Paediatric Working Group
The International Consortium
on Ehlers-Danlos Syndromes (EDS)
& Hypermobility Spectrum Disorders (HSD)
Facilitated by The Ehlers-Danlos Society

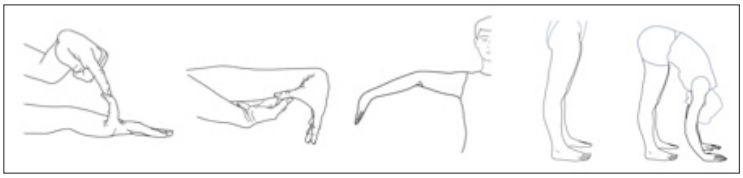
Diagnostic Criteria for Paediatric Joint Hypermobility

This diagnostic checklist is to support doctors to diagnose paediatric joint hypermobility and hypermobility spectrum disorder

Distributed by The Ehlers Danlos Society

Patient name: _____ DOB: _____ DOV: _____ Evaluator: _____

Joint Hypermobility in Children from 5 Years



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Beighton Score: _____/9
Must be a minimum of 6

Skin and Tissue Abnormalities

- ☐ Unusually soft skin – unusually soft and/or velvety skin
- ☐ Mild skin extensibility
- ☐ Unexplained striae distensae or rubae at the back, groin, thighs, breasts and/or abdomen without a history of significant gain or loss of body fat or weight
- ☐ Atrophic scarring involving at least 1 site and without the formation of truly papyraceous and/or haemosideric scars as seen in classical EDS
- ☐ Bilateral piezogenic papules in the heel
- ☐ Recurrent hernia in more than one site (excludes congenital umbilical hernia)

Score: _____/6
Must be a minimum of 3

Musculoskeletal Complications

- ☐ Episodic activity related pain not meeting the chronic pain frequency and duration criteria
- ☐ Recurrent joint dislocations, or recurrent subluxations in the absence of trauma, and/or frank joint subluxation on physical exam in more than one joint (excludes radial head <2yrs)
- ☐ Soft tissue injuries –one major (needing surgical repair) and/or current multiple minor tendon, and/or ligament tears

Score: _____/3
Must be a minimum of 2

Co-Morbidities

- ☐ Chronic primary pain
- ☐ Chronic fatigue
- ☐ Functional GI disorders
- ☐ Functional bladder disorders
- ☐ Primary dysautonomia
- ☐ Anxiety

Any number causing distressor disability?
Y / N

Prerequisites:

1. This framework can only be used after exclusion of other Ehlers-Danlos syndrome subtypes, heritable disorders of connective tissue, syndromic conditions, chromosomal microdeletions, skeletal dysplasia's, or neuromuscular disorders. From biological maturity or the 18th birthday, whichever is earlier, the 2017 Adult criteria should be used.

2. If a child has a biological parent with a current hEDS diagnosis and a confirmed disease-causing genetic mutation and they also have the same mutation with GJH (although large genetic discovery projects are underway these genes are currently yet to be identified) that diagnosis should be used.

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	Generalized Joint Hypermobility	Skin and tissue abnormalities	Musculoskeletal complications	Core comorbidities
Asymptomatic conditions				
Paediatric Generalized Joint Hypermobility	Present	Absent	Absent	Absent
Paediatric Generalized Joint Hypermobility with skin involvement	Present	Present	Absent	Absent
Symptomatic conditions				
Paediatric Generalised Joint Hypermobility with core comorbidities	Present	Absent	Absent	Present
Paediatric Generalised Joint Hypermobility with core comorbidities with skin involvement	Present	Present	Absent	Present
Paediatric Hypermobility Spectrum Disorder, Musculoskeletal subtype	Present	Absent	Present	Absent
Paediatric Hypermobility Spectrum Disorder, Musculoskeletal subtype with skin involvement	Present	Present	Present	Absent
Paediatric Hypermobility Spectrum Disorder: Systemic subtype	Present	Absent	Present	Present
Paediatric Hypermobility Spectrum disorder: Systemic subtype with skin involvement	Present	Present	Present	Present

Diagnosis: _____