

LITTLE LEAGUER'S ELBOW

What is Little Leaguer's Elbow?

Little leaguer's elbow is a general term that refers to pain on the inner knob of the elbow in adolescent, overhead throwing athletes. Little Leaguer's elbow (LLE) is an increasing diagnosis today. The reason for the increase is most likely due to the fact that there are more young, overhead throwing athletes and more importantly is the increase in the number of throws they are throwing. Children are constantly competing in sports. While competition is a healthy part of a youngsters' development, overly ambitious coaches and parents may be responsible for perpetuating these injuries. Little Leaguer's elbow is recognized as the result of the repetitive stresses of overhead throwing.

In the adolescent, the muscle origin on the inner side of the elbow is attached to a growth plate, which is not as strong as the bone itself. Thus, little leaguer's elbow is stress to the growth plate tending to pull it away from the main shaft of the bone.

What are the symptoms of little leaguer's elbow?

The flexor muscles of the forearm originate on the inner bone of the elbow, the medial epicondyle. With repetitive use of these throwing muscles, tremendous stress eventually produces small "microtears" in the muscle origin. The result is pain directly over the medial epicondyle. The stresses transferred to this area are greatly increased by throwing curve balls and other breaking pitches, which require more forceful movement of the wrist. The pain will increase with more forceful throwing or gripping. A thrower's velocity and movement on the ball will be dramatically decreased due to the pain incurred while progressing through the throwing motion. It is important to recognize the condition early, since adequate rest from repeated stresses may allow for resolution of symptoms.

How is the diagnosis made?

Little leaguer's elbow usually starts slowly. The pain builds gradually over a three to seven day period. The pain originates from microtears at the muscle origin on the inner knob of the elbow (the medial epicondyle). The larger the tear, the greater the discomfort. As the pain sets in, it becomes increasingly difficult to throw with any velocity or action. When you wake up, you may feel stiffness and pain. The pain often radiates down the forearm. Some patients are unable to fully straighten the elbow.

The diagnosis can be made by palpation (touch). Your physician can make the diagnosis by putting a finger directly over the medial epicondyle. The patient will be sensitive to the tenderness and pain, thus, a diagnosis can be made. Occasionally the ulnar nerve which glides in the groove behind the medial epicondyle can become secondarily irritated causing numbness and tingling to the ring and small fingers.

X-rays of the affected elbow are always taken, to assess the bony anatomy. The growth center can be analyzed for any separation of the growth plate. This could be compared to the opposite elbow. Should this reveal any significant displacement, surgical intervention may be necessary to restore the growth center to its normal position.

