

AO Spine Clinician Reported Outcome Spine Trauma (AO Spine CROST)

The AO Spine CROST is applied after the initial treatment, and allows you as the treating surgeon to evaluate and predict clinical outcomes of spine trauma patients.

Patient Name: _____

Date (MM/DD/YY): ____ / ____ / ____

Patient ID: _____

(to be filled in by the health professional)

Please rate the following parameters:

Parameter	In the next 12 months		From 12 months onwards	
1. Neurological status Do you expect a neurological deterioration?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Radiographic sagittal alignment Do you expect clinically relevant problems from sagittal alignment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. General bone quality Do you expect adverse events related to the general bone quality?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Stability of the injured spine level Do you expect adverse events related to mechanical instability of the injured spinal level(s)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Spinal column mobility Do you expect a functionally relevant impairment related to spinal column range of motion?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Study identification code: _____

(To be filled in by the health professional)

Parameter	In the next 12 months		From 12 months onwards	
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6. General physical condition Do you expect the clinical outcome to be negatively affected by the general physical condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. General psychological condition Do you expect the clinical outcome to be negatively affected by the general psychological condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. Functional recovery Do you expect problems in functional recovery?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Please rate parameters 9 and 10 only if the patient is treated surgically

9. Wound healing Do you expect problems with wound healing or persistent infection?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10. Implants Do you expect any implant related adverse events?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

	In the next 12 months	From 12 months onwards
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Total score:

Each 'yes'-answer provides 1 point.

The total score is the sum of each 'yes'-answer, with a maximum of 8 points for non-surgically treated patients, and 10 points for surgically treated patients.

A higher score indicates worse expected outcome.

The score guides the treating surgeon in anticipating a change to the current treatment plan.

Study identification code: _____
 (To be filled in by the health professional)