

OCD in throwers

by Sarah Menzuber, ATC

Young throwing athletes, such as Little League baseball players, are at risk for a variety of injuries. Overhead throwing places extreme forces across the elbow joint and can result in injury. Throwing beyond the tolerance of the elbow is a common cause of injury in young athletes. Elbow osteochondritis dissecans (OCD) is more prevalent in athletes who have been throwing for many years without adequate rest and time off. Most commonly, males are affected more than females and an OCD typically occurs in the second decade of life, between ages 8-16. It often is found in an athlete's dominant arm, but both elbows can be affected. Not every athlete who develops an elbow OCD will remember one specific injury, but rather a gradual progression of pain over time.



Arrow denotes an OCD on the capitulum of the elbow which is located on the end of the humerus in the elbow joint.

Osteochondritis dissecans of the elbow is a less common but serious condition found in young throwing athletes. It is a localized injury or condition affecting the bone just below the cartilage surface of the

elbow joint and often is associated with repetitive throwing and sports. In OCD, the involved bone just below the cartilage joint surface fails and fractures from repetitive stress or from interruption of its local blood supply. Eventually, the overlying cartilage, not properly supported by the affected bone, can separate and an OCD fragment of bone and cartilage can break loose. Some common signs and symptoms of an elbow OCD are swelling, pain, locking, catching, feeling like there is something floating free in the joint and painful crepitation, or a cracking sound.

If the OCD is stable (not loose) and the patient is still growing, conservative treatment of rest and restricted activity sometimes allows it to heal. If conservative treatment fails or the OCD lesion is more mature and separated from the rest of the bone, either with the overlying cartilage intact, partially separated or completely separated (loose body), arthroscopic surgery often is needed to stimulate, graft, stabilize or remove the OCD fragment. If neglected, the OCD may come loose, catch in the joint causing pain, locking, clicking, etc., and leave a hole in the joint surface accelerating wear and tear and arthritis of the elbow joint. Dr. Chudik developed special techniques and instruments to arthroscopically repair elbow OCD lesions without violating intact cartilage allowing the best opportunity to restore a normal joint surface and elbow function.

Following surgery, patients perform light physical therapy exercises to restore passive elbow range of motion while allowing the OCD to heal. Once healed and the patient is pain free, strengthening and conditioning activities can begin. As strength and function recover, Dr. Chudik recommends the athlete perform an interval throwing program to allow the elbow to become accustomed to throwing.

For a free copy of Dr. Chudik's return to throwing guidelines, email contactus@chudikmd.com and provide an email address along with the age of the baseball player and level of participation.