

Baseball safety

A PARENT'S GUIDE FOR GETTING KIDS BACK IN THE GAME

Recent data shows 250,000 youth are injured each year playing baseball. This reference guide provides information on the most common baseball injuries requiring treatment.

ARM INJURIES

Pitching and throwing can lead to **overuse injuries** in the arms, elbows and shoulders. Tissue such as bone, cartilage or tendon can become damaged by repetitive motion activities. Without adequate time for recovery, the tissue cannot adapt to the demands placed on it.

The damage caused by repetitive stress leads to tissue inflammation that causes pain. Symptoms of overuse injuries, also considered **chronic sports injuries** include:

- Pain when performing the activity or sport.
- Intermittent swelling.
- Decreasing performance.
- Dull pain even at rest.
- Inability to straighten the elbow.

If the symptoms persist, take your child to see a pediatrician or a pediatric sports medicine physician. In each consecutive season, repetitive maneuvers by certain body parts can lead to fatigue and long-term damage.

ELBOW INJURIES

In young players, bones have not finished growing. Repetitive motion can cause muscles and tendons to pull on the bones at these growth sites where they are most vulnerable. This can cause pain and discomfort, and with continued activity, can cause a fragment to pull away from the bone on the inner side of the elbow. Rest is the primary treatment. Prevention by following pitch count recommendations is most important. A good reference for the most up-to-date information on pitch counts is available on the Little League Web site (www.littleleague.org — under the rules and regulation changes tab).

A secondary symptom of this type of overuse is pain on the outside of the elbow from the compression of the two bones at that point. With continued activity, damage to the bone, much like a pot hole in the street, can leave the soft covering of the bone vulnerable for injury. This may require surgery to remove pieces of the soft covering if it becomes loose.

Elbow pain should not be ignored. Rest is recommended to allow for sufficient recovery. If symptoms persist after two weeks of forced rest, a visit to a pediatric orthopedic surgeon or sports



medicine specialist is recommended. Delayed treatment of these problems can make a significant impact on future participation in throwing sports.

HEAD INJURIES

A **concussion** is a brain injury usually caused by a sudden jolt or a blow to the head or neck that disrupts normal brain function. This can occur in baseball from a pitch that hits the batter's head or a collision at home plate. An athlete does not need to be knocked out or have memory loss to have suffered a concussion. In fact, most athletes who suffer a sports-related concussion **DO NOT** lose consciousness.

You may observe that an athlete with a concussion:

- Appears dazed or stunned.
- Is confused.
- Forgets plays.
- Is unsure of game, score or opponent.
- Exhibits unsteadiness.
- Moves clumsily.
- Answers questions slowly.
- Has behavior or personality changes.
- Can't recall events either before or after hit.
- Loses consciousness.

An athlete with a concussion may have:

- Headache.
- Nausea.
- Balance problems or dizziness.
- Sensitivity to light or noise.
- Concentration or memory problems.
- Double or fuzzy vision.
- Feelings of being "in a fog."
- Confusion.

An athlete with signs of a concussion should be removed from play immediately and not allowed to return until evaluated by a doctor. Do not leave an athlete alone after a concussion.

Call for immediate medical help if your child displays:

- A headache that gets worse, lasts for a long time or is severe.
- Confusion, extreme sleepiness or trouble waking up.
- Vomiting (more than once).
- Seizures (arms and legs jerk uncontrollably).
- Trouble walking or talking.
- Weak or numb arms or legs.
- Any other sudden change in thinking or behavior.

Most athletes with a concussion will recover completely within a few weeks of the initial injury. Returning to play before completely recovering puts the athlete at risk for a more serious injury, long-term damage and even death.

The Sports Medicine Center at Children's offers the only comprehensive, integrated program in North Texas specifically designed for young and growing athletes. The center goes beyond treatment and rehabilitation of traumatic injuries that occur on the playing field to problems associated with sports participation, including cardiac disorders, asthma and nutrition.

The Children's Sports Medicine Center at the Legacy campus in Plano features a 5,000-square-foot facility complete with diagnostic imaging capabilities, a dedicated sports therapy gym, video motion analysis, isokinetic muscle testing and state-of-the-art rehabilitation equipment – all geared to provide your child with the best medical evaluation by the experts treating young and growing athletes.

Sports Medicine Center
Children's Medical Center at Legacy
Ambulatory Care Pavilion
7601 Preston Road
Plano, Texas 75024
469-303-3000



For more information visit
www.childrens.com/sportsmedicine

DEHYDRATION

Baseball players are at risk of **dehydration** if they don't get enough fluid to replace what is lost through the skin as sweat and through the lungs while breathing. It is important to drink plenty of fluids before, during and after a workout or game. An athlete's performance can be impacted by even mild dehydration.

Athletes should take a water bottle to school and drink between classes and during breaks so that they are well-hydrated before their workout. In addition:

- Water should be readily available when working out.
- Athletes should drink often – ideally every 15 to 30 minutes.
- Sports drinks are recommended for activities lasting longer than one hour.

Early signs of dehydration can be non-specific and include:

- Fatigue.
- Thirst.
- Irritability.
- Decreased athletic performance.
- Nausea.
- Headache.
- Apathy.

Signs of advanced dehydration include:

- Dark urine.
- Disorientation.
- Dry lips and mouth.
- Decrease in reaction time.

Athletes with any of these signs should rest and drink water or sports drinks. If athletes don't improve, feel dizzy or faint, or have not had much urine output, they should be seen by a doctor. Seek emergency treatment if the athlete is disoriented, unable to drink or has pale skin.

ANKLE INJURIES

The most common injury in sports is a **lateral ankle sprain**. In baseball, this injury is caused by rolling the ankle over the outside of the foot. This often occurs when the foot rolls over the edge of a base or when stepping on another player's foot. A lateral ankle sprain causes damage to the ligaments just below the bone on the outside of the ankle. In some cases a "pop" is felt or heard by the athlete.

Treatment recommendations vary with the severity of the injury:

- Mild sprains require rest but not necessarily medical treatment (follow the PRICE treatment plan, printed below).
- Persistent swelling, pain or any deformity should be seen by a physician.

BUMPS, BRUISES, TWISTS & MUSCLE STRAINS

These can affect all areas of the body. Recommended treatment is the **PRICE** formula: **P**rotect the area with a sling or crutches, if necessary.

Rest the injured area.

Ice the injury for 20 minutes at a time. Do not apply the ice directly to the skin.

Compress the injured area with a wrap. Do not pull tightly, as this can cut off circulation.

Elevate the injured area above the heart, if possible.

Athletes should see a pediatrician or pediatric sports medicine physician if any of these symptoms are present:

- Deformity.
- Limping that lasts more than 48 hours.
- Soft tissue swelling that gets worse the next day despite ice and over-the-counter anti-inflammatory medication such as Motrin®.
- Effusion – mobile soft tissue swelling on both sides of a joint, often the knee or ankle.
- Pain that returns quickly with activity or is not gone after two weeks of forced rest.

Kohl's Sports Health and
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