

Pacing Through a Flare

By Rooted Motion Physical Therapy

Move Better. Live Rooted.

For adults already diagnosed with joint hypermobility, hEDS, HSD or POTS who have a routine that works on good weeks and no plan at all for the bad ones.

What a Flare Is, and What It Is Not

A flare is a temporary increase in your symptoms. What increases differs from person to person: for one it is joint pain and things giving way, for another it is lightheadedness, racing heart and a fatigue that makes standing at the sink feel like a decision.

What a flare is not is evidence that the work you have done was wasted, or that you have to start again from zero. The most common pattern in these conditions is boom-and-bust: do too much on a good day, lose the following three, then do too much again the moment you feel able. Losing ground repeatedly is usually a problem with the plan, not with your discipline.

This handout assumes you already have a routine and it has stopped being possible. If you are working out whether to start exercising with POTS in the first place, or whether your flexibility explains your symptoms at all, those are different questions and we have separate sheets for them.

The One Rule: The Day-After Test

Judge every activity by how you are the next morning, not by how it feels while you are doing it. In these conditions the response to activity often arrives late — hours later, or the following day — so judging in the moment is precisely what produces the boom-and-bust cycle. Asking one question at a fixed time each morning replaces guesswork with something you can act on.

- ☐ Worse than yesterday morning: reduce. Yesterday's amount was above your line
- ☐ About the same: hold. You have found your current ceiling
- ☐ Slightly better: you have room to add one small thing
- ☐ Ask at the same time daily, before caffeine and before standing for long

The Three Phases

Phase one — Hold

Find your floor: the smallest amount of movement you can repeat without being worse the next morning. In a bad flare that may be ankle pumps, rolling over deliberately rather than heaving, or sitting upright for two minutes. Set it low enough that you finish thinking that was easy. Move on when you have passed the test three days running.

Phase two — Steady

Repeat the same amount every day, including on days you feel capable of more. This phase exists because the good day is where the cycle restarts, and holding steady through one is the skill the whole method depends on. Move on when you have passed the test seven days running.

Phase three — Rebuild

Now add, one variable at a time.

1. Choose one thing to increase: minutes, repetitions, or time upright. Never two at once, or a failed test tells you nothing about which change caused it.
2. Make the increase small enough to feel almost pointless — a minute, two repetitions.
3. Hold the new amount for three days and keep asking the morning question.
4. If the test fails, return to the last amount that passed and stay there a week before trying again. Going back is part of the method, not a relapse.

What the Evidence Does and Does Not Say

Exercise is regarded as a first-line treatment for POTS, and a 2025 systematic review of seven studies found improvements in heart rate and in quality of life. The same authors could not pool their results, judged all but one of the studies at moderate to high risk of bias, and named the effect on daily function — and on people with additional conditions affecting their tolerance — as an explicit gap in what is known.

For hypermobility, a review of ten studies covering 330 people found improvement in physical or psychological measures across all of them, with a single non-serious adverse event judged possibly related to the intervention. The studies are small and most of the non-randomised ones carry a critical risk of bias, so this is not proof of a large benefit. But if your fear is that movement will damage you, that safety record is worth knowing.

Rigid programmes are a recognised failure point. Clinicians working in this field have written that standard exercise protocols for POTS use fixed timelines and progressions that threaten tolerability and adherence, and give no guidance on individualising — and a separate review notes that most patients with severe orthostatic intolerance and fatigue are simply unable to sustain the rigorous programmes usually recommended. A plan that bends is not a lesser plan.

The honest limit: no trial has tested a pacing structure like this one in hypermobility or POTS. The phases above are built from principles that are supported — do not stop moving altogether, do not follow a fixed timetable, individualise, judge by your response — rather than from a protocol anyone has trialled. Treat it as a starting frame to bring to an assessment, not a prescription. What is clear is the other direction: prolonged rest and inactivity are described as making joint instability worse, so waiting the flare out entirely is not the safe option it feels like.

The Rooted Motion Difference

- We work at your floor, wherever it is that week, including from a bed or a chair
- Sessions come to your home, which removes the travel that a flare makes expensive
- Progression is tied to your day-after response, never to a fixed calendar
- Convenient concierge mobile physical therapy delivered where you are.

Want a Floor You Can Actually Hold?

Setting the first amount is the part most people get wrong, usually by starting too high. A one-on-one evaluation at home works out where your floor sits now and what rebuilding looks like from there.

Move Better. Live Rooted.

Contact Rooted Motion Physical Therapy to schedule your one-on-one evaluation.

Educational disclaimer: This handout is for educational purposes and is not a substitute for an individual evaluation by a licensed healthcare professional. Seek prompt medical evaluation for severe pain, significant weakness, numbness, or symptoms following trauma.

Research Behind This Guide

1. Ziaks L, Johnson K, Schiltz K, Pelo R, Lamotte G, Dal Molin C, Chung T, Cortez MM. Adaptive Approaches to Exercise Rehabilitation for Postural Tachycardia Syndrome and Related Autonomic Disorders. Arch Rehabil Res Clin Transl. 2024;6(4):100366. doi:10.1016/j.arrct.2024.100366
2. Trimble KZ, Switzer JN, Blitshteyn S. Exercise in Postural Orthostatic Tachycardia Syndrome: Focus on Individualized Exercise Approach. J Clin Med. 2024;13(22):6747. doi:10.3390/jcm13226747
3. Cortez MM, Aikins K, Arnold AC, et al. Impact of exercise to treat postural orthostatic tachycardia syndrome: a systematic review. Front Neurol. 2025;16:1567708. doi:10.3389/fneur.2025.1567708
4. Buryk-Iggers S, Mittal N, Santa Mina D, et al. Exercise and Rehabilitation in People With Ehlers-Danlos Syndrome: A Systematic Review. Arch Rehabil Res Clin Transl. 2022;4(2):100189. doi:10.1016/j.arrct.2022.100189
5. Tinkle B, Castori M, Berglund B, Cohen H, Grahame R, Kazkaz H, Levy H. Hypermobility Ehlers-Danlos syndrome (a.k.a. Ehlers-Danlos syndrome Type III and Ehlers-Danlos syndrome hypermobility type): Clinical description and natural history. Am J Med Genet C Semin Med Genet. 2017;175(1):48-69. doi:10.1002/ajmg.c.31538