

# Enhanced Version of New SIPQuik Vacuum Cervical Splint Getting Rave Reviews

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The new, enhanced version of the SIPQuik (Stabilize in Place) one-size-fits-all vacuum cervical splint, one of the [30 Hot Products](#) selected at the 2017 EMS Today Conference in Salt Lake City, is getting rave reviews by early adopters, and its enhanced version is now available.

I had the opportunity recently to meet with Steve Islava, the creator of the SIP cervical splint to see the latest, enhanced version and try it out.

The splint is unique from other collars and splints because one size truly fits all patients. The splint is designed to be placed on the patient in the position they are in to avoid excessive movement of their neck. The enhancements made to the SIP vacuum cervical splint include repositioning of the Velcro to allow for easier application on the supine patient, and the Velcro is now "welded" onto the splint and not simply glued there, so it will absolutely stay in place.

Islava and his company have added a lure-type adapter that allows you to remove the small vacuum pump that rapidly sucks the air out of the splint and molds the tiny little beads together.



The splint now also features a "quick clamp," similar to what is on IV tubing, directly above the lower adapter. The clamp allows you to quickly snap it in place when you're removing the vacuum pump.

The SIP Vacuum Cervical Splint is priced at just \$10 and gently molds around the neck, chin and face of the patient.

Because the splint is being offered at such an inexpensive price, Care2 Innovations has placed their name on the front of it to ensure that there are no imitations of this innovative product.

## **Putting the SIPQuik Cervical Splint to the Test via Radiology**

Having watched the endless debate for decades of rigid collars vs. soft collars vs. no collar in trauma patients, Dr. Robert Hurwitz, a radiologist with HopkinsRead Radiology and Touro University School of Medicine in Las Vegas, NV., decided to study the SIP cervical splint.

Cervical immobilization has long been considered an essential first step in addressing trauma patients but, for forty years, there's been controversy over the risk and benefits of a semi-rigid splint. Some studies have even suggested that collars or splints can be omitted as long as patients are immobilized until arrival at an ED or trauma center.



**Image Courtesy Robert Hurwitz, MD**

Because radiologists have the final say in diagnosing normal vs. fracture of the cervical spine, Hurwitz and his team undertook the task of reviewing the SIP cervical splint and other competing collars.

To address the neck pressure controversy, his team used state of the art radiology techniques in assessing jugular venous return and spinal curvature with and without various collars and splints.

The first parameter studied was a comparison of jugular venous Doppler flow and diameter of internal jugular with no collar, semi-rigid collar and the SIPQuik cervical splint. This is felt to be a surrogate of unintentional effect on intracranial pressure.

The second parameter studied was any possible distraction of the cervical spine. Unintended straightening of the cervical spine has the potential of displacing an unsuspected cervical fracture. For this parameter, a lateral radiograph was obtained with and without the splint in place.

The results of this initial study showed if the splint was applied correctly, no excessive carotid pressure was caused by the SIPQuik and it doesn't increase jugular venous distension (a surrogate for possible block of venous return) compared to semi-rigid collars.

Measurements of normal cervical lordosis remained unchanged with the SIPQuik splint, but undesirable straightening of the cervical spine (as a measure of distraction) was seen with the semi-rigid collar.

There are several additional studies underway to show that the cervical splint does not exert any excessive pressure on the carotid artery. Dr. Hurwitz and his team are conducting more thorough testing and confirmation by other groups with all available semi-rigid collars. A future peer-reviewed paper will contain all of the methodology used in their study.

In addition, Care2 Innovations is going to contract for an independent study through a Texas hospital system's research division to further validate the comfort and safety of this new vacuum cervical splint.

## A Fun Test of Sizing & Comfort

After receiving samples of the enhanced version of the SIPQuik cervical splint, I decided to test it on myself, my large therapy dogs (Bernese Mountain dogs Bernie and Charlie), my tiny prairie dog-sized pup (Carson) and my granddaughter.

As you know, dogs don't generally like *anything* foreign placed around their necks, so I decided to put this innovative, comfortable splint to the test. You'll see that I had satisfied customers in all applications—from small to large.



**Bernie, with a 24 in. neck, and Charlie, with a 22 in. neck, didn't complain or get fidgety at all with the splint on them for extended time periods.**



**Little Carson (35 lb.) has a very thin neck, similar to the size of a pediatric patient. He loved it.**



**The SIPQuik cervical splint fit my 18-month-old granddaughter, Harper Anne, perfectly. And although not thrilled to have some strange yellow object placed around her neck, she tolerated it well once it was on her for a while.**

I recently took one along on a trip to Paris to show to the Paris Fire Brigade and the SAMU ALS system staff because they use (and love) vacuum mattresses/devices. They liked the concept, the ease of application and the comfortable fit and feel of the SIPQuik.

This is the kind of innovative device that MacGyver would love because it is so adaptable and can be used for lots of other applications outside its original design for neck stabilization. I used it to help me relax and sleep comfortably on the long flight to and from Paris. I didn't remove the air to tighten up the beads in the splint as you normally would, and used it like a soft cushion during the 21-hour flight. For the price point, it certainly beat buying an expensive neck pillow for the long flights.

I have also found it perfectly capable/adaptable for the off-market stabilization of the leg or arm of a pediatric patient. I simply applied it like a larger size vacuum splint, secured it in place with tape or roller gauze and pumped the air out via the small pump. I also found it acceptable for immobilization of a fractured wrist.

By



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