



BeyondDuty+

Hip Disorders

Hip disorders are an emerging concern among UK veterans, particularly those with a history of **load carriage, jump landings, repetitive squatting, or extended periods of heavy physical training**. These conditions are often under-recognised during service but can lead to significant disability and **early-onset osteoarthritis** if not diagnosed and managed early.

Common Hip Conditions in Veterans

1. Femoroacetabular Impingement (FAI)

- Caused by abnormal contact between the femoral head and acetabulum
- Common in individuals with repeated hip flexion under load
- Presents as groin pain, clicking, and stiffness, especially during squatting or running

2. Labral Tears

- Damage to the cartilage ring (labrum) surrounding the hip socket
- Associated with twisting, pivoting, and load-related trauma
- May cause locking, catching, or instability in the joint

3. Greater Trochanteric Pain Syndrome (GTPS)

- Includes trochanteric bursitis and gluteal tendinopathy
- Lateral hip pain, worsened by lying on the side, walking, or climbing stairs
- Common among veterans with altered gait or prolonged load-bearing



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Veteran-Specific Risk Factors

- **Bergen/load carriage training** over long distances
- **Frequent vehicle egress/jumps** from Land Rovers or aircraft
- **Sitting for long periods** post-service with weak hip stabilisers
- **Untreated in-service injuries** that were masked or poorly rehabilitated

Many veterans only seek help years after discharge, when hip stiffness or pain affects walking, running, or sleeping.

Management Pathways

Initial Approach:

- **GP or MSK physio assessment** (NHS or veteran-specific referral)
- **Activity modification:** limit aggravating tasks (deep squats, hill running)
- **Pain relief:** NSAIDs, topical anti-inflammatories

Conservative Management:

- **Physiotherapy-led rehab:**
 - Hip mobilisation and stretching
 - Core and gluteal strengthening
 - Postural control and gait retraining
- **Shockwave therapy** – for chronic trochanteric pain
- **Ultrasound or MRI** – for suspected labral damage or structural FAI

Injections/Specialist Referral:

- **Steroid injections** – for trochanteric bursitis
- **Surgical referral** – for persistent FAI or labral tears not responding to rehab
 - Hip arthroscopy (labral repair, FAI decompression)
- **Hip replacement** – considered in advanced osteoarthritis with loss of function

Long-Term Considerations

- Delayed treatment of FAI/labral injuries increases risk of **early arthritis**
- Weak glutes and core from prolonged sitting post-service can worsen symptoms
- **Lateral hip pain** (GTPS) is often mistaken for low back or IT band issues
- Exercise and lifestyle changes are key in preventing joint deterioration

Hip Rehabilitation Exercises

For: FAI, Labral Tears, Trochanteric Bursitis

Designed for use under professional guidance

Before You Begin

- Perform exercises **within a pain-free range**.
- Start with **1–2 sets** per exercise, daily or every other day.
- **Avoid deep squats, lunges, or ballistic movements** unless cleared by your physio.
- Progress only when mobility and control are established.

Phase 1: Pain Relief & Mobility

Pelvic Tilts (Posterior Chain Activation)

- Lie on back, knees bent, feet flat.
- Flatten lower back into the floor by tilting pelvis.
- Hold 5 seconds, repeat 10–15 times

Knee Rolls / Lumbar Rotations (Low-load mobility)

- Lie on back, arms out, knees bent.
- Slowly rock knees side-to-side to gentle stretch hips/lower back.
- 10 reps each side

Standing Hip Flexor Stretch

- One foot forward, back leg straight.
- Gently push hips forward to stretch front of hip.
- Hold 20–30 seconds, 3 reps per side

Phase 2: Strength & Stability (When Pain Reduces)

Clamshells (Glute Med Activation)

- Lie on side, knees bent.
- Keep feet together, lift top knee.
- 2 sets of 15 reps each side

Use resistance band around knees to progress.

Bridge Holds

- Lie on back, knees bent.
- Lift hips until shoulders–hips–knees align.
- Hold 5–10 seconds, lower slowly. 10–15 reps

Progress to single-leg bridges if pain-free.

Side-Lying Leg Raises

- Lie on side, bottom leg bent, top leg straight.
- Lift top leg up and slightly back.
- 2 sets of 10 reps each side

Targets glute med for trochanteric pain.

Phase 3: Functional & Return to Activity

Step Downs (Controlled)

- Stand on a low step, slowly lower opposite foot to ground
- 2 sets of 10 reps

Avoid knee collapse inward – focus on hip control.

Monster Walks with Band

- Loop resistance band around thighs or ankles.
- Perform small steps sideways in a semi-squat.
- 10 steps each way, 2 sets

Builds lateral hip and pelvic stability.

Standing Hip Extension (Resistance Band or Cable)

- Stand tall, extend leg straight behind you
- 10–15 reps per leg, 2 sets

Targets glute max and hamstring support.

Progress Tracker (Example)

Date	Activity Done	Pain (0-10)	Exercises Done	Notes
	Ankle/wrist/hip			

Recovery Tips

- **Avoid prolonged sitting or cross-legged positions** during rehab
- Use heat for stiffness, ice for inflammation
- Return to walking or light cardio when pain is controlled
- Prioritise **glute and core strength** to support long-term hip health

Contact Us

For more information and support, get in touch with our advisors and veterans with lived experience today.



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