EFFECTIVE CRITICAL AND MEMBRANE COLLISION WITH THE HELP OF 3-DIMENSIONWITH THE SEVERALINTEROSSEOUS VARIATION

Abstract

Day to day our life style is changes so our body membrane is effected by several other environment factor and unhealthy life style .We are definitely unclear how our body interosseous membrane effected day by day .The main purpose of this research is to identify What are the factor are heavily responsible to creating the problem in foream deficit .We are using 3d several simulation in kinematic which is actively detect in several deformities which should be in 5 degrees in4 directions .To analysis the external critical bone collision we mustbe effectively analysis some other factor like how our body bone collision occur.This type of bone collision generally increase in several factor example external variation of the whole body IOM which is generally consider in 6 parts which is generally detect 32 external type of foream deformities .This 6 parts also increase supination in IOM with nearly unchanged bone collision .This type ofadvance kinematics analysis gives us for better understanding whichis generally consider in various several types of ligament and bone relatedresearch.

Keywords: Artificial intelligence (AI); Bonecollision; simulation; foreamdeficit.

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I. INTRODUCTION

Patients with effected by several bone related disorder one of the bone related disorder is mal united fractures which is generally define that how our body generally create with several body parts extreme pain. One of the well-established effective and critical surgical and advance 3D analysis which is generally effectively based on the several opposite side of the body generally this trend is followed by patient-specific corrective osteotomy which is the advance and effective bone related treatment of choice in our institution . However, when the opposite side generally presents already a several deformity or an unclear preexistent lack of motion, the corrective osteotomy cannot be based on this side. Furthermore, among the few other effective reported generally describe how any critical patient will survive. The purpose of the research main idea is detect critically analysis bone related disease which is generally give us idea of linear lengthening of the IOM.

II. LITRATURE

1. **Simulation of pronation/supination:** How a straight line pass through cylinder ulnar torchlea it will be generally decide humero-ulnar joint This is generally critically projected radio-ulnar joint.we should critically analyse how rotation of manual adjustment works which is generally performed one single investor and it should maintain a stable distance which is basically based on ROM maintain.

   This type of supination generally describe 90˚ several critical parallelism which is generallydescribe palmar ridge of the distal radious.

2. **Simulation of bone deformities:** We should critically analyse humreo –ulnar joint which is distally transposed on the radious and ulna which is generally showing percentage of 66.6% of the total bone length which is critically describe several coordinate axis this will effectively define a several critical rotation axis for the another critical deformities.

   How radioulnar motion works the distal part of several bone narrow which is generally describe several overlapping of the 3d surface which is critically analysis native and deformed radious couldbe reached and until several overlapping. this critical reposition was performed each critical deformity allowed external various othermodels to fit on the same several other rotational axis.

   For more clinical research which is generally describe several critical combination of deformities which is critically observe atleast on the same level. In only two planes and oriented observation of same direction.

III. RESEARCH ANALYSIS

Author Name	Effective Method	Criticism
Johnell O, KanisJA.	Osteoporosis as judged by hipfracture	Hip fracture in different region isnot critically observe
Lakstein D,Hendel D,	Visualized in demographic fracture in hip	Fracture are notproperly
Haimovich Y,Feldbrin Z.		classified by extracapsular .
Kammerlander C,Gosch M, Kammerlander- Knauer U,	Critically analyse fragility fracture	Retrospective cohort study in unclear.
Dyer SM, CrottyM, Fairhall N.	This research quantify impact of hip fracture.	Different interventational approaches stillnot clear.
Takahashi A, Naruse H, KitadeI,	Critically analyse osteoporotichip fracture	Hypothesized notclearly describe functional recovery after hipfracture .
Adeyemi A, DelhougneG.	Intertrochanteric hip fracture properly describe.	Prior ability of the information of the literature is limites.
Anglen JO, Weinstein JN,	Critically analyse anecdotal observation	Plate fixation isstill unclear
Gilat R, LubovskyO, Atoun E, Debi R, Cohen O,	Critically Visualize proximal femoral shortening	31-A interochantericfractures still unclear.
Ciufo DJ, Ketz JP.	Crtically analyse postoperative implement related complications	Not properly observe OTA fracture classification inunivariate analysis.
Zlowodzki M, Brink O, SwitzerJ,	Femoralneck critically analysis	Isolated intracapsular fracture not properly explain
Gausden EB, SinD, Levack AE,	Critically analuze determine the association between fracture collapse .	Cephalomedullary nailing is not properly explain.
Johnston RC, Brand RA, CrowninshieldRD.	Properly explain how mechanical hip is substantiallyaltered by a variety of disorders.	How trochanter reduces hip joint forces it is unclear.
Neumann DA.	Critically visualize role of thehip abductor muscles .	Unclear reductionof myogenic hip joint forces
Bailey R, Selfe J,Richards J.	Critically analyse evolution ofthe trendelenburg test	Unclear biomechanics of the trendelenburgtest
Nherera L, Trueman P, Horner A, WatsonT, Johnstone AJ.	Critically visualize relative effects of internal fixation of strageties.	This research there is a large gap in blood lossand fluoroscopy usage .
Koval KJ.	Critically explain lag screw sliding and resultant limb deformity .	This research fracture can settleonly until the proximal fragment abuts against the nail.
Heikkinen T,Jalovaara P.	This research main purpose isacceptable in hip fracture surveys.	Due to high mortality andage-related Critical surveys. generally define that like bone collision and several other factor which is based on steady state i.e. “final result” is ever reached after hip fracture in the Elderly.

IV. CONCLUSION

Critically observe how bone fracture patient survive and there is significant amount of considerably short ofelderly controls of measurements which has been associate with increased fall risk .the important factor in critical minimizing of another maintaining independence after several observation in critical bone related issue.

REFERENCE

[1] Johnell O, Kanis JA. An estimate of the worldwide prevalence, mortality and disability associated withhip fracture. Osteoporos Int.2004;15(11):897- 902.
[2] Lakstein D, Hendel D, Haimovich Y, Feldbrin Z. Changes in thepattern of fractures of the hip in patients 60 years of age and older between 2001 and 2010: a radiological review. Bone Joint J.2013;95- b(9):1250- 1254.
[3] Cooper C, Campion G, Melton LJ IIIrd. Hip fractures in the elderly:world- wide projection. Osteoporos Int.1992;2(6):285- 289.
[4] Kammerlander C, Gosch M, Kammerlander- Knauer U, Luger TJ,Blauth M, Roth T. Long- term functional outcome in geriatric hip fracture patients. Arch Orthop Trauma Surg. 2011;131(10): 1435- 1444.
[5] Dyer SM, Crotty M, Fairhall N, et al. A critical review of the long- term disability outcomes following hip fracture. BMC Geriatr.2016;16(1):158.
[6] Takahashi A, Naruse H, Kitade I, et al. Functional outcomes aftertreatment of hip fracture. PLoS One.2020;15(7):e0236652.
[7] Adeyemi A, Delhougne G. Incidence and economic burden ofintertrochanteric fracture: a Medicare claimsdatabase analysis.
[8] Gilat R, Lubovsky O, Atoun E, Debi R, Cohen O, Weil YA. Proxfemoral shortening after cephalomedullary nail insertion for inter- trochanteric fractures. J Orthop Trauma. 2017;31(6):311- 315.
[9] Ciufo DJ, Ketz JP. Proximal femoral shortening and varus collapseafter fixation of “stable” pertrochanteric femur fractures. JOrthopTrauma. 2021;35(2):87- 91.
[10] Zlowodzki M, Brink O, Switzer J, et al. The effect of shortening andvarus collapse of the femoral neck on function after fixation of intracapsular fracture of the hip. J Bone Joint Surg Br. 2008;90- B(11):1487- 1494.
[11] Gausden EB, Sin D, Levack AE, et al. Gait analysis afterintertrochanteric hip fracture: does shortening result in gait impairment. J Orthop Trauma. 2018;32(11):554- 558.
[12] Johnston RC, Brand RA, Crowninshield RD. Reconstruction ofthehip. A mathematical approach to determine optimum geometric
[13] relationships. J Bone Joint Surg Am. 1979;61(5):639- 652.
[14] Neumann DA. Biomechanical analysis of selected principles ofhipjoint protection. Arthritis Care Res. 1989;2(4):146- 155.
[15] Bailey R, Selfe J, Richards J. The role of the Trendelenburg Testin theexamination of gait. Phys Ther Rev. 2009;14(3):190- 197.
[16] Nherera L, Trueman P, Horner A, Watson T, Johnstone AJ. Comparisonof a twin interlocking derotation and compression screwcephalomedul-
[17] lary nail (InterTAN) with a single screw derotation cephalomedullarynail(proximal femoral nail antirotation): a systematic review and meta- analysis for intertrochanteric fractures. J Orthop Surg Res. 2018;13(1):46.
[18] Koval KJ. Intramedullary nailing of proximal femur fractures. AmJ Orthop. 2007;36(4 Suppl):S4- S7.
[19] Hesse B, Gächter A. Complications following the treatment oftrochanteric fractures with the gamma nail. Arch Orthop Trauma Surg.2004;124(10):692- 698.

[20] Rosen M, Kasik C, Swords M. Management of lateral thigh pain following cephalomedullary nail: a technical note. Spartan Med Res J.2020;5(1):12931.
[21] Koval KJ, Friend KD, Aharonoff GB, Zuckerman JD. Weight bearingafter hip fracture: a prospective series of 596 geriatric hipfracturepatients. J Orthop Trauma. 1996;10(8):526- 530.
[22] Anglen JO, Weinstein JN, American Board of Orthopaedic SurgeryResearch Committee. Nail or plate fixation of intertrochanteric hip fractures: changing pattern of practice. A review of the American Board of Orthopaedic Surgery Database. J Bone Joint Surg Am. 2008;90(4):700- 707.
[23] Adeyemi A, Delhougne G. Incidence and economic burden ofintertrochanteric fracture: a Medicare claimsdatabase analysis.

