Manual Therapy Techniques of the Hip
Aurora Bay Care 4th Annual Sports Medicine Symposium
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Pre and Post Intervention Assessment

1. Hip rotation assessment (Ellson JB. 1990)
   a. Prone lying, flex knees to 90
   b. For internal rotation: Take single leg measurements while pelvis maintains contact with surface.
   c. Quick screen for side to side comparison of internal rotation: Rotate both hips into internal rotation.
   d. For external rotation: Rotate one hip at time

2. Flexion Abduction ER Test: FABER Test (Patrick’s test / Figure 4 test) (Ross MD. 2003)
   a. Pt supine
   b. Place foot/ankle of leg onto the patient’s opposite thigh superior to the patella. Stabilize the opposite pelvis at the ASIS and provide a gentle, gradient downward pressure to the knee on the side being tested.
   c. Assess bilateral motion with use of inclinometer and provocation of pain

3. Impingement test (Flexion Adduction IR Test / FADIR Test)
   d. Pt supine
   e. Passively flex, adduct and internally rotate the hip. Apply a compressive load to the hip if necessary.
   f. Assess: Pain or inability to adduct hip
   g. Pain deep in the inguinal region may indicate: OA change, labral pathology, FAI, femoral neck injury.
Manual Therapy Techniques

1. Hip Long Axis Traction/Manipulation

- **Indication:** General stretch to hip capsule to increase ROM and pain relief
- **Pt position:** Prone with hip in 30° flexion, 30° abduction and external rotation. May have patient’s pelvis fixated with a belt or ask patient to hold onto the edge of the table.
- **Therapist position:** Standing at patient’s feet. Wrap mobilization belt around the ankle in a figure 8 fashion (wrap belt behind ankle, cross it in front of ankle) and connect behind therapist’s waist. Slide hands in the belt so grasp is strengthened by the belt.
- **Traction Procedure:** Therapist leans back and provides a static force in a longitudinal direction
- **Manipulation Procedure:** Take up slack in the hip, at the end of motion provide a smooth high-velocity, low-amplitude thrust in a caudal direction.

- **Technique in prone:** Same as in supine except that hip is in extension, abduction and external rotation. (Intended to isolate anterior capsule)

- **Self Stretch With use of cable column:** Strap cable column around ankle with patient in supine position. (strap is applied by starting on plantar of foot, cross in front of ankle, cross in back of ankle, feed through the belt). Intended for a low-load long duration stretch to the capsule

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2. Hip distraction
   - **Indications:** General stretch to hip capsule to increase ROM and pain relief
   - **Pt position:** Supine with hip flexed to 90° and knee fully flexed. May place a belt across pelvis to stabilize during procedure.
   - **Therapist position:** Standing on side to be mobilized. Wrap mobilization belt around hip crease, cross in front of therapist and wrap behind waist (may use towel to minimize pinching). Stabilize knee and, if necessary, ankle.
   - **Procedure:** Passively bring patient into flexion, adduction, internal rotation prior to symptom provocation. Lean back to take up slack in soft tissue. Provide an oscillatory or static distraction force to the hip in a lateral direction. Avoid inguinal pain.
   - **Self Distraction:** Patient standing with foot on chair. Place belt around proximal thigh. Push knee medially with opposite hand and lean away from the belt while pushing against wall.

3. Hip Caudal Glide
   - **Indications:** Stretch posterior capsule of the hip
   - **Pt position:** Supine with hip and knee flexed. May place a belt across pelvis to stabilize during procedure have patient grasp table.
   - **Therapist position:** Standing on side to be mobilized. Wrap mobilization belt around hip crease, cross in front of therapist and wrap behind waist (may use towel to minimize pinching). Stabilize knee and, if necessary, ankle.
   - **Procedure:** Passively bring patient into flexion, adduction/abduction, internal/external rotation prior to symptom provocation. Lean back to take up slack in soft tissue. Apply an oscillatory or static force in a caudal direction to the proximal femur. Adjust the hip flexion, rotation and adduction as needed.
4. Anterior-Posterior (AP) Mobilization

- **Indications:** Stretch posterior capsule of the hip
- **Pt position:** Supine with hip flexed, adducted and rotated so that foot is along the lateral aspect of the opposite knee
- **Therapist position:** Standing on opposite side with hands over the knee
- **Procedure:** Provide an oscillatory or static force along the long axis of the femur in a posterior direction. Adjust the flexion, adduction and internal rotation. Pt should feel the stretch “in their back pocket”. Avoid inguinal pain.

5. Posterior-Anterior Mobilization

- **Indications:** General stretch to anterior capsule of the hip and pain relief

**Technique 1**
- **Pt position:** Prone with knee flexed
- **Therapist position:** Standing on side to be mobilized. Support leg above the knee with one hand. With mobilizing hand, hypothenar eminence is in gluteal fold over proximal femur.
- **Procedure:** Provide an oscillatory or static force in an anterior/lateral direction. Vary the degree of extension, abduction and rotation.

May use a strap under distal thigh of patient and wrapped around shoulders of therapist to support LE.

-OR-

May use a bolster under lower leg to avoid having to support the LE.
Technique 2

- **Pt position:** Prone with leg flexed, abducted and externally rotated (Figure 4 position). If patient is very tight, have knee off the edge of the table or place a towel under the opposite pelvis to decrease abduction
- **Therapist position:** Standing on side to be mobilized with web space of both hands over posterior hip
- **Procedure:** Provide an oscillatory or static force in an anterior direction. May add in contract/relax to the hip

- **Self Stretch:** Pt prone in figure four position and rest on elbows or perform a press up.

Technique 3

- **Pt position:** As above with knee further off the edge of the table
- **Therapist position:** Standing on side to be mobilized with web space of one hand over posterior hip and other hand under the knee.
- **Procedure:** Lift up on the knee with one hand, provide a posterior force to the hip with the other hand

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