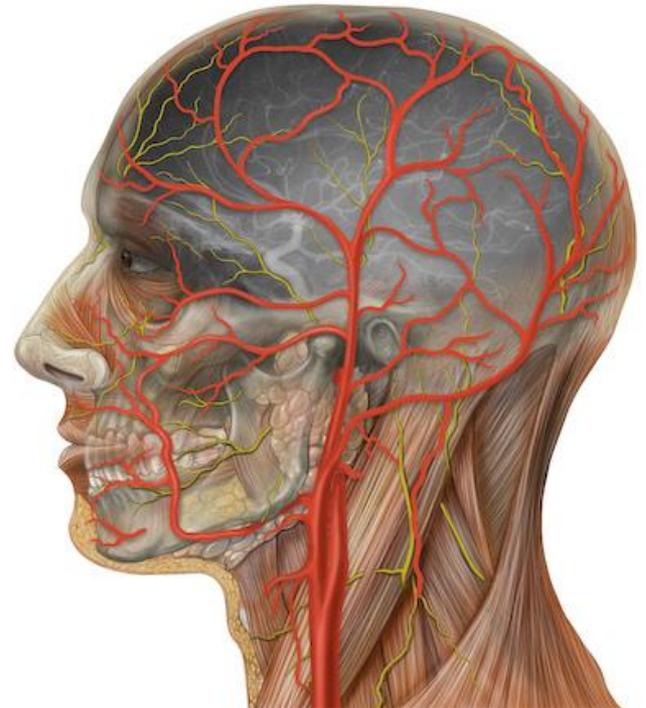


Carotid Control:

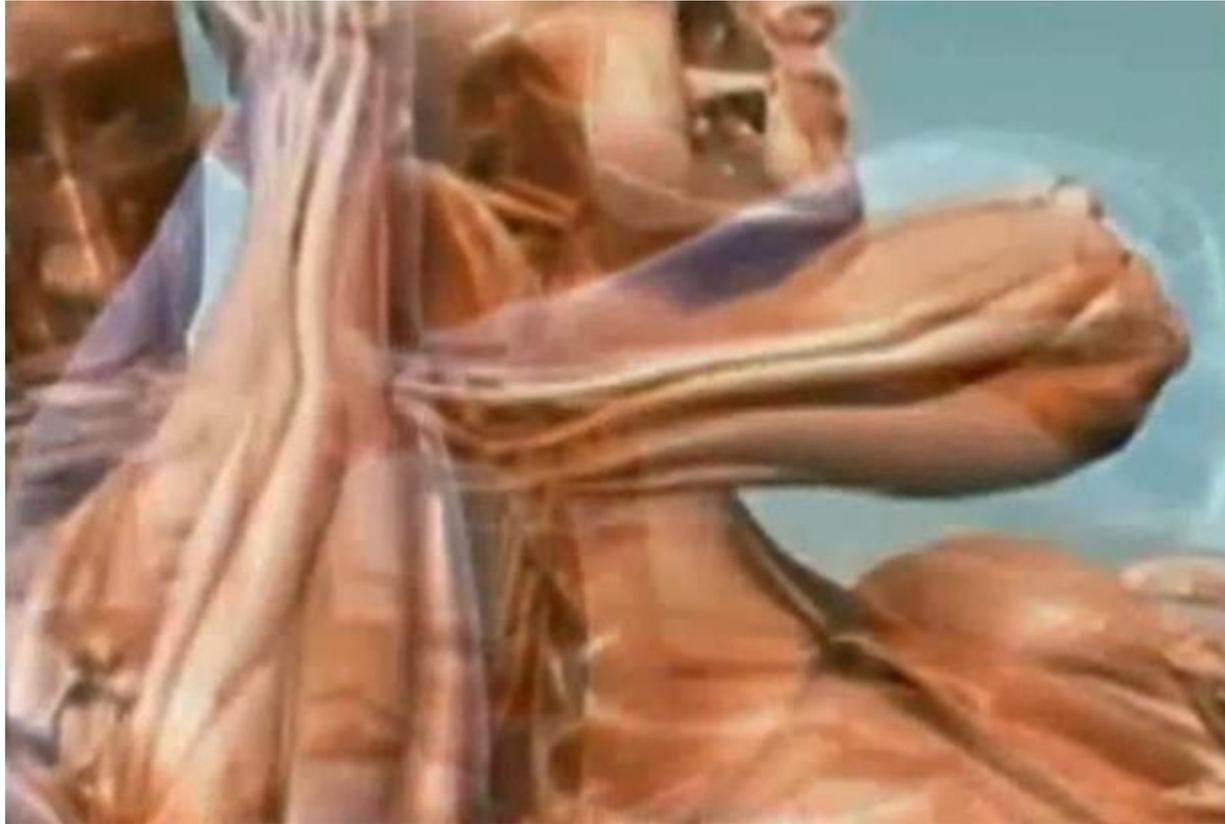
Managing the Risks and Getting it Right

Ken Wallentine

kenwallentine@comcast.net

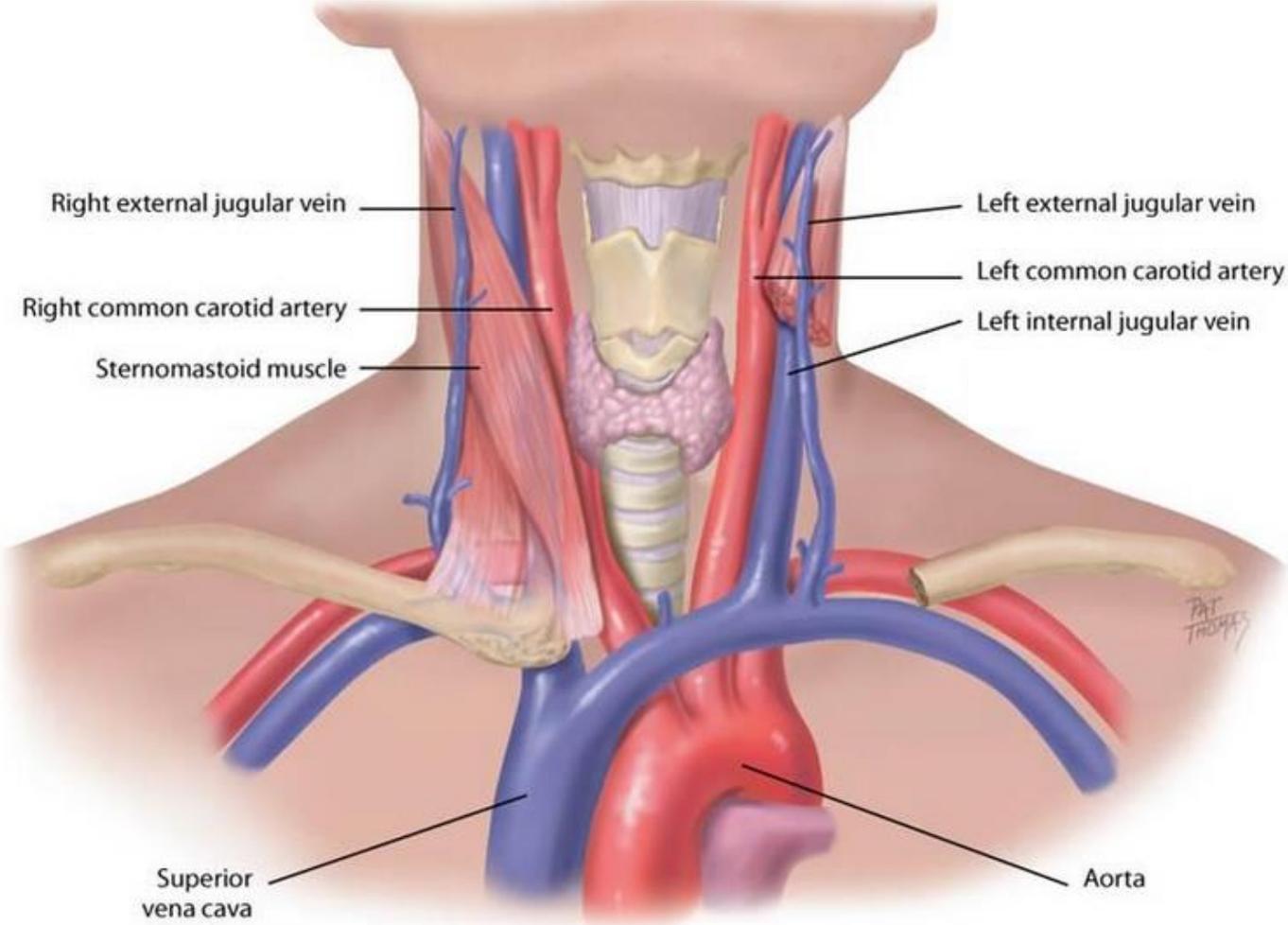


What is carotid control?

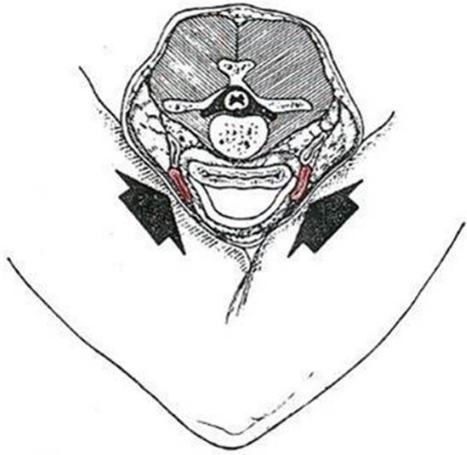


Courtesy of Carotid
Restraint Training
Institute ©

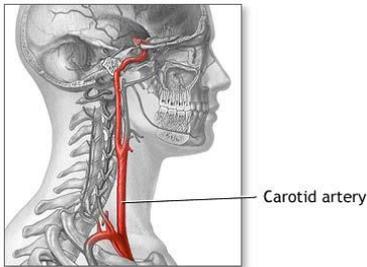
Neck vessels



Carotid control primer



- Bilateral symmetrical pressure applied in a “V” via the forearm & upper arm
- Carotid arteries & jugular veins are compressed, reducing blood flow
- May induce unconsciousness
- Unconsciousness is not necessary to gain control
- Normally with quick recovery



What a carotid control hold *isn't*

- Carotid control *isn't* a choke hold
- Carotid control *isn't* bar arm hold
- Carotid control *isn't* any technique that applies even slight pressure to the airway
- Carotid control *isn't* any technique that uses a baton or other mechanical tool



History of carotid restraint hold

- Seen as early as the 17th century, *shime waza* documented in 1882 by Prof. Jigoro Kano
- Used widely in many martial arts disciplines for over 100 years
- “Rear naked choke” now popular in mixed martial arts



Shime waza judo hold



Rear naked choke in MMA

Carotid restraint in policing

- Taught by the Koga Institute in the 1970s as the “carotid control hold” and used by LAPD in the 70s
 - Note correct terminology—carotid control, *not choke*
- FBI has long taught the “carotid restraint”
- “The use of these strangleholds is accepted police practice, even in non life-threatening situations” *Lyons*
- Post-*Lyons*, many agencies banned carotid control
- Many saw OC as the substituting cure-all tool

Carotid restraint in policing



CRTI ©



PPCT Shoulder Pin

- Carotid control from sitting or prone, prescribed by Koga, continues today
- PPCT Shoulder Pin
- NLETC LVNR
- CRTI



Carotid control (SFPD)



LVNR ©

City of Los Angeles v. Lyons

- Lyons alleged that he was stopped for a tail light violation and subjected to a “choke hold” for no apparent reason
- Sued for damages from alleged larynx injury and injunctive relief
- Supreme Court used the case to tailor standing rules and found that Lyons did not have standing
- The decision *did not* bar carotid holds
- Did the LAPD moratorium *increase* force injuries?

Post-*Lyons* litigation

- *McQuorter v. City of Atlanta*, 572 F.Supp. 1401 (D. Ga. 1983)
- *Post v. City of Fort Lauderdale*, 7 F.3d 1552 (11th Cir. 1993)
- *State v. Thompson*, 505 N.W.2d 673 (Neb. 1993)
- *Nava v. City of Dublin*, 121 F.3d 453 (9th Cir. 1997)
- *United States v. Livoti*, 22 F.Supp.2d 235 (S.D.N.Y. 1998)
- *Owens v. City of Fort Lauderdale*, 174 F.Supp.2d 1282 (S.D. Fla. 2001)
- *Ferguson v. Leiter*, 220 F. Supp.2d 875 (N.D. Ohio 2002)
- *Lawrence v. City of San Bernardino*, 2006 WL 5085247 (C.D. Cal.)
- *Griffith v. Coburn*, 473 F.3d 650 (6th Cir. 2007)
- *McBride v. Yates*, 2008 WL 1817248 (C.D. Cal.)
- *Young v. Bailey*, 2011 WL 4526739 (W.D. Mi. 2011)
- *Estate of Boone v. Las Vegas Metro PD*, #2:10-cv-00759, (D. Nev. June 30, 2011)
- *Barnard v. Theobald*, 721 F.3d 1069 (9th Cir. 2013)

Medical experts

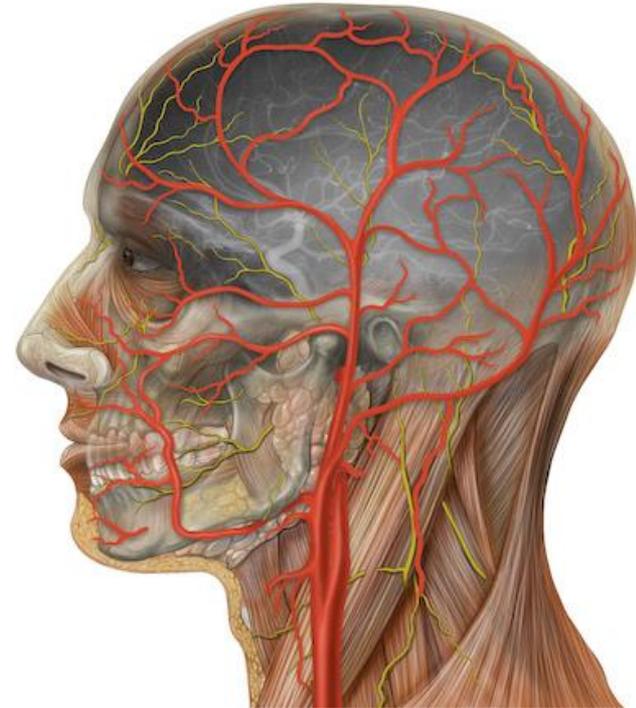
- **“Neck holds are potentially lethal” and should be last resort** – *Death from law enforcement neck holds*, Dr. Donald T. Reay & Dr. John W. Eisele, *Am. J. Forensic Med. & Pathology*, 1982: 2:2
 - ***Dr. Reay later retracted this statement***
- **“Rarely, one will encounter a death alleged to have occurred due to application of either a choke (bar arm control) or a carotid sleeper hold”** – Dr. Dominick J. Di Maio & Dr. Vincent J. M. Di Maio, *Forensic Pathology*, New York 1989
- **No known deaths from carotid holds properly applied** – Dr. E. Karl Koiwai, *J. Forensic Sciences*, March 1987

- **“No medical reason to routinely expect grievous bodily harm or death following the correct application of the vascular neck restraint in the general population by professional police officers with standardized training and technique”**

Dr. Christine Hall, *Canadian Police Research Centre National Study On Neck Restraints in Policing*

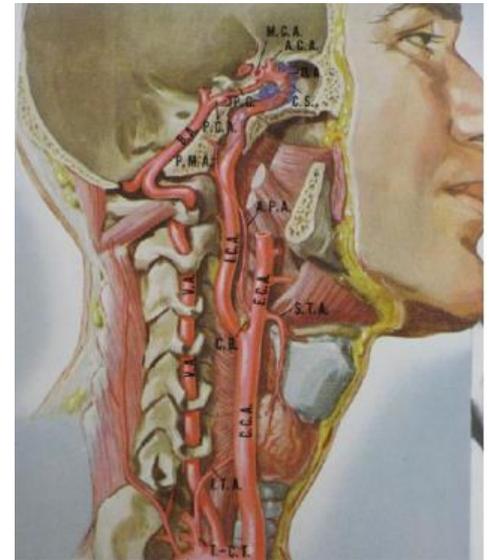
- **“The carotid sleeper hold when utilized in younger subjects appropriately, has a relatively solid safety profile and is an appropriate form of restraint and use of force method in law enforcement”**

Dr. Gary Vilke, *Sudden Deaths in Custody*



Causation

- “Proximity does not equate to causality” (Dr. S. Karch)
- “Alleged death” is rare (Drs. Di Maio)
- Dr. E. Karl Koiwai studied each reported case of carotid restraint-associated death up to 1987 and found some injuries consistent with bar arm choking and he noted heroin-morphine intoxication, PCP intoxication and acute ethanol and cocaine intoxication in several cases

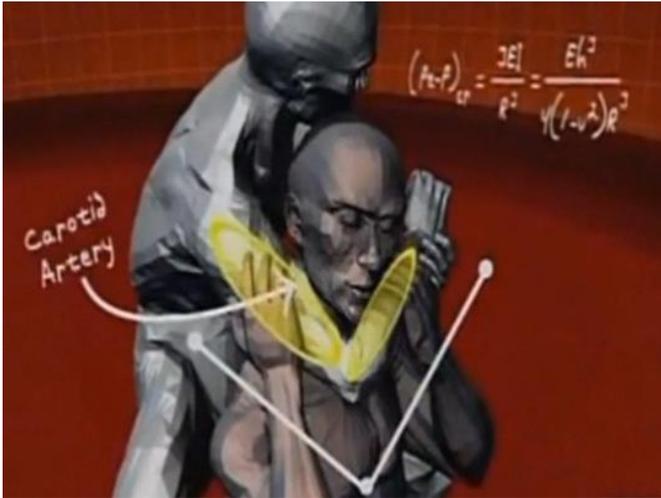


Causation

- Canadian Police Research Centre Study shows:
 - OC is the least injurious force tool
 - ECD and LVNR the second least injurious
 - 52.9% of suspects uninjured following LVNR, most injuries were minor
 - 75% of officers uninjured
 - 33% of suspects uninjured after empty hands techniques
 - Batons are the most injurious

CRTI

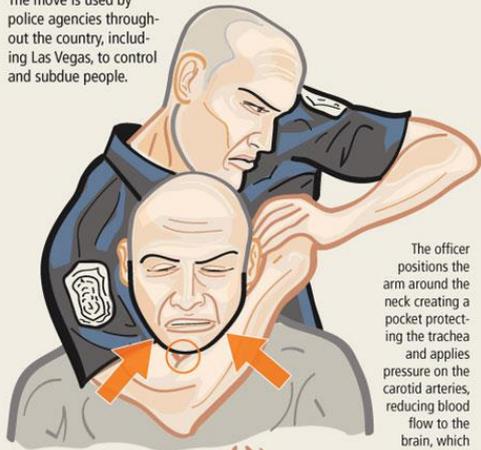
- Conforms with Cal POST VNR learning domain
- Intended to gain compliance and, if necessary, render suspect temporarily unconscious
- Designed to protect neck structures
- Technique avoids officer bearing weight of suspect and associated injuries



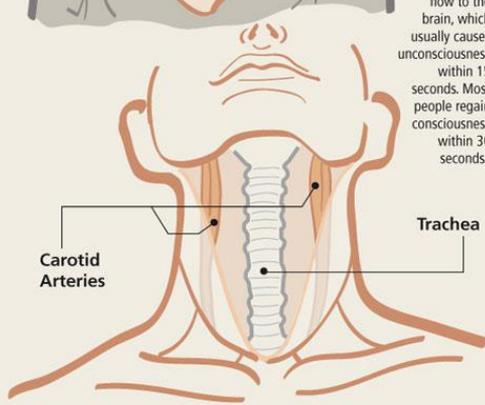
LVNR

Vascular neck restraint

The move is used by police agencies throughout the country, including Las Vegas, to control and subdue people.



The officer positions the arm around the neck creating a pocket protecting the trachea and applies pressure on the carotid arteries, reducing blood flow to the brain, which usually causes unconsciousness within 15 seconds. Most people regain consciousness within 30 seconds.



DAVID STROUD/LAS VEGAS REVIEW-JOURNAL

- Unconsciousness is *not* the objective (only 3% lose full consciousness)
- Emphasis is on capturing suspect's balance
- Escalating application of pressure
- “Pull through” contrasted with carotid control fixed pressure
- Standardized, economical training
- Positive litigation history over 40 years

Risk management considerations

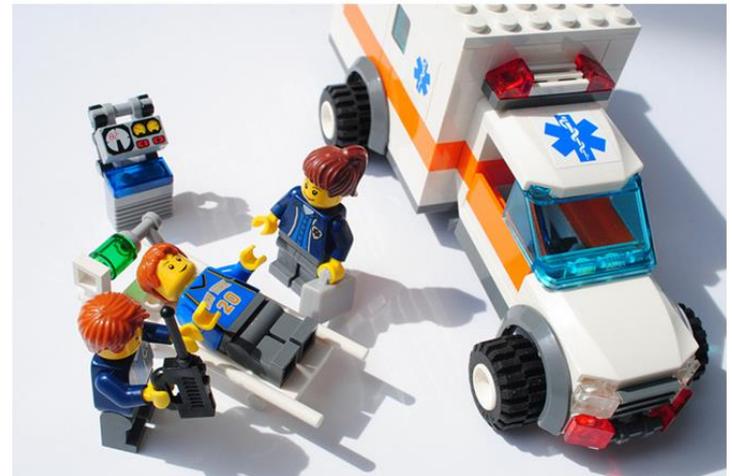
- Proper training
 - Anatomical structures and physiology
 - Recognize state of unconsciousness and know when to release pressure
 - Couple with ExD response training, AED, CPR
 - Train to avoid unintentional slip to choke hold
 - Proper post-application positioning
 - Proper response to vomiting
 - Retraining at recommended intervals

Policy considerations

- Appropriate application circumstances
 - Avoid post-OC spray application
 - Avoid application to persons
 - With known cardiac issues
 - Obviously pregnant women
 - Very young and very old persons
 - With Down's syndrome
 - No more than 2 applications in 24 hour period
 - Mandatory ER assessment with ExD subject
 - Proper reporting and supervisor notification

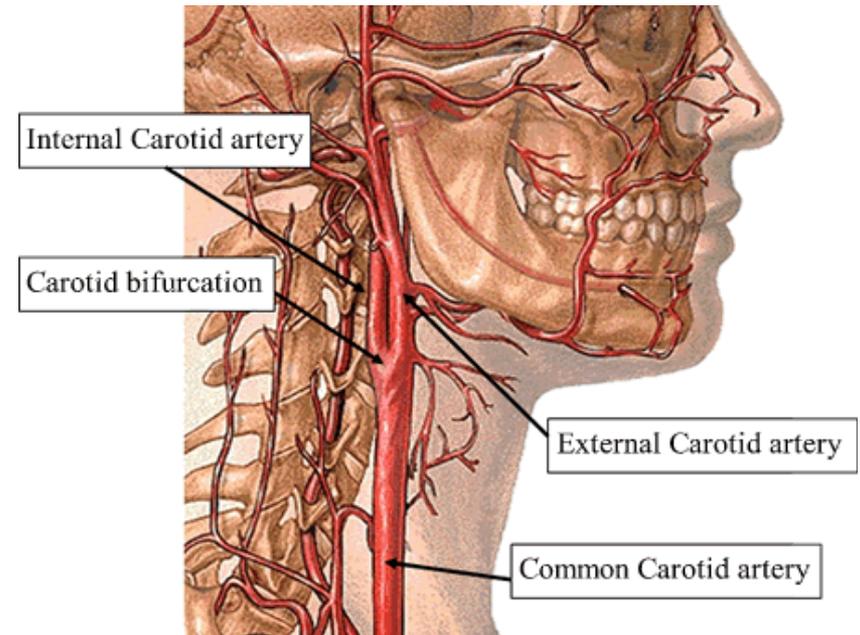
Policy considerations

- Post-application
 - Medical clearance, whether or not unconsciousness resulted
 - 2 hour monitoring period, check radial pulse, breathing, coherent speech, have first aid skills
 - Consider time-marking the suspect



Conclusion

- Health risks are very low and are manageable
- A proper vascular neck restraint is a valuable tool to reduce injuries and gain control
- Legally defensible when supported by proper policy and training



Additional reading

- *Bilateral vascular restraint – Facts and myths of the carotid restraint*, Dr. John Pi, M.D., Chuck Joyner, et al., The Tactical Edge (Summer 2010)
- *National Study on Neck Restraint in Policing*, Canadian Police Research Centre, #TR-01-2007 (January 2007)
- *Mechanism of loss of consciousness during vascular neck restraint*, Jamie R. Mitchell, Dan E. Roach, John V. Tyberg, Israel Belenkie, and Robert S. Sheldon, Journal of Applied Physiology, Vol. 112, No 3, pgs. 396-402 (Feb. 1, 2012)
- *Why the LVNR isn't a "choke hold,"* Charles "Chip" Huth, PoliceOne (March 19, 2013)

Thank you!

<https://www.linkedin.com/pub/ken-wallentine/27/9b4/a12>