

**Summary Report for Individual Task
081-833-0266
Immobilize the Pelvis
Status: Approved**

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

DESTRUCTION NOTICE: None

Condition: You have a casualty with a suspected dislocated or fractured hip or pelvis. You need to immobilize the hip and pelvis. Three other Soldiers are available to assist you. You will need a litter, cravats or commercial straps, padding material, spine board or other rigid object, pneumatic anti-shock garment (PASG) or a pelvic binder device (pelvic sling) and a scoop stretcher. You are not in a CBRN environment. You have taken body substance isolation (BSI).

Standard: Immobilize a suspected dislocated or fractured hip or pelvis without impairing circulation or causing further injury to the casualty.

Special Condition: None

Special Standards: None

Special Equipment:

Safety Level: Low

MOPP:

Task Statements

Cue: None

DANGER

None

WARNING

Certain pelvic fractures can cause significant internal hemorrhaging. Many times when casualties experience pelvic fractures, there are also significant internal injuries to the organs protected by the pelvis. Hemodynamic stability and rapid transport should be a main consideration when treating these types of casualties.

CAUTION

None

Remarks: None

Notes: Pain control should be considered early when managing hip or pelvic injuries.

Performance Steps

CAUTION

Both a dislocated and a fractured hip or pelvis are accompanied by considerable pain. The casualty will resist any movement because of pain. It is essential that medical personnel take all possible precautions, using the best available materials at hand while preparing the casualty to be immediately evacuated.

1. Check for the signs and symptoms of a hip or pelvic injury.

a. Anterior hip dislocation.

Note: Anterior dislocation is very rare and is caused by the legs suddenly being forced widely apart and locked in this position.

(1) Hip pain.

(2) Severe deformity of the affected leg.

(a) The knee is turned outward.

(b) The affected leg is shortened.

(c) The hip is drawn away from the midline of the body.

(d) The leg has rotated away from the midline of the body.

(3) Impaired circulation in the affected extremity.

(a) Loss of pulse distal to the injury.

(b) Coolness and/or cyanosis.

(c) Swelling due to internal blood loss.

WARNING

Significant blood loss may occur before swelling is evident. Take the casualty's vital signs as soon as possible and monitor them during stabilization and transport.

(d) Hypovolemic shock.

(4) Impaired sensation in the affected extremity.

(a) Tingling or other abnormal sensations (paresthesia).

(b) Loss of sensation.

b. Posterior hip dislocation.

Note: Posterior dislocation is the most common type of hip dislocation.

(1) Hip pain.

(2) Severe deformity of the affected leg.

(a) The hip joint is flexed with the knee drawn up.

(b) The hip is drawn toward the midline of the body.

(c) The leg has rotated toward the midline of the body.

(3) Impaired circulation in the affected extremity.

(a) Loss of pulse distal to the injury.

(b) Coolness and/or cyanosis.

(c) Swelling due to internal blood loss.

(4) Impaired sensation in the affected extremity.

(a) Paresthesia.

(b) Loss of sensation.

Note: Weakness of muscles that raise the foot may occur. This condition, known as "foot drop," may be a sign of damage to the sciatic nerve.

c. Hip fracture.

Note: Some of the most common fractures are those that occur at the proximal (upper) end of the femur. These have been called "hip fractures" even though the hip joint is rarely involved.

(1) Hip pain.

(2) The casualty is unable to walk on or move the affected leg.

(3) Deformity.

(a) The affected leg has rotated toward the midline of the body.

(b) The affected leg will usually be shorter than the uninjured one.

Note: Fractures of the femur are often open. Whether closed or open, they are always associated with a loss of large amounts of blood. Therefore, you should treat the casualty with high-flow oxygen and monitor vital signs frequently, watching for signs of shock.

(4) Impaired circulation in the affected extremity.

(a) Loss of pulse in the femoral or popliteal arteries distal to the injury.

(b) Coolness and/or cyanosis.

(c) Swelling due to internal blood loss.

(5) Impaired sensation in the affected extremity.

(a) Paresthesia.

(b) Loss of sensation.

WARNING

Inspect the casualty's pelvis prior to palpation. When palpating the casualty's pelvis only gentle palpation should be used and the pelvis should only be palpated once. If upon physical inspection deformity, ecchymosis or edema is visible, palpation of the pelvis is not necessary and a pelvic fracture should be suspected.

d. Pelvic fractures.

Note: There are three types of pelvic fractures, rami fractures, acetabular fractures and pelvic ring fractures. Pelvic ring fractures usually involve massive hemorrhage and are considered a life threat.

(1) Pain.

(2) Deformity.

(3) Ecchymosis.

2. Check for circulation in the affected leg(s) by checking the femoral and popliteal pulses and observing for swelling or cyanosis.

3. Check for impaired sensation by asking the casualty if he has tingling, abnormal sensations, or loss of sensation in the affected limb.

CAUTION

Do not log roll a casualty with a hip injury onto the injured side. If available, place the casualty on a spine board using a scoop litter.

4. Immobilize the injury.

a. Hip dislocations.

(1) Place the casualty on a long spine board. (See task 081-833-0181).

(2) Support the leg in its abnormal position using pillows, blankets, or similar material.

(3) Secure the support material with cravats.

b. Hip fracture.

(1) Place the casualty on a long spine board.

(2) Place support material under the buttocks to reduce abdominal pain only if there are no other major fractures in the lower extremities.

(3) Place bulky support material between the casualty's legs and strap them together.

(4) Place bulky support material underneath the knees.

c. Pelvic fracture.

(1) Place pneumatic anti-shock garment (PASG), on long spine board.

(2) Gently apply the scoop stretcher to the casualty.

(3) Move the casualty (on the scoop stretcher) to the long spine board and remove the scoop stretcher.

(4) Wrap and secure the PASG to the casualty (do not inflate).

Note: The PASG is applied but not inflated until the casualty shows signs of hemodynamic instability (class III or IV shock). If PASGs are not available, a pelvic binder device or sheet should be applied.

(5) The lower extremities should be adducted and internally rotated.

(6) Secure the casualty to the long spine board.

5. Check for complications.

a. Impaired circulation in the affected limb.

b. Neurological deficit.

c. Hypovolemic shock.

WARNING

Spontaneous reduction of dislocation may occur during any movement. This may be accompanied by additional damage to nerves and blood vessels. The receiving facility must be informed if this occurs.

6. Record the treatment given on a DD Form 1380 Field Medical Card (FMC), a DA Form 7656 Tactical Combat Casualty Card (TCCC) or a patient care report.

WARNING

Avoid any bumping or jerking during transport. Excessive movement of a fracture or dislocation can increase blood loss and pain. Hip and leg injuries allow for a greater area of pooling of blood that is not evident early on, and may result in the casualty going in to hypovolemic shock.

7. Evacuate the casualty.

a. Position the casualty and spine board on a litter.

b. Load litter on evacuation platform.

(Asterisks indicates a leader performance step.)

Evaluation Preparation: Setup: For training and evaluation, use another Soldier as a simulated casualty and have three assistants available to assist.

Brief Soldier: Tell the Soldier the casualty has a suspected hip or pelvic injury that needs to be immobilized.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Checked for the signs and symptoms of a hip or pelvic injury.			
2. Checked for circulation in the affected leg(s).			
3. Checked for impaired sensation.			
4. Immobilized the injury.			
5. Checked for complications.			
6. Recorded the treatment given on a FMC, TCCC or patient care report.			
7. Evacuated the casualty.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	0-323-06503-0	PHTLS Prehospital Trauma Life Support, Military 7th edition	No	No
	DA FORM 7656	Tactical Combat Casualty Care (TCCC) Card	No	No
	DD FORM 1380	US Field Medical Card	Yes	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks :

Task Number	Title	Proponent	Status
N/A	N/A	Not Selected	Obsolete