Traumatic Cervical Neck Pain

Module 8

Traumatic Cervical Neck Pain

Traumatic cervical neck pain is defined as the “biological and neurological consequences for the cervical spine and nervous system caused by neck trauma and is a syndrome comprising various symptoms of the motor and nervous system but also mental, neurological, as well as ontological and visual balance dysfunction”. The cervical spine includes the top seven (7) most vertebrae.

If you suspect a back or neck (spinal) injury, **do not move the affected person**. Permanent paralysis and other serious complications can result. Assume a person has a spinal injury if:

- There's evidence of a head injury with an ongoing change in the person's level of consciousness
- The person complains of severe pain in his or her neck or back
- An injury has exerted substantial force on the back or head
- The person complains of weakness, numbness, or paralysis or lacks control of his or her limbs, bladder, or bowels
- The neck or body is twisted or positioned oddly

If you suspect someone has a spinal injury:

1. Stay calm call 911 and Public Safety (650-738-7000)
2. Make sure the scene is safe, and ensure all PPE is donned
3. **Avoid moving the head or neck.** Provide as much first aid as possible without moving the person's head or neck. To stabilize the neck, ensure the patient is laying supine (flat on back) on the floor.
4. Place both palms over the ears while seated at the patient's head. Keep the head in a neutral position
5. If the person shows no signs of circulation (breathing, coughing or movement), begin CPR, but do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward (jaw thrust). If the person has no pulse, begin chest compressions.
6. **Keep helmet on.** If the person suffered a moving accident (bicycle, motorcycle, skateboard, etc.) while wearing a helmet, leave the helmet in place.
7. Do not release cervical spine immobilization until paramedics arrive on scene.

Extremity Injuries

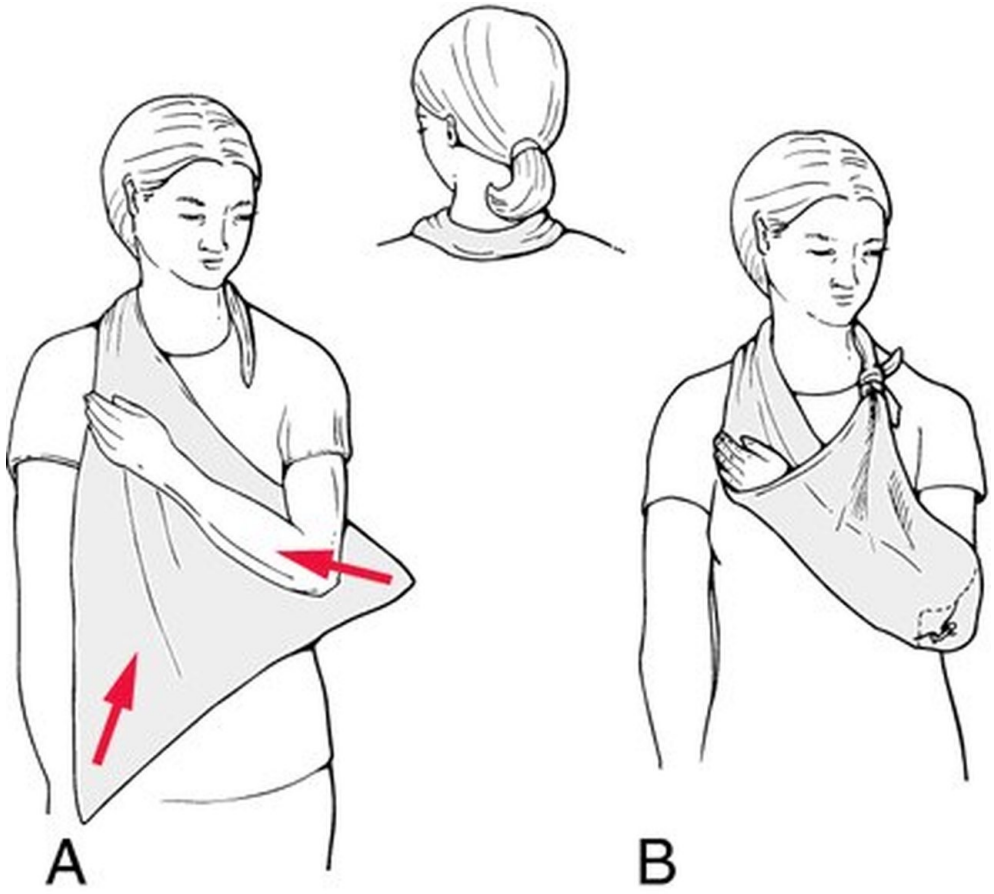
Upper extremity injuries can include any injury to the hand, elbow, arm, and shoulder. There are two types of upper extremity injury: Acute injuries, which are caused by a specific event or accident. Overuse injuries, which occur overtime from repetition.

Lower limb injuries are very common injuries among athletes and non-athletes alike. Ranging from injuries and pain in the feet and ankles through to knee and hip issues, these injuries can be very debilitating.

Treatment for Dislocation

1. Advise the casualty to stay still. Help them to support their dislocated joint in the most comfortable position.
2. Do not try to put the dislocated bone back into its socket, as this may cause further injury.
3. Call 911 and Public Safety
4. Stop the joint from moving.
    a. If you think they have dislocated their shoulder or elbow, support the injured arm using a sling. To give extra support, tie a broad-fold bandage (wide bandage) around the chest and the sling. If a hand or arm is injured, remove any rings or watches in case of swelling.
    b. If you think they have dislocated their ankle, knee, or hip joint, support the injured leg using padding and broad-fold bandage (SAM Splint)
5. While waiting for help, treat for shock if necessary. Monitor their level of response.
6. Do not raise an injured leg. Only raise the uninjured leg.
7. Check the circulation beyond any bandages every 10 minutes and loosen if necessary

Applying a Triangular Bandage



ASK THE PERSON TO HOLD THEIR ARM ACROSS THEIR CHEST AND SUPPORT THE ARM WHILE YOU WORK

PUT THE BANDAGE UNDER THE ARM AND AROUND THE BACK OF THE NECK

PUT THE OTHER HALF OF THE BANDAGE OVER THE ARM TO MEET AT THE SHOULDER AND TIE INTO A KNOT

TUCK THE LOOSE ENDS OF THE BANDAGE IN AT THE ELBOW OR USE A PIN/TAPE/ OR TIE A KNOT.