CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Returning to sport

Returning to sport is a phased process: range of motion first, then strength, then sport-specific drills, and finally full play. The timeline depends on the operation and the demands of the sport.

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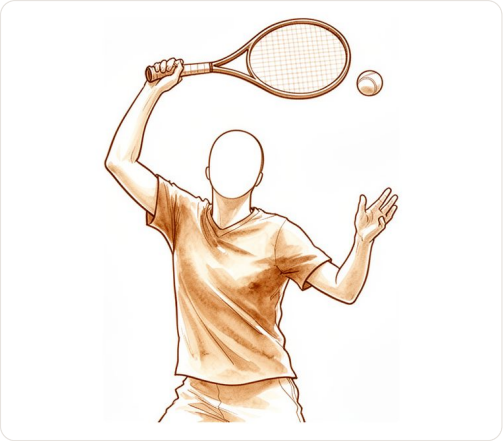

Sport is rarely the first thing back after surgery; it is usually the last. Most patients can return to sport gradually once the joint has healed, range of motion is back, strength has returned, and the surgeon has signed it off.

Three phases of return

Returning to sport is a graded process, not a switch.

1. **Movement.** Smooth, painless range of motion in everyday tasks.
2. **Strength.** The repaired side feels close to the other side for straightforward loads: you can carry a shopping bag, push a door open, throw a tennis ball gently.
3. **Sport-specific.** You do the actual movements of your sport at low intensity: practice serves before tournament play, light resistance before squat-press.

Typical timelines

These are general; your surgeon and physiotherapist will give specific dates based on your operation and your sport.

Operation	Non-contact sport	Contact / collision sport
Carpal tunnel / trigger finger	4–6 weeks	6–8 weeks
Wrist ganglion excision	6 weeks	8–12 weeks
Elbow nerve release	6–8 weeks	12 weeks
Tennis elbow release	8–12 weeks	12–16 weeks

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Operation	Non-contact sport	Contact / collision sport
Distal biceps repair	4 months	6 months
Rotator cuff repair	4–6 months	6–9 months
Shoulder replacement	4–6 months (swimming earlier: breaststroke ~8 weeks, freestyle ~12 weeks)	Contact sport not advised long-term
Latarjet	4 months (non-contact)	6 months (contact)
Wrist / PIP fusion	3 months	Often avoided long-term

Contact sport — special considerations

Contact sport (rugby, football, AFL, mixed martial arts, judo) carries a real risk of re-injury. After a rotator-cuff repair or a shoulder stabilisation, a single bad tackle can undo months of recovery. Talk to your surgeon honestly about what your sport actually involves.

Bracing and taping

Some patients return to sport in a hinged brace or taping for the first season after stabilisation surgery. This is a sensible safety net rather than a sign that something is wrong.

When to stop and reassess

- Sharp or sudden pain during play (not muscle ache)
- A click, pop, or “give-way” feeling
- Swelling that lasts more than 48 hours after activity
- Loss of range of motion you previously had

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