

Most cervical traction is accomplished with the use of a **halo brace** or **halo vest** (Fig. 29-11, A) This device consists of a steel halo attached to the head by four screws inserted into the outer skull; several rigid bars connect the halo to a vest that is worn around the chest, thus providing greater mobility of the rest of the body while avoiding cervical spinal motion altogether. If the injury has been limited to a vertebral fracture without neurologic deficit, a halo brace can be applied to permit earlier ambulation. Gardner-Wells tongs may be used with cervical traction to immobilize the cervical spine (see Fig. 29-11, B). Gardner-Wells tongs are spring loaded, so making burr holes and shaving hair are not required; a local anesthetic may be used during application. As the neck muscles fatigue with constant traction pull, the vertebral bodies gradually separate so that the cord is no longer pinched between the vertebrae. Immobilization until fracture healing or surgical fixation can occur is an essential goal of cervical traction. If immobilization is required in an infant or young child, a special cervical spine cast (Minerva cast) is applied.

