AOK™

THE PROFESSIONAL'S CHOICE

Oov - Basic Exercises

Hip Extension

This is an important exercise for hip function and buttock [gluteal] activation.

For users who tend to drop their pelvis **[Anterior Pelvic Tilt]**, take them into a posterior pelvic tilt first, then into extension. Ensure the lumbar spine and lower ribs are not extended.

A Activate the arms into internal rotation if the user is hyper-extending into the lumbars.
Characteristically, these users are normally tighter in extension, and take them to their full range of movement.

B For Posterior Pelvic Tilt users, take them straight into hip extension, as the curve of the Oov encourages a slight lordosis. This population tends to over extend at the hips, so perhaps don't take them into full extension, stopping them just prior.

C + D With Kyphotic users, you can place the arms in varying degrees of external rotation (see arm positions section) only if the user is stable. Follow the protocol as above for pelvic orientation.

One legged hip extension

The exercise is a great for not only activation but assessment, as any functional imbalance in gluteal activation can easily be assessed. This is also a good way to activate the correct gait muscle firing pattern.

If the user has difficulty with extending the hips, then alternate the one legged hip flexion. Ask the user to maintain 90 degree angle in both the hip and knee. Asymmetrical exercise can be prescribed to address imbalances as a gluteal strengthening exercise.

If hip extension is difficult on a particular side, attempt a hip flexor release.

A This is a good core exercise and scapular stabilizer in internal rotation by activating the serratus anterior.
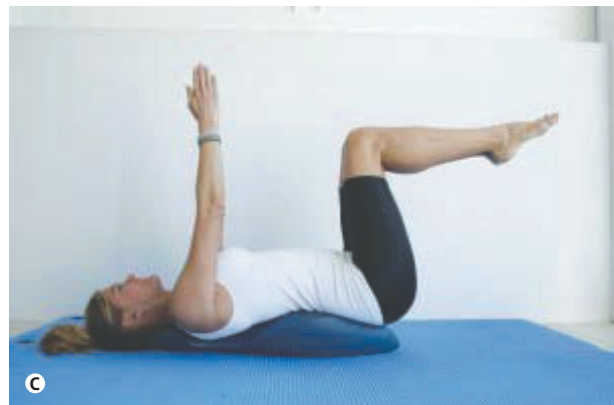
Decrease stability by working towards having arms in the air by next balancing on elbows, then lifting arms.

B To mobilize the thoracic spine, have arms active in external rotation.

C An advanced position requiring good core recruitment.

AOK™
THE PROFESSIONAL'S CHOICE

Oov - Balances

D A good assessment and a good anterior capsule release and can also work into TFL and also into the hip flexors.

Let the leg go heavy, watching for Illial rotation. Stop the rotation for a more focused stretch.

E Observe any lateral movement of the supporting knee. This suggests recruitment of the rotators to try and stabilize. Internal rotation of the foot can help correct this.

F For the more advanced, moving the stabilizing foot onto the outside of the knee. To increase the intensity of the stretch, push the knee into the foot.

AOK™
THE PROFESSIONAL'S CHOICE

Oov - Wall exercises

Preparation

(A) + (B) Using the Oov standing is a progression from lying down on the Oov, increasing weight bearing and function. It is important to position the user correctly.

By holding the Oov against the wall:
The user is activating their glutes, core and pelvic Floor, whilst maintaining the lordosis of the lumbar spine.

The scapular are free to move, and the support of the Oov at the lumbar, thoracic and cervical spine help restrict hyper extension throughout all areas of the spine.
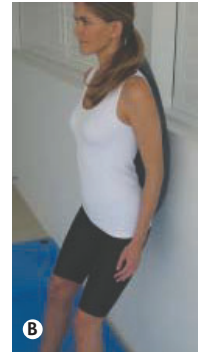
Wall Squat

(C) Performing a squat pattern with the Oov Standing, allows good proprioceptive feedback and activation of the core and pelvic floor.

(D) The user goes into the squat pattern, having to hold the Oov against the wall by applying a slight upward force. This will keep activation through the glutes in an eccentric activation, while still engaging the core and pelvic floor.
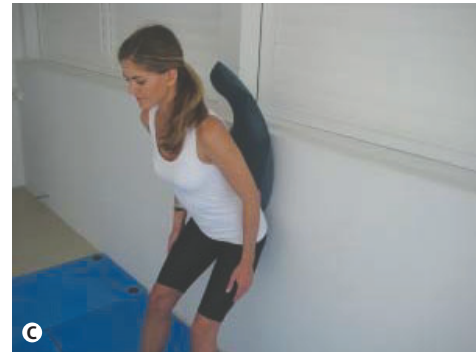
One-legged Wall Squat

(E) As the Oov maintains the curve in the lumbar spine, and also moves with the user due to its curved shape, it stops the user flexing in the lumbar spine, and encourages the desired flexion at the hip joint.

A One-Leg Squat can increase the intensity of the squat, or address asymmetrical weakness.