

5 REASONS

WHY YOU SHOULD REFER POSTPARTUM RUNNERS TO A PELVIC HEALTH PHYSICAL THERAPY

1/3 of vaginal births result in injury to the Pelvic Floor Muscles

The pelvic floor muscles (PFM) play an important role in running - they have an anticipatory and a reflexive, impact attenuating role during running¹. One third of vaginal births result in some form of injury to the PFM and the PFM do not have the ability for maximum strength until approximately 4-6 months postpartum³. A cesarean birth does not eliminate the risk of urinary incontinence (UI) or pelvic organ prolapse (POP)3.

Higher risk of developing stress urinary incontinence

Female athletes have a higher risk of developing stress urinary incontinence (SUI) symptoms and POP compared to less active women4. This is due to the fact that running is a high impact activity that requires specific functions and interactions of the pelvic floor, hip, and abdominal muscles5.

Change in gait mechanics and gait velocity

Gait mechanics such as trunk rotation, hip and knee range of motion, cadence, stance time, step width and gait velocity change from pre-pregnancy to postpartum⁶. A PT is well trained to analyze gait mechanics, identify weakness and give appropriate strengthening exercises to improve running performance.

Recommendations based on evaulation

Advice such as "run slower" or "don't run as far" is not specific enough nor is it sufficient to help postpartum runners successfully return to the level of activity they desire. Recommendations should be based on an evaluation with a pelvic-trained physical therapist. By screening for POP and diastasis rectus abdominis (widening of space between abdominal muscles) and evaluating hip and PFM muscle strength, posture, and breathing strategies, a PT can develop a plan that matches the person.

Safely and Effectivey build back Pelvic Floor Muscles

Approximately 1/3 of postpartum women experience UI in the first three months after giving birth7. It is important to safely and effectively build back the strength and function of hip, abdominal, and pelvic floor muscles prior to resuming running, under the guidance of a PT7. Recovering from a cesarean birth may prolong the amount of time before returning to running by approximately 2-4 weeks.

APTA Pelvic Health

Find a Physical Therapist near you using our PT Locator at ptl.womenshealthapta.org

Refrences

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- Leitner M, Moser H, Eichelberger P, Kuhn A, Radlinger L. Evaluation of pelvic floor muscle activity during running in continent and incontinent women: An exploratory study. Neurourol Urodyn. 2017 Aug;36(6):1570-1576. doi: 10.1002/nau.23151. Epub 2016 Oct 29. PMID: 27794169.
 Caudwell-Hall, J., Atan, I. K., Rojas, R. G., Langer, S., Shek, K. L., & Dietz, H. P. (2018). Atraumatic normal vaginal delivery: how many women get what they want?. American journal of obstetrics and gynecology,
- 2.1(4), 0.75(1).
 3. Shek, Ka Lai, Dietz, H. The Effect of Childbirth on Hiatal Dimensions. Obstetrics & Gynecology: 2009; 6: 1272- 278.
 4. Teixeira, R. V., Colla, C., Sbruzzi, G., Mallmann, A., & Paiva, L. L. (2018). Prevalence of urinary incontinence in female athletes: a systematic review with meta-analysis. Interna-tional Urogynecology Journal, 29(12), 1717-1725. https://doi.org/10.1007/s00192-018-3651-1
 5. Hartigan, E., McAuley, J. A., Lawrence, M., Keafer, C., Ball, A., Michaud, A., & DeSilva, M. (2019). Pelvic Floor Muscle Performance, Hip Mobility, and Hip Strength in Women With and Without Self-Reported Stress
- Urinary Incontinence. Journal of Women's Health Physical Therapy, 43(4), 160-1
 Provenzano, S. G., Hafer, J. F., Peacock, J., Kempner, S., Zendler, J. D., & Agresta, C. E. (2019). Restriction in Pelvis and Trunk Motion in Postpartum Runners Compared With Pre-pregnancy. Journal of Women's
- Health Physical Therapy, 43(3), 119-126. doi: 10.1097/JWH.000000000000100129 Woodley, S. J., Lawrenson, P., Boyle, R., Cody, J. D., Mørkved, S., Kernohan, A., & Hay-Smith, E. J. C. (2020). Pelvic floor muscle training for preventing and treating urinary and faecal incontinence in antenatal and postnatal women. Cochrane Database of Systematic Reviews, (5)