



Thomas C. Meyer, MD

Editorial

Injury prevention: Part 2

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As was mentioned in the previous issue of the *Journal*, we received so many excellent submissions on the topic of injury prevention that we decided to dedicate two issues to it. This, the second, deals primarily with the prevention of injuries relating to recreational activities. Introducing this topic is the guest editorial from Dr Brixey et al, which makes the plea that as physicians we assist in closing the gap between the epidemiological/scientific knowledge of injury prevention and what is happening in the real world of recreation (p 19). We can help by encouraging our patients to use helmets for more speed-related sports than just bicycling, and by advocating injury prevention legislation. Four articles related to safety in bicycling (p 35), snowmobiling (p 32), horseback riding (p 50) and water activities (p 45) follow, each with recommendations for anticipatory counselling for the safety of children in these activities.

On a related note, the study by Dr Tieves and colleagues regarding traumatic brain injury in Wisconsin draws attention to the fact that male teens/young adults and the elderly of both genders are the highest risk groups in terms of both mortality

and morbidity from such brain injuries (p 22). The group from the Medical College of Wisconsin's Injury Research Center supplements the information relating to motorcyclists and provides interesting data showing the inverse relationship between the wearing of helmets and the consumption of alcohol by the riders (p 39). Wisconsin does not yet have a helmet law for motorcyclists.

Tying back to the previous injury prevention issue, we have Dr Starenisic's personal account of his recent car accident, endorsement of the safety features on his totalled vehicle, and plea for increased safety legislation (p 17). His piece is an appropriate precursor to the analysis of injury and fatality rates related to the distances from Level I and II trauma care centers in Wisconsin by Dr Durkin and her colleagues (p 26).

And although this issue is heavily focused on injury prevention, there is certainly more worth nothing.

Sometime in the next two or three months Dr Sidney Wolff will release his annual "report card," in which he ranks his perceived quality of the Medical Examining Boards (MEB) of

each of the states and Washington DC. Wisconsin's MEB is consistently ranked in the lowest 10th percentile by Dr Wolff—a fact that allows the media in several parts of the state to huff and puff, mainly because his organization is called the "Public Citizens Health Research Group" and the media assume it is authoritative. Equally, the "Report Card" asserts the likelihood that "patients are being injured or killed more often" in states that are low in its rankings than in those states that are higher up. Therefore we are grateful to Drs Treffert and Johnson for their thoughtful critique of Dr Wolff's methods as well as the comparison of his rankings with those of Medicare and other agencies that base their findings on comparisons of actual patient care data from the states and DC (p 11). The article will be helpful if your local media pick up on Dr Wolff's "Report Card" and you would like to set the record straight.

Finally, there is George Kindschi's delightful analogy between a beehive and the workers in today's health care system (p 9). It would be even funnier if it wasn't so true!

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