**Advice for Hypermobility Patients**

Dr Barbara Ansell and Prof Bywaters, first reported children with Hypermobility syndrome in 1967. (1)

In 2000 it became known as Benign Hypermobility Syndrome (2)

The website for the Paediatric Rheumatology international Trials Organization (PRINTO) has the following explanation and advice regarding Hypermobility. (3)

“Hypermobility” refers to pain in legs/feet or arms/hands due to an increased mobility (range of motion) of the joints, without any associated congenital or connective tissue disease. Therefore, hypermobility is not a disease but a normal finding. It affects girls more than boys (Beighton 1973)

Hypermobility is extremely common in children, having being reported in 25 to 50% of those younger than 10 years of age. Its frequency decreases with age. It affects 7 – 10% of school age children in the UK. Hypermobility frequently runs in families.

Hypermobility is a wide spectrum, and your child is in the middle of that spectrum. At one end are people who are hypermobile and never experience pain. They are able to use their hypermobility as a career e.g. to become gymnasts, acrobats, contortionists, ballerinas, dancers etc. At the other end of the scale are people who experience a lot of pain and their joints are not only hypermobile but also can dislocate easily. Your child has been diagnosed with benign hypermobility and he/she is in the middle of this spectrum. They are not experiencing joint dislocations but they can complain of aches and pains from their joints

**What are the main symptoms?**
Hypermobility frequently results in intermittent, deep aching, and recurrent pains at the end of the day or at night in the knees, feet and/or ankles. It might affect the fingers and hands. Rarely mild transient joint swelling may be present.

**Every day life**
Hypermobility is a benign condition that can improve with age. Families should be aware that its main risk comes from preventing children to live normal lives.
Children should be encouraged to maintain a normal level of activity, including playing any sports they are interested in.

**Cracking joints**
Research studies have shown that cracking joints does not cause arthritis in the joints. For example, Dr Donald Unger cracked the knuckles of his left hand every day for 60 years, but did not crack the knuckles of his right hand. At the end of 60 years both ands were the same with no arthritis. He won the Ig Nobel Prize for Medicine in 2009. (4)

The website <http://howstuffworks> has an interesting article by Katherine Neer “What makes your knuckles pop” which explains this very well.

**Joint protection**

Avoid doing "party tricks", showing friends and family how much you can bend, as this may over stretch your joints

Think about ways to protect your joints. E.g. To avoid knee pain - stand with your knees straight - not in the over extended position

Use your body to push open doors and not using their hands if wrists and elbows are painful

**Writing**

Use thicker style pens/pencils or buy pen/pencils grips as this relieves pressure on fingers and thumb joints and can help to prevent hand pains. A textured grip around where you hold your pen will give you more control of the pen and stop your fingers from sliding down a smooth barrel of a pen.

Pencil grips can be bought at craft shops. The triangular type is thought to give better control of the pen or pencil whilst allowing your hand to relax more. Writing is easier with a gel pen as the ink flows easily, avoid scratchy ball point pens which will take more effort to write with.

You may find writing on an inclined surface helps to relieve pain and achiness in your wrist and hand. This will also help your posture and shoulder position in writing. It may be useful to try this at home as well as at school. You can buy writing slopes to go on top of tables from specialist Rehabilitation companies but they are inconvenient for you to carry with you, especially as you get older, and prices vary. An empty arch lever file serves the same purpose and is light and easy to carry and will not make you look any different from your friends at school. However, buy one with a matt surface as a glossy surface will make your paper slip on it as you are trying to write.

**Foot wear**

You should try to wear supportive trainers and shoes, especially when your feet or knees are achy. These will place your feet in a good position and therefore can help to relieve knee and leg pain. It may be helpful if you can wear trainers for PE if your school agrees. The trainers should have a firm back at the heel, and offer good support. A good shoe cannot be bent in two. I advise shoes and trainers to have Velcro fastenings so that younger children can put shoes and trainers on and off independently. Slip on shoes may be too big. You may benefit from a fastening shoe which offers a deeper style and more support for your feet. The heel should be deeper than the sole to give a “pitch” to the shoe. (Nigel Palastanga 2008) (6) This will be “kinder” to your ankle and knee joints as flat shoes put leg and calf muscles on full stretch.

**Flat feet**

This is very common in children generally with or without Hypermobility.

Flat feet are diagnosed when the inside border of the foot touches or nearly touches the ground. Lynn Staheli an Orthopaedic surgeon in Seattle in America did a lot of research into flat feet in children. His research provided evidence that this it is a normal finding for children, and in the absence of pain no treatment is necessary. Often, by the time a child is over 10 years old the arch of their feet will have improved. 90% of babies have flat feet but in the adult population at 18 years only 20 % have flat feet.

Some children complain of their flat feet having an achy pain. They would benefit from supportive shoes described above. However, in the home they should be encouraged to walk in bare feet (or slipper socks with the grippy soles) as this will strengthen their feet. (7)

**Sports and Activities**

Make sure you warm up and cool down when playing sports and stretches especially at club, school team level - most clubs do warm ups but very few seem to do cool downs.

Breast stroke can cause knee pain so do a variety of strokes if you can and not just do breast stroke, e.g. Front crawl, back stroke.

It is good to encourage your child to have a variety of different sports and activities rather than concentrating on just one sport. It is good to encourage your child to pace themselves so they have rest days when they have more sedentary hobbies e.g learning a musical instrument, chess, reading etc.

**Posture**

Try to keep a good posture, especially when sitting. A slouched posture may hurt your back and leads to weak muscles around your central core. This then affects the way you can use your shoulders and hips. Try to correct your posture every hour, starting with 10 seconds every waking hour and then adding on an extra 5 seconds every day to each hour so gradually increase the time. Think about sitting and standing “tall”.

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References

1. Kirk JA, Ansell BM, Bywaters EG, The Hypermobility Syndrome: Musculoskeletal complaints associated with generalized joint Hypermobility. Ann Rheum Dis 1967 Sep; 26 (5) 419-25
2. Graham R, Bird H.A, Child A et al, The revised (Brighton 1998)criteria for the diagnosis of benign Joint Hypermobility Syndrome (BJHS) J Rheumatology 2000 27:1777 – 9.
3. www.printo.it
4. Unsworth A, Dowson D, Wright V, Bioengineering group for the study of Human Joints, University of Leeds “Cracking Joints” A bioengineering study of cavitation in the metacarpophalangeal joint. Ann Rheum Dis 1971 July; 30(4) 348 – 358
5. Nigel Palastanga 2008