

SPINE DIAGNOSES

Acute
SDIAG-Acute

INSTRUCTIONS:

Due to the clinical knowledge required, coordinators are **not to complete this without a surgeon's input.**

Please see classification guidelines on reverse. Please give **only** the traumatic diagnosis which is causing cord or cauda equina impairment within the spinal canal resulting in deficit.

Where the diagnosis extends across two location categories (e.g. C5-T3), please use the more cranial area to denote the AOSpine classification. Only one classification can be chosen.

Trauma Diagnosis - AOSpine Classification

See classification algorithm on next page

Upper Cervical, C0-C2 Trauma

- AOSpine
- ☐ C (any dislocation)
 - ☐ occipital condyle #
 - ☐ C1 Arch #
 - ☐ C1 Jefferson #
 - ☐ C2 Hangman's #
 - ☐ C2 Odontoid #
 - ☐ Unclassifiable C0-C2

Thoracic, T1-T12 Trauma

- AOSpine
- ☐ C
 - ☐ B3
 - ☐ B1/B2
 - ☐ A3/A4
 - ☐ A1/A2
 - ☐ A0
 - ☐ Unclassifiable T1-T12

Subaxial, C3-C7 Trauma

- AOSpine
- ☐ C
 - ☐ B3
 - ☐ B1/B2
 - ☐ A3/A4
 - ☐ A1/A2
 - ☐ A0
 - ☐ Unclassifiable C3-C7

Lumbar, L1-L5 Trauma

- AOSpine
- ☐ C
 - ☐ B3
 - ☐ B1/B2
 - ☐ A3/A4
 - ☐ A1/A2
 - ☐ A0
 - ☐ Unclassifiable L1-L5

Sacral fracture causing cord or cauda equina impairment*

- ☐ Any sacral fracture

* do not include sacral root deficit without cord or cauda equina impairment (see inclusion criteria for RHSCIR).

SELECT ONLY ONE above. If there are two injuries causing cord or cauda impairment, please use a second form.

Penetrating or blunt injury?

(penetrating: damage to cord by piercing object/projectile - knife, bullet, shrapnel)

- ☐ penetrating ☐ blunt ☐ unknown

Underlying non-traumatic diagnoses:

- ☐ DISH (Diffuse idiopathic skeletal hyperostosis)
- ☐ OPLL (Ossification of the posterior longitudinal ligament)
- ☐ Cervical spondylosis/stenosis - if yes:
 - CSM (Cervical Spondylotic myelopathy) ☐ yes ☐ no ☐ unk
- ☐ Ankylosing spondylitis

FOR OFFICE USE ONLY:

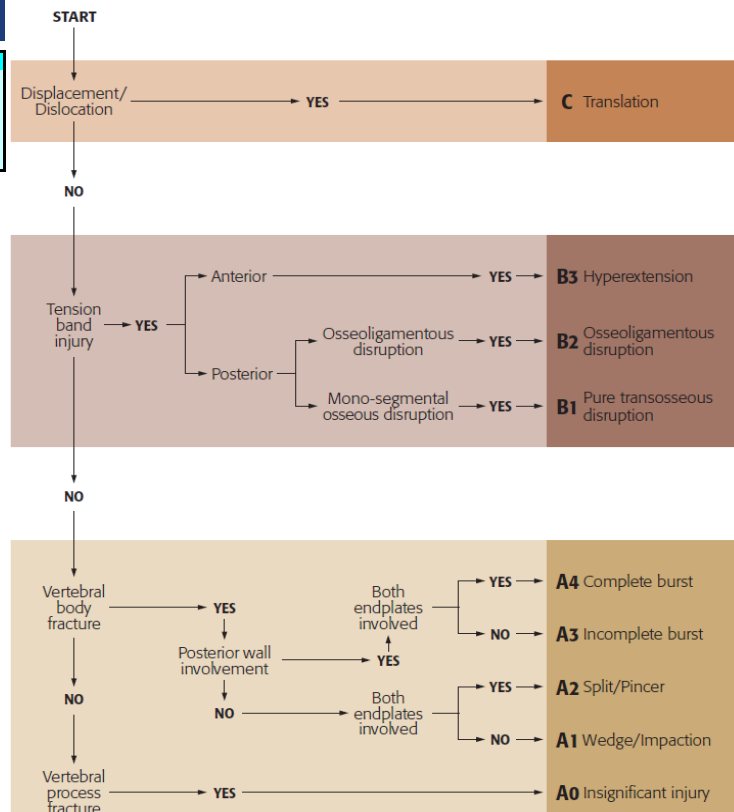
Data Collection Details	Name of Physician who classified AOSpine: _____

	Date Review Completed: _____

V13Dec2019

RHSCIR ID #: _____

Classification algorithm for subaxial, thoracic and lumbar injuries



Cord damage without bony or ligamentous disruption (e.g. SCIWORA with no ligamentous disruption, some penetrating injuries) should be included in the A0 group as should laminar fracture and non-displaced facet fractures without tension band disruption.

Further pictorial guidelines for subaxial and thoracolumbar injuries are available to coordinators on SharePoint.