AO Spine Subaxial Classification System - Regional / Experiential differences F1/2/3

Dear AO Spine Subaxial Classification Group Member,

Thank you for your continued support to the AO Spine Subaxial Classification Study.

In this part, we aim to determine variables that affect treatment preferences for various facet fractures.

It should take you 10 - 15 minutes to complete the survey. But, you also have the option to save your response and return later to complete the survey. We will close the survey on Friday July 31, 2020.

Thank you!

On behalf of the AO Spine Knowledge Forum Trauma

To answer our research questions, we first need to collect general demographic information.

What region of the world are you from?

- ◯ North America
- ◯ Latin and South America
- ◯ Europe
- ◯ Africa
- ◯ Asia
- ◯ Middle East

How many years have you been in practice?

- ◯ < 5 years
- ◯ 5 - 10 years
- ◯ 11 - 20 years
- ◯ > 20 years

What is your subspecialty?

- ◯ Orthopaedic Spine Surgery
- ◯ Neurosurgery Spine Surgery
- ◯ Other

Please specify: _____

How many spine trauma patients do you treat approximately per year? _____

What setting do you work?

- ◯ Academic
- ◯ Hospital employed
- ◯ Private Practice

What is your preferred subaxial spine classification?

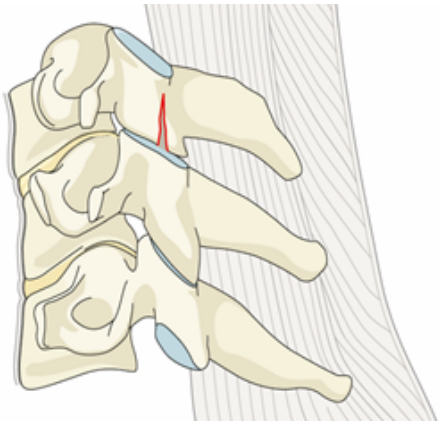
- ◯ Magerl
- ◯ Subaxial Cervical Spine Injury Classification (SLIC) system
- ◯ The new AO Spine Subaxial Classification system
- ◯ I do not routinely use a classification system

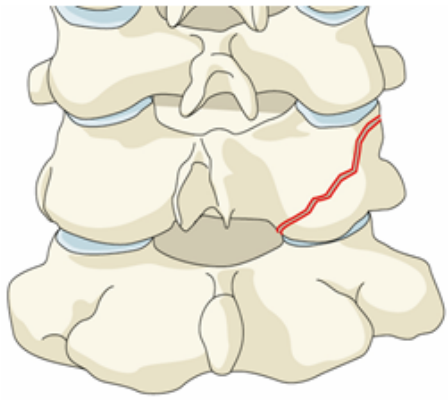
Do you use the facet portion of the AO Spine Subaxial Classification in regular base?

- ◯ Yes
- ◯ No

In the first part, the questions have been created to investigate the usage of the facet portion of the AO Spine Subaxial Classification System and your treatment approach in F1/F2/F3.

F1 Nondisplaced facet fracture with fragment < 1cm, < 40% lateral mass.





Please select all imaging modalities you routinely use when evaluating a neurologically intact patient with an isolated F1 Facet Fracture.

☐ CT scan
☐ Upright AP and lateral radiographs
☐ Flexion/Extension radiographs
☐ MRI
(Multiple answers possible)

At the initial presentation, a neurologically intact 53-year-old male presents with an isolated C5 F1 injury. What is your initial treatment?

◯ Non-operative care with out a collar
◯ Non-operative care with a soft collar
◯ Non-operative care with a hard collar
◯ Non-operative care with a halo
◯ Operative care via an anterior cervical discectomy and fusion
◯ Operative care via a posterior cervical fusion
◯ Operative care via a combined anterior-posterior approach and fusion

At the initial presentation, a neurologically intact 53-year-old presents with an isolated F1 injury. Would your treatment change based on any of the following?

☐ Subaxial spine level (i.e. C3, C4, C5, C6 or C7)
☐ Gender of the patient
☐ Age of the patient
☐ Ability of the patient to closely follow up
☐ Severe pain
☐ No change in your treatment plan
(Multiple answers possible)

At the initial presentation, a 53-year-old male presents with an isolated C5 F1 injury and a transient neurologic deficit that has completely resolved by the time of clinical examination (N1). What is your initial treatment?

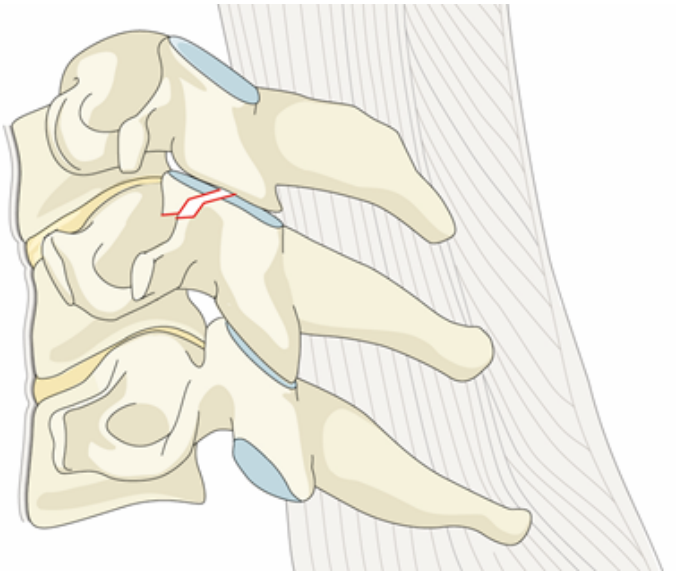
◯ Non-operative care with out a collar
◯ Non-operative care with a soft collar
◯ Non-operative care with a hard collar
◯ Non-operative care with a halo
◯ Operative care via an anterior cervical discectomy and fusion
◯ Operative care via a posterior cervical fusion
◯ Operative care via a combined anterior-posterior approach and fusion

At the initial presentation, a 53-year-old male presents with an isolated C5 F1 injury and persistent cervical radiculopathy (N2). What is your initial treatment?

◯ Non-operative care with out a collar
◯ Non-operative care with a soft collar
◯ Non-operative care with a hard collar
◯ Non-operative care with a halo
◯ Operative care via an anterior cervical discectomy and fusion
◯ Operative care via a posterior cervical fusion
◯ Operative care via a combined anterior-posterior approach and fusion

F2: Facet fracture with potential for instability

Facet fracture with fragment >1cm, >40% lateral mass or displaced.



Please select all imaging modalities you routinely use when evaluating a neurologically intact patient with an isolated F2 Facet Fracture.

- ☐ CT scan
- ☐ Upright AP and lateral radiographs
- ☐ Flexion/Extension radiographs
- ☐ MRI

(Multiple answers possible)

At the initial presentation, a 53-year-old male presents with an isolated C5 F2 injury. What is your initial treatment?

- ◯ Non-operative care with out a collar
- ◯ Non-operative care with a soft collar
- ◯ Non-operative care with a hard collar
- ◯ Non-operative care with a halo
- ◯ Operative care via an anterior cervical discectomy and fusion
- ◯ Operative care via a posterior cervical fusion
- ◯ Operative care via a combined anterior-posterior approach and fusion

At the initial presentation, a neurologically intact 53-year-old presents with an isolated F2 injury. Would your treatment change based on any of the following?

- ☐ Subaxial spine level (i.e. C3, C4, C5, C6 or C7)
- ☐ Gender of the patient
- ☐ Age of the patient
- ☐ Ability of the patient to closely follow up
- ☐ Severe pain
- ☐ No change in your treatment plan

(Multiple answers possible)

At the initial presentation, a 53-year-old male presents with an isolated C5 F2 injury and a transient neurologic deficit that has completely resolved by the time of clinical examination (N1). What is your initial treatment?

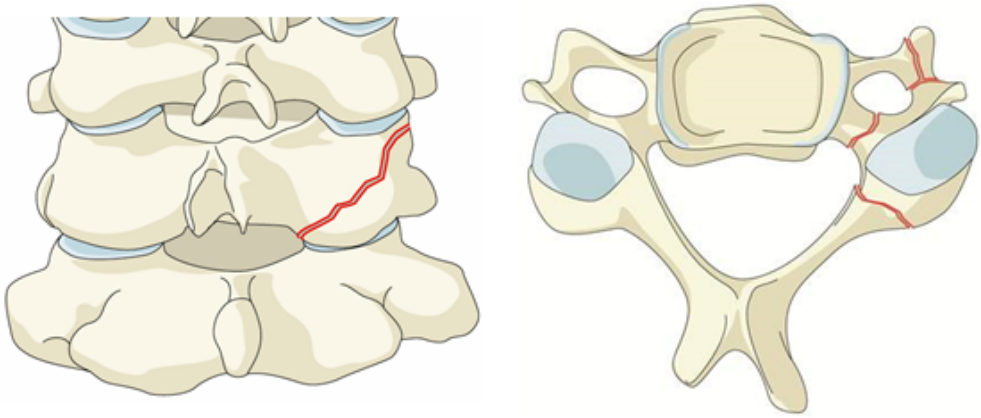
- ◯ Non-operative care with out a collar
- ◯ Non-operative care with a soft collar
- ◯ Non-operative care with a hard collar
- ◯ Non-operative care with a halo
- ◯ Operative care via an anterior cervical discectomy and fusion
- ◯ Operative care via a posterior cervical fusion
- ◯ Operative care via a combined anterior-posterior approach and fusion

At the initial presentation, a 53-year-old male presents with an isolated C5 F2 injury and persistent cervical radiculopathy (N2). What is your initial treatment?

- ◯ Non-operative care with out a collar
- ◯ Non-operative care with a soft collar
- ◯ Non-operative care with a hard collar
- ◯ Non-operative care with a halo
- ◯ Operative care via an anterior cervical discectomy and fusion
- ◯ Operative care via a posterior cervical fusion
- ◯ Operative care via a combined anterior-posterior approach and fusion

F3: Facet fracture

Floating lateral mass



Please select all imaging modalities you routinely use when evaluating a neurologically intact patient with an isolated F3 Facet Fracture.

- ☐ CT scan
- ☐ Upright AP and lateral radiographs
- ☐ Flexion/Extension radiographs
- ☐ MRI

(Multiple answers possible)

At the initial presentation, a 53-year-old male presents with an isolated C5 F3 injury. What is your initial treatment?

- ◯ Non-operative care with out a collar
- ◯ Non-operative care with a soft collar
- ◯ Non-operative care with a hard collar
- ◯ Non-operative care with a halo
- ◯ Operative care via an anterior cervical discectomy and fusion
- ◯ Operative care via a posterior cervical fusion
- ◯ Operative care via a combined anterior-posterior approach and fusion

At the initial presentation, a neurologically intact 53-year-old presents with an isolated F3 injury. Would your treatment change based on any of the following?

- ☐ Subaxial spine level (i.e. C3, C4, C5, C6 or C7)
- ☐ Gender of the patient
- ☐ Age of the patient
- ☐ Ability of the patient to closely follow up
- ☐ Severe pain
- ☐ No change in your treatment plan

(Multiple answers possible)

At the initial presentation, a 53-year-old male presents with an isolated C5 F3 injury and a transient neurologic deficit that has completely resolved by the time of clinical examination (N1). What is your initial treatment?

- ◯ Non-operative care with out a collar
- ◯ Non-operative care with a soft collar
- ◯ Non-operative care with a hard collar
- ◯ Non-operative care with a halo
- ◯ Operative care via an anterior cervical discectomy and fusion
- ◯ Operative care via a posterior cervical fusion
- ◯ Operative care via a combined anterior-posterior approach and fusion

At the initial presentation, a 53-year-old male presents with an isolated C5 F3 injury and persistent cervical radiculopathy (N2). What is your initial treatment?

- ◯ Non-operative care with out a collar
- ◯ Non-operative care with a soft collar
- ◯ Non-operative care with a hard collar
- ◯ Non-operative care with a halo
- ◯ Operative care via an anterior cervical discectomy and fusion
- ◯ Operative care via a posterior cervical fusion
- ◯ Operative care via a combined anterior-posterior approach and fusion