



RETURN TO RUGBY POSTPARTUM: COMMUNITY PATHWAY - PLAYER



LEVEL

PELVIC FLOOR

STRENGTHENING

CONDITIONING

BREAST HEALTH

MENTAL HEALTH

MILESTONES

RUGBY SKILLS

LEVEL	PELVIC FLOOR	STRENGTHENING	CONDITIONING	BREAST HEALTH	MENTAL HEALTH	MILESTONES	RUGBY SKILLS
Phase 1 0-3 weeks	Education on pelvic floor from midwife or pelvic health physio Ensure good bladder and bowel hygiene Daily PFMT (pelvic floor muscle training) Diaphragmatic breathing Ongoing communication with healthcare providers	Speak to midwife or pelvic health physio about starting low level abdominal exercises You can start mobility exercises	Walking and re exposure to normal day to day tasks	Seek breastfeeding support if required from healthcare providers	Monitor for signs of postnatal depression Ensure good sleep hygiene where possible	No infection or complications from delivery You feel ready to progress psychologically No longer need regular pain killers	
Phase 2 3-8 weeks	Daily PFMT Ask for an appointment with women's health physio if PFD symptoms present	You can start to load upper body, lower body, neck and core in the gym. Start with body weight movements. Aim for a higher number of reps with no or light weights. As you feel more confident, progress to more dynamic positions with light weight	Progressively increase walking distance and intensity No running or jumping or landing yet	Monitor breast pain, frictional injuries and sports bra fit Request breastfeeding support if required from healthcare providers	Screening for postnatal depression Access to a peer support group Ensure good sleep hygiene where possible	No complications from delivery limiting progression No symptoms of PFD You should now be able to switch on and off your PFMs when you want You feel ready to progress psychologically	Ask your rugby coach to take you through seated or static standing passing skills You can start short range kicking drills Build up to walking passing drills towards end of phase
Phase 3 Plyometrics and return to conditioning 8-14 weeks	Progress to standing PFMT 1-2 times per week - ask your pelvic health physio for these exercises. Request women's health referral if you have any PFD symptoms	Add weight to exercises in the gym. You can now progress to more complicated gym movements/ lifts. You can now start position specific exercises (e.g. bear crawls for front rows)	Ask your club physio to help you slowly build up DL and SL jumping. You should practise this for 2-4 weeks before you start running. You can start building up to running - this should be a slow process that takes about 4 weeks. - Incline treadmill walking/ stairs or stair machine - Straight line running - Slowly increase your running speed - At the end of this phase you can start to introduce some change of direction, acceleration, and deceleration drills	Continue to monitor breast pain, frictional injuries and sports bra fit Seek breastfeeding support if required from healthcare providers	Screening for postnatal depression Access to a peer support group Ensure good sleep hygiene where possible	Pain free during running Strength in the gym should be nearly back to where you were before you had your baby You shouldn't have any symptoms of PFD You should be able to manage 30x SL calf raises and hamstring bridges on each side. You should feel ready to return to the rugby training environment	Skills can be progressed from static to walking and jogging You can now start position specific non-contact skills
Phase 4 Non-contact training (14 weeks minimum) 8-14 weeks	Continue with standing PFMT 1-2 times per week Request women's health referral if PFD symptoms present	Continue to add weight to exercises in the gym. You should now be unrestricted in the gym	Progressively build up exposure to rugby training (parts of units, skills sessions until able to participate in on-contact training. Build up how long and how hard you train. Don't go straight back into a full training session straight away.	Continue to monitor breast pain, frictional injuries and sports bra fit Request breastfeeding support if required from healthcare providers	Screening for postnatal depression Access to a peer support group Ensure good sleep hygiene where possible	You should feel both physical and psychological ready to start returning to full contact training Strength in the gym should be nearly back to where you were before you had your baby You shouldn't have any symptoms of PFD	Ask your coach to help you progressive tackle, contact and position specific skills
Phase 5 Return to full training (16 weeks minimum)	Request women's health referral if PFD symptoms present	You should now be unrestricted in the gym	Full team training	Monitor breast pain, frictional injuries, contact injuries and sports bra fit Breast protective equipment discussions Breastfeeding and potential injury risks discussions	Screening for postnatal depression Access to a peer support group Ensure good sleep hygiene where possible	You should feel both physical and psychological ready to start returning to full contact training Strength in the gym should be nearly back to where you were before you had your baby You shouldn't have any symptoms of PFD Symptom free Ask your coach to help you with tackle competencies	Full team training
Phase 6 Return to Play (20 weeks minimum)				Monitor breast pain, frictional injuries, contact injuries and sports bra fit Re-assess sports bra fit once breastfeeding ceases		You should have a conversation with your club physio/doctor/coach and everyone should agree that you are ready to return to play. You should still be symptom free You should feel both physical and psychological ready to start returning to play	

RETURN TO RUGBY POSTPARTUM: COMMUNITY PATHWAY - CLINICIANS



LEVEL	PELVIC FLOOR	STRENGTHENING	CONDITIONING	BREAST HEALTH	MENTAL HEALTH	MILESTONES	RUGBY SKILLS
Phase 1 0-3 weeks	Self-led player education on pelvic floor, bladder and bowel hygiene Daily PFMT Diaphragmatic breathing Ongoing communication with healthcare providers	Low load abdominal exercises Mobility exercises	Walking and re exposure to normal functional tasks	Breastfeeding support if required from healthcare providers	Screening for postnatal depression Good sleep hygiene	No infection or complications from delivery Psychological readiness to progress No reliance on pain medication	
Phase 2 3-8 weeks	Daily PFMT Request women's health review if PFD symptoms present	Progressive upper body, lower body, neck and abdominal loading Endurance focus As you feel more confident, progress to more dynamic positions with light weight	Progressively increase walking distance and intensity Non-impact conditioning			No complications from delivery limiting progression No symptoms of PFD Actively engaging in PFMT Psychological readiness to progress	Seated or static standing passing skills Short range kicking drills Walking passing drills towards end of phase
Phase 3 Plyometrics and return to conditioning 8-14 weeks	Progress to standing PFMT 1 – 2 times per week Request women's health referral if PFD symptoms present	Add weight to exercises in all planes Position specific exercises	Continue non-impact conditioning Progressive plyometrics Running progressions: - Incline treadmill walking/ stairs - Straight line - Increased speed - At the end of this phase you can start to introduce some change of direction, acceleration, and deceleration drills	Monitor breast pain, frictional injuries and sports bra fit Breastfeeding support if required from healthcare providers		Pain free during running Strength markers within 90% (if available) No symptoms of PFD Lower limb muscle endurance between 20 and 30 repetitions Psychological readiness to return to rugby	Skills can be progressed from static-walking jogging Begin position specific non-contact skills
Phase 4 Non-contact training (14 weeks minimum) 8-14 weeks	Progress to standing PFMT 1 – 2 times per week Request women's health referral if PFD symptoms present	Continue to add weight to exercises Unrestricted in the gym	Progressively build up exposure to rugby training (parts of units, skills sessions until able to participate in on-contact training. Build up how long and how hard you train.		Screening for postnatal depression Access to a peer support group Prioritise good sleep hygiene	Player physical and psychological readiness to progress Strength and endurance markers, within 90% of baseline Symptom free	Progressive tackle, contact and position specific skills
Phase 5 Return to full training (16 weeks minimum)		Full team programme Individualised exercise prescription as assessments identifies		Monitor breast pain, frictional injuries, contact injuries and sports bra fit Breast protective equipment discussions Breastfeeding and potential injury risks discussions		Player physical and psychological readiness to progress All strength within 90%+ of baseline Symptom free Coach approved tackle competencies	
Phase 6 Return to Play (20 weeks minimum)	Request women's health referral if PFD symptoms present	Unrestricted in the gym	Full team training	Monitor breast pain, frictional injuries, contact injuries and sports bra fit Re-assess sports bra fit once breastfeeding ceases		Multi-disciplinary team deem player has both skill and conditioning ability to return to play safely All baseline data at 90-100% Baseline assessments for concussion and any other health problems should be retested Symptom free Player reported physical and psychological readiness to return to play	Full team training