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## **CYCLING INJURIES AND TREATMENT OPTIONS**

Cycling injuries are of a great interest to me as an Orthopaedic Surgeon but also as a regular road cyclist. Cycling is an excellent alternative for maintaining fitness when hips, knees and ankles are stressed from running.

As an Upper Limb Orthopaedic Surgeon I see an increasing number of fit individuals unfortunately sustaining cycling injuries. The injuries that regularly occur and require treatment particularly involve the shoulder girdle region and wrist. The most frequent injury presenting is a comminuted clavicle fracture see diagram 1.



Diagram 1

Clavicle fractures have traditionally been treated non-operatively but now with increased knowledge about shoulder mechanics and also better methods of fixation more clavicle fractures are being internally fixed. Indications for operating include significant displacement; fracture comminution (multiple fragments) and tenting of skin. Fractures can be internally fixed with a plate (diagram 2) or an intermedullary screw (diagram 3). Operation will generally allow return to a static bike at 2 weeks and road bike at 6 weeks. Rochelle Gilmore in the 2004 Olympics was back on her bike at 2 days after her clavicle fracture being internally fixed with an intra-medullary screw. The time to return to your bike will however vary depending on the type of fracture sustained.

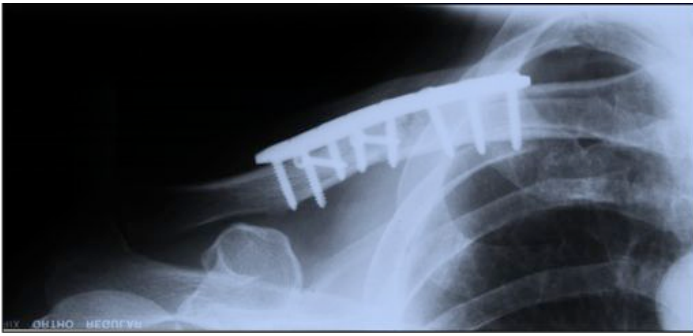


Diagram 2



Diagram 3

Acromioclavicular joint injuries are also common.

Acromioclavicular joint injuries are generally treated non-operatively for grade 1 and 2 injuries but a complete disruption grade 3, 4 or 5 in the active individual is usually treated operatively (diagram 4).



Diagram 4

The operation involves reduction of the acromioclavicular joint and repair of the disrupted joint capsule and coracoclavicular ligaments. Treatment is usually in a sling for 4 weeks post fixation and resuming normal activities at 6 to 8 weeks post operation.

The most common wrist fractures that occur in cycling injuries are distal radius and scaphoid fractures. Displaced radius and scaphoid fractures require reduction and immobilisation in a splint. Some fractures require internal fixation with a plate or screw.

Cycling for fitness is associated with many benefits but also some risks. We can try and reduce our risks of injury by riding in a group, wearing appropriate cycling clothing therefore being more easily visible to motor vehicles. Good communication in a group is also important to avoid bike versus bike accidents.

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