

HipTrac Protocols for Providers

Each patient's HipTrac protocol should be based on goals for use, subjective reports, clinical reasoning and clinical presentation. The HipTrac can perform traction in supine or side-lying. In supine, the patient's hip can be placed in flexion from 0-30 degrees, any degree of abduction available and any degree of rotation available. In side-lying, the patient can be placed in any degree of extension and up to 30 degrees of abduction.



If the initial goal is pain relief then most individuals look to perform traction in as close to loose-pack position as possible: 20-30 degrees of flexion, 15-30 degrees of abduction and leg relaxed in as much natural available external rotation as possible.

If the goal is to increase range of motion, then transition the patient slowly towards traction in as close to close-packed position as possible: more extension, abduction and internal rotation. The intensity of the mobilization can be increased by using the HipTrac in side-lying position, so that the patient can perform traction in as much hip extension beyond neutral as you want in addition to relative internal rotation. We like to flex the bottom hip in this case to desensitize the lumbar spine. (Videos are available at www.hiptrac.com/protocols and the HipTrac YouTube Channel).

As patients become more experienced with HipTrac over 6 to 8 weeks, we encourage them to "discover" what angles/positions in which they obtain the greatest relief and capsular mobilization as desired. Oftentimes, individuals will feel greater mobility changes and pain relief in a lower position. Patients with hip osteoarthritis (OA) do not follow one strict protocol for their specific needs; each patient should discover the positions in which they achieve the greatest benefits for pain relief and mobility.



Day 1-7: 1 minute holds under traction at 30-40 PSI, release halfway for 5-10 seconds, repeat 6-8 times.

Day 8-14: Begin to increase to 1-3 minute holds at 40-50 PSI, release halfway for 5-10 seconds. Repeat for a total of 12-15 minutes of traction time; choose the cycle based on comfort.

Day 14+: Increase to 1-5 minute holds. Progress gradually over time to as high a PSI (40-100+) as the patient reports comfortable for a total of 15-20 minutes of traction time, release halfway for 5-10 seconds. Choose the duty cycle based on comfort.

We encourage patients to use HipTrac regularly in the presence or absence of pain to maintain consistent capsular mobilization and also as needed when any flare-ups occur from harder physical days at work or home. Most individuals feel that they do not need to use it as often as time goes on as an accumulation effect occurs overall. When the patient first uses HipTrac, pain relief only lasts minutes or while on it. As the patient progresses, relief will begin to last longer and up to days after use so they may be able to reduce their use to 2-4 times per week, rather than 10-20 times per week. We encourage each patient to find their optimum position, amount of time and traction force when using the HipTrac.

HipTrac Protocols for Pathologies

There are some distinct differences when using HipTrac for various hip pathologies such as OA, femoroacetabular impingement (FAI) and labral tears. Where your patient has a combination of these, the OA protocols will take precedence. When working with patients with hip OA, HipTrac use can be divided into the 3 distinct treatment groups below; FAI and labral tears are covered in the groups that follow.

For more information or to print out copies of this page or other protocols please go to

www.HipTrac.com

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OA Group 1: Painful and very restricted ROM

This group will want to follow the standard protocol, but after week 3 of use, will want to continue to progress to as high level of force as they can comfortably tolerate (50-110 psi) while moving from supine flexion at 30 degrees down to 0 degrees closed over the next 3-6 weeks. Then they will most likely want to begin using HipTrac in side-lying to traction in more extension and abduction. As they improve, they may stay at the same high level of force or may discover that they don't need to pull as hard to maintain positive benefits.

OA Group 2: Painful and some ROM restrictions

This group can follow the exact protocol above, but may be able to start closer to 0-10 degrees of flexion and move more quickly into side-lying extension. They also may not need to progress to as high level of forces as the OA group above (50-75 PSI). In the end, the patient will "feel" what their hip likes most with consistent use by the end of the 4-6th week.

OA Group 3: Early onset, slight pain, no significant restrictions

This group may present with a very slight pattern of restriction, some common signs and symptoms of hip OA. The good news is that they discovered their OA early so they can get on top of the problem with much greater ease. This group will want to learn the appropriate biomechanical and functional strengthening routine. Studies show that if we can do some simple traction mobilization as early as possible that they may be able to greatly prolong worsening of their hip through gentle traction and exercise. This group can use HipTrac in any position that is comfortable to them and will likely be fine at 40-75 psi but can go as high as they feel comfortable.

FAI without Labral Tear with some ROM restrictions:

Similar to OA Group 2 and 3. You will not have to worry as much in terms of progressing slower as in group above, and you may or may not need as much force as in the OA groups.

Labral Tear/FAI with some ROM restrictions:

Similar to OA Group 2 and 3. You will want to progress slower and potentially not as high of force. Experience with this group tells us that they can really benefit from HipTrac especially if they are tighter, but you just want to progress slower as to not irritate the labral tear.

Labral Tear with Hypermobility:

This group has amazing mobility if not hypermobile. HipTrac is not dangerous to these individuals, however, experience and clinical reasoning tells us that they most likely do not need the power of HipTrac. With too high of force, they may feel good while on it, but within a few minutes of getting off will notice hypertonicity in psoas and deep hip rotators that can persist for hours to a day. In addition, they are very hypermobile and do not need mobilization to increase mobility. This group can feel good with light manual traction so we suggest they use a Super Band to simply unweight their leg at home or in the clinic for comfort and relief. The HipTrac can also do this, but we think if they can get the relief they need with a \$25 product, that's the best solution.

HipTrac Protocols for Athletes with No Pathology

There are many individuals, without any hip pathology, who use HipTrac on a regular basis. These are elite athletes who train intensively and compete at high levels, who are seeking the natural neurophysiological relaxation that occurs around the hip and lower back musculature with long axis traction. Psoas and deep hip external rotators become very hypertonic and HipTrac can create relaxation and decreased guarding of these muscle groups. This group can follow OA Group 3 above and can use at any intensity (high or low) and in any position and as they feel comfortable.