The Association of Paediatric Chartered Physiotherapists

APCP Information -
Hypermobility and Hypermobility Spectrum Disorder
Information for Parents and Carers

What is Hypermobility Spectrum Disorder?

Hypermobility refers to increased movement at a joint. Hyper means 'more' and mobility means 'movement'. Ligaments offer stability to joints and in hypermobility, ligaments are lax 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.



If it does become symptomatic, your child may be categorised within Hypermobility Spectrum Disorder, which is the new term instead of 'Hypermobility Syndrome' (https://www.ehlers-danlos.com/what-is-hsd/)

This can be further identified as:

- Generalised = multiple joints involved
- Peripheral = limited to hands and feet
- Localised = typically one joint or less than 5 joints
- Historical = self-reported history of symptoms, not necessarily diagnosed by the criteria

How common is it?

Many children are hypermobile, just without symptoms. There is not a definitive number for the incidence of hypermobility. One Canadian study suggests the prevalence of joint hypermobility in children is between 7-36% depending on what criteria and diagnosis has been applied (Scheper et al., 2013).

How is it diagnosed?

Most children will be assessed with the Brighton Criteria which is a checklist used for all ages of children, this includes the Beighton score. The Brighton Criteria help to identify symptoms that your child may have. Goniometers are used to look for increased ranges of movement at a joint.

What should I look out for?

Hypermobility is a common childhood disorder that affects some children more than others. There can be a variation of symptoms depending on the degree of hypermobility at the joints, as well as how many joints are affected.

Many children who are hypermobile experience no symptoms or difficulties and being hypermobile is beneficial in a lot of sports.

Often a lack of strength as well as misunderstanding of the condition can cause more problems. Common complaints are:

- Clicking joints
- Tiredness after walking long distances
- Flat feet
- More stumbles/ falls, often called clumsiness
- Reluctance to take part in physical activity, especially for long durations
- Pain
- Difficulty with hand writing, using a knife and fork and getting dressed

What might help?

EXERCISE:

Doing generalised exercise and being active will help to maintain a healthy, strong body. Current literature supports that strengthening exercises will strengthen the muscles around a joint, helping to reduce the number of symptoms a child may have, such as pain or tiredness (Pacey et al, 2014 & Peterson et al 2018).

SPORT:

Some sports benefit from hypermobile joints such as dance or gymnastics, which will help to strengthen the joints. Some sports activities that may include heavy contact can be seen as potentially a higher risk of injury and the activity may need to be modified, such as rugby. If any of the above activities cause pain or tiredness, pacing may need to be considered and you can seek advice from your paediatric physiotherapist.

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.

What else can I do?

- Encourage normal daily activities
- Wearing footwear which offers support around the ankle and under the arch with a good shock absorbing sole may help
- Your paediatric physiotherapist might consider orthotics or shoe insoles
- If your child is complaining of pain, you could try a hot bath/hot water bottle. ALWAYS check the temperature is not too hot (37°C - 38°C)
- Encourage good general and sitting posture
- Pacing activities and modifying/reducing more challenging sports

Seeking advice

- Seek advice from your GP if you have any major concerns about your child, or if they are having frequent and severe pain
- Seek advice from a Chartered Paediatric Physiotherapist if your child is struggling to cope with symptoms
- A Chartered Paediatric Physiotherapist will assess your child and may give appropriate exercises and advice, to help alleviate your child's symptoms
- Paediatric Occupational Therapy might be appropriate for your child if they are having difficulties with activities of daily living

Further information

http://hypermobility.org/
https://www.ehlers-danlos.org/

References:

Peterson, B., Coda, A., Pacey, V. and Hawke, F. (2018). Physical and mechanical for lower limb symptoms in children with Hyper-mobility Spectrum Disorder and Hypermobile Ehlers-Danlos Syn-drome: a systematic review. Journal of Foot and Ankle Research, 11(1).

Palmer, S., Bailey, S., Barker, L., Barney, L. and Elliott, A. (2014). The effectiveness of therapeutic exercise for joint hypermobility syn-drome: a systematic review. Physiotherapy, 100(3), pp.220-227.

This leaflet has been produced after a review of literature and where there is a lack of evidence, a consensus of expert opinion is agreed, correct at time of publication

APCP

https://apcp.csp.org.uk

V4 Published February 2023

V4 Review February 2028

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 50,000 chartered physiotherapists, physiotherapy students and associates.