

SFGate.com

[Print This Article](#)

[Back to](#)

[Article](#)

SFGate.com

Unhealthy Competition

Young kids are training like professionals, and have the injuries to prove it

Regan McMahon

Sunday, April 15, 2007



[More...](#)

RENT LUXURY
ENJOY FOR AS LOW AS \$6 PER WEEK

 BURBERRY>	 CHANEL>	 GUCCI>	 LOUIS VUITTON>
 JUICY COUTURE>	 PRADA>	 COACH>	
BagBorrowOrSteal.com			
Rent Handbags			

Excerpted from REVOLUTION IN THE BLEACHERS by Regan McMahon. Published by arrangement with Gotham Books, a member of Penguin Group (USA) Inc. Copyright (c) 2007 by Regan McMahon.

In March 2005, The San Francisco Chronicle Magazine published my article exploring how the over-the-top youth sports culture was affecting kids and families. Titled "How Much Is Too Much?" it generated tremendous reader response, and two months later I signed a deal with Gotham Books to investigate the issue on a national scale. The results of that research, conducted in the academic year 2005-2006, appear in my book, "Revolution in the Bleachers: How Parents Can Take Back Family Life in a World Gone Crazy Over Youth Sports."

[Podcast: [Interview with Regan McMahon, the author of "Revolution in the Bleachers," a book about the pressure of youth sports](#)]

In the book, I look at the way youth sports have changed in the past 20 years and how those changes have altered the nature of childhood in America and patterns of family life. Many households are putting demanding sports schedules above bonding rituals such as eating dinner together, taking family vacations, spending holidays with relatives and relaxing at home on weekends. Lots of kids are stressed out, and some are getting burned out. I wondered if, for this generation, success at sports was coming at too high a cost. And I came up with suggestions of how parents can bring balance back into their children's lives.

One of the costs of the hypercompetitive sports life is physical injury, the subject of the following excerpt. Previously, kids played multiple sports seasonally and usually didn't specialize in one sport or get serious about team sports until middle school or high school. Now kids often play one sport all year long, which has caused a dramatic rise in overuse injuries.

For this excerpt, we photographed young Bay Area athletes who have suffered serious sports injuries; seven go to Oakland's Bishop O'Dowd High School.

One of the big consequences of the rise of elite travel teams and the trend toward specialization is that many young athletes are now playing virtually year-round, putting more stress on their growing bodies than anyone ever imagined. Once they're playing only one sport, they're using the same muscle groups exclusively, which causes repetitive stress or overuse injuries.

Dr. Ronald Kamm, director of Sport Psychiatry Associates, in Oakhurst, N.J., told me, "We enacted child labor laws 80 years ago to protect children from all this work. And now basically we're making play into work. And they're working as hard as they used to in the sweat shops, some of them. I'm concerned about it, it's out of hand and kids do need downtime and seasons off and multiple sports. There is the occasional prodigy who just loves the sport and is focused on it, maybe a Tara Lipinski or a Tiger Woods. But most kids do better with many sports. It protects them and they don't get overuse injuries as much and it keeps them from burning out."

Injury occurs when a tissue or structure, such as a tendon or bone, gets worn down by repetitious motion. With rest, the tissue can heal and engage in more work without further injury. But without rest, the body's inflammatory response kicks in, which ultimately causes damage.

"When it comes to preventing the overuse injuries, the simple thing to do is, instead of playing one sport year-round, they should be playing two or three sports," Dr. Robbie DaSilva, of Midlands Orthopaedics, in Columbia, S.C., told Joey Holleman of The State newspaper. "Then they don't strain the same joint year-round."

"Children are especially susceptible because their bones are still growing," Holleman wrote in an August 2005 article titled "Take Me Ouch to the Ballgame." "The growth plates at the ends of the bones are spongy, rather than the hard bones of adults. In general, bones stop growing in females around age 13 and males around 15. Until those ages, young athletes' bones need a break from repetition."

"The No. 1 risk factor is year-round playing of a sport," Dr. James Andrews, a nationally prominent orthopedic surgeon based in Birmingham, Ala., told the Cincinnati Enquirer. "It starts with minor injuries, and by the time they are in high school, it turns up as a serious injury." He estimates he's treating four times as many overuse injuries as he did in 2000, including chipped bones, torn elbow ligaments, cracked kneecaps and lower back damage.

"We used to see these injuries in the 15- to 18-year-old range," Dr. Anthony Stans, pediatric orthopedic surgeon at the Mayo Clinic, in Rochester, Minn., told the Minneapolis Star Tribune. "Now we're seeing it in kids as young as 8 or 9."

Playing year-round baseball, or playing in multiple baseball leagues during a season, is particularly risky. Andrews, who is senior orthopedic consultant for the NFL's Washington Redskins and medical director of baseball's Tampa Bay Devil Rays, says that 10 years ago he did the so-called Tommy John surgery to repair the ulnar collateral ligament in a pitcher's elbow (named after the first professional

baseball player to have it done, in 1974) only on adults. In 2004, he did 51 of the surgeries on children, at a cost of about \$8,000 each to the athletes' parents. "I shouldn't see any of those," he told People magazine in 2005. "It's completely preventable."

Dr. Timothy Kremchek, the Cincinnati Reds' medical director and chief orthopedic surgeon, and team orthopedic surgeon for professional soccer's Cincinnati Kings, did 10 Tommy John surgeries in 10 days on baseball pitchers ages 9 to 19 during the summer of 2004, and also took the knife to a high school gymnast with a torn triceps and chipped elbow bone and a young volleyball player with a bad shoulder. "I love sports, and I love to see kids enjoying their sport," he told the Cincinnati Enquirer. "But I'm telling you, we need to re-evaluate where we are as a society on this."

Stephen Boyer started playing baseball when he was 8 and played in two leagues at the same time, sometimes having a game every day, occasionally experiencing pain and playing through it. By the time he was a high school sophomore, the Utah teen needed Tommy John surgery for his second overuse injury. His first was an injury to the growth plate in his arm.

"There are pitchers all over Salt Lake doing the same thing he did and they're 8, 9 and 11 years old," Stephen's mother, Jan, told the Salt Lake Tribune, reflecting on whether she should have made sure he had some time off. "I wonder if it would have made much of a difference. I don't know how many tournaments I would have kept him from playing in, but I probably would have made him take three months off each year instead of letting him play year-round."

Bob Tewksbury, a former pitcher for the St. Louis Cardinals and the Minnesota Twins, is now a sports psychologist for the Boston Red Sox. He says that overuse injuries have become so rampant that major league scouts are no longer turning to the South and West -- regions where athletes have more opportunity to play and train because of the mild weather -- to find pitchers. They're realizing that guys who have been taxing their arms year-round, for years on end, may have only so many throws left before they'll end up on the disabled list. Scouts are now turning to the East for talent, figuring the players' arms there might last longer.

"There's an incredible increase in [the Tommy John] injury, and that injury is strictly an overuse injury at a young age," Tewksbury told me. "So these guys are playing more and more baseball at a younger age and they're getting hurt. So what the special teams are looking at is: How much wear and tear has this guy got? Where does this guy go to school? I know they look at how many college innings pitched and say, 'You know, this guy pitched 200 innings in college and he's gonna break down.' And some teams will go back and ask, 'What did he do as a youth? Where did he play, how much did he play? Did he play on a specialized team? And does he have a greater chance of being hurt?' So they're shying away from those types of players, for the most part."

So let's get this straight: Parents are putting their kids at risk having them play year-round so they can one day play professionally, and the pros are starting to be wary of players who may have worn out

their arms trying to get to the majors.

"The problem comes in, especially with younger players, with their participation in the elite travel-ball programs not affiliated with Little League, where they have no oversight in how much a pitcher can be used," Little League International spokesman Lance Van Auken told People magazine in June 2005.

"The average kid we operated on had only the week of Thanksgiving and the week of Christmas off," Andrews said in the same article.

Mark Verstegan is a Tempe, Ariz., physical trainer who has helped Nomar Garciaparra, Curt Schilling and Brett Favre, to name just three pro ballplayers, recover from injuries. Verstegan told Phoenix New Times writer Robert Nelson that baseball is one of the world's most physically lopsided sports, because whether you bat right or left or throw right or left, when you're playing, half your body is doing one thing, and the other half is in a subordinate role, making it about the worst sport to focus on exclusively throughout the year. "Having a kid only playing baseball is like taking a tree and forcing it to grow in only one direction," Verstegan told Nelson. "You're going against nature. And you're guaranteed to end up out of balance." He says the best baseball players he has seen were involved with other sports when they were young.

Katie Graeve played soccer from age 5 and became captain of the women's varsity soccer team at Eagan High School, in St. Paul, Minn., but spent half of her high school soccer career on the sidelines with her leg in a brace. The center midfielder tore the anterior cruciate ligament in her right knee before the beginning of the season in her junior year, and tore the ACL in her left knee two games into her senior season. She has endured two surgeries and eight months of painful physical therapy.

"I played basketball back in the day," she told the St. Paul Pioneer Press. "I wonder if I would have kept another sport, and not played soccer all year-round, if that would have helped."

I ask Caitlin Meyer, who plays varsity basketball for Oakland's Bishop O'Dowd High School and on an Amateur Athletic Union team, if she sees a lot of overuse injuries.

"I know I have shin splits from playing basketball," she says. "We never stop playing. We get a month off twice a year. I have shin splints that will never go away. Every day I'm in pain. When I wake up, when I walk, when I run, I'm always in pain. All summer we're training and conditioning, going to tournaments. Then we have a month off, and in September we start right back up again. We start having practice only two to three times a week, but in November we practice every day and have games on the weekend usually. [Since this interview, Caitlin has quit her AAU team, "because it was too much on my injured legs."]

"People who don't have a specific injury like my shin splints, their bodies become so tired that they're sick all the time or getting hurt in the same place, like getting knee injuries in their left knee all the time. I know one girl who's always getting back injuries. She'll do something funny and tweak

something in her back and have to sit out for a couple of weeks, and she'll go back and play and be fine and then the same back injury will occur.

"There are a lot of overuse injuries. I know I go down to the training room at school to get therapy for my shins, and there are constantly the same kids working on the same things. There are always athletes hurt, always."

"When you look at the physical stress that's being placed on the body, the bottom line is kids are doing too much," assistant athletic director and athletic trainer at Bishop O'Dowd Carlos Arriaga told me. "Kids' bodies are not developing at a faster rate than they were many years ago. There are developmental stages that the kids have to go through. I work with a lot of kids dealing with injuries and also doing strength and conditioning training, and I'll often hear coaches say, 'So-and-so has got to get stronger; they've got to bulk up.' That may be true, but, as I tell the coaches, their bodies are going to develop when they develop, when they mature. And that might not happen until they're 18, 19 or 20. So to think that if you take a kid and have him lift weights every day that all of a sudden he's going to be this bulky, strong individual, that's not reality. Everyone's going to do it at a different level."

The costs of specialization

Even though sports medicine specialists, college coaches and orthopedic surgeons keep hammering the point that playing multiple sports is better than specialization for young athletes, some parents and coaches at the youth level continue to insist that the three-sport high school athlete is going the way of the typewriter, and that to compete in today's world, focus on one sport is a must. And a surprising number of parents think that means specializing at the youngest levels.

They should talk to Monica Mertle, who didn't do any sports until fifth grade and still ended up getting a college scholarship to a Division I school, St. Mary's in Moraga. She told me that as a young girl, "I did all stereotypically girly things: acting, dance, ballet, singing. I didn't even like sports before fifth grade." At that point she joined for social reasons when everyone was going out for the basketball team at her K-8 Catholic school in Santa Rosa, "and I ended up falling in love with it." She also joined the volleyball team and played on both until high school, when she specialized in basketball. After playing "in some low-key YMCA leagues" in sixth grade, she moved on to AAU basketball in seventh. "And that's when it got really serious. That's when it became all year."

Monica questions the reasoning of pushing kids to specialize at a young age in order to get a scholarship down the line. "The parents have such an important role in this," she says. "I mean, when you're 5, you're going to do what your parents say. At that age, their kid should be playing on the swings and maybe have a good time with their sport, and practice on the weekends or whatever. Grade school is a good time to do what you want and try out different sports. By the time high school came around, I was completely comfortable making the decision that I just wanted to play basketball.

"If you get too serious when a child is 5, 6, 7 years old, it's easy to understand how it becomes a chore.

Because kids that age want to go to the playground and run around and play in the dirt. They don't want to do all these drills. A parent really has to be in tune with whether their child is having fun. Because the minute it stops being fun, they don't want to do it anymore."

Parenting author and Oakland's Redwood Day School head Mike Riera sees the benefit of exploring multiple sports in terms of children's personal growth. "Why the pressure for a kid to know what their sport is when they're 10 years old? If we're really trying to develop kids who are multifaceted, and kids who have multiple intelligences, then they need to play a variety of sports. They need to play the one where they're the natural, and they need to play one where they're not so good. And they have to know what it's like to be picked last. So the kid who's great in soccer may be a lousy basketball player because they don't have that kind of coordination. They need to know what that's like, instead of being protected, going for the soccer all the time."

Kids who specialize, play year-round and/or play the same sport on multiple teams are especially susceptible to overuse injuries because their young bodies are still growing. Time magazine writer Christine Gorman, in a June 2005 article on why more kids are getting hurt, explains, "The constant repetition is particularly brutal on joints and growth plates -- the areas of developing bone tissue that are the weakest parts of a child's skeleton because they haven't completely ossified." Gorman notes that doctors find injuries tend to cluster at different ages: heel problems in children 9 to 12, elbow problems for those 10 to 12 and knee injuries for athletes 12 to 14. And girls are more likely than boys to tear their ACL, "a tough ribbon of tissue that holds the knee together."

"Twenty years ago, it was rare for someone under age 15 to have ACL surgery," Dr. Daniel Green, a pediatric orthopedic surgeon at New York City's Hospital for Special Surgery, told Gorman. "Now it's commonplace."

Injuries on the rise

There's a booming business in youth sports injuries. Children's Hospital Boston opened a Division of Sports Medicine in 1974, the first clinic of its kind in the United States, and served about 250 athletes that year, according to Dr. Lyle Micheli, one of its founders and the current director. Micheli told the Salt Lake Tribune he now sees more than 300 children a week. In a 2005 interview with the New York Times, Micheli said that 25 years ago, only 10 percent of his patients came to him for injuries caused by overuse, but today it's 70 percent.

According to the U.S. Consumer Product Safety Commission, 3.5 million kids younger than 15 received medical treatment for sports injuries in 2003, more than four times the number since 1995, when it was 775,000. And many youth sports injuries -- some studies say 30 percent or more -- are caused by overuse. The high cost of sports medicine treatments (like ACL and Tommy John surgeries) and expensive -- increasingly common -- diagnostic tests (like MRIs) are driving up the cost of medical care in general, so there's a price being paid by the whole society, not just sports parents.

The five most common overuse injuries are shin splints, bone fracture, knee damage, heel injury and Little Leaguer's elbow. Among the other afflictions kids frequently suffer: Sever's disease, which affects the growth plates of the heel and occurs frequently in soccer players ("Ten or 15 years ago we never saw Sever's disease in young girls," Micheli told People in June 2005); Osgood-Schlatter disease (OSD), which causes knee pain in soccer and basketball players; gymnast's wrist; and Little Leaguer's shoulder.

Parents need to keep in mind what overuse injuries can mean for children: missed school, bench time when their team plays, hours of painful physical therapy and, in very serious cases, surgery and rehab. And injuries kids get today can cause lifelong ailments, including chronic pain, osteoarthritis, tennis elbow, Achilles tendonitis and shin splints, and may require surgery when they're adults.

The saddest fact is that most overuse injuries are preventable. Dr. John P. DiFiori, associate professor and chief of the Division of Sports Medicine at UCLA's Department of Family Medicine, who has studied overuse injuries in young athletes for several years, told the Salt Lake Tribune that young athletes have a better chance of avoiding overuse injuries if they avoid heavy training loads and early sport-specific training and take adequate rest periods.

"An emphasis on one sport under the age of 10 should be avoided," said DiFiori. "Parents are so focused on winning even when their children are 8, 9 and 10 years old because they think it will give them an extra edge to get a college scholarship."

The hardest pill to swallow, for kids and some parents, is the need for rest -- rest between seasons, rest during the week and rest after an injury.

Kremchek, the Cincinnati Reds' orthopedic surgeon, told the Cincinnati Enquirer, "Just today, I had a 9-year-old girl in my office and she could barely walk. Her foot and ankle hurt her so badly. She plays soccer on three teams, and I said, 'We'll put you in a boot for three weeks.' The first thing the father says is: 'We've got the championships in a week. Can she play in a week?'"

"I said, 'You've got to be kidding me.' I think once the dad realized what he had said, he took a step back. But that's the mentality you're dealing with."

DaSilva, of Columbia, S.C., knows what to say to parents who think taking six months off to rehabilitate after a serious injury will kill their child's potential college scholarship or professional sports career. First, he reminds them that very few young athletes ever reach those levels. Then, "I tell them if that child was meant to be the next [pro pitching great] Greg Maddux, he's still going to be the next Greg Maddux even if he takes the fall season off."

All of the doctors and athletic trainers Joey Holleman talked to for his article in The State agreed that "basic parenting skills might be as important as medical expertise in preventing the more common overuse injuries." Dr. John Batson, a pediatric specialist at Moore Orthopaedic Clinic, in Columbia, S.C., told him, "If your child's out there on the field limping, that's not a good sign."

Recreational leagues and colleges have put rules in place precisely because athletes and parents can't be trusted not to put winning over kids' health. Sometimes institutions have to save us from ourselves. In college, athletes may not practice more than 20 hours a week under coach supervision. But teen gymnasts often train 40 hours a week when they're in high school. Little League had tried to protect kids' arms by restricting the number of innings a player could pitch, setting it at six. But as parents of pitchers (like me) know all too well, an "inning from hell" can go on for what seems like hours when the kid on the mound is getting shelled. In 2006, Little League Baseball tested a new pitch-count rule, with about 500 of the 6,400 U.S. Little Leagues voluntarily participating. The new pitch counts vary according to age group: Kids 10 and under are limited to 75 pitches a day, and teens 17 to 18 to 105 pitches. Rest rules are also age-based: Those 7 to 16, for example, must take a four-day break from the mound after throwing 61 pitches. These limits must be approved by Little League's board before being mandated, possibly in time for the 2007 Little League World Series.

Young pitchers who play on an elite travel team in addition to their Little League team are putting double the stress on their arms. And for those who play only at the elite level, there is often no one counting pitches. "Tournament teams and traveling teams operate by the coach's philosophy and integrity," Oakland baseball mom Jann King told me. "You either like it or you find another team that fits your philosophy."

Micheli recommends that if a child is spending more than 18 to 20 hours a week in a given sport, he or she should be monitored by a sports doctor. "Nine-year-old gymnasts easily go over that," he told the Salt Lake Tribune.

Dr. Jack Vander Schilden, an orthopedic surgeon in Little Rock, Ark., is horrified by the number of games young athletes on club teams play in a tournament weekend. "Six games, three on two days in a row!" he exclaimed to People. "The pros couldn't tolerate that!"

And remember, the pro baseball and football players take four to five months off every year.

Even with rules in place, parents often try to get around them if they think it will give their kids a competitive edge. Americans love to fight regulation, but we're talking about our children's health here. As parents, we inoculate our kids against disease, we pay thousands to the orthodontist so they can have straight teeth, we insist they put a coat on when they go out in the cold. From the minute they emerge from the womb we are concerned about protecting their health. So why, when they get to be on a competitive sports team, do we suddenly throw health concerns out the window, fighting and bending the rules designed to protect them?

There is only one reason: Because winning has become that important. The time has come to get our priorities straight. No trophy, no scholarship is worth endangering our child's health. We seem to have lost sight of the fact that these athletes are children, not facsimiles of professional players. We can't abdicate our role as protector because we've been seduced by the siren call of the scholarship. And

remember, they didn't start out with a win-at-all-costs mentality -- the kids getting Tommy John surgeries, the kids taking steroids. They're kids. They got involved in sports because they love to play.

Matt Kern

12, Little League

Injury: Inflamed right elbow

When: While playing Little League, spring of 2006

Treatment: Intense physical therapy twice a week at Children's Hospital and Research Center Oakland

Outlook: Able to play again

Christine Olson

18, JV and Varsity Soccer, Varsity Swimming

Injuries: Spasms in glute muscles, shin splints and a stress fracture in lower leg.

When: For the glute injury, summer 2003, playing soccer; for lower leg-shin injury, November-March, 2006-'07, playing on hard surfaces, overuse, not enough rest

Treatment: For the glute injury, acupressure, then stretches and strengthening exercises; for the leg-shin, ice, heat, massage, ultrasound

Outlook: For the glute injury, rolls on a baseball, stretches; for leg-shin, tape before games, ice before and after

Michael Stowers 16, Varsity Baseball; Varsity Cross Country

Injury: Stress fracture in leg

When: 2006, running in a race

Treatment: Physical therapy

Outlook: Wears a neoprene leg brace, gets massages and uses hot and cold packs.

Lizzy Hendrix 17, Varsity Track and Varsity Cross Country

Injury: Stress fracture in femur

When: Spring of 2005 and 2006, overuse

Treatment: Orthopedist had her stop running, do stationary bicycling to build strength; now wears orthopedic inserts

Outlook: Having her best season ever

Daniel Blake 18, Varsity Soccer, Freshman JV Football

Injury: Two herniated disks in lower back

When: During NCS quarterfinals game in 2006

Treatment: Excision of herniated disk

Outlook: Physical therapy twice a week

Derek (DJ) Halman

18, Varsity Lacrosse

Injury: Left ankle spiral fracture and dislocation

When: Playing JV football in 2005

Treatment: Three surgeries: one to realign bones, one to install metal plate and screws for support and one to remove screws; physical therapy five days week

Outlook: Tapes before practice and games, wears a brace during workouts, may have more surgery, probably will have arthritis

Donrick Sanderson

17, Varsity Basketball

Injury: Patellar tendinitis

When: Eighth-grade basketball practice

Treatment: Stretches, ices often, wraps his knees, takes Tylenol and gets massages

Outlook: Sees school trainer daily at lunch, does a combination of cold-hot packs and wrapping.

Worst-case scenario, will need surgery

Rise Up and Revolt: What You Can Do Now

Encourage multiple sports

Listen to the orthopedic surgeons. Playing different sports can prevent repetitive stress injuries.

Support your child in playing multiple sports -- seasonally, not year-round -- as long as she can, even in high school. College coaches say multi-sport athletes are often their best players. It's good to learn and grow in different sports, and it's better for your body to not use the same muscle groups all the time.

Resist the push to specialize at an early age

The American Academy of Pediatrics recommends that kids wait till puberty to specialize in one sport. There is no evidence that specializing early increases the likelihood of being an exceptional athlete in a sport. The best, tallest basketball player in fourth grade can be completely overtaken in eighth or ninth when he stops growing and his classmates go through puberty, catch up to him, then grow taller and display an increased athleticism. If you decide when your kid is 5 that he must specialize in soccer to get a scholarship when he's 18, you may be preventing him from finding out when he's 11 that he's a great pitcher or has a passion for hoops.

Lobby your interscholastic league to mandate a break in training

The trend in year-round play has spilled over into the high schools, so that football players, for example, are going to camp all summer and training all year. The Utah High School Activities Association has imposed a rule that teams must have 12 weeks of dead time, when there can be no practices or coaching of any kind, paid or volunteer. The rule is universal, assuring that teams and coaches get a break without their having to worry about falling behind while their opponents continue to train. Twelve weeks off a year is precisely what Birmingham orthopedic surgeon Dr. James Andrews recommends for anyone in an overhead-throwing type of sport to avoid overuse injuries. And just think: If it works for Utah, it could work in your area.

-- R.M.

Regan McMahon is The Chronicle's deputy book editor. E-mail her at rmcmahon@sfnchronicle.com. Her book, "Revolution in the Bleachers," will arrive in stores Thursday. She will appear at Cody's Books in Berkeley April 26, Book Passage in Corte Madera on April 30 and A Great Good Place for Books in Oakland on May 3.

<http://sfgate.com/cgi-bin/article.cgi?f=/c/a/2007/04/15/CMG7OOP5OB1.DTL>

This article appeared on page **CM - 9** of the San Francisco Chronicle

San Francisco Chronicle Sections

© 2007 Hearst Communications Inc. | [Privacy Policy](#) | [Feedback](#) | [RSS Feeds](#) | [FAQ](#) | [Site Index](#) | [Contact](#)