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Physical Therapy

# THE I MOVE MANIFESTO:

# HIP PAIN


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**Live Life** to the fullest.

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# Dr. Tim Newton DPT, OCS, CFMM

Tim is the owner and founder of Inspire Movement Physical Therapy. His entire career has been devoted to manual therapy treatment of complex musculoskeletal disorders. He earned his Doctorate in Physical Therapy in 2009 from the University of Delaware and is a board-certified Orthopedic Clinical Specialist (OCS) through the American Physical Therapy Association. Prior to that, he received his B.S. in Biology at Emory University and was a graduate from McDonogh School in Owings Mills, MD.

Tim's interests and specialties are in disorders of the spine, headaches, complex pains, and athletic injuries. He has a strong belief in the hands-on, manual therapy approach toward reducing pain and regaining function. His training is in craniosacral technique, muscle energy technique, indirect technique, myofascial release, among other areas. His coursework has been primarily through the College of Osteopathic Medicine at Michigan State University and the Barral Institute.

# Inspire Movement Physical Therapy

**Manual therapy is what we do.** We specialize in hands-on techniques to restore healthy movement in your joints and tissues, enabling the body to naturally heal itself the way it is designed to do. We strongly believe in preventative care and follow an osteopathic model, which is holistic, detail oriented, and rooted in a thorough understanding of anatomy and biomechanics. The passion for solving the puzzle is what drives us.

**Inspire Movement is for people who want to move their best, feel their best, and be their best.** We're dedicated to providing the highest quality care possible to help you live your life to the fullest. Treatments are one-on-one and last a full hour. These are typically no more than once a week, and are with the same therapist each time. The majority of each session consists of hands-on techniques specific to you, your condition(s), and your goals—that's the Inspire Movement way.

## Holistic. Hands-on. Honed In.

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# What you need to know about hip pain

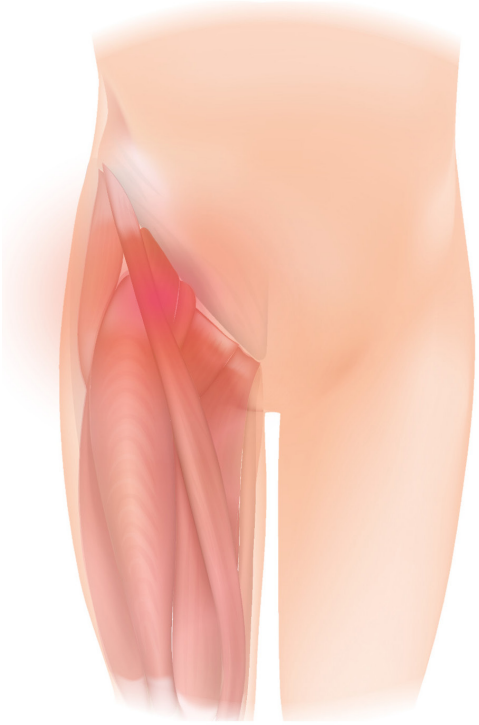
**The Ball-and-Socket Joint**

The hip is where the femur bone meets the pelvic bone. Just like the shoulder, it's a ball-and-socket joint. However, in the hip the socket is much larger and deeper to make the joint stable and able to handle the weight of the body and the large forces we generate between the core and the leg when we move. With a deep socket we get greater joint stability than the shallower, shoulder joint, but the trade-off is we have less mobility. We simply can't swing our legs around as far as we can our arms because of this, and that is normal.

When different people say "hips", they often mean different things and it can get confusing. They might mean the pelvis, the outer bony part of the femur, or the groin region. Clarity here is important and we will discuss this more below. We can't directly palpate the true hip joint because it is deep in the body. Other things for us to navigate are many muscles and tendons that travel through the hip region and are the topic of many-a-blog or YouTube video. A discussion of the complete anatomy is beyond the scope of our discussion here, but the reader is encouraged to visit sites such as this to become familiar.

**Pain Patterns and What They Mean**

Hip pain can usually be **broken down into two main categories:** pain in the groin (inguinal) region, or pain in the outer or back (buttock) part of the hip. If the pain is felt in the inguinal region, and possibly even in the inner thigh down toward the knee, this is a pain pattern associated with irritation, inflammation, or disorder of the hip ball-and-socket joint itself. Occasionally inguinal pain may be due to a pinched nerve in the lumbar spine, but **usually discomfort felt here is coming from the hip joint itself.**



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If the pain is in the outer hip or buttock region, typically this pain (or the root of it) is not coming from the hip joint itself. Instead, **the problem is more than likely coming from movement dysfunction of the lower lumbar vertebrae, the sacroiliac joint, or the pelvic bones** (or commonly, all three together). Buttock pain is often diagnosed as piriformis syndrome, and outer hip pain on the bony part (the greater trochanter) is diagnosed as trochanteric bursitis. While these structures may sometimes be truly irritated, very often correction of the problems in the lower spine alone will make these problems disappear. Why does this happen? **For two reasons:**

1. If the lower spine and pelvis become restricted in their motion, there is extra stress on the hip muscles, tendons and bursae to perform daily and athletic movements. It is simply a problem of one link in the chain not moving properly, and **the adjacent link needs to pick up the slack.** This means it gets overworked.
2. The nerves of the outer hip and buttock come from the spine in the low back. If there is tightness in the vertebrae pinching or irritating a spinal nerve, we will feel the pain in this part of the hip. This **"referred pain"** will mimic a tendonitis, bursitis, or piriformis problem.

**No matter where the pain is, it's critical to have someone look at the lumbar spine and pelvic regions.** Failing to address this issue holistically is often the difference when it comes to getting rid of the pain. Other clues that the spine is the root of the problem are numbness, tingling, burning sensations, pain farther down in the leg, or new issues that appeared in both legs.

**The Hip Bone is Connected to the…**

The hips, therefore, are heavily influenced by the health of the lower spine. If the low back isn't moving properly, very often there is pain, restriction, and weakness that result in the hips, and **correcting spine problems in PT often spontaneously restore our hips back to their healthy ways.** However, the opposite is also true. If your hips are tight, or weak, it will ultimately strain the lower back. This is the "links in the chain" scenario in reverse.

Here's an example: Often the hip loses the flexibility to extend- the thigh loses its ability to move back behind the body. When this happens, our hip flexors are tight, tilting the pelvis forward and making us want to stoop forward. We won't actually stoop though, because we can compensate in our younger years by arching in our lower backs to stand up straight. This also applied to our movements: Our spine will arch and twist extra for every stride, lunge, or bend we take we make because that hip just isn't doing its job. This eventually takes its toll and will irritate the lower spine, making it stiffen up. And what happens when the spine stops moving properly? What we talked about before- The hip joint will get even stiffer, and weaker. **It is a vicious cycle, and addressing both the hip joint and the low back together is imperative** to regain healthy movement and function in this region. Read about "Lower Crossed Syndrome" for more on this topic.

**Long-Term Effects**

The common muscle imbalance in the hip is tightness in the adductors and hip flexors, and weakness in the glutes. The most likely reason for this phenomenon is the amount of sitting we do in our culture, which takes the hips to a relative extreme of motion and holds them there, statically, for hours. With this muscle imbalance, the excessive pull on the femoral head (the ball in the socket) from the adductors and hip flexors in the front will overpower the weaker pull from the glutes, and cause the ball to lose its normal centered position. Instead, we life a live with the ball shifted upward, forward, and laterally within the socket. **Left uncorrected, over the years this imbalance will lead to extra wear and tear on the hip socket**, and what starts off as stiff hips gradually becomes impingement, labral tearing, and degenerative bony changes associated with arthritis and possible eventual hip replacement.

Another important part is the **glutes, which are powerful stabilizers of the sacroiliac joint, lumbar spine, and the knee.** When they fail to activate properly with movement, we lose this stabilizing effect, and it can lead to excessive joint movement and shearing in our backs and knees, leading to structural wear and tear (arthritis) there as well. Hip muscle imbalances have a significant ripple effect both up and down the kinetic chain of the body, especially if left unaddressed for years on end. It's a big joint with a big impact on human movement.

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## CLINICIAN'S CORNER

Seated vertebral mobilization techniques for the lumbar spine are great techniques to use to loosen the hips. Especially with the lower thoracic and upper lumbar segments, getting more mobility and symmetry here will really help improve the hip flexion mobility without a single stretch or energy-intensive hip mobilization needed. **However, sometimes the hips are so restricted that the patient can't even sit without rounding the lumbar spine, and this is a problem.**

If the patient is so tight that he/she can't flex the hip to 90 degrees (say, it's 80 degrees on each side), that person cannot sit upright on the treatment table or in a chair! The patient, unable to hinge at the hips, will round the lumbar spine in his/her sitting posture and you will be unable to do a good vertebral assessment and treatment. So whatever you had planned, you may as well scrap. You have two options now: Find a different treatment technique for the vertebral restriction (hope that you can fix it in a sidelying or prone position), or do something else to get the hips to gain more flexion. This could be fibular mobilizations or myofascial techniques to the trunk in supine. Whatever it is, just get the flexion mobility back. Once you have at least 90 degrees, then you can go to your sitting techniques and help the patient further. We need to get this right, not just for our treatment techniques, but because when you're done with your session that patient is going right back into the car for more sitting. We need to do everything we can to get them the mobility they need for that ASAP.

**Helpful Blogs**

Still Have Hip Pain? 4 Things Most PTs Overlook

**Videos**

Our Mechanical Approach to Hip Pain

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# What we can do for you

Restricted hips affect everything. They limit your ability to sit upright, your ability to stand, walk, bend over, kneel down, squat, and even use your shoulder to its full potential. Hip stretches and exercises do help a great deal, **but they can be time consuming and still not get to the root of the problem.** If that is the case, you need someone who knows how to efficiently restore healthy hip motion, and properly address restrictions in the lower spine. This is where we can help. We have the experience in diagnosing and correcting dysfunctions in these areas, and know how to do it effectively, safely, and in the right order. With a full hour of hands-on work like this, **we can remove the multiple layers of the problem in the same session and unlock the body so that it can heal the way it was designed to do**. When you are ready to maximize the health in your hips, give us a call.

**Manual Treatment Videos for the Hip**

- Treatment of Tight IT Band/TFL
- Treatment of Tight Piriformis
- Treating Tight Psoas/Hip Flexor for Better Hip Extension
- Lower Thoracic Spine Treatment for Better Hip Flexion
- Lumbar Treatment For Looser Hips and Hamstrings
- Sacroiliac Joint Treatment for Better Hip Extension
- Treatment of Pelvic Imbalances

# What You Can Do on Your Own

The hip will never be its best if the low back is ignored. It's imperative to improve vertebral mobility and core strength for healthy hips. See our section on the low back for more on this. That said, self-stretching of the hips can help everyone. The key, as you will see in the videos below, is getting yourself (and your pelvis) properly positioned to get the stretch where you need it. It is good to stretch every direction, and important to remember that stretches for the low back and lower leg (fibular region) help the hip loosen up as well. I would start with the quadratus lumborum and fibular mobilization first to see how much that helps. Then, as long as you are free of knee issues or any acute pain, try the hip distraction exercise, and the others from there. This will loosen things up from broader restrictions to more specific ones. After the flexibility exercises, you will probably feel better balance and strength with lunges, kneeling, kettlebell swings, etc. Do the strengthening exercises after the mobility exercises for the best results.

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## Exercises for Mobility

- Quadratus Lumborum Stretch for Hip and Low Back Flexibility
- Fibular Mobilizations with Ball for Hip Flexibility
- Hip Distraction Exercise with Roller
- IT Band/TFL Stretch- Standing
- IT Band/TFL Stretch- Kneeling
- IT Band Roller Stretch
- Piriformis Stretch
- Piriformis Stretch in Pigeon with Bolster
- Psoas/Hip Flexor Stretch- Kneeling
- Psoas/Hip Flexor Stretch- Kneeling with a Plus
- Psoas/Hip Flexor Stretch- Standing Knee Friendly Version
- Hip Flexor Stretching Cliff's Notes Version
- Adductor Stretch (Standing and Kneeling Versions)
- Hamstring Stretch
- Quadricep Stretch

## Exercises for Coordination, Correction of Muscle Imbalance, and Strength

- Gluteus Maximus- Buns of Steel Part 1
- Gluteus Medius - Buns of Steel Part 2
- Core Exercise: Muscle Imbalance of Adductors/ Hip Flexors
- Pelvic Clock Exercise for Trunk Coordination/ Control
- Hip Stability in Endurance Athletes
- Squat Exercise
- Runner's Single Leg Deadlift
- Figure 8 Exercise for the Hips
- Cross Country Skier Exercise for Hip Control

## Ergonomics

- Best Lifting Mechanics for the Hips and Low Back
- Is Doing a Pelvic Tilt Bad for My Back?
- The Most Important Joint in Crossfit: The Hips!
- Aero Hacks for Cyclists: Hips Part 1
- Aero Hacks for Cyclists: Hips Part 2
- Stop Making Dad Sounds!
- Is Bending Down Miserable for You?
- Running Mechanics: Are You Propelling or Braking?

**Disclaimer:**

The above information is for educational purposes only and should not be considered health advice for you specifically. We advise that before attempting anything included here, you should first consult your physician or physical therapist to ensure that it is safe for you and your condition(s). Please use common sense and before trying anything new, consult your licensed healthcare professional.

With exercise and any physical activity there is an inherent risk of injury or adverse health event, and by engaging in these movements, postures, or habits you accept this risk. We also make no guarantees of any specific results from the advice, exercises, or postures included here.

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