Sheffield Aches & Pains

Supported by NHS

Hypermobility

Start here

Person presents at primary care with joint symptoms and suspected hypermobility– synovitis excluded

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Hypermobility/ hypotonia can be part of rare syndromic diagnosis. Concerning features include: dysmorphic features, developmental delay, abnormal scarring of skin and skin hyperextensibility, talipes, pectus deformity, (kypho)scoliosis, cardiovascular features (aortic dilatation, family history of sudden vascular death) personal or family history of organ rupture eg bowel perforation, significant fracture history, pneumothorax

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Please consider referral to clinical genetics or for dysmorphic features/developmental delay to paediatrics and for significant fracture history to metabolic bone service

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Beighton score

>6 up to 19yrs

>5 20yrs +

→ No →

- Reassure
- Demedicalise
- Signpost Sheffield Aches and Pains website

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Significant joint pain in affected joints or functionally disabling subluxation/ dislocation

→ No →

→ Consider referral to Pain management services if pain is widespread beyond affected joints, affecting sleep or there is significant difficulty with pain management – signpost patient to persistent pain resources at www.sheffieldachesandpains.com

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Consider referral to MSK Sheffield if patient accepting that active therapy rehabilitation approach focusing on self management will be helpful

→ Internal triage

→ The **Advanced Practice Physiotherapy** team (PhysioWorks) can investigate to exclude other MSK pathology should this be appropriate

→ **Physiotherapy (PhysioWorks)**

Active therapy rehabilitation approach focusing on education and self management