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Presented by:
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---Start of Pediatric and Adolescent Upper Extremity Fractures---
0:00 Introduction
0:37 Participation: Numbers in Organized Sports
                          (Hogan KA, "Overuse Injuries in Pediatric and
         •0verall:
Adolescent Athletes," Orthop Clin North Am, 2003 Jul;34(3):405-15.)
         •30 million adolescents & preadolescents
Little League 2007: (www.littleleague.org)
        •2,227,505 baseball participants
         •366,780 softball participants
         •2,640,285 total Little League participants
USA Baseball: (www.mlb.mlb.com/usa baseball)
         •9 million participants aged 9 to 17
1:53 Introduction
         Children participating in sports each year:
30 million
         •3.5 million children < age 12 treated for sports injuries
         •50% of injuries are overuse
 Epidemic injury patterns in youth sports — elbow injuries in pitchers
2:18 Injury Risks
         •11,840 athletes, 5-17 years old
         •4,379,000 injuries annually
         •1,363,000 serious
        (missed school, surgery)
Sport injuries:
        36% of all injuries for this age group
         •Survey included playground equipment and skateboards
2:56 Survey 7-13 Years Old Children

    Two playing seasons

         Community organized
        •Injury rates per 1000 athlete-exposures:
        Soccer 2.1
        Baseball 1.7
        Football 1.5
        Softball 1.0
3:31 Unique Properties of Growing Skeleton
        •Periosteum thicker
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- •Cartilage thicker, more vascular
- 4:16 Fracture Healing
 - Three stages
- 4:39 Remodeling
 - Amount of growth
 - •Patient age
 - •Bone / physis involved
 - •Location in bone ie: proximity to physis
 - •Deformity in plane of motion
- 5:38 Both Bone Forearm Fractures
 - •Limits of acceptable reduction?
 - Functional complaints rare
- 6:45 Displaced fractures
 - •Splint them as they lie
 - •Can apply axial traction as assistant applies splint
- 7:08 Stress Fractures in Adolescent Competitive Athletes with Open Physis
 - •Stress Fractures, 21 Athletes
 - •7 cases not satisfactory outcome
 - •4 tibial diaphysis
 - •6 athletes burst of speed
 - Early and thorough investigation
 - Diagnosis Made
 - •Routine x-rays + MRI scan
 - •1 Surgery Olecranon
- 8:00 Imaging Studies
 - Radiographs

Plain

Stress Views

- •MRI Scan
- •CT Scan with 3-D reconstruction
- •Bone Scan
- 8:39 Unique Aspects
 - •Growth Plate
 - •First line of failures due to stress or falls
 - Abnormal growth
 - Rotational adaptation
 - Physis / Epiphysis / Apophysis
 - Articular cartilage
 - Development
 - Softness
- 9:37 Appearance and Closure of Secondary Ossification Centers UPPER

EXTREMITY

10:46 Contributions of individual growth regions to overall limb length.

11:44 Which is Safer? Organized Sports or Free Play?

11:59 "Adults are obsolete children."

12:07 I Am Invincible!

---End of Pediatric and Adolescent Upper Extremity Fractures---

---Start of Youth Sports Elbow Injuries---

0:00 Introduction

0:38 Elbow Injuries

- Supracondylar
- Lateral condyle
- Transphyseal
- Elbow dislocation
- Medial epicondyle
- Radial neck
- •Olecranon

1:10 Supracondylar Fractures Classification Gartland

1:35 Supracondylar Fractures Treatment Types II and III

- Closed Reduction and Pinning
- •Cast / Pins 3 weeks

1:51 Displaced supracondylar humerus fracture Refer to appropriate center for emergency management . . .

2:10 Supracondylar Fractures Catastrophic Results Neurovascular injury •Compartment syndrome

2:41 What you never want to see, but if you see it you'll never forget it:

Volkmann's Ischemic Contracture

3:03 Supracondylar Fractures Complications

Cubitus Varus

- Malunuion
- Cosmetic not functional
- •Corrective osteotomies = loss of fixation

3:35 Supracondylar Fractures (cont)

- Missed injury
- •Cubitus varus

3:57 Elbow Dislocation

- •Older Child and adolescent
- Think transphyseal, if young
- •Medial epicondyle fracture?

4:25 14 YO Football Athlete

- •Back of arm hit during practice
- •Elbow posterior dislocation

6:07 17 YO Female

- •RHD Catcher
- •Junior high school
- •Dived back into base sustaining elbow valgus loading force to outstretched hand
 - •Immediate swelling/pain, medial elbow

6:54 Xrays: Right elbow

Left elbow

7:33 MRI scan

7:58 Medial Approach

9:04 ELBOW Differential Diagnosis MEDIAL Skeletally Immature

10:11 ELBOW Differential Diagnosis LATERAL Skeletally Immature

11:11 ELBOW Differential Diagnosis POSTERIOR Skeletally Immature

11:51 ELBOW Differential Diagnosis ANTERIOR Skeletally Immature

13:47 Medial Humeral Epicondyle

•Origin of flexor pronator group

(FCR, FCU, FDS, PL, PT Part)

- •UCL attaches
- Anterior oblique band
- Medial epicondyle/coronoid ant inf

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14:13 Medial Humeral Epicondyle
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- •Truly an apophysis
- Ossification center
- Appears 5 years
- •Unites 15-16 years

14:25 Medial elbow pain diagnoses in throwers

- •Medial epicondyle stress fracture
- •UCL tear
- •Ulnar neuritis/hypermobility
- •Flexor-pronator strain much less common
- Subluxating medial triceps
- Valgus extension overload
- (elbow impingement)
- Sublime tubercle fracture proximal ulna

16:13 Lateral Forces = Compression Medial Forces = Tension

16:48 Medial epicondyle fracture

- •Controversial
- •Displaced extra-articular fractures

17:36 12 year old medial elbow pain for 4 months Pitcher and Quarterback

18:27 12 year, 11-mo. Old RHD Pitcher

- •3 week history, medial elbow pain
- Kept throwing
- •Little League, now in All-Stars
- PF •
- •Height 6'2", Weight 190 lbs.
- Medial elbow pain
- No instability

18:47 Elbow initial xrays

19:22 Follow up: 2,4,6 week, and 4 month

20:04 BB Bullet Appearance to medial epicondyle fracture

- •May heal if you don't allow pitching too early
- •May take long time to heal, but UCL is intact

20:22 BB Gun

•Don't allow to fire too soon

20:29 14 YO Pitcher, medial elbow pain for a year, open medial humeral epiphysis torn UCL

20:57 Risk Factors

- •0veruse
- Fatique
- •High Pitch Velocity
- Showcase Participation
- •Age Groups Age Matched Case Control Study
- •95 pitchers surgery / 45 adolescent no surgery

2.6X

36X

- •Multivariant Analysis, Injury Risk Pitching:
- •8 months/year 5-fold
- •80 pitches/game 4-fold
- •85 mph
- Arm fatigue

21:59 UCL Reconstruction

12:58 14 YO LHD Pitcher

24:10 Loose Bodies

24:49 Olecranon stress fracture

- •5 baseball players
- Persistent olecranon physis
- •Underwent ORIF bone graft
- Mechanism
- •Extension forces triceps
- •Gymnasts, divers
- •Combined valgus extension overload
- Overhead throwing athletes

25:28 14 Y0 WM

- •RHD baseball player, wrestler, and football player
- $\bullet \mbox{Right}$ elbow hyperextension sprain with impingement of the lateral synovial band

25:40 Initial presentation

26:05 Post op: 2, 4, weeks and 3 months

26:29 Prevention is Key

- •Pitchers are at high risk
- •No speed guns
- Less showcases
- •Do training other than baseball
- •Little League pitchers do not become big league pitchers

26:56 Conclusion:

- 13 YO "Big Pitcher" Syndrome
 - Skeletally and mentally immature
 - Fast growth phase

- Poor pitching mechanics
- Hip weakness
- = UE overuse injury

27:25 Little League pitchers do NOT become Big League pitchers

27:53 STOP Elbow Injuries in Youth Baseball: Youth Sports Injury Prevention Sports Trauma and Overuse Prevention

28:30 CONCLUSION

- Protect our young athletes from harm
- •UCL tears in young baseball pitchers occur too often
- •Educate athletes, parents, and coaches in injury patterns and prevention

28:48 Which is Safer? Organized Sports or Free Play?

29:03 "Adults are obsolete children."

29:11 I Am Invincible!

---End of Youth Sports Elbow Injuries---

---Start of Youth Sports Shoulder Injuries pt2---

0:00 Introduction

0:38 Shoulder Injuries Adolescent (less than Age 16)

•No epidemiological Studies

Trends:

- Acute
- •Football Defensive
- •Extreme Sports
- Skateboarding
- •Diving Sky

0:56 Shoulder Injury Sports Epidemiology
1978 Older study

1:24 Males vs Females Sports Injury

1:51 16 YO WM

Epiphyseal displaced fracture of the medial clavicle at the level of

the sternoclavicular joint

- 2:27 1 year post injury
- 2:43 Must Rule Out Fractures
- 3:04 Nolan Ryan didn't start pitching until he was in high school
- 3:32 BioMechanics:

The Magazine of Body Movement and Medicine

- 3:44 Shoulder
 - •Little Leaguer's Shoulder
 - •Definition: proximal humerus stress fracture
 - •Symptoms: Diffuse shoulder pain, reproducible while throwing
 - •Signs: pain proximal humerus, posterolatersal and with ER
 - •Radiographs: 4 views
 - Comparison Stryker views
- 4:12 Distal radial growth arrest Little Leaguer's Shoulder
- 5:08 Little Leaguer's Shoulder
 - •23 patients
 - •Age: average 14 years
 - •19 of 23 were pitchers
 - Pain while throwing
 - •Symptoms: average duration 7.7 months
 - •Treatment: rest for average 3 months
 - •Follow up: average 9.6 months
 - •21/23 (91%) returned to baseball
- 6:00 Physeal and ROM Changes
 - •79 youth baseball players
 - •Age 8 15 years
 - •Increased physeal width on dominant side
 - •Increased ER dominant side
- 6:29 Diaphyseal Humerus Fracture in a Thrower Think pathologic fracture simple bone cyst
- 7:23 12 Y, 6 mo. old, broke left wrist. One week later, fell onto R upper extremity
- 7:53 ~ 3 years afterfractureComplete filling in of cyst
- 8:02 Prevention is Key
 - •Pitchers are at high risk
 - •No speed guns
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- •Do training other than baseball
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-End-