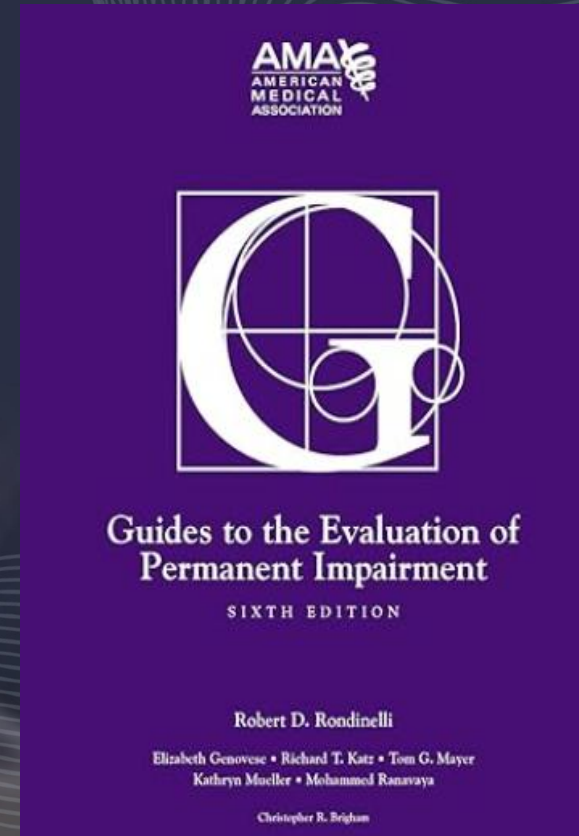
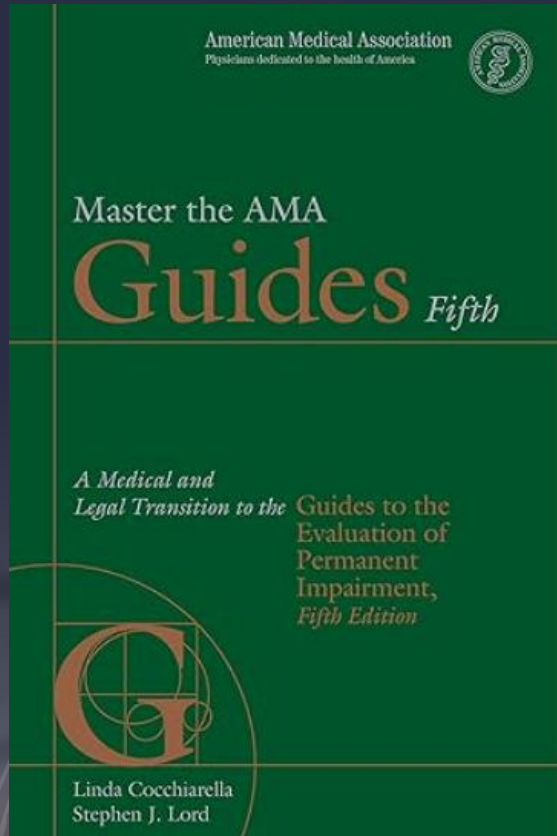


Spinal Ligament Instability / Laxity

AOMSI

Alteration of Motion
Segment Integrity



High Percentage of Cases - Underlying Pain Generator

Ligament Instability / Laxity

Motion of the spine cannot be determined by physical examination but is evaluated with flexion and extension...

When routine x-rays are normal and severe trauma is absent, motion segment alteration is rare...

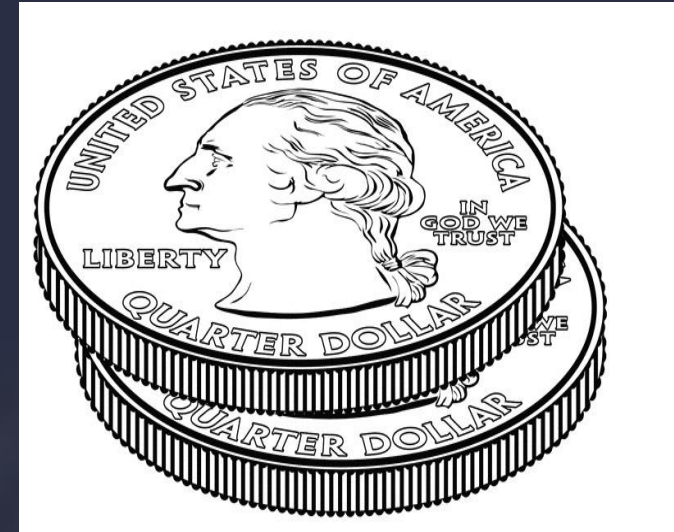
Ligament Instability / Laxity

...loss of motion segment integrity is rare,

Unless Accompanied By Trauma...

Translation of 3.5 mm (cervical) = Perm. Impair.

Height of a quarter is 1.75 mm, 2 quarters = 3.5 mm







From the AMA Guides

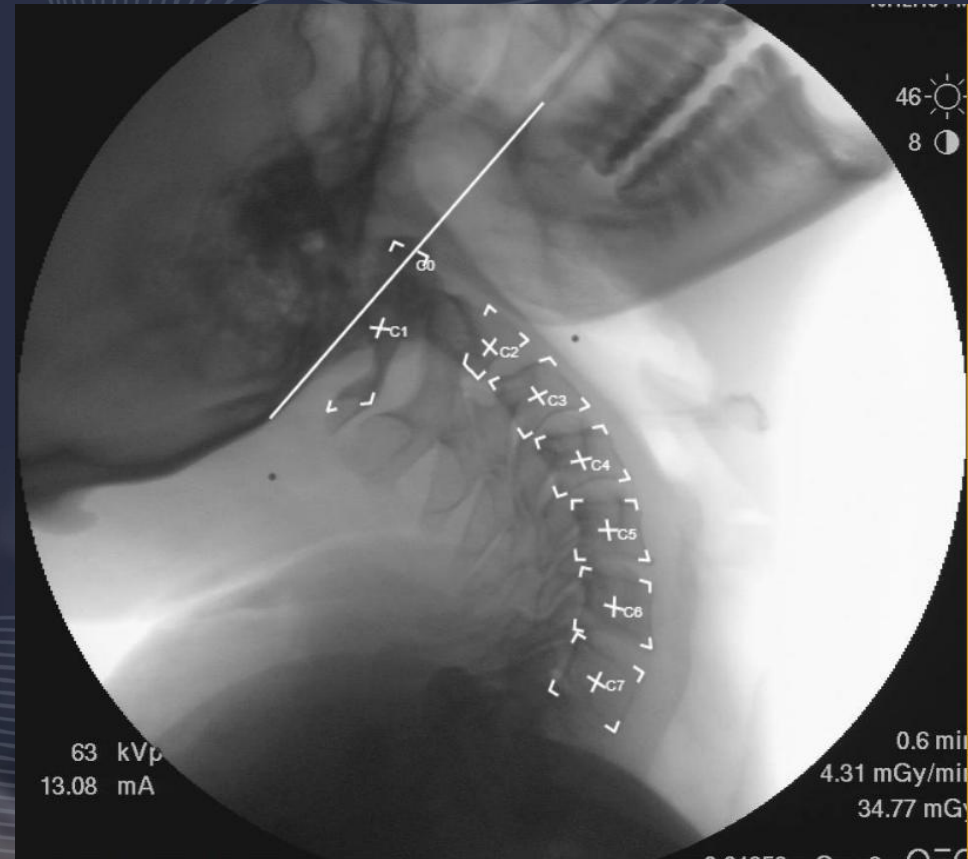


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Spinal Ligament Pathology

	MAX TRANSLATION			
	IN ANY VIEW ¹		CHANGE BETWEEN VIEWS ²	
C0/C1				
C1/C2				
C2/C3				
C3/C4		-2.9 mm -20% UE		3.6 mm 25% CF-A
C4/C5		-3.0 mm -22% CE		3.5 mm 26% CF-A
C5/C6		-1.6 mm -11% CE		1.4 mm 9% CE-A
C6/C7		-1.4 mm -8% CE		0.8 mm 5% CN-A



“Extremely valuable technology and the best way to demonstrate an instability lesion; much better than 2-3 x-rays” **Medical Radiologist**



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Ligament Instability / Laxity

	DRE Cervical Category IV 25%-28% Impairment of the Whole Person	DRE Cervical Category V 35%-38% Impairment of the Whole Person
Category III ent of	Alteration of motion segment integrity or bilateral or multilevel radiculopathy; alteration of motion segment integrity is defined from flexion and extension radiographs as at least 3.5 mm of translation of one vertebra on another, or angular motion of more than 11° greater than at each adjacent level (Figures 15-3a and 15-3b); alternatively, the individual may have loss of motion of a motion segment due to a developmental fusion or successful or unsuccessful attempt at surgical arthrodesis; radiculopathy as defined in cervical category III need not be present if there is alteration of motion segment integrity	Significant upper extremity impairment requiring the use of upper extremity external functional or adaptive device(s); there may be total neurologic loss at a single level or severe, multilevel neurologic dysfunction
radicu- n a tion, x(es), th, or m- ected ne e of ne neu- may be agnos-	or fractures: structural compromise of the spinal canal is present with severe upper extremity motor and sensory deficits but without lower extremity involvement	
ally sig- ny, veri- study herni- and d from lings or with cu- rgery	or fractures: (1) more than 50% compression of one vertebral body without residual neural compromise	
o 50% verte- or n dis-		

25% Whole Person
Impairment
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