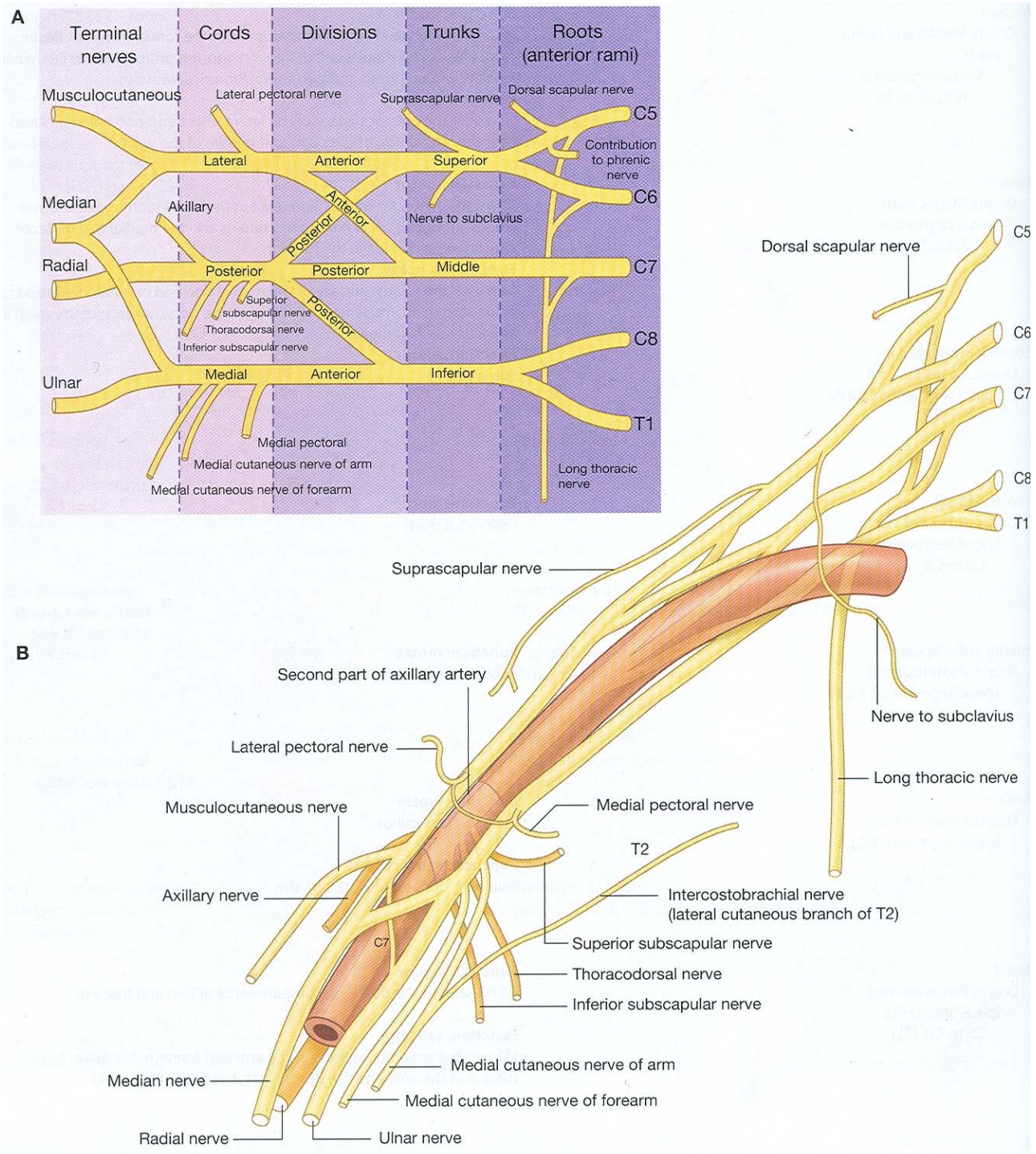
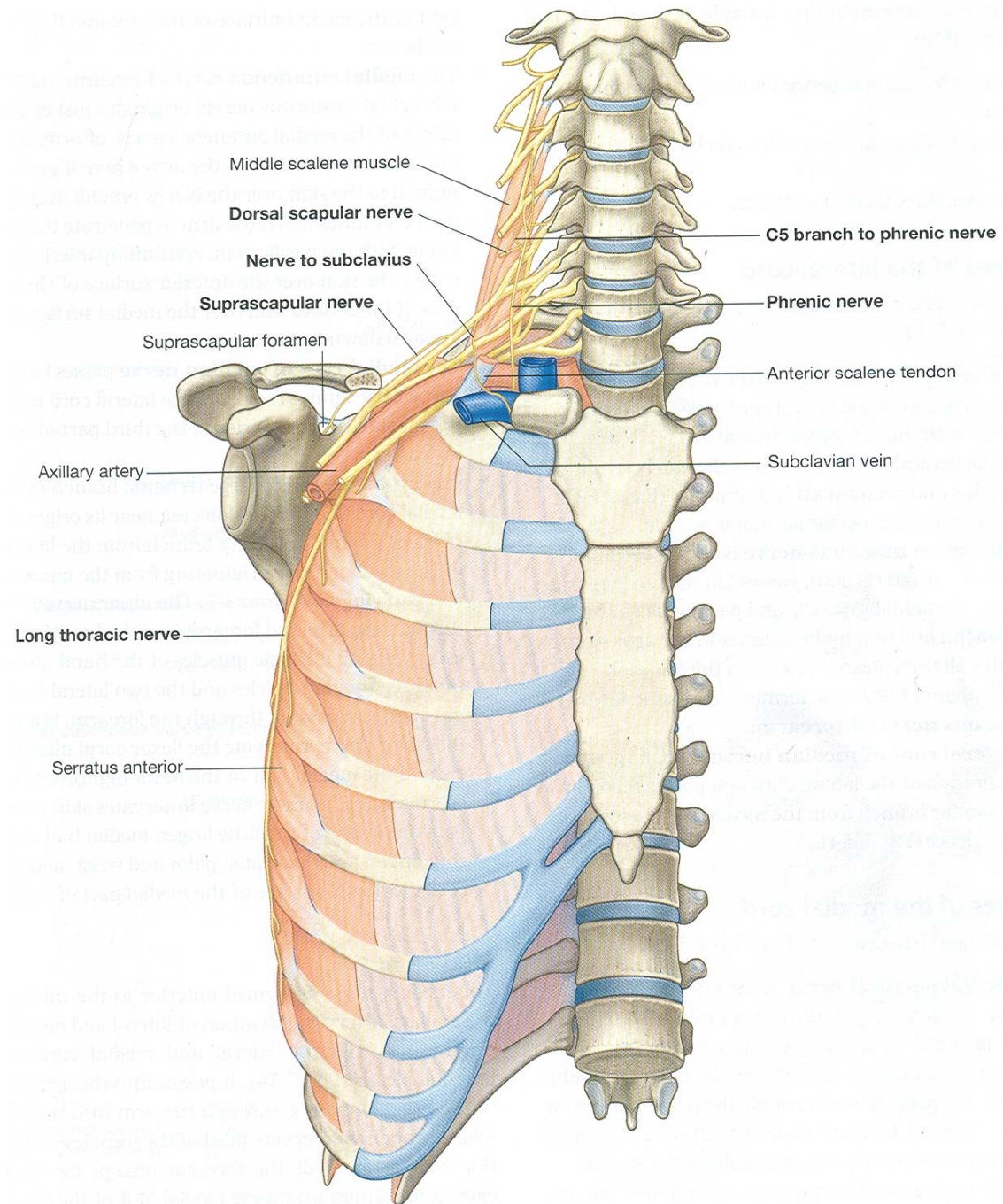
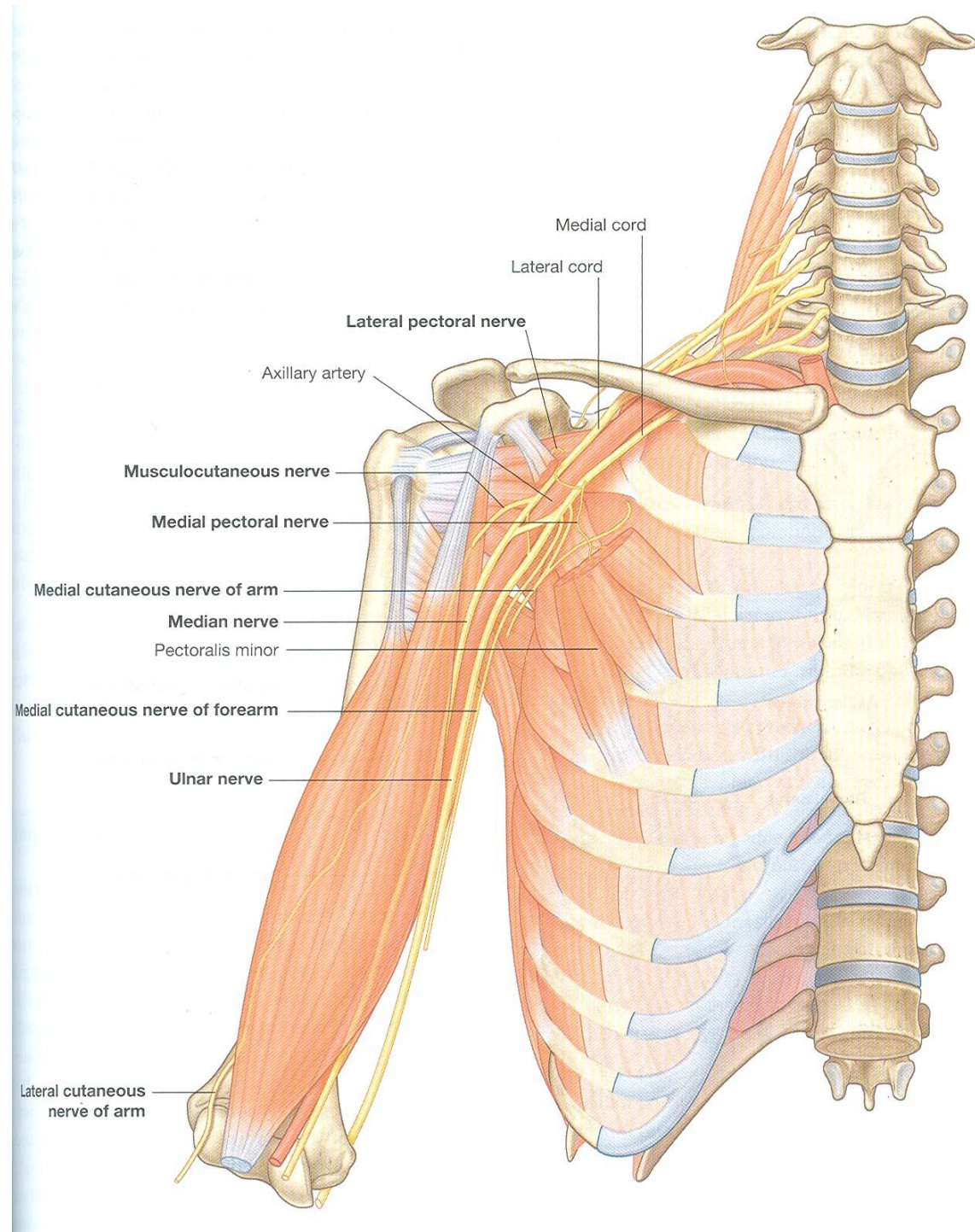
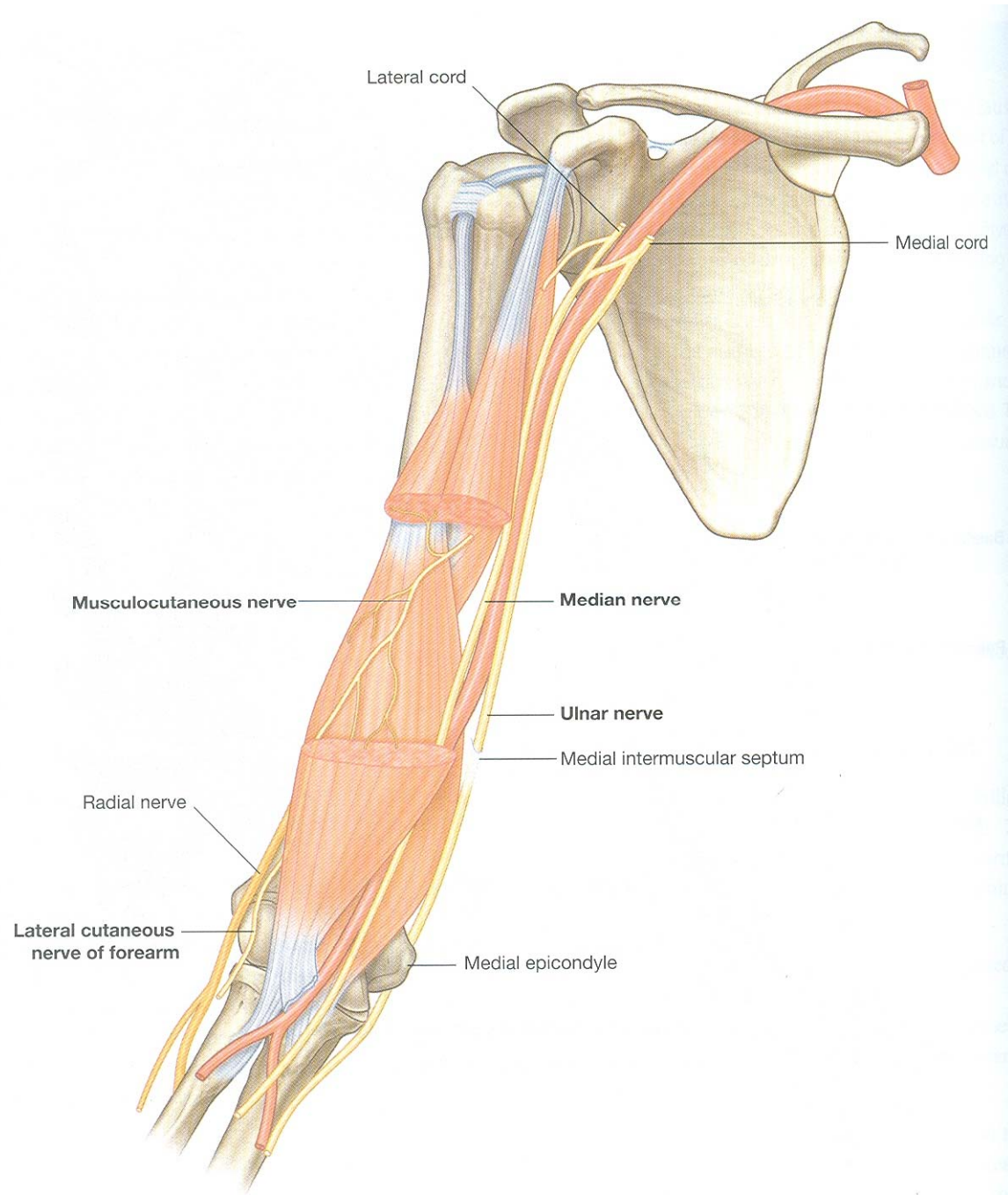
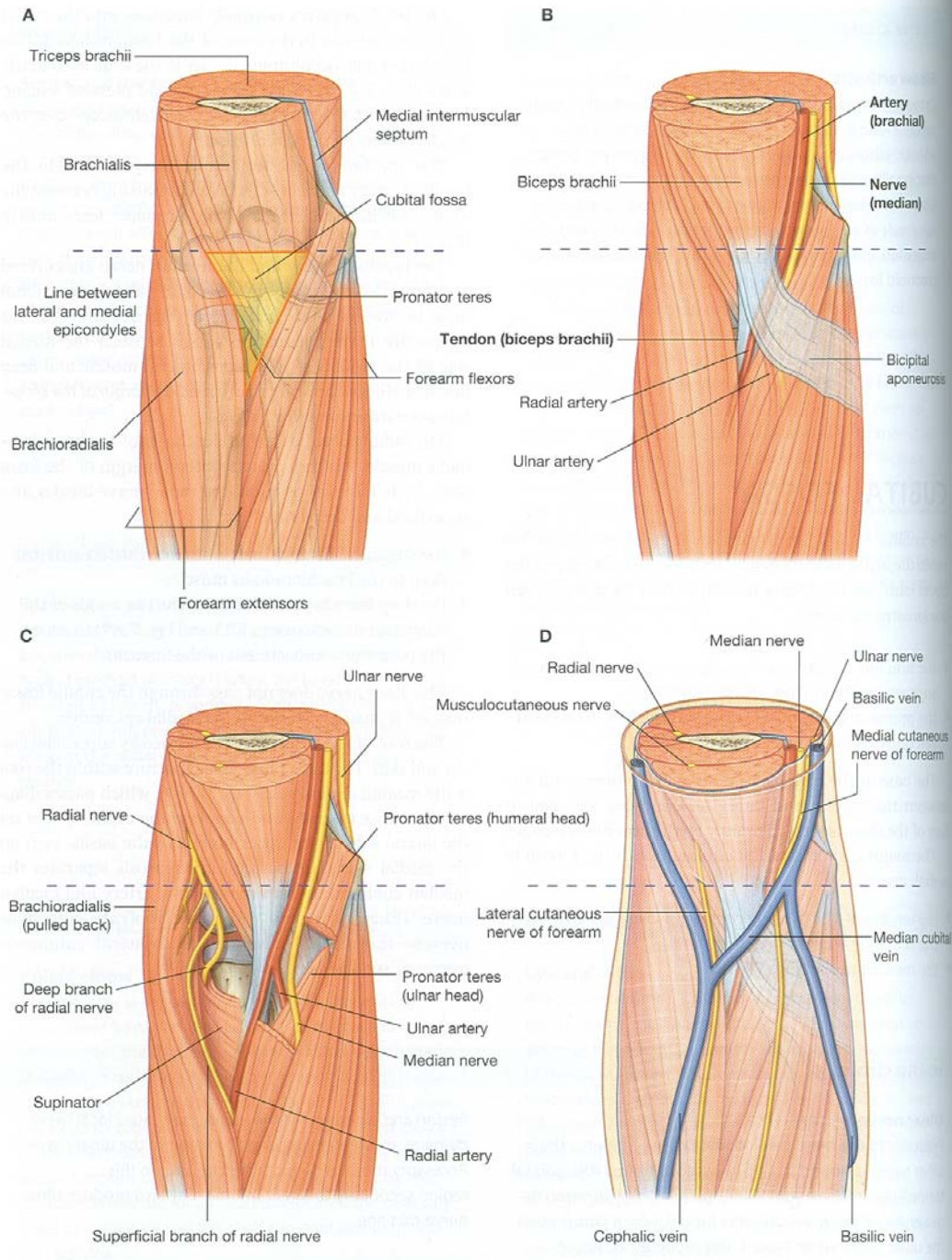












Median Nerve Trunk In the Forearm

Pronator Teres

Flexor Carpi Radialis

Flexor Digitorum Superficialis

Anterior Interosseus Nerve

Flexor Pollicis Longus

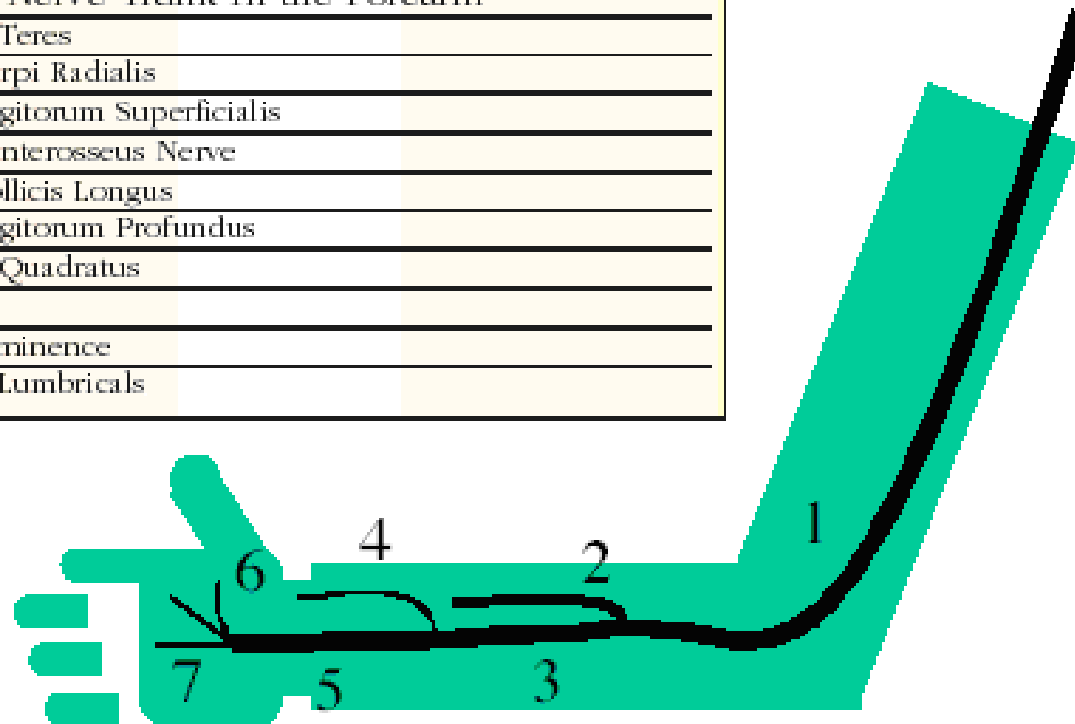
Flexor Digitorum Profundus

Pronator Quadratus

Hand

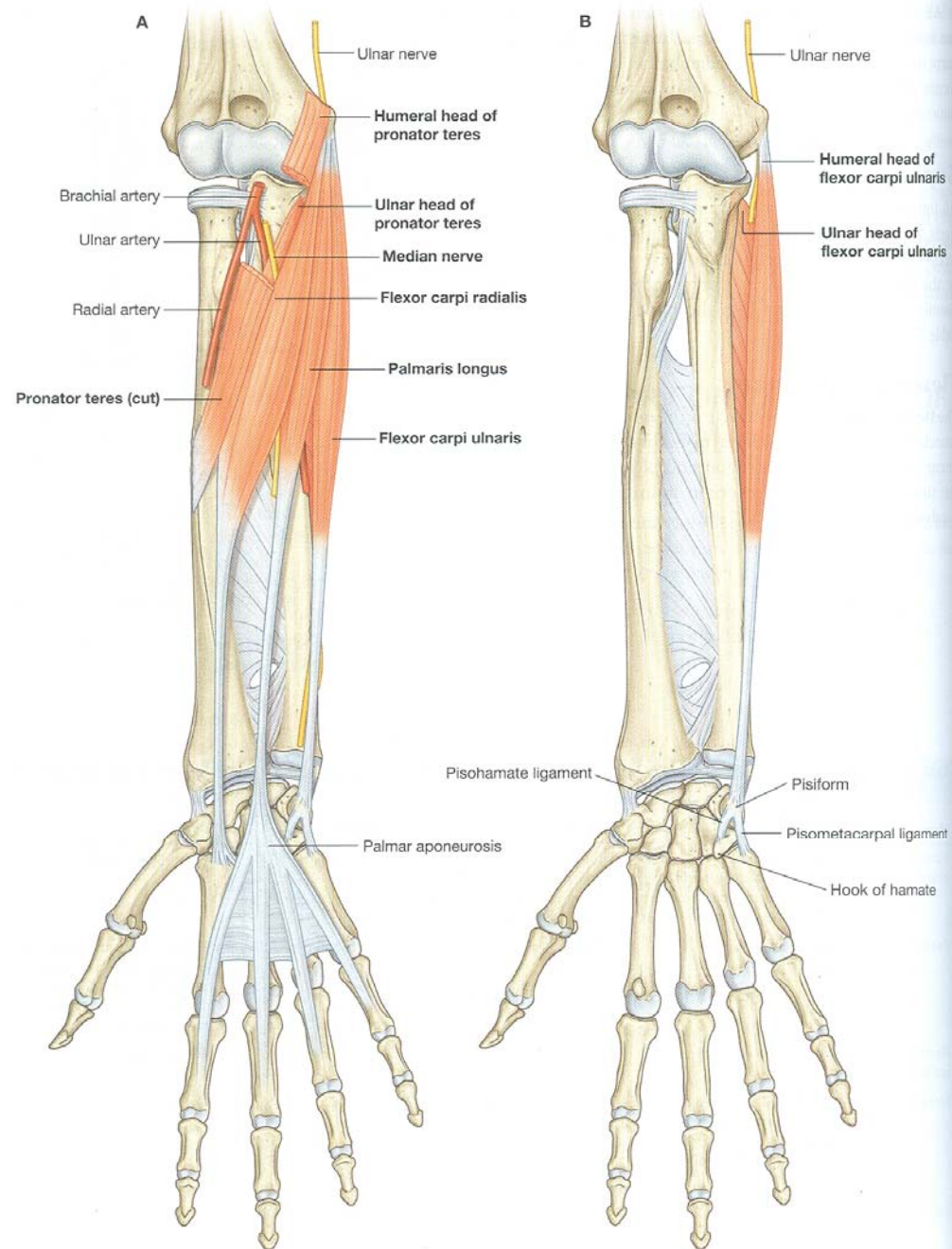
Thenar Eminence

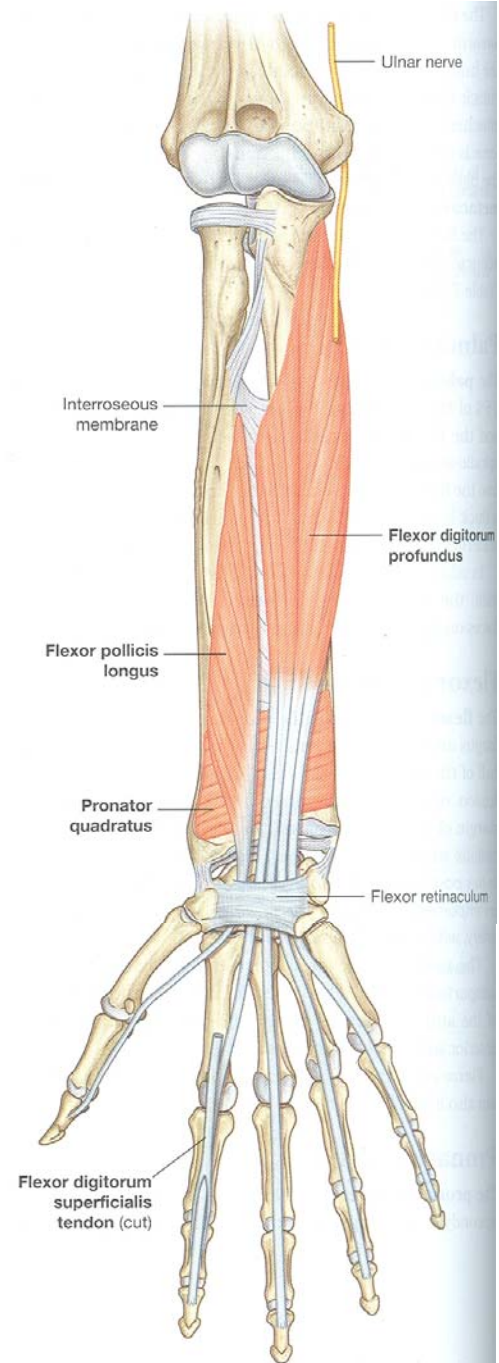
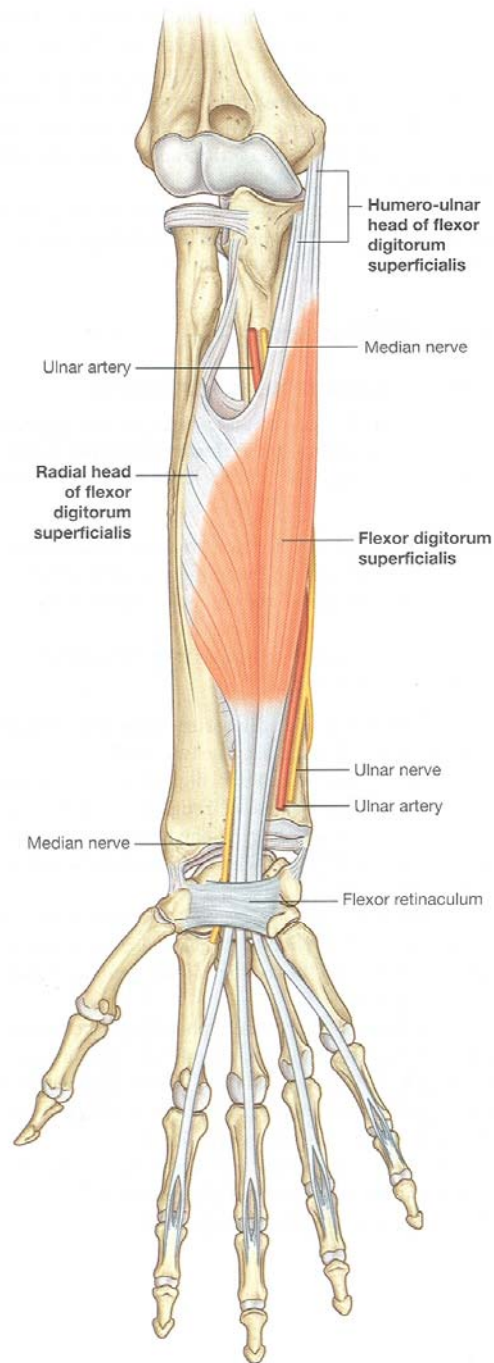
Lateral 2 Lumbricals

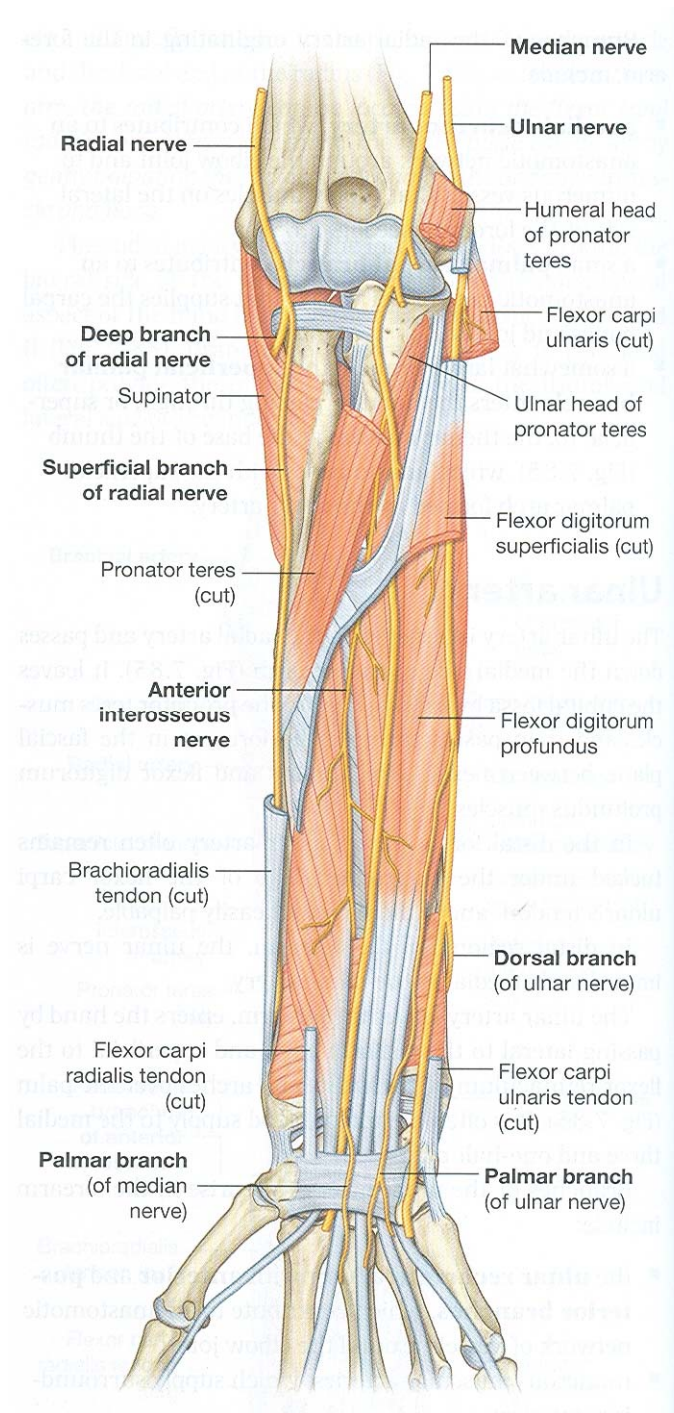


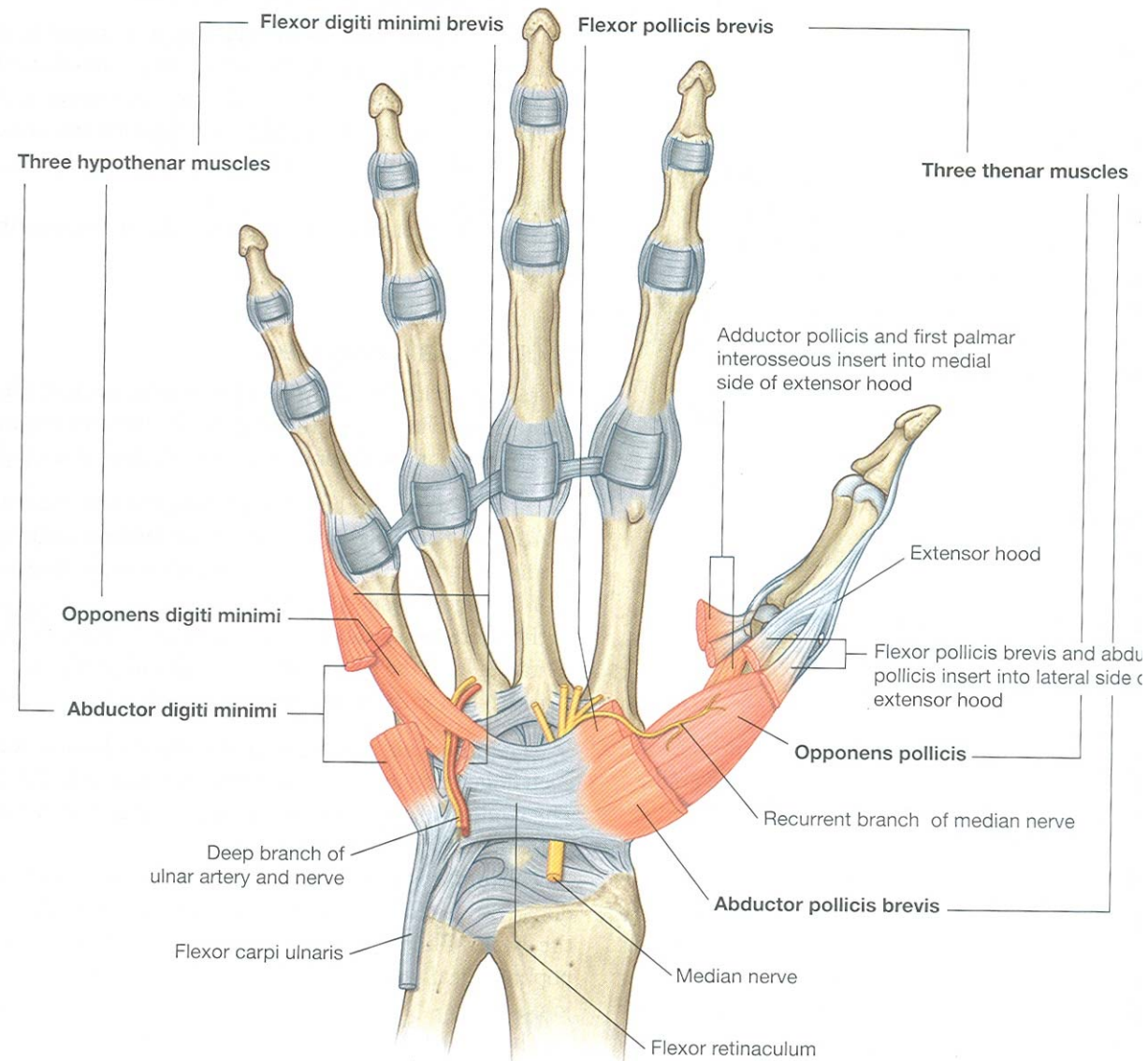
Branches of the Median Nerve

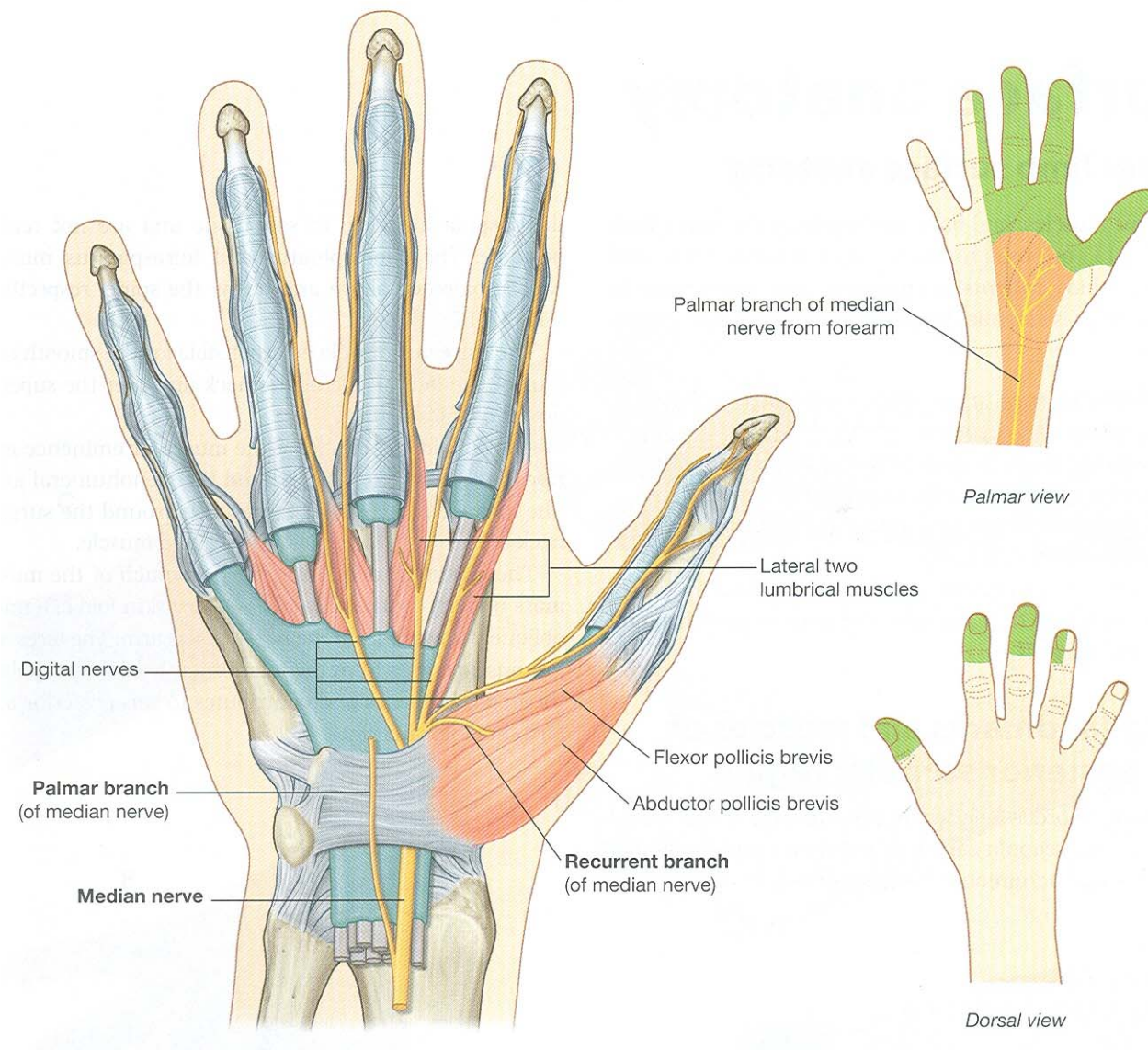
1. Branches to Pronator Teres, Palmaris Longus, Flexor Carpi Radialis, Flexor Digitorum, Superficialis
2. Anterior Interosseus
3. Nerve passes between flexor digitorum superficialis and flexor digitorum profundus.
4. Palmar cutaneous branch
5. Nerve in carpal tunnel
6. Branch to thenar eminence
7. Branches to lumbrical and cutaneous branches to 3 1/2 digits.











Situation of innervated muscles	Muscles	Effects of paralysis by nerve destruction
Shoulder	Nil	
Arm	Nil	
Forearm	Flexor carpi radialis Pronator teres Pronator quadratus* Flexor pollicis longus*	Weakened wrist flexion with ulnar deviation (flexor carpi ulnaris) <i>Pronation lost</i>
	Flexor digitorum profundus, lateral half* Flexor digitorum superficialis	Flexion of thumb lost at IP and weakened at CM & MP if only anterior interosseous nerve destroyed (flexor pollicis brevis, opponens pollicis). If total median nerve is destroyed above elbow, then thumb flexion is lost in all joints DIP flexion, lost, index and middle PIP flexion lost, index and middle PIP flexion weak, ring and little (flexor digitorum profundus) MP flexion weak all fingers: index and middle (interossei only); ring (flexor digitorum profundus, lumbrical, interossei); little (flexor digitorum profundus, flexor digiti minimi, interosseous)
Hand	Lumbricals, lateral two	IP extension weakened, index and middle (ext. digitorum and indicis, interossei)
	Abductor pollicis brevis Flexor pollicis brevis	CM & MP of thumb, weakened flexion (flexor pollicis longus) and abduction (abductor pollicis longus)
	Opponens pollicis	<i>Opposition of thumb lost</i>

compression

-at elbow: supracondylar ligament

-at forearm: prox. Arch of fl.dig.super.

Trauma : any where along its course

axilla, # shaft

acute copression: bleeding into the forearm or a/v fistulas
in dialysis

Entrapment syndromes

- carpal tunnel syndrome

Anterior interosseus syndrome

- Pronator syndrome

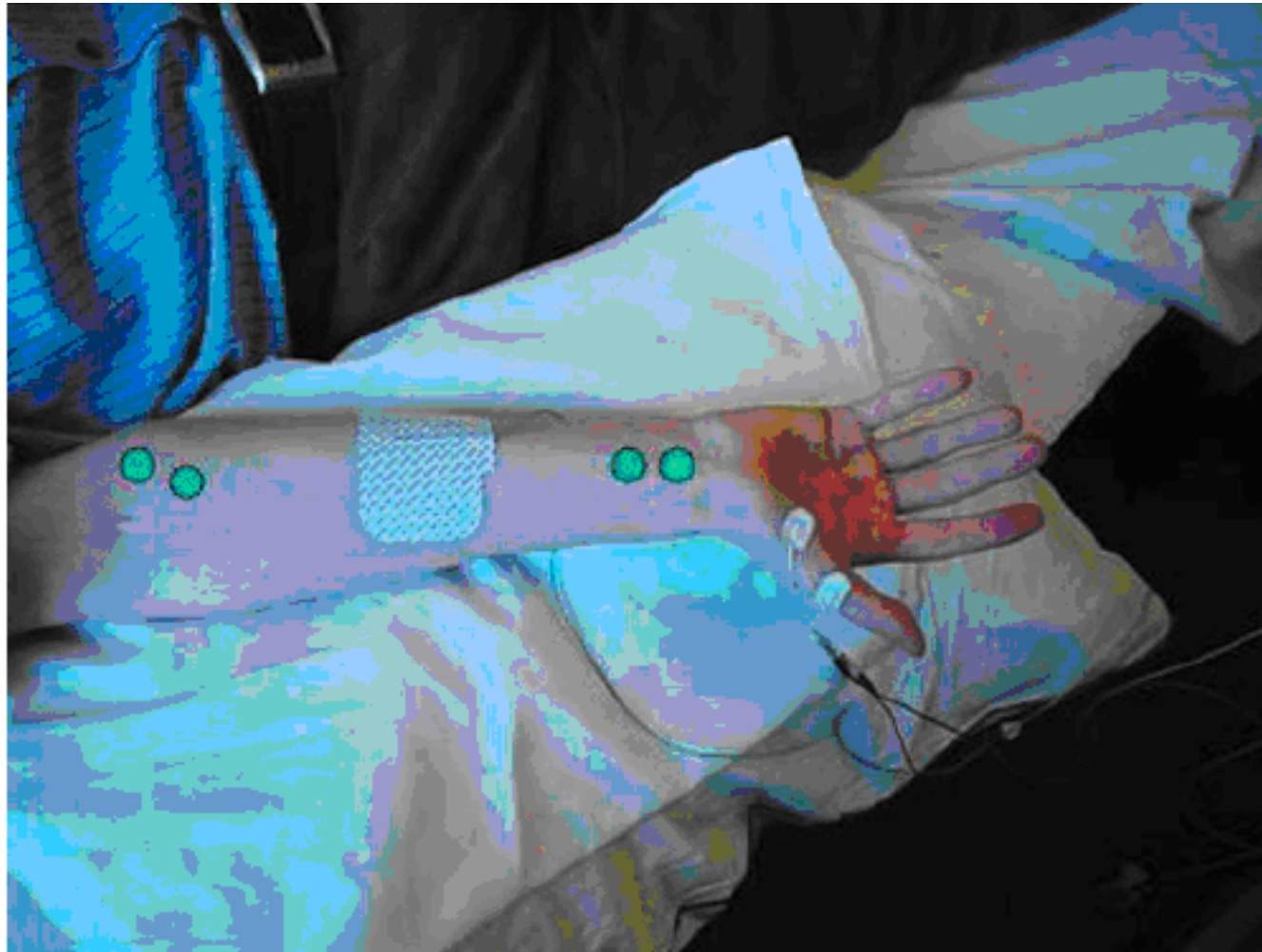


Figure 1: Set up for Median motor study, electrodes are placed over the abductor pollicis brevis (APB), the nerve is stimulated at the wrist and elbow (green markers).



Figure 2: Set up for median sensory study, digital nerves are stimulated with ring electrodes and the response is recorded radial to the palmaris tendon.

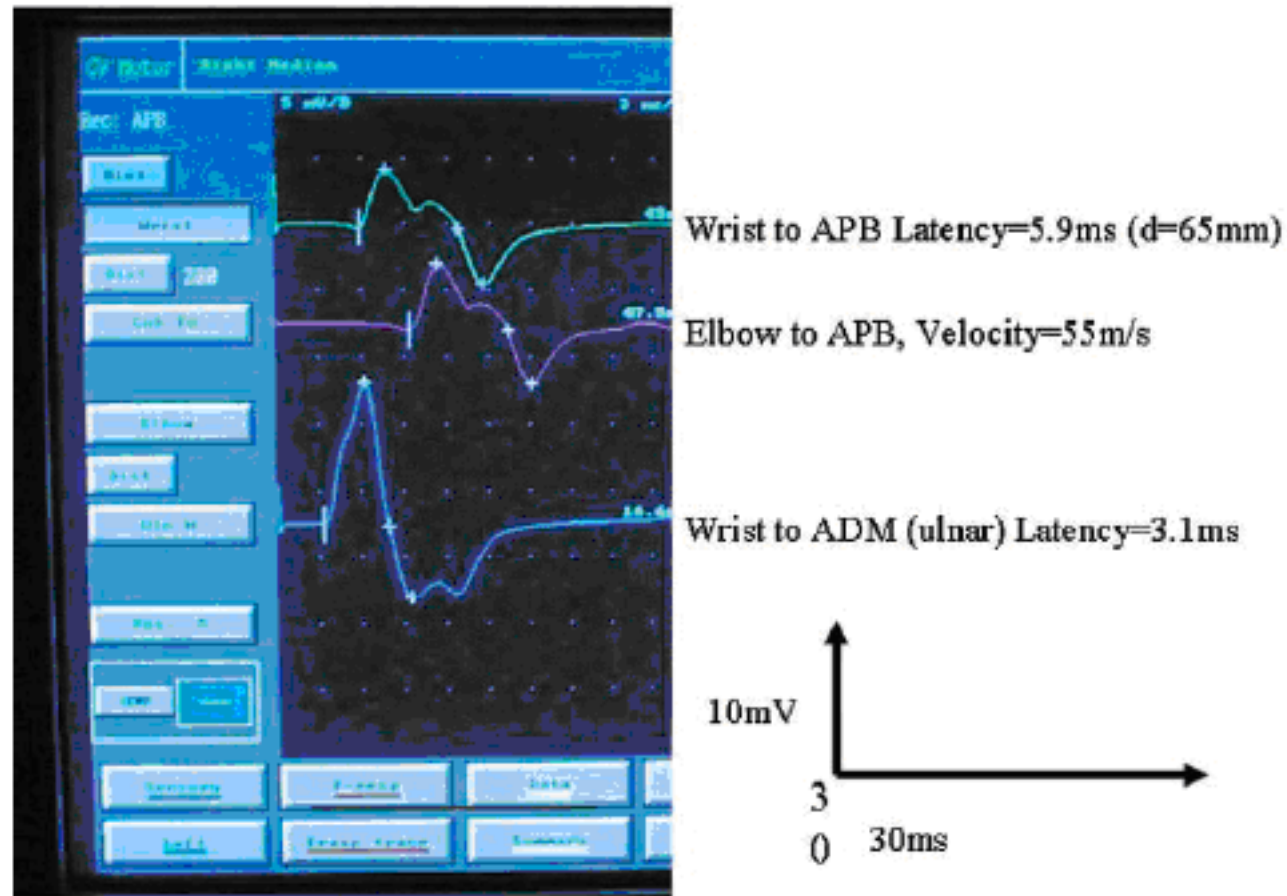
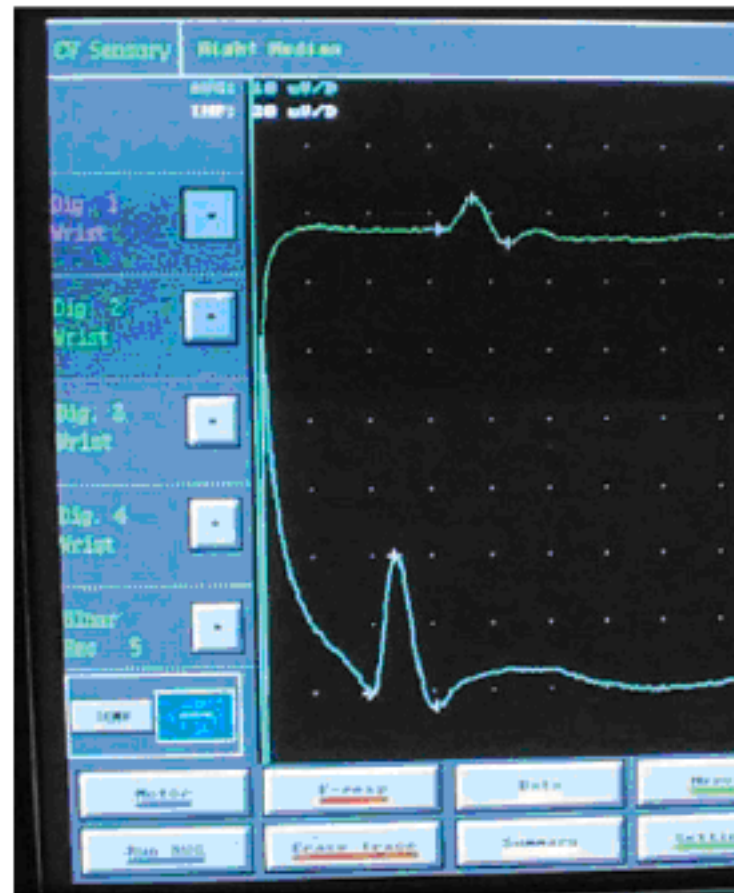
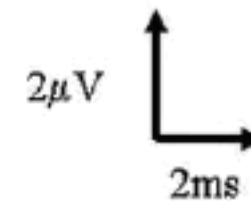


Figure 3: Median motor study in carpal tunnel syndrome, median motor conduction is delayed across the carpal tunnel, note the difference in latency between the distal median motor study and the normal distal ulnar study, median conduction in the forearm is within normal limits.



F2-Wrist, Amp.= $5.5\mu\text{V}$
Velocity = 35m/s



F5-Wrist, Amp.= $21\mu\text{V}$
Velocity= 48m/s

Figure 4: Median sensory study in carpal tunnel syndrome, note the slowing and the reduction in amplitude in the median sensory action potential compared with the normal ulnar sensory action potential.

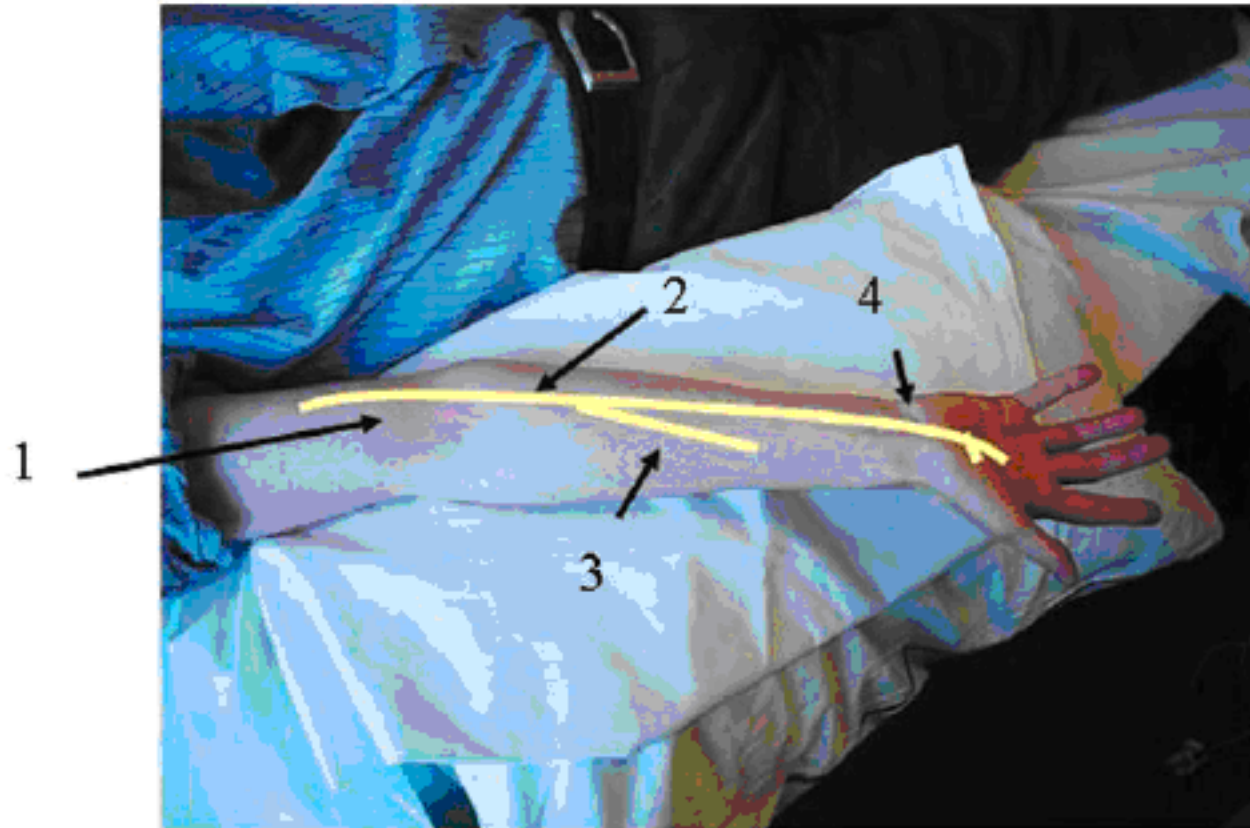


Figure 5: Four sites of median nerve entrapment, 1 Ligament of Struthers, 2 Pronator Teres, 3 Anterior interosseus nerve, 4 Carpal Tunnel.