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PREVENTING INJURY IN BASEBALL PLAYERS

Matthew Pulisic, PT, MS, OCS

It is that time of year again as spring is right around the corner and baseball will be back in full swing. Actually most higher level teams have more than likely been training indoors during the winter season. Once again this past January I was fortunate enough to attend the *Major League Baseball Team Sports Medicine Conference* in St. Louis. The most often reported injury that occurs in baseball is overuse type injuries to the shoulder and/or elbow in pitchers. Throwing injuries occur at all levels of baseball and can be career ending. In both our Richmond and Ashland offices we are primarily treating baseball players from the youth level up through the collegiate level player. We commonly see injuries to the shoulder consisting of stress reaction type fracture of the epiphyseal plate, labral injuries, rotator cuff injuries, as well as elbow injuries consisting of ulnar collateral ligament sprains/tears, medial epicondylitis, ulnar nerve injuries and other growth plate injuries.

Unfortunately each year the incidence of injuries in adolescent baseball players has increased. Consistently one common factor seen in these players is excessive amounts of play. It is not uncommon for certain players to be playing on up to three teams at one time, and also taking no significant time off from practice throughout an entire year. At young ages this is not healthy for the skeletally immature athlete, from both a physiological and psychological standpoint. It is highly recommended that there are certain periods throughout the year where the player takes appropriate time off from throwing; shutting down the arm. Last year Little League International adopted the pitch count rule, limiting the number of pitches a pitcher may throw in one game based on the age of the pitcher. This has been a major step towards preventing injury in the young baseball player, however, travel tournaments, showcase tournaments and school ball have not adopted this policy as of yet. Research has shown that besides the number of pitches thrown in one game, it is also the number of pitches thrown over the course of the season that may cause injury. Therefore, it is important to monitor the young baseball player and limit how much he throws not just in one game but over the course of the entire season. It is crucial to find periods throughout the year to totally shut down the arm for recovery. Besides the number of pitches thrown, research has also shown that the type of pitch thrown can be a factor as well. Therefore, limiting breaking ball pitches until 14-16 years old is recommended, and in my opinion should only be done on an individual basis based on who is physically mature enough to throw these types of pitches.

Besides pitch count, appropriate throwing mechanics is another key component to preventing injury. Identifying the key components of the various phases of the throwing motion is crucial to the success of the pitcher. Breaking down these components and making sure the various parts of the body are appropriately placed, is the key to injury prevention, as well as enhanced performance. This is best assessed by video analysis, and software that allows us to slow the pitching motion down frame by frame. Identifying where the arm is in relation to the trunk, the trunk in relation to the hips, etc., will help to determine if there is a biomechanical deficiency. In addition, assessment of overall strength and flexibility will identify any impairment that may lead to overuse injuries.

Baseball is typically a relatively safe sport to participate in. As baseball season approaches warn your athletes and their parents about the dangers of playing and pitching too much. This can go a long way in preventing injury, making the game more fun, and increasing the length of one's career.

OUR CLINICAL STAFF

OUR PHYSICAL THERAPISTS

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Karen Sparrow, PT, PhD

Aaron Perkins, DPT, OCS, CSCS

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OUR ATHLETIC TRAINERS

Robin Eldridge, MS, ATC
St. Christopher's School

Jason Engle, MS, ATC
Collegiate School

ORTHOTICS

Our staff is experienced in fabricating orthotics to control motion for a variety of lower extremity disorders. We typically use a prefabricated orthosis "customized" to the individual needs of the patient. This type of orthotic, being one aspect of the treatment regimen, is less expensive and readily available.

SPECIALIZED CONDITIONS

Ehlers-Danlos: Karen Sparrow, PT, PhD, a member of our Ashland office specializes in treating patients with Ehlers-Danlos. Patients with Ehlers-Danlos often complain of knee and hip pain, related to lower extremity malalignment in weight-bearing. They would benefit from lower extremity biomechanical evaluation, treatment programs to address any muscle weakness or imbalances and potentially orthotic fabrication. Other patients with Ehlers Danlos have symptoms of chronic parascapular strain and/or rotator cuff tendinitis related to habitual abnormal movement patterns and sustained postures used to maintain joint stability. These patients would benefit from physical therapy to improve strength and dynamic stabilization, and to address ergonomic strategies to minimize joint dysfunction. Most importantly, regardless of their specific symptoms, most patients with EDS would benefit from being educated about their condition, learn prevention strategies to minimize future joint dysfunction and appropriate self-management. Please feel free to call if you have further questions or to set up an appointment with Karen for one of your patients

Benign Positional Vertigo: Aaron Perkins, DPT, OCS, CSCS, a member of our Richmond office has taken a special interest in treating patients with vestibular/balance disorders with an emphasis on Benign Positional Vertigo. Patients with vertigo may complain of being dizzy, lightheaded, nauseous and sometimes unsteady on their feet. They may have difficulty turning in bed, getting out of bed, driving, and bending to pick up objects. These patients would benefit from manual therapy repositioning maneuvers for the vestibular system, ocular-motor, and vestibular exercises. Utilizing current research and experience, Aaron differentially diagnoses anterior, horizontal, and posterior canal canulolithiasis and cupulolithiasis. In some vestibular disorders, patients benefit from balance training on a variety of surfaces and habituation exercises for vestibular-ocular system.

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