

Understanding Hypermobility

Why Flexible Joints Need Strong Muscles

This guide helps you understand your body, not alarm you. Hypermobility is common, very manageable, and responds well to the right rehabilitation approach. If you have been told your joints are “too flexible” or recognise yourself in the descriptions below, this resource explains why your symptoms occur — and what you can do about them.

1 What Is Hypermobility?

Hypermobility means your joints move further than they typically should. Most people think of it as being “double-jointed” — a party trick where a thumb bends backwards or an elbow folds the wrong way. For many, however, this extra movement reflects something happening throughout all the connective tissues. It is caused by collagen that is slightly more elastic and less stiff than average — making ligaments more compliant and joint capsules stretchier. This is an inherited trait, often running in families; it is not something you caused.

The Spectrum: From Flexibility to Syndrome

Level	Description
Generalised Joint Hypermobility (GJH)	Extra flexibility in multiple joints; no symptoms. Common in younger females and in individuals of South Asian or African heritage.
Hypermobility Spectrum Disorder (HSD)	Hypermobility plus musculoskeletal symptoms (pain, instability, recurrent injury) not explained by another diagnosis.
Hypermobile Ehlers-Danlos Syndrome (hEDS)	Meets more specific clinical criteria, including systemic connective tissue features and often a family history.

More Common Than You May Think

GJH is estimated to affect 5–18% of the Caucasian population and up to 43% in some non-Caucasian groups. The average time to an accurate diagnosis exceeds 10 years in some studies — you are not imagining your symptoms.

2 How It Affects the Foot & Ankle

The foot contains 26 bones, more than 30 small joints, and over 100 muscles, tendons, and ligaments. In a hypermobile foot, passive restraints (ligaments, joint capsules) are not limiting movement as they should, so muscles and tendons must work overtime.

Pronation & Flexible Flatfoot. The subtalar joint may travel further than normal, straining the medial arch, tibialis posterior tendon, plantar fascia, and spring ligament. When midfoot joints are too lax the arch collapses under bodyweight — often looking normal non-weight-bearing but flattening significantly when standing.

Plantar Fascia Stress. Excess pronation and midfoot collapse increase mechanical strain on the plantar fascia with every step, contributing to plantar fasciitis, which is significantly more common in hypermobile feet.

Ankle Instability & Proprioception. The lateral ankle ligaments are already at the compliant end of normal. After each sprain they heal in a lengthened position, providing less restraint — a vicious cycle. Research consistently shows loss of mechanoreceptors that sense ankle position. Toe deformities (bunions) are also more common as lax capsules allow toes to drift, while excessive pronation propagates load changes up through the knee, hip, and lower back.

3 The Beighton Score

The Beighton Score is the most widely used clinical tool for detecting generalised joint hypermobility, scoring nine standardised movements (maximum 9 points). A score of ≥ 5 suggests generalised hypermobility in most adults, though cut-offs are adjusted for age by clinicians. Note that the score tests mainly upper-limb joints — significant foot and ankle hypermobility will not be captured.

Figure 1: The Beighton Hypermobility Score (Maximum 9 Points)

Test	Left (1pt)	Right (1pt)
Little finger extension past 90°	1	1
Thumb touches inner forearm	1	1
Elbow hyperextension beyond 10°	1	1
Knee hyperextension beyond 10°	1	1
Forward bend — palms flat on floor	—	1

Note: Foot and ankle joints are NOT tested by the Beighton Score.

Clinical Message

A low Beighton Score does not rule out clinically significant hypermobility in the foot and ankle. Your clinician will assess your relevant joints directly.

4 Symptoms and What Helps

Common presentations include: post-activity pain 12–24 hours after exercise; muscle fatigue from compensating for lax ligaments; clicking or clunking joints; recurrent ankle sprains; and poor proprioception — measurably greater error when reproducing joint positions, leading to a sense of the foot “giving way.” Pain can also arise from mechanical tissue strain, overworked muscles, and — in longstanding cases — central sensitisation. The good news: hypermobility responds very well to the right rehabilitation approach.

Evidence-Based Management

Intervention	What it does
Strengthening	Builds dynamic joint support to substitute for lax ligaments. Focus: intrinsic foot muscles, calf/ankle complex, hip abductors, and core. Progress from isometric/bilateral to single-leg/dynamic.
Proprioception training	Re-trains muscles to take over the sensory role of lax ligaments. Progress from double-leg on firm surface to single-leg on unstable surfaces. Large gains are achievable with consistent practice.
Foot orthotics	Limits excessive pronation, reduces plantar fascia loading, and improves alignment. A 3-month pilot study showed significant pain reduction (NPRS 6.0 to 4.3) and improved quality of life (Reina-Bueno et al., 2020).
Pacing	Matches activity to what tissues can handle. Avoids the boom-and-bust cycle. Aim for consistent moderate activity; build new activities at ≈10% per week; spread efforts across the day.

What to Avoid

Two things to avoid: (1) Excessive stretching — hypermobile joints do not need more flexibility; aggressive stretching overloads already-strained ligaments and worsens proprioception. (2) Extended inactivity — reduced activity leads to muscle weakness, reduced stability, more pain, and further inactivity. Pacing with consistent moderate activity is far better than rest.

5 Key Takeaways

KEY TAKEAWAY 1

Your muscles are your most important ligaments. Because ligaments provide less passive restraint, muscles must do more stabilising work. Building strength — particularly in the intrinsic foot muscles, calves, hips, and core — is the single most effective thing you can do for foot, ankle, and lower limb symptoms.

KEY TAKEAWAY 2

Hypermobility doesn't go away — but it absolutely can be managed well. The goal is to build enough active stability that hypermobility stops dominating your daily life. With the right programme, most people achieve significant improvements in pain, function, and quality of life.

KEY TAKEAWAY 3

Pace yourself, and don't stretch more — strengthen instead. The two most common mistakes are doing too much too soon (leading to flare-ups) and stretching already-lax joints. Focus on strengthening, balance training, and appropriate external support.