

# Return to Running Protocol – Postpartum Mothers

Key Principle: Running is a high-impact activity. Adequate healing, strength, and load management are required to reduce risk of pain, incontinence, or prolapse.

## Recommended Timeline

Postpartum Phase	Recommended Activity
0–3 months	Low-intensity exercise (walking, mobility, gentle strength). No running.
3–6 months	Earliest return-to-run if criteria are met.
4–6 months	Pelvic floor and connective tissue recovery optimized.

## Do NOT Run If You Experience:

- Pelvic heaviness or dragging
- Urinary or bowel leakage
- Pelvic, hip, or low-back pain
- Abdominal doming or significant midline gap (DRA)
- Ongoing bleeding >8 weeks postpartum

## Return-to-Run Readiness Checklist

Load & Impact Readiness – Must Perform Without Symptoms	
30-minute walk	Minutes walked without stopping:
Single-leg balance (10 sec/side)	Right: ___ / 10                      Left: ___ / 10
Single-leg squat (10 reps/side)	Right: ___ / 10                      Left: ___ / 10
Jog in place (1 min)	_____ / 60 seconds
Forward bounds (10 reps)	Reps completed:
Single-leg hop (10 reps/side)	Right: ___ / 10                      Left: ___ / 10

## Strength Benchmarks

Strength Tests (Aim ≈ 20 quality reps)	
Single-leg calf raise	_____ / 20 each side
Single-leg bridge	_____ / 20 each side
Single-leg sit-to-stand	_____ / 20 each side
Side-lying hip abduction	_____ / 20 each side

## Initial Running Guidelines

- Start with 1–2 minutes of easy running
- Conversational pace only
- Build volume before intensity
- Increase weekly volume  $\leq 10\%$
- Walk breaks encouraged
- Acceptable pain: 0–3/10 that resolves quickly and not present next day

***Seek Pelvic Health Physical Therapy*** if symptoms appear before or after returning to running.

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Reference:

Goom, T. Donnelly, G. Returning to running postnatal - guidelines for medical, health and fitness professionals managing this population. DOI:[10.13140/RG.2.2.35256.90880/2](https://doi.org/10.13140/RG.2.2.35256.90880/2) March 2019.

