The **Hypermobility Screening Tool (HST)** was initially designed for a physical therapy context, but can assist any healthcare professional to efficiently perform a review of systems specific to a patient presenting with hypermobility, possibly due to underlying Ehlers Danlos syndrome (EDS). The patient could complete the 2-page HST in the office or at home to allow time to process the information. The HST is organized in sections by systems so the provider can easily recognize how many body systems are involved and to what extent. It also asks the patient to indicate which 3 symptoms are most impacting their life to help the clinician prioritize needed care. The 3<sup>rd</sup> page is a clinician guideline to assist with interpretation and guidance for referrals to other providers.

The intent of HST is to improve efficiency and efficacy of detecting multi-system involvement related to EDS, and to facilitate referrals to appropriate providers for timely care, and collaborative interprofessional management of individuals with hypermobility related to underlying EDS.

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			depressed	
	in one area		panicked at times	
	in a few areas		low in self confidence	
	all over my body		negative about things	
	with light touch		hopeless	
	when I even think about moving			
	with sex		afraid of doing certain things	
	in my pelvis that is worse with standing,		resentful of healthcare providers	
S-36	but better with lying down		distrustful of healthcare providers	
	in my stomach/abdomen		scared or worried about physical	
-	,	<del></del>	movement	
Section B: I experienced				
	severe fatigue	Section	F: Sometimes I had:	
	unrefreshing sleep		flushing (skin turning red)	
	difficulty sleeping or staying asleep		hives (red bumps on skin)	
	sleep apnea (interrupted breathing)		itching	
	brain fog/ forgetfulness			
	fatigue all the time that limits my ability		sensitivity to foods, chemicals,	
			medicines, or the environment	
	to do daily activities heat or cold intolerance		medicines, or the environment	
Ц	neat of cold intolerance	Castina	C. Lefter had	
Castian	C. Comotimos/often I		G: I often had	
	C: Sometimes/often I		constipation diarrhea	
	felt like I was going to faint			
1	fainted (lost consciousness)		abdominal bloating	
=	had difficulty remembering things		abdominal cramping	
	had difficulty processing information		heartburn	
	had a racing or pounding heart		recurring abdominal pain	
	had headaches/migraines	1940		
	had low blood pressure	Section		
	had heart palpitations	П	I had difficulty getting numb during	
	had difficulty concentrating	<u> 2-1</u> 7	dental procedures	
	felt faint, dizzy or had vision go black		1	
	when sitting or standing or standing up		moved back quickly after braces	
1-200 C20			I have been told my teeth had higher	
	D: My skin	<u></u>	cusps and deeper fissures	
	was soft/silky/velvety		I had jaw issues/difficulty keeping my	
	was thin, I can see my veins easily		mouth open during dental procedures	
	was mildly stretchy			
	was very stretchy		I: In my childhood, I experienced	
	was fragile		clumsiness	
	took a long time to heal		stomach problems	
	healed with flattened or widened scars		difficulty with toilet training, bedwetting	
	had stretch marks from growing		sprained ankles	
	bruised easily		being double jointed	
			emotional difficulties	
Section	E: I felt		learning difficulties	
	anxious		writing difficulties	
			7F6	

(Continued on page 142)

Neurological/ Neurodevelopmental

Small Fiber Neuropathy

☐ Chiari-like headaches and/or Chiari

☐ Headaches

□ Migraines

malformation

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

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