

OSCILLATION THERAPY:

Dynamic Stabilization

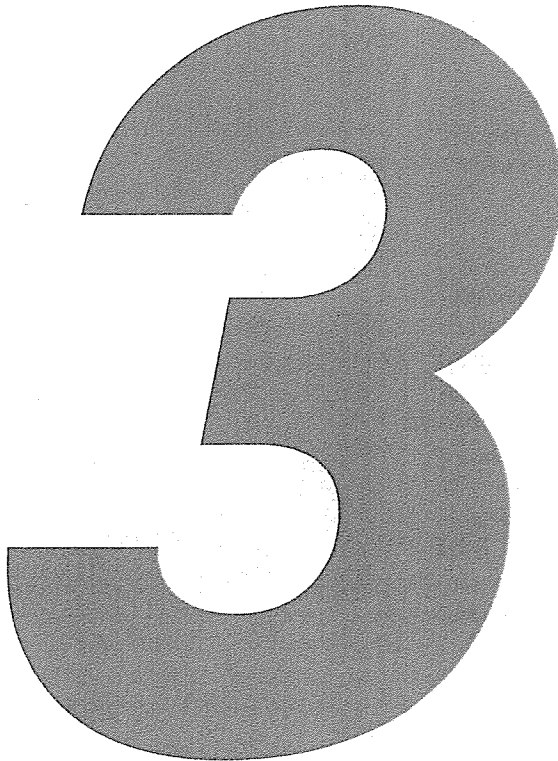
Rhythmic stabilization and oscillation therapy have long been staples of the physical-therapy world for rehabilitation purposes. By training the contractile tissues of the shoulder-scapula complex, directly and indirectly working the joint and surrounding soft tissues, the entire area must respond to rapid positional changes.

A few tools used for the individual oscillation-therapy exercises in *Hacking the Kinetic Chain – Advanced Pitching* are

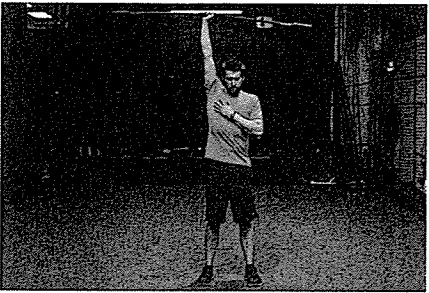
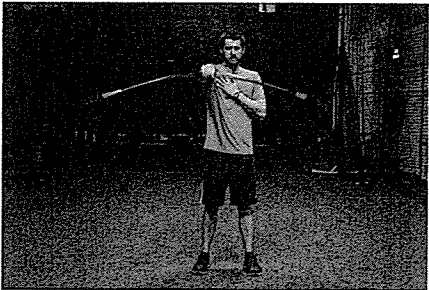
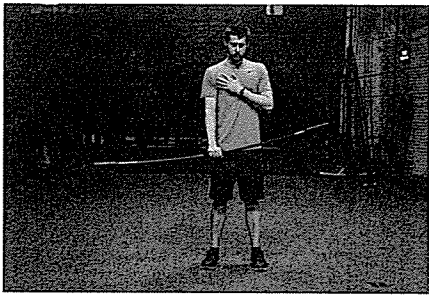
- ▀ Oates' Specialties Shoulder Tube
- ▀ Fitryo Total Bar

A popular product on the market is the Bodyblade, but due to its flat shape, the Bodyblade does not work well in multiple directions and therefore is overly restrictive. If you have one, it can be used for the exercises in this chapter, but efficiency will be significantly lower.

By increasing the blood flow to the shoulder-scapula complex, the body becomes more prepared for physical activity, making it an excellent warm-up tool. Stimulating proprioceptors through use of oscillation therapy provides great benefits if used prior to an intense workout—it is also a helpful addition to a post-throwing recovery protocol. If athletes do not have their own oscillation therapy routine, this chapter outlines the exercises our athletes use, as well as the chronological order in which they are performed.

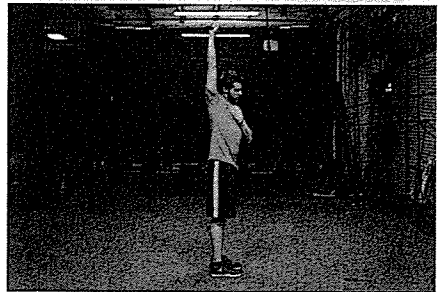
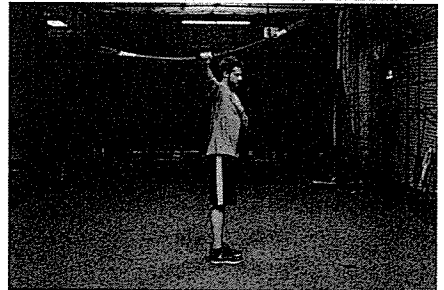
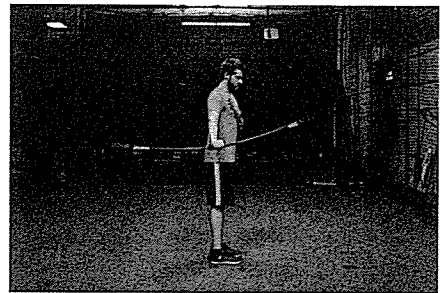


1. Shoulder Flexion in Front



METHOD

Shoulder Flexion in Front ("Front Raises") is done with the athlete standing square with feet shoulder-width apart and the throwing hand holding the implement with the palm down in front. The athlete should start bouncing the implement up and down in front of the body by shaking the throwing arm towards the sky and the ground in rhythmic strokes. While still bouncing the implement up and down, the arm should be raised overhead until the end range of motion is reached. Once the end range of motion has been reached at the top, the athlete should reverse course and slowly bring the hand back down to the starting position. It should take roughly 4-5 seconds to take the hand in each direction. Repeat these steps for the prescribed number of reps.



2. Shoulder Abduction to the Side



METHOD

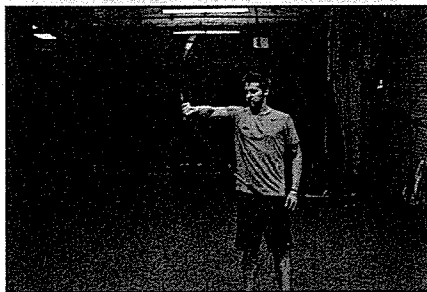
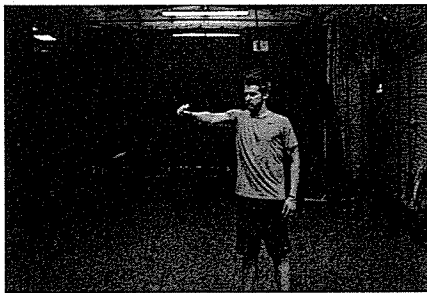
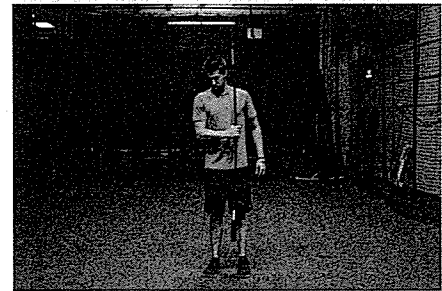
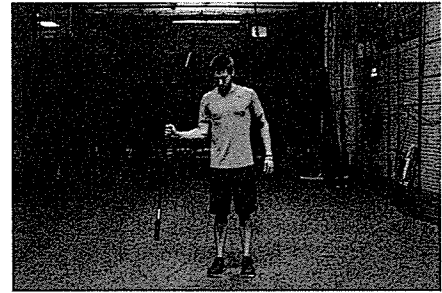
Shoulder Abduction to the Side ("Side Raises") is done with the athlete standing square with feet shoulder-width apart and the throwing hand holding the implement with the palm down to the side. The athlete should start bouncing the implement up and down to the side of the body by shaking the throwing arm towards the sky and the ground in rhythmic strokes. While still bouncing the implement up and down, the arm should be raised overhead until the end range of motion is reached. Once the end range of motion has been reached at the top, the athlete should reverse course and slowly bring the hand back down to the starting position. It should take roughly 4-5 seconds to take the hand in each direction. Repeat these steps for the prescribed number of reps.

3. External/Internal Rotations in Close



METHOD

External/Internal Rotations in Close (“Side to Sides”) are done with the athlete standing square with the feet shoulder-width apart and the throwing hand holding the implement with the thumb up (supinated) in front and with the elbow close to the rib cage. The athlete should start bouncing the implement from side to side by shaking the throwing arm toward the left and right in rhythmic strokes. While still bouncing the implement, the arm should slowly internally rotate until the end range of motion is reached. Once the internal-rotation end range of motion is reached, the arm should slowly externally rotate until the end range of motion is reached on that side. It should take roughly 4-5 seconds to take the hand in each direction. Repeat these steps for the prescribed number of reps.



4. Pronation/Supination Twirls



METHOD

Pronation/Supination Twirls are done with the athlete standing square with the feet shoulder-width apart while holding implement with palm facing up and the throwing arm straight out in front of the body. While the elbow will flex a little bit, the athlete should make the effort to shake the implement in and out by moving the arm in the same manner with the shoulder. Once this movement has been established, the next step is for the athlete to slowly pronate the forearm (turn the thumb down) while still shaking the implement. Once the end range of motion is reached for pronation, slowly reverse course to return the hand to the starting supinated position. It should take roughly 4-5 seconds to turn the hand in each direction. Repeat these steps for the prescribed number of reps.

5. Stride-Length Forward Shoulder Rotations



METHOD

Stride-Length Forward Shoulder Rotations are done with athlete starting in the same stance as used for Rocker Throws (see Rocker Throws in the PlyoCare drills chapter for stance explanation). Once the stance is established, the athlete should place the throwing-arm elbow slightly below the shoulder, with the forearm in a vertical position and the hand in a slightly supinated position. It's worth noting that in a perfect world we would prefer the athlete to start in a neutral position since it more accurately represents good hand position at stride-foot contact, but in this case, starting with a neutral hand would cause the athlete to hit himself in the head with the implement. A slightly supinated hand position helps solve this problem for the purpose of this exercise. After the starting position is fully established, the athlete should start bouncing the implement up and down by moving the arm in the same manner. Once the implement movement has started, rotate the throwing shoulder towards the lead foot while still bouncing the implement. Once the trunk flexion end range of motion has been reached, slowly counter-rotate back to the starting position while continuing to bounce the implement. It should take about 10-15 seconds for the full movement to occur. Repeat these steps for the prescribed number of reps.

