



COMMON BASEBALL INJURIES

Most baseball **injuries** don't happen in one game — they **build over time**.

Most are **preventable** with **proper strength & load management**.



Offering \$47 Youth Athlete Evaluations!

Check out the last page of this e-book for more information!

Meet Dr. Rachel Ludwig, PT, DPT, CPT

DR. RACHEL LUDWIG EARNED HER DOCTOR OF PHYSICAL THERAPY DEGREE FROM ROSALIND FRANKLIN UNIVERSITY IN 2025. SHE COMPLETED HER BACHELOR OF SCIENCE AT THE UNIVERSITY OF WISCONSIN-PARKSIDE, WHERE SHE WAS A STANDOUT MEMBER OF THE WOMEN'S VOLLEYBALL TEAM, SERVING AS TEAM CAPTAIN FOR THREE YEARS AND EARNING A SPOT ON THE PROGRAM'S ALL-DECADE TEAM.

DURING GRADUATE SCHOOL, RACHEL GAINED EXPERIENCE ACROSS CLINICAL, RESEARCH, AND PERFORMANCE SETTINGS AS A RESEARCH ASSISTANT, SPORTS PERFORMANCE COACH WITH ETS PERFORMANCE, AND PERSONAL TRAINER. SHE HAS WORKED WITH ATHLETES OF ALL AGES, FROM YOUTH COMPETITORS TO COLLEGIATE AND PROFESSIONAL ATHLETES

RACHEL HAS CONTRIBUTED TO RESEARCH PRESENTED AT THE AMERICAN PHYSICAL THERAPY ASSOCIATION'S COMBINED SECTIONS MEETING AND THE AMERICAN SOCIETY OF BIOMECHANICS CONFERENCE.

SHE IS PASSIONATE ABOUT PAIN SCIENCE, OPTIMIZING ATHLETIC PERFORMANCE, AND HELPING ACTIVE INDIVIDUALS MOVE AND PERFORM AT THEIR HIGHEST LEVEL.



Meet Dr. Matt Paluchniak, PT, DPT, OCS, ATC









DR. MATT PALUCHNIAK ATTENDED CONCORDIA UNIVERSITY WISCONSIN, EARNING HIS BACHELOR OF SCIENCE DEGREE IN ATHLETIC TRAINING IN 2012 AND THEN HIS DOCTORATE OF PHYSICAL THERAPY IN 2015. DURING HIS TIME AT CONCORDIA, HE HAD THE CHANCE TO COMPETE AND WORK CLINICALLY WITH COLLEGE ATHLETES. MATT PLAYED ALL FOUR YEARS OF HIS UNDERGRADUATE STUDIES ON THE MEN'S BASKETBALL TEAM AND WAS NAMED CO-CAPTAIN FOR HIS LAST TWO SEASONS. WHILE IN SCHOOL, HE WAS ABLE TO WORK WITH MANY OF THE CONCORDIA ATHLETIC TEAMS AND SEVERAL AREA HIGH SCHOOL TEAMS IN AN ATHLETIC TRAINING ROLE.

AFTER GRADUATE SCHOOL, MATT PURSUED ADDITIONAL PROFESSIONAL EDUCATION AND TRAINING TO BECOME A BOARD CERTIFIED ORTHOPEDIC SPECIALIST THROUGH AN EXTENSIVE 18-MONTH PHYSICAL THERAPY ORTHOPEDIC RESIDENCY PROGRAM WITH EVIDENCE IN MOTION. THROUGH THIS PROGRAM, MATT WAS ABLE TO HONE HIS MANUAL THERAPY SKILLS AND CLINICAL DECISION MAKING TO HELP HIS CLIENTS AT THE HIGHEST LEVEL. PLACING A HIGH VALUE ON EVIDENCE-BASED PRACTICE, HANDS-ON MANUAL TECHNIQUES AND PRESCRIBED EXERCISE, MATT HAS PURSUED ADDITIONAL TRAINING AND EDUCATION THROUGH SEVERAL SPECIALIZED COURSES TO ADVANCE HIS SKILLS, INCLUDING DRY NEEDLING.

MOST COMMON BASEBALL INJURIES



ES GROUP (ELEMENTARY SCHOOL)	MS GROUP (MIDDLE SCHOOL)		HS GROUP (HIGH SCHOOL)
 <p>The most injured body region in the ES group was the elbow joint, regardless of the position.</p>	<p>Pitchers, Catchers, Outfielders</p>  <p>Most injured body region: LOWER BACK</p>	<p>Infielders</p>  <p>Most injured body region: ELBOW JOINT</p>	<p>The most injured body regions in the HS group:</p>  SHOULDER <hr/>  ELBOW <hr/>  LEG

COLLEGIATE BASEBALL ATHLETES

Rotator cuff tendon injuries followed by UCL injuries, hamstring muscle strains, ankle ligament sprains, and hand/wrist fractures are the most common specific diagnoses among this cohort of collegiate baseball players.²

 <p>1 ROTATOR CUFF TENDON INJURIES</p>	 <p>2 UCL INJURIES</p>	 <p>3 HAMSTRING MUSCLE STRAINS</p>	 <p>4 ANKLE LIGAMENT SPRAINS</p>	 <p>5 HAND/WRIST FRACTURES</p>
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An article recently published in the Journal of Orthopedic Surgery and Research (André de Azevedo et al, 2023) stated that;

“The factors associated with the occurrence of injury include older age, previous history of musculoskeletal injury, higher BMI, and higher frequency of sports participation during the sporting year.”

Because prior history of injury, increased frequency and older age are risk factors of more serious injury-

It is absolutely critical for athletes to learn about common injuries and how to prevent them at a young age.

Building good movement patterns, coordination and resilience for youth athletes helps them decrease their risk of injury as they age and advance to higher levels of play.



PREHAB FOR COMMON BASEBALL INJURIES BY LOCATION:

HIP & ANKLE

SINGLE LEG KETTLEBELL RDL WITH MARCH

START WITH THE WEIGHT ABOVE YOUR HEAD & ARM EXTENDED, THE SAME SIDE LEG UP IN A MARCH. SLOWLY RACK THE WEIGHT AT YOUR SHOULDER, THEN LOWER THE WEIGHT TOWARD THE FLOOR AND KICK THE SAME SIDE LEG BACK. REVERSE THIS PROCESS AND END BACK IN THE STARTING POSITION.

COMMON EXERCISE CUES: KEEP YOUR PELVIS FACING FORWARD THROUGHOUT THE ENTIRE EXERCISE, ENGAGE YOUR CORE AND LATERAL HIP MUSCLES ON THE STAGE LEG TO MAINTAIN STABILITY.

MODIFICATIONS: YOU CAN TAP YOUR FOOT TO THE FLOOR IN BETWEEN THE MARCH AND RDL IF YOU ARE UNABLE TO MAINTAIN BALANCE. YOU CAN USE A DUMBBELL INSTEAD OF A KETTLEBELL, IF PREFERRED.



PREHAB FOR COMMON BASEBALL INJURIES BY LOCATION: **WRISTS & ELBOW**

WIDE GRIP TRAINING

AS ATHLETES, WE COMMONLY TRAIN GRIP WITH HEAVIER BARBELL AND DUMBBELL STRENGTH EXERCISES. WIDE GRIP IS OFTEN MISSED, AND SHOULD BE TRAINED FOR INNER ELBOW STABILITY AND LONGEVITY.

FOR THIS EXERCISE, TAKE A LIGHT WEIGHT (5-10 LBS) KETTLEBELL (BOTTOM UP) OR DUMBBELL. GRIP THE WEIGHT AT THE TOP AND ONLY BY YOUR FINGER TIPS, MAKING SURE TO NOT PLACE YOUR GRIP PAST THE FURTHEST FINGER JOINT.

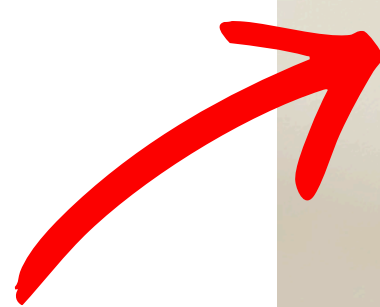
HOLD THE WEIGHT OVER A BENCH OR OTHER SOFT SURFACE UNTIL FAILURE. THE GOAL IS TO MAINTAIN THIS POSITION FOR 20-30 SECONDS.

COMMON EXERCISE CUES: DO NOT LET YOUR FINGERS BUCKLE. MAKE SURE TO HOLD THE WEIGHT ONLY BY THE TIPS OF YOUR FINGERS.

MODIFICATIONS: DECREASE WEIGHT, OR HOLD FOR LESS TIME UNTIL YOU CAN BUILD THE CAPACITY TO DO THE FULL EXERCISE.



INCORRECT FORM



PREHAB FOR COMMON BASEBALL INJURIES BY LOCATION:

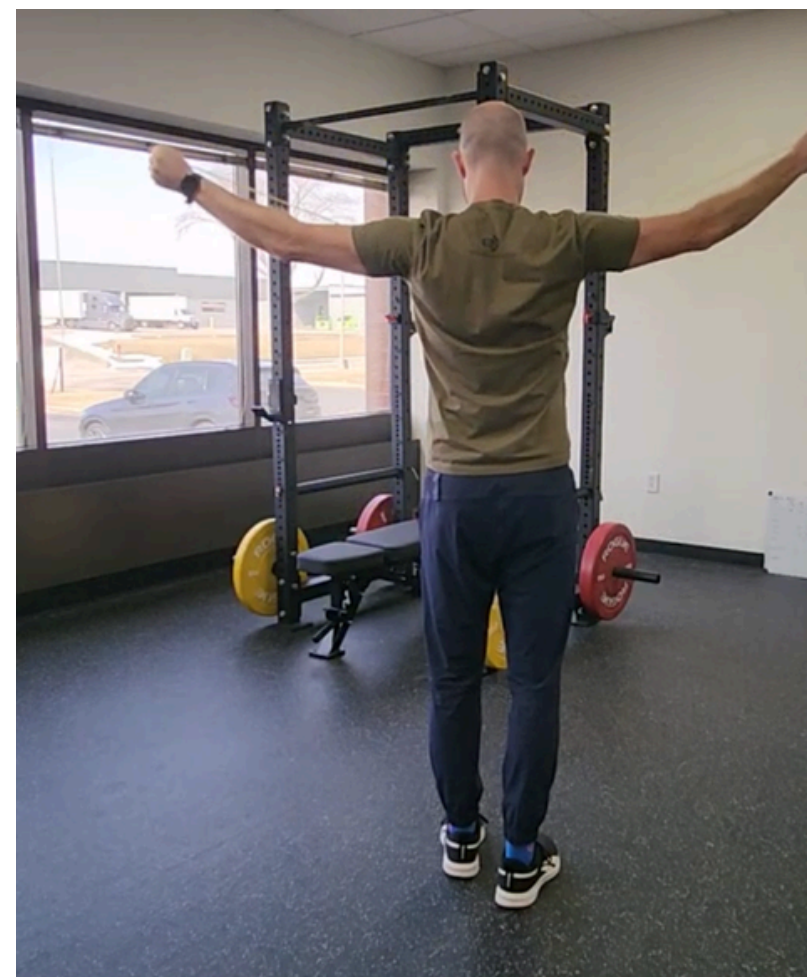
SHOULDERS

BAND ANGELS

USE A LIGHT TO MODERATE BAND. HOLD ONE END IN EACH HAND. KEEPING YOUR PALMS FACING FORWARD, PULL THE BAND TO YOUR POCKETS. MAKE THE MOTION OF A SNOW ANGEL, BRINGING YOUR HANDS OUT TO YOUR SIDE AND THEN OVERHEAD. WHILE DOING THIS MOTION, DO NOT LET THE BAND PULL YOUR HANDS/ARMS FORWARD. REPEAT THE ANGEL MOTION SEVERAL TIMES, WHILE MAINTAINING THE TENSIONS ON THE BAND.

COMMON EXERCISE CUES: KEEP YOUR TRUNK AND UPPER BACK ENGAGED THROUGHOUT THIS EXERCISE TO HAVE OPTIMAL SHOULDER STABILITY. USE A SPLIT STANCE (FEET OFFSET SLIGHTLY) TO MAKE THIS EXERCISE EASIER, WITH LESS CORE CHALLENGE.

MODIFICATIONS: LIMIT YOUR RANGE OF MOTION TO SHOULDER HEIGHT (NOT OVERHEAD) IF NEEDED. STAND CLOSER TO THE ANCHOR POINT TO HAVE LESS TENSION/RESISTANCE ON THE BAND IF NEEDED. TAKE A QUICK REST BETWEEN REPS INSTEAD OF HOLDING THE TENSION, IF NEEDED.



SIGNS OF POSSIBLE INJURY THINGS TO LOOK OUT FOR!



SPORTS INJURIES ARE BROADLY
CATEGORIZED INTO TWO KINDS

ACUTE INJURIES

**Happen
suddenly**

Predispositions:
When a person falls,
receives a blow, or
twists a joint during
activity.

CHRONIC INJURIES

Are usually related
to **repetitive loading**
or **overuse** and
develop gradually
over time.

Occasionally, wear
and tear from
overuse injuries can
set the stage for
acute injuries.

THIS INFORMATION AND THE FOLLOWING TWO PAGES ARE DIRECTLY FROM THE
NATIONAL INSTITUTE OF HEALTH'S WEBPAGE. THE ARTICLE AND FURTHER
INFORMATION IS AVAILABLE AT: [HTTPS://WWW.NIAMS.NIH.GOV/HEALTH-
TOPICS/SPORTS-INJURIES](https://www.niams.nih.gov/health-topics/sports-injuries)

ANYONE CAN SUFFER A SPORTS INJURY, BUT SEVERAL FACTORS CAN INCREASE THE RISK OF SUSTAINING INJURY.

The Risk Factors for Sports Injuries Include:

- Not using the correct exercise techniques.
- Overtaining, either by training too often, too frequently, or for too long.
- Increasing your intensity of physical activity too quickly.
- Playing the same sport year-round.
- Running or jumping on hard surfaces.
- Wearing shoes that do not have enough support.
- Not wearing the proper equipment.
- Having had a prior injury.
- Having certain anatomical features specific to each joint or poor flexibility.
- Taking certain medications, such as fluoroquinolones, a class of antibiotics linked to tendinitis and tendon rupture.



THE TYPE OF INJURY YOU ARE MOST VULNERABLE TO DEPENDS ON THE TYPE OF ACTIVITY YOU PARTICIPATE IN, YOUR AGE, AND YOUR SEX.

THE SYMPTOMS OF A SPORTS INJURY DEPEND ON THE TYPE OF INJURY YOU HAVE.



SYMPTOMS OF AN ACUTE INJURY INCLUDE:

- SUDDEN, SEVERE PAIN.
- EXTREME SWELLING OR BRUISING.
- NOT BEING ABLE TO PLACE WEIGHT ON A LEG, KNEE, ANKLE, OR FOOT.
- NOT BEING ABLE TO MOVE A JOINT NORMALLY.
- EXTREME WEAKNESS OF AN INJURED LIMB.
- A BONE OR JOINT THAT IS VISIBLY OUT OF PLACE.

SYMPTOMS OF A CHRONIC INJURY INCLUDE:

- PAIN WHEN YOU PLAY OR EXERCISE.
- SWELLING AND DULL ACHE WHEN YOU REST.



HOW WE APPROACH ATHLETE RECOVERY AND SPORTS PERFORMANCE

1

SPEND TIME WITH YOU DISCUSSING YOUR CURRENT SITUATION, THOROUGHLY SCREENING YOUR SYMPTOMS AND DETERMINING THE FUNCTION AND CAPACITY NEEDED FOR YOUR SPORT.

FUNCTION: THE ABILITY TO PERFORM MOVEMENTS THROUGH THE FULL RANGE OF MOTION WITH NO LIMITATIONS

CAPACITY: PERFORMING MOVEMENTS UNDER THE LOAD NECESSARY FOR YOUR SPORT (WEIGHT, REPETITIONS, INTENSITY, ECT.)

2

USING OUR ADVANCED EQUIPMENT AND KNOWLEDGE TO LOOK FOR LIMITATIONS:

WE USE SPECIALIZED EQUIPMENT; TINDEK AND ACTIVEFORCE DYNAMOMETRY, AND OTHER STANDARDIZED METHODS OF ASSESSMENT TO DETERMINE THE ROOT CAUSE OF YOUR CURRENT PROBLEM

USING THIS EQUIPMENT HELPS US TO TRACK CHANGE OVER TIME, AND HELPS US CONTINUE TO IMPROVE YOUR PERFORMANCE OVER TIME

3

RETURNING YOUR FUNCTION (RESET), IMPROVING YOUR CAPACITY (RESTORE) AND OPTIMIZING YOUR PERFORMANCE (RELOAD AND RESILIENCE)!

WE FIRST WORK TO **RESET** YOUR FUNCTIONAL ABILITY
WE THEN LOOK TO **RESTORE** YOUR CAPACITY
FINALLY, WE WORK TO **RELOAD** AND OPTIMIZE YOUR PERFORMANCE AND PREHAB TO AVOID FURTHER INJURIES WITH RESILIENCE!

Call or text us today to claim your \$47 Youth Athlete Evaluation!

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