A 13-year-old male baseball player presented with severe proximal humerus pain and limited range of motion. Two months previously after pitching 2 weeks into the season, vague, lateral right shoulder pain developed. He stated that at the time he had full range of motion, with end-range pain, normal strength, and no instability. He continued playing outfield and, after 6 weeks, he felt a sudden pain and pop in his shoulder while throwing.

Radiographs revealed a Salter-Harris II fracture of the proximal humerus, with widening of the lateral physis (image A). Magnetic resonance imaging of the shoulder (image B) revealed a subacute Salter-Harris II fracture of the proximal humerus, with periosteal fluid and associated marrow edema. The initial treatment was rest followed by rehabilitation, including thoracic mobilization. The patient then progressed through a regimented throwing program.

“Little league shoulder” is caused by repeated overhead throwing in athletes between the ages of 11 and 14 years during peak proximal physis growth.1,2 The rotational torque during maximum external rotation when throwing overhead seems to be the primary cause of growth plate failure.1-3 (doi:10.7556/jaoa.2015.108)

References


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