**Thoracic / Lumbar Compression & Endplate Fractures**

The protocol was reviewed and agreed upon by EM, Neurosurgery, Orthopedic Surgery, Trauma Surgery, and Radiology.

**Order CT of the affected area**

- CT Thoracic spine w/o contrast
- CT Lumbar spine w/o contrast
- CT Cervical spine w/o contrast
- Standard practice is to order a CT Thoracolumbar w/o contrast
- CT Head Cervical Spine w/o contrast
- CT or Intubated patients
- CT trauma chest/abdomen/pelvis w/o contrast
- In special circumstances, the ED attg can initiate a clinical discussion with the trauma attg directly.

**Acute Fracture / Age Indeterminate or Subacute/Chronic?**

- Upright spine without a brace
- Upright thoracic spine x-rays
- Was a CT of the affected level performed?

**Acute / Age Indeterminate (also includes patients with acute pain or equivocal radiology reads i.e. “acute vs subacute”)**

- > 50% height loss OR New angulation or kyphotic deformity OR Any retropulsion

**Subacute/Chronic**

- New retropulsion (any degree)
- New neurological deficits
- Diffuse idiopathic skeletal hyperostosis (DISH)
- Ankylosing spondylitis (AS)
- Malignancy associated fracture (metastatic or primary)
- Unable to complete upright x-rays

**EXCLUSION CRITERIA**

- CERVICAL fractures
- BURRT / two column fractures
- INTUBATED patients
- New retropulsion (any degree)
- New neurological deficits
- Diffuse idiopathic skeletal hyperostosis (DISH)
- Anteriorly angulated fractures (IFAS or KAS)
- Malignancy associated fracture (metastatic or primary)
- Unable to complete upright x-rays

**References**