		Deep I	Fascia of Pa	lm		
• •				2-In the m	iddle of the palm to form the palmar	
aponeurosis.	poneurosis. 3-In the fingers to form the fibrous flexor sheaths.Is thickening ofAttachments:Structures so				Structures deep to it (in carpal tunnel):	
1- Flexor retinaculum	deep fascia bridging over the front of carpus, thus converting the carpal groove to a	1-Med. : pisiform & hook of hamate. 2-Lat. : Scaphoid & Trapezium (where it splits into 2	to it (med. to lat.): 1-Ulnar Nerve. 2-Ulnar vessels. 3-Palmar cutaneous branch of ulnar N.		 1-Median N. 2-Tendon of Flexor carpi radialis (& its synovial sheath). 3-Tendon of Flexor pollicis longus (& its synovial sheath called <u>radial bursa</u>). 4- 4 tendons of flexor digitorum superficialis + 4 tendons of flexor digitorum profundus (& its synovial sheaths called <u>ulnar bursa</u>). 	
	carpal tunnel.laminae to form a special compartment for flexor carpi4-Palm tendo 5-Palm		4-Palmaris l tendon. 5-Palmar cu branch of m	taneous		
provide <i>a sort</i> thin film of flu * <i>There are 3</i> * <i>All start 1-1</i>	f of lubrication for it/ Ed id to facilitate the mov sheaths that surround 1⁄2 inches above flexor i	ach synovial flexor she ements of the tendons the long flexors of the retinaculum	ath is compos different digi	ed of 2 lay	s of the tendons before its insertion to yers; inner & outer layers separated by a	
*These synovial sheaths include: Radial bursa + Ulnar bursa Radial bursa:				Ulnar bursa :		
The synovial sheath that surrounds the <i>tendon of flexor pollicis longus</i> . It continues around the tendon till its insertion + The sheath that surrounds the tendon of <i>flexor carpi radialis</i> (extends till its insertion).				This is a common synovial sheath which surrounds the <i>8 tendons of flexor digitorum superficialis &</i> <i>profundus</i> . The sheath extends distally on its medial side without interruption on the tendons of the little finger as far as their insertion (into the base of the distal phalanx).		
2- Palmar	almar Attachments :				Carpal tunnel syndrome	
<i>aponeurosis</i> Triangular with its apex proximally & its base distally	 1-Proximally: Flexor retinaculum & palmaris longus tendon. 2-Distally: It gives 4 slips to the med. 4 fingers, (Each slip divides into 2 processes). *There is no 5th slip to the thumb to keep it freely mobile. 3-Medially & laterally: a. Continuous with the deep fascia covering hypothenar & thenar eminences respectively. 			Due to Deposition of fat & fibrous tissue DEEP to flexor retinaculum causing compression of Median nerve. Results: 1-Weakness of muscles of the thenar eminence & the lat. 2 lumbricals. 2-Tingling & sensory loss of the lat. 3½ fingers (but		
				the palm is spared since it is supplied by the palman branch of median N. which passes SUPERFICIAL to the retinaculum). Treatment: Surgical division of the retinaculum.		

Done by Leen Abuserhan