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Table 1. Rib fracture classification for surgical stabilization of rib fractures.

RIB FRACTURE CLASSIFICATION FOR SURGICAL STABILIZATION OF RIB FRACTURES (SSRF)

ANATOMICAL LOCATION

Anterior	Antero-Lateral	Lateral	Postero-Lateral	Posterior
Midline to the Mid-clavicle line	Mid-clavicle line to the Anterior Axillary line	Anterior Axillary line to the Posterior Axillary line	Posterior Axillary Line to the Vertebral border of the Scapula	Vertebral border of the Scapula to the Spine

TYPE OF FRACTURE

Trans-verse	Oblique	Near Spinal	Commin-uted	Segmental and Flail	Sterno-Costal	Chondral	Gap	Longitud-inal

DISPLACEMENT DEGREE

<50% moderate	50-99% severe	≥100% bicortical

INCISION

Anterior Trans-verse for ribs and Vertical for sternum	Lateral Curvilinear	Posterior Vertical or Mirrored L

SURGICAL TECHNIQUE

Plate	Plate + Polymer Cerclage	Plate + Polymer Cerclage *(if distance between spine and fracture is ≥25mm)*	Long Plate(s)	Two Parallel Sternal Plates, Double T Plate, H Plate, Long Bridging Plate	Sterno-costal plate fortified by Polymer Cerclage	Definitive apposition must be achieved without tension Plate + Bone Graft	Long plate + Polymer Cerclage

INDICATIONS FOR SSRF

No SSRF	Possible SSRF *(especially if combined with sternal and/or clavicle fractures)*	SSRF