## Progressive Shoulder Throwing Program

This is a basic return to throwing guide that could be used for the average middle or high school thrower.

The progressive Shoulder Throwing Program covers a period of 2 and $1 / 2$ 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 of the 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 the inflammatory response to micro-trauma.

Step 1: ALL PLAYERS - 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 1 week.

Step 2: ALL PLAYERS - Increase the tossing distance to 30-40 feet. Continue 2-3 times per week, 10-15 minutes per session, for 1 week.

Step 3: ALL PLAYERS- 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 1 week.

Step 4: ALL PLAYERS- 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 1 week.

Step 5: ALL PLAYERS- Increase the distance to 60 feet while still lobbing the ball with an occasional straight throw at not more than $1 / 2$ speed. Increase the throwing time to 20-25 minutes per session, 2-3 times per week, for 1 week.

Step 6: ALL PLAYERS- Increase the distance to 100 feet and begin easy throwing. Continue throwing at $1 / 2$ speed for 20-25 minutes per session, 2-3 times per week, for 1 week.

Step 7: ALL PLAYERS- Perform long, easy throws from the mid-outfield (150 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 2 consecutive days. Then rest the arm for 1 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.

THROW 2 days, REST 1 day
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If problems arise, contact therapist, athletic trainer or physician.

STEP 8: OUTFIELDERS- Perform long, easy throws from the middle portion of the outfield, with the ball barely getting back to home plate on numerous bounces. This is to be performed for 25-30 minutes per session on 2 consecutive days. Then rest the arm for 1 day. Repeat the same routine over a 9-day period and progress to the next step if there is no pain or discomfort.

PITCHERS \& INFIELDERS- Begin throwing at a distance of 50 feet at $3 / 4$ speed and gradually increase your distance until you reach 150 feet. Now gradually decrease your throwing distance, working your way back in until you have reached the distance from which you normally threw. For example, pitchers work in from 150-60 feet and third basemen work in from 150-90 feet. This "In \& Out Sequence" should be performed for 30-35 minutes per session on 2 consecutive days. Then rest the arm 1 day. Repeat this same routine over a 9-day period and progress to the next step if there is no pain on discomfort.

Step 9: OUTFIELDERS- Execute stronger throws from the deepest portion of the outfield (300-350 feet), getting the ball back to home play on 1-2 bounces. The throw should be at $3 / 4$ speed, with an occasional throw at full speed. This should be performed approximately 30-35 minutes per session on 2 consecutive days. Rest the arm for 1 day. Repeat the same routine 3 times over a 9 -day period. If there is no pain of discomfort, progress to the next step

PITCHERS \& INFIELDERS- Gradually reduce the time you spend increasing your throwing distance from 50-150 feet and increase the throwing time from your normal playing position. Total time for each throwing session should not exceed 3035 minutes. Throw at $3 / 4$ to full speed from your normal playing position for 2 consecutive days and rest the arm on the third day. Repeat this sequence at least 3 times. Progress to the next step if able to complete the "In \& Out Sequence" without pain or discomfort.

Step 10: OUTFIELDERS \& INFIELDERS- Perform short, crisp throws with a relatively straight trajectory from the short outfield on 1 bounce back to home plate. These
throws should not be performed more than 30 minute on 2 consecutive days. Rest 1 day. Repeat this sequence over a 9 -day period.

PITCHERS- May begin throwing batting practice at $3 / 4$ speed to full speed. Throw for 2 consecutive days then rest the arm for 1 day. Throw for no more than 30 minutes. Repeat this sequence over a 9 -day period, proceeding to the next step if able to throw without pain or discomfort.

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

STEP 11: ALL PLAYERS- Return to throwing program from your normal position at $3 / 4$ to full speed. Emphasis should be on technique and accuracy. Throw for 2 consecutive days then rest the arm for 1 day. A throwing session should not be more than 30 minutes. Repeat this step over the next 9 days, then advance to the next step if there is no pain or discomfort.

STEP 12: ALL PLAYERS- Throw from your normal position at $3 / 4$ to full speed. This should be done following the same 9-day sequence, throwing for 2 consecutive days and resting for 1 day. Throwing sessions should not be more than 30 minutes.

Step 13: ALL PLAYERS- Simulate a game day situation. Pitchers should warm-up with the appropriate number of pitches and throw for your average number of innings. Take the usual rest breaks between innings. Repeat the simulation 2-4 times with a 3-4 day rest period in between. Return to the normal pitching regimen or routine based on input from the team physician, physical therapist, athletic trainer, coach and most importantly, the athlete.

