## Spinal Motion Restriction and Long Spine Board Use (S02)

| FR/EMR | EMT | PARAMEDIC |
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Spinal Motion Restriction (SMR) consists of placement of an appropriately sized rigid cervical collar on the patient and placing the patient in a position of comfort. If the patient is able to safely self-extricate, place the appropriately sized rigid cervical collar on the patient and allow them to move to the gurney without placing the patient on a Long Spine Board (LSB).

SMR is listed in each adult and pediatric trauma treatment guideline except for isolated burn and extremity injuries, unless indicated for another reason. EMS Personnel should perform SMR for all trauma patients or suspected trauma patients who exhibit one or more of the following conditions:

1. Have cervical or upper 1/3 thoracic midline spinal tenderness or pain, pain with neck motion.
2. Have an altered mental status.
3. Are under the influence of intoxicating medications, alcohol or other drugs (even if the patient is alert and oriented).
4. Have another distracting (painful or emotional) condition, to the degree that a reliable assessment is not possible.
5. Have any other condition that in the paramedic's judgment is reducing pain perception.

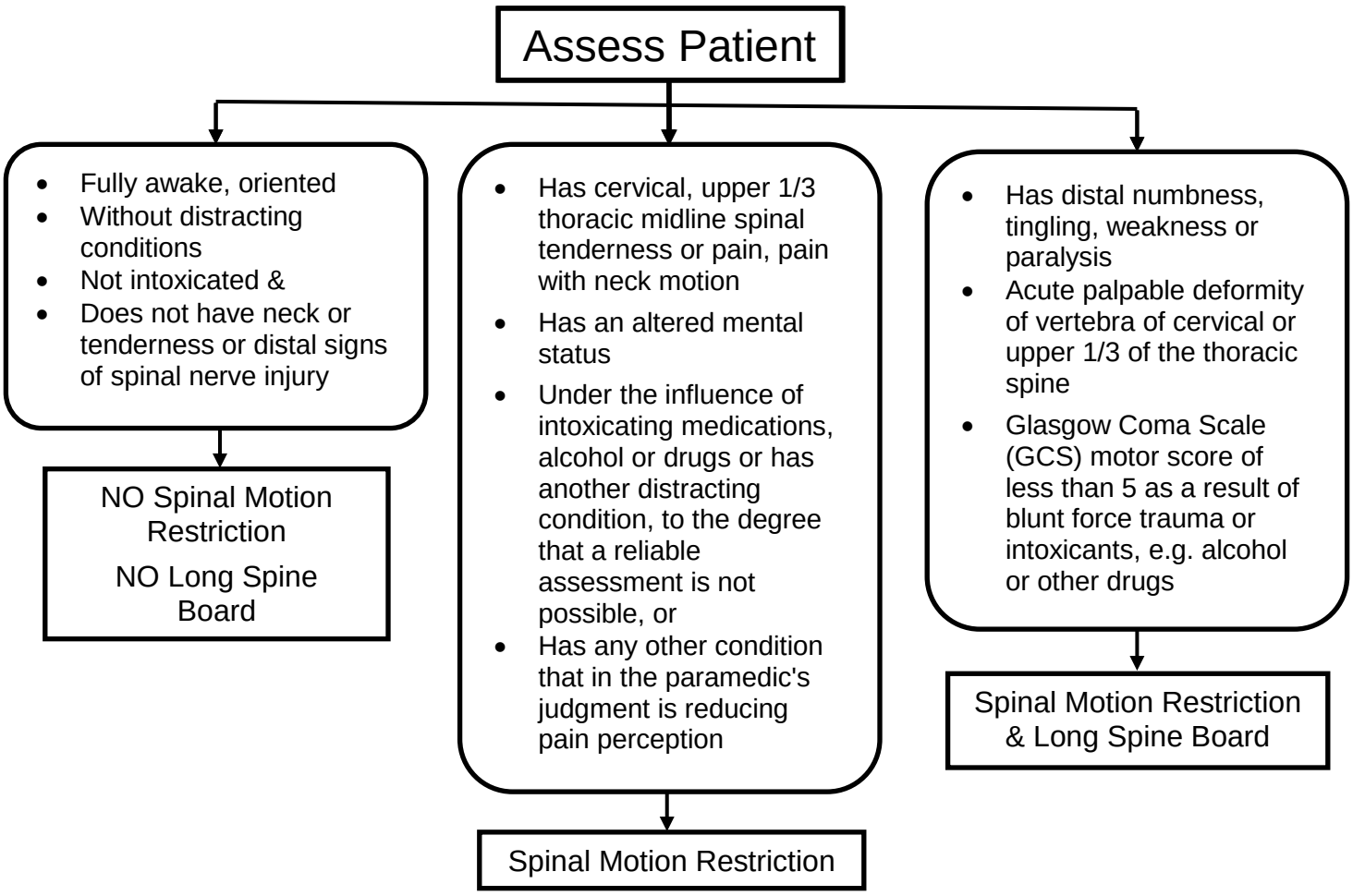
Additionally, if a patient meets any of the following conditions the patient shall be immobilized on a LSB:

1. Has distal numbness, tingling, weakness or paralysis.
2. Acute palpable deformity of vertebra of cervical or upper 1/3 of the thoracic spine.
3. Glasgow Coma Scale (GCS) motor score of less than 5 as a result of blunt force trauma or intoxicants, e.g. alcohol or other drugs.
4. Unconscious blunt-force trauma patient.

When a patient meeting the condition(s) requiring immobilization on LSB, the following shall be performed:

1. Placement of an appropriately sized rigid cervical collar.
2. Place patient on LSB using a method that limits the movement of the cervical and upper 1/3 thoracic spine (may include allowing the patient to self-extricate).
3. Straps are to be applied to limit the movement of the patient’s trunk and lower extremities.
4. Apply towel rolls or approved commercially available device to limit lateral movement of the head.

For fully awake, oriented patients without other distracting conditions, who are not under the influence of intoxicants and that do not have a neck or upper thoracic spinal pain or tenderness or distal signs of spinal nerve injury (e.g. tingling), SMR and immobilization on LSB are not indicated and should not be done as a matter of routine treatment.




The Kendrick's Extrication Device (KED) may be used if the standard LSB is unavailable or if doing so is in the best interest of the patient (i.e., patient needs to sit upright due to dyspnea, anxiety…). If standard SMR or LSB does not adequately restrict motion or increases distress in the patient, modification of SMR or LSB is permissible (i.e., omit application of rigid c-collar, use of head roll, patient is fighting the equipment to a degree that may cause or increase injuries…). All deviations from standard SMR or LSB shall be clearly documented on the patient care report; including reasons for deviation.

Paramedics may discontinue SMR or LSB initiated by basic life support or first response personnel, if in the opinion of the paramedic, SMR or LSB is not warranted. The paramedic is required to document on the patient care record each instance of discontinuing SMR or LSB.