

PCS[®]

PAIN CARE SUPPLY

HIP PAIN STAIRS + SQUAT SYSTEM

Control load. **Build capacity gradually.**



MEDICAL DISCLAIMER

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WHO THIS GUIDE IS FOR

This guide is for the person whose hip decides when they can and can't move freely.

- The person who grips the railing tighter with every step.
- The person who hesitates before lowering into a chair.
- The person who has started avoiding stairs when they can.
- The person who has tried stretching and pushing through — and still restarts the same cycle.
- The person who just wants to move without bracing for it.

If that sounds familiar — this guide was built for you.

YOUR PAIN

You wake up feeling mostly okay. You get through the morning. Then you hit a staircase, or you go to sit down, and your hip catches.

You blame the angle. The depth. The number of stairs. The way you stepped.

Here is what most people miss: the movement did not cause this. The movement was simply the moment your hip's control ran out.

WHY THIS IS HAPPENING — PLAIN LANGUAGE

Squatting and stair climbing both require the hip to accept and produce force while the pelvis, knee, and trunk stay controlled. That control depends on stabilizing muscles doing their job at the exact moment you need them most — mid-step, single leg, no help from the other side.

When that control decreases, the hip doesn't fail quietly. It catches. It aches. It hesitates. Pain does not automatically mean more damage is occurring — but it is information. Use it to adjust load, range, speed, or strategy rather than forcing through it.

WHAT THESE MOVEMENTS SPECIFICALLY DO TO YOUR HIP

Weight transfer demand

Stairs and single-leg loading remove the assistance of the opposite leg. Any weakness in control shows up immediately.

Compensation through the railing or momentum

When the hip hesitates to accept load, you pull through the railing or rush the movement instead of controlling it — reinforcing the avoidance pattern.

Depth-dependent impingement

Squatting deeper than the hip can currently control often triggers pinching rather than smooth movement.

Reduced confidence in transitions

Once a movement flares once, hesitation itself becomes part of the pattern — tensing before the step even begins.

WHAT THIS LOOKS LIKE DAY TO DAY

- Hip catching or aching during squats or stairs
- Hesitation before loading one leg
- Pulling heavily on railings
- Shifting weight away from the affected side
- Rushing through the uncomfortable part of the movement
- Reduced confidence in everyday transitions

IF THIS HAPPENS — YOU MISSED IT. STOP.

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

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

THE PCS FOUR-STEP SYSTEM

Most hip pain programs focus on stretching the symptom. This system addresses the pattern.

STEP 1 — REDUCE LOAD

Before you rebuild, stop adding to the overload. Identify where the hip is being asked to do more than it can currently control — deep squats, rushed stairs — and reduce that demand temporarily.

STEP 2 — REACTIVATE STABILIZERS

The glutes and hip stabilizers are often underactive in people with squat and stair pain. Reactivating them takes excess load off compensating structures.

STEP 3 — RESTORE MOVEMENT

Controlled movement through a tolerable range restores confidence and reduces guarding. Motion before force, always.

STEP 4 — REBUILD CAPACITY

The goal is a hip that can handle real life — stairs, squatting, standing from low positions — without breaking down. Capacity is built gradually. It cannot be rushed. But it compounds.

DIRECTIONAL PREFERENCE: Identify what range feels controlled versus what triggers catching or pinching before starting. Work within the range that feels stable. If you cannot find a controlled range — start with the Daily Hip Reset only and consult a provider before progressing.

THREE ENVIRONMENTS

Most protocols live in a clinic or gym. This one lives in the same places you do.

AT HOME

Squatting to sit, stand, and reach happens constantly at home — often without thinking about mechanics.

Actions:

- Practice the Squat Reset near a chair daily — 6 controlled reps
- Sit and stand with control instead of dropping or launching
- When lowering to the floor, use half-kneeling instead of one fast motion
- Build tolerance for shallow ranges before attempting deeper ones

AT WORK

Sitting for long stretches, then standing suddenly, is one of the most common hip triggers during the workday.

Actions:

- Stand and reset every 30–45 minutes
- When standing from a desk chair, control the transition — don't launch upward
- Take stairs at work deliberately and slowly rather than rushing between meetings
- Avoid sitting in the same position for hours without a break

IN YOUR VEHICLE

Getting in and out of a car uses the same hip mechanics as squatting and stairs — often rushed because of the confined space.

Actions:

- Pivot and lower under control when getting in — don't drop into the seat
- When exiting, shift weight to the planted leg before standing, not while twisting
- Take a moment before closing the door to settle before walking

YOUR HIP EXERCISE ROADMAP

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

REDUCE LOAD → REACTIVATE STABILIZERS → RESTORE MOVEMENT

REDUCE LOAD (2 exercises)

Lower demand while control is rebuilt.

- Squat Reset
- Stair Weight Shift

REACTIVATE STABILIZERS (1 exercise)

Restore the muscles that should be doing the work.

- Controlled Sit-to-Stand

RESTORE MOVEMENT (2 exercises)

Rebuild confidence through full functional movement.

- Stair Reset (Going Up)
- Going Down Stairs

You can skim this page now and read each exercise in full when you're ready to begin.

HOW THIS GUIDE WORKS

Before you start, here's exactly what to expect — so nothing ahead catches you off guard.

Each exercise gets the same three things, in the same order:

- What it's for, in plain language — no jargon, no guessing.
- How to do it, step by step.
- A feel check — what's normal, and what means stop.

Three of the five exercises — Squat Reset, Stair Reset, and Going Down Stairs — also get a full illustrated poster of their own, with a visual start/finish demonstration. The other two — Stair Weight Shift and Controlled Sit-to-Stand — are simpler movements, so instead of a separate poster you'll find them illustrated together as part of the Daily Hip Reset poster near the end. You'll get a clear heads-up each time that's the case, so you always know exactly where to look.

By the end of this guide, you won't just have five exercises — you'll understand the reasoning behind the order they come in, and you'll know exactly what to do the next time your hip catches on a stair or a squat.

YOU ARE HERE: REDUCE LOAD

REDUCE LOAD → Reactivate Stabilizers → Restore Movement

2 exercises in this phase. Purpose: lower demand on the hip while rebuilding baseline control.

Exercise 1: Squat Reset

Full poster with steps, reps, and common mistakes is on the very next page.

Exercise 2: Stair Weight Shift

2 sets — 5 shifts each side | Rebuilds confidence loading a single leg before rising. This one doesn't get its own standalone poster — you'll find it as panel 3 in the Daily Hip Reset poster later in this guide. Instructions below.

- Place whole foot on the step.
- Lightly hold the railing.
- Shift weight onto the planted leg without rising off the step.
- Return weight to the trailing leg and repeat.

Feel check: You should feel steady loading through the hip, not catching. If catching occurs, shift less weight and build up gradually.

SQUAT RESET



TARGET AREA:

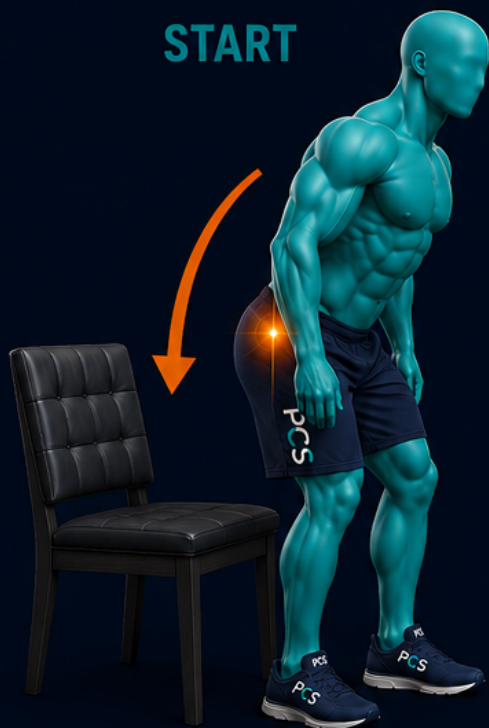
Hip



MAY HELP WITH:

Hip catching or aching when squatting or lowering into a chair

START



Stand in front of the chair.
Begin to reach your hips backward
as your knees start to bend.

FINISH



Lightly touch or briefly sit.
Keep control throughout
the movement.

1



Stand in
front of
the chair.

2



Reach hips
backward as
knees bend.

3



Lightly touch
or briefly sit.

4



Reverse and
return to
standing.



RECOMMENDED REPS



6 controlled
repetitions



COMMON MISTAKES TO AVOID

- ✗ Dropping quickly into the bottom position
- ✗ Forcing a deeper range than controllable
- ✗ Letting heels lift off the ground
- ✗ Shifting away from the uncomfortable hip



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YOU ARE HERE: REACTIVATE STABILIZERS

Reduce Load → REACTIVATE STABILIZERS → Restore Movement

1 exercise in this phase. Purpose: restore the muscles that should be controlling the hip during sit-to-stand and loading transitions.

Exercise 3: Controlled Sit-to-Stand

3 sets — 6 repetitions | Rebuilds glute and hip stabilizer activation through a functional pattern. Like Exercise 2, this doesn't get its own standalone poster — it's panel 1 in the Daily Hip Reset poster later in this guide.

Instructions below.

- Sit toward the front edge of a sturdy chair.
- Hinge forward slightly at the hips.
- Drive through the whole foot to stand, keeping knees tracking over the toes.
- Lower back down under control — don't drop into the seat.

Feel check: You should feel the effort in the glutes and thighs, not a pinch at the front of the hip. If pinching occurs, reduce depth and rise from a higher surface.

YOU ARE HERE: RESTORE MOVEMENT

Reduce Load → Reactivate Stabilizers → RESTORE MOVEMENT

2 exercises in this phase. Purpose: rebuild confidence through full stair mechanics, up and down.

Exercise 4: Stair Reset (Going Up)

Full poster with steps, reps, and common mistakes is on the very next page.

Exercise 5: Going Down Stairs

Full poster follows directly after Exercise 4's poster.

STAIR RESET

(GOING UP)



TARGET AREA:
Hip



MAY HELP WITH:
Hesitation or pulling on the railing when climbing stairs.

START

Whole foot planted securely on the step. Lightly hold the railing.



FINISH

Push through the planted leg and complete the step up under control.



1



Plant whole foot securely on the step.

2



Lightly use the railing for balance if needed.

3



Shift weight toward the planted leg before rising.

4



Push through the planted leg and complete the step under control.

RECOMMENDED REPS



Practice one step at a controlled pace.



COMMON MISTAKES TO AVOID



Rushing multiple steps



Pulling heavily on the railing



Placing only part of the foot on the step



Skipping the weight shift before rising



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GOING DOWN STAIRS



TARGET AREA:
Hip



MAY HELP WITH:
Dropping quickly or losing control when descending stairs.

START



Supporting leg controls weight at the top of the step. Light contact on the railing.

FINISH



Place the opposite foot securely on the lower step with control.

1



Keep light contact with the railing if needed.

2



Control weight through the supporting leg.

3



Lower gradually.

4



Place the opposite foot securely on the lower step.

5



Complete one step before beginning the next.



RECOMMENDED REPS



Practice one step at a controlled pace; use a smaller step or platform first if needed.



COMMON MISTAKES TO AVOID



Dropping quickly onto the next step



Rushing multiple steps



Skipping controlled lowering



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BONUS: YOUR DAILY HIP RESET

This is not a sixth exercise in the 3-phase system above. It's a short daily maintenance sequence — one movement pulled from each phase — for the days you're not running the full protocol.

Use it to keep the hip's control sharp between full sessions, or as your warm-up before stairs or squatting-heavy days.

The full 4-part poster is on the next page:

- 1. Controlled Sit-to-Stand — 6 reps
- 2. Shallow Chair Squat — 6 reps
- 3. Stair Weight Shift — 5 shifts each side
- 4. Controlled Step-Up — 3-5 reps each side as tolerated

YOUR DAILY HIP RESET

A 4-PART SEQUENCE TO BUILD CONTROL AND CONFIDENCE IN EVERYDAY MOVEMENTS



TARGET AREA:

Hip



MAY HELP WITH:

Building daily control before squatting or stair demands increase.

1

CONTROLLED SIT-TO-STAND

START



Sit tall with feet under your knees. Hands lightly braced if needed.

FINISH



Stand up with control. Keep weight through your whole foot.

REPS: 6 CONTROLLED REPETITIONS

2

SHALLOW CHAIR SQUAT

START



Stand in front of the chair. Feet comfortable and stable.

FINISH



Reach hips back and squat shallow. Touch or hover, then reverse.

REPS: 6 CONTROLLED REPETITIONS

3

STAIR WEIGHT SHIFT

START



Place whole foot on the step. Lightly hold the railing.

FINISH



Shift weight toward the planted leg. Feel stable before moving.

REPS: 5 SHIFTS EACH SIDE

4

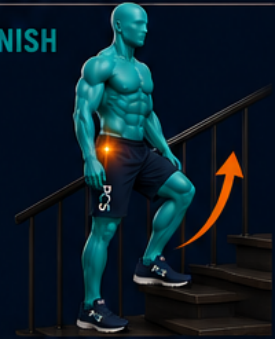
CONTROLLED STEP-UP

START



Place whole foot on the step. Lightly use railing for balance.

FINISH



Push through the planted leg and complete the step under control.

REPS: 3-5 REPS EACH SIDE AS TOLERATED



RECOMMENDED APPROACH



- Move within a tolerable range.
- Focus on control, not speed.
- Track small improvements over time.
- Stop if symptoms worsen.



COMMON MISTAKES TO AVOID

- ⊗ Increasing everything at once
- ⊗ Moving too fast to stay in control
- ⊗ Pushing through sharp or worsening pain



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TOOLS THAT MAY HELP

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

3,500mg CBD Pain Relief Cream — Biotech CBD

If your hip aches after squatting or stair work — apply directly to the hip and surrounding muscles before and after activity. The higher CBD concentration may help reduce localized inflammation and tension that builds up with repeated loading.

<https://tidd.ly/4sOSk5q>

Chirp Wheel Foam Rollers — Targeted Hip and Back Relief

If the muscles around your hip and glutes feel tight or restricted between sessions — use this to roll out the hip flexors, glutes, and IT band, restoring some of the range you need for controlled squatting and stair mechanics.

<https://amzn.to/4ejHcXB>

Reusable Hot and Cold Gel Therapy Pack

If your hip is inflamed and reactive after a harder session — cold reduces acute swelling in the first 24-48 hours. Once the acute reaction settles, heat before movement can loosen tissue and improve tolerance for the next session.

<https://amzn.to/4a1tx6t>

Or browse all tools at paincaresupply.com — click Shop Pain Relief Tools in the menu.

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RECOVERY SUPPLEMENTS

Recovery between sessions matters as much as the exercises themselves. These are commonly used to support joint and tissue recovery.

Thorne Curcumin Phytosome Sustained Release

If chronic inflammation is contributing to persistent hip pain and stiffness after loading — curcumin has clinically supported anti-inflammatory properties that may help reduce systemic inflammation over time, supporting recovery between sessions.

<https://s.thorne.com/BOI44>

Thorne Magnesium Bisglycinate

If muscle tension around the hip and glutes is building session over session — magnesium deficiency is associated with increased muscle tension and delayed recovery. 300-400mg in the evening supports muscle relaxation and sleep quality, when most tissue repair happens.

<https://s.thorne.com/n9uqW>

Thorne Omega-3 with CoQ10

If you're dealing with recurring inflammation and muscle fatigue from repeated squat and stair loading — omega-3 fatty acids support anti-inflammatory pathways and tissue recovery between sessions.

<https://s.thorne.com/mxxlk>

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COMMON MISTAKES

Squatting too deep, too soon

Depth should be earned through control, not forced through range. Stay shallow until the shallow range feels completely controlled.

Pulling heavily on the railing

This masks the weight-shift problem instead of solving it. Light contact only — the leg should be doing the work.

Rushing multiple stairs at once

One controlled step teaches the hip more than five rushed ones. Slow down until control is consistent.

Dropping into chairs or the bottom of a squat

Uncontrolled descent skips the exact strength-building phase the hip needs most.

Avoiding stairs and squatting altogether

Complete avoidance doesn't rebuild capacity — it lets it shrink further. Reduced, controlled exposure is the path back.

YOU'RE READY

You now have the same three-phase system a clinician would use to rebuild hip control — not a random list of exercises, but a specific order for a specific reason: reduce the load, reactivate the muscles that should be doing the work, then restore full movement. You know what a normal feel-check response is versus a stop sign. You know which mistakes quietly stall progress. That's everything you need to start today, with confidence, instead of guessing.

FINAL PRINCIPLE

Control load. Build capacity gradually. Your hip did not lose the ability to squat or climb stairs — it lost the amount of control it can currently produce on demand. That control comes back the same way it left: gradually, consistently, and through movement that stays just inside what you can manage.

RESEARCH REFERENCES

The information in this guide is informed by clinical practice guidelines, peer-reviewed research, and evidence-based educational resources available at the time of publication. Sources verified live as of August 2026:

— Straub RK, Powers CM. A Biomechanical Review of the Squat Exercise: Implications for Clinical Practice. *International Journal of Sports Physical Therapy*. 2024;19(4):490-501. doi:10.26603/001c.94600. PMID:38576836. <https://ijspt.scholasticahq.com/article/94600>

— Squat and gait biomechanics 6 months following hip arthroscopy for femoroacetabular impingement syndrome. PMC7195932. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7195932>

— Systematic review and meta-analysis: Effects of hip osteoarthritis on lower body joint kinematics during locomotion tasks, including stair ambulation. PMC10690786. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10690786>

— McFadyen BJ, Winter DA. An integrated biomechanical analysis of normal stair ascent and descent. *J Biomech*. 1988;21:733-744, referenced via PMC9691255. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9691255>

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