

Distraction Mobilization Techniques: Prehab

In athletes with painful hip disorders, distraction mobilization techniques can be very effective both preoperatively and postoperatively. Distraction reduces the compressive forces across the articular surfaces. This counterforce often provides significant relief to an inflamed and irritated joint. Over time, these counter-reactive forces promote a cartilage-healing environment in the hip which is an excellent adjunct to the traditional hip range-of-motion and strengthening exercises. The following is a brief review of the three distraction mobilization techniques for the hip:

1. ***Straight-plane distraction:*** The patient is in the supine position. The therapist grasps the lower leg above the ankle and applies a manual traction force. It may be necessary for an assistant to provide countertraction by stabilizing the torso. The traction vector can be applied with the hip in various degrees of flexion and abduction. Best results are accomplished if progressive and sustained distraction for 10-15 seconds is performed. The patient should be frequently reminded to remain relaxed so that joint distraction can be accomplished. 5 repetitions are recommended.
2. ***Inferior Glide distraction:*** The patient is supine with the hip and knee flexed 90 degrees. The therapist rests the patient's lower leg on the therapist's shoulder. A manual distraction force is applied to the proximal anterior thigh. This is best performed by interlocking both hands and then applying pressure, distracting in a distal direction. 5 repetitions are recommended.
3. ***Posterior Glide distraction:*** The patient is supine with the hip and knee flexed 90 degrees. The applied force is directed downward on the knee such that posterior translation of the femoral head is accomplished. The therapist should be positioned directly over the knee such that the therapist's body weight can be used to gently apply the posteriorly directed force. 5 repetitions are recommended.
(Note: This exercise should not be performed in patients with posterior instability.)

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