Prevention of Arm Injury in Youth Baseball Pitchers

Edmund Kenneth Kerut, MD, FACC; Denise Goodfellow Kerut, MD, FAAP; Glenn S. Fleisig, PhD; and James R. Andrews, MD

The advent of youth year-round baseball has come with an increased incidence of pitching related injury and surgery, most notably involving the shoulder and elbow (ulnar collateral ligament). These injuries become evident in high school and college, but begin at the youth level.

Several studies have identified baseball pitching risk factors during youth that increase likelihood for injury and surgery in subsequent years. Based on these studies, the USA Baseball Medical & Safety Advisory Committee has published guidelines for pitching that include limits on pitch count and pitches per week and season as well as recommendations for number of rest days between pitching. Also, recommendations include the restriction of breaking balls prior to puberty, the importance of instruction for proper pitching mechanics as early as possible in development, and at least three months of rest after a season.

This review is intended to help guide primary care physicians and pediatricians when discussing youth pitching and injury prevention with parents and coaches.

INTRODUCTION

When the senior author (JRA) grew up in Louisiana, baseball was a seasonal sport. Now it is a year-round activity, with organizations sponsoring tournaments throughout the year. With this has come an increase in youth pitching related injury, notably involving the shoulder and elbow ulnar collateral ligament (UCL).1,2 Correspondingly, surgery for shoulder and UCL injury (“Tommy John” procedure) has increased significantly in high school pitchers over the past ten years.3 These injuries that become evident in high school and college are believed to begin at the youth level, from cumulative recurrent microtrauma.2,4,5

DISCUSSION

The USA Baseball Medical & Safety Advisory Committee (part of the United States Olympic Committee) recognized a need to improve understanding of factors associated with pitching related injuries. In 1999 it commissioned the Birmingham based American Sports Medicine Institute (ASMI) to perform a prospective study of youth players throughout Alabama.2 Pitchers (n=476) were evaluated at baseline with demographics and baseball related information, as well as to identify pitchers with a prior history of dominant arm problems. Additionally, the ASMI videotaped 172 of these to evaluate pitching...
pitching biomechanics. Throughout the season, a log of game pitch count, season cumulative count, and pitch type (fastball, change-up, curveball, and slider) was made. While upper extremity muscular soreness is a normal part of pitcher development, joint pain is not, and it is believed to be a warning sign of developing overuse injury. Outcomes of the study were therefore postgame elbow or shoulder pain. In the age group 9 to 14 years, a high pitch count and also breaking pitches (curveball, slider) were significantly associated with an increased risk of elbow and shoulder pain. The study was statistically underpowered to show a significant risk of joint pain related to pitching mechanics. An increasing pitch count and cumulative count through the season was linearly associated with an increased risk of joint pain. It was therefore recommended that not only should pitch count be limited but season cumulative pitches as well. While this study could not show a relation of injury with proper mechanics (limited sample size and difficult video collection/analysis method), it has been demonstrated that higher velocity and more often with arm pain and fatigue. Multivariate analysis identified the most significant risk factors for high school and college pitcher injury and need for surgery as: an increased risk of 500% for pitching greater than 8 months per year, 400% for pitching greater than 80 pitches per game, and over 250% for a fastball greater than 85 mph. When regularly pitching despite arm fatigue, the risk for injury requiring surgery increased 3600%. This one factor - fatigue - had the strongest correlation with subsequent arm surgery.

Table 1. Comparison between the control group of pitchers and pitchers that required reparative surgery.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Control n=45</th>
<th>Reparative Surgery n=95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months Pitched/Year</td>
<td>5.5 ± 2.3</td>
<td>7.9 ± 2.5</td>
</tr>
<tr>
<td>Games Pitched/Year</td>
<td>18.6 ± 13.0</td>
<td>28.8 ± 14.7</td>
</tr>
<tr>
<td>Innings Pitched/Game</td>
<td>4.3 ± 1.7</td>
<td>5.6 ± 1.4</td>
</tr>
<tr>
<td>Pitches/Game</td>
<td>66.2 ± 25.3</td>
<td>87.8 ± 21.8</td>
</tr>
<tr>
<td>Pitches/Year</td>
<td>1269 ± 1040</td>
<td>2563 ± 1506</td>
</tr>
</tbody>
</table>

A retrospective study of high school pitchers with UCL injury and reparative surgery (n=27) from a single sports orthopedic surgical center found overuse to be the predominant risk factor for UCL injury. Subsequent studies have also suggested that high pitching velocity (83 mph and greater in high school pitchers) and pitching while fatigued are potential risk factors for UCL injury. In addition, multiple prior studies and reports recommend teaching proper pitching mechanics for injury prevention.

Based on these reports, a case control study was performed comparing adolescent pitchers (ages 14 to 20 years)(n=95) who developed pitching related injury (elbow or shoulder injury with subsequent surgical repair in the dominant arm) to active high school and college pitchers with no history of injury (n=45).

Compared to controls, the group that required reconstructive surgery had pitched more months/year, games/year, innings/game, pitches/game, and pitches/year (Table 1). In addition, the injured group pitched with similar mechanics are used by successful pitchers, no matter the age and skill level.

Table 2. USA Baseball Medical & Safety Advisory Committee recommendations for limits with youth pitchers (modified with permission).

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Pitches/Game</th>
<th>Pitches/Week</th>
<th>Pitches/Season</th>
<th>Pitches/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-10</td>
<td>50</td>
<td>75</td>
<td>1000</td>
<td>2000</td>
</tr>
<tr>
<td>11-12</td>
<td>75</td>
<td>100</td>
<td>1000</td>
<td>3000</td>
</tr>
<tr>
<td>13-14</td>
<td>75</td>
<td>125</td>
<td>1000</td>
<td>3000</td>
</tr>
<tr>
<td>15-16</td>
<td>90</td>
<td>2 games/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-18</td>
<td>105</td>
<td>2 games/week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3. USA Baseball Medical & Safety Advisory Committee recommendations for days of rest after a pitching event (modified with permission).

<table>
<thead>
<tr>
<th>Age in years</th>
<th>1 Day Rest</th>
<th>2 Days Rest</th>
<th>3 Days Rest</th>
<th>4 Days Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-10</td>
<td>21-33 pitches</td>
<td>34-42 pitches</td>
<td>43-50 pitches</td>
<td>51 + pitches</td>
</tr>
<tr>
<td>11-12</td>
<td>27-34 pitches</td>
<td>35-54 pitches</td>
<td>55-57 pitches</td>
<td>58 + pitches</td>
</tr>
<tr>
<td>13-14</td>
<td>30-35 pitches</td>
<td>36-55 pitches</td>
<td>56-69 pitches</td>
<td>70 + pitches</td>
</tr>
<tr>
<td>15-16</td>
<td>30-39 pitches</td>
<td>40-59 pitches</td>
<td>60-79 pitches</td>
<td>80 + pitches</td>
</tr>
<tr>
<td>17-18</td>
<td>30-39 pitches</td>
<td>40-59 pitches</td>
<td>60-89 pitches</td>
<td>90 + pitches</td>
</tr>
</tbody>
</table>
change-up. \(^1\) These data are consistent with findings that suggest amount of pitching as a stronger risk factor for injury than pitch type.

Based on available data, the USA Baseball Medical & Safety Advisory Committee has published recommendations to reduce risk of injury and maximize a young player’s chance for advancement to higher levels of baseball competition without injury. \(^2,3\)

Limits on pitching for youth (Table II) and recommendations for rest days after a pitching event (Table III) reduce the risk of subsequent injury in later adolescent and teenage years. \(^3,4,5\)

In addition to the Guidelines (Tables II & III), the Committee made the following general recommendations for youth pitchers:\(^6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22\)

1. Do not throw breaking pitches (curveballs, sliders) until puberty (about age 13). Instead, a youth pitcher should focus on a fastball and change-up, and also pitch control. \(^2\)

2. Proper pitching mechanics are important as early as possible in the development of the pitcher (7). Year-round physical conditioning should be employed as the body develops.

3. Pitchers are discouraged from pitching for more than one team in a season.

4. For at least three months a year, a pitcher should not play any baseball or perform throwing drills. In addition, any overhead activity (football quarterback, competitive swimming, javelin throwing) should be avoided during that period of time.

5. A pitcher should not return to the pitching mound in a game after being removed. Additionally, pitching practice after a pitching game is to be avoided.

**SUMMARY AND CONCLUSION**

The advent of year-round baseball has brought about an increased incidence of youth pitching related injury and surgery, most notably involving the shoulder and ulnar collateral ligament (Tommy John operation). These injuries become evident in high school and college, but begin at the youth level. The most significant studies that identified youth risk factors associated with subsequent injury are discussed in this article.

USA Baseball Medical & Safety Advisory Committee Guidelines and recommendations are provided to help primary care physicians and pediatricians when discussing injury prevention with parents and coaches of youth pitchers. Although these Guidelines are useful, there is no universal pitch count “right number,” as each child athlete is different. The point is that youth baseball players should adhere to some pitching limits, from USA Baseball or another organization.

The biggest risk factor for subsequent injury appears to be arm fatigue. Pitchers who frequently pitch with arm fatigue are much more likely to develop future injuries requiring surgery. Hence, coaches need to listen to their young pitchers when they complain of arm fatigue or pain.

While youth baseball coaches should be aware of pitch counts and the warning signs of arm fatigue and pain, injury does not become manifest until years later. As child advocates, physicians need to educate coaches, parents and youth athletes about injury prevention.

**REFERENCES**

20. USA Baseball Medical & Safety Advisory Committee Position.


CME QUESTIONS

Read the preceding CME article and complete the registration, evaluation, and answer form on page 113 to earn CME credit. Mail or fax the registration, evaluation, and answer form to the LSMS Educational and Research Foundation. Answers must be postmarked or faxed prior to March 31, 2009. Participants must attain a minimum score of 75% to receive credit. LSMS members may also go online at http://www.lsms.org. Click on Publications, Journal and then click on the Journal CME link. Complete the interactive answer sheet for each CME article.

Choose the answer that is most correct for each question.

1. True/False: Elbow and shoulder pain are normal parts of pitcher development.

2. True/False: Proper pitching mechanics are important for success and injury prevention at any age.

3. True/False: Pitch counts, days of rest after pitching, and having an offseason away from baseball are all important for youth pitchers to reduce risk of subsequent injury in adolescence and teenage years.

4. According to the study of Olsen, Fleisig, Dun, et al, (2006) the risk factor with the strongest correlation for adolescent pitcher injury and surgery was:
   a. Age the pitcher started throwing curveballs.
   b. Improper pitching mechanics.
   c. Regularly pitching despite arm fatigue.
   d. Poor strength training.