Evaluation of The Effects of The Jing Method™ on the Wellbeing of Women with Hypermobility and Ehlers-Danlos Syndrome

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A dissertation submitted in partial fulfilment of the requirements of Jing Institute of Massage and Complementary Therapy for the Professional Diploma in Advanced Clinical Massage and Sports Massage

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"I certify that this work has not been accepted in substance for any degree, and is not concurrently being submitted for any degree other than that of the Diploma in Advanced Clinical Massage and Sports Massage being studied at Jing Institute of Massage and Complementary Therapy. I also declare that this work is the result of my own investigations

except where otherwise identified by references and that I have not plagiarised the work of others".

Louisa Andrews: 

Date: 15/03/2026

Acknowledgements

This study would not be here without my amazing study partners, you have lifted me when I needed it, provided the light. My great partner who has put up with me the not being there all the time, taking time out and supporting me. I would not have been able to do this without you. The individuals I have met through Networking who have provided mental support and allowed me to grow myself throughout this and everyone has helped me know that I am enough.

Jing for helping me believe in myself the tutors, back-office team and an amazing group of therapists who have inspired me and helped me become the best I can. For supporting me through the times that I have needed to be taped up, techniques adjusted and kept me safe.

Louisa Andrews: 

Date: 15/03/2026

You wake up not knowing how you are going to cope

If you are still in one piece

If your energy is there for your day

If your body will last the day

When you sit if you can get up.

When you exercise if you will be safe

If what you eat will sit well

Plan your day and prepare to change

Expect the unexpected

Explain and fight every day

ABSTRACT

Purpose

This study evaluates the effects of the Jing Method™ on the wellbeing of women with Hypermobility (HSD) and Ehlers-Danlos Syndrome (EDS): These are systemic conditions that affect between 3 and 30% of the population (Demmler et al., 2019; Larsson et al., 1993); due to HSD and EDS being so complex they are often misdiagnosed (Daylor et al., 2025). This can impact the mental and physical health of the client (van Die-de Vries et al., 2025).

Method

9 women diagnosed with HSD and EDS or have a score over 6 on the Beighton Scale were recruited through social media, posters and networking. All participants completed the Pain Outcomes Questionnaire Short Form (POQ) (Clark and Gironda, n.d) every week for 6 weeks as part of a control period to set a baseline. They then attended a weekly in person 60-minute session, where they received a 45-minute massage based on the Jing Method™ Chronic Pain and Stress Protocol, and were given self-care exercises to complete independently 3 times a week. A final survey was completed at week 16 to review any lasting effects of the treatments.

Results

All participants showed a reduction in pain overall of 22%, a reduction in negative effect covers self-esteem, depression, anxiety, concentration and feeling tense of 25%, a reduction of pain related fear and avoidance of 21%, and a total reduction of 24% across all measures.

Conclusion

The results show that the multi-modal system as demonstrated by The Jing Method™ could help support individuals with HSD/EDS. It shows that massage, alongside exercise and a biopsychosocial approach can help individuals control pain, fear around injuries and help them with the awareness of their body. This paves the way for further research into alternative care options for individuals with HSD/EDS.

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ABBREVIATIONS

HSD - Hypermobility Spectrum Disorder

EDS - Ehlers-Danlos Syndrome

hEDS - Hypermobility Ehlers-Danos Syndrome

POQ - Pain Outcomes Questionnaire Short Form

POTS - Postural Orthostatic Tachycardia Syndrome

ASD - Autism Spectrum Disorder

ADHD - Attention Deficit Hyperactivity Disorder

CSF - Cerebrospinal fluid

PTSD - Post-traumatic Stress Disorder

GORD - Gastroesophageal reflux disease

MCAS - Mast Cell Activation Syndrome

CAM - Complementary Alternative Medicine

CBD - Cannabidiol

BPS - Biopsychosocial model

HFMAST - Heat Fascia Muscle Acupuncture Stretches Teaching

ADL - Activities of Daily Living

Literature Review

This literature review is examining the impact of Hypermobility Spectrum Disorder (HSD) and Ehlers-Danos Syndromes (EDS) on women.

About Hypermobility

Hypermobility Spectrum Disorder (HSD) and Ehlers-Danlos Syndromes (EDS) are connective tissue disorders that are recognised as systemic conditions. They can affect multiple organ systems, including the endocrine, neurological, pulmonary, digestive, and vascular systems, as well as contribute to allergies, musculoskeletal pain, and chronic fatigue (Tinkle, 2020).

EDS as a condition has 13 subtypes that, bar hypermobility EDS (hEDS), are diagnosed by genetic testing (Malfait et al., 2017). The diagnosis for HSD and hEDS is completed using range of motion tests known as Beighton Scale (Beighton, Solomon and Soskolnet, 1973), and also includes a series of questions about further complexities (Beighton et al., 1997). The Beighton Scale does have known limitations, as it is concentrated on five joints, mostly in the upper body, and does not include some of the major joints, such as hips (Malek, Reinhold and Pearce, 2021).

A diagnosis of HSD/EDS instead identifies individuals that presents a greater range of motion, chronic pain, fatigue and related conditions. (Hakim et al., 2021). Table 1 shows an expanded list of disorders that have been linked to Joint Hypermobility and EDS.

Table 1: Signs and Symptoms of hEDS and HSD

Adapted from Russek, Simmonds and Stott, (2019), with information from: (Chopra et al., 2017; Malfait et al., 2017; Tinkle et al., 2017; Russek, Simmonds and Stott, 2019; Alsiri et al., 2020; Tinkle, 2020; Baeza-Velasco, 2021; Bennett et al., 2021; Pearce et al., 2023; Chuchin and Ornstein, 2024; Clarkson University, 2025; Daylor et al., 2025)

System Affected	Health Issues
Musculoskeletal	• Instability, frequent sprains, subluxations, dislocations • Chronic joint pain, osteoarthritis, temporomandibular joint dysfunction, foot dysfunction • Gait impairment • Scoliosis • Possible decreased bone density, although evidence for this is mixed, according to Tinkle et al (2017) • Tendinitis, bursitis, synovitis, tenosynovitis, fasciitis, tendon ruptures • Trigger points, muscle spasm, muscle strain, deconditioning • Some periodontal issues (although not to be confused with periodontal EDS, which is early onset and involves widespread tooth loss), dental crowding or high/narrow palate
Autonomic	• Dysautonomia: Orthostatic Hypotension and/or Postural Orthostatic Tachycardia Syndrome (POTS) presenting with: tachycardia, dizziness, vertigo, presyncope/syncope, anxiety, chronic fatigue, sleep disorder, exercise intolerance, dependent edema, purpling skin, temperature dysregulation/heat

	intolerance, brain fog, trouble concentrating, trouble swallowing • Raynaud Syndrome
Cardiovascular	• Varicose veins • Mitral valve prolapse or aortic dilatation (not common) • Pelvic congestion syndrome • Median acuate ligament syndrome • Superior mesenteric artery syndrome • Dysautonomia, POTS
Neurological	• Motor delay (in children), developmental co-ordination disorder • Proprioceptive, interoceptive and motor control deficits leading to clumsiness, poor balance, frequent falls, trips or bumping into things • Fibromyalgia/central sensitisation, hyperalgesia • Headaches, migraines, dizziness • Cervico-medullary syndrome/myelopathy • Chiari malformation, Tarlov cysts, cerebrospinal fluid (CSF) leaks, idiopathic intracranial hypertension • Paraesthesia's and nerve compression disorders, tethered cord • Restless leg syndrome • Pseudo-seizures, syncope • Central sensitisation

	• Resistance to anaesthesia (including shortened effect, insufficient pain control)
Neurodevelopmental, Cognitive and Mental Health	• Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) • Interoceptive disorders • Anxiety and panic disorder • Fear of movement, kineisiophobia, pain catastrophising • Memory, concentration or processing problems, brain fog • Depression • Medical Post-traumatic Stress Disorder PTSD • Tourette's
Gastrointestinal	• Gastroesophageal reflux disease **(**GORD), Irritable bowel syndrome, constipation or diarrhoea, nausea/vomiting, bloating, abdominal pain, gastroparesis, food sensitivities • Gastroesophageal reflux, chronic gastritis, heartburn • Prolapsed rectum, diverticulitis, colitis • Hernias (all types)
Urogenital and gynaecological	• Urinary incontinence • Prolapsed bladder or uterus • Pelvic floor disorders • Urinary tract infections • Interstitial cystitis • Dysmenorrhea, endometriosis, adenomyosis, vulvodynia, pelvic pain, painful intercourse

	• Pregnancy complications – higher incidence of: pre-eclampsia, eclampsia, pre-term births, pre-term rupture of membranes, ante/post-partum haemorrhage, hyperemesis gravidarum, shoulder dystocia, caesarean wound infection, postpartum psychosis, PTSD, precipitate labour
Immune	• Mast Cell Activation Syndrome (MCAS): hives, flushing, chemical and environmental sensitivities, medication and food sensitivities, fatigue, trouble concentrating, migratory pain, excessive inflammatory response, anxiety
Dermatological and Haematological	• Hyperextensible and fragile skin • Slow healing or scarring, poor wound healing, excessive bleeding • Easy bruising • Piezo genic papules • MCAS skin issues • Excessive menstrual bleeding, Gastrointestinal bleeding, haematomas, hemarthrosis
Respiratory	• Costochondritis • Slipping ribs • Dysfunctional breathing, asthma, vocal cord dysfunction • Pectus excavatum
Visual	• Ocular disorders, including astigmatism, myopia, hyperopia • Light sensitivity, visual disturbances, dry eyes, double vision
Non-System	• Insomnia, sleep disturbance, debilitating chronic fatigue

Even though the occurrence of HSD in the UK population is between 3 and 30% (Larsson et al., 1993; Demmler et al., 2019), Joint Hypermobility and EDS are still misunderstood: data show some individuals with greater mobility in the joints are completely asymptomatic, while others have chronic pain and other systems are also affected (Hakim, Tinkle and Francomano, 2021).

The approaches to hypermobility in conventional medicine and difficulties in receiving a diagnosis.

Unfortunately, this lack of clarity impacts diagnosis, with some individuals taking 20 years or more to find the correct treatment (Carroll, 2023). This can impact their trust in the medical community, and the management of their conditions, leading to them feeling dismissed and affecting their mental health (Şlicaru and Cerchez, 2023). As anxiety and depression can be 40% greater in those with HSD/hEDS (Bulbena et al., 2017), this does need to be addressed. These feelings can be acerbated due to the lack of knowledge by practitioners, that can lead to sufferers feeling like no one is listening and individuals feel dismissed which can impact anxiety (Bennett et al., 2021).

There is strong evidence of individuals being passed between general practitioners, physiotherapists and musculoskeletal clinicians for an extended period of time (Anderson and Lane, 2022). Palmer et al., (2016) discussed the lack of training in the rheumatology and physiotherapy community on the topic of hypermobility and EDS, and the impact that this has on the patients. It was found that 50% to 68% of physical therapists had received no training on hypermobility and only 10% had received training as an undergraduate. Physical therapy as examined in Engelbert et al., (2017) can be effective when done with someone who understands the condition, and the intervention is done seeing the individual holistically.

A study completed by Baeza-Velasco, (2021) showed that Attention deficient hyperfocus disorder (ADHD) was 3 times more likely in individuals suffering with HSD/hEDS/EDS. This can also then impact stress and anxiety, it was shown that massage can help those who care for those who suffer with neurodiversity by reducing the stress by 60%, depression 59% and anxiety by 76% (Brown, 2025).

Combined with the above is the impact that the menstrual cycle can have on the wellbeing of women and their physical health (Hugon-Rodin et al., 2016). This research showed higher instances of dysmenorrhoea (72.8%) and dyspareunia (61%) in the hypermobility and EDS community. The study also showed that 33% of the subjects developed an increase in symptoms of pain and fatigue in the perimenstrual period. Hutson and Hutson, (2025) discussed the complications of transition for neurodivergent women in perimenopause. The study found that changes in hormones can impact pain signals, and this can impact those with neurodiversity.

A multi-modal effect as shown in Song et al., (2020) was a larger study completed in a clinical setting that showed that it is likely to be the most effective to help manage the symptoms as every individual reacts differently and needs different approaches to their care. This is evidenced in Engelbert et al., (2017) who, in their meta-analysis, showed that perception and pain can be reduced when the correct physical therapy is used. These studies were limited, and further research is needed. If the results are confirmed, they could inform treatment, as an intervention (etc) It could show that intervention when done correctly can be impactful.

The use of complementary approaches in helping manage the condition and using the Biopsychosocial model (BPSM).

As hEDS and HSD are chronic conditions, it was found that Complementary Alternative Medicine (CAM) is turned to frequently; people felt that they were listened to more and that the practitioner was more attentive (Berglund, Mattiasson and Randers, 2010). People felt they were forced to turn to CAM as they needed relief from their symptoms (Daylor et al., 2025). Massage, myofascial release, mindfulness, and Cannabidiol (CBD) were identified as the most useful modalities to do so (Doyle and Halverson, 2022). Song et al., (2020) as part of a review of 98 patient charts looking at current treatment options in a clinical setting, reported that 60% of participants found massage helpful, along with heat, bracing, physical therapy, and meditation.

When working with HSD/EDS you need to consider the wellbeing of the individual as a whole: this includes their experience of stress, anxiety, depression; their previous experience of healthcare and how they feel about their pain; previous diagnosis and their ability. This holistic view of the disease puts the BPSM in the list of candidates as a possible tool to help with complex conditions and chronic pain as taught within The Jing Method™ (Fairweather and Mari, 2015).

A multidisciplinary approach to care includes using exercise and manual therapy with a base on individual-centred assessments, including consultation, thorough case history, patient outcome measures and real time feedback as described in Kerry et al., (2024). This promotes a Biopsychosocial model of care considering the wide-ranging complications of HSD and EDS. BPSM takes into account the complex requirements of the diagnosis of HSD and EDS and allows a practitioner to work in a multidisciplinary way to find the best outcomes for the individual (Clark et al., 2023) as shown in the below fig 1.

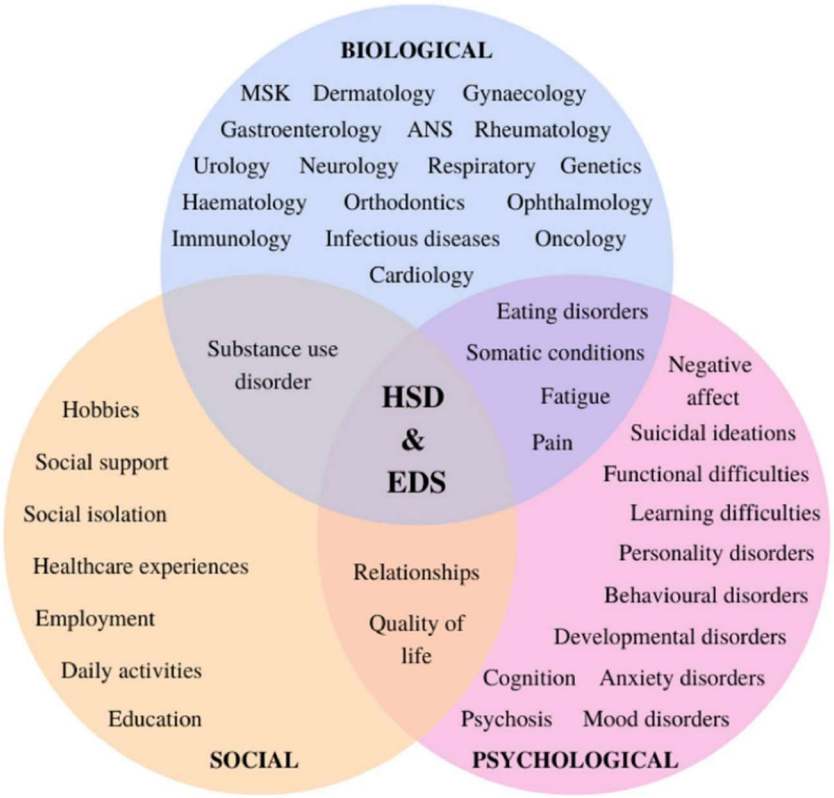

Fig 1 Venn Diagram of biopsychosocial impact of HSD/EDS (Clark et al., 2023)

The Jing Method™, and how this could impact the wellbeing of women with Joint Hypermobility

The Jing Method™ starts with an individual-centred consultation with the BPSM at its core, a clinical assessment including health history, observation, palpation, range of motion (ROM), and special tests, keeping the individual and listening at the heart of everything. This helps create a therapeutic alliance with the patient which can positively impact the outcome for the individual as found in Gillingham (2017); Snook (2024) and Stewart-Richardson et al., (2024).

The Jing Method™ framework (HFMAST) involves Heat, Fascia, Muscle, Acupuncture, Stretches and Teaching; see table 2 for further expansion.

Table 2 HFMAST

Heat	As confirmed by Song et al., (2020) can be soothing and calming to tight muscles. Heat can help with the autonomic nervous system by reducing stress and cortisol levels (Lee, Park and Kim, 2011).
Myofascial	Fascia in Hypermobile individuals has been proven to have a different thickness and stiffness (Wang and Stecco, 2021), this suggests that myofascial work could have a benefit to those with HSD/hEDS.
Muscles/Trigger points	Desroches, (2024) and McParlin et al., (2022) discussed the approach of using massage to help with chronic pain and Russek, Simmonds and Stott, (2019) has shown that trigger points can help with the release of tension in muscles.
Acupressure Points	Work on acupressure points has been shown to be effective in reducing pain, depression, and anxiety (Ghanbari et al., 2022a; 2022b; Lin et al., 2022a; 2022b)
Stretches	Stretching can help avoid spasms as confirmed in Song et al., (2020) and help

	with proprioception and instability (Yin et al., 2025)
Teaching	Russek, Simmonds and Stott, (2019) and Buryk-Iggers et al., (2022) both talk about the importance of education and communication in the rehabilitation of individuals with HSD/hEDS.

Myofascial work for HSD/EDS could be beneficial as the disorder is a multisystem connective tissue disorder and it has been suggested that it could be described as a fascial disorder (Wang et al., 2025). Wang and Stecco, (2021) showed that the fascial thickness in the hEDS community was thicker and also had different gliding properties (Wang et al., 2023). A small study by Cleverley, (2025), suggests that The Jing Method™ could help with myofascial adhesions, although more research is needed.

Even though HSD/hEDS is characterised by a greater range of motion and laxity in the joints (Clinch et al., 2012), stretching can still be beneficial as it can help the individual with wellbeing (Montero-Marín et al., 2013) and proprioception (George et al., 2025). As lack of joint proprioception is prevalent in HSD/hEDS, improving proprioception could then impact the feedback from the joints, consequently decreasing pain but increasing the strength and stability in the joints.

HSD/hEDS is a complex and misunderstood condition (Bovet, Carlson and Taylor, 2016), therefore teaching about it is such an important part of the rehabilitation and wellbeing of individuals who suffer with the condition. When treatment and diagnosis is delayed, this can lead to pain (Kalisch et al., 2020) and fear as discussed in Vlaeyen and Linton (2012);

Chuchin and Ornstein (2024) and Die-de Vries et al. (2025). Individuals who have a better understanding of their condition can implement better practices and improve their outcomes (Russek at al. 2019).

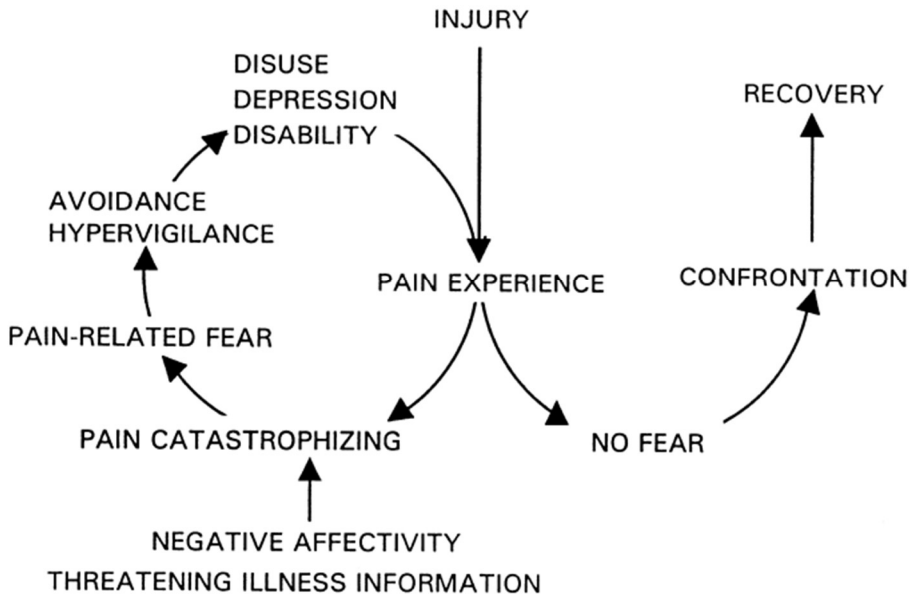

Fig 2 Fear avoidance model (Vlaeyen and Linton, 1999).

Through education and a positive therapeutic alliance as discussed in Gillingham, (2017) there can be an intervention that affects the fear cycle (see fig 2) and motivates the client to start exercising, which can then lead to reduced pain, better proprioception (Buryk-Iggers et al. 2022), and an improvement in depression and anxiety symptoms (Bennett et al., 2021; Birch, 2024).

Summary

Due to the complexities of Joint Hypermobility, a multi-modal approach is required. As The Jing Method™ is a multi-modal approach to massage similar to the approach taken by Pennetti (2018), and combines complementary therapy as discussed under Doyle and

Halverson (2022 and Guedry et al. (2023) and physical therapy (Russek, Simmonds and Stott, 2019), we believe it could be considered as a possible candidate for the support of women experiencing unwanted symptoms of HSD and EDS. Furthermore, as even though physical therapy has had studies done supporting its benefits on hypermobility and related conditions, the studies that concern themselves with the positive effects of massage on the wellbeing of women is limited. This research stems from the results of the study completed by (Drew, 2024), who showed that pain was reduced by 37%.

Method

Ethical approval was received from the Jing Institute of Massage & Complementary Medicine to investigate the benefits of Jing Method™ Clinical Massage on the wellbeing of women with Joint Hypermobility and Ehlers-Danos Syndrome (see Appendix A).

Research was conducted using Google Scholar, Mendeley, Open University Research and PubMed, and small-scale studies published by students at the Jing Institute.

The study is to investigate the benefits of Jing Method™ Clinical Massage on the wellbeing of women with Joint Hypermobility and Ehlers-Danos Syndrome.

A group of 15 women were recruited via Networking, social media and leaflets placed in local cafes, libraries and leisure centres (see Appendix H), 2 of these women did not meet the inclusion criteria of a Beighton Score of 6 (see Appendix D) or a diagnosis or EDS/HSD/hEDS, 3 participants dropped out due to changes in circumstances before the study started and another 1 during the control phase.

See table 3 for Exclusion Criteria.

Participants were asked to avoid starting new medications or significantly changing medications in the six weeks before the start of the study.

Table 3 Exclusion and Inclusion Criteria

Exclusion Criteria	Inclusion Criteria
Men Women who score less than 6 on the Beighton scale Don't have pain issues Have received a surgery in the last 8 months Intended to start a new treatment/intervention during the study period Any underlying medical issue other than those associated with hypermobility such as cancer Pregnancy was excluded	Women who score 6 or above on the Beighton Scale without a diagnosis of HSD/hEDS/EDS Or Women who have a formal diagnosis of HSD/hEDS/EDS

All interested parties were sent an application form before the study (see Appendix D) to confirm additional information and then invited to meet for a consultation to explain the study and receive the participant letter (Appendix B) and consent form (see Appendix C) and ensure that they meet the criteria and gave consent to proceed. All data collected was anonymised and all participants were able to withdraw at any time.

The study was a within subject design, and involved 6 weeks of a control phase in which the participants completed weekly Pain Outcomes Questionnaire Short Form (POQ-SF) (see Appendix E) developed by the Veterans Affairs Hospital (Tampa, Florida), and used

successfully in previous small studies (Black, 2017; Gillingham, 2017; Rudd, 2021). This was selected due to the length of the questionnaire, while still including questions on pain, mobility, fear, anxiety and depression. The clients then completed 6 weeks in which they receive a 60-minute in person session. A 45-minute massage treatment each week (shortened version of the Jing Method^{TM} stress and chronic pain protocol) by Jing Advanced Clinical Massage (Fairweather and Mari, 2015) (see Appendix F). The protocol consisted of breathing, grounding amma, heat, fascial release, treatment of muscles, acupressure and mobilisations, and 15 minutes to discuss any impact and show the participants the self-care. The questionnaire was completed on day 6 after the treatment in this phase.

The participants all received a recording of the breathwork and were shown the exercises as detailed in appendix G.

The self-care involved introducing breath work in week 7 & 8 and the LI4 acupressure point to help with stress and anxiety. Weeks 9 & 10 expand breath work to resonance breathing and introduce Pelvic tilts and continue with acupressure point. Week 11 & 12 Resonance breathing was continued, and the exercise was expanded from Pelvic tilts to Pelvic clock and continue with the acupressure point. All exercises were to be done 3 times a week.

All the participants agreed that if their health, medication, or therapy changed in the 12-week study they would make the researcher aware, and a final questionnaire was sent in week 16 along with a feedback form (Appendix J) to evaluate any lasting effects of the intervention treatments and any improvements to the study.

This study was conducted alongside studies by Ells, (2026) and Janneman (2026), using the same massage treatment, self-care, questionnaire and feedback form. We have a small difference in participant inclusion criteria as detailed in the table below.

Table 4: **Combined Participants for** (Andrews, 2026; Ells, 2026; Janneman, 2026) **and the basis upon which they were included in each study**

Inclusion Criteria:	**hEDS**	**Classical EDS**	**HSD**	**Beighton score ³ 5 (where no HSD/EDS diagnosis)**	**Beighton score ³ 6 (where no HSD/EDS diagnosis)**	**Total**
Ells	3	-	3	3	-	9
Andrews	6	-	-	-	3	9
Janneman	5	1	4			10
TOTAL	**14**	**1**	**7**	**3**	**3**	**28**

Results

Data was collected over the 12 weeks and then a follow up at week 16. Results have been analysed individually for the 9 participants as well as the combined 28 participants, and both will be detailed below.

The scoring system for the POQ was used to get results in 6 main categories.

Table 5: Scoring system for POQ

Category	Scoring Sum	Total Score
Pain	Question 2	10
Mobility	Questions 3+4+5+6	40
Activities of Daily Living	Questions 7+8+9+10	40
Vitality	30 - (Question 12+13+14)	30
Negative Effect	Questions 11+15+16+19+20	50
Fear	(10-Questions18) +17	20
Total Score	All Questions from 2 to 20	190

The minimum score for each question was 0 and maximum score was 10. All results are the mean from all 9 participants that completed the study.

All categories showed a reduction in the categories bar Vitality at 12 weeks as shown in the below table.

Table 6: Percentage differences from week 1 to week 12 and week 1 to week 16.

Category	**This Study (% reduction from week 1)**		**Combined Studies (% reduction from week 1)**	
	Week 12	**Week 16**	**Week 12**	**Week 16**
Pain intensity	40.7	22.2	32.7	17.2
Pain related impairment of mobility	42.4	30.2	32.9	27.5
Pain related impairment in completing activities of daily living	59.1	52.7	34.8	31.6
Vitality – impairment in activity and energy levels	-5.5	2	10.5	12.7
Negative effect – dysphoric affect and associated symptoms	23.7	25.2	22.1	20.3
Pain-related fear and avoidance	13.4	21	19.3	15.1

Total Effect	25.7	24.2	23.0	20.0

Selected results showing the changes in Pain, Vitality, Negative Effect for example Anxiety and Depression, and Fear in further injury. All other results will be shown in Appendix I.

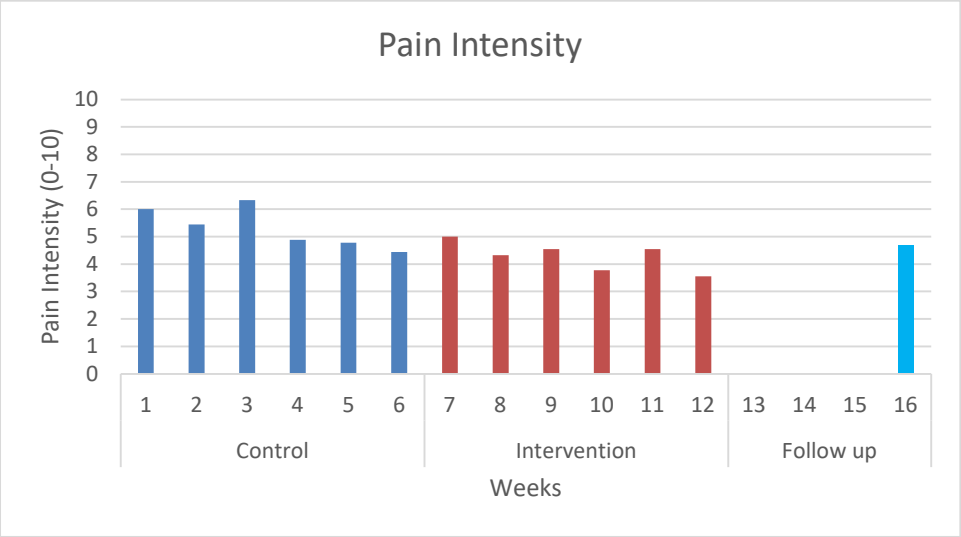

Fig 3 Mean Results from this study for the Pain Category

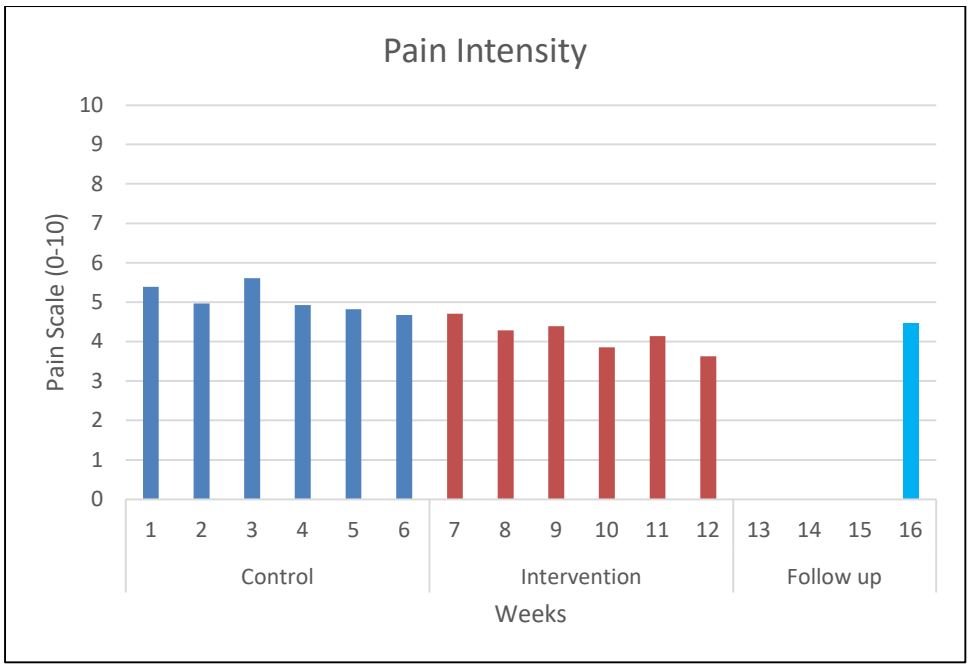

Fig 4 Mean Combined Results for the Pain Category

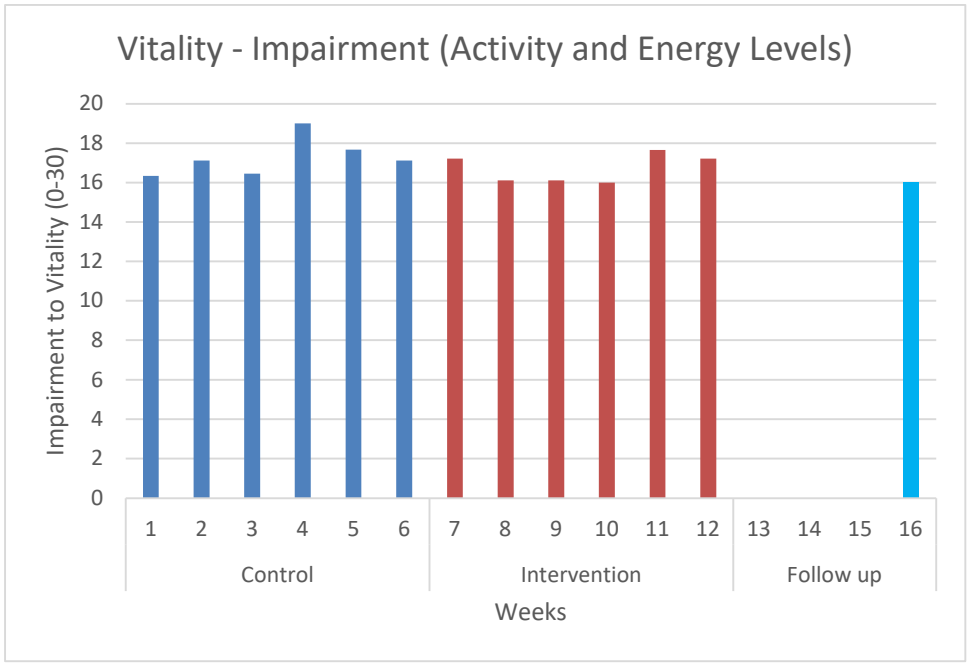

Fig 5 Mean Results from this study for the Vitality Category

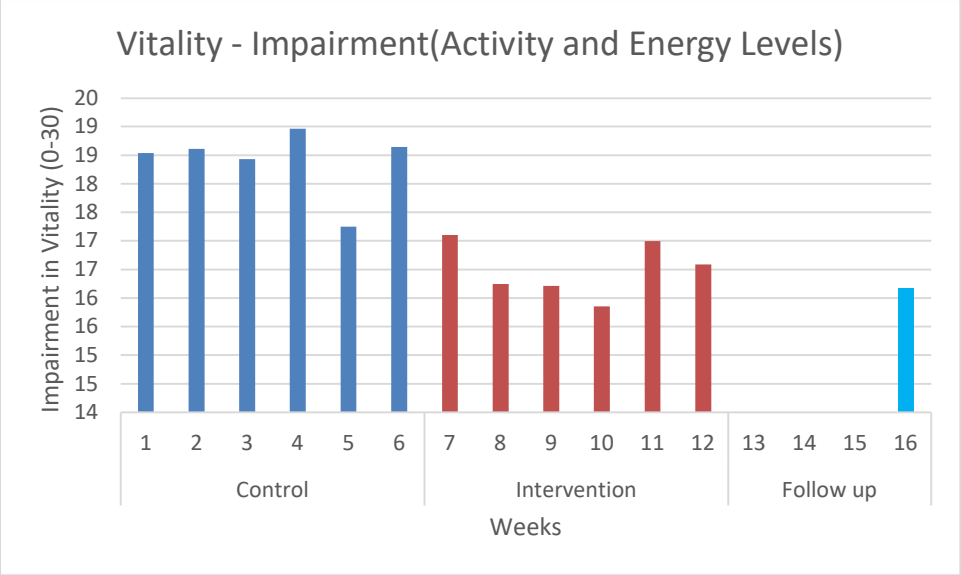

Fig 6 Mean Results from Combined Results for the Vitality Category

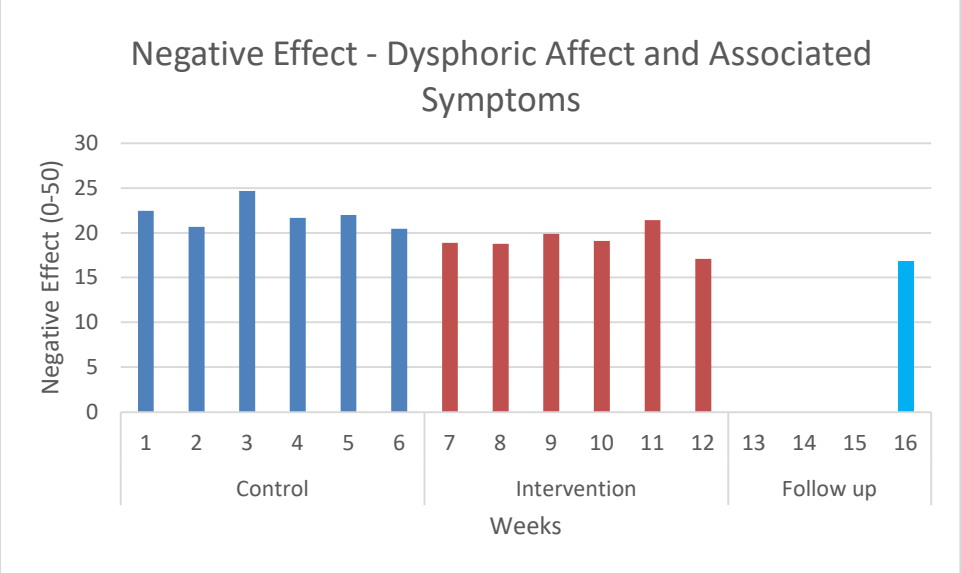

Fig 7 Mean Results from this study for the Negative Effect Category

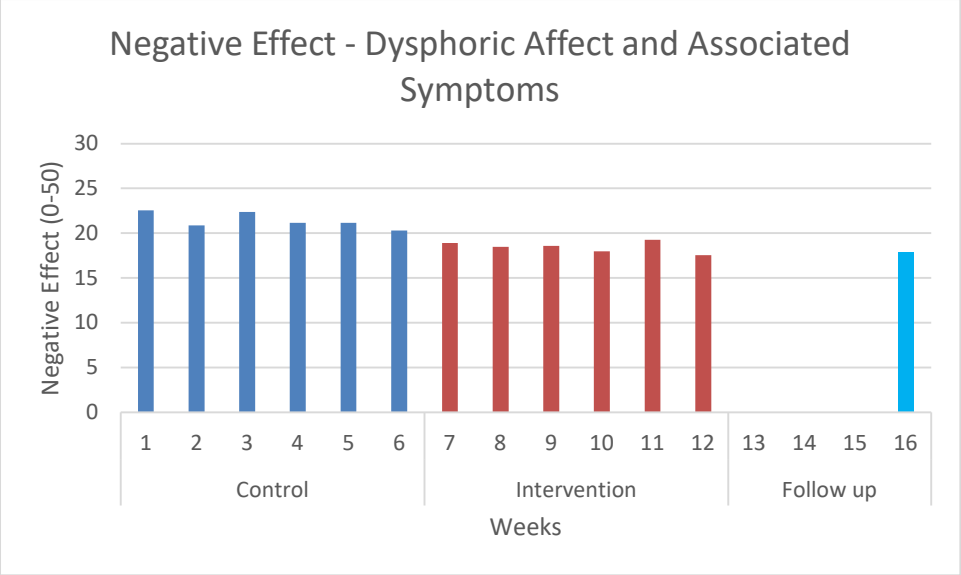

Fig 8 Mean Results from the Combined Results for the Negative Effect Category

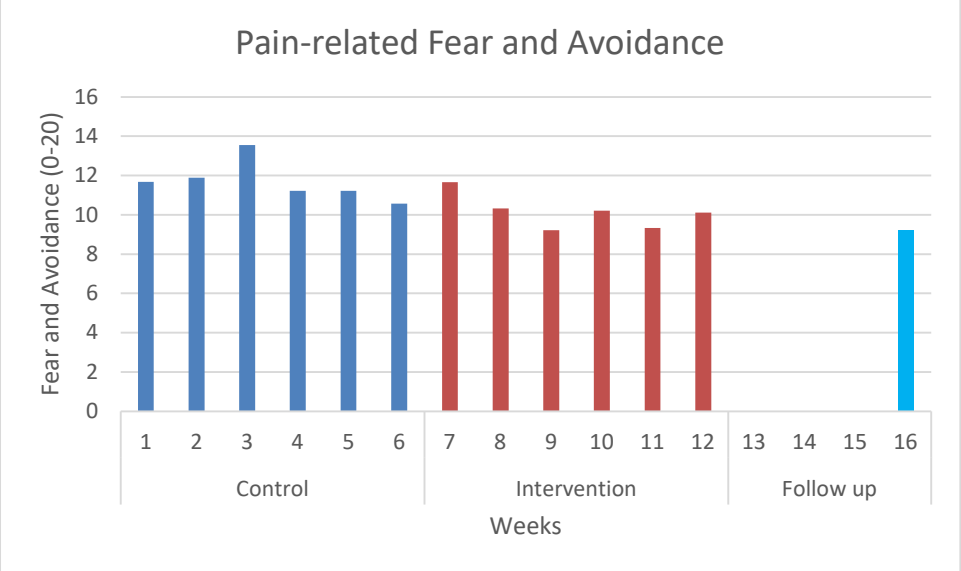

Fig 9 Mean Results from this study for the Fear Category

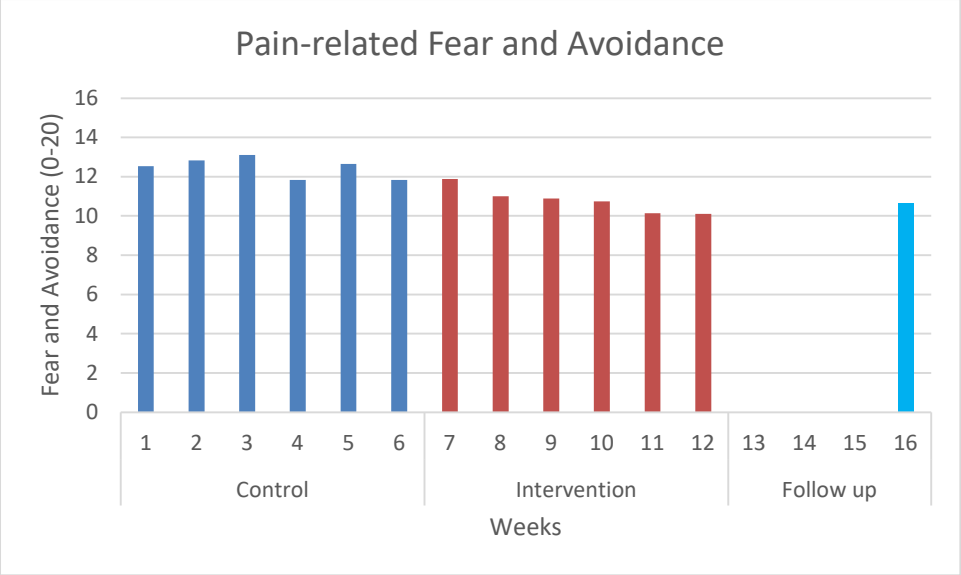

Fig 10 Mean Results from the Combined Results for the Fear Category

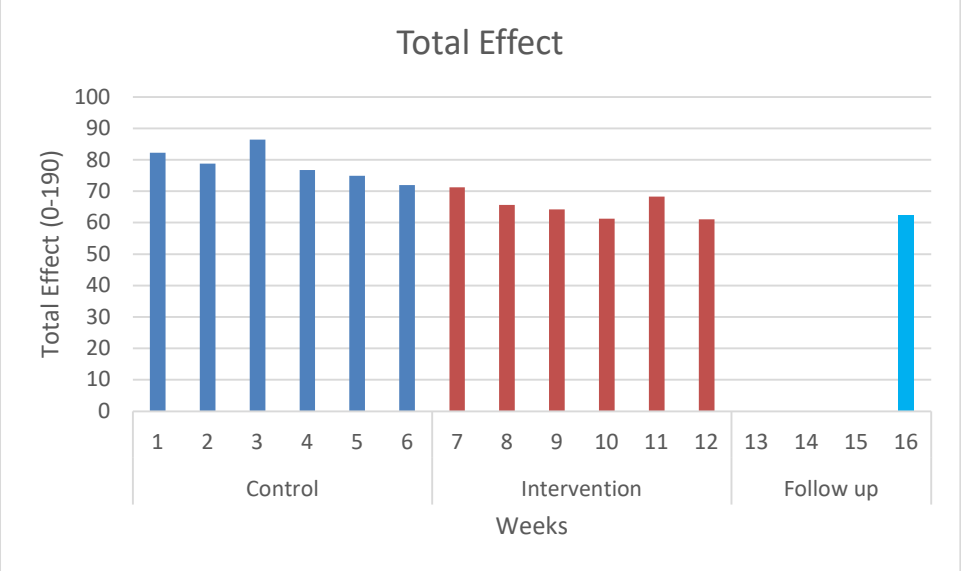

Fig 11 Mean Total Effect Results from this study

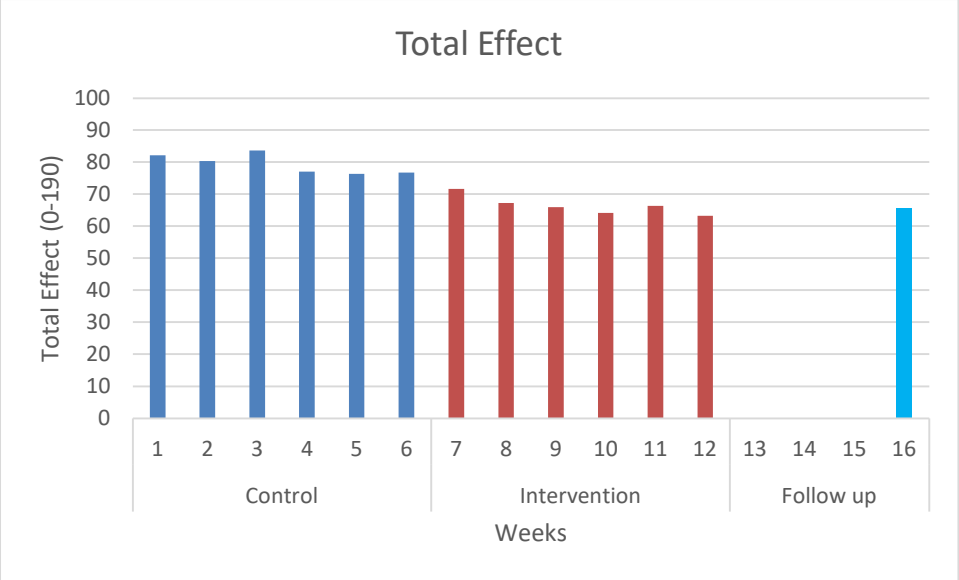

Fig 12 Mean Total Effect Results from the combined study

Discussion

The results of the individual and the combined studies show that the Jing Method™ improved the wellbeing of some of the participants with HSD/hEDS and EDS. Further research with a larger pool of candidates will be necessary to confirm a possible correlation.

Our study used a multi-modal system with the BPSM at its core to inform the treatments involving heat, myofascial techniques, massage techniques, acupressure, stretches and self-care.

While the individual authors' start times did vary across the 3 studies, the research was completed over the summer holidays, so participants were juggling work, childcare, and looking after relatives as well as their own self-care.

Pain

This study showed a reduction in pain of 22% in the given set of women, and the combined results of the studies of ((Andrews, 2026; Ells, 2026; Janneman, 2026) showed a reduction of 17%. A previous study completed by Drew, (2024) showed a greater improvement in pain of 37%. As different instruments have been used, results cannot be compared. The differences can be explained by the diverse inclusion criteria between the studies, and the complexities with HSD/hEDS and EDS clients.

A different instrument was chosen due to the length of the Bristol Impact of Hypermobility questionnaire (BIOH) which was used by Drew (2024). The POQ does still cover pain, mobility, anxiety, depression and fear, but doesn't cover specific joints or injuries.

A couple of the participants had flare up of symptoms which caused the pain levels to increase in week 9 and 11. This impacted the overall results; the participants did report that the increase in symptoms didn't last as long as before the interventions.

Vitality

The studies didn't see major changes in the difference for Vitality: this includes energy, strength and physical activity between the control and the intervention stage.

The participants did report an increase in physical activity, strength and endurance over the intervention stage which can cause a reduction in energy (Hakim, Tinkle and Francomano, 2021).

Negative Effect

Negative effect covers self-esteem, depression, anxiety, concentration and feeling tense. The study did see a drop in Negative effect of 25% and combined studies 20%. As the Jing Method™ has BPS at its core, this means that the client is listened to, and this can help reduce anxiety and depression are evidenced in Smith et al., (2014 and Bulbena et al., (2017). Alongside the BPS, massage has been shown to help with anxiety and depression as detailed in McParlin et al., (2022 and Desroches (2024). The reduction in negative effect will have had a big impact on the wellbeing of the participants and this can help overall with the participants ability to cope with pain and manage their symptoms.

Fear and avoidance

Throughout the study there was a 21% and the combined results 15% reduction in fear. This was taken from questions regarding fear of reinjury and safety when exercising. This is supported by studies completed (Vlaeyen and Linton, 2012). As Jing Method™ uses the BPSM this can impact fear, pain and also negative effect this is evidenced by Clark et al., (2023). The building of a therapeutic alliance as discussed by Gillingham, (2017) shows that the greater the alliance the better the result in reduction of fear, also negative effect and pain.

Total Effect

The total reduction across all categories was 24% for this study and 20% for the combined study, this helps to show the impact of a multi-modal system in helping to manage the symptoms and overall wellbeing of women with HSD/hEDS/EDS. The wellbeing of women improving overall is supported by Birch (2024) and Song et al., (2020) where massage helped over 60% of patients. The Jing Method^{TM} not only uses massage but includes myofascial work alongside self-care, teaching, acupressure and stretching. This combination allows the treatment to be individualised and the client to receive the best treatment.

All participants verbally confirmed that they felt stronger as the study progressed and also that any flare-ups were shorter. They were more aware and this impacted the results especially in the negative effect and fear categories. The participants all said that they benefited from having someone listen to their concerns, understand and believe them; the participants confirmed that it made them feel empowered and this, compared to their experience in healthcare, was striking; this is shown in other studies (Engelbert et al., 2017; Palmer et al., 2016)

Limitations

As this and the combined study are small in size this does limit the impact of the results. Even though this is a small study it is breaking ground in the research for HSD and EDS, as these are the first studies that are involve massage and in person treatments.

Due to the range of co-modalities associated with HSD/hEDS/EDS, identifying a group of individuals with similar symptoms is complicated. This impacted the design of the study and the self-care that was able to be prescribed was limited due to the population of participants. Moreover, the differences in the participants allowed the researchers to see how individuals

reacted to the treatments and self-care. The researcher found that for the more active participants their pain, negative effect and fear reduced quicker, and the more acute participants had a less linear journey through the study.

Participants did have flare ups of symptoms during the intervention stage of the study, this is to be expected due to the complexity of HSD/hEDS/EDS. The flare ups were shorter in length, and the participants found that they were better able to cope.

The questionnaire chosen was the POQ due to the complexities of the condition. The participants though didn't feel as if the questionnaire reflected some of improvements that they experienced. A free text box would have assisted with this, and they found that they were doing a disservice to the study by not explaining the benefits of the treatments. Also, all participants were self-reporting their scores, that can create a bias. This is difficult to remove as the reporting is always subjective.

As participants did all give anecdotal data about their ability to cope better, and also regarding their own awareness and how this impacts pain, fear and negativity, if a free text box had been an option this could have allowed a greater understanding of the impact that the participants experienced.

As the researcher is also the individual completing the treatments, and has been diagnosed with HSD, there could have been a bias regarding the subject, which could impact results: there is a preconception of the effects of HSD and its possible impacts on the body. On the other hand, this does also allow the researcher to have empathy and be knowledgeable with the participants as the journey with the medical community is similar.

A longer and more diverse study would be beneficial as this would allow the researcher to account for the menstrual cycle, and its impact on the female body and HSD/hEDS/EDS.

Conclusion

The findings of this and the combined studies showed that the Jing Method™ may help with the management of some of the symptoms which hypermobile and EDS individuals suffer, such as pain, which was reduced by 22%, and fear, down to 21%.

One of the biggest recorded impacts is the BPS approach, which is core to the Jing Method™, as this allows the therapist to create an individual treatment and a therapeutic alliance with the client. It encourages the therapist to look at all aspects of the client, their social life and support, physical and mental health, to create a plan to help the client progress towards their goals and overall health. The teaching element of the Jing Method™ ensures that the participants are given the information that they require and helps with the support that they receive as discussed in the literature review as individuals are regularly dismissed and with the knowledge missing within the medical community it does mean that more clients are turning to alternative options.

As HSD and EDS is a systemic condition, the individuals have a number of complex concerns, and the previous studies completed in Jing for complex pain conditions, stress and neurodiversity become even more relevant. Having an analysis of the over 170 small scale studies conducted through Jing since 2010 could help push massage therapy and the Jing Method™ to become a mainstream option alongside physiotherapy and rehabilitation options given by the medical community.

Having future studies and additional research with The Ehlers-Danlos Society UK, SEDSconnective and MindBodyEDS, and funding to create longer and more detailed studies into how the Jing Method™ provides support and allows people to live a better life while living with a complex condition, would possibly provide additional evidence supporting complementary therapies and the Jing Method™.

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Appendix A – Ethics Form

	CHECKLIST OF INSTRUCTIONS FORSTUDENTS	✓
1	Complete Section 1 to Section 13	Yes
2	Electronically sign and date	Yes
3	Participation information form (see separate form)	Yes
4	Participation consent form (see separate form)	Yes

Jing BTEC Research Ethics Form

BTEC Level 6: Professional diploma in Advanced Clinical and Sports Massage

Section 1: to be completed by student

Student's name:	Louisa Andrews
Student number:	PF69864
BTEC Year-group:	2024
Date of application:	12 April 2025
Student e-mail address:	Louisa@louisakellyandrews.com
Title of research project:	*Evaluating the effects of the Jing Method™ Chronic Pain and Stress Massage Protocol on wellbeing of women with Joint Hypermobility*

Section 2: Does your project involve any primary research using human subjects?

Please indicate as appropriate.

	YES	NO
Does your project involve any primary research using human subjects?	X	
If yes, does it involve children under 16?		X
If yes, does it involve children under 18?		X
Other vulnerable populations (i.e. mental illness, aged subjects)?		X
Does your project involve NHS patients, NHS staff or Local Authority Service Providers?		X

Are you planning to use deception?		X
Are you collecting sensitive personal data such as sexuality, mental health data, etc.? *This is in relation to the questions asked on the Pain Outcome Questionnaire*	X	
Does your study involve paying participants or an alternative incentive to Participate		X
Could the study put you or someone else at risk of injury?		X
Does your project make use of a validated questionnaire?	X	
If yes, please specify the name of the validated questionnaire you are using and attach a copy here. Pain Outcomes Questionnaire (Short Form)		

Section 3: Research premises

Where is your research being undertaken? In my clinic in Belvedere House, Basingstoke RG21 4HD	
If your research is being undertaken outside of your own premises, do you have written confirmation from the establishment involved? If yes, please provide evidence.	Not applicable

Section 4: Recruitment

I will be recruiting in my local area and surrounding areas to build my links in the local community and because my clinic is located in my town in local communities.
Local Networking groups –I attend numerous events throughout the month in my local town and surrounding areas.
Using soft copy adverts on Facebook, Instagram and LinkedIn, Local disability forum, Basingstoke Facebook groups, Spotted Basingstoke, We love Basingstoke and Deane, Ladies Network forum, Wellness and Craft Hampshire, Basingstoke Runners, Basingstoke Business Page, Members of Village Gym Basingstoke, Hampshire Open Water Swimmers, Basingstoke Business Networking, The Ribbons Network Business Community and Yoga Basingstoke, Basingstoke council business email, Basingstoke Ambassador Community.
Hard Copies of soft copy as appropriate in offices in the local office park Biz Space, Arena, local libraries in Basingstoke and Chineham, Local gyms, Fonseca Fitness, Fitter Ladies Basingstoke, Sports Center.
Ask people from Networking to take posters to distribute to their network, friends and family.
Email to current and past client base.

Section 5 Outline your project procedure

This is effectively a draft of your method, include information on when questionnaires will be used, what your intervention will involve, any stimuli used, etc.

This study will evaluate the effects of the Jing Method™ chronic pain and stress massage protocol on wellbeing of women with Joint Hypermobility.

Recruit participants asper section 4, answer some qualifying questions regarding pain and Beighton scale to ensure participants meet the criteria.
Hold 1-2-1 consultations either in person or online to assess Beighton Scale if required and ensure participants can complete the 12 weeks and are aware of the expectations.
Ensure participant has the time to ask questions and has given consent.
Send out participant letter and confirm dates

Weeks 1-6 send out POQ weekly and send out prompts
Weeks 7-12 participants to attend in person 1 hour sessions which will include a 45 minute massage using the Jing Method™ Stress and Chronic Pain protocol pp 355-369 Massage Fusion following the

HFMAST approach it will include amma, hot stones, indirect and direct myofascial release, effleurage, acupressure, stretching and teaching. Details for each treatment will be added as an appendix. Send out POQ 6 days after treatment, and in weeks 7, 9 and 11 send out 5 minute self care instructions and video to be completed 3 times a week this will include in week 7 and week 8 breathwork, week 9 and 10 breathwork and isometric exercise, week 11 and 12 breathwork and proprioception exercise, send email prompts to ensure this is completed.
Participants will be asked in the hands on sessions the frequency they are completing the self care.
Week 16 complete final questionnaire and feedback on a form to be completed at the same time.

Section 6: Describe what your participants need to do

Participants will need to contact me to confirm they are interested in the study, and answer questions regarding the Beighton scale and pain, they will need to attend a 121 either online or in person. They will have time at this point to answer any questions.
Confirm back that they are aware of the study requirements and can complete the 12 weeks.
They will need to return the consent form before starting

They will need to provide personal information to complete the consultation such as lifestyle, health history and contact information to send them the required information. We will need to be informed of any other therapies that they attend during the study.

They will need to complete the Pain Outcomes Questionnaire (POQ) once a week for 6 weeks before they start treatment.

For week 7 to 12 they will be required to attend weekly in person massage sessions these will be 1 hour with a 45 minute massage treatment, complete the POQ 6 days after treatment. The sessions will involve the Jing Method™ Stress and Chronic Pain protocol pp 355-369 Massage Fusion, following the HFMAST approach it will include amma, hot stones, indirect and direct myofascial release, effleurage, acupressure, stretching and teaching. All participants will receive the same treatment each week. 5 minute self care instructions and video to be completed 3 times a week this will include in week 7 and week 8 breathwork, week 9 and 10 breathwork and isometric exercise, week 11 and 12 breathwork and proprioception exercise.

A final POQ will be requested in week 16 along with feedback form to be completed at the same time to help with any future studies.

Section 7: Respecting confidentiality and ethical issues for participants

How will you manage participant confidentiality? Ensure that the information refers to GDPR and is compliant with this legislation. What ethical considerations are there?

Confidentiality: All data will be held in accordance with GDPR and my privacy policy is available through the website and a link will be made available on request. Participants information will be restricted and will not be available to anyone other than the researcher. All data will be password protected on a usb and in a locked cabinet if hard copies. Participants data will be anonymised, participants names will be replaced by a number and all study data will be deleted/destroyed on completion of the study.

Ethical Considerations: The research project is being completed by an insured and qualified therapist. The Therapist is emergency first aid trained.

Should any issues arise as trauma, mental and emotional issues can arise for anyone at any point. I will use my training, green cross coding and have the relevant signposting available and refer where appropriate.

All movements will be shown and observed and all participants will be informed that they should be working in a pain free range of motion and stop any movements that cause pain.

Section 8: Inclusion and exclusion criteria

What sort of people will the subjects be?

The study will include:

Women who score a minimum 6 out 9 on the Beighton scale with consistent pain and aches or have a diagnosis of Ehlers Danos Syndrome (EDS) or Hypermobility Spectrum Disorder (HSD)

The study will exclude:

Men

Women who score less than 6 on the Beighton scale who don't have a diagnosis of HSD/EDS or who don't have pain issues.

Have received a Surgery in the last 8 months

Intending to start a new treatment/intervention during the study period

Any underlying medical issue other than those associated with hypermobility such as cancer which would impact the data collected.

Pregnancy

Section 9: Student declaration:

I understand that I can only start my project, once this ethical application has been approved. This applies to ALL projects, whether using human participants or not.	YES	

Student's handwritten signature:

(To be completed, once ethical approval has been provided)

Print Name: Louisa Andrews **Date: 07/06/2025**

ONCE YOU HAVE COMPLETED THE ABOVE ETHICS DETAILS, THEN YOU CAN PROCEED TO PARTICIPANT INFORMATION AND CONSENT FORMS, SO READ BELOW AS IT IS IMPORTANT TO BE CLEAR ABOUT WHAT YOUR PARTICIPANTS NEED TO DO.

Informed consent must be obtained for **all** participants before they take part in your project. The Consent Form should clearly state the parameters and content of the research. It should explain what is expected of the participants and what they will be doing. It should draw specific attention to any elements that could conceivably cause subsequent objections, and the measures you are taking to ensure the confidentiality of their data. It should also state that the participants are free to withdraw from the study at any time.

Studies should not involve participants under 18 without express permission from your supervisor. Studies carried out in schools require the permission of the head-teacher, and of any responsible adults as per the head teachers' recommendation. Minors aged over 14 years should also sign an individual consent form themselves. If you are planning to carry out a project whereby you will be in contact with minors, you must establish from the head-teacher or other responsible adult whether the work proposed will require you to have the relevant DBS disclosure. Please seek advice from your Local Authority.

You must complete a consent form for every participant involved in your study.

Jing's assessment (to be signed by Jing after ethics and participant information details completed)

EITHER:
This project is not designed to include fieldwork with human participants. Insofar as secondary data are to be used, I am confident that appropriate procedures are in place for data protection and non-disclosure of any personal or confidential data.

Signature: .....date: .....

OR:
This project is designed to include fieldwork with human participants.
(please circle yes or no)

YES	All necessary statutory, legislative or other formal external approvals have been obtained (e.g., permissions, police checks, external research ethics and governance approvals in the case of research involving NHS staff or patients or Local Authority service providers or users).
YES	The design of this study ensures that the dignity, welfare and safety of the participants will be ensured and that if children or other vulnerable individuals are involved they will be afforded the necessary protection.
YES	I am confident that participants will be given all necessary information before the study, in the consent form, and after the study if necessary.
YES	I am confident the participants' confidentiality will be preserved.
YES	I consider that any risks involved to the student, the participants, and any third party are minimal.
YES	I consider that Departmental approval should be given, since ethical risks have been appropriately addressed in the proposal and I am confident that steps will be taken to minimise any risks.

Signature: ..... date: .....

If a second opinion was sought from a research ethics expert, the advisor should also sign this form below:
Advisor's name (please print):

Advisor's signature: ..... date: .....
Once the Jing's signature has been obtained, the student must return the completed form to the Jing Office.

Appendix B – Participant Form

STUDENT NAME: Louisa Andrews
STUDY LOCATION: Target Therapies Ltd,
Belvedere House, Basing View,
Basingstoke, RG21 4HD

Tel: 01256 700300
e-mail: louisaa@targettherapies.co.uk

Jing Advanced Massage Training
28/29 Bond Street
Brighton BN1 1RD

www.jingmassage.com
01273 628942

Re: Participant Information

Thank you for showing interest in my study. I appreciate you responding to my call for participants. Let me tell you a little more about what it entails.

I have been a massage therapist since 2017, and I specialise in the treatment of chronic pain. In my clinic, I work mostly with individuals suffering from a range of chronic pain such as headaches, frozen shoulder, hypermobility, and Ehlers Danos.

In 2022, I embarked on an advanced degree qualification in my field: the BTEC Level 6 in Advanced Clinical and Sports Massage offered by Jing Advanced Massage, the highest level of education a manual therapist can achieve in the UK. It is overseen by experts in the field of Musculoskeletal Pain, Education, Sports Science and Psychology.

As part of our course work, we are given an opportunity to design and carry out a study into the effects of clinical massage wellness program. I have chosen to evaluate the effects of the Jing Method on wellbeing on women with Joint Hypermobility.

I am looking for women who are over 18 years old.
Experiencing symptoms of joint hypermobility – such as stretchy skin, joint aches, tiredness.
This can include those with a formal diagnosis of joint hypermobility or Ehlers-Danos Syndrome, but you do not have to have formal diagnosis to take part.

If you decide to participate in the study, it will begin around 23rd June. Participation is completely voluntary, and you can withdraw from the study at any time without giving a reason. All your information will be kept confidential, and your data will be anonymised.

What does the study involve?

Completing a qualifying questionnaire this will help ensure that you meet the inclusion criteria. You will need to attend a 1/2/1 which will we use to ensure that all criteria have been meet and gather your personal information, any relevant medical information and introduce you to the Pain Outcomes Questionnaire (POQ), which you will be completing as part as the study. You will have the opportunity at this point to ask any questions.

If you are happy with the information regarding the study I will ask you to complete a consent form, prior to taking part.

You will need to complete the POQ questionnaire once a week for 6 weeks, this will help us to understand your wellbeing, it will be provided by email to you and reminders will be sent to ensure it is completed.

For the next 6 weeks you will attend a 60 minute appointment receive a 45-minute massage treatment once a week in my clinic in Belvedere House. I will also teach you a short self-care routine to be done 3 times a week. Each session will be an hour in total.
You will continue to complete the POQ questionnaire during these 6 weeks, 6 days after your treatment. I will continue to send you reminders and will ask how often you completed the self-care routine.

Four weeks after your final in person session I will send you a final POQ questionnaire to complete and I will also ask you to provide feedback to help any further research.

Are there any risks or benefits to taking part?

As with any massage treatment and self-care routine there is a small risk of muscle aches or slight bruising, this is temporary and should ease quickly. There is a possibility of emotional response to the treatment, and you will be monitored by the therapist and if required additional signposting will be made available to you. Please inform the therapist if you feel uncomfortable or need additional support.

Cost

My treatments are priced at £64 per hour, and for this study I will be charging £25 per session a total of £150 for all six treatments. All sessions will need to be paid for in advance either in a one-off amount or over installments. This will be agreed on discussion.

I will be donating £25 from each participant between Young Minds and JDRF.

Your data will be mathematically analysed together with all the other participants' data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners.

Once my research is published, I will share with you my findings and invite you to the conference, where my colleagues and I will be presenting all our findings.

It is very important that you don't engage in another other pain-relieving activity including the use of pain medication, trying a new therapy for your pain/wellbeing/stress without letting me know.

Please call me with any questions.

Thank you again for considering this project, your participation will make a difference to your wellbeing and that of others suffering with Joint Hypermobility.

Best wishes,

Louisa Andrews ACMT

Appendix C – Consent Form

PARTICIPANT CONSENT FORM

Title of study: Evaluating the effects of the Jing Method on wellbeing on women with Joint Hypermobility

Name of student: Louisa Andrews

	Yes	No
I have read the information letter about this study		
I have had an opportunity to ask questions and discuss this study		
I have received satisfactory answers to all my questions		
I have received sufficient information about this study		
I understand that I am / the participant is free to withdraw from this study: • At any time (until such date as this will no longer be possible, which is once all anonymised data has been merged) • Without giving a reason for withdrawing • That I am free to refuse to answer any question without saying why • That the services I am receiving will not be affected whether I participate or not.		
I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish, by ticking 'No' here.		
I agree to take part in this study		

Signature (participant) **Date:**

Name: (BLOCK LETTERS)

Signature (parent/guardian/other, if under 18) **Date:**

Name: (BLOCK LETTERS)

BTEC students contact details (including telephone number and e-mail address):

Louisa Andrews
Tel no: 01256 700300
Email: louisaa@targettherapies.co.uk

Appendix D – Application Form and Beighton Score

Monday, September 1, 2025

Research study participants application form

Thank you for your interest in my study, this is on the effects of Jing Method on the wellbeing of women with joint hypermobility. Please answer the following questions to help us understand your background and ensure your eligibility for the research study. I will be touch after conclusion to discuss next steps and if you have any queries please contact me on louisaa@targettherapies.co.uk Thank you for your time

Full Name

Email Address

Phone Number

Age

Which gender were you assigned at birth? Option 1

Are you pregnant, could you be pregnant or are you planning to start a family over the summer of 2025 Option 1

Have you had surgery in the last 8 months? Option 1

Do you have a formal diagnosis of Ehlers-Danlos Syndrome (EDS) or Hypermobility Spectrum Disorder (HSD) (please note this is not necessary for inclusion in the study) Option 1

If you answered Yes to the above, when were you diagnosed?

Please look at the below graphic regarding a scoring system. What is your score? (note for A, B, C and D you score a point for each side, a max score of 9)

Do any of the below apply to you? (please select all that apply) Option 1

Do you have any ongoing medical issues not related to those associated with hypermobility, EDS or HSD? Option 1

If you answered Yes to the above question, please provide brief details of the issues (if you are able to)

Are you intending on starting any new treatment or intervention during the period of this study June to October Option 1

If you answered Yes to the above question, please provide brief details of the issues (if you are able to)

Are you able to attend weekly hands on massage treatments for 6 weeks commencing around the start of August 2025 Option 1

For more information regarding Target Therapies Ltd and the privacy policy, please see

www.targettherapies.co.uk/privacy-policy

Thank you for your time and look forward to hearing from you soon.

Regards

Louisa Andrews

Clinical Massage Therapist

Appendix E – Pain Outcomes Questionnaire Short Form

PAIN OUTCOMES QUESTIONNAIRE (Short form)

Michael E. Clark, Ph.D. and Ronald J. Gironda, Ph.D.

James A. Haley Veterans Affairs Hospital, Tampa, Florida.

We ask that **all patients regardless of condition** complete the remainder of the questionnaire.

I. INSTRUCTIONS:

Please circle the number that best describes the question being asked.
Choose only 1 number per question.

1) Enter today's date: _____/_____/_____ (dd/mm/yyyy)

2) On a scale of 0 to 10, with 0 being no pain at all and 10 being the worst possible pain, how would you rate your pain on average during the **past week**?

← →

No Pain 0 1 2 3 4 5 6 7 8 9 10 **Worst Possible Pain**

3) Does your pain interfere with your ability to walk?

← →

Not at all 0 1 2 3 4 5 6 7 8 9 10 **All the time**

4) Does your pain interfere with your ability to carry/handle everyday objects such as a bag of groceries or books?

← →

Not at all 0 1 2 3 4 5 6 7 8 9 10 **All the time**

5) Does your pain interfere with your ability to climb stairs?

← →

Not at all 0 1 2 3 4 5 6 7 8 9 10 **All the time**

6) Does your pain require you to use a cane, walker, wheelchair, or other devices?

← →

Not at all 0 1 2 3 4 5 6 7 8 9 10 **All the time**

7) Does your pain interfere with your ability to bathe yourself?

← →

Not at all 0 1 2 3 4 5 6 7 8 9 10 **All the time**

8) Does your pain interfere with your ability to dress yourself?

← →

Not at all 0 1 2 3 4 5 6 7 8 9 10 **All the time**

9) Does your pain interfere with your ability to use the bathroom?

← →

Not at all	0	1	2	3	4	5	6	7	8	9	10	**All the time**

10) Does your pain interfere with your ability to manage your personal grooming (for example, combing your hair, brushing your teeth, etc.)?

←												→
Not at all	0	1	2	3	4	5	6	7	8	9	10	**All the time**

11) Does your pain affect your self-esteem or self-worth?

←												→
Not at all	0	1	2	3	4	5	6	7	8	9	10	**All the time**

12) How would you rate your physical activity?

←												→
Significant limitation in basic activities	0	1	2	3	4	5	6	7	8	9	10	**Can perform vigorous activities without limitation**

13) How would you rate your overall energy?

←												→
Totally worn out	0	1	2	3	4	5	6	7	8	9	10	**Most energy ever**

14) How would you rate your strength and endurance **today**?

←												→
Very poor	0	1	2	3	4	5	6	7	8	9	10	**Very high**

15) How would you rate your feelings of depression **today**?

←												→
Not at all depressed	0	1	2	3	4	5	6	7	8	9	10	**Extremely depressed**

16) How would you rate your feelings of anxiety **today**?

←												→
Not at all anxious	0	1	2	3	4	5	6	7	8	9	10	**Extremely anxious**

17) How much do you worry about re-injuring yourself if you are more active?

←												→
Not at all	0	1	2	3	4	5	6	7	8	9	10	**All the time**

18) How safe do you think it is for you to exercise?

←												→
Not safe at all	0	1	2	3	4	5	6	7	8	9	10	**Extremely safe**

19) Do you have problems concentrating on things **today**?

←												→
Not at all	0	1	2	3	4	5	6	7	8	9	10	**All the time**

20) How often do you feel tense?

←												→
Not at all	0	1	2	3	4	5	6	7	8	9	10	**All the time**

Appendix F - Chronic Pain and Stress Protocol used in Treatments

Treatment Protocol

Prone over drape

- Grounding - hands on sacrum and scapula
- Deep grounding/relaxation - forearms either side of spine, sinking in, shifting weight
- Double palm erectors
- Back shu points (bladder channel)

Prone (no drape)

- MFR - cross hand stretch to upper trapezius
- Lean in with forearms at upper trapezius
- MFR - cross hand stretch - sacrum and lumbar spine
- Lean in with forearms at lumbar area
- Single forearm effleurage to lumbar area from side of table x 3
- Power effleurage with hot stones x 3
- Deep forearm work to erectors from head of table x 3
- Tune in with hands on sacrum and shoulder blades

Supine

- Place hot stones on solar plexus and belly
- Hands on stones and tune in
- MFR pelvic transverse plane release (belly sandwich)
- MFR solar plexus transverse fascial plane release
- MFR fascial single leg pulls
- Bent knee hamstring PNF stretch – each side
- Ki 1 (Gushing Spring)
- Conception vessel
- Diaphragm – static compressions
- Strip intercostals – upper and lower ribs
- Deep work to posterior neck – distal to proximal
- CV 17 (Chest Centre)
- Shampooing head
- Pressure points across forehead
- Massage around jaw – medial to lateral
- GV 20 (Hundred Convergences)
- Still head hold

Appendix G – Self-care Protocol

Self-Care

Each set of self-care exercises to take no longer than 10 minutes and performed 3 times per week.

Weeks 7 and 8

- Relaxation and breathwork, introducing lengthening of the exhale to activate parasympathetic nervous system. An audio recording was made during each participant's week 7 session and sent to them for their self-care, a summary of which is below.

    - Finding a comfortable position without any distractions, ideally lying supine with knees bent or a cushion/pillow under the knees, but if that is uncomfortable, lying on your side or sitting comfortably. Close your eyes if that feels good.
    - Bring your awareness to your breathing, noticing that you're breathing in and breathing out and how you know that you're breathing in and breathing out. Observe the breath moving in and out of your body.
    - Bring your awareness to your exhale. Every time you exhale allow your body to soften/melt/let go/surrender (whatever word resonates with you) into whatever you're lying on, to the extent that you can, with no judgement. Allow gravity to really do its job on you, so your bones naturally become heavier every time you breathe out.

- Coming back to your inhale and your exhale for a moment. Breathe a little more slowly and a little more deeply. Without forcing anything, allow your exhale to become a little longer than your inhale. Again, no judgement with this, just allowing your exhale to lengthen a little. Continue for 2 minutes. Then wiggle your fingers and toes, open your eyes and bring your awareness back into the room.

- Self-treatment of acupressure point LI 4 (Union Valley/Great Eliminator) – 3 times per day, holding for 12 seconds on each hand. Participants to choose when to do this.

Weeks 9 and 10

- Relaxation and Resonance Frequency breathing (5 minutes) to activate parasympathetic nervous system. An audio recording was made during each participant's week 9 session and sent to them for their self-care, a summary of which is below.

    - Finding a comfortable position without any distractions, ideally lying supine with knees bent or a cushion/pillow under the knees, but if that is uncomfortable, lying on your side or sitting comfortably. Close your eyes if that feels good.
    - Bring your awareness to your breathing, noticing that you're breathing in and breathing out and how you know that you're breathing in and breathing out. Observe the breath moving in and out of your body.
    - Bring your awareness to your exhale. Every time you exhale allow your body to soften/melt/let go/surrender (whatever word resonates with you) into whatever you're lying on, to the extent that you can, with no judgement. Allow gravity to

really do its job on you, so your bones naturally become heavier every time you breathe out.

- Coming back to your inhale and your exhale. Breathe a little more slowly and a little more deeply, allowing your exhale to become a little longer than your inhale. Start counting the length of your inhale and the length of your exhale. Again, no judgement with this. Ultimately we are aiming for an inhale of 4 and an exhale of 6, but 2/4 or 3/5 (or somewhere in between) is fine. Continue for 5 minutes. Then wiggle your fingers and toes, open your eyes and bring your awareness back into the room.

- Self-treatment of acupressure point LI 4 (Union Valley/Great Eliminator) – 3 times per day, holding for 12 seconds on each hand. Participants to choose when to do this.

- Pelvic tilts – 8 repetitions

  - Lie supine with knees bent, arms by your side and feet flat on the floor hip distance apart
  - Inhale to prepare
  - Exhale and tuck your pelvis, rounding your low back towards the floor as if you were rolling a marble on your lower belly up towards your belly button
  - Inhale and tilt your pelvis, rolling the marble down towards your pubic bone o If you feel any discomfort, reduce the range of movement, making the tuck and the tilt much smaller

Weeks 11 and 12

- Relaxation and Resonance Frequency breathing (7 minutes) to activate parasympathetic nervous system. An audio recording was made during each participant's week 9 session and sent to them for their self-care, a summary of which is below.

    - Finding a comfortable position without any distractions, ideally lying supine with knees bent or a cushion/pillow under the knees, but if that is uncomfortable, lying on your side or sitting comfortably. Close your eyes if that feels good.
    - Bring your awareness to your breathing, noticing that you're breathing in and breathing out and how you know that you're breathing in and breathing out. Observe the breath moving in and out of your body.
    - Bring your awareness to your exhale. Every time you exhale allow your body to soften/melt/let go/surrender (whatever word resonates with you) into whatever you're lying on, to the extent that you can, with no judgement. Allow gravity to really do its job on you, so your bones naturally become heavier every time you breathe out. You might notice that your body is able to relax more quickly now you've been practicing this for a few weeks.
    - Coming back to your inhale and your exhale. Breathe a little more slowly and a little more deeply, allowing your exhale to become a little longer than your inhale. Start counting the length of your inhale and the length of your exhale. Again, no judgement with this. Ultimately we are aiming for an inhale of 4 and an exhale of 6, but as before 2/4 or 3/5 is fine (notice if this has changed at all or become easier with your practice). Continue for 7 minutes. Then wiggle your fingers and toes, open your eyes and bring your awareness back into the room.

- Self-treatment of acupressure point LI 4 (Union Valley/Great Eliminator) – 3 times per day, holding for 12 seconds on each hand. Participants to choose when to do this.

- Pelvic clock – 8 repetitions in each direction

    - Lie supine with knees bent, arms by your side and feet flat on the floor hip distance apart.
    - Imagine there is a clock on the back of your pelvis with 12 o'clock at the top of your sacrum, 6 o'clock at your tailbone and 3 and 9 o'clock at your hips.
    - Roll the marble back towards 12 o'clock and then roll it around all the numbers on the clock (from 1 to 2 to 3 etc) until it comes back to 12, noticing whether any of the numbers feel sticky or stiff. Repeat 7 times seeing if you can smooth the circles out as you go. Keep breathing throughout (make sure you aren't holding your breath) and don't force anything.
    - Repeat in the other direction (from 11 to 10 to 9 etc) o If you feel any discomfort, reduce the range of movement or return to pelvic tilts.

Appendix H A4 Poster

TARGET Therapies

I am completeing a research study in womens wellbeing who suffer with Joint Hypermobility

Are you a women who suffers with joint pain?

Do you think you could be Hyper-mobile?
Do you get tired easily?
Are you flexible?
Have stretchy/sensitive Skin?

Contact me at louisaa@targettherapies.co.uk for more information

THE JING METHOD
THERAPIST

A5 Poster


TARGET Therapies
Participants Needed for Research Project
Painful, aching joints?
Do you tired easily?
Are you Hypermobile?
Thin, stretchy skin?
Poor Balance?
Contact Louisa now to take part:
Email: louisaa@targettherapies.co.uk
Tel: 01256 700300
Over 60% discount on treatment
Raising money for Young Minds and JDRF
THE JING METHOD
THERAPIST

Appendix I

Results for Pain-related Impairment in completing Activities of Daily Living (ADL) and Pain-related Impairment of Mobility

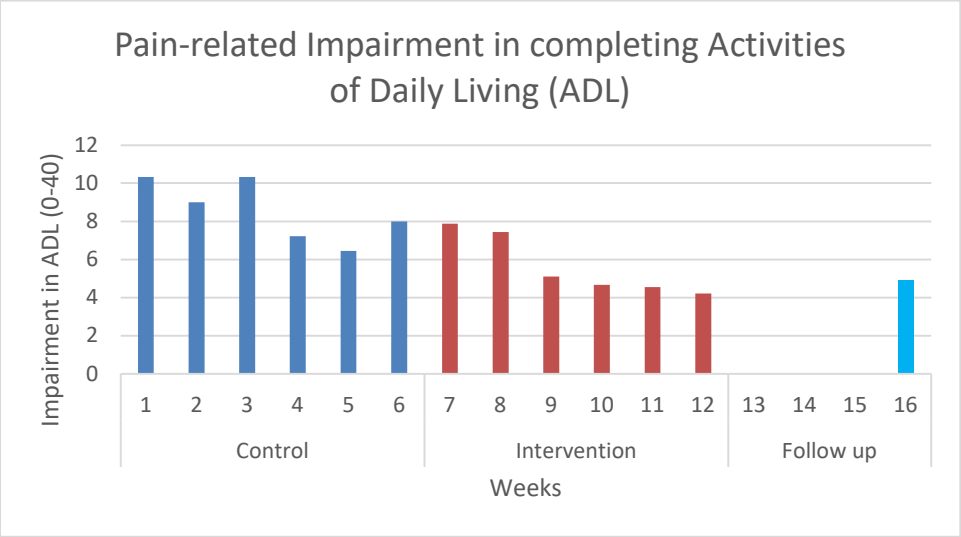

Fig 13 Mean Results from this study for Pain-related Impairment in completing Activities of Daily Living (ADL)

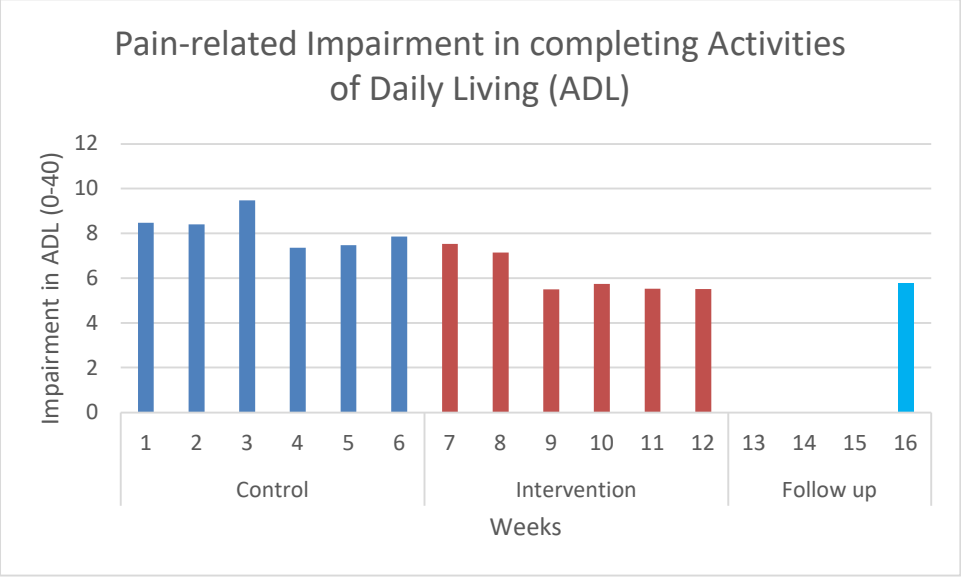

Fig 14 Mean Results from the combined study for Pain-related Impairment in completing Activities of Daily Living (ADL)

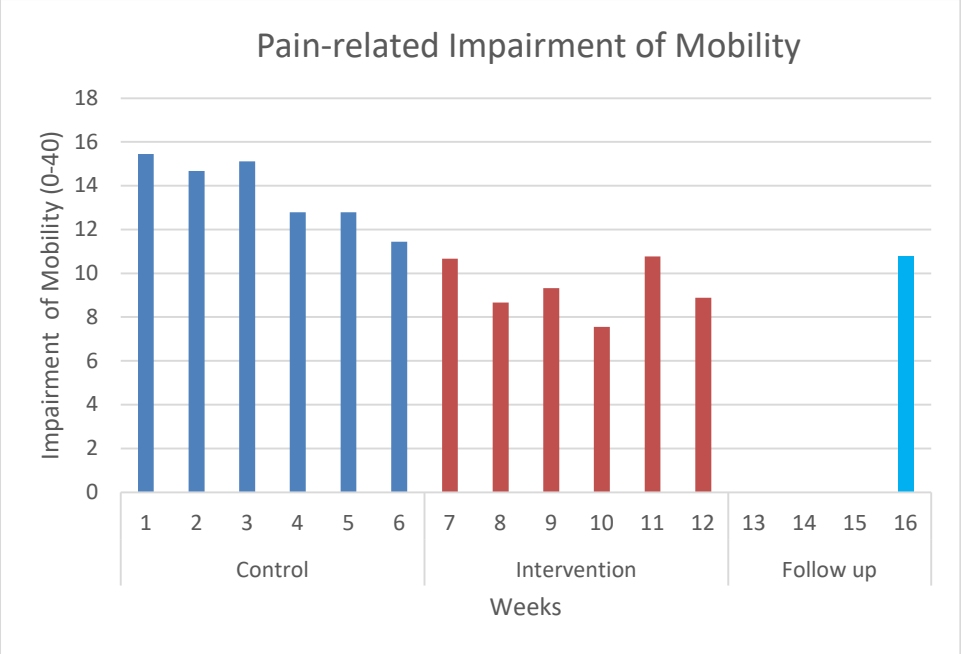

Fig 15 Mean Results from this study for Pain-related Impairment of Mobility

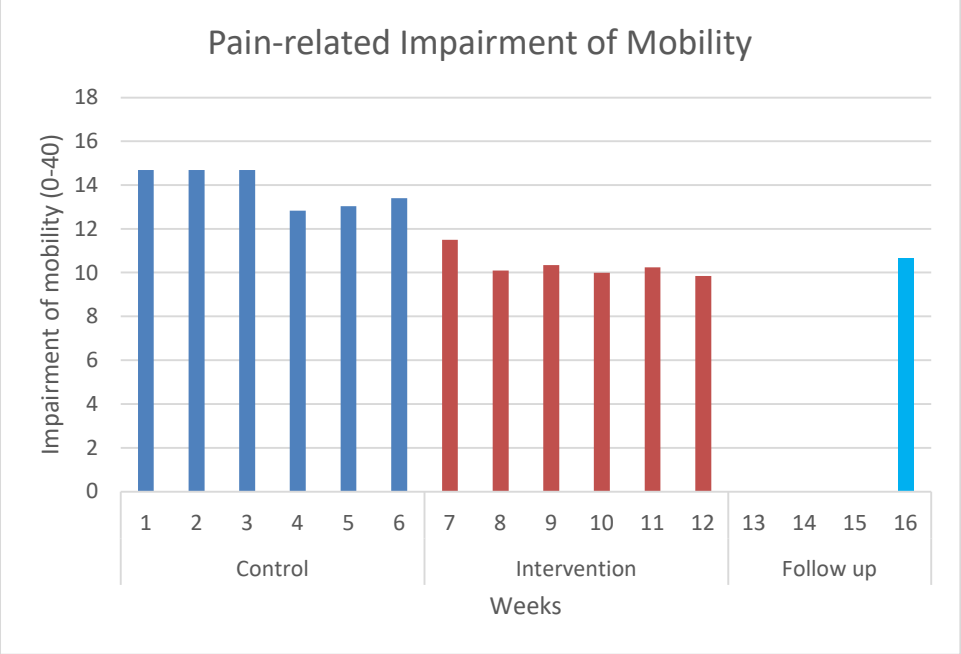

Fig 16 Mean Results from the combined study for Pain-related Impairment of Mobility

Appendix J Feedback Form

Thank you so much for taking the time to complete this form. Please answer as fully as you would like.

All informative given will be anonymised and may be included in the study findings as well as informing future research.

1. Why did you choose to take part in this study?

2. What did you find beneficial in the study?

3. How did you find the self-care element? Have you continued with any of this following the last hands-on treatment?

4. From this experience, in what way/s do you think clinical massage could play a role for people living with HSD/EDS, if at all?

5. What have you gained/learned by taking part in this study?

6. Do you have any suggestions for improving this study in the future?

7. This is an opportunity to provide any general feedback (eg. the running and design of the study itself, the symptom management it may offer, where it fits as part of HSD/EDS care more generally…)

We're interested in the longevity of the effects of massage treatment and would like to gather some data again in 3 months time. Would you be happy to be contacted in January 2026 to complete the Pain Outcomes Questionnaire one last time?!

Appendix K Feedback from Participants

Question 1 Why did you choose to take part in the study?

As I was experiencing many symptoms and was intrigued to know more about Heds given my recent self-diagnosis and since formal diagnosis

My daughter found out about the study and I like to help people.

I wanted to help and learn more about hypermobility and see if there would be anything that could help me.

To reap the benefits of regular massage to see if this would improve overall wellbeing. The lower price made this an easy decision.

To help with the research and learn more about this condition

I was recently diagnosed with Hypermobility/EDS and wanted to learn more about the conditions as well as support research into potential treatments.

Question 2 What did you find beneficial in the study?

The weekly treatments did ease my symptoms, and I have far more of an insight into to the condition

The perception and awareness - I thought I was quite good and realised that my legs needed some attention and also how to walk.

Regularity, being able to have therapeutic massage specific to being hypermobile, without it being a need for an emergency help. Was lovely to stop and relax for the treatment.

Lots! I never knew a diagnosis for it was a thing and that I have enough collagen for example. Made me think about things I thought were normal maybe due to hypermobility

The weekly massage did improve my symptoms – once finished, my symptoms did flare up. The study also made me more self-aware of my symptoms and created a basic level of understanding as to why I was experiencing the symptoms I have.

The stretching of muscles and legs especially made me feel loose and pain free

The massage did help to some extent and the exercises were good.

Question 3 How did you find the self-care element? Have you continued with any of this following the last hands-on treatment?

I still do the pelvic exercises when I do my Pilates.

Yes loved the breathing exercise do it all the time

Have also started doing a monthly massage

The self-care element was easy to implement, and I still work on the techniques taught.

It was lovely to have a massage every week and get to know Louisa more. I do the breathwork occasionally but not as often as I should

I felt it easy to incorporate this into my daily/weekly routine.

Yes, I found it excellent, my back and pelvis are super mobile, especially at night and so doing this in the morning brings back some gentle fluidness instead of it all getting tight.

Yes I regularly meditate although would like to now migrate to something a little longer. I also regularly exercise, I have booked further sessions with Louisa

Question 4 From this experience, in what way/s do you think clinical massage could play a role for people living with HSD/EDS, if at all?

Relaxation, reducing tight muscles and sleeping better

I feel it is a crucial element for those with HSD/EDS! I used to go to massages and would want to feel them deeply as this was the only was I would "feel" anything. However I learnt that actually a gentle touch was much more effective and worked well for me. It also made me respect my body and time much more and use it wisely.

The biggest thing for me developing a self-awareness that I'd never really expected.

I definitely think it can help, we all just need to spend more time on ourselves

Clinical massage on a regular basis would help to refocus body movements, awareness of activities which will exacerbate symptoms/pain levels, and support to recover from events which will cause flares. Continuing massage is key to helping live with hypermobility and EDS.

Yes definitely massage is good for you!

I feel massage is essential for my neck and back to have less knots which I believe are created due to my hyper mobility

Question 5 What have you gained/learned by taking part in this study?

Made me more aware of my body and breathing

I have been made to feel better because I know there are so many other sufferers and the massages that I have been having for the last 10 yrs are benefiting me

Mainly knowledge and understanding of the condition and how to manage some of my symptoms. I have been provided tools I can purchase also to assist with my asthma, my index finger, and compression socks for my muscle twitching.

An appreciation of what works for me and what doesn't. I felt more able to distinguish between good and bad things for my body and I realised so much about how even the simple act of holding my limbs in this case my legs was really calming and really made me see that I need to pay attention to this.

As above, understanding certain elements that are linked to potential triggers, fears and injuries.

I've learnt a lot about the condition and that I need to make more time for me

A better understanding of my body, symptoms and ways to manage pain.

Question 6 Do you have any suggestions for improving this study in the future?

Love the combination of the massage, stones, stretching and breathing, I could easily fall asleep, so just perhaps to encourage the relaxation element.

I would do more study subjects

Only one thing- I don't need so many reminders about appointments, I know some people do though.

Longer than 6 weeks to consider hormonal fluctuations during monthly cycles, to see how the treatment can support during that time each month. I found my symptoms were worse during this period but only had one cycle to see if the massage helped during this time.

In the future I think it would be good to focus on which part of the patient is currently an issue. It's my thumbs and I think perhaps some sort of hand massage or exercise would have been beneficial

More massage- extend the study for longer

Question 7 This is an opportunity to provide any general feedback (eg. the running and design of the study itself, the symptom management it may offer, where it fits as part of HSD/EDS care more generally…)

Really enjoyed the study

On the whole I think people with hyper mobility do benefit from massage and certain exercises. Louisa was very professional and provided excellent care. The location was easy to find. She always greeted me at reception which was great.

I felt it was very well managed and organised. I liked the reminders a lot and it really helped me plan and organise my week. I felt that Louisa was great at talking very knowledgeable about hypermobility and I learnt a lot. I also felt that I could ask a lot of questions and make comments which was also very much appreciated. I feel that this massage has huge potential for patients at any point of their HSD/ESD journey as things can be learnt and taught as well as “first sight” on tissue issues that wouldn’t be seen at doctors etc.

I’ve had no issues with areas I normally suffer with (knee pain/neck and shoulder pain) since the study.

More people with it need to be aware that maybe things they thought were normal aren’t! General awareness

Weekly massage is key, but many may not be able to afford this privately. Maybe look at how treatment every two weeks or once a month would impact the effectiveness and results?