

Little League Shoulder

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A 13-year-old male baseball player presented with severe proximal humerus pain and limited range of motion. Two months previously after pitching 2 weeks into the season, vague, lateral right shoulder pain developed. He stated that at the time he had full range of motion, with end-range pain, normal strength, and no instability. He continued playing outfield and, after 6 weeks, he felt a sudden pain and pop in his shoulder while throwing.

Radiographs revealed a Salter-Harris II fracture of the proximal humerus, with widening of the lateral physis (image A). Magnetic resonance imaging of the shoulder (image B) revealed a subacute Salter-Harris II fracture of the proximal humerus, with periosteal fluid and associated marrow edema. The initial treatment was rest followed by rehabilitation, including thoracic mobilization. The patient then progressed through a regimented throwing program.

“Little league shoulder” is caused by repeated overhead throwing in athletes between the ages of 11 and 14 years during peak proximal physis growth.^{1,2} The rotational torque during maximum external rotation when throwing overhead seems to be the primary cause of growth plate failure.¹⁻³ (doi:10.7556/jaoa.2015.108)

References

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