

Parental Checkpoints For The Baseball Player

Physical Therapists:

Glenn Holland, PT, MS, ATC, SCS,
CSCS, FAAOMPT Titleist Performance
Institute Certified



1656 State Route 228 Cranberry Twp. PA 16066
glennhollandpt@gmail.com | 412-337-5565

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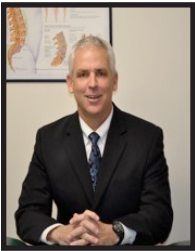
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Author's Biographies



Glenn Holland, Director of Sports Medicine
PT, MS, ATC, SCS, CSCS, FAAOMPT



For the past 15 years, **Glenn** has specialized in evaluation and treatment of the overhead athlete with a primary emphasis on baseball players. As a consultant for baseball injuries in high school, collegiate, and professional athletes in Western Pennsylvania, he has implemented rehabilitative programs, throwing programs, and sport-specific training. Glenn works closely with Dr. Pat McMahon, the University of Pittsburgh Medical Center Orthopedic Specialist for shoulder, elbow, and wrist injuries; Dr. James Bradley, the physician for the Pittsburgh Steelers; and Dr Patrick DeMeo, Medical Director of the Pittsburgh Pirates. A 1995 graduate of the University of Pittsburgh Physical Therapy School, Glenn is a Certified Athletic Trainer and has specialty certifications in manual therapy and strength and conditioning.

Parent Checklist



Many parents are uncertain when to seek medical advice. Learning a few functional tests may allow you to recognize potential breakdown points. Your child's breakdown points could include poor balance, a weak landing leg, loss of motion, or even pain. It is important to get a baseline of all your child's functional tests at the beginning of the competitive year. This baseline serves as a reference point throughout the entire athletic season.

Parent Checklist:

- ✓ Wobbly Leg Sign (*Single Leg Squat*)
- ✓ Scratch and Blade Sign (*Loss of IR/Winged Scapula*)
- ✓ Sagging Bridge Sign (*Front Bridge for Lower Abs*)
- ✓ Stand Up Straight Sign (*Loss of Thoracic Extension*)
- ✓ Lay and Reach Sign (*Scapula Dysfunction or Tight Lat*)
- ✓ Pain Sign (*Any joint pain or Dead Arm Feeling*)



Parent Screen



Wobbly Leg Sign

Ask your child to stand on one leg and slowly bend to do a single leg squat. If your child is unable to keep his or her knee in line with their toes while performing the squat it might suggest anything from a pronated foot to an anteverted hip to weak hip muscles. No one expects you to use this test to identify the cause of the problem; rather, it is important a parent is able to recognize a problem may exist. Inability to perform this maneuver can indicate your child will not be able to control his or her body weight in space and may have trouble moving through space at very high speeds. An athlete unable to accelerate or decelerate motion may experience problems in any part of the kinetic link.



Scratch and Blade Sign

The parent has their child place one hand behind his or her back at waist level as if reaching into a back pocket. While maintaining this position, the child then tries to move this arm up the back as far as possible. Repeat this test using the opposite arm. Although it is expected that the child's throwing shoulder will have less motion in this direction as compared to the opposite side, the difference should not be substantial. This is one reason getting a baseline as a point of comparison is so important. The parent should also note whether the child's shoulder blade wings off the rib cage during this test. This winging can be representative of weak scapular stabilizers.



Sagging Bridge Sign

The parent asks their child to lie on their belly on the floor. The child then rests their weight on their forearms with the elbows directly under the shoulders. The feet are positioned as if performing a push-up. Keeping the body straight like a plank and the forearms level, ask your child to raise his or her body off the floor as if doing a push-up. If the low back sags it is indicative of poor trunk/core strength. Your child should be able to hold this position a minimum of 90 seconds without sagging.



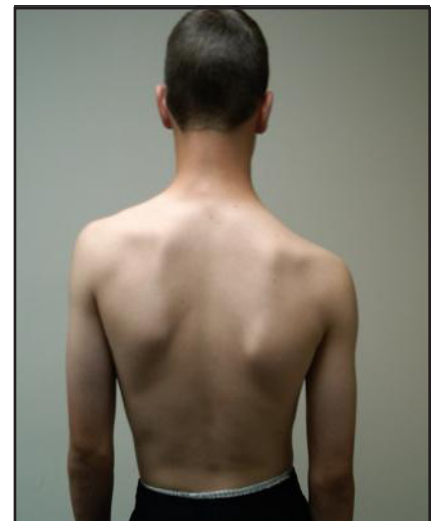
Stand Up Straight Sign

Observe your child to see if their shoulders are sagging or if he or she is slouching while standing or sitting. A forward shoulder position could predispose your child to scapular muscle weakness or shoulder impingement/pathology.



SICK Scapula Sign

Observe your child to see if their throwing shoulder is lower or tilted compared to the non-throwing shoulder. A misaligned shoulder blade may predispose a child to shoulder pain and weakness which will eventually leads to injury.



Lay and Reach Sign

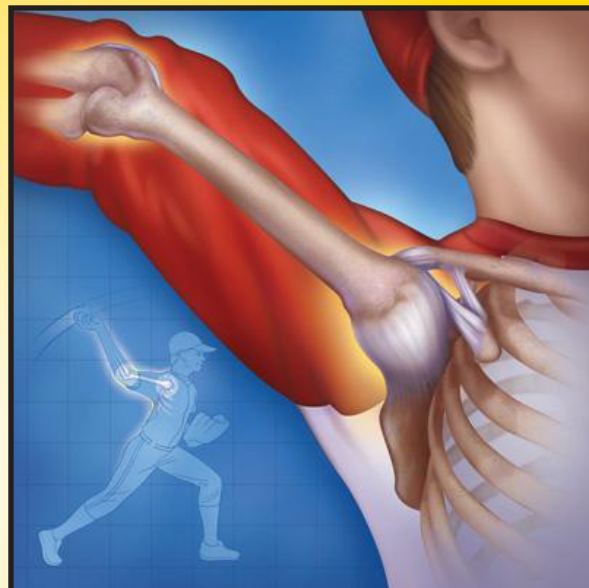
Have your child lie on the floor with his or her knees bent up and feet flat. Ask your child to raise their arms overhead and reach as far back to the floor as possible. It is important to keep the back flat on the floor when reaching back. A difference between the right and left sides could be indicative of a tight lat muscle or shoulder blade dysfunction



Pain Sign

Any time your child complains of pain in the shoulder, elbow, back, rib cage, hip, knee or ankle, it must be monitored. You should consider having your child examined by a health care professional if:

- The pain persists for longer than 2-3 days
- Your child exhibits persistent weakness of the upper extremities, lower extremities or core
- Your child complains of “pins and needles” or a lack of feeling in the arm, elbow, fore arm or hand





Our Services Include treatment for the following:



- ✓ **Low Back Pain**
- ✓ **Work Injuries**
- ✓ **Neck Pain**
- ✓ **Motor Vehicle Accidents**
- ✓ **Post-Surgical Procedures**
- ✓ **Sports Injuries**
- ✓ **Foot and Ankle Injuries**
- ✓ **Balance and Dizziness Problems**
- ✓ **Shoulder Injuries**
- ✓ **Sports Performance/Wellness**

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