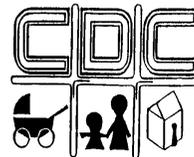


Bendy Kids

A Guide for Parents for Management for Hypermobile

Children .

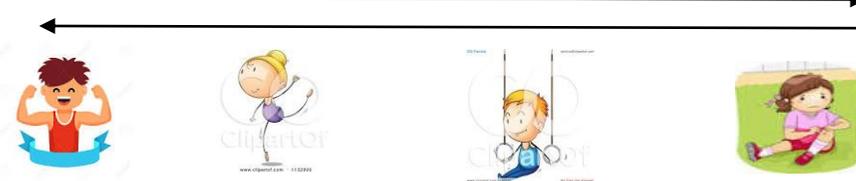


Bendy Kids

Hypermobility— very flexible children, 30% of the population are considered hyper-mobile.

“When a persons joint move more than is considered normal.” (Billings et al, 2013) But then what is normal?

There is a large spectrum of hypermobility and its benefits/drawbacks particularly as children start to grow and change



Common difficulties particularly at school

- Fidgeting
- Low confidence / not wanting to try new things
- Clumsy
- Falling frequently
- Handwriting difficulties
- Problems with hopping/jumping

THERE IS A DIFFERENCE BETWEEN BEING HYPERMOBILE (FLEXIBLE) AND HAVING an inherited genetic HYPERMOBILITY SYNDROME.

Most kids are just hypermobile and that's ok :)

The management of both these types of problem is very similar



The two main areas of concern are PAIN and FATIGUE

- Pain is worrying and disruptive to normal life.
- Common in more flexible children due to not having enough control around certain joints— this does improve with age, growth and an active lifestyle.
- Can be at night, usually lower limbs, vague and varies from week to week.
- No swelling/redness/heat—if this occurs seek medical opinion.

FATIGUE

Often one of the biggest areas experienced by children and adults. Ideally you want to prevent the boom/bust cycle (doing a large amount of activity then not being able to do anything the next day)

Hypermobile children may get tired quickly as they have to work harder to gain stability—again this will generally improve with exposure to activity, practise, time and an active lifestyle.

- Not keeping up/refusing to walk/moaning and complaining (can be normal for all children!)
- Wanting to be carried or picked up all the time

TREATMENT ideas

- SELF MANAGEMENT IS KEY
- Exercise and activity
- Good diet
- **Toolbox—things that help you to ease pain (distractions, games, books, toys) and ideas below-**
- Rubbing joints *** and massage limbs. Try putting pillow under knees at night.
- Positive talking—look at all the activity you have done today– that’s why your legs feel tired and sore etc
- Balancing activity—rest days between active days, encourage activity regularly and participation in P.E (give option to sit for 2-3 minutes before continuing if your child complains of pain/fatigue)
- If pain is a difficulty then more gentle activity may be better– yoga, swim, cycle and martial arts. But being flexible doesn't mean you cannot take part in any sport you want to, providing you maintain your strength.
- **Fatigue may appear to look like the activity should stop. But often not an indication that more rest is required. Fitness training, pacing and sleep hygiene is required.**

Ideas to help with fatigue

- Pacing large activities (plays/P.E/school trips), short rest break then continue with activity, scooters/bikes instead of walking
- Appropriate footwear, routine change (if child is less fatigued in the am—do a walk/activity in the am)

Developed by the Bedford NHS Trust
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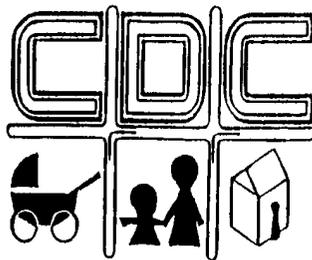
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When professionals may be required?

- When there is a diagnosis of a hypermobility syndrome/genetic connective tissue issue.
- When pain is unmanageable or a specific joint is problematic.
- If handwriting/cutlery use/buttons and zips are a problem (occupational therapy)
- Pain in feet (podiatry)



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