



Dx: Right Left

Patient Name: _____

Date of Surgery: _____

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

Signature/Date: _____

FOOTBALL THROWING PROGRAM

(Throwing every other day, unless specified by your physician, therapist or trainer)

Warm-up Tossing

1. 20-25 throws (15-20 yds)

Warm-up Tossing

2. 25-30 throws (15-25 yds)

Warm-up Tossing

3. 2 sets of 25 throws (20-25 yds) 11.

Warm-up Tossing

4. 2 sets of 25-30 throws (25 yds)

Warm-up Tossing

5. 25-30 throws (30-35 yds)

Warm-up Tossing

6. 2 sets of 30 throws (35 yds)

Warm-up Tossing

7. 10-15 throws (40 yds)
20 throws (25-30 yds)
20 throws (20-25 yds)(on a line)

Warm-up Tossing

8. 20 throws (40-50 yds)
20 throws (25-30 yds)
20 throws (20-25 yds)

Warm-up Tossing

9. 20 throws (25-35 yds)
20 throws (40-50 yds)
20 throws (20 yds)(on a line)
10-15 throws (10-15 yd out)
(on a line)

Warm-up Tossing

10. 20-25 throws (20-25 yds)
20-25 throws (45-55 yds)
20-25 throws (30-35 yds)
20-25 throws (10-15 yds)(on a line)

Warm-up Tossing

11. 15-20 throws (20-30 yds)
20-25 throws (40-50 yds)
20-25 throws (30-40 yds)
20-25 throws (10-20 yds)(on a line)
15-20 throws (20-30 yds)(on a line)

Warm-up Tossing

12. 15 throws (20-30 yds)
20 throws (40-50 yds)
20 throws (30-40 yds)
20 throws (10-20 yds)(on a line)
20 throws (20-30 yds)(on a line)
15 throws (roll out to throwing side)

Warm-up Tossing

13. 15 throws (20-30 yds)
20 throws (40-50 yds)
20 throws (30-40 yds)
20 throws (10-20 yds)(on a line)
20 throws (20-30 yds)(on a line)
15 throws (roll out to throwing side)
15 throws (roll to non-throwing side)

Warm-up Tossing

14. Progress to Practice Situation