Spinal Motion Restriction

While maintaining manual stabilization of the head and neck, ask the patient:
Does your neck hurt?

No

Palpate posterior cervical spine from C7 to C1 while asking:
Does this cause you any pain?

No

Have patient slowly move head from chin to chest, backward, then side to side while asking:
Does movement cause you any pain or tingling?

No

Palpate remainder of the spine along the midline while asking
Does this cause you any pain?

No

Yes

Restrict motion of the patient’s spine

Yes

Spinal Motion Restriction is not Indicated
Frequently Asked Questions about Spinal Motion Restriction

**Question 1:** A negative finding in assessment steps A, B, and C clinically clear the cervical spine. However, the policy goes on to say that if there is midpoint back pain, I can transport on a backboard without a cervical collar. Can I place a cervical collar on the patient (because of a yes response to neck pain) but transport the patient on the stretcher without the backboard because there is no midpoint back pain?

**Dr. Isaacs’ Response:** If an awake and alert patient needs cervical spine precautions but does not have back pain and medics do not need the back board for ease of extrication and movement, then I am OK without a backboard. I believe the majority of patients who get c-spined will still get back boarded but it should not be REQUIRED for the awake and alert patient who gets c-spined but clearly denies back pain, neuro symptoms, or deficits.

**Question 2:** After I complete my assessment and implement the Spinal Motion Restriction Policy, what are my options for utilizing spinal motion restriction equipment?

**Dr. Salazar’s Response:** Your complete assessment will lead you to one of four conclusions:

- The patient needs full spinal motion restriction procedures (collar, backboard, head blocks, and straps).
- The patient needs a cervical collar only (because of the presence of neck pain but the absence of back pain).
- The patient needs a backboard only (because of the presence of back pain and the absence of neck pain).
- The patient does not need any spinal motion restriction equipment.

**Question 3:** Following a mechanism of injury, is it possible for an asymptomatic patient to have a significant spinal injury?

**Dr. Salazar’s Response:** There are many safeguards built into the policy, which are listed as indications for immobilization. For example, if the patient has any alteration of consciousness at the time of evaluation or is under the influence of drugs or alcohol, the results of the physical examination can be unreliable. This includes reports of patient unconsciousness prior to your arrival. It may be difficult to perform an accurate physical exam when a significant language or communication barrier exists between EMS personnel and the patient. The presence of a distracting injury may prevent the patient from recognizing pain or tenderness in the neck or spine. However, in the absence of any of the indications for immobilization, the chances of the patient having a significant spinal injury are so remote as to be practically nonexistent.

**Question 4:** If I follow the new policy and the patient actually does have a spinal injury, am I going to be held responsible, e.g., get into trouble?

**Dr. Salazar’s Response:** Short answer: No. However, paramedics must not take any shortcuts in implementing the policy. Paramedics MUST complete the assessment in its entirety AND MUST document that assessment. An example of that documentation might be:
The 34 year-old patient was involved in a motor vehicle collision. (Provide a brief description of the damage.) There was no report by patient, bystander or witness of loss of consciousness prior to our arrival. The patient is conscious and alert at the time of the evaluation. There is no significant language or communication barrier. There is no evidence of inadequate systemic perfusion or distracting injuries. The patient denies numbness, tingling, weakness or paralysis of any extremity and recent drug or alcohol use. The patient denies neck pain. Palpation of the cervical spine does not produce pain or discomfort. Flexion, extension, and lateral movement of the head and neck does not produce pain, discomfort, or paresthesia. Cervical spine clinically cleared.

**Question 5:** Will EMTs be allowed to clinically clear the cervical spine?

**Dr. Salazar’s Response:** No. Only paramedics authorized to provide patient care in the BioTel system are allowed to use the policy to clinically clear a patient's cervical spine.

**Question 6:** Should we be withholding pain medication from a patient with a mechanism of injury and a complaint of neck or back pain? I don't want the medication to interfere with the hospital's assessment.

**Dr. Salazar's Response:** Do not withhold pain medication from a patient with neck or back pain simply because you think it will interfere with the emergency department evaluation. The modern ED can adequately assess trauma patients who received a prehospital analgesic. In fact, the modern ED can even adequately assess trauma patients who are unconscious.