UAC NEWSLETTER

August 2008

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News from Perisher Blue

Perisher Card

Designed specifically for those who fall short of spending enough time in the resort to purchase a Season Pass, the Perisher Card can be purchased for $45 from all major Perisher Blue Mountain Pass and Snowsports School Offices. It rewards frequent skiers and boarders by entitling them to:

- Adult Mountain Passes for just $85 per day from Friday to Sunday. Adult Mountain Passes for $79 from Monday to Thursday.
- One free adult same day return Skitube add-on trip that can be used at any time throughout the season.
- 2.5 hour group lessons for just $30 per person, per lesson.
- Buy one, get one free access to First Tracks mornings.
- A room only rate at the Station Resort Hotel that sleeps up to 6 people for $115 per night.

Please see Terms and Conditions of Use.

It's always hard to find interesting news for the Newsletter.

If you have any stories on the UAC, Perisher Blue or skiing in general, contributions are most welcome.

Please email:

1jayne@optusnet.com.au

Please visit the Perisher Blue Website for Entry Forms etc to various events.
www.perisherblue.com.au

Coca-Cola Wild Winter Weekend: Aug. 1-3

A part of Perisher Blue's folklore! This jumble of radical events featuring the Leap for Loot (Big Air event on Friday 1), Boarder/Skier Cross (Saturday 2), Coke in the Pipe (Sunday 3) and Tubes in the Pipe (Sunday 3) is not to be missed.

TeleMania 2 @ Perisher Blue: Aug. 2

The second of Perisher Blue's TeleMania events for 2008. Freeheelers have the chance to meet other telemark skiers and brush up on their skills in a clinic. See www.wildernesssports.com.au for more info.

FreeHeel de Femme @ Perisher Blue: Aug. 3

The chance for female freeheelers to meet and improve their skills in an all-female environment. See www.wildernesssports.com.au for further information.

Perisher Blue Masters Championships: Aug. 8 & 9

Masters skiers battle it out across Super G, Giant Slalom and Slalom disciplines at Blue Cow and Guthega.

Australian Junior Series Aug 16-17 Event #2

Take part in the 2 star TTR/WSF Event, the number one junior event in Australia. Open for all juniors.
Slopestyle: 16 August
Halfpipe: 17 August

Blue Cow Children's Cup: Aug. 16 & 17

Ski races across a variety of disciplines, located at Blue Cow and Guthega.

PlayStation Australian Half-Pipe Championships: Aug. 18

A new event for 2008, the Australian Freestyle Championships will now feature Half-Pipe Skiing and Snowboarding events. See the best Halfpipe riders from Australia and overseas battle it out for the National Title in the PlayStation Superpipe on Front Valley.

Australian Freestyle Moguls Championships: Aug. 22 & 23

Australia's and the world's best mogul skiers hammer it out for the National title at Toppa's Dream mogul course at Blue Cow.

Boost Mobile Sno Sho (presented by Samsung): Aug. 28-30

Feast your eyes on the battle to see who can master the world's Longest Rail and conquer the Sno Sho Wheel. Who can beat the world record of 53.4m that was set in the 2007 event? To see the event trailer, go to:

Salomon Rail Slide Aug 28

A new event added to the calendar this season is the Salomon Rail Slide. 20 invited skiers will take on 30 trialists on the Boost Longest Rail to see who can measure up and take out the $7,500 in cash and prizes for the longest rail slide. THIS WILL BE A WORLD RECORD ATTEMPT for the longest rail slide on skis. To be held on August 28th at 10:00 am, along side the Boost Sno Sho, the Salomon Rail Slide will be a must see.
Trialist entries will be strictly limited to 30 competitors total (open to males and females together- grommets included). Perisher Blue and Salomon will determine the final field.

To express interest in being in the trials send an email to: alan.davis@perisher.com.au with bio and competition results. Entries will close August 20th at 9.00 am. Those successful will be contacted that day with more event details.

This is a story of the typical knee injury from “Oh no to whoa!”.

As a ski patroller we see many different injuries from this exciting and exhilarating sport of ours, most of the injuries are minor but there are a few nasty and horrible ones, but still by far the most common is … you guessed it, the knee injury. This injury is more common for the downhill skier than for the snowboarder where upper body injuries are more common. No, these don’t include boarders being punched by skiers - boarders typically suffer wrist, shoulder and head injuries.

From the Ski Patrol perspective these range from minor strains (a stretching of the ligaments to a partial tear) to major (full rupture of one or more ligaments). We try as best we can to assess the level of injury on the slopes so we can second guess the doctors diagnosis and see how clever we are!! The real reason of course is to make sure we package up our poor casualty in such a way as not to make their condition any worse by poor diagnosis, and then it’s off to the medical centre never to be seen again. Well lets follow one from “Oh no to whoa!”

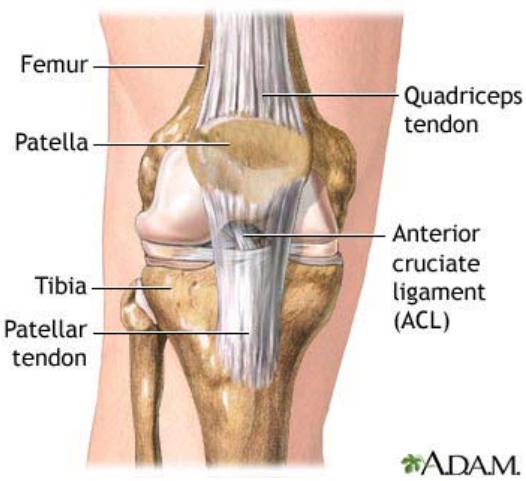
Nine out of ten knee injuries are probably either bruising or a partial tear of one of the four major ligaments in the knee, but what about the other one in ten? This following story recounts a typical knee injury from start to finish - the bad one - mine!

It is late and poor visibility on a Saturday afternoon and the ski patrollers are completing their sweep. In an effort to reach the Happy Valley T-bar from Burnham Burnham, I go like buggery so I don't have to walk up the hill to Happy Valley T-bar. Suddenly I am airborne, and coming back down to ground is inevitable. As I make contact with the ground I realise that there is no recovery so I shut my eyes, say a prayer and take the fall.

While I am grinding through rough snow, I feel sharp pain in my knee but the pain on my face seems to take precedence as I continue grinding through the icy gravel. I finally come to a stop - both my skis have come off and I acknowledge the cheers from my fellow patrollers who were waiting at the base of the T-bar. I quickly jump to my feet, as you do to save embarrassment, and it is now I realise that something is not right, I feel nauseas.

I don't feel very much pain, except for my face, which is bleeding. I now find my skis, put them back on and carefully make my way to the T-bar. Something is certainly not right; I don’t need a doctor to tell me that. I make my way back to the Patrol Hut and during the trip back a slip down the stairs confirmed that the knee is certainly not stable, it actually moves drastically sideways. It’s never done that before.

A visit to the Perisher doctor is next on the list and he tells me that I have very likely fully ruptured my medial ligament and my anterior cruciate ligament - nearly a full dislocation of the knee joint. Of course, I do not believe him and I seek a second opinion back in Sydney but his diagnosis is right.



A healthy Anterior Cruciate Ligament

So now it's off to the orthopaedic surgeon who has a look externally and confirms that there is a 90 per cent chance that the injury diagnosed is correct. He tells me that I am typical of most patients and will not relax sufficiently to conduct a conclusive external examination. The doc is trying to feel if the joint has excessive movement indicating whether the ligament is stretched or fully torn but the body’s protective mechanism keeps the muscles tight at the joint so it is difficult to be sure. Confirmation of the extent of my injury can only be made by an arthroscopic investigation (the TV camera poked through a tiny hole in the knee joint to investigate the extent of damage). The surgeon confirmed that the loose movement in the leg is conducive to ruptured medial and cruciate ligaments, (anterior cruciate ligament ACL to be precise), so it’s off to the operating table.

The surgeon is keen to establish whether or not reconstructive surgery is necessary as it is possible to function normally without the anterior cruciate ligament, however after explaining that I am a skiing junkie and expect to still be skiing when I am old and grey (that bit came quickly) surgery is the best option. The surgeon now explains to me that I will more than likely require a reconstruction of the ACL and reattachment of the medial ligament.

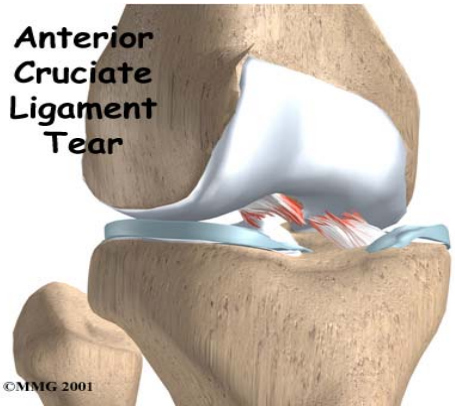
Now for some explanation of what is happening in the knee joint:

There are four ligaments that hold the knee together.

Firstly the medial and lateral ligaments are on the inside or outside of the knee joint and limit the movement of the lower limb side to side. The cruciate ligaments cross over

A Ski Patrollers Story ... continued

inside the actual knee joint and limit the forward and aft movement and the twisting of the knee. Usually a skiing injury results in a strain, a partial tear or complete rupture of one or more of these ligaments. In this case, my medial ligament was completely torn off at the bone, retaining a bone fragment with it and the anterior cruciate ligament (ACL) had ruptured somewhere in the middle. This is quite normal; the cruciate ligament is something like the old specimen piece in the science lab that always breaks in the middle. As you can see these ligaments are extremely strong, strong enough to pull a piece of the bone off.

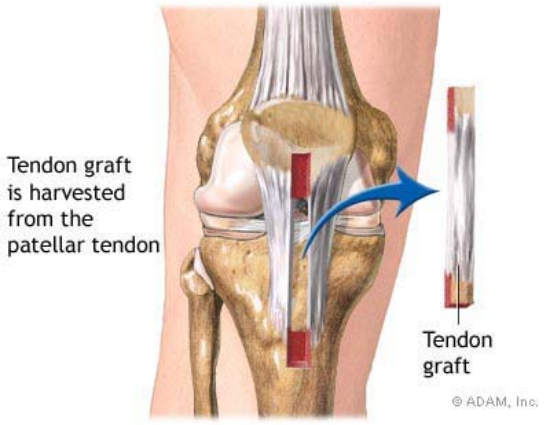


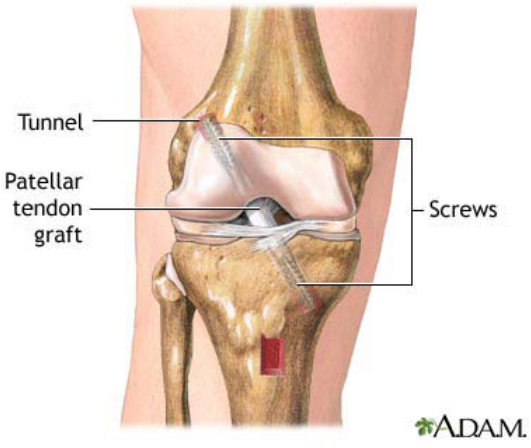
The method of repair for the medial ligament injury is to reattach it to the bone from where it came off. This is done by reattaching the ligament with the broken fragment (by staple gun) back on to the main bone and healing is the same as for a broken bone. Once healed the point of attachment is very strong, the ligament however has been stretched during injury and may never recover to its original length and will be loose to some extent, maybe forever.

The cruciate ligament is far more complicated; once the ligament has ruptured it cannot be repaired since it has broken midway. The method of repair is to reconstruct a new ligament to replace the broken ligament hence the name "**reconstruction**". The process is quite complicated but can be performed in about an hour by surgeons that are very skilled in the technique and who are continually developing newer and better techniques. My surgeon did 7 between 7.30 & 12.30 that morning. With the use of the arthroscope, the trauma caused to the body is minimal and in my case, I was able to walk out after the operation the same day (with crutches just in case). This was a misguided false sense of security as I discovered starting the next day, at least I was mobile.

The operation proceeds under general anaesthetic. Remember this is my own interpretation as I was asleep at the time (thank goodness) and there are probably subtle differences with different surgeons.

- A tourniquet is applied to the upper leg to restrict blood supply to the leg
- Small incisions are made for the arthroscopic camera and light, access to the joint and another to provide access to **harvest** the new ligament from the hamstring muscle, the huge muscle connecting from your bum to your lower leg
- The new material to be used for the reconstructed ligament is taken from the hamstring muscle in my case, (patella tendon or knee cap ligament is also used in some techniques). As luck would have it, at the same time my dog had suffered the same injury, not from skiing, but most likely from racing back and forth along the back fence, in this case the vet used nylon cord, she said that the repair job didn't have to last as long as mine did and it was much cheaper.
- The loose ends of the ruptured cruciate ligament, stumps, are cut out and removed
- Any damage to the cartilage is also attended to
- A hole is drilled at an angle through the end of the femur and into the top of the tibia following the same direction of the original ligament. This alignment is critical and it is this expertise that separates the experts from the others and guarantees long term success.
- The new ligament is now passed through the two holes, pulled tight and secured at each end (with specialised screws in my case) to finally complete the reconstructed ligament
- The joint is tested for movement, cleaned and sealed up, ready to go.





Well—that's the easy bit over and done with. Now starts the long process of rehabilitation, so it's off to the physiotherapist.

The new ligament is vulnerable and needs to establish its own new blood supply past the new screw and into the piece of new ligament. The muscles around the knee have deteriorated with reduced use and need to be rebuilt. The first four months are critical as the blood supply to the new ligament is re-established, after this period the level of exercise increases, as the joint grows stronger. The level of stress on the knee is increased as and when the joint can accommodate the various levels of exercise.

As you're no doubt aware, most of us still have to work during this adventure which adds another level of interest to the whole scenario. Thank goodness for the new techniques that has certainly improved recovery times and reduced the trauma to the body and the knee particularly. Tough luck if you are a roof tiler, if you are, this is the time when you start blaming everyone else for your misery, from the ski and binding supplier, the technician who adjusted your bindings (after you convinced him you were the local race team leader), Perisher for supplying too much snow to the Ski Patrol and doctor who you are convinced probably helped make it worse.

Why are we doing this? Because no one is paying us while we are away from work!

I thought I was progressing well, expecting to return to skiing after six months but they tell me that most reconstruction cases do not resume their pre injury sports for 9 to 12 months. This is principally due to the need to rebuild the muscles back to their original strength. The quad muscles are the essential muscles that seem to take an eternity to grow back to full strength. Cast your mind to reports from footballers with this reported injury; they are back on the field within a few months, blowed if I know how.

So what is there to learn from this fascinating experience?

- The all too common knee injury can be a serious soft tissue injury with a long recovery time, please opt for the broken leg.
- Many people (myself included) have no idea of the full extent of the ramifications of such an injury.
- The diagnosis of the injury is difficult to do with certainty. The doctors down the slopes will be pretty well spot on but only an arthroscopy can determine the exact extent of the injury.
- You will probably conduct a pretty good diagnosis yourself; when I did mine there was no doubt that something was very wrong. In some cases the patients hear the ligament snap.
- Pain is a good indicator; after I picked myself up I had very little pain in the knee. A strained ligament on the other hand hurts like hell. Pain is good in this case.
- Don't attempt to ski away get the Ski Patrol to have a look. If the knee is unstable, as mine was it can give way, and possibly do further damage - oops.
- The standard RICE treatment is recommended to reduce swelling and pain until expert advise is obtained; **rest, ice, compression bandage & elevation.**

1. The doctors at Perisher Medical Centre are without doubt the best in the business (especially skiing & sporting injuries). They have state of the art X-ray and other equipment and can give you the best treatment you will get outside of a hospital.

- It won't happen to me.

Who is likely to get this type of injury? The crazy speedster, the big air dude, young guy, oldie ????

I have attended to people who have come a gutser at high speed on the race course to others that have fallen over in the T-bar line there is no real pattern or trend. There is however some consistency in the stories or "mechanism of injury" and they often tell us that they were trying to save themselves during the fall, and this added strain often contributes to the severity of the injury. Remember this is a twisting injury.

Prevention is way better than cure.

Get your gear checked and properly (professionally) set and adjusted. In most of my incidents one or both skis have not come off during the accident. Be honest with the technician. It is better to re-tighten the binding that is coming off too easily than risk straining the knee

So the next time you hear someone talk of their knee injury listen to their story and understand that the recovery is a long and tedious exercise.

Chuck Fritchley - UAC Member

Perisher Ski Patrol