

The Connected Body: A Holistic OTP's Approach to Hypermobility and Pelvic Health

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Hi!



- Conscious Connections OT
- Craniosacral, hand therapist, EDS/HSD advocate
- Mom x 2



- Pelvic Floor + More
- AASECT Certified Sex Counselor
- Mom x 2

Land Acknowledgment + Privileges

We want to acknowledge that we are gathered
on the traditional territory of Hopewell Culture,
Shawandasse Tula, Kaskaskia, and Myaamia
— nations who are still here, and still in
relationship with this place.

We both come with the privileges of being white, cis gendered,
heteronormative, and master's level educated

Disclosure

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Jesse works for Silver Ring Splints as an
educator, provider, and consultant

Objectives

- Participants will be able to identify the key physical presentations of Hypermobile Ehlers-Danlos Syndrome (hEDS) and Hypermobility Spectrum Disorders (HSD) to improve early recognition and diagnostic triaging within an occupational therapy setting.
- Participants will be able to identify 2 comorbidities often seen with the diagnosis of hEDS and HSD.
- Participants will be able to create a holistic plan of care to support patients in the management of symptoms through the lens of occupational therapy.
- Participants will identify pelvic floor concerns commonly seen for folks with hypermobility.
- Participants will establish easy to implement treatment strategies to address pelvic floor concerns.

What is Joint Hypermobility?

- While there is no exact known cause of hypermobility, it can be classified under the umbrella of connective tissue disorders.
- Connective tissue disorders are genetic conditions in which the genes affected are involved in the creation of collagen.
- Collagen is important within the body. It adds strength to your joints, ligaments, and tendons however, people with this specific gene involvement demonstrate a defect in their collagen production/creation.

What is Connective Tissue?

- **Connective tissue (CT) is the most abundant tissue in our body.**
- **CT makes up fibrous tissue, fat, cartilage, bone, bone marrow, tendons, the wall of the GI system, skin and blood/blood vessel walls.**
- **It can also be found in nervous and muscular tissue as well as epithelial tissue.**
- **Connective tissue is made up of elastin, collagen, ground substance, and immune cells.**

Four types of

hypermobility:

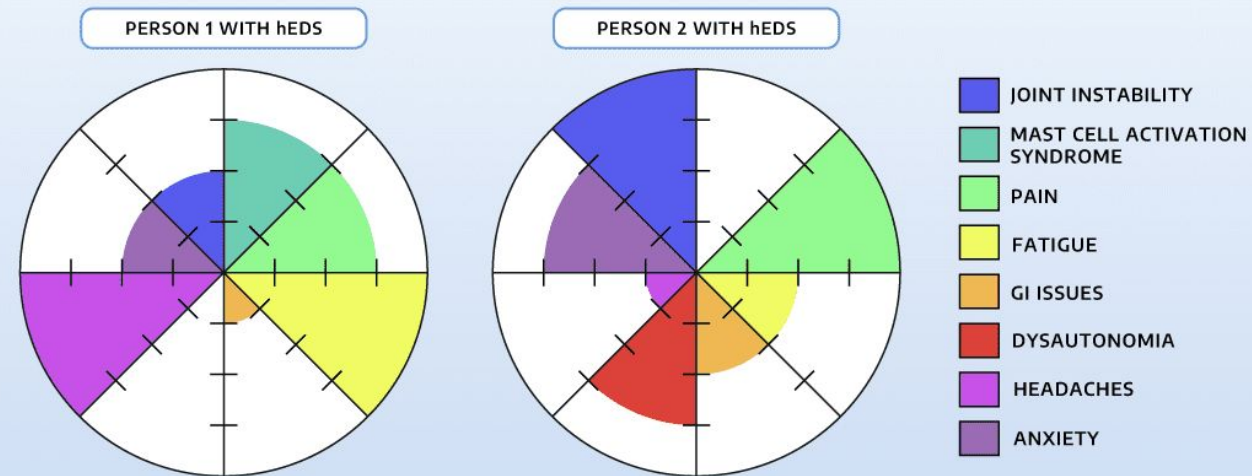
- **Localized Joint Hypermobility (LJH)**
 - Typically seen at one or less than 5 joints
- **Generalized Joint Hypermobility (GJH)**
 - Typically demonstrate hypermobility at multiple sites, usually 5 or more joints
- **Hypermobility Spectrum Disorder (HSD)**
 - Requires a Positive Beighton score and is actively symptomatic
- **Hypermobile Ehlers Danlos Syndrome (hEDS)**
 - Requires a Positive Beighton Score for joint hypermobility as well as other systems presenting with characteristics of connective tissue involvement

How to differentiate between

GJH and HSD/EDS

- ***Fatigue*** and ***exhaustion*** are typically seen more often with HSD/hEDS vs GJH.
- May present with ***hypersensitivity*** or extreme discomfort from various situations vs those with GJH.
- Often accompanied by ***co-morbidities*** which affect other systems, creating a more complicated case vs those with GJH.

PEOPLE WITH THE SAME TYPE OF EDS MAY
EXPERIENCE DIFFERENT SIGNS AND SYMPTOMS



With permission of The Ehlers-Danlos Society- <https://www.ehlers-danlos.com/what-is-hsd>

The current diagnostic criteria was established in 2017.

In December of 2026 and January of 2027, updates will be made to the diagnostic criteria.



The International Consortium
on Ehlers-Danlos Syndromes
& Related Disorders

In association with The Ehlers-Danlos Society

Ehlers-Danlos Syndrome (hEDS)

This diagnostic checklist is for doctors across all disciplines to be able to diagnose EDS



The
Ehlers
Danlos
Society.

Patient name: _____ DOB: _____ DOV: _____ Evaluator: _____

The clinical diagnosis of hypermobile EDS needs the simultaneous presence of all criteria, 1 and 2 and 3.

CRITERION 1 – Generalized Joint Hypermobility

One of the following selected:

- ☐ ≥6 pre-pubertal children and adolescents
- ☐ ≥5 pubertal men and women to age 50
- ☐ ≥4 men and women over the age of 50

Beighton Score: ____/9



If Beighton Score is one point below age- and sex-specific cut off, two or more of the following must also be selected to meet criterion:

- ☐ Can you now (or could you ever) place your hands flat on the floor without bending your knees?
- ☐ Can you now (or could you ever) bend your thumb to touch your forearm?
- ☐ As a child, did you amuse your friends by contorting your body into strange shapes or could you do the splits?
- ☐ As a child or teenager, did your shoulder or kneecap dislocate on more than one occasion?
- ☐ Do you consider yourself "double jointed"?

CRITERION 2 – Two or more of the following features (A, B, or C) must be present

Feature A (five must be present)

- ☐ Unusually soft or velvety skin
- ☐ Mild skin hyperextensibility
- ☐ Unexplained striae distensae or rubae at the back, groins, thighs, breasts and/or abdomen in adolescents, men or pre-pubertal women without a history of significant gain or loss of body fat or weight
- ☐ Bilateral piezogenic papules of the heel
- ☐ Recurrent or multiple abdominal hernia(s)
- ☐ Atrophic scarring involving at least two sites and without the formation of truly papyraceous and/or hemosideric scars as seen in classical EDS
- ☐ Pelvic floor, rectal, and/or uterine prolapse in children, men or nulliparous women without a history of morbid obesity or other known predisposing medical condition
- ☐ Dental crowding and high or narrow palate
- ☐ Arachnodactyly, as defined in one or more of the following:
(i) positive wrist sign (Walker sign) on both sides, (ii) positive thumb sign (Steinberg sign) on both sides
- ☐ Arm span-to-height ratio ≥1.05
- ☐ Mitral valve prolapse (MVP) mild or greater based on strict echocardiographic criteria
- ☐ Aortic root dilatation with Z-score ≥+2

Feature A total: ____/12

Feature B

- ☐ Positive family history; one or more first-degree relatives independently meeting the current criteria for hEDS

Feature C (must have at least one)

- ☐ Musculoskeletal pain in two or more limbs, recurring daily for at least 3 months
- ☐ Chronic, widespread pain for ≥3 months
- ☐ Recurrent joint dislocations or frank joint instability, in the absence of trauma

CRITERION 3 – All of the following prerequisites MUST be met

1. Absence of unusual skin fragility, which should prompt consideration of other types of EDS
2. Exclusion of other heritable and acquired connective tissue disorders, including autoimmune rheumatologic conditions. In patients with an acquired CTD (e.g. Lupus, Rheumatoid Arthritis, etc.), additional diagnosis of hEDS requires meeting both Features A and B of Criterion 2. Feature C of Criterion 2 (chronic pain and/or instability) cannot be counted toward a diagnosis of hEDS in this situation.
3. Exclusion of alternative diagnoses that may also include joint hypermobility by means of hypotonia and/or connective tissue laxity. Alternative diagnoses and diagnostic categories include, but are not limited to, neuromuscular disorders (e.g. Bethlem myopathy), other hereditary disorders of the connective tissue (e.g. other types of EDS, Loeys-Dietz syndrome, Marfan syndrome), and skeletal dysplasias (e.g. osteogenesis imperfecta). Exclusion of these considerations may be based upon history, physical examination, and/or molecular genetic testing, as indicated.



THE BEIGHTON SCORING SYSTEM

Measuring joint hypermobility

A positive Beighton score is any score **greater than or equal to:**

- **6/9** points in **children before puberty**
- **5/9** points from **puberty up to the age of 50**
- **4/9** points for those **50 years of age and over**

A. 5th FINGER / PINKIES

Test **both sides**: Rest palm of the hand and forearm on a **flat surface** with the palm side down and fingers out straight.

Can the **fifth finger** be bent/lifted upwards at the knuckle to go back **beyond 90 degrees**?

If yes, add **one point** for each hand.



+1



B. THUMBS

Test **both sides**: With the arm out straight, the palm facing down, and the wrist then fully bent downward, can the thumb be pushed back to touch the forearm?

If yes, add **one point** for each thumb.



+1



+1

D. KNEES

Test **both sides**: While standing, with knees locked (bent backwards as far as possible), does the lower part of either leg to extend more than 10 degrees forward?

If yes, add **one point** for each side



+1

C. ELBOWS

Test **both sides**: With arms outstretched and palms facing upwards, does the elbow extend (bend too far) upwards **more than an extra 10 degrees** beyond a normal outstretched position?

If yes, add **one point** for each side.

E. SPINE

Bend forward, can you place the palms of your hands **flat on the floor in front of your feet** without bending your knees?

If yes, add **one point**.

+1



With permission of The Ehlers-Danlos Society-
<https://www.ehlers-danlos.com/assessing-joint-hypermobility/>

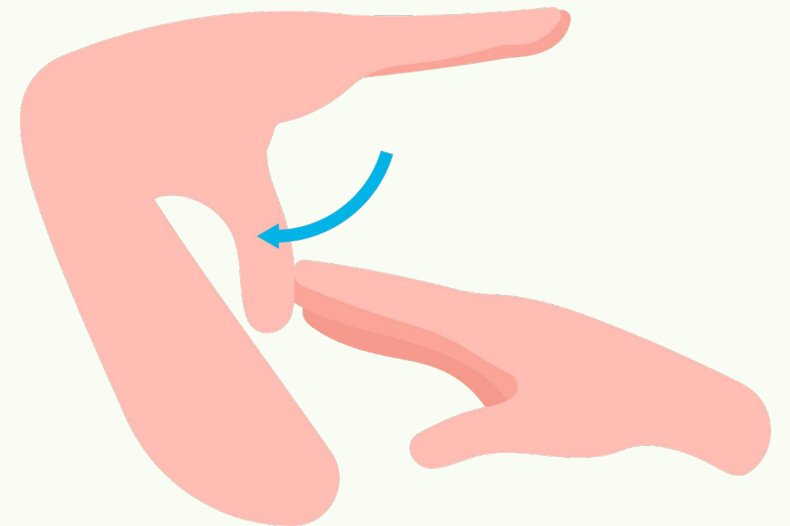
Co-Morbidities commonly seen

- Postural Orthostatic Tachycardia Syndrome (POTS)
 - Mast Cell Activation Syndrome (MCAS)
 - Gastrointestinal Issues
 - Pelvic Health Issues including Bowel/Bladder
 - Neurodiversity
- We may be the first provider to link these symptoms together for these patients!**



**POTs, MCAS, and HSD/hEDS
are**

often seen as a trifecta



What can OTPs do to support patients with the

trifecta?

1. Identify the primary symptoms
2. Assist in determining triggers and creating a plan to minimize interactions with triggers.
3. Create a list of tools for the patient to reference daily to prevent or manage symptoms.
4. Collaborate with their care team to assist in a team approach to the patients care.

For OTPs who work in hand

- Identify joints with hypermobility
- Educate on safe joint ROM
- Utilize splints or braces to provide stability



What can OTPs do to support patients with

HSD/hEDS?

Symptoms:

1. Fatigue/Exhaustion
2. Joint hypermobility
3. Joint Dislocation/subluxations
4. Feelings of weakness
5. Postural challenges
6. Dysautonomia symptoms
7. POTS symptoms

OT interventions:

1. Energy conservation techniques
2. Demonstrate safe ROM with patient
3. Size/fit for splints/braces
4. Slow, progressive strengthening
5. Midbody awareness to build strength
6. Nervous system regulation tools
7. Legs up the wall, lymphatic routine

Products to recommend:

Silver Ring
Splints



BodyBraid



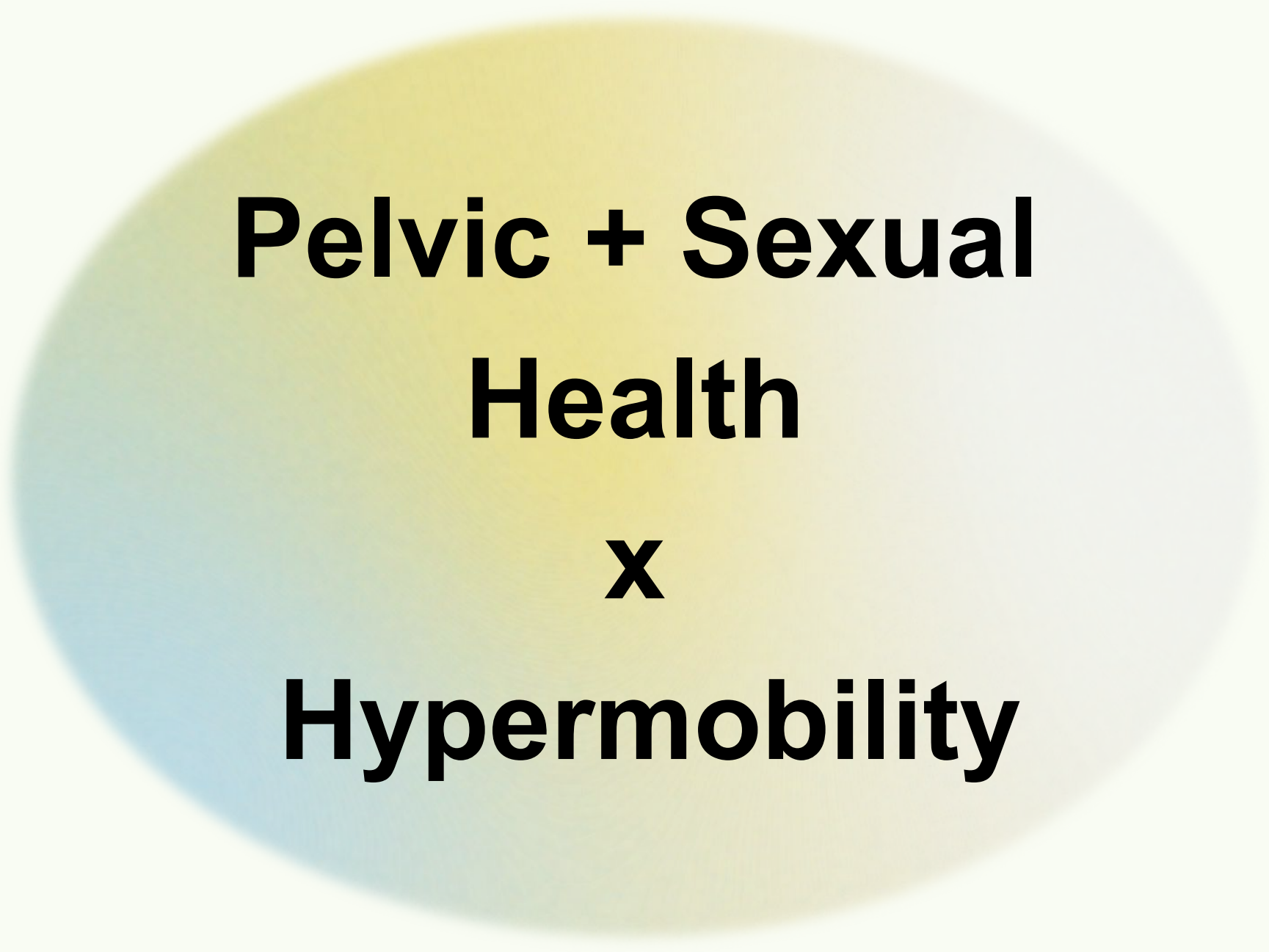
Kinesiotape



*Compression
wear*



**Adbominal and lower body
compression wear**

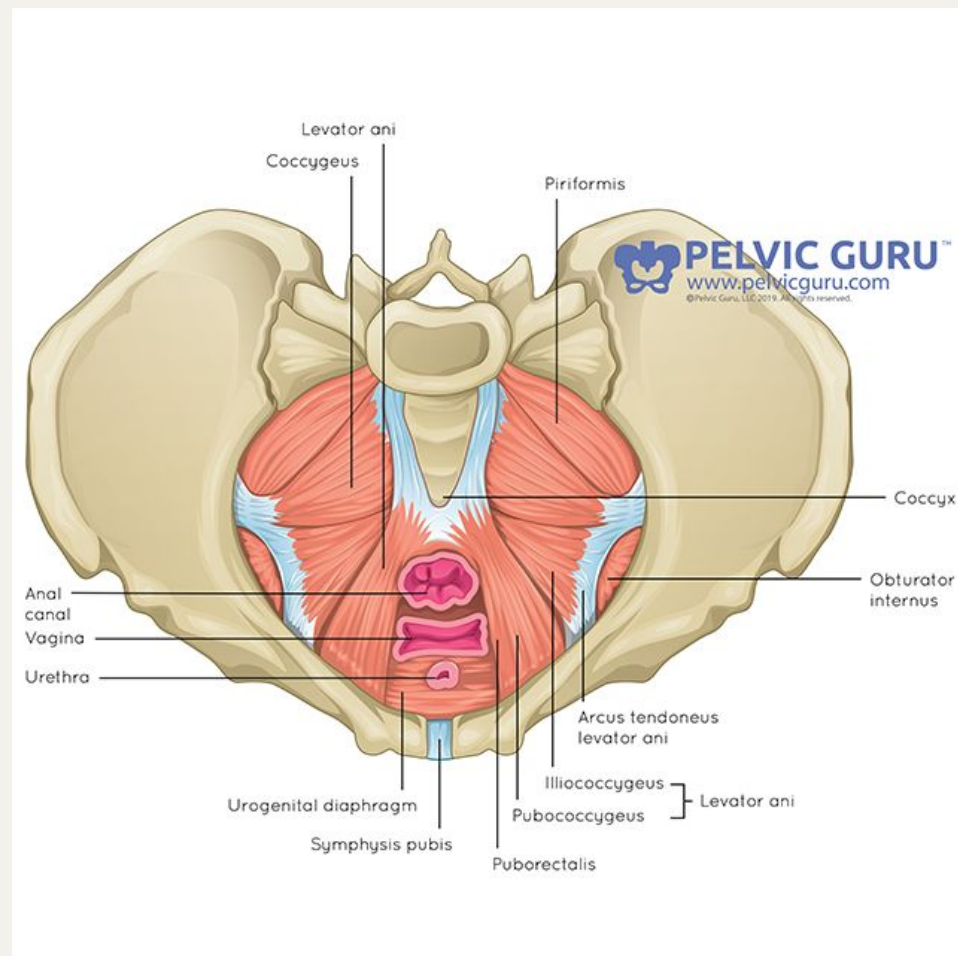


**Pelvic + Sexual
Health**

x

Hypermobility

What is the Pelvic Floor



all anatomy pics from Pelvic Global membership

Functions

- Sphincter
- Support
- Sex
- Sump

Common pelvic health concerns for folks with hypermobility

Bowel

Urinary

Pain

Prolapse

Bonglack, M., Hoehn, J., Ray, M. M.,
Carrel-Lammert, M., Lewis, K., Yeung, J.,
Pauls, R. N., & Crisp, C. C. (2025). Pelvic floor
disorders in Ehlers Danlos syndrome
compared to control population. *Discover
Medicine*, 2(1), 1–6.

Bowel Health

Constipation/straining, fecal smearing/loss

What can we do?

- Bowel massage
- Toilet posture
- Diet basics



BOWEL MASSAGE VARIATIONS

Abdominal massage has been shown to increase bowel movements and decrease gastrointestinal symptoms including constipation and abdominal pain. It is also thought to be helpful for bloating, gas and fecal incontinence. Abdominal massage may also be more effective than laxatives when performed consistently.

TECHNIQUES:

Technique 1:

Using the palm of your hand, start with small circles in a clockwise direction around your belly button. Begin gradually widening these circles until you encompass the entire abdomen.

Technique 2:

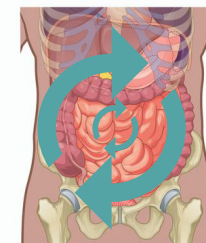
Start just below the center of your ribcage. Use alternating palms (not finger tips) to apply gentle pressure and stroke down the length of the abdomen. Repeat this for several minutes.

Technique 3:

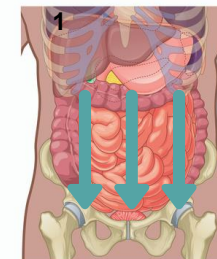
Begin at the right hip bone and stroke along the large intestine, moving up to the right rib cage, across to the left rib cage and down to the left hip.

In general it is most effective to work in a clockwise direction to stimulate the nerves that help the bowels function. These techniques can be performed for 15 minutes 1-2x/day or as

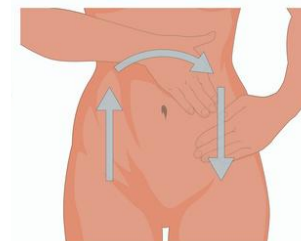
- Begin by lying on your back in a comfortable position with your upper body slightly elevated. This can also be done sitting, or even on a toilet. Massage lotion or oil may help your hands glide more easily.
- Start with gentle pressure (skin depth) and increase as you are more comfortable (to about an inch deep). You may feel slight discomfort as you start massaging but you should not experience pain.



Technique 1



Technique 2



Technique 3

- recommended by your pelvic floor therapist.
1. Limes R, Chutkan L, Steinhilber H, Engstrom P, Jaddoe S. Effects of abdominal massage in management of constipation—a randomized controlled trial. Int J Nurs Stud. 2009 Jun; 46(6):759-67.
 2. Turan N, Aş T. 2016. The Effect of Abdominal Massage on Constipation and Quality of Life. Gastroenterology Nursing. 39. 48-59. 10.1097



PELVIC GURU
www.pelvicguru.com

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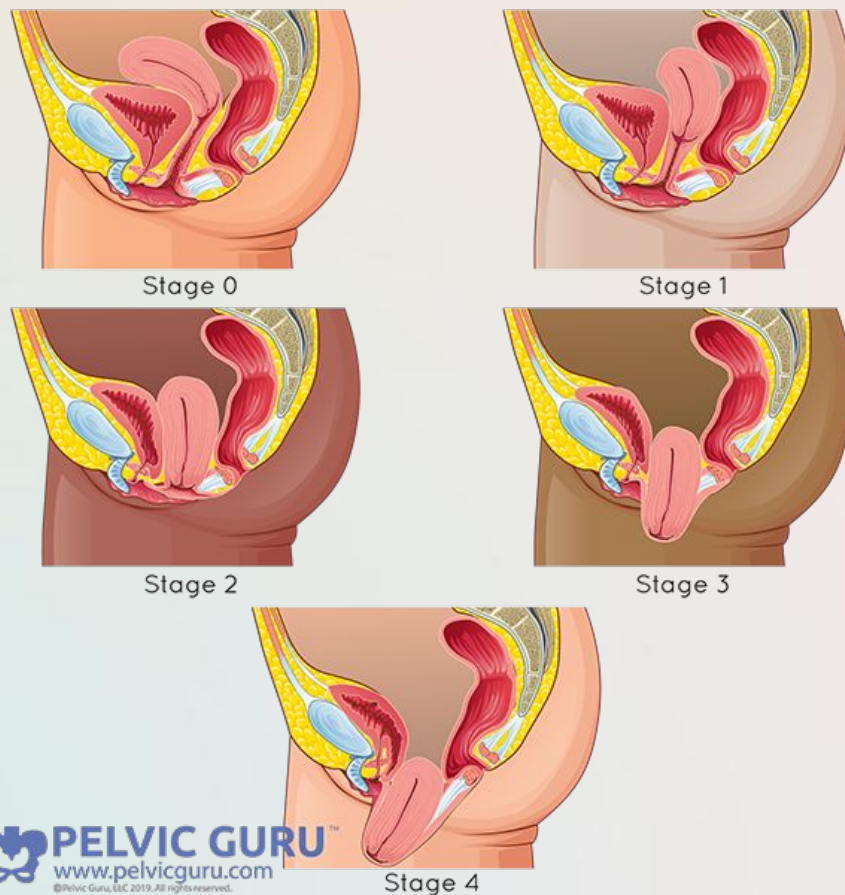
Urinary Health

Leakage/poor empty/urge/frequency

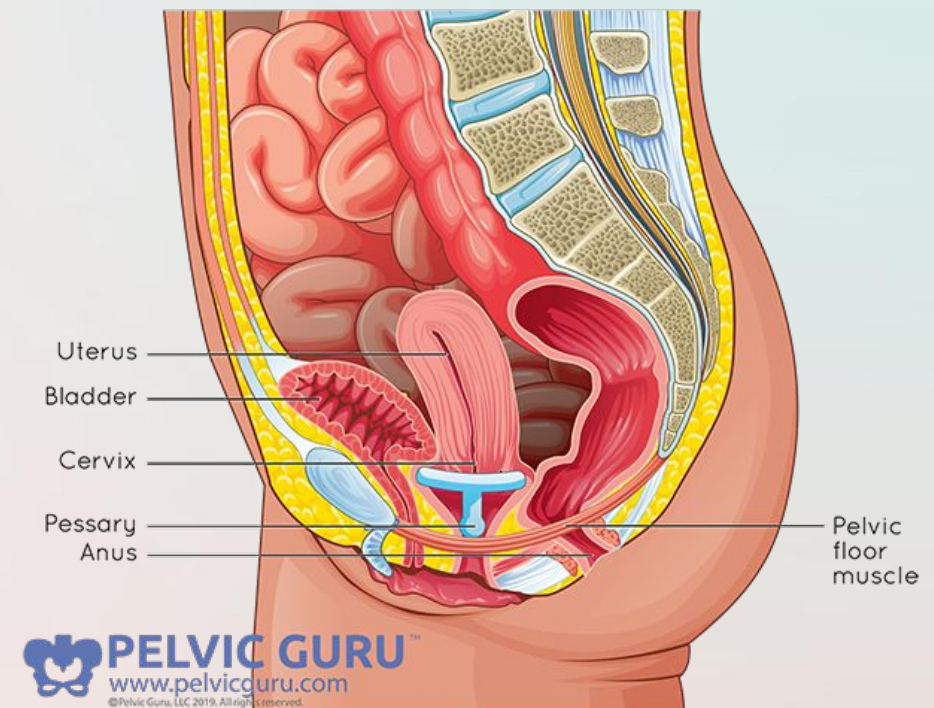
What can we do?

- Support bladder neck-
next slides!
- Schedule/interoception
- Nervous system

What is Prolapse?



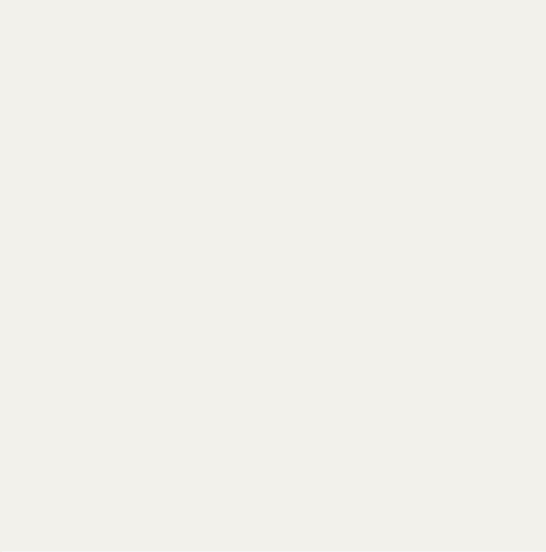
Grading based on the POP-Q scale



What can we do?

- External and internal supports
- Pressure management
- Constipation/straining
- Strength

Veit-Rubin, N., Cartwright, R., Singh, A.U. et al. Association between joint hypermobility and pelvic organ prolapse in women: a systematic review and meta-analysis. Int Urogynecol J 27, 1469–1478



UnderWork

S

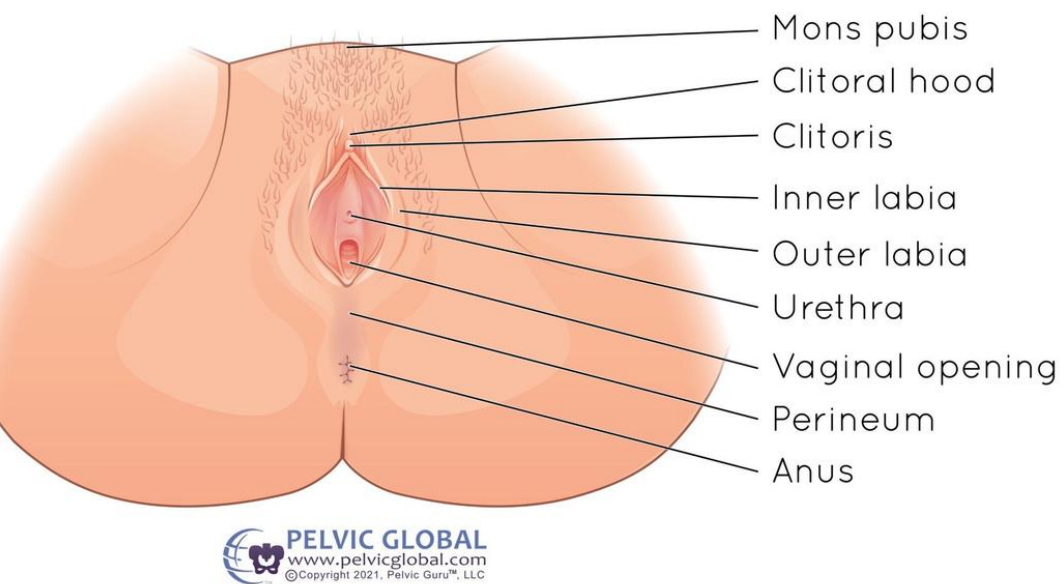


SR
C



Pelvic
Bra

Pelvic pain + Pain with sex



What can we do:

- Neuroplasticity- why is there pain and how can we change pain?
- Adapt: sex positions, behaviours, thoughts
- Tools: wands, vibes etc
- Refer: sex therapy, sex med

Case Study

Mark

- 34 year old cis white male
- Self-referred to pelvic floor therapy after seeing traditional ortho PT for pelvic girdle pain
- History of constipation, hemorrhoids, urinary urgency, post void dribble, perineal/seated pain, ED, premature ejaculation
- During history notes varicoceles
- Pain in right inguinal hip which wraps in a C pattern
- It is noted during eval that he has hypermobile joints
- When asked recent neurodivergent diagnosis
- Becomes dizzy when walking up stairs to clinic and requires recovery
- Has never heard of hypermobile conditions but has seen a multitude of providers including GI, cardio, PTs x 3





Thank you!

Do you have any questions?

EVALUATION: The Connected Body: A Holistic OT Approach to Hypermobility and Pelvic Health



***Scan QR code to submit
your evaluation***