Mountain bike terrain park-related injuries: an emerging cause of morbidity

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Abstract

This case-control study describes the profile of bicyclists injured in mountain bike terrain parks (MBTP),

and examines risk factors for severe injury among MBTP riders. Cases were hospitalized bicyclists

injured in MBTPs. Controls were bicyclists injured in MBTPs who were discharged from the emergency

department. No significant differences were observed in the distribution of age and sex between cases and

controls. A higher proportion of cases compared with controls suffered a head injury (22%), fracture

(41%), or internal organ injury (32%). Controls suffered a higher proportion of superficial injuries (26%),

sprains (10%), or wounds (16%). Upper extremity protective equipment (e.g., elbow or shoulder pads)

was used more by cases than controls (23% vs. 11%, p=0.03). Riders who self-reported cycling faster

than usual had significantly higher risk of severe injury compared with others. The risk of severe injury

may be reduced by encouraging bicyclists to control their speed, or by modifying MBTP design to limit

the opportunity to gain speed.

Keywords: bicycling, wounds and injuries, epidemiology, protective devices

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1. Introduction

Mountain biking has rapidly grown in popularity since its inception in the late 1970s (Chow & Kronisch, 2002). This is demonstrated by increasing numbers of competitive and recreational mountain bikers, the development of the sport into several sub-disciplines, such as cross-country, downhill, dual slalom, and four cross events, and more recently, the expansion of mountain biking as a commercial enterprise with the emergence of mountain bike terrain parks (MBTP). These parks are open to the public and all skill levels. They often include chair lift access, where riders are transported up the slope, and then bicycle downhill. MBTPs may create additional risks for injury in mountain bikers that differ from traditional off-road terrain because bicyclists ride downhill at high speeds and encounter various types of environmental and man-made obstacles.

Previous mountain bike injury research has focused on competitive riders. These studies have shown that the majority of injuries occur while riding downhill, and it is suggested that man-made features may lead to higher injury rates (Kronisch, Pfeiffer, Chow, & Hummel, 2002). The limited information available on recreational mountain bikers suggests that as many as 85.7% of riders report having sustained an injury in the previous 12 months (Kronisch & Rubin, 1994). While the majority of these injuries are minor (e.g., abrasions, contusions, soft tissue injuries, etc.), severe injuries do occur, including those that require emergency department (ED) visits, hospitalization and/or operative intervention (Kim et al., 2006).

One study examining the epidemiology of acute mountain bike injuries in recreational bicyclists at a public off-road bicycling facility reported an overall injury rate of 1.54/1000 biker

exposures (Aitken, Biant, & Court-Brown, 2011). Two thirds of injured riders reported suffering wounds (e.g., incised wounds, lacerations, abrasions), while other injuries such as fractures and soft tissue injuries (e.g., bruising, muscular injury, injury to soft internal organs) occurred in one-third of cases. Nearly half of all injuries occurred in the facility's "freeride park" (Aitken et al., 2011), an indication that areas designed with man-made obstacles and features that encourage doing jumps and stunts may pose additional risks.

Prior research has included mainly injured adult bicyclists; however, MBTPs cater to all ages including young, inexperienced bicyclists. Most MBTPs require the use of bicycle helmets, yet a variety of helmet styles exist including full-face and BMX, and the comparative effectiveness of different helmet styles remains unknown. The use of other protective equipment such as shin and elbow pads, chest protectors, and "body armour" varies, and the effect of this equipment on injury outcomes has not been examined.

The purpose of this study was to describe the profile of MBTP riders and their injuries, and to examine risk factors for severe injury among MBTP bicyclists. In addition to demographics, injury circumstances, and experience, information on helmet type and protective equipment use was documented to describe the use of safety equipment in the recreational MBTP rider population.

2. Methods

2.1 Participant recruitment

Study participants were drawn from participants recruited for a broader study on bicycling injury risk factors. The study recruited bicyclists who presented to one of seven EDs from May 2008 to

October 2010. The study sites included the Foothills Hospital, Rockyview Hospital, Peter Lougheed Centre, and Alberta Children's Hospital in Calgary, Alberta, and the Stollery Children's Hospital, University of Alberta Hospital, and Northeast Community Health Centre in Edmonton, Alberta. Data for this sub-study are restricted to patients treated at study sites in Calgary given this city's closer proximity to several MBTPs. The Calgary sites represent all hospital EDs in the city, including the only paediatric hospital (Alberta Children's Hospital), and three adult EDs including the designated regional trauma centre (Foothills Hospital). Participants were interviewed in person or by telephone, about the circumstances surrounding their injury using a standardized questionnaire developed for the study (Appendix 1). The items included in the questionnaire were based in part on previous research on bicycle and motorcycle injuries (Hagel et al., 2007; Wells et al., 2004). Before being implemented, the questionnaire was pilot tested with a convenience sample of 34 bicyclists and members of the research team. Feedback from the pilot testing phase was integrated into the final questionnaire, including the addition of questions relating to protective equipment use and helmet type (i.e., full-face vs. standard helmet).

Patients who reported that their injury occurred while riding in a MBTP were included. A MBTP was defined as a public, pay-for-use off-road bicycling facility. The MBTPs in the Calgary area have trails with varying levels of difficulty, which are graded similar to ski areas with green (beginner), blue (intermediate), and black (advanced) trail markings. Bicyclists who reported that the injury occurred during a race or competition were excluded. Injury information was captured through a review of the patient's medical chart and interviews. The interviews included the circumstances of the crash, the use of protective equipment (e.g., elbow pads, shin

guards and chest protectors), previous experience in the MBTP, and demographics. The variables included in the analysis were a combination of open-ended and fixed choice response questions.

The use of a case-control design was warranted given that the outcome of interest (i.e., severe MBTP-related injuries) was relatively rare and could easily be examined using an ED based study. Cases were defined as bicyclists who were hospitalized (i.e., admitted to an inpatient unit) and controls were bicyclists who were discharged from the ED. All patients provided written or verbal consent to participate in the study. The study was approved by the Conjoint Health Research Ethics Board at the University of Calgary and the Health Research Ethics Board at the University of Alberta.

2.2 Analysis

Interview and injury data were combined and entered into a research database (Microsoft Access 2007). Data were analyzed using STATA (v.10, Texas, U.S.A) statistical software. Descriptive data include counts and proportions with Pearson's chi² test p-values, as appropriate. For the relation between case and control status and injury types and body regions, each participant could have reported multiple injuries/regions. As such, we incorporated the Huber/White/Sandwich robust estimate of variance in a logistic regression of the relation between outcome (case-control status) and body region/injury type taking into account the non-independence of the observations (Rogers, 1993; Williams, 2000). The alpha level was set at 5% for all analyses.

Logistic regression was also used to identify predictors of severe injury using odds ratios (OR) and 95% confidence intervals (CI). We examined the effect of several potential risk factors

including the use of any protective equipment other than a helmet, riding a new bicycle, which was defined as having used the bike less than 10 times prior to the injury event, cycling speed, which was self-reported and grouped into ≥15 km/hr or less, cycling faster than usual, which was self-reported, and the type of manoeuvre being done at the time (if any) which was described by the cyclist.

The small number of cases in this study limited the number of potential independent variables that could be included in the logistic regression models. It has been recommended that as a general guideline, the number of independent variables included in a logistic regression model should not exceed 10% of the number of patients in the least frequent outcome category (cases) (Harrell, Lee, & Mark, 1996). However, it has also been suggested that this rule may be relaxed in order to more adequately examine potential confounding, and that an approach that includes 5-9 events per variable may be acceptable (Vittinghoff & McCulloch, 2007). We opted for this approach in order to examine the potential confounding effect of age, sex, and previous experience at the injury event location. Covariates included in the adjusted analysis were modelled using a backwards elimination approach, and were selected based on previous indication as potential risk factors for injury in bicycling or mountain biking specifically (Aitken et al., 2011; Kronisch et al., 2002; Kronisch & Rubin, 1994).

3. Results

3.1 Sample characteristics

The larger study included 3,113 patients visiting the Calgary and Edmonton EDs of which 409 (13%) bicyclists were injured in a MBTP and were included in this sub-study. Of these, 31 (7%) were hospitalized. Table 1 presents the demographic characteristics of injured bicyclists by case

and control status. Mean age for cases was 19 years (standard deviation [SD] 13.2), while mean age for controls was 15 years (SD 8.2). Those less than 14 years old represented 63% of the sample (51% of cases and 64% of controls). A greater proportion of cases than controls were injured while bicycling for personal recreation (84% vs. 78%), while a greater proportion of controls were part of a school group or camp (18% vs. 10%). None of these differences, however, were statistically significant.

3.2 Protective equipment use

We examined the use of non-helmet protective equipment such as elbow pads, shin guards and chest protectors in each group (Table 1). Twelve bicyclists reported wearing "full body armour", which we classified as a separate category from other types of protection. A greater proportion of cases than controls reported wearing upper (23% vs. 11%, p=0.03) extremity protection; however, no difference was identified with lower (42% vs. 30%, p=0.14) extremity protection or trunk protection (7% vs. 2%, p=0.12). There was a tendency for cases to wear more pieces of protective equipment; half of the cases wore at least one piece of protection, whereas 38% of controls did.

Most MBTPs require that helmets be worn. As such, helmet use was high; only 1 case and 1 control bicyclist were not wearing helmets at the time of the injury. Thirty-six percent of cases and 39% of controls were wearing a full-face helmet. This style of helmet has a face/mouth guard piece, similar to motocross helmets. Among those wearing a full-face helmet, 13% (21) suffered a head injury.

Table 1. Characteristics of the study sample

3.3 Injuries

A total of 465 injuries were sustained. There were 36 injuries in the case group, and 429 in the control group. A greater proportion of cases than controls suffered a head injury (19%), fracture (42%), or internal organ injury (28%). Controls suffered a greater proportion of superficial (28%), sprain/strain (9%), and wound injuries (14%). The most commonly injured body region for cases was the trunk (32%), while more controls injured upper (shoulder, arm, and wrist) (54%) and lower (hip, thigh, shin, ankle) (15%) extremities. The p-values, adjusted for clustering by participant, indicated that there were significant differences between cases and controls for the distribution of injury types (p=0.0028) and body regions (p=0.0001). Injury patterns for cases and controls are presented in table 2.

Table 2. Types of injuries and body regions by case-control status

3.4 Severe injury risk factors

Logistic regression was used to identify potential risk factors for severe injury. On univariate analysis, there was an indication of increased odds of severe injury among those riding a bicycle they had not ridden before (OR = 1.9; 95% CI: 0.9, 4.1). Those bicycling faster than they typically would in similar conditions had more severe injuries (OR = 2.5; 95% CI: 1.2, 5.3) compared with those riding at their habitual speed. We adjusted the analysis for age and sex, as both of these have been previously shown to be related to bicycling injury risk in both on and off-road bicycling (Aitken et al., 2011; Kronisch et al., 2002; Kronisch & Rubin, 1994). Age was dichotomized into young (\leq 14 years) and older (>14 years) groups for this analysis. We also adjusted for previous experience bicycling at the location (yes vs. no), as it could logically be expected that this factor may confound the relationship between potential risk factors and severe

injury. Bicycling faster than usual remained a significant risk factor once the analysis was adjusted for age, sex, and previous experience at the location (adjusted OR [aOR] = 2.8; 95% CI: 1.3, 6.1) (Table 3). Though the 95% confidence limits included the null value of 1.0, the adjusted odds ratio for jumping was 2.3 (95% CI: 0.7, 7.4), while the estimates for using a new bike (aOR = 2.1; 95% CI: 0.9, 4.8) and non-helmet safety equipment use (aOR = 1.6; 95% CI: 0.7, 3.4) suggested a potential relationship with hospitalization. As there were only small changes (<15%) in the OR estimates with the addition of potential confounders (age, sex, previous experience at the location), there was no evidence of confounding by any of these factors.

Table 3. Odds of severe injury in bicyclists injured in MBTPs

4. Discussion

Mountain bike terrain parks are a relatively recent sporting development and injury research in this area is in its infancy. Our study adds to the body of knowledge on mountain bike injuries by describing the profile of recreational bicyclists injured in MBTPs, and providing an understanding of the range of injuries sustained, outside the competitive setting. Our results expand our knowledge of the use of protective equipment among injured bicyclists, and highlight that bicycling at a speed faster than usual may lead to serious injury.

Similar to other mountain bike studies, our sample was primarily composed of males. Ninety percent of controls and 84% of cases were male. Males dominate participation in mountain biking, and thus, it is consistent that they suffer more injuries. In the competitive context, females have been found to have higher odds of injury (OR = 1.94; 95% CI: 1.17, 3.08) and were more likely to sustain fractures (OR = 4.17; 95% CI: 1.81, 9.29).(Kronisch et al., 2002) In our study, there was a greater proportion of females among cases compared with controls

(16.1% vs. 10.1%), consistent with previous research showing a greater risk among females, although the result was not statistically significant. Sex differences in the odds of injury may exist in the competitive setting and not in the recreational population. Females bicycling for recreation may be new to the sport and exercise a higher degree of caution than those riding in competition.

In this study the majority of cases (63%) involved children 14 years of age and younger. In fact, most of the cases and controls were 10-14 years old. This is consistent with other bicycling research which has shown that those 10-14 years old have higher injury rates (Mehan, Gardner, Smith, & McKenzie, 2009; Thompson, Thompson, Rivara, & Wolf, 1990). It may be that children in this group do in fact have higher injury rates in MBTPs, or that the high proportion of injuries in this group is a reflection of the demographics of terrain park users. Further research is required to determine the dangers posed by mountain biking in these youth age groups.

In our sample, 7% of bicyclists who presented to EDs were hospitalized. This is similar to the 6.3% of off-road bicyclists hospitalized in a study with data from the United States by Rivara et al. (F.P. Rivara, Thompson, Thompson, & Rebolledo, 1997), however, much lower than the 16% reported by Aitken et al at a mountain bike centre in Scotland (Aitken et al., 2011; F.P. Rivara et al., 1997). The higher percentage of hospitalized bicyclists in the latter study may be related to differences in admission criteria among countries. In our study, admission criteria were likely similar for all sites given the restriction of data collection to a single health region over a limited time period. All sites were staffed by full-time emergency physicians who are not permitted to write admitting orders; decisions to admit were made by the consultant staff.

Overall, while there may a tendency to admit children with a lower injury threshold compared with adults, this would apply to all sites. Controlling for age in the analysis would have mitigated the potential effect of age-related differences in admissions. Fractures were the most common type of injury in our investigation, consistent with an ED-based study on mountain biking-related injuries by Nelson and McKenzie (Nelson & McKenzie, 2011).

Our study is one of the first to examine the use of protective equipment in MBTPs. We found case-control differences in the use of various types of protection with cases tending to wear more pieces of protective equipment. Half of the cases wore at least one piece of nonhelmet protective equipment, whereas nearly 40% of controls did so. Similarly, Aitken et al. reported that 31% of injured bicyclists were wearing some form of body armour at the time of injury (Aitken et al., 2011). It may be that those who wear safety equipment are more inclined to engage in risky behaviour, a phenomenon known as risk compensation (Hedlund, 2000). If this were so, it is possible that those wearing protection would be more likely to suffer severe injuries. However, it is also possible that characteristics associated with risk taking behaviour, such as experience and ability, may also be related to protective equipment use as has been found for skiers and snowboarders (Cundy et al., 2010; Ruedl et al., 2010). If this is the case, without adjusting for these other factors, increased risk of severe injury may be attributed to other associated personal characteristics rather than the use of protective equipment. The results of our study indicate that those who wore protective equipment still suffered injuries to the protected body regions. This may suggest that certain types of equipment protect against minor injuries, but may not offer as much protection for more severe injuries such as fractures. Further work on the role of protective equipment use and effectiveness in MBTPs is required.

Previous bicycling injury research has found that bicyclist speed is a risk factor for severe injury (F. P. Rivara, Thompson, & Thompson, 1997), and mountain bike studies have highlighted that riding downhill results in more injuries, and increased odds of severe injury compared with flat and uphill riding (Kronisch, Pfeiffer, & Chow, 1996; Kronisch et al., 2002; Kronisch & Rubin, 1994). We found that bicycling faster than usual resulted in a 2.6-fold increase in the risk of hospitalization. Because speed is a modifiable risk factor, these results suggest that by encouraging or requiring bicyclists to slow down, severe injuries may be reduced. MBTPs that cater to recreational bicyclists could be designed in a way that limits the speed riders can gain by reducing the distance of straightaways, or choosing to build trails in areas that are not as steep.

4.1 Limitations

This was a small sub-study of a broader examination of risk factors for bicycling injury. The sub-study sample included bicyclists presenting to EDs in a single Canadian city, with a short bicycling season and relatively low incline bicycling terrain. The study is limited in that the data were not originally collected to specifically examine off-road bicycling. As such, some information that might have been interesting to examine such as the type of manoeuvre being performed was not recorded. We would also have liked to have information on bicyclist experience (e.g., years bicycling) beyond what we collected on previous experience in the terrain park. Additionally, we do not have a measure of exposure and therefore, injury rates as well as the rate of protective equipment use in this sample compared with the MBTP population in general cannot be estimated. Moreover, we cannot determine the role of fatigue in these crashes, since we did not ask bicyclists how many "runs" they had taken before the injury occurred. An

additional limitation is that we may not have captured all of the injuries sustained from recreational mountain biking in terrain parks because some bicyclists may have sought medical attention elsewhere (e.g., first aid stations, clinics). Finally, the self-report nature of the information on crash circumstances may be subject to recall and social desirability biases, especially if bicyclists were interviewed by telephone sometime after they were discharged from the ED. However, it is unlikely that recall bias would affect cases and controls differently and, as such, this potential non-differential misclassification would likely bias odds ratios toward the null.

5. Conclusions

This study provides information on injuries in a relatively new bicycling discipline. MBTPs are different from other off-road facilities, and may create additional risks given how they are built and what they are designed for. By focusing on recreational bicyclists this study was able to describe injuries in the major group of MBTP users. We found that a large number of riders wear protective equipment and/or full-face helmets. More research is needed to examine the protective effect of specific pieces of equipment, as well as different helmet types. Riding faster than usual was identified as a risk factor for severe injury and future studies should focus on various approaches to MBTP design and the risk associated with man-made features.

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Table 1. Characteristics of the study sample

	Case	Control	Chi ²
	No. (%)	No. (%)	P-value
Gender	(n=31)	(n=378)	
Male	26 (83.9)	340 (89.9)	
Female	5 (16.1)	38 (10.1)	0.29
Age	2 (10.1)	56 (10.1)	
<10	2 (6.5)	34 (9.0)	
10-14	14 (45.2)	208 (55.0)	
15-18	7 (22.6)	69 (18.3)	0.00
19-24	2 (6.5)	15 (3.9)	0.82
25-40	4 (12.9)	33 (8.7)	
>40	(6.5)	19 (5.0)	
Education level (matern	` ′		
High school	8 (25.8)	62 (16.5)	0.24
Post-Secondary	23 (74.2)	296 (78.7)	0.24
Unknown	0(0.0)	20 (5.3)	
Annual household incom	ne		
< \$70 000	4 (12.9)	44 (11.6)	0.52
>\$70 000	16 (51.6)	254 (67.2)	0.53
Unknown	11 (35.5)	80 (21.2)	
Previous experience in t	terrain park		
Yes	24 (77.4)	281 (74.3)	0.74
No	7 (22.6)	95 (25.1)	0.74
Unknown	0(0.0)	2 (0.5)	
Reason bicycling			
Fun or recreation	26 (83.9)	294 (77.8)	
Camp or School	3 (9.7)	69 (18.3)	0.36
Other	2 (6.4)	13 (3.4)	
Unknown	0(0.0)	2 (0.5)	
Crash time of day			
00:01-10:00	0(0.0)	7 (1.9)	
10:00-12:00	12 (38.7)	75 (19.8)	0.09
12:00-16:00	16 (51.6)	221 (58.5)	0.07
16:00-24:00	3 (9.7)	68 (18.0)	
Unknown	0 (0.0)	7 (1.9)	
Protective equipment			
Face/neck protection*	1 (3.2)	20 (5.3)	
Upper extremity	7 (22.6)	40 (10.6)	
Lower extremity	13 (41.9)	114 (30.2)	
Trunk	2 (6.5)	8 (2.1)	

Full body armour* *	0	12 (3.2)
Missing	1 (3.2)	3(0.8)
Gloves	22 (71.0)	244 (64.6)
Missing	2 (6.5)	0 (0.0)
Clipless ("clipped in")	1 (3.2)	12 (3.2)
Missing	0(0.0)	2 (0.5)
Helmets		
Yes	30 (96.8)	377 (99.7)
Full face	11 (35.5)	146 (38.6)
	(n=30)	(n=374)

^{*}Other face and neck protection includes a chin guard and a neck brace

^{**}Full body was described by 12 participants as a type of protective equipment. Information was not provided as to what specific body regions comprised full armour, and thus it was included as its own category of equipment.

Table 2. Types of injuries and body regions by case-control status

	Case	Control	Chi ²
	No. (%)	No. (%)	P-value
Injury types	$(n=36)^a$	(n=431)	0.0028^{c}
		a	
Head injury*	7 (19.4)	50 (11.6)	
Fracture	15 (41.7)	158 (36.7)	
Superficial [†]	1 (2.8)	122 (28.3)	
Sprain/ Strain ^{††}	1 (2.8)	39 (9.0)	
Open wound ^{†††}	2 (5.6)	60 (13.9)	
Injury to internal organ	10 (27.8)	0 (0.0)	
Unknown (left without being seen)	0(0.0)	2 (0.5)	
Body regions	$(n=34)^b$	(n=430)	0.0001 ^c
Head/neck/face	10 (29.4)	88 (20.5)	
Trunk [¥]	11 (32.4)	27 (6.3)	
Upper extremity $^{\infty}$	10 (29.4)	233 (54.2)	
Lower extremity§	2 (5.9)	63 (14.7)	
Multiple injuries of more than one bod	y 1 (2.9)	17 (4.0)	
part			
Unknown (left without being seen)	0(0.0)	2 (0.5)	

^a n= total number of injuries sustained in case and control groups

^b n= total number of body regions injured (i.e. if two injuries occurred to the same body region, region is only counted once)

^c Adjusted for clustering by participant

^{*}Head injury includes concussion, intracranial injury, and minor head injury

[†]Superficial includes abrasion, soft tissue injury, and contusion

^{††}Sprain/Strain includes dislocation and injury to muscle or tendon

^{†††}Open wound includes laceration and infection/cellulites to wound

[¥] Trunk includes the spine, thorax, upper back, abdomen, lower back, pelvis, and perineum and ano-genital area

 $^{^{\}infty}$ Upper extremity includes shoulder, clavicle, upper arm, elbow, wrist, hand, and finger

[§]Lower extremity includes hip, thigh, knee, lower leg, ankle, foot, and toes

Table 3. Odds of severe injury in bicyclists injured in MBTPs

	Crude odds ratio	95% CI	Adjusted odds ratio*	95% CI*
Use of safety equipment (other than helmet)	1.6	0.8-3.4	1.6	0.7-3.4
New bike	1.9	0.9-4.1	2.1	0.9-4.8
High speed (>15km/hr)	0.7	0.3-1.6	0.7	0.3-1.5
Speed faster than usual	2.5	1.2-5.3	2.8	1.3-6.1
Jumping (aerial manoeuvre)	2.4	0.8-7.5	2.3	0.7-7.4

^{*}Odds ratios are adjusted for age (≤14 years vs. >14 years), sex, and previous experience (yes vs. no) at the location.

Cyclist Data Collection Form	
Interviewer Name:	Cyclist Initials:
Date of Interview:///	Start Time: Treatment Site: EAR Finish Time:
	jured cyclist (or proxy) the questions in SECTIONS 1 to 8. You will mation from the injured cyclist's medical chart.
SECTION 1: CRASH DETAILS	
1.1a What exactly happened in th	e crash? (Interviewer to write notes as the subject describes the crash)
1.1b What was the exact location	of the crash? (ie. Street location, community, town/city)
1.2 What time of day was the cras	
	(00:00 - 23:59) DD/MM/YEAR
1.4 What day of the week was it?	(Circle number)
1 Monday	5 Friday
2 Tuesday	6 Saturday
3 Wednesday	7 Sunday
4 Thursday	8 Don't know
1.5 What was the weather like at	the time of the crash? (Circle all that apply)
1 Clear	6 Snow
2 Cloudy/overcast	7 Fog/Smog/Smoke/Dust
3 Light rain	8 High Wind
4 Heavy rain	9 Other, please specify
5 Hail/sleet	10 Don't know
1.6 What were the light condition	s at the time of the crash? (Circle number)
1 Daylight	
2 Sunglare (bright sun sh	ining in eyes)
3 Dawn or dusk and stree	t lights on
4 Dawn or dusk and no st	
7 Dawn or dusk and don'	
5 Dark and street lights of	
6 Dark and no street light	
8 Dark and don't know al	

9 Other, please specify10 Don't know	
1.7 Where were you riding at the tin	ne of the crash? (Circle number)
1 Road	4 Offroad
2 Sidewalk	5 Other, please specify
3 Bike path	6 Don't know
1.8 On what kind of surface were yo	ou riding? (Circle all that apply)
1 Pavement	4 Grass
2 Gravel	5 Other, please specify
3 Dirt	6 Don't know
1.9 What were the surface condition	as at the time of the crash? (Circle all that apply)
1 Dry	5 Muddy
2 Wet	6 Hole/ruts/bumps
3 Slush/snow/ice	7 Other, please specify
4 Loose surface material	8 Don't know
1.10 Did something go wrong with y	your bicycle? (Circle all that apply)
1 The brakes didn't work	5 Something got caught in the spokes
2 The chain fell off	
3 A wheel fell off	7 Don't know
4 A tire went flat	8 Nothing went wrong with the bicycle
Non-motor vehicle related 2 Slid down/fell off bicyc 4 Impact with an animal 5 Impact with a pedestria 6 Impact with another bic 10 Impact with a pole or tr 11 Impact with a street cur 12 Other, please specify _ Motor vehicle related 1 Slid down/fell off bicyc 3 Impact with a parked or 7 Impact with a moving of 8 Impact with a moving 1	che – because of a vehicle (but no impact with the vehicle) r stationary vehicle
9 Impact with a moving b	bus or neavy truck
13 Don't know	
15 Refused to answer ("choos	ra not to anguar")
13 Netuseu to aliswet (Choos	e noi to unswer j
	ash? (Circle number) Read out the response choices
1 Yes	4 Don't know
2 No	5 Refused to answer ("choose not to answer")
3 Partially	

	•	going when you crashed? (Circle number)	
1	I I was stopped	5 15 to less than 20 km/hr	
2	2 less than 5 km/hr 3 5 to less than 10 km/hr)	6 20 to less than 25 km/hr	
3	3 5 to less than 10 km/hr)	7 25 km/hr and greater	
2	1 10 to less than 15 km/hr	8 Don't know	
1.14 Wha	-	ocation of the crash? km/hour. [] Don't kno	ow [] No
	re you cycling faster than you B Don't know	typically would in similar conditions? (Circle number)	
	2 No	4 Refused to answer ("choose not to answer")	
1.16 Арр	proximately how many kilome	eters had you cycled that ride before you crashed?	Kms [] Don't
know			
1.17 Did	you use your brakes just befo	ore the crash occurred? (Circle number)	
1	Yes	3 Don't' know	
2	2 No	4 Other, please specify	
10 10 10	Going to/from work Going to/from visiting frience Going to/from a party or a be Cycling for fun or recreation Going to/from shopping Going to/from playing a sport Going to/from school Gother, please specify Don't know Refused to answer ("choose	ar n/exercise rt	
1	l Yes 2 No	location of the crash: (Chele number)	
	B Don't know		
IF YES			
	the last year how many times last year how	had you cycled at the location of the crash? (Circle num 4 More than 20 times 5 Don't know	ıber)
someone (Circ 1		ycle with you at the time of the crash? (i.e., were you	a "doubling"

4 R	defused to answer ("choose not to answer")	
1 Y 2 N	es	cone else at the time of the crash? (Circle number) GO TO Question 1.23 GO TO Question 1.26	
3 E	Oon't know	GO TO Question 1.26	
1 C 2 A 3 A	Children Adults Adults and children	h? (Circle number)	
If cyclist is	a CHILD (<18 ye	ars): ask 1.24 <u>OR</u> 1.25:	
<u> </u>		<u>ult</u> (or adults and children):	
	_	the adults) a parent or legal guardian? (Circle number) 3 Don't know 4 Other, please specify	
<u>OR</u>			
		th another child (or children):	
1.25 Were number)		vised (watched) by a parent or legal guardian who was nearby? (C	Circle
	1 Yes 2 No	3 Don't know 4 Other, please specify	
1 An iPod, 2 A cell pho 3 A camera 4 A GPS de	MP3 player, radio, one or smart phone or video-camera evice	ronic devices while riding your bicycle? Such as walkman or other portable media device	
5 A bicycle		on cronify	
7 No	cuome device, pie	se specify	
8 Don't kno	ow		
	1 Yes 2 Yes 3 No 4 Oth	u using noise cancelling headphones? , with both earpieces in , with one earpiece in er, please specify 't know	
	1 Hav 2 Che 3 Che 4 Rea	re you using your cell phone at the time of the crash? ring a conversation i.e. talking or listening scking voicemail scking for text messages ding a text/email message nposing a text/email message	

6 Hands-free use 7 Other, please specify	
8 Don't know	
SECTION 2: THE CYCLIST	
2.1 Were you wearing a helmet? (Circle number) 1 Yes	O TO Question 2.7 ose not to answer") GO TO Ques.
2.2 What type of helmet was it? (Circle number) <i>Read out the re</i> 0 Bicycle, full face guard 1 Bicycle, no face guard 2 Other sport, please specify 3 Don't know	
2.3 What was the main colour of your helmet?(write one colour)
2.4 Would you say your helmet was light or dark? (Circle number) 1 Light 2 Dark 2 Dark 2.5 How did the helmet fit you? <i>Read out the response choices</i>	
1 Excellent 4 Poor 2 Good 5 Don't know 3 Fair 6 Refused to answer ("choose not to answer")	
2.6 What happened to the helmet when you crashed? Read out the response	onse choices
1 The helmet stayed centered on my head	nue energes
2 The helmet tilted backwards on my head	
3 The helmet shifted to one side of my head.	
4 The helmet came off	
5 Don't know	7 Other, please specify
6 Refused to answer ("choose not to answer")	
2.6a Was the helmet damaged in the crash? (circle all that apply)	
1 The helmet cracked, but stayed in one piece	
2 The helmet broke into pieces	
3 The helmet was scraped or scratched	
4 The visor broke	
5 Other, please specify	
6 Don't know	
7 The helmet was not damaged	
2.7 Were you wearing any clothing with reflective material? (Such as a	jacket with reflective strips on the
arms) 1 YesGO TO Question 2.8	
2 NoGO TO Question 2.9	
3 Don't knowGO TO Question 2.9	

2.8 Please describe the reflective clothing you were wearing.

REFLECTIVE CLOTHING DETAILS:

Type of clothing	Location of reflective material

	L	
	ere you using any reflective articles that wor or light on your helmet)	ere not clothing? (Such as a reflector on a backpack or a
1 Yes 2 No	3 Don't know	
IF YES	s, what were they and where were they loc	ated?
2.9a W shin gu		tive articles? (Such as elbow pads, a chest protector, or
1 Yes 2 No	3 Don't know	
IF YES	s, what were they?	
2.10 Fr	om the front , what was the main colour of	f clothing on your upper body (waist up)?
2.11 W	Tas it light or dark? (Circle number) 1 Light 3 Don't know 2 Dark	
2.12 W	as it fluorescent? (Circle number)	
	1 Yes 3 Don't know 2 No	
2.13 Fr	om the back , what was the main colour of	f clothing on your upper body (waist up)?
	2.14 Was it light or dark? (Circle number 1 Light 2 Dark	3 Don't know
	2.15 Was it fluorescent? (Circle number) 1 Yes 2 No	3 Don't know
2.16 W	ere you wearing a backpack? 1 YesGO TO Question 2.17	
	2 NoGO TO Question 2.19	

3 Don't knowGO TO Quest	tion 2.19
2.17 IF YES, what colour was it?	
2.18 Was it light or dark? (Circle numb 1 Light 3 Do 2 Dark	per) n't know
2.19 What was the main colour of clot	hing on your lower body (waist down)?
2.20 Was it light or dark? (Circle numb 1 Light 3 Do 2 Dark	oer) n't know
2.21 Was it fluorescent? (Circle number 1 Yes 3 Do 2 No	er) on't know
2.22 What were you wearing on your f 1 Nothing 5 Flip flops 2 Sports sandals 3 Light shoes (e.g. running sho 4 Heavy shoes/boots	6a Cycling shoes that were clipped in (attached to pedal) 6b Cycling shoes that were not clipped in 7 Other, please specify
2.23 Were you wearing gloves? (Circle 1 Yes 3 Don't kno 2 No	
SECTION 3: THE BICYCLE	
1 Yes 3 Don't	ed to answer ("choose not to answer")
1 Yes 3 Don't 2 No	
3.3 Was the bicycle damaged in the cra 1 Yes 3 Don't 2 No	
3.4 What was the main colour of the bi 3.5 Would you say it was light or dark 1 Light 3 Don't know 2 Dark	·
3.6 Did the bicycle have any reflectors	
Front reflector? Rear reflector?	☐ Yes ☐ No ☐ Don't know ☐ Yes ☐ No ☐ Don't know

Spoke reflector?	☐ Ye	es 🗌 No	☐ Don't know	
Pedal reflector?	Y	es 🗌 No	☐ Don't know	
3.7 Did the bicycle have a headlight? IF YES:	☐ Ye	es 🗌 No	☐ Don't know	
3.8 Was the headlight turned on	? \(\sum \text{Ye}	es 🗌 No	Don't know	
3.9 Did the bicycle have a taillight? IF YES:	☐ Ye	es No	☐ Don't know	
3.9a Was the taillight turned on	? Ye	es 🗌 No	Don't know	
SECTION 4: CYCLING EXPERIENC	E			
4.1 How many times have you ridden th	is specific bicy	cle? (Circle nu	ımber)	
1 Never ridden this bicycle befo	re 4 Six	to ten times be	efore	
2 Once or twice before3 Three to five times before		re than ten time	es before	
4.2a During the warmer months of th number)	e year, how o	ften (on avera	age) do you ride a	bicycle? (Circle
1 Three days a week or more			ify	
2 One to 2 days a week		ı't know		
3 One to 3 days a month 4 Less than one day a month	7 Not	at all		
4.2b During the colder months of the ye	ar, how often (on average) do	you ride a bicycle?	(Circle number)
1 Three days a week or more	5 Oth	er, please spec	ify	
2 One to 2 days a week	6 Dor	ı't know		
3 One to 3 days a month	7 Not	at all		
4 Less than one day a month				
4.3a During the warmer months of the y week? (Circle number)	ear, how many	kilometers (or	n average) do you ric	le a bicycle each
1 None	6 41 - 50 kms	S		
2 10 kms or less	751 - 60 km			
3 11 - 20 kms	8 61 - 70 km			
4 21 – 30 kms				
5 31 – 40 kms	10 Don't know			
4.3b During the colder months of the yeweek? (Circle number)	·		n average) do you rid	le a bicycle each
1 None	6 41 - 50 kms			
2 10 kms or less 3 11 – 20 kms	7 51 – 60 km 8 61 - 70 km			
	4 21 – 30 kms 9 Other, please specify			
5 31 – 40 kms	10 Don't know			_
4.4 Do you have a job that requires you	to ride a bicycl	e? (Circle nun	nber)	
1 Yes	3 Don't know		,	
2 No			se not to answer")	

IF Y	ES: 4.5 What is your job?
SECTION 5:	OTHER FACTORS (For children younger than 14 years old, omit questions 5.1 to 5.6)
1 Yes 2 No Ques. 5.5	drink any alcohol in the 12 hours before the crash? (Circle number) GO TO Ques 5.2 4 Don't remember
IF YES:	5.2 How many hours before the crash did you START drinking?
	5.3 How many hours before the crash did you STOP drinking?
	5.4 What did you have to drink and how much?
1 Yes 2 No C	use any marijuana or other similar drugs in the 12 hours before the crash? (Circle number)
IF YES: 5.6	What drugs did you use and how much?
ASK OF AL	L CYCLISTS:
	take any prescription or over-the-counter (non-prescription) medications in the 12 hours ash? (Circle number)
2 Yes, prescr	iption medication(s) only iption medication(s) and over the counter medication(s) ne counter medication(s) only
	ES: 5.8 What did you take and how much?
SECTION 6	: DEMOGRAPHIC INFORMATION
	ying : "The following are some demographic questions. This information is valuable, but you are not obligated to answer. Any information that you give us will be kept
6.1 Your sex: 1 Fer 2 Ma	
6.2 What is y	our age?years
6.3 About ho	w tall are you?
6.4 About ho	w much do you weigh?

6.5 What ethnic group do you belong to? ((Circle number) Re	ead out the response choices	
	African		
2 Aboriginal 6	6 Other, please specify		
3 Asian 7	7 Don't know		
4 Hispanic 8	Refused to answer	r ("choose not to answer")	
Choose the appropriate column (adult o	or child cyclist) for	r questions 6.6 to 6.8.	
**Read out the response choices for 6.6, 6	5.7 and 6.8.		
ADULT CYCLIST (18 years of ag	ge or older)	CHILD CYCLIST (Less than 18 years of age)	
6.6 What is your level of education?		6.6 What is your mother's level of education?	
1 No high school diploma		1 No high school diploma	
2 High school diploma		2 High school diploma	
3 College/professional diploma		3 College/professional diploma	
4 Trade certificate (journeyman)		4 Trade certificate (journeyman)	
5 University degree		5 University degree	
6 Graduate degree		6 Graduate degree	
7 Other, please specify		7 Other, please specify	
8 Don't know		8 Don't know	
9 Refused to answer ("choose not to an	swer")	9 Refused to answer ("choose not to answer")	
6.7 What is the average annual income of	your household?	6.7 What is the average annual income of your household?	
1 Less than \$30,000		1 Less than \$30,000	
2 Between \$30,000 and \$49,999		2 Between \$30,000 and \$49,999	
3 Between \$50,000 and \$69,999		3 Between \$50,000 and \$69,999	
4 \$70,000 or more		4 \$70,000 or more	
5 Don't know		5 Don't know	
6 Not applicable		6 Not applicable	
7 Refused to answer ("choose not to an	ıswer")	7 Refused to answer ("choose not to answer")	
6.8 What is your marital status? (circle nur 1 Single (never married) 2 Married	ŕ		
3 Living with a partner			
4 Separated or divorced			
5 Widowed			
6 Refused to answer ("choose not to an	ıswer")		
SECTION 7: PAST BICYCLE CRASHE	ES	·	
(For this study, a crash means that you fel	ll off your bike with	an injury or the bicycle was damaged)	
7.1 In the last 5 years, how many crashes h	have you had as a c	cyclist? (not counting the present crash)	
7.2 What was the year of your most recent	t crash? (not counti	ing the present crash)	
7.3 Were you injured in the crash? (Circle 1 Yes	n 7.4		
2 No			

5

6

7

A

В

A

В

A

В

dangerous.

IF Y	ES: 7.4	Did you seek medical care? (Circle number)
		1 Yes 3 Don't know
		2 No
		IF YES:
		7.5 Where did you receive medical care?
		1 Emergency Department
		2 Walk-in-clinic
		3 Family Doctor
		4 Other, please specify 5 Don't know
		5 Don't know
	7.6 E	Did this injury interfere with your normal daily activities? (Circle number)
		1 Yes 3 Don't know
		2 No
IF Y		
7.7 F	For how	many days?DAYS
7 0 Y	Voc vous	hiovala damagad? (Cirola numbon)
1.8 V	•	bicycle damaged? (Circle number) S 3 Don't know
	1 Ye 2 No	
	2110	
SEC	TION 8:	ATTITUDES AND BEHAVIOURS
		tion is about attitudes and behaviours. I will read two opinion statements. Please choose the at is most like you. There are no right or wrong answers; we simply want your opinion.
1	A	I would like to try mountain climbing.
•	В	I think people who do dangerous things like mountain climbing are foolish.
		- man for the man of the general and gener
2	A	I'd never do anything that's dangerous.
	В	I sometimes like to do things that are a little scary.
3	A	I would like to try to water-ski.
	В	I wouldn't want to water-ski.
4	A	I would like to try surf-board riding.
	В	I would not like to try surf-board riding.

I don't like doing things that I'm not sure how to do and that are a bit scary.

I would like to try jumping from a plane with a parachute.

I would never try jumping from a plane with a parachute.

I don't mind trying fun things that I'm not sure how to do and that are a bit scary.

I like to do tricks and try new things when riding my bike, even if they could be a bit

When I ride my bike, I don't like doing tricks or anything that might be dangerous.

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8	Α	I think skiing fast down a snowy mountain would be dangerous.
	В	I think it would be fun to ski really fast down a snowy mountain.
9	A	I like to jump or dive off a diving board.
	В	I don't like the feeling I get when standing on a diving board.
10	A	I like to swim in water that is not over my head.
	В	I like to swim in deep water that is over my head.
11	A	Sailing on the ocean in a small boat would be dangerous and foolish.
	В	I think it would be fun to sail on the ocean in a small boat.
8.12	As we	finish up, is there anything else about the crash that you would like included in the study?
1 Yes		e contact you in the future to clarify any of the information you told us in this interview?
2 No.		Thank the patient for participating.
Q 11 1	Mov w	e contact you about taking part in future research related to this study?
		Thank the patient for participating.
	.	Геlephone:
]	Best day and time to contact:

SECTION 9: RESULT OF INJURY (To be collected from the patient's medical chart)

9.1 Please list all of the cyclist's injuries. Examples for each category are given below.

Injury	Nature of injury	Body part(s) involved
1		
2		
3		
4		
5		

NATURE OF INJURY

- 10 Superficial (e.g., bruise, abrasion)
- 11 Open wound/Laceration
- 27 Soft tissue
- 12 Fracture
- 13 Dislocation
- 75 Pulled elbow
- 14 Sprain or strain
- 15 Injury to nerve
- 16 Injury to blood vessel
- 17 Injury to muscle or tendon
- 18 Crushing injury
- 19 Traumatic amputation
- 20 Burn or corrosion
- 21 Frostbite
- 22 bite (with or without invenomation)
- 23 Electrical injury
- 24 Eye injury
- 25 Dental injury
- 26 Injury to internal organ
- 31 Foreign body in external eye
- 32 Foreign body in ear canal
- 33 Foreign body in nose
- 34 Foreign body in respiratory tract
- 35 Foreign body in alimentary tract
- 36 Foreign body in genito-urinary tract
- 37 Foreign body in soft tissue
- 41 Minor head injury
- 42 Concussion
- 43 Intracranial injury
- 50 Poisoning or toxic effect
- 51 Drowning or immersion
- 52 Asphyxia or other threat to breathing
- 53 Systemic over-exertion; heat/cold stress

BODY PART(S)

Head and Neck

- 110 Scalp, skull, head
- 120 Face (including ear)
- 130 Internal mouth
- 135 Specified head injury (specified by nature of injury)
- 140 Neck

Spine and Spinal Cord

200 Spine and/or spinal cord

Trunk

- 310 Thorax (incl. lungs, heart)
- 315 Upper back
- 321 Abdomen (incl. abdominal organs)
- organs)
- 322 Lower back
- 323 Pelvis
- 324 Perineum and anogenital area

Shoulder and Arm

- 410 Shoulder
- 415 Clavicle
- 420 Upper arm
- 430 Elbow
- 440 Forearm
- 450 Wrist
- 460 Hand
- 470 Finger

Hip and Leg

- 510 Hip
- 520 Thigh
- 530 Knee
- 540 Lower leg
- 550 Ankle
- 560 Foot
- 570 Toe

60 Multiple injuries of more than one nature 70 No injury detected	е	700 Multiple injuries of more than one body part 900 Body part NOT REQUIRED (e.g. systemic injury, no injury detected)
9.2 Injury Severity Score:		,
9.2a Blood alcohol level (if applicable)_		
9.3 Patient Disposition (Outcome): (Circle 1 Left without being seen (LWBS) 2 Left against medical advice (LAMA) 3 Treated, follow-up PRN 4 Treated, follow-up required 5 Short stay unit, observation in emerge 6 Admitted to this hospital 7 Transferred to another hospital (speci 8 Dead on arrival or died in emergency 9 Other, please specify	ency Ward ICU fy)	-
9.4 Questionnaire information obtained 1 Injured cyclist 2 Injured cyclist's parent or guardian 3 Other proxy respondent, please specify 4 Physician 5 Police officer 6 EMS worker	•	_
9.5 Place of Interview: (Circle number) 1 Emergency Department 2 Hospital Inpatient Unit	3 Telephone 4 Other, please specify	-