

Shoulder Joint

Type
Synovial
Ball-and-Socket

Articulation
Round head of Humerus
Shallow Pear Shaped Glenoid Cavity
Glenoid Labrum

Bursae
lubricating mechanism
Subacromial bursa
Subdeltoid bursa
Subscapularis bursa
Subcoracoid Bursae

Dislocation
most vulnerable to dislocation
50% of major joint dislocation in ER
Types
Anterior 95%
imbalance of the rotator cuff
Posterior often go unnoticed especially in an elderly
least likely form
less than 1%
luxatio erecta
Inferior caused By hyper abduction
high complication rate
vascular
neurological
tendons
ligament

Signs
pain felt past the shoulder, along the arm
Inability to move the arm
⚡ Numbness of the arm
Visibly displaced shoulder
👉 Might injure Axillary Nerve

Ligaments
Glenohumeral Ligament
Superior
Middle
Anterior inferior
Posterior Inferior
Transverse Ligament
Coracohumeral Ligament
Accessory Ligaments
Coracohumeral
Protect Upper part of Sholder
Prevent Superior Dislocation
The Coracoacromial Arch
Coracoid
Acromian
Coracoacromial Ligament
Prevents Superior Dislocation

Capsule
Attached
To the margin of Glenoid Cavity
Outside the Labrum
Anatomic neck of humerus
Laterally
Thin and Lax
Allowing More Free Movement
Strengthened by Rotator Cuff Muscles
Inferior Part of Capsule is weakest Point

Nerve Supply
Axillary
Suprascapular

Synovial Membrane
Lines the Capsule
Forms a tubular Sheath
Around Biceps Tendon

Movements
Permits Wide Range of Movements
Scarifying its Stability
Stability Mainly depends on Muscle tone
Remember this in Anesthesia
Rotator Cuff
90 degrees
Ant. Fibers of Deltoid
Pectoralis Major
Biceps
Coracobrachialis
Flexion
45 Degrees
Post. Fibers of Deltoid
Teres major
Extension
First 30 Degrees
Supraspinatus
Lateral Fibers of Deltoid
Abduction
Pectoralis Major
Latissimus Dorsi
Adduction
Teres Major
Teres minor
Lateral Rotation
Infraspinatus
Teres Minor
Posterior Fibers of Deltoid
55 degree
Subscapularis
Latissmus Dorsi
Medial Rotation
Teres major
Ant. Fibers of Deltoid
Circumduction