





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. Long spine boards do not immobilize the spine and may actually cause increased spinal movement due to patient discomfort. They should not be used to immobilize the spine, but may be used to extricate or move a patient.
 - 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 made to remove the patient from 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.

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.