

Spine injury classification

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The ideal [classification](#) of [spinal trauma](#) does not yet exist, primarily because the combination of morphological, biomechanical and clinical parameters in one single nomenclature has proved impossible. For radiologists and surgeons who work closely together, only a few classifications of injury patterns have been shown to be useful enough to provide rapid and stable therapy decisions. Many classifications are too complex to be practical for day-to-day practice, such as the Magerl classification, which has been adopted by the Arbeitsgemeinschaft für Osteosynthesefragen (AO). Not least because of this classification difficulty, eponyms and synonyms are widely used to describe trauma of the spine, comparable to the number of terms used to describe fractures of the upper and lower limbs. The members of trauma teams should be aware of the definitions of these terms as well as the strengths and limitations of the existing classifications of spinal trauma ¹⁾

[AO Spine Upper Cervical Injury Classification System](#)

[AOSpine subaxial cervical spine injury classification system](#)

[AOSpine thoracolumbar spine injury classification system.](#)

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[Subaxial Cervical Spine Injury Classification](#)

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Schueller G. "Who is who revisited": wirbelsäulentrauma [Who is who revisited: spinal trauma]. Radiologe. 2010 Dec;50(12):1084-95. German. doi: 10.1007/s00117-010-2030-9. PMID: 20967415.

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