**Case 1**

**During a difficult labour a baby was delivered in a hospital by applying forceps. After about two weeks the parents brought the baby to the pediatrician for check-up. The pediatrician observed that the baby’s left arm was medially rotated and adducted while the forearm was pronated and extended.**

Questions

1. Name the position of the upper limb seen in this newborn baby
2. This position of the upper limb is characteristic of which clinical condition?
3. Injury to which part of brachial plexus is responsible for this condition.
4. Draw a simple label diagram of this part.
5. Paralysis of which muscles results in medial rotation of arm.
6. Paralysis of which muscles results in extended forearm.
7. Paralysis of which muscles results in adducted forearm?
8. Enumerate the branches arising from the first two stages of brachial plexus.

**Case 2**

**A man involved in automobile accident was brought to the casualty. On examination it was found that his left shoulder was flattened and the head of humerus was palpable in the infra-clavicular fossa. An AP X-ray of the shoulder confirmed the diagnosis of anterior dislocation of the shoulder joint. For the operation of reduction of the head of humerus, the orthopedic surgeon used the anterior approach for which skin incision was placed along the deltopectoral groove.**

Questions

1. Which long blood vessel is located in the delto pectoral groove.
2. After retracting the deltoid and pectoralis major muscles from each other, which bony part of scapula is exposed
3. Name the two muscles, which are attached to this bone part by a conjoint tendon
4. Draw a diagram to show the relations of the shoulder joint.
5. Which nerve is in danger of injury in anterior dislocation of shoulder joint?
6. Describe the origin, course and distribution of this nerve.
7. Name the muscles in the rotator cuff and give nerve supply of each.
8. Of the four rotator cuff muscles, which muscle is not the rotator of arm?

**Case 3**

A man, whose work involved carrying heavy loads on the shoulder, experienced difficulty in raising the right arm vertically upwards. The examining physician asked the man to press his hands against the wall in front. It was found that the medial border and inferior angle of his right scapula became prominent.

Questions

1. Which muscle is tested in this man to detect the injury to which nerve?
2. Name the deformity of scapular caused by injury to this nerve
3. Draw a diagram of brachial plexus to show the origin of this nerve
4. How does this nerve enter the axilla?
5. Name the muscle in the medial wall of axilla to which this nerve is intimately related. Give the attachments of the muscle.
6. What is the action of this muscle in hyper abduction of the arm? Does it act alone or in combination with other muscle?

**CASE 4**

**An obese elderly woman with a history of myxedema (deficiency of thyroxine) complained of pins and needles sensation in the index and middle fingers of her right hand. On examination it was found that the thenar eminence of right hand was flattened and the patient was unable to bring the tips of the thumb and little finger together.**

Questions

1. Name the clinical condition from the symptoms and signs.
2. Name the boundaries of the carpal tunnel and enumerate its contents
3. Compression of which content is responsible for the above condition?
4. Inability to touch the thumb and little finger is suggestive of the weakness of which muscle?
5. Which structure is cut to relieve symptoms in this condition?
6. Mention the attachments and anterior relations of this structure
7. Anterior dislocation of which carpal bone may also produce similar syndrome?