More Trampoline Parks, More Injuries

Prevention strategies can help ameliorate harm.

As the number of recreational trampoline parks in the United States soars—increasing from about 40 in 2011 to 280 in 2014—so do injuries to children using them. Researchers compared trampoline park injuries (TPI) with home trampoline injuries (HTI) from 2010 to 2014, using data from the National Electronic Injury Surveillance System.

Injuries sustained at trampoline parks accounted for 6,932 trips to EDs in 2014—a twelvefold increase from 2010, although TPI accounted for only 11% of all trampoline injuries in 2014. The majority of injuries continue to be associated with home trampoline use. Sprains and fractures were the most common trampoline injuries overall, but children injured at home were twice as likely to suffer head injuries and concussions while those injured at trampoline parks had a higher risk of dislocations and sprains to the lower body.

Boys were hurt more often than girls, and younger children had more bone breaks than teenagers. Fractures accounted for half of injuries among children younger than six years. Children with TPI were typically older (13 years) than those with HTI (9.5 years).

Children injured at trampoline parks are more likely to be admitted to the hospital compared with those incurring HTI. Fractures were the most common reason for admission, with leg fractures accounting for 59% and elbow fractures for 34% of admissions. Older children and young adults incurred more TPI; the study noted two spinal cord injuries, one in a 17-year-old and one in a 20-year-old, incurred during attempts at flips.

The volume of TPI will surely increase with more recreational trampoline parks—now opening in the United States at a rate of almost six per month. Prevention strategies recommended by the researchers include minimizing contact between jumpers, extra padding on frames, and restrictions on flips and somersaults. Guidelines from the American Academy of Pediatrics underscore these recommendations: go to http://bit.ly/2d016Zn.—Carol Potera


NewsCAP

Similar protective effects found for different forms of influenza vaccines. Immunizing children and teens with live attenuated influenza vaccine (LAIV) or inactivated influenza vaccine (IIV) brings similar protection for children and members of their community. In 48 rural Canadian Hutterite colonies, children 36 months to 15 years of age received either intranasal LAIV or injectable IIV. Over three years, the number of related antimicrobial prescriptions, medical visits for respiratory illness, hospitalizations, or absenteeism from school or work did not differ. Only 22 hospitalizations occurred—11 for each vaccine. Given the similar outcomes for LAIV and IIV, inactivated vaccines like IIV “that are available at a lower cost seem to be cost-effective,” the authors write in an article published online on August 16 in the Annals of Internal Medicine.