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Snowboarding Injuries

by Larana Stropus ATC

Snowboarding is one of the fastest growing winter sports in the country. It attracts not only the young but also adults. Many of these adults are experienced skiers who are giving snowboarding a try. With its growth in popularity, health care professionals are seeing a rise in the number of snowboarding-related injuries.

Falls are the leading cause of injury in snowboarding. Beginners are more likely to get injured than advanced snowboarders who typically perform more aggressive and dangerous maneuvers. The reason is that beginners often have not established the ability to maintain a stable stance on the snowboard and fall more frequently. In fact, nearly 25% of snowboarding injuries occur during the first time on a snowboard and almost 50% happen in the first season of snowboarding.

Snowboarding injuries typically involve the upper extremity, knee, ankle or head. The most commonly treated injury in the emergency room is a wrist fracture (break in the bone). This occurs when snowboarders lose their balance, fall and instinctively react by reaching out with their hands to break the fall. The fracture results from the excessive amount of force absorbed by the wrists at the time of impact.

Ankle sprains are the second most common injury seen in snowboarders. They most often occur when a snowboarder loses control of a landing following a jump. A combination of a compressive loading and ankle inversion (rolling in) results in tearing of the ligaments of the ankle, called a sprain. "Snowboarder's ankle," which is a fracture of the lateral process of the talus (a bone of the foot near the ankle joint) may also result from a similar mechanism.

A small percentage of snowboarding injuries (4 to 8%) occur while entering or exiting a ski lift line. Snowboarders release the rear foot in order to propel themselves forward, leaving the lead leg attached to the board at awkward 45-90 degree angle. Falling with your foot secured to the board in this position can result in a large rotational (twisting) force and injury to the anterior cruciate ligament (ACL) and the medial collateral ligament (MCL) of the knee.





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Serious head injuries are seen in association with falls or collisions with obstacles. Snowboarders often and unexpectedly can "catch an edge" resulting in either a forward or backward fall. These types of falls are associated with significant amounts of momentum that slam the head against the ground in a whip-like manner. This can result in potentially serious head injuries, including concussion and intra-cranial bleeding (cerebral contusion, intracerebral hemorrhage, epidural hematoma, subdural hematoma). Early symptoms include headache, nausea, confusion, amnesia (memory loss), or loss of consciousness. Anyone experiencing any of these symptoms following a head injury should seek immediate medical attention.

Prevention

Not all injuries can be prevented, but here are a few helpful tips that can minimize your risks and hopefully allow you to safely enjoy this rapidly growing and popular winter sport:

- Get proper instruction. Take a lesson with a certified snowboarding instructor to develop proper techniques for riding and falling.
- Choose equipment that suits your skill level and size. An improperly fitted binding may cause an unforeseen fall. If something doesn't feel right, investigate it.
- **Condition your body for the sport.** Keep your muscles flexible and strong to help you perform better, delay fatigue, and prevent injury.
- Wear a helmet. It has been said, "You can hit your head wearing a helmet and walk away. Do the same thing without one and you'll be carried away!"
- Know your limits: Choose runs that are appropriate for your skill level and always stay in control.



