

VMO ANATOMY

VMO ANATOMY IS A CRUCIAL ASPECT OF UNDERSTANDING THE MUSCULOSKELETAL SYSTEM, PARTICULARLY IN RELATION TO KNEE STABILITY AND FUNCTION. THE VASTUS MEDIALIS OBLIQUE (VMO) IS A PART OF THE QUADRICEPS MUSCLE GROUP, PLAYING A SIGNIFICANT ROLE IN KNEE EXTENSION AND PATELLAR TRACKING. THIS ARTICLE DELVES INTO THE INTRICATE STRUCTURE, FUNCTION, AND SIGNIFICANCE OF VMO ANATOMY, HIGHLIGHTING ITS POSITION WITHIN THE QUADRICEPS, ITS RELATIONSHIP WITH THE KNEE JOINT, AND ITS IMPLICATIONS IN REHABILITATION AND INJURY. ADDITIONALLY, WE WILL EXPLORE COMMON CONDITIONS ASSOCIATED WITH VMO DYSFUNCTION AND METHODS FOR STRENGTHENING THIS ESSENTIAL MUSCLE.

- INTRODUCTION TO VMO ANATOMY
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- FUNCTION OF THE VMO IN KNEE MECHANICS
- IMPORTANCE OF VMO IN INJURY PREVENTION AND REHABILITATION
- COMMON CONDITIONS RELATED TO VMO DYSFUNCTION
- EXERCISES TO STRENGTHEN THE VMO
- CONCLUSION

UNDERSTANDING THE QUADRICEPS GROUP

THE QUADRICEPS MUSCLE GROUP, LOCATED IN THE ANTERIOR COMPARTMENT OF THE THIGH, CONSISTS OF FOUR MAIN MUSCLES: THE RECTUS FEMORIS, VASTUS LATERALIS, VASTUS INTERMEDIUS, AND VASTUS MEDIALIS. EACH MUSCLE PLAYS A PIVOTAL ROLE IN KNEE EXTENSION, BUT IT IS THE VMO THAT IS PARTICULARLY IMPORTANT FOR MAINTAINING KNEE STABILITY. THE QUADRICEPS COLLECTIVELY WORK TO EXTEND THE KNEE JOINT, WHICH IS ESSENTIAL FOR ACTIVITIES SUCH AS WALKING, RUNNING, AND JUMPING.

THE VMO IS A SPECIFIC PORTION OF THE VASTUS MEDIALIS MUSCLE, CHARACTERIZED BY ITS UNIQUE FIBER ORIENTATION AND ANATOMICAL POSITIONING. THIS MUSCLE IS CRITICAL FOR MAINTAINING PROPER TRACKING OF THE PATELLA, WHICH IS THE SMALL BONE THAT SITS IN FRONT OF THE KNEE JOINT. PROPER FUNCTION OF THE VMO HELPS ENSURE THAT THE PATELLA MOVES SMOOTHLY WITHIN ITS GROOVE ON THE FEMUR DURING KNEE MOVEMENT, PREVENTING ISSUES SUCH AS PATELLAR MALTRACKING AND KNEE PAIN.

DETAILED ANATOMY OF THE VMO

THE VASTUS MEDIALIS OBLIQUE ORIGINATES FROM THE FEMUR, SPECIFICALLY FROM THE INTERTROCHANTERIC LINE AND THE MEDIAL LIP OF THE LINEA ASPERA. IT INSERTS INTO THE QUADRICEPS TENDON, WHICH THEN ATTACHES TO THE PATELLA. THE UNIQUE FEATURE OF THE VMO IS ITS OBLIQUE FIBER ORIENTATION, WHICH RUNS DIAGONALLY TOWARDS THE KNEECAP. THIS ORIENTATION IS ESSENTIAL FOR ITS FUNCTION, AS IT PROVIDES THE NECESSARY FORCE TO PULL THE PATELLA MEDIALLY AND STABILIZE IT DURING KNEE FLEXION AND EXTENSION.

THE VMO IS INNERVATED BY THE FEMORAL NERVE, WHICH ORIGINATES FROM THE LUMBAR PLEXUS. PROPER NERVE FUNCTION IS CRUCIAL FOR MUSCLE CONTRACTION AND OVERALL KNEE STABILITY. UNDERSTANDING THE ANATOMY OF THE VMO INCLUDES

RECOGNIZING ITS RELATIONSHIP WITH SURROUNDING MUSCLES AND TENDONS, AS WELL AS ITS ROLE IN THE OVERALL BIOMECHANICS OF THE KNEE JOINT.

FUNCTION OF THE VMO IN KNEE MECHANICS

THE PRIMARY FUNCTION OF THE VMO IS TO ASSIST IN KNEE EXTENSION AND TO STABILIZE THE PATELLA. DURING ACTIVITIES THAT INVOLVE KNEE MOTION, THE VMO WORKS IN CONJUNCTION WITH THE OTHER QUADRICEPS MUSCLES TO PRODUCE SMOOTH AND COORDINATED MOVEMENT. THE OBLIQUE FIBERS OF THE VMO FACILITATE MEDIAL PULL ON THE PATELLA, COUNTERACTING THE LATERAL FORCES THAT CAN LEAD TO PATELLAR MALALIGNMENT.

IN ADDITION TO ITS ROLE IN KNEE EXTENSION, THE VMO IS VITAL FOR MAINTAINING PROPER PATELLAR TRACKING. THIS TRACKING IS ESSENTIAL TO PREVENT CONDITIONS SUCH AS PATELLOFEMORAL PAIN SYNDROME, WHICH CAN OCCUR WHEN THE PATELLA DOES NOT MOVE CORRECTLY WITHIN ITS GROOVE. A WELL-FUNCTIONING VMO ENSURES THAT THE PATELLA IS HELD IN PLACE, ALLOWING FOR OPTIMAL KNEE FUNCTION DURING DYNAMIC ACTIVITIES.

IMPORTANCE OF VMO IN INJURY PREVENTION AND REHABILITATION

THE VMO PLAYS A CRITICAL ROLE IN BOTH INJURY PREVENTION AND REHABILITATION. A STRONG AND PROPERLY FUNCTIONING VMO CAN HELP PREVENT INJURIES RELATED TO PATELLAR TRACKING, SUCH AS PATELLAR TENDINITIS AND CHONDROMALACIA PATELLAE. THESE CONDITIONS OFTEN ARISE WHEN THE VMO IS WEAK OR NOT FUNCTIONING EFFECTIVELY, LEADING TO IMBALANCES IN THE FORCES ACTING ON THE PATELLA.

IN REHABILITATION SETTINGS, PARTICULARLY AFTER KNEE INJURIES OR SURGERIES, SPECIFIC EXERCISES TARGETING THE VMO ARE OFTEN INCORPORATED INTO THERAPEUTIC PROGRAMS. STRENGTHENING THIS MUSCLE CAN AID IN RESTORING FUNCTION AND STABILITY TO THE KNEE, ENABLING PATIENTS TO RETURN TO THEIR NORMAL ACTIVITIES. PHYSIOTHERAPISTS FREQUENTLY EMPHASIZE THE IMPORTANCE OF VMO ACTIVATION IN REHABILITATION PROTOCOLS, HIGHLIGHTING ITS IMPACT ON OVERALL KNEE HEALTH.

COMMON CONDITIONS RELATED TO VMO DYSFUNCTION

SEVERAL CONDITIONS CAN ARISE FROM VMO DYSFUNCTION OR WEAKNESS. THESE INCLUDE:

- **PATELLOFEMORAL PAIN SYNDROME:** CHARACTERIZED BY PAIN AROUND THE KNEECAP, OFTEN EXACERBATED BY ACTIVITIES SUCH AS SQUATTING OR CLIMBING STAIRS.
- **CHONDROMALACIA PATELLAE:** A CONDITION WHERE THE CARTILAGE ON THE UNDERSIDE OF THE PATELLA DETERIORATES, OFTEN LEADING TO PAIN AND SWELLING.
- **PATELLAR TENDINITIS:** OFTEN REFERRED TO AS JUMPER'S KNEE, THIS CONDITION INVOLVES INFLAMMATION OF THE PATELLAR TENDON DUE TO OVERUSE.
- **IT BAND SYNDROME:** WHILE PRIMARILY ASSOCIATED WITH THE ILIOTIBIAL BAND, WEAKNESS IN THE VMO CAN CONTRIBUTE TO LATERAL KNEE PAIN.

RECOGNIZING THESE CONDITIONS IS CRUCIAL FOR EARLY INTERVENTION AND EFFECTIVE MANAGEMENT. STRENGTHENING AND PROPERLY ACTIVATING THE VMO CAN MITIGATE THESE ISSUES AND SUPPORT OVERALL KNEE HEALTH.

EXERCISES TO STRENGTHEN THE VMO

TO ENHANCE THE STRENGTH AND FUNCTIONALITY OF THE VMO, SPECIFIC EXERCISES CAN BE IMPLEMENTED. THESE EXERCISES FOCUS ON TARGETING THE OBLIQUE FIBERS OF THE VASTUS MEDIALIS AND PROMOTING PROPER PATELLAR TRACKING. SOME EFFECTIVE EXERCISES INCLUDE:

- **VMO ACTIVATION EXERCISES:** EXERCISES SUCH AS STRAIGHT LEG RAISES AND QUAD SETS CAN HELP ACTIVATE THE VMO.
- **WALL SITS:** HOLDING A WALL SIT POSITION CAN STRENGTHEN THE ENTIRE QUADRICEPS GROUP, EMPHASIZING THE VMO.
- **SINGLE-LEG SQUATS:** PERFORMING SQUATS ON ONE LEG CAN ENHANCE STABILITY AND STRENGTH IN THE VMO.
- **STEP-UPS:** STEP-UPS WITH A FOCUS ON CONTROLLED MOVEMENTS CAN TARGET THE VMO EFFECTIVELY.

INCORPORATING THESE EXERCISES INTO A REGULAR FITNESS OR REHABILITATION ROUTINE CAN SIGNIFICANTLY IMPROVE VMO STRENGTH AND KNEE STABILITY. IT IS ESSENTIAL TO ENSURE PROPER FORM AND TECHNIQUE DURING THESE EXERCISES TO MAXIMIZE THEIR EFFECTIVENESS AND MINIMIZE THE RISK OF INJURY.

CONCLUSION

UNDERSTANDING VMO ANATOMY IS VITAL FOR RECOGNIZING ITS CRITICAL ROLE IN KNEE FUNCTION AND OVERALL LOWER LIMB BIOMECHANICS. THE VMO, AS PART OF THE QUADRICEPS GROUP, SERVES ESSENTIAL FUNCTIONS IN KNEE STABILITY, EXTENSION, AND PATELLAR TRACKING. BY ADDRESSING VMO STRENGTH AND FUNCTION, INDIVIDUALS CAN PREVENT INJURIES AND ENHANCE THEIR PHYSICAL PERFORMANCE. THROUGH TARGETED EXERCISES AND REHABILITATION STRATEGIES, IT IS POSSIBLE TO SUPPORT THE HEALTH OF THE KNEE JOINT AND MAINTAIN AN ACTIVE LIFESTYLE.

Q: WHAT IS THE ROLE OF THE VMO IN KNEE STABILITY?

A: THE VMO PLAYS A CRUCIAL ROLE IN STABILIZING THE PATELLA DURING KNEE MOVEMENTS. ITS OBLIQUE FIBERS PROVIDE THE NECESSARY MEDIAL PULL ON THE PATELLA, ENSURING IT TRACKS PROPERLY WITHIN ITS GROOVE, THUS PREVENTING CONDITIONS SUCH AS PATELLAR MALTRACKING.

Q: HOW CAN I STRENGTHEN MY VMO?

A: STRENGTHENING THE VMO CAN BE ACHIEVED THROUGH TARGETED EXERCISES SUCH AS WALL SITS, SINGLE-LEG SQUATS, AND STEP-UPS. THESE EXERCISES FOCUS ON ACTIVATING THE VMO AND ENHANCING ITS STRENGTH TO IMPROVE KNEE STABILITY.

Q: WHAT ARE THE SYMPTOMS OF VMO DYSFUNCTION?

A: SYMPTOMS OF VMO DYSFUNCTION CAN INCLUDE KNEE PAIN, PARTICULARLY AROUND THE PATELLA, DIFFICULTIES WITH ACTIVITIES THAT INVOLVE BENDING THE KNEE, AND A FEELING OF INSTABILITY OR WEAKNESS IN THE KNEE JOINT.

Q: CAN VMO WEAKNESS LEAD TO KNEE INJURIES?

A: YES, VMO WEAKNESS CAN LEAD TO KNEE INJURIES, PARTICULARLY THOSE RELATED TO PATELLAR TRACKING ISSUES, SUCH AS PATELLOFEMORAL PAIN SYNDROME AND PATELLAR TENDINITIS. A STRONG VMO HELPS MAINTAIN PROPER ALIGNMENT OF THE

PATELLA.

Q: IS THE VMO IMPORTANT FOR ATHLETES?

A: ABSOLUTELY. THE VMO IS PARTICULARLY IMPORTANT FOR ATHLETES AS IT HELPS ENSURE PROPER KNEE FUNCTION DURING HIGH-IMPACT SPORTS ACTIVITIES, REDUCING THE RISK OF INJURY AND ENHANCING PERFORMANCE.

Q: HOW IS VMO ASSESSED IN A CLINICAL SETTING?

A: IN A CLINICAL SETTING, VMO ASSESSMENT CAN INVOLVE PHYSICAL EXAMINATIONS, STRENGTH TESTING, AND FUNCTIONAL MOVEMENT ANALYSIS TO EVALUATE THE MUSCLE'S STRENGTH AND ACTIVATION PATTERNS.

Q: WHAT ARE COMMON REHABILITATION EXERCISES FOR VMO WEAKNESS?

A: COMMON REHABILITATION EXERCISES FOR VMO WEAKNESS INCLUDE STRAIGHT LEG RAISES, QUADRICEPS SETS, WALL SITS, AND CONTROLLED SQUATS, ALL AIMED AT ACTIVATING AND STRENGTHENING THE VMO.

Q: HOW DOES VMO DYSFUNCTION AFFECT DAILY ACTIVITIES?

A: VMO DYSFUNCTION CAN AFFECT DAILY ACTIVITIES BY CAUSING PAIN OR DISCOMFORT DURING MOVEMENTS SUCH AS WALKING, CLIMBING STAIRS, OR SQUATTING, LEADING TO DECREASED MOBILITY AND QUALITY OF LIFE.

Q: CAN PHYSICAL THERAPY HELP WITH VMO-RELATED INJURIES?

A: YES, PHYSICAL THERAPY CAN BE HIGHLY EFFECTIVE FOR VMO-RELATED INJURIES. A TAILORED REHABILITATION PROGRAM CAN FOCUS ON STRENGTHENING THE VMO, IMPROVING FLEXIBILITY, AND RESTORING PROPER FUNCTION TO THE KNEE.

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This textbook provides an authoritative reference on one of the most problematic entities in the pathology of the knee. Throughout the text, esteemed international experts highlight their clinical insights for ensuring optimal non-surgical and surgical outcomes when treating anterior knee pain and patellar instability. The chapters are revised with the latest updates and new chapters are featured focusing upon robotic-assisted patellofemoral replacement, predictive diagnostic models in anterior knee pain patients based on artificial intelligence, brain network functional connectivity in anterior knee pain patients, and many other hot topics in the field. Anterior Knee Pain and Patellar Instability, 3rd Edition is an essential, multi-disciplinary textbook for all levels of orthopedic surgeons, physiotherapists, radiologists, biologists, pathologists, and bioengineers, who wish to learn more about this complex pathology that affects both young and older patients.

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An Issue of Clinics in Sports Medicine Alexander Meininger, 2014-09-26 This issue of Clinics in Sports Medicine will focus on patellofemoral disorders and how they are among the most common clinical conditions managed in the orthopaedic and sports medicine setting. The correct diagnosis at an early stage is essential if subsequent treatment is to be successful and secondary complications are to be avoided. Nonoperative intervention is usually the first form of treatment; however, there is no consensus on the most effective method of treatment.

vmo anatomy: Leg Power Miles Drake, AI, 2025-03-14 Leg Power offers a comprehensive guide to maximizing lower body potential, focusing on building leg strength, power development, and endurance training for enhanced athletic performance and functional fitness. The book reveals how strong legs are foundational for nearly all physical movements, impacting everything from athletic endeavors to daily activities; readers will learn how neglecting lower body training can limit physical potential and increase injury risk. By blending time-tested techniques with modern exercise science, the book argues for a well-rounded leg training program as crucial for both athletes and those seeking to maintain functional independence. The book progresses systematically, starting with basic anatomy and biomechanics, then delving into specific training methodologies. Readers will learn how to safely and effectively execute exercises like squats, deadlifts, and plyometrics. What sets Leg Power apart is its integrated approach, combining strength, power, and endurance into a unified program suitable for beginners and experienced athletes alike, providing detailed guidance on exercise technique and program design, ultimately helping you unlock your lower body's full potential.

vmo anatomy: The Patellofemoral Joint Jason L. Koh, Ryosuke Kuroda, João Espregueira-Mendes, Alberto Gobbi, 2021-12-07 This practical case-based book assists clinicians in the evaluation and treatment of patellofemoral patients by reviewing critical elements for assessment and presenting clinical scenarios in which different experts provide their recommendations for treatment. Subdivided in 6 parts it explores the joint's anatomy and mechanics, as well as case-based evaluation and treatment of patellofemoral instability, arthritis and chondrosis, traumatic injuries and degenerative tendinopathies. Moreover, the closing part offers an overview of the latest advances and future developments. Written in collaboration with ISAKOS, this book offers a valuable guide for orthopedists and sports medicine treating common and complex injuries of this joint.

vmo anatomy: Clinical Biomechanics in Human Locomotion Andrew Horwood, Nachiappan Chockalingam, 2023-04-10 Clinical Biomechanics in Human Locomotion: Gait and Pathomechanical Principles explores the clinical management of gait-disturbing or gait-induced pathologies and biomechanical variances during gait between individuals. The book discusses what is required to make terrestrial human locomotion safe and what causes pathology within a context of high locomotive and morphological variability. The interaction of genetics, epigenetics, developmental biology and physiology under the influence of locomotive biomechanics and metabolic energetics drives evolution. Such biological pressures on survival are essential in understanding the locomotive biomechanics of modern humans. In addition, lifestyle, including gait speed adaptability established during the growth influences of anatomical development is also considered. - Links human locomotive biomechanics to medicine, physiology, evolutionary anatomy and medicine - Prepares students, bioengineers and clinicians for the reality of utilizing biomechanical principles in clinical practice while also informing researchers of environmental limits - Includes further concepts in gait mechanics such as lower limb length, gait speed and how to calculate locomotive costs

vmo anatomy: Comparative anatomy of vertebrates John Sterling Kingsley, 1912

vmo anatomy: Total Knee Replacement Arlen D. Hanssen, W. Norman Scott, 2009-01-01 This multimedia resource offers you all the how-to guidance you need to perform all of the latest and best techniques in total knee replacement. The complete, lavishly illustrated volume is made even better with a state-of-the-art companion web site! With chapters on such hot topics as cementless fixation, quadriceps sparing MIS TKR, unicompartmental TKR, soft tissue balancing, and extensor mechanism allografting, you, as well as the members of your cross-disciplinary team, will appreciate the clear

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vmo anatomy: Naval Aviation News , 1998

vmo anatomy: The Patellofemoral Joint in the Athlete Robin V. West, Alexis C. Colvin, 2013-08-30 Patellofemoral disorders are extremely prevalent in athletes and can lead to chronic pain, instability, weakness, and inconsistent or poor athletic performance. These disorders can be difficult to diagnose. Treatment options can vary depending upon several factors, including the sport and the time during the sports season when the symptoms occur. Treatment also varies depending on the age of the patient and their competition level. The Patellofemoral Joint in the Athlete provides an extensive review of the physical examination, radiographic evaluation, differential diagnoses, and treatment options of common patellofemoral disorders, including patellar chondrosis, pain and instability. The contributors are nationally recognized experts in the patellofemoral joint that treat athletes of all ages and abilities. Appropriate for orthopedic surgeons, sports medicine physicians, rehabilitation physicians and physical therapists, this book is a comprehensive guide to the unique and sport-specific concerns of athletes of all ages and abilities with regard to the patellofemoral joint.

vmo anatomy: Minimally Invasive Surgery in Orthopedics Giles R. Scuderi, Alfred J. Tria, 2009-10-30 Minimally invasive surgery has evolved as an alternative to the traditional approaches in orthopedic surgery and has gathered a great deal of attention. Many surgeons are now performing all types of procedures through smaller surgical fields. Along with changes in the surgical technique, there have been rapid advances in computer navigation and robotics as tools to enhance the surgeon's vision in the limited operative fields. With these new techniques and technologies, we must ensure that these procedures are performed safely and effectively with predictable clinical outcomes. This book has been expanded from our previous publications to include spine and foot and ankle surgery, along with updated sections on knee arthroplasty, hip arthroplasty, and upper extremity surgery. The clinical information and surgical techniques, along with tips and pearls, provided by experts in the field allows the reader to grasp a comprehensive understanding of the nuances of MIS. It is our intention that this text will be a valuable reference for all orthopedic surgeons. New York, NY Giles R. Scuderi, MD Piscataway, NJ Alfred J. Tria, MD v BookID

127440_ChapID FM_Proof# 1 - 14/09/2009 Contents Section I The Upper Extremities 1 What Is Minimally Invasive Surgery and How Do You Learn It?	3	Aaron G. Rosenberg
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3 Mini-incision Bankart Repair	15	Edward W. Lee, Kenneth Accousti, and Evan L. Flatow
4 Mini-open Rotator Cuff Repair		

vmo anatomy: Knee Arthroscopy and Knee Preservation Surgery Seth L. Sherman, Jorge Chahla, Robert F. LaPrade, Scott A. Rodeo, 2024-09-19 This major reference works brings together the current state of the art for joint preservation surgery of the knee, including arthroscopic and open procedures. Generously illustrated with radiographs and intraoperative photos, it presents the latest tips and techniques, providing the knee surgeon with the most up-to-date information for precise preparation and decision-making in this rapidly evolving area. This comprehensive guide is divided into ten thematic sections covering clinical evaluation; fundamentals of arthroscopic and open approaches; basic and advanced arthroscopic procedures; surgical management of meniscal disorders; management of ACL injuries; approaches to complex and multi-ligamentous injuries; limb malalignment; management of cartilage and subchondral bone; patellofemoral and extensor mechanism disorders; and rehabilitation and return to play considerations. Written by experts in the field, Knee Arthroscopy and Knee Preservation Surgery will be a highly valued resource for orthopedic and sports medicine surgeons, residents and fellows.

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vmo anatomy: Textbook of Orthopaedics, 1edition - E-Book Alok Sud, Rahul Ranjan, 2018-09-12 This book is a go-to Textbook for Orthopedics for final year MBBS students, it covers the course content in a very concise and precise manner. It is very easy to understand, comprehend and reproducible manner with inclusion of illustrations/ images, which the student can pick before the exam for understanding concepts and quick revision. It is an 'enhanced' book' with videos helping the students better visualize the important clinical examination procedures; and includes short notes, MCQ's and Viva Voce questions on Medenact for quick recap 1. Book has been divided into 4 parts: General orthopaedics; Regional orthopaedics; Musculoskeletal injuries (General principles, injuries of the upper limb, injuries of the lower limb and spine); and preparation for an orthopaedics exam. 2. Clinical examination (including range of motion and special tests) has been written in each section which makes the book complete. 3. Important examination points demonstrated by videos make learning & execution of tests easier. 4. Relevant anatomy is given prior to each chapter for a better understanding. 5. Newer advances have been added where ever required. For example, Femoroacetabular impingement; treatment of spinal deformities and spinal injuries; damage control orthopaedics; newer implants; bio-absorbable implants. 6. Traditional answers to certain questions have been retained as they are important viva-voce questions, for example Stoss therapy has been explained in chapter on Rickets although it is seldom used now. 7. General topics

have been written in a lucid manner, covering concepts (short notes) and facts (MCQs) with equal ease.

vmo anatomy: AANA Advanced Arthroscopy: The Knee E-Book Robert E. Hunter, Nicholas A. Sgaglione, 2010-07-06 AANA Advanced Arthroscopy: The Knee, by Robert E. Hunter, MD and Nicholas A. Sgaglione, MD, helps you make the most effective use of advanced and emerging, state-of-the-art arthroscopic techniques for managing a wide range of knee problems. Premier arthroscopic surgeons discuss disease-specific options, managing and avoiding complications, and rehabilitation protocols...in print and online. 14 videos demonstrate tibial plateau fracture management system, anteromedial tibial tubercle transfer, osteochondral allograft for a femoral condyle defect, anatomic single bundle ACL reconstruction, anatomic reconstruction of the posterolateral corner, and more. - Access the fully searchable text, along with a video library of procedures and links to PubMed online at expertconsult.com. - Stay current through coverage of hot topics like Chondrocyte Transplantation Techniques, Proximal Tibial Osteotomy, Anatomic Single Bundle ACL Reconstruction, Single Bundle PCL Reconstruction, Inlay PCL Reconstruction, and Anatomic Reconstruction of the Posterolateral Corner. - Hone your skills thanks to 14 videos of techniques—on Tibial Plateau Fracture Management System, Anteromedial Tibial Tubercle Transfer, Osteochondral Allograft for a Femoral Condyle Defect, Anatomic Single Bundle ACL Reconstruction, Anatomic Reconstruction of the Posterolateral Corner, and more—performed by experts. - See arthroscopic surgical details in full color and understand nuances through interpretative drawings of technical details. - Optimize surgical results and outcomes with an emphasis on advanced and emerging arthroscopic techniques, surgical tips, and pearls.

vmo anatomy: Navigation and MIS in Orthopedic Surgery James B. Stiehl, Werner H. Konermann, Rolf G. Haaker, A.M. DiGioia, 2007-02-15 The reader is enthusiastically encouraged to tackle this second edition text in two ways. The first is simply to scan chapters with their introductions, summaries and conclusion points. Second, is to delve into those sections of seeming greater interest depending upon one's specialty and role. The expansion and quality of this material speak to the success of the first edition by these editors and many similar authors. In addition, the continued and enlarged interest in computer assisted Orthopedic surgery indicates the relevance and enduring importance of this advance in our field of musculoskeletal surgery. I suggest that no other discipline in surgery is so appropriately suited to computer assistance including robotic performance. Orthopedics has always seemed unique to this author in that it focuses more than any other medical field on gross physical, mechanical structure. We deal nearly exclusively in physical repair of broken elements, rearrangement of deformed ones, and resurfacing or refurbishing those that are diseased in a way that has altered their mechanical integrity, shapes, and other structural aspects.

vmo anatomy: *Human Neuroanatomy* J. Edward Bruni, Donald G. Montemurro, 2009 The Human Brain in Dissection will significantly update the previous edition published in 1988. The last 20 years have seen a significant shift in the way that neuroanatomy is taught in both undergraduate and graduate neuroscience courses, as well as doctorate courses: not only has the time allocated for these courses been reduced, but the methodologies for teaching have become more focused and specific due to these time constraints. The Human Brain in Dissection, Third Edition will provide detailed features of the human brain with the above limitations in mind. 50 new plates will be added to the existing 123 in order to permit the student to see all salient structures and to visualize microscopic structures of the brain stem and spinal cord. Each chapter will cover a specific area of the human brain in such a way that each chapter can be taught in one two-hour neuroanatomy course. New to this edition is the inclusion of a section in each chapter on clinically relevant examples. Each chapter will also include a specific laboratory exercise. And finally, the author has included a question and answer section that is relevant to the USMLE, as well as recommended readings, neither of which were included in the previous editions. This new edition of The Human Brain in Dissection will allow the student to: understand basic principles of cellular neuroscience; learn gross and microscopic anatomy of the central nervous system (Brain, brainstem, and spinal cord); relate

the anatomy of central neural pathways to specific functional systems; be able to localize and name a CNS lesion when presented with neurological symptoms, and appreciate higher cortical functions and how they relate to the practice of neurology. neuroscience

vmo anatomy: Arthroscopic Surgery Update John B. McGinty, 1985

vmo anatomy: Evidence-based Orthopaedics James Gardner Wright, 2009 Dr. James Wright, Associate Editor for the Journal of Bone and Joint Surgery, presents this landmark publication and novel approach to orthopaedic problems and solutions. This new, evidence-based reference examines clinical options and discusses relevant research evidence to provide you with expert recommendations for best practice. The consistent chapter format and featured summary tables provide at-a-glance access to the evidence-based literature and clinical options. Leading authorities contribute their expertise so you can apply the most effective clinical solutions to the persistent questions you encounter in your practice. You can even access the fully searchable and regularly updated text online! The result is an outstanding resource in clinical orthopaedics, as well as a valuable framework for translating evidence into practice. Features the completely searchable text online via www.expertconsult.com with periodic updates to available evidence, alerting you to changing evidence and guidelines. Covers common and controversial clinical problems that address the full range of nagging questions in your practice-such as the best treatment for displaced fractures of the distal radius or which DVT prophylaxis to use in joint replacement surgery. Provides a consistent chapter format that presents clinical questions with evidence-based graded recommendations for each treatment to help you make the best-informed decisions. Includes abundant summary tables that synthesize available literature and recommended clinical approaches for information at a glance. Your purchase entitles you to access the website until the next edition is published, or until the current edition is no longer offered for sale by Elsevier, whichever occurs first. If the next edition is published less than one year after your purchase, you will be entitled to online access for one year from your date of purchase. Elsevier reserves the right to offer a suitable replacement product (such as a downloadable or CD-ROM-based electronic version) should online access be discontinued.

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