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Do you want to comment or know more about Therapy Services?

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# Spinal Fractures: Cervical

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## What is a cervical spine fracture?

A cervical spine fracture is a break to one of the cervical vertebrae, the bones in your neck. Depending on where you have fractured in your neck will affect where your pain is felt and how your fracture is treated.

Your consultant will have explained the cause of your fracture.

Most are caused by a specific injury and you will be aware of how this happened.

## How will this be managed?

Most fractures are treated conservatively (without an operation). You will need to wear a collar to support your neck while it heals. Occasionally, surgery may be required.

## What is a spinal collar?

The cervical (neck) collar works by reducing your ability to move your neck, immobilising both your head and neck. This reduces movement of the bones in the neck to promote and aid healing. The cervical collar will help your neck to support the weight of your head while the bones, soft tissues and muscles in your neck heal.

It may also help to prevent further injury or damage and can help to minimise pain and discomfort. The need to wear a collar will be determined by the multi-disciplinary team. The type of collar needed will be determined by the fracture.

The collar does not prevent all movement within your neck, it just limits it. It is important you are aware of your posture and ensure the collar is fitted tight enough to give your neck the support it needs.

## Notes

## Follow-up

You will receive a follow-up appointment at either St. Helens & Knowsley NHS Trust or The Walton Centre. It is important that you continue to wear your collar until advised otherwise.

Most people do not need routine follow-up Physiotherapy. Once the collar has been removed, many patients regain the movement in their neck through natural recovery and gentle movement throughout the day.

Some people require further input. If this is required, this will be identified by the ward or at your follow-up appointment.

Following your discharge from the ward, should you have any issues with the collar, please contact the Orthotics Department on 01744 646422.

## Types of hard collar that we use:



## When to wear the collar?

The neck collar is to be worn at **all times**, including when in bed.

The only time that it should be undone and removed is at least once daily for washing and checking your skin and changing the pads for clean ones.

You will need assistance of 2 people to fit and position the collar and change the pads. Therapists will demonstrate the fitting of the collar to family/carers, who can then practice this with the therapist to ensure they are able to do this correctly.

## How long will I need it for?

The reason why you require the collar will determine the length of time you need to wear it for. This is typically 12 weeks. It is important that you keep wearing your collar until your consultant has advised otherwise.

## Fitting the collar

You will be measured and fitted with an appropriately sized cervical collar by an experienced healthcare professional.

The front piece of the collar will sit under your chin and upon your chest, the back panel will sit at the base of your skull and extend to your shoulders. The two pieces are held together by Velcro and together completely encase and cover your neck. It is important to wear your cervical collar properly to get the maximum benefit.

The cervical collar should be tight enough to prevent movement of your neck, for example restrict 'yes' and 'no' movements, however not completely restrictive so that it affects your breathing or swallowing.

Where applicable, we will demonstrate the fitting of the collar to family/carers, who can then practice this to ensure they are able to do this correctly.

## Pain Management

The orthopaedic team will work with you to ensure your pain is controlled as effectively as possible. You will be sent home with the appropriate medications but if you require more or further advice about your pain control you should talk to your GP.

## Early Exercises

It is important to reduce the risk of developing a chest infection or blood clot (DVT or PE) and to limit how much your muscles may weaken. The following exercises will help reduce this risk:

## Avoid

- Lifting of any heavy objects. Make sure any item you need is within easy reach or ask someone to do this for you.
- Twisting or bending your neck
- Lying on your stomach

## Driving

Your consultant will inform you when you can consider resuming driving, once the collar is no longer needed. You should inform the DVLA and your insurance company about your injury.

You must feel comfortable and confident to drive, ensure you are able to perform an emergency stop and have sufficient neck movement in order to drive. It is advisable only to drive short distances initially.

## Working

You are likely to need some time off work initially. Check with your consultant and employer before you return to work. You may need to modify your activities at work for a while when you return, especially if your job is active or involves a lot of driving.

Please ask for a fit note, if you require one, before you go home.

## Sitting

Try to sit in a supportive upright chair and maintain good posture. Avoid soft chairs and sitting for prolonged periods.

The collar will only limit movement within your neck, not eliminate it completely. It is important that you monitor your posture to prevent slouching.

## Sleeping

- Always wear your collar in bed
- A firm bed is desirable
- We advise to avoid using a pillow, however you may need only one pillow of sufficient thickness to support your neck without bending it (unless instructed otherwise)
- Sleep on your back. If uncomfortable sleep on your side but you will need to use a pillow to keep your head and neck in line
- To get on and off the bed use the "log rolling" method you were shown on the ward to reduce twisting

## Mobility

Providing you are not in pain, walking can be a good form of general exercise to help after your injury. Try to gently build up the amount of walking gradually. It is important to regularly change your position and moving around will also help with any pain. Normal day to day activity is acceptable, but refrain from physical activity such as sport or gym work.

## To assist good circulation:

Move both ankles and toes up and down as much as possible for 30 seconds



## To maintain muscle strength:

Pull your toes towards you  
And push the back of your knees into the bed.  
Hold for 5-10 seconds.  
Repeat 5-10 times/day



## To keep your chest clear:

Take 3 deep breaths in and hold for 2-3 seconds before breathing out fully. Follow this with a huff, which is a short, sharp breath out with the mouth wide open and then a cough.  
Repeat this every hour.

## Mobilising

Once you are allowed to get out of bed (usually once the collar has been fitted), the therapy team will assess your mobility and determine any equipment you may need for discharge. It is normal to feel dizzy and weak when you first get up, this will reduce the more mobile that you become.

Depending upon your ability to mobilise, the therapists on the ward may provide you with a walking aid.

They will also assess your ability to complete the stairs for home if needed. Wearing a collar means stairs may be difficult due to lack of neck movement and its impact upon vision and balance.



## Pressure Care

Wearing a neck collar can make the skin underneath it become hot and cause excessive sweating. This moisture can lead to skin breakdown. Pressure from the collar itself can also cause skin problems. We recommend:

- check the skin daily when washing/dressing
- be vigilant for skin discolouration, redness and/or pain are indicators of pressure and could lead to an ulcer

If you experience any of these symptoms then seek medical advice from the GP or the Orthotics Department at St Helens Hospital.

Removable collar pads should be changed every 24 hours and ensure the foam pads are in the correct position and cover the plastic of the collar. You will be provided with replacement collar foam pads prior to your discharge home.

## What important symptoms do I need to be aware of?

Mild to moderate pain is expected. Should you experience severe pain which is not relieved by painkillers then you should contact your GP or the hospital for further advice.

If you experience any of the symptoms below then you should go to your nearest A&E for further assessment:

- Numbness or weakness in your arms or legs, difficulty swallowing/choking or disturbed vision.

## Discharge Planning

This starts early on following your admission to hospital. The team of health professionals involved in your care will discuss your discharge with you.

Please note, local care agencies are usually unable to provide support for collar care once you have returned home. We encourage you to speak with family and friends to identify any concerns that you may have and determine what support they may be able to offer you once at home.

## Washing & Dressing - Key Points

- Family/carers will need to remove the collar daily, clean and dry your neck and replace the collar whilst you lay down - two people will be needed to do this.
- With your collar on you will be able to wash at a basin, sitting or standing as able.
- Keep your collar on whilst shaving. We recommend using an electric shaver rather than a wet shave to avoid soiling the collar (family/carers will be able to attend to the remaining hair removal under the collar).
- Do not wear clothes under your collar as this may cause rubbing. You may find you require a larger size to go over the collar.
- Dress whilst sitting on a chair/bed, do not stand as you will be more likely to fall due to restricted vision.
- It is recommended to wear long hair tied up.
- You must not attempt to use the shower or bath in any way at this stage.
- Avoid wearing jewellery around your neck to prevent the collar resting on this and causing irritation/sores.