Top Tips for Hypermobility

1. Hypermobility is very common – 1 in 10 adults are hypermobile in some of their joints and it is more common in children. There may be family history. 100% of professional ballerinas and Olympic gymnasts are hypermobile – it can help for children to know about people who use their hypermobility as an advantage. It is normal for very young children to have a far greater range of joint movement than adults and this becomes less common as children get older.

2. The diagnosis of hypermobility syndrome can be made when there are symptoms, such as activity related musculoskeletal pain, recurrent ankle sprains, occasional short lived joint swelling, handwriting difficulties, and no other cause for these symptoms can be identified. There is often associated anterior knee pain, TMJ dysfunction, iliotibial band syndrome and mechanical back pain.

3. Hypermobility alone should not stop children from doing physical education classes, sports or attending school. Exercise is therapeutic and should be encouraged but may need to be built up gradually. Exercise which improves core strength, such as Pilates and yoga, are particularly helpful. Non weight-bearing exercises such as swimming and cycling should be encouraged.

4. Check for peripheral hypermobility – in fingers, wrists and toes – as well as more centrally at elbows and knees. The Beighton score is a tool for assessing hypermobility in adults, with limited evidence of it's validation in children.

5. Consider Marfans Syndrome as a cause of hypermobility if family history is positive for either Marfans Syndrome or early deaths from aortic dissection, or if there are other suggestive symptoms such as tall stature, high arched palate, high myopia (ectopia lentis), recurrent hernias, varicose veins, or history of spontaneous pneumothorax.

6. Consider Ehler's Danlos syndrome as a cause of hypermobility if there is very elastic skin, excessive bruising and / or unusual scarring.

7. Pains associated with hypermobility tend to respond poorly to analgesia and escalating analgesia should be avoided.

8. Reassurance that there is no pathological cause for the pain and no long term sequelae, along with patient information on hypermobility, is usually all that is required. For more severely affected children, targeted physiotherapy to improve core strength and stabilise joints and / or occupational therapy, to aid handwriting can be helpful.

9. Refer if you suspect a secondary cause, or symptoms are severe or causing persistent disruption to school, sports or daily activities.

10. There is no good evidence that hypermobility leads to arthritis.