RMS Revision Tutorial

Year 1 Part 2

Semester 1 Anatomy



Semester 1 Anatomy

- Cells, Tissues, Organs and Body Systems
- Introduction to Imaging/Imaging Anatomy & Introduction to Anatomy/Surface Anatomy
- Anatomy of the Head and Neck
- Anatomy of the Back, Vertebral Column and Spinal Cord
- Anatomy of the Joints and Overview of the Musculoskeletal System
- Anatomy of the Hand and Upper Limb
- **Respiratory Tract, Chest, Lungs and Thoracic Cavity**
- **Lower Limb**
- Blood Supply in the Body

Semester 1 Anatomy

Cells, Tissues, Organs and Body Systems

Semester 1 Anatomy

Cells, Tissues, Organs and Body Systems

- Describe the hierarchal structure of the human body from cells to body systems
- Identify key organs within the body
- Examine the cell and the important role it has as the smallest functional unit in the body
- Describe the role the cell has in building tissues and organs
- Examine the anatomy of a normal eukaryotic cell
- Look at the 4 tissue types found within the body and describe their basic structure
- Describe different types of intercellular connections found in tissues
- Describe techniques used to examine cells and tissues

- Plasma membrane
- Hydrophilic
- Non-hydrophilic
- Symporter
- Anti-porter



• Plasma membrane

Active Passive transport systems involve motion from high concentration toward lower concentrations of the object being transported, and the energy that drives transport them is just random thermal energy. Na⁺ κ^+ Na^+ Glucose O_2 + ADP +P ATP Na⁺ 02 Glucose Active transport Diffusion through Facilitated diffusion Passive diffusion aqueous channel with a carrier protein against concentration gradient with input of energy

• Plasma membrane – Purpose

• Physical protective barrier between living components and the outside environment

• Regulates membrane transport (molecule uptake or secretion) and hence controls internal environment

• Use of ion gradients across membrane in excitation, communication and transport

• Holds receptors for cell-cell recognition and detecting/responding to stimuli cytoskeleton and ECM

• Endo-membrane ("inside") system forms compartments and stable binding /catalysis sites for enzyme processes

• Dynamic movement involving vesicles

- Membranous Structures
- Nucleus
- Mitochondria
- Smooth Endoplasmic reticulum
- Rough Endoplasmic reticulum
- Golgi Apparatus
- Lysosome
- Peroxisomes
- Non-membranous
- Cillia
- Flagella
- Cytosol
- Centrosome
- Ribosomes



- Cytoskeleton
- Actin microfilaments
- Tubulin microtubules
- Intermediate filaments

Tissues – 4 Types

Tissues – 4 Types

- Epithelial
- Connective
- Muscle
- Nervous

Tissues – Epithelia – Simple vs Stratified

- Simple squamous –
- Simple cuboidal -
- Simple columnar -
- Stratified squamous –
- Stratified cuboidal –
- Stratified columnar –

- Simple squamous Heart lining, blood vessels, lymphatics, alveoli, kidney glomerulus
- Simple cuboidal Ovary, pigmented layer of retina, kidney tubules
- Simple columnar GI tract lining, gall bladder, glandular ducts, fallopian tubes
- Stratified squamous Skin (keratinised), mouth/oesophagus (nonkeratinised), urinary tract (transitional)
- Stratified cuboidal Ducts of sweat glands, oesophageal glands RARE
- Stratified columnar Urethra lining, large gland ducts

- Simple squamous Heart lining, blood vessels, lymphatics, alveoli, kidney glomerulus
- Simple cuboidal Ovary, pigmented layer of retina, kidney tubules
- Simple columnar GI tract lining, gall bladder, glandular ducts, fallopian tubes
- Stratified squamous Skin (keratinised), mouth/oesophagus (nonkeratinised), urinary tract (transitional)
- Stratified cuboidal Ducts of sweat glands, oesophageal glands RARE
- Stratified columnar Urethra lining, large gland ducts
- Pseudostratified epithelium





Tissues – Epithelia Function

- simple squamous epithelium...
- All stratified epithelia...
- All cuboidal and columnar epithelia permit secretion bigger cells have more space to synthesise - and absorption (except stratified columnar; it does not carry out absorption)

Tissues – Epithelia Function

- simple squamous epithelium allows filtration, diffusion, osmosis and secretion but little protection due to its thin nature.
- All stratified epithelia afford protection due to their regenerative capacity and multiple layers.
- All cuboidal and columnar epithelia permit secretion bigger cells have more space to synthesise - and absorption (except stratified columnar; it does not carry out absorption)

Tissues – Glands

- Glands
- Endocrine glands
- Exocrine glands
- Merocrine:
- Apocrine:
- Holocrine:

Tissues – Glands

- Glands are epithelia that secrete and store products such as hormones. Goblet cells are unicellular glands.
- Endocrine glands are ductless so hormones are released directly into extracellular fluid or blood to travel to target organs.
- Exocrine glands secrete products through a duct onto epithelium. There are three types:
- Merocrine: secretory product released from glandular cell in exocytosis
- Apocrine: vesicle containing products is secreted from glandular cell
- Holocrine: glandular cell dies and becomes secretory product



Other Forms of Cell Communication



What is a hormone?



Two types of cell activation via hormones





Two types of cell activation via hormones



When a signalling molecule binds to a membrane and alters it, what is that called?

Two types of cell activation via hormones



What are the key points of protein signalling:

- A lipid insoluble molecule binds to a cell surface receptor causing a confirmational change
- Through the release of a secondary messenger there is an enzyme cascade/amplification and activity

Epithelial cells – Cell Junctions

Epithelial cells function together as a tissue, so are tightly associated via intercellular junctions.

Junction type Structure Function Tight – Made of Occludins (interconnecting membrane protein links) Interlocking protein links fuse membranes to give small intercellular space that limits permeability between cells

aments Catenin Adherens junction Connexin Gap junction ntermediate filaments Desmosome

Gap – Made of Connexins (protein tubes) : Protein channels through plasma two membranes or intercellular space allow transport between cells

Desmosome- Made of Cadherins (cell adhesion molecules) - Cadherins bind to the basal lamina of cells at adhering junctions, giving stability to the tissue.

Epithelial cells – Cell Junctions

Epithelial cells function together as a tissue, so are tightly associated via intercellular junctions.

Junction type Structure Function Tight –

Gap

Desmosome-



Epithelial cells – Cell Junctions

Epithelial cells function together as a tissue, so are tightly associated via intercellular junctions.

Junction type Structure Function Tight – Made of Occludins (interconnecting membrane protein links) Interlocking protein links fuse membranes to give small intercellular space that

Gap – Made of Connexins (protein tubes) : Protein channels through plasma two membranes or intercellular space allow transport between cells

Desmosome- Made of Cadherins (cell adhesion molecules) - Cadherins bind to the basal lamina of cells at adhering junctions, giving stability to the tissue.

These are all Communicating Cells Junctions, So what is missing?



Tissues – Connective Tissue

Loose (alveolar) connective tissue:

Adipose tissue- Alveolar tissue matrix containing adipocytes. Adipocytes contain large fat globules.

o White adipose tissue- about 20-25% BMI in healthy adults and is a thermal insulator and energy store.

o Brown adipose tissue- found in newborn, highly vascularised and vastly reduced as you develop.

Reticular tissue- found in lymph nodes and organs of the lymphatic system. Matrix consists of reticular fibres. Cells-present are reticular cells and white blood cells

Tissues – Connective Tissue

Dense connective tissue-

Fibrous vs Elastic

Hyaline cartilage-Fibrocartilage-Elastic fibrocartilage-

Osteocytes-Osteoblast-Osteoclast-Compact bone-Spongy/cancellous bone-Tendons-Ligaments-

Tissues – Extracellular Matrix

The ECM consists of a framework of extracellular fibres (collagen, elastic fibres and reticular fibres) with ground substance (proteoglycan molecules) filling in the gaps between the framework and any other structures present (cells, nerves, blood vessels and fluid). The connective tissue is therefore a complex mesh with a range of properties depending on the proportion of different components:

- Collagens give tensile strength to the network
- Elastic fibres give elasticity
- Reticular fibres are thinner and branching
- Proteoglycans are highly hydrated molecules allowing compressive strength, as water can be pushed out of the tissue under weight
- Integrins are proteins that signal between the ECM and metabolic systems, allowing it to react to its environment e.g. wound healing. Cartilage thickening with exercise is an example of an ECM adaptive response to mechanical stress.

Tissues – Extracellular Matrix



Tissues – Muscle Cells

Skeletal

Smooth

Cardiac



Striated

Multinucleated/Mononucleated

Volutary/Involuntary control

Myogenic

Tissues – Muscle Cells



Multinucleated/Mononucleated

Volutary/Involuntary control

Myogenic

Tissues – Nerve Cells

Schwann cell vs oligodendrocyte

Node of Ranvier – What is it and why?

Neuron vs glia


Introduction to Anatomy and Surface Anatomy Introduction to Imaging/Imaging Anatomy

Introduction to Anatomy and Surface Anatomy

What do we mean by surface anatomy? (Landmarks levels and lines)

How does it relate to clinical and surgical practice?

- The Language of Anatomy
- The Anatomical Position
- Planes of the Body
- Anatomical Terminology
- Major Cavities/Regions of the Body
- Introduction to the Skeleton and Joints
- **Terminology for Movement**

Introduction to Imaging/Imaging Anatomy

How do we visualise human anatomy?

Why is this important?

PET (Positron Emission Tomography)Scans

MRI

Ultrasound imaging (Sonography)

X-rays (Radiography)

In anatomy teaching

In clinical practice

Histology (microanatomy)

What do we mean by surface anatomy? (Landmarks, levels and lines)

How does it relate to practice?

The Language of Anatomy + Anatomical Terminology



The Language of Anatomy

What is this person currently standing in?



The Language of Anatomy

What is this person currently standing in?

The anatomical position



The sternum is To the spine

The hallux is to the 5th digit



The Planes of the Body

What sort of section is this?



The Planes of the Body

A Sagittal Section



The Planes of the Body

What sort of section is this?



A transverse section





Major Cavities/Regions of the Body

Abdominal Cavity



Major Cavities/Regions of the Body

Abdominal Cavity

What is missing?



Major Cavities/Regions of the Body

Abdominal Cavity

What is missing?

Jejunum

lleum



Major Cavities/Regions of the Body

Skull and Brain

What is the Neurocranium? What is the Viscerocranium?

Major Cavities/Regions of the Body

Skull and Brain

What is the Neurocranium? What is the Viscerocranium?



Major Cavities/Regions of the Body

Skull and Brain

What is the Neurocranium? What is the Viscerocranium?



Major Cavities/Regions of the Body

Thorax

What is this?



Major Cavities/Regions of the Body

Thorax

What is this?

Pericardium



Major Cavities/Regions of the Body

Pelvic Cavity



Major Cavities/Regions of the Body

Pelvic Cavity



Introduction to the Skeleton and Joints



Introduction to the Skeleton and Joints



Terms of Movement













Introduction to Imaging/Imaging Anatomy

How do we visualise human anatomy?

Why is this important?

PET (Positron Emission Tomography)Scans

MRI

Ultrasound imaging (Sonography)

X-rays (Radiography)

In anatomy teaching

In clinical practice

Histology (microanatomy)

How do we visualise human anatomy?

How do we visualise human anatomy?





PET (Positron Emission Tomography)

Metabolic and biochemical activity

MRI

Sonography
X-Rays

Histology

H&E staining process:

Anatomy of the Head and Neck

Anatomy of the Head and Neck

Identify the bones of the skull and describe the major foramina Describe the major muscles of facial expression and mastication Understand the layout and orientation of the cavities within the head and neck

Utilise anatomical surface landmarks to identify key neck structures







Utilise anatomical surface landmarks to identify key neck structures

Where can we find the carotid?



Utilise anatomical surface landmarks to identify key neck structures

Where can we find the carotid?

The carotid pulse can be located between the larynx and the anterior border of the sternocleidomastoid muscle



Anatomy of the Back, Vertebral Column and Spinal Cord

Anatomy of the Back, Vertebral Column and Spinal Cord

Intrinsic muscles of the back

Extrinsic muscles of the back

The spinal cord

Meninges

Peripheral nerve roots

Intrinsic muscles of the back



Intrinsic muscles of the back



Intrinsic muscles of the back



Extrinsic muscles of the back



Extrinsic muscles of the back







At what position are the two enlargements of the spinal cord?



At what position are the two enlargements of the spinal cord?

What is the name of this object?

At what level, and at which object, does this phenomenon begin?



At what position are the two enlargements of the spinal cord?

What is the name of this object?

At what level, and at which object, does this phenomenon begin?



What is the name of this object (X)?

Cauda equina

At what level, and at which object, does this phenomenon begin?

Below the Conus medullaris, the termination of the spinal cord, at L1/2

True or False – Spinal level is equal to vertebral level

True or False – Spinal level is equal to vertebral level False – Spinal nerves must therefore travel inferiorly to exit

31 bilateral pairs of spinal nerves exit at different levels:

- 8 cervical
- 12 thoracic
- 5 lumbar
- 5 sacral
- 1 coccygeal



Name the Meninges



Name the Meninges

- Dura mater thickest, usually visible outer layer
- Arachnoid mater Middle layer, has arachnoid trabeculae in
- subarachnoid space
- (contains CSF and arteries)
- Pia mater Thinnest, cannot be seen and covers all sulci and gyri, innermost layer



The Dura Mater has four main folds. Name two of them...

The Dura Mater has four main folds. Name two of them...

- Falx cerebri divides the cerebral hemispheres
- Tentorium cerebelli separates cerebellum from inferior portion of occipital lobes
- Meninges continue down spinal cord. Space between dura and vertebra is normal (extradural

space). Anchored at sacrum

When do the peripheral nerve roots start?





Lower Limb

Anatomy of the Lower Limb

Describe the movements possible at the hip, knee and ankle joints Identify and describe the structures which support each of these joints Identify, describe and state the actions of the muscles acting across these joints

State the innervation and blood supply to each muscle compartment associated with these joints

Joint Type? Possible Movements?

Hip

Knee

Ankle

Joint Type? Possible Movements?

Hip – Ball and Socket

Knee – Hinge

Ankle – Hinge

Joint Type? Possible Movements?

Hip – Ball and Socket - Flexion, extension, abduction, adduction, rotation, circumduction

Knee – Hinge – Flexion and Extension

Ankle – Hinge – Dorsiflexion and Plantarflexion
Hip Joint - Structures



Hip Joint – Structures – Ligaments

Two categories: Capsular ligaments and intracapsular ligaments

Capsular: Iliofemoral ligament, pubofemoral, ischiofemoral Intracapsular: Transverse ligament of the acetabulum and ligament of the head of the femur

Hip Joint – Structures – Ligaments

Two categories: Capsular ligaments and intracapsular ligaments

Capsular: Iliofemoral ligament, pubofemoral, ischiofemoral

Intracapsular: Transverse ligament of the acetabulum and ligament of the head of the femur



Hip Joint – Muscles

Flexion

Psoas major, iliacus and rectus femoris; assisted by pectineus, tensor fasciae latae and sartorius **Extension**

Gluteus maximus, biceps femoris, semitendinosus,

semimembranosus and adductor magnus

Abduction

Glutei medius and minimus; assisted by tensor fasciae latae, piriformis and sartorius

Adduction

Adductors longus, brevis and magnus, gracilis; assisted by pectineus, quadratus femoris and the inferior fibres of gluteus maximus

Internal rotation

Glutei minimus and medius; assisted by tensor fasciae latae and most adductor muscles

External rotation

Gluteus maximus, obturator internus, superior and inferior gemelli, quadratus femoris, piriformis; assisted by obturator externus and sartorius

Hip Joint – Neurovasculature

The lumbrosacral plexus originates at level...

Hip Joint – Neurovasculature

The lumbrosacral plexus originates at level... L2-S1

The following nerves from the plexus innervate the hip joint...

Hip Joint – Neurovasculature

The lumbrosacral plexus originates at level... L2-S1

The following nerves from the plexus innervate the hip joint...

The femoral nerve innervates the anterior aspect

The obturator nerve supplies the inferior aspect

The superior gluteal nerve supplies the superior aspect

The nerve to the quadratus femoris innervates the posterior aspect.

Hip Joint – Neurovasculature

The femoral nerve, obturator nerve, superior gluteal nerve, nerve to the quadratus femoris

The blood supply of the hip joint is from the medial and lateral circumflex femoral arteries, the obturator artery and the superior and inferior gluteal arteries

Knee Joint – Structures

On which bone are the two menisci located?

Knee Joint – Structures

On which bone are the two menisci located?

Tibia (Lateral and Medial Menisci)

Knee Joint – Structures – Ligaments

Which ligament is attached to the patella?



Knee Joint – Structures – Ligaments

Which ligament is attached to the patella? Patella tendon

What are the CLs, where are they positioned, and what do they do?



Knee Joint – Structures – Ligaments

Which ligament is attached to the patella? Patella tendon

What are the CLs, where are they positioned, and what do they do?

Anterior Cruciate ligament – Prevents anterior displacement of the knee Posterior Cruciate ligament – Prevents Posterior displacement of the knee



Knee Joint – Structures – Ligaments

Which ligament is attached to the patella? Patella tendon

What are the CLs, where are they positioned, and what do they do?

Lateral Collateral ligament – Stabilises the knee and prevents varus deformity Medial Collateral ligament – Stabilises the knee and prevents valgus deformity



Knee Joint – Muscles

The anterior compartment...

The posterior compartment...

The medial compartment...

Knee Joint – Muscles

The anterior compartment... extends the knee joint -

The posterior compartment... contributes to flexion at the knee joint. Additionally, biceps femoris externally rotates and semitendinosus+ semimembrahosus internally rotate

The medial compartment... contributes to flexion of the knee

Knee Joint – Muscles

The anterior compartment... extends the knee joint and includes...

The posterior compartment... contributes to flexion at the knee joint. Additionally, biceps femoris externally rotates and semitendinosus+ semimembrahosus internally rotate. It includes...

The medial compartment... contributes to flexion of the knee and includes...

Knee Joint – Muscles

The anterior compartment... extends the knee joint and includes... vastus medialis, vastus intermedius, vastus lateralis, rectus femoris, sartorius

The posterior compartment... contributes to flexion at the knee joint. Additionally, biceps femoris externally rotates and semitendinosus+ semimembrahosus internally rotate. It includes... the hamstrings.

The medial compartment... contributes to flexion of the knee and includes... the gracilis muscle

Knee Joint – Neurovasculature

Blood supply to the knee originates from the femoral, popliteal and lateral circumflex femoral arteries

Innervation of the joint involves branches of the obturator, femoral, tibial and common fibular nerves.

Bones of the Foot



Ankle Joint – Structures



Ankle Joint – Structures

What is the purpose of the Medial Ligament?

What is the purpose of the Lateral?





Ankle Joint – Structures

Are eversion and inversion produced at the ankle joint?

Ankle Joint – Structures

Are eversion and inversion produced at the ankle joint?

No – they are produced at the other joints of the foot.

Ankle Joint – Muscles

Plantarflexion –

Dorsiflexion –



Ankle Joint – Muscles

Plantarflexion – produced by the muscles in the **posterior compartment** of the leg (gastrocnemius, soleus, plantaris and posterior tibialis).

Dorsiflexion – produced by the muscles in the **anterior compartment of the leg** (tibialis anterior, extensor hallucis longus and extensor digitorum longus).



Ankle Joint – Neuro-vasculature

Arterial supply to the ankle joint is derived from... the branches of the anterior tibial, posterior tibial and fibular arteries

Innervation is provided by... nerves

Ankle Joint – Neuro-vasculature

Arterial supply to the ankle joint is derived from... the malleolar branches of the anterior tibial, posterior tibial and fibular arteries

Innervation is provided by... tibial, superficial fibular and deep fibular nerves

Respiratory Tract, Chest, Lungs and Thoracic Cavity

Breathing, Circulation and Blood

The Respiratory Tract





The manubrium is on level...

The xiphoid process is on level...



The manubrium is on level... T3-T4

The xiphoid process is on level... T9








Anatomy of the Thoracic Cavity



Anatomy of the Thoracic Cavity



Innervation of the Thoracic Cavity

The diaphragm is innervated by the...

The intercostal muscles are innervated by the...

Innervation of the Thoracic Cavity

The diaphragm is innervated by the... phrenic nerve, which arises from the ...

The intercostal muscles are innervated by the... intercostal nerves

Innervation of the Thoracic Cavity

The diaphragm is innervated by the... phrenic nerve, which arises from the ... C3-C5

The intercostal muscles are innervated by the... intercostal nerves

When you are making an incision into the intercostals, should you make the incision close to the ventral or dorsal surface of the bone?

Breathing, Circulation and Blood

The Respiratory Tract

Pathway of air: nasal cavities (or oral cavity) > pharynx > trachea > primary bronchi (right & left) > secondary bronchi > tertiary bronchi > bronchioles > alveoli (site of gas exchange

Blood Supply in the Body

Blood Supply in the Body – Thoracic blood supply



Blood Supply in the Body – Head and Neck

Arteries of the Head and Neck



©Sheri Amsel www.exploringnature.org

Blood Supply in the Body – Head and Neck

The internal carotid supplies...

The external carotid supplies...

The carotid bifurcates as level...

superficial temporal artery ophthalmic artery maxillary artery occipital artery internal carotid artery external carotid artery facial artery vertebral arterylingual artery superior thyroid artery · larynx subclavian artery thyroid gland common carotid artery - clavicle -brachiocephalic trunk -aortic arch

Arteries of the Head and Neck

©Sheri Amsel www.exploringnature.org

Blood Supply in the Body – Head and Neck

The internal carotid supplies... the nearest brain hemisphere, alongside the basilar

The external carotid supplies... blood to the face and neck

The carotid bifurcates as level... C3-4





©Sheri Amsel www.exploringnature.org

Blood Supply in the Body – Aorta

The thoracic aorta becomes the abdominal at level...

Blood Supply in the Body – Aorta

The thoracic aorta becomes the abdominal at level... T12, at the diaphragm



Anatomy of the Joints and Overview of the MSK

Anatomy of the Joints

Types of joint – fibrous, cartilaginous, synovial Synovial Joints I – structure & classification Synovial joints II – movement & stability; applied anatomy

Overview of the MSK

Basics of the Musculoskeletal system Joints of the lower limb Joints of the upper limb Neuro-vasculature of limbs Bioengineering options of MSK repair

Types of Joint

Anatomy of the Hand and Upper Limb

Anatomy of the Hand

Layout of the bones of the hand

Intrinsic hand muscles

Actions of the intrinsic muscles

Neurovasculature supplying the hand

Be aware of important clinical anatomical relationships within the hand

Overview of the MSK

Name and ID the supporting structures of each major joint in the upper limb To understand the range of motion supported by each joint To recap the action of key muscles at each of these joints

Bones of the Hand



Copyright © 2009 Pearson Education, Inc., publishing as Pearson Benjamin Cummings.

Intrinsic Hand Muscles