

# Anatomy of Shoulder joint

**Presented by**  
**Dr Abhilasha**

## **PO(Programme outcome)**

PO 1- Demonstrate comprehensive knowledge and application of the Trisutra concept to explore root causes, identify clinical manifestations of disease to treat ailments and maintain healthy status

PO 2- Demonstrate knowledge and skills in Ayurveda, acquired through integration of multi disciplinary perspectives and keen observation of clinical and practical experiences.

## **CO ( Course outcome)**

CO3- Description and demonstrate the shoulder joint with attachments of associated structures and its clinical application

# Specific Learning Objectives

By the End of the class you will be able to :

1. Structure of Shoulder joint.
2. Ligaments, relations of Shoulder joint
3. Movements, clinical aspect of shoulder joint.

- Teaching Learnings method- Lecture with power point presentation
- Domain- Cognitive – Application
- Must to know/desirable to know/Nice to know- Must to know
- Millers pyramid- Knows how
- Bloom taxonomy- Understand

## *Kaksha sandhi*

- कक्षावङ्क्षणदशनेषूलूखलाः । (सु.शा.५/३२)

*Ulukhala* variety of joints is found at *Kaksha*,  
*Vankshana* and *Dashana*

## *Shakha Marma*

- बाहुमर्माणितुशिप्रतलहृदयकूर्चकूर्चशिरोमणिबन्धेन्द्र  
बस्तिकूर्परण्युर्वीलोहिताक्षाणि कक्षधरं चेति;

## *Snayu Marma*

- आणीवितपकक्षधरकूर्चकूर्चशिरोबस्तिक्षिप्रांसविधुरो  
त्क्षेपाः स्नायुमर्माणि

## Vaikalyakar Marma

- लोहिताक्षाणि जानूर्वीकूर्चविटपकूर्पराः ।  
कुकुन्दरे कक्षधरे विधुरे सकृकाटिके ॥

## Pramana

- उर्व्यः शिरांसि विटपे चसकक्षपार्श्वे एकैकमङ्गुलमितं

## Sthan

- वक्षःकक्षयोर्मध्ये कक्षधरं

## Vidha lakshana

- कक्षधरे पक्षाघातः

# Glenohumeral Joint

- Gleno-  
Glenoid cavity of Scapula
- Humeral-  
Humerus bone ( Head of Humerus)

- 1. Type of joint**
- 2. Articular Surface**
- 3. Articular capsule and synovial membrane**
- 4. Glenoid Labrum**
- 5. Ligament of shoulder Joint**
- 6. Relations**
- 7. Movements and Muscle acting on the joint**
- 8. Blood Supply**
- 9. Nerve Supply**
- 10. Clinical aspect**

## **Shoulder joint (glenohumeral joint)**

- **It is a ball and socket joint type of synovial joint**
- **It permits a wide range of movement**
- **Its mobility make the joint relatively unstable**

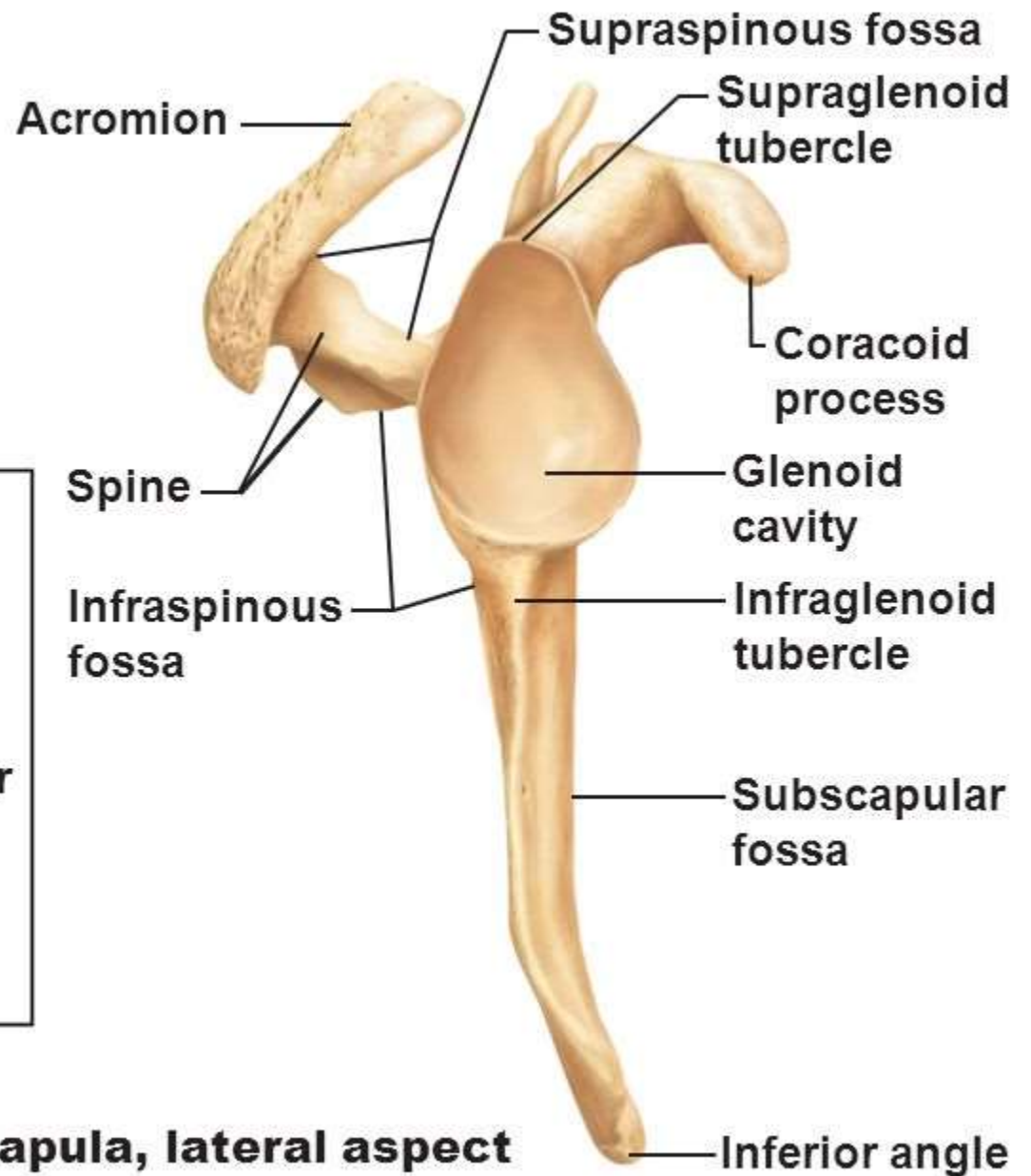
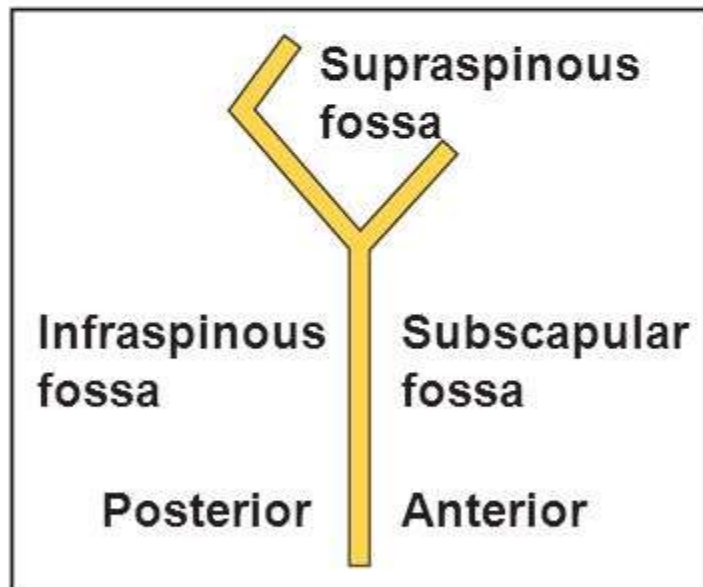
### **Articular surfaces**

**The large round humeral head articulates with the relatively shallow glenoid cavity of the scapula**



# Glenoid cavity

- Pear shape
- Shallow
- Directed laterally and upward
- Cavity  $\frac{1}{3}$  of the humerus head comes contact in with the glenoid cavity at any position
- Glenoid fossa is deepened by a fibrocartilaginous of glenoid labrum



**(c) Right scapula, lateral aspect**

## Fibrous capsule

- Joint capsule surrounds the glenohumeral joint and is attached medially to the margin of the glenoid cavity and laterally to the anatomical neck of the humerus
- Superiorly the part of the capsule enclose to the root of the coracoid process and supraglenoid tubercle of scapula
- It is least supported inferiorly where dislocation are very common

### Healthy shoulder joint



## **Glenoid Labrum**

- **Fibrocartilage rim attached around the margin of glenoid cavity**
- **Triangular on shape**
- **Deepen cavity for articulation and protects the edges of bones**
- **Lined by the synovial membrane**



# Ligaments

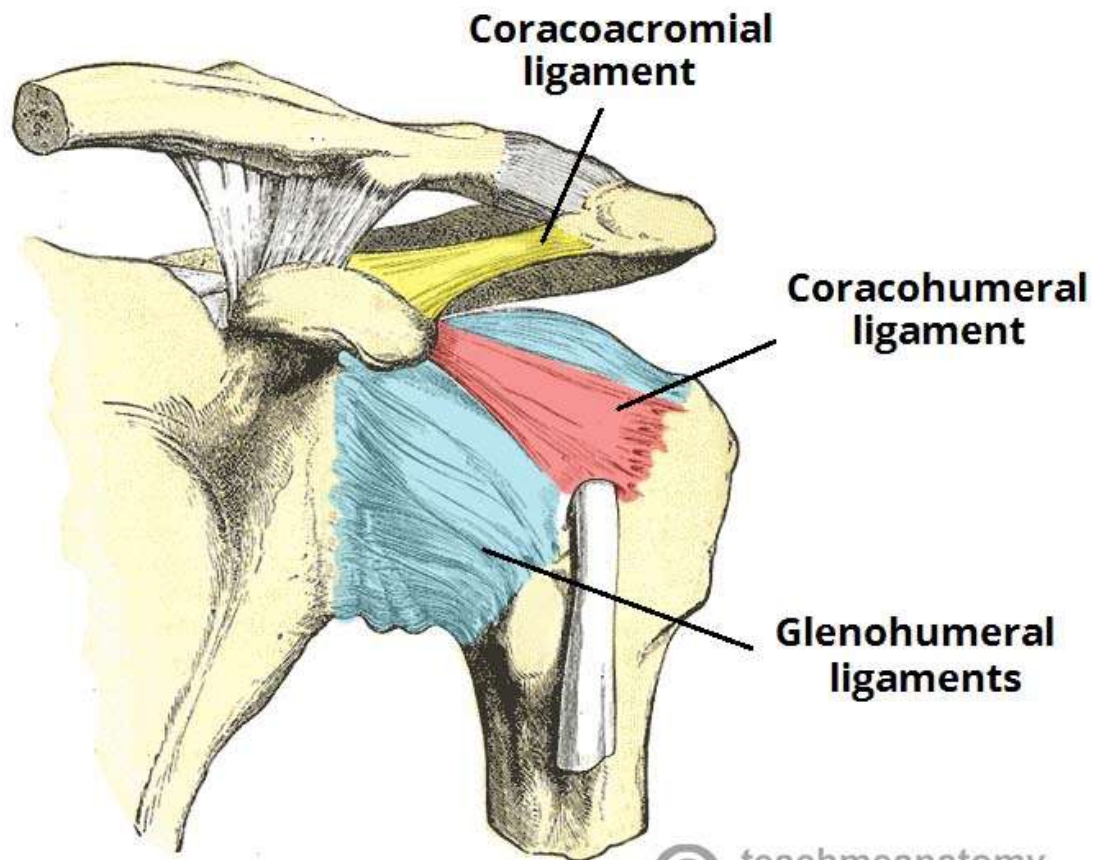
- **Glenohumeral ligament**
- **Coracohumeral ligament**
- **Transverse ligament**
- **Coracoacromial arch**

## **Glenohumeral ligament**

- **Glenohumeral ligaments (superior, middle and inferior) – Consists of three bands, which runs with the joint capsule from the glenoid fossa to the anatomical neck of the humerus.**
- **They act to stabilize the anterior aspect of the joint.**

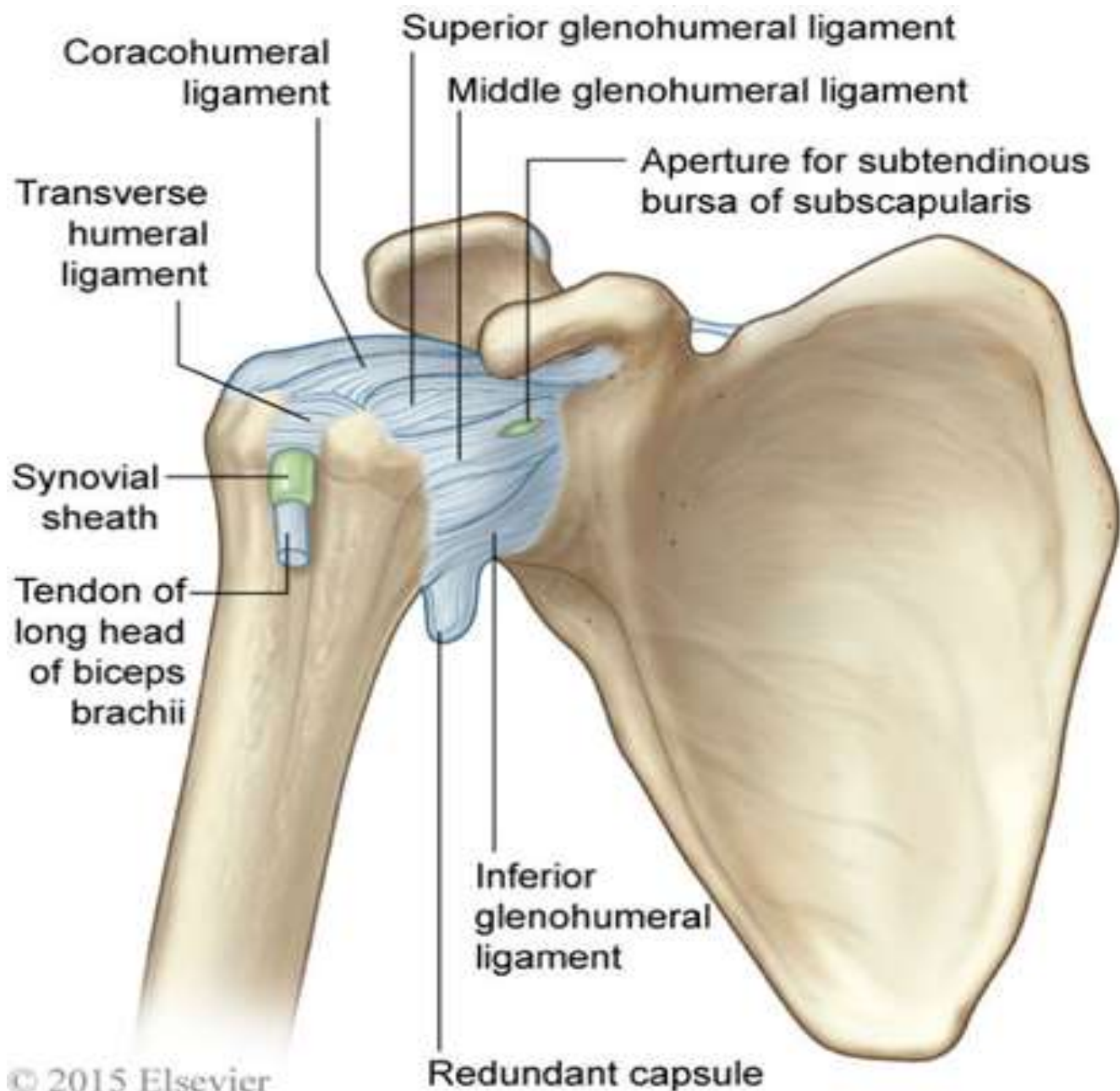
## **Coracohumeral ligament**

**It is a strong band that passes from the base of coracoid process to the anterior aspect of the greater tubercle of the humerus**



**teachmeanatomy**

The #1 Applied Human Anatomy Site on the Web.

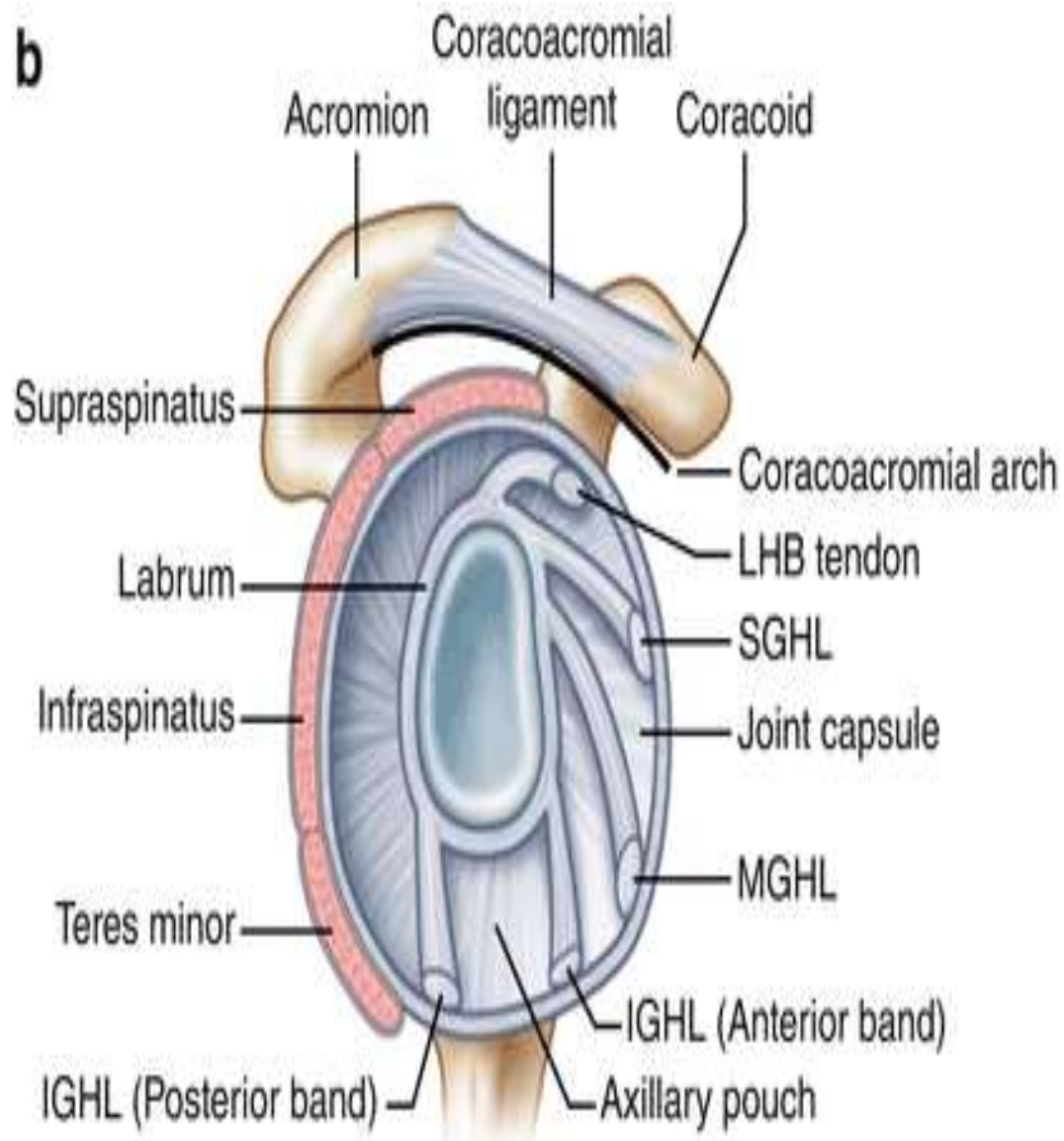


## Transverse ligament

**It is a broad fibrous a band that runs more or less obliquely from the greater to the lesser tubercle of the humerus, bridging over the intertubercular sulcus this ligament converts the groove into a canal, which holds the synovial sheath and tendon of the biceps brachii**

## Coracoacromial arch

- **Coracoacromial arch** it is an extrinsic, protective structure formed by the smooth inferior aspect of the acromion and the coracoid process of the scapula
- **The coracoacromial arch** is so strong that a forceful superior thrust of the humerus will not fracture it ; the humerus shaft or clavicle fracture first.



# Relations:

- **Superiorly:**

Coracoarcomial arch, sub deltoid bursa, supraspinatus and deltoid muscle.

- **Inferiorly:**

Long head of the triceps, posterior circumflex humeral artery and axillary nerve.

- **Anteriorly:**

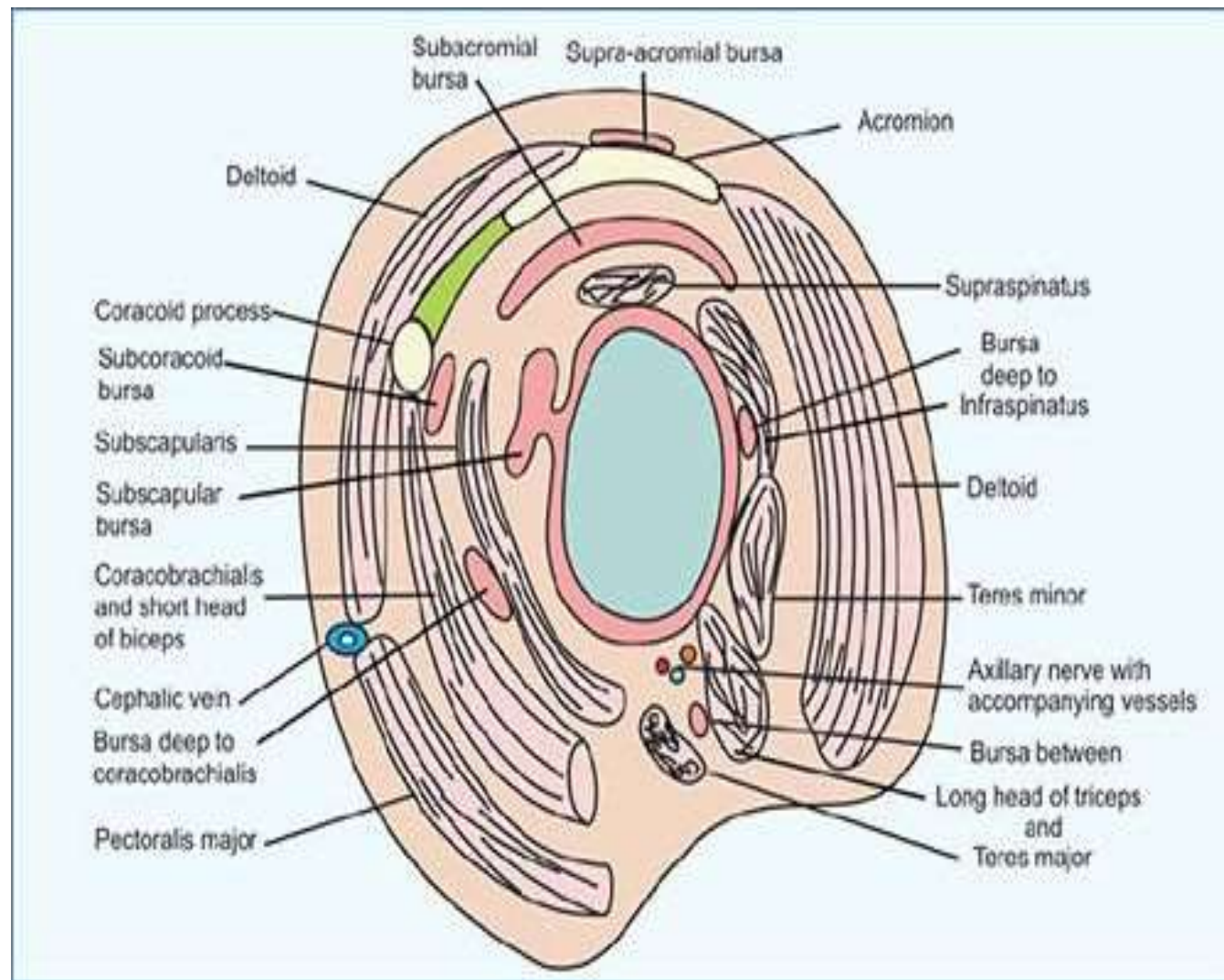
Sub Scapularis, coraco brachialis, short head of biceps brachii and deltoid.

- **Posteriorly:**

Infraspinatus, teres minor and deltoid

- **Within the joint:**

Tendon of the long head of biceps brachii muscle



# Movements

- **Flexion**
- **Extension**
- **Abduction**
- **Adduction**
- **Medial Rotation**
- **Lateral Rotation**
- **Circumduction**

## Blood supply

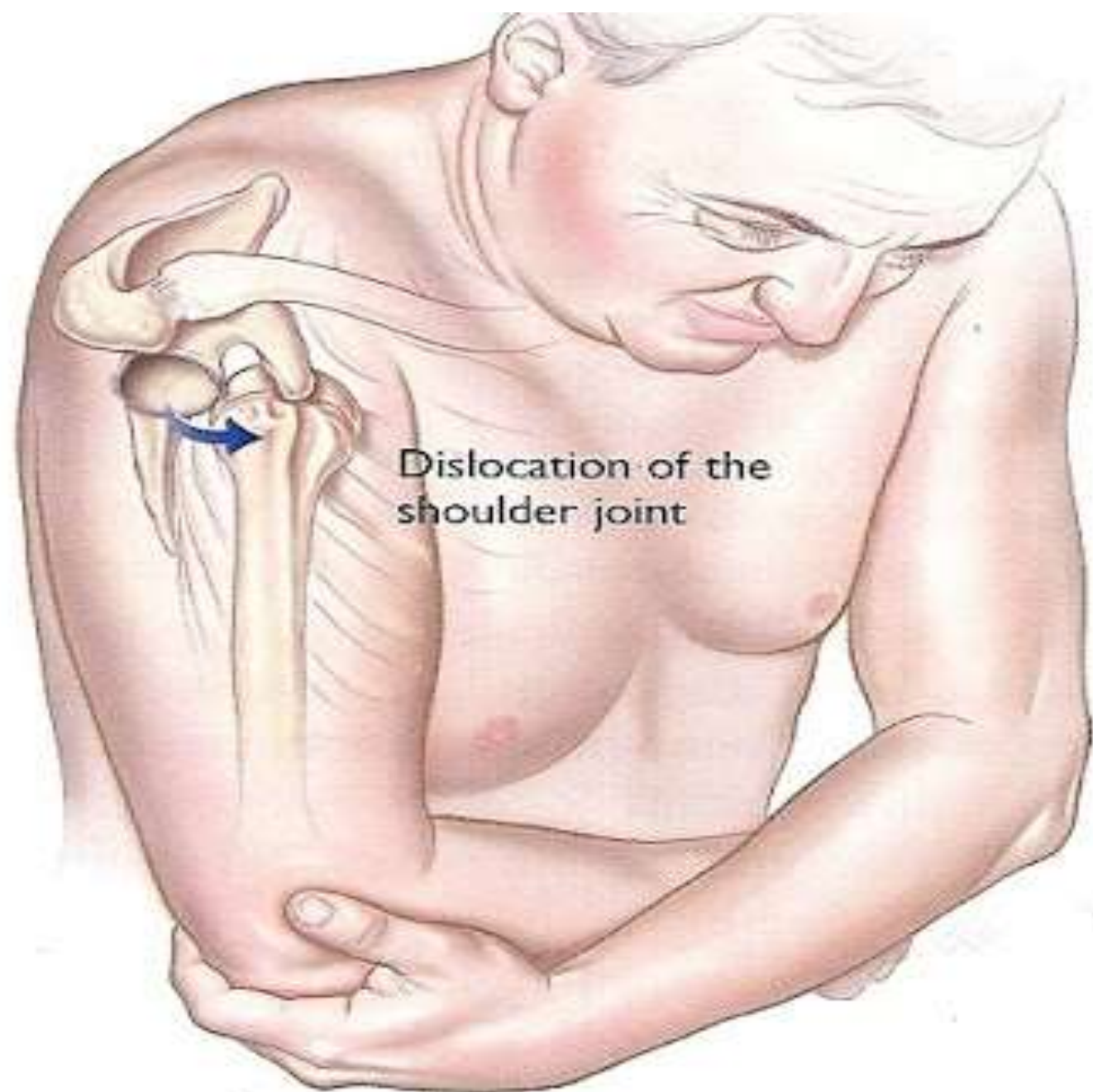
- Anterior circumflex humeral artery
- Posterior circumflex humeral artery
- Suprascapular artery
- Sub scapular artery

## Nerve supply

- Axillary nerve
- Musculocutaneous nerve
- Suprascapular nerve

## Clinical condition

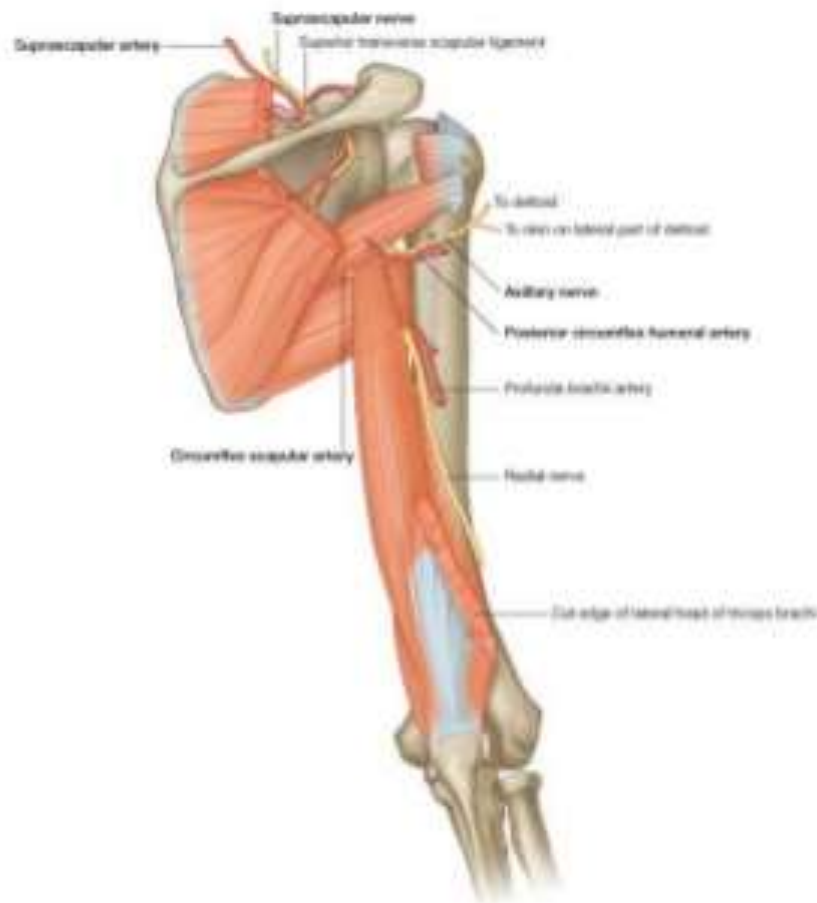
- **Shoulder Joint Dislocation**
- **Shoulder Tip Pain**
- **Frozen Shoulder**



Dislocation of the  
shoulder joint

# Applied anatomy

- Referred pain from diaphragm, pleura & peritoneum (supplied by phrenic nerve -C3,C4 &) to tip of shoulder via supraclavicular nerve (C3&C4)
- Dislocation
- Bursitis
- Supraspinatus Tendinitis
- Rupture of supraspinatus
- Rotator cuff injury
- Frozen shoulder
- Arthroscopy & arthroplasty





# Adhesive Capsulitis of Shoulder

Normal Shoulder



Frozen Shoulder



# Formative Assessment

## MCQs On Shoulder joint

1. **What type of synovial joint is the shoulder (glenohumeral) joint classified as?**
  - A. Hinge joint
  - B. Ball and socket joint
  - C. Saddle joint
  - D. Pivot joint
2. **Name the three bones that form the shoulder joint.**
  - A. Scapula, clavicle, humerus
  - B. Scapula, radius, ulna
  - C. Clavicle, humerus, sternum
  - D. Humerus, scapula, vertebrae

### **3 . What are the four muscles that make up the rotator cuff?**

A. Deltoid, trapezius, supraspinatus,  
infraspinatus

B. Teres major, supraspinatus, infraspinatus,  
subscapularis

C. Supraspinatus, infraspinatus, teres minor,  
subscapularis

D. Supraspinatus, teres major, deltoid,  
subscapularis

**4. Which ligament reinforces the superior part of the shoulder joint capsule?**

- A. Coracoacromial ligament
- B. Coracohumeral ligament
- C. Glenohumeral ligament
- D. Acromioclavicular ligament

**5. What structure deepens the glenoid cavity to help stabilize the shoulder joint?**

- |                     |                   |
|---------------------|-------------------|
| A. Acromion         | B. Glenoid labrum |
| C. Coracoid process | D. Deltoid muscle |

**6. What is the main blood supply to the shoulder joint?**

- A. Subclavian artery
- B. Axillary artery and its branches
- C. Brachial artery
- D. Radial artery

**7. Which tendon passes through the intertubercular (bicipital) groove of the humerus?**

- A. Supraspinatus tendon
- B. Biceps brachii (long head) tendon
- C. Subscapularis tendon
- D. Teres minor tendon

**8. What is the function of the rotator cuff muscles?**

- A. To elevate the shoulder
- B. To stabilize the glenohumeral joint
- C. C. To support the elbow
- D. D. To extend the arm

**9. Which injury is most commonly associated with anterior dislocation of the shoulder-**

- A. Radial nerve palsy
- B. Axillary nerve injury
- C. Median nerve injury
- D. Ulnar nerve compression

Just a note to say...✧

Thank You! ✧

