

Peripheral Nerve Anatomy

Oct. 4th, 2010

Brachial Plexus

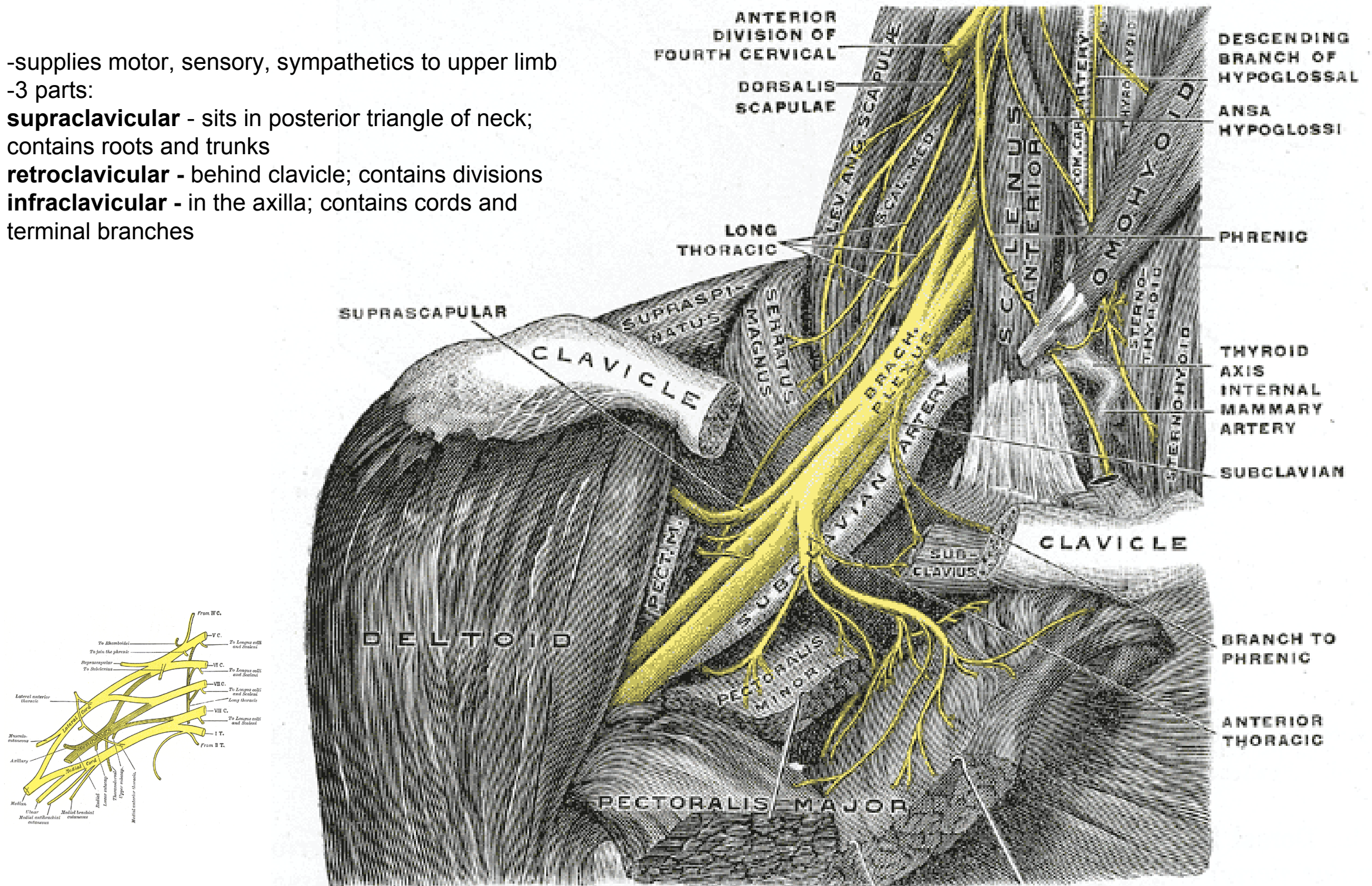
- supplies motor, sensory, sympathetics to upper limb

-3 parts:

supraclavicular - sits in posterior triangle of neck; contains roots and trunks

retroclavicular - behind clavicle; contains divisions

infraclavicular - in the axilla; contains cords and terminal branches



Brachial Plexus

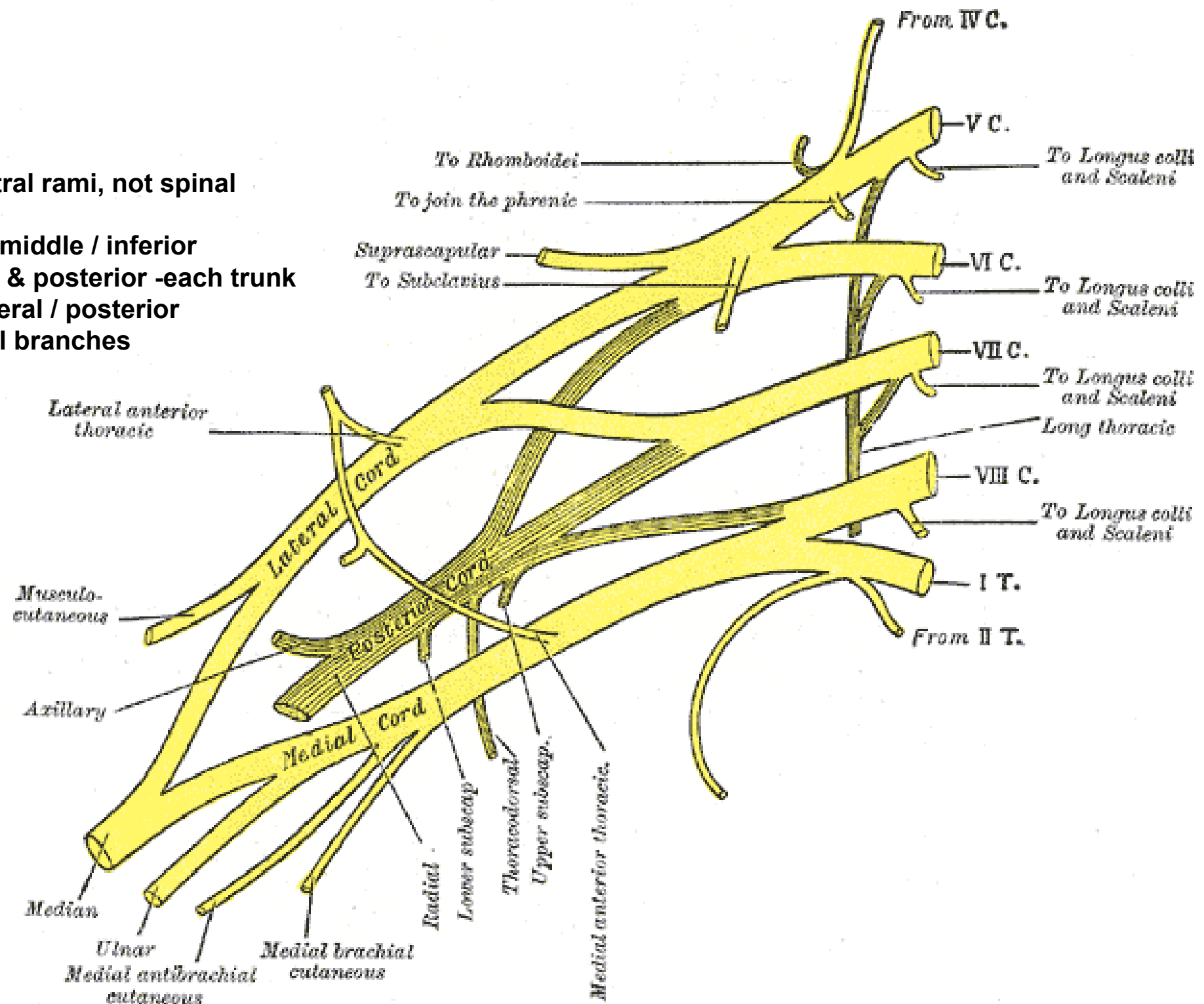
Roots - C5-T1 (ventral rami, not spinal roots)

Trunks - superior / middle / inferior

Divisions - anterior & posterior -each trunk

Cords - medial / lateral / posterior

Branches - terminal branches



Brachial Plexus

Branches I - Supraclavicular

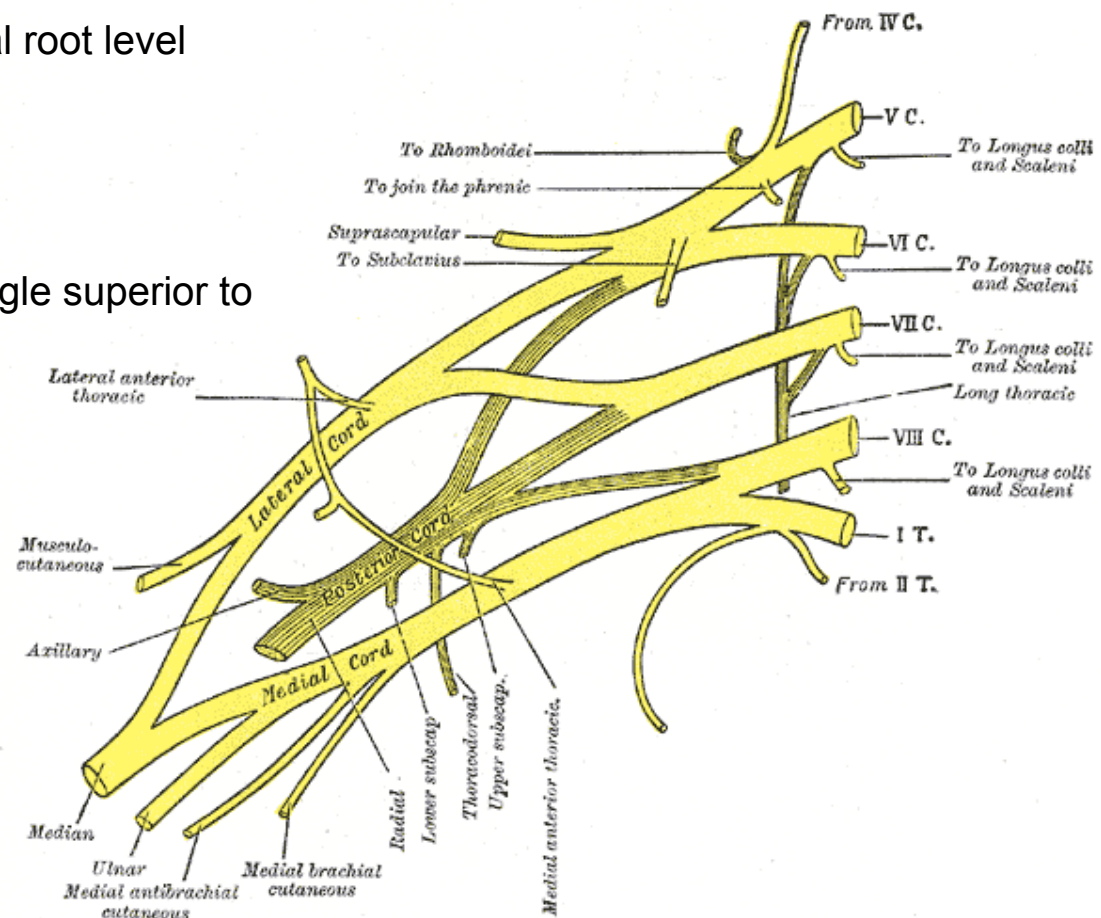
I) Supraclavicular:

From roots - (two)

1. dorsal scapular n (C5) - rhomboid, levator scapulae
2. long thoracic n (C5,6,7) - serratus anterior

From trunks - (two)

1. n to subclavius (C5,6) - may come off distal root level
2. suprascapular n (C5,6)
 - from superior trunk
 - supraspinatus, infraspinatus
 - this n passes across posterior triangle superior to the BP, then thru suprascapular notch

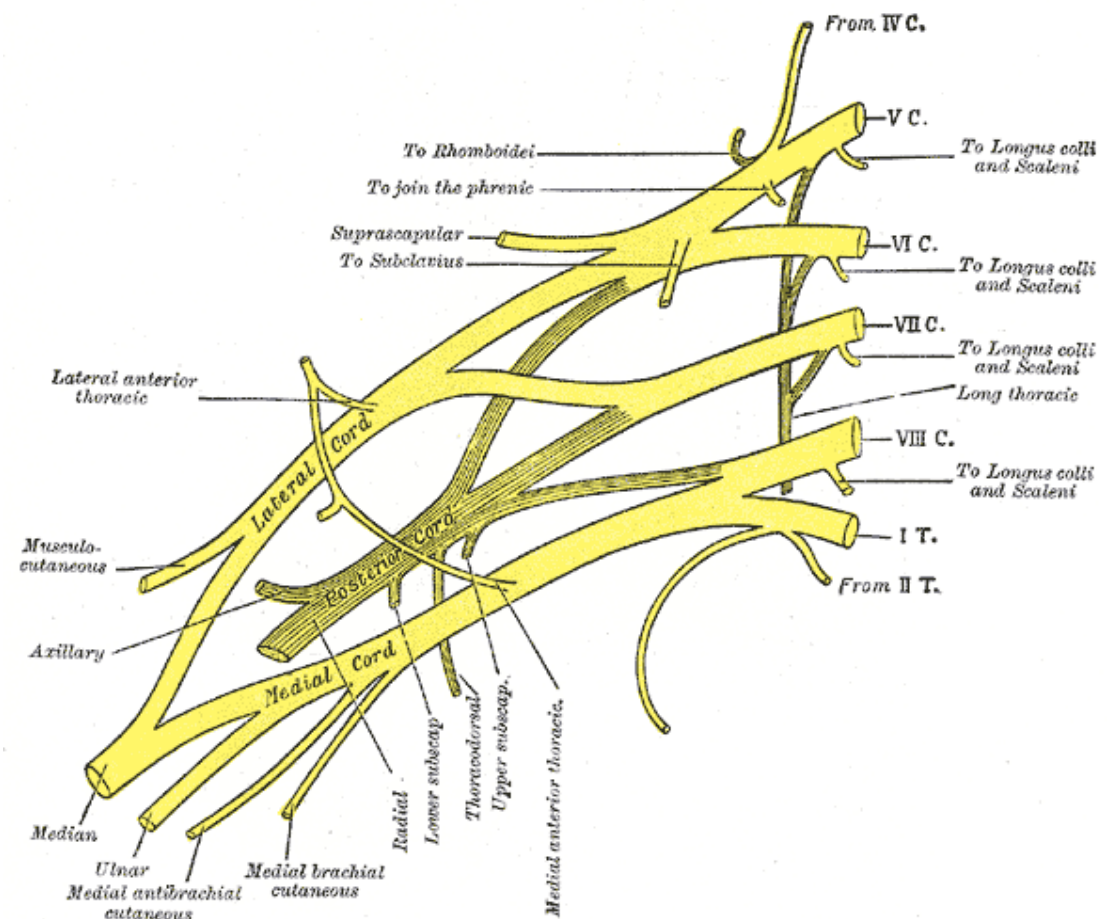


Brachial Plexus

Branches II - Retroclavicular

II) Retroclavicular:

Divisions - NO BRANCHES!



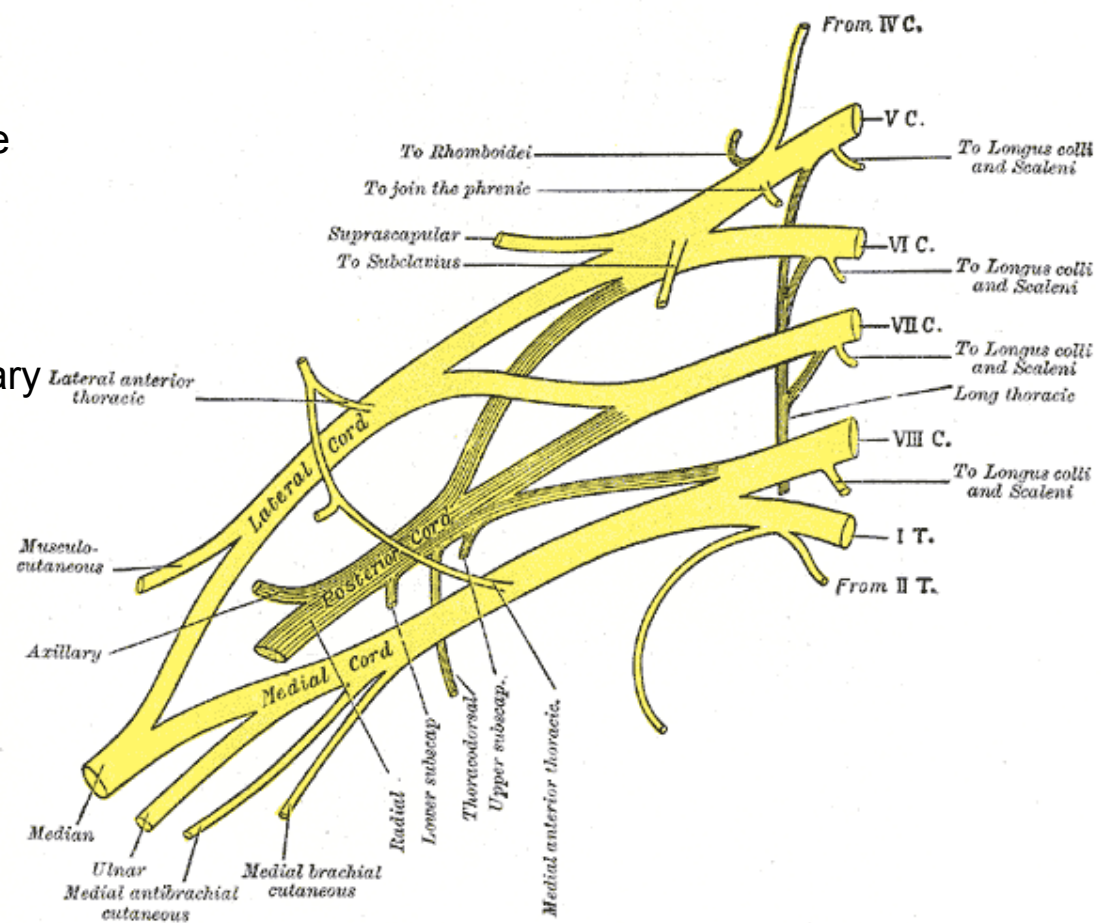
Brachial Plexus

Branches III - Infraclavicular

III) Infraclavicular: (*indicates terminal branch)

Lateral Cord - (three branches)

1. lateral pectoral n (C5,6,7) - p.major, p.minor
2. musculocutaneous* (C5,6,7)
 - corachobrachialis, biceps, brachialis
 - becomes superficial just proximal to the elbow joint
 - as lateral cutaneous n of forearm
3. lateral root of median nerve
 - joins medial root just lateral to the axillary artery
 - supplies:
 - flexors of forearm (except flexor carpi ulnaris)
 - 5 hand m's
 - skin on radial palmar surface



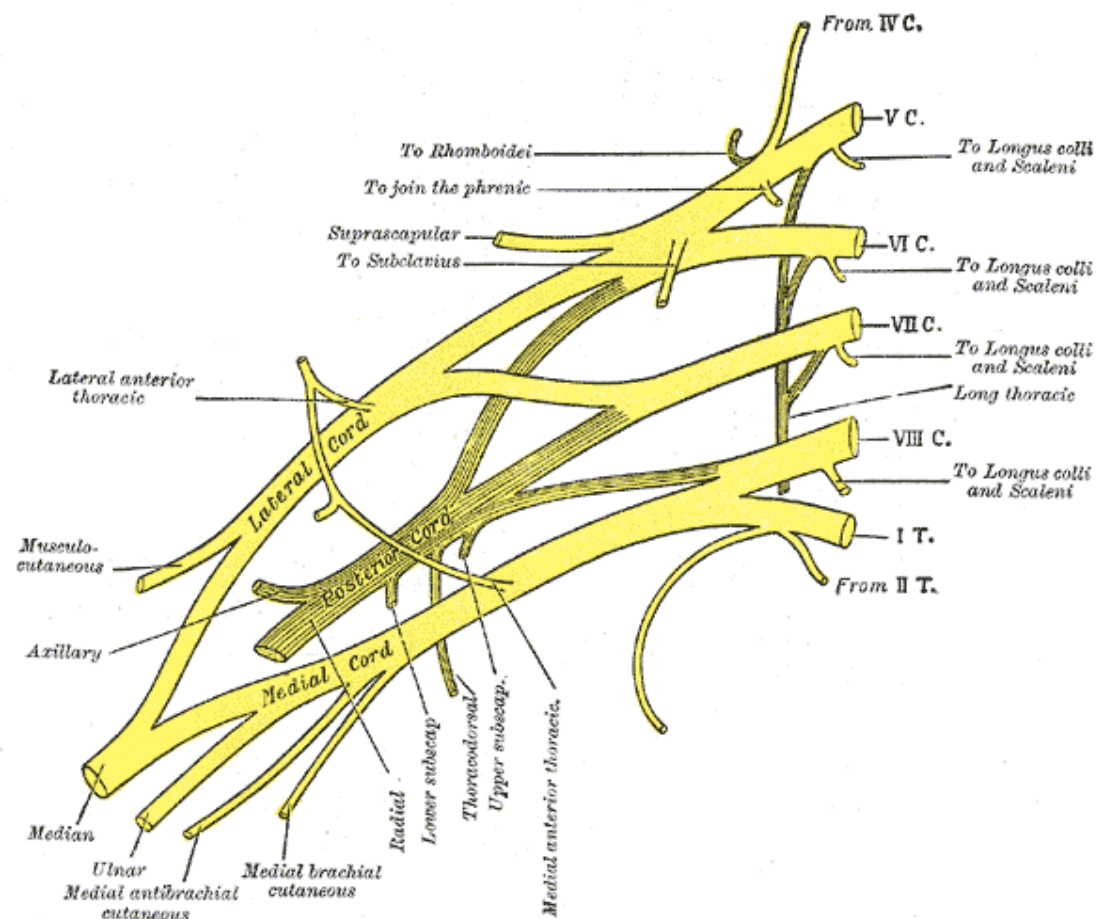
Brachial Plexus

Branches III - Infraclavicular

III) Infraclavicular: (*indicates terminal branch)

Medial Cord - (five branches)

1. medial pectoral n (C8,T1)
- p.major, p.minor
2. medial cutaneous n of arm
3. medial cutaneous n of forearm
4. ulnar nerve (C7,8,T1)
- 1 ½ m's of forearm
most small m's of hand
skin on ulnar side of hand
5. medial root of median nerve



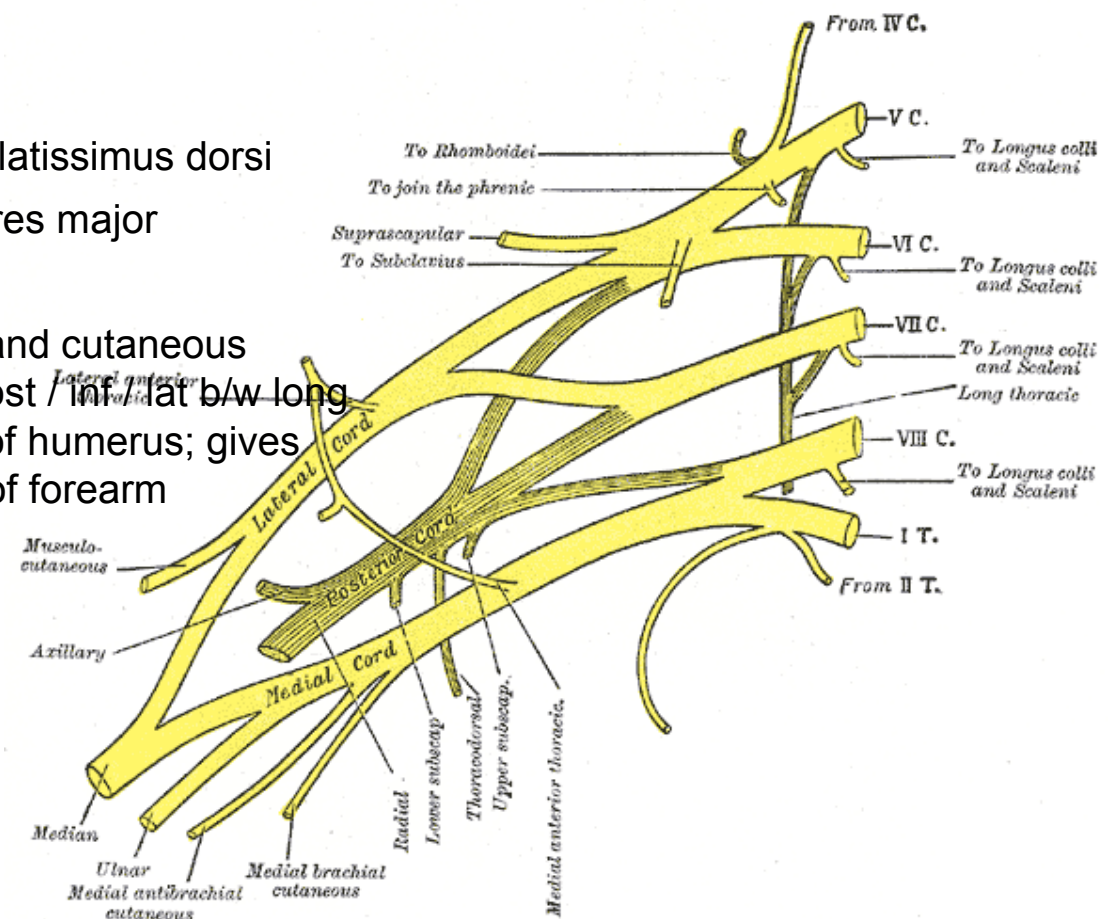
Brachial Plexus

Branches III - Infraclavicular

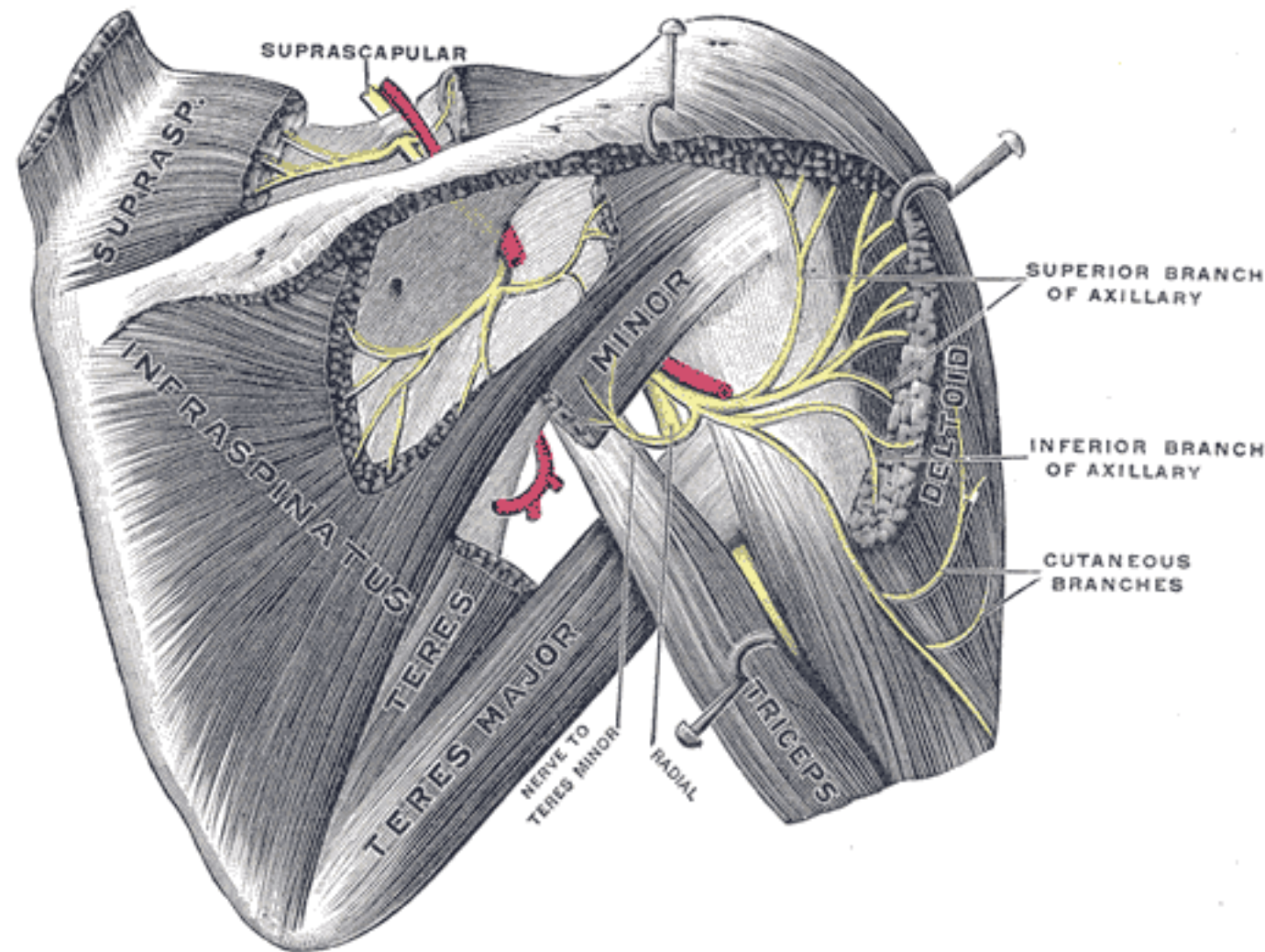
III) Infraclavicular: (*indicates terminal branch)

Posterior Cord - (five branches)

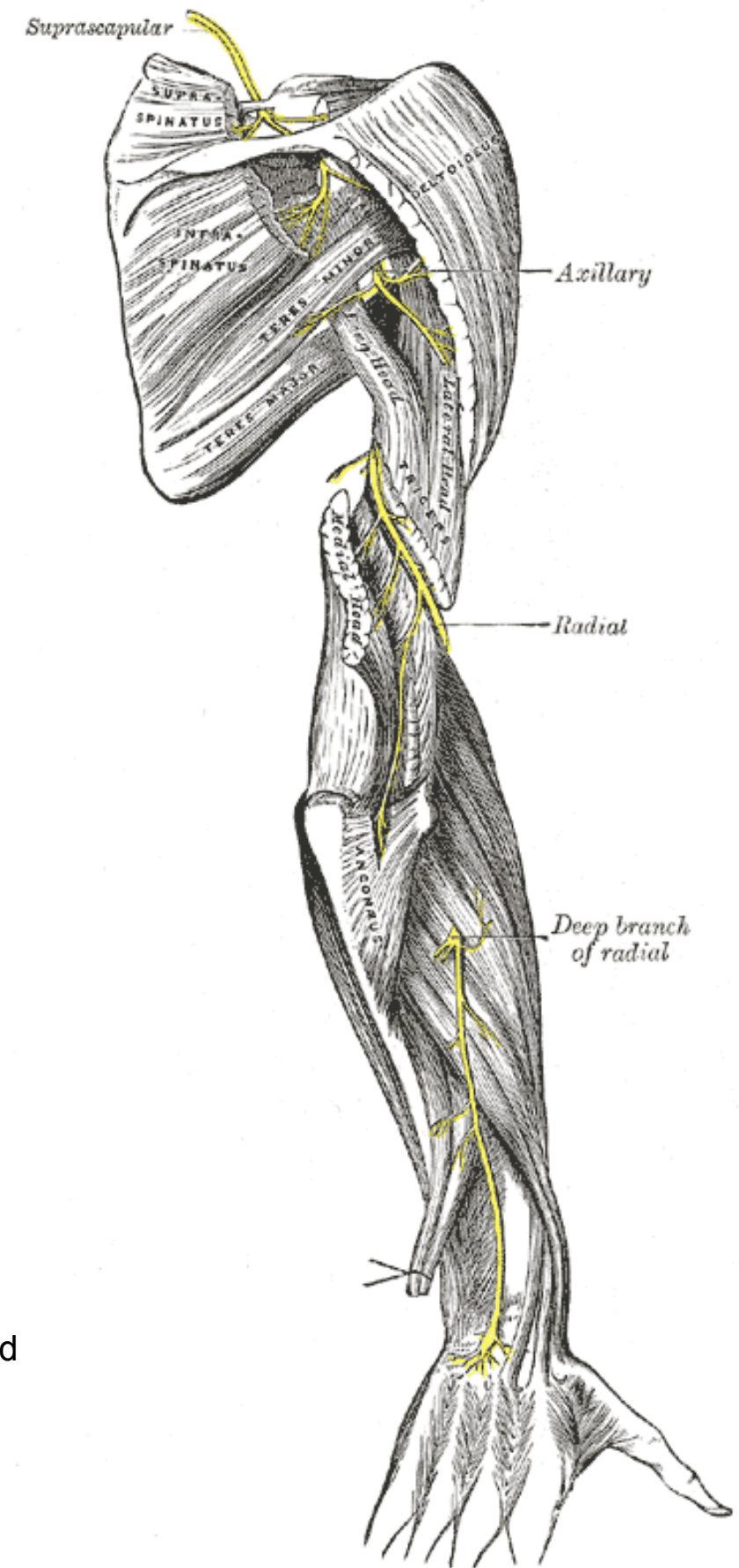
1. upper subscapular n (C5,6) - subscapularis m
2. Middle subscapular/thoracodorsal n (C6,7,8) - latissimus dorsi
3. lower subscapular n (C5,6) - subscapularis, teres major
4. axillary n* (C5,6) - deltoid, teres minor
5. radial n* (C5-T1) - extensor m's of upper limb and cutaneous sensation to extensor region; leaves axilla, runs post / lat b/w long and medial heads of triceps, enters radial groove of humerus; gives branches to triceps, brachioradialis, extensor m's of forearm



Axillary Nerve (C5,6)



- deltoid, teres minor
- passes through **quadrangular space**
(bounded by surgical neck of humerus laterally, long head of triceps medially, teres minor and subscapularis superiorly, and teres major inferiorly)
- with posterior circumflex humeral artery
- around the surgical neck of the humerus to supply m's
- end as the upper lateral cutaneous n of the arm



Musculocutaneous Nerve (C5,6)

Supplies arm flexors:

coracobrachialis

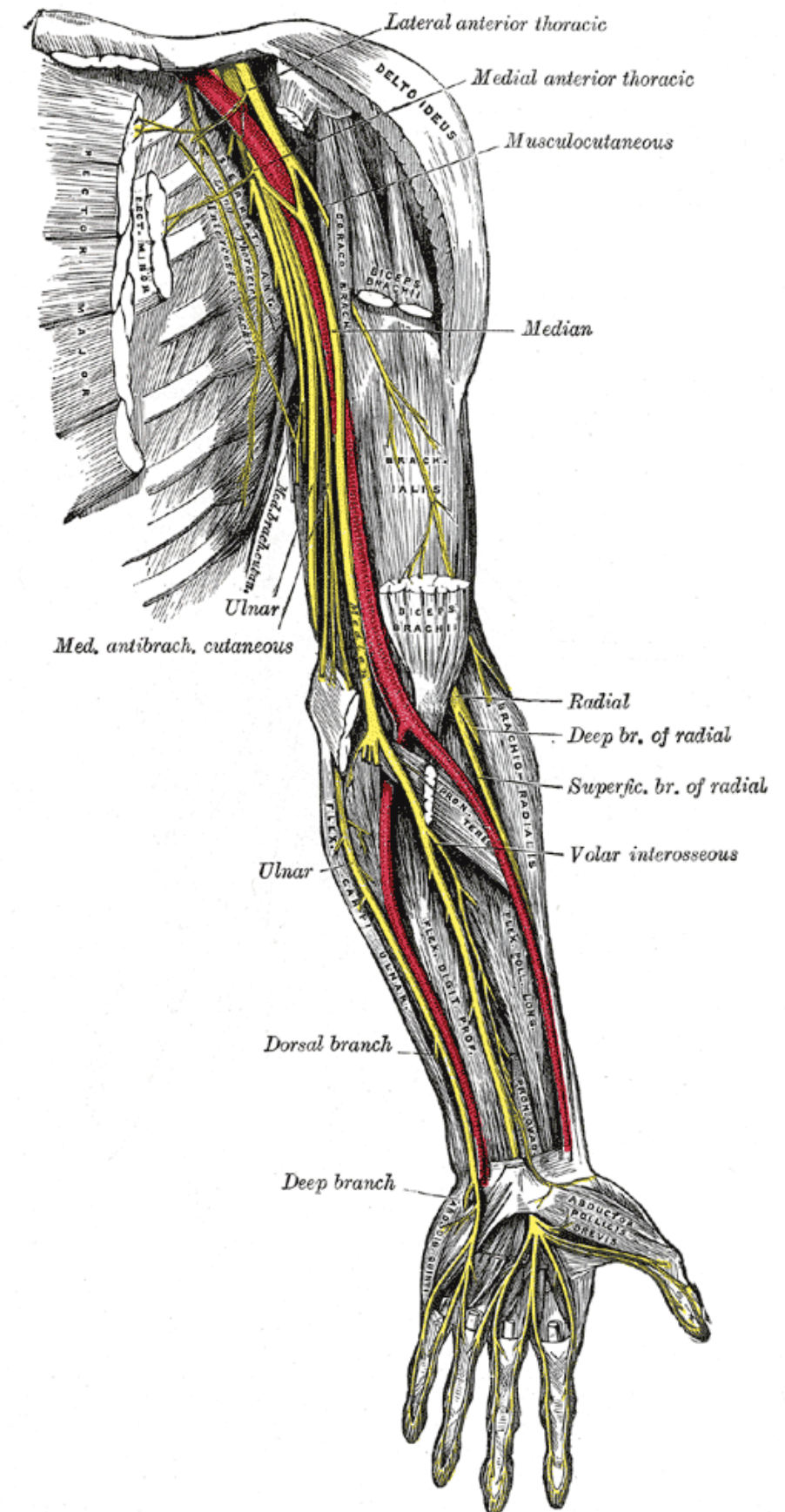
biceps

brachialis

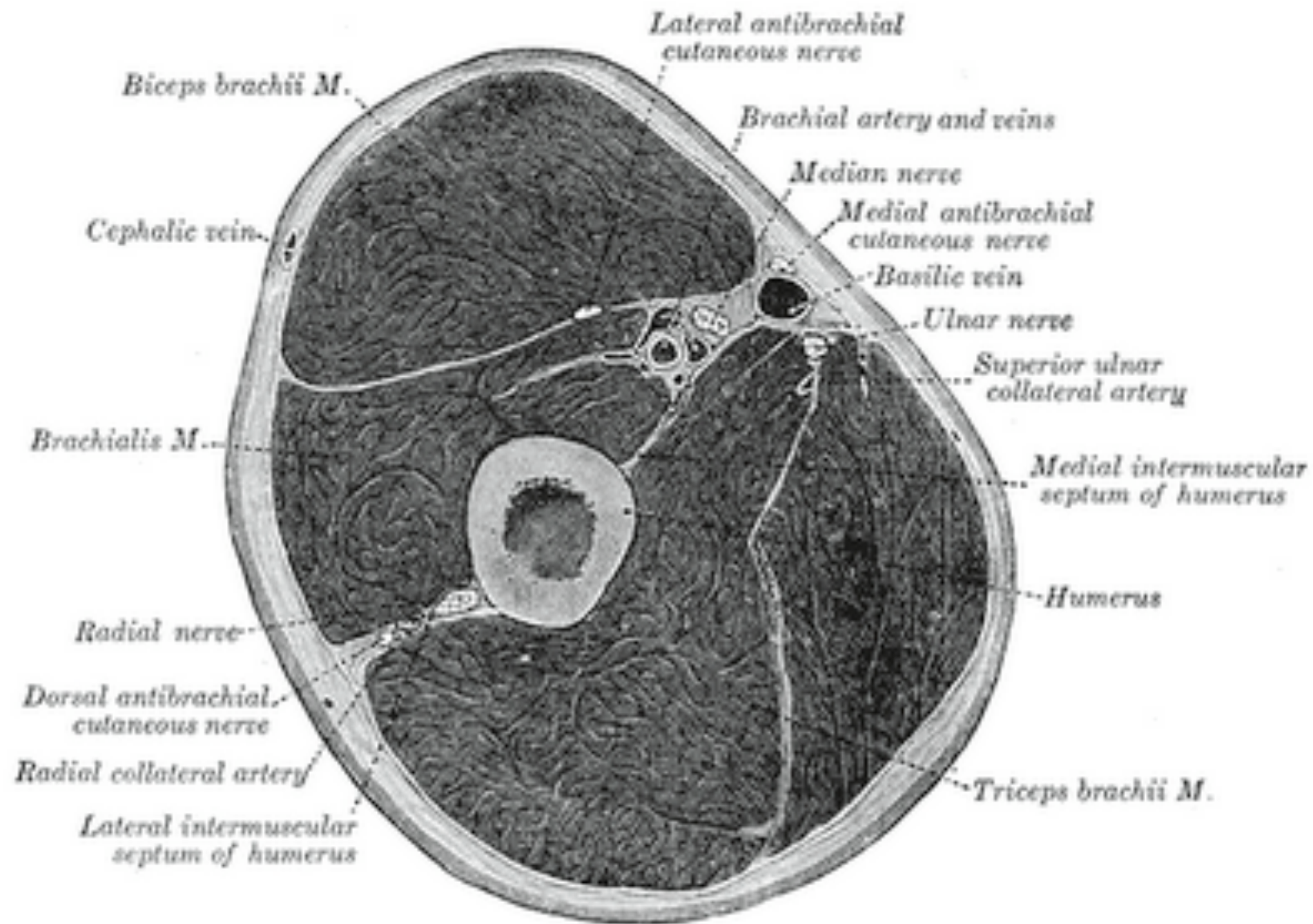
lateral cutaneous nerve of the forearm

-terminal branch

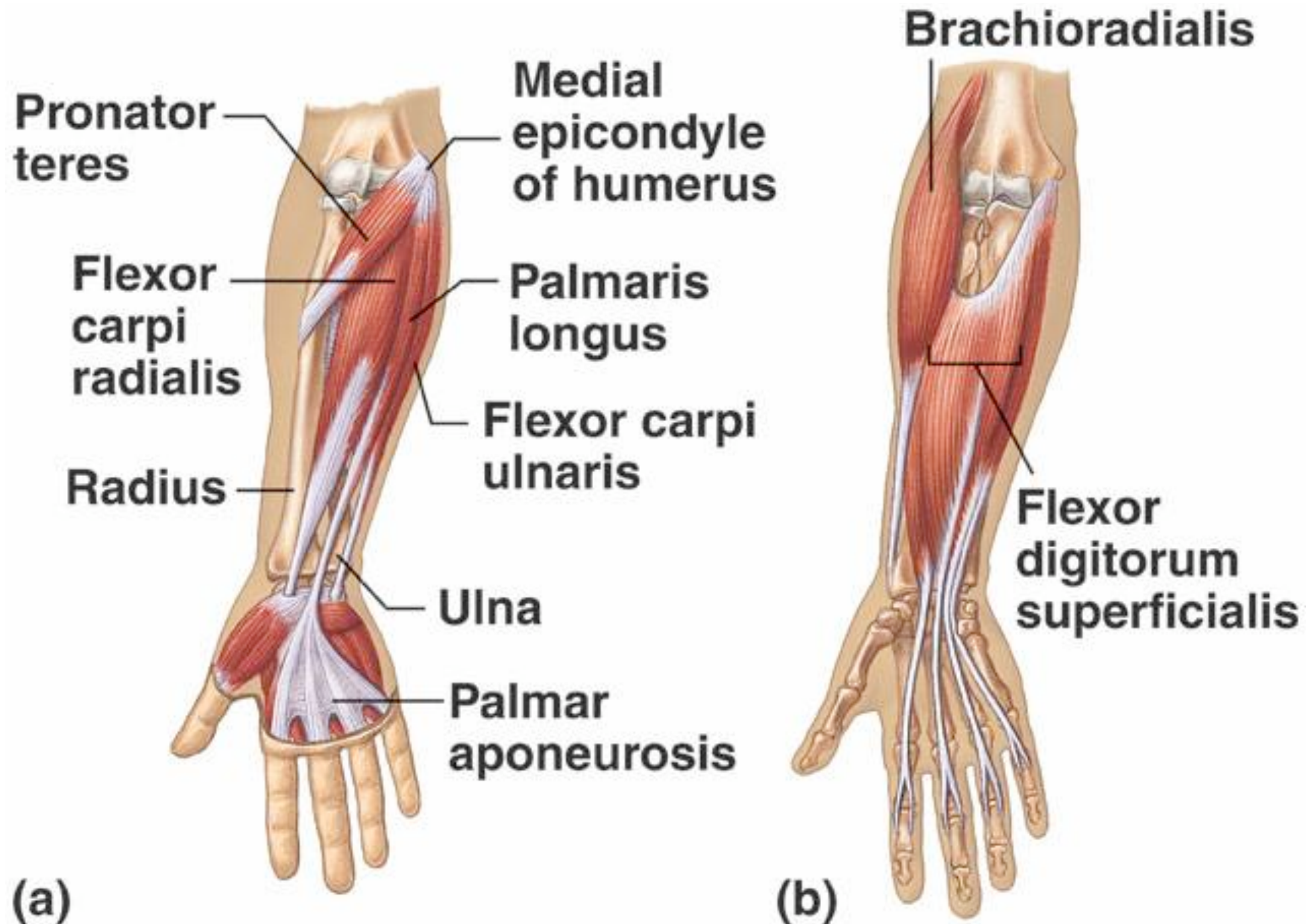
-supplies cutaneous sensation to radial aspect



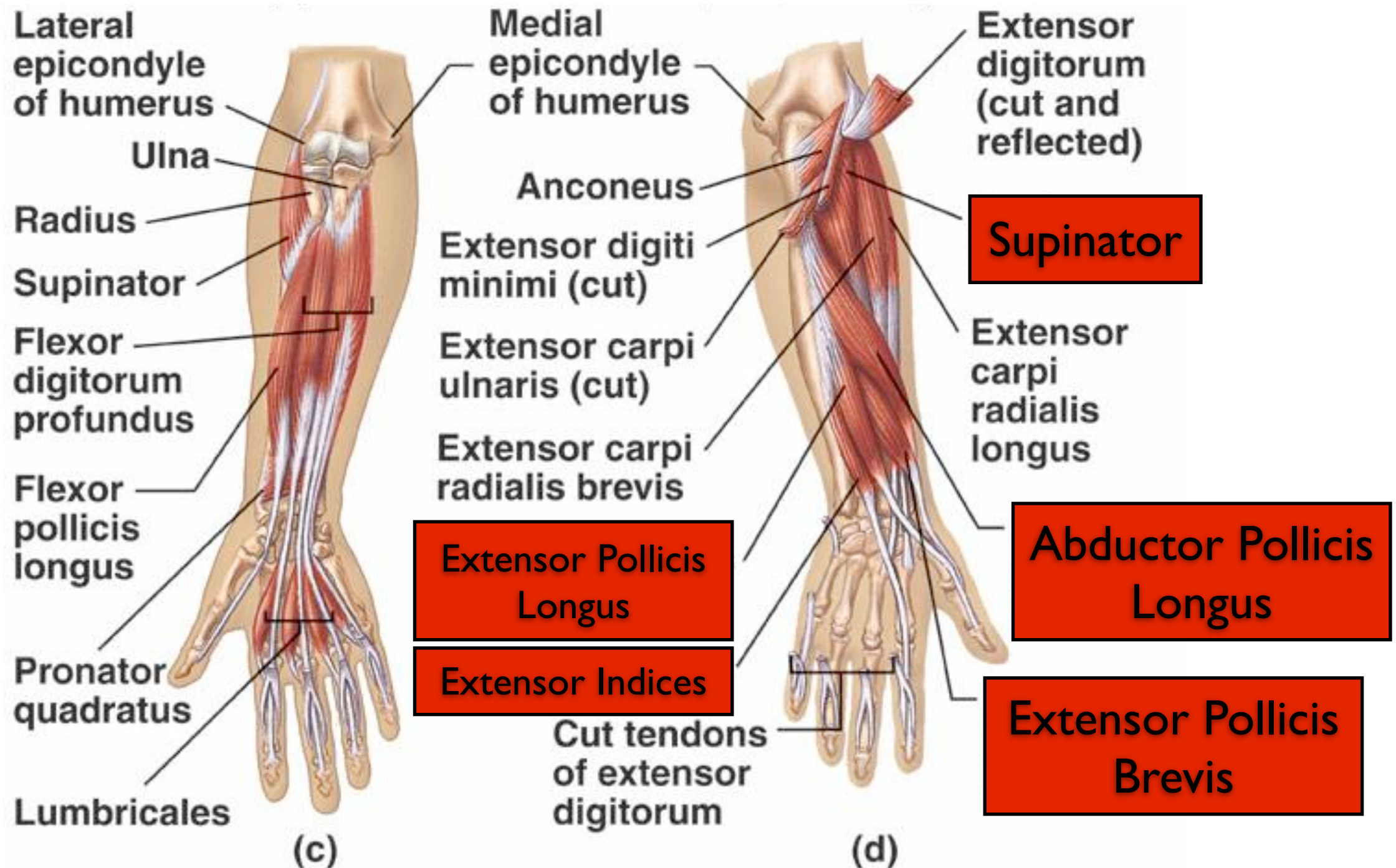
Cross Section of the Arm



Superficial and Intermediate Compartments of The Forearm



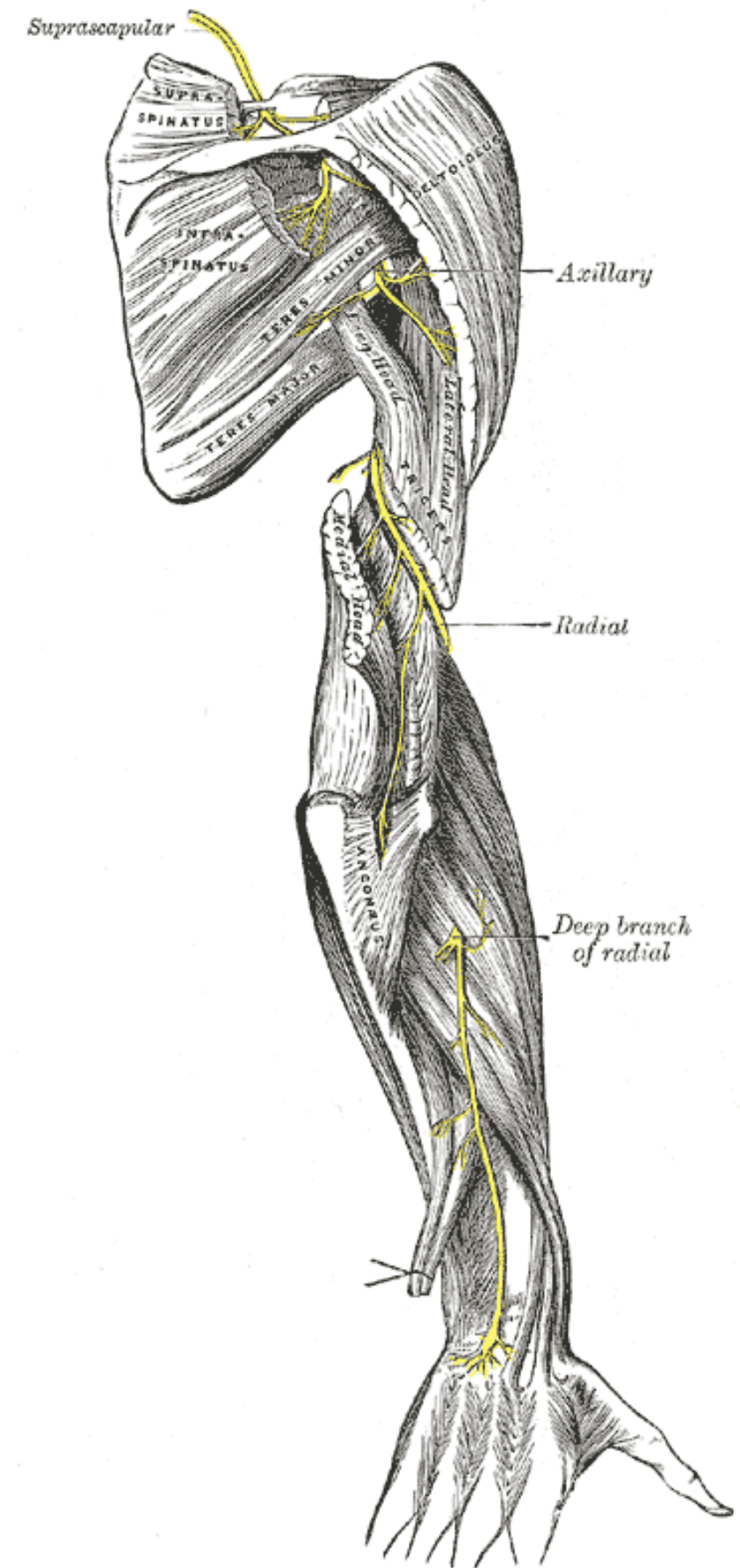
Deep and Extensor Compartments of The Forearm



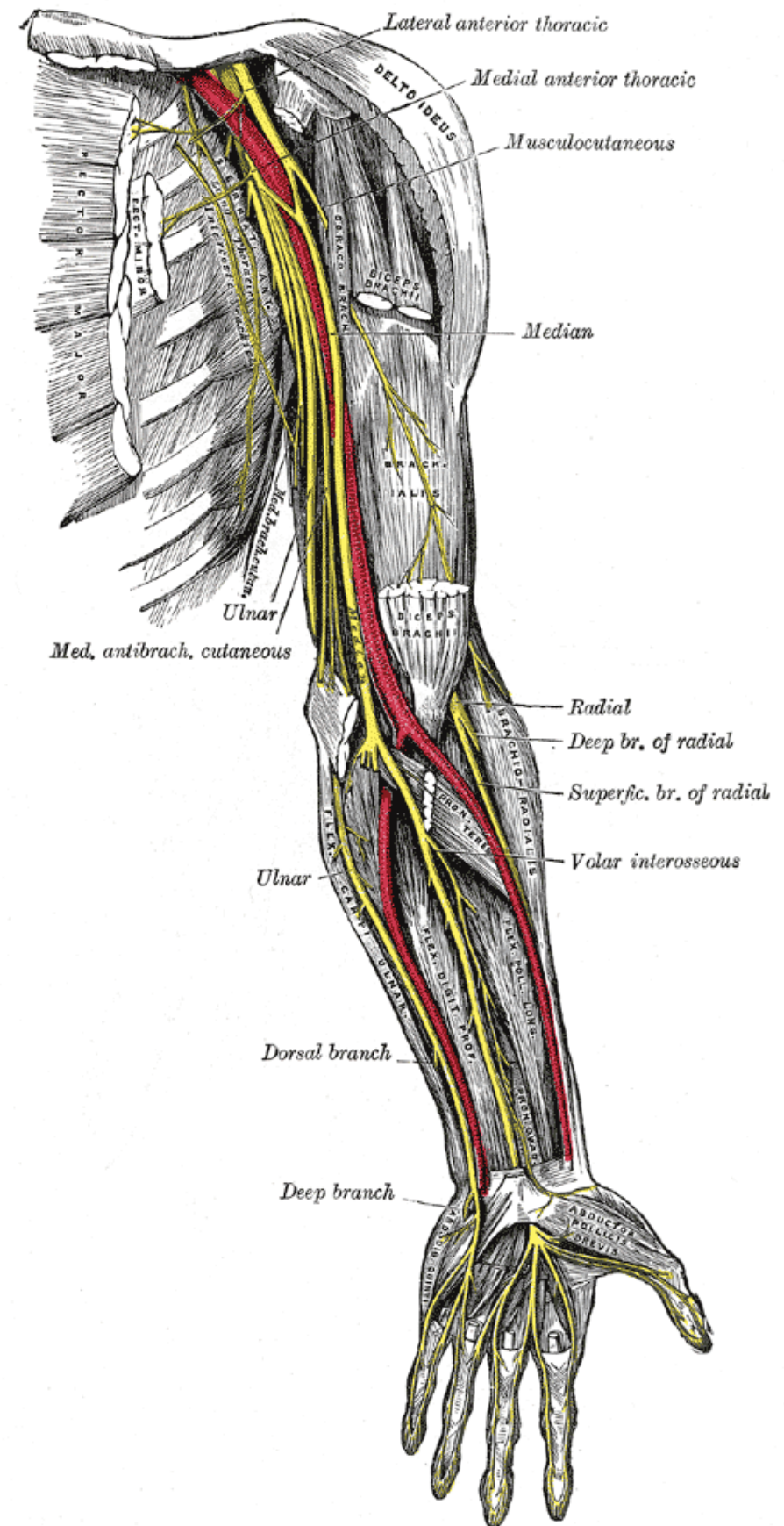
Radial Nerve (C5-C8)

radial n* (C5-T1)

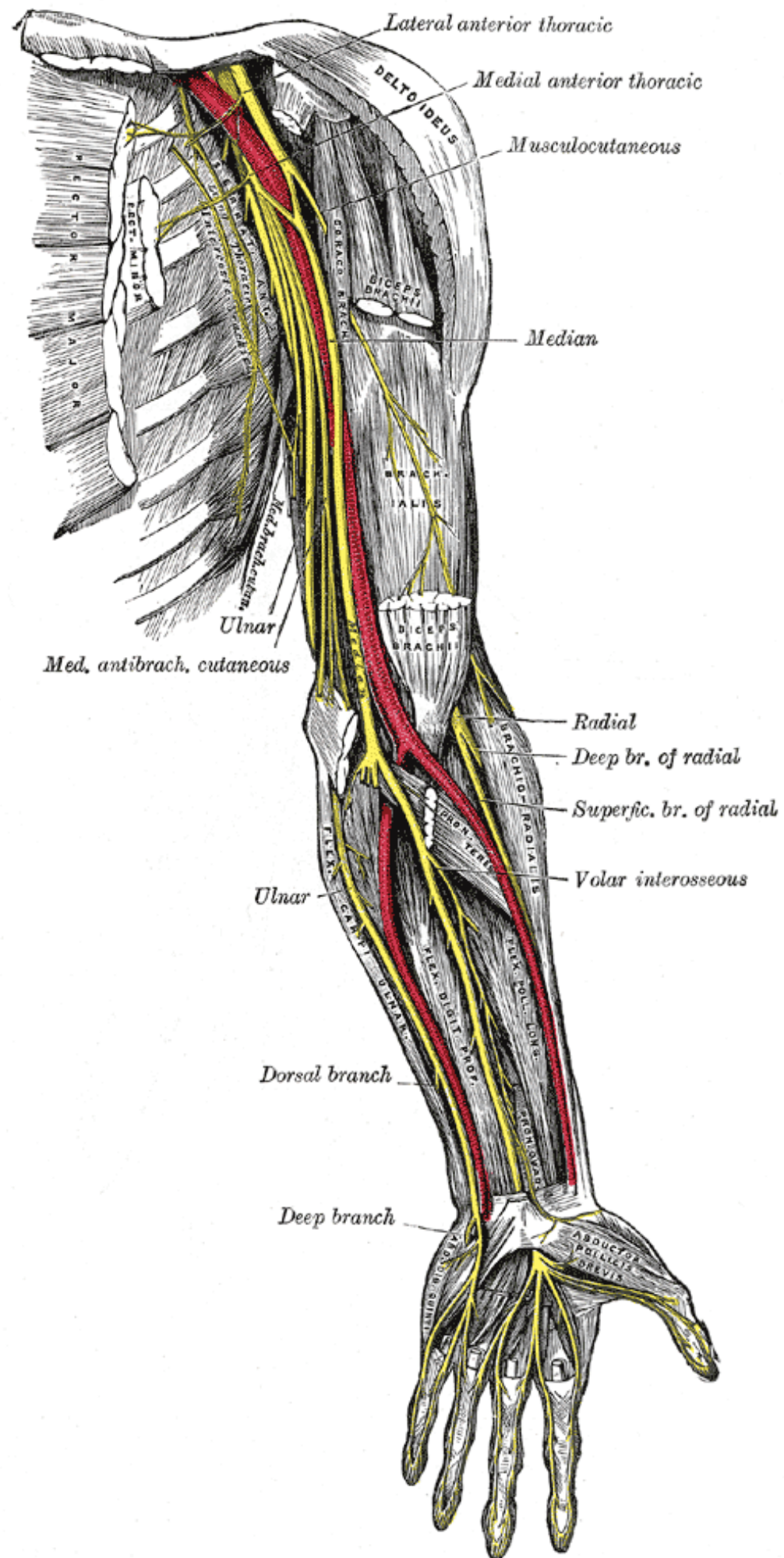
- extensor m's of upper limb
- cutaneous sensation to extensor region
- leaves axilla, runs post / inf / lat b/w long and medial heads of triceps
- enters radial groove of humerus
- gives branches to triceps, brachioradialis, extensor m's of forearm

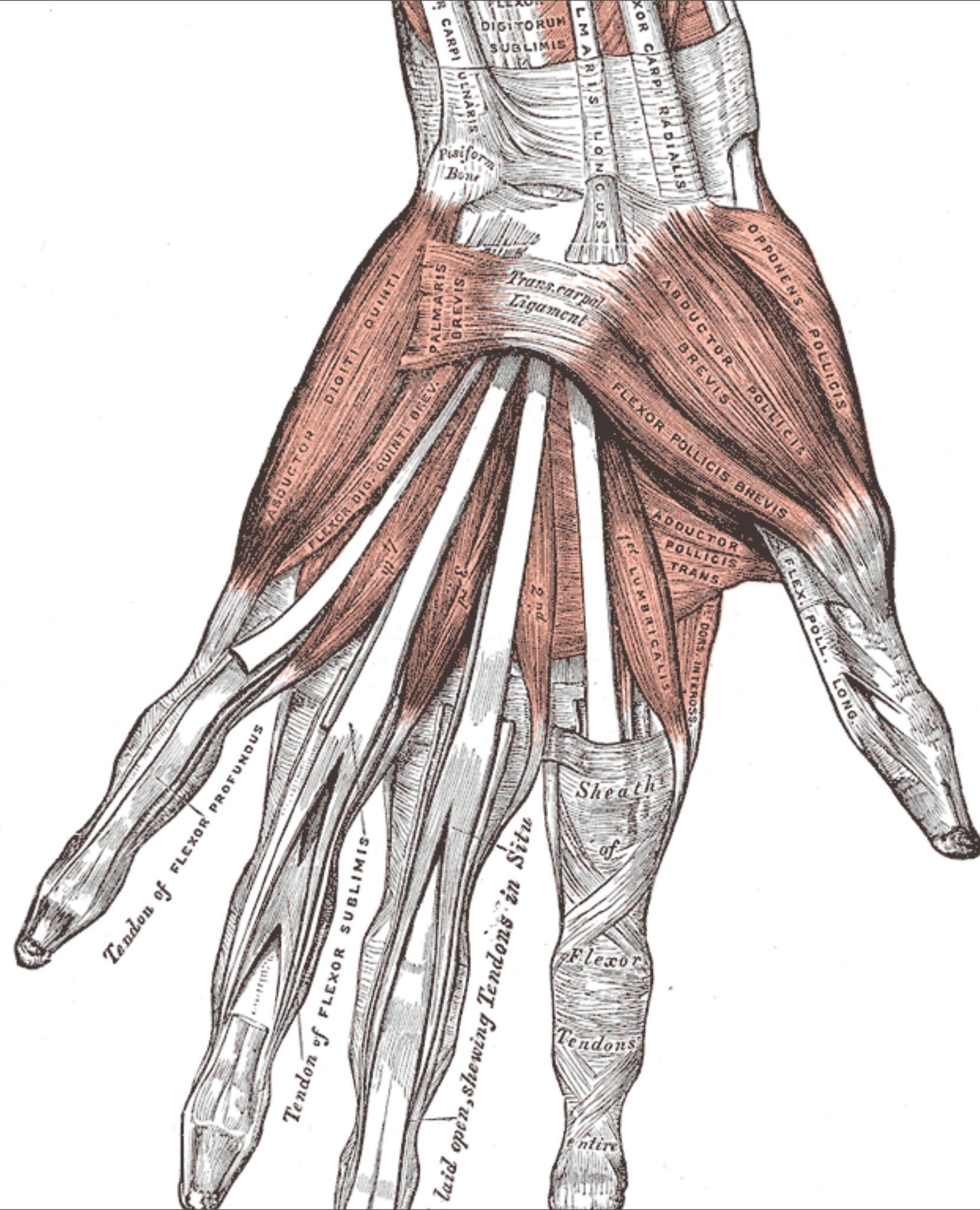


Median Nerve



Ulnar Nerve





How to Distinguish Between:

C6 vs median neuropathy

C7 vs radial neuropathy

C8 vs ulnar neuropathy

Ulnar Neuropathy

▶ Ulnar Nerve

▶ Weakness and wasting

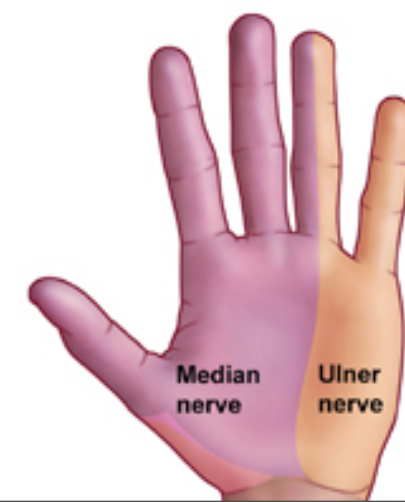
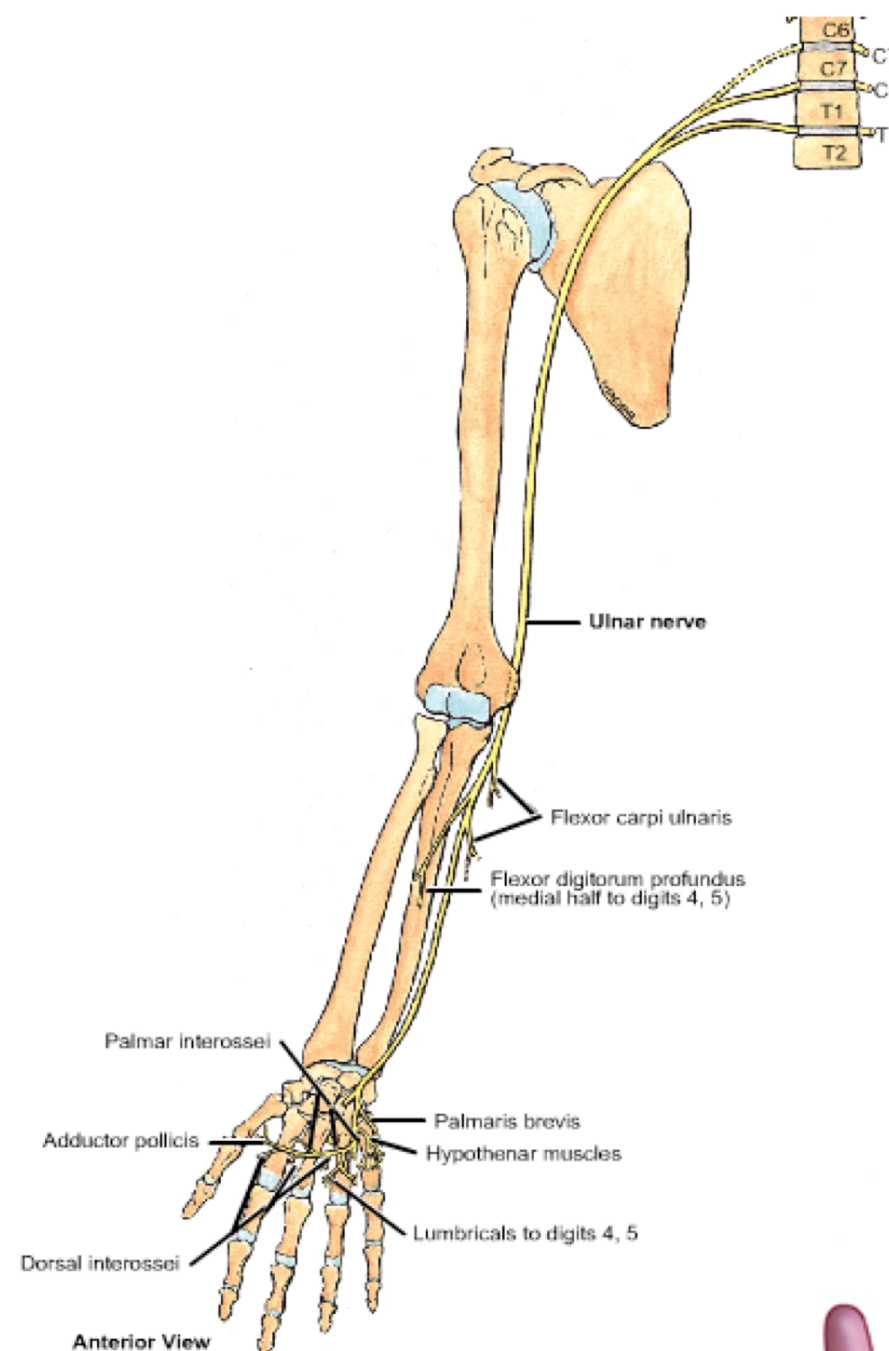
- Flexor carpi ulnaris
- Flexor digitorum profundus D4,5
- Abductor digiti minimi
- Dorsal interossei
- Palmar interossei
- Adductor pollicis
- 3rd and 4th lumbricals (flex MCP, ext PIP & DIP)
- Deep head of flexor pollicis brevis

▶ Sensory

- D5 and medial aspect of D4 (dorsal and ventral)
- Distal to the wrist

▶ Other

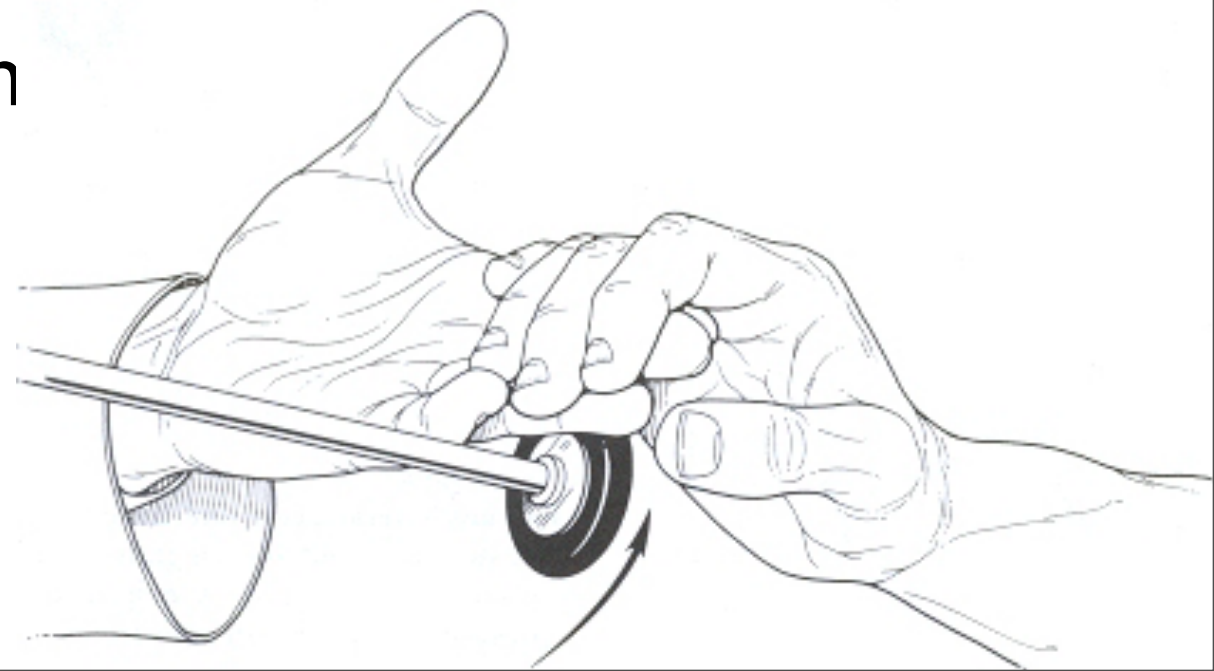
- ▶ No reflex to test for ulnar nerve
- Tinel's sign at the elbow



C8 Muscles Beyond Ulnar Distribution

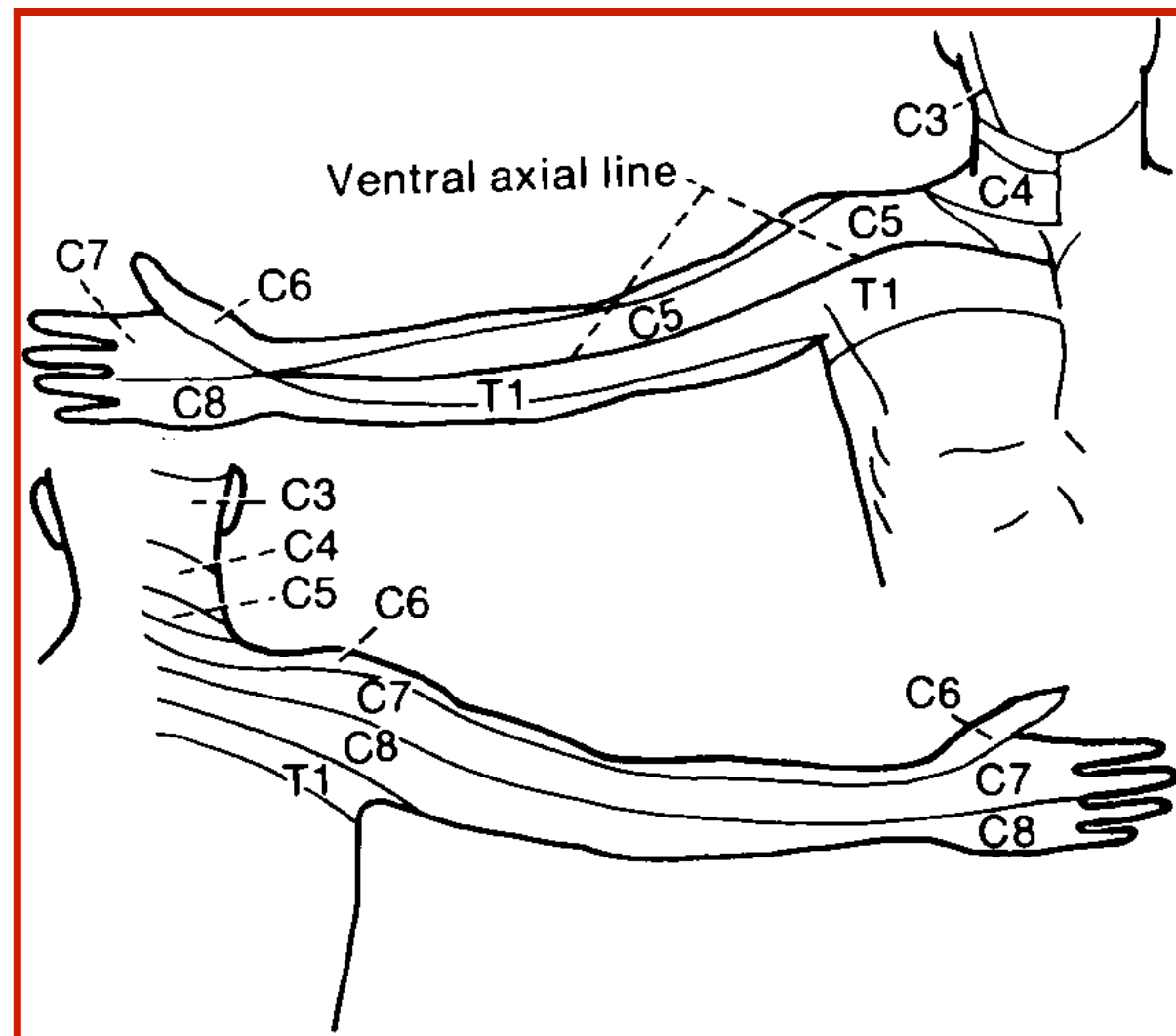
- Flexor pollicis longus (median)
- Flexor digitorum profundus D 2 & 3 (median)
- Pronator quadratus (median)
- Extensor pollicis brevis & longus (radial)
- Abductor pollicis brevis (median)

Reflex: Loss of finger flexor – C8



C8 Sensation Beyond Ulnar Distribution

- Minor – No splitting of D4
- Major – Sensory loss proximal to the wrist

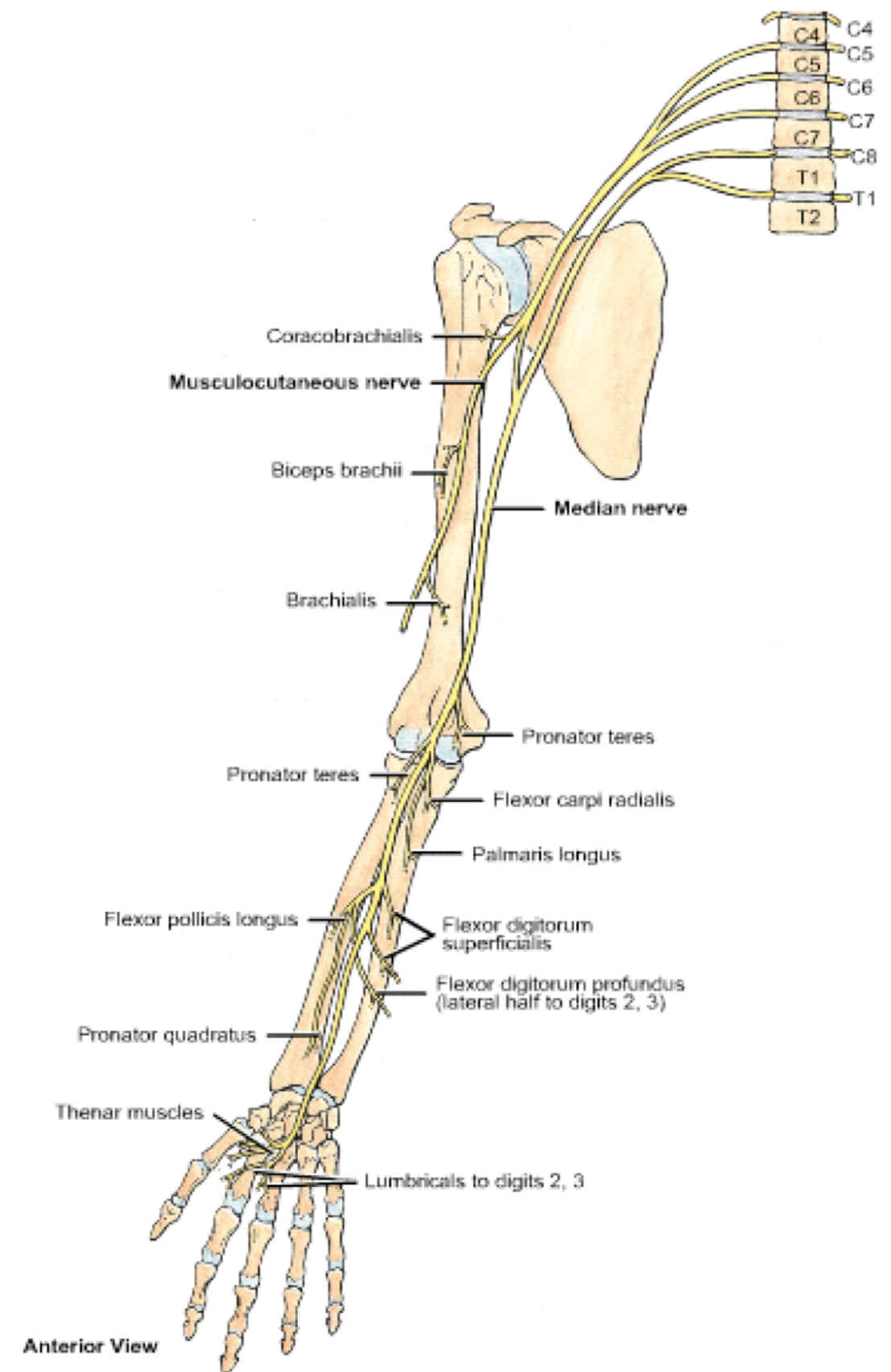


Median Neuropathy vs C6

▶ Median Nerve

▶ Weakness and wasting

- Pronator Teres
- Flexor Carpi Radialis
- Palmaris Longis
- Flexor digitorum superficialis
- AIN
 - FPL
 - FDP I & 2
 - Pronator Quadratus
- Lumbricals I & 2
- Opponens pollicis
- Abductor pollicis brevis
- (FPB - superficial head)



Median Sensory

D1, 2, 3 and medial aspect
of D4

Other

- loss of finger flexor reflex
(median/C8)

- Tinel's sign at the wrist



C6 Muscles beyond Median Nerve Distribution

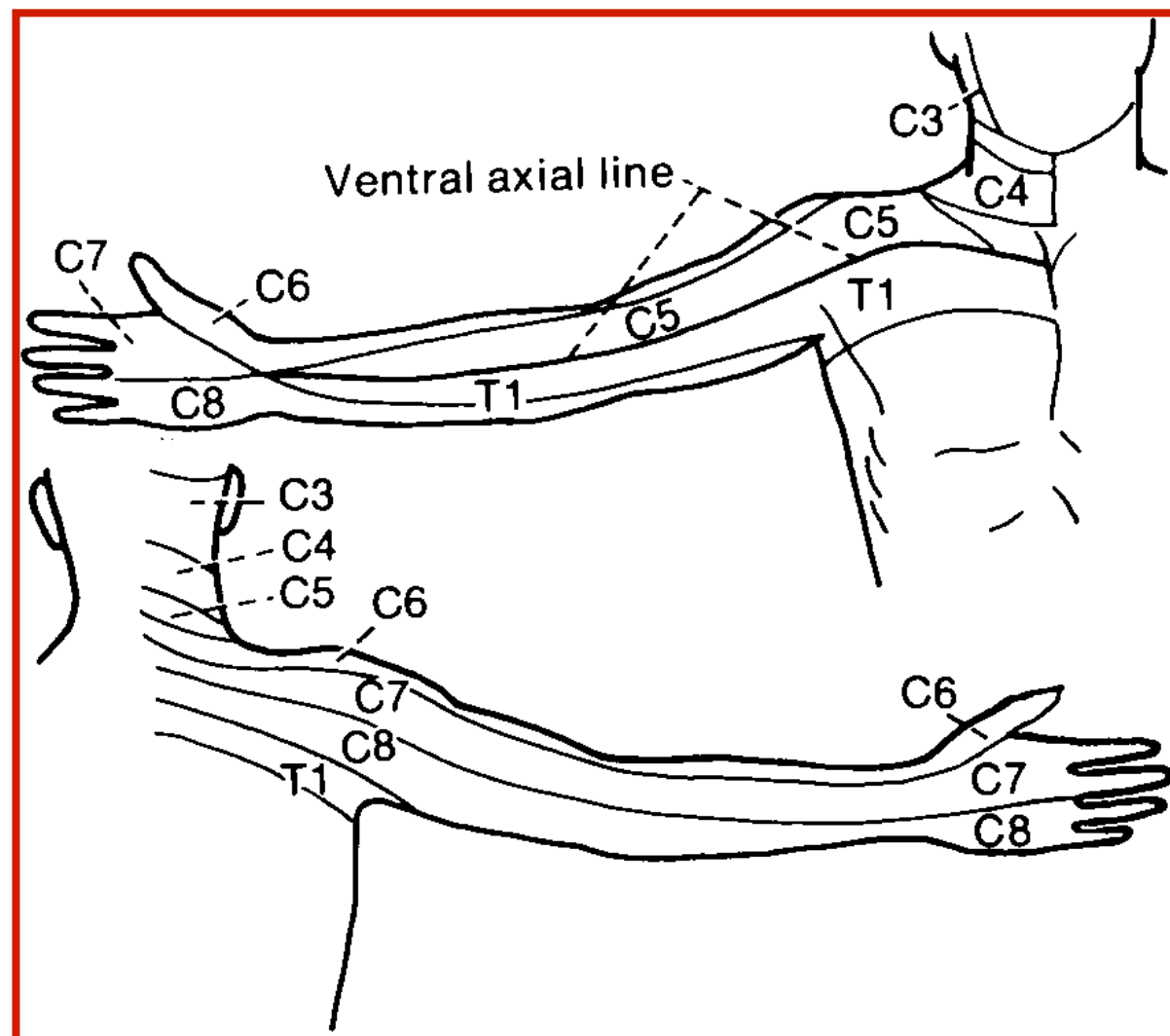
- Biceps
- Brachioradialis
- Supinator
- Extensor carpi radialis

To a Lesser Extent

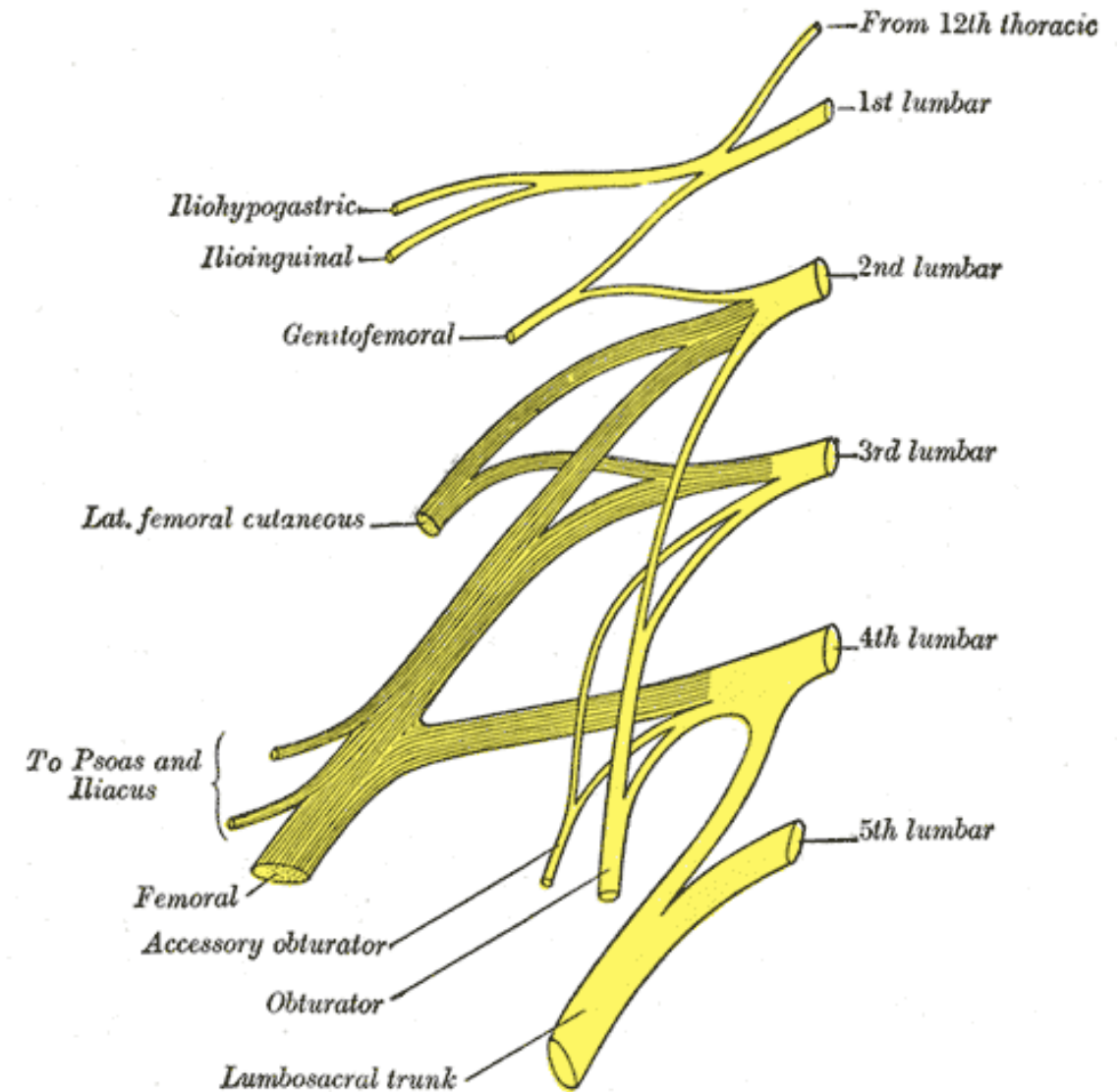
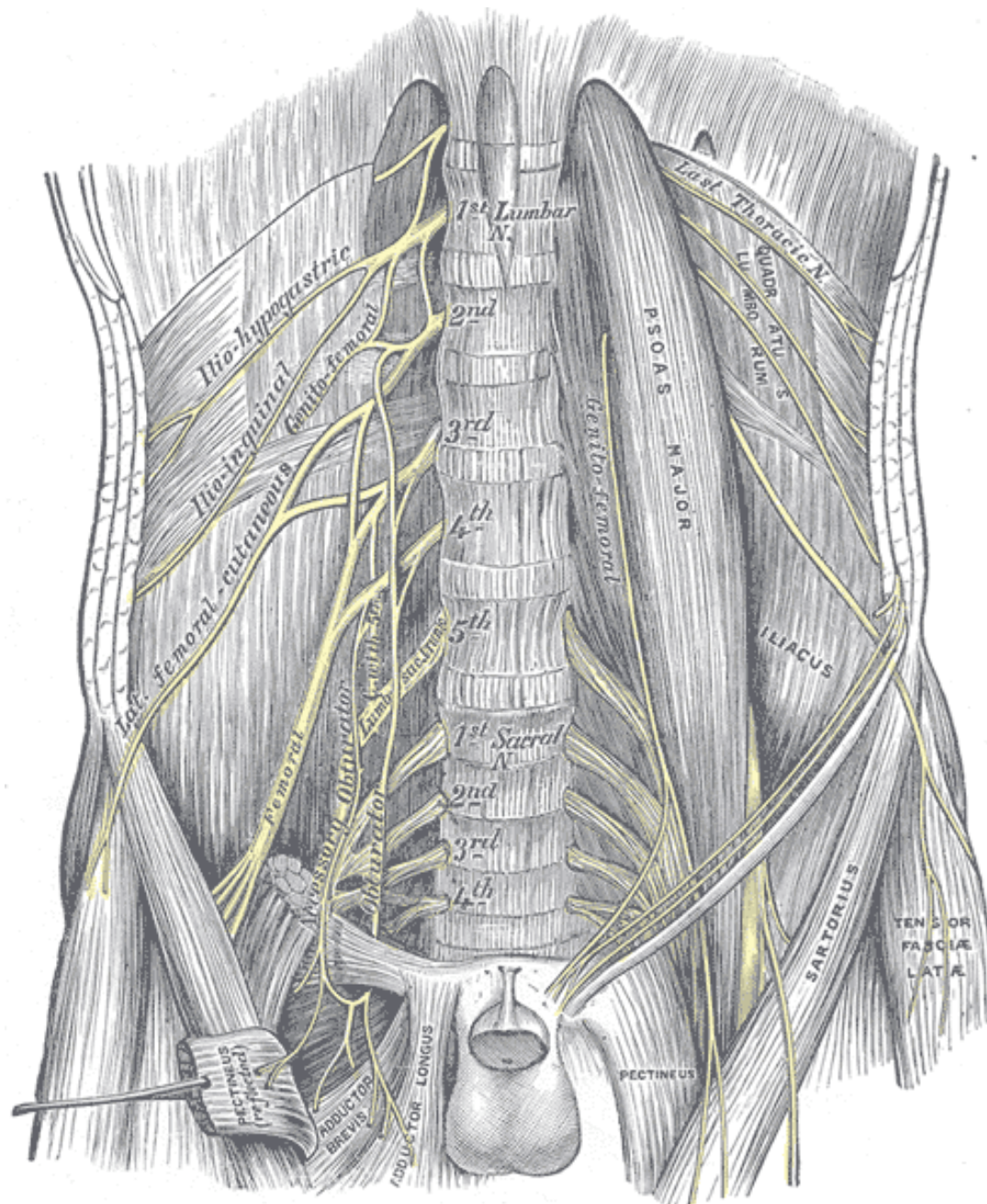
- Serratus Anterior
- Supraspinatus
- Infraspinatus
- Deltoid
- Teres Major
- Teres Minor
- Pectoralis Major
- Latissimus
- EDC
- EIP

C6 Muscles beyond Median Nerve Distribution

- Minor – No splitting of D4
- Major – Sensory loss proximal to the wrist

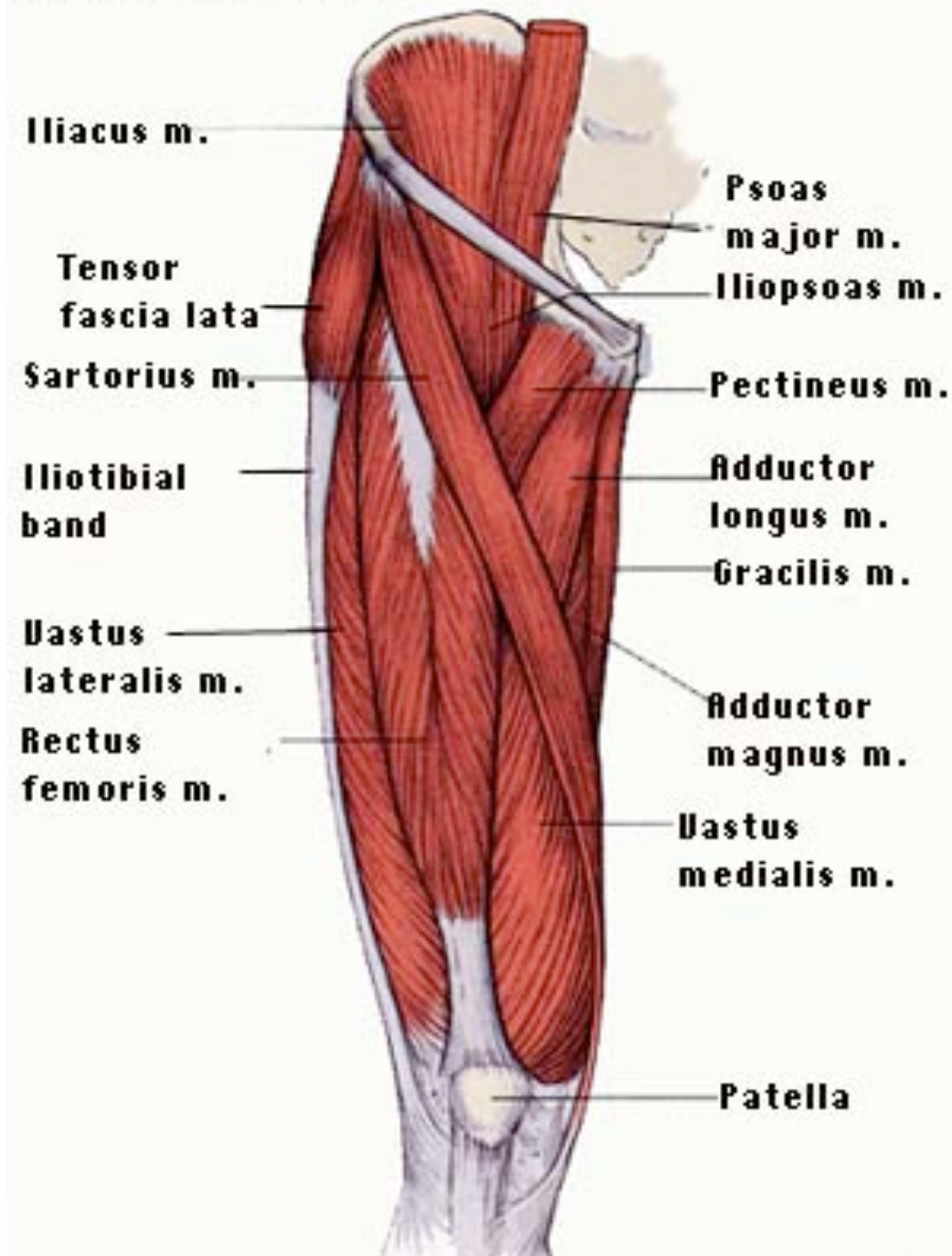


Lumbosacral Plexus

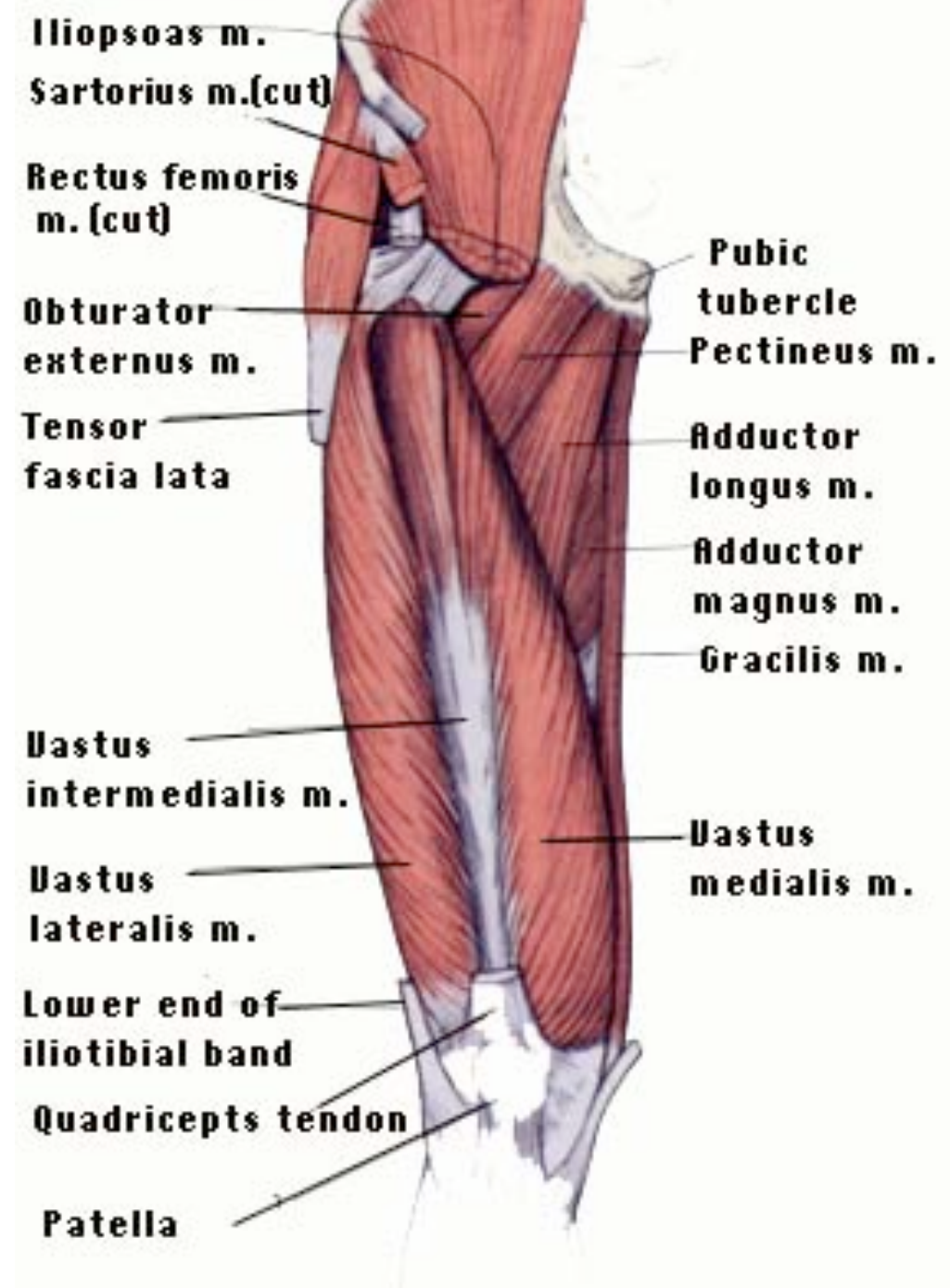


Muscles of Anterior Thigh

Superficial View



Deeper View



Lumbar Plexus

I. Lumbar Plexus

-formed by ventral rami L1-L3 and superior part of L4, +/- T12

-forms within and passes through psoas m, anterior to TPs of lumbar vertebrae

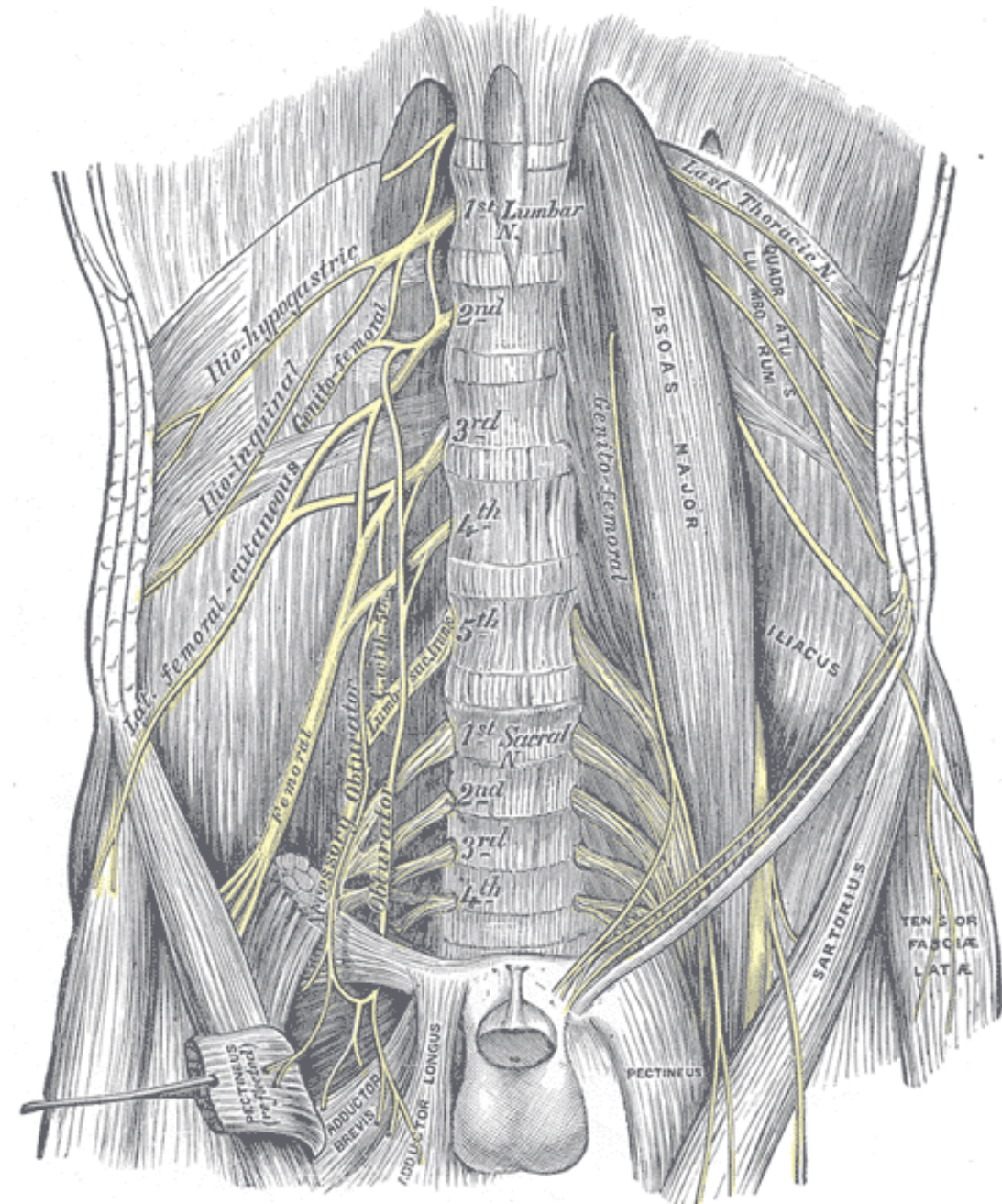
-all 5 levels in L-spine receive grey rami communicantes from symp chain

-largest and most important branches of lumbar plexus =

1. obturator n.

2. femoral n

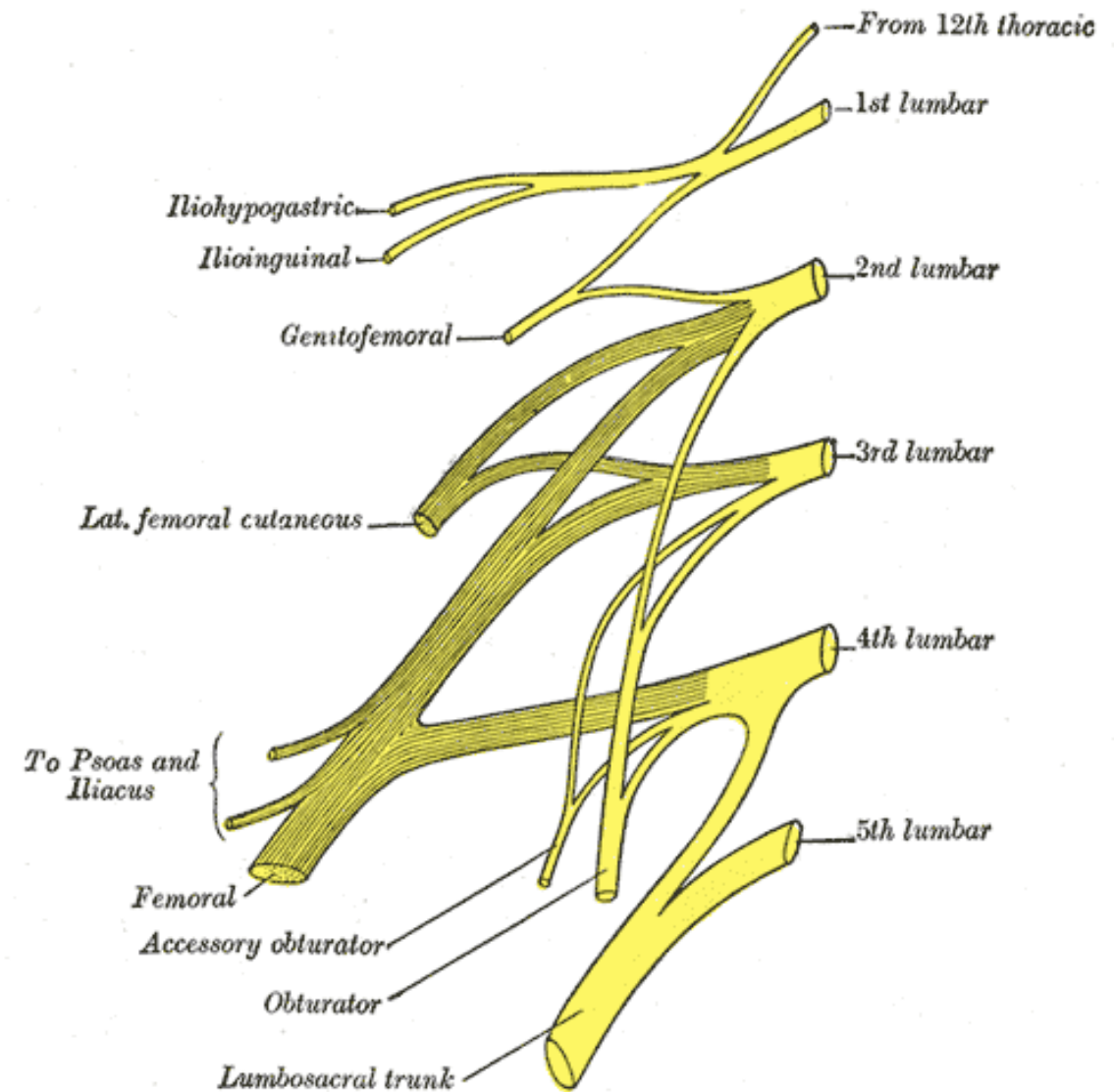
(which derive from the same SC levels, L2-L4)



Lumbar Plexus

6 Branches

1. Ilioinguinal (medial) and
2. Iliohypogastric (lateral) - L1
3. Genitofemoral - L1, L2
4. Lateral Femoral Cutaneous nerve - L2 +/- L3
5. Obturator nerve - L2-L4
6. Femoral nerve - L2-L4



Lumbar Plexus

6 Branches

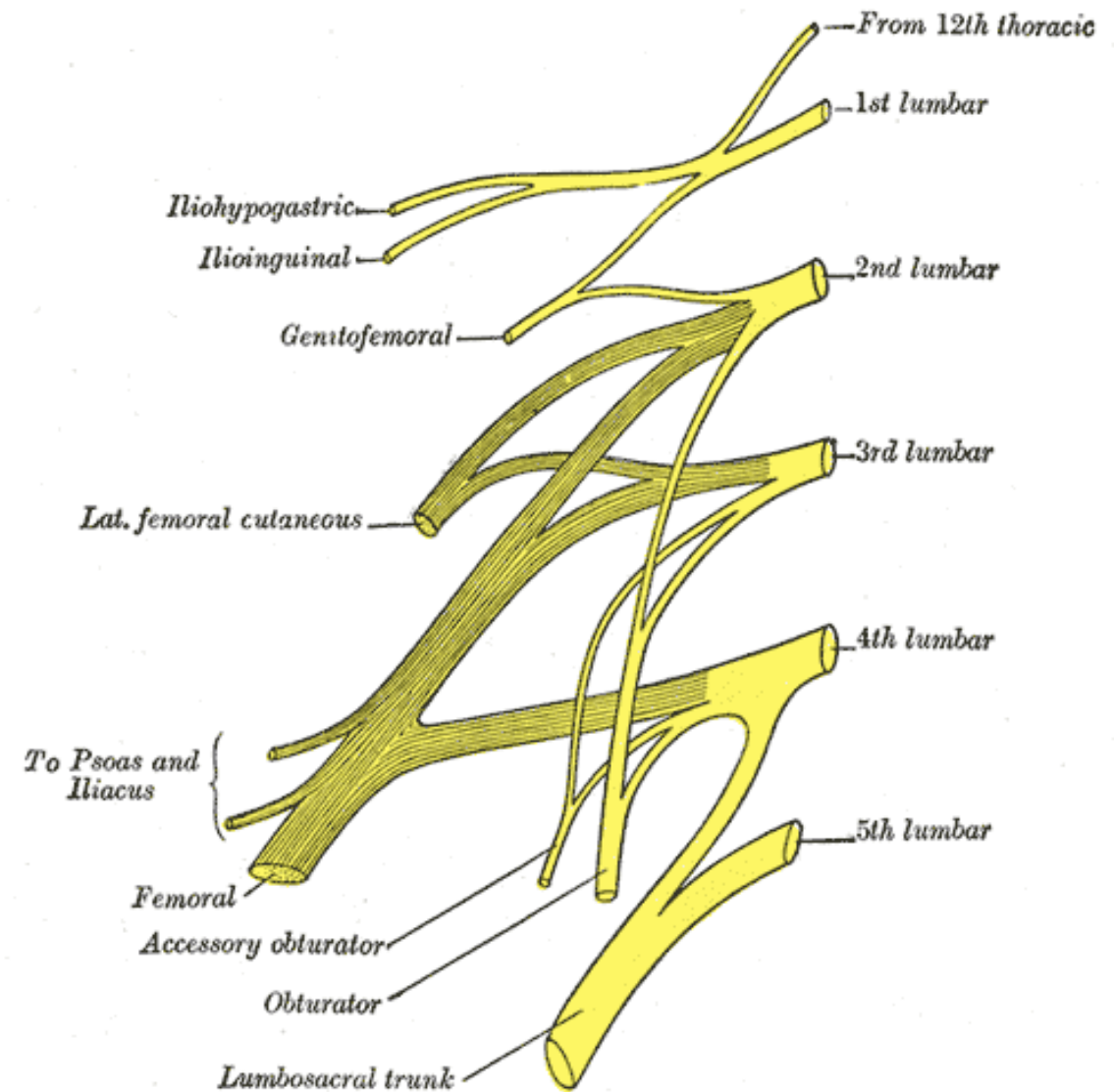
1. *Ilioinguinal (medial) and*
2. *Iliohypogastric (lateral) - L1*

-both from L1, often via a common stem

-pass inferolateral, anterior to quadratus lumborum

-supply the skin of inguinal region / groin / scrotum or labium majorus / suprapubic region (ilioinguinal) and hypogastric / gluteal region (iliohypogastric), with branches to abdo m's

-iliohypogastric is at risk in appendectomy



Lumbar Plexus

6 Branches

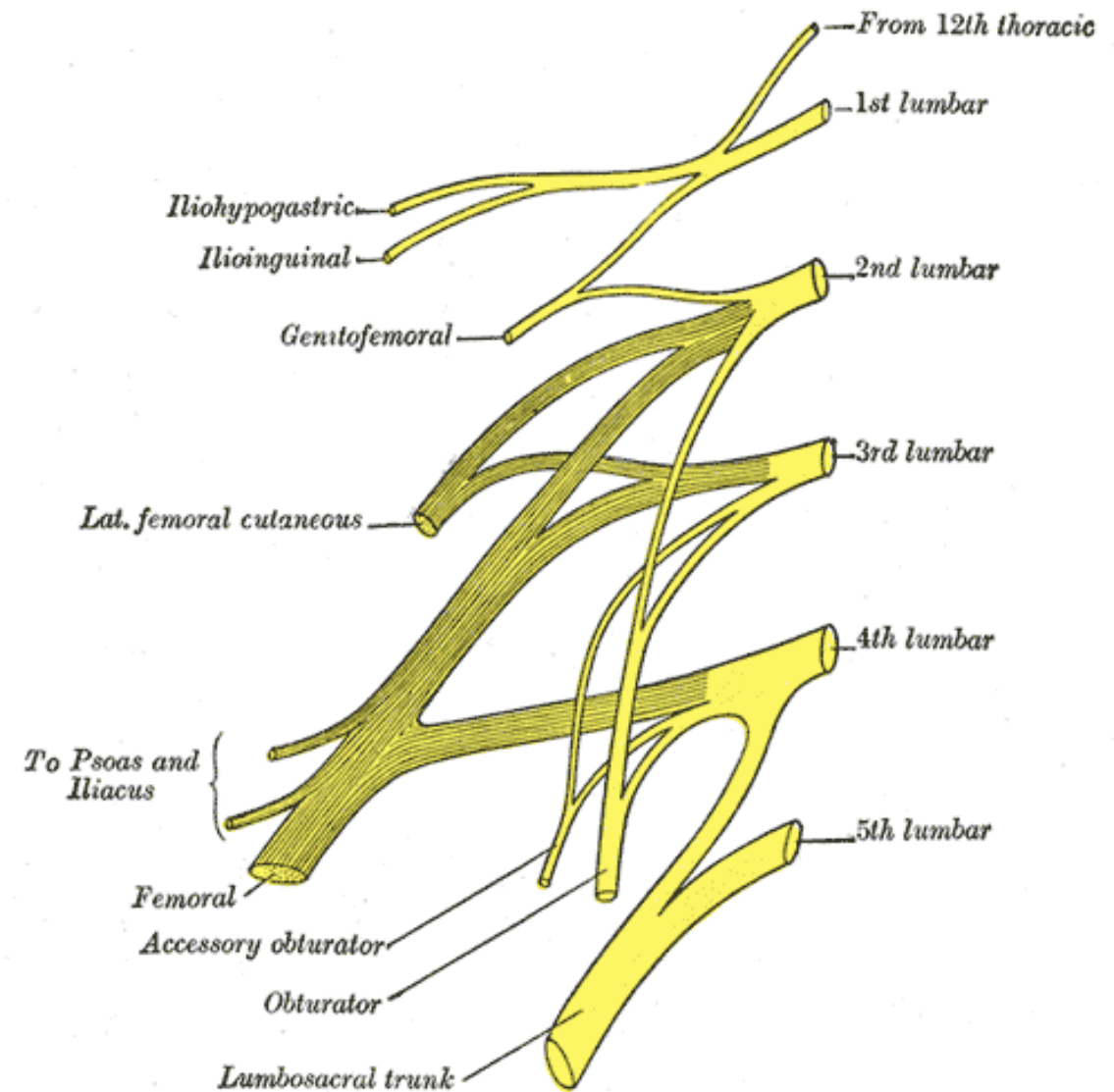
3. Genitofemoral - L1, L2

= most medial branch from L1; also receives contributions from L2

-runs inferior in psoas m

-divides into genital (medial) and femoral (lateral) branches

(*ilioinguinal and genital branch of GF nerve pass through inguinal canal)



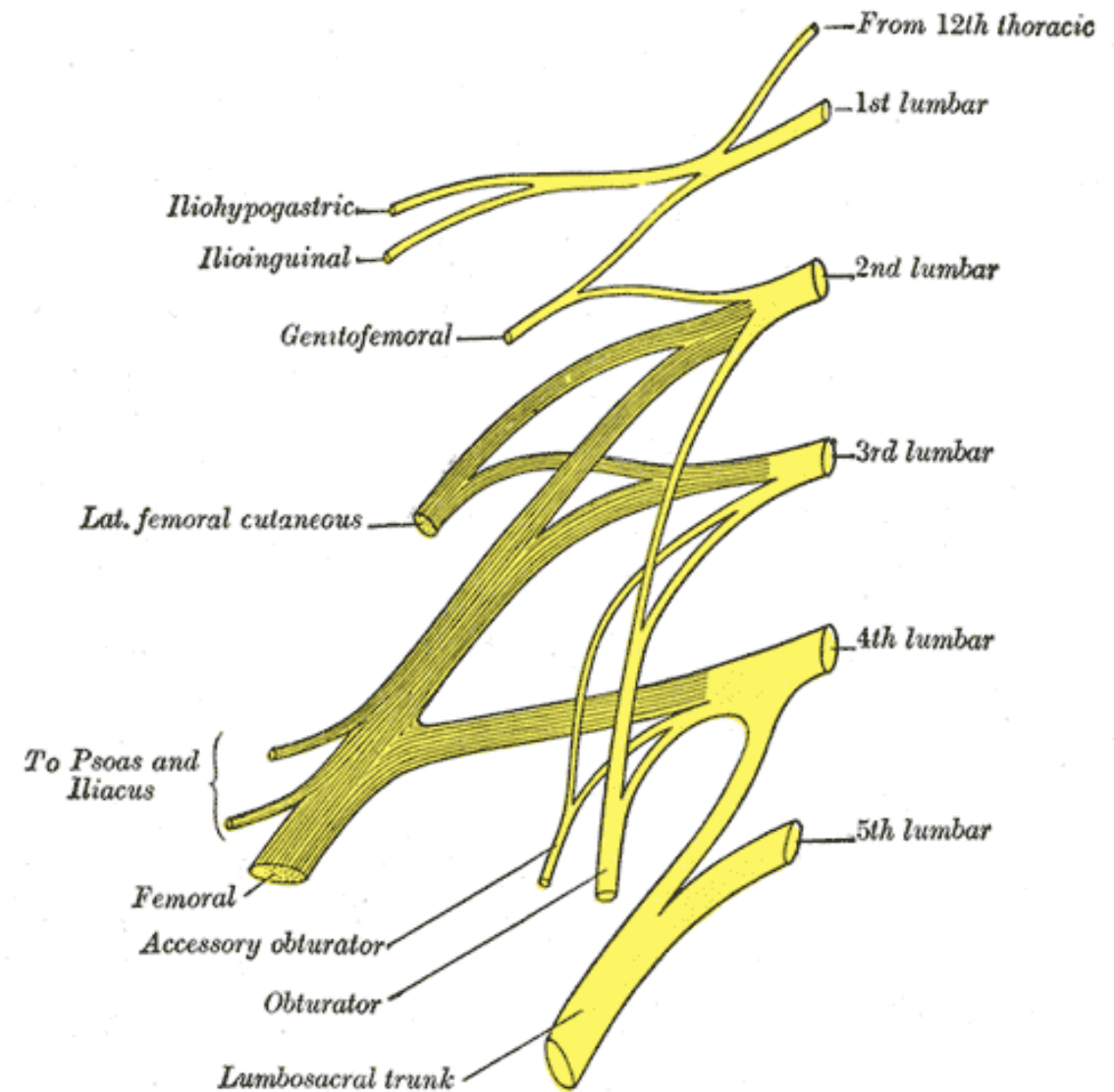
Lumbar Plexus

6 Branches

4. *Lateral Femoral Cutaneous nerve - L2 +/- L3*

-passes through psoas, emerges superior to iliac crest, runs inferolateral on iliacus m and enters thigh posterior to or through the inguinal ligament, just medial to ASIS

-supplies skin of ant and lat thigh

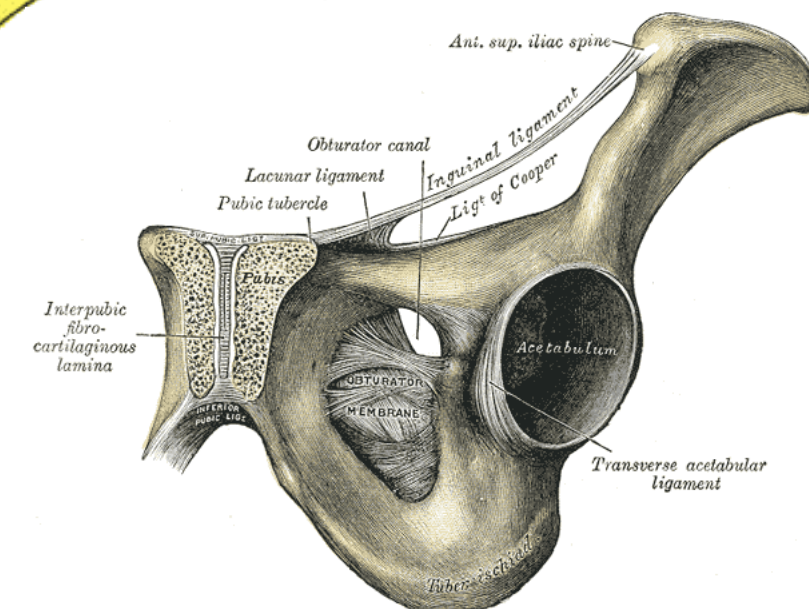
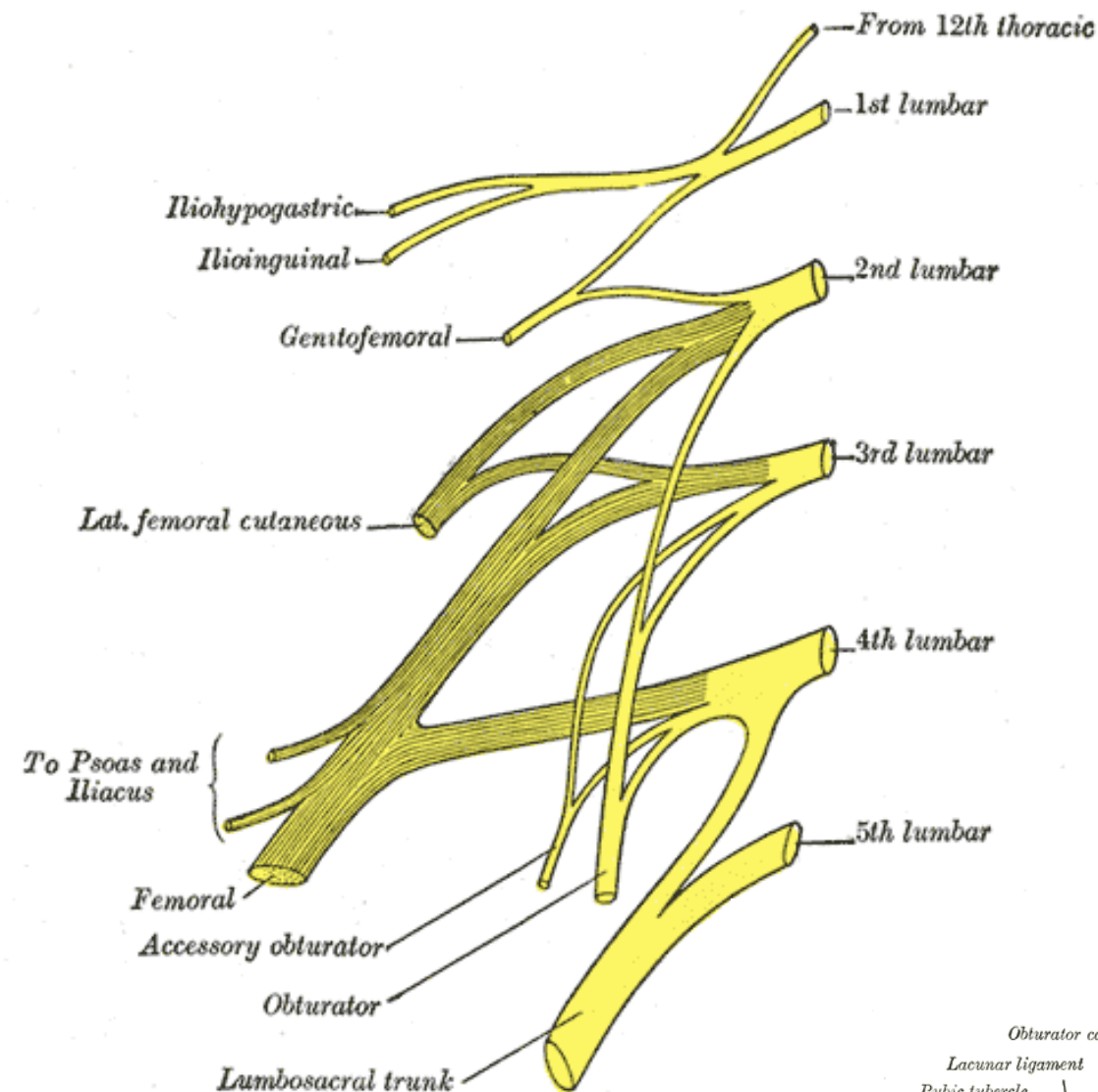


Lumbar Plexus

6 Branches

5. Obturator nerve - L2-L4

- arises from L2-4 and descends through psoas m
- leaves medial border of psoas at brim of pelvis
- crosses S-I joint, lateral to internal iliac vessels and ureter
- into extraperitoneal fat on ala of the sacrum
- leaves pelvis by passing through obturator foramen into thigh
- there, it divides into anterior and posterior divisions
- anterior division supplies the adductor longus and brevis, gracilis, and the pectineus
- posterior division supplies the obturator externus and adductor magnus
- in effect, the adductors are all supplied by the obturator nerveous part of the adductor magnus



Lumbar Plexus

6 Branches

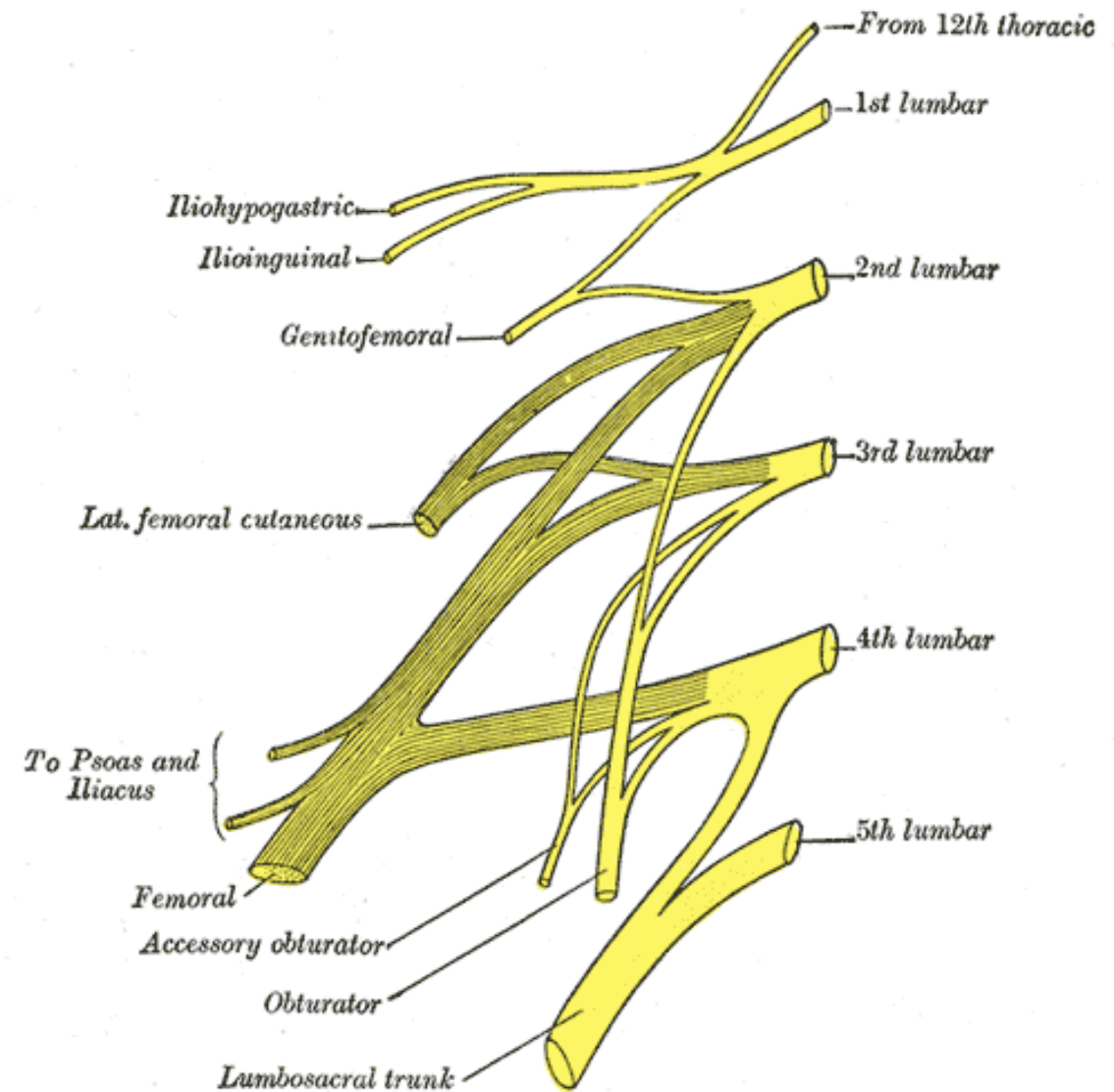
6. Femoral nerve - L2-L4

-arises from L2-L4-courses retroperitoneally through the psoas muscle, runs inferolaterally within it to emerge between psoas and iliacus, just superior to inguinal ligament

-then runs distally in groove between the iliacus and psoas muscles, innervating the iliacus muscle-then courses deep to the inguinal ligament just lateral and adjacent to the femoral artery but separated from it by the iliopsoas fascia (i.e. not in femoral sheath)

-after passing under the inguinal ligament, it branches into its many motor and sensory branches

-in addition to iliacus, it supplies psoas, sartorius, quadriceps femoris (rectus femoris, vastus lateralis, intermedius, & medialis), and gives rise to the saphenous nerve and the anteromedial and medial cutaneous nerves of the thigh

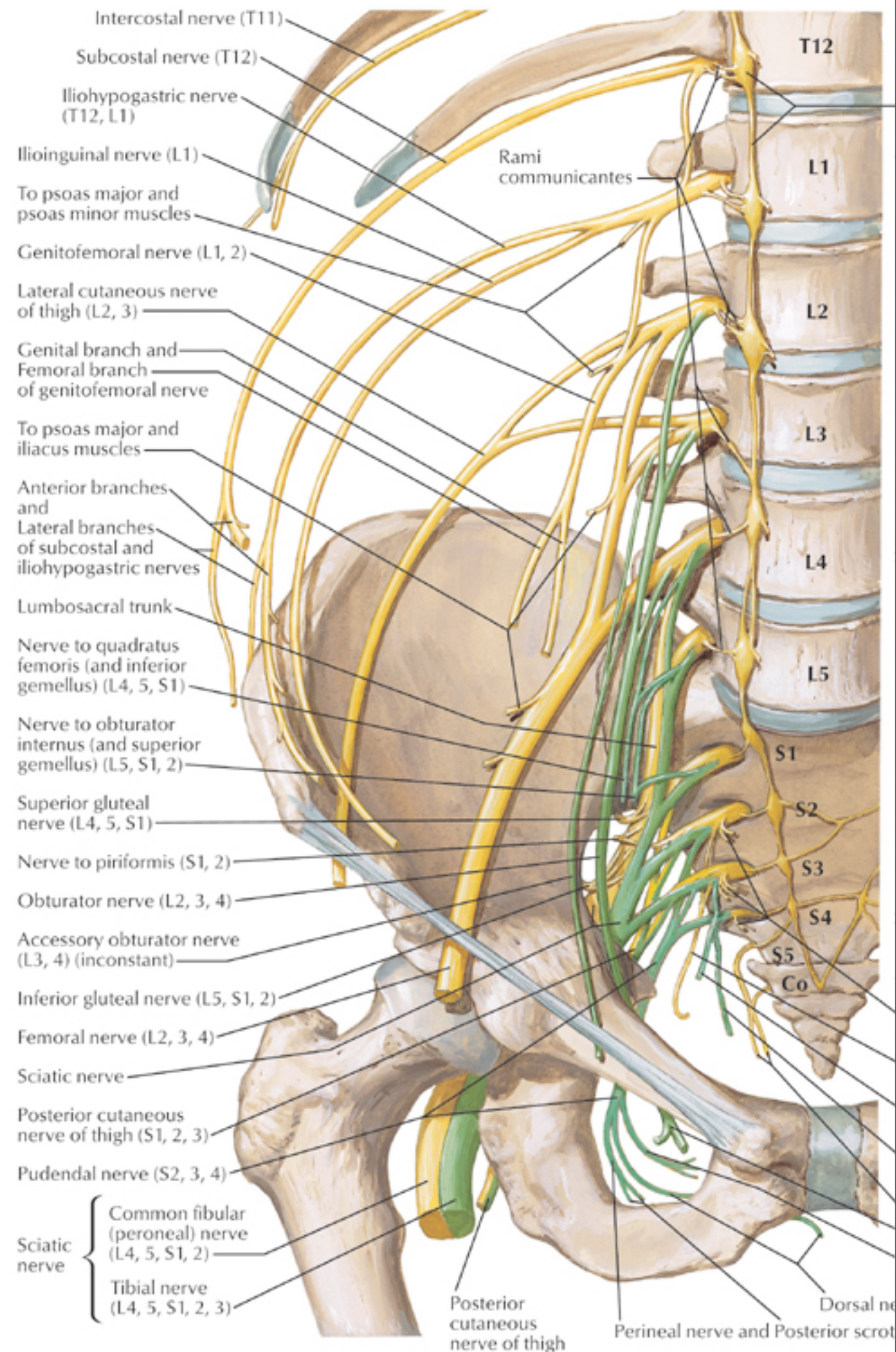


Sacral Plexus

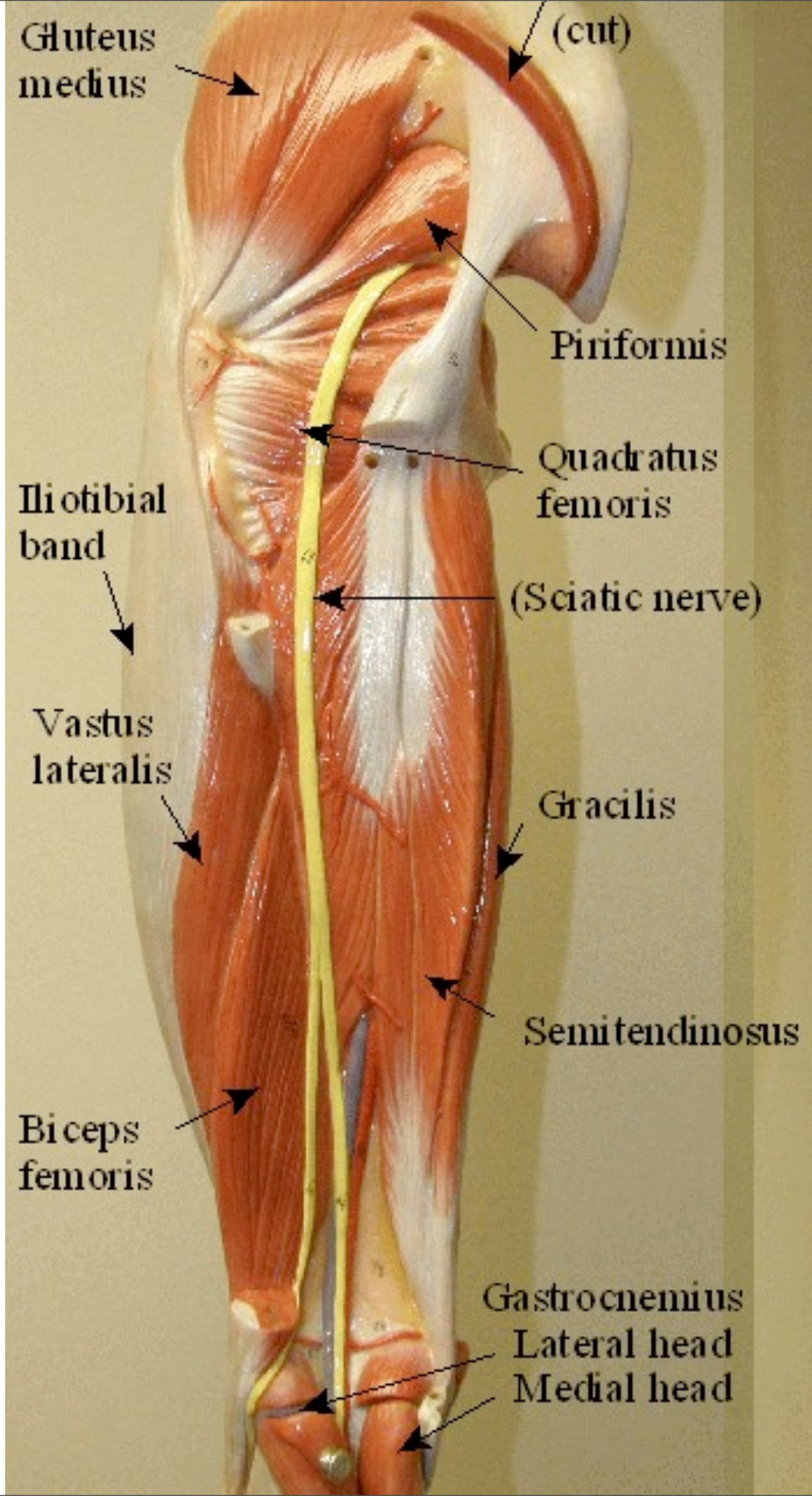
II. Sacral Plexus

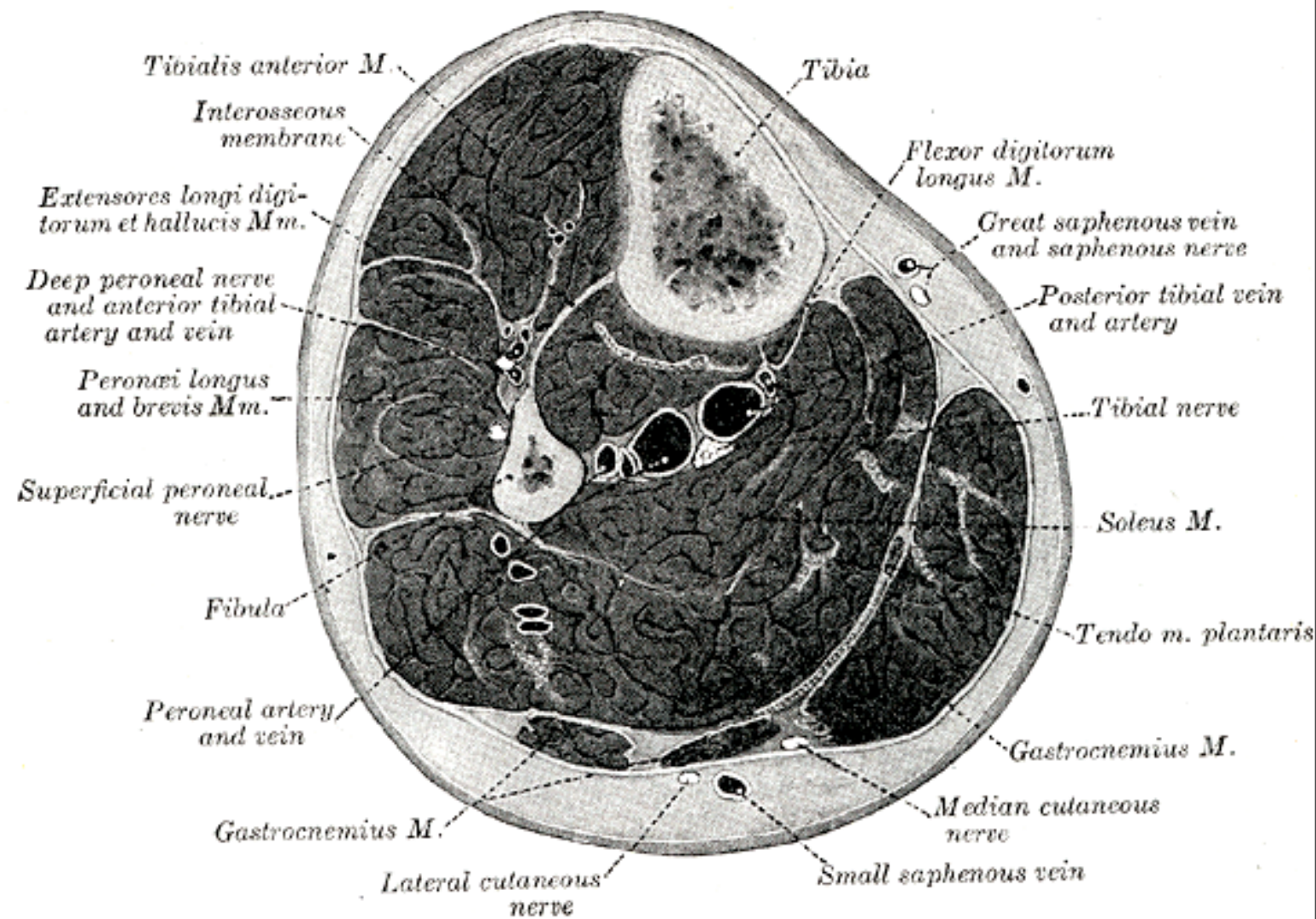
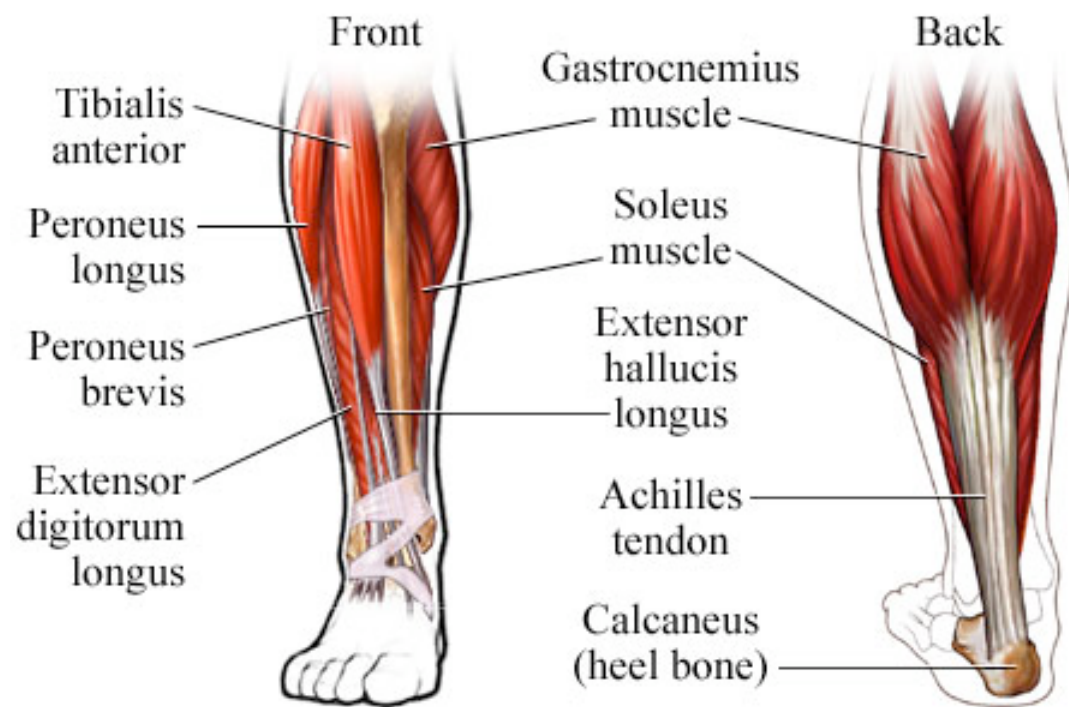
- located in pelvis, close to anterior surface of piriformis, outside parietal pelvic fascia
- formed by **lumbosacral trunk** and ventral rami of S1-S3, + descending part of S4
- lumbosacral trunk = inferior division of L4 ventral ramus + L5**
- all branches of sacral plexus leave pelvis via the **greater sciatic notch**
- except:

nerves to piriformis (S2)
cutaneous nerves (S2,S3)
nerves to pelvic diaphragm (levator ani, external sphincter (pudendal n), perineal nerve)



Sciatic Nerve





Anterior - dorsiflexion, inversion

Lateral - plantarflexion, eversion

Posterior - plantarflexion

How to Distinguish

L4 vs femoral neuropathy

L5 vs peroneal neuropathy

L5 vs Peroneal Nerve

- Common peroneal nerve
 - Motor
 - Ankle dorsiflexion
 - Ankle eversion
 - Great toe extension
 - Small toe extensors
 - Sensory
 - Dorsum of foot, 1st interspace, lateral lower leg below the knee
 - ?Tinel's at the fibular head

L5 vs Peroneal Nerve

- L5 radiculopathy
 - Above findings plus:
 - **Ankle inversion**, knee flexion, hip abduction weakness
 - Sensory may extend above the knee
 - Straight leg raise positive