



Books@Ovid操作手冊



FlySheet
Med-Informatics

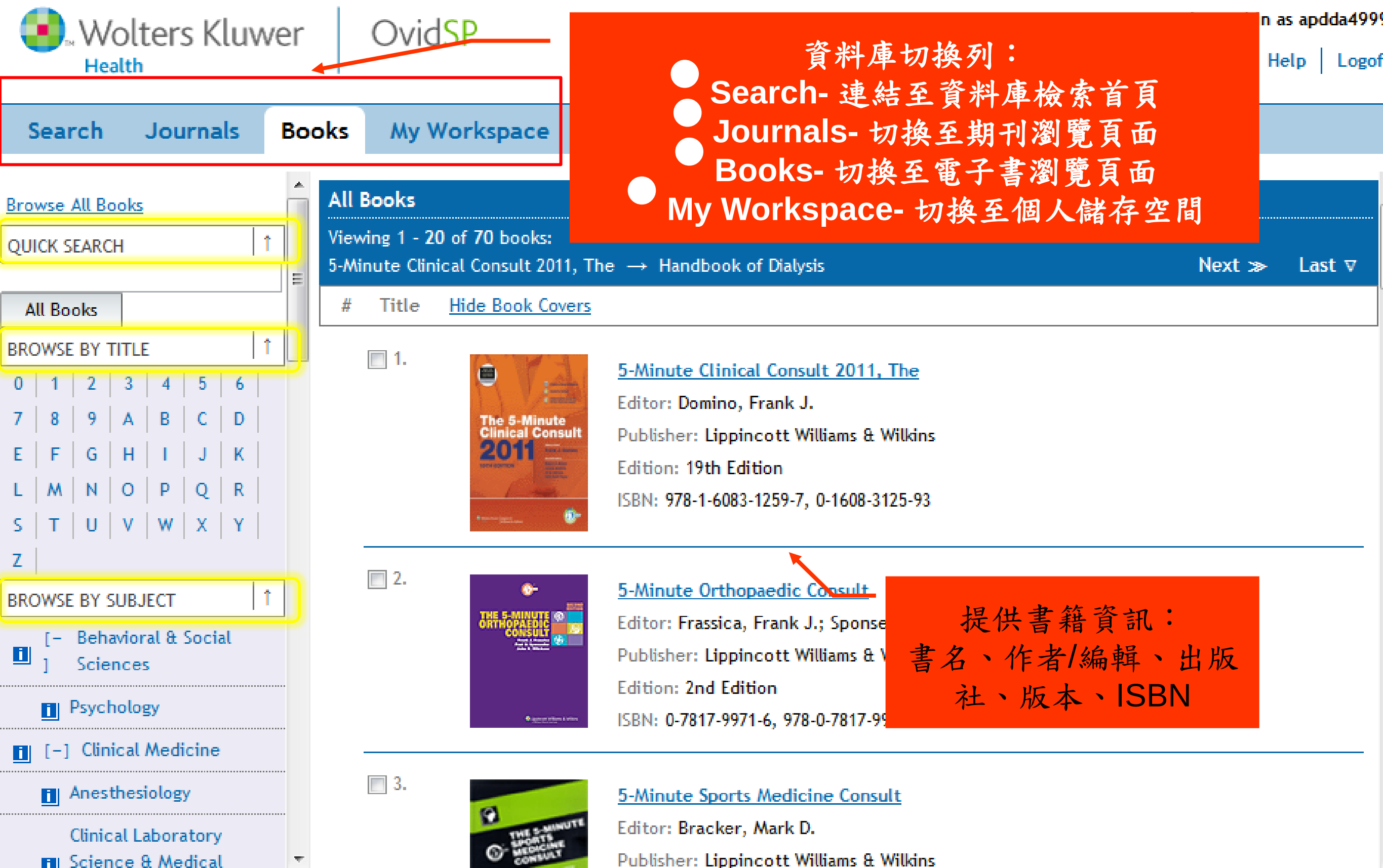
飛資得醫學資訊

OvidSP 平台特色

- 提供自然語言檢索(簡易)、進階檢索，以及瀏覽功能
- 全文提供：
 1. HTML
- 個人帳號設定
- 電子期刊、圖書同一使用平台
- 電子書無同時上線人數限制



直覺式電子書平台



Quick Search-查詢範例

- 範例：
注意力不足過動症如何影響人際關係？

How does Attention Deficit Hyperactivity Disorder effect interpersonal relationship ?



簡易查詢-Quick Search

Search Journals Books My Workspace External Links

[Browse All Books](#)

QUICK SEARCH

All Books

BROWSE BY

0	1	2	3	4	5	6
7	8	9	A	B	C	D
E	F	G	H	I	J	K
L	M	N	O	P	Q	R
S	T	U	V	W	X	Y
Z						

BROWSE BY SUBJECT

[\[- Behavioral & Social Sciences\]](#)

[Psychology](#)

[\[- Clinical Medicine\]](#)

[Anesthesiology](#)

[Clinical Laboratory](#)

[Science & Medical](#)

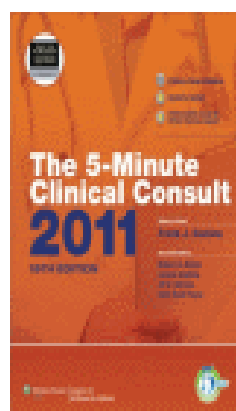
All Books

Viewing 1 - 20

5-Minute Clinical Consult

Title [Hide Book Covers](#)

1.



[5-Minute Clinical Consult 2011, The](#)

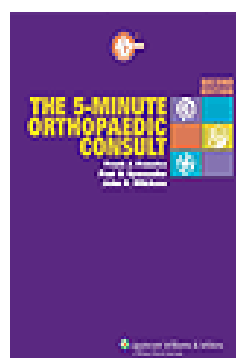
Editor: Domino, Frank J.

Publisher: Lippincott Williams & Wilkins

Edition: 19th Edition

ISBN: 978-1-6083-1259-7, 0-1608-3125-93

2.



[5-Minute Orthopaedic Consult](#)

Editor: Frassica, Frank J.; Sponseller, Paul D.; Wilckens, John H.

Publisher: Lippincott Williams & Wilkins

Edition: 2nd Edition

ISBN: 0-7817-9971-6, 978-0-7817-9971-3

3.



[5-Minute Sports Medicine Consult](#)

Editor: Brackley, Mark D.

Publisher: Lippincott Williams & Wilkins

直接輸入問題：How does Attention Deficit Hyperactivity Disorder effect interpersonal relationship

檢索結果

[Search](#) [Journals](#)

[Results Tools](#) [Options](#)

透過自然語言查詢，系統
顯示查詢之關鍵字

[Links](#)

▼ [Search Information](#)

[Clear Selected](#) [View: Title](#) [Citation](#)

查詢的結果依據關聯度依序顯示（最高為5顆星）

You searched:

How does Attention Deficit
Hyperactivity Disorder
effect interpersonal
relationship {No Related
Terms}

- Search terms used:

interpersonal
attention deficit
hyperactivity
disorder

Search Returned:

1309 results

Sort By:

SCORE

[Customize Display](#)

▼ [Filter By](#)

[Add to Search History](#)

+Selected Only(0)

Relevance: ★★★★★

1. ☐ Chapter: • Psychological and Psychosocial Evaluation

Passage: ... Women with a history of preadolescent sexual abuse are at greater risk for substance abuse and mental disorders.134, 135, 136 Trauma experienced as a result of this abuse can also lead to other psychological disorders such as PTSD137 and personality disorders.11 Chronic pain patients who present with a comorbid personality disorder such as borderline personality disorder (BPD) may be at particular risk for substance abuse.11 Patients with BPD tend to have more intermittent patterns of drug abuse as a result of their characteristic impulsivity and frantic efforts to self-regulate their emotional distress and feelings of emptiness and boredom. This self-medicating, impulsive behavior is often chaotic in nature and in line with their other desperate attempts to act out, such as ...

顯示在該本書中
相關的內文段落

Antyne, Jane C., Rathmell, James P.
Pain (4th Edition)

Publisher: Lippincott Williams & Wilkins, 2010

[Purchase Print Copy](#)

• [Ovid Full Text](#)
• [Complete Reference](#)

點選 Ovid Full
Text直接連結書中
內文

Relevance: ★★★★★

2. ☐ Chapter: Other Additional Conditions That May Be a Focus of Clinical Attention

Passage: ... in interpersonal relationships, resulting in reluctance to attend school

• [Ovid Full Text](#)

Search Journals Books

[-] CHEMICAL HEALTH

- Chemical
Coping

- Impulsivity

- Assessment

- CONCLUSION

- References

綠色區塊部分標示出目前閱讀
的章節位置

紙本實際頁碼

P.276

文中也會利用紅色
與綠色字體標出關
鍵字所在：

紅色-查詢之關鍵字
綠色-延伸查詢的同
意字詞

紙本實際分頁以虛
線表示

A proclivity toward impulsive behavior has important clinical implications in chronic pain patients. This can become problematic because pain patients taking potentially abusable medications such as opioids may be at greater risk for abuse. There are a number of risk factors that have been associated with substance abuse that relate to impulsive behavior. Women with a history of preadolescent sexual abuse are at greater risk for substance abuse and mental disorders.^{134, 135, 136} Trauma experienced as a result of this abuse can also lead to other psychological disorders such as PTSD¹³⁷ and personality disorders.¹¹ Chronic pain patients who present with a comorbid personality disorder such as borderline personality disorder (BPD) may be at particular risk for substance abuse.¹¹ Patients with BPD tend to have more intermittent patterns of drug abuse as a result of their characteristic impulsivity and frantic efforts to self-

相關內文段落會
以黃色區塊標示



瀏覽- by Title

 **Wolters Kluwer**
Health

OvidSP

My Account | My PayPerView | Help | Log out

Search Journals **Books** My Workspace External Links

[Browse All Books](#)

EMAIL JUMPSTART

QUICK SEARCH

All Books

BROWSE BY TITLE

0	1	2	3	4	5	6
7	8	9	A	B	C	D
E	F	G	H	I	J	K
L	M	N	O	P	Q	R
S	T	U	V	W	X	Y
Z						

BROWSE BY SUBJECT

-  [-] Behavioral & Social Sciences
-  Psychology
-  [-] Clinical Medicine
 -  Anesthesiology
 - Clinical Laboratory Science & Medical Technology

All Books

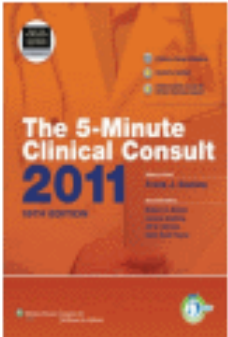
Viewing 1 - 2

5-Minute Clin

Next >> Last ▾

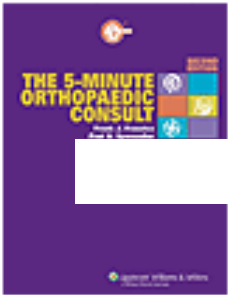
Title [Hide Book Covers](#)

1.



[5-Minute Clinical Consult 2011, The](#)
Editor: Domino, Frank J.
Publisher: Lippincott Williams & Wilkins
Edition: 19th Edition
ISBN: 978-1-6083-1259-7, 0-1608-3125-93

2.



[5-Minute Orthopaedic Consult](#)
Editor: Frassica, Frank J.; Sponseller, Paul D.; Wilckens, John H.
tt Williams & Wilkins
Edition: 2nd Edition
ISBN: 0-7817-9971-6, 978-0-7817-9971-3

3.



[5-Minute Sports Medicine Consult](#)
Editor: Bracker, Mark D.

使用者可以根據A-Z字母快速找到欲瀏覽圖書

[Browse All Books](#)

QUICK SEARCH

All Books

BROWSE BY TITLE

0	1	2	3	4	5	6
7	8	9	A	B	C	D
E	F	G	H	I	J	K
L	M	N	O	P	Q	R
S	T	U	V	W	X	Y
Z						

BROWSE BY SUBJECT

- [\[- Behavioral & Social Sciences\]](#)
- [Psychology](#)
- [\[- Clinical Medicine\]](#)
- [Anesthesiology](#)
- [Clinical Laboratory Science & Medical Technology](#)

All Books

Viewing 20 - 39 of 70 books:

Handbook of Dialysis → Manual of Ocular Diagnosis and Therapy

△ First ◀ Previous Next ▶ Last ▾

Title [Hide Book Covers](#)

20.



[Handbook of Dialysis](#)

Editor: Daugirdas, John T.; Blake, Peter G.; Ing, Todd S.

Publisher: Lippincott Williams & Wilkins

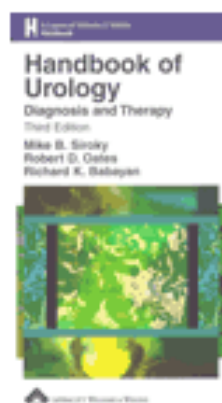
Edition: 4th Edition

ISBN: 978-0-7817-4221-8

[Purchase Print Copy](#)

點選書名直接進入電子書內文

21.



[Handbook of Urology: Diagnosis & Therapy](#)

Editor: Siroky, Mike B.; Oates, Robert D.; Babayan, Richard K.

Publisher: Lippincott Williams & Wilkins

Edition: 3rd Edition

ISBN: 0-7817-4221-8

[Purchase Print Copy](#)



Books

My Workspace

External Links

[View Copyright Statement](#) | [Purchase Print Copy](#)

Handbook of Dialysis

> Front of Book > Editors

Search:

Current Book

All Books

☒ Check Spelling

FRONT OF BOOK



[+] Editors

[+] Authors

- Dedication

- Preface

TABLE OF CONTENTS



[+] I - Chronic Kidney
Disease Management

[+] II - Blood-Based
Therapies

[+] III - Peritoneal Dialysis

[+] IV - Clinical Problem
Areas

BACK OF BOOK



Edited by

John T. Daugirdas MD
Clinical Professor of
University of Illinois

Peter G. Blake MB
Professor of Medicine
University of Western

Todd S. Ing MD
Professor Emeritus
Department of Medicine
Affairs Hospital, H

Secondary Editors

Lisa McAllister

依據出版架構提供書中完整目錄

- Front of Book 書前頁：包括前言、編輯與作者等資訊
- Table of Contents 目錄：書本內容的主要章節目錄
- Back of Book 書後頁
 - 包含索引表與圖書附加解說如圖片與索引詞典。讀者可利用索引查尋有關主題的所在位置，再通過當中的連接進入書中閱讀相關內容。
 - Appendices 附錄
 - Resources 參考資源
 - Color Plates 彩圖
 - Back of Book Index 書末索引

瀏覽 - by Subject

Wolters Kluwer
Health

OvidSP

Logged in as apdda4999

My Account | My PayPerView | Help | Logout

Search Journals Books My Workspace External Links

QUICK SEARCH

All Books

BROWSE BY TITLE

0	1	2	3	4	5	6
7	8	9	A	B	C	D
E	F	G	H	I	J	K
L	M	N	O	P	Q	R
S	T	U	V	W	X	Y
Z						

BROWSE BY SUBJECT

 [+] Behavioral & Social Sciences

 [+] Clinical Medicine

 [+] Health Professions

 Life & Biomedical Sciences

 [+] Nursing

 Patient Education

 Pharmacology

All Books

Viewing 1 - 20 of 70 books:

5-Minute Clinical Consult 2011, The → Handbook of Dialysis

Next ➤ Last ▼

Wilckens, John H.

Edition: 2nd Edition

ISBN: 0-7817-9971-6, 978-0-7817-9971-3

3.



5-Minute Sports Medicine Consult

Editor: Bracker, Mark D.

使用者可以根據想閱讀主題別瀏覽電子書。
本套電子書包含七大主題別：

- Clinical Medicine 臨床醫學
- Behavioral & Social Sciences 社會行為學
- Health Professions 健康醫學相關
- Life & Biomedical Sciences 生化醫學科學
- Nursing 護理學
- Patient Education 病患教育
- Pharmacology 藥理學

Ovid: Browse Books - Google 瀏覽器

Browse by Subject

Wolters Kluwer Health | OvidSP

Logged in as adda49

My Account | my rayreview | help | Log

Search Journals Books My Workspace External Links

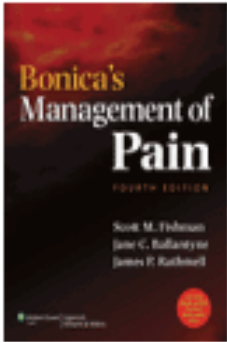
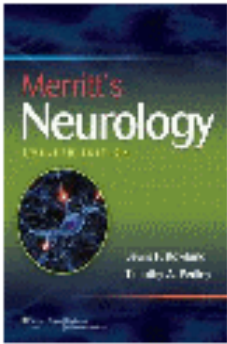
BROWSE BY SUBJECT

- [- Behavioral & Social Sciences
- Psychology
- [- Clinical Medicine
 - Anesthesiology
 - Clinical Laboratory Science & Medical Technology
 - Critical Care Medicine
 - Dermatology
 - Emergency Medicine & Trauma
- [- Internal Medicine
 - Allergy & Immunology
 - Cardiology
 - Hematology
 - Infectious Diseases
 - Nephrology

Psychology

Viewing 1 - 4 of 4 books:

Bonica's Management of Pain → Substance Use Disorders: A Practical Guide

#	Title	Hide Book Covers
1.	 Bonica's Management of Pain Editor: Fishman, Scott M.; Ballantyne, Jane C.; Rathmell, James P. Publisher: Lippincott Williams & Wilkins Edition: 4th Edition ISBN: 978-0-7817-6827-6 Purchase Print Copy	
2.	 Merritt's Neurology Editor: Rowland, Lewis P.; Padle Publisher: Lippincott Williams & Edition: 12th Edition ISBN: 978-0-7817-9186-1, 0-7817-9186-3 Purchase Print Copy	
3.	 Psychiatric Interview, The: Practical Guides in Psychiatry	

主題名稱

點選書名直接進入電子書內文

[Search](#) [Journals](#) **[Books](#)** [My Workspace](#) [External Links](#)[View Copyright Statement](#) | [Purchase Print Copy](#)

Merritt's Neurology

[> Table of Contents](#) > [Section I - Symptoms of Neurologic Disorders](#) > [Chapter 1 - Signs and Symptoms in Neurologic Diagnosis: Approach to the Patient](#)Search: ☒ Check Spelling

TABLE OF CONTENTS

[\[-\]](#) Section I - Symptoms of
Neurologic Disorders[\[+\]](#) Chapter 1 - Signs and
Symptoms in Neurologic
Diagnosis: Approach to
the Patient[\[+\]](#) Chapter 2 - Delirium
and Confusion[\[+\]](#) Chapter 3 - Memory
Loss, Behavioral Changes
and Dementia[\[+\]](#) Chapter 4 - Aphasia,
Apraxia, and Agnosia[\[+\]](#) Chapter 5 - Syncope,
Seizures and their Mimics

TOC 中 “+”表示有下分章節，點
選該“+”可以展開段落清單

Chapter 1

Signs and Symptoms in Neurologic Diagnosis: Approach to the Patient

Lewis P. Rowland

Timothy A. Pedley

Accurate diagnosis is essential to making rational decisions about management and, increasingly in neurology, instituting effective treatment. Making a neurologic diagnosis requires a systematic approach to the patient. The history and physical examination provide essential but complementary data that form the cornerstone of diagnosis. Of course, laboratory tests are often necessary and are sometimes pathognomonic. They should, however, be ordered selectively, and students have to learn which tests are appropriate and when to order them. It is therefore necessary to know which diagnostic possibilities are reasonable considerations for a particular patient. Over-reliance on laboratory tests and

[View Projects](#) | [Save](#) | [Print Preview](#) | [Email](#) | [Email Jumpstart](#)

進階查詢：特定主題圖表

- 目的：除了利用關鍵字或自然語言檢索查詢之外，可以利用Books@Ovid的Search Fields功能，針對特殊需求查找資料。
- 例如：查詢特定主題圖表
Caption Text



Search Journals Books My Workspace External Links

Search History (1 search) (Click to expand)

View Saved

Basic Search | Search Fields | Advanced Search | Multi-Field Search

Selected Resources

Ovid Resources: Books@Ovid September 09, 2010

Brain CT

輸入Brain CT

Search

My Fields

All Fields

Clear Selected

☐ af All Fields

☐ at: All Titles

☐ au: Author

☐ ed: Book Editor

☐ sb: Book Subset

☐ ti: Book Title

☐ bw: Book Title Word

☐ bt: Byline Text

☒ ct: Caption Text

☐ ch: Chapter Author

☐ tc: Chapter Title

☐ dp: Date of Publication

☐ td: Division Title

☐ et: Edition Statement

☐ fm: Front Matter

☐ tx: Full Text

☐ hd: Heading Title

☐ ib: ISBN

☐ is: ISSN

☐ in: Institution

☐ lg: Language

Help Text

Click the plus/minus (+/-) button to add/ remove the field to the "My Fields" Area.

Results Tools

Options

Select Range

Print

Email

Export

Add to My Projects

Keep Selected

Search Information

You searched:

Brain CT.ct.

- Search terms used:

brain

ct

Search Returned:

4 results

Sort By:

-

Customize Display

Filter By

Add to Search History

+Selected Only(0)

- Years

All Years

Current year

Past 3 years

Past 5 years

► Specific Year Range

Clear Selected

View: Title Citation Abstract

50 Per Page

1. ☐ Chapter: Hydrocephalus

Passage: Figure 53.5 A: Brain CT in a 58-year-old individual several hours after the sudden development of coma and right hemiparesis. Blood in the left thalamus and within the third and lateral ventricles is associated with hydrocephalus. B: Similar scan of adult 24 hours after the sudden onset of severe headache and meningism. Acute hydrocephalus with subarachnoid space blood is seen.

Editors: Rowland, Lewis P., Pedley, Timothy A.

Source: Merritt's Neurology (12th Edition)

Publisher: Lippincott Williams & Wilkins, 2010

Purchase Print Copy

+ My Projects

2. ☐ Chapter: Hydrocephalus

Passage: ... Brain CT.

Editors: Rowland, Lewis P., Pedley, Timothy A.

Source: Merritt's Neurology (12th Edition)

Publisher: Lippincott Williams & Wilkins, 2010

Purchase Print Copy

+ My Projects

3. ☐ Chapter: Hydrocephalus

Passage: ... Brain CT.

Ovid Full Text

Complete Reference



飛資得醫學資訊股份有限公司
FlySheet Med-Informatics Co., Ltd.

即刻找到腦部斷層掃描的圖片

Search

[Journals](#)

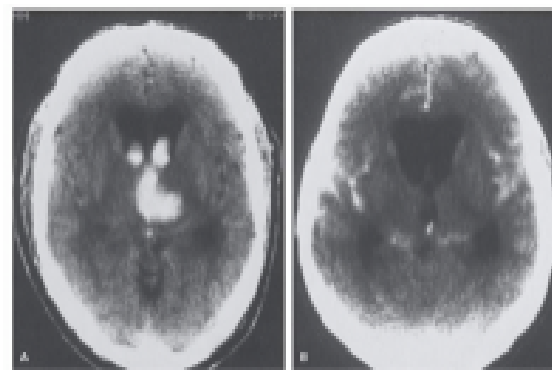
[Books](#)

[My Workspace](#)

[External Links](#)

– Figure 53.5 A: Brain CT in a 58-year-old individual several hours after the sudden development of coma and right hemiparesis. Blood in the left thalamus and within the third and lateral ventricles is associated with hydrocephalus. B: Similar scan of adult 24 hours after the sudden onset of severe headache and meningism. Acute hydrocephalus with subarachnoid space blood is seen.

intracerebral hemorrhage or ICH in adults also causes hydrocephalus, especially if there are clots in the ventricles (Fig. 53.5). Hydrocephalus also occurs in adults after subarachnoid bleeding caused by head trauma or ruptured aneurysm (Fig. 53.6). In some patients CSF flow obstruction is transient; therefore, ICP increases and hydrocephalus appears but then disappears spontaneously. Other patients exhibit progressive hydrocephalus.



[View Figure](#)

Figure 53.5 A: Brain CT in a 58-year-old individual several hours after the sudden development of coma and right hemiparesis. Blood in the left thalamus and within the third and lateral ventricles is associated with hydrocephalus. B: Similar scan of adult 24 hours after the sudden onset of severe headache and meningism. Acute hydrocephalus with subarachnoid space blood is seen.



Among infectious diseases, tuberculosis and luetic meningitis may cause hydrocephalus secondary to basal arachnoiditis. CT and MRI have demonstrated that hydrocephalus may also follow other forms of meningitis (e.g., bacterial, fungal, viral, carcinomatous) (Fig. 53.7). Among parasitic infections, neurocysticercosis may produce both IVOH and EVOH.

瀏覽/輸出電子書全文

- 線上瀏覽全文
- 參考文獻連結
- 輸出特定段落內文
- 輸出整篇章節內文



Search Journals Books My Workspace External Links

[View Copyright Statement](#) | [Purchase Print Copy](#)

Adolescent Health Care: A Practical Guide

> Front of Book > Editors

Search:

Current Book

All Books

☒ Check Spelling

Search

[+] Editors

[+] Authors

- Dedication

- Foreword

- Preface

- Preface to the First Edition

- Acknowledgments

TABLE OF CONTENTS



[+] Part I - General Considerations in Adolescent Care

[+] Part II - Endocrine Problems

Editor-in-Chief

Lawrence S. Neinstein MD, FACP
Professor of Pediatrics and Medicine
Executive Director
USC University Park Health Center
Chief, Division of College Health
Department of Pediatrics
USC Keck School of Medicine
Associate Dean of Student Affairs
University of Southern California
Los Angeles, California

Associate Editors

Catherine M. Gordon MD, MSc
Debra K. Katzman MD, FRCP (C)
David S. Rosen MD, MPH

• 調整閱讀頁面

TOC

Title

[Search](#)
[Journals](#)
[Books](#)
[My Workspace](#)
[External Links](#)
[\[+\] Chapter 8 - Abnormal Growth and Development](#)
[\[+\] Chapter 9 - Thyroid Disease in Adolescents](#)
[\[+\] Chapter 10 - Diabetes Mellitus](#)
[\[+\] Chapter 11 - Gynecomastia](#)
[\[+\] Part III - Cardiovascular Problems](#)
[\[+\] Part IV - Orthopedic Problems](#)
[\[+\] Part V - Dermatologic Disorders](#)
[\[+\] Part VI - Neurological Disorders](#)
[\[+\] Part VII - Genitourinary Disorders](#)
[\[+\] Part VIII - Infectious Diseases](#)
[\[+\] Part IX - Conditions Affecting Nutrition and](#)

References and Additional Readings

Adan L, Souberbielle JC, Brauner R. Management of the short stature due to pubertal delay in boys. *J Clin Endocrinol Metab* 1994;78:478. [Full Text](#) [Bibliographic Links](#)

Albanese A, Stanhope R. Investigation of delayed puberty. *Clin Endocrinol* 1995;43:105. [Full Text](#) [Bibliographic Links](#)

Albanese A, Stanhope R. Predictive factors in the determination of final height in boys with constitutional delay of growth and puberty. *J Pediatr* 1995;126:545. [Ovid Full Text](#) [Full Text](#) [Bibliographic Links](#)

Allen DB, Fost N. hGH for short stature: ethical issues raised by expanded access. *J Pediatr* 2004;144:648. [Ovid Full Text](#) [Full Text](#) [Bibliographic Links](#)

Allen DB, Fost NC. Growth hormone therapy for short stature: panacea or Pandora's box? *J Pediatr* 1990;117:16. [Full Text](#) [Bibliographic Links](#)

Ankarberg-Lindgren J, Elfving M, Wiklan KA, et al. Nocturnal application of transdermal estradiol patches produces levels of estradiol that mimic those seen at the onset of spontaneous puberty in girls. *J Clin Endocrinol Metab*. 2001;86:3039. [Ovid Full Text](#) [Full Text](#) [Bibliographic Links](#)

Attie KM, Frane JW. The Genentech Collaborative Study Group. Accuracy of adult height prediction methods for

Clinical Practice of Neurological & Neurosurgical Nursing

> Table of Contents > Section 4 - Common Management Problems and Approaches to Neuroscience Patients > Chapter 15 - Management of Patients Undergoing Neurosurgical Procedures > NEUROSURGICAL PROCEDURES AND OTHER RELATED THERAPEUTIC TECHNIQUES > Figures > Figure 15-8 • Gamma

Search: ☒ Check Spelling

- Figure 15-8 • Gamma knife.
(Courtesy of Elekta Instruments, Norcross, GA.)

[+] POSTOPERATIVE
NURSING MANAGEMENT

[+] POSTOPERATIVE
MANAGEMENT AND
PREVENTION OF
COMPLICATIONS

[+] NEUROLOGICAL
DEFICITS IN THE
POSTOPERATIVE
PERIOD

[+] NURSE'S ROLE IN
REHABILITATION AND
DISCHARGE PLANNING

Radiosurgery: The *Gamma Knife*

The **gamma knife**, which is not actually a **knife** at all, was developed at the Karolinska Institute in Stockholm in 1968 ([Fig. 15-8](#)). It consists of a heavily shielded helmet containing 201 radially distributed, sealed, radioactive sources containing curies of cobalt-60. These are focused with precision on a central common target for the purpose of delivering high-dose radiation while minimizing damage to surrounding tissue. Stereotaxis is used to focus the point of radiation. Unlike conventional radiation therapy, this stereotactic radiosurgery is capable of destroying deep and inaccessible lesions in a single treatment session.



[View Figure](#)

Figure 15-8 • Gamma knife. (Courtesy of Elekta Instruments, Norcross, GA.)





OvidSP

[Support & Training](#) | [Help](#)

Print Preview Options

Continue ▾

? Select a Graphic Size...

No Figures/Tables
Full size
Medium
Small (Thumbnails)

自訂列印段落圖
片大小

Copyright (c) 2000-2009 [Ovid Technologies](#)

By accessing or using OvidSP, you agree to Ovid's [terms of use](#), conditions and all applicable laws. If you do not agree to these terms you may not use this Site.

Version: OvidSP_U102.01.01.102, SourceID 40160

Editors: Hickey, Joanne V.

Title: *Clinical Practice of Neurological & Neurosurgical Nursing, 5th Edition*

Copyright ©2003 Lippincott Williams & Wilkins

> Table of Contents > Section 4 - Common Management Problems and Approaches to Neuroscience Patients > Chapter 15 - Management of Patients Undergoing Neurosurgical Procedures >

NEUROSURGICAL PROCEDURES AND OTHER RELATED THERAPEUTIC TECHNIQUES > Radiosurgery: The Gamma Knife

Radiosurgery: The Gamma Knife

The gamma knife, which is not actually a knife at all, was developed at the Karolinska Institute in Stockholm in 1968 (Fig. 15-8). It consists of a heavily shielded helmet containing 201 radially distributed, sealed, radioactive sources containing curies of cobalt-60. These are focused with precision on a central common target for the purpose of delivering high-dose radiation while minimizing damage to surrounding tissue. Stereotaxis is used to focus the point of radiation. Unlike conventional radiation therapy, this stereotactic radiosurgery is capable of destroying deep and inaccessible lesions in a single treatment session.



Figure 15-8 • Gamma knife. (Courtesy of Elekta Instruments, Norcross, GA.)

完整標示內文所在章節
段落及完整書目資訊

- 顯示完整內文的片段
- 可直接利用瀏覽器列印功能

● 利用瀏覽器列印功能

V.
Neurological & Ne
t Williams & Wilkins

Common Management Problems and Approaches to Neuroscience Patients > Chapter 15 - Management of Patients Undergoing Neurosurgical Procedures >
ND OTHER RELATED THERAPEUTIC TECHNIQUES > Radiosurgery: The Gamma Knife

The Gamma Knife

not actually a knife at all, was developed at the Karolinska Institute in Stockholm in 1968 (Fig. 15-8). It consists of a heavily shielded, uniformly distributed, sealed, radioactive sources containing curies of cobalt-60. These are focused with precision on a central common target for the purpose of delivering high-dose radiation while minimizing damage to surrounding tissue. Stereotaxis is used to focus the point of radiation. Unlike conventional radiation therapy, this stereotactic radiosurgery is capable of destroying deep and inaccessible lesions in a single treatment session.



Figure 15-8 • Gamma knife. (Courtesy of Elekta Instruments, Norcross, GA.)

輸出全文：匯出整段章節內文

 **Wolters Kluwer**
Health

OvidSP

Logged in as apdda49

My Account ☐ Title ☐ Search ☒ TOC | [Help](#) | [Log](#)

Search Journals **Books** My Workspace External Links

[-] Chapter 8 - Abnormal Growth and Development

- Review of Normal Growth

[+] Short Stature without Delayed Puberty

[+] Delayed Puberty

[+] Work-Up of Delayed Puberty

[+] Management of Delayed Puberty

- Patient Education

[+] Excessive Growth: Tall Stature

[+] Precocious Puberty

[+] Web Sites

- References and Additional Readings

[+] Figures

輸出綠色區塊所標示的章節內所有全文

[Add to My Projects](#) | [Save](#) | [Print Preview](#) | [Email](#) | [Email Jumpstart](#)

Chapter 8

Abnormal Growth and Development

Joan M. Mansfield
Lawrence S. Neinstein

Chapter 1 described the varied presentation of the normal physical changes of adolescence. The current chapter focuses on the adolescent whose growth and/or development falls outside the range of normal. These issues are usually of enormous concern to adolescents and their family, and the health care provider must have a clear understanding of how to evaluate and manage these problems.

Review of Normal Growth

Chapter 1 covers normal growth and development in detail. Briefly, there are three general phases of growth during childhood and adolescence. In infancy, there is a period of rapid growth. This phase is followed by a relatively steady period of growth during midchildhood, averaging 5 to 6 cm/year with a gradual decrease seen over time. A growth rate of <5 cm/year during this middle childhood phase is considered abnormal. Growth hormone (GH) and thyroid hormone are the primary hormonal determinants of growth during midchildhood. This phase is followed by the adolescent growth spurt, which is caused primarily by the hormones of puberty (estrogen and androgens). GH secretion increases significantly during the pubertal growth spurt under the influence of sex steroids. Thyroid hormone continues to be required for growth. During peak pubertal growth, growth rates increase to the range of 9 cm/year in girls and 10

As puberty progresses, estrogen results in the gradual fusion of the epiphyses with eventual termination

ovidsp.tx.ovid.com/sp-3.2.2b/ovidweb.cgi?&S=EGJFPE...

輸出全文：匯出整段章節內文



Wolters Kluwer
Health

OvidSP

Logged in as apdda49

My Account ☐ Title ☐ Search ☒ TOC | Help | Log

Search Journals Books My Workspace External Links

[-] Chapter 8 - Abnormal
Growth and Development

- Review of Normal
Growth

[+] Short Stature
without Delayed
Puberty

[+] Delayed Puberty

[+] Work-Up of
Delayed Puberty

[+] Management of
Delayed Puberty

- Patient Education

[+] Excessive Growth:
Tall Stature

[+] Precocious
Puberty

[+] Web Sites

- References and
Additional Readings

[+] Figures

[Back](#)

[Add to My Projects](#) [Save](#) [Print Preview](#) [Email](#) [Email Jumpstart](#)

Chapter 8 Abnormal Growth and

Save: 儲存本文
P.S 不含圖片

Joan M. Mansfield

Lawrence S. Neinstein

Chapter 1 described the varied presentation of the normal physical changes of adolescence. The current chapter focuses on the adolescent whose growth and/or development falls outside the range of normal. These issues are usually of enormous concern to adolescents and their family, and the health care provider must have a clear understanding of how to evaluate and manage these problems.

Review of Normal Growth

Chapter 1 covers normal growth and development in detail. Briefly, there are three general phases of growth during childhood and adolescence. In infancy, there is a period of rapid growth. This phase is followed by a relatively steady period of growth during midchildhood, averaging 5 to 6 cm/year with a gradual decrease seen over time. A growth rate of <5 cm/year during this middle childhood phase is considered abnormal. Growth hormone (GH) and thyroid hormone are the primary hormonal determinants of growth during midchildhood. This phase is followed by the adolescent growth spurt, which is caused primarily by the hormones of puberty (estrogen and androgens). GH secretion increases significantly during the pubertal growth spurt under the influence of sex steroids. Thyroid hormone continues to be required for growth. During peak pubertal growth, growth rates increase to the range of 9 cm/year in girls and 10

ovidsp.tx.ovid.com/sp-3.2.2b/ovidweb.cgi?&S=EGJFPE... As puberty progresses, estrogen results in the gradual fusion of the epiphyses with eventual termination

Ovid: Save Book Content - Microsoft

檔案(F) 編輯(E) 檢視(V) 我

Wolters Kluwer
Health

Save Book Content

Continue ▾

? Save this book content to

ASCII Text (DOS/Windows)
ASCII Text (Macintosh)
ASCII Text (Unix)
HTML

☐ Wrap long lines (Not for HTA

Copyright (c) 2000-2009 [Ovid Technologies](#)
By accessing or using OvidSP, you agree
may not use this Site.
Version: OvidSP_UI02.01.01.102, Source

 <http://ovidsp.uk.ovid.com/spb/ovidwe>

book[1].txt - 記事本

檔案(F) 編輯(E) 格式(O) 說明(H)

ASCII Text:純文字

CHAPTER 1SURGICAL APPROACHES TO THE UPPER EXTREMITY

William L. Green
W. L. Green: Department of Orthopaedic Surgery, University of California, San Francisco, California, 94118.

Ovid: - Microsoft Internet Explorer

檔案(F) 編輯(E) 檢視(V) 我的最愛(A) 工具(T) 說明(H)

HTML檔案格式

CHAPTER 1
SURGICAL APPROACHES TO THE UPPER EXTREMITY

William L. Green
W. L. Green: Department of Orthopaedic Surgery, University of California, San Francisco, California, 94118.

Surgery injures tissues. Proper planning and thorough understanding of the surgical exposure, however, can minimize tissue injury and expedite the procedure. Proper exposure protects the important neurovascular structures by providing direct observation or enabling total avoidance. The surgical exposures described in this chapter allow excellent exposure of the upper extremities.

Hemostasis is mandatory. Because most procedures in the upper extremity are done under tourniquet control, a cut vessel requires immediate coagulation or ligation. Otherwise, it retracts, goes into spasm, and may later start bleeding. Never purposely cut a cutaneous nerve. Every severed nerve forms a neuroma, and every neuroma can become exquisitely tender. Always strive for a cosmetically acceptable scar using, if possible, subcuticular sutures with Steri-strips.

SHOULDER

STERNOCLAVICULAR APPROACH

Exposure of the sternoclavicular joint (SC) is rarely necessary. Infection, arthritis, or posterior dislocation of this joint may necessitate an open procedure.

- Make an incision along the medial 4 cm of the clavicle and curve it gently, inferiorly over the SC joint. This joint is at a 45° inclination, so incise the capsule from superior medial to inferior lateral.
- If resecting the medial clavicle, remove 1.5 cm of bone, staying medial to the costoclavicular ligament.

P.4

完成

我的電腦

輸出全文：匯出整段章節內文

Books@Ovid

Search: ☒ Check Spelling

TABLE OF CONTENTS ↑

- [-] SECTION I - SURGICAL PRINCIPLES AND TECHNIQUES
 - [-] CHAPTER 1 - SURGICAL APPROACHES TO THE UPPER EXTREMITY
 - [+] SHOULDER
 - [-] HUMERUS
 - HENRY'S ANTEROLATERAL EXPOSURE
 - HENRY'S POSTERIOR EXPOSURE
 - MEDIAL EXPOSURE
 - [+] ELBOW
 - [+] FOREARM
 - REFERENCES
 - [-] Figures
 - Figure 1.1. Exposure of the

[Back](#)

[Save](#) | [Print Preview](#) | [Email](#) | [Email Jumpstart](#)

CHAPTER 1

SURGICAL APPROACHES TO

Print Preview:
預覽列印

William L. Green

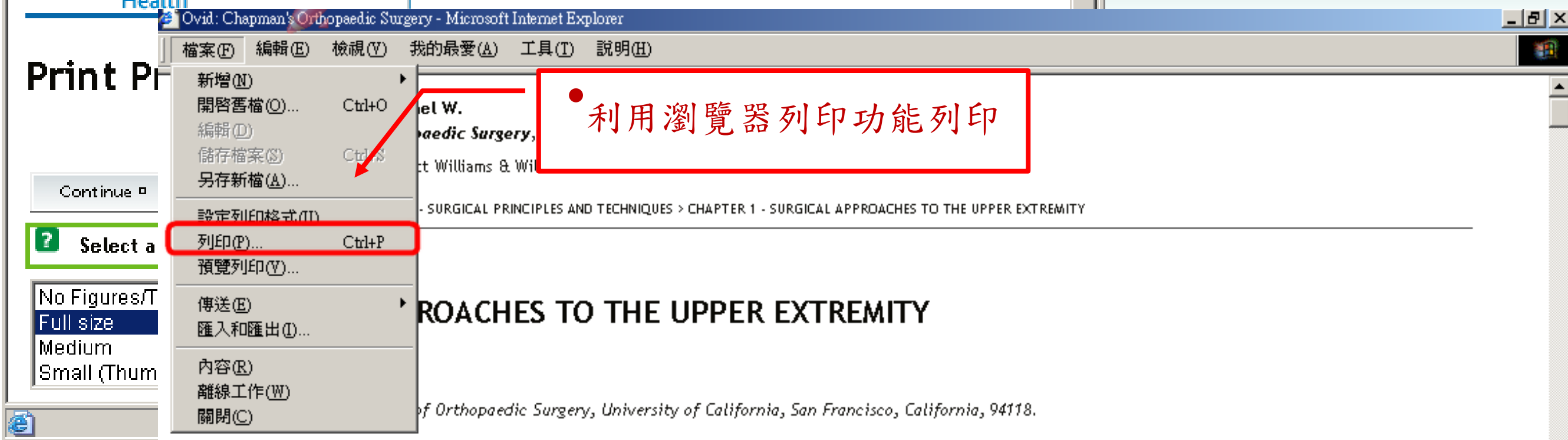
W. L. Green: *Department of Orthopaedic Surgery, University of California, San Francisco, California, 94118.*

Surgery injures tissues. Proper planning and thorough understanding of the surgical exposure, however, can minimize tissue injury and expedite the procedure. Proper exposure protects the important neurovascular structures by providing direct observation or enabling total avoidance. The surgical exposures described in this chapter allow excellent exposure of the upper extremities.

Hemostasis is mandatory. Because most procedures in the upper extremity are done under tourniquet control, a cut vessel requires immediate coagulation or ligation. Otherwise, it retracts, goes into spasm, and may later start bleeding. Never purposely cut a cutaneous nerve. Every severed nerve forms a neuroma, and every neuroma can become exquisitely tender. Always strive for a cosmetically acceptable scar using, if possible, subcuticular sutures with Steri-strips.

SHOULDER

STERNOCLAVICULAR APPROACH



• 利用瀏覽器列印功能列印

Surgery injures tissues. Proper planning and thorough understanding of the surgical exposure, however, can minimize tissue injury and expedite the procedure. Proper exposure protects the important neurovascular structures by providing direct observation or enabling total avoidance. The surgical exposures described in this chapter allow excellent exposure of the upper extremities.

Hemostasis is mandatory. Because most procedures in the upper extremity are done under tourniquet control, a cut vessel requires immediate coagulation or ligation. Otherwise, it retracts, goes into spasm, and may later start bleeding. Never purposely cut a cutaneous nerve. Every severed nerve forms a neuroma, and every neuroma can become exquisitely tender. Always strive for a cosmetically acceptable scar using, if possible, subcuticular sutures with Steri-strips.

SHOULDER

STERNOCLAVICULAR APPROACH

Exposure of the sternoclavicular joint (SC) is rarely necessary. Infection, arthritis, or posterior dislocation of this joint may necessitate an open procedure.

- Make an incision along the medial 4 cm of the clavicle and curve it gently, inferiorly over the SC joint. This

P.4

joint is at a 45° inclination, so incise the capsule from superior medial to inferior lateral.

- If resecting the medial clavicle, remove 1.5 cm of bone, staying medial to the costoclavicular ligament.
- For a posterior dislocation, release of the sternocleidomastoid muscle origin superiorly may improve the exposure. Be very careful of the vital structures posterior to the SC joint (i.e., right innominate artery, left common carotid artery, subclavian vein, and lung tissue).

輸出全文：匯出整段章節內文

[Search](#)

[Journals](#)

[Books](#)

[My Workspace](#)

[External Links](#)

[+] Chapter 8 - Abnormal Growth and Development

[+] Chapter 9 - Thyroid Disease in Adolescents

[+] Chapter 10 - Diabetes Mellitus

[+] Chapter 11 - Gynecomastia

[+] Part III - Cardiovascular Problems

[+] Part IV - Orthopedic Problems

[+] Part V - Dermatologic Disorders

[+] Part VI - Neurological Disorders

[+] Part VII - Genitourinary Disorders

[+] Part VIII - Infectious Diseases

[+] Part IX - Conditions

[Add to My Projects](#) | [Save](#) | [Print Preview](#) | [Email](#) | [Email Jumpstart](#)

Chapter 8

Abnormal Growth and Development

Joan M. Mansfield

Lawrence S. Neinstein

Chapter 1 described the varied presentation of the normal physical changes of adolescence. The current chapter focuses on the adolescent whose growth and/or development falls outside the range of normal. These issues are usually of enormous concern to adolescents and their family, and the health care provider must have a clear understanding of how to evaluate and manage these problems.

Review of Normal Growth

Chapter 1 covers normal growth and development in detail. Briefly, there are three general phases of growth during childhood and adolescence. In infancy, there is a period of rapid growth. This phase is followed by a relatively steady period of growth during midchildhood, averaging 5 to 6 cm/year with a gradual decrease seen over time. A growth rate of <5 cm/year during this middle childhood phase is considered abnormal. Growth hormone (GH) and thyroid hormone are the primary hormonal determinants of growth during midchildhood. This phase is followed by the adolescent growth spurt, which is caused primarily by the hormones of puberty (estrogen and androgens). GH secretion increases significantly during the pubertal growth spurt under the influence of sex steroids. Thyroid hormone continues to be required for growth. During peak pubertal growth, growth rates increase to the range of 9 cm/year in girls and 10

As puberty progresses, estrogen results in the gradual fusion of the epiphyses with eventual termination

Email: 電子郵件傳送本文
P.S 不含圖片



To:

From:

Ovid_Online@ovid.com

Subject:

OvidSP Book Content

Annotations:

Ovid Technologies, Inc. Email Service

Full Text of: Neinstein, Lawrence S., Adolescent Health Care: A Practical Guide, 5th Edition, Copyright (c) 2008 Lippincott Williams & Wilkins.

Send Email »



Hints:

- Enter the email address of the intended recipients in the To: box.
Use their full email address, eg. *jdoe@stateu.edu*
- Separate multiple email addresses with commas. Do not use any spaces between the addresses.
- If you are sending this book content to someone other than yourself, put your own address in the From: line. If you do not enter an address, the system will use a default address.
- Email addresses must be valid and complete. An incorrect address will cause the system to discard the results. You will not be notified if this occurs.

輸出全文：匯出整段章節內文

[+] Chapter 8 - Abnormal Growth and Development

[+] Chapter 9 - Thyroid Disease in Adolescents

[+] Chapter 10 - Diabetes Mellitus

[+] Chapter 11 - Gynecomastia

[+] Part III - Cardiovascular Problems

[+] Part IV - Orthopedic Problems

[+] Part V - Dermatologic Disorders

[+] Part VI - Neurological Disorders

[+] Part VII - Genitourinary Disorders

[+] Part VIII - Infectious Diseases

[+] Part IX - Conditions

[Add to My Projects](#) | [Save](#) | [Print Preview](#) | [Email](#) [Email Jumpstart](#)

Chapter 8

Abnormal Growth and Development

Joan M. Mansfield

Lawrence S. Neinstein

Chapter 1 described the varied presentation of the normal physical changes of adolescence. The current chapter focuses on the adolescent whose growth and/or development falls outside the range of normal. These issues are usually of enormous concern to adolescents and their family, and the health care provider must have a clear understanding of how to evaluate and manage these problems.

Review of Normal Growth

Chapter 1 covers normal growth and development in detail. Briefly, there are three general phases of growth during childhood and adolescence. In infancy, there is a period of rapid growth. This phase is followed by a relatively steady period of growth during midchildhood, averaging 5 to 6 cm/year with a gradual decrease seen over time. A growth rate of <5 cm/year during this middle childhood phase is considered abnormal. Growth hormone (GH) and thyroid hormone are the primary hormonal determinants of growth during midchildhood. This phase is followed by the adolescent growth spurt, which is caused primarily by the hormones of puberty (estrogen and androgens). GH secretion increases significantly during the pubertal growth spurt under the influence of sex steroids. Thyroid hormone continues to be required for growth. During peak pubertal growth, growth rates increase to the range of 9 cm/year in girls and 10

As puberty progresses, estrogen results in the gradual fusion of the epiphyses with eventual termination

Email:電子郵件傳送本段落連結網址。

Ovid: Email Jumpstart - Microsoft Internet Explorer

檔案(F) 編輯(E) 檢視(V) 我的最愛(A) 工具(T) 說明(H) 連結 »

網址(D) <http://ovidsp.uk.ovid.com/spb/ovidweb.cgi?&S=FKJHPDHKNHHFHEPFFNGLLELHGCJCAA00&Save+As+Jumpstart=Book+Text%7c%26P> 移至

 Wolters Kluwer Health | OvidSP Support & Training | Help | Close

Email Jumpstart

Your Jumpstart URL is:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=booktext&D=books&AN=00139880/3rd_Edition/6&XPATH=/OVIDBOOK%5b1%5d/TXTBKBD%5b1%5d/DIVISIONA%5b1%5d/CHAPTER%5b1%5d

To:

From:

Subject:

Comments:

http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=booktext&D=books&AN=00139880/3rd_Edition/6&XPATH=/OVIDBOOK%5b1%5d/TXTBKBD%5b1%5d/DIVISIONA%5b1%5d/CHAPTER%5b1%5d

連結網址：往後點選該網址，便能跳至該章節的內文位置

Hints:

- Enter the email address of the intended recipients in the To: box.

網際網路

謝謝大家

飛資得醫學資訊股份有限公司

TEL: 02-26582223



飛資得醫學資訊股份有限公司
FlySheet Med-Informatics Co., Ltd.