The Vertebral Column

The Vertebral Column

 Comprised of 33-34 individual bones or vertebrae

may be differences in resources or fusion

Fun fact:

 sometimes during development bones can fuse resulting in 26 bony segments

Regions

Anatomical Terms

Layman's Terms

- $\diamond \quad \text{Cervical} \to \text{C1} \to \text{C7}$
- Thoracic \rightarrow T1 \rightarrow T12
- $\diamond \quad Lumbar \rightarrow L1 \rightarrow L5$
- $\diamond \quad \text{Sacral} \rightarrow \text{ S1} \rightarrow \text{S5}$
- ♦ Coccygeal →
 Co1→Co5
 ▶ (fused)

- Neck $\rightarrow 7$
- Chest \rightarrow 12
- Small Back $\rightarrow 5$
- Low Back \rightarrow 5 *fused
- ♦ Tailbone \rightarrow 4-5 *fused

REGIONS OF THE VERTEBRAL COLUMN



Functions of the Vertebral Column

Support & upright posture

vertebrae become larger & thicker as you progress down the spine

Protection

encases the spinal cord & nerve roots

Movement

- flexion & extension
- side flexion
- rotation
- byperextension
 - movement allowed due the muscular attachments
- Axis
 - central axis of the axial body

Spinal Curves







convex spine posteriorly

Curves Over Time...

At birth *

- kyphotic
- large C-shaped spine
- **primary** curves are: thoracic & sacral

3 months differentiation occurs formation of secondary curves S-shaped from a side view secondary curves are: cervical & lumbar ٠.

Timeline:

- 3 months (head up) cervical lordosis \succ
- 9 months (sitting up) thoracic kyphosis
- 18 months (walking) lumbar lordosis \succ
- Sacral kyphosis





Abnormal Spinal Curves

Scoliosis



A lateral curvature of the spine

Scoliosis

idiopathic in nature

most common in adolescent age group

Types:

♦ S Curve

- double curve scoliosis
- secondary curve may develop to balance the primary curve
- more dangerous of the two; rotating forces

C Curve

- single curve scoliosis
- Structural
 - when the spine itself is curved

Functional

> when the curvature is a result of an abnormality somewhere else



Hyperlordosis



A aka: saddleback or sway back

Hyperlordosis

Definition:

- when the inward curve of the low back is exaggerated
 - can occur at any age, although rare in children
 - typically reversible

Causes:

- obesity
- seen in people who wear high heels for long periods of time
- spinal injuries
- neuromuscular disease
- rickets
- sitting/standing for long periods
- weak abdominal muscles

Symptoms:

- low back or neck pain
- restricted movement
- stiffness
- excessive inward C shape of the low back
- glutes may appear more posteriorly

Hyperkyphosis



aka: hunch back

Hyperkyphosis

Definition:

- when the thoracic spine curvature is over pronounced
 - can be age related, due to malformation (birth), caused by wedging of vertebrae
 - can be mild or severe

Types:

- Postural
 - most common
 - > most noticeable during adolescence
 - typically occurs due to poor posture (slouching)

Congenital

- Occurs in infants, in utero
- Spinal column does not form properly

Scheuermann's

- \succ structural \rightarrow more difficult to treat
- most commonly found in adolescence
- structural abnormality with the spine or individual vertebrae; unable to maintain normal spinal curvatures

Hyperkyphosis

Causes:

Fractures

- Disc degeneration
- Osteoporosis
- Ehlers Danlos Syndrome

Symptoms:

- excessively rounded shoulders
- \diamond visible arch on the back
- back pain (adults)
- stiff & rigid spine
- ♦ general fatigue
- ♦ severe cases \rightarrow issues with organs (lungs & heart)



Vertebrae

General Structure



Vertebral Body



- anterior portion of a vertebrae
- supports body weight
- progressively increases in size further down the spine

Vertebral Arch





posterior portion of vertebrae
comprised of the lamina and pedicle
serves to protect the spinal cord

Pedicles





C tea

teachmeanatomy The #1 Applied Human Anatomy Site on the Web.

2 projections from the posterior aspect of the body

Lamina







2 flat bars meet posteriorly at the spinous process

Vertebral Foramen



created by the lamina, pedicle & body
aka: spinal/vertebral foramen
home of the spinal cord

Transverse Processes



- 2 on either side (transverse)
- found at the junction of the lamina & pedicle
- important site for ligament & muscle attachment

Superior Articular Process (Facet)





2 flat surfaces that project upwards articulate with the inferior articular facet of the vertebrae above

Inferior Articular Process (facet)





2 flat surfaces that project downwards articulate with the superior articular facet of the vertebrae below

Spinous Process



projects posteriorly from the junction of the laminae Vertebral Notch

Superior vertebral notch

- found posterior to the vertebral body & inferior to the pedicle
- ★ creates intervertebral foramen → for spinal nerve roots to exit each side of the vertebral column at each vertebral segment

Vertebral Segment

The structure of the segments of the spine



made up of two consecutive vertebrae in the vertebral column plus the intervertebral disc in between

Special Features

Individual Vertebrae

Cervical Vertebrae



- C1 & C2 are specialized
 atlas & axis
- Large vertebral foramen
 - Bifurcate ➤ Bifid spinous process (C2-C6)
- Transverse foramina
 protects the vertebral artery that supply the brain

articular processes

**

- flat; face superior & inferior
- allow for rotational movements



Atlas (C1)



- supports the head
- lacks a body
- anterior & posterior arches & tubercles
- concave superior & flat inferior articular facets
 - > superior \rightarrow occipital condyles
 - allows for yes motion of the head
- large vertebral/spinal canal
- anterior foramen for the odontoid process (dens)
Axis (C2)



blue Dens \rightarrow body of atlas

- > creates a pivot
 - allows for no action of the head
- superior articular process
 - articulates with atlas
- bifid spinous process

Prominens (C7)



- characterized by long spinous process
 not bifid
- tubercle on the end of the spinous process
 - > ligamentum nuchae

Thoracic Vertebrae

Long & pointed spinous process
 overlap like shingles

Superior & inferior "demifacets"
 on the sides of the bodies
 articulate with the head of the ribs

ribs 1, 10, 11, 12 have full facets for rib attachment

Costal facets on transverse processes
 attachment sites for tubercles of the ribs

Articular facets are oriented in the frontal plane → allow for side flexion



Lumbar Vertebrae

Large & heavy vertebral bodies
 for weight bearing

Square cut spinous processes
 almost straight back

Articular facets; oriented in the sagittal plane
 allow for flexion & extension

Long & slender transverse processes

Lumbar Vertebrae



Sacrum

♦ Anterior surface is concave

- ≻ smooth
- > pelvic contents

Posterior surface is convex

- > roughened
- > muscles & attachments

♦ Base

- > sacral promontory
- > 30 degree anterior slope to articulate with the 5th lumbar vertebrae

Apex

Median & lateral sacral crests

♦ Auricular surfaces

- ≻ ear like
- > articulate with the innominate bones (ilium)

Posterior & anterior sacral foramina

Sacral canal







small bone that typically articulates with the apex of the sacrum





Vertebral Movements

Cervical

articular facets horizontal in orientation

look like a table top allow for rotational movements



movements occur:

- ➤ transverse plane
- longitudinal axis

Thoracic



articular facets

anterior/posterior orientation

allow for side flexion movement
 & some rotation



movements occur:

frontal plane

Lumbar



articular facets

side to side orientation

Allow for flexion & extension

movements occur:

> sagittal plane

Vertebral Disc

Thick; made of fibrocartilage

Location:

found between each vertebrae
not found between C1 & C2

Function:

allows for some spinal movementshock absorption

Vertebral Disc

Components:
 nucleus pulposus

 gel-like inner core
 annulus fibrosus
 tough outer ring of collagen

Slipped disc



What is a Herniated Disc?



Normal Disc

Herniated Disc



Degenerative Disc

- Bulging Disc
- Herniated Disc
- Thinning Disc
- Disc Degeneration with Osteophyte formation

Joints of the Vertebral Column

Intervertebral Disc

Classifications:
 Functional:

 amphiarthrotic
 Structural:

 cartilaginous
 symphyseal



Zygapophyseal Joint

Aka: facet joints

Articulations:
 Between the arches & superior/inferior articular processes

Classifications:
 Functional:

 diarthrotic, uniaxial
 Structural:

 synovial, plane

Very little movement

movement will be greatest where articular surfaces are largest



Atlanto-Occipital Joint

Articulations:

> C1 superior articular facets \rightarrow occipital condyles

Classifications:
 Functional

 diarthrotic, biaxial
 Structural
 synovial, ellipsoid

Nods head → the rocking "yes" motion



Atlantoaxial Joint

Articulations:

Odontoid process (dens) of axis articulates with posterior aspect of the anterior arc of the atlas

Classifications:
 functional:

 Diarthrotic, uniaxial
 Structural:

 Synovial, pivot

Shakes head "no"



Ligaments of the Vertebral Column

Transverse Atlantal Ligament

part of the atlantoaxial joint

divides the foramen into two areas:

- ¹/₃ anterior area allows room for the dens/pivot joint
- > 2⁄3 posterior area allows room for the spinal cord



Ligament that supports the vertebral body:

Anterior Longitudinal Ligament

- runs the length of all the vertebral bodies; anteriorly
- $c_2 \rightarrow Sacrum$
- Prevents hyperextension



Ligament that supports the vertebral body

Posterior Longitudinal Ligament

- runs the length of all the vertebral bodies; posteriorly
- $c_2 \rightarrow Sacrum$
- prevents hyperflexion



Ligamentum Flavum

elastic fibres between the lamina of each vertebrae



Interspinous Ligament

★ Ligament joining each spinous process to the one above and below ★ C7 → L5



Supraspinous Ligament

 A strong fibrous cord that attaches to the most posterior points of each spinous process
 ♦ C7 → Sacrum



Intertransverse Ligament

Ligaments found between each transverse process



Ligamentum Nuchae

- An extension of the supraspinous ligament
- extends from the spinous process of C7

 → external occipital protuberance of
 the skull

