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## Major muscles of the body anterior view

By the end of this section, you will be able to identify the following muscles and give their origin, their introductions, actions and ninenations: Axial muscles of the neck of the head and back Axial muscles of the abdominal wall and chest Muscles of the thoracic belt and upper extremity Appendix muscles of the pelvic zone and lower extremities The skeletal muscles are divided into axial (muscles of the torso and head) and attachments (muscles of the arms and lower extremities) categories. This system reflects the bones of the skeleton system, which are also positioned in this way. Some of the axial muscles may seem to blur the boundaries because they cross over the appendix. The first grouping of axial muscles that you review includes the muscles of the head and neck, then you review the muscles of the spine, and eventually you will review the lateral and rectal muscles. Axial muscles of the neck and back of the head The facial expression muscles come from the surface of the skull or the peritoneal (connective tissue) of the face. The introductions of these muscles have fibers interwoven with connective tissue and the serum of the skin. Because the muscles interfere with the skin and not the bones, when they contract, the skin moves to create facial expression (Figure 11.4.1). Figure 11.4.1 – Muscles of Facial Expression: Many of the facial expression muscles enter the skin around the eyelids, nose and mouth, producing facial expressions by moving the skin rather than the bones. Editor's note: Replace the shape with one that includes all the muscles from the table, for example figure 10.7 from Marieb or 9.8 from Amerman The orbicularis oris is a circular muscle that moves the lips, and the orbiculari oculi is a circular muscle that closes the eye. The occipitofrontalis muscle lifts the scalp and eyebrows. The muscle has a frontal abdomen and occipital abdomen (near the occipital bone at the rear of the skull). In other words, there is a muscle in the forehead (frontalis) and one in the back of the head (occipital). The two ventricles are connected to a wide tendon called epicranial denervation, or galea aponeurosis (galea = apple). Doctors initially studying human anatomy thought the skull looked like an apple. The buccinator muscle compresses the cheek. Does this muscle allow you to whistle, blow and suck? and contributes to the action of chewing. There are several small facial muscles, one of which is the supercilii break breaker, which is the main mover of eyebrows. Place your finger on your eyebrows as if they were surprised and lower your eyebrows as if they were frowned at. With these movements, you can feel the action of the supercilii wrinkler. Additional muscles of the are shown in Figure 11.4.2. Figure 11.4.2 Muscles in facial expression The movement of the eyeball is under the control of the additional ocular (exogenous) muscles of the eyes, eyes, come from the bones of the orbit and are inserted into the outer surface of the white eye. These muscles are located inside the eye socket and cannot be seen in any part of the visible eyeball (Figure 11.4.3 and Table 11.3). If you've ever gone to a doctor who held up a finger and asked you to follow it up, down, on both sides, he or she checks to make sure your eye muscles act in a coordinated pattern. Figure 11.4.3 – Eye muscles: (a) The extraocular muscles of the eyes originate outside the eye to the skull. (b) Each muscle inserts onto the eye bulb. Eye Muscles (Table 11.3) Motion Target Motion Prime Motion Origin Introduction Moves Eyes Up and Toward the Nose; rotates the eyes from 1 hour to 3 hours Superior Eyes (lifts); medial (adds) Superior rectus Common tendon ring (ring connected to optical trochanter) Upper surface of the eye bulb Moves the eyes down and towards the nose; rotates the eyes from 6:00 to 3:00 p.m. Eyes Lower (decompresses); medial (adds) Lower rectus Common tendon ring (ring connected to optical trochanter) Lower surface of the eye bulb Moves eyes away from the nose Eyes Lateral (abducts) Lateral rectus Common tendon ring (ring connected to optical trochanter) Lateral surface of the eye bulb Moves the eyes to the nose Eyes Inside (adds) Inside rectus Common tendon ring (ring connected to optical trochanter) Inside surface of the eye bulb Moves eyes above and away from the nose; rotates eye ball from 12 hours to 9 p.m. Superior Eyes (lifts); lateral (abducts) Lower oblique floor of the orbit (upper jaw) Surface of the eye bulb between lower rectum and lateral rectum Moves the eyes down and away from the nose; rotates eye bulb from 6 h to 9 h Eyes Superior (lifts); lateral (abducts) Upper oblique wedge-shaped Surface bone of the eye bulb between the upper rectum and the lateral rectum Opens the eyes Upper eyelid (lifts) Levator palpebrae superioris Roof of the orbit (wedgeoid bone) Skin of the upper eyelids Closes the eyelids Compression of eyelid skin along upper-lower axis Orbicularis oculi Medial bones that make up the orbit Circumference of the orbit Figure 11.4.4 - Muscles moving the lower jaw : The muscles that move the lower jaw are usually located inside the cheek and come from processes in the skull. This provides the jaw muscles with the large amount of leverage needed for chewing. In anatomical terminology, chewing is called mastic. Muscles involved in chewing should be able to exert enough pressure to bite and then chew food before swallowing (Figure 11.4.4 and Table 11.4). The muscle is the main muscle mover for chewing because it lifts the mandible (lower jaw) to close the mouth, and is helped by the schronic muscle, which lifts the mandible. You can feel the temporis movement by putting your fingers in your temple as you chew. The medial and lateral pterygoid muscles provide help in chewing and moving food into the mouth movement of the mandible laterally and with the interval to grind food between the molars. EDITOR'S NOTE: THIS IMAGE SHOULD BE REPLACED WITH ONE THAT MORE ACCURATELY SHOWS THE ORIGIN OF THE MASSER MUSCLE. FOR EXAMPLE MARIEB FIG. 10.8 OR FIGURE 9.10 FROM THE AMERMAN muscles of the lower jaw (Table 11.4) Motion target motion direction of the motion target The mover's source input closes the mouth. helps chew Mandible Superior (lifts) Masseter Upper Arch; cheekbone arch (for masseuse) Lower Jaw Closes mouth; pulls mandible under the mandible superior mandible (lifts); posterior (recovers) Temporis Temporal Bone Mania Opens the mouth; pushes the mandible out under the upper jaw; moves mandible side-to-side Mandible Superior (lifts); posterior (fatal); lateral (abductions) medial (adds) Lateral pterygoid Pterygoid procedure of the wedge-shaped bone Mandible Closes the mouth; pushes the mandible out under the upper jaw; moves mandible side-to-side Mandible Superior (lifts); posterior (fatal); lateral (abductions) medial (adds) Medial pterygoid wedge bone; upper jaw of the mandible; temporal joint Although the tongue is obviously important for food testing, it is also necessary for mastic, deglycification (ingestion) and speech (Figure 11.4.5 and Figure 11.4.6). Because of its mobility, language facilitates complex speech patterns and sounds. Figure 11.4.5. Muscles that move the tongue Figure 11.4.6a. Muscles for tongue movement, swallowing, and speech Figure 11.4.6b. Muscles for tongue movement, swallowing, and speech Exogenous tongue muscles enter the tongue from the external origin, and the native tongue muscles enter the tongue from the origin within it. Exogenous muscles move the entire tongue in different directions, while the intrinsic muscles allow the tongue to change its shape (such as, curling the tongue into a loop or flattening it). Exogenous muscles all include the word root glossus (glossus = tongue), and muscle names come from where the muscle comes from. The genio (genio = chin) comes from the lower jaw and allows the tongue to move downwards and forwards. The stylohyoid comes from the styloid process of the temporal bone and allows upward and retrograde movement. The palatoglossus comes from the soft palate to lift the back of the tongue, and the hyoglossus comes from the hyoid bone to move the tongue down and flatten it. The muscles of the anterior neck help to lick (swallow) and speech by controlling the positions of the larynx (vocal box), and the hyoid bone, a bone-shaped petal that acts as a foundation on which the tongue can move. The muscles of the neck are categorized according to their position in relation to the hyoid (Figure 11.4.7). Suprahyoid

muscles are superior to this, and the infraped muscles are lower. Figure 11.4.7 – Muscles of the Anterior Neck: The anterior muscles of the neck facilitate ease and speech. The ultraviolet muscles come from above the hyoid bone in the chin area. The infraped muscles come from under the hyoid bone in the lower neck. The hypervoidal muscles increase the hyoid bone, the floor of the mouth and the larynx during the slipping. These include the transgastrial muscle, which has anterior and posterior ventricles that work to elevate the hyoid bone and larynx when someone swallows; it also suppresses the mand jaw. The stylohyoid muscle moves the hyoid posterior bone, lifting the larynx, and the myohoid muscle lifts it and helps to press the tongue to the top of the mouth. The genioyoid suppresses the lower jaw in addition to increasing and pulling the hyoid anterior bone. Strap-like infraped muscles generally suppress the hyoid bone and control the position of the larynx. The homoid muscle, which has upper and lower abdomens, depresses the hyoid bone in combination with the sternoyoid and thyrod muscles. The thyrod muscle also lifts the thyrod cartilage of the larynx, while the sternoyoid suppresses it. The head is balanced, moved and rotated by the neck muscles (Table 11.5). When these muscles act unilaterally, the head rotates. When bilateral contracts are concluded, the head bends or expands. The main muscle that laterally bends and rotates the head is the sternocleid. In addition, both muscles working together are the flexors of the head. Place your fingers on both sides of the neck and turn your head to the left and right. You will feel the movement coming from there. This muscle divides the neck into anterior and posterior triangles when treated on the side (Figure 11.4.8). Muscles that move the head (Table 11.5) Motion Target targeting direction of motion Prime motion Introduction source Rotates and tilts the head sideways; tilts the head forward Skull; Vertebrae Individually: rotates the head to the opposite side; bilaterally: bending Sternocleidomastoid Sternum; clavicle Temporal bone (mastoid process); occipital bone rotates and tilts the head backwards Skull; Vertebrae Individually: laterally bends and rotates the head on the same side; bilaterally: extension Splenius capitis Spinous processes of the cervix and thoracic vertebrae Crotaphic bone (mastoid process); Occipital bone Rotates and tilts the head to the side. Tilts the head backwards Skull; Vertebrae Individually: laterally bends and rotates the head on the same side; bilaterally: extension Splenius Transverse and articular processes of the cervix and thoracic vertebrae occipital bone Rotates and tilts the head to the side; tilts the head backwards Skull; Vertebrae Individually: laterally bends and rotates the head on the same side; bilaterally: extension Splenius capitis Spinous processes of the cervix and thoracic vertebra Crotaphic bone (mastoid process); Occipital bone Rotates and tilts the head to the side. Tilts the head backwards Skull; Vertebrae Individually: laterally bends and rotates the head on the same side; bilaterally: extension Splenius Transverse and articular processes of the cervix and thoracic vertebra Temporal bone (mastoid process) The posterior muscles of the neck are mainly concerned with head movements, such as expansion. The back muscles stabilize and move the spine, and are grouped according to lengths and direction direction The beans. Splenius muscles come from the midfield and run laterally and higher than their introductions. From the sides and back of the neck, the spleen and burn introduces onto the area of the head, and the cervical spleen extends to the cervical area. These muscles can extend the head, laterally bend it, and rotate it (Figure 11.4.8). Figure 11.4.8 – Muscles of the neck and back: The large, complex muscles of the neck and back move the head, shoulders and spine. The spinae erector group makes up most of the muscle mass of the back and is the primary stretcher of the spine. Controls the expansion, lateral bending, and rotation of the spine. The spinae erector consists of the helicostol group (laterally positioned), the longissimus group (intermediately positioned) and the spine group (cross-parted). The team of the sunworm includes the iliocosta trachelio, which is related to the cervical region. The iliocostal thoracic, connected to the thoracic region; and the labour iliocosta, which is connected to the lumbar region. The three muscles of the longissimus group are the long-standing capitis, associated with the head area; cervical longissimus, associated with the cervical region. and long chest, connected to the thoracic region. The third group, the spine group, consists of the burn of the spine (head area), the spinal cervical tracheitis (cervical region) and thoracic thoracic thoracitits (thoracic region). The transverse muscles run from the transverse processes to the thorny processes of the vertebrae. Similar to the muscles of the love, the muscles of the crescent in this group are named for the areas of the body with which they are connected. The crescent muscles include the semispinal capitis, the semispinal neck, and the semispinal thoracics. The multi-strong muscles of the lumbar region helps in the extension and lateral bending of the spine. Important for stabilizing the spine is the divisional muscle group, which includes the interspinales and intertransversarii muscles. These muscles concentrate the thorny and transverse processes of each successive vertebra. Finally, the scalene muscles work together to bend, laterally flex, and rotate the head. They also contribute to deep inhalation. The scalene muscles include the anterior calene muscle (front to middle scalene), the middle muscle scalene (the largest, intermediate between the anterior and posterior scalenes), and the posterior muscle scalene (the smaller, posterior to the middle scalene). EDITOR'S NOTE: WE NEED A TABLE FOR THE MUSCLES OF THE REAR NECK AND BACK IT is a complex job to balance the body in two legs and walk upright. Muscles spine, chest, and abdominal wall extend, flex, and stabilize different parts of the body trunk. The deep muscles of the core of the body help to maintain posture as well as provide for the movement of the limbs. There are four pairs of abdominal muscles that make up the abdominal wall: the rectus abdominis, the outer abdominal obliques, the inner abdominal obliques and the transverse abdominis (Figure 11.4.9 and Table 11.6). Figure 11.4.9 – Abdominal muscles: (a) The anterior abdominal muscles include the Mediterranean-pleaced rectus abdominis, which is covered by a sheet of connective tissue called the rectal sheath. On the sides of the body, inside the rectus abdominis, the abdominal wall consists of three layers. The outer oblique muscles form the surface layer, while the inner oblique muscles form the middle layer, and the transverse abdominals form the deepest layer. (b) The muscles of the lower back move the lumbar spine, but also help in the movements of the femur. Belly Muscles (Table 11.6) Motion Target Motion Direction Target Motion Prime Mover Origin Introduction Twist in the Middle; also bending in the spine side Supination; lateral bending External oblique cognitions; internal oblique sides 5–12. side ilium 7–10; linea alba. ilium Compression ventricle during strong exhalations, defecation, urination, and childbirth Abdominal cavity Compression Transversus abdominus Ilium; side 5-10 Sternum? linea alba: pubis Sitting on Spine Flexion Rectus abdominis Pubis Sternum; sides 5 and 7 Bend in the side Spine Lateral bending Quadratus lumborum Ilium; side 5-10 Rib 12; L1–L4 There are three flat skeletal muscles in the anterolateral wall of the abdomen. The outer oblique, closer to the surface, extends lower and in the middle, in the direction of slipping one's four fingers into trouser pockets. Vertical to it is the intermediate inner oblique, stretching higher and base, the direction that the thumbs usually go when the other fingers are in the pants pocket. The deep muscles, the transverse abdominis, are positioned transversely around the abdomen, similar to a belt. This arrangement of the three bands of muscles in different orientations allows various movements and rotations of the torso. The three layers of muscle also help protect the internal abdominal organs in an area where there is no bone. The alba linea is a white, fibrous zone consisting of bilateral rectus sheaths (see Figure 1a) that join the anterior middle line of the body. These enclose the rectus abdominis muscles that come from the pubic plex and symphysis, and extend the length of the body trunk. Each muscle is separated by three transverse bands of collagen fibers called the tendon crossings resulting in the appearance of six-pack abs. The posterior abdominal wall is formed by the lumbar vertebrae, parts of the iliac hip bone, psoas major and iliacus muscles, and quadratus lumborum muscles. This part of the plays a key role in stabilizing the rest of the body and maintaining posture. Those who have a muscle or joint injury will most likely be sent to a physiotherapist (PT) (PT) seeing their regular doctor. PT has a master's or doctorate and are highly trained specialists in the mechanics of body movements. Many PTs also specialize in sports injuries. If you have injured your shoulder while in kayaking, the first thing a physiotherapist will do during your first visit is to evaluate the functionality of the joint. The range of motion of a particular joint refers to the normal movements performed by the joint. PT will ask you to kidnap and add, circumise, and flex and extend the hand. PT will note the degree of shoulder function, and based on the injury assessment, will create an appropriate physical therapy plan. The first step in physical therapy will probably be the application of a heat pack to the injured area, which acts like a warm-up to draw blood to the area, to enhance healing. You will be instructed to do a series of exercises to continue treatment at home, followed by icing, to reduce inflammation and swelling, which will continue for several weeks. When physical therapy is complete, PT will do an exit test and send a detailed report on the improved range of motion and the return of normal limb function to your doctor. Gradually, as the injury heals, the shoulder will begin to function properly. A PT works closely with patients to help them return to their normal level of physical activity. Chest muscles serve to facilitate breathing by changing the volume of the thoracic cavity (Table 11.7). When you inhale your chest increases increasing the volume of the thoracic cavity. Alternatively, when you exhale, your chest falls reducing the volume of the thoracic cavity. Chest Muscles (Table 11.7) Motion Target Motion Direction Target Direction Prime Mover Origin Introduction Inhalation; exhalation Thoracic cavity Compression. sternum diaphragm. side 6–12? lumbar vertebrae Central tendon Inhalation;exhalation Side Elevation (extends thoracic cavity) External Intercostal Rib superior to any intercostal Rib muscle lower than any intercostal muscle Forced exhalation Side Movement along upper/lower axis to bring the ribs closer between their Inner Intercostal Rib lower than any intercostal Rib muscle superior to any intercostal muscle The change in the volume of the thoracic cavity during breathing is due to alternative contraction and relaxation of the diaphragm (Figure 11.4.10). It separates the thoracic and abdominal cavities, and is dome-shaped at rest. The upper surface of the diaphragm is curved, creating the elevated floor of the thoracic cavity. The lower surface is hollow, creating the curved roof of the abdominal cavity. Figure 11.4.10 – Muscles diaphragm: The diaphragm separates the thoracic and abdominal cavities. Defecation, urination, and even childbirth include collaboration between the diaphragm and abdominal muscles (this collaboration is referred to as Valsalva Maneuver). While holding your breath the diaphragm and abdominal contract muscles pressure of the peritoneal cavity and the stabilization of the nucleus. When the abdominal muscles contract, the pressure cannot push the diaphragm upwards, so it increases the pressure in the intestinal tract (defecation), the urinary system (urination), or the reproductive system (birth). The lower surface of the pericardial sac and the lower surfaces of the pleural membranes (parietic pleural pleura) merge into the central tendon of the diaphragm. On the sides of the tendon are the skeletal muscle sections of the diaphragm, which are inserted into the tendon, while they have a number of roots, including the xiphoid process of the anterior sternum, the lower six ribs and their cartilage lateral, and the lumbar vertebrae and 12th posterior side. The diaphragm also includes three openings for the passage of structures between the chest and abdomen. The lower concave vein passes through the opening of the cave, and the esophagus and connected nerves pass through the esophageal interruption. The aorta, thoracic duct, and azgyotic vein pass through the aortic interruption of the posterior diaphragm. There are three sets of muscles, called intercostal muscles, which extend to each of the intercostal spaces. The main role of inter-slip muscles is to help breathing by changing the dimensions of the chest (Figure 11.4.11). Figure 11.4.11 – Intercostal Muscles: The outer intercostals are located laterally on the sides of the body. The inner intercostals are located in the unit near the sternum. The inner intercostals are located deep in both the inner and outer intercostals. The 11 pairs of superficial outer intercostal muscles help inspire the air during breathing, because when they contract, they increase the chest, which extends it. The 11 pairs of internal muscle intercesses, just below the outer, are used for finishing because they draw the ribs together to contract the chest. The inner intercostal muscles are the deepest, and act as synergists for the action of the inner intercostals. The pelvic floor (also referred to as pelvic diaphragm) is a muscle sheet that defines the lower part of the pelvic cavity. The pelvic floor extends anteriorly to posterior from pubis to peritussis and consists of the levator ani and ischiooccygeus. Its openings include the canal anal urethra, and the vagina in women. The large levator ani consists of two skeletal muscles, pubococcygeus and iliococcygeus (Figure 11.4.12). Levator ani is considered the most important muscle of the pelvic floor because it supports the pelvic innards. It resists the pressure produced by the contraction of the abdominal muscles, so that the pressure is applied to the large intestine and to the uterus to help during childbirth (which pulls the pelvic muscles anterior). This muscle creates skeletal muscle clamps in the urethra and anus. Figure 11.4.12 – EDITOR'S NOTE: ADDITION OF ITSIQOKYKOU ITSIOQKYKOU TO INTERNATIONAL Pelvic Floor Muscles: Pelvic floor muscles support pelvic organs; resist intraabdominal pressure and act as clamps for the urethra, rectum and vagina. The perineum is the diamond space between the pubic symphysis (anterior), the peritussis (posterior), and the sciatic tubules (lateral), located just below the pelvic diaphragm (levator ani and ischiooccygeus). Divided transversely into triangles, the anterior is the urogenital triangle, which includes the external genitalia and the posterior is the triangle containing the anus (Figure 11.4.13). The perineal is also divided into superficial and deep layers with one of the muscles common to men and women (Figure 11.4.14). Women also have the urethra compressor and urethroanal sphincter, which work to close the vagina. In men, deep transverse perineal muscles play a role in ejaculation. Figure 11.4.13 – Muscles of Perineum: The muscles of the perineum play roles in urination in both sexes, ejaculation in men and vaginal contraction in women. Figure 11.4.14 The muscles of the Perineum Common in Men and Women MYS OF THE THORACIC CROWNS AND UPPER EXTREMES The muscles of the shoulder and upper extremity can be divided into four groups: muscles that stabilize and place the thoracic zone, muscles that move the arm, muscles that move the forearm and muscles that move the wrists, hands and fingers. The thoracic belt, or shoulder belt, consists of the lateral ends of the clavicle and scapula, along with the proximal end of the bracket, and the muscles covering these three bones to stabilize the shoulder joint. The belt creates a base from which the head of the bracket, in its ball-and-socket joint with the glenoid fossa of the scapula, can move the arm in multiple directions. The muscles that place the thoracic belt are located either in the anterior thorax or in the posterior thorax (Figure 11.4.15 and Table 11.8). The anterior muscles include the subclavium, minor pectoralis, and serratus anterior. The posterior muscles include trapezius, rhomboid important, and rhomboid minor. When the diamond is contracted, your scapula moves with the mid-fibre, which can pull the shoulder and upper rear end. FIGURE 11.4.15 – EDITOR'S NOTE: THE IMAGE NEEDS TO BE IMPROVED. SEE MARIEB 10.14 Muscles That Place the Thoracic Zone: The muscles that stabilize the thoracic zone make it a solid base on which other muscles can move the hand. Note that the thoracic major and deltoids, which move the arm, are cut here to show the deeper movement muscles. Muscles placing the thoracic zone (Table 11.8) Position in the direction of motion target motion target of the thorax Prime mover Origin Insert Anterior thorax Stabilizes clavicle during movement, pressing the Clavicle Depression Subclavian First side Lower surface of the clavicle Anterior thorax Rotates shoulder anterior (throwing motion), helps with shoulder inhalation. Shoulder side: Shoulder blade: side: lifts Pectoralis small anterior surfaces of certain sides (2-4 or 3-5) Coracob procedure of scapula Anterior thorax Arm movements from the side of the body to the front of the body; helps with shoulder inhalation. Shoulder blade side: degrees: side: lifts Serratus anterior muscles slips from certain sides (1-8 or 1-9) Anterior surface of the vertebral border of the scapula thorax Lifts shoulders (shrugging); Pulls the shoulder blades together. Tilts the head backwards Shoulder? cervical spine Shoulder: retots inferior, withdrawn, lifts, and suppresses; Spine: Expand Trapezium Skull; spine Acromion and scapula spine. Rear thorax clavicle Stabilizes the scapula during the thoracic movement of the Scapula Belt Haul. rotates lower Rhomboid major thoracic vertebrae (T2-T5) Inside borders of the scapula thorax Stabilizes scapula during thoracic motion belt Scapula Hauls; rotates lower Rhomboid minor cervical and thoracic vertebrae (C7 and T1) Inside borders of the scapula Similar to the muscles that place the thoracic zone, the muscles that cross the shoulder joint and move the arm bracket bone include both axial and scapula muscles (Figure 11.4.16 and Figure 11.4.17). The two axial muscles are the thoracic major and the latissimus dorsi. The major pectoralis is thick and fan-shaped, covering much of the upper part of the anterior thorax. The wide, triangular latissimus dorsi is located at the lower part of the back and has multiple points of origin including the lumbosacral peritoneum associated with the lower 6 thoracic vertebrae, the lower 3 ribs, the iliac top and the lower corner of the scapula. Figure 11.4.16 – The number needs to be improved!! SEE MARIEB FIGURE 10.15 Muscles moving the arm: (a, c) The muscles that move the anterior arm are generally located on the anterior side of the body and come from the sternum (e.g. thoracic major) or the anterior side of the scapula (e.g., hypostic). b) Muscles that move the arm higher generally come from the upper surfaces of the scapula and/or clavicle (e.g. deltoids). Muscles that move the arm lower generally come from the middle or lower back (e.g., latissimus dorsi). d) The muscles that move the rear arm are generally located on the posterior side of the body and inserted into the scapula (e.g. infraspinatus). Figure 11.4.17 Muscles that move the Arm The rest of the shoulder muscles come from the scapula and help move the arm. The deltoid is the main abductor of the arm, but it also facilitates bending and medial rotation, as well as expansion and lateral rotation. The subscapularis comes from a subsagging cesspool and rotates on the arm. Named their positions, the supraspinatus (derived from the supraspinous fossa) and the infraspinatus (derived from the infraspinous fossa) kidnap the arm, and laterally rotate the arm, respectively. The thick and fat teres important is in minor teres and extends the arm, and helps in its addition and medial rotation. The long minor teres rotates laterally by hand. Finally, the coracobrachialis bends and adds the hand. The tendons of the subscapularis, supraspinatus, infraspinatus, and minor teres connect the scapula to the arm, forming the rotator cuff (myotathic cuff), the circle of tendons around the shoulder joint. Although the shoulder joint allows a lot of freedom of movement due to the shallow glenoid cavity it is extremely vulnerable to downward dislocation. The muscles and tendons of the rotator cuff provide stability to the joint. When baseball pitchers undergo shoulder surgery they are usually on the rotator cuff, which becomes pinched and inflamed, and can rip away from the bone due to the repetitive movement of bringing the arm head to throw a quick pitch. The forearm, made of the radius and bones of the ulna, has four main types of action on the hinge of the elbow joint: bending, extension, pronation, and extermination. When the forearm faces anterior, it is supinated. When the forearm faces posterior, it is pronated. Forearm curves include biceps brachii, brachialis, and brachioradialis. The excisers are the three-way arms and the anconas. The foreons are the pronatoric monsters and the pronate, and the superman turns the forearm anterior. The biceps brachii, brachialis, and brachioradialis bend the forearm. The biceps biceps brachii crosses the shoulder and elbow joints to bend the forearm, also taking part in the extermination of the forearm in the radioulnar joints and bending of the arm in the shoulder joint. Deep in biceps brachii, brachial is a synergistic in forearm bending. Finally, brachioradialis can bend the forearm quickly or help lift a load slowly. These muscles and associated blood vessels and nerves form the anterior compartment of the arm (front arm flexor compartment) (Figure 11.4.18 and Figure 11.4.19). Figure 11.4.18 – NOTE OF THE REPRESENTATIVE: SEE 10.16 & 10.17 IN MARIEB MYSES Moving the Forearm: The muscles coming from the upper arm bend, expand, preplant and weave the forearm. The muscles coming from the forearm move the wrists, hands and fingers. Figure 11.4.19 Muscles that move the forearm wrist, hand, and finger movements are facilitated by two groups of muscles. The forearm is the origin of the exogenous muscles of the hand. The palm is the origin of the intrinsic muscles of the hand. Exogenous muscles of the hand The muscles in the anterior compartment of the forearm (front flexor compartment of the forearm) come from the arm and enter into different parts of the hand. These are the part of the forearm. From lateral to inside, the forearm's surface anterior compartment includes the carpi radialis, palmaris longus, carpi ulnaris curve, and surfacels digitorum curve. The curved digitorum surfaces as it bends the hand as well as joints, which allows for rapid finger movement, such as typing or playing a musical instrument (see Figure 11.4.20 and Table 11.9). However, repetitive movement with poor ergonomics can irritate the tendons of these muscles as they slide back and forth through the carpal tunnel of the anterior wrist and pinch the median nerve, which also travels through the tunnel, causing carpal tunnel syndrome. The deep anterior compartment produces bending and bends the fingers to make a fist. These are the curved pollicis longus and the curved digitorum profundus. The muscles in the superficial posterior compartment of the forearm (surface posterior compartment of the forearm) come from the arm. These are extensor radialis longus, extensor carpi radialis brevis, extensor digitorum, extensor digiti minimi and extensor carpi ulnaris. The muscles of the deep posterior compartment of the forearm come from the radius and ulna. These include current longus, extensor pollicis brevis, extensor pollicis longus and extensor indicis (see Figure 11.4.20). Figure 11.4.20 Muscles that move the wrist, hands and forearm The tendons of the forearm muscles attach to the wrist and extend to the hand. Fibrous bands called retinacula sheath the tendons in the wrist. The retinaculum curve extends over the palm surface of the hand, while the retinaculum extends over the dorsal surface of the hand. The intrinsic muscles of the hand originate and have intensified within it (Figure 11.4.21). These muscles allow your fingers to make precise movements for actions such as typing or writing. These muscles are divided into three groups. The thenar muscles are in the radial fold of the palm. The sub-ventral muscles are in the ulna aspect of the palm, and the intermediate muscles are midpalmar. Thenar muscles include the kidnapper pollicis brevis, opponens pollicis, flexor pollicis brevis, and the polar adductor. These muscles make up the superior thenar, the rounded contour of the base of the thumb, and all act on the thumb. Thumb movements play an integral role in the most accurate hand movements. The subs are themselves in the minimi digiti kidnapper, the digiti minimi brevis curve and the opponens digiti minimi. These muscles form the hypothenal superiority, the rounded outline of the small finger, and therefore, they all act on the little finger. Finally, the intermediate muscles act on all fingers and include the lumbrical, the palmar interossei, and the dorsal interossei. Figure 11.4.21 – Intrinsic muscles of the hand: The intrinsic muscles of the hand both originate and are inserted into the hand. These muscles provide fine control of the finger motor by bending, expanding, kidnapper, and adding the most peripheral finger and thumb Native Hand Muscles (Table 11.9) Muscle Movement Goal Motion Direction Prime Mover Origin Introduction Thumb Moves To Body Thumb Kidnapper pollicis brevis Flexor retinaculum? and nearby wrists Lateral base of the proximal phalanx of thumb Thenar muscles Thumb movements across the palm to touch other fingers Thumb Opposition pollicis Flexor retinaculum; trapezium Anterior of the first metacarpal Thenar muscles Flexes thumb Thumb Curve curved pollicis brevis Flexor retinaculum; trapezium Lateral base of the proximal phalanx of thumb Thenar muscles Thumb movements away from the body Thumb Adductor pollicis Capitate bone; metacarpal bases 2–4. in front of metacarpal 3 Medial base of the proximal phalanx of thumb Hypothenal muscles Moves a little finger to the body Little finger Abduction Kidnapper digiti minimi Pisiform bone Inside side of the proximal phalanx of small muscles Hypothenal finger Flexes little finger Flexion Flexor digiti minimi brevis Hamate bone; flexor retinaculum Medial side of the proximal phalanx of small finger Hypothenal muscles Moves a little finger across the palm to touch the thumb Little finger Opposition Oppens digiti minimi Hamate bone; flexor retinaculum Inside side of the fifth metacarpal intermediate muscle Bends each finger into interphalangeal joints; extends each finger into interphalangeal joints Fingers Bending Lumbricals Palm (lateral sides of tendons in flexor digitorum profundus) Fingers 2-5 (lateral edges of extensions to the first phalanxes) Intermediate muscles Adducts and bends each finger into metacarpal-phalangeal joints; extends each finger into interphalangeal joints Fingers Addition; bending; extension Palmer interossei Side of each metacarpal facing metacarpal 3 (absent from metacarpal 3) Extension extended to the first phalanx of each finger (except finger 3) to the side facing the finger 3 Intermediate muscles Abducts and bends the three middle fingers into metacarpal-phallic joints; extends the three middle fingers to interphalangeal joints Fingers Abduction; bending; extension Rahia interossei Sides of metacarpals Both sides of the finger 3; for one finger, extending extending over the first phalanx to the side opposite the finger 3 ANNEXES MYSES OF THE PYEL AND THE LOWER EXTREMES The sartoid muscles of the lower position of the body and the stabilization of the pelvic zone, which serves as a foundation for the lower extremities. By comparison, there is much more movement in the thoracic zone than in the pelvic zone. There is very little movement of the pelvic zone due to its connection to the sacrum at the base of the axial skeleton and because the deep acetabulum provides a fixed joint point with the head of the femur. The lack of pelvic bandwidth allows it to stabilize and support the body. The center of gravity of the body is located in the pelvic area. If the center of gravity wants to stay stable, getting up would be hard. Therefore that the muscles of the feet lack in range of motion and flexibility, they shake in size and strength, facilitating body stabilization, posture, and movement. Most muscles that in the femur (the thigh bone) and move it, come from the pelvic zone. The most important hip flexors are the major ppoas and iliacs that make up the iliopsoas group. Some of the largest and most powerful muscles of the body are the gluteus muscles or the gluteus group. Gluteus maximus, one of the most important thigh extensors in the hip, is the largest. deep in the gluteus maxim is the gluteus medius, and deep in the gluteus medius is the gluteus minimum, the smallest of the trio (Figure 11.4.22 and Figure 11.4.23). Figure 11.4.22 – EDITOR'S NOTE: THE NUMBER MUST BE IMPROVED. SEE MARIEB FIGURE 10.20 AND 10.21 Hip and thigh muscles: The large and strong hip muscles that move the femur generally come from the pelvic zone and are inserted into the femur. The muscles that move the lower leg usually come from the femur and enter into the bones of the knee joint. The anterior muscles of the femur extend the lower leg, but also help to bend the thigh. The posterior muscles of the femur bend the lower leg, but also help to extend the thigh. A combination of gluteus and thigh muscles also adduces, abduction, and rotation of the thigh and lower leg. Figure 11.4.23 Gluteus Area Muscle moving femur The tauron fascia aters is a thick, four-member muscle in the upper fold of the lateral thigh. It acts as a synergist of gluteus medius and iliopsoas in the bending and abduction of the thigh. It also helps to stabilize the lateral aspect of the knee by pulling the ilioal pathway (zone), making it stretched. Deep in gluteal maximus, piriformis, obturator internus, obturator externus, upper gemellus, lower gemellus, and quadratus femoris laterally rotate the thigh to the hip. The deep peritoneum in the thigh divides it into medial, anterior and posterior compartments (EDITOR'S NOTE: SEE FIGURE X MUST BE ACCESSED-MARIEB 10.26). The muscles in the medial thigh compartment that are responsible for inserting the femur into the hip are the adductor group including the skiffal longus, adductor brevis, and adductor magnus that all adduct and medially rotate the thigh. The skiffal longus also bends the thigh, while the skiffal magnus extends it. Like the skiffal yearning, the ectineus adds and bends the femur in the hip. The ectineus is located in the femoral triangle, which is formed at the intersection between the hip and the foot and includes the femoral nerve, femoral artery, femoral vein and deep inguinal lymph nodes. The strap-like gracilis adds the thigh in addition to bending the foot to the knee Figure 11.4.24 Thigh muscles that move the femur, tibia, and fibula The muscles of the anterior thigh compartment bend the thigh and extend the leg. This partition contains the group of quadriceps femoris, which consists of four muscles that extend the leg and stabilize the knee. Inside the apartment the rectus femoris is located on the front side of the thigh, the huge latelis is located on the side of the thigh, thigh, vastus medialis is located in the medial aspect of the thigh, and the vast intermedius is between the huge laterals and vastus medialis and deep in the teres femoris. The tendon common to all four is the quadriceps tendon (patella tendon), which inserts into the patella and continues under it as the patella ligament. The patelner ligament is connected to the tibia phyotamability. In addition to the four-headed femoris, the sartorius is a belt-like muscle that extends from the anterior upper iliac spine to the medial side of the proximal tibia. This flexible muscle bends the foot to the knee and bends, kidnap, and laterally rotates the thigh to the hip. This muscle allows us to sit with crossed legs. The posterior compartment of the thigh includes muscles that bend the leg and extend the thigh. The three long muscles in the back of the thigh are the group of faria strings, which bend the knee. These are the biceps, the semedios and the semimembranos. The tendons of these muscles form the upper outline of the popliteal fossa, the diamond-shaped space at the back of the knee. Similar to the thigh muscles, the leg muscles are separated by deep peritoneal compartments, although the foot has three: anterior, lateral and posterior (see Figure Xb MARIEB 10.26b). Figure 11.4.25 – Muscles of the lower leg: The muscles of the anterior part of the lower leg are generally responsible for dorsiflexion, and the muscles of the posterior compartment of the lower leg are generally responsible for plant bending. The lateral and medial muscles in the compartment reverse, evert and rotate the foot. Figure 11.4.26 Muscles that move the legs adduct and abduct The muscles in the anterior compartment of the leg all contribute to the dorsiflexion: a long and thick muscle on the lateral surface of the leg, the extensor hallucis longus, deep below it, and the extensible digitorum longus, later to it. The two muscles that originate from the anterior surface of the fibula, binds to the excus digitorum longus and sometimes merges with it, but is present in all forms. The thick bands of connective tissue called the upper retinaculum (navisae ankle ligament) and the lower extensor retinaculum, hold the tendons of these muscles in place during the dorsiflexion. The lateral compartment of the foot includes two muscles that contribute to inversion and plantar bending: the diagonal long (peroneus longus) and the fibularis brevis (peroneus brevis). The superficial muscles in the posterior compartment of the foot all insert onto the calcified tendon (achilles tendon), a strong tendon that enters the limestone bone of the ankle, all contribute to plantar bending. The muscles in this apartment are big and strong and keep people upright. The most superficial visible muscle of the calf is the gastrocnemium. Deep in the gastrocnemium is the wide, flat sole. Plantaris runs obliquely between two; some people may have two of these muscles, while no plantaris is observed in about seven percent of other body atoms. The plantaris tendon is a desirable substitute for Ita peritoneum in hernia repair, tendon transplants, and ligament repair. There are four deep muscles in the posterior compartment of the foot as well: the popliteus, the longus digitorum flexor, the longus hallucis flexor, and tibialis posterior all contribute to plantar bending or inversion of the foot. The foot also has intrinsic muscles, which originate and enter into it (similar to the intrinsic muscles of the hand). These muscles mainly provide support for the foot and its arch and contribute to foot movements (Figure 11.4.27 and Figure 11.4.28). The main support for the longitudinal arch of the foot is a deep fascial called plantatic fasciis, which extends from the bone of the turbot to the toes (inflammation of this tissue is the cause of plantatic fasciis, which can affect runners); the intrinsic muscles of the foot include the extasor digitorum flexor for the dorsal fold and a plantalar group, which consists of four layers. Figure 11.4.27 – NOTE OF THE REPRESENTATIVE: IMPROVEMENT OF THE SEE MARIEB MARK 10.25 Intrinsic leg muscles: The muscles along the dorsal side of the foot (a) generally extend the toes, while the muscles of the plantside of the foot (b, c, d) generally bend the toes. The plantary muscles exist in three layers, giving the foot the strength to compensate for the weight of the body. In this diagram, these three layers appear from a plantal point of view that begins with the lower layer just below the plantal skin of the foot (b) and ends with the upper-most layer (d) located just below the foot and leg bones. Figure 11.4.28 The intrinsic muscles in the leg muscles are either axial muscles or appendices. Axial muscles are grouped by position, function, or both. Some axial muscles cross the appendix. The muscles of the head and neck are all axial. The muscles on the face create facial expression by inserting into the skin and not onto the bones. The muscles that move the eyes are exogenous, meaning they come out of the eye and enter on it. The muscles of the tongue are both exogenous and intrinsic. The general language suppresses the tongue and moves it forward, the pen lifts the tongue and recalls it, the palatogloss lifts the back of the tongue. And the hygloss oppresses it and flattens it. The muscles of the anterior neck facilitate swallowing and speech, stabilize the hyoid bone and place the larynx. The neck muscles stabilize and move the head. The sterno-key body separates the neck into anterior and posterior triangles. The back muscles of the neck that move the spine are complex, overlap and can be divided into five groups. The splenius group includes capitis spleen and splenius cervicis. The spinae erector has three subgroups. The sun-deaf sun-deaf includes iliocosta trachelio, iliocosta and iliocosta. The longissimus group includes the long capite, the long neck and the long thoracotho. The spine group includes spine capitis, spinal cervicitis and spinal thoracitits. The transverse sperialins include the semi-spinal capitis, the semi-spinal trachea, the somatospinal shield, the multi-double and the rotating. Sectional muscles include interspinales and intertransversarii. Finally, the scalenes include the anterior scale, middle scale, and rear scale. Made of skin, peritoneal, and four pairs of muscles, the anterior abdominal wall protects the organs located in the abdomen and moves the spine. These muscles include the rectus abdominis, which extends the entire length of the torso, the outer oblique, the inner oblique, and the transverse abdominus. Quadratus lumborum forms the posterior abdominal wall. Chest muscles play a big role in breathing, especially the dome-shaped diaphragm. When it contracts and flattens, the volume within the pleural cavities increases, which reduces the pressure inside them. As a result, the air will flow to the lungs. The outer and inner intercostal muscles cover the space between the ribs and help to change the shape of the chest and the volume-pressure ratio within the pleural cavities during inspiration and termination. The muscles of the perneal play roles in urination in both sexes, ejaculation in men and vaginal contraction in women. Pelvic floor muscles support the pelvic organs, resist intraabdominal pressure and act as clamps for the urethra, rectum and vagina. The clavicle and scapula make up the thoracic zone, which provides a stable origin for the muscles that move the arm. The muscles that place and stabilize the thoracic zone are located in the chest. The anterior thoracic muscles are the subgavio, thoracic minor, and the serratus anterior. The posterior thoracic muscles are trapezius, scapula boiler, rhomboid important, and rhomboid minor. Nine muscles cross the shoulder joint to move the arm. Those coming from the axial skeleton are the thoracic major and the latissimus dorsi. Deltoid, subscapularis, supraspinatus, infraped, teres major, teres minor, and coracobrachialis come from the scapula. Forearm curves include biceps brachii, brachialis, and brachioradialis. The excisers are the three-way arms and the anconas. The fore provision is the pronatoric monsters and the quad-core. The suttinor is the only one that turns the forearm forward. The exogenous muscles of the hands originate along the forearm and are inserted into the hand in order to the rough movements of the wrists, hands and fingers. The surface anterior compartment of the forearm produces bending. These muscles are the flexor carpi radialis, palmaris longus, flexor carpi ulnaris, and curved digitorum surface. The deep anterior compartment produces bending as well. These are the curved pollicis longus and the curved digitorum profundus. The rest of the apartments produce expansion. The excitable carpi raditis longus, the excitable carpi radialis brevis, the excitable digitorum, the excitable digiti minimi and the excitable carpi ulnaris are the muscles located in the superficial posterior compartment. The deep rear compartment includes the longus abductor, the extensive pollicis brevis, the excitivator pollicis longus and the indication of the ejector. Finally, the intrinsic muscles of the hands allow our fingers to make precise movements, such as typing and writing. Both come and enter in the hand. The thenar muscles, which are located on the side of the palm, are the kidnapper pollicis brevis, opponens pollicis, flexor pollicis brevis, and adductor pollicis. The sub-visible muscles, which are located in the inner part of the palm, are the kidnapper digiti minimi, flexor digiti minimi brevis, and opponens digiti minimi. The intermediate muscles, located in the middle of the palm, are the lumbricals, palmar interossei, and dorsal interossei. The pelvic zone connects the legs to the axial skeleton. The hip joint is where the pelvic zone and foot come together. The hip is joined to the pelvic zone by many muscles. In the leg region, the major equals and the ilioques form the iliopsoa. Large and powerful gluteal maximus, gluteal medius, and gluteal minimipops expand and abduct the femur. Along with the gluteus maximus, the peritoneal muscle terna mata forms the ilioal pathway. The lateral rotators of the femur in the hip are piriformis, obturator internus, obturator externus, upper gewellus, inferior gewellus, and quadratus femoris. On the inner part of the thigh, the skiffal longus, the skiffal brevis, and the skiffal magnus attach the thigh and rotate it on the base. The muscle ectineus adstries and bends the femur in the hip. The thigh muscles that move the femur, tibia, and fibula are divided into medial, anterior, and posterior compartments. The medial compartment includes the ducts, the ectineus, and the gracilis. The anterior compartment consists of the four-legged femoris, quadriceps tendon, patella ligament, and sartorius. The four-headed femoris consists of four muscles: rectus femoris, vastus lateris, vastus medius, and vast intermedius, which together extend the knee. The posterior compartment of the thigh includes the femurs: the biceps femoris, semetionidum, and semimembranosus, all of which bend the knee. The leg muscles that move the foot and toes are divided into anterior, lateral, superficial and deep posterior compartments. The front compartment includes the anterior tibialis, the extension hallucis longus, the extensor digitorum longus, fibularis (peroneus) tertius. The side apartment houses the fibularis (peroneus) longus and the fibularis (peroneus) brevis. Brevis, superficial posterior compartment has gastrocnemium, soleus, and plantaris; and the deep rear compartment has the popliteus, tibialis posterior, curved digitorum longus, and curved hallucis longus. kidnapper digiti minimi muscles that kidnap the small finger muscle extractor pollicis brevis that kidnap the thumb kidnapper pollicis longus muscles that inserts into the first metacarpal adductor brevis muscles that it inserts and rotates in a way the thigh adductor longus muscles that adducts, medially rotates, and bends the thigh adductor magnus muscle with an anterior fasciae that adds, medially rotates and bends the thigh , and a posterior fasciae that helps extend the thigh adductor pollicis muscle that adducts the thumb triangle posterior triangle of the perinus that includes the antis anneau small muscle to the lateral posterior elbow that extends the arm anterior compartment of the arm (front arm compartment curve) the braceps brachii, brachialis, brachioradialis, and their related blood vessels and nerves anterior compartment of the forearm (anterior forearm curve compartment) deep and superficial muscles coming from the arm and insert in the hand anterior compartment of the leg area that includes the muscles that dorsiflex the foot anterior compartment of the thigh area that includes the muscles that bend the thigh and extend the foot anteriorly scale a anterior muscle to the middle scale of arms and legs axial of the torso and head biceps brachii biceps that crosses the shoulder and elbow joints to bend the forearm , while helping to hyperse and bending and bending the hand on the shoulder biceps femoris femialis brachialis muscles deep in the biceps brachii that provides strength in the bending of the forearm. brachioradialis muscles that can bend the forearm quickly or help lift a load of slowly kidnapper muscles that compresses the cheek limestone tendon (also, Achilles tendon) strong tendon that inserts into the calcareous ankle caval opening in the diaphragm that allows the lower concave vein to pass through; for vena cava compressor urethra deep perineal muscle in women muscle coracobrachialis bending and adducts the arm breakbreakers suppress the small finger muscle extensor pollicis longus, curve digitorum profundus, and their associated blood vessels and nerves deep posterior compartment of the forearm (deep posterior compartment extender of the forearm) the kidnapper pollicis longus, extensor pollicis brevis , extensor pollicis longus, and extensor indicis, and their associated blood vessels and nerves deep transverse perineal deep perineal muscle in men deglutition swallowing deltoid shoulder muscles that kidnap the hand, as well as bends and rotates based, and extends and laterally rotates diaphragm skeletal muscle that separates the thoracic and cavities and is dome-shaped at rest muscles that have anterior and posterior bellies and lifts the hyoid bone and larynx when someone swallows; It also decompackes the lower jaw dorsal region of the group that includes the exhaled digitorum brevis dorsal mesoosium muscles that kidnap and bend the three middle fingers in the metacarpal-pollang joints and extend them to the transphalangeal joints epigic aponeurasis (also, galea aponeurisis) flat wide tendon connecting the frontalis and occipalis erectorum spinae group large muscle mass of the back; main extensor of the spine extensor carpi radialis brevis muscles that extends and kidnap the hand on the wrist extensor carpi ulnaris muscles stretching and adds the hand extensible digiti minimi muscles that extends the small digit extensor finger muscle body extending hand to wrist and phalanxes extensible digitorum brevis muscles extending toes extensor digitorum longus muscles that are lateral to the tibialis anterior extension hallucis longus muscles that are partly deep to the anterior and extensory muscle digitorum longus extensor indicis inserted into the tendon of the extensor digitorum of the index extensor pollicis brevis muscle inserted at the base of the proximal phalanx of the thumb extensor pollicis longus muscles that inserts onto the base of the peripheral phalanx of the thumb extensor radicus longus muscle that extends and kidnap the hand on the wrist an extended retinaculum zone of connective tissue that extends over the dorsal surface of the hand external intercostal intercostal muscles increasing the lateral cord external oblique superficial abdominal muscle with beans extending inferior and based on exogenous eye muscles come out of the eye and are inserted into the outer surface of the white eye, and create the movement of the eye bulb exogenous muscles of the muscles of the hand that move the wrists, hands and fingers and come from the area of the femur arm triangle formed at the intersection between the hip and the foot and the foot and foot and distance includes the peustinus, femoral nerve, femoral artery, femoral vein, and deep groin fibularis brevis lymph nodes (also, peroneus brevis) muscles that plant the foot in the ankle and the everts in the interartals joints fibularis longus (also peroneus longus) muscles that plant the foot in the ankle and the everts in the interartals joints schinar tertius small muscle associated with the extensor digitorum longus flexor carpi radialis muscle that bends and kidnap the hand on the wrist flexor carpi ulnaris muscles bending and adds the hand to the wrist flexor digiti minimi brevis muscle bending the small finger flexor digitorum longus muscles bending the four small toes flexor digitorum profundus muscles bending the phalanxes of the fingers and hand on the flexor wrist in surfacels muscle bending hand and digits flexor hallucinations longus muscle bending the big flexor toe brevis muscle bending flexor thumb pollicis longus muscles bending the peripheral phalanx of thumb flexor retinaculum belt of connective tissue extending over the palm surface of the hand frontalis front of the occ ipiofrontalis muscles gastrocnemium more superficial muscle of the calf genioglossus muscle that comes from the mandibular and allows the tongue to move downwards and forward edium muscle that reduces the mandibular , and increases and pulls the hyoid bone anterior gluteus group muscle group that extends, bends, rotates, adds, and abducts the femur maximus larger than the gluteus muscles that extends the femur medius muscle deep into the gluteus maximus that abducts the femur in the gluteus a little short of the gluteus muscles and deep in the gluteus medius gracilis muscle that aducies the thigh and bends the foot in the group of farial knee strings three long muscles at the back of the muscle hyglossus foot derived from the hyoid bone to move the tongue down and straighten hypothic muscle group on the medial fold of the palm hythnar your exocelency rounded muscle contour at the base of the small finger iliacus muscles that, together with the major ppoas, is the iliopsoas iliococcygeus muscle that forms the levator ani along with the pubococcygeus iliocostals cervical muscles of the iliocostalis group associated with the cervical region The iliocostalis group placed laterally onto the muscles of the iliocostalis group stymic group iliocostalis associated with the lumbar region of the iliocostalis group associated with the thoracic region iliopsoas muscle group of the group consisting of sunflowers and psoas important muscles, that bends the thigh to the hip, rotates laterally, and bends the torso of the body onto the hip iliobialis muscles of the road that inserts onto the tibia; consists of the gluteus maximus and connective tissues of the tensor fasciae latae lower extensor retinaculum cross ligament of the ankle lower gemellous muscle deep with the gluteus maximus on the lateral surface of the thigh that rotates laterally the femur in the hip infrahyoid muscles anterior muscles of the neck attached to, and inferior to the hyoid bone infraspinatus muscles that rotates laterally the hand internally intercano the deeper intercostal muscles that draw the ribs together intercostic muscle muscles covering the spaces between the sides intermediate group of muscles midpalmar inner intercostal muscles of the intermediate intercostal muscles that draw the ribs together internal oblique flat, intermediate abdominal muscle with fascicles that run vertically to those of the external oblique intrinsic muscles of the hand muscles that move the wrists, hands, and fingers and come from the palmochiococcyous muscles that helps the levator ani and pulls the granular anterior lateral area of the foot that longus and fibularis (peroneus) brevis and their associated blood vessels and nerves lateral fin muscle that moves the mandn by side to side latissimus dorsi wide, triangular axial muscle located at the lower part of the back levator ani pelvic muscle that resists intraabdominal pressure and supports the pelvic innards linea alba white, fibrous zone that runs along the middle line of the trunk longissimus capitis muscles of the longissimus group associated with its area head longissimus cervicis muscles of the longissimus group associated with the longissimus group of the cervical region placed in between the muscles of the chest muscle of the longissimus group associated with the thoracic lumbrical area muscle that bends each finger into the metacarpal-pollang joints and extends each finger into the interphalangeal joints masser main muscle for chewing that lifts the mandial to close the mouth mastic chewing middle thigh compartment an area that

muscle on the medial fold of the thigh thigh

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