

SPINAL MOTION RESTRICTION PROTOCOL

Use this Administrative Order on patients involved in a trauma mechanism

Use SMR

Patients with potential mechanism for unstable spine injury and any of the following:

High Risk Indicators:

Mechanism of Injury:

Fall greater than 3 feet
(fall from standing = zero foot fall)
Axial load to the head (diving injury, tackle football, etc)
MVC with speeds greater than 60 MPH
Rollover or ejection from vehicle
ATV, motorcycle, or bicycle collision

- **Midline Cervical Spinal pain or tenderness** – ask the patient while gently palpating
- **Anatomic deformity of spine**
- **Cognitive impairment due to alcohol or drugs/Altered LOC** - can mask spinal pain or tenderness
- **Distracting injury**- associated injury can mask spinal pain or tenderness
- **Age \geq 65 with Head or Neck Impact**
- **Neurologic complaint/finding** – Motor, Sensory deficit(s)
- **Unreliable Patient interactions**
Language barriers;
inability to communicate
Lack of cooperation during exam

SMR May be Omitted

No high risk indicators present and:

- **GCS = 15**
- **Low-risk Characteristics/Mechanisms**
Simple rear-end collision
Ambulatory on scene at any time
No neck pain on scene
No midline cervical tenderness
- **No Anatomic Deformity of spine or Midline Cervical Spinal pain or tenderness**
- **No neurologic deficit**
- **No distracting injuries**
- **Reliable patient interaction**

These patients can be transported in position of comfort WITHOUT C-Collar

Note: Patients with penetrating trauma, not involving the spine, DO NOT require SMR

SMR = Application of correctly sized C-Collar and patient placed in neutral midline position, flat on gurney or in low-fowler's position (max of 30 degrees)
Remind patients not to move head or neck

Check CMS before & after placing patient on gurney and again upon arrival at hospital

PATIENTS ARE NOT TO BE IMMOBILIZED TO LSB