

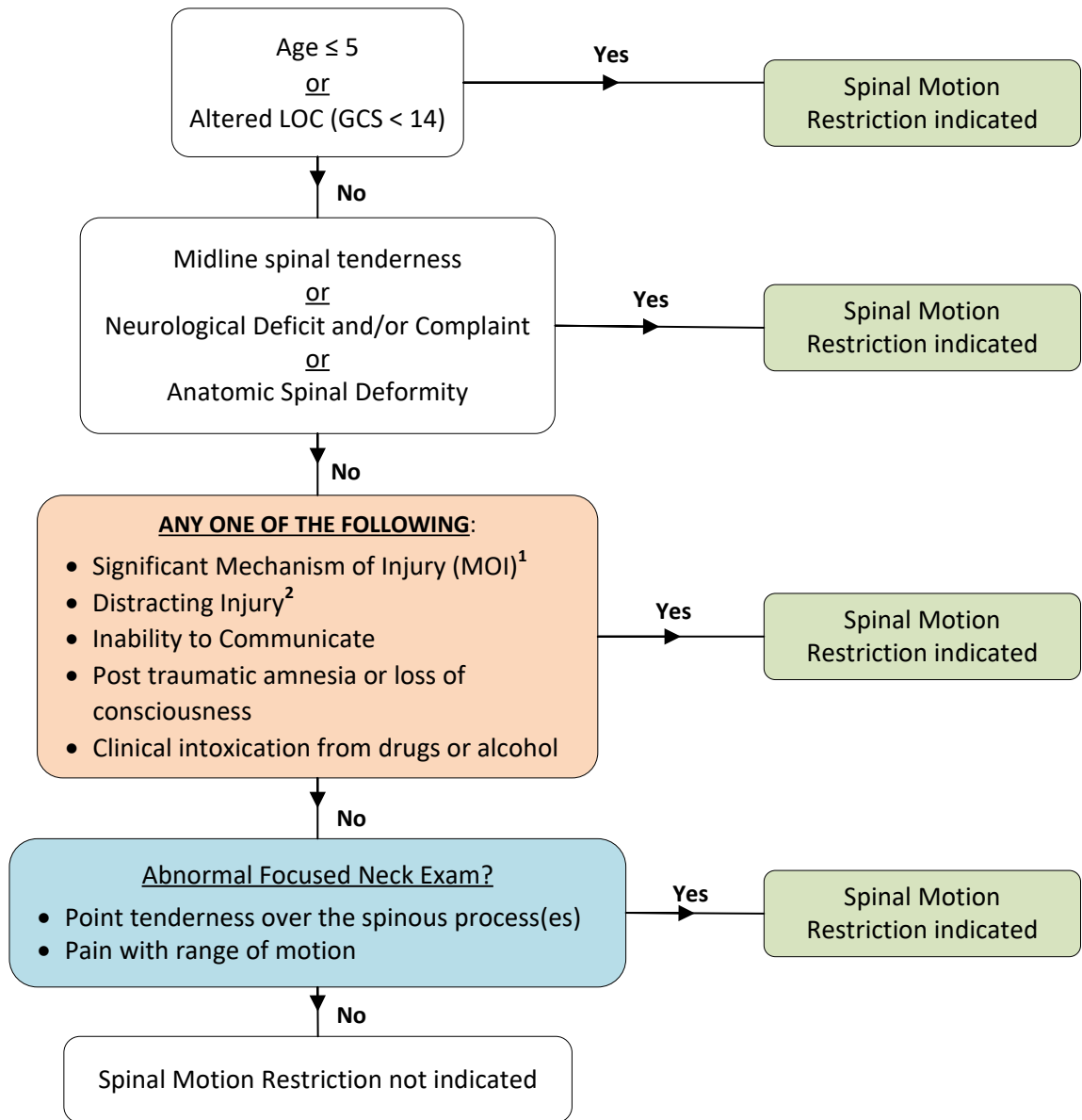
Spinal Motion Restriction (SMR)

This protocol is for blunt trauma only. Penetrating trauma with no evidence of spinal injury does not require SMR.
Always perform Routine Trauma Care first.

The critical component of Spinal Motion Restriction is use of a cervical collar.

The remainder of the head/neck/torso should be kept in alignment with a long spine board, scoop stretcher, Reeves® stretcher, vacuum splint, ambulance cot, or other similar device.

If unsure whether SMR is indicated, always make the determination to protect the patient



- **A long spinal board should be used for extrication only (not transport) unless the clinical situation warrants it.** Examples include an unconscious patient, immobilization of multiple extremity injuries, or providing a firm surface for chest compressions. In these situations, long boards should ideally be padded to minimize patient discomfort and secondary injury from ischemic pressure to the skin. Remove patient from the long board as soon as it is practical.
- **Patients that are ambulatory upon arrival do NOT require full immobilization for transport. They may be secured on the stretcher with cervical collar and straps.**
- **The preferred position for patients with spine management is flat and supine; however, providers may place patient in reverse Trendelenburg or elevate HOB up to 30° if necessary.** Indications for this include but are not limited to (1) respiratory distress, (2) suspected head trauma, and (3) promotion of patient compliance.

¹ Significant MOI: determined by provider's clinical judgement. Examples include, but are not limited to, (a) fall >10ft, (b) high speed MVC/rollover/ejection, (c) bicycle/ATV/motorcycle collision, and (d) axial load injury (ex. diving, helmet-to-helmet contact).

² Distracting Injury – "a condition thought by the clinician to be producing pain sufficient to distract a second (neck) injury" or "injuries [...] so severely painful that the neck exam is unreliable." Remember, if you are using the **Traumatic Pain Management** protocol, the patient may have a distracting injury.