



The SIPQuik™ Collar is to be used to help reduce potential movement of the patient’s head and/or neck in cases where spinal fracture, sprain and/or spinal cord injury is suspected.

WARNING: Only qualified healthcare providers trained in the use of immobilization products should use the SIPQuik Collar. Failure to use this product as directed, and under prescribed protocols from the local cognizant medical control authority, may result in patient injury and/or disability.

CAUTION: All healthcare provider personnel should read and fully understand these instructions prior to using the product.

NOTE: These directions are general guidelines and instructions for proper use of the SIPQuik Collar. They are not intended to be and should not be construed as teachings, recommendations or directions for clinical practice.



1. Stabilize patient in place.
2. Apply collar in snug, comfortable fit.
3. Mold around Chin & Cheeks and squeeze pump rapidly for 5 to 6 seconds
4. To loosen or readjust collar, twist pump 1/4 turn counter-clockwise to remove, then re-apply pump and repeat step #3. To remove pump without losing vacuum, apply tubing clamp first, then twist pump off.



Stabilize in Place • The New Standard of Care

Introducing SIPQuik™, a revolutionary new “Stabilize In Place” Vacuum Cervical Splint, from Care 2 Innovations.

- SIPQuik is an amazingly comfortable “one size fits all” solution for rapid application in trauma patients.
- SIPQuik does not restrict venous return or cause cervical traction.
- SIPQuik quickly molds to the anatomy of any patient for a custom fit in any position.



Stabilize In Place Quickly

Quickly, Safely and Comfortably



COMFORTABLE



FITS EVERYONE



STABLE



ANY POSITION

Independent Studies Show A Better Cervical Collar

By Robert Hurwitz, M.D.

Cervical immobilization has long been considered an essential first step in addressing trauma patients. For 40 years, there has been controversy over risk/benefits of a semi-rigid collar. Some studies have even suggested that collars can even be omitted as long as patients are immobilized until arrival at an ER or trauma center.

Because radiologists have the final say in diagnosing normal vs fracture of cervical spine, we were asked to undertake a study to find the best solution for cervical immobilization.

To address this controversy, we used state of the art radiology techniques in assessing jugular venous return and spinal curvature with and without various collars.

A new vacuum collar has become available that we are now comparing to semi-rigid collars. This SIPQuick™ "Stabilize In Place" collar (Care2 Innovations of Newport Beach, CA) has multiple advantages in our initial evaluation. It can be placed by a single EMT. One size fits all, including pediatric patients. This permits rapid application, without the time delay of fitting. We have initiated a study comparing the SIPQuick collar to a standard semi-rigid collar. The comparison collar was the Ambu® Perfit ACE (Ambu Inc, Columbia, MD.), simply because of local preference.

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 SIPQuick (vacuum collar). 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 collar in place.

Preliminary results show that the SIPQuick vacuum collar does not increase jugular venous distension (a surrogate for possible block of venous return) compared to the semi-rigid collar. Measurements of normal cervical lordosis remained unchanged with the SIP Quick collar, but undesirable straightening of the cervical spine (as a measure of distraction) was seen

with the semirigid collar. Our clinical colleagues agree that the SIPQuick collar is a "one size fits all" solution for rapid application in trauma patients. This could end the endless debate of collar, no collar, soft collar, or rigid collar. More thorough testing and confirmation by other groups with all available semi-rigid collars is underway. A future peer reviewed paper will contain all of the methodology used in our study.

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