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Refid: 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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KEY QUESTIONS

1. What is the evidence for the effectiveness of quality improvement interventions for key targets and settings relevant to palliative and end-of-life care?
 - a) Specific targets: What is the effectiveness for processes and outcomes for pain; communication; continuity, coordination, and transitions; and patient and family distress, in palliative and end-of-life populations?
 - b) Specific settings: What is the effectiveness for quality improvement interventions in any domain within hospice programs and in nursing homes?
2. What is the evidence for different quality improvement models for improving palliative and end-of-life care in the domains of pain and communication?
 - a) What is the evidence for different types of quality improvement interventions?
 - b) What is the evidence for different models in palliative care: structural, integrative, compared with consultative?

1. Does this apply to any of the key questions?

- No (identify "exclusion criteria") Yes
 Unclear: no abstract, or cannot determine eligibility from abstract alone

2. Exclusion criteria (choose ONE) [Definitions](#)

- Not a study about quality improvement (see definition)
 Does not address a palliative care intervention or population
 Does not include patient- and family-centered outcomes in the results (see definition)
 Not an included study design (see definition)
 Other

[Clear Response](#)

4. **Comment**



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