

PHYSICIAN'S CORNER



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Most players, parents and coaches would agree that youth sports carry an inherent risk of injury. After all, football, baseball and soccer can be rough sports. Everyday on ESPN we hear about star professional players out for the season to recover from shoulder, hip and knee reconstruction surgery. What we fail to realize is that most adolescent sport injuries are overuse type injuries. Children and adolescents are at risk for sports-related overuse injuries as a result of improper technique, training errors, and muscle weakness and imbalance.

The demands of overhead sports (e.g., baseball, tennis, volleyball) put the shoulder at a particular risk of injury. "Little leaguer's shoulder" is an overuse or stress injury of the growth plate of the upper humerus (one of the bones of the shoulder joint). Unlike adults who often injure the rotator cuff, in children the growth zone of the shoulder is the most vulnerable area for injury to occur. Players, parents and coaches must be aware that persistent shoulder pain with overhead activity is a symptom of little leaguer's shoulder. Most players report a dull ache or pain with throwing that can persist for weeks to months. The shoulder is usually tender to the touch. X-rays often show widening of the growth zone of the upper humerus. A MRI is usually not needed to make the diagnosis. Fortunately, this condition is reversible. Initial treatment includes rest and complete restriction of overhead activity. Icing and anti-inflammatory medication are also useful to alleviate the pain. Rehabilitation consists of strengthening, followed by an interval return to throwing program, only after the player is completely pain free.

Like other medical conditions, prevention is less challenging and more effective than treatment of the disease itself. All players should closely adhere to pitch count guidelines and recommended rest periods (see chart below). Regular evaluation of throwing technique and seasonal cross-training are also effective at preventing overuse injuries.

For more information, log on to our website at www.u18sportsmedicine.com or contact us at 954-538-5500. U18 Sports Medicine is part of Memorial Healthcare System and affiliated with Joe DiMaggio Children's Hospital.

Age	Recommended maximum pitches per outing	Recommended rest days between outings
7 to 8	50	2 calender days of rest
9 to 10	75	3 calender days of rest
11 to 12	80	3 calender days of rest
13 to 16	90	3 calender days of rest
17 to 18	105	3 calender days of rest

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My son was diagnosed with Osteochondritis Dissecans, a rare knee injury and shoulder tendonitis. When his doctor wanted to try immobilization and PT for 6 weeks consecutively, I knew we needed to find a program that would handle his injury properly. U18 has been exactly that, and more, since the program is designed specifically for kid athletes. The therapists are familiar with handling these types of injuries and that is comforting to know. The facility is amazing, and fully equipped with all types of training equipment. The best part is that you are not in a hospital setting and the kids are surrounded by their peers. My son's therapist, Whitney, was friendly and motivating and made him look forward to going each time. "I love the agility drills" said Josh. "It's like having your own personal trainer who is helping you feel better at the same time."

-Jennifer Keller
Mother of Josh Keller a U18 Patient

TIP:

WHEN SUFFERING FROM HEAT OR MUSCLE CRAMPS, TRY TO GENTLY STRETCH AND MASSAGE THE MUSCLE. MOST IMPORTANTLY, THE ATHLETE MUST BE REHYDRATED WITH WATER OR DILUTED SPORTS DRINKS!

