



A mental leap to trampoline safety

By Olivia Rybolt | July 5, 2017

Kids love trampolines, but pediatricians do not. Every year, trampoline injuries send a steady stream of patients into the doctor's office with everything from arm sprains and fractures to concussions, cervical spine fractures, and neurological damage.

And repeated warnings from physician groups and product safety commissions don't seem to have decreased trampoline use. New data from the athenahealth network show that pediatric trampoline injuries have remained consistent between October 2015 and May 2017, peaking in the spring months but continuing through the cold-weather months, when trampoline parks keep the risks alive.

Those injuries can be costly. One study from the Journal of Pediatric Orthopaedics found that between 2002 and 2011, trampoline injuries resulted in over \$1 billion in emergency department expenses and \$408 million in treatments for fractures alone.

And physicians say there's also an opportunity cost for parents, from time off work to repeated visits to physicians.

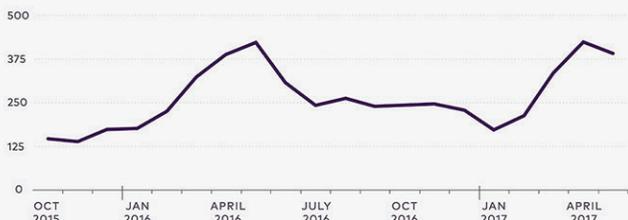
Still, in pediatricians' offices, conversations about trampoline safety often take a back seat to warnings about swimming pool safety and other pressing issues, experts say.

"Because pediatricians have a lot of things to cover in appointments, a lot of the time families are not educated about the risk until after a trampoline injury has occurred," says Susannah Briskin, M.D., a pediatric sports doctor with University Hospitals Rainbow Babies & Children's Hospital.

Briskin says parents should be informed of the risks of trampolines and especially trampoline parks, a rising source of injuries. And while information about trampoline safety exists in online guides and the

Visits for trampoline-related injuries jump each May

October 2015 through May 2017



Source: athenaResearch
 Sample: Approximately 5,300 visits for trampoline-related injuries reported to 175 practices on athenaNet since October 2015

American Academy of Pediatric's study on trampoline-related injuries, pediatricians' relationships with parents remain the most valuable resource, she says.

Jennifer Weiss, M.D., an orthopedic surgeon specializing in pediatric sports medicine at Kaiser Permanente, can speak to both sides of the issue.

"As a doctor and as a mom, I know that if I allow my kids to jump or go to a trampoline park, I'm taking a risk," Weiss says. "What I ask of our public is to at least be aware and educated of the risks and make this decision an informed one."

Briskin says doctors should advise parents to supervise kids on trampolines at all times; allow only one jumper at a time on the mat; prohibit flips and somersaults; and ensure equipment is properly in place.

"It's similar to reminding them to wear bike helmets," Briskin says.

Weiss points out that the tenor of those conversations is important.

Before rattling off rules on what families should and should not do, Weiss says, it's most effective to listen to their needs and empower them to make their own decisions. She suggests "eliciting the story from families, making a bond, and establishing some trust" before providing any guidance.

"Doctors must start to let go of being controlling educators, pick their battles and allow for time to be heard by families," Weiss says. "I don't think we get anywhere by just spouting out rules without listening to which [rules] to impart to be most effective."

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Data analysis by Philip Galebech.

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