MOUNTAIN-VALLEY EMS AGENCY POLICIES AND PROCEDURES

III.

PROTOCOL:

POLICY: 554.80

TITLE: SELECTIVE SPINAL

MOVEMENT RESTRICTION

APPROVED: SIGNATURE ON FILE IN EMS OFFICE

Executive Director

Medical Director

SIGNATURE ON FILE IN EMS OFFICE

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MVEMSA Policy # 554.80

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.

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.

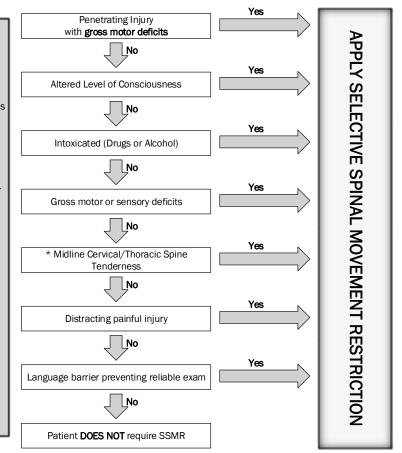
Selective Spinal Movement Restriction (SSMR) Algorithm

Criteria for Selective Spinal Movement Restriction (any one)

- Midline thoracic or cervical spinal tenderness on palpation
- · Altered level of consciousness
- Suspected drug/alcohol intoxication
- Abnormal neurologic finding (paresthesias, weakness, paralysis)
- Distracting injury (ie: blunt thoracic trauma or long bone fracture)
- Inability to effectively communicate (language barrier)

PEARLS

- A rigid cervical collar should not be placed or shall be removed if the
- collar creates airway compromise
- 2. appropriate sized collar is unavailable
 - 3. collar increases pain
- 4. patient's anatomy precludes fitting a collar (ie: severe curvature of the spine)
- 5. patient is combative and fighting application of the collar
- Patients already immobilized should remain immobilized.
- Patients with penetrating injuries do not require SSMR unless they meet specific criteria in the algorithm
- Long spine boards (LSB) should be avoided in ambulatory patients
- Elderly or kyphotic individuals requiring SSMR may require vacuum immobilization devices
- SSMR does not take precedence over airway or cardiovascular stabilization
- Leave helmets and shoulder pads in place unless they interfere with resuscitation



*Ambulatory patients and those that can self-extricate, are cooperative, can follow instructions and who have only midline cervical or thoracic pain may be placed in a rigid collar and secured to the ambulance cot (no LSB necessary)