



I have had the opportunity to work with Kim in physical therapy for multiple lower extremity (and some upper extremity) issues over the last 2 years. All of her issues we have treated have been related to joint laxity and hypermobility. Her adult tested Beighton Score is 7/9 and the results categorize her as someone with significant joint laxity.

Specifically, as it pertains to her lumbo-pelvic-femoral and knee/lower leg regions; Kim demonstrates multiple compensations throughout her LE to accommodate for her proximal laxity and pelvi-femoral instability. It is very obvious upon gait analysis that Kim has an excessive amount of L FAIR orientation related to her Left anteriorly tilted pelvis during weight bearing. This results in an excessive amount of left tibio-femoral internal rotation and subsequent subtalar and midtarsal pronation in the middle and late stance phases of gait. As her Left foot remains loose and pronated through midstance and into the propulsive phase of gait, the locking mechanism of the midtarsal joint is disrupted. This necessitates strong compensatory FA ER (external rotation) activity in the hip and obligatory L tibio-femoral ER (External rotation) for Kim to effectively ambulate and accommodate her inherent laxity. The end results of these compensations, to name a few have been, lateral talocalcaneal laxity, inversion ankle sprains, patellofemoral syndrome, hip joint laxity with acquired iliofemoral ligament laxity, chronic SIJ instability and LBP. Additionally, it is very plausible that Kim has strained the joint capsule and stabilizers of her proximal tib-fib joints as well through compensatory mechanics related to hypermobility. Her recent array of symptoms would suggest proximal tib-fib joint instability and chronic laxity as the proper diagnosis. Her persistent and intermittently disabling symptoms and inability to ambulate without marked pain increase warrants further investigation into the aforementioned joint as the culprit.

I feel that I have exhausted all mechanical and conservative corrective physical therapy measures to provide her the stability that she needs to ambulate without pain and compensation. Please consider other options at this time.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Bengtson", with a stylized flourish at the end.

Mark Bengtson, MPT