

# Intramural Softball Safety Rules

---

While no contact sport can ever be free from risk, many times risks can be minimized. The participants in contact sports must take ownership of these issues and make it their personal responsibility to be aware of their surroundings and take steps to minimize these risks.

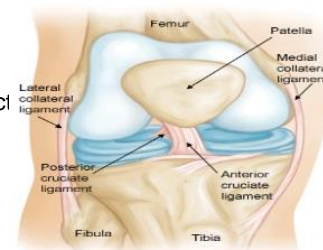
## Most common softball injuries:

Softball players are vulnerable to a range of acute injuries. A few are potentially serious; Collision with the ball or another player can cause contusions or fractures in the face, upper or lower body.

Acute injuries in the lower body include:

- Twisting the knee during running with injury to the ACL [anterior cruciate](#)  
Normal knee anatomy

The bone structure of the knee joint is formed by the femur, the tibia, and the Patella. The ACL is one of the four main ligaments within the knee that connect the femur to the tibia.



- [ligament](#) or Tearing of knee cartilage or meniscus
- Spraining the ankle while running

More commonly, softball players suffer from a range of overuse injuries, including:

- Rotator cuff tendonitis, an acute irritation of the tendons and muscles of the shoulder. The injury is most common in pitchers.
- Knee tendonitis, an irritation of the tendons and muscles of the knee. The frequent stops and starts involved in the game are particularly stressful.

Overuse injuries tend to produce sore or aching discomfort which worsens with continuation of the activity. Pain is due to inflammation and swelling. Rotator Cuff Tendonitis is one of the most common injuries in both baseball and softball. (Elbow injuries on the other hand are largely restricted to baseball, due to the different nature of the pitch.) Leg and ankle sprains and various contusions are quite common but often- unlike overuse injuries - do not require any significant time off the field. Pitching in particular makes use of a variety of muscles belonging to four complexes: scapular, glenohumeral, elbow and forearm, wrist and fingers.

## Injury Prevention Strategies

Musculotendinous overuse injuries; (particularly in the shoulder) are common afflictions for softball players. Pre-season training and conditioning are critically important in helping to prevent both overuse injuries and traumatic or sudden injuries like sprains. Strength training and attention to cardiovascular fitness are believed to reduce overuse injuries by over 50% while diminishing the severity of injuries which do occur. Attention to proper technique, particularly during throwing activity can help reduce the likelihood of overuse injuries as well as sudden injuries including muscle or ligament tearing.

The following tips can also help avoid injury:

- Always properly prepare before a game with warm-up and stretching.
- Comprehensive pre-season conditioning aids flexibility, endurance and strength, reducing likelihood of injury.
- Proper technique, especially in pitching, can help limit both traumatic and overuse injuries as well as sudden injuries including muscle or ligament tearing.
- Mouth guards should be used to prevent dental injuries.

A good warm-up, including dynamic stretching, is essential both for game preparation and injury prevention. (Static stretch, where you pull and hold a muscle, is strictly for post-game cool-downs and flexibility.)

### **Heat Related Injuries**

When playing summer outdoor sports such as softball, precautions should be taken to avoid heat injuries. Heat exhaustion and heat stroke are two summer afflictions to be aware of. Be aware that athletes are sensitive to the heat. Every player will have a different tolerance level so one person may be fine and the others may require attention even in the same conditions.

#### **Heat Exhaustion**

Heat related injuries like heat exhaustion and heat stroke are very serious and can be life-threatening. Softball is played outside during the heat of the summer and heat related injuries are always possible. Be alert to this.

### **Signs and Symptoms of Heat Exhaustion:**

- \*\*\*Moist and clammy skin
- \*\*\*Pale skin color
- \*\*\*Normal body temperature
- \*\*\* Profuse sweating
- \*\*\* Dizziness, nausea, weakness and fainting

#### **Do:**

- \*\*\*Get the athlete out of the heat into a cool, shady area
- \*\*\*Loosen or remove clothing and take off helmet and/or hat
- \*\*\*Lie the athlete down and elevate feet
- \*\*\*Cool down the athlete with wet towels, ice water, air-conditioning
- \*\*\* Transport athlete to emergency room if athlete does not recover after a short rest

#### **Do Not:**

- \*\*\*Give athlete any more fluids if they vomit
- \*\*\*Allow athlete to become chilled
- \*\*\*Allow athlete back into the game or practice
- \*\*\*Take this problem lightly; call for help immediately if you are unsure

## **Heat Stroke**

Heat stroke is life-threatening! The athlete's entire system is shutting down because of extreme heat, and death is possible if immediate action is not taken.

### **Signs and Symptoms of Heat Stroke:**

- Hot, dry skin and body temperature is very high (104-105°F)
- Rapid pulse and breathing
- Behavior may be irrational
- Athlete may lose consciousness
- Eye pupils are constricted (very small)
- Weak, loose muscles

### **Do:**

- Cool athlete immediately and as fast as possible
- Call emergency help immediately
- Remove athlete from heat
- Put athlete in cold water, if possible

### **Do Not:**

- Give the athlete's fluids
- Leave the athlete
- Allow athlete back in the game or practice

Do not underestimate the dangers associated with heat and/or humidity. These dangers are recognizable and preventable. Be aware that each of your athletes has different heat tolerance levels, and be sensitive to these differences.

## **The Most Important Nutrient- Water**

Water loss for an athlete can be critical and, in severe cases, can lead to death. Maintaining an adequate level of water in the body can be easy if the athlete understands the importance of water.

### **In Conclusion**

The use of ASA approved equipment in Championship Play or otherwise should not be considered a guarantee that participants, spectators or others will be safe or free from injury or harm. There are risks and dangers incidental to the game of softball, including specifically (but not limited to) the danger of being injured by thrown bats, thrown balls, batted balls or other objects.

Catchers Masks protect the catcher's face. Catcher's masks are mandated by ASA's Official Playing Rules in all games

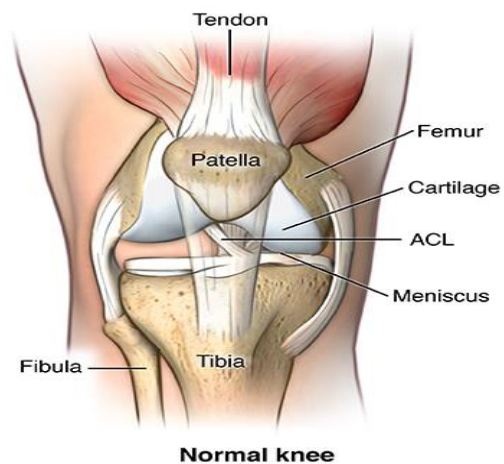
## **Head Injuries**

Any participant who exhibits signs, symptoms, or behaviors consistent with a concussion, such as loss of consciousness, headache, dizziness, confusion, or balance problems, shall be disallowed from further participation in any intramural contest or activity at a supervised facility. Such injured participants may not return to participate in any activity for the remainder of the day or night and are advised to seek professional medical attention.

## Image result for the four main ligaments in the knee

The ligaments in the knee connect the femur (thighbone) to the tibia (shin bone), and include the following:

- Anterior cruciate ligament (ACL). ...
- Posterior cruciate ligament (PCL). ...
- Medial collateral ligament (MCL). ...
- Lateral collateral ligament (LCL).



What is the rotator cuff?

The **rotator cuff** is a group of tendons and muscles in the shoulder, connecting the upper arm (humerus) to the shoulder blade (scapula). The **rotator cuff** tendons provide stability to the shoulder; the muscles allow the shoulder to rotate. The muscles in the **rotator cuff** include: Teres minor.

What is a shoulder impingement?

**Shoulder impingement** is a condition characterized by pinching or compression of soft tissue, such as the rotator cuff tendons and the subacromial bursa, between the upper arm bone (humerus) and roof of the **shoulder** (acromion) during certain movements of the **shoulder**, such as arm elevation.

What is the best treatment for rotator cuff injury?

Severe **rotator cuff injuries**, involving complete tears of the muscle or tendon, may require surgical repair. The **rotator cuff** is a group of muscles and tendons that hold the **shoulder** joint in place and allow you to move your arm and **shoulder**. Problems occur when part of the **rotator cuff** becomes irritated or damaged

