

SCHOOL OF PHYSIOTHERAPY

SELF - DIRECTED LEARNING MODULE ON FUNCTIONAL ANATOMY FOR PHYSIOTHERAPISTS

Part I Lower Limbs

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NOTE: The following objectives are based on notes collated and complied by Dr Karen Ginn, Senior Lecturer, Faculty of Health Sciences, University of Sydney. They have been adapted and modified with permission by Doa El-Ansary for the purposes of postgraduate instruction.

Updates in Anatomy: The Lower Limb

Updates in Anatomy: The Lower Limb

This self directed learning module has been developed to facilitate student revision and preparation for entry into the Masters of Physiotherapy Program at the University of Canberra.

The material outlined in this module forms the basis of the theoretical background in Functional Anatomy that will be assumed knowledge.

The following learning objectives are based on material developed by and complied by Dr Karen Ginn, Senior Lecturer, Faculty of Health Sciences, University of Sydney. They have been adapted and modified with permission by Doa El-Ansary for the purposes of postgraduate instruction.

The objectives are designed to direct and sequence your learning, Material highlighted in **bold print is to be identified practically on dissected specimens or in an anatomical atlas.** Objectives in regular print are to be answered from texts or articles provided in the general or region specific reference lists.

REFERENCES

These are available in the library, but it is strongly recommended you own a copy of a good anatomy text for continuous professional education and reference.

Texts:

Moore,K L and Daley: Clinically Oriented Anatomy (5th Edn), Lippincott, Williams and Wilkins, Baltimore, 2005 (ISBN 0-7817-3639-0)

Drake, R L; Vogl, W and Mitchell, A W M: Gray's Anatomy for Students. Elsevier, 2005 ISBN (0-443-07168-3)

Palastanga, N; Field, D and Soames, R: Anatomy and Human Movement (4th Edn), 2002. ISBN (0-7506-5241-1)

Atlases:

Rohen, J W; Yokochi, C and Drecoll, E L: Colour Atlas of Human Anatomy (5th Edn), 1993. Lippincott, Williams and Wilkins. ISBN (0-7817-3194-1)

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Abrahams, P H: Marks, S C and Hutchings, R T: McMinn's Colour Atlas of Human Anatomy, 2003. Mosby. ISBN (0-7234-3212-0)

URL:

Figures within referenced to:

http://education.yahoo.com/reference/gray/subjects/

and

http://www.bartleby.com/107/

1. INTRODUCTORY OSTEOLOGY

- 1.1. Define the anatomical position
- 1.2. Define the following terms of position and direction which are related to the standardised anatomical positions:
 - 1.2.1. median (midsagittal) plane
 - 1.2.2. sagittal plane
 - 1.2.3. coronal (frontal) plane
 - 1.2.4. horizontal (transverse) plane
 - 1.2.5. anterior; posterior (ventral; dorsal)
 - 1.2.6. superior; inferior (rostral/cephalic; caudal)
 - 1.2.7. medial; lateral
 - 1.2.8. proximal; distal
 - 1.2.9. superficial; deep
 - 1.2.10. palmar; dorsal
 - 1.2.11. plantar; dorsal

- 1.3. Classify bones according to shape and give an example of each type.
 - 1.3.1. Long
 - 1.3.2. Short(cuboid)
 - 1.3.3. Flat
 - 1.3.4. Irregular
 - 1.3.5. Sesamoid

- 1.4. Draw a typical long bone and Illustrate the following features:
 - 1.4.1. diaphysis
 - 1.4.2. metaphysis
 - 1.4.3. epiphysis
 - 1.4.4. articular surfaces

1.5. Describe and state the functions of bony markings and find an example of each type of marking.

1.5.2. Crest

1.5.3. Epiondyle

1.5.4. Process

1.5.5. Line

1.5.6. Lamina

1.5.7. Spine

1.5.8. Tuberosity

1.5.9. Trochanter

1.5.10. Trochlear

1.5.11. Facet

1.5.12. Canal

1.5.13. Fissure

1.5.14. Foramen

1.5.15. Groove

1.5.16. Meatus

1.5.17. Fossa

1.5.18. Notch

1.5.19. Sulcus

2. INTRODUCTORY ARTHROLOGY

- 2.1. Define a joint or articulation.
- 2.2. Describe the general structure and the relative amount of movement available at each of the following types of joints, and give an example:
 - 2.2.1. fibrouscartilaginous
 - 2.2.2. hyaline and fibrocartilaginous
 - 2.2.3. synovial
- 2.3. Classify synovial joints, and give an example, according to:
 - 2.3.1. structure
 - 2.3.2. hinge
 - 2.3.3. pivot
 - 2.3.4. ellipsoid
 - 2.3.5. condyloid
 - 2.3.6. saddle
 - 2.3.7. ball & socket (plane/gliding)
 - 2.3.8. degrees of freedom
 - 2.3.9. uniaxial
 - 2.3.10. biaxial
 - 2.3.11. multiaxial

	2.3.12.	complexity of organisation (shape of articular surfaces, number of mating pairs).
2.4.	Describe 3 prine 2.4.1. 2.4.2. 2.4.3.	cipal axes of motion about synovial joints.
2.5.	Define and dem joints: 2.5.1.	nonstrate the following types of movement about synovial active
	2.5.2.	passive (physiological; accessory)
2.6.		wing terms with respect to the ways in which articular in relation to each other spin
	2.6.2.	roll
	2.6.3.	glide
2.7.	Describe the ch	paracteristics of the "close-packed" position of a joint.
2.8.	List the anatomic	cal features which can limit movement at a joint.

ACTIVITIES

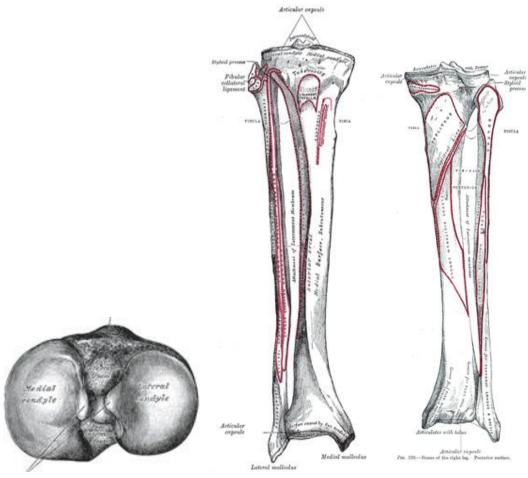
>	Discuss the advantages and disadvantages of the types of joint classification schemes.
>	Define and list the functions of: o Bursae
	o Discs
	o ligaments
DEEE	DENICES
KEFE	RENCES
	ms, P. L., Warwick, R., Dyson, M., Bannister, L. H. (ed) <i>Grays Anatomy</i> , 37th n, Churchill Livingstone,1989. (Highly recommended)
http://ed	ducation.yahoo.com/reference/gray/subjects/
http://w	www.bartleby.com/107/

3. BONES AND JOINTS OF THE LEG AND FOOT

3.1. Identify, classify and orientate the tibia.

3.2. On the tibia identify:

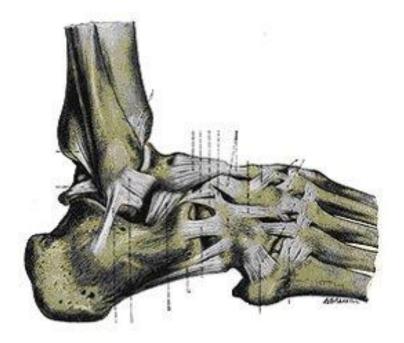
3.2.1.	shaft
3.2.2.	borders (interosseus, anterior, medial)
3.2.3.	surfaces (medial/subcutaneous, lateral, posterior)
3.2.4.	soleal line
3.2.5.	popliteal surface
3.2.6.	distal end
3.2.7.	medial malleolus
3.2.8.	articular surface
3.2.9.	fibular notch
3.2.10.	groove for tibialis posterior



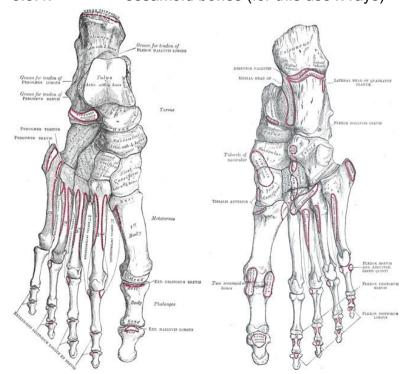
Activity: Identify these bones, and the view (ie. Anterior or posterior)

- 3.3. Identify and classify the fibula.
- 3.4. On the fibula identify:
 - 3.4.1. shaft
 - 3.4.2. interosseus border
 - 3.4.3. distal end
 - 3.4.4. lateral malleolus
 - 3.4.5. articular surface
 - 3.4.6. malleolar fossa
 - 3.4.7. groove for peroneal tendons
- 3.5. Classify the superior tibiofibular joint and describe its movements.
- 3.6. Classify the inferior tibiofibular joint and describe its anterior, posterior and interosseus tibiofibular ligaments.





- 3.7. Identify and describe the functions of the interosseus membrane.
- 3.8. Identify the bony groups in the articulated foot:
 - 3.8.1. 7 tarsals
 - 3.8.2. 5 metatarsals
 - 3.8.3. 14 phalanges
 - 3.8.4. sesamoid bones (for this use x-rays)



3.9. On the calcaneus label the: 3.9.1. sustenaculum tali 3.9.2. tuberosity (medial and lateral processes) 3.9.3. groove for flexor hallucis longus 3.9.4. sulcus calcanei 3.10. On the talus label the: 3.10.1. sulcus tali 3.10.2. head 3.10.3. body (trochlea) 3.11. On the navicular label the navicular tuberosity 3.12. On the cuboid, label the groove for peroneus longus 3.13. Label lateral, medial and intermediate cuneiform 3.14. On the metatarsals identify: 3.14.1. base 3.14.2. shaft 3.14.3. head 3.14.4. tuberosity on fifth metatarsal 3.15. On the proximal phalanx of the second toe, label the 3.15.1. base 3.15.2. shaft 3.15.3. head 3.16. Label the middle phalanx 3.17. Label the distal phalanx 3.18. List the bones constituting the medial and lateral arches of the foot. 3.19. Classify the ankle (talocrural) joint and identify and describe its: 3.19.1. articular surfaces 3.19.2. joint capsule

3.20.	3.20.1. me	dial (deltoid)	ictions
	3.20.2. ant	erior talofibular	
	3.20.3. pos	sterior talofibular	
	3.20.4. cal	caneofibular	
3.21.	Describe and demo	nstrate movements	at the ankle joint.
3.22.	State the close-pac	ked position of the a	ankle joint.
3.23.	Describe, demonstr movements of evers		functional significance of the
3.24.	Identify, classify, lis following joints:	t the movements an	nd describe certain features of the What direction does it move?
	Subtalar	Classify it	What direction does it move:
	Talocalcaneonavicu	lar	
	Calcaneocubiod		
	Calcaneocuboid		
	cuneometatarsal of great toe		
	metatarsophalangea	al	
	Interphalangeal		

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3.25. Identify the following important ligaments of the foot. What is their function?

3.25.1.	spring	(plantar	calcaneonavicular)
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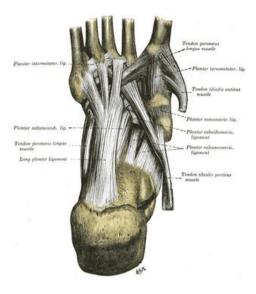
3.25.2. bifurcate

3.25.3. dorsal talonavicular

3.25.4. short plantar (plantar calcaneocuboid)

3.25.5. long plantar

3.25.6. bifurcate (lateral)



3.26. State the close-packed position of the tarsal joints.

3.27. Identify the following ligaments of the toes, and describe their function

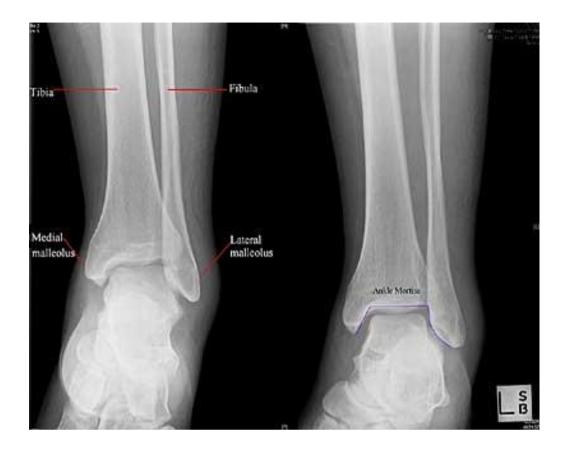
3.27.1. collateral

3.27.2. plantar

3.27.3. deep transverse metatarsal

3.27.4. extensor aponeurosis

3.28. Interpret radiographs of the ankle and foot. On x-rays of the foot label each bone.



Updates in Anatomy: The Lower Limb



4. MUSCLES OF THE LEG AND FOOT

4.1. Identify, describe attachments and deduce the actions of these muscles:

Muscles	Origin	Insertion	Action
Anterior group			
tibialis anterior			
extensor hallucis longus			
extensor digitorum longus			
peroneus tertius			
Lateral group			
peroneus longus			
peroneus brevis			
Posterior group			
gastrocnemius			
soleus			
plantaris			
popliteus			
tibialis posterior			
flexor digitorum longus			
flexor hallucis longus			

4.2. List the muscles involved in each of the following movements:

Plantarflexion	
Dorsiflexion	
Inversion	
Eversion	

- 4.3. Identify the extensor, flexor and peroneal retinacula and describe the functions of retinacula.
- 4.4. Describe the position and extent of tendon synovial sheaths at the ankle and in the foot.
- 4.5. Identify, briefly describe attachments and define the actions of the following intrinsic muscles of the foot:

Muscle	Origin	Insertion	Action
Dorsal surface			
extensor digitorum brevis			
extensor hallucis			
plantar surface (sole)			
First layer			
flexor digitorum brevis			
abductor hallucis			
abductor digiti minimi			
Second layer			
quadratus plantae (flexor accessorius)			
lumbricals (4)			

Third layer		
flexor hallucis brevis		
adductor hallucis		
flexor digiti minimi		
Fourth layer		
dorsal interossei (4)		
plantar interossei (3)		

- 4.6. Identify and describe the structure and function of the extensor mechanism of the toes.
- 4.7. Describe the role of interossei and lumbricals in preventing claw toe deformities.
- 4.8. List the factors involved in maintaining the arches of the foot in locomotion and static support.
- 4.9. Describe the functions of the arches of the foot.

ACTIVITIES

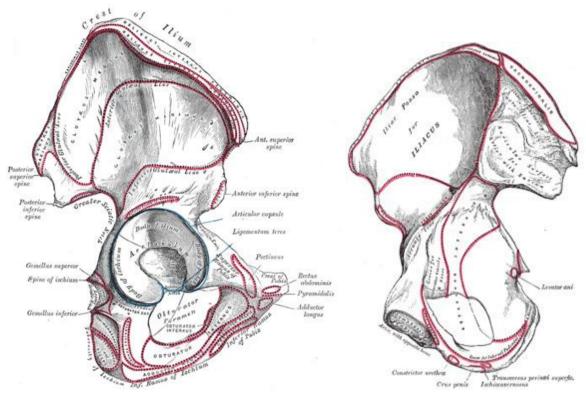
Summarise features related to the arches of the foot by completing the following chart:

ARCH	BONES INVOLVED	FACTORS INVOLVED IN
		ARCH MAINTENANCE

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5. HIP AND KNEE JOINTS

- 5.1. Identify and classify the bones of the pelvic girdle:
 - 5.1.1. ilium
 - 5.1.2. pubis
 - 5.1.3. iscium
 - 5.1.4. sacrum
 - 5.1.5. coccyx
- 5.2. Delineate the three component bony parts of the isolated hip bone: ilium, ischium, pubis.

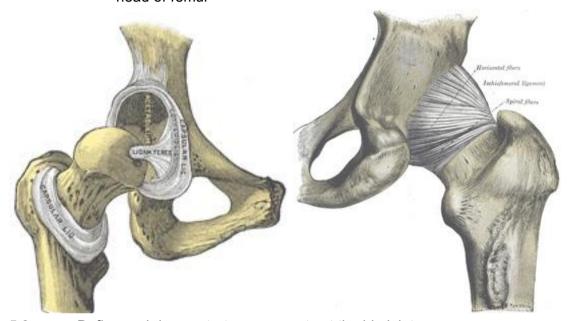


- 5.3. On the ilium identify:
 - 5.3.1. iliac fossa
 - 5.3.2. iliac crest and tubercle of the iliac crest
 - 5.3.3. gluteal surface
 - 5.3.4. gluteal lines (inferior, anterior, posterior)
 - 5.3.5. arcuate line
 - 5.3.6. auricular surface
 - 5.3.7. iliac tuberosity
 - 5.3.8. iliac spines:
 - 5.3.8.1. anterior superior
 - 5.3.8.2. anterior inferior
 - 5.3.8.3. posterior superior
 - 5.3.8.4. posterior inferior

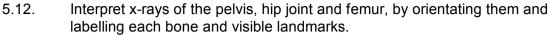
- 5.4. On the ischium identify:
 - 5.4.1. Body
 - 5.4.2. Ramus
 - 5.4.3. ischial spine
 - 5.4.4. ischial tuberosity
 - 5.4.5. lesser sciatic notch
- 5.5. On the pubis identify:
 - 5.5.1. body
 - 5.5.2. rami (superior, inferior)
 - 5.5.3. pubic crest
 - 5.5.4. pubic tubercle
 - 5.5.5. pectineal line
 - 5.5.6. symphyseal surface
- 5.6. Identify the following features of the hip bone and name the component bones involved in each:
 - 5.6.1. acetabulum
 - 5.6.2. acetabular notch
 - 5.6.3. acetabular fossa
 - 5.6.4. obturator foramen
 - 5.6.5. greater sciatic notch
 - 5.6.6. ischiopubic ramus
 - 5.6.7. iliopubic eminence
- 5.7. Orientate the hip joint.
- 5.8. Classify the hip joint and identify and describe its:
 - 5.8.1. articular surfaces
 - 5.8.2. joint capsule

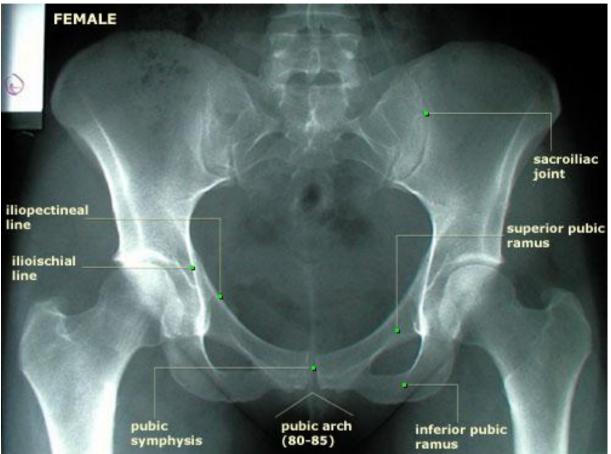
5.8.3. ligaments

- iliofemoral
- ischiofemoral
- pubofemoral
- transverse acetabular
- head of femur



- 5.9. Define and demonstrate movements at the hip joint.
- 5.10. Describe the specific function(s) of the following features of the hip joint:
 - 5.10.1. joint capsule
 - 5.10.2. acetabular labrum
 - 5.10.3. iliofemoral ligament
 - 5.10.4. ischiofemoral ligament
 - 5.10.5. pubofemoral ligament
 - 5.10.6. ligament of the head of femur
- 5.11. State the close-packed position of the hip and knee joints.



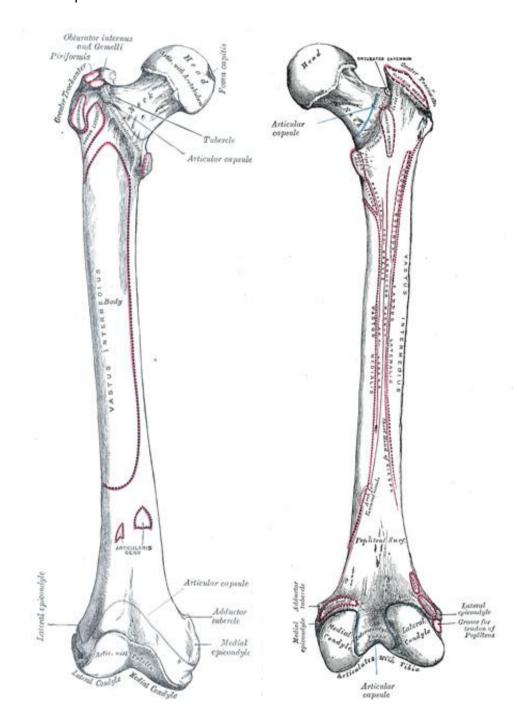


www.dartmouth.edu/.../radiographs4.html

- 5.13. Identify and classify the femur.
- 5.14. Identify the following bony landmarks:
 - 5.14.1. fovea capitis
 - 5.14.2. neck
 - 5.14.3. greater and lesser trochanters
 - 5.14.4. trochanteric fossa
 - 5.14.5. intertrochanteric line
 - 5.14.6. shaft
 - 5.14.7. linea aspera
 - 5.14.8. medial and lateral condyles
 - 5.14.9. medial and lateral epicondyles
 - 5.14.10. adductor tubercle
 - 5.14.11. intercondylar fossa

5.14.12. popliteal surface

5.14.13. patella surface

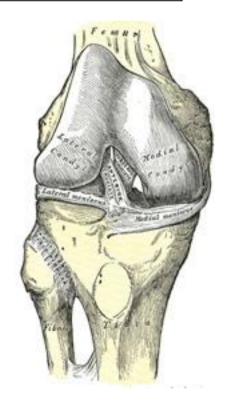


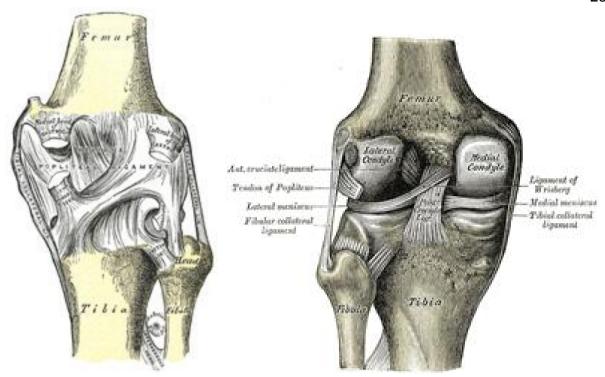
- 5.15. Identify, classify and state the functions of the patella.
 - 5.15.1. anterior surface
 - 5.15.2. articular surface
 - 5.15.3. apex
- 5.16. Classify the knee joint and identify and label its:
 - 5.16.1. articular surfaces (both tibiofemoral and patellofemoral components)
 - 5.16.2. joint capsule

5.17. Identify and label these ligaments, what is their function

Ligament	Function
patella ligament	
patella retinacula	
medial (tibial collateral)	
lateral (fibular collateral)	
anterior cruciate	
posterior cruciate	
posterior meniscofemoral	
coronary	
transverse	

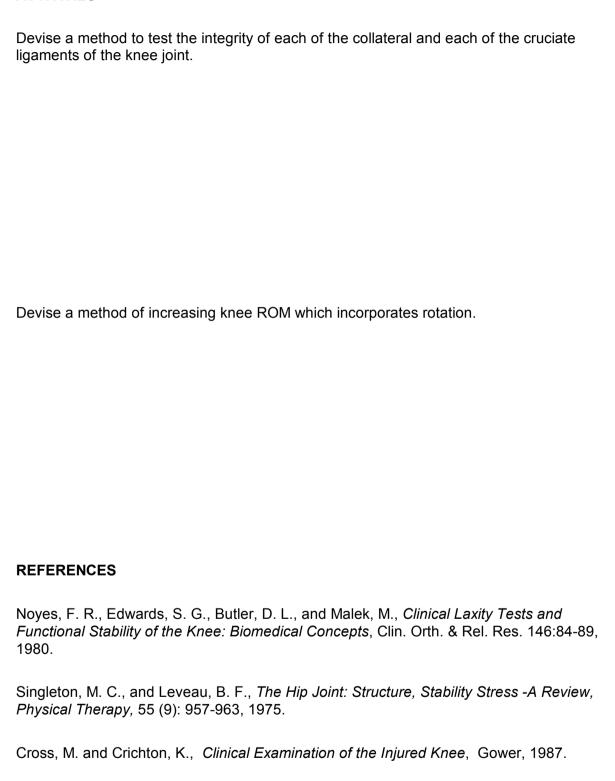






- 5.18. Identify and label
 - 5.18.1. the medial and lateral menisci
 - 5.18.2. Intrapatellar pad of fat
- 5.19. Describe and demonstrate the movements of the knee joint:
 - 5.19.1. flexion/extension
 - 5.19.2. medial/lateral rotation
- 5.20. Deduce the specific function(s) of each of the ligaments and articular discs in objective
- 5.21. Describe the "locking mechanism" at the knee joint and its functional significance.
- 5.22. Interpret x-rays of the knee joint, by orientating them, labelling bones and visible landmarks.

ACTI	VIT	TES
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6. MUSCLES OF THE THIGH AND GLUTEAL REGION

6.1 Identify, describe attachments and deduce the actions of the muscles of the gluteal region:

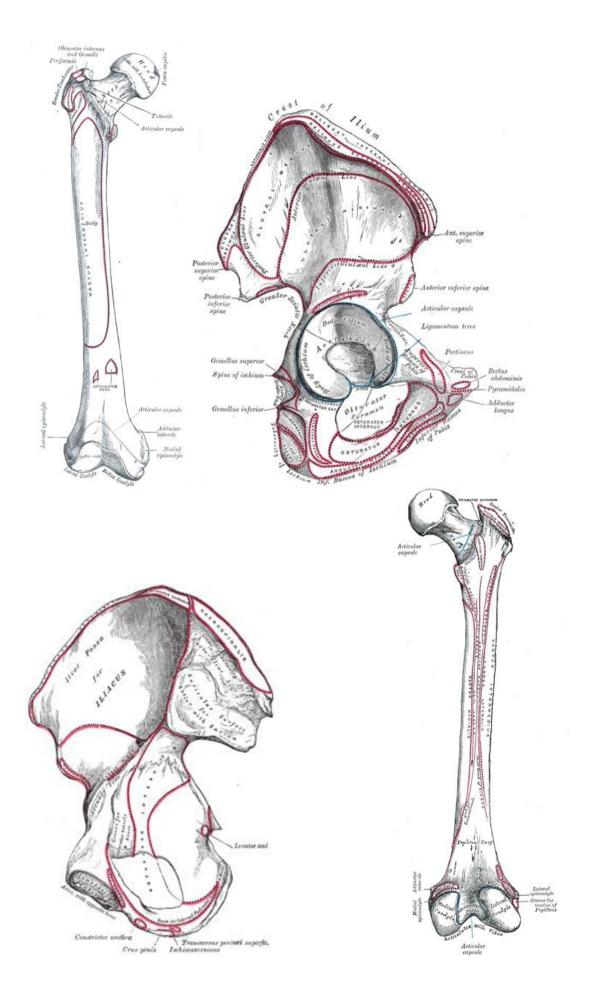
Muscle	Origin	Insertion	Action
Gluteus maximus			
Gluteus medius			
Gluteus minimus			
Tensor fascia lata			

- 6.1. Identify and describe the functions of the:
 - 6.1.1. fascia lata
 - 6.1.2. iliotibial tract (band)
- 6.2. Identify, describe the attachments and deduce the actions of the iliopoas muscle (comprising psoas major and iliacus).
- 6.3. Identify and describe the attachments of the six small lateral rotators of the hip joint:

Muscle	Origin	Insertion	Action
pirformis			
obturator internus			
superior gemellus			
inferior gemellus			
quadratus femoris			
obturator externus			

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Activity: Colour the muscle origins and insertions on the pelvis and femur, and label them.

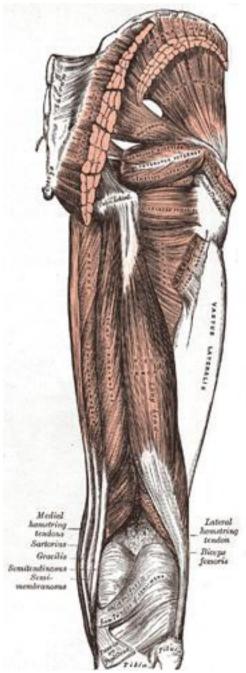


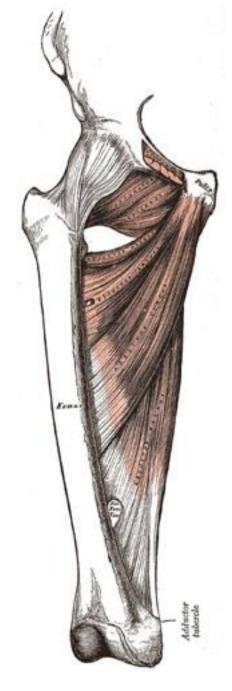
6.4. Identify, describe the attachments and deduce the actions of the muscles of the thigh:

ungn.			
Anterior Group	Origin	Insertion	Action
(Quadriceps)			
sartorius			
rectus femoris			
vastus lateralis			
vastus intermedius			
vastus medialis			
Posterior Group (hamstrings)			
biceps femoris			
semitendinosus			
semimembranosu s			
Medial Group			
(Adductors)			
gracilis			
pectineus			
adductor longus			
adductor brevis			
adductor magnus			

- 6.5. Identify and state the boundaries of the femoral triangle and adductor canal.
- 6.6. List the groups of muscles involved in each individual movement at the hip joint and the knee joint.
- 6.7. List the features responsible for maintaining stability at the hip and knee joints.

- 6.8. Explain why clinical ligament laxity tests do not always indicate ligament rupture.
- 6.9. Describe the effect on joint range of muscles which cross both hip and knee joints, ie. "two-joint muscles".
- 6.10. Describe and illustrate Lombard's paradox.
- 6.11. Describe Trendelenberg's sign, (ie. describe the function of the hip abductors during one-footed stance).





ACTIVITIES

Discuss the factors which confer stability at the hip and knee joint. Discuss "two joint muscles":

- (i) their effect on joint range (observe the active range of movement of the hip joint when the knee is extended and when it is flexed);
- (ii) their role in co-ordinated movements about the hip and knee joints.

Describe and demonstrate the Trendelenberg sign.

REFERENCES

Speakman. H. G. B. and Wisberg, J. *The Vastus Medialis Controversy*, Physiotherapy, 63 (8): 49-254, 1977.

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7. NERVE SUPPLY OF THE LOWER LIMB

- 7.1. Describe the formation and position of the lumbo-sacral plexus and identify some of its peripheral branches:
 - 7.1.1. femoral
 - 7.1.2. saphenous branch of femoral
 - 7.1.3. obturator
 - 7.1.4. sciatic
 - 7.1.5. tibial
 - 7.1.6. common peroneal
 - 7.1.7. superior gluteal
 - 7.1.8. inferior gluteal
 - 7.1.9. superficial peroneal
 - 7.1.10. deep peroneal
 - 7.1.11. sural
 - 7.1.12. medial plantar
 - 7.1.13. lateral plantar
 - 7.1.14. digital
- 7.2. Describe the innervation of the following joints:
 - 7.2.1. hip
 - 7.2.2. knee
 - 7.2.3. ankle
- 7.3. Describe the motor functional loss and deformity resulting from a lesion to the following nerves in the area indicated:
 - 7.3.1. sciatic nerve in greater sciatic notch
 - 7.3.2. tibial nerve in popliteal fossa
 - 7.3.3. common peroneal nerve at head of fibula

ACTIVITIES

•Complete the following chart to summarise the information required in Objective 7.3.

PERIPHERAL NERVE	MOTOR DISTRIBUTION	SENSORY DISTRIBUTION

Summarise the motor and sensory nerve supply to the lower limb by completing the following charts:

NERVE SUPPLY

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AREA OF SKIN	NERVE SUPPLY
Thigh	
- anterior	
- medial	
- posterior	
- lateral	
Leg	
- anterior	
- medial	
- posterior	
- lateral	
Foot	
- dorsum	
- medial	
- sole	
- lateral	

8. BLOOD SUPPLY TO THE LOWER LIMB

- 8.1. Identify:
 - 8.1.1. abdominal aorta
 - 8.1.2. common iliac arteries
 - 8.1.3. external iliac arteries
 - 8.1.4. internal iliac arteries
- 8.2. Identify and describe the course and general areas of supply of the arteries of the lower limb:
 - 8.2.1. superior gluteal
 - 8.2.2. inferior gluteal
 - 8.2.3. obturator
 - 8.2.4. femoral
 - 8.2.5. profunda femoral
 - 8.2.6. popliteal
 - 8.2.7. anterior tibial
 - 8.2.8. posterior tibial
 - 8.2.9. dorsalis pedis
 - 8.2.10. peroneal
 - 8.2.11. medial plantar
 - 8.2.12. lateral plantar
 - 8.2.13. plantar arch
 - 8.2.14. metatarsal
 - 8.2.15. digit
- 8.3. Describe the arrangement of veins of the lower limb into a superficial and deep group and evaluate the functional significance of this arrangement.

- 8.4. Identify the deep veins of the lower limb:
 - 8.4.1. peroneal
 - 8.4.2. anterior tibial
 - 8.4.3. posterior tibial
 - 8.4.4. popliteal
 - 8.4.5. femoral
 - 8.4.6. profunda femoral
 - 8.4.7. Identify and trace the course of the superficial veins of the lower limb:
 - 8.4.8. dorsal venous arch
 - 8.4.9. great (long) saphenous
 - 8.4.10. small (short) saphenous
- 8.5. Identify the veins transporting blood from the lower limb to the heart:
 - 8.5.1. external iliac
 - 8.5.2. common iliac
 - 8.5.3. inferior vena cava

9. SURFACE ANATOMY OF THE LOWER LIMB

- 9.1. Demonstrate on a living subject, the principal bony features of the leg and foot:
 - 9.1.1. tibia
- 9.1.1.1. anterior border
- 9.1.1.2. medial border
- 9.1.1.3. medial surface
- 9.1.1.4. medial malleolus
- 9.1.2. fibula
- 9.1.2.1. lateral malleolus
- 9.1.3. talus
- 9.1.3.1. head (actively dorsiflex and invert the foot. Head of talus articulating with navicular can be felt in depression that appears immediately in front of the lateral malleolus)
- 9.1.4. calcaneus
 - 9.1.4.1. sustenaculum tali (2.5cms below medial malleolus)
- 9.1.5. tuberosity of fifth metatarsal
- 9.1.6. tuberosity of navicular (3cms anteromedial to medial malleolus)
- 9.1.7. medial cuneiform (immediately in front of navicular)
- 9.1.8. heads of metatarsals
- 9.2. Palpate a living subject to identify some features of the joints:
 - 9.2.1. the body of the talus: if felt in passive slight flexion of the foot, just anterior to the distal edge of the front of the tibia, which corresponds to the line of the ankle joint. Note that this line is 3cms above the level of the tip of the lateral malleolus.
 - 9.2.2. Calcaneofibular ligament: the transverse tarsal joint extends from just behind the tip of the lateral malleolus and tuberosity of the fifth metatarsal. Medially it marks the talonavicular joint and laterally the calcaneocuboid joint.
- 9.3. Palpate a living subject to identify the following tendons and muscles by making them stand out against resistance:
 - 9.3.1. gastrocnemius
 - 9.3.2. soleus
 - 9.3.3. tendocalcaneus (achilles' tendon)
 - 9.3.4. tibialis anterior
 - 9.3.5. extensor digitorum longus tendon
 - 9.3.6. extensor digitorum brevis
 - 9.3.7. extensor hallucis longus tendon
 - 9.3.8. extensor hallucis brevis
 - 9.3.9. peroneus longus

- 9.4. Demonstrate on a living subject by palpation some features of the knee joint:
 - 9.4.1. line of the knee joint
 - 9.4.2. patellar ligament
 - 9.4.3. lateral and medial collateral ligaments
- 9.5. Demonstrate on a living subject by palpation some features of the pelvic girdle, hip and knee regions:
 - 9.5.1. pelvic girdle
 - 9.5.2. anterior superior iliac spine (A.S.I.S.)
 - 9.5.3. tubercle of iliac crest (5cm behind A.S.I.S.)
 - 9.5.4. iliac crest
 - 9.5.5. posterior superior iliac spine (indicated by dimple depressions)
 - 9.5.6. ischial tuberosity
 - 9.5.7. femur
 - 9.5.8. greater trochanter
 - 9.5.9. medial and lateral epicondyles
 - 9.5.10. adductor tubercle
 - 9.5.11. tibia
 - 9.5.12. medial and lateral condyles
 - 9.5.13. tibial tuberosity
 - 9.5.14. fibula
 - 9.5.15. head
 - 9.5.16. patella
- 9.6. Demonstrate the following muscles on a living subject by making them stand out against resistance:
 - 9.6.1. gluteus maximus
 - 9.6.2. gluteus medius (in the erect position a hollow, the gluteal depression, is seen below the middle of the iliac crest. Gluteus medius lies in the floor of the depression above the greater trochanter.)
 - 9.6.3. sartorius
 - 9.6.4. femoral triangle
 - 9.6.5. gracilis in floor of the adductor depression posterior to adductor longus extending from the pubic symphysis to the medial side of the knee, where its tendon can be felt.

- 9.6.6. adductor magnus its tendon can be felt in the region of the adductor tubercle.
- 9.6.7. popliteal fossa bounded laterally by the tendon of biceps femoris and medially by the tendon of semitendinosus.
- 9.6.8. semimembranosus superficial in distal 2/3 of posterior thigh where it can be grasped between popliteal fossa and the adductor depression.
- 9.6.9. iliotibial tract marked by lateral depression in erect position.In the region of the knee the iliotibial tract lies anteriorly to thetendon of the long head of biceps femoris.
- 9.6.10. short head of biceps lies in depression between iliotibial tract and long head of biceps femoris in the region of the knee.
- 9.6.11. rectus femoris
- 9.6.12. vastus medialis
- 9.6.13. vastus lateralis
- 9.7. Test the patella tendon and tendoachilles reflexes and deduce the spinal cord segments tested in each reflex.
- 9.8. Palpate the pulses of the lower limb in the following positions:
 - 9.8.1. femoral artery, at the mid-point of the inguinal ligament which attaches to the A.S.I.S. and the pubic tubercle
 - 9.8.2. popliteal artery, in the popliteal fossa
 - 9.8.3. posterior tibial artery, in the hollow between medial malleolus and tendocalcaneus
 - 9.8.4. dorsalis pedis artery, at the lateral side of tendon of extensor hallucis longus

Updates in Anatomy: The Lower Limb

FEEDBACK QUESTIONAIRE

Thank you for assisting in the further development of the Masters of Phsyiotherapy Program at University of Canberra by providing some feedback on this "Self-directed learning module on Functional Anatomy for Physiotherapists".

This learning module was initiated based on feedback from students and staff, that the level of anatomy taught at Australian and overseas universities varies enormously. Students needed to know exactly where their knowledge of functional anatomy was strong enough to proceed with the course, and where it needed further work and study. So one of the aims of the learning module was to provide students with a self-assessment tool. The other was to help students catch up. This Lower Limb anatomy module is part I of 3, including the Upper Limb, and Spine and Pelvis.

Please answer these statements with the degree to which you agree or disagree with the statements:

Updates in Anatomy: The Lower Limb

- The level of functional anatomy studied in my previous degree prepared me sufficiently for the Masters Degree in Physiotherapy
- 2. This module helped me identify the areas I needed to study
- The learning module gave me confidence that the level of anatomy I have studied previously is sufficient for this course.
- 4. The instructions to follow were clear
- 5. The areas of learning covered the anatomy of the lower limb thoroughly
- 6. The areas of learning did not go into enough detail
- 7. The activites did not have enough functional applications
- 8. I would have liked more clinical applications
- 9. This learning module will be a good refernce for me in the future
- 10. It is better to leave the choice of reference text books up to the student, rather than prescribe a single text.
- 11. Other comments:

Please return to Allied Health Administrator by week 7 of semester. Thank you!

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SCHOOL OF PHYSIOTHERAPY

SELF - DIRECTED LEARNING MODULE ON FUNCTIONAL ANATOMY FOR PHYSIOTHERAPISTS

Part II
The Upper Limbs

Ms Doa El-Ansary, BAppSc(Phty) Dr Jennie Scarvell, BAppSc(Phty), PhD

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NOTE: The following objectives are based on notes collated and complied by Karen Ginn, Senior Lecturer, Faculty of Health Sciences, University of Sydney. They have been adapted and modified by Doa El-Ansary for the purposes of postgraduate instruction.

This self directed learning module has been developed to facilitate student revision and preparation for entry into the Masters of Physiotherapy Program at the University of Canberra.

The material outlined in this module forms the basis of the theoretical background in Functional Anatomy that will be assumed knowledge.

The objectives are designed to direct and sequence your learning, Material highlighted in **bold print is to be identified practically on dissected specimens or in an anatomical atlas.** Objectives in regular print are to be answered from texts or articles provided in the general or region specific reference lists.

References

These are available in the library, but it is strongly recommended you own a copy of a good anatomy text for continuous professional education and reference.

Texts:

Moore,K L and Daley: Clinically Oriented Anatomy (5th Edn), Lippincott, Williams and Wilkins, Baltimore, 2005 (ISBN 0-7817-3639-0)

Drake, R L; Vogl, W and Mitchell, A W M: Gray's Anatomy for Students. Elsevier, 2005 ISBN (0-443-07168-3)

Palastanga, N; Field, D and Soames, R: Anatomy and Human Movement (4th Edn), 2002. ISBN (0-7506-5241-1)

Atlases:

Rohen, J W; Yokochi, C and Drecoll, E L: Colour Atlas of Human Anatomy (5th Edn), 1993. Lippincott, Williams and Wilkins. ISBN (0-7817-3194-1)

Abrahams, P H: Marks, S C and Hutchings, R T: McMinn's Colour Atlas of Human Anatomy, 2003. Mosby. ISBN (0-7234-3212-0)

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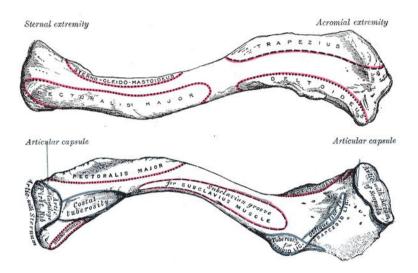
Figures within referenced to:

http://education.yahoo.com/reference/gray/subjects/

http://www.bartleby.com/107/

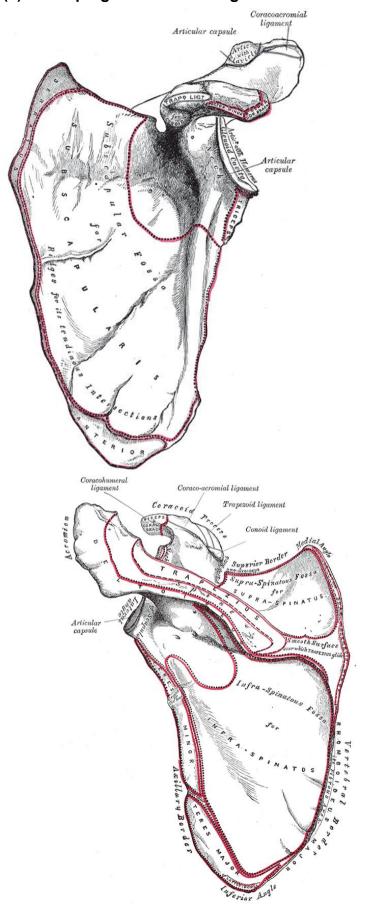
http://www.vh.org/adult/provider/radiology/NormalRadAnatomy/index.html

- 9. BONES, JOINTS, MUSCLES OF THE SHOULDER
- 9.1 Identify and classify the bones of the shoulder girdle; clavicle and scapula.
- 9.2 On the clavicle identify:
 - (i) sternal end
 - (ii) acromial end
 - (iii) impression for the costoclavicular ligament
 - (iv) trapezoid line
 - (v) conoid tubercle



- 9.3 Identify the jugular notch/interclavicular notch between clavicles.
- 9.4 List the functions of the clavicle and state the implications of its "crank like" shape.
- 9.5 On the scapula identify:
 - (i) dorsal surface
 - (ii) costal surface
 - (iii) superior, inferior, lateral borders
 - (iv) superior, inferior, lateral angles
 - (v) spine
 - (vi) acromion and coracoid processes
 - (vii) subscapular, supraspinous, infraspinous fossae
 - (viii) glenoid fossa
 - (ix) suprascapular notch

(x) supraglenoid and infraglenoid tubercles



9.6 On the humerus identify:

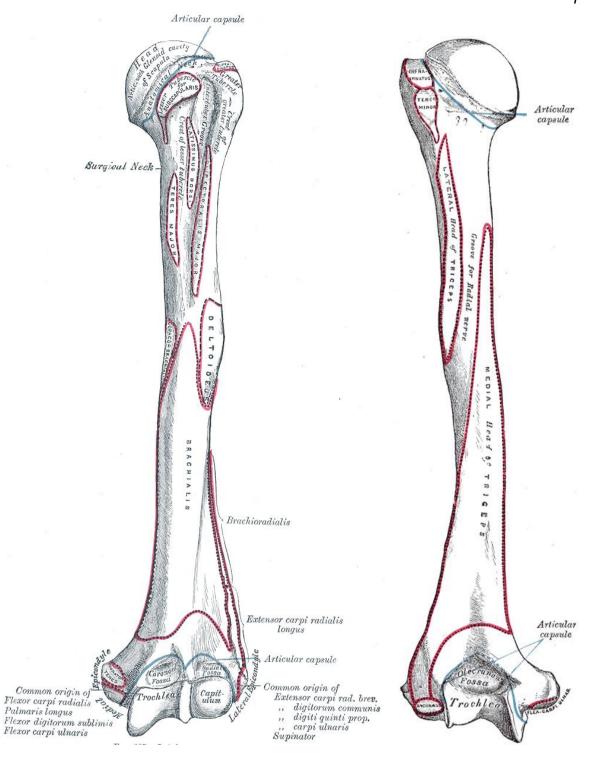
- (i) proximal end
 - head
 - anatomical and surgical necks
 - greater and lesser tubercles
 - bicipital (intertubercular) groove
 - medial and lateral lips of bicipital groove

(ii) shaft

- medial, lateral and posterior surfaces
- (spiral) groove for radial nerve

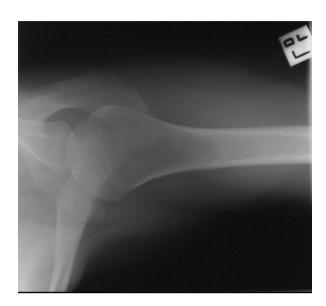
(iii) distal end

- lateral and medial supracondylar ridges
- lateral and medial epicondyles
- capitulum
- trochlea
- olecranon, coronoid and radial fossae



9.6 Interpret x-rays of the shoulder region.



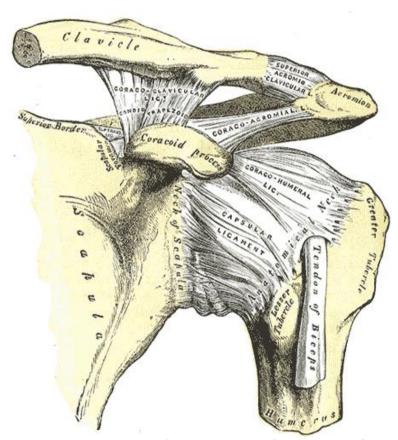


- ♦ Identify the plane of the xray:
- Name the body part, and orientate it (superior, inferior, distal, proximal)
- Name the bones, the bony landmarks, the joint surfaces:
- ♦ Identify the soft tissues visible
- Lastly, look for any abnormalities



9.7 Classify the shoulder (glenohumeral) joint and identify and describe its:

- (i) articular surfaces
- (ii) joint capsule
- (iii) ligaments
 - coracohumeral
 - glenohumeral
 - coracoacromial
 - transverse humeral



9.8 Describe the specific mechanical function(s) of the ligaments listed in objective 9.

Ligament	Function
Coracohumeral	
Glenohumeral	
Coracoacromial	

Transverse humeral		

- 9.9 Describe the precise direction the glenoid fossa faces when the upper limb is in the anatomical position (i.e. pendant) and state the significance of this alignment.
- 9.10 Identify and classify the joints of the shoulder girdle:
 - (i) sternoclavicular joint
 - (ii) acromioclavicular joint
- 9.11 At the sternoclavicular identify and describe its:
 - (i) articular surfaces
 - (ii) articular disc
 - (iii) ligaments
 - costoclavicular
 - sternoclavicular (anterior, posterior)
- 9.12 At the acromioclavicular joint identify its:
 - (i) articular surfaces
 - (ii) joint capsule
 - (ii) coracoclavicular ligament (conoid and trapezoid parts)
- 9.13 Describe the specific mechanical function(s) of the ligaments listed in objectives 9.11 and 9.12.

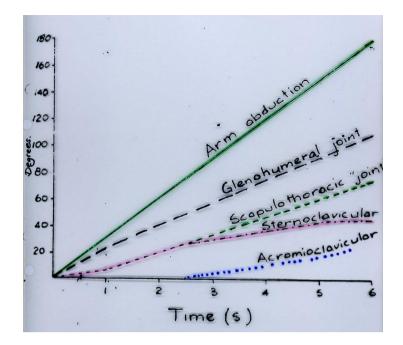
Ligament	Function
Coracoclavicular ligament	
Sternoclavicular (anterior, posterior)	
Costoclavicular	

Trapeziod	
Conoid	

9.14 Define and demonstrate movements at the shoulder joint and movements of the scapula.

Movement	Description	Functional activity

- 9.15 Define and state the functional significance of scapulohumeral rhythm.
- 9.16 Interpret the angular displacement-time curves for scapulohumeral rhythm (adapted from the figures of Poppen and Walker, 1976 and Perry, 1978).



- 9.17 Describe the arrangement of bursae in the shoulder region.
- 9.18 Distinguish between the action and the function of a muscle.
- 9.19 Define the following terms related to the functional roles of muscles:
 - (i) prime mover
 - (ii) assistant mover
 - (iii) antagonist
 - (iv) synergist/neutraliser
 - (v) fixator/stabiliser

9.20 Identify, describe attachments and deduce the actions of the muscles of the axilla and scapula regions.

•muscles connecting the axial skeleton and the humerus:

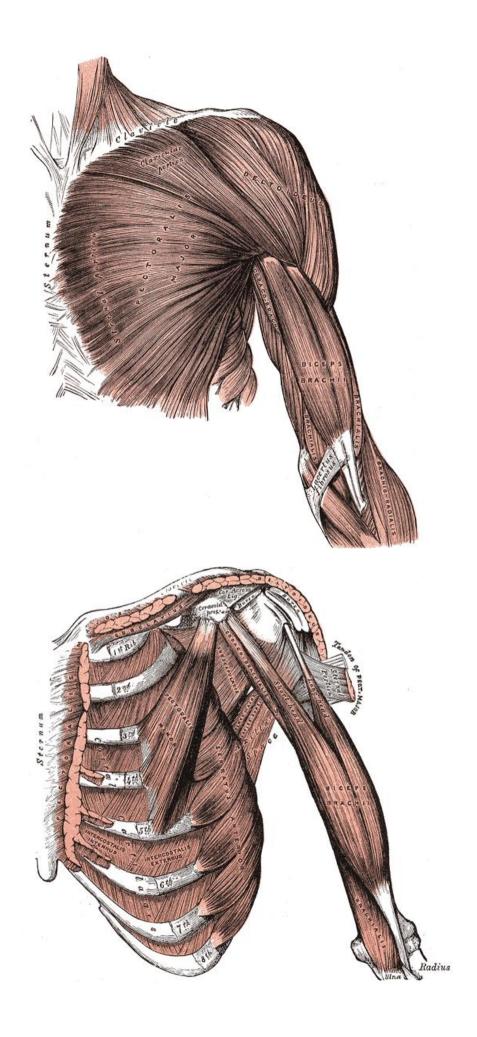
Muscle	Origin	Insertion	Action	Functional activity
Pectoralis major- (sternal head)				
Latissimus dorsi				

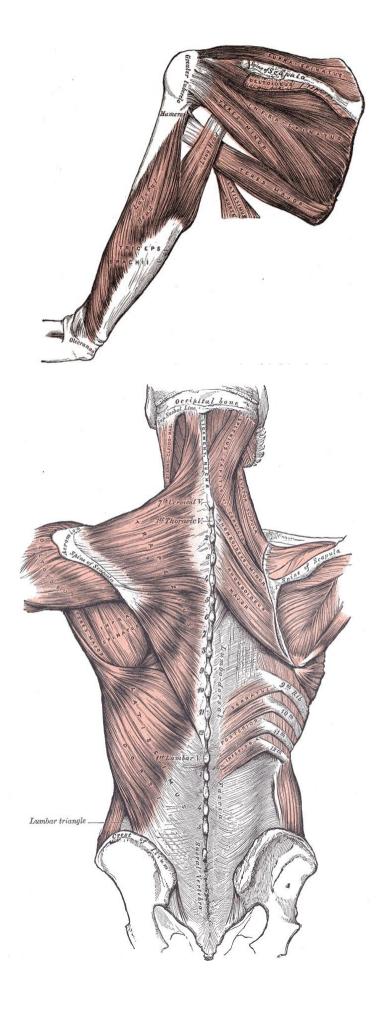
•muscles connecting the axial skeleton and the shoulder girdle:

•muscles connecting the axial skeleton and the shoulder girdle:					
Muscle	Origin	Insertion	Action	Functional activity	
Trapezius					
Rhomboid major					
Rhomboid minor					
Levator scapulae					
Pectoralis minor					
Serratus anterior					
Subclavius					

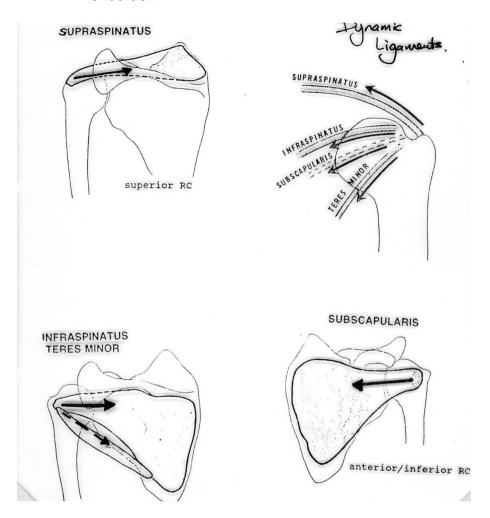
•muscles connecting the shoulder girdle and the humerus:

Muscle	Origin	Insertion	Action	Functional activity
Pectoralis major- (clavicular head)				
Deltoid				
Coracobrachialis				
Teres major				
Teres minor				
Subscapularis				
Supraspinatus				
Infraspinatus				





9.21 Name the rotator cuff muscles, and specifically describe the functional roles of the rotator cuff muscle group in providing dynamic stability at the shoulder.



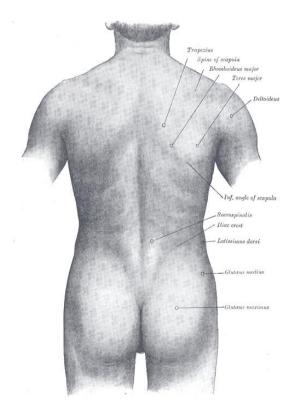
- 9.22 Describe how rotator cuff malfunction could contribute to shoulder joint pathologies e.g. supraspinatus tendonitis, anterior capsulitis, biceps tendonitis.
- 9.23 List the features of the shoulder joint which contribute to its mobility.

9.24 Demonstrate on a *living subject* the principle bony features of the shoulder region: remember consent first

- scapula
 - acromion
 - spine-T3
 - vertebral border
 - inferior-T7
 - coracoid process: press firmly upwards and laterally into the junction of the middle and lateral thirds of the clavicle
- clavicle

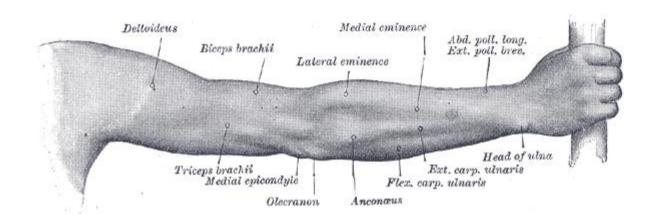
sternal end: bulbous acromial end: flattened

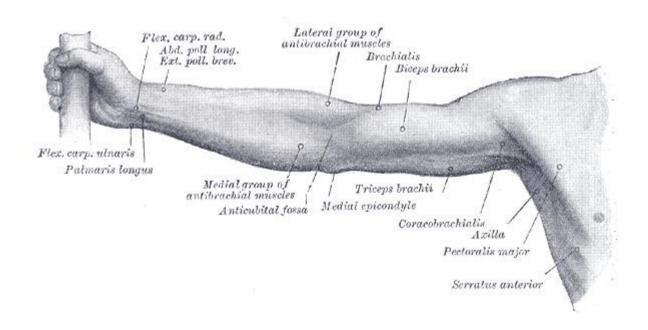
- humerus
 - head
 - greater tubercle: most lateral part covered by deltoid
 - deltoid tuberosity
 - medial and lateral epicondyles
 - medial and lateral supracondylar ridges
- sternoclavicular joint
- acromioclavicular joint



9.25 Observe and palpate the following muscles of the axilla and scapula regions in a relaxed and contracted state

- (i) trapezius
- (ii) serratus anterior
- (iii) latissimus dorsi-posterior axillary fold
- (iv) teres major
- (vi) pectoralis major-anterior fold
- (vii) deltoid
- (viii) infraspinatus
- (ix) tendons of the rotator cuff muscles





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- 2. Ginn, K.A. *The Role of the Rotator Cuff Muscle Group at the Glenohumeral Joint*, Proceedings, MTAA Symposium, 1988.
- 3. Ginn, K.A. A Clinical Trial to Assess the Relationship Between Rotator Cuff Dysfunction and Shoulder Pain. Proceedings 7th Biennial Conference MPAA, 1991.
- 4. Culham, E. and Peat, M. *Functional Anatomy of the Shoulder Joint*, J.O.S.P.T.18(1), 342-350, 1993.
- 5. Kamar, A.; Irrang, J.J. and Whitney, S.L. *Non-operative Management of Secondary Shoulder Impingement Syndrome*, J.O.S.P.T.17(5), 212-224, 1993
- 6. Mottram, SL. Dynamic Stability of the scapula. Manual Therapy 2 (3): 123-131, 1997

10. BONES, JOINTS AND MUSCLES OF THE ELBOW REGION

10.1 On the ulna identify:

- (i) proximal end
 - olecranon and coronoid processes
 - trochlear and radial notches
 - supinator fossa
 - ulnar tuberosity
- (ii) shaft
 - interosseus border
 - surfaces (medial,anterolateral,posterolateral)

(iii) distal end

- head
- styloid process

10.2 On the radius identify:

- (i) proximal end
 - head
 - neck
 - radial tuberosity

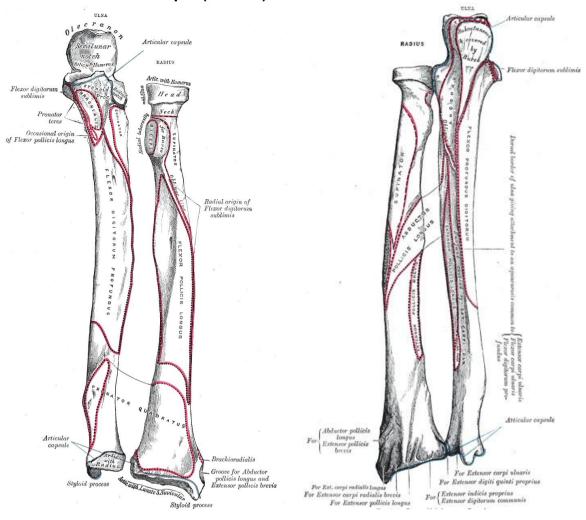
(ii) shaft

- interosseus border
- surface (lateral, anteromedial, posterolateral)
- impression for pronator teres

(iii) distal end

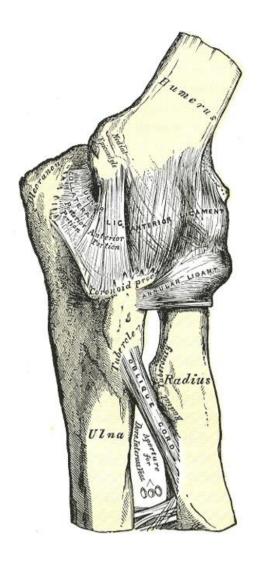
- styloid process

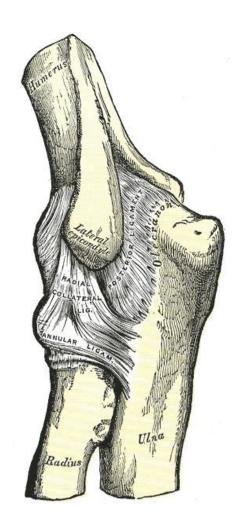
- ulnar notch
- carpal (inferior) articular surface



10.3 Classify the elbow joint and identify and describe its:

- (i) articular
- (ii) joint capsule and synovial membrane
- (iii) ligaments and their specific functions
 - medial (ulnar collateral)
 - lateral (radial collateral)
 - anular
- (iv) subcutaneous bursae and fat pads





10.4 Identify and classify the radio-ulnar joints:

- (i) superior (proximal)
- (ii) inferior (distal)

10.5 At the proximal radio-ulnar joint identify and describe its:

- (i) articular surfaces
- (ii) joint capsule
- (iii) anular ligament and its specific mechanical functions

10.6 At the distal radio-ulnar joint identify and describe its:

- (i) articular surfaces
- (ii) joint capsule
- (iii) articular disc

- 10.7 Identify the interosseus membrane (intermediate radio-ulnar joint) and list its functions.
- 10.8 Define, demonstrate and analyse movements at the elbow joint and the radioulnar joints.

Movement	Description	Functional activity

- 10.9 State the close-packed position of the elbow and radioulnar joints.
- 10.10 Describe the "carrying angle" of the forearm.
- 10.11 Interpret radiographs of the elbow region and forearm.



10.12 Identify, describe the attachments and deduce the actions of the following muscles:

Muscle	Origin	Insertion	Action	Functional activity
Biceps brachii				
Brachialis				
Brachioradialis				
Triceps brachii				
Anconeus				
Pronator teres				
Pronator quadratus				
Supinator				

10.13 List the factors responsible for maintaining stability at the:

- (i) elbow joint
- (ii) superior radioulnar joint
- (iii) inferior radioulnar joint

(think of bony architecture, passive structures (ligaments etc.), and dynamic structures (muscles etc.)

- 10.14 Define the following terms relating to muscle function:
 - (i) spurt
 - (ii) shunt

Give examples of each of these at the shoulder and the elbow joints.

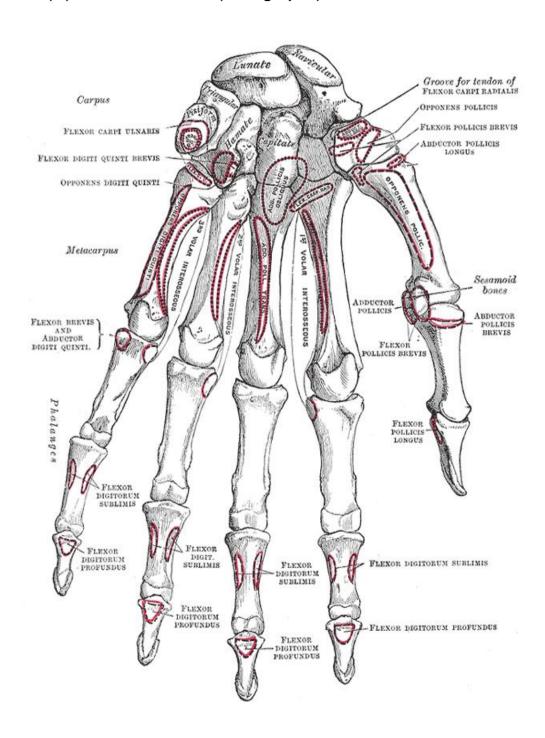
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- 1. Josefsson, P.0., Johnell, O. and Wendeberg, B. *Ligamentous Injuries in Dislocations of the Elbow Joint*. Clinical Orthopaedics and Related Research, 221, 221-225, 1987.
- 2. Stroyan, M. and Wilk, K.E. *The Functional Anatomy of the Elbow Complex,* J.O.S.P.T., 17(6), 279-288, 1993.

11. THE WRIST JOINT AND JOINTS OF THE HAND

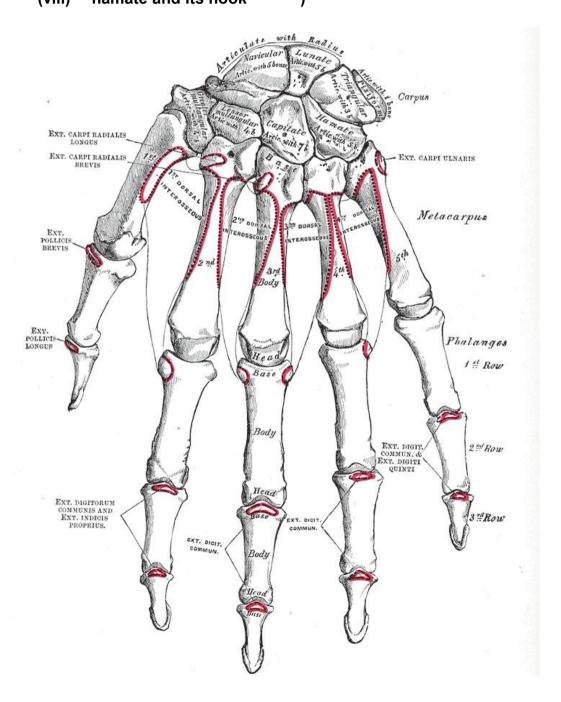
11.1 Identify the bony groups in the articulated hand:

- (i) 8 carpals
- (ii) 5 metacarpals
- (iii) 14 phalanges
- (iv) 2 sesamoid bones (radiographs)



11.2 Identify the individual carpal bones and some features of these carpal bones, on the articulated hand:

(i)	scaphoid and its tubercle)	
(ii)	lunate)	proximal row
(iii)	triqetrium)	
(iv)	pisiform)	
(v)	trapezium and its tubercle)	
(vi)	trapezoid)	distal row
(vii)	capitate)	
(viii)	hamate and its book	١	



11.3	On the	metacarpa	Is identify
------	--------	-----------	-------------

_	base

- shaft
- head

11.4	Identify proximal, middle and distal phalanges and on each phalanx
	identify:

- base
- shaft
- head
- Describe the axis of the hand and state the function of the axial line in regard to force transmission.

11.6 Classify the wrist (radiocarpal) joint and describe its:

- (i) articular surfaces
- (ii) joint capsule
- (iii) articular disc
- (iv) ligaments
 - palmar and dorsal radiocarpal
 - radial and ulnar collateral
- 11.7 Describe and demonstrate movements at the wrist joint.

Movement	Description	Functional activity

11.8 State the close-packed position of the wrist joint.

11.9 Identify, classify, describe and demonstrate the movements at the following joints of the hand:

Movement	Description	Functional activity
Midcarpal		
Movements:		
carpometacarpal		
of thumb		
movements:		
carpometacarpal		
of other digits		

11.10 State the contributions of midcarpal and radiocarpal joints to movements of the hand.

11.11 Identify, classify and describe certain features of the joints of the fingers:

metacarpophalangeal

- (i) articular surfaces
- (ii) ligaments and their functions
 - collateral
 - palmar
 - deep transverse metacarpal
 - extensor aponeurosis
- (iii) movements
- (iv) sesamoid bones of the thumb and their functions

interphalangeal

- (i) articular surfaces
- (ii) ligaments and their functions
 - collateral
 - extensor aponeurosis
 - palmar
- (iii) movements

- 11.12 Interpret radiographs of the wrist and hand.
 - (i) Identify the plane of the xray:
 - (ii) Name the body part, and orientate it (superior, inferior, distal, proximal)
 - (iii) Name the bones, the bony landmarks, the joint surfaces:
 - (iv) Identify the soft tissues visible
 - (v) Lastly, look for any abnormalities







Buckle or torus fracture in a child

ACTIVITIES

1. Discuss the particular uses of hand/wrist x-rays in children.

REFERENCES

1. Belliappa, P.P and Scheker, L.R. *Functional Anatomy of the Hand*, Emergency Medicine Clinics of North America, August 1993, 557-583.

12. MUSCLES OF THE FOREARM AND HAND

12.1 Identify, describe the attachments and deduce the action(s) of the muscles of the forearm:

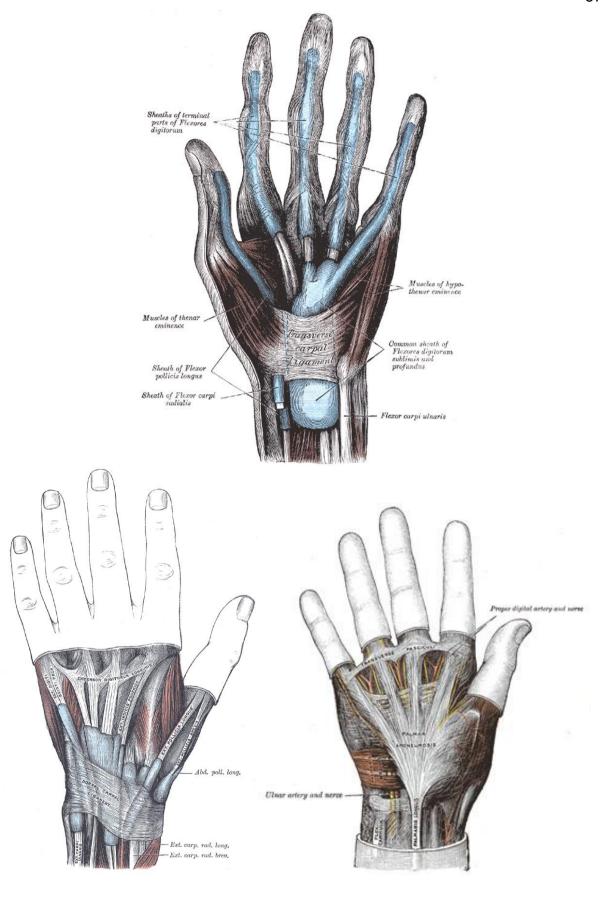
•flexor (anteromedial) group:

Muscle	Origin	Insertion	Action	Functional activity
Superficial layer				
Pronator teres				
Flexor carpi radialis				
Palmar longus				
Flexor digitorum superficialis				
Flexor carpi ulnaris				
Deep layer				
Flexor digitorum profundus				
Flexor pollicis longus				
Pronator quadratus				

•extensor (posterolateral) group:

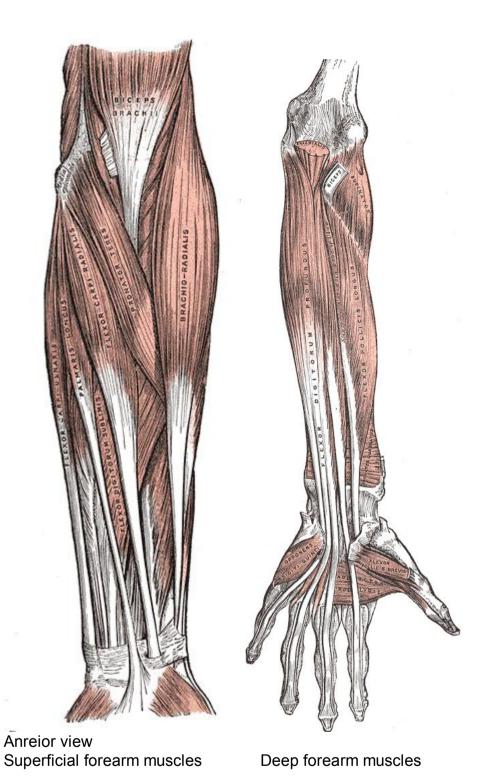
Muscle	Origin	Insertion	Action	Functional activity
Superficial layer				
Brachioradialis				
Extensor carpi radialis longus				
Extensor carpi radialis brevis				
Extensor digitorum				
Extensor digiti minimi				
Extensor carpi ulnaris				
Anconeus				
Deep layer				
Supinator				
Abductor pollicis longus				
Extensor pollicis brevis				
Extensor indicis				

12.2 Identify the flexor and extensor retincula and state the function(s) of retincula.

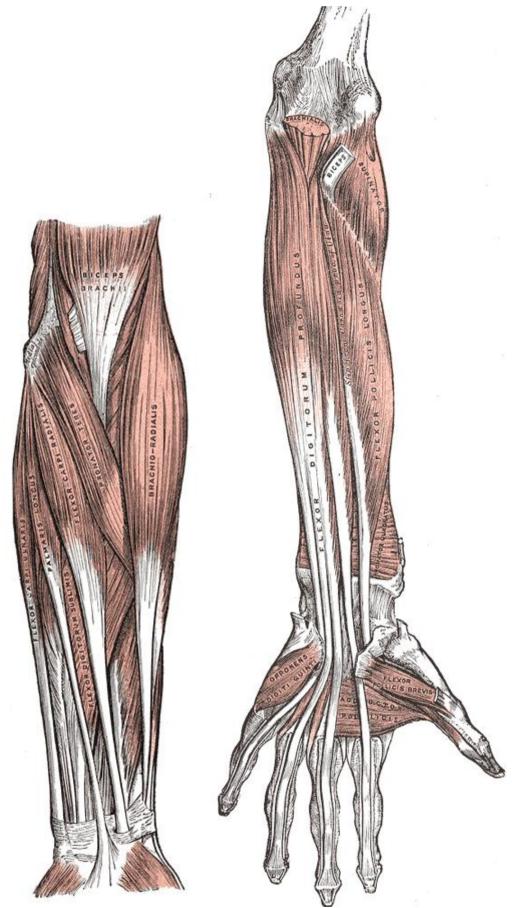


12.3 Identify, describe the attachments and deduce the actions of the intrinsic muscles of the hand:

Muscle	Origin	Insertion	Action	Functional activity
flexor pollicis brevis				
thenar eminence				
abductor pollicis brevis				
opponens pollicis				
hypothenar eminence				
flexor digiti minimi				
abductor digiti minimi				
opponens digiti minimi				
Other Intrinsics				
adductor pollicis				
lumbricals				
dorsal interossei				
palmar interossei				



Self-directed Learning Module on Functional Anatomy for Physiotherapists – Part II Upper Limbs



Posterior forearm muscles, superficial, and deep.

12.4	Identify and describe the extent, and describe the function(s) of:					
	(i) (ii) (iii) (iv)	•				
12.5	Define	the position of function of the hand.				
12.6 sw	Descrit	be the role of the interossei and lumbricals in producing normal digital				
ACTI\	/ITIES					
1.		strate different types of precision and power grips and discuss the nees in terms of:				
	(i) (ii)	the muscles involved the position of the wrist and hand				
2.	with the	e wrist maximally extended, try to extend three fingers completely; and wrist maximally flexed, try to flex the fingers completely. why these activities are difficult or impossible.				

13. SURFACE ANATOMY OF THE ARM, FOREARM AND HAND

13.1 Demonstrate on a living subject:

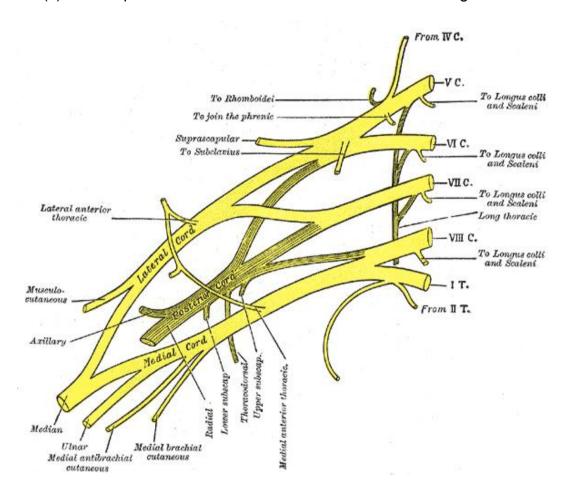
•the principal bony features of the forearm:

- (i) ulnar
 - olecranon process
 - posterior borders-intervenes between the two functional groups of the muscles of the forearm.
 - head
 - styloid process-best felt when the forearm is pronated
- (ii) radius
 - head
 - styloid process
- the following muscles and tendons of the arm and forearm:
- (i) biceps brachii
- (ii) triceps brachii
- (ii) anconeus
 - this is a triangular muscle whose angles are formed by the olecranon process, lateral epicondyle, and a point on the posterior border of the ulna about 10cm distal to the olecranon process
- (iii) brachioradialis
- (iv) cubital fossa
- (v) extensor compartment (group) of the forearm
- (vi) flexor compartment (group) of the forearm
- (vii) tendons of the following muscles on the anterior aspect of the wrist:
 - flexor carpi radialis
 - palmaris longus
 - flexor digitorum superficialis
 - flexor carpi ulnaris
- (ix) extensor carpi radialis longus
- (x) extensor carpi radialis brevis
- all the carpal bones and some of their features
- (i) hook of hamate

- can be felt by deep pressure in the hypothenar eminence, distal to the pisiform and closer to the centre of the palm
- (ii) tubercle of the scaphoid
 - at the proximal edge of the thenar eminence, adjacent to the distal crease of the wrist
- the following muscles and tendons of the hand:
- (i) tendons of extensor digitorum
- (ii) the "anatomical snuff box" (evident when the thumb is extended) bounded by the tendons of:
 - extensor pollicis longus
 - extensor pollicis brevis
 - abductor pollicis longus
- (iii) thenar and hypothenar eminence
- (iv) 1st dorsal interosseus muscle
- the relative mobility of the metacarpals and list them in decreasing order of mobility.
- 13.2 Draw a pattern of the hand, and on it draw the palmar creases. Relate the following creases of the hand to the underlying joints on your drawing:
 - (i) creases of the wrist:
 - proximal
 - middle
 - distal
 - (ii) creases of the palm:
 - longitudinal palmar ("life line")
 - middle palmar ("destiny line")
 - proximal transverse ("head line")
 - distal transverse ("heart line")
 - (iii) creases of the digits:
 - proximal
 - middle
 - distal

14. NERVE SUPPLY TO THE UPPER LIMB

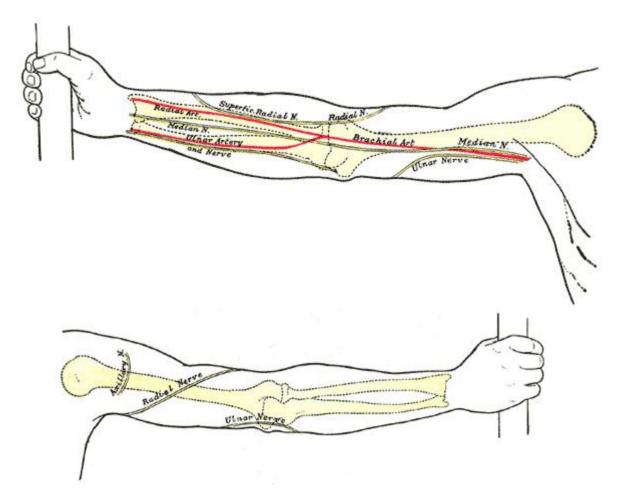
- 14.1 Describe the following features of the brachial plexus:
 - (i) its formation from ventral rami
 - (ii) its trunks
 - (iii) its division
 - (iv) its cords
 - (v) the position of each of the above in the shoulder region



- 14.2 Identify the following branches of the brachial plexus and state their motor distribution (the muscles each supplies):
 - (i) dorsal scapular
 - (ii) long thoracic
 - (iii) suprascapular
 - (iv) upper subscapular
 - (v) lateral pectoral
 - (vi) medial scapular
 - (vii) thoracodorsal

(viii) lower subscapular

- 14.3 Identify the following sensory branches of the brachial plexus and state the root value and distribution of each:
 - (i) medial cutaneous nerve of arm
 - (ii) medial cutaneous of forearm
- 14.4 Identify the peripheral nerves of the brachial plexus:
 - (i) axillary (circumflex)
 - (ii) radial and its posterior interosseus branch
 - (iii) musculocutaneous
 - (iv) median and its anterior interosseus branch
 - (v) ulnar



- 14.5 For each of the peripheral nerves listed in 14.4:
 - (i) state its root value
 - (ii) identify its course through the upper limb
 - (iii) describe its sensory distribution

- (iv) describe its motor distribution
- 14.6 Describe the innervation of the following joints:
 - (i) shoulder
 - (ii) elbow
 - (iii) wrist

and deduce a general rule for nerve supply to joints.

ACTIVITIES

- 1. Describe the functional motor loss and deformity resulting from a lesion to the following nerves in the area indicated:
 - (i) radial nerve in the axilla
 - (ii) ulnar nerve at the medial epicondyle of the humerus
 - (iii) median nerve at the wrist
- 2. Complete the following chart to summarise objective 14.5.

PERIPHERAL NERVES TO THE UPPER LIMB

Peripheral Nerve	Nerve Root Value	Motor Distribution	Sensory Distribution
Medial cutaneous nerve of arm			
Medial cutaneous of forearm			
Axillary (circumflex			
Radial and its posterior interosseus branch			
Musculocutaneous			
Median and its anterior interosseus branch			
Ulnar			

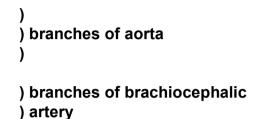
3.	Draw a pattern the dorsum and palmar aspect of the hand. Colour in the distribution of cutaneous nerves to the hand		
	Palm	Dorsum	

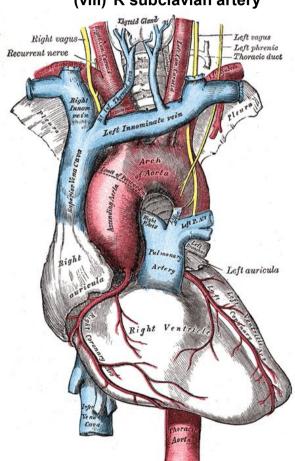
15. BLOOD SUPPLY TO THE UPPER LIMB

Objectives

15.1 Identify:

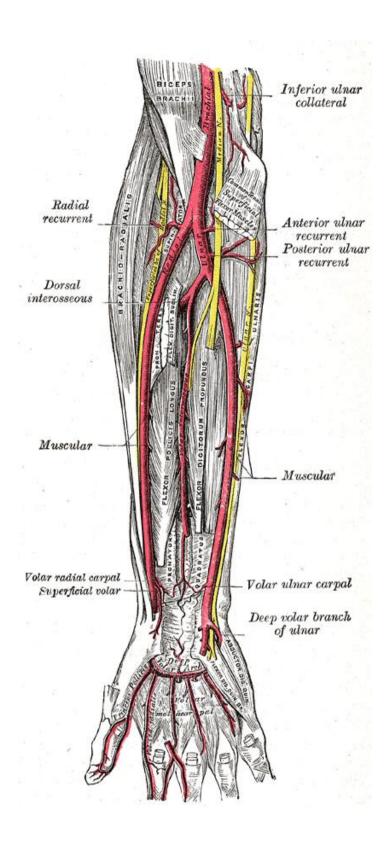
- (i) ascending aorta
- (ii) arch of aorta
- (iii) descending thoracic aorta
- (iv) brachiocephalic artery
- (v) L common carotid artery
- (vi) L subclavian artery
- (vii) R common carotid artery
- (viii) R subclavian artery





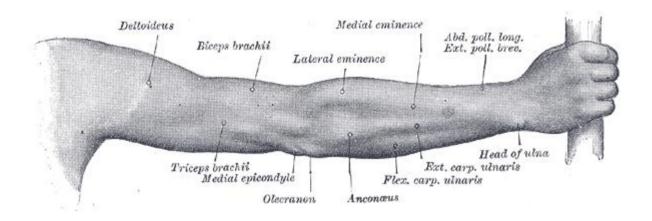
15.2 Briefly state the area of supply of the arteries listed in objective 15.1

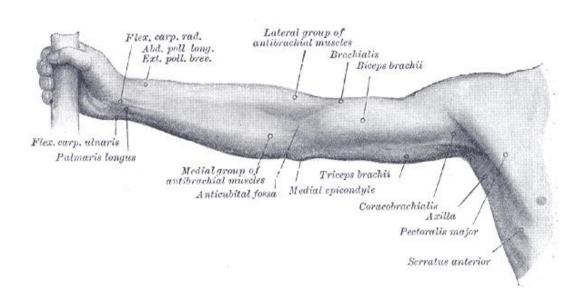
- 15.3 Identify and describe the course and general areas of supply of the arteries of the upper limb:
 - (i) axillary
 - (ii) brachial
 - (iii) profunda brachii
 - (iv) radial
 - (v) ulnar
 - (vi) superficial palmar arch
 - (vii)deep palmar arch



15.4 Palpate the pulses of the upper limb at the following positions:

- (i) subclavian artery above medial end of the clavicle
- (ii) brachial artery between the heads of biceps brachii (median bicipital furrow) <u>and</u> at the cubital fossa
- (iii) radial artery on the antero-lateral aspect of the wrist
- (iv) mark on the diagrams where you found them.

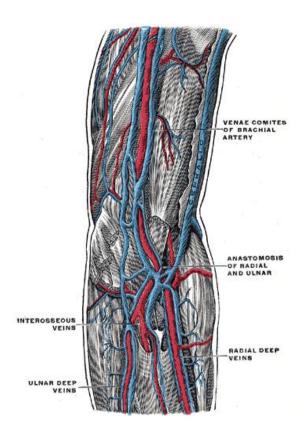




15.5 Describe the arrangement of the veins of the upper limb into a superficial and a deep group and deduce the functional significance of this arrangement.

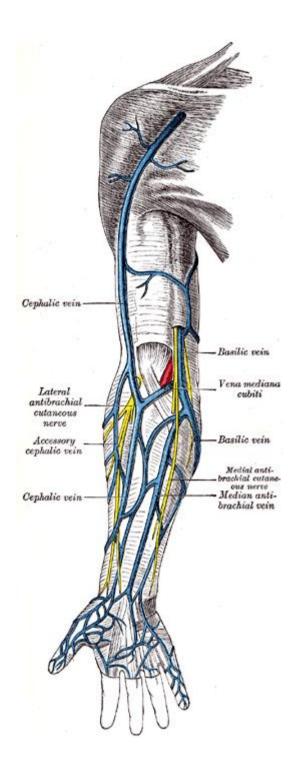
15.6 Identify and describe the course opf the deep veins:

- (i) radial
- (ii) ulnar
- (iii) brachial
- (iv) axillary



15.7 Identify and describe the course of the superficial veins of the upper limb:

- (i) dorsal venous arch
- (ii) palmar venous arch
- (iii) cephalic
- (iv) basilic
- (v) median antebrachial
- (vi) median cubital



15.8 Identify the veins transporting blood from the upper limb to the heart:

- (i) subclavian
- (ii) brachiocephalic
- (iii) superior vena cava

VIVA ANATOMY!!!

FEEDBACK QUESTIONAIRE

Thank you for assisting in the further development of the Masters of Phsyiotherapy Program at University of Canberra by providing some feedback on this "Self-directed learning module on Functional Anatomy for Physiotherapists".

This learning module was initiated based on feedback from students and staff, that the level of anatomy taught at Australian and overseas universities varies enormously. Students needed to know exactly where their knowledge of functional anatomy was strong enough to proceed with the course, and where it needed further work and study. So one of the aims of the learning module was to provide students with a self-assessment tool. The other was to help students catch up.

This Lower Limb anatomy module is part I of 3, including the Upper Limb, and Spine and Pelvis.

Please answer these statements with the degree to which you agree or disagree with the statements:

1.	The level of functional anatomy studied in	5	4	3	2	1
	my previous degree prepared me sufficiently for the Masters Degree in Physiotherapy	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
2.	This module helped me identify the areas I	5	4	3	2	1
	needed to study	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
3.	The learning module gave me confidence	5	4	3	2	1
	that the level of anatomy I have studied previously is sufficient for this course.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
4.	The instructions to follow were clear	5	4	3	2	1
		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
5.	The areas of learning covered the anatomy of	5	4	3	2	1
	the lower limb thoroughly	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
6.	The areas of learning did not go into enough detail	5	4	3	2	1
		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
7.	The activites did not have enough functional applications	5	4	3	2	1
,.		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
8.	I would have liked more clinical applications	5	4	3	2	1
		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
9.	This learning module will be a good refernce	5	4	3	2	1
	for me in the future	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
10.	It is better to leave the choice of reference	5	4	3	2	1
	text books up to the student, rather than prescribe a single text.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Other comments

Please return to Allied Health Administrator by week 7 of semester. Thank you!



SCHOOL OF PHYSIOTHERAPY

SELF - DIRECTED LEARNING MODULE ON FUNCTIONAL ANATOMY FOR PHYSIOTHERAPISTS

Pack III
The Anatomy of the Head Neck and Trunk

Ms Doà El-Ansary, BAppSc(Phty) Dr Jennie Scarvell, BAppSc(Phty), PhD

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This self-directed learning module has been developed to facilitate student revision and preparation for entry into the Masters of Physiotherapy Program at the University of Canberra.

The material outlined in this module forms the basis of the theoretical background in Functional Anatomy that will be assumed knowledge.

The following learning objectives are based on material developed by Dr Karen Ginn, Senior Lecturer, Faculty of Health Sciences, University of Sydney. It has been added to and modified with permission by Doà El-Ansary for the purposes of postgraduate instruction.

The objectives are designed to direct and sequence your learning. Material highlighted in **bold print is to be identified practically on dissected specimens or in an anatomical atlas.** Objectives in regular print are to be answered from texts or articles provided in the general or region specific reference lists.

REFERENCES

These are available in the library, but it is strongly recommended you own a copy of a good anatomy text and an atlas for continuous professional education and reference.

Texts:

- 1. Moore,K L and Daley: **Clinically Oriented Anatomy** (5th Edn), Lippincott, Williams and Wilkins, Baltimore, 2005 (ISBN 0-7817-3639-0)
- 2. Drake, R L; Vogl, W and Mitchell, A W M: **Gray's Anatomy for Students**. Elsevier, 2005 ISBN (0-443-07168-3)
- 3. Palastanga, N; Field, D and Soames, R: **Anatomy and Human Movement** (4th Edn). 2002. ISBN (0-7506-5241-1)
- 4. Field, D: **Anatomy Palpation and Surface Markings** (3rd Edn). Butterworth Heinemann, 2003. ISBN (0-750-64618-7)
- 5. Bogduk, N: Clinical Anatomy of the Lumbar Spine and Sacrum (4th Edn). Churchill Livingstone, 2005. ISBN (0-443-10119-1)

Atlases:

- Rohen, J W; Yokochi, C and Drecoll, E L: Colour Atlas of Human Anatomy (5th Edn), Lippincott, Williams and Wilkins, 1993. ISBN (0-7817-3194-1)
- 2. Abrahams, P H: Marks, S C and Hutchings, R T: **McMinn's Colour Atlas of Human Anatomy**. Mosby, 2003. ISBN (0-7234-3212-0)

URL:

Figures within referenced to:

http://education.yahoo.com/reference/gray/subjects/

http://www.bartleby.com/107/

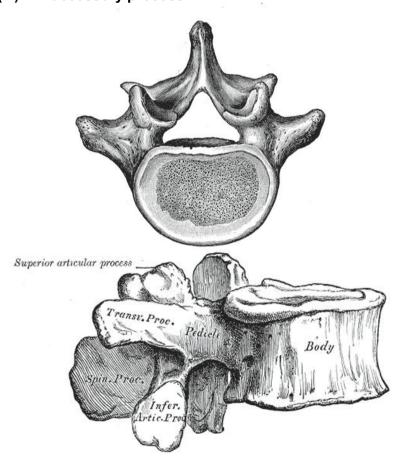
1. BONES AND JOINTS OF THE VERTEBRAL COLUMN

1.1 Record the number of vertebrae in each region of the vertebral column:

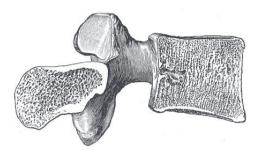
Cervical	
Thoracic	
Lumbar	
Sacral	
Coccygeal	

1.2 On a typical vertebra (thoracic or lumbar) identify:

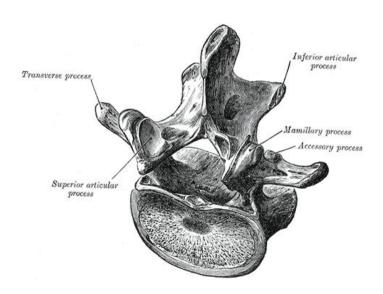
- (i) body
- (ii) vertebral foramen
- (iii) pedicle
- (iv) lamina
- (v) transverse process
- (vi) spinous process
- (vii) superior and inferior articular facets
- (viii) superior and inferior vertebral notches
- (ix) pars interarticularis
- (x) mamillary process
- (xi) accessory process



- 1.3 List the distinguishing features of a typical vertebra from cervical, thoracic and lumbar regions of the vertebral column (refer to Table 1 in the "Activities").
- 1.4 Relate the distinguishing features of a lumbar vertebrae to its different function.



- 1.5 On an articulated vertebral column identify:
 - (i) intervertebral foreman
 - (ii) vertebral canal
 - (iii) interlamina spaces
- 1.6 Identify the main features of the following vertebrae:
 - (i) Lumbar sacral
 - superior and inferior process
 - transverse process
 - spinous process
 - mamillary process
 - vertebral body
 - vertebral foramen
 - accessory process

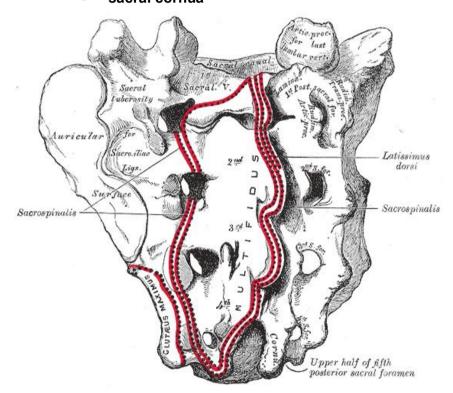


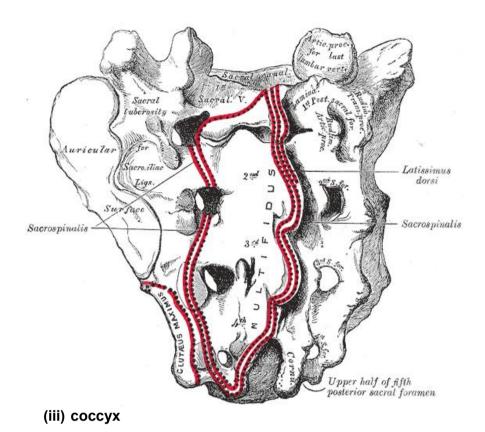
(ii) sacrum

- base
- apex
- pelvic and dorsal surfaces
- auricular surface
- sacral tuberosity
- sacral foramina:

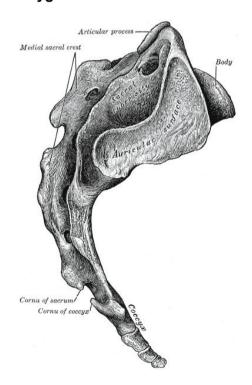
pelvic (anterior) dorsal (posterior)

- sacral canal
- superior articular facet
- median sacral crest
- sacral cornua

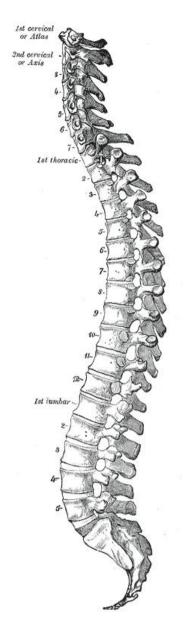




- coccygeal cornua

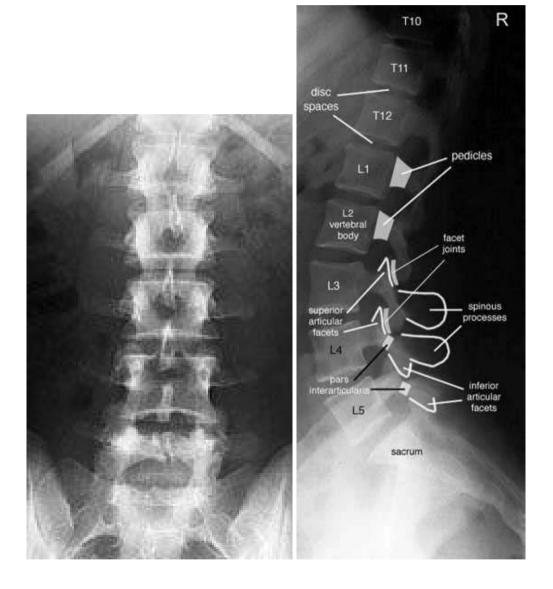


1.7 Identify the primary and secondary curvatures of the articulated vertebral column and explain their significance.



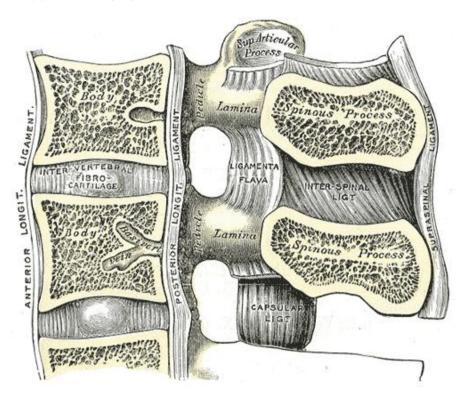
1.8 Describe the line of gravity in relation to the vertebral column.

- 1.9 Identify on radiographs of the vertebral column:
 - i. body
 - ii. vertebral foramen
 - iii. pedicle
 - iv. lamina
 - v. transverse process
 - vi. spinous process
 - vii. superior and inferior articular facets
 - viii. superior and inferior vertebral notches
 - ix. pars interarticularis



1.10 Identify and classify the joint between adjacent vertebral bodies - the "intervertebral disc".

- 1.11 Describe the structure and function(s) of the "intervertebral disc" and its components:
 - (i) anulus fibrosus
 - (ii) nucleus pulposus



- 1.12 Identify, classify and state the function(s) of the zygapophyseal (facet) joint and its components:
 - (i) capsule
 - (ii) intra-articular structures
- 1.13 Identify and describe the structure, location and function of the following ligaments/membranes of the vertebral column:
 - (i) anterior longitudinal
 - (ii) posterior longitudinal
 - (iii) ligamenta flava
 - (iv) supraspinous
 - (v) interspinous
 - (vi) intertransverse
 - (vii) iliolumbar
 - (viii) transforaminal
 - (ix) mamillo-accessory
- 1.14 Deduce the movements of the vertebral column as a whole by examining living specimens and the skeleton (particularly the orientation of the superior and inferior articular facets).

ACTIVITIES

 Complete the following chart to summarise the distinguishing features of vertebrae from the different vertebral column regions.

Table 1

	C1-C7	T1 - T12	L1 - L4	L5
Relative size of body				
Shape and size of vertebral foramen				
Shape & angulation of spinous process				
Transverse processes				
Orientation of articular facets				
Primary movement				

- Determine the type and extent of movement occurring in each vertebral region:
 - cervical
 - o thoracic
 - o lumbar
- Relate the orientation of the zygapophyseal joints to mobilisation techniques used in the treatment of the lumbar spine.
- Determine the direction of combined movements that take place in the lumbar spine with flexion and extension.

REFERENCES

Bogduk, N: Clinical Anatomy of the Lumbar Spine and Sacrum (4th Edn). Churchill Livingstone, 2005. ISBN (0-443-10119-1).

2. MUSCLES OF THE TRUNK

2.1 Identify, describe the attachments and deuce the action(s) of the muscles of the anterolateral abdominal wall:

	Origin	Insertion	Action
rectus abdominis			
external oblique			
internal oblique			
transverse abdominis			
pyramidalis			

Identify and describe the structure and functional significance of:

	Describe Structure	Function
linea alba		
inguinal ligament		
inguinal canal		
umbilicus		

2.3 Identify and describe the attachments and deuce the action(s) of the muscles of the posterior abdominal wall:

	Origin	Insertion	Action
quadratus lumborum			
psoas major			
psoas minor			
iliacus			

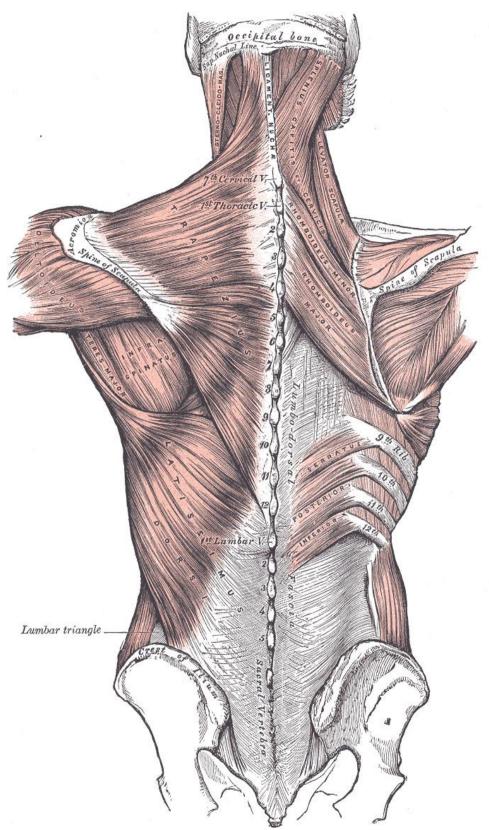
2.4 Identify the intermediate layer of muscles of the back:

	Origin	Insertion	Action
serratus posterior superior			
serratus posterior inferior			

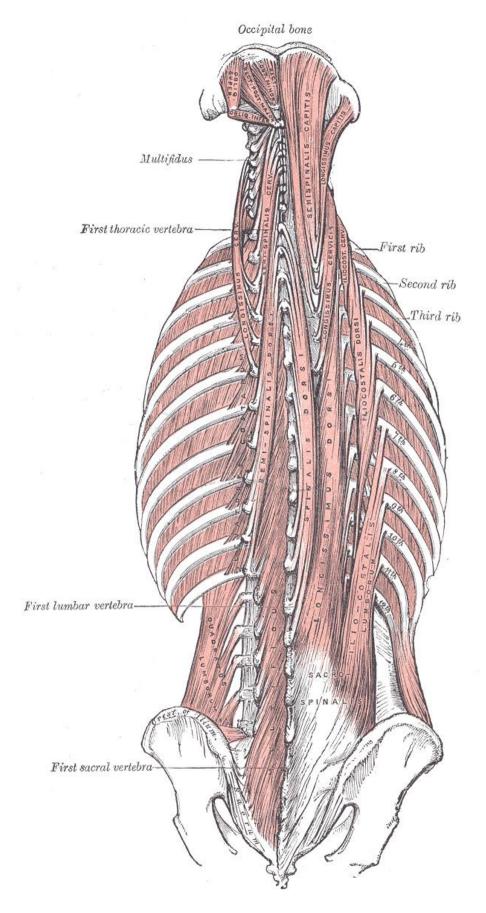
2.5 Identify and/or describe the basic arrangement, nerve supply and actions of the deep muscles of the back:

	Describe	Nerve supply	Action
erectores spinae (sacrospinalis) iliocostalis lumborum thoracis			
longissimus - thoracis			
spinalis - thoracis			
transversospinalis			
semispinalis - thoracis			
multifidus			
rotatores			
short segmental muscles			
interspinalis			
intertransversarii			

2.6 Distinguish between the roles of the erectores spinae and transversospinalis muscle groups.



Muscles connecting the upper extremity to the vertebral column



Deep muscles of the back.

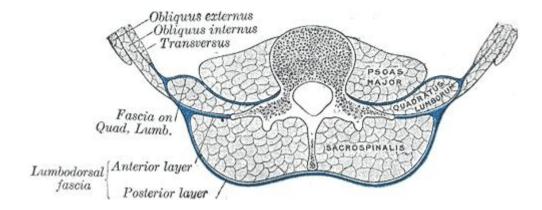
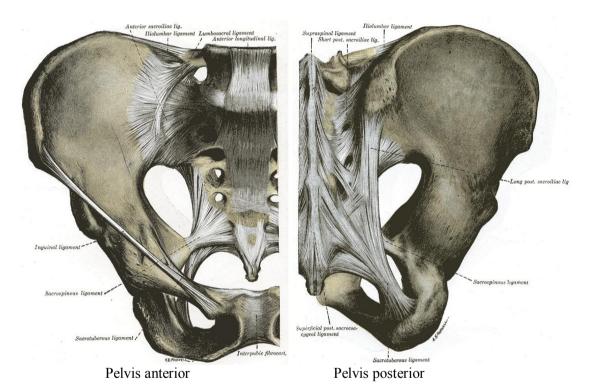


Diagram of a transverse section of the posterior abdominal wall, to show the disposition of the lumbodorsal fascia.

- 2.7 Describe the role of the lumbar fascia.
- 2.8 List those muscles involved in each movement of the vertebral column:
 - (i) flexion
 - (ii) extension
 - (iii) lateral flexion ipsilateral
 - (iv) rotation ipsilateral and contralateral
- 2.9 Describe the course and distribution of the medial and lateral branches of the dorsal rami of spinal nerves.
- 2.10 Describe the course and distribution of the:
 - (i) ventral rami
 - (ii) sympathetic nerves
 - (iii) sinuvertebral nerves
- 2.11 Briefly describe the blood supply to the vertebral body, spinal nerves and the vertebral disc.

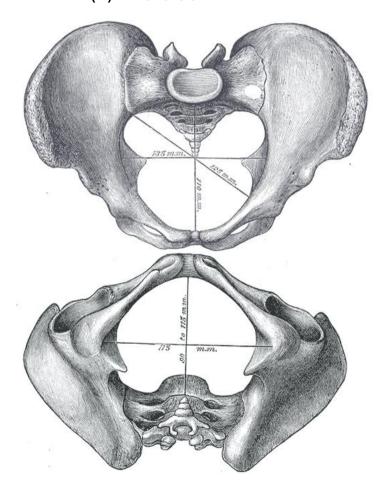
3. THE PELVIS, PELVIC FLOOR AND PERINEUM

- 3.1 Describe the osteoligamentous structure of the pelvis:
 - (i) hip bones
 - (ii) sacrum
 - (iii) coccyx
 - (iv) major (false) pelvis
 - (v) minor (true) pelvis
 - (vi) pelvic inlet
 - (vii) pelvic outlet
 - (viii) sacral promontory
 - (ix) sacrospinous ligament
 - (x) sacrotuberous ligament
 - (xi) interosseus sacroiliac ligaments



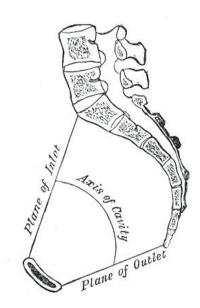
- 3.2 Identify and classify the following joints of the pelvis:
 - (i) pubic symphysis
 - (ii) sacro-iliac
 - (iii) sacro-coccygeal
- 3.3 Orientate the pelvis (when one is standing erect).
- 3.4 Describe the functions of the sacrotuberous, sacrospinous and interosseus sacroiliac ligaments.
- 3.5 Identify the muscles of the pelvic wall:

- (i) piriformis
- (ii) obturator internus
- 3.6 List the functions of the true pelvis.
- 3.7 Describe the diameters of the true pelvis:
 - (i) conjugate (anteroposterior)
 - (ii) transverse
 - (iii) oblique
- 3.8 Classify pelves with respect to shape of inlet:
 - (i) anthropoid
 - (ii) gynecoid
 - (iii) platepelloid
 - (iii) android



3.9 Describe the axis of the birth canal and identify/describe the following measurements important in radiographic pelvimetry to predict difficulty during parturition:

- transverse diameter of inlet (i)
- obstetric conjugate (ii)
- distance between ischial spines (iii)
- posterior sagittal diameter (iv)



3.10 In terms of the conjugate (anteroposterior), transverse, and oblique diameters of the pelvis, describe the critical differences between the bony structure of male and female pelves for the function of child-bearing.

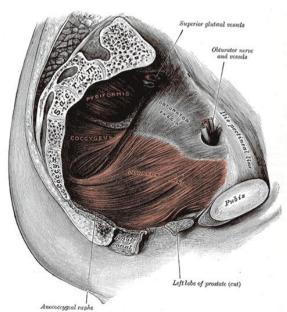
3.11 On radiographs of the pelvis, find:

- sacroiliac joint (i) (ii)
- hip joint
- iliac crest (iv)
- (v) anterior superior iliac spine
- inferior pubic ramus (vi)
- (vii) superior pubic ramus
- pubic symphysis (viii)
- (ix) obturator foramen
- greater trochanter (x)
- articular surface of acetabulum (xi)
- spinous process of L5 (xii)
- ischial tuberosity (xiii)
- dorsal sacral foramen (xiv)



3.12 Identify/describe and state the functions of the muscles of the pelvic floor:

- (i) pubococcygeus
- (ii) puborectalis
- (iii) iliococcygeus
- (iv) pubovaginalis
- (v) sphincter vaginae
- (vi) coccygeus

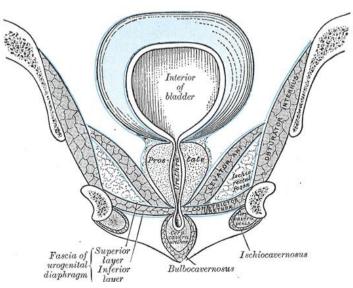


Left Levator ani from within.

- 3.13 Identify the perineum and its divisions:
 - anal triangle (i)
 - (ii) urogenital triangle
- 3.14 Identify the perineal body and state its function(s).
- 3.15 Identify and state the functions of the components of the anal triangle:
 - (i) ischiorectal fossa
 - (ii)
 - external anal sphincter (iii)
- 3.16 Identify and state the functions of the components of the urogenital triangle:
 - (i) superficial perineal space
 - superficial transverse space
 - ischiocavernosus muscle
 - bulbospongisosus muscles
 - root of penis/female external genital organs
 - (ii) deep perineal space
 - deep transverse perineal muscle

urogenital

sphincter urethrae diaphragm



REFERENCE

Moore,K L and Daley: Clinically Oriented Anatomy (5th Edn), Lippincott, Williams and Wilkins, Baltimore, 2005 (ISBN 0-7817-3639-0)

4. SURFACE ANATOMY OF THE LUMBAR REGION

- 4.1 Demonstrate on a living subject, the principal bony features of the lumbar region:
 - (i) L4-5 spinous processes the L4-5 interspace lies at the same level as the superior part of the iliac crests.
 - (ii) L4-1 spinous processes move superiorly to palpate L1-4 spinous processes.
 - (iii) S2 spinous process lies on the middle of a line drawn between the posterior superior iliac spines.
- 4.2 Palpate the following structures posteriorly:
 - (i) L3-4 disc space lies at the level of the umbilicus.
 - (ii) L5-S1 articulation located just below the umbilicus (gently, but with increasing pressure, push into the abdomen through the linea alba while encouraging the subject to relax).
 - (iii) supraspinous ligaments palpate down the line of the spinous processes. Note any tenderness and thickening.
- 4.3 To palpate the sciatic nerve, ask the subject to lye on their side and flex their uppermost hip. Locate the midpoint between the ischial tuberosity and the greater trochanter.
- 4.4 Demonstrate the erector spinae on a living subject by making them stand out.
- 4.5 The Pelvic Region:
 - (i) pubic tubercles with your fingers anchored on the greater trochanter, move your thumbs along the inguinal creases medially and obliquely downward until you can palpate the pubic tubercles (they are at the same level as the greater trochanters).
 - (ii) SIJ an imaginary line drawn between the PSISs crosses the centre of the SIJ.

REFERENCE

Hoppenfeld, S., **Physical Examination of the Spine and Extremities**, Appleton Century Crofts, 2005.

5. BONES, MUSCLES, JOINTS & NERVES OF THE THORACIC REGION

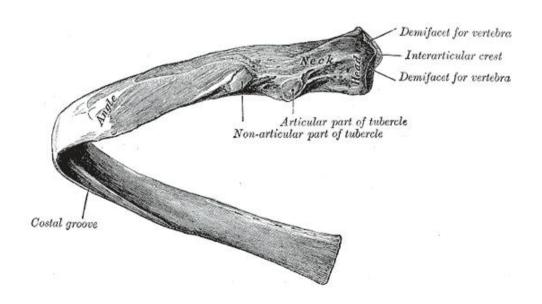
- 5.1 Identify the bones and cartilages of the upper thoracic region:
 - (i) ribs
 - (ii) costal cartilages
 - (iii) vertebrae
 - (iv) intervertebral discs
 - (v) sternum

5.2 On the sternum identify:

- (i) manubrium
 - jugular notch
 - clavicular notch
 - facet for 1st costal cartilage
- (ii) sternal angle (fibrocartilaginous joint)
 - facet for 2nd costal cartilage
- (iv) body
 - facet for 3rd-7th costal cartilages
- (v) xiphoid process

5.3 On the ribs identify:

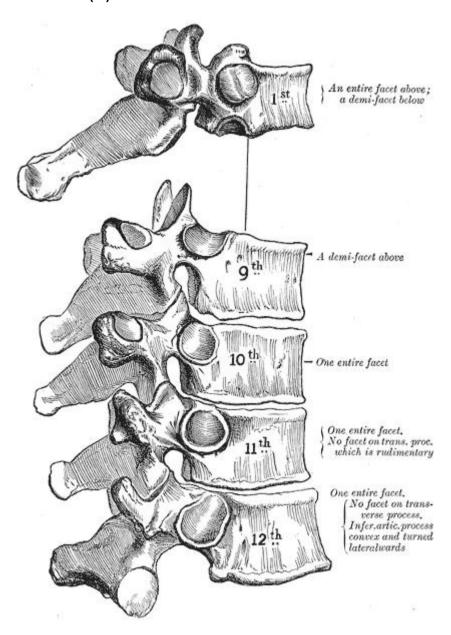
- (i) head
- (ii) neck
- (iii) tubercle
- (iv) angle
- (v) shaft
- (vi) attachment of costal cartilage



A central rib of the left side, viewed from behind.

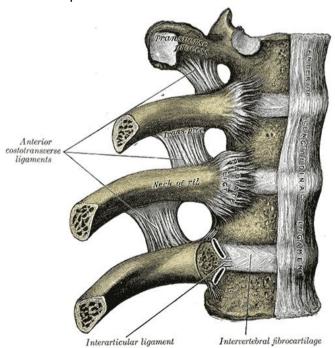
5.4 On a typical thoracic vertebrae identify:

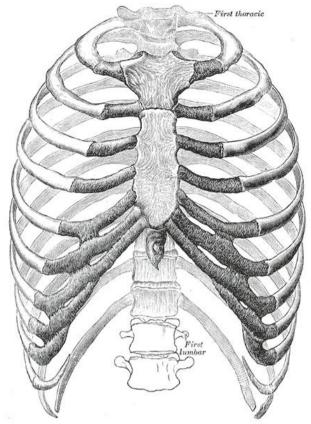
- (i) spinous process
- (ii) lamina
- (iii) superior articular facet
- (iv) transverse process with costal facet
- (v) pedicle
- (vi) vertebral foramen
- (vii) inferior articular facet
- (viii) superior costal facet
- (ix) inferior costal facet



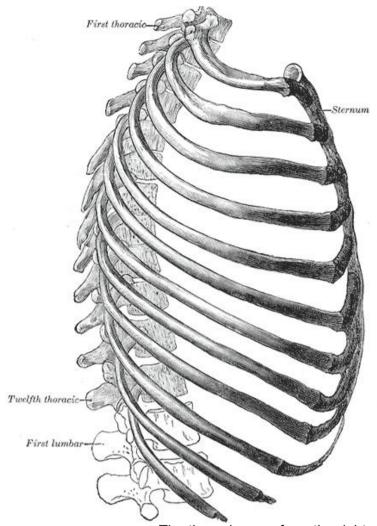
5.5 Distinguish between and list the true, false and floating ribs.

- 5.6 Identify, classify, and describe certain features and the movements at the following joints:
 - Costovertebral
 - (i) articular surface
 - (ii) ligaments
 - radiate
 - intraarticular
 - Costotransverse
 - (i) articular surfaces
 - (ii) ligaments
 - superior costotransverse
 - costotransverse
 - lateral costotransverse
 - Sternocostal
 - (i) articular surfaces
 - (ii) ligaments
 - (radiate) sternocostal
 - intra-articular
 - costoxiphoid
 - Costochondral
 - Interchondral
 - Manubriosternal
 - Xiphisternal





Anterior view of the thoracic cage



The thoracic cage from the right

On a radiograph of the thoracic region, find: 5.7

- (i) 24 ribs
- 12 thoracic vertebrae (ii)
- (iii) **C7**
- (iv) L1
- Thoracic spinous processes Costovertebral joints (v)
- (vi)
- Shadow of the heart (vii)
- (viii) Shadow of the aorta
- Shadow of the diaphragm (ix)

5.8 Identify and state the attachments, actions and nerve supply of the muscles of respiration:

	Origin	Insertion	Action	Nerve Supply
External Intercostals Internal Intercostals				
Subcostales				
psoas minor				
Transversus Thoracis				
Diaphragm				
Levatores Costarum				
Scalenes Anterior				
Scalenes Medius				
Scalenes Posterior				

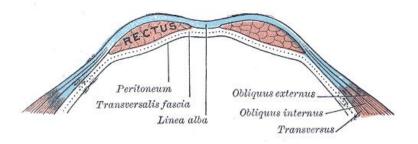
5.8 Identify and/or describe the basic arrangement, nerve supply and actions of the muscles of the upper back:

	Origin	Insertion	Action	Nerve Supply
Intermediate Layer				
Serratus Posterior Superior				
Serratus Posterior Superior				
Deep Layer				
Erectores Spinae				

(Sacrospinalis)		
(Sacrospinalis)		
Spinalis Thoracis		
_		
Longissimus		
Thoracis		
Iliocostalis Thoracis		
lliocostalis		
Lumborum		
Lamboram		
Transversospinalis		
Semispinalis		
Thoracis		
Multifidus		
_		
Deep		
Multifidus/Rotatores		
Short Segmental		
Muscles		
Interspinales		
Intertransversarii		
intertransversarii		

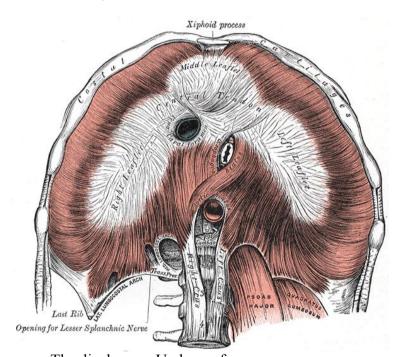
- 5.10 Distinguish between the roles of the erectores spinae and transversospinalis muscle groups.
- 5.11 Identify, describe the attachments and deduce the action(s) of the muscles of the anterolateral abdominal wall:

	Origin	Insertion	Action	Nerve Supply
Rectus Abdominis				
External Oblique				
Internal Oblique				
Transverse Abdominis				
Pyramidalis				



5.12 Identify and describe the structure and significance of:

- (i) linea alba
- (ii) inguinal ligament
- (iii) umbilicus
- (iv) inguinal canal
- (v) diaphragm



The diaphragm. Under surface

5.13 Identify and describe the attachments and deduce the action(s) of the muscles of the posterior abdominal wall:

Muscle	Origin	Insertion	Action	Nerve Supply
Quadratus Lumborum				

Iliacus		
Psoas Major		
Psoas Minor		

- 5.14 Describe the means by which, and the directions in which, the thoracic diameters are altered during inspiration and expiration.
- 5.15 Define and demonstrate "bucket handle" movements of the thoracic cage and their respective roles in the mechanics of respiration.
- 5.16 List the muscles responsible for:

Function	Muscles
Quiet Inspiration	
Deep Inspiration	
Forced Inspiration	
Quiet Expiration	

- 5.17 Describe the coarse and distribution of the medial and lateral branches of the dorsal rami of the spinal nerves.
- 5.18 Indicate the following surface markings on a living subject:
 - (i) sternum
 - manubrium
 - jugular notch

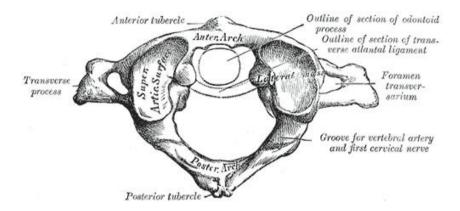
- clavicular notch
- body
- angle
- xiphoid
- (ii) costal cartilages
- (iii) ribs 1->12
- (iv) T1->12

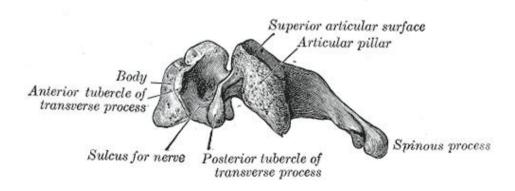
ACTIVITIES

- List those muscles involved in each movement of the vertebral column:
 - flexion
 - extension
 - ■lateral flexion ipsilateral
 - •rotation ipsilateral and contralateral
- Relate the orientation of the zygapophyseal joints to their function and to mobilisation techniques used in the treatment of the thoracic spine.
- Determine the direction of combined movements that take place in the thoracic spine with flexion and extension.
- Review features from a subjective examination that would assist in the differential diagnosis of acute chest pain

- 6. BONES, MUSCLES, JOINTS & NERVES OF THE CERVICAL SPINE
- 6.1 Identify the main features of the upper cervical vertebrae.
 - (i) Atlas (C1)
 - lateral mass
 - superior & inferior articular facets
 - anterior & posterior arches
 - anterior tubercle
 - facet for dens
 - groove for vertebral artery
 - tubercle for transverse ligament

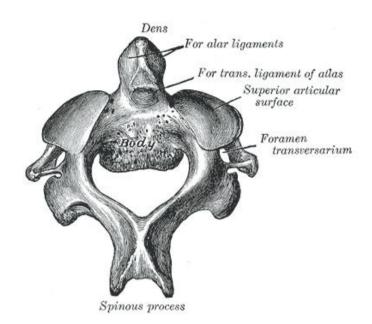
transverse foramen vertebral foramen

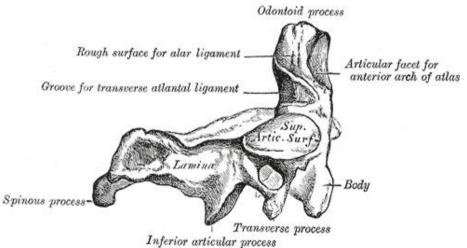




(ii) Axis (C2)

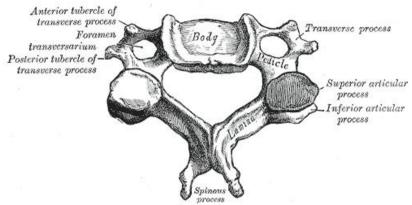
- dens (odontoid process)
- transverse process
- superior & inferior articular facet



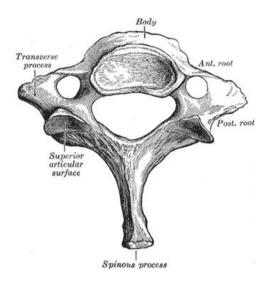


(iii) C3-C7 superior & inferior articular facets

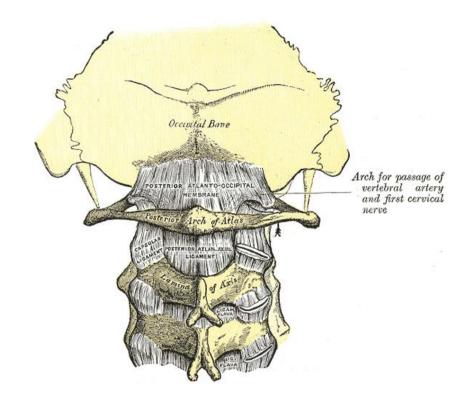
vertebral foramen uncinate process

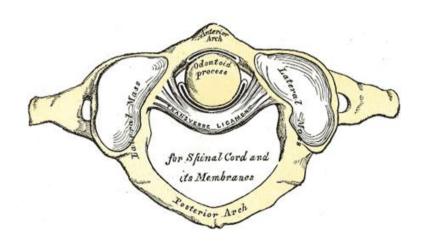


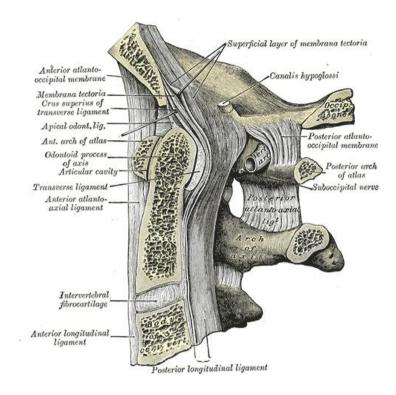
What level are these vertebrae (above and below)



- 6.2 Identify, classify and describe the movements at the following joints:
 - (i) atlanto-occipital
 - (ii) atlanto-axial (median & lateral)
- 6.3 Identify and describe the structure, location and function of the following ligaments/membranes of the cervical spine:
 - (i) atlanto-occipital membranes
 - anterior
 - posterior
 - (ii) transverse ligament
 - (iii) cruciform ligament
 - (iv) alar ligaments
 - (v) tectorial membrane
 - (vi) apical ligament
 - (vii) anterior longitudinal ligament
 - (viii) ligamenta flava
 - (ix) posterior longitudinal ligament
 - (x) interspinous ligament
 - (xi) supraspinous ligament (and ligementum nuchae)
 - (xii) intertransverse ligament







- 6.4 Identify, classify and state the functions of the zygapophyseal (facet) joints.
- Describe the position and function of the joints of luschka (uncovertebral joints).
- 6.6 Describe the structure and function of the intervertebral disc and its components:
 - (i) anulus fibrosus
 - (ii) nucleus pulposus
- 6.7 Identify the superficial muscles of the back of the neck listing their general attachments and nerve supply:

Muscle	Origin	Insertion	Action	Nerve supply
trapezius *				
levator scapulae *				
splenius capitus *				
splenius cervicis				

6.8 Identify and state the actions and nerve supply of the deep muscles of the neck:

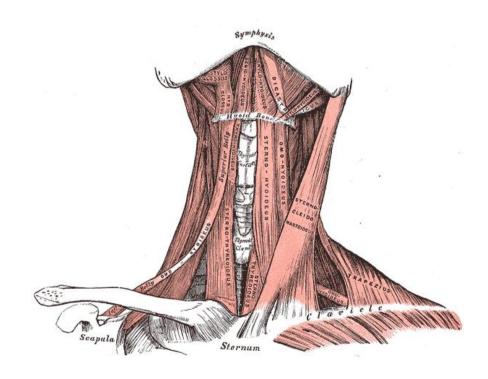
Muscle	Origin	Insertion	Action	Nerve
erector spinae iliocostalis cervicis longissimus capitus cervicis spinalis capitus (semispinalis capitus) cervicis				supply
transversospinalis semispinalis cervicis capitus multifidus rotatores cervicis (rarely present)				
intersegmental muscles interspinales intertransversarii suboccipital muscles * rectus capitus posterior major rectus capitus posterior minor oblique capitus inferior (inferior oblique) oblique capitus superior (superior oblique)				

6.9 Identify and briefly list the attachments and state the actions and nerve supply of the muscles of the front of the neck:

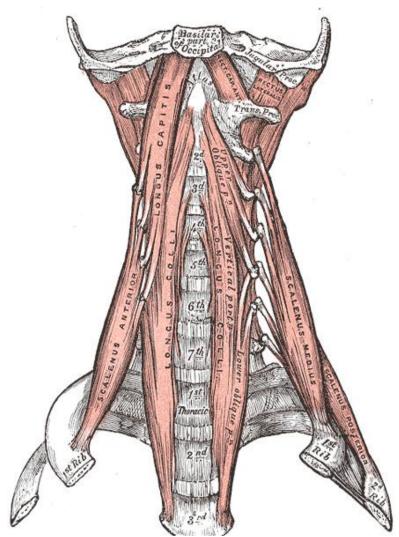
	Origin	Insertion	Action	Nerve supply
(i) sternocleidomastoid *				
(ii) scalene muscles				
anterior				
medius				
posterior				
(iii) infrahyoid muscles				
thyrohyoid				
sternohyoid				
sternothyroid				
omohyoid				
(iv) suprahyoid muscles				
digastric (anterior & posterior)				
mylohoid				
stylohoid				

geniohyoid		
(v) deep anterior vertebral (prevertebral) muscles		
longus capitus *		
 longus cervicis (colli) 		
rectus capitus anterior *		
rectus capitus lateralis *		

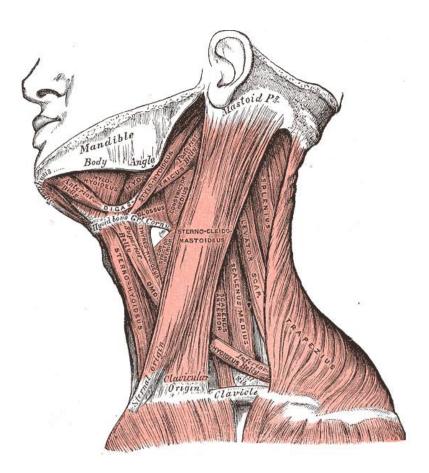
(* = denotes muscles producing movements at the A-O & A-A joints)



Anterior view of Muscles of the neck.



The anterior vertebral muscles.

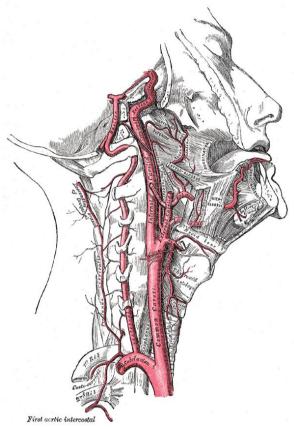


Lateral view of Muscles of the neck.

- **6.10** Describe the nerve supply to the atlanto-occipital and atlanto-axial joints.
- Describe the coarse and distribution of the median and lateral branches of the upper thoracic & cervical dorsal rami.
- Describe the formation, position and general arrangement of the cervical plexus.
- 6.13 Identify & describe the distribution of the following branches of the cervical plexus.
 - (i) sensory
 - lesser occipital
 - greater auricular
 - transverse cervical
 - supraclavicular
 - (ii) motor
 - phrenic
 - ansa cervicalis (ansa hypoglossi)
 - to other neck muscles

- List the distinguishing features of a typical vertebra from cervical, thoracic and lumbar regions of the vertebral column. (see Table 1).
- **6.15** Describe the pattern of:
 - (i) degenerative pathology
 - (ii) joint injury following motor vehicle accidents in the cervical spine.

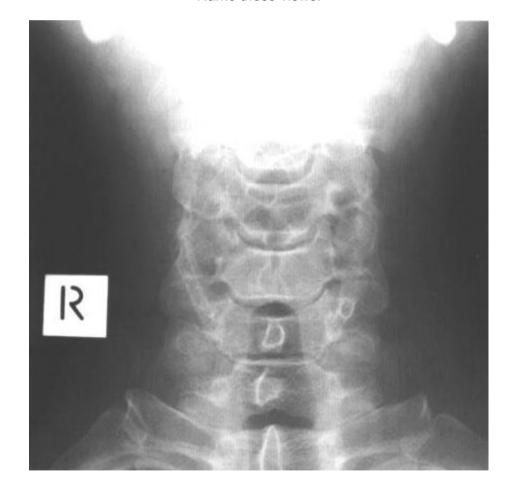
6.16 Identify and describe the course of the vertebral artery.



- **6.17** On an x-ray of the cervical spine find:
 - (i) spinous processes C1 C7
 - (ii) vertebral bodies C1 C7
 - (iii) Discs are present at which levels?
 - (iv) The dens
 - (v) The mandible
 - (vi) the hyoid bone
 - (vii) facet joints
 - (viii) disc spaces are what shape?
 - (ix) Uncovertebral joints (joints of Luschka)
 - (x) transverse processes
 - (xi) 1st rib



Name these views.



ACTIVITIES

- Deduce a method of assessing the integrity of the ligaments of the upper cervical spine.
- Relate the orientation of the zygapophyseal joints to mobilisation techniques used in the treatment of the cervical spine.
- What structures should be assessed prior to a manipulation of the cervical spine?
- Review tests available to assess the integrity of the vertebral artery.

REFERENCES

Bogduk, N (1982): The clinical Anatomy of the Cervical Dorsal Rami Spine. 7(4): 319-330.

Twomey, L.T. and Taylor, J.R (1989): *Joints of the Middle & Lower Cervical Spine: Age Changes and Pathology.* Proc. 6th biennial conf. MTAA; 215-220.

Mercer, S and Bogduk, N (1999): *The ligaments and annulus fibrosis of human adult cervical intervertebral discs.* Spine, 24 (7):619-628

7. SURFACE ANATOMY OF THE HEAD AND NECK

- 7.1 Palpate on the head of a living subject the following bony prominences:
 - (i) external occipital protuberance & nuchal lines of occipital bone
 - (ii) frontal bone including its orbital plates
 - (iii) parietal bone
 - (iv) mastoid, styloid and zygomatic processes and squamous part of the temporal bone
 - (v) nasal bone
 - (vi) zygomatic bone
 - (vii) maxilla and its alveolar process
 - (viii) all parts of the mandible

7.2 Demonstrate on a living subject:

- Principal bony features of the vertebral column:
 - (i) spinous processes of the cervical vertebrae

NOTE: C1 spinous process can be palpated just below the tip of the mastoid process. C3 spinous process is just above the hyoid bone. C4 spinous is level with the upper part of the thyroid cartilage. C6 spinous process can be palpated when neck is flexed but becomes less prominent as the neck is extended. It is level with the transition of larynx to trachea and pharynx to oesophagus. C7 spinous process is usually the most prominent.

(ii) transverse processes of the cervical vertebrae

NOTE: C2 transverse processes (lateral mass) is found just behind the angle of the mandible.

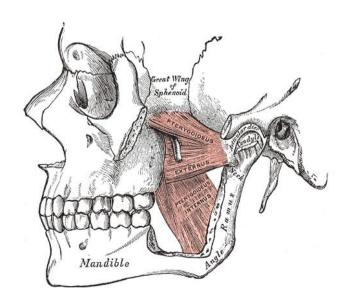
- · Some joints of the vertebral column:
 - (i) zygapophyseal joints at all cervical levels
 - (ii) intervertebral discs (anteriorly)
- Palpate the following:
 - (i) suboccipital muscle group
 - (ii) deep anterior vertebral muscles
 - (iv) suprahyoid muscles
 - (v) thyroid cartilage
 - (vii) scalenes
 - (viii) levator scapulae
 - (ix) erector spinae

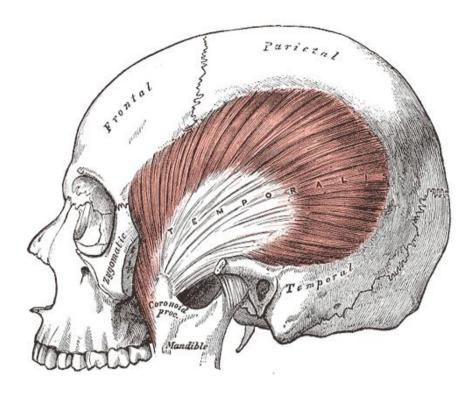
8. THE MASTICATORY PROCESS

- 8.1 Identify and describe the articular surfaces and joint cavity of the temporomandibular joint.
- 8.2 Delineate the attachments of:
 - (i) joint capsule
 - (ii) lateral ligament
 - (iii) sphenomandibular ligament
 - (iv) articular disc
- 8.3 List and describe the movements at the temporomandibular joint.
- 8.4 Describe the arthrokinematic steps that take place during opening and closing of the temporomandibular joint.
- 8.5 Identify, list the attachments of, and state the nerve supply to the main muscles of mastication:

	Origin	Insertion	Nerve supply
(i) temporalis (posterior fibres; oblique fibres)			
(ii) masseter			
(iii) medial pterygoid			
lateral pterygoid			

The Pterygoidei; the zygomatic arch and a portion of the ramus of the mandible have been removed





8.6 State the actions of temporalis, masseter, medial pterygoid, and lateral pterygoid and group them with respect to the temporomandibular joint movements.

	Action	Works together with	Function
Temporalis			
Masseter			
medial pterygoid			
lateral pterygoid			

- 8.7 State the function of the above muscles (ie. deduce this from recent cadaver findings regarding muscles attachments).
- 8.8 List the factors conferring stability at this joint.
- 8.9 Describe the pattern of pathology occurring at the temporomandibular joint (extracapsular/intracapsular).

8.10 Identify and list the attachments, actions and nerve supply of the extrinsic muscles of the tongue:

	Origin	Insertio n	Action	Nerve Supply
(i) genioglossu s				
(ii) hyoglossus				
(iii) styloglossus				
(iv) patatoglossu s				

- 8.11 Identify and describe the course in the head and or neck and state the specific functions of the following cranial nerves and their branches:
 - (i) trigeminal
 - opthalamic
 - maxillary
 - mandibular (muscular, inferior alveolar, lingual)
 - (2) hypoglossal

ACTIVITIES

- •Deduce a regime of stabilisation exercises for the temporomandibular joint.
- •What structures should be considered when assessing a patient who presents with temporomandibular joint dysfunction?

REFERENCES

Velasco, J., Vazquez, R., Collado, J. *The Relationship between the Temporomandibular Joint Disc and related Masticatory Muscles in Humans* in Journal of Oral Maxillfac Surgery, v.51: 390-395, 1993.

9. FACIAL MUSCLES

9.1 Understand the general features of the muscles of facial expression and their arrangements into 5 groups.

9.2 Identify the following facial muscles:

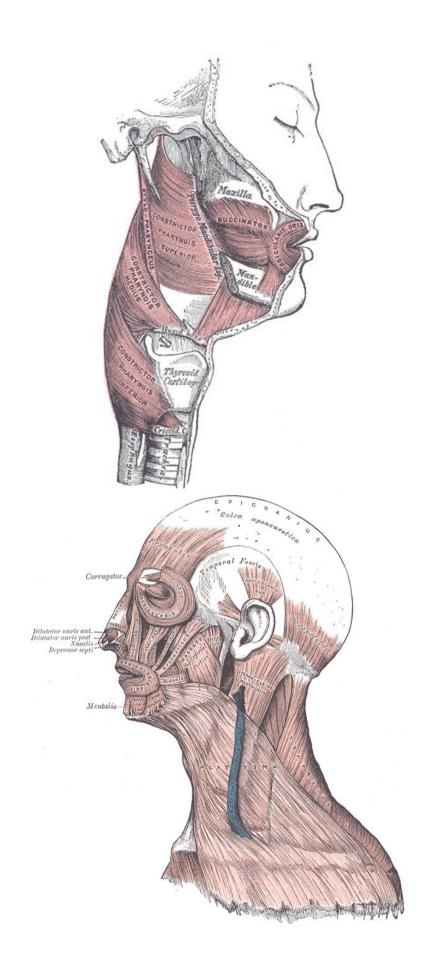
- (i) muscles around and to the orbit
 - corrugator supercilli
 - orbicularis oculi
- (ii) muscles around and to the mouth
 - a) orbicularis oris
 - b) to raise upper lip
 - levator labii superioris
 - zygomaticus minor
 - levator labii superioris alaque nasi
 - c) to depress lower lip
 - depressor labii inferioris
 - mentalis
 - d) to angle of mouth
 - zygomaticus major
 - levator anguli oris
 - risorius
 - depressor anguli oris
 - e) buccinator

(iii) muscles around the nose

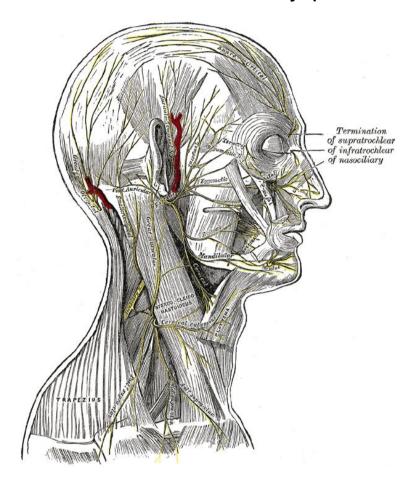
- procerus
- nasalis
- depressor septi

(iv) muscles of the scalp and auricle

- auricularis posterior
- auricularis superior
- auricularis anterior
- frontalis occipitalis
- (v) platysma



- 9.3 Describe the actions of, and nerve supply to the muscles of facial expression.
- 9.4 Identify, describe the course in the head and state the specific functions of the facial nerve and its chorda tympani branch.



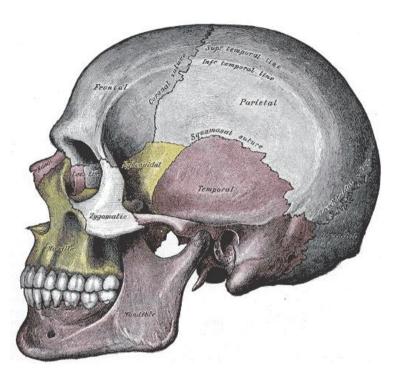
ACTIVITIES

•By observing different facial expressions ("live" or using photographs/diagrams) deduce the muscles involved.

10. THE SKULL

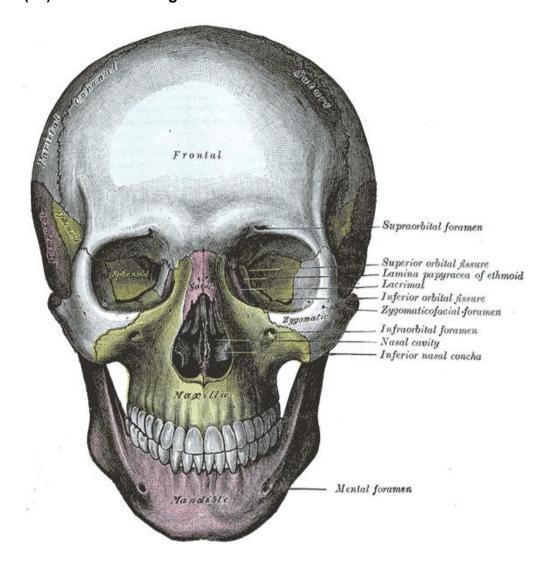
- 10.1 Identify, and distinguish the extent and some of the main features, of the individual skull bones. These bones can be divided into 2 groups:
 - (A) bones of the brain case
 - (i) frontal
 - orbital plates
 - (ii) parietal
 - (iii) occipital
 - condyles
 - basilar part
 - external occipital protuberance
 - nuchal lines
 - (iv) temporal
 - petrous part
 - squamous part
 - mastoid process
 - styloid process
 - zygomatic process
 - (v) sphenoid
 - body
 - wings (greater, lesser)
 - pterygoid plates (medial, lateral)
 - pituitary fossa
 - (vi) ethmoid
 - cribriform plate
 - perpendicular plate
 - (B) facial bones
 - (i) nasal
 - (ii) lacrimal
 - (iii) zygomatic
 - (iv) maxilla
 - alveolar process
 - palatine process
 - (v) mandible
 - body
 - ramus
 - angle
 - coronoid process
 - condyloid process

- alveolar process
- mylohyoid line
- genial (mental spines) tubercles
- mandibular foramen
- mental foramen
- (vi) vomer
- (vii) palatine
- (viii) inferior concha



- 10.2 Identify the following sutures of the skull:
 - (i) coronal
 - (ii) sagittal
 - (iii) lambdoid
- 10.3 Identify the hyoid bone; its body, horns and position in relation to cervical vertebrae, mandible and larynx.
- 10.4 Identify the following foramina in the brain case:
 - (i) cribiform plate
 - (ii) superior orbital fissure
 - (iii) inferior orbital fissure
 - (iv) optic canal
 - (v) foramen rotundum
 - (vi) foramen ovale
 - (vii) foramen spinosum

- (viii) foramen lacerum
- (ix) carotid canal
- (x) internal acoustic meatus
- (xi) external acoustic meatus
- (xii) stylomastoid foramen
- (xiii) jugular foramen
- (xiv) hypoglossal canal
- (xv) foramen magnum



- 10.5 List the structures that pass through each foramen in objective 10.4.
- 10.6 Understand the location of the four pairs of paranasal air sinuses:
 - (i) maxillary
 - (ii) frontal
 - (iii) ethmoidal
 - (iv) sphenoidal

ACTIVITIES

•List the objective		passing	through	each	foramen	mentioned	in
•Deduce tests to assess the integrity of the following cranial nerves:							
(v)							

(ix)

(vii)

(xi)

Viva Anatomy!!!

