

Common Little League Injuries and Responses

In the fast-paced world of youth sports, injuries can happen at any time, anywhere. In order to make sure injuries don't strike out your Little League players, be sure to effectively train your volunteers on the best procedures to handle the most common injuries. Here are some big examples to watch for.

Concussion

The brain is surrounded by a layer of fluid, which helps absorb small impacts and allows the brain to function normally. This fluid acts much like the tubes on a tire: when the tires can't absorb a large blow, you tumble off the bike from the shock. When the fluid in the brain can't absorb a blow, the brain can tumble around inside the skull, disrupting the activity inside.

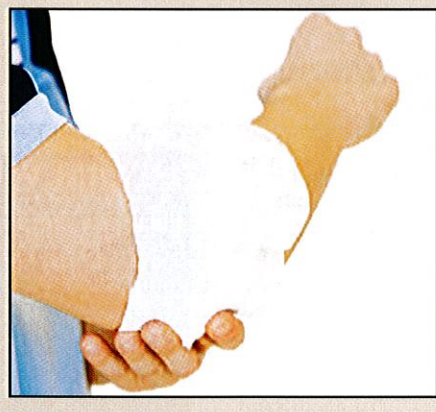
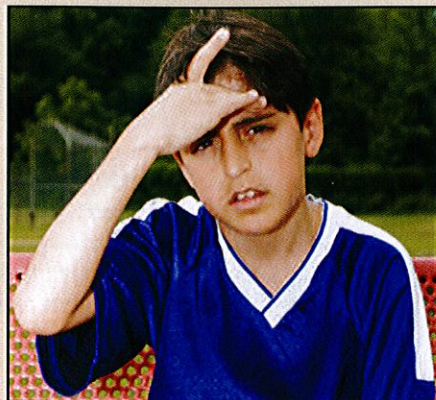
In baseball, concussions can happen when a child's head is hit with a ball, a bat or even when the player trips and falls in a bad way on the head. The use of helmets, and obeying the no on-deck rule, can do wonders to reduce the probability of your players receiving a concussion. Observed symptoms of concussion might include:

- ◆ Dazed or stunned appearance
- ◆ Confused about assignment
- ◆ Forgets instructions
- ◆ Moves clumsily

If you suspect a child has a concussion, have them see a medical professional about it. Generally, the best way to treat this type of injury is with plenty of rest and time, and only gradually being eased back into the game with a doctor's OK. Remember, having healthy players is more important than having them return right away.

Broken Bones

Anything between a chip to a compound fracture, a broken bone can



be extremely painful and remove a child from play for as long as weeks to months.

Bones can be broken when twisted incorrectly, struck by hard objects (balls, bats, helmets, etc.), or softer objects, such as other players. To help prevent broken bones, be sure to have the proper safety equipment for your players, including helmets, chest protectors and protective cups. Double first bases may

significantly lower the amount of player-to-player collisions on the field.

Usually a doctor will place a cast or a splint on a broken bone. This will allow the bone to set into its proper place and prevent movement by the victim in day-to-day life. After the binding is removed and the player is given the go-ahead from the doctor, he or she should be gradually eased back into play, instead of being thrust directly into a championship game.

Pitcher's Elbow

A damaged medial epicondyle of the humerus is more commonly known as a damaged growth plate, and most commonly known as "Little League elbow" or "pitcher's elbow." This serious injury has the potential to take young players out of the game, sometimes permanently.

This injury occurs, true to its namesake, in young pitchers due to the repetitive motion of throwing the baseball. Constantly pitching again and again will take its toll on the pitcher if left unchecked. To avoid pitcher's elbow, restrict the number and strength of pitches each designated pitcher throws. The official Little League rules state the maximum number of pitches for each range already, as limiting them is the single best way to avoid this injury.

Medical care should be sought at any of these signs: extreme soreness, exhaustion in the arms or pain, as these are all markers of a pitcher possibly developing this injury. Simply icing the elbow or arm is not a legitimate remedy for the damage.

Minor cases are generally not fatal to the player's career, as long as they receive enough rest and are, again, eased back into the game. Major cases, however, can ultimately ruin a pitching arm, even with expensive surgery to recover any use.