

Is there a difference between HSD and hEDS?

Since there is not yet a definitive diagnostic test for HSD or for hypermobile Ehlers-Danlos syndrome (hEDS), there is no way to absolutely differentiate between the two conditions. Some experts believe that HSD and hEDS are in essence the same condition along a spectrum, some are not sure, and others think that HSD and hEDS are separate, distinct conditions.

It is possible that hEDS and HSD have different underlying causes and that they are truly distinct from each other and from other disorders. It is also possible that hEDS and HSD have a common underlying cause and are not truly separate conditions.

At present, the principles and types of management are the same for both HSD and hEDS. Both conditions can greatly impact quality of life and need awareness, recognition, validation, and care. It is fundamentally important that clinicians worldwide know that there are management strategies for both HSD and hEDS that can improve the lives of people living with these conditions.



**TOGETHER WE
DAZZLE**

What resources are available to people with HSD?

The Ehlers-Danlos Society offers a variety of resources for those affected by EDS and HSD around the world.



Helpline



Virtual Support Groups



Healthcare Professionals Directory



Support Group and Charity Directory



Inspire

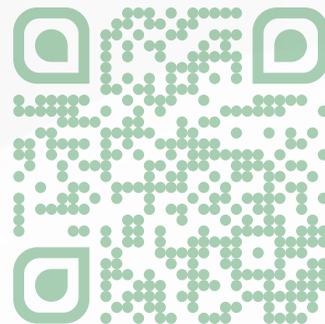


Videos



EDS ECHO

For more information on HSD, scan the QR code below



The
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What are the Hypermobility Spectrum Disorders?



What is HSD?

Hypermobility spectrum disorders (HSD) are connective tissue disorders that are diagnosed when a person has symptomatic joint hypermobility that cannot be explained by other conditions.

What are the key signs and symptoms of HSD?

Joint hypermobility is seen in all types of HSD and may be associated with:

- Joint instability
- Injuries
- Pain

People with HSD may also have:

- Fatigue
- Headaches
- Gastrointestinal problems
- Autonomic dysfunction

What is joint hypermobility?

Joint hypermobility means that a person's joints have a greater range of motion than is expected or normal. Joint hypermobility alone is not always a problem – about 20% of adults have joint hypermobility.

The problem occurs when hypermobile joints are unstable or place too much strain on other parts of the body. Joint instability occurs when the bones of a joint aren't held in place securely. This can lead to joint subluxations, dislocations, sprains, and other injuries.

What are the types of HSD?

There are four types of HSD based on the type of joint hypermobility present.

- **Generalized HSD (G-HSD):** HSD in which joint hypermobility occurs throughout the body
- **Peripheral HSD (P-HSD):** HSD in which joint hypermobility is limited to the hands and feet
- **Localized HSD (L-HSD):** HSD in which joint hypermobility occurs in a single joint or group of joints in the same area

Historical HSD (H-HSD): HSD in which there is history of generalized joint hypermobility, but without current evidence of generalized joint hypermobility on exam.



How is HSD diagnosed?

HSD is diagnosed by medical history and physical examination. In the process, doctors must find that the hypermobility is causing problems and must rule out other conditions that can cause the same symptoms.

HSD is diagnosed when a person has symptomatic joint hypermobility that cannot be explained by other conditions.

How is HSD managed?

HSD is managed by addressing the symptoms a person is experiencing. HSD can cause a variety of symptoms in many different areas of the body, so people with HSD may require multiple providers in different specialties to manage their care. Key aspects of care include physical therapy and pain management. Each person's care plan should address their individual needs.

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