

HYPERMOBILITY

What is hypermobility?

Hypermobility is a description of joint movement. Hyper means 'more' and mobility means 'movement', so a person with hypermobility will have a wide range of movement often in several joints. Hypermobility is a genetic condition which causes the collagen in some joints to be weaker than normal. This means that the joints are more flexible than other people's (sometimes dubbed 'double jointed'). With hypermobility, ligaments (like rubber bands that support the joints) tend to be longer and stretch more. The muscles must therefore work hard to control this bigger range of movement. Strength is needed to keep the joint safe and in place.

Joint hypermobility is relatively common in young children and they may appear to have low muscle tone. There may also be some lack of awareness of proprioception which can make the child appear clumsy. This condition may be associated with [Developmental Coordination Disorder](#). Hypermobility and low tone may also be associated with some other conditions eg ASD.

(If movement causes pain or functional difficulties, it might be [Hypermobility Spectrum Disorder](#) and need therapy input which includes [Ehlers-Danlos syndrome](#).)

Can this cause problems in everyday life?

- Pain and stiffness in the joints and muscles
- Muscle fatigue
- Recurrent sprains and injuries, particularly knees and ankles
- Flat feet
- Difficulty grasping and holding things for long periods

What are the implications for school?

Many children who are hypermobile experience no symptoms or difficulties and being hypermobile is beneficial in some leisure activities eg gymnastics and ballet. As the symptoms are understood to be related to weaker muscles and that the joints may be less stable, muscles need to work harder and therefore it is particularly important to focus on being healthy, strong and fit.

- Normal PE activities can typically be encouraged. Check with the family/therapist.
- Pacing could be required if a child is getting tired/any pain i.e. gradually increase an activity (space over the day- think about [Sport's Day/Educational Visits](#)).
- Building muscle strength may take time and practice. The child might benefit from a [gross motor skill](#) intervention e.g. [FIZZY](#) or [BEAM](#) which particularly focus on core stability.
- Aches and pains associated with hypermobility are usually a result of muscle fatigue, rather than injury. The family may encourage heat packs at home. Painkillers tend not to be effective.
- [Clever Hands](#) is part of the Fizzy programme which focuses on fine motor skills. There are three levels which can help to build muscle strength in the hands and fingers.
- Using a writing slope can also relieve pressure on the neck and shoulders if this is an area of difficulty as it reduces the angle that the head is held at when writing for longer periods

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Handwriting can be challenging for students as they need to hold their pen/pencil very tight to stabilise their finger and thumb joints. Use of pencil grips which increase the diameter of the shaft or prevent the fingers/thumb slipping can be helpful – a wide grip reduces the tension in the hand and fingers,



while other grips stop the fingers and thumb slipping so that the child does not have to grip so tightly.

Older students may benefit from the early introduction of assistive technology as touch typing is particularly helpful for students' loose finger and thumb joints.

- Many schools insist on plimsolls for PE, but trainers are usually preferable as they give more support. Speak with the family and offer this adjustment
- Where children are expected to do PE in bare feet it may be more helpful to allow the child to wear trainers if they have flat feet.

Links to external websites

<https://www.kentcht.nhs.uk/childrens-therapies-the-pod/physiotherapy/hypermobility/>

<https://www.nhs.uk/conditions/joint-hypermobility-syndrome/>

<https://www.hypermobility.org/pages/category/hypermobility-spectrum-disorder>