



### **“Little Leaguers” Elbow**

**Definition:** A repetitive stress injury to one of the bones on the inside of the elbow (medial epicondyle). This bone is responsible for helping to stabilize the elbow joint, and this injury is more commonly seen in adolescents due to the continued growth of their bones. If left untreated, the result can be a small piece of bone being pulled off by a tendon due to continued repetitive use.

**Common Terms:** This condition is often referred to as medial epicondylitis, golfer’s elbow or thrower’s elbow. It becomes “Little Leaguers” elbow when the growth plate is affected.

**Typical Mechanism of Injury:** The most common way for this injury to occur is from overuse, especially during repetitive overhead movements such as throwing or hitting tennis balls. It can also result from poor form during repetitive movements. Examples of this are seen with sports like baseball, tennis, golf, and other activities where the arm is often used forcefully to throw or move objects. This injury only occurs in growing children, once the growth plates close the tendons then become affected.

**Common Signs and Symptoms:** Initially, an individual will complain of aching on the inside of the elbow area during the affected movements. This may progress to pain that occurs after, during and/or after exercise. In some cases, difficulty completely straightening out the arm may develop. Some weakness may also be seen secondary to pain symptoms. Eventually, the pain will become uncomfortable enough that activity will be impaired, leading to a restriction in the usage of the elbow.

**Common Treatment:** Immediately reducing the use of the elbow is the initial treatment for this injury, especially during the activities that have led to the pain. Use of ice may help to diminish local pain, but should be used cautiously, and with the advice of a medical professional, as this area is also close to nerves in the elbow that can be damaged with prolonged exposure to cold. In severe cases casting may also be recommended. Anti-inflammatory medications may be prescribed to help control swelling. Throwing should be discontinued until pain has subsided and the athlete has full range of motion in their arm. Light stretching can be performed for the forearm muscles as well as the muscles of the upper arm unless these cause discomfort. A return to activities, such as throwing, should only begin with the approval and guidance of your physician and rehabilitation specialists who will supervise an interval throwing program to assist you with a safe and gradual return.

**Prevention:** While this condition is called Little Leaguers Elbow, athletes in many other sports can be susceptible to this injury. The best way to prevent it is to focus on increasing throwing repetitions gradually, maintain good flexibility and strength, and to emphasize proper form. Avoiding overuse, such as abiding by pitch counts that exist in throwing sports, is a major component to safe participation.

**Expectations:** Depending on the severity of the injury, an individual may be limited or removed from participation anywhere from one week (minor injury) to six months or more (severe injury). An orthopaedic surgeon should be consulted if the injury persists or is severe.

**DEPARTMENT OF ORTHOPAEDICS & SPORTS MEDICINE**  
Carol & Frank Morsani Center for Advanced Health Care \* 13330 USF Laurel Dr \* Tampa, Florida  
33612 \* (813) 396-9625 \* FAX (813) 396-9195 \* [www.health.usf.edu](http://www.health.usf.edu)

[usfORTHO.com](http://usfORTHO.com)

©2010 USF Department of Orthopaedics & Sports Medicine