

Biking

Biking is a fun way for children of all ages to get active and stay fit. Most children learn to ride a tricycle at around 3 years of age. Between 4 and 7 years of age most children learn to ride a bike. However, remember that each child is different and will learn to ride a bike at his or her own pace.

Biking can be an athlete's primary sport, as well as a way for athletes to cross-train and avoid overuse injuries. Injured athletes often use biking to stay in shape during rehabilitation before returning to their sport.

While not all injuries can be prevented, the risk of injuries can be reduced. The following is information from the American Academy of Pediatrics about how to choose a bike and prevent biking injuries. Also included is an overview of common biking injuries.

How to choose a bike

Parents should choose a bike that allows the child to sit on the seat and touch both feet on the ground. Also, while standing there should only be a few inches between the top center bar of the bike and the child's inner groin or crotch area. Tricycles allow a child to practice steering and pedaling. Bicycles with training wheels or bikes with no pedals can help with balance when learning to ride. Avoid purchasing a larger bike for the child to "grow into."

Injury prevention and safety tips

- **Equipment.** Safety gear should fit properly and be well maintained.
 - **Helmets.** Everyone riding a tricycle or bike should wear a helmet. Helmets are the most important protective gear for bikers. Parents should set a good example by always wearing their helmets too. Helmets should fit appropriately, and the straps should be fastened. Helmets should meet the standards set by the Consumer Product Safety Commission.
 - **Clothing.** When biking, children should wear bright-colored clothing so they are easily seen by other bikers, walkers, and drivers. Pant cuffs should be tight to avoid getting caught in the wheels or chain.
 - **Shoes.** Sturdy, closed-toed shoes should be worn to protect the toes. Shoelaces should be tied securely.
 - **Pads** (knee, elbow, and wrist pads) are useful, particularly for beginners or trick riders.
 - **Reflectors should not be removed from children's bikes.**

- **Environment.** When a child is learning to ride a bike, the area should be free of traffic and distractions. Parents should also choose areas without gravel, loose sand, or puddles. Learning to ride on a softer surface like grass will lower the risk of an injury from falls. It is always best to stay on a designated bike path. Children should not bike in the dark or twilight hours because it can be difficult for them to see or be seen.
- **Rules.** Bikers should follow the *rules of the road* at all times, including
 - When crossing roads, get off the bike and walk across the road.
 - Observe stop signs.
 - Ride with traffic and stay as far to the right as allowed when riding on the road.
 - Do not wear headphones, text, or talk on a cell phone while biking.

Common injuries

Head injuries

Some of the most severe biking injuries involve head trauma. Helmets have been shown to decrease the number and severity of injuries. When a child has a head injury, the parent should stay calm and assess the situation. If the child is not awake, call 911 or your local emergency number right away. The parent should hold the head and neck very still and avoid moving the child until help arrives. Bleeding can be controlled with gentle pressure and a cold pack. If the child is awake but complaining of a headache, blurry vision, ringing in the ears, nausea, or dizziness, see a doctor right away. These can be signs of a serious head injury (concussion).

Abdominal and groin injuries

Abdominal injuries can happen when a child falls and the end of the handle bar hits the abdomen (stomach). Any child with stomach pain, hematuria (blood in the urine), or vomiting should see a doctor. Special tests will be ordered to make sure there has been no major injury.

Groin injuries can happen when a child falls on the center bar of the bike. Any child with bleeding, persistent pain, or problems urinating should see a doctor. Minor injuries can be treated with rest, pain medicine, and cold packs.

Fractures (broken bones)

Before a child stops growing, broken bones are more common than sprains or dislocations when a child falls. This is especially common in the wrist and ankle. If the child will not bear weight or if you push on the bone and it hurts, the child should see a doctor for an x-ray. Severe pain or obvious deformity is also a sign of a fracture. Parents can immobilize the injury with a piece of cardboard and an ACE wrap. Ice, not heat, should be applied and the arm or leg should be elevated. Nonprescription pain medicine can be given to the child.

Soft tissue injuries

Soft tissue injuries include cuts, scrapes, and bruises. Cuts and scrapes (“road rash”) should be cleaned thoroughly with soap and water to remove dirt and debris. In most

cases, disinfectants such as betadine or hydrogen peroxide are not necessary. Deep cuts or scrapes with gravel, glass, or splinters in them should be evaluated by a doctor. The area should be dressed with a clean bandage. Ice packs can then help to reduce pain and swelling. See a doctor if the area shows any signs of infection (such as fever or if the skin around the wound becomes red, warm, or swollen or drains pus).

Remember

Biking injuries can be prevented when the rules of the road are followed. And most importantly, everyone (including parents) should wear a properly fitted helmet when riding a bike.

NOTES

The information contained in this publication should not be used as a substitute for the medical care and advice of your health care professional. There may be variations in treatment that your health care professional may recommend based on individual facts and circumstances.

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