



Dx: Right Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

PROGRESSIVE POST-OP SHOULDER THROWING PROGRAM:

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone an arthroscopic anterior stabilization procedure or SLAP repair or rotator cuff repair or debridement. It is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

Guidelines:

The Progressive Shoulder Throwing Program covers a period of **2 and ½ 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 activates some natural lubricants of the body. Perform stretching exercises after applying the heat modality and then proceed with the throwing program. Use ice after throwing to reduce cellular damage and decrease inflammatory response to microtrauma.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

- STEP 1:** Toss the ball (no wind-up) on alternate days, not more than 20 feet. Tossing should be limited to 2-3 times per week, 10-15 minutes per session, for a one week period.
- STEP 2:** Increase the tossing distance to 30-40 feet. Continue 2-3 times per week, 10-15 per session, for one week.
- STEP 3:** Lob the ball (playing catch with an easy wind-up) not more than 30 feet. Continue 2-3 times per week, 10-15 minutes per session, for one week.
- STEP 4:** Increase the distance to 40-50 feet while still lobbing the ball (easy wind-up). Schedule the throwing program and strengthening program on alternate days. Increase the throwing time to 15-20 minutes per session, 2-3 times per week, for one week.
- STEP 5:** Increase distance to 60 feet while still lobbing the ball with an Occasional straight throw at no more than one-half (1/2) speed. Increase the throwing time to 20-25 minutes per session, 2-3 times per week, for one week.
- STEP 6:** Perform long, easy throws form the mid-outfield (150-200 feet), 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 THE ARM FOR ONE DAY.*

Repeat this sequence 3 times over a 9 day period. Progress to the next step if able to complete the throwing sequence without pain or discomfort, i.e.:

THROW 2 days

REST one day

THROW 2 days

REST one day

THROW 2 days

REST one day

If problems arise contact your therapist, athletic trainer, or physician

STEP 7: Perform long, easy throws from the deepest part of the outfield, with the ball barely getting back to home plate on numerous bounces. This is performed for 25-30 minutes per session on two consecutive days. Then rest the arm for one day. Repeat the same routine 3 times over a 9 day period. If there is no pain or discomfort progress to the next step.

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

STEP 9: Perform short, crisp throws with a relatively straight trajectory for the short outfield on one bounce to home plate.

These throws should not be performed more than 30 minutes on two consecutive days.
Repeat this sequence over a 9 day period.

Continue with your body-conditioning program (i.e. strength, flexibility, and endurance). Days in which strengthening and throwing programs occur on the same day, schedule the throwing program in the morning and the strengthening program in the afternoon.

If you are able to throw without pain or discomfort, proceed to the next step

STEP 10: Return to throwing from the normal position (e.g. for the mound if you're a pitcher). The throw should be at one-half speed to three-fourths speed with the emphasis on technique and accuracy. Throw for 2 consecutive days then rest the arm for 1 day.

A throwing session should not be for more than 25 minutes. Repeat this step over the next 9 days, then advance to the next step if there is no discomfort or pain.

STEP 11: Throw from your normal position at three-fourths to full speed. This should be done following the same 9 day sequence, throwing for 2 days and then resting for 1 day. Throwing sessions should not be more than 30 minutes.

STEP 12: Simulate a game day situation. Warm-up with the appropriate number of pitches and throws for your average number of innings. Take the usual rest breaks between innings. Repeat this simulation for 2 to 4 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.

Reference:

Program adapted from Kerlan-Jobe Orthopaedic Clinic, Department of Physical Therapy , Los Angeles Dodgers, and Los Angeles Angels of Anaheim rehabilitation throwing protocols