

## **Looking Beyond the Hypermobile Shoulder**

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**Purpose:** To encourage the clinician who treats shoulders to consider the differential diagnosis of generalized joint hypermobility (GJH) and Benign Joint Hypermobility Syndrome (BJHS). To make the distinction between the two conditions, the clinician will need to identify appropriate evaluation tools and safe therapeutic practice guidelines as part of a holistic approach to the patient's immediate and long term care.

**Description:** A brief review of the differences between shoulder joint laxity and instability will be followed by an outline of the clinical criteria for the differential diagnosis of GHS versus BJHS. Discussion of a comprehensive evaluation of the patient will include the measurement of other joints with the Beighton Scale. The Brighton Criteria will provide an additional way to lead the clinician to consider specific aspects of the history and physical that may indicate a connective tissue disorder is present. The rationale for treatment plans designed for individuals with multiple joint laxity will include both an immediate care plan and a long term approach to prevent injury.

**Summary of Use:** During the initial evaluation of a patient presenting with a shoulder complaint, the clinician will assess bilateral shoulder motion. If joint laxity is present at bilateral shoulders and the patient's history includes a self-described condition of being "double-jointed" or having multiple episodes of joint luxations and subluxations, then the Beighton scale offers a quick check for GJH. This test takes only a few minutes with 4 joints tested bilaterally along with trunk flexion; a score of 4 or more is a positive finding. At this point, the clinician should consider the patient's initial complaint of shoulder pain in light of duration of this pain and any discomfort in other joints. A look at the Brighton Criteria will serve as a valid guide to determine whether BJHS is present or if the patient should be referred to a rheumatologist to rule out a more serious connective tissue disorder.

**Importance:** Clinicians screen youth for sports and acquire patients via direct access without physician referral. As we encounter patients with hypermobile joints, it is helpful to be aware of those who have generalized joint hypermobility as an isolated condition, as a symptom of the Benign Joint Hypermobility Syndrome or as a feature of a more serious connective tissue disorder. Clinicians make treatment decisions and rehabilitation protocols based upon soft tissue extensibility and joint mobility. Those who are able to identify hypermobile joints beyond the upper extremity are in a position to provide a more holistic treatment approach for their patients by developing a treatment plan that limits repeated end range joint motion, includes proprioceptive drills, corrects abnormal posture and emphasizes appropriate biomechanics of performance skills related to work or recreation.