

Appendix C. Abstract Review Form

Retid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

BACKGROUND: Skateboarding has been a popular sport among teenagers even with its attendant associated risks. The literature is packed with articles regarding the perils of skateboards. Is the skateboard as dangerous as has been portrayed?

METHODS: This was a retrospective study conducted over a 5 year period. All skateboard related injuries seen in the Orthopaedic unit were identified and data collated on patient demographics, mechanism & location of injury, annual incidence, type of injury, treatment needed including hospitalisation.

RESULTS: We encountered 50 patients with skateboard related injuries. Most patients were males and under the age of 15. The annual incidence has remained low at about 10. The upper limb was predominantly involved with most injuries being fractures. Most injuries occurred during summer. The commonest treatment modality was plaster immobilisation. The distal radius was the commonest bone to be fractured. There were no head & neck injuries, open fractures or injuries requiring surgical intervention.

CONCLUSION: Despite its negative image among the medical fraternity, the skateboard does not appear to be a dangerous sport with a low incidence and injuries encountered being not severe. Skateboarding should be restricted to supervised skateboard parks and skateboarders should wear protective gear. These measures would reduce the number of skateboarders injured in motor vehicle collisions, reduce the personal injuries among skateboarders, and reduce the number of pedestrians injured in collisions with skateboarders.

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1. **Does this article POTENTIALLY apply to Aim 2 or Aim 3?**

Aim 2. Systems or Guidelines that have been used to evaluate best practices for conducting economic evaluations in health care.

Aim 3. Studies addressing the issues of using economic outcomes in policy and decision making. Include clinical decision making if the decision is not made on the individual clinician level.

- Yes
- 2. this article potentially applies to
 - Aim 2
 - Aim 3
- No
- Unclear or no abstract available

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Yes

No

3. this abstract does not apply to Aim 2 and Aim 3 for the following reason(s):

- Does not apply to economics
- No original analysis or data (this exclusion includes systematic reviews, commentary, or editorials)
- Limited case study of a single policy decision: exclude only if there is insufficient information about how the economic data was used in decision making process
- Study focuses on a single condition: no decision making component, policy making component, or quality of the methods discussion
- Cost-effectiveness analysis only: no decision making component
- Other (specify)
- Methods only (descriptive)
- Decision making is at the individual clinician level ONLY

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Yes

No

Unclear or no abstract available

4.

Unclear. Cannot determine if article applies to Aim 2 or Aim 3. INCLUDE (move to next level)

In a language other than English (specify)

No abstract available. Title appears to apply to Aim 2 or Aim 3, OR can not be determined

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