

Benign Hypermobility Joint Syndrome (BHJS)

What is benign hypermobility joint syndrome (BHJS)?

BHJS is the name given for pain in the limbs due to looseness in the joints (hypermobility). The pain is especially bad at night or following exercise when there are no other signs of rheumatic disease. Looseness in the joints means that your child has a large range of motion or flexibility, which causes the joints to extend beyond their normal position. It is also known as “growing pains.”

What are the signs and symptoms?

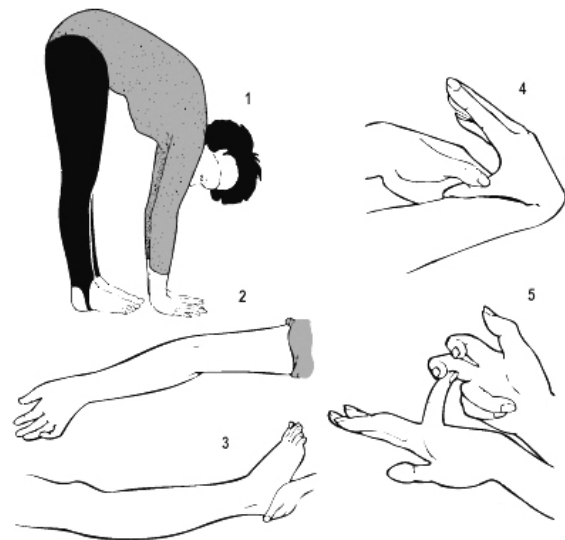
- Joint and muscle pain or mild swelling in the late afternoon, evening or after exercise. These aches and pains are more common in the knees, elbows and calf and thigh muscles.
- Swelling that happens once in awhile after normal activity.
- Family history of congenital hip dislocations, scoliosis, “nursemaid” elbow, kneecap or shoulder dislocations, ankle or wrist sprains and joint looseness.
- It is not common to have signs of inflammation, such as redness or heat around the joints.

How is it diagnosed?

There is a set of criteria that determines joint hypermobility. This testing does not use any special equipment. The most important tool for diagnosis is the range-of-motion exam done by a

doctor. Since the symptoms of BHJS can mimic arthritis, lab tests may also be needed to ensure that your child does not have another rheumatic disease.

Here are some of the ways that your doctor tests the range of motion of your child’s joints to see if they are looser than average:



1. Palms of both hands are able to lie flat on the floor while knees stay fully extended
2. Elbows go beyond straight when fully extended
3. While standing up, the knees appear to bow backward when viewed from the side
4. Thumb can be moved to rest on the forearm
5. Fingers can be extended back so they are parallel to the upper arm

Continued

What causes BHJS?

The cause of BHJS is unknown. Researchers do not understand why some children develop pain and discomfort, while others with equally hypermobile joints do not. About 8 to 11 percent of school-aged children have the type of joint looseness that can lead to BHJS.

How is it treated?

There are many ways to treat BHJS. Talk to your doctor about the best options for your child.

Exercise

A physical therapist can teach your child specific exercises. Some basic tips to keep in mind are:

- Protect the joints and avoid over-stretching them by bending the knees slightly when standing still, wearing shoes with good arch supports, decreasing unusual joint movements and not sitting cross-legged.
- Try exercises that strengthen muscles around the joints, like swimming, walking and skating. This will also prevent injury.
- Try activities that promote flexibility, such as gymnastics, dance or wrestling.
- Allow your child to help decide how much pain is tolerable and acceptable in order to be active. Often, giving responsibility for these decisions to your child reduces complaints.
- Decrease or stop some activities if the pain becomes unbearable for your child.

Medication

The underlying problem with BHJS is joint looseness, not swelling or inflammation, so most medicines provide only limited relief. Over-the-counter medicines, such as ibuprofen (like Advil or Midol) or acetaminophen (like Tylenol) can help with mild discomfort if taken before or after exercise. Since each child is different, you and

your child will need to see what works best for relieving pain.

Comforting your child

It is helpful for you and your child to understand that some degree of “aches and pains” is common for all individuals. Once you can decrease your anxiety and concern about your child’s pain, you can help your child do the same. Over time, many parents have been successful at convincing their children not to awaken them each night with worries about pain.

What are the long-term effects?

Some children continue to have pain as adults. They are at an increased risk of minor sprains, injuries, dislocations, swelling, backaches, and discomfort after exercise.

BHJS symptoms usually disappear during the teen years, with better awareness of the body and an increase in muscle size and strength, which reduces joint looseness. It rarely leads to arthritis later in life, although some people have shoulder or kneecap problems if there are frequent dislocations or the cartilage becomes worn.

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TO LEARN MORE

- Rheumatology, (206) 987-2057
- Your Child’s Health Care Provider

Children’s will make this information available in alternate formats upon request. Please call the Family Resource Center at (206) 987-2201.

This handout has been reviewed by clinical staff at Children’s Hospital. However, your child’s needs are unique. Before you act or rely upon this information, please talk with your child’s health care provider.