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It isn't just the physical aspects of pitching that count in professional baseball. It's also a pitcher's mental composure that makes the best batters "go down swinging." Early in his pro career, Morris had plenty of physical ability. But what about that other, crucial factor?

...my biggest problem wasn't my arm; it was my head. I didn't face batters with the belief that I would dominate them. I did it with the fear of screwing up. (The Rookie, page 83.)

In other words, to BE a winner Morris had to believe he COULD be a winner. That confidence, for him, came neither easily nor quickly.

Then came the injuries.

Before he reached the upper echelons of minor league baseball, Jimmy had a sore left arm. It hurt too much to throw 110 pitches a game. Before he was 25 years old, he'd had two major operations on his pitching arm:

- January, 1986 - "Tommy John Surgery." Using a patient's healthy tendon, doctors replace a damaged elbow tendon. Morris' operation did not go as planned. His surgeons (Frank Jobe and Robert Kerlan) had to transplant an ankle tendon because they could not use his wrist tendon.
- Spring training, 1987 - Blown-out shoulder. Pitching well after his tendon transplant, another part of Jimmy's pitching anatomy gave out.

I wound up, and as my arm approached the release point, it froze. The ball flew out of my hand and sailed high over the plate, hitting the left edge of the backstop about twenty feet up. I grabbed my shoulder and knew right away it was serious. (The Rookie, page 127.)

After that surgery, the Brewers released Jimmy Morris. He was out of pro baseball. Temporarily.

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Tommy John Surgery

This drawing depicts how a healthy tendon is harvested, from elsewhere in a pitcher's body, to repair an ulnar collateral ligament damaged by the mechanics of throwing pitches in baseball games.

Why is this procedure, which was first tried in 1974, called "Tommy John Surgery?" Because Tommy John, a famous pitcher, was the first one to have this experimental operation. His doctor thought it might help Tommy regain his ability to pitch. And ... it did. Tommy John isn't the only pitcher who's needed help for a ruptured ulnar collateral ligament. Many pitchers, since that first experimental event, have gone through the same process. It's not hard to understand, when you think about it. Every good pitcher is capable of generating enough force, with every pitch, to blow-up his elbow. So why do some pitchers develop the UCL problem while others don't?

It has to do with the mechanics of throwing the ball. A pitcher whose arm lags behind the rest of his body, when he's delivering a pitch, puts extra stress on his elbow and shoulder. That extra stress, particularly over time, can damage the pitcher's UCL.

It's a function of the body's anatomy and physiology.

The ulnar collateral ligament is a connector. It connects the ulna (a bone in the forearm) to the humerus (a bone in the upper arm) and serves as a stabilizing factor for the elbow. It follows that if the connecting ligament is damaged, so is the pitcher's ability to throw the ball.

In 1974, Tommy John injured his UCL. Before that time, anyone with a UCL injury was finished as a major-league pitcher. But Tommy had a stroke of good fortune when he met Frank Jobe, an orthopedic surgeon. The doctor had an idea which, if it worked, could put Tommy back on the mound.

What if Jobe were able to replace the torn UCL, in Tommy's left arm, with a tendon graft from the pitcher's right wrist? With his major-league career over, if he couldn't regain his throwing strength, what did Tommy have to lose?

The repair process sounds a bit frightening, although it is now fairly common. On the 25th of September, 1974, Dr. Jobe cut through Tommy's muscle on the inside of his left elbow. Sure enough ... there was the UCL in a shredded condition.

The doctor then drilled holes in both bones which the UCL connects ... the ulna and humerus. He used the tendon graft, which he'd harvested from Tommy's opposite wrist, and threaded it (using a figure-eight pattern) through the holes he made in the two bones.

To make the repair more effective, Jobe sewed what was left of Tommy's original UCL to the tendon graft. Then ... the doctor and patient waited to see what would happen after Tommy's body healed.

Eighteen months later, a previously finished career got a new start. Tommy John was able to pitch again. He went on to continue his impressive career.

Today, many major-league pitchers have undergone UCL reconstruction. Even highschool pitchers have had Tommy John surgery.

"Everyone knows smoking is bad for you, yet people still smoke," says Yankees pitching coach Larry Rothschild. "It's the same with pitching. I've seen guys who don't have great mechanics pitch for a long time. The body adjusts."

But not always.

And when it doesn't, Tommy John Surgery might be the answer ... at least for a time. It isn't a surgery that one can keep repeating, however. And no one has had as successful a comeback as the man for whom the surgery is named.

Maybe that's because John had some help from Mike Marshall, his teammate:

The surgery worked for Tommy because I made him put his hand under the baseball.

Why did that matter? Because the UCL problem is a matter of anatomy and physiology. To avoid a repeat injury, the pitcher needs to change the mechanics of his delivery.

Tommy changed his grip by putting his hand under the baseball. He acknowledges Marshall's advice:

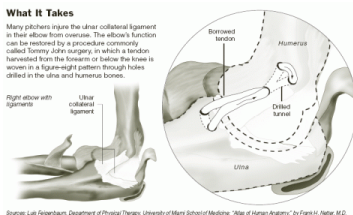
If you move it to the side, the ball is pointing back when your hands break and you can come up nice and high.

He should know. After returning from his surgery, Tommy pitched fourteen more years, winning 164 games and retiring at the age of 46.

Click on the image for a better view.

Image online, courtesy the Canadian Centre for Occupational Health and Safety (ccohs) website.

View this asset at: <http://www.awesomestories.com/asset/view/Tommy-John-Surgery>





Jimmy Morris

Image, described above, released by Universal Studios to support the movie "The Rookie."

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