POLICY: 554.80
TITLE: Selective Spinal Movement Restriction

EFFECTIVE: 5/1/26
REVIEW: 5/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

Selective Spinal Movement Restriction (SSMR)

I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE
To serve as a patient treatment standard for EMTs, AEMTs and Paramedics within their scope of practice.

III. PROTOCOL
The term Selective Spinal Movement Restriction (SSMR) describes the process to care for patients with possible unstable spinal injuries. The purpose of SSMR is to: reduce gross movement of the patient, prevent duplication of the damaging mechanism to the spine and regular reassessment of motor/sensory function.

IV. DEFINITIONS:

A. **Focused Spine Assessment** means an exam that utilizes mechanism(s) of injury, external factors, and specific physical exam findings to rule out spinal injury.

B. **Full-Spinal Immobilization** means an application of cervical/thoracic splint-collar and patient placed on either a vacuum splint (preferred) or on a padded backboard or equivalent with body securely immobilized with straps.

C. **Spinal Motion Restriction (SMR)** means application of cervical/thoracic splint-collar and patient placed in a position of comfort on the gurney with normal seat belt straps applied.

V. POLICY

A. Any patient with a suspicion of spinal injury should be immobilized by prehospital personnel in either SMR or full-spinal immobilization, as is indicated

B. A good clinical history and exam can limit the need for immobilization to the group of patients more likely to have an injury.

C. Patients who sustain a significant blunt mechanism of injury and who are unable to provide a reliable history and exam require SMR.

D. Penetrating trauma patients benefit most from rapid assessment and transport to a trauma center without SMR.

E. Vehicle accident patients may self-extricate whenever possible. Application of a cervical/thoracic splint should be applied before extrication.

F. ALS ONLY: For situations where a patient has already been placed in spinal precautions prior to the arrival of paramedics: these patients may be either placed in SMR or cleared following a full spinal assessment, including a focused spinal exam.

A. SMR or full spinal immobilization SHALL occur if any of the following are present:

1. Obvious, gross neurologic deficit to the extremities.

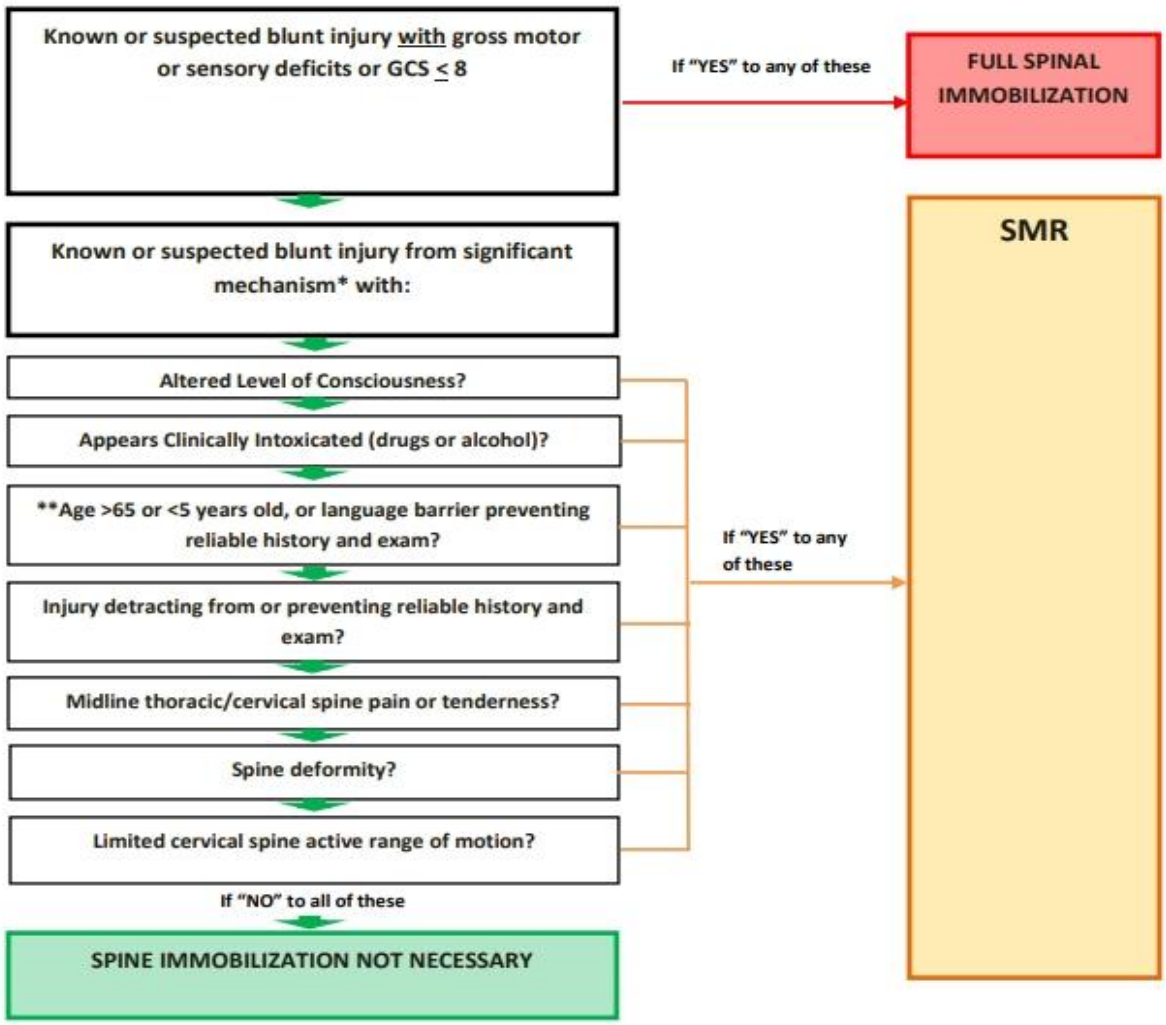
2. Significant secondary blunt mechanism of injury (e.g., fall from height, unrestrained MVC).

3. Priapism

4. Neurogenic shock

5. Anatomic deformity to the spine secondary to injury

FOCUSED SPINE ASSESSMENT ALGORITHM:



*Significant mechanism includes high-energy events such as ejection, high falls, axial loading, and abrupt deceleration crashes and may indicate the need for spinal immobilization.

**High risk populations (<5 or > 65 years old) should be immobilized (with SMR) even in low energy mechanisms.

Consider SMR in any patient with arthritis, cancer, dialysis or other underlying spinal or bone disease.

Any patient may be immobilized based on paramedic discretion.

Document the neurologic/CSM status of the patient before and after SMR or spinal immobilization on the PCR.

Transport according to protocol