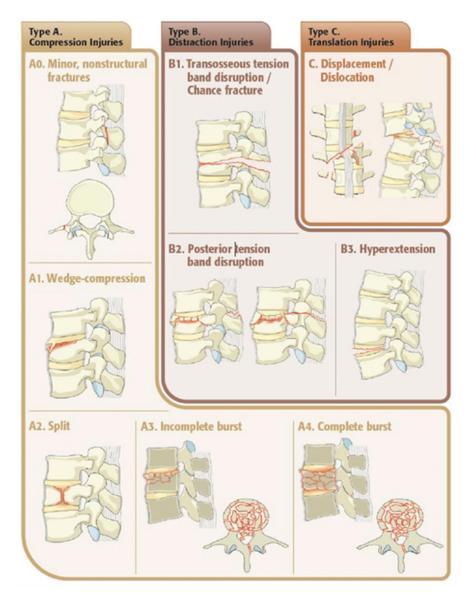


Indications for MRI Spine

- 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.

Rev. 05/2024 Page **1** of **2**





Rev. 05/2024 Page **2** of **2**