

Baseball Injuries on the Rise



Baseball is Jeff's passion. The 43-year-old electronics engineer from Alexandria coaches, plays and pitches for the Alexandria/Arlington Senators in the NABA-DC Wood Bat Baseball League. Playing the outfield in 2007, Jeff misjudged a fly ball and made what he calls a "circus catch," separating his shoulder in the process. "When I dove for the ball I bruised my ribs pretty badly. They hurt so much I didn't notice my shoulder was also injured," he says. When his ribs healed, Jeff returned to the pitcher's mound, but his shoulder was increasingly painful during games. After "gutting through" the 2008 season, he finally consulted Daniel Weingold, MD, a Commonwealth Orthopaedics surgeon specializing in sports medicine and shoulder injuries. Dr. Weingold diagnosed a labral tear, a torn cartilage in the shoulder, which makes throwing painful and other shoulder motions difficult. He performed an arthroscopic repair on Jeff's shoulder in January.

Jeff is one of the estimated 500,000 adults and children who suffer baseball-related injuries in the U.S. each year. And that number is on the rise. "Baseball injuries are increasing among both adults and children," says Andrew Parker, MD, a Commonwealth Orthopaedics surgeon specializing in sports

medicine. "We see all kinds of traumatic fractures, as well as overuse injuries such as tendinitis, growth-plate stress injuries, stress fractures in the humerus and forearm, and osteochondritis dissecans."

Arm and shoulder injuries among children are soaring because many are now playing baseball 12 months of the year without proper rest. Injuries may also be increasing because youngsters begin playing competitive sports at younger ages, and growth spurts make them more susceptible.

Dr. Parker advises that children rest between games, limit play to one team, cross-train in other sports, and refrain from playing the same sport for more than nine months of the year. Education is critical, too. "A good way to prevent injuries is to make sure coaches and trainers are fully educated and willing to follow documented guidelines for appropriate throwing and stretching," Dr. Weingold says. "It's also important that parents and coaches participate in seminars put on by trainers and physicians." Commonwealth Orthopaedics provides workshops for school and community sports teams to teach players, coaches and parents about injury-prevention techniques.

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• **Always take time to warm up** and stretch before and after play. Cold muscles are more prone to injury.

• **Pitchers** should concentrate on stretching their arm and back muscles; catchers should concentrate on stretching their legs and back.

• **Nobody should play through pain.** It is important for players to take breaks if they are tired.

• **Equipment should fit** properly and be worn correctly.

• **Always wear** a batting helmet at the plate, on deck and when running the bases.

• **All players** should wear molded baseball shoes with cleats that fit comfortably.

• **Catchers** should always wear a helmet, face mask, throat guard, long-model chest protector, protective supporter, a catcher's mitt and shin guards.

• **Prior to each game,** inspect the playing field for holes, glass and other debris.

• **Drink** plenty of fluids.

• **Children** should wear facial protection devices attached to their batting helmets, when available. These devices can help reduce the risk of a serious facial injury if hit by a ball.

• **During games,** supervising adults should be prepared for emergency situations and have a plan to reach medical personnel to treat injuries such as concussions, dislocations, elbow contusions, wrist or finger sprains, and fractures.

• **Reasonable limits** for young pitchers are 80 to 100 pitches in a game and 30 to 40 pitches in a single practice session, depending on the child's skeletal maturity, muscle strength and pitching technique.

If an injury does occur, prompt treatment is essential. "Adults and children should consult an orthopaedic surgeon if they have extremity pain or injury playing sports, especially if the symptoms don't resolve after simple measures such as rest, ice and over-the-counter pain medication," Dr. Weingold says.

Meanwhile, after several months of physical therapy, Jeff looks forward to returning to the ballpark. "I'm going to see how my arm feels and build myself back up," he says. "Hopefully, I'll be able to throw again."



Andrew Parker, MD, earned a BS in Biology and Chemistry from Wake Forest University in Winston-Salem, North Carolina. He graduated magna cum laude from medical school at the University of Louisville.

He completed his internship and residency in orthopaedic surgery at Northwestern University. Dr. Parker concluded his formal medical education by completing a fellowship in sports medicine at the Baylor Sports Medicine Institute in Houston, Texas. He is board certified in orthopaedic surgery.



Daniel E. Weingold, MD, completed his medical degree at the University of Maryland School of Medicine and finished his surgical internship and orthopaedic residency training at George Washington University

Medical Center in Washington, DC. He is board certified in orthopaedic surgery and a Fellow of the American Academy of Orthopaedic Surgeons.

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