

SPINE FRACTURE REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROSURGERY & SPINE • 92 CAMPUS DRIVE, SUITE A, SCARBOROUGH, ME • (207) 885-0011

HIGH RISK

SUGGESTED EMERGENT
CONSULTATION

SYMPTOMS AND LABS

Fracture **WITH** neurologic deficit

Cervical fractures **WITHOUT** deficit

SUGGESTED PREVISIT
WORKUP

For fracture **WITH** neurologic deficit,
send to Emergency Department.
While not necessary, a courtesy call
to on-call neurosurgeon will
facilitate care

For cervical fractures **WITHOUT** deficit,
call 885-0011 to see if an urgent
Neurosurgery & Spine (Fracture Clinic)
assessment is available. If not, send
to Emergency Department.

MODERATE RISK

SUGGESTED
CONSULTATION OR
CO-MANAGEMENT

SYMPTOMS AND LABS

Acute/subacute thoracic or lumbar
compression **WITHOUT** neurologic
deficit

Chronic thoracic or lumbar
compression **WITHOUT** neurologic
deficit

SUGGESTED
WORKUP

Acute/subacute thoracic or lumbar
compression **WITHOUT** neurologic
deficit needs updated CT (non-
contrast) and referral to Spine
Fracture Clinic

Chronic thoracic or lumbar
compression **WITHOUT** neurologic
deficit needs MRI (non-contrast) and
referral to Neurosurgery & Spine.
Consider osteoporosis assessment.

LOW RISK

SUGGESTED
ROUTINE CARE

SYMPTOMS AND LABS

Incidental fracture **WITHOUT** pain and
WITHOUT deficit

Incidental fracture **WITH** pain and
WITHOUT deficit

SUGGESTED
MANAGEMENT

For incidental fracture **WITHOUT**
pain and **WITHOUT** deficit, referral to
Fracture Clinic generally not indicated.
Consider osteoporosis assessment.
Consider additional workup if
concerns for cancer.

For incidental fracture **WITH** pain and
WITHOUT deficit, consider referral to
Neurosurgery & Spine (Fracture Clinic).
Consider osteoporosis assessment.
Consider additional workup if concerns
for cancer.

CLINICAL PEARLS

- MRI is the preferred imaging modality for dating spinal fractures (non-contrast) and to assess for neoplasm (with and without contrast).
 - Any fracture in the setting of ankylosing spondylitis or DISH (diffuse idiopathic skeletal hyperostosis) should be considered potentially unstable.
- A chronic fracture is considered >3 mo since trauma
 - Low velocity injury is diagnostic of osteoporosis. (e.g. fall from standing height)
 - Low threshold to place a referral if severe stenosis or deformity