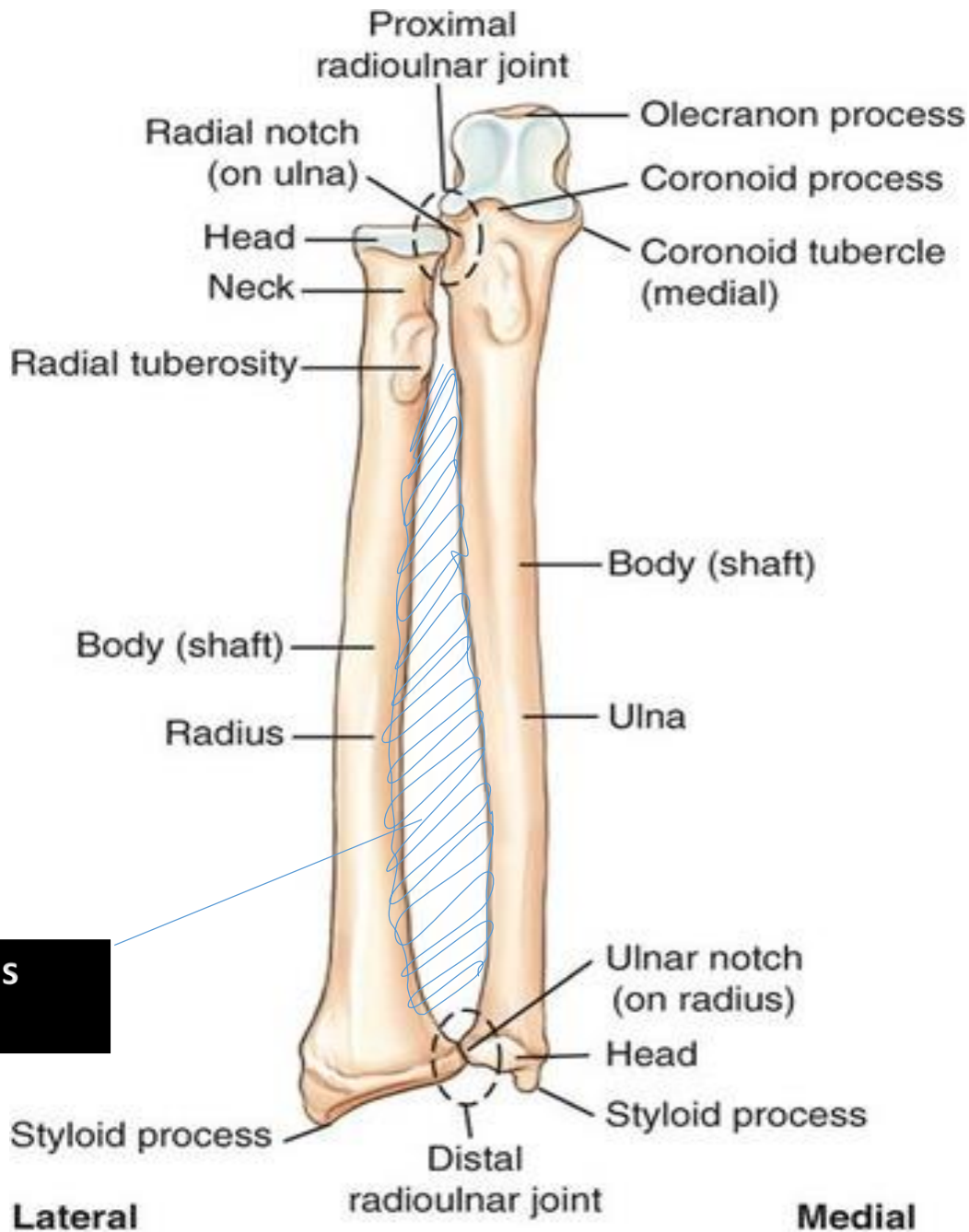


Posterior compartment of Forearm

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Learning objectives

- *At end of this session, students should be able to:*
- DESCRIBE
- Attachments, actions & innervations of – groups of muscles of posterior compartment of forearm
- Contents of post compartment of forearm , their anatomical Relations and clinical importance
- Nerve of post compartment and applied anatomy.



**Interosseous
mebrane**

Forearm

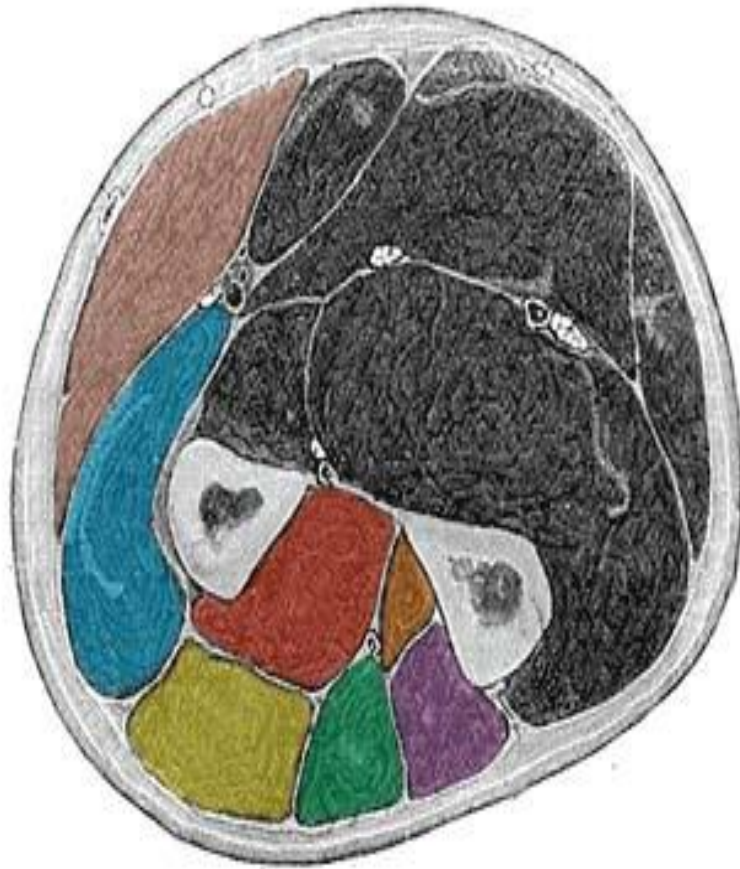
In general, muscles in the anterior compartment of the forearm perform flexion at the wrist and fingers, and pronation of forearm.








- ***anterior compartment***, muscles are split into three categories –
 - superficial,
 - intermediate &
 - deep.

Forearm

- Muscles of the forearm are mainly extrinsic muscles of hand
- are principle flexors and extensors of hand
- as well as pronators and supinators of forearm.
- Forearm is divided into two muscular compartments;
- Anterior or flexor/pronator &
- Posterior or extensor/supinator compartments.

- A cross-section of the forearm to show the muscular compartments



	Brachioradialis
	Extensor carpi radialis longus and brevis
	Extensor digitorum
	Extensor digiti minimi
	Extensor carpi ulnaris
	Abductor pollicis longus
	Extensor pollicis longus

Forearm Extensors - 3 functional groups

Muscles - extend & abduct /adduct hand at wrist

extensor carpi radialis longus, extensor carpi radialis brevis
& extensor carpi ulnaris

Muscles- extend medial four digits – Ext digitorum, ext indices & extensor digiti minimi

Muscles - extend or abduct thumb

Abductor pollicis longus / brevis &
extensor pollicis longus/brevis

Anconeus Supinator & Brachioradialis

Posterior facial compartment

Superficial group

1. extensor carpi radialis brevis
2. extensor digitorum
3. extensor digiti minimi
4. extensor carpi ulnaris
5. anconeus

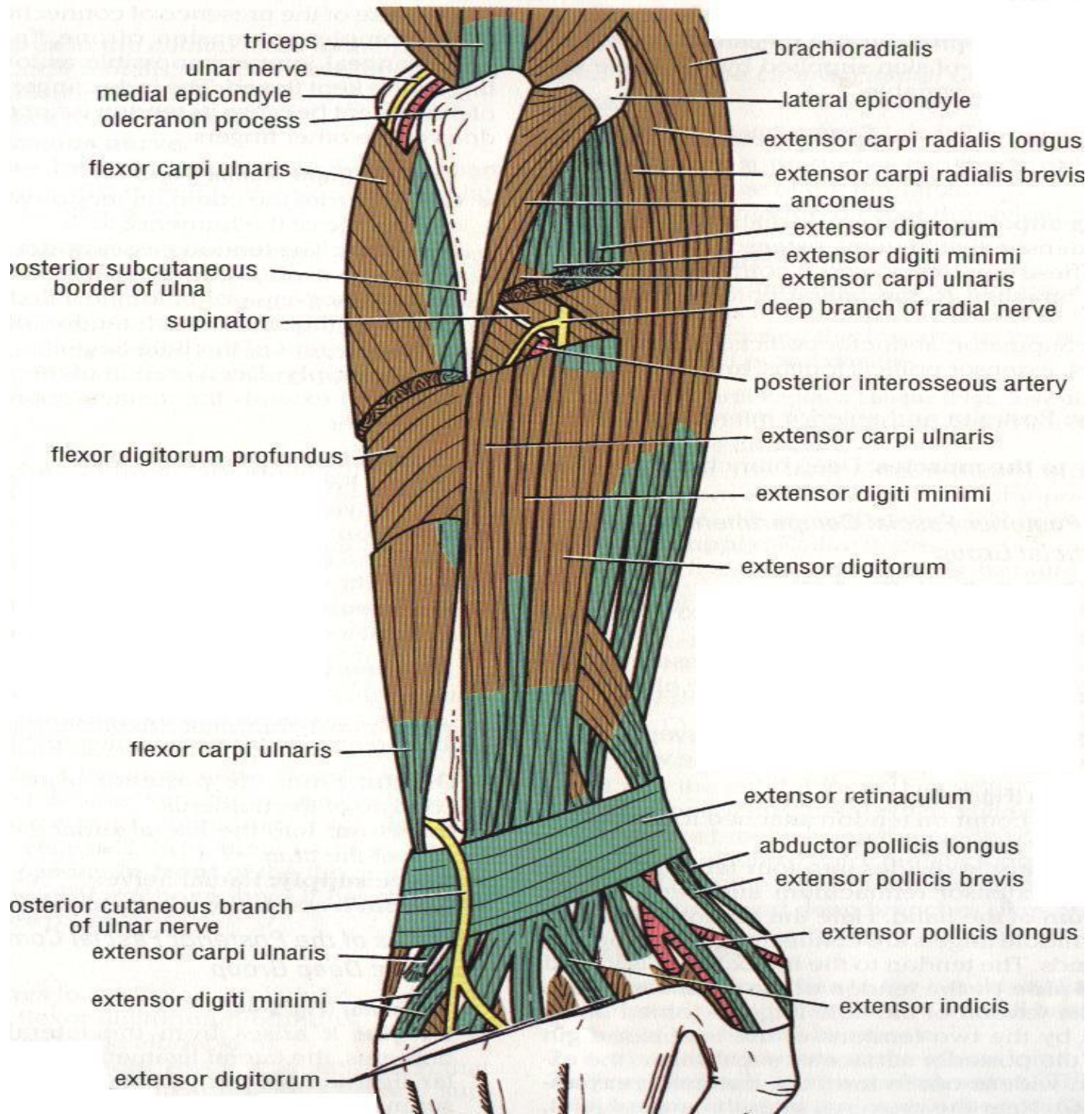
**Common Extensor
Tendon**

Lateral facial compartment

Brachioradialis
Exten. Carpi radialis
longus

Deep group

Supinator,
abductor pollicis longus
extensor pollicis brevis
extensor pollicis longus
extensor indices



Posterior Compartment of Forearm

- commonly known as **extensor & supinator group of muscles**.
- general action - is extension at wrist & fingers
- and supination of forearm.
- innervated by **radial nerve**.
- Anatomically, muscles can be divided into two layers;
- **deep** and **superficial**.
- These two layers are separated by a layer of fascia.

Posterior compartment: 3 groups

Superficial group 5

- Extensor carpi radialis brevis
- Extensor digitorum
- Extensor digiti minimi
- Extensor carpi ulnaris
- Anconeus (posterior of lateral epicondyle).

Origin: Common Extensor Origin , front of lateral epicondyle of Humerus.

Lateral group 2

- Brachioradialis
- Extensor carpi radialis longus - (2 muscles originate from *lateral supracondylar ridge*).

Deep group 5 (3 to thumb+ 1 to index + supinator).

- Supinator.
- Abductor pollicis longus.
- Extensor pollicis brevis.
- Extensor pollicis longus.
- Extensor indices.

● **Superficial**

The superficial muscles in the anterior compartment are the flexor carpi ulnaris, palmaris longus, flexor carpi radialis and pronator teres. They all originate from a common tendon called the ***common flexor origin***. This arises from the medial epicondyle of the humerus.

● **Intermediate**

The flexor digitorum superficialis is the only muscle of the intermediate compartment. It can sometimes be classed as a superficial muscle, but in most cadavers it lies between the deep and superficial muscle layers.

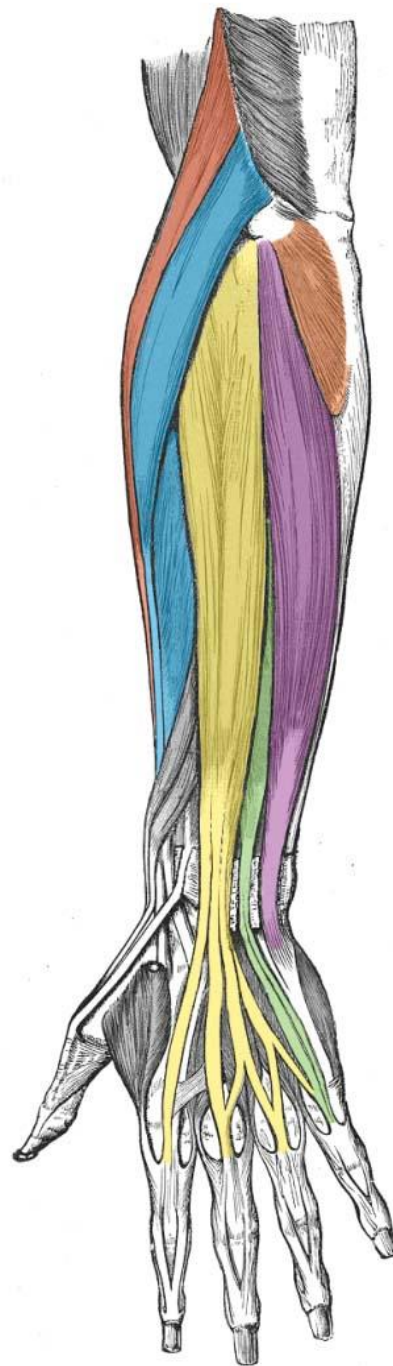
● **Deep**







There are three muscles in the deep anterior forearm; flexor digitorum profundus, flexor pollicis longus, and pronator quadratus.

Superficial layer:

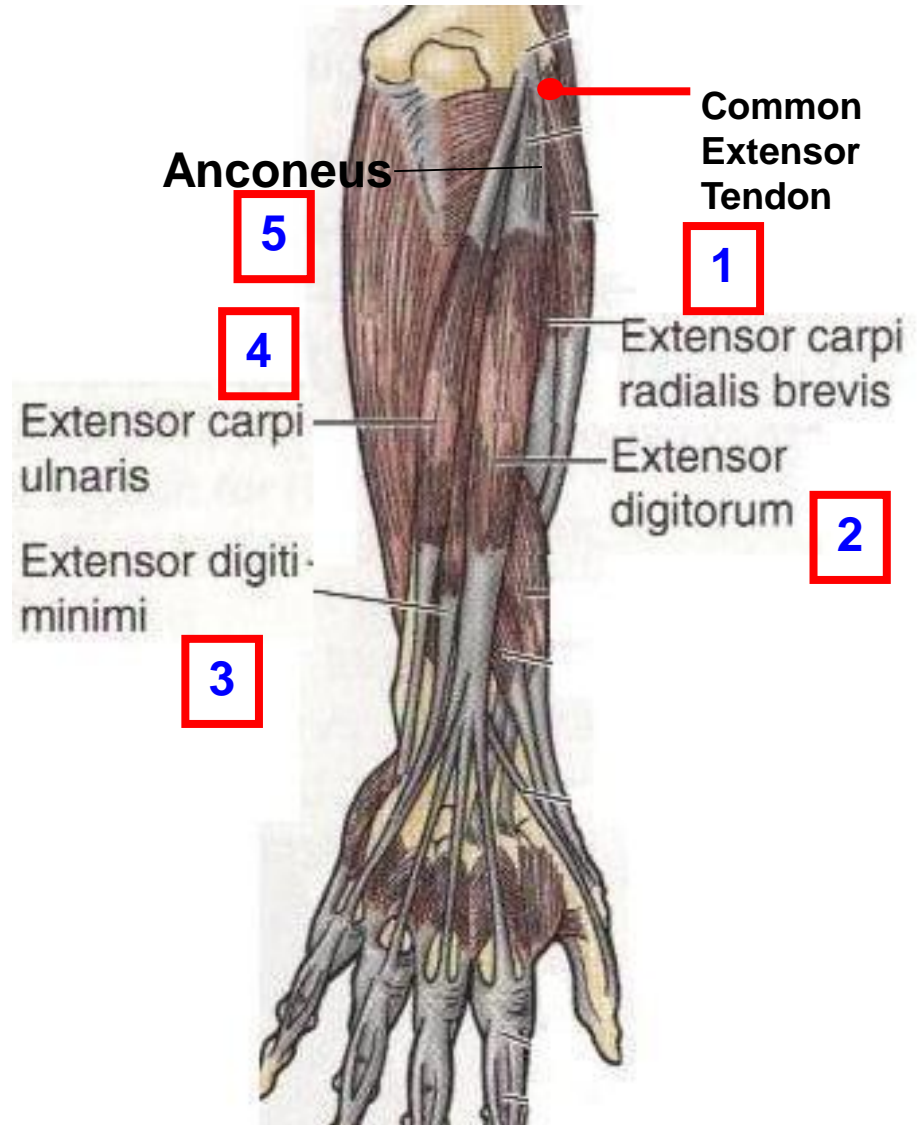
- contains seven muscles.
- Four of these muscles –
 - extensor carpi radialis brevis ECRB,
 - extensor digitorum ED,
 - extensor carpi ulnaris ECU
 - extensor digiti minimi EDM
- common tendinous origin from lateral epicondyle. ***common extensor origin***

- **Muscles of the Posterior/extensor Compartment of the forearm**



	Brachioradialis
	Extensor carpi radialis longus and brevis
	Extensor digitorum
	Extensor digiti minimi
	Extensor carpi ulnaris
	Anconeus

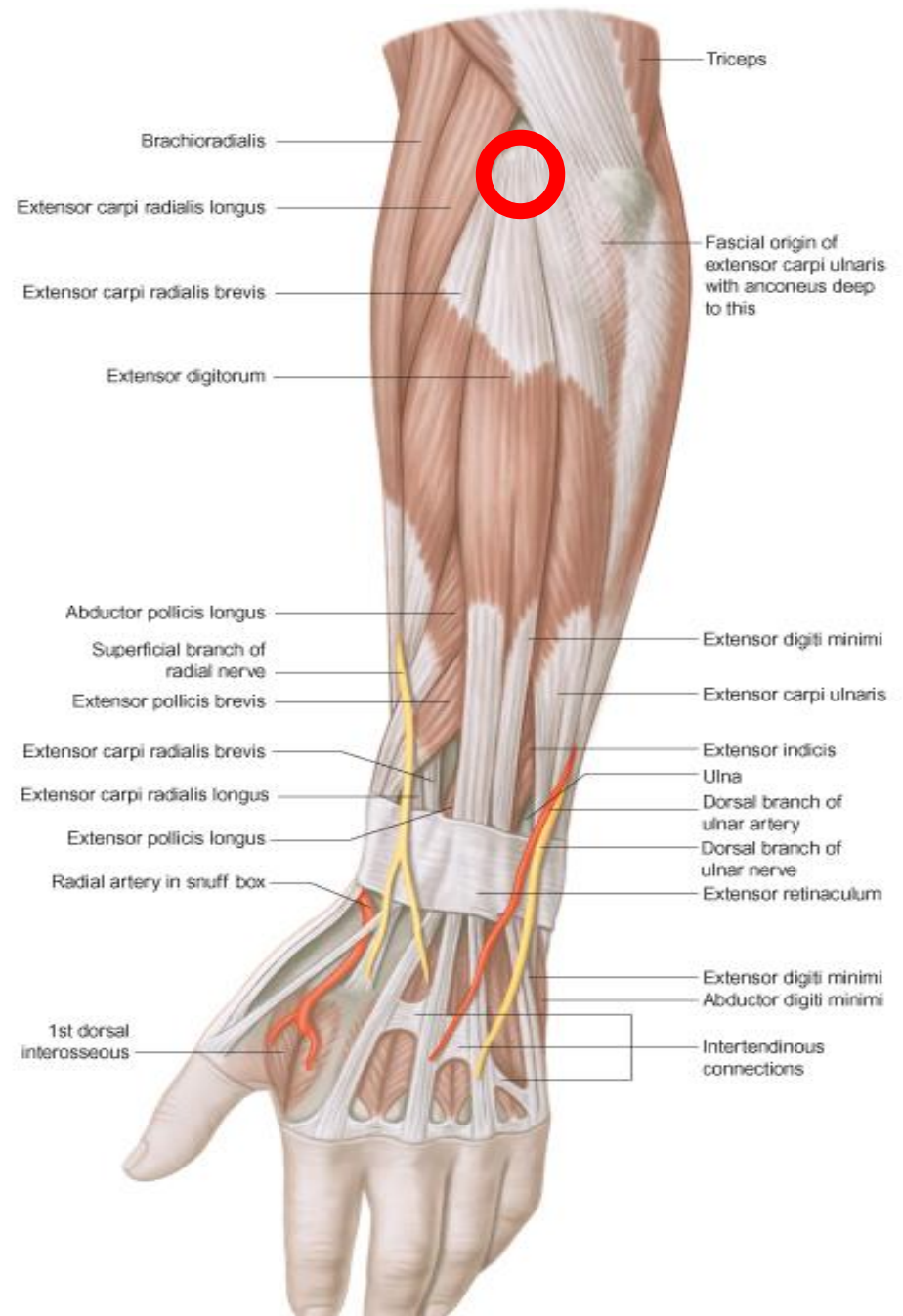
Superficial group



Superficial : 7 muscles

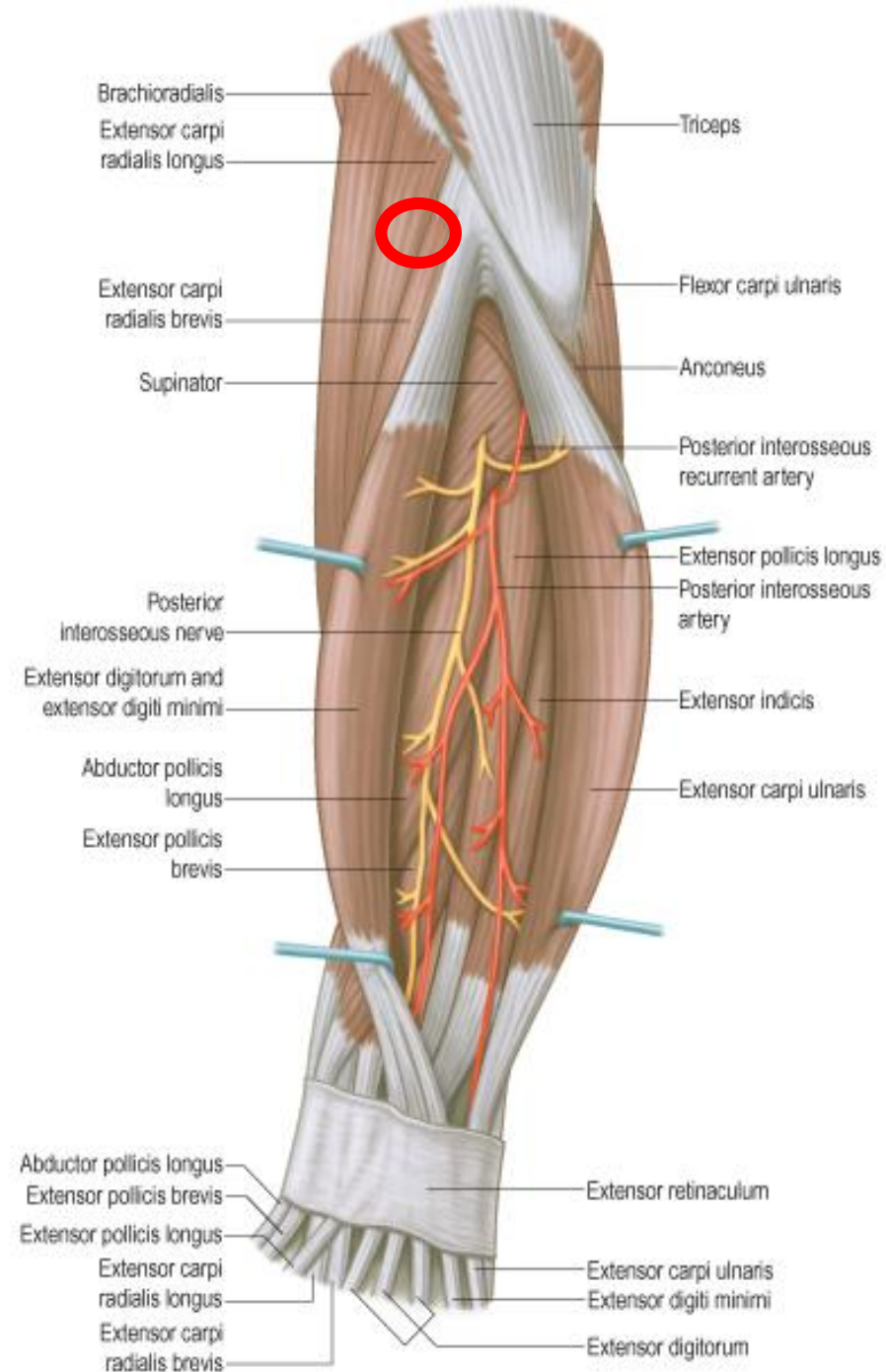
lateral to medial -

- Brachioradialis.
- Extensor carpi radialis longus, (ECRL).
- Extensor carpi radialis brevis, (ECRB).
- Extensor digitorum.
- Extensor digiti minimi .
- Extensor carpi ulnaris.
- Anconeus (An).

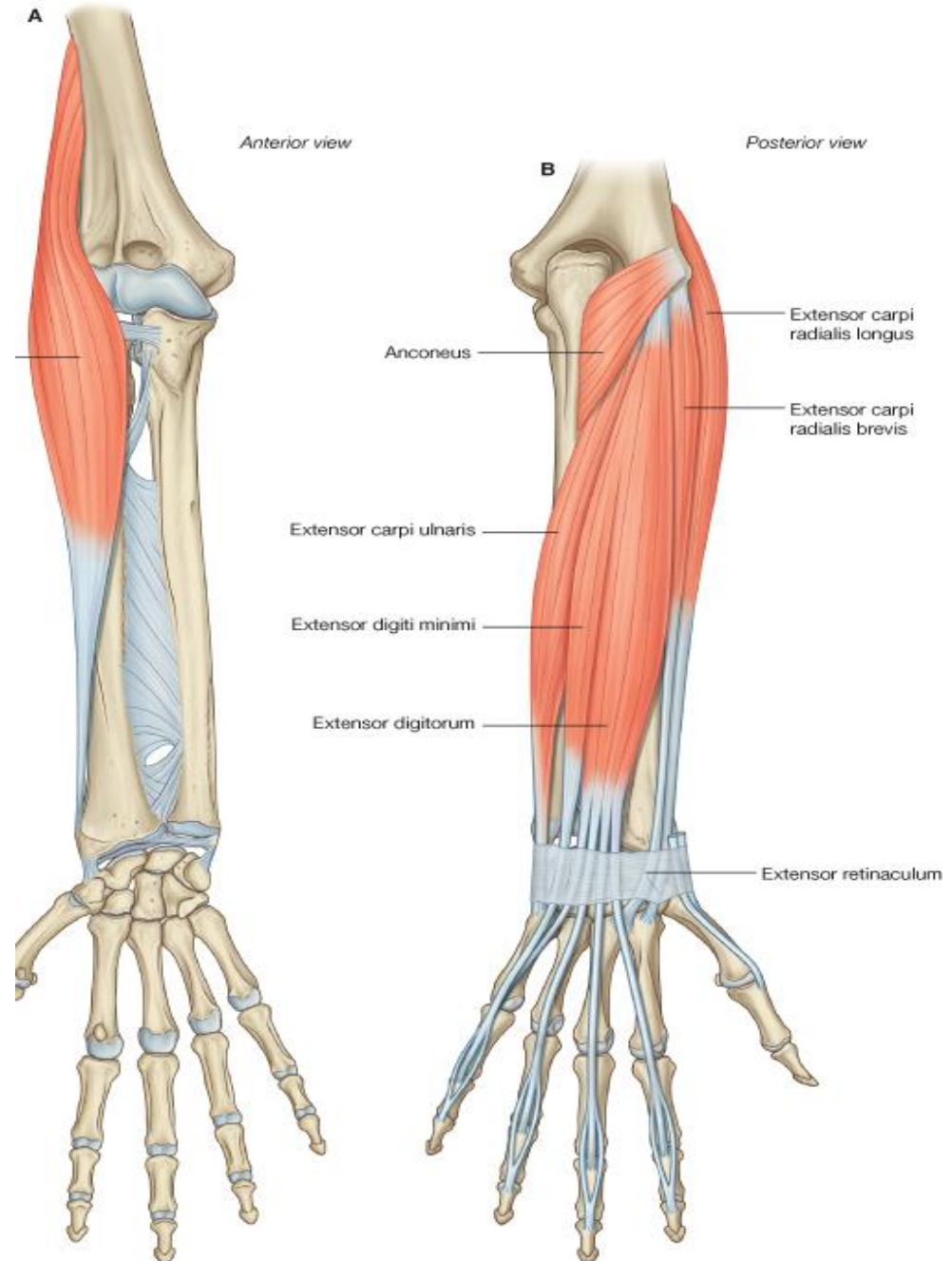


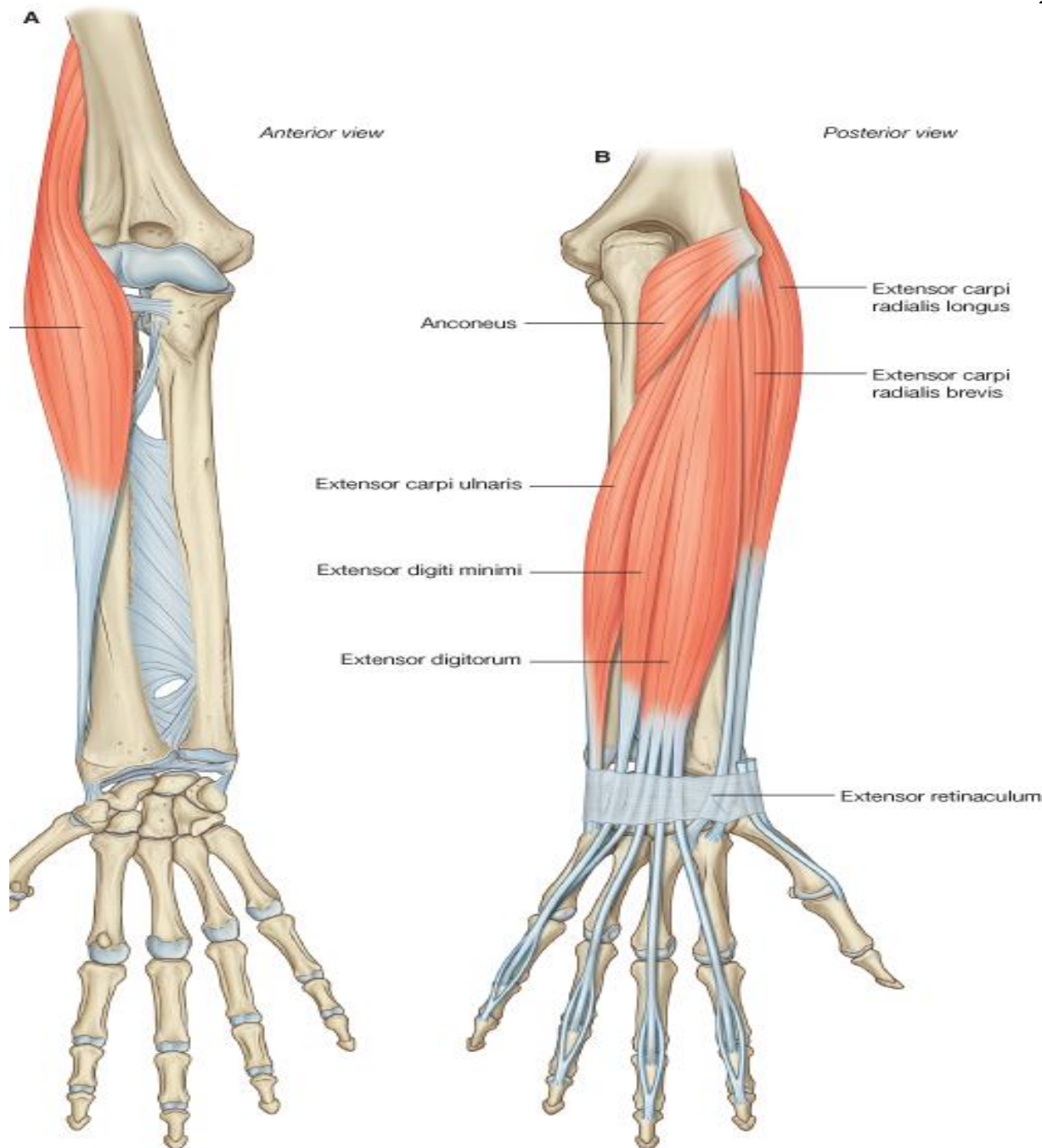
Superficial extensor

- Arises - common extensor origin, front of lateral epicondyle of humerus, **Except, 2** (BR & ECRL).
- All cross wrist **Except, 1** brachioradialis.
- All supplied - **deep branch of radial nerve**, **Except ABE**
- Anconeus
- Brachioradialis
- Extensor carpi radialis longus
- These 3 by **radial nerve** .



- **Brachioradialis**
- **Origin:**
- Lateral supracondylar ridge of humerus
- **Insertion:**
- Base of styloid process of radius
- **Action:**
- Flexes forearm; (elbow).
- Rotates forearm to midprone position





- **Extensor Carpi radialis longus**

- **Origin:** Lateral supracondylar ridge of humerus

- **Insertion:**

- Posterior surface of base of second metacarpal bone

- **Action:**

- Extends and abducts hand at wrist joint

Extensor carpi radialis

brevis: base of 3rd metacarpal bone.

Extensor digitorum:

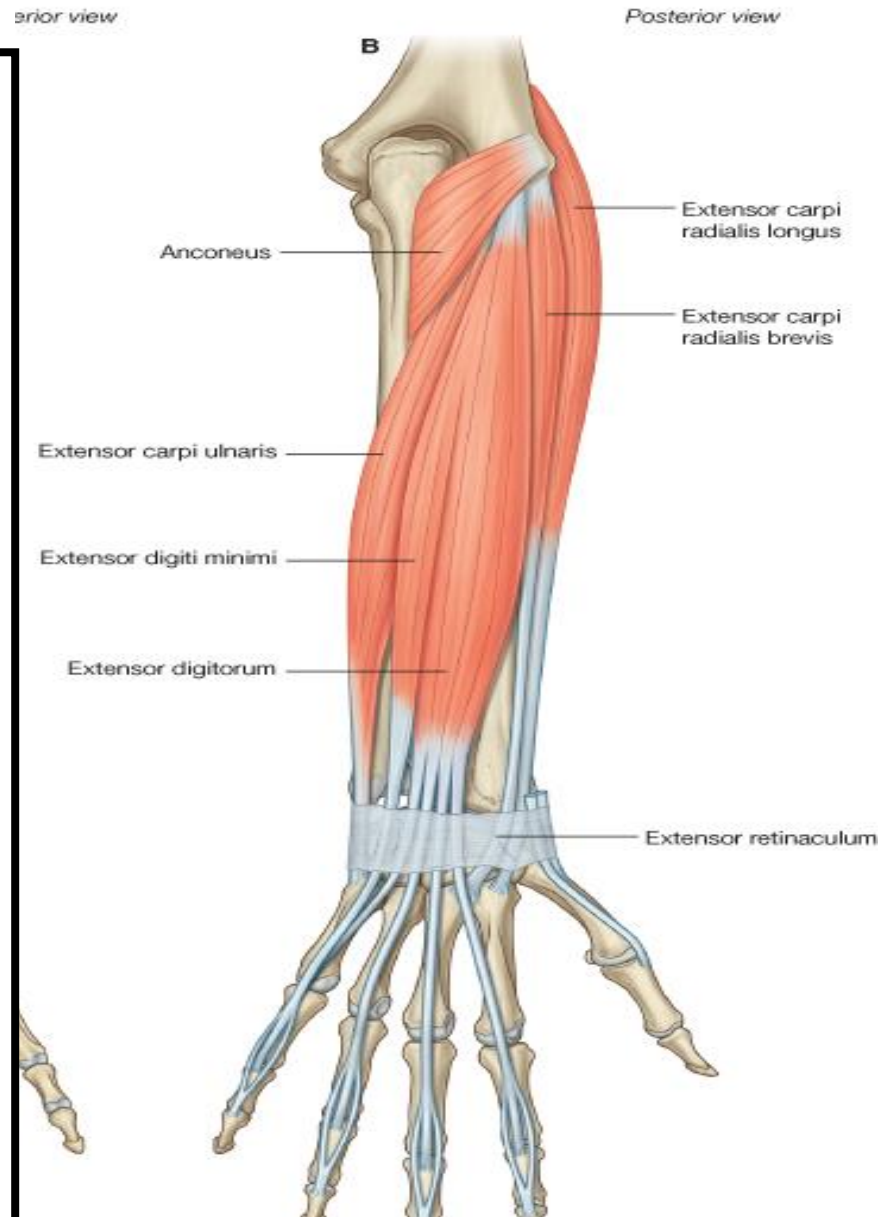
Extensor expansion of medial 4 fingers.

Extensor digiti minimi:

Extensor expansion of little finger.

Extensor carpi ulnaris:

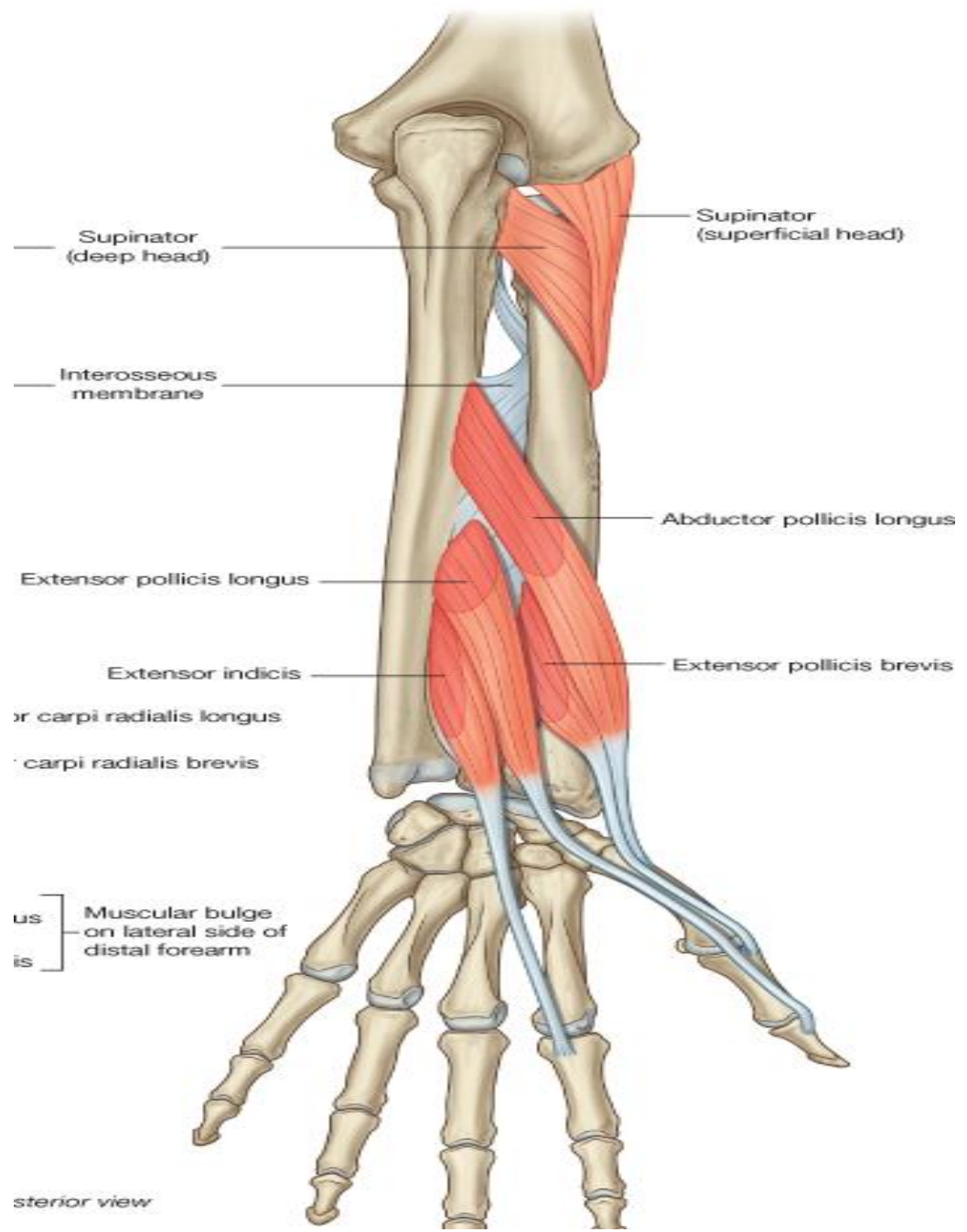
Base of 5th metacarpal bone.



- **Brachioradialis** is a paradoxical muscle.
- Origin and innervation are characteristic of a extensor muscle,
- But it is actually a flexor at elbow.
- Muscle is most visible when forearm is half pronated, and flexing at the elbow against resistance.

Deep Muscles – five muscles

- supinator,
 - abductor pollicis longus,
 - extensor pollicis brevis,
 - extensor pollicis longus
 - extensor indicis.
- all these muscles act on thumb and the index finger.
- exception of supinator.

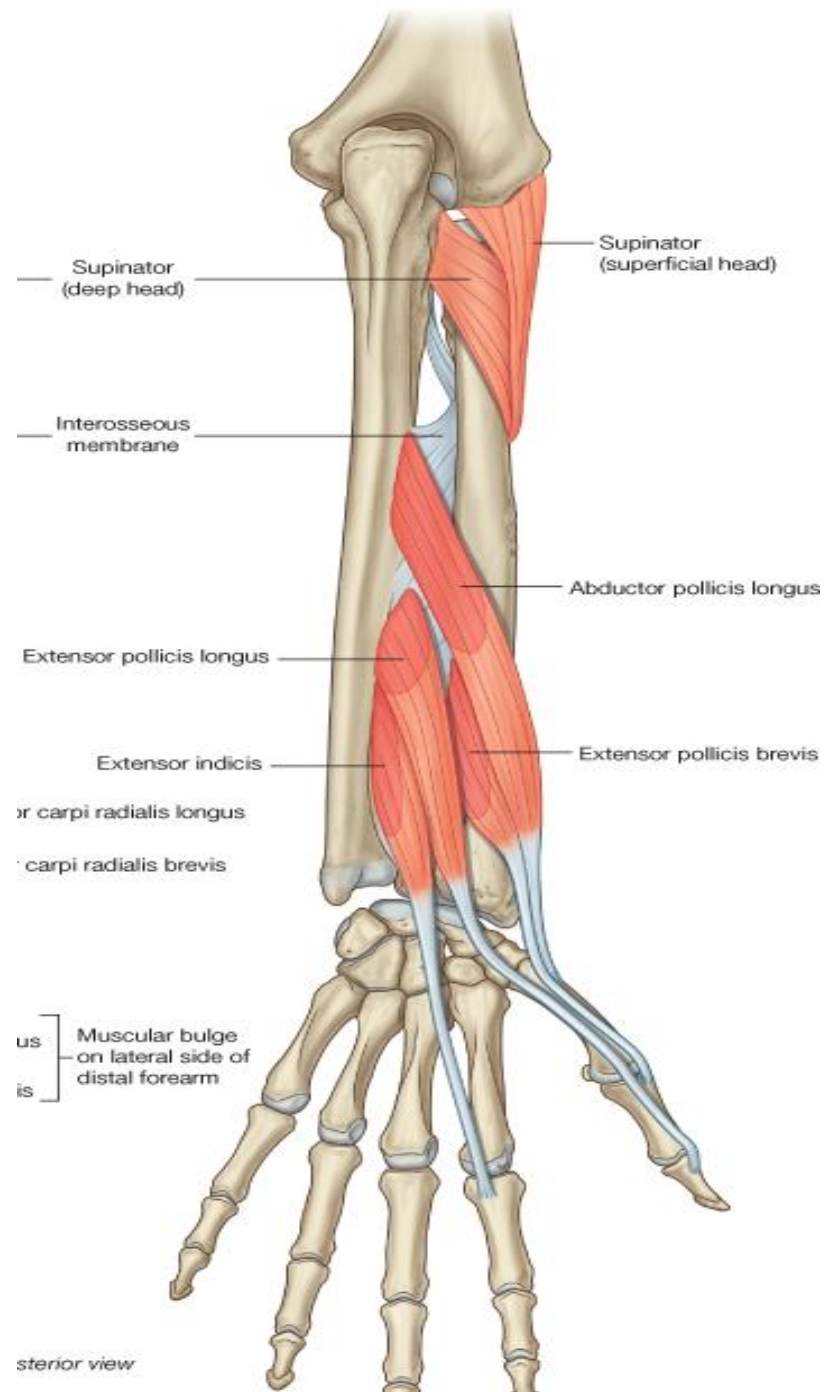


Posterior view

II- Deep group: 5 muscles

- Abductor pollicis longus, (APL).
- Extensor pollicis brevis, (EPB).
- Extensor pollicis longus, (EPL).
- Extensor indicis (EI).
- Supinator.

All back muscles of forearm are supplied by **posterior interosseous nerve** except , ABE by Radial nerve.



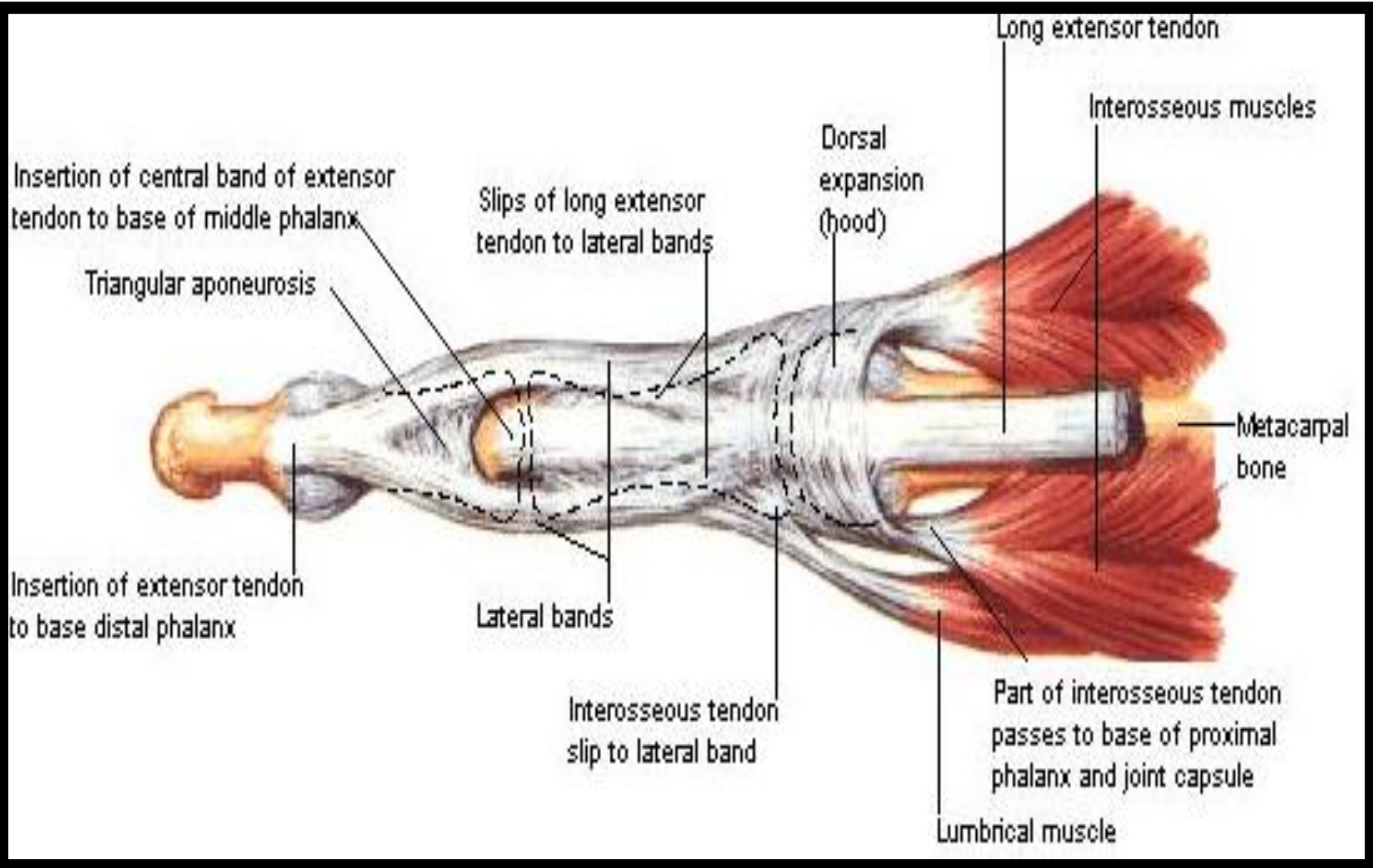
Dorsal Extensor Expansion

It is formed by union of tendons :

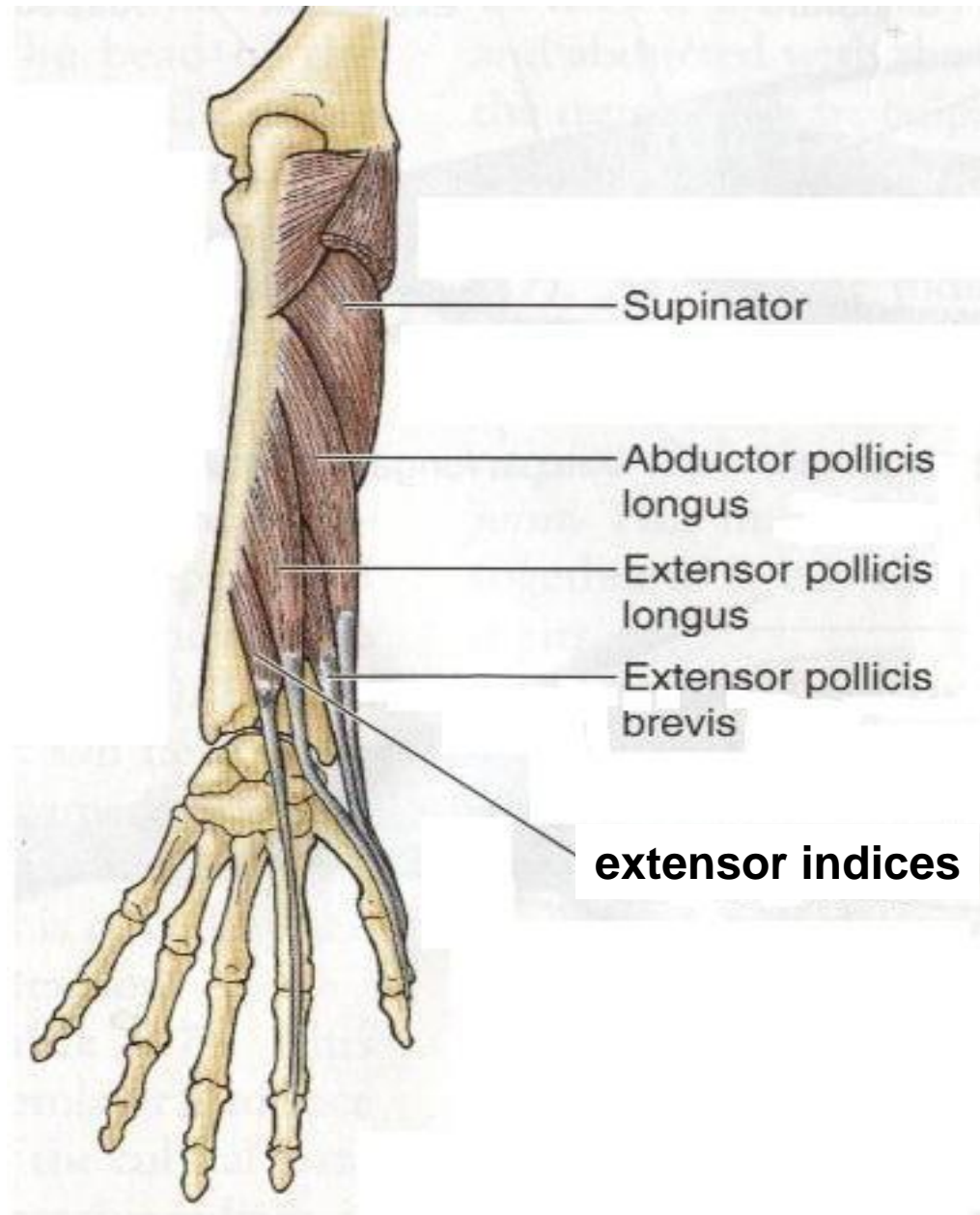
Extensor digitorum, Extensor indicis, Extensor digiti minimi, palmar, dorsal interossei & lumbricals muscles.

- All these tendons unite to form one tendon which divides into 3 slips,
- median one attached to middle phalanges &
- 2 lateral attached to terminal phalanges.

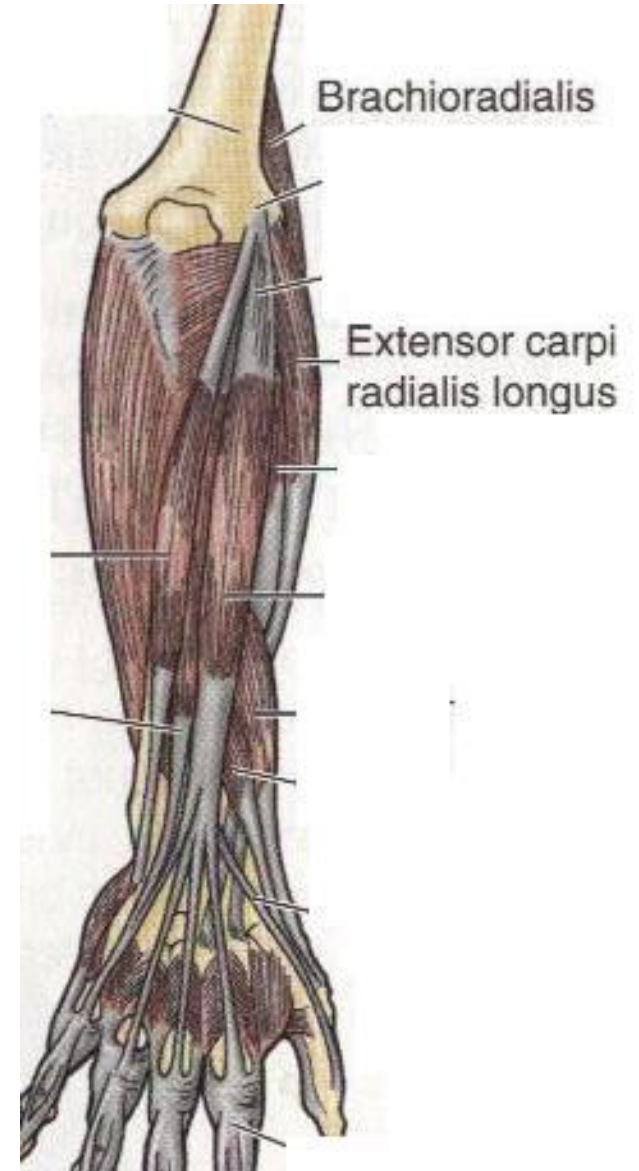
Dorsal Extensor Expansion



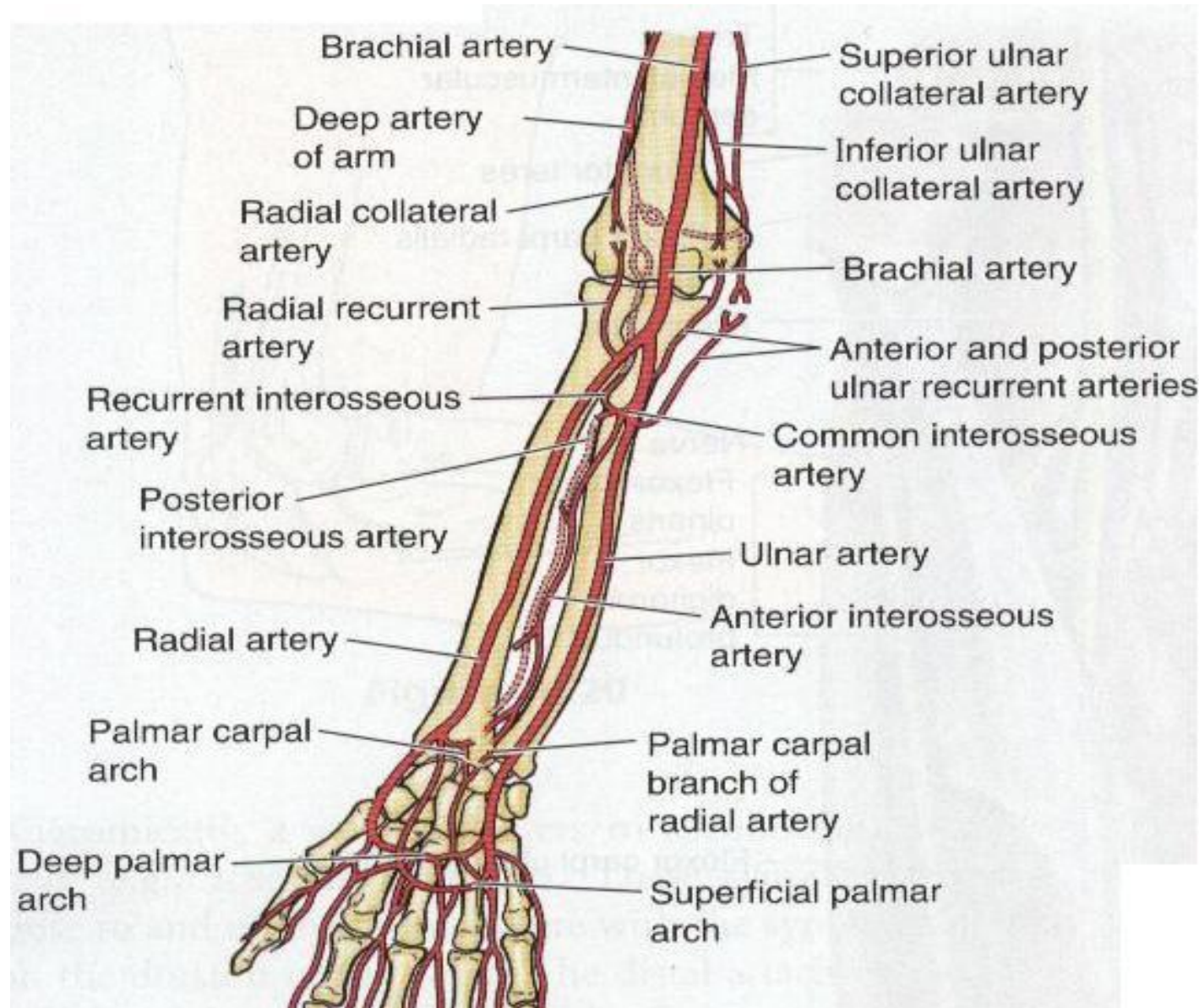
Deep group



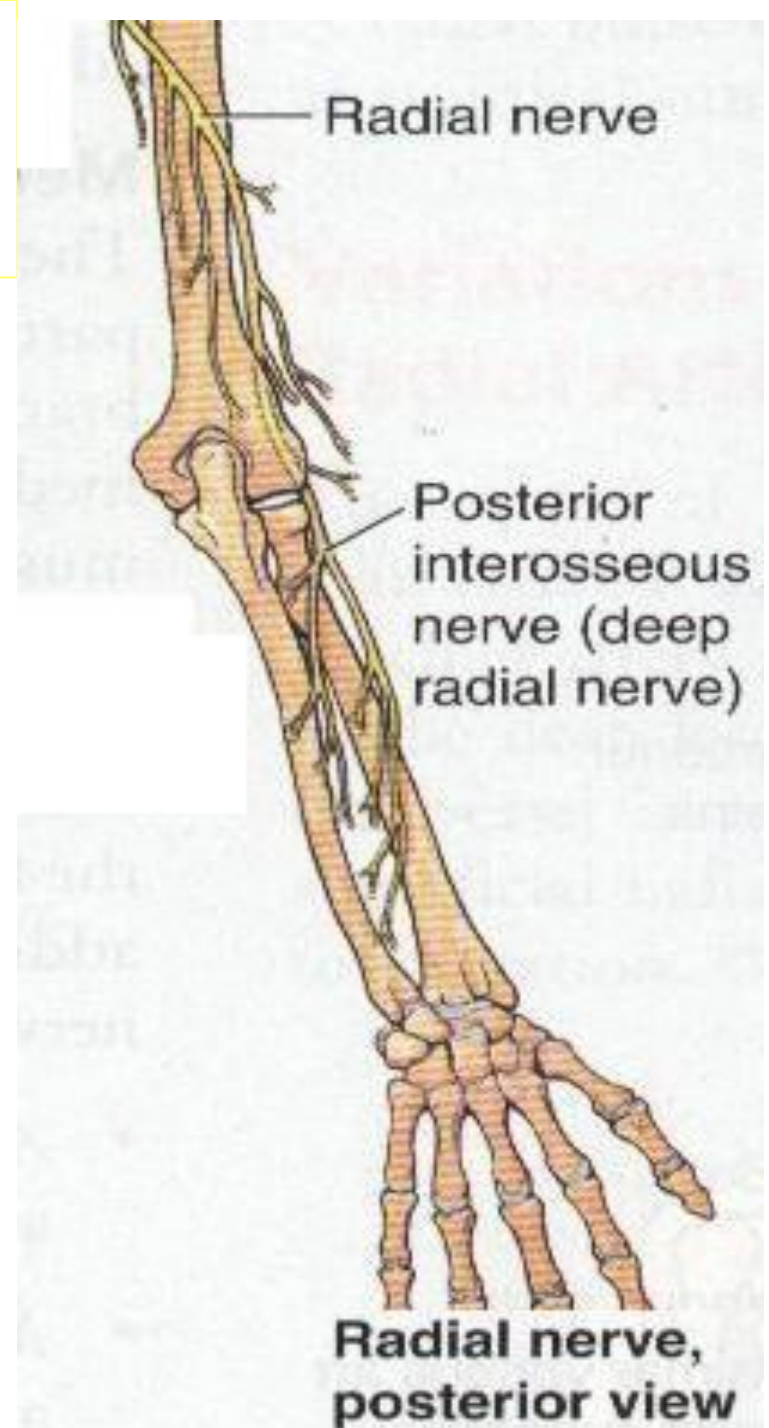
Lateral Compartment



Arteries of Posterior Compartment

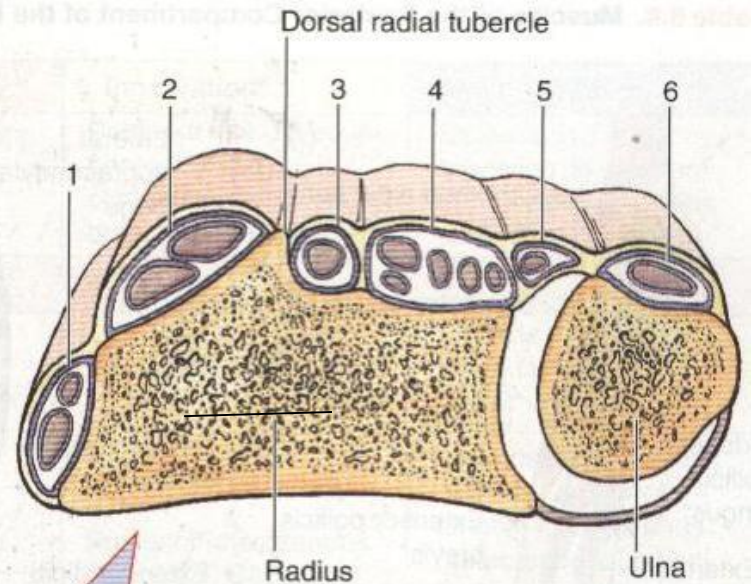


Nerves of Posterior Compartment



Synovial tendon sheath

Intertendinous connection



(B) (Oblique) transverse section at level indicated in A

Extensor digiti minimi (5)

Extensor carpi ulnaris (6)

Tendon sheath for
Extensor digitorum (4)
Extensor indicis

Plane of section of B

Extensor retinaculum

2

Extensor carpi radiales (2)
Longus
Brevis

3

Extensor pollicis longus (EPL) (3)

1

Abductor pollicis longus (APL) (1)
Extensor pollicis brevis (EPB) (1)

Dorsal radial tubercle

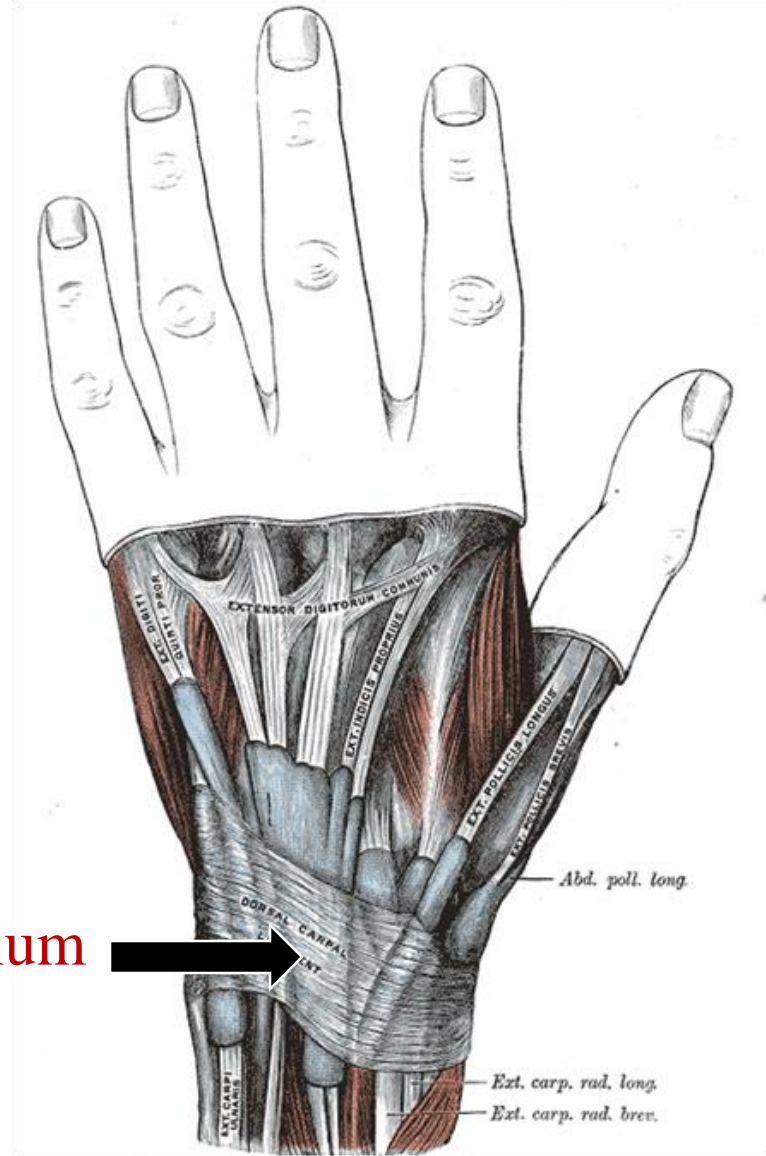
Posterior view

5

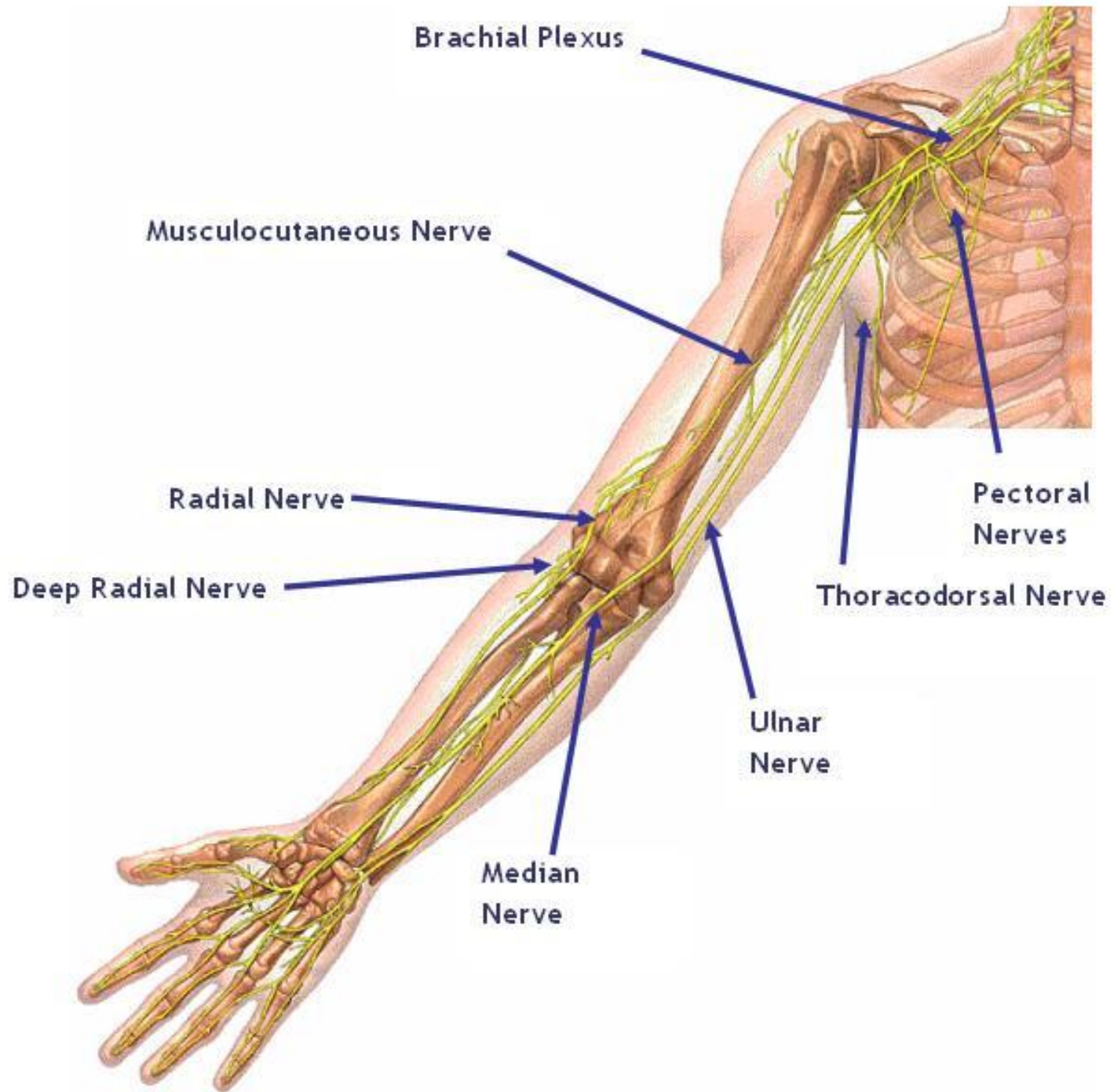
6

4

Extensor retinaculum

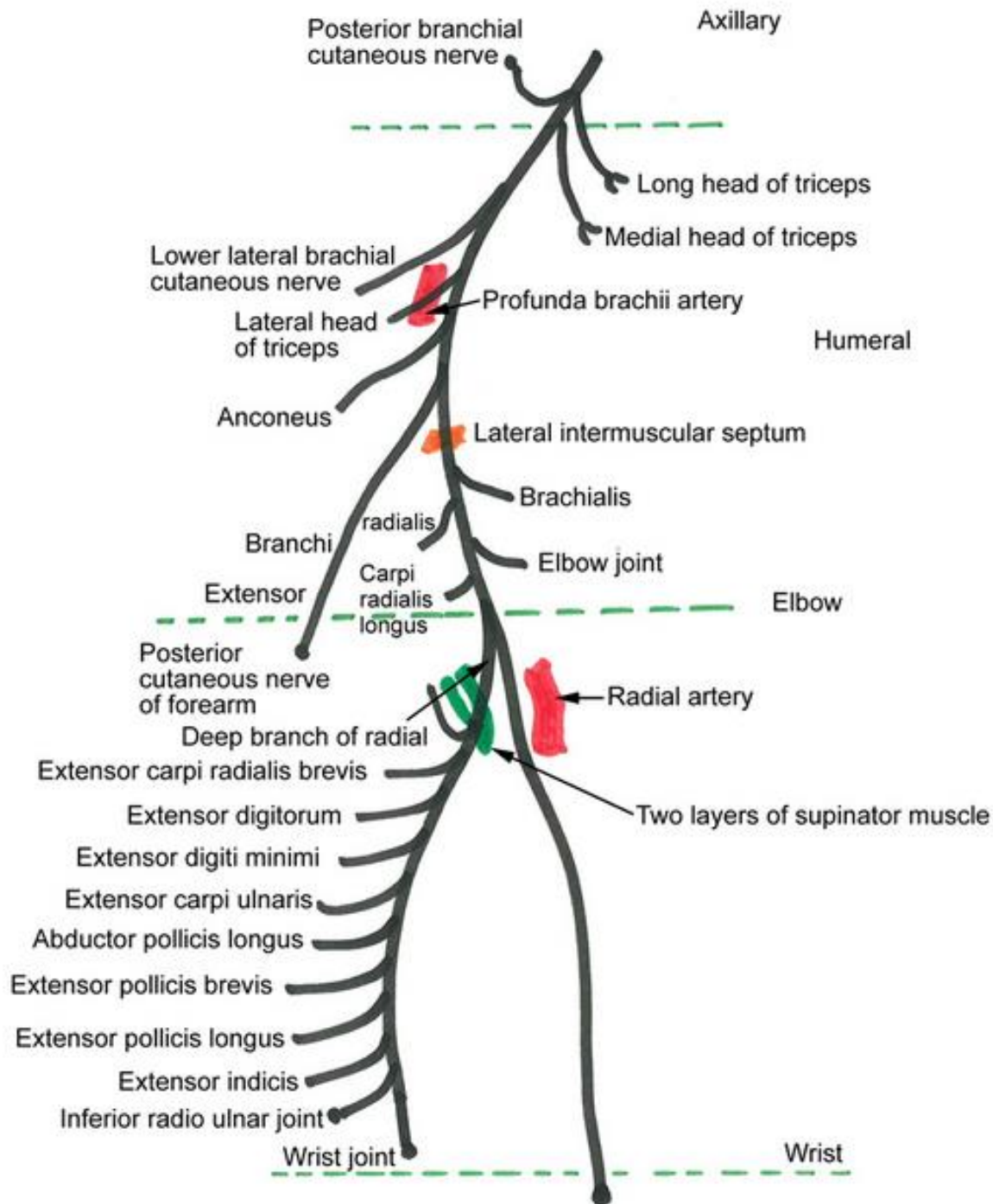


Extensor retinaculum



RADIAL NERVE PALSY



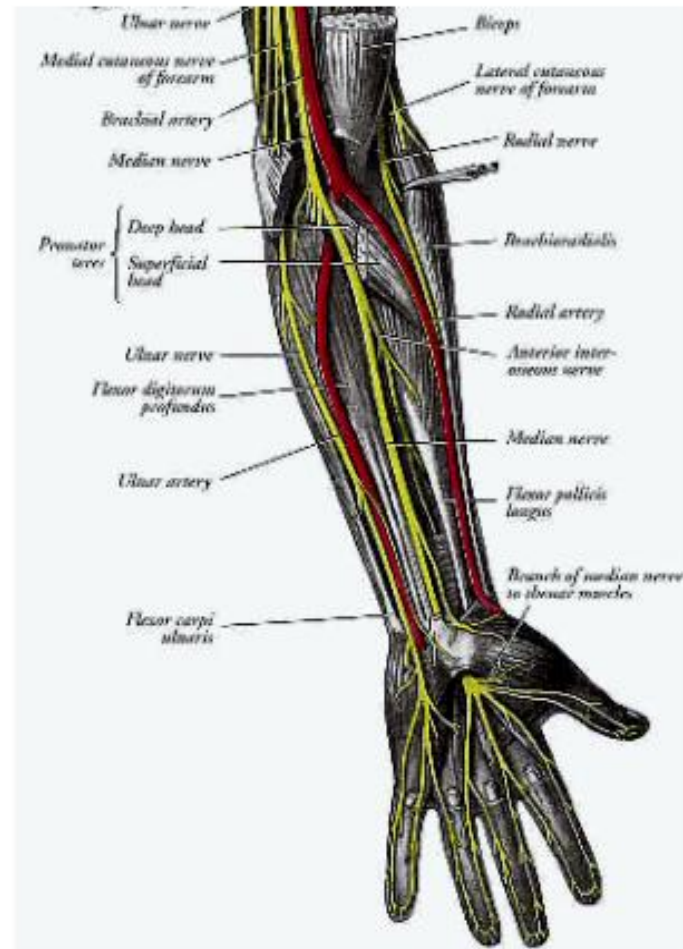


- In the anterior compartment nerve lies between brachialis (medially) and brachioradialis and extensor carpi radialis (laterally)
- Here it is accompanied by radial collateral artery

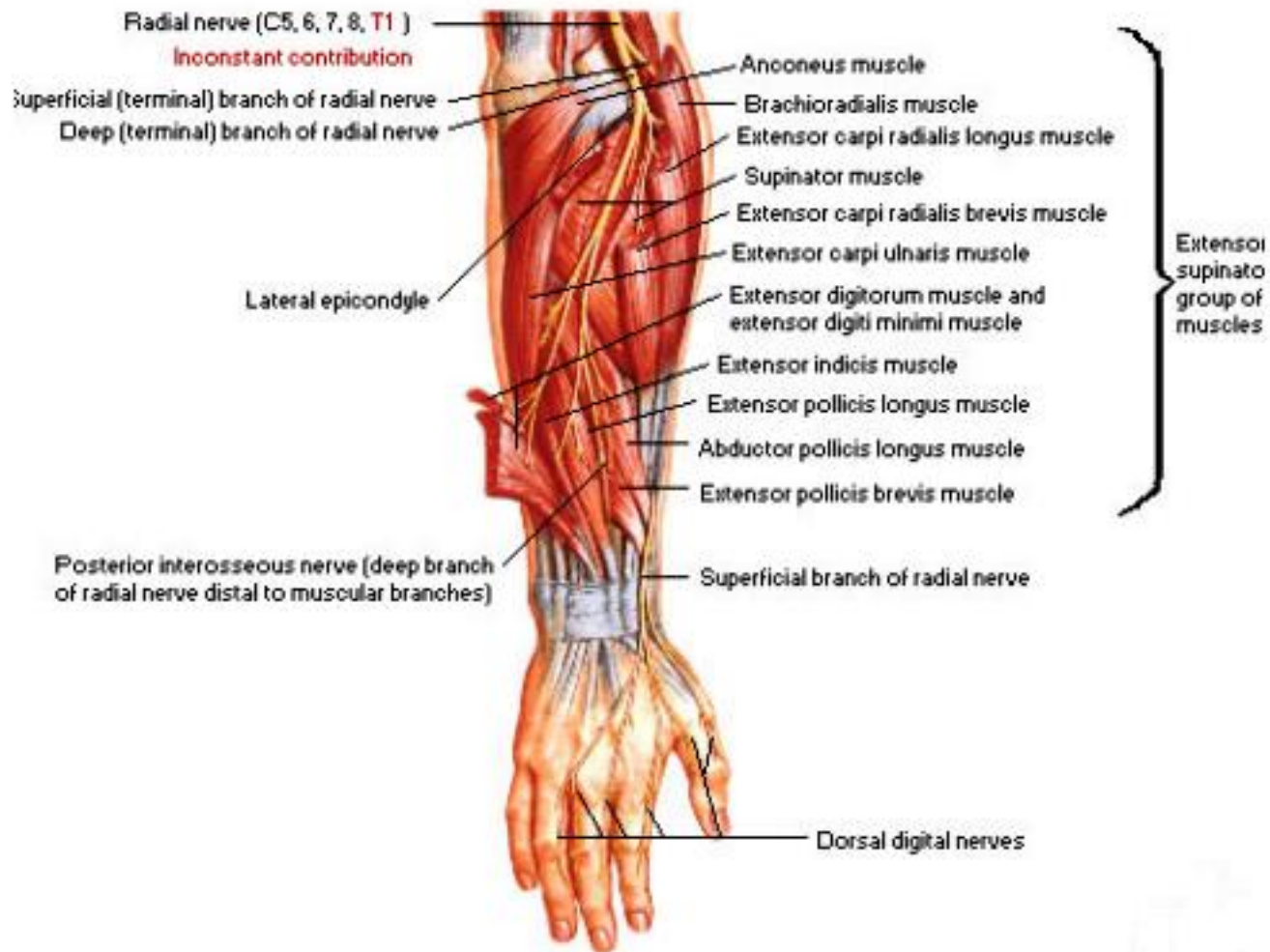


Superficial terminal branch

- In the forearm the superficial branch descend between brachioradialis anteriorly and supinator posteriorly lying lateral to radial artery
- In the middle third it lies posterior to brachioradialis, lying successively on pronator teres, FDS (radial head) and FPL and lateral to radial artery

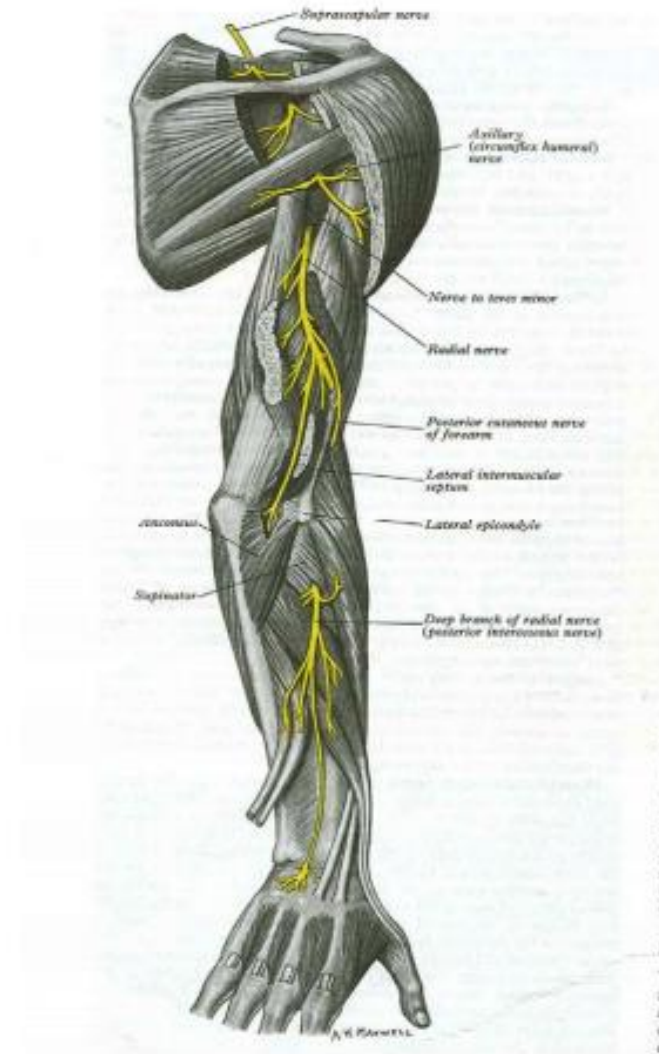


- About 7 cm proximal to the wrist nerve leaves the artery
- passes deep to the tendon of brachioradialis
- Curves around the lateral side of radius
- Pierces the deep fascia
- Divides into 4 or 5 digital nerves on the dorsum of hand. it communicates with posterior & lateral cutaneous nerves of forearm
- Supplies radial half of the dorsum of the hand, proximal part of the dorsal surface of thumb, index finger & the lateral half of the middle finger



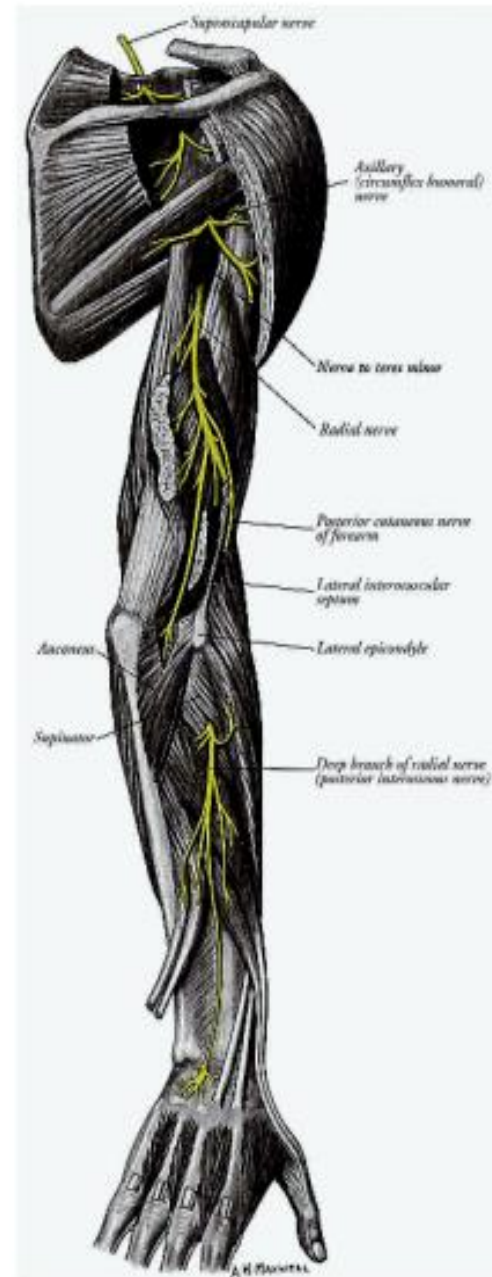
Deep branch of radial nerve

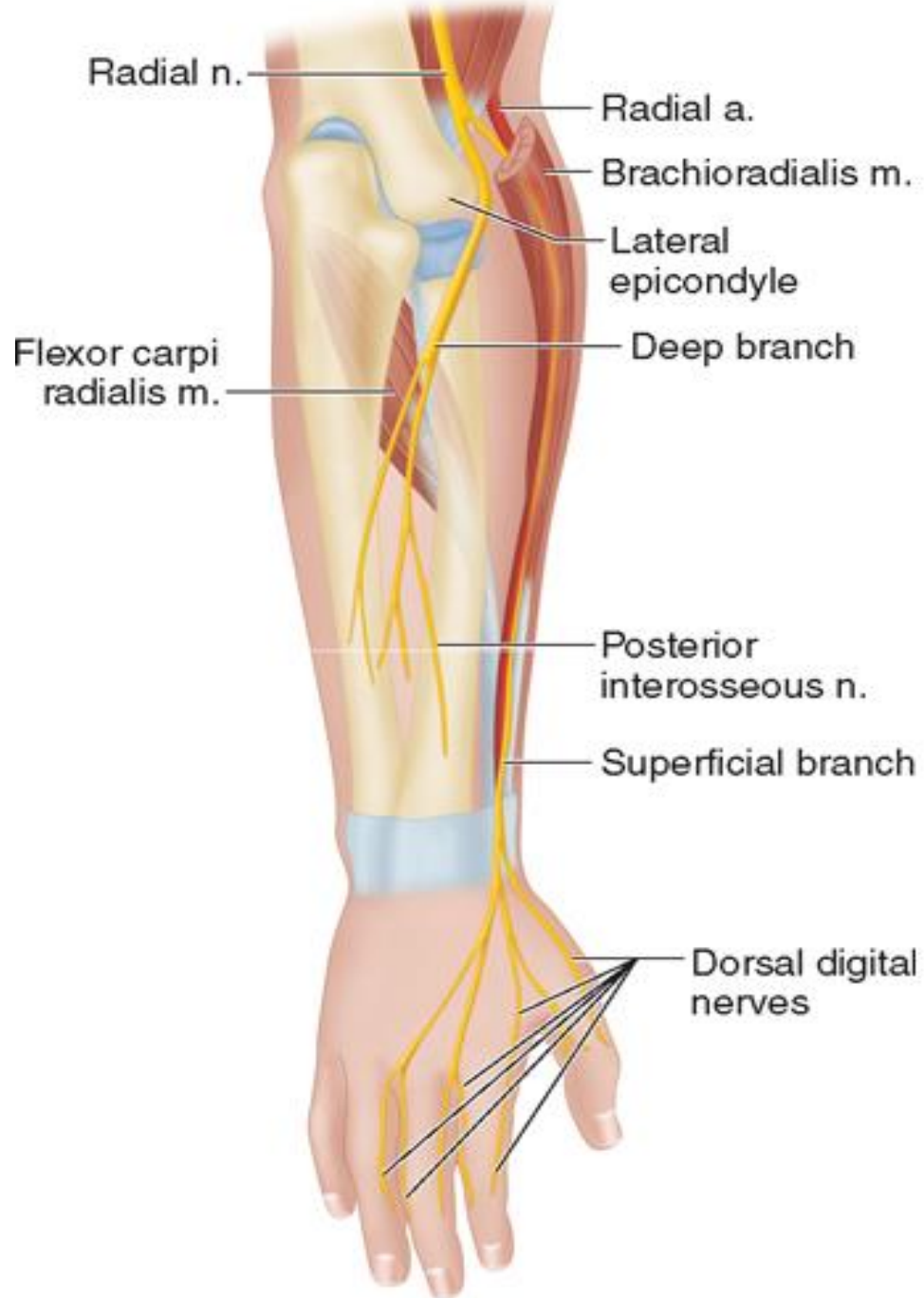
- Deep terminal branch reaches the back of forearm by passing between two heads of supinator
- before piercing supplies ECRB and supinator



Posterior interosseous nerve of forearm

- it is deep branch of radial nerve in forearm
- Reaches the back of forearm by passing between the two heads of supinator
- Descends between the superficial & deep group of extensor muscles lying on the interosseous membrane





- The upper part of nerve is accompanied by posterior interosseous artery but the lower part is accompanied by anterior interosseous artery
- Terminates in to a pseudoganglion and ends by supplying the wrist and carpal joint
- **Branches :**
- Muscular –supinator
 - ED,EDM &ECU
 - Divides into lateral & medial branch

- lateral branch supplies APL & EPB
- Medial branch supplies EPL & EI
- Articular branch: to wrist joint, distal radioulnar joint, some intercarpal & intermetacarpal joint
- Sensory branches :to interosseous membrane, radius & ulna

Lesion of posterior interosseous nerve

- Lesion produces wrist drop
- Produced due to paralysis of extensors & unopposed action of flexors
- Supination though not lost, is weak since it can be produced by biceps

Posterior interosseous nerve syndrome

weakness or paralysis of the wrist and digital extensors. Pain may be present, but it usually is not a primary symptom. Attempts at active wrist extension often result in weak dorsoradial deviation as a consequence of preservation of the radial wrist extensors but involvement of the extensor carpi ulnaris and extensor digitorum communis.

These patients do not have a sensory deficit.

Rarely, compression of the posterior interosseous nerve may occur after bifurcation into medial and lateral branches.

•Clinical correlates

1. Brachial Pulse and Blood Pressure: The brachial pulse palpation and measuring **blood pressure** can be done immediately medial to the **biceps tendon** in the cubital fossa. The stethoscope must be placed there, to hear the korotkoff sounds.

2. Venipuncture

The median cubital vein is located superficially within the roof of the cubital fossa. It connects the **basilic** and **cephalic** veins, and can be accessed easily – this makes it a common site for venipuncture.

Thank you