Hypermobility is more common in DMD and impacts delivery and challenging us to re-think, re-inspire and redesign healthy environments for mental distress. Through creating a vision of what mental health care could be like, and how we define our own experiences the process, which is naturally cathartic, he has also created a safe space to explore complex and challenging emotions and distress outside the confines of formal therapy. Equally it has offered adults and young people, care givers and care receivers relatable experiences.

The outcomes of this unique and delicate process have informed a new artwork which takes the form of a play and touch model - containing a range of play objects, smells and textures that allow gallery visitors to create a healthy environment that would support our mental health. The outcomes were also shared in the brief to architects working on the new CAHMS unit at GOSH.

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%. Hypermobility in DMD ankles often quickly tightened.

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).

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