

Here's the drill

Baseball training starts soon so now's the time to make sure you get started out right.

We want you to have a safe, sound and winning season.

Injury and abuse of the throwing arm of youth ball players can lead to chronic arm problems.

We want to help you with some strategies to develop and improve throwing motion and injury prevention.

Who should come?

Baseball and softball players, boys and girls, ages 9-14. Coaches and parents are welcome.

Reserve a spot soon!

Call Orthopaedic Associates
682.6376 ext. 1012

What to bring and wear:

Students need a waiver signed by a parent (see inside). Dress to throw and work out. Wear gym shoes. Bring your glove.

This clinic is FREE.

We sponsors consider this a worthwhile investment in the safety and development of our youth sports community.

Presented by

American Legion Baseball.

Sponsors:

Orthopaedic Associates
Expert Therapy
Comcast
WOMT 1240 AM Radio

Orthopaedic Associates

501 N. 10th St.
Manitowoc, WI 54220



A **FREE** Clinic for
baseball/softball players, boys/girls,
ages 9-14 and their coaches/parents

**Tune up your technique
Keep your arm safe & strong
Get help from the pros**

**Sat., April 9
8.30 - noon
Citizen's Park**

Questions we'll answer

Here's what you've been asking about and what we think we can help you with:

- What are the warning signs of arm problems?
- What are the most common arm injuries?
- How can warm-up and cool-down prevent injury?
- How many pitches are safe to throw?
- What types of pitches should be thrown?
- How can strength training help throwing?

Why should you come? Here's an outline of the clinic....

Basically, we hope to cover the following items to help you get ready for a great season:

- Review of throwing techniques
- Injury prevention strategies
- One-on-one evaluation and instruction of your throwing with sports medicine specialists
- Pre-season training regimens

You'll get a thorough evaluation from your stance to your release.

Physical evaluation

Orthopaedic sports medicine docs will examine your elbow/shoulder motion, strength and stability.

Conditioning regimen/warm-up

Our staff will show you on-the-field warm-ups and stretches and a regimen to prepare you for optimum throwing performance.



Upper/lower extremity training

We'll show you stretching and strengthening strategies which will improve your delivery and prevent injuries or stress during the season.

Coaching strategies

We'll evaluate your throwing motion and suggest ways you might improve in order to capitalize on your strengths and neutralize your weaknesses.

Video analysis

We'll video your throwing technique for immediate on-site feedback.

We'll identify potential dangers or weaknesses for you to work on and help you develop a program that will have you ready when the season begins.

Clinic staff -- here's who will be on hand to help you....

Experienced local baseball and softball coaches

Orthopaedic Associates physicians

Specialists in Sports Medicine

David Kuester, M.D.

Carl DiRaimondo, M.D.

Joseph Trader, M.D.

Craig Olson, M.D.

Sports Medicine Staff from:

Expert Therapy



Registration and Waiver

Student participants need to present this waiver **signed by a parent** when they check in for the clinic April 9, 2011.

Call ahead to reserve a spot or to get any additional information:

Orthopaedic Associates
682.6376 ext. 1012

Fill this out in advance to speed things up at the door!

Name _____

Address _____

Phone _____

School/grade _____

Waiver & Release of Liability

I, the above listed player and my parent(s) or guardian agree that prior to participation in the clinic, we fully acknowledge and understand that I may be engaging in activities that involve risk of injuries or that other losses may occur because accidents can and do occasionally occur as a result of my actions, inactions or negligence as well as actions, inactions, or negligence of others. Being aware of these inherent risks, I further release and hold harmless the listed sponsors and participants of this clinic from any and all liability for any claims, responsibility, penalty, forfeiture, suit, cost and expenses, resulting from this clinic activity.

Player signature _____

Parent signature _____

Print name _____

Date _____ Cell ph _____