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

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

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Incidental fracture WITHOUT pain and WITHOUT deficit

Incidental fracture WITH pain and 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.

SUGGESTED WORKUP

Acute/subacute thoracic or lumbar compression **WITHOUT** neurologic deficit needs updated CT (noncontrast) 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.

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

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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