

SNOWBOARDING OFFERS WINTER SPORTS ENTHUSIASTS THRILLS, CHILLS...AND RISKS:

U.S. Ski & Snowboard Team doctor Kevin Plancher on common injuries and prevention

NY, NY and Greenwich, CT, November 2005 – Snowboarding is America’s fastest-growing winter sport, with participation levels doubling over the past five years alone. But with so many winter sports enthusiasts becoming first-time snowboarders, the risks of snowboard-related injuries are rising just as rapidly.

“Snowboarding is perhaps the most mainstream of any ‘extreme’ sport, and certainly the biggest trend in winter sports for the past ten years,” confirms Kevin Plancher, MD, official orthopaedic surgeon for the U.S. Ski and Snowboard teams and a leading sports orthopaedist in the New York metropolitan area. “It is also fraught with injury risk, for a number of reasons,” Dr. Plancher adds.

Skiers-turned-snowboarders may be at high risk for injury

According to the National Sporting Goods Association, snowboarding participation rates doubled over the past five years, from 3.3 million Americans in 1999 to 6.6 million in 2004. At the same time, alpine skiing rates declined more than 20%, from 7.4 million people in 1999 to 5.9 million in 2004. “Skiers may be moving on to snowboarding as their next winter sports challenge,” Dr. Plancher explains. “Often, expert skiers assume that they can easily make the transition to snowboarding with the skill-set they already have,” he adds, “But this thinking can lead to injury.”

That’s because the biomechanics used for each sport are completely different. “Skiers have free use of both legs, and most amateur alpine skis offer self-release bindings. Snowboards require both legs to be bound to one board, and most of them do not offer self-release bindings. That changes the areas of the body that are at highest risk for injury, as well as the types of injuries that are most likely to occur,” he notes. For example, while knee injuries – particularly to the Anterior Cruciate Ligament (ACL) – represent a significant percentage of serious skiing injuries, hurting a knee while snowboarding is uncommon, simply because the range of motion in the knee is limited when both legs are bound to the board. Instead, Dr. Plancher identifies the following areas of the body as high-risk for snowboarders:

- **The WRISTS** are the most likely site of injury, because during a forward fall the snowboarder will frequently outstretch the hands to break the fall, placing the stress of the impact on the wrist. In fact, according to data from the ongoing Scottish Snow Sports Safety Study, almost 25% of all snowboard-related injuries involve the wrists.
- **The SHOULDERS and ELBOWS** are also common sites for injuries during snowboarding, because either a forward or backward fall can lead to the rider extending the arms to break the fall, and placing the stress of the impact on those joints as well.
- **The HEAD** is a critical area of increased injury risk in snowboarding. Backward falls in which speed or another factor prevents the rider from breaking the fall with an arm or hand can sometimes result in concussions or even skull fractures if the head makes impact with the snow. “Wearing a helmet is advised. The professionals do it, and so should the recreational snowboarders,” adds Dr. Plancher.

- **The ANKLES** can be at risk for injury, particularly if the boots chosen fit poorly or fail to offer the right amount of support. “Boots that are too inflexible can result in a leg fracture above the boot’s top edge, but too little support can lead to broken bones in the ankle or foot,” Dr. Plancher explains. In fact, the ongoing Scottish study confirms that lower extremity fractures are more common than sprains in snowboarding, while the exact opposite is true for skiing.

The first time can be the worst time

Dr. Plancher cautions all first-time snowboarders – whether they’ve never been on the slopes before or they are accomplished skiers – against taking that first trip down the half-pipe before preparing themselves for the ride. In that ongoing Scottish study, more than 23% of all snowboard-related injuries occurred on the participant’s first day on a snowboard. “Preparation is key to injury prevention,” Dr. Plancher says, adding, “There are many key measures that snowboarders, new and experienced alike, can take now, in order to help prevent injuries, and to recognize and treat them if they do occur.”

- **Wear protective gear:** Dr. Plancher recommends wrist guards and a helmet for all snowboarders, and in particular for novices. He also suggests considering padded pants.
- **Consult a professional:** From choosing a snowboard and boots to rent or purchase, to taking a beginner’s lesson on safe snowboarding, get advice and instruction from experts.
- **Practice:** No matter what your athletic skill level is, when learning a new sport like snowboarding, it’s imperative that you start from the beginning, and work your way to an expert level. “Injuries are more likely to happen when you’re pushing your body too far past its capability limits,” Dr. Plancher confirms.
- **Know the signs:** If you think you may have sustained an injury during a fall or jump, stop immediately and apply the RICE technique: Rest, Ice, Compression, Elevation. If pain or swelling persist, have the area checked by an orthopaedist as quickly as possible. “Often the effects of an injury are prolonged because treatment isn’t sought as soon as it should be,” Dr. Plancher says.

Bio:

Kevin D. Plancher, M.D., M.S., F.A.C.S., F.A.A.O.S, is a leading orthopaedic surgeon and sports medicine expert with extensive practice in knee, shoulder, elbow and hand injuries. Dr.Plancher is an Associate Clinical Professor in Orthopaedics at Albert Einstein College of Medicine in NY. He is on the Editorial Review Board of the Journal of American Academy of Orthopaedic Surgeons and the American Journal of Medicine and Sports.

A graduate of Georgetown University School of Medicine, Dr.Plancher received an M.S. in Physiology and an M.D. from their school of medicine (cum laude). He did his residency at Harvard’s combined Orthopaedic program and a Fellowship at the Steadman-Hawkins clinic in Vail, Colorado where he studied shoulder and knee reconstruction. Dr.Plancher continued his relationship with the Clinic for the next six years as a Consultant. Dr. Plancher has been a team physician for over 15 athletic teams, including high school, college and national championship teams. Dr.Plancher is an attending physician at Beth Israel Hospital in New York City and The Stamford Hospital in Stamford, CT and has offices in Manhattan and Greenwich, Connecticut. www.plancherortho.com.

Dr.Plancher lectures extensively domestically and internationally on issues related to Orthopaedic procedures and injury management. During 2001, 2002, 2003, 2004 and 2005 Dr.Plancher was named among the Top Doctors in the New York Metro area and was the New York State Representative for the Council of Delegates to the American Academy of Orthopaedic surgeons. For the past six years Dr.Plancher has received the Order of Merit (Magnum Cum Laude) for distinguished Philanthropy in the Advancement of Orthopaedic Surgery by the Orthopaedic Research and Education Foundation. In 2001, he founded "The Orthopaedic Foundation for Active Lifestyles", a non-profit foundation focused on maintaining and enhancing the physical well-being of active individuals through the development and promotion of research and supporting technologies. www.ofals.org.