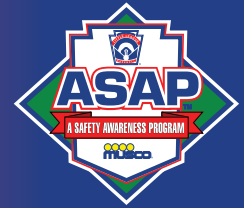


ASAP news



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

Safety Plans are Rolling In!

Leagues across the country are providing a more safe environment this year, although individual states and district percentages of participation vary. Overall, preliminary league safety plan submissions are up over 2008 by two percent, possibly reaching a new participation record for 2009.

Some charter applications have not yet been received and some leagues are still submitting their safety plans, so final numbers may fluctuate in either direction. *Has your league submitted its safety plan? If not, please do so immediately.*

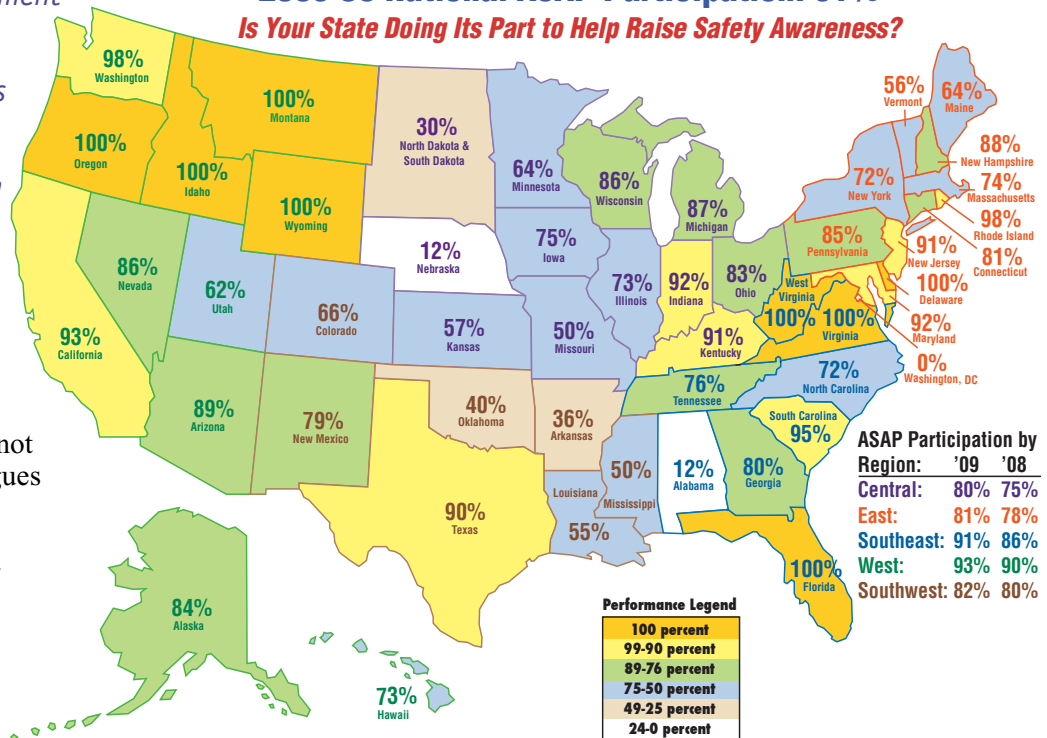
Strong Showing in the West

The West Region again leads the nation at 93% of all leagues having a safety plan to protect the players, volunteers and spectators in their leagues. Wyoming, Montana, Oregon and now Idaho are all at 100%, and Washington and California are also close. Utah jumped up to 62% from zero last year.

2009 US National ASAP Participation: 83%

2008 US National ASAP Participation: 81%

Is Your State Doing Its Part to Help Raise Safety Awareness?



Southeast, Central Gaining

The Southeast Region closed the gap with the West, rising to 91%, with strong showings from West Virginia, Virginia, and Florida. Tennessee also improved.

The Central Region increased five percent as a whole in 2009. Indiana still leads all states in the Central Region, at 92% followed by Kentucky's 91%. Ohio, Wisconsin, and Michigan made strong gains, rising to the mid and upper 80% range.

East Sees ASAP Growth

The East Region advanced 3%, going from 78% to 81%. Delaware returned to 100%, with Rhode Island

at 98%, and Delaware and Maryland both broke into the 90%. Pennsylvania, New Hampshire and Connecticut are in the 80% range.

Southwest Raises Safety

The Southwest Region had great growth in Mississippi, rising from 10% to 50%; Colorado, climbing from 56% to 66%; and Louisiana, moving from 51% to 55%. Texas rose from 86% to 90%, helping the region rise as a whole to 82%.

Overall, the growth of safety is showing great returns for Little League, as people like you work to "make it safer for the kids."

REMEMBER:

Don't Forget to Turn in Your Safety Plan!

Please send it today to:

Little League International
539 US Route 15 Hwy.
PO Box 3485
Williamsport, PA 17701



Study: Face Protection

representative high schools across the nation for the 2005-2007 baseball seasons. The study revealed the injury rate, causes, and locations of injuries, as well as reporting whether from batted balls or not from batted balls. In all, 431 injuries were recorded for all games and practices at the participating schools over the two seasons, for an injury rate of 1.26 injuries per 1,000 player games/practices. Taken to a national level, it equates to 131,500 injuries for the 500,000 high school players participating for the two seasons. It is the first study known to specifically explore batted ball injuries.

Injury Data Offers Clues to Safety

The results revealed a divide between the proportion of injuries to specific areas of the body from batted balls and those areas injured not from batted balls. While 64% of the batted ball injuries were to the head/face and mouth/teeth, only about 9% of injuries not from batted balls were to the head/face and mouth/teeth. Thus the safety recommendations for protective equipment for infielders, pitchers, and batters, the three groups most injured from batted balls, would have the greatest impact in reducing those injuries.

The most frequently injured area for injuries not associated with batted balls was the shoulder, with 17.6% of all injuries; no injuries were reported to the shoulder from batted balls. The second most frequently injured body part not attributed to batted balls was the ankle, with 16% of all those injuries.

Also, the study found the injuries from batted balls almost three times more required surgery, as opposed to injuries not from batted balls, demonstrating a more severe injury from batted balls. Of the batted ball surgeries, five were dental, three were facial lacerations and one an eye laceration.

Also, concussions were a significant diagnosis among both groups. Mouthguards have proven to significantly reduce the chance of concussion after collisions, whatever the mechanism for the hit, and could be worn playing the field or while batting.

The injury rate was more than double in games than in practices (1.89 vs. 0.85 injuries per 1,000 athlete-competitions).

Small Study Will Continue Research

The study is ongoing, and while only the first two years have been published, four years of data have now been gathered. "We haven't seen any drastic changes in the data as we go forward," stated lead author Christy Collins, noting that the injury types, mechanisms and locations have been fairly consistent.

High School injuries research shows infielders, pitchers and batters would be better protected with face masks, eye protection and mouth guards; can you learn from this?

When Rock Bridge, Mo., High School junior Max Byers was hit in the face by a pitched ball while batting May 5, he was supposed to be tuning up his swing in a JV game. Instead, with a broken nose, fractured cheek bones and a concussion, according to published reports, the varsity catcher was told he would have to sit out the rest of the season.

After missing several games, Byers was cleared to begin hitting, but only with a facemask on his batting helmet, and not for defense. While the diagnosis wasn't great, he knew it could have been worse, especially after the high school baseball community suffered a fatality in April, when Patrick Clegg was hit in the back of the head while batting and later died.

A new study tracking injuries in high school baseball has found, while overall a safe sport, injuries are becoming more severe. The report, published in the June, 2008 issue of *Pediatrics*, found baseball players would see fewer injuries if they adopted some simple safety equipment, including eye protection/goggles, mouth guards, and face masks. The study found infielders, pitchers, and batters most frequently were the targets for injuries in these areas. Can your Little League learn from this study? All these pieces of equipment are allowed as options within Little League rules.

The study, which only tracked high school players (not the age group of the majority of the Little League program), was also small, only following 100

Benefits Fielders and Batters

She said while the study is only for 100 schools over two seasons to date, it is the only nationally representative study of high school sports currently going. Other studies have used older data, which don't account for changes in equipment or player size and strength, or were from a single region so not representative of the country as a whole. The study will gather four more years of data, for a total of eight.

"We feel very confident in the data we're collecting and our recommendations from it," Collins stated. She did remind that concerns raised in the study from strains and sprains should be addressed through common sense. "We always recommend that players properly warm up before and cool down afterward, for practices as well as competitions."

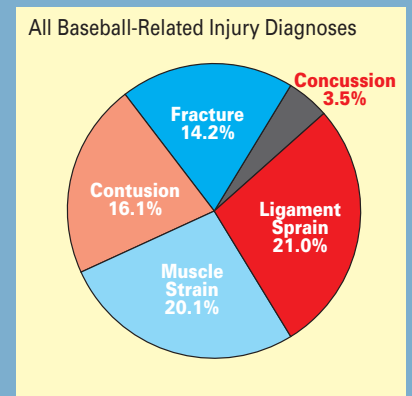
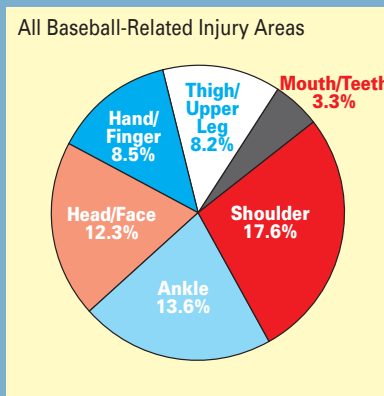
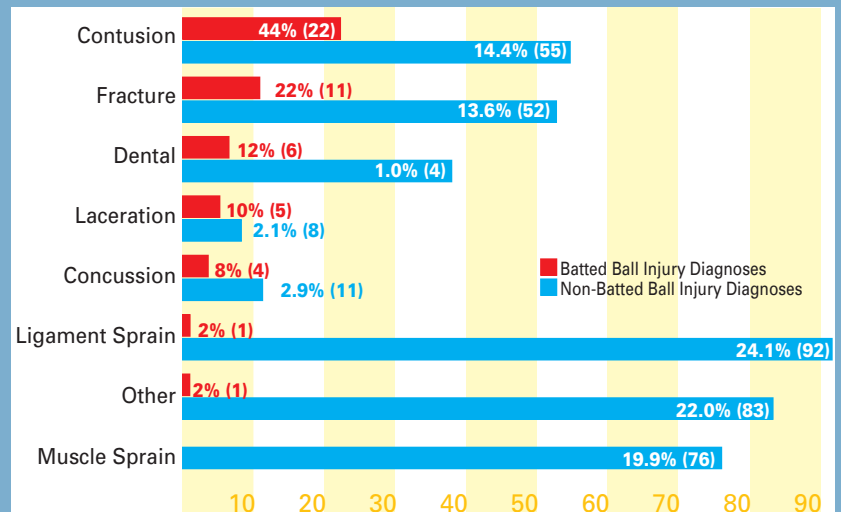
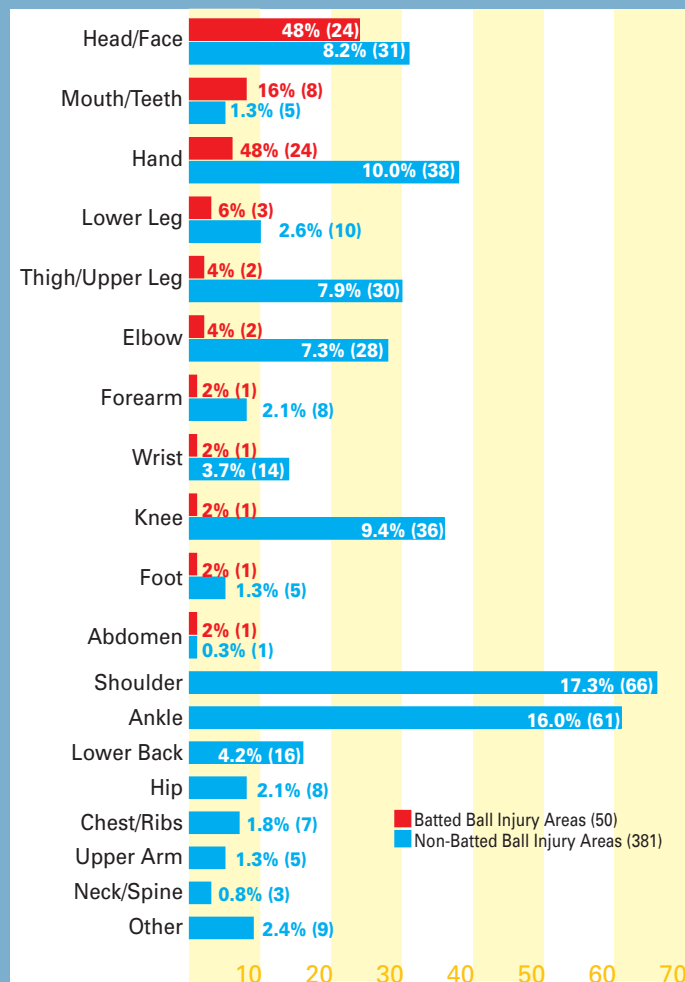
Injuries Suggest Other Concerns

For all injuries, putting batted and non-batted ball injuries together, shoulder injuries were highest in proportion, followed by the ankle, and then head/face, hand/finger, thigh/upper leg, and mouth/teeth. Little League's adoption of bases that disengage from their bases may help drop the number of lower leg, ankle and foot injuries for base runners from those seen in the study. However, infielders and outfielders had about 15% of all their injuries to the ankle, as well.

The pitchers in the study showed a much greater proportion of injuries to the shoulder and elbow than other player positions, although both catchers and outfielders had higher, and almost equal, shoulder injury proportions. Conditioning and overall strength for players' arms is an important concern, especially for the older divisions where larger fields call for longer and stronger throws.

Continued, Page 4.

Comparison of Batted Ball vs. Non-Batted Ball Injuries



Study Continued for Page 3.

The study revealed the kinds of injuries differed between those from a batted ball and those not from a batted ball. First, contusions, fractures, and dental injuries were the most diagnosed injuries from batted balls. But for non-batted ball injuries, the most frequent diagnoses were ligament sprain (incomplete ligament tear, other, and muscle sprain (incomplete muscle tear); contusions and fractures followed next, and dental injuries were near the bottom, as a proportion of injuries not from batted balls.

Study Finds Causes, Recommendations

“Although high school baseball is relatively safe, targeted, evidence-based interventions could reduce the rate of high school baseball-related injuries. On the basis of our findings, we strongly recommend that helmets with face shields, or at least mouth guards and eye protection, be used by pitchers, infielders and batters at the high school level,” the authors wrote of their study in the June, 2008 issue of *Pediatrics*, the American Association of Pediatricians’ official publication.

The study also determined the most common cause of an injury was by contact with a ball, bat or base at 31.8%; no contact (pulled muscle or overuse injury), 30.4%; and collisions with the field, fences, or other structure, 16.2%. The report broke this down into the main root causes of fielding (21.6%), running bases (14.4%) and pitching (13.3%).

“On the basis of our findings that players in all positions are at risk of head/face and dental injuries when hit by a batted ball, the proportion of injuries attributable to being hit by a batted ball that require surgery, and previous research on the effectiveness of eye protection, face shields and mouth guards, we recommend strongly that helmets with face shields or at least mouth guards and eye protection be used

Make ‘em Safer: Follow the Rules

A study published in the February 2008 issue of *Injury Prevention* makes the case that following the rules of a sport helps keep the players safer. After following nine sports at 100 high schools during 2005-2007 in an on-going study, authors Christy Collins, SK Fields, and RD Comstock concluded that illegal activity is “an overlooked risk factor for sports-related injury.”

The study found that over 6% of reported injuries happened during illegal activities. The study reported information for the first two years, has information from the current two years, and continues to gather data from these 100 nationally representative high schools for the next four years.

The current study found for all participants that 0.24 injuries occurred from illegal plays for every 1000 player exposures, or players taking a field in a sport across the country. In the future, the authors will look at the mechanisms of the injuries, to see if specific trends can be found causing the injuries.

Girls’ basketball and girls’ and boys’ soccer have the greatest rates of injury during illegal plays, although softball and baseball also had such injuries.

by pitchers, infielders and batters at the high school level,” the authors wrote in the published study.

For Byers, his story had as close to a happy ending as it could. In the week of district games, he stepped in as a designated hitter in his first returning at-bat and slapped a single to center, and then helped his team as designated hitter to claim its first district title since 1984, and advance to sectionals.

“In injury prevention, that is an important number, 6 percent,” said lead author Collins. “If we can reduce those injuries, we can keep those kids active and playing sports. If kids are injured they can’t play.

“The rules are designed not only to promote fair play but to protect the players,” Collins stated. “We want to educate the players and officials about the risk of injury from illegal plays. By definition, activities that are illegal shouldn’t be happening. Illegal activity isn’t part of the game.”

Help educate your players and coaches about the risks of not following the rules, to help keep everyone more safe on and off the diamond this summer.

All three authors are from Columbus, Ohio-area institutions. Collins is with the Center for Injury Research and Policy at the Research Institute at Nationwide Children’s Hospital, while Fields is with Ohio State University’s College of Education and Human Ecology, School of Physical Activity and Educational Services, and Comstock is with the OSU’s Department of Pediatrics and College of Public Health, Division of Epidemiology.

“I feel really lucky to play, because there were some people that were hit in the head and can’t play anymore, or live anymore,” Byers said to the *Columbia Daily Tribune*. “I feel very lucky to have such a speedy recovery and be back.”

If your league adopts even some of the recommendations from this study, you can help protect your players from having to make speedy recoveries, or worse.



Avoid Collisions on the Field

Whether between teammates or opposing players, baseball and softball are not contact sports. Make sure everyone understands who should make the play, and who should make way, to avoid collisions between players.

Call the Ball

Defensive players should be trained early to “call the ball” when going for a catch. Don’t have two players collide because neither knew the other was trying to make the play. Fielders should be taught which player has priority for fly balls on the various areas of the field, unless called off by another player (i.e., on the third base side of the diamond, the shortstop has priority for fly balls, while on the first base side, the second baseman has priority, and outfielders generally should give ground to the center fielder).

Don’t Obstruct Base Paths for Runners or Interfere with Fielders

Base runners and fielders: Only a player with the ball, or making a play on a batted ball should be in the base paths. Avoid injuries on the base paths by making it clear to offensive players that runners must slide or avoid a fielder **with the ball** and avoid a fielder making a play on a batted ball. For defensive players, tell them that fielders **without the ball** must vacate the base paths for runners.

Rule 7.08: “Any runner is out when – (a)(3) the runner does not slide or attempt to get around a fielder who has the ball and is waiting to make the tag; . . . (b) intentionally interferes with a thrown ball; or hinders a fielder attempting to make a play on a batted ball (NOTE: A runner who is adjudged to have hindered a fielder who is attempting to make a play on a ball is out whether it was intentional or not).”

Rule 7.09: “It is interference by a batter or runner when – (f) the runner fails to avoid a fielder who is attempting to field a batted ball, or intentionally interferes with a thrown ball . . .”

2.00 – Definition of Terms

OBSTRUCTION is the act of a fielder who, while not in possession of the ball, impedes the progress of any runner. A fake tag is considered obstruction. (NOTE: Obstruction shall be called on a defensive player who blocks off a base, base line or home plate from a base runner while not in possession of the ball.)

A fielder without the ball should make way for the advancing base runner; a runner seeing a fielder with the ball must slide or avoid. Don’t allow collisions on the base paths from overly-aggressive play.

Protect Players, Volunteers

A person wearing a grey long-sleeved shirt and a blue apron is holding a black baseball catcher's helmet. The helmet has a metal cage and a chin strap. The background is a blurred outdoor setting, likely a baseball field.

Death of batter, head injuries to catchers, umpires underscore need to ensure safety of helmets for those closest around the plate.

Are you adequately protecting your batters, catchers and umpires?

Head injuries are an area of critical importance for any league due to their severity of risk. One of the positions most at risk for head injuries is the batter, because of the proximity to both pitched, hit and foul balls. But the catcher and umpire are both similarly close and have the same risks and needs. The death of actress Natasha Richardson from a skiing fall has raised awareness around the world of head injuries.

Does your safety plan address head safety, from equipment to prevent injuries to education on what steps to take if an injury occurs?

Baseball Death Underscores Need

The death of high school batter Patrick Clegg, a Waynesville, Mo., High School baseball player, who was hit by a pitch while batting also serves as a cautionary tale. Clegg, 16, was batting in a game on April 21. The pitch was reportedly high and inside, causing Clegg to turn his back to it and duck his head. However, the pitch didn't hit his helmet, but his neck, just at the base of his skull under his helmet.

The story, reported in the *Springfield, Mo., News-Leader*, indicated he was struck in the brain stem and immediately collapsed on the field. Two days later, he was declared brain dead and taken off life support.

Batting Helmets Must Fit

Part of your plan should be efforts of prevention, making sure batters, catchers and umpires have proper protection. Since many players and volunteers use community equipment designed as one-size-

with Proper Equipment

fits-all, make sure it does fit everyone, or that different models are available.

Injuries happen when helmets fall off while the player is running the bases, too. Make sure chin straps are on all helmets that have the snaps or latches to hold the strap in place. Smaller players are at risk of poorly fitting helmets falling off, leaving their heads unprotected. Little League requires each team to have six NOCSAE-approved helmets available for each team's batters. Make sure a variety of sizes are available, to meet the need of varying sized players' heads.

Are your league's helmets inspected and maintained properly? Another concern for helmets is the need for replacement after a hard hit.

Manufacturers state that once a baseball batting helmet has been hit hard once, it should be discarded. Don't wait for a crack to show that the shell is compromised, as a break could happen *before* an obvious crack appears.

Helmets cost between \$15 and \$40, depending on style and manufacturer. Don't put players at risk over whether a helmet has served its use.

Umpires Need Quality Masks, Helmets, Too

In separate instances within a week of each other, two MLB umpires were sidelined with head injuries after being hit by a broken bat and a foul ball while behind the plate.

On April 19, home plate umpire Ed Hickox was tagged in the center of his facemask with a foul tip. Hickox worked the rest of the game but spent the night in the hospital under observation. He was expected to be out of action for a week with the resulting concussion.

In a more severe injury, MLB umpire Kerwin Danley was removed from the field on a stretcher after the

top of a broken bat hit him in the helmet during a game April 24. Danley also suffered a concussion, but because he wore a full hockey-style mask and helmet, it was speculated that equipment saved him from a worse injury.

Does your league provide umpires with quality masks and helmets? Make sure these volunteers are well protected, too.

Don't Modify Helmets with Paint, Stickers

Finally, check all your helmets for unapproved paint or stickers. Helmet manufacturers have warned Little League for several years that any modification, either of stickers or paint, not approved by the helmet manufacturer will void the warranty.

That should tell your league the manufacturer, who knows its product best, is concerned that these helmets will fail with no warning if they've been modified, and the manufacturer won't be held responsible. Applying paint or stickers to the shell can cause a chemical reaction that destroys the helmet's hard, protective ability. Helmets may not be repainted or stickers applied unless approved in writing by the manufacturer. See rule 1.16 and 1.17 for specifics on this.

Don't allow league helmets, including personal player helmets, to be used if they have been painted or stickers have been put on them, for the players' safety.

Make Sure Players Wear Helmets When Required

One concern for any league should be that its players and volunteers follow proper procedures for wearing helmets.

Here are some reminders on helmet use, for both practices and games:

Catcher's helmet and "dangling" throat guard

- Warming up a pitcher
- Catching during infield/outfield warm-ups
- Playing position of catcher during games or practices (with chest protector, shin guards, and cup for males)
- **NOTE:** Skull caps not permitted

Batting helmet (facemask optional)

- Batting practice (anywhere on field or in batting cage)
- Batting in games
- Running bases
- Pitching practice (standing in batter's box while pitchers throw to catcher)
- Players coaching first or third bases in coaches' boxes
- *Optional:* Adults coaching first or third bases in coaches' boxes



Are Your Procedures Adequate for Using Batting Cages?

A report out of Plano, Texas, states a high school baseball player without a helmet on suffered a brain injury and facial fractures after being struck in the head by a pitched ball while in a batting cage.

According to the report on WFAA-TV, the player apparently had taken off his helmet in early April in the school's batting cage when he decided to hit "one more ball." Texas high schools have a mandatory helmet policy for batting cage use following the 2007 death of another Texas high school baseball player in a batting cage.

The coaches in the current accident were on the field when 17-year-old Clint Rupp went back into the batting

cage and was injured by the pitched ball coming into his face. His brain was bruised and facial bones were fractured from the ball, according to the report. He was hospitalized for days and was monitored for any sudden changes in his brain's condition.

Make sure all players in your league are required to wear a helmet while in the batting cage, whether pitching or hitting, and that screens also protect the pitchers or machine-pitch operators.

"Wear a helmet because life can come and go. You never know," Rupp was reported as saying after his hospitalization. Rupp reportedly will be out for six months following the injury and is still being monitored closely.

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