

Hypermobility

in school children



Engelsk

Sundhedstjenesten
(The Health Service)

**Egedal
Kommune**

Some children have very soft joints and can be categorised as hypermobile through tests. Other children are only hypermobile in few joints. The child may have hypermobile joints around the larger shoulder and hip joints and subsequently find it difficult to remain stable. Elbow joints, wrists and phalanges as well as joints in knees and feet may be hypermobile. When the connective tissue surrounding the joints is more compliant and moveable, it is more difficult for the muscles, tendons and ligaments to activate and thus maintain the joints' optimal position.

The condition is not a disease, but is often a hereditary condition which approx. 17% of all children, especially girls, suffer from. It is important to create awareness in order to prevent the joints from reaching extreme position where the articular cartilage deteriorates in an undesirable manner with the risk of pain and a later development of arthritis.

Generally, children with hypermobile joints have slower developing motor skills than other children of the same age.

An active day is important:

Hypermobile children need an active day to help strengthen the muscles, tendons and ligaments as well as increasing endurance. You should therefore choose sports such as:

- horseback riding
- swimming
- cycling

Gymnastics are also good if the child does not reach outer extreme positions such as doing backbends, front splits and the like.

Precisely because the child has hypermobile joints it will be very good at doing exactly these and similar positions, but it will damage the articular cartilage in the long term and the child must learn to be careful with its body. Gymnastics can therefore be rewarding as the child greatly needs to strengthen the muscles surrounding the joints and in the stomach and the back.

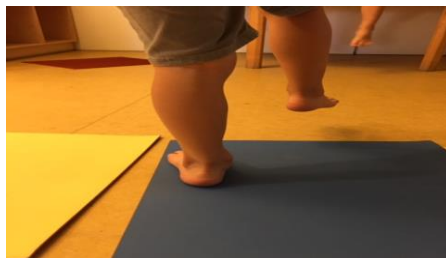
Ball games such as handball, soccer, badminton with quickly changing positions and sudden stops can often cause sprained ankles, knees and shoulders and is not recommended.

Directions, which may help the child's motor difficulties:

Ankle joints:

If one or both ankle joints are unstable it will challenge the child's balance and result in low endurance when walking and running. The leg and foot muscles should therefore be exercised and the ankle joints may benefit from shoes that are firmly attached and has a firm counter. The child will benefit greatly from nature walks in for instance the forest where the terrain is uneven and from jumping e.g. on a trampoline, but only while wearing supporting shoes.

For more information read the leaflet: "Strengthening your child's feet".



Knee joints:

If one or both knees are unstable the knees are over-stretched and the child's entire posture is affected. To keep the body in a straight vertical line the hip is rotated forward and the child will droop from the lower back and become potbellied. If the position of the knees is corrected the abdominal muscles will be activated simultaneously.



It is therefore important to remind the child of the position of the knees. Encourage the child to bend the knees slightly when standing.

The child must also exercise its thigh muscles for instance by

- riding a scooter
- roller skating
- walking on cloths on a smooth floor
- riding a bike
- walking and running up hills
- walking up and down the stairs
- using its body a lot.



An easy exercise that can strengthen both stomach, back, hips, thighs, knees and lower legs is to encourage the child to lie on its back and raise its bottom slowly up and down ten times.

The knees should point straight towards the ceiling and both feet and knees should have the same width as the hips.

Try focusing on the position of the feet:

Is the weight evenly placed over the big toe and the little toe or is most of the weight placed over the big toe? The weight must be evenly placed between both sides of the foot and the heel.

It may be a good idea to lie down with your child and do the exercise two or three times a week e.g. just before bedtime.



The child might be fond of sitting with outward rotated hip and knee lines and play on the floor. This will also damage the articular cartilage and the child should be encouraged to sit with straight legs on e.g. a pillow or with the knees together allowing the hip, knee and foot lines to remain in a straight line.

Shoulder and elbow joints and wrists:

The child's shoulder and elbow joints, wrists and phalanges can also be hypermobile. This can make it difficult for the child to be completely self-sufficient and handle for instance a pencil. Again, it is important to remind the child of the position of the joints and try to avoid overstretching the elbows. The child will also benefit greatly from keeping strong and strengthening joints and muscles by:

- wheelbarrow walking e.g. while the child pushes a ball in front of itself alternating between the hands. Support the child by the knees.
- playing the "finger-hook-game" with one finger at a time allowing the phalanges to be bend "Who is strongest ..."

It may be relevant to use triangular pencils or a “pencil grip”, which can be bought at a bookshop.
Encourage the child to keep the top of the pencil pointing towards their own body to keep the wrist in a straight line when drawing and writing.

For more information read the leaflet: “Strengthening your child’s finger motor skills”



Enjoy moving around, everybody!

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