# Self-Assessment: Cervical Spine Injury in Trauma

This quiz was contributed Anonymously. Answers can be found on August 14th or in the article.

Durga P, Sahu BP. Neurological deterioration during intubation in cervical spine disorders. Indian J Anaesth. 2014 Nov-Dec;58(6):684-92.

1) There are no randomised studies involving intubation in actual spine pathology
    a) True
    b) False
2) Which of the following component of general anesthesia has been most often linked to spinal cord injury according to Hindman's review of the closed claims database.
    a) Airway management
    b) Anatomic abnormalities
    c) Direct surgical complications
    d) Pre-procedural symptomatic injury
    e) Intraoperative head/neck positioning
3) Which maneuver during airway management causes the most cervical spine movement?
    a) Chin lift and BMV
    b) Direct laryngoscopy
    c) Indirect laryngoscopy
    d) Fiberoptic intubation
4) Awake fiberoptic intubation has been proven to have better neurological outcomes?
    a) True
    b) False
5) Which part of the cervical spine undergoes the most movement during direct laryngoscopy
    a) C1-C3
    b) C4-C6
    c) C6-T1
6) Do undiagnosed cervical spine injury requiring immediate airway control have a proven worse neurological outcome?
    a) No
    b) Yes
7) What is the most important anesthetic consideration of airway management to limit secondary spinal cord injury?

a) Maintaining spinal cord perfusion
b) Minimizing cervical spine movement
c) Establishing a tracheal airway
d) Post intubation neurological exam

8) What percent of blunt trauma is affected by cervical spine injury
   a) 1-5%
   b) 5-10%
   c) 5-15%
   d) >15%
9) What percentage of people had a Grade III or IV view with laryngoscopy on patient immobilized with hardboard-collar-sandbag-tape?
   a) 10-20%
   b) 20-40%
   c) 40-60%
   d) >60%
10) Cervical collars have been shown to limit mouth opening by how much?
   a) 10-25%
   b) 25-50%
   c) 50-75%
   d) No reduction