SHORT REPORT

Skimboarding: a new danger in the surf?

M R Williams, R J Poulter, E D Fern

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Skimboarding is an increasingly popular activity on the beach. Over a six week period we saw 10 patients with fractures or dislocations, half of whom required operative intervention. The majority (80%) were of the lower limb, some of which were severe.

Skimboarding is a water sport that has similar characteristics to surfing. It takes place in a couple of centimetres of water as a wave recedes back towards the sea. A round wooden disc is thrown onto this layer of water, and the participant runs and jumps on while the disc is still moving. They can then ride this board along the beach or into the surf. Unfortunately the learning curve is steep, and injuries are common, with the novice participant prone to fall or stumble.

PATIENTS AND METHODS

Over the summer period (a five month period, May to September 2003) all referrals to the Royal Cornwall Hospitals NHS Trust (Treliske, Cornwall, UK) fracture clinic associated with skimboarding injuries were assessed and reviewed by the orthopaedic department. Data relating to age, sex, site and nature of injury, and subsequent treatment were recorded.

RESULTS

Over the study period 10 patients (eight male; average age 18.7 years, range 12–31) were reviewed by the orthopaedic team in the fracture clinic. There was an equal incidence of left and right sided injuries. All the injuries were closed with no neurovascular symptoms or sign, and eight were of the lower limb, all of which were fractures of the distal tibia, ankle, and mid-foot (table 1). Six patients required hospital admission, with eight operative interventions performed. No postoperative complications have been documented.

DISCUSSION

Skimboarding may be a new phenomenon but is associated with frequent falls and injuries, similar to those sustained in activities such as skating, rollerblading, and skateboarding.¹ The main difference is that the injuries from these sports are most commonly of the wrist (33%), whereas the skimboarding injuries recorded in this study were predominantly of the lower limb, which reflects the fact that these are usually high energy torsional falls. There is little in the way of coaching or tuition available, and the potential risks and dangers are not widely perceived. Furthermore, protective equipment is not commonly used with this activity and a multitude of soft tissue injuries have been seen by our accident and emergency department.

CONCLUSIONS

We feel that there should be a warning on the boards at the point of sale, clearly stating that there is a high risk of injury, especially of fracture or injury to the lower leg.

Authors' affiliations

M R Williams, R J Poulter, E D Fern, Department of Orthopaedic and Trauma Surgery, Royal Cornwall Hospitals NHS Trust, Truro, Cornwall, UK

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Correspondence to: M R Williams, Plymouth Hospitals NHS Trust, Department of Orthopaedic Surgery, Derriford Hospital, Plymouth, UK; mrwilliams@doctors.org.uk

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REFERENCE

- 1 Schieber RA, Branche-Dorsey CM, *et al.* Comparison of in-line skating injuries with roller skating and skateboarding injuries. *JAMA* 1994;271:1856–8.

Table 1 Details of injuries resulting from skimboarding over the study period*

Patient no	Injury	Age in years	Side	Treatment
1	Fracture; subluxation 2nd, 3rd, 4th cuneiforms	31	Left	MUA; delayed ORIF
2	Weber B fracture ankle	21	Left	POP
3	Lateral malleolus with talar shift	31	Right	ORIF
4	Salter-Harris III fracture distal ulna	14	Left	POP
5	Distal tibial fracture extending into ankle joint	14	Right	MUA and POP
6	Dislocation metacarpophalangeal joint of thumb	12	Left	Reduction and spica cast
7	Tillaux fracture through physis	12	Right	ORIF
8	Trimalleolar fracture dislocation ankle	20	Left	MUA; delayed ORIF
9	Weber B fracture ankle	18	Right	POP
10	Comminuted fracture lower 1/3 tibia and fibula	14	Right	Cast (?ORIF)

*Soft tissue injuries treated by the accident and emergency department included soft tissue sprains to the wrist, ankle, and neck, and lacerations and abrasions of the head and limbs. The exact number of these injuries was unclear, therefore only cases referred to fracture clinic were included.
MUA, manipulation under anaesthesia; ORIF, open reduction internal fixation; POP, plaster of paris.