

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

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The CIAC Baseball Committee is examining the baseball pitching limitation rule. The present rule states that: "The pitcher may not pitch more than ten (10) innings in any three (3) consecutive calendar days. To determine the eligible number of innings that a pitcher may pitch on game day, total the number of innings pitched during the two previous calendar days and subtract from ten (10). Ten innings are equal to thirty (30) outs."

The Baseball Committee and the Connecticut State Medical Society Committee on the Medical Aspects of Sports have endorsed the following injury survey data report for the purpose of collecting injury information on member high school pitchers. This information will be studied by both groups in determining the possibility of utilizing a "BATTER COUNT LIMITATION" in place of the present "INNING COUNT LIMITATION."

You are asked to complete the injury data report not later than Monday, June 14, 2004. Your cooperation is appreciated.

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**CIAC BASEBALL PITCHER INJURY DATA REPORT**

Total number of games played: \_\_\_\_ Varsity \_\_\_\_ JV \_\_\_\_ Freshman

Total number of pitchers on roster: \_\_\_\_\_

For each pitcher listed above, count the number of days he pitched during the complete season:

Pitcher #1 \_\_\_\_\_ Pitcher #2 \_\_\_\_\_ Pitcher #3 \_\_\_\_\_ Pitcher #4 \_\_\_\_\_  
(Repeat as needed)

Report ONLY upper extremity injuries that resulted in game(s) and/or practice(s) missed at ALL LEVELS of play -- varsity, JV and freshman.

Pitcher #1 -- Specific Injury Data:

Year: 9, 10, 11, 12                      Varsity\_\_\_\_      JV\_\_\_\_      Freshman\_\_\_\_

1. Total number of batters faced during the 2004 season: \_\_\_\_\_  
Total number of innings pitched during the 2004 season: \_\_\_\_\_

2. Number of Injuries: \_\_\_\_\_ None \_\_\_\_\_

3. Injury #1:

a. Diagnosis (include body part): \_\_\_\_\_

b. Number of Games Missed: \_\_\_\_\_

c. Number of Practices Missed: \_\_\_\_\_

d. Examined by:              Doctor \_\_\_\_\_  
   Athletic Trainer \_\_\_\_\_  
   Other \_\_\_\_\_

e. Surgery Required:              Yes\_\_\_\_ No\_\_\_\_

f. Hospitalization Required:      Yes\_\_\_\_ No\_\_\_\_

4. Injury #2:

- a. Diagnosis (include body part): \_\_\_\_\_  
\_\_\_\_\_
- b. Number of Games Missed: \_\_\_\_\_
- c. Number of Practices Missed: \_\_\_\_\_
- d. Examined by:            Doctor \_\_\_\_\_  
                                 Athletic Trainer \_\_\_\_\_  
                                 Other \_\_\_\_\_
- e. Surgery Required:            Yes \_\_\_ No \_\_\_
- f. Hospitalization Required:    Yes \_\_\_ No \_\_\_

5. Injury #3:

- a. Diagnosis (include body part): \_\_\_\_\_  
\_\_\_\_\_
- b. Number of Games Missed: \_\_\_\_\_
- c. Number of Practices Missed: \_\_\_\_\_
- d. Examined by:            Doctor \_\_\_\_\_  
                                 Athletic Trainer \_\_\_\_\_  
                                 Other \_\_\_\_\_
- e. Surgery Required:            Yes \_\_\_ No \_\_\_
- f. Hospitalization Required:    Yes \_\_\_ No \_\_\_

6. Injury #4:

- a. Diagnosis (include body part): \_\_\_\_\_  
\_\_\_\_\_
- b. Number of Games Missed: \_\_\_\_\_
- c. Number of Practices Missed: \_\_\_\_\_
- d. Examined by:            Doctor \_\_\_\_\_  
                                 Athletic Trainer \_\_\_\_\_  
                                 Other \_\_\_\_\_
- e. Surgery Required:            Yes \_\_\_ No \_\_\_
- f. Hospitalization Required:    Yes \_\_\_ No \_\_\_

7. Total number of games missed by all pitchers due to injuries documented above \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPEAT AS NEEDED FOR EACH ADDITIONAL PITCHER.**

Signature of person completing this report \_\_\_\_\_  
Position \_\_\_\_\_  
School/Town \_\_\_\_\_