



# Summer Outdoor Safety

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**W**ith the onset of warmer weather, more children will likely be spending greater amounts of time outdoors, often participating in popular activities like skateboarding and scooter riding. Outdoor physical activity is exactly what children should be encouraged to do. In addition to combating rising trends in childhood obesity, outdoor physical activity builds strong bones and healthy bodies. These particular activities, however, can also cause significant injury if basic safety precautions aren't followed.

## Prevalence of Skateboard and Scooter Injuries in the United States

How common are skateboard and nonmotorized scooter injuries in this country? According to the March 2002 issue of the American Academy of Pediatrics' (*AAP Journal of Pediatrics*, in 1999 there were approximately 51,000 skateboard-related injuries to children and adolescents reported by the U.S. Consumer Product Safety Commission (CPSC). About 1,500 hospitalizations, mostly due to head injuries, were reported in 1997. In addition, in the first 8 months of 2000, CPSC reported 9,400 visits by children to emergency departments because of scooter-related injuries. Given these statistics, it's clear that playing with skateboards and scooters places children at risk for harm from falls and collisions. Furthermore, because more males than females ride skateboards and scooters, boys are significantly more likely to be injured than girls.

## Injuries Associated With Skateboarding and Scooter Riding

According to CPSC data, ankles, wrists, and faces were the three most commonly injured body parts, accounting for 38% of all skateboard injuries treated. Moderate injuries, including fractures of the long bones of the arms and legs as well as dislocations, accounted for another 31% of injuries. Severe injuries (e.g., concussions and internal injuries) were responsible for 5% of injuries treated. Of those children whose injuries were severe enough to require hospitalization at a children's hospital or pediatric trauma center, one fourth were struck by motor vehicles. For children riding scooters, about a third incurred injuries involving the wrist, elbow, lower arm, or knee; a similar number suffered fractures or dislocations; and a slightly smaller percent, 29%, had head or face injuries.

## Strategies to Promote Skateboarding and Scooter Safety

AAP's policy statement on skateboard and scooter injuries as well as the organization's prevention guidelines are available at <http://www.aap.org/policy/re0107.htm>. The policy statement includes several research-based suggestions for parents to help their children avoid injuries. Because scooters are still relatively new, preventive strategies for them are based on recommendations for protective gear used with in-line skating and bicycling.

- Require children to always wear approved helmets and protective gear (wrist guards, elbow pads, and knee pads) when skateboarding or scooter riding. If bicycle helmets are used, make sure they comply with the CPSC standard. Multisport helmets should comply with the N-94 standard established by the Snell Memorial Foundation.
- Closely supervise children younger than 10 riding skateboards, and discourage those younger than 5 from skateboarding. Closely supervise children younger than 8 who are using scooters because younger children have less coordination, less strength, and less ability to judge vehicular traffic. These developmental limitations make them susceptible to injury.
- Do not allow children to skateboard or ride scooters in or near traffic, regardless of traffic volume. Prohibit skateboarders from "catching" a ride with cars or holding onto moving vehicles.
- Encourage boarding in supervised skateboarding parks rather than with home-constructed ramps and jumps. The latter are usually located further away from car and pedestrian traffic.

Source: American Academy of Pediatrics. (2002, March). *Skateboard and scooter injuries policy statement*. Retrieved February 24, 2003 from the World Wide Web: <http://www.aap.org/policy/re0107.htm>

