

# C-spine and Log rolls

By Anne-Marie O'Toole

# Why is it so important to perfect technique?

- **Incorrect technique in log rolling can cause further comorbidities to patients with spinal fractures**
  - “in various cadaver models, this type of rotation did produce statistically significant displacements of the injured spine”
- “it is estimated that 3%–25% of neck-injured patients experience neurological deterioration during patient management”
- C-spine fractures most common spinal fractures associated with trauma
- NOTE: BE AWARE THAT LOG ROLLING IN UNSTABLE PELVIC FRACTURES CAN INDUCE HAEMMORHAGING = NOT RECOMMENDED

(Hyldmo, Vist, Feyling, Rognås, Magnusson, Sandberg & Søreide, 2015; Lebel, Chenel, Boulay & Boissy, 2018)

What is good about this video?  
What is not good?

o [https://www.youtube.com/watch?v=-\\_OkMf\\_ummyE](https://www.youtube.com/watch?v=-_OkMf_ummyE)

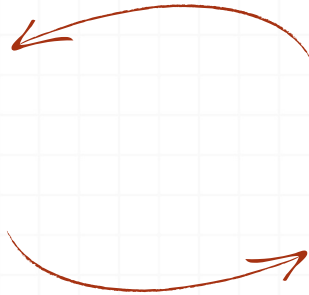
# Good vs Not Good

## GOOD

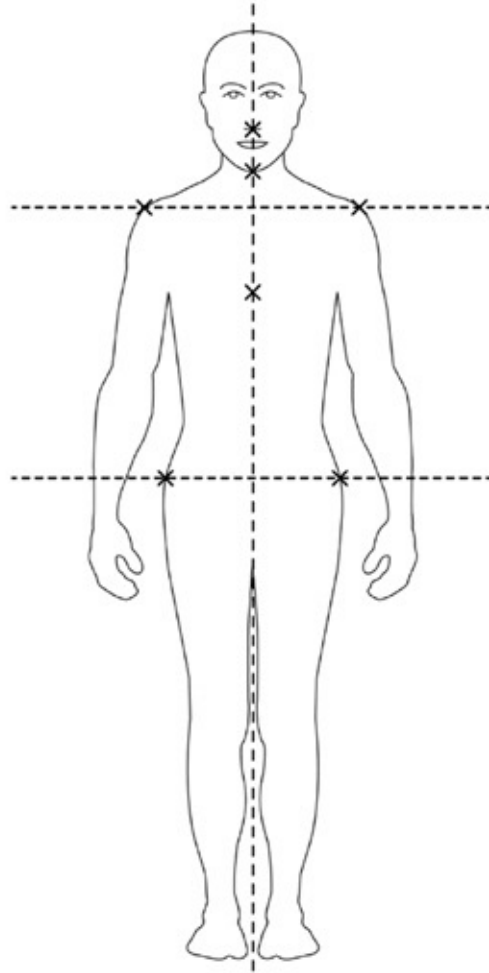
- o Person at head taking lead
- o Good communication
- o In sync
- o Bed at hip height – don't forget to protect yourself
- o Had great stability of head and neck
  - o Hands scoop
  - o Arms cushion head
  - o RN moves with manoeuvre, does not move the patients head

## NOT GOOD

- o Only 3 people – should always be 4!
- o Not holding the patient correctly
  - o Not supporting knee in right place
  - o Not supporting ankle



# Alignment







WDHB, 2016



# Now look at this video

*o* <https://www.youtube.com/watch?v=9M1G0IzeF3s>



# NOTE

- o Pt's head can be raised to 15 degrees while lanyard in place (pt not cleared c-spine) for comfort and transit
- o Look at the C-Spine bundle!
- o Remember to take extra care in performing log roll
- o Studies recommend sharing this knowledge and talking to staff about technique while performing log roll to gain improvement.
  - o LET YOUR COLLEAGUE KNOW ON THE SPOT IF THEY NEED TO CHANGE THEIR TECHNIQUE

# References

- Waitemata District Healthboard. (2016). Spinal injury roll policy. Retrieved from [http://staffnet/QualityDocs/Quality%20Documentation/O1%20Clinical%20Practices/%5BP%5D%20Spinal%20Injury%20Roll%20Oct16.pdf#search="log roll"](http://staffnet/QualityDocs/Quality%20Documentation/O1%20Clinical%20Practices/%5BP%5D%20Spinal%20Injury%20Roll%20Oct16.pdf#search=log%20roll)
- Waitemata District Healthboard. (2018). C-Spine Trauma Best Care Bundle Pathway.
- Lebel, K., Chenel, V., Boulay, J., & Boissy, P. (2018). Quantitative Approach Based on Wearable Inertial Sensors to Assess and Identify Motion and Errors in Techniques Used during Training of Transfers of Simulated c-Spine-Injured Patients. *Journal of Healthcare Engineering* Volume 2018 (1), 1-9. DOI: <https://doi.org/10.1155/2018/5190693>
- Hyldmo, P., Vist, Gunn, F., Rognås, L., Magnusson, V., Sandberg, M., & Søreide, E. (2015). Does turning trauma patients with an unstable spinal injury from the supine to a lateral position increase the risk of neurological deterioration?- A systematic review. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 17(23), 65-70. DOI: <https://doi.org/10.1016/j.ijotn.2017.05.001>