

The Upper Limb VI



Elbow Joint Muscles of the arm

Anatomy RHS 241 Lecture 15 **Dr. Einas Al-Eisa**

Radius

• The lateral bone of the forearm

• The shorter of the long bones of the forearm

Spherical proximal end (head)
 Shaft
 A greatly expanded distal end

Radius

 Proximal end: articulate with the humerus & ulna

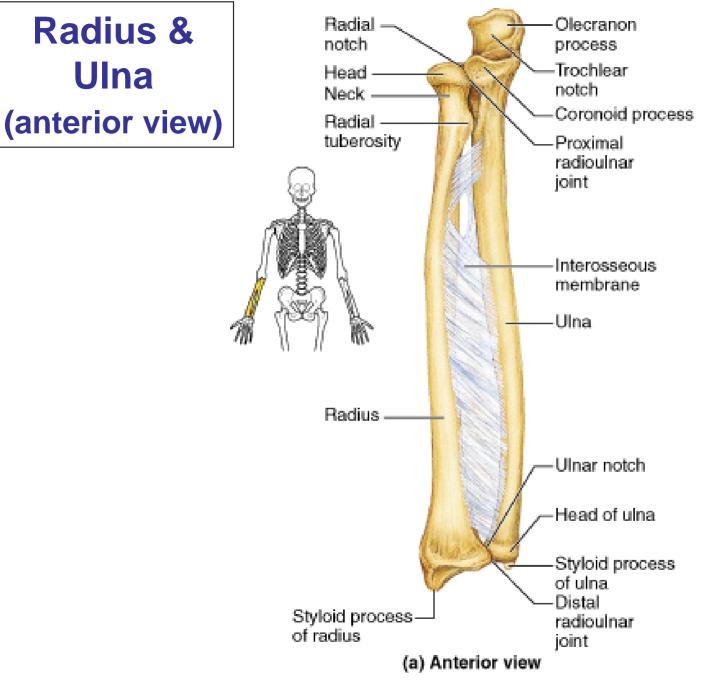
• **Distal end:** articulates with the ulna and proximal row of carpals

Radius

• Tuberosity

• Dorsal (lister's) tubercle

• Styloid process



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Ulna

• The medial bone of the forearm

Large proximal end
Shaft
Distal end

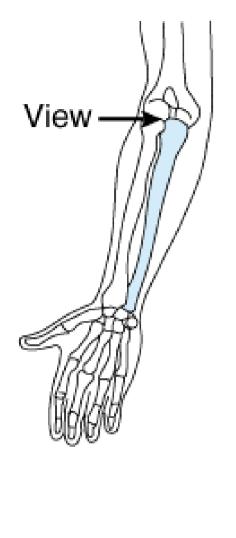
Ulna

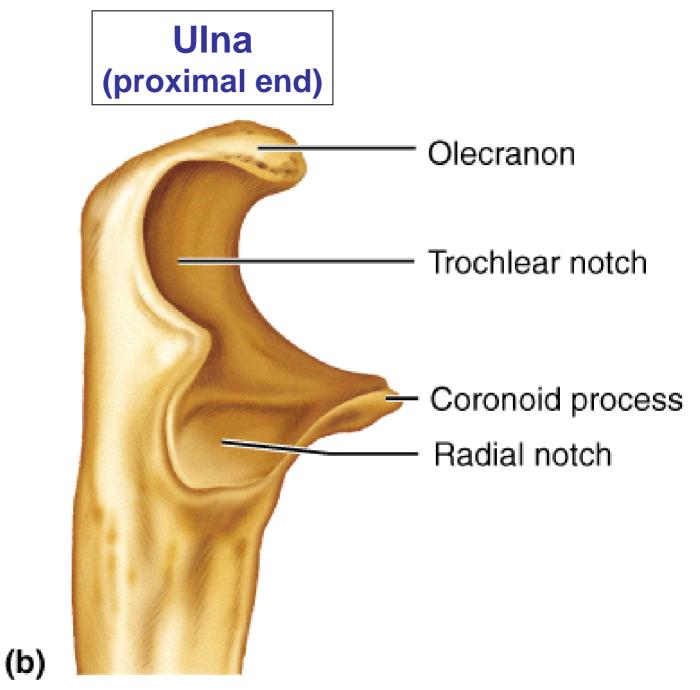
Proximal end: articulate with the humerus & radius

• **Distal end:** articulates with the radius only

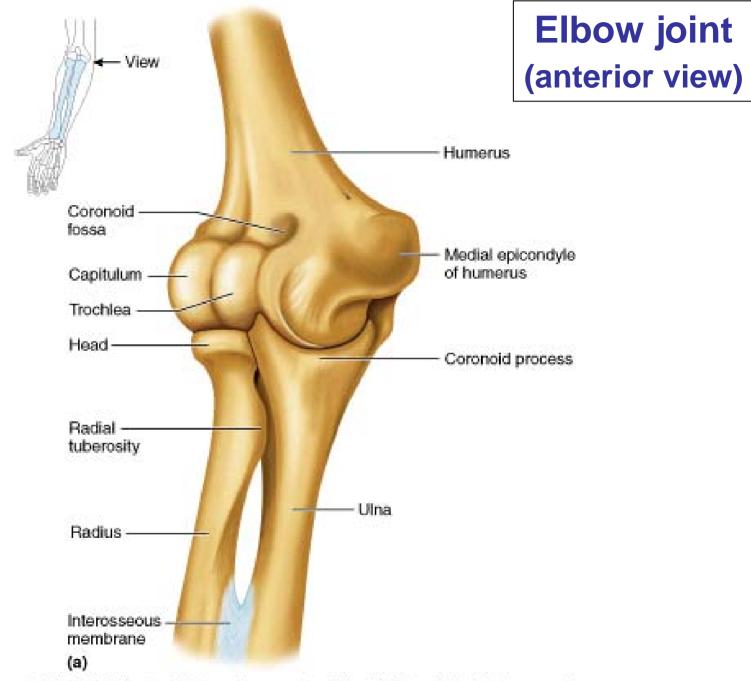
Ulna

- Olecranon
- Trochlear notch
- Coronoid process
- Head (distal)
- Styloid process





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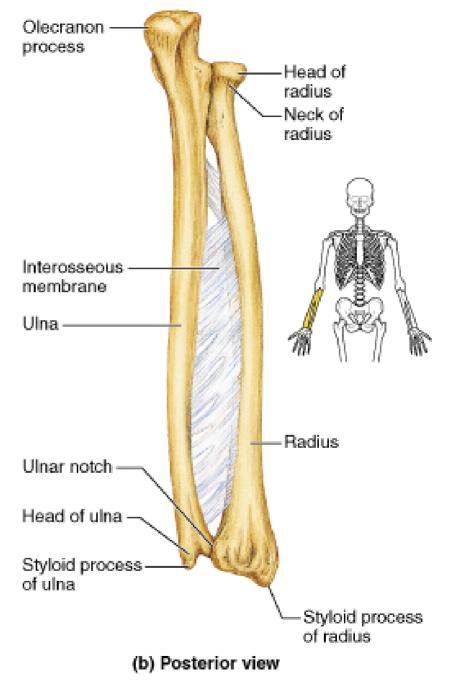
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Landmarks of the elbow

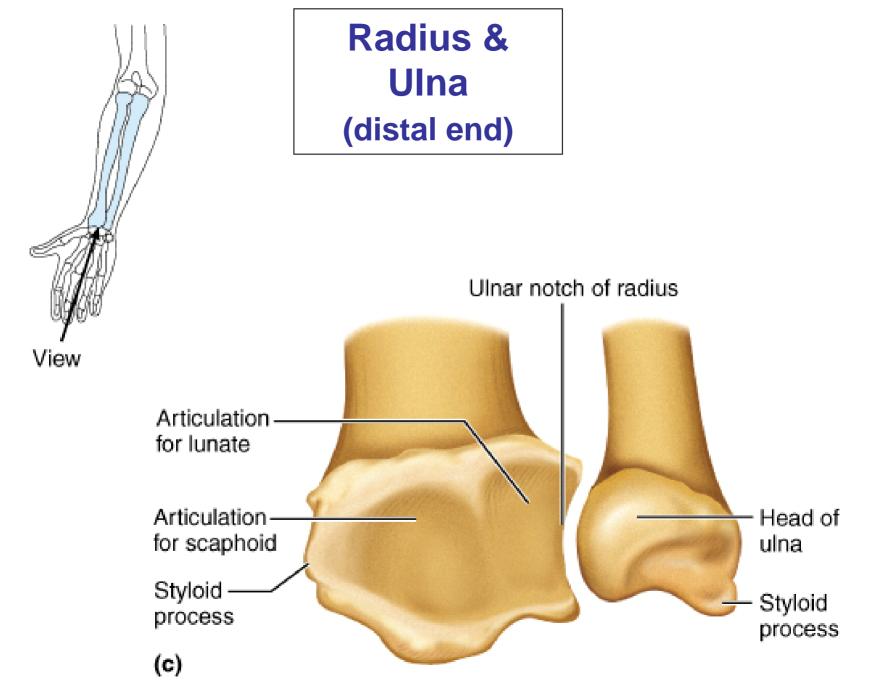
• Medial & lateral epicondyles of the humerus

• Tip of the olecranon process of the ulna





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Elbow joint

• Uniaxial joint:

>single axis of function (mediolateral)

>permits movements in a single plane

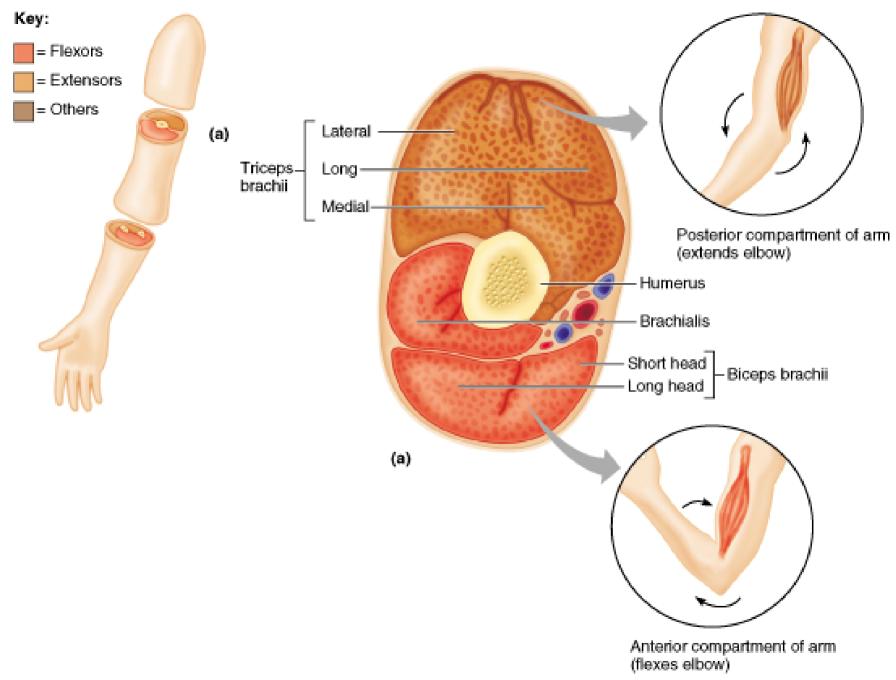
>permits the movement of flexion & extension

Elbow joint

• Articular surfaces:

Capitulum of the humerus
Trochlea of the humerus
Head of the radius
Trochlear notch of the ulna

• Ligaments: radial & ulnar collateral ligaments



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Flexors of the elbow

 Lie within the anterior muscle compartment of the <u>arm</u>

 Cross the elbow joint anterior to its axis of function

 Take their distal attachment from the radius or ulna

Biceps brachii

• Origin:

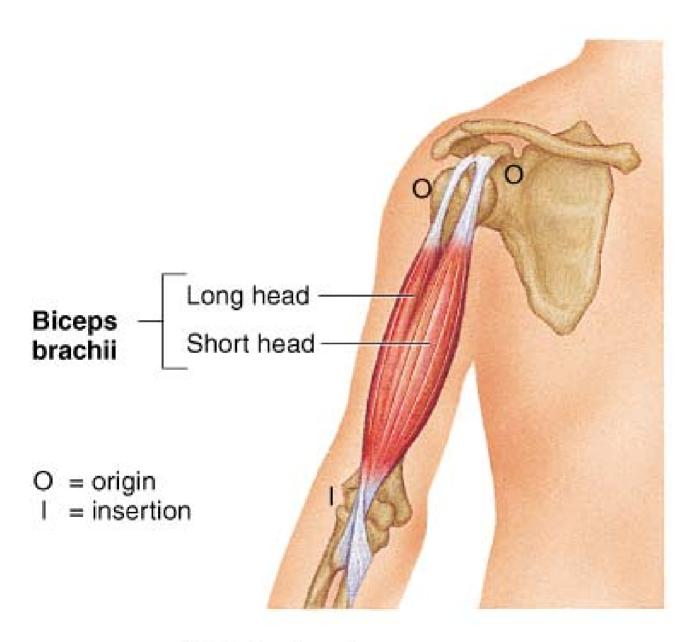
short head: tip of the coracoid process (in common with the coracobrachialis)

➢ long head: supraglenoid tubercle of scapula

• Insertion:

≻tendon: radial tuberosity

bicipital aponeurosis: into the fascia of the forearm



(c) Anterior view

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Biceps brachii

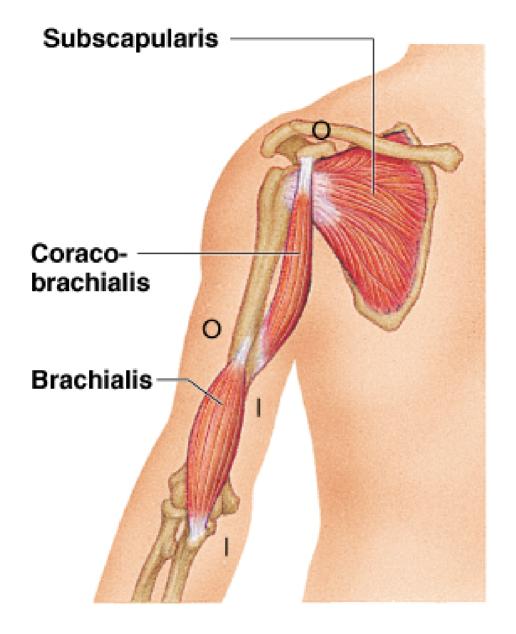
• Action:

flexion & supination of the forearmflexion of the arm

• Innervation: musculocutaneous nerve

Coracobrachialis

- Origin: coracoid process of scapula
- Insertion: anteromedial surface of midshaft of humerus
- Action: flexion & adduction of <u>arm</u>
- Innervation: musculocutaneous nerve (pierces the muscle as it enters the arm)



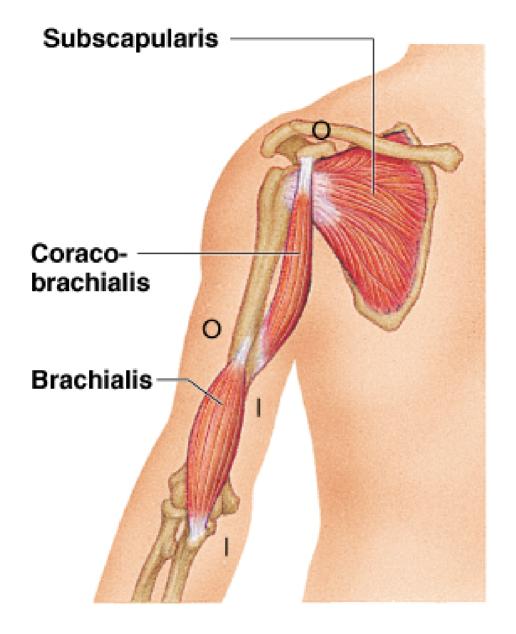
(d) Anterior view

Brachialis

• Origin:

Iower half of anterior humerusintermuscular septa

• Insertion: ulnar tuberosity



(d) Anterior view

Brachialis

- Action: flexion of forearm
- Innervation:
 - ➤<u>musculocutaneous</u> nerve
 - Interal side may receive twig from <u>radial</u> nerve

Extensors of the elbow

 Lie within the posterior muscle compartment of the <u>arm</u>

Cross the elbow joint <u>posterior</u> to its axis of function

• Take their distal attachment from the ulna

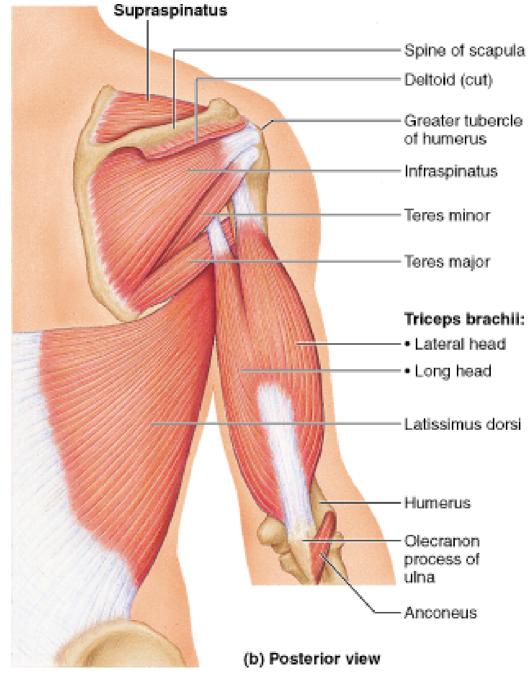
Triceps brachii

• Origin:

long head: infraglenoid tubercle of scapula
 lateral head: posterior surface of humerus above & lateral to groove of radial nerve
 medial head: posterior surface of humerus

below & medial to groove of radial nerve

• Insertion: olecranon of ulna



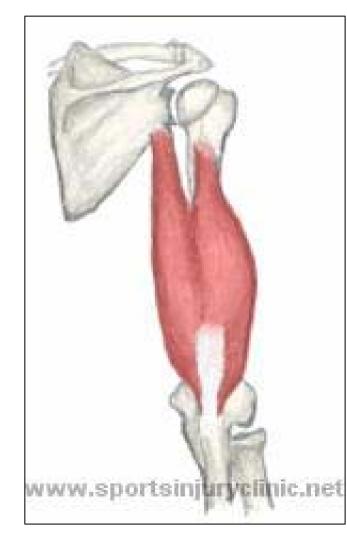
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Triceps brachii

• Action:

extension of the forearmextension of the arm (long head)

• Innervation: radial nerve



Anconeus

• Origin: lateral epicondyle of humerus

• Insertion: lateral side of olecranon

• Action: extension of <u>forearm</u>

• Innervation: radial nerve

Radial nerve

• Vulnerable in the medial side of the upper arm (e.g., axillary crutches: crutch palsy)

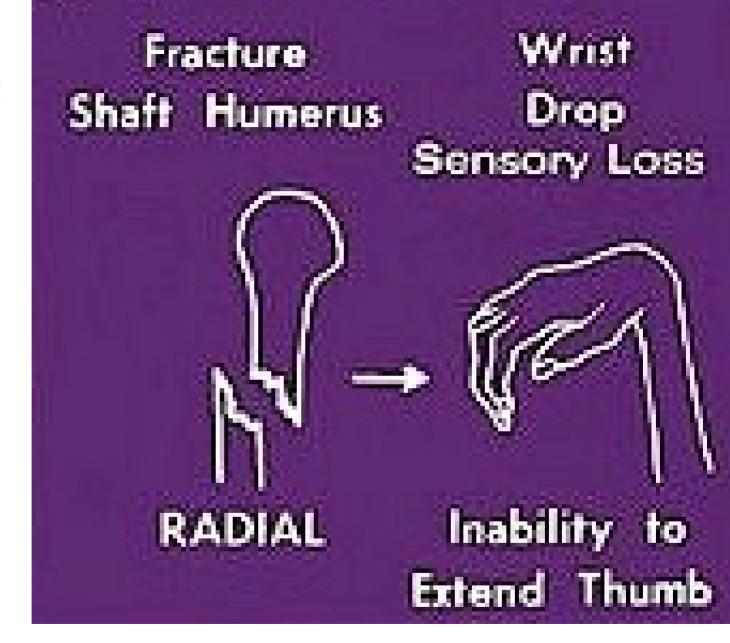
 Enters the posterior compartment of the arm by passing between the long and deep heads of triceps

Radial nerve lesions

• Fracture of the midshaft of humerus

- Saturday night palsy
- Wrist drop (few sensory symptoms)

Fractures of the mid shaft of the humerus radial nerve palsy



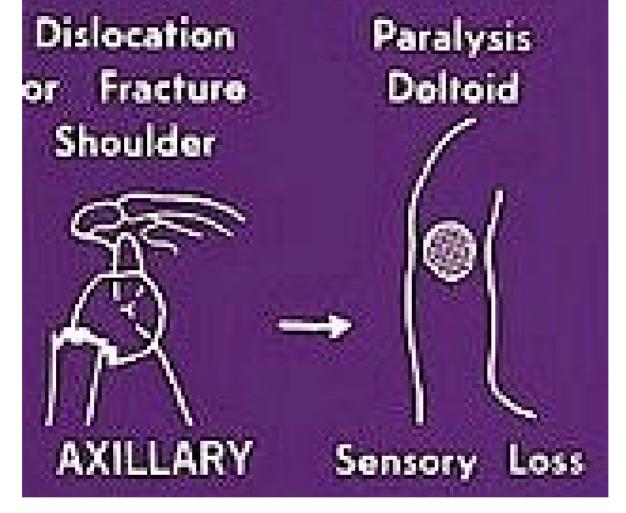


Wrist drop due to a radial nerve palsy

Radial nerve

 Injury to the nerve in the shaft of humerus (groove of the radial nerve) affects primarily extension of wrist & fingers (not triceps).....why?

• Some of the branches to the triceps arise before the nerve leaves the axilla

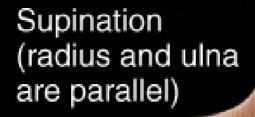


axillary nerve lesions: fractures of the neck of the humerus & dislocations of the shoulder

Radioulnar joints

 Pronation & supination (as in turning a key to lock or unlock a door)

 Demonstrate these movements with the arm at your side, elbow flexed to 90°, palm facing medially, and thumb directed superiorly

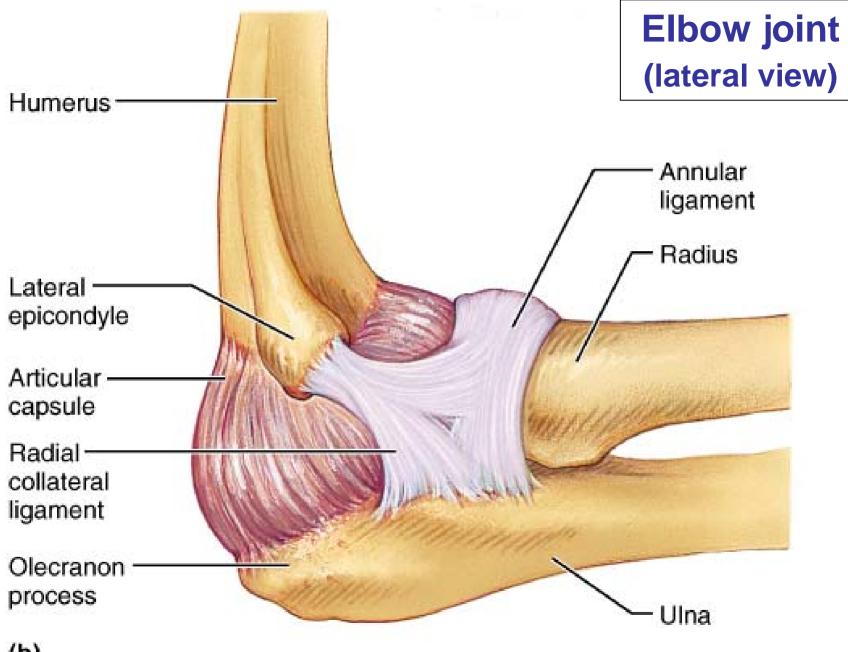


Pronation (radius rotates over ulna)

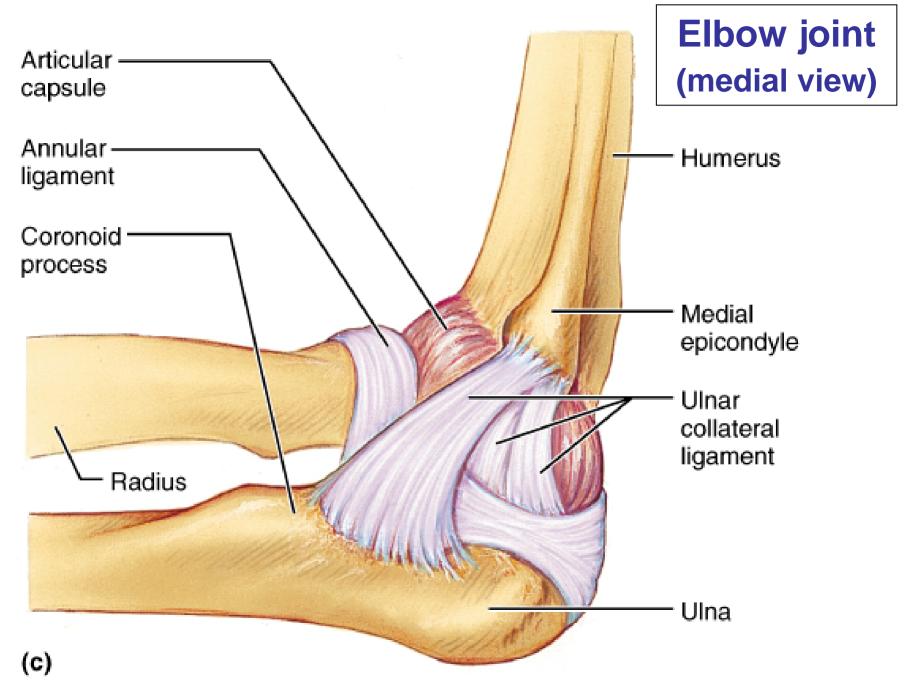
(a) Supination (S) and pronation (P)

Radioulnar joints

- Proximal radioulnar joint: between the head of radius & radial notch of ulna; supported by the <u>annular ligament</u>
- Middle radioulnar joint: between the shaft of radius & ulns; tied together by the interosseous membrane
- **Distal radioulnar joint:** between the head of ulna & ulnar notch of radius



(b)



Pulled elbow

 Common in young children (less than 8 years old) who present with a painful inability to use the arm

• Peak incidence: between 2-3 years old

Pulled elbow

 Caused by sublaxation of the head of radius after traction injury (sudden traction applied to the child's arm which is in extended and pronated position)

• Completely and rapidly cured by manipulation

Pulled elbow

the head of radius can then easily slip through the tear ______ the annular ligament becomes detached and interposed between the head of radius and capitulum

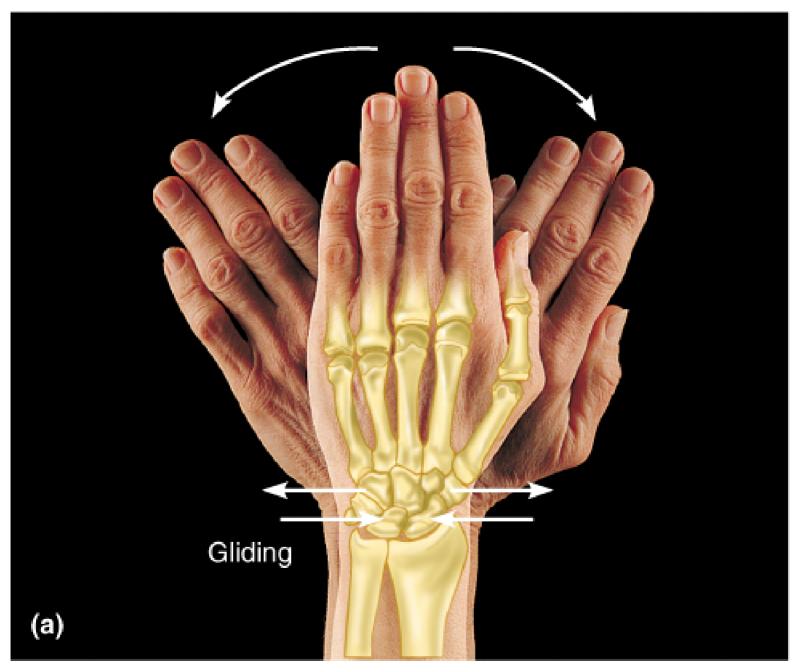
Wrist (radiocarpal) joint

• Biaxial joint:

>two axes of function

>permits movements in two planes

Permits the movements of flexion / extension (sagittal plane), abduction {radial deviation}/ adduction {ulnar deviation} (frontal plane)

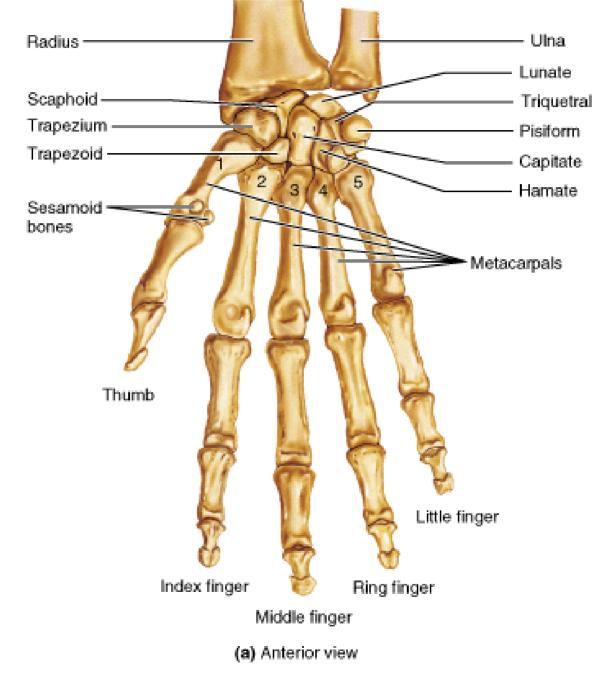


Wrist joint

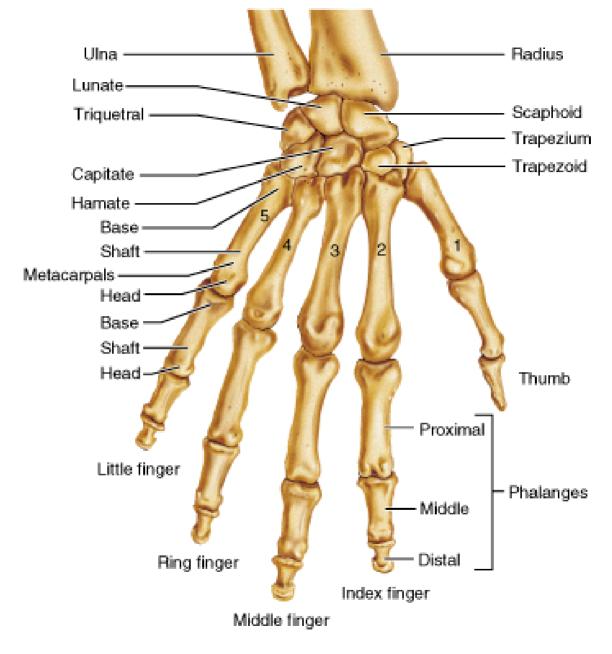
• Articular surfaces:

Distal end of the <u>radius</u>
 <u>Scaphoid & lunate</u> bones (proximal carpals)

 The distal end of the ulna is separated from the proximal row of carpals by an articular disc (therefore, does not articulate with the carpals)



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(b) Posterior view

Clinical note

• The scaphoid is the most frequently fractured bone of the wrist...why?

 Falling on an outstretched hand produces ulnar deviation, causing the scaphoid to slide under the radial styloid process;
 i.e., the hyperextended hand exposes the bone which is weaker in its central region

Falls on the outstretched hand

Fractures of the scaphoid and anterior dislocation of the lunate

Colles' fracture (fracture of distal end of radius)

Clinical note

 Avascular necrosis is a concern when treating fractures of the scaphoid...why?

 Vessels supplying the scaphoid enter the distal portion (therefore fracture at the waist will deprive the proximal portion of its blood supply)

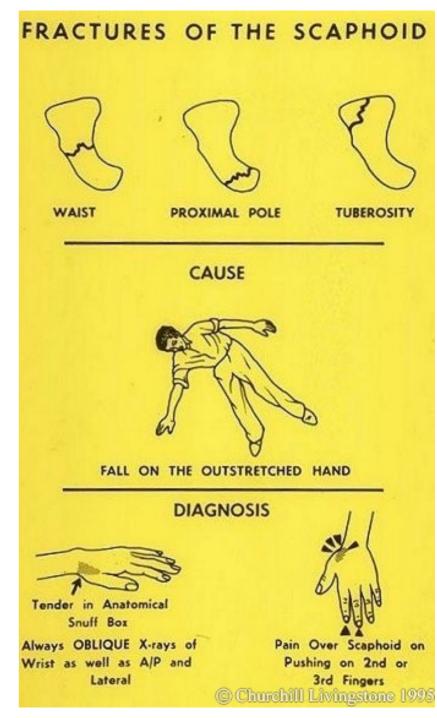
Fracture of the scaphiod

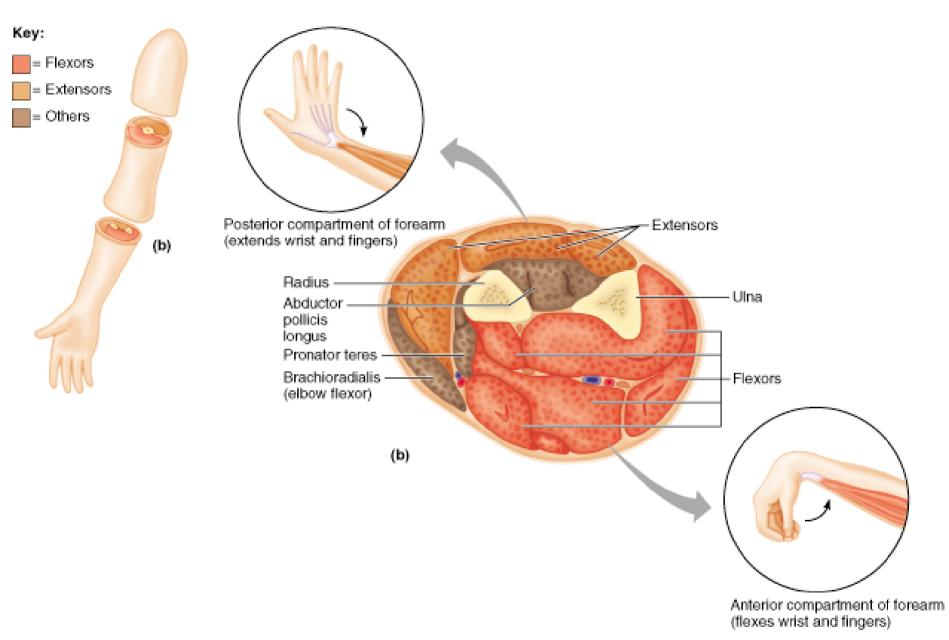
- Common in young adults
- As the result of falls on the outstretched hand
- May be overlooked because:
 - >The person considers it to be a strain
 - Or the fracture may not be visible in the initial X-ray
- Healing is slow and there may be non-union (can be prevented by early diagnosis and immobilization)

• Fractures of the <u>waist</u> and <u>proximal pole</u> of the scaphoid are liable to progress to nonunion or <u>avascular necrosis</u>

•Tenderness in the anatomical snuffbox

•Tenderness on proximal pressure on the 2nd and 3rd metacarpals





Flexors of the forearm

- Lie within the anterior muscle compartment of the forearm
- Cross the wrist joint anterior to its axis of function
- Take their common origin from the medial epicondyle (site of golfer's elbow = medial epicondylitis)

Flexors of the forearm

• Superficial muscles:

➢Pronator teres

➢Palmaris longus

➢Flexor carpi radialis

➢Flexor carpi ulnaris

Flexors of the forearm

• Intermediate muscles:

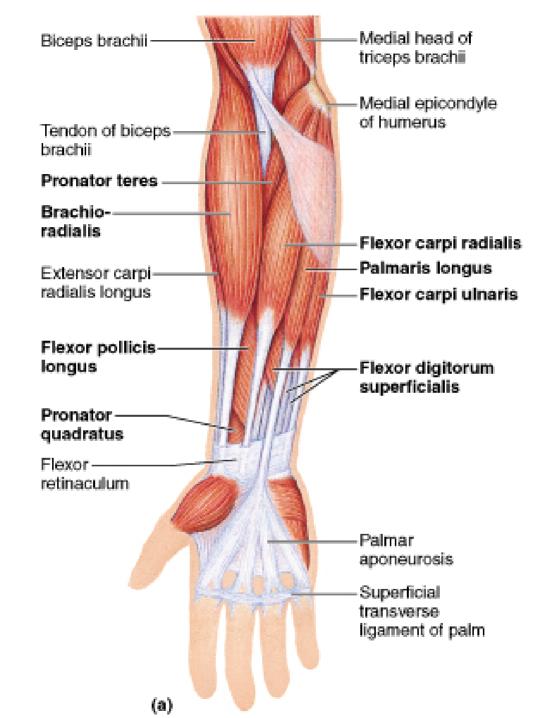
Flexor digitorum superficialis

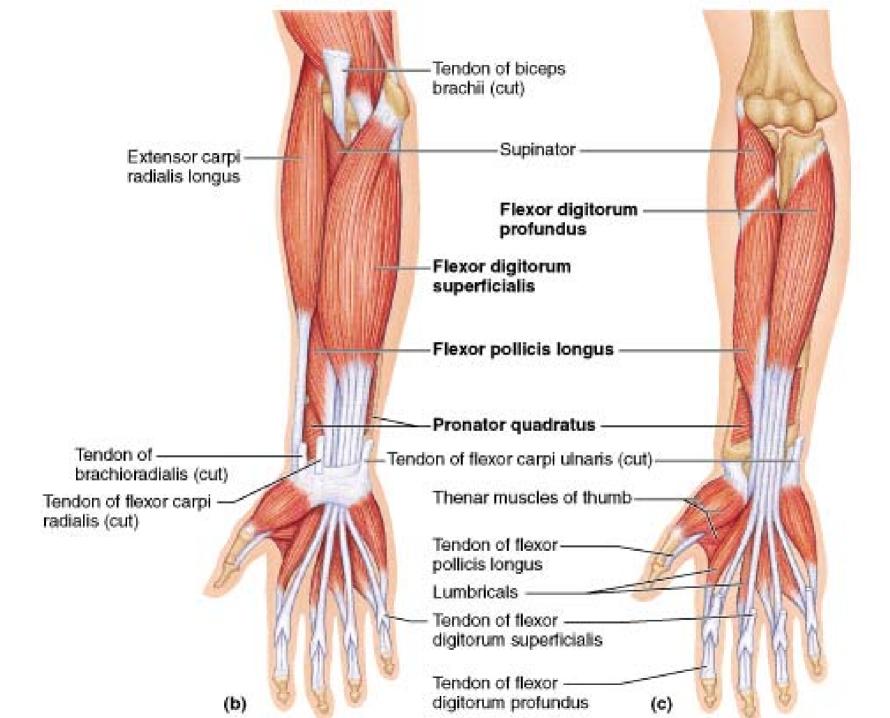
• Deep muscles:

Flexor digitorum profundus

➢Flexor pollicis longus

➢Pronator quadratus





Extensors of the forearm

• Superficial muscles:

- ➢Brachioradialis
- Extensor carpi radialis longus
- Extensor carpi radialis brevis
- Extensor digitorumExtensor digiti minimi

Extensor carpi ulnaris

Extensors of the forearm

• Deep muscles:

➤Supinator

Abductor pollicis longus
 Extensor pollicis brevis
 Extensor pollicis longus

➤Extensor indicis

