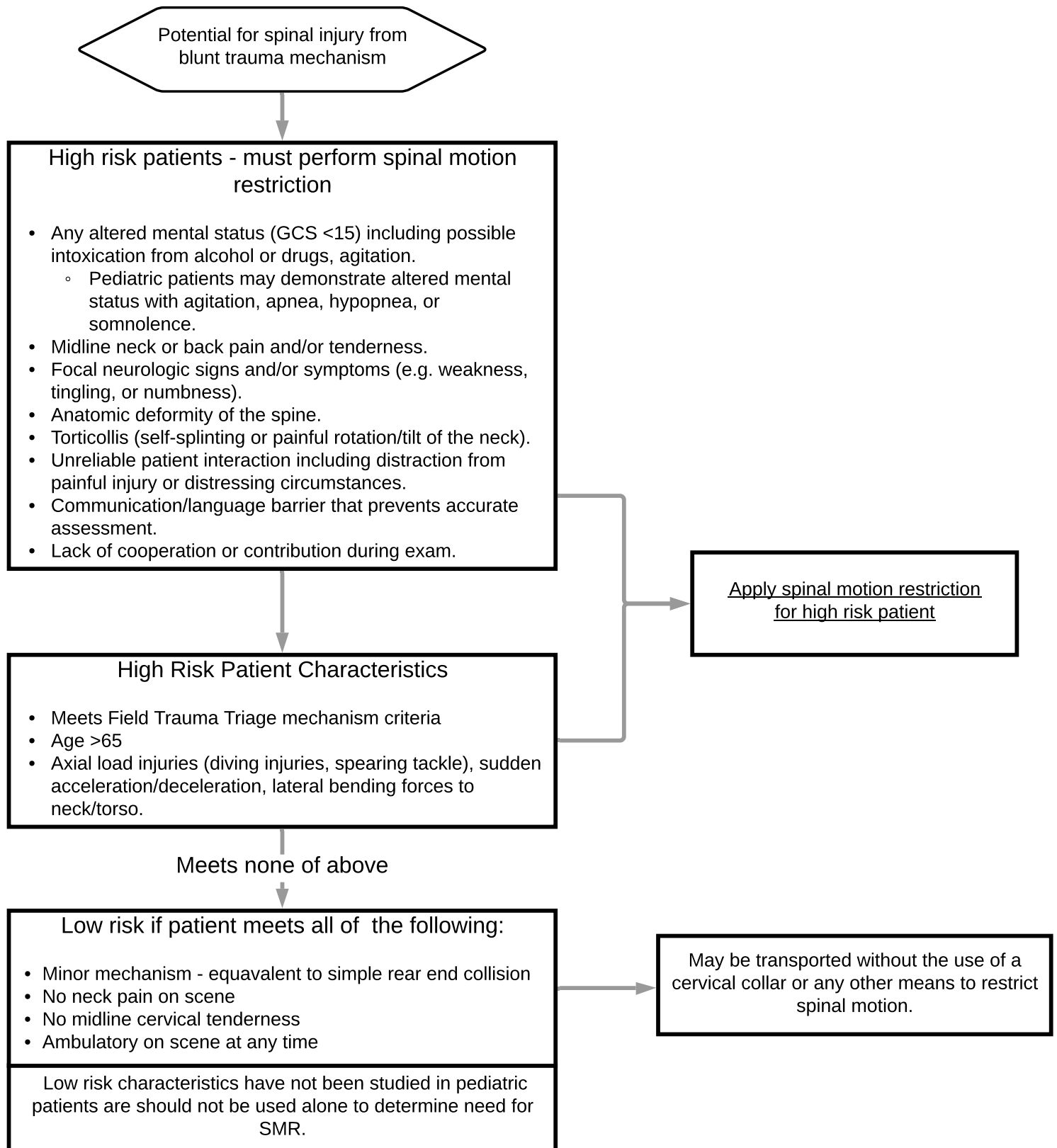


Spinal Motion Restriction Procedure



Education/Pearls

Spinal Motion Restriction (SMR) aims to reduce movement in a patient's spine, thereby preventing injury to a potentially unstable spine or injury to the spinal cord. SMR is defined as placement of a cervical collar and its accompanying stabilizing maneuvers. These include securing the patient FLAT to stretcher unless anatomy prevents, minimizing movement and transfers, and maintainin in-line spine stabilization during any necessary movement and transfers.

- SMR cannot be safely performed with a patient in a sitting position.
- Patients who meet any high-risk criteria require SMR but do NOT require the use of a long spine board.
 - SMR may be achieved by use of a scoop stretcher, vacuum splint, or ambulance stretcher with the patient safely secured.
 - LSB should be reserved for extrication. Effort should be mae to remove the patient form this form of rigid device as soon as possible.
 - These patients should not be transported in the sitting position.
- If elevation of the head is required, maintain alignment of the neck and torso while elevating the head. Consider Reverse Trendelenburg, if stretcher allows.

Pediatrics:

- Low risk characteristics have not been studied in pediatric patients and should not be used alone to determine need for SMR.
- Children may require additional padding under the shoulders to avoid excessive cervical spine flexion with SMR.