

POSTPARTUM RETURN TO RUNNING: *Updated Guidance*

Many postpartum patients ask when they can safely resume running or high-impact activity. "Cleared at 6 weeks" lacks a clear definition, is vague, and provides no clear pathway for return to running.

Recovery timelines should be symptom-based and function-based rather than date-based.

SUGGESTED RETURN TO IMPACT TIMELINE

0–3 Weeks Postpartum: Relative Rest:	Focus on healing, recovery, breathing mechanics, mobility, and gentle pelvic floor activation.
3–12 Weeks Postpartum: Low-Impact Activity:	Walking, low-impact exercise, gradual loading, and beginning strength work as tolerated.
Before Running: Complete a Run-Readiness Screening	Running should begin only after key physical and pelvic health benchmarks are met.
Walk to Run Protocol Once Cleared	Median return-to-run time in current literature is approximately 12 weeks postpartum.

RUN-READINESS SCREENING CHECKLIST FOR POSTPARTUM PATIENTS

Domain 1	Medical & Psychological Readiness
	Wound healing complete
	No vaginal bleeding unrelated to menses
	No severe abdominal pain or signs of infection
	Screened for postpartum depression/anxiety

RUN-READINESS SCREENING CHECKLIST FOR POSTPARTUM PATIENTS, CONT'D

Domain 2	Pelvic Floor Symptoms
	No stress urinary incontinence with daily activity, lifting, coughing, sneezing
	No vaginal heaviness or bulging
	No pelvic or perineal pain
	Able to contract and relax pelvic floor muscles
	No significant diastasis recti causing functional limitation
Domain 3	Physical Capacity- Patient should be able to complete all of the following symptom-free:
	Walk 30 minutes continuously (without pain, heaviness, or leaking)
	Single-leg balance: 10 seconds each side
	Single-leg squat: 10 reps each side
	Single-leg calf raise: 20 reps each side
	Single-leg bridge: 20 reps each side
	Running man drill: 10 reps each side
	Single-leg hop in place: 10 reps each side
	Safe Return-to-Run Progression

RETURN TO RUN PROTOCOL- ONCE READINESS CRITERIA ARE MET:

Begin with 1 minute run / 4 minute walk intervals
Progress duration before speed or intensity
Increase total volume by less than 10% weekly

COZEAN PELVIC DYSFUNCTION SCREENING PROTOCOL

INSTRUCTIONS: CHECK ALL THAT APPLY

Check if Yes	I sometimes have pelvic pain (in genitals, perineum, pubic or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale, with 10 being the worst pain imaginable
	I can remember falling onto my tailbone, lower back, or buttocks (even in childhood)
	I sometimes experience one or more of the following urinary symptoms: <ul style="list-style-type: none">• Accidental loss of urine• Feeling unable to completely empty my bladder• Having to void within a few minutes of a previous void• Pain or burning with urination• Difficulty starting or frequent stopping/starting of urine stream
	I often or occasionally have to get up to urinate two or more times at night
	I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out
	I have a history of pain in my low back, hip, groin, or tailbone or have had sciatica
	I sometimes experience one or more of the following bowel symptoms: <ul style="list-style-type: none">• Loss of bowel control• Feeling unable to completely empty my bowels• Straining or pain with a bowel movement• Difficulty initiating a bowel movement
	I sometimes experience pain or discomfort with sexual activity or intercourse
	Sexual activity increases one or more of my other symptoms
	Prolonged sitting increases my symptoms

IF YOU CHECKED 3 OR MORE BOXES, PELVIC FLOOR DYSFUNCTION IS LIKELY. A REFERRAL TO PELVIC FLOOR PHYSICAL THERAPY IS APPROPRIATE.