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The kinematics of the various regions of the spine are discussed and their clinical significance is presented. The problems of spinal trauma and is associated spinal instability are analyzed. Guidelines are recommended to assess spinal stability. The proper application of such guidelines will provide the basis for sound clinical judgments.

Basic Biomechanics of the Spine - PubMed
Biomechanics, the application of mechanical principles to living organisms, helps us to understand how all the bony and soft spinal components contribute individually and together to ensure spinal stability, and how traumas, tumours and degenerative disorders exert destabilizing effects.

Biomechanics of the spine. Part I: Spinal stability ...
Clinical problems of the human spine continue to be prevalent in our society. Examples include low-back pain, sciatica, spinal deformity in both adults and children, spinal tumors, and spinal injury, including trauma to the spinal cord. Given that these clin-ical problems remain largely unsolved and that the spine plays an

Fundamental biomechanics of the spine—What we have learned ...
This first review considers the normal kinematics of the cervical spine, which predicates the appreciation of the biomechanics of cervical spine injury. It summarizes the cardinal anatomical features of the cervical spine that determine how the cervical vertebrae and their joints behave.

Biomechanics of the cervical spine. I: Normal kinematics
Biomechanics affords a means of characterizing and assessing the status of the spine both precisely and quantitatively. Benefits of an improved understanding of biomechanics of normal and degenerative spinal conditions are the ability to counsel patients, treat pathological processes, and determine the effect of both medical and surgical treatment on spinal mechanics and, potentially, clinical outcomes.

Biomechanics of Degenerative Spinal Disorders
(Modified from White AA, Panjabi MM: Clinical biomechanics of the spine, ed 2, Philadelphia, 1990, JB Lippincott.) Support and stability for the posterior joints come from the small segmental ligaments and the joint capsule (see Figure 5-1). The ligamentum flavum, a strong and highly elastic structure, connects adjacent lamina.

The Spine: Anatomy, Biomechanics, Assessment, and ...
Clinical Biomechanics of the Spine Augustus A. White, Manohar M. Panjabi No preview available - 1990. Common terms and phrases. activity addition analysis anterior applied associated axial axial rotation axis bending biomechanical body Bone Joint Surg brace cause cent cervical spine changes clinical complex compression considerable construct ...

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Range of movement (ROM) □50% of flexion extension happens in the upper cervical □50% of rotation happens in C1-2 level □Lateral flexion mostly on the middle part of the cervical spine White & Panjabi Clinical Biomechanics of the Spine 2ndEdition Flexion -extension Lateral flexion Rotation

Functional anatomy and biomechanics of the cervical spine
The osseous spine consists of 7 cervical, 12 thoracic, 5 lumbar, 5 fused sacral vertebrae and the coccyx. The ligaments, muscles, and intervertebral discs connect the vertebrae to form the four curves of the spine: the two lordotic curves of the lumbar and cervical spine and the two kyphotic curves of the thoracic spine and sacrum.

Biomechanics of the Spine in Sport | Clinical Gate
Clinical biomechanics of the spine. Philadelphia : Lippincott, ©1978 (OCoLC)561114234 Online version: White, Augustus A. Clinical biomechanics of the spine. Philadelphia : Lippincott, ©1978 (OCoLC)607797345: Document Type: Book: All Authors / Contributors: Augustus A White; Manohar M Panjabi

Clinical biomechanics of the spine (Book, 1978) [WorldCat.org]
The bony rib cage significantly affects the biomechanics of the thoracic spine (and vice versa) by forming a strong external framework and thus increasing the thoracic spinal area moment of inertia, especially in the transverse plane.