Board Review for Anatomy

John A. McNulty, Ph.D. Spring, 2005



Key Skeletal landmarks

- Head mastoid process, angle of mandible, occipital protuberance
- Neck thyroid cartilage, cricoid cartilage
- Thorax jugular notch, sternal angle, xiphoid process, coracoid process, costal arch
- Back vertebra prominence, scapular spine (acromion), iliac crest
- UE epicondyles, styloid processes, carpal bones.
- Pelvis ant. sup. iliac spine, pubic tubercle
- LE head of fibula, malleoli, tarsal bones



Key vertebral levels

- C2 angle of mandible
- C4 thyroid notch
- C6 cricoid cartilage esophagus, trachea begin
- C7 vertebra prominence
- T2 jugular notch; scapular spine
- T4/5 sternal angle rib 2 articulates, trachea divides
- T9 xiphisternum
- L1/L2 pancreas; spinal cord ends.
- L4 iliac crest; umbilicus; aorta divides
- S1 sacral promontory



 $Upper\ limb\ nerve\ lesions$ Recall that any muscle that crosses a joint, acts on that joint. Also recall that muscles innervated by individual nerves within compartments tend to have similar actions.

- Long thoracic n. "winged" scapula.
- Upper trunk (C5,C6) Erb Duchenne shoulder rotators, musculocutaneous
- Lower trunk (C8, T1) Klumpke's ulnar nerve (interossei muscle)
- Radial nerve (Saturday night palsy) wrist drop
- Median nerve (recurrent median) thenar compartment thumb
- · Ulnar nerve interossei muscles.



Lower limb nerve lesions

Review actions of the various compartments.

- Lumbosacral lesions usually L4-S1 due to disc herniation. Sciatica.
- Femoral nerve (L2-4) botched cannulation. Review femoral sheath and relationship of nerve, artery, vein, (canal).
- Peroneal nerve injured at head of fibula foot drop



Dermatomes - <u>LUMEN Learn 'Em</u>

- · C2 occiput
- · C4/5 shoulder
- C6 thumb
- · C8 little finger
- T1 anterior arm, forearm (angina)
- T4/5 nipple
- T10 umbilicus
- · L1 inguinal area
- L4 anterior knee (saphenous n.)
- S1/2 back of thigh (sciatica)
- S2,3,4 pudendal



Cranial nerves - LUMEN

- · Special senses CN I, II, VIII
- Extrinsic eye muscles CNIII, IV, VI (LR₆SO₄). Netter 115
- Sensory nerve of face CN V (+ muscles of mastication) Netter 116
- Muscles of facial expression CN VII Netter 117
- Pharynx CN IX (+ post. 1/3 of tongue) Netter 119
- Larynx CN X Netter 120
- Tongue CN XII Netter 120
- Trapezius and sternomastoid CN XI
- Parasympathetics CN III, VII, IX review ganglia Netter 125



Arteries and anastomoses

- Branches off arch of aorta
- Neck SALFORMS, Thyrocervical trunk Netter 28, 29
- Upper limb Axillary (3 parts, 3 branches), Brachial and profunda brachii, radial, ulnar.
 - Shoulder subscapular, suprascapular, transverse cervical Netter 398
 - Elbow anastomoses from all branches Netter 405
 - Hand superficial arch from ulnar, deep arch from radial
- Abdominal aorta abundant anastomoses
 - 3 unpaired branches (celiac, superior and inferior mesenterics)
 - Paired branches renals, gonads, suprarenals, phrenics
- Pelvis external, internal iliacs
- Lower limb femoral and profunda, popliteal, post. tibial (peroneal), ant. Tibial Netter 477
 - Hip (cruciate)- inf. Gluteal, lateral and medial femoral circumflex, first perforating.



Veins and anastomoses

- Named vein for each artery (except major veins/arteries)
- In contrast to arteries, there is a superficial system (e.g., median cubital vein).
- Recall portal vs. caval drainage Netter 293
 - Superior inferior rectals
 - Esophogeals
- · Asymmetry of veins in abdomen (gonadals, suprarenals)



Autonomics - Netter 153

- · Parasympathetics (cranial-sacral)
 - CN III ciliary ganglion
 - CNVII submandibular and pterygopalatine ganglia
 - CN IX otic ganglion
 - CN X multiple ganglia embedded in target organs above the umbilicus
 - Pelvic splanchnics (S2,3,4).
 - Sympathetics (thoraco-lumbar)
 - Chain (with chain ganglia) ascend superiorly in neck and inferiorly into pelvis.
 - Postganglionics typically reach target by following blood vessels (except deep petrosal)
 - Greater, lesser, least splanchnics (T5-T12) exception to rule of short preganglionics –synapse in prevertebral ganglia.



Lymphatics

- Superficial vs. deep nodes following veins.
- Axillary nodes CLASP
- · Superficial nodes at base of skull
- · Inguinal nodes Recall pectinate line of anus
- Popliteal nodes
- Thoracic duct begins at cisterna chyli drains everything except right upper limb.



Thorax

- Heart anatomy coronary and cardiac vessels
- Mediastinum divided into superior, anterior, middle, posterior. Review contents
- Pleural cavities recall surfaces and reflections (ribs 2, 4, 6, 8, 10, 12).
 Recall the costodiaphragmatic recess. Netter 184, 185
- Lungs Left has 3 lobes, right has two. Inferior lobes auscultated posteriorly. Bronchi differ in size, length and verticality. – Netter 190
- Asymmetry in recurrent laryngeal nerves.



Abdomen

- · Review relationships of organs with respect to quadrants
- Formation of peritoneal cavity, mesenteries, ligaments, greater and lesser omenta. – Netter 329
- · Intraperitoneal vs. retroperitoneal.
- Gut is 3 parts (foregut, midgut, hindgut). Sections can be recalled by the three arteries (celiac, SMA, IMA). - Netter 284, 286, 287
- T8, T10, T12 review the diaphragmatic openings.
- · Liver segments, biliary tree. Netter 272, 276



Pelvis and perineum

- Internal and external iliacs (abnormal obturator a.)
- Urinary bladder relationship of ureter to ductus deferens.
- · Prostate and urethra Netter 338
- Uterus broad ligament, anteflexed and anteverted, rectouterine pouch.
 - Netter 337, 339
- · Pelvic diaphragm vs. urogenital diaphragm
- Formation of greater and lesser ischiadic foramina
- · Anal canal pectinate line



Cross-sectional anatomy

Refer to the LUMEN Learn 'Em

- Remember that right is on your left (ie., as if you are looking up through the soles of the feet.)
- · Review these
 - C6 neck
 - T3 through superior mediastinum
 - T6/7 through the heart
 - T8/9 to recall that you will see thoracic and abdominal structures
 - T12/L1 level of pancreas
 - L4 recall umbilicus, iliac crests
 - Somewhere through the female pelvis to review relationships of uterus.



Hernias

- Inguinal
 - Direct through Hasselbach's triangle
 - Indirect through inquinal canal Netter 243
- Femoral through femoral canal Netter 244
- Diaphragmatic
- Umbilical



Joints

- · Supplied by nerves and arteries that cross the joint
- Shoulder rotator cuff muscles Netter 398
- Elbow lateral, medial collaterals, annular ligament.
- Hip iliofemoral, ischiofemoral, pubofemoral ligaments. Post. dislocation common when flexed. Fractured lig. teres femoris causes necrosis of head; why is it important to know abnormal obturator a. when repairing indirect inquinal ligament?
- Knee key points cruciates named by attachments to tibia; medial (tibial) collateral attached to medial meniscus, "unhappy triad" = ant. cruciate, medial collateral lig. and meniscus.



Fascia

- Retropharyngeal space bucopharyngeal and prevertebral fascia
- Camper's and Scarpa's fascia on the ant. abdominal wall
- Transversalis fascia
- Colle's fascia
- Darto's fascia



Miscellaneous

- Don't confuse air sinuses with venous sinuses
- Openings of paranasal sinuses Netter 32
- Recall the layers of the SCALP.
- Recall the salivary glands and ducts
- Fetal circulation Netter 217



