

## Joints of the upper limb

Prof. Aranjana Karunanayake  
MBBS, DM, DOH&S, Dip.Tox, Dipin. Coun, D.Sp.Med, FSS  
(Ind), MBASEM (UK), MSc.SEM (UK)  
Professor in Anatomy & Physician Sports Medicine

### Objectives-

Describe the bones that form the joints.

Describe the supports of the joints

Describe muscles acting on the joint.

Describe the vascular and nerve supply to the Joints

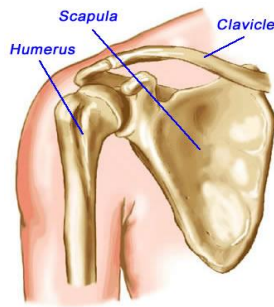
Describe the clinical applications.

### Shoulder joint

Ball and socket type  
Between head of humerus and glenoid fossa

Wider mobility and less stability.

Gleno humeral, acromioclavicular and sterno clavicular, scapular thoracic forms the shoulder joint complex.



### Shoulder joint complex X-ray

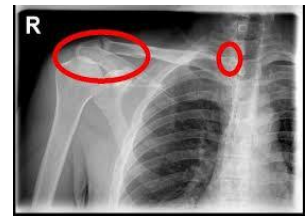
Shoulder joint complex include-

Gleno humeral joint

Acromioclavicular joint

Sterno clavicular joint

These three joints are biomechanically connected.



### Shoulder joint supports

Labrum glenoidale deepens the articular surface

Capsule surrounds the joint

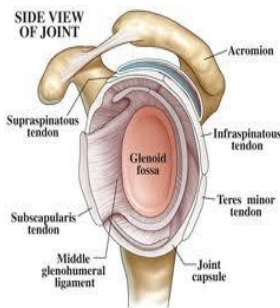
Supraspinatus, (S)

Infraspinatus (I),

Teresminor (T)

and

Subscapularis (S) forms the rotator cuff muscles



### Ligaments

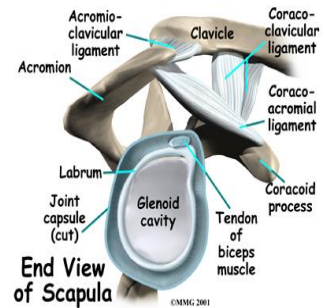
Coraco acromial

Coraco clavicular

Acromio clavicular

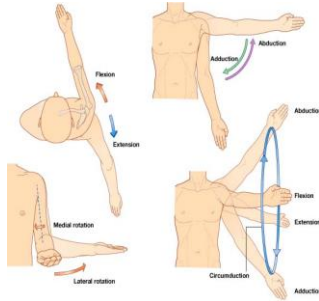
Gleno humeral

ligaments – (superior, middle and inferior)



## Movements

Flexion  
Extension  
Abduction  
Adduction  
Lateral rotation  
Medial rotation  
Circumduction



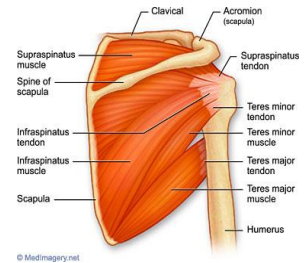
## Posterior muscles

Supraspinatus – initiates abduction

Infraspinatus – lateral rotation

Teres minor – lateral rotation

Teres major – medial rotation, adduction, extension



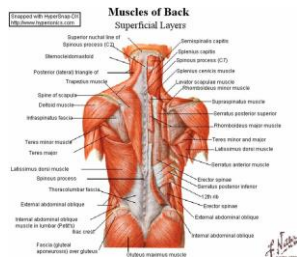
## Posterior muscles

Deltoid – abduction from 15 – 90 degrees, flexion and extension.

Trapezius – Scapula rotation and shoulder abduction from 90 -180 degrees, shoulder shrugging.

Rhomboids major and minor – retraction of scapula

Serratus anterior – helps in rotating the scapula during shoulder abduction and holding the medial border of the scapula attached to the thoracic wall.

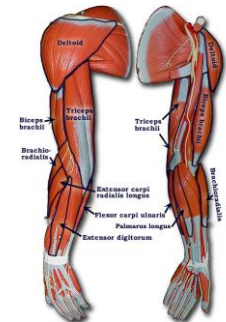


## Anterior and posterior muscles

Subscapularis – adduction and medial rotation

Triceps – Long head provide support to the shoulder. Causes extension at the elbow.

Biceps – Long head provides support to the shoulder. Biceps causes flexion at the elbow and also supination.

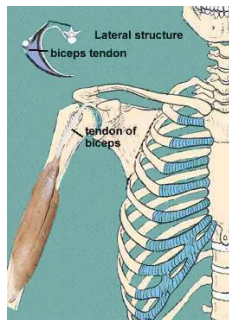


## Biceps muscle

Has a long and a short head.

Causes flexion and supination at the elbow joint.

Supplied by musculocutaneous nerve.

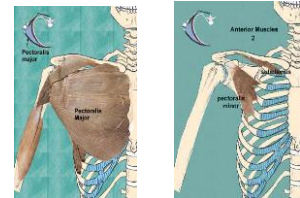


## Pectoral region muscles

Anterior wall of axilla is made up of pectoralis major and minor muscles.

Pectoralis major helps in adduction, flexion, medial rotation of shoulder and help to elevate the ribs.

Pectoralis minor helps in protraction of scapula and elevation of ribs.

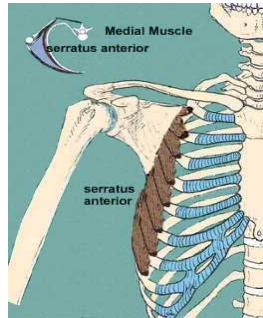


## Serratus anterior muscle

Origin from upper 8 ribs. Inserts to the medial border of scapula.

Supplied by long thoracic nerve.

Helps in shoulder abduction beyond 90 degrees by rotating the scapula. Helps to pull the scapula medial border towards the chest wall.



## Bursa related to the shoulder joint

Subacromial and subdeltoid bursa

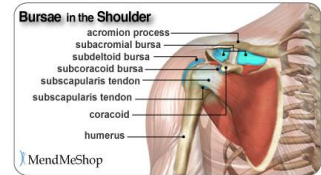
Subscapular bursa

Subcoracoid bursa

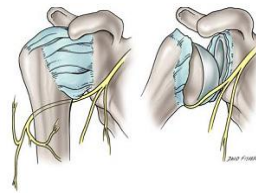
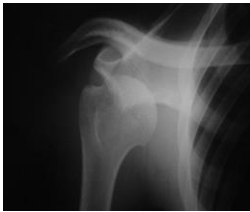
Coraco clavicular

Supra acromial

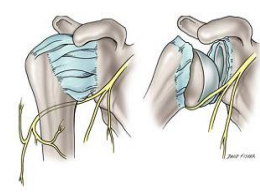
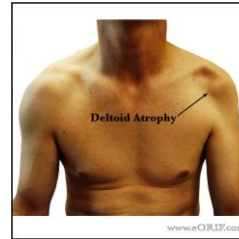
Medial extension of subdeltoid bursa



## Shoulder joint dislocation and complications

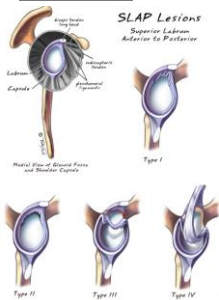


## Complications of axillary nerve damage



## Common Causes

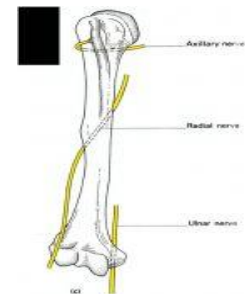
### SLAP Lesions



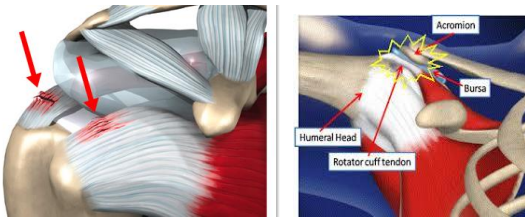
### Bankart Lesion



## Fracture surgical neck of humerus

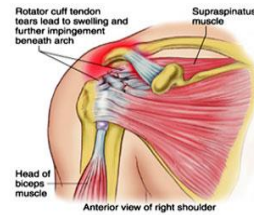


### Rotator cuff tears and shoulder joint impingement

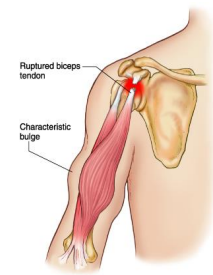


### Common Causes

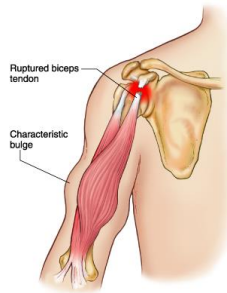
#### Rotator Cuff Strain



#### Long Head of Biceps tears

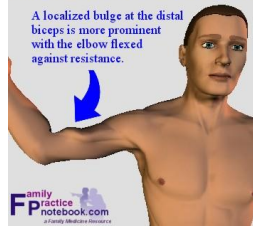


### Damage to biceps muscle

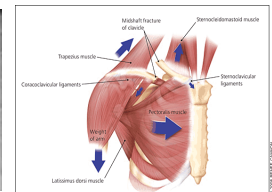


#### Long Head of the Biceps Rupture

A localized bulge at the distal biceps is more prominent with the elbow flexed against resistance.



### Clavicle fracture



### Bones of forearm and Hand

Ulnar and radius  
Carpel bones  
Metacarpals  
Phalanges



### Elbow Joint

Joint between radius, ulnar and humerus.

Synovial Hinge type

Flexion – biceps, brachialis

Extension – Triceps

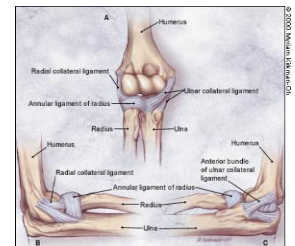
Long flexor and extensor muscles of forearm can contribute to flexion and extension

Pronation and supination occurs at proximal radio ulnar joint which is a pivot joint

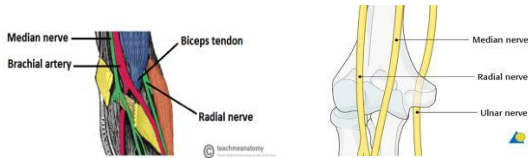
Pronation – pronator teres, pronator quadratus

Supination – biceps and supinator

Supports – medial and lateral collateral ligaments, capsule, annular ligament



## Important structures close to elbow



## Deep Fascia

Forms the Interosseous membrane – this membrane divides forearm into an anterior flexor compartment and a posterior extensor compartment.

Extensor retinaculum  
& Flexor retinaculum

Provide protection to tendons, blood vessels and nerves



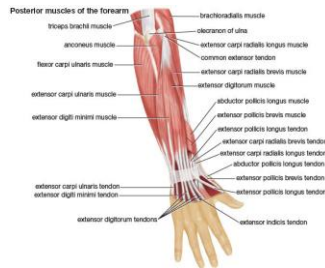
## Extensor Muscles of the forearm-

Extensor carpi ulnaris  
Extensor digiti minimi  
Extensor digitorum  
Extensor Indicis  
Extensor carpi radialis brevis  
Extensor carpi radialis longus

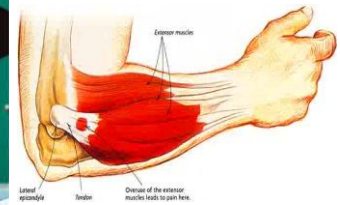
### Brachioradialis

### Deep Muscles

Extensor pollicis longus  
Extensor pollicis brevis  
Abductor pollicis longus  
Supplied by radial nerve and its posterior interosseous branch

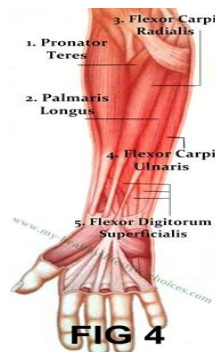


## Lateral Epicondylitis



## Superficial flexor muscles of the forearm

Pronator teres  
Flexor carpi radialis  
Palmaris longus  
Flexor digitorum superficialis  
(Supplied by median nerve)  
Flexor carpi ulnaris  
(Supplied by ulnar nerve)



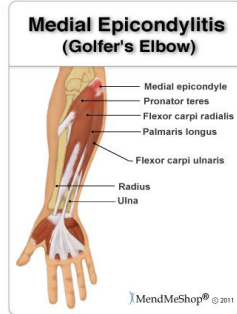
## Deep flexor muscles of the forearm

Flexor pollicis longus  
Pronator quadratus  
(supplied by median nerve)  
Flexor digitorum profundus  
(Supplied by median and ulnar nerve)



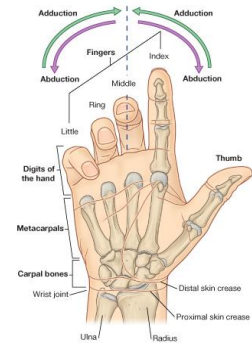


## Medial Epicondylitis



## Hand Functions-

- Grip and manipulate objects.
- Modify the actions of forearm muscles inserted onto the bones of the hand.
- The hand is a good sensory organ.



## Bones of the wrist (8):

Scaphoid, lunate, triquetrum, pisiform (4 in Proximal row)  
Trapezium, trapezoid, capitate, hamate (4 in Distal row)  
Forms the carpal tunnel with flexor retinaculum

## Bones of the Hand

5 Metacarpals

Thumb – 2 phalanges

Other fingers – 3 phalanges

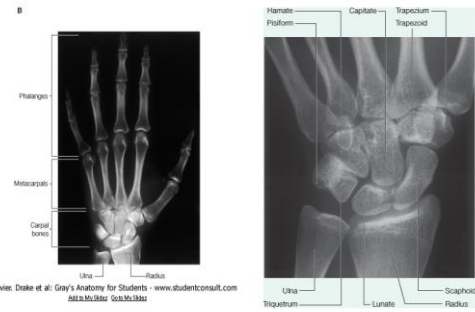
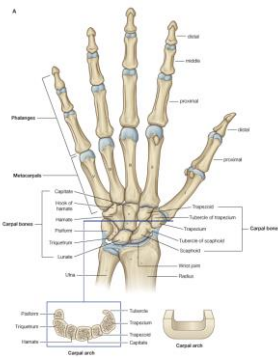
## Joints –

Radiocarpal,

Intercarpal, carpo

metacarpal, metacarpophalangeal,

interphalangeal



## Flexor retinaculum-

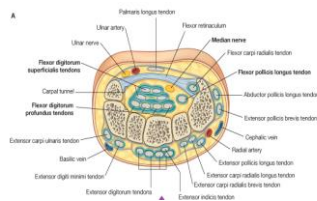
Formed by deep fascia.

Attached to scaphoid, trapezium, pisiform and hamate.

Ulnar nerve, ulnar artery and palmaris longus tendon passes superficially

Long flexor tendons, ulnar and radial bursae and median nerve passes deep to it.

Contributes to carpal tunnel syndrome



The picture shows a person suffering from bilateral carpal tunnel syndrome. The arrows indicate thenar eminence wasting



**Palmar aponeurosis**

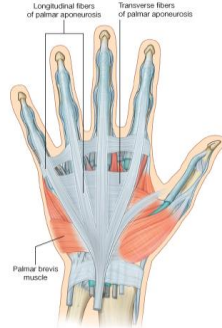
Condensation of deep fascia.

Triangular shape.

The apex of the triangle is connected with palmaris longus tendon and flexor retinaculum. Longitudinal fibres extend to the digits.

Transverse fibres connect longitudinal fibres.

Vessels, nerves and long flexor tendons lie deep to it.

**Fibrous flexor sheaths**

Formed by deep fascia

Finger tendons and they are synovial sheaths pass through it.

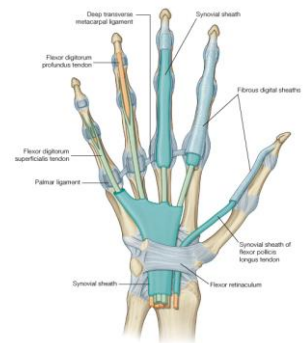
Inflammation of synovial sheaths can give rise to trigger finger.

**Ulnar bursa and radial bursa**

They enclose flexor tendons.

Ulnar bursa is broader. Communicates with synovial sheath of little finger.

Radial bursa is narrower. These bursa can get infected.

**Thenar space**

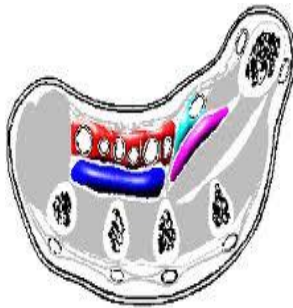
Lies deep to flexor tendons on metacarpal bones.

Lies on radial side

**Mid palmar space**

Lies deep to flexor tendons on metacarpal bones.

Lies on medial side

**Pulp space of fingers-**

Lies at distal end of fingers and thumb.

Tight compartments bounded by fibrous tissue that extend from skin to bone. Compartments are filled with fat.

Infections (whitlow) can cause avascular necrosis of bones.

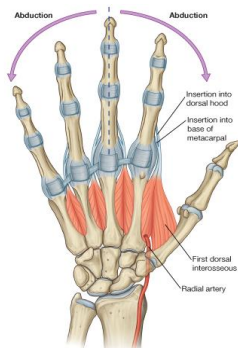
**Dorsal Interossei –**

4 in number

Causes abduction of fingers (DAB).

Extension at interphalangeal joints.

Supplied by ulnar nerve

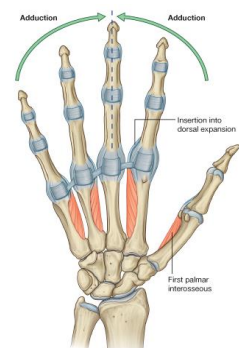
**Palmar Interossei –**

4 in number

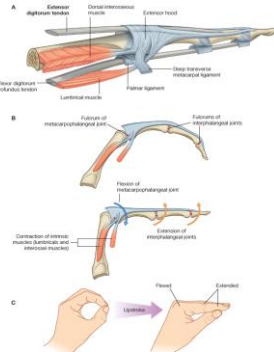
Causes adduction of fingers (PAD).

Flexion at Metacarpophalangeal and Extension at interphalangeal joints.

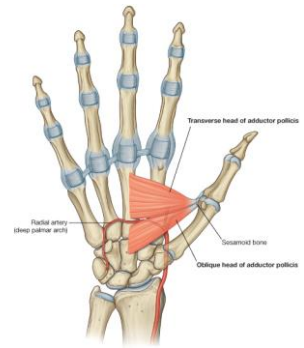
Supplied by ulnar nerve



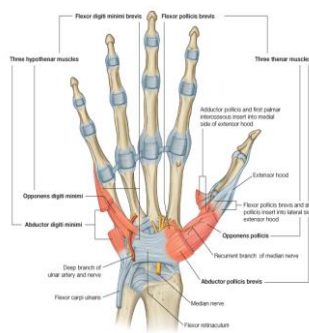
Lumbricals and interossei are connected with dorsal digital expansion. Therefore they can cause flexion at metacarpophalangeal and extension at interphalangeal joints.



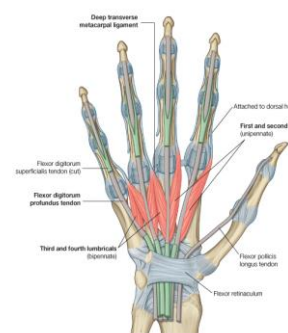
Adductor pollicis  
Has an oblique and a transverse head.  
Adduction of the thumb  
Supplied by ulnar nerve



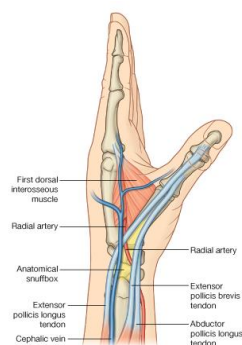
Thenar muscles-  
Flexor pollicis brevis  
Abductor pollicis brevis  
Opponens pollicis  
Supplied by median nerve  
Hypothenar muscles-  
Flexor digiti minimi  
brevis  
Abductor digiti minimi  
brevis  
Opponens digiti minimi  
Supplied by ulnar nerve



Lumbricals  
2 radial and 2 medial  
Causes flexion at metacarpophalangeal joints and extension at interphalangeal joints  
Radial 2 are supplied by median and medial 2 are supplied by ulnar

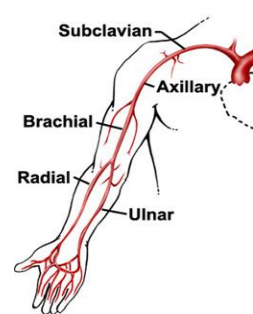


Anatomical snuff box-  
Bounded by extensor pollicis longus, extensor pollicis brevis and abductor pollicis longus tendon.  
Floor is formed by scaphoid and trapezium bones.  
Can detect a fracture of scaphoid.  
Radial artery passes through it.  
Cephalic vein lies on its roof  
C.F – Tenosynovitis and scaphoid fracture



## Arteries of upper limb

Subclavian  
Axillary  
Brachial  
Ulnar  
radial





Arterial supply-

Supplied by ulnar and radial artery.

Superficial palmar arch major part is formed by ulnar artery.

Deep arch major part is formed by radial artery.

Thumb and lateral half of index finger is supplied by radial artery.



They give rise to metacarpal and digital arteries.

Medial 3 and a half fingers are supplied by ulnar artery

Veins of upper limbDeep veins –

Subclavian

Axillary

Brachial

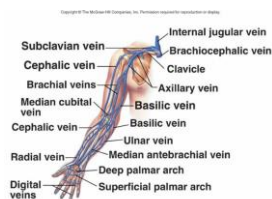
Radial and ulnar

Superficial –

Cephalic

Basilic

They both drain to axillary vein

Nerve supply of the hand-

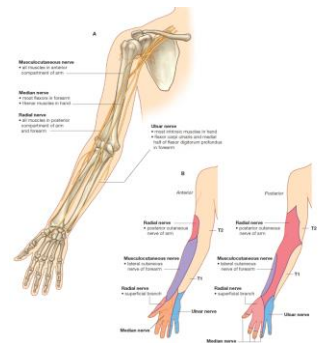
All the small muscles of the hand are supplied by ulnar nerve except the radial two lumbricals and thenar muscles.

Radial two lumbricals and thenar muscles are supplied by median nerve.

Wrist and finger extensors are supplied by radial nerve.

Sensory –

Palmar aspect mainly by median and dorsal aspect mainly by radial. Ulnar supplies medial 1.5 fingers dorsal and ventral side.

Wrist drop

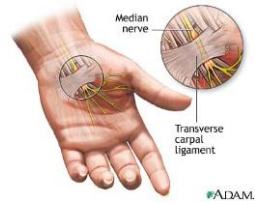
The picture shows a ulnar claw hand of a person.



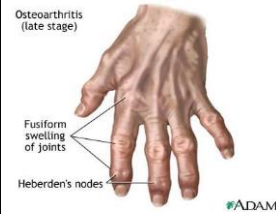
Median nerve obstruction  
beneath the flexor  
retinaculum.

There is wasting of thenar  
muscles.

Paresthesia over thenar  
eminence.



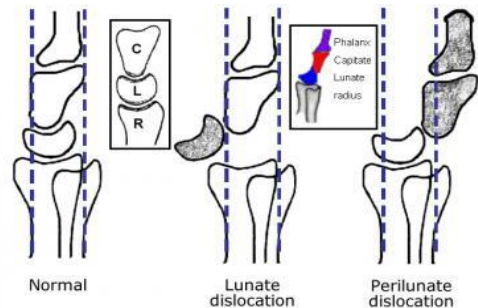
## Rheumatoid Arthritis Hand



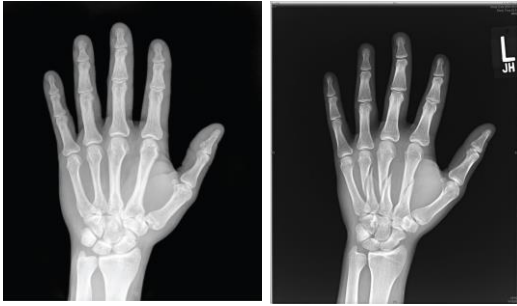
## Scaphoid Fracture



## Dislocations related to the Lunate



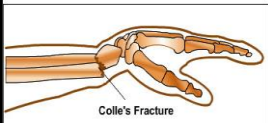
### Metacarpal Fracture



### Fracture Phalanges



### Colle's Fracture



### Galeazzi fracture

Radial shaft is fractured close to the wrist and ulnar is dislocated



### Monteggia fracture

Ulnar shaft is fractured close to elbow and radius is dislocated

