

If the child grips the pen / pencil too hard or the fingers slip down the barrel of the pen / pencil, wrap a rubber band around the barrel where the fingers are to be placed.



If the pencil is too upright, try weighting the pencil with pencil top erasers, or trial a "handi-writer" or larger heavier pen.

When writing, encourage frequent rest breaks to allow stretching of the hands and fingers to prevent muscle cramp. A good stretch is to place the palm flat on the seat of the chair with the elbow straight and the fingers facing forwards and put weight through the hand.



### References and resources

Symptomatic Hypermobility. Association of Paediatric Chartered Physiotherapists <https://apcp.csp.org.uk>

Published: November 2012

Hypermobility information: [www.hypermobility.org/KidzZon](http://www.hypermobility.org/KidzZon)

© West Suffolk NHS Foundation Trust

Reference: 6863-1	Issued: 28/02/23	Review date: 28/02/26
-------------------	------------------	-----------------------

## Patient information

# Information and advice for managing symptoms of hypermobile joints in children



## Paediatric physiotherapy and occupational therapy

West Suffolk NHS Foundation Trust  
Hardwick Lane, Bury St Edmunds, Suffolk IP33 2QZ  
Tel: 01284 713000, [www.wsh.nhs.uk](http://www.wsh.nhs.uk)

Putting you first

## What are hypermobile joints?

Hypermobility describes how bendy or flexible you are. Hypermobility is a description of joint movement. Hyper means "more" and mobility means "movement". Ligaments offer stability to joints and in hypermobility, ligaments are lax and joints have more flexibility. It is not an illness or disease, just the way someone is put together. It is considered a **normal** finding by medical professionals.



### How common is it?



Most children are flexible and some more so than others. The majority of children will be less supple as they get older but a small percentage will remain very flexible. This is more common if their parents are still very flexible.

Studies have shown that up to 71% of children under 8 and 55% of 4 - 14 year olds have hypermobile joints.

## Common concerns

Children may initially take longer to achieve crawling, walking and running and may be more likely to bottom shuffle.

Other frequent findings are:

- Clumsiness and frequent falls - reduced co-ordination, core stability and balance which can lead to fidgeting, inability to sit still and poor organisation of movement
- Flat feet
- Clicking joints
- Tiredness
- Reluctance to walk longer distances
- Pain - joint and/or muscle aches and pains that often occur after activity or during the night

## Handwriting tips

Ensure the child establishes a good posture whilst writing, with feet firmly on the floor and knees bent to 90° with the desk at elbow height.

If your child writes with their wrist away from the page, pencil control will be affected. Provide an angled writing board (with a slope of approximately 35°) which will encourage the wrist to rest on the writing surface. Alternatively try a weighted wrist band.



Consider pens and pencils which have moulded or textured grips for finger placement. Also consider the size and weight of the pen / pencil, if it's very light and thin the child will have to work harder to grip it.



Consider the paper being used and the surface underneath the paper. Glossy paper can make the pen slide easier across the page. A softer leaded pencil may also help such as the Stabilo Easy Ergo pencil.

For children who are unsure where to place their fingers, mark some dots to act as a prompt.

## School life

- Use a backpack with padded straps for carrying school books, pack heavier items closest to the back of the bag
- Use lockers, if available to avoid carrying all belongings
- Try to maintain a good posture and sit up straight rather than slouching and with your feet flat on the floor
- Seek guidance from the school special education needs co-ordinator (SENCO)



## Posture

Good posture helps maintain correct muscle length and balance; it reduces stress on the joints, increases stability, helps the joints move in correct alignment and forms the basis of good handwriting. Avoid keeping joints in the same position for a prolonged period of time otherwise they can become stiff and uncomfortable.

- Keep joints moving
- Change position regularly if expected to sit for longer periods
- Discourage “W” sitting on the floor
- Swap postures from floor based, crossed leg, standing, sitting, ramped cushions
- Gentle exercise and movement throughout the day, even if in pain will help
- Feet and legs should be fully supported on the chair and on the floor
- Work out a simple physical reminder such as a tap on the shoulder when posture is poor
- Try equipment to improve posture e.g. angle writing slope, seat wedge
- Working on a vertical surface instead of a table helps to strengthen the core and shoulders

## Is there cause for concern?

Many children who have hypermobile joints experience no symptoms or difficulties and being flexible is beneficial in a lot of activities.

For those children who do experience symptoms, the problems are often related to poor muscle strength, poor muscle stamina and poor control of joint movement, not the hypermobility itself.



Your child may be referred to an occupational therapist (OT) or a physiotherapist or to both. The goals of physiotherapy are to enable your child to participate fully in physical education/sport and to return to activities they may have stopped due to pain.

Physiotherapy treatment may include reassurance, education and an exercise programme to promote self management.

The aim of OT is to promote independence with activities of daily living, this may include advice and education on strategies to manage hypermobility when completing tasks (such as handwriting, and dressing).

## Activities to help

As the symptoms are understood to be related to weaker muscles and joints that may be less stable, muscles need to work harder and therefore it is particularly important to focus on being healthy, strong and fit.



## Play

The world health organisation (WHO) advises that children aged 5 -17 should do at least 60 minutes of moderate to vigorous intensity physical activity daily. Play is not only fun but it helps to develop gross motor skills (jumping, hopping, throwing, catching etc) as well as co-ordination and balance.

Encourage normal everyday activities and play, for example:

- Swimming
- Cycling
- Play parks
- PE
- Dance



## Pacing

If muscle pain after exercise is a problem, your child should not stop being active but pace the activities they take part in. Avoid doing too much activity on one day but spread it throughout the week.



Try to avoid doing too much of one type of activity and keeping it varied throughout the day. It is important to balance between rest and activity with the goal being to increase activity levels and reduce rest to overnight only. Avoiding boom and bust cycles to help reduce musculoskeletal symptoms in turn allowing for improved activity, sleep and therefore reduce fatigue, and dizziness symptoms and promote emotional resilience.



## Sleep

Encourage good sleep habits by avoiding screen time 1 - 2 hours before bedtime and ideally keeping the bedroom screen free. Consider engaging in relaxation techniques before bed.

## Pain management

Aches and pains associated with flexible are usually a result of muscle fatigue not damage or injury. A warm bath or heat pack may help relieve symptoms. Thinking about pain makes you notice it more, which makes you tense, which makes you hurt more. So distraction is really useful. It is very important to keep moving. When we are injured our bodies react by tightening the muscles, this can make pain in flexible joints worse. Although lying on the sofa all day can feel nice at the time it can make pain worse in the long term, so if you are having a bad pain day remember to do lots of gentle stretching and moving.



## Footwear

All children benefit from supportive footwear, especially if they have flat feet.

Look for the following:

- Shoes which are stiff around the heel
- A sturdy sole to act as a shock absorber
- Soft uppers, preferably with laces or buckles that support the whole foot
- Boots that fasten with laces are often very effective and comfortable



Try to avoid:

- Shoes with no support around the heel
- Thin soles
- Shallow uppers (too low at the back and sides)
- Slip-on shoes or boots

