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Non Surgical Hip Therapy

Athletic Hip Injury: Therapist Information

Please read entire protocol prior to initiating therapy

- Please note: Individual hip injuries vary widely. This therapy protocol should be performed under the supervision of a skilled physical therapist. The timeframes for progression are intentionally omitted to allow for individual tailoring of response to advancement and the goals of the individual.
- Utilize the exercise descriptions as a guide. They are not intended to serve as a substitute for clinical decision-making; adjust within given guidelines and precautions as needed.
- The principal focus of return of good hip function is to loosen the structures of the anterior and medial hip and strengthen the muscles of the posterior and lateral aspects of the hip.
- *Manual therapy (including modalities, dry needling, ART, etc.) is an important part of recovery. The initial weeks of therapy should focus on manual treatment and gait/crutch training.*
- Please do not hesitate to contact Dr. Wolff with questions or concerns.
- Individual progression will vary widely. It is rare to have a patient progress through this rehab protocol without setbacks. *Please understand that pushing through pain will only increase the risk for setbacks.*
- Stretching throughout your rehab and AFTER you have returned to sport/pre-injury activity and is important to maintaining hip health and preventing relapse.
- Following this protocol AND listening to your body is a vital part of recovering from and preventing future injury to your hip. **If your pain is increasing you need to back off or stop and let Dr. Wolff know.**
- **Do not feel obligated to do every exercise in the protocol. <u>If it hurts don't do it!</u>**
- As you progress through this protocol, please remember to continue the previous phases exercises and stretching.
- **LESS PAIN = MORE GAIN!**
- If you have access to a pool, please refer to the aquatic exercises found on Dr. Wolff's website.

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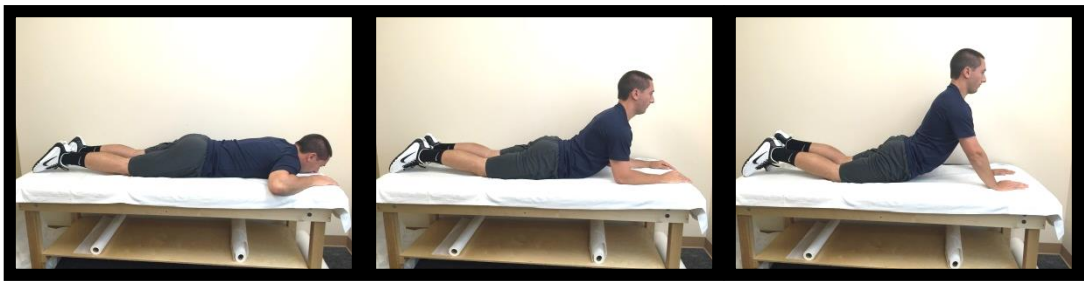
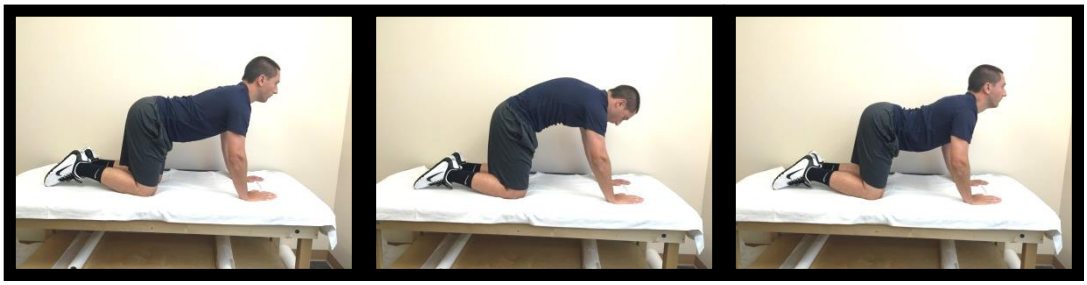
STRETCHING

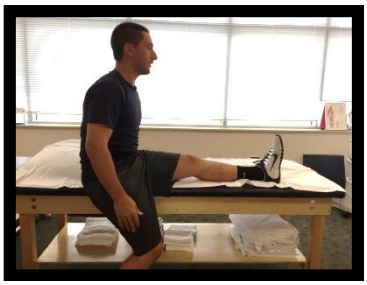


Prone Lying – at least 15 minutes per day, on hands only if comfortable without back pain



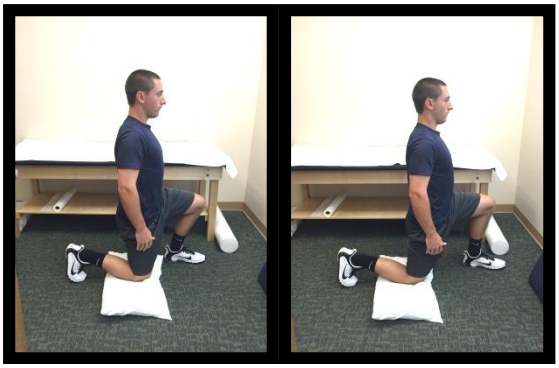
Cat and Cow – 5 second holds, 10 times each way

Quadriceps Stretch – 5 x 20 seconds

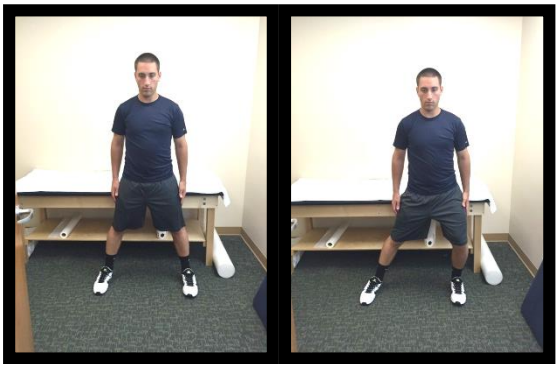


Quadriceps Stretch – 5 x 20 seconds

Bent Knee Fall Outs

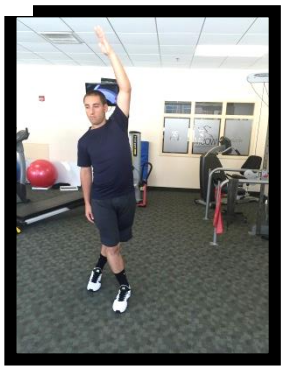


Gentle Hip Flexor Stretch



Gentle Adductor Stretch

Piriformis Stretch – can often cause discomfort over relief, if this is the case do not do this stretch.



Gentle IT Band Stretch

FABER Stretch – **DO NOT** force movement – will only result in worsening of the condition or setbacks. Patient should be supported on pillows to increase comfort.

Army Crawler (Flexion, Abduction, ER in prone) – **AS TOLERATED!**

Modified Child's Pose (As tolerated - Do not push too far to avoid pinching)

Modified Cobra – if full extension is not tolerated may go to elbows or whatever level is a comfortable stretch.

PHASE 1

Goals:

- Reduce pain and inflammation
- Strengthen muscles surrounding the hip, particularly core and gluts (extensors and abductors).
- Stretch and loosen the anterior hip.
- Prevent any muscle atrophy, while you prepare to begin strengthening surrounding muscles.

Precautions: At this point, the goal is to calm the inflamed and irritated hip injury. We will eventually focus on strengthening, but you cannot move on to more intense exercises without first getting your hip back to a baseline - take it easy early on.

Criteria for progression to the next phase:

- Minimal pain/pinching with exercises and decreased pain with relatively sedentary activities that previously caused pain.
- Proper muscle firing patterns during completion of all exercises

Exercises:

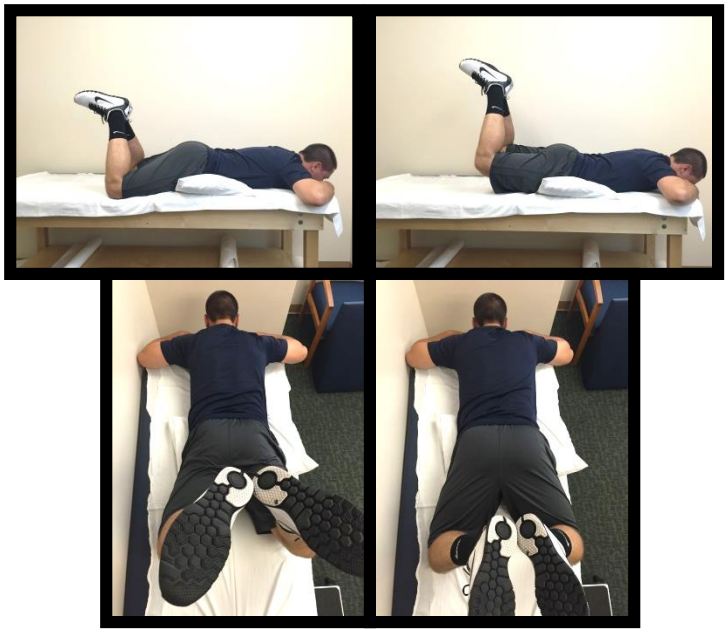
Bridging Progression: **AS TOLERATED!**

Double Leg Bridges

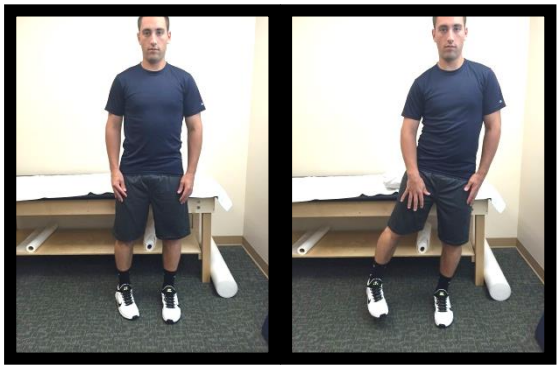
Bridges with kick-outs

Single leg bridging to fatigue

Prone Hip Extension- pillow under hips

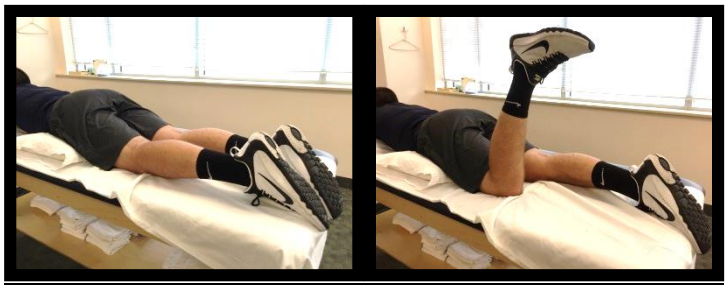


Prone Froggies – pillow not necessary if good technique.



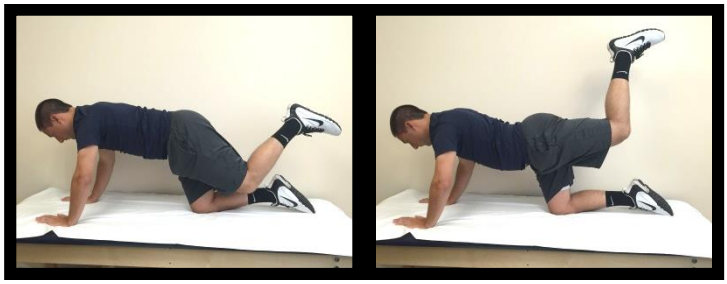
Standing Hip Abduction with Internal Rotation
May progress and add band resistance as tolerated.

Prone Hip Rotator Activation: Bend knee to 90 degrees, allow foot to drop out so hip is in full IR. Actively rotate back to neutral per ROM precautions. Partner can gradually add resistance or use bands/weights to this motion and you can go beyond neutral as tolerated.



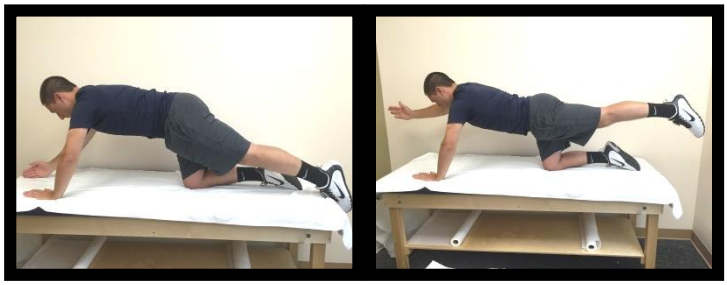
Prone Hamstring Activation: Facilitate hamstring contraction by lying on your stomach and bending you knee to 90 degrees. Try to avoid hips from flexing and use your transverse abdominis.

Bent Knee Fall Outs with band



Hip Extension in Quadruped – may add weight as tolerated.

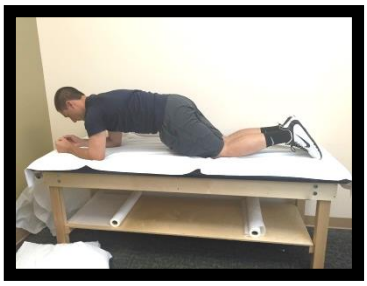
Prone on end of table – Hip Extension with External Rotation – may add weight or resistance as tolerated.



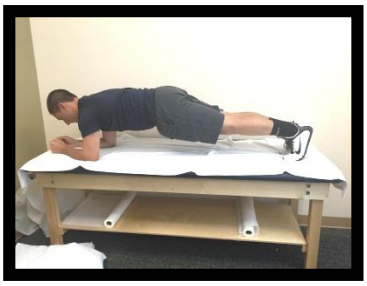
Quadruped – Opposite arm and leg extended. Raise and tap – may add resistance as tolerated.

Standing Hip Extension with External Rotation – use band when appropriate

Prone Plank Progression:



Forearms and Knees

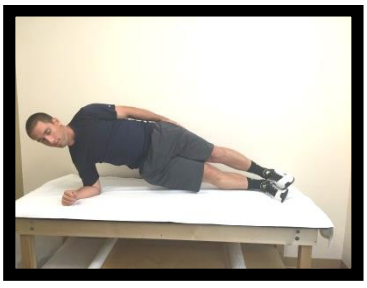


Forearms and Toes

With Alternating Hip Extension

Prone plank with alternating lateral stepping

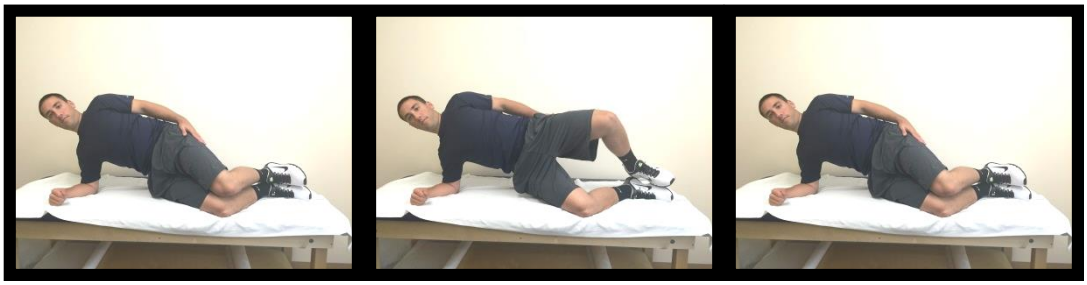
Side Plank on Knee



Side Plank

Side Plank with Top Hip Abduction Holds

Side Plank with Top Hip Abduction



Side Plank with Top Hip Clam

PHASE 2

Goals:

- Full active and passive range of motion
- Stationary bike with resistance. Work up to 30-45 minutes.
- May begin elliptical trainer (low resistance, pain-free) if tolerating bike with resistance.
- Reformer Pilates. Footwork series, Skater series, hip extensions.
- Increase leg strength to allow for:
  - Walking 2 miles
  - Double knee bends without compensations
  - Single knee bend to 70 degrees of flexion without compensations
  - Resisted side-stepping without pain

Precautions:

- DO NOT BEGIN ALL EXERCISES AT ONCE! ADD NUMBER OF EXERCISES IN A GRADUAL FASHION.
- Do not push through hip pain or pinching. Watch for hip pain during or after new exercises. **If pain is experienced during or after an exercise, stop and wait at least 3 days before trying again.**
- Add gluteal strengthening exercises first, be very cautious with active concentric hip flexor exercises.
- Joint mobilizations may be used as indicated. **DO NOT OVERSTRETCH.**
- Proceed carefully with active hip flexor exercises as they may cause hip flexor tendonitis or re-inflame the injury.

Criteria for Progression to the Next Phase:

- Active and passive range of motion without pain
- Significantly decreased to no pain with previously painful and relatively sedentary activities
- Gait without deviations or pain after 2 miles of walking on level surface
- At least 1 minute of double knee bends without compensations
- Single knee bends to 70 degrees of flexion without compensations

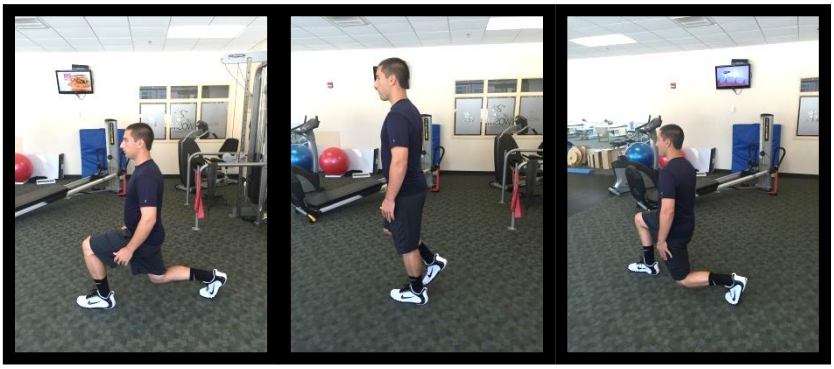
Remember:

- Continue all exercises from the previous phase on off days.
- STRETCH: using all previous and newly added stretches.

Stretching:

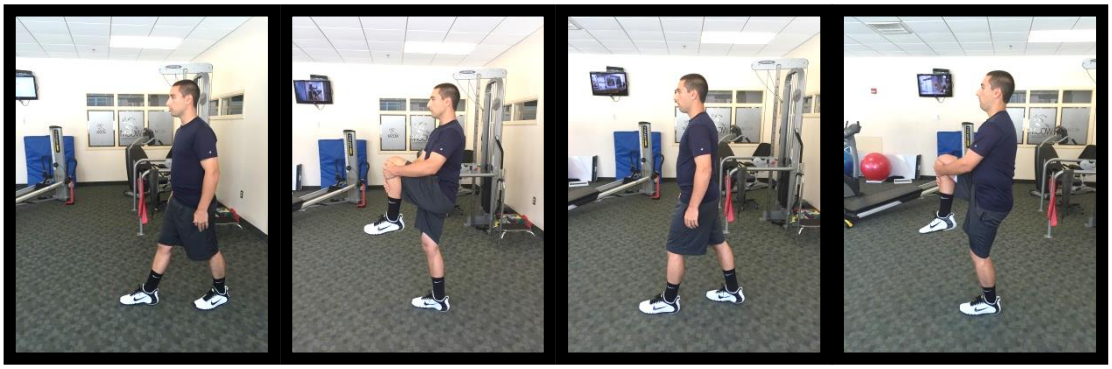
- Continue previous stretches and may add the following dynamic stretching sequence **as tolerated:**

Toe Swipes



Walking Lunges

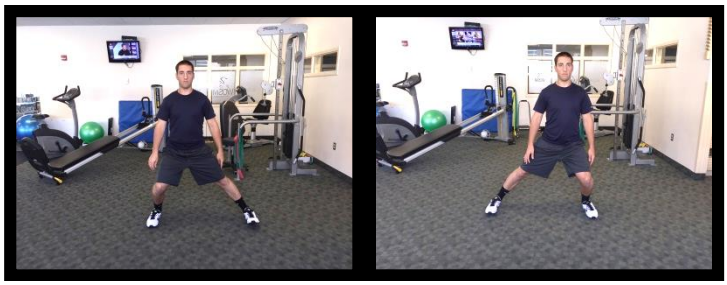
Walking Lunges with Trunk Rotation



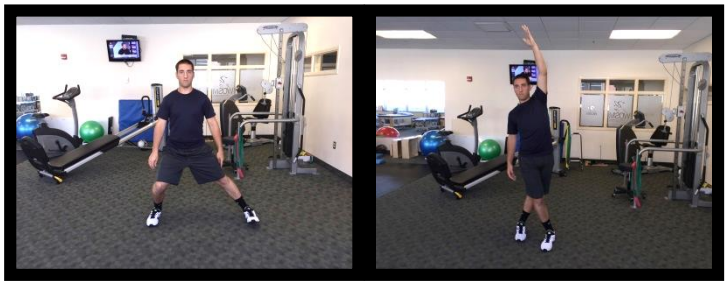
Knee-to-chest (forward and backward)

Hacky sack (forward and backward)

Inchworm



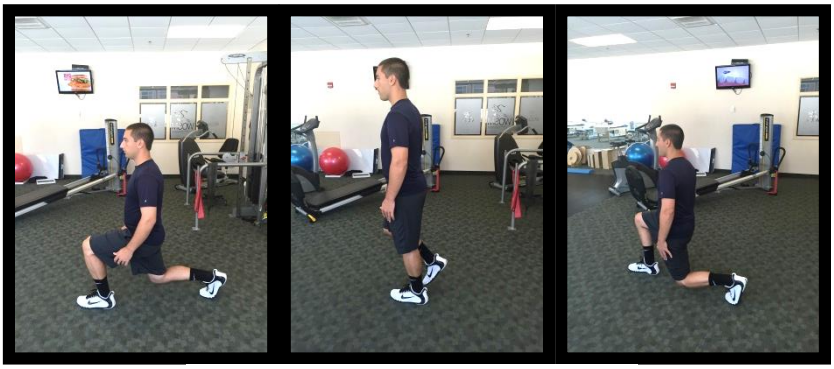
Side Lunge



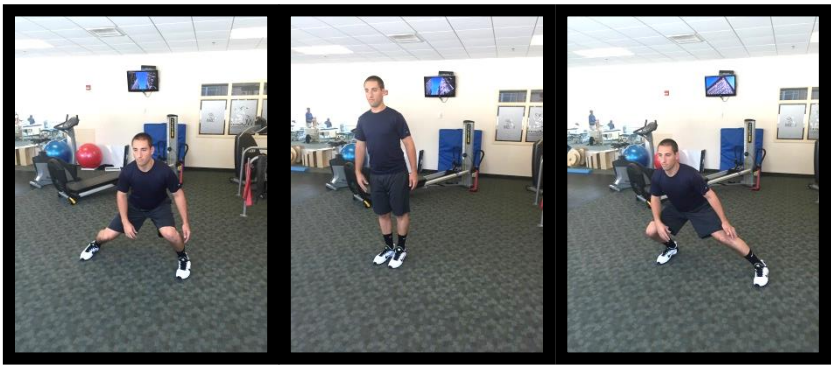
Side Lunge- Cross and Reach

Exercises:

Lunging Progression:



Lunge



Side Lunge

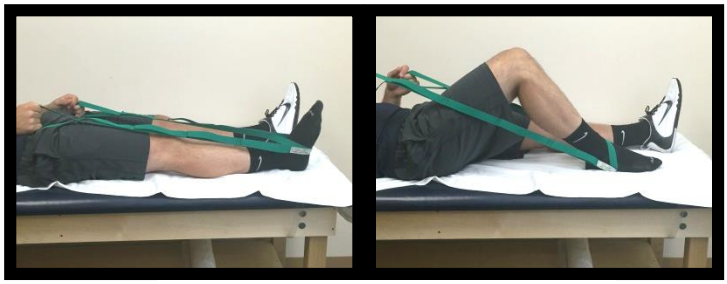
Transverse Lunge

Lunge with forward trunk lean

Lunge with backward trunk lean

Hip Flexor Progression:

Prone- Isometrics into pillow



Heel Slides with strap – can skip to progressed exercise if patient is advanced.

Heel Slides without strap

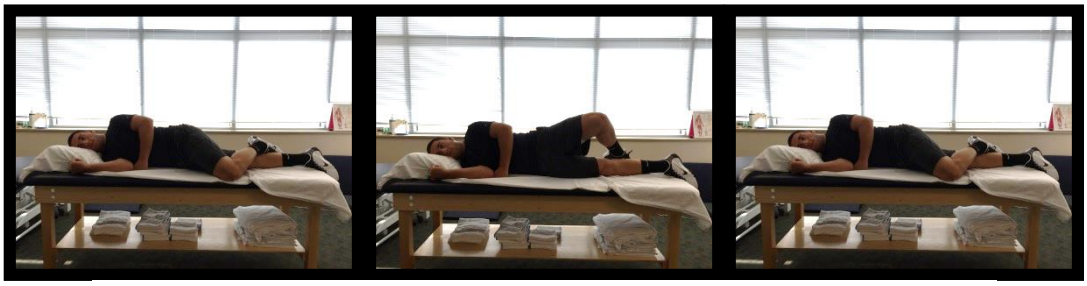
Side-lying Glut Med Progression:

Side Leg Raises with Step Stool or Pillows (partial motion)

Side Leg Raises – may add resistance or weight as tolerated.

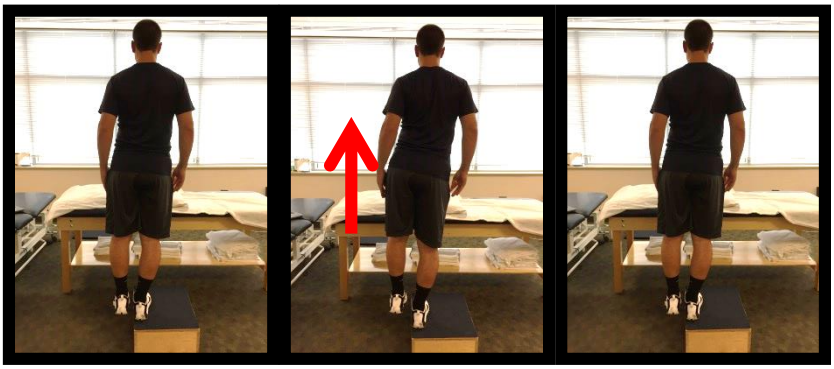
Clams – Level 1 – may add resistance or weight as tolerated.

Clams – Level 2 – may add resistance or weight as tolerated.

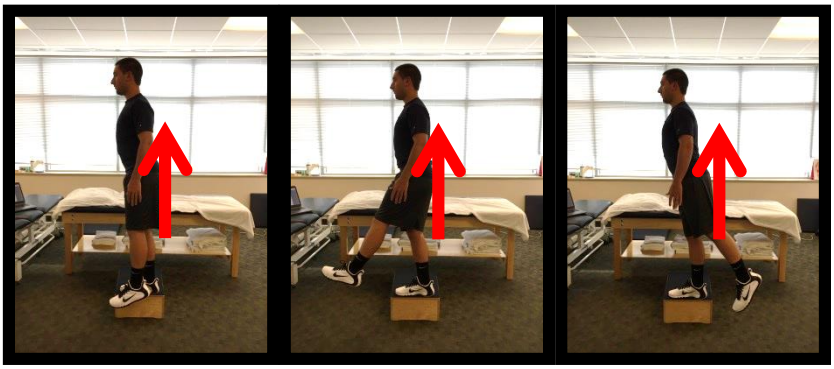


Clams – Level 3 – may add resistance or weight as tolerated.

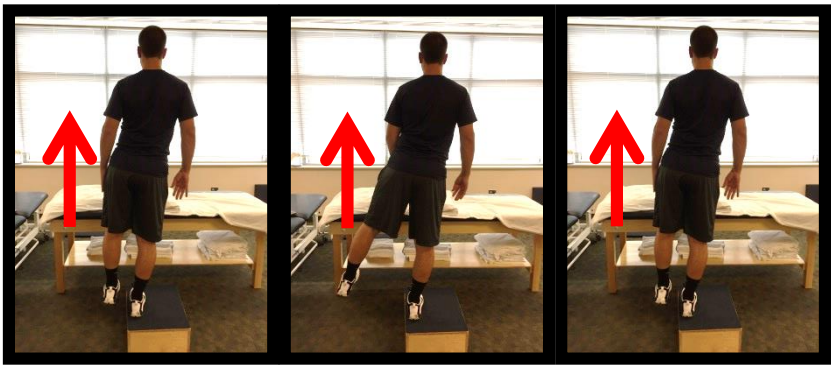
Hip Hike Progression: (for advanced, do any of the following while standing on foam)



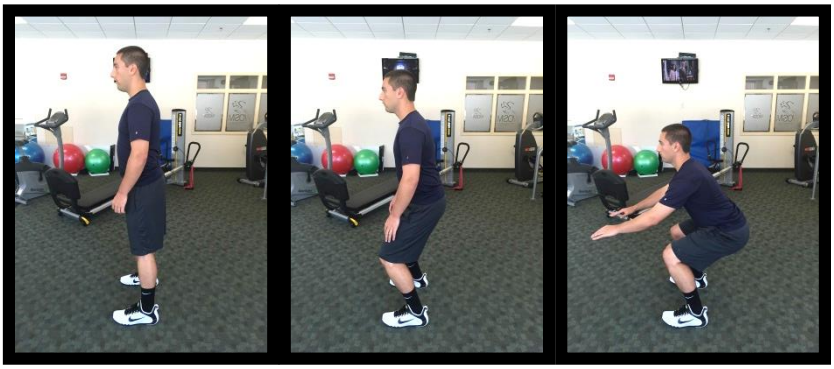
Hip Hike on box. Use stick for balance if needed, progress to no upper extremity support.



Hip hike hold, flexion and extension in pendulum motion with opposite leg while maintaining hip hike

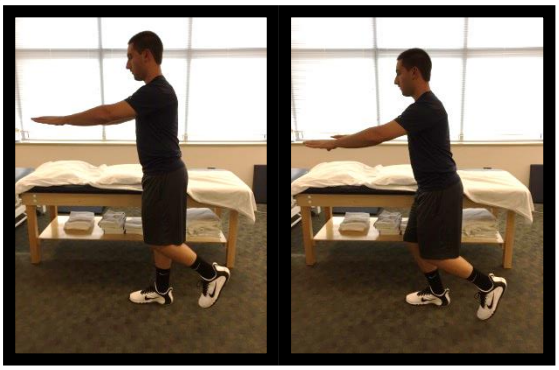


Hip hike hold, abduction with opposite leg while maintaining hip hike.

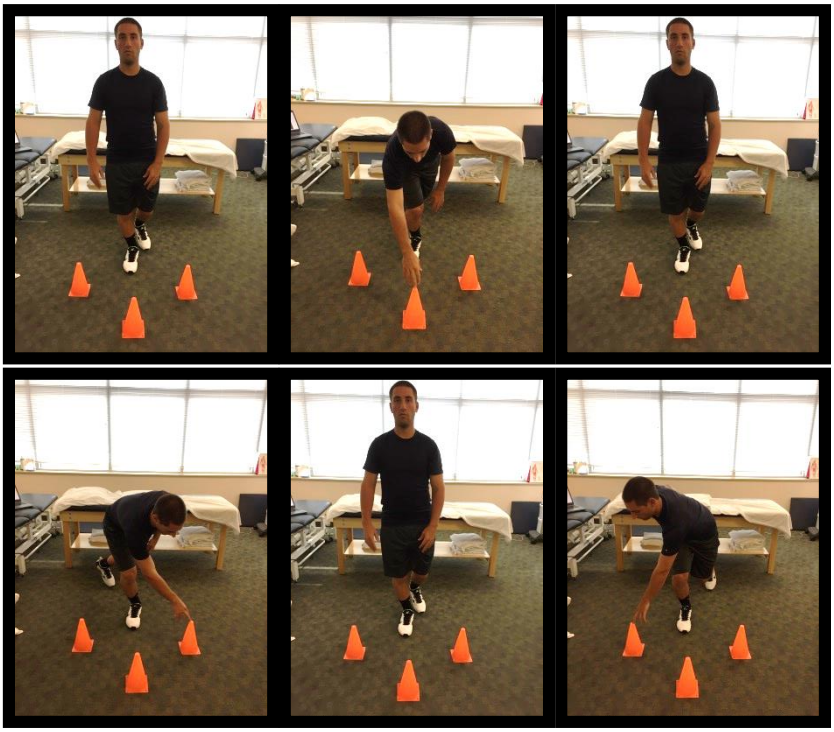


Double Knee Bends (for advanced, use balance board)

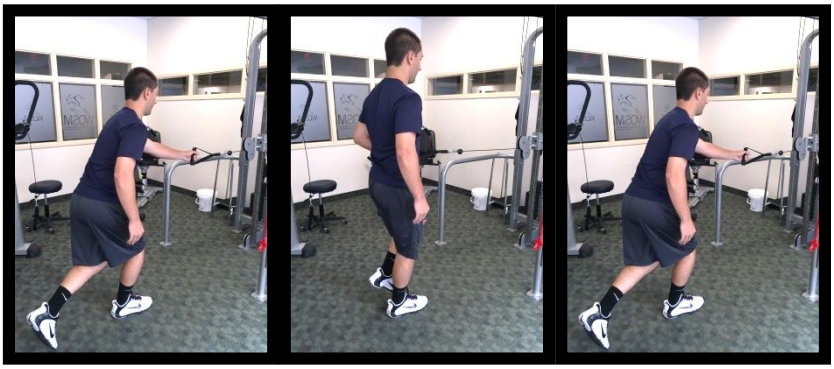
Single Knee Bend Progression:



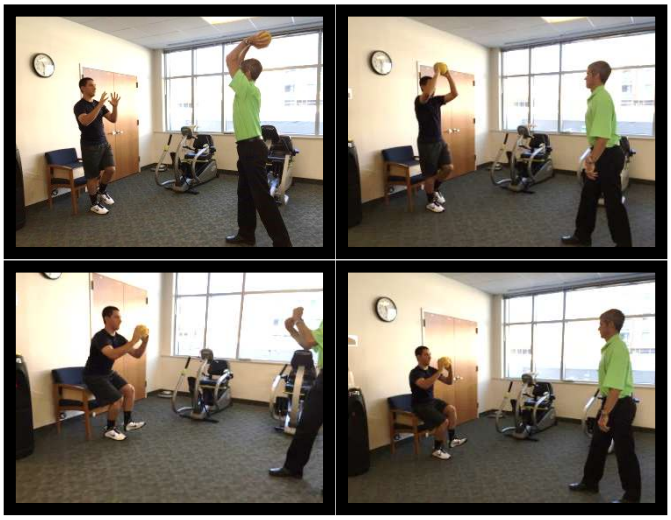
Single Knee Bends



Single Knee Bend with 3-way cone reach



Lawn Mower pulls with weight stack



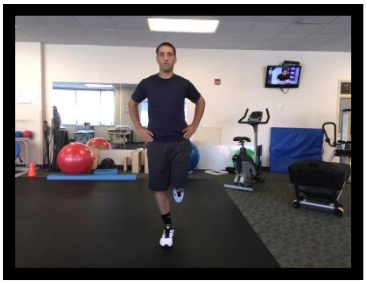
Eccentric quad strengthening- ball toss, lowering self to chair

Side Stepping Progression:

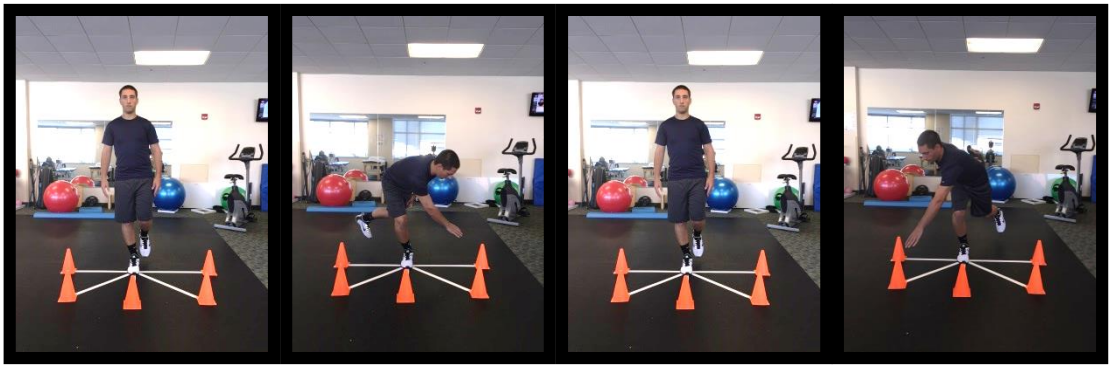
Side-stepping without resistance

Side-stepping with resistance (pulling weight stack preferred, but can use band)

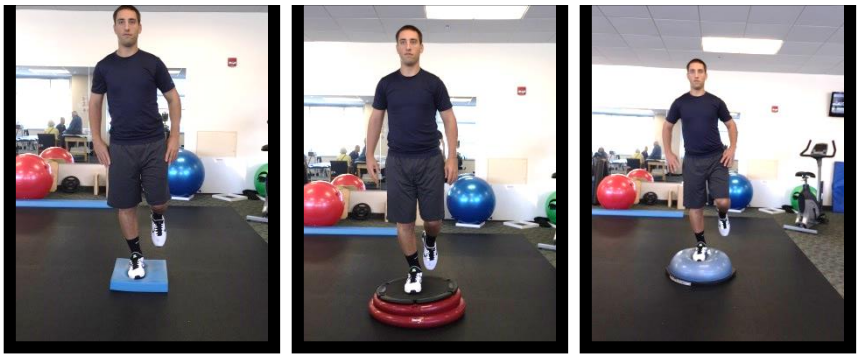
Balance Progression:



Single Leg Balance on Flat Surface

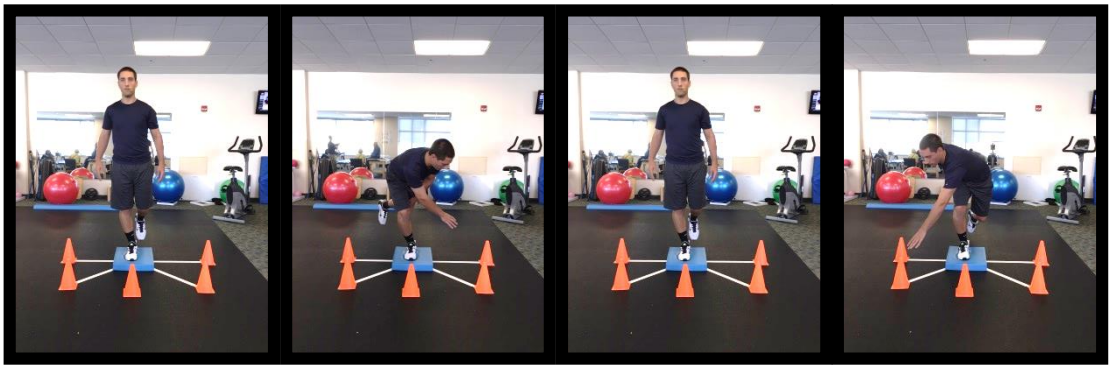


Clock exercise on flat surface



Single Leg Balance on Balance Boards

Single Leg Balance on balance board with ball tosses



Clock Exercise on Balance Board

Other Exercise Suggestions:

- Walking Lunges with backward lean
- Over-under hurdles
- Toy Soldiers
- Single Leg Closed Chain Progression
- Lateral Agility with cord
- Diagonal side-to-side with cord
- Forward box lunges with cord
- Speed Ladder and other agility drills

PHASE 3

Goals:

- Progressive return to sport.

Precautions:

- DO NOT BEGIN RETURN TO SPORT ALL AT ONCE, PLEASE ENSURE RETURN IS DONE IN A GRADUAL FASHION SO AS TO AVOID RELAPSE.
- Do not push through hip pain. Watch for hip pain during or after exercise. **If pain is experienced during or after an exercise, STOP. Return to the previous phase and wait at least 3 days before trying again.**
- Add sports specific activities in increasing increments of time and intensity.
- PROGRESSION SHOULD START WITH PATIENT PERFORMING NON-CONTACT EXERCISES AND DRILLS.
- Once patient is able to perform non-contact exercises without pain, they may proceed to contact sport with limitations and WITOUT PAIN before a full return to sport can be cleared.

Remember:

- Continue all exercises from the previous phase on off days.
- STRETCH: using all previous and newly added stretches.

Please note: Persons who do not participate in higher level activities may not need to advance to Phase 3. Activities that require specific recommendations for "Returning to Sport" include: competitive running, bounding sports, cutting and jumping sports, lacrosse, football, soccer, dance, hockey, golf, basketball, skiing and snowboarding, tennis and racquet sports.