

## HEALTH

## Golf can cause serious back injuries to careless

By Ira Dreyfuss  
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WASHINGTON - Add to tennis elbow and runner's knee another sports complaint: golfer's spine.

The powerful twisting motion in some golfers' swings can, over time, deform bones in the lower back, researchers say. One study terms it the "crunch factor."

"It looks like what is going on is a combination of how the spine twists and how it bends to the side," said researcher Scott A. Banks of the Orthopedic Research Laboratory, Good Samaritan Medical Center, West Palm Beach, Fla.

Banks and other researchers on golf injuries presented their data recently at a meeting of the American Academy of Orthopedic Surgeons in New Orleans.

Banks' team studied the swings of 43 healthy, experienced male golfers ages 18 to 84, to see where the stress builds. They taped reflective discs over the golfers' joints, then used high-speed cameras to record how the discs moved during the swings. The cameras' data were fed into a computer, which produced a three-dimensional analysis.

Older golfers had the lowest crunch-factor levels, meaning they had the least torque. Younger golfers had the highest levels, the study found. The greater torque in the young



could reflect the natural flexibility of youth, and the older golfers may have gotten stiffer with age, said epidemiologist David A. Morgan, who also

worked on the study.

But it could also be because older players learned a swing that had less body movement, Banks said. "In the early part

of the century, a swing where the hips and shoulders moved more together was more common," he said. "There was less twisting of the back."

The change in swing came because steel shafts replaced hickory shafts in clubs, said Dr. Timothy M. Hosea, who has done separate camera-and-computer research on low back pain in golfers.

Steel shafts allowed greater accuracy, but they were less flexible, said Hosea, of the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School in New Brunswick, N.J. To get more power behind the hit, he said, golfers began to twist their bodies.

Japanese medical imaging experts say they have seen the apparent results of the repetitive stress on the lower back. They performed X-ray and CAT scans of 26 right-handed male elite amateur or professional golfers, and compared them with results from 105 matched nongolfers.

Many members of both groups had discernible low-back problems. But the golfers were more likely to have malformations on their right side, where the torque from the swing would have the greatest effect, the Japanese study said. About 60 percent of golfers did, compared with about 50 percent of nongolfers.

Back problems afflict golfers and nongolfers, but the right-

sided problems were clearly a bigger problem for golfers, Banks said.

About 90 percent of golfers' back problems can be treated with physical therapy, said Dr. Pierce E. Scranton Jr. of Seattle, sports medicine chairman of the American Orthopedic Foot and Ankle Society. Muscle relaxers and anti-inflammatories can control the immediate pains, he said.

In some cases, however, the problem may require surgery to remove a herniated disk or even fused vertebrae, Hosea said.

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## Children must be careful when bike riding

By Dr. Andrew E. Price  
THE ASSOCIATED PRESS

As children shake cabin fever and take off on their bikes this spring, parents take caution: More than 300,000 people seek emergency-room care for bicycle injuries each year. Most of them are between the ages of 4 and 13. Children who have been riding for less than a year and don't know the basic rules of the road are at greatest risk for accidents.

Most injuries occur on quiet side streets less than five blocks from home. But even parents whose children are experienced bicycle riders should be watchful. Adolescent daredevils, particularly boys with a penchant for jumping ramps, riding fast down steep hills or practicing the latest stunts they've seen on television, frequently end up in the hospital emergency room.

Unsafe riding practices account for most problems. Head trauma is the most common injury, and often the most fatal, followed by broken legs and arms, jaw fractures and abdominal injuries. Many children get hurt falling off their bikes while trying to avoid trees and potholes that actually get struck by cars. Nevertheless, falling onto hard pavement at even a speed of 5 mph can cause serious brain injury. Parents can



protect their children by insisting they wear helmets. Studies repeatedly show that helmets can prevent as much as 85 percent of all head and brain injuries, and significantly reduce injuries to the eyes, ears, nose and cheeks.

A growing number of counties and states require bike riders to wear helmets as the first line of defense against serious injuries. When parents wear helmets, their children are more inclined to wear them. But too many older children are embarrassed to wear helmets because they think

they're uncool. Parents should insist that wearing helmets is an integral part of biking, just as wearing them is a necessary and accepted part of playing hockey or football. It is a good idea to take your child to a bicycle shop and have him or her fitted for a helmet by a salesperson with experience. Make sure your child's helmet has a certification sticker from either the Snell Memorial Foundation (SNELL), or the American National Standards Institute (ANSI).

Also, bikes for very young chil-

dren should have foot brakes, since kids may not be strong enough to grasp only the hand brakes when they need to stop. For many children, there is no greater sense of freedom or adventure than taking off on their bikes. But they need to understand the consequences of riding unsafely and without a helmet. Each year, more than 600 children under the age of 15 die in bicycle accidents, accounting for over half of all biking fatalities.

In addition to wearing helmets, children and adolescents can benefit from the following safety tips: Ride in the same direction as traffic. When riding in the dark, use a headlight, reflectors on the back and spokes. Wearing reflective clothing also helps. Obey the same traffic rules as cars. Ride a bike that is the appropriate size. Don't wear headphones, they keep you from hearing traffic. Always leave your hands free to steer. Use a rack to carry packages. Don't carry passengers. Pay attention to cars. Don't drink alcohol and ride. Use bike paths if they're available.

Dr. Andrew E. Price is Chief of Pediatric Orthopedics at New York University School of Medicine.

## First aid supplies required for quick response

THE ASSOCIATED PRESS

Granted you've got a first-aid manual within easy reach on your bookcase and a medicine cabinet leaded with ipecac syrup, antibacterial ointments, and a handsome array of bandages.

But it's almost a law of nature, wrote Rachelle Vander Schaaf in an article in the July issue of Redbook, that kids get injured in decidedly non-textbook scenarios that can leave even a well-prepared mom stymied.

Know the right way to diagnose and deal with a break.

Despite popular belief, "A limb with a broken bone can move," insists Mark Stegelman, M.D., a pediatrician with Eggleston Children's Health Care System in Atlanta. So abandon the wiggle test and gently run your hand across the bone to feel for a sharp edge. Also, get your kids to be specific about location and type of pain. "Discomfort that's spread over an area suggests a sprain, while intense, localized pain along a bone may mean a break," he explains. Should all signs point

to a break, splint above and below the injured area with a rolled-up newspaper or magazine if a piece of wood isn't available, and wrap with cloth if bandages or tape aren't handy. Then get to an emergency room as soon as possible to have the bone examined and set properly, if necessary.

If your kid's going to twist and sprain an ankle, you can be sure that it'll happen in the middle of a four-mile hike, when help is a long limp away, rather than just outside your front door. In this situation, don't remove your child's shoe. Instead, "loosen the laces and stuff it with grass and leaves to increase pressure directly on the side of the injury," says Dr. Stegelman. "Just don't cram in so much foliage that you cut off the blood flow and the foot gets numb." This well-padded show trick will minimize swelling until your child's foot can be bandaged and given that standard "rice" (rest, ice, compression, elevation) treatment you've probably got down pat.

Let's say your child runs eye-

first into a tennis ball in mid-volley. When you get her home, freeze a raw egg for about four minutes (no longer than that, or it might explode) and use it as a compress to reduce pain and swelling. The shape of an egg fits nicely into the eye's contour in kids over age 3, and it feels better than having water from a wet cloth dribbling down the face. For kids who are likely to handle the egg roughly, pop it in a plastic bag before placing it in the freezer and on your child's eye.

The best tool for removing insect stingers is a credit card, says Dr. Stegelman. Just gently scrape it away with the edge. Don't pinch the stinger with tweezers or your fingers when trying to pull it out. Squeezing releases more toxins, worsening what's already a bad scene.

If your fresh out of burn ointment, soothe a minor burn with toothpaste. The ingredients that make your mouth feel cool have a similar effect on skin. Don't grab for ice cubes. Ice decreases the blood flow to the damaged skin to

quickly, thereby interfering with healing.

Resist the impulse to reach out to a child who's been electrically shocked. "The human body is a great electrical conduit," says Dr. Stegelman. If she hasn't let go of the source, unplug the appliance or turn off the current. If that's not possible - say, at an electric fence - push away the wire with a wooden stick or pull your child clear with a loop made from cloth, like a towel or your shirt. If your child is unconscious or has stopped breathing, call 911 and administer cardiopulmonary resuscitation. Take her to the emergency room to be examined for heart damage, a risk with electric shocks.

When it comes to a nosebleed, forget the advice about having your child tilt her head back. Blood can get in the throat and cause choking or vomiting. Instead, have your child sit upright and then lean forward slightly while you pinch her nose, just below the bone, for five to 10 minutes - nonstop.

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