SYMPTOM

Hypermobile joints

Hypermobile joints move beyond the usual range, with or without pain or instability.

WHAT IT FEELS LIKE
Joints bend farther than expected, sometimes with pain or instability

WHERE IT IS FELT
Fingers, wrists, elbows, shoulders, hips, knees, ankles, or spine

MOST COMMON CAUSES
Inherited flexibility, younger age, flexibility training

WHEN IT IS URGENT
A hot swollen joint with fever or feeling very unwell

USUALLY LASTS
Often lifelong; symptoms change with age, injury, and activity

SEE A DOCTOR IF
Recurrent pain, sprains, dislocations, or daily activities become difficult

Overview

Hypermobile joints move farther than the range expected for most people. You may hear this called joint hypermobility or being "double-jointed." It can affect one joint, several joints, or most of the body.

Hypermobility is a physical feature, not a diagnosis by itself. Many people have flexible joints without pain or health problems. Others develop pain, repeated sprains, joint instability, or fatigue.

The amount of movement often changes with age. Children are generally more flexible than adults, and joints may become less mobile over time. However, pain or instability can continue even if flexibility decreases.

What it may feel or look like

You may notice that you can bend your fingers, elbows, knees, or other joints farther than other people. Some movements may look unusual but feel normal to you.

When hypermobility causes symptoms, these can include:

Muscles may tire because they are working harder to stabilise the joints. Pain can occur around a joint rather than inside it, especially when muscles or tendons are overloaded.

Easy bruising, unusually stretchy skin, poor wound healing, hernias, or symptoms affecting several body systems may also be relevant. These features do not confirm a particular condition, but tell a clinician that a broader assessment may be useful.

- Aching after activity or holding one position
- Joints that feel loose, shaky, or likely to give way
- Clicking or popping
- Repeated strains and sprains
- Poor balance or difficulty sensing joint position
- Partial dislocations, called subluxations
- Complete dislocations, where joint surfaces separate

Common causes

For many people, hypermobility is part of their natural body structure. The shape of the joints and the strength or elasticity of ligaments-the tough bands connecting bones-are partly inherited. Several family members may be flexible without having a medical disorder.

Hypermobility is also more noticeable during childhood and adolescence. Activities such as dance, gymnastics, yoga, or acrobatics may increase flexibility in joints that are trained repeatedly. Some people have only one unusually mobile joint because of its shape, a previous injury, or repeated stretching.

When hypermobility causes ongoing symptoms but no other condition explains them, clinicians may consider a hypermobility spectrum disorder. This describes troublesome joint hypermobility with effects such as pain, instability, or repeated injuries.

Less commonly, widespread hypermobility is part of an inherited connective tissue condition. Connective tissue supports the joints, skin, blood vessels, and organs. Examples include hypermobile Ehlers-Danlos syndrome and other, rarer connective tissue disorders. Hypermobility alone is not enough to identify one of these conditions.

Sudden looseness after an injury may be caused by a torn ligament or a dislocation rather than natural flexibility.

When to seek medical care

Book a routine appointment if joint symptoms keep returning, limit sleep or daily activities, or make work, school, or exercise difficult. Assessment is also appropriate for repeated sprains, subluxations, dislocations, falls, or pain that is not settling.

Arrange prompt medical advice after a new injury if you cannot use the joint normally, cannot put weight on it, or have marked swelling.

Seek same-day care for a joint that becomes hot, red, very swollen, and painful, especially with fever or feeling very unwell. This is not a usual feature of hypermobility and may indicate infection or another inflammatory problem.

Get emergency help after an injury if:

Do not repeatedly force a displaced joint back into position. Keep it supported and seek urgent care.

- A joint is visibly out of position
- The affected limb becomes pale, blue, cold, numb, or weak
- There is severe bleeding, a major wound, or exposed bone

How the cause is found

A clinician will ask which joints are flexible, when symptoms began, and whether you have pain, injuries, dislocations, skin changes, or related symptoms. Your family history and usual activities can also provide useful clues.

The examination may include a Beighton score. This checks movement in the little fingers, thumbs, elbows, knees, and spine. It helps describe generalised hypermobility, but it does not assess every joint or diagnose the cause on its own. Past flexibility matters because joint movement can decrease with age, injury, or surgery.

There is no single test for most symptomatic hypermobility. Blood tests or scans are not routinely needed just to show that a joint is flexible. They may be used when the history or examination suggests inflammation, a significant injury, arthritis, or another condition.

Some inherited connective tissue disorders can be confirmed with genetic testing. There is currently no laboratory or genetic test that confirms hypermobile Ehlers-Danlos syndrome; diagnosis is based on clinical criteria and excluding other explanations.

Treatment and self-care

Flexible joints without pain or instability usually do not need treatment. If symptoms are present, care focuses on improving joint control, reducing injuries, and keeping you active.

A physiotherapist can help you build strength gradually, especially in the muscles that stabilise troublesome joints. Balance and body-position exercises may improve control. Treatment should match your symptoms and current ability rather than simply stretching joints farther.

Helpful approaches may include:

Complete rest can reduce strength and make instability harder to manage. During a flare, temporarily reducing an aggravating activity may help, followed by a gradual return.

Pain medicines may be suitable for some people, but the right option depends on your health, other medicines, and the cause of pain. A pharmacist or clinician can help you choose safely.

- Pacing activity and increasing exercise gradually
- Using controlled movements instead of locking joints at their end range
- Taking short breaks from positions that trigger pain
- Wearing supportive, comfortable footwear
- Adjusting work, study, or sports techniques
- Using braces or taping for selected activities after professional advice

What to expect

Natural joint flexibility is often lifelong, although the visible range of movement commonly decreases with age. Symptoms may come and go with activity, injuries, stress, sleep, and changes in muscle strength.

Many people manage symptoms through strengthening, activity adjustments, and early care for injuries. Progress is often gradual. The goal is usually better function and fewer flare-ups, not making every joint move within an average range.

Persistent or worsening symptoms deserve reassessment. A new hot or swollen joint, for example, should not automatically be attributed to hypermobility.

Common questions

Does being double-jointed mean I have Ehlers-Danlos syndrome?

No. "Double-jointed" usually describes hypermobility, which is common as a body feature. Ehlers-Danlos syndromes involve specific combinations of findings and require a clinical assessment.

Should I avoid exercise?

Usually not. Regular, well-paced activity can support muscle strength and joint control. High-impact or end-range movements may need modification if they repeatedly cause pain or injury.

Is clicking harmful?

Painless clicking is often not a sign of damage. Seek assessment if clicking follows an injury or occurs with swelling, locking, instability, or persistent pain.

Can only one joint be hypermobile?

Yes. Hypermobility can be localised to one joint, affect a group of joints, or be generalised throughout the body.

Will stretching help?

Stretching may help a genuinely tight muscle, but repeatedly pushing already flexible joints to their limits can increase irritation or instability. Controlled strengthening is often more useful when looseness is the main concern.

Sources

- NHS: Joint hypermobility syndrome
- Yew KS, Kamps-Schmitt KA, Borge R. Hypermobile Ehlers-Danlos Syndrome and Hypermobility Spectrum Disorders. American Family Physician . 2021;103(8):481-492
- Hakim A. Hypermobile Ehlers-Danlos Syndrome. GeneReviews , University of Washington, Seattle
- Malfait F, Francomano C, Byers P, et al. The 2017 international classification of the Ehlers-Danlos syndromes. American Journal of Medical Genetics Part C . 2017;175(1):8-26
- Castori M, Tinkle B, Levy H, Grahame R, Malfait F, Hakim A. A framework for the classification of joint hypermobility and related conditions. American Journal of Medical Genetics Part C . 2017;175(1):148-157