

## SPINAL IMMOBILIZATION OF THE SEATED PATIENT

**NOTE:** A short backboard immobilization device should be used on an patient found in a sitting or semi-sitting position with suspected cervical spinal injuries. Exceptions to this are when a patient needs to be rapidly extricated or moved.  
Review the criteria for rapid extrication.

**NOTE:** Any commercially manufactured short backboard device must be used and applied according to the manufacturer's guidelines. All rescuers should fully understand the guidelines and instructions from the manufacture for the device they are using.

- Take appropriate body substance isolation precautions.
- Instruct the patient not to move their head and to hold still.  
Make sure you fully explain the procedure to the patient so they understand what is about to occur.
- Manual inline stabilization  
Have a rescuer position themselves behind the patient and maintain inline stabilization of the cervical spine.
- Assess pulse, motor, sensory  
Assess pulses, motor function, and sensory function in all extremities.
- Apply the appropriately sized cervical collar
- Prepare the short board device for placement  
Assure that the short board device is intact and in working order. Position all strapping so it will not become entangled during application of the device.
- Move patient forward  
If necessary, you may need to move the patient forward slightly to position the device behind him/her. One rescuer should place a hand on the patient's chest and the other hand on the patient's back. At the count of the rescuer holding manual inline stabilization, guide the patient forward only enough to adequately position the device behind the patient.
- Position the short backboard behind the patient  
With the patient sitting forward slightly, slide the short backboard behind the patient and between the arms of the rescuer holding manual inline stabilization.
- Move the patient back against the short backboard  
Once the short backboard is properly positioned behind the patient and all straps are in position move the patient back to the device. This will be completed in the same manner as when you moved the patient forward.

- Secure the patient to the short backboard  
Secure the patient's torso and legs to the short backboard. Have the patient inhale deeply and hold their breath as you tighten the torso straps. This will assure that the straps are not too tight to where they will impede the patient's respirations. Secure the patient's head after the torso and legs are secured. ***Maintain manual inline stabilization until the head is properly secured.*** The patient's head should be in the neutral position. (Some patient's, but not all, will require padding placed between their head and the short backboard so their head is secured in the neutral position.)
- After the immobilization has been completed, reassess all four (4) extremities for distal pulse, motor function and sensory function.
- Immobilize the patient on a long backboard for complete spinal immobilization.

**NOTE:** A short backboard immobilization device is designed to immobilize the cervical spine *only*. A long backboard must be used in conjunction with the short backboard device to completely immobilize the spine of a patient.