



# NEAR WEST LITTLE LEAGUE

*INJURY PREVENTION, DETECTION,  
AND TREATMENT*

# INFO TO COVER:

- TYPES OF INJURIES:
  - REPETITIVE MOTION
  - SPRAINS
  - CONCUSSIONS
- FOR EACH INJURY:
  - OVERVIEW
  - HOW TO PREVENT
  - HOW TO DETECT
  - HOW TO TREAT

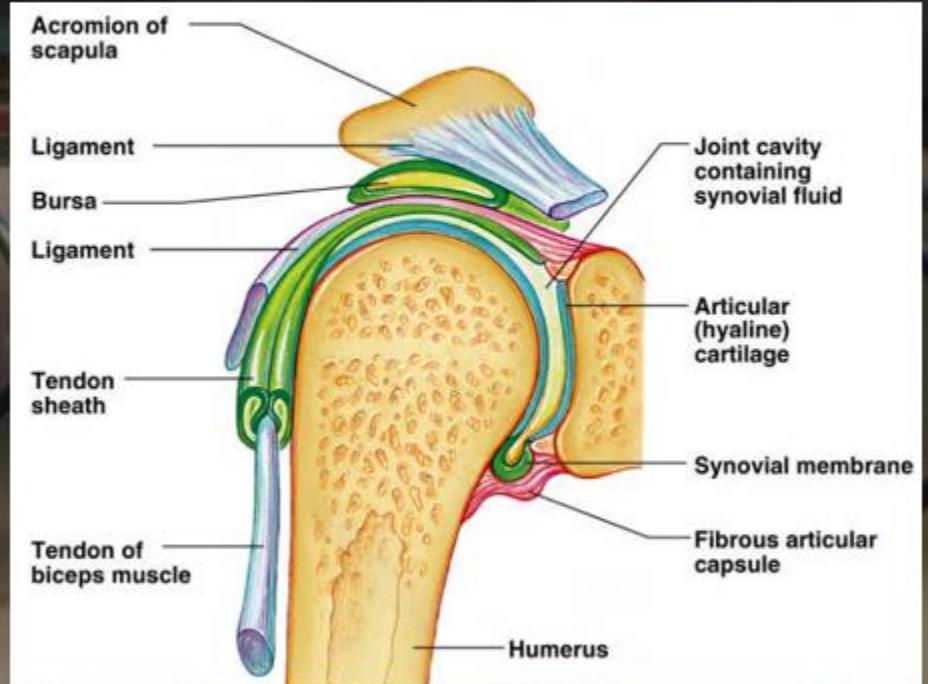


# REPETITIVE MOTION: OVERVIEW

- OCCUR WHEN MOTION IS REPEATED SO FREQUENTLY THE BODY DOES NOT HAVE TIME TO APPROPRIATELY HEAL
- TYPES OF REPETITIVE MOTION INJURIES COMMON TO LITTLE LEAGUE PLAYERS:
  - TENDONITIS
  - BURSITIS
  - SHIN SPLINTS
  - LITTLE LEAGUE ELBOW AND SHOULDER

# REPETITIVE MOTION: OVERVIEW

- **TENDONITIS AND BURSITIS:**
- **INFLAMMATION OF  
SYNOVIAL CAVITIES (IN  
GREEN)**





# REPETITIVE MOTION: OVERVIEW

- **SHIN SPLINT:**
  - **MICRO-TEARS IN MUSCLE, BONE, AND LIGAMENTS IN THE SHIN AREA**



# REPETITIVE MOTION: OVERVIEW

- **LITTLE LEAGUE ELBOW:**
  - ELBOW LIGAMENT DAMAGE FROM FREQUENT EXTREME ACCELERATION (COMMON IN PITCHERS)
- **LITTLE LEAGUE SHOULDER:**
  - SHOULDER BONE DAMAGE FROM FREQUENT ROTATIONAL STRESS (COMMON IN PITCHERS AND CATCHERS)





# REPETITIVE MOTION: PREVENTION

- PROPER STRETCHING, WARM UPS, AND COOL DOWNS
- GOOD HYDRATION BEFORE, DURING, AND AFTER
- APPROPRIATE WORKOUTS
  - RAMP UP INTENSITY OF PRACTICES OVER DAYS
  - SUSTAIN APPROXIMATE INTENSITY ACROSS PRACTICES
  - VARY THE EXACT ACTIVITIES AND DRILLS
  - LIMIT PITCH COUNTS
- REST AND TREAT IF PLAYER HAS SYMPTOMS

# REPETITIVE MOTION: DETECTION

- SYMPTOMS INCLUDE:
  - PAIN
  - SWELLING
  - NUMBNESS
  - TINGLING
  - STIFFNESS
- MAY OFTEN BE DELAYED IN ONSET





# REPETITIVE MOTION: TREATMENT

- STRETCHING
- ACTIVITY MODIFICATION
- R.I.C.E. (REST, ICE, COMPRESSION, ELEVATION)
- COLD COMPRESSES FOR FIRST 2 DAYS TO REDUCE INFLAMMATION
- WARM COMPRESSES AFTER 2 DAYS TO INCREASE BLOOD FLOW
- MEDICATIONS:
  - IBUPROFEN 200-400 MG (1-2 TABS OF OVER-THE-COUNTER STRENGTH) AS NEEDED, UP TO EVERY 6 HOURS

# SPRAINS: OVERVIEW

- **STRETCHING OR TEARING A LIGAMENT BY TWISTING OR WRENCHING MOTION**
- **ANKLE IS THE MOST COMMON SPRAINED JOINT IN LITTLE LEAGUE DUE TO IMPROPER SLIDING TECHNIQUE**





# **SPRAINS: PREVENTION**

- **PROPER STRETCHING, WARM UPS, AND COOL DOWNS**
- **TEACH AND REINFORCE PROPER SLIDING TECHNIQUE REGULARLY**
- **ENCOURAGE WELL-FITTING SHOES APPROPRIATE FOR BASEBALL**

# SPRAINS: DETECTION

- PAIN IN ANKLE
- ANKLE INSTABILITY
- LIMPING
- SWELLING
- TENDERNESS
- BRUISING





# SPRAINS: TREATMENT

- R.I.C.E. (REST, ICE, COMPRESSION, ELEVATION)
- IMMOBILIZATION WITH WRAP, SPLINT, OR BRACE
- COLD COMPRESSES FOR FIRST 2 DAYS, THEN WARM COMPRESS
- MEDICATIONS:
  - IBUPROFEN 200-400 MG (1-2 TABS OF OVER-THE-COUNTER STRENGTH) AS NEEDED, UP TO EVERY 6 HOURS
  - EXTREME CASES MAY REQUIRE MEDICAL ATTENTION

# CONCUSSIONS: OVERVIEW

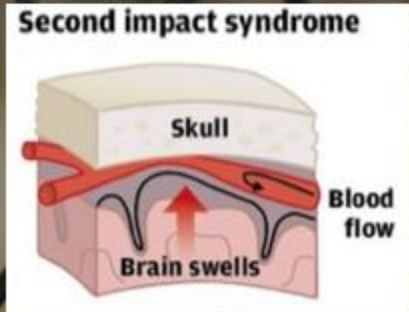
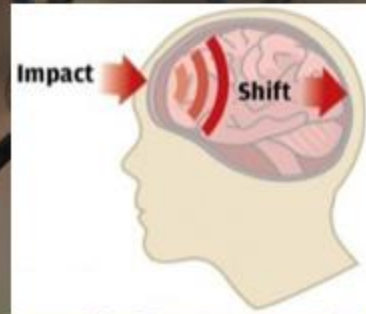
## STATE LAW PROTECTS LITTLE LEAGUE PLAYERS WITH CONCUSSIONS

EACH YOUTH SPORTS LEAGUE WITH PLAYERS WHO PARTICIPATE IN ANY YOUTH-SPONSORED SPORTS ACTIVITY SPONSORED OR SANCTIONED BY THE YOUTH SPORTS LEAGUE IS ENCOURAGED TO MAKE AVAILABLE, ELECTRONICALLY OR IN WRITING, TO COACHES, GAME OFFICIALS, AND PLAYERS, AS WELL AS THE PARENTS/ GUARDIANS, AND OTHER PERSONS WITH LEGAL AUTHORITY TO MAKE MEDICAL DECISIONS, EDUCATIONAL MATERIALS THAT DESCRIBE THE NATURE AND RISK OF CONCUSSIONS AND HEAD INJURIES, INCLUDING THE ADVISABILITY OF REMOVAL OF PLAYERS THAT EXHIBIT SIGNS, SYMPTOMS, OR BEHAVIORS CONSISTENT WITH A CONCUSSION, SUCH AS A LOSS OF CONSCIOUSNESS, A HEADACHE, DIZZINESS, CONFUSION, OR BALANCE PROBLEMS, FROM PARTICIPATING IN A YOUTH-SPONSORED SPORTS ACTIVITY SPONSORED OR SANCTIONED BY THE YOUTH SPORTS LEAGUE.



# CONCUSSIONS: OVERVIEW

- A TYPE OF TRAUMATIC BRAIN INJURY
- CAUSED BY BEING HIT IN THE HEAD
- CHANGES THE WAY YOUR BRAIN FUNCTIONS
- USUALLY DOES NOT CAUSE LOSS OF CONSCIOUSNESS
  - IT MAY BE POSSIBLE TO HAVE ONE AND NOT KNOW IT
- SYMPTOMS CAN LAST DAYS OR WEEKS
- MOST DO RECOVER COMPLETELY
- IF A SECOND CONCUSSION OCCURS BEFORE THE FIRST IS HEALED, IT CAN RESULT IN FATAL BRAIN SWELLING



# CONCUSSIONS: PREVENTION

- ALWAYS DEMAND THAT YOUR PLAYERS WEAR WELL-FITTING HELMETS ACCORDING TO MANUFACTURER DIRECTIONS
  - LET THE BOARD KNOW IF A HELMET IN YOUR BAG NEEDS REPAIR OR REPLACEMENT
- NEVER LEAVE PLAYERS UNATTENDED WHILE WARMING UP FOR BATTING
- SEEK TO SEE COLLISIONS COMING "A MILE AWAY" AND TAKE STEPS TO PREVENT





# CONCUSSIONS: DETECTING IMMEDIATE SYMPTOMS

(NOTE THAT IN MOST CASES, NOT ALL SYMPTOMS WILL BE SEEN)

- HEADACHE OR “PRESSURE”
- LOSING CONSCIOUSNESS
- CONFUSION OR “FOGGY” FEELING
- MEMORY LOSS, USUALLY INCLUDING THE EVENT THAT CAUSED THE INJURY... “WHAT HAPPENED?...”
- DIZZINESS OR “SEEING STARS”
- EAR RINGING
- NAUSEA OR VOMITING
- SLURRING SPEECH
- DAZED LOOK
- DELAYED RESPONSE TO QUESTIONS
- FATIGUE

# CONCUSSIONS: DETECTING DELAYED SYMPTOMS

(ASK PARENTS OR GUARDIANS TO BE ON THE LOOK OUT FOR THESE)

- CONTINUED DIFFICULTY REMEMBERING OR CONCENTRATING
- IRRITABILITY OR PERSONALITY CHANGES
- LIGHT AND/OR NOISE SENSITIVITY
- CONTINUED BALANCE PROBLEMS
- DEPRESSION OR PROBLEMS WITH PSYCHOLOGIC DEVELOPMENT
- SLEEP DISTURBANCES
- SMELL OR TASTE DISTURBANCES



# CONCUSSIONS: TREATMENT

- ALWAYS ASSESS MEMORY
  - PERSON, PLACE, TIME, SITUATION
  - NAME 3 WORDS, HAVE THEM REPEAT THEM IMMEDIATELY AND AGAIN IN 10 MINUTES.
- ALWAYS LOOK FOR OTHER SYMPTOMS
- IF ANY SYMPTOMS ARE SEEN, PULL THE PLAYER AND HAVE THEM REST.
  - IF YOU SEND THEM TO EMERGENCY CARE, HAVE THEM BENCHED UNTIL SYMPTOMS CLEAR AND THEIR DOCTOR SAYS IT'S OK TO PLAY.
- DO NOT TAKE CONCUSSION SYMPTOMS LIGHTLY
- SEEK IMMEDIATE EMERGENCY CARE FOR:
  - REPEATED VOMITING
  - UNCONSCIOUS MORE THAN 30 SECONDS
  - INCREASING HEADACHE
  - BEHAVIOR CHANGES (IRRITABLE?)
  - CONFUSION / MEMORY LOSS
  - CHANGES IN BALANCE, COORDINATION, STUMBLING

# CONCUSSIONS: TREATMENT

- **MEDICATION:**

- ONLY USE ACETAMINOPHEN (TYLENOL) 325-650 MG (1-2 TABS OF REGULAR OVER-THE-COUNTER STRENGTH) AS NEEDED, UP TO EVERY 6 HOURS
- DO NOT USE IBUPROFEN (ADVIL, MOTRIN, ETC.) THIS CAN ACT AS A BLOOD THINNER, WHICH WILL INCREASE THE RISK OF A BLEED IN THE BRAIN!