

Trampolin

Risikobewertung

American Academy of Pediatrics

Quelle:

<http://pediatrics.aappublications.org/content/130/4/774?sid=633e4797-ff71-454b-89ad-5d92d2a41fc6>

Ergebnis

1. Although trampoline injury rates have been decreasing since 2004, the potential for severe injury remains relatively high. More prospective data are needed on this topic.
2. Enclosures and padding are not expected to prevent the large numbers of injuries that occur on the trampoline mat itself and may provide a false sense of security.
3. Many injuries occur even with reported adult supervision.
4. Multiple jumpers increase injury risk, particularly to the smallest participants.
5. Current trampoline equipment has shorter warranties than in the past, and protective equipment may require earlier replacement.
6. Individuals 5 years and younger appear to be at increased risk of fractures and dislocations from trampoline-related injuries.
7. Somersaulting, flipping, and falls put jumpers at increased risk of head and cervical spine injury with potentially permanent and devastating consequences.
8. Equipment, safety measures, and supervision within structured training programs are significantly different than those used in the recreational environment.

Empfehlungen

1. Pediatricians should counsel their patients and families against recreational trampoline use and explain that current data indicate safety measures have not significantly reduced injury rates and that catastrophic injuries do occur. For families who persist in home trampoline use despite this recommendation, pediatricians should advise parents and their children on the following guidelines until better information becomes available:
 1. Homeowners should verify that their insurance policies cover trampoline-related claims. Coverage is highly variable and a rider may need to be obtained.
 2. Trampoline use should be restricted to a single jumper on the mat at any given time.
 3. Trampolines should have adequate protective padding that is in good condition and appropriately placed.
 4. Trampolines should be set at ground level whenever possible or on a level surface and in an area cleared of any surrounding hazards.
 5. Frequent inspection and appropriate replacement of protective padding, net enclosure, and any other damaged parts should occur.
 6. Trampolines should be discarded if replacement parts are unavailable and the product is worn or damaged.
 7. Somersaults and flips are among the most common causes of permanent and devastating

cervical spine injuries and should not be performed in the recreational setting.

8. Active supervision by adults familiar with the above recommendations should occur at all times. Supervising adults should be willing and able to enforce these guidelines. Mere presence of an adult is not sufficient.
9. Parents should confirm that these guidelines are in place anytime their child is likely to use a trampoline.
2. Data are insufficient regarding the safety of trampoline parks and similar installations. Until further safety information is available, the cautions outlined here regarding home trampolines are also applicable to recreational trampoline use in any setting.
 1. Pediatricians should advocate for all commercial jump parks to inform jumpers of the risk associated with trampoline use and the AAP guidelines for use.
 2. Parents should be aware that the rules and regulations of jump parks may not be consistent with the AAP guidelines for trampoline use and that the jumpers may be at increased risk for suffering an injury, potentially catastrophic.
 3. Injury rates at these facilities should be monitored.
3. The trampoline was designed as a piece of specialized training equipment for specific sports. Pediatricians should only endorse use of trampolines as part of a structured training program with appropriate coaching, supervision, and safety measures in place. In addition to the aforementioned recommendations, the following apply to trampolines used in the training setting:
 1. Any attempts at new skills, particularly somersaults or flips, should only follow an appropriate skill progression and include appropriate coaching and spotting measures.
 2. Use of safety belts/harnesses is encouraged when skill development is being taught.

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