



Lateral Hip Pain Protocol

STAGE	AIMs	TREATMENT	HOME EXERCISE	CLINICAL PILATES PROGRAM (see attachments)	ACTIVITY MODIFICATION
 <p>1 ISOMETRIC</p>	<p>Settle pain and deload tendon/ bursae</p> <p>ISOMETRIC LOADING</p>	<p>-Deep tissue techniques/ dry needling gluts/ TFL/ ITB/iliopsoas</p> <p>-AVOID stretching of gluteal / lateral hip stretches which force hip adduction and increased compressive and passive tensile loading</p> <p>-NSAID's as appropriate to down-regulate cell activity</p>	<p>-Pelvic tilting</p> <p>-'Hip sink' exercise to relax hypertonic anterior muscle</p> <p>-Spikey ball massage to deep hip muscles and gluteal</p> <p>-ISOMETRIC GLUTEAL SUPINE WITH THERABAND (BLACK OR BLUE) 5X45 SECS – NO PAIN</p> <p>Watch response. Repeat 2-3x/day.</p>	<p>-Hydrotherapy program (see sheet)</p> <p>-Non weight bearing clinical Pilates program (see sheet)</p>	<p>-Avoid hip adductions postures (x leg sit/standing 'hanging on one hip')</p> <p>-Sleeping with pillow under knees in supine or sidelying with pillow</p> <p>-No hill /stair climbing</p> <p>-Reduce walking time to prevent overload of tendon</p>

CRITERIA TO PROGRESS

-Decrease in night pain
-Correct activation of stability muscles (deep abdominals/ deep hip stabilisers/ pelvic floor)

 <p>2 ISOTONIC Pain still an issue</p>	<p>-Continue to settle pain</p> <p>-Sustained isometric contractions to enhance tendon analgesic effects</p> <p>-Begin muscle hypertrophy gluteus medius/min – ISOTONIC STRENGTHENING.</p>	<p>-Continued soft tissue therapy/ dry needling if required to achieve optimal tissue tension</p> <p>-Assessment and treatment of lumbar spine and adjacent areas causing altered hip kinematics</p>	<p>-Clam Level 2 – off pillow</p> <p>-Standing single leg band resisted abduction on slippery surface OR side stepping for elderly patient</p> <p>ISOMETRIC 2X DAILY ISOTONIC HIGH TENSILE EXS – HEAVY SLOW 4X15 DOWN TO 6 4X/WK OR ECCENTRIC 3X15 TWICE DAILY OR COMBINED</p> <p>-Double bridge 10 x 10 sec holds</p> <p>-Foot/ ball/ wall glut max activation</p> <p>-Sitting on ball with gluteal activation</p> <p>-Sit to stand from ball</p> <p>-Static standing posture with band around knee</p> <p>-Double sumo squat with band</p>	<p>Focus on low velocity/ high tensile load in NON COMPRESSIVE POSITION with weight bearing stimulus.</p> <p>-Platformer excellent in this stage</p> <p>-Continue hydrotherapy</p>	<p>-Continued avoidance of static and dynamic compressive loading postures as per stage 1.</p> <p>-Able to do walking on flat surface BUT no increase in pain and definitely NO increase night pain.</p> <p>NB IF PAIN INCREASES 24 HOURS AFTER – TOO MUCH LOAD. Re test exercise – eg squat NW continue W = too much load</p>
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CRITERIA TO PROGRESS

-Double bridge 10 x 10 secs
-Double squat without femoral adduction and with good lumbopelvic alignment

3
FX STRENGTH
Pain less of an issue



- Continued strengthening hip abductors
- Begin movement retraining control of pelvic/ femoral alignment during
- Focus on load bearing control exercises

- General progress to exercise therapy/ Clinical Pilates in this phase
- Video movement analysis of SLS and walking

- SLS with core and gluteal control
- Lunge with band around knee
- SLS with ball control on wall (10 sec holds)
- ☑ progress with small squat (0-30 deg)
- One leg standing on side of step (eccentric glut med in weight bearing + hip circles)
- Sideplank static hold (elbow)
- +progress to leg holds

- Focus on weight wearing exercises to simulate walking/ running/ activity postures
- Gradually increase loads/ hold and instability during this phase

- Increased walking tolerance up to 30 mins (flat ground)

CRITERIA TO PROGRESS

- Single bridge 10x10
- SLS 30 sec hold nil trendellenberg
- SLSq with good alignment (No increase femoral adduction) VIDEO ANALYSIS TO CONFIRM

4
ENERGY STORAGE AND RELEASE PLYOMETRICS



- Improve lumbopelvic control
- Graduate return to activity

- 1/1 Clinical Pilates
- Video running analysis and correction if needed

- Exercise to improve Lx pelvic control (front plank/ praying mantis/ side plank (raised))
- Juvo board squat
- Single leg box squat
- Single leg landing with lumbopelvic and hip control

Progression to Semi supervised Clinical Pilates with individualised program to target specific weaknesses CLASS

Return to running program as per guideline (start 30 sec ON 2.5 mins OFF)

CRITERIA TO PROGRESS

-Y Balance test within normal Limits/Box jump

5
RETURN TO SPORT

Return to high level activities

Functional movement screen to assess contributing factors/ altered movement patterns that may cause increased loading and therefore risk factor for re-injury

- High level core stability exercises
- Raised sideplank with leg lift hold → progress to leg raise and lower
- Physioball sidelying pelvis raise and lower
- Activity/ sport specific

Progression to performance Pilates

Graduated progression to full running and hills

CRITERIA TO PROGRESS

- FMS score >14
- No major faults in running pattern
- Normal single hop score

- TPM
- Box hop/rotation
- Melbourne return to sport - triple hop test