An unusual squash injury

M.J. Dudley FFARCS

Registrar in Accident and Emergency, Royal Perth Hospital, Wellington Street, Perth, Western Australia

Injuries to the lower limb in squash are common¹ 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 eye²), racquet, opponent, or less commonly the court 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

Figure 1. Right lower leg penetrated by a piece of wooden floor-boarding

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^{3,4}.

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 softball⁵.

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

- 1 Chard MD, Lachmann SM. Racquet sports – patterns of injury presenting to a sports injury clinic. *Br J Sports Med* 1987; 21: 150–3.
- 2 Kennerley Banks JL. Squash racquets: a survey of eye injuries in England. *Br Med J* 1985; 291: 1539.
- 3 Lehman RC. Surface and equipment variables in tennis injuries. *Clin Sports Med* 1988; 7: 229–32.
- 4 Nigg BM, Segesser B. The influence of playing surfaces on the load on the locomotor system and on football and tennis injuries. *Sports Med* 1988; 5: 375–85.
- 5 Janda DH, Wojtys EM, Hankin FM *et al.* Softball sliding injuries. *JAMA* 1988; 259: 1848–50.

Address for correspondence: M.J. Dudley, Accident and Emergency Department, University Hospital, Queen's Medical Centre, Nottingham NG7 2UH

© 1991 Butterworth-Heinemann Ltd.
0306-3674/91/030138-01