

CHECKLIST FOR RETURNING TO RUNNING POSTPARTUM

EXPECTING AND EMPOWERED

Three physiotherapists in the UK created guidelines for returning to running postpartum. These guidelines are free but they are 40 pages long. This is a consolidated version of the guidelines.

STEP 1:

It has been advised that most women will benefit from waiting 12 weeks after baby and passing the following tests to begin a gradual return to running. Check your ability to tolerate impact: You need to have the ability to complete all the tasks below without leaking, pelvic “heaviness” or “dragging” sensation, noticeable gap along the midline of your abdominal wall, bleeding, or pelvic girdle/low back pain.

- Walking - 30 minutes
- Single leg balance - 10 seconds
- Single leg squat - 10 repetitions each side
- Jog on the spot - 1 minute
- Forward bounds - 10 repetitions
- Single leg hop in place - 10 repetitions each leg
- Single leg ‘running man’ - raise opposite arm and hip flexion, jump and switch 10 repetitions each side

STEP 2:

Strength testing: Weakness in these areas of strength testing should not be considered a barrier for returning to running but instead identify where strength work can be directed.

Left Right

- | | | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Single leg calf raise</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Single leg bridge</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Single leg sit to stand</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Side lying abduction</u> |

NOTE: Running with a stroller changes how we move at the trunk, hip, and pelvis. Due to these changes in kinematics the authors suggest that flexibility work for the spine, pelvis, hips and gluteal strengthening exercises is recommended for the stroller runner! Discuss with your pediatrician prior to running with your babe in a stroller.

Here at E&E (along with the authors of these very important guidelines) we ultimately suggest:

- Every mother should have the option to access a pelvic health assessment.
- Symptoms suggesting pelvic floor dysfunction should be identified and treated.
- Pelvic floor strength, endurance and coordination should be evaluated and treated.
- The presence and risk of pelvic organ prolapse should be evaluated and treated (Please check out our “Prolapse” story highlight on @expectingandempowered IG for more information).
- The presence of postnatal pelvic or lower back pain should be evaluated and treated.

STEP 3:

Look at the whole picture: The bottom line is we need to think about fitness, breathing, psychological status, abdominal wall recovery, scar mobility, sleep, breastfeeding status (BF can alter hormone status which can impact prolapse and pelvic stability), supportive wear (for belly, for breasts) and the risk of over-taxing a tired mama.

The full text PDF article of the study can be found [here](#). (Goom, Donnelly and Brockwell, 2019)