

Generalised Joint Hypermobility

Children tend to be more flexible than adults. Some children have more flexibility than others – this often allows them to move their joints and bodies into unusual positions (*Figure 1*).

Generalised joint hypermobility describes a condition where a number of joints have extra range of movement. It may also be referred to as 'ligamentous laxity' or 'joint laxity'.

Ligaments are composed of connective tissue, which includes collagen fibres. Some children have differences in the structure of the collagen fibres, which result in the ligaments being more lax. This allows more joint movement than normal.

Gender, age and family background influence the incidence of generalised joint hypermobility. There is a higher incidence in young children, females and in certain population groups (Asian Indians, African and Chinese).

Extra range of movement in joints can be an advantage for some children in activities that require flexibility e.g. ballet, gymnastics.

Many children have joint hypermobility but only a small percentage experience difficulties.

The stability and strength of a joint depends on the structure of the muscles, tendons, ligaments and joint capsule which Weakness or deficiencies in these structures may lead to joint instability.

Joint instability due to ligamentous laxity may cause a child to experience generalised aches and pain. They may be more prone to injuries, such as ankle sprains, or patella (kneecap) dislocations.

Specific exercises prescribed by a physiotherapist can strengthen muscles surrounding the joint to improve joint stability and ease pain.

It is important that children with joint hypermobility are physically active for the development of strength and fitness. Low impact sports and activities such as swimming and bike riding, will be more comfortable for those who experience pain (*Figure 2*).

The natural history of generalised joint hypermobility is that the amount of flexibility and extra joint movement tends to decrease with age.

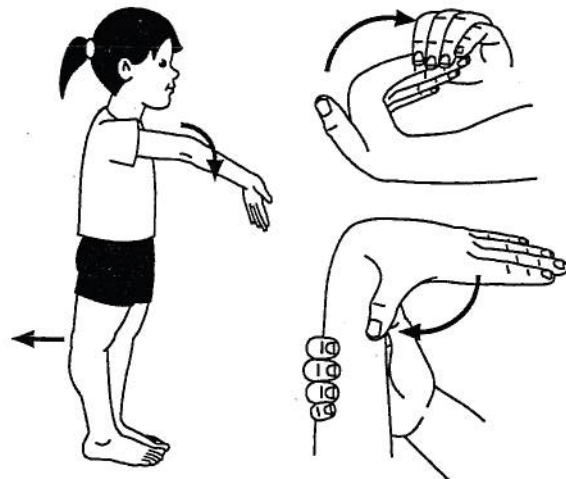


Figure 1. Examples of joint hypermobility.



Figure 2. Low impact exercise.