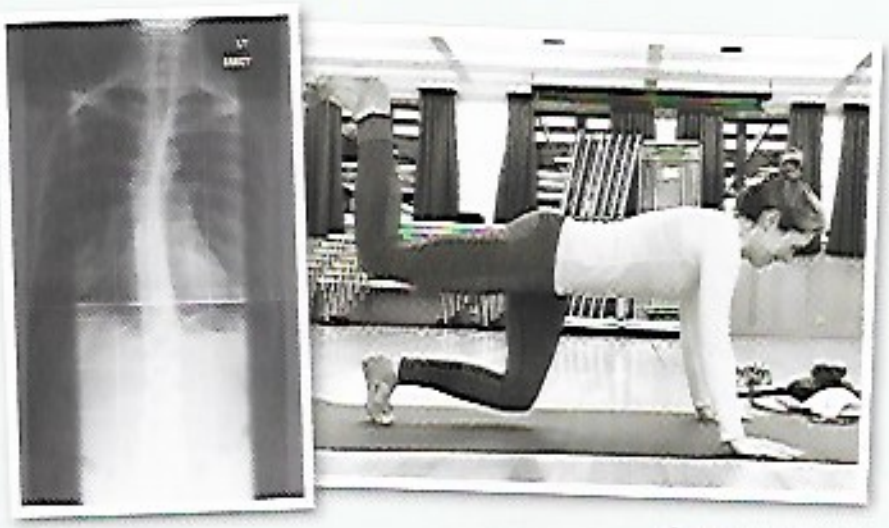
FitPro member, Kate Clark, recounts her experience of hypermobility.

As a younger girl, I was a member of the gymnastics team with what seemed to be a very flexible body; little did I realise I had scoliosis of the spine and hypermobility issues that would cause me pain and posture problems in my later years.

I spent my 20s and 30s in and out of osteopath and chiropractor clinics trying to resolve episodes of unbearable lower back pain which, at times, left me unable to walk. My career spanning 18 years at a desk only fuelled the problem further. Eventually, I received a diagnosis from an orthopaedic specialist. This confirmed scoliosis and hypermobility issues, contributing to a prolapsed disc and early degeneration to the other discs in my lumbar spine. I was then advised to try Pilates to prevent my problems becoming any worse.

So, I became a certified Level 3 Pilates instructor and the owner of Pilates with Kate. Within a year, I was teaching five classes a week and practising more and more Pilates. I noticed that, as well as my much improved strength, to my amazement I had become completely free of back pain.

When I received my qualification, I remember feeling concerned that my condition could prevent me from demonstrating well but, in fact, it has actually proved to be positive because clients can relate to me when I share my knowledge of posture problems and I actually think it has played a part in my success. Thankfully, most moves are in reach for me now due to my improved strength and flexibility but occasionally there may be demonstrations that prove more difficult for my body type and, when this happens, I either offer a modification or cue a confident participant into the move instead, which works well, too.



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