# IN THE NAME OF GOD

Musculoskeletal system For parasmedicine student By Dr. Saeednia

## ANATOMY OF SKELETAL SYSTEM LOWER LIMB

## **THE BONES OF THE LOWER LIMB :**

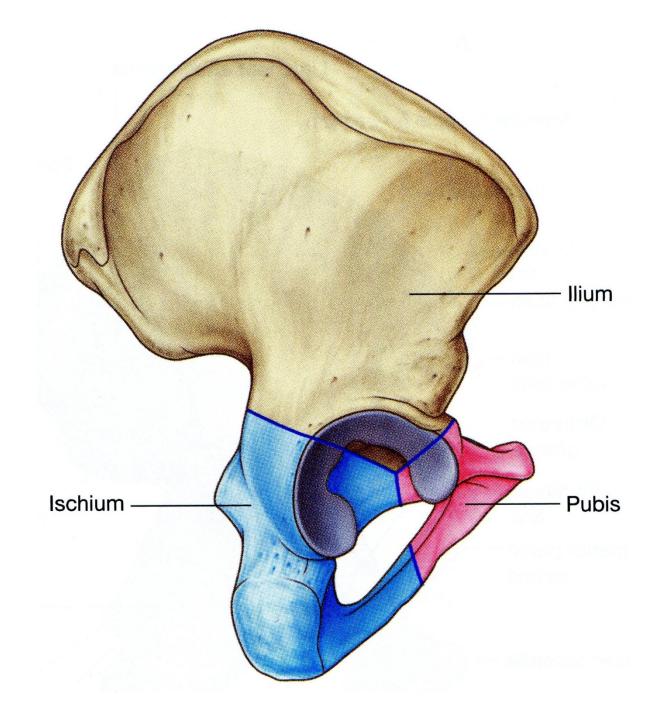
### HE HIP BONE :

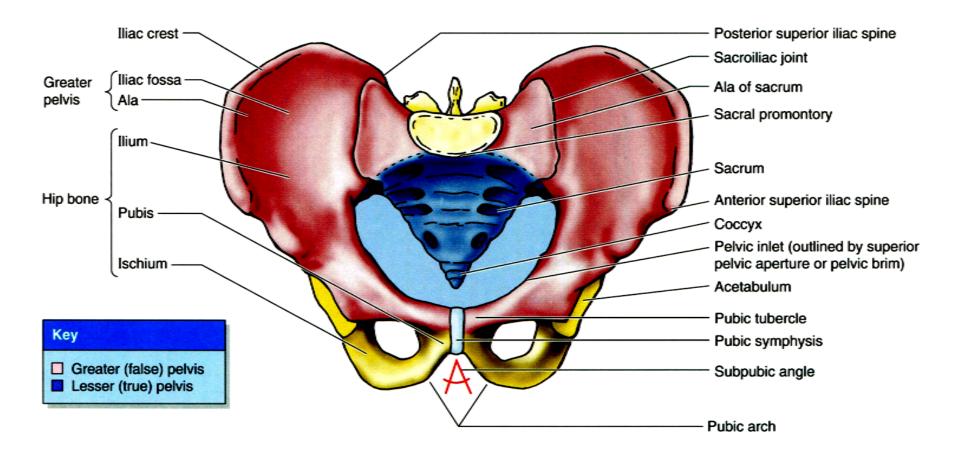
It is a large bone  $\Box$ It is formed of 3 bones :  $\Box$ 

## THE ILIUM D THE ISCHIUM D THE PUPIS D

There is a large opening below the acetabulum called the obturator foramen

Anatomical position

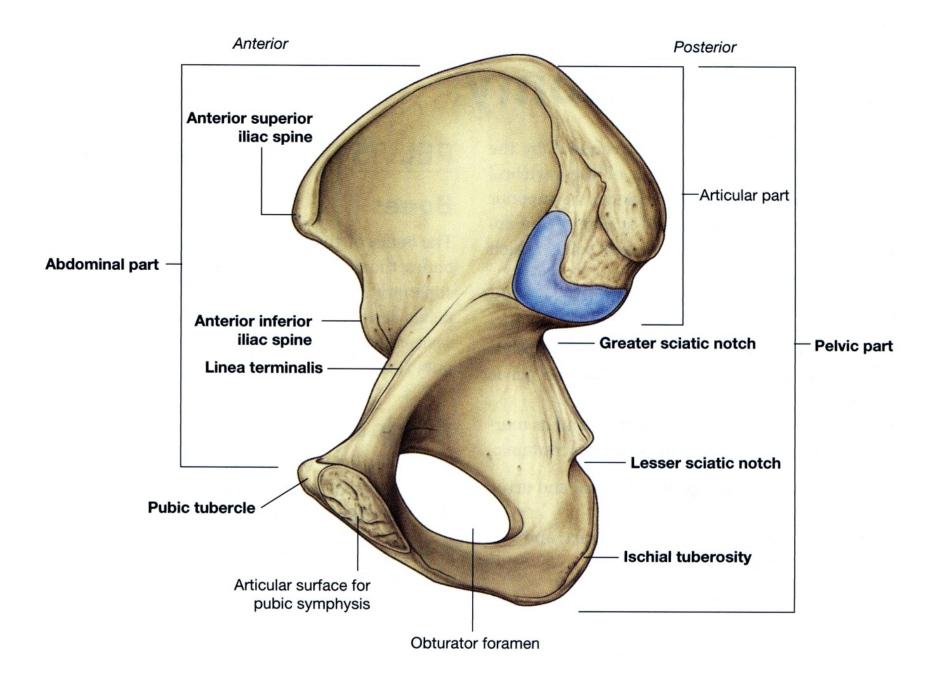


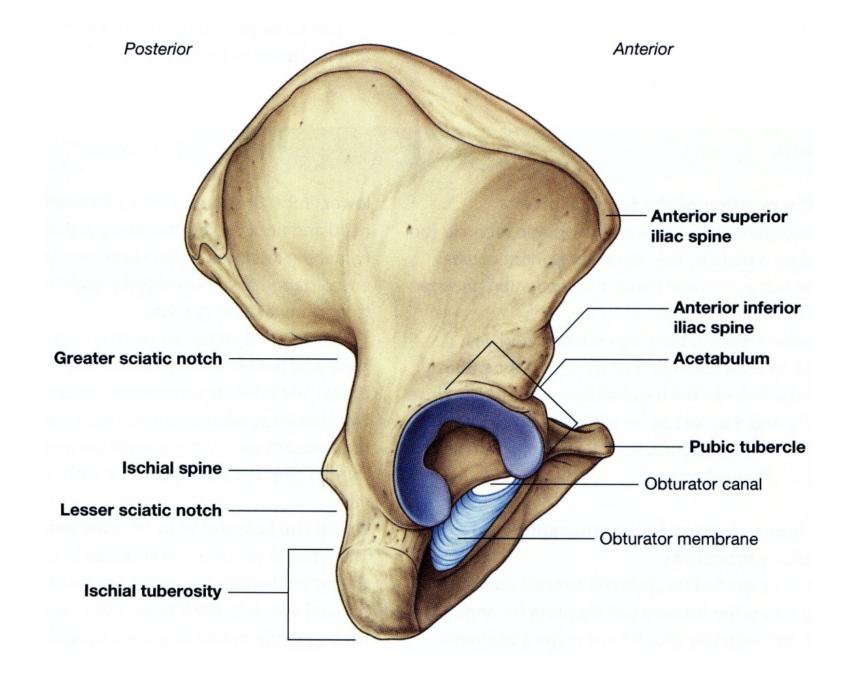


## THE HIP BONE



is the upper expanded part of the hip bone consists of: The sup. border called the **iliac crest** Small part that attach to pubis and ischum in acetabulum Ant. border post. border 🗆 Med. Border Gluteal surface (obturator foramen – acetabulum) Iliac surface D Sacropelvic serface





#### <u>The iliac crest</u>

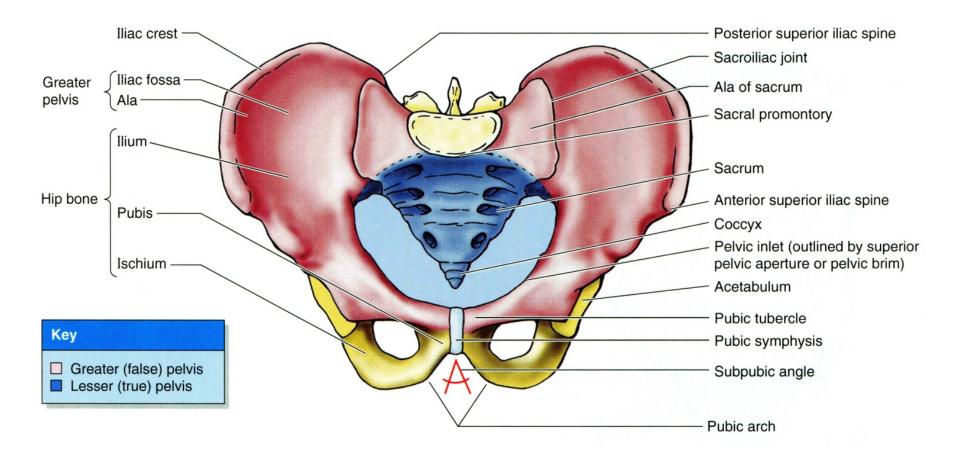
- lies between the Ant .Sup. Iliac Spine & the Post. Sup. Iliac Spine
- ant. 2/3 is thick & convex outward & has inner & outer lips with an intermediate rough area in between
- the post. 1/3 is thin & convex inward & has 2 sloping surfaces separated by bony ridge
- A bony prominence called the tubercle of the iliac crest is on the outer lip 5 cm behind the ant. Sup. Iliac spine.

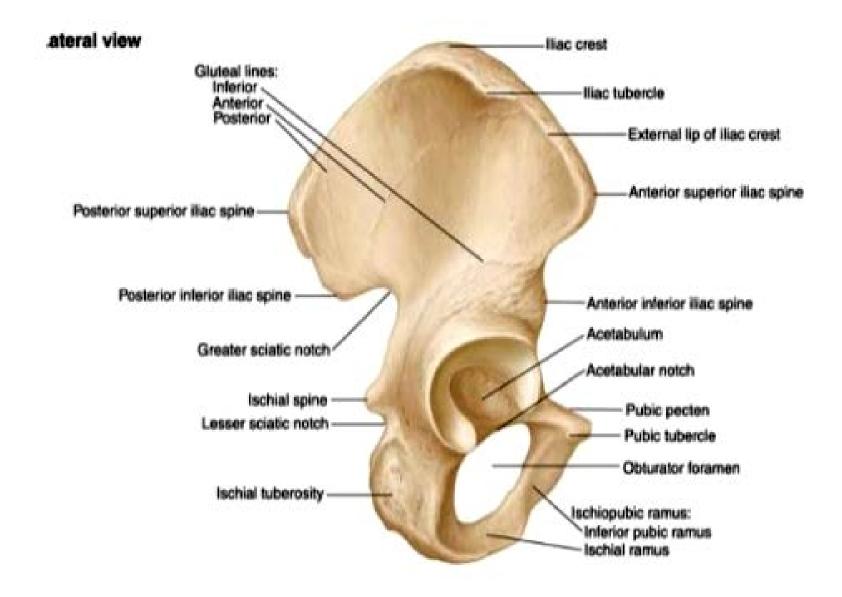
#### <u>The ant. border</u>

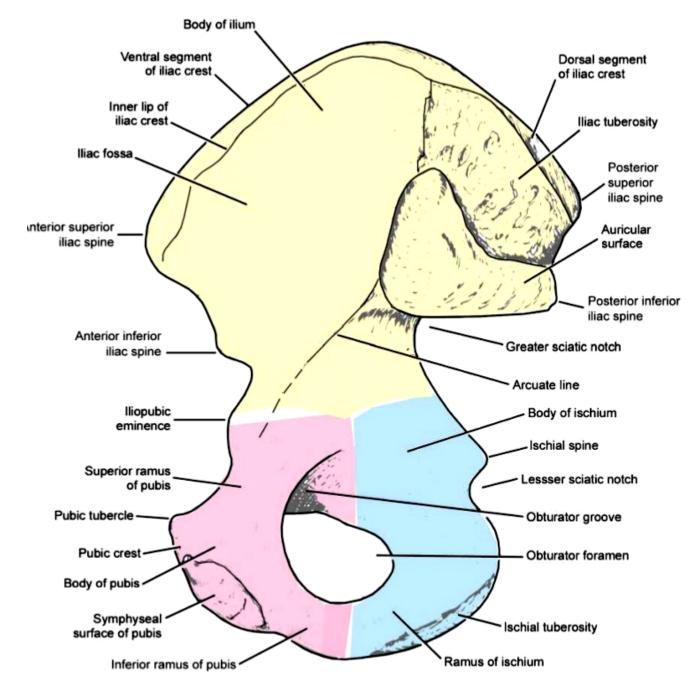
From Ant .Sup. Iliac Spine to acetabulum

#### <u>The post. border</u>

From Post. Sup. Iliac Spine to Post. Inf. Iliac Spine then form the greater sciatic notch then be continuous with the post. border of the ischium.

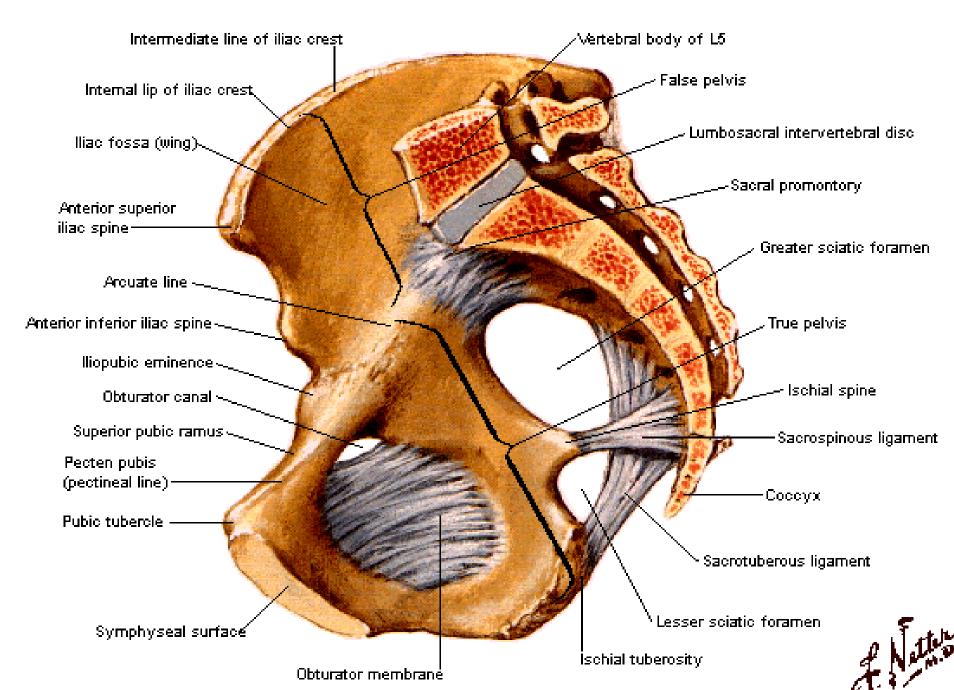






9.5: Right hip bone, internal aspect

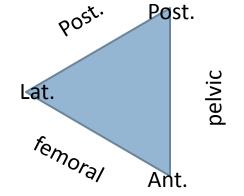
#### Midsagittal Section





forms lower & post. part of the hip bone Consists:

- body
- ramus



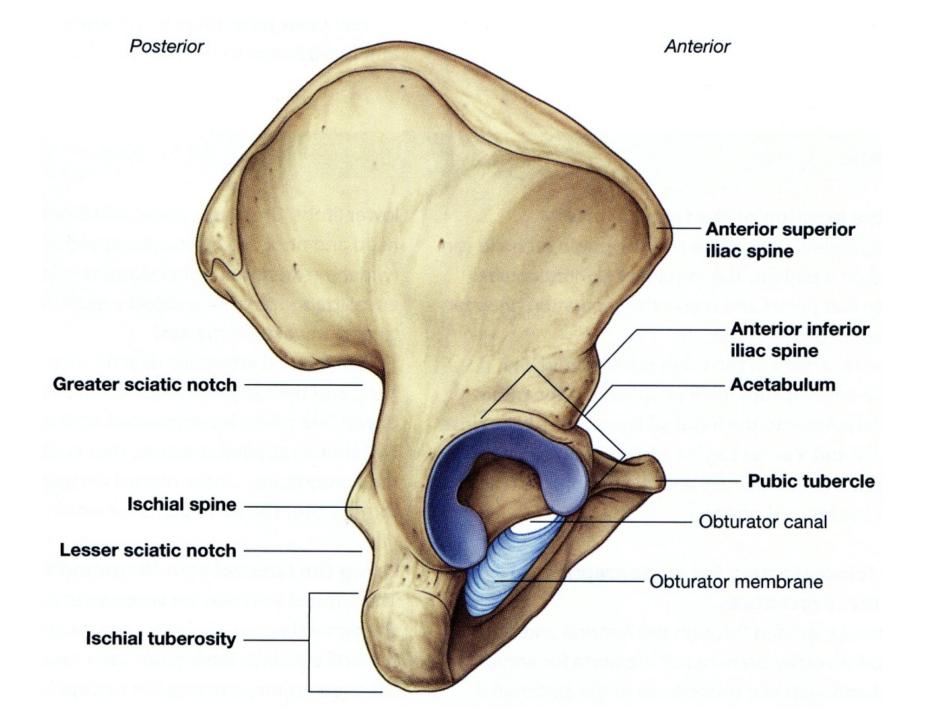
#### <u>body</u>

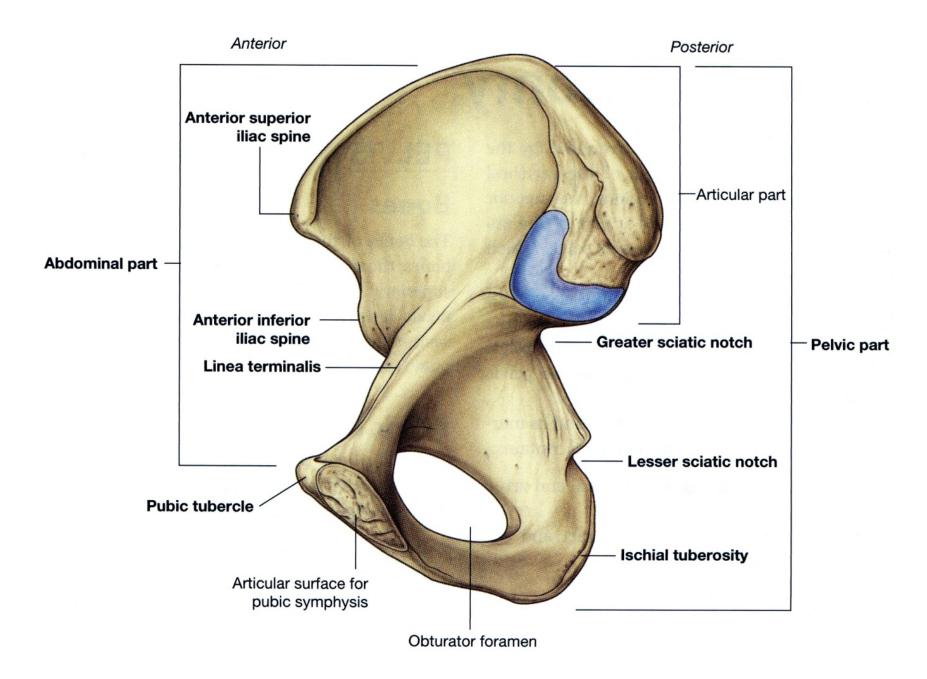
- □ Sup. (post. Part of acetabulum)
- □ Inf. (Ischial tubrosity)

**post. border** of the body is continuous above with the post border of the ilium forming the lower part of the greater sciatic notch, then project to form the ischial spine, & then form the lesser sciatic notch before it form the ischial tuberosity.

#### **Ischial tuberosity:**

- □ Sup. (med. / lat. )
- □ Inf. (med. / lat. ) seating





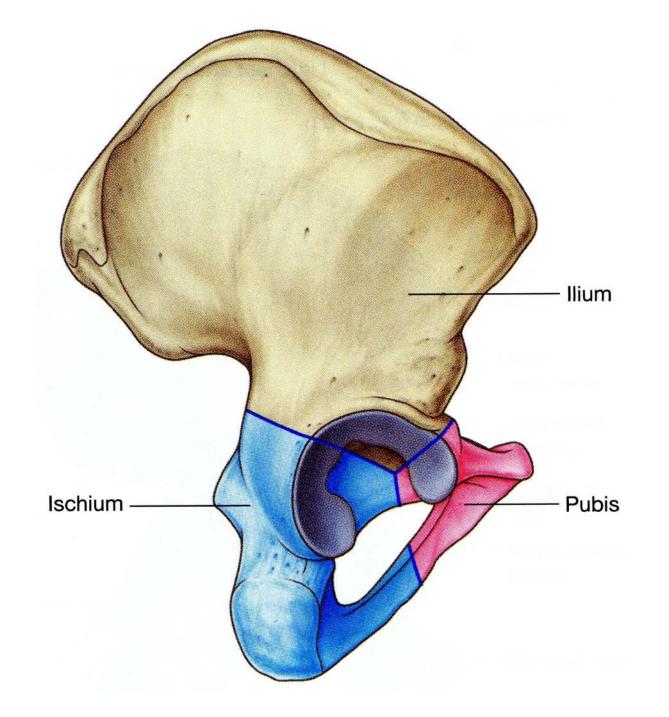
The **ischial tuberosity** is a very strong piece of bone which project from the inf. pole of the body of the ischium .

- It divided to 4 parts :
- 1- sup.lat: semimembransus M.
- 2-spu.med: semitendenosus & long head of biceps
- 3-inf. Lat: adductor magnus M.
- 4-inf. Med: we sit on& does not give origin to any muscles.

#### ischial ramus

continuous in front with the inf. ramus of the pubis.

- Sup. Border
- Inf. Border
- Int. surface
- Ext. surface





forms the lower & ant. Part of the hip bone

Body

Sup. ramus

Inf. Ramus

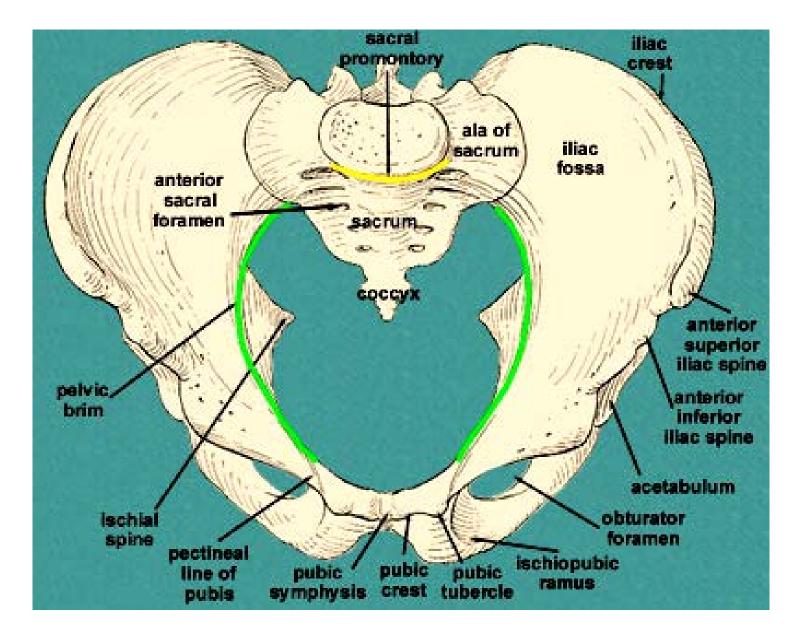
<u>Body</u>

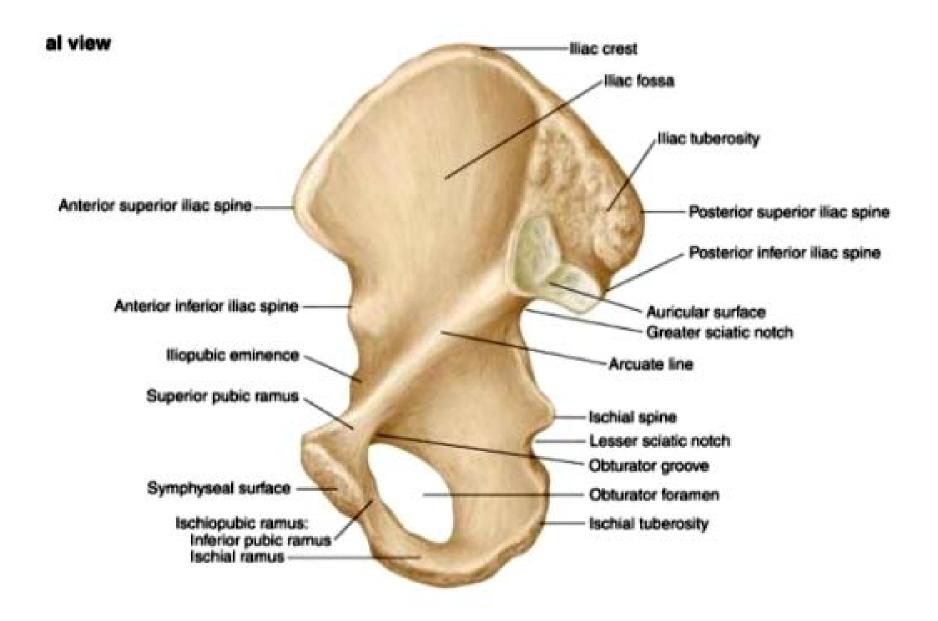
Ant. Surface

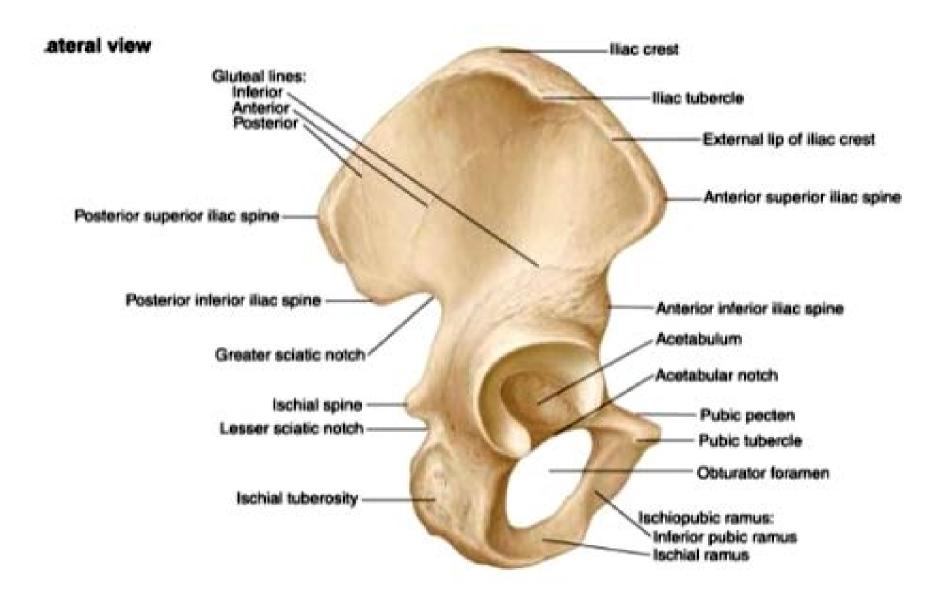
Pos. Surface

Med. Surface (symphysis pubis)

Sup. Border: called the pubic crest & it ends laterlaly by a projection called the pubic tubercle (clinical point).







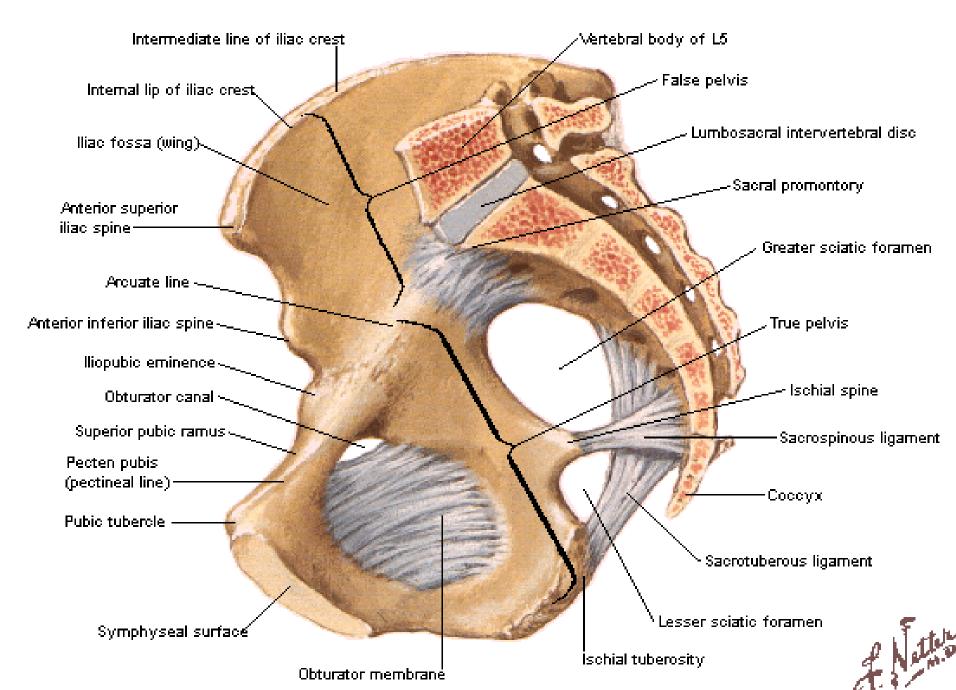
Sup. Ramus: is triangular in shape

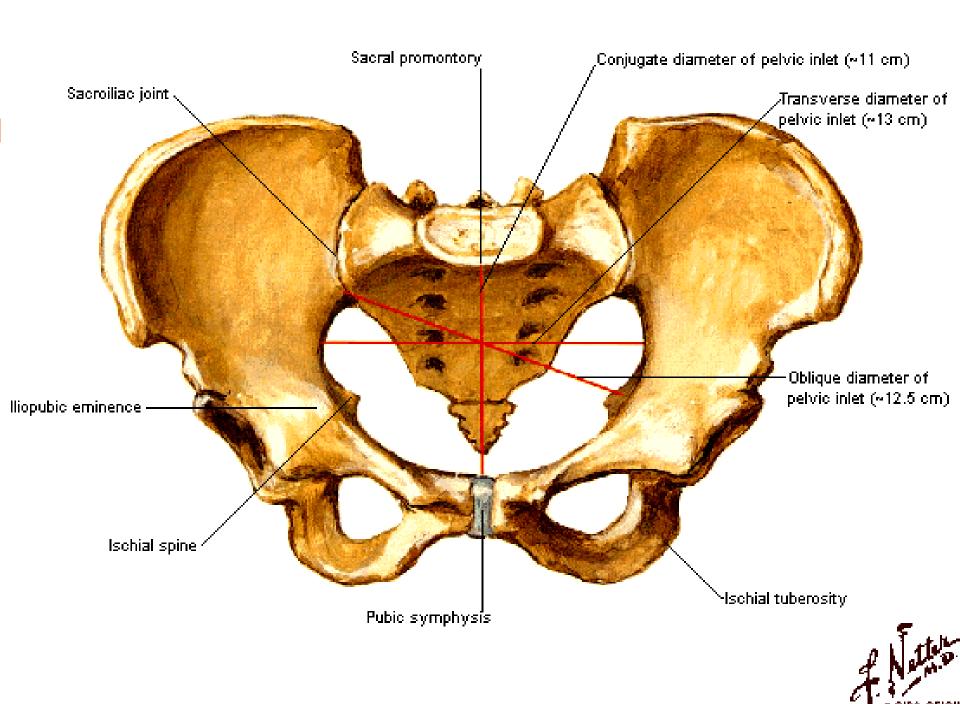
Pectineal surface Pelvic surface Obturator serface (obturator groove)

<u>Inf. Ramus:</u> starts at the symphysis pubis & run obliquely downwards & laterally to join the ischial ramus & form together the conjoint (ischio-pubic) ramus.

Int. surface Ext. surface

#### Midsagittal Section





#### Ossification of hip

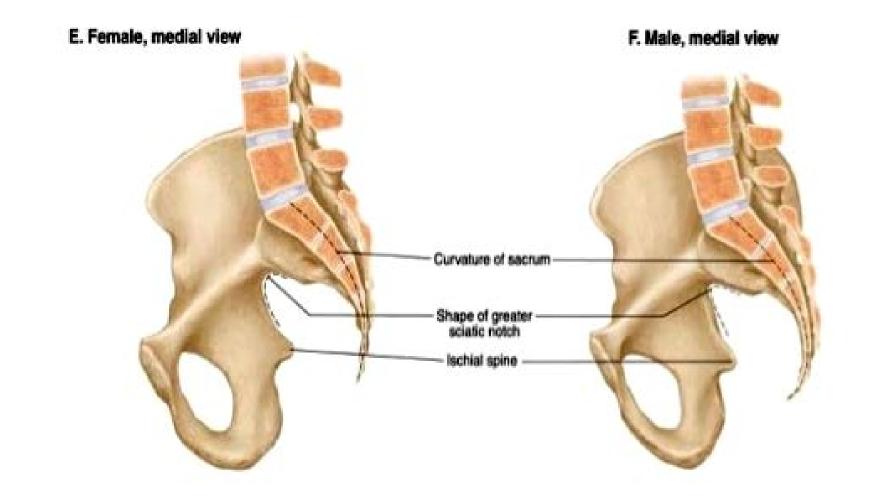
- Primary:
- ➢ Ilium / 8 week
- Ischum / 16 week
- Pubis / 20 week
- Secondary: (puberty)

2 center for iliac crest
2 center for Y shape article os acetabulum
inf. Border of hip bone & Ischial tubrosity

#### Identify the sex of human

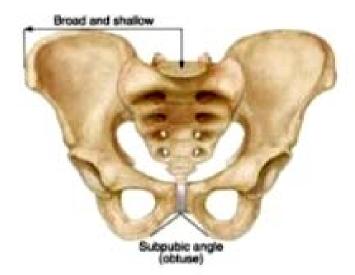
Greater sciatic notch Acetabulum Obturator foramen Ischial spine Pubic arch Pelvic inlet Pelvic outlet

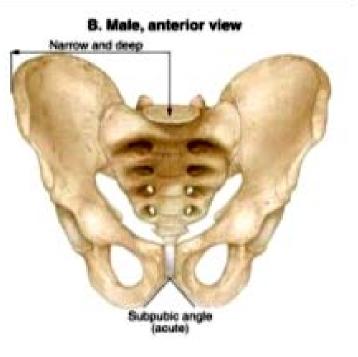
Bang Public	Male (2)	Female (Ç)
General structure	Thick and heavy	Thin and light
Greater pelvis (pelvis major)	Deep	Shallow
Lesser pelvis (pelvis minor)	Narrow and deep	Wide and shallow
Pelvic inlet (superior pelvic aperture)	Heart-shaped	Oval and rounded
Pelvic outlet (inferior pelvic aperture)	Comparatively small	Comparatively large
Pubic arch and subpubic angle	Narrow	Wide
Obturator foramen	Round	Oval
Acetabulum	Large	Small



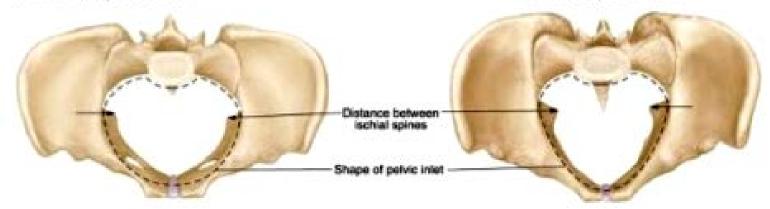
#### A. Female, anterior view

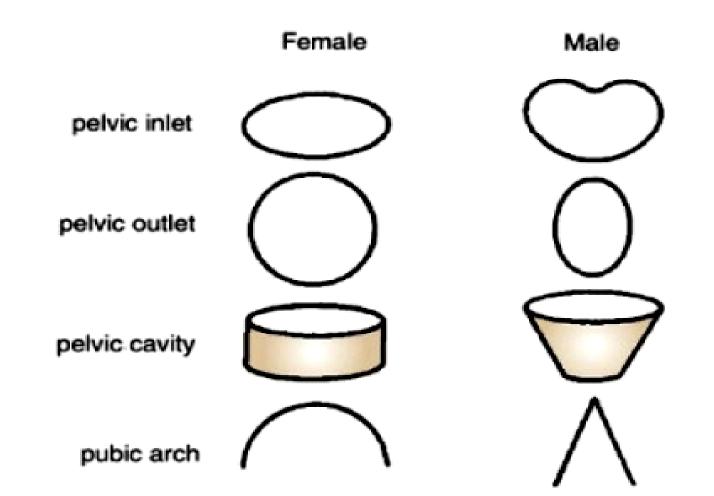
C. Female, superior view

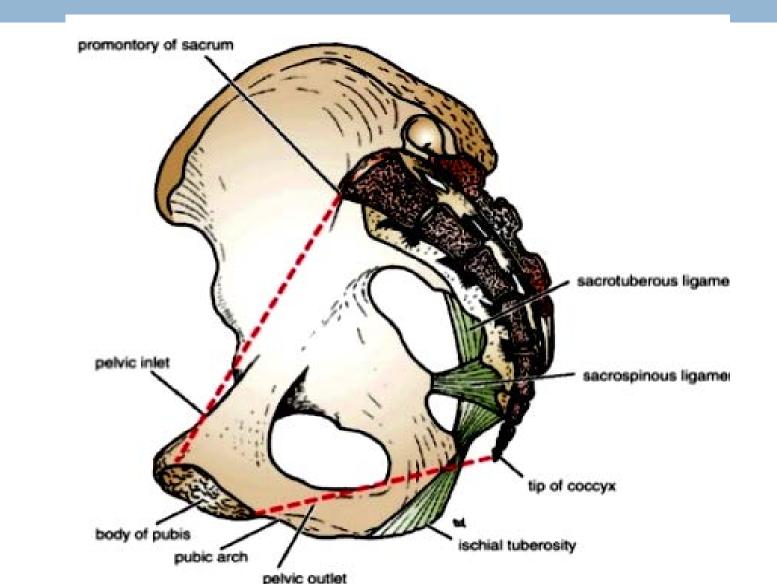




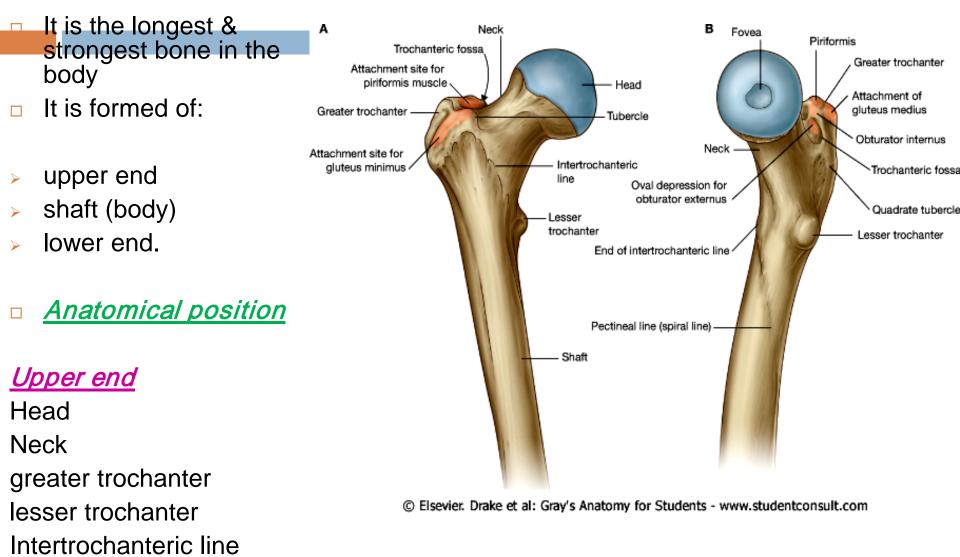
D. Male, superior view







### Femur



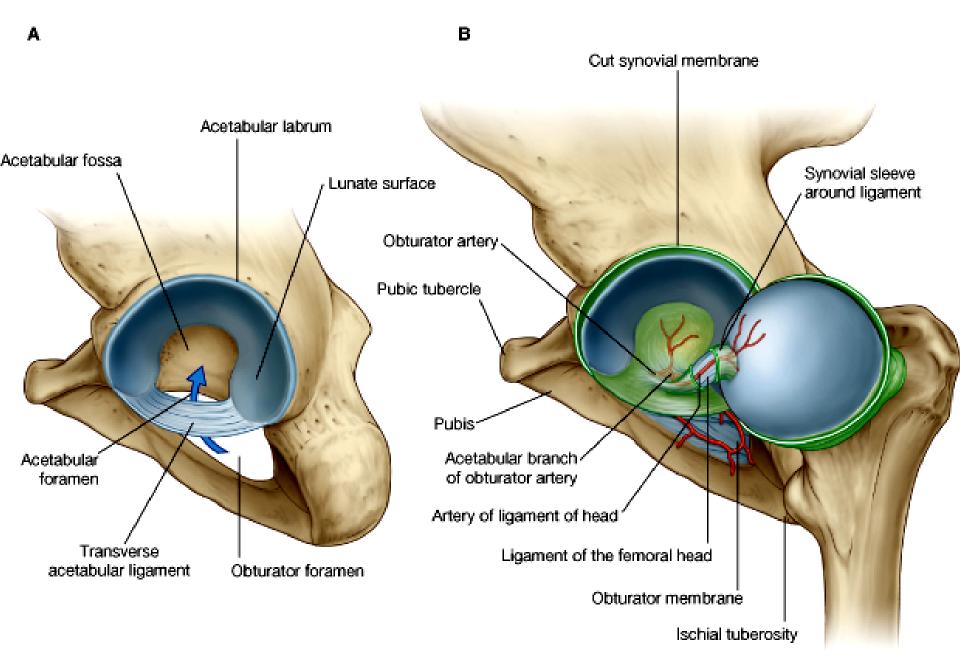
Intertrochanteric crest

#### Head

- □ is less than 2/3 of sphere & faces upwards forwards & medially
- In life it is covered by a cartilage except with central depression called the fovea where the round lig. is attached.

#### Neck

- □ is 5 cm long & connect the head with the shaft
- It forms an angle 125 ° with the axis of the shaft
- This angle is smaller (i.e. more acute) in the female (who has wide pelvis) than in male
- In children this angle is 150°



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#### **Greater trochanter**

is a large quadrangular piece of bone lies at the lateral & upper part of the junction between the neck & the shaft In its medial surface there is deep depression called the trochantric fossa

#### Lesser trochanter

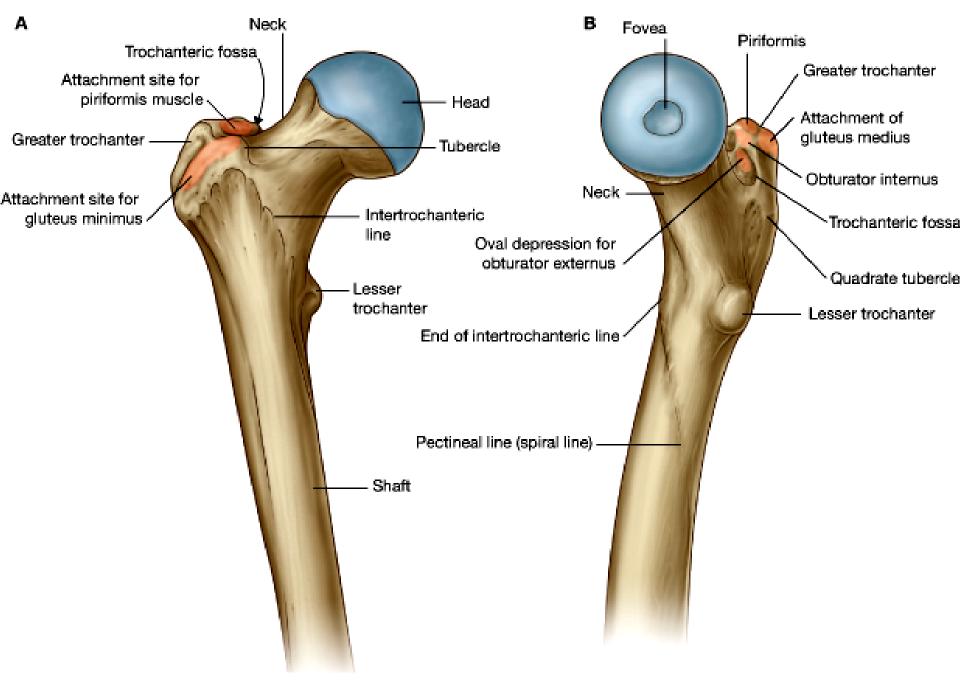
is a small pyramidal projection

#### Intertrochanteric line

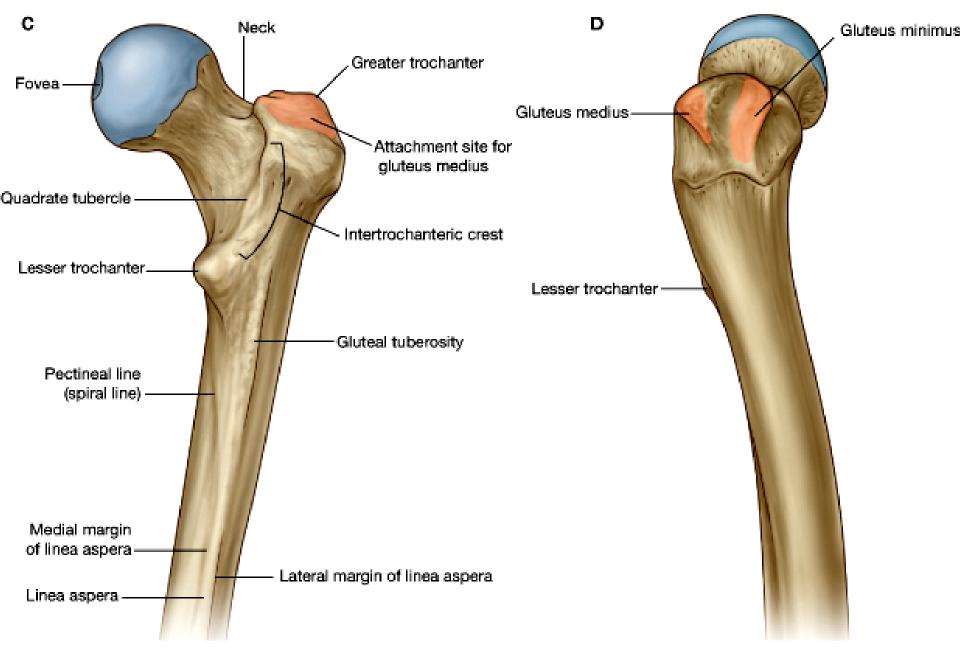
connects the greater & lesser trochanters in front & continues below as the spiral line on the upper part of pos. of the shaft

#### Intertrochanteric crest

is a rough ridge joins the 2 troch. in behind. In the middle of the crest there is a bony prominence called the quadrate tubercle.

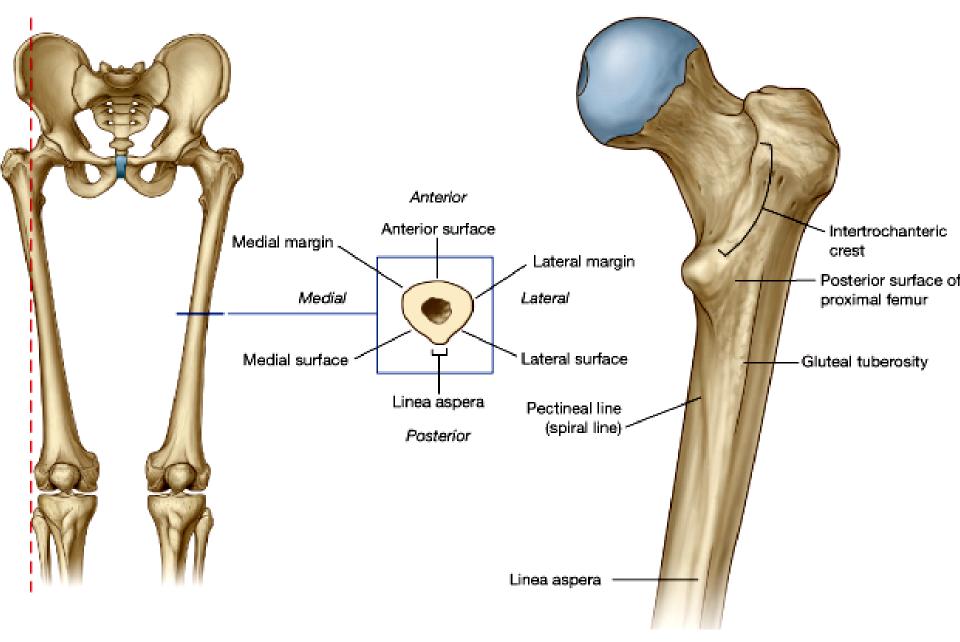


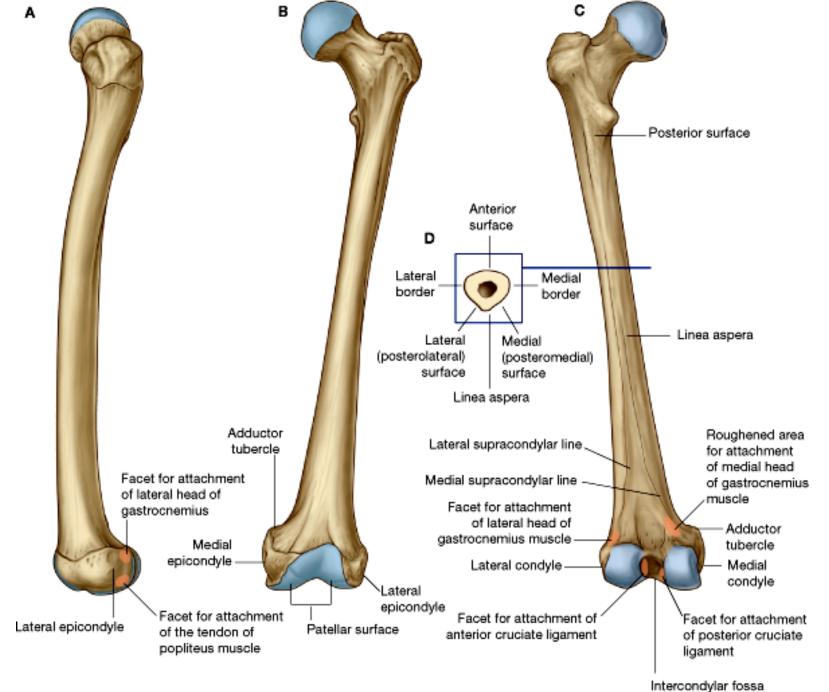
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## <u>Shaft of femur</u>

- It is very slightly curved( convex) anteriorly.
- Along the middle of the shaft posteriorly there is rough ridge called linea aspera with 2 lips (lat. & med.).
- The lateral lip of linea aspera superiorly join the gluteal tuberosity which extends upward to the base of greater troch.
- The medial lip of linea aspera passes above to form the spiral line & ends in the intertroch. Line.
- In the lower 1/3 of the shaft the lat. & med. Lips diverge from each other & continue down as the lateral & medial supracondylar lines to the back of the lat. & med Condyles respectively
- leaving between them a flat triangular area called popliteal surface
- □ The med. Supracondylar line ends below in the adductor tubercle.

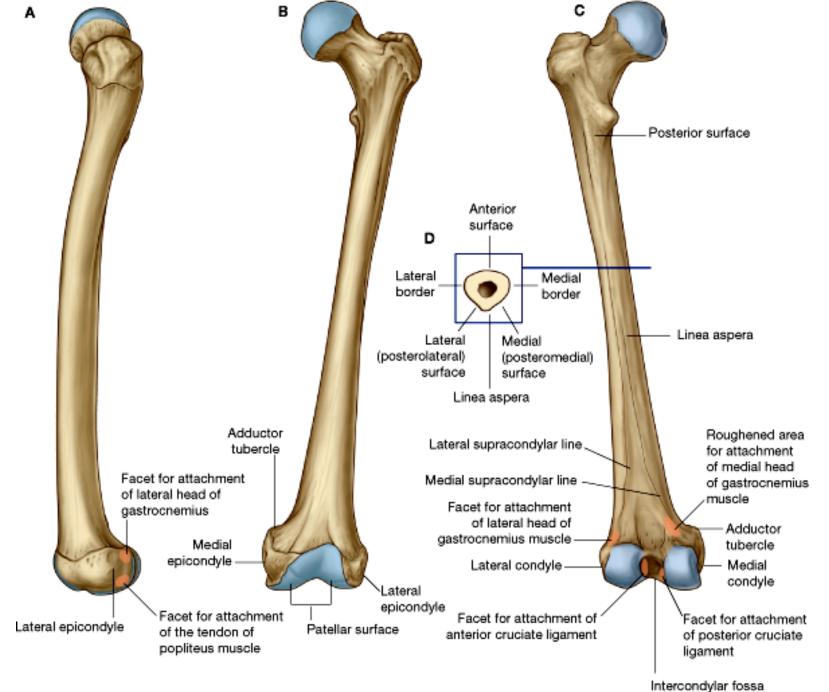




. . . . . .

## Lower end

- It consists of 2 condyles (med. & lat.) & 2 epicondyles (med. & lat.) .
  - The condyles are large bony masses (the lat. Is stronger)
  - Posteriorly the 2 cond. are separated from each other by a wide deep intercondylar fossa
  - anteriorly the 2 cond. fused to form the articular (patellar) surface.
    - Sup . of each condyles epicondyles is located



. . . . . .



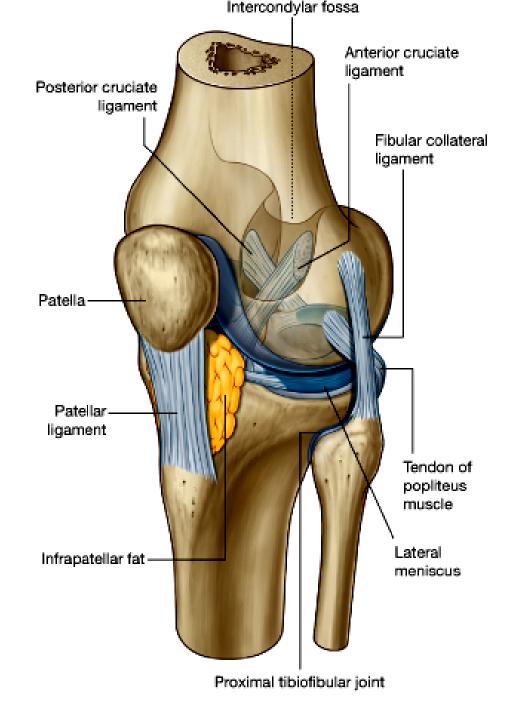
articular surface of upper end of femur

The head of femur articulate with the acetabulum of hip bone to form the hip joint

articular surface of lower end of femur

Patellar: The ant. surface of the lower end of femur articulates with the upper 3/4 sup. of the post. surface of the patella

Tibial: the inf. & post. Surface of the lower end of femur articulates with the 2 tibial condyles to form the knee joint



### **Ossification of femur**

- Primary: body & neck / 7 week
- Secondary:
- 1: lower end / 9 month
- 2: head / first 6 month after birth
- ➢ 3: grater trochonter / 4 years old
- ➤ 4: lesser trochanter / 12 years old

How femur support body Wight

- •Calcar femoral
- •Linea aspera

Clinical anatomy

• femoral neck fracture

## <u>Patella</u>

- It is a flat & the largest sesamoid bone in the body located in the tendon of quadriceps femoris M. in front of the lower end of the femur.
- It is triangular in shape with:
- base (upper border )
- □ apex (rounded lower tip )
- □ 2 borders (med. & lat.)
- □ 2 surfaces (ant. & post.).

## Apex

- The patellar ligament is attached to the apex
- Infrapatellar pad of fat

## Base

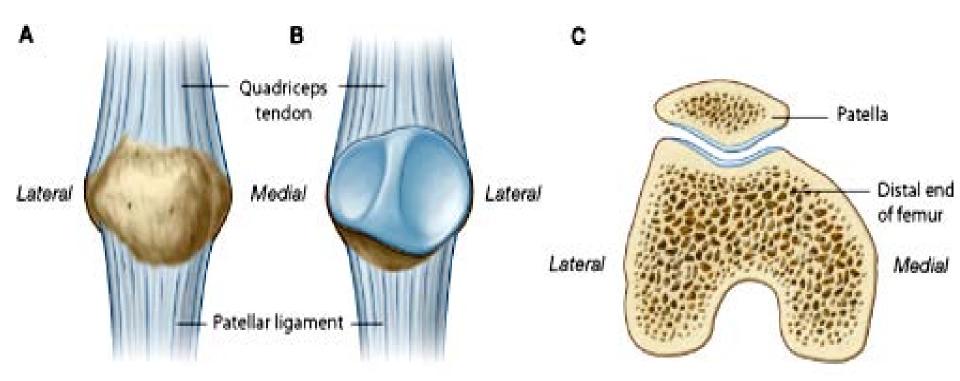
- Rough / convex / attachment of rectus femoris tendon anterioly & vastus intermedius tendon posterioly
- Separate by prepatellar bursa from skin

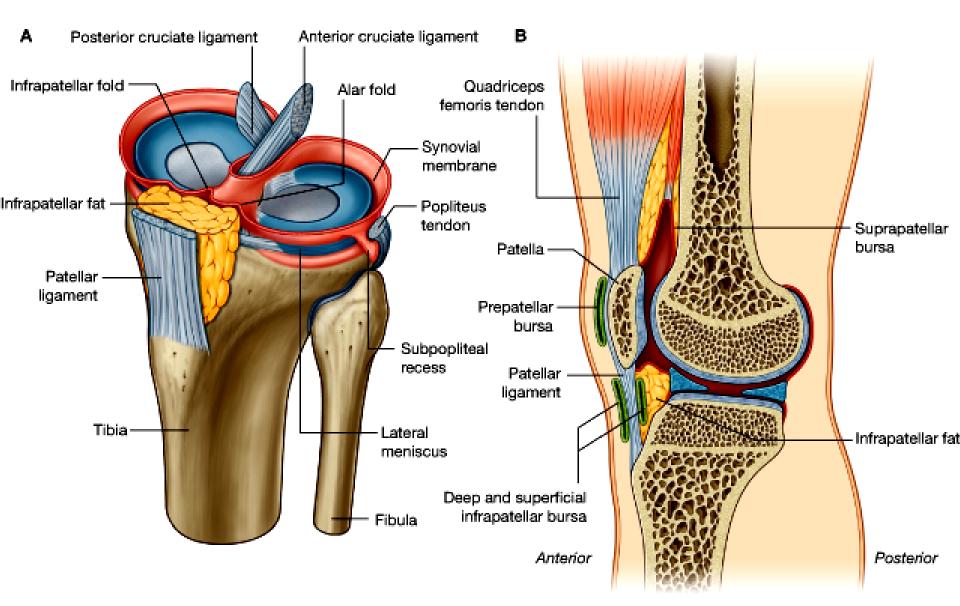
## post. Surface

- □ 1/4 inf. (rough / origin of patellar lig.)
- 3/4 sup. (smooth / articular surface (med. & lat.) / articulates with the patellar surface of the femur

## Ant. Surface

- The vastus medialis & vastus lateralis Mm are attached to the medial & lateral borders of the patella respectively
- the vastus intermedius (post.) & the rectus femoris (ant.) are attached to its upper border ( the base )





#### Knee movement

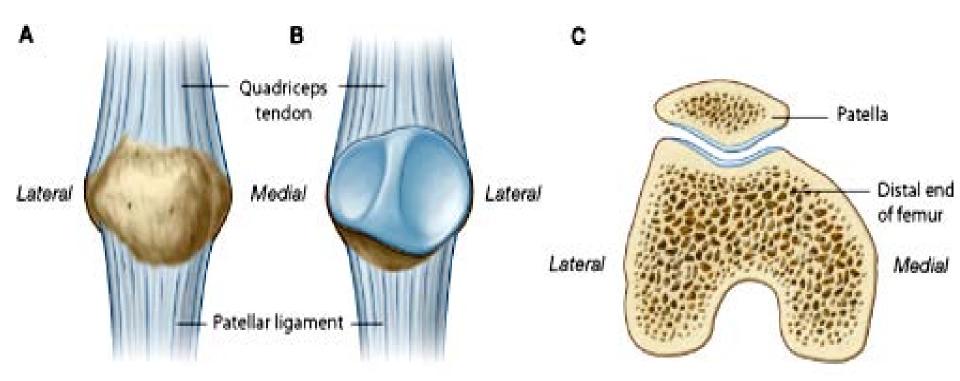
Zone 1: extension
Zone 2: slight flexion
Zone 3: mid flexion
Medial strip: full flexion

Ossification of patella

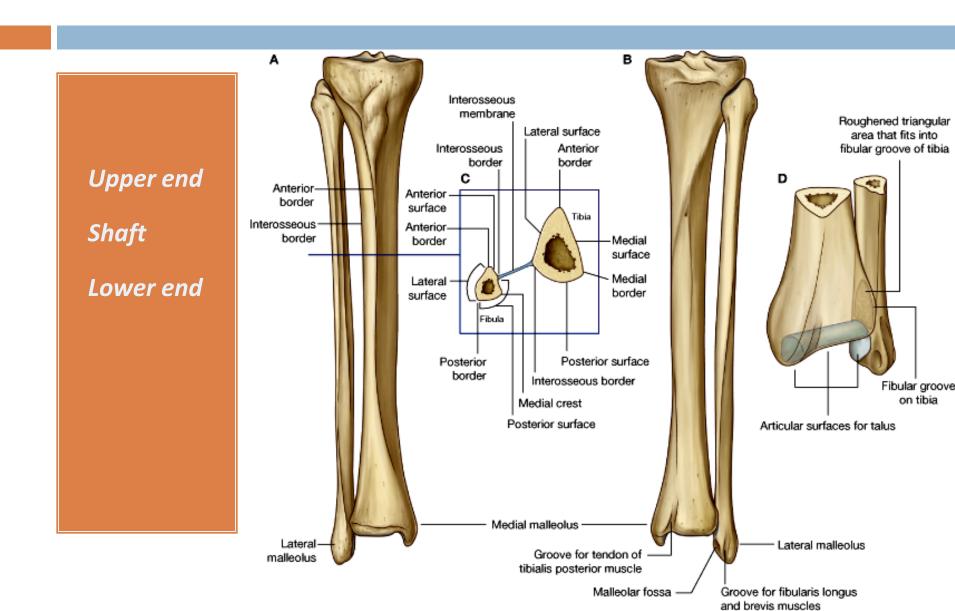
few center / Start 3-6 years old
Bipartite & tripartite patella / suprolateral angle

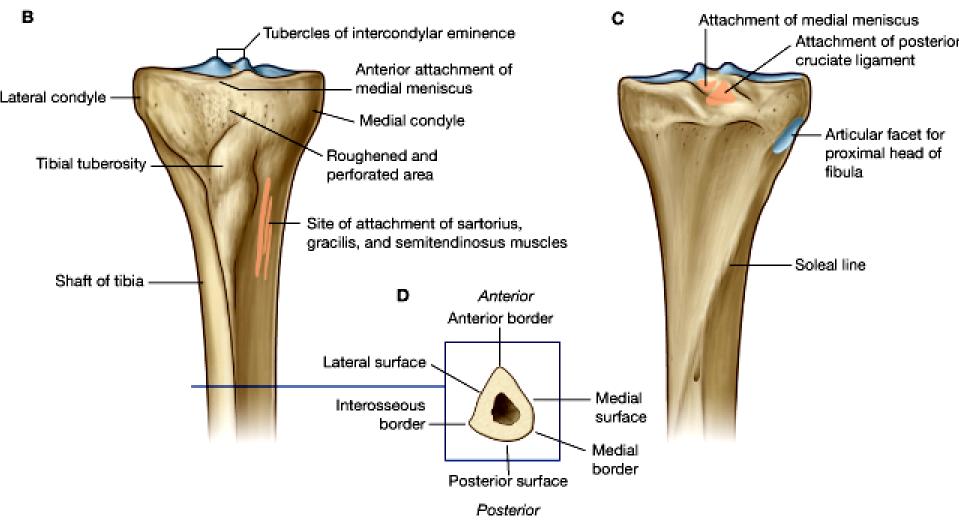
### **Clinical anatomy**

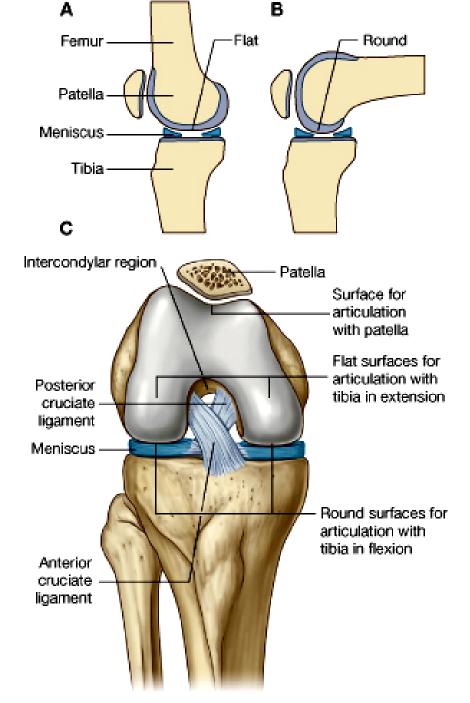
• dislocation of patella

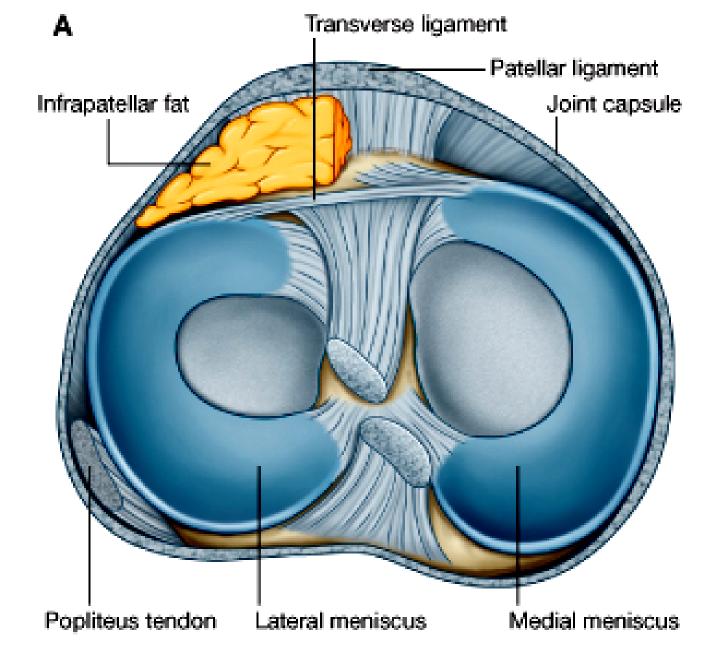


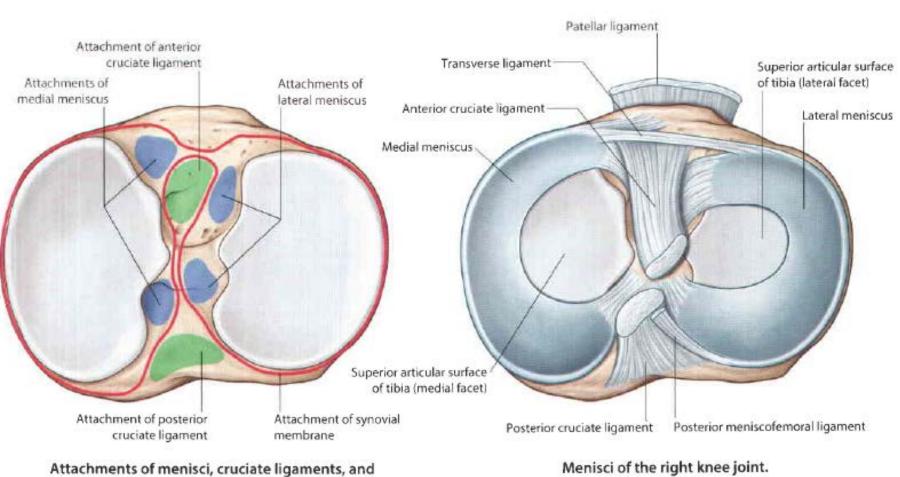
# **Tibia:**





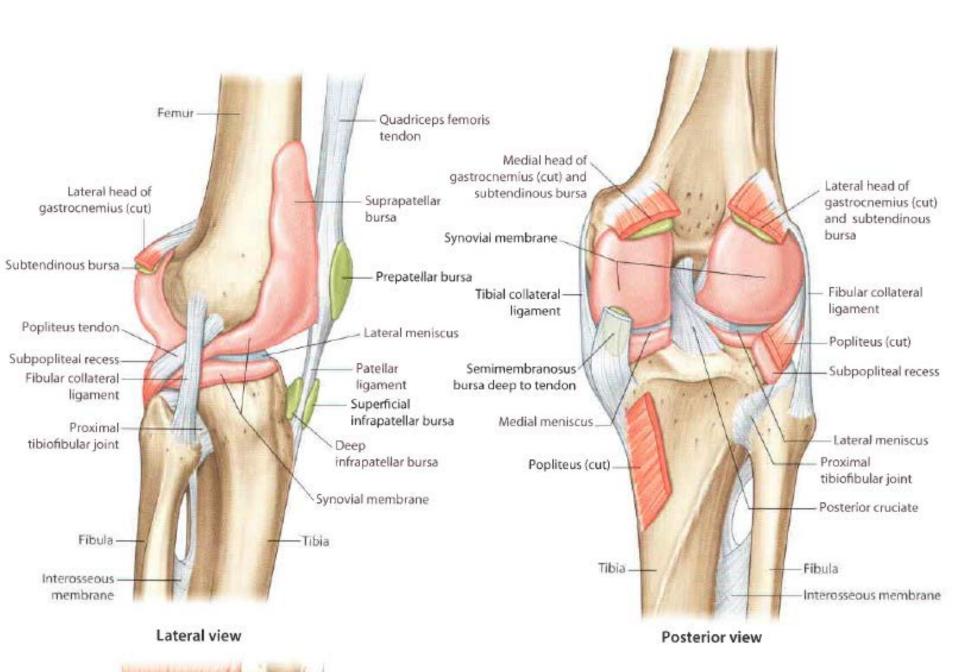


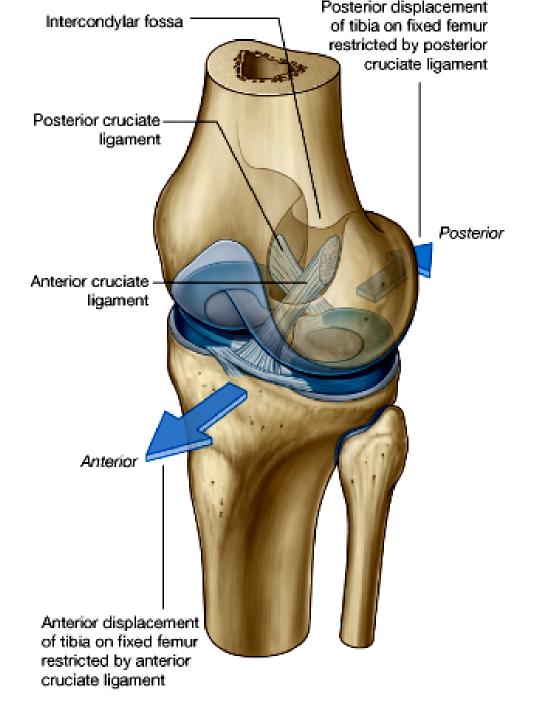


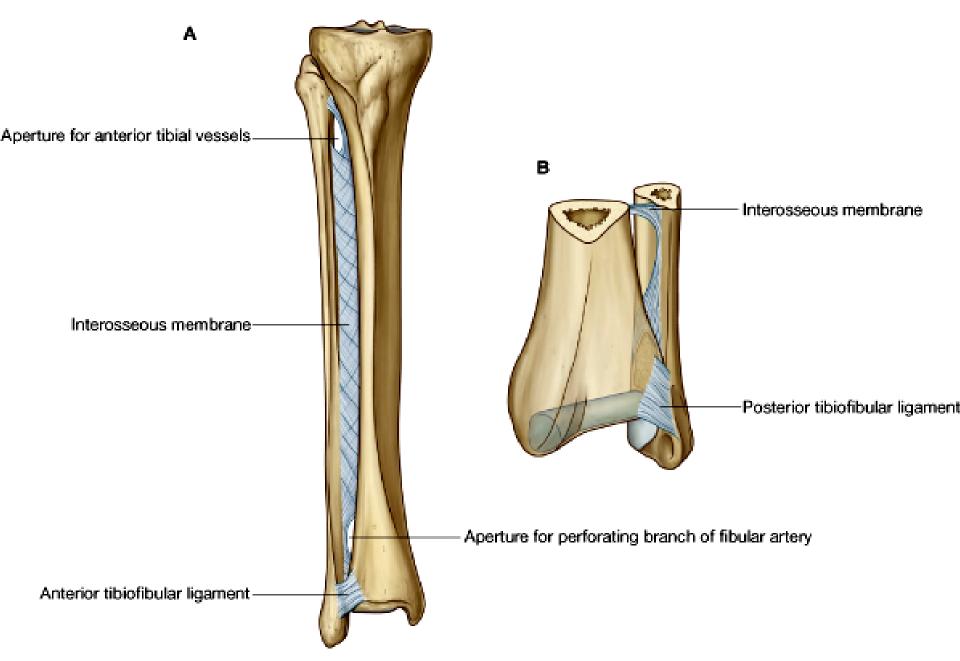


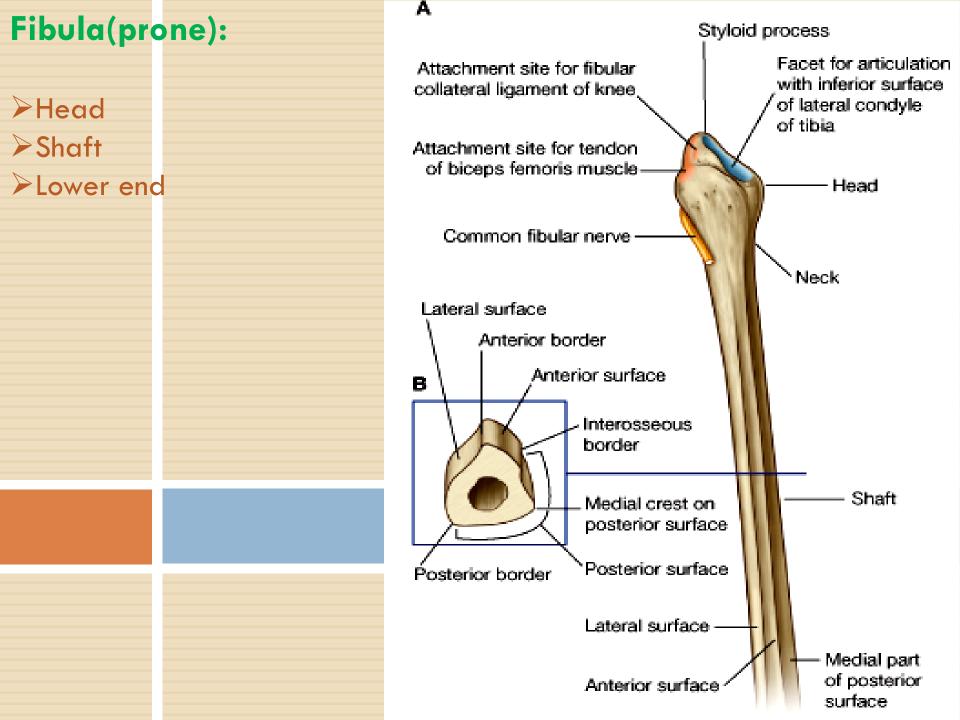
synovial membrane of the right tibia. (superior view)

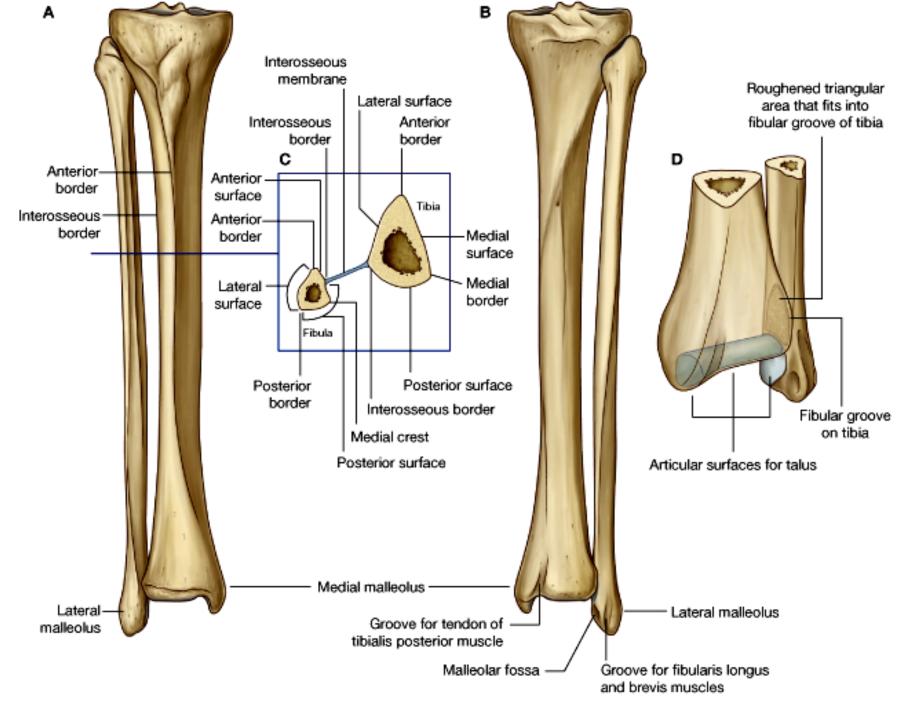
(superior view)



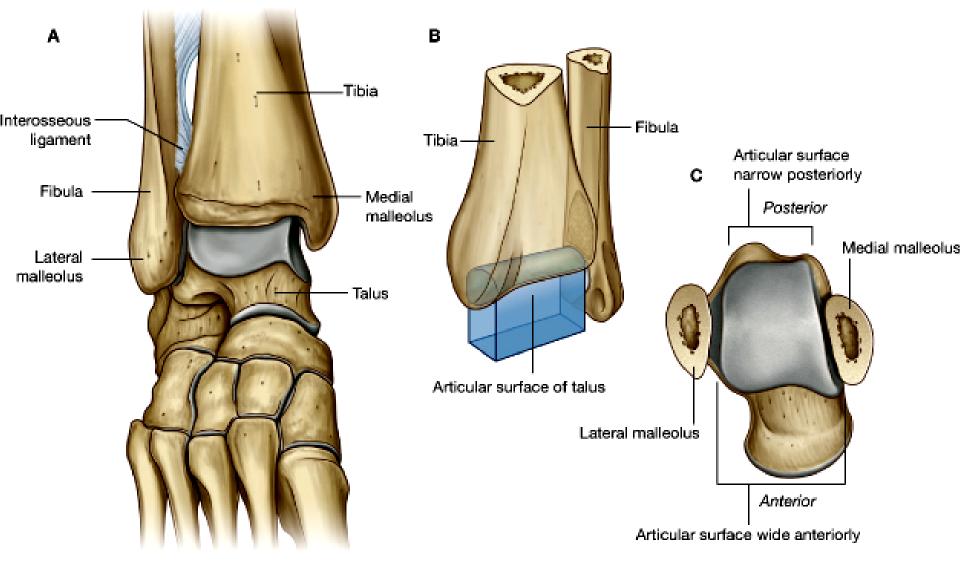




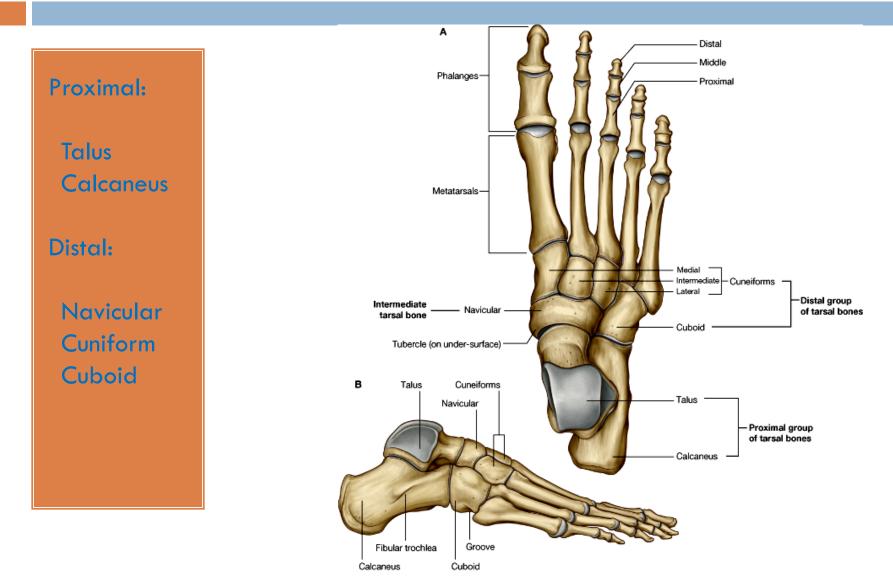


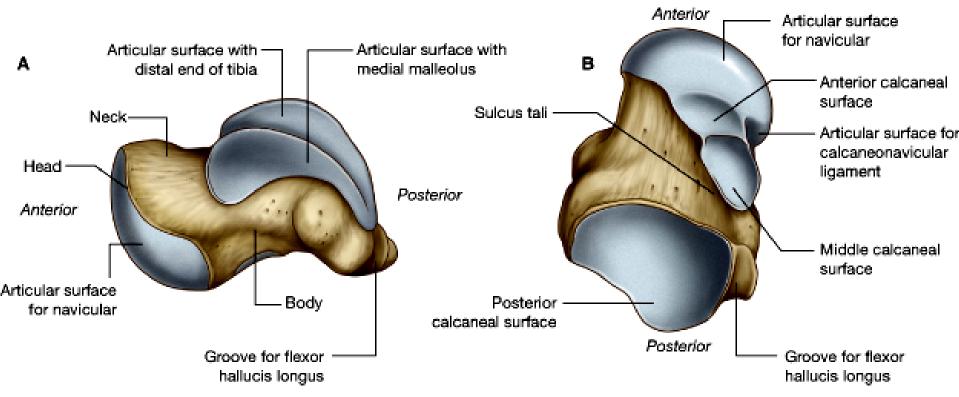


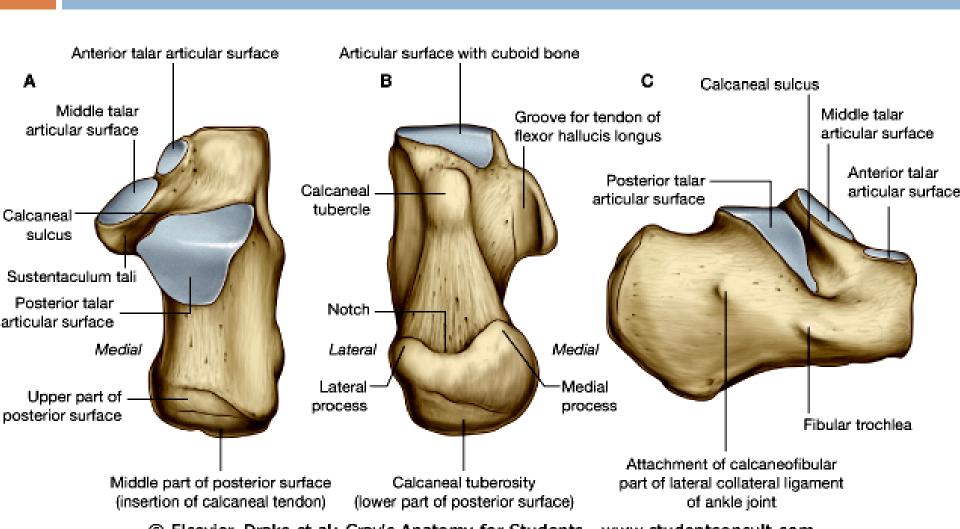
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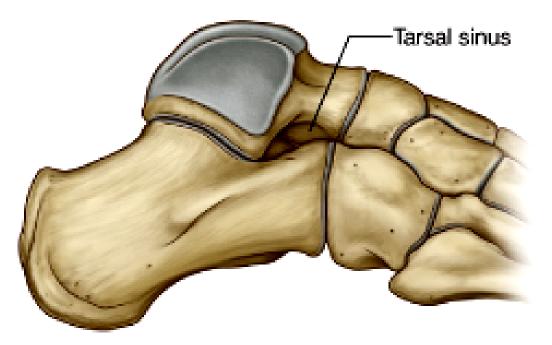


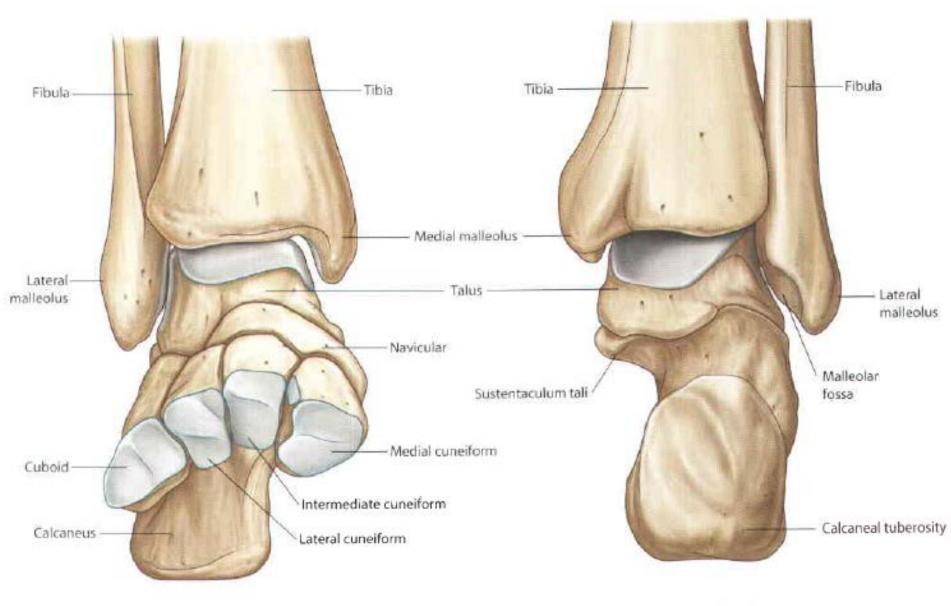
# **Tarsus:**



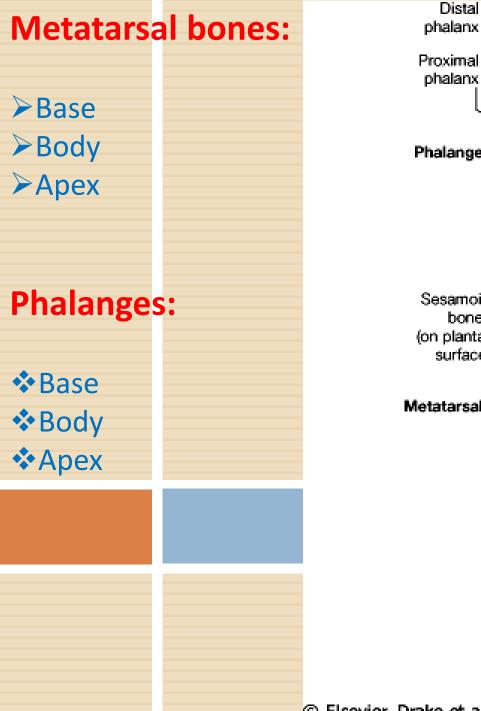


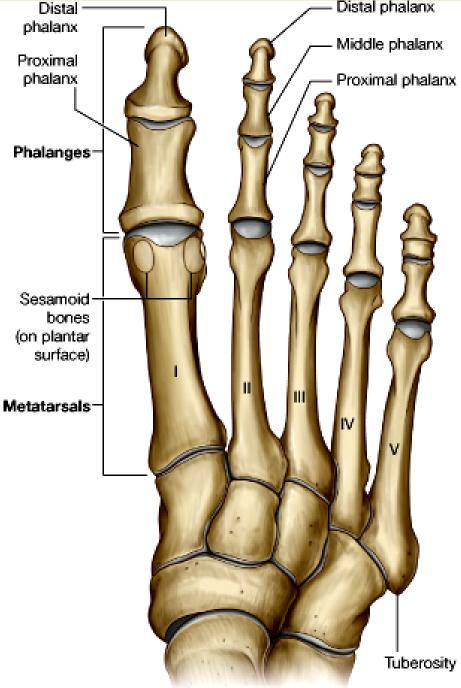


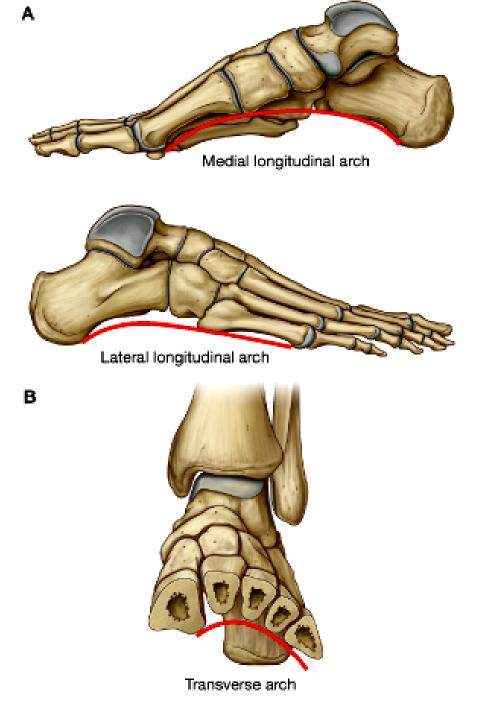


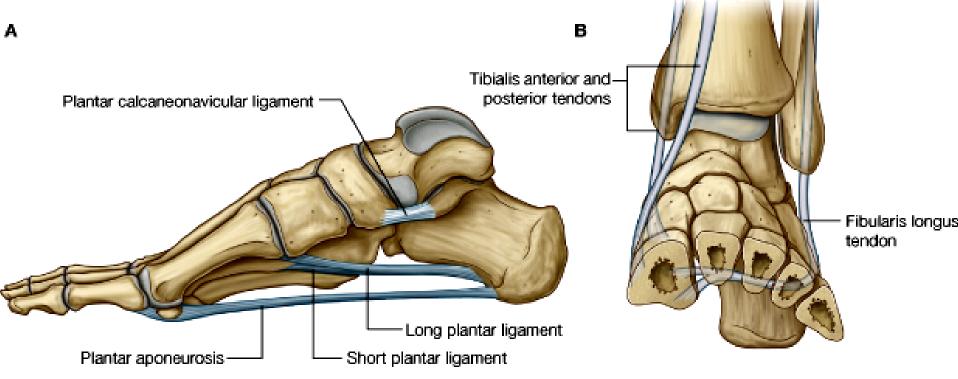


Anterior view (metatarsals and phalanges removed) Posterior view

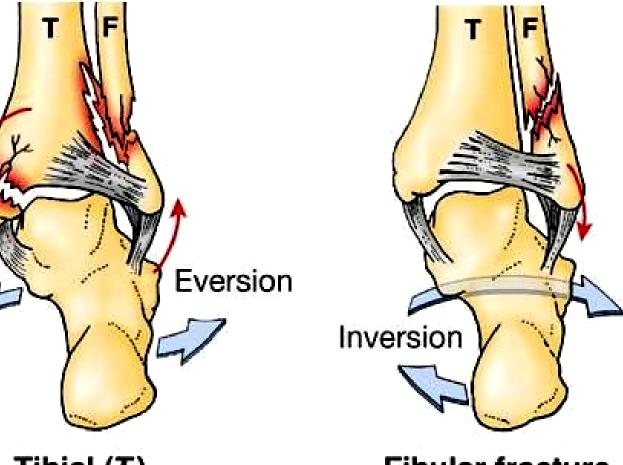








## **Pott,s fracture**



# Tibial (T) and fibular (F) fractures

Fibular fracture with excessive inversion of foot

## **Posterior views**

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