When Children’s Health℠ Children’s Medical Center opened its Plano campus in 2008, it became the nation’s first pediatric provider to offer two full-service, stand-alone hospitals. Since then, Children’s Medical Center in Plano has treated more than 100,000 children a year, offering families north of Dallas convenient access to the medical care they need most. It’s the highest level of expertise and compassion, all connected to Children’s Medical Center in Dallas for an even more comprehensive range of services.

So if your athlete needs orthopedic care, Children’s Medical Center in Plano is ready to help.

- Full-service pediatric hospital with expertise in nearly 30 different specialties – from acute hospital care and outpatient services to diagnostics, therapy and education
- 24/7 pediatric Emergency Department
- State-of-the-art operating rooms and a full-service laboratory, pharmacy and imaging services

Children's Health℠ Children's Medical Center Plano
7601 Preston Road
Plano, Texas 75024
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www.childrens.com/plano

**Softball Safety**

**SHOULDER INJURIES**

Pitching and throwing can lead to overuse injuries in the arms, elbows and shoulders. While throwing, overuse injuries tend to occur when tissue such as muscle and tendons is damaged by repetitive motion activities. Without adequate time for recovery, the tissue cannot adapt to the demands placed on it and further damage is likely.

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

**ANKLE INJURIES**

The most common injury in sports is a lateral ankle sprain. In softball, 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” can be 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 formula plan, printed below)
- Injuries with persistent swelling, pain or any deformity should be seen by a physician

**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 softball 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.

Signs of a concussion:

Others may notice that the athlete appears confused or dazed, seems unsteady or is unable to recall events before or after the injury. The athlete may report complaints of headache, nausea, dizziness, changes in vision, inability to concentrate or feeling “in a fog.” Any athlete with signs or symptoms of a concussion should be removed immediately from practice or play, and not allowed to return to play until evaluated by a pediatrician or sports medicine physician. An athlete should not be left alone and should be observed following a concussion.

Softball Safety
KOHL’S SPORTS HEALTH AND WELLNESS OUTREACH PROGRAM
A Parent’s Guide for Getting Kids Back in the Game

Softball is a non-contact sport so the risk of injury is much lower than other sports. However, shoulder, knee and ankle injuries are common. This reference guide provides information on softball injuries that may require treatment.
You should get **IMMEDIATE** medical help if your child displays:
- Loss of consciousness
- 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 from the first injury puts the athlete at risk for a more serious injury, long-term damage and even death. Any athlete who has suffered a concussion should be evaluated medically by a pediatrician or sports medicine physician before returning to play.

**DEHYDRATION**

Softball 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
- Headache
- Apathy
- Nausea

Signs of advanced dehydration include:
- Dark urine
- Disorientation

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.

**BUMPS, BRUISES, TWISTS & MUSCLE STRAINS**

These can affect all areas of the body. The recommended treatment response is the **PRICE** formula:

- Protect 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 lasting 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 easily seen at the knee or ankle
- Pain that returns quickly with activity at the next session or is not gone after two weeks of forced rest

**SPORTS SAFETY**

Children ages 5 to 14 make up almost 40% of all sports injuries treated in hospital emergency rooms. Injuries in children are best handled by pediatric specialists trained in treating skeletally immature patients.

How to Protect Your Child

Taking the following steps can reduce your child’s risk of getting hurt. As a parent, you should:
- Schedule your child for an annual physical before playing sports.
- Monitor play and practice and encourage players to abide by the rules.
- Have a first aid kit handy and an emergency action plan in place. Appropriate shelter should also be close by in case of a storm with lightning.
- Keep sports fun! Remember to be positive and don’t push kids to perform beyond their abilities.

Make sure your young athlete:
- Wears appropriate properly-fitting safety gear, free of heavy wear and tear.
- Stays properly hydrated. Kids don’t sweat as much as adults and need to drink plenty of fluids before, during and after activity.
- Does warm-up and cool-down exercises before and after practices and games.
- Gets proper rest and avoids overdoing it. Baseball, basketball, running, gymnastics and swimming are sports that cause the most overuse injuries in kids.