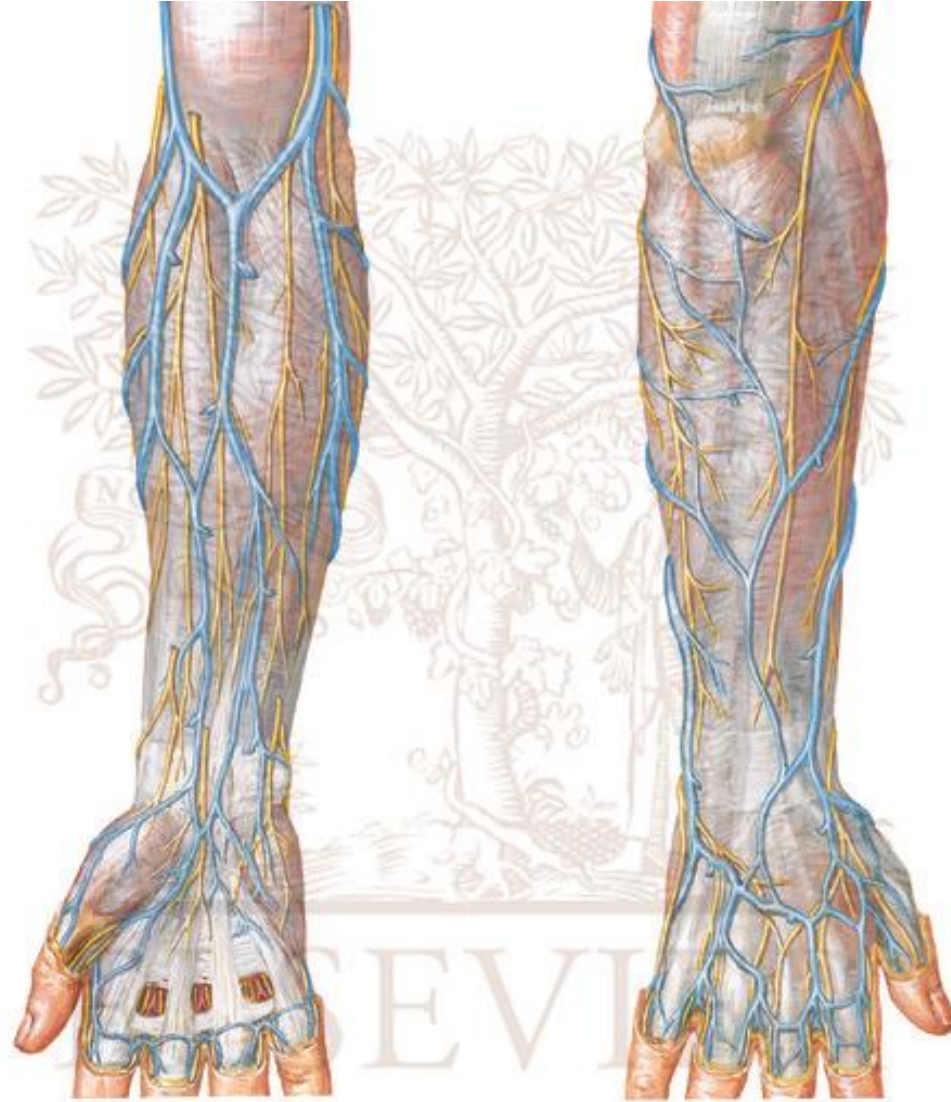
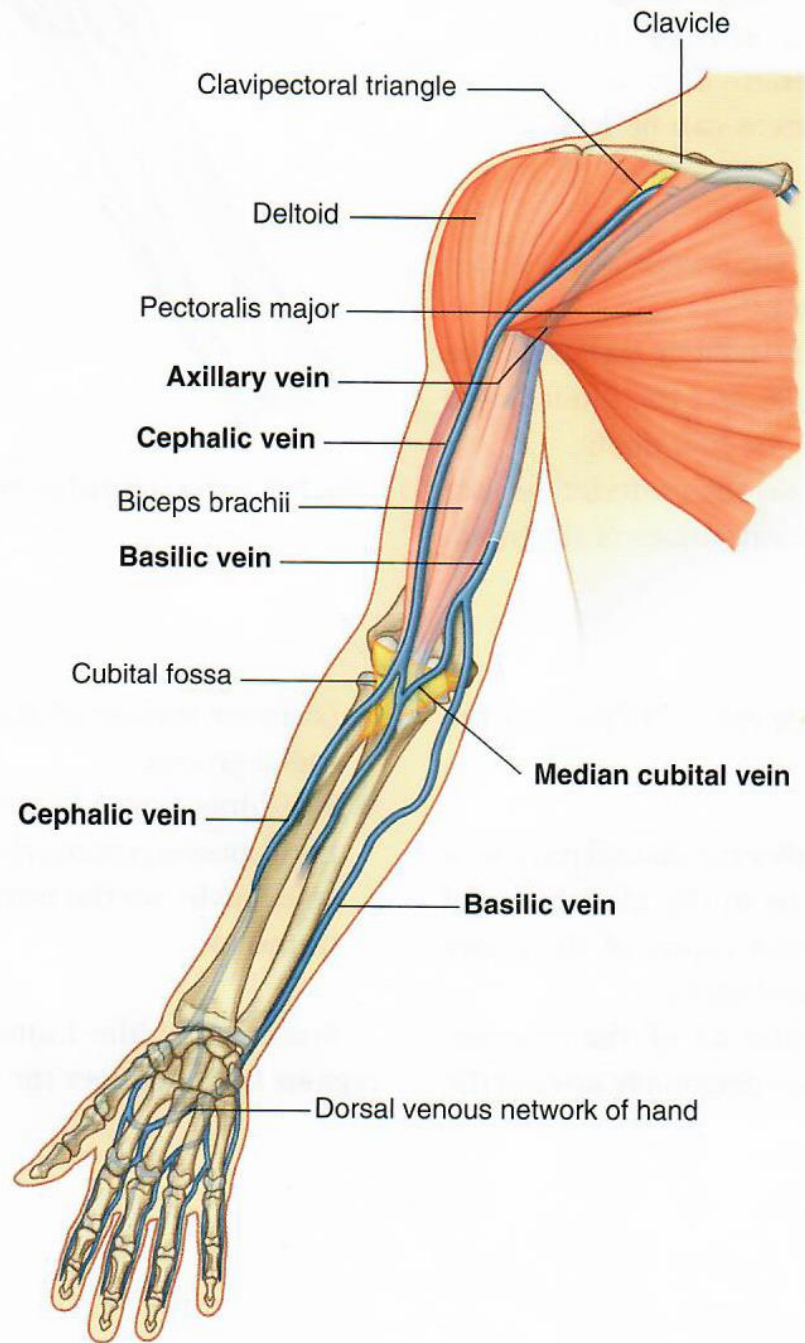
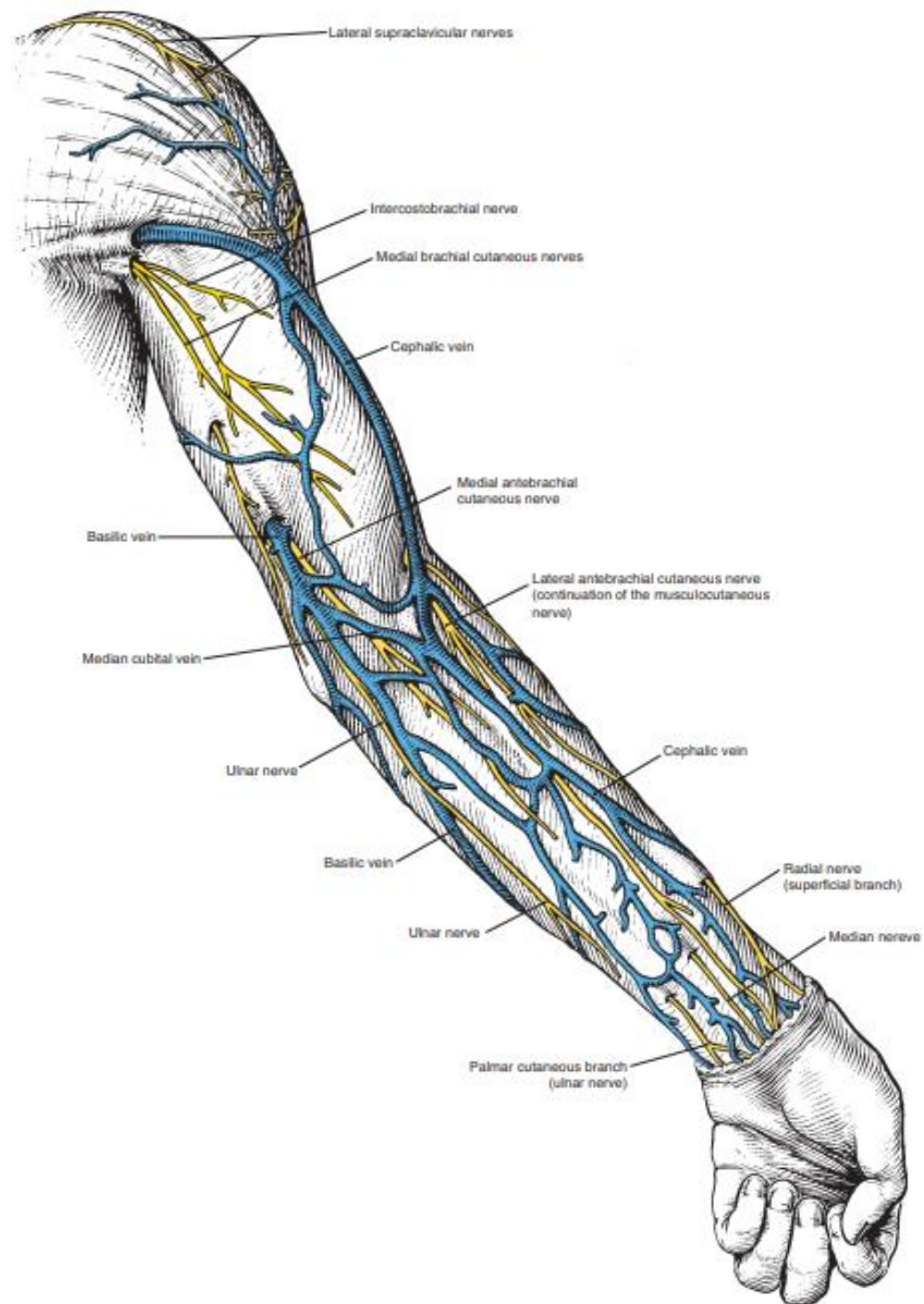


Anterior, Lateral and posterior
muscles of the shoulder

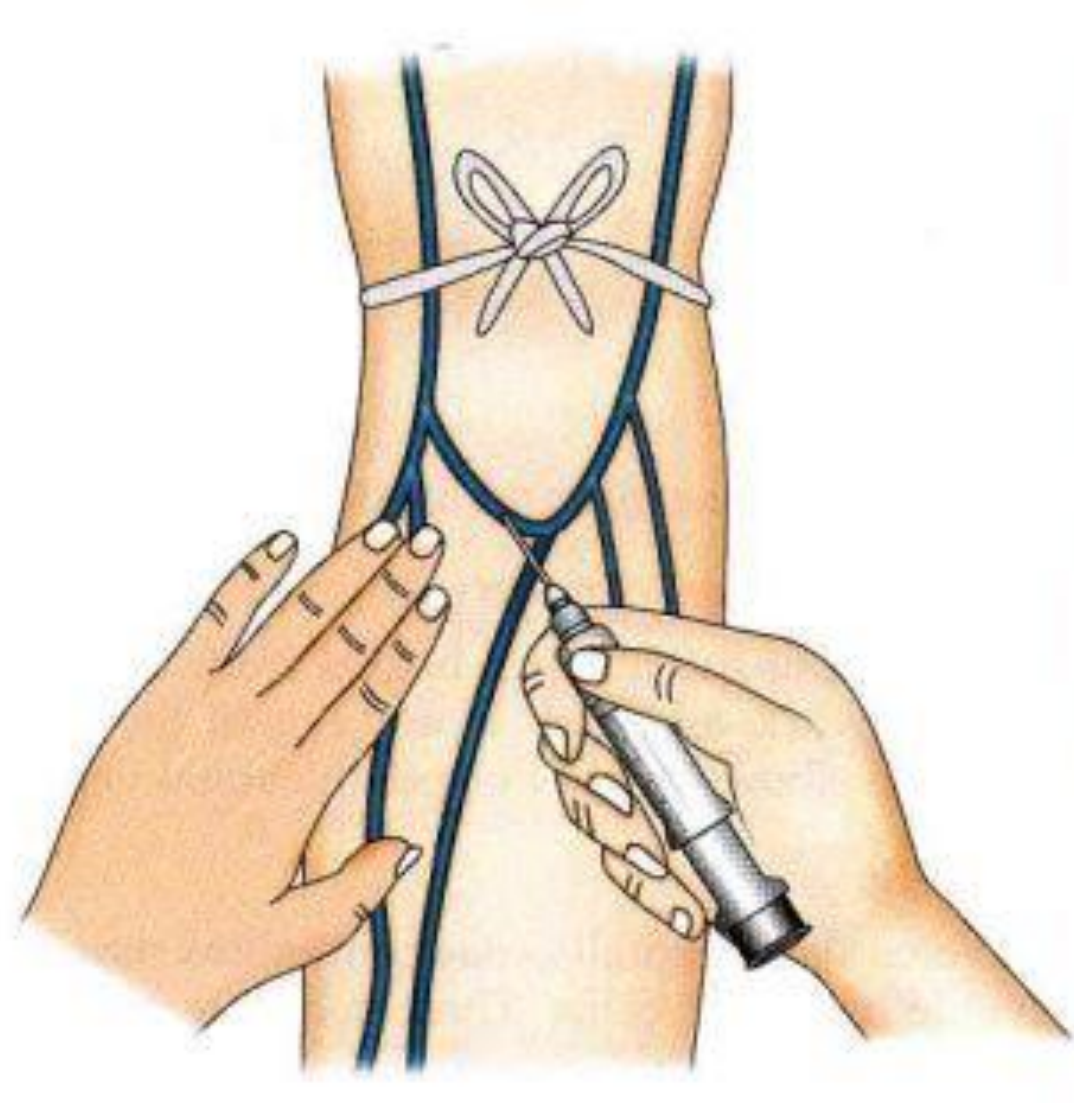
Superficial(subcutaneous veins and nerves)



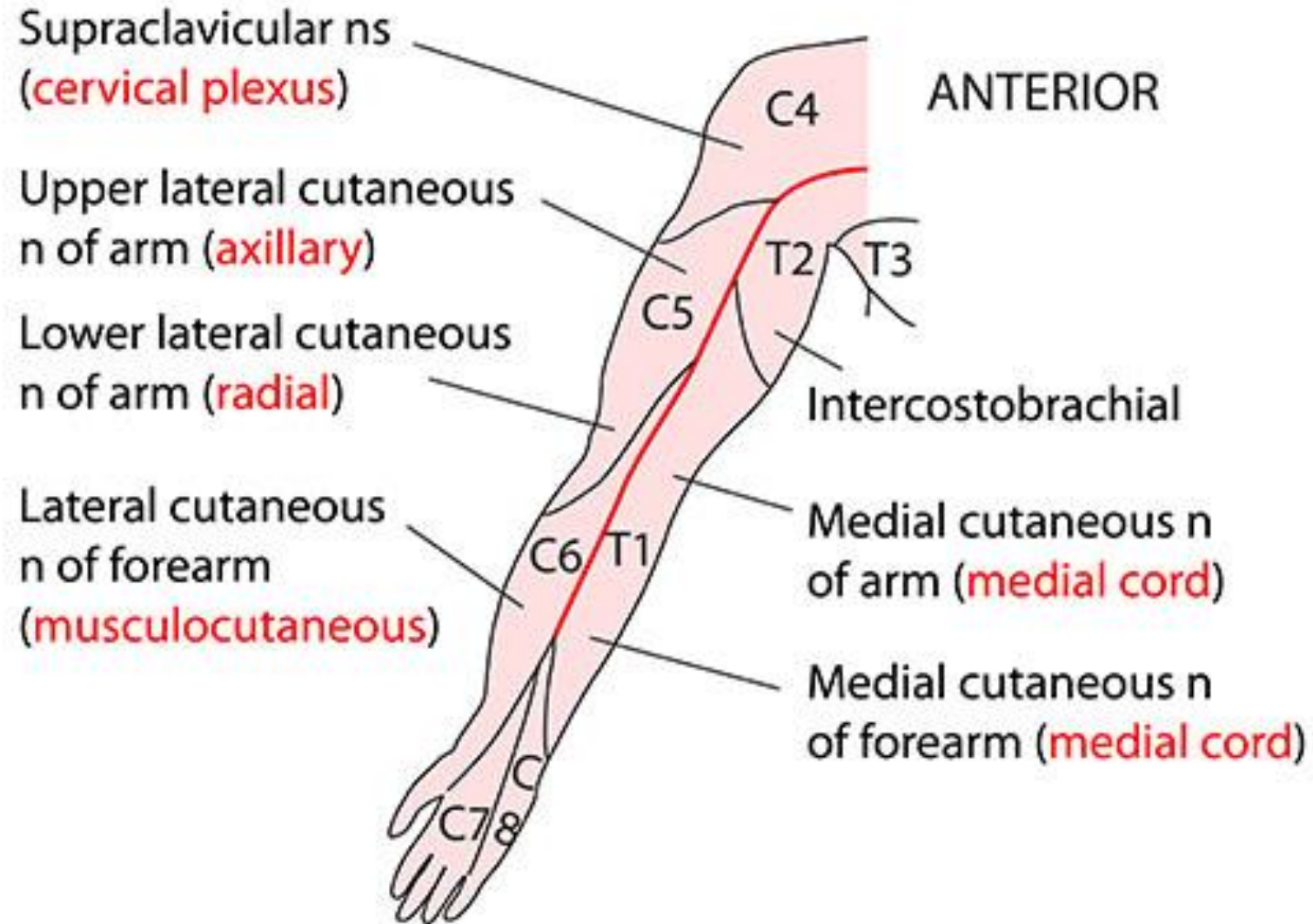


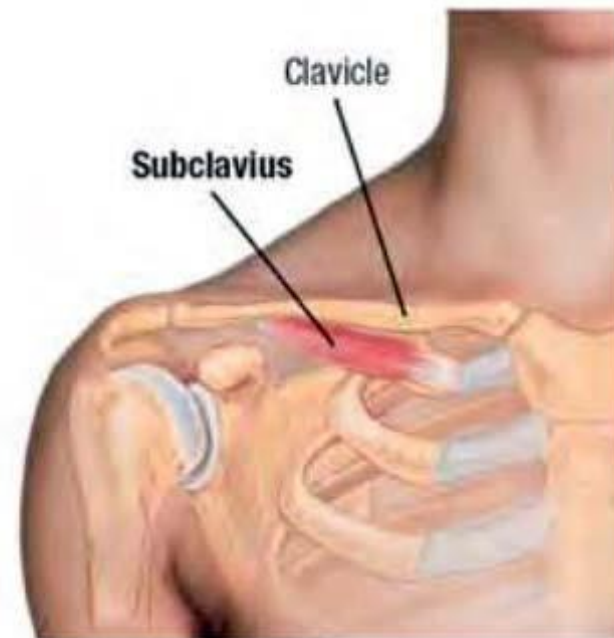
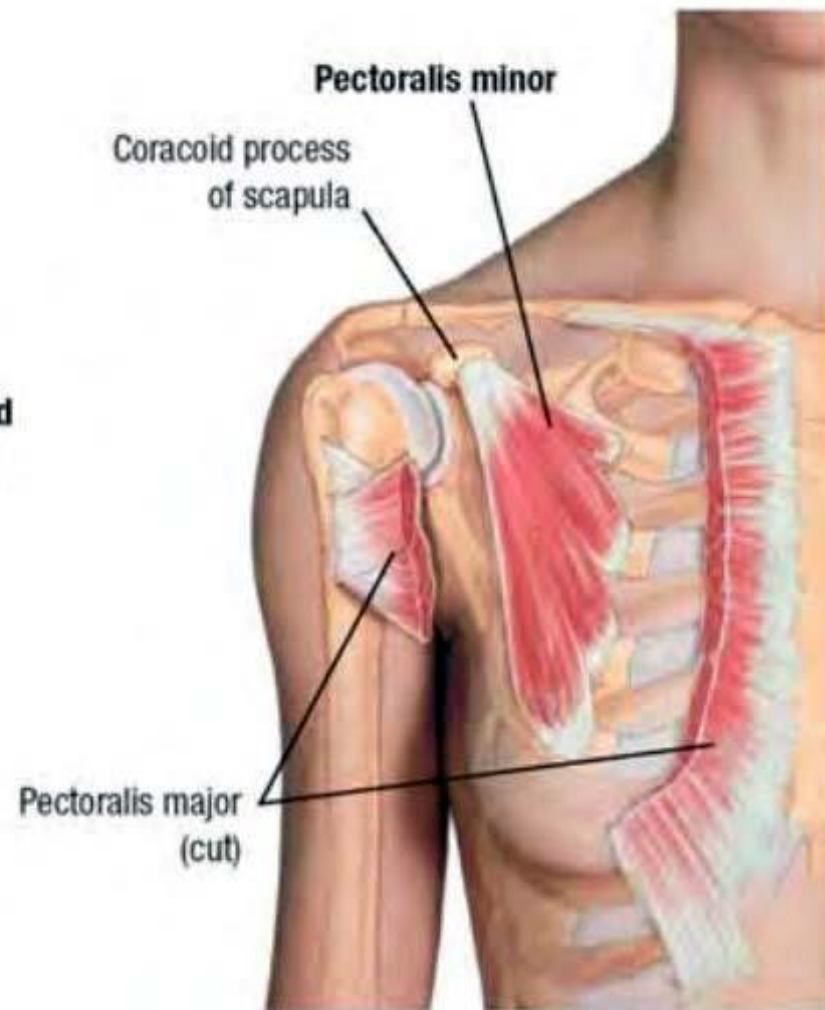
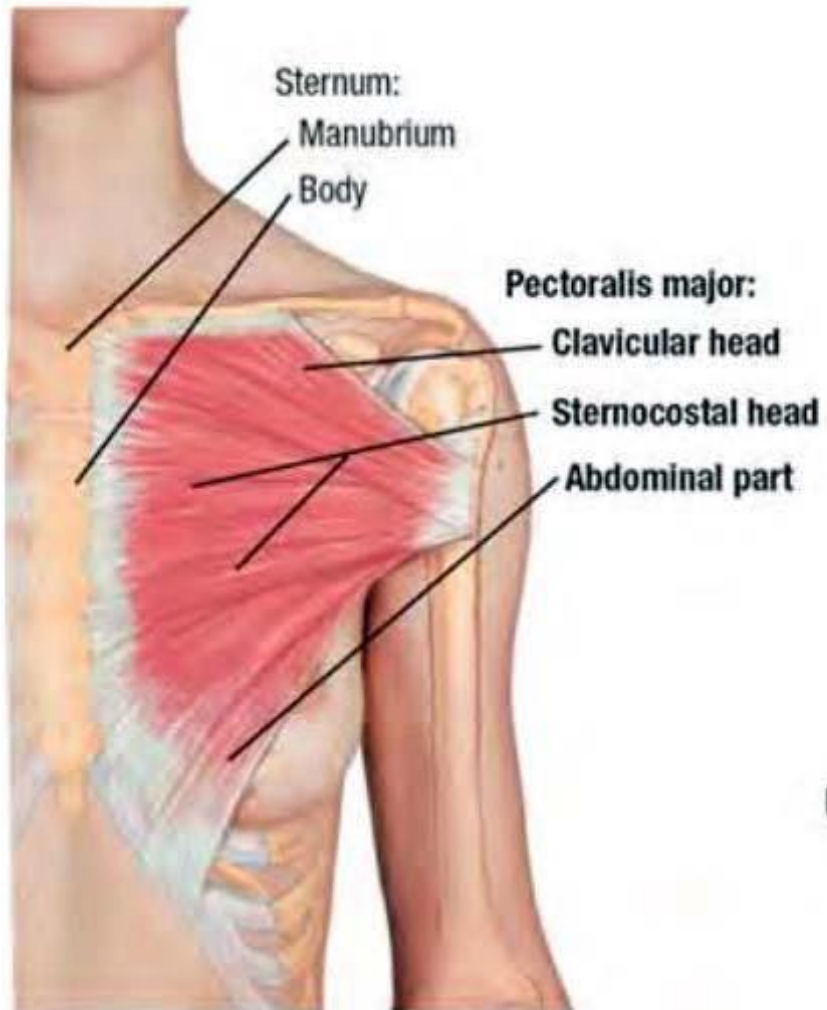


Intravenous injection being given in the median cubital vein



Sensory nerve branches & Dermatomes



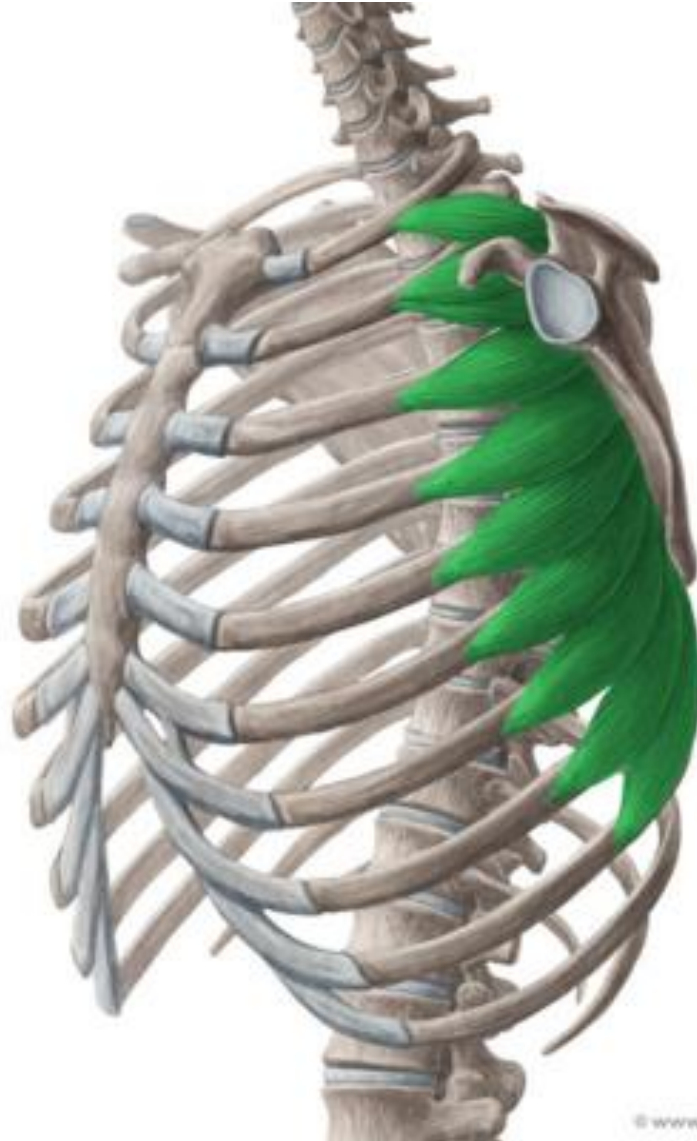


C. Anterior View

Serratus anterior m.



Serratus anterior m.



Serratus anterior m.

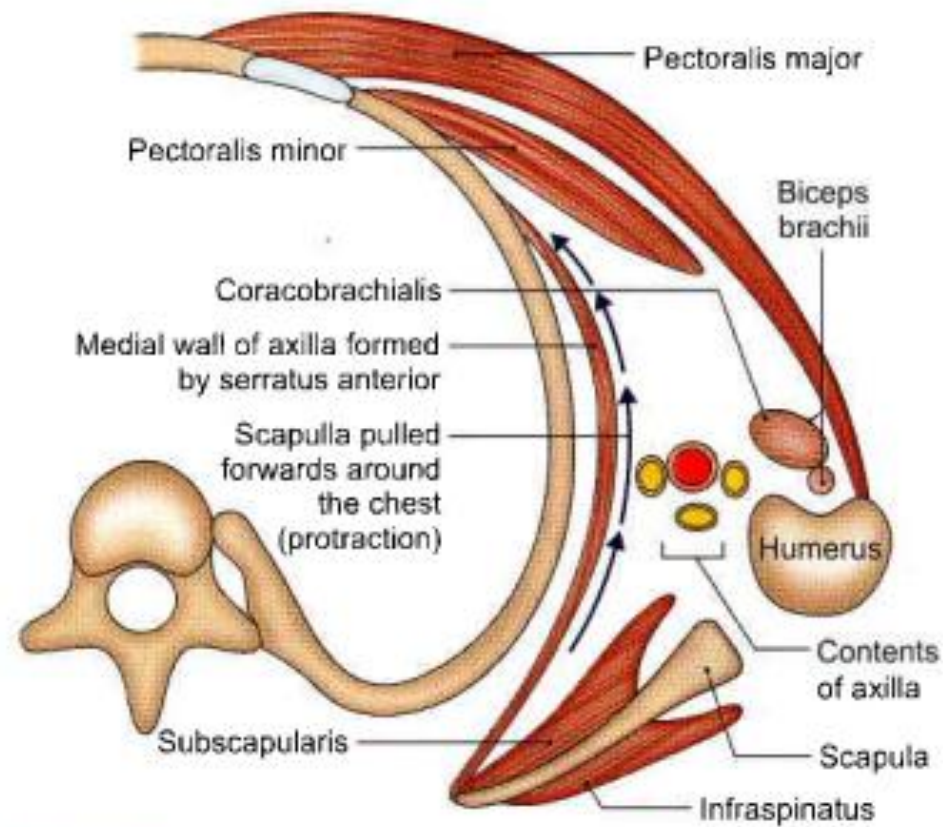
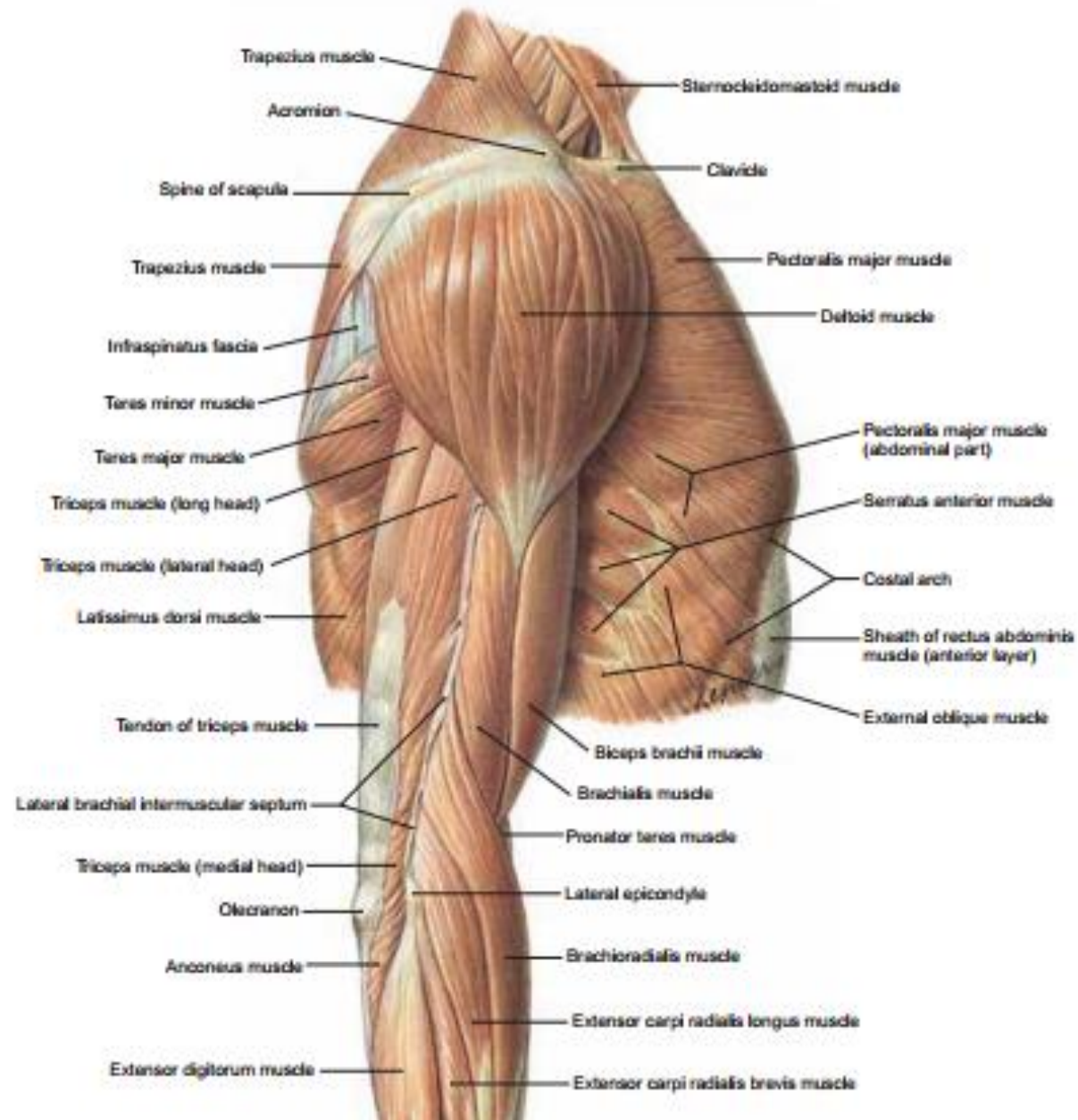


Fig. 9.27: Horizontal section through the axilla showing the

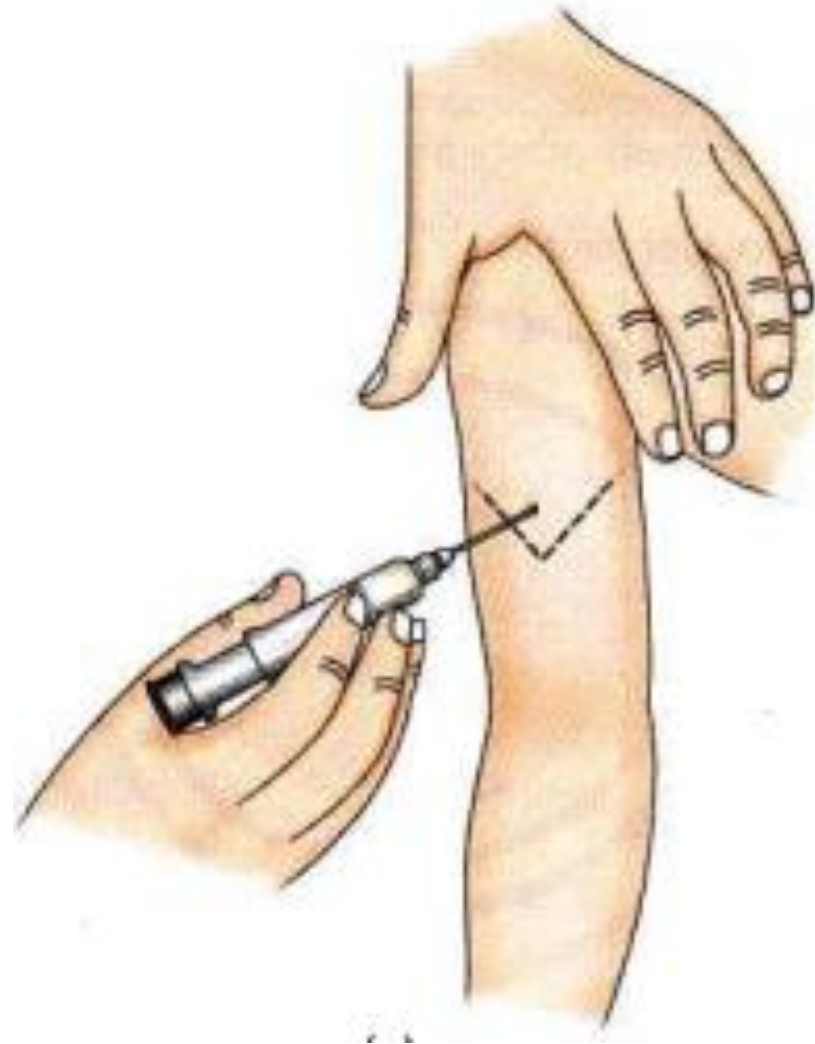
Weakness or paralysis of the muscle is the commonest cause of scapular winging



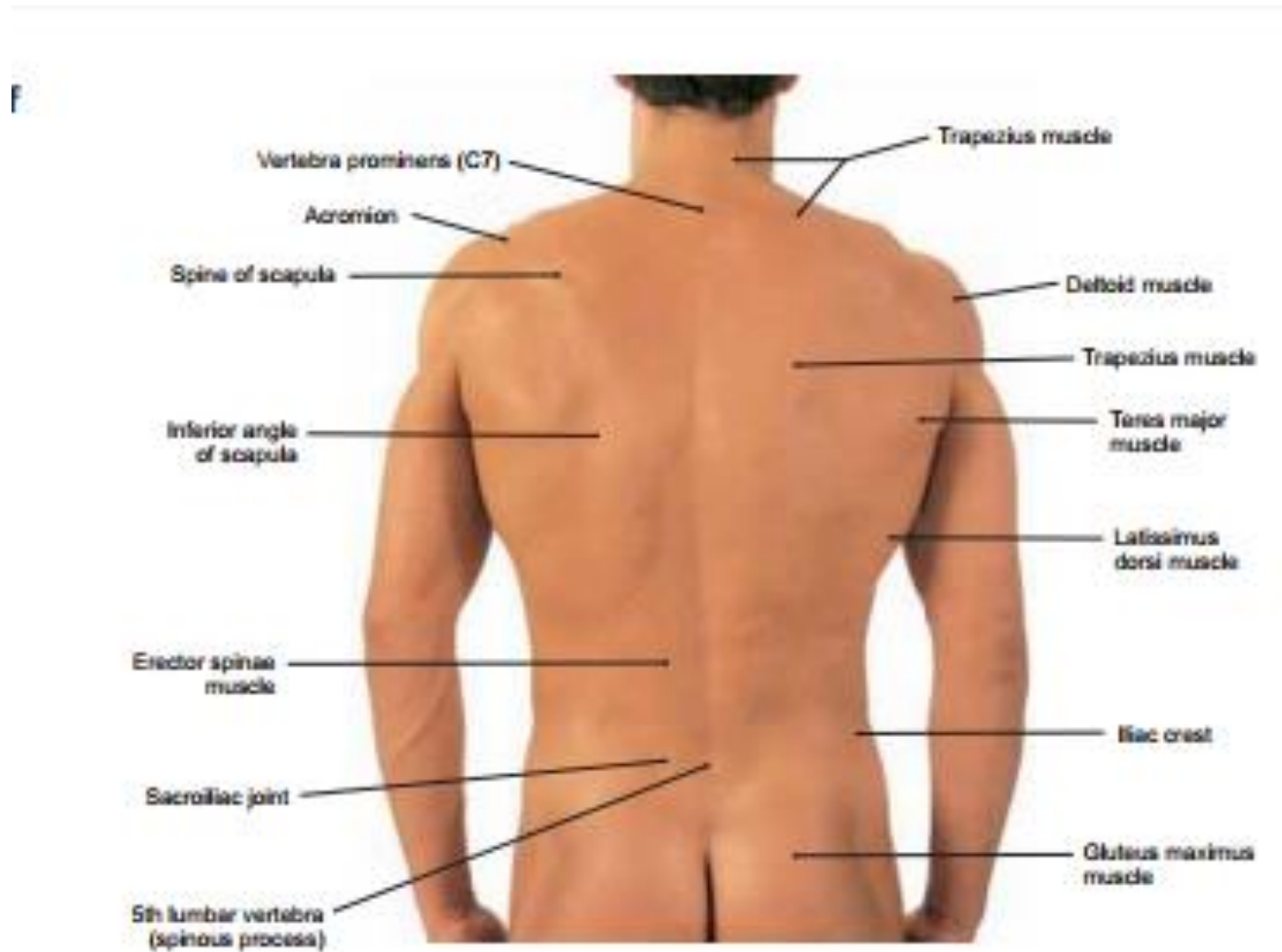
Deltoid m.

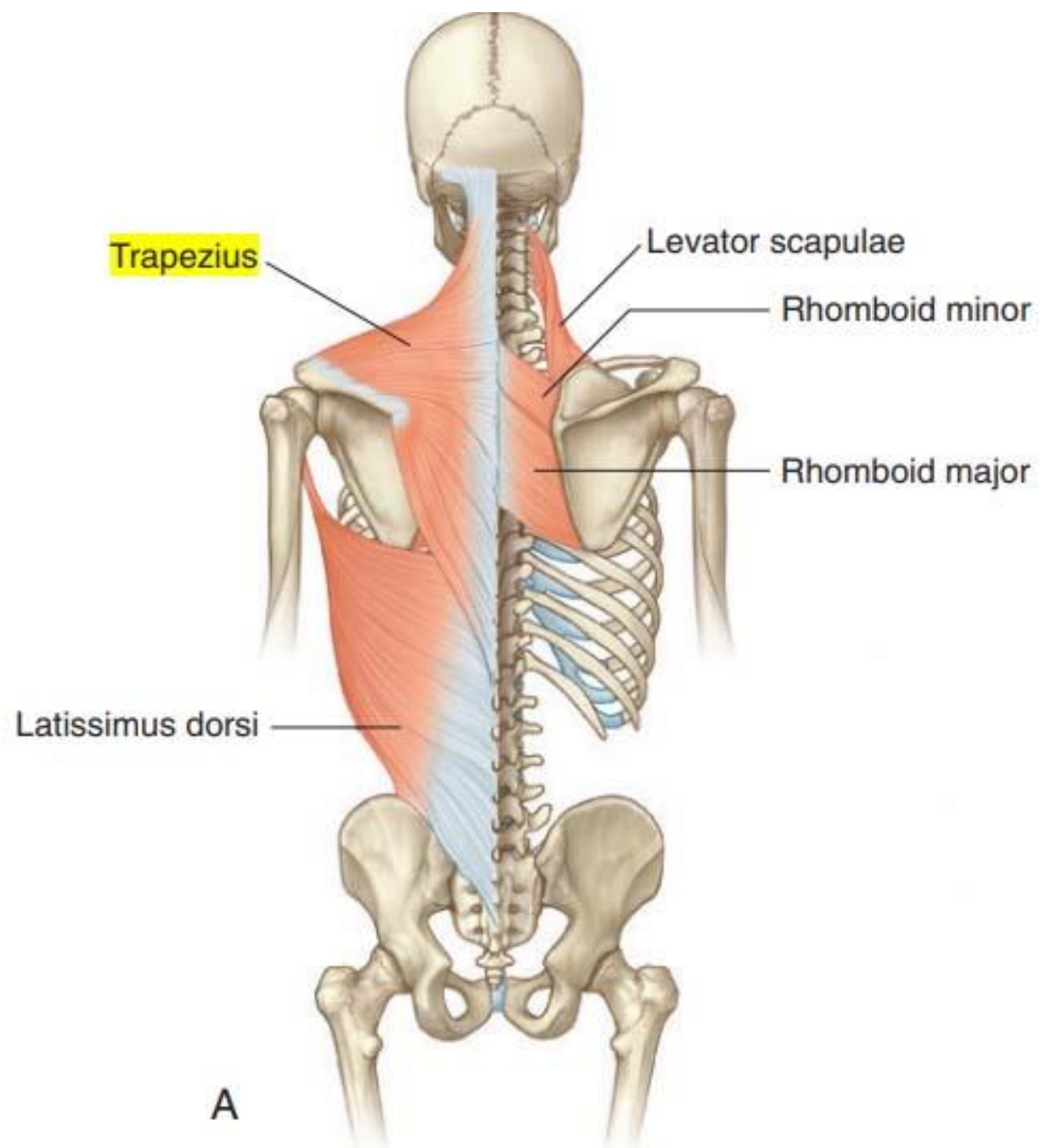


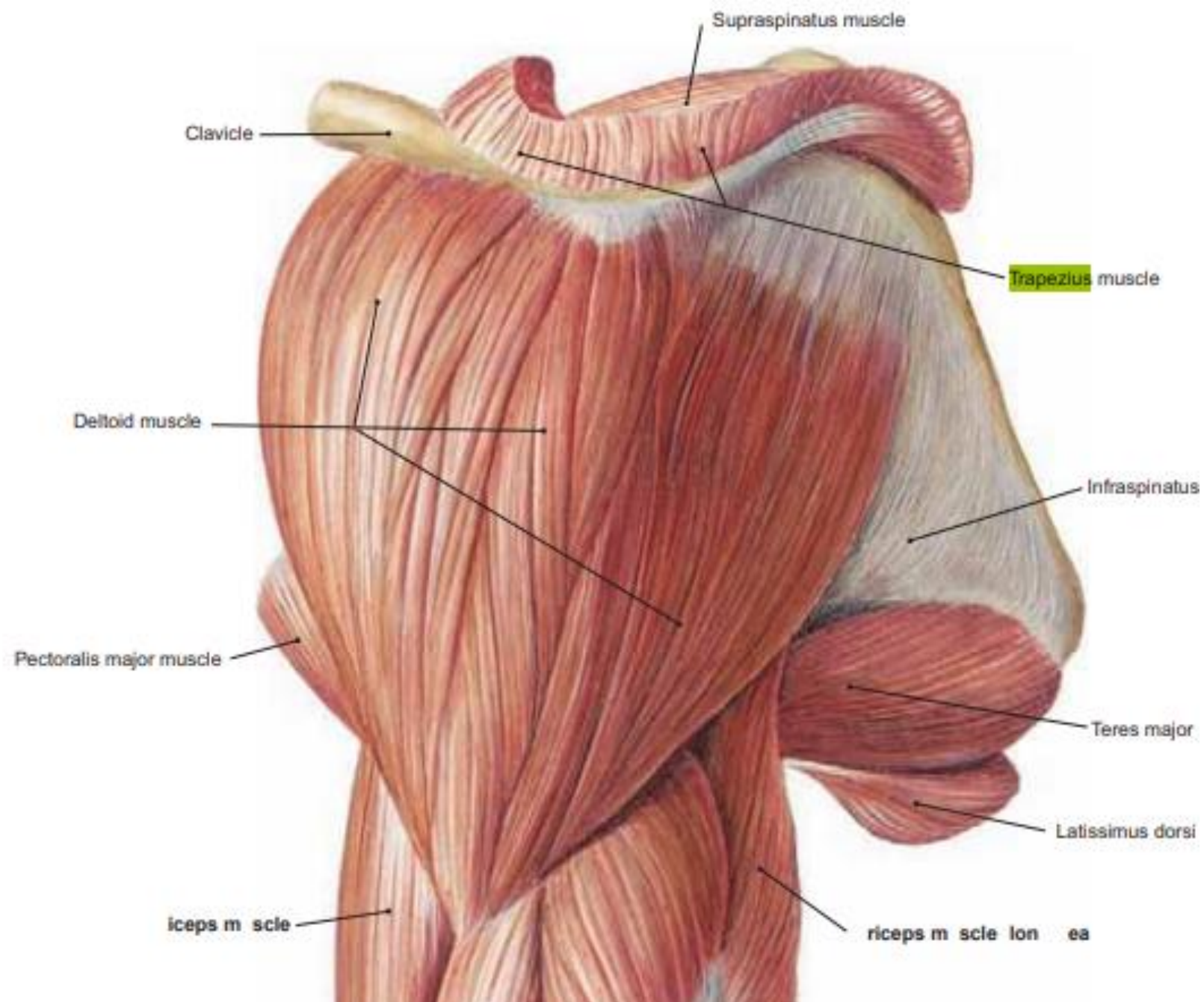
Intramuscular injection being given in deltoid muscle



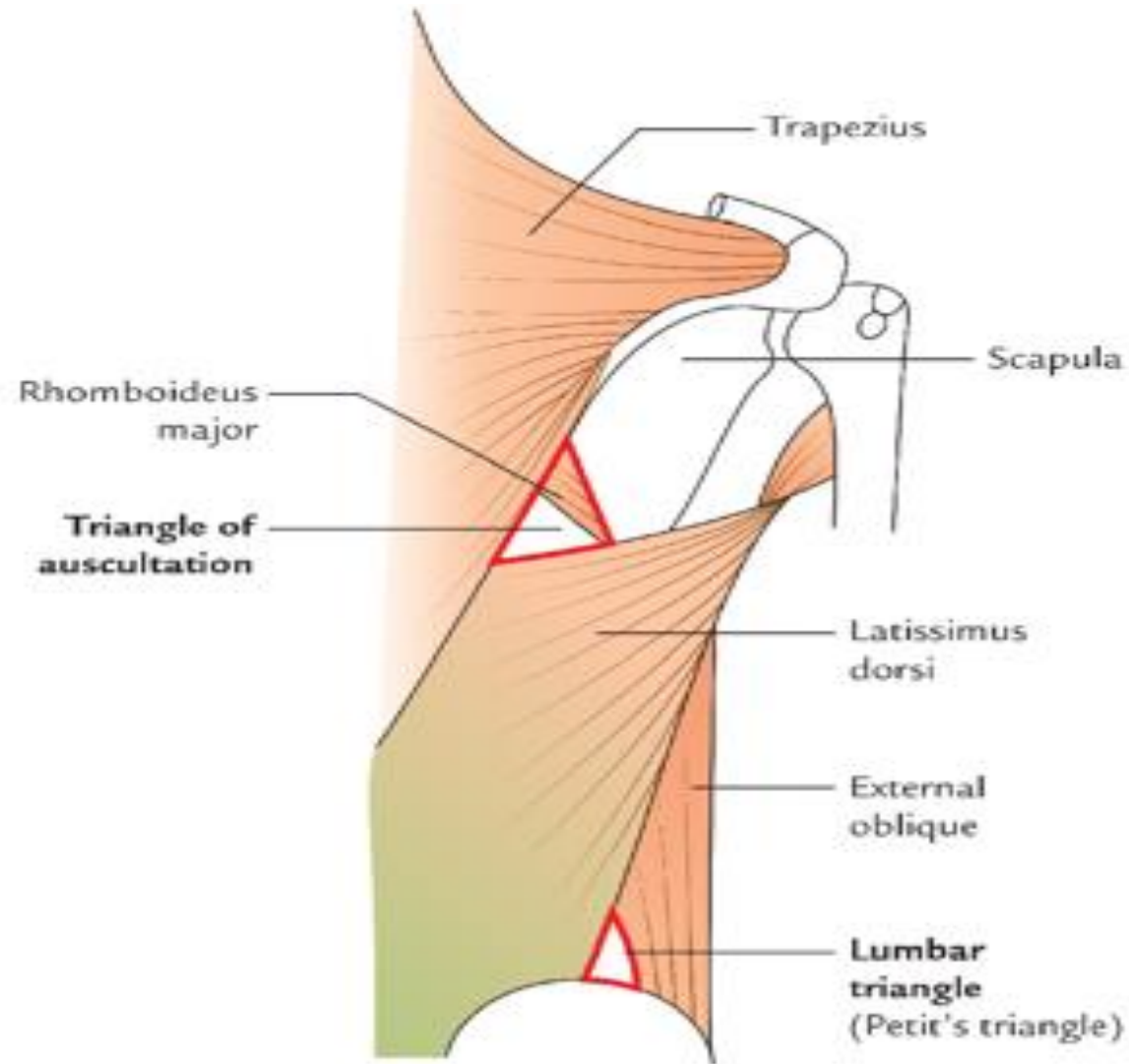
Posterior muscles: Trapezius, Latissimus dorsi, supra and infraspinalis, Levator scapula, Rhomboid minor and major, Teres minor and major.







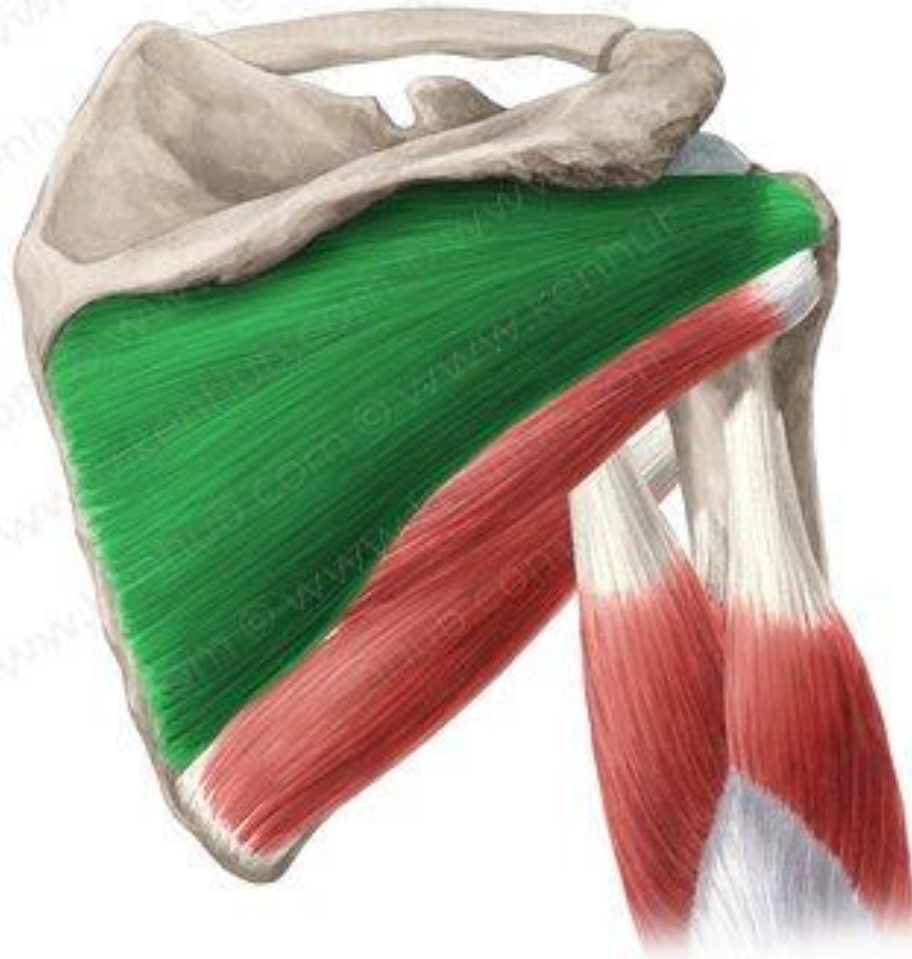
Auscultation triangle



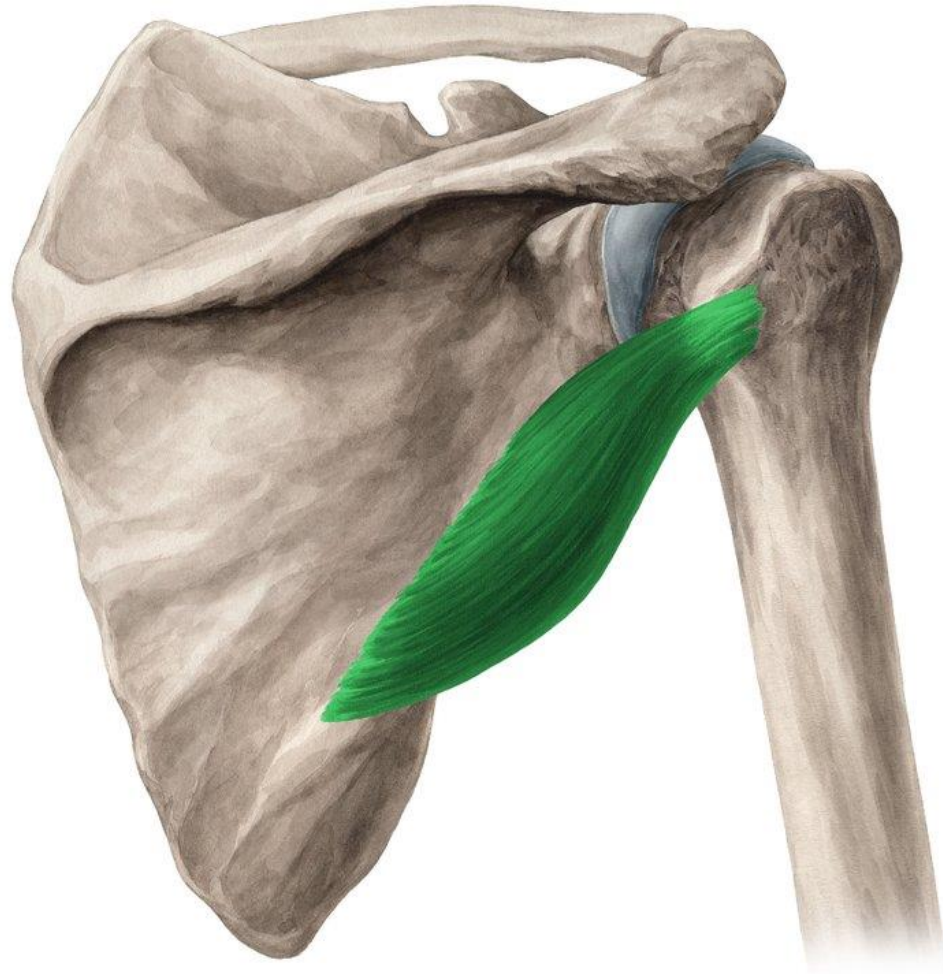
Supraspinatus m.



Infraspinatus m

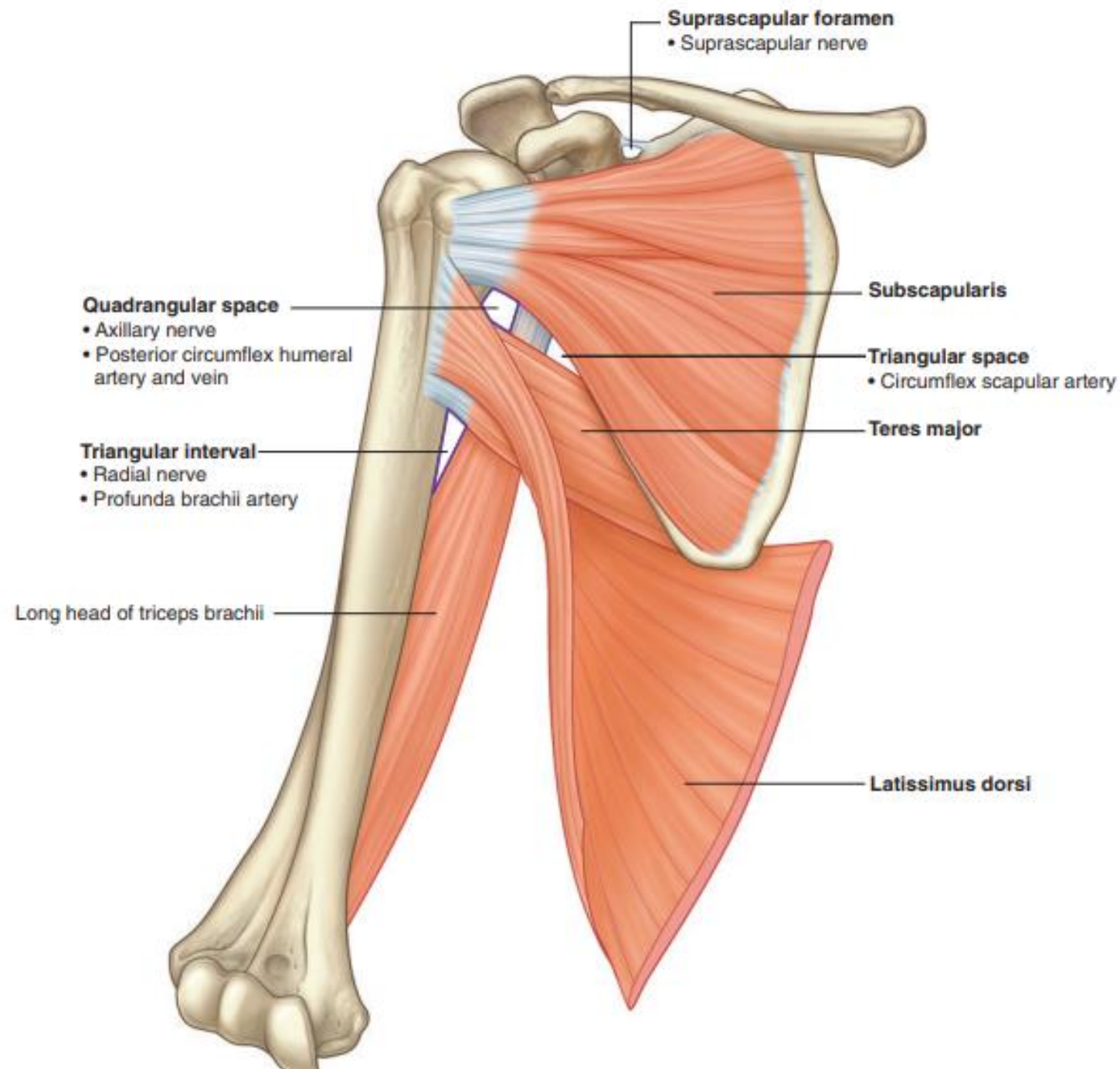


Teres minor m

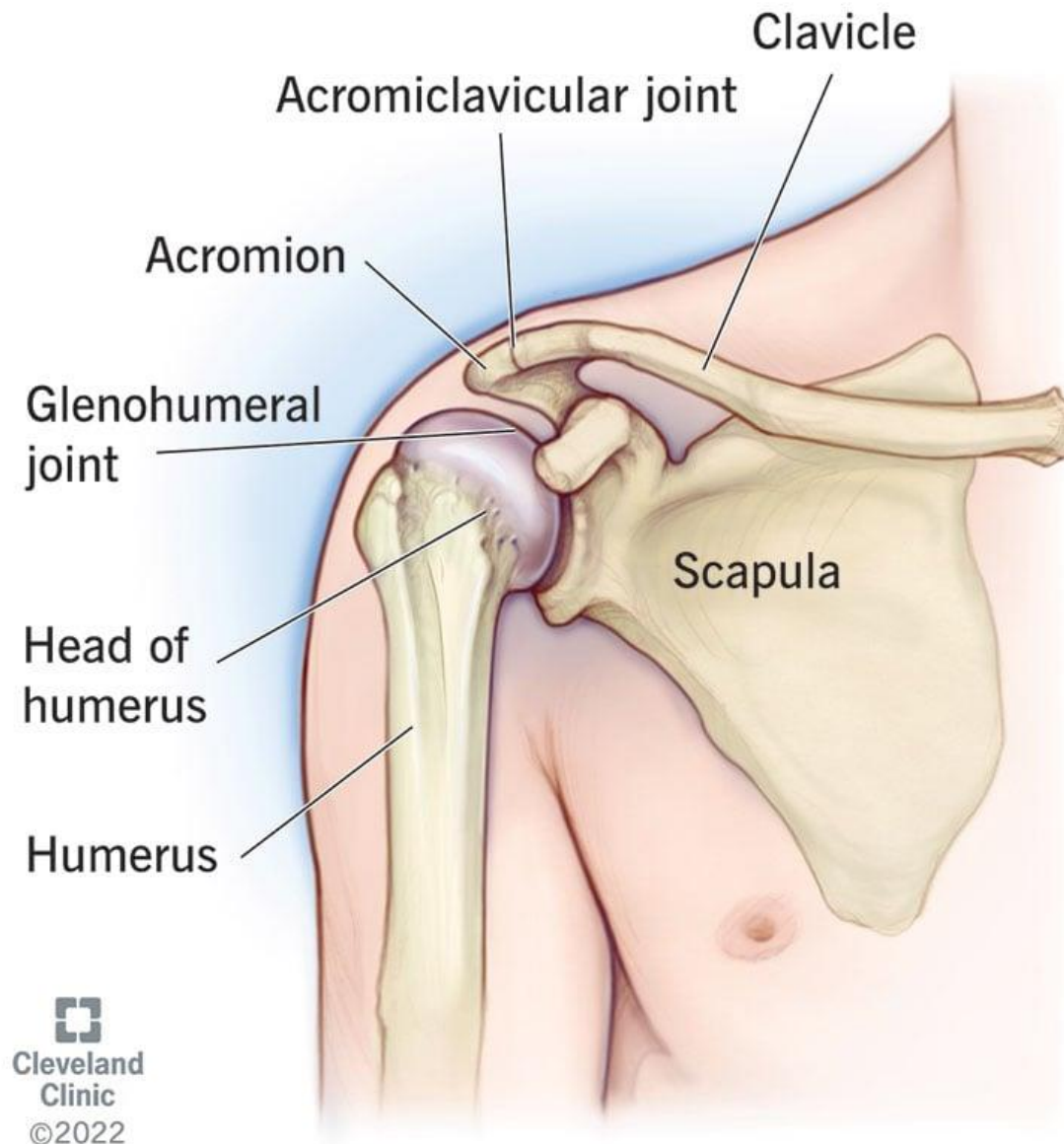


Teres major m.



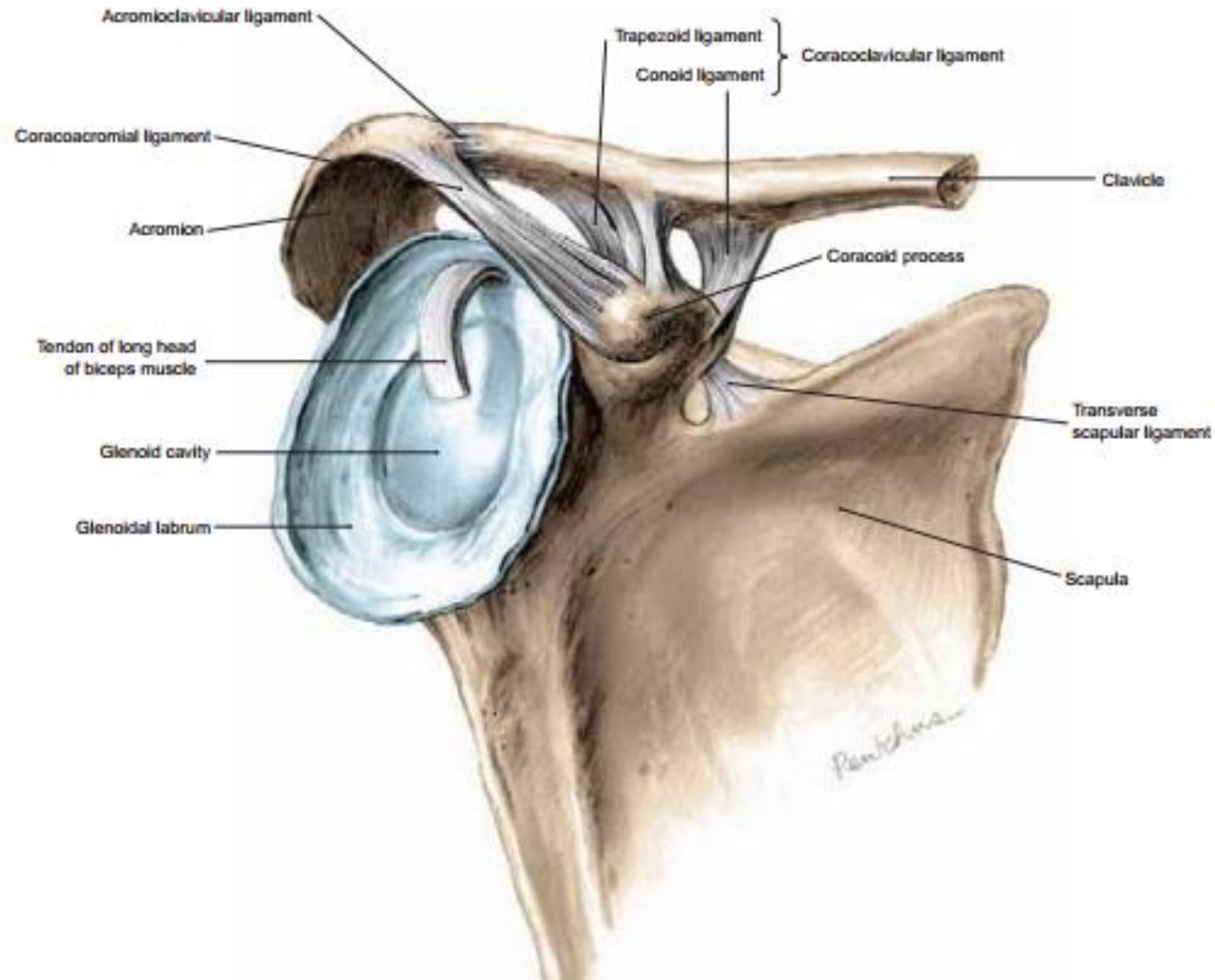


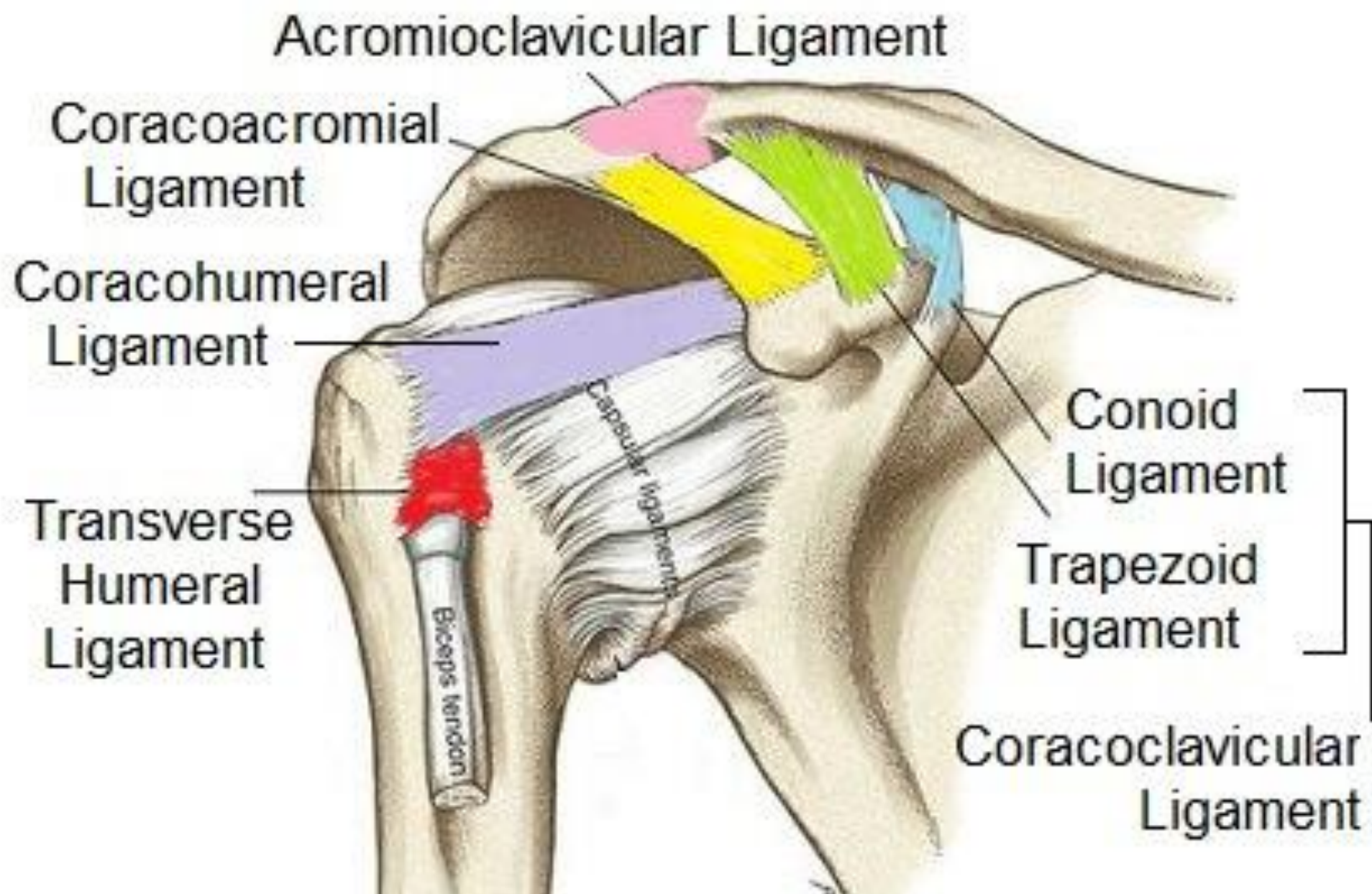
Shoulder Joint





Labrum glenoidal

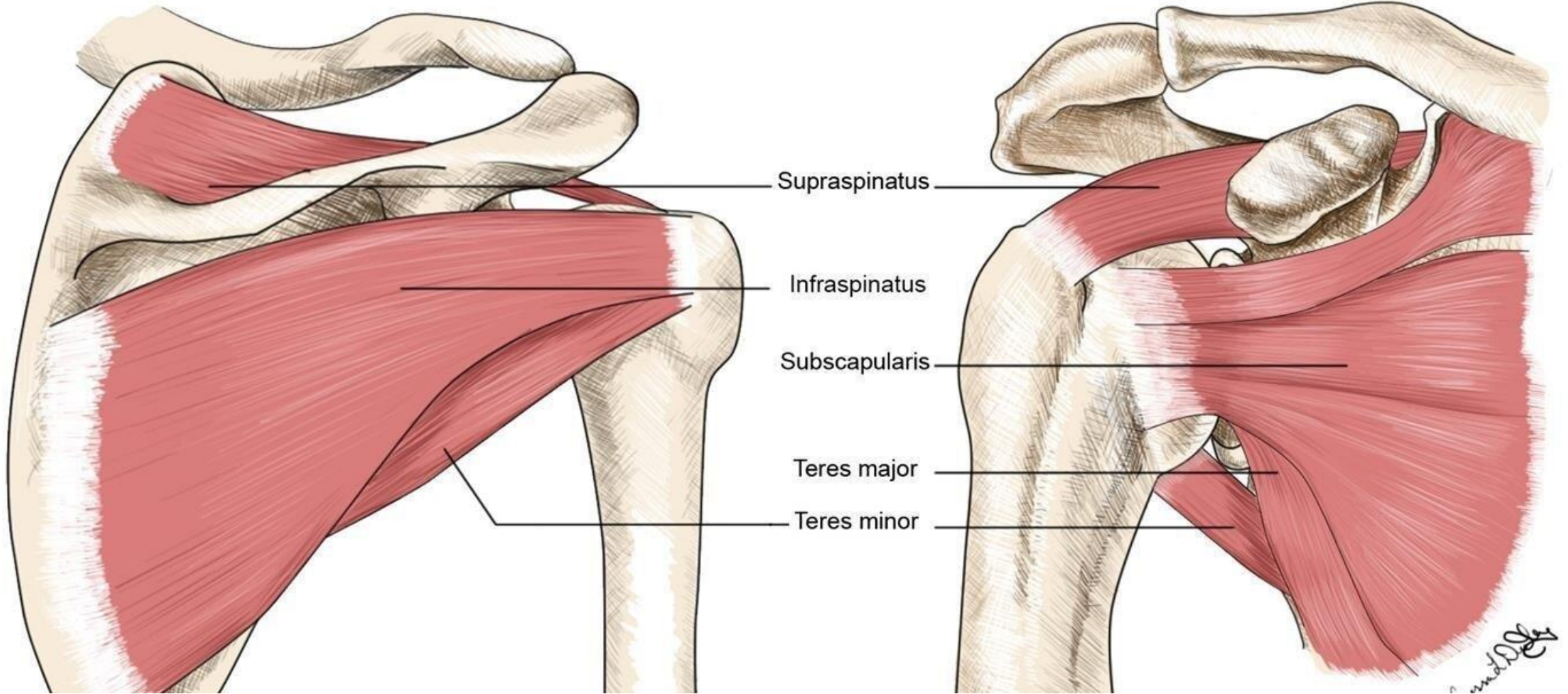




Posterior View

Rotator Cuff

Anterior View



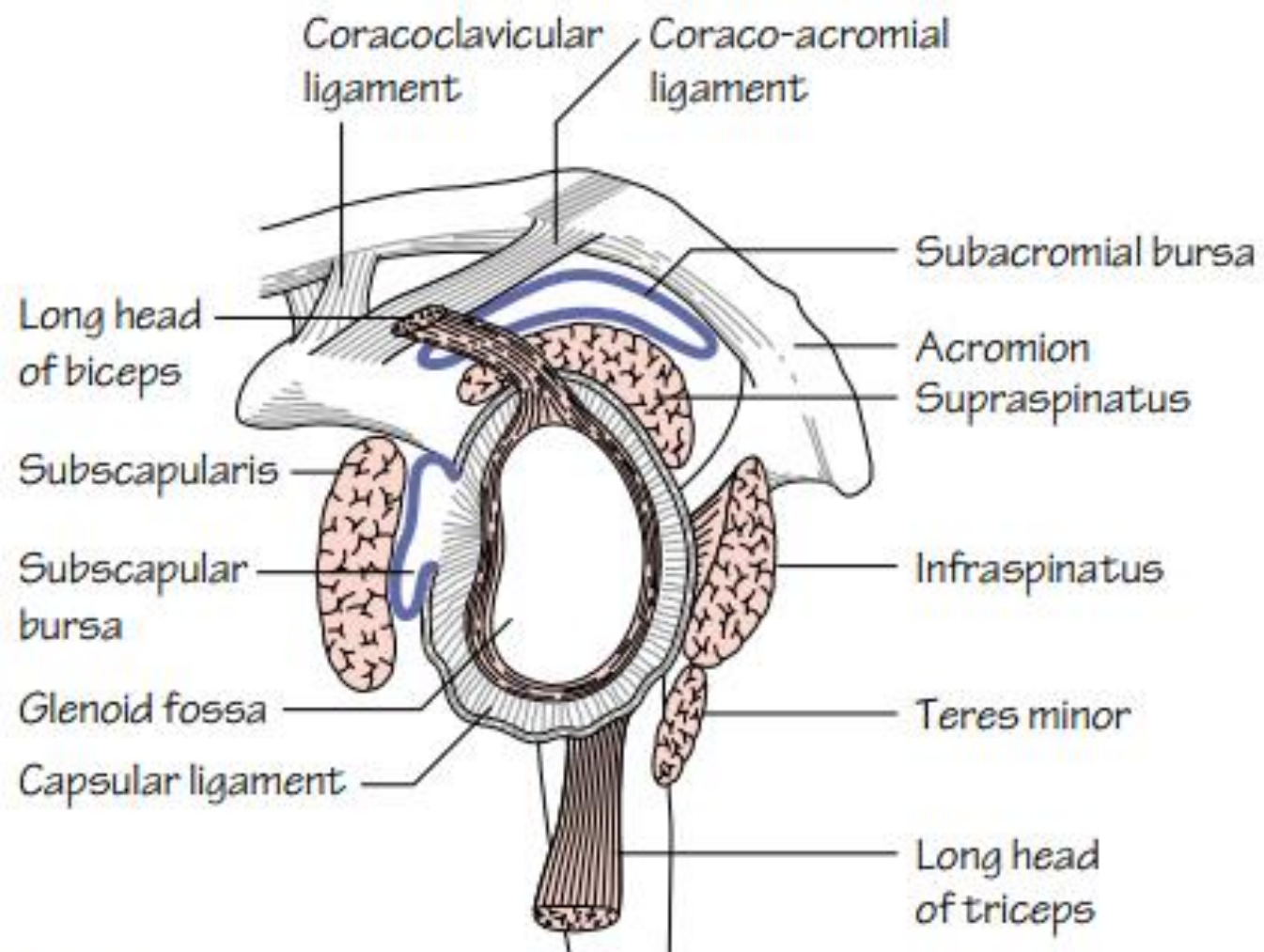


Fig. 34.1

The glenoid cavity and its associated ligaments and rotator cuff muscles



A

