Injuries to the lower limb in squash are common and relate to the acute physical stresses inherent in the nature of the sport, as well as the more chronic overuse type of injuries. However, injury may also be directly caused by the ball (especially involving the eye), racquet, opponent, or less commonly the floor surface or surrounds. A case is reported where the court surface was involved.

Case report
A 25-year-old man, in sliding across the floor to save a point, had his right lower leg impaled by a splinter-like projection from the wooden floor-boarding. The force was such as to strip a 45 cm-long section from the floor, and cause penetration right through the leg (Figure 1). Clinically there was no evidence of any neurovascular damage. This was later confirmed at operation, where the gastrocnemius was found to be pierced. The patient made an uneventful recovery.

Discussion
There is not as much variety of playing surfaces in squash as there is in tennis (e.g. grass, clay, composition, hard court and carpet), where studies have been made on the effect of surface type on the incidence and nature of injuries incurred.

It is with interest, however, that it is the harder surfaces that are thought to be the highest risk for injury, mainly because of their higher coefficients of friction rather than the low compliance (lack of cushioning effect). Studies have shown how sliding injuries can be reduced by modifying the nature of the bases used in American softball.

Factors involved in the reduction of squash injuries obviously involve ensuring an adequate level of physical fitness, the rules and regulations of the sport, the use of protective equipment and, as illustrated by this case, proper maintenance of courts and equipment.

References
An unusual squash injury.

M J Dudley

doi: 10.1136/bjsm.25.3.138

Updated information and services can be found at:
[http://bjsm.bmj.com/content/25/3/138.citation](http://bjsm.bmj.com/content/25/3/138.citation)

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
[http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to:
[http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to:
[http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)