* **Liberty-Wilson Youth Baseball**
* **Thomas A. Geng, Jr., DO, FACS**
* **Reading Health System**
* **Department of Surgery**
* **Division of Trauma and Surgical Critical Care**
* Goals
1. Manager and Coach Responsibilities
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2. Discuss common injuries during baseball
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3. Review some medical emergencies
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4. Touch on risky behaviors
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1. Manager and Coach Responsibilities
2. Discuss common injuries during baseball
3. Review some medical emergencies
4. Touch on risky behaviors
5. Miscellaneous issues
* My Qualifications
* Manager & Coach Responsibilities
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* Use Incident/Injury Tracking Form
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* Manager & Coach Responsibilities
* Prior to games or practice ensure each player has warmed up and stretched. Check field for Hazards
* Teach players the fundamentals of the game while advocating safety
* Ensure all equipment is maintained in safe working order
* Manager & Coach Responsibilities
* Review, study, and understand the contents of the Little League Rule Book & the Liberty-Wilson League local "House Rules".
* Encourage players to drink often so as to avoid dehydration.
* DO NOT play children that are ill or injured.
* Do NOT leave the field until every team member has been picked up.
* Manager & Coach Responsibilities
* Know your Players!!!

Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADD, ADHD, communicable disease such as hepatitis, HIV, AIDS, etc.

 Find out if a child is taking any kind of medication

* Manager & Coach Responsibilities
* Proper Equipment:
	+ Catchers must wear chest protector, shin guards, and mask even when warming up pitcher
	+ Hitters must wear helmet even when on deck
	+ ONLY ONE PLAYER ON DECK AT A TIME (No other player should have a bat in their hand)
	+ Chest plate, ankle protectors, batting mask all optional
* Injuries
* In event of an injury or medical problem, visually examine player.
* If problem is serious, locate parent and if it is an emergency, call 911.
* Even if the problem is not serious, it may be desirable to locate the parent to examine their child and determine whether he or she should continue to participate.
* Injuries – Bruises/Contusions
* Causes – Hit by ball, collisions with other players, solid objects
* Signs – Pain, swelling, discoloration
* Treatment – Rest, ice pack on and off
* Special evaluation for bruise/impact to head (see Concussion)
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* Treatment – Rest, ice pack on and off
* Special evaluation for bruise/impact to head (see Concussion)
* Injuries – Cuts & Scrapes
* Causes-Collisions, sliding, hit by ball, thrown bat, etc
* Signs- Bleeding, torn skin
* Treatment – Use Kit supplies to stop bleeding, keep sterile, advise wash. Bring injury to parents attention
* Note – Equipment, balls, etc with blood need to be removed from use
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* Note – Equipment, balls, etc with blood need to be removed from use
* Injuries – Lacerations
* Causes-Collisions with other player, bat, base anchors, etc…
* Signs- linear break in skin
* What to do – Notify parent, avoid movement, direct pressure if bleeding (one finger)
* Note – Player with a laceration deep enough for sutures should be taken to the ER
* Use common sense
* Text me a picture if you are not sure
* 610-334-5714 (Geng)
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* Injuries – Sprains/Strains
* Causes-Collisions with bases, players, ankle turning over while running, etc
* Signs- Pain, swelling, dislocation, discoloration
* What to do – Notify parent, avoid movement, ice pack, rest, elevation
* Note – Player with suspected sprain should not rejoin game/practice
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* Injuries – Fractures

**Open fracture**

* 911 and get parent
* Control bleeding and keep clean
* Do not attempt to straighten
* No pressure. Loose bandage. Stabilize

**Closed fracture**

* 911 and get parent
* Stabilize
* Move as little as possible
* Injuries – Fractures

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**Closed fracture**

* 911 and get parent
* Stabilize
* Move as little as possible
* Injuries – Head & Neck
* Any significant impact to head, neck, back (e.g. collision, hit by ball, hit the ground) needs careful evaluation.
* Signs- Nausea, confusion, blackout, bleeding from ears/nose, ringing in ears, pain in head and/or neck.
* What to do-Contact parent, call 911, do not move if possible neck/spinal injury.
* Finger pressure on scalp laceration
* Injuries – Eyes, Nose, Mouth

**Eyes Minor**

* Signs – Redness, Watery, Dirt in eyes
* What to do – Contact parents, avoid rubbing eyes. Gently wash with water

**Eyes Major**

* What to do – Contact parents, 911, do not remove impaled objects, cover good eye, place cup over impaled object to prevent movement
* Injuries – Eyes, Nose, Mouth

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**Nose**

* Signs – Swelling, discoloration, pain, bleeding
* What to do – Contact parent, Lean patient forward (not back), pinch nose closed should stop 10 minutes, ice

**Mouth Injuries**

* Signs – Broken teeth, bleeding
* What to do – Contact parent, save teeth (do not put in liquid)(hold by enamel, not root). Use gauze to control bleeding.
* Injuries – Nose bleed

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* Signs – Swelling, discoloration, pain, bleeding
* What to do – Contact parent, Lean patient forward (not back), pinch nose closed should stop 10 minutes, ice
* Injuries – Nose bleed

**Nose**

* Signs – Swelling, discoloration, pain, bleeding
* What to do – Contact parent, Lean patient forward (not back), pinch nose closed should stop 10 minutes, ice
* Injuries – Commotio Cordis
* Cause – An object like a baseball striking the chest wall at a sufficient velocity at a precise interval of the heart rhythm can stop the heart
* Signs – Player collapses after being struck in chest and has no pulse.
* What to do – Call 911, contact parent, commence CPR.
* Note – This is a rare occurrence. There are a few in the U.S. each year.
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* Medical Emergencies - Allergies
* Signs – Allergen (bee sting, peanut butter), Itchy, watery eyes, hives, red skin, swelling, tightness in chest and throat, difficulty breathing, player carries epi-pen
* What to do – Contact parent, call 911, if you are familiar, use the epi-pen
* Medical Emergencies – Heat Cramps, Heat Exhaustion, Dehydration
* Signs: Heavy sweating, muscle cramps, weakness, nausea, can be very thirsty or not thirsty, feeling faint, confused.
* What to do – rest, get out of sun, drink water, wet towels
* Note: In extreme case of dehydration and loss of salts, plain water may not be enough.
* Medical Emergencies – Heat Stroke

Very Serious/True emergency

* Signs – No sweating (too dehydrated), dry skin may be red, hot to the touch, nausea, faint, confused
* What to do – Contact parent, 911, get out of sun, rest, cool down, ice packs in arm pits and groins
* Medical Emergencies – Epilepsy (Seizures, Convulsions)

Epilepsy/Seizure

* Signs - Stares into space, uncontrollable shaking, statement from person knowing that it is coming on, knowledge of this issue from health form.
* What to do – 911, contact parent, don’t hold down, but protect person from injuring himself.
* Place on ground on side (to keep tongue out of airway), something soft under head.
* Medical Emergencies – Choking
* Signs – holding throat, unable to cough, speak or breathe
* What to do –if they can pass air or cough leave them alone. If not, 911, contact parent.
* If you know how to administer the Heimlich maneuver, do so. If person becomes unconscious, commence CPR, if trained or find someone who is.
* CPR Summary
* Check for response, consciousness
* Open airway head tilt chin lift
* Check for breathing 10 seconds
* No breathing, ask bystander to CALL 911
* Check pulse, if no pulse
* Start CPR, chest compressions only, no breaths.
* Concussion Awareness

**Possible Concussion**

* Players who have had a head impact that is more than a graze or who have been grazed and have concussion symptoms should not be allowed to continue participating in the game or practice. Their parents should be made aware of the incident and advised to seek medical attention/advice.

**Concussion**

* If a player has a concussion, player’s parent must provide a permission slip before he or she can participate in baseball games or practice.

**Second Impact Syndrome**

* Rare but serious condition. Getting another concussion before prior concussion has healed. Rapid swelling of brain, 50% chance of death, 100% certainty of brain damage.
* Concussion Awareness

**www.CDC.gov/traumaticbraininjury**

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* Risky Behaviors
* No smoking on school or Liberty-Wilson properties (Set a good example)
* Do not be alone with child that is not yours
	+ Make sure your child is present while waiting for parents of another child
	+ Alternatively, ask an assistant coach to remain and wait with you
	+ Avoid situations that can be questioned
* Miscellaneous
* Lightning
	+ Average lightning strike is 6-10 miles long, moves 25 MPH and has up to 30 million volts
	+ Once the leading edge of a storm approaches to within 10 miles, you are at risk!
	+ If threatening skies appear or when thunder is heard, close monitoring of conditions shall begin
* Miscellaneous
* Lightning
	+ If cloud to ground lightning is seen, play shall be suspended immediately
	+ Play shall not resume until 20 minutes from the last 30 second flash-bang count.
	+ ***During Suspended Play, Players should:***
		- Leave the dugout/field area with parents. Get players to their cars and wait for your decision on whether to continue the game or practice.
		- Stay away from metal including fencing and bleachers.
		- Do not hold metal bats or metal rakes
* Miscellaneous
* Child Abuse
	+ Takes on many forms
	+ “the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual.”
	+ Not just physical
	+ Discuss with your commissioner
* Manager & Coach Responsibilities
* Use Incident/Injury Tracking Form
* Miscellaneous
* Pitch Counts
	+ A significantly higher risk of **elbow** injury occurred after pitchers reached 50 pitches in a single outing
	+ A significantly higher risk of **shoulder** injury occurred after pitchers reached 75 pitches in a single outing
	+ In one season, a **total of 450 pitches or more** led to cumulative injury to the elbow and the shoulder
* Miscellaneous
* Pitch Counts
	+ The mechanics, whether good or bad, **did not** lead to an increased incidence of arm injuries
	+ The preliminary data suggest that throwing curveballs **increases** risk of injury to the shoulder more so than the elbow
	+ The pitchers **who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury** to their throwing arm**.**