

## UNIVERSITY OF MARYLAND

## MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

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August 22, 1980

Stephen S. Carter, Coordinator Emergency Care Division Maryland Fire and Rescue Institute University of Maryland College, MD 20742

Dear Mr. Carter:

In reference to your letter concerning clarification of "Supporting of Fracture Site" at the Hare Traction Testing Station.

Using the behind knee and ankle grip that is currently recommended, it is not necessary for supporting of the fracture site by placing the rescuers hand under the injury.

The manual traction coupled with the lower leg being maintained 10-12" level above the ground will stabilize the shaft of the femur in adequate alignment. The utilization of this technique allows for one rescuer to apply traction and the second rescuer to adjust and apply the traction splint. This procedure is that currently being recognized as the Baltimore County Technique.

As the rescuer applying the splint applies traction the leg is lowered into the cradles with no loss of traction. Thus, the manual traction is overcome and maintained by the traction device.

It is not necessary to offer added support to the fracture site by hand support with the technique.

In reference to cervical immobilization, the manual upward traction that is applied to the victim being secured to the short backboard is necessary only until the extrication collar is applied. The proper application of the firm hare type extrication collar is adequate to keep the patient's head aligned until it is secured to the backboard.

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The upward pull or traction can be relieved subsequent to proper placement of the extrication collar however hand stabilization or support of the head should be maintained until the patient is adequately secured to the short backboard.

The clarification of these areas of concern will undoubtedly be addressed in the evaluator workshops scheduled in the near future.

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Alasdair Conn, M.D. Medical Director, Field Operations Program

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