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## Bilateral Calcaneal Fractures and "Free Running": A Dangerously Cool Emerging "Sport"

*To the Editor:*

A 19-year-old man presented to our emergency department with bilateral calcaneal fractures. Two days before, he injured himself "free walking," which he described as "jumping off things." He had been crawling ever since. After open reduction and internal fixation, he was to be confined to a wheelchair for a minimum of 8 weeks. At 6 weeks postoperatively, his surgeon described him as "doing well," "noncompliant," and anxious to get back to jumping off things.

Known most commonly as "free running," this activity started in France and remains largely outside the United States.[1] (See also http://screwgravity.com and http://urbanfreeflow.com.) However, our local teens are aware. Disturbingly, the Web sites promoting this activity include striking Nike and Adidas-sponsored videos. Toyota has also used free runners in promotion. Advertising by large corporations means this risky activity has the potential to become (*very*) dangerously cool.

Sponsors recognize the potential for injury (and liability). Before accessing their video, Adidas and Foot Locker Europe force one to "agree" to this disclaimer:

"Free running is a dangerous sport practiced by skilled and experienced professionals who fully understand the risks involved. Involvement in any dangerous sport carries a significant risk of damage to property personal injury or death. Adidas and Foot Locker Europe therefore recommend that you do not engage in such sports. Engagement in such sports remains your own responsibility at all times, for which Adidas and Foot Locker Europe nor their affiliates can and will accept any liability [sic]."[2]

Perhaps the (in)famous American tort system will restrain advertising and promotion in the United States.

Although adults may risk life and limb in recreation, physicians and organized medicine have an obligation to intervene on the side of injury prevention and in limiting risks to minors. The standard medical and public health response to most dangerous sports activities is to advocate proper training, protective equipment, controlled environments, age-appropriate supervision, etc. However, there are some activities (eg, trampolines) for which responsible medical groups have said: "Despite all currently available measures to prevent injury, the potential for serious injury … remains."[3]

Free running seems at least as dangerous as trampolines—without the springy, bouncy, soft part to (try) to land on. There is no evidence that expensive shoes prevent injuries. There is no *hint* of protective equipment or techniques in any of the footage I have seen. The videos on the Web site are truly amazing feats performed by obviously excellent athletes in superb condition. My currently wheelchair-bound patient was neither. I doubt that he and others who think it is cool to "jump off stuff" will seek protective equipment, training, or supervision before they hurt themselves. Readers with public health influence and interests are encouraged to consider both tracking of free-running injuries and interventions to limit or counter promotion of such an intrinsically dangerous activity, particularly in youth-directed advertising, TV shows, and other media. More youths will get hurt, and some of them badly.

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## Withdrawal of Taser Electroshock Devices: Too Much, Too Soon

*To the Editor:*

In recent months, there has been a great deal of national media attention and debate surrounding a number of unexpected deaths in police custody after the use of Taser electroshock devices (Taser International, Scottsdale, AZ), sometimes referred to as "stun guns." The problem of unexpected deaths in police custody is not new. Most cases share several common factors including bizarre, excited

behavior; the presence of stimulant drugs (cocaine, phencyclidine, methamphetamine, etc); and extreme physical exertion or struggling, followed by restraint after arrest.[1] Several recent deaths, although displaying many of these features, also share a new and different aspect: exposure to the Taser electrical device. Although no clear cause of death has been determined in these cases, media attention has prompted a number of police departments to curtail their use of the devices, and some groups have called for banning them entirely.

Withdrawal of Taser and other similar electroshock devices because of a flurry of media attention rather than an analysis of scientific data would be a mistake. Although limited data are available on the currently used devices, first introduced in 1999, the data that do exist indicate a low risk of serious injury or death because of the device.[2] Further, use of the devices appears to drastically reduce overall injuries and deaths, largely from a reduction in the use of other more dangerous methods available to police officers, such as striking violent suspects with a nightstick or flashlight or shooting them with a firearm.

A report published earlier this year reinforces previous findings that the Taser's electrical current is unlikely to cause direct cardiac effects and has a substantial safety margin.[3] Another preliminary report documented 1 death among 870 suspects exposed to the Taser.[4] The cause of that death was not reported. However, whether the death was related to the Taser or not, the observed mortality rate of 0.1% after Taser exposure allows calculation of an upper limit for the 95% confidence interval for mortality of 0.6%.[5] Empiric data from several US cities that have implemented the device have shown a decrease in police use of lethal force of 50% to 58%, a decrease in officer injuries of 40% to 67%, and a decrease in suspect injuries of 65% to 80%.[6]

The Taser devices may be directly analogous to automobile air bags, which have caused severe injuries and deaths in adults and children. Despite this danger, they are standard equipment on all new automobiles because they clearly reduce overall morbidity and mortality caused by motor vehicle collisions.[7] Although deaths because of airbags are tragic and should be carefully analyzed to optimize the safety of these devices, to remove automobile air bags after publicizing a number of deaths associated with them would increase overall injuries and deaths and would certainly be a poor decision from a public health and policy standpoint. Similarly, given the known data above, to withdraw the Taser device from police use would remove an effective tool and require police to rely on other methods, likely resulting in an increase in overall injuries and deaths.

That said, the available safety data for these commonly used devices are clearly inadequate. The recent deaths raise significant concerns, and there is an urgent need to perform additional assessments of the medical effects of the Taser and similar devices. According to the manufacturer, more than 6,000 police departments use the Taser device. Tens of millions of US citizens are potentially at risk of exposure to its effects daily, and thousands are actually exposed annually, which presents an imminent public health issue that demands attention. Physicians should assist in thoughtful, informed decisionmaking about the medical effects of electroshock weapons according to current evidence. The medical community should advocate the immediate funding of well-designed objective assessments of the safety and health effects of these devices.

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