



Therapist: _____

Phone: _____

Upper Extremity Plyometric Program

This program is a general example of a simple progression. Plyometric training is very individualized and must be tailored to each patient. Additionally, injury can result from the incorrect use of plyometrics. Make sure that patients have been cleared for specific plyometric training from the attending physician before starting this program.

Goal: The Restoration of pain free dynamic strength and stability prior to initiation of interval Throwing program.

Dynamic Warm-up: Cardio, movement, dynamic stretching

Phase 1:

Prone ball drops
Chest pass
Soccer throw

Phase 2:

X pattern/chops
Scoop throws

Phase 3:

90/90 wall dribbles
Rainbow wall dribbles
Half kneeling eccentric deceleration catch - roll back, 90/90 toss back, D2 toss back

Plyos Upper Descriptions Phase 1

Prone ball drops

Setup

Begin lying face down on a table or swiss ball with arm elevated into arm slot and palm facing down.

Movement

A small medicine ball should be repetitively dropped and caught while maintaining quality scapular control.

Tips

Relax neck to help facilitate scapular control.

Frequency: 3 x week for 3 sets of 30 seconds each

Chest Pass

Setup

Begin with feet shoulder width apart and knees slightly bent. You should remain a moderate distance away from the mini trampoline, wall, or partner. Medicine ball should start at chest level.

Movement

Medicine ball should be thrown with both hands equally from the chest to the target. You should receive the ball under control and return to the start position.

Tips

Take special care to finish the movement with extended arms and maintain balance.

Frequency: 3 x week for 3 sets of 20 reps each

Soccer style throw

Setup

Begin with feet shoulder width apart and knees slightly bent. You should remain a moderate distance away from the mini trampoline, wall, or partner. Medicine ball should start directly over head.

Movement

Medicine ball should be thrown with both hands equally from above the head to the target without wrapping the arms behind the head. You should receive the ball under control and return to the start position.

Tips

Take special care to finish the movement with the arms and maintain balance. Initiate the movement with abdominals and keep your ribcage tucked down - do not arch your lower back.

Frequency: 3 x week for 3 sets of 20 reps each

Phase 2

X Pattern/ Chops

Setup

Begin with feet shoulder width apart and knees slightly bent. You should remain a moderate distance away from the mini trampoline, wall, or partner. Medicine ball should start above one shoulder.

Movement

Medicine ball should be thrown with both hands equally from above one shoulder to the target. You should receive the ball above opposite shoulder. Alternate throwing sides.

Tips

Take special care to finish the movement with the arms and maintain balance. Do not over rotate with the trunk and keep your ribcage tucked down – do not arch your lower back.

Frequency: 3 x week for 3 sets of 20 reps each

Scoop Throws

Setup

Begin with feet shoulder width apart and knees moderately bent. You should remain a moderate distance away from the mini trampoline, wall, or partner. Medicine ball should start beside one hip.

Movement

Medicine ball should be thrown with both hands equally from beside one hip to the target. You should receive the ball beside opposite hip. Alternate throwing sides.

Tips

Take special care to finish the movement with the arms and hip extension. Maintain balance throughout the movement. Do not over rotate with the trunk and initiate/finish the movement with the hips.

Frequency: 3 x week for 3 sets of 20 reps each

Phase 3

90/90 wall dribbles

Setup

Begin with feet shoulder width apart and knees slightly bent. You should stand in front a wall. A small medicine ball should start in an elevated position against the wall with shoulder and elbow at 90 degrees.

Movement

A small medicine ball should be dribbled with affected arm without changing or dropping elbow position. The movement be performed at a steady fast pace.

Tips

Make sure to maintain scapular control and keep ribcage tucked down.

Frequency: 3 x per week for 3 sets of 30 seconds each

Rainbow wall dribbles

Setup

Begin with feet shoulder width apart and knees slightly bent. You should stand in front a wall. A small medicine ball should start in an elevated position against the wall with elbow extended.

Movement

A small medicine ball should be dribbled with the effected arm while following a natural arc of motion. The movement be performed at a steady fast pace.

Tips

Make sure to maintain scapular control but allow for freedom of movement as your reach overhead and to your side.

Frequency: 3 x week for 3 sets of 30 seconds each

Half kneeling eccentric deceleration catch - roll back, 90/90 throw back, D2 throw back

Setup

Begin in a kneeling position with body facing away from your partner and your head turned toward them. Your effected arm should be raised into the 90/90 position. Your partner should be positioned 10-20 ft away.

Movement

Your partner should underhand toss a small medicine ball over your affected shoulder with enough velocity to carry past your head in the air. While the ball is in flight rotate your body in a normal throwing motion and catch the ball as it passes by you but not before it has reached you. Once you have grasped the ball slowly decelerate and bring the ball on the opposite side of the forward shin without letting go of the ball. Once the motion is finished return the ball back to your partner following the progression described.

Tips

Kneeling and facing a wall will allow errant or missed throws to rebound back.

Frequency: 3 x week for 3 sets of 20 reps each

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