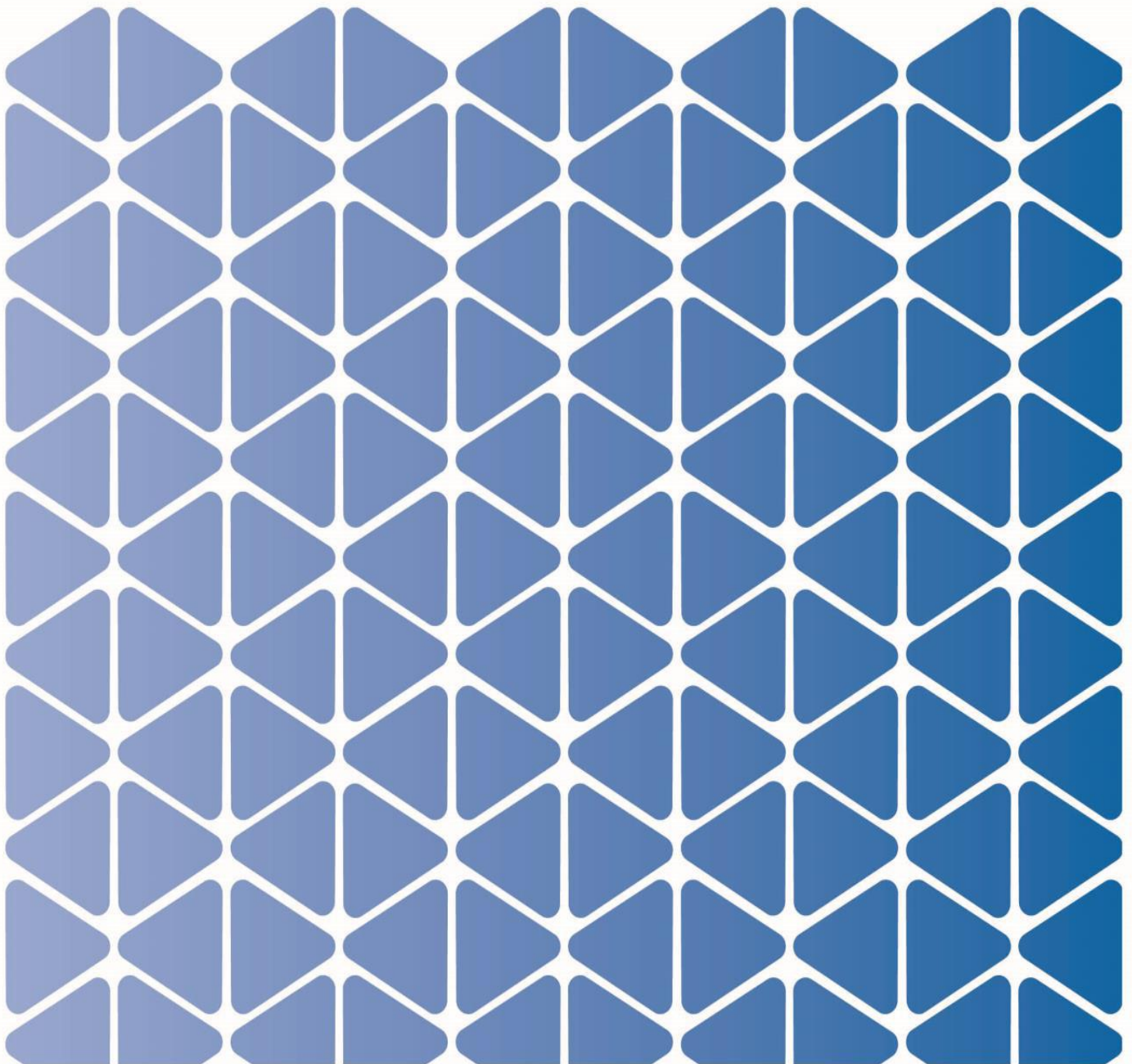


PATIENT INFORMATION

Exercise for Lateral Hip Pain



This leaflet will provide you with information about what exercises to complete as part of your rehabilitation for lateral hip pain. This is the second of two leaflets about Lateral Hip Pain. This leaflet focuses on exercise therapy for lateral hip pain. The first leaflet includes information on understanding lateral hip pain and advice on how to manage it.

The following exercise programme is designed to progressively increase the strength and the amount of load your tendons can tolerate. The programme targets the gluteal muscles of the hip as well as your lower limb and trunk control.

Your treating physiotherapist will help guide you through the most appropriate exercises for you. There are 4 types of exercises of progressing difficulty. They start simple within a small range and as your symptoms and strength improves you will be progressed to more challenging exercises.

When performing these exercises, some level of discomfort is acceptable. We advise no more than a 3-4/10 on a scale of 1-10. Please see the numerical pain scale diagram in the Understanding Lateral Hip Pain leaflet.

Static Holds

Aim: Targeting glute medius and minimus. If performed slowly can relieve pain.

☐ Static Hip Abduction in Lying Lie on your back with a pillow under your knees. Loop a non-elastic belt around your thighs just above the knee with your feet just past hip width apart. Slowly and lightly push out into the belt.	
☐ Static Hip Abduction in Standing Stand up, you may lean against a wall for balance if needed. Loop a non-elastic belt around your thighs just above the knee with your feet just past hip width apart. Slowly and lightly push out into the belt.	

Reps/Sets _____
Hold for 5 10 15 seconds (Circle as appropriate)

Pelvic Control - Bridge

☐ Double Leg Bridge

Lie on your back with knees bent and feet hip width apart.
Draw in your abdominal muscles and tighten your buttocks. Tilt your pelvis backwards and lift your pelvis and back up off the floor, focusing on driving up with your gluteal muscles.
Lift up slowly and lightly for 3 seconds, lower down slowly for 3 seconds.



☐ Offset Bridge

As above except bring your affected leg closer to your buttock and unaffected leg further away.
You're aiming to have 70% of your weight through your affected leg and 30% through the other.
Lift up slowly and lightly for 3 seconds, lower down slowly for 3 seconds.



☐ Single Leg Bridge Short Lever

Lie on your back with knees bent and feet hip width apart. Lift your unaffected leg so the foot is not on the floor.
Draw in your abdominal muscles and tighten your buttocks. Tilt your pelvis backwards and lift your pelvis and back up off the floor, pushing up with only one leg.
Lift up slowly and lightly for 3 seconds, lower down slowly for 3 seconds.



☐ Single Leg Bridge Long Lever

As above except place your affected leg further away from your buttocks.
Lift up slowly for 3 seconds, lower down slowly for 3 seconds.



☐ **Weight Bridge**

Lie on your back with knees bent and feet hip width apart.
Place a _____ kg weight across your pelvis.
Draw in your abdominal muscles and tighten your buttocks. Tilt your pelvis backwards and lift your pelvis and back up off the floor, focusing on driving up with your gluteal muscles.
Lift up slowly and lightly for 3 seconds, lower down slowly for 3 seconds.



Reps/Sets _____

Functional Strength – Squat

☐ **Mini Squat**

Stand tall with feet hip width apart.
Sit back, pushing your hips back behind you as if you are sitting down. Only sit back to around a 45 degree angle at your knee.
Push back up into standing.
Keep your knees in line with your toes throughout the movement.



☐ **Sit to Stand**

Sit on the edge of a chair with your feet hip width apart.
Without using your hands, stand up from the chair.
Slowly sit back down.



☐ Double Leg Squat Stand tall with feet slightly wider apart than your hips. Toes pointing forward or turned a few degrees outwards. Squat down, pushing your hips back behind you. Go as low as you feel comfortable. Push back up into standing. Keep your knees in line with your toes throughout the movement and your weight in your midfoot.	
☐ Double Leg Squat Offset Stand tall with feet slightly wider apart than your hips. Toes pointing forward or turned a few degrees outwards. Place your unaffected leg around 1 foot width in front of you. Squat down, pushing your hips back behind you, so more of your weight is going through your back leg. Go as low as you feel comfortable. Push back up into standing. Keep your knees in line with your toes throughout the movement and your weight in your midfoot.	
☐ Single Leg Squat with Hand Hold Stand on one leg with your unaffected leg bent behind you. Use something to help support your balance e.g. stick or work surface. Squat down, pushing your hips back behind you. Go as low as you feel comfortable. Push back up into standing. Keep your knees in line with your toes throughout.	

☐ **Step Up**

Place your affected leg on to the step in front of you. Shift your weight forward and drive up through your leg to step on to the step. Use your affected leg as much as you are able to do the movement
Lower back down.



Reps/Sets _____

Abduction

☐ **Low Load Side Step**

Stand with knees straight. Step to the side by bending the standing leg. Keep the body upright throughout not allowing the body to move sideways. Standing leg knee should move forward over the 2nd toe. Repeat for the other leg



☐ **Band Slides - Upright skating**

Put a loop resistant band around your ankles, one leg on a towel standing on a hard floor. With knees slightly bent slide this leg out to side pushing equally with both feet against the band to push the sliding leg to the side. Keep the body central over the 2 legs so the pelvis will move across with the sliding leg. Shoulders, hips, knees and ankles aligned vertically. Repeat for the other leg



☐ **Band Slides- Skating in squat**

As above but with knees in a squat position throughout



☐ **Step and Land**

Start standing on 2 legs, and practice going to one leg landing softly. Then progress to step to the side and land on one leg, soft knees, good posture through hips, knees, ankles, shoulders, pelvis. Repeat for the other leg.



☐ **Step and Land Progression**

Keeping upright posture, progress to stepping side to side with soft landing.

Then progress to stepping down from a step with a soft landing, maintaining upright posture. Repeat with the other leg



Reps/Sets _____

If you have any questions about the information provided in this leaflet, please speak to your treating Physiotherapist.
For further advice on understanding and managing Lateral Hip Pain, please see our leaflet 'Understanding Lateral Hip Pain and How to Manage'.

Feedback for Inpatient Therapies

Please scan the QR code or follow the link below:

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.



<https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback>

Ward admitted to: _____

Therapy team who treated you: _____

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.