



Dx: Right Left

Patient Name: _____

Date of Surgery: _____

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

Signature/Date: _____

INTERVAL THROWING PROGRAM – CATCHERS – PHASE II

Throwing program to be completed by catchers following successful completion of Phase I interval throwing program.

Step 1: Warm-up throwing at 180 foot phase

20 throws from squat position to pitcher

10 throws to each base 50% intensity from squat

Step 2: Warm-up throwing at 180 foot phase

40 throws from squat position to pitcher

15 throws to each base 50% intensity from squat

Step 3: Warm-up throwing at 180 foot phase

40 throws from squat position to pitcher

10 throws to each base 75% intensity from squat

Step 4: Simulated game including fielding bunts, throws to bases, and throws to the mound.