



The Orthopaedic
& Fracture Clinic

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Progressive Shoulder Throwing Program

Patient Name: _____ Date: _____

Diagnosis: _____

Surgery: _____ Surgery Date: _____

Guidelines: The Progressive Shoulder Throwing Program covers a period 2.5 to 3 months. For lesser involved shoulder injuries, the throwing program could be accelerated as recommended by the physician, physical therapist or athletic trainer. During warm-up, it is important to use heat prior to stretching (e.g., hot pack, whirlpool, hot shower, etc.). Heat increases circulation and activities some of the natural lubricants of the body. Perform stretching exercises after applying the heat modality and then proceed and decrease the inflammatory response to micro trauma.

STEP 1: Toss the ball, no wind up, on alternate days, not more than 20 feet. Tossing should be limited to 2-3xs per week, 10-15 minutes per session, for a one week period.

STEP 2: Increase the tossing distance to 30-40 ft. Continue 2-3xs per week, 10-15 minutes per session, for one week.

STEP 3: Lob the ball (playing catch with an easy wind-up) not more than 30 ft. Continue 2-3xs per week, 10-15 minute per session, for one week.

STEP 4: Increase the distance to 40-50 feet while still lobbing the ball (easy wind-up) not more than 30 feet. Schedule the throwing program and strengthening program on alternate days. Increase the throwing time to 15-20 minutes per session, 2-3xs per week, for one week.

STEP 5: Increase the distance to 60 feet while still lobbing the ball with an occasional straight throw at not more than one-half speed. Increase the throwing time to 20-25 minutes per sessions, 2-3xs per week, for one week.

STEP 6: Perform long, easy throws from mid- outfield (150-200ft), getting the ball barely back to home plate on 5-6 bounces. This is to be performed for 20-25 minutes per session on two consecutive days. Then rest arm for one day.

Repeat this sequence 3xs over a 90 day period. Progress to the next step if able to complete the the throwing sequence without pain or discomfort, ie,

THROW two days

REST one day
THROW two days
REST one day
THROW two days
REST one day

If problems arise please contact your physicians office.

STEP 7: Perform long easy throws from the deepest portion of the outfield, with the ball barely getting back to home plate on numerous bounce. This is to be performed for 25-30 minutes per session on two consecutive days. Then rest the arm for one day. Repeat the same routine over a 9-day period and progress to the next step if there is no pain or discomfort.

STEP 8: Execute stronger throws from the mid-outfield, getting the ball back to home plate on 1-2 bounces. This should be performed approximately 30-35 minutes per session on two consecutive days. Rest the arm for one day. Repeat the same routine 3xs over a 9-day period. If there is no pain or discomfort, progress to the next step.

STEP 9: Perform short, crisp throws with a relatively straight trajectory from the short outfield on one bounce back to home plate. These throws should not be performed more than 30 minutes on two consecutive days. Rest one day. Repeat this sequence over a 9-day period.

STEP 10: Return to throwing from your normal position on the field. The throws should be at one-half to three-fourths speed, with emphasis on technique and accuracy. Throw for two consecutive days then rest the arm for one day. A throwing session should not be more than 25 minutes. Repeat this step over the next 9 days, then advance to the next step if there is no pain or discomfort.

STEP 11: Throw from your normal position at three-fourths speed to full speed. This should be done following the same 9-day sequence, throwing for two consecutive then resting for one day. Throwing sessions should not last more than 30 minutes.

STEP 12: Simulate a game day situation. Warm up with the appropriate number of pitches and throw for your average number of innings. Take the usual rest breaks between innings. Repeat this simulation a two to four times with a 3- to 4- day rest

period in between. Return to the normal pitching regimen or routine based on input from the team doctor, physical therapist, athletic trainer, coach, and most important of all, the athlete.