MIDWEST ORTHOPÆDIC CENTER

Phased walk-jog-run program

This can be used as a general guide for returning to running after almost any significant lower extremity injury or surgery.

Phase	Typical timing	What to do	Session guide
Phase 1: Walk only	Weeks 1–2	Brisk walking on flat ground	15–20 minutes at a purposeful pace
Phase 2: Walk-jog intervals	Weeks 3–4	Alternate easy jogging with walking	Start with short jogs and longer walks
Phase 3: Short continuous run	Week 5+	Steady easy jogging without walk breaks	5–10 minutes at a controlled pace

Phase 1: Fast walking only (weeks 1–2)

The goal is not fitness heroics. It is to rebuild walking mechanics, rhythm, and tendon tolerance on predictable ground.

- Walk at a brisk, purposeful pace — not a stroll
- Aim for 15–20 minutes on flat surfaces
- Use a track, treadmill, or smooth path
- Keep posture upright and steps controlled
- Stop if pain or swelling increases during or after the walk

**In this phase, your therapist should be working on light double and single leg plyometrics / hop progressions to prepare your body for jogging.

If fast walking still causes a limp or next-day flare, you are not ready for jogging yet.

Phase 2: Walk-jog intervals (weeks 3–4)

Jog slowly. The pace should feel easy — conversational, not strained.

Only advance the ratio when the current stage is tolerated without flare.

Sample walk-jog interval progression

Stage	Jog	Walk	Repeats	Notes
Stage 1	30 seconds	4 minutes	4–5	Very gentle reintroduction
Stage 2	1 minute	4 minutes	4–5	Common starting point
Stage 3	2 minutes	3 minutes	4–5	More jogging, still controlled
Stage 4	3 minutes	2 minutes	4–5	Tendon adapting to longer jog blocks
Stage 5	4 minutes	1 minute	4–5	Near-continuous load
Stage 6	5–10 minutes	None	1	Short continuous easy run

Phase 3: Short continuous running (week 5+)

Once intervals are comfortable, try a short continuous jog — often around 5–10 minutes at first.

Build minutes first but do not add distance and speed in the same week. Keep the effort easy. This phase is about tendon tolerance, not personal bests.

Important rules during walk-jog training

A walk-jog plan only works if you respect the loading rules around it.

Rule	What it means in practice
Flat surfaces first	Treadmill, track, level grass, or smooth paths
Short stride early	Keep feet under your body; avoid overstriding
Easy pace only	Jog slowly; no sprinting or racing
One variable at a time	Change duration, frequency, or surface — not all three together
Rest days matter	Alternate run days with low-load or non-impact work
Watch the next 24–48 hours	Pain, swelling, stiffness, and limp after a session guide the next step

Avoid early on:

- Hills and cambered roads
- Uneven trails
- Sudden jumps in weekly distance
- Speed work, HIIT for performance

Tendons adapt best to consistent, controlled loading — not sudden spikes in activity. A rule of thumb is to never increase distance or speed more than 10% per WEEK

Phase 4: Once back to 50-60% of runner's pre-injury weekly mileage, gradually increase speed and introduce hills. Once back to 75-80% of runner's pre-injury weekly mileage, resume normal training.

When to progress, pause, or step back

Use symptoms as your guide. A little stiffness after a new stage can be normal. Sharp pain, swelling, or a worse limp is not.

Green light to progress when:

- Pain stays mild or absent during the session
- No new swelling around the tendon or ankle
- Gait feels normal the next day
- Morning stiffness that dissipates in 10 minutes or so
- Heel raises and stairs still feel solid in the days after

Yellow light — repeat the same stage when:

- Mild soreness appears but settles within 24 hours
- You felt tired but mechanics were okay
- Confidence was lower than usual

Red light — stop and contact your clinician when:

- Sharp tendon or joint pain during or after the session
- New tendon or joint swelling or a worse limp the next day
- Clearly worse morning stiffness that does not resolve after movement
- Reduced strength in the following days
- A sudden pop, snap, or loss of load tolerance

References

1. Rehabilitation Protocol for Achilles Rupture Repair — Return to Running Program. Massachusetts General Hospital Sports Physical Therapy. 2021.
2. https://www.thetismedical.com/blog/achilles-walk-jog-running-progression/ September 2026
3. Silbernagel KG, Carmont MR, Grävare Silbernagel K. Rehabilitation and Return to Sports after Achilles Tendon Repair. *International Journal of Sports Physical Therapy*. 2023.
4. Guidelines for Post-operative Rehabilitation following Achilles Tendon Repair. Mackay Clinic / Adams-based running progression. 2019.
5. Rehab Practice Guidelines for Achilles Tendon Repair. University of Delaware. 2017.
6. Buist I, Bredeweg S, van Mechelen W, Lemmink K, Pepping G, Diercks R. No Effect of a Graded Training Program on the Number of Running-Related Injuries in Novice Runners. Am J Sports Med. 2008;36:33-39.
7. University of Colorado Sports Medicine "Running Progression Program and Guideline" https://www.rachelfrankmd.com/pdf/cu-sports-medicine-return-running-protocol.pdf September 2026