

Definition: a joint is a point where two bones or a bone and cartilage make contact.

>limited

- fibrous tissue

Arthrology: is the science of studying the anatomy and function of joints.

Can be classified structurally:

- · 1. Fibrous joints
- · 2. Cartilaginous joints
- · 3. Synovial joints

Or functionally:

- · 1. synarthrosis (immovable)
- 2. amphiarthrosis (slightly movable)
- · 3. diarthrosis (freely movable)

- 1. **Fibrous joints**>>immobile to slightly mobile joints
- 2. Cartilaginous joints >> immobile to slight movement
- 3. **Synovial joints** >> freely movable joints

Types of joints & there movements

لسه مالحان في المثي بين bones كان المثل المثلم

bony socket if it's aloose teeth

Pathology

Fibrous joints

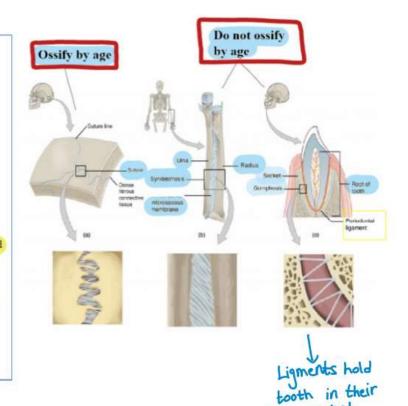
- Immovable or limited movement
- No joint cavity
- · Types:

Sutures of skull (immobile).

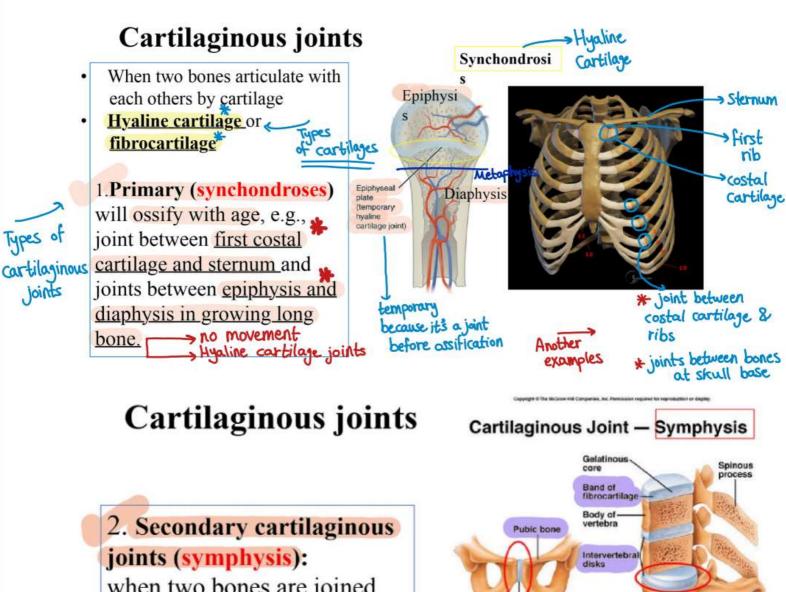
Syndesmoses; two bones are connected by strong fibrous tissue (slight movement)

- * Interosseous ligament, between radius and ulna. (middle radiowlnar joint)
- * Ligament, Distal tibiofibular joint.

Gomphoses; fibrous joints between the roots of the teeth and the alveolar part of the maxilla and mandible (immobile).



coronal sagitta ambdoid



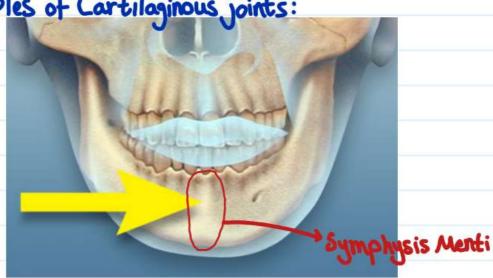
in the midline

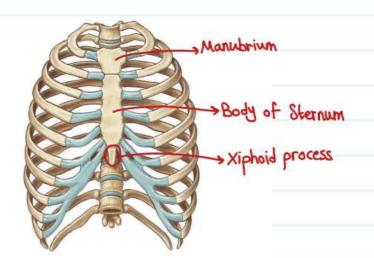
of the body

in our

when two bones are joined with fibrocartilage. e.g., intervertebral disk and pubic symphysis. rarely ossit by age (permenant > mostly located

ibrocartilaginous dis-of symphysis pubis joints) NORMAL DISC HERNIATED DISC Another examples of Cartilaginous joints:





Cartilaginous joints 2 joint between Manubrium

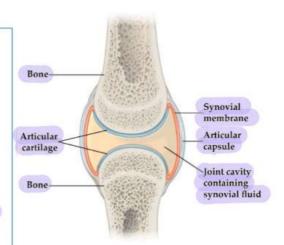
& Body of sternum

- joint between Body of sterum

& Xiphoid process

Synovial joints

- Freely movable and has a joint cavity
- · Consists of:
 - ➤ Articular hyaline cartilage covering the articular surfaces of bone
 - > Fibrous capsule
 - Synovial membrane: lines the fibrous capsule from inside and the margins of the articular surfaces
 - Synovial fluid (Synovia)



Hyaline cartilage is avascular!

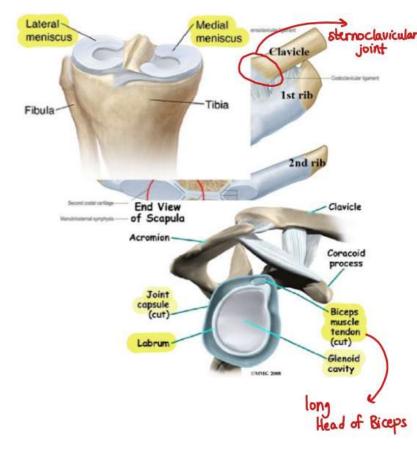
lack of blood vessels

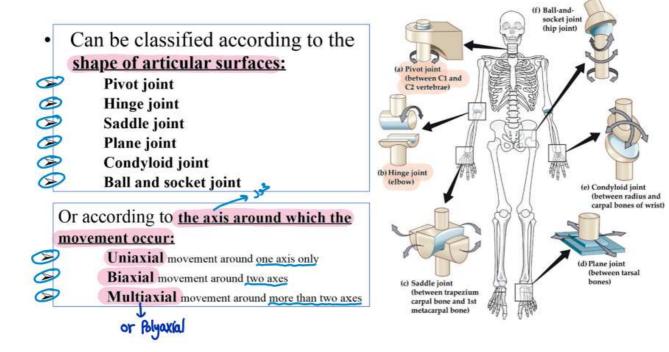
Synovial joints

>Intra-capsular structures:

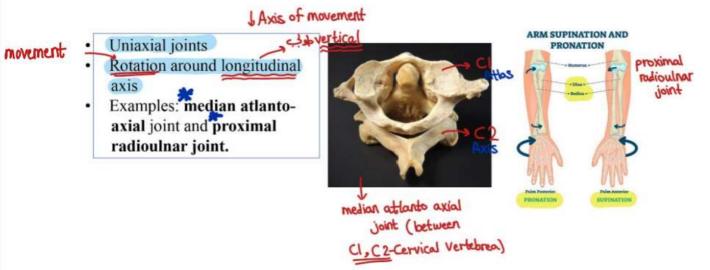
fibrocartilage;

- *articular disk (TMJ and sternoclavicular joint),
- * menisci (knee joint), and
- *labrum (hip and shoulder joint), or tendons; tendon of long head of biceps brachii.

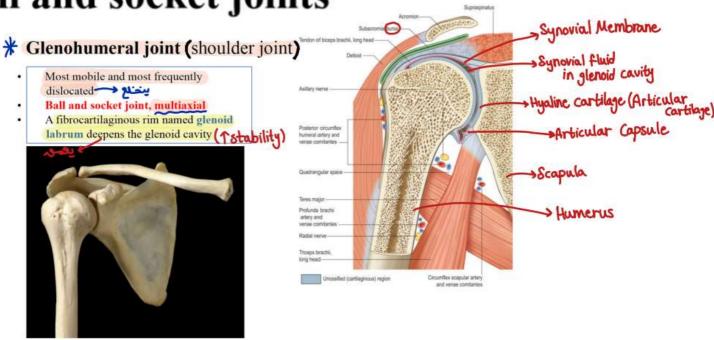


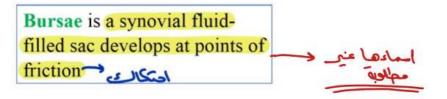


Pivot joints



Ball and socket joints





Movements:

Flexion-Extension Adduction-Abduction Medial rotation-Lateral rotation

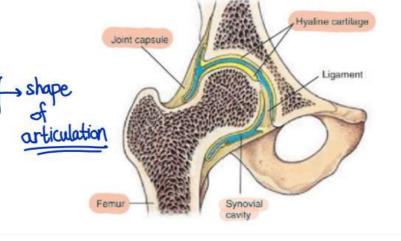
-Circumduction

All types of movement

A convex sphere articulates with a concave depression.

* Acetabulo-femoral joint (Hip joint)

More stable compared to shoulder joint (shape of articular surfaces).



Ball and socket joints

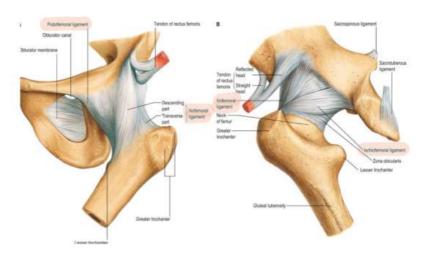
Acetabulo-femoral joint (Hip joint)

Ligaments of hip joint:

Iliofemoral ligament 1. Pubofemoral

Ischiofemoral

Ligaments are important in connecting bones and providing support and stability to the joint



Femur

Posterior

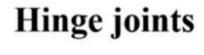
cruciate ligament Medial

collateral ligament

Medial

meniscus

Ligaments --- dense connective tissue



*Elbow joint

Humerus, radius and ulna.

Uniaxial joint

Movement: flexion-

extension (across transverse axis)

or horizontal

Another examples:

* Ankle Joint

*Interphalangeal Joints



cruciate

ligament Lateral collateral

ligament

Lateral

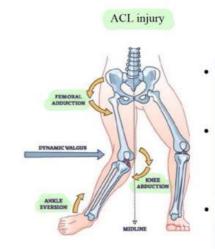
Fibula

Patellar tendon

Knee joint

Injuries of knee joint: Most commonly injured part is the ACL, medial meniscus and MCL.





There are a number of bursae that protect the knee joint.

The main function of a bursa is to reduce friction between adjacent moving structures.

Bursitis is the inflammation of bursa.

Condyloid and ellipsoid joints

Biaxial joints

wrist joint (ellipsoid).

Metacarpophalangeal joint

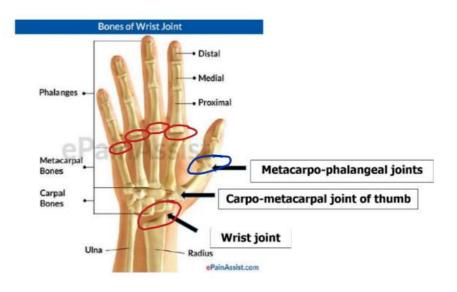
(knuckle joint) as condyloid

joint.

A condyle articulates with an elliptical depression.

Concavo-convex surfaces articulate together.

Movement: Flexion-Extension Adduction-Abduction



Saddle joints

Biaxial joints

*Ist carpometacarpal joint (thumb) and sternoclavicular joint.

Bones have concave-convex articular surfaces

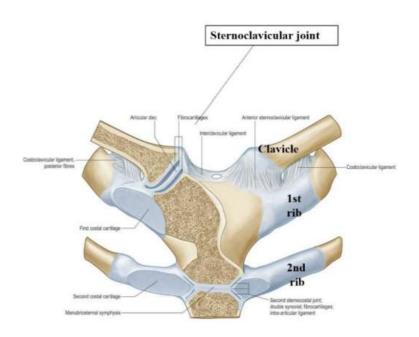
Movement:

Flexion-Extension

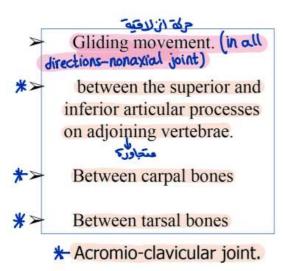
Adduction-Abduction

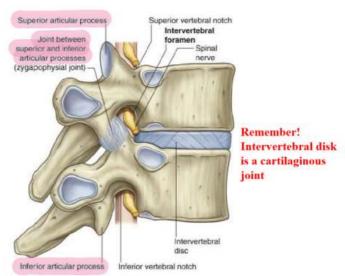
Opposition (Medial Rotation)

*Sternoclavicular joint is synovial saddle-type joint



Plane joints-least movement





	1. Sutures of skull	2. Syndesmosis	3. Gomphosis
* Example:	Sagittal suture of skull.	Inferior tibio-fibular joint.	Teeth (Peg & socket).
* Ossification:	Ossifies with age.	Do not ossify.	Do not ossify.
* Nature:	Articular surfaces are connected together by strong fibrous tissue.	Bones are connected together by an interosseous ligament.	The joint is between the root of the tooth & the jaw (mandible or maxilla).
* Movement:	Allows slight movement during delivery.	No movement.	No movement. If movement occurs & the tooth becomes loose → pathological case.

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	1. Primary Cartilaginous joint	2. Secondary Cartilaginous	
	(Synchondrosis)	joint (Symphyses)	
* Nature:	The articular surfaces are connected together by hyaline cartilage.	The articular surfaces are connected together by hyaline & fibrocartilage.	
* Ossification:	Ossifies with age (i.e. temporary joint).	Do not ossify with age (i.e. permanent joint).	
* Movement:	No movement (immobile).	Allows slight movement.	
* Examples:	 Epiphyseal plate of long bones. Joints between ribs & costal cartilages. Joint between sternum & 1st costal cartilage. Joints between bones in base of skull. 	Midline joints: 1. Intervertebral discs. 2. Symphsis menti. 3. Symphsis pubis. 4. Joints between parts of sternum.	

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I. Uniaxial Joints (Movement around one axis)

	Hinge joint	Pivot joint	Bicondylar joint (modified hinge)
* Axis of movement:	Movement around a horizontal axis.	Movement around a vertical (or longitudinal) axis.	Movement around a horizontal axis + slight rotation.
* Movements:	Flexion & extension.	Rotation.	Flexion & extension + slight rotation.
* Examples:	 Elbow joint. Interphalangeal joints. Ankle joint. 	 Superior & inferior radio-ulnar joints. Median atlanto-axial joint. 	1. Knee joint.

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II. Biaxial Joints (Movement around two axes)

	Ellipsoid (condyloid) joint	Saddle joint
* Shape of articular surfaces:	A condyle articulates with an elliptical depression.	Concavo-convex surfaces articulate together.
* Movements:	* Flexion & extension. * Abduction & adduction.	* Flexion & extension. * Abduction & adduction. + Rotation (or opposition or circumduction).
* Examples:	 Wrist joint. Metacarpo-phalangeal js. 	Carpo-metacarpal joint of

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III. Multiaxial (Polyaxial) Joints (Movement around more than two axes)

	Ball & Socket joint	Plane joint
* Shape of articular surfaces:	A convex sphere articulates with a concave depression.	Gliding flat surface.
* Movements:	* Flexion & extension. * Abduction & adduction. * Medial & lateral rotation * Circumduction	* Least moveable joints. * Slight movements in all directions. * Non-axial joint.
* Examples:	Shoulder & hip joints.	Acromio-clavicular joint.

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Factors affecting stability of joints

- 1. Shape of articular surface.
- Strength of the ligaments & the capsule of the joint.
- The strength & tone of surrounding muscles.

Nerve supply to the joints

- * The capsule and ligaments are rich in sensory nerves.
- * The blood vessels of joints are supplied by sympathetic nerve fibers.
- * Hilton's law: a nerve supplying a joint also supplies the muscles moving the joint and the skin over the insertion of the muscles.
- Sprains = torn ligaments:



- * They heal slowly (because ligaments are relatively avascular).
- * May lead to joint dislocation.



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