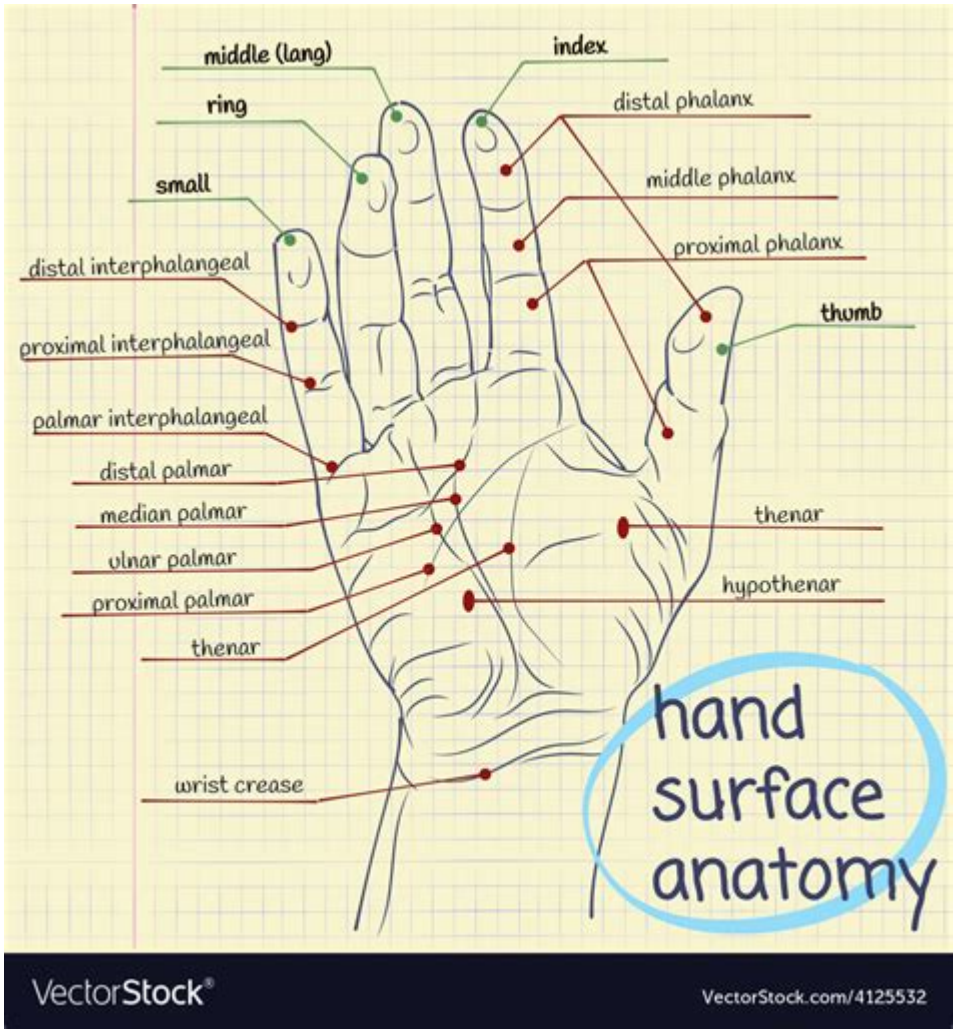
Hand Surface Anatomy Dorsal



Hand Surface Anatomy Dorsal: A Comprehensive Guide

Understanding the dorsal surface of the hand—its bones, muscles, tendons, nerves, and vasculature—is crucial for healthcare professionals, artists, and anyone interested in human anatomy. This comprehensive guide delves into the intricate details of hand surface anatomy dorsal, providing a detailed, visual, and accessible understanding of this complex region. We'll explore the key anatomical structures, their functions, and clinical relevance, ensuring you gain a thorough grasp of this essential topic. Prepare to delve into the fascinating world of the hand's dorsal surface!

Bones of the Dorsal Hand

The dorsal aspect of the hand is primarily defined by the skeletal framework of the carpals, metacarpals, and phalanges.

Carpal Bones:

Eight carpal bones arranged in two rows form the wrist's foundation. Their complex arrangement contributes to the hand's dexterity and range of motion. Understanding their individual positions and articulations is critical for diagnosing wrist injuries. We will not delve into the individual names and positions of each carpal bone here, as that would be excessively detailed for this general overview. More specialized resources can provide this level of detail.

Metacarpals:

Five metacarpal bones radiate from the carpals, forming the palm's skeletal structure. Their dorsal surfaces are easily palpable, particularly when the hand is extended. The shape and articulation of the metacarpals contribute significantly to the hand's ability to grasp and manipulate objects.

Phalanges:

The fourteen phalanges (proximal, middle, and distal) form the fingers. Each finger (except the thumb, which has two) has three phalanges. The dorsal surfaces of the phalanges are readily visible and easily assessed clinically.

Muscles and Tendons of the Dorsal Hand

The dorsal hand's movement is facilitated by a complex interplay of muscles and their associated tendons. Many of these muscles originate in the forearm and insert onto the bones of the hand.

Extensor Tendons:

Several extensor tendons traverse the dorsal aspect of the wrist and hand, enabling finger extension,

abduction, and adduction. These tendons are easily visible and palpable, especially during active extension of the fingers. Understanding their course is crucial for diagnosing tendon injuries like De Quervain's tenosynovitis or mallet finger.

Extensor Retinaculum:

This strong fibrous band holds the extensor tendons in place as they cross the wrist, preventing bowstringing. Its integrity is vital for maintaining proper hand function.

Intrinsic Hand Muscles:

While many dorsal hand muscles originate in the forearm, some intrinsic muscles contribute to fine motor control and hand movements. These are less prominent on the dorsal surface compared to the extensor tendons.

Nerves and Blood Vessels of the Dorsal Hand

The dorsal hand receives its innervation and blood supply from various sources, creating a complex network crucial for its function and sensitivity.

Dorsal Sensory Nerves:

The radial nerve is the primary nerve supplying sensory innervation to the dorsal hand. Its branches, including the superficial radial nerve, provide sensation to different areas of the hand and fingers. Understanding the dermatomes of the radial nerve is essential for diagnosing nerve damage.

Dorsal Arterial Supply:

The dorsal hand's blood supply originates from the dorsal carpal arch, a network of arteries providing blood to the hand's dorsal structures. This network's complexity ensures a resilient blood supply even with potential injury or blockage in individual arteries.

Dorsal Veins:

The dorsal venous network drains blood from the hand, ultimately contributing to the systemic circulation. These veins are frequently used for intravenous access.

Clinical Relevance of Dorsal Hand Anatomy

Knowledge of dorsal hand anatomy is essential in several clinical settings:

Diagnosis and treatment of fractures: Accurate identification of fractured bones is crucial for appropriate treatment.
Management of tendon injuries: Understanding the course of extensor tendons helps in diagnosing and treating injuries such as tendonitis and ruptures.
Nerve compression syndromes: Knowledge of the radial nerve's anatomy aids in diagnosing and treating conditions like carpal tunnel syndrome (although this primarily affects the palmar side, understanding the radial nerve is still crucial for a complete assessment).
Surgical procedures: Surgeons need a thorough understanding of dorsal hand anatomy to perform various procedures successfully.

Conclusion

Mastering the intricacies of hand surface anatomy dorsal is a journey into a fascinating and complex area of human anatomy. By understanding the interplay of bones, muscles, tendons, nerves, and blood vessels, we gain a deep appreciation for the hand's remarkable functionality and the clinical implications of injury or disease within this region. This knowledge is invaluable across numerous disciplines, from medicine to art, and even for everyday life.

Frequently Asked Questions (FAQs)

1. What is the difference between the dorsal and palmar aspects of the hand? The dorsal aspect is the back of the hand, while the palmar aspect is the palm. They differ significantly in their anatomical structures and functions.

2. What are the most common injuries affecting the dorsal hand? Common injuries include fractures of the metacarpals and phalanges, extensor tendon injuries, and lacerations.

3. How can I visualize the dorsal hand anatomy better? Utilize anatomical atlases, interactive 3D models, and real-life observation (with appropriate ethical considerations).

4. Are there specific diagnostic imaging techniques used for assessing the dorsal hand? X-rays are commonly used to assess fractures, while ultrasound and MRI can visualize soft tissues like tendons and nerves.

5. What are the key landmarks used to locate specific structures on the dorsal hand during a physical examination? Key landmarks include the extensor tendons, metacarpophalangeal joints, and the anatomical snuffbox.

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study of clinical skills and procedures, indeed to the study of all medicine and surgery. Key Features: Logical, sequential content: introduction to the principles of living anatomy, then chapters devoted to individual regions, with each sub-region illustrated by specially commissioned photographs featuring ghosted underlying structures Each region (e.g. Upper Limb) described in a consistent manner: Introduction & Core Features which focuses on Arteries & Veins, Nerves & Dermatomes and Core Landmarks; then for each subregion (e.g. Shoulder & Arm) Bones Joints & Ligaments, Muscles Tendons & Regions, and Neurovascular & Lymph Changes to second edition: New chapter on paediatric surface anatomy highlights the anatomical differences in children and how they vary during development 15+ new and improved radiological images match surface markings to underlying structures More sites of nerve injury, surgical incision lines and normal/pathological variation added to surface anatomy photos correlate anatomical landmarks to clinical practice Chapters reordered from head to toe to provide a more logical and accessible ordering of content Previous edition (9781907816178) published 2012.

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use of injectables, known as dermal fillers, is becoming ever more popular in aesthetic medicine. Full-face and full-body treatments using such fillers are increasingly substituting for various surgical techniques; not only do they provide immediate results at a lower cost, but they also avoid the use of general anesthesia and shorten the recovery period. In addition, dermal fillers can be successfully used for body remodeling, for example in patients with bow legs and those requiring breast remodeling.This book outlines the fundamental principles of the use of different fillers and injection techniques in the treatment of facial and body areas. An impressive collection of sequential color photographs illustrate the procedures step by step and demonstrate the results. The volume will be an invaluable tool for aesthetic doctors, practicing dermatologists, plastic surgeons, and all other physicians interested in the field of aesthetic medicine.

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is very necessary in the training of a sur primarily to surgeons and particularly to those geon. Years ago it was perhaps overempha in training because operative technic is in sized in the prerequisites of a surgeon. During cluded with the anatomy. The entire body is recent years when a knowledge of physiology covered in the anatomic discussion and the was found to be so important to the surgeon, principles of technic described for the impor anatomy has to a great extent been neglected. tant operations. This method of presentation The pendulum is threatening to swing too far of anatomic data has an obvious advantage and give the young surgeon the idea that he in that it correlates the anatomy with the tech need not spend time on anatomy. The time nical phase of surgery; without question, the will never come when anatomy will be unim young surgeon will find that this integration portant to the surgeon; the young surgeon will make it much easier for him to remember must always appreciate this. It may be safe the important anatomic details.

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Complete Guide to Hand Anatomy: Parts, Names & Diagram
Mar 9, 2024 · Learn the hand anatomy & its functions with our comprehensive guide. Discover the different parts of a hand and how they work together.

Skuld | Piggy Wiki | Fandom
Skuld is an extra skin in Piggy, obtainable from Season 8 - The Decaying, and a secondary antagonist who appears in the second chase of the Decay II: Delirium character-focused …

Anatomy of the Hand - Johns Hopkins Medicine
Anatomy of the Hand The hand is composed of many different bones, muscles, and ligaments that allow for a large amount of movement and dexterity. There are three major types of bones …

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