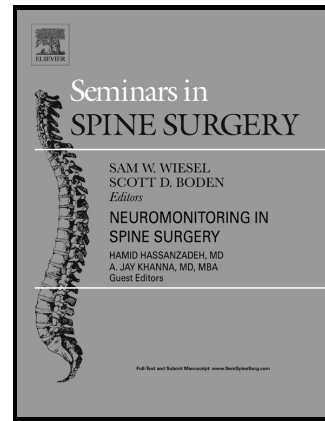


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Update on Subaxial Cervical Trauma Classification Systems

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Abstract

Injury classification systems guide management, predict prognosis, and allow for communication between providers. Several classification systems for subaxial cervical trauma have been described. Historically, classifications focused on osseous morphology, inferred mechanism of action, and stability. Later, neurologic status of the patient and integrity of the posterior ligamentous complex were described as important determinants of treatment. This review will detail important historic classifications, the Subaxial Injury Classification (SLIC) and Severity Scale, and the novel AOSpine Subaxial Cervical Spine Injury Classification System.

Introduction

The subaxial cervical spine, C3-C7, is a highly mobile section of the spine which, when injured, may result in significant morbidity. A standardized classification system for traumatic cervical spine injuries is necessary as miscommunication or misdiagnosis can have significant impact on treatment and expected outcomes. Classification systems allow for standardization of injuries in order to guide treatment and predict prognosis of

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