

EDUCATIONAL AND METHODOLOGICAL COMPLEX OF DISCIPLINE

MiF1202 «Morphology and human physiology»

Course – 1 Semester – 2

Number of credits – 11

Almaty 2022

Lecture 7 Joint

Joints and Their Classification;
Jaw and knee joints;

Outcomes:

1. Explain what joints are, how they are named, and what functions they serve;
2. Name and describe the four major categories of joints;
3. Identify the anatomical components of a typical synovial joint;
4. Identify the major anatomical features of the jaw, knee joints;
5. Demonstrate or identify the different types of body movements.

Joints are the location where bones come together. Many joints allow for movement between the bones.

Structural classifications of the body joints are based on how the bones are held together and articulate with each other. At fibrous joints, the adjacent bones are directly united to each other by fibrous connective tissue. Similarly, at a cartilaginous joint, the adjacent bones are united by cartilage. In contrast, at a synovial joint, the articulating bone surfaces are not directly united to each other, but come together at a fluid-filled joint cavity.

The functional classification of body joints is based on the degree of movement found at each joint. A synarthrosis is a joint that is essentially immobile. This type of joint provides for a strong connection between the adjacent bones, which serves to protect internal structures such as the brain or heart. Examples include the fibrous joints of the skull sutures and the cartilaginous epiphyseal plate. A joint that allows for limited movement is an amphiarthrosis. An example is the pubic symphysis of the pelvis, the cartilaginous joint that strongly unites the right and left hip bones of the pelvis. The cartilaginous joints in which vertebrae are united by intervertebral discs provide for small movements between the adjacent vertebrae and are also amphiarthrotic joints. Thus, based on their movement ability, some fibrous and cartilaginous joints are functionally classified as synarthroses while others are amphiarthroses.

The most common type of joint is the diarthrosis, which is a freely moveable joint. All synovial joints are functionally classified as diarthroses. A uniaxial diarthrosis, such as the elbow, is a joint that only allows for movement within a single anatomical plane. Joints that allow for movements in two planes are biaxial joints, such as the metacarpophalangeal joints of the fingers. A multiaxial joint, such as the shoulder or hip joint, allows for three planes of motions.

Each of the different structural types of synovial joints also allow for specific motions. The atlantoaxial pivot joint provides side-to-side rotation of the head, while the proximal radioulnar articulation allows for rotation of the radius during pronation and supination of the forearm. Hinge joints, such as at the knee and elbow, allow only for flexion and extension. Similarly, the hinge joint of the ankle only allows for dorsiflexion and plantar flexion of the foot. Condylloid and saddle joints are biaxial. These allow for flexion and extension, and abduction and adduction. The sequential combination of flexion, adduction, extension, and abduction produces circumduction. Multiaxial plane joints provide for only small motions, but these can add together over several adjacent joints to produce body movement, such as inversion and eversion of the foot. Similarly, plane joints allow for flexion, extension, and lateral flexion movements of the vertebral column. The multiaxial ball and socket joints allow for flexion-extension, abduction-adduction, and circumduction. In addition, these also allow for medial (internal) and lateral (external) rotation. Ball-and-socket joints have the greatest range of motion of all synovial joints.

Although synovial joints share many common features, each joint of the body is specialized for certain movements and activities. The joints of the upper limb provide for large ranges of motion, which give the upper limb great mobility, thus enabling actions such as the throwing of a ball or typing on a keyboard. The joints of the lower limb are more robust, giving them greater strength and the stability needed to support the body weight during running, jumping, or kicking activities.

The temporomandibular joint is the articulation between the condyle of the mandible and the mandibular fossa and articular tubercle of the skull temporal bone. An articular disc is located between the bony components of this joint. A combination of gliding and hinge motions of the mandibular condyle allows for elevation/depression, protraction/retraction, and side-to-side motions of the lower jaw.

The knee includes three articulations. The femoropatellar joint is between the patella and distal femur. The patella, a sesamoid bone incorporated into the tendon of the quadriceps femoris muscle of the anterior thigh, serves to protect this tendon from rubbing against the distal femur during knee movements. The medial and lateral tibiofemoral joints, between the condyles of the femur and condyles of the tibia, are modified hinge joints that allow for knee extension and flexion. During these movements, the condyles of the femur both roll and glide over the surface of the tibia. As the knee comes into full extension, a slight medial rotation of the femur serves to “lock” the knee into its most stable, weight-bearing position. The reverse motion, a small lateral rotation of the femur, is required to initiate knee flexion. When the knee is flexed, some rotation of the leg is available. Two extrinsic ligaments, the tibial collateral ligament on the medial side and the fibular collateral ligament on the lateral side, serve to resist hyperextension or rotation of the extended knee joint. Two intracapsular ligaments, the anterior cruciate ligament and posterior cruciate ligament, span between the tibia and the inner aspects of the femoral condyles. The anterior cruciate ligament resists hyperextension of the knee, while the posterior cruciate ligament prevents anterior sliding of the femur, thus supporting the knee when it is flexed and weight bearing. The medial and lateral menisci, located between

the femoral and tibial condyles, are articular discs that provide padding and improve the fit between the bones.

Review questions

1. Define how joints are classified based on function. Describe and give an example for each functional type of joint.
2. Opening of the mouth requires the combination of two motions at the temporomandibular joint, an anterior gliding motion of the articular disc and mandible and the downward hinging of the mandible. What is the initial movement of the mandible during opening and how much mouth opening does this produce?
3. Consider about the flexion and extension of the knee, as the femur both rolls and glides on the tibia to maintain stable contact between the bones in all knee positions. The patella glides along a groove on the anterior side of the distal femur. The collateral ligaments on the sides of the knee become tight in the fully extended position to help stabilize the knee. The posterior cruciate ligament supports the knee when flexed and the anterior cruciate ligament becomes tight when the knee comes into full extension to resist hyperextension. What are the ligaments that support the knee joint?

Basic literature:

1. Saladin, Kenneth S: Essentials of Anatomy & Physiology. (2018, McGraw-Hill Education)
2. Costanzo, Linda S.: BRS Physiology. Board Review Series. 7 edition. - Wolters Kluwer Health, 2018. - 307p. - ISBN 1496367693, 9781496367693
3. Leslie P. Gartner: Color Atlas and Text of Histology. - 7th Edition. - Wolters Kluwer, 2017. ISBN 1496346734, 9781496346735
4. Russell K. Hobbie, Bradley J. Roth: Intermediate Physics for Medicine and Biology. - Springer, 2015. - ISBN 3319126822, 9783319126821
5. Andersson D, Medical Terminology: The Best and Most Effective Way to Memorize, Pronounce and Understand Medical Terms: Second Edition, ISBN-13 : 978-1519066626, 2016