

Hypermobility can sometimes occur with other health problems that may not seem related. To help your provider screen for these, please *check off the symptoms that you have experienced in the past 6 months* and then *circle the top three symptoms that most affect your life.*

**Section A: I had pain...**

- in one area
- in a few areas
- all over my body
- with light touch
- when I even think about moving
- with sex
- in my pelvis that is worse with standing, but better with lying down
- in my stomach/abdomen

**Section B: I experienced...**

- severe fatigue
- unrefreshing sleep
- difficulty sleeping or staying asleep
- sleep apnea (interrupted breathing)
- brain fog/ forgetfulness
- fatigue all the time that limits my ability to do daily activities
- heat or cold intolerance

**Section C: Sometimes/often I...**

- felt like I was going to faint
- fainted (lost consciousness)
- had difficulty remembering things
- had difficulty processing information
- had a racing or pounding heart
- had headaches/migraines
- had low blood pressure
- had heart palpitations
- had difficulty concentrating
- felt faint, dizzy or had vision go black when sitting or standing or standing up

**Section D: My skin...**

- was soft/silky/velvety
- was thin, I can see my veins easily
- was mildly stretchy
- was very stretchy
- was fragile
- took a long time to heal
- healed with flattened or widened scars
- had stretch marks from growing
- bruised easily

**Section E: I felt...**

- anxious

- depressed
- panicked at times
- low in self confidence
- negative about things
- hopeless
- desperate
- afraid of doing certain things
- resentful of healthcare providers
- distrustful of healthcare providers
- scared or worried about physical movement

**Section F: Sometimes I had:**

- flushing (skin turning red)
- hives (red bumps on skin)
- itching
- allergic reactions
- sensitivity to foods, chemicals, medicines, or the environment

**Section G: I often had...**

- constipation
- diarrhea
- abdominal bloating
- abdominal cramping
- heartburn
- recurring abdominal pain

**Section H:**

- I had difficulty getting numb during dental procedures
- My teeth moved quickly with braces/ moved back quickly after braces
- I have been told my teeth had higher cusps and deeper fissures
- I had jaw issues/difficulty keeping my mouth open during dental procedures

**Section I: In my childhood, I experienced...**

- clumsiness
- stomach problems
- difficulty with toilet training, bedwetting
- sprained ankles
- being double jointed
- emotional difficulties
- learning difficulties
- writing difficulties

Hypermobility can sometimes be connected to other health problems that have been diagnosed by a doctor or specialist. Please let us know if you have ever been diagnosed with any health problems below by **checking the associated box**. Also, if anyone in your family has been diagnosed with any health problems below, please **underline**.

#### Gastrointestinal

- Irritable bowel syndrome (IBS)
- Functional gastrointestinal disorder
- Gastroesophageal Reflux Disease (GERD)
- Dysphagia
- Rectal evacuatory disorder
- Eosinophilic esophagitis

#### Cardiovascular

- Postural Orthostatic Tachycardia Syndrome (POTS)
- Syncope
- Aneurysm
- Neurally mediated hypotension
- Mild aortic root dilation
- Mitral valve prolapse
- Dysautonomia

#### Musculoskeletal/ Connective Tissue

- Temporomandibular (TMJ) issues
- Upper cervical instability
- Joint subluxations/ dislocations
- Scoliosis
- Low back pain
- Degenerative joint disease/ osteoarthritis
- Periodontitis
- Hernias
- Prolapses
- Any sort of organ rupture (i.e. spontaneous pneumothorax)
- Chronic regional pain syndrome (CRPS)

#### Neurological/ Neurodevelopmental

- Small Fiber Neuropathy
- Headaches
- Chiari-like headaches and/or Chiari malformation
- Migraines

- Headaches with ear symptoms
- Headaches with tinnitus
- Headaches with ear fullness
- Tethered cord syndrome
- Tarlov cyst
- Attention-Deficit Hyperactivity Disorders (ADHD)
- Autism or Autism Spectrum Disorders
- Developmental coordination disorder

#### Immunological

- Asthma
- Allergies or sensitivities – food
- Allergies or sensitivities - medication
- Allergies or sensitivities - environmental
- Celiac disease
- Mast Cell Activation Syndrome (MCAS)
- Autoimmune disorder

#### Genitourinary/Pelvic

- Menorrhagia (heavy menstrual bleeding)
- Endometriosis
- Pelvic floor disorders, including pain
- Pelvic organ prolapse
- Incontinence and/or urinary retention
- Sensory abnormalities

#### Psychological/ Behavioral/ Fatigue

- Anxiety
- Depression
- Panic disorder
- Affective disorder (depression, bipolar, etc.)
- Eating disorder (anorexia, bulimia)
- Chronic Fatigue Syndrome
- Fibromyalgia
- Insomnia
- Restless leg syndrome
- Sleep apnea

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**Clinician Guideline for the Hypermobility Screening Tool (HST)****For the Symptom checklist (Page 1):**

- Sections A-H identify recent issues; Section I is historical to lend perspective on chronicity
- Note the number of symptoms and sections with checks for a better understanding of the number of body systems affected and extent. If the patient has symptoms but not a formal diagnosis, this may indicate the need for a referral (see table below).
- Use the three symptoms circled to prioritize a discussion about the extent of the effects on their life, physical therapy management, and outside referrals, particularly if they are negative prognostic indicators for physical therapy.

**For the Diagnoses checklist (Page 2):**

- Again note the number of diagnoses and sections with checks for an understanding of multisystem involvement.
- Use the checked diagnoses here and symptoms page 1 to guide a discussion of patient's understanding of health problems and how the health problems are being managed (unmanaged vs. self-managed vs. by an appropriate provider)

Using the HST to initiate or enhance interprofessional communication and collaboration with the other providers (see table below) that are actively managing or could manage related diagnoses is strongly encouraged. With patient consent, sharing information gained from physical therapy evaluation and management may assist other providers in differential diagnosis and management decisions. Information about exercise tolerance, psychological considerations and other provider perspectives can also enhance our care as physical therapists. This team approach will optimize outcomes for patients with hypermobility.

RECOMMENDED PROVIDERS	RELATED HST FINDINGS AND/OR ROLE IN CARE
<b>Genetics</b>	Diagnosis of hEDS/HSD, to rule out other molecular diagnoses
<b>Gastroenterology</b>	Gastrointestinal symptoms ( <b>Page 1: Sections A, B, G</b> )
<b>Cardiology</b>	Dysautonomia (i.e. POTS) ( <b>Page 1: Sections B and C</b> )
<b>Pain management</b>	Centralized pain presentation ( <b>Page 1 Sections A and B</b> ) and diagnostic injections
<b>Neurology (autonomic or behavioral subspecialty)</b>	Dysautonomia, neuropathies, headaches, autism/autism spectrum disorders ( <b>Page 1: Section C</b> )
<b>Plastic surgery</b>	Scar management ( <b>Page 1: Section D</b> )
<b>Psychiatry, psychology, mental health</b>	Coping strategies for chronic pain and fear of movement, Cognitive Behavioral Therapy, psychotherapy, medication ( <b>Page 1: Section E</b> )
<b>Immunology/Allergy</b>	MCAS management, sensitivities and allergies ( <b>Page 1: Section F</b> )
<b>Nutrition</b>	Disordered eating/food intolerance ( <b>Page 1: Section F and G</b> )
<b>Dentistry</b>	Management of fragility involving oral mucosa ( <b>Page 1: Section H</b> )
<b>Obstetrics/gynecology/urogynecology</b>	Pregnancy, endometriosis, hormone related symptoms and pelvic floor issues including hernias/prolapses, pregnancy
<b>Occupational therapy</b>	Writing difficulties, fine motor skill difficulties, ring splints
<b>Social work</b>	Social support and advocacy
<b>Orthopedics/Rheumatology</b>	Musculoskeletal/connective tissue issues
<b>Podiatry</b>	Foot/ankle issues, support devices for flexible foot
<b>Sleep specialist</b>	Insomnia, sleep apnea, restless leg syndrome

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