

THE UNIVERSITY OF BOLTON

SCHOOL OF SPORT AND BIOMEDICAL SCIENCES

BSc (Hons) SPORT REHABILITATION
BSc (Hons) MEDICAL BIOLOGY

SEMESTER ONE EXAMINATIONS 2019/20

CLINICAL ANATOMY

MODULE NO: SRB4001

Date: Wednesday 15th January 2020

Time: 10.00 am – 12.00 pm

INSTRUCTIONS TO CANDIDATES:

There is one section, Section A

Section A is multiple choice

You have to answer ALL the questions

Each question is awarded one mark, total of 70 marks

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

Section A: Multiple Choice

There are 70 Questions answer ALL of them

1. Which ligaments are associated with the hip joint?

- a. Iliofemoral ligament, pubofemoral ligament, ischiofemoral ligament, ligamentum teres
- b. Iliofemoral ligament, pubofemoral ligament, iliopubis ligament, ischiofemoral ligament
- c. Iliofemoral ligament, puboiliium ligament, ischiospinous ligament, ligamentum teres
- d. Iliofemoral ligament, pubofemoral ligament, medial femoral ligament

1 mark

2. What are the limiting factors to hip abduction?

- a. Soft tissue opposition of opposite leg, superior joint capsule, iliofemoral ligament, hip abductors.
- b. Inferior joint capsule, iliofemoral ligament, pubofemoral ligament, hip adductors.
- c. Anterior joint capsule, pubofemoral ligament, iliofemoral ligament, hip medial rotators
- d. Medial joint capsule, ischiofemoral ligament, iliofemoral ligament, hip medial rotators

1 mark

3. What are the attachments of the Ischiofemoral ligament?

- a. Ischium behind acetabulum, intertrochanteric line and superior neck of femur
- b. Body of ischium behind and below the acetabulum, lesser trochanter
- c. iliopubic eminence, superior pubic ramus, lesser trochanter
- d. iliopubic eminence, middle aspect of the intertrochanteric line

1 mark

4. What are the articulating structures of the hip joint?

- a. Head of femur, acetabulum
- b. Pubis, sacrum, ischium
- c. Innominate bone, sacrum
- d. Innominate bone, pubic ramus

1 mark

5. What is the limiting factors to hip flexion?

- a. Anterior joint capsule, iliofemoral ligament, ischiofemoral ligament, pubofemoral ligament and hip flexors.
- b. No joint capsule, no ligaments, abdomen on quadriceps and hip extensors.
- c. Posterior joint capsule, ischiofemoral ligament and hip lateral rotators.
- d. Anterior joint capsule, iliofemoral ligament, pubofemoral ligament and hip medial rotators.

1 mark

Please turn the page

6. Which of these muscles abduct the hip?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Iliacus
- b. Tensor fascia latae
- c. Sartorius
- d. Gracilis

1 mark

7. What are the origin and insertion for the Psoas Major?

- a. Transverse processes of L4-L8 inserts into iliotibial band and lesser trochanter of femur.
- b. Transverse processes of L1-L5, vertebral bodies and discs of T12-L4, inserts into lesser trochanter of femur
- c. Transverse processes of L1-L5, vertebral bodies and discs of T12-L4, inserts into greater trochanter of femur
- d. Transverse processes of T10-L2, vertebral bodies and discs of T10-L1 inserts into lesser trochanter of femur

1 mark

8. The Pectineus is responsible for which actions at the hip?

- a. Flexion, lateral rotation, abduction
- b. Flexion, lateral rotation, adduction
- c. Flexion medial rotation, abduction
- d. Flexion, medial rotation, adduction

1 mark

9. What is the nerve supply for the Rectus Femoris?

- a. Femoral nerve
- b. Tibial nerve
- c. Superior gluteal nerve
- d. Lateral femoral circumflex nerve

1 mark

10. Which muscles extend the hip?

- a. Gluteus maximus, gluteus minimus, gluteus medius, tensor fascia lata
- b. Gluteus maximus, gluteus minimus, gluteus medius, pectineus
- c. Gluteus minimus, pectineus, semimembranosus, semitendinosus
- d. Gluteus maximus, semimembranosus, semitendinosus, biceps femoris

1 mark

11. What are the origin and insertions for the Gluteus Maximus?

- a. Upper outer surface of ilium between iliac crest and anterior/posterior gluteal lines into superior aspect of greater trochanter
- b. Posterior gluteal line into greater trochanter and intertrochanteric line
- c. Posterior gluteal line into neck of femur and lesser trochanter.
- d. Posterior gluteal line, posterior surface of sacrum and coccyx into ITB and gluteal tuberosity of femur.

1 mark

Please turn the page

12. Due to rotation of the tibia the knee is classed as a ball and socket joint.

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. True
- b. False

1 mark

13. Which ligaments of the knee are classed as extracapsular?

- a. Lateral collateral ligament, medial collateral ligaments
- b. Anterior cruciate ligament, posterior cruciate ligament
- c. Lateral collateral ligament, anterior cruciate ligament
- d. Medial collateral ligament, anterior cruciate ligament

1 mark

14. What movement is not limited by the medial collateral ligament?

- a. Medial tibial rotation
- b. Knee extension
- c. Knee lateral tibial rotation
- d. Both b and c

1 mark

15. Which is not a function of the meniscus?

- a. Reduces joint congruency
- b. Acts as shock absorbers
- c. Participates in weight distribution across the joint
- d. Participates in locking mechanism

1 mark

16. What are the limiting factors to knee Lateral Rotation?

- a. Posterolateral joint capsule, posterior collateral ligament, lateral cruciate ligament, knee extensors
- b. Soft tissue opposition and thigh and knee extensors.
- c. Medial joint capsule, medial collateral ligament and medial tibial rotators
- d. Posterior and lateral joint capsule, lateral collateral ligament, oblique popliteal ligament, arcuate popliteal ligament and lateral tibial rotators.

1 mark

17. What are the attachments of the oblique popliteal ligament?

- a. Anterior intercondylar area of tibia, to posterior fibula head
- b. Expansion of semimembranosus tendon close to its insertion on posterior aspect of medial tibial condyle, to posterior fibula head
- c. Anterior intercondylar area of tibia, to intercondylar line of femur
- d. Expansion of semimembranosus tendon close to its insertion on posterior aspect of medial tibial condyle, to intercondylar line of femur

1 mark

Please turn the page

18. What are the attachments for the anterior cruciate ligament?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Anterior to tibial spine (anterior intercondylar area), to posterior part of medial surface of lateral femoral condyle
- b. Posterior intercondylar area, to anterior part of lateral surface of medial femoral condyle
- c. Anterior to tibial spine (anterior intercondylar area), to posterior part of lateral surface of medial femoral condyle
- d. Posterior intercondylar area, to anterior part of medial surface of lateral femoral condyle

1 mark

19. What muscle is not involved in Knee Flexion?

- a. Semi-membranosus
- b. Semi-tendinosus
- c. Gastrocnemius
- d. Adductor Longus

1 mark

20. Which ligaments reinforce the posterior aspect of the knee joint capsule?

- a. Oblique popliteal ligament, posterior cruciate ligament
- b. Arcuate popliteal ligament, posterior cruciate ligament
- c. Arcuate popliteal ligament, medial collateral ligament
- d. Oblique popliteal ligament, Arcuate popliteal ligament

21. Which muscles medially rotate the tibia?

- a. Biceps femoris, gracilis
- b. Semimembranosus, semitendinosus, gracilis
- c. Biceps femoris, gracilis, popliteus
- d. Semimembranosus, semitendinosus, gracilis, popliteus

1 mark

22. What is the origin and insertion for Vastus Lateralis?

- a. Upper lateral facet of ischial tuberosity, inserts into medial aspect of tibial shaft, contributing to pes anserine
- b. Anterior and lateral surfaces of upper 2/3rds of femur to common quads tendon to patella via patella tendon to tibial tuberosity.
- c. Lower medial facet of ischial tuberosity, inserts into apex of fibula
- d. Upper part of intertrochanteric line, inferior border of greater trochanter, gluteal tuberosity, lateral lip of linea aspera into common quads tendon, lateral patella retinaculum to the patella via patella tendon to tibial tuberosity.

1 mark

23. What is the nerve supply for Vastus Medialis?

- a. Tibial nerve
- b. Femoral nerve
- c. Common peroneal nerve
- d. Deep peroneal nerve

1 mark

Please turn the page

24. Which muscle does not extend the knee?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Vastus Medialis
- b. ITB via Tensor Fascia Lata
- c. Gracilis
- d. Vastus lateralis

1 mark

25. What is the origin and insertion of Sartorius?

- a. ASIS, inserts into medial aspect of proximal tibia, contributes to pes anserine
- b. Ischial spine, inserts into medial tibial condyle
- c. ASIS, inserts into lateral tibial condyle
- d. Ischial spine, inserts into lateral aspect of proximal tibia, contribute to pes anserine

1 mark

26. What is the nerve supply for Popliteus?

- a. Tibial nerve
- b. Common peroneal nerve
- c. Obturator nerve
- d. Femoral nerve

1 mark

27. What are the articulating surfaces of the inferior talofibular joint?

- a. Medial aspect of inferior fibula, fibular notch on the tibia
- b. Trochlear surface of talus, trochlear surface of tibia
- c. Inferior talus, superior calcaneus
- d. Trochlear surface of talus, trochlear surface of calcaneus

1 mark

28. Describe the location of the lateral malleolus?

- a. Proximal, lateral aspect of tibia
- b. Proximal, medial aspect of fibula
- c. Distal end of tibia
- d. Distal end of fibula

1 mark

29. The Deltoid ligament reinforces the Talocrural joint capsule?

- a. Laterally
- b. Medially
- c. Anteriorly
- d. Posteriorly

1 mark

30. What movements occur at the Subtalar joint?

- a. Dorsiflexion, inversion
- b. Plantar flexion, eversion
- c. Abduction, adduction
- d. Supination, pronation

1 mark

Please turn the page

31. Which joint is responsible for the pure movement of Dorsiflexion?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Calcaneocuboid
- b. Subtalar joint
- c. Talocalcaneonavicular joint
- d. Talocrural joint

1 mark

32. What are the limiting factors to Eversion?

- a. Anterior joint capsules, anterior talofibular ligament, anterior parts of deltoid ligament, bifurcate ligament, spring ligament, ankle dorsiflexors
- b. Posterior joint capsules, posterior parts of deltoid ligament, posterior talofibular ligament, ankle plantarflexors
- c. Lateral joint capsule, calcaneofibular ligament, anterior talofibular ligament, evertors.
- d. Medial joint capsule, deltoid ligament, spring ligament and invertors.

1 mark

33. What are the attachments of the plantar calcaneonavicular ligament (AKA spring ligament)?

- a. lateral aspect of calcaneus, to lateral aspect of navicular and cuboid
- b. Anterior end and medial border of sustentaculum talus, to navicular tuberosity
- c. Anterior aspect of calcaneus, anterior aspect of navicular
- d. Anterior end and medial border of sustentaculum tali, neck of talus

1 mark

34. Which muscles are responsible for plantarflexion of the ankle?

- a. Gastrocnemius, soleus, plantaris, tibialis posterior, peroneus tertius, flexor hallucis longus, flexor digitorum longus,
- b. Gastrocnemius, soleus, plantaris, tibialis posterior, peroneus longus, flexor hallucis longus, flexor digitorum longus
- c. Gastrocnemius, soleus, plantaris, tibialis posterior, peroneus longus, extensor hallucis longus, extensor digitorum longus
- d. Gastrocnemius, soleus, plantaris, tibialis anterior, peroneus longus, flexor hallucis longus, flexor digitorum longus,

1 mark

35. What is the end feel to plantarflexion?

- a. Elastic
- b. Hard
- c. Soft

1 mark

36. What is the action of Extensor Hallucis Longus?

- a. Extends lateral 4 toes, dorsiflexion of ankle, weak evertor of foot
- b. Knee extension, dorsiflexion of ankle, weak evertor of foot
- c. Dorsiflexion of ankle, extension of lateral 4 toes
- d. Dorsiflexion of great toe, weak invertor of foot

1 mark

Please turn the page

37. Which movements combine to make up gross inversion?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Adduction, supination, plantarflexion
- b. Adduction, pronation, plantarflexion
- c. Abduction, pronation, dorsiflexion
- d. Adduction, supination, dorsiflexion

1 mark

38. Which structures run under the flexor retinaculum (posterior aspect of medial malleolus)?

- a. Tibialis posterior, peroneus longus, peroneus brevis, Posterior tibial nerve, peroneal artery
- b. Peroneus longus, peroneus brevis, plantaris, soleus, posterior tibial nerve, posterior tibial artery
- c. Tibialis posterior, extensor digitorum longus, extensor hallucis longus, posterior tibial nerve, posterior tibial artery
- d. Tibialis posterior, flexor digitorum longus, flexor hallucis longus, posterior tibial nerve, posterior tibial artery

1 mark

39. What is the nerve supply to Soleus?

- a. Common peroneal nerve
- b. Tibial nerve
- c. Superficial peroneal nerve
- d. Deep peroneal nerve

1 mark

40. What structure deepens the glenoid cavity and increases stability within the glenohumeral joint?

- a. Acetabular rim
- b. Glenoid labrum
- c. Glenoid fossa
- d. Supraglenoid tubercle

1 mark

41. What is the available range of movement into extension of the humerus?

- a. 45 - 50°
- b. 80 - 90°
- c. 5 - 20°
- d. 100 - 120°

1 mark

42. Which movement is not possible at the Sternoclavicular (SC) Joint?

- a. Elevation
- b. Depression
- c. Abduction
- d. Axial Rotation

1 mark

Please turn the page

43. What are the articulating surfaces of the Acromioclavicular (AC) Joint?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Medial end of clavicle, Antero-lateral border of acromion process
- b. Lateral end of clavicle, Antero-medial border of acromion process
- c. Anterior part of medial end of clavicle, anterior superior part of manubrium sterni
- d. Posterior part of medial end of clavicle, posterior superior part of manubrium sterni

1 mark

44. Which 4 muscles make up the rotator cuff?

- a. Supraspinatus, infraspinatus, teres minor, subscapularis
- b. Supraspinatus, infraspinatus, teres minor, serratus anterior
- c. Supraspinatus, infraspinatus, teres major, serratus anterior
- d. Supraspinatus, infraspinatus, teres major subscapularis

1 mark

45. What are the attachments of the conoid part of the corococlavicular ligament?

- a. Elbow of angulated corocoid process, to trapezoid line of humerus
- b. Apex of acromion process, to conoid tubercle on infero-posterior aspect of lateral clavicle
- c. Anterior superior aspect of clavicle, to conoid tubercle of humerus blending with the coracohumeral ligament
- d. Elbow of angulated corocoid process, to conoid tubercle on infero-posterior aspect of lateral clavicle

1 mark

46. Which ligament is not associated with the Glenohumeral Joint?

- a. Corocohumeral ligament
- b. Superior Glenohumeral ligament
- c. Costoclavicular ligament
- d. Corocoacromial ligament

1 mark

47. Which muscles laterally rotate the scapula?

- a. Upper and lower fibres of trapezius, serratus anterior
- b. Rhomboid minor, rhomboid major, pectoralis minor, levator scapula
- c. Levator scapula, teres minor, teres major, subscapularis
- d. Rhomboid minor, rhomboid major, middle fibres of trapezius, serratus anterior

1 mark

48. What is the origin and insertion of Infraspinatus?

- a. Lower aspect of infraspinous fossa, inserts into medial facet of greater tubercle of humerus
- b. Lateral border of inferior angle of scapula, inserts into medial lip of bicipital groove
- c. Medial 2/3rds of subscapular fossa, lesser tubercle of humerus, anterior humerus below tubercle, joint capsule
- d. Medial 2/3rds of infraspinous fossa, medial facet on greater tubercle on humerus, posterior aspect of joint capsule

1 mark

Please turn the page

49. Which of the following muscles is innervated by the Radial Nerve?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Triceps Brachii
- b. Biceps Brachii
- c. Latissimus Dorsi
- d. Deltoid

1 mark

50. Which of the following muscles does not extend the Glenohumeral joint?

- a. Biceps Brachii
- b. Teres Major
- c. Triceps Brachii
- d. Latissimus dorsi

1 mark

51. What is the origin and insertion of Rhomboid Minor?

- a. Spinous process of T2-T5, intervening supraspinous ligament, inserts into medial border of scapula between base of its spine and its inferior angle
- b. Spinous process of C7-T1, intervening supraspinous ligament, inserts into medial border of scapula at the base of its spine.
- c. Spinous process of T2-T5, intervening supraspinous ligament, inserts into medial border of scapula at the superior angle.
- d. Spinous process of C7-T1, intervening supraspinous ligament, inserts into medial border of scapula between base of its spine and superior angle

1 mark

52. What limiting factors give an elastic end feel to elbow extension?

- a. Anterior joint capsule, annular ligament, elbow extensors
- b. Anterior joint capsule, anterior part of radial collateral ligament, anterior part of ulna collateral ligament, elbow extensors
- c. Anterior joint capsule, anterior part of radial collateral ligament, anterior part of ulna collateral ligament, elbow flexors
- d. Anterior joint capsule, anterior part of radial collateral ligament, anterior part of annular ligament, elbow flexors

1 mark

53. The ulna rotates around the radius during pronation and supination of the forearm?

- a. True
- b. False

1 mark

54. What are the attachments of the quadratus ligament?

- a. Depression on the anteromedial aspect of the medial epicondyle, margins of radial notch of ulna
- b. Lower border of radial notch on ulna, medial epicondyle of humerus
- c. Lower border of radial notch on ulna, adjacent medial surface of neck of radius
- d. Anterior border of medial epicondyle, medial edge of coronoid process

1 mark

Please turn the page

55. Which muscles are responsible for pronation of the forearm?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Pronator Teres, Biceps brachii, Brachioradialis
- b. Pronator Teres, Pronator Quadratus, Brachioradialis
- c. Pronator Teres, Pronator Quadratus, biceps brachii,
- d. Pronator brachii, brachioradialis

1 mark

56. What is the origin and insertion of Pronator Teres?

- a. Lower part of medial supracondylar ridge, common flexor origin, and pronator ridge of ulna, inserts into radial tuberosity
- b. Distal 2/3rds of anterior surface of humeral shaft, inserts into roughened area on the middle of lateral surface of radius
- c. Lower part of medial supracondylar ridge, common flexor origin, and pronator ridge of ulna, inserts into roughened area on the middle of lateral surface of radius
- d. Common flexor origin, inserts into pronator ridge on distal end of radius

1 mark

57. What is the nerve supply for anconeus?

- a. Median nerve
- b. Radial nerve
- c. Musculocutaneous nerve
- d. Tibial nerve

1 mark

58. Which of the following is not an action of the biceps brachii?

- a. Elbow flexion
- b. Elbow supination
- c. Shoulder extension
- d. Shoulder flexion

1 mark

59. Which bones make up the distal row of carpals?

- a. Hamate, trapezoid, capitate, trapezium
- b. Hamate, capitate, triquetral, trapezium
- c. Scaphoid, lunate, triquetral, pisiform
- d. Hamate, lunate, trapezoid, trapezium

1 mark

60. Which of the following is not an attachment for the flexor retinaculum?

- a. Scaphoid tubercle
- b. Pisiform
- c. trapezium tubercle
- d. capitate tubercle

1 mark

Please turn the page

61. Where is the triangular fibrocartilagenous disc located?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Proximal end of radius, associated with superior radioulnar joint
- b. At the base of the thumb, associated with the first carpometacarpal joint
- c. Distal end of the ulna, associated with the inferior radioulnar joint
- d. At the base of the 5th finger, associated with the 5th carpometacarpal joint

1 mark

62. What are the limiting factors to extension of the wrist?

- a. Dorsal capsule, dorsal radiocarpal ligament, dorsal intercarpal ligament, wrist flexors
- b. Dorsal capsule, dorsal radiocarpal ligament, dorsal intercarpal ligament, wrist extensors
- c. Palmar capsule, palmar ulnocarpal ligament, palmar radiocarpal ligament, palmar intercarpal ligament, wrist flexors
- d. Palmar capsule, palmar radiocarpal ligament, palmar intercarpal ligament, wrist extensors

1 mark

63. What are the attachments of the palmar radiocarpal ligament?

- a. Posterior edge of radius, to posterior surface of scaphoid, lunate, triquetral and capitate.
- b. Anterior edge of radius and its styloid process, to anterior surface of scaphoid, lunate, triquetral, pisiform, and capitate
- c. Posterior edge of ulna, to posterior surface of scaphoid, lunate, triquetral
- d. Anterior edge of ulna, to anterior surface of scaphoid, lunate, triquetral, and pisiform

1 mark

64. What are the attachments of the radial collateral carpal ligament?

- a. Tip of radial styloid process, to posterior surface of lunate, and triquetral
- b. Anterior edge of radius, to anterior surface of scaphoid, lunate, and triquetral
- c. Tip of radial styloid process, to lateral side of scaphoid
- d. Posterior edge of ulna, to lateral side of scaphoid

1 mark

65. Which muscles are responsible for ulna deviation?

- a. Flexor carpi ulnaris, extensor carpi ulnaris
- b. Flexor carpi ulnaris, extensor carpi ulnaris longus, extensor carpi ulnaris brevis
- c. Flexor carpi radialis, extensor carpi radialis longus
- d. Flexor carpi radialis, extensor carpi radialis longus, extensor carpi radialis brevis

1 mark

66. Which of the following muscles pass through the carpal tunnel?

- a. Abductor pollicis longus
- b. Flexor digitorum superficialis
- c. Palmaris longus
- d. Extensor carpi radialis longus

1 mark

Please turn the page

67. What is the nerve supply to flexor digitorum superficialis?

School of Sport and Biomedical Sciences
Sport Rehabilitation / Medical Biology
Semester 1 Examination 2019/20
Paper 1 Clinical Anatomy
Module No. SRB4001

- a. Ulna nerve
- b. Median nerve
- c. Subscapular nerve
- d. Tibial nerve

1 mark

68. Which muscle is not responsible for wrist extension?

- a. Extensor carpi ulnaris
- b. Extensor digiti minimi
- c. Palmaris longus
- d. Extensor digitorum

1 mark

69. What is the origin and insertion of the Flexor pollicis longus?

- a. Anterior surface of radius between radial tuberosity & pronator quadratus,, inserts into flexor retinaculum and palmar aponeurosis
- b. Lateral epicondyle via common extensor origin, inserts into palmar surface of base of distal phalanx of thumb
- c. Anterior surface of radius between radial tuberosity & pronator quadratus, interosseus membrane, inserts into palmar surface of base of distal phalanx of thumb
- d. Lateral epicondyle via common extensor origin, inserts into proximal phalanx of thumb

1 mark

70. Which muscles make up the hypothenar eminence?

- a. Flexor pollicis brevis, abductor pollicis brevis, opponens digiti minimi
- b. Abductor digiti minimi, flexor digiti minimi, opponens digiti minimi
- c. Flexor pollicis brevis, abductor pollicis brevis, opponens pollicis
- d. Abductor digiti minimi, flexor digiti minimi, opponens pollicis

1 mark

END OF QUESTIONS