

GONGE® INSIGHTS

By physiotherapist Hannah Harboe

Giant Air Board and hypermobility

Hypermobility: Between 10 and 30% of the population is hypermobile, more females than males.

Hypermobility is hereditary. The term „hypermobile“ is used to describe a joint in the body that is more flexible than normal. The connective tissue is often softer and more elastic than in people whose mobility is normal. Half of the people who are hypermobile will experience dysfunction at some point in their lives. Hypermobility is therefore principally regarded as a condition rather than an illness.

A child who has hypermobile joints may experience one or more of the following difficulties:

- Joint pain
- Luxation (dislocation)
- Fatigues rapidly in physical play and motor activities
- Delayed motor skills development
- Impaired balance
- Seems weak and may find it difficult to mobilise energy.

If a child experiences difficulties due to hypermobility, they will need professional advice and training from a competent practitioner.

Children with hypermobility have a special need to be physically active and use their body. Strong muscles help to keep the joint in place, prevent luxation and ameliorate pain. It is especially important to strengthen and exercise the small muscles located close to the joints.

Young children are generally agile and motorically active. Older children may have a tendency to be inactive, especially if they are hypermobile and experience physical dysfunction associated with movement. It is crucial that these children keep moving and are motivated to find pleasure in movement.

Proper weight training is not advisable for children but it is possible to train muscular tissue around the child's

joints using the child's own weight. Joint strengthening exercises should focus on moving at the centre of the joint's movement, and avoid extending the joint to extreme positions, in which it flexes or extends excessively.

Hypermobile children must ensure that their joints remain strong throughout life, it is important that the training is playful and motivating.

Giant Air Board: Giant Air Board appeals to play and motivates the child to exercise and strengthen their muscles. The board is inflatable so it is easy to adjust it to challenge the child – the more inflated, the greater the challenge. When the grey side of the board faces downward, the feet are well supported. Older children and adults must use a great deal of strength to perform exercises on the grey side with only a little air in the Air Board Giant.

Art 2185
Giant Air Board



Case:

Tom is 11 years old. He finds his general hypermobility irritating. His motor skills are inadequate and he find it difficult to keep up with his classmates. His motor skills have always been less developed than those of his peers.

Tom enjoys playing computer games and spends hours on sedentary pursuits. When Tom has to go for a walk with his family and their dog, he complains that his legs are painful after only about a couple of hundred metres.

The situation has gradually worsened, to the extent that Tom now refuses to take part in motor activities of any kind. He prefers to be excused from sports at school, and he stands and watches the other children playing in the school yard.

At his first visit to the clinic, it is important for me to show Tom that he can experience fun with and master physical movement. We play with balloons and we make obstacle courses. Tom has sweat on his brow and a smile on his lips.

At our third meeting, Tom is motivated and ready to try to meet the challenges I give him. We start building strength. Tom enjoys the activities that encourage him to balance. Air Board Giant is the obvious choice of equipment to use to build Tom's strength.

When Tom stands on the Air Board Giant and encouraged to maintain his balance and bend his knees at the same time, I can see that he is not strong enough. Because he is not strong enough, he must keep his knees together to keep his balance. (see image 1). I try to encourage Tom to keep his knees apart but he cannot do so and loses his balance.

Tom takes an Air Board Giant home with him on loan. He must practise balancing on Air Board Giant with his knees bent every day. He must not bend his knees further than he needs to keep them apart. He must time how long he can remain in balance. At the same time, he must take a walk with his parents every evening. Tom has a step counter app installed on his smartphone and every third day his daily step count must increase by 200 steps.

Three weeks later, Tom returns to my clinic. He is proud to show me his step counter. His daily walks have now increased to 4,000 steps and he enjoys walking, chatting and relaxing with his parents. Tom shows me that he can now flex and extend his knees on the Air Board Giant, keeping his knees apart all the time. When standing with his knees bended, he can maintain his position for 26 seconds without his knees touching (see image 2). We agree that his goal for our next meeting is 50 seconds.

The exercises have had other benefits. Tom has now begun to take part in games on the school playground and he spends less time on his computer.



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