

My session

Every session with a client needs to be structured to their individual needs and goals. Yet, there may be elements of this sample training session by **Tom Higo** that you can incorporate.

Client goals

Genevieve is an 18-year-old synchronised swimmer for Team GB.

Genevieve first experienced intermittent hip pain in 2014; it became acute in January 2016 and she was forced to stop in March 2016. The hip pain presented in a 'C' shape around her left gluteal and into her groin. Following assessment, a diagnosis of femoral acetabular impingement (FAI) and significant labral tear in her left hip was given. An FAI is a bone spur that develops around the femoral head and/or along the acetabulum.

The first short-term goal was to gain pain-free functional movement patterns (squat, pick things up, step up, etc.). We made a plan for this with guidance from Genevieve's orthopaedic surgeon and physiotherapist.

Considerations

Due to the nature of her sport, Genevieve has 'trained hypermobility'. She also has to spend time on crutches; this varies from person-to-person, but is usually for six weeks.

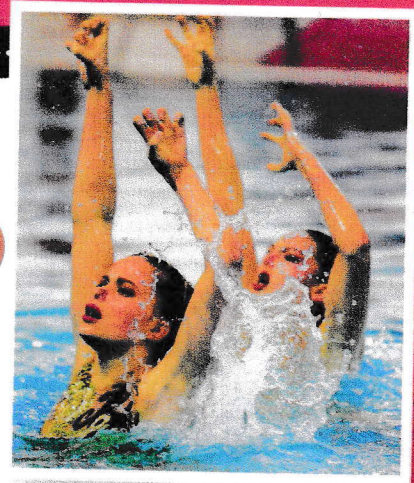
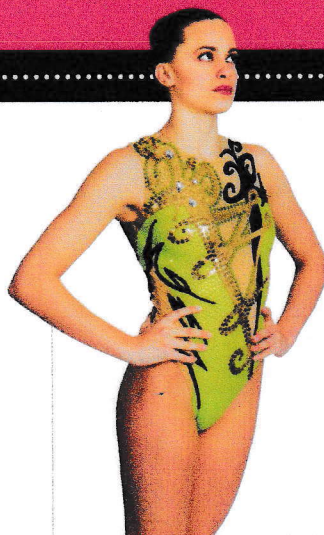
Considerations are imbalance between the muscles due to hip impingement (long term), crutches (short term), hypermobility, and a new-found range of motion in the hip as a result of the impinged bone being shaved down; this provides a considerable level of instability around the joints.

The functional movements need to start on the floor, using a method of progression called developmental neuromuscular stabilisation. This method of progression is devised the same way a baby learns to move – starting supine, progressing to all fours, kneeling and half kneeling, standing, and then eventually into more dynamic movements such as running, jumping, etc. This can be over a period of weeks, months or years.

Rationale

While performing exercises, Genevieve needed to ensure she engaged her transverse abdominals and maintained a neutral pelvis. Cueing the core through a strong exhale helps to activate the involuntary deep core musculature we need to ensure injury prevention.

This programme is day one of a two-day routine. Each will be performed at least six times before a positional change to a less stable position, for example supine to quadruped. The two programmes were performed on alternate days. Rest days consisted of hydrotherapy exercises outlined by her physiotherapist. **fp**



Session in brief

Foam rolling

- IT band, quadriceps, adductors, hips, calves, back

Breathing exercise

- Lying on back to reduce muscular tone
- Relax the muscles
- Activate TVA and internal obliques

Activation exercises

These exercises will strengthen the neural pathways to excite these muscles ready for movement:

- Side-lying leg lifts with back against wall
- Glute bridge
- Supine bent knee fallout

Mobility

- Thoracic spine with gentle side-lying rotations
- Thoracic extension from supine
- Hip flexor mobilisation from half kneeling
- Four-point rock back

Core exercises

- Supine heel taps
- Supine KB pullover (legs at 90°)

Strength exercises

- Static wall squat
- Single arm chest-supported row
- Split squat with stick
- Single arm DB floor press
- Single leg glute bridge
- Half kneeling single arm cable pull down

BIOGRAPHY ►

Tom Higo has worked as a physical trainer for more than 10 years, and closely with Louise Grant and Hip-Physiocure for the past five. Tom specialises in both conservative and post-surgical management of young adult hip conditions.

