

Spinal Motion Restriction (SMR)

SMR should be considered for high risk trauma patients whose injuries/complaints may indicate spinal cord damage:

- High energy blunt trauma (i.e. Step 3 Trauma Criteria)
- Axial spine loading
- High-risk age group < 5 and ≥ 65 years old with trauma
- Complaint of paralysis/ numbness/ tingling in extremities associated with trauma

Apply manual stabilization until exam completed

Reliable Patient?

- Cooperative during exam
- A/O X4 or GCS normal for patient
- Not impaired by alcohol/drugs
- No language barriers/inability to communicate
- No distracting injuries that preclude a reliable exam

NOT Reliable

Reliable Pt.

Spinal Pain/Tenderness/Deformity with Palpation?

- < 65 years old with midline spine pain
- ≥ 65 years old with any spinal pain
- Anatomic deformity of spine

YES Present

No Pain or Deformity

Normal Motor and Sensory Exam?

- Wrist/hand extension bilaterally
- Foot plantarflexion and dorsiflexion bilaterally
- Sensation in extremities
- No Pain/weakness/paresthesia with self-initiated movement (FINAL EXAM STEP)

ABNORMAL

Normal Exam

SMR Not Indicated

With any doubt consult Base Hospital

SMR Indicated

Apply C-Collar and secure patient for transport to minimize flexion, extension, rotation, or torsion

- Patients with isolated thoracic/lumbar pain or deformity do NOT require a C-Collar