Clearing of cervical spine in a setting of trauma is clinical unless there is a distracting injury.

The distraction injury can be any trauma or circumstances that potentially will mask the accurate assessment of pain pertaining to the cervical spine. i.e. pelvic fracture, head injury, alcohol or narcotic consumption, etc.

With any distracting injury, patient needs radiographic images for clearance while patient is maintained in a hard collar (Philadelphia collar)

Patient may also need images based on the mechanism of injury, circumstances of the trauma

The radiographic images include: plain Xray, cervical CT, cervical MRI. Below a set of algorithm which will help to navigate the necessity of each modality.
ANATOMY

The cervical spine is comprised of seven vertebral bodies, cervical discs and series of ligaments that interconnect the bony elements. Of these ligaments, posterior longitudinal ligament (PLL) is the most important. It spans the entire length of the spine on the back of vertebral bodies, anterior to the spinal cord. PLL is the source of numerous pathology. The upper cervical vertebral bodies (C1 and C2) are should be considered with occiput than with lower ones (C3 to C7).

WHEN IN DOUBT PLACE THEM IN A HARD COLLAR

About Dr. Moradi:

Dr. Moradi specializes in operating on the brain, head, neck and spinal cord. His areas of focus in the field include cancer, subdural hematomas, cerebro-vascular disorders and cervical, lumbar, thoracic, spinal stenosis, and spinal fractures. He also performs carpal tunnel release, ulnar nerve transposition, and gamma knife procedures. Dr. Moradi has been providing patient care for over twenty years. He began his career as a surgery resident at Parkland Memorial Hospital, where he completed a residency in neuro-logical surgery. As a faculty member at Cy Fair Hospital, Memorial Hermann Memorial City, & Memorial Hermann TMC, Dr. Moradi continues to care for adult patients with a variety of neurological conditions.