AMC Trauma Practice Management Guideline Adult (> 15 yo)

Isolated Transverse Process Fractures

Important Note
The intent of the Albany Medical Center Best Practices Guidelines is to provide health care professionals with evidence-based recommendations regarding care of the trauma patient. The Best Practices Guidelines do not include all potential options for prevention, diagnosis, and treatment and are not intended as a substitute for the provider’s clinical judgment and experience. The responsible provider must make all treatment decisions based upon his or her independent judgment and the patient’s individual clinical presentation. Albany Medical Center and any entities endorsing the Guidelines shall not be liable for any damages, including without limitation any direct, indirect, special, incidental, consequential or punitive damages, related to any use of the information contained herein. Albany Medical Center may modify the Best Practices Guidelines at any time without notice.

Original: 8/2019
Reviewed:
PURPOSE: Outline an evidence-based protocolized approach to isolated traumatic transverse process fractures.

SUPPORTIVE DATA:

**Definition:** Isolated transverse process fractures (ITPF) refer to one or more thoracolumbar transverse process fractures identified on helical computed tomography (CT) scans without the presence of any other fracture or dislocation in the cervical, thoracic, or lumbar spine.

**Background:** Historically, traumatic transverse process fractures were identified on x-ray and were predictive of intra-abdominal injury or associated spinal column injury requiring further work-up or imaging. Today, trauma patients routinely undergo whole-body computed tomography scanning which has led to a significant increase in ITPF diagnosis and prompt diagnosis of any concomitant injuries. ITPFs are stable fractures and multiple studies have shown that ITPFs do not require surgical intervention or bracing; and do not carry concern for long-term sequelae such as neurological deficit, pain, or ambulatory difficulties. Furthermore, consultation of the spine service leads to increased cost to the patient and a delay in spine clearance.

PROTOCOL:

1. 3 or less thoracolumbar transverse process fractures (ITPFs) without any other spinal column fracture or neurologic deficit identified by CT scan during the routine trauma work-up do not require consultation of the spine service.
2. Conservative treatment for these patients includes aggressive pain management, unrestricted mobilization as allowed by other injuries, and physical therapy if needed.
3. Bracing of ITPFs is not necessary and is of significant financial cost to the patient.
4. Spine service consultation for trauma patients should be reserved to those with other injuries to the spinal column (including cervical spine transverse process fractures) or neurological deficit.
5. F/U with primary care if they are still having back pain after 6 weeks. If they don’t have a PCP a referral can be made to a spine attending.

REFERENCES:


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