

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

Dr. Jyothi A P  
Assistant Professor, Dept. of CSE  
Faculty of Engineering and Technology  
M S Ramaiah University of Applied Sciences  
Bangalore, Karnataka, India  
[jyothiarcotprashant@gmail.com](mailto:jyothiarcotprashant@gmail.com)

Pavan T  
Student, Dept. of CSE  
Faculty of Engineering and Technology  
M S Ramaiah University of Applied Sciences  
Bangalore, Karnataka, India  
[pavant6585@gmail.com](mailto:pavant6585@gmail.com)

Himadri Nath  
Student, Dept. of CSE  
Faculty of Engineering and Technology  
M S Ramaiah University of Applied Sciences  
Bangalore, Karnataka, India  
[himadrinath.4455@gmail.com](mailto:himadrinath.4455@gmail.com)

## 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 forearm deficit .We are using 3d several simulation in kinematic which is actively detect in several deformities which should be in 5 degrees in 4 directions .To analysis the external critical bone collision we must be 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 forearm deformities .This 6 parts also increase supination in IOM with nearly unchanged bone collision .This type of advance kinematics analysis gives us for better understanding which is generally consider in various several types of ligament and bone related research.

**Keywords-**Artificial intelligence(AI); Bone collision; simulation; forearm deficit.

## 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 critical patient cohorts, some patients may present only a effective partial gain of the ROM 3 4 5 6. Our clinical experience of research in operating room also critically showed occasionally a tension of the soft tissues after the osteotomy, which required intra operatively effective and partial IOM. 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 generally describe palmar ridge of the distal raiouus.

### B. Simulation of bone deformities

We should critically analyse humreo –ulnar joint which is distally transposed on the raiouus 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 raiouus 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.

### C. Insertion of interosseus membrane

This type of external membrane generally simulated distal end of the central band which is critically observe several other oblique accessory cord ,proximal oblique cord .The insertations along the several critical axis of the raiouus generally this is define other effective raiouus of ulnar length .This type of critical insertions effectively use in several other factors which is critically observe radial rest of ulna.

This type of critical research generally observe how interosseous membrane measured several other things this is generally analyseseven forearm positions of all bone deformities.

## 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,<br>Feldbrin Z.                               |  | classified by<br>extracapsular .  |
| Kammerlander C,<br>Gosch M,<br>Kammerlander-<br>Knauer U, | Critically analyse fragility<br>fracture                               | Retrospective<br>cohort study in<br>unclear.  |
| Dyer SM, Crotty<br>M, Fairhall N.                         | This research quantify<br>impact of hip fracture.                      | Different<br>interventional<br>approaches still<br>not clear.                           |
| Takahashi A,<br>Naruse H, Kitade<br>I,                    | Critically analyse osteoporotic<br>hip fracture                        | Hypothesized not<br>clearly describe<br>functional<br>recovery after hip<br>fracture .  |
| Adeyemi A,<br>Delhougne G.                                | Intertrochanteric hip fracture<br>properly describe.                   | Prior ability of<br>the information of<br>the literature is<br>limites.                 |
| Anglen JO,<br>Weinstein JN,                               | Critically analyse anecdotal<br>observation                            | Plate fixation is<br>still unclear  |
| Gilat R, Lubovsky<br>O, Atoun E, Debi<br>R, Cohen O,      | Critically Visualize proximal<br>femoral shortening                    | 31-A<br>interochanteric<br>fractures still<br>unclear.                                  |
| Ciufo DJ, Ketz JP.  | Critically analyse<br>postoperative implement<br>related complications | Not properly<br>observe OTA<br>fracture<br>classification in<br>univariate<br>analysis. |
| Zlowodzki M,<br>Brink O, Switzer<br>J,                    | Femoralneck critically analysis  | Isolated<br>intracapsular<br>fracture not<br>properly explain                           |
| Gausden EB, Sin<br>D, Levack AE,                          | Critically analuze determine<br>the association between                | Cephalomedullar<br>y nailing is not   |

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

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|------------------------------|---|--|
| Heikkinen T,<br>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

External membrane generally simulated distal oblique, proximal and distal end of the central band which is critically observe several other oblique accessory cord, proximal oblique cord. The insertations along the several critical axis of the radius and ulna were based on other effective radius of ulnar length.

## III. RESULTS

Critically observe how bone fracture patient survive and there is significant amount of considerably short of elderly 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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