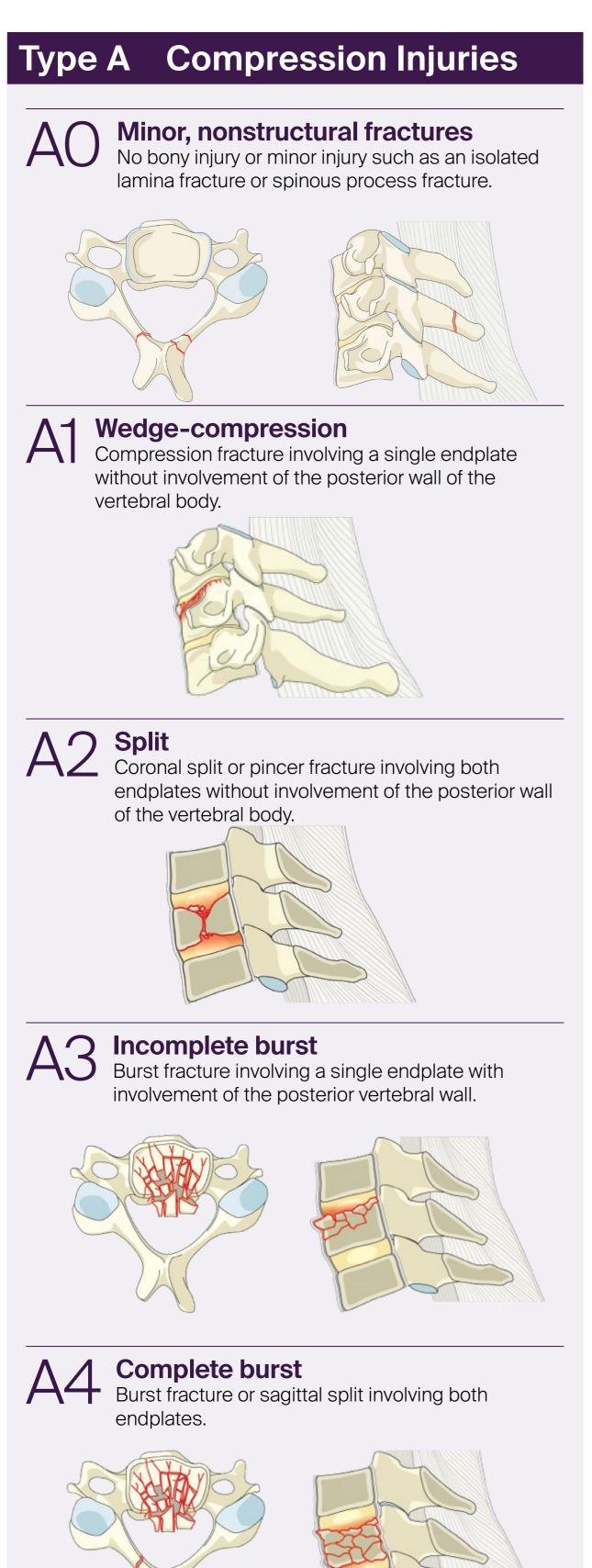
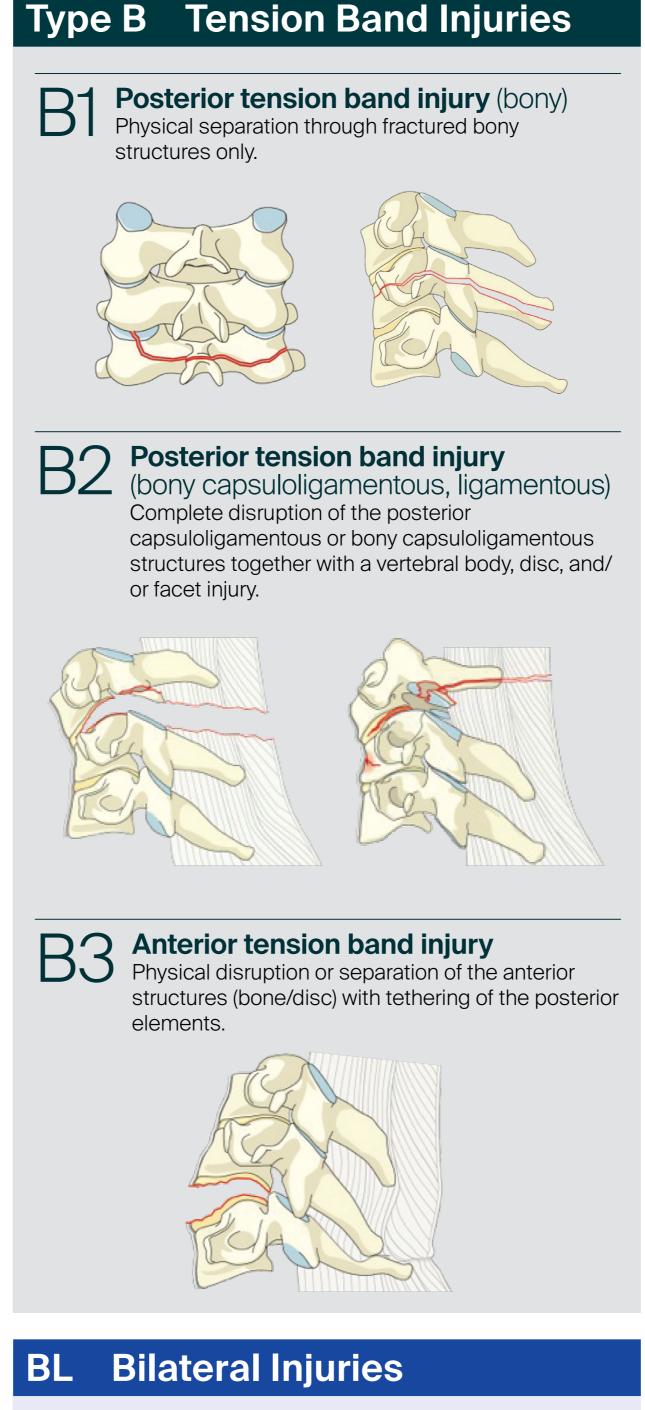
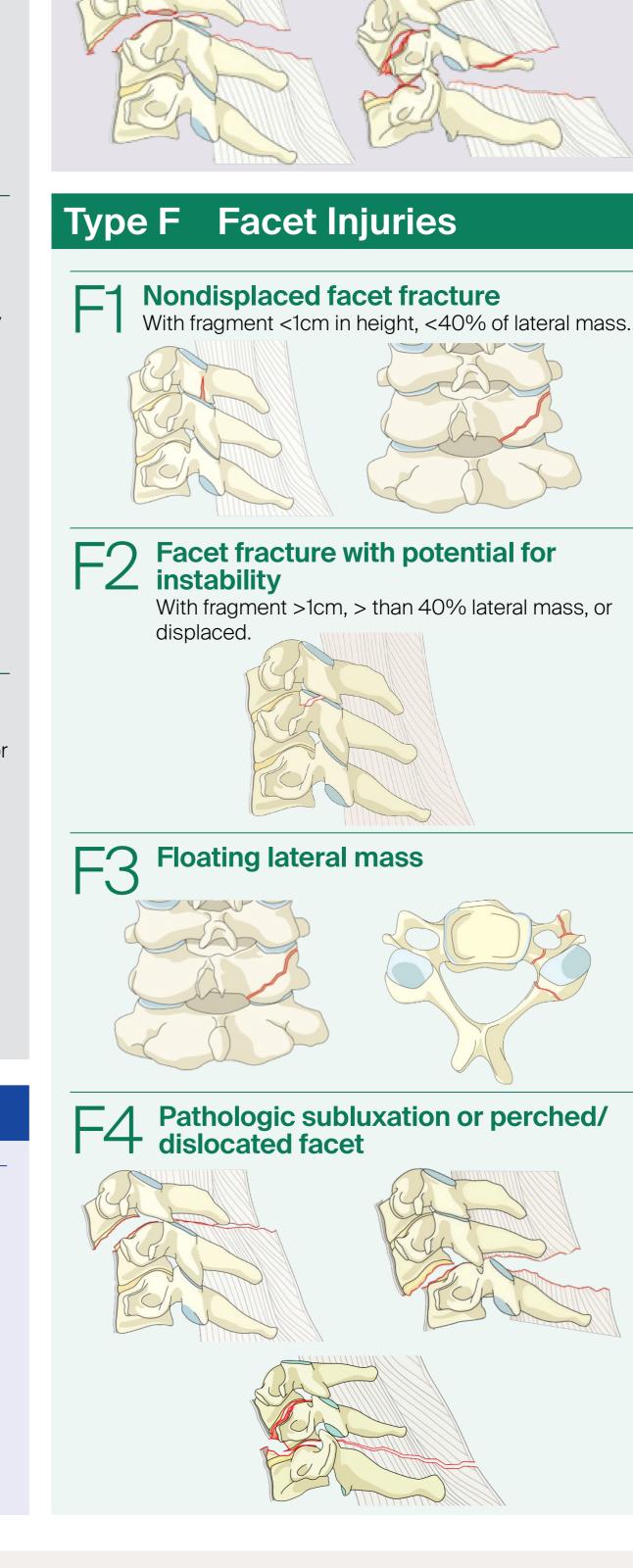


AO Spine Subaxial Injury Classification System







Type C

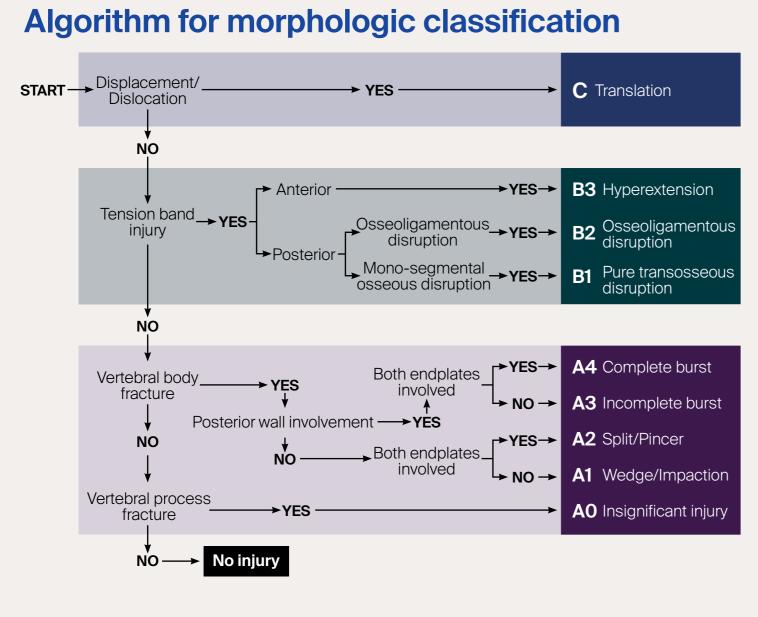
direction

Translation Injuries

vertebral body relative to another in any

Translational injury in any axis-

displacement or translation of one



Туре	Neurological
N0	Neurology intact
N1	Transient neurologic deficit
N2	Radicular symptoms
N3	Incomplete spinal cord injury or any degree of cauda equina injury
N4	Complete spinal cord injury
NX	Cannot be examined
+	Continued spinal cord compression

(C7: A1)

Bilateral injury

+ Continued spinal cord compression Classification Nomenclature C6-C7 translation injury (C) with a C7 compression fracture (A1)

Secondary injury

Type Description
 M1 Posterior Capsuloligamentous Complex injury without complete disruption.
 M2 Critical disc herniation.
 M3 Stiffening/metabolic bone disease (ie DISH, AS, OPLL, OLF).
 M4 Vertebral artery abnormality.

C7 translation injury (C)
C6-C7 flexion-distraction-injury (B2) with perched facet dislocation on right side (F4), facet fracture on the left side (F2), radiculopathy C7 (N2) and ankylosing spondylitis (M3)

C6-C7: C ← Primary injury

C7- A 1)

Neurologic status

Modifiers

*If there are multiple injuries to the same facet – for example: small fracture (F1) and dislocation (F4) –, only the highest level facet injury is classified (F4).

**If only facet injuries are identified – no A, B, or C injury –, they are listed first after the level of injury.

econdary facet injur

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1. Vaccaro AR, Koerner JD, Radcliff KE, Oner FC, Reinhold M, Schnake KJ, Kandziora F, Fehlings MG, Dvorak MF, Aarabi B, Rajasekaran S, Schroeder GD, Kepler CK, Vialle LR. "AOSpine subaxial cervical spine injury classification system." <u>Eur Spine J.</u>, February 26, 2015. (e-pub)



(F4; F2; N2, M3)

and modifiers