

50057

College ID

office use only

Player ID

office use only

# COLLEGE BASEBALL HEALTHY PITCHING SURVEY 2010 FOLLOW-UP

## Part 1 - Contact Information

***\*PLEASE USE CAPITAL LETTERS, WRITE CLEARLY AND USE PEN!\****

Your First Name

Your MI

Your Last Name

Your Age

(years)

Your Father's First Name

Your Father's MI

Your Father's Last Name

Your Mother's First Name

Your Mother's MI

Your Mother's Last Name

Your Current Mailing Address (where you are living RIGHT NOW)

City

State

Zip Code

Your Parent's Mailing Address

City

State

Zip Code

Best Telephone Number at Which to Reach You

(area code)

Best Telephone Number at Which to Reach Your Parents

(area code)

Best E-mail Address at Which to Reach You

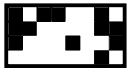
Today's Date

(month)

(day)

(year)

(example: 01 = January. . . 12 = December)



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## Part 2 - Your Baseball Playing Status in 2010

1. Check all of the months you pitched on a college OR other organized baseball team (check all that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> February 2009     | <input type="checkbox"/> August 2009    |
| <input type="checkbox"/> March 2009        | <input type="checkbox"/> September 2009 |
| <input type="checkbox"/> April 2009        | <input type="checkbox"/> October 2009   |
| <input type="checkbox"/> May 2009          | <input type="checkbox"/> November 2009  |
| <input type="checkbox"/> June 2009         | <input type="checkbox"/> December 2009  |
| <input type="checkbox"/> July 2009         | <input type="checkbox"/> January 2010   |
| <input type="checkbox"/> None of the Above |   |

2. Are you currently (2010 season) pitching on a College Baseball team?

- No       Yes

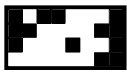
3. Since the end of the 2009 College Baseball season, have you pitched on any other organized baseball team(s) (not College Baseball)?

- No       Yes

4. If you are not currently pitching on ANY organized baseball team, please check the reason(s) why. (check all that apply)

- |  |   |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> N/A (currently pitching)                | <input type="checkbox"/> Concern about injury/ injury risk  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Playing other position on baseball team | <input type="checkbox"/> Too injured to pitch   |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Red-shirt (2009 season)                 | <input type="checkbox"/> Lack of time   |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Graduated from college                  | <input type="checkbox"/> Transportation issues to/ from games/ practices  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Involved in other sport(s)              | <input type="checkbox"/> Coaching/ team concerns  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Lack of enjoyment/ interest in baseball | <input type="checkbox"/> Other <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |  |
- Reason not currently pitching

**IF YOU HAVE NOT PITCHED ON ANY ORGANIZED BASEBALL TEAM IN THE PAST 12 MONTHS & HAVE COMPLETED THIS PAGE YOU ARE DONE WITH THIS QUESTIONNAIRE. PLEASE RETURN THE QUESTIONNAIRE IN THE ENVELOPE PROVIDED. OTHERWISE, PLEASE GO TO THE NEXT PAGE (PART 3 ON PAGE 3).**



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### Part 3 - Tell Us About Your College Baseball Team (2010 Season)

PLEASE COMPLETE THIS PAGE IF YOU ARE CURRENTLY (2010 SEASON) PITCHING ON A COLLEGE BASEBALL TEAM. OTHERWISE, PLEASE GO TO THE NEXT PAGE (PART 4 ON PAGE 4)

1. What position(s) do you play for your current College Baseball team?  
(check all that apply)

- Pitcher
- Outfield
- Infield
- Catcher

2. For games in which you pitch for your College team, what is the average number of *innings per game* that you pitch?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Red-shirt (not pitching in games)

3. In what proportion of games do you pitch over the College Baseball regular season? If the team played 4 games, you would pitch in:

- 1 out of 4 games
- 2 out of 4 games
- 3 out of 4 games
- All 4 games
- Red-shirt (not pitching in games)

4A. On what date did/ will your College Baseball team *start regular* season play?  
(FIRST OFFICIAL DAY OF PRACTICE)

/   /      
 (month) (day) (year)

↓  
(example: 01 = January. . . 12 = December)

4B. On what date will your College Baseball team *end regular* season play (not post-season)?

/   /      
 (month) (day) (year)

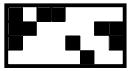
↓  
(example: 01 = January. . . 12 = December)

5. For how many years, including this year, have you *pitched* at the collegiate level, including red-shirt years?

- 1
- 2
- 3
- 4
- 5 or more

6. For your College Baseball team, you are **PRIMARILY**:

- the starting pitcher
- a substitute pitcher
- equally likely to be a starting or substitute pitcher



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## Part 4 - Other Baseball Leagues - NOT College Baseball

1. ***Within the past 12 months***, have you ***pitched*** in any of the leagues or teams listed below (not College Baseball)? (check all that apply)

None (go to next page)

College-Aged Summer League (e.g., Cape Cod Summer League)

Other College-Aged Group

Professional Baseball

Other Groups

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Write the league or team's name

2. ***Within the past 12 months***, how many weeks have you ***pitched*** for a college-aged summer league (e.g., Cape Cod Summer League)?

None

7-8 weeks

1-2 weeks

9-12 weeks

3-4 weeks

13-16 weeks

5-6 weeks

17+ weeks

3. ***Within the past 12 months***, how many weeks have you ***pitched*** for some other team (NOT your college team or college-aged summer league)?

None

7-8 weeks

1-2 weeks

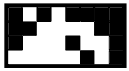
9-12 weeks

3-4 weeks

13-16 weeks

5-6 weeks

17+ weeks



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## Part 5 - Your Pitching Career and Training

1. For how many years of your life, including this year, have you pitched in any kind of organized baseball? (*Include your time with your current College team, your time with High School Baseball teams, and your time with other teams or leagues.*)

 1 6 11 2 7 12 3 8 13 4 9 14 5 10 15 or more

2A. Do you **REGULARLY** throw the curveball?

 No Yes

2B. Do you **REGULARLY** throw the slider?

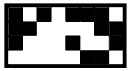
 No Yes

3. Within the past 12 months, have you performed routine shoulder stretching for your shoulder or arm 3 or more days per week?

 No Yes

4. Within the past 12 months, have you performed routine strengthening exercises for your pitching arm 3 or more days per week?

 No Yes



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**5. What do you typically do to warm up before pitching in a game? (check all that apply)**

- Nothing
- Exercise using a medicine ball
- Use a heat pack
- Long toss
- Jog
- Upper body ergometer
- Shoulder stretching
- Other (Please specify below)
- Exercise using a tubing/band

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**6. What do you typically do to cool down after pitching in a game? (check all that apply)**

- Nothing
- Exercise using a medicine ball
- Ice
- Long toss
- Jog
- Upper body ergometer
- Shoulder stretching
- Other (Please specify below)
- Exercise using a tubing/band

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**7. How many days does it usually take for the shoulder stiffness that develops after pitching to resolve:**

**7a. when you throw more than 70 pitches in a game?**

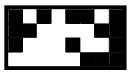
- I don't know
- 3 days
- Shoulder does not get stiff after pitching
- 4 days
- Never throw more than 70
- 5 days
- 1 day
- 6 days
- 2 days
- longer than 7 days

**7b. when you throw 30-70 pitches in a game?**

- I don't know
- 3 days
- Shoulder does not get stiff after pitching
- 4 days
- Never throw more than 30
- 5 days
- 1 day
- 6 days
- 2 days
- longer than 7 days

**7c. when you throw less than 30 pitches in a game?**

- I don't know
- 3 days
- Shoulder does not get stiff after pitching
- 4 days
- Never throw less than 30
- 5 days
- 1 day
- 6 days
- 2 days
- longer than 7 days



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## Part 6 - Injuries and Pain During Your RECENT Pitching Career

1A. Within the past 12 months, have you pitched with pain in your elbow?

No     Yes



1B. If Yes, on a scale from 1 to 5, rate how bad this pain was at its worst

1     2     3     4     5  
Mild                      Moderate                      Severe

2A. Within the past 12 months, have you pitched with pain in your shoulder?

No     Yes



2B. If Yes, on a scale from 1 to 5, rate how bad this pain was at its worst

1     2     3     4     5  
Mild                      Moderate                      Severe

3A. Within the past 12 months, have you pitched with pain elsewhere in your arm (not elbow or shoulder)?

No     Yes



3B. If Yes, on a scale from 1 to 5, rate how bad this pain was at its worst

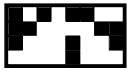
1     2     3     4     5  
Mild                      Moderate                      Severe

4. Within the past 12 months, have you pitched when your arm or shoulder were tired?

No     Yes

5. Within the past 12 months, have you pitched when your arm or shoulder was stiff from pitching in a previous game?

No     Yes



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## Part 6 - Continued

6. ***Within the past 12 months***, have you received or used any of the following treatments at the end of a game or practice, or between innings, for **pitching-related pain in your arm or shoulder**? (check all that apply)

Pain Relievers (e.g., Advil or Tylenol)       Ultrasound

Massage       Electric Stimulation

Ice Pack       Physical Therapy/ Rehabilitation

Heating Pack

Other: 

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Write in the treatment

Heating Cream or Gel

7. ***Within the past 12 months***, have you taken pain relievers, such as Advil, Tylenol, or a prescription medication for pain in your arm or shoulder so that you could pitch?

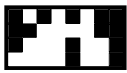
No       Yes

8. ***Within the past 12 months***, have there been school-related tasks that are difficult (or impossible) because of arm pain **from pitching**?

No       Yes

9. ***Within the past 12 months***, have there been tasks or chores at your dorm or home that are difficult (or impossible) because of arm pain **from pitching**?

No       Yes



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### Part 7 - Injuries and Pain OVER THE PAST 12 MONTHS in Your ELBOW

**WITHIN THE PAST 12 MONTHS, in your elbow, have you had a pitching-related injury that was sufficiently bad that it stopped you from pitching for one week or more?**

1.  No (if no, proceed to next page)  Yes → **If YES, how many?**   (# of injuries within past 12 months)

**If YES, describe your worst injury in question 2 and your second worst injury in question 3**

**2. Injury 1 (to elbow):**

(Month Injury Occurred)

(Year Injury Occurred)

**2A. If YES, list the injury:**

(Injury)

**2B. Did you see a physician for this injury?**

 No Yes

**2C. Did you have surgery on your elbow as a result of this injury?**

 No Yes (if yes, proceed to 2D)

**2D. If YES, list the month and year you had the surgery:**

(Month)

(Year)

**2E. How successful was this surgery in restoring your pitching ability?**

 1 2 3 4 5 N/A - still recovering

*Did not help*

*Neutral*

*Return to full pitching*

**3. Injury 2 (to elbow):**

(Month Injury Occurred)

(Year Injury Occurred)

**3A. If YES, list the injury:**

(Injury)

**3B. Did you see a physician for this injury?**

 No Yes

**3C. Did you have surgery on your elbow as a result of this injury?**

 No Yes (if yes, proceed to 3D)

**3D. If YES, list the month and year you had the surgery :**

(Month)

(Year)

**3E. How successful was this surgery in restoring your pitching ability?**

 1 2 3 4 5 N/A - still recovering

*Did not help*

*Neutral*

*Return to full pitching*



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### Part 8 - Injuries and Pain OVER THE PAST 12 MONTHS in Your SHOULDER

WITHIN THE PAST 12 MONTHS, in your shoulder, have you had a pitching-related injury that was sufficiently bad that it stopped you from pitching for one week or more?

1.  No (if no, proceed to next page)  Yes → If YES, how many?   (# of injuries within past 12 months)

If YES, describe your worst injury in *question 2* and your second worst injury in *question 3*

2. Injury 1  
(to shoulder):

(Month Injury Occurred)

(Year Injury Occurred)

2A. If YES, list the injury:

(Injury)

2B. Did you see a physician for this injury?  No  Yes

2C. Did you have surgery on your shoulder as a result of this injury?  No  Yes (if yes, proceed to 2D)

2D. If YES, list the month and year you had the surgery:

(Month)

(Year)

2E. How successful was this surgery in restoring your pitching ability?

1

2

3

4

5

N/A - still recovering

*Did not help*

*Neutral*

*Return to full pitching*

3. Injury 2  
(to shoulder):

(Month Injury Occurred)

(Year Injury Occurred)

3A. If YES, list the injury:

(Injury)

3B. Did you see a physician for this injury?  No  Yes

3C. Did you have surgery on your shoulder as a result of this injury?  No  Yes (if yes proceed to 3D)

3D. If YES, list the month and year you had the surgery :

(Month)

(Year)

3E. How successful was this surgery in restoring your pitching ability?

1

2

3

4

5

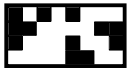
N/A - still recovering

*Did not help*

*Neutral*

*Return to full pitching*





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## Part 10 - Sports Other than Baseball

1. **Within the past 12 months**, have you played on any **NCAA** sports teams other than baseball?  
(Do not include intra-mural or club play)

- |                                     |   |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------|---|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> None       | <input type="checkbox"/> Lacrosse   |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Wrestling  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Soccer     | <input type="checkbox"/> Track and Field  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Hockey     | <input type="checkbox"/> Cross Country  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Football   | <input type="checkbox"/> Other: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|                                     |   |  |  |  |  |  |  |  |  |  |  |
- Write the sport

2A. **Within the past 12 months**, have you regularly played on intra-mural or club teams at your college?

- No       Yes



**2B. If YES, write the sport(s) you play.**

--	--	--	--	--	--	--	--	--	--

**Sport 1**

--	--	--	--	--	--	--	--	--	--

**Sport 2**

--	--	--	--	--	--	--	--	--	--

**Sport 3**

3A. **Within the past 12 months**, have you had an injury to your arm or shoulder in a sport other than baseball?

- No       Yes



**3B. If YES, what sport or sports?**  
(check all that apply)

- |                                     |   |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------|---|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Wrestling  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Soccer     | <input type="checkbox"/> Track and Field  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Hockey     | <input type="checkbox"/> Cross Country  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Football   | <input type="checkbox"/> Other: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|                                     |   |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Lacrosse   | Write the sport   |  |  |  |  |  |  |  |  |  |  |

**THANK YOU FOR COMPLETING THIS SURVEY!**