

# HIP PAIN STAIR RESET

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



# HIP PAIN STAIR RESET

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

Written by Pain Care Supply

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## 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

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*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

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- 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

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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

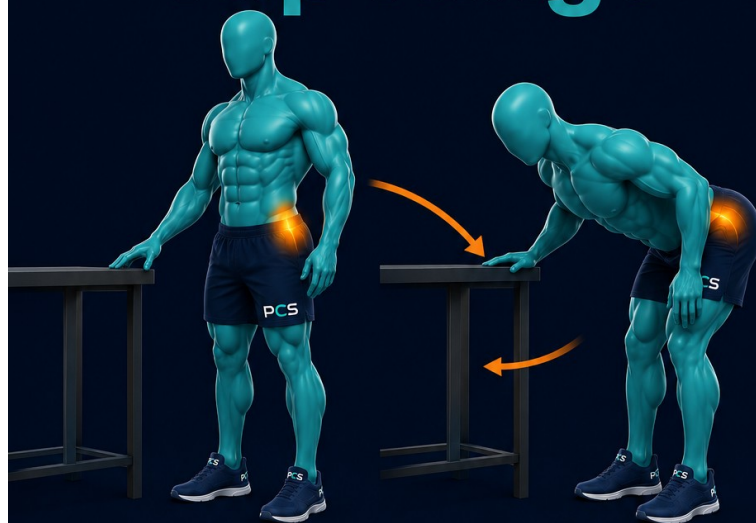
- Using this as a replacement for the exercises instead of a lead-in to them
- Heavy pressure during an active flare
- Rolling directly over the hip joint itself

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# Supported Hip Hinge



**START**

**FINISH**



## TARGET AREA

Hip, low back, hamstrings



## MAY HELP WITH

Reducing load on the hip joint before stair use; building a controlled hinge pattern



## STEPS

- 1 Stand beside a chair or counter, feet hip-width apart
- 2 Rest one hand lightly on the surface for support
- 3 Hinge at the hips, sending them straight back
- 4 Keep a soft bend in the knees and a flat back
- 5 Return to standing by driving the hips forward



## REPS / HOLD

8–10 reps,  
controlled tempo



## COMMON MISTAKES TO AVOID

- Rounding the low back
- Bending mainly at the knees instead of the hips
- Moving too fast

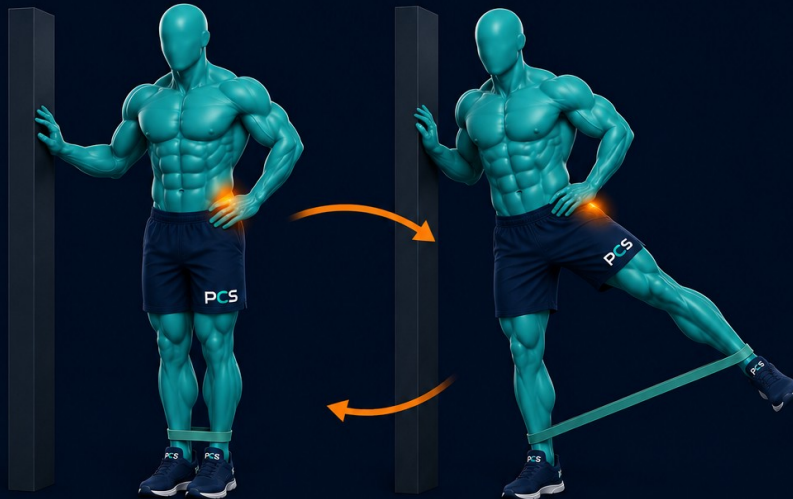
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## REACTIVATE STABILIZERS

# Standing Hip Abduction (Band)



START

FINISH



### TARGET AREA

Outer hip, glute medius



### MAY HELP WITH

Building hip stability for single-leg stair loading



### STEPS

- 1 Place a light resistance band around your ankles
- 2 Stand tall, holding a wall or chair for balance
- 3 Shift weight onto one leg
- 4 Lift the other leg straight out to the side
- 5 Lower with control back to start



### REPS / HOLD

10–12 reps  
each side



### COMMON MISTAKES TO AVOID

- Leaning the torso to compensate
- Lifting from the low back instead of the hip
- Rushing the return

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# Clamshell



## TARGET AREA

Outer hip, glute



## MAY HELP WITH

Activating the stabilizers that control the hip during stair climbing



## STEPS

- 1 Lie on your side, knees bent, feet together
- 2 Keep feet touching throughout
- 3 Lift the top knee open like a clamshell
- 4 Pause briefly at the top
- 5 Lower with control



## REPS / HOLD

12–15 reps  
each side



## COMMON MISTAKES TO AVOID

- Rolling the hips backward
- Using momentum instead of a slow controlled lift

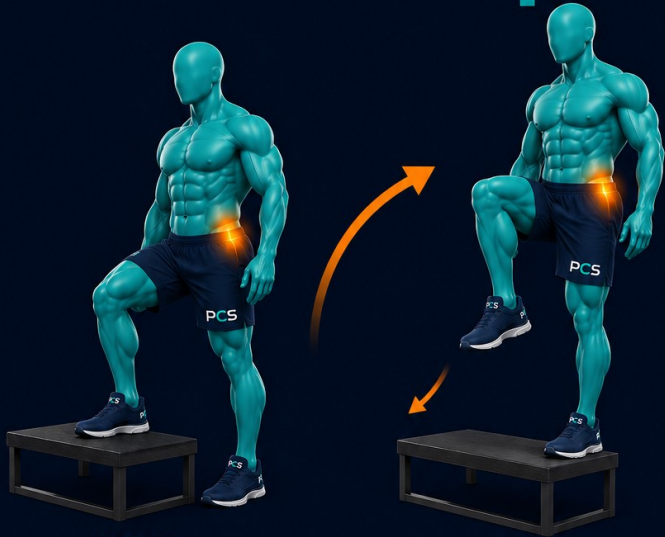
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## RESTORE MOVEMENT

# Step-Up (Low Step)



**START**

**FINISH**

 **TARGET AREA**  
Hip, quad, glute

 **MAY HELP WITH**  
Rebuilding tolerance for the exact stair-loading pattern that triggers symptoms

 **REPS / HOLD**  
6–8 reps each side

 **COMMON MISTAKES TO AVOID**

 **STEPS**

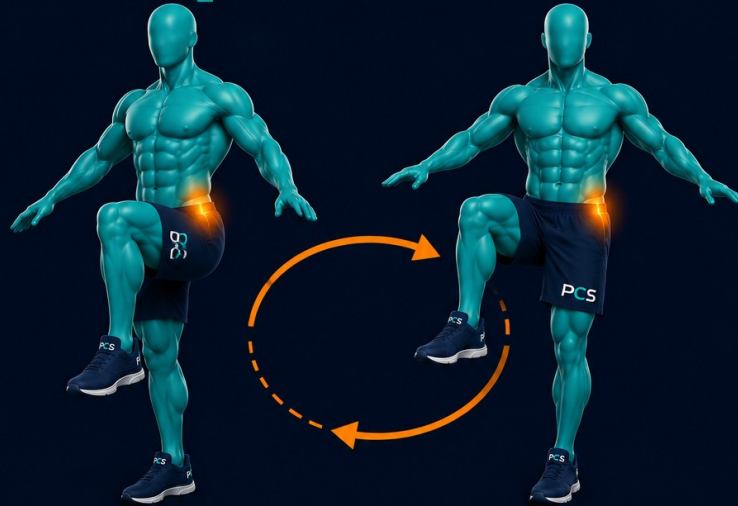
- 1 Stand in front of a low step or sturdy platform
- 2 Place one foot fully on the step
- 3 Drive through that leg to stand on the step
- 4 Bring the other knee up to hip height
- 5 Step back down with control

- Pushing off the back leg instead of driving through the front leg
- Stepping onto a surface too high for current tolerance

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# Standing Hip Circles



START

ROTATED POSITION



## TARGET AREA

Hip joint,  
surrounding stabilizers



## MAY HELP WITH

Restoring pain-free  
rotational range of  
motion in the hip



## REPS / HOLD

5 circles each  
direction, each side



## STEPS

- 1 Stand on one leg, holding support if needed
- 2 Lift the other knee to hip height
- 3 Slowly trace a circle with the knee
- 4 Keep the motion slow and controlled
- 5 Reverse direction after each set



## COMMON MISTAKES TO AVOID

- Moving too fast
- Letting the standing leg collapse inward

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### ✓ 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

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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](https://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](https://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](https://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

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### 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

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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/4uBUOPc>

### **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](https://paincaresupply.com)

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## 07 ONE MORE RESOURCE

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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](https://paincaresupply.com/free)**

## 08 RESEARCH REFERENCES

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*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 GH0st 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/>