



Cerebellum
Get the balance right

Cerebellum Anatomy

For the Students
By the Teachers



Cerebellum Anatomy



Cerebellum
Get the balance right



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List of Topics NOT SO IMPORTANT for FMGE-Aspirants

In Head & Neck unit : Parasympathetic ganglion

Section 1

**Basic Concept, Tricks and
Magic of Anatomy**

1 Chapter

BASIC CONCEPT, TRICKS AND MAGIC OF ANATOMY

- What is Anatomy:- cut & observe the Cadaver

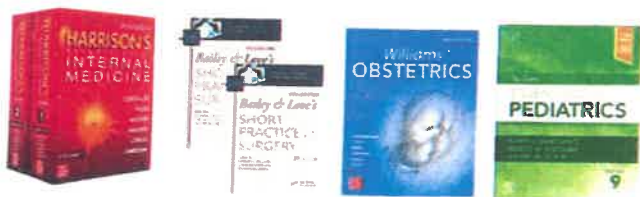
Anatomy = Ana + Tomy
 ↓ ↓
 To see Cutting

- Why Anatomy is important & how to study :-



For Proper Coordination Balance & Integration Among Different Subjects

- Conceptual Brainstorming integration: -



- Proper coordination, balance & integration among different subjects = cerebellum



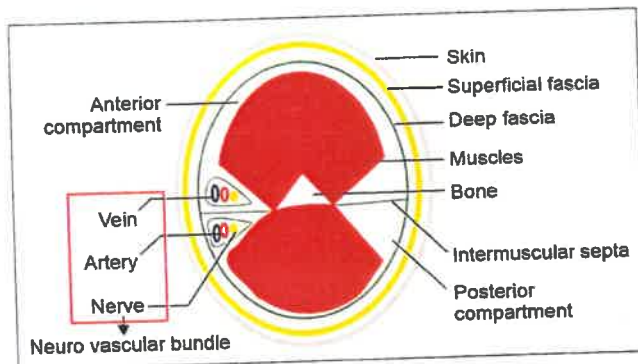
- Dissection: autopsy /surgery





TRANSVERSE DISSECTION DIAGRAM :-

- Different types of layers of body superficially to deep: - Skin → SF → DF → muscles → Bone
 - **Roof :**
 - Skin
 - Superficial fascia (fat , cutaneous nerves & vessels)
 - Deep fascia (includes collagen fibers)
 - **Boundary:**
 - Muscle / tendons
 - **Contents:**
 - VAN
 - Vein
 - Artery
 - Nerve
- } Neuro vascular bundle
- **Floor :-**
 - Muscles
 - Bone



Vein - thin walled & collapsing

Artery - thick walled & recoil

Nerve - no lumen, solid cord

- All neurovascular bundle of our body have sequence as vein-artery-nerve except -
 - 1st Intercostal space
 - Popliteal fossa
- **HILTON'S LAW:** - Hilton observed that nerves supplying the **MUSCLE** also innervate the **SKIN**

overlying the muscle and the **JOINT** over which that muscle acts.

FOCUS AREA FOR EXAM: -

- Femoral triangle & hernia
- Inguinal canal & hernia
- Triangle Of neck
- Cadaveric images
- Surgery & ENT integration

Revision capsule/PYQs:-

- Roof is formed by skin, superficial fascia, deep fascia
- Floor is formed by muscles, bone
- Contents of any space: - neuromuscular bundle (VAN)

Q. Neurovascular bundle is absent in which compartment of leg? [AIIMS MAY 18]

1. Anterior
2. Lateral
3. Superficial posterior
4. Deep posterior

Q. Neurovascular bundle in abdomen runs in between? (DEC FMGE 21)

1. Between external & internal oblique
2. Between external oblique & transversus abdominis
3. Between internal oblique & transversus abdominis
4. Between transversus abdominis & fascia transversalis

Section 2

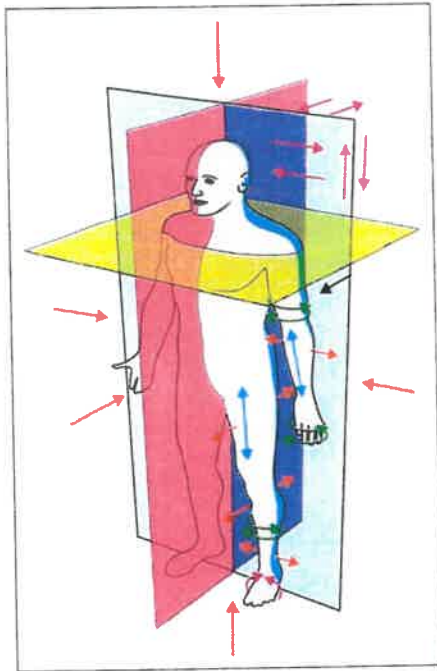
General Anatomy

2.1

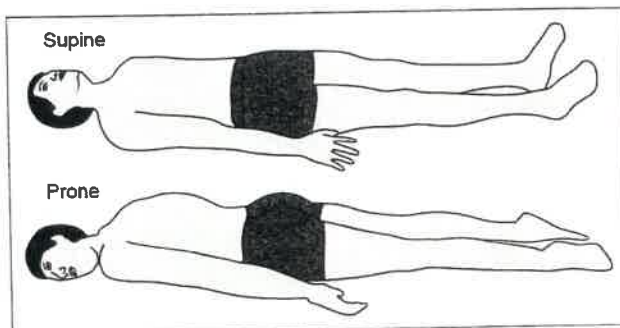
Chapter

POSITION, PLANES AND TERMINIOLOGY

ANATOMICAL POSITION



- Body is erect
- Eyes looking forward
- Hands on side with palms directed forward
- Legs together with toes in front



1. **Supine** - lying on back - Cardiothoracic surgeries
2. **Prone** - lying on abdomen - Spine or back surgeries
3. **Lithotomy** - a. patient lying on the back with both feet supported with footrest.
b. Perineum area is exposed.
c. For Obstetric-gynaecological procedures and Genito-Urinary surgeries.

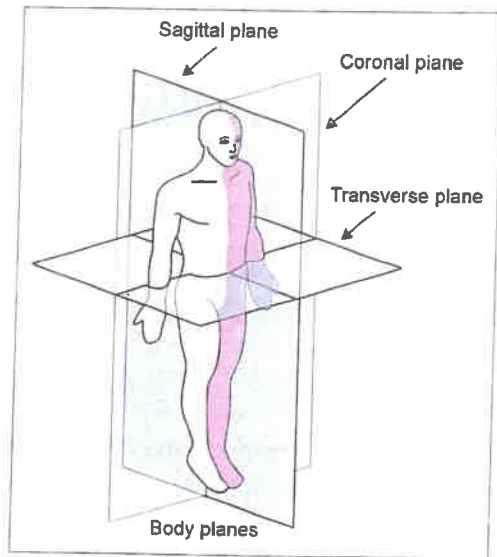


4. **Lateral decubitus** - lie on one side of the body - Best for ear surgeries.

PLANES

1. **Mid-sagittal plane** - Plane divides the plane into two equal halves.
2. **Sagittal plane** - Any plane parallel to mid-sagittal plane.
3. **Coronal/Frontal Plane** - Divides the plane into front & back.
4. **Transverse/Horizontal plane** - Divides plane into upper and lower parts, parallel to the ground.
5. **Oblique plane** - Any plane making angle with the ground

Position, Planes and Terminology



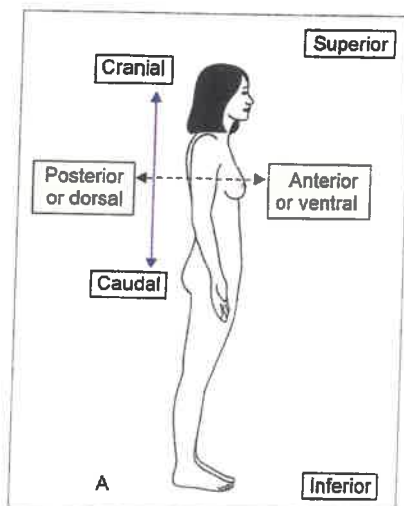
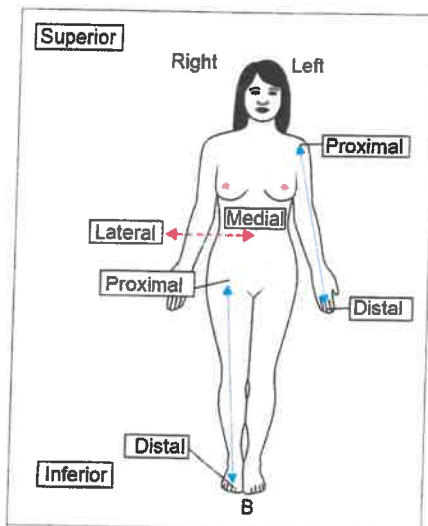
- **Superior/Cranial** - Near to Head
- **Inferior/Caudal** - Near to Foot
- **Anterior/Ventral** - Any point in Front of the body.
- **Posterior/Dorsal** - Any point on the back of the body.
- **Proximal** - Near to trunk.
- **Distal** - Away from trunk.
- **Medial** - Close to Midline.
- **Lateral** - Away from Midline.

Focus Areas for Exams:-

Direct question may not be asked BUT ..

- In each subject & questions patient position is described in anatomical position (if not specified).
- Planes Of the body are very important for radiology especially.
- Anatomy Terminology is also commonly used in each subject.

TERMINOLOGY



PYQs:-

Q. Frontal plane section is termed as? (DEC FMGE 2021)

1. Sagittal Section
2. Coronal Section
3. Horizontal Section
4. Oblique Section

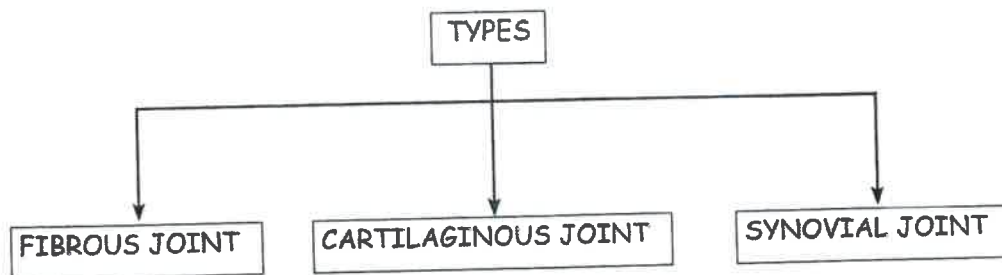
2.2

Chapter

JOINTS

Definition : Junction between 2 bones.

Joints are site for movement



1. FIBROUS JOINT



- Not movable (Syn-arthrosis)
- Present in skull bones - fibrous tissue in between 2 bones.

Types of Fibrous joint (Mnemonic - SaSu G)

- Sa - Sutures
- Su - Syndesmosis
- G - Gomphosis



A. Sutures

1. **Plane suture** - Articulating surfaces parallel to each other with fibrous tissue in between.

E.g. - Intranasal suture

2. **Squamous suture** - Articulating surfaces placed obliquely with each other. E.g. - Temporo-parietal suture.
3. **Serrated suture** - Articulating surfaces have serrated margins with fibrous tissue in between. E.g. - Interparietal suture
4. **Dentate suture** - One is fitted into the other with fibrous tissue in between. E.g. - Lambdoid suture.
5. **Wedge and Groove/Schindylesis suture.** E.g. - Sphenoid bone & Vomer.

B. Syndesmosis

2 bones are connected via Ligaments.

E.g. - Middle Radio-Ulnar joint, Middle Tibio-fibula; Interosseous Membrane, Inferior Tibio-fibular joint.

C. Gomphosis

Joint found in Gums.

2. CARTILAGINOUS JOINTS

A. **Primary Cartilaginous/Synostosis/Synchondrosis-**

→ Ossified in later stages of life.

E.g. - Growth plate

Joints

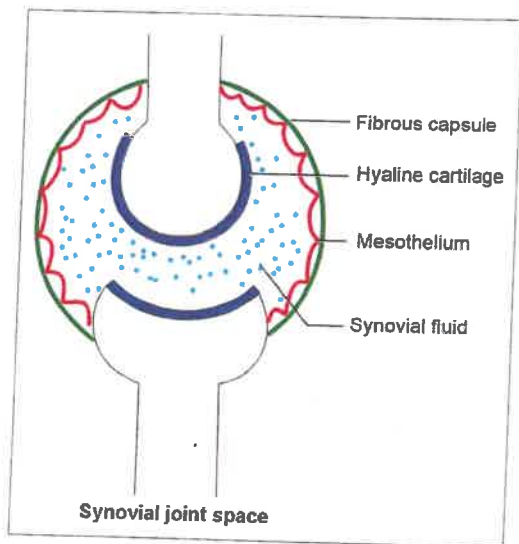
B. Secondary Cartilaginous joint/Symphysis joint -

- Ends of Bone covered with Hyaline Cartilage while the in-between space has fibrous connective tissue.
- Show partial Movements.
- Present in midline of the body (except Symphysis menti - 1^o Cartilaginous) (Mnemonic - SIM/MIS)

S - Symphysis pubis, Sacro-coccygeal joint

I - Intervertebral Disc

M - Manubrio-sternal joint, Xiphi-sternal joint.

3. SYNOVIAL JOINTS**A. Ball and socket joint (Mnemonic - SHIP)**

S - Shoulder joint - most movable joint

H - Hip joint

I - Incudo-stapedial joint

T - Talo-calcaneo-navicular joint

B. Plane synovial joint (Mnemonic PICASo)

→ Articulating surfaces are plane and only gliding movement present.

P - Patello-femoral joint (Functionally only)

I - Intercarpal & Intertarsal joints

C - Costovertebral and costotransverse joint

A - Acromio-clavicular joint

So - Superior Tibio-fibular joint

C. Hinge joint (Mnemonic - IEA)

→ Only Uniaxial movement possible (due to bony prominences)

I - Interphalangeal movement

E - Elbow joint

A - Ankle joint

D. Ellipsoid joint

→ Convex-concave surfaces face each other.

→ Multi-axial with Restricted movements.

E - M - W

Metacarpo-phalangeal joint Wrist joint

Atlanto-occipital joint (Yes movement - Above atlas)

E. Saddle joint (Mnemonic - PICS)

→ Concavo-convex surfaces in each bone.

P - Patello-femoral joint (Anatomically)

I - Incudomalleolar joint

C - Carpo-metacarpal joint (1st joint)

S - Sterno-clavicular joint

F. Pivot joint

→ Rotatory movements between bones around an axis.

Atlanto-axial joint → between C1 and C2 (No movement - Below atlas)

Superior (via annular ligament) and Inferior Radioulnar joint

G. Condylar joint

→ Condyles of the 2 bones fit into each other.

Knee - Bicondylar > Condylar joint

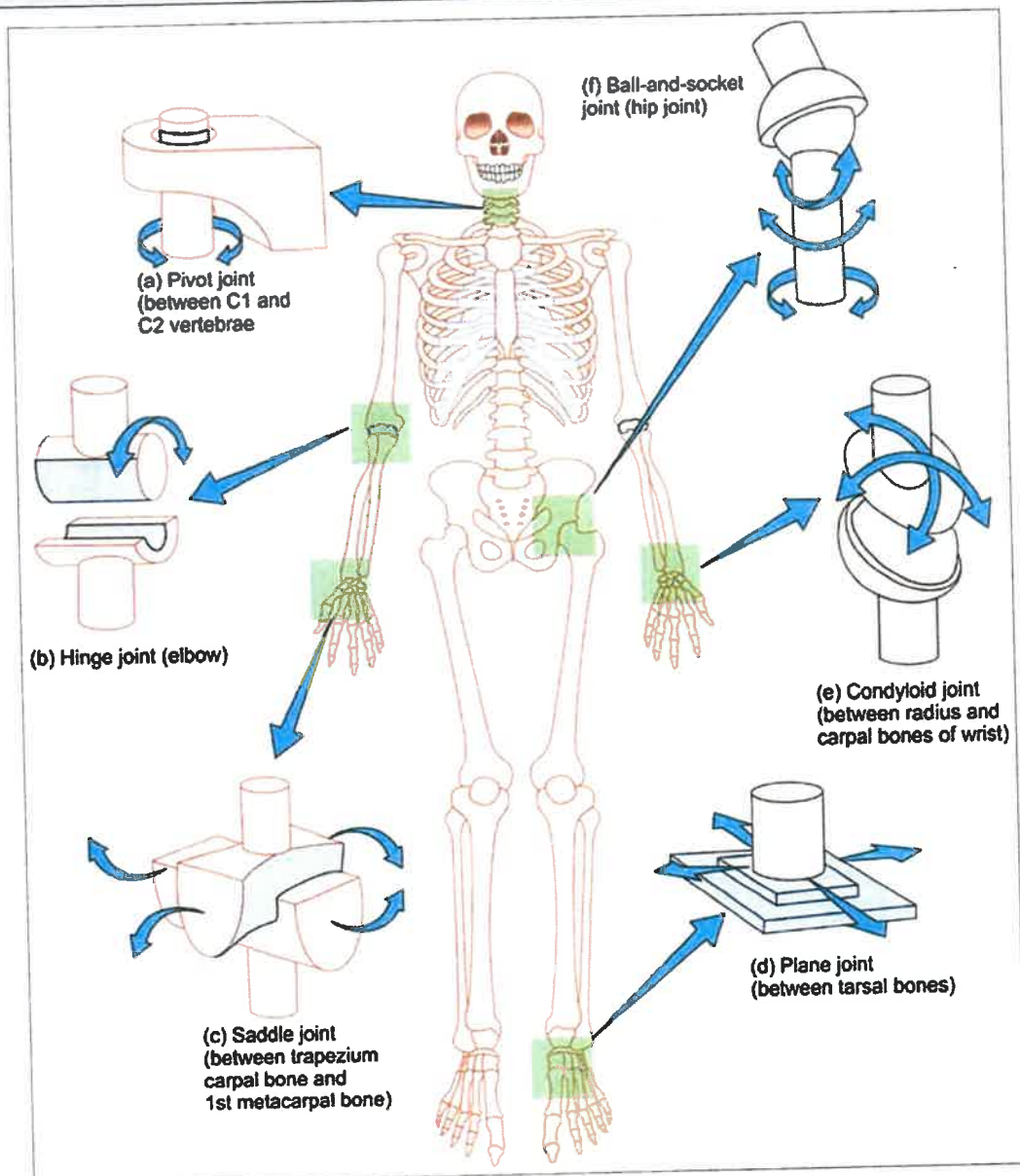
Temporomandibular joint (TMJ) - Bicondylar joint

- (Amphiarthrosis)

- Partical movable

CARTILAGINOUS JOINT

Synchondroses	Symphysis
The articular cartilage is hyaline in nature	Hyaline cartilage but in between them there is a layer of fibro cartilage
Immovable	It allows little movement
Temporary	Mostly permanent
The cartilage is ossified after a period of growth	Not so
Present in growing end of bone	All are present in the midline of the body
E.g.- joint between epiphyses & Diaphysis	E.g. - Public symphysis, joint between the bodies of the vertebrate



Focus Areas for Exams

- Identification of joint & its type based on:
 - a. Osteology
 - b. Radiology
- Sure shot questions from Joint directly and also related to Orthopaedics.

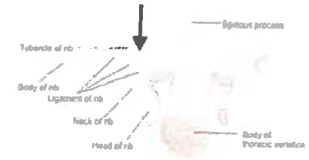
Revision Capsule / PYQs

- Joint permits a person to look to the right and left (NEET PG 2019):
- The joint between the attachment of the 8th & 9th rib to the 7th rib is (NEET PG 2018):
- Middle radioulnar joint is (FMGE 2022)
- Inferior tibiofibular joint is (AIIMS 2017):

PYQs

Q. The type of joint marked in the image below is (NEET PG 2020)

- A. Syndesmosis
- B. Synarthrosis
- C. Synchondrosis
- D. Synovial



Q. Which type of joints is involved in shown movement in image (June FMGE 2022)

- A. Pivot joint
- B. Saddle joint
- C. Ball & socket joint
- D. Hinge joint



Q. At a marked arrow which type of joint is shown? (DEC FMGE 2021)

- A. Saddle synovial
- B. Secondary cartilaginous
- C. Primary cartilaginous
- D. Ellipsoid synovial

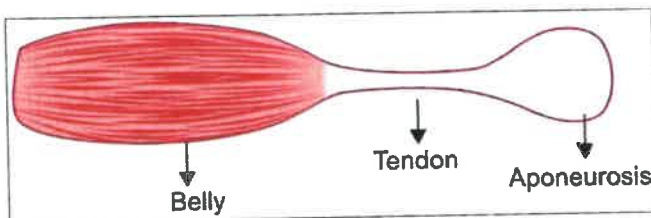


2.3

Chapter

MUSCLE & MOVEMENT

- Total 639 muscles in our body
- Muscle is modified cell with contractile protein:- actin & myosin.
- 2 parts of Muscle:- Belly (soft & contractile) and Tendon (non contractile).
 - Sometime tendon is becoming flat known as aponeurosis
- Raphe:- It is Inter-digitation of muscle fibers



- **Movements at a joint:-**
 - Muscle only help to movement when it crosses the joints
 - If any Muscle crossing joint from front can make forward movement & if crossing from back can perform backwards movement.
- **Gliding:-**
 - Flat surfaces of two bones glide across each other.
 - Gliding occurs between
 - Carpals



- Articular processes of vertebrae
 - Tarsals
- (Carpal bones mnemonic :- She Looks Too Pretty Try To Catch Her)

- **Angular movement:-** movement in which there is a change in angle
 - Decrease in angle called **flexion** movement
 - Increase in angle called **extension** movement
 - Movements towards midline called **adduction**
 - Movements away from midline called **abduction**
 - Movements as rotating towards midline called **internal rotation**
 - Movement as rotating away from midline called **external rotation**

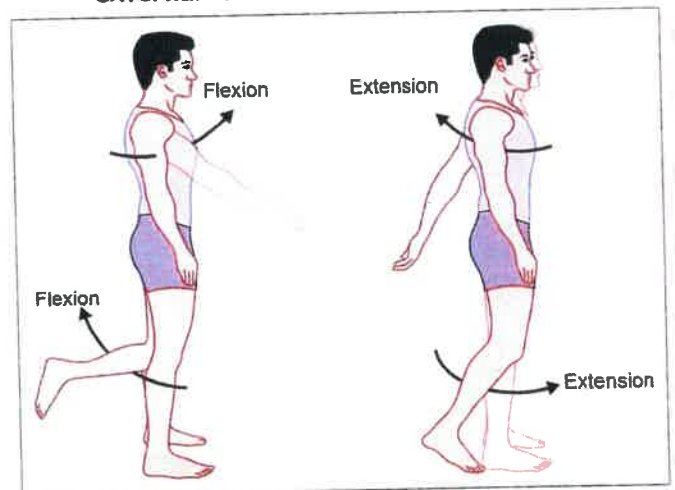


Image (x)

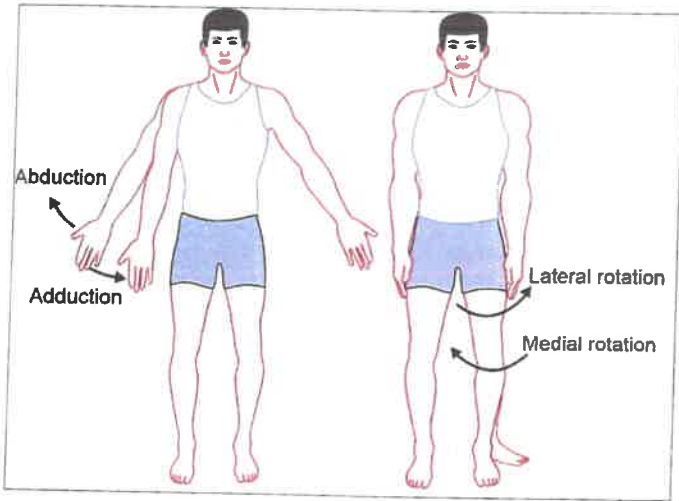


Image (y)

- **Circumduction** is the combination of Movements (ex. During bowling)

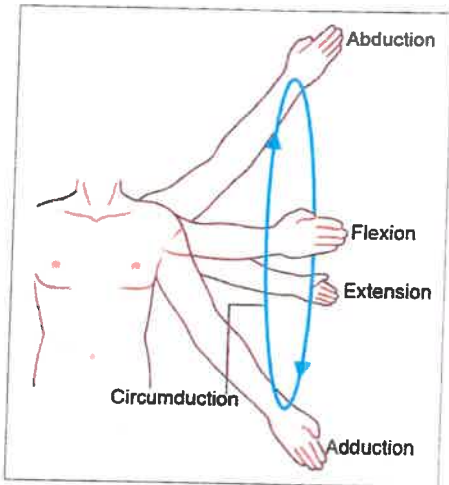
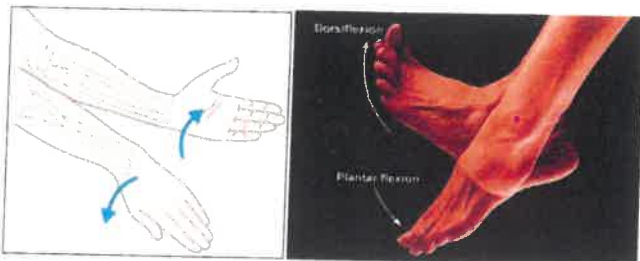


Image (z)

- Surfacing the palm upward called **supination**
- Surfacing the palm downward called **pronation** (supination & pronation occur between sup. & inf. radio ulnar joint)

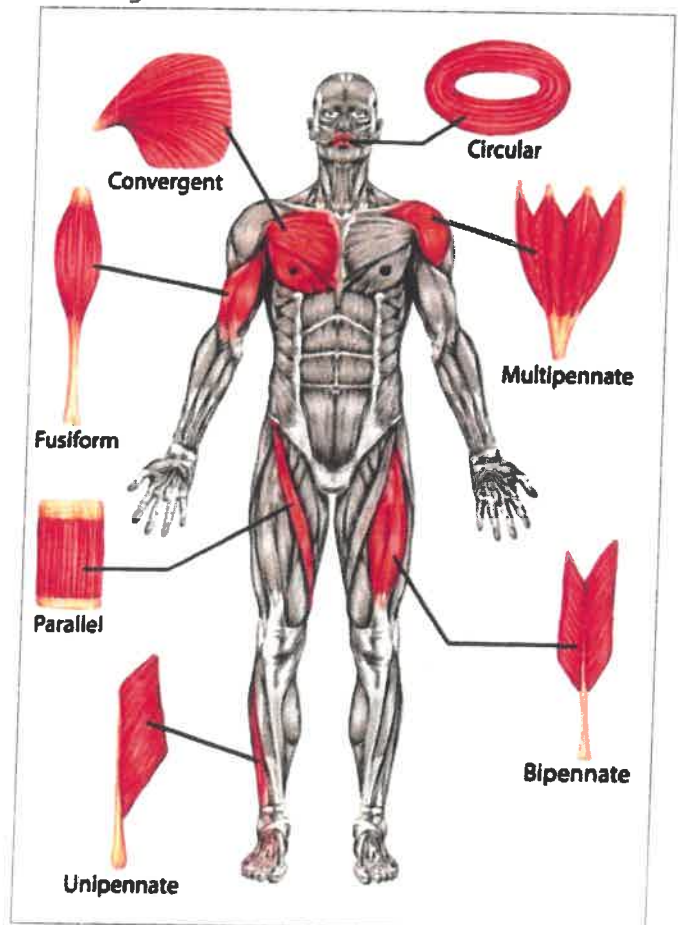


- **Foot drop**:- due to paralysis of some muscles no upward movement in foot which mainly involves common peroneal muscle

- Popliteus Muscle having action of unlocking (beginning of flexion is known as unlocking)
- Quadriceps femoris known as footballer's muscle Which responsible for kick action & it's doing extension of knee (unlocking- popliteal muscle, locking - Quadriceps femoris) (Mnemonic: UPLQ)
- **Inversion Muscle of foot**:- tibialis Anterior & Posterior

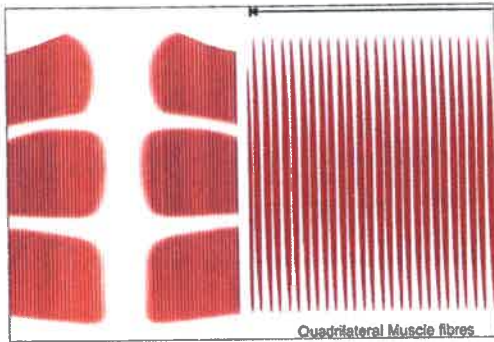


- **Evertor of foot**:- Peroneus longus & brevis
- Basic rules of muscle identification in cadaveric images:-



1. Parallel muscles:-

- Strap muscle fiber
 - Sternohyoid
 - Sternothyroid
 - Omohyoid
 - Longest muscle of body :- Sartorius a.k.a. honeymoon muscle / tailor's muscle
- Quadrilateral muscle fiber
 - Thyrohyoid
 - Rectus abdominis:- have Tendinous intersection



- Fusiform muscle :- biceps

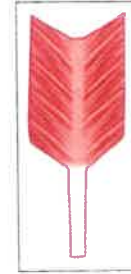


2. Oblique muscle :-

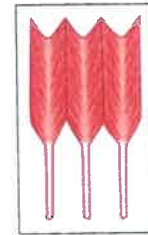
- Pennate
 - Unipennate :- 1st & 2nd lumbrical , Palmar interosseous



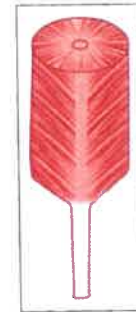
- Bipennate:- 3rd & 4th lumbrical , all dorsal interosseous



- Multipennate:- middle fiber of deltoid, subscapularis muscle



- Circumpennate

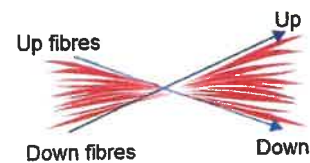


3. Cruciate:-

Which crossing each other, ex:- Sternocleidomastoid, masseter (strongest muscle of body)



4. Twisted / spiral :- pectoralis major (NEET 18)



Focus Areas for Exams:

1. Identification of muscles in cadaveric images
2. Action of muscle
3. Nerve supply of muscle
4. Muscle & nerves related different clinical tests & signs.

PYQs:

- Q. What is the function of the lumbricals at the metacarpophalangeal joint? (NEET PG 2018)
- A. Flexion
 - B. Extension
 - C. Adduction
 - D. Abduction
- Q. What is the nerve supply of the first lumbrical? (INI-CET 2022 Pattern)
- A. Radial nerve
 - B. Median nerve
 - C. Ulnar nerve
 - D. Musculocutaneous nerve
- Q. Action performed by marked muscle? (June FMGE 2022)
- A. Abduction of shoulder joint
 - B. Adduction of shoulder joint
 - C. Protraction of scapula
 - D. Retraction of scapula



- Q. Mention the type of joint present at the marked region. (ANAT FMGE JAN 2024)



- A. Ellipsoid
- B. Condylar
- C. Plane
- D. Saddle

Section 3

Upper Limb

