

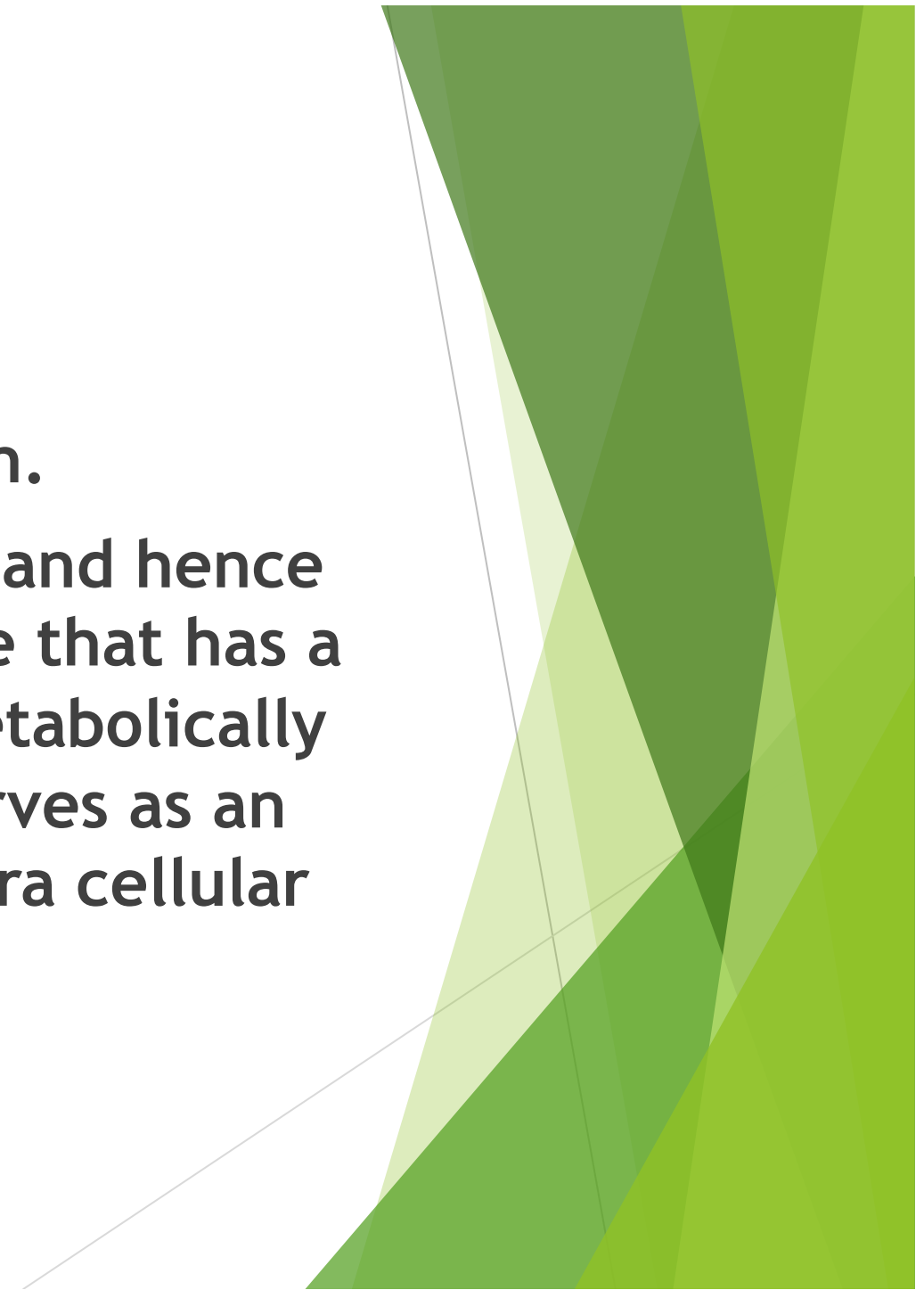
The background features abstract green geometric shapes. On the left is a solid green triangle pointing downwards. On the right is a complex, multi-layered green polygon with various shades of green and some internal lines. The text is centered between these two shapes.

Review of orthopedic anatomy

Introduction

- ▶ In Metabolic terms, bone is an illusion.
- ▶ Although it is concrete in substance (and hence has a finite and almost rigid structure that has a characteristic and specific shape), metabolically it is almost explosively active and serves as an extension and a reservoir for the extra cellular space.

Primary function → Calcium storage

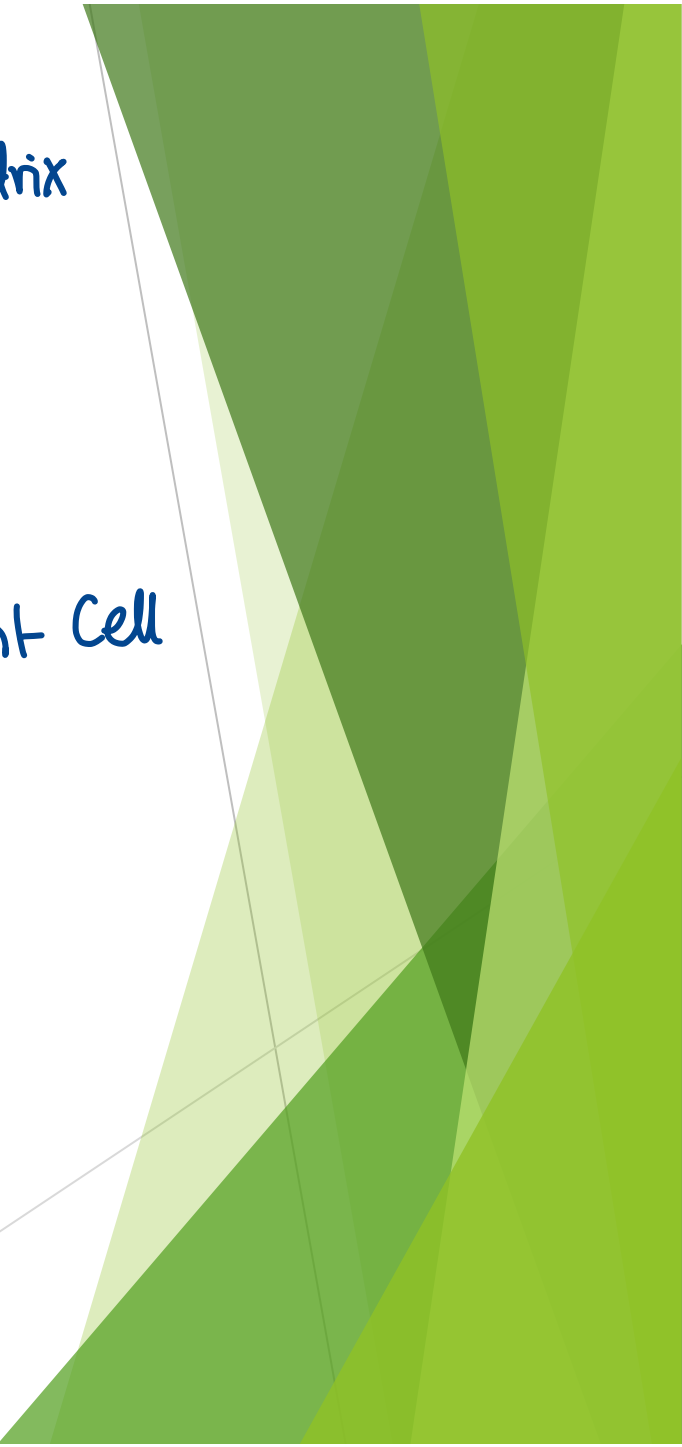



Calcium

- ▶ Bone is the reservoir of 99% of Ca.
- ▶ Plasma Ca: 48% free ionised,
46% bound (0.8 mg/dl for 1gm).
6% complexed citrate, phosphate
- ▶ CaHPO_4 is not freely soluble, if the concentration of Ca or HPO_4 exceeds the critical solubility product, ectopic calcification is likely to occur.
- ▶ More soluble in acidic media.

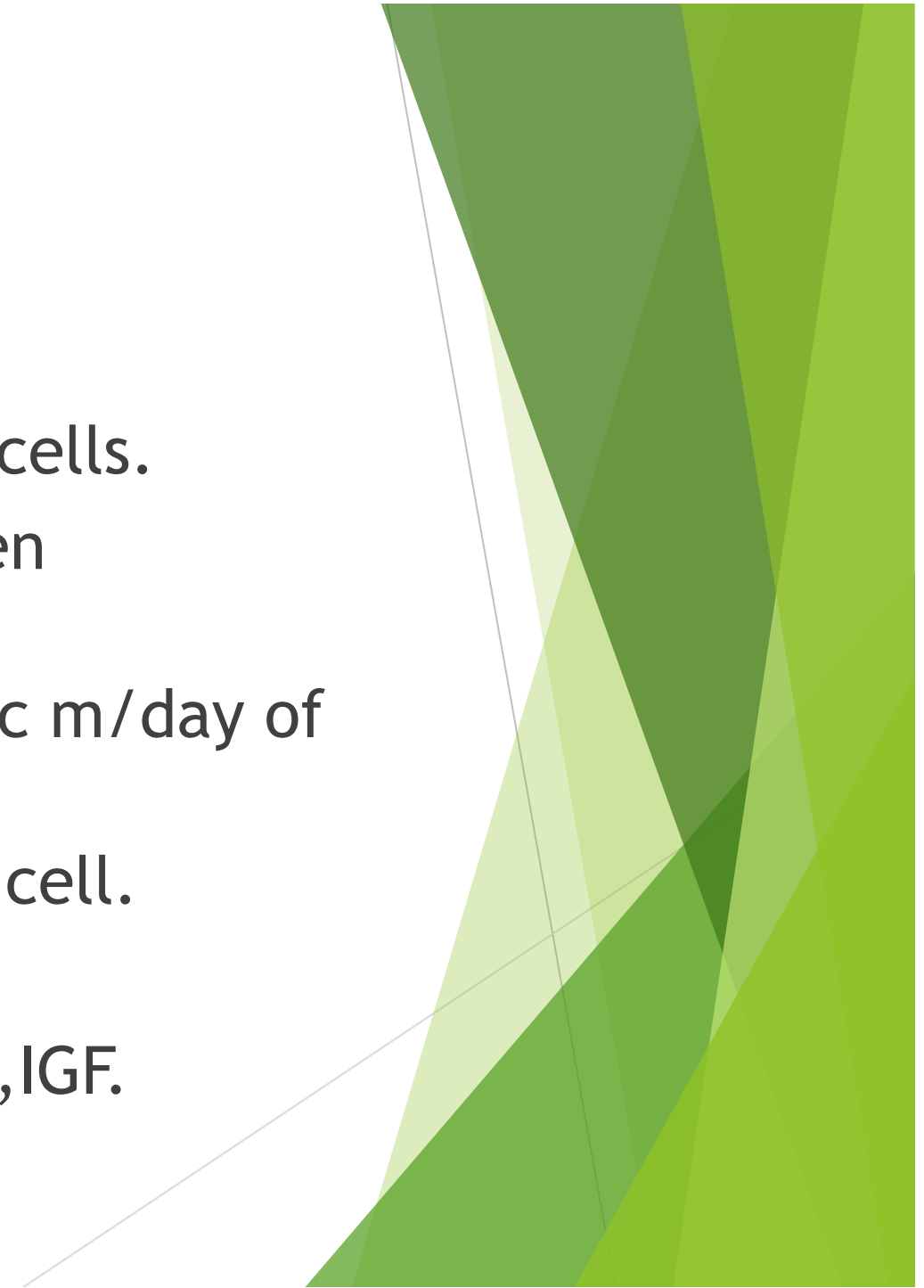
- Action Potential
- Neurotransmitter
- Immunity
-

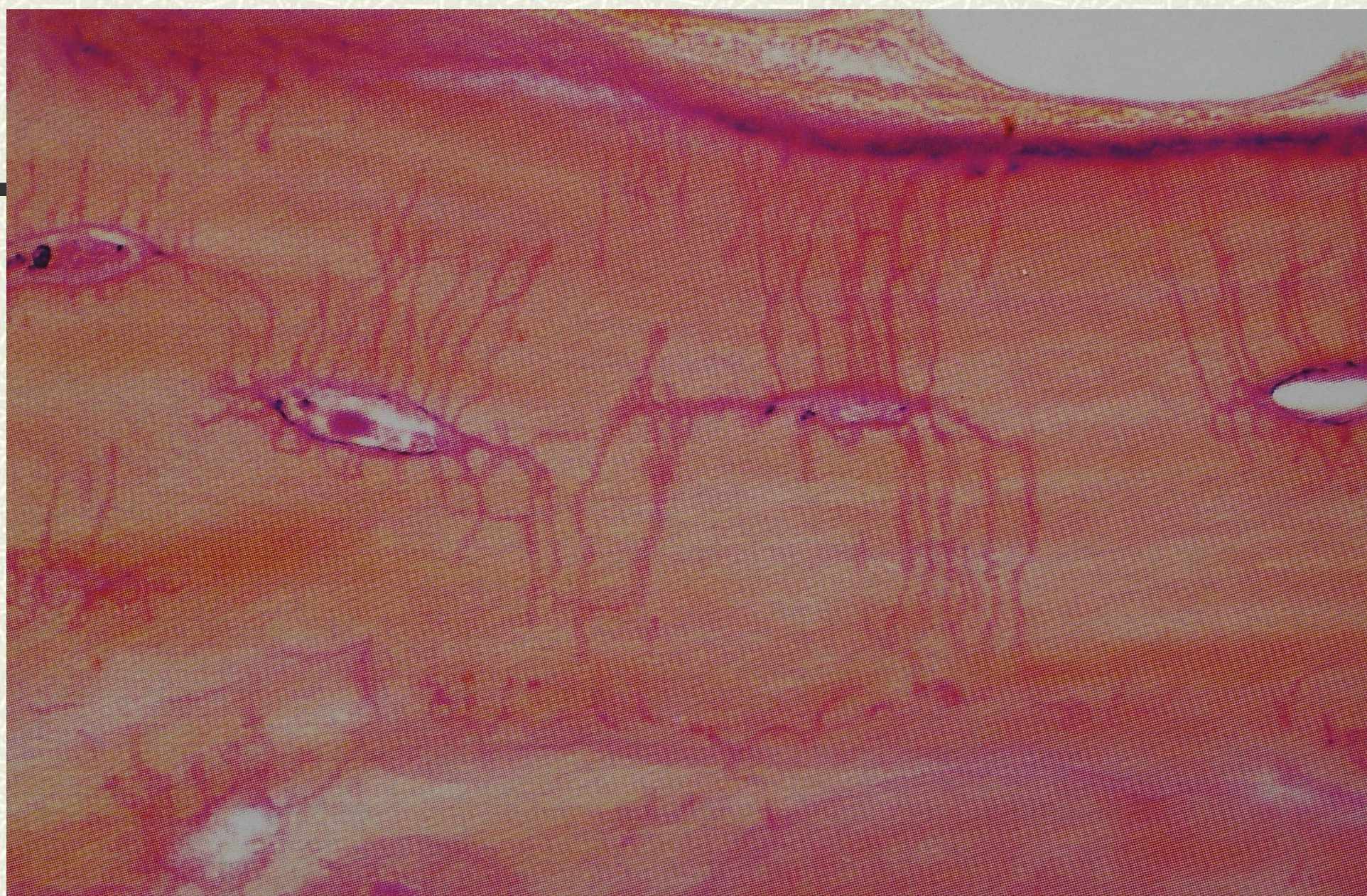


- 
- 
- ▶ Bone as a tissue: *Connective tissue* ^{cell} *extracellular matrix*
 - Cells osteoblasts. *matrix making cells*
Osteocytes.
bone lining cells
osteoclasts. *Multinucleated Giant Cell*
 - Extra cellular matrix
 - Organic fibers
ground substance.
connecting proteins.
 - Inorganic $\text{Ca } 10(\text{po}_4)_6(\text{OH})_2$

Osteoblastes

- ▶ Multipotential primitive mesenchymal cells.
- ▶ Synthesize osteoid (pro alpha-1 collagen, osteocalcin, BMP).
- ▶ One osteoblast can produce 0.5-1.5 mic m/day of an osteoid seam for 8 weeks.
- ▶ Fate : apoptosis, osteocyte, bone lining cell.
- ▶ Gap junctions.
- ▶ Receptors for: PTH, vitD, TNF, oestrogen, IGF.

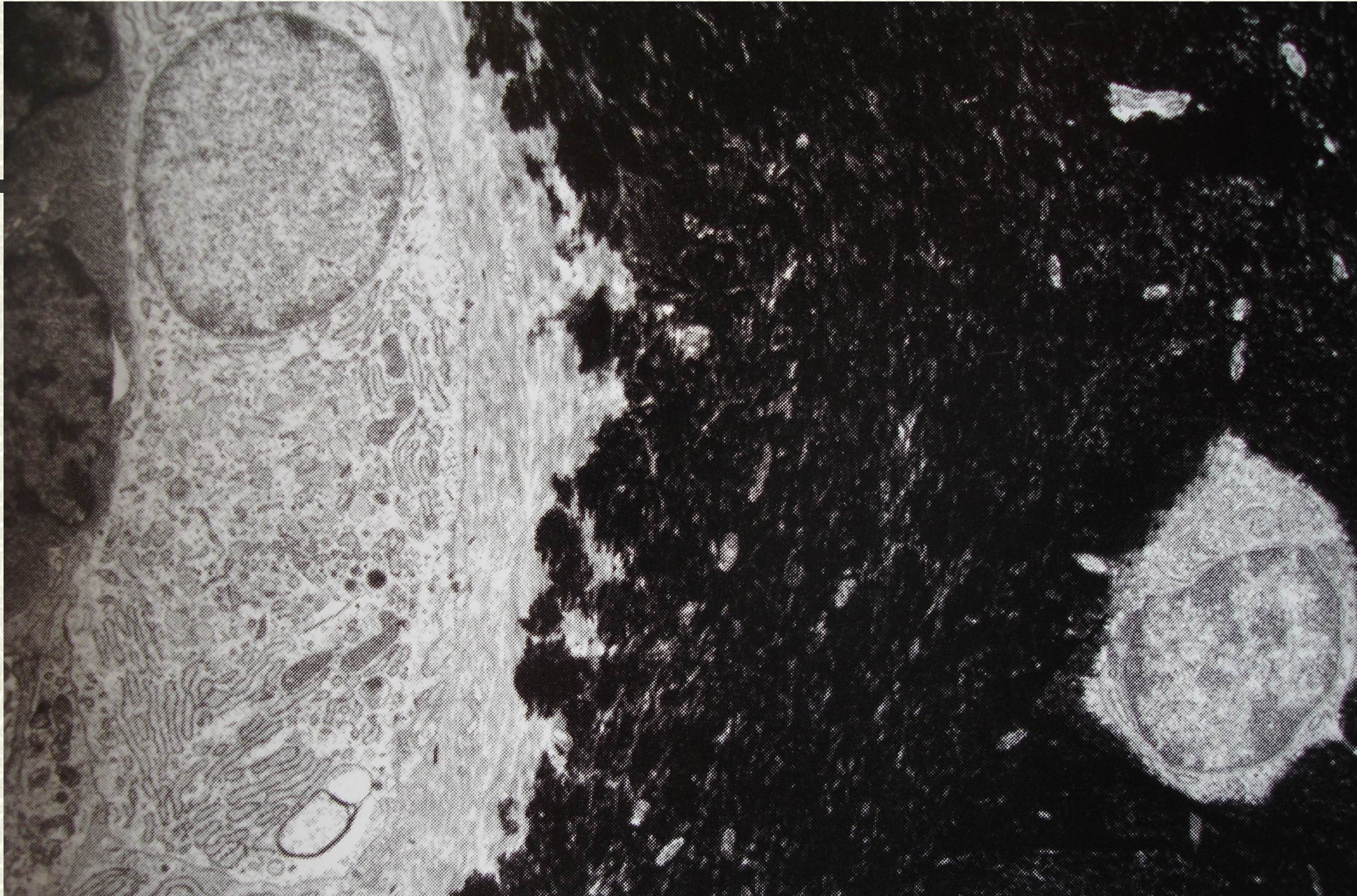


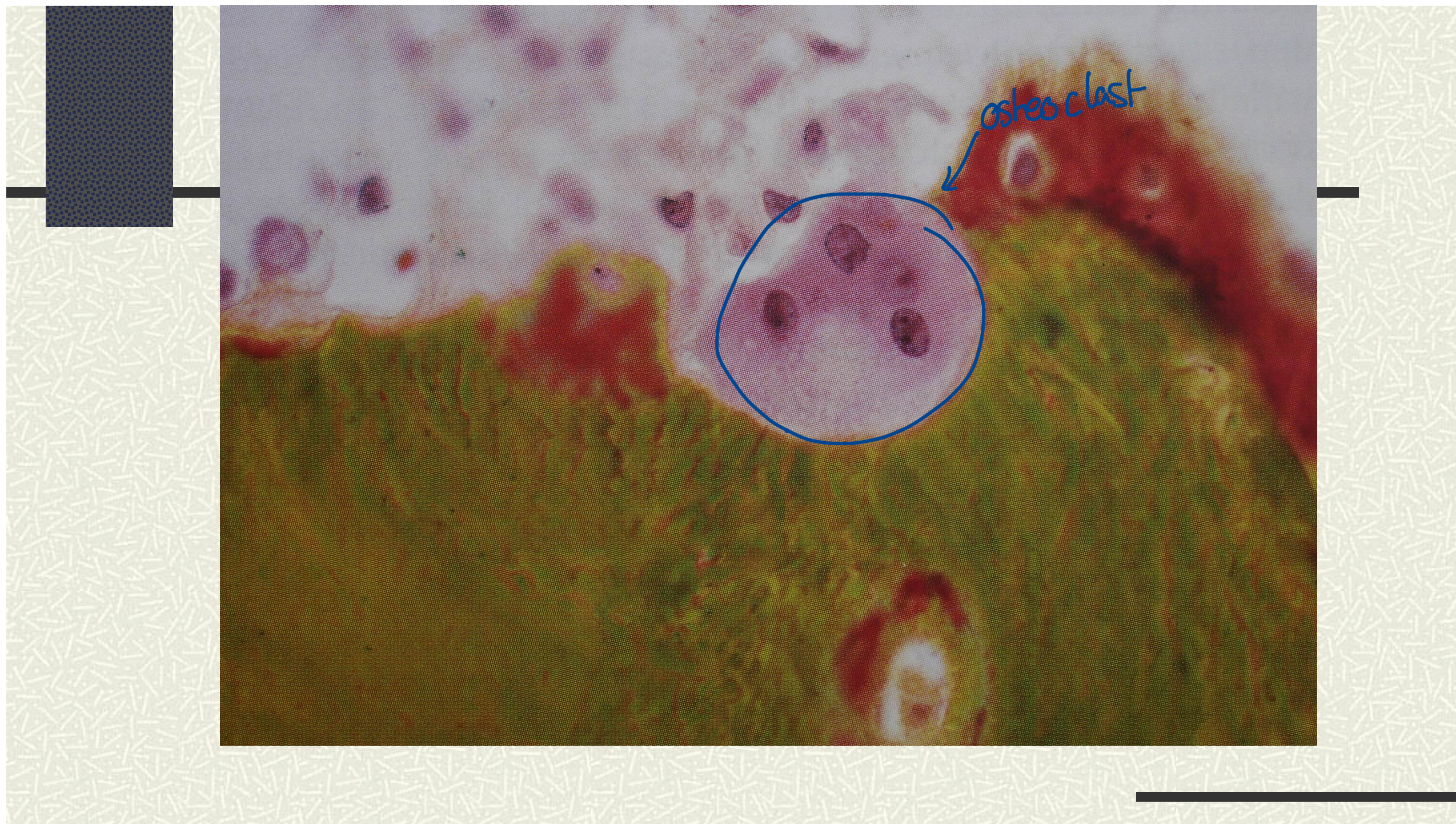


osteoclasts Multinucleated Giant Cell → bone resorption (Immune Reaction...)

- Macrophage-monocyte origin.
 - IL-3, GM-CSF.
 - PTH, 1,25D3, TNF in the presence of bone stromal elements induce the production of calcitonin receptors, carbonic anhydrase, TRALP.
 - IL-1, IL-6.
 - Integrin.
-







bone eaten. O- ..

Bone matrix. *Collagen, Calcium, phosphorus*

70% mineralised matrix, 25% cells and organic matrix, 5% water.

Organic matrix 94% collagen.
resisting deformation in tension.

Collagen: 1 α 1 chain and 2 α 2 chains.

Microscopic periodicity of 640 nm.

Classification by anatomical location.

long bone
irregular bone
flat bone

- ▶ Epiphysis.
- ▶ Metaphysis. *End of bone*
- ▶ Diaphysis. *shaft*
- ▶ Capsule.
- ▶ Articular surface.
- ▶ Growth plate.

Formation of bone

mesoderm → differentiate to cartilage the ossification to make bone
Cartilage get resolved and making of bone start (Replaced)

Fetal Skeleton

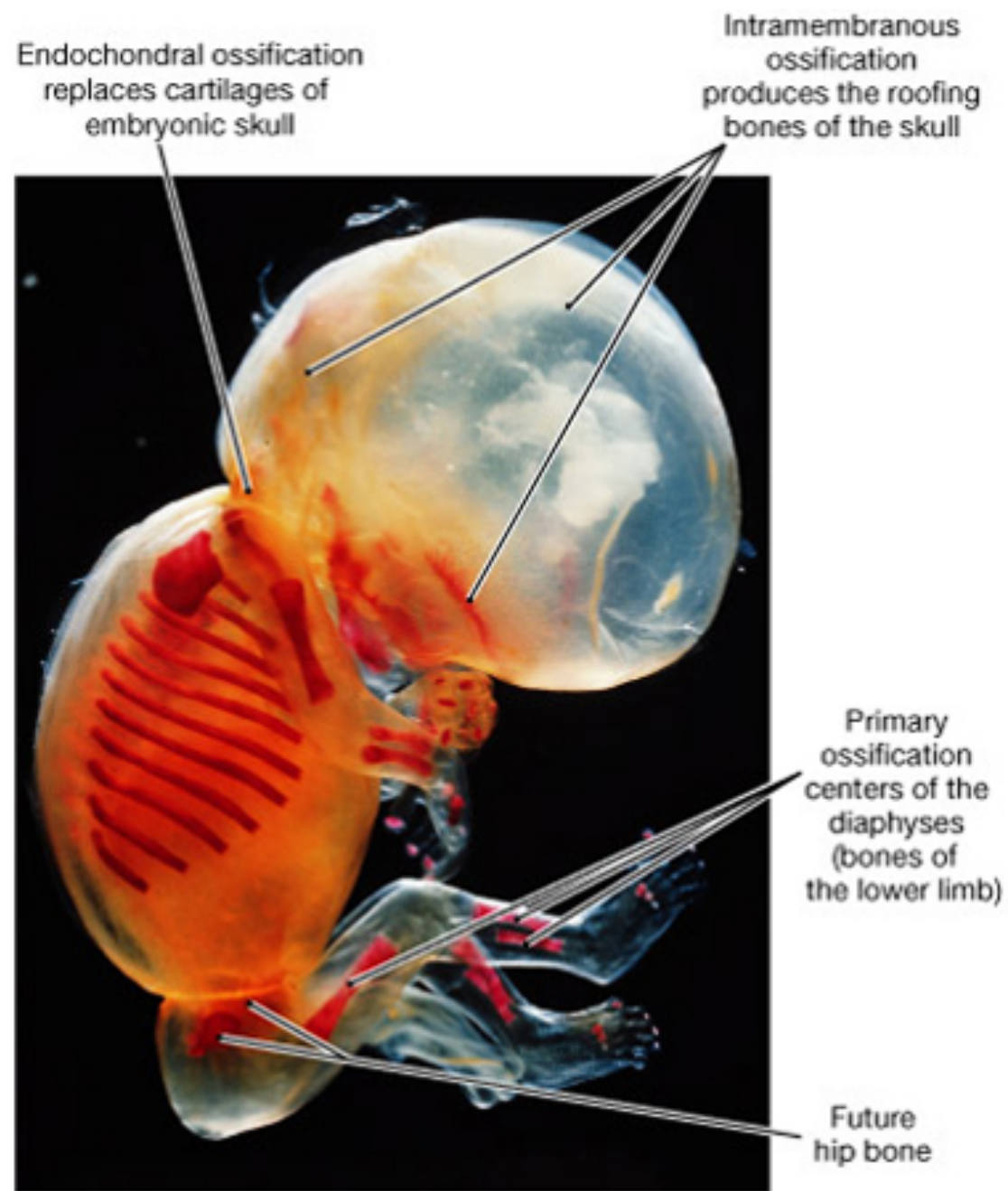


bones
6-9 inches
(g)

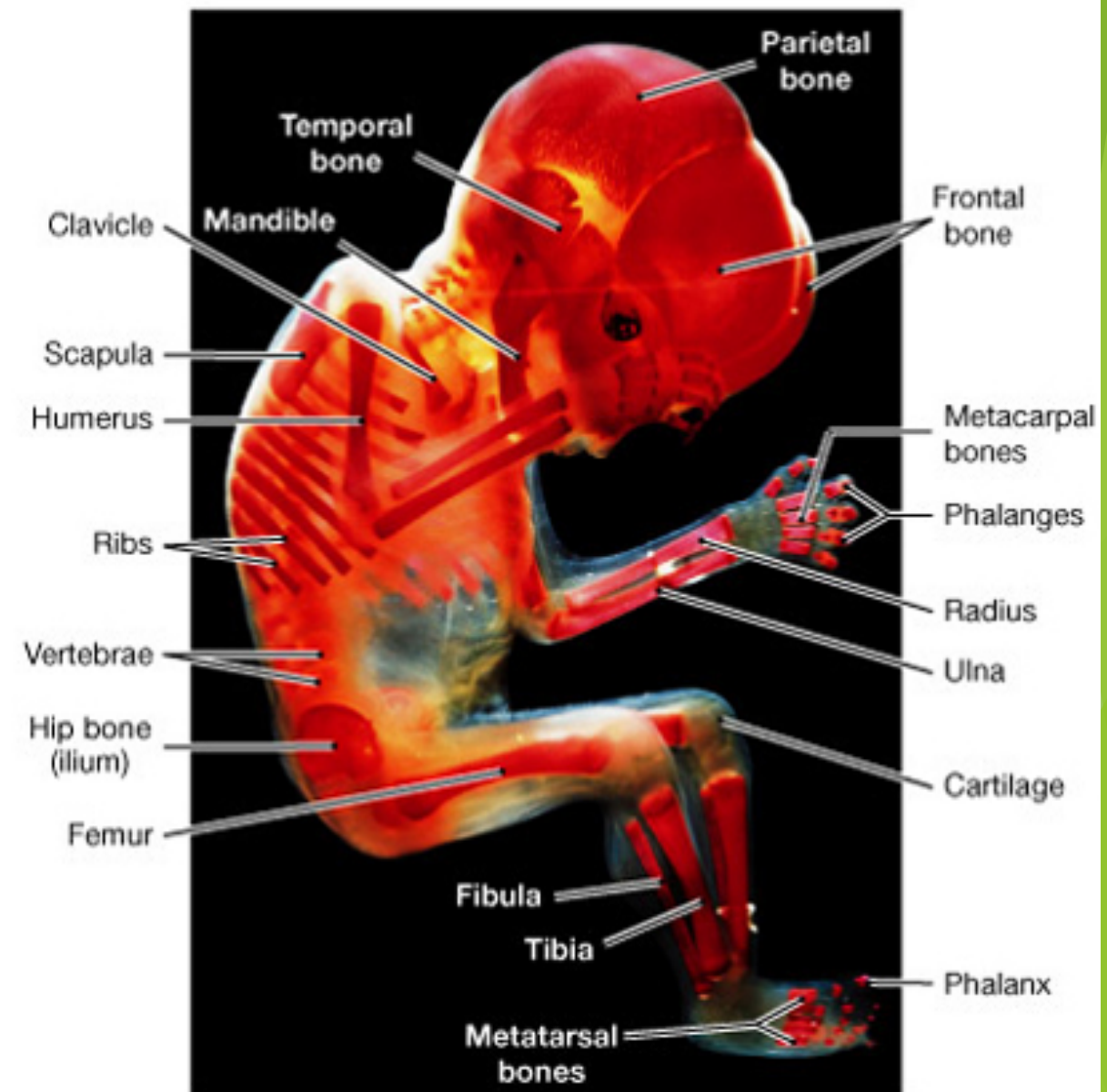


Copyright © 2004 Pearson Education, Inc., publishing as Benjamin Cummings.

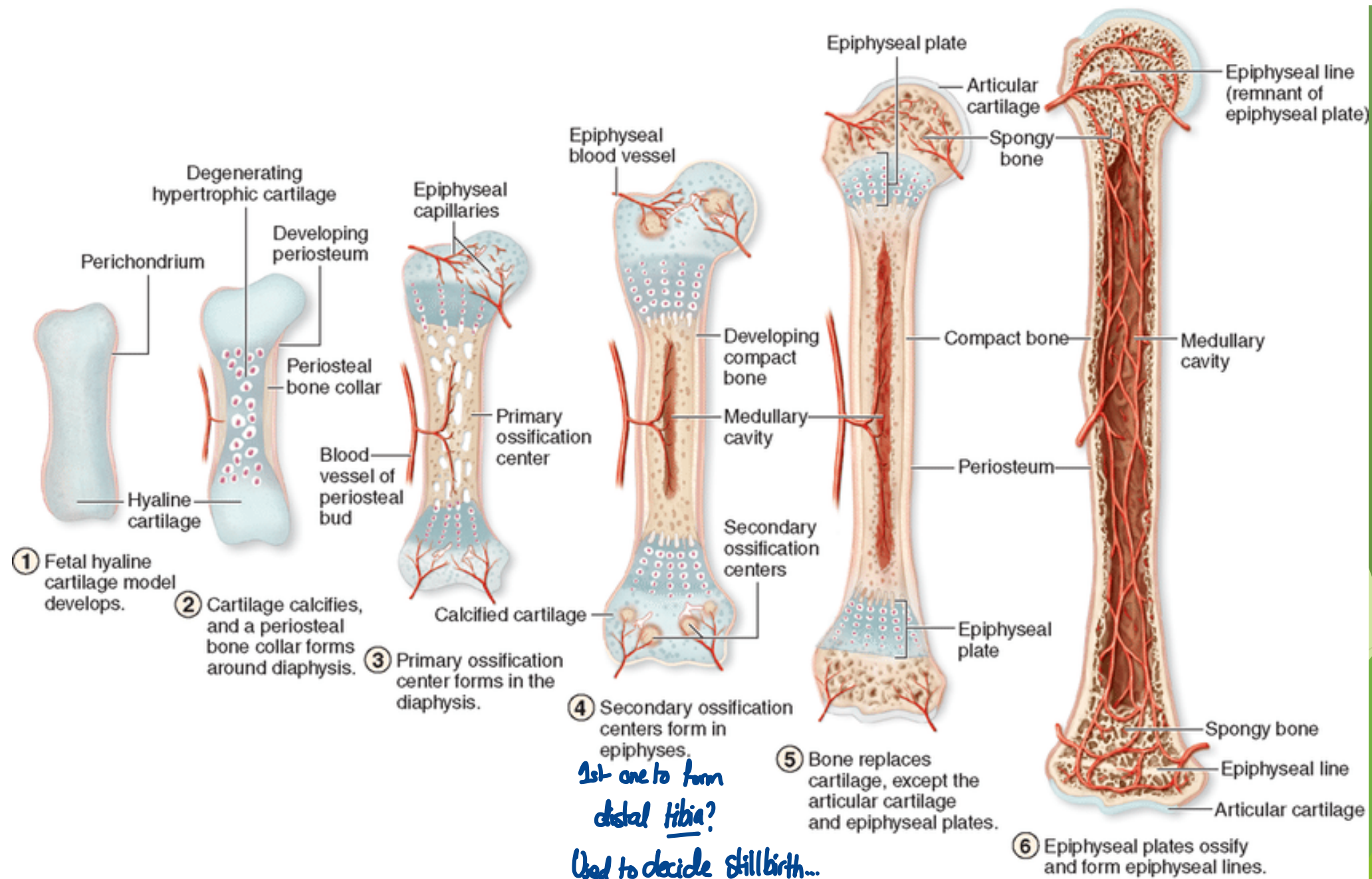




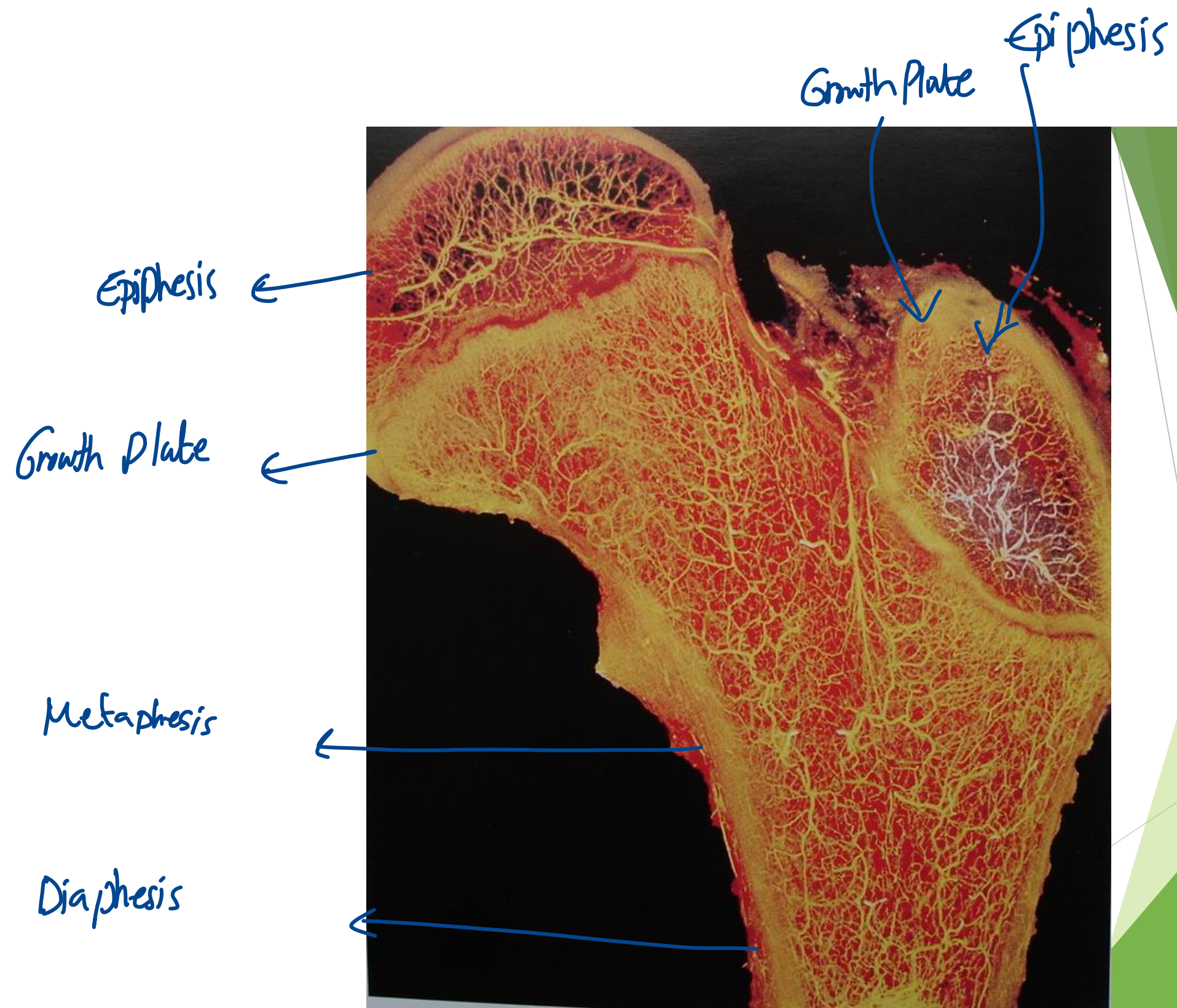
(a)

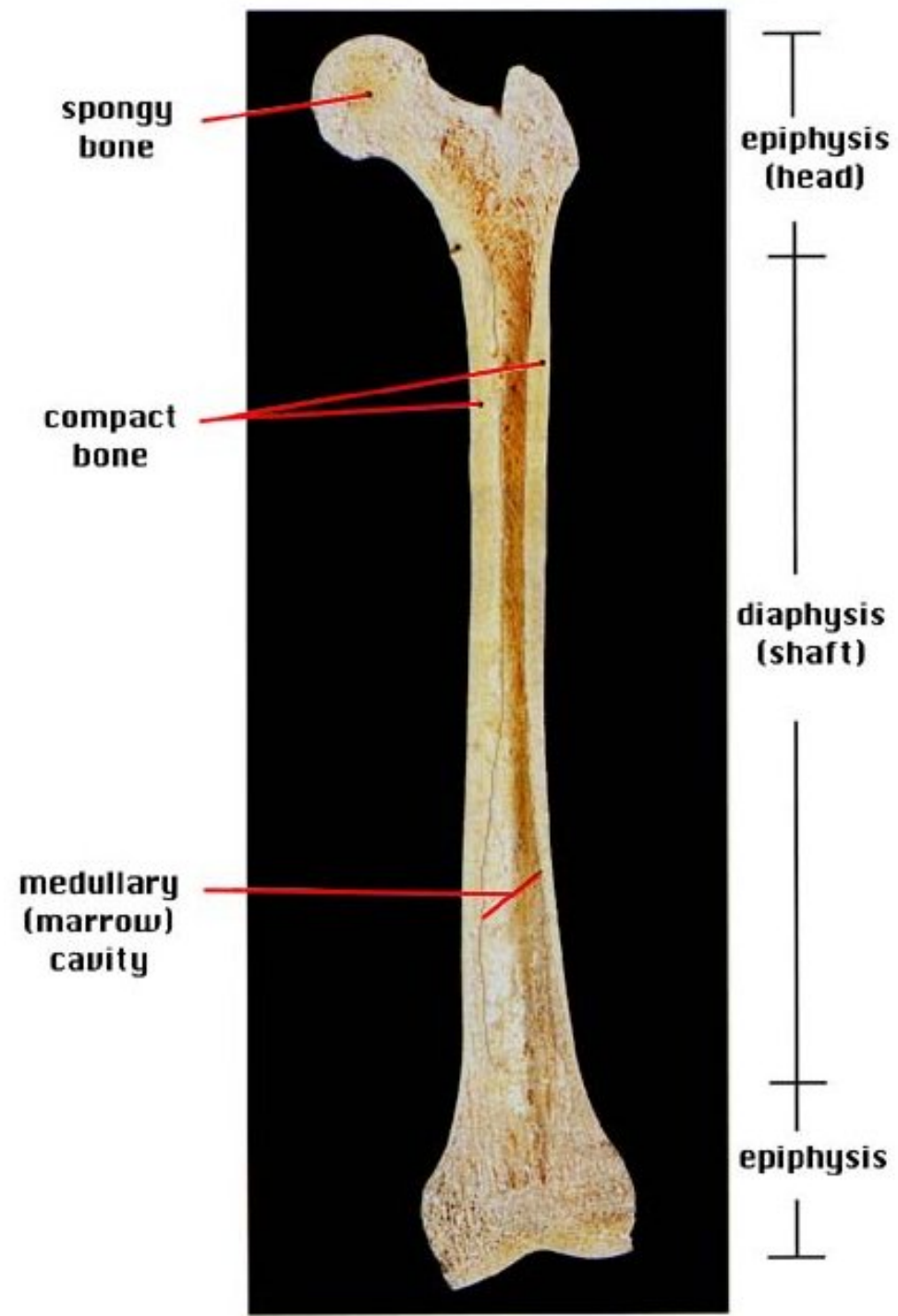


(b)



1st one to form
distal tibia?
Used to decide stillbirth...

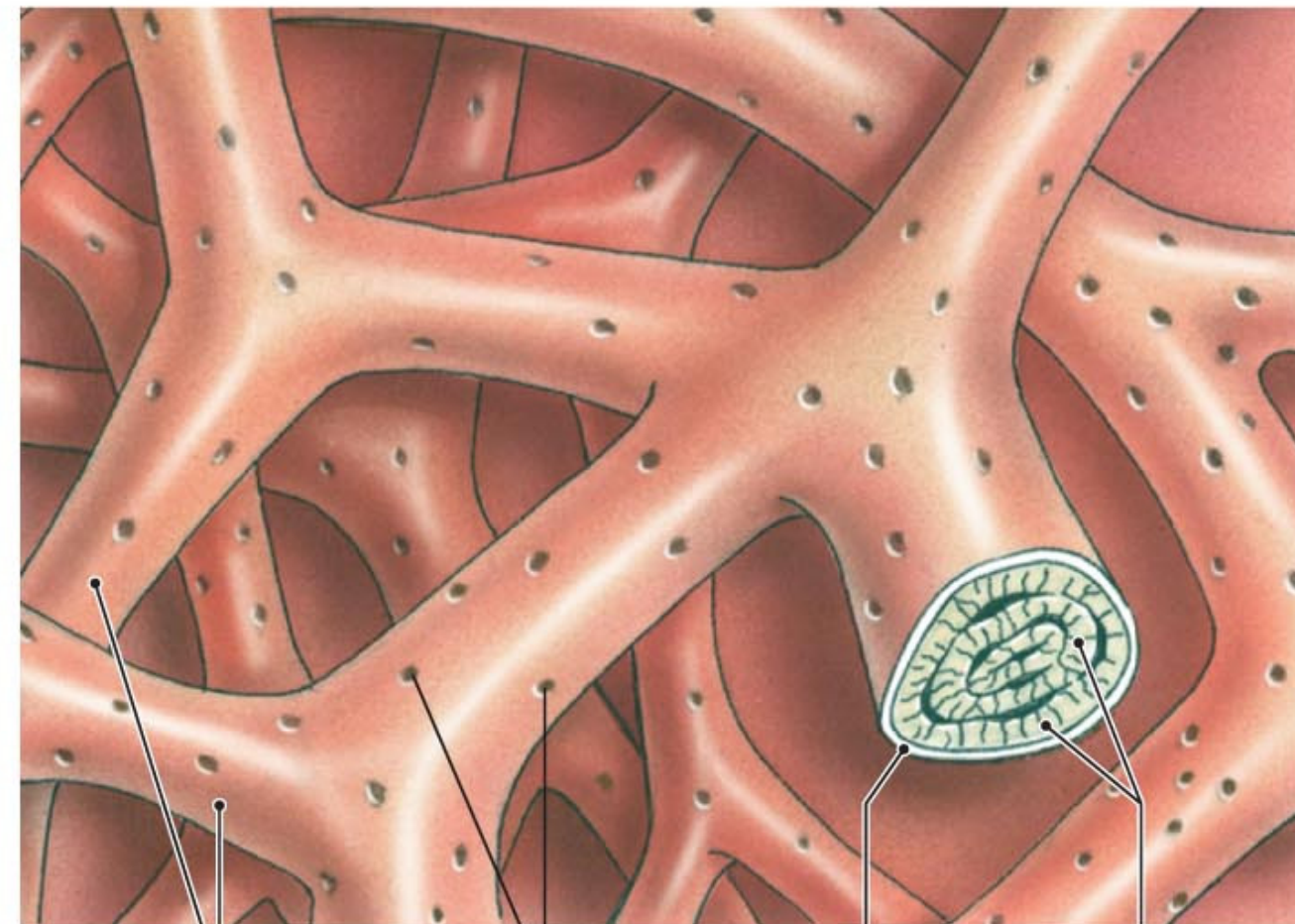




The structure of spongy bone, as shown in the head of the femur



© 2011 Pearson Education, Inc.

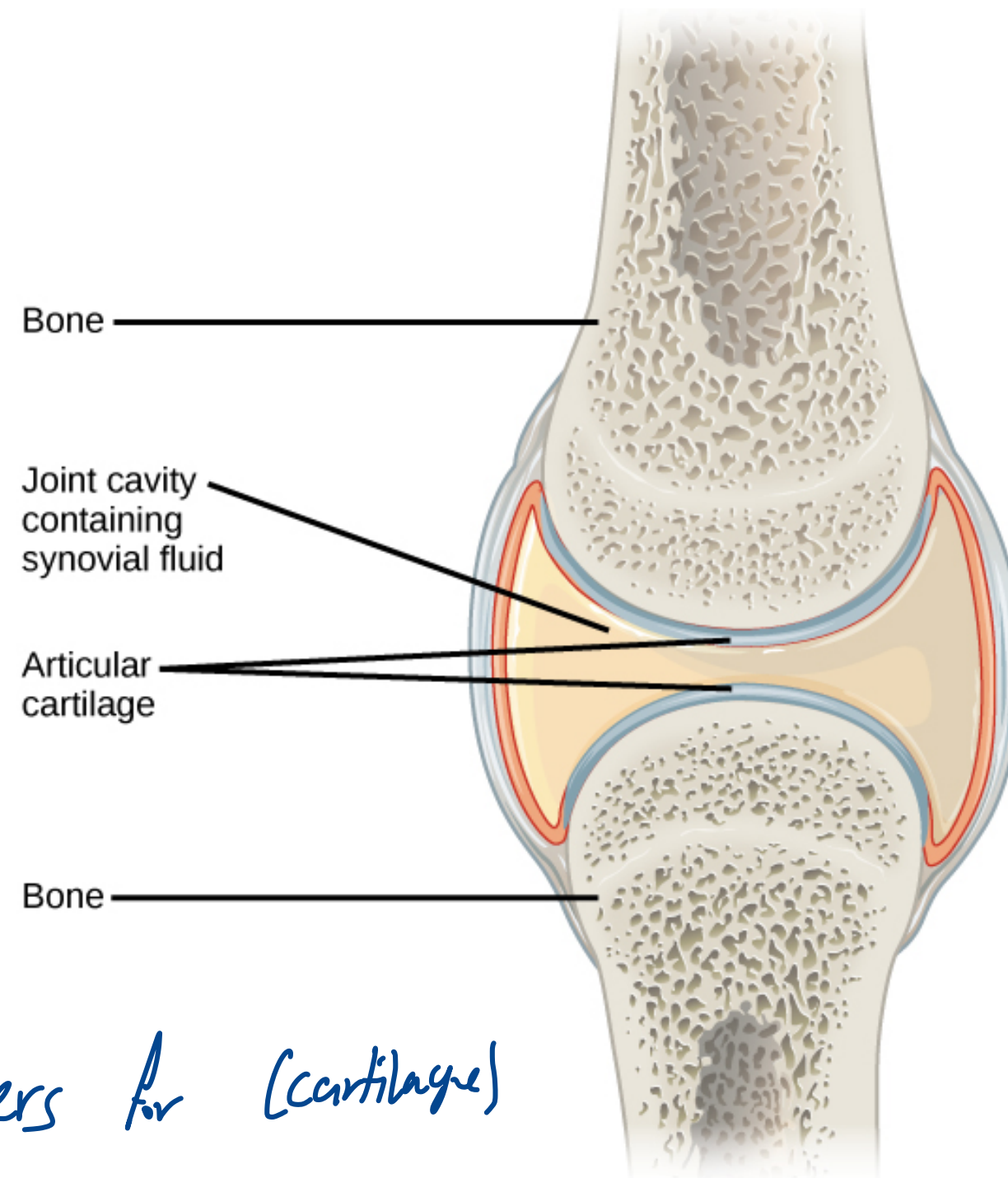


Trabeculae of
spongy bone

Canaliculi
opening on
surface

Endosteum

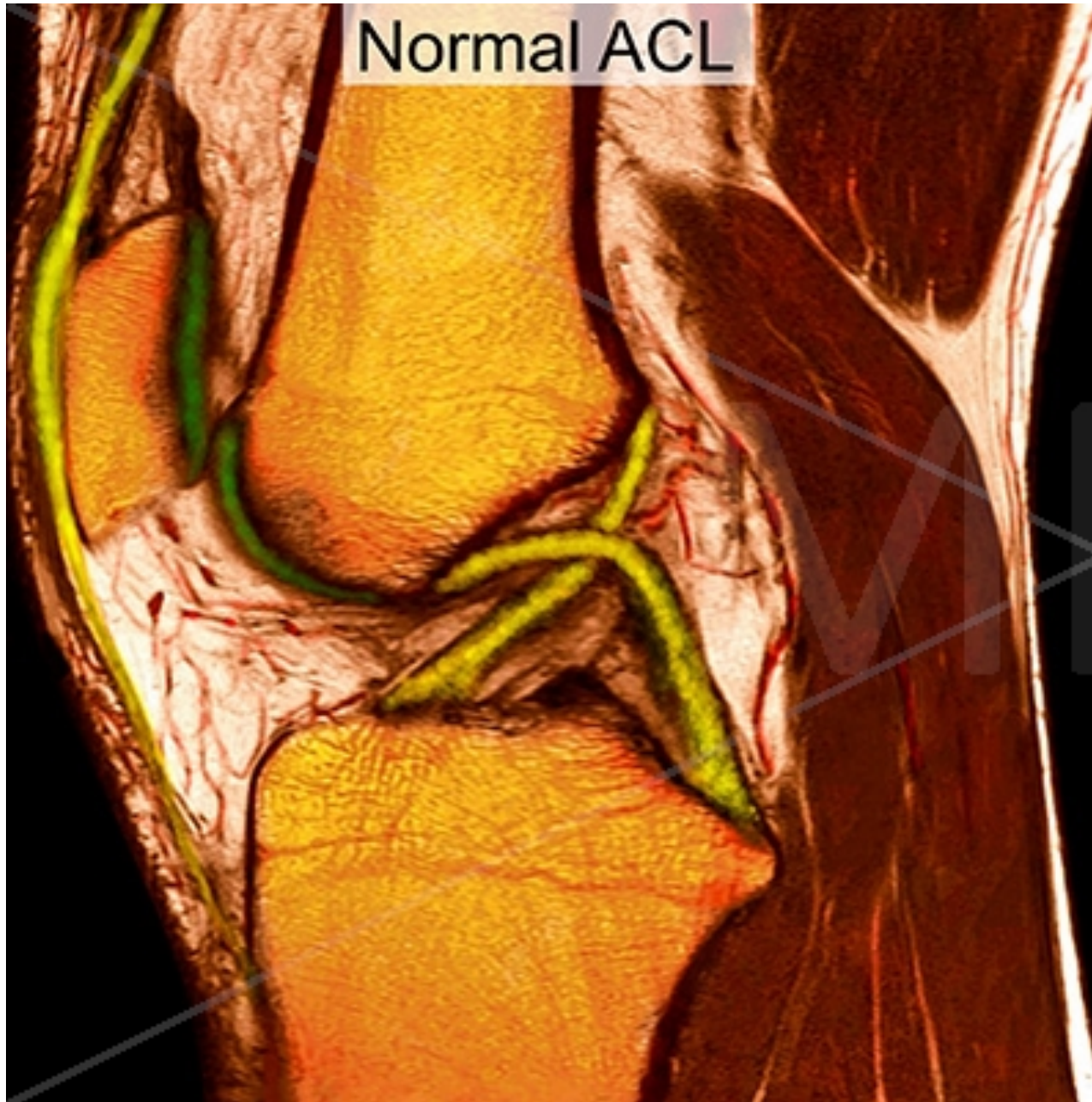
Lamellae



Capsule & Fibers for (cartilage)



Normal ACL

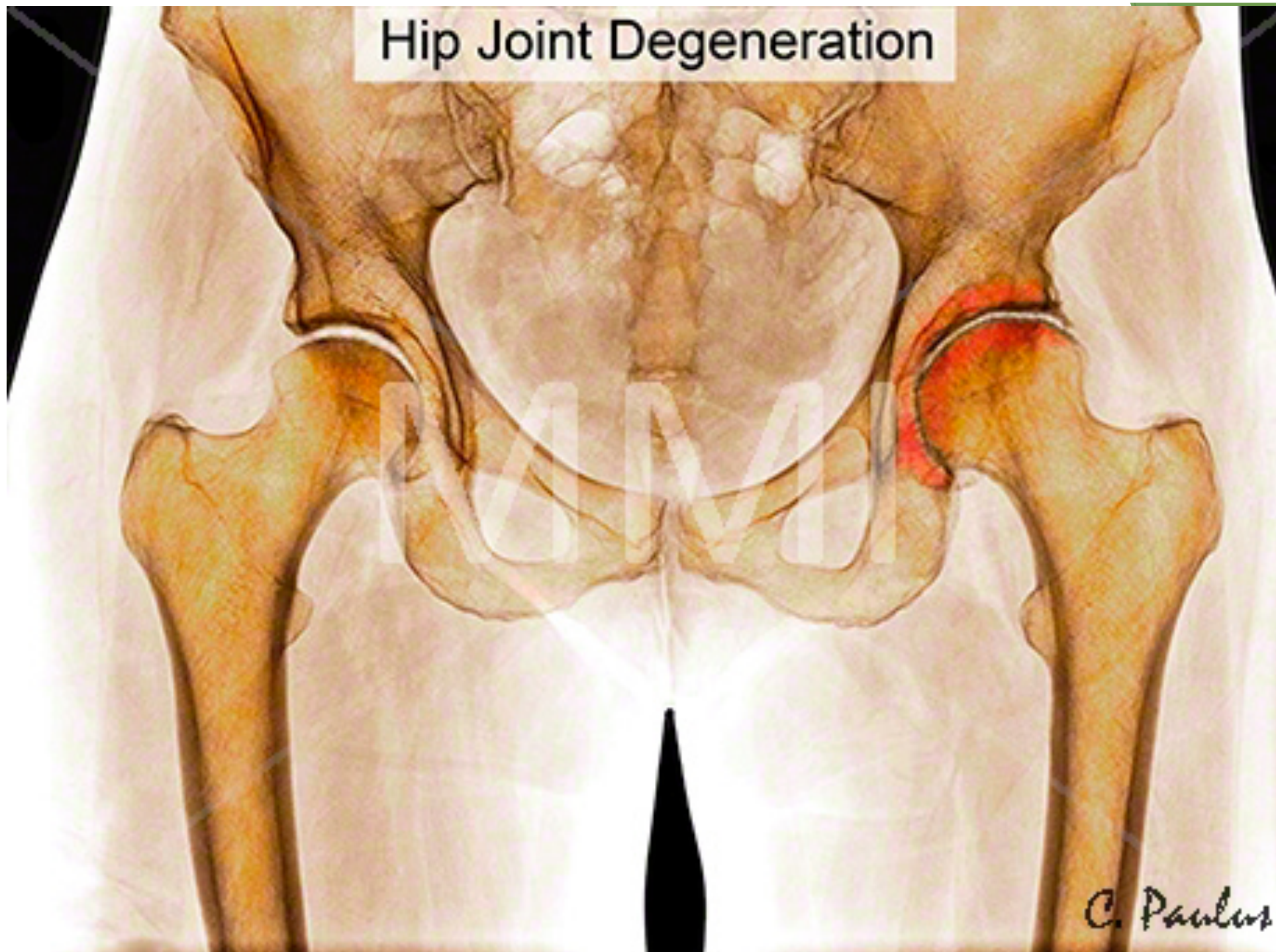


Torn ACL



C. Paulus

Hip Joint Degeneration

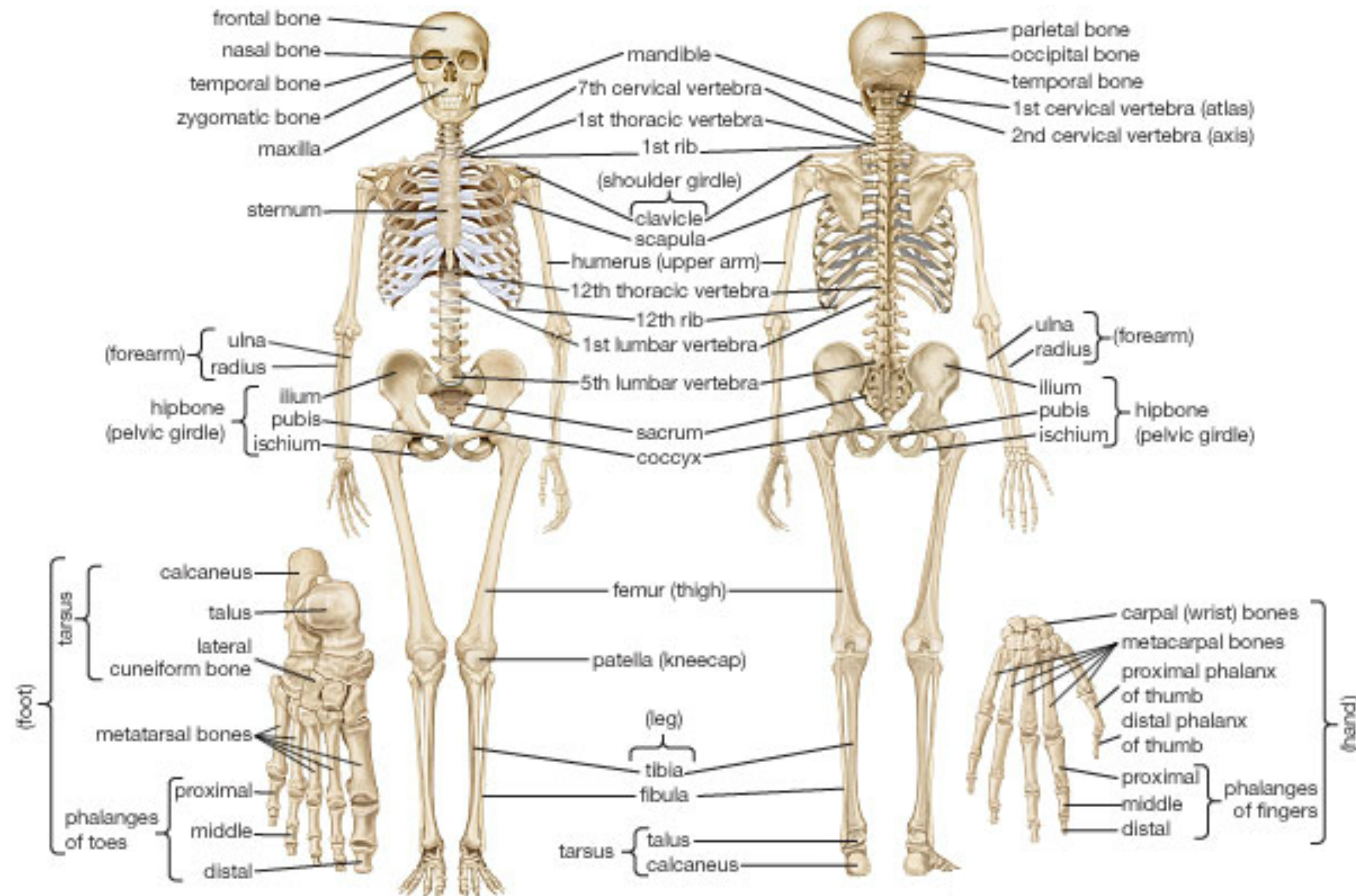


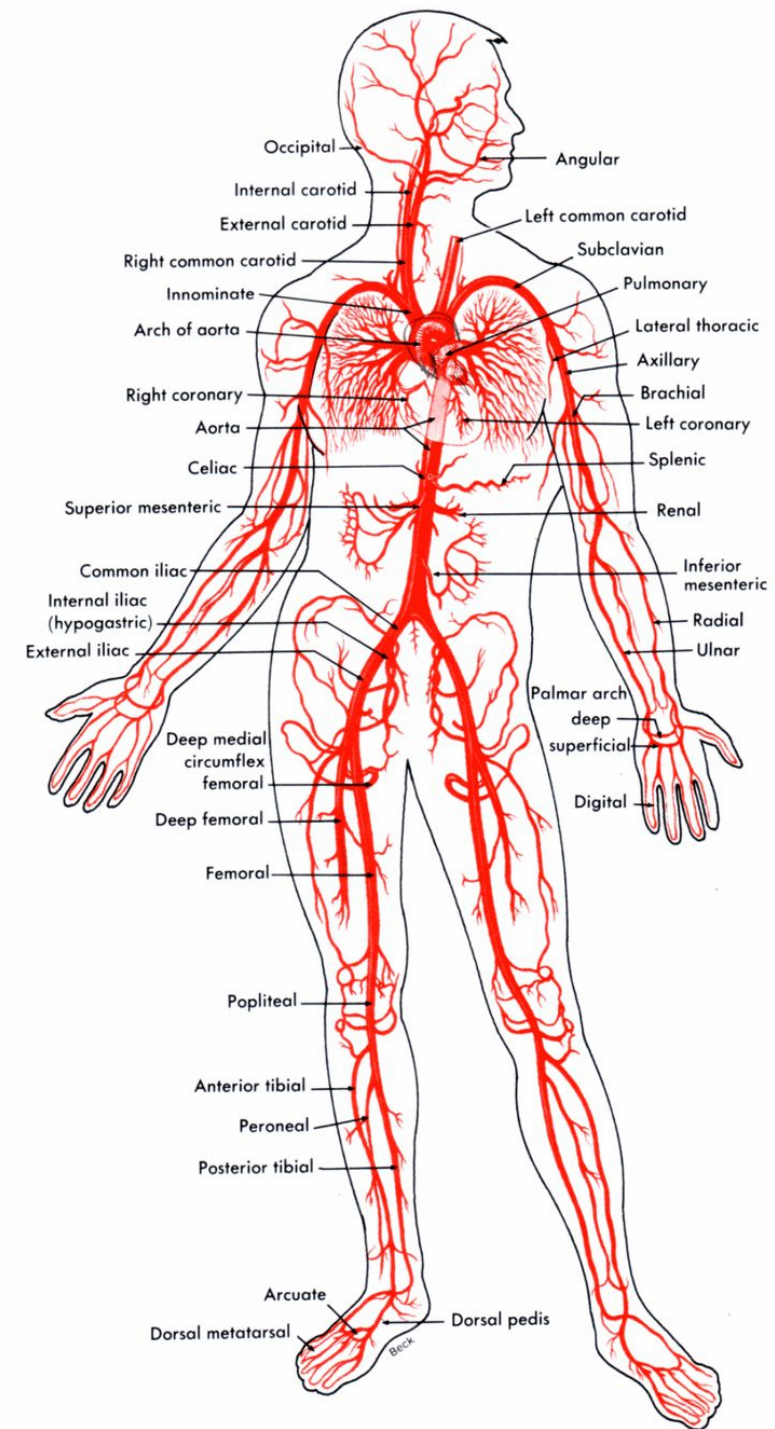
Body dimensions and planes.

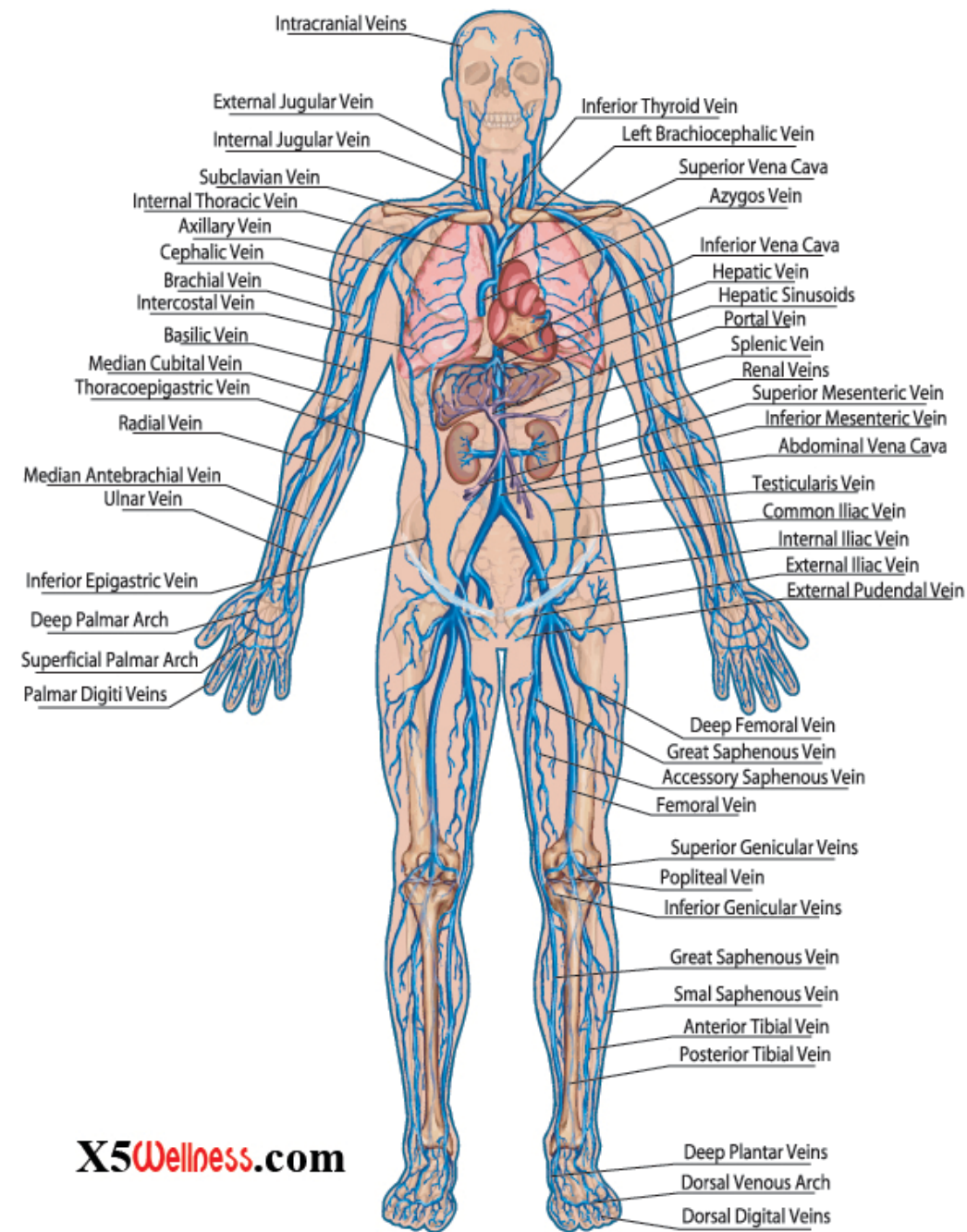
- ▶ Superior-inferior, proximal-distal, cephalocodal.
 - ▶ Anterior posterior.
 - ▶ Medial lateral.
-
- ▶ Axial, transverse.
 - ▶ Sagital.
 - ▶ Coronal.





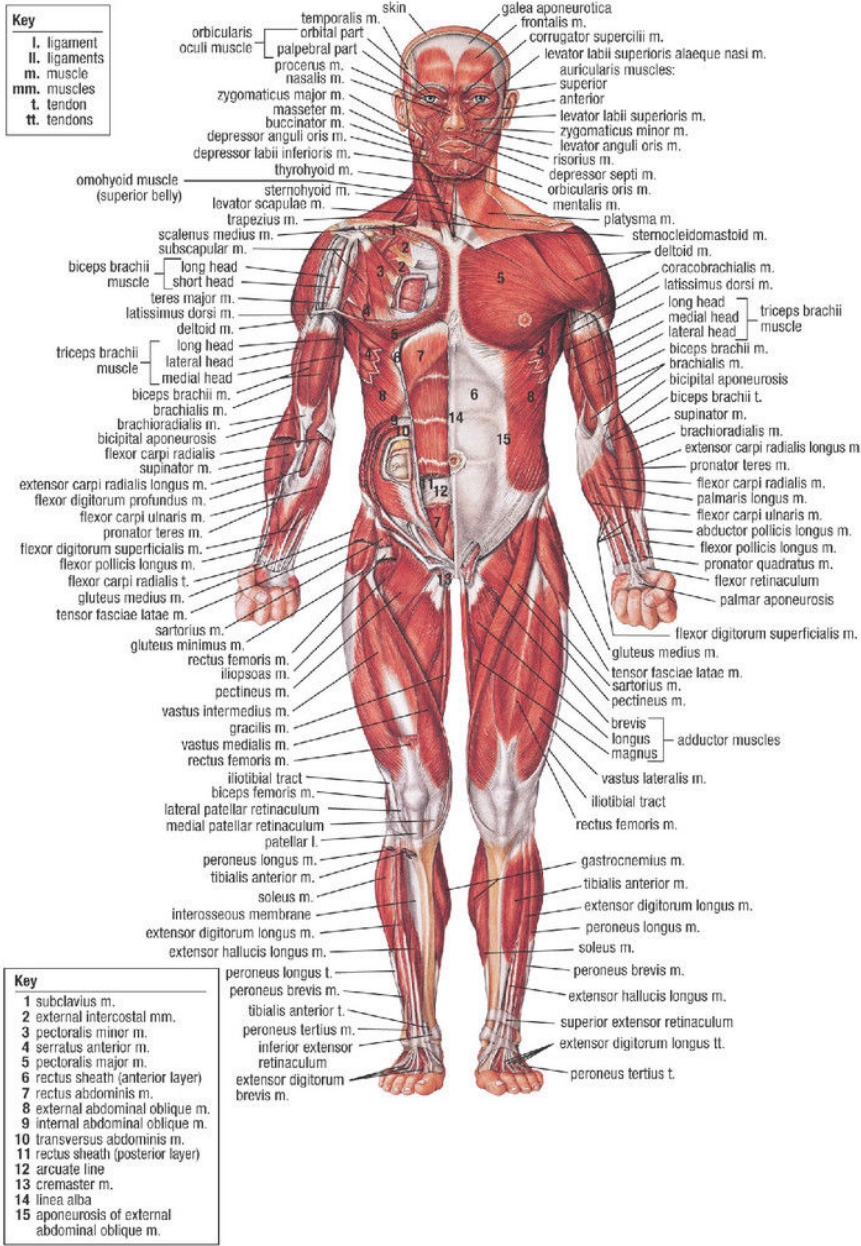




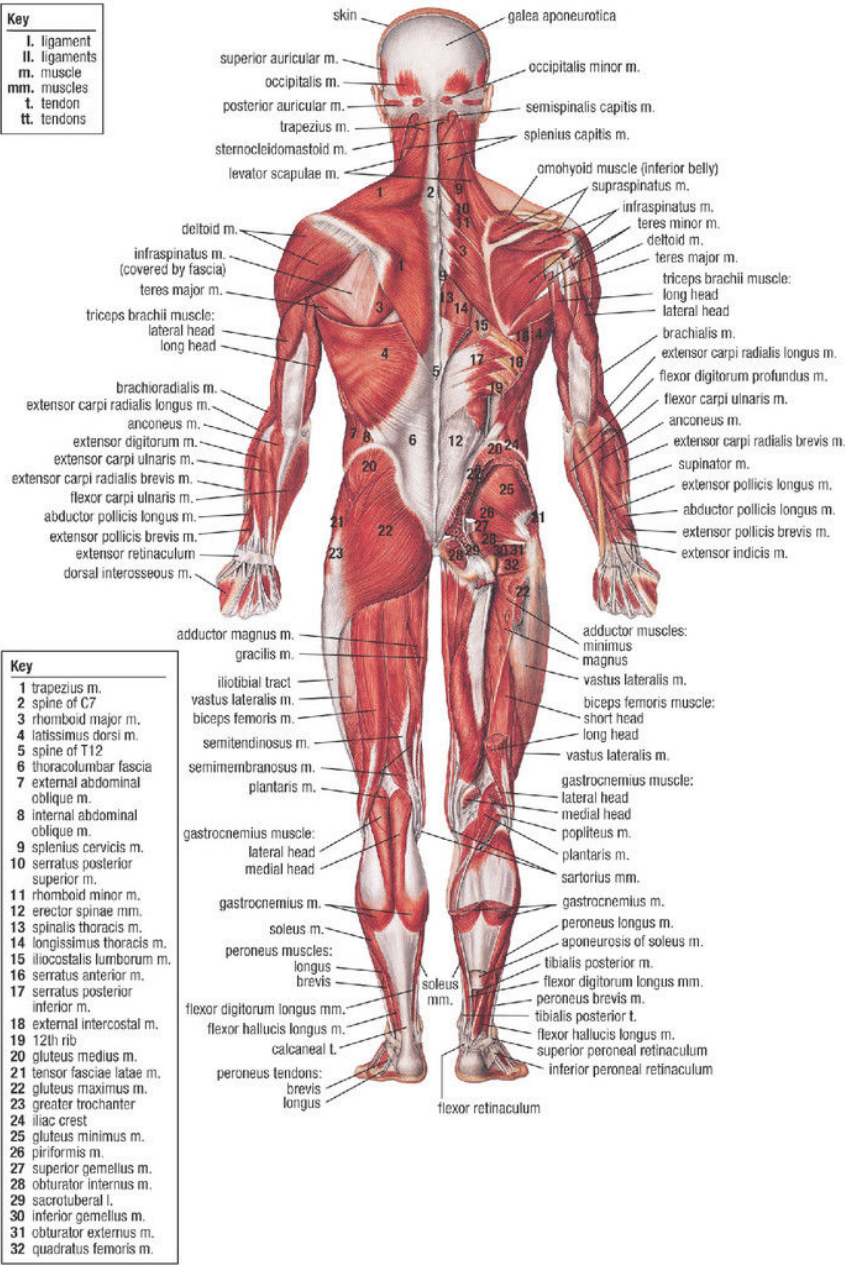


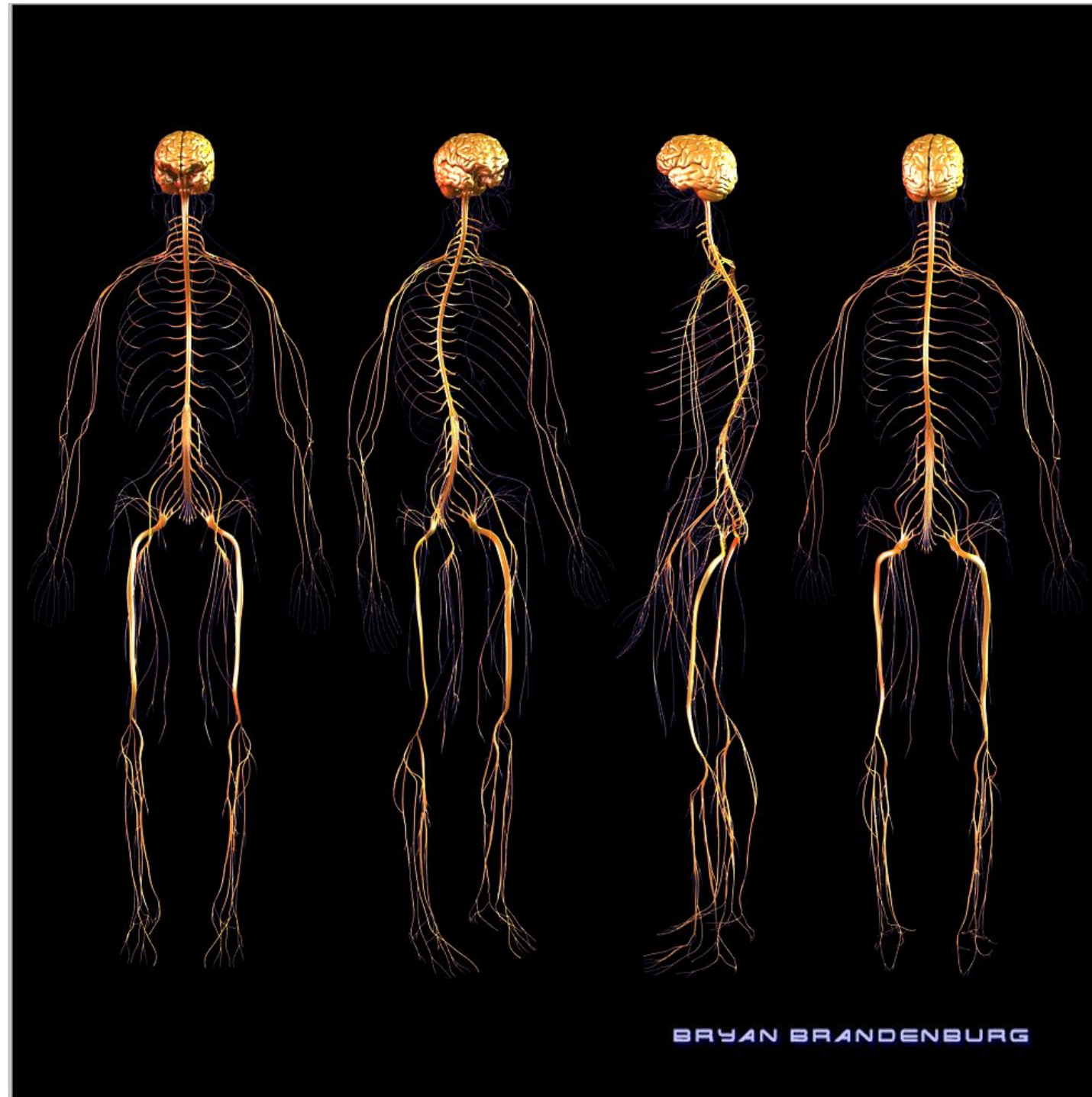
X5Wellness.com

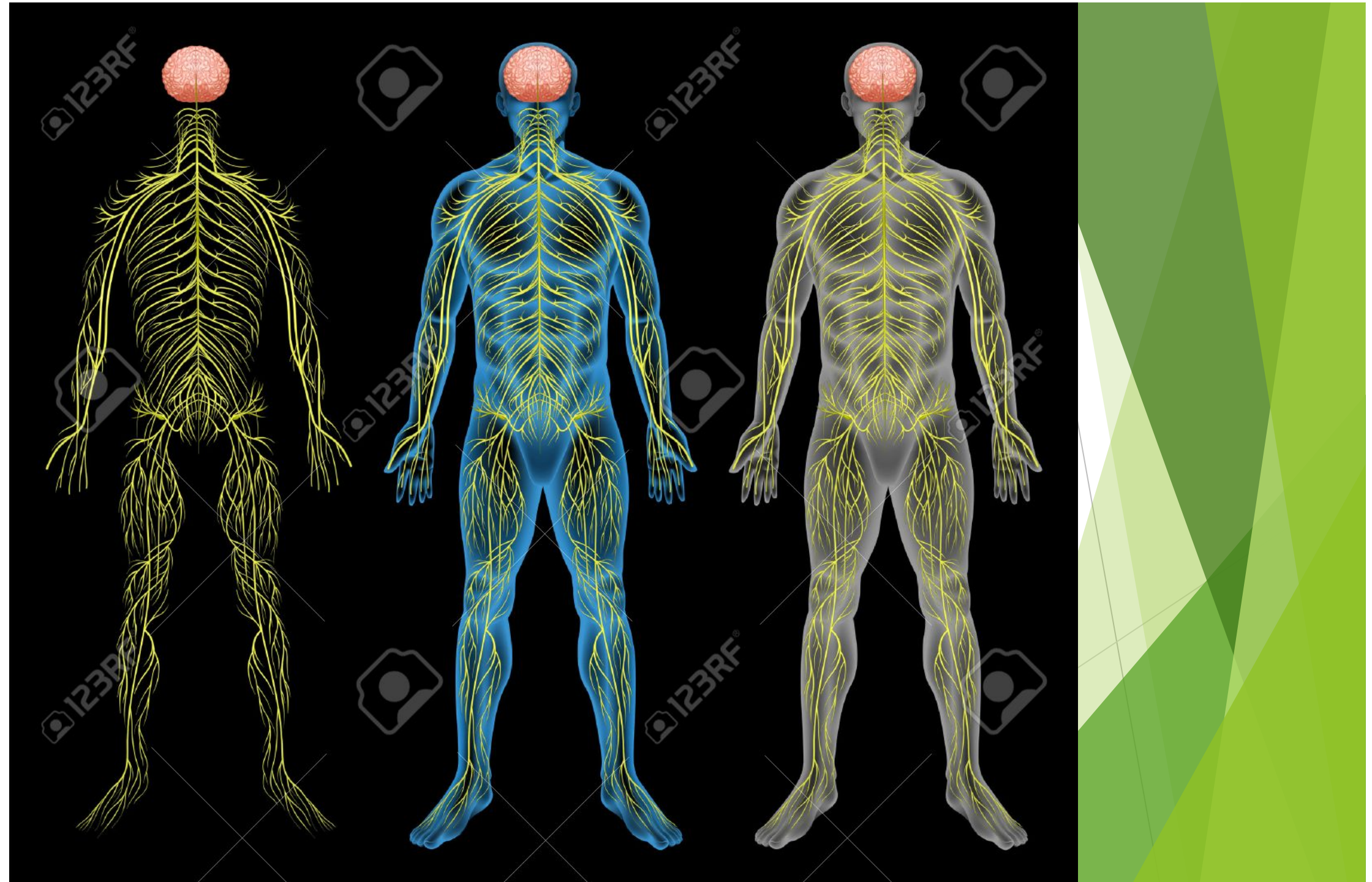
MUSCULAR SYSTEM (ANTERIOR VIEW)

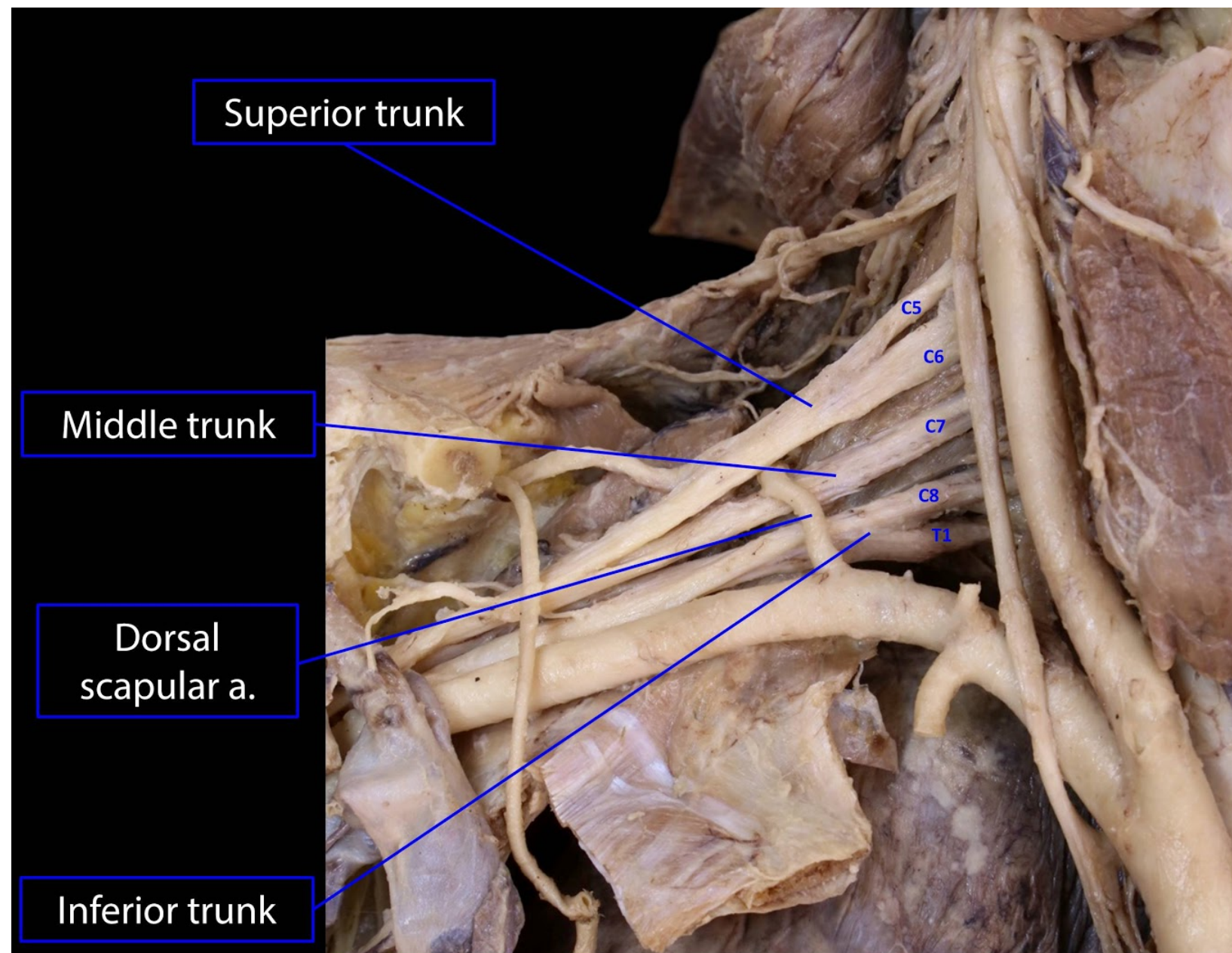


MUSCULAR SYSTEM (POSTERIOR VIEW)

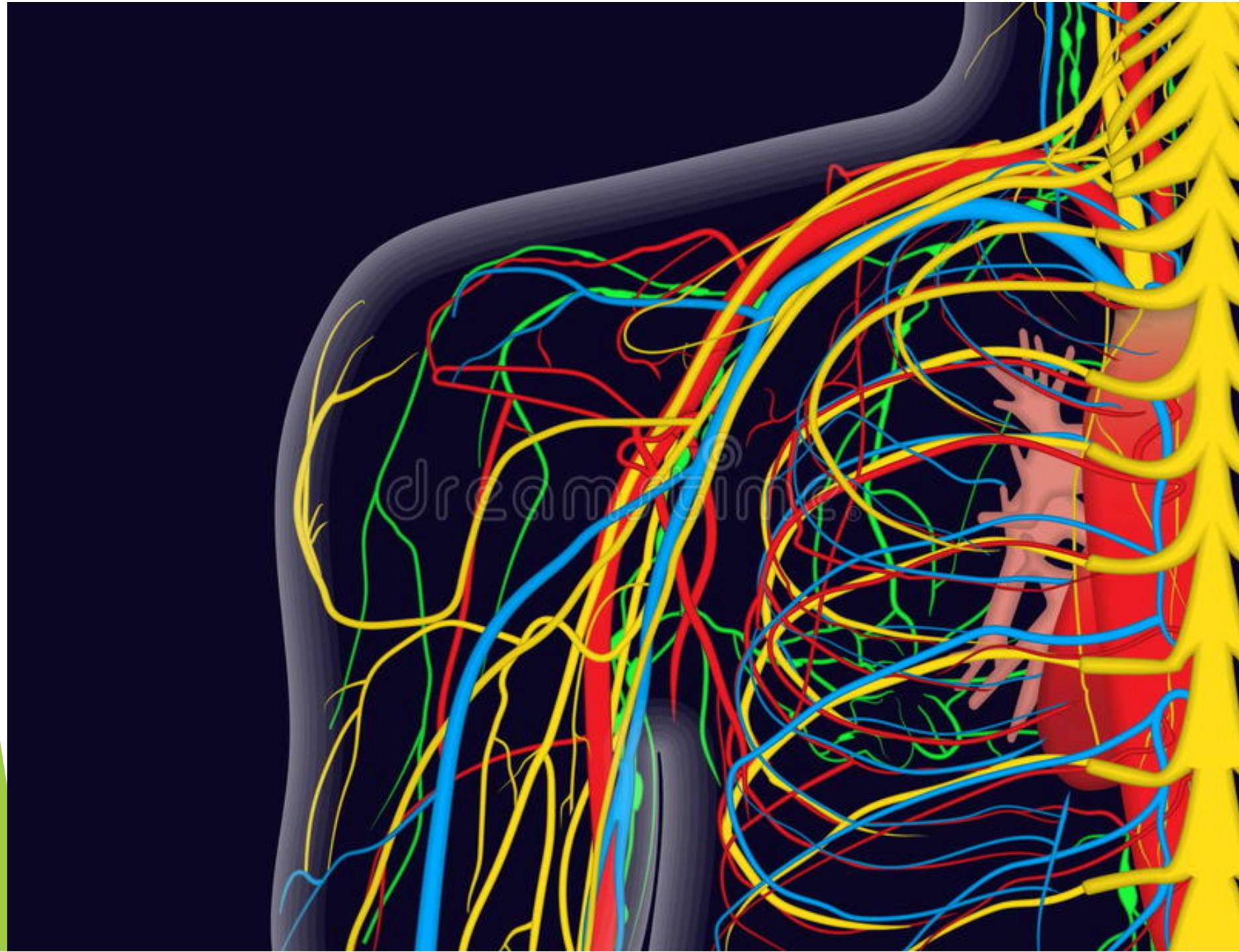




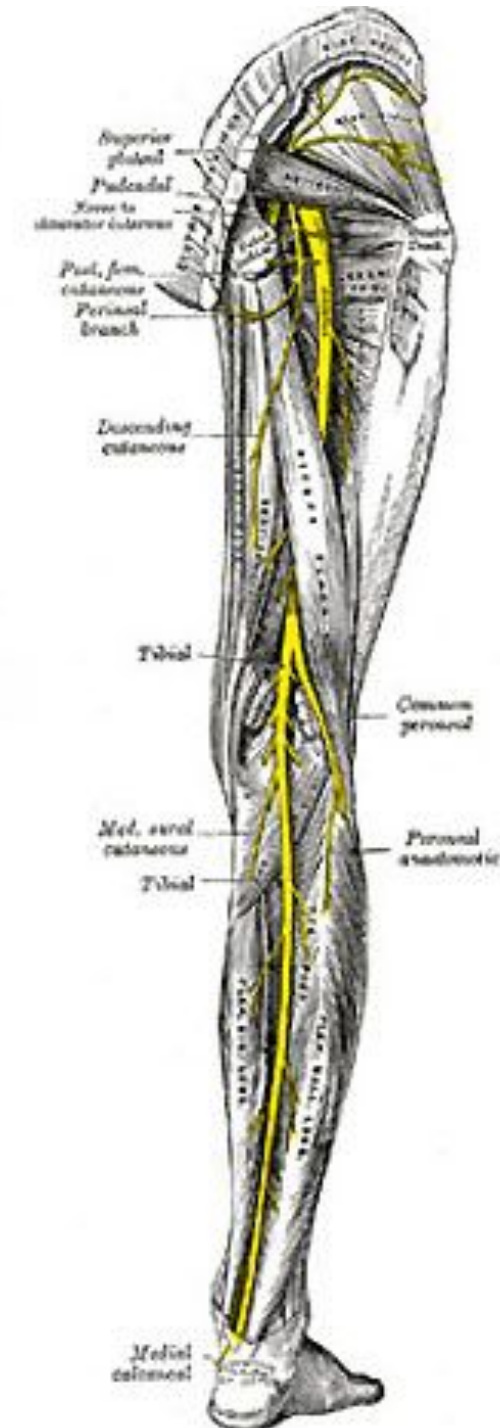
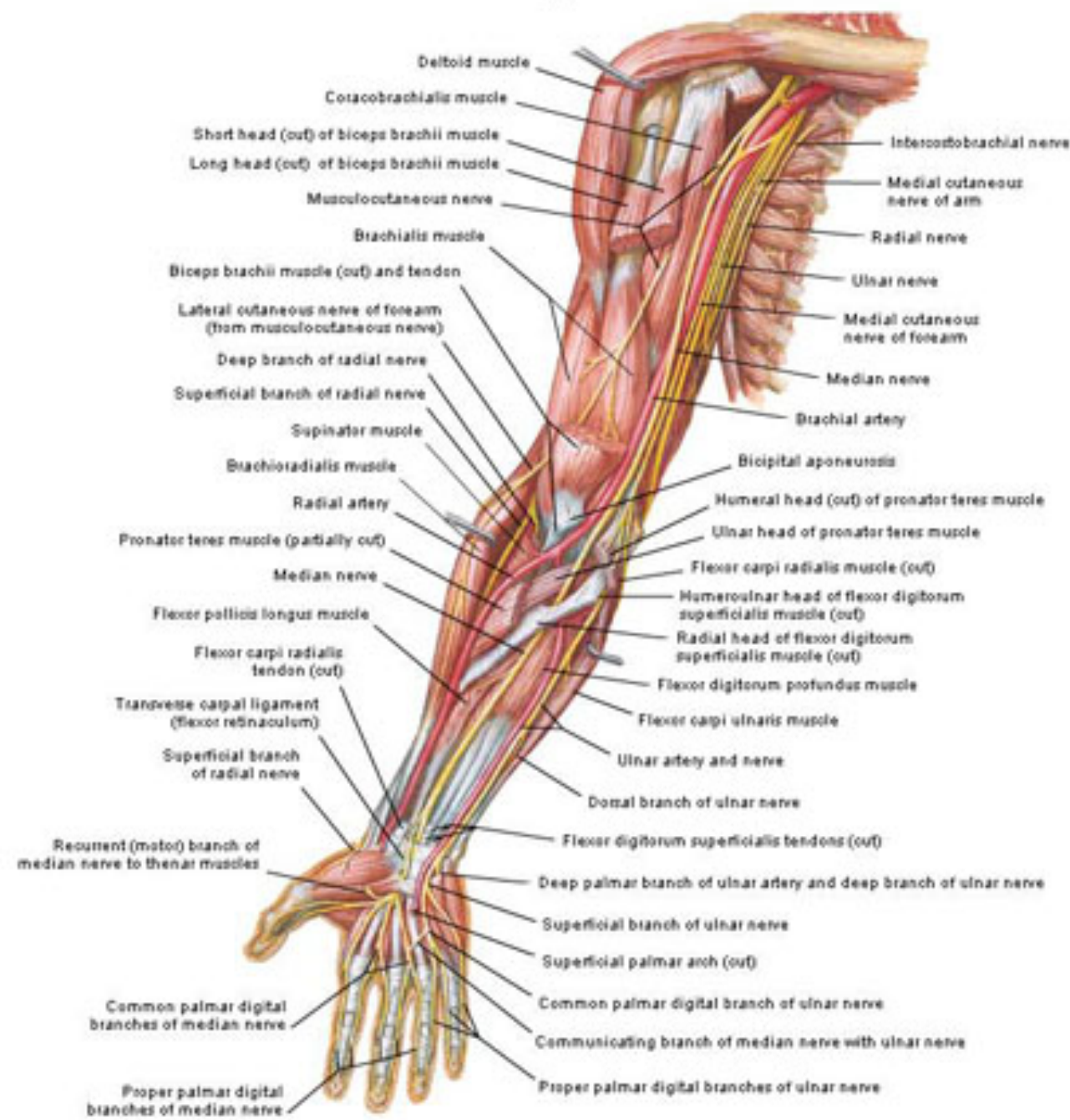




Root of neck, anterior



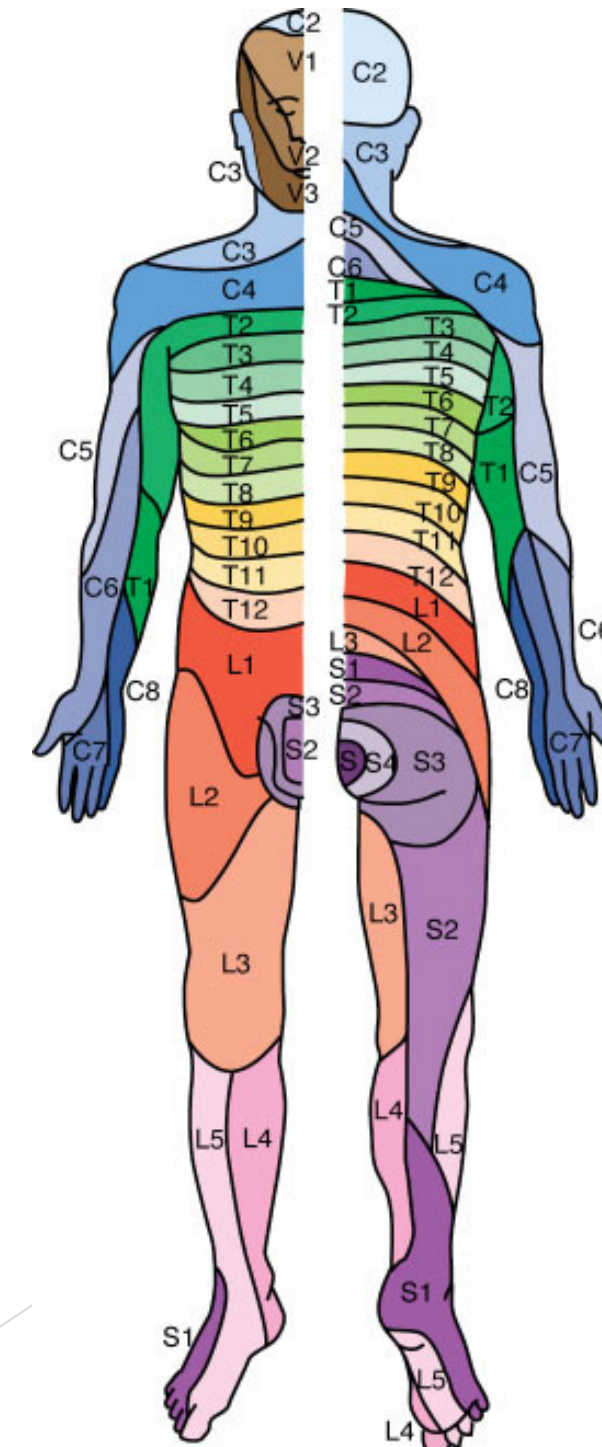
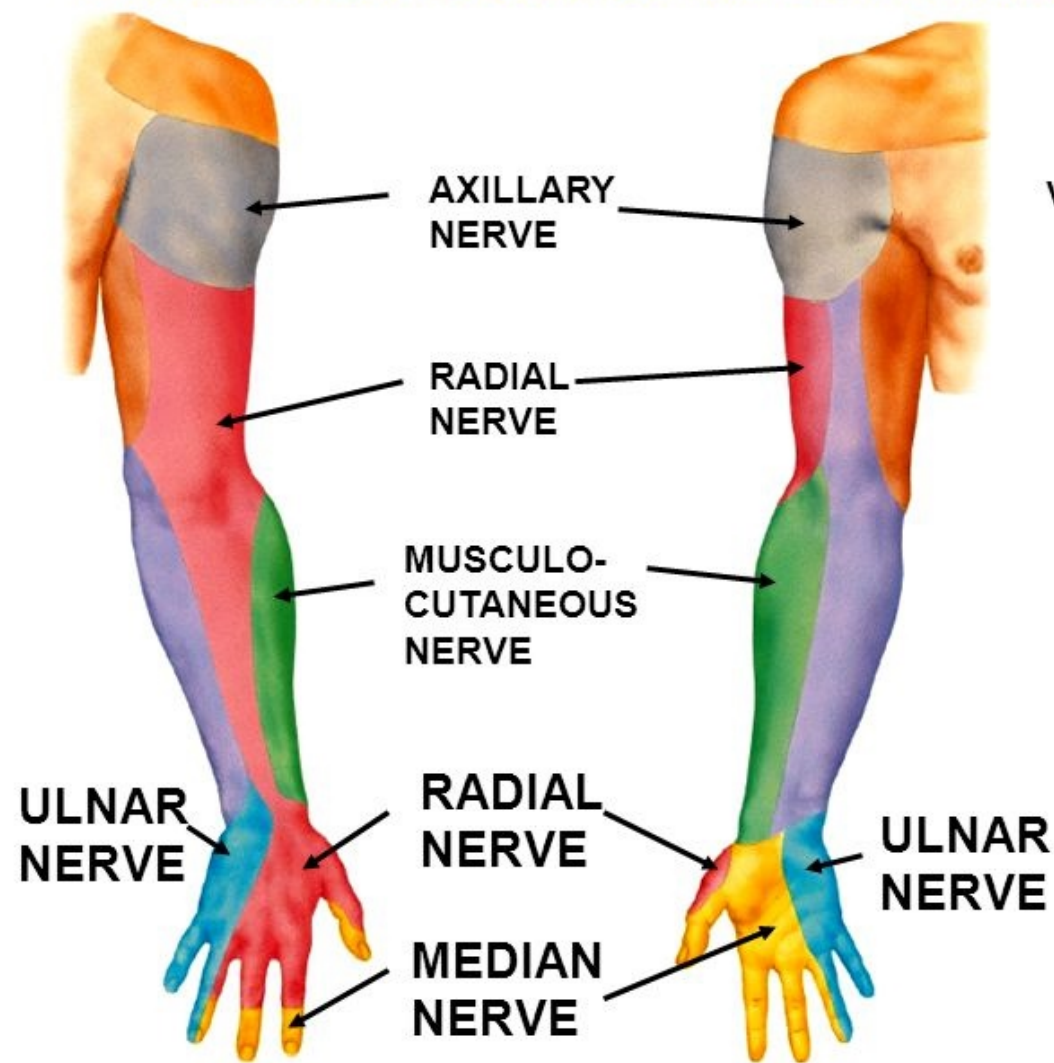
Arteries and Nerves of Upper Limb: Anterior View



BRANCHES OF BRACHIAL PLEXUS PROVIDE SENSORY INNervation TO SKIN OF ARM AND HAND

DORSAL

VENTRAL



Bone pathology:

- ▶ Congenital. *acquired from birth*
- ▶ Developmental.
- ▶ Degenerative. *Osteoarthritis, Cataracts*
- ▶ Trauma.
- ▶ Ischaemia.
- ▶ Neoplasia: primary benign and malignant. Secondary..
- ▶ Infection: viral, bacterial, fungal, parasite.
- ▶ Metabolic. *MCC*
- ▶ Autoimmune.
- ▶ Idiopathic or unknown.

▶ Deficiency & Toxicity
▶ Anxiety and very difficult to treat



Bone pathology: inflammation.

- ▶ Swelling.
- ▶ Hotness.
- ▶ Redness.
- ▶ Pain.
- ▶ Loss of function.



Bone pathology

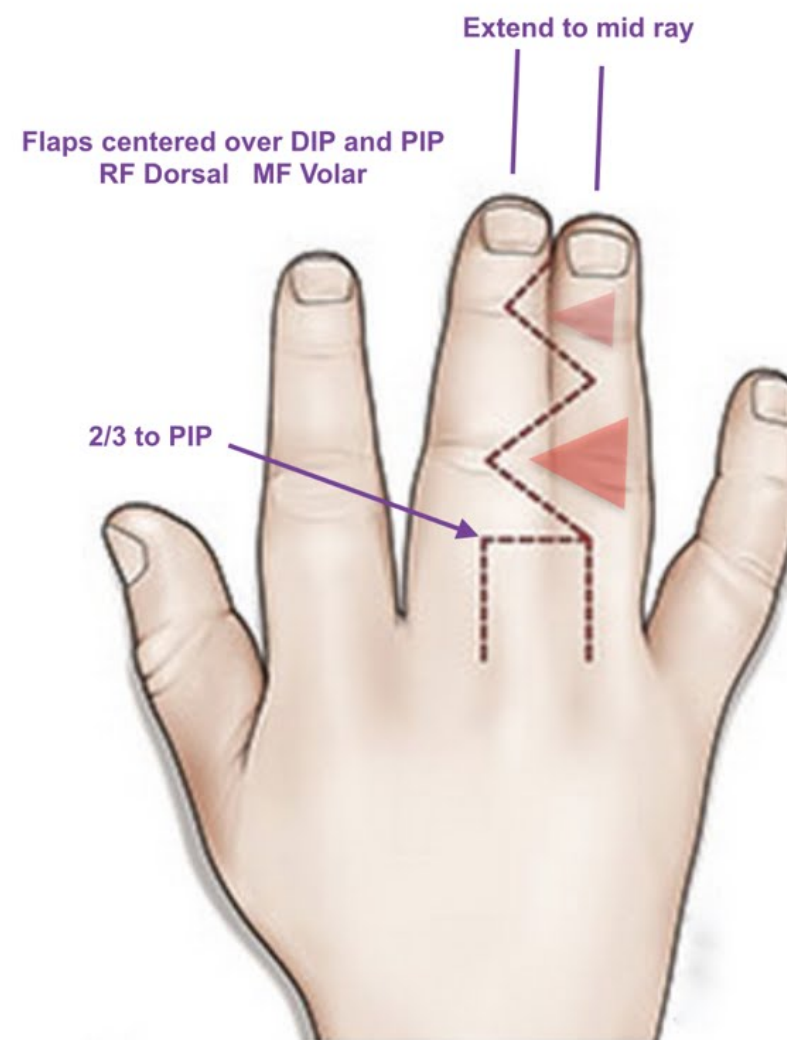
- ▶ Pain.
- ▶ Deformity.
- ▶ Loss of function.



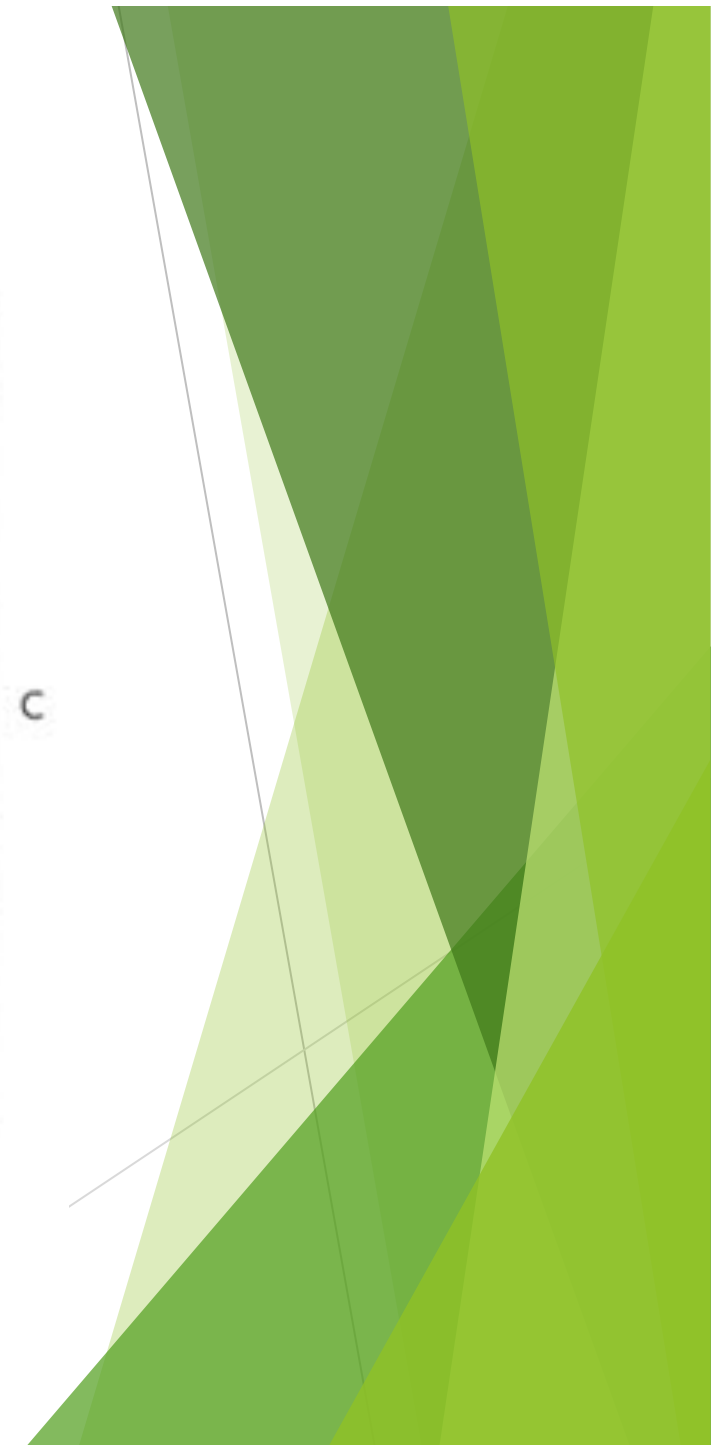
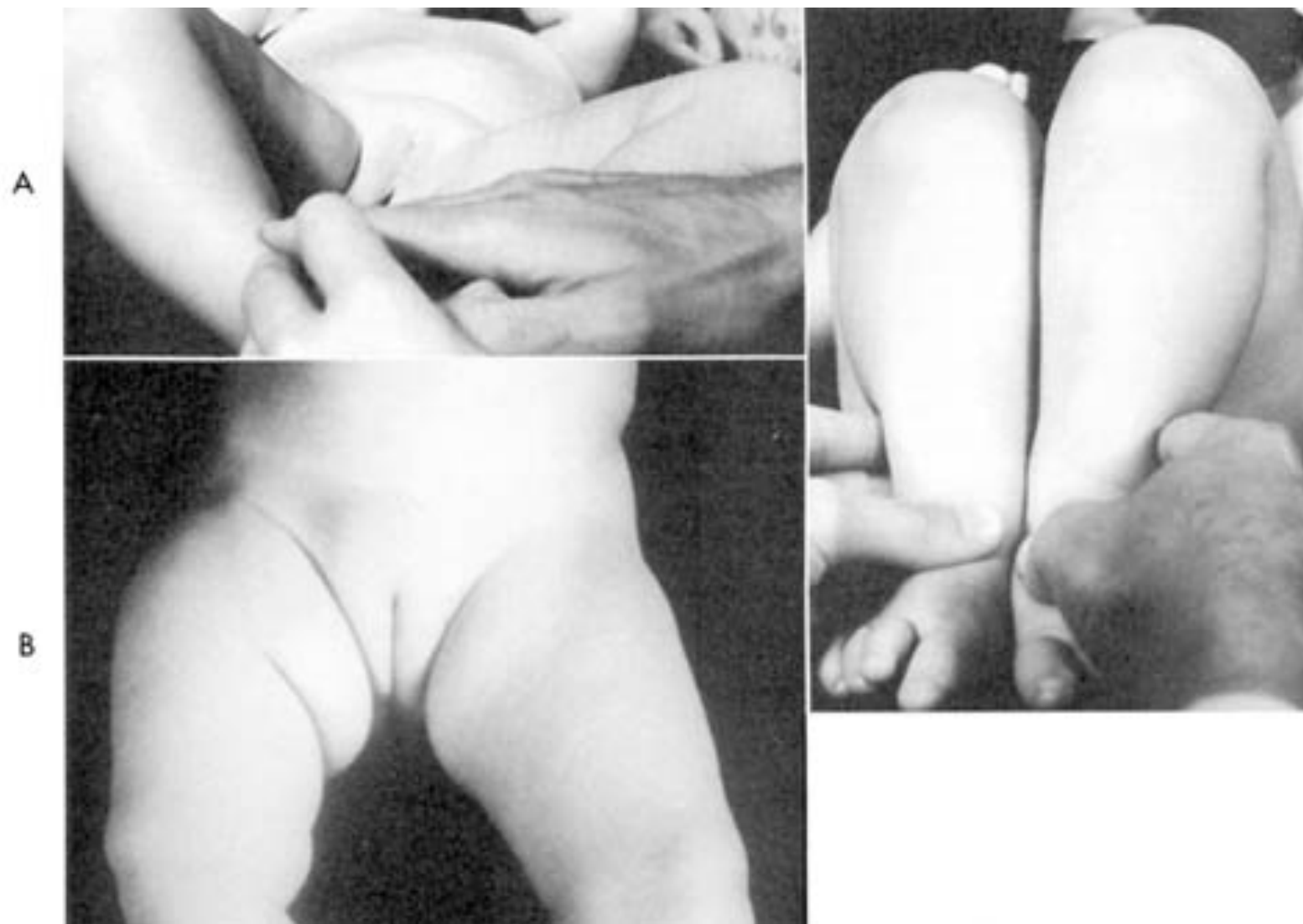
Congenital.



Pony-Dactyl



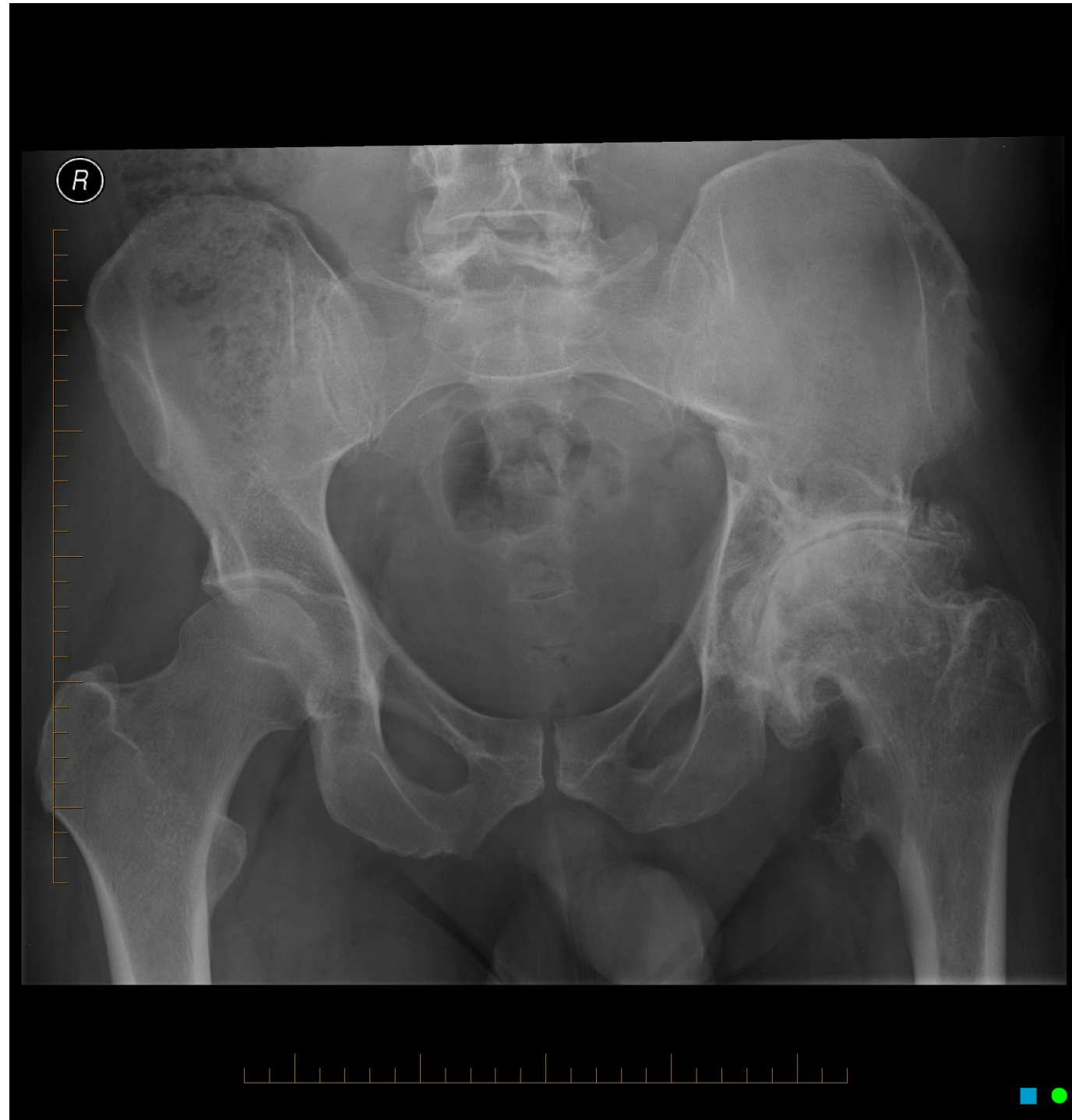
Developmental:



Degenerative.

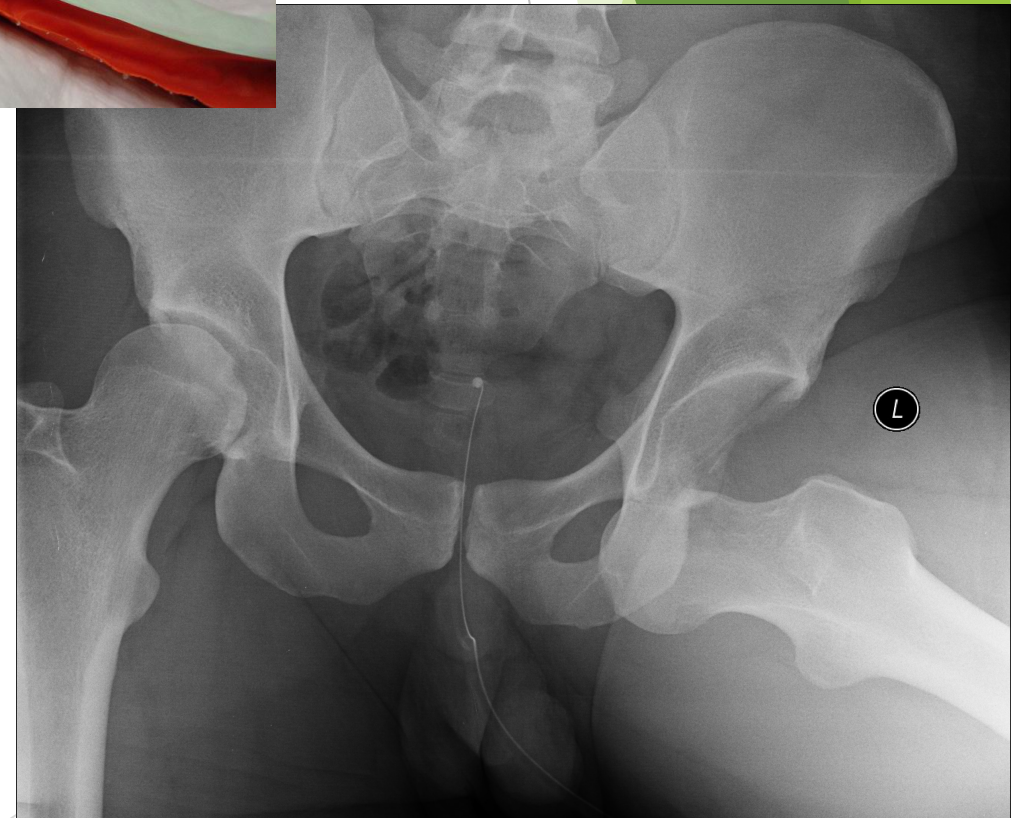


osteo arthritis



Trauma.

treat



Autoimmune:



Autoimmune: RF



Figure 1 Patient with severe dislocation of both wrists.



Metabolic:



osteogenesis imperfecta



osteomalacia

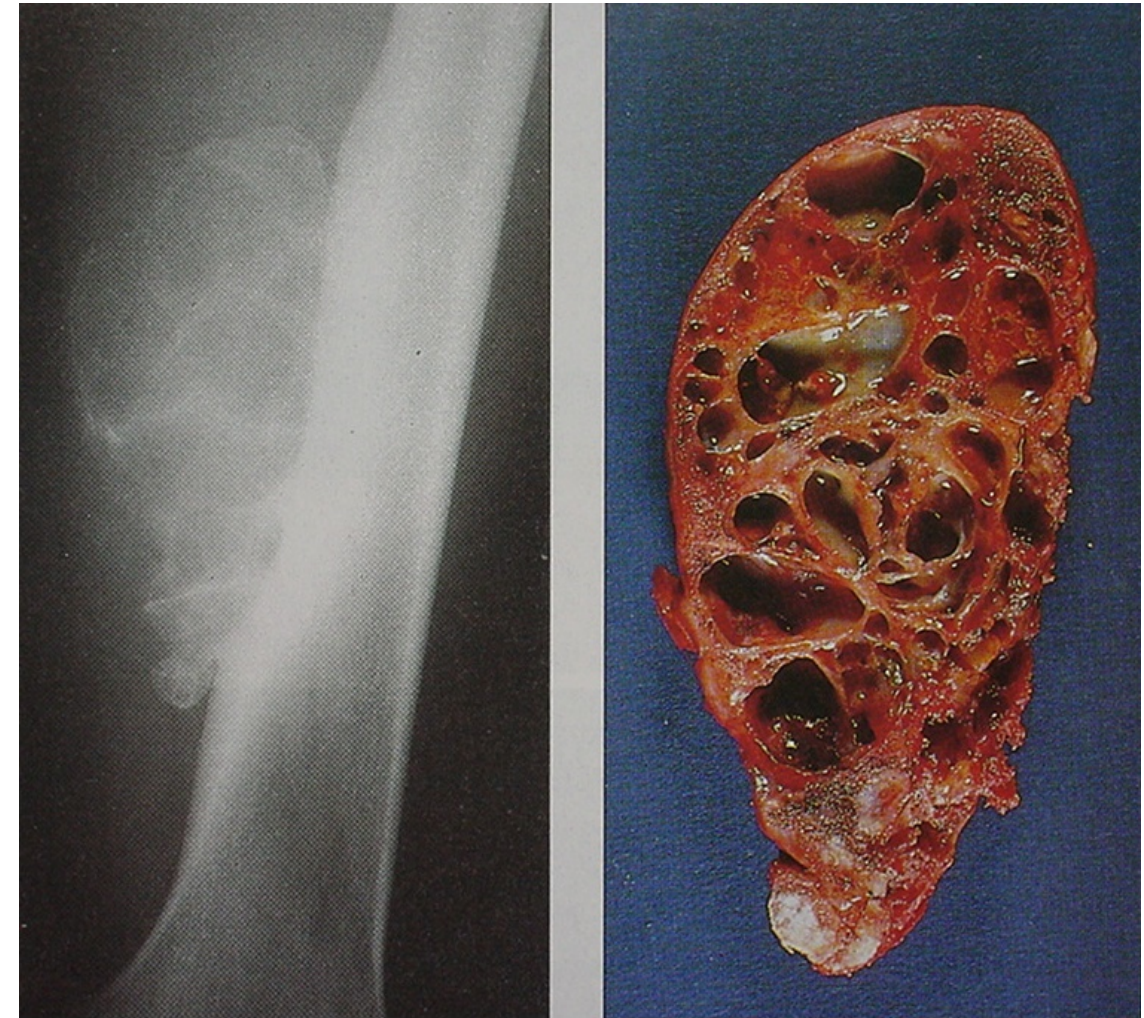


gouty tophi

neoplasia benign



Benign
Osteochondroma



benign

neoplasia Malignant
Mets.



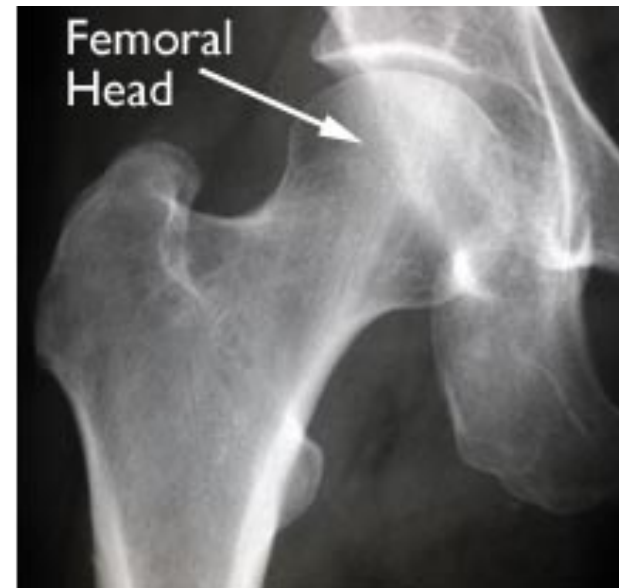
Spina bifida

↓
paralysis & Recurrent infections



local Ischemia

Ischaemia



Puffy Disease

Infection:

No Viral in bone

MCC is bacteria (Staph. aureus)

