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(i.e. road driving) and
its effect on the spine;
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reference and teaching text reviews and analyzes the clinical and scientific data on the mechanics of the human spine. This edition adds new material on vibration (i.e. road driving) and its effect on the spine; anatomy and kinematics

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various regions of the
spine are discussed
and their clinical
significance is
presented. The
problems of spinal

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trauma and is associated spinal instability are analyzed. Guidelines are recommended to assess spinal stability. The proper application of such guidelines will provide the basis for sound clinical judgments.

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application of

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mechanical principles
to living organisms,
helps us to understand
how all the bony and
soft spinal components
contribute individually
and together to ensure
spinal stability, and
how traumas, tumours
and degenerative
disorders exert
destabilizing effects.

Biomechanics of the spine. Part I: Spinal stability ...

Clinical problems of the

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human spine continue to be prevalent in our society. Examples include low-back pain, sciatica, spinal deformity in both adults and children, spinal tumors, and spinal injury, including trauma to the spinal cord. Given that these clinical problems remain largely unsolved and that the spine plays an

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biomechanics of the spine—What we have learned ...

This first review considers the normal kinematics of the cervical spine, which predicates the appreciation of the biomechanics of cervical spine injury. It summarizes the cardinal anatomical features of the cervical spine that determine how the cervical vertebrae and their

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Biomechanics affords a means of characterizing and assessing the status of the spine both precisely and quantitatively. Benefits of an improved understanding of biomechanics of normal and degenerative spinal

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conditions are the ability to counsel patients, treat pathological processes, and determine the effect of both medical and surgical treatment on spinal mechanics and, potentially, clinical outcomes.

Biomechanics of Degenerative Spinal Disorders

(Modified from White AA, Panjabi MM:
Clinical biomechanics

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of the spine, ed 2, Philadelphia, 1990, JB Lippincott.) Support and stability for the posterior joints come from the small segmental ligaments and the joint capsule (see Figure 5-1). The ligamentum flavum, a strong and highly elastic structure, connects adjacent lamina.

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Assessment, and ...

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A. White, Manohar M.
Panjabi No preview
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Common terms and
phrases. activity
addition analysis
anterior applied
associated axial axial
rotation axis bending
biomechanical body
Bone Joint Surg brace
cause cent cervical
spine changes clinical
complex compression

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considerable construct

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Range of movement
(ROM) □ 50% of flexion
extension happens in
the upper cervical
□ 50% of rotation
happens in C1-2 level
□ Lateral flexion mostly
on the middle part of
the cervical spine

White & Panjabi Clinical
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Biomechanics of the
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Flexion -extension
Lateral flexion Rotation

Functional anatomy and biomechanics of the cervical spine

The osseous spine
consists of 7 cervical,
12 thoracic, 5 lumbar,
5 fused sacral
vertebrae and the
coccyx. The ligaments,
muscles, and
intervertebral discs
connect the vertebrae

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to form the four curves of the spine: the two lordotic curves of the lumbar and cervical spine and the two kyphotic curves of the thoracic spine and sacrum.

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The bony rib cage

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significantly affects the biomechanics of the thoracic spine (and vice versa) by forming a strong external framework and thus increasing the thoracic spinal area moment of inertia, especially in the transverse plane.

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