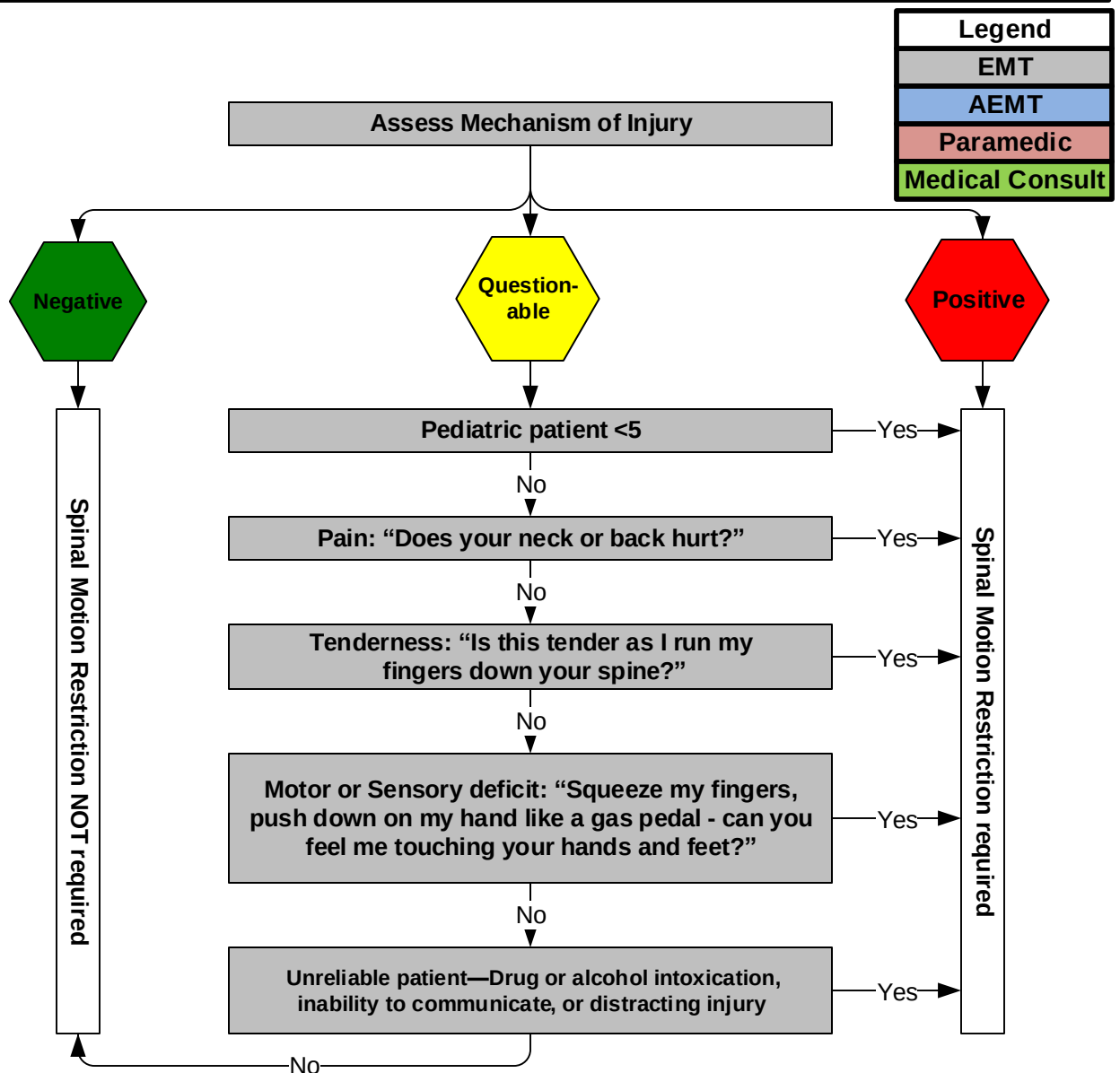


SPINAL MOTION RESTRICTION



Pearls:

- **Positive Indications** include but are not limited to:
 1. Falls >10 feet (Adult and Pediatrics)
 2. High-risk auto crash
 - Intrusion, including roof: >12 inches occupant site; >18 inches any site
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
 - Pediatrics unrestrained or in an unsecured child safety seat
 3. Auto vs. pedestrian/bicyclist/ATV thrown, run over or with significant (>20 mph) impact
 4. Motorcycle crash >20 mph
 5. Skull fracture or depression
 6. Blast or explosion injury
 7. Unresponsiveness due to trauma
- **Negative Indications:** GSW to foot, tibial fracture from stepping in pothole, industrial trauma to hand, etc.
- **Questionable Indications:** Minor MVC, falls < 10 feet, elderly person falls, trauma to clavicle or above, helmet to spine tackle, etc.
- Unreliable patients include acute stress reaction, brain injury, alcohol or drug intoxication, altered mental status, distracting injury, or communication barrier. These patients may not be able to accurately report signs/symptoms.
- Distracting injury produces a level of pain that would "mask" the pain from a spinal injury. Because pain severity is subjective, the medic must use clinical judgment to determine if a minor injury is distracting.
- Patients refusing spinal motion restriction: explain the risks of refusing this procedure and complete the "Patient Refused Treatment/Transport Signature" within the ePCR or an Against Medical Advice form prior to transport.
- Support your decision to forego spinal motion restriction by documenting pertinent information in the ePCR.
- See the **SPINAL MOTION RESTRICTION Procedure** for application.