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3 bones that form the shoulder girdle

Shoulder bones consist of humerus (upper arm bone), scap bone (scap bone) and collarbone (collarbone). The collarbone is the only bony attachment between the torso and the upper extremity. It forms the front part of the shoulder corset and is felt along its entire length with a soft S-shaped contour. It expresses the collarbone with sternum (sternum) at one end and scapula acromion on the other. This articulation between the acromial end of the collarbone and the acromion of the scapulae form the roof of the foot. Scapula acromion is a large, flat triangular bone with three processes called the spine and coracoid process. It forms the back part of the shoulder corset. The spine (located at the back of the scapula) and acromion can be easily palpable on a patient. The flat blade of the scapula glides along the back of the chest, making a long movement of the arm. Coracoid process scapula projects are a thick curved structure and the connecting point of ligaments and muscles. Scapula is also shallow, slightly marked with comma-shaped glenoid cavity, expressed with the head of humerus. The upper end of the humerus consists of the head, neck, large and less tubercles, and shaft. Projects in the form of head semi-sphere and glenoid cavity. The neck lies between the head and larger and less tubercles. Large and less tubercles serve as important places on humerus and additional sites for rotator cuff muscles. There are four joints that make up the 'shoulder joint': the shoulder joint known as the Glenohumeral joint, (articulation of a ball and socket between the head of the humerus and the scapula glenoid cavity) acromioclavicular (AC) joint (where the collarbone meets the scapula acromion) Sternoclavicular (SC) joint (where the collarbone meets the sternum [sternum]) Scapulothoracic joint (where the scapula meets the ribs behind the chest) Note how the humerus ball (head) fits a shallow socket on the scapula called glenoid. You can see that a ball does not fit in any glenoid cup; This provides wide range of movement provided by the shoulder, at the expense of skeletal stability. Joint stability is provided by rotator cuff muscles instead, related bone processes and glenohumeral ligaments. Page 2 The shoulder is one of the most sophisticated and complex joints of the body: it has the largest range of movement of any joint in the body with full spheric motion allowing you to position your hand anywhere in space. The coordinated activity of a large number of muscles working together in set patterns is necessary to produce this movement, which consists of four joints and five connected bone groups that work together. To provide so much movement, the joints need to be 'free' to move, the shoulder body should be 'unstable' compared to other joints; But keep joints in a number of complex ligaments and muscle. Since the shoulder is such a unique joint, it is also prone to certain problems. Actually, it would be better to look for a shoulder complex. In this section I hope you will hear some of the terminology that will explain and related to shoulder complex disorders. Understanding how different layers of the shoulder are built and connected can help you understand how the shoulder works and how it is affected by injury and over-use. The deepest layer contains bones and shoulder joints. The next layer consists of ligaments of the joints. Tendons and muscles are coming. Nerves supply all the plasters above and run them. Please note that according to Page 3 GMC guidance, we may also not provide medical advice via email. Email: Phone: +44 (0)1625 545071 Mail: Wilmshurst Hospital, 52 Alderley Road, Wilmshurst, Oxford, OX9 1NY The content on this website is provided by Prof. Lennard Funk as a source of instruction. If you have questions about seeking treatment then visit his clinical website www.thearmclinic.com Page 4 Page 5 Shoulder Surgery cannot be performed in isolation and requires the expertise of qualified and experienced therapists to get the best results. We have a large directory of therapists with an interest in treating shoulder conditions in the UK and abroad. If you are a therapist, you can add the app here. All applications are screened for an interest and experience with shoulder rehabilitation, and the registry is limited only to Chartered Physiotherapists. Our Shoulder Exercise Book is popular and is a useful tool for patient rehabilitation designed by expert shoulder therapists. Page 6 These protocols are a guide to post-operative rehabilitation. Individual surgeons and therapists will be different. These are proven programs that we use based on our experience, training and surgical techniques. These protocols are not our 'accelerated rehabilitation protocols' that require close therapist supervision and may not apply to all practices and patients. Shoulder Protocols Shoulder Exercise Guide Page 7 ShoulderDoc.co.uk this section is primarily aimed at Clinicians and Therapists and includes a selection of educational materials containing information and software that may be useful for shoulder clinicians. It is largely based on our own experience, materials that may be difficult to find in general, and the latest innovations and techniques we have in place. ShoulderDoc is proud to make some of the great out-of-print and rare books available on the shoulder: Page 8 Shoulder injections have numerous common treatments for shoulder disorders. This section contains some information about techniques, tips and literature reviews that may be useful for other clinicians. Shoulder corset The bone consists of two pairs, scapulae and collarbone. The collarbone or collarbone is a long bone in the form of a superficial S and is felt throughout its entire length (figure 3). Connects the upper extremity to the body. The shaft (body) of the collarbone has a double curve in the horizontal plane. Medial half convex anteriorly and sternal tip enlarged and triangle is expressed here with sternum manubrium in sternoclavicular joint. Two-thirds of the medial of the collar shaft is convex anteriorly, while the lateral two-thirds are flat and concave anteriorly. These curvatures increase the durability of the collarbone and give the appearance of a long capital S. The upper surface of the collarbone is smooth, lying only deep in the platysma muscles in the skin and subcutaneous tissue. The lower surface of the collarbone is jagged and is close to the nipple. 1. Conoid tubercle, close to the acromial end of the collarbone, gives binding to the conoid ligament, the medial part of the coracoclavicular ligament, in which the rest of the upper extremity is passively suspended from the collarbone. Other surface markings of the collarbone contain crooked lines, give the crooked ligament shape, medial is the third subclavian trough, which is a site of subclavius muscle. The impression for the more medial costoclavicular ligament is a hard, often depressed oval area, limiting shoulder height, giving the ligament shape that usually binds 1 rib to the collarbone. The scapula or scap bone is a triangular flat bone located on the posterolateral direction of the torso (figure 4 below). 2. The surface of the scapula convex posterior is divided by a thick projector back of irregular bone, scapula spine, into a small supraspinous fossa and into a much larger infraspinous fossa. The concave costal surface (ventral surface) of most of the scapula creates a large subscapular fossa. Three fossae wide-boned surfaces provide attachments for fleshy muscles. Scapula triangular body slim and translucent superior and scapula spine lower; but its boundaries, especially the lateral border, are slightly thicker. The spine continues laterally as a flat extended acromion, which forms the sub-skin point of the foot and expresses it with the acromial end of the collarbone. For muscles connected to the spine and acromion, trapezius serves as arms especially for muscle. Glenohumeral (shoulder) joint is almost directly inferior to the acromioclavicular joint, so that the scapula mass is balanced with free extremity, and the suspended structure (coracoclavicular ligament) lies between the two masses. Superolaterally, the scapula lateral surface has a glenoid cavity (greek word meaning socket), and expresses it with the head of humerus in the glenohumeral joint. Glenoid cavity is shallow, concave, oval fossa anterolaterally and slightly superior, which is significantly smaller than the ball (head of humerus) which serves as socket. Beak-like coracoid process glenoid cavity and projects are anterolaterally superior. Scapula medial has lateral and superior borders and superior, lateral and lower angles. As mentioned, the medial boundary is often called vertebral border, because this limit works about 5cm lateral to parallel and thoracic vertebrae spinous processes. When the scapula is in an anatomical position, the lateral boundary works superolaterally towards the top of the axilla; therefore, axes are also called boundaries. The lateral boundary ends in the lateral angle cut into the scapula, the thickest part of the bone carrying the head enlarged to the scapula - being the primary feature of the glenoid cavity. The shallow narrowing between the head and body defines the scapula neck. The superior boundary of the scapula is marked by a notch of suprascapular, where the superior boundary joins the base of the coracoid process, near the medial two-thirds junction and lateral third junction. Superior border is the thinnest and shortest border between the three boundaries. Boundaries.