The Role of Anatomage Table® in Anatomy Education for Health Science Students: A Rapid Review

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Introduction

Anatomy is a foundational subject for all healthcare professionals. Recent technological advancements have significantly transformed anatomy instruction, leading to the integration of numerous web applications and virtual resources.

Anatomage Table® is an advanced 3D anatomy education system based on real human data that has been used prevalently by institutions.

Anatomical sciences education has undergone several changes with reduction of total hours in gross anatomy leading to wide adoption of technology resources (Drake et al., 2009)

Available literature on virtual dissection tables are heterogenous in design and outcomes. Also, the effectiveness regarding their outcomes are still contested (Bork et al., 2019; Darras et al., 2021; Wilson et al., 2018)

Aim

Overarching question:

What does the existing literature say about the role of Anatomage Table in teaching anatomy to health science students?"

The following were the sub questions:

i. what are the students' perceptions related to the use of Anatomage Table in learning anatomy?
ii. what are the faculty perceptions related to the use of Anatomage Table in teaching anatomy?
iii. how Anatomage Tables enhanced the acquisition and retention of anatomical knowledge?
iv. how effective Anatomage Table was when compared to other technological tools available to teach/learn anatomy?

Methods & Results

PubMed, ProQuest, Google Scholar, and Wiley Online Library databases were searched for the published literature related to Anatomage Table between 2016 and 2025.

The search yielded 111 articles, of which 63 studies spanning 30+ countries were included in the study. The majority of the study involved medical students. Study designs were heterogenous, dominated by cross-sectional surveys and quasi-experimental pre-/post-test designs.

Students perceptions on Anatomage Tables were positive, however they supported the assertion that the virtual dissection table is a supplement, rather than a replacement of cadaveric dissection.

Students in several studies reported increased engagement, enjoyment, and motivation; self-reported achievement of learning objectives were high and ranged between 74 – 98%.

Very few studies explored faculty perceptions, and they reported that faculty view the table as a valuable educational technology and complementary resource to cadavers.

Multiple studies reported statistically significant improvements in test scores in the groups exposed to Anatomage when compared to cadaver-only, textbook only, or lecture only groups.

Very few studies compared Anatomage Table with other digital or technological anatomy resource and findings were mixed.

Results

Summary of Available Evidence by Sub-Question

Sub-Question	Key Synthesis Point
Student perceptions	Strongly positive (70% of studies reporting): improved spatial understanding, engagement, and self-efficacy, tempered by usability issues, limited tactile feedback, and access constraints.
Faculty/instructor perceptions	Very limited evidence (6% of studies): faculty view Anatomage as valuable, complementary EdTech with fewer safety/cultural concerns than cadavers but cannot replace cadaveric experience.
Knowledge acquisition & retention	Moderate evidence (52% of studies) Positive short-term knowledge gains reported in most studies, though benefit is topic-dependent and true long-term retention is untested.
Comparative effectiveness vs. other tools	Sparse direct comparisons (6% of studies): Anatomage outperforms textbook/lecture-based methods, is complementary to (not a replacement for) cadaveric dissection, and performs comparably to other digital tables (Sectra, Pirogov) with differing relative strengths.

Discussion & Conclusion

Despite the wide adoption of Anatomage Tables by educational institutions, the literature regarding its effectiveness as a teaching resource is still emerging.

Available literature indicates that Anatomage Tables are superior to lecture-only, textbook only, cadaver-only instructions, comparable to other virtual dissection tables, and inferior to cadaveric dissection.

Strengths: Global level comprehensive review with four sub-questions.

Limitations: Most studies were single-site and small sample studies. Long term retention was not well measured. Low number of comparative studies and faculty perception studies.

References

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