PATIENT FACT SHEET

Hypermobility Syndrome (Pediatric)

CONDITION DESCRIPTION

Hypermobility syndrome is a condition where a child's joints move past the normal range of motion. Children with hypermobile joints often are called "double-jointed" or "loose-jointed." Hypermobile children may have joint or muscle pain that worsens with activity or at night. Their joints are not inflamed. Rarely, children with hypermobility have a connective tissue disorder, such as Marfan syndrome or Ehlers-Danlos syndrome. Children with Down syndrome often are hypermobile. Girls tend to be hypermobile more than boys. Hypermobility is present in children of many ethnic groups and nationalities. Hypermobility seems to run in families. A gene involved in production of collagen may play a role. Collagen is a protein important for joint, ligament and tendon function.

SIGNS/ SYMPTOMS

Signs of hypermobility include the ability to lay palms flat on the floor with the knees straight; move elbows or knees beyond straight; move the thumb to touch the forearm; or move the little fingers until perpendicular to the upper arm. Hypermobility may cause chronic joint or muscle pain in some children. Joints may swell after activity, or in late afternoon or at night. Hypermobile children are more prone to sprains, soft tissue injuries and dislocation of the affected joints. They may have impaired joint position sense, back pain and flat feet. Some have chronic pain. Others have loose skin, increased bruising, thin scars and nerve compression disorders. These children often have growing pains, or deep aches in limbs and muscles. The diagnosis is based on a physical exam that shows excess range of motion in certain joints. Some children need lab tests to rule out other genetic or rheumatic diseases.

COMMON TREATMENTS

Muscle aches and pains after activity may improve with rest. Massage may ease growing pains in the muscles of the child's legs, thighs or calves. Exercise, joint protection techniques to prevent injury, and balance improvement techniques may ease symptoms. Children with flat feet may need orthotics (orthopedic devices). Physical therapy can guide hypermobile children to have proper posture, protect joints and improve balance. They can also prescribe exercises to build muscle strength and help stabilize the joints. Medications like ibuprofen (Advil, Motrin), naproxen sodium (Aleve) or acetaminophen (Tylenol) may ease occasional pain. Since hypermobility pain often happens in the evening, children can take these medications with a snack at night. Due to the joint tolerance, many children may develop a chronic pain syndrome, such as pain amplification or fibromyalgia.

CARE/ MANAGEMENT TIPS

Some tips that may help manage symptoms or prevent joint injuries include good posture while standing and sitting, standing with knees slightly bent, avoiding extreme ranges of motion and wearing good shoes with arch supports. Physical therapy and a daily exercise regimen can strengthen a child's muscles and stabilize joints. This may prevent injuries or joint overuse. Children should stay physically active, eat a balanced diet and maintain optimal weight. Parents can adjust the child's activity according to pain levels. Do not overuse over-the-counter NSAIDs or analgesics for joint pain. These medications should be used only for occasional pain relief before or after activity or exercise.

Updated March 2019 by Johnathan Hausmann, MD, and reviewed by the American College of Rheumatology Committee on Communications and Marketing. This information is provided for general education only. Individuals should consult a qualified health care provider for professional medical advice, diagnosis and treatment of a medical or health condition.

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