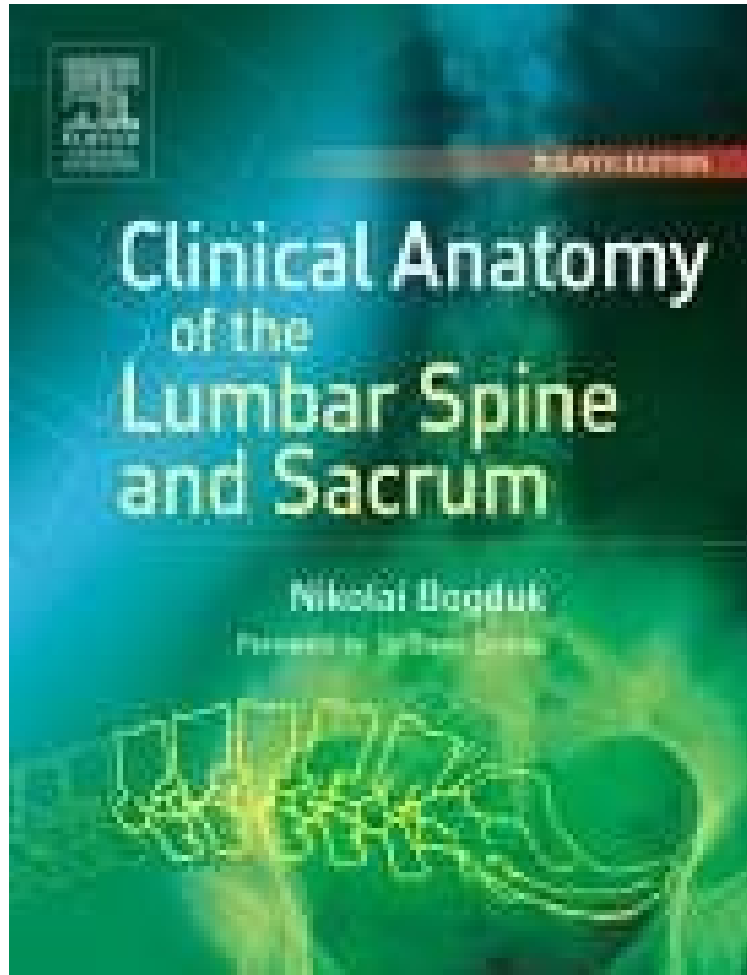


Clinical and Radiological Anatomy of the Lumbar Spine, 4e

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Nikolai Bogduk BSc(Med) MB BS MD PhD DSc DipAnat DipPainMed FAFRM FAFMM FFPM(ANZCA) : **Clinical and Radiological Anatomy of the Lumbar Spine, 4e** before purchasing it in order to gauge whether or not it would be worth my time, and all praised Clinical and Radiological Anatomy of the Lumbar Spine, 4e:

0 of 0 people found the following review helpful. AnatomyBy marymurbanVery clinical and deep. But I got out of it what I needed to know.0 of 0 people found the following review helpful. but provides a lot of great anatomic informationBy sdgolfAn in-depth review of the lumbar spine. Doesn't discuss much in terms of imaging, but provides a lot of great anatomic information.2 of 2 people found the following review helpful. Authoritative textBy M. BaileyBogduk gets straight to the facts in a clear and succinct fashion. An outstanding reference for practitioners involved in Musculoskeletal Medicine, Orthopaedics, and Anatomy.

A foundation textbook for those requiring an understanding of the structure and biomechanics of the lumbar spine and

sacrum. The book aims to bring together in one source all of the elements of anatomy and biomechanics which are clinically relevant to the study of lumbar spinal pain. It explains how the lumbar spine is designed to subserve its functions in terms of its biochemical, histological and macroscopic structure. The muscles and innervation of the lumbar spine are comprehensively described and there is a helpful introduction to the concepts of biomechanics and how they relate to normal function and injury. The text has been designed and presented in a format which makes it suitable for use by physiotherapists, occupational therapists, manual therapists and post graduate medical students in fields concerned with the management and prevention of back pain and related conditions eg rheumatology, orthopaedics, occupational medicine, ergonomics' rehabilitation. The content follows a very clear and logical structure which will be retained for the 4th edition. Follows a clear and logical structure Makes the link between the pure anatomy and the clinical problems encountered by practitioners Only gives the details required for effective and safe clinical practice - everything in it is relevant to practice Text well supported with clear and easy to understand line drawings Written by an internationally known and respected expert in the fields of both clinical anatomy and back pain Fully reference and evidence based Extensively revised and updated but without adding extensively to the existing length The comprehensive coverage and logical structure of the previous editions will be maintained New chapter on Radiographic Anatomy

"This publication can be considered a classic for those clinicians involved in the care of patients with lower back problems. The purpose of the book is given in the foreword and the first paragraph of the author's preface to the 4th edition: "There have been no changes in the anatomy of the lumbar spine in the past 20 years, but our understanding of some of the controversial issues has...it is an excellent resource for all those who have an interest in the lumbar spine, from surgeons to interventionists, anatomists, physiotherapists, chiropractors and osteopaths." British Journal of Sports Medicine, Online About the Author I commenced research into spinal pain, in 1972, when essentially nothing was known about the problem. There being no established groups or departments working on this problem, I forged my own career, using borrowed resources. I commenced in a Department of Anatomy, where I pursued the innervation of the vertebral column as a fundamental element in understanding the sources and mechanisms of spinal pain. Professor Jim Lance fostered this interest, and accommodated my PhD studies. In his department I continued my anatomy studies but was able also to commence clinical applications. I developed and tested new diagnostic and surgical procedures for back pain and for neck pain. While in Professor Lance's Department, I participated in laboratory studies of the mechanisms of migraine. At the University of Queensland I continued to develop and apply the diagnostic and surgical techniques that I started at the University of NSW, serving as an honorary medical officer at the Pain Clinic of Princess Alexandra Hospital. Meanwhile I supervised science and medicine postgraduate students who undertook basic science studies into the biomechanics of the back and neck. At the University of Newcastle, I had established a reputation sufficient to attract a grant from the Motor Accidents Authority of NSW to investigate the cause and treatment of neck pain after whiplash. The grant supported three PhD students over a six year period. They performed studies that validated the diagnostic procedures and which tested the surgical procedures in a placebo-controlled double-blind randomized trial. Having established an international standing in the development and testing of treatments for spinal pain, I participated in the design and analysis of controlled trials conducted elsewhere in Australia and in the USA. These tested the efficacy of: lumbar radiofrequency neurotomy for back pain, intradiscal electrothermal anuloplasty for back pain, prolotherapy for back pain, exercises for neck pain. Between 1997 and 2002 I conducted the National Musculoskeletal Medicine Initiative which developed and tested evidence-based practice guidelines for the management of back pain, neck pain, shoulder pain, knee pain, and pain in the foot, wrist, and elbow. My work has been awarded the Volvo Award for Back Pain Research, the Research Prize of the Cervical Spine Research Society, the Award for Outstanding Research of the North American Spine Society, and three times the Research Prize of the Spine Society of Australia. My students have been awarded research prizes by the International Association for the Study of Pain, the Australian Rheumatology Association, and the Australian New Zealand College of Anaesthetists. I have never had a funded department to which to attract investigators and academics. I have relied on scholarships for students, and the goodwill of private practitioners who wished to contribute to clinical research. Of late, I have been supervising Neurosurgery residents undertaking studies of the outcomes of treatment for Radicular pain and back pain.