Effective Critical and Membrane Collision with the help of 3-Dimensionwith the several Interosseous Variation.

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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.

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

A. 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.

B. 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 other models 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.

II. Research analysis

Author Name	Effective method	Criticism
Johnell O, Kanis JA.	Osteoporosis as judged by hip fracture	Hip fracture in different region is not critically observe
Lakstein D, Hendel D,	Visualized in demographic fracture in hip	Fracture are not properly

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, Crotty M, Fairhall N.	This research quantify impact of hip fracture.	Different interventational approaches still not clear.
Takahashi A, Naruse H, Kitade I,	Critically analyse osteoporotic hip fracture	Hypothesized not clearly describe functional recovery after hip fracture .
Adeyemi A, Delhougne G.	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 is still unclear
Gilat R, Lubovsky O, Atoun E, Debi R, Cohen O,	Critically Visualize proximal femoral shortening	31-A interochanteric fractures still unclear.
Ciufo DJ, Ketz JP.	Crtically analyse postoperative implement related complications	Not properly observe OTA fracture classification in univariate analysis.
Zlowodzki M, Brink O, Switzer J,	Femoralneck critically analysis	Isolated intracapsular fracture not properly explain
Gausden EB, Sin D, Levack AE,	Critically analuze determine the association between	Cephalomedullary nailing is not

	fracture collapse .	properly explain.
Johnston RC, Brand RA, Crowninshield RD.	Properly explain how mechanical hip is substantially altered by a variety of disorders.	How trochanter reduces hip joint forces it is unclear.
Neumann DA.	Critically visualize role of the hip abductor muscles .	Unclear reduction of myogenic hip joint forces
Bailey R, Selfe J, Richards J.	Critically analyse evolution of the trendelenburg test	Unclear biomechanics of the trendelenburg test
Nherera L, Trueman P, Horner A, Watson T, Johnstone AJ.	Critically visualize relative effects of internal fixation of strageties.	This research there is a large gap in blood loss and fluoroscopy usage .
Koval KJ.	Critically explain lag screw sliding and resultant limb deformity .	This research fracture can settle only until the proximal fragment abuts against the nail.
Hesse B, Gächter A.	Properly explain trochanteric fractures with gamma nails.	Unclear trochanter fracter.
Rosen M, Kasik C, Swords M.	Properly explain laterial hip pain from proximal locking device insertation.	Surgical operation pre-operative weight bearing status is unclear.
Koval KJ, Friend KD, Aharonoff GB, Zuckerman JD.	Internal Fixation of the femoral neck from loss of fixation is properly explain.	Rivision rate hemiarthroplasty is unclear.

Heikkinen T, Jalovaara P.	This research main purpose is acceptable in hip fracture surveys.	Due to high mortality and age-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.

II.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.

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