HIP PAIN 7-DAY RESET

A Daily Consistency Protocol

Pain Care Supply — Clinician-Designed Pain Management

Before You Start

Why Consistency Matters

Your hip feels fine one day and irritated the next, and it's hard to tell if anything you're doing is actually working.

That inconsistency is frustrating. Most people respond by changing their approach constantly — a new stretch one day, complete rest the next, pushing through activity the day after that. Without a steady pattern to compare against, it becomes nearly impossible to tell what your hip can actually tolerate.

This isn't a sign your hip is broken, and it isn't a sign you're doing something wrong. It's a sign you haven't had a consistent baseline to measure against yet. A structured week changes that — real patterns start to show up when you keep the plan steady instead of changing it daily.

How This Guide Works

Each day follows the same simple structure: a focus for the day, guidance on changing positions, a description of your tolerable range, and one thing to track. You should feel controlled movement and tolerable effort, not sharp pain. If symptoms increase, reduce the range or stop for the day.

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

Tools That May Help

These tools will not fix the problem. But they may help reduce pain and discomfort so you can stay consistent with the plan below.

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.

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

The 7-Day Framework

DAY 1 — Baseline

Focus

Before changing anything, find out where you're starting from. Go about your normal day, but pay attention.

Position-Change Guidance

No changes today. Just notice how often you naturally shift position, and how long you go before you feel the need to.

Tolerable Range

Whatever is normal for you right now. This is your reference point, not a target.

Track Today

How many minutes you can walk, how long you can stand, and how your hip feels rising from a chair — before making any changes.

DAY 2 — Short Walks

Focus

Introduce short, tolerable walking periods instead of one long walk or none at all.

Position-Change Guidance

Break walking into short blocks rather than one continuous stretch. Stop while you still feel in control, not after discomfort sets in.

Tolerable Range

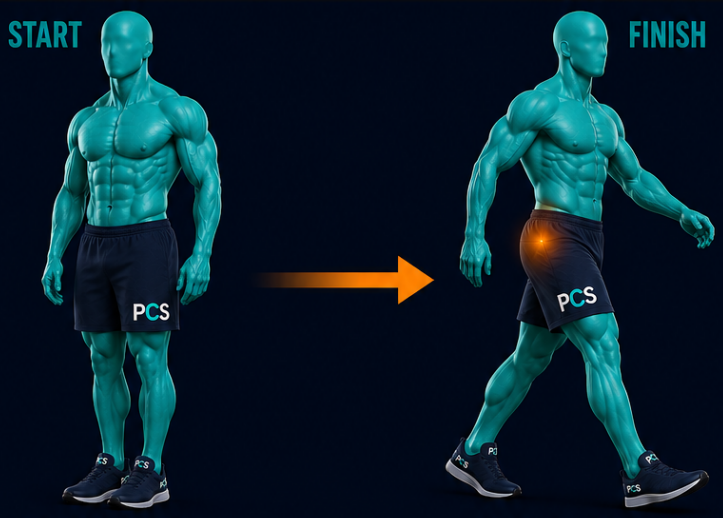
Comfortable, steady effort. A mild, familiar ache that settles quickly afterward is expected — sharp or worsening pain is not.

Track Today

Total minutes walked today, and how you felt afterward compared to your Day 1 baseline.

Quick Reference — Short Walk Intervals

SHORT WALK INTERVALS



STANDING AT REST

MID-STRIDE WALK

TARGET AREA:
Hip, lower limb

MAY HELP WITH:
Building tolerance for walking without one long continuous stretch

REPS / HOLD:
Multiple short blocks across the day, rather than one long walk

COMMON MISTAKES TO AVOID:
Pushing through discomfort to finish a set distance; walking one long stretch instead of breaking it into blocks.

STEPS:

1. Walk at a comfortable, steady pace for a short block of time.
2. Stop while you still feel in control, not after discomfort sets in.
3. Rest briefly, then repeat with another short block if desired.
4. Track total minutes walked across the day.

DAY 3 — Standing Position Changes

Focus

Build in regular position changes during standing tasks — cooking, work, waiting in line.

Position-Change Guidance

Set a reminder to shift position every 20 to 30 minutes: weight shift, small step, brief seated break. Don't wait until your hip is already aggravated.

Tolerable Range

Standing should feel tolerable through each interval. If it doesn't, shorten the interval, not the plan.

Track Today

How long you can stand comfortably before needing a position change.

Quick Reference — Standing Position Shift

STANDING POSITION SHIFT

START

WEIGHT EVENLY DISTRIBUTED

FINISH

WEIGHT SHIFTED ONTO ONE LEG

TARGET AREA:
Hip, lower back

MAY HELP WITH:
Reducing compression from staying in one standing position too long

REPS / HOLD:
Every 20–30 minutes during standing tasks

COMMON MISTAKES TO AVOID:
Waiting until the hip is already aggravated before changing position; staying locked in one stance for extended periods.

STEPS:

1. Set a reminder to check your position every 20 to 30 minutes.
2. Shift your weight from one leg to the other.
3. Take a small step or brief seated break if one is available.
4. Return to a comfortable standing position and continue your task.

DAY 4 — Sit-to-Stand Control

Focus

Bring attention to how you rise from chairs — slow and controlled instead of rushed or braced.

Position-Change Guidance

Practice a few deliberate sit-to-stand transitions today: slow down, use both legs evenly, avoid guarding the hip.

Tolerable Range

Controlled effort, not strain. A brief moment of tension is normal; sharp pain or a give-way sensation is not.

Track Today

Rate today's sit-to-stand control as easy, moderate, or hard.

Quick Reference — Controlled Sit-to-Stand

CONTROLLED SIT-TO-STAND

START

SEATED TALL,
FEET FLAT

FINISH

STANDING UPRIGHT,
WEIGHT EVENLY DISTRIBUTED

TARGET AREA:
Hip, glutes

MAY HELP WITH:
Building controlled strength for rising from chairs, cars, and low surfaces

REPS / HOLD:
A few deliberate, slow repetitions

COMMON MISTAKES TO AVOID:
Rushing the movement; using momentum or the arms to push up instead of the legs; favoring one leg.

STEPS:

1. Sit tall in a sturdy chair, feet flat on the floor.
2. Slow the movement down as you rise, using both legs evenly.
3. Avoid guarding or shifting all the weight to one side.
4. Stand fully upright with control, then lower back down with the same control.

DAY 5 — Combine

Focus

Bring walking, standing, and sit-to-stand together into your normal daily routine, using everything from Days 2 through 4.

Position-Change Guidance

Keep the same position-change habits from Day 3 while combining today's other elements — don't let a busier day mean skipping the changes.

Tolerable Range

The same tolerable effort you've used all week — combining tasks shouldn't mean pushing past it.

Track Today

Note which of the three (walking, standing, sit-to-stand) felt easiest and which felt hardest today.

DAY 6 — Recovery Focus

Focus

Shift attention to how your hip recovers after activity, not just how it performs during activity.

Position-Change Guidance

Keep movement gentle today. This is not a rest day — it's a lower-intensity day to observe recovery.

Tolerable Range

Light, easy effort. The goal today is observation, not progress.

Track Today

How long it takes your hip to settle back to baseline after light activity — fast, moderate, or slow.

Quick Reference — Gentle Recovery Movement

GENTLE RECOVERY MOVEMENT

START

STANDING UPRIGHT,
RELAXED AND STILL

FINISH

EASY WALK,
RELAXED AND CONTROLLED

TARGET AREA:
Hip, whole body

MAY HELP WITH:
Supporting recovery through light, easy movement rather than rest or intensity

REPS / HOLD:
Light, easy movement for a short period — duration is flexible

COMMON MISTAKES TO AVOID:
Treating today as a full rest day; pushing intensity because the previous days felt good.

STEPS:

1. Keep movement light and easy — this is not a rest day, but it is a lower-intensity day.
2. Move at a relaxed pace with no pressure to cover distance or hold positions.
3. Pay attention to how quickly your hip settles back to baseline afterward.
4. Stop any time the movement stops feeling easy.

DAY 7 — Review

Focus

Compare where you are today to your Day 1 baseline.

Position-Change Guidance

Use whatever position-change habits have felt most useful this week — keep what worked.

Tolerable Range

Whatever your current tolerable range is — the point today is comparison, not a new test.

Track Today

Compare Day 7 to Day 1 across walking, standing, sit-to-stand control, and recovery. Where did you see the clearest change?

Milestone Tracking System

Fill this in at the end of each day. Look for the pattern across the week, not the result on any single day.

Day	Walking (min tolerated)	Standing (min tolerated)	Sit-to-Stand	Recovery
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

What's Next

Seven days will not tell you everything. But it gives you a clearer starting point for what to build next.

If this week showed you a hip that responds well to a structured approach, the next step is a complete system built around the same principle — reducing load, rebuilding stability, and restoring movement in phases.

YOUR NEXT STEP

Full breakdown → https://PainCareSupply.com

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.

1 Murphy SL, Smith DM, Lyden AK. Type of Activity Pacing Instruction Affects Physical Activity Variability in Adults with Symptomatic Knee or Hip Osteoarthritis. J Phys Act Health. 2012;9(3):360–366. doi:10.1123/jpah.9.3.360. PMID: 21934157. PMCID: PMC3637666.

2 Murphy SL, Lyden AK, Clary M, Geisser ME, Yung RL, Clauw DJ, Williams DA. Activity pacing for osteoarthritis symptom management: study design and methodology of a randomized trial testing a tailored clinical approach using accelerometers for veterans and non-veterans. BMC Musculoskelet Disord. 2011;12:177. doi:10.1186/1471-2474-12-177. PMID: 21810253. PMCID: PMC3162944.

3 Hall M, Lawford BJ, Hinman RS, Dobson F, Spiers L, Kimp A, French HP, Reichenbach S, Hernandez-Molina G, Bennell KL. Exercise for osteoarthritis of the hip. Cochrane Database Syst Rev. 2026. doi:10.1002/14651858.CD007912.pub3. Land-based exercise produces small, measurable improvements in pain and physical function for hip osteoarthritis, though gains may be modest relative to what patients notice day-to-day — exercise remains a recommended first-line approach.

4 Bohannon RW, Bubela DJ, Magasi SR, Wang YC, Gershon RC. Sit-to-stand test: performance and determinants across the age-span. Isokinet Exerc Sci. 2010;18(4):235–240. doi:10.3233/IES-2010-0389. PMID: 25598584. PMCID: PMC4293702.