# MECH2901: ANATOMY AND PHYSIOLOGY FOR ENGINEERS

## **LECTURE 1: SKELETAL SYSTEM** → Bones and Bone Tissue

# **Function of the Skeletal System**

**Support** → Bone is hard and rigid; cartilage is flexible yet strong. Cartilage in nose, external ear, thoracic cage and trachea. Ligaments- bone to bone

**Protection** → Skull around brain; ribs, sternum, vertebrae protect organs of thoracic cavity

**Movement** → Produced by muscles on bones, via tendons. Ligaments allow some movement between bones but prevent excessive movement

**Absorbs Shock** → Impacts during motion need to be absorbed to reduce strain on bone and joints and damage to soft tissues.

Storage → Calcium and Phosphorus Stored then released as needed. Fat stored in marrow cavities

Blood Cell Production → Bone provides a niche for bone marrow that gives rise to blood cells and platelets

## Structure of a Long Bond

**Diaphysis** → Shaft and Compact bone

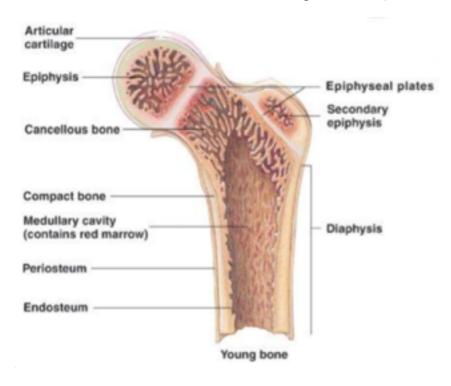
**Epiphysis** → End of the bone and Cancellous bone

**Epiphyseal plate**: growth plate → Hyaline cartilage; present until growth stops

**Epiphyseal line** → bone stops growing in length

Medullary cavity → In children medullary cavity is red marrow, gradually changes to yellow in limb bones and skull (except for epiphyses of long bones). Rest of skeleton is red.

**Trabeculae** → Interconnecting rods or plates of bone. Like scaffolding. (Spaces filled with marrow, Covered with endosteum and Oriented along stress lines)



## **Bone Fractures**

**Open (compound)** → bone break with open wound. Bone may be sticking out of wound.

**Closed (simple)** → Skin not perforated.

**Incomplete** → doesn't extend across the bone.

**Complete** → extends across the bone.

Greenstick → incomplete fracture that occurs on the convex side of the curve of a bone

**Hairline** → incomplete where two sections of bone do not separate. Common in skull fractures

**Comminuted fractures** → complete with break into more than two pieces

**Impacted fractures** → one fragment is driven into the cancellous portion of the other fragment.

Critical sized defect → Gap too large to be filled by natural repair – leads to non-union if untreated

# **Osteoporosis**

In osteoporosis, bone resorption is increased, bone formation is decreased and trabeculae perforated.

Inadequate bone formation in Haversian Remodelling systems increases cortical porosity and decreases strength

# **LECTURE 2: JOINTS**

#### **Outline**

**Articulations** → body movements occurs at joints (articulations) where two bones connect **Joint Structure** → Determines direction and distance of movement (ROM) → Joints strength decreases as mobility increases

## **Classifications**

**Structural Classifications** → Bony, Fibrous, Cartilaginous and Synovial

Functional Category	Structural Category	Туре	Description
Synarthrosis (No Movement)	Fibrous	Suture	A suture is a synarthrotic joint located only between the bones of the skull. The edges of the bones are interlocked and bound together at the suture by dense fibrous connective tissue.
	Fibrous	Gomphosis	A gomphosis is a synarthrosis that binds the teeth to bony sockets in the maxillae and mandible. The fibrous connection between a tooth and socket is a periodontal ligament.
	Cartilaginous	Synchondrosis	A synchondrosis is a rigid, cartilaginous bridge between two articulating bones. The cartilaginous connection between the ends of the first pair of vertebrosternal ribs and the sternum is a synchondrosis.

# **The Hip Joint (Coxal Joint)**

Strong ball-and-socket diarthrosis and has a wide range of motion

**Structure of the hip joint** → Head of femur fits into it, socket of acetabulum which is extended by fibrocartilaginous *acetabular labrum* 

#### **The Knee Joint**

A complicated hinge joint → Transfers weight from femur to tibia → Articulations of the knee joint (two femur–tibia)

# **Major Supporting Ligaments**

- **1.** Patellar ligament (anterior)
- **2 & 3.** Two popliteal ligaments (posterior)
- **4 & 5.** Anterior and posterior cruciate ligaments (inside joint capsule)
- **6.** Tibial collateral ligament (medial)
- 7. Fibular collateral ligament (lateral)

## **Effects of Aging**

## **Degenerative Changes**

Rheumatism  $\rightarrow$  A pain and stiffness of skeletal and muscular systems

Arthritis → All forms of rheumatism that damage articular cartilages of synovial joints

#### **LECTURE 3: MUSCLE**

#### **Muscle Tissue**

Primary muscle tissue is divided up into 3 types → Skeletal, Cardiac and Smooth muscle tissue

#### **Skeletal Muscles**

Are attached to the skeletal system and allow for movement

Function → Produce skeletal movement, maintain posture and body position, supports soft tissue, guards entrances and exits, maintain body temperature and stores nutrient reserves

Organisation → Muscle tissue (cells or fibres), connective tissue, nerves and bloody vessels

- Muscle Tissue
  - Connective Tissue → Muscle attachments occur at the ends of muscles to form connective tissue attachment to bone matrix.
- Blood Vessels and Nerves
  - Muscles have extensive vascular systems that supply large amounts of oxygen, nutrients and carry away wastes.