**Hypermobility Spectrum Disorder**

**Refer to appropriate speciality**

For all other abnormal investigations

**Consider referral to occupational therapy**

For bracing/ADL modifications

**Consider referral to physiotherapy**

For joint supports/walking aids and support with exercise

**Refer to pain management service**

If not responding to Primary Care management

**Refer to Consultant Rheumatologist**

If diagnosis is uncertain

If investigations suggest an inflammatory/auto-immune cause

If any hypermobile condition other than hEDS/HSD is suspected

<http://www.rcgp.org.uk/eds> - Indications for referral in EDS

**Management**

Patient education/information

<http://hypermobility.org/>

<https://www.versusarthritis.org/about-arthritis/conditions/joint-hypermobility/>

Analgesia as per guidance

<http://sussexmskpartnershipcentral.co.uk/for-health-professionals/medicines-management/>

<https://www.nice.org.uk/advice/ktt21>

Management of multi system issues, i.e. Gut issues, Cardiovascular Autonomic Dysfunction, Musculoskeletal issues

[http://www.rcgp.org.uk/management of HSD](http://www.rcgp.org.uk/~/link.aspx?_id=9AA2F6D779C94E41AE6122D7784B87F1&_z=z#brief-overview-pain)

**Investigations:**

FBC, ESR/CRP, U&E, LFT, Glucose, Bone profile, CK, TFT and Vitamin D

Urine dipstick

Bone density

Undertake Beighton score

<http://hypermobility.org/help-advice/hypermobility-syndromes/beighton-score/>

History of bone fragility, bruising, ocular problems, flat feet, tender trigger points

Inflammatory arthritis ruled out

Lack of effectiveness of local anaesthetics

Functional assessment, Pain Visual Analogue Score may be helpful

Systemic symptoms using Just GAPE acronym below:

* Joints and (U)other Soft Tissues
* Gut
* Allergy/Atophy/Auto-immune
* Postural Symptoms
* Exhaustion

<http://www.rcgp.org.uk/eds>

Check for connective tissue disease, recurrent miscarriage

Check for mitral regurgitation: listen to heart

Presence of Marfans syndrome or hypermobile Ehlers Danlos Syndrome (hEDS) will **exclude** HSD (note that hEDS and HSD are pretty similar and many HSD patients just don’t quite meet the criteria for hEDS but the clinical problems will be much the same)

Rule out

Red flags