HIP PAIN STAIR RESET

The Plain-Language Protocol for Getting Up and Down Stairs Without the Flare.

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The Plain-Language Protocol for Getting Up and Down Stairs Without the Flare

Written by Pain Care Supply

MEDICAL DISCLAIMER

This content is for informational and educational purposes only. It is not medical advice and does not replace the guidance of a licensed healthcare provider. If you are experiencing pain, injury, or any health condition, consult a qualified medical professional before beginning any movement or self-management program. Do not use this content to diagnose or treat any condition.

STOP — 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

CAUTION — 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

If you experience sharp pain, numbness, tingling, or any symptoms listed above — stop immediately and consult a healthcare provider.

WHAT'S IN THIS GUIDE

- **The problem:** stairs load the hip in a way that exposes weak or underused stabilizer muscles
- **The fix:** 6 exercises, done in order — reduce load, reactivate stabilizers, restore movement
- **Where it applies:** at home, at work, and getting in and out of the car
- **When to stop:** see the Red Flag Protocol above before you begin

01 WHO THIS IS FOR

Your hip locks up halfway up the stairs at work. You grab the rail, and for a second you're not sure you can finish the flight.

If that sounds familiar, you're not alone, and it isn't just “getting older.” Stairs load the hip in a specific way — single-leg stance, repeated flexion, body weight through one joint at a time. When the muscles that stabilize that motion are underused or weak, the hip picks up the slack, and that shows up as pain going up, coming down, or both.

This guide is a short, practical protocol: what to do first, a small set of exercises in the right order, and how to handle stairs at home, at work, and getting in and out of the car.

02 DO THIS FIRST

- Shorten your stride and use the rail — don't wait until your hip locks up to start protecting it.
- Do a 30-second hip activation (glute squeeze, a few slow hip circles) before you tackle a full flight, not after.
- Keep your weight centered over the working leg on each step. Twisting to “save” the hip usually makes it worse.

✓ KEY TAKEAWAY

✓ Protect the hip before it flares — rail, shortened stride, pre-activation.

✓ Don't wait for pain to start protecting the joint.

03 THE EXERCISES

These are grouped in the order your body actually needs them: reduce load first, reactivate the muscles that stabilize the hip, then restore the exact movement pattern stairs demand. Do them in order.

REDUCE LOAD

Self-Myofascial Release

(Text-only entry — no poster image yet. Layout space reserved below once generated.)

Target Area

Outer hip, glutes, IT band

May Help With

Temporary reduction in muscle tension and guarding before movement — improves tolerance for the exercises that follow. This is not a structural fix; the effect is short-term and works best paired with the exercises, not instead of them.

Steps

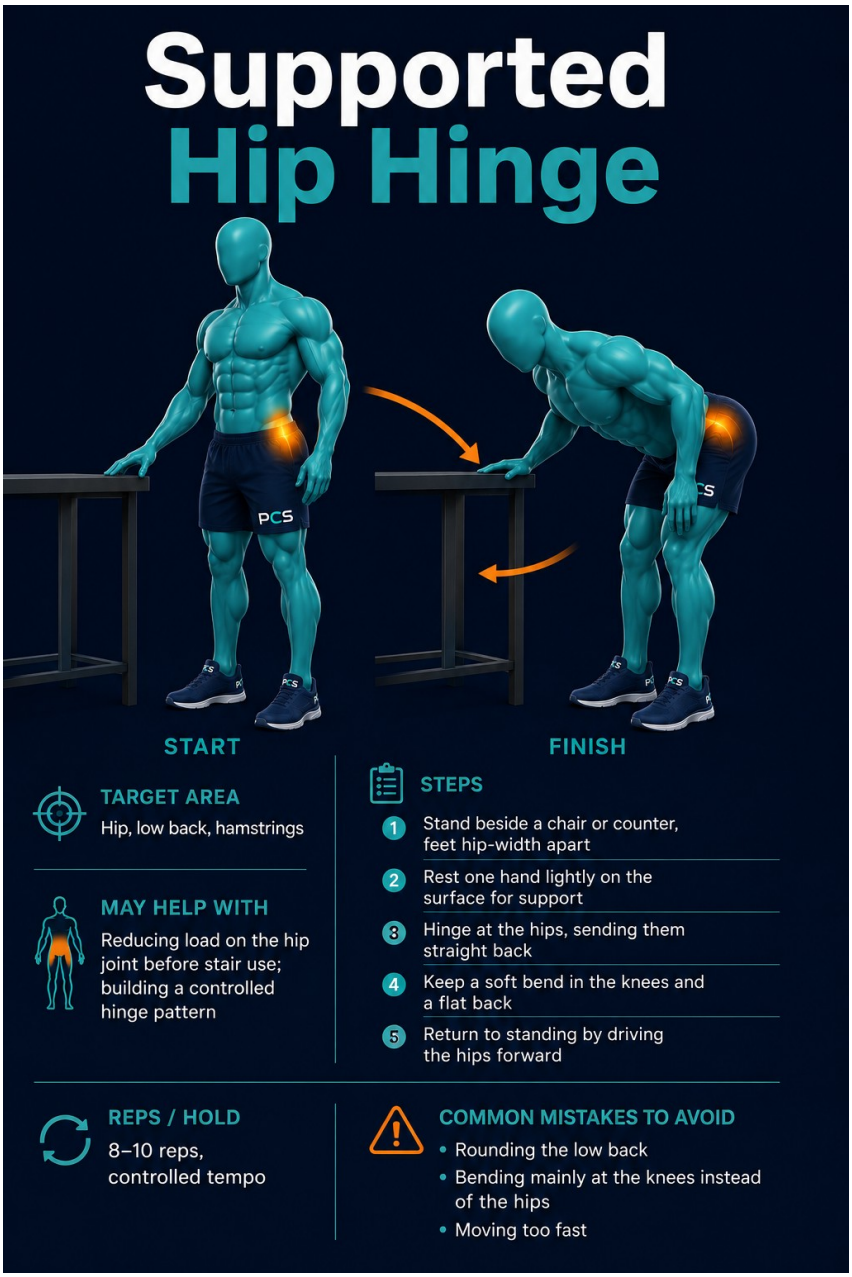
- 1. Sit or lie with a foam roller positioned under the outer hip/glute — or apply a massage gun directly to the same area
- 2. Foam roller: roll slowly and under control. Massage gun: hold steady, do not dig in
- 3. Spend 30–60 seconds on the area, avoiding direct pressure on bone or joint
- 4. Move to any other tender spots nearby — IT band, glute
- 5. Move directly into the Supported Hip Hinge to make use of the temporary relief

Reps / Hold

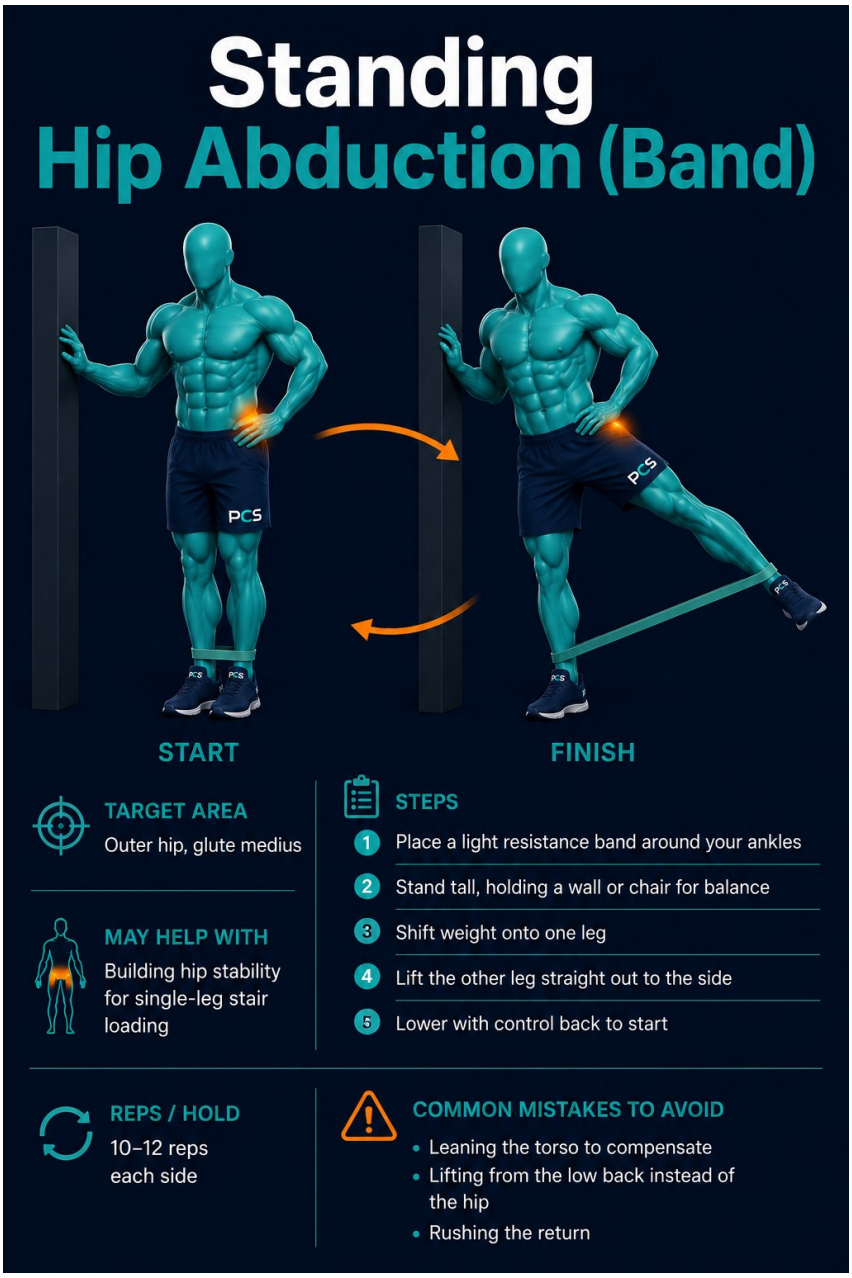
30–60 seconds per area, 1–2 passes before starting the exercise sequence

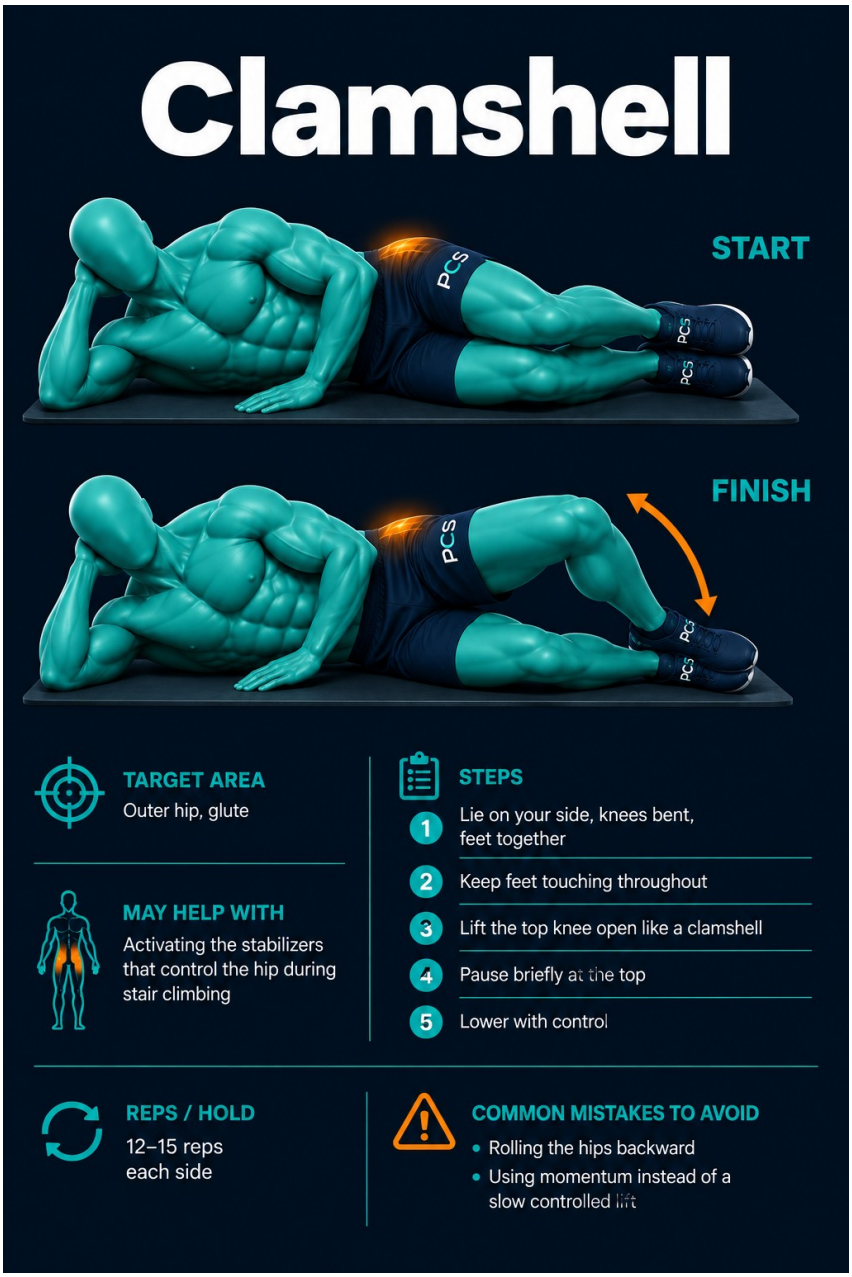
Common Mistakes to Avoid

- Using this as a replacement for the exercises instead of a lead-in to them
- Heavy pressure during an active flare
- Rolling directly over the hip joint itself

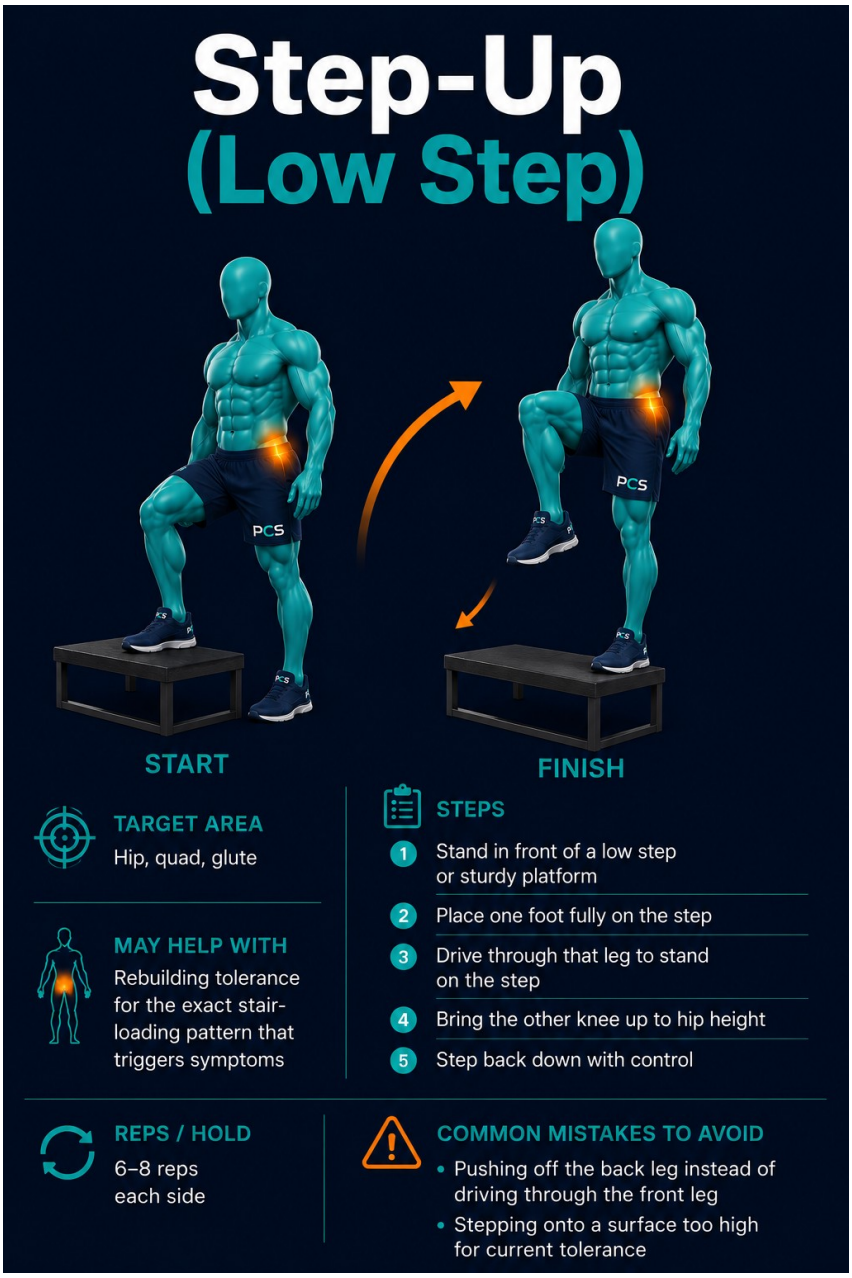


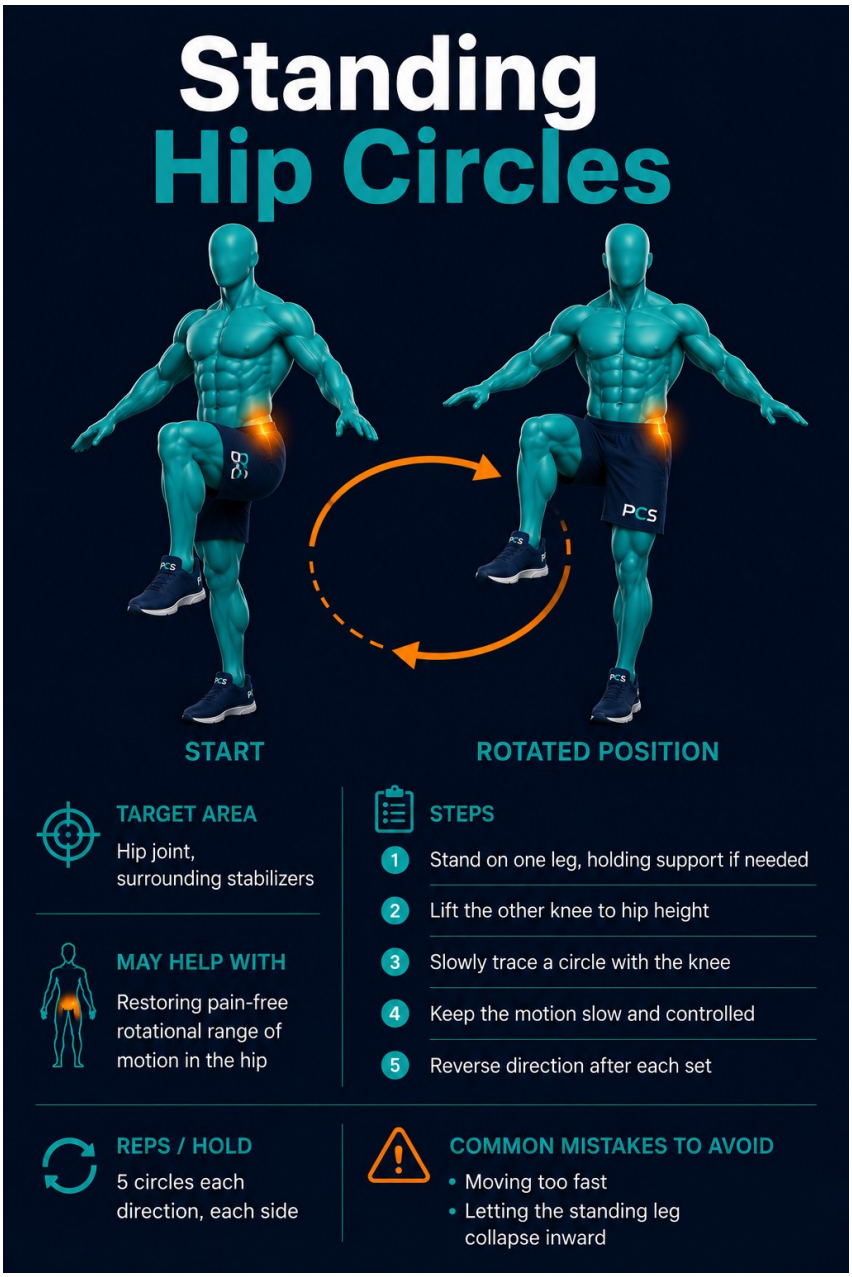
REACTIVATE STABILIZERS





RESTORE MOVEMENT





✓ **KEY TAKEAWAY**

- ✓ Do all 6 in order: Reduce Load → Reactivate Stabilizers → Restore Movement.
- ✓ Skipping straight to the hardest exercise skips the muscles that protect the joint during it.

04 THREE ENVIRONMENTS

The exercises above are the system. This section is tips and reminders for the specific places stairs show up in real life — it doesn't re-teach the exercises, it just tells you when to use them.

AT HOME

You've caught yourself gripping the banister halfway up your own stairs — more than once.

Home stairs are the most repeated exposure you have, which makes them the fastest place symptoms build if the pattern isn't addressed.

> *PCS EVIDENCE NOTE: Load tolerance improves gradually with consistent, moderate exposure — not by avoiding stairs entirely, and not by pushing through sharp pain.*

- Use the rail every trip, not just when it's bad
- Shorten your stride if a flare is active
- Take one stair at a time on the affected side during a flare
- Do the Supported Hip Hinge before your first flight each morning

If your own stairs keep triggering your hip, **get The Flare-Up Reset free at** paincaresupply.com/free

AT WORK

Your office stairwell is unavoidable, and by the third flight your hip is talking.

Repeated flights in a short window — without a break — load the hip stabilizers faster than they can recover, especially if the rest of your day is seated.

- Take the elevator when a flare is active, if stairs aren't required
- Pause on the landing to reset your stance between flights
- Use a step-together pattern instead of alternating on a stair that spikes symptoms

If work stairs are the main trigger, **get The Flare-Up Reset free at** paincaresupply.com/free

IN VEHICLE

Getting in and out of the car after a long drive is its own kind of stair.

Stepping down out of a vehicle loads the hip in a similar flexed, single-leg pattern to a stair descent — which is why it can trigger the same symptoms.

- Swing both legs together rather than twisting from a seated position
- Pause with feet on the ground before standing
- Use the door frame for support the same way you'd use a stair rail

If getting in and out of the car is the trigger, **get The Flare-Up Reset free at** paincaresupply.com/free

✓ KEY TAKEAWAY

- ✓ Same hip pattern, three settings — the fix travels with you.
- ✓ When in doubt, shorten the stride and use whatever “rail” is available (banister, door frame, landing pause).

05 THE TOPICAL PROTOCOL

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

06 TOOLS

These three tools are not the fix — the exercises are. But each one supports a specific part of the protocol above, and used the right way, they make the exercises easier to do consistently.

3,500mg CBD Pain Relief Cream — Biotech CBD

Applied as Step 3 of the Topical Protocol — layered after menthol for deeper, longer anti-inflammatory effect. Useful on days the hip is stiff before you've even started moving.

https://tidd.ly/4sOSk5q

BOB AND BRAD D6 Pro Massage Gun

This is the tool for the Self-Myofascial Release exercise (Section 03, Reduce Load) — held steady over the outer hip and glute for 30–60 seconds before you start the sequence, to reduce guarding so the rest of the exercises are easier to do well.

https://amzn.to/4uBU0Pc

Resistance Bands — Vive Health

Required for Standing Hip Abduction (Section 03, Reactivate Stabilizers) — that exercise is the one directly targeting the glute medius/minimus deficit documented in the Research References. Without a band, the exercise loses most of its resistance.

https://www.vivehealth.com/collections/resistance-bands/products/exercise-resistance-bands?aff=480

Or browse all tools at paincaresupply.com

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07 ONE MORE RESOURCE

If stairs keep triggering your pain and you're not sure what to do in the moment, **get The Flare-Up Reset free at** paincaresupply.com/free

08 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.

Hip Pain and Mobility Deficits—Hip Osteoarthritis: Clinical Practice Guidelines (Revision 2025). Journal of Orthopaedic & Sports Physical Therapy, 55(11). doi:10.2519/jospt.2025.0301 — clinical practice guideline. Supports: exercise as first-line management, underlying “load vs. capacity” framing used throughout this guide. https://www.jospt.org/doi/10.2519/jospt.2025.0301

Gluteus medius and minimus activity during stepping tasks: Comparisons between people with hip osteoarthritis and matched control participants. ScienceDirect, 2020 — observational study. Supports: Standing Hip Abduction and Clamshell — the documented glute medius/minimus activation deficit during stepping is the clinical reason these two exercises are in the Reactivate Stabilizers phase. https://www.sciencedirect.com/science/article/abs/pii/S0966636220302137

Targeted gluteal exercise versus sham exercise on self-reported physical function for people with hip osteoarthritis (the GHOst trial). Protocol for a randomised clinical trial, PMC6149073 — this is a trial protocol, not completed results. Supports: the rationale for Step-Up and Standing Hip Circles as progressive, targeted gluteal loading. Note: exercise evidence for hip osteoarthritis specifically is real but more limited and modest in effect than the equivalent evidence for knee osteoarthritis — evidence is mixed, not conclusive. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6149073/