



Nonoperative Throwing Shoulder and Elbow Program

Patient Name: _____ Diagnosis: _____ PT Duration: _____ / Week _____ Weeks

Phase	Precautions	Treatment Recommendations	Emphasize
Phase 1: Rest and Recovery Weeks 1-2 <i>Criteria for Advancement:</i> -No pain at rest or with above exercises - Full, pain-free elbow ROM	<ul style="list-style-type: none"> ▪ Avoid pain provoking activities ▪ Avoid any painful exercises 	<ul style="list-style-type: none"> ▪ Cross body stretch ▪ Elbow and shoulder AROM ▪ AROM hand/wrist ▪ Row with scapular protraction and retraction ▪ Scapular stabilization <ul style="list-style-type: none"> o Prone row o Prone extension o Prone horizontal abduction ▪ Kinetic chain focus 	<ul style="list-style-type: none"> ▪ Reduction of pain and inflammation ▪ Restoration of pain-free ROM ▪ Prevention of muscle atrophy
Phase 2: Intermediate Weeks 3-4 <i>Criteria for Advancement:</i> -Tolerance of Phase 2 exercises without elbow discomfort -5/5 strength for RC MMT	<ul style="list-style-type: none"> ▪ Maintain pain-free ROM ▪ Avoid painful exercise 	<ul style="list-style-type: none"> ▪ Continue as above ▪ Posterior shoulder flexibility, crossbody and/or sleeper stretch ▪ Wrist and forearm progression ▪ Throwers Ten/Advanced Throwers Ten ▪ Rotator cuff (RC) eccentrics ▪ RC tubing at 0° and progress to 90° shoulder abduction ▪ Scapular stabilization <ul style="list-style-type: none"> o Closed kinetic chain (CKC) quadruped single arm protraction → unstable surface → perturbations o Wall slide with low trap lift off o Dynamic hug o Prone T, W, Y, I ▪ End range stabilization using exercise blade/perturbations 	<ul style="list-style-type: none"> ▪ Progression of rotator cuff and scapular strength ▪ Restoration of shoulder endurance in 90/90 position ▪ Improved neuromuscular control
Phase 3: Advanced Weeks 5-6 <i>Criteria for Advancement:</i> -Single arm plyometrics without discomfort -Towel drill without discomfort	<ul style="list-style-type: none"> ▪ Avoid painful activities 	<ul style="list-style-type: none"> ▪ Continue stretching above ▪ Foam roller/trigger point ball as needed ▪ Continue all shoulder exercises above ▪ Progress neuromuscular stabilization <ul style="list-style-type: none"> o Perturbations at end range external rotation 90/90 o Wall ball stabilization with perturbations ▪ Plyometric progression <ul style="list-style-type: none"> o Double arm plyometrics → Single arm plyometrics → 90/90 plyometrics o 90/90 wall dribble o Eccentric catches ▪ Progress scapular/serratus activation <ul style="list-style-type: none"> o Landmine press o “Plus” in plank position _ unstable surface _ perturbations ▪ Towel drill 	<ul style="list-style-type: none"> ▪ Advancement to plyometric and sports specific movements ▪ Progression of RC and scapular strength and endurance

<u>Phase</u>	<u>Precautions</u>	<u>Treatment Recommendations</u>	<u>Emphasize</u>
Phase 4: Return to Performance Progression Weeks 7-12+ <i>Criteria for Advancement:</i> -Pain-free progression through interval sports program -Independent with all arm care exercises -Assess need for Video Throwing Analysis program	<ul style="list-style-type: none"> ▪ Avoid painful activities ▪ Monitor for loss of strength and flexibility 	<ul style="list-style-type: none"> ▪ Initiate interval sports program <ul style="list-style-type: none"> o Monitor mechanics o Monitor workload ▪ Initiate hitting program if appropriate ▪ Continue with all upper and lower extremity flexibility exercises ▪ Continue with advanced shoulder and scapular strengthening exercises 	<ul style="list-style-type: none"> ▪ Return to sport participation

Protocol adapted from Hospital for Special Surgery Rehabilitation nonoperative throwing and elbow guidelines