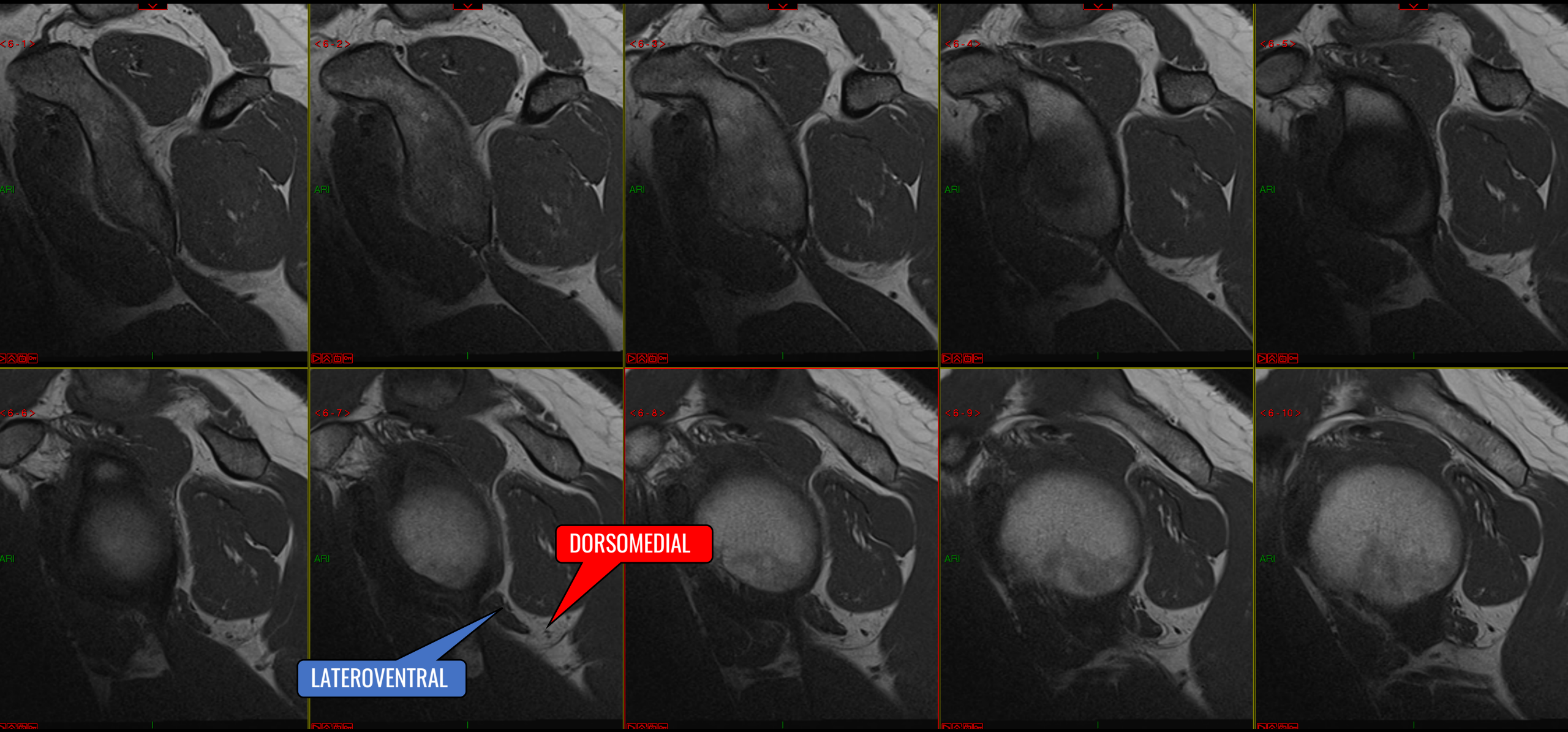


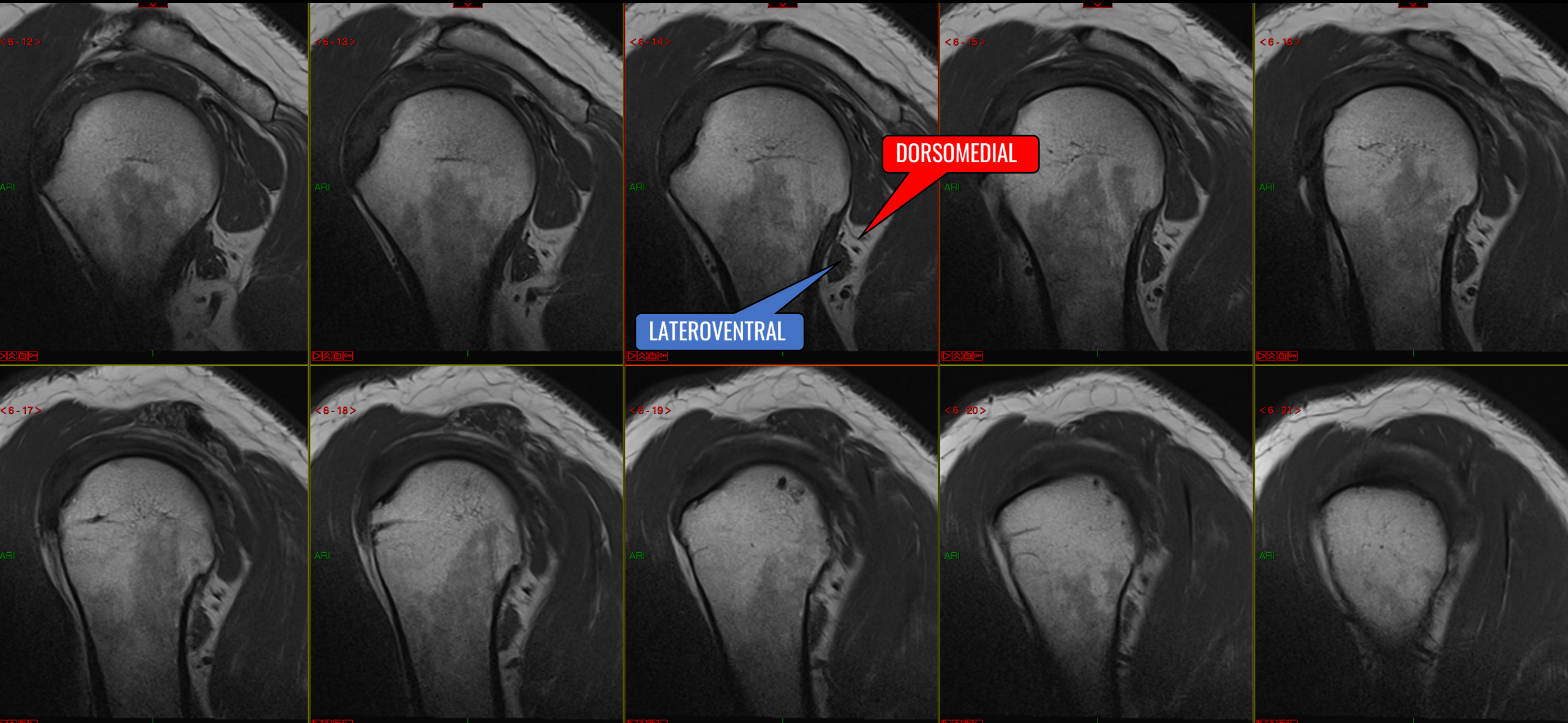
# TERES MINOR DENEVATION (DORSOMEDIAL component)



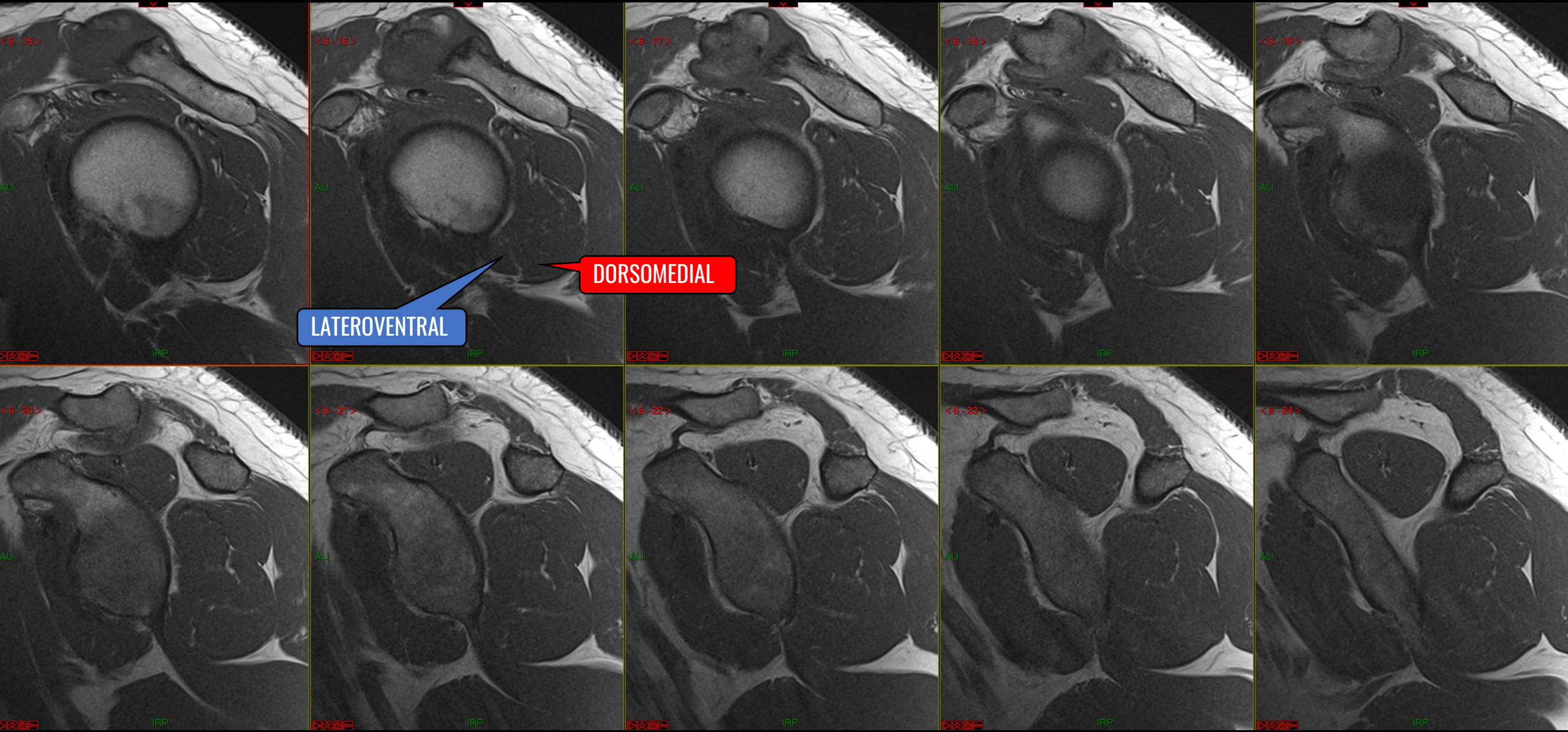
LATEROVENTRAL

DORSOMEDIAL

# TERES MINOR DENEVATION (DORSOMEDIAL component)



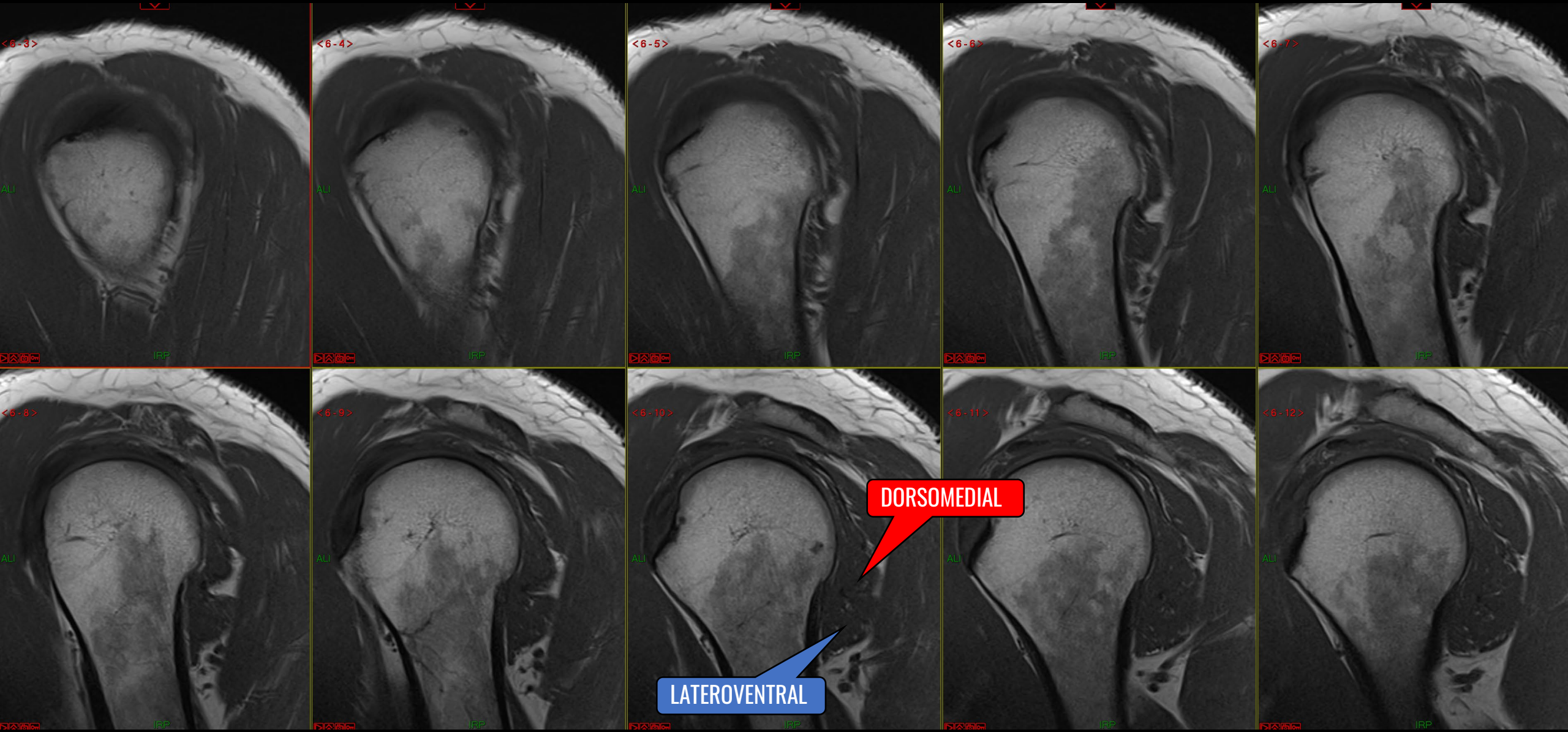
# NORMAL TERES MINOR (OTHER SIDE FOR COMPARISON)



LATEROVENTRAL

DORSOMEDIAL

# NORMAL TERES MINOR (OTHER SIDE FOR COMPARISON)



DORSOMEDIAL

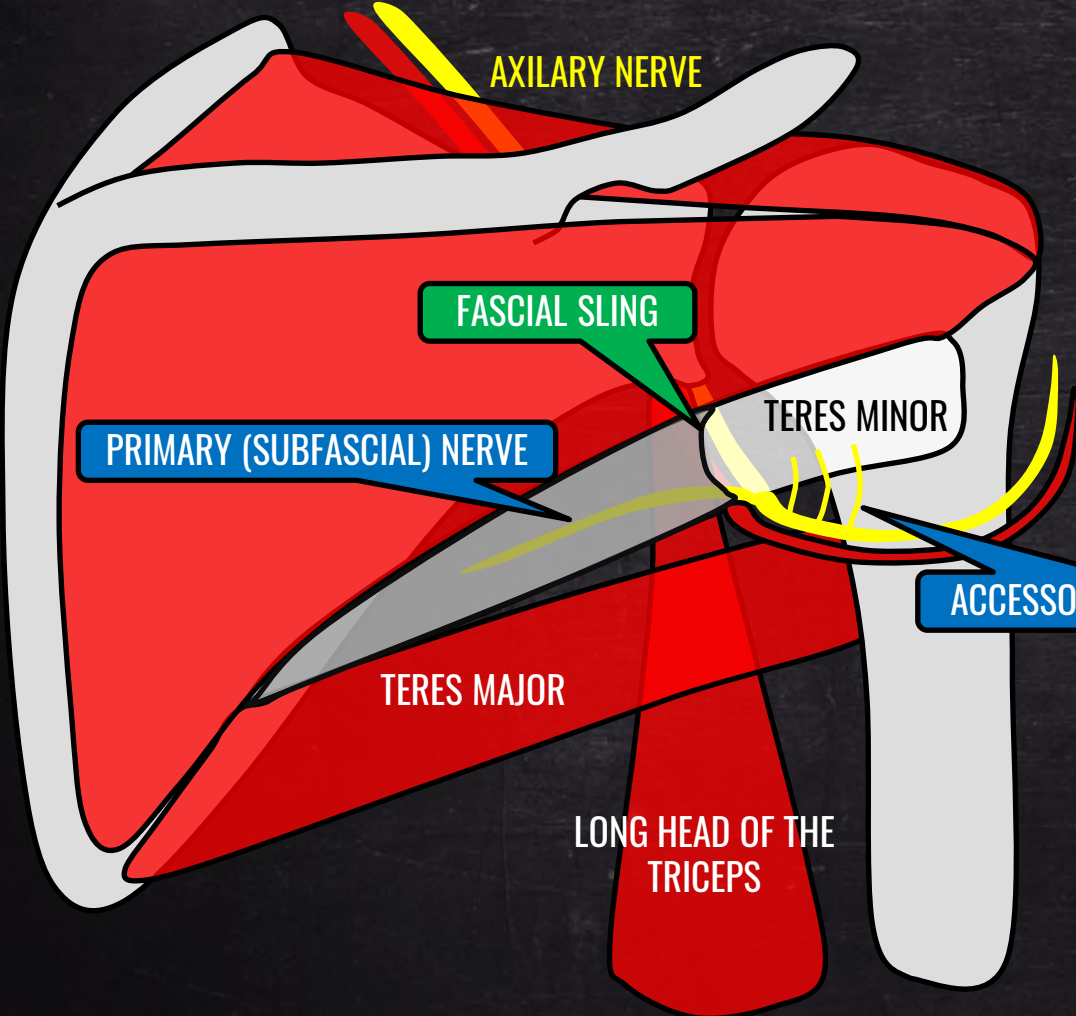
LATEROVENTRAL

# TERES MINOR DENERVATION

ISOLATED DENERVATION 3 - 6,2% OF THE SHOULDER EXAMS

THE NERVE TO THE TERES MINOR RUNS FREE BETWEEN ITS ORIGIN FROM THE AXILARY NERVE TO THE TERES MINOR MUSCLE (WHERE THE NERVE LIES IN A SUBFASCIAL POSITION)

MAKING THE NERVE MORE VULNERABLE TO STRESS AND COMPRESSION WHEN IT PASSES THE TERES MINOR FASCIAL SLING



BUT THERE ARE SOME ACCESSORY MOTOR NERVES THAT HAVE A STRAIGHT, EXTRA-FASCIAL COURSE ( this information will be valuable for the next slide...)

*J Shoulder Elbow Surg.* 2013 Jan;22(1):108-14. doi: 10.1016/j.jse.2011.12.005. Epub 2012 Apr 20.  
**Teres minor muscle and related anatomy.**  
Chafik D<sup>1</sup>, Galatz LM, Keener JD, Kim HM, Yamaguchi K.

# TERES MINOR DENERVATION

[J Shoulder Elbow Surg.](#) 2017 May;26(5):870-877. doi: 10.1016/j.jse.2016.09.046. Epub 2017 Jan 10.

**Anatomic study and electromyographic analysis of the teres minor muscle.**

[Hamada J](#)<sup>1</sup>, [Nimura A](#)<sup>2</sup>, [Yoshizaki K](#)<sup>3</sup>, [Akita K](#)<sup>2</sup>.

TERES MINOR IS FORMED BY 2 COMPONENTS  
(SUPERIOR AND INFERIOR)

DIFFERENT INERVATION AND FUNCTIONS

SUPERIOR BELLY IS INERVATED BY THE  
PRIMARY (SUBFASCIAL) NERVE

INFERIOR BELLY IS INERVATED BY THE  
ACCESSORY NERVES

AXILARY NERVE

MEDIAL-DORSAL COMPONENT  
(SUPERIOR)

THIS PORTION FORMS THE TM TENDON AND  
INSERTS ON THE VERTICAL FACET  
OF THE GREATER TUBEROSITY

TERES MINOR

LATERAL-VENTRAL COMPONENT  
(INFERIOR)

THIS PORTION HAS A MUSCULAR INSERTION  
BELOW THE VERTICAL FACET, ON THE  
ANATOMICAL HUMERAL NECK

[Skeletal Radiol.](#) 2018 Aug 8. doi: 10.1007/s00256-018-3038-x. [Epub ahead of print]

**The pattern of idiopathic isolated teres minor atrophy with regard to its two-bundle anatomy.**

[Kang Y](#)<sup>1</sup>, [Ahn JM](#)<sup>1</sup>, [Chee CG](#)<sup>1</sup>, [Lee E](#)<sup>1</sup>, [Lee JW](#)<sup>1</sup>, [Kang HS](#)<sup>2</sup>.

NEW NOMENCLATURE (BEST FITTED FOR MRI):  
MEDIAL-DORSAL (SUPERIOR)  
LATERAL-VENTRAL (INFERIOR)

78 SHOULDERS WITH ISOLATED TERES MINOR ATROPHY  
41% COMPLETE INVOLVEMENT (32 OUT OF 78)  
59% PARTIAL INVOLVEMENT (46 OUR OF 78)

82.6% - DORSOMEDIAL  
17.4% LATEROVENTRAL

