



United States
CONSUMER PRODUCT SAFETY COMMISSION
Washington, D.C. 20207

6/6/01
5/17/01
JOK

MEMORANDUM

DATE: 5/17/01

TO : Barbara Jacobson, HS
Through: Sadye E. Dunn, Secretary, OS
FROM : Martha A. Kosh, OS
SUBJECT: Petition HP01-1, Petition for Bicycle Handlebar
Performance Standard

ATTACHED ARE COMMENTS ON THE CH01-2

| <u>COMMENT</u> | <u>DATE</u> | <u>SIGNED BY</u> | <u>AFFILIATION</u> |
|----------------|-------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| CH01-2-1 | 2/20/01 | Linda Hawkins MSEd, Program Coordinator | Injury Free Coalition for Kids of Philadelphia 34 th St & Civic Ctr Blvd Philadelphia, PA 19104 |
| CH01-2-2 | 2/20/01 | Wendy Pomerantz M.D., Assistant Professor of Medicine | Children's Hospital Medical Center Division of Emergency Medicine 3333 Burnet Avenue Cincinnati, OH 45229 |
| CH01-2-3 | 2/21/01 | Michael Nance M.D. | Pediatric General and Thoracic Surgery The Children's Hospital of Philadelphia 34 th St & Civic Ctr Blvd Philadelphia, PA 19104 |
| CH01-2-4 | 2/26/01 | Carla DiScala NPTR Director | <u>cdiscl tra@OPAL.TUFTS.EDU</u> |
| CH01-2-5 | 3/01/01 | Karen Ashby Co-ordinator | Victorian Injury Surveillance System Monash Univ. Accident Research Centre P.O. Box 70A Monash Univ. VIC 3800 |

Petition HP01-1, Petition for Bicycle Handlebar Performance Standard

| | | | |
|-----------|---------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| CH01-2-6 | 3/05/01 | C William Schwab M.D., Professor of Surgery, Chief Division of Traumatology and Surgical Critical Care | University of Pennsylvania Medical Ctr 3400 Spruce St. Philadelphia, PA 19104 |
| CH01-2-7 | 3/05/01 | Brian Klock M.D., FACS Director, Trauma Service | Community Medical Center Regional Trauma Center 1800 Mulberry St. Scranton, PA 18510 |
| CH01-2-8 | 3/07/01 | Charles E. Wiles III, MD, Medical Director | Lancaster General Hospital, Trauma Center 555 North Duke St P.O. Box 3555 Lancaster, PA 17604 |
| CH01-2-9 | 3/07/01 | Steven Stylianos MD, Associate Professor of Surgery & Pediatric, Dir. Regional Pediatric Trauma Center | Babies & Children's Hospital of New York Pediatric Trauma Program 3959 Broadway, 2 North New York, NY 10032 |
| CH01-2-10 | 3/07/01 | Jonathan Groner M.D., Trauma Medical Director | Children's Hospital 700 Children's Drive Columbus, OH 43205 |
| CH01-2-11 | 3/08/01 | Caroline Acton Adj. Assoc. Prof. | Department of Pediatrics & Child Health, Royal Children's Hospital Brisbane, qld Australia |
| CH01-2-12 | 3/09/01 | L Peter Fielding M.D., Director Surgical Services | York Hospital (WellSpan) 100 South George St York, PA 17405 |
| CH01-2-13 | 3/13/01 | S Lee Miller, M.D., FACS, Director, Trauma Services | Memorial Medical Center 1086 Franklin St. Johnstown, PA 15905 |
| CH01-2-14 | 3/13/01 | Aurelio Rodriguez M.D., FACS, Prof. of Surgery, Dir. Division of Trauma Surgery | Allegheny General Hospital 320 East North Ave. Pittsburgh, PA 15212 |

Petition HP01-1, Petition for Bicycle Handlebar Performance Standard

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|-----------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| CH01-2-15 | 3/13/01 | J.J. Tepas III M.D., Professor of Surgery, Chairman, Dept. of Surgery | University of Florida 653 West 8 th St. Jacksonville, FL 32209 |
| CH01-2-16 | 3/14/01 | Michael Shapiro M.D., FACS, Asst. Prof., Dept of Surgery | University of Pennsylvania Health Sys. 2 Dulles 3400 Spruce St Philadelphia, PA 19104 |
| CH01-2-17 | 3/16/01 | Kay Marsteller RN, BSN Trauma Program Coordinator | St. Lukes Regional Center 801 Ostrum St. Bethlehem, PA 18015 |
| CH01-2-18 | 3/16/01 | James Reilly, M.D., FACS, Associate Trauma Program Medical Director | St. Lukes Regional Trauma Center 801 Ostrum St. Bethlehem, PA 18015 |
| CH01-2-19 | 3/19/01 | Robin Haskell CRNP, Parent and Nurse Practitioner | Brandywine Hospital and Trauma Center 201 Reeceville Rd Coatesville, PA 19320 |
| CH01-2-20 | 3/21/01 | Richard Goldberg | 140 Springhouse Lane Pittsburgh, PA 15238 |
| CH01-2-21 | 3/21/01 | John Pryor, M.D. Trauma Surgeon | University of Pennsylvania Health System 3400 Spruce St. Philadelphia, PA 19104 |
| CH01-2-22 | 3/23/01 | Patrick Reilly M.D., FACS Trauma Program Director & Kate FitzPatrick RN, MSN, Trauma Program Manager | University of Pennsylvania Health System 3400 Market St, 1 st Fl. Philadelphia, PA 19104 |
| CH01-2-23 | 3/26/01 | William Hoff M.D., FACS Trauma Program Medical Director Asst. Professor of Surgery, Univ. of Pennsylvania Medical Center | The Trauma Center Brandywine Hospital 201 Reeceville Road Coatesville, PA 19320 |

| | | | |
|-------------------|---------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Petition Standard | HP01-1, | Petition for Bicycle Handlebar Performance | |
| CH01-2-24 | 4/06/01 | B. J. Tortella MTS, MD, MBA, FACS, Chief | Hahnemann Trauma Center Trauma & Surgical Critical Care Broad & Vine Sts Mail Stop 413 Philadelphia, PA 19102 |
| CH01-2-25 | 4/11/01 | Henri Ford, M.D. Director, Benedum Pediatric Trauma Program Director, Injury Prevention Program | Children's Hospital of Pittsburgh 3705 Fifth Ave. Pittsburgh, PA 15713 |
| CH01-2-26 | 4/11/01 | A.F. Donaghue CEO | American Red Cross Southeastern Pennsylvania Chapter 23 rd & Chestnut Streets Philadelphia, PA 19103 |
| CH01-2-27 | 4/12/01 | David Hoyt, M.D. FACS, Chair, Committee Trauma | American College of Surgeons UCSD Medical Center Division of Trauma 200 West Arbor Dr, 8896 San Diego, CA 92103 |
| CH01-2-28 | 4/13/01 | Edgar Landerman | 552 North Neville St. Pittsburgh, PA 15213 |
| CH01-2-29 | 4/16/01 | Flaura Winston M.D., Ph.D & Michael Nance M.D. & Cara V. O'Neill MPH | The Children's Hospital of Philadelphia 34 th Street & Civic Blvd Philadelphia, PA 19104 |
| CH01-2-30 | 4/16/01 | Barbara Barlow M.D., Injury Free Coalition For Kids, Founder Exec. Director | Harlem Hospital Injury Prevention Program 506 Lenox Ave., KP 17102 New York, NY 10037 |
| CH01-2-31 | 4/16/01 | Steve Berman M.D., FAAP President | American Academy of Pediatrics The Homer Building 601 thirteenth St, NW Suite 400 North Washington, DC 20005 |

Petition HP01-1, Petition for Bicycle Handlebar Performance Standard

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|-----------|---------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| CH01-2-32 | 4/16/01 | Alexander Soutter M.D. | Children's Surgical Services Driscoll Children's Hospital 3533 South Alameda Corpus Christi, TX 78411 |
| CH01-2-33 | 4/16/01 | Mark Pozzi MS, FACFE | Sandia Safety Sciences 8 Paul Road Cedar Crest, NM 87008 |
| CH01-2-34 | 4/28/01 | David Grossman M.D., MPH Director | Harborview Injury Prevention and Research Center 325 Ninth Ave., Box 359960 Seattle, WA 98104 |
| CH01-2-35 | 5/15/01 | Tracy N Jaco Premium Acctg Associate | 9005 East 90 th Terrace Kansas City, MO 64138 |



Injury Free Coalition for Kids *of Philadelphia*

Creating a Safe Neighborhood for a Safe Childhood

February 20, 2001

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

RE: Petition HP01-1, petition for bicycle handlebar performance standard

Dear Secretary Dunn:

This letter supports the petition for performance standards for bicycle handlebars. I coordinate a hospital-based, community-driven childhood injury prevention program at The Children's Hospital of Philadelphia called the Injury Free Coalition for Kids of Philadelphia. We are part of a national campaign to reduce and prevent childhood injuries. In this capacity, I survey the causes of injury to children in our community and can appreciate first hand the injuries obtained from striking bicycle handlebars. In the last year alone, several children were hospitalized from our community due to injuries sustained after impacting a handlebar.

I work with the community in an on-going effort to bring the message of bicycling safety and helmet use to the children. These injury prevention measures can only go so far when a piece of the bike itself is the cause of the injury during a minor accident – like a fall.

I wholeheartedly support any efforts to minimize the risk of injury related to bicycle handlebars and think that regulating the performance of handlebars would be great advance. If I can provide any further information, please do not hesitate to contact me.

Sincerely,

Linda A. Hawkins, MSED
Program Coordinator
Injury Free Coalition for Kids of Philadelphia
The Children's Hospital of Philadelphia

**Injury Free Coalition
for Kids**

Richard D. Wood Pediatric
Ambulatory Care Center
5th Floor, Suite 5107
34th Street and
Civic Center Boulevard
Philadelphia, Pa. 19104
215-590-4730
fax 215-590-4754
www.injuryfree.org
injuryfree@email.chop.edu

 **The Children's Hospital of Philadelphia**
A pediatric healthcare network

A member of the Injury Free Coalition for Kids, a national program of the Robert Wood Johnson Foundation at Columbia University.
The Children's Hospital of Philadelphia is an equal opportunity employer and patients are accepted without regard to race, creed, color, handicap, national origin or sex.



*WJP
handlebar
comment 2*

February 20, 2001

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3333 Burnet Avenue
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513-636-7966
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Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

RE: Petition HP01-1, petition for bicycle handlebar performance standard

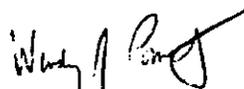
Dear Secretary Dunn:

This letter supports the petition for performance standards for bicycle handlebars. I am a practicing emergency medicine physician at Children's Hospital Medical Center and have been able to witness first hand the injuries obtained from striking bicycle handlebars. In the last year alone, a substantial number of children were hospitalized at our institution due to injuries sustained after impacting a handlebar; these represented a significant percent of children hospitalized for bicycle-related injuries.

Several of these injuries have been rather severe, the result of a relatively small object, that is the end of the handlebar, striking the abdomen, during a minor accident – like a fall. This focuses a great degree of energy on the abdomen of children.

I wholeheartedly support any efforts to minimize the risk of injury related to bicycle handlebars and think that regulating the performance of handlebars would be a great advance. If I can provide any further information, please do not hesitate to contact me.

Sincerely,


Wendy J. Pomerantz, M.D.
Asst. Professor of Pediatrics
Division of Emergency Medicine

WJP/do

University of Cincinnati
Medical Center



Department of Pediatrics

An Equal Opportunity Employer



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Michael L. Nance, M.D.
Assistant Professor of Pediatric Surgery
University of Pennsylvania School of Medicine

February 21, 2001

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

RE: Petition HP01-1, petition for bicycle handlebar performance standard

Dear Secretary Dunn:

This letter is in support of the above captioned performance standard for bicycle handlebars. I am a practicing trauma surgeon at Children's Hospital in Philadelphia and have been able to witness first hand the injuries obtained from striking bicycle handlebars. Several of these injuries have been rather severe, the result of a relatively small object, that is the end of the handlebar, striking the abdomen. This focuses a great degree of energy on the abdomen of children. I can recall five recent illustrative cases. The first child is a six-year old boy who was riding down a hill on his bike. He lost control at which time the handlebars turned, and he was struck in his right abdomen with the end of the handlebar. This fractured his liver in half. Because of the devastating nature of his liver injury, he required operative intervention during which he required complete replacement of twice his blood volume. He ultimately recovered this very serious injury. Shortly thereafter, we treated a 13-year old young man who was struck in the abdomen with his bicycle handle. He presented with severe abdominal pain. At the time of his operation, he was found to have a 4-inch tear in the back of his stomach as well as a very large hole in his small bowel. As unusual as this injury seemed, several months later we treated another young man with an almost identical injury. Finally, this past summer we treated two 15-year old boys who were injured while riding their BMX racing bikes. Each fell on the handlebar and sustained mirror image kidney injuries. The one boy shattered his left kidney, the other his right. Both required multiple transfusions and a lengthy hospitalization.

I wholeheartedly support any efforts to minimize the risk of injury related to bicycle handlebars. If I can provide any further information, please do not hesitate to contact me.

Sincerely,

Michael L. Nance, M.D.

/cmc

*Bicycle
handlebar
comment*

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February 26, 2001

" Petition HP 01-1"

I support Dr. Flaura Koplin Winston Petition regarding standards for bicycle handlebars. As Director of the National Pediatric Trauma Registry (NPTR), I have observed a disproportional amount of injuries to the abdominal organs associated with bicyclists falling over handlebars. In fact, 51% of the children injured as bicyclist hitting handlebars sustained injuries to the abdominal organs versus 11.7% of the children injured from all causes (NPTR, 1995-1999). This dramatic increase points to the urgent need for handlebars modification.

Carla Di Scala, PhD
NPTR Director

Stevenson, Todd A.

From: cdiscala_tra@OPAL.TUFTS.EDU
Sent: Monday, February 26, 2001 9:40 AM
To: cpsec-os@cpsec.gov
Cc: flaura@mail.med.upenn.edu
Subject: Petition HP 01-1



Untitled

*Bicycle handlebar
pet. 5*

~~Stevenson, Todd A.~~

From: Karen Ashby [karen.murdoch@general.monash.edu.au]
Sent: Thursday, March 01, 2001 12:40 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP 01-1 Petition for Bicycle Handlebar Performance



Handlebar petition cover lette...



HANDLEBAR submission data anal...

Dear Sir Madam,

Please find attached a submission to 'Petition HP 01-1, Petition for Bicycle Performance Standard' for you consideration.

Yours sincerely

Karen Ashby

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Karen Ashby
Co-ordinator
Victorian Injury Surveillance System
Monash University Accident Research Centre
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Monash University VIC 3800
Phone (03) 9905 1805 Fax (03) 9905 1809
Email karen.ashby@general.monash.edu.au

Office of the Secretary
Consumer Product Safety Commission
Washington DC 20207
UNITED STATES OF AMERICA

Thursday, March 01, 2001

Dear Colleague,

Re: Petition HP 01-1, Petition for Bicycle Handlebar Performance Standard

The Victorian Injury Surveillance and Applied Research System (VISS) has been surveilling the incidence of injury in Victoria, Australia for twelve years (population 2,406,972 in 2000). VISS, as part of the Monash University Accident Research Centre, has progressively established substantial holdings of data based on statewide presentations to emergency departments (ED) as the result of an injury.

VISS would like to contribute to the above mentioned petition by submitting analyses from our ED dataset, the Victorian Emergency Minimum Dataset (VEMD), for the period October 1995 to December 2000.

During this period VISS has witnessed 173 cases of handlebar injury to children aged 0-14 years, the majority of which (79%) are from bicycle handlebars.

We concur with Associate Professor Winston's suggestion that the cause of the injury in these cases is the bicycle itself. This trend can clearly be seen in the text narrative descriptions of VEMD cases that almost completely report the child falling onto, or being struck by the handlebar after falling or losing control of the vehicle. Only one case involved a motor vehicle crash with a bicycle rider. Our dataset also contains similar handlebar injuries from motorbikes and scooters.

Please find attached our submission. We would be pleased to provide further analyses or comment at your discretion.

Yours sincerely

Dr Mark Stokes
Director

Ms Karen Ashby
Co-ordinator

23 February 2001

Injuries to children from handlebars Victorian Emergency Minimum Dataset (VEMD) October 1995 to December 2000

The VEMD is an ongoing surveillance database of injury presentations to 27 Victorian public hospital emergency departments, representing approximately 80% of statewide emergency department presentations.

Injuries from handlebars to children were identified by searching those cases with the text terms "handlebar", contained in the 100 character 'Description of Injury Event'. This initial search resulted in the identification of 300 cases of child injury. Cases were then manually reviewed to exclude those where the scenario involved the child falling over the handlebar without striking or colliding with it. The final result was 173 cases of injury recorded in the period October 1995 to December 2000.

Crosstabulation by vehicle type for these 173 cases, as well as the one line description of the injury event narratives are provided below. Also attached is a copy of the VEMD injury structure which provides details of the 27 variables recorded for each case of injury. Further non-identifying frequencies or cross tabulations of any of these variables are available upon request.

A caveat for the VEMD is also attached.

Crosstabs

Age groups * handlebar Crosstabulation

| | | Handlebar | | | | | | Total | |
|------------|-----|-----------|----------|------------|---------|----------|-------------|-------|----|
| | | Bicycle | BMX bike | Motor bike | Scooter | Tricycle | Other or NS | | |
| Age groups | 0-4 | Count | 10 | | 2 | 1 | 1 | 3 | 17 |

| | | | | | | | | | |
|-------|-------|------------------|---------|---------|---------|---------|---------|--------|---------|
| | | % within handbar | 7.3% | | 14.3% | 25.0 % | 100.0 % | 20.0% | 9.8% |
| | 5-9 | Count | 71 | | 3 | 1 | | 3 | 78 |
| | | % within handbar | 51.8 % | | 21.4% | 25.0 % | | 20.0% | 45.1 % |
| | 10-14 | Count | 56 | 2 | 9 | 2 | | 9 | 78 |
| | | % within handbar | 40.9 % | 100.0 % | 64.3% | 50.0 % | | 60.0% | 45.1 % |
| Total | | Count | 137 | 2 | 14 | 4 | 1 | 15 | 173 |
| | | % within handbar | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0% | 100.0 % |

Sex * handbar Crosstabulation

| | | | handbar | | | | | Total | |
|-------|--------|------------------|---------|----------|-----------|---------|----------|--------|-------------|
| | | | Bicycle | BMX bike | Motorbike | Scooter | Tricycle | | Other or NS |
| Sex | Male | Count | 106 | 2 | 13 | 3 | | 13 | 137 |
| | | % within handbar | 77.4 % | 100.0 % | 92.9% | 75.0 % | | 86.7% | 79.2 % |
| | Female | Count | 31 | | 1 | 1 | 1 | 2 | 36 |
| | | % within handbar | 22.6 % | | 7.1% | 25.0 % | 100.0 % | 13.3% | 20.8 % |
| Total | | Count | 137 | 2 | 14 | 4 | 1 | 15 | 173 |
| | | % within handbar | 100.0 % | 100.0 % | 100.0% | 100.0 % | 100.0 % | 100.0% | 100.0 % |

Type of place injury occurred * handlebar Crosstabulation

| | | | handlebar | | | | | Total | |
|--------------------------------------|----------------------------------|-------------------------|-----------|----------|-----------|---------|----------|-------|--------------|
| | | | Bicycle | BMX bike | Motorbike | Scooter | Tricycle | | Other or NS. |
| Type of place injury occurred | Invalid code | Count | 1 | | | | | 1 | 2 |
| | | % within handbar | .7 % | | | | | 6.7% | 1.2 % |
| | Missing | Count | 12 | | 2 | | | | 14 |
| | | % within handbar | 8.8 % | | 14.3% | | | | 8.1 % |
| | Athletics and sports area | Count | 1 | | 1 | | | | 2 |
| | | % within handbar | .7 % | | 7.1 % | | | | 1.2 % |
| | Farm | Count | | | 1 | | | | 1 |
| | | % within handbar | | | 7.1 % | | | | .6 % |
| | Home | Count | 46 | | 1 | 2 | | 4 | 53 |
| | | % within handbar | | | | | | | |

| | | | | | | | | |
|-------------------------------------|------------------|------------|----------|-----------|----------|----------|-----------|------------|
| | % within handbar | 33.6% | | 7.1% | 50.0% | | 26.7% | 30.6% |
| Other specified place | Count | 5 | | 1 | | 1 | 1 | 8 |
| | % within handbar | 3.6% | | 7.1% | | 100.0% | 6.7% | 4.6% |
| Place for recreation | Count | 11 | 2 | 4 | | | 1 | 18 |
| | % within handbar | 8.0% | 100.0% | 28.6% | | | 6.7% | 10.4% |
| Road, street or highway | Count | 49 | | 1 | 2 | | 7 | 59 |
| | % within handbar | 35.8% | | 7.1% | 50.0% | | 46.7% | 34.1% |
| School, day care, public admin area | Count | 5 | | | | | 1 | 6 |
| | % within handbar | 3.6% | | | | | 6.7% | 3.5% |
| Unspecified place | Count | 7 | | 3 | | | | 10 |
| | % within handbar | 5.1% | | 21.4% | | | | 5.8% |
| Total | Count | 137 | 2 | 14 | 4 | 1 | 15 | 173 |

| | | | | | | | |
|--|------------------|--------|--------|--------|--------|--------|--------|
| | % within handbar | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
|--|------------------|--------|--------|--------|--------|--------|--------|

Activity when injured * handlebar Crosstabulation

| | | handlebar | | | | | | Total |
|-----------------------|--------------|------------------|----------|-----------|---------|----------|-------------|-------|
| | | Bicycle | BMX bike | Motorbike | Scooter | Tricycle | Other or NS | |
| Activity when injured | Invalid code | Count | 3 | | | | | 3 |
| | | % within handbar | 2.2% | | | | | 1.7% |
| | Missing | Count | 12 | | 2 | | | 14 |
| | | % within handbar | 8.8% | | 14.3% | | | 8.1% |
| | Other work | Count | 1 | | 1 | | | 2 |
| | | % within handbar | .7% | | 7.1% | | | 1.2% |
| | Education | Count | 1 | | | | | 1 |
| | | % within handbar | .7% | | | | | .6% |

| | | | | | | | | |
|---------------------------------------------|------------------|---------|-------|-------|-------|-------|-------|---------|
| Leisure | Count | 10 4 | 2 | 8 | 4 | | 10 | 12 8 |
| | % within handbar | 75.9% | 10.0% | 57.1% | 10.0% | | 66.7% | 74.0% |
| Being nursed, cared for | Count | | | | | | 1 | 1 |
| | % within handbar | | | | | | 6.7% | 6% |
| Other specified activity | Count | 7 | | 1 | | 1 | 1 | 10 |
| | % within handbar | 5.1% | | 7.1% | | 10.0% | 6.7% | 5.8% |
| Sports | Count | 3 | | 1 | | | 1 | 5 |
| | % within handbar | 2.2% | | 7.1% | | | 6.7% | 2.9% |
| Un-specified activity | Count | 5 | | 1 | | | 1 | 7 |
| | % within handbar | 3.6% | | 7.1% | | | 6.7% | 4.0% |
| Vital activity, resting, sleeping or eating | Count | 1 | | | | | 1 | 2 |
| | % within handbar | .7% | | | | | 6.7% | 1.2% |

| | | | | | | | | |
|-------|------------------|---------|-------|--------|--------|--------|--------|---------|
| Total | Count | 13 7 | 2 | 14 | 4 | 1 | 15 | 17 3 |
| | % within handbar | 100.0% | 10.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

External Injury Cause * handlebar Crosstabulation

| | | handlebar | | | | | | Total |
|-----------------------|-------------------------------|------------------|----------|-----------|---------|----------|-------------|-------|
| | | Bicycle | BMX bike | Motorbike | Scooter | Tricycle | Other or NS | |
| External Injury Cause | Blank input value | Count | 12 | | 2 | | | 14 |
| | | % within handbar | 8.8% | | 14.3% | | | 8.1% |
| | Motor vehicle passenger | Count | | | 1 | | | 1 |
| | | % within handbar | | | 7.1% | | | .6% |
| | Motorcycle driver | Count | 1 | | 6 | | | 7 |
| | | % within handbar | .7% | | 42.9% | | | 4.0% |
| | Motorcycle passenger | Count | | | 2 | | | 2 |
| | | % within handbar | | | 14.3% | | | 1.2% |
| | Pedal cyclist rider/passenger | Count | 57 | 2 | 1 | | 5 | 65 |

| | | | | | | | | |
|---------------------------------|------------------|-------|--------|-------|-------|--------|-------|-------|
| | % within handbar | 41.6% | 100.0% | 7.1% | | | 33.3% | 37.6% |
| Pedestrian | Count | | | | | | 1 | 1 |
| | % within handbar | | | | | | 6.7% | .6% |
| Fall up to 1 metre | Count | 38 | | 2 | 2 | | 4 | 46 |
| | % within handbar | 27.7% | | 14.3% | 50.0% | | 26.7% | 26.6% |
| Fall over 1 metre | Count | 2 | | | | | | 2 |
| | % within handbar | 1.5% | | | | | | 1.2% |
| Cutting, piercing object | Count | 4 | | | | | 1 | 5 |
| | % within handbar | 2.9% | | | | | 6.7% | 2.9% |
| Struck by collision with person | Count | 3 | | | 1 | | | 4 |
| | % within handbar | 2.2% | | | 25.0% | | | 2.3% |
| Struck by collision with object | Count | 11 | | | 1 | 1 | 4 | 17 |
| | % within handbar | 8.0% | | | 25.0% | 100.0% | 26.7% | 9.8% |
| Other specified external causes | Count | 3 | | | | | | 3 |
| | % within handbar | 2.2% | | | | | | 1.7% |
| Unspecified causes | Count | 2 | | | | | | 2 |

| | | | | | | | | | |
|--------------------------------------|--|------------------|---------|---------|---------|---------|---------|---------|---------|
| | | % within handbar | 1.5 % | | | | | | 1.2 % |
| Struck by collision person or object | | Count | 4 | | | | | | 4 |
| | | % within handbar | 2.9 % | | | | | | 2.3 % |
| Total | | Count | 137 | 2 | 14 | 4 | 1 | 15 | 173 |
| | | % within handbar | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % | 100.0 % |

Nature of Main Injury * handlebar Crosstabulation

| | | handlebar | | | | | | Total | |
|-----------------------|---------------------------|------------------|-----------|-------------|----------|-----------|--------------|--------|--------|
| | | Bi cycle | BM X bike | Mot or bike | Sc ooter | Tri cycle | Othe r or NS | | |
| Nature of Main Injury | Blank input value | Count | 14 | | | | | 1 | 15 |
| | | % within handbar | 10.2 % | | | | | 6.7% | 8.7 % |
| | Invalid code | Count | | | | | 1 | | 1 |
| | | % within handbar | | | | | 100.0 % | | .6 % |
| | Superficial, excludes eye | Count | 30 | | 3 | 1 | | 2 | 36 |
| | | % within handbar | 21.9 % | | 21.4 % | 25.0 % | | 13.3 % | 20.8 % |

| | | | | | | | | |
|----------------------------|------------------|-------|------|-------|-------|--|-------|-------|
| Open wound, excludes eye | Count | 44 | 2 | 2 | 1 | | 7 | 56 |
| | % within handbar | 32.1% | 100% | 14.3% | 25.0% | | 46.7% | 32.4% |
| Fracture, excludes tooth | Count | 2 | | 6 | | | | 8 |
| | % within handbar | 1.5% | | 42.9% | | | | 4.6% |
| Sprain or strain | Count | 7 | | | | | 1 | 8 |
| | % within handbar | 5.1% | | | | | 6.7% | 4.6% |
| Injury to muscle or tendon | Count | 6 | | | | | | 6 |
| | % within handbar | 4.4% | | | | | | 3.5% |
| Crushing injury | Count | 1 | | | | | | 1 |
| | % within handbar | .7% | | | | | | .6% |
| Traumatic amputation | Count | 1 | | | | | | 1 |
| | % within handbar | .7% | | | | | | .6% |
| Injury to internal organ | Count | 6 | | 1 | | | 2 | 9 |

| | | | | | | | | |
|------------------------------------------|------------------|-------|--|-------|--------|--|--------|-------|
| | % within handbar | 4.4 % | | 7.1 % | | | 13.3 % | 5.2 % |
| Eye injury | Count | 3 | | | 2 | | | 5 |
| | % within handbar | 2.2 % | | | 50.0 % | | | 2.9 % |
| Intracranial injury | Count | 2 | | 1 | | | 1 | 4 |
| | % within handbar | 1.5 % | | 7.1 % | | | 6.7% | 2.3 % |
| Dental injury | Count | 4 | | | | | | 4 |
| | % within handbar | 2.9 % | | | | | | 2.3 % |
| Poisoning, toxic effect (excludes bites) | Count | 1 | | | | | | 1 |
| | % within handbar | .7 % | | | | | | .6 % |
| Other specified nature of injury | Count | 9 | | | | | | 9 |
| | % within handbar | 6.6 % | | | | | | 5.2 % |
| Injury of unspecified nature | Count | 4 | | | | | 1 | 5 |
| | % within handbar | 2.9 % | | | | | 6.7% | 2.9 % |

| | | | | | | | | |
|--------------------|------------------|--------|--------|--------|--------|--------|--------|--------|
| Multiple injuries | Count | 1 | | 1 | | | | 2 |
| | % within handbar | 7.1% | | 7.1% | | | | 1.2% |
| No injury detected | Count | 2 | | | | | | 2 |
| | % within handbar | 1.5% | | | | | | 1.2% |
| Total | Count | 13 | 2 | 14 | 4 | 1 | 15 | 17 |
| | % within handbar | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

Body Region * handlebar Crosstabulation

| | | handlebar | | | | | | Total | |
|-------------|---------------------|------------------|----------|-----------|--------|----------|-------------|--------|----|
| | | Bicycle | BMX bike | Motorbike | Scoter | Tricycle | Other or NS | | |
| Body Region | Missing | Count | 15 | | | | 1 | 16 | |
| | | % within handbar | 10.9% | | | | 6.7% | 9.2% | |
| | Head, excludes face | Count | 7 | | 1 | | | 8 | |
| | | % within handbar | 5.1% | | 7.1% | | | 4.6% | |
| | Face, excludes eye | Count | 28 | | 2 | | | 5 | 35 |
| | | % within handbar | 100.0% | | 100.0% | | | 100.0% | |

| | | | | | | | | |
|------------|------------------|-------|--|-------|-------|--|-------|-------|
| | % within handbar | 20.4% | | 14.3% | | | 33.3% | 20.2% |
| Neck | Count | 5 | | | | | | 5 |
| | % within handbar | 3.6% | | | | | | 2.9% |
| Thorax | Count | 8 | | 3 | 1 | | | 12 |
| | % within handbar | 5.8% | | 21.4% | 25.0% | | | 6.9% |
| Abdomen | Count | 20 | | 1 | | | 6 | 27 |
| | % within handbar | 14.6% | | 7.1% | | | 40.0% | 15.6% |
| Lower back | Count | 2 | | | | | | 2 |
| | % within handbar | 1.5% | | | | | | 1.2% |
| Pelvis | Count | 10 | | | | | | 10 |
| | % within handbar | 7.3% | | | | | | 5.8% |
| Shoulder | Count | 1 | | 1 | | | | 2 |
| | % within handbar | .7% | | 7.1% | | | | 1.2% |
| Upper arm | Count | 2 | | | | | | 2 |
| | % within handbar | 1.5% | | | | | | 1.2% |
| Elbow | Count | 1 | | | | | | 1 |

| | | | | | | | | |
|-------------------------|------------------|------|--------|-------|-------|--|-------|------|
| | % within handbar | .7% | | | | | | .6% |
| Wrist | Count | 3 | | 2 | | | | 5 |
| | % within handbar | 2.2% | | 14.3% | | | | 2.9% |
| Hand, includes fingers | Count | 2 | | 2 | | | | 4 |
| | % within handbar | 1.5% | | 14.3% | | | | 2.3% |
| Hip | Count | 1 | | | | | | 1 |
| | % within handbar | .7% | | | | | | .6% |
| Thigh | Count | 7 | 2 | | 1 | | 2 | 12 |
| | % within handbar | 5.1% | 100.0% | | 25.0% | | 13.3% | 6.9% |
| Knee | Count | 2 | | | | | | 2 |
| | % within handbar | 1.5% | | | | | | 1.2% |
| Lower leg | Count | 1 | | 1 | | | | 2 |
| | % within handbar | .7% | | 7.1% | | | | 1.2% |
| Foot, includes toes | Count | 1 | | | | | | 1 |
| | % within handbar | .7% | | | | | | .6% |
| Unspecified body region | Count | 3 | | | | | | 3 |

| | | | | | | | | |
|-------------------------------|------------------|--------|--------|--------|--------|--------|--------|--------|
| | % within handbar | 2.2 % | | | | | | 1.7 % |
| Multiple injuries | Count | 2 | | 1 | | | | 3 |
| | % within handbar | 1.5 % | | 7.1% | | | | 1.7 % |
| Body region code not required | Count | 14 | | | 2 | 1 | 1 | 18 |
| | % within handbar | 10.2% | | | 50.0% | 100.0% | 6.7% | 10.4% |
| FB in Eye | Count | 2 | | | | | | 2 |
| | % within handbar | 1.5 % | | | | | | 1.2 % |
| Total | Count | 137 | 2 | 14 | 4 | 1 | 15 | 173 |
| | % within handbar | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

Departure Status * handlebar Crosstabulation

| | | handlebar | | | | | | | Total |
|------------------|--------------------------------------------------------------|-----------|------------|------------|---------|----------|-------------|-------|-------|
| | | Bi cycle | B M X bike | Motor bike | Scooter | Tricycle | Other or NS | | |
| Departure Status | Discharge to home (incl. return to nursing home or mental he | Count | 116 | 1 | 9 | 4 | 1 | 8 | 139 |
| | % within handbar | 84.7 % | 50.0% | 64.3% | 100.0% | 100.0% | 53.3% | 80.3% | |



UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

University of Pennsylvania School of Medicine
Hospital of the University of Pennsylvania

*Decided
for withdrawal
3/2/01*
6

C. William Schwab, M.D., F.A.C.S.
Professor of Surgery

Chief, Division of Traumatology and Surgical Critical Care

March 5, 2001

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, D.C. 20207

RE: Petition HP01-1, Petition for Bicycle Handlebar Performance Standard

Dear Secretary Dunn:

This letter supports the petition for performance standards for bicycle handlebars. I am the Chief of the Division of Traumatology and Surgical Critical Care at the University of Pennsylvania Medical Center and over my 30 year career have treated the injuries obtained from striking bicycle handlebars.

Several of these injuries have been rather severe, the result of a relatively small object, that is the end of the handlebar, striking the abdomen, during a minor accident – like a fall. This focuses a great degree of energy on the abdomen of children. I can recall the worse case being that of a fractured pancreas and ruptured abdominal aorta due to this very mechanism. In addition, the number of children and adults I've seen literally tattooed by the "o" of the pipe head to make the handlebar is remarkable.

I support any efforts to minimize the risk of injury related to bicycle handlebars and think that regulating the performance of handlebars would be a great advance. If I can provide any further information, please do not hesitate to contact me.

Sincerely,

C. William Schwab, M.D.
Professor of Surgery
Chief, Division of Traumatology and Surgical Critical Care

Dunn030501/msr



Handwritten signature

17

1800 Mulberry Street
Scranton, PA 18510

(570) 969-7245 Phone
(570) 969-7325 Fax

Regional Trauma Center

Brian E. Klock, M.D., FACS
Director, Trauma Service

March 5, 2001

Khaleel A. Shaikh, M.D., FACS
Trauma Surgeon

John D. Kizer, M.D.
Trauma Surgeon

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

Linda McAndrew, CRNP, CCRN
Trauma Program Coordinator

Sheri Narusewicz, CRNP, CNS
Trauma Nurse Practitioner

RE: Petition HP01-1, Petition for Bicycle Handlebar Performance Standard

Helene Williams, LPN
Trauma Registry Coordinator

Mary Ann Boock
Trauma Secretary

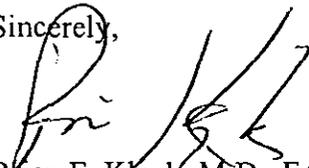
Dear Secretary Dunn:

This letter supports the petition for performance standards for bicycle handlebars. I am a practicing trauma surgeon at Community Medical Center in Scranton, PA and have been able to witness first hand the injuries obtained from striking bicycle handlebars. In the last year alone, approximately thirty-five children were hospitalized at our institution due to injuries sustained after impacting a handlebar; these represented 48 percent of children hospitalized for bicycle-related injuries.

Several of these injuries have been rather severe, the result of a relatively small object, that is the end of the handlebar, striking the abdomen, during a minor accident - like a fall. This focuses a great degree of energy on the abdomens of children.

I wholeheartedly support any efforts to minimize the risk of injury related to bicycle handlebars and think that regulating the performance of handlebars would be a great advance. If I can provide any further information, please do not hesitate to contact me.

Sincerely,



Brian E. Klock, M.D., FACS
Director, Trauma Service

BEK:hhw



*Bicycle
handlebar
3/12/01*



LANCASTER GENERAL
HOSPITAL

Member Lancaster Health Alliance

March 7, 2001

Sadye E. Dunn
Secretary
Consumer Products Safety Commission
Washington, D.C. 20207

RE: *Petition HP01-1, Petition for Bicycle Handlebar Performance Standard*

Dear Secretary Dunn:

This letter supports the petition for performance standards for bicycle handlebars. I am a practicing Trauma Surgeon at Lancaster General Hospital and have been able to witness firsthand the injuries obtained from striking bicycle handlebars. In the past year alone, approximately 7 children were hospitalized at our institution due to injuries sustained after impacting a handlebar; these cases represent 54% of children hospitalized for bicycle-related injuries.

Several of those injuries have been rather severe, resulting from a child striking the end of the handlebar during a fall from a bicycle. This focuses a great degree of energy on the abdomen of children. I can recall several that included severe pancreatic fractures.

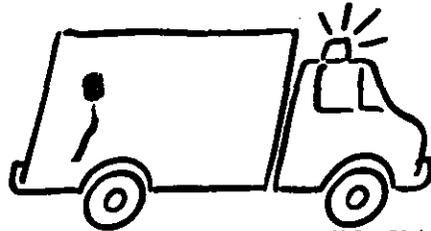
I wholeheartedly support any efforts to minimize the risk of injury related to bicycle handlebars and think that regulating the performance of handlebars would be a great advance. If I can provide any further information, please do not hesitate to contact me.

Sincerely,

Charles E. Wiles III, MD
Medical Director, Trauma Services
Lancaster General Hospital

CW/kms

555 North Duke Street
P.O. Box 3555
Lancaster, PA 17604-3555
Phone 717-290-5945
Fax 717-290-5944



Babies & Children's Hospital of New York
Pediatric Trauma Program

*Bicycle
Interdiction
3/2
9*

March 7, 2001

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

Re: Petition HP01-1, petition for bicycle handlebar performance standard

Dear Secretary Dunn:

*Steven Stylianos, MD
Medical Director*

*Jeanne Rubsam, RN, MS
Nurse Coordinator*

*Pediatric Trauma Program
3959 Broadway, 2 North
New York, NY 10032-3784*

*212 305-9911 Telephone
212 305-5971 Fax*

*800 ICU-STAT
(24 hour referral)*

This letter supports the petition for performance standards for bicycle handlebars. I am a practicing trauma surgeon at Children's Hospital of New York and have been able to witness first hand the injuries obtained from striking bicycle handlebars. In the last year several children were hospitalized at our institution due to injuries sustained after impacting a handlebar.

Several of these injuries have been rather severe, the result of a relatively small object, that is the end of the handlebar, striking the abdomen, during a minor accident-like a fall. This focuses a great degree of energy on the abdomen of children.

I wholeheartedly support any efforts to minimize the risk of injury related to bicycle handlebars and think that regulating the performance of handlebars would be a great advance. If I can provide any further information, please do not hesitate to contact me.

Sincerely,

Steven Stylianos, MD
Associate Professor of Surgery & Pediatrics
Director, Regional Pediatric Trauma Center

10
Frign
handlebar
injury

Stevenson, Todd A.

From: Groner, Jonathan [GronerJ@chi.osu.edu]
Sent: Wednesday, March 07, 2001 5:09 PM
To: 'cpsc-os@cpsc.gov'
Cc: 'Michael L. Nance MD'
Subject: Petition HP01-1, petition for bicycle handlebar performance stand ard

March 7, 2001

Sadye E. Dunn
Secretary, Consumer Products Safety Commission
Washington, DC 20207

RE: Petition HP01-1, petition for bicycle handlebar performance standard

Dear Secretary Dunn:

This letter supports the petition for performance standards for bicycle handlebars. We have been tracking these injuries through the trauma registry at Children's Hospital, Columbus, Ohio, for a number of years. Below is a report based on trauma patients admitted to Children's hospital from 1995 through 2000 (over 5000 patients)

741 patients were admitted to Children's Hospital, years 1995-2000 with cause of injury pedal bike, motorized cycle (ATV, etc.) or scooter related.

110 of the 741 patients were described as being injured in relation to handlebars. They either flew over the handlebars, riding as passenger up on handlebars, or struck their body on the handlebars.

Handlebar admitted per year:
1995 08 patients
1996 19
1997 18
1998 18
1999 23
2000 24

Causes for handlebar:
Pedal bike 79 patients
Motorized cycle 28
Scooter 02
Other 01

58 of the 110 patients struck their body against handlebars, most often abdomen, chest.
43 of the 58 patients suffered injury to abdominal region.
36 of the 43 patients suffered intra-abdominal injury: liver, spleen, pancreas, kidney, gallbladder, to mention a few.

Of the 58 patients suffering direct contact with handlebars:
10 years median age
05 - 10 years age range
86% males
ISS range 1 - 41
11 patients with critical injuries based on Injury severity score (ISS) greater than 15. These included patients with major injuries to the live and spleen.

These data demonstrate that handlebar injuries are a significant problem in the pediatric population. I support efforts to reduce the risk of handlebar injuries through the establishment of handlebar standards.

Jonathan I. Groner MD
Trauma Medical Director

Children's Hospital
700 Children's Drive
Columbus, OH 43205

Phone: 614-722-3919

Stevenson, Todd A.

11
Bicycle
handlebars
12/10/01

From: Caroline Acton [C.Acton@mailbox.uq.edu.au]
Sent: Thursday, March 08, 2001 3:00 AM
To: cpsc-os@cpsc.gov
Subject: PetitionHP 01-1, Petition for bicycle handlebar performance standard"

Here in Brisbane Australia we see life threatening abdominal injuries, particularly in children, when metal, uncovered handlebars impact the abdomen after minor falls from a pushbike. These include pancreatic trauma and rupture of the viscera. These are made more dangerous by the fact that the skin is rarely punctured, just bruised or abraded, the symptoms of major internal trauma present late and therefore children are often critically ill before presenting to hospital. A serious problem which is easily prevented by appropriate, inexpensive handlebar covers which come with any new bicycle but become rapidly worn.

from Adj. Assoc. Prof. Caroline Acton
Dept of Paediatrics and Child Health
Royal Childrens Hospital, Brisbane, qld. Australia

Surgical Services
1001 South George Street
York, PA 17405-7198
717.851.2772 Tel
717.851.4513 Fax
lpfielding@wellspan.org
www.wellspan.org

L. Peter Fielding, M.D.
Director of Surgical Services
Chairman, Department of Surgery

Professor of Clinical Surgery
The Pennsylvania State University
School of Medicine



*Original
Handwritten
Comments*

York Hospital

WELLSPAN

March 9, 2001

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

RE: Petition HP01-1, petition for bicycle handlebar performance standard

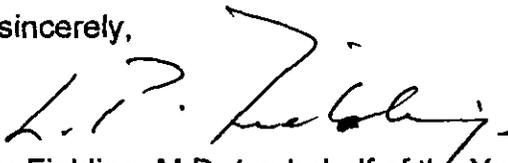
Dear Secretary Dunn,

I very much appreciate being given the opportunity to add my voice to others who wish to see this legislation passed. Handlebar injuries associated with biking accidents in young people are common and can give rise to serious intra-abdominal injuries requiring surgery, incapacity and may be life threatening.

Given the advances of technology, our trauma service believes that it is desirable to generate a design for bicycle handlebars which will dissipate the impact energy and spread the forces over larger surface area so that forces transmitted to the abdominal organs during impact may be reduced to those below known injury tolerance levels.

Our trauma team very much supports this legislation, and if there is any further help we can provide in this matter, please let us know.

Yours sincerely,



L. Peter Fielding, M.D. (on behalf of the York Hospital Trauma Team)
Director, Surgical Services
Chairman, Department of Surgery

LPF/bae



MEMORIAL
MEDICAL
CENTER

*Original
Memorial
13*

March 13, 2001

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

RE: Petition HP01-1, petition for bicycle handlebar performance standard

Dear Secretary Dunn:

This letter supports the petition for performance standards for bicycle handlebars. I am the medical director for the trauma service at Memorial Medical Center and have been able to witness first hand the injuries obtained from striking bicycle handlebars.

I wholeheartedly support any efforts to minimize the risk of injury related to bicycle handlebars and think that regulating the performance of handlebars would be a great advance. If I can provide any further information, please do not hesitate to contact me.

Sincerely,

S. Lee Miller, M.D., FACS
Director, Trauma Services

1086 Franklin Street
Johnstown, PA 15905-4398
814 534-9000



**ALLEGHENY
GENERAL HOSPITAL**

WEST PENN ALLEGHENY HEALTH SYSTEM

320 EAST NORTH AVENUE, PITTSBURGH, PA 15212-4772

412-359-3131

Handwritten signature

14

March 13, 2001

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

RE: Petition HPO1-1, petition for bicycle handlebar performance standard

Dear Secretary Dunn:

This letter supports the petition for performance standards for bicycle handlebars. I am a practicing trauma surgeon at Allegheny General Hospital and have been able to witness first hand the injuries obtained from striking bicycle handlebars. In the last year alone, many children were hospitalized at our institution due to injuries sustained after impacting a handlebar.

Several of these injuries have been rather severe, the results of a relatively small object, that is the end of the handlebar, striking the abdomen, during a minor accident, like a fall. This focuses a great degree of energy on the abdomen of children.

I wholeheartedly support any efforts to minimize the risk of injury related to bicycle handlebars and think that regulating the performance of handlebars would be a great advance. If I can provide any further information, please do not hesitate to contact me.

Sincerely,

Aurelio Rodriguez, M.D., F.A.C.S.
Professor of Surgery
Director, Division of Trauma Surgery

AR/jb



UNIVERSITY OF
FLORIDA

*bring
handlebar
comment*

15

Health Science Center / Jacksonville
Department of Surgery

653 West 8th Street
Jacksonville, Florida 32209-6511
Tel.: (904) 244-3910

March 13, 2001

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

RE: PETITION HP01-1
Petition for Bicycle Handlebar Performance Standard

Dear Ms. Dunn:

Having served on the Committee for Injury and Poison Prevention of the American Academy of Pediatrics for over 10 years and having had the opportunity to work closely with representatives of the Consumer Products Safety Commission, I am very much aware of the intense commitment of your agency to improve the basic level of safety for products within the environment of our children. I enthusiastically endorse the proposal to study methods to minimize risk of injury related to bicycle handlebars. There is no question that these seemingly innocent structures do frequently cause significant internal injury. As the Director of the University of Florida regional trauma system and, in particular, as Director of the pediatric trauma center at Shands Jacksonville, I have had multiple opportunities to treat many seriously injured children who have had major mishaps on bicycles. Any effort that will enhance the safety of bicycles, especially with such protuberant devices as brakehandles would clearly significantly improve the overall safety of our children's environment. I encourage you, therefore, to move forward with this proposed performance standard and will be delighted to provide any additional information or assistance that you may require.

Sincerely,

J.J. Tepas III, M.D.
Professor of Surgery
Chairman, Department of Surgery



Division of Traumatology and
Surgical Critical Care

16

March 14, 2001

Sadye E. Dunn, Secretary
Consumer Products Safety Commission
Washington, DC 20207

RE: Petition HP01-1, petition for bicycle handlebar performance standard

Dear Secretary Dunn:

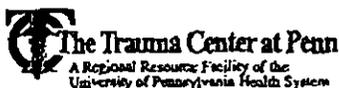
This letter supports the petition for performance standards for bicycle handlebars. I am a practicing trauma surgeon at the Hospital of the University of Pennsylvania and have been able to witness first hand the injuries obtained from striking bicycle handlebars. Many children are hospitalized at our institution and our affiliated Trauma centers in the Philadelphia area due to injuries sustained after impacting a handlebar, and these represent a high percentage of children hospitalized for bicycle-related injuries.

Several of these injuries have been rather severe, the result of a relatively small object, that is the end of the handlebar, striking the abdomen, during a minor accident. This focuses a great degree of energy on the abdomen, i.e., the point of impact. My concern arises not just from my professional experience; I have three small children of my own, just reaching bicycling age, and my interests include making this exercise potentially safer for them.

I wholeheartedly support any efforts to minimize the risk of injury related to bicycle handlebars and think that regulating the performance of handlebars would be a significant advance. If I can provide any further information, please do not hesitate to contact me.

Sincerely,


Michael B. Shapiro, M.D., FACS
Asst. Professor, Dept. of Surgery,
University of Pennsylvania Medical School
Medical Director, Surgical Intensive Care Unit,
Hospital of the University of Pennsylvania



2 Dulles • 3400 Spruce Street • Philadelphia, PA 19104-4283 • 215-662-7320 • FAX: 215-614-0375
3440 Market Street • Philadelphia, PA 19104 • 215-662-7323 • FAX: 215-349-5917
2200 Renaissance Blvd. • Triad Building, 4th floor • King of Prussia, PA 19406 • 610-239-2726 • FAX: 610-239-2717