

TOPIC	QUESTIONS	KNOWLEDGE (essential in bold)	NOTES
<p>Question 1: Bone Bones of the foot LOA: 2</p>	<p>Identify the bones of the tarsus and foot</p> <p>What are the major dorsiflexors of the foot and where do they attach</p>	<p>Talus – body, neck, head, trochlea Calcaneus – tuberosity, Navicular – tuberosity, Cuboid Cuneiforms – medial, intermediate & lateral Metatarsals - 1-5 Phalanges – prox, middle & distal</p> <p>Tib anterior – base 1st met, med cuneiform EHL – middle & distal ph EDL – distal ph F Tertius – base of 5th met</p>	<p>Name all bold</p> <p>3 of 4</p>
<p>Question 2 Xray Elbow LOA: 1</p>	<p>Identify the bony features on this XRay</p> <p>What factors determine the stability of the elbow joint?</p>	<p>Medial/lateral epicondyles, capitellum, olecranon, radius-head/ neck, olecranon fossa, coronoid fossa, trochlea, proximal radio-ulnar joint, coronoid process of ulnar</p> <p>Bony factors-shape of trochlea /olecranon fossa Joint capsule-fibrous joint capsule weak Ligaments- radial collateral ligament- lateral epicondyle and blends with the annular ligament of the radius (holds the radial head in the radial notch of the ulnar). Medial ulnar collateral ligament (3 bands) from medial epicondyle to the coronoid process and olecranon of the ulnar</p> <p>Muscles- biceps, brachialis, (BR) , triceps</p> <p>RCL and UCL and annular ligament</p>	<p>6 to pass</p> <p>3 of 4 bolded</p> <p>Prompt – what are the ligaments of the elbow jt</p>

<p>Question 3 Photo Extracranial facial nerve</p>	<p>Name the branches of the facial nerve and indicate their position in the photo</p> <p>What is its main function?</p> <p>What else does it supply?</p>	<p>Forms parotid plexus in gland with 5 branches 5 Buccal 15 Marginal mandibular, 25 Temporal, 27 Zygomatic, cervical (not seen)</p> <p>Motor nerve to muscles of expression + digastric, stylohyoid & stapedius</p> <p>taste anterior 2/3 tongue, skin close to external acoustic meatus, lacrimal gland, sublingual and submandibular glands</p>	<p>4 of 5</p> <p>Prompt if necessary by Bold to pass</p> <p>Must note one</p>
<p>Question 4 Model Posterior compartment of leg LOA: 1</p>	<p>Identify the muscles of the posterior compartment of the leg?</p> <p>What is the nerve supply of these muscles?</p> <p>Using the model describe the course of this nerve in the leg?</p>	<p>Superficial – gastroc, soleus, plantaris</p> <p>Deep: Popliteus, FHL, FDL, Tibialis post</p> <p>b) Tibial branch of sciatic nerve</p> <p>c) Formed at apex of popliteal fossa by bifurcation of sciatic Runs vertically in pop fossa with pop artery, passing between heads of gastroc and deep to tendinous arch of soleus Runs inferiorly on tib posterior with post tib vessels Divides into medial and lateral plantar nerves under flexor retinaculum</p>	<p>1 superficial, 3 deep</p> <p>Must name nerve</p> <p>Comes from sciatica and terminates as plantar nn</p>
<p>Question 5: Discussion Superior mediastinum LOA: 2</p>	<p>Describe the vascular structures which lie in the superior mediastinum</p> <p>Can you name the other structures which lie in the sup mediastinum</p>	<p>Aorta Asc – technically in inf mediastinum. A rch – extends superiorly, posteriorly and left before heading inferiorly. Branches – BC trunk (which becomes RSC and RCC), L CC L SC</p> <p>Veins – L & R IJV and SCV each unite to form L&R BC vein. LBCV passes anterior to Ao arch/branches to meet RBCV and form SVC</p> <p>Thymus, Vagus nerves (R give R rec laryngeal looping around RSC art, phrenic nerves, trachea, oesophagus</p>	<p>Name all 3 branches of Ao arch & formation of BCVs Prompt (may well be needed!)</p> <p>Describe the arch aorta Describe the great veins in the upper chest Would you like to draw this? Bonus pts</p>

TOPIC	QUESTIONS	KNOWLEDGE (essential in bold)	NOTES
<p>Question 1: Bones Scapular LOA: 1</p>	<p>Identify the anatomical landmarks of this bone</p> <p>Demonstrate the muscular attachments on the posterior surface</p> <p>What are the muscles involved in ABduction of the shoulder joint</p>	<p>Glenoid, spine, supra/infra spinus fossae, subscap fossa, coracoid and acromion processes Suprascap notch, supra/infraglenoid tubercles, inf angle, med/lat border</p> <p>Superior - Lev scap, inf belly o-h, biceps/coracobra Medial – Lev scap, rh min/maj, lat dorsi Lateral – long hd triceps, teres min/maj, lat dors Supraspinatus and Infraspinatus Spine - Trapezius (sup) and Deltoid (inf)</p> <p>Intitiated by supraspinatus, then deltoid</p>	<p>Correct side and 6 of 7 of those in bold</p> <p>And 2 of the rest</p> <p>3 of 4 in bold plus 3 others</p> <p>Must know deltoid</p>
<p>Question 2 XRAY Knee, extra capsular and intra-articular lig LOA: 1</p>	<p>Identify bony structures are shown on this x-ray?</p> <p>What factors stabilise the knee joint</p> <p>Describe the attachments of the cruciate lig</p>	<p>Femur – condyles (medial & lateral), epicondyles (medial & lateral), Adductor tubercle Tibia – condyles (medial & lateral), tibial plateau, intercondylar eminence with intercondylar tubercles (medial & lateral) Fibular – head with apex, neck Patella</p> <p>1. Strength & actions of surrounding muscles and their tendons – most imp quadriceps femoris, esp inferior vastus medialis & lateralis 2. Ligaments connecting femur & tibia - Cruciates & collaterals (Most stable position = erect extended knee – articular surfaces most congruent, Cruciates and collaterals taut and jt splinted by many tendons)</p> <p>ACL attaches ant and runs up & laterally, PCL opposite</p>	<p>All bold plus 6 others</p> <p>Must ID muscle groups and all 4 main lig</p> <p>Must identify A/P tib attachments</p>

<p>Question 3 Photo Median nerve in hand LOA: 1</p>	<p>What structures can you identify in this image?</p> <p>What are the attachments of the flexor retinaculum and what does the carpal tunnel contain?</p> <p>Describe the median nerve supply in the hand</p>	<p>Median nerve, FCR, BR, FCU, FDS, FDP, ulnar nerve, ulnar artery, lumbricals, thenar muscles-APL, APB, FPB</p> <p>Boundaries: roof- flexor retinaculum, floor-scaphoid & trapezoid laterally, pisiform and hook hamate medially Contents: Median nerve, FDP, FDS, FPL, FCR</p> <p>Sensory- palmar-thumb and index and middle fingers, dorsal surface- distal aspect thumb, index, middle and half ring fingers Motor- LOAF muscles (lat 2 lumbricals, OP, APB, ,FPB)</p>	<p>Median nerve plus 4 muscles to pass</p> <p>3 of 4 flex ret attachments and 4 of 5 contents</p> <p>Both motor & sens to pass</p>
<p>Question 4 Model Lower limb - buttock region LOA: 1</p>	<p>The gluteus maximus has been removed. Please identify the main structures seen here</p> <p>Can you demonstrate the course of the sciatic nerve and name the muscles that it supplies in the thigh</p>	<p>Sciatic nerve Piriformis Gemelli – sup/inf Obt internus Gluteus medius Ischial tuberosity/greater troch Quadratus femoris, obt ext</p> <p>Muscles of the posterior compartment of the thigh - Common fibular part – supplies short head biceps femoris - Tibial part – supplies the rest, namely; Long head biceps femoris Semitendinosus Semimembranosus Hamstring portion of adductor magnus</p>	<p>2 bold and 2 others to pass</p> <p>2 of 4 muscles and nerve is deep to hamstrings and bifurcates to named terminal branches</p>
<p>Question 5 Discussion Posterior abdomen, retroperitoneal compartment LOA: 2</p>	<p>Describe the course and branches of the abdominal aorta</p> <p>What is the relationship of the IVC to the aorta</p>	<p>aortic hiatus of diaphragm at T12 Ends at bifurcation to common iliac aa at L4 Branches: - Coeliac (T12), SMA (L1), IMA (L3); Suprarenal (L1), renal (L1), gonadal (L2); Subcostal (L2), Inferior phrenic (T12), Lumbar (L1-L4) (2 of minor branches) IVC: lies posterolateral and to the R. Leaves abdomen through caval opening of diaphragm at T8 Drains from lower limbs and non-portal blood Tributaries correspond to paired vessels of Ao</p>	<p>3of bold, 1 of non-bold</p> <p>Behind and to the R</p>

TOPIC	QUESTIONS	KNOWLEDGE (essential in bold)	NOTES
<p>Question 1: Bone Clavicle LOA: 2</p>	<p>a) Identify and describe the features of this bone <i>Prompt- what other bones does it articulate with?</i></p> <p>b) What structures stabilise the acromioclavicular joint <i>Prompt – what ligaments?</i></p>	<p>Name and side bone Medially- sternal end, articulates with manubrium Laterally- articulates with acromion Inferiorly-conoid tubercle and trapezoid line, for coracoclavicular ligament; subclavian groove; Impression for the costoclavicular ligament</p> <p>Ligaments of the joint Acromioclavicular ligament Corococlavicular ligament – conoid and trapezoid components</p>	<p>All bold and 3 other features</p> <p>Name both ligaments</p>
<p>Question 2 Xray Ankle LOA: 1</p>	<p>1. Identify the bony features on this xray</p> <p>2. Please describe the ligamentous attachments of the ankle joint</p>	<p>Fibula/lateral malleolus Tibia/medial malleolus Talus head, neck, body Navicular, Calcaneus, metatarsals</p> <p>3 lateral ligaments – anterior talofibular (weak) - post talofibular (runs med, strong) - calcaneofibular (round cord, passes post/inf from tip of fibula)</p> <p>1 Medial ligament – deltoid ligament – medial malleolar attachment fans out to ant/post talus, calcaneus and navicular</p>	<p>Bold to pass</p> <p>Bold plus 2 out of 3 lateral ligaments named</p> <p>Bold to pass</p>
<p>Question 3 Photo Femoral artery LOA: 1</p>	<p>Using this photograph describe the course and relationships of the femoral artery</p> <p>Prompt</p>	<p>Continuation of external iliac A. , enters femoral triangle deep to midpoint of inguinal ligament (midway between ASIS and pub tub) lateral to femoral vein, posterior/ deep to fascia lata, anterior / lies on (1 of 2) iliopsoas and pectineus, medial to femoral nerve. Fem artery continues down thigh deep to Sartorius and pass through adductor canal and becomes popliteal art at adductor hiatus</p>	<p>All bold</p>

	<p>Describe the branches of the femoral artery</p> <p>Prompt: what branch supplies the head of femur</p>	<p>Profunda femoris (“deep artery of thigh”!) branches off post-lat in triangle to supply thigh, passes behind add longus. Gives med and lat cx fem arteries. Med cx fem supplies NOF</p> <p>4 branches anterior part in fem triangle (superf epig, superf cx iliac, superf and deep external pudental)</p>	<p>Profunda and 1 other.</p>
<p>Question 4 Model Extraocular muscles LOA: 1</p>	<p>Identify the muscles responsible for eye movement and describe their function</p> <p>What is the nerve supply to these muscles?</p> <p>What are the effects of an oculomotor nerve palsy?</p>	<p>Supr (elev, add), medial, inferior (dep, add), lateral rectus</p> <p>Superior oblique (dep, abd) and Inf (elev, abd) oblique.</p> <p>Oculomotor (III) N to all, except Abducent (VI) N (Lat Rectus) and Trochlear (IV) to Supr oblique.</p> <p>Dep and Abd – dilated pupil, ptosis.</p>	<p>All bold</p> <p>3rd N and one other to pass</p>
<p>Question 5 Discussion Lungs LOA: 2 Page 199 Moore 6th</p>	<p>Can you describe the surface anatomy of the lungs and pleura?</p> <p>What are the anatomical structures to consider when inserting a lateral chest tube?</p>	<p>R Lung- Apices of L & R lung begin in supraclavicular fossa</p> <p>Lungs and visceral pleura run parasternal to 6th costal cartilage – then pass laterally to MCL 6th rib, MAL 8th rib, SL at 10th rib in contrast to parietal pleura which is at mid-clavicular line at 8th CC, 10th rib at mid-axillary line, 12th rib at scapular line</p> <p>Oblique fissure – spinous process T2 posteriorly – to 6th costal cartilage anteriorly</p> <p>Horizontal fissure R extends from oblique fissure at level of 4th rib & costal cartilage</p> <p>Above the rib below to avoid neurovascular bundle The level 5th or 6th Intercostal space to above diaphragm Ant or Mid ax line to avoid long tx nerve posteriorly</p>	<p>Prompt if necessary</p> <p>2 of 5 bold</p>