

1. Record Nr.	UNINA9910785723003321
Autore	Killick John
Titolo	Playfulness and dementia [[electronic resource] ] : a practice guide / / John Killick ; foreword by professor Murna Downs
Pubbl/distr/stampa	London, : Philadelphia, : Jessica Kingsley Publishers, 2013
ISBN	1-283-75457-6 0-85700-462-X
Descrizione fisica	1 online resource (122 p.)
Collana	Bradford Dementia Group
Disciplina	362.19683
Soggetti	Dementia - Patients - Care - Psychological aspects Dementia - Patients - Long-term care - Psychological aspects Dementia - Patients - Recreation Alzheimer's disease - Recreation
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Playfulness and Dementia: A Practice Guide; Foreword; Introduction; PART I; Chapter 1 What do We Mean by Playfulness?; Chapter 2 To Play or Not to Play?; Chapter 3 What People are Already Doing; Chapter 4 Bringing Play to the Person; Chapter 5 Funshops; Chapter 6 The Dementia Monologues; Chapter 7 Home-made Humour; Chapter 8 Playfulness in the Moment; Chapter 9 Even a Few Scribbles; Chapter 10 Taking the Senses for a Walk; PART II; Chapter 11 A Licence to be Free; Chapter 12 The Moment 'Me' Returned; Chapter 13 Play the Game; Chapter 14 Your Hat's Squint; Chapter 15 Beyond Right and Wrong ReferencesFurther Reading and Resources; Index; Pictures of Playfulness
Sommario/riassunto	Establishing playfulness as an essential component of dementia care, this positive and uplifting book will be key in changing attitudes and providing ideas for new and valuable ways of interacting and being with individuals with the condition. John Killick explores the nature of playfulness and the many ways in which it can enrich the lives of people with dementia, including as a means of maintaining relationships and communication, supporting communication and generally lifting the spirits. Specific approaches already in existence are described,

including improvised drama, clowning and laught

2. Record Nr.	UNINA9911031632103321
Autore	Heo Dong Hwa
Titolo	Unilateral Biportal Endoscopic Spine Surgery : Basic and Advanced Technique // edited by Dong Hwa Heo, Ji Yeon Kim, Don Young Park, Cheol Wung Park, Choon Keun Park
Pubbl/distr/stampa	Singapore : , : Springer Nature Singapore : , : Imprint : Springer, , 2025
ISBN	981-9670-22-5
Edizione	[2nd ed. 2025.]
Descrizione fisica	1 online resource (507 pages)
Collana	Medicine Series
Altri autori (Persone)	KimJi Yeon ParkDon Young ParkCheol Wung ParkChoon Keun
Disciplina	617.56059
Soggetti	Nervous system - Surgery Orthopedic surgery Endoscopic surgery Neurosurgery Surgical Orthopedics Minimally Invasive Surgery
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Nota di contenuto	Part I Introduction -- 1. A Brief History of Unilateral Biportal Endoscopic Spine Surgery -- 2. The basic concept, setting and instruments of UBE -- 3. Anesthesia in unilateral biportal endoscopic spine surgery -- 4. Unilateral Biportal Endoscopic Spine Surgery in the Ambulatory Surgical Center with an Enhanced Recovery After Surgery Pathway -- Part II Lumbar Central and Lateral Recess Stenosis -- 5. Biportal endoscopic Unilateral laminotomy with bilateral decompression for lumbar lateral recess stenosis. from making two portals to decompression -- 6. Unilateral Biportal Endoscopic En bloc Removal of Ligamentum Flavum using Butterfly Technique -- 7. Biportal endoscopic bilateral contralateral decompression -- 8. Lumbar Juxta-Facet Cyst treated by

Biportal Endoscopic Approach -- Part III Lumbar Foraminal Stenosis -- 9. Biportal endoscopic decompression for Bertolotti syndrome, far out syndrome -- 10. Biportal endoscopic paraspinal approach for lumbar foraminal stenosis -- 11. Unilateral Biportal Endoscopic Contralateral Interlaminar Approach for treating the Lumbar Foraminal-extraforaminal Stenosis -- Part IV Lumbar Disc Herniation -- 12. Basic technique of Unilateral biportal endoscopic discectomy -- 13. Unilateral biportal endoscopic discectomy with complicated cases -- 14. The Use of Unilateral biportal endoscopic discectomy in Cauda Equina Syndrome -- 15. Unilateral Biportal Endoscopic Revision Lumbar Discectomy for Recurrent Disc Herniation -- 16. Biportal endoscopic discectomy for Foraminal and extraforaminal disc herniation -- 17. A Contralateral Sublaminar Approach by unilateral biportal endoscopy. Management of Migrated Disc Herniation -- Part V Cervical lesion -- 18. Biportal endoscopic Posterior cervical foraminotomy and discectomy -- 19. Biportal Endoscopic Posterior Cervical Foraminotomy Using Contralateral Inclinary Approach -- 20. Biportal endoscopic multilevel posterior cervical foraminotomy, Sliding technique -- 21. Cervical laminectomy with foraminotomy by unilateral biportal endoscopy -- 22. Unilateral Biportal Endoscopic Cervical Open-door Laminoplasty for treating Cervical Spondylotic Myelopathy -- 23. Endoscopic assistant cervical instrumentation -- Part VI Thoracic lesion -- 24. Unilateral biportal endoscopic thoracic discectomy -- 25. Unilateral Biportal Endoscopic Thoracic Posterior Decompression and Discectomy -- 26. Biportal Endoscopic Laminectomy and Removal of Thoracic Ossification of Ligamentum Flavum -- 27. Unilateral Biportal Endoscopic Transforaminal Thoracic Interbody Fusion -- 28. Biportal endoscopic tumor removal for thoracic intradural extramedullary tumor -- 29. Technique of spinal cord stimulation by unilateral biportal endoscopic approach -- Part VII Lumbar interbody fusion -- 30. Basic Techniques of Unilateral Biportal Endoscopic Transforaminal Lumbar Interbody Fusion -- 31. Biportal Endoscopic Transforaminal Lumbar Interbody Fusion Using Double Cages -- 32. Modified biportal endoscopic (UBE) transforaminal lumbar interbody fusion using a large sized cage -- 33. Biportal endoscopic transforaminal lumbar interbody fusion with unilateral approach and bilateral facet resection -- 34. Biportal Endoscopic Transforaminal Lumbar Interbody Fusion using an Expandable Cage -- 35. Biportal Endoscopic Approach for Symptomatic Adjacent Segment Disease -- Part VIII Complications of unilateral biportal endoscopy -- 36. Dura tear and Postoperative hematoma -- 37. Specialized complications of unilateral biportal endoscopic surgery in the cervical and thoracic spine -- 38. Complications of Unilateral Biportal Endoscopic Spine Surgery.

## Sommario/riassunto

As of recent years, biportal endoscopic spine surgery has gained significant attention and adoption in the field of spine surgery due to its minimally invasive nature and the advantages it offers. This technique is increasingly popular among spine surgeons for treating various spinal disorders, such as herniated discs, spinal stenosis, and spondylolisthesis. Its minimally invasive approach allows for smaller incisions, less muscle disruption, reduced postoperative pain, and quicker recovery times compared to traditional open surgery. Numerous studies have reported favorable outcomes with biportal endoscopic spine surgery, including reduced operation times, lower complication rates, and improved patient satisfaction. These outcomes contribute to its rising adoption. Continuous innovation is likely to further establish biportal endoscopic surgery as a standard practice for suitable spinal conditions. It would introduce the fundamental concepts of endoscopic anatomy, and the basics of endoscopic equipment and

techniques. Detailed descriptions of biportal endoscopic procedures would be included, showcasing step-by-step surgical methods, including setup, entry points, and the use of instruments. The book will explain the indications, contraindications, clinical applications of biportal endoscopic spine surgery, and potential complications. Updates on the latest advancements in technology, techniques, and clinical research findings will be covered to keep practitioners up-to-date. In summary, biportal endoscopic spine surgery is becoming a significant part of modern spine surgery practices due to its minimally invasive nature, positive clinical outcomes, and the ongoing development of surgical techniques and equipment.

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