



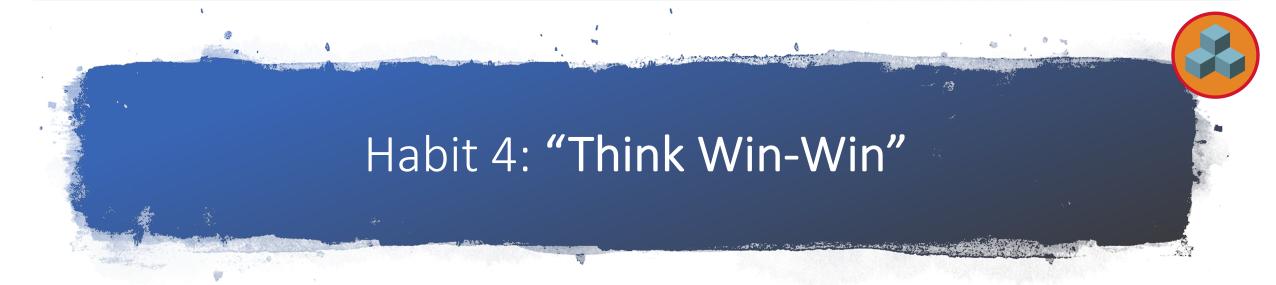
"Let's Get a Grip" on Distal Upper Extremity Anatomy

Presented by Holly Daniel, PT



Objectives

- Review muscles of the forearm, wrist, and hand
- Discuss methods to help "make it stick"
- Correlate anatomy to relevant clinical conditions



- The 7 Habits of Highly Effective People
- First published in 1989
- Written by Stephen Covey
- ❖ New York Times Bestseller for 5 years





- Pronators
- Primary wrist flexors
- Extrinsic flexors to the digits

3 Layers of the Anterior Forearm

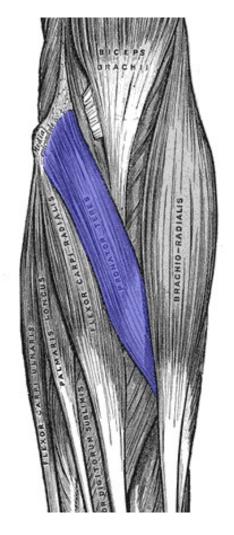
- **Superficial:** Pronator teres, flexor carpi radialis, palmaris longus, and flexor carpi ulnaris
- Intermediate: Flexor digitorum superficialis
- **Deep:** Flexor digitorum profundus, pronator quadratus, and flexor pollicis longus

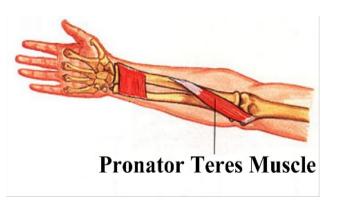
Forearm Pronators

Pronator teres

Pronator quadratus







Pronator teres

Proximal attachment

- > Humeral head: medial epicondyle of the humerus
- ➤ Ulnar head: medial aspect of the coronoid process

Distal attachment

Lateral surface of the mid radius

Innervation

➤ Median nerve

Actions

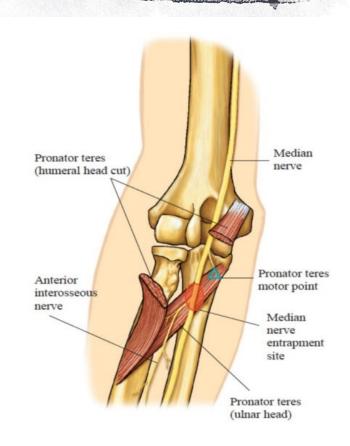
Forearm pronation; (assists in elbow flexion)

Clinical Relevance Pronator syndrome

Median nerve entrapment between the two heads of pronator teres

Paresthesias (distribution of median nerve); tenderness at pronator teres; pain with resisted pronation

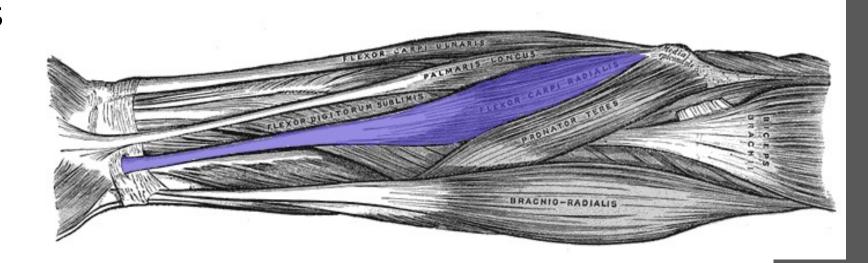
Negative Phalen's test; negative Tinel's sign at wrist





Primary Wrist Flexors

- Flexor carpi radialis
- Palmaris longus
- Flexor carpi ulnaris



Clinical Relevance Medial Epicondylitis

Overuse injury to tendons attaching to medial epicondyle of humerus (e.g., wrist flexors, pronator teres, flexor digitorum superficialis)

Tendons of flexor carpi radialis and pronator teres most often affected

Pain and tenderness over medial epicondyle; pain with resisted wrist flexion, pronation, and with gripping

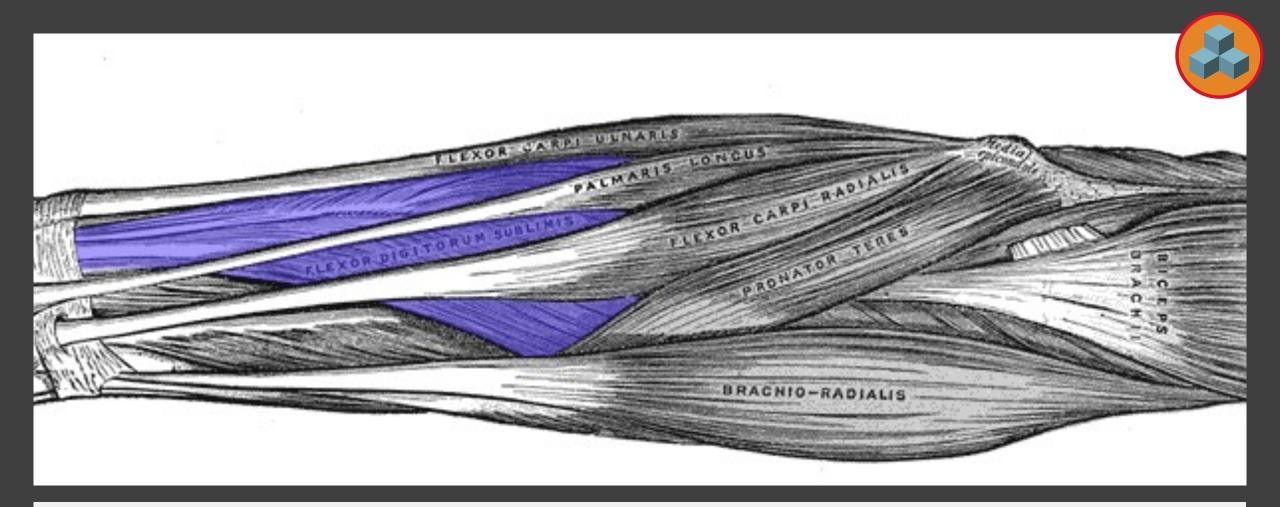
If ulnar nerve affected, pain and paresthesias into the forearm and 4th & 5th digits (e.g., cubital tunnel syndrome)



Extrinsic Finger Flexors

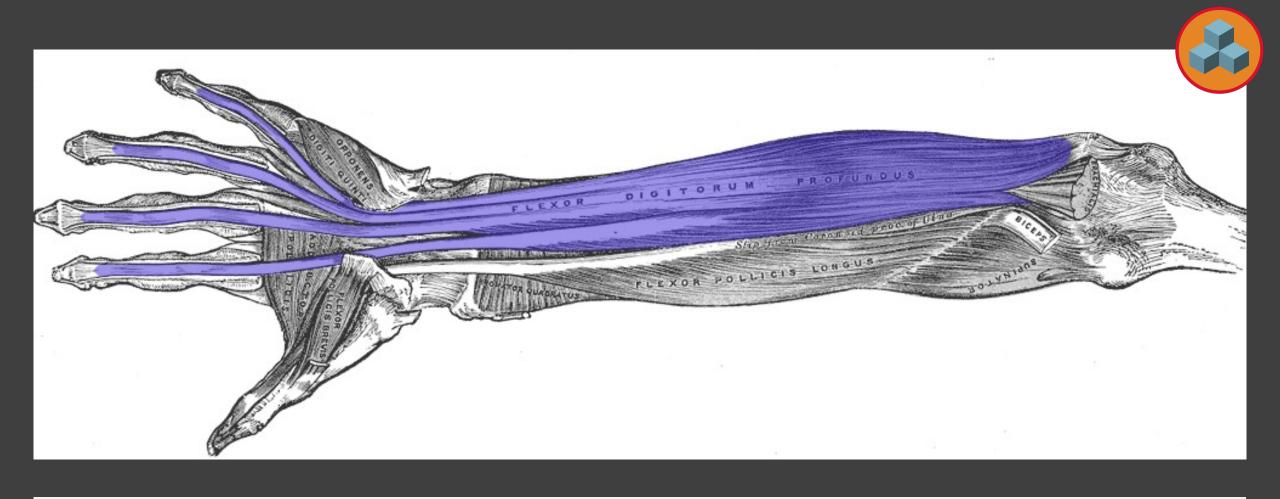
Flexor digitorum superficialis

Flexor digitorum profundus



Flexor Digitorum Superficialis (FDS)

Flexes the PIPs, not the DIPs Innervation: Median nerve



Flexor Digitorum Profundus (FDP)

Flexes the DIPs (and other proximal joints it crosses) Dual innervation: Median (digits 2&3); Ulnar (4&5)

Clinical Relevance Extrinsic Finger Flexors

- MMT differentiation (FDS vs. FDP)
- Tendon injuries (e.g., Jersey finger)
- Carpal tunnel syndrome (compression of median nerve;
 9 flexor tendons in the carpal tunnel)

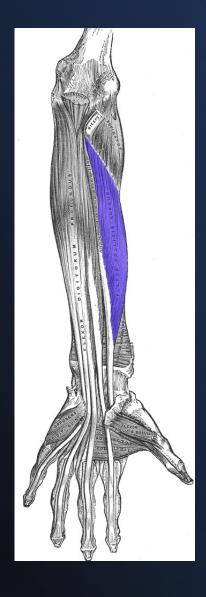
Flexor Pollicis Longus

Innervation: Median nerve (anterior interosseous branch)

Clinical Relevance:

- Trigger thumb (tenosynovitis)
- MMT differentiation (FPL vs. FPB)
- Anterior interosseous syndrome (test with OK sign)





Muscles of the Dorsal (Posterior) Forearm Superficial Layer

- Brachioradialis
- Primary wrist extensors
- Extensor digitorum
- Extensor digiti minimi

Brachioradialis (Paradoxical Muscle)

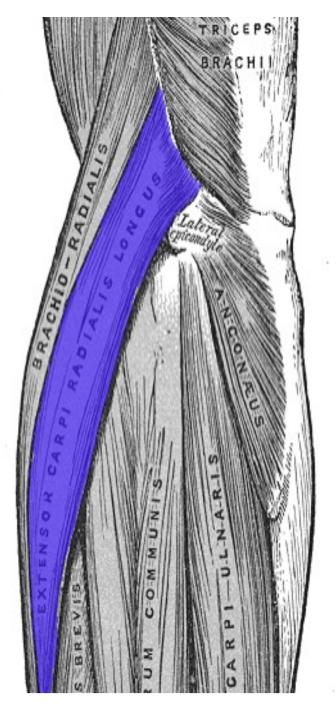
- Primary elbow flexor
- Origin and innervation more characteristic of an extensor
- Pronation or supination of forearm (to neutral position)
- Brachioradialis reflex used clinically to test C6 innervation level



Primary wrist extensors

- Extensor carpi radialis longus
- Extensor carpi radialis brevis
- Extensor carpi ulnaris

All innervated by radial nerve





Clinical Relevance Lateral Epicondylitis

Overuse injury to tendons attaching to lateral epicondyle of humerus (e.g., wrist extensors, extensor digitorum)

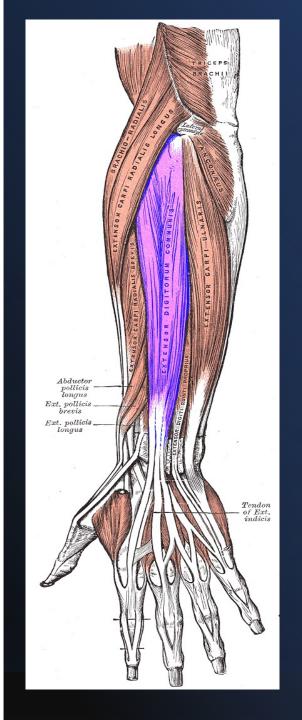
Extensor carpi radialis brevis most often affected

Pain and tenderness over lateral epicondyle; pain with resisted wrist extension and radial deviation (e.g., Cozen's test); pain with gripping activities

Often painful with stretch to wrist extensors (e.g., Mill's test)



- Extension of digits 2-5; extends the wrist
- Extensor digiti minimi muscular slip from the ulnar aspect of the extensor digitorum that inserts on the proximal phalanx of the 5th digit
- Innervated by the **radial nerve** (posterior interosseous branch)





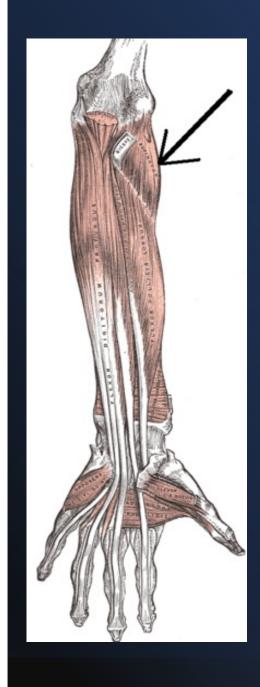


- Supinator
- Abductor pollicis longus
- Extensor pollicis longus & brevis
- Extensor indicis



- Prime supinator of the forearm (in any elbow position)
- Two heads (from the humerus and the ulna)
- Innervation: Radial nerve
 (becomes posterior interosseous
 nerve as it exits the supinator)





Clinical Relevance Supinator syndrome

Also known as posterior interosseous nerve syndrome (PINS)

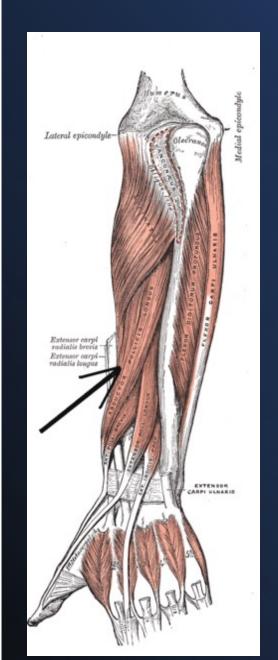
Lateral elbow pain that radiates into the distal forearm; pain aggravated by resisted supination

Tenderness 3-4 cm distal to the lateral epicondyle (where radial nerve crosses the radial head and penetrates the supinator muscle)

PIN palsy: inability to extend the MCP joints of the thumb and fingers



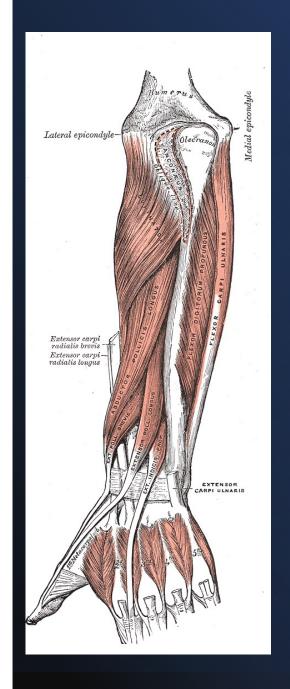
- Abducts the thumb
- Able to assist with wrist abduction (radial deviation)
- Innervation: Radial nerve (posterior interosseous branch)







- Extends the thumb (at the proximal phalanx)
- Part of the lateral border of the anatomical snuff box (along with abductor pollicis longus)
- Innervation: Radial nerve (posterior interosseous branch)







Tendons of abductor pollicis longus and extensor pollicis brevis share a common sheath at the dorsum of the wrist along the lateral snuff box

Forceful or repetitive movements of the thumb and wrist can increase friction

Pain in the radial aspect of the wrist at the base of the thumb that can radiate to the proximal forearm

Commonly assessed with the Finkelstein test



Extensor pollicis longus

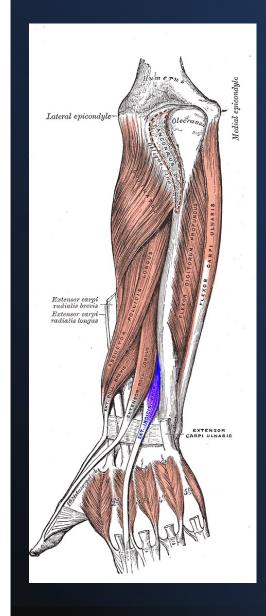
- Extends the thumb (at the distal phalanx)
- Forms the medial border of the anatomical snuff box
- Innervation: Radial nerve (posterior interosseous branch)
- Clinical relevance: Drummer's tendonitis; MMT differentiation of EPL vs. EPB





- Extends the index finger
- Runs parallel to EPL
- Like EDM at the little finger, runs along the extensor digitorum, but at the index finger
- Innervation: Radial nerve (posterior interosseous branch)







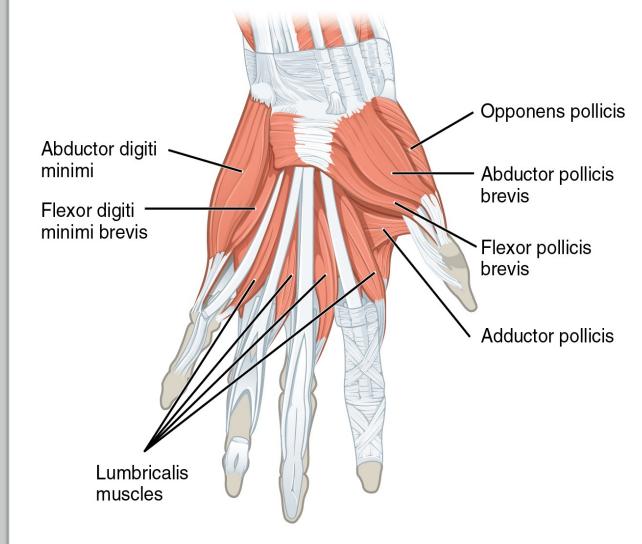
- Thenar muscles
- Hypothenar muscles
- Interossei muscles
- Lumbrical muscles



- Opponens pollicis
- Abductor pollicis brevis
- Flexor pollicis brevis

• Innervation: Median nerve



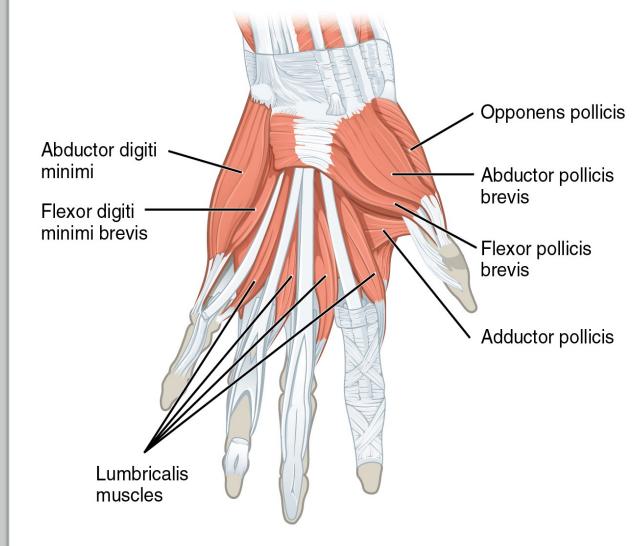


Hypothenar muscles

- Opponens digiti minimi
- Abductor digiti minimi
- Flexor digiti minimi brevis

• Innervation: Ulnar nerve





Clinical Relevance Thenar muscles

Helps to control fine motor movements of the thumb (e.g., grip, pinch)

Atrophy of thenar muscles associated with later stage carpal tunnel syndrome (compression of median nerve)

Thenar atrophy may be early sign of Amyotrophic Lateral Sclerosis (ALS)

Clinical Relevance Hypothenar muscles

Hypothenar atrophy associated with ulnar nerve lesion

Guyon canal syndrome or ulnar tunnel syndrome (ulnar nerve entrapment between pisiform and hook of hamate)

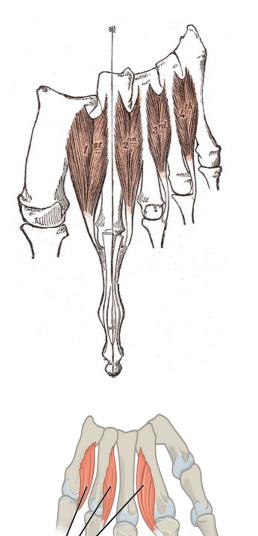
Hypothenar hammer syndrome (vascular occlusion of the ulnar artery)

Interossei Muscles of the Hand

Dorsal interossei (DABs)

Palmar interossei (PADs)

Innervation: Ulnar nerve



Palmar interossei muscles



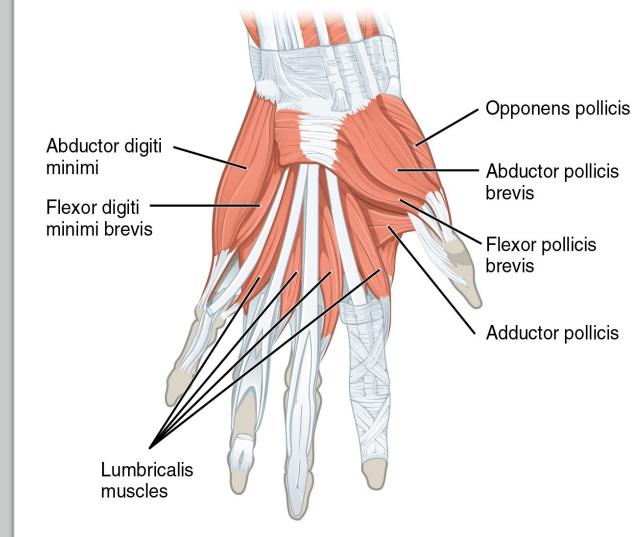


Adducts the thumb

Innervation: Ulnar nerve

 Thinking of it as a thumb web space muscle (like the interossei are between the fingers) helps – All are innervated by same deep branch of the ulnar nerve





Clinical Relevance Interossei and Adductor Pollicis

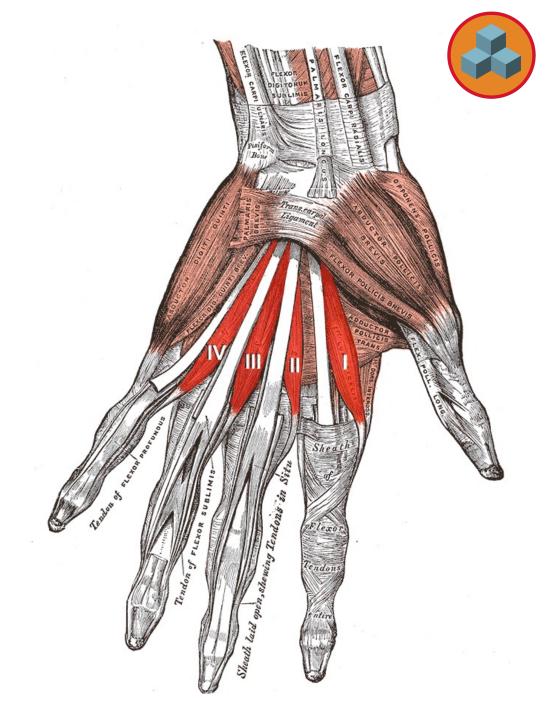
Differentiation with MMT (dorsal vs palmar interossei)

Froment's sign used to test adductor pollicis function

Wasting of the interossei, the adductor pollicis, and the hypothenar eminence indicates ulnar nerve lesion

Lumbricals

- Flex the MCPs; extend the IP joints
- Unique muscles with no bony attachment:
 Originate from the flexor digitorum profundus
 (FDP) tendons and insert into the extensor
 mechanism
- **Innervation:** Similar to FDP (2nd-3rd fingers median nerve; 4th-5th ulnar nerve)
- Place your hand in a lumbrical grip position to make it easy to remember actions



Clinical Relevance Lumbricals

Lumbrical strain often occurs in climbers; pain typically felt in the palm in line with the injured finger

Lumbrical grip is often a very functional position for splinting

Bunnel-Littler test (for limitation of passive PIP flexion of a finger): Helps determine source of restriction as intrinsic hand muscle (e.g., lumbrical) vs. joint capsule



Conclusion

- Increase your confidence with the muscles of the distal upper extremity
- Palpate the muscles during activation (saying them out loud while doing so increases retention)
- Think about line of pull and clinical relevance (the "why") to improve your retention



Questions?

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