Top Tips for Hypermobility

1. Hypermobility is very common. Most professional ballerinas and Olympic gymnasts are hypermobile – it can help for children to know about people who use their hypermobility as an advantage. It is normal for very young children to have a far greater range of joint movement than adults and this becomes less common as children get older.

2. There may be a family history.

3. Hypermobility alone should not stop children from doing physical education classes, sports or attending school. Exercise is therapeutic and should be encouraged but may need to be built up gradually. Exercise, which improves core strength, such as Pilates and yoga, are particularly helpful. Low impact exercises such as swimming and cycling should be encouraged.

4. Check for peripheral hypermobility – in fingers, wrists and toes – as well as more centrally at elbows and knees. The Beighton score is a tool for assessing hypermobility in adults, with limited evidence of its validation in children.

5. Consider Marfans Syndrome as a cause of hypermobility if family history is positive for either Marfans Syndrome or early deaths from aortic dissection, or if there are other suggestive symptoms such as tall stature, high arched palate, high myopia (ectopia lentis), recurrent hernias, varicose veins, or history of spontaneous pneumothorax.

6. Consider Ehler's Danlos syndrome as a cause of hypermobility if there is very elastic skin, excessive bruising and / or unusual scarring.

7. Pains associated with hypermobility tend to respond poorly to analgesia and escalating analgesia should be avoided. It is important to LISTEN to the family and empower them to understand the condition and management. REASSURANCE and EXPLANATION about hypermobility are vital to the management of this condition.

8. Reassurance that there is no pathological cause for the pain and no long-term sequelae, along with patient information on hypermobility, may be all that is required. For more severely affected children, the following may be helpful: targeted physiotherapy (to improve core strength and stabilise joints): Orthotics/ Podiatry (appropriate insoles if flat-footed): Hand Therapy (with hand writing difficulties): Physiotherapy (pain management strategies, return to function and exercise, specific strengthening and balance/co-ordination exercises): Occupational Therapy (functional/school issues, pacing and pain management strategies). Chronic pain services and Psychology input may also be required.

9. Refer if you suspect a secondary cause, or symptoms are severe or causing persistent disruption to school, sports or daily activities.

10. There is no good evidence that hypermobility leads to arthritis.