Letters, Book reviews, Corrections

These results were presented as a poster at the BAEM Conference in Durham in March 1996.

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EDITOR,—I have read with interest the paper by McGrath and Beattie on rollerblade injuries in children. While their paper supports many of the findings in other published reports on this subject, I would like to make several points.

Firstly, the reported operation rate is much lower than those reported by Banas et al and Spicer et al, of 30% and 33%, respectively, although neither of these studies was confined to children.

Secondly, they suggest the need to wear protective gear but do not tell us what percentage of their patients were wearing some form of protection at the time of injury. While wrist guards probably do help to prevent abrasions and hyperextension injuries, they may not be effective in preventing injuries caused by axial loading.

Thirdly, although the upper limb is the most common site of injury, serious injuries do occur in the lower limb, including fractures of the femur, tibia, and ankle.

Finally, it should be remembered that rollerblade injuries are not the preserve of children; Spicer’s study and that of Banas both included patients aged 48 years. In a personal study from Mayday Hospital, Croydon, one patient who sustained a fractured tibia was aged 53 years of age.

As the authors suggest, we are likely to see an increasing number of rollerblade injuries in the coming years as the sport becomes more popular. The only way to keep this number to a minimum is by encouraging the wearing of protective gear, and by the teaching of rollerblade skills.

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