

POST-OPERATIVE EDUCATIONAL GUIDE

7 questions to prepare your return to movement

A clear tool for speaking with your surgeon, physiotherapist and coach.

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How to use this guide

After surgery, timing and restrictions depend on the procedure, individual progress and instructions from the care team. This document therefore gives no universal protocol, required exercise or return date. It helps you prepare useful questions and organise the information that matters.

Three roles, clearly coordinated

Medical team	Diagnosis, care, restrictions and return clearance.
Physiotherapist	Rehabilitation, functional progress and case-specific clinical criteria.
Coach	Gradual training within the instructions received, technique and consistency.
You	Report changes, ask questions and follow the instructions provided.

This guide is educational. Your personal instructions from your surgeon, doctor and physiotherapist always take priority. In an emergency or with an unusual deterioration, contact the appropriate health services without delay.

QUESTION 01 / 07

What return is already authorised?

The word “return” may mean walking more, cycling, returning to the gym or practising a sport again. A general clearance needs to be translated into practical limits.

QUESTIONS TO ASK

- Which activities are authorised today, and which remain restricted?
- Is there a limit on load, range, speed or duration?
- Is there a brace, weight-bearing rule or equipment instruction to follow?
- Which next step must be cleared, by whom and when?

HOW THIS APPLIES TO COACHING

The coach translates only the instructions received into training. When guidance is unclear, the coach asks for clarification instead of guessing.

YOUR NOTES

QUESTION 02 / 07

Which changes mean stop and seek advice?

Tolerance varies with the operation and stage of recovery. A personalised warning-sign list is more useful than a general rule based only on pain.

QUESTIONS TO ASK

- Which symptoms are expected in my case, and which are not?
- What should I do if a sign appears during or after activity?
- Who should I contact during the day, at night or at weekends?
- Which changes require urgent assessment?

HOW THIS APPLIES TO COACHING

During a session, an unusual change leads to a pause, adaptation or stop. The coach does not try to diagnose the cause.

YOUR NOTES

QUESTION 03 / 07

Who decides what in my pathway?

The roles complement one another but are not interchangeable. Defining them prevents conflicting instructions and unrealistic expectations.

QUESTIONS TO ASK

- Who sets medical restrictions and return criteria?
- Which goals are being addressed in physiotherapy?
- When does complementary sports coaching become appropriate?
- Which information may be shared, with my permission?

HOW THIS APPLIES TO COACHING

With your permission, a factual coaching summary can be shared. Diagnosis, care and clinical clearance remain with the care team.

YOUR NOTES

QUESTION 04 / 07

Which real-life constraints must be included?

Work, travel, sleep, family responsibilities and equipment access affect feasibility. A realistic plan is more useful than a perfect plan that cannot be followed.

QUESTIONS TO ASK

- Which work positions or tasks are currently difficult?
- How many realistic time slots do I have each week?
- Which equipment and location are actually available?
- Which medical or physiotherapy appointments need coordination?

HOW THIS APPLIES TO COACHING

Volume, cadence and exercise variations are built around the real schedule and restrictions received, then reviewed if circumstances change.

YOUR NOTES

QUESTION 05 / 07

Which indicators will we follow?

No single number summarises recovery. A few simple, repeatable markers can still show whether the training plan remains coherent.

QUESTIONS TO ASK

- Which indicators suit my goal and are appropriate in my case?
- How often should they be reviewed?
- How will consistency, technique and tolerated load be recorded?
- Which change should prompt contact with the care team?

HOW THIS APPLIES TO COACHING

Coaching indicators describe training; they do not diagnose and cannot clear return to sport on their own.

YOUR NOTES

QUESTION 06 / 07

How do we make progression truly gradual?

“Gradual” should be observable. Changing one variable at a time makes the response easier to interpret and the plan easier to adjust.

QUESTIONS TO ASK

- Which variable changes first: cadence, duration, range, load or complexity?
- How long do we keep one stage before reviewing it?
- What do we do if tolerance decreases?
- Which next stage requires professional clearance?

HOW THIS APPLIES TO COACHING

The coach documents what was done, avoids unjustified jumps and adjusts each session without exceeding the authorised scope.

YOUR NOTES

QUESTION 07 / 07

When and how will the plan be reviewed?

A useful progression is not fixed. Planned reviews allow new instructions, constraints and training responses to be incorporated.

QUESTIONS TO ASK

- When is the next medical or physiotherapy review?
- Which information should I bring to it?
- Which coaching goals are realistic until then?
- Who needs to know if an instruction changes?

HOW THIS APPLIES TO COACHING

Each review ends with written goals, cadence and limits. Important changes are confirmed before they are applied.

YOUR NOTES

Checklist before the first session

☐ I have written instructions or know who to contact for clarification.

☐ I know which activities are authorised and the current restrictions.

☐ I know which signs mean pause or seek professional advice.

☐ I have shared my schedule, work and equipment constraints.

☐ I know which information may be shared and with whom.

☐ The next review point is planned.

Framework sources

These references support question preparation and shared decision-making. They are not a protocol for a particular operation.

- NICE - Shared decision making, guideline NG197 (2021)
- American College of Surgeons - Preparing for Surgery
- American College of Surgeons - Recovering from Surgery
- NHS - Recovery after an operation
- WHO - Guidelines on physical activity and sedentary behaviour (2020)

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