

Hypermobility....recognizing its impact on your exercise consideration

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Lynne will be teaching on Hypermobility at the ATRI Washington DC conference on Friday February 22nd.

Maybe you know someone who has chronic pain in a joint because it's unstable, or is chronically spraining joints, or is "double jointed", or that individual who can dislocate any joint easily. All of these people are experiencing hypermobility. Hypermobility whether it's the very mobile side of normal, to those people who are diagnosed with Hypermobility Syndrome should influence your choice of exercise and the implementation of that program. But how do you know what to look for and how do you recognize the more significant levels of hypermobility?

Joint hypermobility is difficult to measure, but not impossible. The Beighton modification of the Carter and Wilkenson scoring system is a good start combined with a few other important parts of the history.

The Beighton score is achieved by the following:

1. One point if while standing, the person can forward bend and place their palms on the ground with legs straight.
2. One point for each elbow that bends backwards.
3. One point for each knee that has more than 10 degrees of hyperextension.
4. One point for each thumb that touches the forearm when bent backwards.
5. One point for each little finger that bends backwards beyond 90 degrees.

A person with a low Beighton score, 1-3 points, should be considered with caution when designing an aquatics program. The score doesn't reflect all the joints that could be affected. A person with a high score, 3-5 points needs caution and further assessment for other signs and symptoms.

You as a provider need to look for and ask about the other manifestations of Hypermobility Syndromes. The three areas to look at are family history, connective tissue disorders and musculoskeletal complications. You are looking for a first degree relative with similar diagnoses. We are seeing more often now where genetic testing is occurring and being used as part

of the diagnosis. You are looking for pain in 2 or more joints or limbs for at least 3 months. Chronic widespread pain for longer than 3 months. Unusually soft, velvety and elastic skin. The skin often has a blue tint in the hands, feet and face. Similarly prolapsed rectal, pelvic floor and/or uterine are common. Cardiovascular complications are seen from mitral valve prolapse to POTS (postural orthostatic tachycardia syndrome).

All these factors should influence your exercise prescription for these persons. Recognizing the impact on daily activities and the lack of inherent joint stability is crucial to your exercise prescription. Keep in mind these individuals are painful and lack good joint proprioception. Can you think of a better reason to get them in a water? They get to reduce impact on the joints, reduce pain and increase strength. The cardiovascular system benefits include increased activity tolerance without increasing pain. The freedom emotionally experienced in water increases the psychological benefits and allows them to work toward better function and health.

Keeping this person safe is also an important part of their success in the water. Recognizing how to avoid dislocations or undue joint stress is critical to improving their function and their feeling confident in the water. This includes understanding any cardiovascular issues they have.

Water offers those with hypermobility a chance to build strength, endurance, confidence and general health benefits. Working with a skilled provider who recognizes their hypermobility, their needs and is creative in designing a program for them can give them a safe environment to grow and improve.

