

Diagnostics

AOSpine Thoracolumbar Spine Injury Classification System

Fracture Description, Neurological Status, and Key Modifiers

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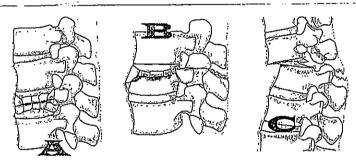


Figure 1. The 3 basic types—Type A: Compression injuries. Failure of anterior structures under compression with intact tension band. Type B: Failure of the posterior or anterior tension band. Type C: Failure of all elements leading to dislocation or displacement.

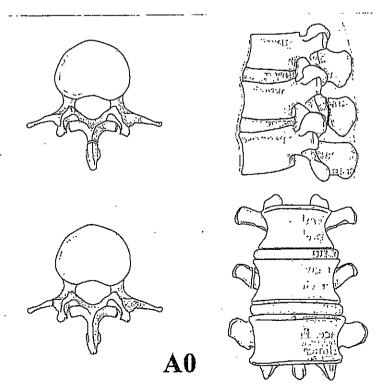


Figure 3. Subtype A0—Minor injuries: Injuries such as transverse process or spinous process fractures, which do not compromise the mechanical integrity of the spinal column. Figure 3 demonstrates schematic drawing of this injury while Figure 3.2 available at Supplemental Digital Content http://links.lww.com/BRS/A813 shows a CT scan of a

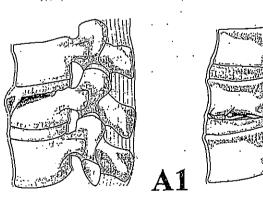


Figure 4. Subtype A1—Wedge Compression: Fracture of a single plate without involvement of the posterior wall of the vertebral Vertebral canal is intact. Figure 4 demonstrates schematic draw this injury while Figure 4.2 available at Supplemental Digital Cc http://links.lww.com/BRS/A814 shows a CT scan of a patient wit injury. CT indicates computed tomography.

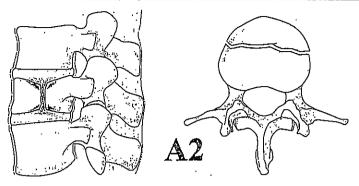


Figure 5. Subtype A2—Split or pincer-type: Fracture of both endplates without involvement of the posterior wall of the vertebral body. Figure 5 demonstrates schematic drawing of this injury while Figure 5.2 available at Supplemental Digital Content http://links.lww.com/BRS/A815 shows a CT scan of a patient with this injury. CT indicates computed tomography.

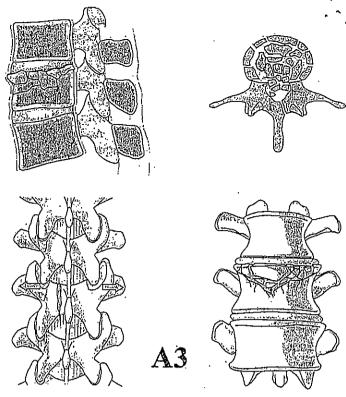


Figure 6. Subtype A3—Incomplete burst: Fracture with any involvement of the posterior wall of the vertebral body. Only a single endplate fractured. Vertical fracture of the lamina is usually present and does not indicate a tension band failure. Figure 6 demonstrates schematic drawing of this injury while Figure 6.2 available at Supplemental Digital Content http://links.lww.com/BRS/A816 shows a CT scan of a patient with this injury. CT indicates computed tomography.

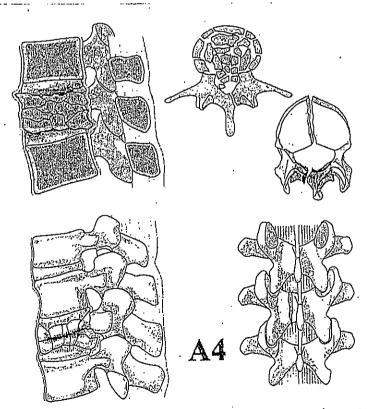


Figure 7. Subtype A4—Complete burst: Fracture with any involvement of the posterior wall of the vertebral body and both endplates. Vertical fracture of the lamina is usually present and does not indicate a tension band failure. Figure 7 demonstrates schematic drawing of this injury while Figure 7.2 available at Supplemental Digital Content http://links.lww.com/BRS/A817 shows a CT scan of a patient with this injury. CT indicates computed tomography.

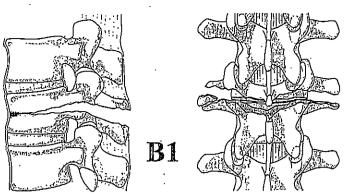


Figure 8. Subtype B1—Monosegmental bony posterior tension band injury: Transosseous failure of the posterior tension band. The classical "chance fracture." Figure 8 demonstrates schematic drawing of this injury while Figure 8.2 available at Supplemental Digital Content http://links.lww.com/BRS/A818 shows a CT scan of a patient with this injury. CT indicates computed tomography.

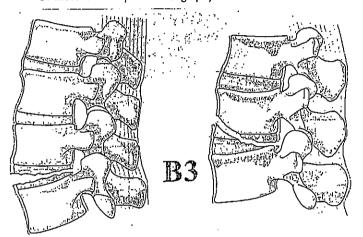


Figure 10. Subtype B3—Hyperextension injury: Injury through the disc or vertebral body leading to a hyperextended position of the spinal column, which is commonly seen in ankylotic disorders. Anterior tension band, notably the ALL is ruptured but there is a posterior hinge preventing further displacement. Figure 10 demonstrates schematic drawing of this injury while Figure 10.2 available at Supplemental Digital Content http://links.lww.com/BRS/AB20 shows a CT scan of a patient with this injury. CT indicates computed tomography. CT indicates computed tomography.

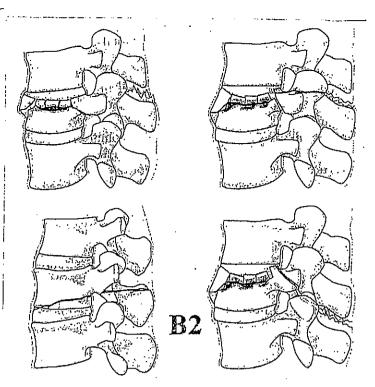


Figure 9. Subtype B2—Posterior tension band disruption: Bony and/or ligamentary failure of the posterior tension band together with a type A fracture. type A fracture should be classified separately. This example should be classified as: T12–L1 "type B2" with T12 "A4" according to the combination rules. Figure 9 demonstrates schematic drawing of this injury while Figure 9.2 available at Supplemental Digital Content http://links.lww.com/BRS/A819 shows a CT scan of a patient with this injury. CT indicates computed tomography.

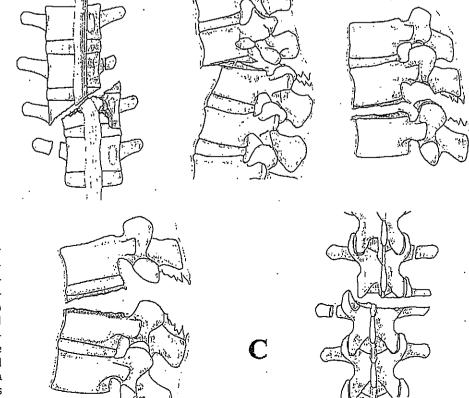


Figure 11. Type C—Translation/displacement: There are no subtypes as because of the dissociation between cranial and caudal segments various configurations are possible in different images, which are not relevant. Is combined with subtypes of A to denote the associated vertebral body fractures if necessary. Figure 11 demonstrates schematic drawing of this injury while Figure 11.2 available at Supplemental Digital itent http://links.lww.com/BRS/A821 shows a .f scan of a patient with this injury. CT indicates