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The 14-Day Post-Marathon Recovery Guide

What to do, when to worry, and when to run again.

A free guide from Opus Biological.

Written by Ian Gilham, Lead Physiotherapist, and Dr David Porter, Founder (formerly First Team Doctor, Chelsea FC).



Contents

How to use this guide. Read it twice — once tonight, once on day five. Your needs on day one are not your needs on day seven. If at any point something in the Red Flags section matches your symptoms, book an assessment rather than guessing.

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A note before you start

Finishing a marathon is a systemic event. You have depleted glycogen, damaged muscle fibres, accumulated microtrauma in tendons and connective tissue, stressed your cardiovascular and endocrine systems, and — for most people — under-slept and under-eaten for at least 24 hours.

Your body is not simply tired. It is in a coordinated repair response.

The single most common mistake we see in the weeks after a marathon is not a training error. It is impatience. Runners feel reasonable on day four or five, go for a run, and re-injure tissue that was still actively remodelling. That injury then follows them through the summer.

This guide exists to prevent that. Follow the timeline, watch for the red flags, and respect the biology.



Section 1

The first 24 hours

01

First 30 min

Walk gently for at least 15–20 minutes after crossing the line. Sitting immediately causes blood to pool in your legs and makes the next two hours significantly more uncomfortable.

Take on fluids steadily — small, frequent sips of a carbohydrate-electrolyte drink. Do not chug water: post-marathon hyponatraemia is rare but real. Wrap up warm. Your core temperature will drop fast once your heart rate comes down.

02

First 2 hours

Aim for a mix of approximately 3 parts carbohydrate to 1 part protein within 30–60 minutes of finishing. This is not about a specific product; it is about available nutrients. A banana and a recovery drink, or a meal containing rice and chicken, both work.

If you cannot face food, prioritise liquids with carbohydrate content over solid food. You will eat properly later.

03

First 24 hours

Walk gently. Elevate your legs for 20–30 minutes a few times. Avoid alcohol if you can — it delays tissue repair, compromises sleep quality, and worsens dehydration. Avoid ice baths and deep tissue massage on day one. Both interfere with the early inflammatory response that your body needs to initiate proper repair.

Sleep is your single highest-leverage recovery tool. Growth hormone release and tissue repair both peak during deep sleep. Aim for an extra 60–90 minutes tonight if possible.

“What you do in the first 24 hours sets the ceiling for how well you recover in the next 14. Your priorities are narrow: rehydrate, refuel, warm up, and sleep.”

Section 2

The 14-day timeline

This is the clinical timeline we use with the runners we treat. Times are approximate — biology varies by training history, age, and how hard you raced — but the structure is reliable.

Day 1. Acute inflammatory response. Muscle damage markers rising. Gentle walking only. Hydrate. Sleep. No running.

Days 2–3. DOMS peaks. Soreness is maximal. Stiffness on waking is normal. Light walking, mobility work and warm showers. Still no running.

Days 4–5. Soreness begins to resolve. You will feel tempted to run. Do not. Cross-training is now permitted — easy cycling, swimming, or reformer Pilates.

Days 6–7. Most surface soreness gone. Deeper tendon and connective tissue repair continues. This is a reasonable first assessment check-in point. A short, easy walk-jog is acceptable only if you are fully symptom-free.

Days 8–10. This is the window where post-marathon overuse injuries declare themselves. If any sharp or localised pain appears — stop and get assessed.

Days 11–14. Return to light running for most runners. Structural repair is still ongoing beneath the surface. Easy-paced runs only. No speed work. No long runs.

The deeper truth

By day five, most runners feel close to normal. That is because the inflammatory component of recovery has largely resolved. Underneath, tendon remodelling, collagen synthesis and connective tissue repair continue for two to three weeks. Running hard in this window is the single most common cause of the post-marathon injuries we treat in May and June.

Section 2

The 14-day timeline

Day 1	Acute inflammatory response. Muscle damage markers rising. Gentle walking only. Hydrate. Sleep. No running.
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Days 4-5	Soreness begins to resolve. You will feel tempted to run. Do not. Cross-training permitted -- easy cycling, swimming, or reformer Pilates.
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Days 8-10	The window where post-marathon overuse injuries declare themselves. If any sharp or localised pain appears -- stop and get assessed.
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Section 3

Red flags

Not every pain in the days after a marathon is normal soreness. The following symptoms warrant a physiotherapy or sports medicine assessment rather than more rest.

Musculoskeletal red flags

- **Sharp, localised pain** you can point to with one finger — especially over bone. This can indicate a stress reaction or fracture that worsens with continued loading.
- **Pain that wakes you up at night**, or is present at rest. Normal post-marathon soreness settles when you are off your feet.
- **Swelling or bruising** that is clearly asymmetrical between your two legs.
- **A knee that locks, gives way, or catches.** This is not normal DOMS and should be assessed.
- **Achilles or calf pain that is sharp rather than sore**, especially on the first steps in the morning.
- **Foot pain that worsens over days 3–7** rather than improving. Metatarsal stress fractures often declare themselves in this window.

A female athlete with dark hair, wearing a white sports bra and colorful patterned leggings, is running on a red track. The background shows a clear blue sky and some distant structures.

Section 3

Red flags

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Systemic red flags — seek urgent medical advice

Dark or cola-coloured urine in the 24–48 hours after the race. This can indicate rhabdomyolysis and requires urgent medical assessment.

Persistent dizziness, confusion, or severe headache beyond the first few hours.

Chest pain, significant shortness of breath at rest, or palpitations.

Fever above 38°C that is not explained by a cold or infection from before the race.

If any of the systemic symptoms above apply, contact your GP, NHS 111, or A&E as appropriate — not a physiotherapist.

Section 4

When you can run again

The honest answer is: it depends on how you raced, your training history, and how the first 10 days have gone. But there is a reliable framework.

The "all three" rule

You are ready to try a first easy run when all three of the following are true:

- You have had no sharp or localised pain for at least 72 hours.
- You can walk for 30 minutes at a normal pace with no symptoms during or after.
- You can climb a full flight of stairs normally — without hesitation, holding the rail, or favouring one leg.

For most runners, this point arrives somewhere between day 7 and day 14. Earlier is not better. Later is fine.

No speed work, no long runs, no races for 4 weeks

A marathon takes roughly three to four weeks of structural recovery regardless of how quickly surface soreness resolves. During that window, easy running is fine. Intervals, tempo efforts, races, and long runs above 60–75 minutes are not.

Your first three runs

Run 1. 20–30 minutes, very easy pace, flat route. Conversational. Stop if anything hurts sharply.

Run 2. Same duration, 48 hours later. Only if Run 1 produced no next-day symptoms.

Run 3. Up to 40 minutes, easy pace. If all three runs pass without issue, you can begin structured training again.

Section 5

The four most common mistakes we treat

01

Running on day 4 or 5

Surface soreness resolves before structural repair is complete. A run now can convert a recovering tendon into a tendinopathy that follows you for months.

02

Ignoring one-sided pain

Marathon soreness is usually symmetrical. Pain that is clearly worse on one side, localised to one tendon, joint or bone, warrants assessment not rest.

03

Deep tissue massage too early

Aggressive soft tissue work in the first 72 hours can worsen inflammation. From day five, gentle work is fine. Save the deep stuff for week two.

04

Treating the marathon as end of season

Your fitness is exceptional right now. A structured return in weeks 3-6 protects your aerobic base far better than a full stop.

A note from Dr David Porter

In professional football, the day after a match is as structured as the day before. Recovery is programmed, measured, and non-negotiable. It is not what happens when training stops — it is a phase of training in its own right. The same principle applies to every runner. What you do in the fortnight after a marathon shapes the next six months of your running. Treat it as training, not as time off.



Section 6

When to book an assessment

A post-marathon physiotherapy assessment is worth 30 minutes of your time if any of the following apply:

- You have sharp or localised pain that has not resolved by day 5.
- Soreness in one specific joint, tendon or bone is getting worse rather than better.
- You finished the marathon in significantly more pain than you expected, and it has not improved with rest.
- You have a target event later in the season and want to plan a structured return.
- You have had the same injury recur after previous marathons or long events.
- You simply want a clinician to tell you, honestly, whether you are recovering normally.

A man in a light blue t-shirt and dark purple shorts is running on a paved path. He is wearing blue and orange running shoes and black socks. In the background is a large, rough stone wall.

Section 6

Book a Post-Marathon Recovery Assessment

Clear diagnosis, a personalised recovery plan, and honest advice on when you can return to running.

Opus Biological | 5-10 Beaumont Street, Marylebone, London

Book: info@opusbiological.com | **Call:** [+44 20 8609 7843](tel:+442086097843)

About Opus Biological

Opus Biological is a multidisciplinary sports medicine and performance health clinic in Marylebone, London. Our team combines physiotherapy, sports and exercise medicine, regenerative medicine (including PRP and mesenchymal stem cell therapy), reformer Pilates, performance psychology and nutrition — under one roof.

We work on the biopsychosocial model: an injury is rarely just a tissue problem. It sits inside sleep, stress, loading, confidence and life. Our treatment plans reflect that.



Get in Touch

This guide provides general clinical guidance and is not a substitute for a personal assessment. If you are concerned about a specific symptom, please book an appointment or contact your GP.

CONTACT

+44 (0)208 609 7843
info@opusbiological.com

King Edward VII Hospital 5-10
Beaumont Street London, W1G 6AA

www.opusbiological.com

CONNECT

