

Compression Fracture/Odontoid Fracture Discharge Instructions

You are being discharged with a compression fracture. These types of fractures happen due to falling, heavy lifting, metastatic disease to the spine, or traumatic contact with a solid surface. There are many types of compression fractures, and most are treated with conservative bracing. Please review these instructions before your visit with The Oregon Clinic Neurosurgery. One of our surgeons has reviewed your imaging and has made recommendations about follow up.

Below are helpful things to know about compression fractures, and things you can do to help with pain between now and when you see one of our providers..

- Compression fracture pain is usually worse from the time of injury lasting 3-6 weeks after injury, and most people feel no pain at all around 8 weeks. Depending on the location of your fracture, you will most likely fall within these averages. Alternating ice and heat, rest, and topical pain relief creams can all help with compression fracture-related pain.
- Compression fractures heal by the bones compressing down, like a sponge that is flattened with drying. This causes the acute pain you may be experiencing. Depending on location, you may experience “radiculopathy” which means the pain goes from your spine to somewhere else in the body. Ice is especially helpful with radiculopathy, as this type of referred pain is due to nerve irritation. Ice is most effective for nerve pain; heat for muscle strains and stretches.
- Each level of the spine has a little root that feeds a very specific part of your body. You can learn about radicular pain by Googling “Nerve Root Dermatomes”. For example, people with a L4 compression fracture who develop radiculopathy will experience pain down the side of their leg, whereas people with a L1 compression fracture may feel it in their low stomach or groin.
- Compression fracture pain, even if radicular, is usually temporary. If there is nerve root compromise as the fracture is healing, you may have different symptoms. If you develop weakness, numbness or tingling that does not go away, please let us know, especially if you have not yet been seen. The Oregon Clinic does not prescribe pain medication for non-surgical patients. You may take Tylenol (acetaminophen) or ibuprofen for pain. If you need something stronger than this, please contact your primary care physician.
- If you continue to experience pain past the average 8 weeks, then you may be a kyphoplasty candidate. Kyphoplasty is injection of a cement-like product into your fractured vertebral body that helps maintain some height at the level of your fracture. This is something that you should discuss with the Oregon Clinic provider who sees you post-injury.
- Wear the brace that you were prescribed when leaving the ED. No brace is 100% comfortable. Lumbar (LSO) braces should be worn low around the hips and tightened when upright. When sitting, they can be loosened to comfort, but still snug. If your brace goes up under your breasts,

then it is not being worn correctly. Thoracic (TLSO) braces should also be worn snug and low around the hips. The T bar should hit you on the sternum. If it goes up against your collar bone or throat, then it is being worn too high. Cervical (Aspen, Miami J, or Thusane) collars should be snug, with your chin forward and resting neatly in the cup. If there is more than an inch of padding sticking out under your chin, then the collar is too big, or is not tight enough. You should not be able to turn your head in this collar. If you can nod or turn your head, then the collar is being worn incorrectly.

- Start calcium and vitamin D if you are not already taking them. Many people who sustain compression fractures, especially if not trauma related, have soft bones, called osteopenia or osteoporosis. If you know you have either of these conditions and are currently not treating them with a bisphosphonate drug, and if not otherwise contra-indicated, then you should start 2000IU of Vitamin D, and 1200-1500mg of calcium daily. These supplements will help your bones heal faster. Calcium tablets are quite large and can be difficult to swallow. Check the calcium milligrams on your bottle of extra strength TUMS. Most of the calcium supplementation you need can be achieved with two extra strength TUMS daily. They are easy to chew, and most people tolerate them well.
- You will need an injury-specific imaging before your visit with The Oregon Clinic. This will be ordered by our office to a location near you, or at the site specific to your visit. The provider that you see may order repeat imaging a month after seeing you, depending on your progress and any concerns they may have.

While our offices are located in Providence hospitals, we are not a Providence clinic. However, you can contact us via the same MyChart login you use to reach your Providence providers.

You will most likely be seen by one of our advanced practice providers (APPs) who are either Physician Associates or Nurse Practitioners, all of whom are experienced professionals in dealing with your type of head injury. We are paired 1:1 with a neurosurgeon and have immediate access to them if we are worried about anything and need their input. You may have the highest confidence in our group, and we look forward to seeing you as a patient.

Disclaimer: *This document is intended to provide general information about COMPRESSION FRACTURE and is for educational purposes that explain the next steps prior to establishing with our specialist. The healthcare provider will review your test results and discuss them with you during your appointment. They will help you understand what the results mean for your health and provide personalized recommendations for further evaluation or treatment, if necessary.*

The Oregon Clinic Neurosurgery and Spine West
9155 SW Barnes Rd. Suite 440
Portland, OR 97225
(503) 935-8500

The Oregon Clinic Neurosurgery and Spine East
5050 NE Hoyt St. Suite 359
Portland, OR. 97213
(503) 935-8501