**TITLE:** Surfing Injuries - A Review for the Orthopaedic Surgeon

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**INTRODUCTION:**

The sport of surfing has evolved considerably since its early roots in Hawaiian culture. Surfing has become more popular over recent decades to become a worldwide phenomenon. Knowledge of the sport’s risk and injury profile is important to the orthopaedic surgeon treating surfers. This review identifies both common musculoskeletal injuries as well as injuries unique to surfing.

**METHODS:**

A PubMed literature search was conducted in 2019 using the keywords “surfing”, “surfboard”, “fracture”, “injury”, and “orthopaedic”. Articles specific to both recreational and professional level surfing and their related injuries were included in the review.

**RESULTS:**

A total of 213 articles were found on initial search. After further analysis, 40 articles were selected for inclusion in our review, with evidence levels ranging from II-IV (3 level II, 24 level III, 13 level IV). Risk of injury ranges from 0.06-6.8 injuries/1000 days and 1.1-1.79 injuries/1000 hours spent surfing. The most common acute surfing injuries are lacerations, contusions, and abrasions, with the lower extremities and the head/neck being the most affected locations. The most common mechanism of injury is striking a surfer’s own board or that of another surfer. Pathologies unique to surfing include surfer’s myelopathy, sealife bites/stings, and marine infections.

**DISCUSSION/CONCLUSION:**

The physical demands of surfing as well as the aquatic setting allow a variety of unique injury patterns. Our review demonstrates that surfing is a relatively safe sport, with relatively low injury rates per time spent surfing. The introduction of surfboard leashes has decreased injuries to others in the water, while making recoil injuries to the surfer more likely. Additionally, a unique condition physicians must be aware of is surfer’s myelopathy. The most common injuries may be prevented by using rubber surfboard nose covers, softer urethane fins, and impact-absorbing helmets.