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Clinical Pearls

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HYPERMOBILITY IN MY HAIRDRESSER

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As hand therapists, our trained eyes naturally notice the details others might miss—a custom orthosis on someone at the grocery store, a mechanic with a missing fingertip, or a talk show host hiding a hand injury. So, when Tiffany, my hairdresser, mentioned unexplained pain in the metacarpophalangeal (MCP) joint of her left middle finger, my professional instincts kicked in. Watching her grip scissors and maneuver a blow dryer, I recognized obvious signs of hypermobility and offered to help.

Clinic Visit

Tiffany visited our hand therapy clinic for an evaluation, describing pain at the MCP joint that worsened with resistance at the end ranges of flexion and extension. She also shared she had always been "double-jointed" and had noticed increased flexibility in her hand joints since giving birth two years earlier *(Figure 1)*.

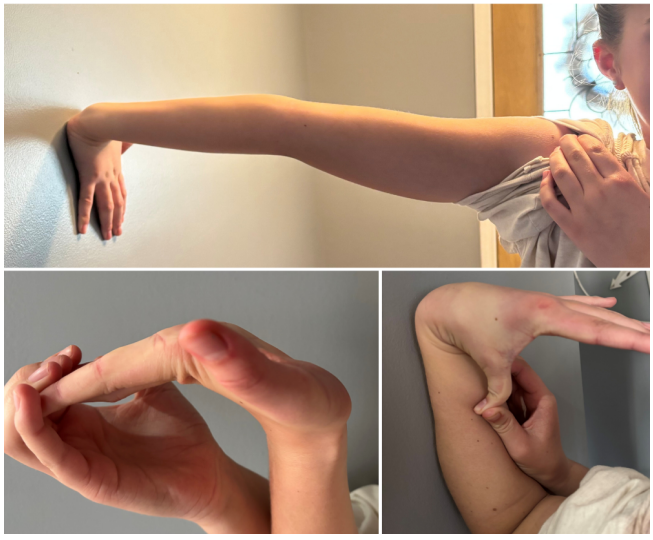


Figure 1: Hypermobility in the upper extremity.

In addition, Tiffany reported increased fatigue and reduced coordination in both her arms and legs, making her feel clumsy. A Beighton Score of 8, confirmed she has a hypermobility spectrum disorder (HSD), rather than simple joint laxity.

Where to Begin

Hypermobility disorders often are undiagnosed because of their varied presentations and subtle symptoms. Both occupational and physical therapists play a vital role in identifying and managing these conditions because we recognize and validate patients' pain.

Once we identified Tiffany's source of discomfort, treatment focused on education, pain reduction, and developing a home program to manage this chronic condition.

Proprioception Gone Wrong

In hypermobile joints, proprioceptive feedback-the body's internal GPS within the musculoskeletal system- becomes less accurate, forcing the body to rely on greater muscle effort to sense joint position. This increased muscle force, coupled with joint laxity, contributes to connective tissue pain. Over time, without intervention, these stresses can lead to chronic pain and more advanced musculoskeletal issues. It is important, therefore, to center patient education on ways to enhance proprioception.

Pain Relief Through Proper Positioning

To reduce pain, Tiffany wore a hand-based MCP immobilization orthosis to position the MCP joint

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HYPERMOBILITY IN MY HAIRDRESSER *(continued)*

in mid-range which relieves stress on her connective tissue *(Figure 2)*. Although she experienced relief, she could not wear the orthosis at work. Instead, she wore sports tape during her workday to support the painful joint. The tape also provided proprioceptive cues, helping her regulate force to avoid painful end ranges of motion *(see Figure 3)*.



Figure 2: MCP joint immobilization orthosis.

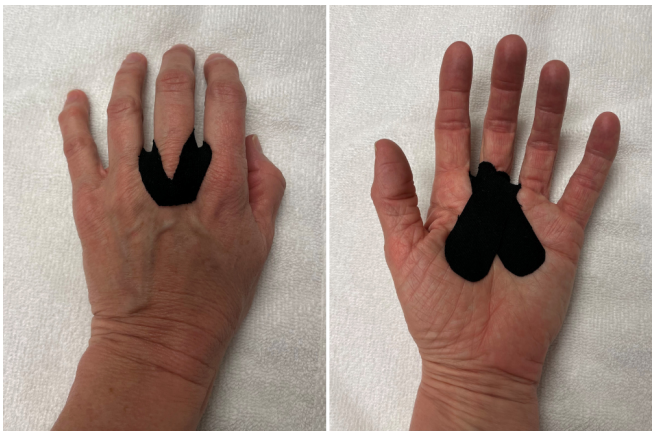


Figure 3: Sports tape to support the MCP joint while working.

Treating the Whole Upper Extremity

Patients with hypermobility spectrum disorders need personalized home exercise programs focusing on joint stability and progressing gradually toward mid-range strengthening. Stretching or placing joints at end ranges should be avoided.

Tiffany's program included *(click to watch videos)*:

- Proximal control with slow movements
- Scapular stabilization
- Shoulder isometrics
- Elbow isometrics
- Wrist isometrics
- Hand MP joint flexion with IP joint extension

Conclusion

As a busy, self-employed mom, Tiffany brushed off her symptoms as part of daily life. Through education and guided treatment, she learned that her pain was not inevitable; it was manageable. Understanding her joint hypermobility and the importance of consistent self-care empowered her to take control of her condition and advocate for her own long-term well-being.

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