Response: A Historical Reference for Snowboarding Injuries

Dr John B. Harris's enthusiastic and thoughtful letter contains much-appreciated feedback. I was *stoked*, to use snowboard parlance, to read his comments. It was mostly a matter of style that I cited selected references instead of an exhaustive bibliography. I omitted a multitude of sources from mountain medical and safety literature that pertained to snowboarding.

Although a flurry of snowboarding medicine articles appeared from 1989 through the early 1990s, I did not find any snowboard-specific pieces that predate Dr Harris's excellent case studies. His work is noteworthy, but not solely as a historical piece. It provides documentation of significant freestyle snowboarding injuries that will likely become more common in today's mountain environment, both in-area and backcountry.

Freestyle snowboarding, a discipline that focuses on upright and inverted aerials, is traditionally practiced off jumps, halfpipes, and human-made obstacles in winter sports resorts. Many resorts cater to freestylers by building snowboard "parks," arenas with such obstacles. Lately, more freestyle snowboarders (and freestyle ski-

ers) are migrating to the backcountry, where they can build their own jumps and try maneuvers not allowed in resorts. This activity is distinct from backcountry snowboarders and snowboard mountaineers who head out-of-bounds to climb and make turns. Some backcountry freestylers possess backcountry safety skills, equipment, and sense. Unfortunately, many do not. I fear we will

see an increase in disastrous injuries among in-area and backcountry freestyle snowboarders, such as those described by Dr Harris more than a decade ago.

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