

Cervical spine clearance protocols vary considerably

March 24 2014



(HealthDay)—Cervical spine clearance protocols for level-1 trauma centers are highly variable, according to a study published in the March 1 issue of *Spine*.

Alexander A. Theologis, M.D., from the University of California-San Francisco, and colleagues contacted 191 U.S. level-1 trauma centers (response rate, 87 percent) and reviewed all available cervical spine clearance protocols. Four scenarios were evaluated for each protocol: clearing asymptomatic [patients](#); imaging for patients who are not amenable to clinical clearance; management strategies for patients with persistent neck pain and negative computed tomographic (CT) scan; and those who are obtunded.

The researchers found that 57 percent of institutions had cervical spine

clearance protocols. In 89 percent of protocols, the National Emergency X-Radiography Utilization Study criteria were recommended to clear [asymptomatic patients](#). CT scans were used as first-line imaging in 60 percent of protocols. Flexion-extension plain radiographs were the most common (30 percent) next step for clearance in patients with persistent neck pain and negative CT scan. A CT scan followed by magnetic resonance imaging was the most common method (31 percent) of clearance in obtunded patients. Dynamic flexion-extension views were recommended for patients who are obtunded in 8 percent of protocols, despite being contraindicated.

"These protocols are highly variable and standardization and utilization of these protocols should be encouraged in all [trauma centers](#) to prevent missed injuries and neurological catastrophes," the authors write.

Relevant financial activities outside the submitted work were disclosed: board membership, expert testimony, consultant, royalties, patents, and stock options.

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Citation: Cervical spine clearance protocols vary considerably (2014, March 24) retrieved 27 April 2024 from
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