

399 - Hypermobility

With Steven Bruce, Jenni Sanders and Tom Morrison

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Steven Bruce 00:09

Well, good afternoon. We're looking once again, at hypermobility, and I am turning to an unusual pair of experts for help and advice, unusual in that they're both gym bunnies, but one of them is also a hypermobility sufferer. Tom Morrison Is the man behind tom morrison.uk and he's the complete opposite of hypermobile - he reckons that was the reason for a nasty low back injury in his mid 20s, and is now a bit of a global phenomenon helping other people get out of pain.

Jenny Sanders is the bendy one, and she's been able to overcome her own Hypermobility syndrome in ways that no doubt we'll hear about very shortly. So Jenny, Tom, welcome to both of you. It's great to have you on the show.

Tom Morrison 01:45

Hello, welcome. Thank you very much for having us.

Steven Bruce 01:49

I don't know a huge amount about you, other than what I've seen on your website, so I suspect our audience, many of them won't know either. So let's start with you. Tom, what's your background? You're not hyper mobile yourself, but

Tom Morrison 02:02

no, I'm what we would refer to as the fridge brick. So we like to think of a scale of being really inflexible, and that's my background. And then Jenny would be what we classify as the bendy Wendy. So that's kind of the spectrum that we like to give people. So when I first started with training stuff, I didn't start until I was in my middle 20s, and I had no background of training or athleticism or anything, and I kept getting injured and hurt a lot, and really badly injured my back. And was for completely giving up exercise of any kind, and through working on my own flexibility and improving it and being able to move well, it just completely changed my life and helped me to do so many other things. And I thought, oh, I need to help people get more flexible. I need to teach people how to get flexible, because that's the secret to everything. And then Jenny was, like, my first kind of introduction to hypermobility. And with working with her, it was like, wow, Jenny, you can move so well. You can do so many things, your squats, perfect, your you can do the splits, wow. And she was always sore and kept getting injured, and just had to keep sitting out of classes and stuff. And so working together, we really started to realize how to start building someone up properly and making sure that you're able to safely progress with training in a way that benefits you long term. Rather than having a year and going, you know what? This doesn't work for me

Steven Bruce 03:21

Tom is your sole focus now on helping people with Hypermobility syndrome,

Tom Morrison 03:30

we like to go after everything, essentially So to figure out whether or not you're missing range of motion with your joints and that's hindering you being able to move and activate muscles in certain ways, or if you Are too flexible and your body's having to work over time to stabilize things and make sure that you know you're able to move correctly. So you know, there's a big part for everyone that almost needs to start off easier than they think they do, even outside of hypermobility. So with hypermobility, you just you don't have that same wiggle room that you would with a normal client, of being able to just jump into certain exercises and stuff and stuff and hope they'll be okay. You kind of need to step back a little bit to build them up, but then it can actually become a strength, in some cases, eventually, once they've started to build a good foundation.

Steven Bruce 04:11

Okay, all right, Jenny, how about you? Then you're the bendy one. So you said you suffer from Hypermobility syndrome. Where do you sit on that spectrum.

Jenni Sanders 04:22

So I was diagnosed with joint Hypermobility syndrome back when that was the diagnosis. I believe it's now just generally hypermobility spectrum disorder. I mostly have the joint symptoms, but I do have some of the other connective tissue symptoms, but I'm sort of in the middle, like I'm not at the Ehlers Danlos side, but I am not asymptomatic either. I discovered this when I was in my very late teens, early 20s. I was diagnosed, and it was just like it came after a constant string of. Injury after injury. I was trying to train at the time, I was doing martial arts, actually, and I just couldn't do the things that everyone else was doing. Or as soon as I did them, I would, you know, dissect something, or I'd twist something, or, you know, injure any joint that was involved in the process. So then I got diagnosed with joint Hypermobility syndrome, and it was quite that there was not much information that was over 10 years ago, closer to 15 at this point, unfortunately. And yeah, I was pretty much just told, like, stop doing what you were doing best. Just be careful.

Steven Bruce 05:43

Part of the purpose of what we want to do today is to is to get to grips with how we relate to people who have hypermobility problems, which is partly about providing them with some solutions, but it's also about communicating with them. And you mentioned, you know, back then, people weren't really familiar with hypermobility. So how has it changed? You think now, when I don't know a person has the sort of symptoms that are associated with hypermobility, when they go and see their GP or their whatever practitioner, and say, I'm sore this is this is hurting me. How were they treated these days compared to then?

Jenni Sanders 06:26

I think now, people are far more likely to be prescribed movement and exercise than in the past. In the past, it was, it still is, to an extent, but it's, you know, the advice was swimming or something very low impact, which is a great starting place, especially for those who are really suffering. But resistance training is starting to be more and more an option, whereas I was told to avoid resistance training or strength training.

Steven Bruce 06:59

I understand from the website, you've got a fantastic pair of shoulders. Is that, right?

Jenni Sanders 07:04

Some might say yes.

Steven Bruce 07:10

So what's, what's your approach, then, to dealing with hypermobility? You know, somebody comes to you and say, right, I've got, I've got a hypermobility problem. How do you assess them? What do you how do you work out? What's the right route for them?

Jenni Sanders 07:26

Do you want to take it? Yeah,

Tom Morrison 07:28

mainly, so you're kind of looking at a few things of like the Beighton score. So if you check someone like, are they able to put their palms flat down on the floor without warming up? They're able they appear like they have way more range of motion than other people, then you know, because you're not going to fully know where they are on the spectrum, but you kind of know, right? Okay, this person's able to easily get into positions, and they haven't been stretching or training their whole life, which I'm immediately completely jealous of, because it took me so long to be able to move properly and but with them, it's sort of you want to start seeing, can they create tension properly in positions? So what we would like to use would be like assisted exercises. So rather than just like testing them straight away with balance, giving them an assisted exercise that they're able to hold on to, but they're still starting to work on things like single leg balance, so the body's having to learn to correct itself, also teaching them how to brace properly and engage their core. It's something that I find with working with more people on the side that are too flexible really struggle to do that properly. Yeah, and they can look like they're doing core actors or core exercises like the side plank and stuff correctly, but it's almost as if they're just leaning on their joints and they're not actually activating the muscles properly. So sometimes it's not even so much that you need to have special exercises that you're giving people. It's more in how you teach the exercises that you're giving them, and understand that some people, they like hypermobility, people I always like say they love to cheat everything. Like if they can do find an easier way to do a movement, they will. So I'm really like, right where do you feel that? Do you feel that in the muscles? Or are you just leaning over and it looks lovely, but you're not actually feeling things. So like our backgrounds and strength training, so like we would have had to teach squats and deadlifts and things, and anytime we work with someone would be really flexible, trying to get them to feel tension in their hamstrings, even, for example, is so crazy. And if someone doesn't have that, their hips are going to feel awful, and they can get symptoms of, like, really bad lower back pain. They can have, like, even disc injury symptoms without having a disc injury, because there's a major lack of stability there. So sometimes, just about stripping movements right back and figuring out, do they understand how to create tension and things, and then starting to use tempo and easier versions of exercises that they can do. That's a big thing we're always focused on, is, what can you do? And what can we build on, rather than what can't you do and what shouldn't you do?

Steven Bruce 09:49

You talked about assisted exercises at the beginning of that. What do you mean by that? Do you just mean supervised or do you go further than that?

Tom Morrison 09:59

So basically, any way that you can hold on as you do an exercise, and if that needs to be so rather than just getting someone to go straight into a lunge, for example, it's like you want to put them up on a step and just move the hip forward and backward, and bend the knee and have the hands to hold on to. Let's see how that goes first of all, before we would then start to jump into exercises that you have to have more stability and so making things so easy that they can get reps in and start to build strength

Steven Bruce 10:27

Okay, so how quickly does it take for a typical hypermobility sufferer start to feel the benefit of what you're doing? Because I imagine it could be quite intimidating, as you said, Jenny, if you've got a history of injury when you're doing exercise, to go to a gym and be told to do lunges, which feel as though you're stretching quite a long way, potentially.

Jenni Sanders 10:51

Yeah, it's it's scary. It depends on the kind of person, I guess, because some people would see it as a challenge, but other people will be very intimidated. And to be honest, the people who are intimidated are easier to work with because they don't mind slowing down. It's those who see it as a challenge. They're like trying to push, push, push. But yeah, it would it. It's a really slow process. It takes a couple of months, minimum before you will start to see changes, because we're talking about joints. Muscles can be built in three months. Joints tend to take years to change because of the limited as we know that the limited blood flow, all these kind of things that mean that joints themselves are quite slow to change, so every person with hypermobility needs to be aware of the long the duration of the process. But on the flip side, it's like you could spend a year doing something slowly and slowly get better, or you could spend a year not doing anything and slowly get worse. It's a tricky decision to make because it can feel easier and safer to do nothing. But we're always trying to get and encourage people that, yeah, you know what, a year actually isn't all that long. If you think about your life, you're 30-40, years old

Steven Bruce 12:27

Okay, so you're I'm going to guess that you'll get a lot of female clients to your business, and typically, I would say my own experience of gyms is that they're a very male heavy environment. Now, I know you deliver your program online, but again, you're fighting another battle, there, aren't you, and trying to convince a population which is less inclined to go for gym work, exercise training. How do you get over that barrier?

Jenni Sanders 13:01

Not only are they less inclined to go to a gym, they're less inclined to do strength training and more likely to have hypermobility. So it is quite, quite a hurdle. It's because we work online and we don't do so much of like we don't have to try, and clients often approach us so we don't have to try and reach them, but we do often find a lot of reluctance to join gyms. So we would just say, buy yourself a set of dumbbells. Buy yourself a resistance band. You know, they can be light, they can be cheap, whatever, just a bit of weight. And you can do so much at home, like take away that barrier. You don't need to go to the gym. Hold a dumbbell here and slowly lower down into a lunge. You can use your sofa. You know, doesn't have to be fancy. And we just try and make it as accessible and as un-intimidating as possible.

Steven Bruce 13:58

Do you have a preferred sort of resistance? And that will obviously vary from client to client, but the amount of resistance, number of reps that somebody with hypermobility should be attempting to achieve?

Jenni Sanders 14:14

So at the start, I would go for a lower rep set, so maybe three to five reps, but with a tempo of five seconds. So if we're talking about a lunge or a squat, you just only do three to five lunges or squats, but it takes you five seconds to go down to the bottom. Because what you'll find with hypermobility, as Tom was saying, we will just boop drop into that position. Coordination and proprioception are often affected with those with hypermobility, so they may just drop into the bottom and not fully know what happened to the joints on the way down, so reducing the reps, but increasing the time it takes you to. Do that rep is a great starting point once you've built that control. Yeah, no, no, Go on please. Well, once you've built the control, then I would lead to more, like higher rep set, sets of 10 to 15. But as long as you're maintaining the control throughout, it's a big thing.

Tom Morrison 15:18

We always go based on how you feel the day after you do something, because sometimes you might feel okay at the time, and you're like, Oh, this is great. I'm making great progress. And then the next day, you wake up, your knees and your hips are sore, and you're like, oh, what's going on? This is awful as a setback, so that it's really if you can teach your clients to know how to step things back when they need to, so that they're able to make progress, so they don't get disheartened straight away. So sometimes you may meet someone that just anything they try just hurts them, and you need to make sure that they understand, right? Okay, that's only at the moment. And if we regress things a bit further, so that you can start to build that up, that's what we're going to start to make progress. Because people can be very anxious about stuff, and, like, with hypermobility, you can be so scared. People can, like, have chronic fatigue and stuff and just they're already wired up and scared of everything. So the second they start to feel pain and they start to exercise, it can just throw their whole world into turmoil. So it's so important to tell them that it is part of the process and they will find that little sweet spot, and once they get that, that's when they're going to start to see the most progress.

Steven Bruce 16:25

Do you think that maybe an online program can be more attractive to a lot of people who feel vulnerable in the gym?

Jenni Sanders 16:37

Yeah, I would say so many of our clients are those who have been nervous to train with someone in person. So instead, we're a gateway into the gym world. We've had so many

lovely stories of people starting with our programs and getting confident enough to go join a gym, which is so nice to see that. It's a shame that gyms are so intimidating, but on the other hand, I'm glad we can be a part of getting people out there feeling more confident in their body.

Steven Bruce 17:12

Yeah, we've, we've had several people on the show talking about strength and conditioning in the past, and you make Claire minshull is one of our regular guest. You may have heard of her. She's she's been in and talked about this whole problem before, and the idea that gyms are stuffed with men with rippling biceps like you Tom, because you're apparently very proud of your biceps, you know, in their ripped T shirts and their baseball hats on backwards, grunting and sweating and swearing. And it's not a nice environment for lots of people, I'd have thought, well, what can go wrong with this? I mean, let's say I, as a practitioner, say to a patient, right? You're hyper mobile, what you need is strength training. Go to the gym and lift weights.

Jenni Sanders 17:55

Yeah, a lot could go wrong because we're so prone to injury. And as I said, there are those who will go gung ho into it as well. Like, yes, I'm going to do strength training. So I've got this program online. Blah, blah, I'm going to lift heavy weights because, like Tom says, We can hit the positions, which leads you to a false sense of security as to how strong you actually are. Sometimes a

Tom Morrison 18:18

big thing whenever we first met that Jenny was strong, but she couldn't cope with her own strength, and that was the problem. So she was able to create all these like motions and movements and stuff, but her joints could not handle it

Jenni Sanders 18:28

dislocation, subluxes, injuries are inevitable with hypermobile people, and the advice has to be as we've said, start slow. Start careful. Start with less volume than you know you can handle. So whatever you think you can do, do a little less, but also that conversation of you will get injured because your body is waiting for it like you can't go through your life with a connective tissue disorder and not hurt yourself at some point, and the key is to just keep going. And that doesn't mean push through the injury or push through the pain, but instead adapting okay, my shoulder dislocated, so for the next six weeks, I'm going to be focused on lower body stability while doing my rehab, my, you know, twisted my ankle falling off a walking on the pavement. So I'm going to do a little bit more upper body for the next six weeks, or whatever.

Tom Morrison 19:35

I think it was the biggest leap of progress that Jenny made when she picked up a pretty significant injury, and then she was, like, forced to have to work around that and learn more about other things. That was the biggest place. And then now, like, compared to when we first met, if Jenny got injured, it was like, you know, you were out for a few weeks. You couldn't do things at all. But then, as the years progressed, it got to a point where, yes, you've tweaked something, but it wouldn't be so detrimental that you couldn't do anything at

all anymore. It was almost like a few days, you were able to just have a bit of a gentle wiggle, and you'd start to get back at things, which is something that is, you know, anybody can really learn that it's just at the start, because pain is such a scary thing. It's like it's almost taken experience. Oh, pain is bad, bad signal. Oh, no. Better not do anything. But the more experiences you have with that, the more someone can start to gain confidence and be like, You know what? I know that's going to be okay in a few weeks. Let's see what I can do to work around it.

Steven Bruce 20:31

So, Jenny, is your recovery rate improved as a result of doing proper training, as well as simply your strength and ability to cope with the syndrome?

Jenni Sanders 20:43

Yes, I would say it was all pretty much due to my strength training. I would focus so much on end range movements and stability movements. It's an inaccessible piece of equipment for most but gymnastics rings are really good because they're just two rings down on straps, so they're wobbly. So if you pop up onto them, your shoulders and your elbows and everything is like, what the heck's happening? And so working on those sorts of exercises, you know, balance boards for your lower body, anything that basically sets you off wobbling, and then you have to control that. It just means you're so much more ready for life then. And so every as I got stronger in that stability and in that end range, so I'd go deep into positions, deep into squats, and I wouldn't shy away from where my joints could go. I'd be very gentle, of course, but if I can go there, I eventually will, so I need to be strong there. And that's I would I would really put my improved recovery rate down to increasing my ability to deal with instability and strengthening my end ranges, right?

Steven Bruce 22:09

Okay, I have to say this. It shouldn't have come as a surprise to me, but I am struck by the amount of emphasis you've put on proprioception rather than simply on getting stronger.

Jenni Sanders 22:22

Yes, yeah. Because I think this is, this is like a sofa science theory. But I feel like if your joints are hyper mobile, your body maybe doesn't quite know where they are in space. You know, it's like a couple of millimeters off. Or, you know, it could just whatever your mental map of your body is slightly off. Every person I've met with hypermobility is, is clumsy. You know that two left feet, they're accidentally smacking their hands off stuff, or you try and get them to do a movement, and they're like, just a bit, just a bit uncoordinated, doing it so learning that you're throwing and catching drills, balancing drills that, yeah, like anything that challenges your proprioception, even though it's not strength training, you're almost then training the mental side of connecting with your body and falling over is basically you losing control of your body, so the smarter you can make your body, the more reactive and the more cohesive you can make it.

Steven Bruce 23:36

you talked about dislocations earlier on, rather than falls, and I can see how proprioception is going to help there. But do you think it's made a difference to you? I don't know how many times you've dislocated something.

Jenni Sanders 23:53

I've mostly dislocated my shoulders like I think one of them four times, the other one three. Once it goes once, it's very likely to happen again. Because one reason you dislocate, obviously you can be forced into a position that you're not meant to be in, but another one could just be that you accidentally moved into that position that you weren't meant to be and while holding a weight or something. So then, then that force comes into play. Majority of the time I was in a handstand, so it was my body weight pulling me into the wrong position. But the more aware I got of what straight should be, because I can go further than straight. My arm goes way back behind my head. So that's, that's more flexion than I should have. So just that awareness of knowing, actually, you know, this is, this is straight, this is actually overhead, rather than thinking my arms are overhead, but really they are way behind my ears. So that that would really, really help reduce the risk of dislocation, so I'm not avoiding those end ranges, but I know when I'm in them and when I'm not.

Steven Bruce 25:06

We've got a whole lot of questions coming in, as I suggested, we probably would have Lucy says hi. I saw a patient this morning who was under a specialist for gut issues as a child, and was told it was related to her hypermobility. Is that a thing?

Jenni Sanders 25:27

oh, yeah, yeah, very much so, because it's a collagen usually a collagen defect, that's what we think hypermobility is caused by, and collagen doesn't only come into play in our joints, but also our digestive tracts, as well as, you know, arteries and all these internal organs. It's very common to see people with hypermobility to also have digestive issues. It wouldn't be my area of specialty. We won't work with the body and the joints, but yes, that's that can definitely be a comorbidity.

Steven Bruce 26:03

interesting. I wonder if it's possible that someone might have the gut issues without ever having been diagnosed with hypermobility. So people could be led down a completely wrong treatment path by not having looked for connected problems

Jenni Sanders 26:21

totally, as you said, it's a spectrum disorder, and you it's mostly defined by the joints. That's the most obvious thing to spot, but people with digestive disorders, with pots, with osteoarthritis, issues, with the skin. All these things are connective tissue disorders that can come along with hypermobility.

Steven Bruce 26:47

Sharon has sent in an observation saying she thinks it's called gastroparesis. And we all like a good long name for something. So there you are, gastroparesis.

TB, says they saw a patient this morning. They're very hyper mobile, but they've never been diagnosed by a GP or anyone else. TB reckons that they're eight on the Beighton score. They've seen an osteopath somewhere every couple of months where they're getting their lower back HVT-ed, so they're getting their lower back Clicked, in simple terms, and that always helps.

However, she's so mobile with a shoulder dislocating after swinging a golf club, for example, that this practitioner thought that that clicking was unwise.

Now that's a very good question here. There are different grades of clicking of joints, and you know what I mean by clicking of joints, I'm sure, but I'm putting it in lay terms. Do you have a particular opinion on how those sort of techniques might affect someone who's hyper mobile? Should we be steering away from them? Should we be trying to minimize the amount we use them? It says here that it was helpful in this particular case.

Tom Morrison 28:00

Personally, for me, I think that long term, it might not be the best solution. So if something's not feeling stable and the muscles are tightening up around it to then jerk on that and move it with speed, or, you know, give an adjustment, it might give that relief at the time and that release. But then, you know what's happening is the weeks and the months go on. So if you were going to be using that, I would really want them to be prioritizing stability exercises that they're doing at home as well, on top of that. So yeah, it's just something that I've noticed with people. If you're going to be getting passive adjustments or, like, doing really deep stretches on something that doesn't feel stable, it might again. You know, people are going to want to work on their balance or major deep core activation to help their pain, because it doesn't seem to make sense in their minds. But it's the the long term thing you're thinking of, so it might help temporarily, but as long as you're combining it with stability focus as well, I would always say,

Steven Bruce 28:59

I'd like to think that anyone who is adjusting a joint, is only doing it to overcome the pain at that particular time or the reduced mobility at that time, but they would be looking much more in depth about how we prevent the problem recurring and so on, and hopefully, particularly in this case, where we've got A Beighton score of eight. I imagine that TB will be looking at a program whereby that patient can establish some stability, and maybe, actually, your online program would be a good option for that.

Tom Morrison 29:34

The patient will be like, but the click helped. I want the click. And then they won't be wanting to do the work. And it's so important to get that across to people that they need to put in the work themselves. You can't people expect somebody else to fix them. There has to be ownership on the patients as well. I think that they want to be getting themselves stronger too.

Steven Bruce 29:58

Darcy makes an observation here: as hypermobility of joints is a connective tissue disorder. How can the connective tissues, ligaments and tendons, become strong with a related increase in muscle bulk, the genetic problem doesn't change. So I guess I see what the point is there. You're not changing the strength of ligaments or tendons, although I presume you will be adapting them as you get stronger. But maybe the answer is what you were saying earlier on, it's much more, or at least as much, about proprioception as it is about getting stronger.

Jenni Sanders 30:33

Yeah, we're not, unfortunately, able to change the genetics, though, whatever the defect is that's affecting the collagen is not going to change, but under load, tendons and ligaments can get stronger, as can muscles. But yeah, they're always going to be vulnerable. They're not the structure that's actually built them up based on collagen is not going to be stronger at a very primary level. But generally, joints can get stronger. You can see that in normal people, like those aren't hypermobile, and to a similar degree, those with hypermobility, you can always get stronger, but yeah, they'll always be vulnerable. As I said, you're always going to be at a higher risk of injury. You'll always have that extra range of motion, that slight lack of stability. I even strengthening muscles around like the if the joint has more muscle around it, it's just going to be better. I just don't see the downside of making yourself stronger, because the alternative is that you actually get weaker,

Steven Bruce 31:42

I think everybody can see how strength would also assist with holding joints in place together with the proprioceptive feedback that you've already mentioned.

Simon here says that he's got a patient with Ehlers Danlos Syndrome, and that patient finds that the adjustment of the joints, the hvts, the high velocity techniques, does help with certain joints. But he does point out that this patient's had his ribs pinned, apparently, because he dislocated most of them, which means he has to be very careful if he's treating anywhere around the ribs. But he does find strength training very helpful. I guess it's worth it's worth addressing whether hypermobility affects all the joints equally. Jenny,

Jenni Sanders 32:27

yeah, good question. It does not. You can have something called peripheral hypermobility in which just the hands and feet are are affected, which is unusual, can be localized to a single joint, or joints of one area. You'll often see people with the hypermobile elbows, for example, but they have no issues or any other hypermobile joints. Or it could be generalized, which is where it start the whole body. I have the generalized form so every one of my joints can bend in very strange ways. But yes, you can have in single joints that are affected.

Steven Bruce 33:05

What about young children? What thoughts have you got on how you would address treating hyper mobile youngsters? We actually had a youngster on the show once, and we saw a specialist, a consultant in London who is expert in juvenile hypermobility, but not perhaps as experts in strength and conditioning as you guys

Jenni Sanders 33:31

hypermobility in children is actually much more prevalent than adults as again, I think The numbers are a little inaccurate, but they say about 30 to 40% of children would have hypermobility, whereas around 20% of adults do. This could be as a result of just, you know, developing, but children generally are far more mobile, so it's a really tricky one to be like, where's the line? Is this a normal level of flexibility in a child, or is this something that, as they hit their teenage years, their body will naturally stiffen up? We don't have much experience with children. We mostly work with adults, but I can imagine it's very similar principles that you start working on balance, games, throwing, catching, coordination. That would be the best way to set them up

Tom Morrison 34:32

animal movements - make it fun for them.

Jenni Sanders 34:35

Oh, animal movements, yeah, that would be a great one - on the knees crawling, yeah, learning how to use their body.

Tom Morrison 34:41

I think that's because I have two children, and I grew up in a background at home, like, just exercise just wasn't a thing. You're a weirdo if you went to the gym, kind of thing. We just didn't exercise. So, like, I never sat on the floor and, you know, never played around, jumped about or anything. I just wanted to play computer games. But so what I've noticed so my two is I'm always actively like, hey, let's get on the floor, let's crawl, let's move around. Be a crab, be a monkey, you know, do all those things. And what I'm thinking about, ultimately, is improving their load tolerance and giving them that proprioception. And, we don't know if they are hyper mobile or anything like that. It's just like they are really flexible now as children, and it's like, I want to see how much of that mobility they can maintain as they age. Hopefully they don't get bored of me. So it's just really about keeping it simple, but keeping it fun for them. And, you know, a game I always have to play with my two is like, Hey, can you do this? And it's like standing one leg and trying to catch a ball, little things like that. You know, making it something that they find a challenge in, but safely is a really nice thing.

Steven Bruce 35:39

Yeah, and that's a challenge on two fronts, isn't it? Because you've got to have a parent who's sufficiently dedicated to be able to do that and persist, even when perhaps the child is reluctant. And the young lad that we had on the show quite a few years ago now would go through phases when he was in such pain that he couldn't go to school, he didn't want to do anything. I mean, he was really, really severe, and I suspect that he would do anything to avoid something which might provoke another episode of that. But your children are hyper mobile, did you say Tom?

Tom Morrison 36:16

No, no, no. It's just, as a parent, I would be thinking how could I help them to overcome something like that? And, you know, because it is scary that to think that your kids are going to grow up and have to avoid stuff and not be able to join in and and feel like the other kids, you know, that age like, whenever you're growing up like everything is devastating to it's the worst thing in the world. So for them not to be able to be able to take part in things, you know, it's a big thing to try and put on to the parents, yeah, if they are finding that their kids are presenting the symptoms, to do as much as they can.

Jenni Sanders 36:51

hypermobility is thought to be genetic as well.

Steven Bruce 36:56

Here's one that's right up your street - JS has asked how you would change the reps and sets to get progression if there's a limit on the load. And they point out that patients with

connective tissue disorders such as Marfans are advised by the cardiologists to restrict the weight. And he says 20 kilograms here, but that's variable, plus not creating intra abdominal tension. So how do you match that sort of guidance for patients? If you want to see them progress and you know, and get out of difficulty, as it were

Jenni Sanders 37:32

You can go slower, as we said, more time under tension. You get well, a lot more muscle activation with the lower weight. So if the weight needs to be kept lower moves very, very slowly and both in the eccentric and Concentric phases of the movements, and you'll find that you'll build a lot of strength that way without putting too much pressure. Anywhere.

Tom Morrison 37:59

Angles and load are important as well. So like, if you're holding something away from your body with your arm outstretched, the load needs to be much lighter than if it's going to be in close as well. So making sure that you're taking note of, like, how far away from the body are we here? Are we putting the joints in any strain at all? Like, I don't like watching Jenny do preacher curl in the gym, because the elbows start to overextend. So anytime that we would do that, I'm comfortable enough to load up heavy and really try and go for it. But anytime Jenny's doing it, she keeps it lighter because she's able to go into that over extension. If she wanted to, then she would do reps of more partial range. So if she was going to increase the weight, she would decrease the range of motion a little bit, and not go as heavy, but she doesn't avoid the full range of motion, so you kind of decrease the load based on if it's going into the full extension or not, right?

Steven Bruce 38:49

I mentioned Claire Minshull A minute ago, and again, I don't know if you've heard of her, but like you, she's got quite a business in strength and conditioning. Hers is primarily aimed at the general public, not at people with hypermobility, but one of the things, which I thought every time I've spoken to her, and we've had her in the studio demonstrating and so on, is that the science shows that you improve strength by doing six reps to failure, with something like 15 reps per session, 45 reps per week. That according to the science, is the optimum number of reps and the optimum weight in order to improve strength.

Well, that's very hard to do, isn't it, particularly if you've got normal people at home rather than gym bunnies like yourself, with all the equipment that you've got available. So I'm guessing that actually if you change the weight so you have more repetitions, you're still going to get some benefit, even if it isn't scientifically the best way to get strength improvement.

Tom Morrison 39:49

Well, there's something we love to talk about as well as, like beginner gains. Like, if you haven't ever trained before, you know, with high mobility, it's going to be, yes, a bit trickier. But there's this initial stage where anything you lift is going to help, because it's more than you, and that's we always talk about, the heaviest thing that you lift, being yourself and starting out adding a little bit. So there's been some people I've worked with hypermobility that we've literally started with, like a can of soup. Let's move the arm and the shoulder through the full range of motion with just with a can of soup. And then what they found is, like, a few weeks or a few months go on, it's like they are ready for a dumbbell. Because of

repetition. So, yeah, there's that kind of thing. If someone's starting something brand new, they're gonna get some gains initially, just from a brand new stimulus and learning something new as well, like that proprioception idea. It's just something new that haven't done before. Like, there's gains to get from that in its own right.

Steven Bruce 40:39

Okay. Somebody called N says that they have a patient who has several injuries in her knee due to hypermobility and ligaments and meniscus tears and so on, and she's been offered PRP (platelet rich plasma) treatment. Any thoughts on that yourself

Tom Morrison 40:58

wouldn't be something I have any experience with personally, so, no,

Steven Bruce 41:14

From your point of view, you must have come across other conventional approaches to dealing with hypermobility, and you might have an opinion on things other than strength and stability training.

Jenni Sanders 41:27

Yeah, one of the most common ones is, is surgery that I come across. Many people with hypermobility have had at least one surgery on a joint, and it very much depends, because sometimes you require the surgery to get you to a point where you can move, and that's that's just what you need. It. It's just for me, everything is a is a means to an end. It's a way to get you moving, because that's everything else feels like fairly temporary fix. In many ways, there's a lot of like, dealing with inflammation as it comes up, dealing with injuries as they happen, but for the rest of your life, you're going to be moving. You're going to be lifting stuff, you know, picking stuff up, putting things down, you know, moving yourself around, all this stuff. So all the treatments that are available, such as surgery, managing inflammation, you know, with heat, and all these things that you get recommended are necessary. Sometimes, as much as I feel like surgery should always be the last option. Sometimes it is.

Steven Bruce 42:42

Well, I'm surprised, actually, Jenny, in your case. You said you've had four dislocations of a shoulder, but you've not got down a surgical route to try and tighten that shoulder up.

Jenni Sanders 42:53

No, no. Instead, I went the strength route. So both my labrums are torn as well, and it's just what I've seen, that I can achieve through just strengthening the muscles around it didn't feel like the cost of surgery was worth it, because that's a trauma to your body as well. There's a lot of scarring. I've had surgery on my ankle when I used to, like, roll it all the time and stuff. So I had surgery there just a clean up scar tissue, nothing drastic, and the surgery itself left me with more pain than pre surgery. So from that and that was just my personal experience. So from that point on, I was like, right, I'm gonna see what can I do myself before I go down that route again? And it was, yeah, it was hard. And Tom will attest to that, that I was sometimes in tears at the gym because of how boring, painful, long it was. But I'm glad I did it rather than surgery.

Tom Morrison 43:57

Tricky thing, treatments. A lot of you know, especially if you go on Google for long enough, you'll find someone saying that this treatments the best thing in the world, and other people saying it's the worst thing we've ever done in their life. And if you keep going down Google even further, you'll find out you're actually an alien. You know, it's so hard to know if something's going to be right for you. So, yeah, our our kind of philosophy is like, exhaust what you can movement wise first. And if you want to give something to go, by all means, but don't latch all of your hopes onto it. So you know, always control what you can yourself as well. And if you do think that a surgery being recommended, surgery is a good thing to go for, then if it's worth trying for you, and you think it's going to be beneficial for you, then it's worth trying yourself.

Steven Bruce 44:45

Yeah, you kind of preempted me, though. I mean, we live in a society where people like the quick fix, and often will think that the pill or the surgery is the quickest route to a solution, but I suspect that even surgery is not really a solution for someone who are hypermobile. There's got to be more to it, because it is, as you say, it's a systemic problem. Kerry says that she has a hypermobile patient who was constantly in pain and could do very little activity before further pain, including the next day. Once she treated her and resolved some issues, she sent her for Pilates, which she gradually built up and is doing brilliantly. She's not in pain any longer, and she can do lots of things. Do you think it's necessary to take that further and do strength resistance training? Or would you say, if the Pilates is working, stick with that.

Jenni Sanders 45:30

If it's working, stick with it. The main foundation of all of this is, what can your patient do? What can your client do? If you like, tell her, you know what, now you need to do more. And then she panics and goes, well, I can't do more. And then sort of goes back in on herself a little. That'll be the worst outcome you could maybe, like, like, the Pilates is great because there's so much core strength, which we bendy people tend to lack. If you fancied it, adding weights and resistance training would be awesome. But there's that fine line between inspiring someone to go to the next step or scaring someone that they need to do even more now.

Steven Bruce 46:17

My view on that is, what does this person want to achieve? If they just want to be out of pain, and the Pilates is achieving that, then that's great. If they want to be, you know, a world champion power lifter, then they probably need to do a bit more strength training, don't they? You might remember we had a comment from TB earlier on talking about a patient with a Beighton score of eight, I think it was. They've looked at your website and they're interested to know what course you would recommend for someone who is hyper mobile.

Jenni Sanders 46:53

Our main program, the simplistic mobility method, would be the place to start, right? It is geared towards how your body is meant to move. So this could be someone coming at it from being too flexible or not flexible enough, someone who feels like they're strong, someone who feels like they're weak. It's based on basic principles of the body, deep, hip flexion, hip extension, shoulder flexion, shoulder extension. In all like all of these things that

just a human body should do, and then it takes you through moving into the range of motion and all those areas and adding stability in all of those areas. The program is £69.

Steven Bruce 47:40

that's very affordable for most patients.

Tom Morrison 47:44

Like we want to work with people that aren't gym bunnies, people that don't want to spend hundreds of pounds every month on stuff. So we do keep it affordable for people, and they'll learn so much from it.

Jenni Sanders 47:57

So there's actually a section about hypermobility in the program as well.

Tom Morrison 48:02

And we always joke that people that are like my fridge back, they hate the first half of it, and the second half is not too bad. But with Jenny's background, if you're hyper mobile, you'll find the first half easy. You're like, Is this supposed to be hard? And then you hit the stability side of it, and you're like, Oh, this is awful. I don't like this at all, so it just covers all bases. So my or our goal has always been to make sure we're not leaving anything out, and that's for sometimes, with people getting pains in specific areas, they can get really focused with just trying to work on one muscle weakness at a time, and they could just be missing out two or three other things, and that's where the issues actually lie. So it's a it's a really nice program that just tests everything, head to toe test balance, tests range of motion and stability, all to a nice baseline level.

And that's kind of you were asking earlier about, like rep schemes and stuff to achieve and stuff. So our goal with that is for people to build themselves up, to be able to being able to do the full routine for all 10 reps, to all variations without the assistance, and that will be different for everybody. So some people can take eight weeks, some people can take six months, some people can even take to a year. But as long as they progress with it, it helps them a lot.

Steven Bruce 49:12

We are pretty much out of time. So people can go to Tom morrison.uk, to to find your your programs can't they?

You've got 10 seconds to tell me where the vibration plate training is useful, because then we're going to have to cut it. But what do you think

Jenni Sanders 49:30

it could be a starting point if someone really needs assistance, but I would move on to balance training

Tom Morrison 49:38

Wobble without the plate. Wobble yourself.