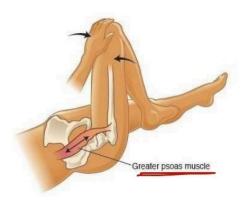
# 1. Psoas sign

• In case of appendicitis, flexion of the hip is painful.





## 2. fractures of femur neck

The blood supply to the neck of the femur is retrograde, passing from distal to proximal along the femoral neck to the femoral head. This is through the medial circumflex femoral artery, which lies directly on the intra-capsular femoral neck.

• So intra-capsular fractures of the femur neck disrupt the blood supply to the femoral head, and, therefore, the femoral head will undergo avascular necrosis (even if the hip is fixed).

Patients with a displaced intra-capsular fracture therefore require joint replacement rather than fixation.

## 3. Femoral Nerve Injury

### 1. Motor loss:

Paralysis of quadriceps femoris muscle with loss of knee extension.

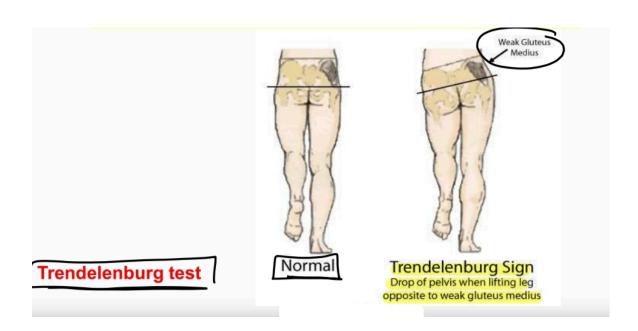
### 2. Sensory loss:

Loss of sensation on the anterior and medial sides of the thigh the medial side of the leg and medial side of the dorsum of the foot as far as the ball of the big.

# 4. Paralysis of gluteus medius and minimus

- 1. In unilateral paralysis: the patient exhibits a lurching gait with a positive Trendelenburg's sign.
- ☆ When standing on the affected side, the pelvis will tilt towards the unsupported side.
- 2. In bilateral paralysis: the patient exhibits a waddling gait in which the trunk is flexed from side to side with each step during walking.

### On standing on the diseased side, the sound side sags.

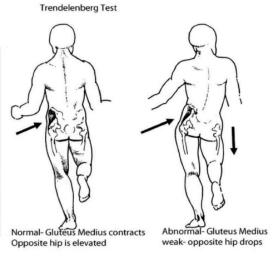


#### Injury of superior gluteal nerve

<u>Unilateral</u> injury of superior gluteal nerve leads to <u>lurching gait</u>.

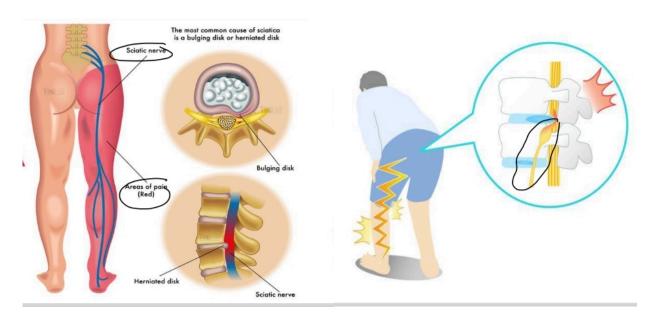
<u>Bilateral</u> injury of superior gluteal nerve leads to <u>waddling gait</u>.





## 5. Sciatica

- Causes: Prolapse of an intervertebral disc with pressure of one or more roots of lower lumbar or sacral nerves.
- ☆ Manifestation: Pain along the sensory distribution of the sciatic nerve as the posterior aspect of the thigh, the posterior and lateral sides of the leg, and the lateral part of the foot.



# 6. Sciatic nerve injury

 Causes: Penetrating wounds, fractures of the pelvis, or dislocations of the hip joint and wrong intramuscular injections.

### ☆ Manifestation :

#### 1. Motor:

1-Week flexion of the knee 2-Foot drop

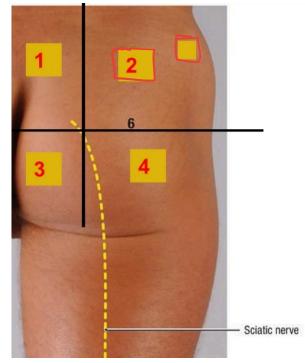
### 2. Sensory:

loss of sensation below the knee, except for a narrow area down the medial side of the leg and the medial border of the foot.

☆Which is the most suitable quadrangle for IM
injection?

injection?

Upper part for upper lateral quadrant



## 7. Plantar Fasciitis

• Causes: It happens to a person who is standing or walking for a long time.

#### ☆ Manifestation :

It causes pain and tenderness of the sole of the foot.

Repeated attacks of this condition induce ossification in the posterior attachment of the aponeurosis.

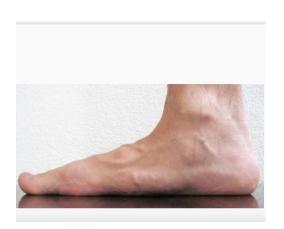


## 8. Flat foot

 Causes: the medial longitudinal arch is depressed or collapsed.

The causes of flat foot are both congenital and acquired.





# 9. Pes cavus (clawfoot)

Causes: the medial longitudinal arch is excessively high.

Most cases are caused by muscle imbalance, as in poliomyelitis

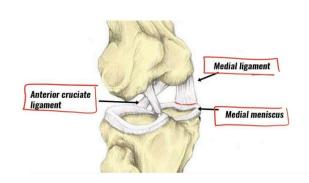


## 10. Unhappy triad

#### • Causes:

Injury of: 1. Medial menisus.

- 2. Tibial (medial) collateral ligament.
- 3. Anterior cruciate ligament.



## 11. Tibial nerve injury

#### •Motor :

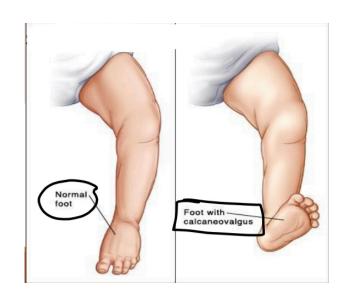
Paralysis of muscles of the posterior compartment of the leg and foot muscles.

### • Sensory loss from:

Most of the sole of the foot EXCEPT Small area on the medial side.

- ☆ Manifestation:
- 1. Weakness of planterflexion at the ankle.
- 2. Foot is dorsiflexed and everted.
- 3. Clawing of toes.
- ☆ Deformity : Calcaneovalgus.



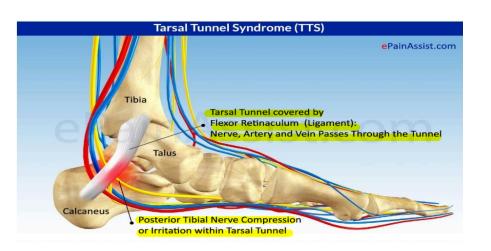


## 12. Tarsal Tunnel Syndrome

• Causes: compression of Tibial nerve as it travels through the tarsal tunnel.

Tarsal tunnel is found under flexor retinculum.

Symptoms:
 Tingling, burning or numbness along the course of the nerve.





# 13. Injury of Common Fibular Nerve

Cause: fracture of the neck fibula.

#### •Motor :

Paralysis of muscles of the anterior compartment and lateral compartment of the leg.

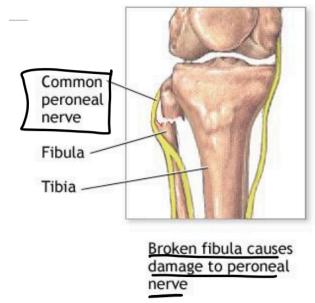
- Sensory loss from :
- 1. Anterolateral side of the leg.
- 2. The dorsum of the toes

EXCEPT the lateral side of the little toe and small are on the medial side of the dorsum of foot.

#### ☆ Manifestation:

- 1. Loss of dorsiflexion at the ankle.
- 2. Foot drop.
- 3. Loss of eversion.
- 4. The inversion of the foot is weakened.





## 14. Deep peroneal nerve injury

#### •Motor :

Parlaysis of muscles of the anterior compartment of the leg.

• Sensory loss from:

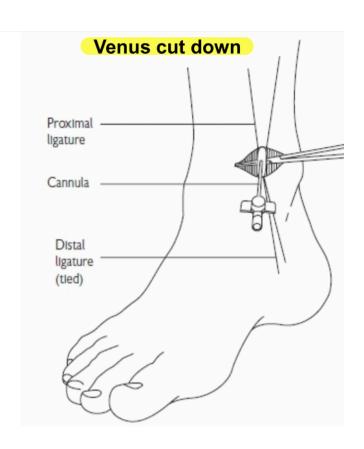
Between big toe and second at dorsum of the foot.

- ☆ Manifestation:
- 1. Loss of dorsiflexion at the ankle.
- 2. Foot drop.
- 3. The inversion of the foot is weakened.

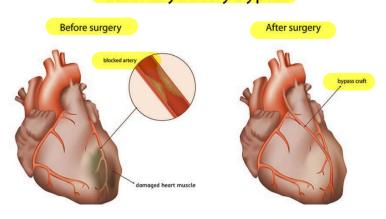
## 15. Clinical importance for great saphenous vein

- 1- Varicose vein.
- 2- Intravenous injection (Venus cut down) NB. Possibility of saphenous nerve injury.
- 3- Vein graft.
- 4- Coronary artery bypass graft (CABG).





#### **Coronary Artery Bypass**



قال الله تعالى ؛ (قُلْ هَلْ يَسْتَوِي الَّذِينَ يَعْلَمُونَ وَالَّذِينَ لا يَعْلَمُونَ)



Mays qashou