

## Footwear

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

When you are buying shoes 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

This does not mean that other shoes cannot be worn for short periods of time or special occasions.

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

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## Symptomatic Hypermobility



## What is Hypermobility?

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 a 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 become 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 are hypermobile (de Inocencio et al, 2004).

## Common parental 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
- Flat feet
- Clicky joints
- Tiredness
- Reluctance to walk longer distances
- Pain
- Difficulty with handwriting, hold a knife and fork, and dressing

## Is there cause for concern?

Many children who are hypermobile experience no symptoms or difficulties and being hypermobile is beneficial in a lot of sports.

It is not fully understood why some children have more symptoms than others and it is not necessarily related to the degree of hypermobility (Leone et al, 2009). However it is believed that these problems are related to poor muscle strength, poor muscle stamina and poor control of joint movement, not the hypermobility itself.

## What can I do to help?

As the symptoms are understood to be related to weaker muscles and that the joints may be less stable, muscles need to work harder and therefore it is particularly important to focus on being healthy, strong and fit. The stronger and fitter your child is, the better for their hypermobility and general well being. Ensure your child does not get overweight as this may stress muscles and joints more.

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 pacing activities may help. Pacing means to gradually increase an activity in order to achieve a goal. Don't do too much activity on one day but spread it throughout the week and focus on building more strength and fitness.

## Practice

Your child needs to build their muscle strength, which takes time and most importantly, practice.

## Pain management

Aches and pains associated with hypermobility are usually a result of muscle fatigue, not damage or injury. A warm bath or a hot water bottle may help. Pain killers are not usually effective. Try not to focus on pain and distract your child from dwelling on it.

## When to seek advice

Physiotherapy can be useful after an injury to give advice and exercises in order to return to normal activities. If your child is having problems with activities of daily living, referral to an Occupational Therapist may be helpful. Seek advice from your GP if you are concerned that your child is experiencing frequent or severe pain.