

Table D - Graded Return to Run Program for Bone Stress Injury

(adapted from Warden et al, 2016)

Monitoring of symptoms:

- Symptom free during run
- Symptom free after the run and the next day

If symptoms are provoked, the athlete must stop the session and regress to the previous stage following a rest day

Stage 1: Progressive jogging at 50% slower than usual pace with increasing duration with rest day in-between

30-minute walk
Rest
Walk 9 minutes, Jog 1 minute (x 3)
Rest
Walk 8 minutes, Jog 2 minutes (x 3)
Rest
Walk 7 minutes, Jog 3 minutes (x 3)
Rest
Walk 6 minutes, Jog 4 minutes (x 3)
Rest
Walk 4 minutes, Jog 6 minutes (x 3)
Rest
Walk 2 minutes, Jog 8 minutes (x 3)

Stage 2: Progression to usual pace of **easy running** with rest day in-between

Jog 30 minutes (50%)
Rest
Run 30 minutes (60%)
Rest
Run 30 minutes (70%)
Rest
Run 30 minutes (80%)
Rest
Run 30 minutes (90%)
Rest
Run 30 minutes at full pace

Stage 3: Incorporating running on consecutive days (if appropriate)

Run 30 minutes at full pace
Run 30 minutes at full pace
Rest
Run 30 minutes at full pace
Run 30 minutes at full pace
Rest
Run 30 minutes at full pace
Run 30 minutes at full pace

Stage 4: Return to running/full training

Consider...

Gradual inclusion & progression of intensity
Clear parameters set on each training session/run for volume/duration and training zone
Careful monitoring of biomarkers, training metrics and menstrual status
Clear communication between athlete, coach and medical MDT
Ensure energy intake increases with increase in energy expenditure
Increase in weekly volume by 10-20%
Ensure adequate amount of rest days & optimise recovery