

The Bendy Kid: A Parent's Guide

By Rooted Motion Physical Therapy

Move Better. Live Rooted.

Five questions parents ask about a very flexible child — each answered with how certain that answer really is.

Is Being This Bendy Unusual?

No. When researchers checked just over 6,000 British children at about fourteen, more than a quarter of the girls and one in ten of the boys were flexible enough to count as hypermobile. Whatever your child has, it is common.

The more useful part is what those researchers said about the test. So many children passed that they questioned whether the bar is too low, or whether the test suits a growing body at all. A separate study tested the same children a year apart and watched some change from bendy to not bendy, and back.

So a score is not a fixed fact. It is one day's measurement of a body still changing shape, and a label is not a forecast.

How sure we are: fairly. Both were large, careful studies, and the doubt about the test comes from the people who ran it.

Does Being Bendy Mean They Will Get Hurt?

This sits underneath most of the worry, and it is where the internet is least helpful. The figure people find pooled older studies and reported that flexible people had about five times the odds of a knee injury in contact sport. Two things get left off when it is repeated. First, how uncertain it is: the margin ran from 1.33 to 16.52, so the truth could be a small extra risk or a very large one, and the study cannot tell you which. Second, the same work found no extra ankle risk at all. Whatever this is, it is not general clumsiness.

That figure also mixed a wide range of ages together, and the researchers had to invent their own definition of “bendy” because the original studies each used a different one.

When researchers looked at children on their own, they did not find it. A Danish study followed 999 children aged 9 to 14 and found no clear link between being hypermobile and hurting a knee, either from a one-off injury or from overuse. A study of 132 young athletes averaging fourteen found no difference in how often they were hurt, how often it came back, or how much training they missed. It did find one difference: the flexible group swayed a little more when asked to stand still. Nobody has shown that leads to injuries.

Both child studies cut the other way too. Only 36 of the 999 Danish children counted as bendy both times they were tested, so the study may have been too small to spot a real effect — the researchers say so themselves. And athletes who have reached a high level may be the ones who already control their flexibility well. Not finding something is not the same as proving it is not there.

How sure we are: reasonably. The alarming figure is real, but it comes from older, mixed groups. In your child's age group, the studies that looked did not find it.

Should They Stop Going Into Their End Range?

Many parents are told to stop the splits, the backbends, the party trick with the thumb. The one study that tested this does not support that advice. Researchers took 26 children aged 7 to 16 with bendy joints and knee pain and split them at random: one group worked into their full range for eight weeks, the other stopped at straight. Both improved by about the same amount — roughly 15 points on a 100-point pain scale — and nothing went wrong in either group.

It is easy to make too much of that. It was 26 children over eight weeks, supervised and built around each child — not permission for unsupervised stretching or a general class. What it says is that working into range did no harm.

The clearer finding runs the other way. Long periods of rest and doing nothing are described as making joints feel less steady, not more — and specialists now say that avoiding the end of the range may not be necessary in the first place. Of the mistakes available here, stopping is the better documented one.

How sure we are: least of anything here — one small study, but the only one that asked it.

What Actually Helps?

Specialists from several countries agreed on an order of work. That is expert agreement rather than a tested programme — a sensible place to start, not proof — but it is the closest thing to a settled answer there is.

1. Control before bend. They do not need more flexibility; they need to own what they have.
2. Middle before edges. Strength around the trunk and hips comes before single joints.
3. Start with feet or hands planted on something solid, before free-moving arms and legs.
4. Light weight and few repeats first, and only then work up.

Not on that list: braces, taping and stretching programmes. Not banned — just not what the guidance leads with, and there is even less research behind them in children.

How sure we are: this is experts agreeing, not proof. No one has tested this order against a different one.

What to ask at an appointment

- ☐ Is this one sore joint, or is my child sore in general?
- ☐ Which activities have actually caused trouble, not which ones look alarming?
- ☐ What should we be building — can you show us week one?
- ☐ Is anything here not explained by flexibility?

Have your child seen promptly if

- A joint has slipped out and not gone back on its own
- One joint is hot or swollen, or there is a fever
- Pain wakes them most nights, or they are losing weight
- There is new numbness, pins and needles, or weakness
- They cannot stand on a leg after an injury

The Rooted Motion Difference

- We assess your child where they actually move — your home, your stairs, your floor
- Control work is built around the sport they already play, not in place of it
- Convenient concierge mobile physical therapy delivered where you are.

Want To Know Which Part Of This Is Your Child?

Most of what worries parents about a bendy child turns out to be ordinary. The part that is not is worth finding early. A one-on-one evaluation at home sorts one from the other.

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

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