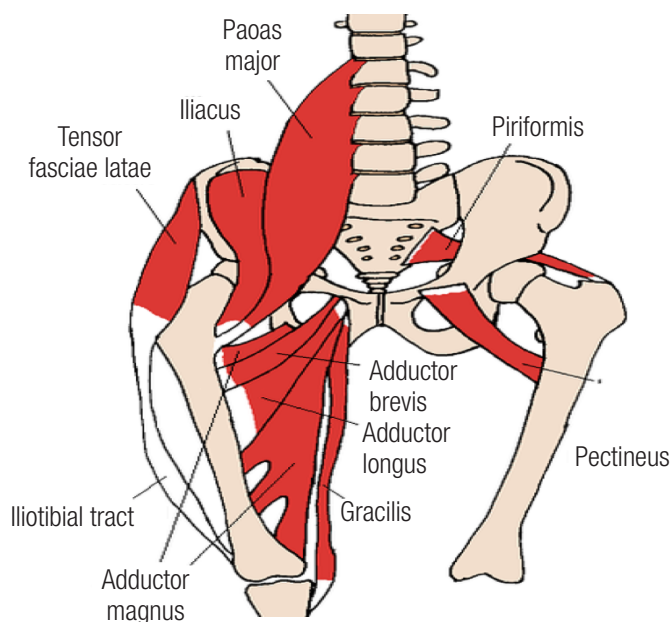


INFORMATION GUIDE

Hip Pain



WHAT YOU MAY EXPERIENCE

- Limited range of motion of the hip.
- Pain along the outside of the hip.
- Pain with ascending stairs and/or getting up from a seated position; standing or sitting for extended periods of time.

POSSIBLE SOURCES

- **ILIOTIBIAL BAND SYNDROME:** Inflammation where the band rubs across the lower portion of the lateral femur. Pain is felt along the outer side of the hip and also possibly along the outside of the knee.
- **TROCHANTERIC BURSTITIS:** Inflammation of the bursa along the outside of the hip.
- **PIRIFORMIS SYNDROME:** A spasm or tightness of the piriformis muscle in the buttocks that can irritate/impinge the sciatic nerve.
- **HAMSTRING STRAIN:** A muscle imbalance or overload of the muscle which strains the muscle. Pain is located either in the buttocks or in the “belly” of the muscle in the back of the thigh.
- **HIP FLEXOR STRAIN:** Overload or overuse of the muscle in front of thigh and hip such as climbing stairs, marching or uphill running. Pain felt when going from sitting to standing position.

CONTRIBUTING FACTORS

- Poor flexibility & muscle imbalances.
- Leg length discrepancies.
- Poor support from the shoes you wear and/or the support inside the shoes can add to the stress on the foot and extend to the hip.
- Biomechanical changes in the foot can allow increases in pronation.

EXCESSIVE PRONATION

- Pronation is a normal movement of the foot that allows the arch to flatten to a degree, which helps the body to absorb shock and adapt to different ground surfaces.
- If the foot is weak or tired and/or the footwear is not supportive, then the arch can flatten more than normal, which is excessive pronation.
- Flattening of the arch (excessive pronation) increase stresses on the foot, which can further contribute to ankle, knee, hip and low back problems (a chain reaction).

QUICK FIX

The **3 S's - Stretching, Strengthening, and Supporting**, along with ICE and REST, have been found to be the simplest and most effective for these injuries:

1. **Stretching** of the IT Band, hamstring, quad and Psoas Major can help to decrease and eliminate many of the problems (see *reverse side*).
2. **Strengthening** of the muscles of the abdomen, quad and hip can assist in avoiding problems (see *reverse side*).
3. **Supporting** the foot with proper shoes and insoles can prevent or help to eliminate the vast majority of lower extremity problems due to faulty biomechanics. You may consult with your Sports Medicine Physician or Sports Medicine Physical Therapist for guidelines about this. They can guide you to an appropriate local running store.

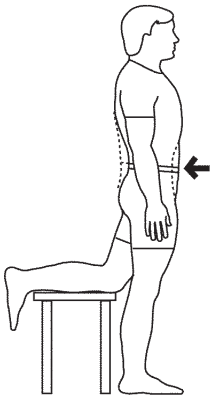
FOLLOW-UP

If these quick fixes do not help resolve your problem:

1. Consult with your medical practitioner: Primary Care or Sports Medicine Physician.
2. Referral to Physical Therapist where a combination of manual therapy & specific exercises may help resolve your problem.
3. If damage is significant, you may be referred to an Orthopedic Surgeon.

Hip Pain Exercises

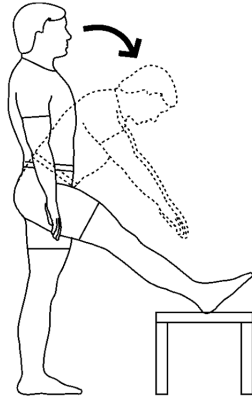
1. HIP FLEXOR STRETCH



Place lower leg on chair. Keep stomach tight and bring hips forward until stretch is felt in front hip.

Hold 30 seconds x 3-5 repetitions on both sides.

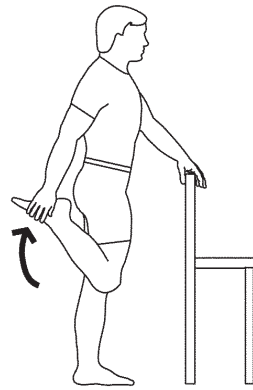
2. HAMSTRING STRETCH



Place foot on stool. Slowly lean forward keeping back straight, until stretch is felt in back of thigh.

Hold 30 seconds x 3-5 repetitions on both sides.

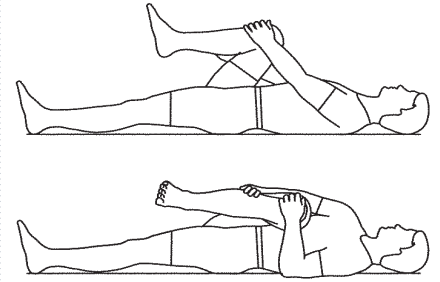
3. QUADRICEPS STRETCH



Pull heel toward buttock until a stretch is felt in front of thigh. Move bent knee behind hip to maximize stretch. **DO NOT JACK-KNIFE FORWARD.**

Hold for 30 seconds x 3-5 repetitions on both sides.

4. PIRIFORMIS STRETCH



Pull knee towards opposite shoulder.

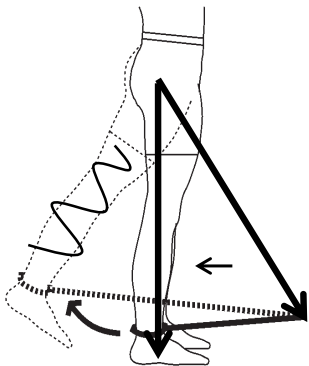
Hold for 30 seconds x 3-5 repetitions on both sides.

4-Direction Hip/Knee/Ankle Stabilization

1. Place band around RIGHT/LEFT ankle. Repeat 10 times per set. Do 3 sets per session.
2. Perform 2 to 3 sets of 10 repetitions in each direction on each side.
3. Do 1 to 2 sessions per day.

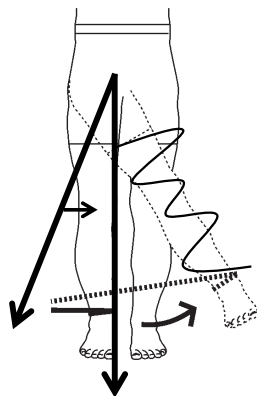
In general, your leg should never cross over your body or go behind you.

5. HIP EXTENSION



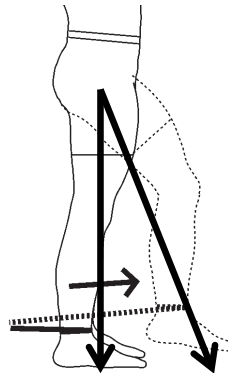
Face door. Start with leg in front you and pull leg straight back to stationary leg. Do not lean forward.

6. HIP ABDUCTION



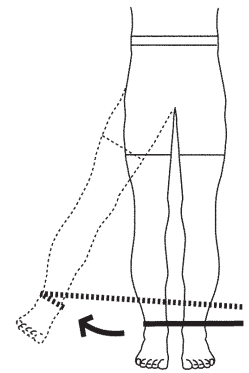
Start with foot close to the door and bring leg in line with toe of stationary leg. Slowly return to start position. Do not lean. Keep body upright.

7. HIP FLEXION



Start with feet next to each other and bring leg forward, keeping knee straight.

8. HIP ABDUCTION



Start with feet next to each other and bring leg out away from side, keeping knee straight.

Sports Medicine is available for questions. Please call 616.252.7778 to speak with a member of our care team or to schedule an appointment.