Little League Shoulder

Information for children, parents and carers

Little League Shoulder

A guide to symptoms, treatment and recovery



Understanding the condition

Little League Shoulder is an overuse stress injury to the growth plate at the top of the upper arm, just below the shoulder. It commonly affects young athletes aged 11-16 who take part in overhead sports.

Supporting your child

Rest from throwing is central to recovery. Physiotherapy can address strength, flexibility and technique, with a gradual return to sport under guidance. Do not throw through shoulder pain.

Symptoms and assessment

Understanding the cause and when to seek help

Why does it happen?

In growing children, the growth plate is more vulnerable than the surrounding muscles and tendons. Repeated overhead throwing or serving can overload it, causing irritation and pain.

Common symptoms

Gradual shoulder pain during or after throwing, increased pain with more throws or effort, tenderness at the top of the upper arm, reduced performance or reluctance to play. Mild swelling sometimes occurs.

Who is at risk?

Young athletes in overhead sports such as baseball, cricket, tennis or swimming. High throw counts, inadequate rest, poor technique and specialising early in one sport can increase the risk.

How is it diagnosed?

A clinician asks about overuse and sporting demands and examines the shoulder. X-rays may show widening of the growth plate and can support the diagnosis.

Why early review helps

Persistent shoulder pain linked to throwing needs assessment. Early recognition allows rest and rehabilitation to begin and supports a safer return to sport.

Key message

Rest from throwing is central to recovery. Physiotherapy can address strength, flexibility and technique, with a gradual return to sport under guidance. Do not throw through shoulder pain.

Treatment and daily care

Activity guided by your child's healthcare team

Before starting activity

This is a recovery pathway, not an immediate throwing or strengthening routine. Begin rehabilitation and progress activities only as advised by your clinician.



Activity guidance

Rest: stop throwing while the growth plate heals.
Rehabilitation: use prescribed strength and flexibility exercises.
Technique: address throwing mechanics with appropriate guidance.
Sport: progress gradually when the healthcare team advises.

Important precautions

Do not continue overhead sport through pain or return early because symptoms briefly settle. Persistent or returning shoulder pain should be reviewed before increasing throwing.

Treatment and next steps

Caring for your child and finding support

Rest and symptom management

Initial rest from throwing is often 6-12 weeks, guided by the clinician and recovery. Activity modification and cold packs may help manage pain. The growth plate needs time to heal before sporting loads increase.

Physiotherapy and return to sport

A tailored plan addresses shoulder strength, flexibility and movement technique. Return to throwing and sport should be gradual and supervised, rather than starting at the previous intensity straight away.

Reducing repeat problems

Monitor throw counts and fatigue, include rest days and cross-training, and teach appropriate throwing technique. Avoid early specialisation in one sport and respond to pain rather than pushing through it.

Questions or concerns?

Consult a physiotherapist or healthcare professional for persistent shoulder pain, especially with throwing. Ask for an individual rest, rehabilitation and return-to-sport plan suited to your child's sport and recovery.

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