

UTS Understanding Hypermobility

And Our Approach to It



What it is, what we commonly see, and how we approach it

First: hypermobility is not automatically a problem

Some people are simply more flexible than average. On its own, that is not necessarily an injury, a diagnosis, or a reason to be afraid of movement. Joint hypermobility becomes more relevant when that extra range of motion comes with symptoms like pain, repeated sprains, feelings of instability, fatigue, or difficulty controlling positions well. Many people with hypermobile joints have no symptoms at all.

What hypermobility actually means

At its core, hypermobility means some joints move farther than average. In some people that shows up in a few joints, and in others it shows up throughout the body. Clinicians often use a screening tool called the **Beighton score** to look at joint flexibility, but that score is only one piece of the puzzle. It helps identify extra mobility; it does not fully explain whether someone has pain, instability, or a connective tissue disorder.

Why people can feel both “loose” and “tight”

This is one of the most confusing parts of hypermobility. A person can have a lot of range of motion and still feel very stiff or tight. That often happens because the body creates extra muscular tension and compression to make up for a lack of control. Common places people feel this are the mid-back, the outside of the hips, the hamstrings, the hip flexors, and around the shoulders. In other words, the body often uses tension to create stability. That is one reason stretching alone often doesn't solve the problem. Hypermobility is commonly associated with pain, instability, injuries, poor balance or coordination, and fatigue.

What we commonly see in the gym

People with hypermobility often do not need more motion. They usually need **better control inside the motion they already have**. We commonly see:

- difficulty controlling the pelvis, rib cage, shoulders, and feet
- joints that “hang out” at the end of range instead of owning the middle
- movements that look flexible but don’t feel strong
- trouble with impact, landing, deceleration, and changing direction
- frequent feelings of tightness even when mobility is already high
- certain areas doing too much work because the body is trying to create stability somewhere else

These patterns line up with what clinical sources describe: joint instability, pain, recurrent strains or sprains, dislocations in some cases, poor coordination or balance, and fatigue. Research also suggests hypermobility can be associated with altered proprioception, meaning body-position awareness may be less precise in some people.

What hypermobility is not

Hypermobility is not a reason to stop training. It is not a reason to avoid all ranges of motion. It is not a reason to become fragile. In fact, standard medical guidance emphasizes improving strength, fitness, posture, balance, and movement control to better protect the joints. Physical therapy and exercise are central parts of management for symptomatic hypermobility and hypermobility spectrum disorders.

How we approach it

Our approach is not built around scaring people away from movement. It is built around helping them feel **more organized, more supported, and more capable**.

We usually focus on:

1. Slowing movements down

Tempo helps people feel where they are in space instead of dropping into the bottom of every

rep. Slower movement creates awareness and gives the body time to control the range instead of just falling into it.

2. Building control before chasing intensity

We often start by helping people feel:

- pelvic tilting and shifting
- rib cage control
- shoulder blade movement
- reaching and pulling without the whole body compensating
- foot contact and balance

3. Strengthening through usable ranges

The goal is not just to “get stronger.” The goal is to get stronger in ranges the body can actually organize and own.

4. Using positions that create feedback

Supported positions, wall references, ground-based drills, controlled breathing, and slower strength work can help people feel muscles working instead of just hanging on ligaments or end-range positions.

5. Progressing toward real life and real training

Eventually the goal is still lifting, carrying, climbing stairs, controlling impact, and doing the things you want to do. We just build the foundation first.

This general direction matches current guidance for symptomatic hypermobility: strengthen muscles, improve fitness, improve posture and balance, and use physical therapy-style strategies to manage symptoms and improve function.

Why we do not rely on stretching alone

If you are already very mobile, stretching can sometimes give only temporary relief without improving how well you control your body. For many hypermobile people, the bigger need is not “more flexibility.” It is better stability, better awareness, and better strength in the ranges they already have. Exercise-based care for hypermobility typically emphasizes strengthening, motor control, and function rather than endlessly adding range.

The big takeaway

If you are hypermobile, the goal is usually not to make you rigid. The goal is to help you become:

- stronger
- more coordinated
- more confident
- less dependent on tension to feel stable

You do not need to fear movement. You usually need the right kind of movement, taught in the right order.

Additional Resources

Learn More About Hypermobility

If you're curious to understand this topic more deeply, here are a few resources we trust. You don't need to go through all of these—pick what fits your interest level.

♦ Start Here (Simple + Practical)

Understanding Hypermobility & Training Approach

<https://www.youtube.com/watch?v=1le8Ks0rXGA>

A great overview of what hypermobility looks like in real people and how training can be adjusted to improve control and stability.

♦ Written Breakdown (Easy to Read)

Hypermobility Explained – Zac Cupples

<https://zaccupples.com/hypermobility/>

A clear breakdown of what hypermobility is, why people feel tight despite being flexible, and how to think about movement and control.

♦ Practical Coaching Perspective

Stability to Allow for Mobility – Katie St. Clair

<https://www.katiestclairfitness.com/blog/stability-to-allow-for-mobility>

A helpful explanation of why building stability is often the missing piece for people who already have a lot of mobility.

♦ Deep Dive (For Those Who Want More Detail)

Advanced Look at Hypermobility & Movement

<https://www.youtube.com/watch?v=Ge--25baORg>

A more detailed and technical discussion for those who want a deeper understanding of how the body manages movement and control.

Final Note

You don't need to become an expert in hypermobility to make progress.

The most important thing is finding the right approach to movement and building control over time.