



Return to running after birth



MELBOURNE
**Pregnancy &
Pelvic Physio**

6-12 weeks:

Continue with Pelvic Floor Exercises

Aim to build up to longer holds. Work towards doing your pelvic floor exercises in a standing position.

- Build up to a fast, power walk, 45 mins +
- Stationary bike
- Cross trainer
- Add light weight exercises to your squats and lunges
- Slowly progress core exercises e.g. single leg table top lift, single leg table top extensions, side plank on knees.
- Swimming (after 8/52 if lochia (bleeding) has stopped and any scars are fully healed.)

3-6 months post-partum:

A graded return to running program can be commenced, as long as there are no signs of pelvic floor or abdominal wall dysfunction, which may present as:

- Urinary and/or faecal incontinence
- Heaviness/pressure/dragging in the pelvic or vaginal area
- Pelvic or low back pain
- Noticeable gap along the midline of your tummy muscles. e.g. a dome shaped protrusion when you move, particularly when getting in/out of bed.

Ensure there are no other joint or muscle pains or concerns such as ongoing vaginal bleeding before you consider increasing your exercise level. Seek medical advice with any concerns.

RETURN TO RUNNING POST-PARTUM

Summary: It is recommended for the first 3 months post-partum, regardless of vaginal or caesarean delivery, that low impact exercise should be commenced with a view to returning to high impact activities from 3-4 months onwards.

An individualised assessment, with a qualified physiotherapist, is highly recommended prior to running or other high impact exercise to account for the unique differences in each person.

0-6 weeks

Slowly build up your walking, aiming to build to 30-60 minutes walking at an easy to fast pace by 6 weeks postpartum

Daily Pelvic Floor Exercises (as prescribed by your physio e.g. 3-5sec x 10, 3 times a day)

You may introduce gentle core and body weight exercises around 2-4 weeks post-partum:

- Squats
- Bridges
- Lunges
- Pelvic tilts
- Bent knee fallouts
- Heel slides

Book an appointment:

**10 Treadwell Rd, Essendon North
526 Bell St, Pascoe Vale South**

www.mppp.com.au

p:03 93379125

IMPACT TEST

Can you:

- Walk 30-60 minutes at a good pace?
- Stand on one leg 10 seconds?
- Stand on one leg and do mini squats 10 times?
- Jog on the spot 1 minute?
- Hop on the spot 10 times in a row?
- Forward bounds 10 repetitions (jumping from one spot to the next)?

Remember to test both sides!

If you're able to do all of this without any symptoms and are past 3 months postpartum, that is a really good sign that you are potentially ready or nearly to start a graded return to run program.

STRENGTH TESTING

Try to complete 20 repetitions of the below:

- Single leg calf raises
- Single leg sit to stand
- Single leg bridge
- Side lying abduction

If you cannot do 20 that doesn't mean you can't run – but it will highlight the areas you need to work on.

PELVIC FLOOR STRENGTH

Your pelvic floor does need to be strong enough before returning to run. As a guide, prior to running you should consider, can you complete the following exercises in standing:

- Be able to hold a good quality PF contraction for at least 6-8 seconds and repeat this 10 times in a row standing or moving
- Carry out 10 x good quality fast contractions
-

Please note, if you believe you have an overactive pelvic floor, or are symptomatic - please cease these exercises, and seek an assessment from a Pelvic Physiotherapist.

WHAT DOES A GRADED RETURN TO RUN PROGRAM LOOK LIKE?

A graded return to run program should include a mix of walking and running at an easy pace, where you can still maintain a conversation. This allows the body to adapt to the load gradually and will provide the opportunity for you to safely monitor for any of those warning signs of pelvic floor dysfunction. Start with 1-2 runs per week, have rest days in between and gradually build up.

SYMPTOM CHECK

If you are symptomatic during or after any of the tests, we recommend stopping the exercise and seeking the help of a Women's Health physiotherapist for specific individualised advice for you.

RUNNING TIPS

Training conditions:

- Start on a flat, soft path is recommended (from least amount of impact to the most: grass, running track, footpath)
- Avoid hills when first starting out
- Progress distance and time before intensity i.e. sprinting

Breastfeeding:

- Be mindful that your joints may be a little more stretchy and lax – this may be the case for up to 3/12 after you finish breast feeding
- Running at a moderate intensity shouldn't alter milk production or quality.
- Drink water! Being dehydrated can affect milk supply
- Try feeding or expressing before you run for comfort.
- Ensure you have a good supportive sports bra.
- Take the sports bra off soon after running to reduce the compressive effects on the milk ducts

Sleep:

Getting adequate sleep is so important for your physical and mental health and recovery. Try to make it sleep a priority and consider naps to catch up if it at all possible. Attend to good sleep hygiene e.g. avoid using screens before bed, consider relaxation strategies. Sleep deprivation in runners is associated with an increased risk of injury

Footwear:

Your foot may change during pregnancy in some cases resulting in a full shoe size increase – this can be a permanent change. Make sure your shoes still fit after delivery!

Running with a pram:

It is recommended that your baby should be at least 6-9 months old, to ensure enough head and neck control to cope with the bumps and change of surfaces when running. Running with a pram does hinder the body's normal running pattern as it involves reduced trunk rotation, so it is important you build up to this gradually. Start without the pram first and then gradually introduce it.

- Pram must be purpose designed for running
- Five-point harness for baby
- 3 wheels with the front wheel being fixed
- Hand-operated brakes with wrist straps
- Pneumatic tyres (air filled)
- Rear wheel suspension



MELBOURNE

**Pregnancy &
Pelvic Physio**