Integrated MSK, Pain & Rheumatology Service
Connected care for Muscles, Joints and Pain Management

East Lancashire Hospitals NHS Trust

Anterior Wedge Compression Vertebral Insufficiency Fractures

Most patients with Anterior Vertebral Insufficiency fractures can be safely diagnosed and treated in Primary Care, provided there are no red flags or complications.

Consider a Diagnosis of Vertebral Insufficiency fracture if the patient has:

- Sudden onset of mid or lower back pain, especially without trauma
- Pain exacerbated by movement or weight-bearing.
- History of osteoporosis or long-term corticosteroid use
- Advanced age (often > 65 years)
- Loss of height or kyphotic or scoliotic posture (suggesting vertebral collapse)
- Recent low-energy fall or minimal trauma
- Female gender (higher osteoporosis risk)
- Previous spinal fractures.

Early imaging and further assessment are warranted if these factors are present.

Not If

- Back pain is gradual or chronic with no recent increase in intensity.
- No history of osteoporosis or risk factors for bone fragility.
- Pain is non-mechanical (not worsened by movement or relieved by rest)
- Symptoms are diffuse or radiate to the lower limbs without focal tenderness.

Expectations of the GP- Diagnosis and management

Suggestions for Initial Primary Care work up

- Conduct Clinical Assessment focusing on risk factors (e.g. osteoporosis, steroid use, age, recent trauma).
- Assess neurological status and determine if any signs of cord compression.
- Rule out red flags and causes for secondary osteoporosis, including malignancy (https://www.nogg.org.uk/full-guideline/section-3-fracture-risk-assessment-and-case-finding#table-4)
- Order an X-ray to confirm the diagnosis; consider MRI if red flags or neurological symptoms are present or the diagnosis remains unclear.

First line management of Primary Care

- Ensure adequate analgesia.
- Give routine advice on mobility and self-supervised home exercises.
- Complete FRAX score / DEXA scan, as indicated.
- Consider referral to specialist service (geriatrics, rheumatology or endocrinology) if patient is in the high-risk category following fracture risk assessment, or if first line bone sparing medications are contraindicated or not tolerated).
- (https://www.nogg.org.uk/full-guideline/section-3-fracture-risk-assessment-and-case-finding#table-4)

Only consider referral to the Integrated MSK, Pain, and Rheumatology Service (IMPReS) single point of access (SPOA) for patients whose pain is well controlled, on the right secondary prevention and would benefit from guided rehabilitation.