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In Motion

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How Do I Get My Kid Started in Sports?

By Michael J. Smith, MD

Sports can be a fun way to introduce your child into a lifelong healthy lifestyle. Children need physical activity for growth and development, and sports participation helps with this goal. Playing sports can promote socialization and teamwork. This is important in the child's development of self-esteem and goal setting. Some tips for encouraging your child to get involved in sports include:



Stay fit yourself—Be a good role model. Your kids are watching you more than you think. If you have a healthy lifestyle, they are more inclined to emulate these positive exercise experiences.

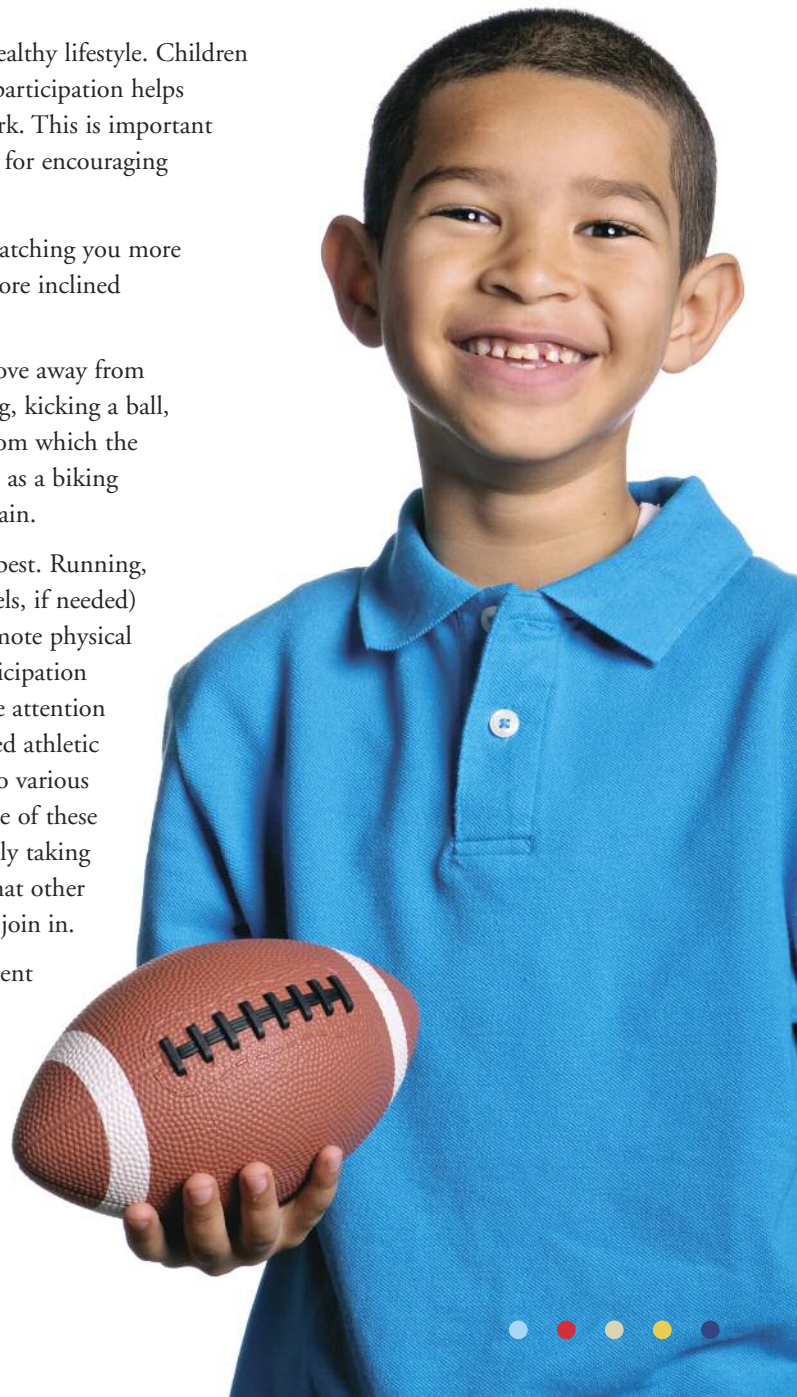


Play sports with your child—Encourage your child to move away from television and computers and play outside. Simple running, kicking a ball, or playing outdoor games can promote a fun experience from which the child builds. Organize a family or parent-child outdoor activity such as a biking or swimming activity. Make it fun, so the child will want to do it again.



Allow for free play—Under the age of five, free play is best. Running, water play or swimming, and biking (with training wheels, if needed) are great ways to encourage physical activity and to promote physical development and coordination. As the child grows, team sports participation can be introduced, usually around the age of 5 or 6. Before then, the attention span may not lend itself to team efforts. Taking the child to organized athletic events as a spectator on a regular basis can also introduce the child to various team sports. The child may express an interest in participation in one of these sports. You don't have to take the child to a professional event. Merely taking the child to a little league soccer or baseball game may show them that other kids are doing physical activities and having fun, so they may want to join in.

As a parent, it is important to be sure the child is in a safe environment with proper coaching and equipment needed for the sport. Parents should be supportive and let the child enjoy themselves. Positive reinforcement promotes self-esteem and confidence. Don't put excessive pressure on the child. Remember, you are the parent trying to teach positive growth in physical activities. You are not the child's sports agent. Be sure you try to keep it fun and safe.



UCL Injuries and Tommy John Surgery: Fact or Fiction

By Lance E. LeClere, MD, and Luke S. Oh, MD

The prevalence of ulnar collateral ligament (UCL) injuries in throwing athletes has grown substantially over the past several years, especially in the adolescent patient population. As more and more professional athletes successfully return to high levels of play after Tommy John surgery (or ulnar collateral ligament reconstruction), many young athletes, parents, and coaches have come to recognize that elbow injuries in throwing athletes are not necessarily career ending. As public awareness about Tommy John surgery and its success stories have grown, so too have some myths and misunderstandings about the surgery. Here are some common misconceptions about UCL injuries and Tommy John surgery:

I can tear my ulnar collateral ligament with one “bad throw.”

Although many athletes report hearing or feeling a “pop” on one specific pitch or throw, the vast majority of athletes have had symptoms on the inside portion of the elbow for quite some time before the ligament finally tears. It is less common for an athlete to tear the ligament with one single throw without prior symptoms. For this reason, it is imperative that parents and coaches pay attention to the symptoms that young athletes report. Always take any elbow pain very seriously—it could be an early sign of overuse and possible ligament injury.

Pitch counts and innings counts are separate in different leagues and don’t cross over or add up.

The ulnar collateral ligament is typically injured as a result of cumulative damage over time and it does not discriminate based on which league an athlete is pitching in! Staying just under the limit in two leagues in the same week will add up and exceed the overall limit. If an athlete is simultaneously participating in multiple leagues and playing on multiple teams, it is the collective responsibility of the player, parents, and coaches to ensure that the TOTAL pitch or inning count does not exceed the recommended limit.

Tommy John surgery will make me a better pitcher.

A common myth about Tommy John surgery is that having surgery when the ligament is not torn will add speed/strength to a player’s pitches. Many players will begin to lose accuracy and speed because of pain, muscle fatigue, and ligament damage before their ligament ruptures completely. Having surgery on a healthy ligament will not improve a player’s performance.

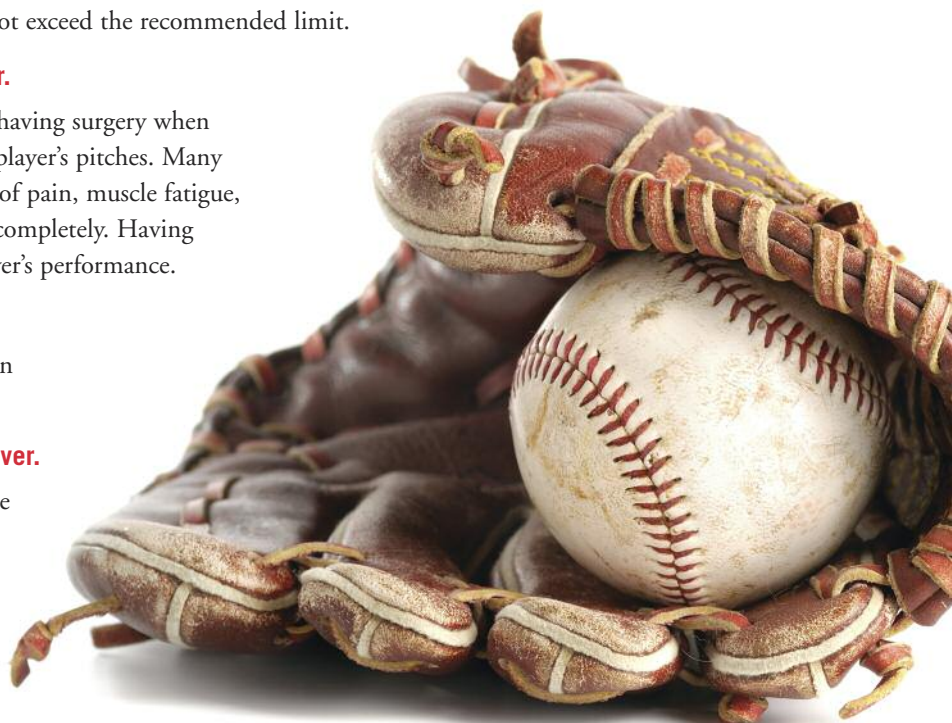
If I have surgery, I’m out for the year.

Recovery from ulnar collateral ligament reconstruction usually takes approximately 12–16 months.

Having Tommy John surgery means my career is over.

When undergoing UCL reconstruction for a complete or high-grade partial tear, success rates are close to 90 percent in professional athletes and about 75–80 percent for high school athletes.

Many have come to recognize that elbow injuries in throwing athletes are not necessarily career ending.



Anabolic Steroids: Performance Enhancing but at What Cost?

By Kenneth Fine, MD

Competition is part of life and we are all programmed to strive to be successful. The temptations of winning and of becoming bigger and stronger can be quite powerful. Performance enhancing drugs, especially anabolic steroids, have become widespread, including usage by non-athletes who want to improve their physical appearance. Younger athletes see their role models using these substances, only adding to their appeal. Unfortunately, anabolic steroids have potentially dangerous and permanent side effects.

What are anabolic steroids?

Anabolic steroids are synthetic derivatives of the male sex hormone testosterone. These steroids help with the construction of new proteins and increased muscle size and strength. These processes occur naturally in the body, but anabolic steroids enhance these normal biologic activities. Anabolic steroids should be distinguished from other types of steroids that are not anabolic, such as corticosteroids, which reduce inflammation in the body. Anabolic steroids, although illegal, are obtainable in communities, weight rooms, and via the Internet.

Steroids can be taken orally or injected. Steroids taken alone without combining with training have no significant effect. Also, any benefits of anabolic steroids are quickly lost after they are stopped.

What are the side effects of anabolic steroids?

Some of the side effects of steroids are reversible when the steroid use stops but some side effects are irreversible, including:

Males and Females

- Acne, especially on the face and back
- Mood swings, depression, possibly suicidal behavior
- Stretch marks
- Premature balding
- Liver damage
- Tendon rupture
- Heart enlargement
- High cholesterol
- Elevated blood pressure
- Infection or injury from injection of steroids (including HIV and Hepatitis)
- Possible increased risk of cancer
- Increased risk of death, especially from cardiac causes
- Dependence—There are withdrawal symptoms after they are discontinued, such as depression, fatigue, and reduced muscle size and strength, which makes it more difficult to stop.

Females (these side effects are irreversible)

- Deeper voice
- Clitoral enlargement
- Breast shrinking
- Body hair growth

Males

- Testicular shrinking
- Impotence
- Prostate enlargement
- Lower sperm count

Children (these side effects are irreversible)

- Premature closure of growth plates, stopping growth
- Early puberty

How can we prevent children from using anabolic steroids?

Parents must realize that anabolic steroids are not only a problem in elite athletics; children are also exposed to these drugs. Parents should talk about steroids and other performance enhancing drugs with their children. Discuss the risks and side effects of these drugs with your children. Parents and coaches should continually stress the values of hard work, training, discipline, teamwork, participation, and fun in sports as opposed to winning at all costs attitude.





About AOSSM and *In Motion*

As a world leader in sports medicine education, the American Orthopaedic Society for Sports Medicine (AOSSM), we have designed the publication to highlight relevant information for multiple age groups from exercise and rehabilitation to nutrition and psychology.

This important educational tool is published quarterly and distributed electronically.

AOSSM members can add their practice name and logo to *In Motion*. Personalizing *In Motion* is an easy way to get pertinent, patient-friendly sports medicine information to your patients with just a click of a mouse. For more information, please e-mail Lisa Weisenberger at lisa@aossm.org or contact the Society at 847/292-4900.

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Achilles Tendon Tear Treatment Difficult

By Robert H. Brophy, MD

With Kobe Bryant's return to the NBA this season after tearing his Achilles tendon last spring, there has been increased attention on this injury in basketball players. Basketball athletes are at an increased risk for Achilles tendon tears due to the demands of the sport, including repeated acceleration, change of direction and jumping.¹ Older athletes also face a higher risk of Achilles tendon tears,² making this a particularly relevant injury for the mature competitive and recreational basketball player.

The treatment of Achilles tendon tears is under increasing scrutiny. Surgical intervention is associated with a reduction in re-rupture compared to non-operative treatment, but adds the risk of infection and other complications.³ Risk factors for infection include age over 60, diabetes, smoking, delay in treatment more than 7 days, and pain in the tendon before injury.⁴ There is a growing body of evidence that functional rehabilitation can have very good outcomes for patients with Achilles tendon tears but there is still debate over the relative rate of re-rupture and the comparative recovery of strength and

power.⁵ Athletes tend to prefer operative treatment for the potential benefit in terms of decreased re-rupture rate and more complete recovery of strength and power.

There is limited data on return to sport after Achilles tendon tears. A recent study of NBA athletes suggests that Kobe Bryant faces an uphill climb.⁵ In a group of 18 NBA athletes who tore their Achilles tendon, seven (39%) never returned to professional basketball and only 44 percent played more than one season after their surgery. Those who returned to play missed an average of 56 games before getting back to competition. Once they returned to the NBA, they demonstrated a significant decrease in minutes per game and performance (based on the NBA Player Efficiency Rating) compared to their pre-injury performance and compared to healthy controls. Interestingly, those who underwent surgery were significantly less likely to get back to the NBA than those who did not. The good news for Kobe is that a higher Player Efficiency Rating pre-injury was associated with a greater likelihood of returning to professional basketball.

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