QUEENSLAND RUGBY LEAGUE

POST PARTUM RETURN TO PLAY

VERSION 01 — JUNE 2025

WHY?

With the growing popularity of rugby league and other contact sports among women, there has been a notable increase in female participation at both community and elite levels. However, despite this surge, there remains a significant gap in structured, evidence-based guidance to support women returning to sport following childbirth.

The postpartum period is a time of profound physical, psychological, and social transition. For athlete-mothers, the journey back to sport is not simply a matter of physical recovery—it involves navigating complex changes in identity, hormonal fluctuations, breastfeeding considerations, pelvic floor health, and the demands of early motherhood (1). Unlike recovery from injury, postpartum rehabilitation requires a holistic, biopsychosocial approach that respects the unique challenges of this life stage (2).

Recent research has begun to address this need, offering frameworks that emphasize gradual, symptom-informed progression, load management, and individualised care. In particular, rugby-specific guidelines now recommend a phased return-to-play model that includes early rehabilitation, sport-specific conditioning, and careful reintroduction to contact and tackle training (1). These approaches aim to optimise safety, performance, and long-term well-being for postpartum athletes.

This document aims to bridge the current knowledge gap by providing practical, research-informed guidance for women returning to rugby league and other contact sports after childbirth. It is designed to support athletes, coaches, and healthcare professionals in making informed, confident decisions throughout the return-to-play journey.

HOW?

With the help of Adam Russell (Sports Physio - PRP Health) Siobhan Shirlaw (Physiotherapist – Ipswich Jets), Jasmine Collier (Physiotherapist – Western Clydesdales) and Rebecca Eadie (Strength and Conditioning (S&C) – Match Officials), we started to put together clinical and physical guidelines to help club staff navigate the return to play. We also thank Alexandra Diggles (Pelviology Specialist - Pelvic Health Physio) and Lucinda Milne (RAAF - Physical Performance Coach) for their expertise and help in the latter stages of this project.

HOW TO USE IT

This is not a one size fits all approach! We encourage Club staff who know their players to use this to help guide them, in particular the Strength and Conditioning guidelines.

The return to play (RTP) Post-Partum Guidelines are a guide for athletes, sports medical staff and coaches to help ensure the athletes' safest return to sport. Regular check ins are encouraged between the athlete and trusted club staff to ensure that they are coping physically with the progressions, as well as holistically (home life, diet, sleep, mental health, etc.). These guidelines may not be a linear progression in all areas, and regression is encouraged if required at any stage of the RTP process.

Throughout the program the traffic light system is used to help guide the progression or regression of the exercises:

GREEN
Symptom free, continue and look to progress.

AMBER
Mild symptoms/mildly aware, but comfortable during activity and with no worsening or increasing of symptoms during or after session.

RED
Symptomatic/ uncomfortable or worsening of symptoms during or after session. Stop immediately and regress.

STAGES
ADAPTED THE 6 R'S FRAMEWORK

1. READY – POST-PARTUM

- Ready the athlete for a return to day to day activities and build a base for safe return to training
- Guide to return to exercise. Player will have aimed to maintain exercise throughout pregnancy
- Optimise recovery with forward planning
- Know your athlete – difficult birth? History of post-natal medical diagnoses.
- Primary Carer – Physiotherapist and women's health specialist.

2. REVIEW – RETURN TO GYM AND GENERAL MOVEMENT PREPARATION

- Review and evaluate the post-partum athlete
- Start gym program and run prep
- Introduce static ball handling
- Address acute Musclo-Skeletal Screen (MSK) issues and pelvic health rehabilitation needs
- Screen for whole-systems, biopsychosocial considerations
- Primary Carer – Physiotherapist, women's health specialist and S&C

3. RESTORE – RETURN TO RUN AND GENERAL STRENGTH

- Restore physical and psychological well-being
- Prepare the athlete for return to structured training environments
- Return to running and intro change of direction (COD)
- Commence QRL Return to Contact framework
- Primary Carer – S&C

4. RECONDITION – RETURN TO TRAINING

- Restore physical and psychological well-being
- Prepare the athlete for return to structured training environments
- Progressions to running and COD
- Continue QRL Return to Contact framework
- Primary Carer – S&C

5. RETURN – RETURN TO PLAY

- Progress through full contact training and graded exposure to full training loads
- Return to game play
- Continue to monitor symptoms and screen for whole-system biopsychosocial considerations

6. REFINE – OPTIMISE PERFORMANCE

- Refine whole-systems and biopsychosocial strategies
- Sleep quality, well-being monitoring
- Aim to enhance training and game availability to retain the athlete in the sport and optimise performance

STAGE 1 – READY
POST-PARTUM

GOALS

- Reduce pain and swelling, wound healing
- Achieve caloric goals for maintenance of feeding needs
- Hydration optimisation
- Sleep routine
- Return to low load activity (walking program, bodyweight)
- **Doctors' clearance to start Stage 2**

CONSIDERATIONS

- Recent training history both pre- and post-partum.
- Factors associated with high risk pregnancy
- History of post-natal depression?
- Body composition of athlete pre- and post-partum
- Return of post-partum menstruation
- Breastfeeding

EXERCISES/DRILLS

PELVIC FLOOR

- Contract-relax as symptoms allow
- Commence Knack training (exercises for the pelvic floor) and use with functional tasks

CONDITIONING

- Walking program as able

STRENGTH

- Mobility/postural work
- Isometric abdominal work

OUTCOME MEASURE	DESCRIPTION	GOAL
CLINICAL	Symptoms of pelvic organ prolapse/bowel/pelvic pain	Stay in amber
PELVIC FLOOR	Pulses Holds	Sets of 5-10 5+ seconds Awareness of both activation and relaxation
CONDITIONING	Walking program – progressing as tolerated	Stay in amber
STRENGTH/WHOLE BODY	Isometric abdominal work Postural strength Mobility	Stay in amber Functional control of abdominal separation

Doctors' clearance must be obtained before progressing to Stage 2

STAGE 2 – REVIEW

RETURN TO EXERCISE AND GENERAL MOVEMENT PREPARATION

GOALS

- Return to strength program

CONSIDERATIONS

- MUST have Dr's clearance to start this phase!
- Dietary education re: energy availability for training
- Consideration of sleep/feeding schedule around training – staff check in.
- Sports bra fitting – ensure good breast support

EXERCISES/DRILLS

PELVIC FLOOR

- Max holds – 5-10+ secs in varied positions
- Sub-max holds - 30secs
- Pulses – sets of 5-10reps with good relaxation in between reps
- Continue Knack with lifting/sneezing/ positional change

CONDITIONING

- Walking program 10-60mins increasing as able
- Introduce cross-training modalities (bike, elliptical, swimming, deep water running)

STRENGTH

- Mobility/postural work
- Isometric abdominal work

RUN/SKILLS PREPARATION

- Commence speed prep drills with emphasis on postural control: wall marches, A frame holds
- Catch/pass work
- Individual ball handling drills

STAGE 2 – REVIEW

RETURN TO EXERCISE AND GENERAL MOVEMENT PREPARATION CONTINUED

OUTCOME MEASURE	DESCRIPTION	GOAL
CLINICAL	Doctor check in Dietitian check in	Medically cleared and adequately fuelled/hydrated to increase training load
PELVIC FLOOR	Internal assessment (if consented)	Assess quality of contraction, relaxation, muscle tone Assess endurance/power for individual prescription of home strengthening
STRENGTH	Introduce strength programming Begin SL work in preparation for return to run Progress weighted upper body program Commence neck strengthening	Stay in green-amber with increasing demands on intra-abdominal pressure Improve SL strength/control/ loading for return to run
CONDITIONING	Walking 10-60mins as able Introduce cross-training modalities	Stay in green-amber with increasing endurance demands.
RUN/SKILLS PREPARATION	Commence speed prep drills Catch-pass Individual ball handling skills	Restore good patterns for sprinting mechanics

STAGE 3 – RESTORE

RETURN TO RUN AND GENERAL STRENGTH

GOALS

- Commence run preparation and commence running program
- Increase strength program
- Begin Level 1 contact

CONSIDERATIONS

- Determine need for structural support (e.g., pessary fitting) if symptomatic
- Monitor for symptoms of pelvic organ prolapse (POP), urinary incontinence, bowel symptoms, pelvic pain or signs of widening genital hiatus (GH)
- Breast protection options, sports bra fitting

EXERCISES/DRILLS

PELVIC FLOOR

- Co-ordination of aransverse abdominus (TA) +sitting/standing/stand to stand (STS)/ bending/strength work
- Contract/relax max effort holds to 10sec holds x10+ efforts with good relaxation between efforts
- Sub-max holds to 30secs
- Pulses – sets of 10+ reps

CONDITIONING

- Increase run prep drills – Exchanges, A Drills – walk/skip/run, dribbles, e.g. 3 x 6-10 x 50m @ 50%
- Off feet cardio as required for top up
- Change of direction/deceleration – basic, control
- Increase speed – acceleration/max velocity as able

STRENGTH/POWER

- Compound lifts – squats/deadlifts + variations
- Low to high amplitude plyos e.g. eccentric absorption to concentric development
- Postural strength and endurance – cervical and thoracic spine

SKILLS

- Walking catch-pass, ball skills
- Intro L1 Contact – catch-fall, push ups, getting off ground, pummel

STAGE 3 – RESTORE

RETURN TO RUN AND GENERAL STRENGTH

OUTCOME MEASURE	DESCRIPTION	GOAL
CLINICAL	Observational/internal reassessment (if consented to) to monitor for widening of GH/progression of POP staging	No increase in GH or POP stage with increased training load Assess suitability for internal vaginal wall support if required
PELVIC FLOOR	Max effort contract-relax 10+ x10sec holds Sub-max 30sec holds Max effort pulses x10+ reps	Grade 4-5 strength if assessed internally. Good awareness of activation and relaxation components to each effort. No pelvic pain during or after pelvic floor muscle training (PFMT) exercises
STRENGTH	Compound lifts: squat, deadlifts + variations Addition of upper body power variations Addition of low to high amplitude plyos	Stay in green-amber with increasing IAP/loading demands >80% of pre-birth data (compounds, NordBoard, SL hamstring/quads, Med ball throw, UB push/pull) NB. Can use 3RM testing options 30 x pogos/jumps/lateral hops
CONDITIONING	Continue off feet/cross training top ups Increase run prep drills (e.g. Exchanges, A Drills – walk/skip/run, dribbles) Introduce speed work/COD/decel	Stay in green-amber with increasing endurance demands
SKILLS	Introduce Level 1 QRL contact drills Walking catch/pass, position specific	Stay in green-amber with increasing intra-abdominal pressure demands

STAGE 4 – RECONDITION
RETURN TO TRAINING

GOALS

- Commence graded return to training – non-contact
- Progress change of direction into agility

QRL Return to Contact Level 2, 3

CONSIDERATIONS

- How are they managing training loads? e.g. assessing wellness data, training load data by rate of perceived exertion score (RPE)
- Monitor for symptoms of POP, urinary incontinence, bowel or pelvic pain

EXERCISES/DRILLS

PELVIC FLOOR

- Internal assessment as required
- Monitor with increased training loads

CONDITIONING

- Progress change of direction (COD) to agility – working from control to chaos environments involving decision making
- Increase speed

STRENGTH/POWER

- Jump Integration
- Continue to progress intensity with lifts

SKILLS

- Intro controlled – wrestle/pummelling
- Making tackle progressions, shoulder to pad contact

OUTCOME MEASURE	DESCRIPTION	GOAL
CLINICAL	Continue to monitor clinical questionnaires: Australian Pelvic Floor Questionnaire (APFQ), Fatigue Symptom Inventory, Psychological Readiness for Sport, Depression Anxiety Stress Scale (DASS-21) as appropriate (see appendix 1)	Must pass injury-psychological readiness to return to sport scale 1-100 (I-PRRS) outcome measure prior to resumption of contact work (see Appendix 1) Maintain/improve scores on any outcomes measures
PELVIC FLOOR	As per previous	As per previous
STRENGTH	LL Strength/power testing (NordBoard, SL hamstring, broad jump, IMTP/iso knee push)	>90% pre-birth data
	Counter movement jump (CMJ)/broad jump/Drop jump reactive strength index (RSI)	>80% of pre-birth data
	Internal rotation (IR): external rotation (ER) ratio	>80% of pre-birth data
CONDITIONING	1.2km shuttle time trial (TT)	>90% of pre birth data
SKILLS/CONTACT	Level 2-3 QRL contact drills 1:1 contact work	Stay in green with increasing intra-abdominal pressure demands

STAGE 5 – RETURN
RETURN TO PLAY

GOALS

- Return to playing!
- Progress training loads and intensity to match game demands

CONSIDERATIONS

- How much full training do they need? Recommend minimum of 2 weeks but ideally up to 4-6 weeks
- How have they been managing increased training loads?

EXERCISES/DRILLS

PELVIC FLOOR

- Monitor and maintain

CONDITIONING

- Continued exposure to maximum velocity and acceleration

STRENGTH/POWER

- Continue consistency – training staff to determine and extras as required

SKILLS

- Increase from control to chaos – skills, contact
- Making and taking tackles
- Full integration

OUTCOME MEASURE	DESCRIPTION	GOAL
CLINICAL	Dr clearance to RTP	Maintain/improve scores on any outcomes measures
PELVIC FLOOR	As per previous	Stay in green with increased training demands
STRENGTH/POWER	Compound lifts	>90% of pre-birth 3RM
	IMTP/iso knee push	>90% of pre-birth data
	CMJ/drop Jump RSI	>90% of pre-birth data
	ASH test	>90% of pre-birth data
	Push up test (ForceDecks)	>90% of pre-birth data
CONDITIONING	40m sprint	>90% of pre-birth data
	COD/Agility test (e.g. T test)	>90% of pre-birth data
SKILLS/CONTACT	Complete Level 4 QRL Return to Contact drills	Minimum 2 weeks full training load (ideally 4-6 weeks)
	Full integration to training	

STAGE 6 – REFINE
OPTIMISE PERFORMANCE

GOALS

- Consistent training and playing
- Monitor all symptoms – physical & subjective?

CONSIDERATIONS

- Monitor recovery and well-being

EXERCISES/DRILLS

- **PELVIC FLOOR**
  - Monitor and maintain
- **CONDITIONING**
  - Top up conditioning as required around playing time
- **STRENGTH/POWER**
  - Ensure consistency of strength training is maintained
- **SKILLS**
  - Review and work on areas as required – tackle technique, footwork needs

OUTCOME MEASURE	DESCRIPTION	GOAL
CLINICAL	Regular check in with well-being staff, medical staff or coaches	Maintain/improve scores on any outcomes measures (monitored over 1-3mths)
PELVIC FLOOR	Monitor and maintain	Review with pelvic floor physio every 3mths as required Stay in green with increased training demands
STRENGTH/POWER	Unrestricted participation in squad program	Consistent exposure to strength and speed work
CONDITIONING	Unrestricted participation in squad program	Consider top ups as required
SKILLS/CONTACT	Review work on areas as required	

REFERENCES

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AUTHORS

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Rebecca is an ASCA Professional Level 2 Accredited Coach. She is a strength and conditioning coach with the Queensland Rugby League Match Officials. Rebecca has previously worked as a Physical Performance Coach at Queensland Cricket and as Director of Athletic Development at St Aidan's Anglican Girls' School. Rebecca also holds a Masters of High Performance Sport and is an Accredited Exercise Scientist and Accredited Sports Scientist Level 1.

Siobhan Shirlaw
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Siobhan graduated from The University of Queensland in 2013 with a Bachelor of Physiotherapy. She has a wide range of sporting physiotherapy experience, having worked with international volleyball, netball, basketball and rhythmic gymnastics teams, as well as past experience with NPL/NPLW football. She is currently working with the Ipswich Jets Hostplus Cup and BMD Rugby league teams, as well as their Sapphire and Ruby series netball teams. Siobhan has post-graduate training in Women's Pelvic Health through the Australian Physiotherapy Association and enjoys working with expectant mothers and post-partum mothers as they navigate a return to activity.

Jasmine Collier
BPhty, M Sports and Exercise Phty, M High Performance Sports

Jasmine graduated from James Cook University in 2019 with a Bachelor of Physiotherapy and has subsequently gone on to complete a Masters of Sport and Exercise Physiotherapy/ Masters of High Performance Sports through ACU. She has a wide experience in sporting Physiotherapy, having worked with basketball and gridiron, as well as NPL/NPLW football. She was the team physiotherapist for the Western Clydesdales BMD team in their inaugural season and is currently providing ongoing support. Jasmine has always had an interest in Women's Health and is currently completing her post graduate training in Women's Pelvic Health through the Australian Physiotherapy Association.

Adam Russell
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Adam Russell is an APA Titled Sports & Exercise Physiotherapist. He has a long history working with elite sports and has been the Head Physiotherapist at both the Gold Coast Titans in the NRL and the Gold Coast Suns in the AFL. During his career, he has also been involved with a number of Qld Cup clubs as well as the Brisbane Lions, Brisbane Roar W-League and the Queensland Reds along with consultancy roles with the Queensland Academy of Sport, Diving Australia, Athletics Australia and the Matildas National team.
He has been involved with the QRL Physical Performance Committee from the beginning as the Physio Lead and leading the annual Injury Surveillance Project as well as helping mentor the Physiotherapists from the Statewide competitions.

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APPENDIX 1

INJURY-PSYCHOLOGICAL READINESS TO RETURN TO SPORT (I-PRRS)-SCALE

Please rate your confidence to return to your sport on a scale from 0-100.

0 = no confidence at all, 50 = moderate confidence, 100 = complete confidence

RATE	VALUE
My overall confidence to play is	
My confidence to play without pain is	
My confidence to give 100 percent effort is	
My confidence to not concentrate on the injury is	
My confidence in the injured body part to handle to demands of the situation is	
My confidence to not concentrate on the injury is	