

Thoracolumbar burst fracture conservative treatment

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- [Study Protocol for a Randomized Controlled Clinical Trial on the Outcome of Surgical Versus Primary Nonsurgical Treatment of Traumatic Thoracolumbar Spine Burst Fractures in Patients Without Neurological Symptoms-A34RCT](#)
- [Off-label use of teriparatide for the treatment of a vertebral burst fracture in a young patient: A case report and literature review](#)
- [Surgical versus nonsurgical treatment of thoracolumbar burst fractures in neurologically intact patients: a cost-utility analysis](#)
- [Which is the Superior Thoracolumbar Injury Classification Tool? TLICS Versus AOSpine 2013: A Systematic Review](#)
- [Predictive accuracy of machine learning models for conservative treatment failure in thoracolumbar burst fractures](#)
- [The neurologically intact patient with TLICS 4 or 5 burst fracture should be given a trial of nonoperative management](#)
- [Evaluating the Efficacy of Orthoses in the Conservative Treatment of Thoracolumbar Fractures: A Systematic Review](#)

Components of Conservative Treatment Immobilization:

Bracing: Thoracolumbosacral orthosis (TLSO) or Jewett brace for 8–12 weeks to restrict motion and allow healing. Goal: Maintain alignment and stability during the healing process. Early mobilization with bracing to prevent deconditioning. Activity Modification:

Limit activities that stress the spine (e.g., lifting, twisting, bending). Encourage walking and light activities as tolerated while braced. Pain Management:

NSAIDs or acetaminophen for pain relief. Avoid opioids unless absolutely necessary. Physical Therapy:

Initiated after initial healing phase (6–12 weeks). Focus on core strengthening and spinal stabilization exercises. Gradual reintroduction to activities. Monitoring and Follow-Up:

Regular clinical evaluations for pain, function, and neurological status. Repeat imaging (X-rays, CT, or MRI) to ensure no progression of deformity or instability. Outcomes Conservative treatment can yield good results in stable thoracolumbar burst fractures with proper patient selection. Complications may include progressive kyphotic deformity, persistent pain, or late instability, which would necessitate surgical intervention. Red Flags for Surgery Transition to surgical treatment is considered if:

Neurological deterioration develops. Severe pain persists despite conservative measures. Progressive spinal deformity or instability occurs.

Indications

[Thoracolumbar burst fracture conservative treatment indications.](#)

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