

Jordan M. Meiss, MD

Hip/Core Pre-rehab Program

This information and protocol is a guideline, individual variations and changes will apply

General Guidelines:

1. Program should be done 3-4 times a week
2. 3 sets of 10 repetitions
3. These exercises are to be used as a guide only, if patient experiences pain during or after these exercises they should not be performed.

STRENGTH



Cable Column Hip Extension



Hip Abduction



Hip Adduction

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PCL Injury: Non-Operative

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Supine Bridging



Mini Squats on Balance Board



Step Downs



Wall Sits

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Hip Hiking



Side Stepping with Theraband



Clam Shells

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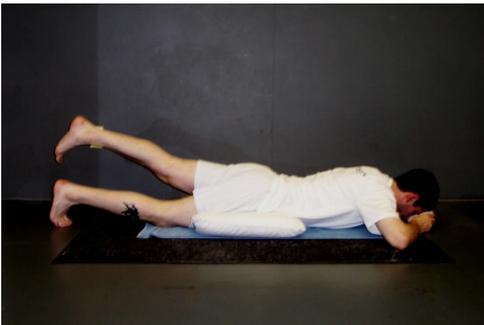
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Hip Abduction



Hip Adduction



Prone Hip Extension

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Cable Column Bilateral Rotations → Progress to 1 leg



Front Planks



Side Planks

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Abdominal Crunch



Bird Dog

Flexibility/ROM



Stool Rotations – Place involved knee on stool. Rotate leg outward and hold for 10 seconds. Then rotate leg inward and hold for 10 seconds. Keep hips facing forward so rotation comes from the painful hip. Progress range without any pain and minimal discomfort. Do 1 set of 10.

OR IF NO STOOL

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Prone Hip Rotations: Rotate leg outward and hold for 10 seconds. Then rotate leg inward and hold for 10 seconds. Keep hips facing down so rotation comes from the painful hip. Progress range without any pain and minimal discomfort. Do 1 sets of 10.



Quadruped Rocking – Start on hands and knees and bring buttocks toward heels to increase hip motion. Progress leaning forward with chest toward surface. Progress range without any pain and minimal discomfort. Hold end range position for 30 seconds.
Do 1 sets of 5.

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Hip Flexor Stretch with Stool:

Place involved knee on stool keeping hips parallel to table, then slide stool back until you feel a strong stretch in the front of your hip. Hold for 30 seconds. Repeat 3 times.



Hip Adductor Stretch with Stool: Place involved knee on stool keeping hips parallel to table, then slide stool out to side until you feel a strong stretch in the inner thigh (groin). Hold for 30 seconds. Repeat 3 times.

The same stretches are performed below if patient has no stool:



Standing Hip Flexor Stretch



Standing Adductor Stretch

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Combo Hip Flexor and It-band Stretch: Place 1-2 pillows under hips and bring involved leg across and under noninvolved leg. The noninvolved leg can stabilize the involved leg. Patient should feel a stretch on the front and side of hip. Hold here for 10-15 mins while icing.

Special thanks for Bryan Kelly, MD