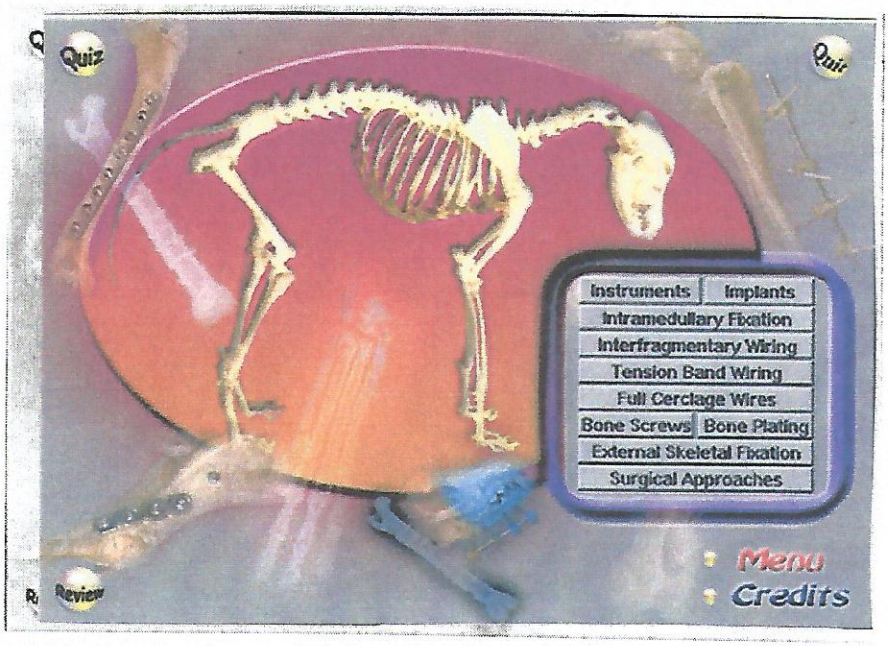

Fig. (11): Overview of the user interface of the veterinary orthopedic guidelines computer interactive program, displaying the various buttons used for navigation.

DISCUSSION

4.1 Surgical Anatomy

Closed reduction and stabilization are one of the methods used for fracture management. However, this method was rarely possible due to the severity of fractures, and the long time for bony union that patients may develop fracture disease. Perfect anatomical reconstruction of the fracture site was performed through open surgical approaches that should be as noninvasive as possible. Advantages of the minimally- invasive techniques were preservation of vascular supply, thus encouraging a quicker healing, less time-consuming, minimal postoperative pain and early return to function. Accurate radiographic assessment of the fracture location is necessary to select the appropriate surgical approach (Brinker, Piermattei and Flo, 1990).

Utilizing different surgical anatomical approaches to the long bones of the thoracic and pelvic limbs were described by (Sanvely and Hohn, 1977; and Piermattei, 1993) approved feasibility for easily procuring the target bone.

The craniolateral approach to the supraglenoid tubercle gave excellent visualized exposure and permitted accurate reduction. On cadaver specimens a lateral approach to the shoulder joint was developed via a longitudinal myotomy of the supraspinatus muscle. This approach was used in the surgical treatment of avulsion fractures of the supraglenoid tubercle of the scapula and excellent results were achieved (Gill, Lippincott and Anderson, 1996). On the other hand, Deneuche and Viguier, (2002) reduced and stabilized fracture of the supraglenoid tubercle under arthroscopic