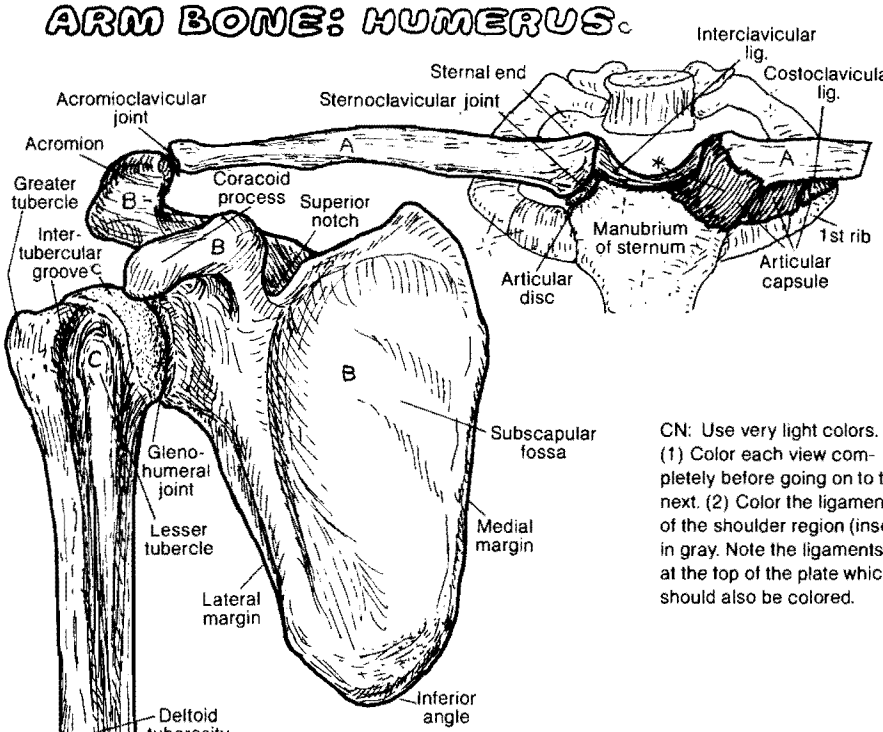
See 47, 48

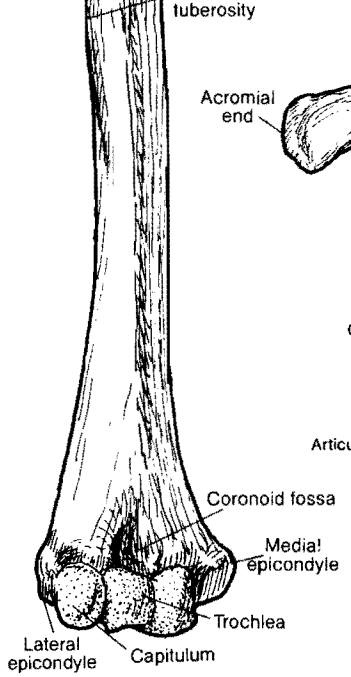
PECTORAL GIRDLE: CLAVICLE A SCAPULA B
ARM BONE: HUMERUS C

The mobility of the upper limb is largely dependent upon the *pectoral girdle* whose only bony attachment to the axial skeleton is via the sternoclavicular joint (saddle type synovial joint with disc). Distally, the *clavicle* articulates with the acromion of the *scapula* (acromioclavicular joint, a gliding type synovial joint). The clavicle forces the scapula backward and outward, creating the shoulder; in its role as a strut, it is subject to fracture. The scapula is moored to the axial skeleton by muscles, giving it considerable mobility on the upper back (scapulo-thoracic motion). Largely packaged in muscle, the scapula fractures infrequently. The supraspinatus muscle/tendon passing under the acromion and coracoacromial ligament is subject to irritation (impingement syndrome). The glenoid fossa of the scapula is shallow, and the glenohumeral joint (shoulder; ball and socket, synovial) is relatively insecure. The glenohumeral ligaments/joint capsule are lax, and are reinforced by a musculotendinous cuff. Given these "rotator cuff" muscles, the *humerus* has excellent mobility at the shoulder joint. The humerus is vulnerable to fracture at the surgical neck, mid-shaft, and medial epicondyle.

CN: Use very light colors. (1) Color each view completely before going on to the next. (2) Color the ligaments of the shoulder region (inset) in gray. Note the ligaments at the top of the plate which should also be colored.

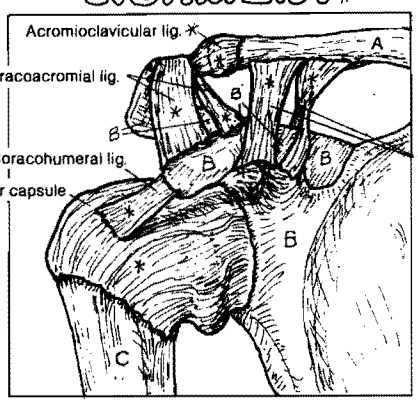


SUPERIOR VIEW

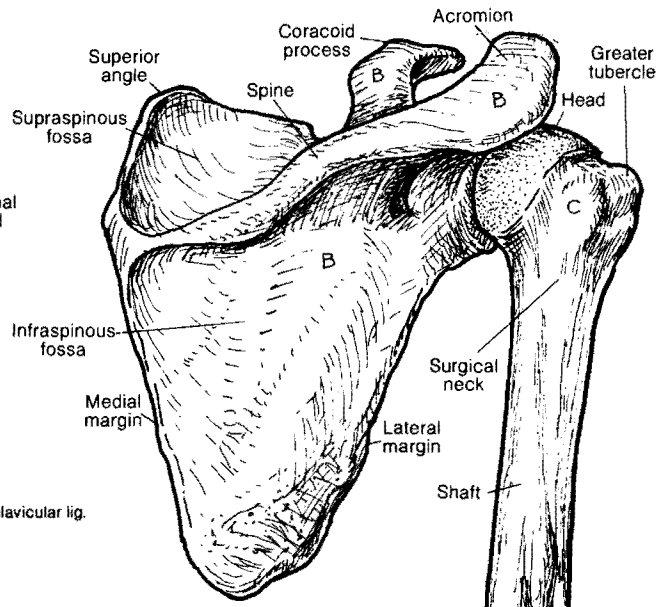


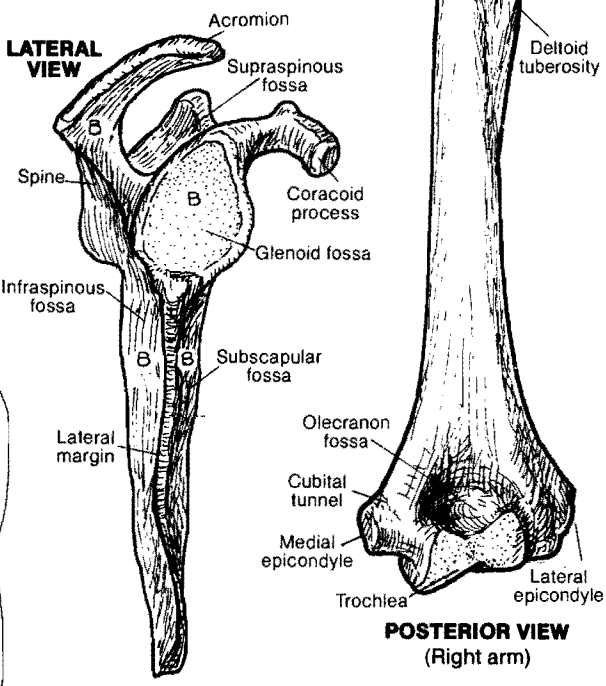
ANTERIOR VIEW
(Right arm)

LIGAMENT*



LIGAMENTS OF THE SHOULDER REGION
(Anterior view)





LATERAL VIEW

POSTERIOR VIEW
(Right arm)