The Amateur Softball Association of America annually registers more than 83,000 youth girls’ fast pitch softball teams comprising more than 1.2 million girls total. Softball injuries in young athletes are on the rise and are almost as high as the number involving baseball. Frequently reported injuries include ankle ligament sprains, knee internal derangements, upper leg strains, contusions, and throwing shoulder strains. Improper base sliding accounts for a high percentage of softball related injuries. Finally, the underhand pitching technique exclusive to softball places pitchers at significant risk of suffering a throwing related injury. Common overuse injuries related to pitching can include tendonitis of the shoulder and elbow, stress fractures, and nerve injury.


### How Can Softball Injuries be Prevented?

- Proper sliding technique with feet first sliding should be encouraged
- Wearing helmets with mounted face guards
- Warm up properly by stretching, running, and easy, gradual throwing
- Rotate playing other positions besides pitcher
- Concentrate on age-appropriate pitching
- Adhere to pitch count guidelines (see tables below)
- Avoid pitching on multiple teams with overlapping seasons
- Flexibility of pitchers needs to be the focus during the season rather than strengthening
- Don’t pitch with shoulder or elbow pain or fatigue, and see a doctor if either persists for a week
- Don’t pitch more than two consecutive days until age 13, and then no more than three days in a row
- Don’t play year-round
- Radar Guns should only be used during competition for best pitch of speed vs. change up (ages 15+)
- Communicate regularly about how your arm is feeling and if there is pain or fatigue
- Develop skills that are age appropriate
- Emphasize control, accuracy, and good mechanics
- Emphasize strengthening of the core and gluteal muscles
- Speak with a sports medicine professional or athletic trainer if you have any concerns about softball injuries or softball injury prevention strategies
- Return to play only when clearance is granted by a health care professional

### Softball Injury Prevention

#### Maximum Pitch Counts

<table>
<thead>
<tr>
<th>Age</th>
<th>Pitches/Game</th>
<th>Pitches/Day Day 1 &amp; 2</th>
<th>Pitches/Day Day 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-10</td>
<td>50</td>
<td>80</td>
<td>0</td>
</tr>
<tr>
<td>10-12</td>
<td>65</td>
<td>95</td>
<td>0</td>
</tr>
<tr>
<td>13-14</td>
<td>80</td>
<td>115</td>
<td>80</td>
</tr>
<tr>
<td>15-Over</td>
<td>100</td>
<td>140</td>
<td>100</td>
</tr>
</tbody>
</table>

#### Rest Periods

Once girls begin to play competitively, they often play two games per day on two or three consecutive days. Two days of rest for pitchers is essential to prevent injuries. Additional guidelines include:

- **Girls < 12 years** - only 2 days of consecutive pitching
- **Girls > 13 years** - only 3 days of consecutive pitching

Rest means no live pitches, including batting practice. Pitchers may need to 'loosen up' with a flexibility routine on the second rest day and can participate in hitting and field drills.


#### OSMI & Shands UF Sports Medicine Providers

- **Kevin Farmer, MD**
  - UF Team Physician
- **Michael Moser, MD**
  - UF Team Physician
- **Bryan Prine, MD**
  - Director of OrthoCare After Hours Clinic
- **M.Seth Smith, MD**
  - Co-Medical Director of High School Outreach Program
- **Kevin Vincent, MD, PhD**
  - Director of Running Medicine Clinic
- **Jason L. Zaremski, MD**
  - Co-Medical Director of High School Outreach Program