

# **Hypermobility and ligamentous laxity in children**

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Many people are hypermobile. 'Hyper' means more and 'mobile' means movement. So **hypermobile** means more movement. Hypermobility may be localised (affecting only a few joints) or generalised (affecting most joints). If there is generalised hypermobility this is sometimes called 'double-jointed'. People who are generally hypermobile are often good at dance and gymnastics.

Joint hypermobility is not a form of arthritis and does not mean that your child will develop arthritis.

It means that ligaments, muscles and tendons are looser than average.

## The ligaments, muscles and tendons:

- Hold joints steady
- Prevent movement in the wrong direction
- Prevent too much joint movement

Stretchy ligaments allow joints to move too much.

This is also called **ligamentous laxity** or **loose ligaments**.

This is commonly seen in early childhood and improves as the child gets older and becomes stronger and better co-ordinated.

We do not know the exact reason for hypermobility but it often runs in families.

The effects of hypermobility vary. Many children who are hypermobile experience no problems at all.

## Difficulties that hypermobile children may have.

This will depend on whether the hypermobility is generalised or localised.

1. If a child's joints are very mobile they may take longer to develop the muscle control that is needed for stability when walking. They may be later than usual to stand and walk.
2. They may find it difficult to keep a good posture. Children may stand with their knees pushed back and their tummy out, or they may 'slump' when standing or sitting.
3. Children may complain of aching limbs, particularly after a lot of activity.
4. They may have to work harder to write neatly or for a long time, and when doing up buttons or opening packets and jars.

## What can I do to help my child?

1. It is important to build up and maintain muscle strength in order to stabilize hypermobile joints.
2. Some activities that develop strength are swimming, cycling and walking. Slowly increase the amount your child does over a few weeks. It is better to exercise 3 or 4 times each week using short exercise periods than only once for a long time. These activities can be built into your usual daily routine by walking or cycling to school rather than going by car.
3. To encourage good standing and walking posture do not provide your child with shoes with high heels. These can put a strain on their back, hips and knees.
4. Encourage a good sitting posture.
5. If your child experiences repeated injury or pain seek advice from a physiotherapist or doctor.