Hypermobility & POTS: Anecdotal Suggestions

A personal daily framework — Heather King, PA-C

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DISCLOSURE: This is anecdotal — what works for me personally. I have Hypermobility Spectrum Disorder/hEDS and POTS. I built this through clinical research and personal trial. Not medical advice. No brand affiliations. Discuss changes with your own provider.

EXERCISE — HiLIT & STRENGTH TRAINING

To protect loose connective tissues, eliminate all high-impact jumping, running, or joint-snapping lockouts. Use **High-Intensity Low-Impact Training (HiLIT)** — at least one foot on the ground at all times, driving heart rate via resistance and incline, not impact.

Strength training is foundational for hEDS. Hypermobile joints cannot rely on ligament stability — muscle co-contraction from all directions becomes your primary joint protection. Aim for 2–4 resistance sessions per week, progressing load gradually.

Recommended activities:

- Biking, rowing, incline walking, power walking
- Free weights, resistance bands, strength/mobility training
- Bosu ball for proprioception and stabilizer activation
- Pilates for core stability — not flexibility

Critical form cues:

→ **The 2-Degree Rule:** Never fully lock out knees or elbows — maintain a constant micro-bend so muscles do 100% of the work.

→ **Active Mobility Over Stretching:** Your joints are already loose — do NOT stretch further. Stop 15% short of max and squeeze surrounding muscles to stabilize.

NUTRITION & DAILY SUPPLEMENTS

4–5 small, protein-first meals spaced throughout the day. Large meals redirect blood volume to the stomach, spiking heart rate and triggering POTS symptoms and nausea. Prioritize protein in every serving to slow gastric emptying and prevent blood pooling. Eat sitting or slightly reclined — never immediately after prolonged standing.

Collagen + Vitamin C together:

Collagen peptides cannot cross-link into joint tissue without Vitamin C. Take 500–1000 mg of buffered Vitamin C (calcium ascorbate or Ester-C) at the same time. Buffered form is stomach-gentle.

Hydration + electrolytes:

Water alone is not enough with POTS. Use bulk electrolyte powder (sodium-forward) throughout the day, scaled to your symptom level.

Creatine:

Take daily for muscle energy and recovery support. Mix into water or a protein shake.

LIFESTYLE & COMPRESSION

Working long healthcare shifts requires aggressive mechanical defense against gravity:

Daily compression strategy:

- Compression socks (20–30 mmHg) daily — prescription strength not necessary for most
- On high POTS days: add abdominal compression (shapewear) — compresses the abdomen and pelvis, forcing blood back to the heart far more effectively than knee-high socks alone

Hydration strategy:

- Insulated gallon jug with bulk electrolytes mixed in at shift start — clear visual baseline for sodium and fluid goals
- Buffered salt tablets (potassium-buffered) in your bag at all times for acute flares, hot weather, or illness — no stomach burning

Travel & flying:

- Compression socks on travel days — consider adding an abdominal binder for longer trips or flights
- Pre-flight buffered salt loading — start 1–2 hours before boarding
- Keep buffered salt tablets in carry-on at all times
- Stay seated when possible; walk the aisle to prevent pooling on long flights

DAILY CLINICAL CHECKLIST

- ✓ Compression socks (20–30 mmHg) or abdominal shapewear
- ✓ Gallon jug with electrolytes — titrated to daily symptoms
- ✓ 4–5 small, protein-first meals — no large meals
- ✓ Supplements: collagen + buffered Vitamin C + creatine
- ✓ HiLIT + strength training — no jumping, running, or full joint lockout. Micro-bend always.
- ✓ Travel days: compression socks + consider abdominal binder + buffered salt tablets