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Biomechanics.
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Ans:- (1)

primary curvatures of spine:

- The thoracic and sacral curvatures are termed primary curves Because they are present in fetus and remain in the same in the adult
- During the fetal development the body is fixed anteriorly into the fetal position giving the entire vertebral column a single curvatures that is concave anteriorly.
- In the adult this primary curvatures is retained in two region of the vertebral column as the thoracic curve which involves the thoracic vertebral and the sacrococcygeal curve formed by the sacrum and coccyx.

secondary curvatures of spine:-

→ Develope gradually after birth as the child learns to sit upright. stand and walk secondary curves are concave posteriorly oppsite in direction to the original fetal curvatures. the cervical curve of the neck region develops as the infant begins to hold their head upright when sitting. later as the child begains to stand and then to walk, the lumber curves of the lower back develops in adults the lumber curve is generally deeper in females.

Ans:- (2)

ligaments of cervical spine:-

- Anterior longitudinal ligament
- Anterior atlanto occipetal membrane
- apical ligament
- cruciate ligament of the atlas
- posterior ligitudinal ligament
- ligamentum flavum
- ligamentum nuchae
- intraspinous ligaments
- supraspinous ligaments.

limitation of cervical spine ligaments:

Anterior longitudinal ligments.

Extention and reinforce front of annulus fibrosis.

posterior longitudinal ligament-

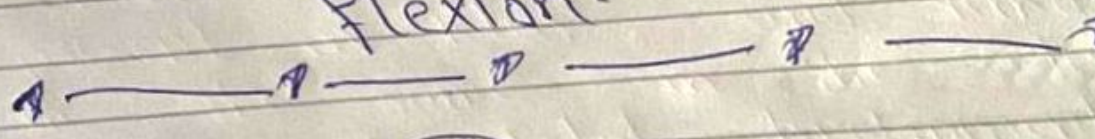
Flexian and reinforce back of annulus fibrosis.

ligamentum flavum-

⇒ Flexion

supraspinous:

flexion.



Ans: (3)

myotomes:

nerve supply of muscle is termed as myotomes.

Myotomes of upper limb:

C_5 - Elbow flexion

C_6 - wrist extension

C_7 - Elbow flexion
C_8 - finger flexion
T_1 - finger abduction.

Mytomes of lower limb.

L_2 — Hip flexion

L_3 — Knee extension

L_4 — ankle dorsiflexion

L_5 - Great toe extension

S_1 - Ankle plantar flexions.