

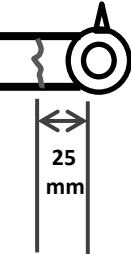

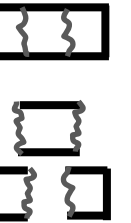
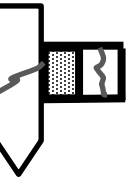




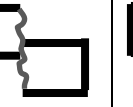
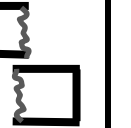


RIB FRACTURE CLASSIFICATION FOR SURGICAL STABILIZATION OF RIB FRACTURES (SSRF)																
ANATOMICAL LOCATION					TYPE OF FRACTURE									DISPLACEMENT DEGREE		
Anterior	Antero-Lateral	Lateral	Postero-Lateral	Posterior	Transverse	Oblique	Near Spinal	Comminuted	Segmental and Flail	Sterno-Costal	Chondral	Gap	Longitudinal	<50% moderate	50-99% severe	≥100% bicortical
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												
INCISION					SURGICAL TECHNIQUE									INDICATIONS FOR SSRF		
Anterior Transverse for ribs and Vertical for sternum	Lateral Curvilinear		Posterior Vertical or Mirrored L		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	No SSRF	Possible SSRF (especially if combined with sternal and/or clavicle fractures)	SSRF