

Lecture 11 RADIAL & ULNAR NERVES





- > Explain the formation of radial and ulnar nerves.
- > Describe the causes of the injuries of radial and ulnar nerves.
- > List the Branches of radial and ulnar nerves.
- > Describe the anatomy of the radial and ulnar nerves regarding origin, Course and Distribution.

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Introduction Boys' Slides

There are five main nerves leaving the brachial plexus, which with their branches supply the muscles and skin of the arms and hand.

Is one of the terminal branches of the posterior **Radial Nerve** cord and supplies the extensor muscles and the skin of part of the arm and hand.

Ulnar Nerve

Is the continuation of the medial cord and supplies the small muscles of the hand.



Radial Nerve



Origin:

• The largest of the five branches of the posterior cord of brachial plexus (C5, 6, 7, 8, T1)

• Begins in the axilla

Supply:

• Nerves of the <u>extensor</u> compartment: Muscles of the posterior compartment of the arm & the forearm (supplies the posterior portion of the upper limb)





Radial Nerve Branches in:

Axilla	 The radial nerve arises from the posterior cord of the brachial plexus It descends behind the 3rd part of axillary artery, and crosses the lower border of the posterior axillary wall (in front of the subscapularis, the teres major, and the latissimus dorsi muscles) Lies on the glistening tendon of latissimus dorsi passes through triangular space Triangular space boundaries: Teres major (proximal), Latissimus Dorsi (medial), shaft of humerus (lateral).
Arm	 The radial nerve then deviates posteriorly to pass through the triangular space with the profunda brachii artery to enter the upper arm Then, winds around the back of the arm and passes in the Spiral Groove of the humerus obliquely downwards and laterally between the lateral and medial heads of the triceps. In the spiral groove, the party is accompanied by the Profunda Vessels.

In the spiral groove, the nerve is accompanied by the Profunda Vessels and it lies directly in contact with the shaft of the humerus (**a Dangerous** Position).

Deltoid Tuberosity



Radial Nerve Branches in:

Forearm	 It pierces the Lateral Intermuscular septum to enter the anterior compartment of the arm (7.5 cm) above elbow joint. Anteriorly, it descends in deep groove between the brachialis and brachioradialis muscles anterior to the Lateral Epicondyle. Descends in front of the Lateral Epicondyle. Passes forward into the Cubital Fossa. At about the level of the lateral epicondyle, the radial nerve terminates by dividing into superficial & deep terminal branches









Radial Nerve



Forearm branches	Divides into: 1.Superficial branch: Continuation of the radial nerve, Purely cutaneous. 2. Deep branch (Post. interosseous).
Branches close to Lateral Epicondyle (flexor compartment of the arm)	Articular: To the elbow joint. Muscular: Lateral brachialis, Brachioradialis, Extensor Carpi Radialis Longus (ECRL)

Terminal Branches of Radial Nerve

Deep branch (Post. interosseous): (Supplies these muscles on the radial side and dorsal surface of the forearm)	Superficial branch
Course: It winds around the neck of the radius, within the supinator muscle (by piercing the supinator muscle) and enters the posterior compartment of the forearm	 Continuation of Radial nerve, purely <u>cutaneous</u> Runs down the flexor part of the forearm Winds around the lower end of the radius deep to brachioradialis Then crosses the pollicis muscles (ABL.EPL.EPB) to reach the back of the hand. Towards snuff box
Muscular: 1 Extensor carpi radialis brevis. 2 Supinator. Cubital fossa 3 Extensor carpi ulnaris. Extensor part 4 Extensor digitorum	Supplies: -The Superficial branch is a terminal division of Rn & a sensory nerve supplying the majority of the dorsum of the hand

-The skin on the lateral (radial two and half digits or three and a half of proximal phalanges (fingers) -The skin of half/two third the dorsum of hand

5 Extensor digiti mini
6 Abductor pollicis longus.
7 Extensor pollicis brevis.
8 Extensor pollicis longus

9 Extensor indicis.



Radial Nerve Injury

Note: most of the text of this topic is from Girls' slides since it covers more information

Radial nerve	Most common fracture of the shaft of the humerus
may occur at any point along the course	Stab wounds in cubital fossa, forearm or wrist.
of the nerve.	Pressure of crutches on armpits "crutch palsy"
Manifestations	 Wasting of triceps and posterior compartment of forearm "Wrist Drop" deformity at rest and on attempted wrist extension The forearm is also pronated, the fingers are flexed and the thumb adducted.

Radial nerve Injury in the axilla

- Post. dislocation of the shoulder joint, or axillary wounds.
- All motor and sensory function below the axilla will be affected.

It results in:

- 1- Loss of elbow extension due to paralysis of the triceps.
- 2- Inability to extend wrist and fingers due to paralysis of all carpal extensors and paralysis of all digital extensors.
- 3- Inability to supinate the extended forearm due to paralysis of supinator
- 4- Wrist (hand) drop: this is the characteristics deformity in the hand following radial nerve injury, manifested by:
 - flexion of the fingers due to paralysis of the digital extensors.

5-loss of cutaneous sensations over a small area on the lateral side of the dorsum of the hand

Why? Due to Overlapping by the median and ulnar nerves

Radial Nerve Injury

Transient paralysis

Boys

Slides

- Improper use of crutch (pressing the nerve in the axilla) **"CRUCH PALSY"**
- **Saturday night palsy** (droping the arm over the chair in a state of diminished consciousness)





Sensory loss is minimal over the <u>1st dorsal interosseous</u>, why?

Due to Overlapping by the median and ulnar nerves





Injury of the deep branch (Post. interosseous) Majority of the muscles in posterior forearm are affected & the patient will experience weakness of finger extension.

"Wrist Drop does not occur" Bc: The nerve supply to the extensor carpi radialis longus & supinator, will be unaffected + lateral muscle is powerful therefore it will keep the wrist joint extended. (No wrist Drop)

Occurs due to:

- Fractures of the proximal end of the radius (radial head).
- Posterior dislocation of the radius (head).

Sensory loss \rightarrow None

Due to Overlapping by the median and ulnar nerves.

Summary Of Radial Nerve



HAND

Team 438: Injury like a stab wound, results in a variable small area of anesthesia over the dorsum of the hand and lateral three and half fingers up to the base of their distal phalanges. (or distal interphalangeal joint). Skin over lateral part of dorsum of hand and lateral 3 ½ digits till the middle phalanx.

Ulnar Nerve



Origin

- Begins in the axilla.
- Continuation of the medial cord.

Supplies

- Some flexors muscles on ulnar side of the forearm.
- Most of the intrinsic muscles of the hand.
- Skin of the the ulnar one and half digits.











- Divides into superficial and deep divisions
- Articular with the wrist

Ulnar Nerve Branches

Both Arm, Axilla, and Cubital fossa have no Branches.

In Forearm :

Supplies some flexors muscles on ulnar side of the forearm.

Muscular to: (1 and 0,5 muscles)

1- Flexor Carpi Ulnaris.

2- Medial half of Flexor Digitorum profundus.

Articular to:

Articular to : Elbow joint.

(-The ulnar nerve then travels alongside the Ulna bone of the forearm into the wrist.
- in the lower part of the forearm the ulnar nerve Lies lateral to the FCU and medial to ulnar Artery.)

Cutaneous to:

1- Dorsal (posterior) cutaneous : Supplies the skin over the back of the Medial of the hand and Medial $1+\frac{1}{2}$ fingers.

2-Palmar cutaneous : Supplies the skin over the medial third of the palm.

Terminal Branches (Wrist) :

Deep branches: Muscular to:

- Hypothenar Eminence.
- All interossei (Palmar and Dorsal).
- 3rd and 4th (Radial) Lumbricals.
- Adductor pollicis (ends by supplying it).

 Superficial Branches : Muscler to: Palmaris Brevis.
 Cutaneous to: Supplies the skin over the Palmar aspect of the medial 1+1/2 fingers(including nail beds).

<u>Note</u>: Most of the text here is from Girls' slides since it covers more information

Applied Anatomy : Ulnar Nerve injury



Nerve compression or injury at any point at its course

Most common sites are:

- Elbow
- At the wrist

Manifestations:

- Deformity
- Motor loss
- Sensory loss

Injury at Elbow:

Muscles of the front of the forearm:

Deformity: Claw hand

- The ring and little fingers are flexed.
- Hyperextension of MP joints & flexion of IP Joints of the ring and little fingers.
- Atrophy of the dorsal interosseous spaces and hypothenar eminence.
- Cannot adduct the thumb.
- If combined with median nerve injury will result in complete claw

Injury at Wrist:

Muscles of the front of the forearm: sparedMuscles of the hand: affected.

 FCU and medial ½ of FDP: weak flexion of the wrist and cannot adduct the hand: radial deviation

Muscles of the hand:

- Interossei and medial 2 lumbricals:
- Weak adduction and abduction of the fingers
- Extension of MP joints and flexion of IP joints of 4th and 5th fingers.
- Adductor policis: loss of thumb adduction.

SENSORY: Loss of sensations from palmar and dorsal aspects of the medial 1/3 of the hand and medial 1 ½ fingers. • The deformity is severe: ulnar paradox (synonym for claw hand)

The higher the lesion the less the claw, while the lower the lesion the more the claw

SENSORY:

- Palmar and dorsal cutaneous branches: spared
- Palmar digital branches : loss of sensations over the palmar surface of medial 1 ½ fingers only.



Summary Of Ulnar Nerve



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Radial Nerve

Is one of the five branches of the posterior cord and also the largest branch of the brachial plexus. It is the nerve of the extensor compartment the arm and the forearm. In the spiral groove, the nerve lies directly in contact with the shaft of the humerus (a Dangerous position). Most commonly injured in fracture of the shaft of the humerus. The characteristic lesion is (WRIST DROP).

Ulnar Nerve

Is continuation of the medial cord which supplies some flexors muscles on ulnar side of the forearm, most of the intrinsic muscles of the hand and skin of the ulnar $1+\frac{1}{2}$ digits. It is most commonly injured behind the elbow followed by the wrist. The classical sign of a low lesion is (CLAW HAND).

Helpful Images



MCQS

	Most commonly i	njured nerve is?	
A-Ulnar Nerve	B-Radial Nerve	C-Brachial Nerve	D-Median Nerve

What	cause an atrophy of	Ulnar side of forearm?	
A-Ulnar Nerve	B-Ulnar Nerve	C-Radial Nerve	D-Radial Nerve
Activation	injury	Activation	injury

The Radial nerve enters the upper limb between?

A-Lateral and Medial	B-Long and Medial	C-Long and Lateral	D-Heads of biceps
Heads of triceps	Heads of triceps	Heads of triceps	

	Injury of Radial nerve at Axilla Cause:		
A-Wrist droping	B-Extension of Finger	C-Extension of Elbow	D-Flexion of shoulder

5		Which nerve injury causes a claw hand?		
	A-Radial Nerve	B-Median Nerve	C-Brachial Nerve	D-Ulnar Nerve



MCQS

Most commonly injured part of Ulnar nerve is?				is?
	A-at wrist	B-Behind the elbow	C-Shoulder	D-A&B

Supplies the	skin over the palmar a	aspect of the medial O	ne + ½ fingers
A-Radial Nerve	B-Ulnar Nerve	C-Brachial Nerve	D-Median Nerve

The Radial nerve arises from the __ of the brachial plexus

	A- Lateral	B-medial	C-Anterior	D-Posterior			
	A paralysis draping the arm over the chair in a state of diminished consciousness						
	A-Saturday night palsy	B-Honeymoon palsy	C-Improper use of crutch	D-Stroke			
L	The Radial nerve supplies The Compartment						
	A-Flexors	B-Abductors	C-Extensor	D-adductors			





MCQS

A tennis player complains of pain and weakness in the forearm and difficulty gripping the racket. The symptoms worsen during backhand swings. Which of the following nerves could be implicated?

A-Axillary Nerve	B-Ulnar Nerve	C-Median Nerve	D-Radial Nerve

A data entry specialist reports numbness and tingling in the ring and little fingers of her both hands. The symptoms are more pronounced when typing. What is the most likely cause of her symptoms?

	A-Radial Nerve	B-Ulnar Nerve	C-Interosseous Nerve	D-Median Nerve
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Which of the following intrinsic hand muscles is innervated by the ulnar nerve?

A- Adductor pollicis	B-Extensor Indicis	C-Abductor pollicis	D-Extensor pollicis
		brevis	brevis

1	Which of the f	ollowing muscles is inn	nervated by the radial	nerve in the arm?
	A-Biceps brachii	B-Brachialis	C-Triceps brachii	D-Pronator teres
1	Which of t	he following stateme as it travels	ents is the course of t down the arm?	he ulnar nerve
	A-Anterior to the humerus	B-Medial to the humerus	C-Posterior to the humerus	D-Lateral to humerus



SAQS

What are the two main Muscles that is supplied by the Ulnar Nerve at the forearm?

I- Flexor Carpi Ulnaris.2- Medial half of Flexor Digitorum profundus.

The Radial Nerve

What is the largest branch of the brachial plexus?





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