

Steps for Field Evaluation of Risk

Head, Neck and Spine After Blunt Force Trauma

Perform each of the numbered steps in order. If you answer **YES** to any question, STOP this evaluation and proceed assuming there is a high risk of neck or spine injury.

1. Visual or Head to Toe

- Is there obvious misalignment?
- Do any extremities lack a pulse?

2. Alertness

- Is there evidence of intoxication (drugs or alcohol)?
- Does the patient have reduced consciousness (low on AVPU scale)?
- Does the patient suffer from pain that would mask symptoms?

3. Focal Neurological Deficit

- Is there pain, tenderness, tingling, or changed sensation in extremities?
- Do any extremities lack feeling?
- Does the patient no longer have the ability to move extremities?

4. Posterior Midline Spine Tenderness

- Is there pain, tenderness, tingling, changed sensation along the spine?
- Can you feel tenderness or swelling along the spine?

5. Evaluate for Concussion

- Does the patient have an irregular pupil response?
- Does the patient have irregular eye tracking?

6. Axial Load

- Does pressing gently down on top of head cause neck pain?

7. Neck Rotation

- Does having patient slowly rotate head side to side (45 degrees) cause pain, grinding or locking?

8. Head Lift

- Does having the patient slowly nod head cause pain, grinding or locking?