MyoRehab
Anxiety and Hypermobility

By Victoria L Magown

Nancy came to MyoRehab experiencing severe pain in her left lower abdomen. She also felt pain in other areas, but this was the one she wanted me to treat that day. The pain had been present for three years and she had had "every test known to mankind", all of which were negative for pathology. This meant that no one had figured out where the pain was coming from and Nancy had no idea either.

During these last three years, Nancy developed severe anxiety and depression from having to consistently deal with the pain all day. She sat in front of me on the edge of her seat, sighing with difficulty breathing, which occurred up in her chest by taking deep breaths. Her face was tense and she talked in phrases, quickly, running out of air.

By her own admission, she was anxious all the time, hypervigilant and had gastrointestinal difficulties with constipation. The only way she could get to sleep was by taking sleeping pills. And her home life was extremely stressful. She had been forced to retire early due to the unrelenting physical and emotional pain.

During a thorough review of her medical history, she explained that she had fractured her right wrist three years prior and had also had another severe fall about two years ago. Reviewing the events chronologically, we were able to determine that the severe left lower abdominal pain began shortly after the first fall and then continued to become worse after the second fall. The significant factor involving both falls was that she had twisted to the right and landed in that position upon impact.

The Internal and External Obliques are the primary rotatores of the lumbar spine and pelvis. During Nancy's twisted fall, the fascia over these muscles contracted and developed Fascia Points while the muscles developed Trigger Points (TrPs), particularly on the left. As you can see in the picture, TrPs in the lower left Obliques can cause pain specifically in that area.

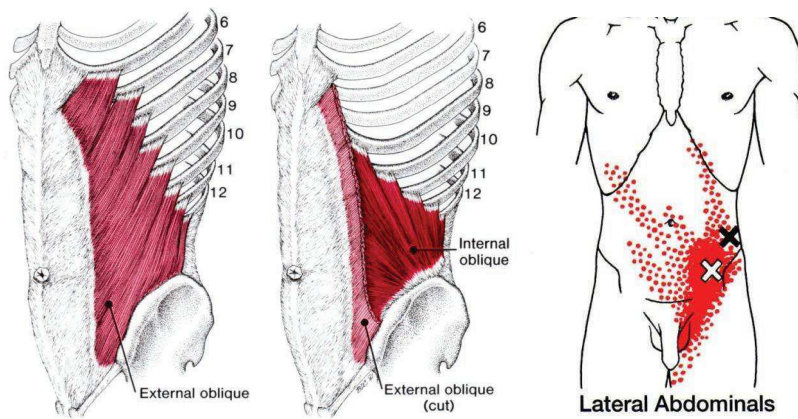It all came together when I tested Nancy for Hypermobility and she scored 7/9 on the Beighton Scale. This means she was born with (it's hereditary) specific ligaments, that attach from bone to bone crossing the joint, that are lax, a little too long. When a Hypermobile person like Nancy falls, joints can shift a little into a dysfunctional position, but not dislocate. When this happens, the brain sends a message to "splint and brace" so the joints do not move further into dysfunction. After doing Orthopedic Tests, we were able to determine the left lower ribs were in a dysfunctional position along with Fascia Points and TrPs in the Obliques.

So how do the feelings of anxiety, hypervigilance and depression happen when you are Hypermobile? Our fascia, muscles and tendons send information to our brain via nociceptors, Golgi tendon organs and other sensory mechanisms. This is called proprioception. When the fascia, muscles and joints are in a dysfunctional state, it leads to reduced proprioception; that is, a reduced sense of knowing where they are in space. This can lead to anxiety, hypervigilance, sleep disruption, worrying about movement causing more pain and poor spatial awareness (clumsiness) which can lead to frequent falls. No wonder Nancy was not only in pain, but also anxious all the time.

After releasing the Fascia Points and TrPs in the Obliques, as well as other muscles in the anteriolateral torso, the ribs were gently encouraged to return to a neutral position. During treatment, Nancy's breathing started to return to normal as she was able to use the abdominal muscles and diaphragm with more normal, pain-free movement.

After treatment, the severe pain in the lower left abdomen was gone. Nancy was more relaxed and breathing normally. It was my pleasure to bring her such relief after three long years of suffering.

Internal oblique / External oblique / External oblique (cut) / Lateral Abdominals