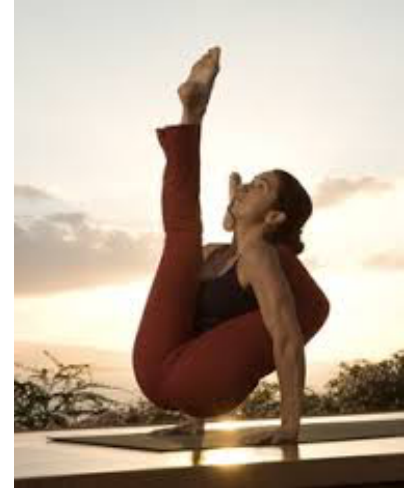


# Joint Hypermobility Syndrome

Many of our clients attend sessions in order to increase their flexibility and mobility and often it is the most elusive of goals, they struggle to sit cross-legged, to perform the Roll Up or touch the floor. For some though, they are too “bendy”, too flexible and they have to fight to just hold themselves in one place.

While being flexible is generally seen as being highly desirable, for some clients hypermobility can be the cause of postural issues, chronic pain and is linked to pain syndromes such as fibromyalgia and a genetic connective tissue disorder called Ehlers-Dalos Syndrome.

Hypermobility describes joints that can move beyond a normal range of motion. In our classes we see clients with knees and elbows that lock backwards, spines that seem to bend in half and shoulders that appear to pop out of their sockets.



Joint hypermobility syndrome (JHS) affects approximately 3 in 10 people in the UK, with women being three times more likely to be affected than men.

JHS is believed to run in families where inherited genes affect the production of protein collagen found in ligaments resulting in weakened connective tissues.

Whilst most people with JHS have no other symptoms, having extra joint movement can lead to injuries, dislocation and soft tissue damage. Other symptoms can include:

- Joint and back pain.
- Chronic neck strain
- Higher risk of osteoarthritis and disc problems
- Neuropathic pain such as tingling, burning, numbness, stinging
- Fibromyalgia as once loose joints become strained and painful this can lead to sleep disruption, fatigue and anxiety. This can lead to a vicious circle which may be the crux of chronic fatigue syndrome and fibromyalgia.
- Nervous system dysfunction such as orthostatic intolerance, lightheadedness when standing due to an inability to maintain a stable heart rate and blood pressure.
- Migraine
- Digestive issues such as IBS
- Genitourinary system conditions such as prolapses and cystitis.

During pregnancy, women with hyper mobility can experience significant and debilitating pain as already unstable joints are further affected by increased levels of hormones designed to alter ligament physiology to aid foetal growth and delivery.

JHS is diagnosed by observing and assessing a patient's joint movement against a system called the Beighton Score. The Beighton Score is measured by adding one point for each of the following:

- Placing flat hands on the floor with straight legs
- Left knee bending backwards
- Right knee bending backwards
- Left elbow bending backwards
- Right elbow bending backwards
- Left thumb touching forearm
- Right thumb touching forearm
- Left little finger bending backwards past 90 degrees
- Right little finger bending backwards past 90 degrees



Since 2000, further assessment is carried out using the Brighton Criteria which uses the Beighton Score in conjunction with other symptoms such as joint pain, spinal pathologies, dislocation, soft tissue problems and others.

So what are the considerations when teaching a hypermobile client or one who is diagnosed with JHS?

1. *Adapt your stretches*- Ironically a hypermobile client may not appear particularly flexible and may feel stiff or tight in certain areas. This is due to their muscles having to constantly work at holding joints stable.
2. *Be positive & encouraging*- These clients may feel a huge sense of frustration as they struggle to maintain stability, often not even feeling where the work should be occurring.
3. *Use close chain variations of the Mat exercises*- Having something to push and pull against gives fantastic feedback and helps proprioception which is often lacking with hypermobile clients. If you do not have access to Reformers, Cadillacs etc, use bands and circles to replicate the closed chain elements of the Equipment moves. This will also highly enhance the client's sense of connection through the body.
4. *Strengthen and stabilise within their range of motion*- To maintain the functionality of the work you are doing, make sure you work to create stability and strength at their movement range. To try and reduce their range will not translate to their everyday activities.
5. *Focus on breathing*- Not only will this enhance their abdominal connection, it will help reduce anxiety and increase their sense of well being.

*References:*

*A great article to read is Joint Hypermobility and Joint Hypermobility Syndrome by Alan G Pocinki.*