
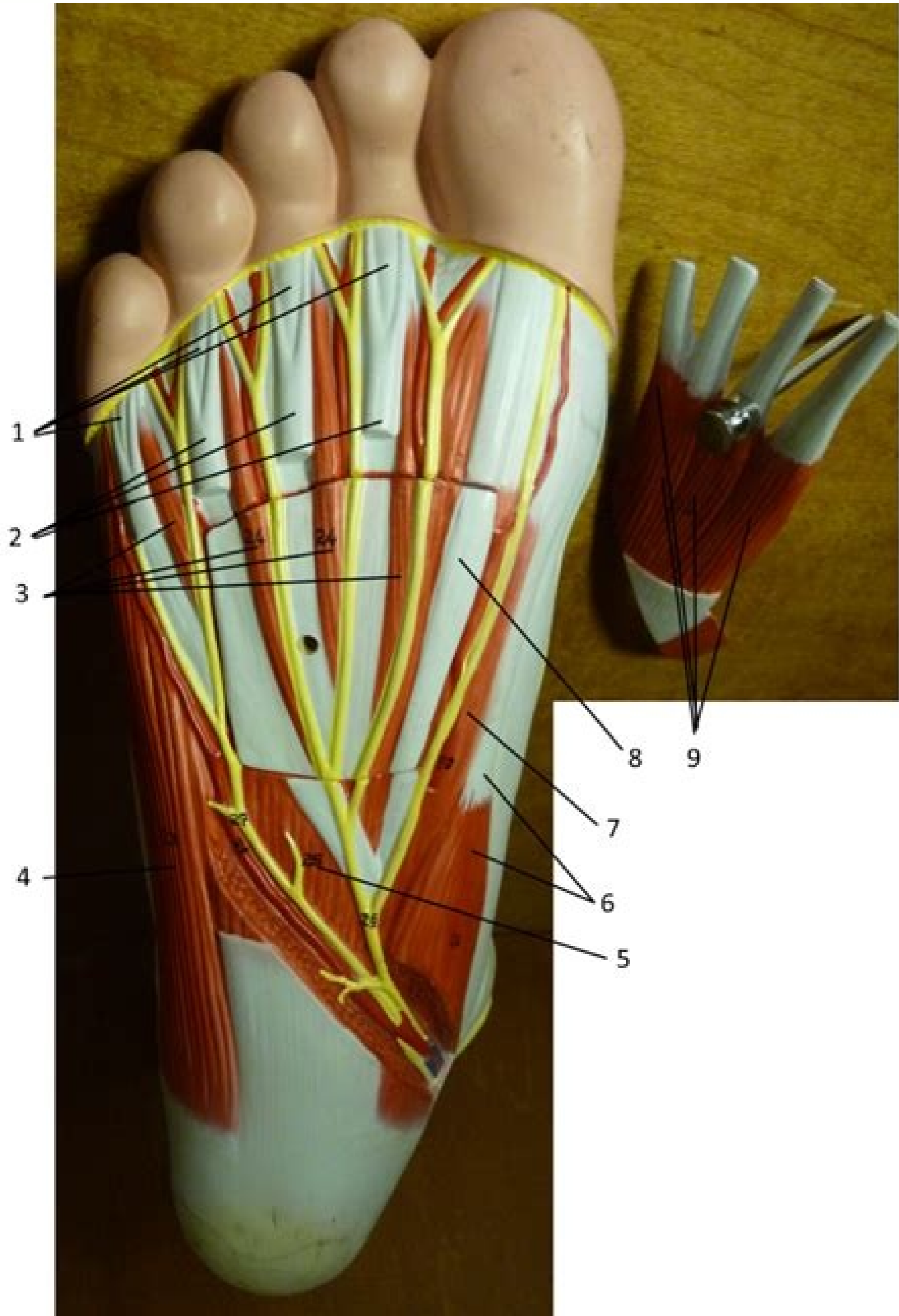
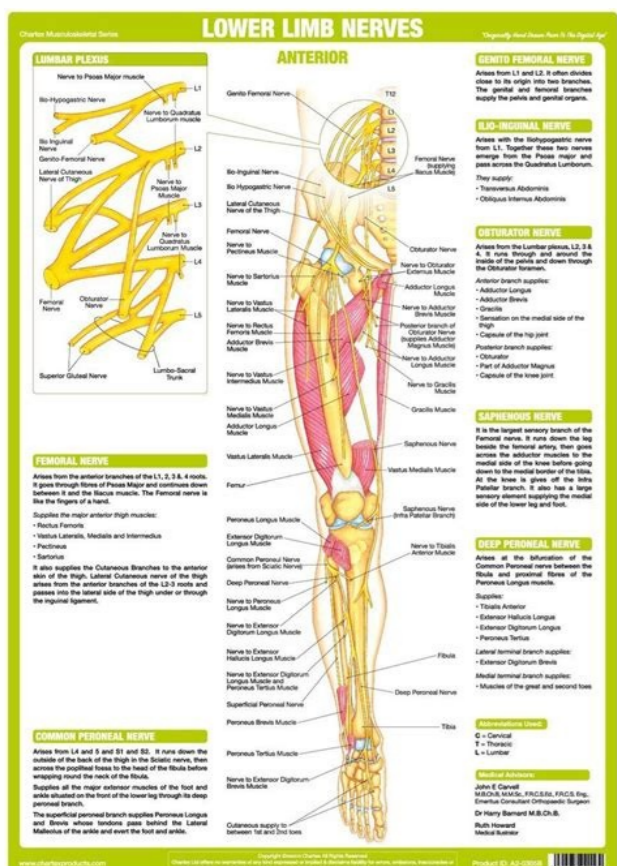


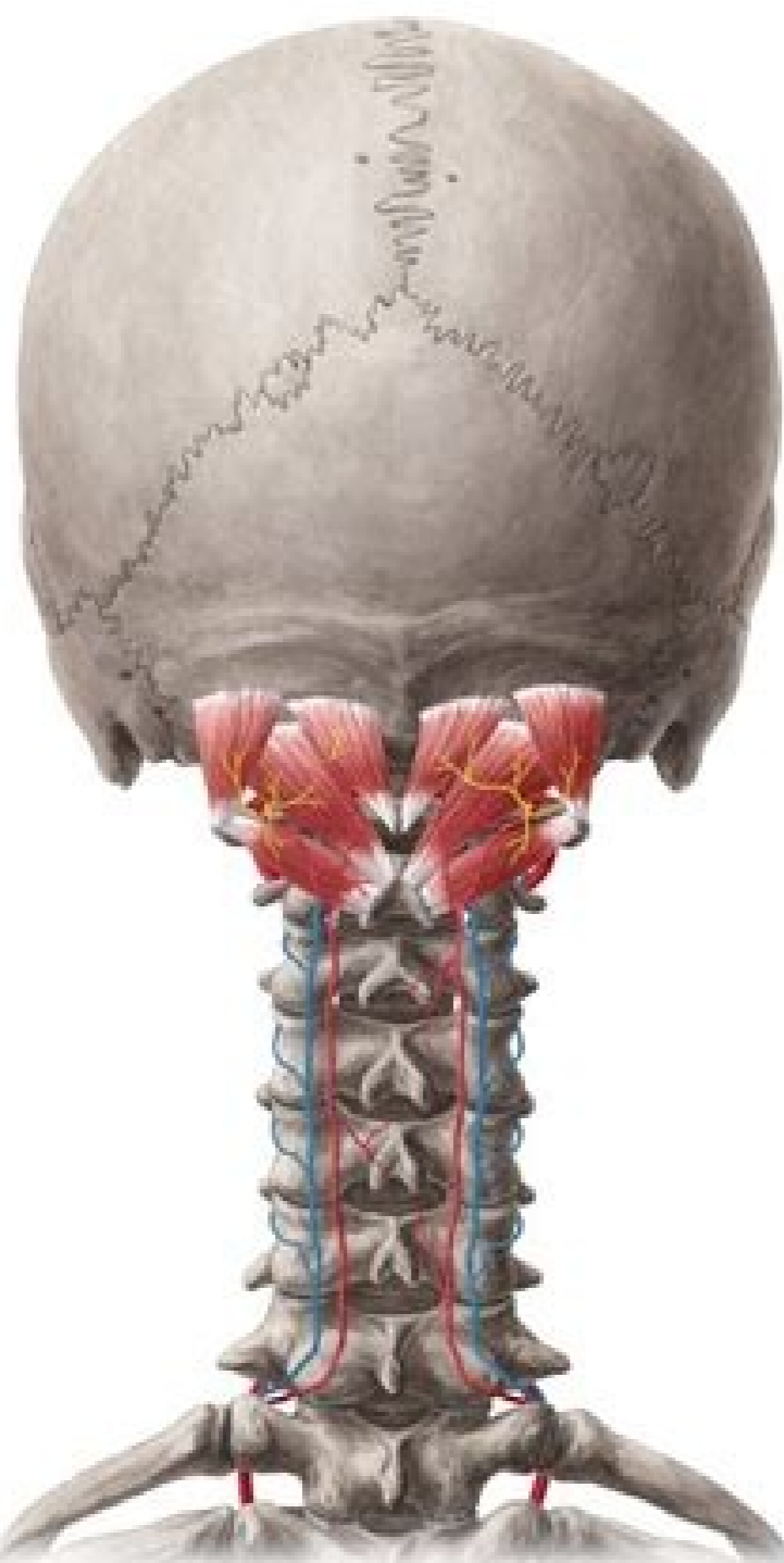
## Muscles and nerves of upper limb

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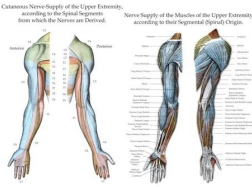
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Author: Jana Vasković MD a referee: Dimitrios mytilina MD, PhD Diabated: 2022, November 24. One of them, of course, is our ability to evaluate each other when passing an anatomical exam. Naturally, there are many other functions and movements offered by our upper limbs, and all this is associated with an ideal anatomy intended to ensure high mobility. On this topic, the page briefly discusses the anatomy of the upper limb to promote the advance of the main areas of the upper limb, including the shoulder, upper arm, elbow, forearm and hand. The upper limb of the shoulder main information: shoulder bone. Skull, collar muscles: surface: deltal, trapezoidal - deep: lower support, infrages, minor Teres, subscapularis (rotation headers): sit on the bones of the hand: the nerves of the humerus: the nerves of the humerus: neck, upper hand double Hunger - Rear section: Trips Brachii bones: shoulder bone, rifle, elbow movements: bending, building, pronation, rifle, bones, bones. : Radial artery, Elkov, medium nerves: muscles and elbow elbows, trapezoid, trapezoid trapezius. Hamata, mana (5), fingers (proximal, medium, distal) nerves: radial, elbow, medium nerves, arteries: rear branches of the muscles of the elbow and elbow: coat, patter -mustrin show show is a place where the upper limb is connected to the luggage. The most important part is the joint of the Glenogmerk; The company consists of a skull and a collarbone. Before what kind of discussion about the joints of the humerus, the anatomy of the chaamerus should be known, and you can find everything in this in our educational material. The stumpy joint is strengthened in two muscle groups: superficial and deep. Superficial muscles contain deltoid and trapezoids of muscles and consist of deep group supraspinat, infraspinatus, minor and subscapolar (rotating headlines).By: Jana Vasković MD a e EDITOR: Dimitrios Mytilinaos MD, PhD last revised: 2022 November 24 Is it in the upper limb? One of them, of course, is our ability to stand up when we take an anatomy exam. Of course, they have many more functions and movements than our upper limbs offer, and all this is due to the ideal anatomy that allows for greater mobility. This topic page provides a brief overview of the anatomy of the upper limb, highlighting the major regions of the upper limb, including: shoulder, arm, elbow, forearm, and hand. Basic information about the muscles of the upper limbs of the shoulder, scapula and collar - superficial: deltoid, trapezius - deep: supraspinatus, infraspinatus, small, small, subscapular (rotator cuff of the shoulder) mnemonics: the rotator cuff rests on the humerus of the shoulder; Gerer's nerves: All of the shoulder arterial plexus: Branches of the muscles of the brachial artery - Anterior section: coracobrachial, brachial, brachial biceps - Posterior section: triceps humerus; humerus, radius, tubular Movements: flexion, extension, pronation, Supination of the forearm: radial, radial ulna - radial arteries, ulnar, median nerves: layers of the radial arteries and ulnar 1, deep bones of the hand: scaphoid, lunar, trihedral, pisiform, trapezius, trapezius, trapezius trapezius, trapezius, trapezius, trapezius, trapezius, trapezius, trapezius, capitate, hammock ( 5), phalanges (proximal, middle, distal) nerves: radial radial branches and: terminal branches: terminal branches of terminal branches R sections of the radial and ulnar arteries: metacarpal muscle groups metacarpal muscle groups in Soni and Laull forms Control Clothers RENS RENDERER#Open Toc> Note that the entire shoulder is where the upper limb attaches to the injury. The most important part of it is the shoulder joint; Consists of the humerus, skull and clavicle. Before discussing the shoulder joint, it is necessary to study the anatomy of the hererus and you can learn all about this topic in our study guides. The shoulder joint is strengthened by two muscle groups, superficial and deep. The superficial muscles include the deltoid and trapezius, and the deep group includes the supraspinatus, infraspinatus, teres minor, and subscapularis (rotator cuff).It is easy to remember your shoulder trick muscles, use the mnemony below! There is a rotary cuff on the shoulder. Large muscles, host muscles, small underwater muscle. Learn everything about the shoulder anatomy with funny and charming educational content. In addition, we have prepared a special test to improve our knowledge of the anatomy of the upper limbs. Perform an anatomy test for the upper extremity and learn more about the bones, joints, muscles and vessels of the upper extremity! The hand is the area between the shoulder and the elbow. Depending on whether you like the high school or not, it may be more or less important to you. But you have to know all parts of the hand anatomically. There is only one bone in your hand and it is a shoulder bone. It is support that all other soft tissue structures are based. Hand muscles always appear in exams! Improving your knowledge now with our tests, diagrams and worksheets. The muscles are divided into front and rear parts, whereby partitions are attached to the shoulder bones. The front has a horn, shoulder and twice attached to the shoulder muscles. And the rear section has only one muscle, three doors. The last but just as important is the vascular transmission section. Any structure that stands out from the hand takes the shoulder plexus, a network of nerve nerves that come from the vertebrae C5-T1. The arterial blood comes from the artery of the shoulder, which sinks down from hand and gives the blood structures many branches to supply blood. Learn more about the nerves of the upper limb with Kenhub. The elbow is another "bridge" in the upper link that connects the hand and the forearm. Three bones are involved in the elbow joint: shoulder, radiation and elbows. They are formed and fastened so that the forearms enable clear pronunciation and swollen movements. To understand these movements, you will find everything you need to know about the anatomy of the elbow joint. In addition to the joint, significant nerves are found. And ships to give forearm and brushes. And here is the part that most students look at the hardest. Twenty forearm muscles and two bones (radiation and elbow). In the anatomical position (in the supination), the radiation bone is medially and the elbow bone front of the arm. Therefore, when examining the anatomy of the forearm, radiation terms are usually found, ie it means lateral and is the elbow of the middle part of the presentation. Equet and wrist. Thanks to the common sense of the Main Nature in the development of these two bones, we can uniquely observe movements such as supination and pronation in the forearm. Learn more about these two bones in this training unit. In the unity study, the prerequisite muscles are grouped into the front and rear pieces in the radius and elbow operation, while the front section mainly contains flexors and rear extrins. Both the front and deep compartments can be divided into a surface and deep layers. We know that reading about twenty muscles, two departments and five layers can be monotonous, so we have developed these research blocks with video training and built tests to make the subject more interesting and make your life easier! The arteries of the forearm, radial and elbow branches of the artery and innervation - radiation, elbow and median nerves are innervated by nerves. The nerves and vessels of the forearm in the upper extremity of the body. After the surface removal of the fingers of the fingers, elbow arteries and nerves, median nerves and radiation arteries can be clearly seen. Using this test, check your knowledge of the anatomy of the upper extremities. Hands are probably the biggest product of human evolution in terms of mechanics of our body. The anatomy of the hands allows us to make various movements with the spectrum from gross movements such as mosquitoes to the most serious movements such as play, drawing or playing guitar. To understand how it works, let's start with the main part of the hand, so: the heels of the fingers, which are behind the hand of the hand, are very interesting. The wrist has 8 bones in a pair of heels and 14 bones in the fingers. The carp bones are formed in a small, irregular way and have such curious words that you will love your first Instagram account: Scaphoid, Semi -Moon, trialedral, peas, trapezium, trapezoid, metropolis and hook bones. On the other hand, it is easier to remember metacarpal bones, because these are little finger. Finally, the numbers are supported by three connected OSES called the proximal, middle, and distal phalanges. All this is called I-V addition, especially at the end. Regarding the muscles, they are called the internal muscles of the hand. This means that the two appear and are placed in the hand. In contrast to the forearm muscles of the outer forearm, which comes from the forearm and is inserted into the hand. The internal muscles of the hand are: Palmaris brevis, interochi (palmar and back), Pollicis adductor, okenar, mortgage muscles. You can know everything about our training materials and check it with an integrated quiz. The muscles of the hand are studied by the training unit and the neurostimulator - arteries and nerves are a continuation of the nervous elements of the forearm. You can know our training unit to master this topic: All content published on Kenhub is neurovascular discovery of the training unit's hand, evaluated by medical and anatomical experts. The information we provide is based on university literature and a revised study. Kenhub does not provide medical advice. You can find out more about content creation and revision by reading our recommendations on content quality. Author, Review and Editing: Jana Vasković Dimitrios Mytilinaos Nicola McLaren Adrian Rad Illustrators: Upper Extremity (Face View) -Irina Mandesterman Nerfs and Ship Know more about this? Our captivating videos, interactive quizzes, in-depths and HD atlas are there to get the best results fast. What do you prefer to read? I can honestly say that Kenhub has cut my work in half. Keep reading. Kim Bengochea, Regis University, Denver. Unless otherwise stated, illustrations are a proprietary property of Kenhub GmbH and all content is protected under German and international copyright laws. All rights reserved. Nerve maintenance of the upper expression is an important and complex issue that inevitably occurs in anatomy, scenarios of clinical cases, and OSCE. It is also very relevant for clinical practice. This article focuses on the five nerve branches of the shoulder plexus that give the upper extremity. It is a muscular nerve, axial nerve, radial nerve, mean nerve, and nerve of the elbow. We will consider themAnd in case of nerve injury, as well as the clinical symptoms you expect. More information about the upper limbs can be found in the Geek Doctors section on the topic of the upper limbs. In addition to extended features such as interval repetitions, you can also deal with our collection of teaching cards of anatomy containing more than 2000 teaching cards of anatomy. ð "The structure of the brachial plexus is almost completely supplied by brachialis plexus, a complex nervous net consisting of spinal nerves C5, C6, C7, C8 and the roots of the spinal nerves. T1. Brachialis plexus itself is in a separate article here. Figure 1 summarizes the structure and branch of the brachial plexus. Figure 1. Overview of the Plex Brachialis is branched by three threads that supply the upper end: lateral thread, leads to musculocutaneous nerve and to the middle lateral root. Nerve Medianus and Ulnaris. The beginnings of these five nerves are located around the third part of the axis. Musculocutaneus, median and ulnar nerves lie at the front and form the shape of "M" around A. Axillaris, which can be easily found during prose. If you get a diagram or level of brachial plexus to indicate the examination, call the M! N. Musculocutaneus (C5/C6/C7) comes from the lateral thread of the brachialis plexus, which consists of a front and middle body. The course of the musculocutaneus is separated from the armpit by the coracobrachialis M piercing. Then the arm flows under the biceps muscle and ends as a nerve of lateral skin of the forearm. Sensory care provides the skin of the side forearm. Motor nerve supply musculocutaneus, front compartment arm (BBC) Innovation: biceps; sagittarius; Overarm brachialis: bending elbows CORACOBRAHALIS: Articulative glenohumeral courtyards and added nerves are protected under the mass of the muscles. It can be damaged by a knife injury at the top of the arm. The clinical properties of the muscle nerve polio include: loss of emotion: deafness on the side forearm.Double reflex. Deformity: milking the front part of the hand. The elbow joint is mostly stretched, the forearm is pronounced. The Axillaris (C5/C6) N. Axillaris arises from the rear part of the Brachialis Plexus and is formed from the back of the upper fuselage. The course of the Axillaris nerve runs under the shoulder joint in a rectangular room with the rear part of the brachial A. It is then wrapped around the surgical neck of the upper arm bone. The sensory innovation of the Axillaris nerve provides the "Sergeant Patch" skin above the lower deltoid muscle. The motor system in the Axillaris nerve innovates the following shoulder muscles: Delay muscle: dubbed, bends and stretches the teres minor: exterior rotation of the shoulder, is part of the rotator cuff that stabilizes the shoulder joint. Brachial cervical spine shoulder back wound wound front wound luxation pressure on the armpit ("crutching"): paralysis of the delta muscle, therefore very low shoulder abduction of 15 to 90 °. Bad bow and stretching the shoulder. Teres smaller muscle parameter that causes a rotation of the weak arm. Deformation: A delicious muscle loss that makes the shoulder bones very prominent and obvious. The shoulder can appear tied up and turned inwards. The Radialis N. (C5/C6/C7/C8/T1) emerged from the Radialis of the rear bank, which consists of the rear compartments of all three tribes. The course of the radial nerve runs behind the armpit and goes through the triangular gap in the back of the hand. It then runs around the brute spiral groove with the depths of A. brachialis between the heads of the triceps muscle. It enters the elevator of the upper arm of the lateral epicondylus between the muscles brachialis and brachioradialis. Then the Radialis N. in the proximal forearm branches into two end branches: superficial branch (mainly sensitive); gets off under the brachioradialis and ends in the back of the wrist deep branch (mainly motor): Pacider Supinator muscle and climbs together with off the back. Interlaite membrane behind the Dorsalis A. Proximal dorsalis 3 ½ lateral finger (thumb, arrow, middle and half -ring finger) Motor innervation innervates the triceps of the rear compartment of the radial nerve arm. Triceps stretches, handles the shoulder and corrects the elbow. The radial nerve innervates the following forearm in the posterior compartment: Brachioradial: Anger makes the elbow flexible: expands the elbow, balances high elbow articulation: radial stretches and releases the radial elongation base along the Karpj Brevis. Carpos Ulnar Extants: Pulse Extensor Digtorum, Estesor Politicis Lonus and Brevis, Delay Indicator and Minimum Fasting: MCP and APA expand the thumb and fingers in kidnapple kidnapping and Miss joint injuries affecting broad injuries. The radial nerve contains: proximal fractures of humerus, a diaphragm or lower elbow, radio wound, forearm or wrist (which includes blood tests and exit), patient ("global paralysis"), hanging behind chair, classic drunken ("global paralysis") "Paralyzed sleep (Saturday evening)". Patient's head ("honeymoon buddy") standing on a patient's shoulder, plasika, fungi or highly tense clamps in the forearm A haemostatic lace, such as long -term orthopedic surgery or plastic clinical signs, long -term use of radial use. The nerve includes: Hand hands: Hand back paralysis: weak: weak forearm posterior elbow paralysis: mild wrist extension, thumb and finger MC MC SPE Finger Extension and lack of crunch reflections and fans of fans are still possible: "wrist fall" deformation listened to a ve in an attempt to expand the wrist (Fig. 2). The patient cannot extend the wrist/fingers, which is irregular with wrist bending. In the classic definition of radial nerve damage, the forearm is also pronounced, flexible toes and small thumb thumb. Triceps can also be the forearm atrophy and the rear department. Dig. 2. It depends on the fall of the wrist due to paralysis of the radial nerve. The patient cannot correct the wrist or fingers. The average nerve of the bacon and medial cord origin (C5/C6/C6/C8/C8/T1). The lateral root, growssections of perfect and medium stems. The medial root arises from the anterior part of the lower body. Of course, the median nerve runs along the arm along with the brachial artery. It initially lies lateral to the artery, then bends medially in the middle of the arm. The nerve then passes through the medial part of the cubital fossa between the two pronator heads of the muscle. It runs from the front of the forearm between the Digtorum Superficialis and Digtorum profundus flexor muscles and gives off three main branches: Anterior interdigital nerve: It descends along the anterior interstitium with the anterior interdigital artery, between the wrist retinaculum, the radial flexors of the wrist, and the flexor digitorum superficialis/carpalis tendons. Adjustable sensory feeding in carpal tunnel syndrome. The median nerve does not provide any sensory innervation to the axilla or hand. In the hand, the median nerve supplies: the skin over the lateral projection - the motor of the side of the hand, the side of the hand, the dorsal ends of the 3.5 fingers, the motor of the lateral 3.5 fingers (thumb, index finger, middle and half of the ring finger), the median nerve supplies any motor innervation to the axilla or upper arm. and abducts the wrist Palmaris longus: flexes the wrist and shortens the lateral aponeurosis Digtorum digitorum superficialis: flexes the fingers on both sides of the flexor Digtorum profundus: flexor index and medial opponents of the IPJS index Oplicis: à Opp Ozoid tumor ozoa tumor Brevis Color changes Brevis: MCPJ , flexor , thumb flexion. Common Injuries Affecting the Median Nerve Common injuries include: Supracondylar fractures of the ecological grooveCompression for Self-Injury Using Carpal Tunnel Syndrome Clinical symptoms of median nerve palsy include: Loss of sensation: skin numbness in the palm and middle of the hand. However, in carpal tunnel syndrome, feeling in the hand is usually preserved because of the intact skin branch. Motor deficit: paralysis of most of the anterior compartments of the forearm: poor pronation of the forearm, flexion and abduction of impulse, and weak flexion of the fingers with preservation of Ppjj flexion in the ring and little finger. Tacar Paralysis Eminence: low praise and general grip strength, weak thumb resistance. Deformity: Blessing Deformity When attempting to flex a finger, the patient is unable to flex the index and middle fingers, resulting in multiple extensions of the two fingers (Fig. 3). They can't make a fist with all their fingers. With the deterioration of the condition of the anterior forearm branch, and thus the roughness of Fig. 3. Median Nerve Palsy Hand Blessing - Patient cannot flex the index or center of the ulnar nerve (C8/T1) of the origin of the brachial plexus. It passes behind the medial epicondyle of the humerus and enters the forearm between the two leaders of the ulnar flexor of the wrist. The nerve passes through the anterior compartment of the forearm below the ulnar flexor of the wrist with the ulnar artery. It then enters the hand through the sensory channels of the Guyon's sensory canal, the ulnar nerve does not provide any sensory innervation to the axis or arm. In the palm, the ulnar nerve supplies the nerves: skin above the medial palm from emergence to the palm of the middle fingers - posterior part of the back side of the middle fingers (mignolo and half rings) motorized ulnar motor supply Innervates two muscles of the anterior compartment of the forearm: Flexor carpi ulnaris: Flexes and adds the medial pulse Digtorum Pundus flexor of two parts: Bends the ring and fingers on the Dipjs nervo ulnare in the fingers Most of the inside of the hand muscles (Hila deval): Eminence Hypothening: À Opponens Minimal Tears, Flexor Digiiti Brevis minimal and abductor faded minimal: "covers, flexion and abduction Intervening adductor and IPSSS with the addition of the body and little fingerinch. Adductor Pollicis is not part of the tears and is actually far below it as a separate structure. In addition, the superficial branch of the ulnar nerve innervates Talaris Brevis. The most common injuries affecting the nerve of the ulnar bone are: Suprakonditis fractures of the upper arm bone or soft tissue injuries of the forearm or hand wrist, medial epicondium due to upper arm injuries (including blood tests and annulus) Elements or elements or channeling! Guyon channel on the wrist. The clinical symptoms of ulnar nerve paralysis are as follows: sensory loss: numb on hypotenar; - The distribution of hand motor wound and elbow bone; Compound paralysis - Ulnaris carpi: The weak flexion of the wrist and paralysis in the medial parts of the medial parts. Digtorum Profundus: The weak ring and flexion of the small finger - the inner hand muscle paralysis: weak MCPJ; spine - Deformity and Fingers of Hands in Rests: The patient cannot prolong the IPJ ring or small. The finger results in the tight flexion of the IPJ of these two fingers and the hyperexia of the MCPJ (Figure 4). The appearance of the claws is the most prominent when the nerve is injured in the wrist, such as the compression of the Guyon canal, as the fingers protect the deep flexion function of the fingers. A spilled hand, which affected all four fingers, took his hand to remove the elbow bone. The patient cannot prolong the clinical anatomy of the ring or small fingers. The sensory source of the upper extremities can be divided into dermatomas (area provided by each spinal nerve root) and peripheral nerve regions. The motor supply of the upper limbs can also be divided into myotomy (movements performed by the individual roots of the spinal cord) and also into myotoma and peripheral nerve function (Figure 5). Figure 5. Upper extremity dermatomas and myotomes. For more information about the examination of the upper extremity, see the neurological examination guide of Odso Medical Geek's upper extremity. Peripheral nerve injuries to the upper extremity nerve source are usually from fractures, penetrating injuries andPatients with neurological symptoms after lesions in the upper limbs can present themselves to the accommodation of the ISC. There are different types of damage to the nerves: neuropaxia: the nerve is elongated and damaged but not broken: "The nerve is torn at the assonotese point of the length:" The nervous fiber is partially cut: his healing the axons and myelne are torn, but the surrounding Epinevri, the perineum and the connective tissue are preserved. Natural healing is possible through axonal regeneration, therefore these lesions can often be treated conservatively with support and physiotherapy. Navmes: The nervous fiber is completely chopped. Natural healing is unlikely, so this type of injury requires surgery to restore the function. Avascular: the root of the nerve explodes from the spinal cord in its point of origin. This can cause damage to the brachial plexus, but usually does not affect the individual nerves of the upper limbs. Traumatic neuroma: growth of the scar tissue on the site of previous damage to the nerves, a consolidated table of the lesions of the upper limbs for more information on the shoulder lesions, see the summary. Summary Figure 7. Summary of the nervous supply for the editor of the upper extrudors D -r. Chris Jeffries binds international standards for the classification of spinal cord lesions to the CS 2010 syntantamba. Final anatomy, 12th edition, published in 2011. Snell R.S. Clinical anatomy by region, 9th edition, published in 2011.



