Clavicle

Dr. Mrs S. D. Kadam Assistant Professor

Competency of Upper Limb

- **8.1:** Identify the given bone, its side, important features & keep it in anatomical position
- 8.2: Identify & describe joints formed by the given bone
- 8.3: Enumerate peculiarities of clavicle
- 8.4: Demonstrate important muscle attachment on the given bone

Synonym- Collar bone / Beaty bone

Type of bone- Modified long bone (it has no medullary cavity & develops from membrane).

Functions-

- 1.It place the scapula laterally, so that the limb can swing from the side of trunk.
- 2.It transmits the weight from upper limb through coracoclavicular ligament & medial 2/3 of bone to sternum.
- 3.It helps in various scapular movement.
- 4.Provide surface for attachment of muscle & ligament.
- 5. Concave posterior surface protects neurovascular structures.

Peculiarities-

- 1. No medullary cavity.
- 2.It is the only long bone which ossify in membrane except for its medial end. (Long bone ossify in cartilage)
- 3. Sometime pierced by (Intermediate supraclavicular nerve (C3 C4)

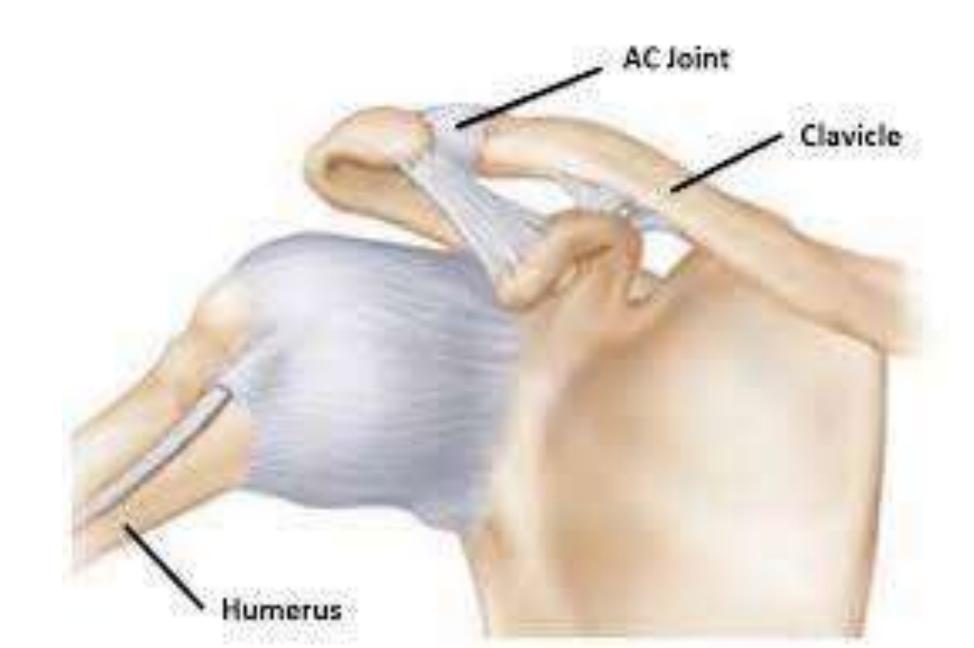
- 4. It is the first bone to start ossification in the 5th or 6th week of intrauterine life & last bone to complete ossification usually after 21 years.
- 5. It is the only long bone which ossify by 2 primary centre.
- 6. It is subcutaneous.
- 7. It is the only long bone which lies horizontally.

Presenting parts-Two ends-

1.Lateral / Acromial-

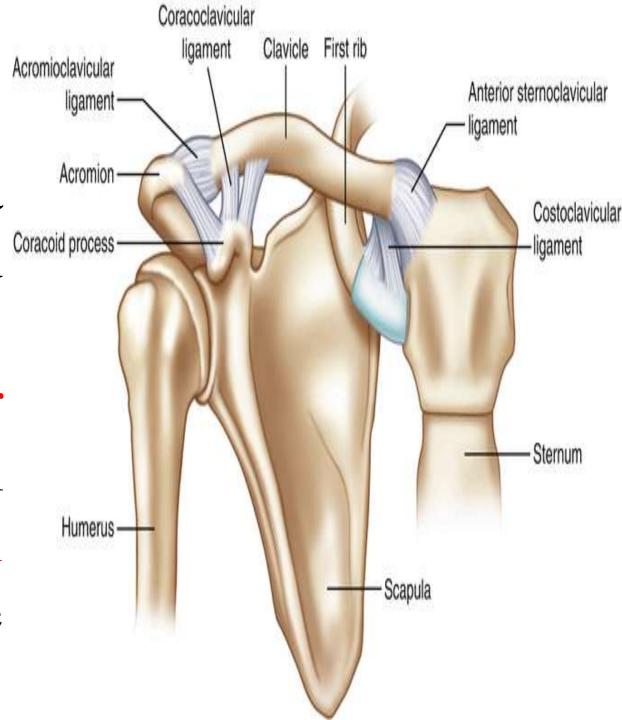
- Flat and bears an oval facet, directed laterally and downward.
- Articulates: similar facet on the anterior part of medial border of acromial process of scapula to form acromioclavicular joint (Plain synovial joint).

Acromioclavicular Joint

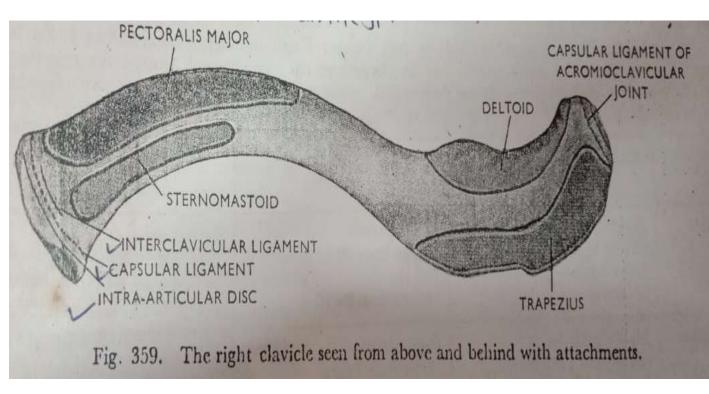


2.Medial / Sternal end-

- Enlarged
- Directed medially with a slight forward and coracoid process downward tilt.
- Articulates :clavicular notch of manubrium sterni and 1st costal cartilage to form the sterno-clavicular joint.



- Articular surface: convex vertically and slightly concave from before backward.
- Covered with fibrocartilage
- At the periphery- fibrous capsule, above to the interclavicular ligament, and
- above and behind to the articular disc

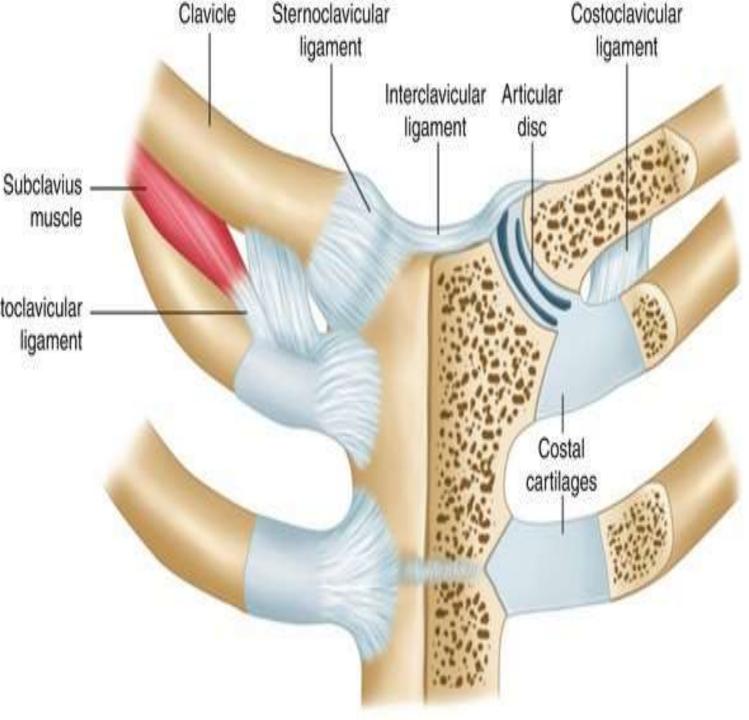


Close to the sternal end undersurface of the shaft

presents

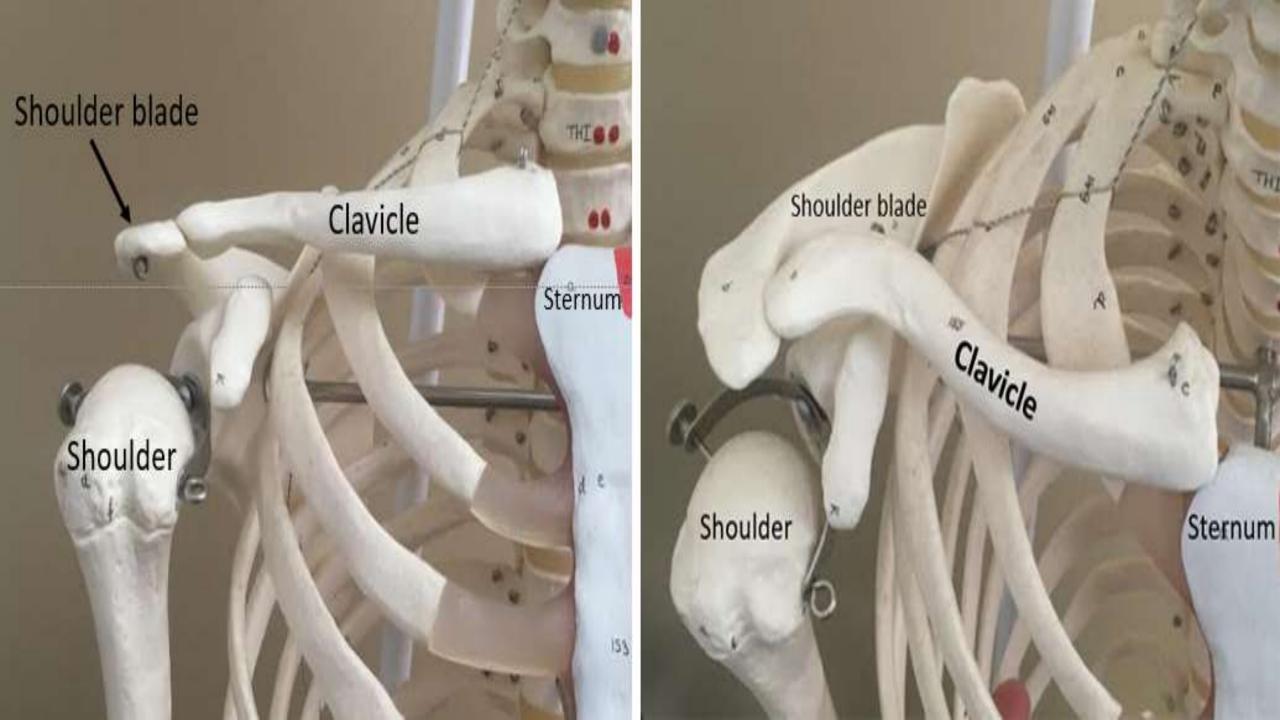
depression: costo- costoclavicular

clavicular ligament



Anatomical position-

- Hold the bone horizontally in such a way that –
- 1. convex anterior surface of the medial 2/3 & concave anterior border of the lateral 1/3 looks forward.
- 2. Grooved inferior surface looks downwards.
- 3. Conoid tubercle lies postero-inferior.
- 4.flattened acromial end will determine the side to which the bone belongs.



Lateral 1/3 of the clavicle-

- > It is flat.
- > Surfaces: superior & inferior.
- ➤ Borders: anterior & posterior.

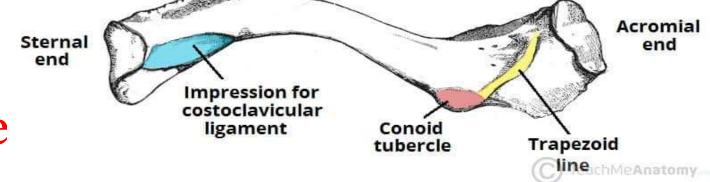
The anterior border: concave & may present a

small tubercle known as the deltoid tubercle.

The posterior border: is thick & convex.

The superior surface: rough both anteriorly & posteriorly, but it is smooth in the intervening area which is subcutaneous.

- > The inferior surface:
- present the conoid tube



• From the conoid tubercle an oblique, rough ridge extend

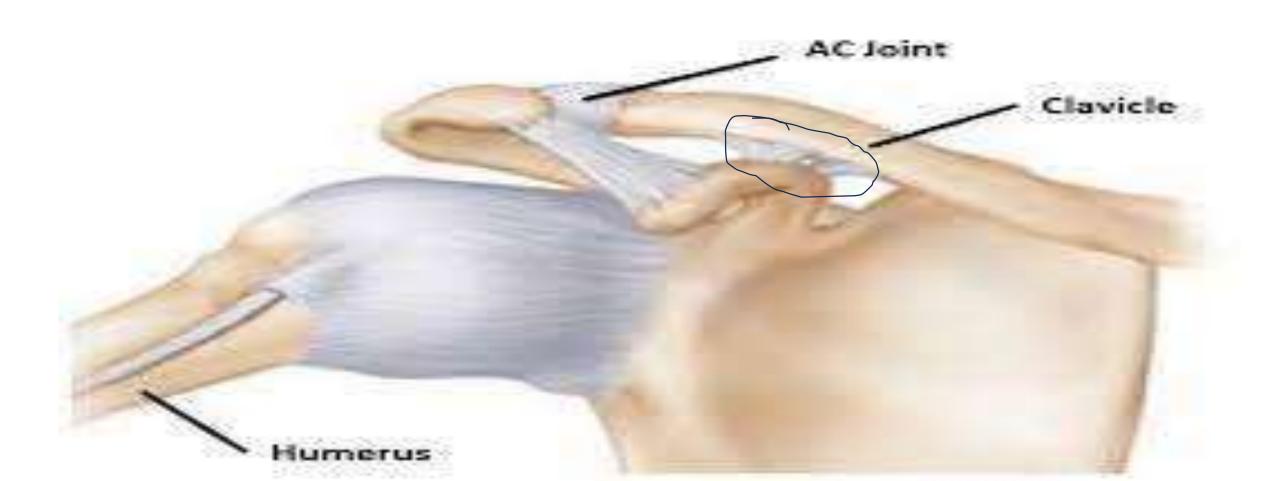
forwards & laterally to acromial end & is known trapezoid ridge.

Attachment (Lateral 1/3)

- 1. Anterior border & adjoining upper surface give origin to the anterior part of deltoid muscle(Axillary N.)
- 2.Posterior border & adjacent upper surface receive insertion of Upper fibre of trapezius muscle (Spinal part of accessary nerve & by ventral rami of C3, C4 Nerve).

3. Conoid tubercle & trapezoid ridge of inferior surface

- attachment to the conoid and trapezoid parts of coracoclavicular ligament.



Medial 2/3 of the clavicle-

4 surfaces-

Anterior,

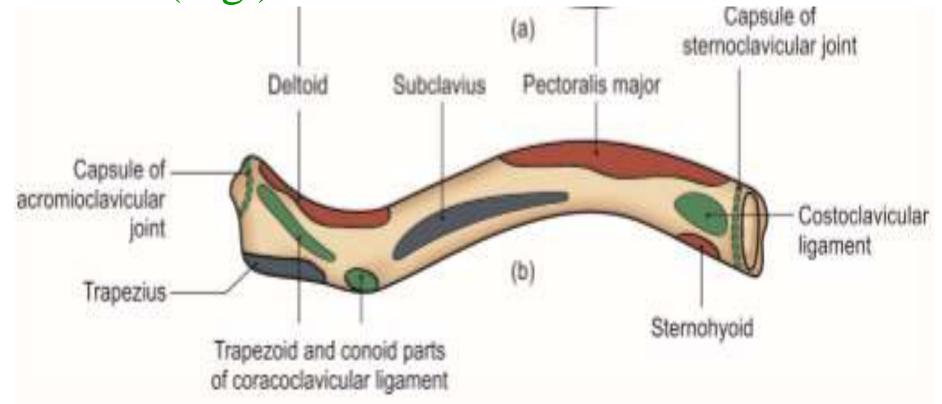
Posterior,

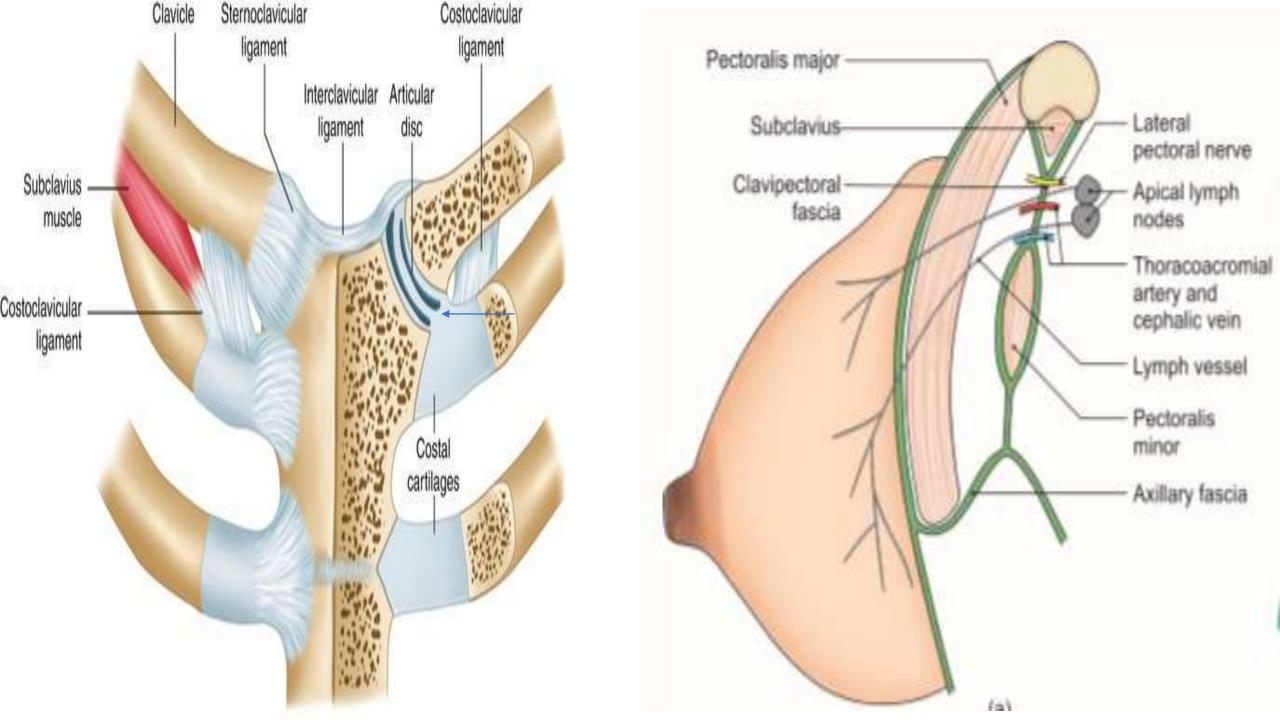
Superior,

Inferior.

1.Inferior surface of Medial 2/3 of the clavicle-

- ➤ Longitudinal groove in the middle 1/3 for the attachment of subclavius muscle
- Two lips of the groove give attachment to 2 layers of clavipectoral fascia.(Fig.)

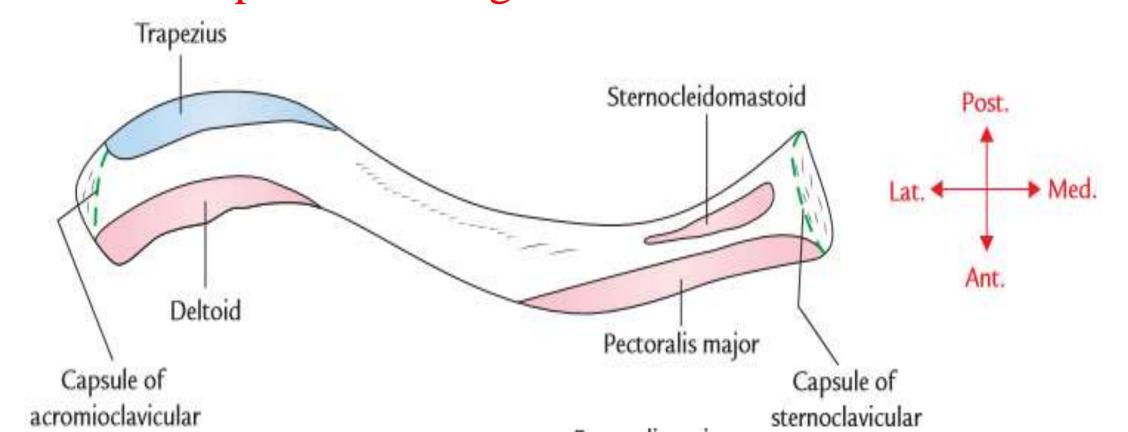




Nutrient foramen: on the lateral part of the subclavian groove transmits the nutrient vessels (branch of suprascapular artery of thyrocervical trunk of 1st part of subclavian artery)

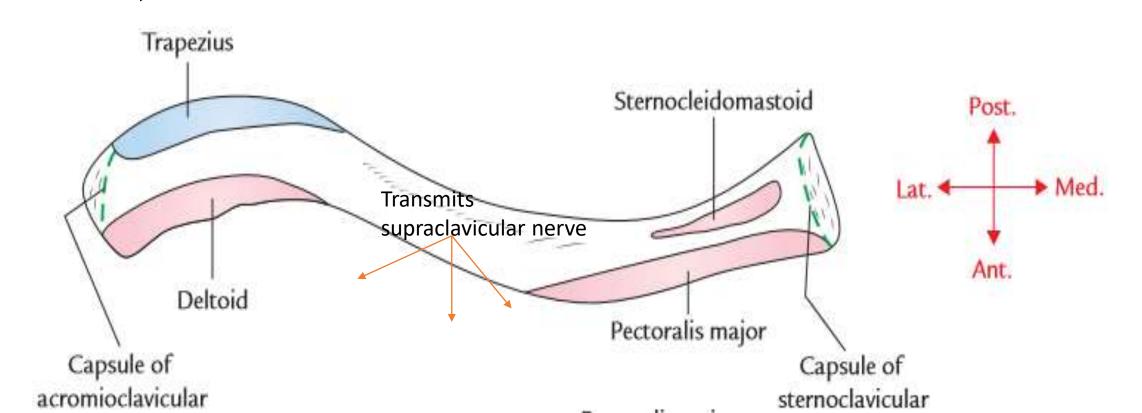
2. Anterior surface of medial 2/3

- origin to the clavicular head of pectoralis major in the medial half(nerve to medial & lateral pectoral nerve)
- Between the pectoralis major & deltoid, the clavicle forms the base of deltopectoral triangle.



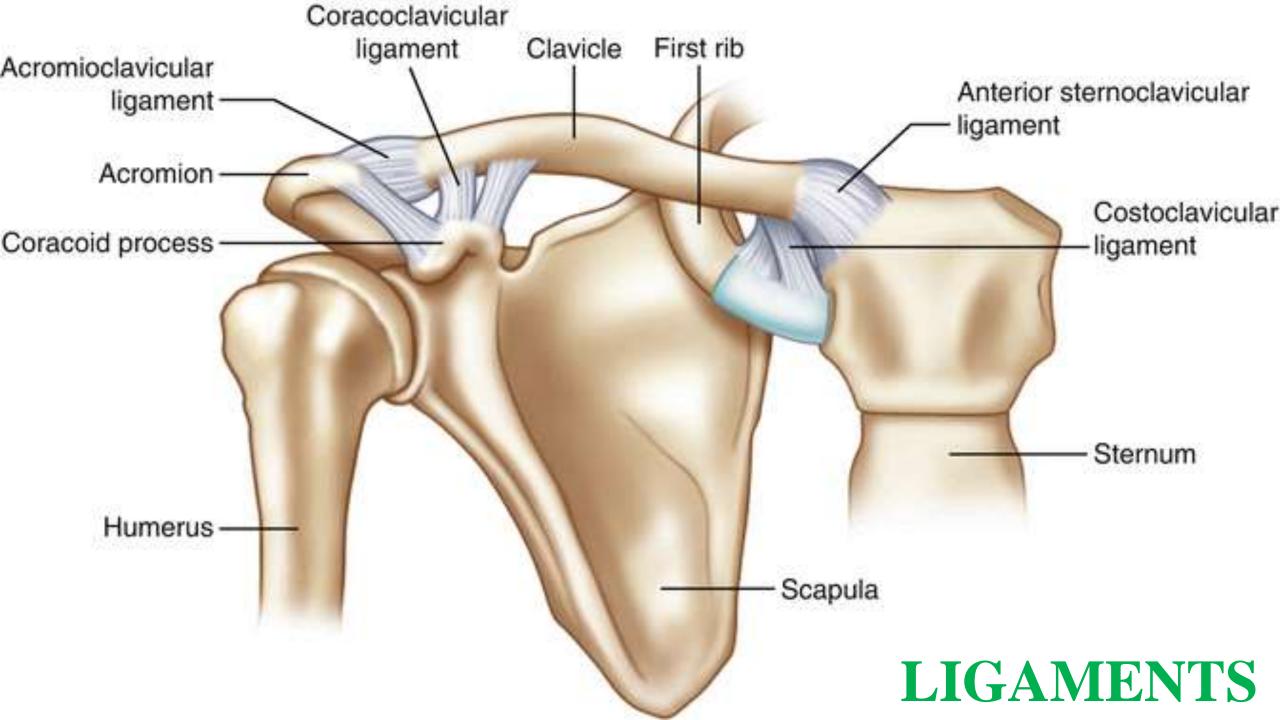
3. Superior surface

 Medial 1/3 -origin to the clavicular head of sternocleido mastoid (Spinal part of accessary nerve)



4.Posterior surface (M-L)

- 1.Close to the sternal end origin to some fibres of the sternohyoid muscle.
- 2. (M-L) Internal jugular vein which descends behind the sternohyoid muscle,internal jugular vein joins with the subclavian vein to form the brachio-cephalic vein,
- 3. Trunks of brachial plexus & subclavian artery.
- 4. Suprascapular vessels (br of thyrocervical artery of 1st part of subclavian) passes laterally along the upper part of posterior surface



Ossification:

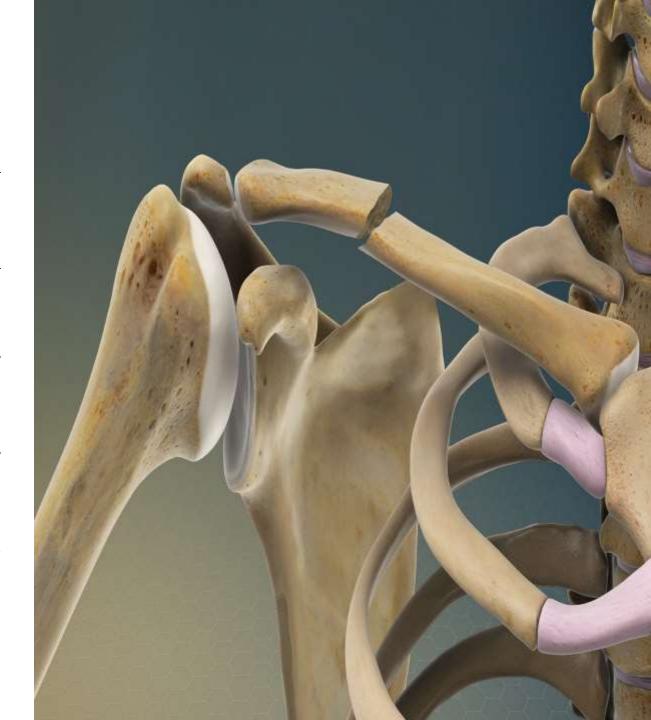
- First bone in the body to ossify except its medial end it ossifies in membrane.
- Solution Ossifies from 2 primary centres & one secondary centre.
- > Secondary centre for sternal end appears-18 yrs.
- > fuses with shaft 21 yrs. The sternal end is growing end.



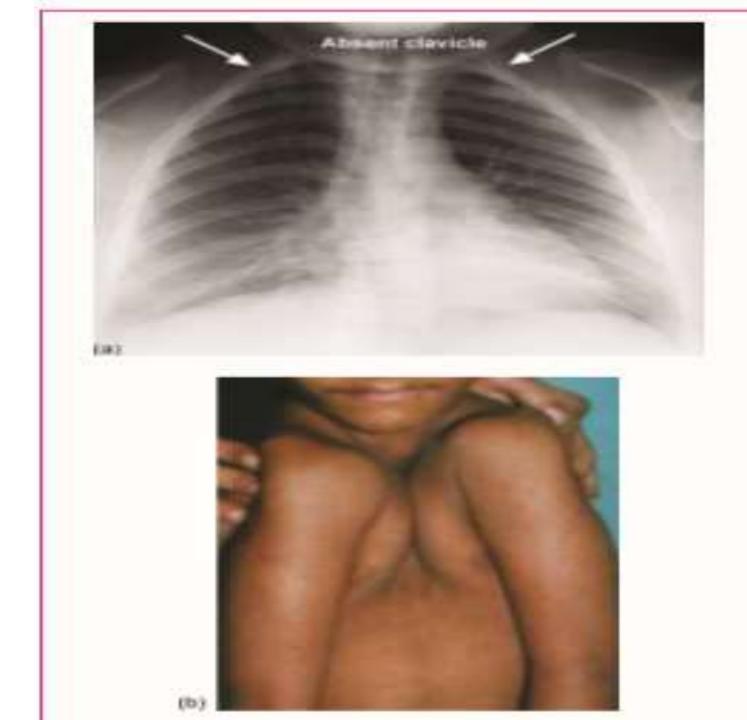
JOINTS:

Applied

 Clavicle is fractured-fall on outstretched hand or on the shoulder. The fracture usually takes place at the junction of medial 2/3 & lateral 1/3.



Clavicle is congenitally absent.



Difference between male & female clavicle

Sex	Length	Weight
Male	Greater than the female.	Heavier.(more than 21gm)
Female	Less than the male.	Lighter(6-7 gm)
	Shorter, thinner, less curved than male.	Muscular impressions less marked than male.

THANK YOU