Winter Sports Supplement

ue to the rapid development of skiing into a sport participated in by tens of thousands, the total number of skiing injuries has reached such dimensions to warrant studies that will lead to the reduction of the injury rate. The increase in the total number of injuries is not the only factor of interest.

trilly Merry

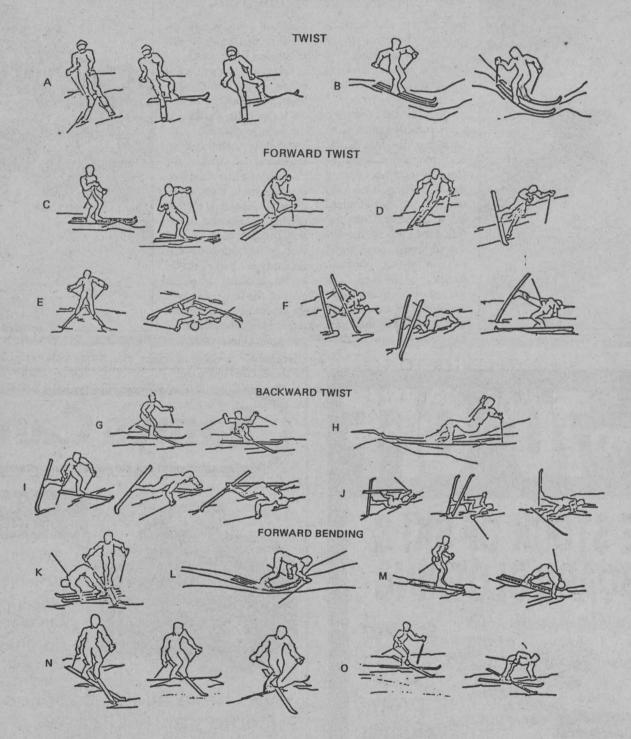
There has also been a significant difference in the type of injuries incurred, and these seem to be clearly differentiated between adults and children. In children, the occurrence of injuries to the lower extremities has shown very little change. In adults, however, their occurrence has sharply decreased and has been replaced by more serious injuries to the upper extremities and skull. Some causative factors are

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the condition and overcrowding of the ski slopes and changes in skiing technique due to developments in skiing equipment. For this reason, the types of injuries most commonly observed from 1958-1960 will be scrutinized, because during this time safety bindings were used by very few skiers.

Statistics show that safety bindings have caused a significant reduction in the number of spiral fractures observed in the lower leg. However, after the ski has been released, it becomes the potential cause of an accident to another skier.

Ankle straps made from either a firm material or from an elastic material should be used so that the skier will retain his ski. These straps can also cause an injury if the skier falls, because the skis often whip ar-



ound unexpectedly, the edges thus cutting and bruising the fallen skier. In some cases, these injuries have proven to be fatal. In an effort to reduce this danger, the "Ski Stopper" was developed. When the skis are released from the boot, a brak-

ing mechanism that should prevent the skis from sliding further is triggered.

Modern skiing technique demands that the foot be firmly attached to the ski. This requires a perfectly fitting high boot that is firmly bound to the ski so that the

heel cannot be lifted. In the past, this was possible. The short ski boots used years ago came just above the malleoli and were made of soft leather. When the skier had to stop suddenly the line of force ran through the ankle

fractures.

The use of hard plastic boots causes a total arthrodesis of the foot so that even minute movements in the joints are impossible to perform. However, the use of new materials and style joint causing dislocation or has led to the observation of

a new family of fractures in different areas of the foot and lower leg. Sudden stops, such as those caused by skiing into an obstacle or by the boot hitting the slope after the ski has been released, result in the now typical "boot top" fracture. It is related to the boot only insofar as a hypomochlion works on a "locus minoris resistentiae" of the metaphysis. Because of this, the "boot tops" fracture typically appears as a transverse, oblique, or short spiral fracture, but it has also been observed as a compound fracture in the distal third of the lower leg.

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Articular fractures of the pilon tibia result when compressive, bending, and sheer forces occur. Individual forces acting on the lower leg during a sudden stop can be represented as a vector,

"Articular fractures of the pilon tibia result when compressive, bending, and sheer forces occur."

which through its use can explain how each type of fracture occurred. Increasing the height of the ski boot from 20 cm to 25 cm does not significantly change the force vectors acting during a sudden stop, although the bending force is reduced by 6 percent to 7 percent. The greater height also moves the location of the fracture a few centimeters proximally to bring it into the cortical region. Some alteration in the forces acting during a sudden stop would be more helpful in injury prevention than increasing boot height.

The primary force acting on the tibia when it is perpendicular to the ground is reduced as the tibia is inclined forward. When the tibia makes an angle of 30 degrees to the ground, the

See OUCH, p.2A

Continued from p.1A pressure is reduced by approximately 13 percent. Pressure can be reduced further by increasing the height of the boot by 5 cm; then pressure on the tibia when it is inclined at an angle of 45 degrees is reduced by 30 percent. During an abrupt stop, the lower leg should be able to rotate forward to decrease the angle between the anterior tibia and the ground in order to reduce bending forces acting on the tibia. The sheer and compressive forces that occur at this time are not af-

fected by this rotation.

The majority of ski boots are 20-30 cm high, with a forward inclination of 15-18 degrees and an elastic component of approximately 10 degrees. Some boots have a hard, stable lateral joint built in. The newest products have, in addition, a shock absorber over the instep. Boot tops have become increasingly softer, so that the occurrence of fractures of the distal tibia will become less frequent.

Because of its shape, the ski pole is a relatively dangerous piece of sports equipment. The most common injuries occur during abduction of the thumb. When the skier holds the



From the Warren Miller film, "Snowriders 2." Photo by Max Bervy

pole tightly, his thumb is slightly abducted. If he should fall forward, the thumb is abruptly hyperextended and abducted, resulting in a strain or rupture of the first MP joint and often accompanied by lesion of the joint capsule. This is the most common injury of the thumb incurred during downhill skiing; it has been referred to as "skier's thumb" in the literature. Compression forces act on the abducted thumb, causing dis-location of the proximal, middle, and distal joints or fractures of the first metacarpal. The fractures characteristic of this force are transverse fractures near the

base, osteoepiphysiolysis of the first metacarpal, as well as Bennets Fracture.

When the pole gets stuck during a run, strong rotational and transactional forces occur. The shoulder is the most vulnerable joint under these conditions, but sometimes the hand or the elbow is injured. As the pole becomes stuck, the arm abducts and outwardly rotates, causing a dislocated shoulder. In most cases, luxatio omi occurs anteriorly and inferiorly as a part of the labrum glenoidale from the edge of the bony capsule of the shoulder joint is torn away. Here, the danger of reluxation is increased.

A small although serious proportion of ski injuries occurs on the casualty list when the body is struck by the pole grip or is impaled on the pole or a fragment of the pole. Injured parts include the facial bones, the eyes, the ribs, and the sternum. A fatal puncture wound to the neck has been observed, caused by a pole grip after collision. The post mortem autopsy of this person revealed bleeding in the musculature of the neck and a thrombosis of the internal carotid artery. Perforation wounds of the chest wall and heart have also been observed.

Serious injuries do not generally occur when the grip of the pole strikes the chest as long as the deformation of the chest is less than 4 cm. This involves a pressure of approximately 3 kg/cm squared, or, within an area of 20 cm squared, a force of 60 kg/cm squared.

In conclusion, approximately 12.5 percent of all skiing injuries are caused by the equipment. Of these, 46 percent are caused by the poles, 38 percent by the boots, and approximately 14 percent by the skis themselves. It is hoped that an alliance of science and industry can improve the equipment more in order to reduce the number of skiing injuries occurring each year.



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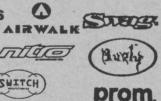
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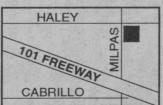
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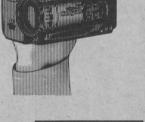
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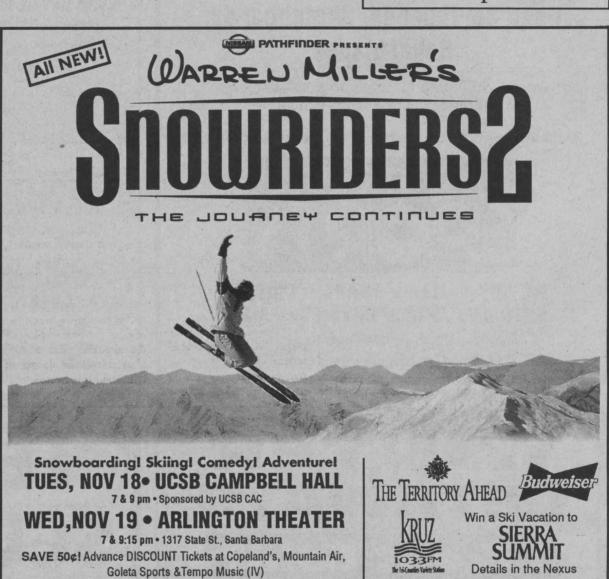
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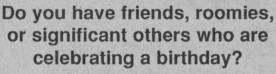
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That Hurts!

Distribution of ski injuries, 1973-74 and 1975-76 seasons, expressed as percent of total for each year. As can be seen, an increase in the number of injuries of the upper extremities has taken place.



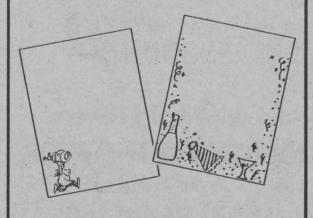




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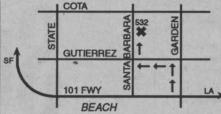
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