



FAEMSMD



**Florida Association of
EMS Medical Directors**

***Position Paper on Spinal Immobilization
by the Florida Association of EMS Medical Directors***

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Whereas, there are no definitive clinical studies that support the beneficial use of spinal immobilization and,

Whereas, there are multiple clinical studies that conclusively determine that back boards and the supine position can cause harm and,

Whereas, there are multiple clinical studies that suggest that carefully applied C-collars can be detrimental and,

Whereas, common sense dictates that flat spine boards are not anatomically correct and will cause some movement of the spine and,

Whereas, common sense dictates that, unless we find the patient laying flat on the ground of standing straight upright we cause motion in the spine with any type of restriction and transport and

Whereas, it is known that combative/uncooperative patients are not truly immobilized, just restricted in motion and,

Whereas, it is known that cooperative patients restrict their own movement secondary to pain and,

Whereas, it is highly unlikely and perhaps unheard of for a cooperative patient to worsen a spinal injury when self restricted or minimally restricted, and

Whereas, the treatment of patients with multiple injuries and/or unconscious patients may be simplified by using spine boards, and.

Whereas, the current traditional spinal immobilization is driven by a perceived yet not scientific and even ill-advised Standard of Care.

We, the Florida Association of EMS Medical directors take the firm position that, although traditional spinal immobilization may be useful with some trauma patients, it is not necessary in all trauma patients and should no longer be considered the Standard of Care for all trauma patients, regardless of age. This position does recognize the individuality and unpredictable nature of all patients with special consideration given to the extremes of age and those with debilitating conditions.

Furthermore, this group of experts will work diligently to provide practical guidelines for individuality, spinal restriction and/or patient immobilization in order to begin an improvement process through the education of re-hospital and in-hospital Emergency Medicine providers.