Ep. #349 - The Power of Hip Flexor Strengthening

Full Episode Transcript

With your host:

Susi Hately

From Pain to Possibility with Susi Hately

Introduction (00:00.00)

You are listening to From Pain To Possibility with Susi Hately. You'll hear Susi's best ideas on how to reduce or even eradicate your pain, and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

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Welcome and welcome back. I'm so glad you're here because today we're gonna get into hip flexor work and specifically talking about the benefits of hip flexor strengthening and also where hip flexor stretching can go sideways. So often when people feel that tightness in the front of their hip, it leads them to wanting to stretch, to lunge, to do long holds, anything that can create relief to that feeling of tightness, and then they get surprised because while they might have momentary relief or even relief for a few hours or even a day, it doesn't stick around and it tightens back up again.

I want you to know if this resonates with you. If you're someone who does stretch regularly or you've tried all the classic hip flexor stretches and the front of your hip still feels tight, pinchy grip, you're overly worked, that it's not that you're doing something wrong, right? The movements of stretching and lunging and long holds, they're wrong, but it might be that you're misapplying them.

It might be that you're working from the wrong premise. Because a lot of times that feeling of tightness doesn't necessarily mean that hip flexors are short. It just means that something is up. And what I have found over the years of working with people is that thing that's up, you know, that tightness indicating that something's going on, is that the hip flexors are actually doing just more work than they need to, or they're doing work that they shouldn't be doing because they're really amazing compensators.

So when tightness becomes a result of this extra workload or workload that they aren't even meant to be doing, you can see why that stretching, even great stretching, won't change the underlying pattern. You actually have to go to the underlying pattern, and what I have found is when we can follow a really simple, straightforward three-step process, and part of that process involves strengthening and strengthening a very specific way, then we can change that underlying pattern.

The reality here is, and I'll talk more about this, is that the pelvis, legs, and spine, this relationship really is a bridge between the upper body and the lower body, lower body, and the upper body. We're transferring load not only from up to down, but also side to side cross patterning. So when there's things that are up, when there's muscle groups and segments that are not doing what they're meant to be doing, muscles are gonna come in to compensate because something's gotta hold us together.

So in some ways it's great, as I like to say, when you compensate, you demonstrate how creative you are. And so through this episode, let's help direct that creativity in a way that can

really support you and perhaps help that tightness settle away. Now, I am running a two hour workshop in December that I would love for you to come to if this episode resonates with you, and you can find all the details over at **functionalsynergy.com/hipflexors**.

With this episode today, I'm gonna walk you through six key areas: what the hip flexors do, why they often feel tight, when they're not short, when stretching doesn't help, what I have found to be the missing biomechanical link, a three-step process I utilize and think about for effective strengthening and retraining, and what actually changes when you strengthen well, and of course, of this blending of biomechanics with interoception that you know that I love. So let's dig into it.

Number one, the hip flexors aren't one muscle. They're a group. We've got the SOAs iliac, rectus fems, sartorius tensor fascia latte, also known as the TFL, and the Pectineus, and they all participate in hip flexion, bringing the femur toward the pelvis or the pelvis toward the femur. And that's their primary role. But collectively, they also have this other role in helping to coordinate movement between the spine, the pelvis, and the femur. As that hip flexes, if we dig in deeper and look at the SOAs, it attaches to the lumbar spine, the iis attaches to the pelvis. So the SOAs influences the segmental spinal behavior as that hip moves where the iliacus being that it connects to the pelvis and to the femur, its action is more localized to the hip and to the pelvis.

Then we have the rectus femoral sartorius and TFL and how they assist with flexion of the hip, but also fine tune pelvic motion during the leg lifting. All in all, none of these muscles globally stabilize the body, but together they provide local coordination during hip flexion. That's really important.

And that coordination, that important coordination, is deeply, deeply influenced by what the rest of the system is doing. So why do hip flexors feel tight when they're not short? When people lift a leg or move through hip flexion, even in simple everyday movement, and there's compensation happening while they do it, there's often a few things happening behind the scenes, and these are the compensation patterns that are common.

It's not an exhaustive list, but you can probably imagine this as you're moving around day to day-to-day. The pelvis might shift left or right. It might tuck or tilt when it doesn't need to. The spine might stiffen or over stiffen. The ribs might lift that leg bone in the actual joint might not move quite as cleanly or clearly might be because of osteoarthritis. Maybe the pelvic floor is a little hypertonic or the breath holds. These are all different types of compensation patterns. But the key here is that. In some cases, the hip flexors are the superheroes that come in to save the day and they take on extra work to manage excess motion or lack of support.

They might also take on work that's not theirs, and whether it's extra workload or work that's not theirs at all, that can lead to a feeling of tightness. So let's dig into some common reasons why these show up. So hip flexors will take on a stabilizing role because other muscles aren't, right? So let's think about hip rotators.

There's a really strong relationship between your hip rotators and the hip flexors. And a lot of times those muscles can be not functioning well. And then there's an issue in stabilizing how that leg bone moves in the socket as the hip flexors are meant to move. So if the rotators aren't doing their job at helping to give stability to the leg and pelvis system, then the hip flexors might have to work harder.

The same goes for the glutes. We hear all the time how glutes can have amnesia or they're lazy, or they're not activating well for whatever reason, right? So if they're not engaging well, then there's another piece of the puzzle that's not supporting the pelvis. The same is true if the abdominal system is gripping instead of responding, or if the spine just overly stiffens in some cases.

The hip flexor fills the gap and in doing jobs that they're not designed to do, even though they're filling a gap, it's not the job they're designed to do. So that can lead to a feeling of tightness.

Now, think about yourself walking up a stair. And imagine that your balance is a little bit off or your ability to climb stairs. There's just a bit of weakness and you don't quite have the strength through the leg. Sometimes what can happen is the pelvis can shift. Tip can posteriorly or anteriorly tilt. And even though that those movements are anatomical and biomechanical movement, they aren't necessarily movements that are needed in that particular activity to the degree that the compensation might be happening.

So the hip flexors in that moment might contract a bit earlier or harder in order to control the movement. So now they're offering some stabilizing, even though it's not stabilizing at all, and that extra work can lead to more tightness. Let's pretend that you have osteoarthritis and the leg bone moving in.

The hip socket just isn't a clean or clear movement. It's a little bit ratchety perhaps, or just a bit sticky. And if it's not moving smoothly, sometimes the hip flexors will then generate more tension to try to control that movement, and that can also show up as pinching a restriction or even pulling.

And this last one is really, really interesting, especially if you're someone who's coming off in an injury and you're coming back to the gym or back to your yoga mat or back to running or back to cycling or skiing or whatever. And you might have a bit of fear. Now, logically, you might know that everything is totally okay, but physiologically and on a deeper level psychologically.

There's fear present and the nervous system can then start to brace and limit, like stop your movement. That's a protective response. And in those moments, the body is asking for more support, not more stretch. And in those cases, the hip flexors might come in to try and provide that support. But also if you try and stretch.

Overly so especially in those moments. Your system can really, really hold off and not do anything in response to that stretch, or it could even create a spasm. It's a really interesting example of just how our bodies can be protective when there's an element of fear present. And like I said, it might not even be cognitively conscious fear, but it's an innate memory.

As you're going through and returning back to the activities that you love. So then let's dig into why stretching sometimes doesn't help. Stretching can feel productive, for sure. It can feel so, so good. I mean, who does not like a really juicy stretch, but in terms of creating meaningful change, stretching in that way.

Won't alter how a pelvis and leg, bone and spine all organize relative to each other and how they coordinate it doesn't change the responsiveness of the parts or how the, the thigh bone or the, the, femur actually moves in the socket or even how well other muscles contribute, how the load is shared, or confidence that the nervous system has.

Stretching can impact passive length, but remember, passive length is not really often the problem. And add to that, that as somebody is doing a lot of these hip flexor stretches, a lot of people aren't even giving their system an opportunity to make change to the hip flexor tissue because a lot of people, as they get into the stretch, their pelvis might tip forward. Their ribs might flare, or they might overly posteriorly tilt their pelvis in order to get a really big stretch. But in the act of overly posteriorly tilting their pelvis, they create tension elsewhere. So in these cases, stretching won't necessarily address the underlying patterning.

And to do that we need to understand the missing link. I discuss a lot of this in pretty much all of my programs, but specifically in the therapeutic yoga intensive, I love kinesiology and in the certification program. We have to remember that we've got these three planes of movement: sagittal, frontal, and transverse.

Sagittal movement is flexion and extension, the forward and back motion. Transverse is rotation, whether it's torso rotation or femur in the hip socket rotation. And then there's the frontal plane, and this is side to side. Or think about jumpy jacks—leg bones going wide and then coming back. Now, what's important here is that in order for that leg bone to swing, it's gotta have great support in the frontal and transverse planes.

There are three key things that must happen in order for that leg bone to move well in the socket. First, there are muscles that need to engage and contract, and then there are muscles that need to release. So when we're thinking about hip flexion, we're looking at the hip flexors—bean, that muscle, the primary mover that's making that, that's a fuel source for making the movement happen—and then releasing the break, the extensors, right? And that's all in the sagittal plane.

Sometimes we can think, “Oh, the movement's in the sagittal plane, I need to improve the sagittal plane.” And that's why people tend to focus just on stretching out that tissue. The reality is, this next piece is around support. The first two things are: we've gotta have a fuel source engagement and we need something to release. But the third one is support.

The support comes from the other two planes. If the other two planes are not involved, the glute medius isn't engaging well, the adductors aren't really on board, the pelvis can shift from side to side, and the stance leg isn't really steady as we start to walk through our gait pattern. In some

cases, the hip flexors will then tighten up to bring steadiness to the pelvis. They're stabilizing because they have to.

The key here, then, and what I often will do in the early stages of supporting someone who's complaining about that tightness, deep tightness in the front of the hip, is to begin at the support of musculature. I can't go into the front of the hip and try to release that thing, and I can't just go into the back of the hip to try and do something there because I'm still working in the same plane. But if I provide support, when we have an environment of support, things can settle.

It's in that settling that the hip flexors have a chance to let go from the activity that they were overworking with, and we can start to retrain the muscles that are meant to be doing that work and enable the hip flexor to just do what it knows how to do best. So it's this overall retraining pattern that needs to happen.

That happens within this concept of the three biomechanical planes: sagittal, transverse, and frontal. In order for those hip flexors to get a chance to settle out and release that tightness over the long term, they absolutely need to have better transverse and frontal plane control, and the transverse and frontal planes need to be doing their jobs.

When we can get that, we make huge headway forward for those hip flexors to settle out, to gain more nimbleness, to feel lighter, and the pain that's associated with that tightness in the front of the hip can also start to resolve. In summary, hip flexor tightness is almost always a multiplane load-sharing issue.

It's not really a length issue per se, and that's why when we move into a retraining phase that involves strengthening very deliberately, honoring this multiplane loading issue, so much can change. What are the three steps that I like to consider for effective hip flexor strengthening? Well, let's just start off by saying that this is where coordination meets strength, and I find it helpful when we do these steps in order.

The first step, not surprisingly, is awareness, because awareness is what facilitates a stable base. The reason why I didn't say stable base is number one is that we can get too rigid in trying to create a stable base, whereas I want to help people facilitate a stable base from a place of awareness, of settling, of lightening the load.

Really helping the areas of compensation is important, because whenever there's tightness in the front of the hip, there is plenty of compensation to retrain. And it's great, because as we dig into it, so much better things happen with the hip flexors. I'm not trying to develop a stable base. I'm not trying to activate a stable base. I'm wanting a stable base to arise out of awareness.

As we do that, we'll notice when the pelvis wants to shift, when the spine wants to brace, when the ribs want to lift, when the breath wants to hold. When we're aware of those and settle those out, a stable base will emerge, and this will reduce the background workload the hip flexors usually take on, including the excessive work that the hip flexors ought not to even be doing.

As a result, you might feel more of a heaviness or a lightness through your body. You'll feel more control and coordination and likely more ease, a breath that drops lower into your pelvis, and maybe even an easier breath. It's also a place where the nervous system can soften because there's now more support that's essentially there and effectively there.

The next step is to strengthen in the smallest effective range, and this can be a real game changer. We can strengthen hip flexors in a small, clear range. When that pelvis truly is steady and at ease, the spine is easily quiet. When the hip joint has really easy, smooth glide, the breath is easy, and the hip flexors work without gripping, it helps the work feel easier.

You heard me say the word "easy" a lot there, and I'm going for that word. I want this to feel easy in the early phases. Now as we add more load, yes, there'll be effort, but we want to bring it through a base of ease. This way, we can feel the work instead of forcing it. Sometimes when I start, I begin really tiny, like isometrically, just to get the proprioceptive awareness of that leg bone and pelvis connection, the leg bone, pelvis, and spine connection, and sometimes even leg, pelvis, spine, jaw, and tongue.

When we have trouble in our system with compensation patterns, we'll utilize all sorts of places to try and bring more balance. When we start to add load in small amounts, it gives us a chance to see the way our bodies naturally respond, and it gives us the opportunity to retrain that much more effectively.

This also leads us toward more functional, full hip flexion. Whereas initially it's not about intensity, it's about precision. Then we can take that precision into intensity, maintain the stable base, maintain the undercurrent of ease, and then bring in more load along with the awareness we had in the first place.

This is where we bring the pattern into larger movements. This is when we're looking at things like squats and lunges, split squats, stepping-up transitions, bigger yoga poses, and more complex yoga poses with more and different ranges of motion happening—lifting your leg to actually put on a pair of pants even.

The key to this is that we begin to notice, if we've done the previous steps well, the shifts, the grips, the stopping of the breath, the ratchety movements. We start to feel those things and we start to feel relationships of parts: ribs, pelvis, leg, feet, tongue, head. So we start to tune in more interoceptively, but also proprioceptively.

We can feel our biomechanics and action. This is how patterns rewire as you do this, as other parts of your body are trained to come on board the way they're meant to. As the hip flexors stop compensating and start functioning, you start to notice the front of the hip feels quieter.

That tight sensation reduces, stepping and walking feels smoother, transitions feel easier. There's a nimbleness and lightness to your stance. You might even notice your calves gripping a lot less, and lunges feel much less pinchy. It's all because the load is shared better and the hip flexors don't have to do all the work of somebody else.

The next time your hip flexors begin to feel tight, just take a pause. Or even if you find yourself going into a deep stretch or trying to push harder, consider bringing your attention to the state of your pelvis, your breath, and the joint movement. Can you settle your pelvis and soften your breath, and do the movement with five to 15% less effort and still move well?

As you do, that's what's going to bring about steady, sustainable, intentional, and deliberate strength. You may even discover that your hip flexors might not ever need stretching, but that they need support, better load sharing, and strength that is coordinated, not forced.

That's the power of strengthening the hip flexors. That's the pathway to possibility.

If this has resonated with you and you'd like to dig into this further, join me this December at **functionalsynergy.com/hipflexors**. Now, if you are listening to this after December and the workshop has already happened, it is available on demand. Please visit the site at **functionalsynergy.com/hipflexors** and you can read all about it there.

I'd love to see you inside. Take good care.