

Assessment of joint hypermobility

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Increased movement and flexibility of a joint can often cause joint pain and symptoms of instability. A formal assessment of joint mobility can help document the degree of mobility. The Beighton score alone cannot be used to diagnose hypermobility in terms of its underlying causes; however, it acts as a standardised clinical assessment across both upper and lower limbs and the spine. The Beighton score is calculated as follows (Figure 35.1): 1 point if, while standing forward bending, the patient can place their palms on the ground with legs straight; 1 point for each elbow that bends backwards; 1 point for each knee that bends backwards; 1 point for each thumb that touches the forearm when bent backwards; 1 point for each little finger that bends backwards beyond 90°; total score out of 9.

Summary box 35.2
MSK examination

Peter H Beighton, b. 1934, British medical geneticist. With Francis T Horan published 'Orthopedic aspects of the Ehler-Danlos syndrome' in 1969.

Hand hygiene and chaperone presence
Introduce yourself and put the patient at ease
Assess the gait
Look
Feel
Move
Special tests
Neurological examination
Pulses
Motor Reflexes
Deltoid
Biceps
Wrist extension
Brachioradialis
Triceps
Finger flexors - Interossei - Psoas - Quadriceps - Quadriceps - Tibialis anterior
Knee jerk - Gastrocnemius/peroneals
Achilles
Bladder and foot
intrinsic - A numerical mobility score of 0 to 9, 1 point allocated for the ability to perform each of the following tests: Pull little finger back Left _____ beyond 90° (1 point Right _____ for each side) Left _____ Pull thumb back to touch forearm (1 point for each side) Bend elbow Left _____ backwards beyond 90° (1 point for each side) Right _____ 10° (1 point for each side) Left _____ Bend knee backwards beyond 90° (1 point for each side) Right _____ 10° (1 point for each side) Lie hands on the floor while keeping knees straight and bending forward at waist Total _____ Figure 35.1 Beighton score (a screening technique for hypermobility).

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Hand hygiene and chaperone presence Introduce yourself and put the patient at ease Assess the gait Look Feel Move Special tests Neurological examination Pulses Motor Re /f_l ex Deltoid Biceps Wrist extension Brachioradialis Triceps Triceps Finger /f_l exors - Interossei - Psoas - Quadriceps - Quadriceps - Tibialis anterior Knee jerk - Gastrocnemius/perineals Achilles Bladder and foot intrinsics - A numerical mobility score of 0 to 9, 1 point allocated for the ability to perform each of the following tests: Pull little /f_i nger back Left _____ beyond 90° (1 point Right _____ for each side) Left _____ Pull thumb back to touch forearm (1 Right _____ point for each side) Bend elbow Left _____ backwards beyond Right _____ 10° (1 point for each side) Left _____ Bend knee backwards beyond Right _____ 10° (1 point for each side) Left _____ Lie hands on the Right _____ /f_l oor while keeping knees straight and bending forward at waist Total _____ Figure 35.1 Beighton score (a screening technique for hypermobility).

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