

Keele Critically Appraised Topic (CAT Form)



Clinical Question

In adults with Hypermobility is a multidisciplinary group pain management approach as effective as usual physio in improving function, quality of life, self-efficacy and is it cost effective.

Clinical bottom line

There is no evidence to answer our CAT question. Although our search produced 12 abstracts, which included 2 systematic reviews and 1 RCT, none of the studies compared the impact of a multidisciplinary approach against usual care, physiotherapy.

This means that there is no evidence to change our current practice approach which is supporting patients with individualised clinical expertise and using patient choice. Previous studies have suggested that exercise may have therapeutic value for people with Joint Hypermobility Syndrome (JHS) / Hypermobility Spectrum Disorder (HSD) but with insufficient evidence to determine type, frequency, dosage or means of delivery.

Why is this important?

This question was important as we have challenges understanding how best to triage, signpost and manage patients with symptomatic hypermobility. The group had hoped by asking this question, clarity to support further guidance may have been obtained.

Search timeframe

2013 – December 2023

Search criteria

Population Intervention Comparison Outcomes (PICO) themes	Description	Search terms
Population and Setting	Adults > 16 yrs with hypermobility	2013 Adults > 16 years Hypermobility Hypermobility Spectrum disorder HSD Joint Laxity EDS hEDS Excessive joint hypermobility Exclusions: - Inflammatory arthritis Vascular EDS Brittle cornea syndrome Arthrocholosia EDS Dermatosparaxis EDS Spondylodysplastic EDS Musculocontractural EDS Myopathic EDS
Intervention or Exposure	Multidisciplinary approach	Multidisciplinary approach Outpatient setting MDT for hypermobility

		Pain clinic + supervised physio Pain clinic + supervised physio + CBT
Comparison, if any	Usual care	Usual physiotherapy care Self-directed exercises
Outcomes of interest		Improving function QoL Self-efficacy Cost effectiveness
Types of studies		All

Databases searched

The Cochrane Library, Medline, Cinahl

Date of search
December 2023

Results of the search: include the number in each box

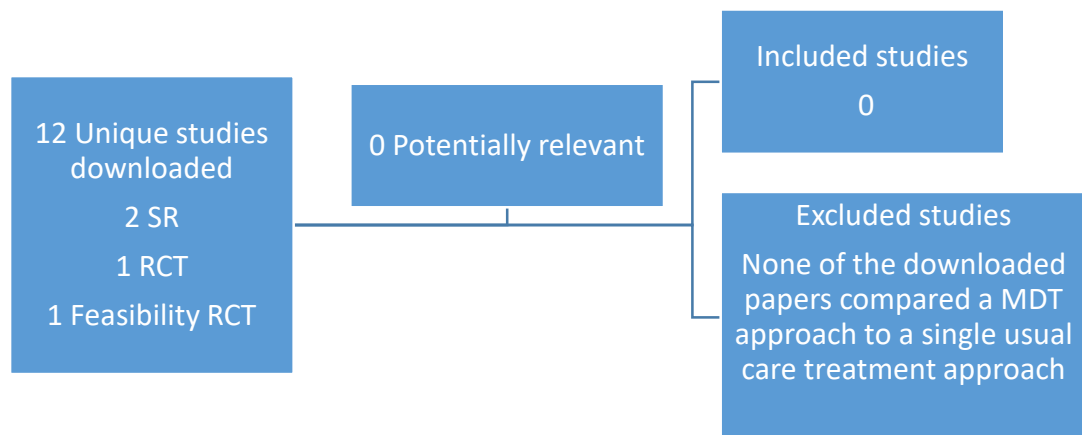


Table 1- Detail of included studies

First author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments

Summary

Implications for practice




Joint hypermobility syndrome (JHS), also known as Hypermobility Spectrum Disorder (HSD) is a heritable disorder associated with laxity and pain in multiple joints. Physiotherapy is the mainstay of treatment but there is little research investigating its clinical effectiveness

(Palmer et al; 2016). Clinicians may wish to audit their outcomes to identify if positive trends in management and care exists.

What would you post on X (previously Twitter)?

No good quality evidence exists that a Multidisciplinary approach or targeted exercise versus generalised exercise is better for JHS/HSD. This means that current practice approaches remain unchanged.

References

CAT image	Evidence quality	Checkbox
	Good quality evidence to support use....	<input type="checkbox"/>
	Insufficient or poor quality evidence OR substantial harms suggest intervention used with caution after discussion with patient...	<input type="checkbox"/>
	No good quality evidence, do not use until further research is conducted OR Good quality evidence to indicate that harms outweigh the benefits....	<input checked="" type="checkbox"/>

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