

Double Double- No Lift

Default Recommended Sets and Repetitions: 3x15

Primary Muscular Involvement:

- The glutes medius and minimus along with the tensor fasciae latae provide the abduction force against the strap.
- The force on the pillow is generated primarily through a medial rotation of the shank at the subtalar joint (adduction of the feet may also occur). With the hip and knee flexed, the medial rotation of the shank is created primarily by the sartorius, the TFL acting on the iliotibial band, and the semimembranosus and semitendinosus.
- The deep 6 are in contraction to rotate the hip.
- The iliopsoas is in contraction to slightly rotate the pelvis anteriorly as well as stabilize the spine.

Functional Purpose:

- This exercise uses the added dimension of the block between the ankles to serve as a way to manipulate the rotation of the femurs as the muscular work is applied.
- The force applied at the ankles compliments the abducting force at the hip.
- With the force being applied at the distal end of the segment, the rotary force at the hip is increased. Therefore, the hip both abducts and externally rotates.
- Recruits bilaterally, the primary and secondary hip flexors for stabilization.
- To actively reduce a rotational (anterior/posterior) disparity in the transverse plane at the hip joint. This occurs through the supine and hook-lying position forcing the pelvis to move anteriorly as well as the activity of the exercise which gradually causes each ilium to fall in the same plane through the muscular action.
- To actively reduce a rotational disparity of the pelvis in the sagittal plane. This occurs through the activity of the exercise and the supine, hook-lying position which allows a gravitational force to cause hip rotation to subside.
- To promote external femoral rotation.
- To help remove excessive medial tibial torsion.
- To strengthen the lateral hip stabilizers without loading the pelvis.
- To promote internal rotation at the subtalar joint.

Contraindication:

- Degenerative joint disease of the hip (later stages)
- A hip prosthesis
- Meniscus tear and/or acute knee structural damage
- An active lumbar disc herniation