David N Herndon

List of Publications by Year
in descending order

52 papers	6,947 citations	87401 40 h-index	198040 52 g-index
52 all docs	52 docs citations	52 times ranked	4035 citing authors

#	Article	IF	Citations
1	One-Year Comparison of a Community-Based Exercise Program Versus a Day Hospitalâ€“Based Exercise Program on Quality of Life and Mental Health in Severely Burned Children. Archives of Physical Medicine and Rehabilitation, 2020, 101, S26-S35.	0.5	7
2	Current problems in burn hypermetabolism. Current Problems in Surgery, 2020, 57, 100709.	0.6	18
3	Contemporary Burn Survival. Journal of the American College of Surgeons, 2018, 226, 453-463.	0.2	54
4	Effects of different duration exercise programs in children with severe burns. Burns, 2017, 43, 796-803.	1.1	24
5	Body Composition Changes in Severely Burned Children During ICU Hospitalization*. Pediatric Critical Care Medicine, 2017, 18, e598-e605.	0.2	16
6	Reversal of Growth Arrest With the Combined Administration of Oxandrolone and Propranolol in Severely Burned Children. Annals of Surgery, 2016, 264, 421-428.	2.1	39
7	Human and Mouse Brown Adipose Tissue Mitochondria Have Comparable UCP1 Function. Cell Metabolism, 2016, 24, 246-255.	7.2	93
8	The use of skin substitutes and burn careâ€”a survey. Journal of Surgical Research, 2016, 201, 293-298.	0.8	34
9	Browning of Subcutaneous White Adipose Tissue in Humans after Severe Adrenergic Stress. Cell Metabolism, 2015, 22, 219-227.	7.2	331
10	Association of Postburn Fatty Acids and Triglycerides with Clinical Outcome in Severely Burned Children. Journal of Clinical Endocrinology and Metabolism, 2013, 98, 314-321.	1.8	39
11	Burn-Induced Cardiac Dysfunction Increases Length of Stay in Pediatric Burn Patients. Journal of Burn Care and Research, 2013, 34, 413-419.	0.2	25
12	Amino acid infusion fails to stimulate skeletal muscle protein synthesis up to 1 year after injury in children with severe burns. Journal of Trauma and Acute Care Surgery, 2013, 74, 1480-1485.	1.1	20
13	The Effect of Ketoconazole on Post-Burn Inflammation, Hypermetabolism and Clinical Outcomes. PLoS ONE, 2012, 7, e35465.	1.1	24
14	Five-Year Outcomes after Oxandrolone Administration in Severely Burned Children: A Randomized Clinical Trial of Safety and Efficacy. Journal of the American College of Surgeons, 2012, 214, 489-502.	0.2	111
15	Propranolol decreases cardiac work in a dose-dependent manner in severely burned children. Surgery, 2011, 149, 231-239.	1.0	71
16	Long-term oxandrolone treatment increases muscle protein net deposition via improving amino acid utilization in pediatric patients 6 months after burn injury. Surgery, 2011, 149, 645-653.	1.0	35
17	EXTENT AND MAGNITUDE OF CATECHOLAMINE SURGE IN PEDIATRIC BURNED PATIENTS. Shock, 2010, 33, 369-374.	1.0	99
18	The use of exenatide in severely burned pediatric patients. Critical Care, 2010, 14, R153.	2.5	40

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19	Abnormal Insulin Sensitivity Persists up to Three Years in Pediatric Patients Post-Burn. Journal of Clinical Endocrinology and Metabolism, 2009, 94, 1656-1664.	1.8	162
20	The Hypermetabolic Response to Burn Injury and Interventions to Modify this Response. Clinics in Plastic Surgery, 2009, 36, 583-596.	0.7	177
21	Urinary Cortisol and Catecholamine Excretion after Burn Injury in Children. Journal of Clinical Endocrinology and Metabolism, 2008, 93, 1270-1275.	1.8	57
22	Pathophysiologic Response to Severe Burn Injury. Annals of Surgery, 2008, 248, 387-401.	2.1	510
23	Insulin Sensitivity is Related to Fat Oxidation and Protein Kinase C Activity in Children With Acute Burn Injury. Journal of Burn Care and Research, 2008, 29, 585-594.	0.2	12
24	Insulin Resistance Postburn: Underlying Mechanisms and Current Therapeutic Strategies. Journal of Burn Care and Research, 2008, 29, 683-694.	0.2	93
25	Effects of a 12-Week Rehabilitation Program With Music & Exercise Groups on Range of Motion in Young Children With Severe Burns. Journal of Burn Care and Research, 2008, 29, 939-948.	0.2	48
26	Insulin Sensitivity and Mitochondrial Function Are Improved in Children With Burn Injury During a Randomized Controlled Trial of Fenofibrate. Annals of Surgery, 2007, 245, 214-221.	2.1	99
27	Effect of insulin on the inflammatory and acute phase response after burn injury. Critical Care Medicine, 2007, 35, S519-S523.	0.4	73
28	Longitudinal assessment of Integra in primary burn management: A randomized pediatric clinical trial*. Critical Care Medicine, 2007, 35, 2615-2623.	0.4	176
29	Role of fat metabolism in burn trauma-induced skeletal muscle insulin resistance. Critical Care Medicine, 2007, 35, S476-S483.	0.4	58
30	PPAR-Î± agonism improves whole body and muscle mitochondrial fat oxidation, but does not alter intracellular fat concentrations in burn trauma children in a randomized controlled trial. Nutrition and Metabolism, 2007, 4, 9.	1.3	49
31	Comparison of Peripheral Metabolic Effects of Insulin and Metformin Following Severe Burn Injury. Journal of Trauma, 2005, 59, 316-323.	2.3	45
32	Post burn muscle wasting and the effects of treatments. International Journal of Biochemistry and Cell Biology, 2005, 37, 1948-1961.	1.2	174
33	Support of the metabolic response to burn injury. Lancet, The, 2004, 363, 1895-1902.	6.3	475
34	Metformin Blunts Stress-Induced Hyperglycemia after Thermal Injury. Journal of Trauma, 2003, 54, 555-561.	2.3	65
35	Effects of Early Excision and Aggressive Enteral Feeding on Hypermetabolism, Catabolism, and Sepsis after Severe Burn. Journal of Trauma, 2003, 54, 755-764.	2.3	153
36	Inverse Regulation of Protein Turnover and Amino Acid Transport in Skeletal Muscle of Hypercatabolic Patients. Journal of Clinical Endocrinology and Metabolism, 2002, 87, 3378-3384.	1.8	142

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37	Effects of Delayed Wound Excision and Grafting in Severely Burned Children. Archives of Surgery, 2002, 137, 1049.	2.3	151
38	Propranolol Decreases Splanchnic Triacylglycerol Storage in Burn Patients Receiving a High-Carbohydrate Diet. Annals of Surgery, 2002, 236, 218-225.	2.1	66
39	Efficacy of a high-carbohydrate diet in catabolic illness. Critical Care Medicine, 2001, 29, 1318-1324.	0.4	113
40	Fatty Infiltration of the Liver in Severely Burned Pediatric Patients: Autopsy Findings and Clinical Implications. Journal of Trauma, 2001, 51, 736-739.	2.3	113
41	Reversal of Catabolism by Beta-Blockade after Severe Burns. New England Journal of Medicine, 2001, 345, 1223-1229.	13.9	626
42	Determinants of Skeletal Muscle Catabolism After Severe Burn. Annals of Surgery, 2000, 232, 455-465.	2.1	301
43	A Submaximal Dose of Insulin Promotes Net Skeletal Muscle Protein Synthesis in Patients With Severe Burns. Annals of Surgery, 1999, 229, 11-18.	2.1	210
44	Lipolysis in Burned Patients Is Stimulated by the Î²2-Receptor for Catecholamines. Archives of Surgery, 1994, 129, 1301.	2.3	95
45	Early Burn Wound Excision Significantly Reduces Blood Loss. Annals of Surgery, 1990, 211, 753-762.	2.1	182
46	Differentiation between septic and postburn insulin resistance. Metabolism: Clinical and Experimental, 1989, 38, 983-989.	1.5	187
47	Improved myocardial oxygen utilization following propranolol infusion in adolescents with postburn hypermetabolism. Journal of Pediatric Surgery, 1989, 24, 806-811.	0.8	63
48	A Comparison of Conservative Versus Early Excision. Annals of Surgery, 1989, 209, 547-553.	2.1	430
49	Dynamics of the protein metabolic response to burn injury. Metabolism: Clinical and Experimental, 1988, 37, 330-337.	1.5	168
50	Effect of Severe Burn Injury on Substrate Cycling by Glucose and Fatty Acids. New England Journal of Medicine, 1987, 317, 403-408.	13.9	445
51	Biosynthetic Skin Substitute versus Frozen Human Cadaver Allograft for Temporary Coverage of Excised Burn Wounds. Journal of Trauma, 1987, 27, 155-157.	2.3	50
52	Failure of TPN Supplementation to Improve Liver Function, Immunity, and Mortality in Thermally Injured Patients. Journal of Trauma, 1987, 27, 195-204.	2.3	99