

# Ep #172: Rethinking Hypermobility and Pain: Key Concepts For Reducing Pain



## Full Episode Transcript

With Your Host

**Susi Hatelty**

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**Male Announcer:** You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Welcome and welcome back. I'm so glad that you're here because today I am speaking about working with people who have hypermobility diagnosis and they have physical pain. And how do you support people to reduce physical pain and they have hypermobility through their tissue? How do you do it? How do you work with them? How can you support them in really making gains?

The first time I spoke about hypermobility was back in episodes 34 and 36. In 34 I interviewed my client Amy Yapp, and she's now gone on to become an C-IAYT yoga therapist. So look her up, we'll put her information in the show notes. And she does have a practice of working with people with hypermobility issues. 36 was with Dr. Linda Bluestein, who is a medical doctor who has a specialty working with people with hypermobility as well.

Now the distinction between what those folks do and then what I do is that people don't come to me because they have a hypermobility diagnosis. They come to me because they have a persistence in pain. Now the folks who have a hypermobility diagnosis, they also happen to have that, right?

So I really want to be clear here, because I work with people who have a persistency of pain and I help them reduce and eradicate physical symptoms of pain. There is a subsection of that population who happen to have hypermobility diagnosis. So what I get to offer to this conversation, which just totally thrills me, is how do I work with those people? Because working with people with a hypermobility diagnosis is different than working with people who don't.

To a fly on the wall, there are plenty of things that look the same. And yet the way that I am with and how I direct, the words that I use, how I am supporting someone to connect with their tissue and to – my favorite word

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in the world – feel what’s going on in their system, how I do that there’s a distinction there. It’s subtle, it’s nuanced and it’s different.

The reason why this mini-series, I think, is so significant and so important is because I am applying a lot of the information that’s out there that is provided by people like Amy and Dr. Linda, and I’m applying it in the way that I do my work. So there’s a real art to the science that is being shared out there by people like Dr. Linda, and I am applying that.

So what I hope is that you get an idea of the way that I’m applying the science in a way that can support you if you’re someone with the diagnosis or you are a professional working with people with hypermobility. The bottom line is this, that it’s not a life sentence, not from what I have seen. What I have seen is that yes, the tissue has a reality, end of story. And that reality is not the end of it. We can still support the tissue to support us.

So sometimes what can happen when people have the diagnosis of hypermobility, also added with that diagnosis is, “I’m so sorry that you have this.” And while it can be a bit heavy of a diagnosis, I also want to share with you that with the clients that I see, there really is a possibility. There is an opportunity to move from pain to possibility with the reality of how your tissue engages with you and you engage with your tissue.

Okay, so that’s what this episode really is about. And we’re going to talk about some of the key things that I focus on around compensatory patterns, interoception and proprioception, which really is another way of me talking about feeling. And then how you can utilize this information to advocate for yourself. Because the reality is even though in the movement world there’s a lot more conversation about hypermobility, we still need to help the medical system.

And so it’s really on you who has a diagnosis, that if you’re going in for treatment whether it’s with a dentist or with any kind of medicine at all, even massage therapy or any body work or, I mean, anything really, it’s important that your professionals know and then you can let them know

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about how to work with you, because in many cases you're going to have to teach people. Okay?

So let's begin. An important and significant piece to recognize is that people with hypermobility have tissue that behaves differently than people without hypermobility. This is important because the information that is out there that I hear a lot of is if you have hypermobility, you should get stronger and you should become more stable.

But the tricky bit about that in my books is that it's not just about getting stronger or just becoming stable. Because you can do exercises that are meant to create better stability and better strength, and yet you can do those exercises in ways that are not helping you.

I remember when I first started working with people who have hypermobility, and this was a way, way long time ago, probably within the first five years of my working with people therapeutically. What I would see very, very clearly is that yes, there was hypermobility present, but there was also hypomobility present.

And I found myself focusing more on the hypomobility than the hypermobility because what I found is that the hypomobility often was the compensation and we could use this as an idea of keeping the body together. Now whether that's actually happening or not, I have no idea. But it just appeared to be that way.

So I couldn't necessarily change the hyper part of it, but I could influence the hypo part. And interestingly enough, the people who I worked with who had an EDS diagnosis, they would tend to hold in their breath. So if I could support someone to really connect in with their breathing while they moved, oftentimes, the pain that they were experiencing would settle out and they'd become more present, they could tune into the way that their joints were moving and the way that their tissue was responding.

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This is really, really important because for all of us, when we have movement happen, we also need to have an element of structural integrity. And if that integrity is more of a grip or a brace for any of us, then the way that force is moved through our body is just not going to be as effective, right? That grip pattern, that compensatory pattern is going to be influential in the way or how efficient we are in our movement.

Now, for the most part, we all have compensation patterns, every single one of us do. And for the most part, we're all well compensated for living the life we want to live, well until we aren't, right? So, so many of the people that I see who have pain, their compensatory patterning, those strategies that they're using are really no longer serving them. And this is vital, vital, vital, vital for when I work with my folks who have hypermobility.

Their compensatory strategies for holding themselves together it's not working as well. So one of the things I get to do is I get to support them in really tuning into what those compensatory patterns are, and then how to start resolving them.

Now, to do this requires a really, really important step. We need to help them be able to tune into their body and their body movement and where their body is in space. Now these terms, the first one is how to tune in interoceptively and be able to feel into the sensations of their body. Proprioception is being able to tune in to where their body is in space. And these are fundamentally more difficult for someone with hypermobility to do.

It's a place where I spend lots and lots of time to really help people recognize and understand the language of their body. Now, how I do this is through an embodied means. I don't tell them the way their body is meant to move. My job is to help them feel because this is one of the inherent things that is a tricky thing to do for people with hypermobility.

So if I talk to people and tell them what to feel, it's not going to be super helpful. I actually have to guide them toward feeling themselves. And as a

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professional, this can be tricky to do because how do we know if anybody is feeling anything, right? Because feeling is very much of a subjective experience.

This is where the art of being able to see movement, of being able to recognize compensatory strategy and how to articulate this in a way that lands. It's an art form. I will say it's been almost three decades that I have grown and honed this capacity to be able to see, to be able to articulate what I see in a way that actually lands.

The last thing anybody needs to hear is what they're doing wrong. Nobody needs to hear that. And even if their movement is a little bit funky, people don't need to hear that it's wrong because it's not. It's the best version of movement that they can do given what they're aware of.

So in part, what we get to do and support people with, especially people with hypermobility, is how to express something to them in a way that really lands. Because here's the thing about feeling for someone with hypermobility, it's downright difficult initially. Their ability to be able to perceive feeling, to perceive subjectively, and to perceive where their body is in space is tricky.

So I work with them step by step by step, quite literally helping them notice how their leg bone moves in their pelvis. So objectively I am noticing the leg bone moving in the pelvis. They can see it with their own eyes, leg bone moving in pelvis. And can they move just that joint without anything else moving, but not in a braced or held way, but in a quiet, easy breath way?

And once they're able to do it with one joint, then we start adding a second joint. And once they're able to do two joints, then we can start to change up their orientation to gravity. We add different planes of movement. We add complexity. We add load. Each time helping them tune back into what they're feeling interoceptively and proprioceptively, all within this capacity to tune into what their physical pain symptoms are and only move in ranges where those physical pain symptoms are not increasing.

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And what my hope is, is that we actually move into a range which is pain free. But initially when there's persistency of pain, that's a bit trickier, so it's more about helping them move in a range that doesn't increase those symptoms.

And then as they gain more and more and more awareness, as they tune into more of the whispers, as they tune more into what I like to call the yellow lights, then they will find their pain starts to drop. Then they start to be able to move more consistently in ranges where pain doesn't come up at all. So then they start to come into those places where it is pain-free.

All the while, can you hear what I'm saying and kind of describing is all the while they're improving their pure movement. They're improving their movement pattern. They're improving their breathing pattern. They're improving their ability to interoceptively tune in and feel, and they're tuning into their body parts in space.

They're growing a language, a capacity to be able to be inward focused, not just from his meditative state, but actually being embodied in how their body is moving. And those signals, those sensory signals are heading up to their brain. Their brain is able to process them into more motor data.

So neuromuscularly, their motor coordination and control begins to improve. So yes, their tissue is still tissue that has a different capacity to feel compared to someone without hypermobility. And yet they're growing the capacity. They're growing the skill, they're growing the language, they're tuning in.

Amy was a terrific example of this, just like my other clients with hypermobility. There is a way of being able to connect into this tissue, move in a range that doesn't increase pain. Move in a range, ultimately, that's pain-free because they're able to feel it. Not intellectually perceive it, but they actually feel it from an embodied standpoint. And when they're there, it makes all the change in the world.

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So let me give you an example of this. Remember when I was working with Amy and she was working on a position that often is called pointer, it can also be called Superman. So hands and knees in tabletop, and then raising one arm up alongside the ear, or and raising one leg behind in extension.

And what was really interesting is each time she moved her arm and or her leg, her pelvis and the ribcage would move and she had no awareness that she was doing this. So then we pulled her into only moving in a range where the pelvis didn't move where the ribcage was quiet. That yes, there was a weight shift from one leg to the other, or from one arm to the other, but there wasn't this colossal shift of a segment.

I remember, and she remembers too, her doing the movement initially in a range that was more pure with less compensation. And she hardly moved at all. And it was stunning, which is the case for so many people, of recognizing, oh my lord, this is my movement? It's like, yeah, your movement is a lot smaller than you thought.

And the good news is that this is tissue, and tissue can change. You might have a capacity, a certain ability currently to be able to perceive it, a certain ability for it to release or become stronger. But that can change. That's the great thing about tissue. Soft tissue can change, we just need to provide the stimulus to enable that to happen. And then over a course of time, not too long, she was able to really perceive into it and make a shift.

And this is similar to other clients that I've worked with with hypermobility, they were able to tune into and really recognize the subjective nature of how their body moved. Not thinking about how their body moved but tuning into, aha, my arm is moving in the socket. I can feel my leg moving in the socket.

I can see it moving in the socket and what I'm seeing is a mirror for what I can actually perceive internally. So interoceptively and proprioceptively, I can actually perceive this happening. There's a match to what I'm noticing with my eyes and what I'm feeling in my body.

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And when people can gain that, now they can gain complexity. Now they can play around with more joints and more activities, move from walking to running, hiking with a backpack, adding more load, playing around with their kids and getting on the floor or staying in positions like quilting for sustained periods of time. But being able to tune in well enough that they can feel for those whispers that are letting them know that they should move and carry on with a different activity.

They grow the language of their body, grow a language of being able to perceive and know when enough is enough before it's too much. So they can recuperate well. They can restore well. They don't drain the tank, they utilize it only to the point where they need to, and then they know how to build it back up again.

When you're able to do this, here's what becomes really powerful, and I've seen this with clientele that I work with who have a medical team that they're seeing for other scenarios, many of them related to hypermobility. And they will go and they will say, hey, listen, I can feel this, and this is what I know about when I'm in the dentist chair and my jaw. This is what I know about my body and what you need to pay attention to as I go into surgery. This is what I know about X, Y and Z.

Like talking to physical therapists, "What do you know about hypermobility? And how do you work with your clients?" They can specifically ask questions because they already know not just what they understand about hypermobility, but how this is expressed in their body. Because the thing with hypermobility, whether you have an EDS diagnosis or another diagnosis, even if it's an EDS diagnosis is that everyone who has EDS expresses it a little bit differently, just like any other condition.

So being able to express and be clear with someone about how it is an experience for you can help them so much with helping you even if they aren't well versed in what hypermobility is and the implications. But your ability to advocate for yourself can be so much more improved when you

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can tune in and really feel for what your body needs and then express those needs to the people who are wanting to help you.

So, the next step here is if you want to explore and experience this improved state of feeling in your own self, what I really recommend that you do is just notice how you are moving. So maybe you're a yoga person and you're practicing things like cat and cow. Notice where you tend to move.

So from tabletop, notice where you tend to move through your spine. And do you have a tendency to move in one area of your spine more than others? What happens if you slow the tempo of that down? Where is your movement actually?

Or maybe you come up into legs up the wall and you cross an ankle, you slide that top ankle down towards the other knee. And as you move through the knee and the ankle, does your pelvis move? Or as you come back into warrior one, does your pelvis become unsquare and then do you try and re-square it again? And what happens if you just move your leg back only as far as your pelvis stays square to the front?

Or when you're out for a run, notice how your leg bone swings in the pelvis. Where do you tend to grip or brace in your movement, whether it's running or in yoga or any other activity that you do? When you're lifting weights, if you lift weights, where do you tend to brace or grip? When you're moving into squats or you're doing a deadlift or you're doing a bicep curl, how much in your face do you grip?

How about when you climb the stairs. Do you pull your shoulders up to your ears? Because pulling the shoulders up to the ears really is not a vital part of walking upstairs, right? So think about how much effort you are using to do the various activities that you're doing. And is some of that effort actually compensatory strategy or gripping pattern, which really is its own compensatory pattern?

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What else are you doing in the movement that's actually not required for the movement? And what happens if you now go ahead with that movement and you don't use that compensation as much? So dialing that back a little bit. What do you then notice?

This is the power of pure movement. And we will dig into this more in the Rethinking Hypermobility Program, which you can read all about at [learn.functionalsynergy.com/hypermobility](http://learn.functionalsynergy.com/hypermobility). It would be such an honor and truly a joy to work with you, especially if you're someone with hypermobility and you have pain and you really want to be able to tune in and connect.

And if you are a professional working with folks, it would be such an honor to work with you to really hone the art of applying the science around hypermobility so you can make a fundamental difference to many, many, many people. Again, that URL is [learn.functionalsynergy.com/hypermobility](http://learn.functionalsynergy.com/hypermobility). We'll see you next time. Have a great day.