ADVANCED RETURN TO RUNNING REHABILITATION GUIDELINE

Progression is time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. Contact Ohio State Sports Medicine at 614-293-2385 if questions arise.

- Ideal for athletes with non-surgical injuries, post-surgical patients following Alter G or Deep Water Running Progression, and runners that average 40-60 miles per week
- This guideline is intended for end stage rehabilitation return to running and the clinician should use their own clinical judgement when it is safe to return the athlete to plyometrics and running
- Supplement with Alter G and Deep Water Running Progression for post-surgical patients

Phase I: Walking and Plyometrics

Criteria to Start Phase I	 Ability to walk 30 minutes pain-free Full joint range of motion At least 80% strength compared to the unaffected limb (specifically post-surgical injuries) Trace to no edema present 							
Goals	 Tolerate single leg impact activities Demonstrate proper lower extremity biomechanics Walking without limitations Demonstrate equal quality and power bilaterally 							
Guidelines	Double limb jumps progressed to	Sample Functional Ho	p Progression					
	single limb hopsUnilateral to multi-directional plane	Double Leg	Single Leg					
	hops	Hop in Place	Hop in Place					
		Forward Hop	Forward Hop					
		Backward Hop	Backward Hop					
		Triple Hop	Triple Hop					
	_	Side-to-Side Hop	Side-to-Side Hop					
		Crossover	Cross-over					
		Scissor Hops	Dot Drills					
		Dot Drills	Lateral Bounds/Skaters					
		180 Degree Hops	90 Degree Hops					

Phase II: Walk to Run Progression

Criteria to Start Phase II	 Athlete is able to tolerate 200-250 foot contacts Athlete is able to tolerate number of foot contacts for ~1/3rd of a mile of running No symptoms reported by the patient and demonstrates adequate plyometric form with minimal to no knee valgus, toe to heel landing, no trunk lean, and demonstrates soft landing Ability to perform 15 heel taps with proper LE mechanics
Goals	Progression back to continuous running without aggravation of symptoms and antalgia
Guidelines	 Prior to walk to run progression complete 5 minute dynamic warm-up (example at wexnermedical.osu.edu/sports-medicine/treatments/endurance-medicine) Athlete must take at least one running off day in between each return to running workout, non-impact cross training during off days Take at least one complete rest day a week If athlete develops pain, return of other symptoms, or cannot complete the phase they remain at that phase until they are able to complete it without symptoms Complete only one phase per day

Advanced Walk to Run Program	Warm-up	Run: Walk	Repetitions	Cool down	Total	Days
Phase 1	5-10 min	4 min:1 min	2-4	5-10 min	20-30 min	2
Phase 2	5-10 min	6 min:1 min	2-4	5-10 min	25-35 min	2
Phase 3	5-10 min	8 min:1 min	2-4	5-10 min	30-40 min	2
Phase 4	5-8 min	10 min:1 min	2-4	5-8 min	35-45 min	2

Phase III: Running Progression

Criteria to Start Phase III	 Able to complete Phase II without pain or symptoms At least 90% strength and Limb Symmetry Index compared to the unaffected limb (specifically post-surgical injuries) Ability to perform 12 inch hop downs from box with proper LE mechanics
Goals	 Increase daily and weekly mileage gradually Return to normal running routine within 5 weeks No return of pain or symptoms
Guidelines	 Athlete can cross train or rest on off days, but must take at least one rest day a week Prior to run progression complete 5 minute dynamic warm-up and 5-10 min walking warm-up After run complete 5-10 min walking cool down and post-run stretch

Advanced Running Progression	Day1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total Miles
Week 1	2	-	2	-	3	-	3	10
Week 2	-	4	-	4	-	3	3	14
Week 3	-	5	-	5	4	-	4	16
Week 4	5	-	6	5	-	6	-	22
Week 5	6	-	7	7	-	9	4	32
Week 6	-	7	10	4	-	12	7	40

ADVANCED RETURN TO RUNNING PROGRAM (FOR PATIENTS)

Step 1: Walk to Run

- Only complete one phase per day, performing workout every other day
- On off days, either cross train or rest but must take one day of complete rest each week
- Stop running if you begin to experience pain, swelling, or altered running/walking pattern
- · Complete each phase without symptoms before moving on to the next phase

Advanced Walk to Run Program	Warm-up	Run:Walk	Repetitions	Cool down	Total	Days
Phase 1	5-10 min	4 min:1 min	2-4	5-10 min	20-30 min	2
Phase 2	5-10 min	6 min:1 min	2-4	5-10 min	25-35 min	2
Phase 3	5-10 min	8 min:1 min	2-4	5-10 min	30-40 min	2
Phase 4	5-8 min	10 min:1 min	2-4	5-8 min	35-45 min	2

Step 2: Running Progression

- · On off days, either cross train or rest but must take one day of complete rest each week
- Avoid hill running until you have returned to your normal weekly mileage and pace
- Stop running if you begin to experience pain, swelling, or altered running pattern
- Work to increase speed before increasing distance

Advanced Running Progression	Day1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total Miles
Week 1	2	-	2	-	3	-	3	10
Week 2	-	4	-	4	-	3	3	14
Week 3	-	5	-	5	4	-	4	16
Week 4	5	-	6	5	-	6	-	22
Week 5	6	-	7	7	-	9	4	32
Week 6	-	7	10	4	-	12	7	40

Recommendations to Prevent Injuries in the Future

- Give yourself at least one rest day a week
- Continue with strengthening exercises from physical therapy at least 2-3 times a week
- Perform a dynamic warm-up prior to running and perform static stretching after your run (example at wexnermedical.osu.edu/sports-medicine/treatments/endurance-medicine)
- Decrease mileage or stop running if your injured, slowly return to your normal routine
- Increased mileage increases your risk of injury, gradually increase mileage and intensity



References

Bates NA, Ford KR, Myer GD, Hewett TE. Impact differences in ground reaction force and center of mass between the first and second landing phases of a drop vertical jump and their implications for injury risk assessment. *J Biomech.* 2013;46(7):1237-41.

Brumitt J. A return to running program for the postpartum client: a case report. *Physiotherapy Theory and Practice*. 2009;25(4):310-325.

Fields KB, Sykes JC, Walker KM, Jackson JC. Prevention of running injuries. *Current Sports Medicine Reports*. 2010;9(3):176-182.

Fredericson M, Cookingham CL, Chaudhar AM, et al. Hip abductor weakness in distance runners with ITB. *Cli. J. Sport Med.* 2000;10:169-175.

Gottschall JS, Kram R. Ground reaction forces during downhill and uphill running. *Journal of Biomechanics*. 2005;38:445-452.

Hreljac A. Etiology, prevention and early intervention of overuse injuries in runners: A biomechanical perspective. *Phys Med Rehabil Clin N Am.* 2005;16:651-667.

Ryan ED, Everett KL, Smith DB, et al. Acute effects of difference volumes of dynamic stretching on vertical jump performance, flexibility and muscular endurance. *Clin Physiol Funct Imaging*. 2014;34(6):485-492.

Ryan MB, Maclean ML, Taunton JE. A review of anthropometric, biomechanical and neuromuscular and training related factors associate with injury in runners. *International Sportmed Journal*. 2006;7(2):120-137.

Sim AY, Dawson BT, Guelfi KJ, et al. Effects of static stretching in warm-up on repeated sprint performance. *Journal of Strength and Conditioning Research*. 2009;23(7):2155-2162.

Stracciolini A, Meehan WP, d'Hemecourt PA. Sports rehabilitation of the injured athlete. *Clin Ped Emerg Med.* 2007;8:43-53.

Warden SJ, Davis IS, Fredericson M. Management and prevention or bone stress injuries in long-distance runners. *JOSPT*. 2014;44(10):749-765.

