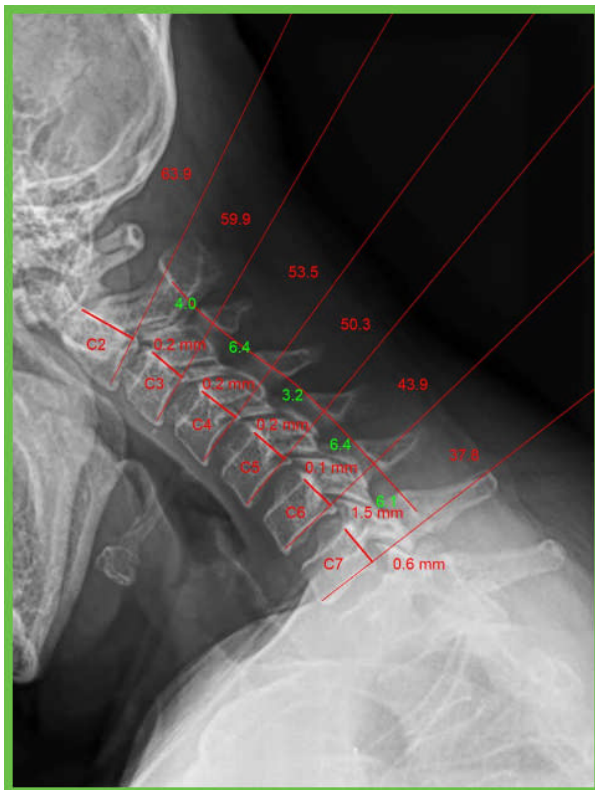


## Vertebral Angulations



On the image the vertebra will be numbered in red as well as the angle measure.

The measure in green is the angulation ° for the two vertebrae it is listed between. (i.e. C2-C3 angulation is listed between C2 and C3.)

**Image 1A - Vertebral Angulations (Cervical Flexion)**

Vertebra	Angle (°)	Angulation (°)	Result
C2-3	63.9	4.0	Normal
C3-4	59.9	6.4	Normal
C4-5	53.5	3.2	Normal
C5-6	50.3	6.4	Normal
C6-7	43.9	6.1	Normal
C7-T1	37.8	N/A	N/A

Angular motion is measured by determining the anterior angular motion of one vertebra over another. A diagnosis of AOMSI in the cervical spine by angular loss of motion segment integrity measurements requires angular motion of more than 11 degrees greater than each adjacent level on the flexion radiograph. Angular motions between 7 and 11 degrees are abnormal but not ratable. (AMA Guides)

**Image 1A - Vertebral Translations (Cervical Flexion)**

Vertebra	A - Translation (mm)	B - Diameter (mm)	A/B Ratio (%)	Result
C3	0.2 posterior	18.1	1.1	Normal
C4	0.2 posterior	18.7	1.1	Normal
C5	0.1 posterior	19.1	0.5	Normal
C6	1.5 posterior	21.1	7.1	Normal
C7	0.6 posterior	21.1	2.8	Normal

Translational motion is measured by determining the anteroposterior motion of one vertebra over another. A diagnosis of AOMSI in the cervical spine by translational loss of motion segment integrity measurements requires greater than 20% anterior OR greater than 20% posterior relative translation of one vertebra on another, on flexion OR extension radiographs, respectively. (AMA Guides 6th Ed.)

**Image 1A - George's Line Angles (Cervical Flexion)**

Vertebra	Angle (°)
C2-3	10.7
C3-4	-3.0
C4-5	4.1
C5-6	2.6
C6-7	6.0

## FINDINGS AND IMPRESSIONS

Cervical Spine - Lateral Flexion:

- The angle of curvature between the C2 and C7 vertebrae is 20.4 degrees.

## Angulation Table

For each vertebra specified in the Vertebral Angulations table:

- The angle is measured between the vertebra's bottom plate and the horizontal.
- The angulation is the vertebra's angle minus the angle of the vertebra underneath. If the concavity between the two vertebrae is towards the patient's anterior side, the sign is positive; if it is towards the patient's posterior side, the sign is negative.

### Rating Result Column

This column will appear only when the image is a Flexion view. It is not included when the image is an Extension or a Neutral view.

(Also reference the Legend below the Angulation table.)

Result	Description
<b>Normal</b>	'Normal' will appear in black font color if the angulation of the corresponding vertebra is less than or equal to 7°.
<b>Abnormal</b>	'Abnormal' will appear in gold font color if the angulation of the corresponding vertebra is greater than 7° but less than or equal to 11°.
<b>Ratable</b>	'Ratable' will appear in red font color if the angulation of the corresponding vertebra is greater than 11°.

## Translation Table

For each vertebra specified in the Vertebral Translation table:

- The diameter is obtained by taking the average of all the diameter values for that vertebra.
- The translation-to-diameter ratio (of A/B ratio) is computed using the average vertebra diameter.

### Rating Result Column

This column will appear when the image is a Flexion or an Extension view. It is not included when the image is a Neutral view.

(Also reference the Legend below the Translation table.)

Result	Description
<b>Normal</b>	'Normal' will appear in black font color if the A/B ratio of the corresponding vertebra is less than or equal to 20%.

**Ratable**

'Ratable' will appear in red font color if the A/B ratio of the corresponding vertebra is greater than 20%.

You will have the option to add the Table of George's Line Angles to your AOMSI report, even if you did not select the George's Line measure on the **Advanced Line Analysis** button. This is due to all the George's Line points are included within the Vertebral Angulation or Translation measures.