MEDICAL EDUCATION RESOURCE

Viva Voce – Scapular Region

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Surface Landmarks & Basics

Q1. Which vertebra corresponds to the spine of scapula?
? T3.

Q2. Which vertebra corresponds to the inferior angle of scapula?
? T7.

Q3. Which structures form the posterior axillary fold?
? Latissimus dorsi and teres major.

Q4. What covers the shoulder joint laterally?
? Deltoid muscle.

Q5. Which fossa houses supraspinatus and infraspinatus?
? Supraspinous and infraspinous fossae respectively.

Muscles

Q6. Chief abductor of arm beyond 15°?
? Deltoid.

Q7. Muscle initiating abduction of arm?
? Supraspinatus (0–15°).

Q8. Muscles causing external rotation of arm?
? Infraspinatus and teres minor.

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Q9. Main internal rotator of humerus in scapular region?

? Subscapularis.

Q10. Which muscle is not part of rotator cuff?

? Teres major.

Q11. Nerve supply of deltoid?

? Axillary nerve (C5, C6).

Q12. Nerve supply of supraspinatus and infraspinatus?

? Suprascapular nerve (C5, C6).

Q13. Nerve supply of teres major?

? Lower subscapular nerve.

Q14. How to test deltoid clinically?

? Ask patient to abduct arm against resistance between 15°–90°.

Q15. How to test subscapularis clinically?

? Lift-off test (hand lifted off back).

Rotator Cuff

Q16. Name the rotator cuff muscles.

? Supraspinatus, Infraspinatus, Teres minor, Subscapularis (SITS).

Q17. Commonest tendon to tear in rotator cuff injuries?

? Supraspinatus tendon.

Q18. What is painful arc syndrome?

? Pain during 60–120° abduction due to supraspinatus tendon impingement.

Q19. Which clinical test checks supraspinatus?

? Empty can test.

Q20. Which test checks infraspinatus and teres minor?

? External rotation test.

Intermuscular Spaces

Q21. Boundaries of quadrangular space?

? Above – teres minor; Below – teres major; Medial – long head of triceps; Lateral – humerus.

Q22. Contents of quadrangular space?

? Axillary nerve, posterior circumflex humeral vessels.

Q23. Contents of upper triangular space?

? Circumflex scapular artery.

Q24. Contents of lower triangular space (interval)?

? Radial nerve, profunda brachii artery.

Q25. Clinical importance of quadrangular space?

? Site of axillary nerve compression ? deltoid weakness, regimental badge anesthesia.

Axillary (Circumflex) Nerve

Q26. Root value of axillary nerve?

? C5, C6.

Q27. Muscles supplied by axillary nerve?

? Deltoid, teres minor.

Q28. Cutaneous supply of axillary nerve?

? Upper lateral cutaneous nerve of arm (regimental badge area).

Q29. Common causes of axillary nerve injury?

? Fracture of surgical neck of humerus, shoulder dislocation, crutch misuse.

Q30. Clinical signs of axillary nerve injury?

? Deltoid paralysis, loss of abduction beyond 15°, flattening of shoulder, regimental badge anesthesia.

Scapular Anastomosis

Q31. Arteries forming scapular anastomosis?

? Suprascapular, dorsal scapular, circumflex scapular, acromial branch of thoracoacromial artery.

Q32. Clinical importance of scapular anastomosis?

? Maintains collateral circulation when axillary artery is ligated/blocked.

Clinical Problem-Based

Q33. Why does shoulder flatten in axillary nerve injury?

? Deltoid paralysis and wasting.

Q34. Why is deltoid a safe site for intramuscular injections?

? Thick muscle, superficial, easy access — but injections must avoid axillary nerve and vessels.

Q35. Why is suprascapular nerve injury important?

? Weakness of abduction initiation and lateral rotation.

Q36. Why is radial nerve vulnerable in triangular interval?

? Lies directly with profunda brachii artery ? injury causes wrist drop.

Q37. Why are supraspinatus tears most common in rotator cuff?

? Its tendon passes under acromion ? prone to impingement.

Q38. Why is the rotator cuff called the dynamic stabilizer of shoulder?

? Keeps humeral head centered in glenoid cavity during movements.

Q39. What happens if subscapularis is torn?

? Loss of medial rotation and positive lift-off test.

Q40. How does quadrangular space syndrome present?

? Shoulder pain, deltoid weakness, paresthesia over badge area (axillary nerve compression).