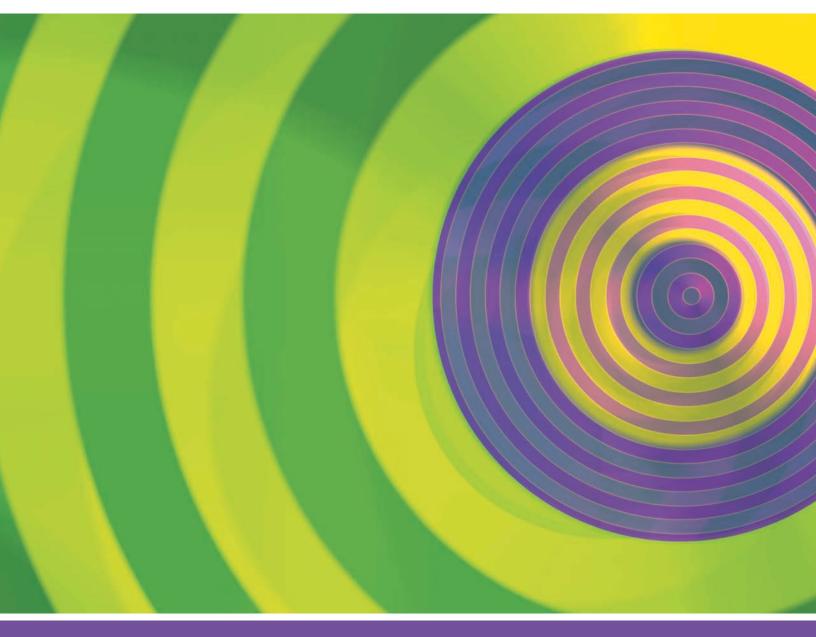
Pearson New International Edition



Human Anatomy Laboratory Manual with Cat Dissections Marieb Mitchell Smith Seventh Edition

PEARSON®

ALWAYS LEARNING™

Pearson Education Limited

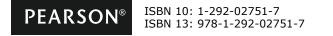
Edinburgh Gate Harlow Essex CM20 2JE England and Associated Companies throughout the world

Visit us on the World Wide Web at: www.pearsoned.co.uk

© Pearson Education Limited 2014

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without either the prior written permission of the publisher or a licence permitting restricted copying in the United Kingdom issued by the Copyright Licensing Agency Ltd, Saffron House, 6–10 Kirby Street, London EC1N 8TS.

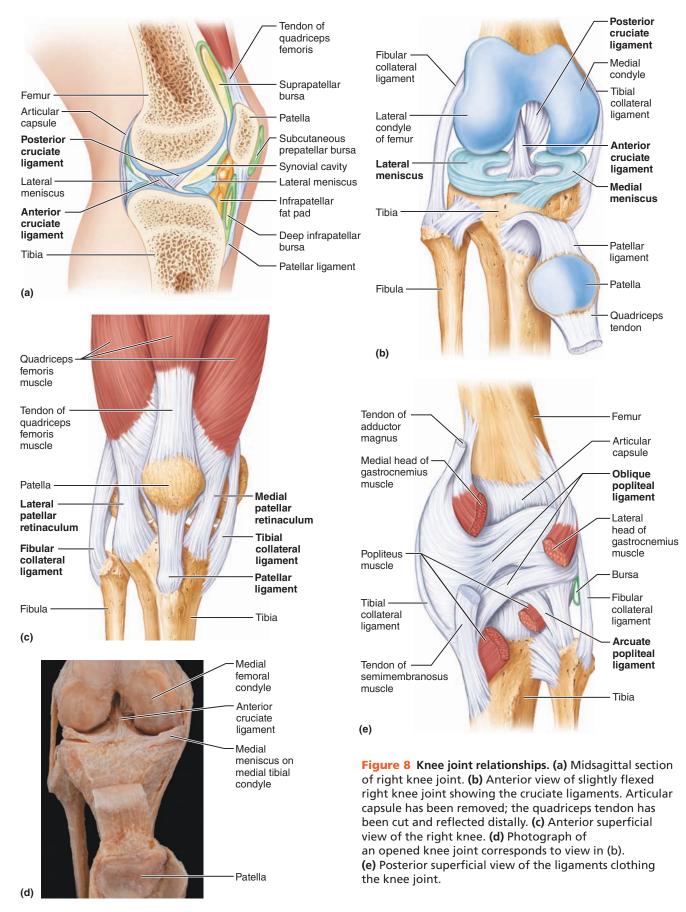
All trademarks used herein are the property of their respective owners. The use of any trademark in this text does not vest in the author or publisher any trademark ownership rights in such trademarks, nor does the use of such trademarks imply any affiliation with or endorsement of this book by such owners.



British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

Articulations and Body Movements



Articulations and Body Movements

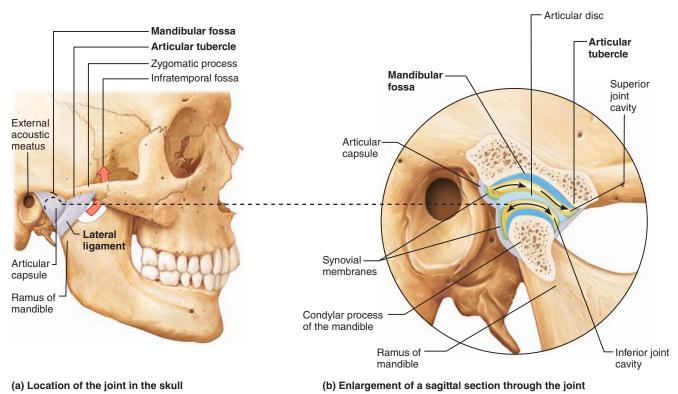


Figure 9 The temporomandibular (jaw) joint relationships. Note that the superior and inferior compartments of the joint cavity allow different movements indicated by arrows.

GROUP CHALLENGE

Articulations: "Simon Says"

Working in groups of three or four, play a game of "Simon Says" using the movements defined in Activity 5. One student will play the role of "Simon" while the others perform the movement. For example, when "Simon" says, "Simon says, perform flexion at the elbow," the remaining students flex their arm. Take turns playing the role of Simon. As you perform the movements, consider and discuss whether the joint allows other movements and whether the joint is uniaxial, biaxial, or multiaxial. (Use Table 1 as a guide.) After playing for 15–20 minutes, complete the tables below.

1. List two uniaxial joints, and describe the movement at each.

Uniaxial Joints

Movements allowed			

2. List two biaxial joints, and describe the movement at each.

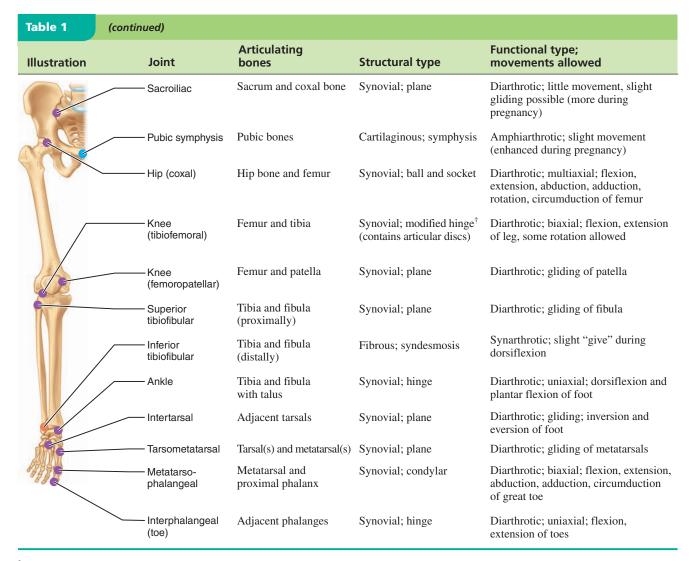
Biaxial Joints

Movements allowed		

3. List two multiaxial joints, and describe the movement at each.

Name of joint	Movements allowed

Table 1 Structural and Functional Characteristics of Body Joints						
Illustration	Joint	Articulating bones	Structural type*	Functional type; movements allowed		
	— Skull	Cranial and facial bones	Fibrous; suture	Synarthrotic; no movement		
Contraction of the second	— Temporo- mandibular	Temporal bone of skull and mandible	Synovial; modified hinge [†] (contains articular disc)	Diarthrotic; gliding and uniaxial rotation; slight lateral movement, elevation, depression, protraction, and retraction of mandible		
	— Atlanto-occipital	Occipital bone of skull and atlas	Synovial; condylar	Diarthrotic; biaxial; flexion, extension, lateral flexion, circumduction of head on neck		
	- Atlantoaxial	Atlas (C_1) and axis (C_2)	Synovial; pivot	Diarthrotic; uniaxial; rotation of the head		
	- Intervertebral	Between adjacent vertebral bodies	Cartilaginous; symphysis	Amphiarthrotic; slight movement		
	- Intervertebral	Between articular processes	Synovial; plane	Diarthrotic; gliding		
1	- Costovertebral	Vertebrae (transverse process or bodies) and ribs	Synovial; plane	Diarthrotic; gliding of ribs		
	— Sternoclavicular	Sternum and clavicle	Synovial; shallow saddle (contains articular disc)	Diarthrotic; multiaxial (allows clavicle to move in all axes)		
	— Sternocostal (first)	Sternum and rib 1	Cartilaginous; synchondrosis	Synarthrotic; no movement		
	- Sternocostal	Sternum and ribs 2–7	Synovial; double plane	Diarthrotic; gliding		
	— Acromio- clavicular	Acromion of scapula and clavicle	Synovial; plane (contains articular disc)	Diarthrotic; gliding and rotation of scapula on clavicle		
M	— Shoulder (glenohumeral)	Scapula and humerus	Synovial; ball and socket	Diarthrotic; multiaxial; flexion, extension, abduction, adduction, circumduction, rotation of humerus		
	— Elbow	Ulna (and radius) with humerus	Synovial; hinge	Diarthrotic; uniaxial; flexion, extension of forearm		
	– Proximal radioulnar	Radius and ulna	Synovial; pivot	Diarthrotic; uniaxial; pivot (head of radius rotates in radial notch of ulna)		
1	— Distal radioulnar	Radius and ulna	Synovial; pivot (contains articular disc)	Diarthrotic; uniaxial; rotation of radius around long axis of forearm to allow pronation and supination		
	— Wrist	Radius and proximal carpals	Synovial; condylar	Diarthrotic; biaxial; flexion, extension, abduction, adduction, circumduction of hand		
	— Intercarpal	Adjacent carpals	Synovial; plane	Diarthrotic; gliding		
	 Carpometacarpal of digit 1 (thumb) 	Carpal (trapezium) and metacarpal I	Synovial; saddle	Diarthrotic; biaxial; flexion, extension, abduction, adduction, circumduction, opposition of metacarpal I		
	 Carpometacarpal of digits 2–5 	Carpal(s) and metacarpal(s)	Synovial; plane	Diarthrotic; gliding of metacarpals		
. 4 .	— Metacarpo- phalangeal (knuckle)	Metacarpal and proximal phalanx	Synovial; condylar	Diarthrotic; biaxial; flexion, extension, abduction, adduction, circumduction of fingers		
	— Interphalangeal (finger)	Adjacent phalanges	Synovial; hinge	Diarthrotic; uniaxial; flexion, extension of fingers		



*Fibrous joints are indicated by orange circles; cartilaginous joints by blue circles; synovial joints by purple circles.

[†] These modified hinge joints are structurally bicondylar.

Joint Disorders

Joint pains and malfunctions can be due to a number of causes. For example, a hard blow to the knee can cause a painful bursitis, known as "water on the knee," due to damage to, or inflammation of, the patellar bursa. Slippage of a fibrocartilage pad may result in a painful condition that heals slowly.

Sprains and dislocations are other types of joint problems. In a **sprain**, the ligaments reinforcing a joint are damaged by overstretching or are torn away from the bony attachment. Because both ligaments and tendons are cords of dense connective tissue with a poor blood supply, sprains heal slowly and are quite painful.

Dislocations occur when bones are forced out of their normal position in the joint cavity. They are normally accompanied by torn or stressed ligaments and considerable inflammation. The process of returning the bone to its proper position, called *reduction*, should only be done by a physician. Attempts by an untrained person to "snap the bone back into its socket" are often more harmful than helpful.

Advancing years also take their toll on joints. Weightbearing joints in particular eventually begin to degenerate. *Adhesions* (fibrous bands) may form between the surfaces where bones join, and extraneous bone tissue (*spurs*) may grow along the joint edges. Such degenerative changes lead to the complaint so often heard from the elderly: "My joints are getting so stiff...."

• If possible, compare an X-ray image of an arthritic joint to one of a normal joint. +

Articulations and Body Movements

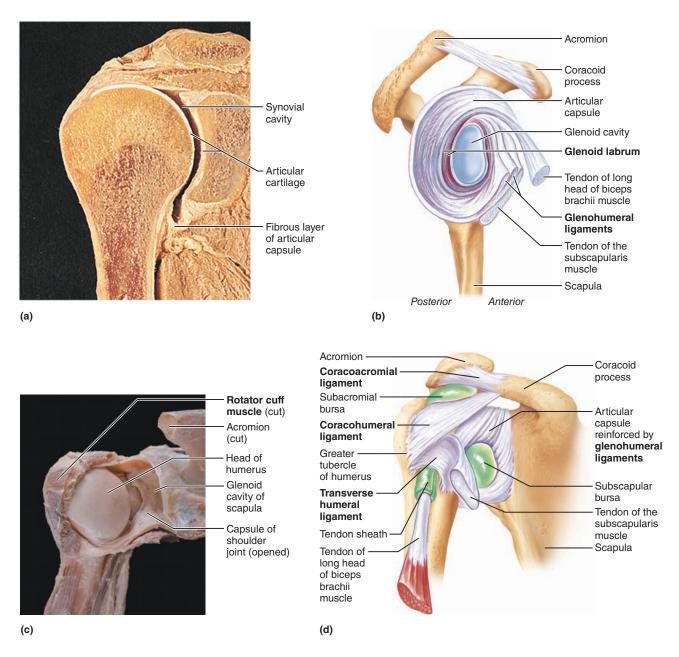


Figure 10 The shoulder joint. (a) Frontal section through the shoulder. (b) The right shoulder joint, cut open and viewed from the lateral aspect; the humerus has been removed. (c) Photo of an opened shoulder joint, anterior view. (d) Anterior superficial view of the right shoulder joint.