Hospital del Mar Criteria

The Hospital Del Mar Criteria evaluate joint hypermobility by assessing the range of motion in specific joints, providing a reliable and valid tool, especially in paediatric populations.

The test is performed bilaterally, but only one point is given regardless of bilateral or unilateral hypermobility, with a maximum score of ten (10) points.

Joint	Criteria	Point				
Upper extremities						
Thumb	Passive apposition of the thumb to the flexor of the forearm at <21 mm.					
Metacarpophalangeal	With the palm resting on the table, the passive dorsiflexion of the fifth finger is ≥90°.					
Elbow hyperextension	The passive extension of the elbow is ≥ 10°.					
External shoulder rotation	With the upper arm touching the body and the elbow at 90°, the forearm is externally rotated ≥ 85° of the sagittal plane (shoulder-to-shoulder line).					
Lower extremities, supine position						
Hip abduction (Supine position)	The passive hip abduction angle is ≥ 85°.					
Patellar hypermobility	The patella can be moved well to the sides with one hand holding the proximal end of the tibia.					
Ankle and feet hypermobility	An excess range of passive dorsiflexion of the ankle and eversion of the foot.					
Metatarsophalangeal	Dorsal flexion of the toe of the foot over the diaphysis of the first metatarsal is $\geq 90^{\circ}$.					
Lower extremities, prone position						
Knee hyperflexion (prone position)	Knee flexion allows the heel to make contact with the buttock.					
Ecchymoses						
Ecchymoses	Appearance of ecchymoses after minimal trauma.					

Total	points:		

Scoring and interpretation

Scoring system

1 point is awarded for each joint exhibiting hypermobility, regardless of laterality. The maximum score is 10 points.

Interpretation

A higher total score indicates greater overall joint laxity. Adjustments may be necessary based on the patient's age and ethnicity for accurate assessment.

References

Bevilacqua, D. E. (2019). Measuring joint hypermobility using the Hospital Del Mar Criteria: A reliability analysis using secondary data analysis. *Archives of Rheumatology & Arthritis Research, 1*(1). https://doi.org/10.33552/arar.2019.01.000502

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