



TURTLENECKS WERE SEXY IN THE 70S...

Ritu Sahni, MD, MPH

Lake Oswego Fire Department

Clackamas County EMS

Washington County EMS

Providence Portland Medical Center



WHERE HAVE WE BEEN?



WHAT DID WE LEARN?

- EMS professionals can do physical exam
- The backboard can cause harm
- The backboard doesn't really help

WHERE ARE WE NOW?

- Backboards on fire!



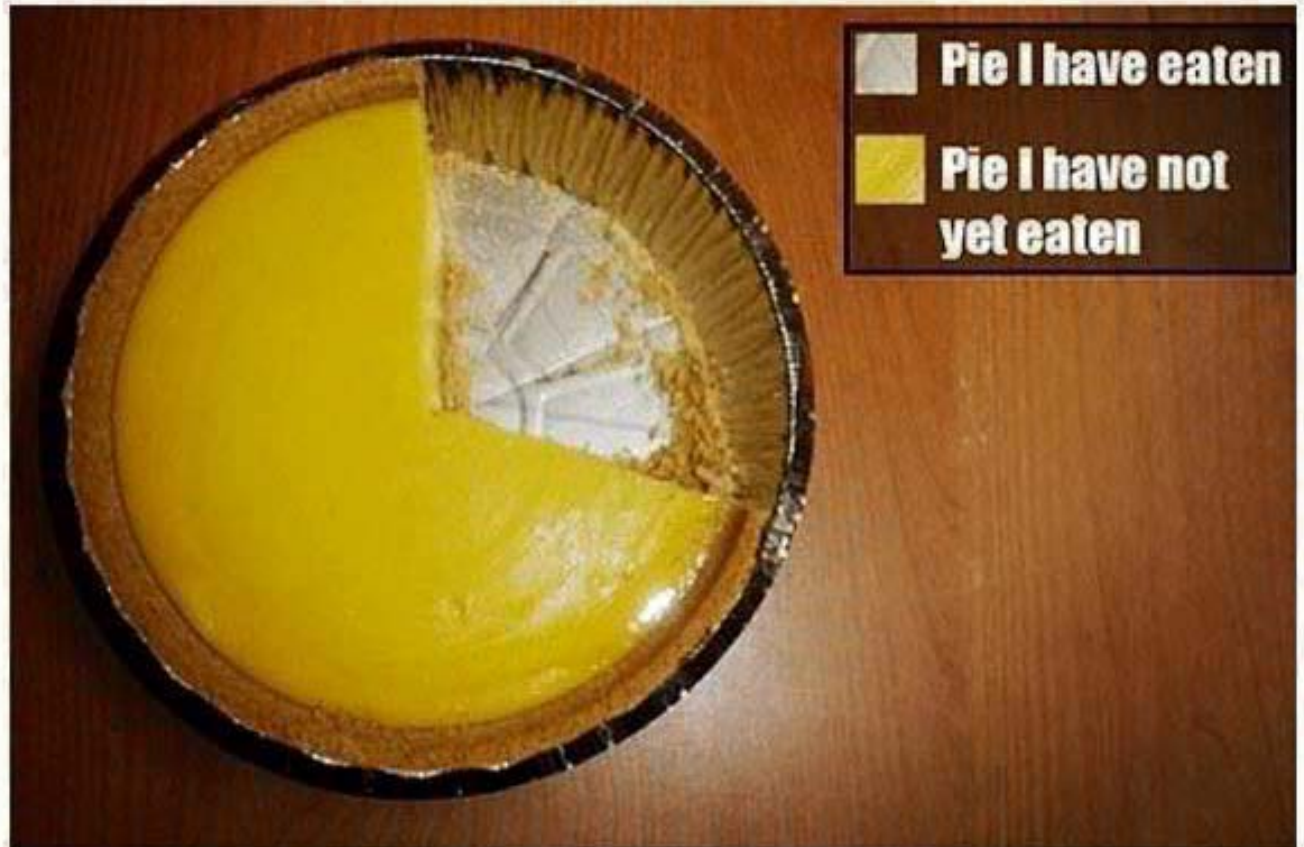


EVIDENCE DRIVEN APPROACH

- Here is a list of all RCTs involving spinal immobilization

MOST ACCURATE
DATA I HAVE EVER
SEEN...

Pie Chart



SO WHAT ABOUT THESE...?



Prehospital Use of Cervical Collars in Trauma Patients: A Critical Review

Terje Sundstrøm,^{1–3} Helge Asbjørnsen,^{4,5} Samer Habiba,³ Geir Arne Sunde,^{4–6} and Knut Wester^{2,3}

Abstract

The cervical collar has been routinely used for trauma patients for more than 30 years and is a hallmark of state-of-the-art prehospital trauma care. However, the existing evidence for this practice is limited: Randomized, controlled trials are largely missing, and there are uncertain effects on mortality, neurological injury, and spinal stability. Even more concerning, there is a growing body of evidence and opinion against the use of collars. It has been argued that collars cause more harm than good, and that we should simply stop using them. In this critical review, we discuss the pros and cons of collar use in trauma patients and reflect on how we can move our clinical practice forward. Conclusively, we propose a safe, effective strategy for prehospital spinal immobilization that does not include routine use of collars.

Key words: cervical collar; cervical injury; cervical spine; prehospital; trauma

WHY DO WE USE THEM?

- To prevent worsening injury
 - Some data reports 3%-25% injuries made worse
 - Ancient studies with poor data collection
 - Number of RCTs about collar = 0

HOW EFFECTIVE ARE THEY?

- Cadaver data shows that collars increase movement
- Make the airway more difficult
- Increase ICP
- Same problems as backboards
 - Pressure ulcers
 - Patient discomfort



SO WHAT' THE ANSWER?

- Unfortunately there is no data to help us figure out the best thing to do.
- Trauma surgeons are still having a hard time letting go of the board – what happens to them if we get rid of the collar?
- Some EMS agencies switching to a softer collar.
 - Same amount of evidence
 - Probably equal at immobilization
 - More comfortable for the patient

PUTTING IT ALL TOGETHER

- We do this out of tradition
- No evidence that it works
- We know that it is harmful
- We have not agreed upon the best alternative...



ANY QUESTIONS, COMMENTS, THOUGHTS?

