## Hip joint area

The area of the hip joint is very closely related to the pelvis, which plays an important role in the emergence of functional malfunctions based on overloading the axial system, formed by the pelvis, spinal column and the head. Relaxing, stretching and exercising muscles in the hip joint area may positively influence correct position of surrounding structures of the joint and prevent unnecessary inconveniences caused by the improper position of above mentioned segments. Muscles of this category are related to the hip joint itself, but their tendons reach all the way to lumbar spine and to various parts of the pelvis.

A muscle imbalance occurs due to hyperactivity and hypoactivity of individual muscles, which, in many cases, form pairs with opposite functions. Tonic muscles, which tend to shorten and therefore need to be *stretched* in particular, are hip joint flexors, thigh fascia tensors, thigh abductors, knee joint flexors. Phasic muscles, which tend to weaken and therefore need to be *strengthened* in particular, are gluteal muscles, quadriceps femoris (except for the rectus femoris).

A common muscle imbalance in the hip joint area occurs between flexors and big gluteal muscle. Imbalance between those muscles leads to pelvis tilting upwards and therefore increasing lumbar lordosis. Gluteus medius acts against adductors of the lower limb. Adductors affect body posture in standing and walking. The connections between inner and outer rotators affect the placement of the soles in walking. The position of pelvis and hip joint therefore affect the walk, which is a basic movement pattern, but also a stand (flat feet by incorrect leg position in hip joint).

We can hardly find any top-performance sport that does not cause hip joint, pelvis and consequently lower limb overload, but some of them are worse than the others and in these we must pay attention to complex and quality compensation. These are as follows:

- athletics: walking disciplines, throws, shot-putting, jumps, hurdles
- downhill skiing, acrobatic skiing, snowboarding
- aerobic, rock-and-roll, artistic and modern gymnastics
- figure skating,
- football, ice hockey
- mountain trekking, walking on uneven terrain
- combat sports

The knowledge, or at least a notion of which muscles perform which actions, is vital for the understanding of muscular disproportion.

Muscle	Origin	Insertion	Action
- iliopsoas	lumbar spine vertebrae (Th 12 – L4,5) fovea capitis femoris	femur (thighbone) lesser trochanter	flexion
- gluteus maximus	ala ossis illi sacrum, coccyx	femur (thighbone) greater trochanter	extension outer rotation
- gluteus medius	ala ossis illi	greater trochanter	abduction
- gluteus minimus	ala ossis illi	greater trochanter	inner rotation
- tensor fasciae latae	anterior superior iliac spine	outer side of the thigh	inner rotation
- quadriceps femoris:			extension at the knee
- straight thigh muscle			
- biceps femoris	tuberosity of the ischium femur (thighbone) (rear)	head of fibula	extension
- semitendinosus	tuberosity of the ischium	tibia	extension
- semimembranosus	tuberosity of the ischium	tibia	extension
- pectineus muscle	pubic bone edge	femur (thighbone)	flexion
- adductors	pubic bone	tibia	adduction
- gracilis muscle	pubic bone	tibia	adduction

Our goal is to reach normalization in the peripheral structures of the musculoskeletal apparatus through suitable exercise, such as relaxing, stretching and strengthening of individual muscles and muscle groups.

The number of repetitions for each exercise depends on individual's level of training and on the quality of execution of the exercise. It's advisable to begin with batches of 8-10 repetitions and gradually raise the number of repetitions to about 15. After mastering the exercise it is possible to repeat it in series.

Basic position: lying on back, bend right leg, right hand holds the right knee, left hand pushes the left side to the ground - while breathing out, make an outward circle with the knee, then breathe in in the

limit position and while breathing out repeat backwards Mistakes: sagging in the lumbar area, backward lean of the head, wrong breathing pattern, raising the side of nonexercising leg from the floor

Basic position: lying on back, legs tucked astride, hands holding knees
- with breathing in perform an outwards movement, with breathing out backwards with simultaneous activation of abdominal muscles and exhalation to the low back Mistakes: sagging in the lumbar area, backward lean of the head, holding breath, little stress on the exhalation to the low back

Basic position: lying on the right side, right arm stretched out on the floor, left arm propped tucked against the floor in front of the body, left leg moved to the side, bent

- with breathing out rotate the knee upwards (the movement originates in the hip joint) all the way to the limit position, when reaching it, tilt the bottom of the pelvis to the front by contracting gluteal muscles

Mistakes: incorrect position when lying on the side, sagging in the lumbar area, incorrect pelvis fixation, stretching the non-exercising leg to the front.

Basic position: lying on right side, right arm stretched out on the floor, left arm propped tucked against the floor in front of the body.

- when breathing out, stretch out the left leg, the tiptoe contracted to the shank, making circles

Mistakes: incorrect position when lying on the side, sagging in the lumbar area, incorrect pelvis fixation, irregular breathing pattern

Basic position: sitting with legs bent and spread, feet on the floor, arms in the back support position

- when breathing out, push the right knee down towards the floor, following three steps:
- 1. With breathing out let the knee down until feeling slight pull, wait and breathe freely
- 2. With breathing out increase the movement by 1cm downwards, breathe freely
- 3. Repeat step 2
- alternate right and left leg Mistakes: co-movement of the pelvis, raising the buttocks from the floor

Note to the Basic position – the distance of heels from the buttocks is individual, it's important not to exert too big force on the hip joint and knee ligaments

Basic position: stand facing a support, right leg stretched forward and bent - with breathing out turn the knee outwards while simultaneously contracting the gluteal muscles, breath in while returning to the basic position. Mistakes: sagging in the lumbar area, backward lean of the head, raising shoulders.