



## Orthopedic Center for Minimally Invasive Joint Replacement

*Empowering Technology with a Healing Touch*

1600 S. Federal Hwy. , Suite 1000, Pompano Beach, Florida 33062

Phone: 877-543-2500

[www.OrthoJointReplacement.com](http://www.OrthoJointReplacement.com)

Fax: 954-556-8873

### News

A CALL TO ARMS . . . AND KNEES AND SHOULDERS AND ANKLES. YOUTH SPORTS INJURIES ARE ON THE RISE, AND PARENTS AS WELL AS KIDS NEED TO KNOW WHEN TO GIVE IT A REST.

[Broward Metro Edition]

South Florida Sun - Sentinel - Fort Lauderdale, Fla.

Author: Nick Sortal Staff Writer

Date: Feb 8, 2004

Start Page: 1.D

Section: HEALTH & FAMILY

Text Word Count: 1694

Informational box at end of text.

The trophies get bigger, the players start younger and the seasons run year-round. And children pay a price much higher than just sweat.

Youth sports injuries are increasing in epidemic numbers.

"Some days our waiting room looks like a pediatrician's office," says Dr. Robert Sheinberg of the South Florida Institute of Sports Medicine. He specializes in foot and ankle injuries.

Most of the time it's a sprain or a ligament injury, and Sheinberg says some Mondays he'll have up to 10 new adolescent patients, banged-up from weekend games.

"It's like boom-boom-boom, one after the other," he says. He usually prescribes a four-letter word to the athletes -- rest -- in hopes that some down time will prevent a need for surgery.

A couple of miles away from Sheinberg's Weston office, Dr. Len Remia at the Cleveland Clinic Hospital examines arms of baseball players worn out from overactivity, as well as afflictions from other sports. Teenage pitchers are undergoing elbow reconstruction "Tommy John" surgery four times as often now as they were five years ago, he notes.

"At that age, it's almost always because of overuse," says Remia, who last year performed reconstructive surgery on a 17-year-old pitcher from Key Largo.

The pitcher, Mike Arnold, missed his senior season at Coral Shores High and is now trying to

get his 90-mph fastball back. He's still rehabbing, hoping to catch a scout's eye.

Remia hears countless versions of the same story. At 10, a boy starts pitching and dominates the competition. Because he loves baseball, he goes on to play in his local all-star, or "travel" organization. Maybe he plays in another league, too. He shakes off what he thinks are minor aches and pains, but then it hurts so much there is no way to shake it off. His arm is shot.

"It's an epidemic," Remia says. "If a kid has pain, and it's not going away, it's not normal."

Too many games

Usually children are trying to do more than their bodies are capable of. The Physician and Sportsmedicine journal says overuse injuries have replaced traumatic injuries as the most common reasons children visit doctors with a sports injury.

The biggest problems have been almost like a child's version of repetitive-stress syndrome. Throwing a baseball too much. Kicking, skating or jumping too much.

The doctors point to year-round sports -- be it too many sports or too many games of one particular sport -- as a contributor.

"They just never give their body an opportunity to rest, and they get stress fractures," Sheinberg says. "What gets frustrating is seeing the same kids over and over. The kids who are real good athletes are wanted by coaches of all the sports. It tips the scale just enough."

Sheinberg says the other frustration comes when it's time to heal: The kids just don't want to sit still.

"Almost all of the injuries require immobilization, and when you're dealing with a child they have a hard time getting better," he says. "They don't get off their feet."

Says Hollywood Christian School softball player Katie Ottens, who gritted through a damaged heel for 11 weeks between her sophomore and junior years before having surgery: "You have only a short time to play in national tournaments and be seen. I didn't want to miss that." Now a senior, she has earned a scholarship to Baylor University.

Weighing the data

Because there is no central organization for youth sports, documenting the increase in injuries involves as many anecdotes as hard data. American Sports Data Inc., which researches sports and fitness trends, says "Children are introduced to sports at unprecedented ages -- practices that may also contribute to rising youth injury rates." It also implores the medical community to conduct a national sports injury study.

What we know:

The Consumer Product Safety Commission says almost 4 million children from ages 5 to 16 sustained some type of sports injury in 2002 that required a doctor's visit, and other groups estimate that up to 8 million more kids just shrug it off and play hurt. Those numbers are about double of what they were 10 years ago, according to the commission.

The National Youth Sports Safety Foundation, a nonprofit group in Boston, provides the most-quoted estimate, saying that about 12 million of the 40 million children who participate in youth sports will have at least a minor injury, such as tendinitis, during the year.

The Physician and Sportsmedicine estimated that 30 percent to 50 percent (3.6 million to 6 million) of those are related to overuse. And this comes during an era in youth sports where more children are branching away to individual "extreme" sports, such as skateboarding and mountain biking, which, by the high-risk nature of falling, lend themselves to more acute injuries.

Robin Varon, head of the rehab branch of Imperial Point Medical Center in Fort Lauderdale, says, "You used to see the injuries we see now in a little older age. Kids are being pushed more and more. That's the natural trend."

And it might be for nothing.

Georgia Tech sports medicine expert Jim Brown, in his book, *Sports Talent: How to Identify and Develop Outstanding Athletes*, writes: "Does a child have to be a star at 8 to be a star at 18? No. Earlier is not necessarily better in terms of sports-specific training. There is plenty of evidence to show that the real athletes kick in at age 13 or 14."

Maintaining the body

Alex Leamy's soccer team came all the way from Ohio to compete in the Orange Classic International Girls Soccer Tournament in Plantation, so she isn't going to let a mildly sprained ankle stop her.

She tapes it herself before running out to the field to play her fifth game in four days. It's the Cincinnati squad's third big trip since November. They've also been to Bethesda, Md., and Raleigh, N.C.

"I just want to keep playing," says Leamy, 16, and her teammates around her nod. They'd do the same thing themselves.

Their coach, Kristin DePlatchett, says she encourages the players to treat their minor injuries. Learning that responsibility helps when they play at higher levels.

"The idea is to keep the little things from turning into big things," she says. "They have to truly rest when they're supposed to rest."

Injury prevention has also improved, she says. Girls now lift weights to strengthen leg

muscles -- and lessen their chances of a knee ligament injury.

It's vital the girls learn body maintenance now, says DePlatchett, who played at the University of North Carolina and then professionally.

"They're all relatively healthy right now," she says. "But at the college level, with training every day, there are chronic knee issues and more injuries."

Using pitch counts

Youth baseball organizations are taking a more nurturing approach toward the tender arms of young pitchers. Some focus on pre-workout stretches, "long-toss" workouts and pitching mechanics.

And some are even counting pitches thrown, rather than innings, to determine when a pitcher should rest. In Little League, for example, 11- and 12-year-olds who throw four or more innings must have three days of rest before pitching again. Boca Raton Youth Baseball last year required coaches to count pitches and record them on a pitching log. They will require it again when the season starts this month.

"The children aren't going to say 'My arm hurts, take me out,'" says league president Laura Kaufman. "They want to stay in the game. It's easy, especially in the lower levels, for them to throw 100 pitches and not come near their inning count."

She's also encouraging the parents, rather than the coaches, to count pitches, because often a child will participate in a second league -- and continue throwing.

"If they go off to a different league and throw that many pitches again, it doesn't work," she says.

The prognosis

The good news is that overuse sports injuries are preventable. But to merely point a finger at parents and coaches and demand that they back off is an oversimplified solution.

The one-sport athlete is here to stay, bringing the disappearance of the benefits of built-in muscle-group rest as a teen rotates from, say, winter basketball to spring baseball. Meanwhile, not only have the unstructured backyard games diminished -- where children who got tired simply stopped playing -- but year-round travel leagues for every sport imaginable continue to flourish, and are more ingrained than ever in youth sports culture.

Future athletes can view the current sore-armed pitchers and limping soccer players as a cautionary tale, and youth sports coaches can employ more stretches and injury-prevention techniques to their practices each season. And perhaps everyone can watch a little more carefully for telltale signs of overuse and evaluate a child at the first sign of fatigue.

Further, everyone can ditch the macho glorification of "playing hurt" seen in pro sports, because, after all, the pros are out there for cash -- and the children for fun. But they can certainly adopt another lesson from the pros.

Recognize that every sport has an off-season, a time for even the most dedicated athletes to put their feet up, have fun or just take a deep breath before priming themselves for the next Opening Day.

Nick Sortal can be reached at [nsortal@sun-sentinel.com](mailto:nsortal@sun-sentinel.com) or 954- 385-7906.

#### QUESTIONS TO ASK AFTER A SPORTS INJURY

Was there a change in training intensity, frequency, or duration?

Was a new technique or piece of equipment introduced?

Is the athlete involved in other activities such as resistance training or physical education classes that could have contributed to the injury?

Has there been a similar injury in the past, and does the patient have a history of other overuse injuries?

How were past injuries treated?

SOURCE: The Physician and Sportsmedicine Journal

Reproduced with permission of the copyright owner. Further reproduction or distribution is prohibited without permission.

