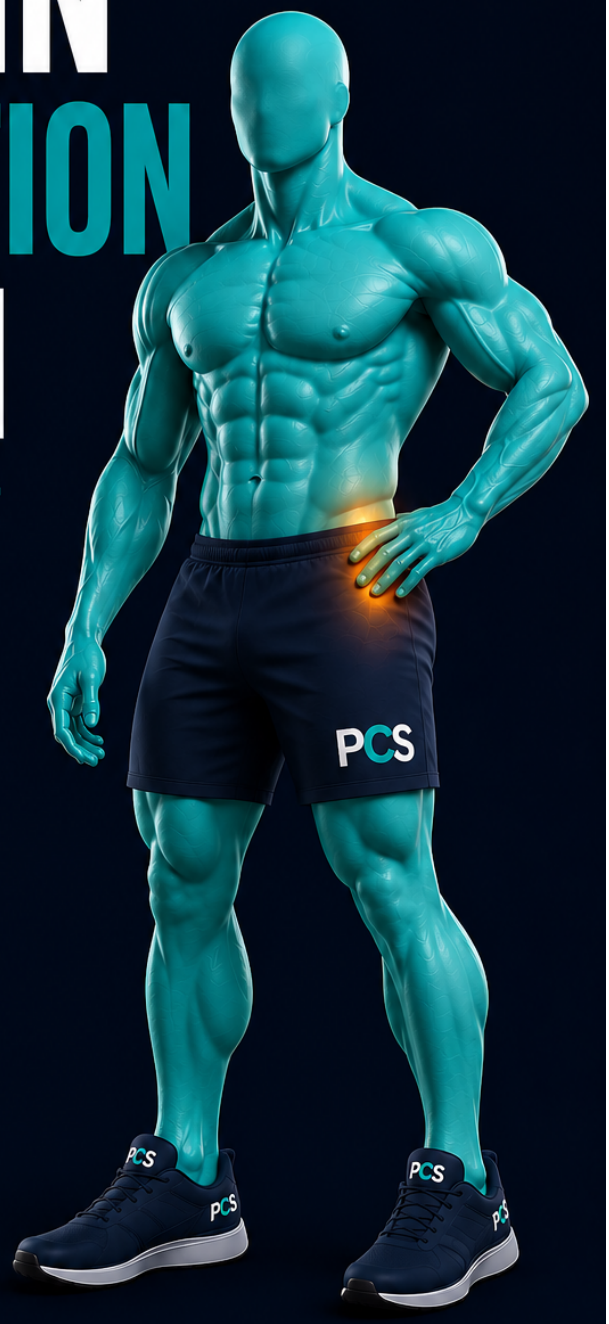
HIP PAIN PREVENTION SYSTEM

Build Capacity Before Pain Interrupts Your Day



Pain Care Supply — Clinician-Designed Pain Management

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Before You Start

You went to stand up from the couch and your hip caught before you could take a step. Or maybe it's the drive to work — that first push out of the car seat that makes you brace for what's coming. Hip pain doesn't wait for a convenient moment. It shows up while you're loading groceries, climbing stairs, or trying to keep up on a walk that used to feel easy.

This guide is not about waiting for a flare to pass. It's about building enough capacity in the hip that fewer moments catch you off guard in the first place.

Who This Guide Is For

This guide is for people whose hip pain shows up with sitting, standing, walking, or climbing stairs — before a flare happens, not just after one.

What's Actually Happening

Pain does not always mean damage, but it always deserves attention. Most hip pain that builds gradually — catching with stairs, aching after sitting, tightening during a walk — comes down to load versus capacity. The tissues around your hip, especially the outer hip muscles and tendons, can only handle so much in a day. When daily demand outpaces that capacity, even for a few days in a row, symptoms build.

This is common with the gluteal tendons on the outer hip, which react to a combination of compression and repeated load — prolonged sitting with legs crossed, standing with weight shifted onto one hip, or a sudden jump in walking distance. It's rarely about one bad moment. It's usually about a pattern.

Prevention works the same way: no single stretch will “fix” the hip. Building capacity gradually, and avoiding the extremes of pushing through pain or avoiding movement entirely, is what actually shifts the pattern over time.

FEEL CHECK

EXPECTED: mild stretch, light tension, controlled movement.

NOT ACCEPTABLE: sharp pain, increased symptoms, loss of control.

You should feel a mild stretch, not sharp pain. Stay in a tolerable range. If symptoms increase, reduce range or stop.

RED FLAG PROTOCOL

STOP and seek immediate medical attention if you experience:

— Loss of bladder or bowel control

— Numbness or tingling in the groin or inner thigh

— Sudden severe weakness in both legs

— Chest pain, dizziness, or difficulty breathing during movement

— Symptoms that are rapidly worsening

STOP and consult a licensed provider before continuing if you experience:

— New or increasing numbness or tingling down the leg or into the foot

— Sharp shooting pain that worsens with every attempt at movement

— Significant increase in symptoms after two or more sessions

— Fever, unexplained weight loss, or night pain that wakes you from sleep

The Topical Protocol

These tools will not fix the problem. But they may help reduce pain and discomfort so you can move better and build tolerance again.

If hip pain keeps interrupting your day, keep this nearby:

3,500mg CBD Pain Relief Cream (Biotech CBD)

Designed to be applied directly to the outer hip for on-the-spot support during flare-ups.

Salonpas Lidocaine 4% Pain Relieving Gel Patch

A hands-free option for sustained relief during a long day at work or on your feet.

Step 1 — Morning application.

Step 2 — Reapply every 2 to 3 hours.

Step 3 — Combination protocol. Menthol first. Wait 2 to 3 minutes. CBD cream second. Menthol is the penetration driver. CBD penetrates deeper and delivers anti-inflammatory effect.

Step 4 — Salonpas patch for hands-free sustained relief.

Explore more relief tools at PainCareSupply.com — click Shop Pain Relief Tools in the menu.

The Exercise System — Roadmap

Eleven exercises, three phases, in the order your hip actually needs them.

REDUCE LOAD → **REACTIVATE STABILIZERS** → **RESTORE MOVEMENT**

Phase 1 — Reduce Load (3 exercises)

Calm compression and irritation before loading the hip further.

1. Supported Hip Hinge Reset 2. Seated Figure-4 Stretch 3. Standing Hip Flexor Release

Phase 2 — Reactivate Stabilizers (4 exercises)

Wake up the muscles that control and support the hip.

4. Glute Bridge 5. Clamshell 6. Side-Lying Hip Abduction 7. Bird Dog

Phase 3 — Restore Movement (4 exercises)

Rebuild strength and control through fuller, real-world ranges.

8. Single Leg Glute Bridge 9. Standing Hip Hinge with Reach 10. Step-Up 11. Sit-to-Stand

You can skim this page now — come back and read each exercise in full when you're ready to start.

PHASE 1 — REDUCE LOAD

1. Supported Hip Hinge Reset

Target Area: *Outer hip, lower back*

May Help With: *Reducing compression from prolonged sitting or standing on one leg*

1. Stand facing a countertop or sturdy chair, feet hip-width apart.
2. Hold on lightly for support.
3. Hinge at the hips, sending your hips back while keeping a slight bend in the knees.
4. Lower until you feel a mild stretch through the back of the hip, not pain.
5. Return to standing with control.

Reps / Hold: 8–10 slow reps

Common Mistakes to Avoid: Rounding through the lower back instead of hinging at the hips; going too fast.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

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2. Seated Figure-4 Stretch

Target Area: *Outer hip, glute*

May Help With: *Tightness from prolonged sitting*

1. Sit tall in a sturdy chair.
2. Cross one ankle over the opposite knee.
3. Gently lean forward from the hips until you feel a mild stretch in the outer hip.
4. Hold, breathing normally.
5. Switch sides.

Reps / Hold: Hold 20–30 seconds per side, 2 rounds

Common Mistakes to Avoid: Forcing the stretch; rounding the upper back instead of hinging forward.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

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3. Standing Hip Flexor Release

Target Area: *Front of hip*

May Help With: *Tightness from prolonged sitting or driving*

1. Stand in a split stance, one foot forward, one foot back.
2. Keep your back knee soft, not locked.

3 Gently tuck your hips forward until you feel a mild stretch in the front of the back hip.

4 Hold, then switch sides.

Reps / Hold: Hold 20–30 seconds per side, 2 rounds

Common Mistakes to Avoid: Arching the lower back instead of tucking the hips.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

Quick Reference — Phase 1

PHASE 1 — REDUCE LOAD

Calm compression and irritation before loading the hip further

1. **Supported Hip Hinge Reset** — 8–10 slow reps.

2. **Seated Figure-4 Stretch** — Hold 20–30 sec per side, 2 rounds.

3. **Standing Hip Flexor Release** — Hold 20–30 sec per side, 2 rounds.

YOU ARE HERE: REACTIVATE STABILIZERS

REDUCE LOAD → **REACTIVATE STABILIZERS** → RESTORE MOVEMENT

4 exercises in this phase.

Purpose: wake up the muscles that control and support the hip before loading it further.

PHASE 2 — REACTIVATE STABILIZERS

4. Glute Bridge

Target Area: *Glutes, hip stabilizers*

May Help With: *Building foundational hip strength without loading the hip in a compressed position*

1. Lie on your back, knees bent, feet flat.
2. Press through your heels and lift your hips toward the ceiling.
3. Squeeze your glutes at the top without arching your lower back.
4. Lower with control.

Reps / Hold: 10–12 reps, 2–3 sets

Common Mistakes to Avoid: Arching through the lower back instead of squeezing the glutes; pushing through the toes instead of the heels.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

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5. Clamshell

Target Area: *Outer hip, glute medius*

May Help With: *Activating the stabilizing muscles on the outer hip*

1. Lie on your side, knees bent, hips stacked.
2. Keep feet together and lift the top knee, rotating from the hip.
3. Keep your pelvis still — no rocking backward.
4. Lower with control.

Reps / Hold: 10–12 reps per side

Common Mistakes to Avoid: Rocking the hips backward instead of isolating the movement to the hip.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

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6. Side-Lying Hip Abduction

Target Area: *Outer hip, glute medius*

May Help With: *Building tolerance for single-leg loading positions like walking and stairs*

1. Lie on your side, legs stacked and straight.
2. Lift your top leg toward the ceiling, keeping it in line with your body.
3. Lower with control.

Reps / Hold: 10–12 reps per side

Common Mistakes to Avoid: Rolling the hip backward to lift higher instead of lifting with control.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

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7. Bird Dog

Target Area: *Core, hip stabilizers*

May Help With: *Coordinating hip and trunk control for walking and daily movement*

1. Start on hands and knees.
2. Extend one arm forward and the opposite leg back, keeping your hips level.
3. Hold briefly, then return with control.
4. Switch sides.

Reps / Hold: 8–10 reps per side

Common Mistakes to Avoid: Letting the hips rotate or dip instead of staying level.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

Quick Reference — Phase 2

PHASE 2 — REACTIVATE STABILIZERS

Wake up the muscles that control and support the hip

4. Glute Bridge — 10–12 reps, 2–3 sets.

5. Clamshell — 10–12 reps per side.

6. Side-Lying Hip Abduction — 10–12 reps per side.

7. Bird Dog — 8–10 reps per side.

YOU ARE HERE: RESTORE MOVEMENT

REDUCE LOAD → REACTIVATE STABILIZERS → **RESTORE MOVEMENT**

4 exercises in this phase.

Purpose: rebuild strength and control through fuller ranges tied to real activities like stairs, walking, and standing from a chair.

PHASE 3 — RESTORE MOVEMENT

8. Single Leg Glute Bridge

Target Area: *Glutes, hip stability under single-leg load*

May Help With: *Preparing the hip for walking and stair demands*

1. Lie on your back, one knee bent, one leg extended.
2. Press through the bent-leg heel and lift your hips.
3. Keep hips level — no dropping to one side.
4. Lower with control, then switch sides.

Reps / Hold: 8–10 reps per side

Common Mistakes to Avoid: Letting the hips drop or rotate instead of staying level.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

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9. Standing Hip Hinge with Reach

Target Area: *Glutes, hamstrings, hip control*

May Help With: *Bending and lifting patterns like loading a car or picking something up*

1. Stand with feet hip-width apart.
2. Hinge at the hips, reaching toward the floor or a low surface.
3. Keep a soft bend in the knees and a flat back.
4. Push through your heels to return to standing.

Reps / Hold: 10–12 reps

Common Mistakes to Avoid: Rounding through the lower back instead of hinging at the hips.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

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10. Step-Up

Target Area: *Hip, quad, glute*

May Help With: *Stairs, curbs, and uneven surfaces*

1. Stand in front of a low, stable step.
2. Step up fully onto the step, pressing through the whole foot.
3. Control the movement back down.
4. Switch leading legs.

Reps / Hold: 8–10 reps per side

Common Mistakes to Avoid: Pushing off the trailing leg instead of the working leg on the step.

You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

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11. Sit-to-Stand

Target Area: *Hip, quad, glute, functional control*

May Help With: *Getting up from chairs, couches, and car seats with less catching or bracing*

1. Sit toward the edge of a sturdy chair.
2. Hinge slightly forward at the hips.
3. Push through your feet to stand, keeping your chest up.
4. Lower back down with control, not a drop.

Reps / Hold: 8–10 reps

Common Mistakes to Avoid: Using momentum or rocking instead of controlled leg drive; letting the knees cave inward.

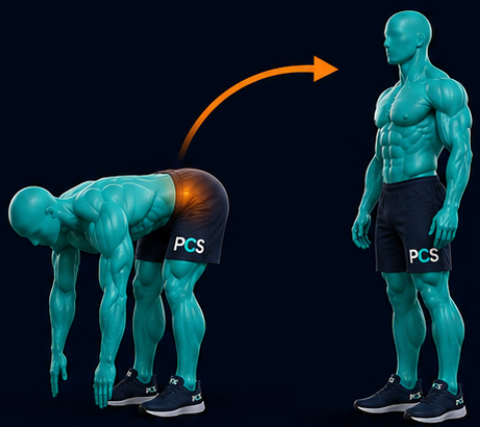
You should feel a mild stretch or controlled effort, not sharp pain. If symptoms increase, reduce range or stop.

Quick Reference — Phase 3

PHASE 3 — RESTORE MOVEMENT

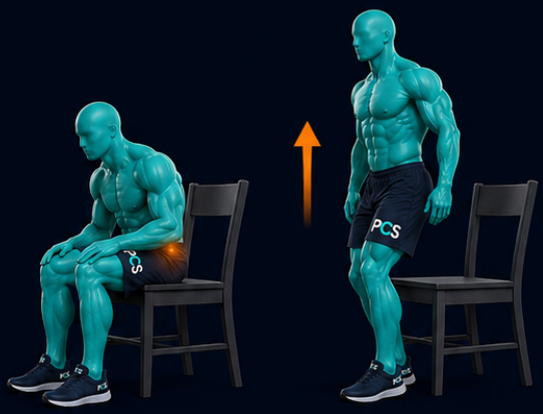
Rebuild strength and confidence in everyday movement patterns

8. Single Leg Glute Bridge — 8–10 reps per side.



9. Standing Hip Hinge with Reach — 10–12 reps.

10. Step-Up — 8–10 reps per side.



11. Sit-to-Stand — 10–12 reps.

Real-World Application — Three Environments

AT HOME

Getting up off the couch or out of bed sometimes makes you brace before you even move.

Prolonged sitting or lying compresses the hip, and the first movement after a static position is often the most provoking.

PCS Tip: Change position every 30–45 minutes when possible, rather than waiting until you're stiff.

- Avoid sitting with legs crossed for long stretches.
- Stand and shift weight evenly for a minute before walking.
- Do a few Glute Bridges before getting up from a long rest period.
- Keep a supportive cushion for prolonged sitting.

If getting up from the couch keeps catching your hip off guard — get The Flare-Up Reset free at paincaresupply.com/free

AT WORK

Sitting through a long meeting or a desk shift leaves your hip stiff and aching by the time you stand.

Static sitting posture increases compressive load on the outer hip tendons over time.

PCS Tip: A standing break every hour matters more than one long stretch at the end of the day.

- Set a reminder to stand and walk for 1–2 minutes every hour.
- Avoid sitting with your hip hiked up on a wallet or phone in your back pocket.
- Do a Seated Figure-4 Stretch during a break.
- Keep your chair height so your hips sit level with or slightly above your knees.

If sitting all day leaves your hip stiff by afternoon — get The Flare-Up Reset free at paincaresupply.com/free

IN YOUR VEHICLE

The first step out of the car after a long drive is sometimes the worst part of your day.

The seated, hip-flexed driving position combined with a sudden load on standing can provoke symptoms.

PCS Tip: Pause and stand fully before your first step, rather than moving quickly out of the car.

- Adjust your seat so your hips are level with or slightly above your knees.
- Pause standing beside the car for a few seconds before walking.

— Do a Standing Hip Flexor Release during longer stops.

— Avoid twisting from the seat — turn your whole body toward the door first.

If getting out of the car keeps triggering your hip — get The Flare-Up Reset free at paincaresupply.com/free

Progression — What's Next

Start with Phase 1 for the first week, focusing on calming compression and irritation. Once those feel controlled, move into Phase 2 to reactivate the stabilizing muscles. Once Phase 2 feels manageable, progress into Phase 3 to rebuild strength and control through fuller, real-world ranges. Begin with shorter sessions and fewer sets, then increase gradually as your hip tolerates more.

YOUR NEXT STEP

You've completed the Hip Pain Prevention System — reduce load, reactivate the stabilizers, restore movement.

For a faster daily companion — **The Flare-Up Reset** — get it free at paincaresupply.com/free

Research References

The information presented in this guide is informed by clinical practice guidelines, peer-reviewed research, and evidence-based educational resources available at the time of publication.

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