



SAINT FRANCIS SPORTSMEDICINE

Making athletes of all ages BETTER, STRONGER, FASTER since 1995.

- ⊕ Overuse, Poor Throwing Form Can Result in Little League Elbow
- ⊕ Shoulder, Elbow Injuries Aren't Restricted to Pitchers
- ⊕ Celebrate Trainers During National Athletic Training Month

Pay Attention to Painful Symptoms of Little League Elbow

For years, parents and coaches blamed the painful condition known as “little league elbow” on improper throwing technique. While accurate, recent studies note that’s only part of the problem.

Stories of young baseball pitchers suffering from little league elbow have been common since the term first came into use in the early 1960s. Today that definition has expanded to include injuries common in a variety of activities including tennis, golf and even gymnastics.



Steven Logel, PT
Senior Physical Therapist

“We have seen where overuse issues lead to as many or more cases of little league elbow than improper throwing motions alone,” said Steven Logel, PT, senior physical therapist at Saint Francis Healthcare System. “The fact is some sports movements were not developed with human physiology in mind, especially in young and immature athletes.”

Studies indicate about one quarter of baseball players ages 9-12 suffer from elbow pain. Injuries range from minor discomfort all the way through acute fractures, dislocations and major nerve damage.

SERVICES

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“It’s very important that parents realize the risks associated with overuse at young ages,” Logel said. “Encouraging young athletes to push through any pain or discomfort can lead to a permanent loss of function.”

Rest is not an option

Little league elbow most commonly involves the area where muscle tendons in young athletes are attached to the growth cartilage at the elbow joint. Since that attachment is weaker than the muscle tendons, repetitive stress can result in a pulling apart at that point and a gradual onset of pain at the inner aspect of the elbow.

The first order of business when a young athlete complains of pain is to remove them from all sports activity and be evaluated by a pediatric specialist. Catching symptoms early in their development may limit treatment to rest, no throwing at all and physical therapy to restore range of motion.

Asking a child – or their coach or parents – to avoid throwing for 6-9 weeks is not easy, but the threat of significant injury is too great to ignore. In severe cases, surgery may be needed to ensure proper positioning of the injured cartilage with six months or more of rest before resuming limited participation.

“Preseason conditioning and instruction on proper throwing mechanics can serve as effective preventive measures, but common sense also must work into the equation,” Logel said. “The primary cause of little league elbow is throwing too much, too soon.”

Guidelines developed by Little League, Inc. restrict pitching to under six innings per week for 9- to 12-year olds and nine innings per week for youngsters 13 or older. Restrictions in the number of throws during practice also are advisable.

For more information about prevention and treatment of little league elbow, please call the Sports Medicine team at Saint Francis Healthcare System at 573-331-5153.

Proper Preparation Can Limit Throwing Injuries

Overhand throwing is among the most stressful motion for a young baseball or softball player during a time when their adolescent growth plates are most vulnerable to injury. Baseball pitchers are highly susceptible to elbow and shoulder injuries because of the potentially high number of repetitions, but they are not the only players on the field at risk.



David Enderle, ATC
Athletic Trainer

“Injuries to the elbow and shoulder growth plates are a major risk for all young baseball and softball players,” said David Enderle, ATC, athletic trainer at Saint Francis Healthcare System. “The quick turnaround times between practices and games add to the stress on young bodies and may encourage athletes to try and push through the pain.”

Season-ending – and sometimes career-ending – injuries can occur when players, parents and coaches ignore the symptoms and attempt to push through the pain. The following are a series of preparation, prevention and maintenance strategies that can help keep your young players enjoying time on the diamond rather than resting on injured reserve.

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It's stretch time – Regardless of how much standing around a sport entails, stretching and warming up are important aspects in preparing to play. Be sure to activate all major muscle groups, including upper and lower body, as well as arms, shoulders, hips and back. Not only will a proper warmup help prevent injury, it will increase your athletic effectiveness for more power and quickness.

Preseason preparation – The season starts long before the first crack (or ting) of the bat. Young players who are in better shape at the beginning of the season have a better chance of avoiding injury. An emphasis on flexibility, core strength and cardiovascular fitness will result in better performance right out of the gate.

Correct technique does matter – Learning the proper and most effective throwing mechanics is step one in the quest for long-term elbow and shoulder health. Enlist the assistance of a knowledgeable throwing coach that teaches technique before power. Rather than worrying about what the radar gun registers, focus on minimizing arm stress and fatigue for increased control.

Hold off on those breaking pitches – Most medical professionals would prefer young pitchers avoid throwing curveballs and other breaking pitches until they reach physical maturity. Learn how to control the fastball, change the grip for a change-up and later learn how to throw breaking pitches from someone with expertise. Your elbow and shoulder will thank you for your patience.

Pay attention to pitch counts – Even the big leaguers call it a day when they hit certain pitch counts. A Major League pitcher, who can throw 100 pitches or more (not including warmups), has different limitations than a Little Leaguer. There is no hard and fast evidence to support specific pitching limits, but a variety of organizations including Little League Baseball and Softball have established maximums with recommended rest days.

Discomfort is a warning sign – Arm soreness or fatigue are not symptoms to be ignored. They can alter throwing mechanics and lead to additional problems as players avoid painful arm positions. Early intervention and rest can reduce the chances of long-term injury.



Be smart with player position changes – When a young pitcher reaches their pitch limit, coaches often will move them to a different position on the field in order to keep one of their most athletically talented players in the game. However, moving the youngster to catcher or any position that requires long, hard throws isn't always the best option. Second base or first base are the best bets, where the throws are shorter and stress on the arm lowest.

Schedule adequate rest – Arms and shoulders need rest to recover from the stress of making numerous throws. Consult the Little League guidelines for suggestions on rest depending on the age of the player and number of pitches thrown. Apply ice for 15-20 minutes after throwing to reduce swelling and aid in recovery.

Parents are in control – Coaches can monitor the throwing activity of players on their own team, but parents need to assume a more prominent role when players participate in multiple leagues or throw with friends or siblings in the backyard. If your child is a pitcher, consider having them play a different position (other than catcher) in their other league. Regardless of how often they compete, schedule at least three months away from throwing each year to allow the body to adequately recover.

For more information about throwing guidelines, please call the Sports Medicine team at Saint Francis Healthcare System at 573-331-5153.



Rob Bunger, ATC, CEAS
Senior Athletic Trainer



Lance Eaker, MS, ATC, CKTP
Senior Athletic Trainer



David Enderle, ATC
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Matt Holder, ATC
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Kate Yamada, MS, ATC
Athletic Trainer

Saint Francis Athletic Trainers Are Dedicated to Your Health

Helping athletes avoid injury and return to competition as safely and quickly as possible are hallmarks of every athletic training staff, and Saint Francis Healthcare System is proud to recognize its own certified athletic trainers for their dedication and expertise during National Athletic Training Month in March.

Outside of coaches, athletic trainers are among the most important components of an athlete's support team, providing services ranging from injury prevention and assessment to treatment and rehabilitation.

Please take this opportunity to thank the exceptional healthcare professionals at Saint Francis Healthcare System for their commitment to your health:

- Rob Bunger, ATC, CEAS, senior athletic trainer
- Lance Eaker, MS, ATC, CKTP, senior athletic trainer
- David Enderle, ATC, athletic trainer
- Matt Holder, ATC, athletic trainer
- Kate Yamada, MS, ATC, athletic trainer

The National Athletic Trainers' Association reminds you to stay active and avoid injury with these important tips:

- See your physician for a physical exam before beginning an exercise program.
- Make sure you have an emergency plan in place.
- Stay hydrated by drinking enough water during exercise based on sweat rate.
- Avoid tobacco, alcohol and other harmful drugs.
- Have access to a certified athletic trainer.

For more information about National Athletic Training Month and the services provided by certified athletic trainers, please call the Sports Medicine team at Saint Francis Healthcare System at 573-331-5153.