

<b>Association</b>	<b>Team</b>	<b>T-Ball</b>	<b>Manager Evaluation</b>
<a href="#">Training/Camps</a>	<a href="#">Online Mgr's and Coach's App</a>	<a href="#">Sudbury Playing Rules</a>	<a href="#">Admin</a>

# SUDBURY LITTLE LEAGUE BASEBALL

of SUDBURY, MA

- Home
- Field Schedules
- Summer Baseball
- Commissioners
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- FAQ's
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## Important Safety Information

### Sudbury Little League Injury Tracking Form

**For all injuries which require medical attention, this form MUST be completed and sent to the Sudbury Little League safety officer (see below).**

**Safety Presentation \*** - 2008 Sudbury Little League Safety Talk - "On Field Emergencies, What The Youth Coach Needs to Know and Do" by *Jim Zachazewski, Clinical Director, Sports Medicine Service Massachusetts General Hospital.*

**QUICK INJURY MANAGEMENT GUIDELINES** - by *Jim Zachazewski, MGH*

**CONCUSSION, A COACHES GUIDE FOR SIDELINE EVALUATION** - *Massachusetts Medical Society Committee on Student Health and Sports Medicine*

**General Stretching Exercises for Little League** - *MGH Sports Medicine*

**Proper Warm-up and Stretching \*** - The Massachusetts General Hospital Sports Medicine Service and Department of Physical Therapy recommends the methods and strategies for preventing injuries and illness, and to help appropriately manage them if they occur. We hope that this short article contributed from MGH physicians, physical therapists, and athletic trainers that will prove informative for coaches, parents and players. - *by Jim Zachazewski, MGH*

**Protecting Young Pitching Arms \*** - The Little League Pitch Count Regulation Guide for Parents, Coaches and League Officials. - *Little League Baseball.*

**Little League Baseball Injury Prevention Program \*** - The Little League Baseball Injury Prevention Program is designed to exercise the major muscles necessary for throwing. The Program's goal is to be an organized and concise exercise program that is suitable for Little League age players. - *MGH Sports Medicine*

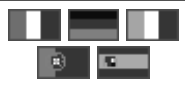
**USA Baseball Medical & Safety Advisory Committee Guidelines \*** - Youth pitching safety recommendations from the *USA Baseball Medical & Safety Advisory Committee, May 2006*

### **2008 Sudbury Little League ASAP Safety Plan \***

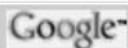
- 2008 Sudbury Little League Safety Officer  
*Michael Rhines* <[michael.rhines@gmail.com](mailto:michael.rhines@gmail.com)>  
 137 Old Concord Rd  
 Lincoln, MA 01773  
 home: 781-259-0403  
 cell: 617-281-1592

Dropdown Menus

Translate this site:



Find on this site:



Visitor #:

League Name: Sudbury Little League      League ID: 221 - 13 - 11      Incident Date: \_\_\_\_\_  
 Field Name/Location: \_\_\_\_\_      Incident Time: \_\_\_\_\_  
 Injured Person's Name: \_\_\_\_\_      Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_      Age: \_\_\_\_\_      Sex:  Male  Female  
 City: \_\_\_\_\_      State \_\_\_\_\_      ZIP: \_\_\_\_\_      Home Phone: (    ) \_\_\_\_\_  
 Parent's Name (If Player): \_\_\_\_\_      Work Phone: (    ) \_\_\_\_\_  
 \_\_\_\_\_  
 Parents' Address (If Different): \_\_\_\_\_      City \_\_\_\_\_

**Incident occurred while participating in:**

- A.)  Baseball       Softball       Challenger       TAD  
 B.)  Challenger       T-Ball (5-8)       Minor (7-12)       Major (9-12)       Junior (13-14)  
      Senior (14-16)       Big League (16-18)  
 C.)  Tryout       Practice       Game       Tournament       Special Event  
      Travel to       Travel from       Other (Describe): \_\_\_\_\_

**Position/Role of person(s) involved in incident:**

- D.)  Batter       Baserunner       Pitcher       Catcher       First Base       Second  
      Third       Short Stop       Left Field       Center Field       Right Field       Dugout  
      Umpire       Coach/Manager       Spectator       Volunteer       Other: \_\_\_\_\_

**Type of injury:** \_\_\_\_\_  
 \_\_\_\_\_

**Was first aid required?**  Yes  No    If yes, what: \_\_\_\_\_

**Was professional medical treatment required?**  Yes  No    If yes, what: \_\_\_\_\_  
 (If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

**Type of incident and location:**

- |   |   |   |
|---|---|---|
| <p>A.) On Primary Playing Field</p> <p><input type="checkbox"/> Base Path:    <input type="checkbox"/> Running <i>or</i>    <input type="checkbox"/> Sliding</p> <p><input type="checkbox"/> Hit by Ball:    <input type="checkbox"/> Pitched <i>or</i>    <input type="checkbox"/> Thrown <i>or</i>    <input type="checkbox"/> Batted</p> <p><input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i>    <input type="checkbox"/> Structure</p> <p><input type="checkbox"/> Grounds Defect</p> <p><input type="checkbox"/> Other: _____</p> | <p>B.) Adjacent to Playing Field</p> <p><input type="checkbox"/> Seating Area</p> <p><input type="checkbox"/> Parking Area</p> <p>C.) Concession Area</p> <p><input type="checkbox"/> Volunteer Worker</p> <p><input type="checkbox"/> Customer/Bystander</p> | <p>D.) Off Ball Field</p> <p><input type="checkbox"/> Travel:</p> <p><input type="checkbox"/> Car <i>or</i>    <input type="checkbox"/> Bike <i>or</i></p> <p><input type="checkbox"/> Walking</p> <p><input type="checkbox"/> League Activity</p> <p><input type="checkbox"/> Other: _____</p> |
|---|---|---|

**Please give a short description of incident:** \_\_\_\_\_  
 \_\_\_\_\_

**Could this accident have been avoided? How:** \_\_\_\_\_

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: \_\_\_\_\_      Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
 Signature: \_\_\_\_\_      Date: \_\_\_\_\_

## Some Safety Tips for Coaches

1. Have another adult at practices or games
  - Assistant coach if possible, if not try rotating parents
2. Have a cell phone handy
  - When you really need it, you really need it
    - Make sure you have it and its charged!
3. Check the field before practice or games for rocks, broken glass, sprinkler heads, sink holes, etc. that may cause an injury.
4. The three most important items in a first aid kit are
  - Ice
  - Ice
  - Ice (and plastic bags)
5. Bring towels to practice and games for applying ice, stopping nose bleeds, and soaking with cold water to cool an overheated player.
6. Know if any parents or spectators are physicians. They may be able to assist you and provide expertise you do not have as a coach and peace of mind to all.
7. Keep copies of all emergency medical forms in your team bag at all times.
8. Encourage players to bring two water bottles to practice and games.
  - One for practice and one for the ride home.
  - Water is best during practice. Sports drinks may be too hard or take too long to digest to be of much use in most instances.
9. Warm up properly prior to practice and play.

## Ten Keys When Dealing with an Injured Player On and Off the Field

- 1. Recognize that an injury or illness exists**
- 2. Don't Panic**
  - Staying calm helps keep the injured athlete, coaches or parents calm as well
- 3. Mentally prepare yourself for the possibility of a significant injury but know that severe injuries are infrequent**
- 4. Survey the scene**
  - Has the play stopped? Is the injured athlete moving?
  - If yes, then the athlete has a heart beat, probably is conscious, and probably does not have a neck injury.
- 5. When you reach the athlete on the field:**
  - a) What to ask the athlete**
    - Are you OK? Where does it hurt?
    - Do you remember what happened?
    - If the athlete can answer these you know that they are breathing, have a pulse and are conscious. Go to letter D.
    - If the athlete does not answer you, suspect no pulse, no breathing and possibly a head and/or neck injury. Call 911. Go to letter B
  - b) Is the athlete breathing?**
    - Look – Listen and Feel for Breathing
      - i) Look for the chest to rise and fall
      - ii) Listen for wheezing, gurgling and breath sounds
      - iii) Feel the breath hit your ear
    - If no breathing, go to letter C.
    - If the athlete is breathing, monitor their breathing and go to letter C.
  - c) Does the athlete have a pulse**
    - Check pulse at the neck. If no pulse, Start CPR
    - If the athlete has a pulse monitor their vital signs and go to letter D.
  - d) Look for any deformities**
    - Is the athlete in an abnormal position?
    - Can you see any swelling, bleeding, or protruding bones?
    - If no, Go to Letter E
    - If yes, then assume a possible fracture has occurred. Do not move the athlete and if 911 has not been called, do so now.
  - e) Look for any bleeding**
    - Check for excessive bleeding that may be life threatening
    - Check skin discoloration or warmth for internal bleeding
    - If Yes, try to control it with direct pressure on the injury with a gauze pad or clean towel.
    - If No, monitor vitals and go to #6
- 6. Determine if the athlete should be moved**
  - If 911 was called do not move the athlete
  - If emergency medical attention is not needed, and the athlete is able to move without harming themselves, assist them off of the field.
- 7. Monitor the player OFF the field**
  - Signs and symptoms of injury may appear once the athlete is off the field
  - Never leave the athlete alone until serious injury is ruled out
- 8. Return to play**
  - Only allow the player to return if they are capable of playing at 100% with no signs and symptoms present
- 9. Parental or guardian permission and notification**
  - Notify the parent if an injury occurred that precluded the athlete's ability to continue play
  - If the player is under the age of 18, always get parental or guardian permission before treating the player. This may be done before the season begins or by the permission of the parent at the field of play.
- 10. Follow-up treatment and return to play**
  - Consider requiring physician clearance to return to play
  - Make sure the athlete sees a physician if they continue to have signs and symptoms

## Quick Sports Injury Management Guidelines

### Wound Care

1. If available, always wear protective gloves when dealing with bodily fluids (i.e. blood, urine, saliva, etc.)
2. Apply a sterile gauze pad to the wound (if not available use a clean towel), elevate the wound and apply direct pressure until bleeding stops. If the bleeding continues past 5-10 minutes, seek medical attention.
3. If the wound is soiled, irrigate with a disinfectant, or if nothing else is available, clean water.
4. Cover the wound with a clean or sterile dressing to prevent infection.
5. Clean blood spills (or blood on uniforms or clothes) with a diluted water/bleach solution (10 parts H<sub>2</sub>O and 1 part bleach).

### Tooth Injury

1. Key elements:
  - a. If available, always wear protective gloves.
  - b. Never pick up the tooth by the roots. Grasp the tooth by the crown.
  - c. If the tooth is dirty rinse the tooth off in water. Do Not scrub the tooth or dry it.
  - d. If possible, reposition the tooth in its socket immediately. Hold the tooth in place by gently biting down on it or have the athlete gently hold it in place with his or her fingers. A tooth has the best chance of survival if placed back in its socket within the first 30 minutes.
2. If you are not able to place the tooth back into its socket, the following are recommended methods of transport (in order of preference):
  - a. Emergency tooth preservation kit (available at your local pharmacy)
  - b. Cold whole milk
  - c. Saline solution
  - d. Saliva – Have the athlete hold the tooth between their cheek and gum
  - e. If none of the above is available, use clean water.
3. Remember to keep the tooth moist at all times

### Nasal Injuries

1. Early treatment of a nose injury consists of applying a cold compress and keeping the head higher than the rest of the body.
2. You should seek medical attention in case of:
  - a. Breathing difficulties
  - b. Deformity of the nose
  - c. Persistent bleeding
  - d. Deep cut
  - e. Known fracture

## **Bloody Nose**

1. If available, always wear protective gloves.
2. Nosebleeds are common and usually short lived.
3. Control the bleeding by squeezing the nose with constant pressure for 5-10 minutes. Ice may be applied to both sides of the nose to help speed coagulation and stop bleeding.
4. Do not tilt the head back.
5. Do not let the athlete blow his or her nose.
6. If bleeding persists, seek medical attention.

## **Eye Contusion/Object in the Eye**

### ***Eye Contusion***

1. If available, always wear protective gloves.
2. Be cautious of a fracture of the orbit (eye socket). Things to look for:
  - a. Blurred vision
  - b. Swelling
  - c. Discoloration of the area surrounding the eye
  - d. Broken blood vessels in the eye
  - e. Injured eye appears lower than uninjured eye
3. Gentle application of cold compress
4. Seek medical attention

### ***Object in Eye***

1. If available always wear protective gloves
2. If an object such as dirt, eyelash or chemical substance is in the eye:
  - a. Gently flush the eye with clean water or saline
  - b. Continue to flush until the object is removed
  - c. If you are unable to flush the eye successfully cover both eyes and transport the athlete to medical attention. Covering both eyes will minimize movement of the eye with the foreign substance in it.
3. If the eye is penetrated with a sharp object or if the eye is bleeding, cover both eyes with a light dressing and seek immediate medical attention. Do not attempt to remove the object.

# Dehydration and Fluid Replacement

Anyone can be susceptible to the effects of heat illness due to dehydration and the lack of adequate fluid replacement. These things can occur not only when exercising in the heat, but also with other things like working outside, spending a day at the beach, or even exercising inside if it is warm enough and you have not had enough to drink. Some key factors to remember are:

- Anyone exercising can be effected in less than 1 hour – or sooner if you began in a dehydrated condition.
- Dehydration of greater than 3% of your body weight increases the athlete's risk of heat illness (heat cramps, heat exhaustion, heat stroke)

## Warning Signs of Dehydration

- Thirst
- Nausea
- Weakness
- Irritability

## What To Drink During Exercise

- Athletes will benefit from drinking water, which should be able to be consumed as needed/liberally.
- If exercise lasts more than 45-50 minutes or is intense, a sports drink containing electrolytes and/or carbohydrates (<6% solution) may need to be considered during the session.
- Cool beverages (water or electrolyte drinks such as Gatorade) at temperatures of 50-59 degrees are recommended.

## What Not To Drink

- Fruit juices, carbohydrate gels, sodas, and sports drinks with high carbohydrate levels are not recommended during exercise
- Beverages containing caffeine, alcohol, and carbonation are discouraged during activity because they can dehydrate the body by stimulating excess urine or decrease voluntary fluid intake

## Hydration Tips

- Drink according to a schedule based on needs. By the time you become thirsty, you are becoming dehydrated
- Drink before, during and after practices and games
- Avoid soft drinks and juices during play.

## Fluid Guidelines

- 2 to 3 hours before exercise drink 17-20 ounces of water or a sports drink
- 10-20 minutes before exercise drink 7-10 ounces of water or a sports drink
- During exercise – drink early, even minimal dehydration effects performance
- Every 10-20 minutes drink at least 7-10 ounces of water or a sports drink
- To maintain hydration, drink beyond your thirst
- After exercise – within 2 hours, drink enough to replace any weight loss from exercise. Drink 20-24 ounces of sports drink per pound of weight loss
- Avoid caffeine and alcohol

# Heat Related Illness

**Muscle Cramps** – Painful spasm of muscles

- Application of ice, remove restricting clothing, remove athlete from the sun
- Encourage stretching of the muscle that is cramping and stopping activity that is causing the athlete to use that muscle
- Encourage fluids

**Heat Exhaustion** – The most common type of heat illness. Caused by a decrease in blood volume due to dehydration. Common signs and symptoms are dizziness, headache, nausea, profuse sweating, cool/clammy skin, rapid weak pulse and body temperature at or slightly below normal.

- Move athlete to a cooler area
- Elevate legs and encourage fluids
- Monitor vital signs (i.e. respiration, pulse and level of consciousness)

**Heat Stroke** – Least common, but most serious problem that can even be fatal. In this case the blood volume is so low that the body's cooling system has shut down, the person stops sweating and goes into shock. Common signs and symptoms are disorientation, possible unconsciousness, no sweating, hot/dry skin, rapid/strong pulse and an increased body temperature. *This is a medical emergency and requires rapid cooling and immediate transport to the hospital.*

- Move athlete to a cooler area
- Reduce body temperature by applying cold wet towels to the head and body
- Monitor vital signs (i.e. respiration, pulse and level of consciousness)
- Activate the Emergency Medical System – Call 911. Seek immediate medical attention

*Reference: NATA Position Statement: "Fluid Replacement for Athlete"*

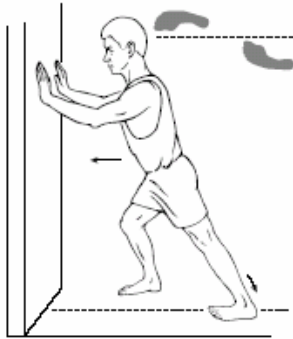
*D Casa et al. J Athletic Training 35:212-224, 2000.*

*Created by: Jim Zachazewski PT, DPT, SCS, ATC*

*Clinical Director, MGH Sports Physical Therapy*



## MGH Sports Medicine General Stretching Exercises Little League



### STRETCH • Gastrocnemius

1. Stand *one* arm length from the wall as shown. Place calf muscle to be stretched behind you as shown.
2. Turn the *toes in* and *heel out* of the leg to be stretched.
3. Lean toward wall leading with your waist, allowing your arms to bend. **Keep your heel on the floor.**
4. First do this exercise with the knee straight, then bend the knee slightly. Keep your heel on the floor at all times.
5. Hold this position for \_\_\_\_\_ seconds.
6. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



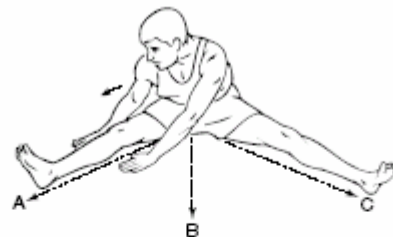
### FLEXIBILITY • Hamstrings

1. Lie on your back with your leg bent and both hands holding on to it behind the thigh as shown.
2. Your hip should be bent to *90 degrees* and the thigh pointing straight at the ceiling.
3. Straighten out your knee as far as you can. Keep your thigh pointing straight toward the ceiling.
4. Keep the other leg flat on the floor.
5. Hold this position for \_\_\_\_\_ seconds.
6. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



### FLEXIBILITY • Hamstrings, Ballet

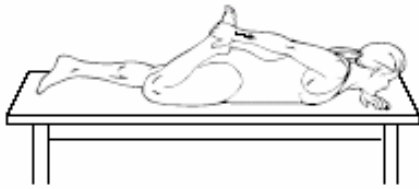
1. Stand and prop the leg you are stretching on a chair, table, or other stable object.
2. Place both hands on the outside of the leg you are stretching.
3. Make sure that your hips/pelvis are also facing the leg you are stretching.
4. Slide your hands down the outside of your leg.
5. Lead with your chest/breast bone. Keep your chest upright and back straight. Do not hunch over at the shoulders. Keep your toes pointing up.
6. You should feel a stretch in the back of your thigh.
7. Hold this position for \_\_\_\_\_ seconds.
8. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



### FLEXIBILITY • Hamstrings/Adductors, V-Sit

1. Sit on the floor with your legs spread as wide as possible in front of you. Your knees must be straight.
2. Lean over one leg with both hands. Keep your chest upright and reach for your toes. (Position A)
3. Hold this position for \_\_\_\_\_ seconds. Relax and return to your starting position.
4. Now reach forward between your legs. (Position B)
5. Repeat for Position C.
6. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.

**MGH Sports Medicine  
General Stretching Exercises Little League**



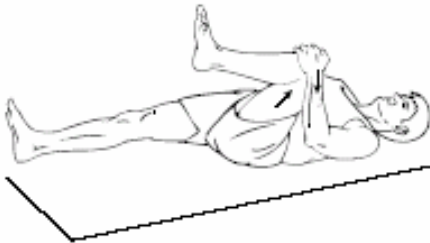
**STRETCH • Quadriceps, Prone**

1. Lie on your stomach as shown.
2. Bend your knee, grasping your toes, foot, or ankle. If you are too "tight" to do this, loop a belt or towel around your ankle and grasp that.
3. Pull your heel toward your buttock until you feel a stretching sensation in the front of your thigh.
4. Keep your knees together.
5. Hold this position for \_\_\_\_\_ seconds.
6. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



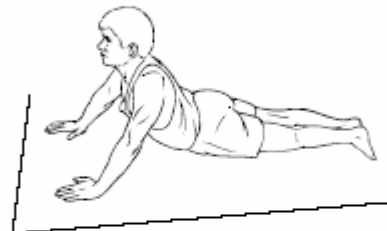
**FLEXIBILITY • Hip Flexors, Lunge**

1. Assume the position shown in the diagram.
2. Lunge forward, leading with your hips. Do not bend forward at the waist. Keep your chest upright.
3. Hold this position for \_\_\_\_\_ seconds.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



**LUMBAR FLEXION • Single Knee to Chest**

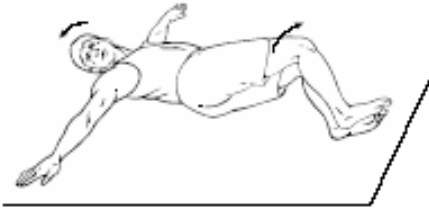
1. Lie on your back with both legs flat on the floor.
2. Bend one hip and knee up toward your chest.
3. Grasp knee with your hand(s) and pull it gently toward your chest.
4. Keep the other leg flat on the floor while doing this exercise.
5. Repeat with the opposite side.
6. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.



**LUMBAR EXTENSION • Prone Press Ups**

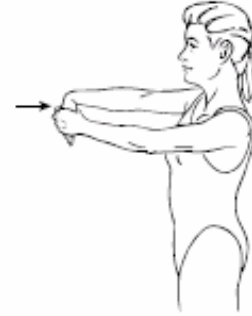
1. Lie on your stomach on the floor as shown in the picture.
2. Place your palms flat on the floor. Push down on your hands, straightening out your arms and putting an arch in your back. Straighten your elbows fully, while keeping your hips on the floor.
3. Return to your starting position.
4. If you are unable to fully straighten your elbows while keeping your back relaxed, place your hands farther in front of you and try again.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.

**MGH Sports Medicine  
General Stretching Exercises Little League**



**LUMBAR ROTATION**

1. Lie on your back with your hips and knees bent, feet flat on the floor.
2. Keep your arms out at your sides and your shoulders flat on floor.
3. Rotate hips and knees to one side as far as you can while keeping arms and shoulders flat on floor. Hold this position for \_\_\_\_\_ seconds.
4. Reverse position and rotate your hips and knees to the opposite side. Hold this position for \_\_\_\_\_ seconds.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



**RANGE OF MOTION • Wrist Flexion**

1. Hold your \_\_\_\_\_ wrist as shown with the fingers pointing down toward the floor.
2. Pull down on the wrist until you feel a stretch.
3. Hold this position for \_\_\_\_\_ seconds. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.
4. This exercise should be done with the elbow bent to 90 degrees / straight. (Physician, physical therapist, or athletic trainer should circle one of these.)



**RANGE OF MOTION • Wrist Extension**

1. Hold your \_\_\_\_\_ wrist as shown with the fingers pointing away from the floor.
2. Pull up on the wrist until you feel a stretch.
3. Hold this position for \_\_\_\_\_ seconds.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.
5. This exercise should be done with the elbow bent to 90 degrees / straight. (Physician, physical therapist, or athletic trainer should circle one of these.)



**Pendulum Exercise**

1. Bend over 90 degrees at the waist.
2. Let your arm hang down and completely relax it.
3. Using your body to initiate the motion move your arm forward, backwards and in a circular motion, clockwise and counterclockwise.
4. Repeat 6-8 times in all directions

MGH Sports Medicine  
General Stretching Exercises Little League



**SHOULDER • Horizontal Adduction**

1. Stand or lie on your back, grasping your elbow as shown in the diagram.
2. Keeping your arm at shoulder height, pull your arm across your chest until you feel a gentle stretch in the back of your shoulder.
3. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.

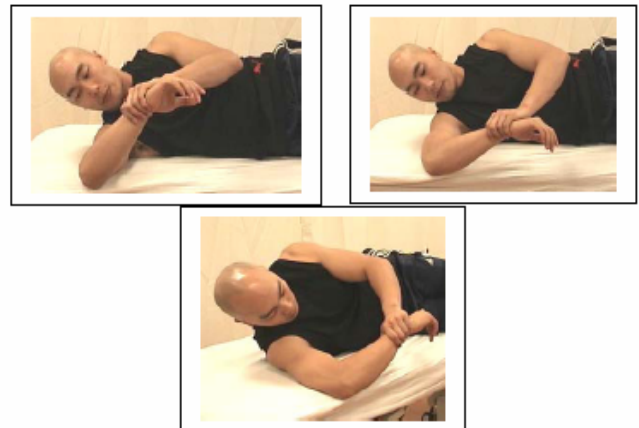


**SHOULDER • Internal Rotation**

1. Place your \_\_\_\_\_ hand behind your back.
2. Drape a towel over your opposite shoulder and grasp it with the hand that is behind your back.
3. Use the towel to gently pull your hand farther up your back until you feel a gentle stretch.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.

Sidelying internal rotation stretch

Lie on your side with the arm positioned so that the arm is at a right angle to the body and the elbow bent at a 90° angle. Keeping the elbow at a right angle, rotate the arm forward as if to touch the thumb to the table. Apply a gentle stretch with the opposite arm. Hold 10 to 15 seconds.



**The stretching exercise is a very powerful stretch. Please do this stretch gently and cautiously.**

# Concussions

- Recognize Signs & Symptoms of concussions
- Err on side of caution:
  - ANY indication of concussion no return to play
  - ALL players must be cleared in writing by MD to return to play

## Signs - “Observed”

- Appears dazed/stunned
- Confused about plays
- Forgets plays
- Unsure of game, score, etc.
- Moves clumsily
- Answers ? slowly
- Change in behavior or personality
- Retrograde amnesia
- Anterograde amnesia

## Symptoms - “Reported”

- Headache
- Nausea and/or vomiting
- Balance problems/dizzy
- Double/blurred vision
- Light/noise sensitivity
- Feeling sluggish
- Feeling “foggy”
- Change in sleep pattern
- Concentration problems
- Altered emotional state

## On-Field Cognitive Testing

Ask the athlete the following questions. Answers should be quick and rapid.

### Orientation

- What Stadium is this?
- What city/town is this?
- Who are we playing?
- What month is this?
- What day is this?

### Anterograde Amnesia

- Forgets events AFTER the hit occurs
- Ask the athlete to repeat the following words:
  - Dog - Girl – Green

### Retrograde Amnesia

- Forgets events PRIOR to hit
- What happened this period/quarter?
- What do you remember prior to being hit/falling?
- What was the score prior to being hit/falling?
- Do you remember being hit/falling?

### Concentration

- Ask athlete to repeat days of the week backwards
- Repeat numbers backwards: 63 (36) - 419 (914)

### Word Memory List

- Remember/repeat earlier words: Girl-Dog-Green

# Sprains and Strains

“Sprains and strains” are the most common injuries that occur in sports regardless of the type of sport or age of the athlete.

## Sprains

A sprain involves the stretching and/or tearing of a ligament that provides support and stability to a joint. Sprains usually occur as a result of some type of trauma such as twisting an ankle or knee.

## Strains

A strain involves an injury to a muscle and/or tendon that allows us to move a joint or body part. Strains may occur as a result of trauma from a force that causes us to “overstretch” a muscle or from a sudden increase in activity or use that we are not prepared for.

### *Degrees of Injury*

First Degree

- Ligament, muscle or tendon is not stretched or torn, but is painful

Second Degree

- Ligament, muscle, or tendon is stretched and painful, but still functional; Partial tear may be present

Third Degree

- Ligament, muscle or tendon is significantly, and may be completely, torn and not functional

### *Signs and Symptoms*

- Pain, tenderness and swelling, especially at the site of injury
- Pop or tearing sensation at the time of injury
- Bruising – “black and blue” coloration a few days after the injury

### *Expected Outcome*

- First Degree – Usually heals enough in 5-7 days to allow modified activity and requires up to 6 weeks to heal completely
- Second Degree – Requires 6-10 weeks to heal completely
- Third Degree – Requires 12-16 weeks to heal completely

## Management – P.R.I.C.E.

The initial management of Sprains and Strains is quite similar and may be best summed of by the letters P.R.I.C.E.

### **P – Protection**

Once injured the body part must be protected. The athlete should be removed from competition or play to assess the extent of the injury. Once the severity of the injury is determined treatment may be started. Protection may also involve the use of supportive bracing or taping if appropriate to attempt to protect the injured ligament, muscle or tendon from further injury as the athlete returns to play.

### **R – Rest**

The injured ligament, muscle or tendon should be rested to allow healing to begin. Rest may be absolute (complete cessation of activity) or relative (activity modified to avoid stressing the injured tissue further) until healing and recovery to occur.

### **I – Ice**

The injured body part (ligament, muscle, tendon) should be iced down. Ice significantly helps to minimize pain, swelling and inflammation. Ice may be applied in the form of an ice pack (crushed or cubed ice in a plastic bag or towel; commercially available chemical ice pack or flexible gel filled pack from your freezer), ice massage (large ice cube rubbed directly on the skin), or ice bath (immersion of the body part in water that is approximately 50<sup>0</sup>). Ice should be applied for 15-30 minutes every 3-4 hours, for up to the first 2-4 days depending on the extent of the injury.

### **C – Compression**

Compression of an injured joint, muscle or tendon through the use of a compressive wrap may help to minimize swelling. This can be accomplished with an elastic bandage or other type of compressive garment wrap.

### **E – Elevation**

Elevating the injured joint, muscle or tendon may also help minimize swelling that can occur as the result of an injury.



## Little League Baseball Injury Prevention Program

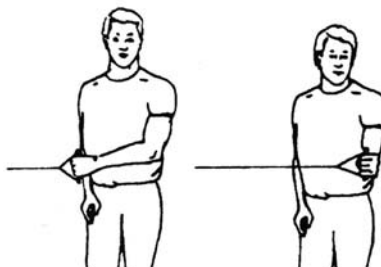
*Michael M. Reinold, PT, DPT, ATC, CSCS*

*Assistant Athletic Trainer, Boston Red Sox*

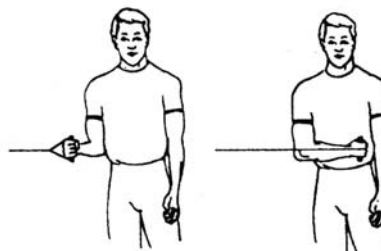
*Physical Therapist, MGH Sports Physical Therapy*

The Little League Baseball Injury Prevention Program is designed to exercise the major muscles necessary for throwing. The Program's goal is to be an organized and concise exercise program that is suitable for Little League age players. In addition, all exercises included are specific to the thrower and are designed to improve strength, power and endurance of the shoulder complex musculature. All exercises should be performed in a controlled manner under close adult supervision. Exercises are typically performed 3 times per week in conjunction with a proper strength and conditioning program that emphasizes the entire body. Please consult with a medical doctor and physical therapist regarding specific weights, volume, and frequency before initiating this program. If at any time you experience any discomfort, discontinue the exercise and consult with the appropriate medical provider.

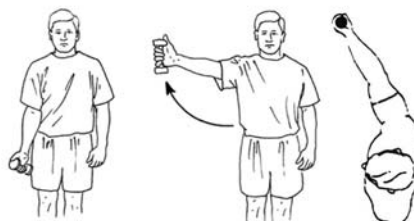
**1. External Rotation:** Stand with involved elbow fixed at side, elbow at 90° and involved arm across front of body. Grip tubing handle while the other end of tubing is fixed. Pull out arm, keeping elbow at side. Return tubing slowly and controlled. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.



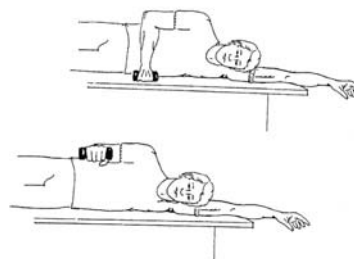
**2. Internal Rotation:** Standing with elbow at side fixed at 90° and shoulder rotated out. Grip tubing handle while other end of tubing is fixed. Pull arm across body keeping elbow at side. Return tubing slowly and controlled. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.



**3. Full Can:** Stand with elbow straight and thumb up. Raise arm to shoulder level at 30° angle in front of body. Do not go above shoulder height. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.

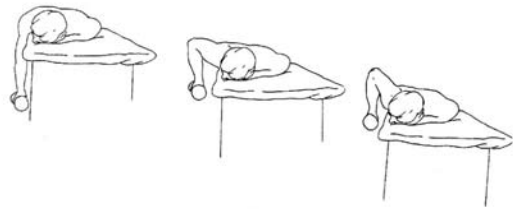


**4. Sidelying External Rotation:** Lie on uninvolved side, with involved arm at side of body and elbow bent to 90°. Keeping the elbow of involved arm fixed to side, raise arm. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.

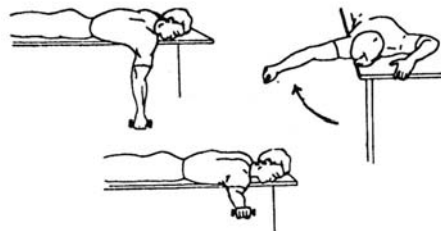




**5. Prone Rowing:** Lying on your stomach with your arm hanging over the side of the table, dumbbell in hand and elbow straight. Slowly raise arm, bending elbow, and bring dumbbell as high as possible. Hold at the top for 2 seconds, then slowly lower. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.



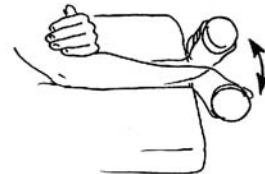
**6. Prone Horizontal Abduction (T's):** Lie on table, face down, with involved arm hanging straight to the floor, and palm facing down. Raise arm out to the side, parallel to the floor. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.



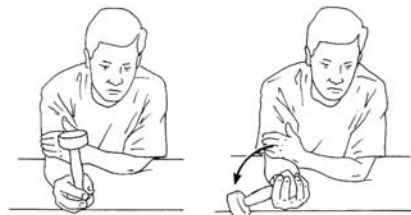
**7. Wrist Extension:** Supporting the forearm and with palm facing downward, raise weight in hand as far as possible. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.



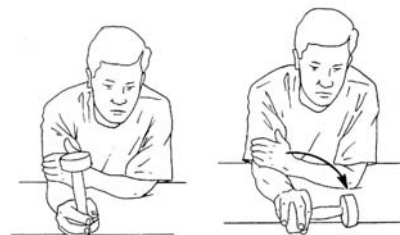
**8. Wrist Flexion:** Supporting the forearm and with palm facing upward, lower a weight in hand as far as possible and then curl it up as high as possible. Hold for 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.



**9. Supination:** Forearm supported on table with wrist in neutral position. Using a weight or hammer, roll wrist taking palm up. Hold for a 2 count and return to starting position. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.



**10. Pronation:** Forearm should be supported on a table with wrist in neutral position. Using a weight or hammer, roll wrist taking palm down. Hold for a 2 count and return to starting position. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_.





## Sudbury Little League Weather Safety Policy

When thunder is heard or lightning seen by an adult, or when the lightning detection system (Lower Featherlands) emits a signal, the playing field must be vacated immediately by the umpire, or in the absence of an umpire, the home team manager. Return to the playing field will be determined by the umpire, or in the absence of an umpire, the home team manager.

### ***“If you hear it, Clear it; If you see it, Flee it”***

- Monitor local forecasts and warnings
- Avoid highest point on field, trees, poles
- Safe Structure
  - 4 walls; Electrical/plumbing lines to ground
  - Car w/ metal roof. Do not touch metal object