Spinal injury & neurological assessment

Protect, examine, image and communicate.

INJURY PRIORITIES / ADULT TRAUMA

Maintain appropriate spinal precautions until assessment and imaging have established a safe management plan.

01 Protect the patient

Use the trauma network's precautions and transfer protocol. Preserve the patient's usual alignment in an ankylosed or kyphotic spine. Avoid forcing a pre-existing deformity into a presumed normal position.

02 Record neurology

Document neurological symptoms and findings, including change over time. An abnormal or unreliable assessment requires ongoing precautions and specialist discussion. New neurological deficit needs urgent escalation.

03 Select imaging

CT is the initial imaging modality for suspected traumatic spinal injury in adults. MRI may be needed for neurological findings, suspected cord or ligament injury, equivocal CT or persistent concern in an ankylosed spine.

04 Make the plan explicit

The spinal team should define stability, treatment, allowed movement and any brace or collar requirements. Record duration, care instructions, follow-up and mobilisation restrictions, and communicate them across every transfer.

WATCH POINT A fracture in an ankylosed spine can be unstable despite a low-energy mechanism or subtle initial findings.

DISCUSS WITH THE TEAM

Can every receiving team state the permitted position, movement and neurological monitoring plan?

READ THE SOURCES

[1] BOASt: Assessment of the Spine in the Trauma Patient (April 2025).