SPLINTERS & FRAGMENTS

Most literature on soccer injuries among young people has focused on leg and head injuries, and the need for secure goalposts, shin guards, and limited "heading" of the ball. A new study examining wrist fractures resulting from "saving the ball" calls for a different intervention: increased attention to use of appropriately sized soccer balls for young players (Boyd KT, Brownson P, Hunter JB. Distal radial fractures in young goalkeepers: a case for an appropriately sized soccer ball. *Br J Sports Med* 2001;35:409-11).

Obstructive sleep apnea can lead to sleep deprivation, which in turn affects driving performance. A total of 150 patients admitted for routine sleep studies performed driving simulations, and were queried about their driving history and experience. A relationship was found between the driving ability of patients with obstructive sleep apnea and their performance on the simulator (Turkington PM, Sircar M, Allgar V, et al. Relationship between obstructive sleep apnoea, driving simulator performance, and risk of road traffic accidents. Thorax 2001;56:800-5).

Are we really able to drive safely while talking on the phone? The Canadian Medical Association journal has recently been editorializing against doing so (Driven to distraction: cellular phones and traffic accidents. *Can Med Assoc J* 2001;164:1557). Although several European countries ban this activity, the United States has refrained from doing so. Recent legislation in New York state merely limits car phone use to hands-free models. A study examining limitations on the concurrent performance of two unrelated activities such as driving and talking, focused on regions of the brain used to conduct those tasks. Magnetic resonance imaging results suggested there was some mutual constraint among those regions, indicating that we may not have unlimited ability to do two demanding tasks simultaneously (Just MA, Carpenter PA, Keller TA, et al. Interdependence of nonoverlapping cortical systems in dual cognitive tasks. *Neuroimage* 2001;14:417-26).

Young workers are known to have higher rates of injuries than more experienced and more developed workers. A recent analysis of emergency room data in the United States shows that younger workers continue to have the highest rates of work related injuries and illnesses. Workers aged 15-17 had a particularly high rate of burns; burns and lacerations accounted for half of the injuries to workers <20, but only one quarter to one third of injuries to workers aged 20 and older. The authors recommend "effective strategies to address workplace safety issues for youth, such as those developed in community based young worker projects in California and Massachusetts" (Centers for Disease Control and Prevention. Nonfatal occupational injuries and illnesses treated in hospital emergency departments—United States, 1998. MMWR Morb Mortal Wkly Rep 2001;50:313-17. Full text available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm5016a3.htm).

In recent years, much effort has been directed toward building safer playgrounds. Many newer playgrounds now employ better surfacing, lower structures, and fewer opportunities to entrap children. Yet an examination of six

years of playground injury data shows that emergency visits have not significantly declined. Falls still dominate the data and children ages 5-9 still have the highest number of falls. The authors found that the severity of playground injuries has been underappreciated, and were proportionately more severe than injuries from other common unintentional mechanisms. Finally, the authors recommend more interventions targeting school playgrounds (Phelan KJ, Khoury J, Kalkwarf HJ, et al. Trends and patterns of playground injuries in United States children and adolescents. *Ambulatory Pediatrics* 2001;1:227-33).

New Zealand researchers came to similar conclusions when they examined school playground equipment with an eye on falls prevention. An audit of 62 school playgrounds found that increases in impact absorbing surfaces were offset by a substantial increase in the amount of playground equipment available. Only small gains were made in complying with height requirements. The authors conclude that "a more drastic measure is needed" (Chalmers DJ, Parry ML, Crawford AI, et al. Compliance of Dunedin school playground equipment with the New Zealand playground standard. Aust N Z J Public Health 2001;25:253-5).

Good literature reviews are always welcomed by bibliophiles and injury prevention practitioners alike. These authors set out to conduct a comprehensive review of published articles on emergency department interventions addressing home smoke detectors. The method used by the authors included a structured template, a companion explanatory piece, and a scoring system. Although the results did not locate any studies that directly assessed the effectiveness of an emergency department based strategy to counsel patients on this intervention, the methodology employed by the authors is well worth a look (Cortes LM, Hargarten SW. Preventive care in the emergency department: a systematic literature review on emergency department-based interventions that address smoke detectors in the home. *Acad Emerg Med* 2001;8:925-9).

Finally, scooter injuries continue to make their way into the news and into injury control literature. An examination of 14 children with scooter related injuries describes their injuries (11 fractures), and the use of protective gear (only five patients were using such gear at the time of injury. Non-protected body parts were injured.) Half the children were injured on the first day of riding their scooter; all but one child were injured during the first month of scooter use. What kind of training or practice are new riders offered? How can new riders gain experience without incurring injuries? (Abbott MB, Hoffinger SA, Nguyen DM, et al. Scooter injuries: a new pediatric morbidity. Pediatrics 2001;108(1) at www.pediatrics.org/cgi/content/full/108/1/e2).

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A GUARD

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