

## Overview of Cervical Collar Traumatic Injury

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### DESCRIPTION

For more than 30 years, the cervical collar has been a standard of care for trauma patients and is a hallmark of state of the art prehospital trauma care. The evidence supporting this approach, however, is limited: There are few randomized, controlled trials, and the consequences on mortality, neurological damage, and spinal stability are unknown. Worse, there is an increasing body of facts and opinion against the usage of collars. Collars, it has been claimed, produce more harm than benefit and that we should simply stop using them. In today's prehospital trauma care, cervical collars are deemed critical. For over years, the approved practice of applying collars to trauma patients has remained substantially unaltered. The American College of Surgeons' Advanced Trauma Life Support (ATLS) standards and the National Association of Emergency Medical Technicians' Prehospital Trauma Life Support (PHTLS) guidelines both include it as a priority procedure (NAEMT).

In several countries, these principles dominate the field of prehospital trauma care. Collars were invented to protect the spinal cord from further injury by immobilizing a potentially unstable spine. Many years have gone since then, and this procedure has become a hallmark of current, cutting edge prehospital treatment. Every year, millions of trauma sufferers are fitted with a collar. There are few Randomized Controlled Trials (RCTs), and the consequences on mortality, neurological damage, and spinal stability are unknown. Furthermore, there is a rising number of facts and opinion against the use of collars, which is arguably more alarming. Improving prehospital care has a significant impact on society and is a high priority research subject. It's still a subjective, complicated feeling with a range of musculoskeletal causes. Cervical collars appear to be a harmless

intervention; however, they can have negative consequences if used for long periods of time. Long periods of immobilization are thought to increase the risk of atrophy related secondary injury. Soft cervical collars are frequently prescribed by convention for patients complaining of neck pain, and many physicians cite anecdotal evidence of their clinical value. Cervical collars are a contentious topic when it comes to treating neck pain.

Improving prehospital care has a significant impact on society and is a high priority research subject. Neck diseases caused by automobiles may be more resistant to treatment. Many patients (79%) have improved ten years after the onset of neck discomfort, but less than half (43%) are pain free, and nearly one third (32%) have persistent, moderate to severe pain. Whiplash injuries are frequently more severe in those who have generalized hypersensitivity to stimuli. Also, people who have more pain and incapacity at the start of their recovery from a whiplash injury will have a worse outcome. Soft cervical collars are the least restrictive, allowing a range of motion that is as close to natural as possible. 76 percent of patients say they've noticed a reduction in pain since starting to use them. Although the collar may help with symptoms, there is little evidence that it will help in the long run. Soft cervical collars are frequently prescribed by convention for patients complaining of neck pain, and many physicians cite anecdotal evidence of their clinical value. Cervical collars appear to be a harmless intervention; however, they can have negative consequences if used for long periods of time. Long periods of immobilization are thought to increase the risk of atrophy related secondary injury. Muscle, bone, capsular, and tedious tissue have all shown atrophy related secondary injury after being immobilized in closed plaster casts.

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