the architectural aspirations, facilitating chance encounters and exchanges between researchers and clinicians. Additionally, the intention is for the art commissions to convey, in a creative way, the importance of research into rare diseases by engaging the building users and public. The art commissions are a celebration of the collaborative and visionary nature of the Zayed Centre for Research.

Professor Brian Lobel and Dr Emily Underwood-Lee will share their methods and findings from the ‘Kicking Up Our Heels’ GOSH Arts project which took place in Great Ormond Street Hospital in 2019 and 2020. The project encouraged parents and families of patients of Great Ormond Street Hospital in 2019 and 2020. The project encouraged parents and families of patients of Great Ormond Street to think about their own self-care. During this session you will be gently encouraged to think about your self care as a staff member and families of patients of Great Ormond Street to think about their own self-care. During this session you will be gently encouraged to think about your self care as a staff member at GOSH.

‘Kicking Up Our Heels’ used performance and visual art to involve parents/carers of children at GOSH in considering their own wellbeing as primary carers. Brian Lobel and Emily Underwood-Lee invited parents/carers to take part in a playful performative ‘survey’ about how they nurtured and looked after themselves whilst caring for a child in the hospital. In their responses parents were encouraged to get beyond the notion of the ‘good parent’ who subjugates their needs for those of their children. The responses were used by artist Emily Speed to design a permanent artwork, Cocoon, which was installed at GOSH in February 2020 and was accompanied by a paper booklet ‘You are Doing a Great Job’, which incorporated ideas and activities offered by parents to improve their own and others’ wellbeing.

On average children with hypermobility achieve motor milestones later than peers without. This study looked at the prevalence of hypermobility in a sample of Duchenne Muscular Dystrophy (DMD) and aimed to determine if hypermobility has an impact on walking age and delays attainment of functional skills assessed by the North Star Ambulatory Assessment (NSAA).

This is a retrospective study of 158 boys with DMD aged 3 to 8 years (±3 months). During clinical appointments each boy was assessed using the NSAA, joint ranges measured and age of walking noted. Hypermobility was determined using the revised Brighton scale where a score above 4 is considered hypermobile.

The young DMD population had a higher percentage, 18%, of hypermobility compared to healthy controls, 7%. The pattern of hypermobility in DMD differed as well; knees and elbows were more commonly hypermobile compared to healthy controls, 7%. A score above 4 is considered hypermobile.

Non hypermobile DMD boys walked on average at 17.8 mths (range 10–36 mths). This was similar to hypermobile boys; average 19 mths (range 13–36 mths). Non hypermobile DMD boys walked on average at 17.8 mths (range 10–36 mths). This was similar to hypermobile boys; average 19 mths (range 13–36 mths).

Non hypermobile DMD boys were found to have a lower average age of walking point than those who weren’t hypermobile, approximately 6 months behind. Both DMD groups gained functional skills with increased age until 6.5 (non hypermobile) and 7 years (hypermobile). Both groups subsequently declined.

Hypermobility is more common in DMD and impacts development of later functional skills, however doesn’t dramatically influence age of walking started. Hypermobility should