



Your partner has a moderate concussion, multiple partial thickness wounds from the falling rock shards, and a possible spine injury. Although awake, alert, and reliable with no neurological deficit, the pain and tenderness in her neck at C-3 cause her to fail your focused spine assessment.

Given the circumstances—eight pitches up on a route with night a few hours away and no cell reception—your options are limited. You can't leave her tied to the belay while you left to go for help; you need to get both of you off the climb. Knowing that:

1. unstable spine injuries, while possible, are unlikely with alert and reliable patients, especially those who have no neurological deficit,
2. that the majority of spinal cord injuries occur during the event,
3. and that movement within Janey's normal range of motion will not exacerbate a spine injury should she have one,

you decide to rappel off the route. With you setting the rappel anchors, you both slowly rappel to the base of the climb. It's almost dark when you get down.

Once on the ground, you need to decide if it is better to:

1. leave her and go for help,
2. go to the vehicle for insulation and shelter and then go for help, or
3. to continue carefully to the car and the hospital.

After re-evaluating her spine and her concussion and finding no change in her status, you elect to carefully hike to your vehicle and head to the hospital. Take care that she does not slip and fall en route to your vehicles. This is perhaps the best overall solution.