## BIOLOGY 2011 HUMAN ANATOMY- MSK "Where one has to work their phalanges to the periosteum!" 2023

## **COURSE SYLLABUS/LAB MANUAL**



## BIOLOGY 2011 HUMAN ANATOMY - MSK

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Required Texts: Principles of Human Anatomy (13e).

Author: Tortora & Nielsen (2019)

Atlas of Human Anatomy (7e.).

Author: Netter (2019)

#### Mark Breakdown

Lecture:	Topics	Course Weight	Date/Time
MT	Integument, Bones	30%	October 18, 2023 (5:30 pm)
Final	Bones, Muscles, Joints	30%	TBA
Lab:			
Lab Exam 1	Integument, Bones	20%	October 24 & 25, 2023 (7:00 pm)
Lab Exam 2	Joints, Muscles (and	20%	Nov 28 & 29, 2023
	bones)		(7:00 pm)

### **Course Description:**

Anatomical systems/topics covered are the integumentary, muscular, and skeletal systems as well as arthrology (joints).

### **General Information: Lectures**

Lectures will take place **in person**. *Any* material presented in lecture is testable material.

#### **General Information: Lecture Examinations**

There are two lecture (MT & Final) exams which will consist of a variety of questions (mostly fill-in-the-blank type (FITB - "Identify"), T/F, MCQ, Multi-Select

(MS) and short answer). The MT and Final exams will be out of approximately 100-200 marks. The MT exam will be written (in person) during the lecture time, whereas the final lecture exam will be written (in person) during the December Examination period and the date and time are TBA (in early October) by the Registrar's Office.

The MT & Final exams will assess the information covered in lectures and any ASSIGNED readings from the textbook.

# General Information: Laboratory Labs will take place "in person"

### **General Information: Laboratory Examinations**

There will be a total of two LAB exams. The LAB exams will require students to "identify structure labeled A, B, C, etc". Students will have 30 seconds to identify each structure.

If you cannot write an exam on the scheduled day/time, then please contact me in advance via email (donna.newhouse@lakeheadu.ca).

## **Course and University Policies**

The policies set out below are for the students' benefit. These policies are set forth to ensure that all students are treated fairly. Please read thoroughly.

#### Behavioral standards:

Please refer to the Student Code of Conduct - Academic Integrity.

### **Netiquette:**

Please communicate with me via your Lakehead e-mail account. It is appropriate to address me as Donna or Professor Newhouse. Always use **Biology 2011 FA 2023 in the subject line** of any email you send to me. I will respond to all e-mails in a timely fashion (usually within 24 hours, with the exception of weekends).

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- (1) I may access and download the course materials <u>only</u> for my own personal and non-commercial use for this course; and
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#### **Academic Integrity**

A breach of Academic Integrity is a serious offence. The principle of Academic Integrity, particularly of doing one's own work, documenting properly (including use of quotation marks, appropriate paraphrasing and referencing/citation), collaborating appropriately, and avoiding misrepresentation, is a core principle in university study. Students should view the <a href="Student Code of Conduct - Academic Integrity">Students should view the Student Code of Conduct - Academic Integrity</a> for a full description of academic offences, procedures when Academic Integrity breaches are suspected and sanctions for breaches of Academic Integrity.

**Supports for Students** – there are many resources available to support students. These include but are not limited to:

- Health and Wellness
- Student Success Centre
- Student Accessibility Centre

- Library
- Lakehead International
- Indigenous Initiatives

Lakehead University is committed to achieving full accessibility for persons with disabilities. Part of this commitment includes arranging academic accommodations for students with disabilities and/or medical conditions to ensure they have an equitable opportunity to participate in all of their academic activities. If you are a student with a disability and think you may need accommodations, you are strongly encouraged to contact Student Accessibility Services (SAS) and register as early as possible. For more information, please contact <a href="Student Accessibility Services">Student Accessibility Services</a> (SC0003, 343-8047 or <a href="sas@lakeheadu.ca">sas@lakeheadu.ca</a>).

### **LABORATORY SCHEDULE 2023**

**BLOCK 1:** 

September 12 - October 18 Integument & Bones

October 24 & 25 LAB EXAM #1

**BLOCK 2:** 

October 31 – November 22 Ligaments & Muscles (and some bones)

November 28 & 29 LAB EXAM #2

### **LECTURE OUTLINE**

(Subject to Change)

- I. Introduction
  - A. Definition of Anatomy
  - B. Anatomical Position, Planes, Movements
  - C. Organization of the body
    - (1) cells
    - (2) tissues
    - (3) organs
    - (4) organ systems
    - (5) membranes (serous, synovial, mucous, cutaneous)
  - C. Anatomical Terminology
- II. Tissues and Tissue Types
  - A. Tissue Types
    - (1) epithelial
    - (2) connective
    - (3) muscular
    - (4) nervous
- III. Integumentary System
  - A. Functions of the Skin
  - B. Structure of the Skin
  - C. Accessory Structures of the Skin
  - D. Clinical considerations

## IV. Skeletal System (Osseous connective tissue)

- A. Skeletal Development and Function
  - (a) composition and structure of bones
- B. Review of Human Bones
- (1) axial division
  - (a) skull (cranium, facial bones)
  - (b) hyoid bone
  - (c) trunk (vertebrae, ribs, sternum)
- (2) appendicular division
  - (a) upper (pectoral) appendages
  - (b) lower (pelvic) appendages
- C. Joints
  - (1) synarthroses
  - (2) amphiarthroses
  - (3) diarthroses
  - (4) types of movement across joints
  - (5) types of joint injuries

## V. Muscular System

- A. Muscle Tissue
  - (1) skeletal (striated)
  - (2) smooth (unstriated)
  - (3) cardiac
  - (4) properties of muscle tissue
  - (5) functions
  - (6) structure of skeletal muscles
- B. Principle muscles of the body
- (1) Muscles of facial expression
- (2) Muscles of upper extremity
  - (a) shoulder joint
  - (b) muscles moving the shoulder
  - (c) muscles moving the upper arm
  - (d) muscles moving the lower arm
  - (e) muscles which move the hand
  - (f) muscles which move the fingers and thumb (forearm/hand)
- (3) Muscles of the lower extremity
  - (a) hip joint
  - (b) muscles which move the thigh
  - (c) muscles which move the lower leg
  - (d) muscles which move the foot and toes
- (4) Muscles of the abdominal wall
- (5) Muscles that move the head and spine
- (6) Muscles of the pelvic floor
- (7) Muscles which move the chest wall

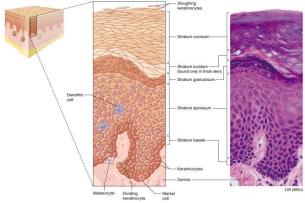
## LABORATORY OUTLINE SKELETAL SYSTEM AND JOINTS

The following is a list of the bones and their parts that you are required to know for lab. (There may be additional structures that you should know from diagrams for lecture tests). Please note that you should also be able to tell if major bones are from the right or left side, which end is proximal or distal and with which bone(s) they articulate.

Histology: You are responsible for the following slides/images:

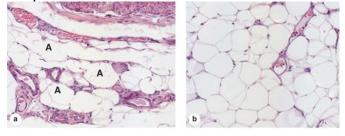
### Slide 1: Integument.

The five layers are visible in this section of thick skin.



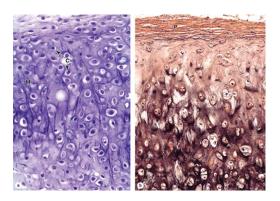
Slide 2: Adipose connective tissue.

Since the interior of the cell is full of fat, it looks empty but its cytoplasm and nucleus have been pushed against the wall and in some cells are visible. The walls are very thin and the cells are packed closely together giving them irregular shapes.

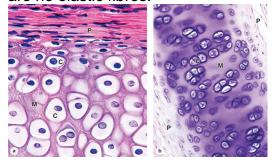


Slide 3: Elastic cartilage.

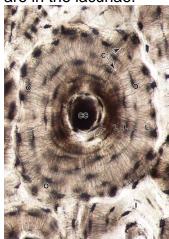
The cartilage is the broad band of pale purple. The matrix itself stains pale purple and within it are spaces called lacunae. Within the spaces are the cartilage cells the chondrocytes. The elastic fibres are the fine strands running through the matrix.



Slide 4: Hyaline cartilage. On this slide, the cartilage is the area of lacunae (stained purple). It has the chondrocytes just as elastic cartilage does but there are no elastic fibres.



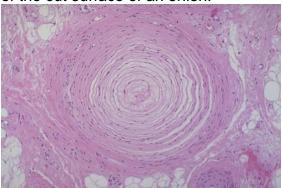
Slide 5: Compact bone. The characteristic of this slide is the Haversian system that is found only in compact bone. Although they are not visible, the osteocytes are in the lacunae.



Slide 6: Cancellous (spongy) bone. There is no Haversian system (see slide 5), only irregular rods of bone (called trabeculae) are produced that form a network filled with marrow. The bone is stained bright red or pink, depending on the slide, and the cells that produce the bone (osteocytes) are visible in the lacunae.



Slide 7. Pacinian (lamellated) corpuscle. These are either sections of skin or organs that have deep pressure sensors. Look for large round structures that consist of many concentric circles within the dermis. They have the appearance of the cut surface of an onion.



Integument

Epidermis

Stratum basale Stratum lucidum

Stratum papillarosum

Pore

Sebaceous gland

Hair root
Hair medulla
Hair cortex
Huxley's layer
Outer root sheath
Krause's end bulb

Stratum spinosum Stratum corneum Stratum reticularosum Dermal papillae

Sweat gland Cutaneous blood vessels Hair follicle receptor

Hair shaft Henle's layer Free nerve ending Meissner's corpuscle Stratum granulosum

Dermis

Arrector pili m. Sweat gland duct Pacinian corpuscles

Hair follicle
Hair papilla
Inner root sheath
Ruffini corpuscle
Hypodermis

Axial Skeleton Skull - Cranium

Adipose tissue

Frontal bone:

Frontal sinus Coronal suture

Supraorbital ridge

Supraorbital foramen

Parietal bone:

Squamousal suture Grooves of middle meningeal aa.

Lambdoidal suture

Sagittal suture

Temporal bone:

Mastoid process
Stylomastoid foramen
Squmaous portion

Mandibular fossa Styloid process External acoustic meatus

Zygomatic process
Petrous portion
Internal acoustic meatus

Occipital bone:

Foramen magnum Hypoglossal foramen

Occipital condyles Groove of transverse sinus

Jugular foramen Groove of sigmoid sinus

Sphenoid bone:

Sphenoid sinus Foramen spinosum Inferior orbital fissure Foramen ovale Optic foramen Sella turcica Foramen rotundum Superior orbital fissure

Ethmoid bone:

Crista galli Perpendicular plate Cribriform foramina Superior nasal concha Cribriform plate Middle nasal concha Axial Skeleton Skull – Facial Bones

Maxilla:

Maxillary sinuses

Infraorbital foramen

Palatine process

Alveolar process

Mandible:

Condylar process Alveolar border

Mandibular foramen Mental symphysis Coronoid process

Angle Lingula Ramus

Mental foramen

Body

Nasal bones

Lacrimal bones

Inferior nasal conchae

Zygomatic bones

Vomer bone

Palatine bones

Malleus (ear ossicle)
Incus (ear ossicle)
Stance (ear ossicle)

Stapes (ear ossicle)

Hyoid bone:

Greater horn Lesser horn

body

Vertebrae: Typical

Body Superior articular process

Spinous process

Pedicle

Inferior articular process Transverse foramen (C) Lamina

Transverse process Costal facets (T)

Vertebrae: Atypical

Anterior arch (C1)

Posterior arch (C1)

Odontoid process (C2)

Sacral foramina

Sacrum:

Ala Body

Cornu hiatus

Coccyx

Ribs:

Head

Costal groove

Neck

Tubercle

Sternum:

Jugular notch

Body

Manubrium Xiphoid process

Sternal angle

## Appendicular Skeleton **Pectoral Girdle**

Scapula:

Vertebral (medial) border

Inferior angle

Glenoid fossa

Infraspinous fossa

Axillary (lateral) border

Spine

Coracoid process Subscapular fossa

Superior angle Acromion

Supraspinous fossa

Clavicle:

Sternal (medial) end

Acromial (lateral) end

Conoid tubercle

Appendicular Skeleton **Upper Extremity** 

Humerus:

Head Coronoid fossa Medial epicondyle

Intertubercular groove

Deltoid tuberosity Capitulum Olecranon fossa Lateral epicondyle

Greater tubercle

Trochlea Supracondylar ridges

Lesser tubercle

Ulna:

Trochlear notch Radial notch

Olecranon process

Head

Coronoid process

Styloid process

Radius:

Head

Styloid process

Radial tuberosity

Neck

Carpal bones:

Scaphoid Capitate Trapezoid Lunate Triquetral (triquetrum) Hamate (hook of hamate) Trapezium Pisiform

Metacarpal bones:

Metacarpal I Metacarpal IV Metacarpal II Metacarpal V Metacarpal III

Phalanges:

Proximal phalanx

Middle phalanx

Distal phalanx

## Appendicular Skeleton Pelvic Girdle

Os Coxae:

Pubis symphysis
Greater sciatic notch
Anterior superior iliac spine
Anterior inferior iliac spine
Posterior superior iliac spine
Posterior inferior iliac spine

Acetabulum Lesser sciatic notch Ischial tuberosity Ischium Obturator foramen Ischial spine Pubis Ilium

# Appendicular Skeleton Lower Extremity

Femur:

Head Neck
Lesser trochanter Linea aspera
Lateral condyle Intercondylar fossa

Greater trochanter Medial condyle

Patella:

Base Apex

Tibia:

Lateral condyle Medial condyle Medial malleolus
Tibial tuberosity Nutrient foramen Intercondylar eminence

Fibula:

Head Neck Lateral malleolus

**Tarsal Bones:** 

Talus Calcaneus Navicular

Cuboid Medial (1<sup>st</sup>) cuneiform Intermediate (2<sup>nd</sup>) cuneiform Lateral (3<sup>rd</sup>) cuneiform

Phalanges:

Distal phalanx Middle phalanx Proximal phalanx

Model of Bone:

Periosteum Lamellae - interstitial Lamellae - concentric

Osteocyte Canaliculi Osteon

Central canal lacuna Perforating fibres

Perforating canals

# The following is a list of structures associated with the knee, shoulder, elbow, and hip joints which you are responsible to know:

## Appendicular Skeleton Joints

#### Knee:

Anterior cruciate ligament Posterior cruciate ligament Medial collateral ligament Posterior meniscofemoral ligament Medial meniscus Quadriceps tendon Lateral collateral ligament Lateral meniscus Patellar ligament

### Shoulder:

Acromioclavicular ligament Superior transverse scapular ligament Coracoclavicular ligament

Coracoacromial ligament Tendon - Long head of biceps brachii m. Conoid ligament Coracohumeral ligament Transverse humeral retinaculum Trapezoid ligament

### Elbow:

Medial collateral ligament

Lateral collateral ligament

Annular ligament

## Hip:

lliofemoral ligament

Ischiofemoral ligament

Pubofemoral ligament

### Foot:

Anterior talofibular ligament

Deltoid ligament

### Hand:

Collateral ligaments (PIP,IP, PIP)

#### MUSCULAR SYSTEM

This section lists the muscles you need to know for the lab portion of the course. In addition to being able to identify muscles, you are responsible for origin(s), insertion(s) and action(s) for the major muscle groups in the human. The only tendon you should know is the Achilles (calcaneal) tendon.

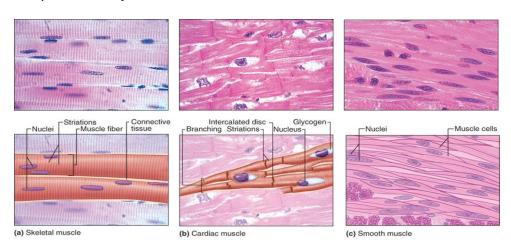
## Histology:

You are responsible for the microscopic anatomy of the three types of muscles. The three types of muscle are available shown in images below

Striated (skeletal) muscle. This is the major component of skeletal muscles, which pull on bones to cause body movements. Skeletal muscle fibres are long, large cylinders that contain many nuclei. Notice the obvious banding pattern and the fact that these large cells are multinucleated.

Smooth muscle. It is so named because there are no visible striations in its fibres. These fibres are spindle-shaped and contain one centrally located nucleus. Smooth muscle primarily occurs in the walls of hollow organs. It generally acts to squeeze substances through these organs by alternately contracting and relaxing

Cardiac muscle. Cardiac muscle is found in the walls of the heart. It contracts to propel blood through the blood vessels. Like skeletal muscle fibres, cardiac muscle fibres are striated. However, they differ in two ways: (1) cardiac fibres are generally uninucleated (one nucleus) and (2) cardiac cells branch and join at unique cellular junctions called intercalated discs.



You are not responsible for identifying muscle types in cross section (xs), only in longitudinal section (ls).

## Muscles of the Head/Neck Region

Head:

MasseterTemporalisBuccinatorOrbicularis orisOrbicularis oculiFrontalis

Occipitalis Zygomaticus major Zygomaticus minor

Neck:

Platysma Sternocleidomastoid sternohyoid Sternothyroid Thyrohyoid stylohyoid

Anterior scalene Middle scalene Posterior scalene

Levator scapula

### Muscles of the Thorax/Abdomen/Back

Thorax:

Pectoralis minor Pectoralis major Serratus anterior

External intercostal Internal intercostal

Abdomen:

Internal abdominal oblique Transversus abdominis Rectus abdominis

External abdominal oblique

Back:

Latissimus dorsi Rhomboideus major Rhomboideus minor Erector spinae Trapezius Quadratus lumborum

**Muscles of the Upper Extremity** 

Teres minor Teres major
Supraspinatus Infraspinatus
Subscapularis Deltoid

Biceps brachii – long head Biceps brachii – short head

Coracobrachialis Brachialis

Pronator teres Flexor carpi radialis Palmaris longus Flexor carpi ulnaris

Flexor digitorum superficialis Flexor digitorum profundus

Flexor pollicis longus Pronaor quadratus

Triceps brachii – long head Triceps brachii – lateral head

Triceps brachii – medial head Brachioradialis

Extensor carpi radialis longus Extensor carpi radialis brevis

Extensor digitorum

Abductor pollicis

Extensor pollicis brevis

Extensor pollicis brevis

Abductor pollicis brevis

Adductor pollicis

Adductor pollicis

Abductor digiti minimi

Extensor carpi ulnaris

Extensor pollicis brevis

Opponens pollicis

Flexor digiti minimi

Opponens digiti minimi

Supinator Lumbricals

## **Muscles of the Lower Extremity**

Psoas major Iliacus

Tensor fasciae latae (lliotibial band)

Rectus femoris Vastus medialis Pectineus

Adductor brevis

Gracilis

Gluteus medius

**Piriformis** 

Inferior gemellus Obturator externus Semitendinosus

Biceps femoris - long head

Tibialis anterior Extensor digitorum

Fibularis (peroneus) brevis

Soleus Popliteus

Flexor hallucis longus

Psoas minor Iliopsoas Sartorius

Vastus lateralis
Vastus intermedius
Adductor longus
Adductor magnus
Gluteus maximus
Gluteus minimus
Superior gemellus
Obturator internus
Quadratus femoris
Semimembranosus

Biceps femoris – short head Extensor hallucis longus Fibularis (peroneus) longus

Gastrocnemius

**Plantaris** 

Tibialis posterior

Flexor digitorum longus