



YOU ARE HOW YOU MOVE



Katy Says...

Welcome to my mind! I've been using a blog as a sort of working notebook for over 8 years now and there are now over 300 articles on mechanics, alignment, anatomy, and natural, nutritious movement. **If you're new here, make sure you check out the "6 Posts Everyone Must Read."**

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Alignment Matters: The First 5 Years of Katy Says

HYPERMOBILITY

February 20, 2012 / 95 comments

If you have a body (hey that's you!), teach bodies to move, or help other people figure out what's wrong with their body, this is what you should know about hypermobility.

1. People are not hypermobile. Joints are hypermobile. So, please don't go labeling yourself as hypermobile unless you truly never sit down and flit around enough to drive even a Jack Russell terrier mad. If you came over to my house, I would show you that there are many joints in your "hypermobile" body that don't move at all.

2. *Hypermobility* does not mean that you have long, loose muscles, but that a joint's ligaments are lax. Being hypermobile does not mean that your muscles are flexible.

3. *Hypermobility* isn't really the correct name for a joint that has excessive range of motion. *Hyperlaxity* is. Unfortunately, Hippocrates created the term hypermobile, while grouping together a set of Persian bow and arrow warriors who had elbows that seemed to extend more than others. The name stuck. It is documented in the literature that the term *hypermobility* should be changed to *hyperlaxity*, but that it would take too much time and effort to correct in forthcoming texts. Conserving time and effort seems like a good reason to continue to mislabel ailments in the body. Hey kids! See if the "this takes too much time and effort" excuse works with your parents and teachers. Hey parents! See if the "this takes too much time and effort" excuse works with your boss. Or the tax man. Let me know how it goes.

4. "Double-jointed" is not a correct term. But I'm hoping you already knew that.

Where do hypermobile joints come from? The answer is — nobody knows for

sure. Many people create their own particular hypermobilities by constantly using a range of motion without muscular support or holding their body in a particular postural position. There are conditions like Ehlers-Danlos Syndrome (ED) that might include some joint hypermobility. There is also a general class of symptoms that are labeled *Hypermobility Syndrome*.

To receive a diagnosis of *Hypermobility Syndrome* you must have (___) number of joints that move beyond the "normal" range of motion AND joint pain in more than four joints for longer than three months.

Did you see I put the " ___ " there? It's not because I don't know, but because there is no standard amount of joints that give a Hypermobility Syndrome diagnosis. It's not like it's a *science* or anything. D'uh.

You don't have Hypermobility Syndrome if you have ED, because you can't have two reasons for your issue. I didn't invent the rules, it's an insurance thang.

So, now that you know all of this, here's some other stuff you should know:

1. Ligaments are the "seat belt" of a joint. They keep you connected to the rest of your parts and are what keep you from smashing through the proverbial "windshield" in a large-force collision.

2. The ligaments are not the brakes of a joint, the muscles are.

This is an extremely important point to understand. You might even want to read this point twice. Just like correct brake use in your car keeps you from needing the seatbelt, the muscles about each joint keep you from applying a load to the ligaments.

3. The ligaments are not the brakes of a joint, the muscles are.

(See how important I think this point is?) Just like correct brake use in your car are what keep you from needing the seatbelt, the muscles about each joint keep you from applying a load to the ligaments. Re-read this until you understand what I'm saying here.

What I am saying here? Even if your ligaments are flapping in the wind or you had them all surgically removed, it should not make one difference to the state of your joints as long as your muscles (correctly aligned, of course) are doing their job.

Qua?

Que?

What?

Ligaments are the backup system to large-force application, yet most of you out there reading this are driving (read: moving) your body around with no brakes (read: muscles). You don't have a clue how to use the brakes (read: muscles) so you depend on your seat belt (read: ligaments) to keep you connected.

Because our habitual body positions have negated the force generation within our muscles, our daily movement and exercise loads the ligaments instead, until they stretch out. Forever. You know that old ligament saying, don't you? **Once you go lax, you never go back.** I just made that old saying up.

Ligament is not like muscle. It does not have elasticity. It cannot respond in resistance to a load. Which is why I cringe when I take a yoga class and see 94% of the people in class doing plank pose with their arms fully extended, elbows pointing to the right and left. Or doing 15 forward bends where the pelvis has hardly moved and the lumbar spine fully flexes, again and again, and again again. Click ([here](#)) for a picture of that.

People who see themselves as hypermobile tend to participate in stretching and flexibility programs because it is easy for them. The problem is, when entering into stretches, those with hypermobile joints actually rearrange their bones to bypass the stretch. **People with hypermobile joints actually have very (very, very!) tight muscles.** This may seem confusing at first, until you learn to see what each bone is doing during a movement. Flopping into a forward bend and putting both hands flat on the ground is 1) a sign of joint hypermobility and 2) a sign of extremely tight hamstrings. With every excessively mobile joint comes a set of extremely tight and non-circulating muscles.

Here are some things to know about hypermobility and exercise:

1. Exercise cannot increase the stiffness of a lax ligament.

2. If you have joints with excessive mobility, large forces, high velocities, and large loads should NOT be applied to your body. Running, sports with sharp cutting, fast throwing, or repetitive motions + joint hypermobility = A major musculoskeletal issue.

3. If you have hypermobility syndrome or another collagen issue, the primary focus of an movement program should be motor skill (learning how to isolate and control fine movements). Move well first, then move more.

4. No "zoning out" during exercise. Once you learn where your bones should be with each movement, you have to continue to monitor them throughout the bout. Eyes on your body parts (watch your hands, elbows, wrists, fingers, knees, ankles, feet) the entire time. You're in charge of you.

If all of your ligaments are busted, does that mean that you shouldn't move? Of course not. But it means that, up until right now, the way you've been moving has been without braking and has cost you your ligament tissue. The joint issues you have are not a result of your collagen issue, but are caused by the manner by

which you have moved. The good news: You can learn to create correct bony geometry which allows the muscles to participate, giving each joint the stability it needs for pain-free movement.

Word.



ALIGNMENT

EHLERS DANLOS

HYPERMOBILITY SYNDROME

JOINT HYPERMOBILITY

JOINT STABILITY

LIGAMENTS

← MY TRIP TO UTAH

FREE FALLIN' →



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You



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VISIT THE SHOP



Scissor kicks.

Alignment is not
Posture.

(More) About Katy

Mother Thruster

95 thoughts on "Hypermobility"



JILL MILLER

February 20, 2012 at 10:39 pm

Sensational blog Katy. You have outdone yourself...

REPLY



KATY

February 20, 2012 at 11:15 pm

Thank you, Jill. It's what I call the blogger's triathlon. Lactating, gestating, and writing 1000 words. I have outdone myself. Thanks for noticing 😊

REPLY



BETH PUGH

February 20, 2012 at 11:02 pm

Can you elaborate on the correct way to do plank pose? Thank you!

REPLY



KATY

February 20, 2012 at 11:14 pm

Oooh, good post for me to do...

REPLY



STACY

February 21, 2012 at 2:20 pm

Oh, that would be a good post- one I have been wondering about too. I have my predictions, we'll see if I've got it right!

REPLY



MARTIE SCHOENER

February 21, 2012 at 3:04 pm

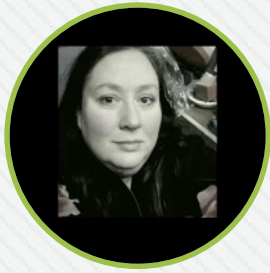
Yes! As a yoga teacher, I would like to know your thoughts on plank pose as well. I have so many folks in classes with wrist and shoulder issues already (from excessive sitting & computer work) that of late, I offer a forearm plank as an option to the traditional. The mechanics of these would be quite helpful.

I LOVE the work on the forward bends! In my classes, I work with seated forward bends a lot – working on that 'pelvis tuck' thing. Is it possible that once the pelvis is like 'frozen' to get that mobility back??? It seems that I either lack the words to explain what a pelvic tilt/rock is, or folks have lost the ability to do it! At any rate, I'm pretty certain that if they cannot find it seated – they surely won't find it standing either!

Thanks! LOVE your work and can't wait till April to see you in Columbus!

Martie

REPLY



MW

February 24, 2012 at 5:42 pm

Hello Katy- thoughts on the plank pose. Are you referring to the plank pose that is part of a yoga chaturanga with elbows out (bad bad bad) Or the top of a push up with elbows out? If its the push up, would push ups then be something to avoid? Thank You.



KATY

March 1, 2012 at 10:26 pm

Well, both are not good for those who are hypermobile at the elbow...



JENNY RICHARDSON

February 20, 2012 at 11:08 pm

Thanks Katy, that is an awesome explanation. I am going to send many many people to read this blog. It's something I didn't understand until doing your training – and it explains so many things that no one else gets. Hypermobility is always treated as "one of those things" in the massage world – which means "I don't know anything about it so don't ask me, it's your problem not mine".

[REPLY](#)



JENNY RICHARDSON

February 20, 2012 at 11:10 pm

So it is so good to be able to 1) do for myself and 2) say to others – it is your problem – but you have the solution right there in your muscles.

[REPLY](#)



KATY

February 20, 2012 at 11:14 pm

I love that — the solution is right there in your muscles! – Brilliant!

[REPLY](#)



KATY

February 20, 2012 at 11:16 pm

So nice that you have some additional information for them!!!

[REPLY](#)



CARLA REED

February 20, 2012 at 11:26 pm

I have a hard time making love to my man, cause when he holds me my back vertabraes move and cause chronic pain. Ive gottent to the point that it hurts.... We'r both miserable.

My chiropractactor says after the car accident I have hypermobility in my back and neck. Help me woth the pain.

What can I do?

[REPLY](#)



KATY

February 20, 2012 at 11:48 pm

ARH! That is not ok. You need to learn how to get the muscles stabilizing the joints correctly. Do you have any of the DVDs yet? Have you read many of the blogs? There are things you need to start doing right away! Let's get you back in (on?) the saddle again!!!

[REPLY](#)



AMBER PATEL

February 20, 2012 at 11:28 pm

KB! I'm over the moon that you did a blog about hyperLAXITY (who's listening?)!!! 😊 yoga looks pretty on me, but i do and teach pilates b/c i feel like it's better for me, personally. perhaps i need to bring greater awareness into a yoga class, but i just feel like pilates forces me to be aware. ...like a slap in my face.

anyway, can you speak more to this statement: "until you learn to see what each bone is doing during a movement" ...after you mentioned that hyperlaxity and tight muscles are pea & pod. or is that a whole new blog entry?

REPLY



KATY

February 20, 2012 at 11:47 pm

Well, I put an example (see the hamstrings) — where during a forward bend in yoga, or in pilates, sitting on the floor — to be able to know what to look for to see if the pelvis is hinging on the hip joint or if the lumbar spine is flexing — is the only way out of hypermobility. You need to be trained in what markers are objective or else you don't really know where the muscles are in space. And, it's the whole course I teach — 25 points — how to identify and mobilize or stabilize them for optimal function.

REPLY



AMBER PATEL

February 20, 2012 at 11:53 pm

OMGodness...im so totally super stoked to be taking your full course (online) starting next month!

REPLY



SANDY NELSON

February 20, 2012 at 11:35 pm

Thank you for this article! Both myself and my son are hypermobile. He is 29 yrs old and I am 52, and we both love to do yoga, (it's so easy!). I see now that we need to be careful. Muscles = brakes makes so much sense!

Love your blog!!

REPLY



KATY

February 20, 2012 at 11:45 pm

Yay! I made sense! My work here is done 😊

REPLY



EILEEN

February 20, 2012 at 11:45 pm

What a great blog! In the dance world hypermobility is coveted and yet completely misunderstood. Every dance teacher should read this blog...asap! Thank you for writing this.

REPLY



EMILY L

February 21, 2012 at 12:10 am

Wonderful post. My "hyper-laxity" is due to osteogenesis imperfecta, so a collagen issue. Someday I want to do the Whole Body course, but right now I'm focusing on the stretches from "Down There" and the Psoas Course. So are you saying that even though I can't really "fix" those loose ligaments, if I keep up the stretches (being very careful to observe the markers) that eventually my muscles will keep those joints stabilized?

REPLY



KATY

February 21, 2012 at 12:13 am

Yes — one should not even be using the ligaments to be stabilizing the joint, but the muscles. Watch your markers CLOSELY and you'll be homeward bound!

[REPLY](#)



FLYING YOGINI

February 21, 2012 at 12:21 am

wow! so many things here that are helpful to this gummy yoga teacher. WOW! WOW! WOW! fantastic

[REPLY](#)



KATJA

February 21, 2012 at 2:00 am

katy –

can you elaborate on this sentence: "Flopping into a forward bend and putting both hands flat on the ground is 1) a sign of joint hypermobility and 2) a sign of extremely tight hamstrings."

let's imagine that you do NOT flop over, but use your pelvis properly: could you put both hands flat on the floor and be fine, or, are you saying that if you're actually moving from the pelvis, you won't ever get your hands on the floor (cause that's physically impossible or something), ergo, if someone has their hands on the floor, it's all in the back and they need to start over?

thank you!

[REPLY](#)



KATY

February 21, 2012 at 3:55 am

Flop is the key work. If you read the included link (hamstrings) I'm speaking of forward bending from the spine and not the pelvis. As long as your spine is in neutral (no flexion or extension) then you're in the hips!

REPLY



KATJA

February 21, 2012 at 1:51 pm

Ah, that's more clear!

I read the included link (the first time around too!) but because you'd mentioned "hands flat on the floor", it was unclear if that had some particular merit (or, dis-merit!) on its own in the situation, or if it was just about the flop.

Thanks for the clarification!

REPLY



CYNTHIA

February 21, 2012 at 3:12 am

My elbows hyper-extend; as far as I know, they always have. Last winter I slipped on an icy sidewalk and landed on my outstretched left hand with my arm fully (over)extended. I fractured my elbow weirdly (the capitellum—the bottom of the humerus—was sheared off by the radius). Apparently, a capitellum fracture can happen only in hyperextension. (So, was this a failure of the brakes, not the seatbelt?)

I was fortunate to have a closed reduction—the bone fragment was put back into place with no incisions and no hardware (oh, yes, under general anesthesia). After it healed and I had some physical therapy, I regained most of my range of motion...short of hyperextension. It's a tiny relief that I should never again be able to fracture my left capitellum. But what do I need to know about my elbows in this Year of

Upper Body Strength? My left arm is still weaker and my right elbow still hyperextends.

Congrats on the gestating! I had missed that news.

[REPLY](#)



KATY

February 21, 2012 at 3:53 am

You'll want to learn to stabilize those elbows so that in an accident, when you fall, the muscle is in place to brake for ya!

[REPLY](#)



BARBARA

February 21, 2012 at 4:48 am

Wow, Katy, great post!!!... and comes to me at a perfect time. After many years of lower back pain on my right side, I just learned from a P.T. that I have a "hypermobility" SI joint. She wants me to do bridges to strengthen the muscles around the SI joint, but we learned very quickly that I have to build-up with some ankle pumps first, 'cause I'm so unfit that when I try to do a bridge I get a HUGE charlie horse on that right side. Thanks for this post.

[REPLY](#)



KATY

February 21, 2012 at 4:52 pm

And, make sure your bridging does not include rib lifting, which would mean that your spine was generating the force and not the glutes...

[REPLY](#)



BARBARA

March 4, 2012 at 6:19 am

I'm so glad you pointed that out. Now that I focus on keeping the ribs out of it, I can really feel the glutes. BIG difference... Thanks much!

[REPLY](#)



KATY

March 13, 2012 at 1:32 am

Yay!

[REPLY](#)



LAUREL

February 21, 2012 at 5:10 am

Interesting. The nure practitioner said our 15 month old has hypermobile hips. She seems to be walking, running, squatting, and climbing just as a toddler should, and she's barefoot inside and has soft soled shoes for going out, but anything we should be aware of/watch out for?

[REPLY](#)



KATY

February 21, 2012 at 4:51 pm

Hi – I'm wondering how she came to measure hypermobile hips and at what age?

[REPLY](#)



LAUREL

March 3, 2012 at 6:21 pm

Whoops, only seeing your reply now. I think it was her 9 month appointment. We're seeing her doctor soon so I'll ask him if he agrees, and if so, why.

REPLY



KIM

February 21, 2012 at 6:17 am

Ditto what Eileen said, and add gymnastics and figure skating instructors/coaches too!

I've been diagnosed with ED nearly 10 years ago (thankfully not the vascular form); Pilates has helped stabilize my joints. My rheumatologist encouraged Pilates, said to "watch your range of motion" with yoga, and pretty much forbade weightlifting (free weights, Nautilus machines, etc....didn't say anything about not doing pull ups or pushups though – so of course I "have to" do those!) 😊

REPLY



NICKI

February 21, 2012 at 11:23 am

I was diagnosed with hypermobility syndrome 5 months ago and am desperate to exercise. My gym is encouraging me to run/cross train/use weight machines but I'm so confused as to if it's good or bad for my joints and muscles. I have the most hyperlaxity in my ankles and elbows and just don't know what to do for the best. Help!

REPLY



KATY

February 21, 2012 at 4:50 pm

Your gym's recommendations would not be correct for your syndrome. You should find a mindful strengthening practice with

a very educated leader for whom alignment and form is an utmost priority! First work on strengthening your muscles to stabilise your joints while standing and then add on walking and larger movements!

REPLY



OM

February 21, 2012 at 4:50 pm

amazing , for a triathalonner hehheh well done, love ya , xoxo word "ED" is already in use ??

not a ligament issue?

REPLY



ELLIE

February 21, 2012 at 9:19 pm

Thank you, this explains a great deal about my body and the issues I've had over the years. I'm one of those people who goes to yoga and can do everything, yet I can tell my muscles are tight, head to toe. In terms of cardiovascular health and muscular endurance, I'm fit, but name a joint, I've probably had some problems with it.

I'm not sure how people like myself should proceed, though, beyond the general recommendations above. Is there a workshop I can take, a particular video that you produce, etc.? I know the basics of good form, but clearly need to learn more or I wouldn't be having problems. I suspect that not all trainers, yoga instructors, pilates instructors, etc. teach correct form. How do I learn the correct bony geography?

REPLY



**MICHAEL CURRAN, RESTORATIVE EXERCISE MASTER
TEACHER**

Ellie,

February 24, 2012 at 5:29

All of the Restorative Exercise / Aligned and Well programs observe a set of alignment markers that hold true whether or not a person has hypermobile joints. You won't "repair" the hypermobility, but with practice you can train your muscles to keep your bones in their correct positions during your movements. The challenge is to be scrupulously objective about where your alignment markers are at all times as you move, and Katy always refers to them while teaching exercises, so really you don't need a course dealing specifically with hypermobility.

That said, getting a private session with a Restorative Exercise Specialist (RES) goes a long way for learning how to view one's body objectively. There is a list of them at <http://restorativeexercise.com/2011/our-program-graduates/> (Alphabetized by state).

Or better yet, become a RES yourself by taking the Whole Body Alignment program. That's what it's there for! 😊

REPLY



LINDA SHARKEY

February 21, 2012 at 9:40 pm

Right on, sista! I have been seeing a surprising number of teenagers with a true hypermobility issue – they have all the hallmarks including hyperextension of elbows, knees, and wrists, and can bend forward and touch the floor without a stretch on hamstrings. Typically, these kids have what looks to be a "benign hypermobility syndrome" as opposed to ED (Ehlers-Danlos Syndrome) but that's why you need an MD and possible genetic counseling to determine the true issue.

One way to quickly screen for true vs apparent hypermobility is by using the Beighton Score and Beighton Criteria; learn more via this link <http://www.hypermobility.org/beighton.php>

I always start with posture and gentle strengthening for mid-back/scapular stabilizers and core and then move distally into extremities as tolerated. Improving posture, especially in teenagers, can be a slow road but it makes a huge difference for them.



KATY

February 22, 2012 at 2:04 am

Yes, one should not be given a EDS diagnosis without genetic testing, although I'm unclear on whether or not hypermobility (EDS4) has actually proven, consistent genetic identification — other types, yes. Sounds like you're doing good work! Also, the Beighton Score and Criteria are a great place to self-test, but the number, i.e. amount of joints it takes for a diagnosis is not consistent in the literature – your doctor will have to make a subjective call...

REPLY



ABBY

February 22, 2012 at 3:22 am

Gene testing only picks up 50% of those with EDS-Classical type. The EDS-hypermobility type gene has not yet been identified at all. The vascular type gene has been identified. Hypermobility and Classical types make up the vast majority of people with EDS. Genetic testing is not usually performed. The diagnosis is made clinically by a geneticist or in some cases a rheumatologist.

BTW, EDS-hypermobility is type 3, not type 4. Type 4 is vascular.

REPLY



KATY

February 22, 2012 at 4:27 am

Thanks — interesting. As a scientist in the physics realm, it is hard grasping how genetic testing only picks up 50%. Also, and you might know this — how would one differ between Hypermobility Syndrome and ED type 3 (sorry about the typo, was on my tiny

keypad on mobile!) without genetic evidence or other issues? In science, typically there are supposed to be objective data points, but it sounds like many diagnosis are estimated? Also, in biomechanics, we are now aware that titin (a very large molecular protein that is in the sarcomeres) is behaving in a particular way in those with HM/EDS — which is something very new. Also, some of the theories on anxiety and hypermobility are in one camp, with the other suggesting that it could be the HPA-axis (stress hormones, basically) itself that is affecting the quality of ligament, in the same way the hormone relaxin changes the structural integrity and orientation of collagen. Both are interesting and potentially valid (and also completely unresearched) because there are many things that don't *add up* in a clear way. I have worked with thousands of people who have been given the "sorry, there isn't a solution here for you" song and dance for decades, only to realize that they were misinformed — including those in your similar situation. There are serious limitations to current therapies as well as research design — especially when old models of muscle tissue are still being used and taught in current academic settings to the people stating what is possible and what isn't.

It is my professional position that people with extreme hypermobility ARE extremely at risk for injury (did you read something different?) which is why they need to understand how their machinery works during every possible activity (sitting, standing, walking) to prevent something catastrophic. I suggest a minimum of 200 hours for every person to spend in "biomechanics school" to take better responsibility for their health, mobility or not — and I think that general exercise is the exact opposite of what a hypermobile person needs. This is a therapeutic-based site — meaning we teach people how to WALK here, and it takes months to allow for appropriate physiological adaptation 😊

Ok, tired now. Thanks for posting — I appreciate

having your experience on the site.

Oh, and yes IT Band is fascia but it force generates to stabilize laterally via the tensor fascia latae and lateral gluteal muscles. It's the strongest knee stabilizer you have, so you'll want to make sure your pelvic listing muscles are firing correctly to keep your knees in place!

REPLY



ABBY

February 22, 2012 at 3:07 pm

Different genes (or the lack of them) can cause the same clinical symptoms. Two collagen genes have been implicated in Classical EDS. 50% of the identified patients lack one or the other of these genes. The other 50% of patients have the clinical syndrome, but the genes that cause the symptoms have not yet been identified. Geneticists do not run the gene tests unless they suspect vascular EDS. Gene tests are not the only form of evidence. Geneticists talk of "clinical" dx, based on objective data points, not "estimated" dx.

For the most part, EDS-Classical and EDS-hypermobility are clinical dx, based on Beighton score, family history, and other criteria. In my case, not only are all joints hypermobile, I have a strong family hx, and evidence of tissue fragility and hyperextensibility and impaired wound healing throughout my body: MRI shows dural ectasia, bladder is stretched, colon redundant, ivs infiltrate blood vessels, heart valves flop; I have hernias, extreme nearsightedness, injured nerves, atrophic scars, and lumps of scar tissue on tendons and ligaments. Stitches rip through skin instead of holding it together; injuries cause

subcutaneous spheroids. You can see how a doctor could make a clinical dx. The geneticist didn't even bother to check my genes.

The distinction between EDS-hypermobility and hypermobility syndrome is a thorny one and is currently being debated by the experts. Some geneticists want to consider them all the same thing—a spectrum. Others want to talk about EDS and OTHER disorders of hypermobility. Personally, I think that folding everyone with hypermobility syndrome into EDS is going too far. I believe that there should be evidence of impaired collagen in a number of organ systems to get an EDS dx, but, hey, I'm just a patient, not a doctor.

My point about injury is that therapies that work on "normal" people will hurt us because ALL our tissue is more fragile. I spent decades with PTs and trainers who advised me to perform exercises that only injured me. EDSers need to start at an impossibly low rate of resistance and perform closed-chain exercises.

Because of EDS, my tendons are fragile and heal slowly. My tendons have been injured so often and so severely that they are filled with scar tissue—palpable in tendons that are close to the skin—which catches in the sheaths and over bony prominences—very easy to injure, and causing acute pain chronically, which is different than "chronic pain," which is a syndrome of central sensitization. Thank God, I do not have central sensitization. Pain is not a huge issue with me, though it is there with every injury. Curiously, those with Classical EDS typically have less pain than those with the hypermobile type.

Yes, muscles in people with EDS do perform

differently. I believe that there is impaired force transmission (recent pub med article), and I know that the sarcomeres behave differently. For instance, we accumulate trigger points at an alarming rate. You might be interested in Jan Dammerholt's presentation on you tube. He describes trigger points in EDS, and does talk about how badly we walk.

Re: HPA axis. As above, EDS affects way more than ligaments; it is a collagen disorder, not a ligament disorder. Collagen is present throughout the body. I have had my stress hormones tested, because my BP was so haywire that pheochromocytoma was suspected. The stress hormones were all normal, it was the response to them that was flaky. I know of at least two other people who went down the same road. Of course, that is anecdote, not data , but there are studies of our autonomic response to being upright. Suffice it to say, that the response is far from typical, and is characterized by extreme fluctuations between sympathetic and parasympathetic systems, instead of the smooth response in normal people.

I am very interested in anything that has the potential to help. (I remain eternally hopeful, and spend many hours a week doing my own form of "rehab": swimming and water exercises.) I also believe that alignment is huge, and people with EDS, clearly, have a lot of work to do in that area. My only hesitation is that the fragility of ALL our connective tissue needs to be recognized so that attempts to help don't result in injury instead.



KATY

February 22, 2012 at 5:01 pm

Wow, thanks so much for answering my questions! I really appreciate your experience and expertise!



BARBARA

March 4, 2012 at 6:51 am

As I am not a professional, I ask for your patience. Hmm... I noticed **anxiety** and **hypermobility** in the same sentence. Is there a connection between anxiety and hypermobility?



KATY

March 13, 2012 at 1:31 am

No worries — I teach professionals and they are actually unaware about the newest emerging links between anxiety (and chronic stress, chronic fatigue, and even fibromyalgia) in both EDS and general hypermobility syndromes!



JEN KEAST

February 21, 2012 at 10:32 pm

Haha everyone might want to call it EDS! ED is very much taken elsewhere as someone said. Online course? What's this about? Thanks for addressing this issue, am guessing I haven't been the only one asking questions about it! Jen

[REPLY](#)



KATY

February 22, 2012 at 2:02 am

Ha! That was my Dad, and I didn't get it until right now. Ha! Thanks!!! Oh, and online course is the full body alignment (www.restorativeexercise.com)

REPLY



ABBY

February 22, 2012 at 1:19 am

I agree, in general, but I see a few problems.

I have EDS-Classical. My joints are unstable side-to-side. There are no muscles that cross, for instance, the knee joint or the elbow or the ankle joint side-to-side. My SI joint subluxes frequently. My PT tells me that there are not enough muscles crossing it to keep it in place.

My hip subluxes into my groin, causing godawful tendonitis (tendinosis), bursitis, and ligament strain. Any movement is painful. All attempts to mobilize, never mind strengthen, cause stabbing, intractable pain—and this has been going on for decades! Once injured, hip flexors are horrible things to rehab.

As far as alignment goes, a key EDS symptom is lack of proprioception. With effort and instruction, we can improve, but I'm not sure we ever get really good at it.

So, great advice for all you normal people out there. Not sure about EDSers with lateral-medial instability.

REPLY



KATY

February 22, 2012 at 2:01 am

Hmm, well, I would respectfully disagree. There are muscles that biomechanically affect every direction of joint stability — if you find a really good anatomy text, you will see that there are

muscles that pass over joints (elbows and knees) that keep them from lateral/medial shearing, i.e. IT band and adductors on the knee, would be one example. Also, proprioception is different than kinaesthetic awareness. Proprio might be low, but with diligent work, you can significantly improve your joint stability. You are correct though, that with long-time EDS there is a development of chronic pain, and then now they are finding out anxiety as well — so there's a cycle that needs to be worked up through for sure. A huge commitment, absolutely!

Thanks for your post!

REPLY



ABBY

February 22, 2012 at 3:39 am

Isn't the IT band fascia, not muscle?

Re: anxiety: EDS is a multisystemic disorder. The anxiety is thought to arise from altered autonomic nervous system function. The musculoskeletal system is the tip of the iceberg.

Don't get me wrong. Improving alignment and increasing muscle function can be a huge help. But, EDS experts make the point that certain joints are more prone, because of their anatomy, to problems that are not possible to fix. And, I think it is a mistake to underestimate just how easy it is to injure someone with EDS, and how long it takes them to recover.

REPLY



CATHERINE P. LOGAN

February 22, 2012 at 3:56 am

If you'd reply to Ellie above (copied & pasted below), then that might answer my questions too. Or should I just check out <http://www.restorativeexercise.com?> Which of course is what I'll do next. Thanks for your help.

Ellie says:

February 21, 2012 at 9:19 pm

Thank you, this explains a great deal about my body and the issues I've had over the years. I'm one of those people who goes to yoga and can do everything, yet I can tell my muscles are tight, head to toe. In terms of cardiovascular health and muscular endurance, I'm fit, but name a joint, I've probably had some problems with it.

I'm not sure how people like myself should proceed, though, beyond the general recommendations above. Is there a workshop I can take, a particular video that you produce, etc.? I know the basics of good form, but clearly need to learn more or I wouldn't be having problems. I suspect that not all trainers, yoga instructors, pilates instructors, etc. teach correct form. How do I learn the correct bony geography?

Reply

REPLY



KATY

February 22, 2012 at 4:31 am

We have a whole-body course:

<http://restorativeexercise.com/2011/whole-body-alignment-course/> which covers the whole body and is quite an extensive biomechanical/academic undertaking, but of course, I think everyone interested in health and really knowing HOW they work should take it. Other than that, it would depend on your greatest area of discomfort. I can steer you a bit more once I know that...

REPLY



JASON ALLEN WRIGHT

February 24, 2012 at 2:43 am

Katy,

A friend of mine sent me a link to this post. I wonder what you think of the findings of Jaap van der Wal, summarized in the article linked below (which is written by Tom Myers).

<http://www.anatomytrains.com/ligaments>

Best,

Jason

REPLY



KATY

March 1, 2012 at 10:37 pm

Well, there's a lot of meat to the article and it's commented on in our larger 70-hour course, but not in a 500 word blog 😊 The outdated model of anatomical tissues is very limiting for anatomists and therapists. Understanding how forces work makes it a lot easier to evaluate. If you could be more specific in asking "what I think" it would be helpful. I think that each tissue in the body is integral to function, for sure. There is an innerworking of fascia, muscle, ligament, and tendon — so much, that to break them into 4 categories is silly. When ligaments are lax, within the sarcomere, titin is more abundant — and the fascia also not participating in stabilization, because it needs the tension to be developed by the muscle. It's a chicken-egg problem and something that no one is likely to "know" for some time. Jaap's data is saying that the ligaments are responding to the muscle activity, which is why I've stated here in this post that the muscle is integral to stabilizing the joint — not the ligament. According to what I've written here hypermobility is a MUSCULAR issue — not a collagen one — which is what we teach in our academic course. If you wanted more specifics, go ahead with a more specific question and I'll give it a whirl! Thanks for reading...K

REPLY



PATTI

February 24, 2012 at 9:55 am

Thanks for the great post, Katy. This whole discussion is very interesting. My adult son has been diagnosed with a collagen disorder (unspecified – the consult was to rule out Marfans, which they did, but confirmed collagen issues). He's had numerous umbilical hernias, which don't repair well even with surgery. He also has a hip that quite frequently hurts and needs adjusting, as well as an unnerving ability to dislocate his shoulder at will (that one was injured). It seems to run in the family.

I have ribs in the back that regularly subluxate – I'd love to know what kind of exercises could help with that issue. I'd much rather prevent it from happening than have to see my chiropractor every time it does. I've never been diagnosed with hyper laxity but my daughter has repeatedly been told she is super flexible, she also has ribs that sublux, and her daughter does too.

Abby's comment about autonomic response to being upright is interesting as well – I've just been diagnosed with orthostatic hypotension, "significant" is how my doctor described it.

I always thought it was normal to be able to touch my palms to the floor (I'm 60 & can still do it) until my chiropractor told me otherwise.

[REPLY](#)



SUZI

February 25, 2012 at 1:56 pm

Katie, this is my first intro to your blog. It is great and I am sharing and sharing, but wanted to check first:

"If you have joints with excessive mobility, large forces, high velocities, and large loads should NOT be applied..." I'm not sure if you mean, "until muscles have been properly toned (via a program of motor skill such as yours)" or "ever."

"The problem is, when entering into stretches, those with hypermobile joints actually rearrange their bones to bypass the

stretch." Rearrange, or tend to rearrange? Again, I'm not sure if you're saying that someone with hypermobile joints should never stretch until they restore proper muscle function, whereas my assumption till now had been that they could learn to stretch (what was genuinely tight) properly (by heeding alignment markers). Hope that isn't a stupid question :). Thank you!

REPLY



KATY

March 1, 2012 at 10:24 pm

Hi Suzi!

To clarify:

1. If your muscles learn to stabilize your joints, then you can start to add in movements as long as you're able to maintain normal joint ROM while doing them.
2. The tendency to rearrange means you're not following any objective markers while stretching. If you learn where the bones are supposed to be, then the stretching action can be placed on the muscles (which is good) instead of the ligaments (which is not good).

good questions, thank you!

Katy

REPLY



STACY

February 25, 2012 at 4:48 pm

I just took a look at the Beighton score and my 6 year old daughter has every one of those criteria. She has no pain or problems right now- overall is a healthy and active little girl. There are some alignment issues to work on- standing or walking with just a bit of turnout, and some rib thrusting. Right now she takes a gymnastics class for fun just once a week- and of course much of it comes easy for her, so she loves it. I am re-thinking gymnastics as a sport for her long-term though b/c of the potential damage. What are your thoughts? What sports would be relatively safe for her and how likely is it that her hypermobility would remain benign and asymptomatic as

opposed to fitting into one of these “hypermobility syndromes”? I assume she would need to have pain and some other criteria other than the Beighton score to have a “syndrome”?

REPLY



STACY

February 25, 2012 at 8:28 pm

I read back thru the post again and the answer to my last question is in the post- but of course my worry is that with the wrong type of activities, she could go on to develop the joint pain and instability. In doing some more reading, it sounds like the Beighton scale isn't known (yet) to be accurate/valid for diagnosing hypermobility with young children And that children in general are more likely to have hypermobile joints (2-30%?). It doesn't sound like they are able to predict which children will continue to be hypermobile into adulthood, and also which are most likely to develop joint problems. (my daughter doesn't have any of the clumsiness or proprioceptive issues)

REPLY



KATY

March 1, 2012 at 10:21 pm

Well infants don't even have the mobility as expressed by the Beighton scale, so if you're seeing it in particular areas, I'd eliminate the ballistic and large forces and find lots of healthy movement before you find your daughter developing an issue (FWIW)

REPLY



HANNA E

February 29, 2012 at 8:12 am

I'm a bit confused about the term hypermobile now, after reading all the answers....

If you have joints that are loose and move easily after an injury, is that hypermobility (hyperlaxity)? I've never heard anyone use that expression about that condition here. It's only used when you're born with it...

[REPLY](#)



KATY

March 1, 2012 at 8:31 pm

No, it "technically" doesn't mean a genetic issue — only when the joint has more laxity (for any reason) than it should!

[REPLY](#)



HANNA E

March 2, 2012 at 4:07 pm

Ok, thank you. I didn't know that.

[REPLY](#)



BARBARA

March 10, 2012 at 4:39 pm

This article is very interesting – I have recently been diagnosed with joint hypermobility syndrome after having problems for approx 10 years. Scoliosis is linked with it also, which I also have (the idiopathic type). I have been researching into this myself and it is true that children are much more hypermobile and many rheumatologists will not diagnose children under 12. I think this is a shame as I do believe exercise is an extremely good preventative measure.

However it is extremely important to get the exercise sequences and types correct to avoid overuse problems as we are prone to rsi type injuries and anything which can cause muscle spasm as we are also very prone to that – I am also wondering if there are any exercises which can help with internal tissue problems caused by the syndrome – I have friends with IBS, Crohns, slow recovery from ops due to healing issues and throat collapsing issues.

Having had a meet up recently with my fellow mancunian HMS/EDSers a couple of whom are from USA (im in UK) it also appears that many people in UK who are diagnosed with HMS, would in the US be diagnosed with EDS which may be where some of the confusion is from – in UK if you are diagnosed with HMS it is a connective tissue disorder.

I have in the past had iliopsoas bursitis, currently have a frozen shoulder, SI joint dysfunction, chronic psoas muscle spasm and muscle spasms generally round both hip n groin areas, have DDD, mild arthritis in spine, TMJ and cartilage damage behind kneecap.

Before my shoulder froze I was doing a rotation of the shoulder which my chiro noticed was knocking on the last bit of the rotation – she advised me to hold it all the way through the motion, which felt like I was holding it in mid air lol but it was working – unfortunately other health problems ensued and I couldnt exercise. I am wondering if your programme is adaptable for people with hms, what tips you have with dealing with problems which are already there, which ones can be sorted out and which cannot and the best way to proceed.

I am thinking of purchasing the psoas part of your course to be going on with? and wondering about doing the whole course if it can be adapted for those with hms/eds scoliosis or if it is applicable as it is for us with these conditions?

Any info, help or advice much appreciated.

Barbs xxx

REPLY



KATY

March 13, 2012 at 1:30 am

The real issue is that no one is *sure* about the difference between the two. There should not be differences between countries or languages when it comes to scientific interpretation, as this would be very confusing 😊 It also sounds like you have a lot of “regular” issues that thousands of people email me about which are most likely not being caused primarily

by your hypermobility (i.e. DDD, knee, TMJ) as much as some general alignment — the improvement which could of course be hampered by a greater difficulty in awareness of where you are actually supposed to be! I think you would find the objective alignment points in any of our DVDs and online courses to be specific enough to teach you exactly where you should be and not allow you to escape into your hypermobility if you're really paying attention to the cues. I'd also suggest reading the Supple shoulders course before the psoas course (although the psoas would really help you with some of the stress components as well as the hips and knees issues) because it's nice to start with some of the finer skills... Hope this helps!

xo,
K

[REPLY](#)



LESLIE

March 21, 2012 at 6:54 pm

Katy, just a month after reading this, my 11 month old started doing the splits (legs fully out to the sides) to reach forward, and also goes from stomach to sitting by backing up into the splits. Neither of my boys did this, and I wouldn't be so concerned except that she is not crawling (doesn't get her knees under her, always splayed out). I know crawling is not mandatory in order to learn to walk, but I'm concerned about the health of her joints. Has she stretched the ligaments too far, or is this flexibility in babies natural? Just looking for some insight into flexibility and babies/toddlers?

[REPLY](#)



ERIN

May 2, 2012 at 1:35 am

Obviously, I'm not Katy but I have some experience with the pediatric population. I would argue that crawling IS mandatory. Yes, lots of children learn to walk without crawling on hands and knees first (technically called "creeping"), but more and more evidence is coming out that crawling is necessary for proper neurological development. In fact, infants who don't creep are at

higher risk of learning problems in elementary school. Creeping helps develop binocular vision, hand/eye coordination, comprehension, concentration, and memory.

In my experience, infants who have difficulty with the hands/knees position have very weak abdominal muscles. They needs lots and lots of "tummy time." I would suggest having her evaluated by a pediatric physical therapist.

REPLY



ERIN

May 4, 2012 at 1:37 am

After reading more of Katy's blog posts, I probably should've said "core muscles/strength" rather than "abdominal muscles." Sorry, Katy—I'm still learning. 😊

REPLY



KATY

May 6, 2012 at 10:09 pm

Sorry that I missed this! Babies have a lot of flexibility and mobility. Chances are, she's started to walk a bit now. You might want to do some gentle modeling of crawling down with her — it's pretty essential to core strength, pelvic floor strength, both which aid in stabilizing the hip joints!

REPLY



TAMMY MARENGO

April 1, 2012 at 10:56 pm

Hello Katy,

I have been reading along for a while and I can see you know what you're talking about. I have been trying to develop an exercise routine in order to strengthen my muscles and keep them moving, because I was diagnosed with Chronic Fatigue Syndrome in 1999, and then

Fibromyalgia, a “soft tissue weakness”, and Hypermobility syndrome 3 years later, and if I sit too much or not exercise, my pain is far worse. I walk the tread mill, stretch, and do free weight work every other day, but I am having a terrible time because regardless of how much or how little I do, it seems I can’t get to the point where I am strong enough that I am not pulling muscles nearly every day. Pulled muscles = less exercise = more pain and continued weakness. It becomes a vicious cycle. I am only 48 and young at heart, and I refuse to resign myself to a chair. Do you have any suggestions?

REPLY



KATY

April 2, 2012 at 8:20 pm

Hi Tammy — Many suggestions — the first is to get rid of the exercise paradigm and begin the restoring movement one. There is a gentle, alignment, mindful place to begin — if you read through the posts, you’ll get a feel for the program. Then you can start with maybe *When You Hurt All Over* DVD, which will give you the lymph movement and circulatory benefits of traditional “exercise” without the damage. Then you can start working to more of a whole-body movement program, although with better boundaries that you need to learn! Have you visited the <http://www.restorativeexercise.com> site?

REPLY



CATHARINA

May 31, 2012 at 5:37 pm

Hi Katy!

Your posting here is eye-opening to me and I thank you so for it. I have been truly trying to build up the underused muscle in my legs, core and lower back from what I had assumed for years was mere intense flexibility.. It is proving almost impossible as My hamstrings and ankles cannot remain in correct alignment on an elliptical machine at the gym. My quads are overdeveloped due to their overuse and I end up tilting my pelvis back to jog. I had walked with the balls of my feet first for years. My point- PLEASE help me find an

exercise routine that will make me strong enough. Thank you so, so much.

REPLY



CATHARINA

May 31, 2012 at 5:38 pm

Hi Katy!

Your posting here is eye-opening to me and I thank you so for it. I have been truly trying to build up the underused muscle in my legs, core and lower back from what I had assumed for years was mere intense flexibility.. It is proving almost impossible as My hamstrings and ankles cannot remain in correct alignment on an elliptical machine at the gym. My quads are overdeveloped due to their overuse and I end up tilting my pelvis back to jog. I had walked with the balls of my feet first for years. My point- PLEASE help me find an exercise routine that will make me strong enough. Thank you so, so much.

REPLY



JILL

June 7, 2012 at 6:14 am

Katy,

I watched your presentation at the World Massage Conference and I saw you post this blog in the chat. Thank you for doing so. This was a very good post to read. I have EDS-Type 3. It is very painful and my muscles are extremely tight, however everyone always comments on the "weird" flexibility I have. And you are very correct in saying that the way that one with this syndrome appears so flexible is that I rearrange myself. My alignment is atrocious. I move in odd ways to accomplish what I need to do in fighting my tight muscles. I am frequently getting trigger point injections and other forms of trigger point therapy just to adjust and "help" the pain and range of motion. My son (17) was just diagnosed and told he can't play contact sports. He is having problems understanding that many of the neck sprains he has had

could very well have broken his neck had it been someone else, however his spinal cord is in much more danger because of these previous football injuries. I am working on doing core building exercises, but it is much more difficult now that I'm actually paying attention to my alignment and making sure I don't rearrange myself. My elbows and shoulders are very hyper-mobile. for this reason I pay a great deal of attention to picking things up or when doing massage on someone (especially when doing stretches that involve lifting my clients legs from the ground when doing Asian Bodywork). Your presentation and this blog post have reiterated the necessity in being more aware. Thanks

-Jill

[REPLY](#)



AG

August 26, 2012 at 9:52 pm

I am addicted to your blog, and now addicted to fixing all my alignment issues. This post has added yet another piece to the puzzle for me. Thank you! I now have a question about ligaments. I assume that lack of muscles, leading to overused ligaments are the cause of my pelvic girdle pain (now postpartum pelvic girdle pain). If I work towards proper alignment and the muscles become strong enough to stabilize the SI joint and pubic bone again, would it be safe to assume that with plenty of caution in watching my alignment/how I use my body, that a second pregnancy MIGHT go better for me?

[REPLY](#)



KATY

August 29, 2012 at 8:24 pm

Sure. I get hundreds of emails from people who were busted through or by #1 and with even a little work, realized an entirely different experience the second time around. The forces muscle can generate are transformative, truly. And when they're working as they should be, the misloads on the body just *go away* which is pretty cool because it's just so simple. Not always easy, mind you, but simple in terms of a solution. Good

luck! KB

REPLY



AG

August 30, 2012 at 3:13 am

Thank you for the response. It gives me so much hope! 😊
After just a week of making small changes in the way I move, and working at getting myself properly aligned, I am amazed at the changes. I haven't been able to walk much in the last four years, and even hobbling through the grocery store while leaning heavily on the cart, is at times, impossible. This morning, I walked 3/10 mile with my husband and son, relatively pain-free.

REPLY



KATY

August 31, 2012 at 3:26 pm

So very awesome. Thanks for sharing!

REPLY



ELIZA

September 28, 2012 at 12:20 pm

Hi there, when in correct posture, should the pelvis remain central, tilt back, or have a forward tilt. My daughter and i both have hypermobility (different joints). I am unsure as xray has shown that i have incorrect curvature of the spine. I am concerned as my daughter is a keen rhythm gymnast but complains of sore legs, low tummy pains, and her pelvis seems to tilt backwards now, which makes her tummy stick out. She has developed very strong core muscles. I am concerned with over stretching. My daughter did not crawl, her elbows bend backward, her wrists crack, fingers bend back at all joints, has headaches, very visible veins and i can recount every graze by the remaining scar. She has not had any major injuries. Her ankles give her some pain. My main question here is regarding her pelvic tilt.

There is no way she will give up her gymnastics, i am wondering if a term of ballet will teach her to tuck her pelvis under to promote better posture. I do not want her to continue with ballet as i fear that contributed to some of my joint pain!

[REPLY](#)



HEATHER

May 16, 2013 at 3:39 am

I had an occupational therapist refer me to have an ergonomic assessment done at my work station at my job. They wanted me to have a standing desk, but my joints simply can't handle standing for that long. We compromised – part of my desk is for standing, part is for sitting. I mention this because there were two types of chairs they recommended for me due to my laxity and lower back injury – a kneeling chair which tilts the pelvis forward, and a saddle chair. Since my physical therapist didn't want my hip joints to be forced outward in a saddle chair, we opted for the kneeling chair. After adjusting to the pressure on my calves, it's quite comfortable for my lax body – it requires my core to hold me up which strengthens it, and it puts my pelvis in a tilt so it's not 90 degrees but more in the direction of a standing position (between sitting and standing). It's made office life much much more comfortable.

[REPLY](#)



EMMA

December 13, 2012 at 9:15 pm

I hate having my joints like this, it hurts all the time. I cant lay on my side when I sleep because it hurts my hips and my shoulders. Is there anything I can do to help lessen the pain?

[REPLY](#)



DENISE

March 12, 2013 at 8:38 pm

Hi, I find sleeping with a pillow between my knees helps a lot with the hip pain. Sorry I can't help with the shoulders :/

[REPLY](#)



MARLYN

January 20, 2013 at 9:13 pm

Thank you! I had a communitied fracture of my left elbow with extensive ligament repair, plates and tons of screws. My surgeon said 14 weeks after surgery that my joint was loose. I think I now understand what he meant thanks to you!

[REPLY](#)



MARY

January 21, 2013 at 11:14 am

Hi Katy

I have only just realised I have hypermobile joints . My mum used to say I was double jointed when I was little. I used to put my toe in my mouth and touch my thumb to my wrist, but she used to laugh as if she was joking and I didn't really understand what it meant. I can't do the splits, so I assumed I wasn't that flexiblebut I now realise that is due to my tight muscles grr....maybe I should persist with this. I only just realised my elbows and knees bend backwardsI suffered severe sprained ankles as a child and was once wrongly diagnosed as having flat feet and was forced to do flat feet exercises when I probably should have been doing ankle strengthening exercises instead!!! I am going to make a concious effort not to lock out my knees and elbows now that I know. I am 45 have no pain so far , I do keep fit so hopefully that helps me ...I am worried that maybe the step class I do is not suitable . I have read conflicting things about this so am confused now . I know it is important to have strong muscles and keep fit but i don't want to end up with hip and knee replacements down the line ????

**SERENA_B**

January 21, 2013 at 6:23 pm

You have described me. The frustrating thing is that my muscles are so tight! And it is hard to find stretching exercises that actually stretch the muscles. because the joints move so easily, I can't get the muscles to stretch enough. What stretching exercises will stretch the muscles without stressing the joints? The only thing I have found is massage, but I can't afford to have them twice a week. I do use a foam roller some (ouch).

REPLY

**HEATHER**

May 16, 2013 at 3:29 am

My entire body has been hypermobile my entire life, but no autoimmune disease. The rheumatologist says it's a benign case of generalized ligament laxity. I finally got a diagnosis for it last year after having trouble with my knee and lower back from doing Zumba (I'm 31). The doctors have been amazed at my range of motion. I've been told to stay completely away from anything that puts strain on my joints – basically I can safely walk, and do pilates but only if I pay attention to my movements and do it slowly and every move intentionally. I was happy to find your post, it explains it well, and makes sense. I used to see a chiropractor but they always had a hard time adjusting anything because of my flexibility. I've since been told not to ever have chiropractic done to my spine. I share this because I know there are others out there like me who have a serious case of this also, and have not learned these things yet. I've suffered with joint pain my entire life. Thanks for your post. I know now that I need to get my brakes back in order again, so my seatbelts can work less hard.



REPLY



STEF

July 28, 2013 at 10:40 pm

You are AWESOME!

[REPLY](#)



JENNY

May 8, 2014 at 9:30 pm

I have a rotated, hyperlax hip which according to my Pelvic floor PT is a major factor in my hypertonic pelvic pain. I am working on my alignment via scouring the internet and trying to be aware while walking and moving. She wants me to wear an SI belt while walking. Do you think that's a good idea? To me it seems a bit useless unless I actually am in alignment. She said I need to strengthen the muscles surrounding my hip. I get that. I'm wondering will they strengthen on their own if I keep vigilant about what my feet, ankles knees, pelvis, ribs, shoulders are doing and what muscles I'm using to actually move? Is it possible to correct myself by feel or do I need someone to watch me? The fact that my pain is better while walking says a lot. But then I do a simple stretch or movement just a bit wrong(I guess) and the pain is back. Thank you for letting your laundry go a bit to provide all this wonderful info!

[REPLY](#)



TOM

May 25, 2015 at 8:53 am

Great article! Regarding point 2, would you advice people with hypermobility to NEVER perform high impact, multi directional etc activities?

[REPLY](#)



KATY

May 25, 2015 at 10:52 am

I wouldn't say never, but certainly not before they've learned how to recognize unstable areas and what to do to stabilize them.

[REPLY](#)



ROSANNA STAVELEY

February 23, 2016 at 6:54 am

Hi Katy, I love your blog! I suffer badly from hypermobility. I love cardio though. What cardio exercises do you recommend? Swimming/Spinning? I love running also but take that as a no no? What do you think?

Thank you,

Rosanna

[REPLY](#)

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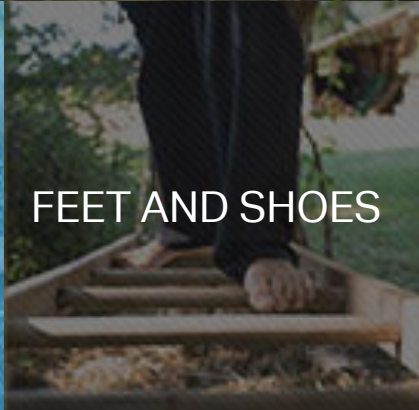
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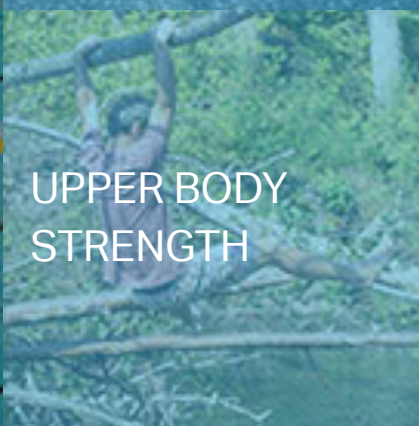
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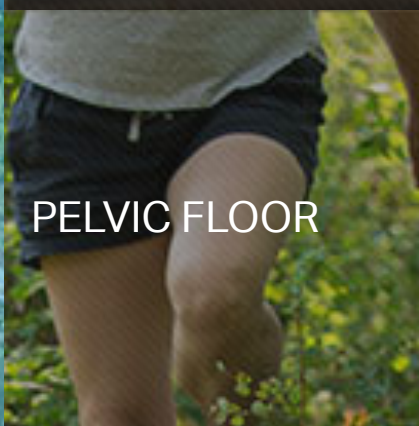
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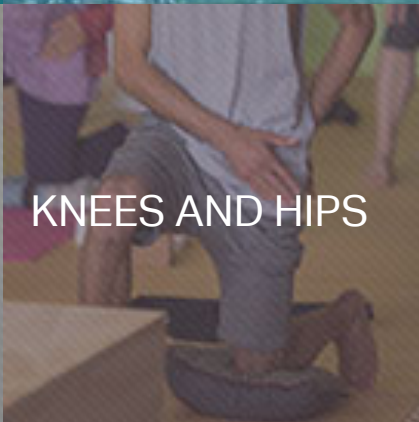
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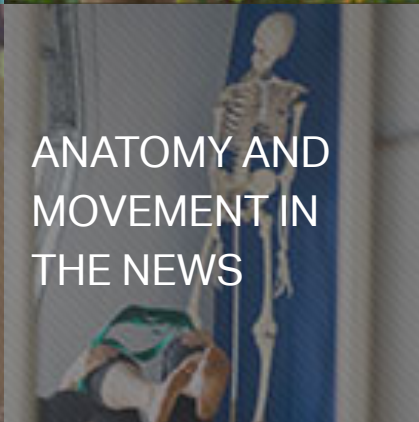
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Katy Bowman

@NutritiousMvmnt

Off to fully embody my own advi
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