



## OVERHEAD ATHLETE REHABILITATION GUIDE

PHASE	SUGGESTED INTERVENTIONS	TO ADVANCE TO NEXT PHASE
<p><b>PHASE I</b> <b>INITIAL</b> <b>PHASE</b></p>	<p><b>Goal:</b> -Discuss details encompassing anatomy, existing pathology, post-operative rehabilitation schedules, and anticipated progressions. This constitutes a comprehensive and vital aspect of the overall healthcare process.</p> <p><i>*Advancement to next stage is dependent on physician's approval, ask for recommended activity interventions during this phase.</i></p>	<p><b>Criteria:</b></p> <ol style="list-style-type: none"> <li>1. Reduction in pain and inflammation.</li> <li>2. Enhanced flexibility and range of motion.</li> <li>3. Restoration of dynamic muscle control, balance, and proprioception.</li> </ol>
<p><b>PHASE II</b> <b>STRENGTHENING</b> <b>PHASE</b></p>	<p><b>Goal:</b> -Enhance muscular strength and endurance while progressing towards achieving full active and passive range of motion (ROM). Focus on refining total body proprioception and control to ensure comprehensive physical preparedness. This systematic approach aims to prime the entire body for a successful return to throwing activities.</p> <p><b>ROM:</b> <b>ACTIVE ASSISTED RANGE OF MOTION (AROM)</b> -Perform the Prone 90-degree/90-degree External Rotation (ER) exercise. -Achieve approximately 85% of the supine passive ER without any compensatory movements. -Undergo the Equal Back to Wall Flexion Test. <b>PASSIVE RANGE OF MOTION (PROM)</b> -Target both Internal Rotation (IR) and External Rotation (ER), matches that of the opposite side. Attain a minimum of 100 degrees of supine ER PROM. Normalize the length of the latissimus dorsi muscle, maintaining it within a 5-degree range. -Achieve normalized supine horizontal adduction with scapula stabilization.</p> <p><b>Other Achievements:</b> -<b>Optimal Strength and Kinesthesia</b> - 5/5 seated serratus anterior test, 5/5 middle and lower trapezius tests, &amp; ER/IR Ratio &gt;75% -<b>LE Y Balance Evaluation</b> - Within a 5% margin between sides. -<b>Self-Assessment instrument</b> - Achieve a minimum Functional Outcome Tool (FOTO) score of 80 &amp; alternatively, consider the Quick Disabilities of the Arm, Shoulder, and Hand (Quick DASH) assessment.</p> <p><i>*Ask healthcare provider for recommended exercises during this phase</i></p>	<p><b>Criteria:</b></p> <ol style="list-style-type: none"> <li>1. Progress continuation of strengthening muscles and increasing endurance.</li> <li>2. Enhance strength with the addition of weights in suggested activities.</li> </ol>

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<p><b>PHASE III</b> <b>ENHANCED STRENGTH PHASE</b></p>	<p><b>Goal:</b>            -Resume strength training with necessary modifications, focusing on enhancing muscular power, speed, and agility. Emphasize proper throwing mechanics through pre-throwing drills to mitigate the risk of re-injury. Additionally, prioritize specific rotator cuff strengthening exercises, ensuring they are performed without compensatory movements. This comprehensive approach aims to facilitate a safe and effective return to athletic activities.</p>	<p><b>Criteria:</b></p> <ol style="list-style-type: none"> <li>1. Accomplish the goals set in this phase.</li> <li>2. Strengthen the targeted areas of injury, with little to no pain associated with any suggested activities in this phase.</li> <li>3. Continue advancing the recommended activities.</li> </ol>
<p><b>PHASE IV</b> <b>PEAK PERFORMANCE PHASE</b></p>	<p><b>Goal:</b>            -Advance the interval throwing program systematically to ready for a return to competitive throwing while ensuring proper throwing mechanics. Simultaneously, establish a personalized maintenance program in anticipation of concluding the formal rehabilitation process.</p> <ul style="list-style-type: none"> <li>- Advance the total body strength training program.</li> <li>- Progress through the Interval Throwing Program.</li> <li>- Engage in sport-specific or position-specific drills or utilize an appropriate Sport-Specific Interval Program.</li> </ul> <p><i>*Ask healthcare provider for recommended exercises during this phase</i></p>	<p><b>Criteria:</b></p> <ol style="list-style-type: none"> <li>1. Engage in the Return to Performance Program, if accessible.</li> <li>2. Advance the total body strength training program.</li> <li>3. Progress through the Interval Throwing Program.</li> <li>4. Incorporate sport-specific or position-specific drills, or utilize an appropriate Sport-Specific Interval Program.</li> </ol>
<p><b>PHASE V</b> <b>RETURN TO FULL ACTIVITY PHASE</b></p>	<p><b>Goal:</b>            -Tailor an individualized maintenance program to align with the specific timing of the season and the unique needs of the patient. Physician will provide recommendations for the return to sport, encompassing pitch limits or innings limits that align with the patient's goals and ongoing progress. Foster open communication with athletic trainers (ATC), coaches, and/or parents as required to ensure a collaborative and comprehensive approach to the patient's rehabilitation and return to athletic activities.</p>	<p><b>Criteria:</b></p> <ol style="list-style-type: none"> <li>1. Achieve successful advancement in the interval throwing program, reaching 180 feet without experiencing pain.</li> <li>2. Evaluate throwing mechanics as needed.</li> <li>3. Ensure an External/Internal Rotation (ER/IR) Ratio exceeding 80%.</li> <li>4. Complete the Quick Disabilities of the Arm, Shoulder, and Hand (Quick DASH) or Kerlin Jobe score.</li> <li>5. Successfully finish the Return to Performance Program, if accessible.</li> </ol>