

Safety Guidelines and Precautions for Youth Baseball Coaches

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Background Info



- University at Buffalo
 - Bachelors in Exercise Science '06
 - Doctor of Physical Therapy '09
- Credentials
 - CSCS Strength Coach 2005
 - COMT 2013
 - Sports Certified Clinical Specialist 2016
 - Emergency Medical Responder 2016

Work Background



- Travel Physical Therapist
- Clinic Director of Rehab and Performance at Under Armour
- Clinic Director with Lattimore Physical Therapy

Other Tidbits



- Injury Expert for 4for4 Fantasy Football
 - Cover mechanism, timelines, projections, and expectations of player injuries
- Weekly guest on ESPN Rochester discussing football injuries and injuries in other sports
- Local Experts Blog for Democrat & Chronicle

Overview

- Safety Precautions/Concerns
 - Little League ASAP
- Liability
- Weather Precautions
- Temperature/Humidity Concerns
- Heat Related Illnesses
- Hydration/Nutrition Considerations
- Basic First Aid Considerations
 - Wound Care
 - Anaphylaxis – Signs, Symptoms, and Management
 - AED use and procedures
- Concussions
- Proper Warm-up Drills
- What to do if athlete experiences pain

Little League ASAP

- A Safety Awareness Plan (ASAP) is vital to ensure appropriate steps are taken to ensure safety for coaches, participants, and even spectators
 - <http://www.littleleague.org/learn/programs/asap/SafetyRequirementsExplained.htm>



Spencerport Junior Baseball Safety Plan

1. SJB Safety Officer: Kevin Watson on file with Little League Headquarters.
2. SJB League President will distribute paper copy of SJB Safety Plan to all Managers/Coaches, League Volunteers, and SJB Board of Directors.
3. Important Contacts to be distributed to members of the SJB Coaching Staff:

Emergency Phone Number:	911	
Ogden Police Dept:	585.617.6131	
Ogden Fire Dept:	585.352.6115	
League Safety Officer:	Kevin J. Watson	585.429.0139
SJB Commissioner:	Tony Pisa	585.259.0387
SJB Vice-Commissioner:	Tony Russo	tony.russo@spencerportjuniorbaseball.com
SJB Field Coordinator:	Brian O'Keefe	brian.okeefe@spencerportjuniorbaseball.com
SJB Treasurer:	Rob DiMarco	rob.dimarco@spencerportjuniorbaseball.com

SJB Safety Plan Page 2

4. League will use the official SJB guidelines and other references to Little League and MCBR requirement forms to screen all of our volunteers to ensure compliance.
 4. League Commissioner will complete 2017 Annual Little League Facility Survey online
 5. League Commissioner will submit Player Registration/Coach/Manager Data
 6. Safety Coordinator will submit Qualified Safety Plan Registration
5. SJB will perform background checks on new managers, coaches, and incoming Board members.
6. SJB Coach Training: April 1, 2017

At least one manager/coach from each team will attend the training. Training will take place at the Iroquois Middle School.

Liability Concerns

- ASAP requirement #7 requires coaches/umpires to walk fields for hazards before use
 - Look for potholes in the outfield
 - Rocks, glass, beehives, scorpions
 - Should be implemented before every game
- ASAP requirement #13 requires enforcement of little league rules including proper equipment
 - ie No coach or manager is allowed to catch pitchers (rule 3.09)
 - Volunteers are expected to conduct themselves with proper decorum at all times

Liability Concerns (continued)

- Refer to the Little League Medical Information form as each participant should always be readily available should they have to be attended to by coaches
 - Food Allergies
 - Specific Medications
 - Inhalers
- This form **MUST** be with coach for all team activities (games, practice, etc)
- Discuss with parents prior to athlete participation about any medical concerns to be aware of so everyone is on same page



Little League Baseball and Softball MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Liability Concerns continued

- Should a participant suffer an injury or have to be attended to by a coach, please refer and use the Little League Accident Notification Tracking Form
- ASAP requirement #11 states coaches need to implement prompt accident reporting and tracking procedures
- A hardcopy of the accident form should be in the team bag should you need to utilize it

Accident Notification Form

"I called today and asked about what form I fill out for an injured kid. You are going to send me one in the mail and I was going to look on-line for what I need. Is this the Incident Tracking Form? When I called they said something about an Accident Notification Form and I can't seem to find it on the website. Can you help?"

John Voyles
Safety Officer
Oviedo, Fla., Little League

Here is an example of the Accident Notification Form you need to use in cases of players injured who do or may require medical attention. It should be filled out by a league official and signed by the league president and sent to Little League International Headquarters. Look for it on-line in the League Officials section under the "Insurance" header on the left-hand side (<http://www.littleleague.org/common/insurance/index.asp?cid=5>).

The Incident Tracking Form (on the next page) is for your league to use in all accidents – those requiring medical attention and those not. Doing this tracking will help your league determine if additional training is needed for specifics like sliding (if several players in a division are hurting their legs or ankles, but not enough to go to the hospital); or if players are getting hurt on a specific field from bad hops, the field may need dragging or other work, etc.

"Do you have examples of injury or accident processes that can be distributed to league parents? I'm looking for ideas for a document to be included in our parent handbook that explains the process in layman's terms."

Pat Gallagher
Safety Officer
Capitola Little League, Soquel, Calif.

That's a great question. Here's an example of what we have in the sample safety manual. Attached is a tracking form for your coaches to fill out as

well (on next page); but if an accident occurs, you should fill out and submit the Accident Notification Form.

Accident Reporting Procedures What to Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer is:

_____ who can be reached (day) at _____ or (evening) at _____

How to Make the Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be given:

- Name and phone number of the person involved
- Date, time, and location of the incident
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of any injuries
- Name and phone number of the person reporting the incident.

Safety Officer's Responsibilities
Within 48 hours of receiving the incident

report, the Safety Officer will contact the injured party or the party's parents and:

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the _____ Little League's insurance coverages and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

LITTLE LEAGUE, BASEBALL AND SOFTBALL		ACCIDENT NOTIFICATION FORM	
INSTRUCTIONS		Must be done according to the January 1, 2008	
1. This form must be completed by parents if a minor is under 18 years of age and a league official and forwarded to Little League International within 30 days after the accident. If this form should be made and kept by the international. Initial medical report must be made within 30 days of the Little League accident.			
2. National Little League organization of events, dates of events, conditions and programs for medical attention/expense and/or other documentation related to claim for benefits are to be provided within 30 days after the accident date. In no event shall such proof be required later than 90 months from the date the medical expense was incurred.			
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Initial Offer of Contract for each coverage benefit to Little League International, even if the benefits are not expected to be paid under the program.			
4. Policy proceeds benefits for eligible medical expenses incurred within 90 months of the accident, subject to those coverage and applicable provisions of the plan.			
5. A list of other medical insurance benefits available for necessary treatment incurred after 90 months. Refer to insurance benefits provided to the league president, or contact Little League International within the year of injury.			
League Name		League ID#	
Name of League President/Chairman	PHOTO	Date of Birth (MM/DD/YYYY)	Age
Name of President/Chairman, if different from above	Name (Print) (no first name last name)	PHOTO	DOB
Name of Club	Address of President/Chairman, if different		
Has the League Member involved in this accident received any benefits from other insurance programs subject to a 90-day deadline on COB? Other than work programs? Indemnity health program? Insurance? Accident insurance through a school or other work through an employer? Other? If so, please provide details of the insurance received. If not, please indicate why not.			
Insurance Received (Please Print/Name/Address) Name of Employer Plan Type Date Received Date Claimed			
Name of Accident			
Date of Accident			
Type of Injury			
Describe briefly how accident happened, including playing position at the time of accident			
Check all applicable responses to each question			
<input type="checkbox"/> BASEBALL	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> PLAYERS	<input type="checkbox"/> MANAGERS
<input type="checkbox"/> UMPIRES	<input type="checkbox"/> COACHES	<input type="checkbox"/> VOLUNTEERS	<input type="checkbox"/> OTHER
<input type="checkbox"/> HEAD INJURY	<input type="checkbox"/> NECK INJURY	<input type="checkbox"/> EYE INJURY	<input type="checkbox"/> EAR INJURY
<input type="checkbox"/> CHEST INJURY	<input type="checkbox"/> BACK INJURY	<input type="checkbox"/> LIMB INJURY	<input type="checkbox"/> SKIN INJURY
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
I hereby certify that I have read the entire text of parts of this form and to the best of my knowledge and belief the information contained is complete and correct to the best of my knowledge.			
I understand that it is a crime for any person to intentionally alter or falsify information in a form required to be filed with the Little League International or to knowingly provide false information in a form required to be filed with the Little League International or to knowingly provide false information in a form required to be filed with the Little League International.			
I understand that any person who intentionally alters or falsifies information in a form required to be filed with the Little League International or to knowingly provide false information in a form required to be filed with the Little League International or to knowingly provide false information in a form required to be filed with the Little League International is liable for the civil and criminal penalties provided in the Little League International Code of Ethics and the Little League International Code of Conduct.			
Signature of Parent/Guardian (Print Name) _____ Date _____			
Signature of Little League Official (Print Name) _____ Date _____			

Liability Continued

- Never alter equipment unless you have approval from manufacturer
 - ASAP requirement #10 requires regular inspection and replacement of equipment
- Keep conversations with kids in an area that is visible to both parents and team
- Keep a calm demeanor when having discussions with parents about their kids
- Never assume, always assess when it comes to injuries or events that you have to take action on

Emergency Action Plan

- Know appropriate emergency numbers and steps to take should an incident occur that is outside what help you are able to provide
- Make sure your first aid kit is properly supplied
 - ASAP requirement #12 requires a first aid kit at each game and practice
 - Participants medical information should be readily available should you need to use first aid kit
- Discuss with coaches and parents who are attending the game if there are any medical providers in attendance should you need further assistance until appropriate care arrives

Lightning/Weather Considerations

- Flash to bang ratio
 - Count time between flash of lightning and first sound of thunder and then divide by 5 to determine how far lightning is.
 - $10 \text{ seconds} / 5 = \text{Lightning } 2 \text{ miles away}$
- Thunder and Lightning Policy
 - Practices/Games will be suspended upon sight of any Lightning or sound of any Thunder immediately for at least 30 minutes. Players/coaches are to seek safe shelter (vehicles, dugouts) during delay. Each clap of thunder or strike of lightning during a delay begins the 30-minute count again.



Heat Index Procedure

Administration of Heat Index Procedures:

- Heat index (Feels Like) will be checked 1 hour before the contest/practice by coach when the air temperature is 80 degrees (Fahrenheit) or higher.
- The coach will use weatherbug.com (or Weather Bug app) to determine the heat index (Feels Like) for the area of the contest/practice. Once on the site, coaches will enter the appropriate zip code for the location of the contest/practice and the website will give them the air temperature as well as the Heat Index (Feels Like) Temperature.
- If the Heat Index (Feels Like) temperature is 90 degrees or above, the coach must re-check the Heat Index at the midway point of the practice/contest. If the Heat Index (Feels Like) temperature is 96 degrees (Fahrenheit) or more, the contest will be suspended.

Please refer to the following chart to take the appropriate actions:

	Heat Index (Feels Like) under 79 degrees	Full activity. No restrictions.
	Heat Index Caution: Feels Like (heat index) 80 degrees to 85 degrees)	Provide Ample water and multiple water breaks. Monitor student athletes for heat illness. Consider reducing the amount of time for the practice session.
Rec.	Heat Index Watch: Feels Like (heat index) 86 degrees to 90 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider postponing practice to a time when Feels Like temp is lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2 hr practice = 2 hr recovery time).
Rec.	Heat Index Warning: Feels Like (heat index) 91 degrees to 95 degrees	Provide ample water and water breaks every 15 minutes. Monitor athletes for heat illness. Consider postponing practice to a time when Feels Like temp is lower. 1 hour of recovery time for every hour of practice (ex. 2 hr practice = 2 hr recovery time). Light weight and loose fitting clothes should be worn. No protective equipment should be worn.
Required	Heat Index Alert: Feels Like (heat index) 96 degrees or greater	No outside activity, practice, or contest should be held. Inside activity should only be held if air-conditioned

Heat Index

Temperature	Humidity	Procedure
80-90 degrees	Under 70%	Be cautious of athletes who are overweight or out of shape
80-90 degrees	Over 70%	10 minutes of rest per 60 minutes of activity. Change of t-shirt frequently if non-moisture wicking
90-100 degrees	Under 70%	Same as above
90-100 degrees	Over 70%	Usually recommended to suspend practice -Evening practice, dressed down

- 85% of all heat lost occurs through the skin
- Evaporation through the skin is compromised significantly when relative humidity is $>75\%$

Heat Cramps

- Signs and Symptoms
 - Muscle cramping/ache
 - Moist skin
 - Extreme fatigue
 - Mental Status unchanged
 - Core temperature normal



Heat Cramps

- Treatment
 - Acclimate your athlete
 - Dietary changes prior to activity and throughout the day



Heat Exhaustion

- Signs and Symptoms
 - Headache
 - Nausea/Vomiting
 - Diffuse sweating
 - Thirsty, extreme fatigue
 - Weak, rapid pulse
 - Change in balance/walking
 - Clammy skin, inelastic skin



Heat Exhaustion

- Treatment
 - Recognize symptoms early
 - Remove from heat source
 - Cool body with air/water
 - Give water
 - Remove clothing/loosen clothing
 - If temperature >101 , vomiting/diarrhea = go to ER



Heat Exhaustion

- Return to play
 - Clearance from their physician
 - Fully hydrated and symptom free
 - Avoid intense practice in heat if possible
 - Acclimate athlete if that is underlying issue

Heat Stroke

- Signs and Symptoms
 - MEDICAL EMERGENCY
 - Core temperature >103 F
 - Rapid pulse that will diminish with time
 - Confusion, irritable, anxious
 - May become hysterical
 - Hot skin with skin usually DRY



Heat Stroke

- Treatment
 - Remove all clothing
 - Cool body as quickly as possible
 - Ice packs to axilla, groin, wrist, knees, ankles
 - Wet sheets/Ice towels
 - ABC's if athlete goes into shock
 - Load and Go



Heat Stroke

- Return to Play
 - Physician clearance is mandatory
 - Careful return to play under close supervision from coach
 - Severity of incident usually determines length of recovery time
 - Heat tolerance might be temporarily compromised for rest of season

Heat Illness Summary

- Be alert at all times to look for any warning signs a participant might exhibit of heat illness
- Have parents or family/friends that are spectators keep watch of participants
- Coaches might want to have cooler/bucket of water filled with ice and towels should you need to cool kids down or need it for an emergency
 - Cold towels around the neck and head with cap off can be crucial to reduce core temperature

Dehydration

- Signs and symptoms
 - Increased thirst
 - Dry/Sticky Mouth
 - Fatigued
 - Light Headed/Headache
 - Low Urine Output

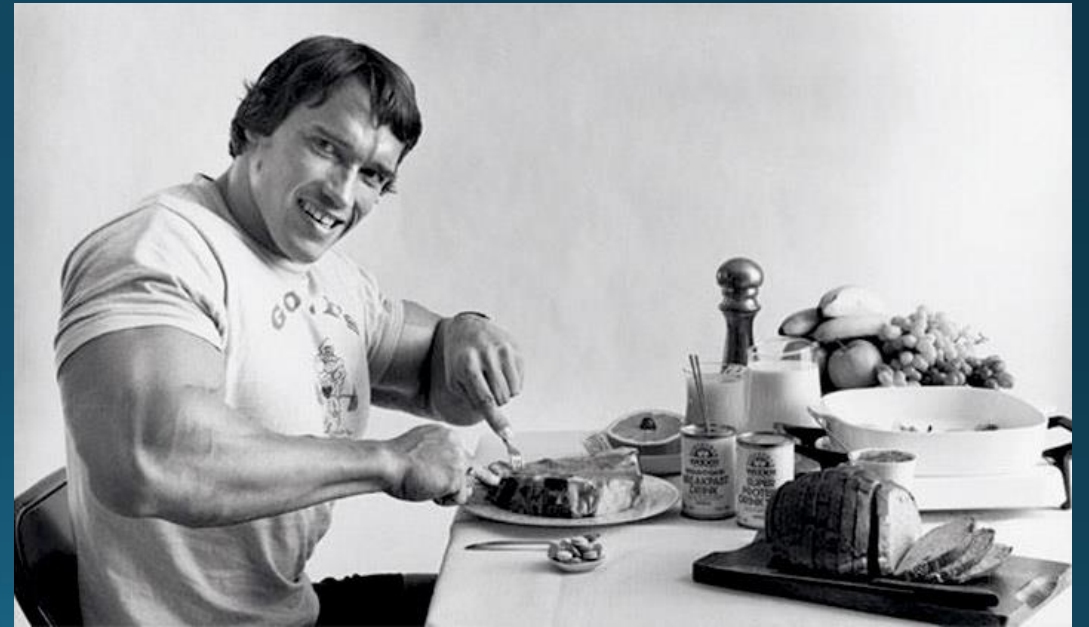
Hydration Considerations

- Pre-activity
 - 17-20 ounces of water or fluid 2-3 hours before
- During activity
 - 7-10 ounces of fluid every 10-20 minutes
- Post activity
 - 8-16 ounces of fluid for every pound of body weight lost
- Gatorade/Powerade drinks recommended if activity length is >60-90 minutes.



Nutrition Considerations

- Pre-activity
 - Balanced meal 2-3 hours prior to event to allow stomach to empty and reduce GI distress
- During activity
 - Fluid replacement as needed and small snacks for electrolyte balance/risk of hypoglycemia
- Post activity
 - Replenishment of carbohydrates most important mixed with protein to help with recovery



Wound Care Management

- Always assume an open wound is infected
- Proper use of gloves and protective barriers to reduce risk of transmission
- Apply pressure over wound to help control bleeding



Wound Care Management

- Keep an eye out for signs of infection
 - Red
 - Raised
 - Rigid
- Use of Neosporin, Bacitracin, or other topical medication to help reduce risk of infection is recommended
- Be sure to file accident report



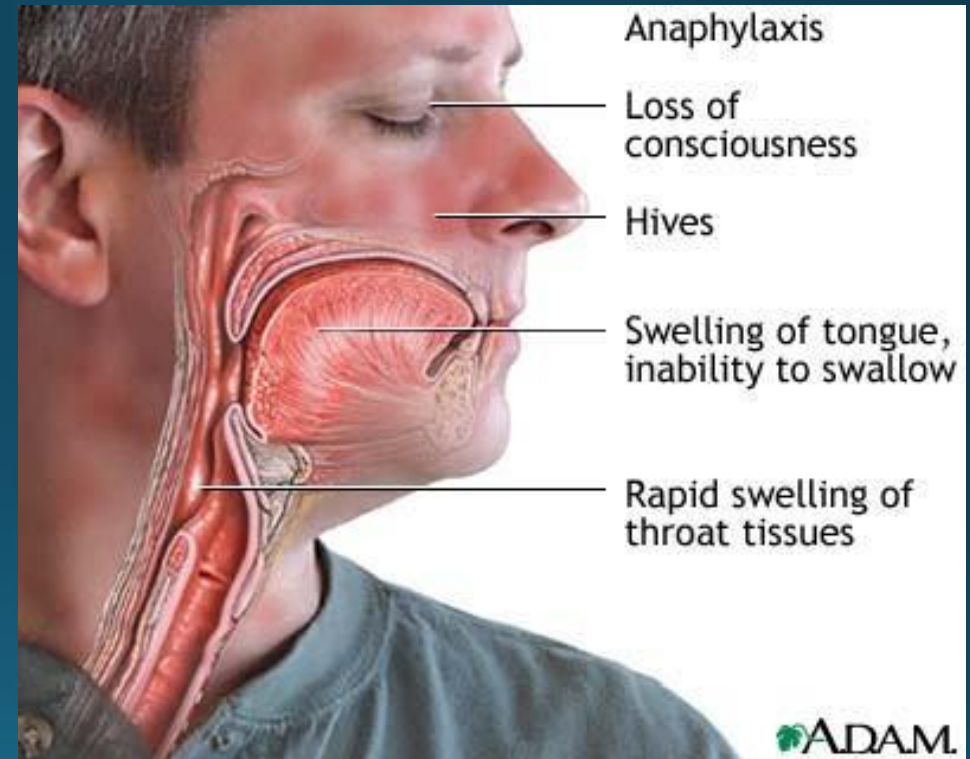
Anaphylaxis

- Allergic reaction
 - Insect sting
 - Food allergy
 - Chemical irritant
- MEDICAL EMERGENCY
 - If epipen is available, use immediately to reduce risk of other life threatening complications.
 - Injection occurs on lateral aspect of thigh and held there for 10 seconds



Shock Management

- MEDICAL EMERGENCY
 - Call for assistance ASAP!
 - Must get immediate help to reduce risk of potential fatal situation
 - If athlete is responsive, lay flat with knees bent up to reduce anxiety
 - Continue to monitor heart rate to determine if athlete condition is deteriorating
 - Possible use of CPR if becoming unresponsive/unconscious



SIX THAT SAVE LIVES

1

The Symptoms

Signs of a serious food allergy reaction – known as anaphylaxis – are 2 or more of the following after eating a suspect food:

- Hives, itching and/or skin redness
- Swelling of the tongue, lips or throat
- Breathing difficulty, wheezing or coughing
- Stomach cramps or vomiting or diarrhea
- Feeling faint / drop in blood pressure (If only this 1 symptom, it is still anaphylaxis.)



4

Go to the Hospital

A person who had an emergency epinephrine shot must be taken to hospital for observation. During transport, IF symptoms have not improved within 10 to 15 minutes, a second auto-injection should be given.

3

Time is of the Essence

In studies of those who have died of anaphylaxis, they did not receive an epinephrine injection, or they got it too late, after a reaction had progressed. In anaphylaxis, prompt use of the shot is always essential.

5

Reclining is Best

During the ambulance ride, the person having the serious reaction should be lying down, with the legs raised (this improves blood flow). MIAID guidelines recommend the patient receive oxygen and IV fluid.

2

**In Anaphylaxis:
Use the auto-injector right away. Call 911 and report a food allergy emergency.**

Epinephrine shots are given via the auto-injector to the outer thigh muscle. This is considered a very safe drug. Antihistamines are acceptable as secondary medication only. They won't halt anaphylaxis. Allergists say: err on the side of using the auto-injector.



6

Don't Go It Alone

No person should be expected to be fully responsible for self-administration of an epinephrine auto-injector. Assistance during anaphylaxis is crucial.

Six That Saves Lives

- 1 – Be aware of anaphylaxis symptoms
 - Hives, redness, itching
 - Vomiting, diarrhea
 - Swelling of lips, tongue, or throat
- 2 – Use auto injector right away and call 911
- 3 – Time is off the essence
- 4 – Go to the hospital
- 5 – Recline participant with legs propped up
- 6 – Don't go it alone
 - Assistance should always be considered when needing to use auto injector

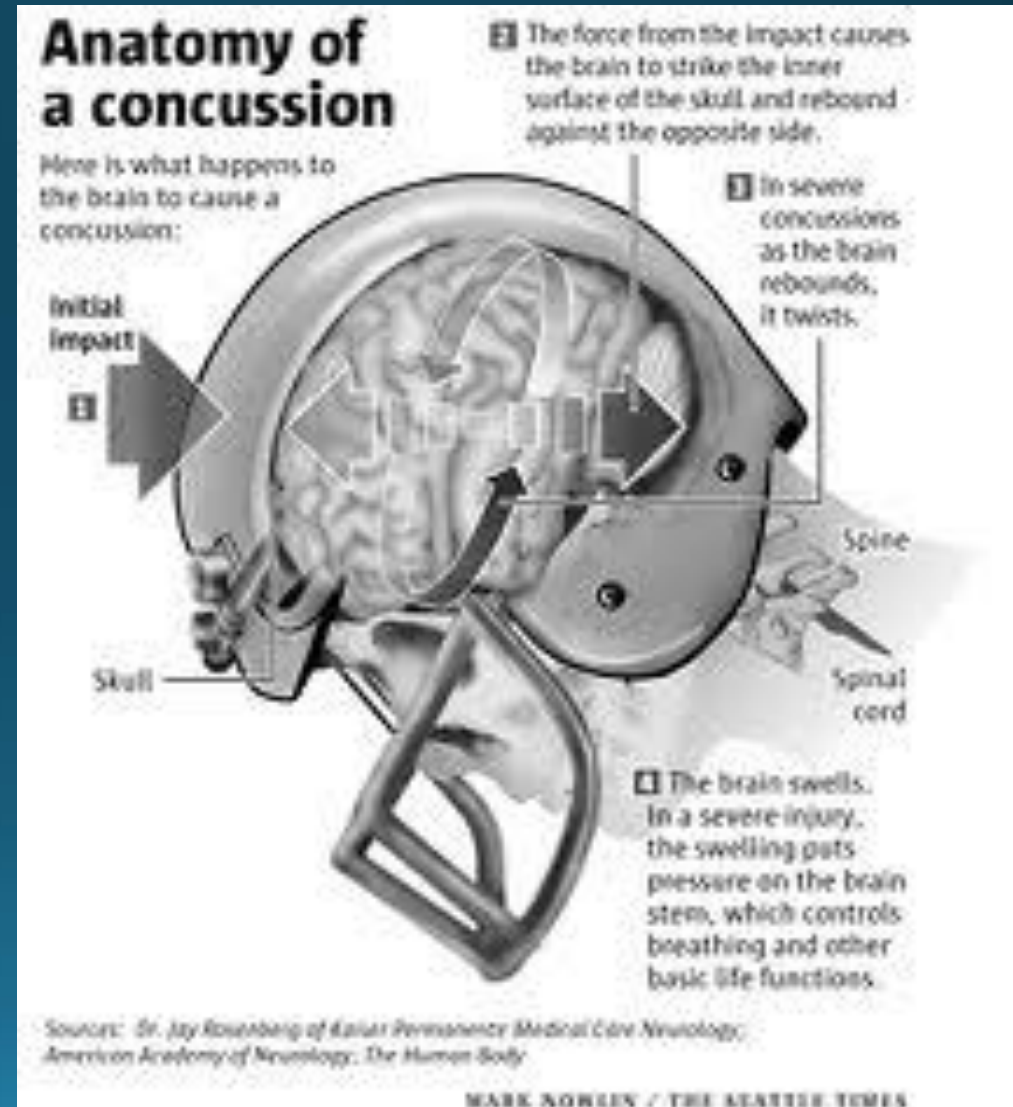
Automated External Defibrillator

- Average response time for first responders once 911 is called is 8-12 minutes
- For each minute defibrillation is delayed, the chance of survival is reduced by 10%
- Your ability to use AED properly increases the likelihood of a positive outcome



Concussions

- Growing concern over the prevalence of concussions in youth athletics
- 1.8 - 3.6 million head injuries in adolescents each year
- Lack of qualified professionals at time of concussion leads them to go undiagnosed
- Can lead to more serious and potentially fatal consequences
- 16% of kids 10 years or younger suffer some sort of diagnosed head trauma





Two Main types of concussions

Impact

- Rapid deceleration of the brain after making contact with the ground or with another player



Non-Impact

- Rotational type of injury where athlete's head doesn't necessarily hit the ground
 - This type of concussion could be more severe due to amount of physiologic damage sustained at time of concussion

Symptoms of Concussions

- Dizziness
- Headaches
- Light Headed
- Fatigue
- Irritability
- Trouble concentrating
- Trouble remembering things

Concussions are not graded as mild, moderate or severe anymore. You either have a concussion or you don't.

Symptoms

- Loss of Consciousness occurs in fewer than 10% of sports related concussions
 - However, if a LOC is experienced it should also be assumed that an athlete has a potential cervical spine injury and precautions should be taken assuming this type of injury until medical personnel arrives
- Emergency Action Plan: have a plan in place to deal with these situations to maximize efficiency and provide athlete with highest levels of safety possible

Concussion Management



- Must be symptom free at rest before initiating return to play protocol
- Graded exercise regimen to reintroduce strain on the body to see how it copes
- A combination of neurocognitive testing and physical exertion is measured to determine progress
- If no symptom increase, can continue to progress exercise
- If symptoms return, exercise is stopped for that day with the athlete reassessed the following day and downgraded to the prior step of progression

Concussion Rehabilitation/Stepwise Return to Play

Rehabilitation Stage	Functional Exercise
1. No activity	Complete physical and cognitive rest
2. Light aerobic activity	Walking, swimming, stationary cycling at 70% maximum heart rate; no resistance exercises
3. Sport-specific exercise	Specific sport-related drills but no head impact
4. Noncontact training drills	More complex drills, may start light resistance training
5. Full-contact practice	After medical clearance, participate in normal training
6. Return to play	Normal game play

Each stage in concussion rehabilitation should last no less than 24 hours with a minimum of 5 days required to consider a full return to competition. If symptoms recur during the rehabilitation program, the athlete should stop immediately. Once asymptomatic after at least another 24 hours, the athlete should resume at the previous asymptomatic level and try to progress again. Athletes should contact their health care provider if symptoms recur. Any athlete with multiple concussions or prolonged symptoms may require a longer concussion-rehabilitation program, which is ideally created by a physician who is experienced in concussion management.

Dynamic Warm-Up

- Movements that mimic activities that are specific to the sport
- Targets multiple joints/tissues with compound movements
- Can be slow/controlled or fast depending on need



Dynamic Warm-Up Structure

- Soft Tissue Mobilization
 - Foam Roller
 - Myostick
 - Trigger Point Ball
- Dynamic Stretches
 - Squat with Overhead Reach
 - Inchworms
- Movement Prep
 - Frankensteins
 - Ramp-Up Sprint Work



Dynamic Warm-Up Considerations

- Depending on age, pay attention to arm care and soft tissue work to reduce irritation with overuse/throwing
- With heat index high, cut down your warm-up to reduce risk of heat related illnesses. Address full body movements, some arm stretches/mobilizations, and then assess your athletes.



What is #1 predictor of injury?

Previous Injury

Youth Baseball Injury Stats

- Youth baseball injuries continue to rise at a very rapid pace
- Many factors that need to be considered
 - Innings pitched in a game/week
 - Playing or participating in baseball all year round with no dedicated rest period
 - Showcases
 - Poor Warm-Up Procedures
 - Shoulder and Elbow injuries are the primary concern (Since 2000, shoulder/elbow injuries have increased by 5x during youth baseball/softball participation)



Youth Baseball Stats Continued

- 55% of youth athletes participating in baseball stated that arm pain caused them to have less fun while playing
- 72% of youth baseball players reported that their coach or parent got frustrated with their performance due to the pain they were experiencing
- 47% reported at some point that they were encouraged to keep playing with the pain they were experiencing

What to do about pain

- Pain is an indicator that your body is not handling the stress of a certain activity well
- If pain continues to linger, need to seek some consultation to determine the source of the pain
- A physical therapist can help diagnose and assess an injury or painful condition to determine best course of action

Questions?



Thank You!