

MOVING SMARTER WITH EDS: A PRACTICAL GUIDE TO SAFER STRETCHING

Ehlers-Danlos Syndrome (EDS) affects the connective tissue that supports your joints. This means your joints may move more than they should, and your tissues may not rebound or stabilize the way they do for others. It also means you may experience injury or pain during movements that feel routine for others.

This guide is here to help you stretch in ways that reduce tension and improve stability, without increasing the risk of injury.

Stretching isn't about making you more flexible. It's about calming tight muscles, increasing body awareness, and moving in ways that support long-term joint health.

WHY STRETCHING FEELS CONFUSING WITH EDS

Many people with EDS feel both stiff and hypermobile at the same time. That tightness is often a protective response. The body senses instability and reacts by tensing muscles to create stability. Stretching too far or too long can confuse this system or make things worse.

Instead of pulling through tightness, use stretching as a tool to reconnect with your body, help it feel safer, and prepare it for everyday movement.

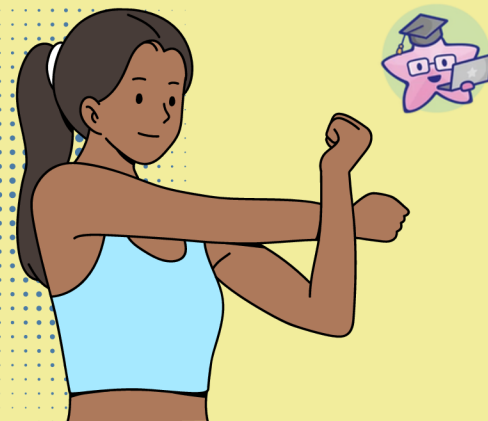
WHEN BRACING CAN HELP

Bracing, taping, or joint supports can reduce the risk of dislocations or subluxations during stretching or exercise. Bracing adds an external layer of control and can be especially useful in areas prone to instability such as the shoulders, knees, or wrists. Bracing should not replace muscle strengthening. It is a temporary support tool. Using braces under the guidance of a physical therapist helps avoid overuse or dependence.

EXAMPLES OF MOVEMENT THAT SUPPORTS EDS

- Modified mat Pilates or beginner yoga that emphasizes joint control and posture
- Balance training, such as standing on one foot or using a stability cushion
- Small-range joint movement routines that focus on activation instead of lengthening
- Isometric exercises (muscle contractions without joint movement) to build strength safely

All of these should be introduced gradually and adapted to your individual symptoms and needs.



CORE GUIDELINES FOR STRETCHING

Stretching should be steady, brief, and never forceful.

- Move slowly and stay within your controllable range. If a joint feels unstable, that is a signal to stop rather than push through.
- Keep static stretches brief, ideally no more than 15 to 30 seconds. This helps manage tightness without increasing joint laxity.
- Stretching alone will not stabilize your joints. Pair it with strengthening to build muscle support.
- Focus on body awareness. The goal is not flexibility, but better control and less tension.



STATIC VS. DYNAMIC STRETCHING

Static stretching

involves holding a position. It is useful for calming overactive muscles or reducing post-exertion tightness. In EDS, static stretching should be brief and gentle.



Dynamic stretching

involves moving through a range of motion. It is a safer choice for warming up and helps prepare the nervous system for movement. Examples include slow leg lifts, arm circles, or gentle spinal twists. Dynamic stretches should be smooth and deliberate, never quick or jerky.

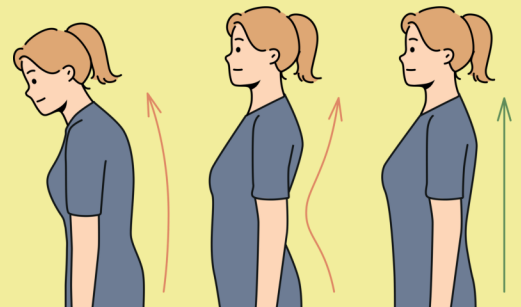


ADAPTING EXERCISE FOR SEVERE JOINT INSTABILITY

If your joints dislocate easily or you have had injuries with minor movements, here are some ways to make stretching and movement safer:

- Stick with low-impact, mat-based exercises that do not involve fast or deep movements
- Use props or bracing to stabilize joints while you move
- Focus on posture and joint alignment throughout each movement
- Start with isometric work to build strength without moving the joint
- Monitor for fatigue, pain, or a sense of instability and adjust accordingly

A physiotherapist familiar with EDS can help develop a program that progresses slowly and minimizes risks.



IMPROVING PROPRIOCEPTION THROUGH MOVEMENT

Many people with EDS have a reduced sense of where their joints are in space (proprioception), which can make movement feel clumsy or unpredictable. Stretching, when done with attention and control, helps the brain rebuild accurate maps of joint position and motion.

Movement strategies that improve proprioception include:

- Controlled, repetitive motions such as ankle circles or shoulder rolls
- Balance exercises on stable or slightly unstable surfaces
- Mental imagery or focused attention while stretching
- Combining movement with breath to reinforce calm, steady engagement

The more your nervous system learns what safe and stable feels like, the better it can guide your movements without tension or hesitation.



SAMPLE DYNAMIC MOVEMENTS BY JOINT

Shoulders

Arm circles,
scapular
retractions



Hips

Bent-knee
leg lifts,
slow
standing
hip swings



Knees

Seated leg
extensions,
mini-squats



Spine:

Gentle
cat-cow
stretches,
seated spinal
twists



Ankles & Wrists

Controlled
flexion and
extension, small
circular motions



COMMON MISTAKES TO AVOID

Mistake	Why It's a Problem	What to Do Instead
Overstretching	Increases joint instability	Use limited-range movements
Long static holds	Can worsen laxity	Keep holds under 30 seconds
Skipping strength work	Leaves joints unsupported	Include isometric and resistance work
Passive stretching	Removes joint control	Stretch your own body with control
Ignoring pain	Can signal joint strain	Respect discomfort and stop if unsure
Fast, uncontrolled motion	Increases injury risk	Move slowly and with intention
Stretching in isolation	Can create imbalances	Integrate stretching with strengthening and balance work

BALANCING STRENGTH AND FLEXIBILITY

EDS often involves paradoxes. Your joints may move too much, but your muscles feel tight. You may be extremely flexible but still feel restricted.

A healthy movement plan balances three priorities:

- Strengthening muscles around joints to reduce instability
- Stretching cautiously to ease protective muscle tension
- Enhancing proprioception to improve body control

This is not about doing more. It is about doing the right things with the right feedback. Working with a knowledgeable provider can help you find that balance.



AQUATIC THERAPY

Exercising in water reduces joint strain and supports movement. The buoyancy helps protect unstable joints while allowing more comfortable motion.

Benefits of aquatic therapy for EDS include:

- Low-impact strength and cardio training
- Reduced fear of falling or subluxation
- Improved endurance, proprioception & postural control



This can be especially helpful for those with coexisting conditions such as postural orthostatic tachycardia syndrome (PoTS). Water-based exercise should still be tailored and monitored for safety.

THE ROLE OF PROFESSIONAL SUPPORT

Because EDS is so individualized, stretching and exercise plans should be developed with input from professionals who understand hypermobility. They can help assess joint safety, pain patterns, coexisting conditions, and pacing needs.

They can also monitor progress, adjust routines as needed, and provide support when symptoms flare.

BUILDING CONTROL, NOT CHASING FLEXIBILITY

Stretching with EDS is not about gaining more range of motion. It is about building control and comfort in movement.

When done carefully, stretching can help reduce pain, improve coordination, and support better stability. Progress takes time, and the process may include rest, adjustment, and learning through experience.

Start slow. Be consistent. And remember that learning what works for you is a skill in itself.

