

Applying a 4-Phase Postpartum Runner Rehabilitation Approach to Stress Urinary Incontinence in a Post-Prostatectomy Patient: A Case Report



McKinzey Dierkes, PT, DPT^{1,2,3,4,5}; Abigail Blake, PT, DPT^{1,2}; Nicole Stout, PT, DPT, FAPTA^{2,5,6}

1. Healthworks Rehab & Fitness, CoreVia Pelvic Health, Morgantown, WV 26505, USA; 2. Healthworks Rehab & Fitness, ReVital Cancer Rehabilitation, Morgantown, WV 26505, USA; 3. West Virginia University School of Medicine, Clinical and Translational Science Program, Morgantown, WV 26506, USA; 4. Exercise Physiology, West Virginia University School of Medicine, Morgantown, West Virginia, USA 5. Cancer Prevention and Control, West Virginia University School of Medicine, WVU Cancer Institute, Morgantown, West Virginia, USA; 6. American Cancer Society, Atlanta, Georgia, USA

Background and Purpose

- Prostatectomy commonly results in stress urinary incontinence (SUI)
- Limited guidance exists for returning to running post-prostatectomy
- Postpartum return-to-running frameworks address similar pelvic floor impairments
- Describe the novel application of the Rehabilitation of the Postpartum Runner 4-Phase Approach in a patient following robotic-assisted laparoscopic prostatectomy (RALP).

Case Description

Patient Characteristics

- 60-year-old male
- pT3a R0 prostate cancer
- Recreational distance runner (3–7 miles/day)
- 5 weeks post-RALP
- Goal: Return to running and full work duties

Baseline Impairments

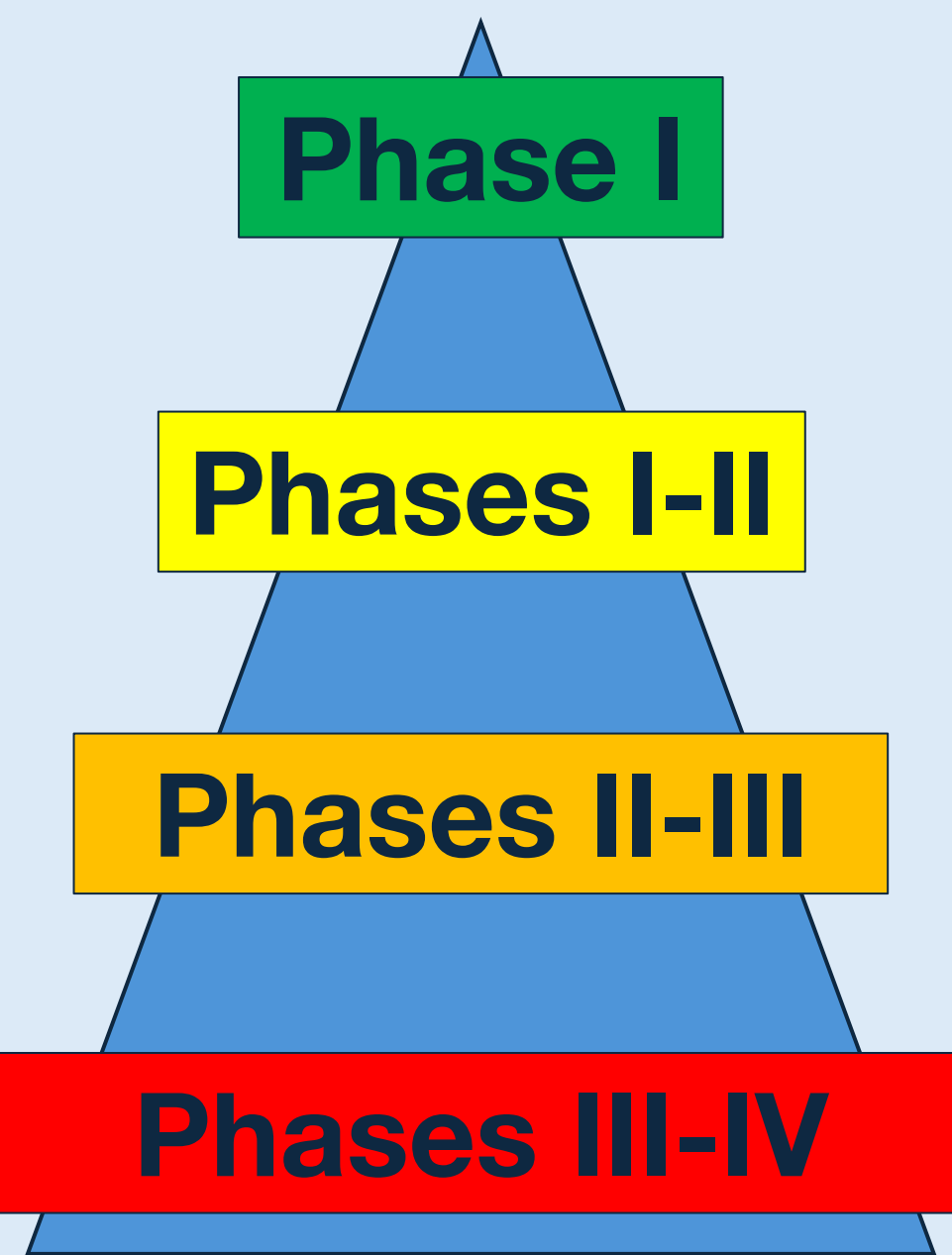
- SUI
- Hip weakness
- Pelvic girdle instability
- Reduced work ability
- Failed Running Readiness Scale

Intervention

Thirteen outpatient physical therapy visits over 15 weeks. Treatment progressed from foundational pelvic floor rehabilitation to an adapted Rehabilitation of the Postpartum Runner: A 4-Phase Approach (Christopher et al., 2022), with progression based on symptom resolution and scoring of return to running scale readiness.

Table 1. Rehabilitation Progression Using an Adapted 4-Phase Return-to-Running Framework

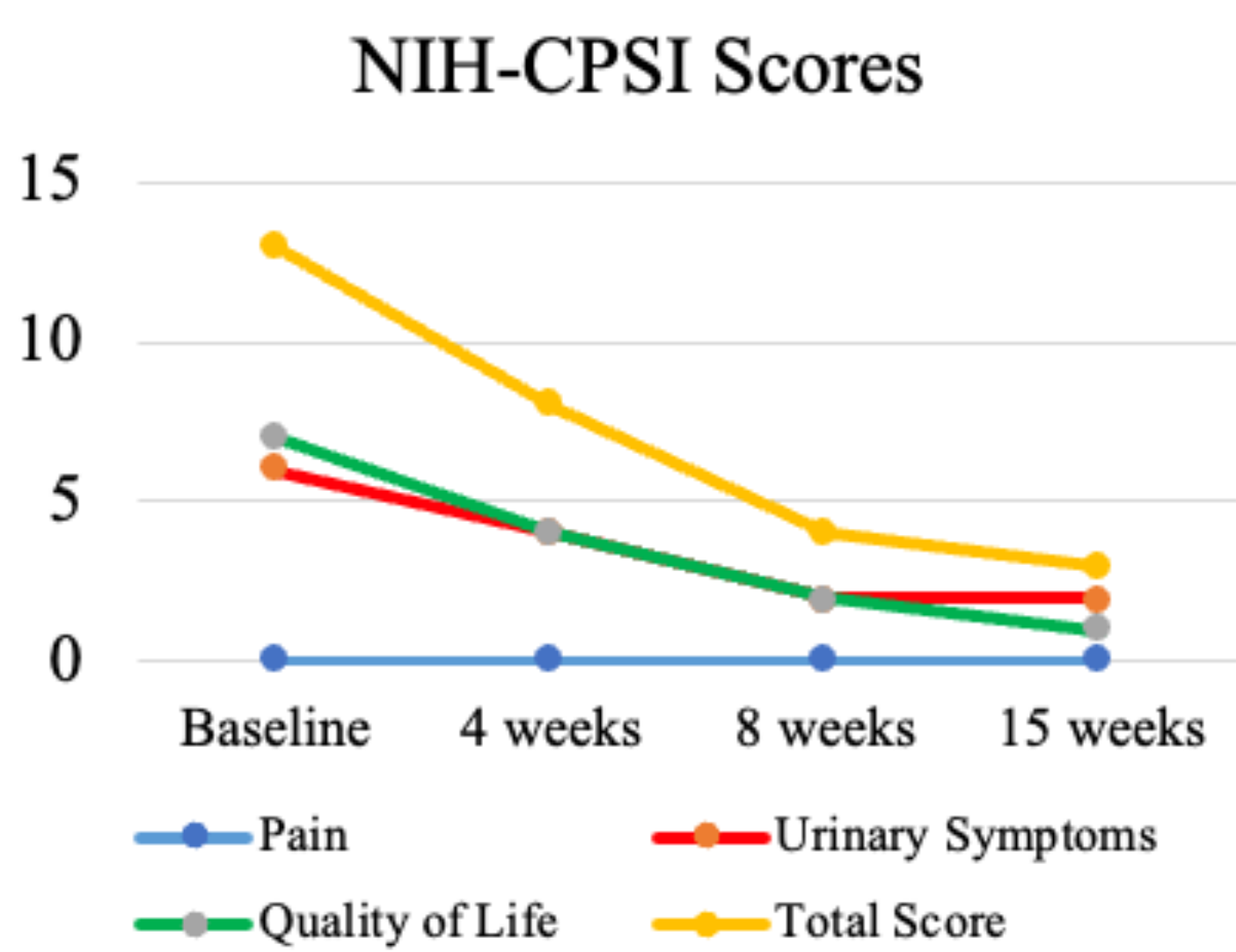
Visit(s)	Intervention	Christopher et al. (2022)
1-4	Standard pelvic floor PT emphasizing PFM training, pressure management, hip/core strengthening	Phase I
5-8	Progressive strengthening, pelvic girdle stabilization, balance, functional lifting, walking progression	Phases I-II
9	Running Readiness Scale assessment focus, single-leg strengthening, progressive plyometrics, graded running	Phases II-III
10-13	Progressive plyometrics, higher-level strengthening, return-to-running progression, discharge assessment	Phases III-IV



Outcomes

Symptom-free 2-mile runs

A.



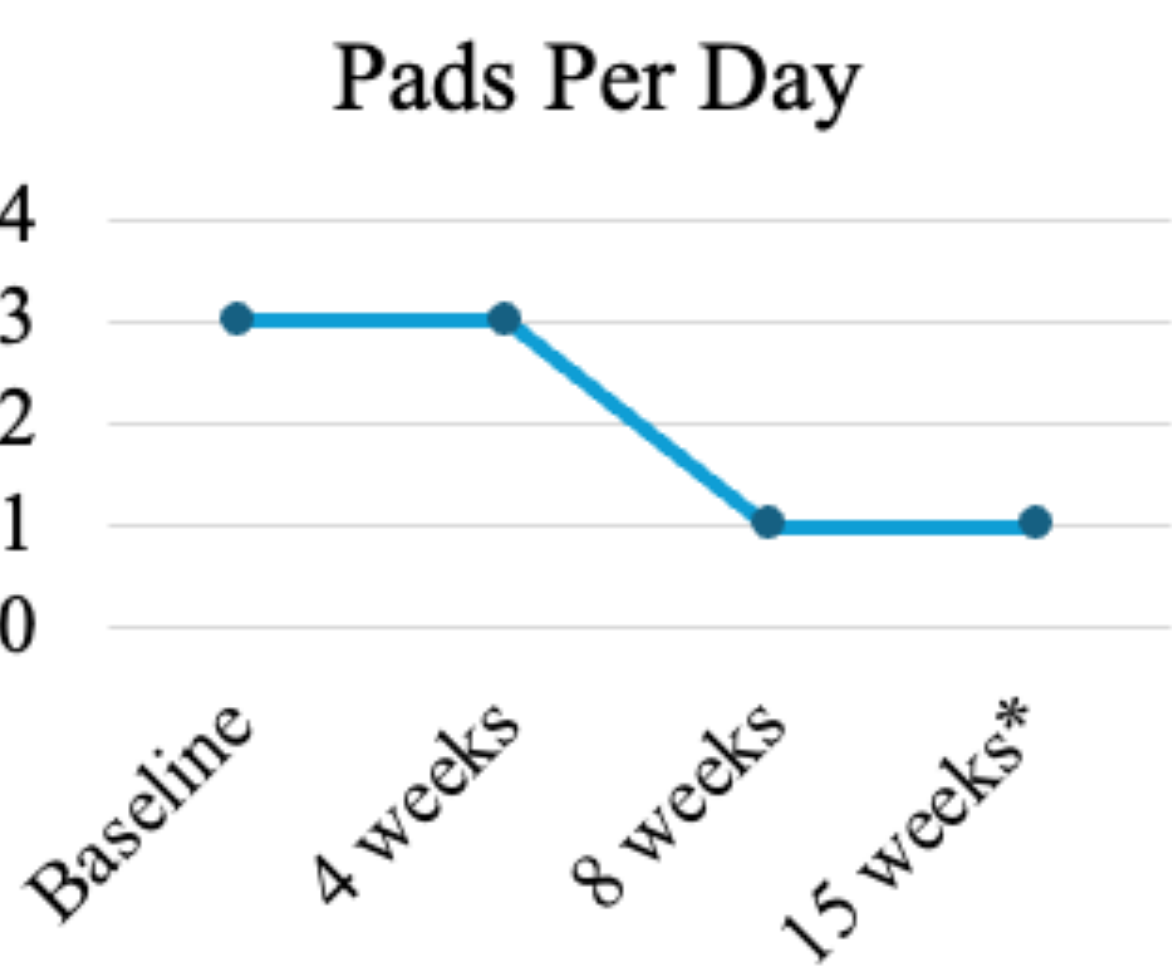
*Disability index, scores are expected to decline over the course of treatment. The MDC = 6 points

B.

Work Ability Index		
	Baseline	Discharge
Current ability to work	4	10
Physical work ability	D = Rather Poor	A = Very Good
Mental work ability	C = Moderate	A = Very Good

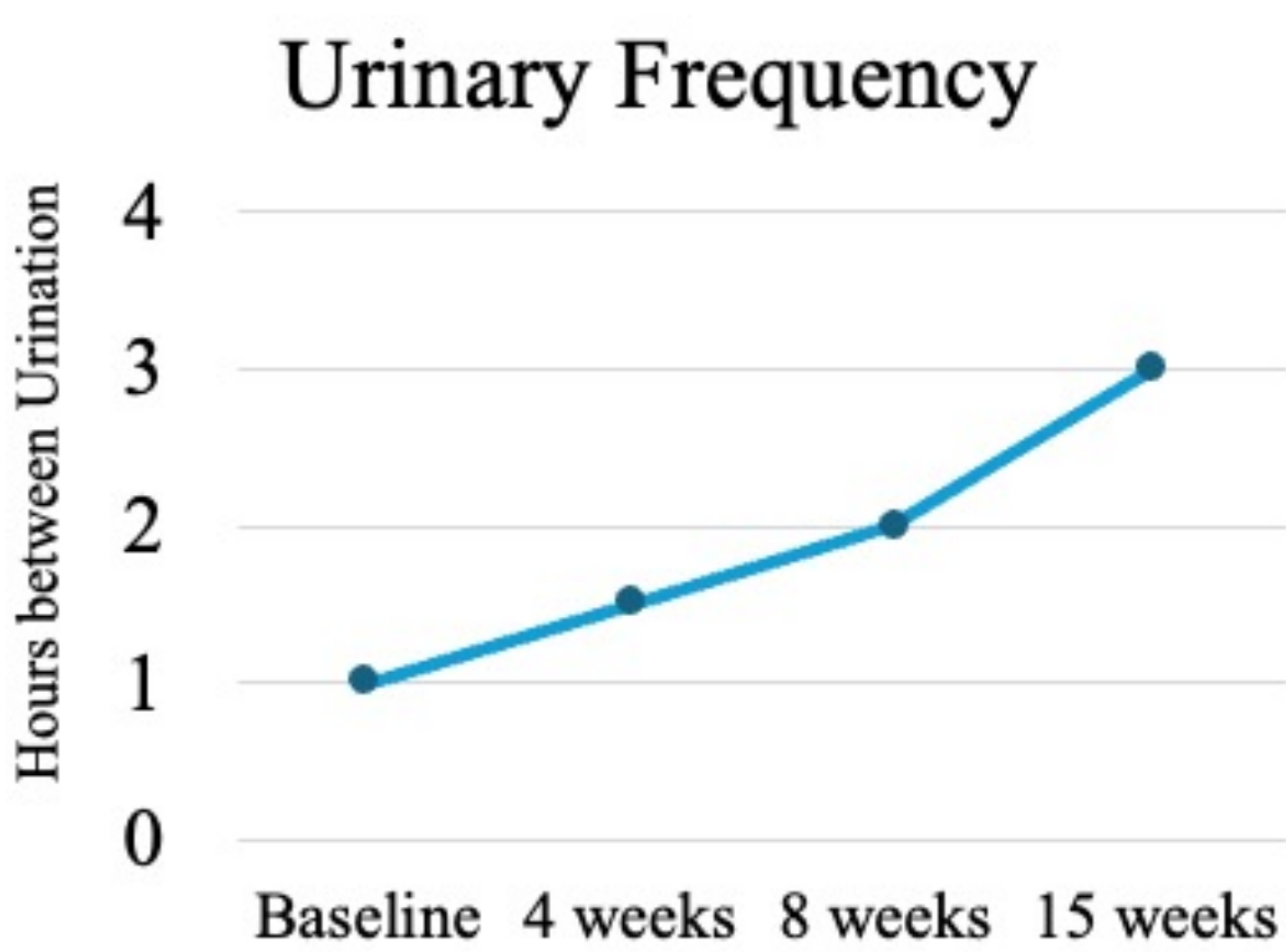
*Please note this is an ability index. Scores are expected to increase over the course of treatment. 0 = Cannot Work At All, 10 = Best Ability

C.



*One shield per day for work only

D.



*Urinary frequency was reported in hours; when a range was provided, the shortest interval between voids was recorded.

Conclusion

- Adapted use of the Rehabilitation of the Postpartum Runner: A 4-Phase Approach supported a symptom-free return to running (2 miles) and full return to work following radical prostatectomy.
- Progressive, symptom-guided rehabilitation improved urinary symptoms, pelvic girdle function, and running readiness.
- This framework may provide clinicians with a structured approach for returning physically active prostate cancer survivors to high-impact activity.
- Additional research is needed to establish evidence-based return-to-running guidelines.

References

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