

SPORTS FIRST AID FOR COACHES

LITTLE LEAGUE BASEBALL

Presented by:

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Introduction

The purpose of material presented in this packet is to provide a basic overview of injuries sustained by young people participating in Little League Baseball as well as how to prevent, recognize and manage these injuries.

“OUNCE OF PREVENTION IS WORTH A POUND OF CURE”

WHAT DOES THIS MEAN?

HOW CAN IT BE DONE?

1. PREPARED

a. Proper equipment/supplies

- i. Making sure all equipment is safe**
- ii. Making sure playing surface/surrounding area is safe**
- iii. BREAK AWAY BASES**
- iv. Have proper medical kit available**
- v. Have an Emergency Action Plan**

2. EDUCATION

a. Obtaining proper knowledge to teach/coach proper techniques and skills

- i. Attending coaching clinics**
- ii. Reading latest material on positions/techniques**

b. Having proper medical training to manage injuries

- i. CPR/AED Training**
- ii. First Aid Training**

3. Coach with an Ear and an Eye

a. Listen to what your players are telling you

- i. Verbally**
- ii. Body Language**

Statistics:

> 33 million people participate in organized baseball and softball leagues.

≈6 million of these players are 5 to 14 years old.

Hospital emergency departments treat more than 95,000 baseball-related injuries and 30,000 softball-related injuries among players under age 15 each year.

Most common injured position: Infield
28% caused by a batted ball*

**2nd Most common injured position: Runner/
Outfield***

Most common injuries: Fracture
Eye Injuries
Dental Injuries
Contusions (bruises)

Uncommon Serious Injuries: Catastrophic injuries in baseball are rare. They occur most often when players are struck in the head or chest with a ball or a bat. On average, 3 children under age 15 die each year from baseball-related injuries. **

***From the 2008 ASAP League Safety informational packet**
****<http://www.safeusa.org/sports/baseball.htm>**

FIRST AID BASICS

PREVENTION



Sports Emergency Action Plan

- ✓ **Communication**
- ✓ **Assignment of duties**
- ✓ **Practice Plan and Location – should be discussed with emergency personnel.**
- ✓ **Team Supervision – always a must**
 - ✓ **There are fewer injuries during planned, structured practices**
 - ✓ **Always supervise students after practice/games until they have left the campus.**
- ✓ **Emergency Cards – carry at ALL times!**

RECOGNITION



Primary Survey for Coaches – On Field

- ✓ **Life Threatening Injuries – CALL 911**
 - Heart Attack
 - Obstructed Airway
 - Unresponsive Athlete
 - Diabetic Shock
 - Allergic Reaction
- ✓ **Evaluate the athlete's:**
 - Position
 - Safety
 - Level of consciousness
- ✓ **Check ABC's – Airway, Breathing, Signs of Circulation**
- ✓ **Calling 911 from a cell phone**
 - Your call will be answered by the State Police
 - Tell the State Police dispatch where you are (town)
 - Ask for the local dispatch for that town – 5-10 sec silence
 - Tell the local dispatch who you are, where you are, and what the emergency is.



Secondary Survey for Coaches – On or Off Field

- ✓ **History – conscious or unconscious?**
- ✓ **Inspection – Area around the Injury – skin temp, color (bruising), feel**
- ✓ **Touch - Bilateral Comparison – compare the injured side to the uninjured side.**
- ✓ **Distal Pulse – Can you feel a pulse beyond the injury site.**
- ✓ **Distal Sensation – Can the athlete feel touch beyond the injury site.**
- ✓ **Function – Test the injured side and compare to uninjured side (range of motion, strength, sport/position specific: running, throwing)**

MANAGEMENT

First Aid Basics

- ▼ "RICE"
 - ▼ Rest – take a break
 - ▼ Ice – apply ice to the injury
 - ▼ Compression – apply pressure to the site of injury with ice and an elastic or plastic wrap)
 - ▼ Elevation – Raise the injured body part above the level of the heart

Return to Play

- ▼ The athlete may return to play if:
 - ▼ After resting, stretching & icing the pain reduces. (Use the 1-10 scale, 10 worst)
 - ▼ The athlete has minimal-moderate swelling and at least 90% of ROM and strength compared to the injured side.
 - ▼ The athlete can demonstrate the functions and athletic abilities needed to return to play (within reason.)

*IF you or your organization would like a formal Sports First Aid for Coaches Course please feel free to contact the following:

Maine Athletic Trainers' Association www.gomata.org

Local High School Certified Athletic Trainer

Local American Red Cross Chapter

www.redcross.org (online course)

ARM INJURIES

Baseball can lead to injuries caused by overusing a certain body part. Pitchers commonly suffer overuse injuries in their elbows or shoulders. As many as 45 percent of pitchers under age 12 have chronic elbow pain, and among high school pitchers, the percentage rises to 58 percent. To prevent these injuries, Little League Baseball, Inc., has set a limit of six innings of pitching per week and requires pitchers to rest between appearances. Teaching proper pitching mechanics can also prevent serious overuse injuries.
(<http://www.safeusa.org/sports/baseball.htm>)

Injury Terminology:

Little Leaguer's Shoulder: Occurs at the growth plate of proximal humerus (upper arm bone). This major growth plate of the arm is damaged or widened due to stress.

Symptoms: Shoulder pain especially when throwing;
Possible decreased range of motion or the arm;
Stiffness

Little Leaguer's Elbow: Occurs at the growth plate of the medial epicondyle or the inside aspect of the distal humerus. The apophysis or growth plate is damaged/widened from stress.

Little League elbow involves an overload on the medial side of the elbow, so that the ligament attached to the growth plate starts to pull away. And on the other side of the elbow there can be a compressive phenomenon that can cause a condition called osteochondritis dissecans, in which damage is followed by poor blood flow and small areas of bone death. When you see those components together -- some elongation of the ligament structures and perhaps some changes in the growth plate on the medial side along with some bony debris and damage to the outer half of the elbow -- now you're looking at the true definition of Little League elbow. (**Dr. Mitchel D. Storey**, a member of the Association of Professional Team Physicians (PTP), has been team physician for the Seattle Mariners since 1984. He is medical director of the Sports Medicine Clinic in Seattle.)

Symptoms: Pain on the inside of the elbow with activity and rest; Numbness or tingling in the pinky finger. The elbow may lock and/or be swollen.

Prevention:

- Limit the amount of throwing that a child does at the start of the season.
- Build up arm strength and endurance gradually.
- Emphasize trunk strengthening as the support of the kinetic chain.
- Don't graduate a child from throwing to pitching until the child is between ages 8 -10.
- Encourage a child to throw more overhead pitches.
- Pitchers under age 13-14 should focus on fastballs and changeups.
- A child should throw NO curve balls until age 13-14 at the earliest. Safe mechanics are difficult to master before this age.
- Limit the number of pitches that a child throws per week. Little League guidelines call for pitching for no more than 6 innings per week. General guidelines dictate that prepubescent and early adolescent pitchers should not throw more than 80 to 100 pitches per week. As the pitcher matures and builds up strength and endurance, the number of pitches thrown can gradually increase.
- Adolescents should not throw competitively between games they pitch.

Early Warning Signs and Symptoms

- Arm fatigue
- Arm soreness that persists for more than a day
- Shoulder or elbow stiffness and soreness with trouble "getting loose"
- Impaired throwing mechanics and/or poor batting performance

Cause:

Athlete is:

throwing too hard too often or

trying to build up their endurance too quickly

90 percent of the time arm problems can be linked to some sort of a sudden change in the intensity or duration of activity.

Treatment:

Early Recognition Rest RICE Referral

ENVIRONMENTAL CONSIDERATIONS

Environmental Problems

Heat – Plan practice times appropriately

- Heat rash – allergic reaction to heat/humidity. Cool the athlete down
- Heat Exhaustion – Athlete is still sweating, temp is elevated – cool athlete down and give cool, clear fluids – reduce use of sweat-wicking sports wear
- Heat Stroke – Athlete stops sweating, becomes dehydrated, lethargic, temp increases. Send to ER.

• Cold - make sure athletes are clothed properly

- Raynaud's Phenomenon – reaction to cold – hives
- Frostbite – freezing of the skin in exposed areas.

Environmental Problems

Lightening

- Include in your emergency action plan
- Check websites for rules
- Suspend play at first sign of lightening
- Make everyone take cover in side the school, a dugout not made of metal, or a school bus, spread out and crouch down in an open field.
- Do NOT take cover under trees, around metal fencing, do not hold onto metal bats or LAX sticks
- May resume play 30 minutes after the last flash of lightning

References:

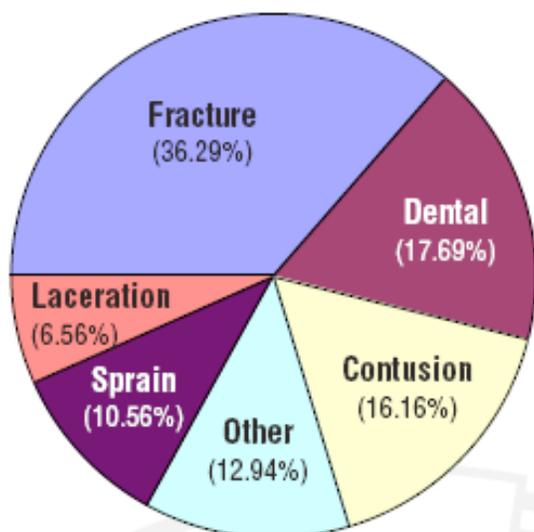
<http://www.littleleague.org/>

http://www.littleleague.org/programs/asap/2008safetymanual/Section%202%20-%20Your%20Safety%20Program_pt%201.pdf

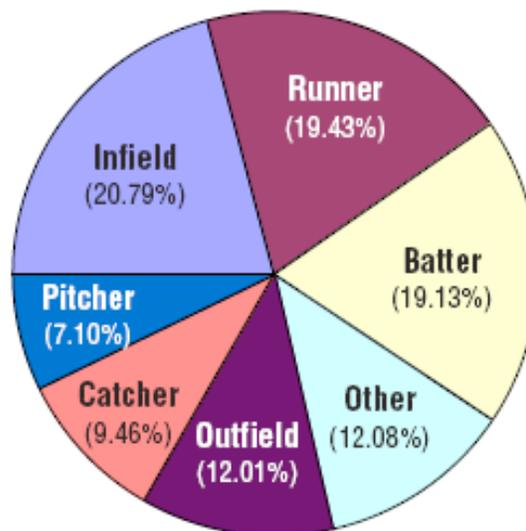
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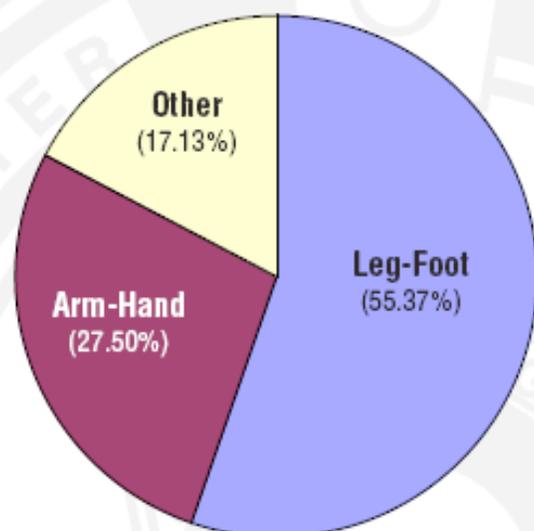
www.nata.org



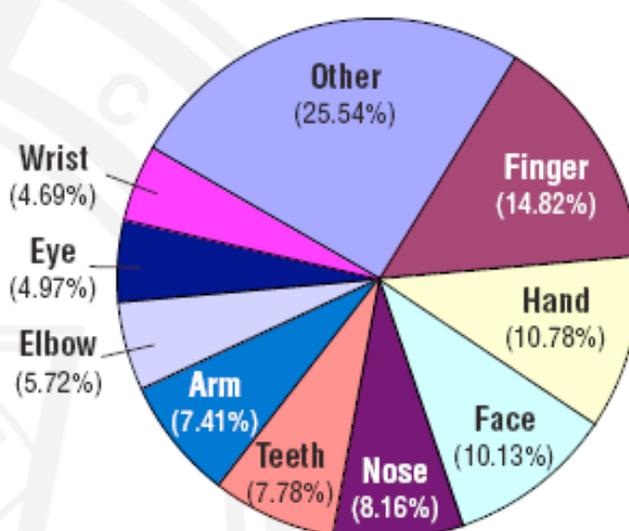
Most Common Player Injuries



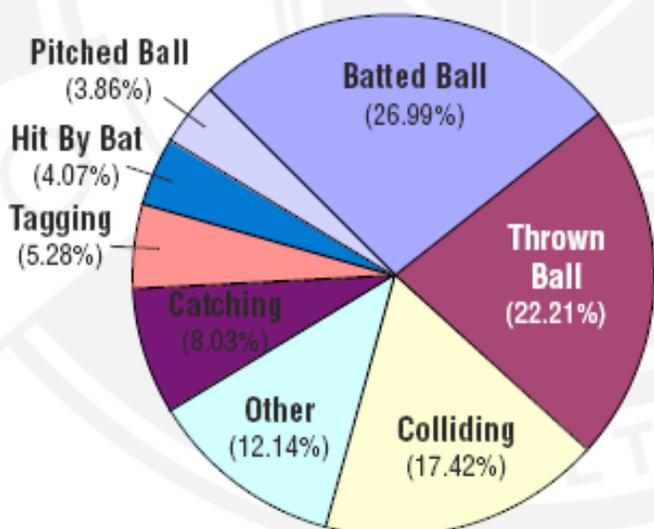
Injuries Per Position



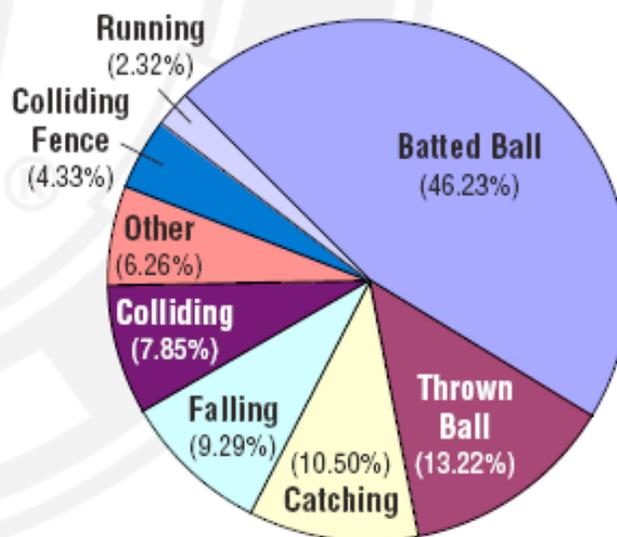
Most Common Injuries to Runners



Most Common Injuries to Batters

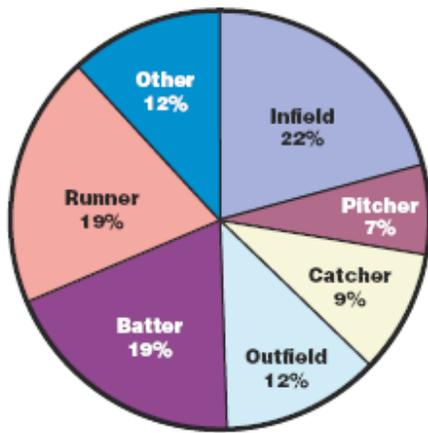


Top Causes of Injury to Infielders

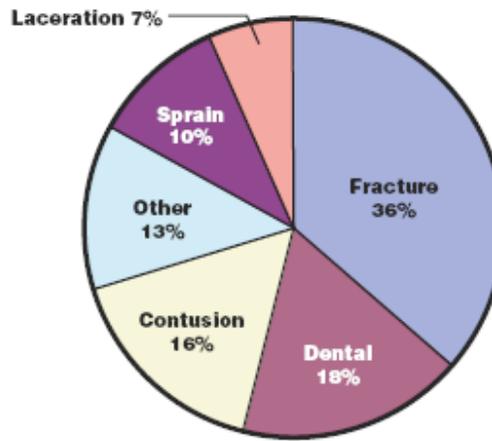


Top Causes of Injury to Outfielders

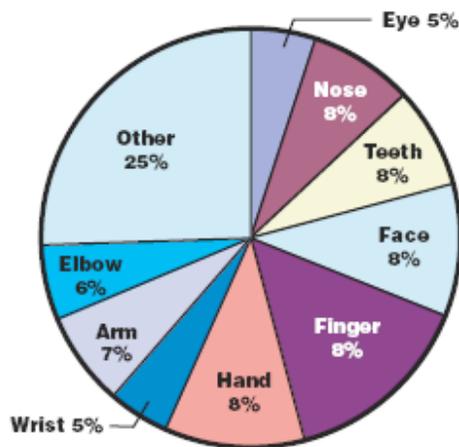
Most Common Little League® Player Injuries by Positions Played, Types and Causes, 2004-2006



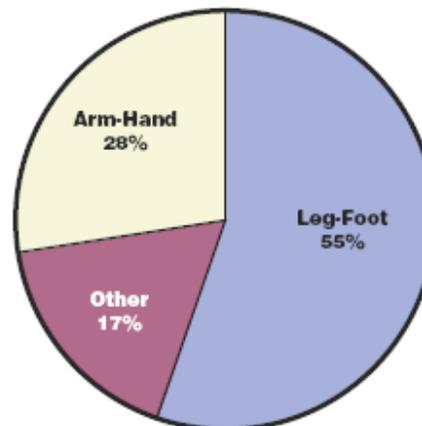
Injuries Per Position



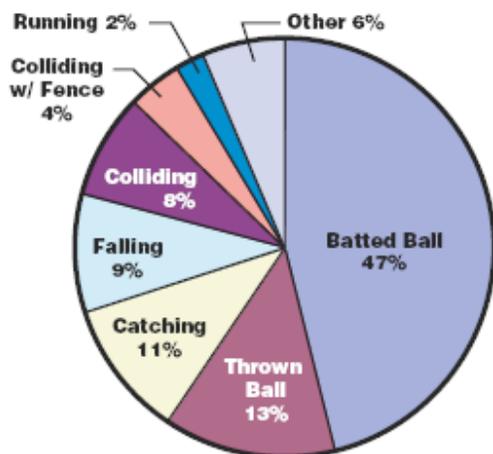
Most Common Player Injuries



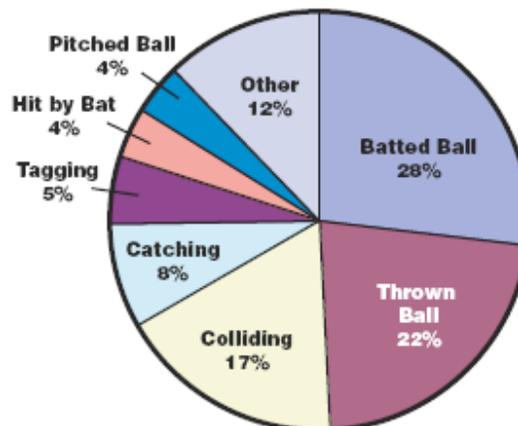
Most Common Injuries to Batters



Most Common Injuries to Runners



Top Causes of Injuries to Outfielders



Top Causes of Injuries to Infielders