Bending But Not Breaking: Implications for Assessing, Treating & Managing the Hypermobile Athlete

Date: Friday, September 30, 2016
Time: 9:00 AM - 12:00 PM
Session ID & Location: 1A: Ballroom H
CEU Eligibility: 0.30

Presented by: Amanda Blackmon, PT, DPT, OCS, CMTPT; Margaret Gebhardt, PT, DPT, OCS, CMTPT

Session Description: Multiple competitive and recreational sports and activities are biased toward hypermobility and extreme flexibility: gymnastics, ballet, figure skating, yoga, swimming, and diving. Many female athletes of all ages, body-types, and skill levels are participating in these sports and activities, on both competitive and non-competitive levels. Research shows that patients with hypermobility (single-joint, Benign Hypermobility Joint Syndrome, Ehlers Danlos Syndrome) may be more prone to injury and long-term musculoskeletal impairments. These athletes may require special consideration with evaluation and treatment. Commonly accepted manual therapy interventions, such as joint mobilization, fascial manipulation, trigger point dry needling, and other soft tissue techniques, are typically used to improve the quality and integrity of connective tissue in our general patient population. However, in the hypermobile patient, these techniques could prove detrimental if they result in decreased ability to stabilize and control joint laxity via reduced neuromuscular control. On the contrary, techniques to facilitate local stabilization (tactile cuing, taping, individualized therapeutic exercise and neuromuscular re-education) are integral in successful management of this patient presentation. This session will address these concerns and create dialogue regarding best practice for this unique population.

Upon completion of this course, you will be able to:

- Identify short and long-term implications in the patient and athlete presenting with joint hypermobility.
- Examine and assess a patient for hypermobility, using standardized and objective measures.
- Determine and implement appropriate manual therapy, therapeutic exercise and neuromuscular re-education interventions, taking into consideration the patient’s degree of hypermobility and case presentation.
- Provide education, including techniques for prevention and wellness regarding joint hypermobility.
Presenter Bio(s):

**Amanda Blackmon**, PT, DPT, OCS, CMTPT graduated from Emory University in 2005. Her specialty training includes osteopathic manual medicine, dance medicine, and pilates-based rehab and dry needling. Mandy works at Motion Stability Physical Therapy and is the lead PT at Atlanta Ballet. She is on faculty at Mercer University and is also an instructor for Myopain Seminars.

**Margaret Gebhardt**, PT, DPT, OCS, CMTPT received her Doctorate of Physical Therapy in 2008, completed her Orthopedic Residency in 2010, and will receive her Spine Fellowship in October 2016. She is a member of APTA and she currently serves on the Board of Directors for PTAG as a District Director for North Fulton County. She has presented on topics related to nerve pain, chronic pain, and clinical reasoning for the physical therapist.
1. Identify 3 criteria for being diagnosed with Hypermobility Syndrome.

2. Identify 4 other body systems affected in patients with Joint Hypermobility Syndrome.

3. Identify 3 PT interventions that may be helpful in managing patients with Joint Hypermobility Syndrome.

4. Identify 3 other healthcare professionals that may assist in the care of a patient with Hypermobility Syndrome.

5. Name 3 long-term medical complications that may develop in a patient with Hypermobility Syndrome.
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PTAG & TPTA Insight Meeting

Amanda M Blackmon, PT, DPT, OCS, CMTPT
Margaret M Gebhardt, PT, DPT, OCS, CMTPT

Objectives

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• Provide education, including techniques for prevention and wellness regarding joint hypermobility

Outline

I. Types of Hypermobility
   a. “Benign” Joint Hypermobility Syndrome
   b. Ehlers-Danlos Syndrome

II. Assessing Hypermobility
   a. Beighton Scale
   b. Brighton Scale
   c. genetic testing
   d. other signs
      1. motor control
      2. joint mobility testing
      3. ROM
      4. length-tension curve

III. Musculoskeletal Effects
   a. TMJ
   b. cervical spine
   c. shoulder
   d. elbow, wrist, and hand
   e. thoracic spine and ribs
   f. lumbar spine and pelvis
g. pelvis
h. hip and knee
i. foot and ankle
j. osteoporosis and arthritis
k. other issues

IV. Other Body Systems
   a. Cardiac and POTS
   b. Gastrointestinal
   c. Genitourinary and Gynecological
   d. Endocrine
   e. Integumentary
   f. Headaches
   g. Auditory
   h. Visual
   i. Dental
   j. Pulmonology

V. Associated Conditions
   a. Pain Conditions
   b. Chronic Fatigue
   c. Depression and Anxiety

VI. PT management
   a. manual therapies
      1. when to utilize and when to stabilize
   b. taping and bracing
   c. proprioception and stabilization
   d. special considerations
      1. stretching vs soft tissue mobilization

VII. Resources
   a. for patients
   b. for families
   c. for practitioners
   d. referral and professional collaboration

Case Examples

Questions and Discussion
References


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