

Poster presentation

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## A review of symptoms associated with Benign Joint Hypermobility Syndrome in children

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### Background

Many symptoms related to Benign Joint Hypermobility Syndrome (BJHS) have been poorly recognised and treatment for this condition has been very varied. The unit at Great Ormond Street Hospital has a specific hypermobility service and have developed an assessment form to capture the symptoms of BJHS.

### Materials and methods

A retrospective review of the assessments of the children who attended the hypermobility clinic over an 8 month period was completed.

### Results

The data was collected from 54 children, of whom 82% were Caucasian and 66% Female. 48% had a family history of BJHS. Marfanoid habitus was complete in 30%. Scoliosis was present in 19%. Pain was a significant feature (88%) with neck pain (32%), back pain (44%), shoulder pain (26%), wrist pain (32%), hip pain (38%), knee pain (61%), foot pain (64%), headaches 40% and abdominal pain (35%). Fatigue was present in 82%. 98% had flat feet, 75% bruised easily and 43% had Chondromalacia patellae. Only 35% attended full time school and only 6% completed in all PE activities. The mean CHAQ score was 0.75. Patients presented with a very specific pattern of muscle weakness of hip abductors and extensors, inner range quads (into hypermobile range) and plantar flexors. Previous treatment included pain relief (85%), stretches (12%), exercises (33%), weights (6%), hydrotherapy (4%), podiatry (42%), insoles (35%) and OT (13%).

### Conclusion

BJHS is a complex condition with many associated symptoms which require specific management in order to prevent loss of physical function and poor school attendance.