

Hypermobility Basics for Creating a Firm Foundation for Healthy Fascia

The content in this handout is compiled from the free resources developed by author and physiotherapist Lisa Howell, owner of Perfect Form Physiotherapy. I am not profiting from this article through sales and cite the information herein to be created and owned by Lisa Howell. I've had the immense privilege of studying with her directly in a teacher training workshop as well as many of her books. I have done my best as a former dance educator, current patient advocate and EDS patient myself, to organize these amazing resources in an order which will most benefit the average EDS and/or hypermobility spectrum patient. -Rachel Lee



More resources and amazing information on living strong and finding movement again with hypermobility can be found at TheBalletBlog.com, and on YouTube at [Lisa Howell-The Ballet Blog](https://www.youtube.com/channel/UC...) channel. HypermobilityMD.com, [Dr. Linda Bluestein](https://www.youtube.com/channel/UC...). Anatomytrains.com

Before continuing, please read “Dancing for Joy: Finding movement again in hypermobility spectrum disorders” for a review of what fascia is and why it is important for movement in EDS. Also, while most of these exercises are ALL done lying down, the suboccipital release, thoracic mobilizers, and standing crawling sequence pose a risk to a patient with severe spine issues related to EDS. CCI may pinch your brain stem if you twist too quickly or too far. Cord tethering with or without Chiari malformation may be restricting movement BENEATH the superficial fascia and prevent your natural spine curvature or pull unnecessarily on your neck in the thoracic mobilizers. Be smart. Be safe. GO SLOWLY. None of these exercises should CAUSE severe pain, or even moderate pain. If you experience pain, such as in the tucks and tilts sequence, make sure you find a knowledgeable professional to evaluate you for major injuries such as disc degeneration, arthritis, and torn cartilage before proceeding.

In the absence of pathology, pain during this exercise is almost definitely from muscle spasms and fascial adhesions, which proper practice and repetition will deal with naturally. You may also find traditional Chinese acupuncture and fascial release massage with a qualified professional very helpful to your fascial health. Please do not approach any activity or treatment without performing your own academic research (not just Google!) on the subject. Thank you!!!

Summary:

Stage 1 – Every day for 2-4 weeks, followed by 3 times per week as a warm up for other physiotherapy.

Stage 2 – The learning phase is 2-4 weeks (depending on the individual). Once you are performing the tucks and tilts correctly, continue to work 1-2x a day, 5 days a week for regular benefit. If pain/restriction do not return, drop to 3x per week for maintenance. Then try out one of the progressions!

Crawling – you should be able to start trying this section once your tucks and tilts are mastered. See notes in section for instructions and progression.

Daily Life Tips – Start TODAY!!!!

Stage 1 Foundations: Can be practiced 1-2 times a day for foundational core training and stability in fascial health. Morning and evening are ideal, throw in an extra breath practice mid day if you're feeling stressed and stiff or in pain!

Core 6D Breathing

<https://youtu.be/GxkbMPKBFDk>

Sub Occipital Release – Fascial massage done at home should be extremely gentle and not DEEP. If you have a friend/partner do this for you, make sure they watch the video, and make sure YOU communicate constantly the first few times about pressure and pain, if any.

<https://www.youtube.com/watch?v=kc81F2tQzk4&t=1s>

Thorasic Mobilizers for increased mobility

<https://youtu.be/EQxO7Xp4WVY>

Stage 2 Progression! Tucks and Tilts take time and repetition to master. They look small and simple, but your fascia is likely very restricted and possibly scarred. Additionally, pain and instability mess with ALL the signals to the muscles! Feel your back as you move, go SLOW until you can do the variations with good muscle isolation (see video). The more picky you are, the better this will work for you.

Mobilizers Tucks and Tilts – Plan at least a month to learn to do these properly and begin to have benefits!

<https://www.youtube.com/watch?v=zBdGY9qMoDs>

Progression 2:B: Once You have mastered the basics, try these slight variations for increased benefit.

Sacral Tucks and Tilts for SIJ Dysfunction

<https://youtu.be/vVowo79FvF8>

Micro Tucks and Tilts

<https://www.youtube.com/watch?v=R-eg3emGzM>

Tips for dealing with Hypermobility in Daily Life

Before you dive into more fantastic material below, I'd like to add, as an EDS patient, that your water intake is absolutely essential. Water is essential to fascial health as well as neurological function, and many of us struggle to absorb fluids on our own. There are a variety of treatment options, and in some cases intravenous fluids are necessary. There is a deficit in current medical literature concerning a healthy protocol for regular IV fluids, so patients seeking this treatment are strongly encouraged to become fully cognizant of the mechanisms of IV fluid intake and it's long term impact on electrolytes and other body systems. There is anecdotal support for monthly, bi monthly¹ and even weekly infusions based on studies showing the cognitive impact of mild to severe dehydration and the logic that most, if not all, EDS patients have some form of POTS which causes mild dehydration and sometimes severe emergent episodes. There are significant risks involved in frequent (ie, weekly to daily) infusions, and central line placement, that should not be pursued without proper medical counsel and need. Independently, what you can do is increase healthy salt intake (Himalayan is a patient go – to because you can taste when you've had enough), and water consumption. Documenting frequency of urination and volume in a 24 hour urine study may be helpful for obtaining treatment. Please read <https://www.ehlers-danlos.org/information/autonomic-dysfunction/>.

Hypermobility in Daily Life

<https://www.perfectformphysio.com.au/hypermobility/>

(Be advised, there is some marketing included for Perfect Form Physio, but the video content and information are free and highly informative).

Direct links to 2 of 6 videos in the above page.

How to sit when you're hypermobile

https://youtu.be/U_d9YbQX1g4

How to lie on your back when you're hypermobile

<https://youtu.be/0Zxf5IaK76s>

How to get rid of back pain – Tips from Perfect Form Physio

<https://youtu.be/tKmmtu6QmZUhttps://youtu.be/kc81F2tQzk4>

¹ Shannon Roche, DO. Gladue, Heather, MD. And other physicians treating POTS and Small Fiber Neuropathies in the EDS community at large. These physicians believe that IV fluids will support the patient's recovery and positively contribute to symptom manifestation. Protocols for how much and how often are generally decided on a case by case basis, and it is of vital importance that patients track their symptoms and responses prior to, during, and post any infusion treatment they receive.

Crawling!!!

Our fascia helps train proprioception (position of joints in space) through all that yummy tummy time and crawling when you were a baby! Because fascia is mostly collagen and our collagen is a little, well, confused, returning to crawling in these creative ways is RE training your entire mind-body connection to the space around you. For more info see a professional blog on the subject at <https://www.theballetblog.com/portfolio/the-importance-of-crawling/>. If moving like a dancer doesn't inspire you, change out "dance" for "live without pain" 😊.

Note from Me, and EDS patient: You may not feel like you had a hard workout (or you'll feel exhausted), either way, you can trust that each of these sequences is retraining your body for LONG TERM health and stability that you will need when you can truly begin rebuilding your strength and endurance with a physiotherapist in person.

Adult Crawling – Not as odd as working on the floor, but you might not be ready to stand up yet! If you can do this without pain or falling, proceed. If balance is still an issue for you, begin with the floor progressions for 3-4 weeks and then try again.

<https://www.youtube.com/watch?v=ldrsZrQITow>

Written Sequence with Photos from A New Approach to Core Stability By Lisa Howell. (FYI, this book is an incredible resource for you at home, but also for your local physiotherapist. Written for students AND professionals, they will easily be able to absorb the ideas behind this approach and apply it to your routine. If they don't, you probably need a new physio anyway).

<https://www.theballetblog.com/portfolio/adult-crawling/>

Floor Crawling Sequence – as odd as it sounds, you can actually help yourself quite a bit by just getting down on the floor and crawling around for 10 minutes. But to really make it therapeutic we should start slower. Multiple approaches to this concept in a professional format can be found in the book mentioned above, A New Approach to Core Stability (I make no money off of these referrals. They are purely for your own benefit). Use knee pads and wrist supports, and do not do this sequence if it causes pain in your wrists or knees. Go to the standing sequence and hold on to the back of a couch, counter, or table.

1. Sit on a soft but stable surface with your feet tucked underneath you, toes flat (like in yoga). Carefully place your hands on the floor in front of you, palms down.
2. Slowly walk your hands forward as you lift your bum, moving into a static (still) crawling position. **Body check!** (use a mirror or another person to help) – is your neck in line horizontally with your shoulders? (there should be a slight natural curve).

Are your shoulders in line with your big hip bones? (there will be natural curves of the spine that dip below this line.

- a. If your spine is completely straight when you lay a broom stick from your head to your bum, your spine is out of alignment. In EDS this comes from many causes; poor posture that is over-sitting or slouching, over recruiting (tightening) of the large back muscles instead of deep stabilizing control with SOFT big back muscles (these were designed for movement, not stability), and cord tethering, which doesn't allow the lumbar spine a natural curve and can cause other spine misalignment.

Move back into the sitting position and repeat until you can move easily into the crawling position with proper alignment (see above), and only the smallest bit of muscle tension in shoulders and back muscles. The more natural you can be in this position the better!

3. Crawling moves the opposite arm with the opposite leg simultaneously. For example, right arm will move with the left leg and vice versa. Slowly SLIDE your right arm and left leg forward an inch or so, then transfer your weight and move your left arm and right leg forward.
 - a. **Body Check!** – Were you able to do this without dropping your shoulder or hip? Is your spine still “neutral” with it's natural curves?Now reverse the movements and go backwards ONCE. Slide the left arm and right leg back, then the right arm and right leg. REPEAT forwards and backwards 6-8 times.
4. After steps 1 -3 are easy, you can increase your crawling steps so that you are moving forwards 4-6 times and backwards 4-6 times across the carpet, or to the edges of your yoga mat.
5. Final progression is to move to standing and do the **Adult Crawling Sequence** above!