

Indications for MRI Spine

1. Any traumatic thoracolumbar fracture above A3 in AO classification which include A4, B1, B2, B3, C to rule out ligamentous injury.
 - a. A3 mean endplate fracture and posterior wall fracture
 - b. A4 mean: Both endplate fracture and posterior wall fracture
 - c. B mean: Posterior element fracture like pedicle, lamina, spinous process
 - d. C mean: Fracture dislocation
 - e. (Attached is the AO classification)
2. Questionable neurological exam after spine trauma which includes numbness, tingling, weakness, radicular pain, and bowel and bladder changes.
3. Fractures in stiff spine which include ankylosing spondylitis, DISH, and prior spinal fusion.
4. Fractures are usually subtle with a high incidence of hematoma and require surgical intervention
5. Traumatic thoracolumbar fracture in a patient on blood thinner to rule out hematoma.
6. Any upper cervical spine fracture to rule out ligamentous injuries
7. Any subaxial cervical fracture includes the posterior column, facet fracture, lamina pedicle, and lateral mass.
8. Persistent pain, and inability to walk after trauma with a negative CT scan to rule out occult fracture, hematoma, and neural element injury.
9. Painful compression fracture in the elderly to check the acuity of the fracture.

