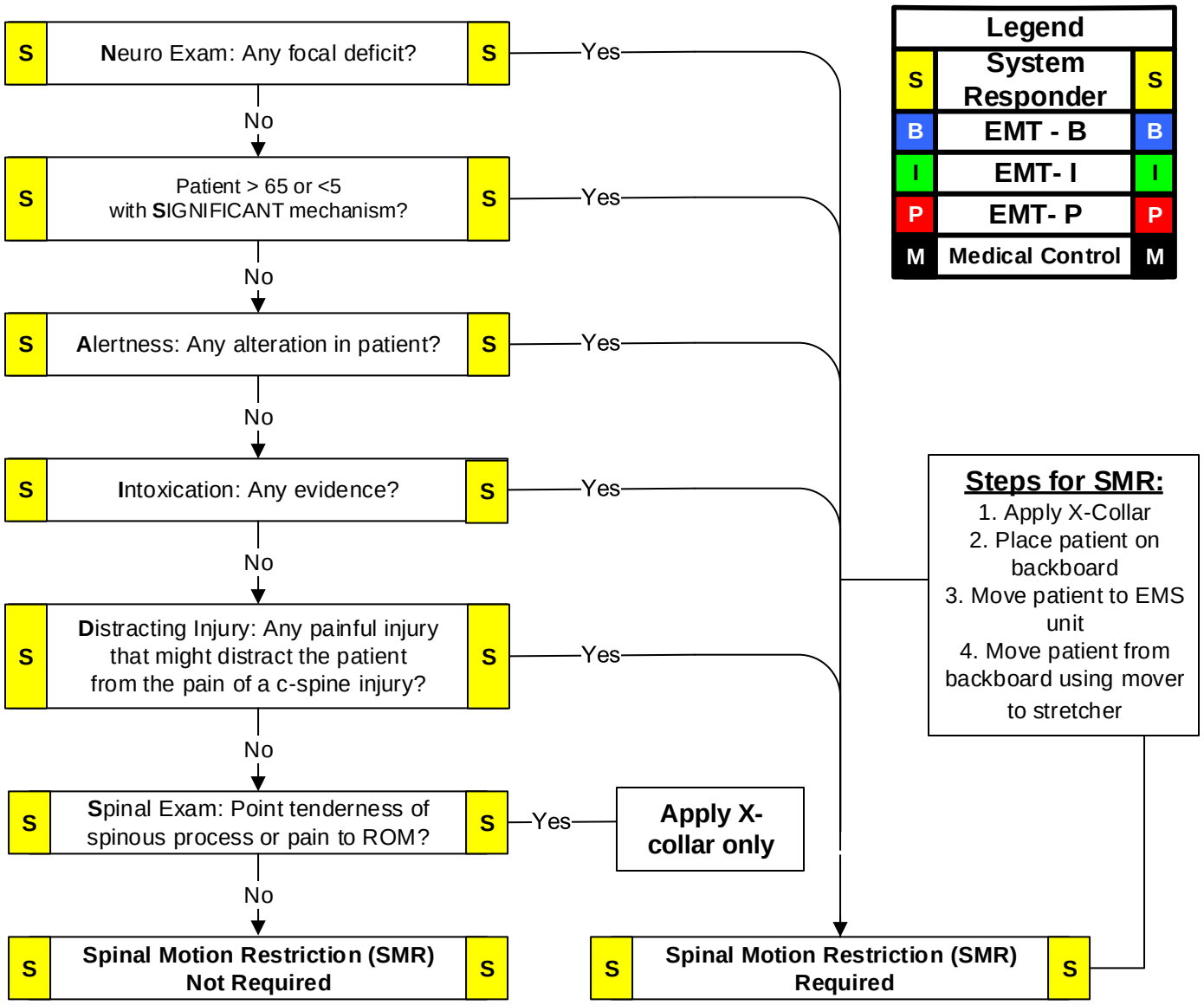
Spinal Motion Restriction (SMR)



Pearls:

- **Use caution in any patient with arthritis, cancer, or other underlying disease.**
- Significant mechanism includes high-energy events such as ejection, high falls, and abrupt deceleration crashes and may indicate the need for spinal immobilization in the absence of symptoms.
- Range of motion must NOT be assessed if patient has midline spinal tenderness. Patient's range of motion must not be assisted. The patient must be able to touch their chin to their chest, extend their neck (look up), and turn their head from side to side (shoulder to shoulder) without spinous process pain.
- The acronym "**NSAIDS**" should be used to remember the steps in this protocol.
- "**N**" = Neurological exam. Look for focal deficits such as tingling, reduced strength, on numbness in an extremity.
- "**S**" = Significant mechanism in extremes of age.
- "**A**" = Alertness. Is patient oriented to person, place, time, and situation? Any change to alertness with this incident?
- "**I**" = Intoxication. Is there any indication that the person is intoxicated (impaired decision making ability)?
- "**D**" = Distracting injury. Is there any other injury which is capable of producing significant pain in this patient?
- "**S**" = Spinal exam. Look for point tenderness in any spinous process or spinous process tenderness with range of motion.
- The decision to NOT implement spinal immobilization in a patient is the responsibility of all providers.
- In very old and very young patients, a normal exam may not be sufficient to rule out spinal injury.
- If the Provider or First Responder has a concern for spinal cord injury not addressed by these criteria; FRO members or Poviders may apply SMR at their discretion.
- If patient has a penetrating injury and does not affect spine, there is no motor/sensory deficit-Transport without SMR