



Continuing the Little League tradition of making it "safer for the kids."

## Safety Spreading

# From Shore to Shore

## Top Safety Planners Win Trip to Little League World Series



With 38 percent of all leagues in the country operating a safety plan, the judging for the best plan just keeps getting harder. But the decisions have been made for the finalists. Congratulations to all safety officers who are helping make a difference for your league, whether you win an award or not.

Both first and second place finishers in each region will win a \$500 award to purchase safety equipment or use as they need in their league. The president and safety officer from the leagues with the first place safety plans will also be flown into the Little League World Series for an awards breakfast Thursday, Aug. 23 through the Series championships, Sunday evening, Aug. 26. A presentation of their awards will be in Lamade Stadium, Thursday, Aug. 23.

### Central Region

- 1st** — Eastlake, Ohio, Little League  
Russ Pappas, safety officer  
Bill McLaughlin, president
- 2nd** — Bolingbrook, Ill., Associated Little League  
Walter Gross, safety officer  
Lori Kure, president

### East Region

- 1st** — Huntington Tri-Village, NY, Little League  
Paul Lasinski, safety officer  
Joe Heid, president
- 2nd** — East Lyme, Conn., Little League  
Russell Brown, safety officer  
Joseph Zrenda, president

### South Region

- 1st** — Port St. Lucie, Fla., Little League  
Tom Filipkowski, safety officer  
James Mougeotte, president
- 2nd** — Space Coast Little League, Cocoa Beach, Fla.  
Charles Gaines, safety officer  
Michael Thames, president

### West Region

- 1st** — Granada Hills, Calif., Little League  
Jerry Lambert, safety officer  
Rick Pohl, president
- 2nd** — Sabino Canyon Little League, Tucson, Ariz.  
Lynne O'Brien, safety officer  
Marsha Holbrook, president

# Baseball safe, could be safer,

A new report on injuries in Little League Baseball finds the sport safe, but recommends the use of safety equipment to reduce injuries further.

The study is entitled, "Injuries in Little League Baseball From 1987 Through 1996; Implications for Prevention," by Frederick O. Mueller, PhD.; Stephen W. Marshall, PhD.; and Daniel P. Kirby, risk management director of Little League Baseball.

"Based on the data, youth baseball appears to be a very safe sport, but there are areas where injury prevention is possible. Data and additional attention are needed concerning face mask use for players in the field, modified balls for minimizing contact injuries, education on sliding technique, and use of safety bases for runners."

## ***Injuries in Little League Baseball From 1987 Through 1996***

risk of injury. In addition, team sports can be used to promote physical activity, leadership and teamwork. Given the declining levels of physical activity in the general population, and the ever-increasing proportion of sedentary adolescents, we would do well to continue to promote baseball as America's national pastime."

### **Results**

"During the study, there were 29,038 injuries and an injury rate of 1.69 injuries per 1,000 participants per season. Ball-related injuries totaled 15,266, and batters had the greatest number of ball injuries. There were 12,306 facial and teeth injuries, mostly in defensive players. Sliding was associated with 60 percent of all injuries to base runners. About 25 percent of the injuries were severe (fractures, dislocations, and concussions), and 13 players died."

The report, in the July issue of the journal *The Physician and Sportsmedicine*, reviewed accident claims in Little League from 1987 through 1996, but just for players, to remove injuries not directly related to baseball. The study found an injury rate of 1.69 injuries per 1,000 players per season in the 5-12 year old categories, the major age-group playing in Little League.

The report concluded: "Based on these data, youth baseball appears to be essentially a very safe activity, but there are areas in which protective equipment use may help to lower the

### **Conclusion**

"Based on the data, youth baseball appears to be a very safe sport, but there are areas where injury prevention is possible. Data and additional attention are needed concerning face mask use for players in the field, modified balls for minimizing contact injuries, education on sliding technique, and use of safety bases for runners."

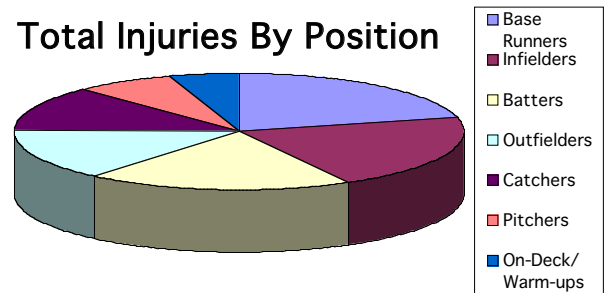
### **Overall Injuries**

Of the 29,038 injuries in the 17,221,210 player-years followed in the 10-year study, the report found injuries to:

Position	Number	Percent of Total
<b>Base runners</b>	6,137	21.1 percent
<b>Infielders</b>	6,012	20.7 percent
<b>Batters</b>	5,567	19.2 percent
<b>Outfielders</b>	4,119	14.2 percent
<b>Catchers</b>	3,649	12.6 percent
<b>Pitchers</b>	2,080	7.2 percent

Over 5 percent of all injuries occurred in the warm-up circle or during warm-ups. (Data was prior to the elimination of on-deck circles from the Little League division.)

**Total Injuries By Position**



The data was organized by the cause of the injury, in order to learn from the data to reduce injuries.

### **Ball-Related Injuries**

Ball-related injuries accounted for over half of all injuries (15,266); batted balls were 5,882; pitched balls, 5,609; and thrown balls, 3,775. **Batters** most frequently injured their hand/finger; then face; arm, wrist or elbow; knee or ankle. The two leading types of injury for batters were contusions (46 percent) and fractures (29.7 percent).

**Infielders** were most often injured in games, with ball injuries accounting for almost two-thirds of all injuries. The injuries were almost even between batted and thrown balls, with the face as the most commonly injured area (37 percent). The leading injury type for infielders was fractures (33 percent), followed closely by contusions.

**Outfielders** were more often injured during practice, with over 77 percent of injuries from the batted ball. Facial injuries (eye, face, mouth, nose, lips) were most

# 10 year study of LLB reports

prevalent with just over 40 percent of all injuries, followed by tooth injuries at 18.4 percent. The injury type most common to outfielders was fractures (30.3 percent), then contusions (25.6 percent), and dental injuries (18.5 percent). One outfielder died.

**Catchers** were injured by a pitched ball in just over half of their ball-related injuries. Two-thirds of injuries to catchers occurred in games. The body part most often injured was the hand/finger (36 percent), followed by the arm/wrist/elbow (16.1 percent), and face (14.7 percent).

Almost two-thirds (1,363) of all **pitchers'** injuries were caused by a ball, 75 percent of which were batted. The injured area was: face (32.3 percent), arm/wrist/elbow (13.4 percent), knee/ankle and teeth (both 10.1 percent). The most common injury was contusions (36.5 percent), fractures (25.4 percent), sprains (11.2 percent), dental (10.1 percent), and lacerations (6.9 percent).

**Base runners** had only 502 ball-related injuries, with 93 percent being from a thrown ball. Over 73 percent occurred in games. The most commonly injured area was the ankle, followed by the arm/wrist/elbow and the knee. Ankle and knee injuries are about 40 percent of injuries.

## Sliding, Running and Tagging Injuries

According to the study's analysis, injuries involved with sliding accounted for 3,703 injuries (12.8 percent of the total injuries and 60 percent of all base running injuries) and 418 more were from base running. Fractures, sprains and contusions accounted for 85 percent of the sliding and running injuries (40, 30 and 14 percents, respectively). Knees and ankles were the most often injured parts of the body in sliding and base running.

## Colliding, Falling and Hit-by-Bat Injuries

Sixteen percent (4,637) of all injuries involved collisions or falls with most occurring to infielders or base runners. Of the rest, outfielders had 924 injuries and catchers 730 (19.9 and 15.7 percent of all collisions and falls, respectively). Collisions in baseball most often occur when two defensive players make a play on the ball at the same time, either two outfielders or an outfielder and an infielder. Falls occur for various reasons, but with half the frequency of collisions. The catcher is the only player to suffer injury by bats, but the incidence is rare, the study notes. The knee and ankle are the most frequently injured area (35.4 percent), "but if facial, head and teeth injuries were combined into a single category, their number would exceed knee and ankle injuries," the authors pointed out.

## Deaths

The most severe of all injuries, death, was tracked by the report. The cause of death for the 13 players during the 10-year study was: pitched ball, 3; sliding, 2; thrown ball, 2; batted ball, 1; collisions, 1; falls, 1; and other, 3.

## Implications for Safety

The study noted that in 1996, the Consumer Protection Safety Commission stated estimates put injuries for all of baseball at 168,000 emergency department visits, in the 5- to 14-year-old age group. "The CPSC concluded one third of these injuries could be prevented or reduced in severity if equipment such as reduced-impact balls, safety bases, and face guards were universally used.... In the context of the data presented here, the potential benefits of safety bases, reduced-impact balls, and face masks are large. However, the benefits of chest protectors for batters appear to be of lesser importance," the authors wrote.

## Safety Bases

With 60 percent of all injuries to base runners during sliding, the report found sliding will "remain at the top of the list until proper sliding techniques are universally taught and the debate over the use of safety bases is settled." The authors noted several prior studies showed reduced injuries to players where safety bases were used, and stated if a similar reduction were found in LLB, about 3,000 sliding injuries would have been prevented.

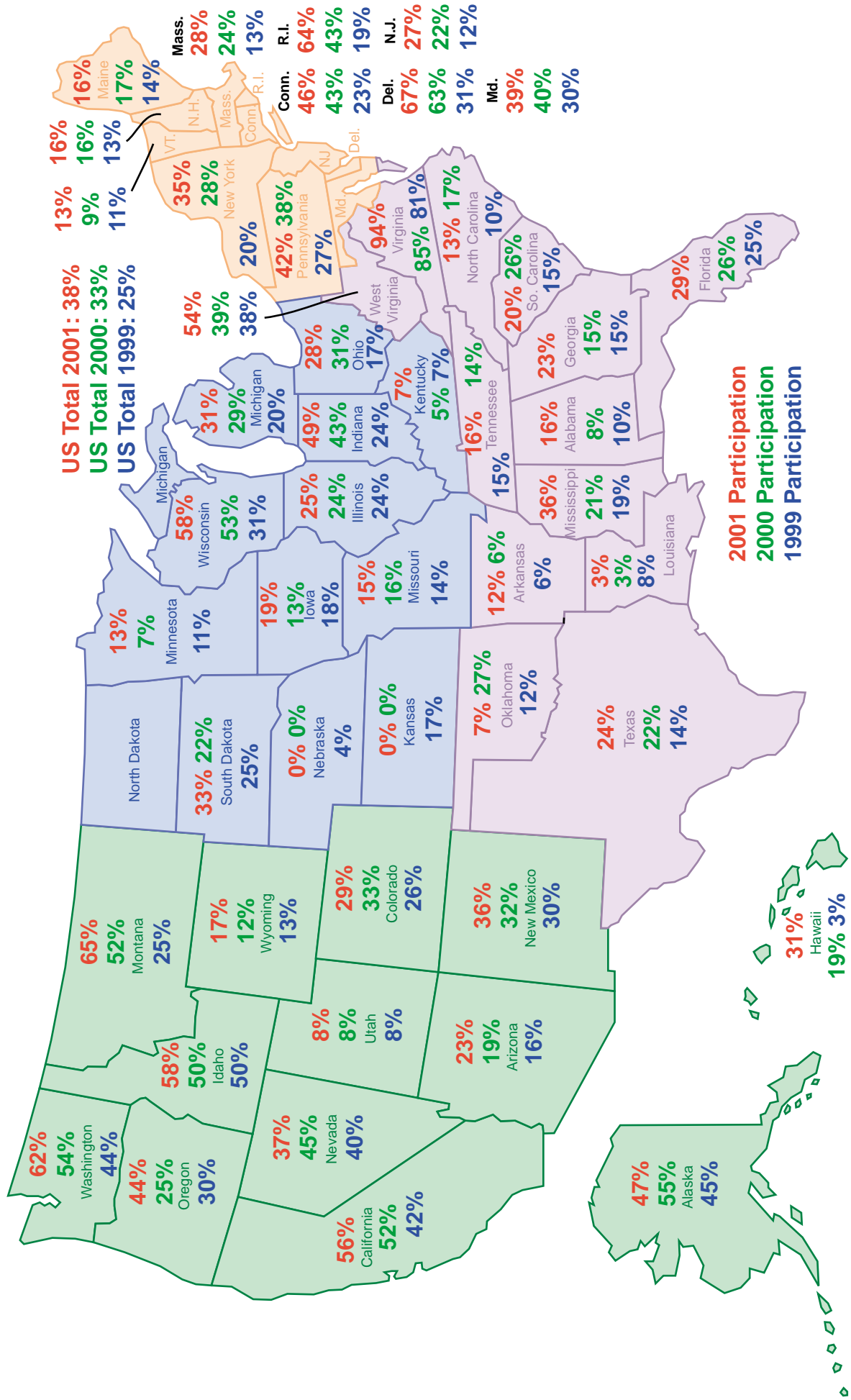
## Modified Balls and Chest Protectors

Modified balls, or low-impact balls, hold promise for baseball, where over half the injuries are from ball contact, the study stated. A larger study on the effectiveness of these balls is needed, the authors concluded, but "if a modified ball could prevent or reduce the severity of even a fraction of the roughly 15,000 ball-related injuries seen (here), its widespread adoption would be warranted."

## Face Masks

The authors noted the effectiveness of face masks on helmets isn't addressed by the data, as none of the injuries told if a face mask was used when an injury occurred. "Since most of the facial injuries were caused by the batted ball, additional data are needed concerning the use of the face masks while running the bases and playing in the field.... (while) face masks could eliminate facial injuries to offensive players, but they would only moderately reduce the incidence of ball-related facial injuries, as most of these injuries are sustained by defensive players."

# ASAP participation by state





## New software eases printing

**Q:** *“As I reported to Little League Baseball through email, pages 2 & 4 of the ASAP June Newsletter come out BLACK pages when you print out the newsletter. What is the problem? Can it be fixed?”*

*(Second email:) “I found the problem after talking to a friend. I was still using Acrobat Reader 3.0. Once I downloaded Acrobat Reader 5.0, I had no problem printing out the newsletter! The problem was on my end! It always pays to check the updates!”*

**Linda Sanfilippo, D.A.**  
Illinois District 11

**A:** The boxes which filled in on you were lightly shaded to set them apart from surrounding white-background text, so the shading must have been over-riding the text portion. Thanks for letting us know of this problem. New upgrades are available at [www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html) for Adobe Reader 5.0. Look under the Acrobat Reader heading, and choose the computer you own, and the download will be fairly quick and easy (400 KB).

**Q:** *“(The May, 2001) ASAP News Safety Chatter on page 5 clarifies the rule on coaches catching pitchers but states that only a helmet and face guard are required to warm up a pitcher while the actual catcher is getting on his equipment. This should be amended to include a metal, fiber or plastic type cup as stated in rule 1.17. Please correct this in a future issue.”*

**Bill Stewart, umpire-in-chief, safety officer**  
Michigan-Wisconsin Little League  
District 10 Safety Officer

**A:** Thanks for catching that omission. Rule 1.17 does state, in part, male catchers must wear a “metal, fiber or plastic type cup.”

**Q:** *“We recently passed a couple of by-law amendments of our local Little League. If I remember right, I thought I saw something that said that we have to forward a copy of these changes to somebody in Williamsport. Do you know who we send them to for Little League HQ for approval? Any help would be greatly appreciated.”*

**Ken Maltese, safety officer,**  
Thompsonville, Conn., Little League

**A:** According to Dan Kirby, risk management director at Little League Baseball in Williamsport, you need to send your proposed bylaws to your Little League Regional office for approval. Your regional officer is in Bristol, Conn. The address is in any rule book.

**Q:** *What is the recommended height of the backstop on a Senior League (age 13-15) baseball diamond? — Question by email*

**A:** While there are no rules for backstop heights, they usually range from 15-20 feet and have some sort of over-hang. Variables such as seating behind home plate, concessions, and adjacent roads will determine the amount of protection you need to give spectators. Then consider how far you will run this double height of fencing down the foul lines. The design should keep balls on the field and protect spectators, so give consideration to the field layout and bleacher height.

Have a question or tip to share?  
Call the ASAP Hotline:  
800-811-7443,  
or e-mail: [asap@musco.com](mailto:asap@musco.com)



Or write to us at:  
ASAP  
100 1st Ave. West  
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Little League Baseball, Inc.  
P.O. Box 3485  
Williamsport, PA 17701

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New study finds baseball safe, could be safer



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### SAFETY CHATTER

New software eases ASAP News printing



## HOTLINE TIPS

## FROM READERS

*"In the Spring of 2000 our league began fingerprinting all our volunteers. The print cards are then sent to the California Department of Justice for comparison to known sexual offenders. This year I am distributing the descriptions and photographs of 'Megan's Law' offenders at our spring safety meeting. There are 3000 Megan's law offenders living in Riverside County and 12 living in our league's zip code area. This list does not even include minor offenders. Protecting our children from these pedophiles had become a number one priority of our league. It is our hope that the fingerprinting and the publishing of known offenders will deter any from becoming involved in our league."*

**Glen Schnoor, safety officer  
Menifee, Calif., Valley Little League**

*"Whether you want to change the behavior of your league board or maintenance volunteers, it pays to remember the '80/20' rule. That rule says no matter how hard you try and no matter how convincing your reasoning is for change, there will always be 20 percent of people who won't go along with it. So don't get discouraged if one person out of five doesn't want to accept your changes. If you've convinced the other four, you've done a pretty good job."*

**Lee Joyce, district safety director  
Virginia District 7**

**ASAP HOTLINE**  
24 HOUR TOLL-FREE  
**800-811-7443**

### ASAP News

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Fax: 641/673-4852

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