

IT WASN'T BAD LUCK



Why your running injury
came back (again)

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CHAPTER I

Welcome

You've stretched, foam rolled, rested, iced, maybe backed off for a few weeks to "see how it felt." When it started to feel better, you eased back in. Maybe you kept things light. Maybe you were more cautious this time.

And then – just like before – the pain came back.

I see this pattern all the time. People are only doing what they've been told by every childhood coach, influencer, and well intending doc but they keep ending up in the same cycle of frustration: flare-up, modify, rest, resume, repeat.

This guide is here to help you break that loop.

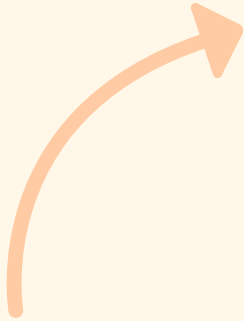
We're going to dive into the deeper (and overlooked) reasons pain sticks around or keeps coming back, even when you're trying to do all the right things. I'll walk you through the most common training and recovery mistakes I see at all levels, explain why those mistakes matter, and show you a more effective way to rebuild.

Let's get into it.



CHAPTER II

*The Real
Problem*



The Real Problem

Most injuries occur when we ask more from our body than it was prepared for

When we ask for too much:

- volume
- intensity
- frequency
- complexity

Without enough:

- recovery
- tissue loading
- appropriate progression.

And yet, most responses to pain look like this:

Stop → Rest → Wait for symptoms to calm down → Return to activity at the previous level.

Which often leads right back to pain because:

Symptom resolution isn't the same as tissue readiness

To break the cycle of re-injury, we have to stop chasing pain and start addressing the actual variables that influence load tolerance: strength, recovery, consistency, and progression.

CHAPTER III

The Big

5

Mistakes

Mistake #1

You increased load too fast

One of the most common reasons people get hurt or stay hurt is simple: they jumped ahead too quickly

The new increased load might come from:

- increased mileage
- heavier lifts
- more frequent sessions
- a return right back to what you used to do

If the total load increases faster than your body can adapt, you set yourself up for failure.

Even if it doesn't hurt in the moment, tissue overload is often delayed. What feels like "random" pain a day or two later is often the result of a poorly managed spike.

Your body adapts to what it's exposed to, not what it used to do.

What to Watch For:

- Adding more than one variable at a time (e.g. increasing mileage and intensity and frequency)
- Trying to make up for "missed" workouts by doubling up or extending sessions
- Jumping back in at your pre-injury volume or intensity

What To Do Instead:

- GENERALLY progress frequency then duration and then intensity
- Train for increased capacity not just pain relief
- use a structured ramp not just guess work- take into account effort levels as well as time/distance

Mistake #2

You never actually got stronger

For most people, rehab ends when the pain goes away. But pain relief isn't the finish line- it's just the starting point for rebuilding.

You were in pain because you didn't have the capacity for what you were trying to do so you de-loaded and then... you still have the same capacity... so nothing has actually changed.

The tissue was desensitized, not reconditioned. That means when you returned to activity, your symptoms might've stayed quiet... until the demands exceeded what you rebuilt.

You don't just need to feel better — you need to become more resilient than before

Let's take an example:

A runner with Achilles pain finishes PT feeling "good enough." Pain is gone with daily walking, and they've done some calf raises – but no added load, no tempo, and no plyos. Two weeks into resuming speed work, the pain is back.

Strength isn't just lifting heavy. It's how well a tissue tolerates load, decelerates force, and recovers under stress.

Whether you're a runner, lifter, or just active, strength is the foundation that lets you stay healthy

Mistake #3

You let pain dictate your programming

It's easy to think of pain as a stop sign (and in some cases it may be) but long-term, letting pain control every decision keeps you stuck.

Here's how it usually plays out:

Something hurts → You avoid that movement → You feel better → You try again → It flares → You back off again.

The problem isn't the pain – it's that you're using it as your ONLY guide.

Pain shouldn't be ignored, it is valuable feedback but there's more to it than that

Pain is complex. It can reflect tissue sensitivity, poor load tolerance, nervous system reactivity, or even stress and sleep debt. Avoiding load until you feel completely symptom-free often leads to more deconditioning, not healing.

Rehab and return-to-sport require a certain amount of graded exposure: intentionally reintroducing load, movement, and variability at a level your body can handle – even if that means working through some discomfort.

If you only train when everything feels perfect you aren't going to progress, your capacity won't change, and your pain probably won't either.

The Traffic Light

The key is knowing the difference between productive signals and warning signs.

Yellow light:

Proceed with caution

- Moderate discomfort (3-4/10) that stays stable
- Return to baseline quickly
- Some hesitation but no altered mechanics
- Acceptable for graded exposure with close monitoring
- May benefit from modifying volume, tempo, or intensity



Red Light:

Stop and Reassess

- Sharp, stabbing pain 5/10 or higher
- Symptoms that linger or worsen
- Limping, guarding, or movement compensation
- Loss of strength or range
- Pain that disrupts sleep or daily function

Green light:

Keep going!

- No discomfort/ mild levels (0-2/10) which doesn't escalate during or after
- Soreness that resolves within 24-48 hours
- No compensation or change in movement pattern
- You feel confident and in control

Mistake #4 You're under recovering

You're training hard. You're doing your rehab. You're checking all the boxes.

But... you're still not getting better or even worse you keep getting hurt even when you've built capacity well

Recovery isn't just sleep and hydration (although those matter). It's your body's ability to adapt to the stress you're placing on it. If the stress is high – from training, work, poor sleep, under-fueling, or life in general – and recovery is low, your body doesn't build back at all- you may have never even truly got a deload

This is especially true with bone stress injuries, tendon overload, and chronic pain flare-ups.

You can't out-exercise a recovery deficit.

This mistake may be SO subtle

Maybe you're:

- Eating “healthy” but not enough for your activity level
- Getting 6 hours of sleep and calling it normal
- Managing a high-stress job or caregiving role on top of training
- Skipping true rest days because you don't want to lose a day of progress

Recovery debt builds slowly, and its symptoms are easy to miss – until your body forces you to pay it back.

Mistake #5

You keep changing the plan

Progress takes time – and most people don't give it a chance to work. Instead, they bounce from one exercise, program, or strategy to the next. If they don't feel better in a week, they switch it up. If a workout doesn't “feel hard enough,” they add more. If symptoms linger, they abandon the plan altogether.

This lack of follow through is one of the biggest barriers to recovery.

Healing tissue needs repeated, progressive exposure to the same type of load – not a new variation every day.

Adaptation takes time.

If you keep changing variables, the body never has a chance to adapt to anything.

This doesn't mean you can't modify or adjust. But changes should be intentional – not reactive.

Real-world signs you might be stuck here:

- Dropping exercises the second discomfort shows up
- Alternating between multiple programs with no clear focus
- Trying every online mobility or “pain hack” you come across
- Expecting pain to fully resolve before you increase load

You don't have to do the same thing forever just do the right thing long enough for it to matter.

CHAPTER IV

Self-
Audit

Is this you?

If you've made it this far and feel like these mistakes sound... familiar – you're not alone.

This quick self-audit is designed to help you spot the hidden patterns that might be keeping you stuck.

SELF CHECK:

Have you...

- Returned to full activity as soon as pain went away?
- Tried to make up for missed workouts by doubling up?
- Stopped rehab once things “felt fine,” without rebuilding strength?
- Switched exercises or programs multiple times in a few weeks?
- Avoided loading the injured area because it's still “a little sensitive”?
- Increased intensity and volume and frequency all at once?
- Let pain dictate when and how much you train – every time?
- Managed training well but neglected sleep, stress, or fueling?
- Expected pain-free progress to happen quickly – and got frustrated when it didn't?
- Felt like you get better from one injury and something else pops up?

If you checked more than a couple boxes, you're not broken and it's not just bad luck

You're just caught in a cycle that isn't built to help you adapt

But that's something you can change

CHAPTER V

*A Better
Framework*

The 4 Pillars

If the injury cycle feels familiar, it's probably because your plan isn't setting you up to adapt.

What actually builds resilience is a balance of four things:

Load

What your body is being asked to do

running, lifting, jumping
volume, intensity, frequency

Capacity

What your body is prepared to do

strength, tissue tolerance,
movement quality, fueling,
stress levels

Recovery

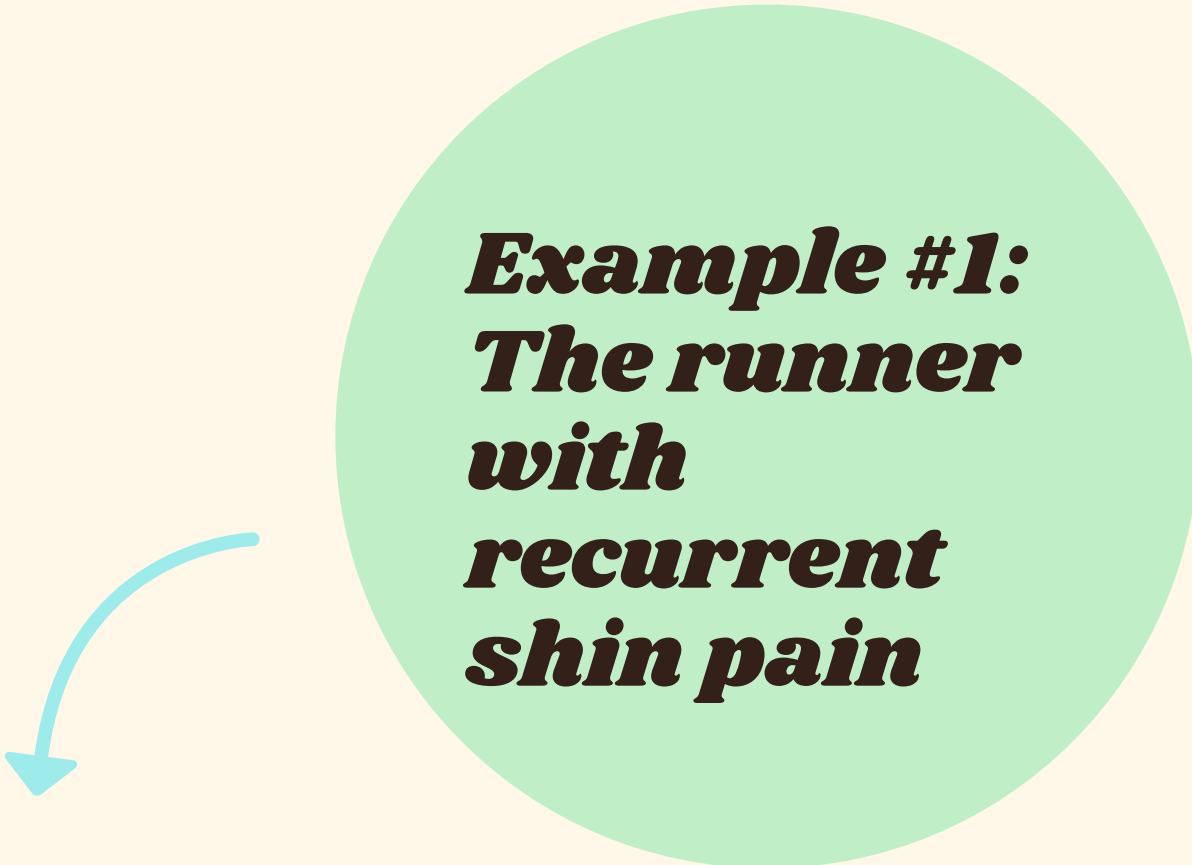
The margin that allows you to adapt

rest, sleep, nutrition, stress
management, intentional
unloading

Progressive Exposure

The missing component in most rehab plans

repeated, progressive
exposure over time- not
constant change



Example #1: The runner with recurrent shin pain

The Pattern:

She rested when her shin flared up, swapped in cross-training, and eased back into running. It always felt better until week 3, when the pain returned in the same spot. New shoes, calf stretching, and mileage adjustments didn't help long-term.

The Problem:

Her plan was based on symptoms, not tissue readiness. She never rebuilt the bone or tendon's capacity to handle impact – and she wasn't eating enough to support recovery, especially during ramp-ups.

What We Changed:

- Slowed mileage progression and added planned deloads
- Introduced unilateral strength and impact prep
- Focused on fueling, especially around high-load days

The Outcome:

With a structured rebuild – not just rest – she returned to pain-free training and gained confidence in her body again.

The Pattern:

They'd been dealing with on-and-off hip pain for months. Stretching and foam rolling helped temporarily, but the pain always came back – especially with squats or lunges. Over time, they started avoiding certain movements altogether.

The Problem:

They were managing symptoms but not building strength.

There was no load in the ranges that actually irritated them – just avoidance, release work, and guessing. The hip didn't need more mobility. It needed controlled loading through that range.

What We Changed:

- Introduced tempo split squats and frontal plane loading
- Gradually increased depth and intensity
- Removed excessive mobility work that reinforced guarding

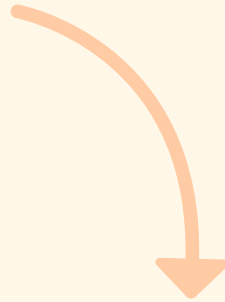
The Outcome:

They stopped flaring up and started progressing. By training into the sensitive range with intention, the hip got stronger- and more predictable.

***Example #2:
The active
person with
nagging hip
pain***



Example #3: The triathlete with chronic achilles pain



The Pattern:

He had managed Achilles pain for over a year. It settled with rest, then flared during harder bike or run phases. He cycled through heel drops, new shoes, and stretching, but nothing stuck. Every time training ramped up, the pain returned.

The Problem:

His approach was inconsistent.

He kept switching strategies and modifying around pain, but never progressed load in a way that the tendon could adapt to. The issue wasn't variety – it was a lack of structured progression.

What We Changed:

- Introduced slow, heavy calf and soleus loading
- Built a consistent, repeatable strength routine
- Planned recovery days around high-load sessions
- Tracked symptoms weekly to guide progression

The Outcome:

His symptoms stabilized, his capacity improved, and he was finally able to push training without triggering another setback.



CHAPTER VI

*Key
Takeaways*

Recap & Strategy

Injury is most often the result of patterns.

If you've been stuck in a cycle of flare-ups, incomplete recovery, or re-injury, it's not because your body is broken or because you have bad luck, it's because your plan hasn't addressed what your tissues actually need to adapt.

Here's what we covered:

The Most Common Mistakes:

- Increasing load too fast – without letting tissues catch up
- Ending rehab at “pain-free” instead of rebuilding capacity
- Letting pain dictate every decision, instead of using a plan
- Training hard but under-recovering (fuel, sleep, stress)
- Changing the plan too often to make real progress

The Better Approach:

- Load: Progressive, structured, and specific
- Capacity: Built through strength, variety, and intention
- Recovery: Nutrition, rest, and respect for adaptation
- Progressive exposure: Stay the course long enough for it to work

You don't need perfect movement — you need a system that supports adaptation

Dr. Christina Walsh DPT

I'm Christina Walsh, a physical therapist who helps runners, lifters, and active people rebuild after injury and train with purpose. I work at the intersection of strength, resilience, and recovery- where clinical reasoning meets real-life training, not textbook protocols.

I created this guide because I kept seeing the same thing: smart, motivated people doing “everything right” and still getting stuck. They were modifying, stretching, resting, and Googling... but not making real progress. And it wasn't because they were broken. It was because the rehab system they were in wasn't built for them.

My goal is to give people the tools, context, and confidence to actually move forward- not just avoid flaring up again

When I'm not in the clinic, I'm probably hanging out with my dog Rosie- who has strong opinions about everything and has taught me more about behavior and recovery than most textbooks ever could.

You can find me on Instagram @Christina_Walsh_DPT where I share practical strategies, rehab insights, and the occasional meme.

Thanks for being here - and for investing in yourself.

Need help building your plan?

Book a 1:1 consult and we'll map it out together – clinically, clearly, and with your goals in mind.

