

In acute cervical spine trauma, skull traction is used to reduce a dislocation or fracture dislocation, to immobilize an unstable lesion until definitive treatment (operative or conservative) is possible or, more rarely, as a definitive treatment until healing occurs.

More commonly employed in the US.

Initial weight (in lbs) = 3 cervical vertebral level increase in 5-10 lb increments usually at 10-15 minute intervals until the desired alignment is attained.

## Practice guideline: Initial closed reduction in fracture-dislocation cervical SCI

Level III <sup>1) 2)</sup>

- early closed reduction of C-spine fracture-dislocation injuries with craniocervical traction to restore anatomic alignment in awake patients
- ✖ not recommended: closed reduction in patients with an additional rostral injury
- patients with C-spine fracture-dislocation who cannot be examined during attempted closed reduction, or before open posterior reduction, should undergo cervical MRI before attempted reduction. The presence of a significant herniated disc in this setting is a relative indication for anterior decompression (e.g. by an [anterior cervical discectomy and fusion](#)) before reduction
- cervical MRI is also recommended for patients who fail attempts at closed reduction

see also [Cervical traction for cervical disc herniation](#).

<sup>1)</sup>

Section on Disorders of the Spine and Peripheral Nerves of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. Initial closed reduction of cervical spine fracture-dislocation injuries. Neurosurgery. 2002; 50 Supplement:S44-S50

<sup>2)</sup>

Gelb DE, Aarabi B, Dhall SS, et al. Treatment of sub-axial cervical spinal injuries. Neurosurgery. 2013; 72 Suppl 2:187-194

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Last update: **2024/06/07 02:55**

