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the patello-femoral joint and dislocation of the patella and shoulder.² This after a generalised joint laxity was recognised as being more common than had previously been appreciated. This led to the introduction of simple clinical scoring systems for assessing joint laxity in affected individuals and populations.

The first report of an association between joint laxity and rheumatological disease emanated from Sutro,³ who described 13 young adults with effusions and synovitis in hypermobile knees and ankles. Similar clinical observations led Kirk et al.⁴ to define the 'hypermobility syndrome' in a group of patients with joint laxity and musculoskeletal complaints. In the absence of demonstrable systemic or neurological disease, these authors attributed the symptoms to articular hypermobility.