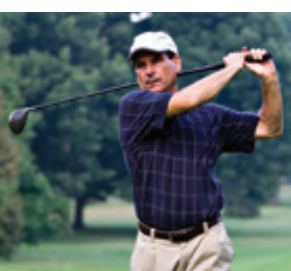


[Active Bones]

FEBRUARY 2011



ORTHOPAEDIC SURGERY AND SPORTS MEDICINE TEACHING AND RESEARCH FOUNDATION

THIS ISSUE INCLUDES:

Snowboarding Injuries



Upcoming Topics:

Traveler's Workout • Tommy John Surgery
Protecting Young Pitchers • ACL Injuries

Dear Reader,

ACTIVE BONES is the official newsletter of the Orthopaedic Surgery and Sports Medicine Teaching and Research Foundation (OTRF). The newsletter is a brief, easy-to-read educational piece that provides continuing education about musculoskeletal injuries, health performance, and new research and development in the field of Orthopaedic Surgery and Sports Medicine.

Please contact us at www.otrfund.org or stevenchudikmd@hoasc.com with any questions, suggestions for any specific topics that may be of interest to you, or if you just wish to be added to the distribution list to receive this publication directly.



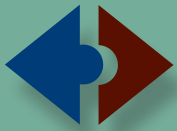
Sincerely,

Steven C. Chudik MD.
Orthopaedic Surgeon
OTRF Founder and President

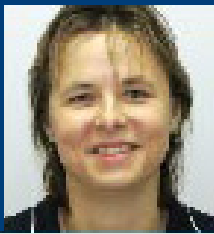
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Snowboarding *Growth in Popularity & Injuries*



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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, but 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.

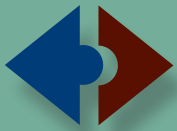
Snowboarding injuries typically involve the upper extremity, knee, ankle, or head. The most commonly treated injury in the emergency room is a wrist fracture (break in the bone). This occurs when snowboarders lose their balance, fall and instinctively react by reaching out with their hands to break the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



Distal Radius Fracture

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.



Snowboarding continued



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 momen-

tum that slam the head against the ground in a whip-like manner resulting 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.

Minimize Your Risk

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 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.**

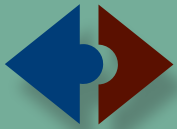
Keep your muscles flexible and strong to help you perform better, delay fatigue and prevent injury.

- **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.



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DONATION REQUEST

We Need Your Help

OTRF can't do it without you. There is no question that health-care is expensive and difficult for most to afford; however, to continue to make important advances in healthcare, we need everyone's help to fund research and education. To conduct its work, OTRF has been fortunate to receive large donations from larger, more affluent parties and organizations; but, it still thrives mostly on small donations from many different individuals. Most donations come from the many patients and families that Dr. Chudik directly touches in his practice. Often, it is no more than the price of a Starbucks cup of coffee; but every donation, large or small, makes a difference. Thank you for your support.

**Thank you
for your support.**

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Orthopaedic Surgery and Sports Medicine Teaching and Research Foundation is Committed to Research and Education



ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
TEACHING AND RESEARCH FOUNDATION

OTRF was founded by Dr. Steven Chudik in 2007 and is a non-for profit organization dedicated to funding research and education for the purpose of keeping people active and healthy.

Injury to and degeneration (wear and tear with use and age) of our musculoskeletal system (our joints and cartilage, muscles and tendons, bones and ligaments) threaten our ability to stay active, work, and lead healthy lifestyles. Too many individuals are getting injured or developing arthritis at younger and younger ages. At alarming rates, little leaguers are injuring their elbows, young female athletes are rupturing their anterior cruciate ligaments (ACL), weekend warriors are tearing their meniscus, golfers are missing the season with rotator cuff tears, physical laborers are getting injured and are unable to work, and young adults are unable to stay active because of debilitating arthritis.

There is a great need to disseminate knowledge amongst our community so that we can better prevent these injuries and degeneration (wear and tear) and best preserve our ability to stay active and healthy. We also need to fund unbiased, quality, and cutting edge research to develop better and less invasive methods to prevent and manage these injuries and degeneration.

To meet these needs, OTRF produces the newsletter, "ACTIVE BONES," shares information regarding health performance related issues of nutrition and fitness, hosts Athletic Training educational programs, conducts local educational seminars for health care providers and the community, and most importantly funds research and development particularly in the areas of cartilage injury and repair; sports injury prevention; knee ligament injury prevention and reconstruction; and minimally invasive surgery for fracture, tendon, ligament, cartilage and joint repair.