It’s amazing how committees, limited research and the omission of a few words can change protocols and affect delivery of patient care and comfort. Jim Morrissey’s article, “Spinal Immobilization,” pp. 28–39, is an epic piece of work, backed by 36 footnoted references that illustrate we over-board patients, waste precious time at penetrating injury calls and make patients uncomfortable by placing them on hard surfaces that do not fit their anatomy or support their injuries without proper padding and weight distribution.

I’m going to take you back to 1971, when EMS got its “roots” in formalized education with the release of the initial EMT textbook, *Emergency Care and Transportation of the Sick and Injured*. The first AAOS textbook stated:

“Carefully splint the injured spine, avoiding abnormal or excessive motion. Be sure that the injured person is properly splinted and transported on a long backboard or special stretcher without bending or twisting the spine in any direction.”

I call your attention to the important words “or special stretcher” because those words were somehow omitted from subsequent editions of the AAOS and most other textbooks. Those omitted words resulted in decreased use of scoop and canvas stretchers with slat supports, and SKED stretchers, in some systems, and should be added back into our protocols and textbooks to allow crews to use multiple devices to accomplish spinal immobilization.

The “General Principles of Splinting” section in the 1971 AAOS textbook presented treatment considerations that still hold true today:

“All fractures should be ‘splinted where they lie’; Apply the splint or bandage before moving or transporting the patient; With some very important exceptions, a severely angulated fracture should be straightened prior to splinting; and pad the splint carefully to prevent pressure points and discomfort to the extremity [and the patient].”

Morrissey’s article gives you the science, research and reasons to allow your crews to use multiple proven “special stretchers,” in addition to the traditional longboard, to immobilize patients and “splint” their injuries.

I spent a day with Poway (Calif.) Fire Department Captain Andy Page and crews from Engine 3711 and Medic 3791. We applied, secured, moved and transported paramedic/firefighter Jon Maxwell up and down stairways in some of the latest “special stretchers” designed to properly immobilize his spine.

We used: Conventional scoop-style stretchers; Full-body vacuum platforms; Vacuum splints and a Ferno Flexible Stretcher. We also used Ferno’s EasyFix Vacuum Mattress/Stretcher, that is being used throughout Europe and was recently introduced in the U.S.

Most of the devices offered more comfort and security than a longboard without extra padding. The vacuum devices were also durable, easily moldable to the patient, and tended to better “cradle” the patient securely. SSCOR and Laerdal suction devices to speed up the process.

Perhaps the most interesting finding was that vacuum mattresses used in conjunction with the Ferno flexible stretcher and six conveniently-located handles, offered the best body mechanics and positioning to maneuver our patient down stairways and around tight corners, proving that some things haven’t changed since 1971, when this type of flexible stretcher was first introduced to EMS.