the neck by spreading the forces of a frontal crash over the entire back, neck, and head; the spine is supported by the back of the car seat. If the seat were faced forward, the head would whip forward because of the force of the crash, creating enormous stress on the neck (Fig. 9-11). It is now recommended that all infants and toddlers ride in rear-facing car safety seats until they reach 2 years old or until they surpass the maximum height and weight recommended for the car seat (American Academy of Pediatrics, 2011).* Studies indicate that toddlers up to 24 months old are safer riding in car seats in the rear-facing position (Bull and Durbin, 2008; Truong, Hill, and Cole, 2013).

FIG 9-11 Rear-facing infant seat in rear seat of car. The infant is placed in the seat when going home from the hospital. (Courtesy of Brian and Mayannyn Sallee, Anchorage, AK.)

The restraint is anchored to the vehicle with the vehicle's seat belt, and the restraint has a harness system for securing the infant. Some harness systems require a clip to keep the shoulder straps correctly positioned. Newer vehicles (manufactured after 1999) have tether straps that attach to anchors in the car seat to better secure the seat and minimize forward movement of the forward-facing convertible seats in the event of an accident. The LATCH (lower anchor and tether for children) system provides car seat anchors between the front cushion and backrest so that the seat belt does not have to be used. Some automobiles have tether straps for rear-facing infant-only seats as well (see Fig 12-11). Although many