GREENBERG SPINE
MINIMALLY INVASIVE SPINE SURGERY

UNDERSTAND THE CONDITION - KNOW THE NEXT STEP

Vertebral Compression Fracture

A vertebral compression fracture is a partial collapse of a spinal bone, often related to osteoporosis, that can cause sudden back pain. Many fractures improve with time, bracing, activity changes, and bone-health treatment. Selected painful fractures that remain disabling may be considered for kyphoplasty.

What you may feel

- Sudden, localized pain in the middle or lower back that worsens with standing or movement.
- Loss of height, a more stooped posture, muscle spasm, or reduced mobility.

How it is evaluated

- X-rays show vertebral collapse; MRI helps determine fracture activity and evaluate other causes.
- Bone-density testing and a bone-health evaluation help identify osteoporosis and reduce future-fracture risk.

How treatment typically progresses

1 Treatment usually starts without surgery

- Activity as tolerated, a brace for comfort when appropriate, fall prevention, and a tailored pain plan may support healing.
- Osteoporosis evaluation and treatment are part of caring for a fragility fracture, not an optional extra.

2 When a procedure enters the discussion

- Pain remains severe and functionally limiting despite an appropriate non-surgical plan.
- Imaging identifies a painful fracture that is appropriate for stabilization with kyphoplasty.

Emergency: go now

- Seek emergency evaluation for new leg weakness or numbness, new loss of bladder or bowel control, inability to urinate, or saddle-region numbness.

Contact the office promptly

- Contact the office for sudden severe or rapidly worsening back pain, fever, a new fall, or a clear decline in function.

Reviewed by Marc Greenberg, MD
Fellowship-trained orthopedic spine surgeon - 2026-07-13
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greenbergspinemd.com/compression-fracture/

FOR THIS VISIT

Your plan today

Your care team has checked the items below that apply to you. Keep this with you and bring it to your next visit.

Medications started today
☐ muscle relaxant ☐ anti-inflammatory (ibuprofen/naproxen) ☐ acetaminophen (Tylenol)
☐ gabapentin / pregabalin ☐ steroid taper (Medrol) ☐ duloxetine ☐ other: _____

Imaging ordered
☐ MRI ☐ CT ☐ X-ray (flexion/extension) ☐ standing films ☐ CT myelogram
→ scheduling: ☐ you'll schedule ☐ our office / imaging center will call you

Other studies
☐ EMG / nerve conduction ☐ DEXA bone density ☐ vascular study (ABI) ☐ labs: _____

Physical therapy & activity
☐ PT - convenient location; order sent ahead ☐ home exercise program
☐ activity restrictions: _____ ☐ assistive device (cane/walker) ☐ TENS unit

Bracing
☐ none needed ☐ lumbar (LSO) ☐ cervical collar ☐ as directed: _____

Injection
☐ Ordered - referral to a pain-management specialist → ☐ they will call you ☐ you will call them

Surgery
☐ To be scheduled - our surgical scheduler will call you. If you haven't heard within 5 business days, call (260) 484-1400.

Before surgery clearance & prep
clearance: ☐ primary care ☐ cardiology ☐ neurology ☐ pre-op labs ☐ smoking cessation
☐ stop blood thinners as directed

Referrals
☐ Bone Health Clinic (osteoporosis) ☐ weight / nutrition ☐ pain management (medication)
☐ other: _____

Work / activity status
☐ work / school note ☐ off work until _____ ☐ modified duty ☐ FMLA / disability forms

Follow-up
in _____ weeks ☐ after your MRI / injection / EMG ☐ as needed

Notes & questions for your next visit

_____

_____

QUESTIONS OR NEW SYMPTOMS
Call us
Office · (260) 484-1400 · Scheduling · (260) 484-1400 · After hours · (260) 484-1400

HANDOUT VERTEBRAL-COMPRESSION-FRACTURE - VERSION 1.0.0