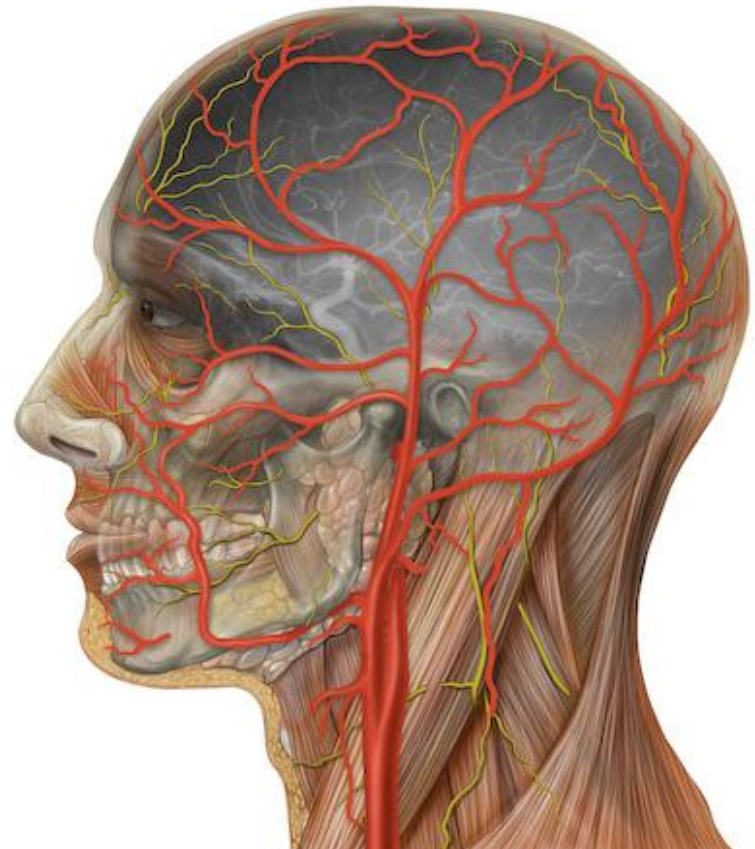


The Resurgence of Carotid Control: Managing the Risks and Getting It Right

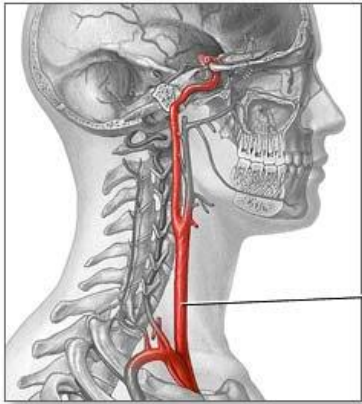
Ken Wallentine

Chief of Law Enforcement

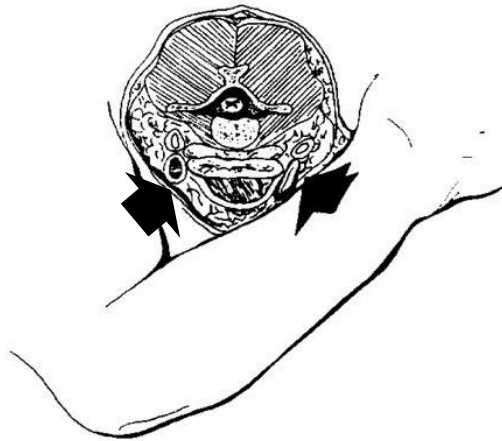
Utah Attorney General



Carotid control primer



Carotid artery



- Symmetrical pressure applied in a “V” via the forearm and upper arm to sides of neck
- Carotid arteries and jugular veins are compressed, reducing blood flow
- Generally induces unconsciousness w/in 15 seconds
- Normally with quick recovery

History of carotid restraint hold



Shime waza judo 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



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
- FBI has long taught the “carotid restraint”
- No significant litigation until *Lyons*
- “The use of these strangleholds is accepted police practice, even in non life-threatening situations.” *Lyons*, 615 F.2d at 1247
- Post-*Lyons*, many agencies banned carotid control
- San Diego limits followed the death of John Hampton in 1992
- Some cities banned carotid holds by ordinance

Carotid restraint in policing



PPCT Shoulder Pin

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



Carotid control (SFPD)



LVNR (© NLETC)

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? See Greg Meyer’s analysis in: *After Rodney King: What Have We Learned?*

City of Los Angeles v. Lyons

- Complaint filed in 1977
- LAPD chief banned bar arm choke hold on May 6, 1982
- LA Police Commission banned carotid control hold on May 12, 1982
- There was no substantive analysis of the 16 deaths associated with the use of either hold
- Evidence of hog-tying and drug use in most cases

Select post-*Lyons* litigation

- *McQuarter 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)
- *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)

Select post-*Lyons* litigation

- *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* (2011)

Medical opinion spectrum

- **“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
- **“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
- **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 TR-03-2007*

Causality

- “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 both injuries consistent with bar arm choking and noted heroin-morphine intoxication, PCP intoxication and acute ethanol and cocaine intoxication in several cases
- Each recent litigated case is notable for lack of definitive description of technique and/or for presence of cardiomyopathy, excited delirium and/or significant drug use

Causality

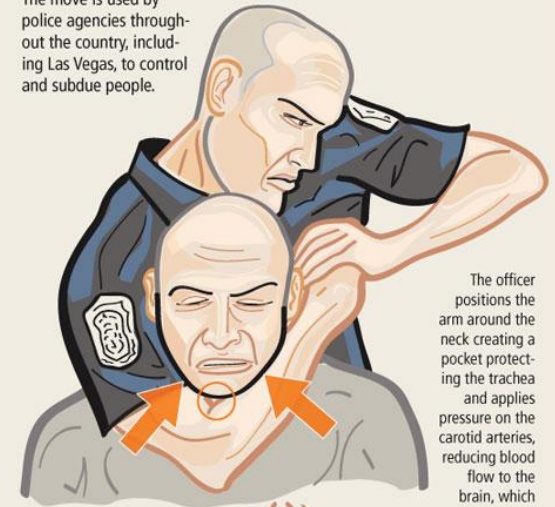
- Canadian Police Research Centre Study shows:
 - OC is the least injurious force tool
 - ECD and LVNR the second least injurious
 - 52.9% of suspects uninjured following LVNR, most injuries were minor
 - 75% of officers uninjured
 - 33% of suspects uninjured after empty hands techniques
 - Batons are the most injurious
- Consistent with anecdotal U.S. police reports, the *CPRC study is a must-read*

LVNR

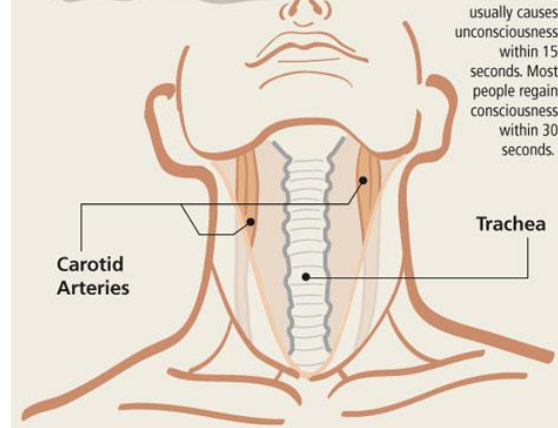
- Unconsciousness is *not* the objective (only 3% lose full consciousness - KCPD records)
- Emphasis is on capturing suspect's balance
- Escalating application of pressure
- “Pull through” contrasted with carotid control fixed pressure
- Standardized, economical training
- Positive litigation history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

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.

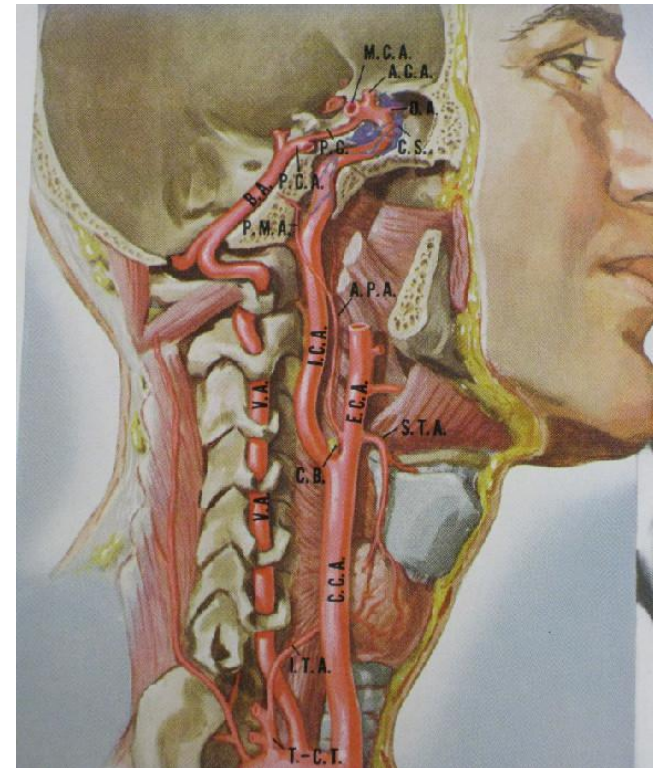


LVNR Demonstration



Risk management considerations

- Proper training
 - Anatomical structures and physiology
 - Recognize state of unconsciousness and know when to release pressure
 - Proper resuscitation
 - Proper post-application positioning
 - Proper response to vomiting



Risk management considerations

- Policy considerations
 - Determine 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
 - Proper reporting and supervisor notification

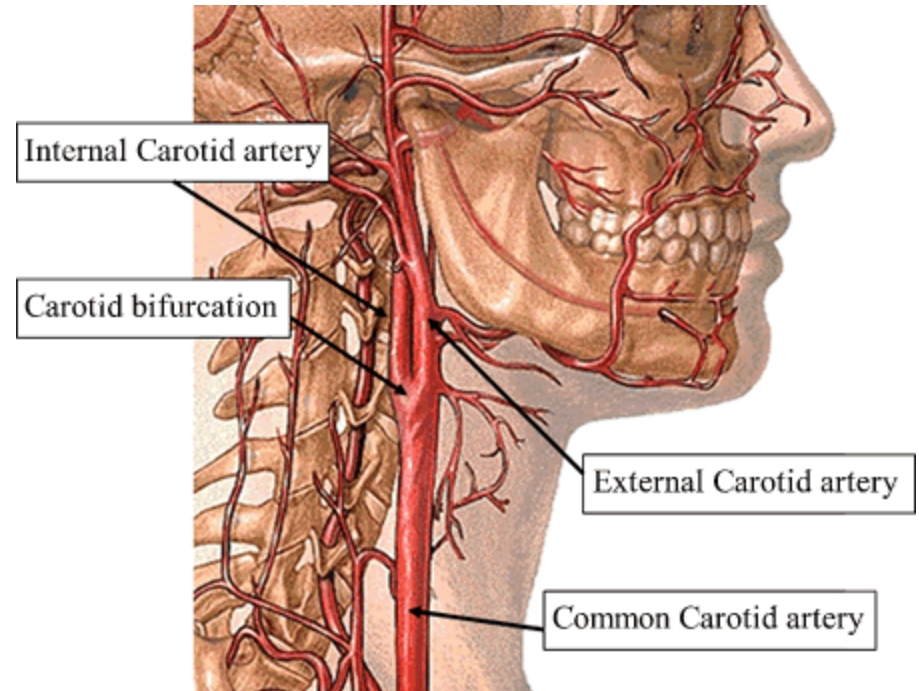
Risk management considerations

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



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 with proper incident investigation



Thank you

Ken Wallentine
Chief of Law Enforcement
Utah Attorney General
5272 South College Drive, 2nd floor
Salt Lake City, Utah 84123
801-281-1207
kenwallentine@utah.gov