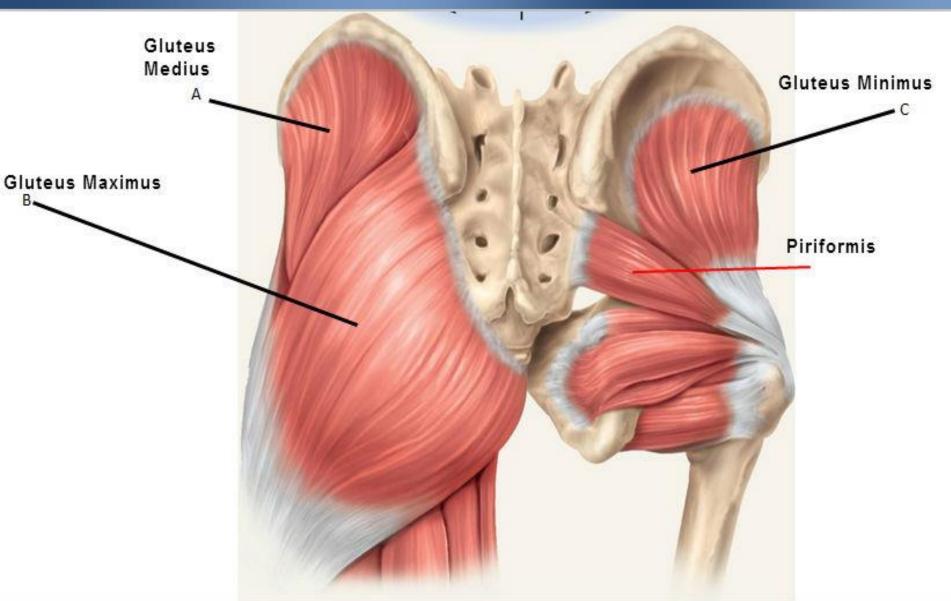
GLUTEAL REGION AND BACK OF THIGH

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Gluteal Region



Iliotibial tract





Iliotibial tract

The deep fascia of the thigh is thickened laterally to form **iliotibial tract**

✓ Attachment :

Above: iliac tubercle

Below: the lateral condyle of the tibia.

✓ It receives the insertion of the tensor

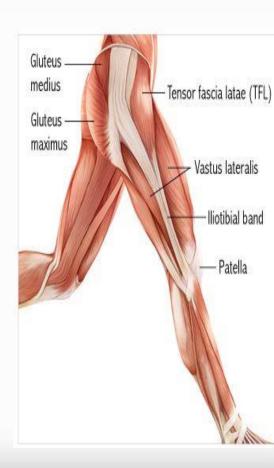
fasciae latae and gluteus maximus muscles

✓ Function : -Help in knee extension

- Steadies femur on the tibia

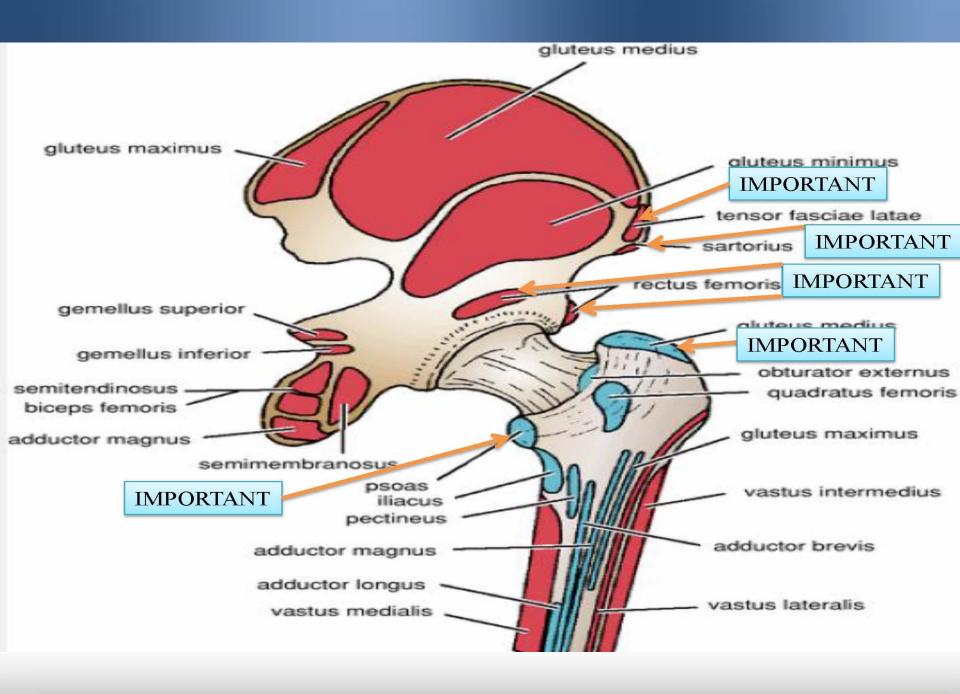
Iliotibial Band Syndrome (ITBS)

- > It is more common within runners
- > It occurred when the Iliotibial tract becomes tight or inflamed .
- Symptom is typically swelling and pain on the outside of the knee



I- Muscles

- 1. Gluteus maximus
- 2. Gluteus medius
- 3. Gluteus minimus
- 4. Tensor fascia latae



Gluteal Muscles



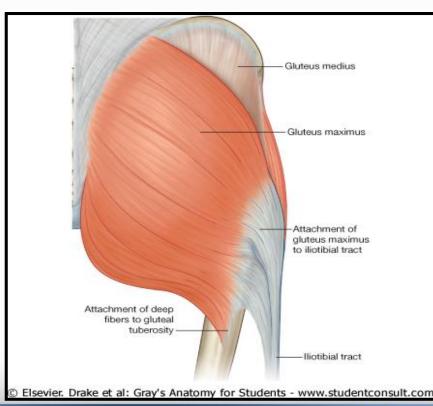
All are innervated by the **Superior** gluteal nerve **EXCEPT**

Gluteal maximus by inferior gluteal nerve

Gluteus maximus

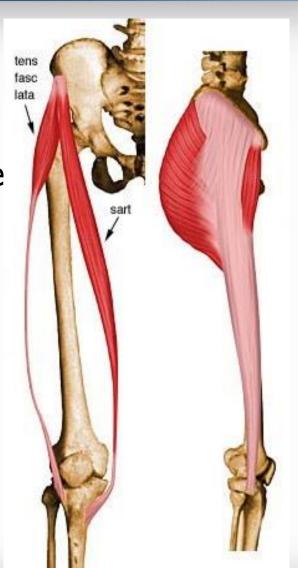
- ✓ Origin: Outer surface of Ilium, sacrum and coccyx
- ✓ Insertion: Gluteal tuberosity of femuriliotibial tract
- ✓ Nerve Supply: Inferior gluteal nerve
- Action: Extends and lateral rotation of thigh.

Extends the knee (through iliotibial tract)



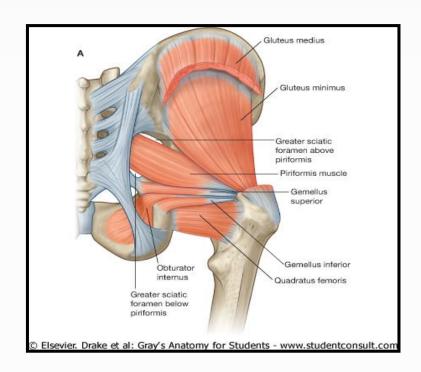
Tensor fascia latae

- ✓Origin: Iliac crest
- ✓Insertion: iliotibial tract
- ✓ Nerve supply : Superior gluteal nerve
- ✓ Action : Helps gluteus maximus in extending the knee joint



Gluteus medius and minimus

- ✓ Origin: Outer surface of Ilium
- ✓ Insertion : Greater trochanter of femur
- ✓ Nerve supply : Superior gluteal nerve
- ✓ Action :
- Abduction
- Prevent tilting of the pelvis when the opposite limb is raised





Clinical Anatomy

1.In unilateral paralysis of Gluteal medius and minimus, the patient exhibits a lurching gait with a positive Trendelenburg's sign.

In standing on the affected side, the pelvis will tilt towards the unsupported side.

2. In bilateral paralysis of Gluteal medius and minimus, the patient exhibits a waddling gait in which the trunk is flexed from side to side with each step during walking.

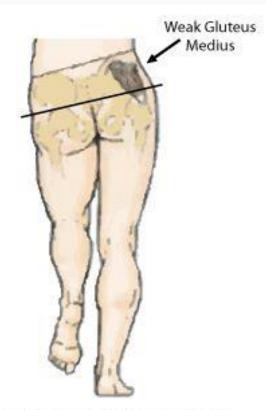
On standing on the diseased side the sound side sags

Paralysis of gluteus medius and minimus

On standing on the diseased side the sound side sags



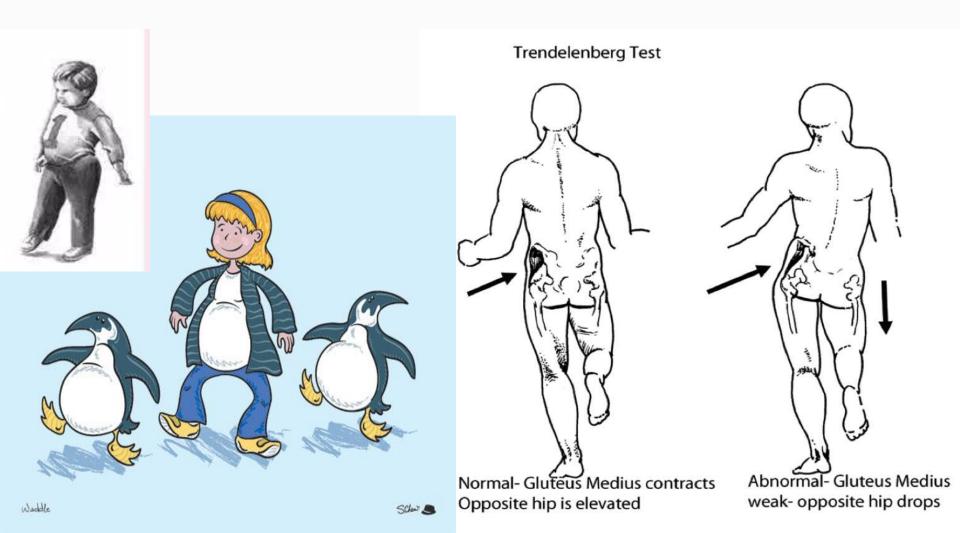
Trendelenburg test



Trendelenburg Sign Drop of pelvis when lifting leg opposite to weak gluteus medius

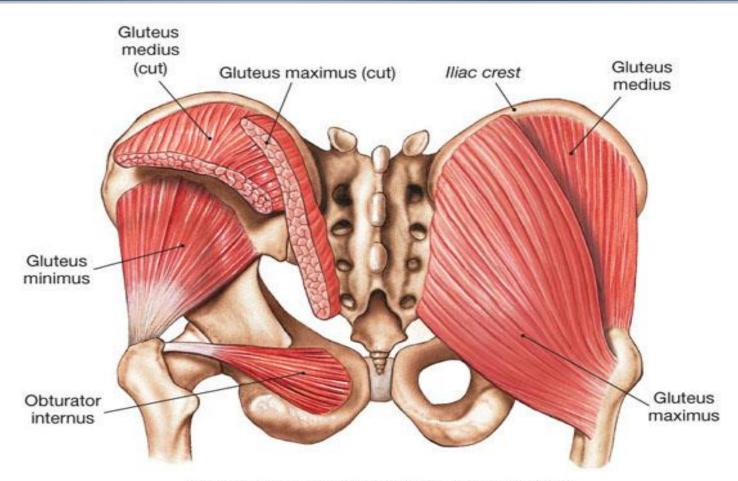
Injury of superior gluteal nerve

<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>.



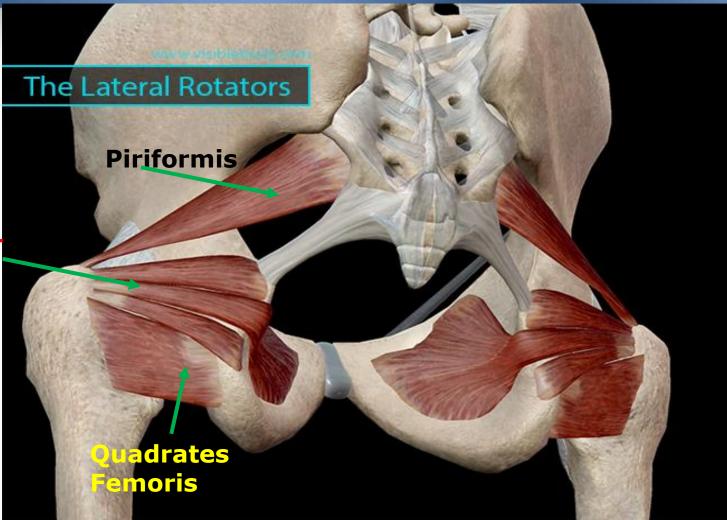
Lateral rotators of the thigh

- 1-Piriformis
- 2-Obturator internus
- 3-Superior gemillus
- 4-Quadratus femoris
- 5-Inferior gemillus
- 6-Obturator externus



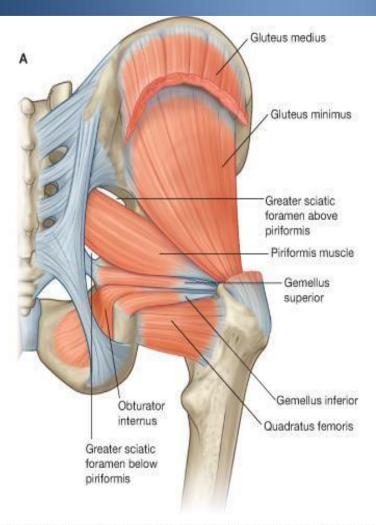
(c) Gluteal and lateral rotators, posterior view

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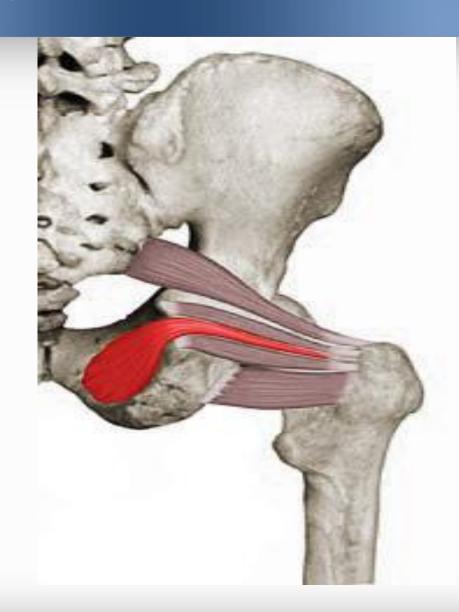


Obturator internus and two Gemelli

Lateral Rotators



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Lateral rotators of the thigh

1-Piriformis

N.S: S1,S2

2-Obturator internus

N.S: Nerve to obturator internus

3-Superior gemillus

N.S: Nerve to obturator internus

4-Quadratus femoris Nerve to quadratus femoris.

5-Inferior gemillus

N.S: Nerve to quadratus femoris.

6-Obturator externus:

N.S: Obturator nerve

Identify the marked muscles and their nerve supply

A-

B-

C-

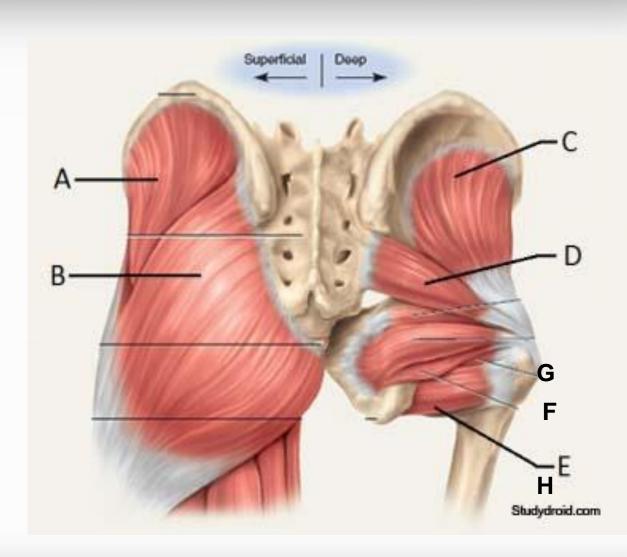
D-

E٠

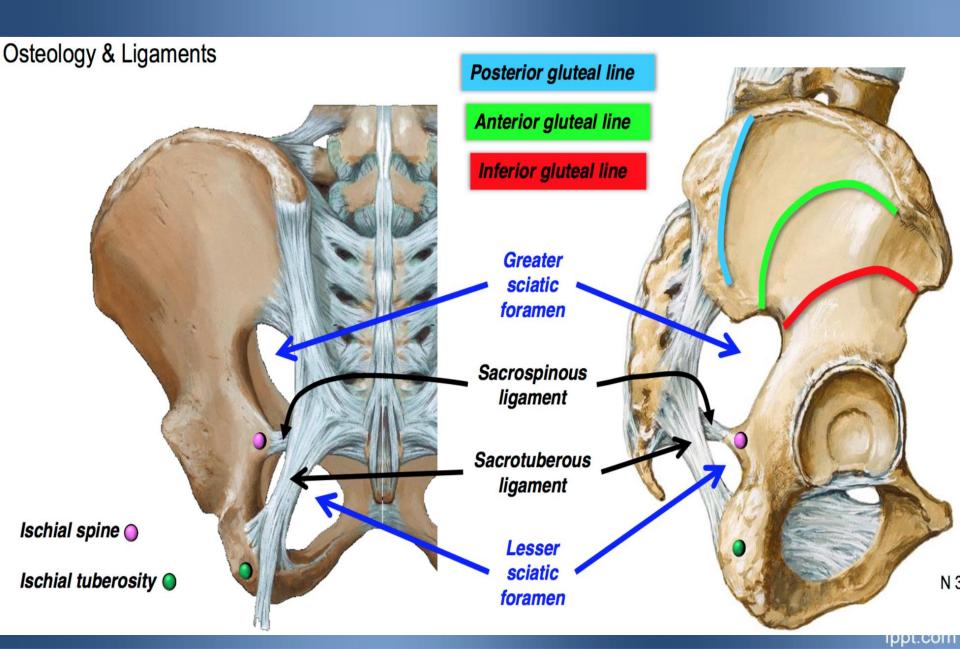
F-

G-

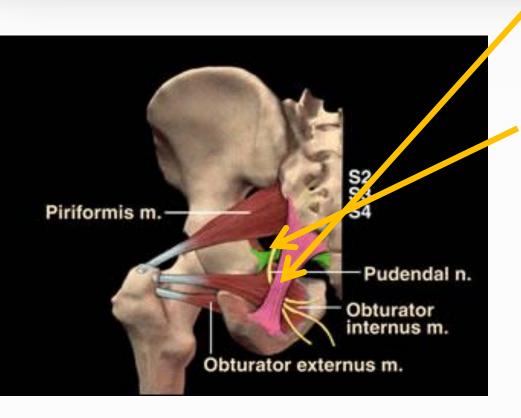
H-



Greater and lesser sciatic foramens



Greater and lesser sciatic foramens



Sacrospinous ligament

Between ischial spine and back of sacrum & coccyx

Sacrotuberous ligament

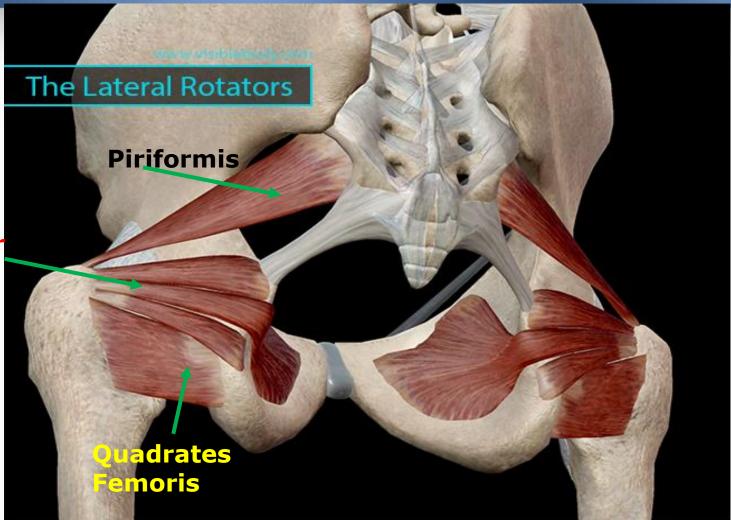
Between ischial tuberosity and back of sacrum & coccyx

Greater sciatic foramen

Between **greater sciatic notch**, sacrospinous and sacrotuberous ligaments.

Lesser sciatic foramen

Between **lesser sciatic notch**, sacrospinous and sacrotuberous ligaments.



Obturator internus and two Gemelli

Branches of Sacral Plexus

- 1-Sciatic
- 2-Superior gluteal Nerve
- 3-Inferior gluteal nerve
- 4-Posterior cutaneous nerve of thigh
- 5-Nerves to the piriformis
- 6-Nerve to the quadratus femoris
- 7-Nerve to obturator internus
- 8- Pudendal Nerve

Structures Passing in Greater and Lesser Sciatic Foramen

<u>Greater sciatic foramen</u> (7 nerves+3 vesseles+1 muscle)

Above Piriformis

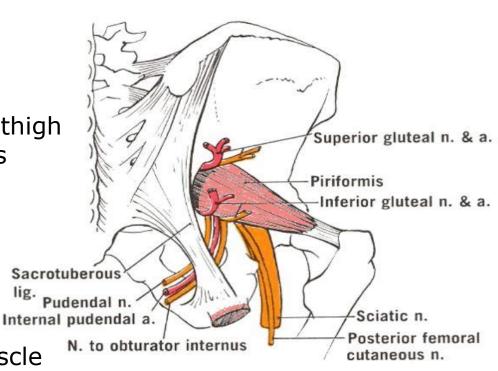
Superior gluteal nerve and vessels

Below Piriformis

- Sciatic nerve
- Posterior cutaneous nerve of the thigh
- Inferior Gluteal nerve and vessels
- Nerve to Quadratus femoris
- Pudendal nerve
- Internal pudendal vessels
- Nerve to Obturator Internus

<u>Lesser Sciatic foramen</u>

- Tendon of Obturator Internus Muscle
- Pudendal nerve
- Internal pudendal vessels
- Nerve to obturator internus



Sciatic Nerve

Origin:

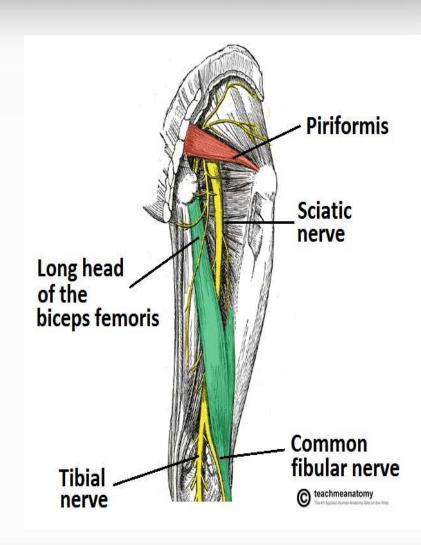
From sacral plexus, L4,5, S1,2,3.

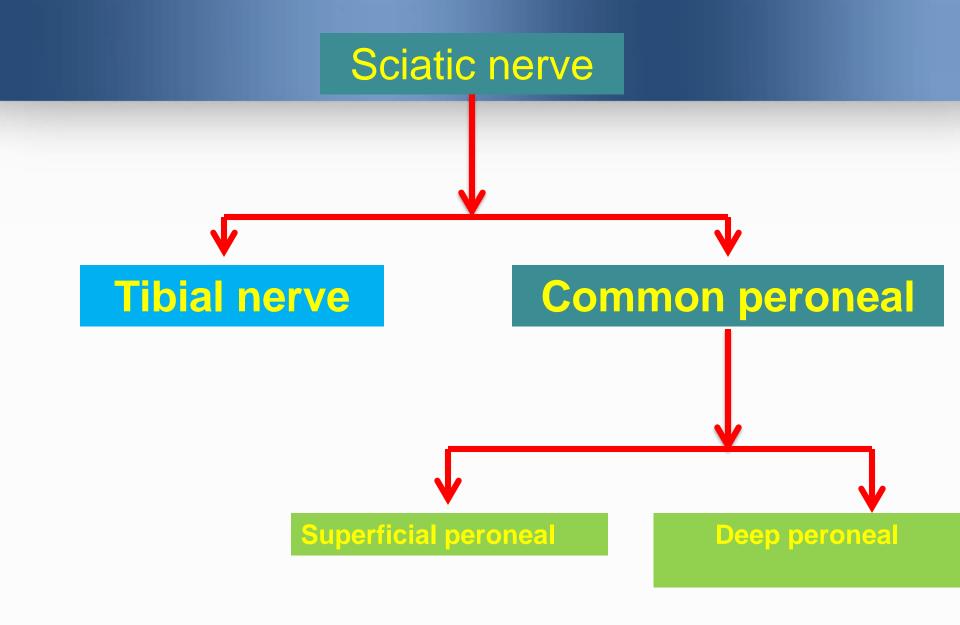
Course:

- -It leaves the pelvis through the greater sciatic foramen below piriformis.
- -It descends in the gluteal region and back of the thigh.

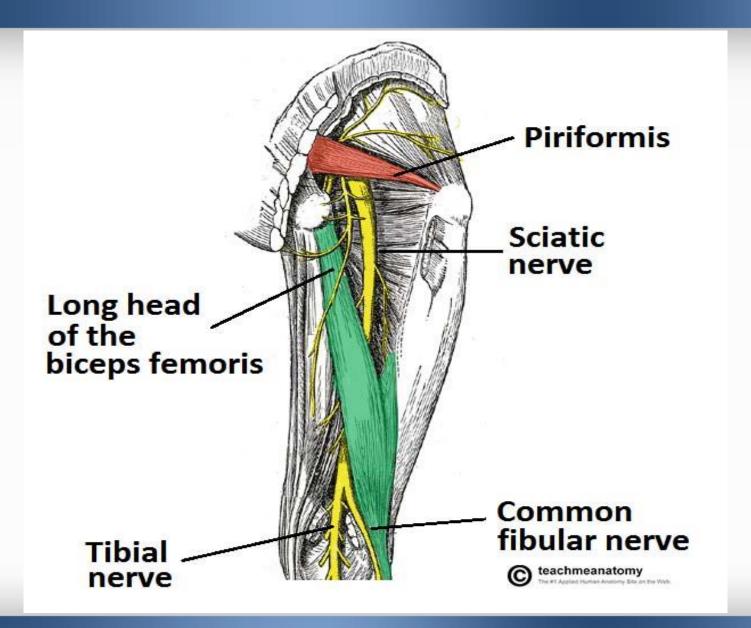
Termination:

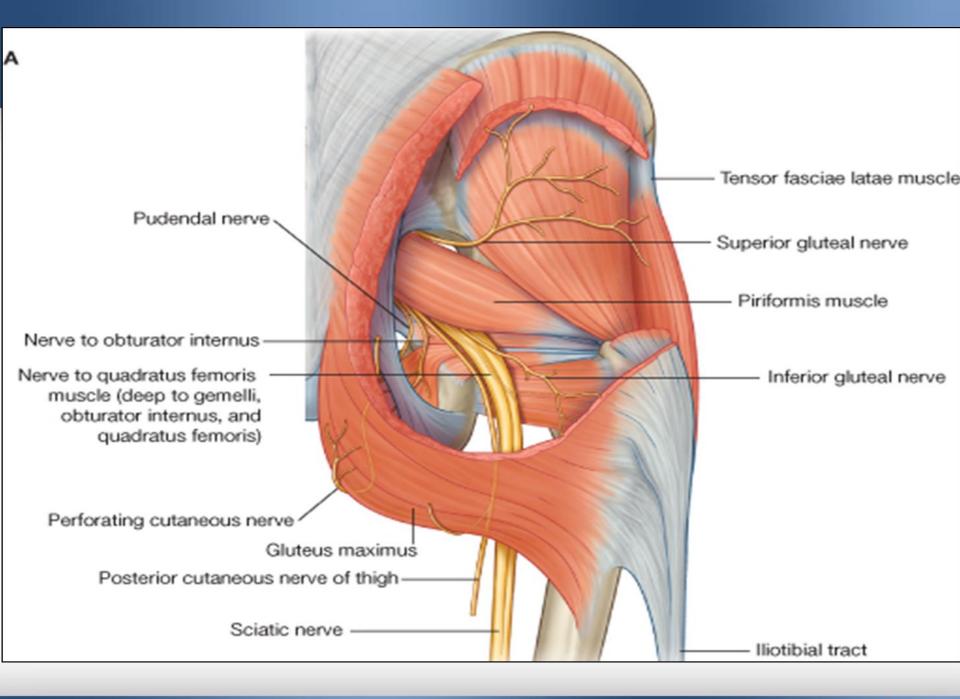
It ends at the popliteal fossa by dividing into tibial and common fibular nerves .





Sciatic nerve





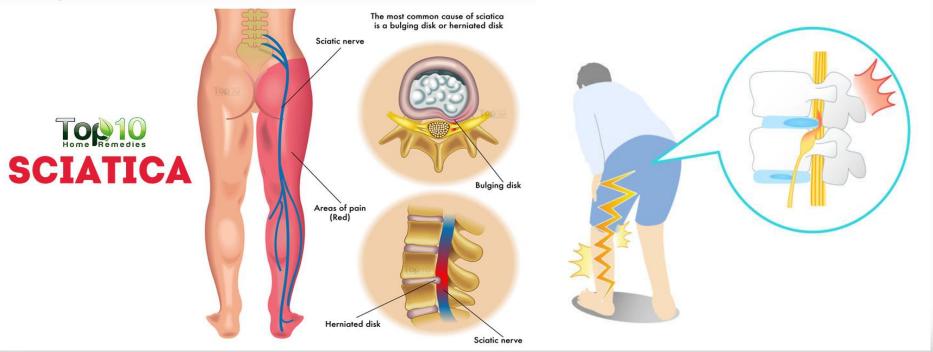
Sciatica

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, posterior aspect of the thigh, the posterior and lateral sides of the leg, and the lateral part of the foot.



Sciatic nerve Injury

Causes:

Penetrating wounds, fractures of the pelvis, or dislocations of the hip joint and Wrong intramuscular injections.

Manifestation:

Motor:

- 1-Week flexion of the knee
- 2-Foot drop

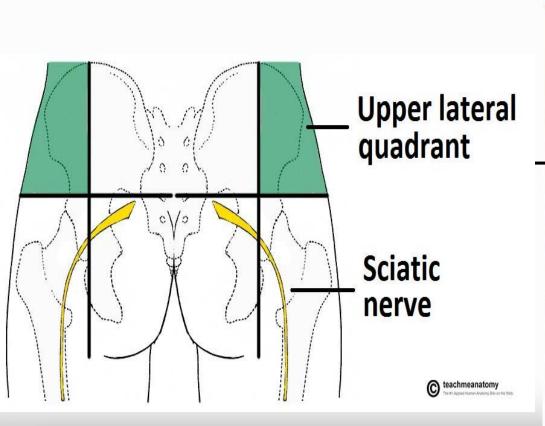
Sensory:

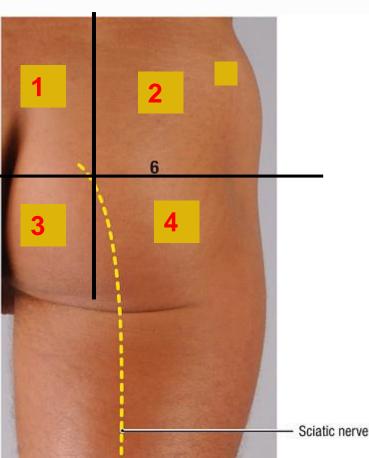
loss of sensation below the knee, except for a narrow area down the medial side of the leg and the medial border of the foot.

CLINICAL ANATOMY

I.M (Intramuscular injection)

Which the most suitable quadrangle for IM injection?





Posterior Compartment of thigh Hamstring Muscles

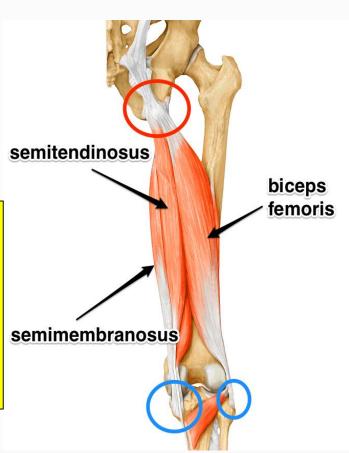
Posterior Compartment of thigh - Hamstring

- 1. Biceps femoris (long and short heads)
- 2. Semitendinosus
- 3. Semimembranosus
- 4. Adductor Magnus (Ischial head)

All are innervated by Tibial branch of Sciatic nerve.

EXCEPT

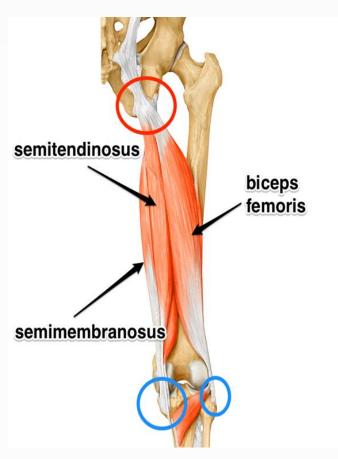
Short head of biceps femoris by common peroneal branch of Sciatic nerve

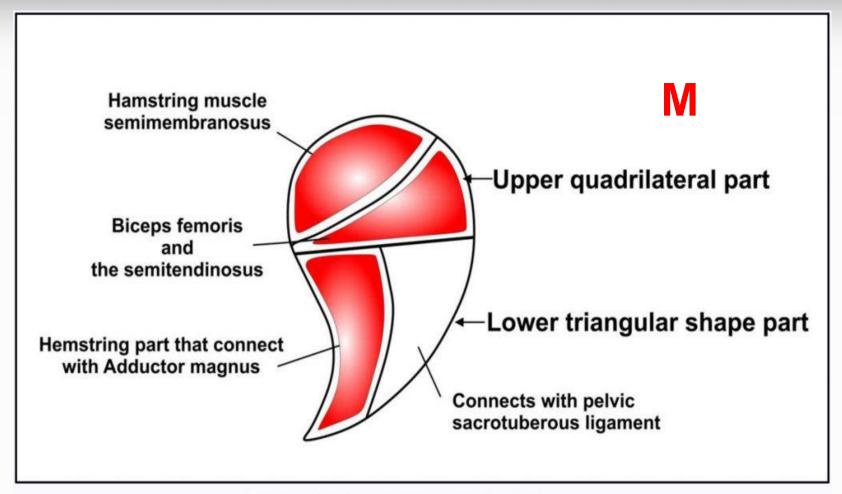


Origin: All from Ischial tuberosity **EXCEPT** Short head of biceps femoris from linea aspera and lateral supracondylar line.

✓ Insertion:

- Biceps femoris:
 styloid process of the fibula.
- Semitendinosus: upper part of medial surface of the tibia (SGS).
- Semimembranosus:
 Back of medial condyle of the tibia
- Adductor Magnus (Ischial head)
 Adductor tubercle of femur





Structure/division of Ischial Tuberosity

Action:

All are Extends the hip (**EXCEPT** short head of Biceps) and flex the knee

<u>Lateral muscle</u> rotate the knee laterally <u>Medial muscle</u> rotate the knee medially

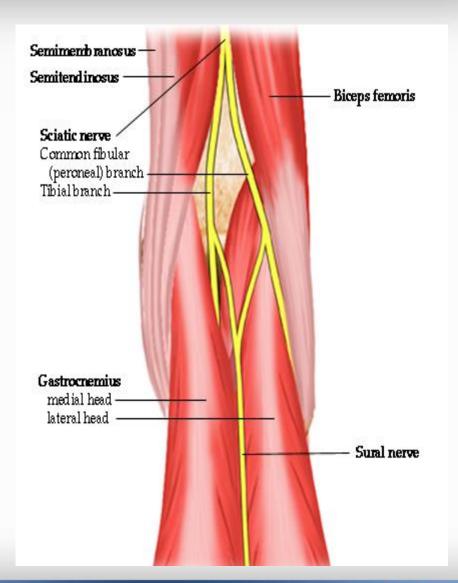
Popliteal fossa

Location:

Posterior to the knee joint

Boundaries:

- **1. Above and lateral**: biceps femoris.
- **1. Above and medial:** semitendinosus and semimembranosus.
- 2. Below and lateral: lateral head of gastrocnemius and plantaris.
- **3. Below and medial:** medial head of gastrocnemius.



Popliteal fossa

Roof:

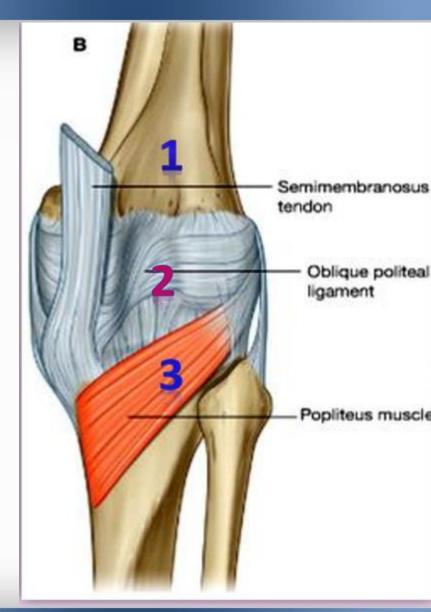
- Skin
- Deep fascia

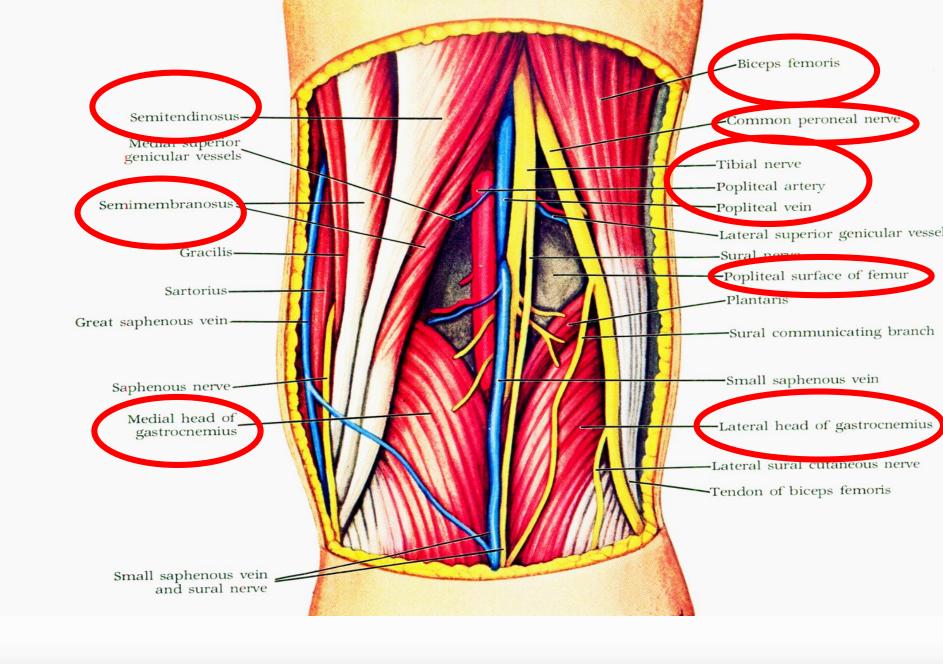
Floor:

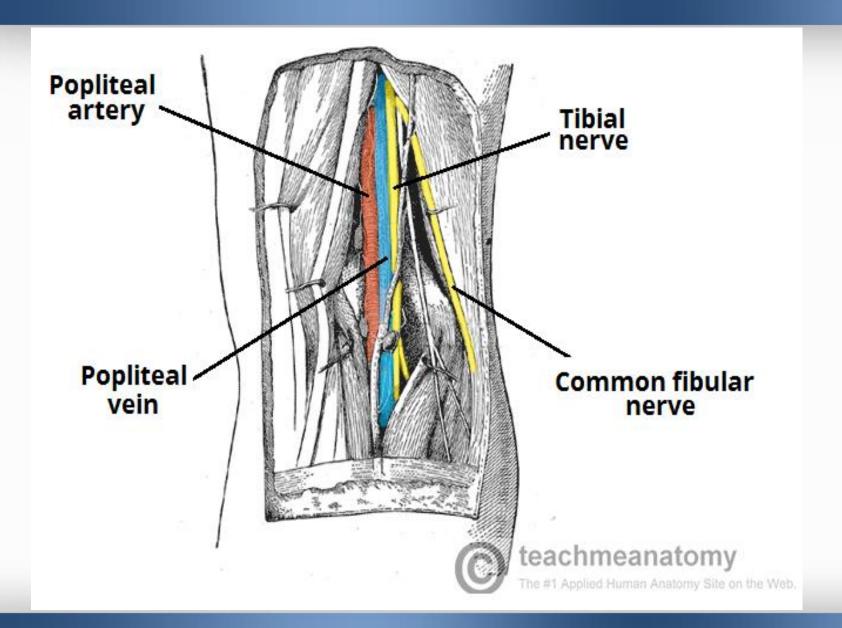
- Popliteal surface of the femur.
- Capsule of the knee joint.
- Popliteus muscle

Contents

- 1-Popliteal artery (Most deep)
- 2- Popliteal vein
- 3-The common peroneal nerve (lateral popliteal nerve)
- 4- Tibial nerve(medial popliteal nerve)
- 5- The posterior cutaneous nerve of the thigh
- 6- The small saphenous vein







Popliteal artery

Beginning: at opening in adductor magnus as a continuation of femoral artery.

Termination: at the lower border of popliteus muscle by dividing into anterior & posterior tibial arteries.

Branches:

- -Five genicular branches to the knee joint (2 superior, 2 inferior & middle).
- -Muscular branches to muscles of the back of the leg.

