



SELECTIVE SPINAL MOVEMENT RESTRICTION (SSMR)

ADULT

PEDIATRIC

BLS Procedures

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.

Criteria for Selective Spinal Movement Restriction (anyone)

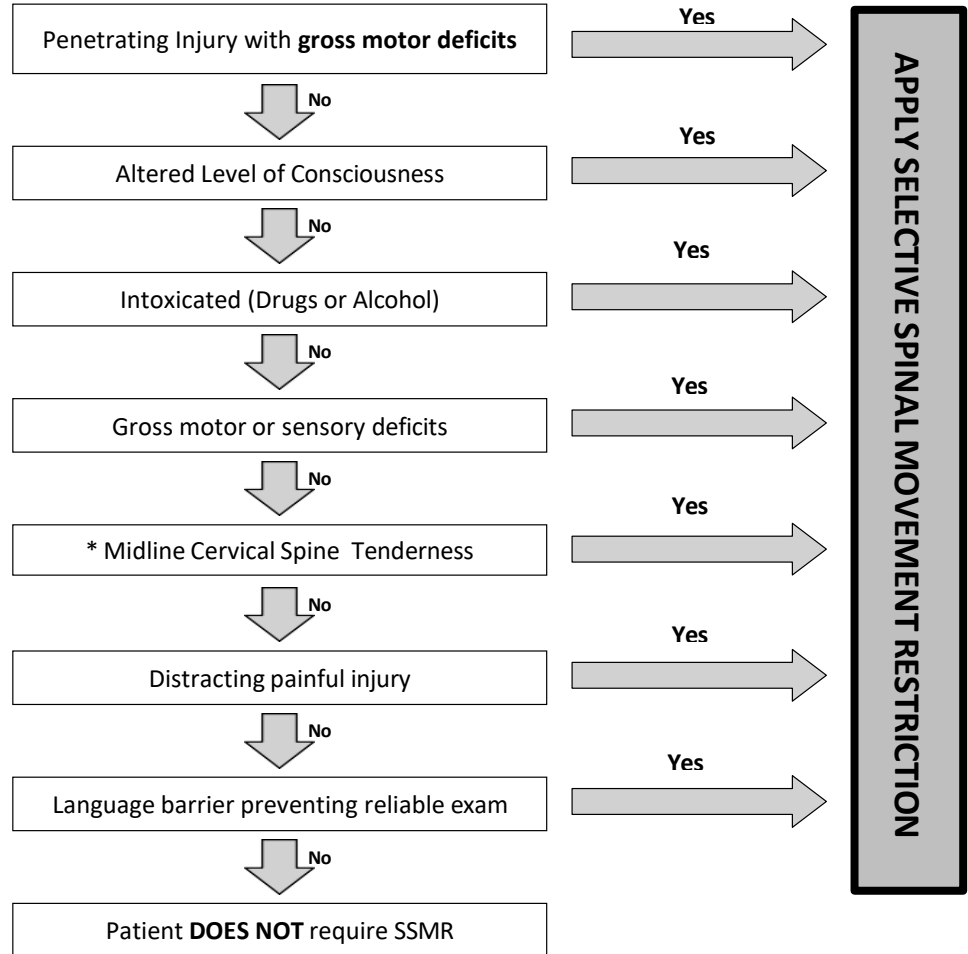
- Midline cervical spinal tenderness on palpation
- Altered level of consciousness
- Suspected drug/alcohol intoxication
- Abnormal neurologic finding (paresthesia, weakness, paralysis)
- Distracting injury (i.e.: blunt thoracic trauma or long bone fracture)
- Inability to effectively communicate (language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

PEARLS

A rigid cervical collar **should not be placed or shall be removed** if the: collar creates airway compromise appropriately sized collar is unavailable collar increases pain. patient’s anatomy precludes fitting a collar (i.e.: severe curvature of the spine) 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 pain may be placed in a rigid collar and secured to the ambulance cot (no LSB necessary)

Special Considerations

Base Hospital Orders Only