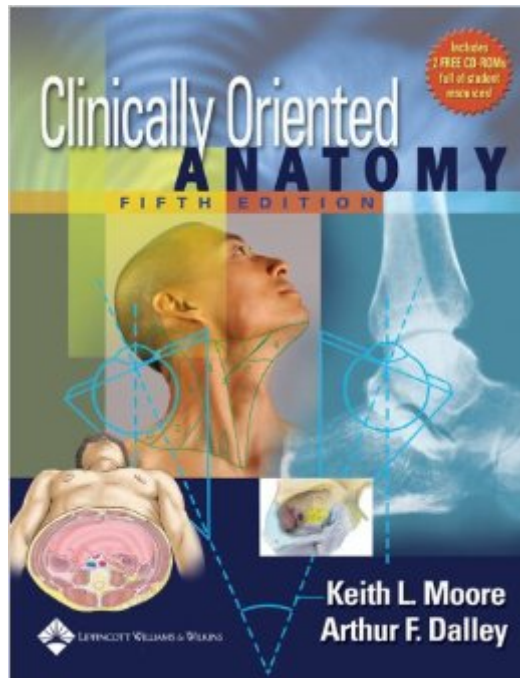


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Clinically Oriented Anatomy, Fifth Edition



Synopsis

Clinically Oriented Anatomy, Fifth Edition provides first-year medical and allied health students with the clinically oriented anatomical information that they need in study and practice. This book is renowned for its comprehensive coverage of anatomy, presented as it relates to the practice of medicine, dentistry, and physical therapy. This latest edition is fully updated with new content and additional features, including new surface anatomy and updated diagnostic images, new "Bottom Line" summaries that reinforce important concepts, and new clinical "Blue" boxes. Two bound-in CD-ROMs contain interactive case studies, USMLE-style review questions, and layered, rotatable anatomical illustrations generated from three-dimensional models of MRI images.

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Customer Reviews

I used Moore's as an adjunct to studying anatomy with Netter's atlas of anatomy. I found that the text was concise, lucid, and enjoyable to read, with pertinent and important clinical examples in the form of case presentations. The illustrations, on the other hand, are from Grant's atlas of anatomy, and occasionally are confusing or downright obfuscating (the anterior and posterior triangles of the neck come to mind.) So I recommend reading the text, but referring to Netter's atlas when referring to pictures!

When I was in Medical Anatomy Courses, this book was my saving grace! If there is ever a time that you do not understand what the lecturer is saying, Moore will have a good section of text on the

topic. The best thing to do, is go to that section-- ex: Muscles of the Neck--- and learn all the muscles names, Origins and Insertions, which ones are being used in which motion, the nerves that innervate them, to what level of the spine, the arteries and where they come from, the veins and where they go to, etc, etc... Moore will give clinical examples too. If someone cannot move their chin upward, which muscle or nerve might be effected etc...Unlike Netter's and Gray's Anatomy texts, which are praised for their illustrations and details... Moore's emphasis is verbal (not visual). The pictures are more general, cartoonish, not like a cadaver. Many students did not appreciate this book for that reason, it seemed too wordy to them. That is quite understandable during the rigorous schedule of Medical Training. There were many times I did not have time to read it as much as I would have liked. There are times when memorization is all you can do. However, if one does take the time to read Moore, they will surely remember the details of the Anatomy Structures very well. This book would be EXCELLENT for any pre-medical students the summer before entering Medical School. I wish I could go back in time and do that myself. Anatomy lecture and Anatomy Lab is one of the more challenging subjects in Graduate level programs. It is required that you know a great volume of new terms and structures in infinite detail. Good Luck, and Happy Anatomy Reading!

I thoroughly enjoyed studying anatomy with the Moore's book. The illustrations are great--I especially found the individual drawings of the leg and arm muscles helpful, and the 3-D drawings of the pelvic region helped me to better visualize this complex area. I was able to study most of the time from Moore and only had to use the Color Atlas of Anatomy as a reference. The text was clearly written and very detailed. At times, it was more detailed than my first year anatomy class, but I was able to skip or skim these sections. I don't think I ever found Moore to be lacking in information. I found the boxes highlighting attachments, function, or distribution for nerves, vessels, and muscles to be very helpful. They proved to be a quick reference. Finally, the blue boxes with clinical information made anatomy so much more interesting. I learned many relevant facts and applied, clinical anatomy.

This is my favorite anatomy textbook for many reasons. When I first took an anatomy class I started off being very excited about it. After what seemed like months of lectures and reading on the chemistry of water, lipid bilayers and other basic bio concepts we started in on real anatomy. By that time however I was too bored to care anymore and I had lost whatever initiative I'd had to learn the stuff. I love the fact that this book gets right into anatomy. I'm not saying the basic biology concepts

aren't important, but people really can learn, appreciate, enjoy and benefit from a lot of anatomy whether they've mastered those concepts yet or not. I believe that the "big picture" type knowledge gained from diving right in with a book like this should inspire many learners to go back and really learn the underlying chemistry and cell biology in more detail...more efficiently though because they know why they need to know it. The clinical focus of this text is another major plus, constantly reminding readers of the materials relevance. The illustrations and figures are excellent, and the text is well written and very clear. I highly recommend this book for students and teachers of anatomy, and anyone interested in learning.

This is a very nice, dense, textbook of anatomy for serious anatomy students (e.g. future surgeons) that I would give five stars were it not for inconsistencies and errors that plague the book. No, there are not 12 cervical vertebrae! That is the most obvious error I've found so far. There are several, but considering the size and density of the text the number of plain errors is not grossly out of proportion. The more serious offense this book commits, in my opinion, is to disagree with itself, which can seriously hinder learning the material. Often, Moore will say one thing in the text, another in the summary text, and yet another in the illustrations he refers to! For example, Moore says that the right bronchial artery often is a branch of the 3rd posterior intercostal artery, but the illustration he refers the reader to clearly shows the right bronchial artery as a branch of the FIFTH posterior intercostal artery. In the abdomen chapter, Moore says the arterial supply to the anterolateral abdominal wall includes 11th posterior intercostal artery, but the table and illustration referred to also includes the 10th posterior intercostal artery. I'm sure that some of these discrepancies can be chalked up to normal anatomical variations, but for God's sake tell us that or we have no way of knowing whether it is an error or variation! Anyway, these discrepancies happen with a high enough frequency that it warrants a two star deduction on an otherwise pristine textbook of anatomy.

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