Strategies used for Return to Run by Pelvic Health Physical Therapists with Postpartum Patients #25228

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HYPOTHESIS / AIMS OF STUDY

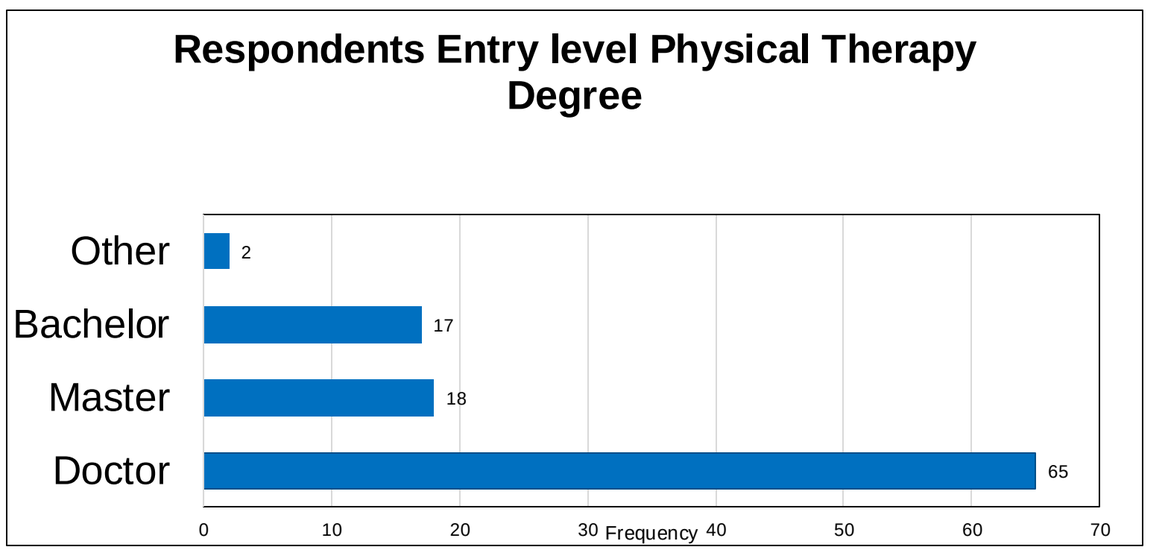
This study aimed to identify if Pelvic Health Physical Therapists (PHPT) are utilizing current evidence when determining readiness to run and developing a return to run programming during conservative management of postpartum women.

STUDY DESIGN, MATERIALS AND METHODS

Utilizing a cross-sectional design, the researchers surveyed and collected responses during a 3-month period. Through convenience sampling by advertising to PHPT through professional memberships, social media platforms, and pelvic health courses by the American Physical Therapy Association (APTA) Academy of PHPT. The survey captured demographic information and frequency data on guideline/protocol use and considerations when determining postpartum patients' return to running readiness and progression. The researchers utilized a Likert scale (0-never, 1-rarely, 2-sometimes, 3-often, 4-always) for frequency-related questions. Data was compiled and analyzed for trends. Researchers used imputation with a zero/constant value for missing data. This study was approved as exempt by the institutional review board at both the Bowling Green State University and Methodist University.

RESULTS

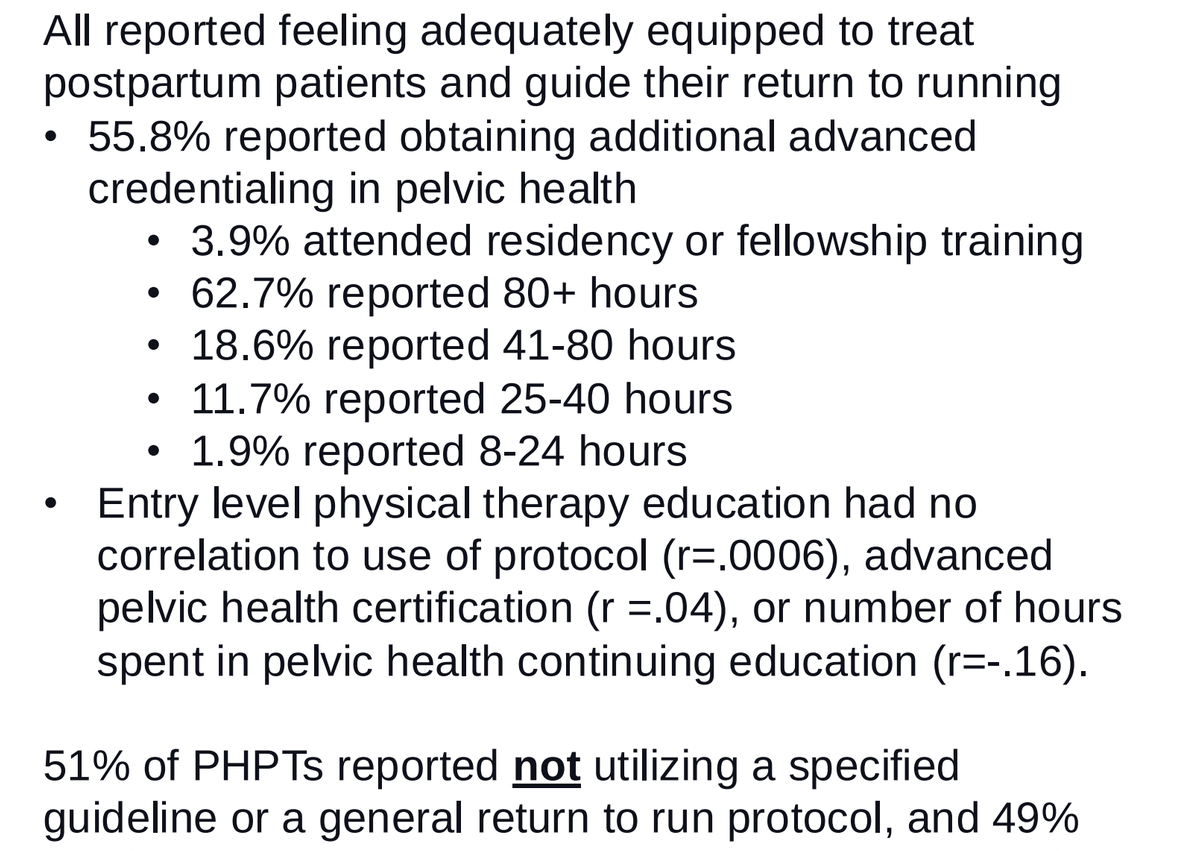
102 practicing PHPTs that reported caring for postpartum runners.



All reported feeling adequately equipped to treat postpartum patients and guide their return to running

- 55.8% reported obtaining additional advanced credentialing in pelvic health
  - 3.9% attended residency or fellowship training
  - 62.7% reported 80+ hours
  - 18.6% reported 41-80 hours
  - 11.7% reported 25-40 hours
  - 1.9% reported 8-24 hours
- Entry level physical therapy education had no correlation to use of protocol (r=.0006), advanced pelvic health certification (r =.04), or number of hours spent in pelvic health continuing education (r=-.16).

51% of PHPTs reported **not** utilizing a specified guideline or a general return to run protocol, and 49% used a postpartum return to run guideline or protocol.



GUIDELINES OR PROTOCOL USED

- 52% indicated using Goom, Donnelly, & Brockwell (2019) returning to running postnatal guidelines
- 18% indicated using Christopher et al. (2022) Journal of Women's Health Physical Therapy's clinical commentary
- 30% indicated using other postpartum guidelines

Determining factors for readiness to run and progression in postpartum clients in PHPTs who utilize protocol guidelines compared to PHPTs who do not utilize guidelines

	U(100)	P	*r*
Nutritional status	821	.001*	.369
Psychological status	874	.003*	.328
Ongoing or increased blood loss	914	.008*	.297
Load and impact management	1073	.037*	.175
Adequate milk supply	1022	.056	.214
Muscle performance	1192	.315	.083
Diastasis recti abdominus	1243	.663	.044
Pelvic floor	1262	.774	.029

** Indicates significance*

CLINICAL IMPLICATIONS

- After childbirth, runners commonly report pelvic floor and musculoskeletal dysfunction and seek conservative management guidance from PHPTs.
- Unfortunately, the evidence for a safe return to running and high-impact postpartum exercise is limited.
- The 2014 Summary of International Guidelines for Physical Activity Following Pregnancy the authors reported national guidelines lacked specificity for physical activity and recommended improved clarity.
- The 2020 American College of Obstetricians and Gynecologists Committee Opinion 804 states that women can resume physical activities within days of delivery without defining what constitutes physical activity.
- The Journal of Orthopaedic and Sports Physical Therapy and the International Olympic Committee recommend a postpartum plan from childbirth to return to sport with 3 phases focusing on recovery, rehabilitation/training, and competition.
- The Journal of Women's Health Physical Therapy clinical commentary stresses an individual approach for each patient.
  - 4-phase rehabilitation framework to include systems review, musculoskeletal exam, screening for readiness to include impact readiness, pelvic health symptoms, and physiological barriers

IMPLEMENTING THE RESEARCH

(Once the patient demonstrates readiness)

1. Running gait analysis and a return to run programming based on the American College of Sports Medicine Guidelines for Exercise Testing and Prescription
   - frequency, intensity, training time, training type, volume, progression
2. A specific return to sport protocol focusing on the musculature impacted by childbirth and running/ high impact activities likely provides the safest return and minimizes the risks to the postpartum client

CONCLUSIONS

This study demonstrates a need for improved awareness and communication strategies to disseminate current postpartum guidelines for return to running programming amongst PHPTs.

REFERENCES