

Skiing, snowboarding injuries more serious—skull and face fractures—in younger children

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Winter sports like skiing and snowboarding are a great way to keep kids active in the winter, but they are also linked to injuries and for younger



children those injuries are more likely to involve fractures to the head or face, according to new research being presented at the American Academy of Pediatrics (AAP) 2019 National Conference & Exhibition.

The research abstract, "Pediatric Snow Sport Injuries Differ By Age," will be presented on Sunday, October 27, in the Jefferson Ballroom at the Hilton New Orleans Riverside during the AAP 2019 National Conference & Exhibition.

Researchers looked at a cross-sectional analysis of the 2009 and 2012 Kids' Inpatient Database, examining 845 hospital admissions for snow sport injuries in kids. They found that over half of hospitalized children required major surgical intervention, and elementary school-age children were at significantly greater odds than those older than high school to suffer a skull or facial fracture. Middle school, high school and those older were more likely to experience intra-abdominal injury.

"We were interested to find that the type of injuries children had varied according to their age, and we believe these findings can better inform educational and legislative efforts aimed at reducing injuries in children who participate in winter sports," said Robert J. McLoughlin, MD, MSCI. "These injuries can be very severe and should be a concern to any parent with a child involved in these sports. Almost a quarter—23% of children—suffered intercranial injuries, which we found were more common among young children."

Of the young skiers who were admitted into hospitals in this research, 75.8% were male and 87.4% white. The injuries included: lower extremity fractures (28.7%), intracranial injury (22.7%), splenic injury (15.6%), upper extremity fracture (15.5%), and skull fracture (9.1%).

More information: Abstract Title: Pediatric Snow Sport Injuries Differ by Age Robert McLoughlin, MD



Provided by American Academy of Pediatrics

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