"The New Paradigm is Cervical Splinting"

-Dr. Raymond Fowler
MD, FACEP
Dallas Area BioTel (EMS) System

"Where the future of cervical immobilization is headed"

-Bryan Bledsoe
DO, FACEP, EMT-P
University of Nevada
School of Medicine

Cervical Splinting (CS)

A New Paradigm in Cervical Spine Management

Improving Patient Care - What Needs To Be Done

The emergency medical and scientific communities have identified several problems with conventional cervical spine management protocols, devices, and methods currently used.[1-4] These must be addressed to ensure that the best patient outcomes are obtained.

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X COLLAR Plus
THE CERVICAL SPLINT

C-Spine Management

It is estimated that up to 25% of all spinal cord injuries occur after the **initial trauma.** (5-10*)

40% of these injuries result in **neurological deficit.** (5-10*)

Currently known problems with conventional cervical spine procedures and devices include:

Cervical spine distraction (11-16*)

Improper patient stabilization (11, 18*)

Difficulty breathing (19- 21*)

Skin sores and discomfort (22, 23*)

The practice of **Cervical Splinting** (CS) is replacing conventional cervical spine management procedures at an unprecedented rate.

Please see chart below for proper patient cervical spine assessment procedure with an example CS device.

- Cervical Splinting devices are designed to secure the patient's cervical spinal region on areas above C1 and below C7; anchoring on both two points anterior and two points posterior.
- Cervical Splinting (CS) technology enables EMS personnel to customize the splinting system to the patient, thus avoiding sizing approximation and providing the highest degree of patient stabilization and safety.
- CS methods and systems provide the ability to stabilize the patient in the "position found", which up until now was only possible using improvisation, additional manpower, time, and equipment.

Cervical Splinting Capabilities

- Improves quality of patient care while saving both time and resources.
- Fully integrates with back boards.
- Eliminates the need for Head Blocks, towels, and tape, etc.
- Customizable on adult and pediatric patients of almost every possible size (from approx 25 lbs. to over 360 lbs.).

"Truly a milestone in the evolution of cervical spine care"

-**Mike Smith,** BS, MICP
EMS Magazine

What We Can Do - Being Prepared For CS In Your Area

We highly encourage emergency providers and hospitals to investigate this topic further both for an educational purpose and to better the quality of patient care. Together, we can make a difference in how cervical spine procedures are performed in our areas; to positively affect the standard of patient care, as well as elevate the morale of EMS providers performing these procedures.

Please visit www.training.xcollar.com for training and educational videos

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X COLLAR Plus

REFERENCE CHART

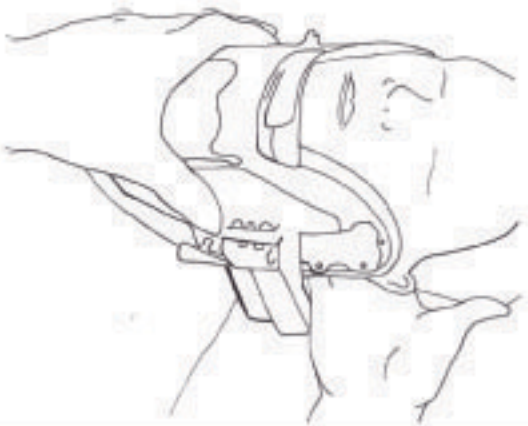
Assessing C-Spine with the "XCollar" in Place

Stabilize the front of the XCollar during the following steps:

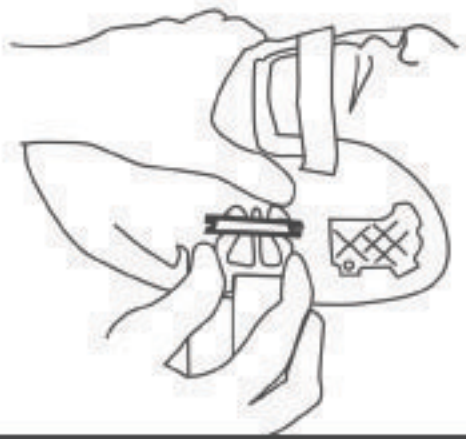
① Detach Blue & Yellow XStraps

② Loosen the Buckle Side Strap

③ Slide hand between C-Spine area & XCollar as needed to assess patient



④ Removal: apply even pressure on both sides of the buckle to release



To Re-Apply: use "Opposing Forces" to tighten side strap and secure XStraps

The XCollar is MRI, X-Ray, and CAT scan compatible.

For research, publications, articles, and videos please visit www.training.xcollar.com or contact us at phone: (805) 684-6568

Cervical Splinting Fact Sheet References - 2012

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