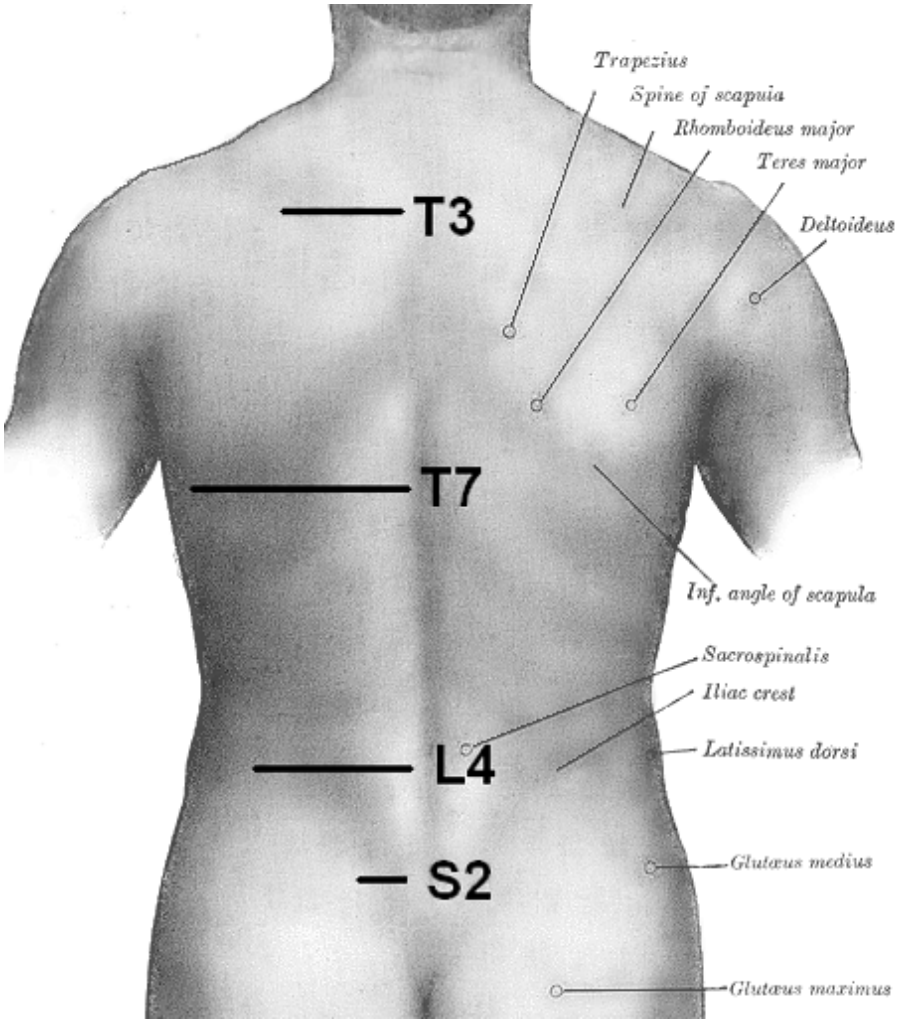
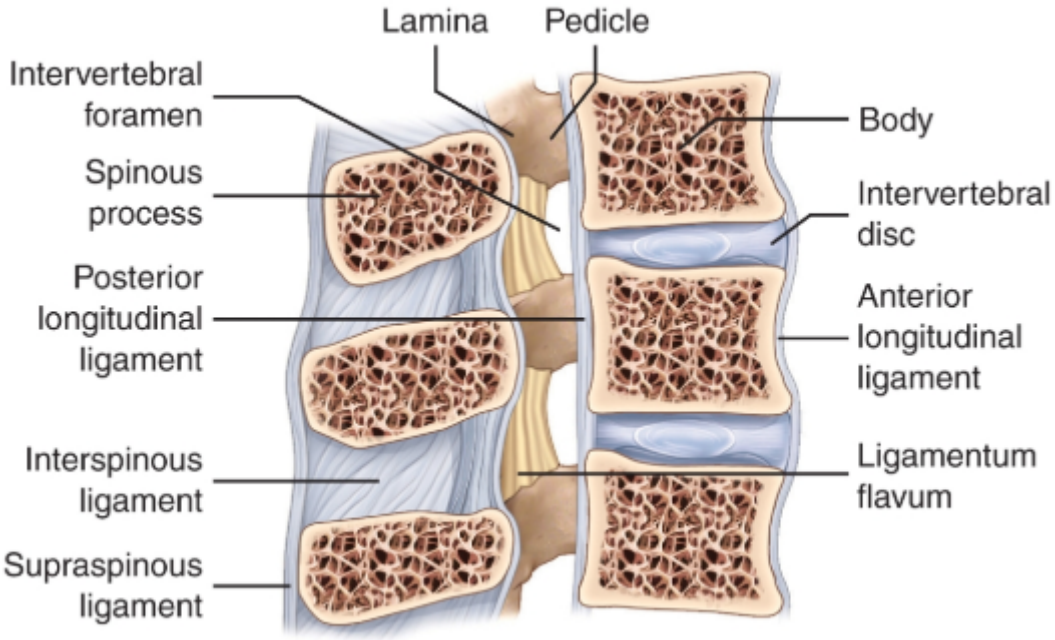
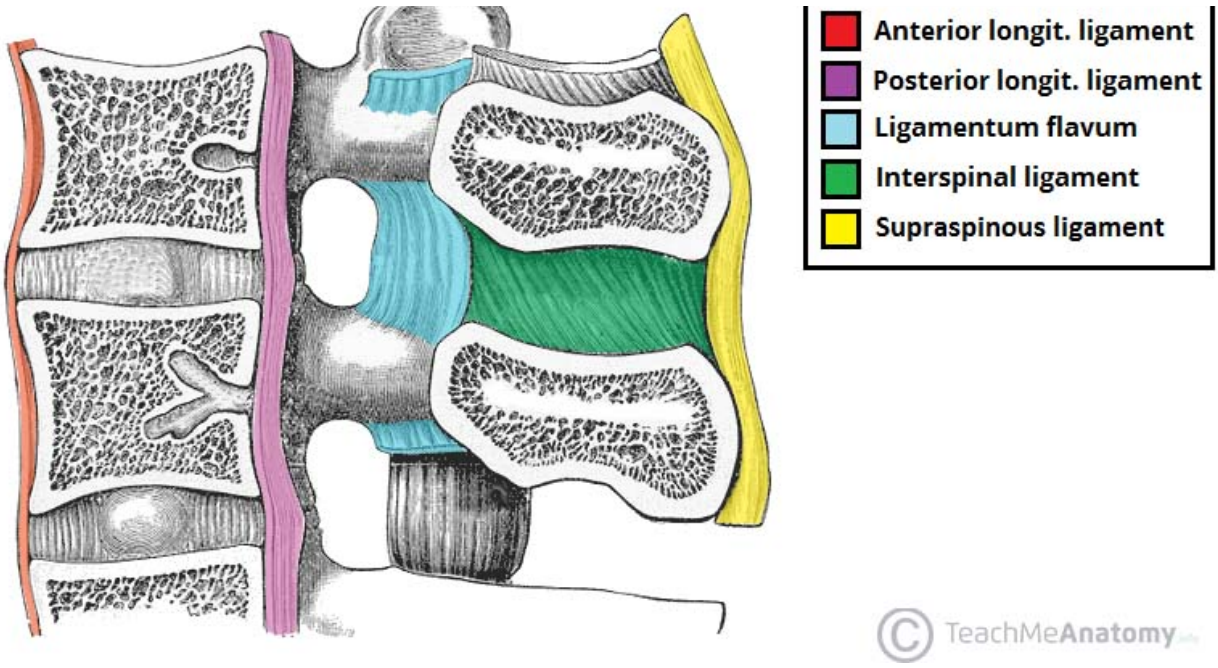
Back/spine

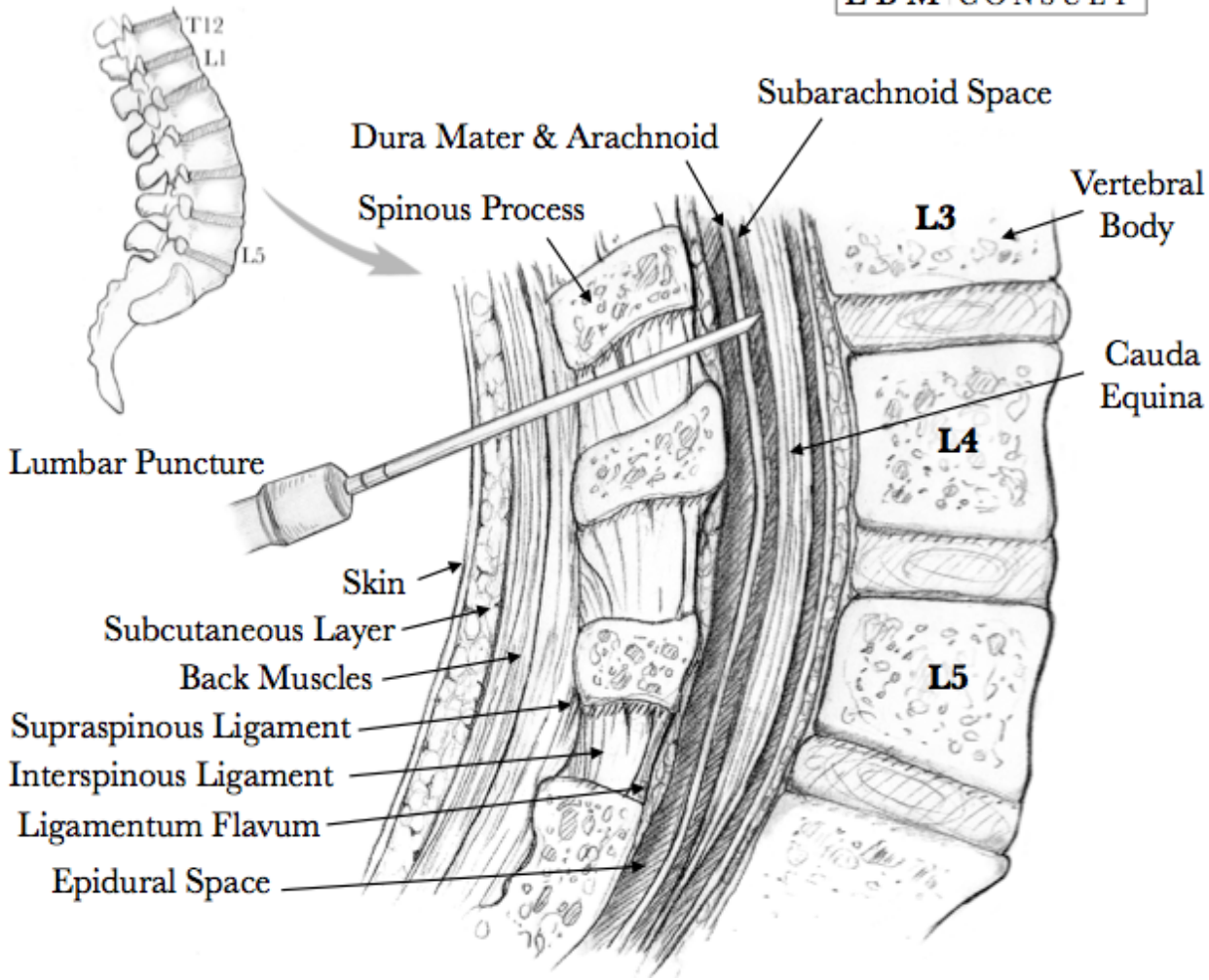

Trapezius
Spine of scapula
Rhomboideus major
Teres major
Deltoideus
T3
T7
Inf. angle of scapula
Sacrospinalis
Iliac crest
L4
Latissimus dorsi
S2
Glutæus medius
Glutæus maximus


Lamina
Pedicle
Intervertebral foramen
Spinous process
Posterior longitudinal ligament
Interspinous ligament
Supraspinous ligament
Body
Intervertebral disc
Anterior longitudinal ligament
Ligamentum flavum



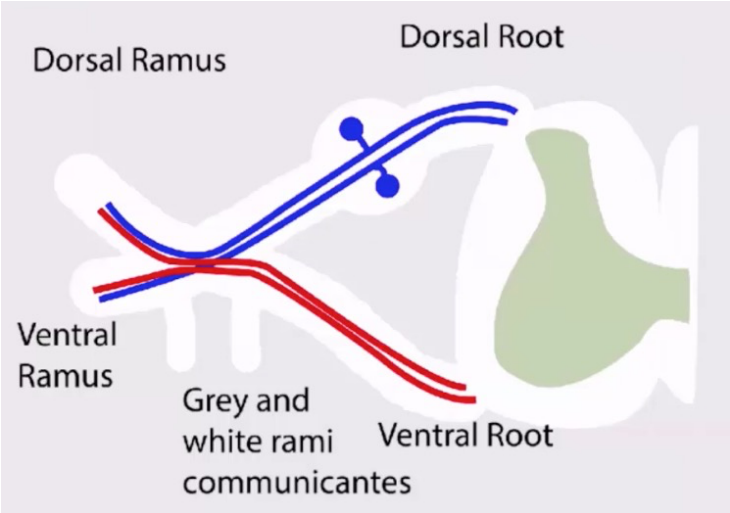
Lumbar Puncture

EBM CONSULT



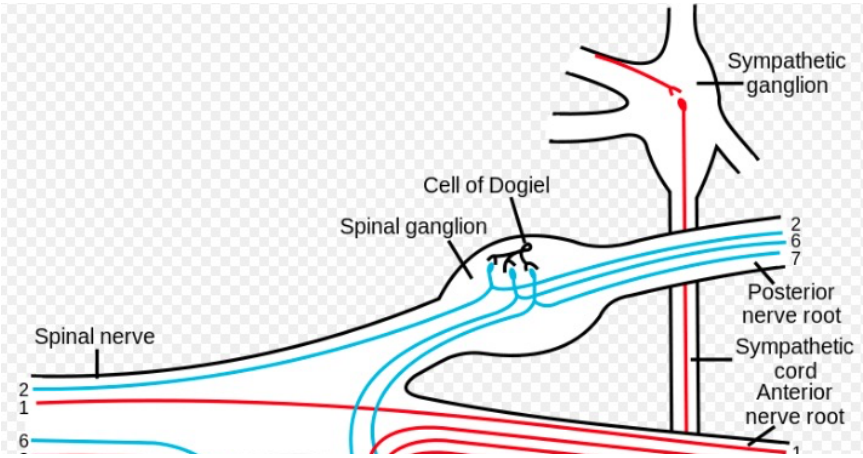
REGIONS	SPINAL SEGMENTS	VERTEBRAL LEVEL	GENERAL RULE

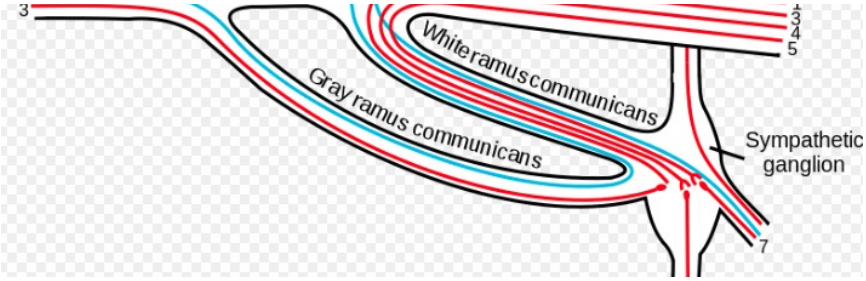
Upper cervical	C2	C2	Same level
Lower cervical	C6	C5	One vertebra above
Upper thoracic	T5	T3	Two above
Lower thoracic	T10	T7	Three above
lumbar	L1 TO L5	T10 TO T11	Three to five above
Sacral and coccygeal	S1 TO S5 C X 1	T12 TO L1	Six to ten above

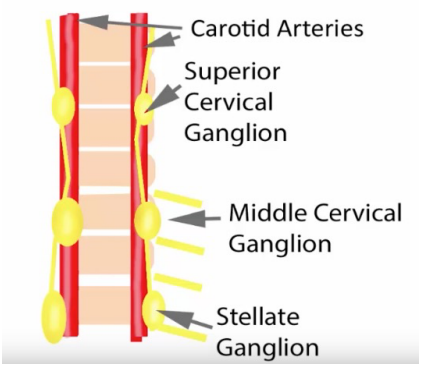


- Dorsal rami - motor and sensory for areas close to spine (posture mainly)
- Ventral rami - contributes to plexuses (e.g. brachial) for sensory and motor

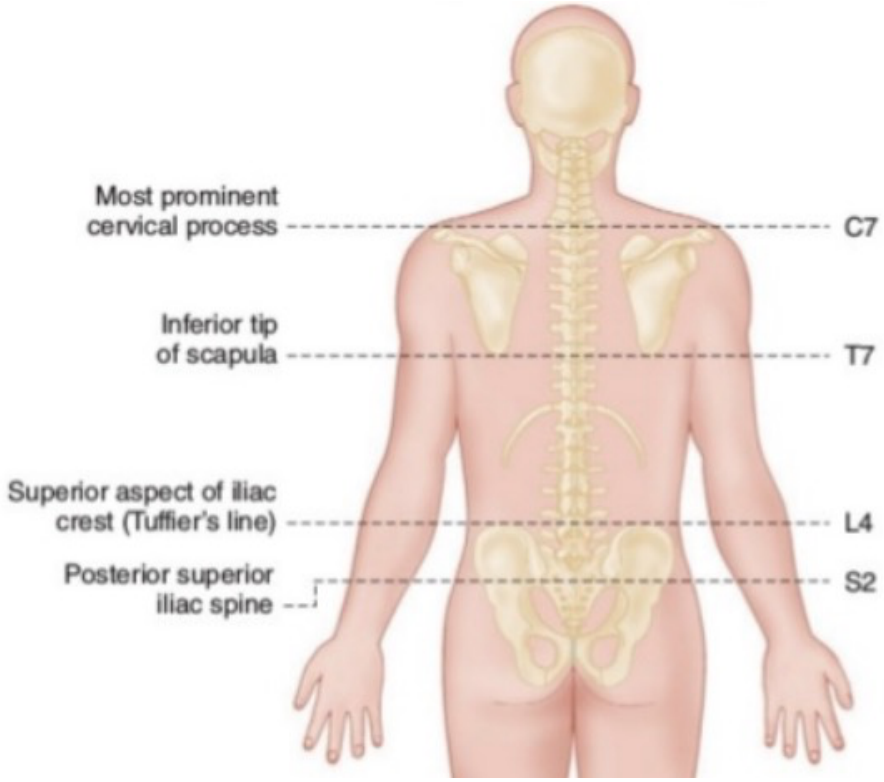
Sympathetic trunk





- Sympathetic trunk originates from thoracolumbar spinal cord **(T1-L4)**
- The trunk itself runs from base of skull to sacrum
- Nerve roots —> grey and white rami communicates —> sympathetic ganglion —> sympathetic trunk
- HORNERS SYNDROME
  - 

    - anything that interrupts these points
  - Carotid dissecting aneurysm, pancost tumour (stellate ganglion region), disruption of the brachial plexus, spinal cord lesion
  - *Ptosis, anhidrosis, miosis*

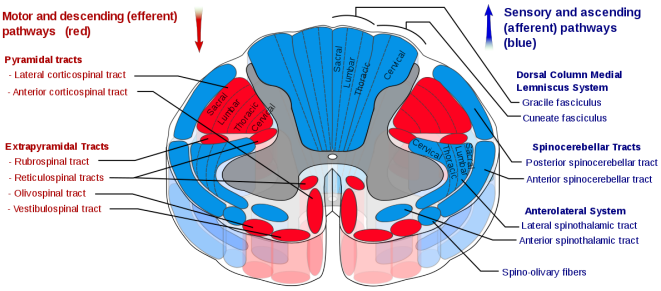


Spinal Cord

Two enlargements for the plexuses:

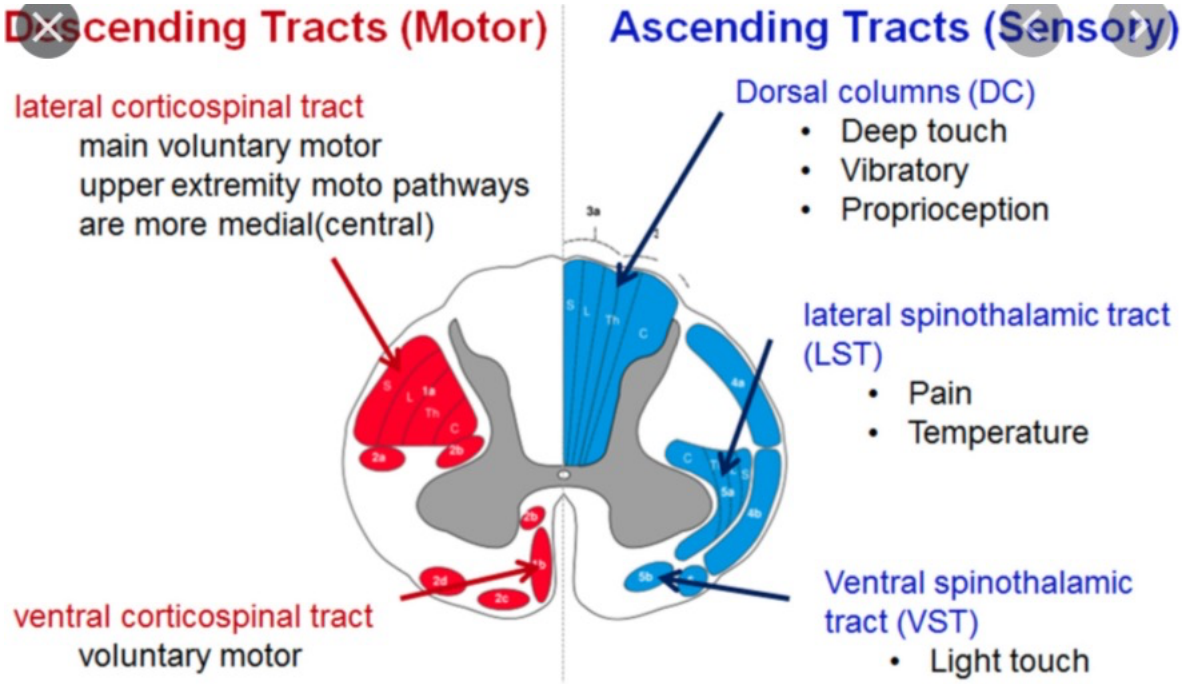
- Cervical enlargement - **C3-T1 -** brachial plexus
- Lumbosacral enlargement - **T9-L1 -** lumbosacral plexus

Detailed:



- **Motor:**
  - Pyramidal = voluntary muscular
    - Anterior corticospinal
    - Lateral corticospinal
  - Extra-pyramidal = involuntary and autonomic motor e.g. posture, reflexes, complex motion
- **Sensory:**
  - Spinothalamic = light touch, pain and temperature
    - *tracts cross to other side two levels down*
  - Dorsal columns = deep touch, vibration, proprioception

Simplified:



Central cord syndrome:

- Motor weakness upper > lower
- Variable degree of sensory disturbance

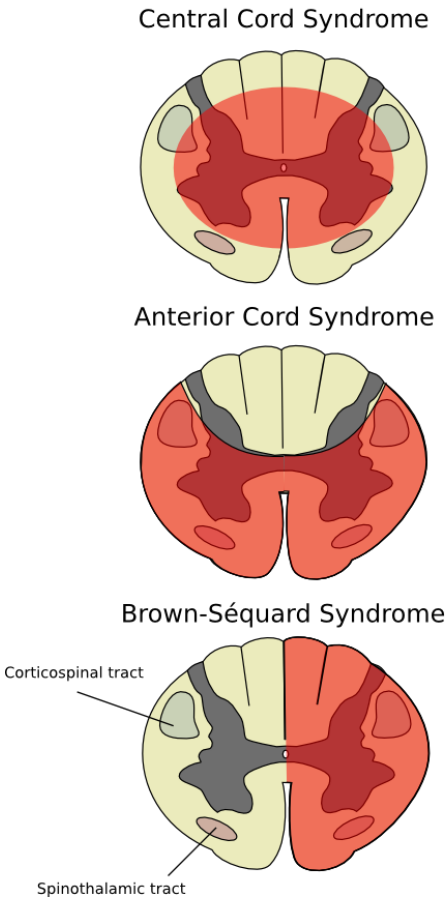
Anterior cord syndrome:

- Usually stenosis
- Total loss of motor function and temp/pain sensation below lesion
- Preservation of proprioception/vibration

Brown-sequard syndrome:

- Rare
- Ipsilateral motor and vibration/proprioception disturbance
- Contralateral pain/temp disturbance (due to crossing of spinothalamic tracts two levels below)

Incomplete lesions of the spinal cord



Sacroiliac joint

Synovial joint. Four ligaments

1. Sacroiliac (anterior and posterior)
2. Sacrotuberous
3. Sacrospinous
4. Iliolumbar