

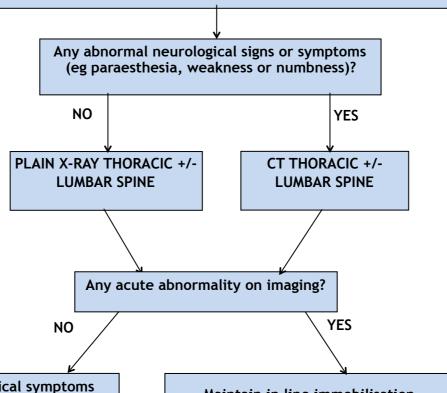
## Suspected Thoracolumbar Spinal Injury Guideline (>16yrs)

## Suspect thoracolumbar spinal injury if ANY of below:

- Age >65 with pain in thoracic or lumbar region
- Dangerous mechanism of injury (fall >3m, Axial load, high speed rtc, rollover rtc, lap belt restraint only, ejection from vehicle, bike vs car rtc, MRV's or Horse riding injury)
- Pre-existing spinal pathology eg osteoporosis
- Suspected spinal fracture in another region of spine
- Abnormal neurology (motor or sensory deficit)
- New deformity or bony midline tenderness on palpation or percussion
- Midline pain on coughing
- Pain or abnormal neurological symptoms on mobilisation

Consider carrying out or maintaining in line immobilisation and log roll to transfer patient as needed

N.B. Elderly patients, those with pre-existing kyphosis or other medical conditions that preclude laying flat may be best treated in a position of comfort



- If no neurological symptoms and able to mobilise discharge with analgesia/NSAID, advise and safety net.

- Maintain in line immobilisation
- Refer to orthopaedics and/or spinal surgeon
- If a new spinal fracture is confirmed arrange imaging of the rest of the spinal column
- Consider further imaging CT or MRI scan
- Complete ASIA Chart (American Spinal Injury Association)



