

HIP REHAB

THE HIP STRENGTH & MOBILITY STARTER GUIDE

Build capacity. Improve control. Move with confidence.

A practical educational guide to the strength, mobility and physical capacity that support comfortable movement.

01

BUILD CAPACITY

Develop strength to support daily activity, exercise and sport.

02

RESTORE OPTIONS

Use comfortable mobility and varied movement to reduce guarding.

03

PROGRESS LOAD

Advance from controlled exercise toward your real-world demands.

Inside: five starter exercises, coaching cues, progressions and a simple framework for building capacity.

WHY HIP PAIN CAN HAPPEN

Pain is rarely explained by one factor. Symptoms can emerge when the demands placed on the region exceed what it is currently prepared to tolerate.

01	LOAD CHANGES New mileage, hills, lifting, prolonged sitting or a sudden activity increase can exceed current capacity.
02	STRENGTH & CONTROL Hip and trunk muscles help control the pelvis and transfer force through the leg.
03	MOBILITY Hip, spine and lower-extremity mobility can influence how movement demands are distributed.
04	RECOVERY Sleep, stress, fueling and time between hard sessions affect adaptation.
05	REFERRED SYMPTOMS Hip-region pain may sometimes originate from the lumbar spine or other structures and deserves appropriate assessment.

KEY IDEA

The goal is not to avoid load forever. Find an appropriate starting point, monitor the response and progressively build capacity.

THE HIP FOUNDATION

A useful rehabilitation plan considers the region as part of a larger movement system. These five areas provide a practical starting framework.

01	GLUTEAL STRENGTH Supports hip extension, pelvic control and force production.
02	LATERAL HIP CAPACITY Helps manage frontal-plane demands during walking, running and single-leg tasks.
03	TRUNK CONTROL Provides a stable platform for lower-extremity movement.
04	COMFORTABLE MOBILITY Maintains useful movement options without forcing painful range.
05	SINGLE-LEG FUNCTION Builds balance, coordination and confidence for daily and athletic tasks.

Exercise selection should be individualized based on symptoms, health history, goals and current capacity.

5 EXERCISES FOR HIP PAIN

These are examples that may fit within a broader rehabilitation program. They are not a universal treatment protocol.

1. BRIDGE

Why: Hip-extension and posterior-chain strength.

How: Lie on your back with knees bent. Press through the feet, lift the hips without arching, then lower slowly.

Start: 2–3 sets of 8–12 reps.

2. SIDE-LYING HIP ABDUCTION

Why: Lateral hip strength and pelvic control.

How: Lie on your side with the top leg straight. Lift slightly behind you without rolling the pelvis backward.

Start: 2–3 sets of 8–12/side.

3. SIT-TO-STAND

Why: Functional hip and knee strength.

How: From a stable chair, lean forward, stand with control, then sit slowly.

Start: 2–3 sets of 6–10 reps.

4. SUPPORTED HIP HINGE

Why: Posterior-chain loading and hip control.

How: Hold a support, soften the knees and push the hips back while keeping the trunk controlled. Return tall.

Start: 2–3 sets of 8–10 reps.

5. SINGLE-LEG BALANCE

Why: Hip, trunk and foot coordination.

How: Stand near support on one leg with a level pelvis and relaxed breathing.

Start: 2–3 rounds of 20–30 sec/side.

FEATURED EXERCISE: BRIDGE

This exercise offers a practical way to build controlled hip capacity. Use a comfortable range and appropriate starting level.

01	SET UP Lie on your back with knees bent and feet about hip-width apart.
02	BRACE Gently tighten the trunk without holding your breath.
03	LIFT Press through both feet and lift until the hips are comfortably extended.
04	LOWER Pause briefly, then lower with control.

COACHING CUES

Move with control. Keep breathing. Use a range and resistance that feel manageable, and avoid forcing through sharp or escalating symptoms.

REGRESS	BASE	PROGRESS
Shorter range	Two-leg bridge	Single-leg bridge or added load

HOW TO PROGRESS

Progression should reflect the person in front of you—not simply the calendar. Advance one variable at a time and watch the response.

01	CONTROL Own the movement through a comfortable range and tempo.
02	VOLUME Gradually add repetitions, sets, hold time or total work.
03	RESISTANCE Add external load when the current level is well tolerated.
04	SPEED & COMPLEXITY Introduce faster or more complex movement when appropriate.
05	ACTIVITY-SPECIFIC DEMANDS Progress toward the work, recreation or sport demands that matter to you.

SIMPLE RESPONSE CHECK

Mild symptoms during exercise may be acceptable for some conditions if they remain manageable and return toward baseline afterward. A marked or lasting increase means the dose may need to change.

READY FOR A PLAN BUILT AROUND YOU?

ONLINE REHABILITATION CONSULTING | SPORTS MEDICINE | PERFORMANCE

Move beyond generic exercise lists.

Online rehabilitation consulting can help you understand your symptoms, choose an appropriate starting point, and build a progressive plan around your goals, equipment and schedule.

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WHEN TO SEEK PROMPT MEDICAL CARE

Seek appropriate care after major trauma or for severe or rapidly worsening pain, major swelling or deformity, inability to use the limb, fever or unexplained illness, new or progressive weakness, persistent numbness or tingling, loss of coordination, or other concerning symptoms.

EDUCATIONAL DISCLAIMER

This guide is for general educational purposes only and is not a substitute for individualized medical evaluation, diagnosis or treatment. Exercise selection and progression should be based on your health status, symptoms, history and goals. Consult a qualified healthcare professional before beginning a new exercise or rehabilitation program, particularly if you are currently experiencing pain or injury. Stop an exercise and seek appropriate guidance if symptoms are concerning or worsening. Online consultation availability and scope may depend on your location and individual needs.