

Splinters & Fragments

As new types of sports become popular, the injuries associated with them also increase. A study from Portugal of sports related ocular injuries found 8.3% due to "modern sports", primarily squash, paintball, motocross, and new types of soccer. None of the participants were wearing proper eye protection; most injuries occurred due to impact by the ball or projectile. Three quarters of all the "modern" eye injuries were classified as severe, and the paintball players in the study suffered permanent vision loss. The authors note that two thirds of the injuries occurred to the left eye. Unlike other studies, almost all players were adults, rather than adolescents, and 41% of the injuries occurred in controlled environments, that is, health clubs. The authors call for mandatory eye protection and prompt evaluation following any ocular trauma. (Capao Felipe JA, Rocha-Sousa A, Falcao-Reis F, *et al.* Modern sports eye injuries. *Br J Ophthalmol* 2003;**87**:1336-9.)

Tae kwon do is another growing sport, particularly since it has been added to the Olympic Games. This study examined rates of tae kwon do tournament injuries, and found that after implementation of safety measures in competition, the injury rate was lower than has been previously reported. Indeed, at 0.4/1000 athlete exposures, the rate of injury was lower than for many other sports, even though the participants were at all levels of qualification and ages. Safety measures included padding and strictly enforced rules of engagement. (Burke DT, Barfoot K, Bryant S, *et al.* Effect of implementation of safety measures in tae kwon do competition. *Br J Sports Med* 2003;**37**:401-4.)

Utah has a unique statewide school injury reporting system. An analysis of three years of data found 1366 injuries that occurred in the classroom, and were serious enough to need medical attention or resulted in missed time from school. This study focused on classroom injuries only and linked the school injury reports to emergency department and hospital discharge records. Seven percent of all school injuries were classroom injuries, half of them involving furniture such as chairs, tables, and desks. Most did not result in one full day of missed school. As with many other types of injuries, two thirds occurred to boys. The number of injuries occurring to 7th and 8th graders was twice as high as to students in all other grades. Although 20% of the injured students were seen in the emergency department, this did not indicate severity of injury. The authors conclude that "special studies focused solely on acute

injuries in standard classrooms" are not needed, but that school injuries overall, including those in the classroom, require continued surveillance. (Kramer MD, Lightfoot AC, Knight S, *et al.* Classroom injuries in Utah public schools. *Acad Emerg Med* 2003;**10**:978-84.)

When adolescents confront interpersonal violence, how do they cope with it? A professor of nursing found out by asking them, focusing on young women who had experienced violence before, during, or after pregnancy. Her article describes their experiences in their own words and groups their responses into five themes that demonstrate they developed creative strategies to minimize the violence, but also behaviors that "increased their jeopardy". The author encourages health care workers to specifically ask about how survivors of violence are coping with dangers, in the process of assessing, intervening, documenting, and evaluating. (Renker PR. Keeping safe: teenagers' strategies for dealing with perinatal violence. *J Obstet Gynecol Neonatal Nurs* 2003;**32**:58-67.)

Mobile phone use by drivers continues to attract attention among injury control practitioners. An observational study from Melbourne found that cell phone use by drivers was commonplace, despite a law prohibiting handheld phone use. In 2001, more citations were issued for violating this law than for impaired driving. The study found increased phone use by younger drivers and in the evenings. Further research needs to be done to find out why drivers continue to use their phones in violation of the laws, how they perceive the risks associated with "driving while talking", and what interventions might decrease mobile phone use among drivers. (Taylor DM, Bennett DM, Carter M, *et al.* Mobile telephone use among Melbourne drivers: a preventable exposure to injury risk. *Med J Aust* 2003;**179**:140-142 or www.mja.com.au/public/issues/179_03_040803/tay10084_fm.pdf.)

A cross sectional study of hospital discharges for patients aged 65 and older looked at the risk factors associated with unintentional falls. Almost 7% of the discharges had a diagnosis of a fall, and 71% of those occurred to women. Only one quarter of fall patients were able to be sent home after discharge. Although most studies of falls have not found a relationship with alcohol use among older patients, this study found a strong association of falls and

a diagnosis of alcohol related problems. Mechanical and motor problems were also strongly associated with falls. The authors call for screening for alcohol related problems and for mechanical and motor problems as important steps toward reducing falls among the elderly. (Guse CD, Porinsky R. Risk factors associated with hospitalization for unintentional falls: Wisconsin hospital discharge data for patients aged 65 and over. *Wisc Med J* 2003;**102**:37-42.)

Poison control centers (PCCs) serve physicians as well as the general public. A survey of physicians in Singapore asked what resources they use for drug and poison information, given that there is no local PCC. Most turn to the Drug Index of Malaysia and Singapore, followed by textbooks, colleagues, and pharmacists. Almost 94% thought there should be access to relevant information services such as a PCC, with a large majority wanting 24 hour, 365 day/year access. Forty percent thought links to a computer database of poison information would be sufficient, while 59% wanted access to experienced individuals. Two thirds thought such a service should be housed within the Ministry of Health, while others thought it should be within emergency or pharmacy departments of hospitals. This article describes the survey and its results and the roles that a national PCC could play in Singapore. (Ponampalam R, Anantharaman V. The need for drug and poison information—the Singapore physicians' perspective. *Singapore Med J* 2003;**44**:231-242 or www.sma.org.sg/smj/4405/4405a1.pdf.)

More than 40 deaths each year are attributed to carbon monoxide (CO) in Ireland. Intentional CO poisonings were due primarily to auto exhaust, while unintentional poisonings resulted from house fires and utility gas. Males predominated for all intents. The authors call for more widespread use of CO detectors and education about the signs and symptoms of CO poisoning. (Crowley D, Herbert J, Herity B, *et al.* Carbon monoxide poisoning in the Republic of Ireland. *Irish Med J* 2003;**96**:83-6.)

Have you read—or published—an interesting article recently? Please send the citation, and copy if possible, to the editor of Splinters & Fragments: Anara Guard, 44 King Street, Aburndale, MA 02466, USA (fax +1 617 437 9394; email guardwilliams@rcn.com or Anara@jointogether.org).