

Sweetwater Pain & Spine

Home Exercise Handout

Hip Osteoarthritis

Hip osteoarthritis (OA) is a degenerative condition in which the cartilage of the hip joint gradually wears away, causing pain, stiffness, and reduced range of motion — typically felt in the groin, outer hip, thigh, or buttock. Regular exercise is among the most effective treatments for hip OA, reducing pain and improving function by strengthening the muscles that protect and offload the joint. These exercises target the hip flexors, abductors, and extensors — key muscle groups that reduce stress on the arthritic joint surface. Perform them consistently on most days of the week for best results.

1 Standing Hip Flexor Stretch

1–2 sets • 30 sec hold • 3–5 days per week

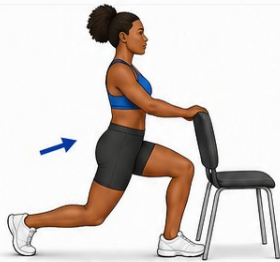
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START POSITION

Stand near a wall or chair for balance. Step the affected leg behind you and lower the back knee toward the floor (or use a kneeling position on a soft surface). Keep the front knee above the ankle.

2



SHIFT FORWARD

Gently shift your hips forward and down until you feel a deep stretch at the front of the back hip. Keep your torso upright and core engaged.

3



DEEPER STRETCH

For a deeper stretch: tuck the pelvis slightly underneath (posterior pelvic tilt) while in the lunge position. You should feel a stronger stretch in the front of the hip.

2 Supine Hip Circumduction

1–3 sets • 10 circles each direction • 3–5 days per week

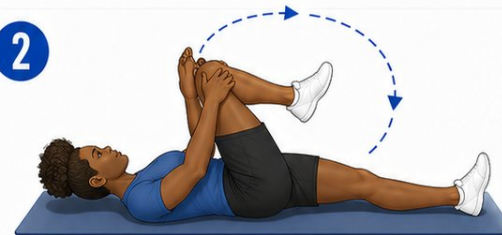
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START POSITION

Lie on your back. Bring the affected (right) knee up toward your chest, bent at 90°. Keep your other leg straight and relaxed. Engage your core and keep your low back relaxed.

2



CIRCLE THE LEG

Slowly trace large circles with your right knee. Move from hip flexion through hip abduction, into extension, then across to adduction, and back to flexion. Keep the movement slow, controlled, and pain-free.

3



COMPLETE CIRCLES

Continue the circle all the way around without lifting your pelvis. Perform 10 circles clockwise.

3 Side-Lying Hip Abduction with Progression

2–3 sets • 15 reps • 3–5 days per week

1



START POSITION

Lie on the non-affected side.
Top leg is straight, slightly internally rotated (toes toward floor).
Support your head with your hand or rest on your forearm.
Keep your core engaged and body in a straight line.

2



RAISE THE LEG

Raise the top leg to 30–40°, controlling the speed both up and down.
Do not let your hip roll backward.
Keep the movement smooth and controlled.

3



REPETITIONS & PROGRESSION

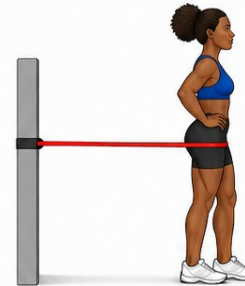
Lower the leg slowly to the starting position.
Repeat for the prescribed reps.
Once 3 × 15 can be performed without pain >5/10, progress by adding a light ankle weight (0.5–2 lbs).



4 Terminal Hip Extension with Band

2–3 sets • 12–15 reps • 3–5 days per week

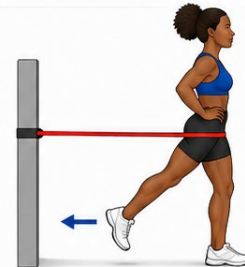
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START POSITION

Anchor a resistance band at waist height behind you.
Stand facing away from the anchor with the band looped around the affected hip.
Stand on the non-affected leg.
Keep your torso upright and core engaged.

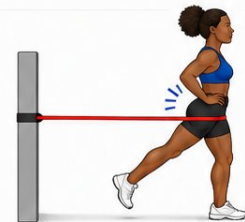
2



EXTEND THE LEG

Extend the affected leg backward against the band resistance, keeping the knee straight.
Do not lean your torso forward or to the side.
Move through a comfortable degree of extension.

3



SQUEEZE & HOLD

Squeeze your glute at end range.
Hold for 2 seconds.
Keep the movement controlled and smooth.

4



RETURN SLOWLY

Return the leg slowly to the starting position.
Repeat for the prescribed reps.
Then switch sides.

■ Stop any exercise that causes sharp pain, new numbness or weakness, or worsening of symptoms, and contact our office. These exercises supplement but do not replace your provider's individualized plan.

Questions or concerns? Call Sweetwater Pain & Spine: (775) 870-1480

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