Scooting into the ER

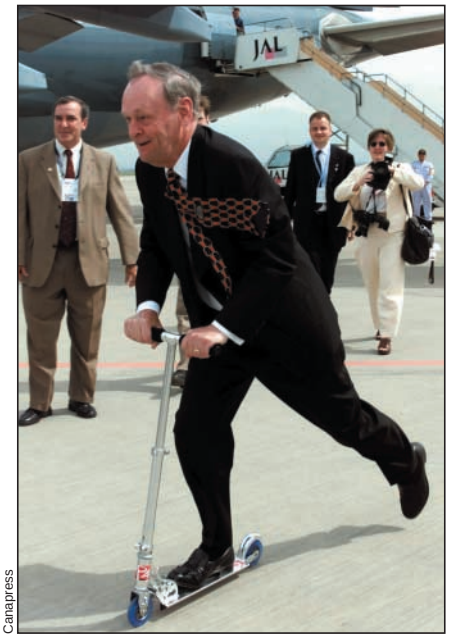
Background and epidemiology: From January to October 2000 an estimated 27 600 people in the United States sought emergency care for scooter-related injuries.[2] The rate of increase of reported injuries rose dramatically over previous years, in concert with the rising popularity of scooters, especially from May to September 2000. The estimated number of scooter-related injuries seen in emergency departments in September 2000 was nearly 18 times higher than in May 2000.[2] About 85% of the people treated were less than 15 years old, and 25% were less than 8. Two-thirds were male. The commonest injury was fracture or dislocation (in 30% of cases), mostly involving the arm or hand. Lacerations, contusions and sprains were also common.[2]

In September 2000 the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) began to collect information to identify injuries in which scooter use was a factor.[3] CHIRPP is a computerized information system that collects and analyzes data on injuries and poisonings seen in emergency departments in 15 Canadian hospitals. In May 2001 a search of the CHIRPP database for all ages yielded 305 records of scooter-related injuries. This translates into a population-based injury rate of 28.4 per 100 000 people of all ages, with children aged 8–13 having the highest injury rate (70 per 100 000). Two-thirds of the injuries involved males. The most common injuries were arm fracture (30%), laceration to the head, face or neck (7.9%), leg abrasion (6.9%) and leg fracture (6.2%). Most of the injuries occurred off roadways (e.g., on sidewalks and driveways). The majority of patients (59%) reported losing control of their scooter, and the most frequent direct cause of injury was landing on the road surface (79%). Nearly half of the patients (47%) required follow-up medical treatment after their visit to the emergency department.[3]

Clinical management: With the rising trend toward childhood obesity, it is recommended that children increase their amount of physical activity by at least 30 minutes each day (www.hc-sc.gc.ca/hppb/paguide/youth.html). The risks of injury from scooter use must be weighed against the benefits of the physical activity scooter use implies. For most children, the clinical message should be one of harm reduction rather than activity avoidance.

Prevention: On the basis of studies of the effectiveness of protective gear for in-line skating and bicycling, the American Academy of Pediatrics advises that children riding scooters should wear helmets, kneepads and elbow pads and not ride scooters in the street, in traffic or at night and that children under 8 years old should ride scooters under close parental supervision.[1] The US Consumer Product Safety Commission advises against the use of wrist guards because they interfere with the child's ability to grasp the handlebars.[4] Health Canada advises children to ride on smooth, paved surfaces and to avoid surfaces that are wet, uneven or covered with sand or gravel.[5]

Parents are advised to check scooters' nuts and bolts for tightness and to ensure that handlebars and steering columns are fully locked in position before use. Some brands have sharp edges that can cut or scrape hands or feet, and some have levers that can pinch small fingers. Over the past 2 years some models were recalled because of faulty handlebar stems. Further information is available on the Consumer Product Safety Commission Web site (www.cpsc.gov).[4]



Canapress

Unsafe at any speed?

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