Muscles of the arm

Upper limbs

L3

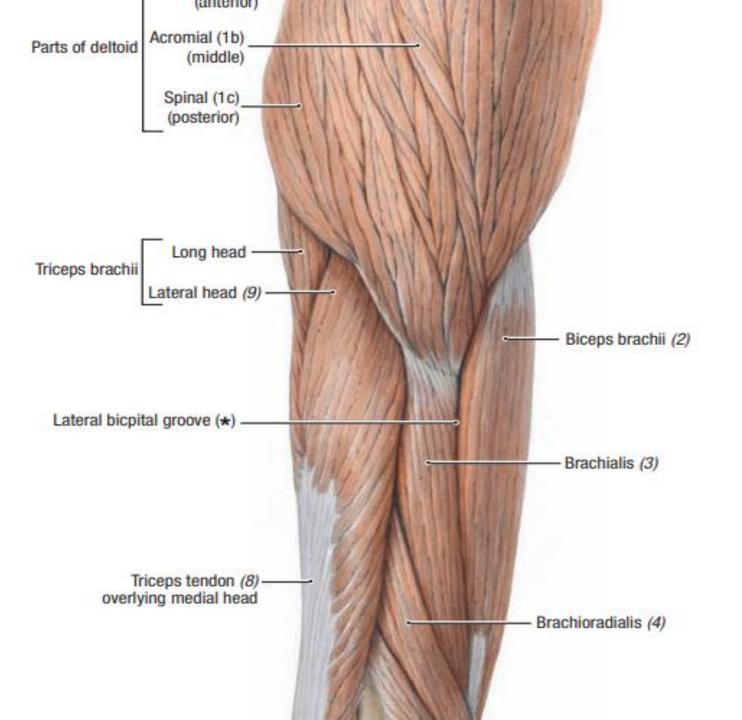
Objectives

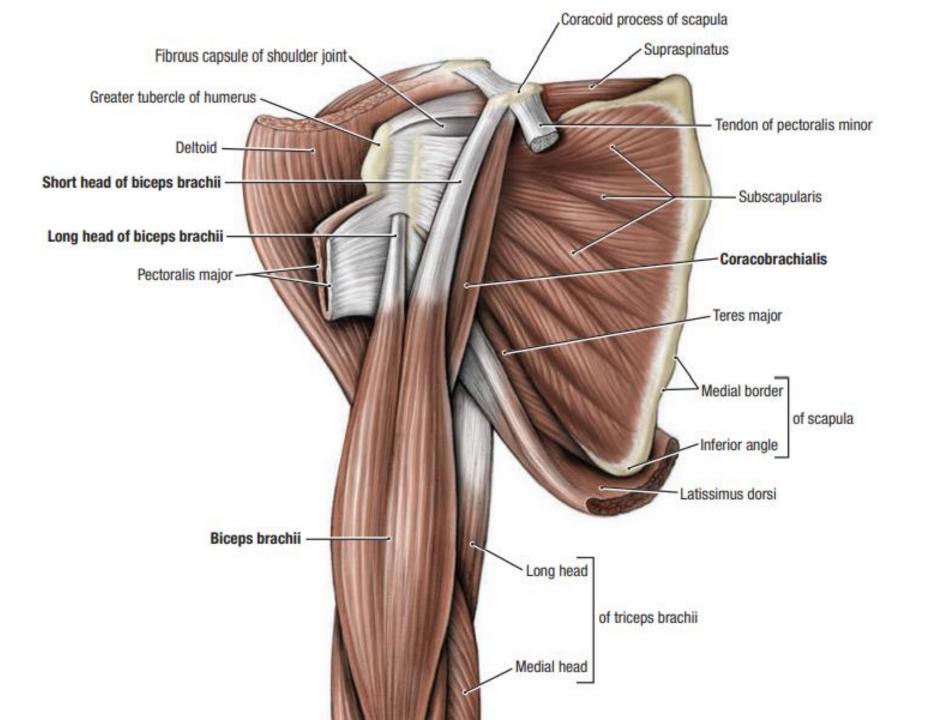
- At the end of this lecture students must understand the following:
- 1-Muscles of the arm with their action and nerve supply.
- 2-Anatomical spaces of the shoulder region and arm.
- 3-Axilla with its contents.

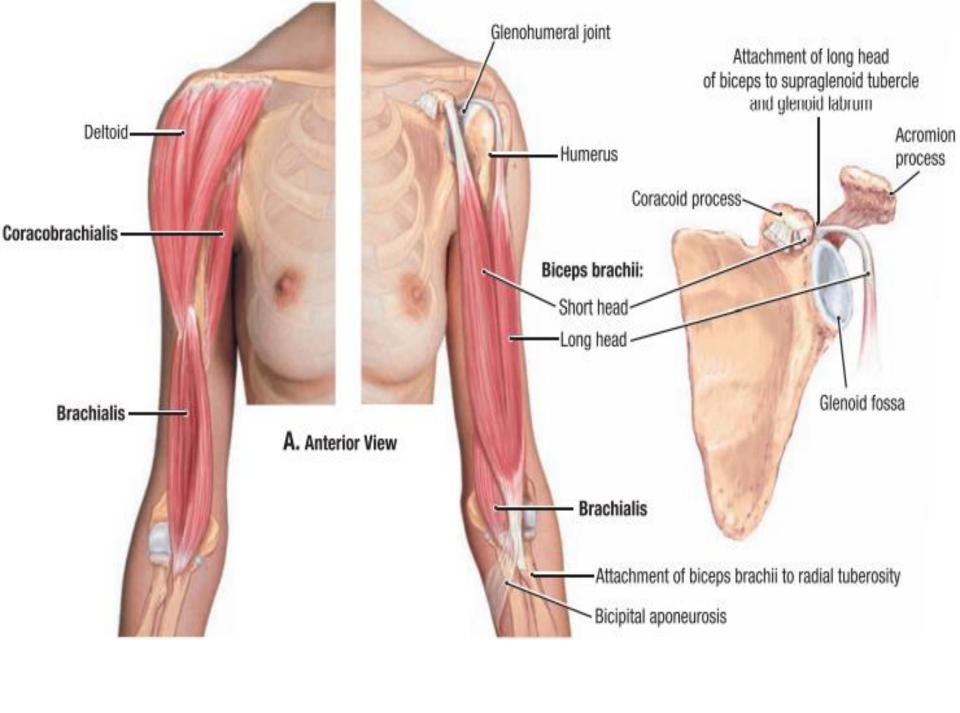
TABLE 6.10 ARM MUSCLES

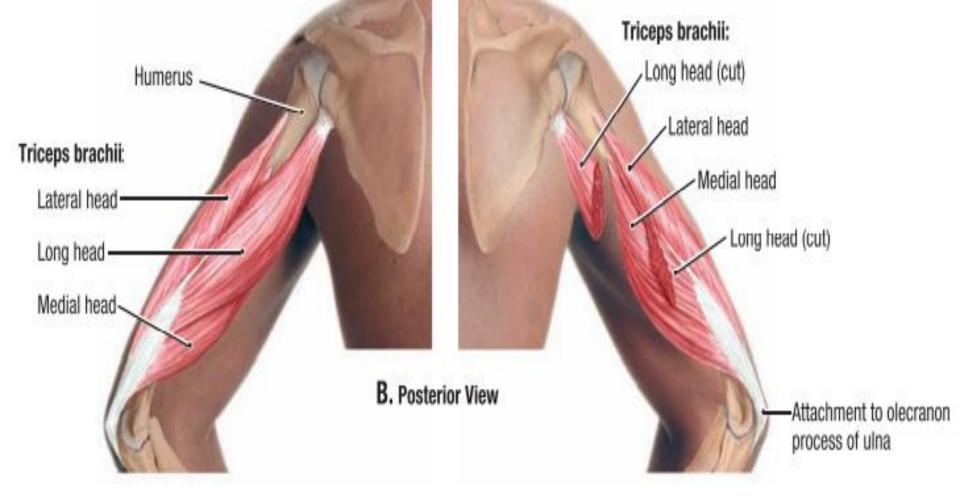
Muscle	Proximal Attachment	Distal Attachment
Biceps brachii	Short head: tip of coracoid process of scapula Long head: supraglenoid tubercle of scapula and glenoid labrum	Tuberosity of radius and fascia of forearm through bicipital aponeurosis
Brachialis	Distal half of anterior surface of humerus	Coronoid process and tuberosity of ulna
Coracobrachialis	Tip of coracoid process of scapula	Middle third of medial surface of humerus
Triceps brachii	Long head: infraglenoid tubercle of scapula Lateral head: posterior surface of humerus, superior to radial groove Medial head: posterior surface of humerus, inferior to radial groove	Proximal end of olecranon of ulna and fascia of forearm
Anconeus	Lateral epicondyle of humerus	Lateral surface of olecranon and superior part of posterior surface of ulna

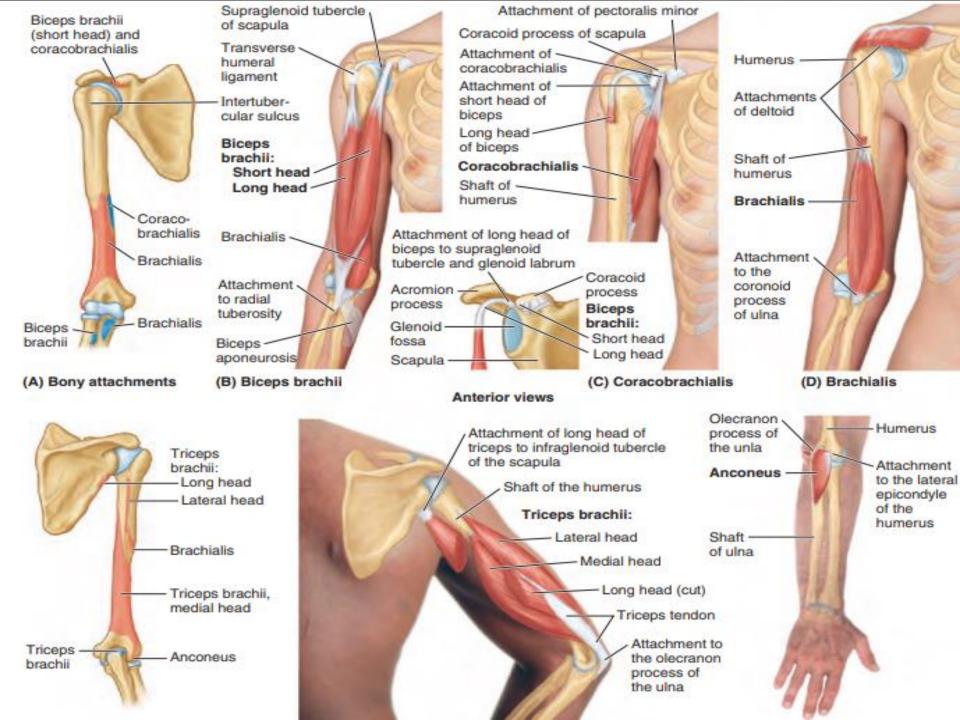
Innervation	Main Actions
Musculocutaneous nerve (C5, C6 , C7)	Supinates forearm and, when forearm is supine, flexes elbow joint; short head flexes shoulder joint; long head helps to stabilize should joint during abduction.
Musculocutaneous nerve (C5–C7) and radial (C5–C7)	Flexes elbow joint in all positions
Musculocutaneous nerve (C5, C6 , C7)	Assists with flexion and adduction of shoulder joint
Radial nerve (C6, C7, C8)	Extends the elbow joint; long head steadies head of humerus when shoulder joint is abducted
Radial nerve (C7–T1)	Assists triceps in extending elbow joint; stabilizes elbow joint; abducts ulna during pronation











Muscles of Arm

Of the four major arm muscles, three flexors (biceps brachii, brachialis, and coracobrachialis) are in the anterior (flexor) compartment, supplied by the musculocutaneous nerve, and one extensor (triceps brachii) is in the posterior compartment, supplied by the radial nerve (Figs. 6.48 and 6.49B–D & F; Table 6.9). A distally placed assistant to the triceps, the anconeus, also lies within the posterior compartment (6.49G). The flexor muscles of the anterior compartment are almost twice as strong as the extensors in all positions; consequently, we are better pullers than pushers. It should be noted, however, that the extensors of the elbow are particularly important for raising oneself out of a chair, and for wheelchair activity. Therefore, conditioning of the triceps is of particular importance in elderly or disabled persons.

The arm muscles and their attachments are illustrated in Figure 6.49 and their attachments, innervation, and actions are described in Table 6.9.

BICEPS BRACHII

As the term **biceps brachii** indicates, the proximal attachment of this fusiform muscle usually has two heads (*bi*, two + L. *caput*, head). The two heads of the biceps arise proximally by tendinous attachments to processes of the scapula,

marily acts at the latter two. Its a markedly affected by the position. When the elbow is extended, the the forearm; however, as elbow more power is needed against reble of two powerful movements of the forearm. When the elbows forearm is supinated, the biceps ing flexion. Alternately, when the biceps is the primary (most powerful movements) arm. For example, it is used when a screw into hard wood, and when pulling the cork from a wine bot ates as a flexor when the forearm.

Arising from the supraglenoid crossing the head of the humerus nohumeral joint, the rounded tendiceps continues to be surround as it descends in the intertubered A broad band, the **transverse** I from the lesser to the greater to

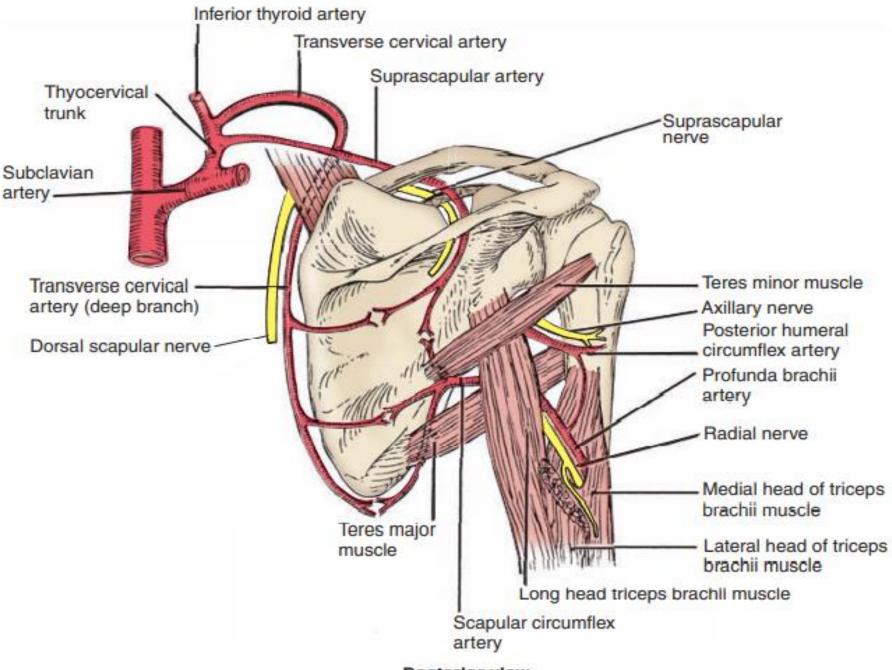
converts the intertubercular groo

The ligament holds the tendon of

in the groove.

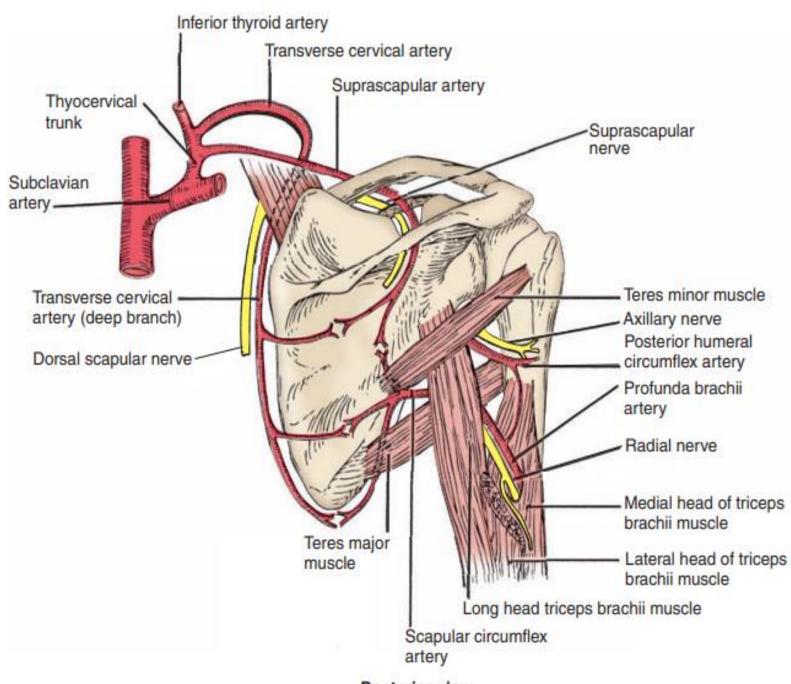
resistance. In the semiprone pos

resistance (Hamill and Knutzen,



Posterior view

FIGURE 2-12. Structures of the shoulder region (posterior view).



Posterior view

Quadrangular Space (Figures 2-12 and 2-13)

- Is bounded superiorly by the teres minor and subscapularis muscles, inferiorly by the teres major muscle, medially by the long head of the triceps, and laterally by the surgical neck of the humerus.
- Transmits the axillary nerve and the posterior humeral circumflex vessels.

Triangular Space (Upper)

- Is bounded superiorly by the teres minor muscle, inferiorly by the teres major muscle, and laterally by the long head of the triceps.
- Contains the circumflex scapular vessels.

Triangular Space (Lower)

- Is formed superiorly by the teres major muscle, medially by the long head of the triceps, and laterally by the medial head of the triceps.
- Contains the radial nerve and the profunda brachii (deep brachial) artery.

Triangle of Auscultation

- Is bounded by the upper border of the latissimus dorsi muscle, the lateral border of the trapezius muscle, and the medial border of the scapula; its floor is formed by the rhomboid major muscle.
- Is the site at which breathing sounds are heard most clearly.

Cubital Fossa

Is a V-shaped interval on the anterior aspect of the elbow that is bounded laterally by the brachioradialis muscle, medially by the pronator teres muscle, and superiorly by an imaginary

horizontal line connecting the epicondyles of the humerus with a floor formed by the brachialis and supinator muscles.

- At its lower end, the brachial artery divides into the radial and ulnar arteries, with a fascial roof strengthened by the bicipital aponeurosis.
- Contains (from lateral to medial) the radial nerve, biceps tendon, brachial artery, and median nerve (mnemonic device: Ron Beats Bad Man).

Bicipital Aponeurosis

Originates from the medial border of the biceps tendon, lies on the brachial artery and the median nerve, and blends with the deep fascia of the forearm.

Pronation and Supination

- Occur at the proximal and distal radioulnar joints and have unequal strengths, with supination being stronger.
- Are movements in which the upper end of the radius nearly rotates within the annular ligament.

II. AXILLA (ARMPIT)

Is a pyramid-shaped space between the upper thoracic wall and the arm.

A. Boundaries of the Axilla

Include medial wall: upper ribs and their intercostal muscles and serratus anterior muscle; lateral wall: Intertubercular groove of the humerus; posterior wall: subscapularis, teres major, and latissimus dorsi muscles; anterior wall: pectoralis major and pectoralis minor muscles and clavipectoral fascia; base: axillary fascia and skin; and apex: interval between the clavicle, first rib, and upper border of the scapula.

B. Contents of the Axilla (Figures 2-7 to 2-9)

1. Brachial plexus and its branches (see Figure 2-7).

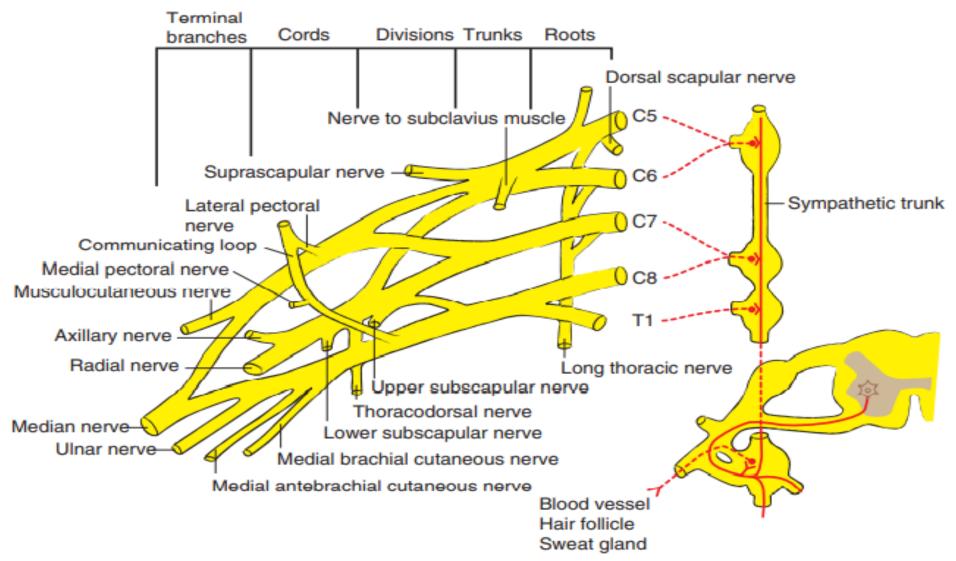


FIGURE 2-7. Brachial plexus.

- **2. Axillary artery** has many branches, including the superior thoracic, thoracoacromial, lateral thoracic, thoracodorsal, and circumflex humeral (anterior and posterior) arteries.
- 3. Axillary vein is formed by the union of the brachial veins (venae comitantes of the brachial artery) and the basilic vein, receives the cephalic vein and veins that correspond to the branches of the axillary artery, and drains into the subclavian vein.
- **4. Lymph nodes** and areolar tissue are present.
- 5. Axillary tail (tail of Spence) is a superolateral extension of the mammary gland.

C. Axillary Lymph Nodes (Figure 2-6)

1. Central Nodes

the apical nodes.

2. Brachial (Lateral) Nodes

3. Subscapular (Posterior) Nodes

= Tis alamenths subsequently receive homeon from the receiver there sie well and the

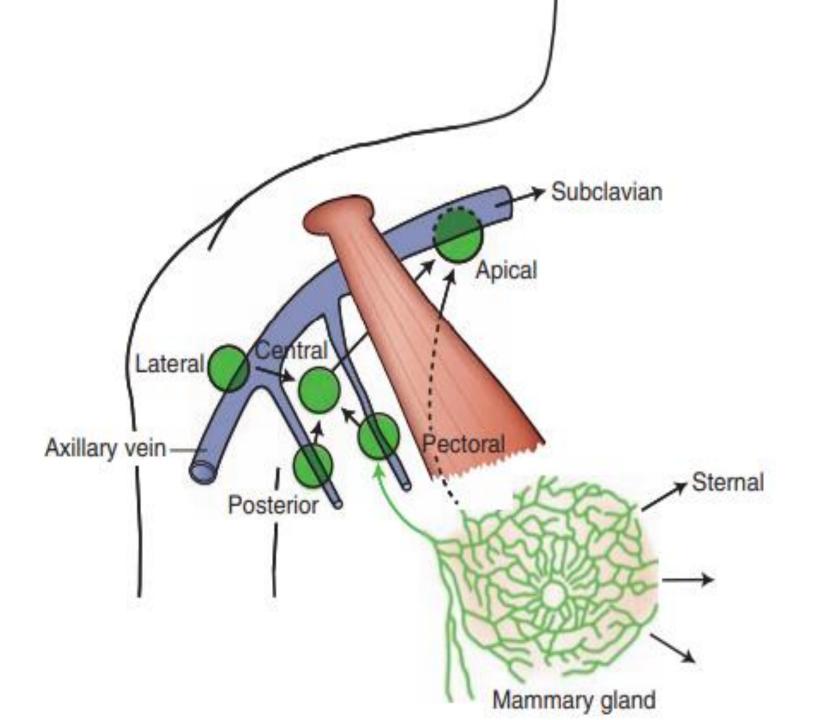
4. Pectoral (Anterior) Nodes

= Lie elemathe infereleteral harder of the meeteralic miner muscle receive lumph from

nodes.

5. Apical (Medial or Subclavicular) Nodes

Lie at the apoy of the eville modial to the eviller wein and above the upper border of the



The end