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**The distributed pattern of the neurovascular structures under clavicle to minimize structural injury in clinical field: Anatomical study**

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The clavicle is one of the most commonly fractured bones in the human body. Fractures of the clavicle account for 5%-12% of all fractures and 35-44% of injuries to the shoulder girdle. Approximately 81% of these fractures occur in the middle third of the clavicle and are usually accompanied with displacement by the deforming forces from the muscular attachments. These fractures can often be managed by an arm sling or splint with pain medicine; however, the non-operative management of all clavicular fractures has not good outcomes such as high rates of non-union and symptomatic malunion with shortening. Open Reduction and Internal Fixation (ORIF) for a clavicle fracture is performed for a displaced fracture; the pieces of broken bone are not lined up correctly. During an open reduction, the bone pieces back into their proper alignment; then, the bones are connected back in place with hardware, it is called internal fixation. ORIF of clavicle still has potential complications. There are few references to the neurovascular structures of the clavicle. However, the delicately dissected study, even small nerve and vessels investigated are difficult to find. This study investigated the location and distributed pattern of the neurovascular structures Existing in superior and inferior of clavicle by detailed dissection.

**Biography**

Je Hun Lee currently working as a professor in Korea National Sport University, South Korea. His major interest involves clinical anatomy. His recent research is about characteristics of muscle specificity by integrating the data from the musculoskeletal system using muscle staining and electromyogram to develop rehabilitation in sports science.

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