



Honsberger Physiotherapy

203 Elite Baseball Players Tested

During the period of September 2001 through March 2005 Honsberger Physiotherapy (Sport Sciences International) has done extensive testing on 203 elite amateur baseball players, ages 14-18.

Testing included structural and biomechanical examinations and sport-specific fitness testing. This initial paper will overview the structural/biomechanical results and a subsequent paper will highlight the fitness test results.

The primary purpose of this study was to determine the percentage of tested players who were predisposed to injury or performance limitations due to structural and/or biomechanical faults (including pelvic imbalance, abnormal foot function, rotator cuff weakness, posterior shoulder (capsular) tightness, shoulder blade winging and abnormal motion, and restricted collarbone).

- 1. Pelvic imbalance - 51%*
- 2. Abnormal foot function (resulting in abnormal pronation) - 68%*
- 3. Rotator cuff (supraspinatus) weakness - 47%*
- 4. Rotator cuff (external rotators) weakness - 52%*
- 5. Tight posterior shoulder (capsule) - 52%*
- 6. Winging or tipped scapula (shoulder blade) - 53%*
- 7. Abnormal scapular motion - 48%*
- 8. Restricted clavicle (collarbone) - 40%*

Note: After testing, 121 athletes went through our sport-specific winter training programs. Orthotic management was undertaken where applicable. All players who participated in our Winter conditioning programs eliminated or markedly reduced their biomechanical faults and thus eliminated or marginalized any predisposition to injury.

Honsberger Physiotherapy's renowned biomechanical approach allows us to identify and eliminate serious predispositions to injury and performance limiting factors.

Markham Clinic
105-675 Cochrane Drive
Markham ON
L3R 0B8
(905) 940-2627
(905) 940-3136 fax

www.honsbergerphysio.com
honsberger@honsbergerphysio.com

Aurora Clinic
81 Temperance Street
Aurora, ON
L4G 2R1
(905) 841-0411
(905) 841-7311 fax

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DO YOU KNOW HOW TO TAPE YOUR ANKLE IN ORDER TO PREVENT FURTHER INJURY?

Here are a few steps to get you started: (Refer to back of page for pictures)

Materials needed: pro-wrap, heel and lace pads, tuf-skin (prep) spray, vaseline

1. Ensure cover all cuts and blisters prior to beginning the tape job. Ensure the athlete has no allergies to tape or adherent.
2. Spray the lower leg and foot with tuf-skin (tape adherent).
3. Place heel and lace pads to prevent blisters from developing-place one at the back of the heel and the other in front of the ankle.
4. Use pro-wrap and wrap around the circumference of the ankle and lower leg (where you will place tape).
5. The athlete should hold his/her ankle up at 90 degrees while tape is being applied otherwise the tape job will not be functional. Apply two anchors-one just below the calf muscle belly and the other around the arch and mid-foot. Splay the foot when applying this anchor.
6. The first stirrup is then started from the calf anchor on the inside of the leg, bringing the stirrup down just back of the inside ankle bone and under the heel and up the outside of the leg to the calf anchor. Pull up on the outside of the ankle as you apply the stirrup. The next strip is the horizontal strip, running from the inside foot anchor around the heel and attaching to the foot anchor on the outside.
7. In an alternating pattern, three stirrups and three horizontal strips are placed on the ankle with each piece of tape overlapping the preceding strip by at least one-half.
8. To complete the strapping, a figure 8 and heel lock should be applied. Starting over the outside ankle bone, bring the tape across the instep, under the arch, up across the instep and around the leg to the starting point.
9. To finish strapping, apply the heel lock. Start on the outside ankle bone, bring the tape across the instep, under the foot, and around the heel on the inside of the foot. Continue around over the instep, down under the foot and heel, and finish on the outside aspect of the ankle approximately where the strip started. These last two strips, the figure 8 and heel lock, ensure maximum stability.

Note: To tape effectively takes a lot of practice. Feel free to contact our clinic for a supervised taping session.

By: Marni Blumfald Physiotherapy Resident B.ScPT., Lindsay Dixon CAT(C)

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**Optimal health Through
Biomechanical Balance**