

Evaluation of the Hip: A Postural Restoration Approach by Eric Pinkall, MPT, PRC

- I. PRI Principles
 - a. Human body is not symmetrical
 - b. Right diaphragm leaflet is larger and stronger, which encourages right trunk rotation and right leg dominance
 - c. Pelvic asymmetry results with an anteriorly rotated hemi-pelvis on the left, or bilaterally
 - d. Normal joint and muscle function of the hip and pelvis is altered due to the asymmetry
 - e. Pain and dysfunction result and will be difficult to treat without addressing the underlying asymmetry
- II. Objective Testing – comparing traditional interpretation to PRI
 - a. Ober's Test-positive if tested leg above horizontal, indicating tight IT band
 - b. Hruska Adduction Drop Test-positive if tested leg does not fully adduct to table, indicating anteriorly rotated ipsilateral pelvis
 - c. Thomas test-positive if tested leg does not reach table, indicating tight hip flexors or quads
 - d. Hruska Extension Drop Test-positive if tested leg does not reach table, indicating anteriorly rotated ipsilateral innominate. If negative with positive ipsilateral Adduction Drop test, indicates lax anterior hip capsule
- III. Case Study-25 y/o hockey player with right adductor strain
 - a. Objective findings
 - i. Positive adduction drop test bilaterally
 - ii. Positive extension drop test bilaterally
 - iii. Positive passive abduction lift test right leg
 - iv. 160 degrees 90/90 hamstring flexibility
 - v. 130 right, 140 left quad flexibility prone
 - vi. Passive seated hip ER 30 left, 35 right
 - vii. Seated hip IR 30 degrees bilaterally
 - b. Assessment
 - i. Anteriorly rotated ileum bilaterally
 - ii. Right adductor is overactive/ hypertonic
 - iii. Likely overactive anterior hip and low back/paraspinal musculature
 - iv. Strong/powerful patient in need of inhibition of overactive muscles more than strengthening
 - c. Treatment-
 - i. First Visit
 1. Pelvic Repositioning exercise- 90/90 bridge with feet on wall to recruit bilateral hamstrings, left adductor and left lower abdominals
 2. Adductor pullback to recruit left adductor
 3. Left sidelying knee toward knee to recruit left adductor, left abdominals, and right glut max
 4. Posterior hip capsule, quadriceps, and hip flexor stretches

- ii. Second Visit
 - 1. Standing supported left leg squat lateral dips to inhibit right adductor
 - 2. Retro alternating stairs to strengthen right glut max and encourage left hip internal rotation in weight bearing
- iii. Third Visit
 - 1. Standing Supported right squat with weighted left hamstring and knee flexion- to encourage right squat while in left hip IR to inhibit right adductor
 - 2. Prone reciprocal alternating hamstring curls- hip flexor inhibition
- iv. Fourth Visit
 - 1. Left adduction with right, lowered extended abduction to inhibit right adductor