

## Physiotherapy Department

# Joint Hypermobility

### Introduction

Joint hypermobility in the UK is thought to be very common affecting one in five people. It is especially prevalent in children and young people and is often hereditary (runs in families).

Joint hypermobility means that some or all of a person's joints have an unusually large range of movement. They may present as being particularly supple and able to move some or all of their limbs into positions others may find impossible.

Joint hypermobility is what some people refer to as having "loose joints" or being "double-jointed".

One of the main causes is thought to be genetically determined changes to a type of protein called collagen. Collagen is found throughout the body – for example, in the skin and in the ligaments (the tough bands of connective tissue that link two bones together at a joint). If the structure of your collagen is altered, it may not be as strong and the structures which contain it may become fragile. This can lead to weakened or easily stretched ligaments and as a result the joints can move further than normal.

Many people with joint hypermobility have few or no problems related to their increased range of movement. However, if you have symptoms (see below) it may be that you have Joint Hypermobility Syndrome (JHS).

### Symptoms of JHS

- Pain and stiffness in the joints and muscles
- Clicking joints
- Joints that dislocate (come out of the correct position) easily.
- Fatigue (extreme tiredness)
- Recurrent soft tissue injuries such as sprains or strains
- Digestive problems such as constipation and IBS
- Dizziness and fainting
- Thin or stretchy skin

### Other problems

- Stress incontinence
- Hernias
- Varicose veins
- Flat feet
- Headaches
- Drooping eyelids
- Stretch marks/bruising easily

If you have joint hypermobility that doesn't cause any problems, treatment is not necessary. However, you may need treatment and support if you have Joint Hypermobility Syndrome (JHS) which causes a wide range of symptoms (see above).

### Self-care strategies

#### Joint Protection

- Move your joints through their full range each day. Keep movements slow and gentle as sudden jerky movements can hurt.
- Understand the difference between general discomfort and the pain from over using a joint.

- Become aware of neutral joint positions and avoid overloading joints, i.e. soften your knees instead of having them locked in a hyperextended position.
- Use the strongest joint available for the job, for example carry a heavy bag over your shoulder or arm instead of carrying it in your hand.
- Avoid keeping joints in the same position for a prolonged period of time, for example on long car journeys get out of the car and stretch every hour. When writing, release the grip every 10 minutes.
- It may help to use splints or braces for certain tasks which would otherwise be painful, this can be discussed with your GP or therapist.
- Compression undergarments can help provide sensory feedback to joints such as your hips which may give a sense of stability.

## Pacing

Balance periods of activity with periods of rest throughout the day. Don't push yourself beyond your limits only to suffer for it the next day. This is very important when taking on a new activity or exercise programme.

## Pain Management

- Manage any swelling with ice or contrast bathing techniques.
- Sore joints may be eased with a simple heat or ice pack. A warm bath can ease multiple joints at once.
- Relaxation, mindfulness and distraction techniques: focusing on pain will make it feel worse and these techniques can help to ease any tension pains.
- Painkillers available over the counter from pharmacies such as paracetamol can sometimes help (always seek advice from your GP or pharmacist if in doubt).
- Painkillers and non-steroidal anti-inflammatory drugs (NSAID's) are also available as gels or sprays that can be applied directly onto painful joints.
- A pain management programme may also help provide a more holistic approach and help to teach self- management strategies such as goal setting, pacing and relaxation.

## Exercise and Stretching

- Exercise and gentle stretching may help people with hypermobile joints in a number of ways. For example it may help to:
  - \* reduce pain
  - \* improve muscle strength and fitness
  - \* improve posture
  - \* improve your sense of your body's position and movement (proprioception)
  - \* correct the movement of individual joints
- Research has shown the value of exercise in the management of hypermobility. Although there is no set protocol, rehabilitation focuses on restoring a range of motion that is normal for each person, helping them to gain control of hypermobile areas and improve their joint proprioception.
- It is essential that any exercises are done often and regularly and not to overdo them.
- A physiotherapist can help you to establish a structured and graded exercise programme specific to your needs and functional goals.

## General fitness

- Individuals with JHS often become more sedentary due to their pain and weakness and therefore frequently become deconditioned and lacking in general fitness. It is therefore important to incorporate some aerobic fitness into the rehabilitation programme. It is advisable in the early stages to ensure that the exercise be of low impact to the joints, i.e. walking and swimming, so that the joint symptoms are not increased.
- If any of your joints dislocate regularly it may help to wear a splint, taping or elasticated bandage whilst exercising. You may need to see a physiotherapist or orthotist for supports if this becomes a significant problem.
- In 2014 a national survey of 946 JHS adult sufferers revealed that [swimming, walking and Pilates](#) were the top 3 forms of exercises found most helpful in managing their condition.

## Occupational Therapy

- Aims to help you manage or overcome problems you may face in your day to day life when living with JHS.
  - \* equipment or labour saving gadget provision such as pen grips or adapted mouse/keyboards.
  - \* advice about reducing strain on joints, for example, whilst getting dressed or preparing food.
  - \* an occupational therapist can suggest ways to adapt your home to make moving around easier and safer.

## Podiatry

- Flat feet (loss of the arch on inner part of foot) can be a problem in some people with JHS. Podiatrists can recommend treatments or provide insoles to help address this problem.

**For more information on JHS and other associated conditions please use the following links:**

[www.hypromobility.org](http://www.hypromobility.org)  
[www.ehlers-danlos.org](http://www.ehlers-danlos.org)

[www.arthritisresearch.org](http://www.arthritisresearch.org)  
[www.marfan-association.org.uk](http://www.marfan-association.org.uk)

Scan the QR code to take you to our website.



<http://www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients/patient-careinformation/>

**If you have any comments about this leaflet or the service you have received you can contact :**

Physiotherapy Department  
Huddersfield Royal Infirmary  
Tel: 01484 342434  
[www.cht.nhs.uk](http://www.cht.nhs.uk)

**If you would like this information in another format or language contact the above.**

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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