

Shoulder - deep dissection of a right shoulder girdle, preserving a complete scapula, lateral clavicle, and proximal humerus

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Product code: AM01577



This 3D printed specimen preserves a deep dissection of a right shoulder girdle, consisting of a complete scapula, lateral clavicle, and proximal humerus. In the anterior view, the subscapularis muscle is present but sectioned to highlight the cross-sectional thickness of the belly within the subscapular fossa. Detailed anatomical description on request.

Model of shoulder - deep dissection of the left shoulder joint

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Product code: AM01243



This 3D printed specimen presents a deep dissection of the left shoulder joint, musculature, and associated nerves and vessels of the scapula and proximal humerus (to near midshaft). Anteriorly, the deltoid muscle has been detached from its origin to expose the underlying deeper structures of the shoulder joint and rotator cuff musculature. The suprascapular nerve and artery are visible passing deep to, and superficial to, the superior transverse scapular ligament respectively. The multipennate subscapularis muscle is fully exposed with its tendinous insertion visible deep to the short head of the biceps brachii muscle. The insertion of the deltoid is preserved just overlying the long head of the biceps brachii, which ascends through the bicipital groove towards the glenohumeral joint capsule. Adjacent to the short head of the biceps brachii is the neurovascular bundle of the brachial artery, brachial vein, and terminal nerves of the brachial plexus (radial, ulnar, median, and the medial antebrachial cutaneous). The tendon of the latissimus dorsi, teres major, teres minor and long head of the triceps brachii muscles have been cut enhance the visibility of the medial aspect of the humerus, including the passage of the axillary nerve into the quadrangular space, the origin of the profunda brachii artery accompanying the radial nerve, and the insertion of the short head of the triceps brachii muscle. On the posterior aspect, the infraspinatus and supraspinatus muscles are fully exposed from their origins to insertions on the proximal humerus. The glenohumeral joint capsule is intact, with the extracapsular ligaments (e.g., acromioclavicular, coracoacromial, and coracoclavicular [both conoid and trapezoid portions]) preserved.

Cubital Fossa - muscles, large nerves and the brachial artery

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Product code: AM01105



This 3D printed specimen presents a left distal arm and proximal forearm with all skin, subcutaneous fat and superficial cutaneous nerves and veins removed. The elbow region partially flexed to display the arrangement of muscles and neurovascular structures of the cubital fossa. Viewed from the anterior aspect the most obvious feature is the biceps brachii muscle, with its insertion in the form of the flattened bicipital aponeurosis passing medially over the muscles of the common flexor origin and the more rounded tendon passing deep to insert into the radial tuberosity. The brachialis muscle lies deep to biceps brachii and is visible from the lateral aspect. In the proximal part of the forearm the brachioradialis muscle (slightly elevated and reflected laterally to reveal deeper structures) and extensor carpi radialis longus are identifiable. On the medial side one can see the classic arrangement of the biceps brachii tendon, brachial artery and median nerve (TAN) from lateral to medial. They are partially covered by the bicipital aponeurosis as they course distally. The ulnar nerve can be seen changing position from the anterior compartment of the arm to the posterior compartment (the intermuscular septum has not been preserved but triceps muscle is clearly evident) to pass behind the medial epicondyle and enter the cubital tunnel. It travels distally between the two heads of flexor carpi ulnaris. Close inspection of the groove between brachialis and brachioradialis reveals the radial nerve (which would not be visible if the brachioradialis muscle had not been partly reflected). It lies amongst some fat (yellow) but its superficial branch passes distally below brachioradialis. In the posterior view the triceps tendon inserts into the olecranon process of the ulna. The medial and lateral epicondyles are also clearly visible (grey/white in colouration). The medial epicondyle is clearly identifiable as it has the ulnar nerve passing posteriorly before penetrating the deep fascia covering the gap between the two heads of flexor carpi ulnaris. The proximal section through the arm reveals the biceps muscle lying anteriorly with the neurovascular bundle on its medial side which contains the brachial artery together with median nerve and ulnar nerve (veins have been removed). The three heads of triceps (lateral, long and the deeper placed medial head) are clearly visible in the posterior compartment. On the distal section through the forearm it is more difficult to discern each muscle, but the cut surfaces of the radius and ulna are clearly visible - as is the brachial artery lying medial to pronator teres muscle and the median nerve lying just deep to this muscle (which is the most lateral of the muscles arising from the common flexor origin).

Model of hand

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Product code: AM01278



This 3D printed specimen demonstrates a superficial dissection of a left hand and wrist. Anteriorly, the transverse carpal and palmar carpal ligaments have been removed to expose the tendons and nerves traversing the carpal tunnel and Canal of Guyon. The palmar aponeurosis has been removed to demonstrate the course of the tendons through the palm, the superficial muscles of the thenar and hypothenar eminences (abductors and flexors), and the lumbrical muscles arising from the flexor digitorum tendon. In the digits, the fibrous sheaths have been removed to expose the flexor pollicis longus tendon and the spatial relationships between the flexor digitorum superficialis and profundus tendons as they insert into the intermediate and terminal phalanges. Also visible in the midpalm is the superficial palmar arch with contributions from superficial branches of the ulnar and radial arteries. The superficial palmar arch branches (common palmar) and terminal arteries (proper palmar digital) are visible to the terminal phalanges. Accompanying these vessels are the corresponding common and proper palmar digital nerves from the median and ulnar nerves. Also visible in the wrist are the tendons of the flexor carpi radialis and flexor carpi ulnaris tendons, and the radial and ulnar arteries. Posteriorly, the radial artery can be seen traversing the floor of the anatomical snuffbox and giving rise to both the deep branch (piercing the first dorsal interosseous muscle) and the dorsal carpal branch. The superficial fascia and extensor retinaculum has been removed to display the course and insertions of the extensor muscle tendons, as well as the tendons of the extensor pollicis longus, brevis, and abductor pollicis longus muscles. Both intertendinous connections and the extensor expansions (with insertions from the first dorsal interosseous and lumbrical) visible.

Model of upper limb

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Product code: AM01256



This 3D print demonstrates a superficial dissection of a left upper limb from the blade of the scapula to the hand. The skin, superficial and deep fascia has been removed from most of the limb except over the dorsum of the scapula, proximal arm, and over the hand. The median cubital vein, cephalic and basilic veins are preserved, with the latter two preserve from the wrist to their terminations (in the deltopectoral groove and brachial vein, respectively). In the axilla, cross-sections of the deltoid, supraspinatus, infraspinatus, teres minor, teres major, and subscapularis muscles are visible relative to the bony blade and spine of the scapula. The coracobrachialis and tendon of the latissimus dorsi are also preserved, as well as the tendon of the pectoralis major. The lateral portions of the axillary artery and vein and the most lateral extend of the cords of the brachial plexus (medial, lateral, posterior) are also present. Terminal nerves of the brachial plexus visible in the axilla of this specimen include the upper subscapular, ulnar, median, musculocutaneous, axillary and radial. The course of the deep vessels and nerves of the upper limb is exposed through the arm from proximal to distal, as well as the muscles of the anterior and posterior compartments. In the cubital region part of the bicipital aponeurosis is preserved. The superficial layer of anterior and posterior forearm muscles are exposed from their origin to their tendons distally, with a small portion of deep forearm fascia over the extensor compartment maintained for reference. At the most distal extent of the dissected forearm, the ulnar and radial arteries and median nerve are visible.

Upper Limb - elbow, forearm and hand

Price inquiry: +48 605999769, kontakt@openmedis.pl

Product code: AM01257



This upper limb specimen displays the vascular, nervous and muscular anatomy of a left distal arm, forearm and hand. In the distal arm and elbow/cubital fossa region we can see the arrangement of the biceps tendon, brachial artery and median nerve from lateral to medial. The bicipital aponeurosis has been divided to reveal the structures deep to it. The ulnar nerve can be seen passing behind the medial epicondyle with an ulnar collateral artery close by. The superficial branch of the radial nerve can just be seen in the space between brachioradialis and brachialis muscles (as the belly of the latter muscle has been displaced slightly laterally). In the forearm, the superficial flexor muscles arising from the common flexor origin can be clearly seen (from lateral to medial- pronator teres, flexor carpi radialis (FCR), flexor digitorum superficialis (FDS) and flexor carpi ulnaris (FCU)). There is not a palmaris longus muscle in this cadaver. The radial artery and superficial branch of the radial nerve (emerging half way down the forearm from behind the brachioradialis muscle and tendon) are clearly identifiable. The ulnar artery can be seen in the distal forearm emerging from beneath FCU muscle. On the posterior aspect of the forearm the extensor muscles arising from the common extensor origin are clearly identifiable. These include (from medial to lateral) the extensor carpi ulnaris (ECU), extensor digiti minimi, extensor digitorum and extensor carpi radialis brevis (ECRB). The extensor carpi radialis longus (ECRL) can be seen arising from the inferior aspect of the lateral supracondylar ridge. Further distally the abductor pollicis longus (APL) and extensor pollicis brevis (EPB) can be seen emerging from deep to superficial and 'wrapping' around the radius. They along with extensor pollicis longus (EPL) (partly hidden) travel distally to insert into the extensor or dorsal surface of the base of the 1st metacarpal, proximal phalanx and distal phalanx of the thumb, respectively. The anatomical snuffbox is displayed with the radial artery in its floor (surrounded by fat) and the cutaneous branch of the radial nerve in its roof. The extensor retinaculum is clearly visible on the dorsum of the wrist and distal to it the tendons of extensor indicis and ECRB and ECRL can be seen inserting into the 2nd and 3rd metacarpals. In the hand, the superficial dissection reveals muscles of the thenar and hypothenar eminences, the flexor retinaculum of the hand (roof of the carpal tunnel), the long tendons of the hand, the lumbricals, and the superficial palmar arch arising from the ulnar artery, which passes into the hand lateral to the pisiform bone above the retinaculum, along with the superficial branch of the ulnar nerve. The large median nerve can be seen passing beneath the flexor retinaculum between the FCR and the FDS tendons. Digital arteries and nerves can be clearly seen further distally in the palm entering the digits. Note in particular the small recurrent branch of the median nerve crossing over the flexor pollicis brevis close to its origin from the retinaculum. The extensor expansion is dissected on the middle finger.

Upper Limb - biceps, bones and ligaments

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Product code: AM01265



This 3D print shows the origin and insertion of biceps (most other arm and shoulder muscle bellies have been removed). The long head of biceps arises from the supraglenoid tubercle (hidden from view) and travels inferiorly in the bicipital groove, whereas the short head of biceps arises from the coracoid process. The bifid insertion of the muscle as the bicipital aponeurosis and the rounded tendon which can be seen winding around the radius to insert into the radial tuberosity are clearly discernable. At the shoulder region the dissected attachments of some muscles (subclavius, subscapularis, pectoralis major, teres minor, infraspinatus, long head of triceps) and the tendinous insertion of latissimus dorsi can be identified close to the 'floor' of the medial lip of the bicipital groove. The tendon of teres major lies on the medial lip of the groove and the pectoralis major tendon inserts into the lateral lip of the groove. The tendon of pectoralis minor arises from the coracoid process medial to the origin of the short head of biceps. Ligaments of the shoulder region such as the coracoclavicular, coracoacromial, coracohumeral are visible, as is the glenohumeral and acromioclavicular joint capsules. The supraspinatus muscle is the only rotator cuff muscle that has been completely preserved. The suprascapular ligament which bridges across the suprascapular notch is also evident on the superior border of the scapula. At the elbow, the capsule of the joint including the annular ligament of the radius are exposed. The radial collateral ligaments are also just discernable. The ulnar collateral ligament is not visible as the two heads of flexor carpi ulnaris have been retained.

Model of forearm and hand, deep dissection

Price inquiry: +48 605999769, kontakt@openmedis.pl

Product code: AM01258



This 3D printed specimen of a left upper limb preserves a deep dissection from the distal humerus to the palmar surface of hand. The musculature surrounding the distal humerus has been removed except for the humeral origin of the flexor digitorum superficialis from the medial epicondyle. The elbow joint capsule has been dissected and opened anteriorly to demonstrate the articulation of the distal humerus, proximal radius and proximal ulna. The distal portion of the biceps brachii tendon and brachialis muscle is visible in the cubital fossa near the brachial artery, brachial vein, and median nerve. Most of the remaining neurovascular structures and musculature of the forearm have been removed to show the anterior interosseous artery, vein and nerve resting on the interosseous membrane and approaching the pronator quadratus muscle. With the surrounding musculature dissected the radial origin of the flexor digitorum superficialis is fully exposed, with the distal tendons passing deep to the flexor retinaculum as they pass to the dissected palmar surface of the hand. The distal insertions of the dissected forearm musculature (e.g., brachioradialis, flexor carpi radialis, flexor carpi ulnaris, extensor carpi radialis longus and brevis) and radial artery are visible at the wrist. Within the hand, these tendons pass to their insertions through the fibrous sheaths of the digits (along with the preserved tendons of the flexor digitorum profundus). Laterally the flexor pollicis longus tendon passes to the first digit surrounded by the thenar eminence musculature, while medially the fibrous sheath of the fifth digit has been dissected. The deep dissection of the hand also demonstrates the transverse and oblique heads of the adductor pollicis, as well as the palmar view of the first dorsal interosseous muscle. The skin on the dorsum of the hand has been largely retained, but has been dissected medially to demonstrate the course of the extensor digitorum and extensor digiti minimi tendons, as well as the extensor expansion.

Model of upper limb ? bones, ligaments

Price inquiry: +48 605999769, kontakt@openmedis.pl

Product code: AM01264



This 3D printed specimen presents the entire upper limb skeleton and ligaments from the pectoral girdle to the hand. In the pectoral girdle, the ligaments spanning the clavicle and scapula (acromioclavicular, coracoclavicular, coracoacromial) as well as the superior transverse scapular ligament spanning the suprascapular notch, are visible. A small portion of the supraspinatus muscle belly and tendon are preserved to demonstrate the passage of the muscle deep to the coracoacromial ligament, which is a very clinically relevant area of anatomy. The tendon of the subscapularis muscle has been reflected slightly to expose the anterior aspect of the glenohumeral joint capsule, and the tendon of the long head of triceps brachii, teres major, and latissimus dorsi are preserved surrounding the capsule and proximal humerus. The tendon of the long head of biceps brachii is visible within the intertubercular groove, and exposed within the superior glenohumeral joint capsule as it approaches the supraglenoid tubercle.

The capsule of the elbow joint has been dissected to expose the articular surfaces of the distal humerus, proximal radius and proximal ulna. Both the ulnar and radial collateral ligaments are preserved, as is the annular ligament of the radius. Just distal to the joint capsule, the tendinous insertion of the biceps brachii is preserved as it inserts into the dorsal aspect of radial tuberosity.

Distal to the interosseous membrane, the palmar and dorsal ligaments of the wrist joint are preserved (including the radial and ulnar collateral ligaments, palmar and dorsal radiocarpal and ulnocarpal ligaments, pisohamate, pisometacarpal, radiate capitate, palmar and dorsal carpometacarpal ligaments). In the hand, the metacarpophalangeal and interphalangeal joint capsules with collateral ligaments are preserved for all digits, including the palmar ligaments (volar plates); the capsules are open dorsally to appreciate the articulations



between elements. The terminal portions of the flexor digitorum superficialis and profundus tendons are retained to show their insertions into the bases of the intermediate and distal phalanges, as is the flexor pollicis longus tendon inserting to the base of the terminal phalanx of the first digit.

Model of shoulder, superficial muscles, brachial artery

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Product code: AM01262



This printed 3D left shoulder specimen consists of the scapula, humerus (sectioned near midshaft) and clavicle (sectioned at midshaft) with the superficial muscles around the shoulder joint, the rotator cuff muscles and the axillary artery as it progresses distally to become the brachial artery. The muscles attached to the clavicle have been preserved including the subclavius muscle attachment to the inferior border of the clavicle and the deltoid covering the lateral aspect of the proximal upper limb (overlying the origins of the long head of biceps brachii and the lateral head of triceps brachii). The clavicular head of the pectoralis major has been preserved. On the posterior aspect the superior fibers of trapezius can also be observed where they attach to the posterior border of the lateral third of the clavicle, and to the acromion process and the spine of the scapula. Other muscles attached to the scapula which have been preserved include the subscapularis and serratus anterior on the anterior or costal aspect. Inspection of the anterior aspect reveals that the pectoralis minor insertion onto the coracoid process of the scapula has been preserved. Posteriorly the teres major and teres minor muscles are clearly visible arising from the lateral border of the scapula. Supraspinatus is preserved but infraspinatus has partly been removed to show branches of the suprascapular artery passing from the supraspinous fossa around the base of the spine to enter the infraspinous fossa housing the infraspinatus muscle. A small part of the omohyoid attachment is also visible above the suprascapular ligament. The axillary artery below the inferior border of the clavicle can be seen to give off the thoracoacromial branch anteriorly and just slightly more distally the suprascapular artery can be seen passing posteriorly. Coursing distally, it gives off posterior branches of the circumflex scapular and subscapular arteries. The anterior and posterior circumflex humeral arteries are hidden from view when viewed from in front, however the latter artery can be seen deep to the posterior fibres of deltoid as it emerges through quadrangular space. Below the inferior border of teres major the axillary artery becomes the brachial artery. The radial collateral artery is visible arising from the brachial artery. The axillary artery becomes the brachial artery beyond the lower margin of the teres major muscle. The muscles of the proximal upper limb have all been preserved, and those of the superficial layer, i.e. long head of biceps brachii, and long and lateral heads of triceps brachii, can be observed to form a complete layer of musculature around the humerus. The cross section of the mid shaft of the humerus nicely displays the relations of the major neurovascular bundles and the muscles in the anterior and posterior compartments. A small remnant of the suprascapular nerve passing under the suprascapular ligament is visible.

Cubital Fossa - muscles, large nerves and the brachial artery

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Product code: AM01268



This 3D printed cubital fossa displays a superficial dissection of the right distal arm and proximal forearm. The skin and superficial fascia has been removed anteriorly, medially and laterally to expose the superficial veins (basilic, cephalic, and median cubital) and cutaneous (medial, lateral and posterior antebrachial) nerves. The deep fascia underlying these superficial structures has been largely removed, although the antebrachial fascia has been retained medially to demonstrate the merging of connective tissue fibres with the tendon of the biceps brachii through the bicipital aponeurosis. Medially, the ulnar artery is visible entering the cubital tunnel proximal to the medial epicondyle of the humerus. Anteriorly, the median nerve, brachial artery and accompanying veins in parallel to the biceps brachii. On the lateral aspect, the cephalic vein rests on the brachioradialis muscle, and the posterior antebrachial cutaneous nerve rests on the common origin of the forearm extensor muscles (and just anterior to the exposed origin of the triceps brachii muscle). The proximal cross-section displays the anterior and posterior arm compartment muscles (biceps brachii, brachialis, triceps brachii), neurovascular bundles (median, ulnar, radial nerves; brachial artery and veins) and superficial veins (basilic, cephalic) visible at the midshaft of the humerus. The distal cross-section displays the anterior and posterior forearm compartment muscles separated by the interosseous membrane, as well as the superficial and deep neurovascular bundles (radial artery, vein and superficial branch of the radial nerve; ulnar artery, vein and nerve; median nerve; anterior and posterior interosseous arteries, veins and nerves) and the distal continuations of the superficial veins and cutaneous nerves.

Forearm and Hand - superficial and deep dissection

Price inquiry: +48 605999769, kontakt@openmedis.pl

Product code: AM01287



This 3D printed specimen preserves a mixed superficial and deep dissection of the anterior aspect of a right distal arm, forearm and hand. Proximally and medially the ulnar nerve passes through the cubital tunnel before passing deep to the flexor carpi ulnaris. The cubital fossa has been opened by removing most of the flexor musculature to demonstrate the insertion of the biceps brachii and brachialis muscles, and the course of the median, ulnar and superficial branch of the radial nerve in the anterior compartment of the forearm. Several muscular branches of the median nerve are visible entering the pronator teres and flexor digitorum profundus muscles. The insertion of the pronator teres has been retained, lying between the partially exposed supinator and the flexor pollicis longus muscles. Near the wrist, the tendons of the flexor digitorum superficialis have been retained to demonstrate their passage through the carpal tunnel alongside the tendons of the flexor digitorum profundus, flexor pollicis longus, and the median nerve. Deep to all these muscles, part of the pronator quadratus muscle is visible. The flexor retinaculum itself is covered by the palmaris longus tendon, base of the palmar aponeurosis, and a prominent palmaris brevis muscle. Laterally, the superficial branch of the radial nerve crosses the extensor pollicis brevis and abductor pollicis longus tendons to enter the roof of the anatomical snuffbox. The hand itself is superficially dissected, with only the skin, subcutaneous fascia and palmar aponeurosis removed between the thenar and hypothenar eminences. The flexor digitorum superficialis and profundus tendons extend through the palm, surrounded by lumbricals and terminal branches of the median and ulnar nerves into the common and proper digital nerves. Most of the palmar arterial structures have been removed to improve the visibility of the fine structures in the hand, however a single common palmar digital artery has been retained as have the proper palmar digital arteries along the sides of the digits.

Model of right shoulder, axilla, upper part of thorax

Price inquiry: +48 605999769, kontakt@openmedis.pl

Product code: AM01237



This 3D printed specimen preserves a dissection of the right thoracic wall, axilla, and the root of the neck. The specimen is cut just parasagittally and the visceral contents of the chest have been removed. Structures within the right chest wall are visible deep to the parietal pleura, including the ribs, muscles of the intercostal spaces and the origins of the neurovascular bundle in each intercostal space. The pectoralis major has been reflected medially towards the sectioned edge of the specimen to expose pectoralis minor which acts as a useful landmark as it divides the axillary artery into its three parts. The clavicle has had its middle 1/3 removed, but the subclavius muscle has been retained. The brachial plexus and many of its branches are seen almost in its entirety from the roots of C5-T1 to its termination as it exits the axilla to enter the arm. Of the structures preserved on the specimen: Nerves: The medial pectoral nerves can be seen penetrating pectoralis minor, while the lateral pectoral nerve can be identified on the medial upper border of the pectoralis minor (one branch of which is reflected with the transected humeral portion of the pectoralis major). The cords of the brachial plexus can be identified around the 2nd part of the axillary artery. The major terminal nerves of the plexus (musculocutaneous, median, ulnar, radial and axillary nerves) are all identifiable. The long thoracic nerve is visible lying on the surface of serratus anterior, as is the thoracodorsal nerve alongside the thoracodorsal artery as they descend to enter the latissimus dorsi muscle. The dorsal scapular nerve and artery are visible above and below omohyoid. The axillary nerve accompanied by the posterior circumflex humeral artery can be seen passing posteriorly just below the neck of the humerus. In the root of the neck the phrenic nerve is just visible as it passes on the anterior surface of scalenus anterior muscle from its lateral border to its medial border and a thin accessory phrenic nerve is identifiable. Vessels: Some of the branches of the subclavian artery (e.g., the transverse cervical and suprascapular arteries passing transversely across the root of the neck) can be clearly seen, however the subclavian artery itself is partly hidden from view as it crosses the first rib behind the insertion of scalenus anterior muscle. Most of the deep veins have been removed to expose branches of the three parts of the axillary artery, including the thoracoacromial artery and its branches, the lateral thoracic artery, thoracodorsal artery and the anterior and posterior circumflex humeral arteries. While the deep veins have been removed the cephalic vein can be seen ascending superficially in the deltopectoral groove into the deltopectoral triangle where it passes through the clavipectoral fascia. Muscles: The digitations of the serratus anterior muscle are clearly visible on the lateral chest wall. As mentioned above, the pectoralis major muscle is reflected to reveal the pectoralis minor which together form the anterior wall of the axilla. Posteriorly the large fan shaped latissimus dorsi is the most obvious muscle along with the teres major. When viewed posteriorly a few vertical fibers of trapezius can be seen, as can some descending fibers of the lower part of rhomboid major attaching to the medial border of the scapula. Below this the triangle of auscultation is clearly visible. The infraspinatus and teres minor muscles are also visible arising from the infraspinous fossa and lateral border of the scapula respectively. The triceps brachii muscle can be seen in the extensor compartment of the arm. In the root of the neck the insertion of sternocleidomastoid is visible medially and the trapezius is visible posteriorly. In the floor of the posterior triangle the scalene muscles are visible as is the omohyoid as it lies obliquely in the triangle.

Deep Upper Limb and hand

Price inquiry: +48 605999769, kontakt@openmedis.pl

Product code: AM01241



This 3D print of a superficially dissected right upper limb specimen displays a mixture of the vascular, nervous and muscular anatomy of the distal arm, forearm and hand. In the distal arm and elbow/cubital fossa region we can see the arrangement of the biceps tendon, brachial artery and median nerve from lateral to medial. The bicipital aponeurosis has been removed to reveal the structures deep to it within the cubital fossa. The ulnar nerve has been reflected from the cubital tunnel to demonstrate its pathway adjacent to the medial epicondyle. The brachioradialis and extensor carpi radialis longus have been sectioned close to their origins to expose the radial nerve, the superficial branch of the radial nerve, and the deep branch of the radial nerve piercing the supinator muscle. In the forearm, the superficial flexor muscles arising from the common flexor origin can be clearly seen (from lateral to medial- pronator teres, flexor carpi radialis (FCR), flexor digitorum superficialis (FDS) and flexor carpi ulnaris (FCU)). There is not a palmaris longus muscle in this cadaver. The radial artery is clearly identifiable with the brachioradialis muscle largely removed. The ulnar artery is not visible in this preparation. On the posterior aspect of the forearm the extensor muscles arising from the common extensor origin are clearly identifiable. These include (from medial to lateral) the extensor carpi ulnaris (ECU), extensor digiti minimi, extensor digitorum and extensor carpi radialis brevis (ECRB) lying beneath the cut tendon of ECRL. The extensor carpi radialis longus (ECRL) can be seen arising from the inferior aspect of the lateral supracondylar ridge but only about 2-4 cm of its muscle origin remain. Further distally the abductor pollicis longus (APL) and extensor pollicis brevis (EPB) can be seen emerging from deep to superficial and 'wrapping' around the radius. They, along with extensor pollicis longus (EPL), travel distally to insert into the extensor or dorsal surface of the base of the 1st metacarpal, proximal phalanx and distal phalanx of the thumb, respectively. The EPL tendon disappears under the extensor retinaculum and part of it has been dissected at the snuff box to expose the radial artery in the floor of the anatomical snuffbox. Stumps of the cutaneous branch of the radial nerve lie just proximal to its roof which has been dissected and removed. The extensor retinaculum is clearly visible on the dorsum of the wrist and distal to it the tendons of extensor indicis and ECRB and ECRL can be seen inserting into the 2nd and 3rd metacarpals. The ED tendons are transected in the midcarpal region. On flexor surface of the hand, a deep dissection reveals muscles of the thenar and hypothenar eminences, the flexor retinaculum of the hand (roof of the carpal tunnel with the median nerve disappearing deep to it), the long tendons of the hand, the lumbricals and the interossei muscles. A superficial palmar branch of the radial artery passes over the flexor retinaculum partly piercing the abductor pollicis brevis muscle close to its origin.