

Patient Information Leaflet

Joint Hypermobility



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What is Joint Hypermobility?

Joint hypermobility is a common benign childhood condition. Hyper means 'more' and mobility means 'movement', therefore it describes joints that can move beyond their normal range of movement. Ligaments offer stability to joints and in hypermobility, ligaments are stretchier and joints have more flexibility. It is not an illness or a disease, just the way someone is put together. It is considered a **normal** finding by medical professionals.

How common is it?

Most children are flexible and between 10-50% of all children are described as hypermobile. The majority of children will become less supple as they get older but a small percentage will remain very flexible. This is more common if their parents are still very flexible.

Common parental concerns

Children may take longer to master crawling, walking and running and may be more likely to bottom shuffle.

Other frequent findings are:

- Clumsiness and frequent falls.
- Flat feet.
- Clicky joints.
- Tiredness.
- Reluctance to walk longer distances.
- Pain in joints, particularly around the knees.
- Difficulty with handwriting, holding a knife and fork, and dressing.

Is there cause for concern?

Many children who are hypermobile experience no symptoms and being hypermobile is beneficial in a lot of sports, particularly gymnastics and dancing.

Some children have more symptoms than others and it is not necessarily related to the degree of hypermobility. The joint symptoms are related to the strength of the muscles and not the amount of extra movement the joint has. The pain is often worse after activity or at the end of the day which indicates that the muscles are not strong enough to last the whole day.

What can I do to help?

As the symptoms are related to weaker muscles which make the joints less stable, it is particularly important to focus on being healthy, strong and fit. The stronger and fitter your child is, the better their hypermobility and general wellbeing will be. Ensure your child does not become overweight as this may stress muscles and joints more.

Encourage normal everyday activities and play, for example:

- Swimming.
- Cycling.
- Play parks.
- PE.
- Dance.

Too much rest and inactivity and the use of crutches and wheelchairs is detrimental to children with hypermobility. Their muscles get weaker quicker than average and take longer to regain strength and so any activity that reduces mobility and activity may in fact make the symptoms worse.

Pacing

If muscle pain after exercise is a problem, your child **should not** stop being active but pacing activities may help. Pacing means to gradually increase an activity in order to achieve a goal. Don't do too much activity on one day but spread it throughout the week and focus on building more strength and fitness.

Pain management

Aches and pains associated with hypermobility are usually a result of muscle fatigue, not damage or injury. A warm bath or a hot water bottle may help. Pain killers are not usually effective. Try not to focus on pain and distract your child from dwelling on it.

When to seek advice

Physiotherapy can be useful after an injury to give advice and exercises in order to return to normal activities. If your child is having problems with everyday activities at home or school such as handwriting, referral to an Occupational Therapist may be helpful. Seek advice from your GP if you are concerned that your child is experiencing frequent or severe pain.

Physiotherapy:

In children with hypermobility, it is essential that they stay strong around their core muscles and these are a few exercises that can be implemented to help them achieve this.

Bridging:



Lay on your back and bend your knees so your feet are flat on the bed. Keeping your hands by your side, lift your bottom up into the air so your shoulders, hips and knees are in a straight line. Hold your bottom up for 10 secs and then rest. To make it a bit harder, try crossing your hands across your chest.

Single Leg Stand:



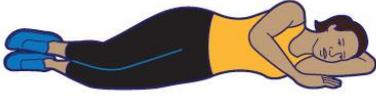
Try to balance on one leg for as long as you can without losing your balance. To make it a bit harder, try standing on a pillow. If you still find this quite easy, try doing it with your eyes closed.

Squats:



Stand with your feet shoulder width apart and squat down like you are trying to sit on a chair, making sure that your knees don't go forward over your toes. Hold this position for 10 seconds.

Clams:



Lying on your side with your knees bent, keep your feet together and lift your top knee into the air making sure you don't roll backwards. Hold that position for 5 secs and then slowly lower your knee back down.

4 Point Kneeling (Superman):



Start on your hands and knees and keeping your back flat, lift one arm in to the air. Hold this position for 10 secs and then change arms.



When you find lifting your arm easy, you can progress to lifting your leg straight out behind you. Try to keep as still as you can and keep your back as flat as possible.



Once you have got the hang of lifting your arm and leg separately, you can combine the two movements. This time, lift your opposite arm and leg into the air at the same time. Try to make sure your back stays nice and flat

and hold this position for 10 secs before you change to the opposite arm and leg.

Wheelbarrows:



Get someone to hold your feet in the air, whilst you create a wheelbarrow position with your hands on the floor. Walk your hands forwards and backwards trying to keep your body in a straight line. Try not to let your bottom drop down at all. If this is too difficult, get them to hold your knees instead of your feet.

Crab walks:



Lay on your back and push yourself up on to your hands and feet, making sure you lift your tummy and bottom up to make a nice straight line. You should then try to walk forwards, backwards and sideways without letting your bottom drop down towards the floor.

Occupational Therapy:

Some children have a degree of hypermobility over the joints of the elbow, wrist, thumb or fingers or all. This means the child has to work much harder to grip tools and implements and this is likely to affect fine control. Children with hypermobile hands will benefit from using chunkier utensils.

Warm up the hands before doing a fine motor task:

- Pull at fingers gently
- Praying position: push hands together, holding hands close to chest
- Monkey grip: pull hands apart
- Finger taps: tap fingers on a table top. Can imitate sequences.
- Finger separation: spread fingers as far apart as possible.
- Finger flicks: on a table top, as if flicking something with each individual finger.
- Shake hands to relax.

Self-Care:

Dressing: If a child is struggling with fastenings there are small aids that can be of use i.e. button hooks, Velcro, elastic laces, larger zip tags. These are available from:

www.homecraft-rolyan.com or www.nrs-uk.co.uk

Cutlery: Using large handled cutlery will be easier. Use pipe lagging to build up the handles. Junior Caring Cutlery is ergonomically designed to make it easier for children with weak joints.

Handwriting:

It is common to see the following difficulties when children with hypermobility are handwriting.

- Tense grip on pencils, making writing a whole arm movement. Child fatigues quickly with writing.
- Child often presses very hard with pencil on paper.
- Poor fine precision grips leading to difficulty with manipulation.

Try using chunkier pens or pencils.

If a child is pressing too hard try different pens/pencils using an 2H pencil, a twist 'n' write pen or a Stabilo Easy Original.

During long periods of writing add short rest breaks.

Allow extra time for tasks to be completed.

Adopt a good sitting position

Feet are supported flat on the floor or on a footrest.

Knees are at 90°.

Thighs are fully supported along the depth of the chair.

The lower trunk is touching the back of the chair.

The student leans slightly forward, 30° from upright.

Elbows and forearms are resting on the table.

When writing wrists should be in a neutral position or slightly extended (bent backwards).

Head is up.

Chair is pulled into the table/ desk.

Check table height. When the arms are straight down at the side, the desk should be about halfway between the shoulder and elbow or lower.

If a child is finding it difficult to maintain a good sitting position, then try using a sloped writing surface.



Your notes:



This leaflet is available in large print and other formats and languages.

Contact: Administrator

Tel: 01752 432430

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