

PATIENT INFORMATION

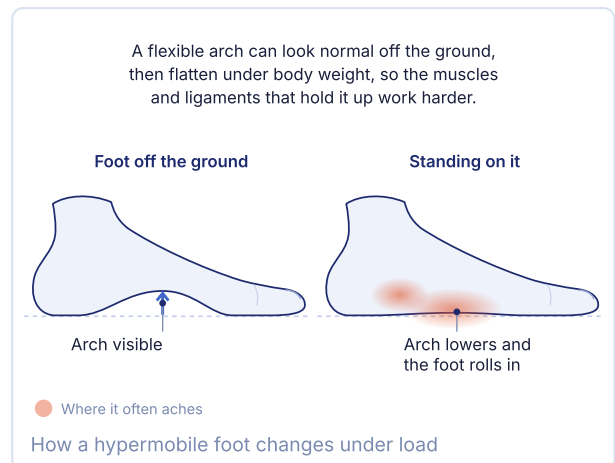
Hypermobile Feet

How hypermobility affects the feet, and what helps

Written by **William Joyce**, Consultant Podiatrist, HCPC registered · The Functional Podiatrist, Richmond & Kensington · Updated October 2026

IN SHORT

Hypermobile feet have joints that move further than average. Many people never have symptoms, but for others the extra movement means muscles and ligaments work harder, leading to tired arches, foot or knee pain, early bunions or repeated ankle sprains. Treatment focuses on strength, support and pacing rather than restricting movement.



What is hypermobility?

Joints that move beyond the usual range. It can be generalised (many joints), localised (one area) or peripheral (mainly the hands and feet). When it causes pain, fatigue or repeated injury it may be described as hypermobility spectrum disorder. Hypermobile Ehlers-Danlos syndrome is a related connective tissue condition with wider symptoms.

How does hypermobility affect the feet?

A more flexible arch and midfoot puts extra strain on the tissues that control them.

- Arch fatigue and aching after activity
- The arch collapsing or the foot rolling in
- Feeling unsteady when walking or playing sport
- More load through the ball of the foot
- Less power when pushing off

Which foot problems are linked to it?

Hypermobility often sits behind problems that keep coming back.

- Plantar fasciitis and heel pain
- Bunions developing early
- Pain at the front of the knee
- Achilles and posterior tibial tendon pain
- Recurring ankle sprains
- Ball-of-foot pain

Is hypermobility always a problem?

No. Many people are naturally flexible and never develop symptoms. Treatment is only needed when it causes pain, instability or repeated injury.

How is it assessed?

With a biomechanical and musculoskeletal assessment. We measure joint range, look at foot posture and arch control, test strength and stability, and analyse how you walk and run to see how load travels through your feet.

How is it treated?

By improving control and load tolerance, not by limiting movement.

- Strengthening for the feet, calves and hips
- Orthotics where the arch needs support
- Taping during flare-ups
- Footwear advice
- Training load adjustments for runners and active people

Do I need orthotics?

Not always. Some people improve well with strengthening alone; others do better with orthotic support alongside rehabilitation. The assessment shows which suits you.

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FROM THE CLINIC

“When foot or knee pain keeps coming back, hypermobility is often part of the reason. I look at how the feet control load when you walk and run, because improving that control is what breaks the cycle of partial recovery and re-injury.”

William Joyce, Consultant Podiatrist, The Functional Podiatrist

Three things you can do today

- 1 Choose strength over long stretching routines. Your joints already have plenty of range.
- 2 Wear supportive shoes with a firm heel counter for long days on your feet.
- 3 Increase walking or training gradually rather than in big jumps.

When to see a podiatrist

- Foot or knee pain that keeps returning
- Bunions developing early
- Frequent ankle sprains
- A joint that dislocates, or a hot, swollen joint
- Widespread joint pain with dizziness, gut problems or fragile skin (see your GP)

Get it properly assessed

Your treatment plan depends on what is driving the problem. We assess, explain what we find and build a plan around your activity and goals.

HCPC-registered podiatrists in Richmond (Pools in the Park, TW9 2SF) and Kensington (Sprint Physiotherapy, W8 4LY). No referral needed.

More on this condition: thefunctionalpodiatrist.uk/hypermobility.html

Book an assessment

Call 020 3576 0630

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