Preventing Baseball Injuries
Safety tips for baseball

**Good preparation is important**
- Undertake pre-season stretching/strengthening programs to assist in the prevention of overuse injuries associated with pitching.
- Undertake a good stretching program and proper warm up for limbs before and after play and a comprehensive conditioning program to develop flexibility, endurance and strength.

**Good technique and practices will help prevent overuse injury**
- Coaches should conduct pre-season stretching/strengthening programs; evaluate and correct pitching techniques; and limit the number of pitches thrown by an individual player.
- Coaches should limit the number of pitches per week for each player, make rest periods between pitching mandatory and teach proper pitching techniques.

**Wear appropriate safety equipment**
- Wear good quality, double eared helmets with face protectors which will protect the face from the tip of the nose to below the chin, including the teeth and facial bones.
- Wear energy absorbing chest padding when batting, pitching or catching to distribute any blows from a baseball impact over a broad area of the chest.
- Always wear shin protection, breast plate and a helmet with a mask when playing in the catchers position.
- Children players should wear properly fitted genital protectors at all times in the field.

**Modify playing environments to improve safety**
- Use breakaway/quick release bases instead of standard stationary bases to reduce the load impact generated should a player impact with the base. Standard bases are not designed to absorb the force of a sliding player and can cause serious injuries to the hands and feet upon impact.
- An American study has estimated that the use of break-away bases could represent a 80% reduction in the risk of injury involved with sliding.
- Pad fences, walls and posts to help prevent injury if players run in to them when attempting to catch the ball.

**Modify rules for children**
- Encourage children to play TeeBall as a means of developing good technique.

**Other safety tips**
- Use protective screening to protect players in dugouts and on benches.
- Ensure playing fields and facilities are well maintained.
- Players should be instructed to slide in the correct manner.
- Safety screens should be used during practice, particularly for batting practice.

**If an injury occurs**
- Ensure all injured baseballers receive adequate treatment and full rehabilitation before resuming play.

**For further information contact:**
- Victorian Baseball Association Inc. PO Box 537, Laverton, Vic, 3028. Ph: (03) 9360 0766.
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Facts on baseball injuries

How many baseballers?
♦ In 1993 there were 143,100 players formally registered with the Australian Baseball Federation.

How many injuries?
♦ Baseball injuries rank 13th (for children) and 16th (for adults) in terms of sport and recreation injury presentations to Australian hospital emergency departments.

Who is injured?
♦ Although baseballers of all ages and levels of experience are injured, males aged 10 to 24 years are the most commonly injured group of baseballers in Australia.
♦ Of those injuries to baseballers, 47% child and 88% of adult cases occurred during formal play.

When do injuries occur?
♦ Available evidence suggests that injuries are more likely to occur at the start of the baseball season.

The cause and type of injuries
♦ The most common cause of injury for baseballers is being hit by the ball. Also common are injuries associated with sliding to base (more common in adults), over-exertion, falls, collision with another player, misjudged catches resulting in a finger injuries and being hit by the baseball bat (more common in children).
♦ Impacts with standard stationary bases while sliding incorrectly to base can cause serious hand and feet injuries.
♦ Injuries to child baseballers are mostly to the head/face, including bruising, lacerations and concussion. Finger injuries, particularly strains/sprains, are also common.
♦ Injuries to adult baseballers are mostly strains/sprains to the ankle or knee and fractures to the nose or tibia/fibula.

References

Acknowledgments
Illustrations by Debbie Mourtzious, Education Resource Centre, Royal Children’s Hospital, Melbourne. This project was funded by Sport and Recreation Victoria and the Public Health Research and Development Committee of the National Health and Medical Research Council.