COACH MAYERS PERFORMANCE

THE ARM CARE GUIDE

A comprehensive reference for baseball and softball players — understand why your arm hurts, what to do about it, and how to keep it strong all season long.

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This guide is a free resource from Coach Mayers Performance. It is designed to educate - not replace - professional medical evaluation. If you are experiencing sharp, persistent, or worsening pain, see a sports medicine physician.

INTRODUCTION

The Arm Balance Principle

Before you do a single exercise, you need to understand one concept that changes everything: **your arm does not operate in isolation.** Every throw, every swing, every pitch is the result of a kinetic chain that starts at the ground, moves through the hips and trunk, and finishes at the fingertips. When any link in that chain fails — when the hips are tight, the trunk is weak, or the shoulder is out of balance — the arm compensates. And compensation, over time, becomes injury.

Tools like the Arm Care dynamometer (armcare.com) exist for exactly this reason: to measure the strength and balance of the shoulder musculature before prescribing exercises. The principle behind them is sound — **identify the imbalance first, then address it.** A pitcher with a weak posterior cuff does not need more internal rotation work. A position player with GIRD does not need aggressive stretching into more pain. Context matters. Measurement matters.

This guide operates on the same principle. Each section explains *why* a specific area gets sore, what is actually happening in the tissue, what to do about it, and — equally important — what to avoid. Read the section that applies to you. Work the protocol consistently. Respect the warning signs. Understand that **arm care is year-round work**, not something you pick up when it already hurts.

How to Use This Guide

- Find the section that matches where your arm is hurting — or use Section 05 if you are pain-free and want to stay that way.
- Read the "Why It Happens" explanation before jumping to exercises. Understanding the mechanism makes the protocol make sense.
- Follow the exercise descriptions carefully. Execution quality matters more than volume.
- Respect the "Exercises to Avoid" lists. Continuing to load an irritated structure is how minor issues become major ones.
- If symptoms worsen, do not push through. See a sports medicine professional.

THE GOLDEN RULE OF ARM CARE

- Soreness that clears within 24 hours of throwing is generally acceptable.
- Pain that persists beyond 24 hours, increases with rest, or is sharp and localized is a signal — not a challenge to push through.
- Never throw through medial elbow pain. The UCL does not give second warnings.

Front of the Shoulder

Anterior Pain - Biceps Tendon, AC Joint, Anterior Capsule

Why It Happens

The front of the shoulder is one of the most commonly irritated areas in overhead athletes, and it is frequently misunderstood. Most anterior shoulder pain in baseball and softball players does not originate from a single traumatic event — it accumulates.

Biceps Tendinopathy

The long head of the biceps tendon attaches at the top of the glenoid and runs through the front of the shoulder in the bicipital groove. Repetitive throwing — especially with high velocity or poor mechanics — creates friction and micro-trauma at this attachment. You will feel this as a deep, aching pain at the front of the shoulder that intensifies when you raise your arm overhead or externally rotate under load.

AC Joint Irritation

The acromioclavicular joint sits at the top of the shoulder where the collarbone meets the acromion. Irritation here is common after heavy pressing movements, contact, or sustained overhead loads. Pain is typically localized right at the top of the shoulder and may refer into the upper trapezius.

Anterior Capsule Tightness and Labral Stress

The anterior capsule stabilizes the shoulder during the cocking phase of throwing. Over thousands of throws, this structure is repeatedly stressed. When the posterior capsule tightens (see Chapter 02), it shifts the humeral head forward, increasing anterior stress. You may feel a deep aching, clicking, or a sense of instability with certain shoulder positions.

Subscapularis Strain

The subscapularis is the only rotator cuff muscle on the front of the shoulder blade. It controls internal rotation and anterior stability. Overloading it — typically through aggressive internal rotation movements or excessive pressing volume — causes a deep anterior ache that worsens with resisted internal rotation.

The Protocol

The goal is threefold: reduce anterior shoulder tension, strengthen the posterior cuff to pull the humeral head back into a healthy position, and restore scapular stability. Perform 3-4 days per week. Avoid any exercise that produces sharp anterior shoulder pain during execution.

EXERCISE	PRESCRIPTION	EXECUTION
Cross Body Stretch	*2x30 sec each side*	Stand tall. Bring your throwing arm across your chest at shoulder height. Use your opposite hand to gently pull the elbow toward your chest until you feel a stretch in the back and outer shoulder. Hold. Do not pull aggressively — this is a sustained, relaxed hold. This directly reduces posterior capsule tension which is driving the anterior shoulder stress.
Doorway Pec Stretch	*2x20 sec each side*	Stand in a doorframe with your elbow at 90 degrees and your forearm resting on the frame. Step forward gently until you feel a stretch through the front of the chest and anterior shoulder. Hold. Do not lean hard into it — you are releasing the pec minor, which tilts the scapula forward and loads the anterior shoulder when it is tight.
Prone Y/T/W	*3x10 each position*	Lie face down, arms hanging. Y: raise both arms overhead at 30 degrees, thumbs up, squeeze shoulder blades at the top. T: raise arms straight out to the side, thumbs up. W: bend elbows to 90 degrees and raise, pulling elbows back. Use zero or very light weight (1-2 lbs). This builds the lower trapezius and serratus — the primary scapular stabilizers that reduce anterior shoulder load.
Side-Lying External Rotation	*3x12 each side*	Lie on your non-throwing side. Elbow bent to 90 degrees, upper arm against your torso. Hold a light dumbbell (2-5 lbs). Rotate your forearm upward toward the ceiling, keeping the elbow pinned against your side. 2 seconds up, 2 seconds down. This strengthens the infraspinatus and teres minor — the muscles that pull the humeral head back into a healthy position.
Face Pulls	*3x15*	Attach a band or cable at face height. Grip with both hands, palms down. Pull toward your face, leading with your elbows — elbows should finish above your wrists and slightly behind your head. Squeeze the rear deltoids and external rotators at end range. This trains external rotation under horizontal load, directly countering the internal rotation dominance that causes anterior drift.
Band Pull Apart	*3x15*	Hold a resistance band at chest height, arms extended, hands shoulder-width apart. Pull the band apart by squeezing your shoulder blades together and driving your hands outward. Hold 1 second at full stretch. Slow return. This activates the middle and lower trapezius, rhomboids, and posterior deltoid — the entire posterior shoulder complex that keeps the humeral head centered.
Supine Dumbbell External Rotation	*3x12 each side*	Lie on your back. Bring your throwing arm to 90 degrees abduction (straight out to the side) and bend the elbow to 90 degrees. Hold a light dumbbell. Let gravity lower your hand toward the ground in external rotation, then rotate back up. 2-second eccentric. This isolates the rotator cuff in the abducted position that most directly mirrors throwing mechanics.

EXERCISES TO AVOID

- × Barbell bench press — forces the shoulder into a fixed path and loads the anterior capsule under heavy load
- × Dips — extreme anterior shoulder stress, especially at the bottom range of motion
- × Behind-the-neck pressing or pulldowns — places the shoulder in a compromised position under load
- × Aggressive internal rotation stretching — if the front of the shoulder is already stressed, adding more internal rotation force worsens it
- × Upright rows — extreme shoulder impingement position, avoid entirely in overhead athletes

WHEN TO SEE A PROFESSIONAL

- Anterior shoulder pain above a 4/10 that does not improve within 48-72 hours of rest
- A clicking or catching sensation inside the joint during shoulder movement
- Shoulder instability — a feeling that the joint may "slip out"
- Pain that disrupts sleep or is present at rest
- Loss of throwing velocity that cannot be explained by fatigue

02

Back of the Shoulder

Posterior Pain - GIRD, Posterior Capsule, Rotator Cuff

Why It Happens

Posterior shoulder pain is the most common complaint among baseball and softball pitchers, and it is almost always connected to one root cause: **Glenohumeral Internal Rotation Deficit — GIRD.** Understanding GIRD is non-negotiable for any overhead athlete who wants a long career.

What is GIRD?

Every time you throw, the posterior capsule of your shoulder is placed under enormous eccentric stress during the deceleration phase. The arm accelerates to over 7,000 degrees per second and then must be violently stopped by the posterior rotator cuff and capsule. Over hundreds of thousands of repetitions, this tissue thickens and tightens as a protective adaptation. The result: you lose internal rotation range on your throwing side. This is GIRD. The problem is that this tightening shifts the humeral head forward and upward in the socket, creating impingement, increasing anterior stress, and changing the mechanics of every subsequent throw.

Infraspinatus and Teres Minor Strain

These two muscles — the posterior rotator cuff — are the primary decelerators of the throwing arm. They are chronically overworked in high-volume throwers. You will feel this as a deep, dull ache in the back of the shoulder that is worse after throwing sessions and does not fully clear between outings.

Posterior Impingement

As GIRD progresses and the humeral head migrates forward, the posterior-superior glenoid and the back of the rotator cuff begin to pinch together at the end of the cocking phase — right when the arm is fully laid back. This is called internal impingement and is felt as a sharp posterior shoulder pain specifically during the late cocking phase of throwing.

THE GIRD CHECK

- Lie on your back. Bring your arm to 90 degrees abduction (straight out to the side), elbow at 90 degrees.
- Have a partner gently rotate your forearm down toward the floor (internal rotation). Note where it stops.
- Repeat on the non-throwing side. A deficit of more than 20 degrees on the throwing side is clinically significant GIRD.
- If you have significant GIRD, the sleeper stretch is your highest priority exercise — every day, twice daily during heavy throwing periods.

The Protocol

The primary objective is to restore internal rotation range on the throwing side, strengthen the posterior cuff, and improve scapular stability. The sleeper stretch is the cornerstone of this protocol — do it every single day, game day or not. Perform 4-5 days per week.

EXERCISE	PRESCRIPTION	EXECUTION
Sleeper Stretch	*3x30 sec each side — Every day*	Lie on your throwing side. Your shoulder should be at 90 degrees in front of your body, elbow bent to 90 degrees. Use your opposite hand to gently press your forearm down toward the floor — into internal rotation. You should feel a stretch in the back of the shoulder. Hold. Do not force it. This is the single most important exercise for GIRD restoration. Do this every day, not just training days.
Cross Body Stretch	*2x30 sec each side*	Bring your throwing arm across your chest, elbow straight. Use your opposite hand to gently pull the elbow toward your opposite shoulder. Feel the stretch in the posterior shoulder and outer rotator cuff. This complements the sleeper stretch by targeting the posterior capsule from a different angle.
Internal Rotation CARs	*2x5 each side*	Controlled Articular Rotation — stand with your arm at your side, elbow bent to 90 degrees. Slowly rotate your forearm down and inward (internal rotation), pausing at end range for 2 seconds, feeling the tissue stretch without forcing. Then rotate back out. This actively works through the range rather than passively holding — it trains the joint to own the range you are building.
Reverse Fly	*3x12*	Hinge forward at the hips to 45 degrees, arms hanging down, light dumbbells (3-8 lbs). Raise both arms out to the sides, leading with your thumbs, until your arms are parallel to the floor. Squeeze the posterior deltoids and lower trapezius. Slow 2-second lowering. This builds the posterior deltoid and lower trap — both chronically underdeveloped in overhead athletes.
Foam Roll Posterior Shoulder	*2x30 sec each side*	Sit on the floor and place a foam roller or lacrosse ball behind your throwing shoulder, between the shoulder blade and spine. Lean your body weight into it and slowly move through the posterior shoulder musculature. Find tight spots and hold for 5-10 seconds. This reduces muscular tension in the infraspinatus and teres minor before stretching, making the subsequent sleeper stretch more effective.
Side-Lying External Rotation	*3x12 each side*	Same execution as Chapter 01. Include here as well — the posterior cuff is responsible for both deceleration and external rotation. Building it from both chapters creates true posterior shoulder durability.
Band Pull Apart	*3x15*	Same execution as Chapter 01. Include daily. The posterior shoulder needs volume — bands throughout the day are more effective than one heavy set per week.

EXERCISES TO AVOID

- × Aggressive internal rotation stretching into pain — forcing it causes more inflammation, not more range
- × Heavy barbell bench press — increases anterior dominance and worsens the anterior-posterior imbalance
- × Behind-the-neck pulldowns — places the shoulder in the exact position that causes posterior impingement
- × Ignoring the sleeper stretch because the shoulder "feels fine" — GIRD develops silently before it becomes painful
- × Foam rolling directly on top of the shoulder — roll the surrounding musculature only

Lateral Elbow

Outer Elbow Pain - Lateral Epicondylitis, Radial Nerve, Extensor Strain

Why It Happens

Pain on the outside of the elbow is less common than medial elbow pain in baseball and softball players, but it is no less impactful when it arrives. It is frequently mislabeled as "tennis elbow" and dismissed, when the actual mechanism in overhead athletes is more nuanced.

Lateral Epicondylitis (Extensor Tendinopathy)

The lateral epicondyle is the bony prominence on the outside of your elbow. The forearm extensor muscles — which extend the wrist and fingers — attach here. In throwers, these muscles are eccentrically loaded every time the wrist snaps through ball release. High throwing volume, grip tension during release, and inadequate forearm strength create cumulative overload at the extensor attachment. You will feel pain or burning on the outside of the elbow, weak grip, and pain that worsens when you try to extend your wrist against resistance.

Radial Nerve Irritation

The radial nerve runs along the outside of the elbow before branching into the forearm. In overhead athletes with high throwing volume or poor elbow mechanics, this nerve can become irritated. The distinction from tendinopathy is important: nerve irritation often produces a burning or electric quality to the pain, may radiate into the forearm or hand, and does not respond to the same exercises as tendinopathy. If your lateral elbow pain has a burning, electrical, or radiating quality, see a professional.

Valgus Extension Overload — Lateral Compartment

During the acceleration phase of throwing, the elbow experiences a valgus force — the forearm is pushed outward. While this primarily stresses the medial side (Chapter 04), the resulting compression on the lateral side creates stress on the radiocapitellar joint. This is a reason why lateral elbow pain in youth players should always be evaluated — OCD lesions can develop at the capitellum in skeletally immature athletes and require medical intervention.

The Protocol

Eccentric loading is the gold standard for tendinopathy rehabilitation. Start conservatively — mild discomfort (3/10) during eccentric exercises is acceptable. Sharp pain is not. Perform 3 days per week on non-consecutive days.

EXERCISE	PRESCRIPTION	EXECUTION
Forearm Extensor Stretch	*2x30 sec each side before and after*	Arm extended in front of you, elbow straight. With your opposite hand, gently press your fingers and wrist down into flexion. You will feel the stretch along the top of your forearm and at the lateral elbow. Hold. Release. Never skip this before any forearm work.
Eccentric Wrist Extension	*3x12 each side — 3 sec eccentric*	Sit with your forearm resting on your thigh, palm down, wrist hanging off your knee. Hold a light dumbbell (2-3 lbs). Use your other hand to lift the dumbbell into wrist extension, then remove your assisting hand and slowly lower through the eccentric phase over 3 seconds. The lowering is the work. This is the primary eccentric loading exercise for lateral extensor tendinopathy.
Tyler Twist	*3x15 each direction*	Hold a Therabar or Flexbar — a flexible rubber bar. With both hands gripping, twist the bar into internal rotation with your pain-free hand while simultaneously resisting with your affected hand. Slowly return. This combines eccentric extensor loading with forearm rotation and has strong evidence in rehabilitation literature for lateral epicondylitis.
Forearm Pronation/Supination	*2x12 each direction*	Sit with your elbow at 90 degrees, upper arm against your side. Hold a light hammer or dumbbell at one end (creating a lever). Slowly rotate your forearm from palm-down (pronation) to palm-up (supination) with control. The load at the end of the handle increases the lever arm. This builds the forearm rotators critical for controlling the arm through ball release.
Grip and Release	*2x20 reps*	Hold a soft rubber ball or stress ball at your side. Squeeze firmly through full grip closure, hold 2 seconds at peak contraction, then slowly release over 3 seconds. The slow release is the eccentric component. This builds grip endurance and extensor-flexor coordination without aggressively loading the lateral epicondyle.
Wrist Roller	*2x30 sec each direction*	Hold a wrist roller with both hands, arms extended in front of you. Roll the weight up by alternating wrist extension movements, then slowly lower it. Perform in both directions. This builds forearm extensor and flexor endurance under sustained load — the capacity that protects the lateral elbow through a full game.

EXERCISES TO AVOID

- × Heavy wrist curls with full range — loads the extensor tendon's antagonist and can exacerbate lateral pain
- × Grip-heavy pulling exercises without straps during a flare-up — deadlifts, pull-ups, rows all increase extensor demand
- × Continued throwing at full intensity during acute lateral pain — the tendon cannot heal under repeated overload
- × Ignoring lateral elbow pain in youth athletes under 16 — OCD lesions require medical evaluation, not self-treatment

Medial Elbow

Inner Elbow Pain - UCL Stress, Flexor-Pronator Strain, Ulnar Nerve

Why It Happens

Medial elbow pain is the most serious arm pain category for baseball and softball players. It demands immediate attention and respect. The reason is simple: **the ulnar collateral ligament (UCL) lives here, and it does not regenerate.** Once the UCL is fully torn, the only path back to throwing is Tommy John surgery — a 12 to 18 month recovery. Prevention and early intervention are the only acceptable strategies.

UCL Stress and Injury

The UCL is the primary stabilizer of the medial elbow against valgus force — the outward bending force that occurs every time you throw. At peak throwing velocity, the valgus torque at the elbow can reach 64 newton-meters — a force that approaches or exceeds the structural strength of the UCL itself. Every throw places the UCL at or near its load tolerance. Over time, repetitive microtrauma causes the ligament to partially attenuate — it stretches, frays, and loses stiffness before it fully tears. You will feel medial elbow pain during the late cocking and acceleration phases of throwing, a "pop" if the ligament ruptures acutely, and sometimes a tingling into the ring and pinky fingers from associated ulnar nerve irritation.

Flexor-Pronator Mass Strain

The flexor-pronator muscles attach on the medial epicondyle and are the UCL's primary muscular protectors. They are the dynamic stabilizers against valgus force — when they are strong and conditioned, they absorb stress that would otherwise go directly to the UCL. When they are fatigued, weak, or strained, the UCL absorbs that load instead. Medial elbow pain that is superficial and tender directly at the epicondyle is more likely flexor-pronator in origin. Pain that is deeper, felt inside the joint, and occurs specifically during the acceleration phase is more likely UCL in origin.

Ulnar Nerve Irritation

The ulnar nerve runs in a groove directly behind the medial epicondyle. In overhead athletes, repeated valgus stress can irritate or sublux this nerve. Symptoms include tingling or numbness in the ring and pinky fingers, an electric sensation when tapping the inside of the elbow, and weakness in the hand. Ulnar nerve symptoms should always be evaluated by a physician.

CRITICAL — READ BEFORE CONTINUING

- Never throw through medial elbow pain. The UCL does not give clear warnings before it ruptures.
- If you feel a pop on the medial side of your elbow during or after throwing, stop throwing immediately and seek medical evaluation within 24-48 hours.
- Tingling or numbness into the ring and pinky fingers associated with medial elbow pain warrants physician evaluation — not self-treatment.
- The exercises below address flexor-pronator strength and are appropriate for prevention and mild, superficial medial elbow soreness. They are NOT a substitute for medical evaluation of suspected UCL pathology.

The Protocol

The goal is to build flexor-pronator mass strength and endurance — the muscular armor that protects the UCL. Strong flexor-pronators reduce UCL load by up to 30 percent during throwing. Perform 3 days per week. Do not perform this protocol while experiencing acute medial elbow pain during throwing.

EXERCISE	PRESCRIPTION	EXECUTION
Wrist Flexion — Eccentric	*3x12 each side — 3 sec eccentric*	Sit with your forearm resting on your thigh, palm up, wrist hanging off your knee. Hold a light dumbbell (3-5 lbs). Use your other hand to lift the wrist into flexion, then slowly lower over 3 seconds. The eccentric loading builds flexor-pronator tendon capacity at the medial epicondyle attachment. This is the primary strengthening exercise for the primary UCL protectors.
Forearm Pronation Against Resistance	*3x12 each side*	Sit with your elbow at 90 degrees. Hold a light hammer or dumbbell at one end. With your palm facing up, rotate your forearm to palm-down (pronation) against the weight of the lever. Slowly return to supination. The pronator teres and pronator quadratus are critical UCL synergists — strengthening them directly increases dynamic medial elbow stability.
Towel Squeeze Holds	*3x10 reps — 5 sec holds*	Hold a rolled-up towel or softball in your throwing hand. Squeeze to maximum grip force and hold for 5 seconds, then slowly release over 3 seconds. Grip strength is directly correlated with medial elbow stability — strong grippers create more co-contraction around the elbow joint during throwing, protecting the UCL.
Plank with Elbow Load	*3x30 sec*	Forearm plank position, weight distributed evenly through both forearms. This creates a sustained, controlled compressive load through the medial elbow in a safe environment. It builds the forearm flexors and wrist stabilizers under axial load — a different stimulus than the rotational wrist exercises above.
Band Resisted Wrist Curl	*3x15*	Anchor a light resistance band. Grip the band with your palm up, elbow slightly bent at your side. Curl your wrist into flexion against band resistance, hold 1 second, slow return. The band provides accommodating resistance through the full range — the tension increases as your wrist curls, matching the strength curve of the flexors.
Neutral Grip Row	*3x10*	Using a neutral grip attachment (palms facing each other) on a cable or band. Row toward your torso, keeping elbows close to your sides. The neutral grip significantly reduces valgus stress at the elbow compared to a pronated grip, making this the safest row variation for medial elbow rehab. It builds upper back musculature without aggressively loading the medial elbow.

EXERCISES TO AVOID

- × Any throwing through medial elbow pain — this is an absolute rule with no exceptions
- × Barbell curls with a supinated grip at heavy loads — extreme medial elbow valgus stress
- × Push-ups or dips with elbows flared wide — creates valgus force at the elbow
- × Overhand grip pull-ups at high volume during a flare — use neutral grip instead
- × Aggressive forearm flexor stretching during acute pain — do not aggressively stretch an inflamed attachment
- × Returning to full throwing before medial elbow pain has fully cleared

05

In-Season Arm Maintenance

For Players Who Feel Fine - Keep It That Way All Season

The Philosophy

Most arm care resources are reactive — they address problems after they develop. This section is proactive. A baseball or softball season can span 5 to 8 months at the competitive level. Over that period, throwing volume accumulates, tissue tolerance decreases, and the shoulder and elbow slowly lose the balance they had coming in.

The players who finish the season healthy are not the ones who got lucky — they are the ones who maintained their tissue quality and strength throughout. This takes 15 to 20 minutes per day. It is a non-negotiable investment.

Daily Non-Negotiables

These are not optional. They take 10 minutes. Do them every day — game day, off day, travel day.

EXERCISE	PRESCRIPTION	EXECUTION
Sleeper Stretch	*2x30 sec each side*	Lie on your throwing side, shoulder at 90 degrees, elbow at 90 degrees. Use your opposite hand to gently press your forearm toward the floor. Hold. This is the single most important thing you can do for your arm every day. Posterior capsule tightness accumulates silently. This is how you stop it.
Band Pull Apart	*2x15*	Hold a light resistance band at chest height, arms extended. Pull the band apart with both hands until your arms are fully extended to each side. Squeeze the shoulder blades together. Slow return. This keeps the posterior shoulder strong and the scapula stable through the season.
Prone Y/T/W	*1x10 each position*	Lie face down, arms hanging. Y position — arms overhead at 30 degrees, thumbs up. T position — arms straight out to sides, thumbs up. W position — elbows at 90 degrees, pull back, squeeze shoulder blades. No weight or 1-2 lbs maximum. Scapular stabilizers are the first to fatigue through a long season and the last to be trained.
Wrist Circles and Forearm Stretch	*1x10 each direction*	Circle your wrist through full range in both directions — 10 clockwise, 10 counter-clockwise. Then extend your arm and gently press your fingers into extension (extensor stretch), hold 20 seconds, then press into flexion (flexor stretch), hold 20 seconds. Grip fatigue accumulates over a season. This maintains forearm tissue quality.
Side-Lying External Rotation	*2x12 each side*	Lie on your non-throwing side. Elbow at 90 degrees, upper arm against torso. Hold a light dumbbell. Rotate forearm toward ceiling. Slow and controlled. The posterior rotator cuff must be maintained in strength throughout the season — not just trained in the off-season and ignored in-season.

Pre-Throw Protocol

Every throwing day, before any throwing. Takes 8 minutes.

EXERCISE	PRESCRIPTION	NOTES
Arm Circles	*30 sec each direction*	Small to large, forward then backward. Controlled. Movement prep, not a workout.
Cross Body Stretch	*2x20 sec each side*	Posterior shoulder prep before any throwing.
Band External Rotation	*2x12 each side*	Light band. Activate the rotator cuff before loading it.
Band Pull Apart	*2x15*	Wake up the posterior shoulder complex.
Shoulder CARs	*2x3 each side*	Slow, full circumduction of the shoulder joint through its complete range. Go slowly. Feel every position. This tells your nervous system to prepare the full range before you start loading it.
Forearm Pronation/Supination	*1x10 each direction*	Light hammer or dumbbell. Prepare the forearm before gripping a ball.
Progressive Catch	*5-7 min build*	Start close. Build distance gradually. Never skip the progressive build-up and go directly to max-effort throws. This is how arm injuries happen.

Post-Throw Protocol

Start within 10 minutes of your last throw. What you do immediately after throwing determines how your arm feels the next day.

EXERCISE	PRESCRIPTION	NOTES
Sleeper Stretch	*2x30 sec each side*	Non-negotiable post-throw. The posterior capsule tightens acutely after high-effort throwing. Address it immediately.
Cross Body Stretch	*2x20 sec each side*	Flush the posterior shoulder immediately after throwing.
Forearm Flexor Stretch	*2x30 sec each side*	Arm extended, palm up, gently press fingers down. Hold. Grip fatigue and forearm tightness accumulate after every throwing session.
Forearm Extensor Stretch	*2x20 sec each side*	Arm extended, palm down, gently press fingers toward you. Hold. Balance the flexor stretch.
Band Pull Apart	*2x15*	Light, easy effort. Flush blood through the posterior shoulder.
Ice if needed	*15-20 min*	Apply only if there is swelling, acute inflammation, or soreness above a 4/10. Routine soreness does not require ice — gentle movement is more effective for recovery.

In-Season Strength Maintenance

Arm care is not only stretching and band work. Perform 2 days per week, on days with the most distance from game days.

EXERCISE	PRESCRIPTION	NOTES
Face Pulls	*3x15*	Cable or band at face height. Lead with elbows, finish with elbows above wrists and slightly behind head. Squeeze external rotators. The most important strength exercise for in-season arm maintenance.
Neutral Grip Pull-Up or Lat Pulldown	*3x8*	Full range of motion. Slow eccentric. Neutral grip keeps the elbow in a safe position. Maintains lat strength that contributes to arm deceleration.
Single Arm Dumbbell Row	*3x10 each side*	Controlled, full range. Maintain upper back and posterior shoulder strength. Do not load so heavily that form breaks down.
Dumbbell External Rotation	*3x12 each side*	Side-lying or standing. Light weight. This is maintenance volume, not max effort. The rotator cuff needs consistent stimulus in-season to stay strong.
Prone Y/T/W	*2x10 each*	Light or no weight. Scapular stability maintenance. Every upper body day.
Forearm Work (Flexion + Extension)	*2x12 each*	Light dumbbell or band. Both flexion and extension. Balanced forearm strength protects both the lateral and medial elbow through a full season.

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Final Word.

You are not a professional athlete because of your arm alone. You got here — or you are getting here — because of how seriously you take your craft. Arm care is part of the craft. It is not glamorous. It does not make highlight reels. But it is what keeps you on the field when others are sitting in the training room.

The athletes who have the longest careers are not the most naturally gifted. They are the most disciplined about the 15 minutes before and after they throw. They do the sleeper stretch before anyone else is in the facility. They are consistent when consistency is boring. That is the standard.

This guide gives you the knowledge. What you do with it is on you.