

# *Dentistry & Oral Sciences Source*





## ***Dentistry & Oral Sciences Source***

**Irodalma lefedi a fogorvoslás valamennyi területét**

- General Dentistry
- Aesthetic Dentistry
- Dental Anaesthesiology
- Dental Public Health
- Endodontics
- Forensic Odontology
- Geriatric Dentistry
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Orthodontics and Dentofacial Orthopedics
- Periodontics
- Pediatric Dentistry
- Prosthodontics



## **A MEDLINE-on nem, de a *Dentistry & Oral Sciences Source*–n indexelt folyóiratok**

- *Advances in Medical & Dental Sciences*
- *Australasian Dental Practice*
- *Biological Therapies in Dentistry*
- *Brazilian Journal of Oral Sciences*
- *China Journal of Oral & Maxillofacial Surgery*
- *Columbia Dental Review*
- *Contemporary Esthetics*
- *Contemporary Oral Hygiene*
- *Dental Economics*
- *Dental Equipment & Materials*
- *Dental Practice Management*
- *Dental Practice Report*
- *Dentomaxillofacial Radiology*
- *Endodontic Practice Today*
- *Endodontic Topics*
- *European Journal of Esthetic Dentistry*
- *European Journal of Oral Implantology*
- *Hellenic Orthodontic Review*
- *IADR/AADR Meeting Abstracts (International & American Associations for Dental Research)*
- *Implantodontie*
- *International Dental & Medical Disorders*



## A MEDLINE-on és a Dentistry & Oral Sciences Source-n indexelt folyóiratok összehasonlítása

Publication Name	Total Articles indexed in MEDLINE (1/1/2000 to 12/31/2009)	Total Articles indexed in DOSS (1/1/2000 to 12/31/2009)
<i>British Dental Journal</i>	3,566	9,052
<i>Clinical Oral Investigations</i>	480	534
<i>Critical Reviews in Oral Biology &amp; Medicine</i>	146	175
<i>Dental Traumatology</i>	731	820
<i>European Journal of Oral Sciences</i>	849	917
<i>Evidence-Based Dentistry</i>	355	638
<i>Gerodontology</i>	318	389
<i>International Endodontic Journal</i>	1,131	1,400
<i>International Journal of Oral &amp; Maxillofacial Surgery</i>	1,532	1,723
<i>International Journal of Paediatric Dentistry</i>	647	906
<i>International Journal of Prosthodontics</i>	970	1,349
<i>Journal of Adhesive Dentistry</i>	460	468



## A MEDLINE-on és a Dentistry & Oral Sciences Source-n indexelt folyóiratok összehasonlítása

Publication Name	Total Articles indexed in MEDLINE (1/1/2000 to 12/31/2009)	Total Articles indexed in DOSS (1/1/2000 to 12/31/2009)
<i>Journal of Clinical Periodontology</i>	1,643	1,707
<i>Journal of Dental Hygiene</i>	306	664
<i>Journal of Dental Research</i>	1,868	1,980
<i>Journal of Esthetic &amp; Restorative Dentistry</i>	503	671
<i>Journal of Evidence-Based Dental Practice</i>	348	457
<i>Journal of Oral Implantology</i>	421	485
<i>Journal of Oral Pathology &amp; Medicine</i>	1,001	1,065
<i>Journal of Oral Rehabilitation</i>	1,482	1,564
<i>Journal of Orofacial Pain</i>	358	471
<i>Journal of Periodontal Research</i>	733	765
<i>Journal of the American Dental Association</i>	2,480	3,059

A MEDLINE NEM tartalmaz kereshető hivatkozásokat, de a DOSS 128 lapnál IGEN, köztük pl. a *Journal of Dental Research* esetében 1919-től napjainkig.



***A Dentistry & Oral Sciences Source-on elérhető,  
de a Web of Science-on NEM elérhető  
kereshető hivatkozások listája***

	# of Journals
<b><i>Dentistry &amp; Oral Sciences Source Searchable Cited References</i></b>	<b>124</b>
<b><i>Web of Science Searchable Cited References Overlap with Dentistry &amp; Oral Sciences Source</i></b>	<b>59</b>
<b><i>Unique Searchable Cited References in Dentistry &amp; Oral Sciences Source</i></b>	<b>65</b>

Több mint kétszer annyi fogászati szaklap  
érhető el kereshető hivatkozások listájával



***A Dentistry & Oral Sciences Source***  
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<b>Full-Text Sources</b>	<b>TOTAL</b>	<b>UNIQUE*</b>
<b>Full-Text Journals &amp; Magazines</b>	<b>147</b>	<b>139</b>
<b>Full-Text Books &amp; Monographs</b>	<b>34</b>	<b>33</b>

\* Egyik EBSCO adatbázisban sem elérhető full text

\* 2010. január 4-i adatok



## Eigenfactor Dental Journal Rankings

A fulltextes folyóiratok a *Dentistry & Oral Sciences Source*-ből

*Journal of Dental Research*

*Periodontology 2000*

*Clinical Oral Implants Research*

*International Journal of Oral & Maxillofacial Implants*

*International Journal of Prosthodontics*

*Community Dentistry & Oral Epidemiology*

*Journal of Adhesive Dentistry*

*Journal of Orofacial Pain*

*Journal of Clinical Periodontology*

Valamennyi  
folyóirat indexelt  
és referátummal  
bír a *Dentistry &  
Oral Sciences  
Source*-ben





## Eigenfactor Dental Journal Rankings

A fulltextes folyóiratok a *Dentistry & Oral Sciences Source*-ből

*European Journal of Oral Sciences*

*Journal of Periodontal Research*

*Caries Research*

*Oral Microbiology & Immunology*

*Oral Diseases*

*Pediatric Dentistry*

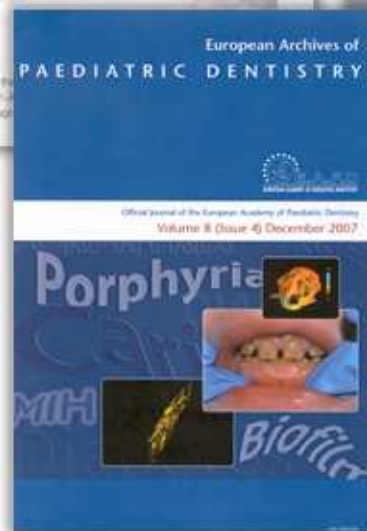
*International Endodontic Journal*

*International Journal of Periodontics & Restorative Dentistry*

Valamennyi  
folyóirat indexelt  
és referátummal  
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## Embargó nélküli teljes szövegű folyóiratok



# Embargó nélküli teljes szövegű folyóiratok





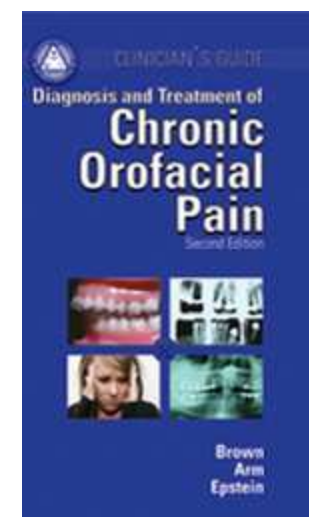
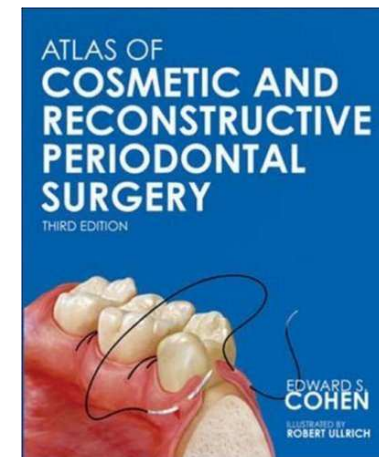
## Embargó nélküli teljes szövegű folyóiratok





## Teljes szövegű könyvek egyre gyarapodó listája

- *Atlas of Cosmetics & Reconstructive Periodontal Surgery*
- *Burket's Oral Medicine, Diagnosis & Treatment*
- *Clinical Outline of Oral Pathology*
- *Clinician's Guide to Treatment of HIV-Infected Patients*
- *Critical Decisions in Periodontology*
- *Endodontics*
- *Essentials of Oral Medicine*
- *Oral Diagnosis, Oral Medicine & Treatment Planning*
- *Oral Health in Geriatrics Patients*
- *PDQ Endodontics*
- *PDQ Oral Disease: Diagnosis & Treatment*
- *Peterson's Principles of Oral & Maxillofacial Surgery*
- *Psychology & Dentistry*





## ***Dentistry & Oral Sciences Source*** **Össztartalom 2010 januárában**

<b>Source Type</b>	<b>Indexing &amp; Abstracts</b>	<b>Full Text</b>	<b>PDFs</b>	<b>Searchable Cited References</b>
<b>Academic Journals</b>	<b>175</b>	<b>130</b>	<b>129</b>	<b>119</b>
<b>Books &amp; Monographs</b>	<b>35</b>	<b>34</b>	<b>34</b>	<b>0</b>
<b>Magazines &amp; Trade Periodicals</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>5</b>
<b>Total</b>	<b>228</b>	<b>181</b>	<b>180</b>	<b>124</b>



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Results for: tooth

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● Search Mode: Boolean/Phrase

1. [CT Scan--Based Finite Element Analysis of Premolar Cuspal Deflection Following Operative Procedures.](#)

By: Magne, Pascal; Oganesyanyan, Tevan. International Journal of Periodontics & Restorative Dentistry, 2009, Vol. 29 Issue 4, p360-369, 10p, 3 charts, 1 graph, 7 color; (AN 43402431)

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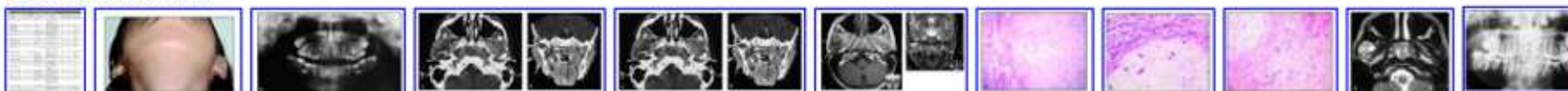
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2. [Chondrosarcoma of the Temporomandibular Joint: A Case Report in a Child.](#)

By: de Oliveira, Rubelisa Cândido; Dias Siqueira Marques, Karlla; de Mendonça, Alexandre Rodrigues; Francisco Mendonça, Elismauro; Roberto Barbosa da Silva, Márcio; Carvalho Batista, Aline; Faria Ribeiro-Rotta, Rejane. Journal of Orofacial Pain, Summer2009, Vol. 23 Issue 3, p275-281, 7p, 1 chart, 5 color, 5 bw; (AN 43503860)

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3. [Sclerostin in Mineralized Matrices and van Buchem Disease.](#)

By: van Beuningen, R. J.; Bronckers, A. L.; Gortzak, R. A.; Honnensden, P. C. W.; van der Wee-Pals, L.; Balemans, W.; Oosterhnek, H. T.; Van Hil, W.; Hamersma



Citation



[High Resolution Image](#)



Title: Figure 1

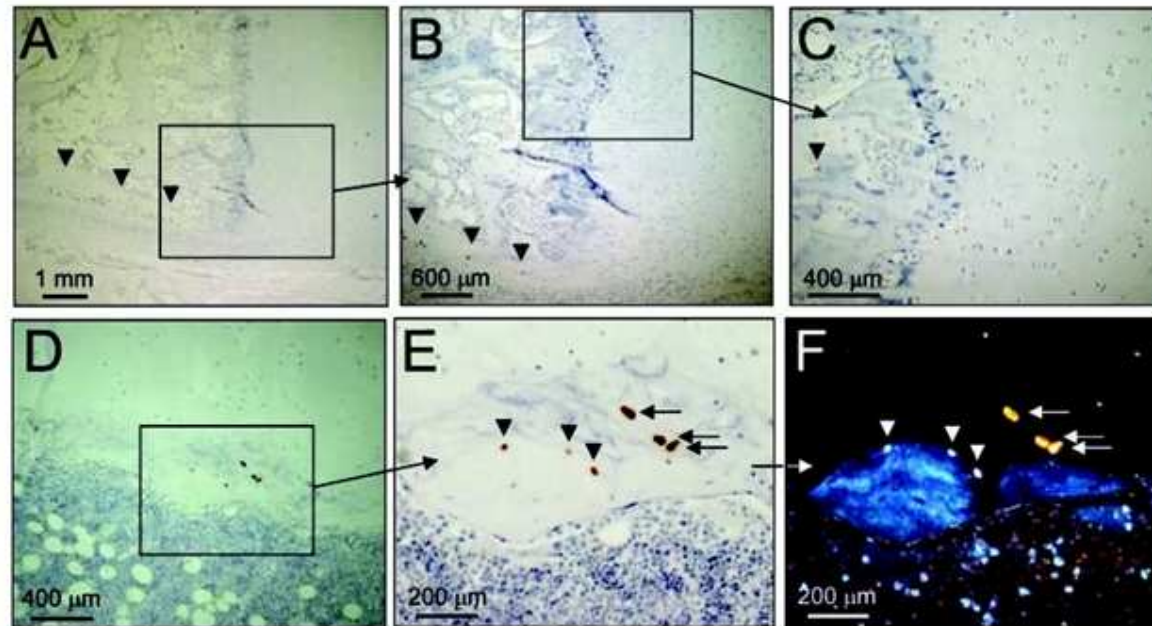


Image Caption:

Sclerostin expression by hypertrophic chondrocytes. (A) Absence of sclerostin expression by chondrocytes in the growth plate of a 1-year-old child. Sclerostin was expressed by osteocytes. (B) Detail of (A) showing sclerostin expression in cortical bone. (C) Detail of (B) showing absence of sclerostin expression in the growth plate, while an osteocyte in trabecular bone is positive. (D) Sclerostin expression in growth plate of a 12-year-old girl. (E) Detail of (D) showing 3 sclerostin-positive mineralized hypertrophic chondrocytes and 3 sclerostin-positive osteocytes. (F) Dark-field image of same area as in (E), showing that the 3 sclerostin-positive osteocytes are located within lamellar bone, while the 3 hypertrophic chondrocytes are not. □ Sclerostin-positive osteocytes; ← sclerostin-positive hypertrophic chondrocytes.

Article Title:

Sclerostin in Mineralized Matrices and van Buchem Disease.

Source:

Journal of Dental Research, Jun2009, Vol. 88 Issue 6, p569-574, 6p, 6 color, 8 bw Color Photograph; found on p570

Image Type:

Color Photograph

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*DynaMedet* használják:

- Orvostudományi egyetemek
- Kórházak
- Rezidens programok
- Egyéni felhasználók



Frankford Hospitals



## Miért a *DynaMed* ?

- A legjobban hozzáférhető bizonyíték – “best available evidence” – használata javítja az egészségügyben elért eredményeket a klinikai döntéshozatalnál és segít a kiadások csökkentésében.
- Az elfoglalt orvosok **könnyen és gyorsan** választ kapnak a legtöbb kérdésükre, olyan források használatával, amelyek a **legjobb aktuális bizonyítékokon** alapulnak.
- Az orvosok néha szakkönyvekhez, illetve széleskörű online forrásokhoz fordulnak, de ezek nem a legjobban hozzáférhető bizonyítékon alapulnak.
- Az orvosoknak szükségük van egy olyan forrásra, ahol legtöbb kérdésükre gyors és pontos megbízható választ kaphatnak, tj. a legjobban hozzáférhető bizonyítékkal - the best available evidence.

## A 7 lépcsős Evidence-Based Methodology biztosítja az információ pontosságát

1. Bizonyítékok szisztematikus meghatározása
2. Szisztematikus válogatás a már meghatározott legjobban hozzáférhető bizonyítékok közül
3. Szisztematikus értékelése a kiválasztott bizonyítékoknak (critical appraisal)
4. Objektív értékelés a bizonyítékok minőségéről és találatok relevanciájáról
5. Szintetizálása a különféle bizonyítékok értékelésének
6. A konklúzió és a javaslatok levonása a bizonyítékok szintéziséből
7. A konklúzió megváltoztatása, amennyiben az új bizonyíték megváltoztatja az addigi a legjobban hozzáférhető bizonyítékot.

**Minden *DynaMed*ben megjelenő cikk ezen a rendszeren alapul és a rendszer biztosítja a konklúziók integrálását.**

**EVIDENCE-BASED = konklúziók a legjobban hozzáférhető bizonyítékon alapulnak**

## ***DynaMed* tartalma**

- *DynaMed* több mint **3000 klinikai téma** összefoglalóját tartalmazza
- Az összefoglaló témák a következőkön alapulnak:
  - Általános és nem általános betegségek és körülményeik
  - Szimptomák (pl., mellkasi fájdalom)
  - Egyéb kiemelt klinikai témák (pl. szoptatás, kardió stressz)
  - Különleges érdeklődési területek (pl., West Nile virus, anthrax, SARS, madárinfluenza)
  - A fejlesztési kutatásokon alapuló információk új irányai (pl. metabolikus szindróma és D-dimer testing)
  - A *DynaMed* felhasználóinak javaslatai

## ***DynaMed* – Szisztematikus szakirodalom megőrzése**

- **Több mint 500 orvosi folyóirat** tartalomjegyzékét figyeli közvetlenül és közvetetten sok releváns folyóirati forráson keresztül
- Az egyes folyóiratok cikkeit tudományosságuk, relevanciájuk alapján értékelik és minden releváns cikknek van további értékelése, amely alapján bekerül DynaMed tartalmába.
- A legrelevánsabb cikkeket összegezték, ezt igazították hozzá a DynaMed tartalmához.
- Módosítják a bizonyítékok szintézise alapján
- Szisztematikus szakirodalom megőrzését **naponta végzik**

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## Stroke (acute management)

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Complications and Associated Conditions
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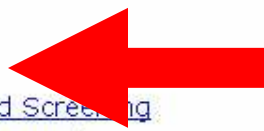
### Stroke (acute management)

updated 2010 Mar 15 07:08 AM: Canadian Stroke Network/Heart and Stroke Foundation of Canada best practice recommendations for stroke care (National Guideline Clearinghouse 2010 Mar 8) [update](#)  
ICSI guideline on diagnosis and initial treatment of ischemic stroke (National Guideline Clearinghouse 2010 Feb 22) [update](#)  
ICSI guideline on antithrombotic therapy supplement (National Guideline Clearinghouse 2010 Jan 18)

#### Related Summaries:

- [Stroke](#) for a list of related summaries
- [Stroke \(long-term management\)](#)
- [Transient ischemic attack \(TIA\)](#)
- [Cardiovascular Disease Prevention Overview](#)
- [Physician Quality Reporting Initiative \(PQRI\) 2009 Physician Quality Measures](#)
- [Medicare/Joint Commission National Hospital Inpatient Quality Measures](#)
- [Subarachnoid hemorrhage](#)

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## Stroke (acute management)

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- References including Reviews and Guidelines
- Patient Information
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- Send Comment to Editor

### ▼ [Treatment](#)

#### Diet:

- **routine oral nutritional supplements during hospitalization for stroke do not substantially affect death or dependency ([level 1 \[likely reliable\] evidence](#))**
  - in 125 hospitals in 15 countries, 4,023 patients admitted within 7 days of stroke (and enrolled in trial within 30 days of hospital admission) and able to swallow were randomized to normal hospital diet vs. normal hospital diet plus oral protein energy supplements until hospital discharge
    - only 314 patients (8%) were undernourished at baseline
    - modified Rankin scale known for 4,004 patients (99.5%) at end of trial
    - trial had allocation concealment, intent to treat analysis and near-complete follow-up
    - outcome assessors (but not patients or clinicians) were blinded
  - normal diet vs. supplement group had similar outcomes at 6 months
    - 12.6% vs. 12% mortality, 95% CI for absolute difference -1.4% (NNH 71) to 2.7% (NNT 37)
    - 58.3% vs. 59.2% rate of death or poor outcome defined as modified Rankin scale grade 3-5, 95% CI for absolute difference -3.8% (NNH 26) to 2.3% (NNT 44)
  - Reference - FOOD trial ([Lancet 2005 Feb 26;365\(9461\):755](#) [EBSCOhost Full Text](#)), editorial can be found in [Lancet 2005 Feb 26-Mar 4;365\(9461\):729](#) [EBSCOhost Full Text](#), commentary can be found in [Lancet 2005 Jun 11-17;365\(9476\):2005](#) [EBSCOhost Full Text](#), commentary can be found in [ACP J Club 2005 Sep-Oct;143\(2\):36](#) [EBSCOhost Full Text](#), editorial can be found in [Ann Intern Med 2006 Jan 3;144\(1\):59](#) [EBSCOhost Full Text](#)
- **enteral tube feeding during hospitalization for stroke in patients with dysphagia might reduce mortality but increase long-term dependency ([level 2 \[mid-level\] evidence](#))**
  - trial of early vs. no enteral tube feeding
    - in 83 hospitals in 15 countries, 859 patients admitted within 7 days of stroke and unable to swallow were randomized to early enteral tube feeding vs. no tube feeding for at least 7 days
      - trial had allocation concealment, intent to treat analysis and near-complete follow-up (only 1 loss to follow-up)
      - outcome assessors (but not patients or clinicians) were blinded
    - outcomes comparing early vs. no enteral tube feeding at 6 months
      - 42.4% vs. 48.1% mortality (p = 0.09, NNT 18), 95% CI for absolute difference -12.5% (NNT 8) to 0.8% (NNH 125)
      - 36.6% vs. 31.9% poor outcome defined as modified Rankin scale grade 4-5 (NNH 21)





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Stroke (acute management)

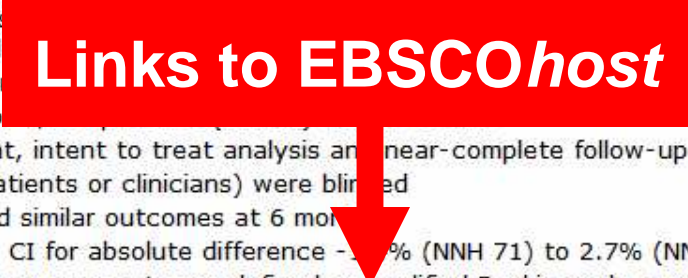
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- Patient Information
- Acknowledgements
- Send Comment to Editor

▼ [Treatment](#)

Diet:

- **routine oral nutritional supplements during hospitalization for stroke do not substantially affect death or dependency (level 1 [likely reliable] evidence)**
  - in 125 hospitals in 15 countries, 4,023 patients admitted within 7 days of stroke (and enrolled in trial within 30 days of hospital admission) were randomized to normal hospital diet vs. normal hospital diet plus oral nutritional supplements
    - only 314 patients (8%) were unable to swallow
    - modified Rankin scale known for 6 months
    - trial had allocation concealment, intent to treat analysis and near-complete follow-up
    - outcome assessors (but not patients or clinicians) were blinded
  - normal diet vs. supplement group had similar outcomes at 6 months
    - 12.6% vs. 12% mortality, 95% CI for absolute difference -0.6% (NNH 71) to 2.7% (NNT 37)
    - 58.3% vs. 59.2% rate of death or poor outcome defined as modified Rankin scale grade 3-5, 95% CI for absolute difference -3.8% (NNH 26) to 2.3% (NNT 44)
  - Reference - FOOD trial ([Lancet 2005 Feb 26;365\(9461\):755](#) [EBSCOhost Full Text](#)), editorial can be found in [Lancet 2005 Feb 26-Mar 4;365\(9461\):729](#) [EBSCOhost Full Text](#), commentary can be found in [Lancet 2005 Jun 11-17;365\(9476\):2005](#) [EBSCOhost Full Text](#), commentary can be found in [ACP J Club 2005 Sep-Oct;143\(2\):36](#) [EBSCOhost Full Text](#), editorial can be found in [Ann Intern Med 2006 Jan 3;144\(1\):59](#) [EBSCOhost Full Text](#)
- **enteral tube feeding during hospitalization for stroke in patients with dysphagia might reduce mortality but increase long-term dependency (level 2 [mid-level] evidence)**
  - trial of early vs. no enteral tube feeding
    - in 83 hospitals in 15 countries, 859 patients admitted within 7 days of stroke and unable to swallow were randomized to early enteral tube feeding vs. no tube feeding for at least 7 days
      - trial had allocation concealment, intent to treat analysis and near-complete follow-up (only 1 loss to follow-up)
      - outcome assessors (but not patients or clinicians) were blinded
    - outcomes comparing early vs. no enteral tube feeding at 6 months
      - 42.4% vs. 48.1% mortality (p = 0.09, NNT 18), 95% CI for absolute difference -12.5% (NNT 8) to 0.8% (NNH 125)
      - 36.6% vs. 31.9% poor outcome defined as modified Rankin scale grade 4-5 (NNH 21)





## Level of Evidence (LOE)

- A *DynaMed* könnyű meghatározását (easy-to-interpret) szolgáltatja a Level of Evidence címkéknek, így a felhasználók gyorsan meg tudják találni a legjobban hozzáférhető bizonyítékot és könnyen meg tudják határozni ezeknek a minőségét
- Nem minden Evidence-Based referencia jelent minőséget, az „easy-to-use” LOE rendszereket; néhány nem is foglalkozik egyáltalán a LOE-vel
- *DynaMed* három „Levels of Evidence”-t tartalmaz:
  - Level 1 – likely reliable (legvalószínűbb)
  - Level 2 – mid-level (középszintű)
  - Level 3 – lacking direct (hiányos)

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## CLINICAL review

### Falls in Older Adults

#### Indexing Metadata/Description

- ▶ **Title/condition:** Falls in Older Adults
- ▶ **ICD-9 codes:**
  - E884 other accidental falls from one level to another
- ▶ **ICD-10 codes:**
  - R29.6 tendency to fall, not elsewhere classified
  - W00-W19 falls
- ▶ **Reimbursement:** No specific issues or information regarding reimbursement have been identified
- ▶ **Incidence and prevalence**
  - One third of adults over age 65 fall each year, and the risk of falling increases substantially with advancing age. In 2005, 15,802 people over the age of 65 died as a result of injuries from falls<sup>(1)</sup>

#### Causes & Risk Factors

- ▶ Gait and balance disturbances
- ▶ Vestibular disorders
- ▶ Use of an assistive device
- ▶ Visual impairments (decreases in accommodation, night vision, acuity, peripheral vision and contrast sensitivity)
  - Binocular visual field loss may increase risk of falls in the elderly female<sup>(2)</sup>
  - Multifocal glasses (especially on stairs)
- ▶ Nervous system impairments (reduction in righting reflexes, proprioception and reaction time and increased distractibility)
- ▶ Muscle weakness, especially in the quadriceps
- ▶ Decreased range of motion (ROM)
- ▶ Postural hypotension
- ▶ Auditory impairments (wax accumulation, increased high-frequency threshold and reduced speech discrimination)<sup>(3,4)</sup>
- ▶ Postural instability
- ▶ Vitamin D insufficiency can affect patients reaction time and balance and increase risk of falls<sup>(5)</sup>
- ▶ Peripheral neuropathy
- ▶ Joint pain
- ▶ Cognitive impairment
- ▶ Chronic disease, multiple pathologies
- ▶ Incontinence
- ▶ Sleep disturbances also increase the risk of falling due to increases in disorientation and reduction in ability to negotiate the environment<sup>(4)</sup>
- ▶ Each fall promotes the development of psychosocial factors that can contribute to increased risk of falling<sup>(6)</sup>
- ▶ Postprandial (after eating) hypotension
- ▶ Environmental factors
  - Poor or excessive lighting
  - Low toilet seats/seating surfaces
  - Slippery floors
  - Loose carpets/cords
  - Fragile support structures (old furniture, loose towel bars, etc.)
- ▶ Medications
  - Psychotropic drugs
  - Prescription analgesics
  - Tranquilizers
  - Antihypertensives
  - Arthritis medications
- ▶ Complications and associated conditions
  - Fear of subsequent falls

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October 3, 2008

## Example of Clinical Review

# Quick Assessment Overview

Problem	Goal	Intervention	Expected Progression	Home Program
Muscle weakness	Increase strength	<p><b><u>Therapeutic exercises</u></b> General strengthening exercises in either sitting or standing</p> <p>Focus on quadriceps and spinal extension exercises (if weak, these muscles contribute to falls)</p>	<p><b><u>Therapeutic exercises</u></b> Add resistance with weights or therapeutic banding</p>	Community based exercise program
Decreased ROM	Improve ROM	<p><b><u>Therapeutic exercises</u></b> Address specific impairments; especially hamstring and Achilles tendon ROM restrictions</p>	N/A	Instruct patient in ROM and stretching home program
Limited endurance	Improve functional endurance	<p><b><u>Therapeutic exercises</u></b> General strengthening and aerobic activities</p>	<p><b><u>Therapeutic exercises</u></b> Progress as tolerated per patient's ability</p>	Walking program may be helpful if safe
Postural abnormalities	Correction of faulty posture	<p><b><u>Assistive devices</u></b> Thoracolumbar, lumbosacral supports, PTS; see <i>Treatment summary</i> above</p>	<p><b><u>Therapeutic exercises</u></b> Postural correction exercises</p>	Continue exercises and bracing as prescribed
Gait, balance, and vestibular disturbances	<p>Minimize gait and balance disturbances</p> <p>Improve standardized test scores</p>	<p><b><u>Gait training</u></b> Address specific deficits and provide assistive devices if needed</p> <p>Provide assistive devices; see <i>Treatment summary</i> above</p> <p><b><u>Balance training</u></b></p>	<p><b><u>Balance training</u></b> Progress balance activities from firm to unstable surfaces</p> <p>Tai chi</p>	If safe, prescribe home exercise program incorporating balance activities



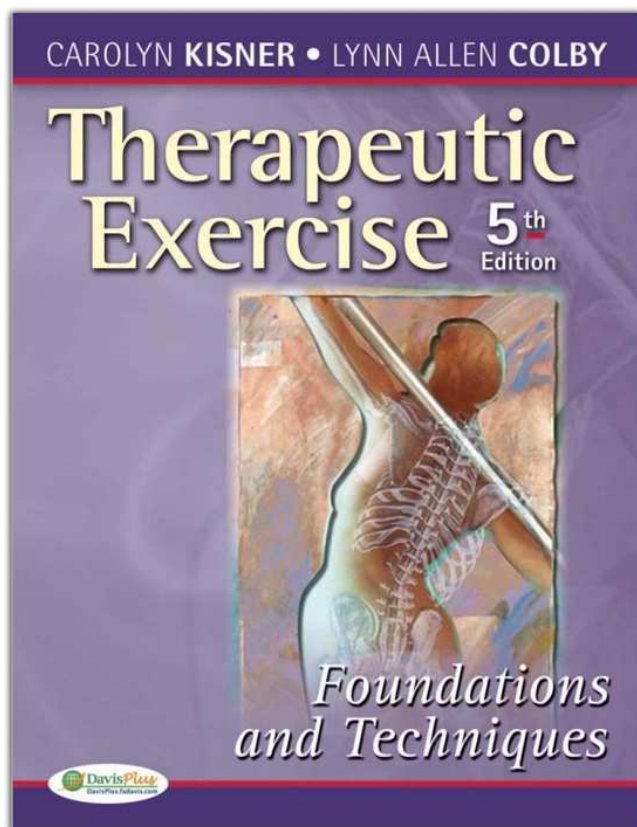
## ***A Rehabilitation Reference Center adatbázis tartalma***

- **Kézikönyvek**
  - Orthopedic and Athletic Injury Handbook
  - Therapeutic Exercise; Foundations and Techniques
  - Modalities for Therapeutic Intervention
  - Developing Cultural Competence in Physical Therapy Practice
  - *Taber's Cyclopedic Medical Dictionary*
- **9,800+ rehabilitációs gyakorlat illusztrációja**
- **Point of Care gyógyszer-információ**
  - *AHFS Drug Information Essentials*
- **400+ páciensek számára készülő összefoglaló**
- Linkek a *CINAHL with Full Text*, a *MEDLINE with Full Text*, a *Rehabilitation Sports & Medicine Source*, és a *SPORTDiscus with Full Text* adatbázisok folyóirataihoz az előfizetéssel rendelkező könyvtárak számára





## *Therapeutic Exercise*



- Customized instruction for patients with movement disorders
- Management guidelines, illustrations, and clinical examples
- Use to develop therapeutic exercise plan



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<input checked="" type="checkbox"/>	6. 	Hamstrings: Standing Nail EK, VHI Exercise Images, Tacoma, Washington: Visual Health Information, 1999

1-6 of 6 Page: 1

**Patient's Name:** Joan Winters

**HealthCare Provider's Name:** John Allen P.T.

**Department:** Sports Medicine

**Phone:** 617-555-7899

**Notes:** For stretches, hold 20 seconds & repeat 3 times a day; For rotations, do 2 sets, 10 reps

SHOULDERS - Deltoids

With fingers interlaced behind back, straighten arms and turn elbows in until stretch is felt. Hold 20 seconds.



Repeat 3 times.  
Do 3 sessions per day.

SHOULDERS - Extensors



From kneeling position, slide arms forward while pushing buttocks toward floor. Hold 20 seconds.

Repeat 3 times. Do 3 sessions per day.

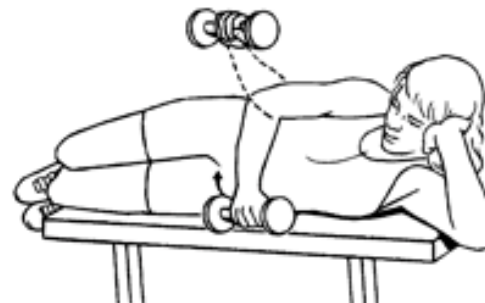
SHOULDERS - External Rotation: Single Arm (Cable)

Arm across body, rotate arm away from torso, keeping upper arm against body.



Do 2 sets.  
Complete 10 repetitions.

SHOULDERS - External Rotation: Single Arm (Dumbbell)



Arm across body, rotate upward past parallel to floor, keeping upper arm against body.

Do 2 sets. Complete 10 repetitions.

**Otthon  
végzendő  
gyakorlatok**