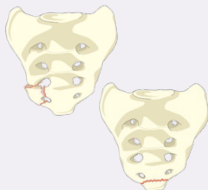


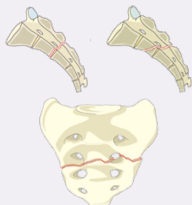
Type A

Lower Sacroccygeal Injuries

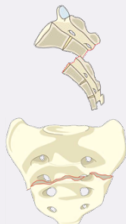
A1 Coccygeal or compression vs ligamentous avulsion fractures



A2 Non-displaced transverse fractures below the S-I joint



A3 Displaced transverse fractures below the S-I joint



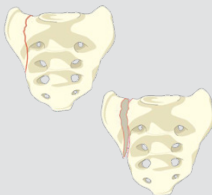
Type B

Posterior Pelvic Injuries

B1 Central Fracture— involves spinal canal



B2 Transalar Fracture— does not involve foramina or spinal canal



B3 Transforaminal Fracture— involves foramina but not spinal canal



Type C

Spino-Pelvic Injuries

C0 Nondisplaced sacral U-type variant



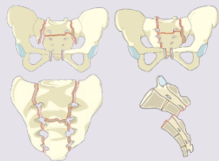
C1 Sacral U-type variant without posterior pelvic instability



C2 Bilateral complete Type B injuries without transverse fracture



C3 Displaced U-type sacral fracture



Sacral Fractures—Overview

Hierarchical system progressing from least to most unstable

- **Type A Lower Sacrococcygeal Injuries**
No impact on posterior pelvic or spino-pelvic instability
- **Type B Posterior Pelvic Injuries**
Primary impact is on posterior pelvic stability
- **Type C Spino-Pelvic Injuries**
Spino-pelvic instability

Neurology

Type	Neurological
N0	Neurology intact
N1	Transient neurologic deficit
N2	Radicular symptoms
N3	Incomplete spinal cord injury or any degree of cauda equina injury
N4*	Complete spinal cord injury
NX	Cannot be examined
+	Continued spinal cord compression

Modifiers

Type	Description
M1	Soft tissue injury
M2	Metabolic bone disease
M3	Anterior pelvic ring injury
M4	Sacroiliac joint injury

*The AO Spine Injury Classification Systems follow a universal neurological system for the whole spine. For the sacrum, N4 is theoretically and anatomically impossible.

Classification Nomenclature

Transforaminal fracture (B3) high energy injury associated with transient neurological deficit (N1) and anterior pelvic ring injury (M3)

