Isobel Knight
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People with an excessive range of movement in one or more joints are said to be “double jointed” or “loose jointed.” The clinical term is joint hypermobility. There is a particularly high incidence of this among gymnasts, acrobats, musicians, and dancers. According to Isobel Knight, in her book *A Guide to Living with Hypermobility Syndrome: Bending without Breaking*, 70 percent of the ballet and contemporary dance community is hypermobile, versus 10 to 30 percent in the non-dance population. Hypermobility can be an asset for these arts because of improved flexibility and the ability to move the body into varied and interesting postures.

But Hypermobility Syndrome (HMS) differs from general joint hypermobility. HMS is often painful and complex, with patients presenting a wide variety of symptoms, including pain from multiple injuries throughout the body, not just the joints. Disturbances of the nervous and cardiovascular systems and bowels, as well as mood swings, are some of the complaints.

HMS is a genetically inherited condition. A connective tissue disorder which relates to faulty collagen proteins that affect the body systemically, HMS is more prevalent in women and within African and Asian populations. Diagnosis can be difficult for HMS sufferers, some who say they see multiple doctors over the years before their symptoms are finally understood. HMS patients are regularly injured from joints frequently working within an extra range of movement, which puts an additional strain on the surrounding soft tissue.

Knight suffers from HMS and uses her own experiences as well as medical research to explain the complex condition. She has interviewed many others with HMS and their stories are shared throughout the book. HMS affects all ages, from small children to seniors. Grace, aged 65, says “In school I couldn’t play games because I was always spraining my ankles. I knew I had double-joints, but no one ever explained it to me.”

Because of all the different symptoms HMS patients experience—and often they are experiencing one or more at the same time—there isn’t a one-size-fits-all medication or therapy. Painkillers, anti-inflammatory aids, and anti-depressants are some of the medications used. Physiotherapy, psychological management of pain, cognitive behavioral therapy, and relaxation also provide relief. Patients report having positive outcomes with alternative, as well as conventional, therapies.

*A Guide to Living with Hypermobility Syndrome* includes several pages of resources and an extensive reference section. It is recommended for anyone suffering from the condition.

PENNY HASTINGS (September 1, 2011)

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