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Lower trap muscle action

Muscular between the lower spine and shoulder blade trapeziusthe trapezius muscle (plural: Trapezei) is a superficial muscle of the back, shown in red above and sottodetailsoriginmedico a third of the upper nuczal line, external occipital protuberance, the spinous processes of vertebrae c7-T12 . LEGAMENTE nuchal [1] Edge insertion of the third side of the third side of the clavicle, the acromion and spine of the branch scapulaarterysuperficial transverse cervical artery or superficial cervical artery process [2] of the nerve nerves (motor nerve) cervical nerves spinari C3 and C4 (motor and sensation) [3] ActionsRotation, retraction, elevation, and depression of scapulaAntagonistserratus anterior muscle, latissimus dorsi, pectoralis terms MajoridentifiersLatinMusculus trapeziusTA98A04.3.01.001TA22226FMA9626Anatomical muscle [edit the Wikidata] trapeze [4] it is a great Paired trapezoid muscle shape and surface that It extends longitudinally occipital bone to the lower thoracic vertebrae of the spine and the Teraly to the spine of the scapula. Move the shoulder blade and the arm supports. The trapezoid has three functional parts: an upper part (descending) that supports the weight of the arm; a central region (transversal), which portrays the scapula; and a lower part (ascending) which rotates on average and average depresses the scapula. Name and History The trapezius muscle resembles a trapezoid (trapezoid in American English) or quadrilateral-shaped diamond. The word "spinotrapezio" refers to the human trapeze, although it is not commonly used in modern texts. In other mammals, it refers to a portion of the analogous muscle. Similarly, the term "rear plate of the tri-axis" has been used historically to describe the trapezius muscle. [Citation needed] Position of the trapeze structure and its parti.À The fibers of the middle upper fibers of the trapezium of the trapezoidal trapezoid fibers the upper or upper fibers (or descendants) of the trapezium are from the spinous process of C7, the external occipital protuberance, the third medial nuczal line above the occipital bone (both in the back of the head), both of Ligenamentum nuchae. From this source they proceed downwards and sideways to be included in the back edge of the side of the clavicle. The average fiber, or trapezoid transverse derive from the spinous process of the seventh cervical (both in the back of the neck), both the spinous processes of the first, second and third thoracic vertebrae. They are inserted in the medial margin of the acromion, and in the upper lip of the rear edge of the spine of the scapula. The lower or lower fibers (or ascending) of the trapeze derive from the thorny processes of the remaining thoracic vertebrae (T4 T12). From this origin proceed upward and laterally to converge near the scapula and terminate in aponeurosis, which slips on the smooth medial triangular surface on the end of the spine, to insert into a tubercle at the apex of this triangular smooth surface. In its occipital origin, the trapeze is connected to the bone from a thin fibrous lamina, firmly adherent to the skin. The shallow and deep epimisia is ongoing with a deep fascia invested around your neck and also contains sternocleidomastoidi muscles. A half, the muscle is connected to the spinous processes from a wide aponeurosis semi-elliptical, which reaches the sixth to the third cervical and thoracic vertebra³ forms, with that of the opposite muscle, tendon ellipse. The rest of the muscle is located by many short tendon fibers. You can feel the upper trapeze muscles Activate a weight in one hand in front of the body and, with the other hand, touch the area between the shoulder and the neck. [Citation needed] Pictures of trapeze And the bones to He attacks, with muscle attachments shown in the red trapeze muscle. Occipital bone. Left left Upper surface. Left scapula. Rear surface. The function of the innervation engine is provided by the accessory nerve. [5] Sensation, including the pain and sense of the joint position (proprioception), travel through the ventral branch of the third (C3) and the fourth (C4) cervical spinal nerves. [5] Since it is a muscle of the upper limb, the trapeze is not unected by the dorsal branches, although it has been positioned superficially in the back. The contraction of the function of the trapezoid muscle can have two effects: movement of the shoulder blades when the spinal origins are stable and the movement of the spine when the shoulder blades are stable. [5] Its main function is to stabilize and move the scapula [5]. Scapular movements The upper fibers elevate the shoulder blades, the middle fibers retracted the shoulder blades and the lower fibers depress the shoulder blades. [5] In addition to the scapular translation, the trapeze induces the rotation of the scapular. The upper and lower fibers tend to rotate the scapula around the sternoclavicular joint so that the acromion and lower corners move and the medial edge moves (rotation upwards). The upper and lower fibers work in tandem with serratus anterior to rotate up the shoulder blades and work in opposition to the blades of the levator and the rhomboids, which make the rotation downwards. An example of Trapezius function is a head-based press. When activating together, the upper and lower fibers also assist the medium fibers (together with other muscles such as rhomboids) with scapular retraction / supply. The trapeze also helps as a rapture of the shoulder over 90 degrees by rotating the glenoid upwards. Hull nerve injuries XI will cause weakness in kidnapping shoulder greater than 90 degrees. Spinal movements When the boulders are stable, a co-contraction of both sides can extend the neck. The dysfunction of the clinical significance of the trapeze can lead to the winged scapula, sometimes further specified as "lateral wing" [6] and in an abnormal mobilization or function of the scapula (scapular dyskinesia). [7] There are multiple causes of trapezoidal dysfunction. Palsy paralysis of the trapeze, due to the damage of the nerve of the spinal accessory, is characterized by difficulty with arm and abduction and associated with a falling shoulder, shoulder and shoulder pain and neck. [8] The intractable trapeze paralysis can be managed surgically with an Eden-Lange procedure. Faceloshopolitan muscular dystrophy The trapezoid muscle is one of the commonly affected muscles in facien-repienced muscular dystrophy (FSHD). The lowest and middle fibers are initially affected, and the higher fibers are commonly saved until late in the disease. [9] Undervolpo although rare, underdevelopment or absence of the trapeze to correlate to the pain in the neck and the poor scapular control that does not respond to physical therapy [10]. The absence of the trapeze was reported in association with Poland syndrome. [11] Company and culture exercises The upper part of the trapeze can be developed by raising the shoulders. Common exercises for this movement are any clean version, especially the clean point and the shocked shoulder. Medium fibers are developed by pulling the shoulder blades together. This adduction also uses the upper / lower fibers. The highest area can be trained through the extension of the neck. The lower part can be developed by drawing the shoulders the blades down holding the arms almost straight and rigid. It is mainly used in the launch, with the deltoid muscle and the rotator cuff. 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