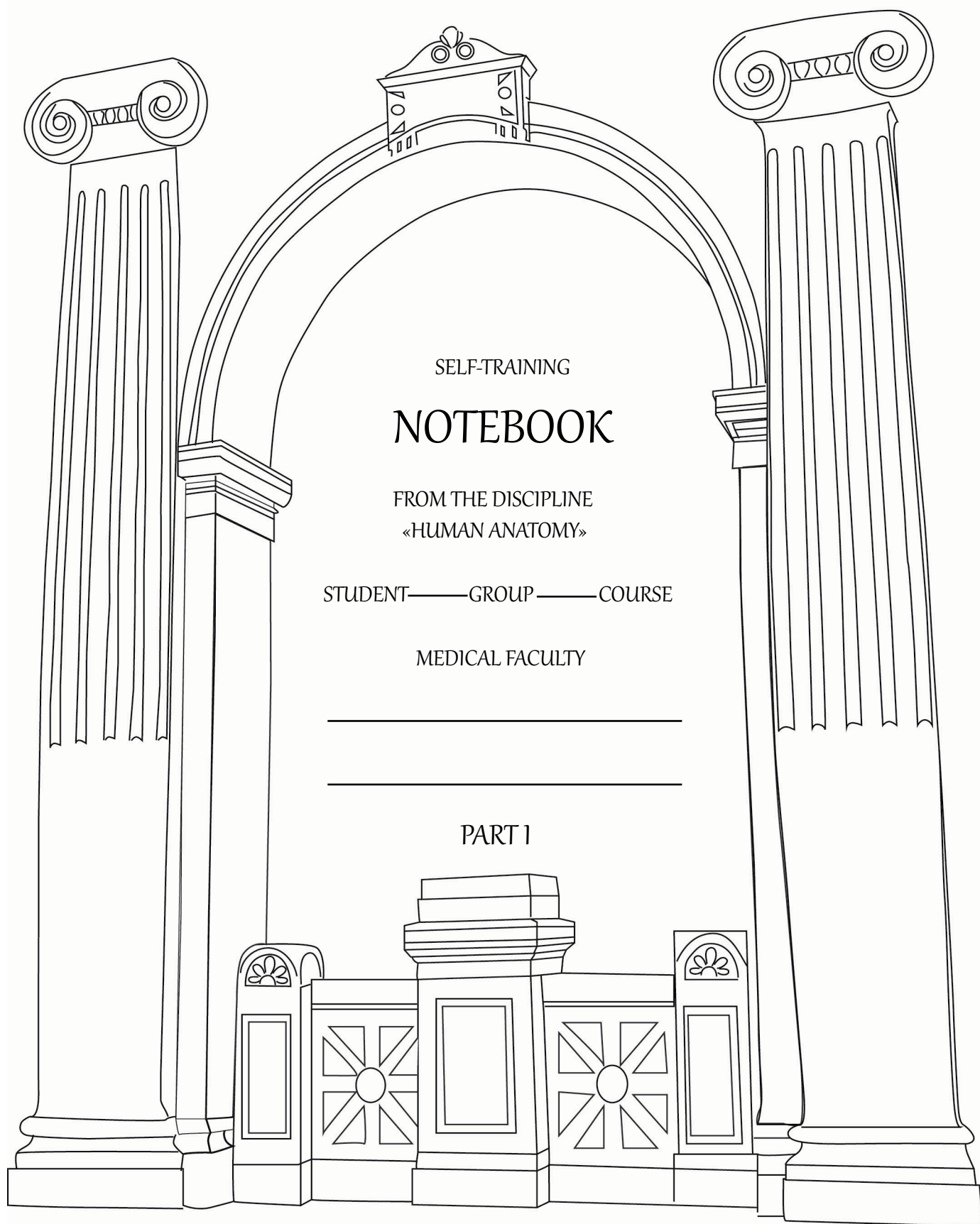


# ODESSA NATIONAL MEDICAL UNIVERSITY

DEPARTMENT OF NORMAL AND PATHOLOGICAL

CLINICAL ANATOMY



SELF-TRAINING

## NOTEBOOK

FROM THE DISCIPLINE

«HUMAN ANATOMY»

STUDENT \_\_\_\_\_ GROUP \_\_\_\_\_ COURSE

MEDICAL FACULTY

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PART I

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3-88 Part I/N.V. Neskromna, R.V. Prus, P.M. Matyushenko and others.  
Edited by Prof. O. L. Appelhans. - Odesa: ONMedU, 2021. - 136 p.  
The self-study notebook is designed to improve the knowledge  
and practical skills of students of medical and dental faculties.

УДК 611(076)

Dear student!

The staff of the Department of Normal and Pathological Clinical Anatomy sincerely welcomes you within the walls of our glorious university!

Anatomy is the science of the structure, development and shape of the human body is the basis of medical knowledge and creates a basis for further study clinical disciplines. It provides a systematic description of shape, structure, condition and topographic relationships of parts and organs of the body, taking into account their age, sexual and individual characteristics. Knowledge of normal anatomy makes it possible in the future to study pathological and topographic anatomy, to distinguish pathological conditions, to diagnose them.

Active independent and creative cognitive activity of the student is a guarantee quality and successful training. In order to ensure the independence of learning and feedback, the team of authors created this publication. Proposed «Self-training notebook» provides an active, creative principle of mastering the material, provides optimization of extracurricular activities of the student.

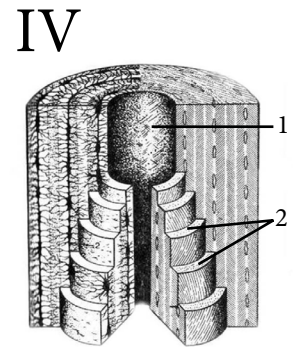
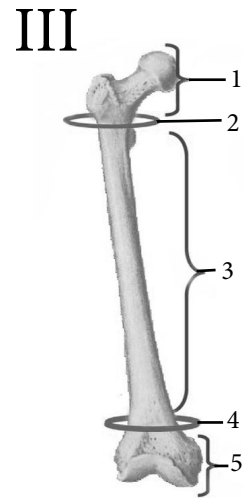
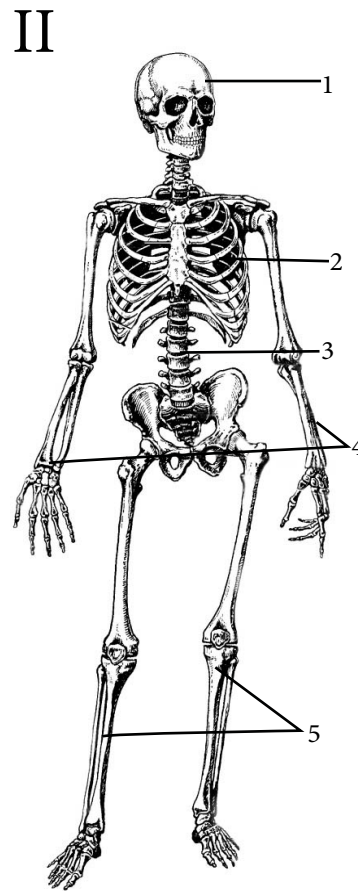
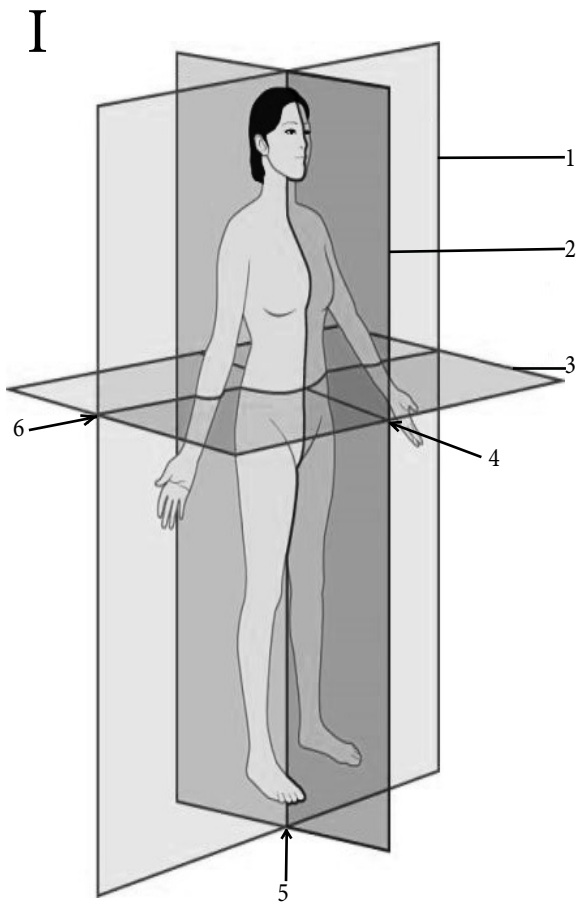
Each page of the «Notebook» contains certain tasks: to mark anatomical formations on drawings and schemes according to numbering, to translate into Latin terms to the topic and solve the tests of the State Licensing Exam «KROK-1».

In the process of completing the tasks the student must create his own manual with human anatomy, which he can use to study physiology, pathological and topographic anatomy, clinical disciplines and in his further professional activities.

Teachers of the department wish you inspiration and success!



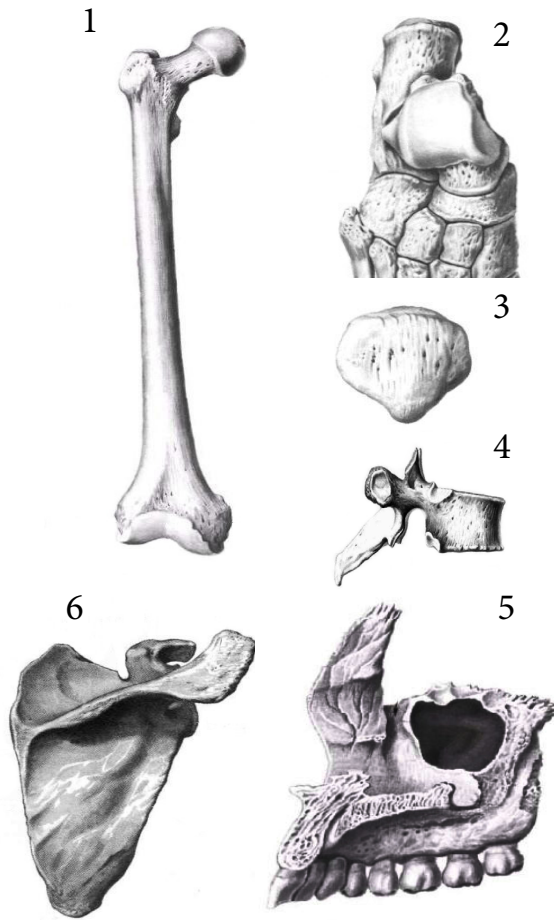
# 1. AXIS AND PLANES OF THE HUMAN BODY, STRUCTURE AND BONE FORMATION



I	Axes and planes of the body
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II	Axial skeleton - (put numbers and sign)

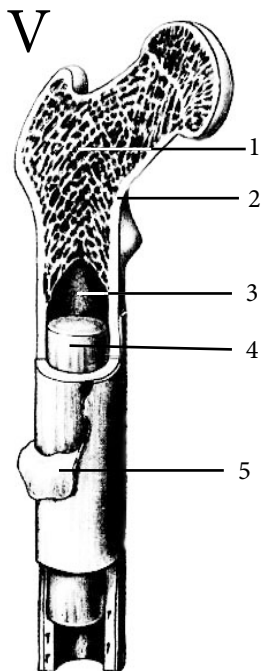
	Additional skeleton - (put numbers and sign)
III	Bone structure
1	
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IV	The structure of osteon
1	
2	

# BONE CLASSIFICATION



1	
2	
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4	
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6	

Type of bone	Latin name	Examples
1. Long		
2. Short		
3. Flat		
4. Air bones		
5. Irregular bones		
6. Sesamoid bones		



By development	Stages of development	Examples
Primary bones		
Secondary bones		

V	Internal structure of bone
1	
2	
3	
4	
5	

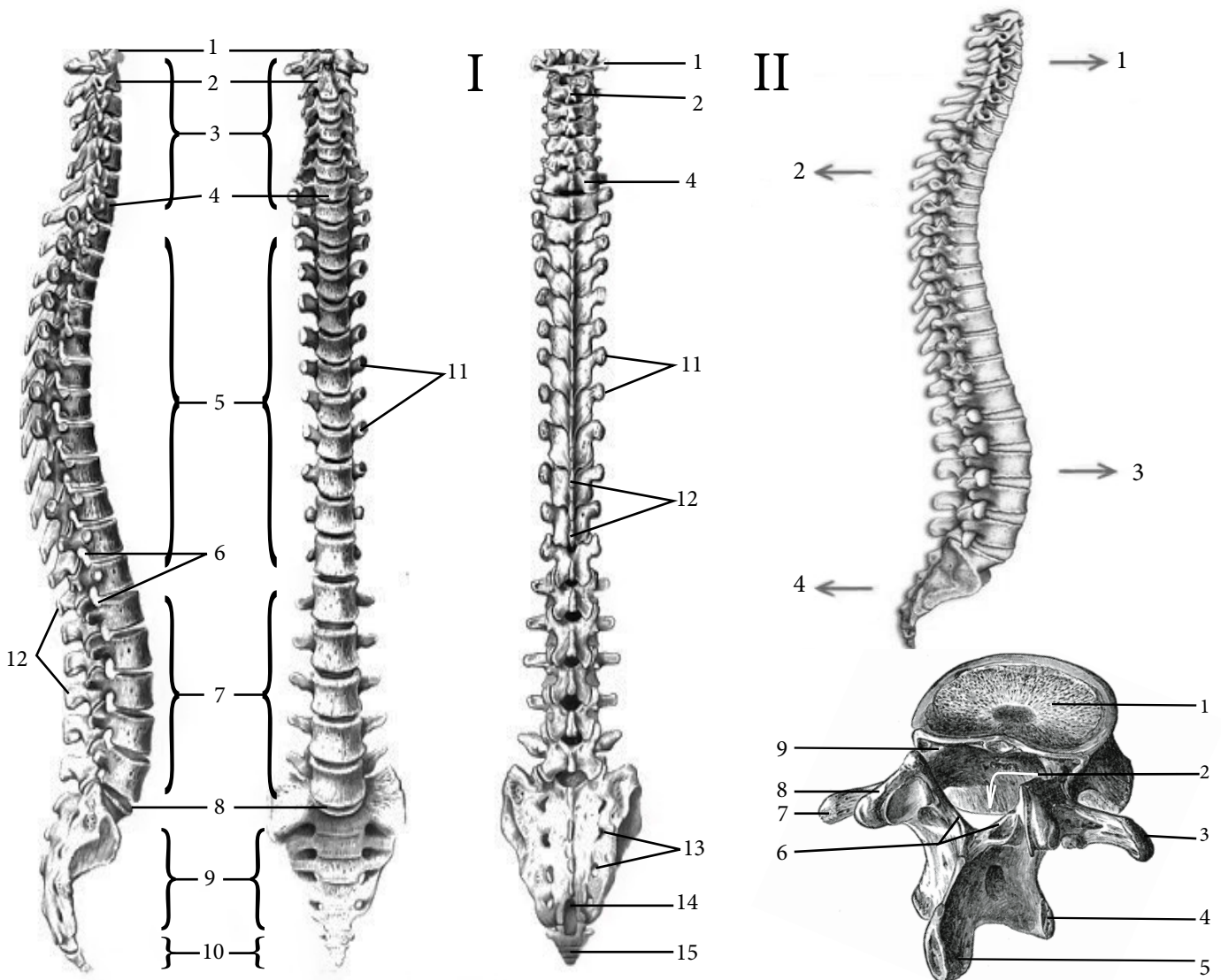
## ANATOMICAL TERMINOLOGY

1. Top —
2. Lower —
3. Front —
4. Rear —
5. Right —
6. Left —
7. Great —
8. Small —
9. Anatomical nomenclature —
10. Cartilage —
11. Bone —
12. Periosteum —
13. Dense bone substance —
14. Spongy bone substance —
15. Red bone marrow —
16. Yellow bone marrow —
17. Long bone —
18. Flat bone —
19. Air bone —
20. Bone marrow cavity —

## TESTS «KROK - 1»

1. The patient has a fracture on the border between the diaphysis and the upper end of the humerus. What are the ends of tubular bones called?  
A - Epiphysis  
B - Diaphysis  
C - Metaphysics  
D - Apophysis  
E - Periosteum
2. At the teenager of 13 years during carrying out X-ray inspection of a shoulder joint the zone of enlightenment is revealed 3 mm wide between the head and the body of the humerus. How do you think this situation can be assessed?  
A - As the norm (incomplete ossification process)  
B - As a fracture of the neck of the humerus  
C - Like a crack in the neck of the humerus  
D - How to dislocate the head of the humerus  
E - As an artifact on X-ray film
3. When examining a patient, he needs to take red bone marrow for examination. In what part of the bone is it located?  
A - Compact substance  
B - Spongy substance  
C - Bone marrow cavity  
D - Osteocytes  
E - Osteon
4. After the fracture, the patient does not grow bone fragments. What part of the bone is responsible for bone regeneration?  
A - Periosteum  
B - Ochrystya  
C - Compact bone substance  
D - Spongy bone substance  
E - Endost
5. On R - gram at the patient of rarefaction of bone substance - osteoporosis. What part of the bone material was affected?  
A - Compact substance  
B - Spongy substance  
C - Bone marrow  
D - Osteocytes  
E - Osteon
6. In a child, after a fracture, for 3 years, the radial bone lags behind in growth. What part of the bone is damaged?  
A - Diaphysis  
B - Epiphysis  
C - Metaphysics  
D - Apophysis  
E - Periosteum
7. What are the stages of bone in its development?  
A - Connective tissue and bone  
B - Cartilaginous and bony  
C - Connective tissue and cartilage  
D - Connective tissue, cartilage and bone  
E - There is no correct answer
8. Examination of the patient revealed a decrease in the level of the main inorganic chemical that is involved in bone formation. Deficiency of which substance was detected?  
A - Salts of iron  
B - Phosphorus  
C - Calcium salts  
D - Copper  
E - Selena

## 2. THE VERTEBRAL COLUMN, STRUCTURE OF VERTEBRAE

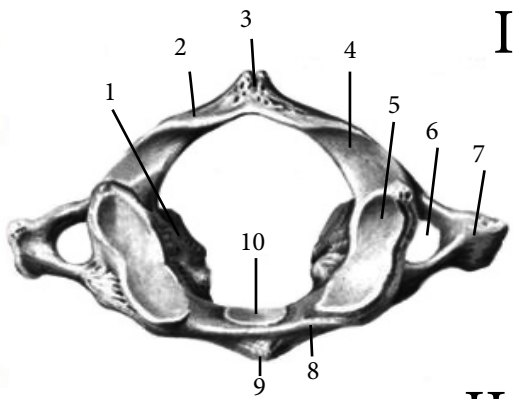


I	Vertebral column—
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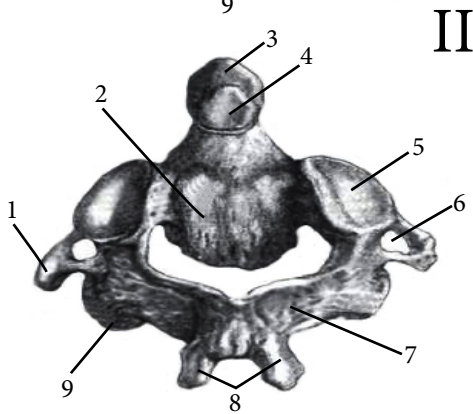
II	Curves of the vertebral column
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III	General signs of vertebrae
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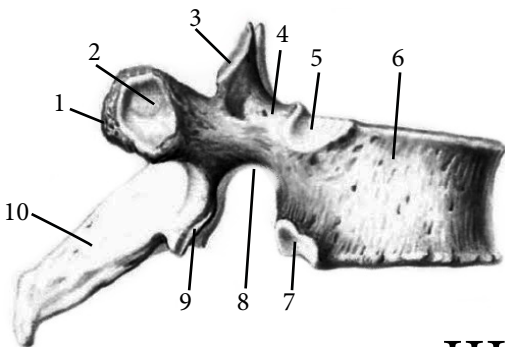
# TYPES OF VERTEBRATES



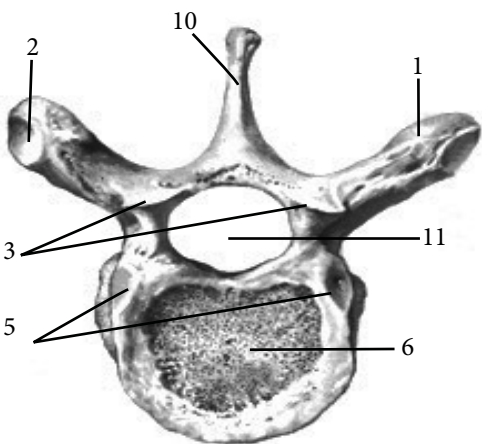
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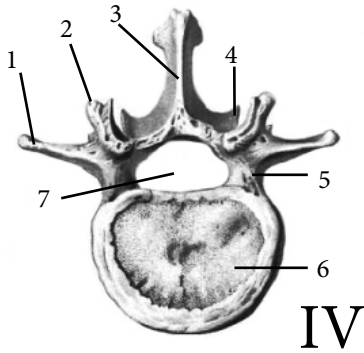
II



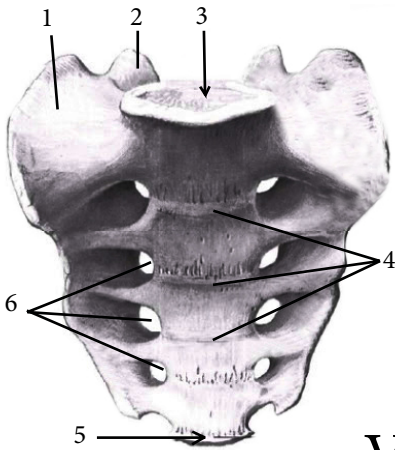
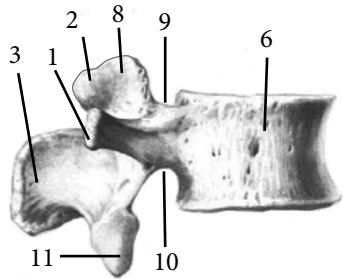
III



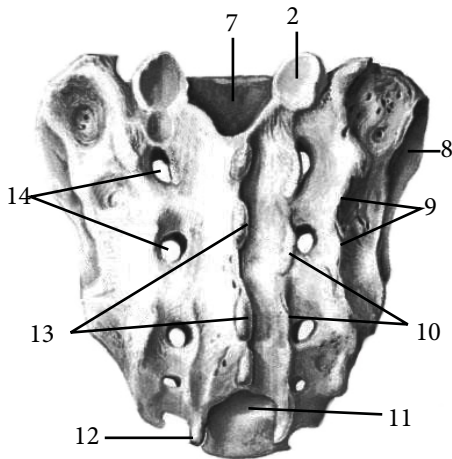
I	The I cervical vertebra —
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II	The II cervical vertebra —
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2	
3	
4	
5	
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III	The thoracic vertebrae —
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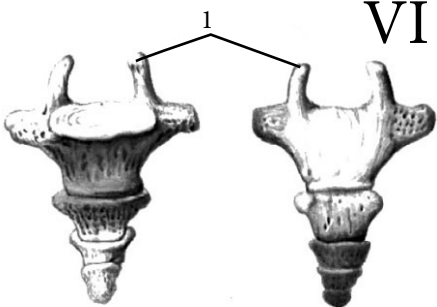
IV



V



VI



IV	The lumbar vertebrae —
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V	The sacral vertebrae —
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VI	The coccyx —
1	

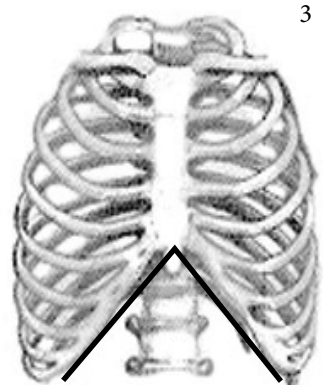
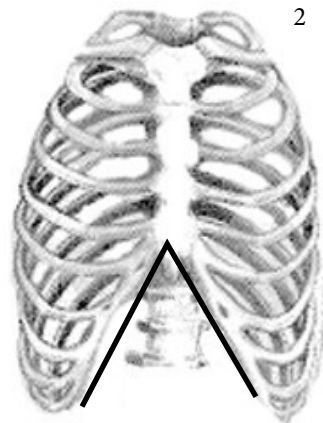
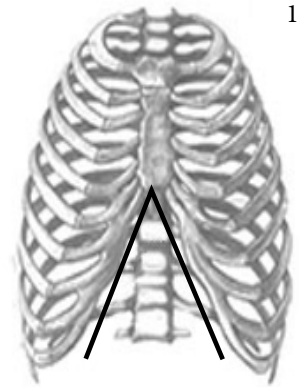
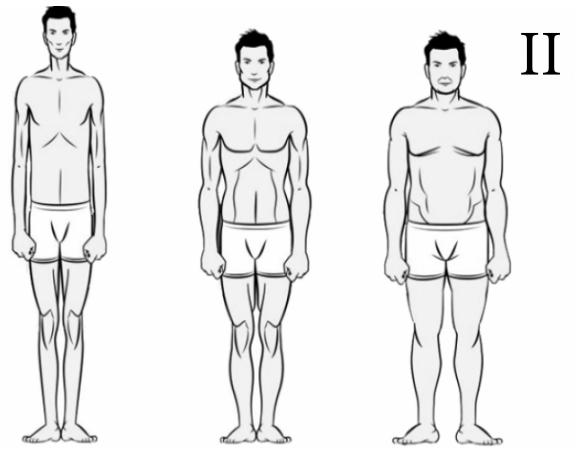
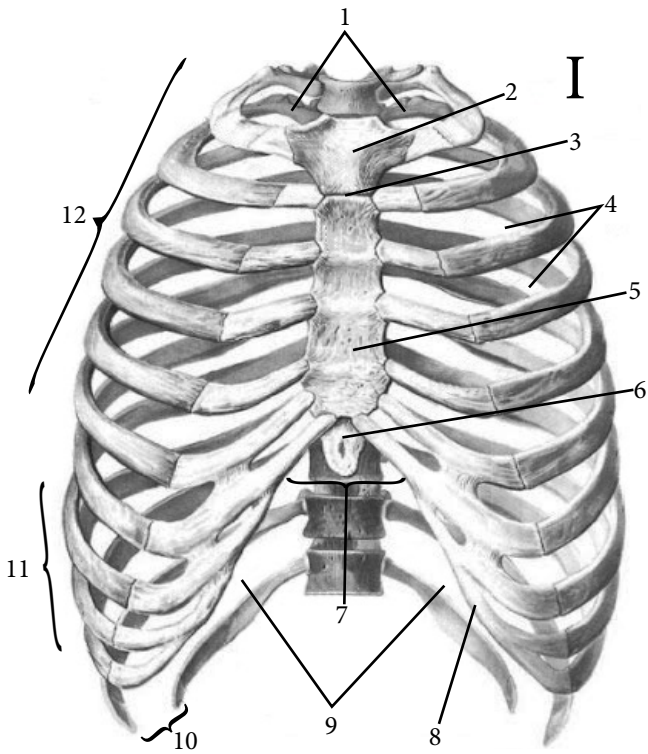
## ANATOMICAL TERMINOLOGY

1. Vertebral column —
2. Vertebra —
3. Vertebral body —
4. Vertebral arch —
5. Vertebral foramen —
6. Vertebral canal —
7. Spinous process —
8. Transverse process —
9. Superior articular process —
10. Cervical vertebra —
11. Thoracic vertebra —
12. Lumbar vertebra —
13. Inferior articular process —
14. VII cervical vertebrae —
15. I cervical vertebra —
16. Sacrum —
17. Median sacral crest —
18. Auricular surface —
19. Sacral tuberosity —
20. Coccyx —

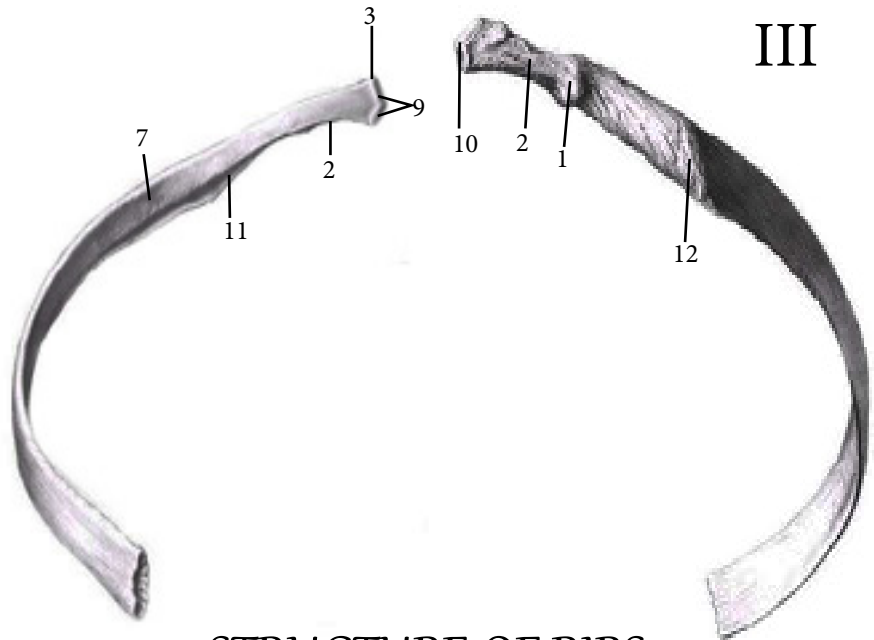
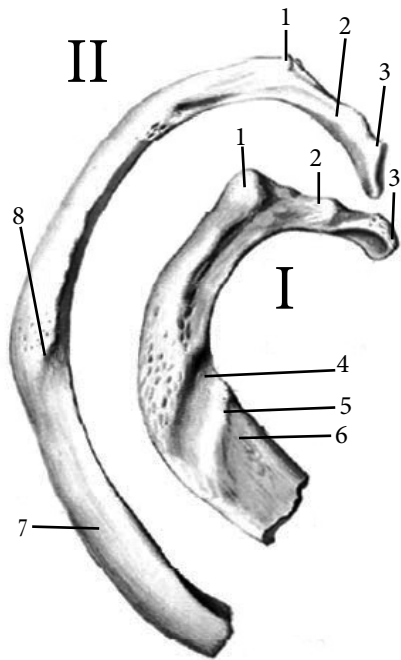
## TESTS «KROK - 1»

1. The spinous process, which is used by the cervical vertebra, when determining the boundary between the cervical and thoracic spine department?  
A - VII of the cervical vertebra  
B - IV cervical vertebra  
C - V of the cervical vertebra  
D - VI of the cervical vertebra  
E - II of the cervical vertebra
2. On R - gram the patient has a split middle sacral crest. Due to the fusion, what shoots he had to be formed?  
A - Spinous  
B - Transverse  
C - Articular  
D - Accessory  
E - Arches
3. A 29-year-old man has a damaged common carotid artery. To stop the bleeding, this artery must be pressed to carotid tubercle of the cervical vertebra. Which vertebra has a carotid tubercle?  
A - 1  
B - 2  
C - 3  
D - 6  
E - 7
4. A 46-year-old woman fell and damaged her sacrum. X-ray revealed damage to the crest of the sacrum, which was formed by the fusion of spinous processes. What is this crest?  
A - Middle crest  
B - Intermediate crest  
C - Lateral crest  
D - Articular crest  
E - Transverse crest
5. A woman with a thoracic spine injury was taken to the trauma department. At R-inspection it is revealed damage to the processes of the V thoracic vertebra, which are located in the frontal plane. What are these processes?  
A - Transverse  
B - Spinous and transverse  
C - Spinous and superior articular processes  
D - Transverse and inferior articular processes  
E - Superior and inferior articular processes
6. The man dived in an unfamiliar place and suffered a severe spinal injury. On the R-gram separation of the vertebral dens. Which cervical vertebra is damaged?  
A - I  
B - II  
C - III  
D - IV  
E - V
7. On R-gram at the patient 11 thoracic vertebrae are visible. How many thoracic vertebrae are normal?  
A - 10  
B - 12  
C - 8  
D - 14  
E - 7
8. Examination of the patient revealed a tumor in the area of the junction of the V lumbar and I sacral vertebra. What is the name of this place?  
A - Coccyx  
B - Tubercle  
C - Eminence  
D - Promontory  
E - Notch

### 3. THE STERNUM, RIBS, THE THORACIC CAGE AS A WHOLE

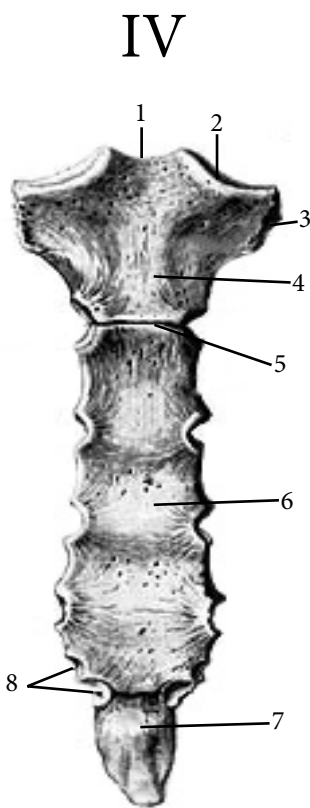


I	Chest —
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12	
II	Types of chest
1	
2	
3	



STRUCTURE OF RIBS

I	
II	
III	
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IV	The sternum —
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## ANATOMICAL TERMINOLOGY

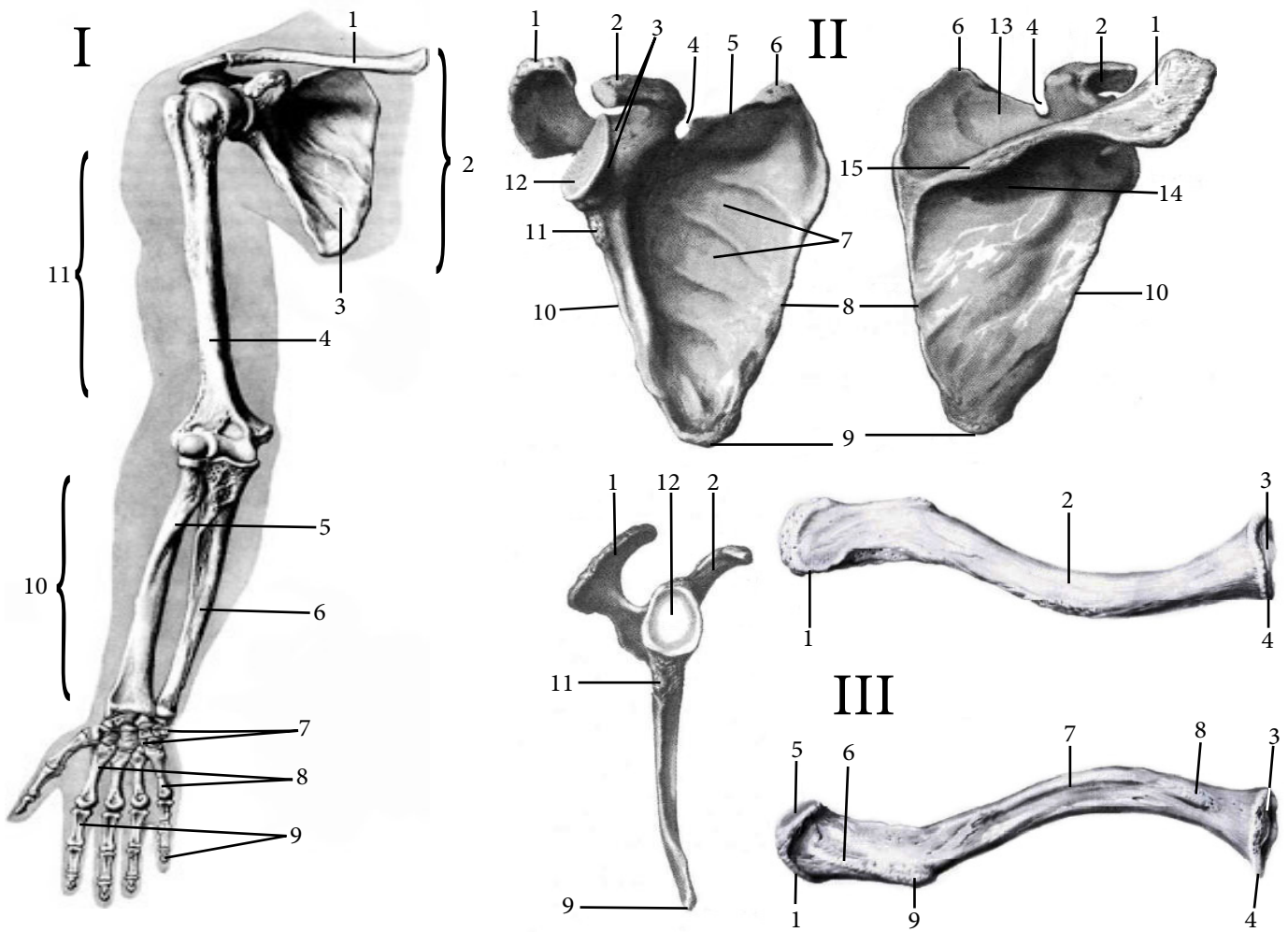
1. Sternum —
2. Manubrium —
3. Jugular notch —
4. Clavicular notch —
5. Costal notches —
6. Sternal angle —
7. Body of sternum —
8. Xiphoid process—
9. Thoracic cage —
10. Costal cartilage —
11. True ribs —
12. False ribs —
13. Floating ribs —
14. Head of rib —
15. Neck of rib —
16. Crest of head of rib —
17. Costal tubercle —
18. Costal groove —
19. Intercostal space —
20. Sternal angle —

## TESTS «KROK - 1»

1. When examining a patient, the doctor palpates the corner of the sternum through the skin. Between which parts of the sternum is it?  
A - Body and manubrium  
B - Manubrium and xiphoid process  
C - Xiphoid process and body  
D - Jugular notch and body  
E - Clavicular notch and clavicle
2. The patient has a fracture of the rib, which contains a tubercle of the anterior scaleni muscle. What is this rib?  
A - I  
B - II  
C - III  
D - IV  
E - V
3. The patient needs to make a sternal puncture. From which bone is the bone marrow taken during this procedure?  
A - Ribs  
B - The sternum  
C - Clavicle  
D - Scapula  
E - The humerus
4. The R-gram shows fragments of the clavicle. What sternal formation does it connect to?  
A - Jugular notch  
B - Costal notch  
C - Clavicular notches  
D - Xiphoid process  
E - Manubrium
5. The middle part of the sternum was broken on the R-gram of a person injured in a car accident. What is it called?  
A - The manubrium  
B - Body  
C - Xiphoid process  
D - Jugular notch  
E - Clavicular notch
6. The patient had fractures of the floating ribs. Which ribs are floating?  
A - I-III  
B - II-IV  
C - V-IX  
D - VIII - X  
E - XI-XII
7. Examination of the patient revealed an sharp infrasternal angle. What type of chest does the patient have?  
A - Cylindrical  
B - Conical  
C - Flat  
D - Wedge-shaped  
E - Chest of the shoemaker
8. The upper aperture of the chest is limited:  
A - Xiphoid process, VIII rib, VIII thoracic vertebra  
B - Manubrium of sternum, II rib, II thoracic vertebra  
C - Manubrium of sternum, I rib, I thoracic vertebra  
D - Body of sternum, V rib, V cervical vertebra  
E - Xiphoid process, costal arch, XII thoracic vertebra
9. Costal arc formed:  
A - Cartilage of true ribs  
B - Cartilage of false ribs  
C - Xiphoid process and cartilage of false ribs  
D - Xiphoid process, XI and XII ribs  
E - Cartilage of the true ribs and sternum



# 4. THE SKELETON OF THE UPPER LIMB, PECTORAL GIRDLE



I	The bones of the upper extremity
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II	The scapula —
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III	The clavicle —
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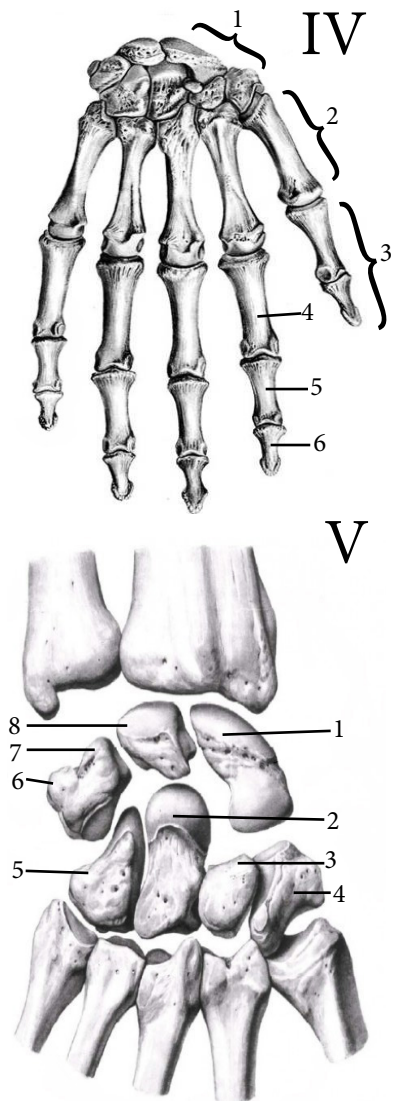
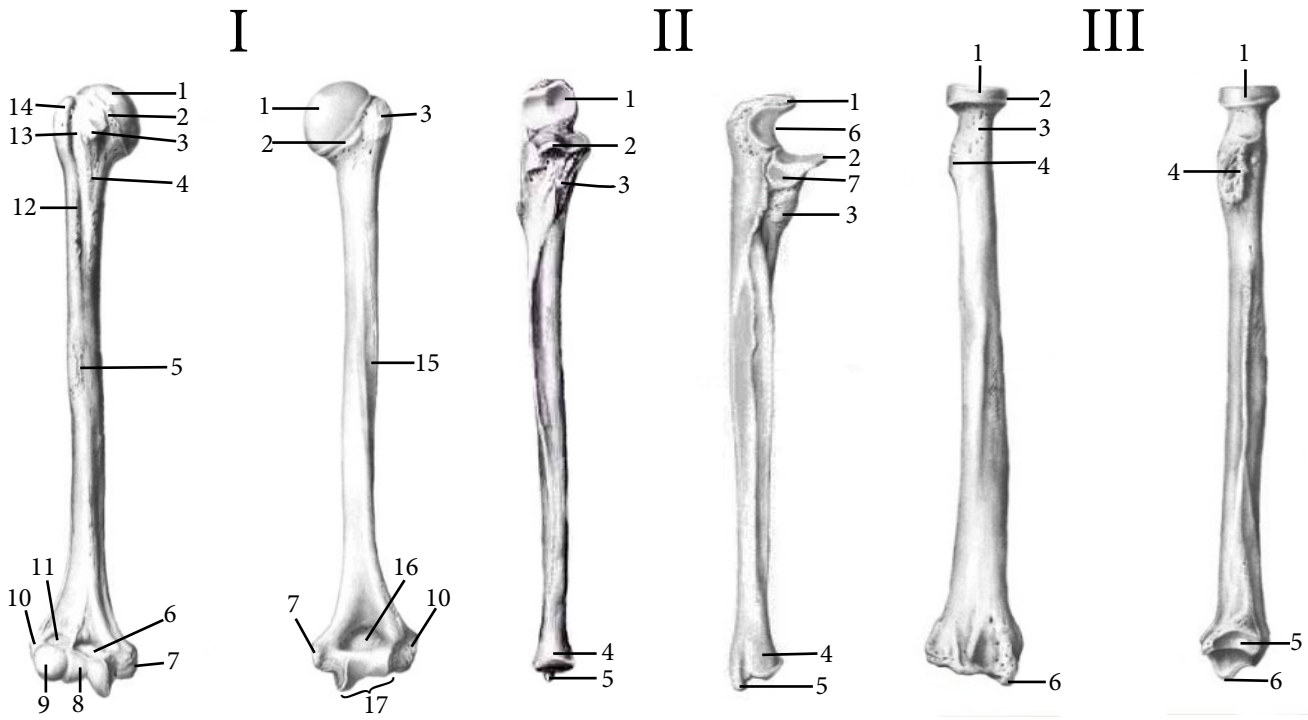
## ANATOMICAL TERMINOLOGY

1. Pectoral girdle —
2. Sternal end of the clavicle —
3. Acromial end of the clavicle —
4. Conoid tubercle —
5. Spine of scapula —
6. Glenoid cavity —
7. Supraglenoid tubercle —
8. Supraspinous fossa —
9. Neck of scapula —
10. Suprascapular notch —
11. Infraspinous fossa —
12. Subscapular fossa —
13. Acromion —
14. Coracoid process —
15. The head of the humerus —
16. Anatomical neck —
17. Greater tubercle —
18. Crest of greater tubercle —
19. Intertubercular groove —
20. Deltoid tuberosity —

## TESTS «KROK - 1»

1. On the R-gram of the scapula, a small notch is visible on its edge. Which edge of scapula the has a notch?  
A - The upper edge  
B - Medial edge  
C - Lateral edge  
D - The lower edge  
E - Anterior edge
2. The patient has a fracture of the humerus in a typical place. In what place of a humerus, meet most often fractures?  
A - Surgical neck  
B - Anatomical neck  
C - The head of the humerus  
D - Large tubercle  
E - The body of the humerus
3. At the depleted patient under a skin the scapula shoot on its dorsal surface is well visible. Name the formation of scapula?  
A - Coracoid process  
B - The neck of the scapula  
C - Subscapular fossa  
D - Scapular spine  
E - Acromion
4. On the R-gram of the scapula, in the area of the articular surface noticeable thinning of bone tissue. At which edge of the scapula is the articular cavity?  
A - Medial edge  
B - The upper edge  
C - Lateral edge  
D - The lower edge  
E - Front edge
5. On the R-gram fracture of the coracoid process of the scapula. In which place of the scapula it is located?  
A - Superior angle  
B - Medial edge  
C - Lateral angle  
D - Scapular spine  
E - Inferior angle
6. R-gram revealed damage to the lateral epicondyle of the left humerus. In which part of the humerus is it?  
A - Proximal epiphysis  
B - Diaphysis  
C - Metaphysics  
D - Dystal epiphysis  
E - Apophysis
7. The patient complains of pain when touching the site of attachment of the deltoid muscle on the humerus. What is there?  
A - The head of the humerus  
B - Tuberosity  
C - The epicondyle of the humerus  
D - Greater tubercle  
E - Lesser tubercle
8. The condyle of the humerus consists of:  
A - Greater and lesser tubercle  
B - Capitulum and radial fossa  
C - Medial epicondyle and ulnar fossa  
D - Capitulum and trohlear of the humerus  
E - Trohlear of the humerus and coronoid fossa

# 5. THE BONES OF THE FREE UPPER LIMB



I	The humerus —
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II	The ulna —
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III	The radius —
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3	
4	
5	
6	
IV	Bones of the hand —
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V	The carpal bones —
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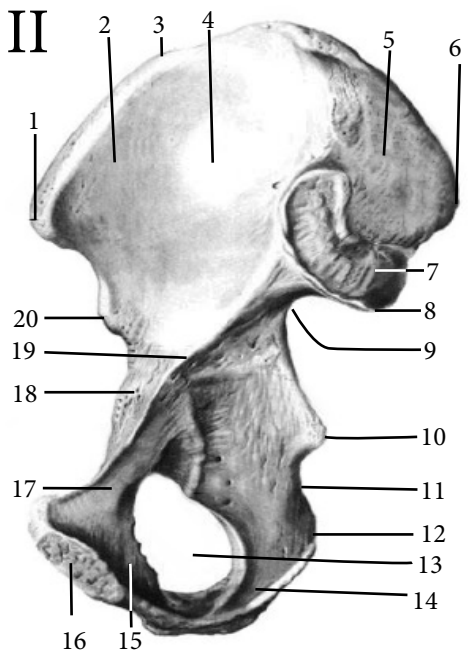
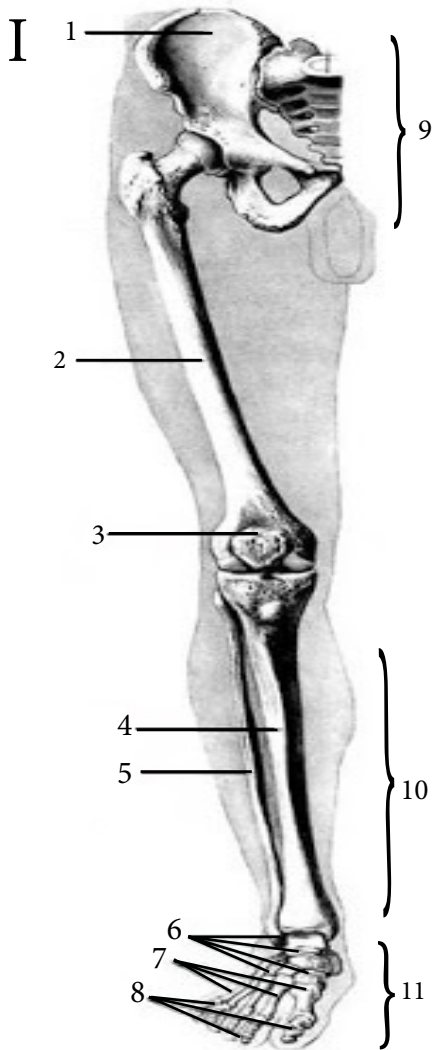
## ANATOMICAL TERMINOLOGY

1. Bones of forearm —
2. Ulna —
3. Trochlear notch —
4. Olecranon —
5. Coronoid process —
6. Radial notch —
7. Tuberosity of ulna —
8. Head of ulna —
9. Neck of radius —
10. Articular circumference —
11. Radial styloid process —
12. Radial tuberosity —
13. Interosseous border —
14. Ulnar notch —
15. Bones of hand —
16. Carpal bones —
17. Scaphoid —
18. Metacarpals —
19. Phalanges —
20. Thumb —

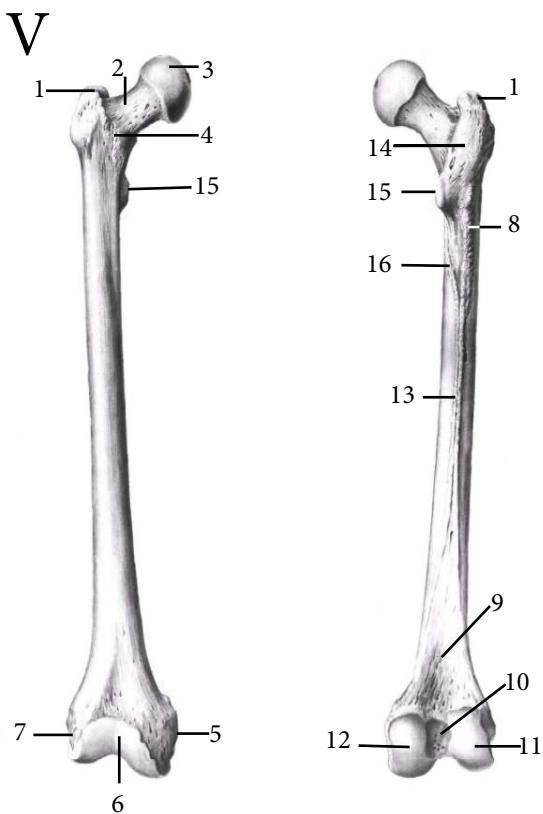
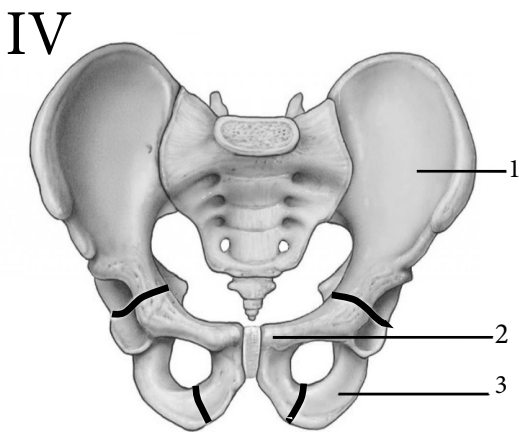
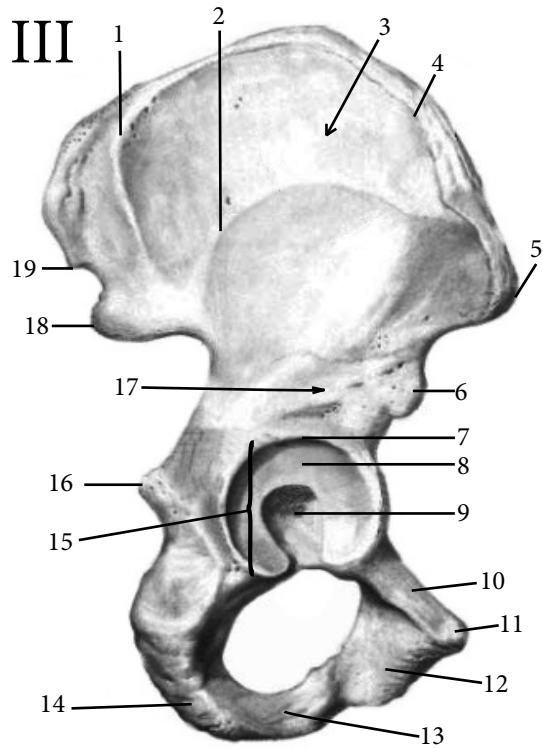
## TESTS «KROK - 1»

1. On the R-gram, at the proximal end of the forearm bones, a fracture of the head of the bone located on the lateral side. Which bone is damaged?  
A - Radius  
B - Ulna  
C - Humerus  
D - Femur  
E - Tibia
2. On the R-gram broken off the process at the distal end of the ulna. What is name?  
A - Styloid process  
B - Olecranon  
C - Coronoid process  
D - The head of the ulna  
E - Tuberosity of ulna
3. The patient complains of pain on palpation in the carpal bones. How many bones form a carpus?  
A - 5  
B - 3  
C - 4  
D - 8  
E - 2
4. On the R-gram, at the proximal end of the forearm bones, fracture of the head of the bone located on the middle side of the forearm. Which bone is damaged?  
A - Ulna  
B - Radius  
C - Humerus  
D - Femur  
E - Tibia
5. Examination of the patient revealed damage to the metacarpal bones. How many bones does a metacarpals have?  
A - 2  
B - 3  
C - 4  
D - 5  
E - 6
6. On the R-gram of the distal end of the radial bone, the outside of the broken off process. Which process?  
A - Coronoid process  
B - Coracoid process  
C - Styloid process  
D - Articular process  
E - Olecranon
7. The patient complains of pain when pressing on the elbow. What formation of the ulna can be damaged?  
A - Styloid process  
B - Coronoid process  
C - Olecranon  
D - Head of ulna  
E - Tuberosity of ulna
8. The patient's R-gram revealed a fracture of the middle phalanx of the second finger of the hand. How many phalanges do the fingers have:  
A - I finger - 3, II - V - 2  
B - I finger - 4, II - V - 3  
C - I finger - 2, II - V - 4  
D - I finger - 4, II - V - 3  
E - I finger - 2, II - V - 3

# 6. THE SKELETON OF THE LOWER LIMB: PELVIC GIRDLE THE HIP BONE AND THE FEMUR



I	Bones of the lower extremity —
1	
2	
3	
4	
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II	The hip bone ( <i>inside</i> )—
1	
2	
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13	
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15	
16	
17	
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19	
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III	The hip bone ( <i>outside</i> )
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4	
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12	
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15	
16	
17	
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IV	Pelvic girdle
1	
2	
3	
V	The femur —
1	
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3	
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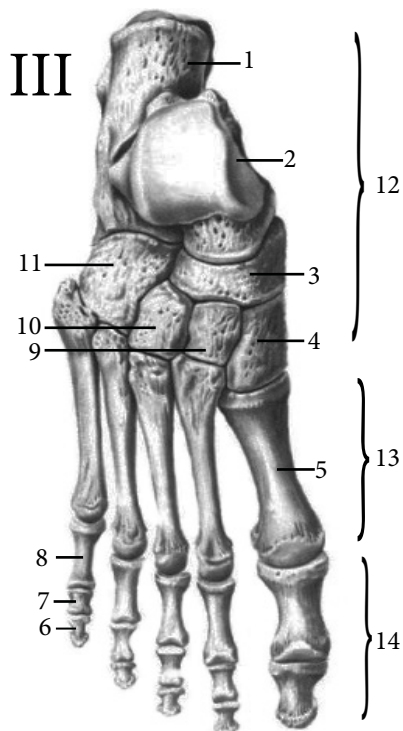
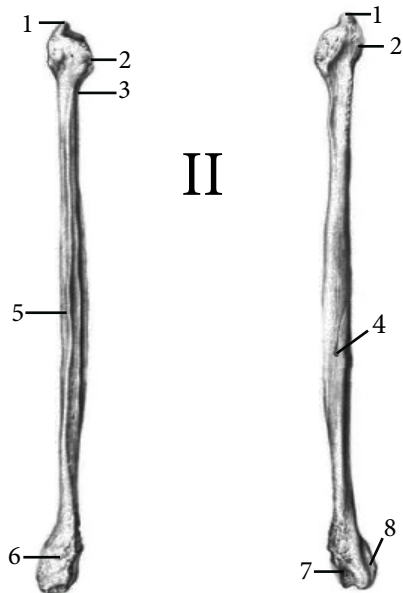
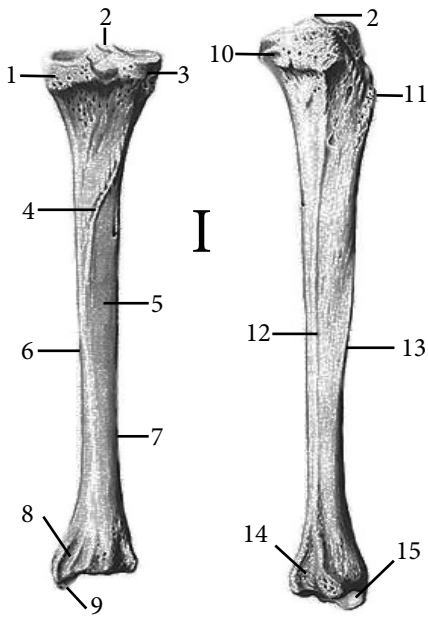
## ANATOMICAL TERMINOLOGY

1. Hip bone —
2. Acetabular fossa —
3. Lunate surface —
4. Acetabular notch —
5. Ala of ilium —
6. Iliac crest —
7. Arcuate line —
8. Anterior superior iliac spine —
9. Posterior inferior iliac spine —
10. Auricular surface —
11. Iliac tuberosity —
12. Pubis —
13. Superior/inferior pubic ramus —
14. Obturator groove —
15. The ischium —
16. Ischial tuberosity —
17. Femur —
18. Greater trochanter —
19. Linea aspera —
20. Gluteal tuberosity —

## TESTS «KROK - 1»

1. On the R-gram fracture in the acetabulum. What bone is it on?  
A - Hip bone  
B - Sacrum  
C - Coccyx  
D - Femur  
E - Tibia
2. After the injury, the pelvic radiograph revealed a crack in the bone, which has a obturator groove. What is this bone?  
A - Pubis  
B - Ilium  
C - Ischium  
D - Sacrum  
E - Coccyx
3. During the examination, the patient was found to have a fracture of the femur in a typical place. Where is the fracture found?  
A - Head  
B - The neck  
C - The greater trochanter  
D - Medial epicondyle  
E - The body of the femur
4. The linea aspera is:  
A - On the posterior surface of the body of the femur  
B - In the area of the proximal epiphysis of the femur  
C - In the distal epiphysis of the femur  
D - On the anterior surface of the femur  
E - In the area of the iliac wing
5. The proximal end of the femur consists of:  
A - Head, neck, greater and lesser trochanter  
B - Head, bodie, medial and lateral condyles  
C - Body, linea aspera and ischiadic tuberosity  
D - Medial and lateral epicondyles  
E - Middle and lateral condyles
6. The ishium consists of:  
A - Body and ala  
B - Body, superior and inferior ramus  
C - Body and ramus  
D - Superior and inferior ramus, acetabulum  
E - Acetabulum and ala
7. The ilium consists of:  
A - Body and ramus  
B - Body, superior and inferior ramus  
C - Ala and ramus  
D - Ala and body  
E - Body and acetabulum
8. The pubis consists of:  
A - Body and ramus  
B - Ala and body  
C - Ala and ramus  
D - Body, superior and inferior ramus  
E - Body and acetabulum
9. The acetabulum consists of:  
A - Acetabular fossa, lunate surface, acetabular notch  
B - Acetabular fossa, iliac spine, arcuate line  
C - Lunate surface and arcuate line  
D - Acetabular fossa, acetabular notch and iliac crest  
E - Lunate surface, iliac crest

# 7. THE BONES OF THE SHIN AND FOOT



I	The tibia —
1	
2	
3	
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5	
6	
7	
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9	
10	
11	
12	
13	
14	
15	
II	The fibula —
1	
2	
3	
4	
5	
6	
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8	
III	The bones of foot —
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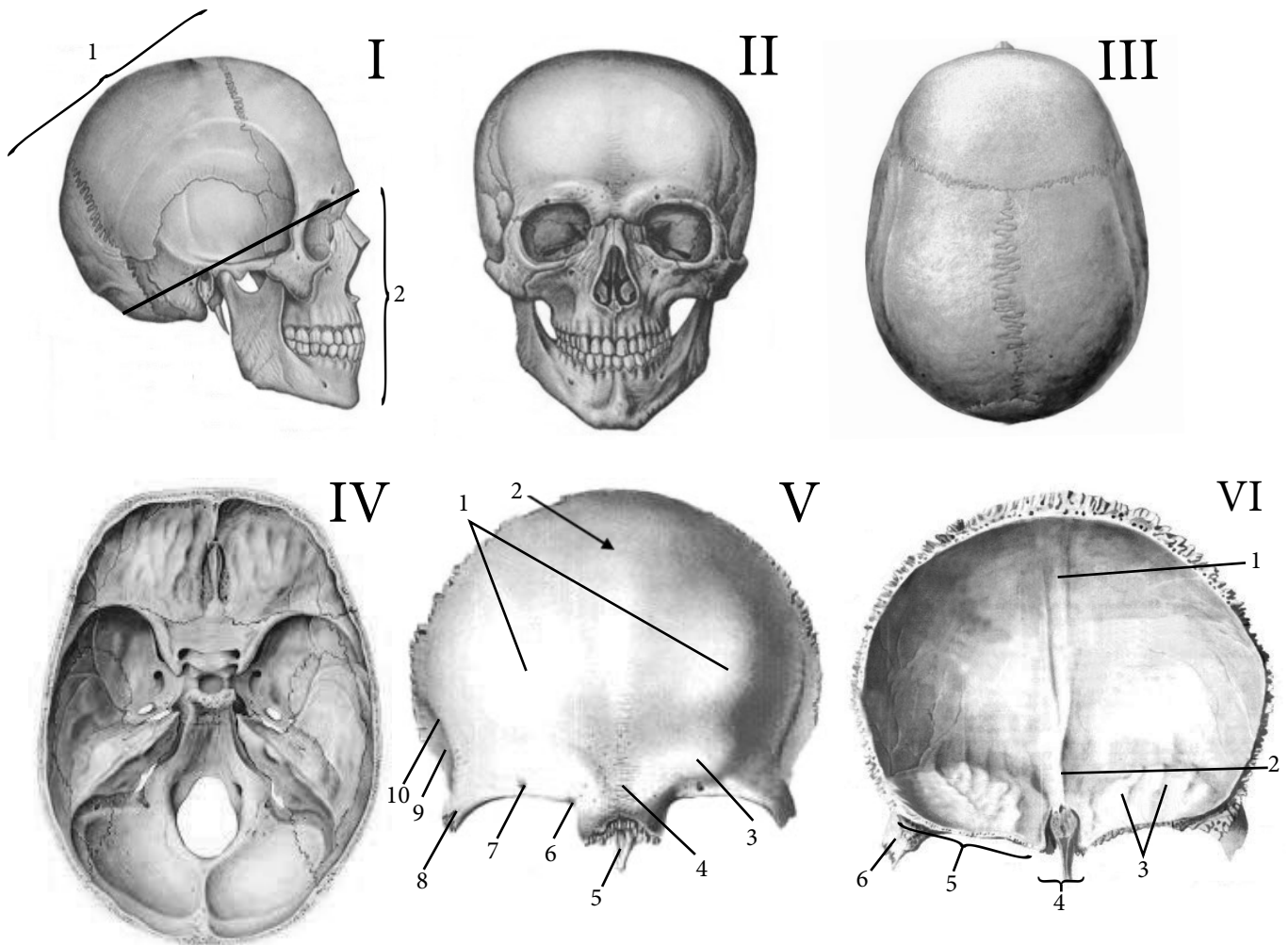
## ANATOMICAL TERMINOLOGY

1. Patella —
2. Fibula —
3. Apex of head —
4. Interosseous border —
5. Tibia —
6. Medial condyle —
7. Intercondylar eminence —
8. Medial intercondylar tubercle —
9. Tibial tuberosity —
10. Anterior intercondylar area —
11. Fibular articular facet —
12. Anterior border —
13. Soleal line —
14. Bones of the foot —
15. Foreleg —
16. Trochlea of talus —
17. Sustentaculum tali —
18. Calcaneus —
19. Cuboid —
20. Digital bone —

## TESTS «KROK - 1»

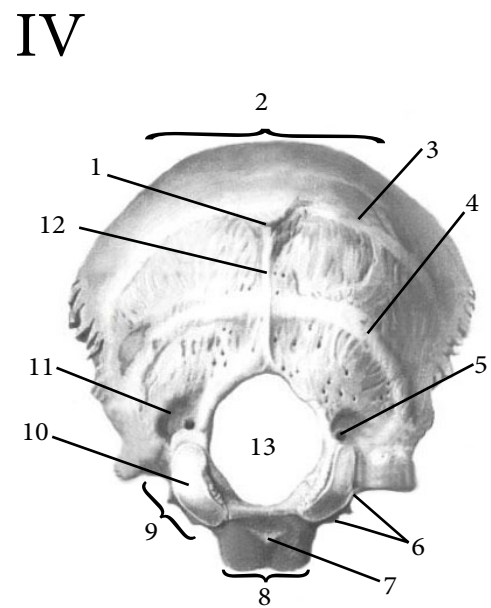
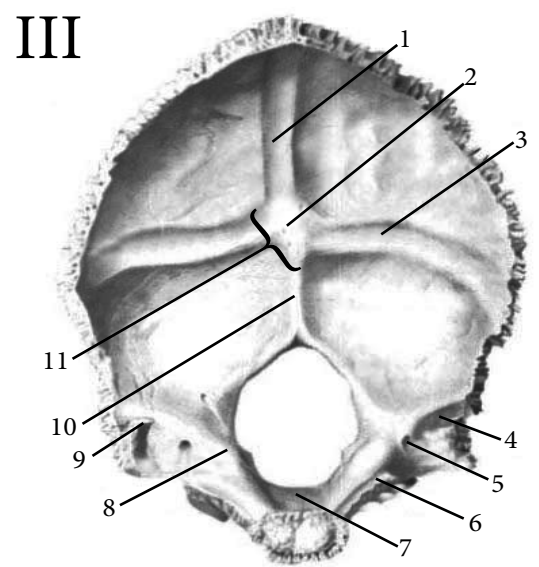
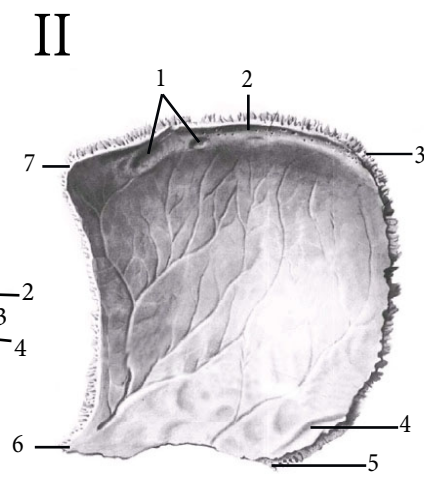
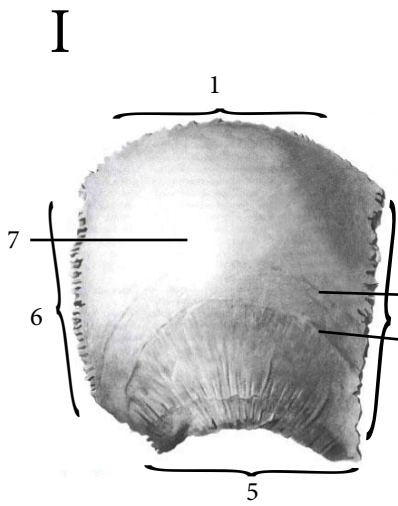
1. After the injury the patient has deformity in the middle third of the left leg, severe pain, especially when trying move the left leg. The ends of the triangular bone protrude from the wound. What a bone can be damaged?  
A - Tibia  
B - Fibula  
C - Femur  
D - Patella  
E - Calcaneus
2. The patient's largest tarsal bone is damaged. Which bone is damaged?  
A - Calcaneus  
B - Cuneiform bone  
C - Cuboid bone  
D - Talus  
E - Navicular
3. The victim has a fracture in the area of the inner surface of the left ankle joint. Where is the fracture most likely to occur?  
A - Medial malleolus  
B - Lower third of the tibia  
C - Talus  
D - Lateral malleolus  
E - Calcaneus
4. A patient with damage to the lower extremity as a result of a direct blow to the inner surface of the middle third of the leg was taken to the trauma center. Which anatomical fracture is most likely?  
A - Diaphysis of the tibia  
B - Distal epiphysis of the fibula  
C - Distal epiphysis of the tibia  
D - Proximal epiphysis of the fibula  
E - Proximal epiphysis of the tibia
5. On the R-gram, the patient has a fracture of the end phalanx of the first toe. How many phalanges does the toe have?  
A - 1  
B - 2  
C - 3  
D - 4  
E - 5
6. The patient complains of pain on the anterior medial surface of the leg. What bone is palpated there?  
A - Patella  
B - Tibia  
C - Fibula  
D - Femur  
E - Calcaneus
7. The R-gram shows a fragment from the lower end of the tibia. What's his name?  
A - Medial malleolus  
B - Fibula  
C - Tuberosity  
D - Medial condyle  
E - Lateral condyle
8. The patient has a fracture of the metatarsal bones. How many bones form a metatarsals?  
A - 2  
B - 3  
C - 4  
D - 5  
E - 6

# 8. GENERAL INFORMATION ABOUT THE SKULL: FRONTAL, PARIETAL AND OCCIPITAL BONES



I	Neurocranium —
1	
2	
II	Facial skeleton —
III	Calvaria —
IV	Internal surface of cranial base —
V	Frontal bone — (outer surface)
1	
2	

3	
4	
5	
6	
7	
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9	
10	
VI	Frontal bone — (inner surface)
1	
2	
3	
4	
5	
6	



<b>I</b>	<b>Parietal bone</b> <i>(outer surface) —</i>
1	
2	
3	
4	
5	
6	
7	
<b>II</b>	<b>Parietal bone</b> <i>(inner surface) —</i>
1	
2	
3	
4	
5	
6	
7	
<b>III</b>	<b>Occipital bone</b> <i>(inner surface) —</i>
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<b>IV</b>	<b>Occipital bone</b> <i>(outer surface) —</i>
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## ANATOMICAL TERMINOLOGY

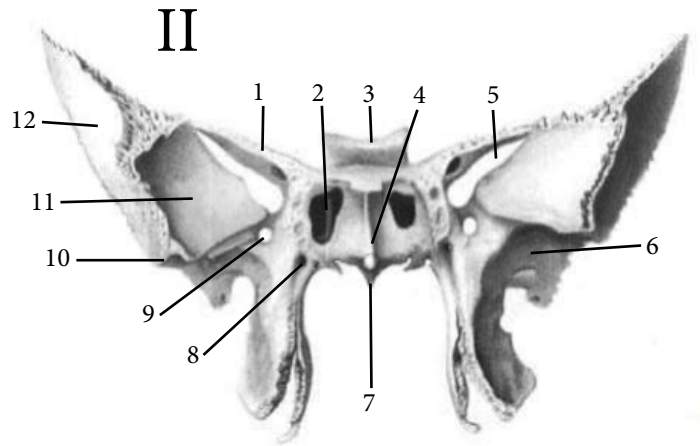
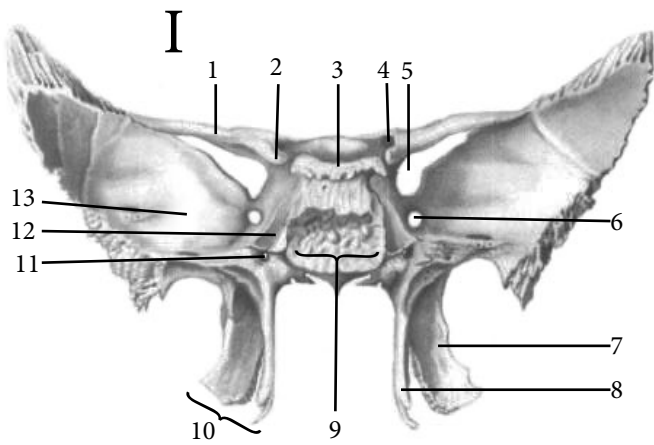
1. Skull —
2. Neurocranium —
3. Facial skull —
4. Frontal bone —
5. Squamous part —
6. Supra-orbital margin —
7. Supra-orbital notch —
8. Zygomatic process —
9. Temporal line —
10. Fossa for lacrimal gland —
11. Foramen caecum —
12. Occipital bone —
13. Foramen magnum —
14. Clivus —
15. Groove for inferior petrosal sinus —
16. Pharyngeal tubercle —
17. Occipital condyle —
18. Hypoglossal canal —
19. Jugular notch —
20. Parietal bone —



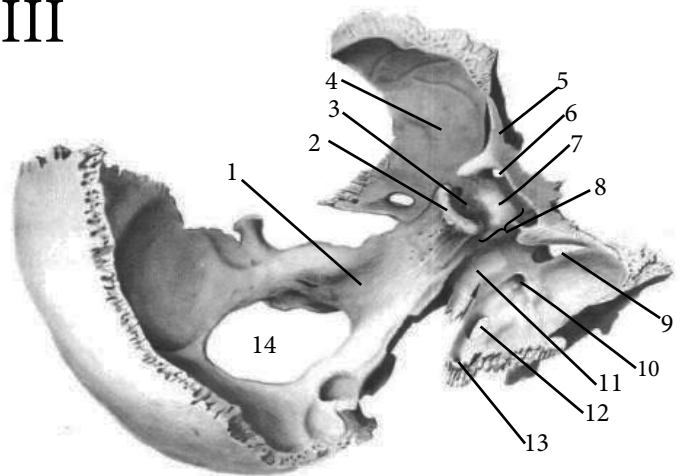
## TESTS «KROK - 1»

1. The patient has an injury to the upper surface of the skull. Which bone is most destroyed?
  - A - Frontal
  - B - Occipital
  - C - Parietal
  - D - Sphenoid
  - E - Temporal
2. The patient has an orbit injury. What part of the frontal bone is most destroyed?
  - A - Frontal part
  - B - Nasal part
  - C - Basilar part
  - D - Orbital part
  - E - Lateral part
3. The patient has an injury to the posterior surface of the skull, which bone is most destroyed?
  - A - Frontal
  - B - Temporal
  - C - Occipital
  - D - Parietal
  - E - Sphenoid
4. Injured external occipital protuberance of the occipital bone. Which lines can be occipital fractures bones?
  - A - Superior temporal line
  - B - Inferior nuchal line
  - C - Superior nuchal line
  - D - Inferior temporal line
  - E - Occipital line
5. Injured occipital bone. The radiograph shows fractures on the side of the internal occipital protuberance. In which occipital sulcus injury?
  - A - Groove for superior sagittal line
  - B - Groove for carotid canal
  - C - Groove for sigmoid sinus
  - D - Groove for transverse sinus
  - E - Groove for inferior petrosal sinus
6. Injured hypoglossal canal. What part of the occipital bone needs surgery?
  - A - The basilar part
  - B - Lateral part
  - C - Occipital squama
  - D - Occipital condyles
  - E - Jugular notch
7. The patient has an injury to the upper part of the occipital squama. Which bone can also be injured in the first place?
  - A - Frontal
  - B - Sphenoid
  - C - Ethmoid
  - D - Parietal
  - E - Temporal
8. In case of trauma to the frontal bone, the lacrimal gland is damaged. What part of the bone is damaged?
  - A - Squama
  - B - Nasal
  - C - Lateral
  - D - Orbital
  - E - Inferior

# 9. THE SPHENOID BONE



III

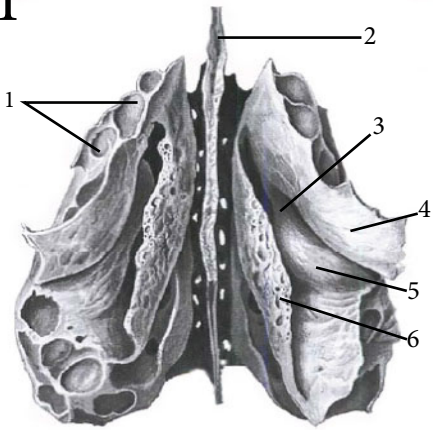


I	Posterior aspekt
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13	
II	Anterior aspekt
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8	
9	
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11	
12	

III	Sphenoid and occipital bones
1	
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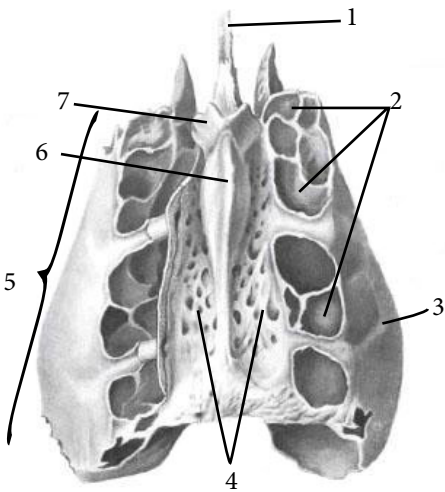
# THE ETHMOID BONE

I



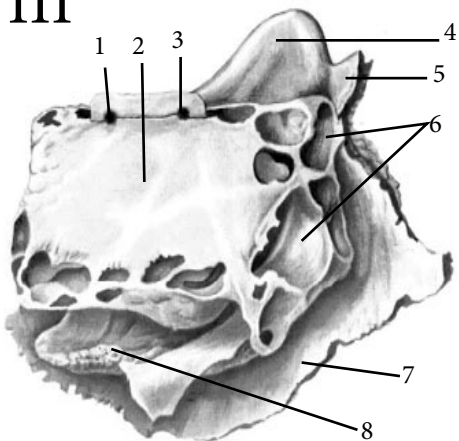
I	Inferior aspekt
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2	
3	
4	
5	
6	

II



II	Superior aspekt
1	
2	
3	
4	
5	
6	
7	

III



III	Lateral aspekt
1	
2	
3	
4	
5	
6	
7	
8	

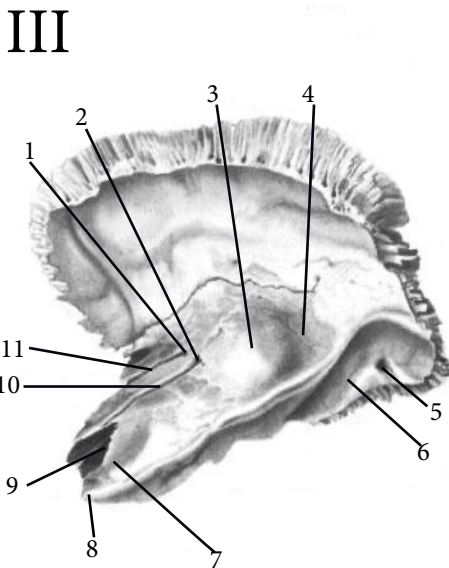
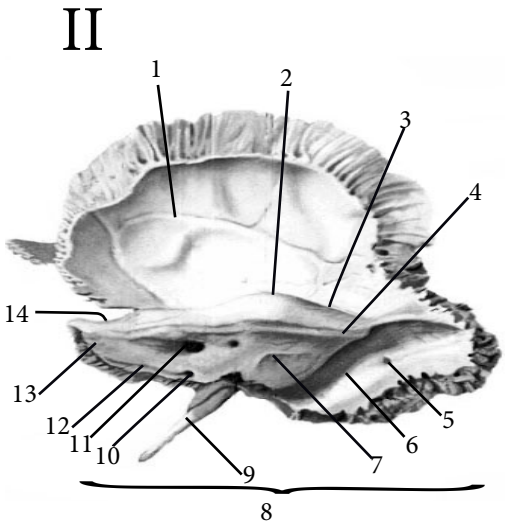
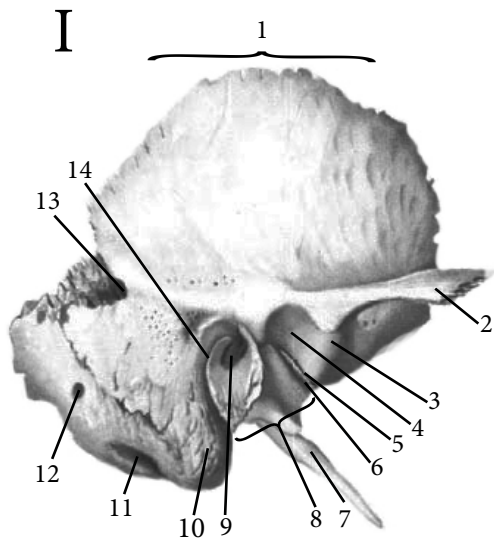
## ANATOMICAL TERMINOLOGY

1. The body of the sphenoid —
2. Sella turcica —
3. Hypofyseal fossa —
4. Dorsum sellae —
5. Pterygoid process —
6. Carotid sulcus —
7. Sphenoid crest —
8. Sphenoid rostrum —
9. Lesser wing —
10. Optic canal —
11. Anterior clinoid process —
12. Foramen rotundum —
13. Foramen ovale —
14. Foramen spinosum —
15. Serebral surfase of greater wing —
16. Superior orbital fissura —
17. Pterygoid canal —
18. Ethmoid bone —
19. Cribriform plate —
20. Crista galli —

## TESTS «KROK - 1»

1. After a skull injury, an X-ray revealed a fracture of the skull base in the area of the sella turcica. Which bone is damaged?  
A - Temporal  
B - Sphenoid  
C - Frontal  
D - Occipital  
E - Parietal
2. The patient has inflammation of the optic nerve. In which hole of the sphenoid bone does this nerve pass?  
A - Foramen rotundum  
B - Foramen ovale  
C - Foramen spinosum  
D - Optic canal  
E - Carotid canal
3. With a fracture of the skull base revealed bleeding of the internal carotid artery. Where is the sphenoid bone it is to pass?  
A - Optic canal  
B - Foramen ovale  
C - Carotid sulcus  
D - Prechiasmatic sulcus  
E - Foramen spinosum
4. At a fracture of the basis of a skull at the patient there were signs of damage of a hypophysis. In what place of a sphenoid bone it is located?  
A - On the lesser wings  
B - On the greater wings  
C - In the sella turcica  
D - In the sphenoid sinus  
E - On the dorsum sellae
5. In the case of a skull injury, the patient developed injuries between the greater and lesser wings of the sphenoid bone. What a hole damaged?  
A - Foramen rotundum  
B - Foramen ovale  
C - Foramen spinosum  
D - Optic canal  
E - The superior orbital fissure
6. In case of injury to the lateral wall of the orbit, which part of the sphenoid bone can be destroyed?  
A - Sinus of sphenoid bone  
B - The body of the sphenoid bone  
C - Pterygoid process  
D - Greater wing  
E - Sella turcica
7. Examination revealed that the patient had an injured superior nasal concha. Which skull bone is it part of?  
A - Frontal  
B - Nasal  
C - Sphenoid  
D - Ethmoid  
E - Temporal
8. The patient's inflammatory process spread from the nasal cavity to the cranial cavity. What anatomical formation separates the nasal cavity from the cranial cavity?  
A - Orbital part of the frontal bone  
B - Nasal part of the frontal bone  
C - Orbital plate of the ethmoid bone  
D - Cribriform plate of the ethmoid bone  
E - The squamous part of the frontal bone

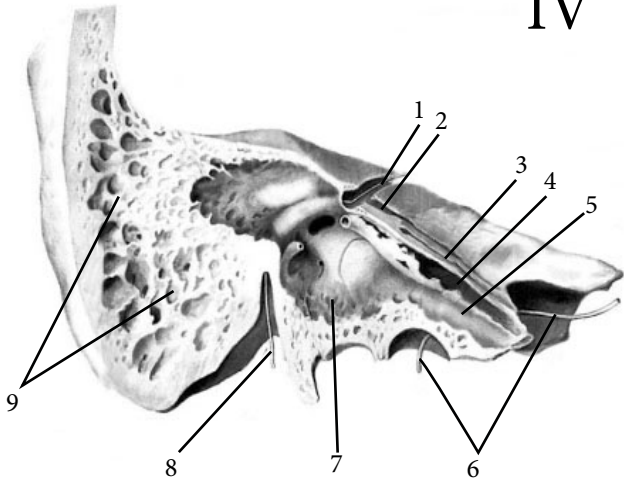
# 10. THE TEMPORAL BONE



I	Lateral aspekt
1	
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10	
11	
12	
13	
14	
II	Internal surface
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
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III	Superior aspekt
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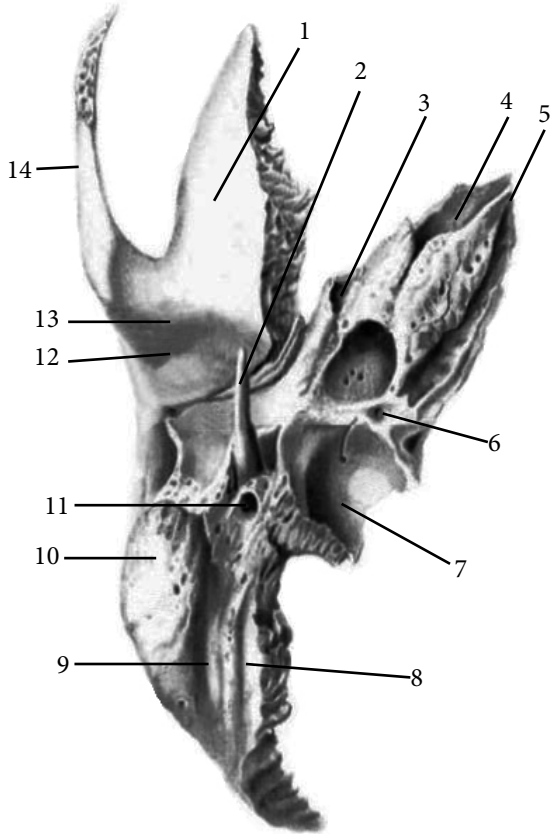
# CANALS OF THE TEMPORAL BONE

## IV



IV	Canals of the temporal bone
1, 8	
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4, 5	
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9	
V	Inferior aspekt
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## V



## ANATOMICAL TERMINOLOGY

1. The temporal bone —
2. Zygomatic process —
3. Petrous part —
4. Anterior surface of pyramid —
5. Arcuate eminence —
6. Tegmen tympani —
7. Groove for greater petrosal nerve —
8. Groove for superior petrosal sinus —
9. Posterior border of petrous part —
10. Internal acoustic meatus —
11. Internal acoustic opening —
12. Facial canal —
13. Opening of vestibular canaliculus —
14. Opening of cochlear canaliculus —
15. Carotid canal —
16. Caroticotympanic canaliculi —
17. Stylomastoid foramen —
18. Musculotubal canal —
19. Canal for auditory tube —
20. Tympanic part —

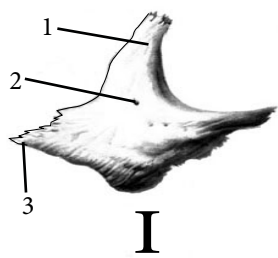


## TESTS «KROK - 1»

1. The patient has inflammation of the facial nerve. In which skull bone is the facial nerve canal located?  
A - Frontal  
B - Occipital  
C - Sphenoid  
D - Temporal  
E - Parietal
2. After a skull injury, the patient has bleeding from the carotid artery. In which canal, which part of the temporal bone does this artery pass?  
A - The facial canal of the petrosal part  
B - Musculotubal canal of the petrosal part  
C - Carotid canal of the petrosal part  
D - Internal acoustic meatus  
E - External acoustic meatus
3. At an injury, the fracture of a zygomatic arch is established. What part of the temporal bone is involved in the formation of the zygomatic arch?  
A - Styloid process  
B - Mastoid process  
C - Squamous part  
D - Zygomatic process  
E - Tympanic part
4. At an injury of a temporal bone at the patient damage of a facial nerve. Which hole ends the canal of facial nerve?  
A - Foramen rotundum  
B - Foramen ovale  
C - External acoustic opening  
D - Stylomastoid foramen  
E - Internal acoustic opening
5. When the temporal part of the temporal bone is injured, the patient's hearing is significantly reduced. Which cavity of this bone was damaged?  
A - Tympanic cavity  
B - Carotid canal  
C - Tympanic part  
D - The cavity of the mastoid process  
E - Facial canal
6. In the case of trauma to the skull and temporal bone, the tensor tympani, was damaged. In which canal is this muscle located?  
A - Carotid canal  
B - Facial canal  
C - Tympanic canaliculus  
D - Musculotubal canal  
E - Mastoid canal
7. Which canal ends at the apex of the pyramid of the temporal bone?  
A - Facial canal  
B - Mastoid canaliculus  
C - Canaliculus for chorda tympani  
D - Carotid canal  
E - Musculotubal canal
8. What hole begins the canal of the facial nerve?  
A - Jugular foramen  
B - Internal acoustic meatus  
C - External acoustic meatus  
D - Stylomastoid foramen  
E - Foramen rotundum

# 11. BONES OF THE VISCERAL SKELETON

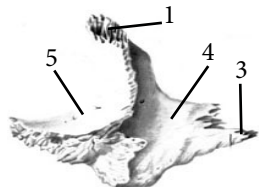
## PAIRED BONES



I



II



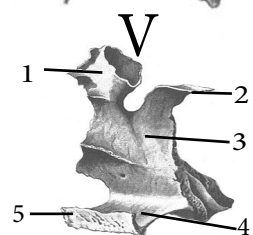
III



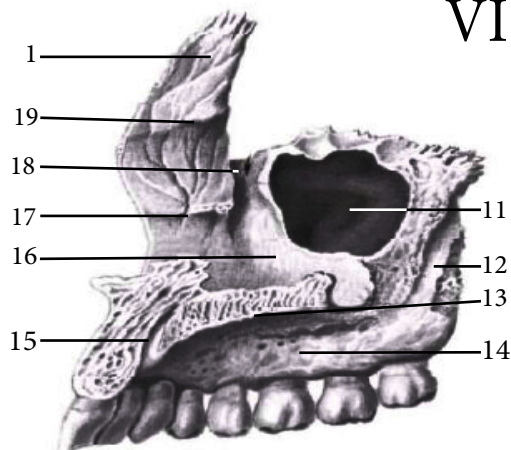
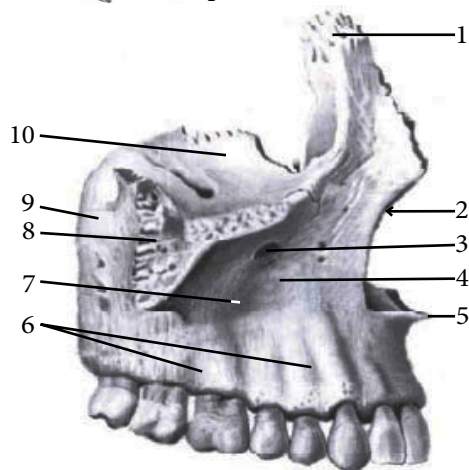
IV



V

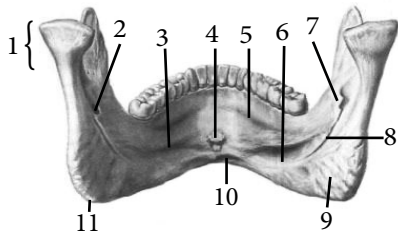


VI

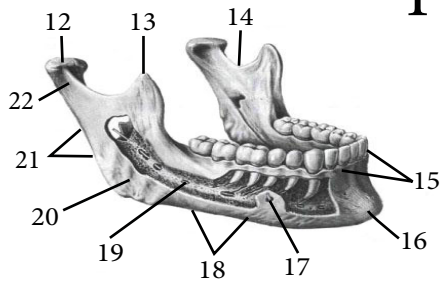


I	
1	
2	
3	
4	
5	
II	
III	
IV	
V	
1	
2	
3	
4	
5	
VI	
1	
2	
3	
4	
5	
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7	
8	
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12	
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14	
15	
16	
17	
18	
19	

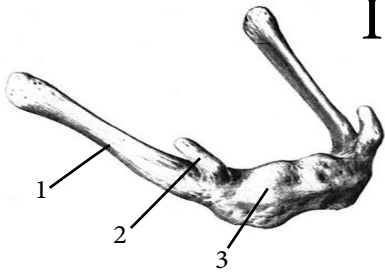
# UNPAIRED BONES



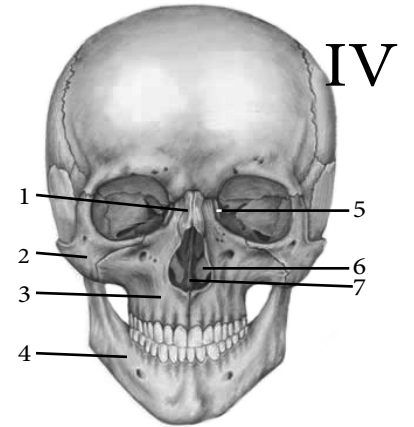
**I**



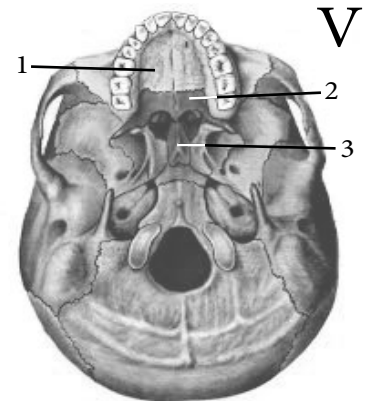
**II**



**III**



**IV**



**V**

<b>I</b>	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	

<b>II</b>	
1	
2	
3	
<b>III</b>	
1	
<b>IV</b>	<b>Facial skull bones</b> <i>(anterior surface)</i>
1	
2	
3	
4	
5	
6	
7	
<b>V</b>	<b>Facial skull bones</b> <i>(inferior surface)</i>
1	
2	
3	

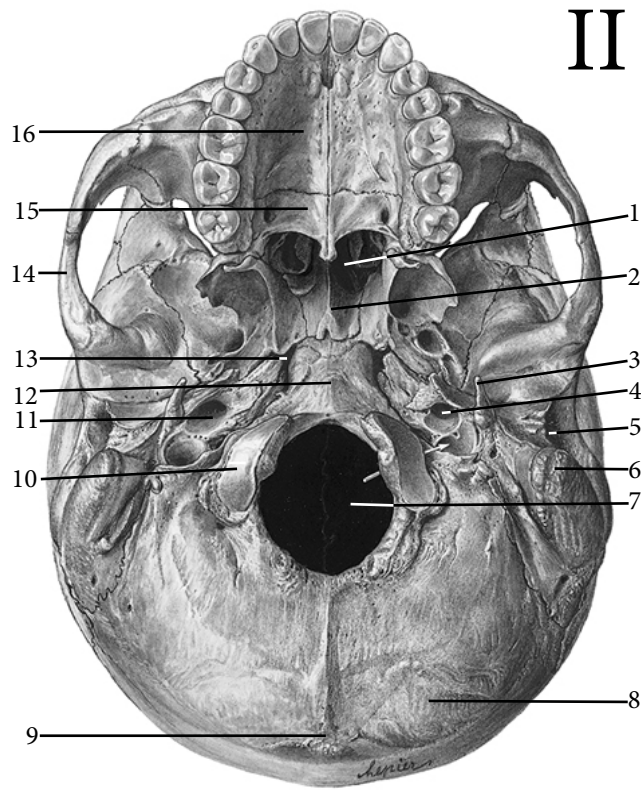
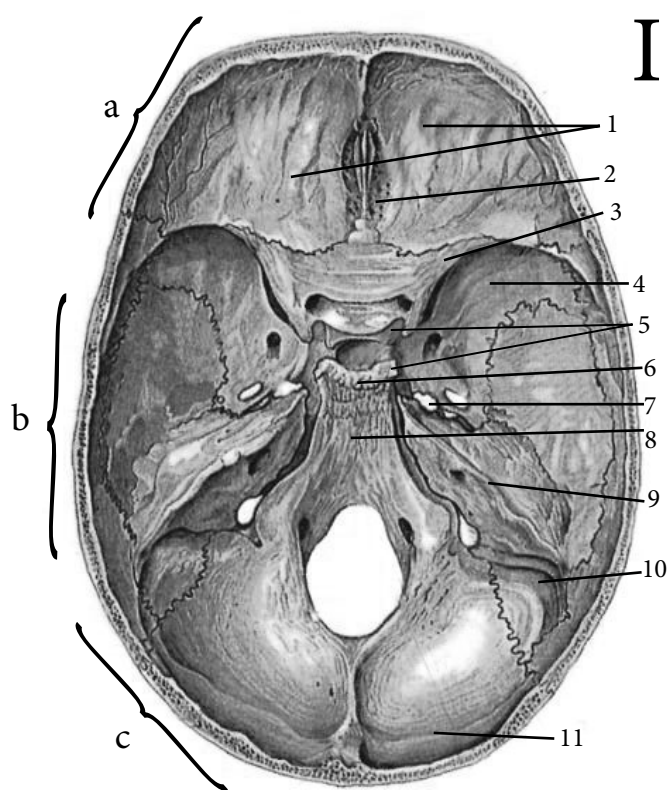
## ANATOMICAL TERMINOLOGY

1. Body of maxilla —
2. Maxillary sinus —
3. Infra-orbital foramen —
4. Canine fossa —
5. Nasal notch —
6. Anterior nasal spine —
7. Maxillary tuberosity —
8. Alveolar canals —
9. Greater palatine groove —
10. Lacrimal groove —
11. Frontal process —
12. Zygomatic process —
13. Conchal crest —
14. Palatine bone —
15. Alveolar yokes —
16. Hyoid bone —
17. Inferior nasal concha —
18. Vomer —
19. Mandible —
20. Zygomatic bone —

## TESTS «KROK - 1»

1. The patient was hospitalized with a trauma of the back of the nose. An X-ray revealed a bone fracture. Which bone is injured?  
A - Lacrimal bone  
B - Nasal bone  
C - Frontal bone  
D - Zygomatic bone  
E - Maxilla
2. The patient has an injured lower lateral part of the orbit. An X-ray revealed a bone fracture. Which bone is injured?  
A - Lacrimal bone  
B - Nasal bone  
C - Frontal bone  
D - Maxilla  
E - Zygomatic bone
3. The patient has a facial injury in the area of the canine fossa, which bone is injured in this case?  
A - Zygomatic bone  
B - Frontal bone  
C - Maxilla  
D - Mandible  
E - Nasal bone
4. In case of injury the back of a nose, nasal bones are injured first of all, but with them the part of the maxilla can be injured. What part of the maxilla can also be injured?  
A - The body of maxilla  
B - Frontal process  
C - Zygomatic process  
D - Palatine process  
E - Alveolar process
5. The patient has a fracture of the posterior part of the nasal septum. Which bone is injured?  
A - Frontal  
C - Sphenoid  
C - Nasal  
D - Vomer  
E - Ethmoid
6. The patient has a skull injury in the area of the temporomandibular joint. What part of the mandible can be injured?  
A - The body of the mandible  
B - Alveolar part  
C - Mental protuberance  
D - Articular process  
E - Ramus of mandible
7. The patient has damage to the bone, which is located on the anterior surface of the neck. Which bone is damaged?  
A - Lacrimal  
B - Nasal  
C - Vomer  
D - Hyoid  
E - Maxilla
8. The patient has inflammation of the Higmori sinus. In which bone is it located?  
A - Frontal  
B - Temporal  
C - Mandible  
D - Sphenoid  
E - Maxilla

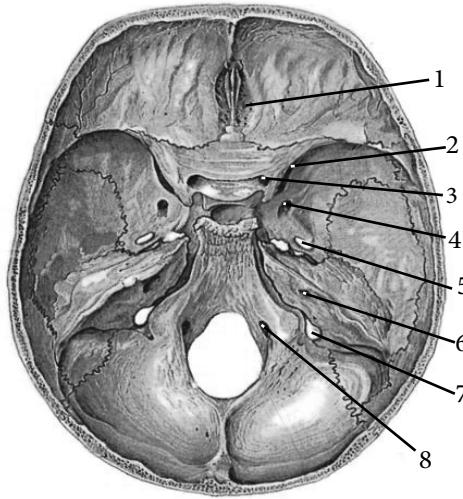
# 12. EXTERNAL AND INTERNAL SURFACE OF THE BASE OF THE SKULL CRANIAL FOSSAE



I	Internal surfase of the base of the skull
a	
1	
2	
3	
b	
4	
5	
6	
7	
8	
c	
9	
10	
11	

II	External surfase of the base of the skull
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

## PLACES OF EXIT OF XII PAIRS OF CRANIAL NERVES



1	
2	
3	
4	
5	
6	
7	
8	

№ pairs	Name of the cranial nerve	Place of exit from the skull
I		
II		
III		
IV		
V		
1 branch		
2 branch		
3 branch		
VI		
VII		
VIII		
IX		
X		
XI		
XII		

## ANATOMICAL TERMINOLOGY

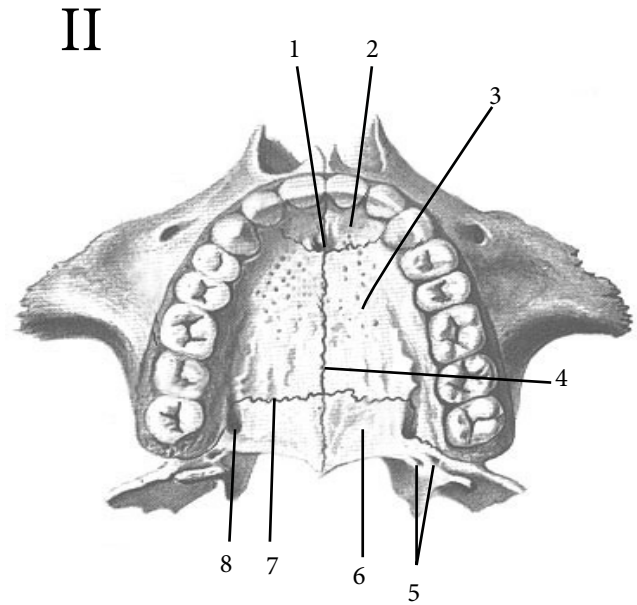
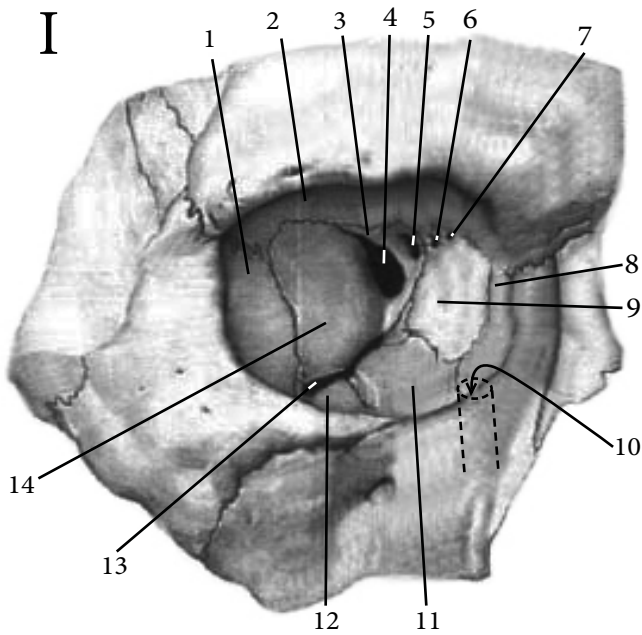
1. Skull cap —
2. External surface of base of skull —
3. Foramen lacerum —
4. Anterior cranial fossa —
5. Jugular foramen —
6. Prechiasmatic sulcus —
7. Middle cranial fossa —
8. Superior orbital fissura —
9. Internal acoustic opening —
10. The cribriform plate of ethmoid bone —
11. Bony palate —
12. Zygomatic arch —
13. Mastoid process—
14. Styloid process —
15. Clivus —
16. Posterior cranial fossa —
17. Hypophysial fossa —
18. Foramen magnum —
19. Crista galli —
20. Groove of the transverse sinus —



## TESTS «KROK - 1»

1. The patient developed a tumor in the area of the foramen lacerum. In which cranial fossa is the foramen lacerum?
  - A - In the anterior cranial fossa
  - B - In the middle cranial fossa
  - C - In the posterior cranial fossa
  - D - In the fossa of the lacrimal gland
  - E - In the orbit
2. In the area of the superior orbital fissure in the patient revealed damage to the bones that limit it. What is the limited orbital fissure?
  - A - The squama of the temporal bone and the body of the sphenoid bone
  - B - The petrous part of the temporal bone and the greater wing of the sphenoid bone
  - C - Greater wing and body of the sphenoid bone
  - D - Greater and lesser wings of the sphenoid bone
  - E - Lesser wing of the sphenoid bone and the orbital part of the frontal bone
3. At a head injury, at the patient the fracture of bones in a site of a anterior cranial fossa is revealed. What bones is it formed by?
  - A - Body and lesser wings of the sphenoid bone
  - B - Orbital parts of the frontal bones, lesser wings of the sphenoid bone and the cribriform plate of the ethmoid bone
  - C - Orbital parts of the frontal bones, body and greater wings of the sphenoid bone
  - D - The body of the sphenoid bone, squama and petrosal parts of the temporal bone
  - E - Greater and lesser wings of the sphenoid bone and the squamous part of the temporal bone
4. The patient has hemorrhage in the middle cranial fossa. Which pairs of cranial nerves can be damaged?
  - A - I, II, III
  - B - II, III, IV
  - C - III, IV, V, VI
  - D - IV, V, VI, VII
  - E - VI, VII, VIII, IX
5. At a craniocerebral trauma, the bones that form the middle cranial fossa are damaged. What bones is it formed by?
  - A - The inner surface of the mastoid processes of the temporal bones, part of the occipital bone below the grooves of the transverse sinus
  - B - The posterior part of the body of the sphenoid bone and the inner surface of the occipital angle of the parietal bone
  - C - Greater and lesser wings of the sphenoid bone and the orbital part of the frontal bone
  - D - Body and greater wings of the sphenoid bone and the anterior surface of the petrosal part of the temporal bone
  - E - Body and greater wings of the sphenoid bone, the anterior surface of the petrosal parts and the cerebral surface squamous parts of both temporal bones
6. The patient has a damaged hypoglossal canal due to injury. Which bone is damaged?
  - A - Temporal
  - B - Parietal
  - C - Frontal
  - D - Occipital
  - E - Sphenoid
7. Examination of the patient revealed a fracture of the bones in the area of the internal acoustic opening. What nerves can be damaged?
  - A - V, VI, VII
  - B - VII, VIII, IX
  - C - VII, VIII
  - D - VIII, IX
  - E - IX, X, XI

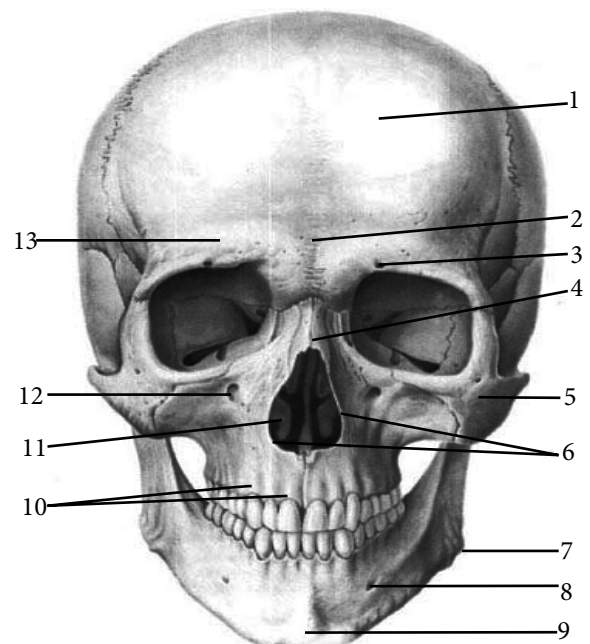
# 13. ORBITAL CAVITY, NASAL CAVITY AND BONY PALATE



I	The orbit —
	Superior wall —
	Lateral wall —
	Inferior wall —
	Medial wall—
	The openings of the orbit

II	The bony palate —
1	
2	
3	
4	
5	
6	
7	
8	

## FACIAL SKELETON



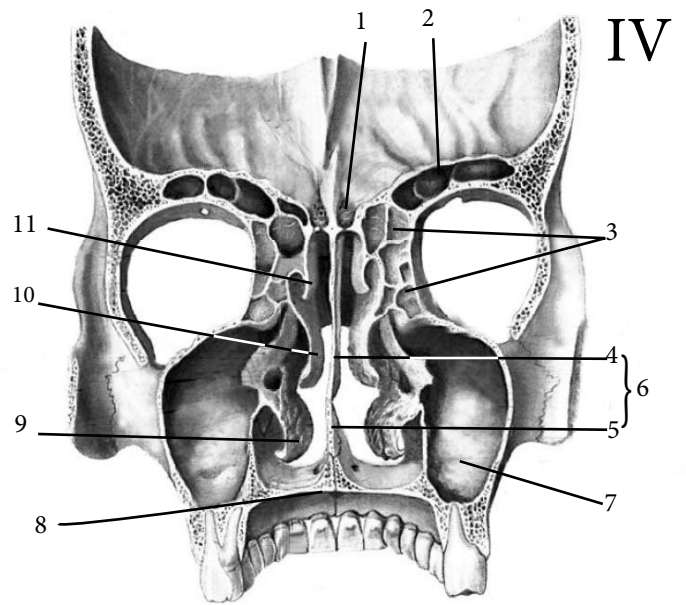
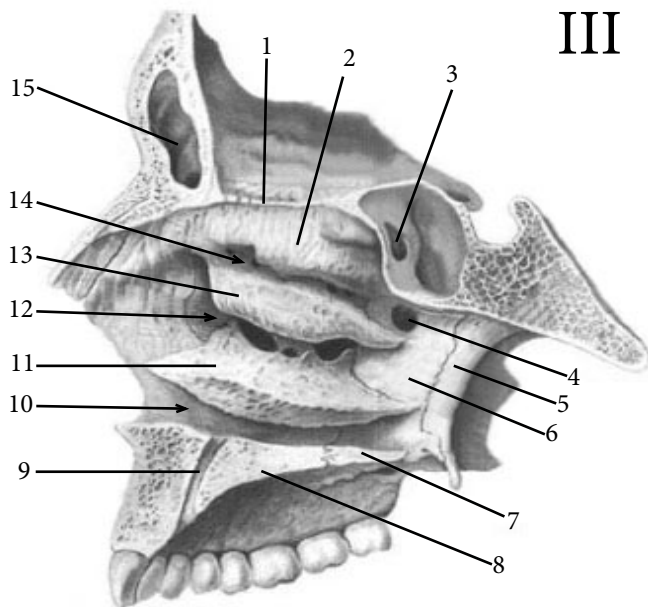
## COMMUNICATIONS OF THE ORBIT

	The name of the connection	With what connects
1		
2		
3		
4		
5		
6		

## COMMUNICATIONS OF THE BONY PALATE

	The name of the connection	With what connects
1		
2		

	Facial skeleton —
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	



III	Nasal cavity (sagittal section)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

IV	Nasal cavity (frontal section)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

## COMMUNICATIONS OF THE NASAL CAVITY

	The name of the connection	With what connects
1		
2		
3		
4		
5		
6		

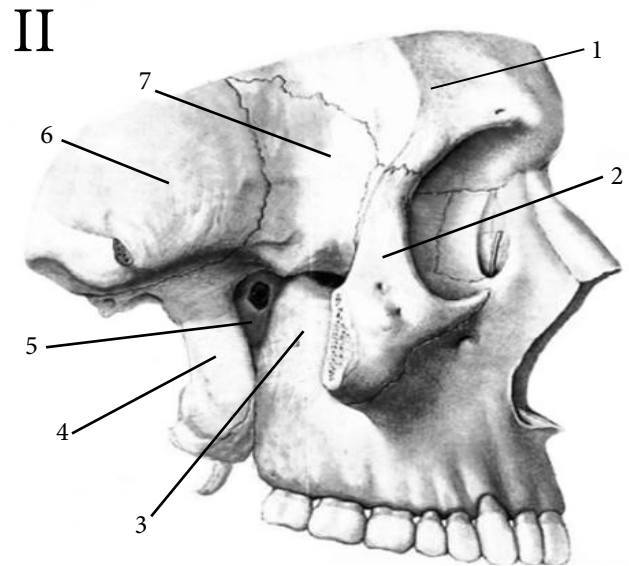
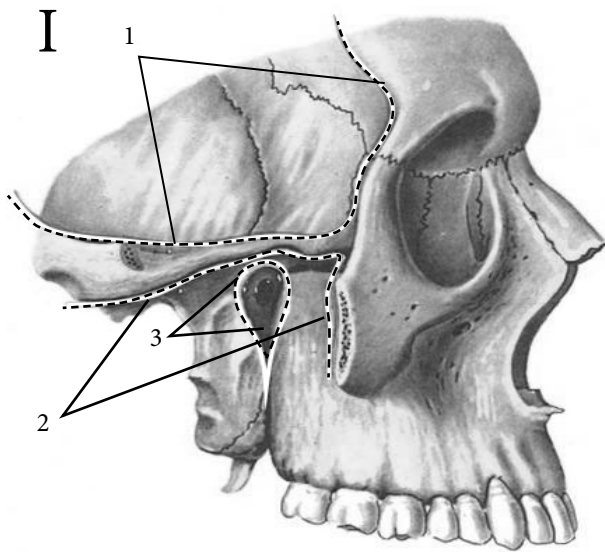
## ANATOMICAL TERMINOLOGY

1. Orbit —
2. Orbital opening —
3. Bony nasal septum —
4. Nasolacrimal canal —
5. Bony nasal cavity —
6. Piriform apertura —
7. Fossa for lacrimal gland —
8. Superior nasal meatus —
9. Inferior nasal concha —
10. Nasal crest —
11. Bony palate —
12. Sphenopalate opening —
13. Incisive canal —
14. The greater palatine foramen —
15. Posterior nasal spine —
16. Infra-orbital foramen —
17. Mental protuberance —
18. Alveolar yokes —
19. Frontal process —
20. Zygomaticofacial foramen —

## TESTS «KROK - 1»

1. In a patient with conjunctivitis, the tear does not flow from the orbit to the nasal cavity. Which channel is not working?  
A - Superior nasal meatus  
B - Middle nasal meatus  
C - Nasolacrimal canal  
D - Sphenopalatine canal  
E - Inferior nasal meatus
2. The patient suffered a facial injury, with the destruction of the nasal septum. Which bone is destroyed in the first place?  
A - Lacrimal bone  
B - Maxilla  
C - Palatine bone  
D - Ethmoid bone  
E - Zygomatic bone
3. The patient developed pus at the end of the hard palate. Inflammation of the bone was found in the hospital. What a bone in condition inflammation?  
A - Inferior nasal concha  
B - Zygomatic bone  
C - Palatine bone  
D - Lacrimal bone  
E - Nasal bone
4. At an injury of an orbit the ambulance doctor established a fracture of a lacrimal bone. In the formation of which wall of the orbit is the lacrimal bone involved?  
A - Superior  
B - Inferior  
C - Lateral  
D - Medial  
E - Posterior
5. A diabetic patient has blackouts in the left eye. The clinic was diagnosed with optic nerve atrophy. In which channel does the skull pass this nerve?  
A - Carotid canal  
B - Optic canal  
C - Facial nerve canal  
D - Superior orbital fissure  
E - Foramen rotundum
6. The patient has inflammation of the lateral wall of the orbit. Which bone can be damaged?  
A - Frontal process of the maxilla  
B - Alveolar process of the maxilla  
C - Greater wing of the sphenoid bone  
D - Lesser wing of the sphenoid bone  
E - Zygomatic process of the maxilla
7. The patient was diagnosed with a tumor in the superior orbital fissure. What does the orbital fissure connect the orbit with?  
A - With pterygopalatine fossa  
B - With the posterior cranial fossa  
C - With the anterior cranial fossa  
D - With the middle cranial fossa  
E - With the temporal fossa
8. After the injury, the patient was found to have damage to the upper wall of the nasal cavity. What bones is it formed by?  
A - Nasal bone, cribriform plate of the ethmoid bone and the body of the sphenoid bone  
B - Nasal bone, nasal part of the frontal bone and frontal process of the maxilla  
C - Cribriform plate of ethmoid bone, vomer and body of sphenoid bone  
D - Body and small wings of the cuneiform bone, nasal bones  
E - Cribriform plate of ethmoid bone, body and lesser wings of the sphenoid bone

# 14. TEMPORAL, INFRATEMPORAL AND PTERYGOPALATINE FOSSAE



<b>I</b>	<b>Fossae</b>
1	
2	
3	
<b>II</b>	<b>Bones delimiting the fossas</b>
1	
2	
3	
4	
5	
6	
7	

	<b>Temporal fossa limited:</b>
From above	
From below	
Mediocre	
From the outside	
In front	

	Infratemporal fossa is limited:
From above	
Mediocre	
In front	
	Infratemporal fossa connection:
1	
2	
	Pterygopalatine fossa is limited:
Posterior wall	
Medial wall	
Anterior wall	
	Pterygopalatine fossa connection:
1	
2	
3	
4	
5	



## ANATOMICAL TERMINOLOGY

1. Temporal fossa —
2. Superior temporal line —
3. Infratemporal fossa —
4. Pterygoid process of the sphenoid bone —
5. Maxillary tuberosity —
6. Pterygopalatine fossa —
7. Inferior orbital fissura —
8. Sphenomaxillary fissura —
9. Perpendicular plate of the palatine bone —
10. Sphenopalatine foramen —
11. Greater palatine canal —
12. Foramen rotundum —
13. Middle cranial fossa —
14. Pterygoid canal —
15. Foramen lacerum —
16. The base of the skull —
17. Zygomatic bone —
18. Infratemporal crest—
19. Zygomatic arch —
20. Ramus of mandible —

## TESTS «KROK - 1»

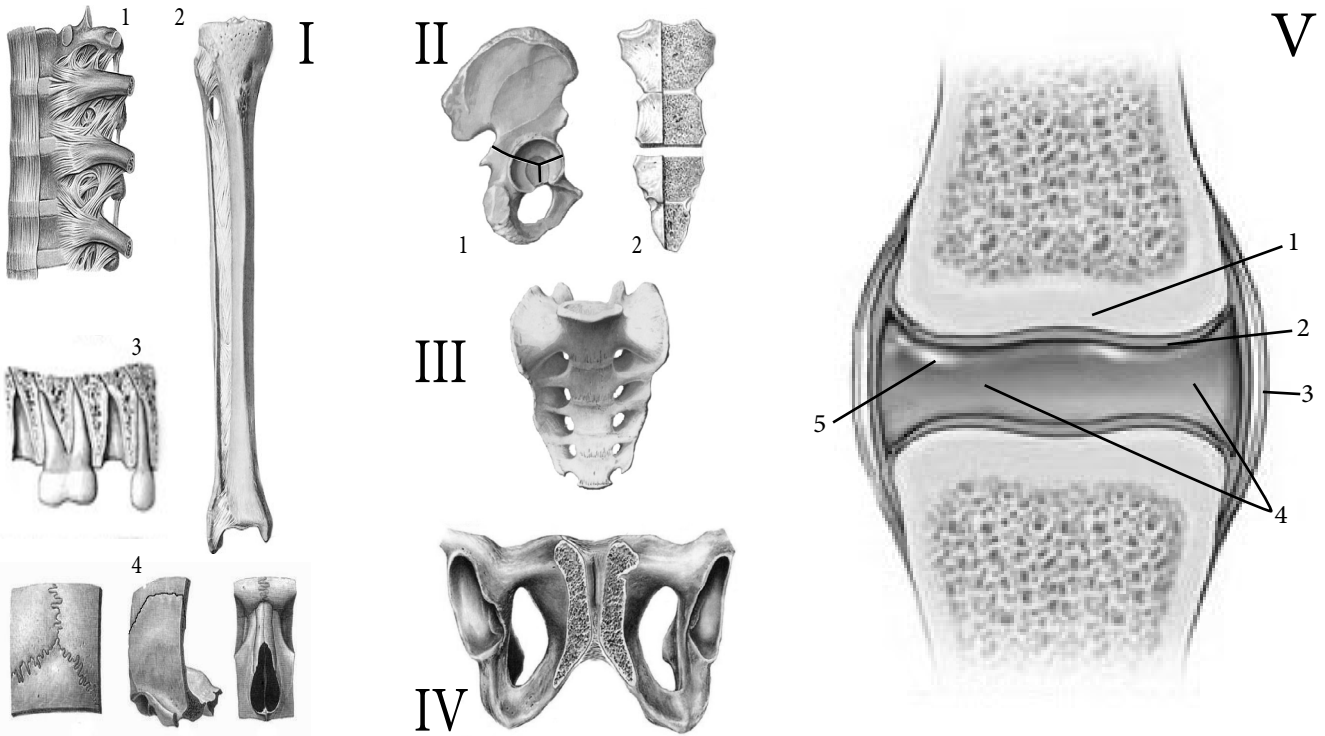
1. The patient has an injury to the posterior wall of the pterygopalatine fossa. What is injured in this case?
  - A - Maxillary tuberosity
  - B - Ramus of mandible
  - C - Lesser wing of the sphenoid bone
  - D - Pterygoid process of the sphenoid bone
  - E - Greater wing of the sphenoid bone
2. In case of injury of the temporal fossa, the fossa located at the bottom of the temporal fossa is injured together with it. Which fossa is injured?
  - A - Anterior cranial fossa
  - B - Hypophyseal fossa
  - C - Middle cranial fossa
  - D - Temporal fossa
  - E - Pterygopalatine fossa
3. After the car accident, the victim was found to have damage to the zygomatic arch. Which fossa is bounded on the outside by the zygomatic arch?
  - A - Anterior cranial fossa
  - B - Pterygopalatine fossa
  - C - Middle cranial fossa
  - D - Hypophysialis fossa
  - E - Temporal fossa
4. In a patient with traumatic brain injury found damage to the infratemporal surface of the greater wing of the sphenoid bone. What wall of the infratemporal fossa does it form?
  - A - Anterior
  - B - Posterior
  - C - Middle
  - D - Superior
  - E - Lateral
5. The patient was diagnosed inflammation in the inferior orbital fissure. What does it connect?
  - A - Orbital cavity with anterior cranial fossa
  - B - Orbital cavity with middle cranial fossa
  - C - Orbital cavity with pterygopalatine fossa
  - D - Orbital cavity with posterior cranial fossa
  - E - Orbital cavity with temporal fossa
6. The victim has hemorrhage in the area of the foramen rotundum. What fossas does it connect?
  - A - Middle cranial with temporal
  - B - Pterygopalatine with infratemporal
  - C - Temporal with infratemporal
  - D - Middle cranial with pterygopalatine
  - E - Pterygopalatine with orbit
7. After the injury, the patient's greater palatine canal was damaged. What does it connect?
  - A - Posterior cranial fossa with pterygopalatine
  - B - Middle cranial fossa with pterygopalatine
  - C - Pterygopalatine fossa with orbit
  - D - Pterygopalatine fossa with oral cavity
  - E - Oral cavity with infratemporal fossa
8. The patient's tumor sprouted from the pterygopalatine fossa into the nasal cavity. Through what hole did it happen?
  - A - Through the pterygoid canal
  - B - Through the oval foramen
  - C - Through the foramen rotundum
  - D - Through the inferior orbital fissure
  - E - Through the sphenopalatine foramen

# 15. GENERAL INFORMATION ABOUT BONE ARTICULATIONS

## CLASSIFICATION

Continuous bone articulations —	
Fibrous articulations —	Examples
ligaments —	
Membranes —	
Sutures —	
<i>Serrated</i> —	
<i>Squamous</i> —	
<i>Plane</i> —	
Gomphosis —	
Bony articulations —	
Cartilaginous articulations —	
<i>Temporary</i> —	
<i>Permanent</i> —	
Muscle articulations —	
Synovial joints —	
Uniaxial —	
<i>Hinge joint</i> —	
<i>Pivot joint</i> —	
Biaxial —	
<i>Ellipsoid joint</i> —	
<i>Bicondylar joint</i> —	
<i>Saddle joint</i> —	
Multiaxial —	
<i>Spheroidal joint</i> —	
<i>Cup-like joint</i> —	
<i>Plane</i> —	
Intermediate articulation —	

## TYPES OF CONNECTIONS



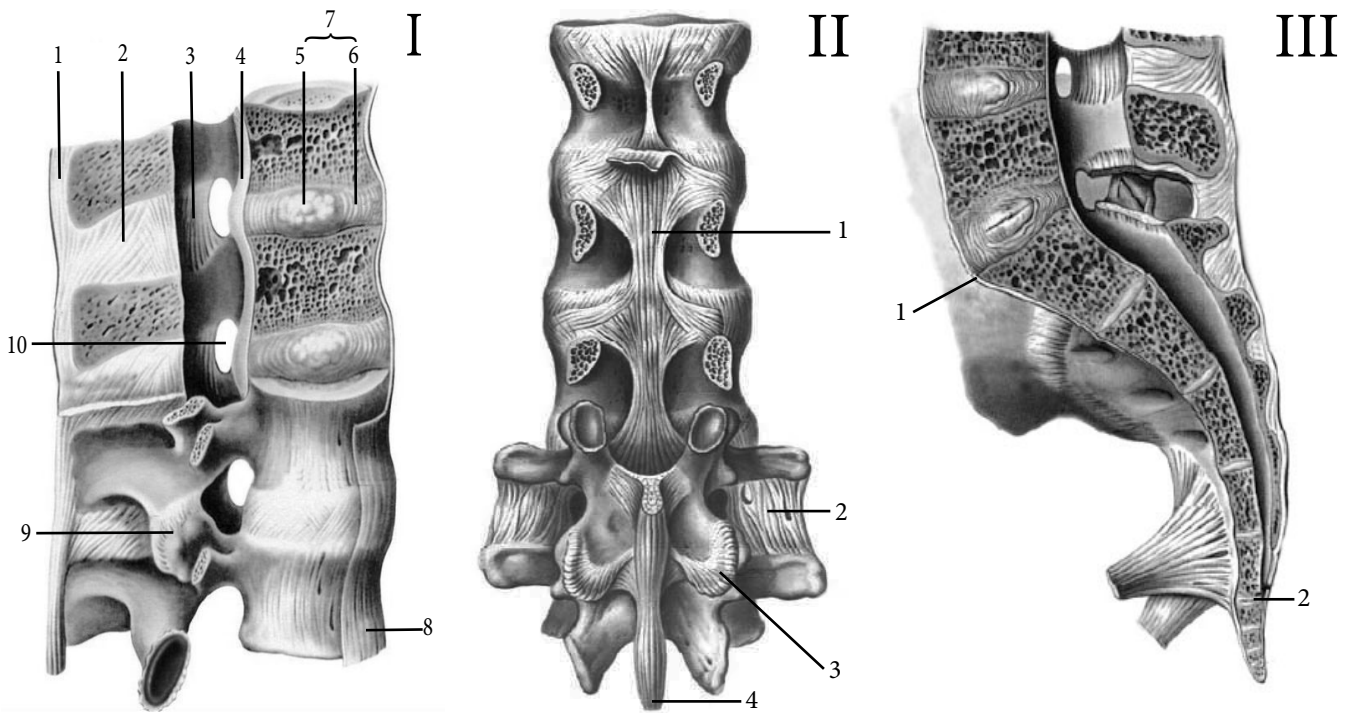
I	
1	
2	
3	
4	
II	
1	
2.	

III	
IV	
V	The structure of the joint
1	
2	
3	
4	
5	

## CLASSIFICATION OF JOINTS BY STRUCTURE

Type of joint	Latin name	Examples
Simple joint		
Compound joint		
Complex joint		
Combined joint		

# THE JOINTS OF VERTEBRAS



I	Vertebral joints ( <i>lateral aspect</i> )
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
II	Vertebral joints ( <i>posterior aspect</i> )
1	
2	
3	
4	
III	Connections of the sacral vertebrae
1	
2	

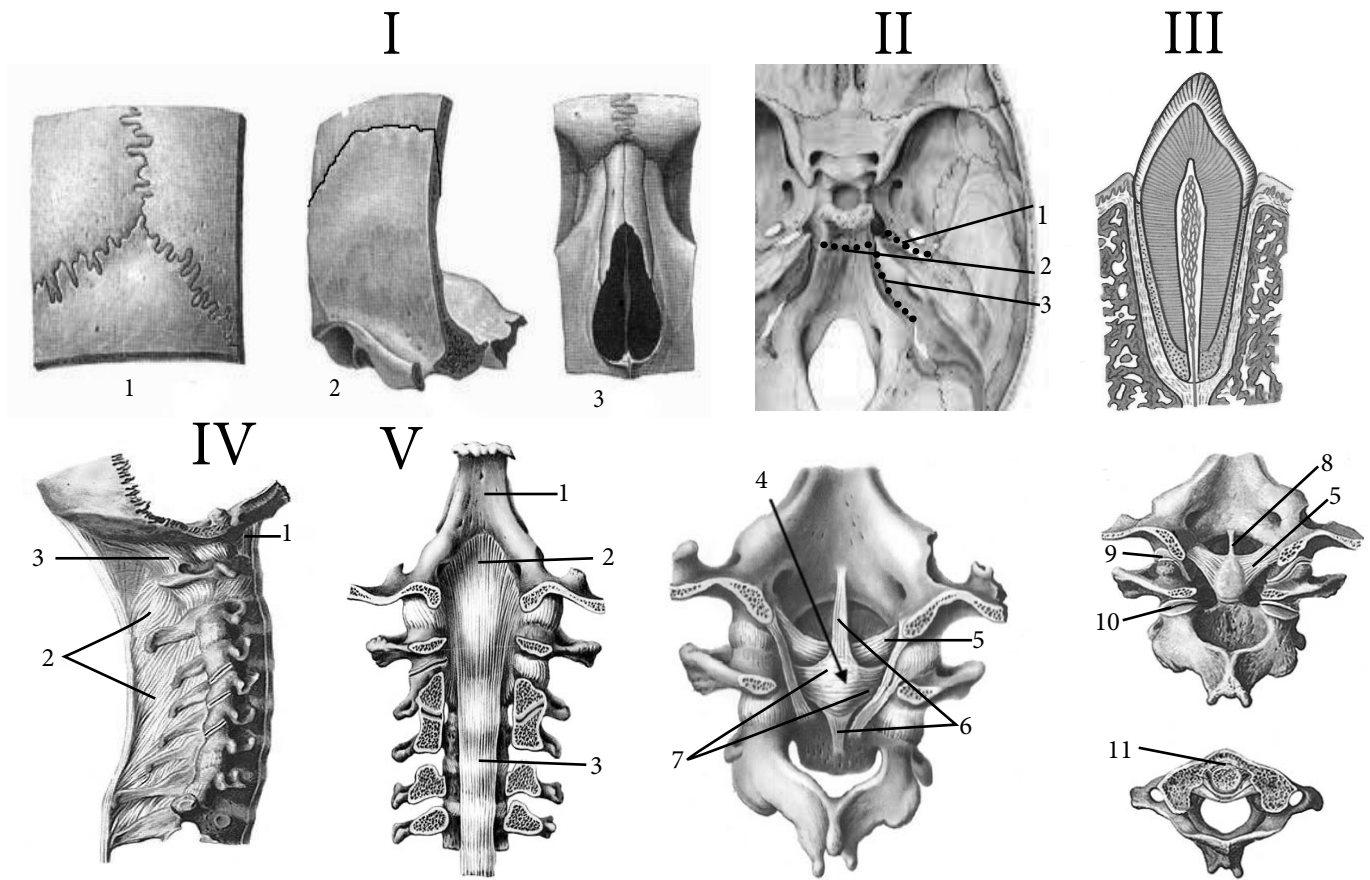
## ANATOMICAL TERMINOLOGY

- |                                      |
|--------------------------------------|
| 1. Continuous articulations —        |
| 2. Intermediate articulation —       |
| 3. Ligamentum nuchae —               |
| 4. Interosseous membrane —           |
| 5. Suture —                          |
| 6. Gomphosis —                       |
| 7. Articular surface —               |
| 8. Articular capsule —               |
| 9. Articular cavity —                |
| 10. Intervertebral disc —            |
| 11. Nucleus pulposus —               |
| 12. Intervertebral symphysis —       |
| 13. Zygapophysial joint —            |
| 14. Ligamenta flava —                |
| 15. Interspinous ligaments —         |
| 16. Anterior longitudinal ligament — |
| 17. Muscle connections —             |
| 18. Sacrococcygeal joint —           |
| 19. Synovial bursae —                |
| 20. Discontinuous articulations —    |

## TESTS «KROK - 1»

1. During childbirth, women have a rupture of the pubic symphysis. What type of connection is damaged?  
A - Syndesmosis  
B - Synchrondrosis  
C - Synostosis  
D - Hemiarthrosis  
E - Diarthrosis
2. On the radiograph of the humerus in a 16-year-old boy in the lower third you can see a transverse slit that is not a fracture. This gap is:  
A - Syndesmosis  
B - Synchrondrosis  
C - Synostosis  
D - Hemarthrosis  
E - Diarthrosis
3. During the injury there was a rupture of the fibrous ring of the intervertebral disc. What type of connection does the intervertebral disc belong to?  
A - Synchrondrosis  
B - Syndesmosis  
C - Synostosis  
D - Sinsarcosis  
E - Symphysis
4. The computer image of the intervertebral disc shows a gap in the middle. This led to the formation of:  
A - Synchrondrosis  
B - Syndesmosis  
C - Synostosis  
D - Symphysis  
E - Sinsarcosis
5. The patient has bilateral dislocation of the zygapophysial joints. This is because these joints are:  
A - Simple  
B - Compound  
C - Combined  
D - Complex  
E - Tight
6. The patient due to trauma was the exit of the nucleus pulposus to the spinal canal. Which connection element is damaged?  
A - Anterior longitudinal ligament  
B - Posterior longitudinal ligament  
C - Ligamenta flava  
D - Intertransverse ligament  
E - Interspinous ligament
7. After the car accident, the patient's arches of the vertebrae of the thoracic vertebrae were damaged. What are the connections affected?  
A - Intercostal ligaments  
B - Posterior longitudinal ligament  
C - Ligamentum nuchae  
D - Ligamenta flava  
E - Intertransverse ligaments
8. X-ray examination of the child revealed transverse gaps between the bodies of the sacral vertebrae. What kind connection detected?  
A - Syndesmosis  
B - Synostosis  
C - Permanent synchrondrosis  
D - Temporary synchrondrosis  
E - Symphysis

# 16. THE ARTICULATION OF THE VERTEBRAL COLUMN WITH THE CRANIUM



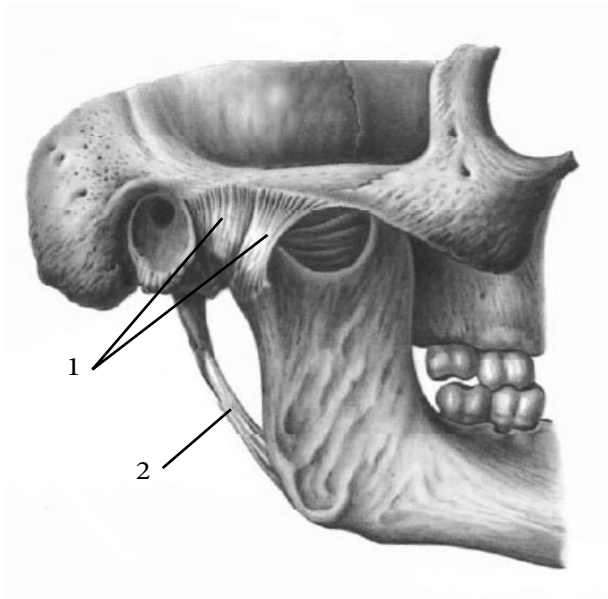
I	Sutures —
1	
2	
3	
II	Cranial synchondroses
1	
2	
3	
III	Dentoalveolar joint —
IV	The articulations of the skull with C1 and C2 ( <i>lateral aspect</i> )
1	
2	
3	

V	The articulations of the skull with C1 and C2 ( <i>middle view</i> )
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

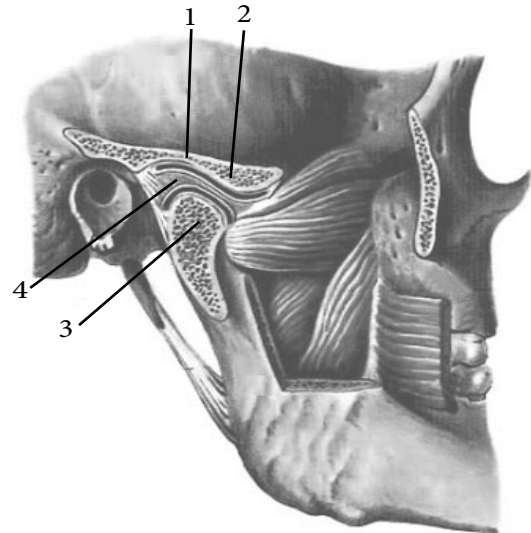


# THE TEMPOROMANDIBULAR JOINT

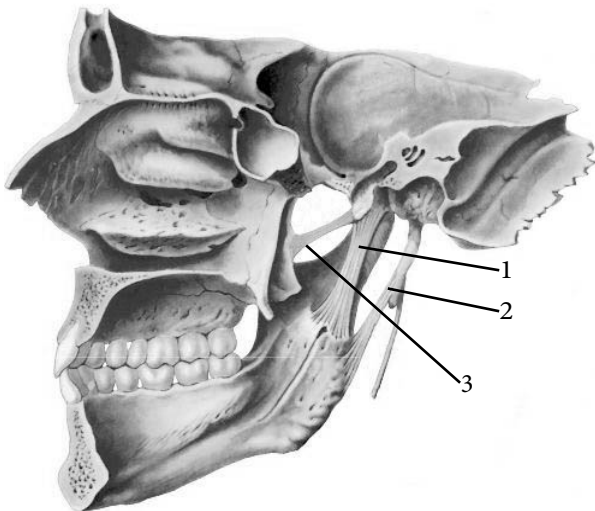
I



II



III



I	External view
1	
2	
II	Internal view
1	
2	
3	
4	
III	Inside view
1	
2	
3	

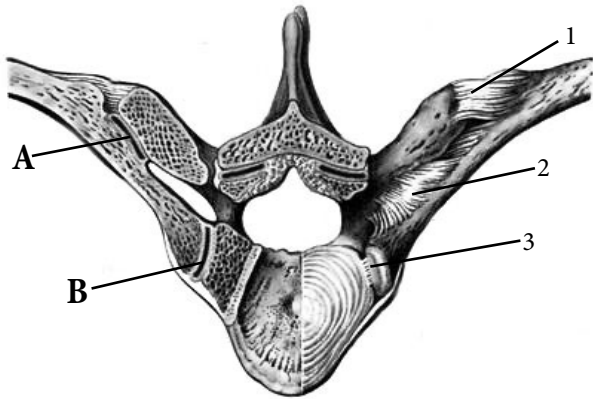
## ANATOMICAL TERMINOLOGY

1. Temporomandibular joint —
2. Lateral ligament —
3. Sphenomandibular ligament —
4. Stylomandibular ligament —
5. Coronal suture —
6. Lambdoid suture —
7. Squamous suture —
8. Plane suture —
9. Serrate suture —
10. Spheno-occipital synchondrosis —
11. Atlanto-occipital joint —
12. Anterior atlanto-occipital membrane —
13. Posterior atlanto-occipital membrane —
14. Transverse ligament of atlas —
15. Apical ligaments of dens —
16. Alar ligaments —
17. Lateral atlanto-axial joint —
18. Cruciate ligament of atlas —
19. longitudinal bands —
20. Tectorial membrane —

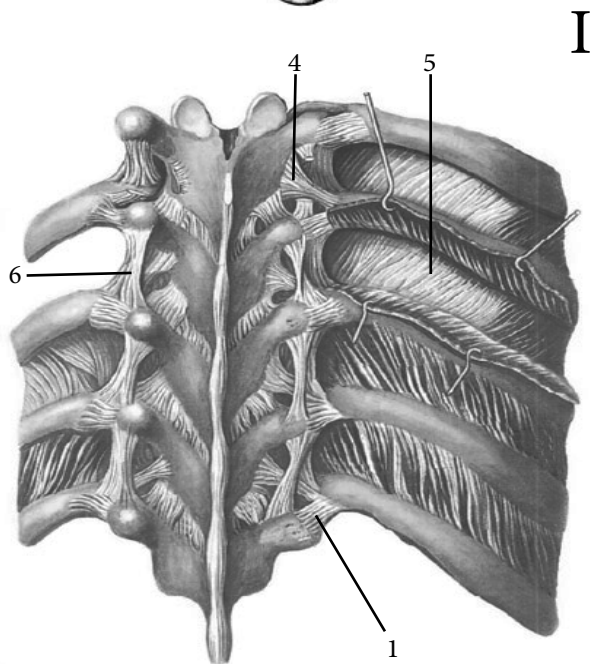
## TESTS «KROK - 1»

1. At a fracture of a dens of the second cervical vertebra, there is a rupture of ligaments fixing it. What are these ligaments?  
A - Apical ligament of dens  
B - Alar ligaments  
C - Both  
D - Anterior longitudinal  
E - Posterior longitudinal
2. The radiograph of the head shows that the occipital bone consists of four regular parts. This indicates the presence:  
A - Fracture  
B - Temporary synchondrosis  
C - Permanent synchondrosis  
D - Symphysis  
E - Synostosis
3. There is an integumentary membrane to protect the spinal cord from damage. What ligament is this membrane continuous with?  
A - Anterior longitudinal  
B - Posterior longitudinal  
C - Anterior atlanto-occipital membrane  
D - Posterior atlanto-occipital membrane  
E - Cruciate ligament of atlas
4. At operations on a temporomandibular joint it is necessary to carry out opening of a capsule of a joint. What is the ligament with which it will be crossed?  
A - Medial  
B - Lateral  
C - Sphenomandibular  
D - Stylomandibular  
E - Sphenopterygoid
5. As a result of injury of the right temporomandibular joint, it is impossible to work in the left temporomandibular joint. This is because these joints are:  
A - Simple joints  
B - Compound joints  
C - Complex joints  
D - Combined joints  
E - Sedentary
6. An intra-articular fracture of the temporomandibular joint occurred during the injury. What formed the joint head?  
A - Condylar process  
B - Coronal process  
C - Styloid process  
D - Mastoid process  
E - Cuneiformis process
7. As a result of the injury there was an intra-articular fracture in the temporomandibular joint. What formed joint cavity?  
A - Temporal fossa  
B - Infratemporal fossa  
C - Pterygopalatine fossa  
D - Mandibular fossa  
E - Coronal fossa
8. What bone formation prevents the dislocation of the head in the temporomandibular joint?  
A - Articular tubercle  
B - Neck of the mandible  
C - Coronal process  
D - Head of the mandible  
E - Zygomatic arch

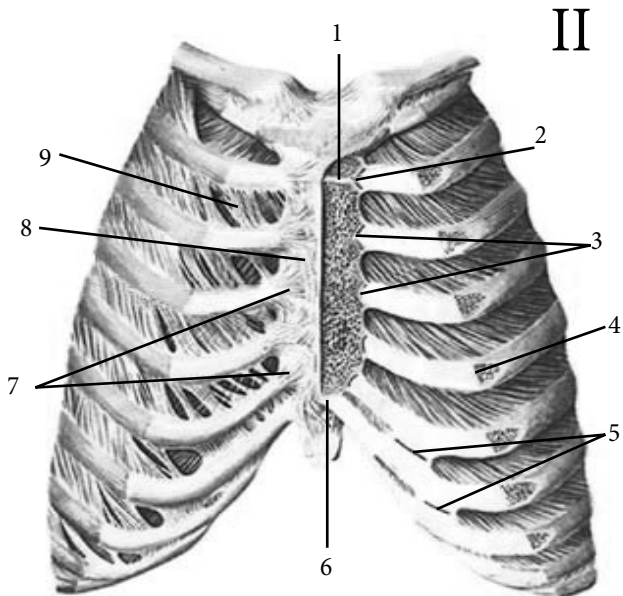
# 17. THE ARTICULATIONS OF THE RIBS



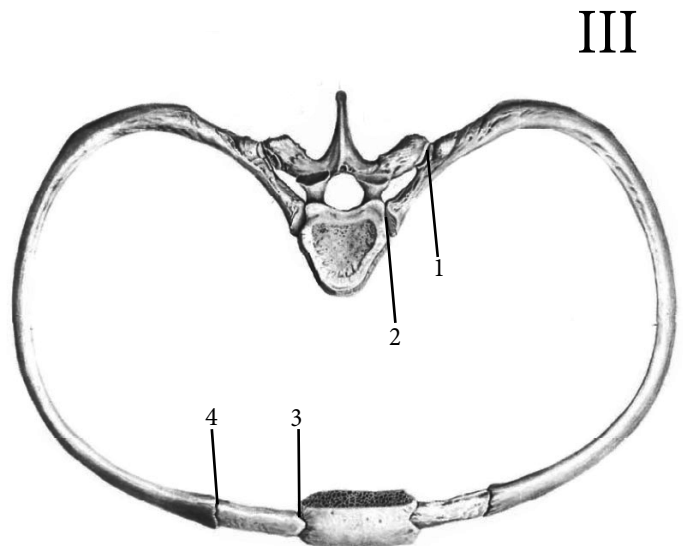
I	Ligament of ribs and vertebrae
A	
B	
1	
2	
3	
4	
5	
6	
II	Ligaments and joints of ribs and sternum
1	
2	
3	
4	
5	
6	
7	
8	
9	
III	Connection of rib with vertebrae and sternum
1	
2	
3	
4	



I



II



III

## ANATOMICAL TERMINOLOGY

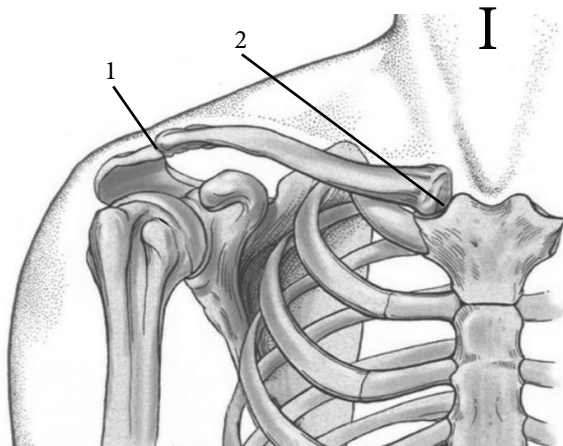
1. Costovertebral joints —
2. Joint of head of rib —
3. Intra-articular ligament —
4. Radiate ligament of head of rib —
5. Costotransverse ligament —
6. Sternocostal joints —
7. Synchondrosis of the first rib —
8. Radiate sternocostal ligaments —
9. Sternal membrane —
10. Intra-articular sternocostal ligament —
11. Interchondral joints —
12. Manubriosternal joint —
13. Xiphosternal synchondrosis —
14. External intercostal membrane —
15. Thoracic cage —
16. Costal arch —
17. Infrasternal angle —
18. Pulmonary grooves —
19. Costotransverse ligament —
20. Intertransverse ligament —

## TESTS «KROK - 1»

1. On the radiograph between the body of the sternum and the xiphoid process there is no «darkening» of the cartilage. This led to the formation of:  
A - Syndesmosis  
B - Synchrondrosis  
C - Synostosis  
D - Synelastosis  
E - Synchrondrosis
2. The movement of the ribs in the costotransverse joint occurs simultaneously with the movement in the sternocostal joint. This is because these joints are:  
A - Simple  
B - Compound  
C - Complex  
D - Combined  
E - Bi-axial
3. A computer image of the cartilage between the body and the manubrium of the sternum shows a gap. This led to the transformation of cartilage into:  
A - Symphysis  
B - Syndesmosis  
C - Synelastosis  
D - Synchrondrosis  
E - Synchrondrosis
4. During the injury, the fracture site passed through the joint between the bony and cartilaginous parts of the ribs. What joint at the same time injured?  
A - Joint of head of rib  
B - Joint of tubercle of rib  
C - Costocartilage joint  
D - Interchondral joint  
E - Sternocostal joint
5. During a puncture of the sternum in order to take the bone marrow pierce its membrane. Which ligament does it form?  
A - Radiate sternocostal ligament  
B - Superior costotransverse ligaments  
C - Lateral costotransverse ligaments  
D - Costotransverse ligaments  
E - Radiate ligament of head of rib
6. To separate the second rib from the sternum, which other ligament, apart from the radiate sternocostal ligaments, should be crossed?  
A - Intra-articular sternocostal ligament  
B - Superior costotransverse ligaments  
C - Lateral costotransverse ligaments  
D - Radiate ligament of head of rib  
E - Intra-articular ligament of head of the rib
7. Some diseases lead to pathological deformation of the chest, with excessive protrusion of the sternum and the horizontal location of the ribs. This chest is called:  
A - «Shoemaker»  
B - Conical  
C - Wedge-shaped  
D - Barrel-shaped  
E - Cylindrical
8. During cosmetic operations, 11 and 12 ribs are removed. What ligaments do you need to cut?  
A - Superior costotransverse ligaments  
B - Lateral costotransverse ligaments  
C - Costovertebral ligaments  
D - Radiate ligament of head of rib  
E - All of the above

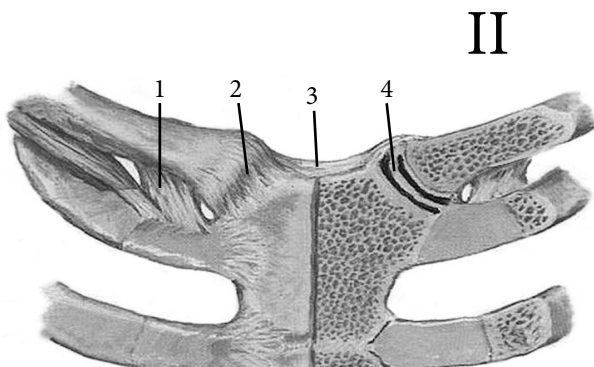
# 18. THE JOINTS OF THE PECTORAL GIRDLE

## THE SHOULDER JOINT

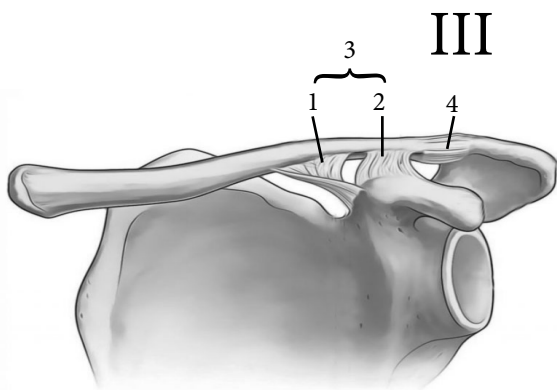


I

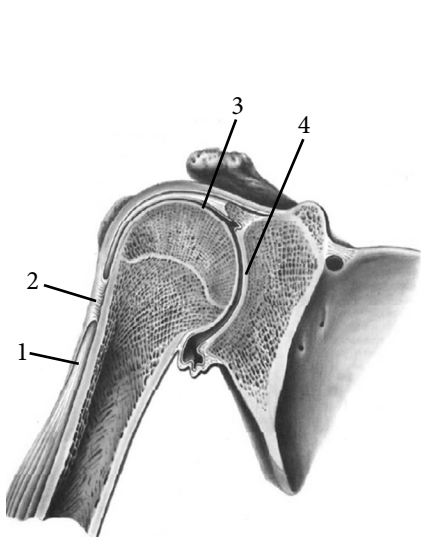
I	The joints of pectoral girdle
1	
2	
II	The sternoclavicular joint
1	
2	
3	
4	
III	The acromioclavicular joint
1	
2	
3	
4	
IV	The shoulder joint
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
a	
b	
c	



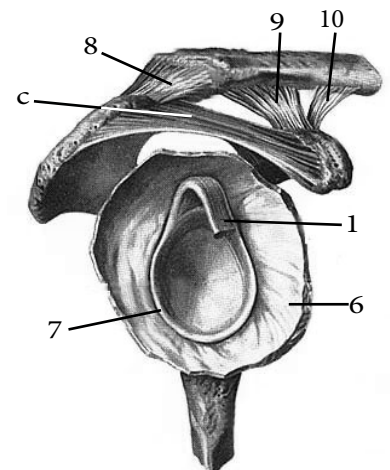
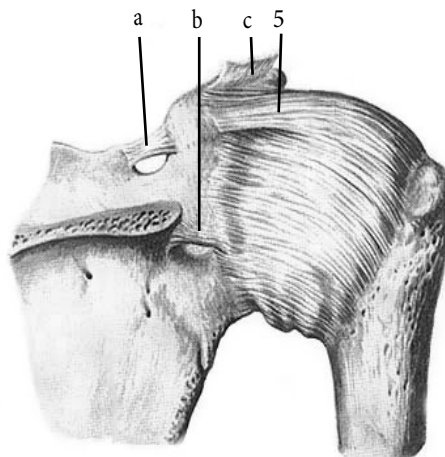
II



III



IV



## ANATOMICAL TERMINOLOGY

- |  |
|--|
| 1. Sternoclavicular joint —                    |
| 2. Articular disk —                            |
| 3. Anterior sternoclavicular ligament —        |
| 4. Interclavicular ligament —                  |
| 5. Posterior sternoclavicular ligament—        |
| 6. Costoclavicular ligament —                  |
| 7. Acromioclavicular joint —                   |
| 8. Coracoclavicular ligament —                 |
| 9. Conoid ligament —                           |
| 10. Trapezoid ligament —                       |
| 11. Coracoacromial ligament —                  |
| 12. Superior transverse scapular ligament —    |
| 13. Inferior transverse scapular ligament—     |
| 14. Coracohumeral ligament —                   |
| 15. Intertubercular tendon ligament —          |
| 16. Glenoid labrum —                           |
| 17. Tendon of long head of biceps brachii —    |
| 18. Shoulder joint —                           |
| 19. Intertubercular tendon sheath —            |
| 20. Subtendinous bursa of subscapular muscle — |

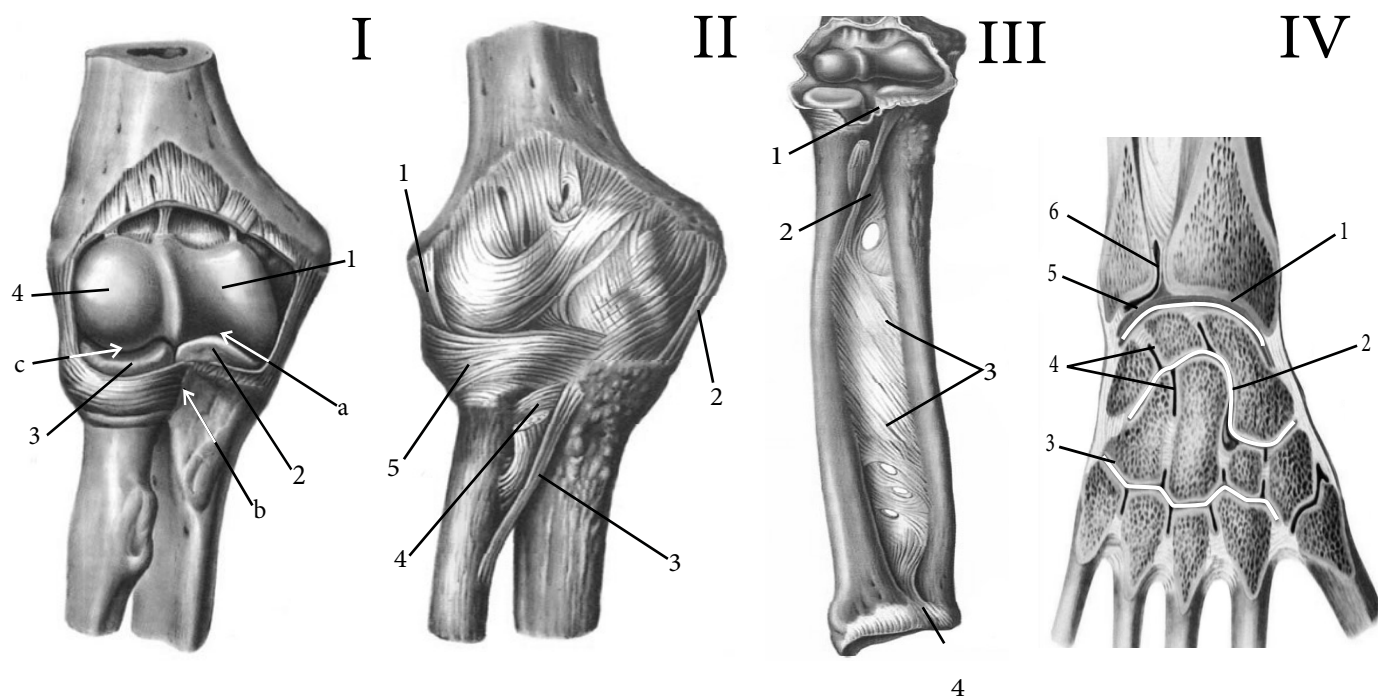


## TESTS «KROK - 1»

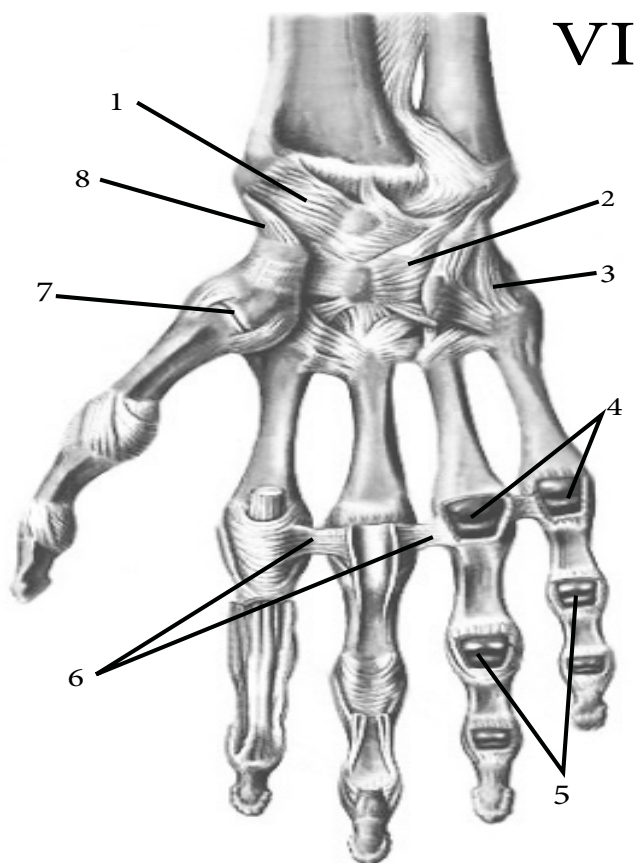
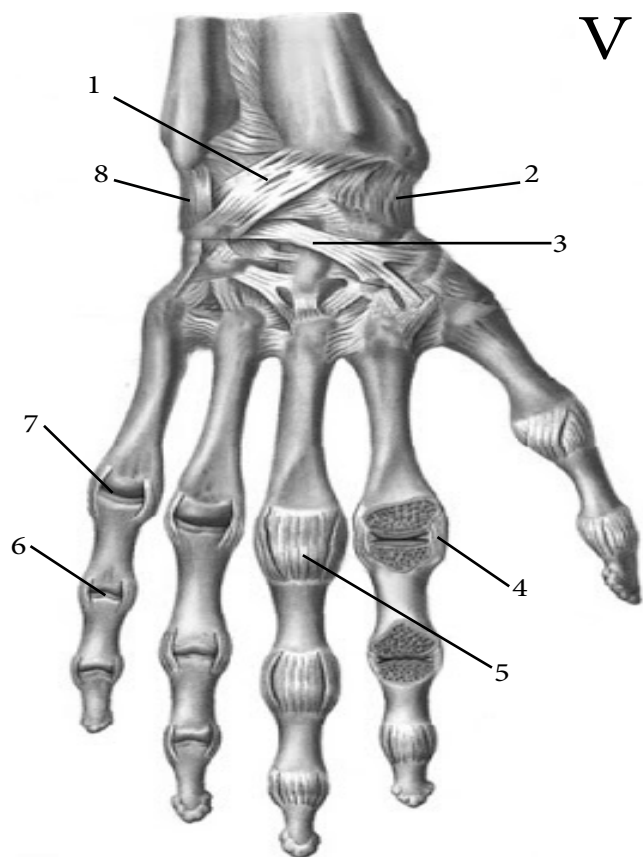
1. As a result of the injury, the clavicle was detached from the sternum. Which ligaments are injury?  
A - Anterior sternoclavicular  
B - Posterior sternoclavicular  
C - Interclavicular  
D - Costoclavicular  
E - All listed
2. As a result of the injury, the clavicle was detached from the scapula. Which ligaments are injury?  
A - Acromioclavicular  
B - Conoid  
C - Trapezoid  
D - All listed  
E - None of the above
3. The scapula is held close to the chest by muscles. This type of connection is called:  
A - Syndesmosis  
C - Synsarcosis  
C - Synchrondrosis  
D - Symphysis  
E - Synostosis
4. The sternoclavicular joint contains a disc to complement the congruence of the articular surfaces, so this joint is:  
A - Simple joints  
B - Compound joints  
C - Complex joints  
D - Combined joints  
E - None of the above
5. The patient has a habitual dislocation in the shoulder joint. What device is contained in this joint, for obstruction dislocations?  
A - Disk  
B - Meniscus  
C - Labrum  
D - All listed  
E - None of the above
6. There is an glenoid labrum to prevent dislocations in the shoulder joint. This turns this joint into:  
A - Complex  
B - Combined  
C - Simple  
D - Complex  
E - None of the above
7. Which muscle tendon passes through the capsule of the shoulder joint?  
A - Long head of biceps  
B - Short head of biceps  
C - Coracohumeral  
D - Long head of triceps  
E - All listed
8. For surgical access to the shoulder joint, you need to open its capsule. Which ligaments are injury?  
A - Coracoacromial ligament  
B - Coracoclavicular ligament  
C - Coracohumeral ligament  
D - Superior transverse scapular ligament  
E - Inferior transverse scapular ligament

# 19. ARTICULATIONS OF THE BONES OF THE FOREARM AND HAND

## THE ELBOW JOINT



I	The structure of the elbow joint <i>(note joints and joint surfaces)</i>	III	The bone connections of forearm
	1		1
	2		2
	3		3
	4		4
	a		
	b		IV
	c		The bone connections of forearm and hand
II	The elbow joint -		1
	1		2
	2		3
	3		4
	4		5
	5		6



V	The joints of the hand ( <i>dorsal surfase</i> )
1	
2	
3	
4	
5	
6	
7	
8	
VI	The joints of the hand ( <i>palmar surfase</i> )
1	
2	
3	
4	
5	
6	
7	
8	

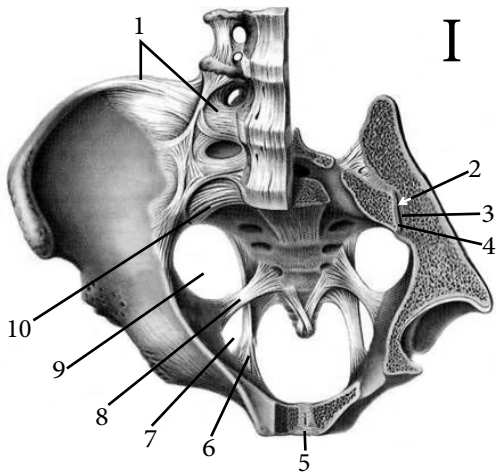
## ANATOMICAL TERMINOLOGY

1. Elbow joint —
2. Humero-ulnar joint —
3. Humeroradial joint —
4. Proximal radio-ulnar joint —
5. Ulnar collateral ligament —
6. Radial collateral ligament —
7. Annular ligament of radius —
8. Sacciform recess —
9. Articular disk —
10. Interosseus membrane of forearm —
11. Oblique cord —
12. Wrist joint —
13. Midcarpal joint —
14. Intercarpal joints —
15. Flexor retinaculum —
16. Carpal tunnel —
17. Carpometacarpal joints —
18. Metacarpophalangeal joints —
19. Interphalangeal joints —
20. Radiate carpal ligament —

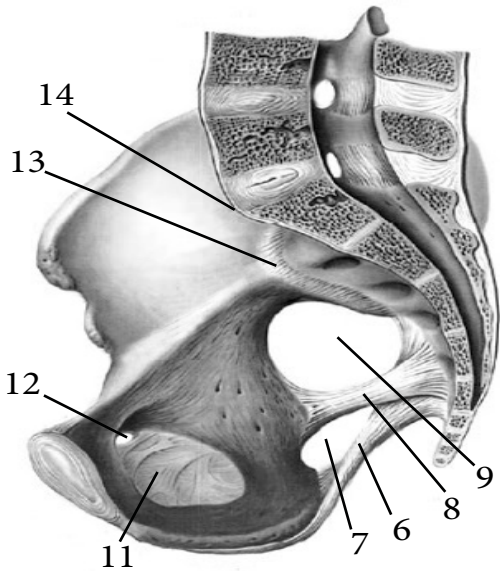
## TESTS «KROK - 1»

1. The patient had a dislocation in the elbow joint. What is the articular head formed?  
A - Capitulum of the humerus  
B - Trochlea of the humerus  
C - Both structure at the same time  
D - The head of the radial bone  
E - Elbow process of the ulna
2. The patient has injuries in the elbow joint. What formed the joint cavity?  
A - The head of the radial bone  
B - Trochlear notch  
C - Both structure at the same time  
D - Capitulum of the humerus  
E - Trochlea of the humerus
3. To access the cavity of the elbow joint from the side, you need to cross the ligament of this joint. What is the ligament?  
A - Radial collateral ligament  
B - Ulnar collateral ligament  
C - Annular ligament of radius  
D - Quadrate  
E - Oblique cord
4. The surgeon needs to cut the capsule of the elbow joint from the middle side. Which ligament should cross?  
A - Ulnar collateral ligament  
B - Radial collateral ligament  
C - Annular ligament of radius  
D - Quadrate  
E - Oblique cord
5. Some ligaments need to be crossed to amputate the forearm at the elbow joint. What are these ligaments?  
A - Radial collateral ligament  
B - Ulnar collateral ligament  
C - Oblique cord  
D - All listed  
E - None of the above
6. During some operations it is necessary to dissect the interosseous membrane of the forearm. To what formations on the bones is this membrane attached?  
A - Interosseous edge of both forearm bones  
B - The anterior surface of both bones of the forearm  
C - Posterior edge of both forearm bones  
D - Anterior surface of both forearm bones  
E - Posterior surface of both forearm bones
7. During a fracture of the radial bone, the cast should fix both proximal and distal, radio-ulnar joints because they are:  
A - Complex  
B - Combined  
C - Simple  
D - Compound  
E - None of the above
8. The radial bone can move around a vertical axis. What ligament holds the head of this bone near the radial notch?  
A - Radial collateral ligament  
B - Ulnar collateral ligament  
C - Annular ligament of radius  
D - Quadrate  
E - Oblique cord

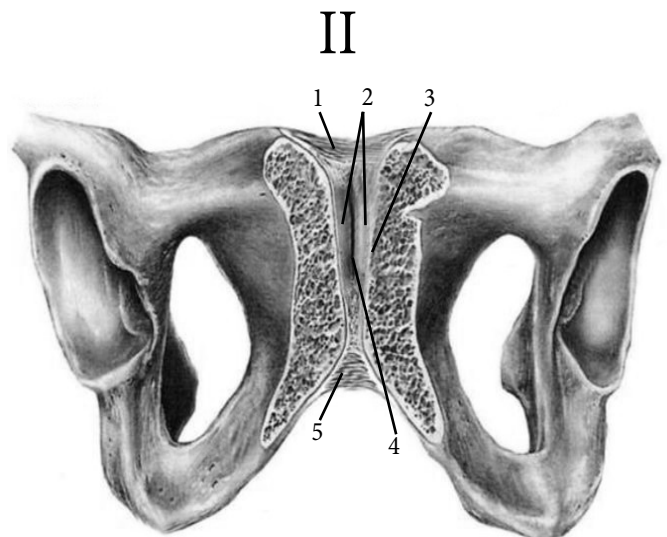
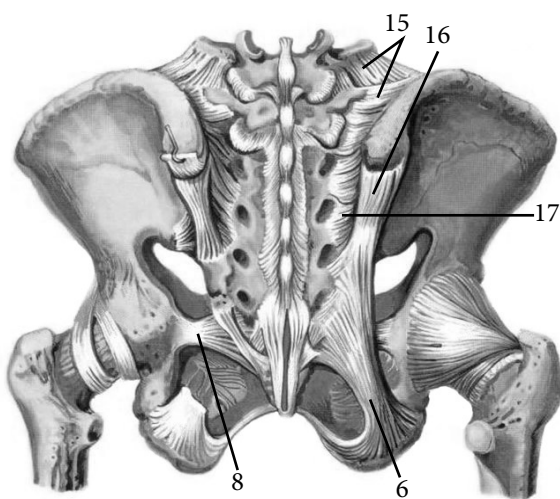
# 20. THE JOINTS OF THE PELVIC GIRDLE



I



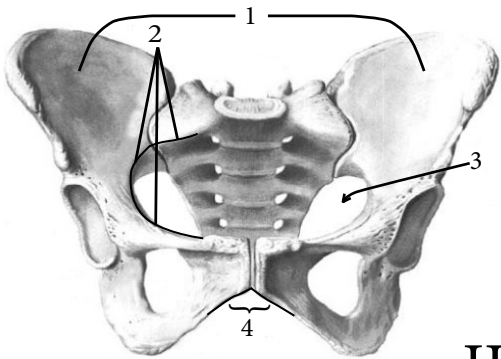
I	The sacro-iliac joint —
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
II	Intermediate articulation of pelvis —
1	
2	
3	
4	
5	



II

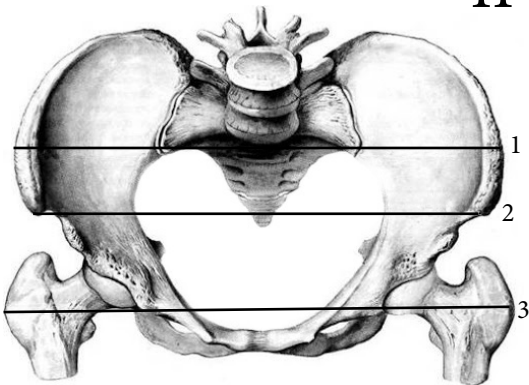
# THE PELVIS AS A WHOLE, SIZES OF PELVIS

I



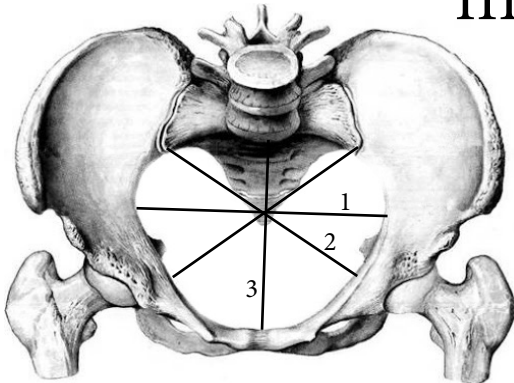
I	The pelvis as a whole
1	
2	
3	
4	

II



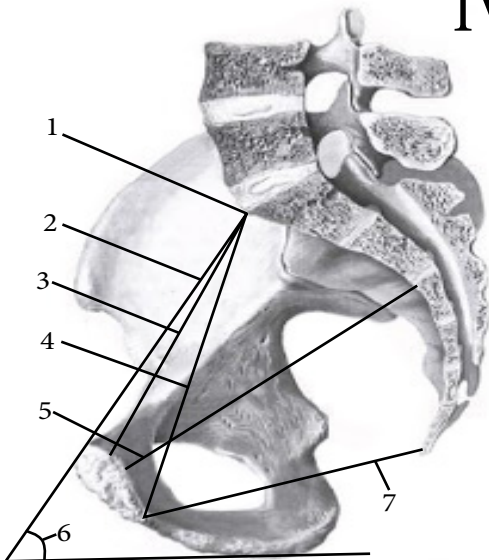
II	External sizes
1	
2	
3	

III



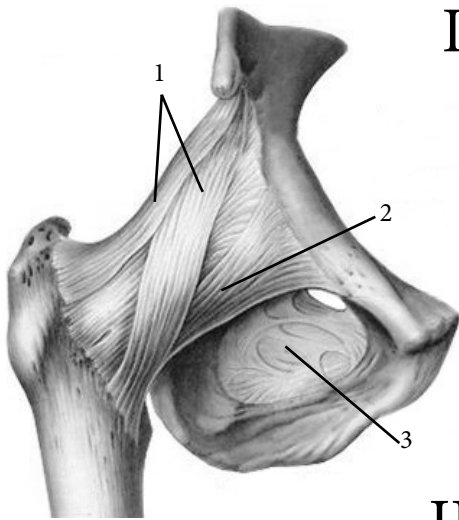
III	The sizes of pelvic inlet
1	
2	
3	

IV



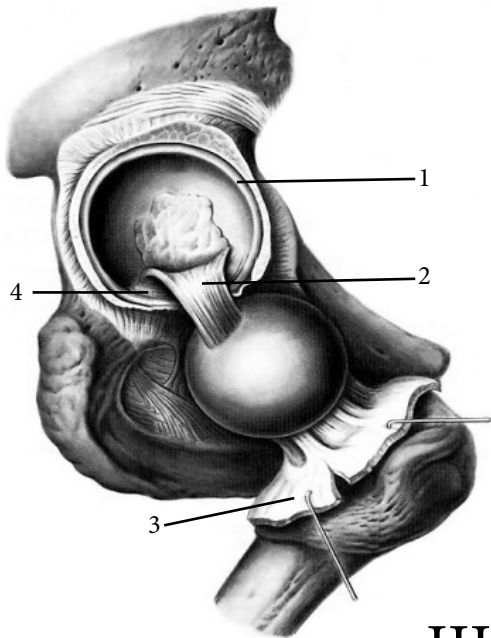
IV	The sizes of lesser pelvis
1	
2	
3	
4	
5	
6	
7	

# THE HIP JOINT



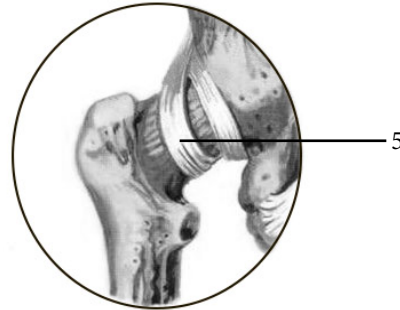
I

I	External aspect
1	
2	
3	

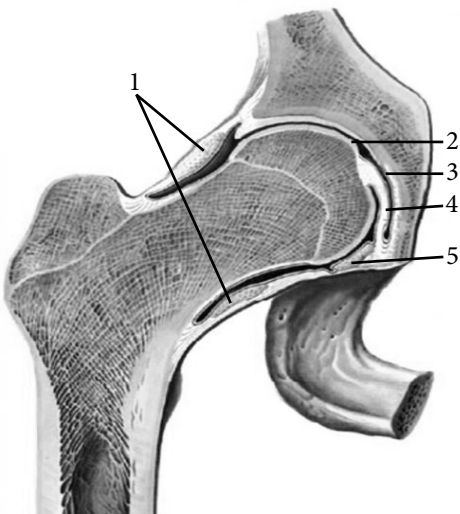


II

II	Internal structure
1	
2	
3	
4	
5	



III



III	Frontal section
1	
2	
3	
4	
5	



## ANATOMICAL TERMINOLOGY

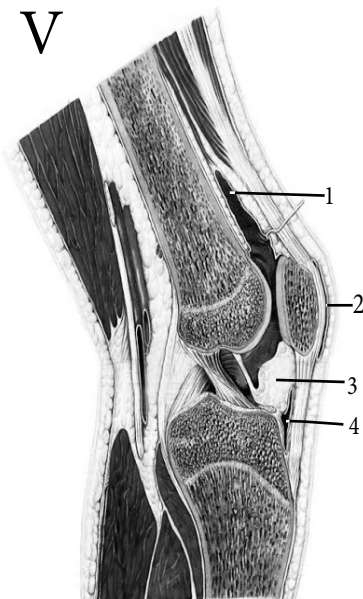
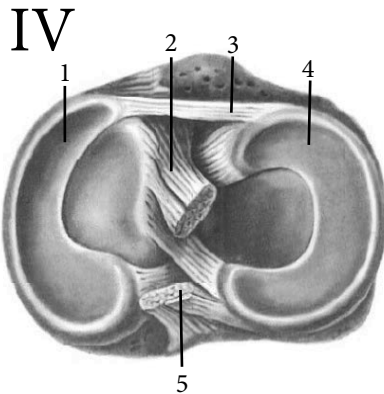
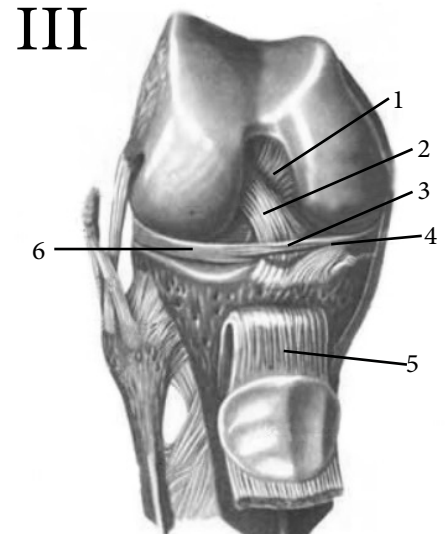
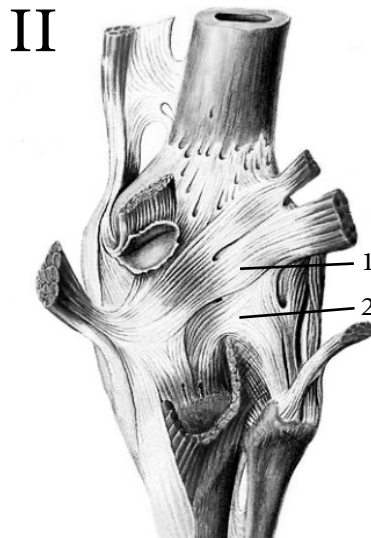
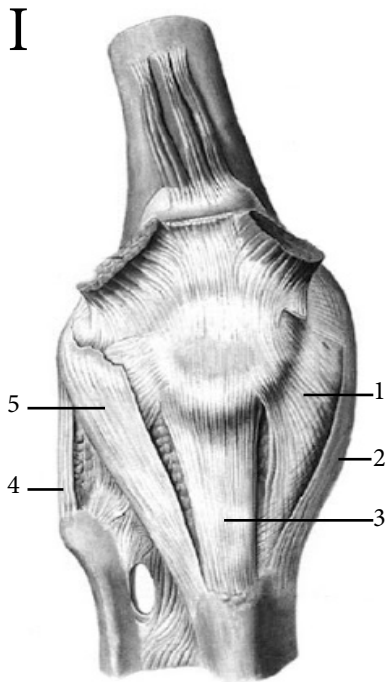
1. Sacro-iliac joint —
2. Anterior sacro-iliac ligament —
3. Interosseous sacro-iliac ligament —
4. Iliolumbar ligament —
5. Pubic symphysis —
6. Superior pubic ligament —
7. Subpubic angle —
8. Sacrospinous ligament —
9. Sacrotuberous ligament —
10. Greater pelvis—
11. Lesser pelvis —
12. Obturator membrane —
13. Pelvic inlet —
14. Hip joint —
15. Ligament of head of femur —
16. Transverse acetabular ligament —
17. Zona orbicularis —
18. Iliofemoral ligament —
19. Pubofemoral ligament —
20. Ischiofemoral ligament —

## TESTS «KROK - 1»

1. During childbirth, women have a rupture of the pubic symphysis. What type of connection is damaged?  
A - Syndesmosis  
B - Synchrondrosis  
C - Synostosis  
D - Hemiarthrosis  
E - Diarthrosis
2. The injury resulted in a rupture of the ligaments that support the sacroiliac joint. What are these ligaments?  
A - Anterior sacroiliac  
B - Posterior sacroiliac  
C - Interosseous sacroiliac  
D - Iliolumbar  
E - All listed
3. As a result of the injury there was a rupture of the pubic symphysis. Which ligaments are affected?  
A - Superior pubic ligament  
B - Arquate pubic  
C - Both  
D - Pubo-femoral  
E - None
4. The patient has a hernia of the greater ischiadic opening. Which ligaments form this opening?  
A - Sacrospinous  
B - Sacrotuberous  
C - Both  
D - Falciform process  
E - Iliolumbar
5. The sacroiliac joint has flat articular surfaces with low amplitude during movements. What is the type of joints?  
A - Ellipsoid  
B - Saddle  
C - Tight (immobile)  
D - Hinge  
E - Pivot
6. The obturator canal is formed due to the obturator membrane. What type of connection does this membrane belong to?  
A - Syndesmosis  
B - Synchrondrosis  
C - Synostosis  
D - Symphysis  
E - Diarthrosis
7. The patient has a hernia of the obturator canal. What formed this channel?  
A - Obturator membrane  
B - Falciform process  
C - Sacrotuberous ligament  
D - Sacrospinous ligament  
E - Both
8. During the injury, the integrity of the pelvic ring was violated with a rupture of the sacroiliac joint. Which ligaments are damaged?  
A - Anterior sacroiliac  
B - Posterior sacroiliac  
C - Interosseous sacroiliac  
D - Iliolumbar  
E - All listed

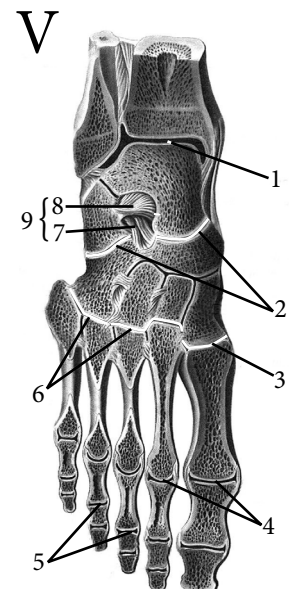
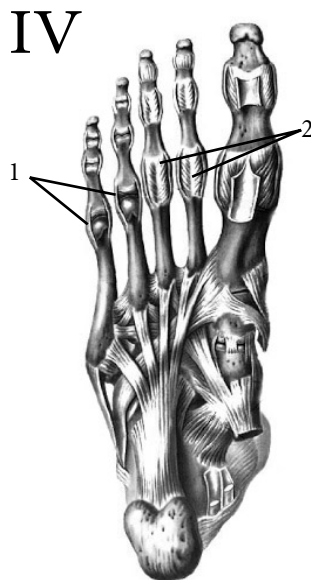
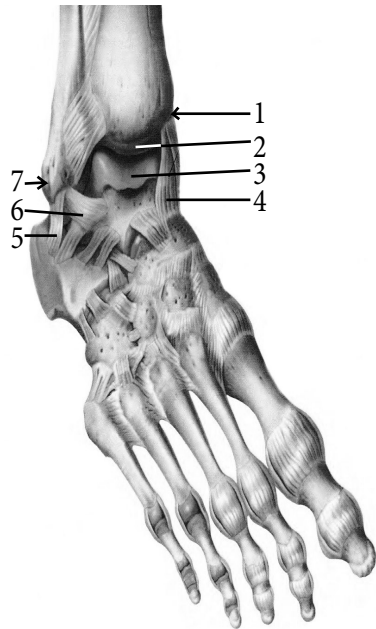
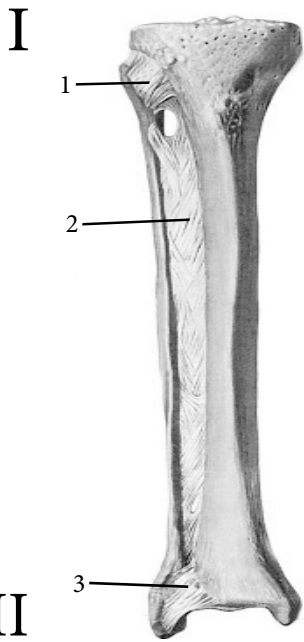
# 21. THE JOINTS OF SHIN AND FOOT

## THE KNEE JOINT



<b>I</b>	Superficial view ( <i>anterior aspect</i> )
1	
2	
3	
4	
5	
<b>II</b>	Superficial view ( <i>posterior aspect</i> )
1	
2	
<b>III</b>	Internal structure ( <i>anterior aspect</i> )
1	
2	
3	
4	
5	
6	
<b>IV</b>	Internal structure ( <i>superior aspect</i> )
1	
2	
3	
4	
5	
<b>V</b>	Sagittal saction of the joint cavity
1	
2	
3	
4	

# THE JOINTS OF THE FOOT



<b>I</b>	The joints bones of shin
1	
2	
3	
<b>II</b>	The ankle joint —
1	
2	
3	
4	
5	
6	
7	
<b>III</b>	The ankle joint ( <i>posterior aspect</i> )
1	
2	
<b>IV</b>	Plantar surface of the foot
1	
2	
<b>V</b>	The joints of the foot ( <i>surgical</i> )
1	
2	
3	
4	
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7	
8	
9	

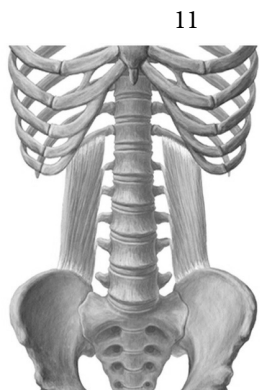
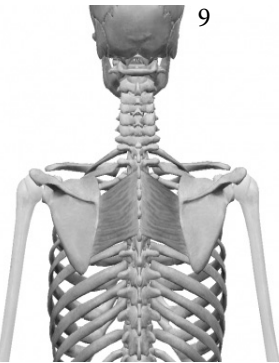
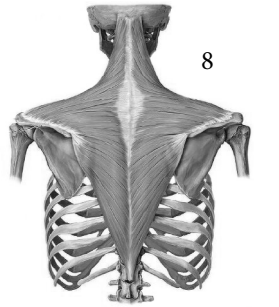
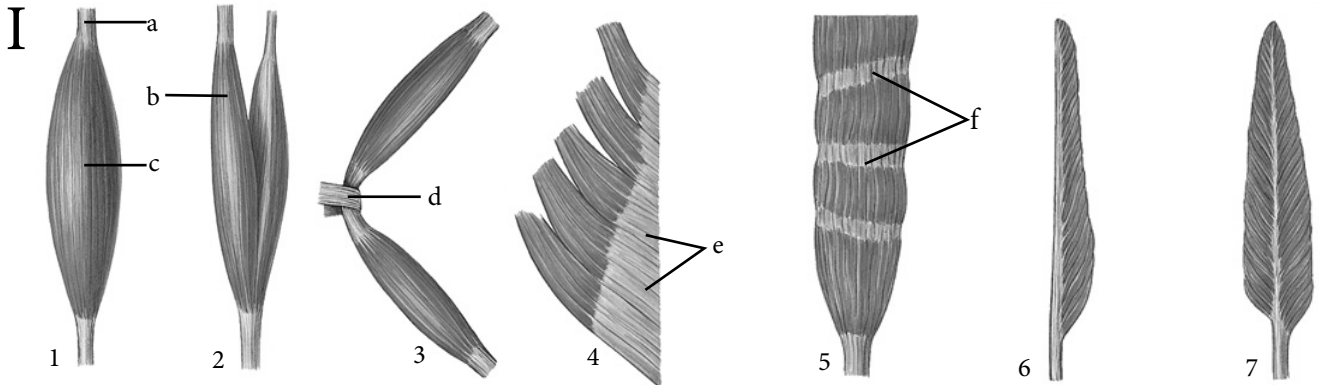
## ANATOMICAL TERMINOLOGY

1. Knee joint —
2. Lateral meniscus —
3. Medial meniscus —
4. Transverse ligament of the knee —
5. Anterior cruciate ligament —
6. Posterior cruciate ligament —
7. Anterior menisco-femoral ligament —
8. Patellar ligament —
9. Medial patellar retinacula —
10. Tibial collateral ligament —
11. Synovial fold —
12. Infrapatellar fat pad —
13. Alar folds —
14. Tibiofibular joint —
15. Anterior tibiofibular ligament —
16. Interosseus membrane of the leg —
17. Ankle joint —
18. Deltoid ligament —
19. Transverse tarsal joint —
20. Tarsometatarsal joint —

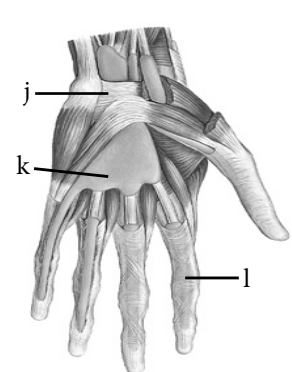
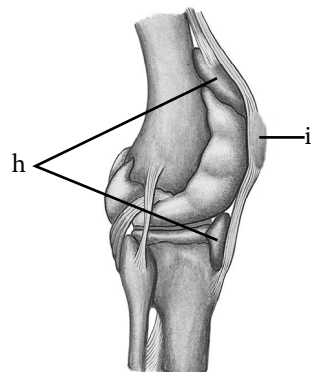
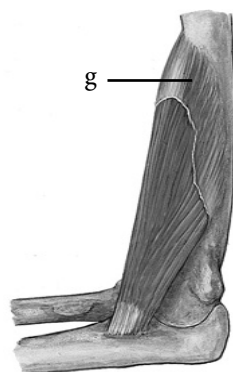
## TESTS «KROK - 1»

1. During a knee injury, there was a rupture of the ligament holding the meniscus, which eventually diverged into different sides. What is this ligament?  
A - Anterior cruciate  
B - Posterior cruciate  
C - Transverse ligament of knee  
D - Lateral patellar retinacula  
E - Medial patellar retinacula
2. For surgical access to the knee joint, with the patella facing up, the ligament must be crossed. What is this ligament?  
A - Lateral patellar retinacula  
B - Medial patellar retinacula  
C - Patellar ligament  
D - Fibular collateral  
E - Tibial collateral
3. Articular surfaces of the knee joint are incongruent. What formation exists to supplement the congruence of the joints surfaces?  
A - Diskus  
B - Menisci  
C - Articular labrum  
D - All of the above  
E - None of the above
4. During the injury there was a separation of the tibia from the fibula in the tibiofibular articulation. What are the connections with suffered from this?  
A - Lig. capitis fibulae anterioris  
B - Lig. capitis fibulae posterioris  
C - Both  
D - Anterior tibiofibular ligament  
E - Posterior tibiofibular ligament
5. During the operation, the tibial membrane was dissected. What type of connection does this connection belong to?  
A - Syndesmosis  
B - Synchrondrosis  
C - Symphysis  
D - Synostosis  
E - Synsarcosis
6. On the radiograph of a shin at the 5 - year-old boy in a site of a tibial tuberosity the crack, not associated with trauma. This gap is:  
A - Syndesmosis  
B - Temporary synchrondrosis  
C - Permanent synchrondrosis  
D - Synostosis  
E - Symphysis
7. The shin was amputated in the middle third. What prevents the divergence of the proximal ends of the tibia and fibula?  
A - Lig. capitis fibulae anterioris  
B - Lig. capitis fibulae posterioris  
C - Interosseous membrane  
D - All of the above  
E - None of the above
8. The patient had a rupture of the patellar ligament. Where is this ligament fixed on the shin bones?  
A - Tibial tuberosity  
B - The head of the fibula  
C - Lateral malleolus  
D - Middle malleolus  
E - Soleal line

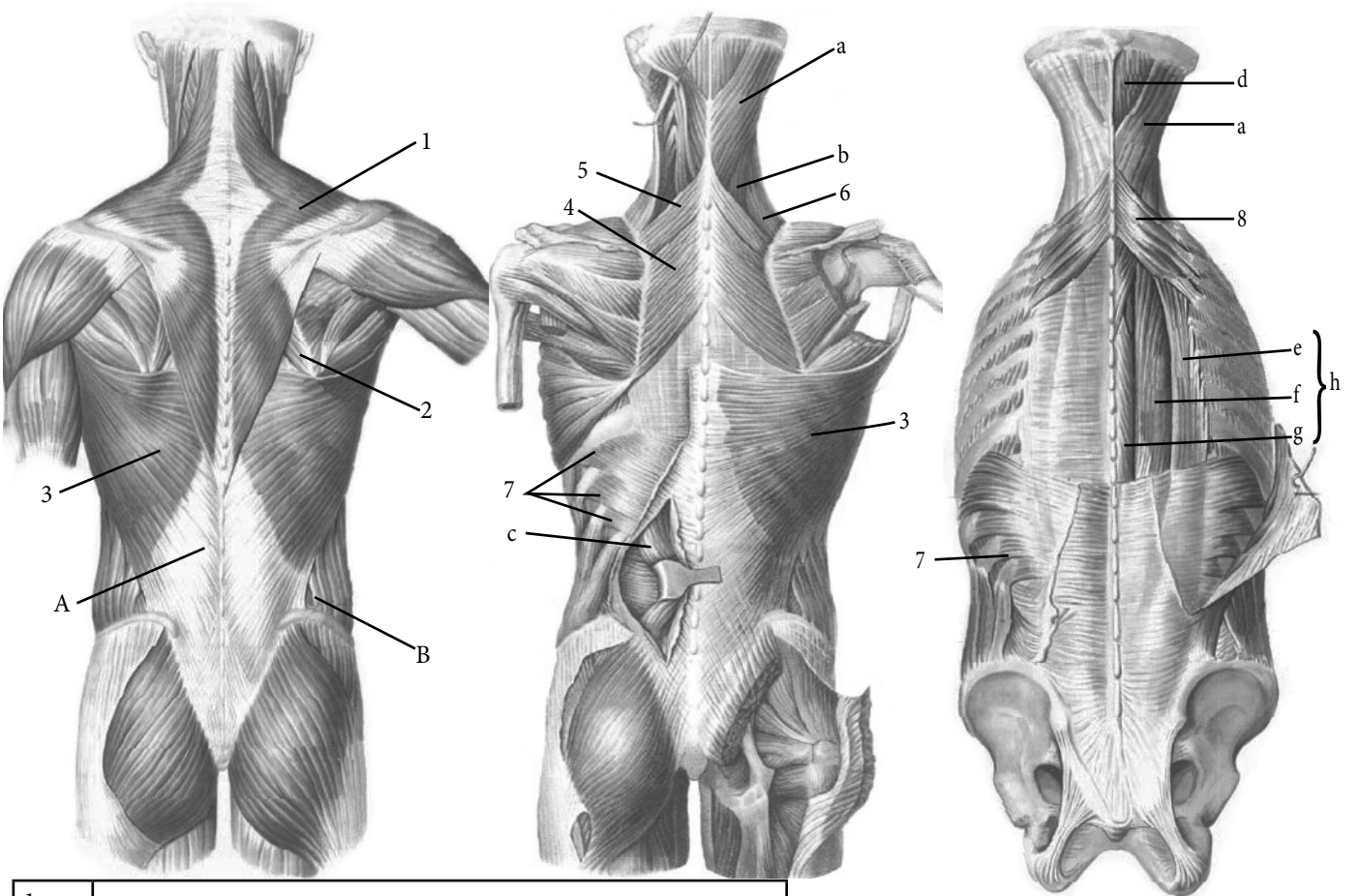
# 22. GENERAL MYOLOGY



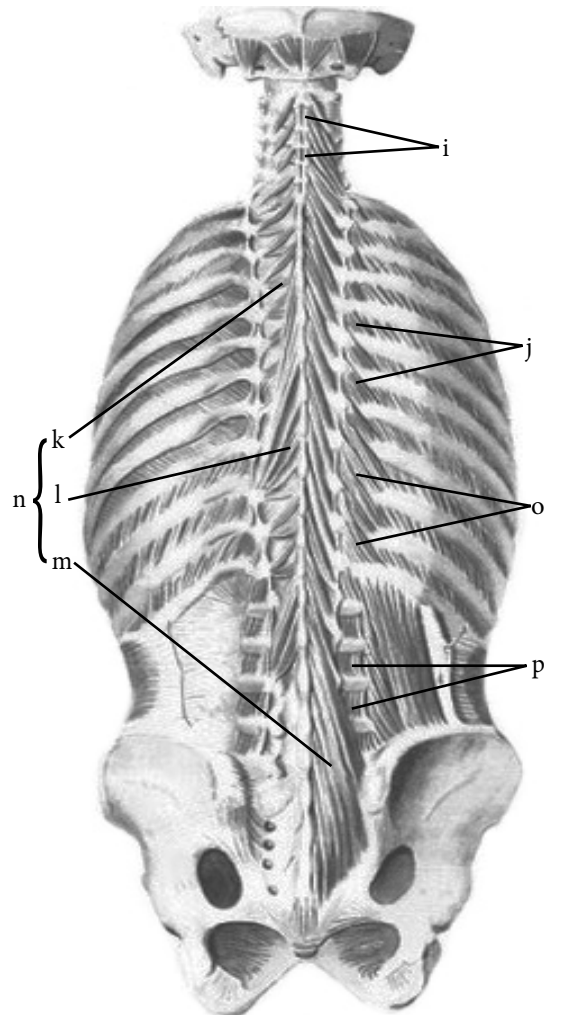
I	Types of muscles
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
	Muscle structure
a	
b	
c	
	Auxiliary apparatus
d	
e	
f	
g	
h	
i	
j	
k	
l	



## II THE MUSCLES OF THE BACK



1	
2	
3	
4	
5	
6	
7	
8	
A	
B	
a	
b	
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d	
e	
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h	
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j	
k	
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m	
n	
o	
p	





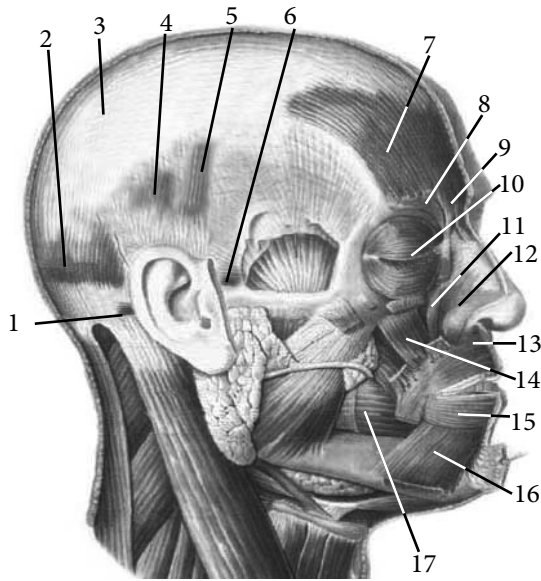
## ANATOMICAL TERMINOLOGY

1. Trapezius muscle —
2. Rhomboid muscle —
3. Latissimus dorsi muscle —
4. Levator scapulae muscle —
5. Serratus posterior superior muscle —
6. Serratus posterior inferior muscle—
7. Splenius capitis muscle —
8. Splenius cervicis muscle —
9. Erector spinae muscle —
10. Iliocostal muscle —
11. Longissimus muscle —
12. Spinalis muscle —
13. Transversospinalis muscle —
14. Multifidus muscle —
15. Rotatores muscles —
16. Semispinalis muscles —
17. Intertransversarii muscles —
18. Interspinales muscles —
19. Thoracolumbar fascia —
20. Lumbar triangle —

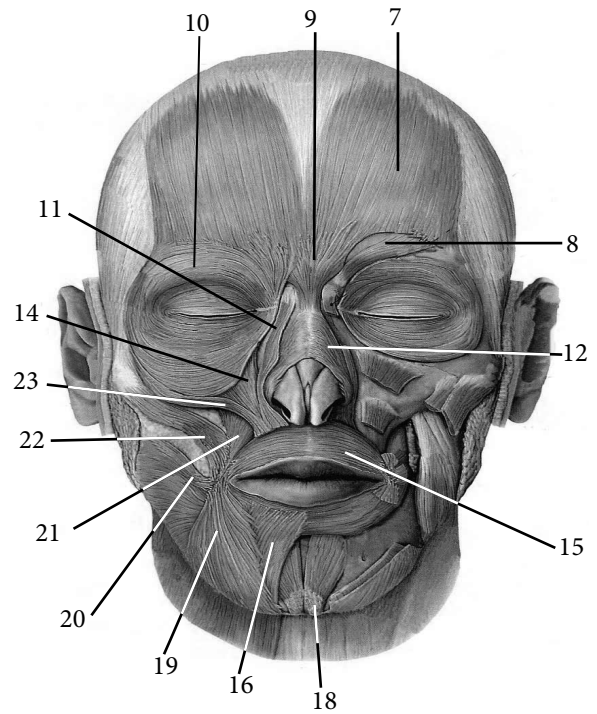
## TESTS «KROK - 1»

1. Athlete, after falling from the horizontal bar, can not pull the torso to his hands, hanging on the crossbar. Which muscles were injured?  
A - Trapezoidal  
B - Levator scapulae  
C - Rhomboid  
D - Latissimus dorsi  
E - Serratus anterior
2. The levator scapulae muscles is not the only one in this movement. Which muscle is its synergist?  
A - Rhomboid minor  
B - Rhomboid major  
C - Supraspinatus  
D - Infraspinatus  
E - Trapezius (upper bundles)
3. The patient complains of severe pain on the right side when turning and unbending the head. Which muscle dysfunction can cause this condition?  
A - Trapezoidal  
B - Splenius capitis and splenius cervicis  
C - The upper part of the longissimus muscle  
D - Spinalis muscle  
E - Multifidus muscle
4. At sharp long cooling there is a paresis of muscles of a body which is followed by impossibility of an inclination of the head and neck back. Which muscle function is impaired in this case?  
A - Rhomboid  
B - Trapezoidal  
C - Longissimus  
D - Splenius capitis and splenius cervicis  
E - Latissimus dorsi
5. Severe back muscle injury has made it impossible to rotate the spine. Which muscle is accessory respiratory muscles?  
A - Spinalis  
B - Longissimus  
C - Latissimus dorsi  
D - Transversospinalis  
E - Rhomboid
6. After the injury, the patient experiences back pain during breathing movements. Which muscles are the auxiliary respiratory muscles?  
A - Large and small rhomboid muscles  
B - Latissimus dorsi muscle  
C - Serratus posterior superior and posterior inferior muscles  
D - Levator scapulae muscle  
E - Trapezius muscle
7. The erector spinae muscle consists of:  
A - The spinalis, transversospinalis and multifidus muscles  
B - Iliocostalis, longissimus and spinalis muscles  
C - Iliocostal muscle, spinalis muscles of the head and neck  
D - The longissimus, spinalis and rotatores muscles  
E - Transversospinalis, intertransversarii and interspinales muscles
8. Which fascia forms the bony-fibrous vagina for the deep muscles of the back?  
A - Superficial  
B - Occipital  
C - Superficial plate of the thoracodorsal fascia  
D - Deep plate of the thoracodorsal fascia  
E - Both plates of the thoracodorsal fascia

# 23. THE MIMIC AND MASTICATORY MUSCLES

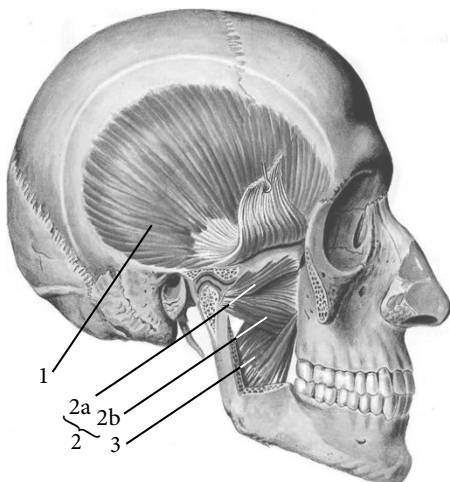


I

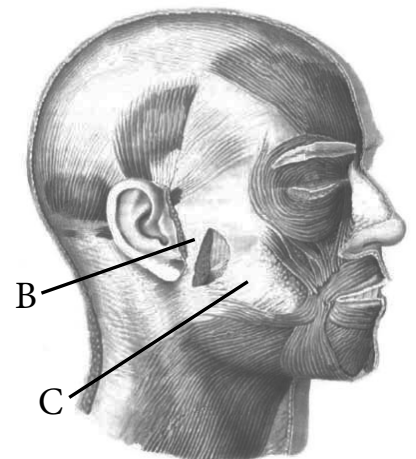
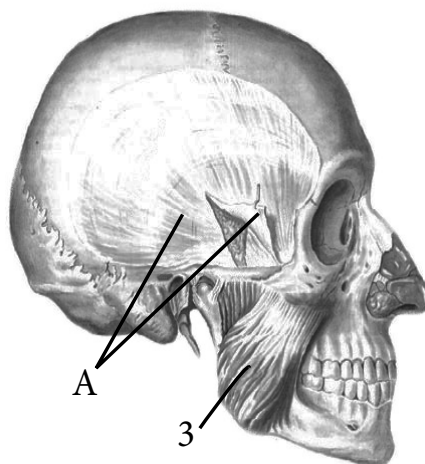


I	The muscles of the head
	The neurocranial muscles and auricle
1	
2	
3	
4	
5	
6	
7	
	The muscles surrounding the eye
8	
9	
10	
	The muscles surrounding the nose
11	
12	
13	
	The muscles surrounding oral cavity
14	
15	

16	
17	
18	
19	
20	
21	
22	
23	
II	The masticatory muscles
1	
2	
2a	
2b	
3	
A	
B	
C	



II



## ANATOMICAL TERMINOLOGY

1. Facial muscles —
2. Epicranius —
3. Occipitofrontalis —
4. Epicranial aponeurosis —
5. Auricular muscles —
6. Procerus —
7. Corrugator supercilii —
8. Orbicularis oculi —
9. Depressor labii inferiores —
10. Levator labii superiores —
11. Mentalis —
12. Risorius —
13. Zygomaticus major —
14. Buccinator —
15. Temporalis —
16. Masseter —
17. Lateral pterygoid —
18. Buccopharyngeal fascia —
19. Masseteric fascia —
20. Parotid fascia —

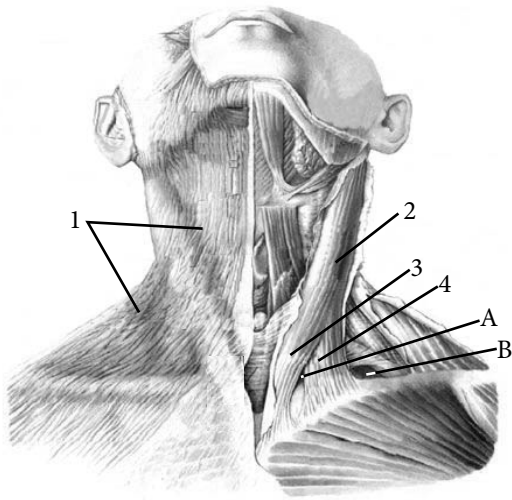
## TESTS «KROK - 1»

1. The muscles of the head are divided into masticatory and facial. The masticatory muscles include:
  - A - Temporal, masticatory muscles
  - B - External and internal pterygoid muscles
  - C - Internal pterygoid and masticatory muscles
  - D - Temporal and external pterygoid muscles
  - E - External and internal pterygoid, masticatory and temporal muscles
2. The patient complains of sagging of the lower jaw, which complicates the act of chewing. Which muscle dysfunction occurs in this case?
  - A - External pterygoid muscle
  - B - Internal pterygoid muscle
  - C - Masticatory and external pterygoid muscles
  - D - Temporal and masticatory muscles
  - E - Both pterygoid muscles
3. The patient complains of complications in the movements of the lower jaw forward and sideways when chewing. What muscles are damaged in this case?
  - A - Temporal
  - B - Buccinator
  - C - Pterygoid
  - D - Masseter
  - E - Mentalis
4. Facial muscles include:
  - A - Epicranial muscles
  - B - Muscles surrounding the orbit
  - C - Muscles surrounding the nose and ear
  - D - Muscles surrounding the mouth
  - E - All listed
5. The fascia of the head include:
  - A - Epicranial aponeurosis
  - B - Temporal and masseteric fascia
  - C - Epicranial aponeurosis and temporal fascia
  - D - Parotid fascia
  - E - Buccopharyngeal, masseteric, parotid, temporal fascia
6. A comedian complains about the loss of the opportunity to make a face laugh. Which muscle dysfunction led to such a state?
  - A - Buccinator and mentalis
  - B - Zygomaticus major
  - C - Zygomaticus major and buccinator
  - D - Zygomaticus major and risorius
  - E - Levator labii superioris
7. The artist-tragedian turned to the doctor, complaining that he could not add a sad expression to his face. Which muscle is not working?
  - A - Levator anguli oris
  - B - Depressor labii inferioris
  - C - Depressor anguli oris
  - D - Mentalis
  - E - Orbicularis oris
8. The patient can not lift the lowered mandible. Which muscles do not perform their function?
  - A - Masseter
  - C - Facial muscles
  - C - Orbicularis oris
  - D - Levator labii superioris
  - E - Levator anguli oris

# 24. THE SUPERFICIAL NECK MUSCLES

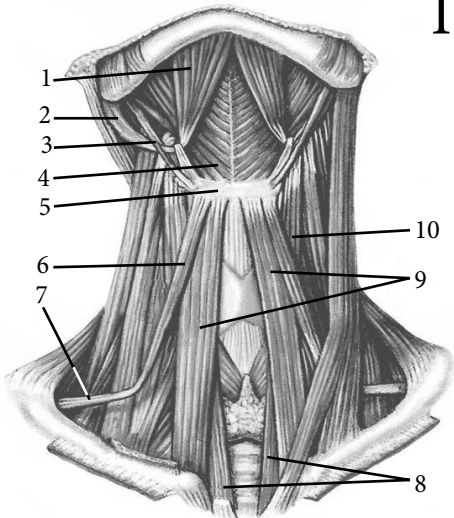
## AREAS OF THE NECK. NECK TRIANGLES

I



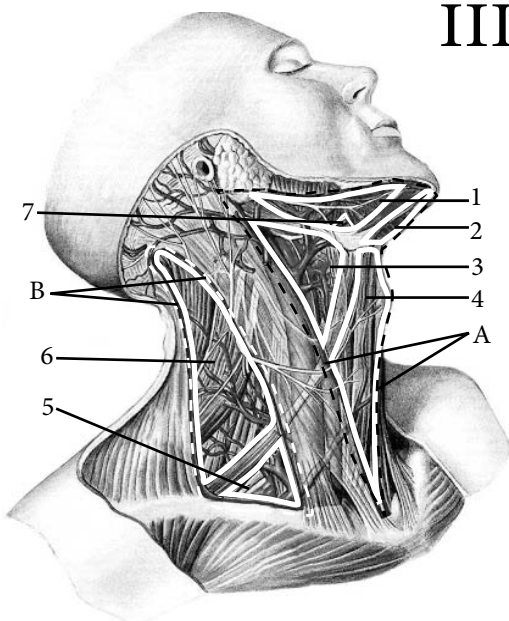
I	Superficial neck muscles
1	
2	
3	
4	
A	
B	

II



II	Suprahyoid and infrahyoid muscles
1	
2	
3	
4	
5	
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7	
8	
9	
10	

III



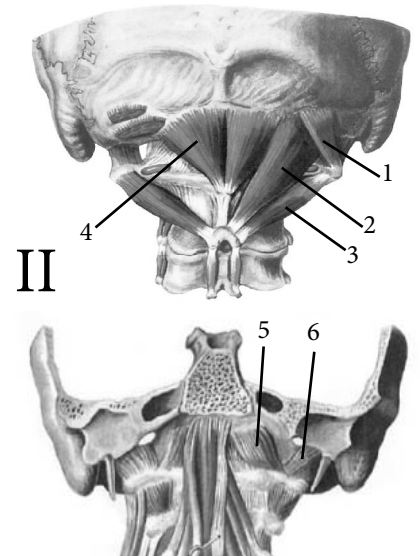
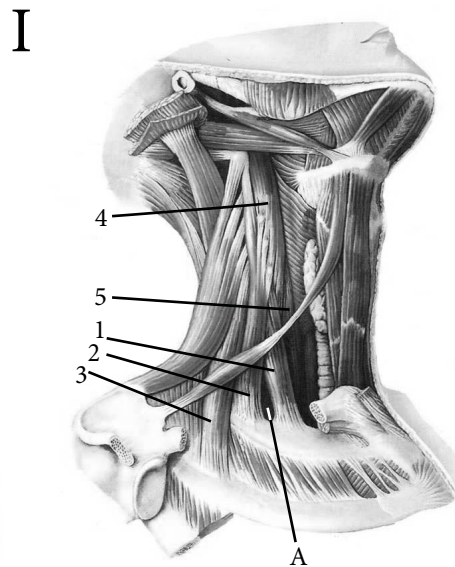
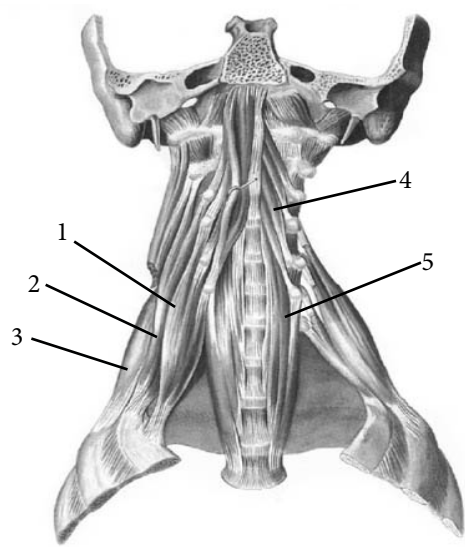
III	Triangles of the neck
1	
2	
3	
4	
5	
6	
7	
A	
B	

## ANATOMICAL TERMINOLOGY

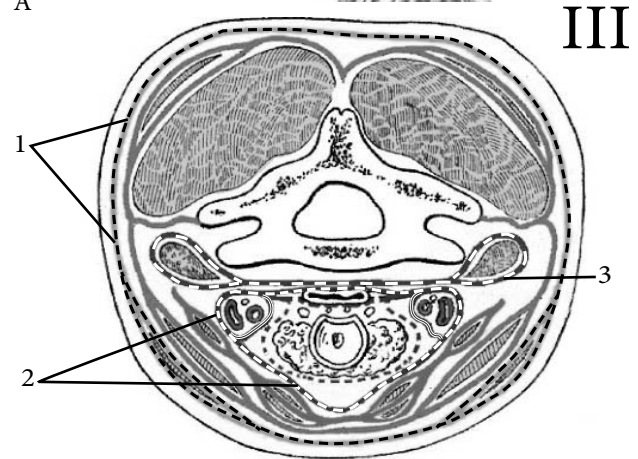
1. Platysma —
2. Sternocleidomastoid —
3. Digastric muscle —
4. Stylohyoid —
5. Geniohyoid —
6. Mylohyoid —
7. Sternohyoid —
8. Sternothyroid —
9. Omohyoid muscle —
10. Anterior cervical triangle —
11. Omotracheal triangle —
12. Carotid triangle —
13. Submental triangle —
14. Submandibular triangle —
15. Lingual triangle —
16. Retromandibular fossa —
17. Lateral cervical triangle —
18. Omotrapezoid triangle —
19. Omoclavicular triangle —
20. Spatium antescalenum —

# 25. THE DEEP MUSCLES OF THE NECK

## FASCIA AND INTERFASCIAL SPACES OF THE NECK



I	The deep neck muscles
1	
2	
3	
4	
5	
A	
II	The suboccipital muscles
1	
2	
3	
4	
5	
6	



III	Fascia of the neck
1	
2	
3	

### THE INTERFASCIAL SPACES OF THE NECK

№	Interfascial space	What is formed	Communication
1	Suprasternal interfascial space —		
2	Previsceral space —		
3	Retrovisceral space —		
4	Prevertebral space —		



## ANATOMICAL TERMINOLOGY

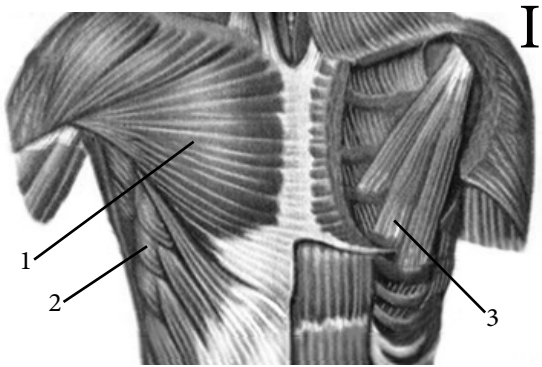
1. Scalenus anterior —
2. Scalenus medius —
3. Scalenus posterior —
4. Interscalen space—
5. Longus capitis —
6. Longus colli —
7. Suboccipital muscle —
8. Rectus capitis lateralis —
9. Rectus capitis anterior —
10. Rectus capitis posterior minor —
11. Obliquus capitis superior —
12. Obliquus capitis inferior —
13. Cervical fascia —
14. Superficial layer —
15. Pretracheal layer —
16. Prevertebral layer —
17. Carotid sheath —
18. Suprasternal interaponeurotic space—
19. Previsceral space —
20. Retrovisceral space —

## TESTS «KROK - 1»

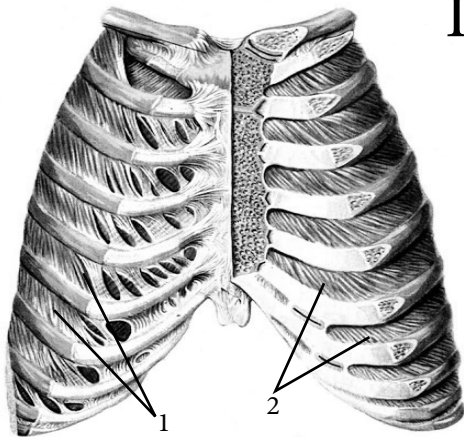
1. Congenital spastic contraction of the muscles on one side of the neck leads to an anomalies called «crooked neck». What a muscle spastically shortened?  
A - Platysma  
B - Sternocleidomastoid  
C - Omohyoid  
D - Sternohyoid  
E - Sternothyroid
2. If the common carotid artery is injured, it is pressed below the site of injury to the spine within the carotid triangle. Which muscle contours delimit this triangle?  
A - Sternocleidomastoid, posterior belly of the digastric, superior belly of the omohyoid muscles  
B - Sternocleidomastoid, inferior belly of the omohyoid and anterior belly of the digastric muscles  
C - Trapezoidal, sternocleidomastoid and thyrohyoid muscle  
D - Sternohyoid, superior belly of the omohyoid muscles and trachea  
E - Trapezoidal, sternocleidomastoid and omohyoid muscle
3. What triangles are distinguished in the anterior cervical triangle?  
A - Submandibular  
B - Submandibular and omotracheal  
C - Carotid  
D - Submandibular, carotid and omotracheal muscles  
E - Omotracheal and carotid
4. What triangles are distinguished in the lateral cervical triangle?  
A - Omotrapezoidal  
B - Carotid  
C - Omoclavicular  
D - Submandibular  
E - Omotrapezoidal and omoclavicular
5. Surgical access to the mandibular gland is the submandibular triangle. What muscles limit it?  
A - The anterior and posterior belly of the digastric and the lower edge of the mandible  
B - Geniohyoid muscle, sternocleidomastoid muscle and mandible  
C - Omohyoid, sternocleidomastoid and trapezius muscles  
D - Stylohyoid muscle, anterior belly of digastric and sternocleidomastoid muscle  
E - Mandibule, sternocleidomastoid muscle and omohyoid muscle
6. Arterial bleeding from a tongue injury can be stopped by ligation of the artery in the neck in the lingual triangle, the upper side of which is formed by the sublingual nerve, and the anterior and posterior sides - by muscles. Which ones?  
A - The posterior belly of the digastric and geniohyoid muscles  
B - Stylohyoid and anterior belly of the digastric muscles  
C - The anterior belly of the digastric and geniohyoid  
D - Omohyoid and trapezius muscles  
E - Trapezoidal and sternocleidomastoid muscles
7. In the superficial group of neck muscles there are:  
A - Platysma and sternohyoid muscles  
B - Sternocleidomastoid and omohyoid muscles  
C - Sternohyoid muscle and platysma  
D - Platysma and sternocleidomastoid muscles  
E - Sternothyroid and thyrohyoid muscles
8. The subclavian artery passes in the interscalenus space of the neck. What is the limit of this space?  
A - Anterior and posterior scalenus muscles  
B - Anterior and middle scalenus muscles  
C - In front of the anterior scalenus muscle  
D - Behind the posterior scalenus muscle  
E - Middle and posterior scalenus muscles

# 26. THE MUSCLES AND FASCIAE OF THE CHEST

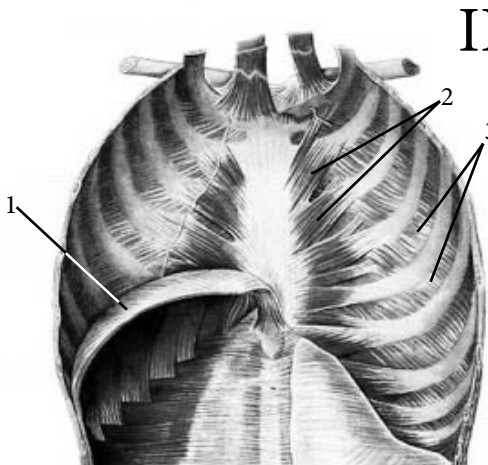
## DIAPHRAGM



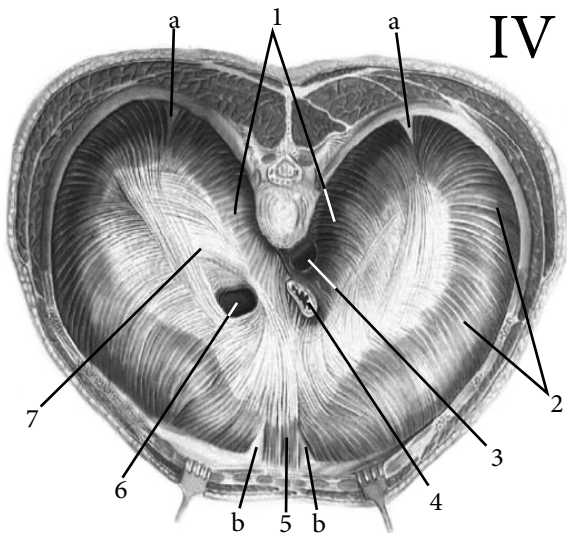
I



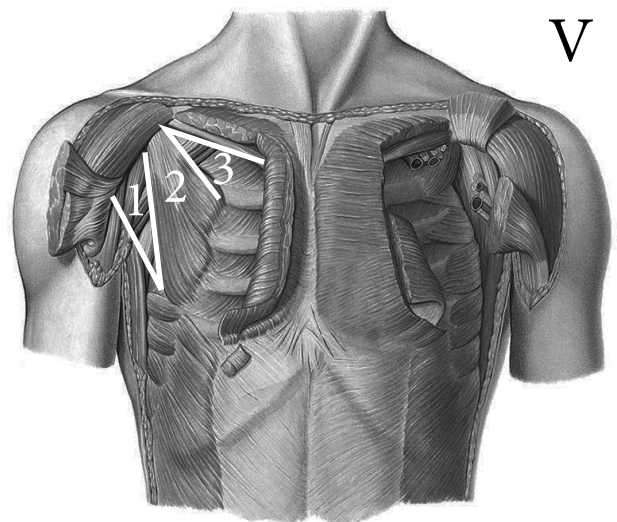
II



III



IV



V

I	The superficial muscles of the chest
1	
2	
3	
II	The deep muscles of the chest
1	
2	
III	The muscles of the inner surface of the chest
1	
2	
3	
IV	Diaphragm —
1	
2	
3	
4	
5	
6	
7	
a	
b	
V	The triangles of the chest
1	
2	
3	

## ANATOMICAL TERMINOLOGY

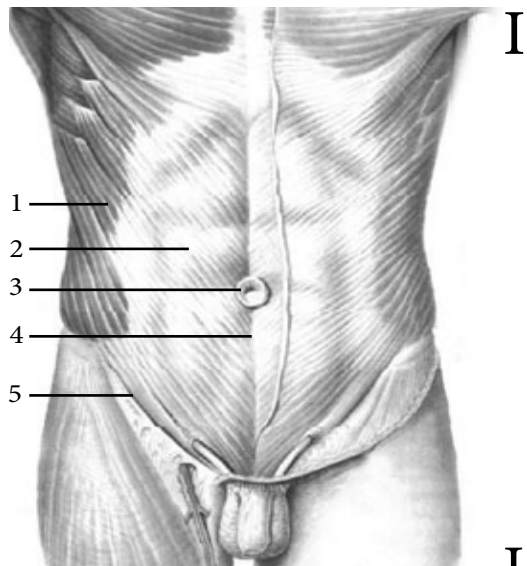
1. Pectoralis major —
2. Pectoralis minor —
3. Subclavian —
4. Serratus anterior —
5. External intercostal muscles —
6. Internal intercostal muscles —
7. Subcostales —
8. Transversus thoracis —
9. Levatores costarum —
10. Pectoral fascia —
11. Endothoracic fascia —
12. Clavipectoral fascia —
13. Diaphragm —
14. Central tendon —
15. Caval opening —
16. Aortic hiatus —
17. Oesophageal hiatus —
18. Median arcuate ligament —
19. Sternocostal triangle —
20. Lumbocostal triangle —

## TESTS «KROK - 1»

1. A bedridden patient with respiratory disorders is recommended to fix the upper extremities to facilitate breathing. Which chest muscles can help you breathe?  
A - Transversus thoracis  
B - Intercostal muscles  
C - Serratus anterior  
D - Pectoralis major and minor, serratus anterior  
E - Diaphragm
2. What fascia lines the inner surface of the chest?  
A - Thoracic  
B - Pectoral  
C - Clavipectoral  
D - Superficial  
E - Endothoracic
3. Surgical interventions in the diaphragm occur from both the thoracic and abdominal cavities. It is necessary take into account which parts make up the diaphragm:  
A - Sternal, lumbar  
B - Sternal, costal  
C - Lumbar, costal  
D - Abdominal, thoracic  
E - Sternal, costal, lumbar
4. Diaphragm - the respiratory muscle, which is in constant motion during inhalation and exhalation. In what condition and position is the diaphragm inhaled?  
A - Goes down, relaxes  
B - Rises, relaxes  
C - Rises, shrinks  
D - Lowers, shrinks  
E - Rises, does not relax
5. The patient has an injury in the proximal shoulder. Which of the following muscles can be affected?  
A - Pectoralis major  
B - Pectoralis minor  
C - Subclavius  
D - Anterior serratus  
E - External intercostal muscles
6. At operative interventions in the region of a diaphragm it is considered that its strongest part - lumbar - consists of two crura:  
A - Middle and lateral  
B - Meddle and intermediate  
C - Intermediate and lateral  
D - Right and left  
E - Lateral and intermediate
7. What are the largest anatomical formations passing through the holes and crevices of the diaphragm?  
A - Aorta  
B - Aorta, portal vein  
C - Aorta, thoracic duct  
D - Aorta, inferior vena cava, esophagus  
E - Portal vein, aorta
8. Auxiliary respiratory muscles of the chest are:  
A - Pectoralis major  
B - Pectoralis minor  
C - Serratus anterior  
D - External and internal intercostal muscles  
E - All of the above

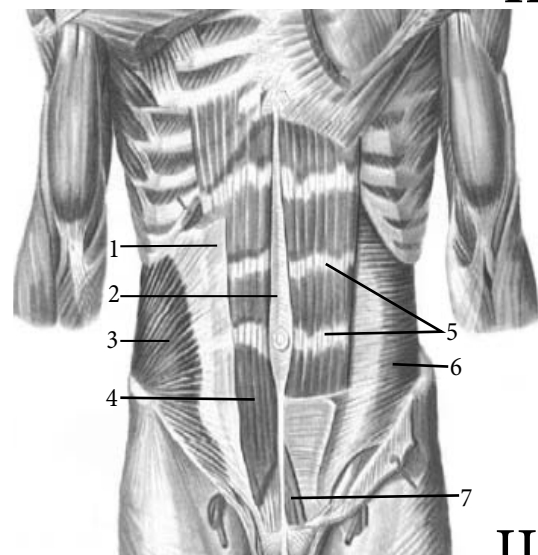
# 27. THE MUSCLES AND FASCIA OF THE ABDOMEN

## THE RECTUS SHEATH AND WHITE LINE



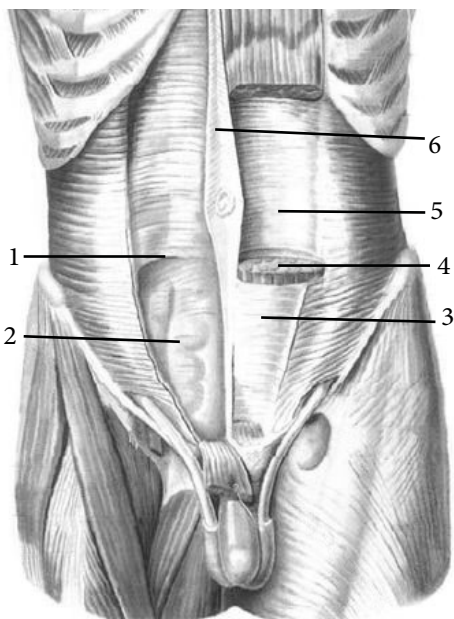
I

I	The anterior abdominal wall
1	
2	
3	
4	
5	



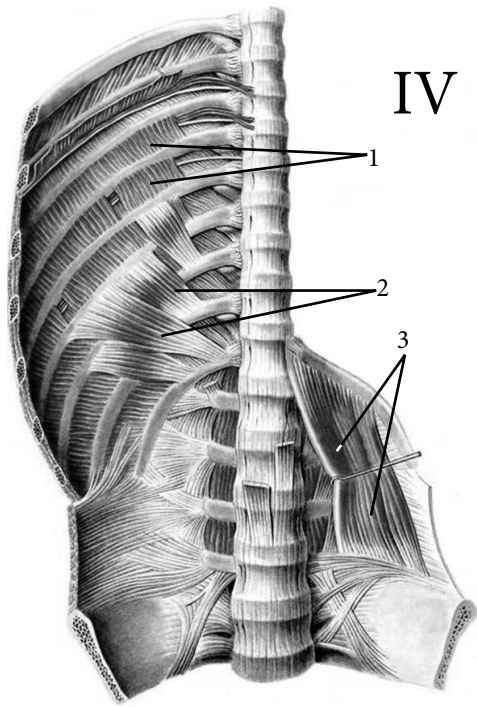
II

II	The abdominal muscles
1	
2	
3	
4	
5	
6	
7	



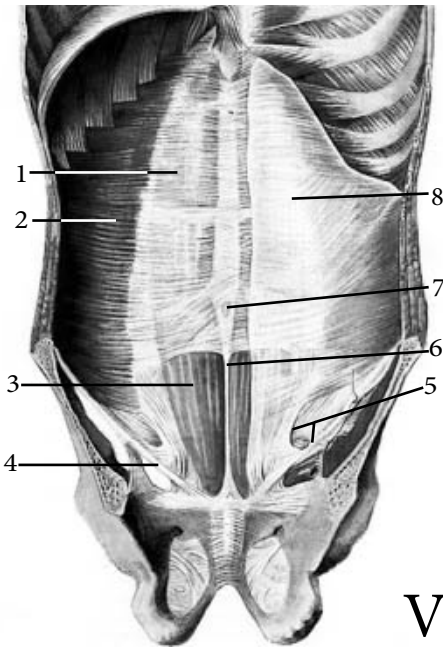
III

III	The rectus sheath —
1	
2	
3	
4	
5	
6	



IV

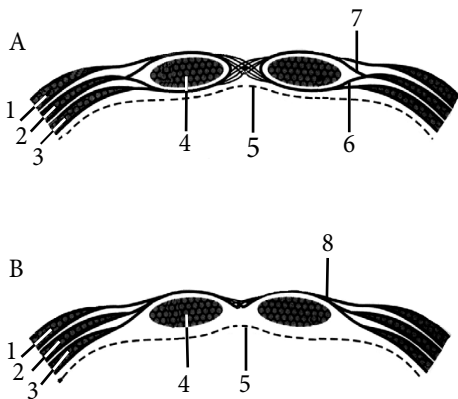
IV	The muscles of the posterior wall of the chest and abdomen
1	
2	
3	



V

V	The inner surface of the anterior abdominal wall
1	
2	
3	
4	
5	
6	
7	
8	

VI

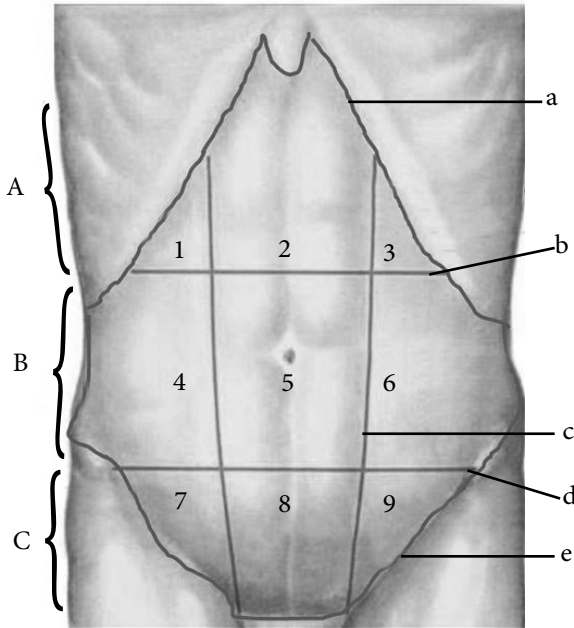


VI	The horizontal section of the anterior abdominal wall
A	<i>above the navel</i>
B	<i>below the navel</i>
1	
2	
3	
4	
5	
6	
7	
8	

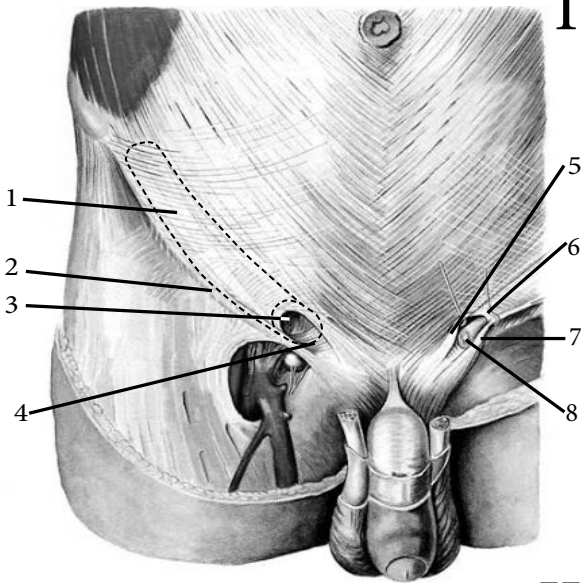
# INGUINAL CANAL

## LINES, AREAS OF THE ANTERIOR ABDOMINAL WALL

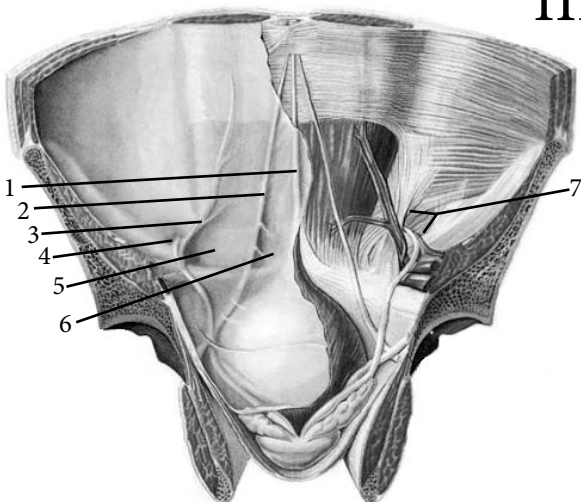
I



II



III



I	Lines and sections of the anterior abdominal wall
A	
B	
C	
a	
b	
c	
d	
e	
1	
2	
3	
4	
5	
6	
7	
8	
9	
II	Inguinal canal —
1	
2	
3	
4	
5	
6	
7	
8	
III	The inner surface of the anterior abdominal wall
1	
2	
3	
4	
5	
6	
7	



## ANATOMICAL TERMINOLOGY

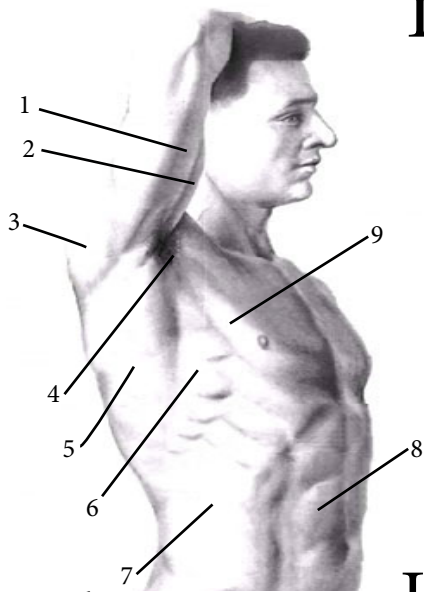
1. Rectus abdominis —
2. Tendineous intersectiones —
3. Pyramidalis —
4. External oblique —
5. Transversus abdominis —
6. Quadratus lumborum —
7. Endoabdominal fascia —
8. Linea alba —
9. Umbilical ring —
10. Rectus sheath —
11. Arcuate line —
12. Linea semilunaris —
13. Reflected ligament —
14. Inguinal ligament —
15. Lacunar ligament —
16. Pectineal ligament —
17. Inguinal falx —
18. Superficial fascia —
19. Proper fascia —
20. Endoabdominal fascia —

## TESTS «KROK - 1»

1. If it is necessary to conduct an inspection of the abdominal cavity, you need to open the anterior abdominal wall. In what part of it can you make the most bloodless incision?
  - A - Epigastric
  - B - Mesogastric
  - C - Gypogastric
  - D - White line
  - E - Arcuate line
2. To strengthen the abdominal press, mainly oblique muscles, the patient needs purposeful movements. Which?
  - A - Trunk flexion
  - B - Extension of the trunk
  - C - Turns around the vertical axis and tilts to the sides
  - D - Movements of the upper extremities
  - E - Movements of the lower extremities
3. To maintain the optimal shape of the abdomen, it is necessary to strengthen the rectus abdominis. What exercises?
  - A - Trunk flexion
  - B - Lifting the lower extremities and pelvic girdle
  - C - Both of the above movements
  - D - Tilt the torso to the side
  - E - Turns around the vertical axis
4. Assessing the role of muscles in body movements, the doctor takes into account that they are antagonists of the muscles of the straightening torso, ie bend the body forward. Which muscles play a major role in this?
  - A - External oblique
  - B - Rectus
  - C - Internal oblique
  - D - External and internal obliques
  - E - Transverse abdominal muscle
5. The patient complains of pain in the epigastric region, which is associated with the possibility of developing a hernia. In this case, the most possible place of development of hernia:
  - A - In the right sternocostal triangle of the diaphragm
  - B - In the left sternocostal triangle of the diaphragm
  - C - In the upper white line of the abdomen
  - D - All of the above
  - E - None of the above
6. In the lower abdomen, the places of occurrence of hernias can be:
  - A - White line of the abdomen
  - B - Medial inguinal fossa
  - C - Lateral inguinal fossa
  - D - Inguinal canal
  - E - All of the above
7. What anatomical formation is found in women in the inguinal canal?
  - A - Round ligament of the uterus
  - B - Oblique ligament of the uterus
  - C - Wide ligament of the uterus
  - D - Straight ligament of the uterus
  - E - Inguinal ligament
8. Which of the rectal shith walls of the rectus abdominis consists of one layer?
  - A - The anterior wall is below the arcuate line
  - B - The anterior wall is above the arcuate line
  - C - Posterior wall below the arcuate line
  - D - Posterior wall is above the arcuate line
  - E - None of the above

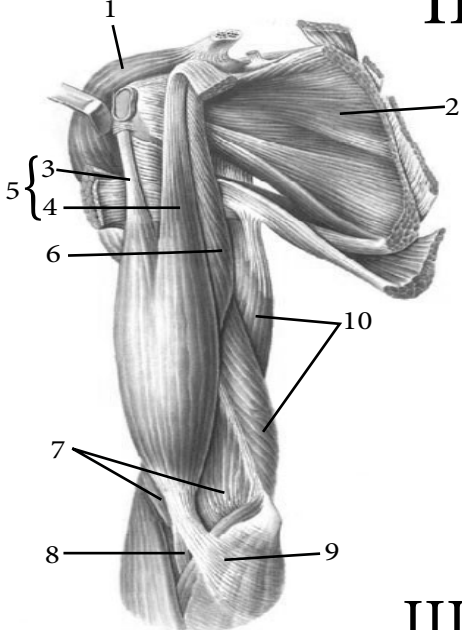
# 28. THE MUSCLES, FASCIA, TOPOGRAPHY OF THE SHOULDER GIRDLE AND UPPER ARM

## I



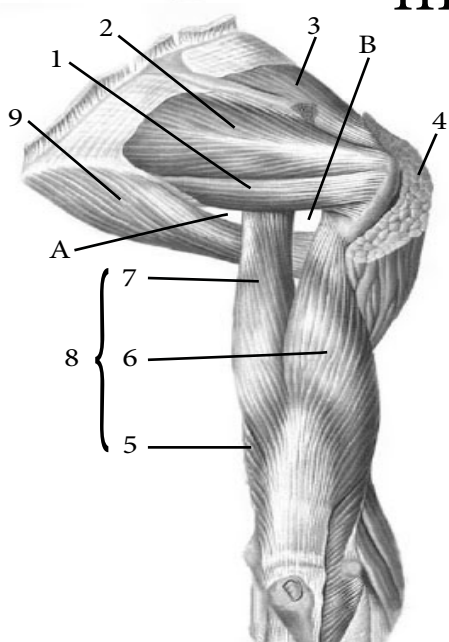
I	Relief of trunk muscles ( <i>lateral view</i> )
1	
2	
3	
4	
5	
6	
7	
8	
9	

## II



II	Shoulder girdle and muscles of the upper arm ( <i>anterior view</i> )
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

## III



III	Shoulder girdle and muscles of the upper arm ( <i>posterior view</i> )
1	
2	
3	
4	
5	
6	
7	
8	
9	
A	
B	

## ANATOMICAL TERMINOLOGY

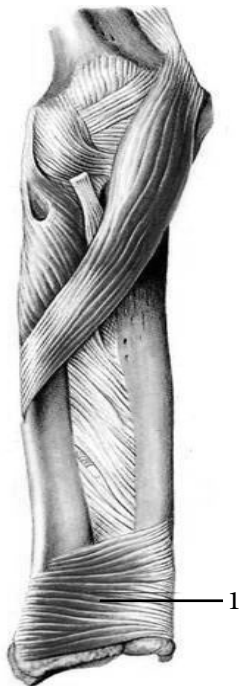
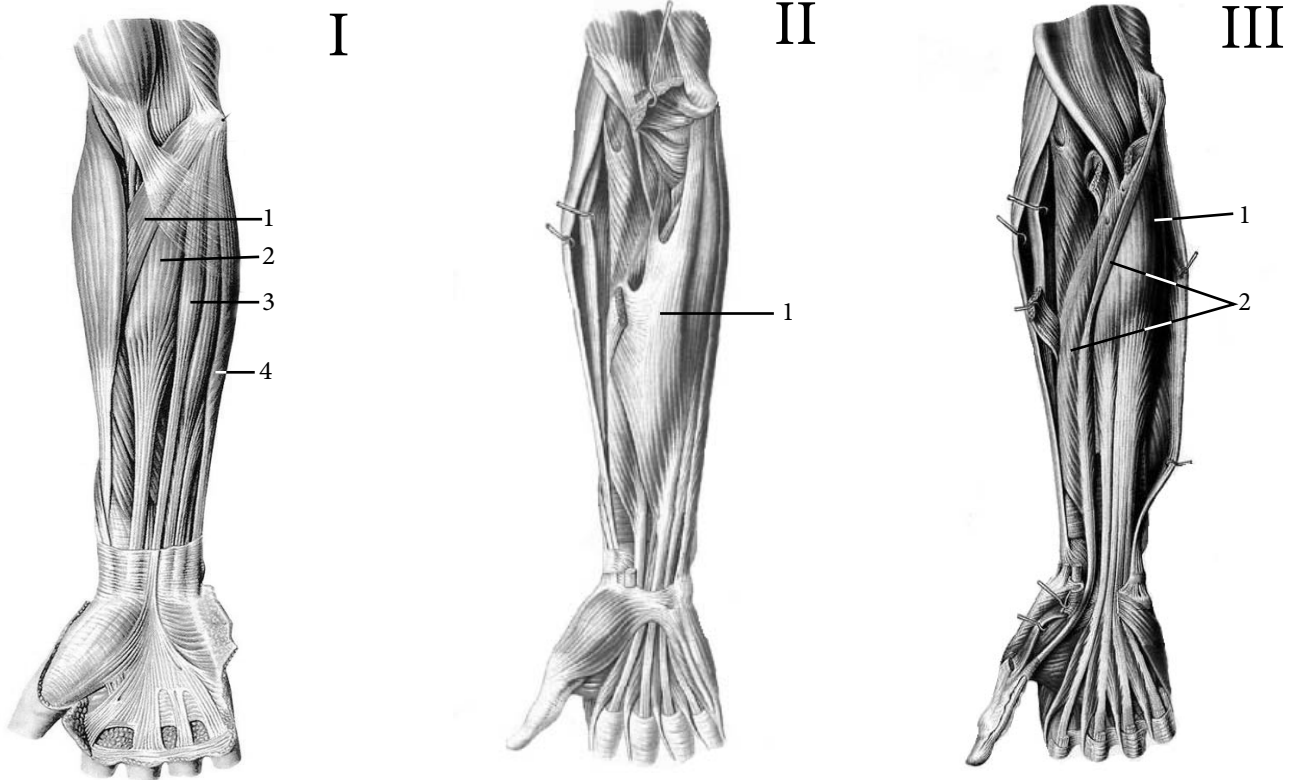
1. Deltoid —
2. Supraspinatus —
3. Infraspinatus —
4. Teres major —
5. Teres minor —
6. Subscapularis —
7. Biceps brachii —
8. Coracobrachialis —
9. Brachialis —
10. Triceps brachii —
11. Anconeus —
12. Bicipital aponeurosis —
13. Axillary fossa —
14. Medial intermuscular septum —
15. Lateral bicipital groove —
16. Triangular opening —
17. Quadrangular opening —
18. Radial canal —
19. Superficial fascia —
20. Individual fascia of the muscles —

## TESTS «KROK - 1»

1. After the injury, the patient can not move his hand to a horizontal level. Which muscles can be affected?  
A - Coracobrachialis  
B - Deltoid  
C - Brachialis  
D - Infraspinatus  
E - Supraspinatus
2. After the fall, the patient can not turn his shoulder to the middle. Which muscles were damaged?  
A - Supraspinatus, infraspinatus, teres minor  
B - Teres minor, anconeus, brachialis  
C - Teres major, subscapularis and latissimus dorsi  
D - Coracobrachialis, brachialis and deltoid  
E - Brachialis, anconeus and supraspinatus
3. After an injury to the proximal shoulder, the patient was found to have muscle dysfunction was detected attached to large humerus tubercle. What are these muscles?  
A - Deltoid, teres major and teres minor  
B - Supraspinatus, teres minor and subscapularis  
C - Infraspinatus, subscapularis and teres major  
D - Supraspinatus, infraspinatus and teres major  
E - Deltoid, supraspinatus and infraspinatus
4. After suffering from plexitis, the patient can not bend his arm at the shoulder joint. Which muscles are affected?  
A - Supraspinatus and infraspinatus  
B - Triceps and anconeus  
C - Biceps and coracobrachialis  
D - Teres minor and brachialis  
E - Anconeus and brachialis
5. After the injury, the patient cannot turn his shoulder outward. Which muscle is damaged?  
A - Infraspinatus and teres minor  
B - Teres major and triceps  
C - Anconeus and brachialis  
D - Subscapularis and supraspinatus  
E - Anconeus and infraspinatus
6. A stab wound was inflicted between the surgical neck of the shoulder and the tendon of the long head of the triceps. Through which topographic area of the axillary fossa penetrated the knife?  
A - Through the supraspinatus fossa  
B - Through the quadrangular opening  
C - Through the infraspinatus fossa  
D - Through the triangular opening  
E - Subscapular fossa
7. After suffering from polio, the patient can not raise his hand above the horizontal level. Which muscles are damaged?  
A - Brachialis and coracobrachialis  
B - Deltoid and supraspinatus  
C - Serratus anterior and trapezius  
D - Teres major and teres minor  
E - Brachialis and anconeus
8. After the fall, the patient began to complain of inability to stretch his arm at the shoulder joint. Which muscles are damaged?  
A - Deltoid (posterior part) and triceps  
B - Teres minor and anconeus  
C - Biceps and supraspinatus  
D - Triceps and teres major  
E - Brachialis and anconeus

# 29. THE MUSCLES, FASCIA, TOPOGRAPHY OF THE FOREARM

## ANTERIOR GROUP

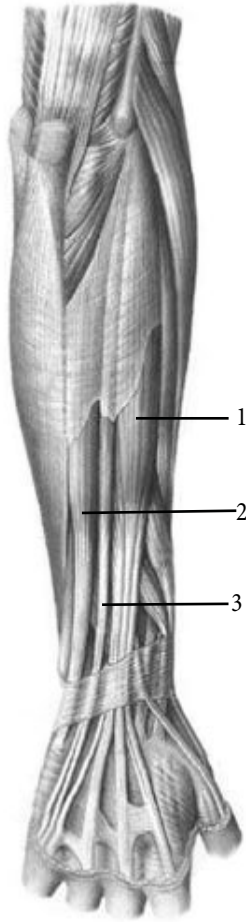


### IV

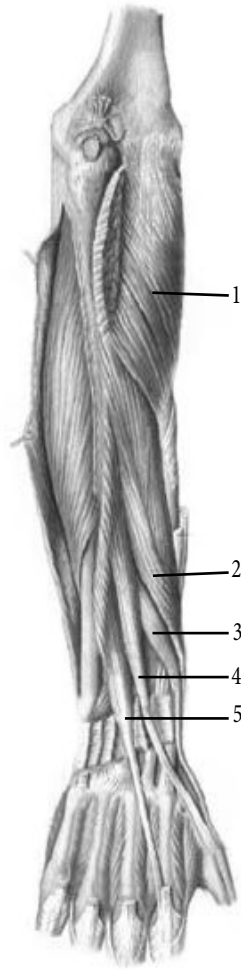
I	1 layer
1	
2	
3	
4	
II	2 layer
1	
III	3 layer
1	
2	
IV	4 layer
1	

# POSTERIOR GROUP

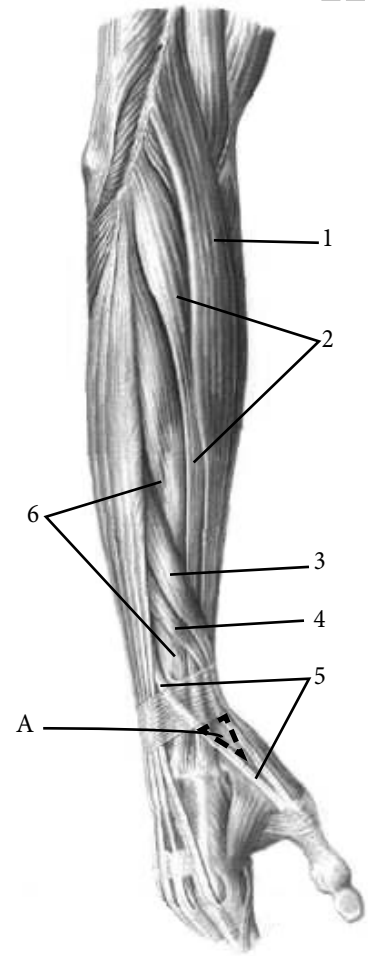
I



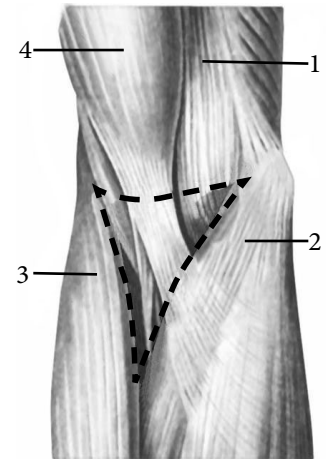
II



III



IV



I	Superficial layer
1	
2	
3	
II	Deep layer
1	
2	
3	
4	
5	
III	Lateral and deep muscles
1	
2	
3	
4	
5	
6	
A	

IV	The cubital fossa —
1	
2	
3	
4	

## ANATOMICAL TERMINOLOGY

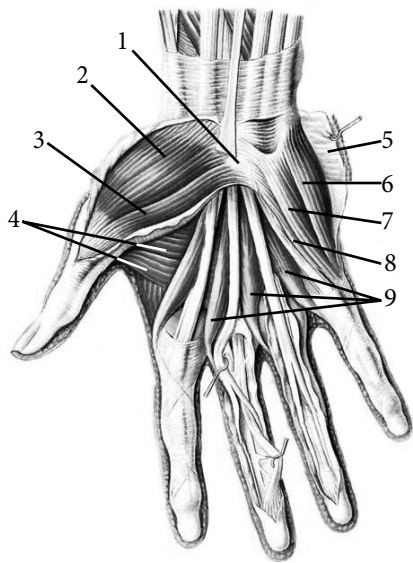
1. Pronator teres —
2. Flexor carpi radialis —
3. Palmaris longus —
4. Flexor digitorum superficialis —
5. Flexor carpi ulnaris —
6. Flexor digitorum profundus —
7. Flexor pollicis longus —
8. Pronator quadratus —
9. Brachioradialis —
10. Extensor carpi radialis longus —
11. Extensor carpi radialis brevis —
12. Extensor digitorum —
13. Extensor digiti minimi —
14. Extensor carpi ulnaris —
15. Supinator —
16. Abductor pollicis longus —
17. Extensor pollicis brevis —
18. Extensor pollicis longus —
19. Extensor indicis —
20. Extensor retinaculum —



## TESTS «KROK - 1»

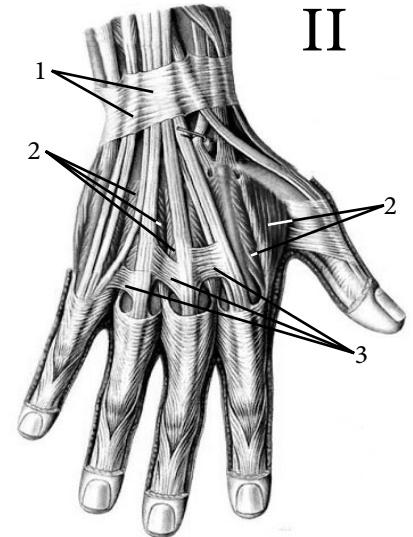
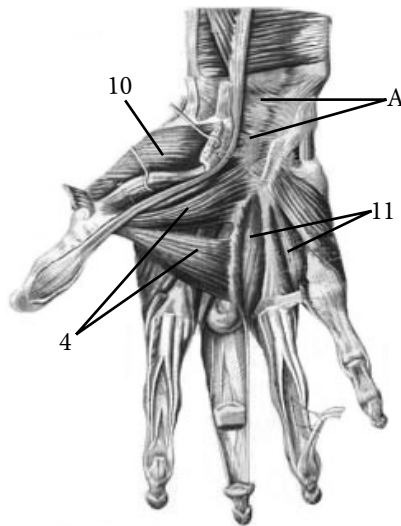
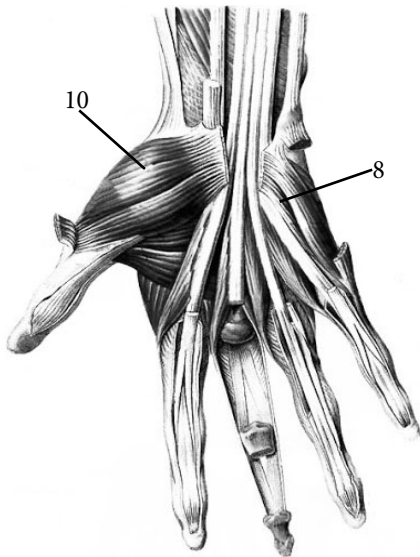
1. After a stab wound, it became impossible to turn the forearms inward and bend at the elbow, what is the reason?  
A - Damage to the quadratus pronator and supinator  
B - Damage to the pronator teres and brachioradialis  
C - Damage to the radial and ulnar flexors of the wrist  
D - Damage to the longus and brevis radial carpal extensors  
E - Damage to the brachioradialis and flexor carpi radialis
2. After a stab wound along the lateral edge of the anterior surface of the forearm, it became impossible to bend with removal brush to the radial side. Which muscle or tendon is affected by the knife?  
A - Brachioradialis  
B - Flexor digitorum superficialis  
C - Flexor digitorum profundus  
D - Flexor carpi radialis  
E - Pronator quadratus
3. After hitting the lateral edge of the front surface of the forearm, it became impossible to unbend and remove the hand. Which muscles can be affected?  
A - Extensor carpi ulnaris and flexor carpi ulnaris  
B - Extensor carpi radialis longus and brevis  
C - Extensor indicis and supinator  
D - Extensor pollicis and pronator teres  
E - Pronator quadratus and pronator teres
4. After an injury in the upper third of the posterior surface of the forearm, the patient complains of difficulty rotating forearms outward. What is it about?  
A - Damage to the supinator muscle  
B - Damage to the brachioradialis muscle  
C - Damage to the extensor digitorum  
D - Damage to the extensor digitorum longus  
E - Damage to pronator teres and pronator quadratus
5. After penetrating the knife wound across the distal end of the anterior surface of the forearm, it became impossible to rotate the forearm inward. What is the reason?  
A - Damage to the tendons of the flexors digitorum  
B - Damage to the pronator quadratus  
C - Damage to the extensor digitorum longus  
D - Damage to the flexor carpi ulnaris  
E - Damage to supinator and pronator teres
6. Knife wound of the lower third of the posterior surface of the forearm, after which the patient can not stretch four fingers (except the thumb). What is damaged?  
A - Tendon extensor digitorum and digiti minimi  
B - Tendons of the extensor pollicis longus and brevis  
C - Tendon of extensors carpi radialis longus and brevis  
D - Tendons of the extensors of the indicis and digiti minimi  
E - Supinator and pronator teres
7. The elbow edge of the patient's forearm was injured, after which it became difficult to bend and bring the hand. What was damaged?  
A - Flexors digitorum superficialis and profundus  
B - Extensor carpi radialis and supinator  
C - Flexor carpi ulnaris  
D - Extensor carpi radialis longus and brevis  
E - Pronator teres
8. After a stab wound to the distal end of the forearm on the radial side, it became impossible to withdraw and unbend thumb. What was damaged?  
A - Tendons of the extensors carpi radialis longus and brevis  
B - Extensors longus and brevis and abductor pollicis longus  
C - Extensor digitorum  
D - Extensor digiti minimi and extensor indicis  
E - Pronator quadratus and pronator teres

# 30. THE MUSCLES, FASCIA, TOPOGRAPHY OF THE HAND



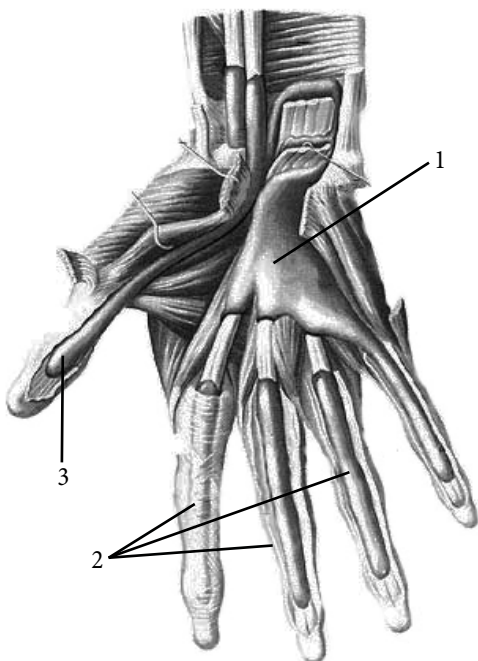
I	The muscles of the palmar surface of the hand
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
A	

I



II

III



II	The back surface of the hand
1	
2	
3	
III	Synovial sheaths palmar surface of the hand
1	
2	
3	

## ANATOMICAL TERMINOLOGY

1. Flexor pollicis brevis —
2. Abductor pollicis brevis —
3. Opponens pollicis —
4. Adductor pollicis —
5. Palmaris brevis —
6. Abductor digiti minimi —
7. Flexor digiti minimi brevis —
8. Opponens digiti minimi —
9. Lumbricals —
10. Palmar interossei —
11. Dorsal interossei —
12. Dorsal fascia of hand —
13. Palmar fascia of hand —
14. Fibrous sheaths of digits of hand —
15. Common flexor sheath —
16. Carpal tunnel —
17. Ulnar and radial carpal canal —
18. Palmar fascia of hand —
19. Flexor retinaculum —
20. Extensor retinaculum —

## TESTS «KROK - 1»

1. After inflammation it became impossible to remove and bring the fingers to the midline. What muscles are affected with inflammation?

- A - Short flexor and opponens digiti minimi
- B - Tendons of flexors digitorum superficialis and profundus
- C - Four dorsal and three palmar interosseous muscles
- D - Four lumbricals muscles
- E - Palmaris brevis and flexor pollicis brevis

2. After inflammation of the tendons of the flexor digitorum profundus, it became impossible to bend the proximal phalanges and unbend the middle and distal phalanges, what is the reason for this?

- A - Damage to the lumbricals
- B - Damage to the interosseous muscles
- C - Damage to the tendons of the extensor digitorum
- D - Damage to the tendons of the flexors digitorum superficialis and profundus
- E - Damage to the extensors digitorum

3. After a not very deep stab wound to the side of the palm of the hand, the patient found difficulty in bringing the thumb in the wrist. Which muscle is affected if the hand is not removed?

- A - Flexor pollicis brevis
- B - Abductor digiti minimi
- C - Opponens pollicis
- D - Adductor pollicis
- E - Palmaris brevis

4. After a stab wound due to a hypothenar of the palm, the patient had a violation of the abduction function of the digitus minimus. With which muscle is involved?

- A - Flexor digiti minimi brevis
- B - Opponens digiti minimi
- C - Abductor digiti minimi
- D - Palmaris brevis
- E - Palmaris longus

5. The patient's hand was pierced with a nail in the space between the thumb and forefinger, which made it difficult thumb function. What is the cause of the damage?

- A - With an injury to the adductor pollicis
- B - With an injury of the flexor pollicis brevis
- C - With an injury to the opponens pollicis
- D - With injury of the flexor digitorum superficialis
- E - With a flexor digitorum profundus

6. With purulent inflammation of the nail phalanx of the thumb, pus penetrates into the interfascial space of the forearm. How did the purulent process spread?

- A - On the synovial sheath of the abductor digiti minimi
- B - On the synovial sheath tendon of the flexor pollicis longus
- C - On the synovial sheath of the fourth finger
- D - On the synovial sheath of the index finger
- E - On the carpal canal

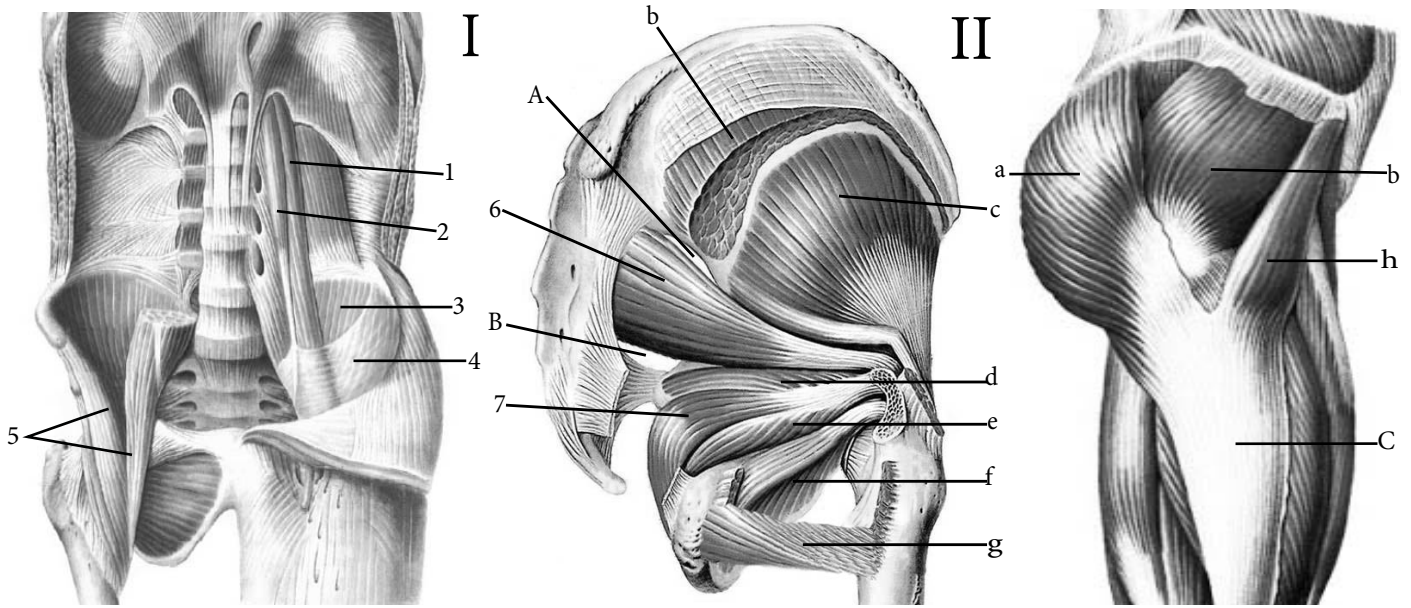
7. The laboratory assistant pierced the patient's little finger for blood sampling, after which inflammation of the little finger began, which spread in the interfascial space of the forearm. How did the purulent process spread?

- A - On the synovial sheath of the flexor of the digitus minimus
- B - On the synovial sheath tendon of the flexor pollicis longus
- C - On the carpal canal
- D - On the radial carpal canal
- E - On the ulnar carpal canal

8. The knife wound of the hand between the II and III fingers was healed, but after that it became impossible to jointly extend the III and IV fingers of the patient's hand. What was damaged?

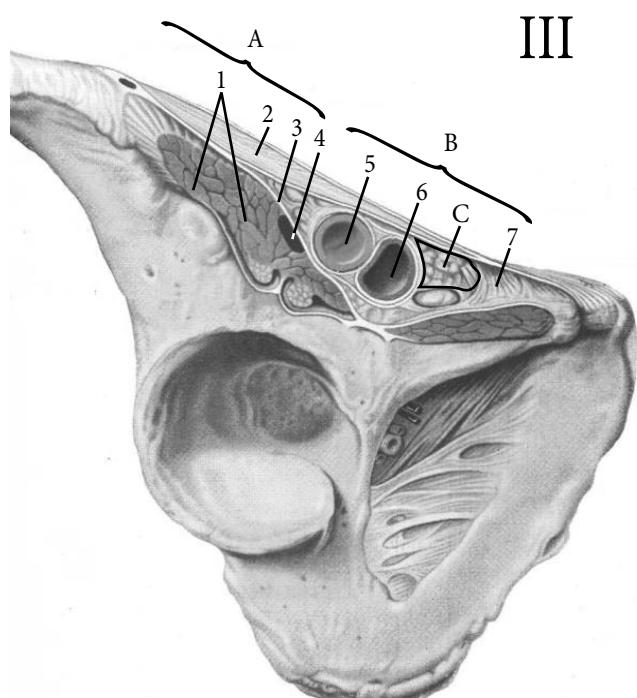
- A - Tendons of the extensor digitorum
- B - Tendon of the extensor digiti minimi
- C - Dorsal interosseous muscles
- D - Tendon of the extensor indicis
- E - Palmar interosseous muscles

# 31. THE MUSCLES, FASCIA, TOPOGRAPHY OF THE PELVIS AND PERINEUM

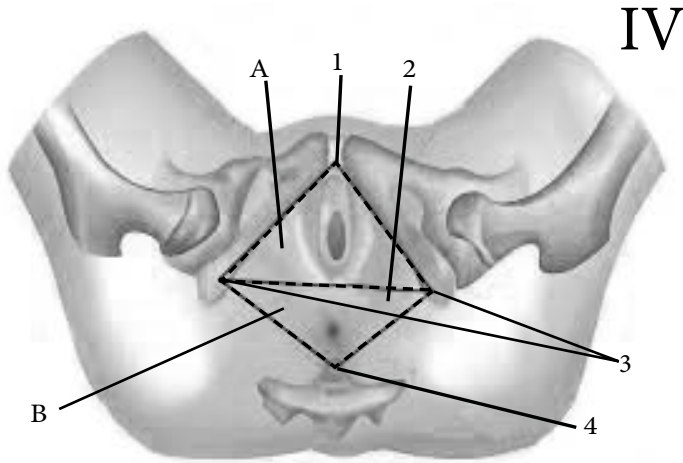


I	The anterior group
1	
2	
3	
4	
5	
6	
7	

II	The posterior group
a	
b	
c	
d	
e	
f	
g	
h	
	The topographic formations
A	
B	
C	

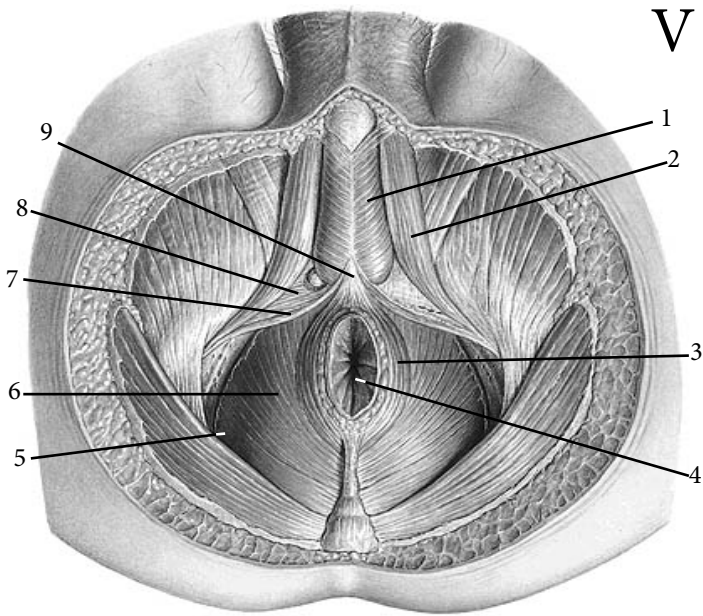


III	The muscular and vascular space
A	
B	
C	
1	
2	
3	
4	
5	
6	
7	



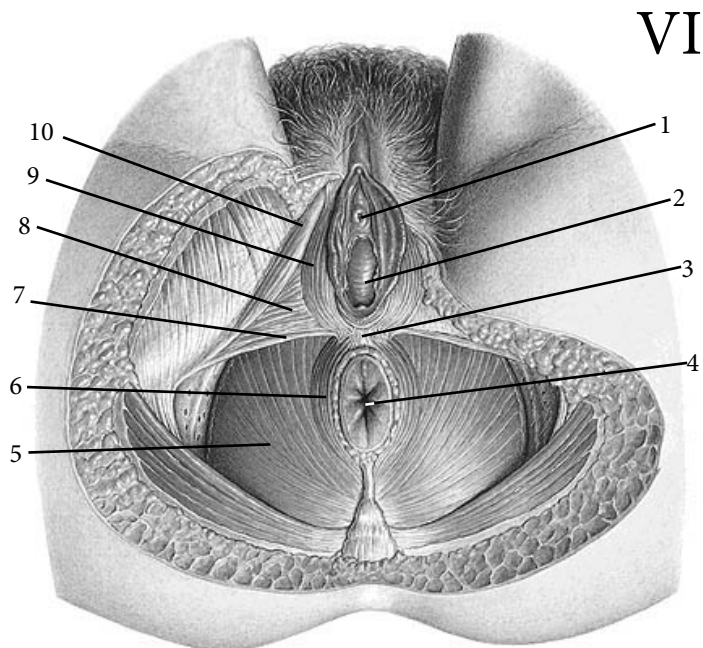
#### IV

IV	The perineum — (borders)
1	
2	
3	
4	
A	
B	



#### V

V	The male perineum —
1	
2	
3	
4	
5	
6	
7	
8	
9	



#### VI

VI	The female perineum —
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

## ANATOMICAL TERMINOLOGY

1. Iliopsoas —
2. Iliacus —
3. Psoas major —
4. Piriformis —
5. Obturatorius internus —
6. Gluteus maximus —
7. Gemelli muscles —
8. Obturator externus —
9. Quadratus femoris —
10. Tensor fascia latae —
11. Iliopectineal arch —
12. Muscular space —
13. Vascular space —
14. Urogenital diaphragm —
15. Pelvis diaphragm —
16. Deep transverse perineal muscle —
17. Ischiocavernosus —
18. Bulbospongiosus —
19. Levator ani —
20. Ischio-anal fossa —

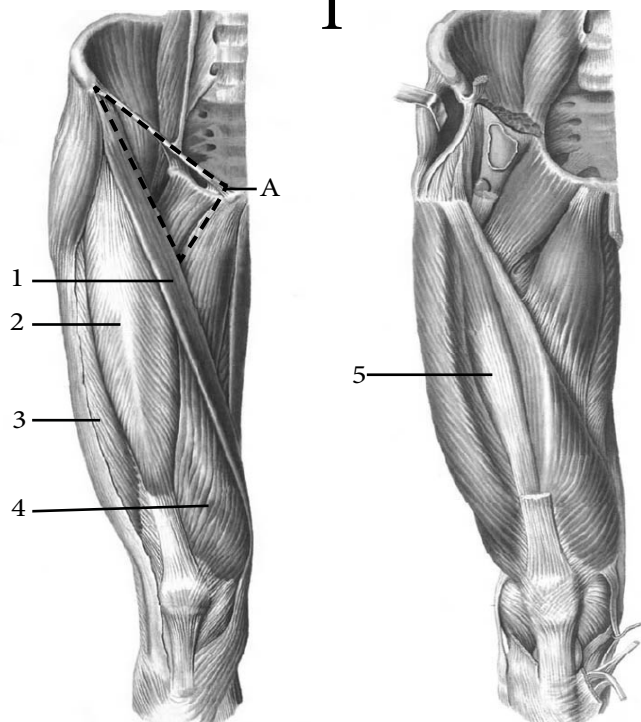
## TESTS «KROK - 1»

1. The patient has an injury in the area of the muscular space. Which muscle can be damaged?  
A - Iliopsoas  
B - Psoas minor  
C - Piriformis  
D - Obturator internus  
E - Gluteus maximus
2. The patient complains that after the fall there was difficulty in stretching the thigh. What was damaged?  
A - Gluteus maximus  
B - Gluteus medius  
C - Gluteus minimus  
D - All listed  
E - None of the above
3. Examination of the patient revealed a tumor in the area of the large ischiadic opening. Which muscle can be involved in pathological process?  
A - Psoas major  
B - Iliacus  
C - Obturator internus  
D - Piriformis  
E - Gluteus maximus
4. If a perineal injury is accompanied by a disorder of involuntary urination, what is it related to?  
A - With damage to the upper and lower fascia of the urogenital triangle  
B - Damage to the ischiocavernosus  
C - Damage to the external urethral sphincter  
D - Damage to the deep transverse perineal muscle  
E - Damage to the external anal sphincter
5. Injury in the urogenital triangle of a man is accompanied by erectile dysfunction, so what was damaged?  
A - Superficial transverse perineal muscle  
B - Ischiocavernosus  
C - Urethra  
D - Deep transverse perineal muscle  
E - External urethral sphincter
6. Is perineal injury accompanied by involuntary defecation, which muscle is damaged?  
A - Levator ani  
B - Fascia of the pelvic diaphragm  
C - Ischi-anal fossa  
D - Sphincter ani externus  
E - External urethral sphincter
7. After a perineal injury, inflammation began in the area between the vagina and the ischiadic tuber. What is the danger of inflammation of this area?  
A - Spread in the fatty tissue of the ischio-anal fossa  
B - Damage to the levator ani  
C - Damage to the genitals  
D - Damage to the pelvic diaphragm  
E - Damage to the deep transverse muscle of the perineum
8. As a result of the injury, the victim had a damaged the iliotibial tract. Which muscle tendon is formed by it?  
A - Gluteus maximus  
B - Tensor fascia latae  
C - Both of the above  
D - Gluteus medius  
E - Piriformis



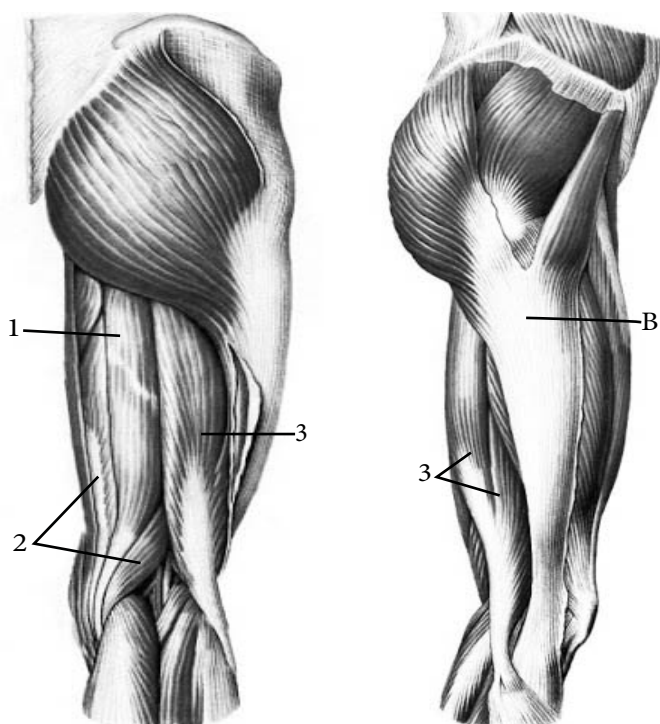
## 32. THE MUSCLES, FASCIA, TOPOGRAPHY OF THE THIGH

I



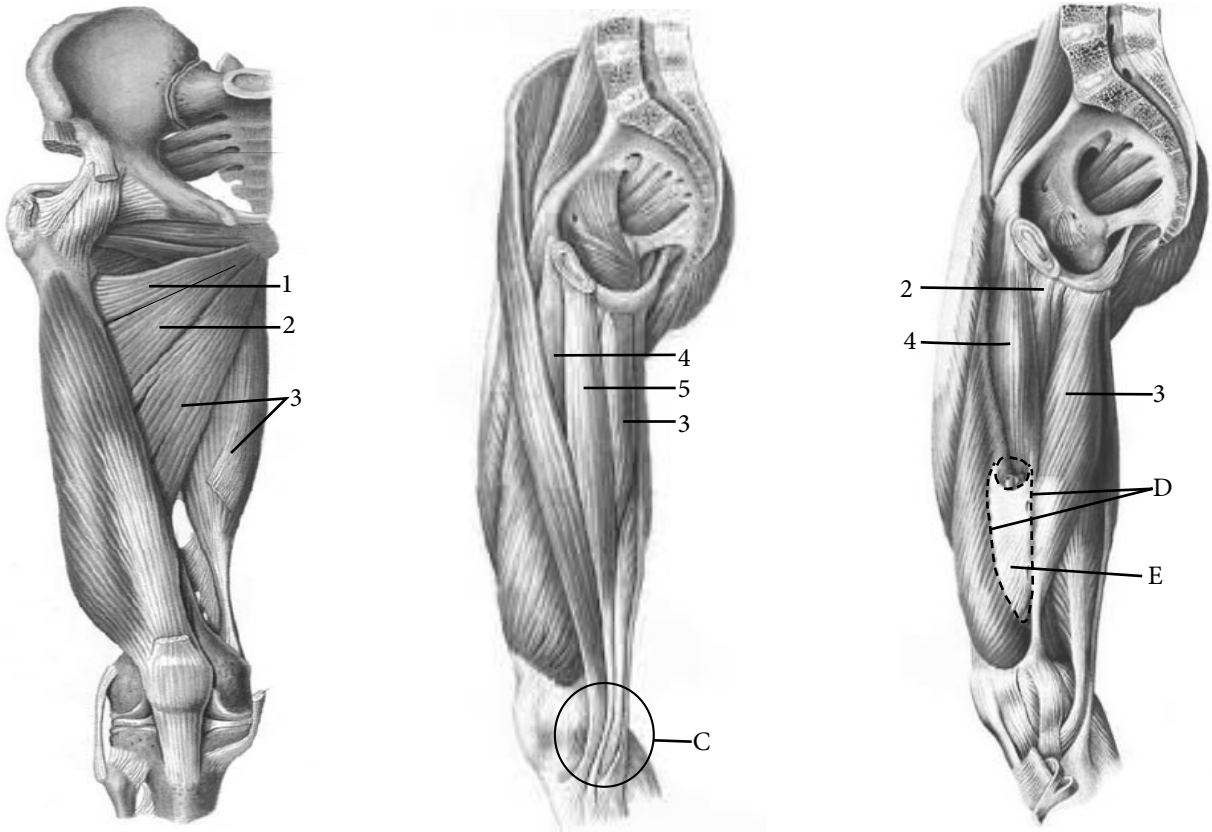
I	The anterior group
1	
2	
3	
4	
5	
2,3,4,5	
A	

II



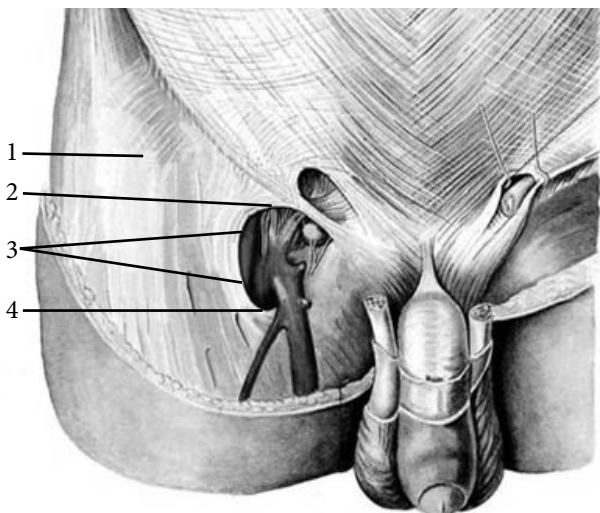
II	The posterior group
1	
2	
3	
B	

### III



III	The medial group
1	
2	
3	
4	
5	
C	
D	
E	

### IV



IV	Saphenus opening —
1	
2	
3	
4	

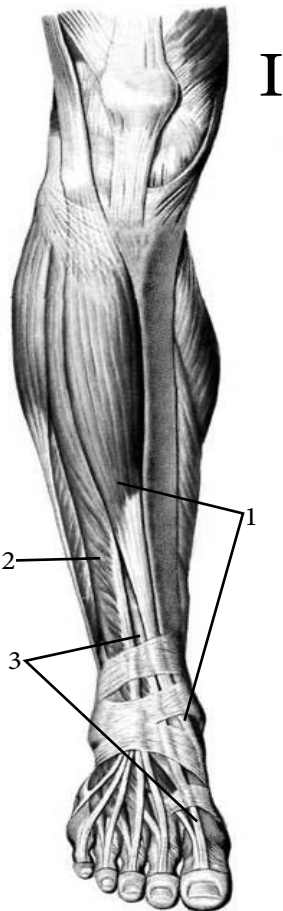
## ANATOMICAL TERMINOLOGY

1. Sartorius —
2. Quadriceps femoris —
3. Rectus femoris —
4. Vastus lateralis —
5. Gracilis —
6. Adductor magnus —
7. Adductor longus —
8. Pectineus —
9. Biceps femoris —
10. Semitendinosus —
11. Semimembranosus —
12. Fascia lata —
13. Iliotibial tract —
14. Femoral triangle —
15. Femoral canal —
16. Saphenous opening —
17. Falciform margin —
18. Cribriform fascia —
19. Adductor canal —
20. Adductor opening —

## TESTS «KROK - 1»

1. In case of injury, the tendons of the some muscles were separated by the tibial tuberosity and the patient impossibility to flex the thigh. What muscle is damaged?  
A - Quadriceps femoris  
B - Semimembranosus  
C - Semitendinosus  
D - Piriformis  
E - Biceps femoris
2. After stab wounds in the femoral triangle, the patient began to complain for difficulty thigh flexion and adduction. What muscle is damaged?  
A - Pectineus and adductor longus  
B - Adductor magnus and gracilis  
C - Vastus medialis and vastus intermedius  
D - Gracilis and sartorius  
E - Obturatorius internus
3. After a blow with a stick on the back surface of the thigh, patient cannot unbend the thigh. Which muscles were damaged violation of this function of the thigh?  
A - Gluteus maximus and medius  
B - Biceps femoris, semitendinosus and semimembranosus  
C - Adductor magnus and longus  
D - Sartorius and vastus medialis  
E - Pectineus and sartorius
4. The hernia appeared under the inguinal ligament in the medial area of the vascular space. What is it limited here?  
A - inguinal, lacunar and pectineal ligaments and femoral vein  
B - Superficial and deep plates of the fascia lata and femoral vein  
C - Falciform edge and superior and inferior cornua  
D - Vastus medialis and intermedius  
E - Pubic and iliac bones
5. Knife wound of the upper third of the middle surface of the thigh to the destruction of functions - rotation outwards. What muscle is damaged?  
A - Sartorius  
B - Semitendinosus and semimembranosus  
C - Adductor longus and adductor magnus  
D - Sartorius and pectineus  
E - Iliopsoas and gracilis
6. The patient complains that after the fall there was difficulty in supination of the thigh. What muscle is damaged?  
A - Vastus medialis  
B - Gracilis  
C - Adductor magnus  
D - Sartorius  
E - Semitendinosus
7. The quadriceps femoris consists of four heads. Which of the following muscles does not belong to m. quadriceps femoris?  
A - m. rectus femoris  
B - m. vastus lateralis  
C - m. vastus intermedius  
D - m. vastus medialis  
E - m. gracillis
8. The patient has a damaged muscle of the lower extremity, as a result of which he cannot bring the thigh.. Which muscle is damaged patient?  
A - m. gracillis  
B - m. adductor magnus  
C - m. adductor longus  
D - m. adductor brevis  
E - all listed

# 33. THE MUSCLES, FASCIA, TOPOGRAPHY OF THE LEG AND FOOT

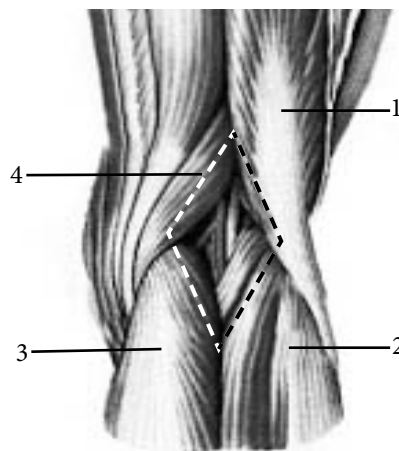


I

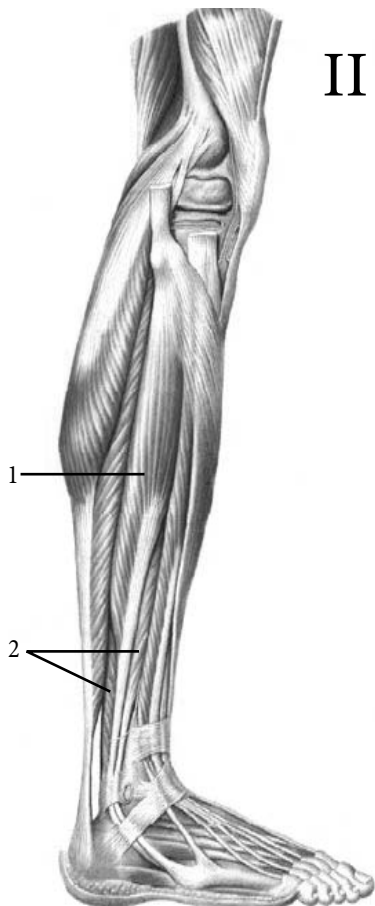
## THE SHIN

I	The anterior group
1	
2	
3	
II	The posterior group
1	
2	

## III

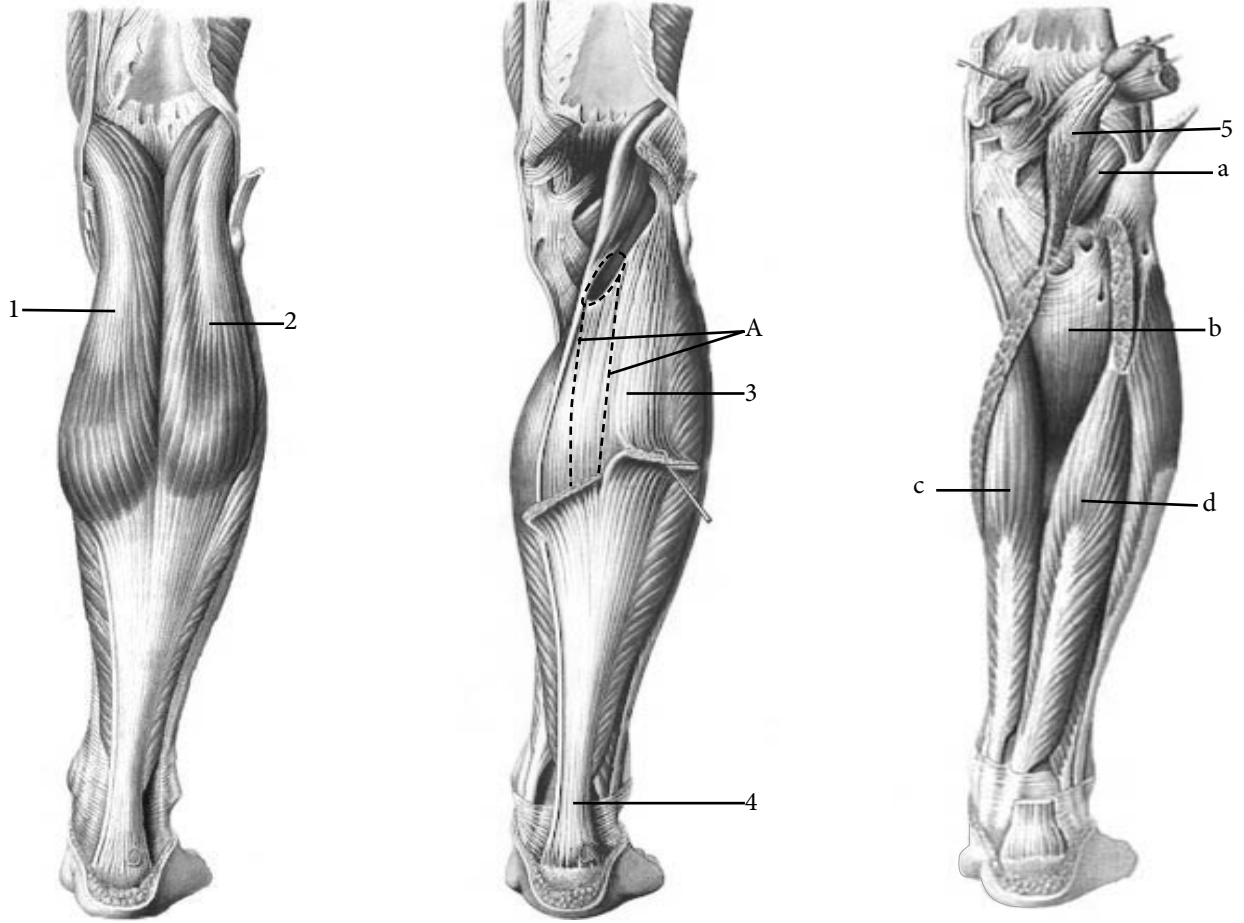


II



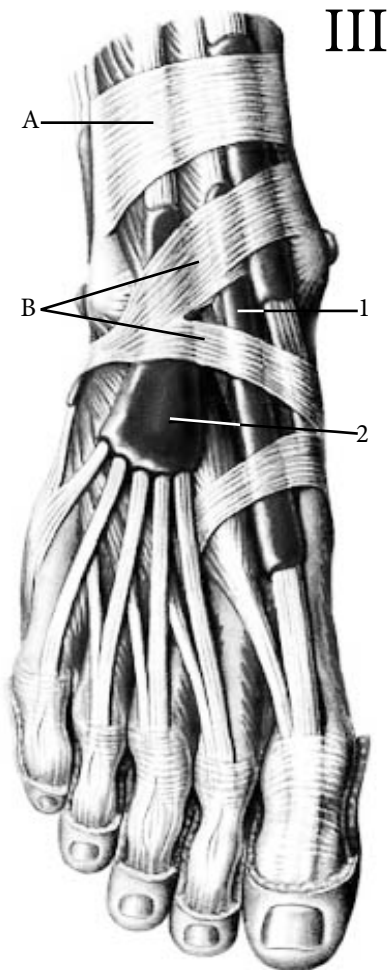
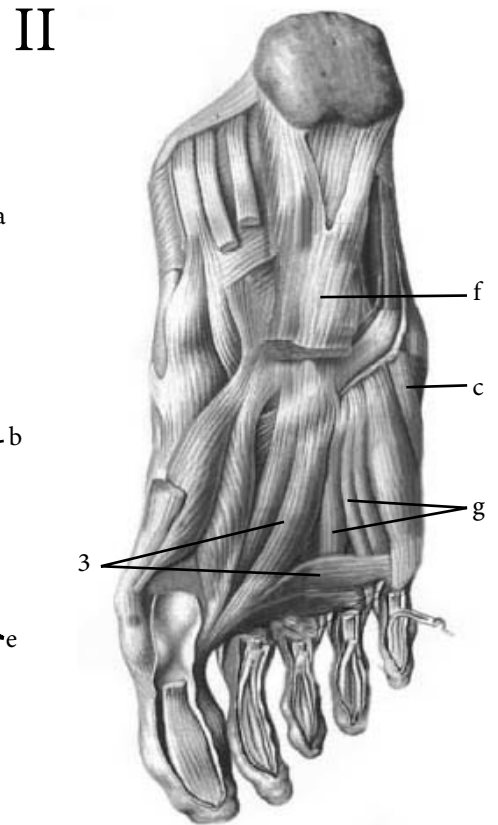
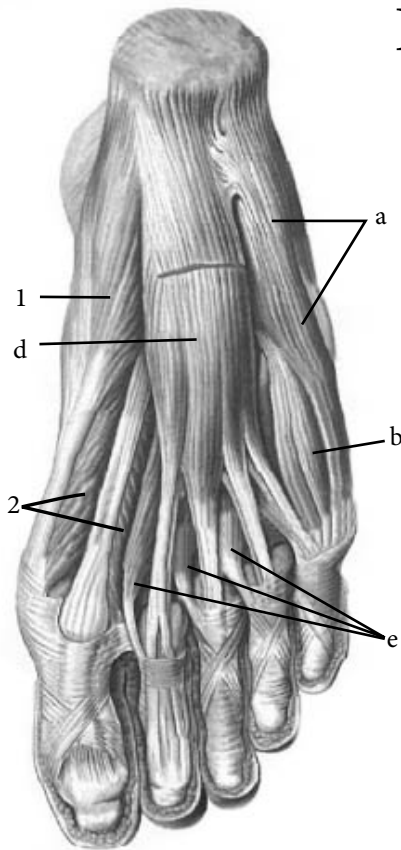
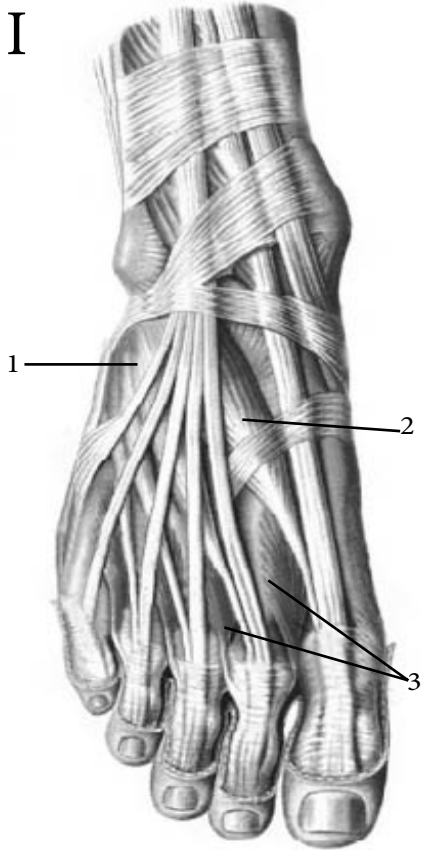
III	The popliteal fossa — (borders)
1	
2	
3	
4	

# IV



IV	The posrerior group ( <i>superficial muscles</i> )
1	
2	
3	
1, 2, 3	
4	
5	
	The posrerior group ( <i>deep muscles</i> )
A	
a	
b	
c	
d	

# THE FOOT



I	The dorsal muscles of the foot
1	
2	
3	
II	The plantar muscles of the foot
	<i>medial group</i>
1	
2	
3	
	<i>lateral group</i>
a	
b	
c	
	<i>middle group</i>
d	
e	
f	
g	
III	The synovial sheaths and retinacula
	<i>(dorsal surface of the foot)</i>
1	
2	
A	
B	

## ANATOMICAL TERMINOLOGY

1. Tibialis anterior —
2. Extensor digitorum longus —
3. Extensor hallucis longus —
4. Peroneus longus —
5. Peroneus brevis —
6. Triceps surae —
7. Soleus —
8. Gastrocnemius —
9. Plantaris —
10. Popliteus —
11. Tibialis posterior —
12. Flexor digitorum longus —
13. Extensor digitorum brevis —
14. Abductor hallucis —
15. Dorsal interossei —
16. Quadratus plantae —
17. Superior fibular retinaculum —
18. Plantar aponeurosis —
19. Cruropopliteal canal —
20. Calcaneal tendon —



## TESTS «KROK - 1»

1. After hitting the front surface of the leg, the patient had difficulty trying to unbend and supine the foot. Which muscle was damaged?  
A - Tibialis longus  
B - Tibialis anterior  
C - Extensor digitorum longus  
D - Soleus  
E - Pectineus
2. After an injury in the upper third of the posterior surface of the shin, it became impossible to bend the shin in the knee joint, and the foot in the ankle joint? Which muscles are affected?  
A - Tibialis posterior  
B - Flexor digitorum longus  
C - Plantaris  
D - Triceps  
E - Tibialis medialis and posterior
3. After injuring the lateral surface of the shin, it became impossible to attract (pronation) the foot. Which muscles are affected?  
A - Tibialis posterior and extensor digitorum longus  
B - Soleus and gastrocnemius  
C - Tibialis longus and brevis  
D - Flexor digitorum longus and plantaris  
E - Popliteus and soleus
4. The patient has damage to the anterior-lateral surface of the leg. He complains of the inability to unbend the foot and its four finger. Which muscles are injured by a knife?  
A - Extensor digitorum longus  
B - Extensor hallucis longus  
C - Fibularis longus  
D - Popliteus  
E - Extensor hallucis brevis
5. After an injury to the posterior surface of the shin, the patient complains of the inability to bend the tibia and foot. What a muscle it was damaged?  
A - Fibularis longus  
B - Soleus  
C - Popliteus  
D - Plantaris  
E - Tibialis anterior
6. Injury to the middle edge of the foot led to dysfunction of the big toe. Which muscles were damaged?  
A - Abductor hallucis  
B - Flexor hallucis brevis  
C - Adductor hallucis  
D - All of the above  
E - None of the above
7. As a result of foot injury in the area of the dorsal surface of the foot, the patient has no function of stretching the toes. What a muscle damaged?  
A - Flexor hallucis brevis  
B - Fibularis longus  
C - Extensor digitorum brevis  
D - Extensor digitorum longus  
E - All of the above
8. The patient has damaged calcaneal (Achilles) tendons. Which muscles have lost their function?  
A - Extensor digitorum longus  
B - Fibularis brevis  
C - Popliteus  
D - Triceps surae  
E - Flexor digitorum longus

## 34. MATERIALS FOR REPETITION

### THE BOUNDARIES OF THE NECK TRIANGLES

I	Anterior cervical triangle —
1	
2	
3	
A	Submandibular triangle —
1	
2	
3	
B	Carotid triangle —
1	
2	
3	
C	Omotracheal triangle —
1	
2	
3	
D	Submental triangle —
1	
2	
3	
II	Posterior cervical triangle —
1	
2	
3	
A	Omotrapezoid triangle —
1	
2	
3	
B	Omoclavicular triangle —
1	
2	
3	

## THE BOUNDARIES TRIANGLES OF THE CHEST

1	Clavipectoral triangle —	
2	Pectoral triangle —	
3	Subpectoral triangle —	

## WALLS OF THE INGUINAL CANAL

1	Anterior	
2	Superior	
3	Posterior	
4	Inferior	

## THE TOPOGRAPHY OF THE PECTORAL GIRDLE AND SHOULDER

Name of topographic formation	What is limited
1. Axillary cavity —	Anterior wall — Posterior wall — Medial wall — Lateral waii —
2. Triangular opening —	
3. Quadrangular opening —	
4. Radial canal —	
5. Deltoidopectoral sulcus —	

## THE TOPOGRAPHICAL FORMATION OF THE LOWER LIMB

I	Femoral triangle —
1	
2	
3	
II	Femoral canal —
1	
2	
3	
III	Iliopectineal groove —
1	
2	
IV	Adductor canal —
1	
2	
3	
V	Cruropopliteal canal —
1	
2	
VI	Inferior musculoperoneal canal —
1	
2	
VII	Medial plantar sulcus —
1	
2	
VIII	Lateral plantar sulcus —
1	
2	



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# ПЕРЕЛІК ВИКОРИСТАНОЇ ЛІТЕРАТУРИ

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## **ЗОШИТ САМОПІДГОТОВКИ З ДИСЦИПЛІНИ «АНАТОМІЯ ЛЮДИНИ»**

*Частина I*

*(англійською мовою)*

Технічні редактори: **П. М. Матюшенко, Г. О. Москва**

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