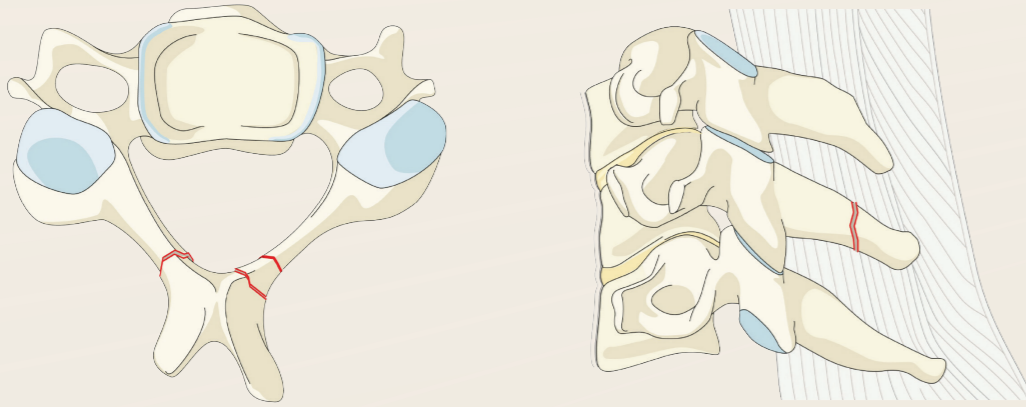


AOSpine Subaxial Classification System

Type A. Compression Injuries

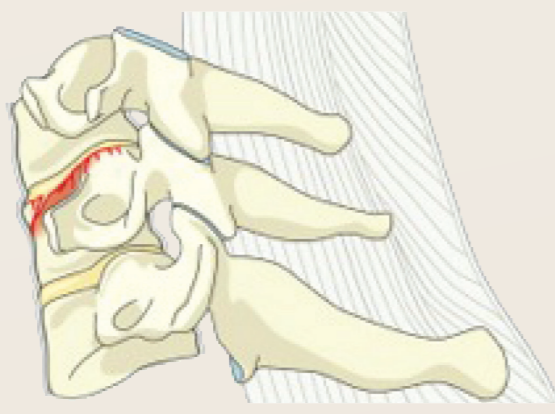
A0. Minor, nonstructural fractures

No bony injury or minor injury such as an isolated lamina fracture or spinous process fracture.



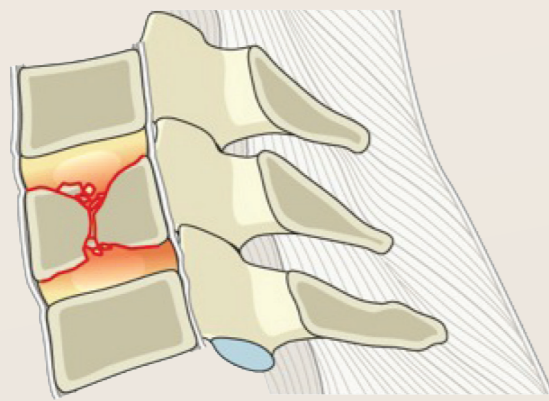
A1. Wedge-compression

Compression fracture involving a single endplate without involvement of the posterior wall of the vertebral body.



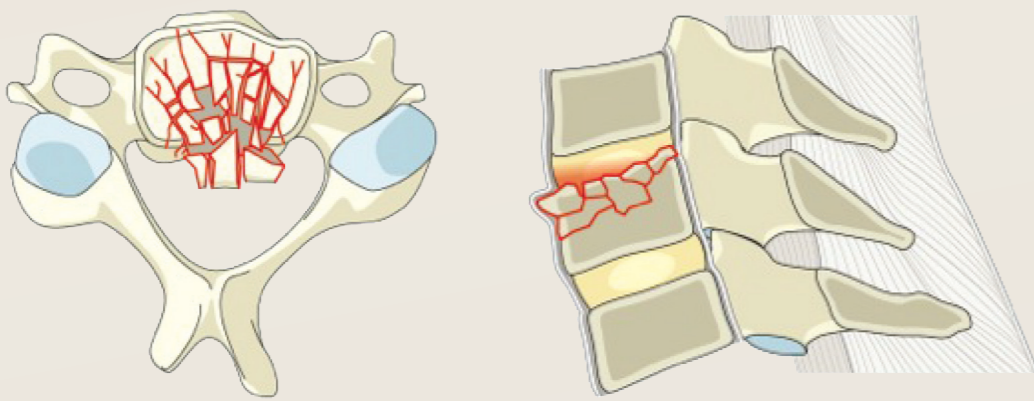
A2. Split

Coronal split or pincer fracture involving both endplates without involvement of the posterior wall of the vertebral body.



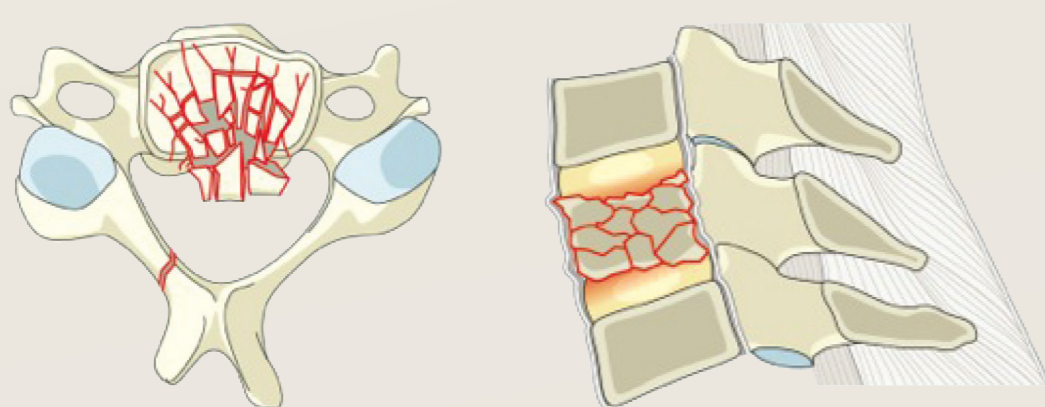
A3. Incomplete burst

Burst fracture involving a single endplate with involvement of the posterior vertebral wall.



A4. Complete burst

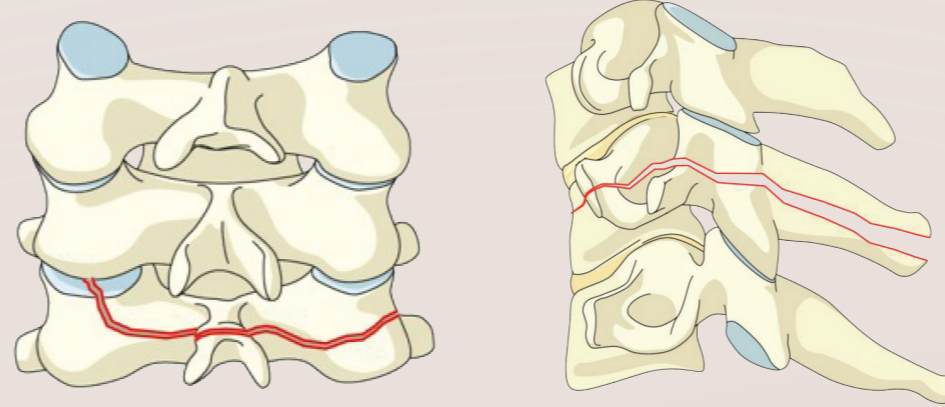
Burst fracture or sagittal split involving both endplates.



Type B. Tension Band Injuries

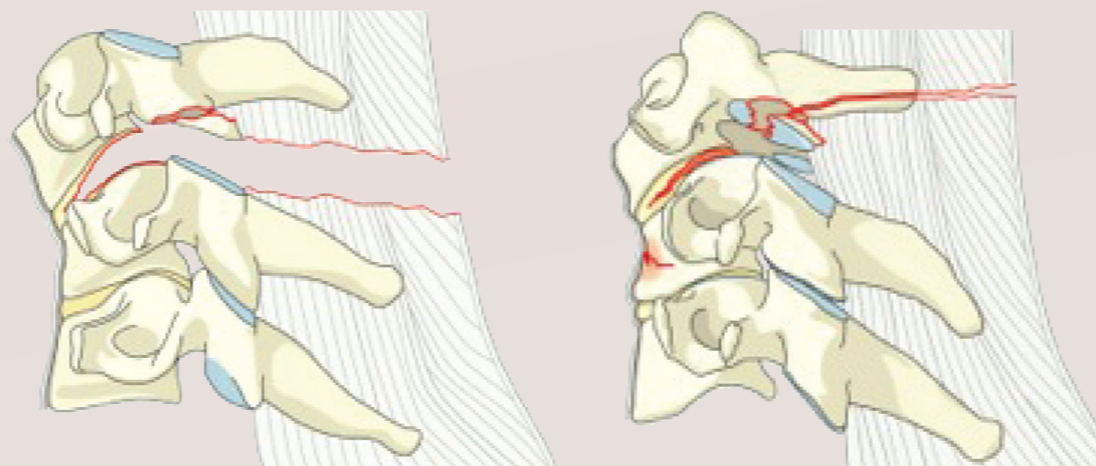
B1. Posterior tension band injury (bony)

Physical separation through fractured bony structures only.



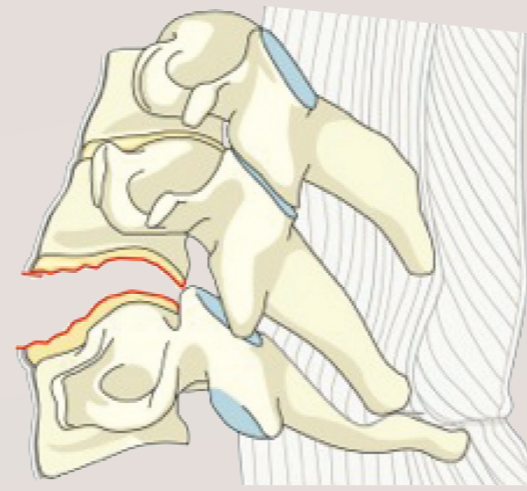
B2. Posterior tension band injury (bony capsuloligamentous, ligamentous)

Complete disruption of the posterior capsuloligamentous or bony capsuloligamentous structures together with a vertebral body, disk, and/or facet injury.



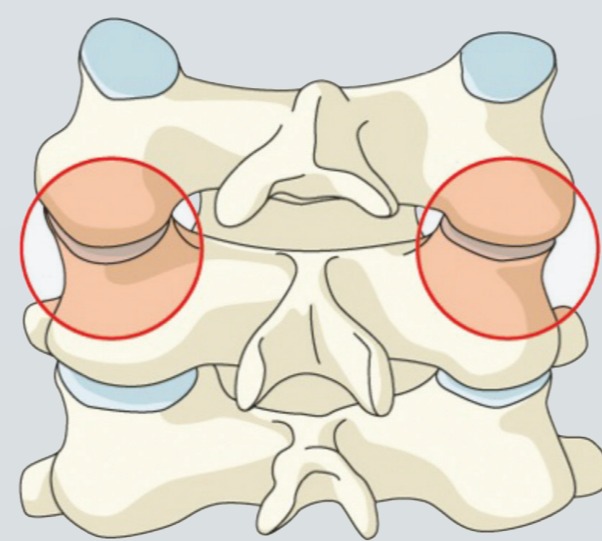
B3. Anterior tension band injury

Physical disruption or separation of the anterior structures (bone/disk) with tethering of the posterior elements.



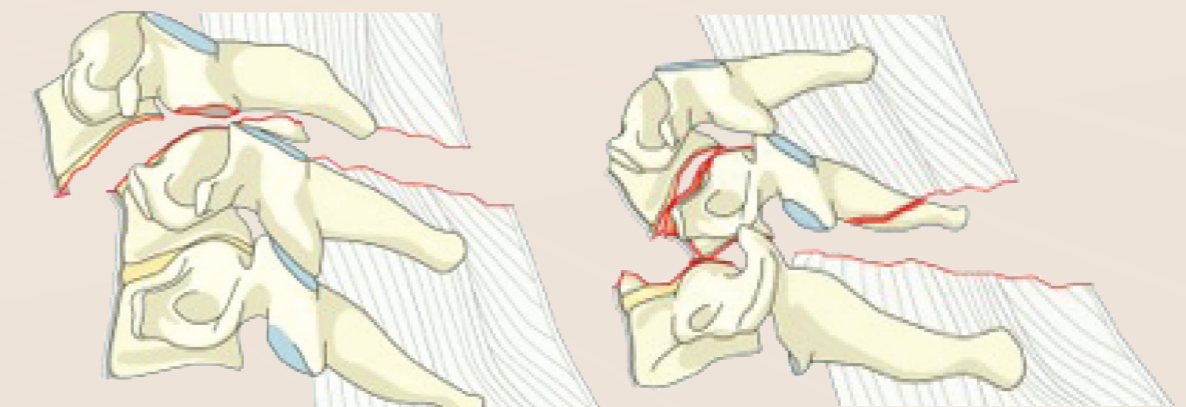
BL. Bilateral Injuries

BL. Bilateral injury



Type C. Translation Injuries

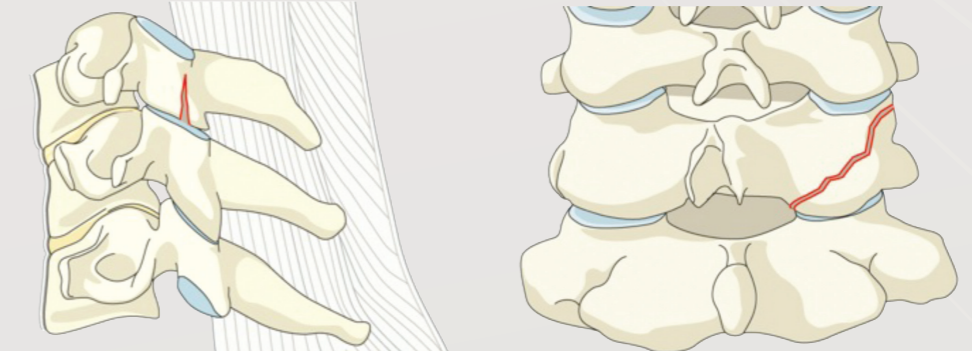
C. Translational injury in any axis-displacement or translation of one vertebral body relative to another in any direction



Type F. Facet Injuries

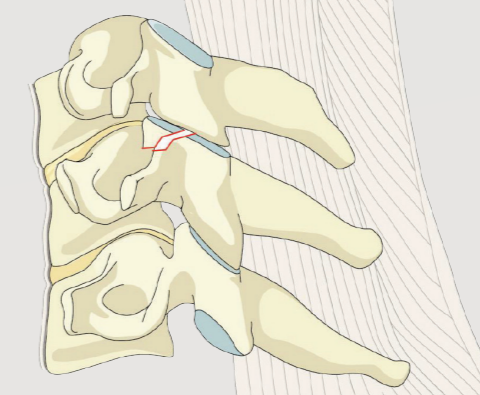
F1. Nondisplaced facet fracture

With fragment <1cm in height, <40% of lateral mass.

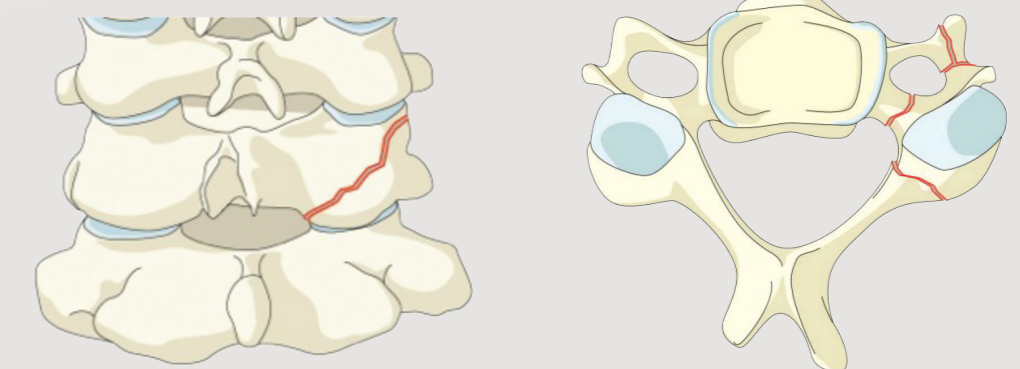


F2. Facet fracture with potential for instability

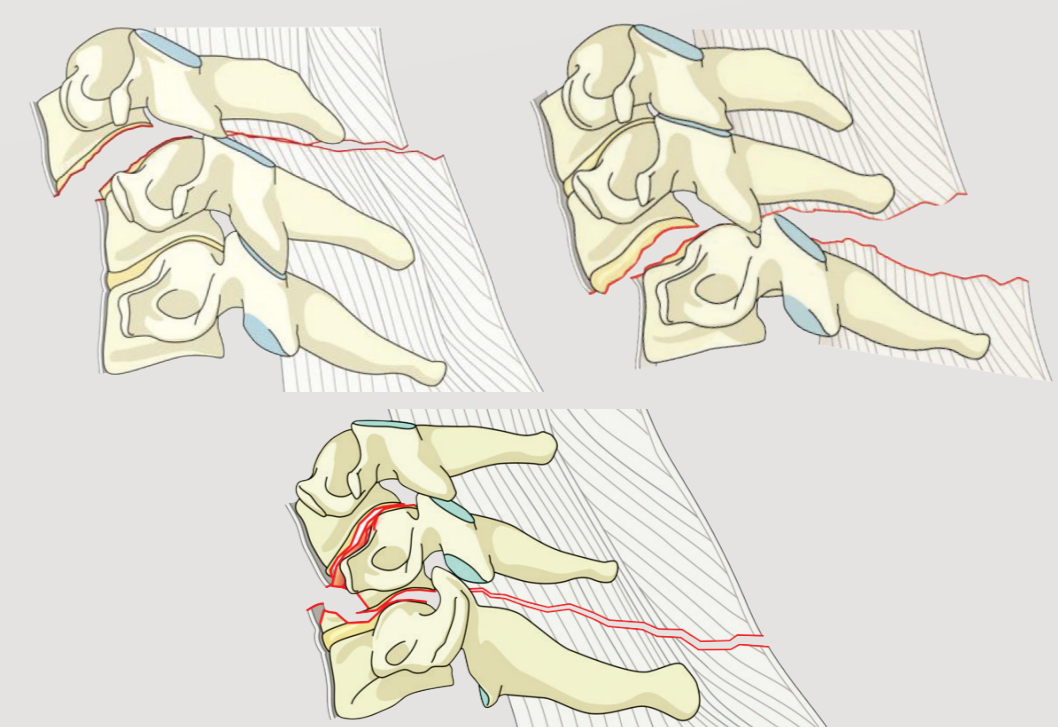
With fragment >1cm, > than 40% lateral mass, or displaced.



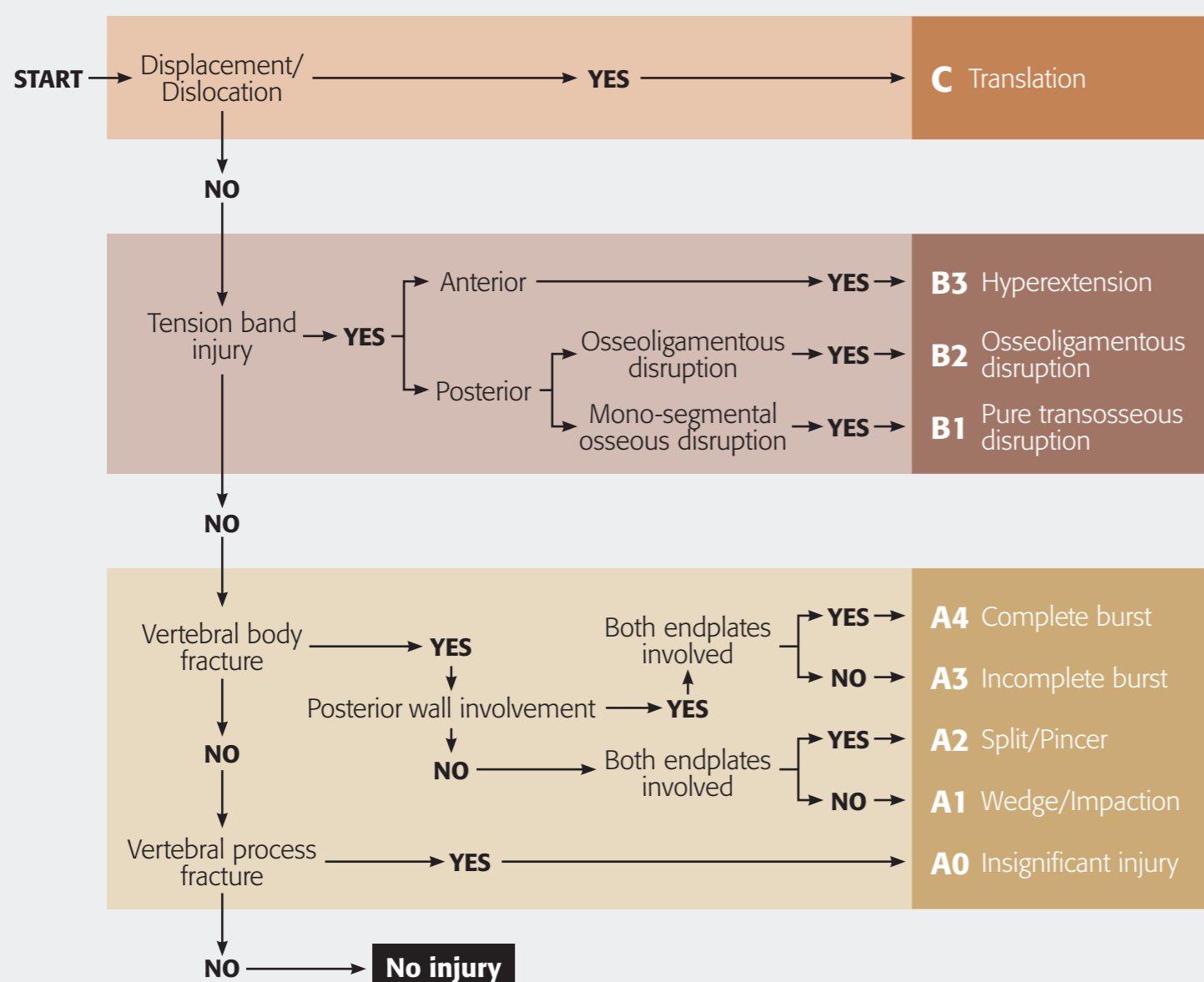
F3. Floating lateral mass



F4. Pathologic subluxation or perched/dislocated facet



Algorithm for morphologic classification



Neurological status modifier

Neurologic status at the moment of admission should be scored according to the following scheme:

Type	Description
N0	Neurologically intact
N1	Transient neurologic deficit, resolved
N2	Radiculopathy
N3	Incomplete spinal cord injury
N4	Complete spinal cord injury
NX	Cannot be examined

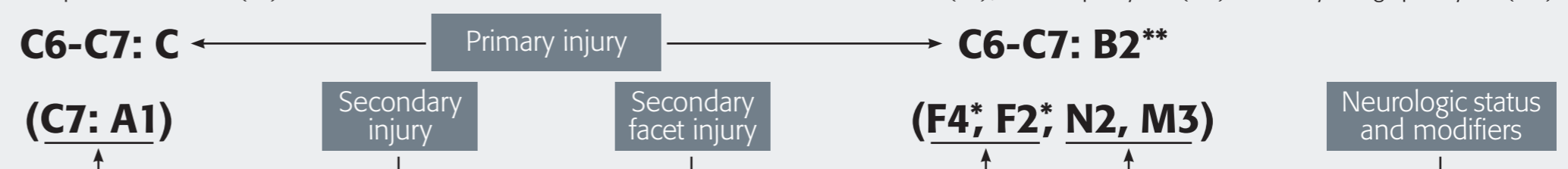
Case-specific modifiers

There are four modifiers, which can be used in addition to ad 1 and 2:

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

Classification nomenclature

C6-C7 translation injury (C) with a C7 compression fracture (A1) 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)



*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.

Further information: www.aospine.org/classification