



Das Finden bekannter Literaturstellen

- *Single Citation Matcher* -



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Der Single Citation Matcher...

... dient dem schnellen und **präzisen Auffinden einzelner Artikel** aus Literaturverzeichnissen anderer Arbeiten (Publikationen, Dissertationen):

- wenn eine vollständigen Literaturreferenz vorliegt
- wenn nur ein Teil der bibliographischen Angaben bekannt ist
(z.B. Journaltitel, Seitenzahl, Autor oder Titel)

... kann zur **Überprüfung bibliographischer Angaben** von Artikeln genutzt werden



Der Single Citation Matcher *- PubMed Tools -*

The screenshot shows the PubMed homepage. At the top, there is a navigation bar with links for "PubMed home", "NCBI", "Resources", "How To", and a search bar set to "PubMed". Below the navigation bar is the PubMed logo and the text "U.S. National Library of Medicine National Institutes of Health". The main content area features a large image of a book and a "Welcome to PubMed" message. In the bottom right corner of the main content area, there is a red rectangular box highlighting the "Single Citation Matcher" link under the "PubMed Tools" section. A large red arrow points from the "Using PubMed" section towards this highlighted link. The "PubMed Tools" section also includes links for "Batch Citation Matcher", "Clinical Queries", and "Topic-Specific Queries". The "More Resources" section on the right includes links for "MeSH Database", "Journals Database", "Clinical Trials", "E-Utilities", and "LinkOut".

Using PubMed

- PubMed Quick Start
- New and Noteworthy
- PubMed Tutorials
- Full Text Articles
- PubMed FAQs

PubMed Tools

- Single Citation Matcher (highlighted with a red box and a red arrow)
- Batch Citation Matcher
- Clinical Queries
- Topic-Specific Queries

More Resources

- MeSH Database
- Journals Database
- Clinical Trials
- E-Utilities
- LinkOut



Der Single Citation Matcher

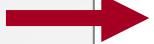
- bereits das Eingeben weniger bibliographischer Angaben genügt für eine exakte Zuordnung

Bsp.: Lee, A.; Van Pelt A.E.; Kane, A.A.; Pilgram, T.K.; Govier, D.P.; Woo A.S.; Smyth M.D. (2010): Comparison of perceptions and treatment practices between neurosurgeons and plastic surgeons for infants with deformational plagiocephaly; J Neurosurg Pediatr 5(4): 368-74.

NCBI Resources How To

PubMed Single Citation Matcher

- Use this tool to find PubMed citations. You may omit any field.
- Journal may be the full title or the title abbreviation.
- For first and last author searching, use smith jc format.

Journal: Date: (month and day are optional)
Volume: Issue: First page:
Author name (see [help](#))
 Only as first author Only as last author
Title words:
 Go Clear



Der Single Citation Matcher

Bsp.: **Lee, A.; Van Pelt A.E.; Kane, A.A.; Pilgram, T.K.; Govier, D.P.; Woo A.S.; Smyth M.D. (2010): Comparison of perceptions and treatment practices between neurosurgeons and plastic surgeons for infants with deformational plagiocephaly; J Neurosurg Pediatr 5(4): 368-74.**

The screenshot shows the PubMed.gov interface. The search bar contains the query: "[Journal of neurosurgery. Pediatrics]"[Jour] AND 5[volume] AND 368[page] AND [PubMed]. The results list the article by Lee et al. (2010) with the title "Comparison of perceptions and treatment practices between neurosurgeons and plastic surgeons for infants with deformational plagiocephaly." The abstract, author information, and journal details are visible below the title.

NCBI Resources How To

PubMed.gov U.S. National Library of Medicine National Institutes of Health

Search: PubMed RSS Save search Limits Advanced search Help

[Journal of neurosurgery. Pediatrics]"[Jour] AND 5[volume] AND 368[page] AND [PubMed] Search Clear

Display Settings: Abstract Send to:

J Neurosurg Pediatr. 2010 Apr;5(4):368-74.

Comparison of perceptions and treatment practices between neurosurgeons and plastic surgeons for infants with deformational plagiocephaly.

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Abstract

OBJECT: Deformational plagiocephaly (DP) is the leading cause of head shape abnormalities in infants. Treatment options include conservative measures and cranial molding. Pediatric neurosurgeons and craniofacial plastic surgeons have yet to agree on an ideal therapy, and no definable standards exist for initiating treatment with helmets. Furthermore, there may be differences between specialties in their perceptions of DP severity and need for helmet therapy. METHODS: Requests to participate in a web-based questionnaire were sent to diplomates of the American Board of Pediatric Neurological Surgery and US and Canadian members of the Pediatric Joint Section of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons and the American Cleft Palate-Craniofacial Association. Questions focused on educational background; practice setting; volume of DP patients; preferences for evaluation, treatment, follow-up; and incentives or deterrents to treat with helmet therapy. Six examples of varying degrees of DP were presented to delineate treatment preferences. RESULTS: Requests were sent to 302 neurosurgeons and 470 plastic surgeons, and responses were received from 71 neurosurgeons (24%) and 64 plastic surgeons (14%). The following responses represented the greatest variations between specialties: 1) 8% of neurosurgeons and 26% of plastic surgeons strongly agreed with the statement that helmet therapy is more beneficial than conservative therapy ($p < 0.01$); and 2) 25% of neurosurgeons and 58% of plastic surgeons would treat moderate to severe DP with helmets ($p < 0.01$). CONCLUSIONS: Survey responses suggest that neurosurgeons are less likely to prescribe helmet therapy for DP than plastic surgeons. Parents of children with DP are faced with a costly treatment decision that may be influenced more strongly by referral and physician bias than medical evidence.

PMID: 20367342 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms