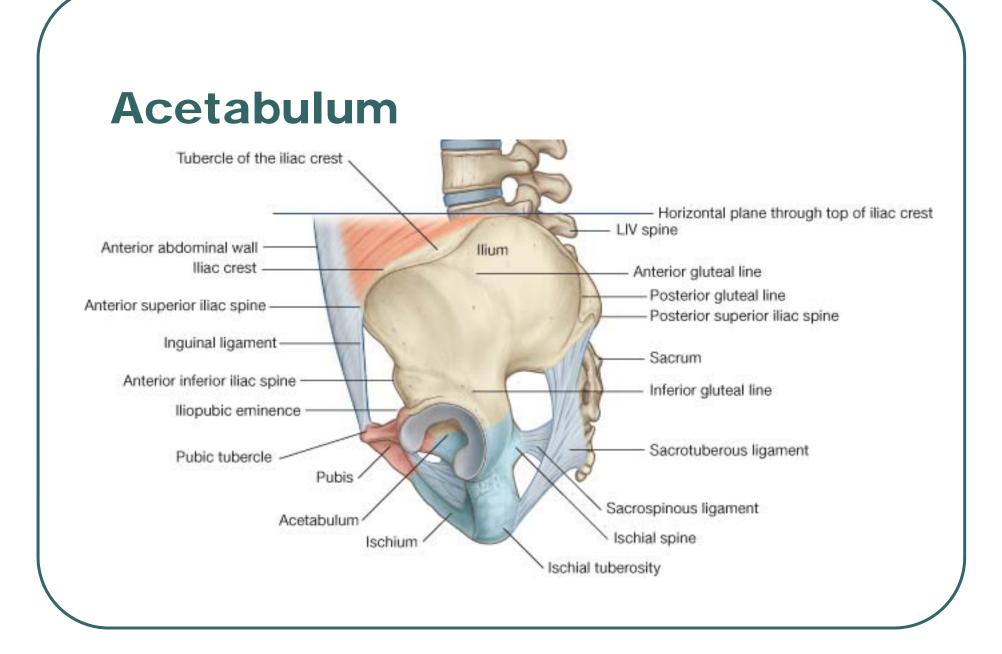
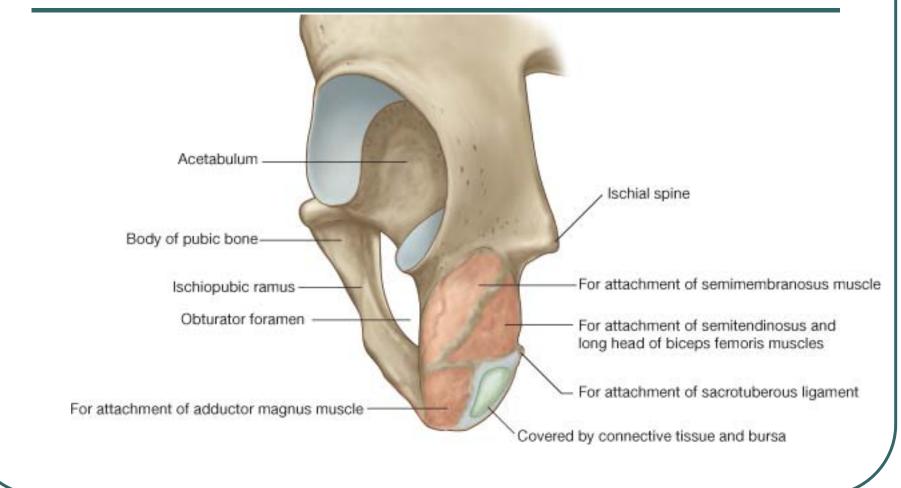


### **Hip Joint**

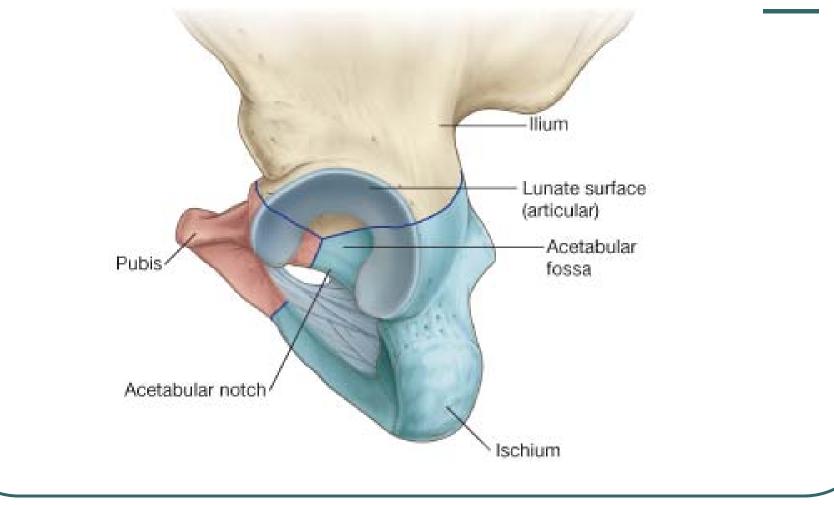
- Head of the femur with acetabulum of innominate
- Ball in socket
- Better union than shoulder
- Acetabular labrum similar to glenoid labrum
- Acetabulum is not a complete circle, open inferiorly. This opening is closed by the transverse ligament
- Head of femur attached to inside of acetabulum by ligamentum teres AKA Head ligament

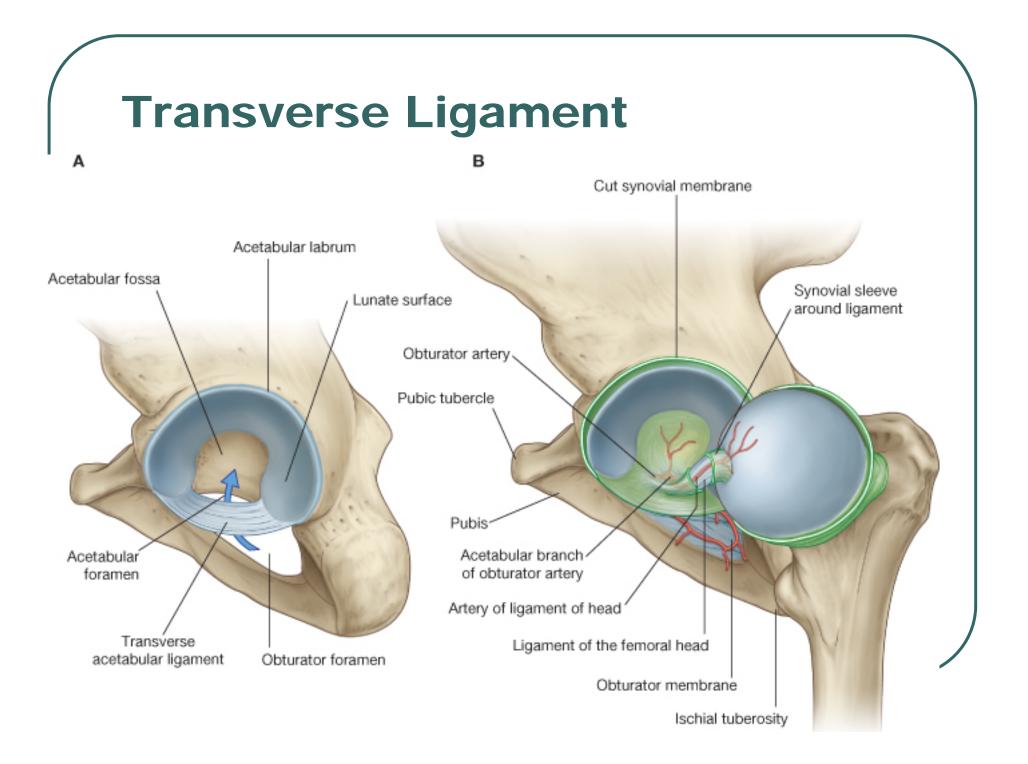


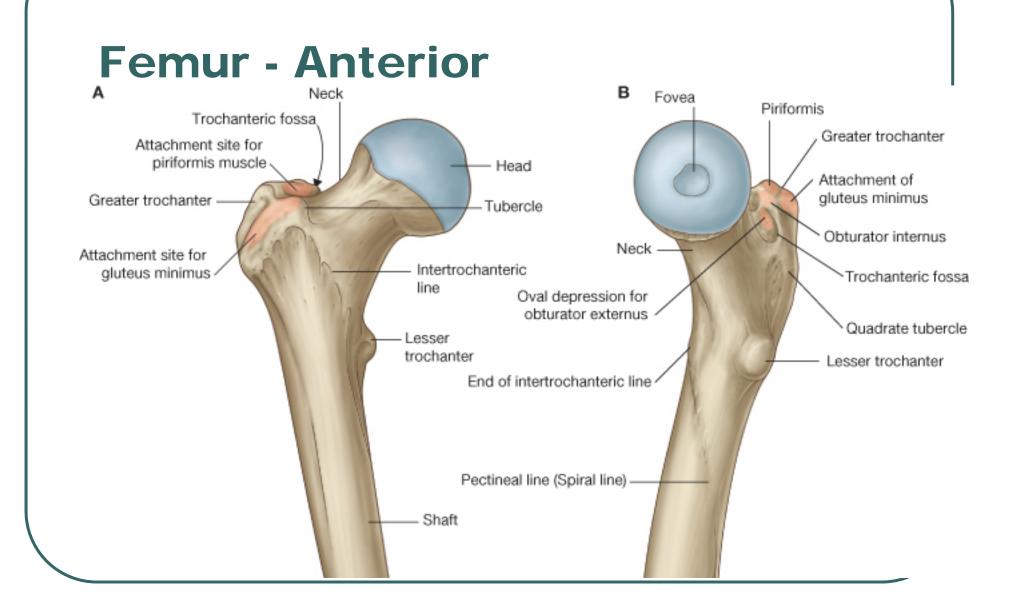
### Acetabulum



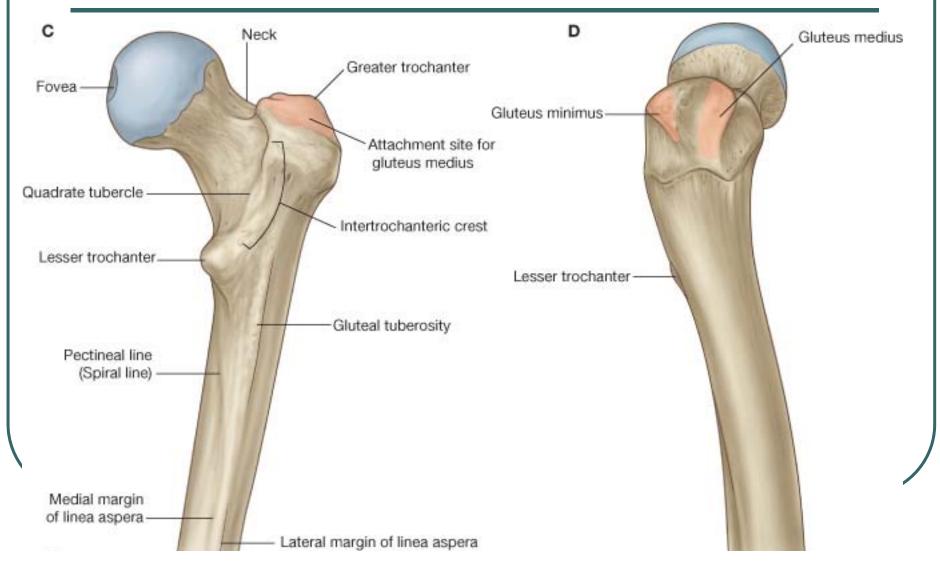
#### Acetabulum

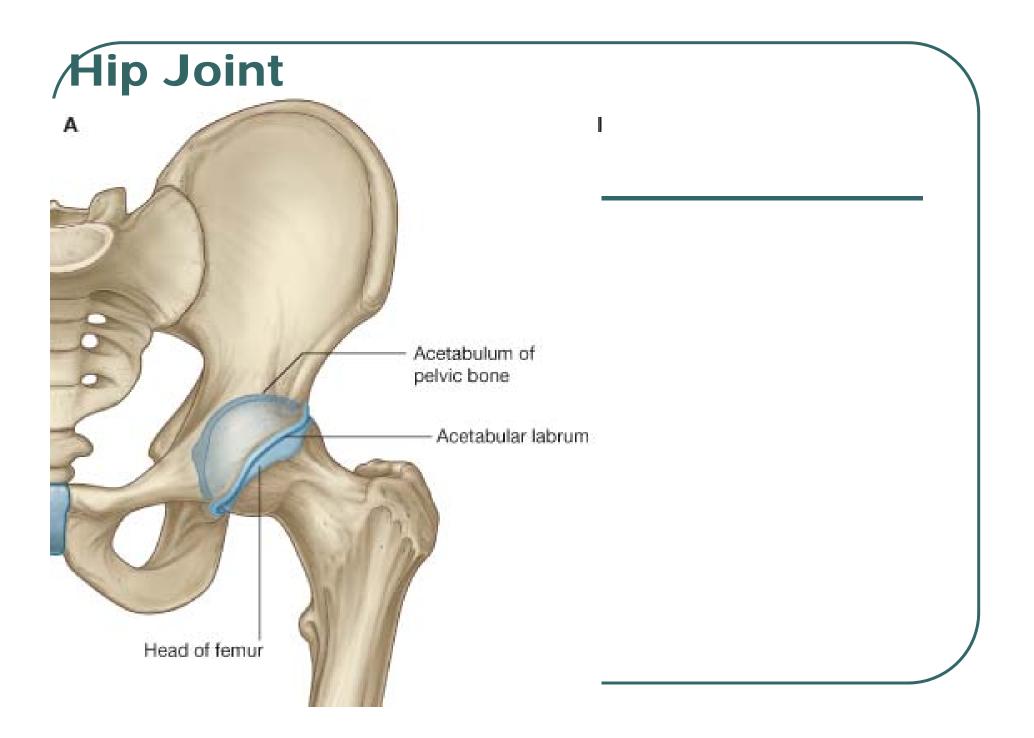






#### **Femur - Posterior**

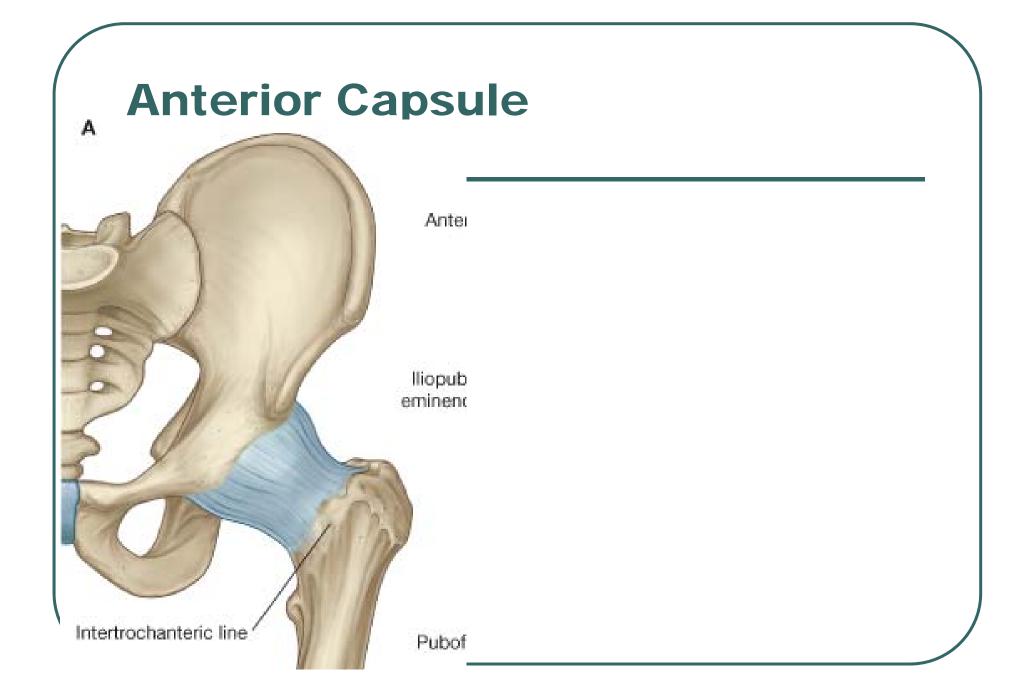


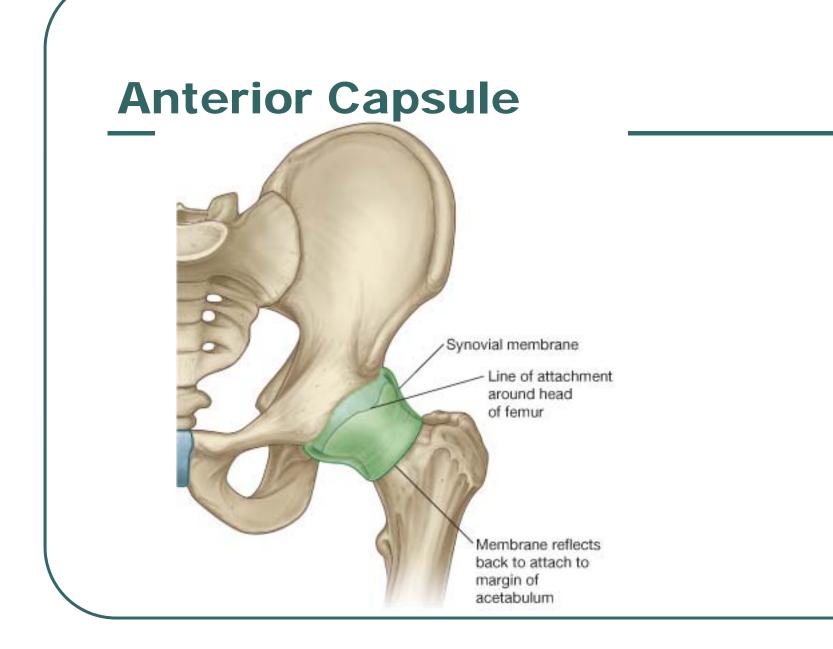


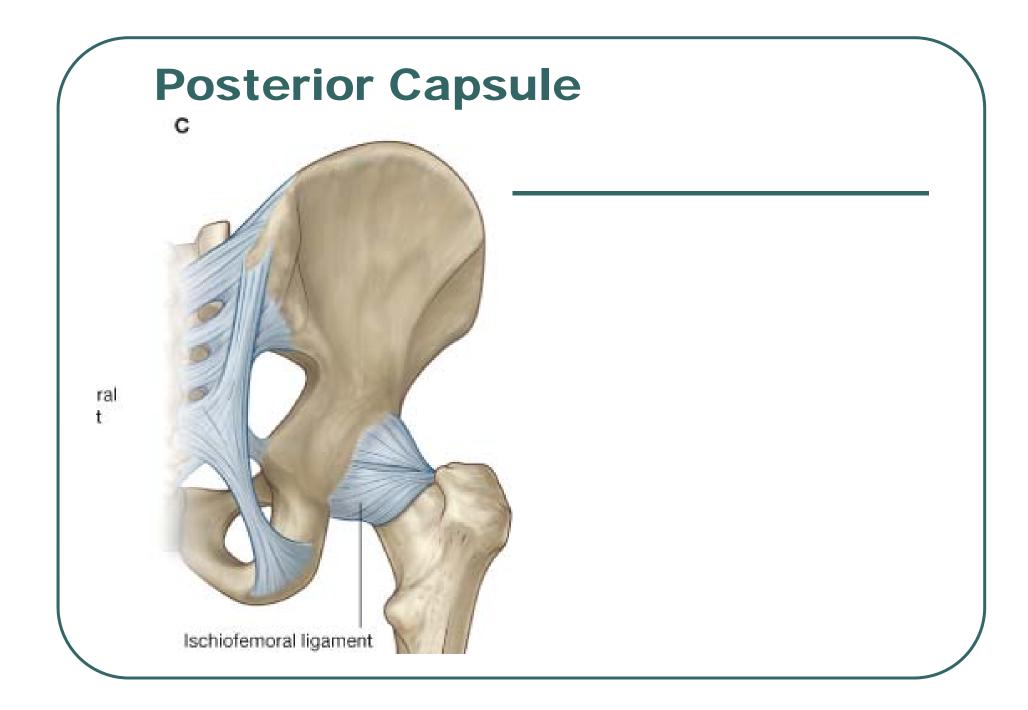
# **Hip Joint**

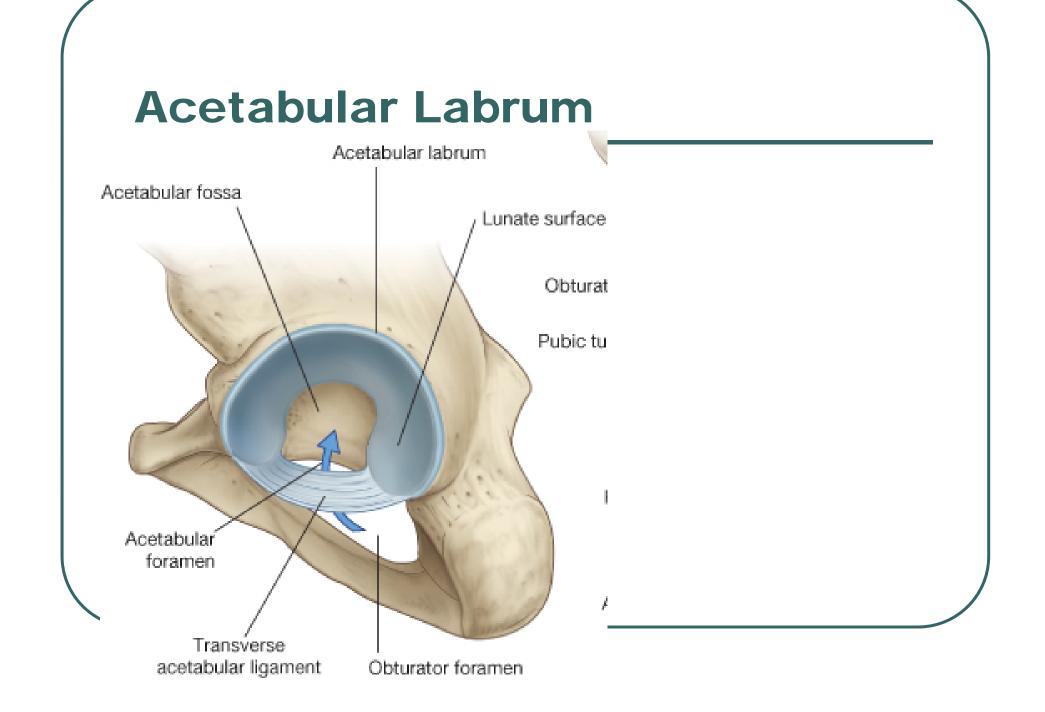


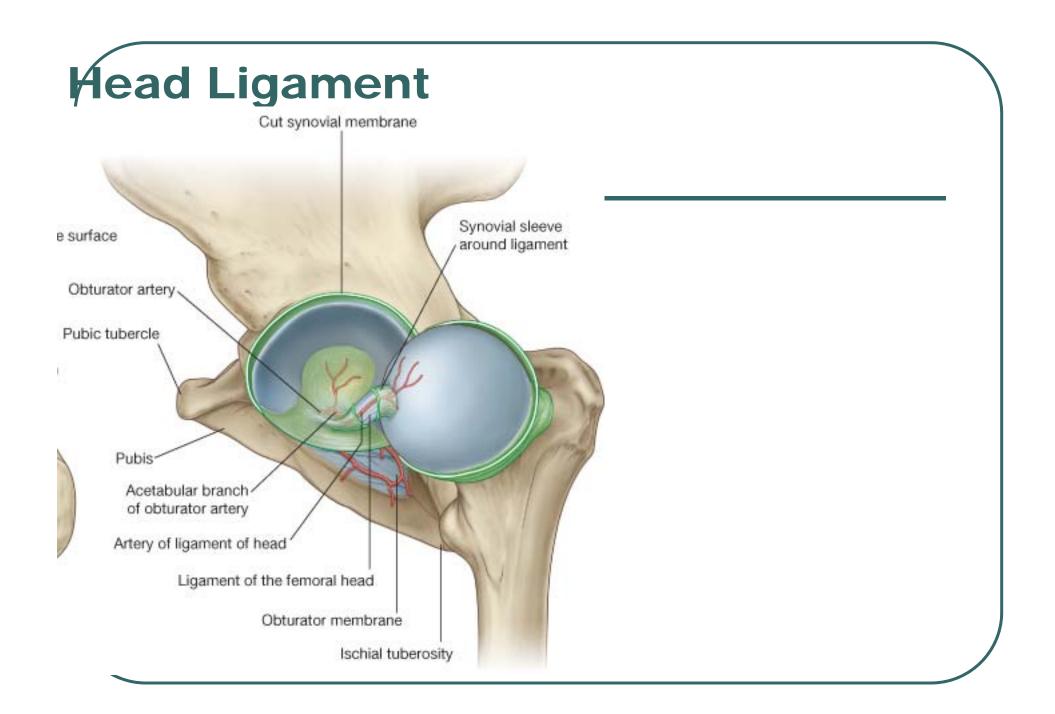
- Strong but loose joint capsule running from above the acetabulum and labrum down to the intertrochanteric line
- Suction exists in joint owing to atmospheric differences – this increases joint stability
- Approximately 70% of head of femur in contact with acetabulum at max contact



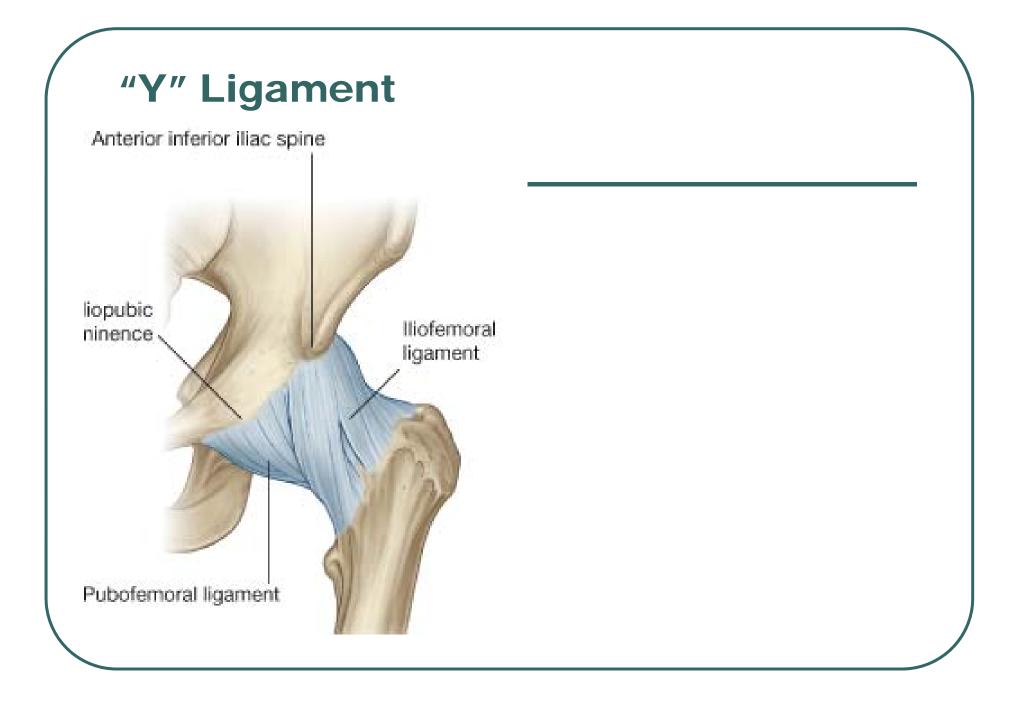




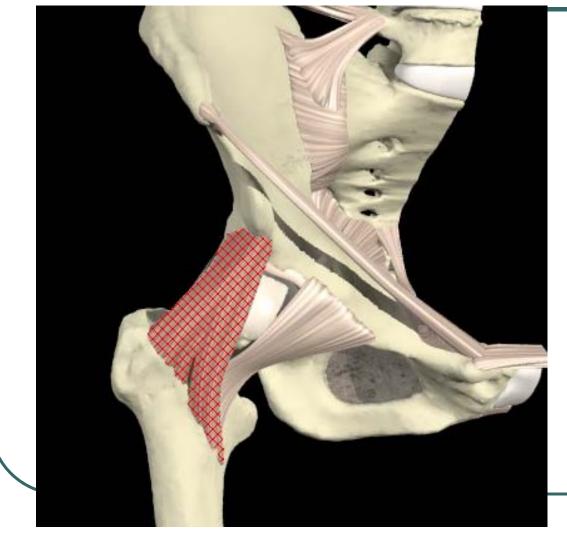




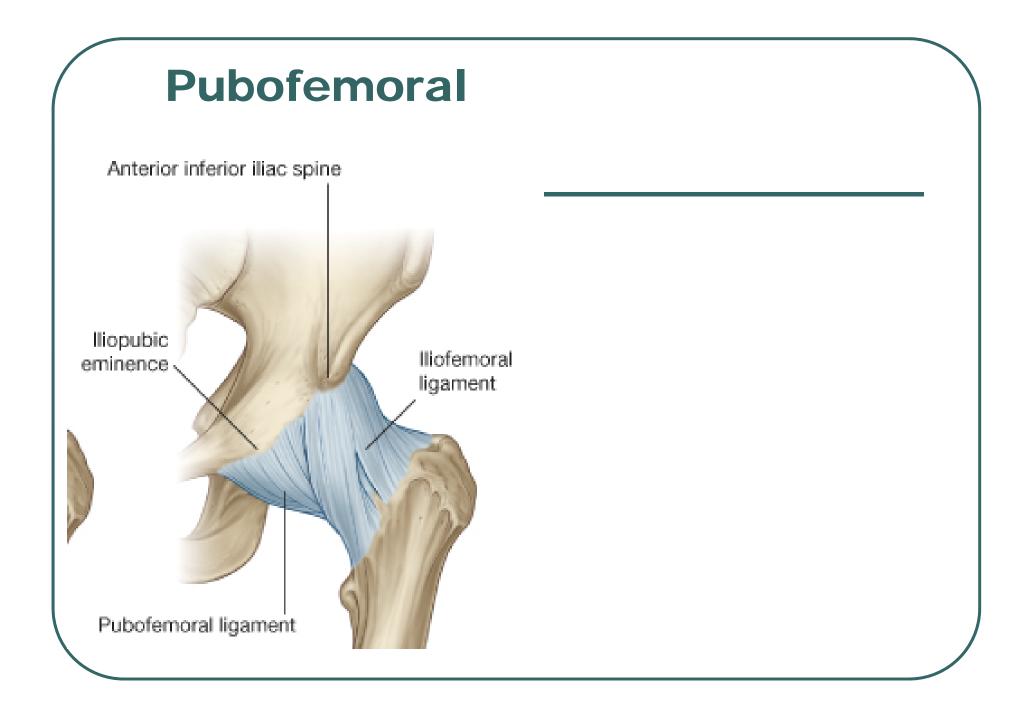
- Iliofemoral ligament AKA the "Y" ligament or the "Y ligament of Bigelo"
- AIIS inferiorly to the intertrochanteric line
- Triangular in shape
- Supports hip anteriorly, resists extension, internal rotation and some external rotation



### Hip Joint Ligaments - Y



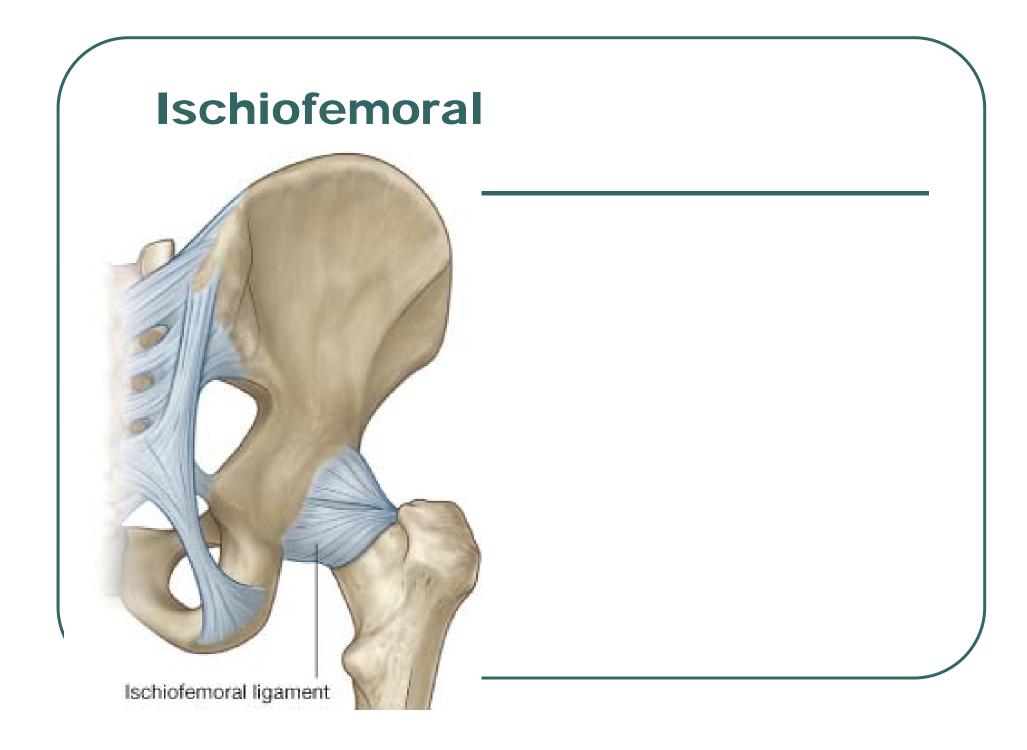
- Pubofemoral
- Runs from the superior pubic ramus and the acetabular rim, to just above lesser trochanter
- Resists ABD with some resistance to external rotation



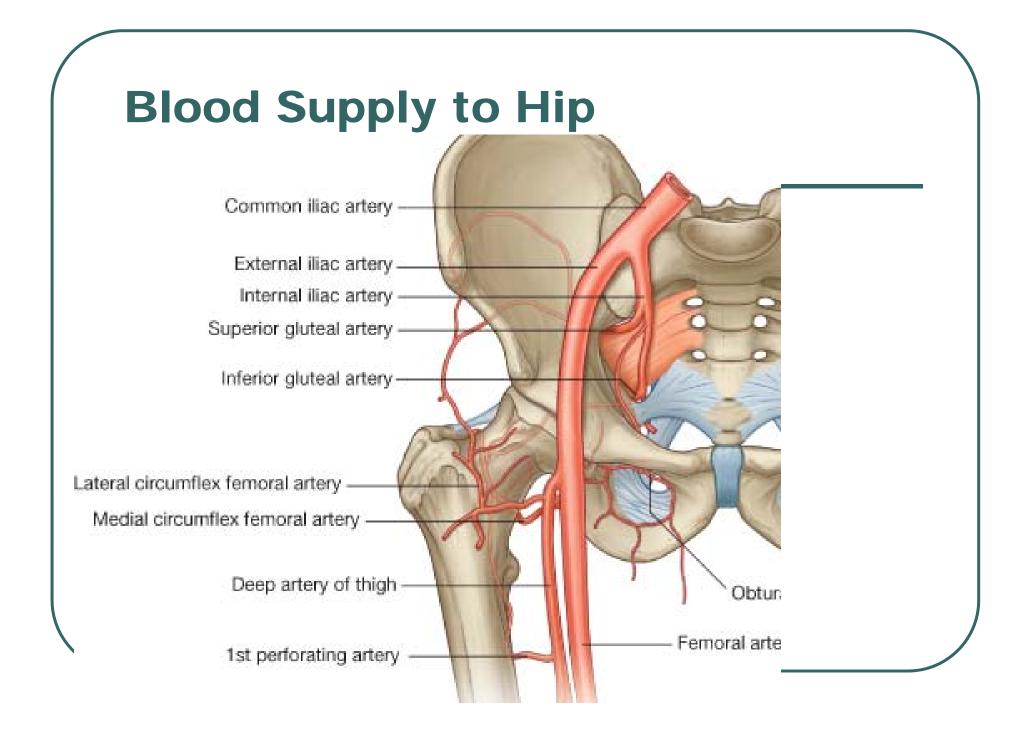
### **Pubofemoral**

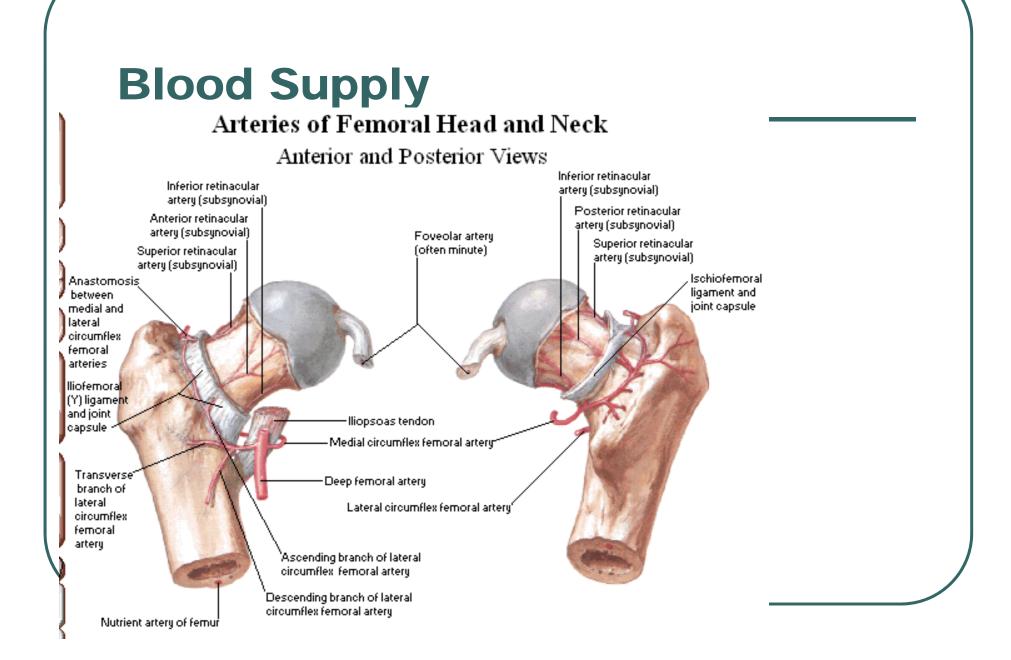


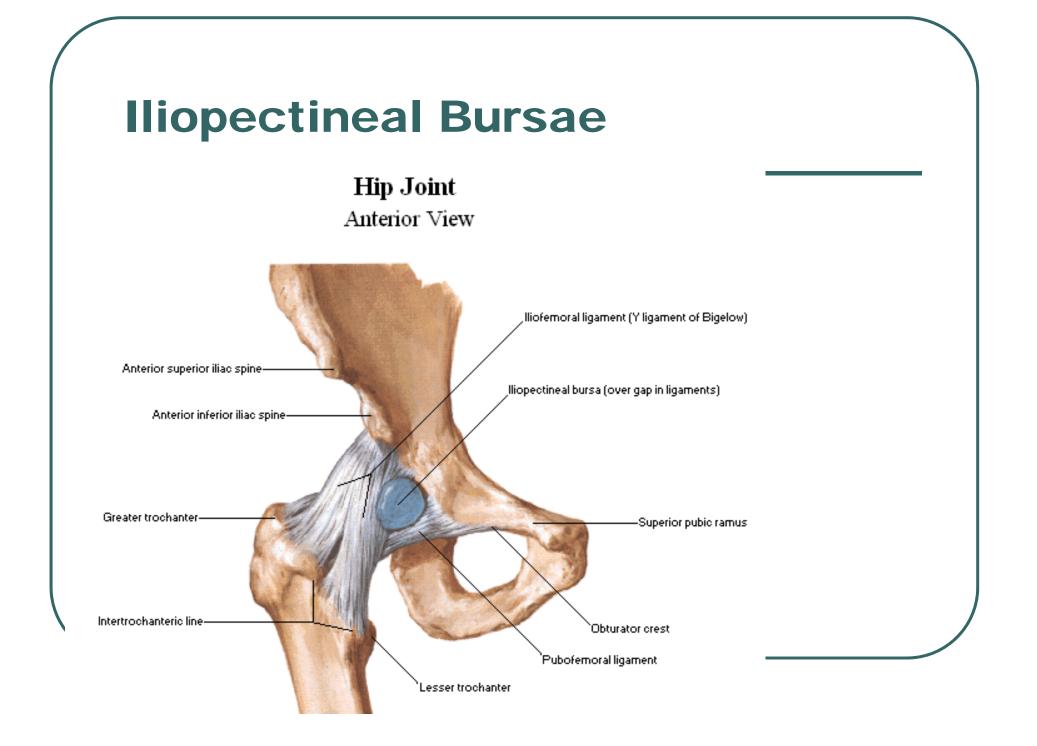
- Ischiofemoral
- From the ischium to the posterior neck of the femur – is directed upwards and laterally
- Resists ADD and internal rotation
- ALL three loose during flexion, the freest motion



- Nerve Supply
  - Superior gluteal
  - Inferior gluteal and
  - Femoral
- Blood Supply
  - Medial circumflex artery
  - Lateral circumflex artery
  - Bursae
    - Iliopectineal





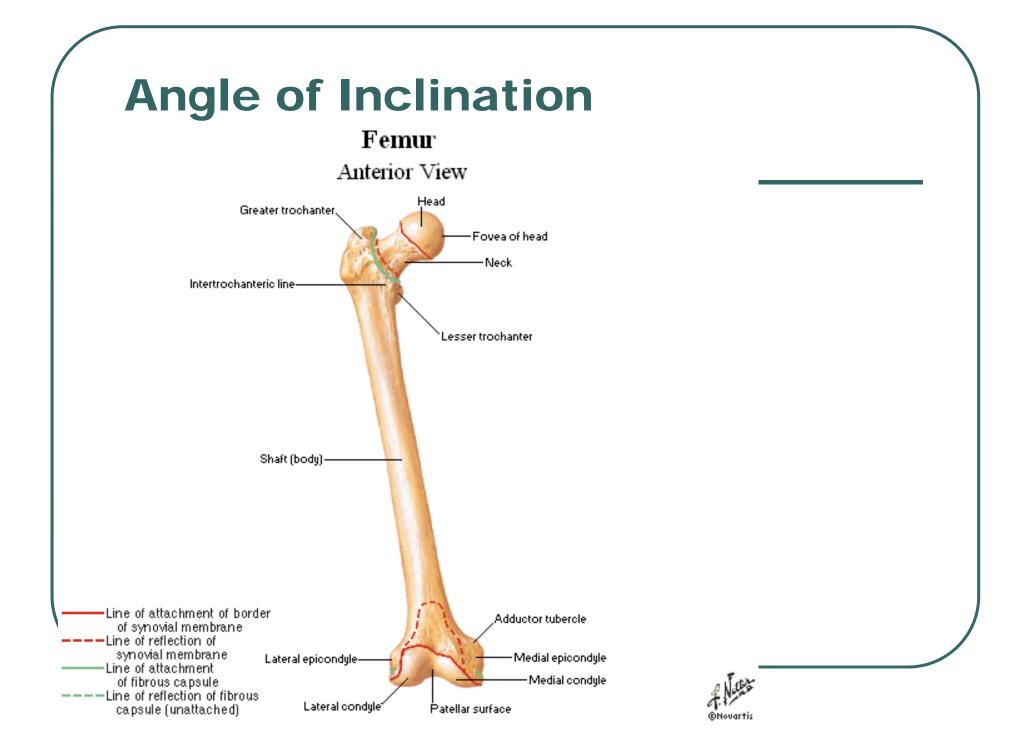


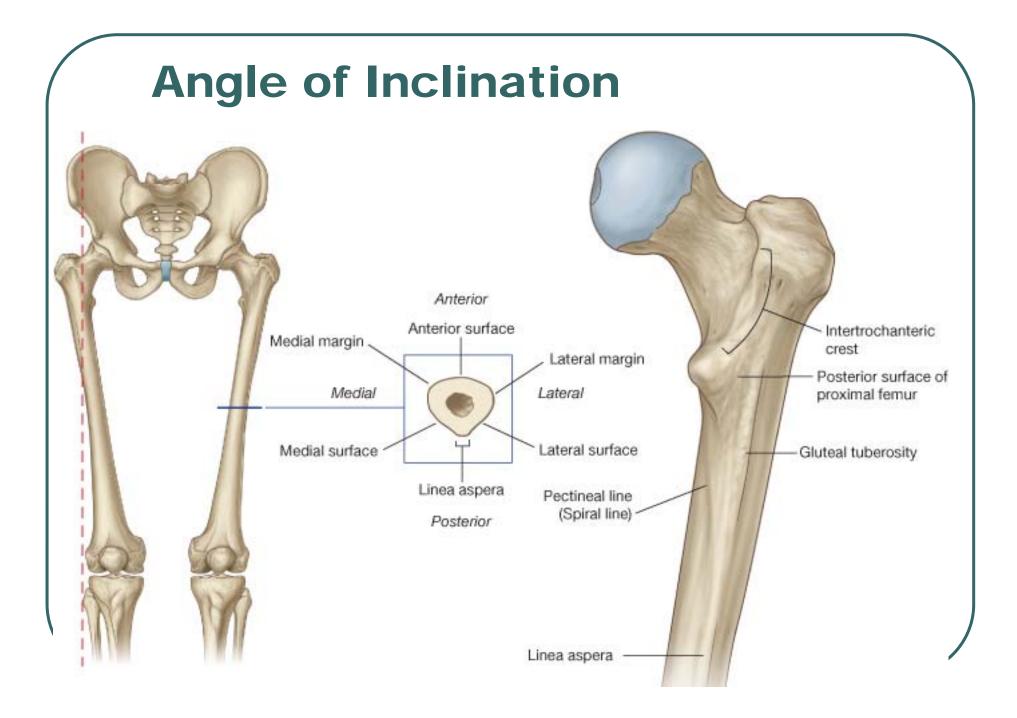
## **Hip Angles**

- Femur is held away from the hip joint and the pelvis via the femoral neck
- Forms an angle called the angle of inclination
  - In the frontal plane, angle = approximately 125 degrees; the range = from about 90 degrees to 135 degrees
- Determines
  - The effectiveness of hip ABD muscles
  - The length of the limb
  - The forces acting on the hip joint and femoral neck

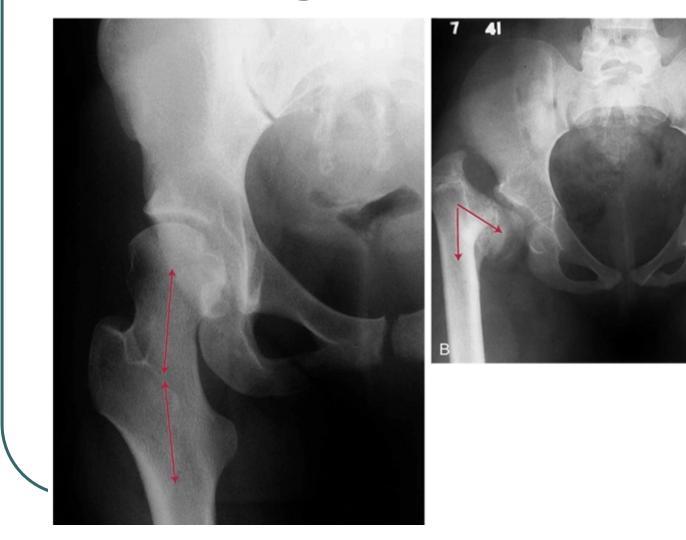
### **Hip Angles**

- If greater than 125 degrees called coxa valgus
  - Increase = lengthened limb length, increase load on femoral head, decrease stress on femoral neck, decrease effectivness of hip ABD
- If less than 125 degrees, called coxa cara
  - Decrease = shortened limb, decrease load on femoral head, increase stress on femoral neck, increase effectiveness of hip ABD





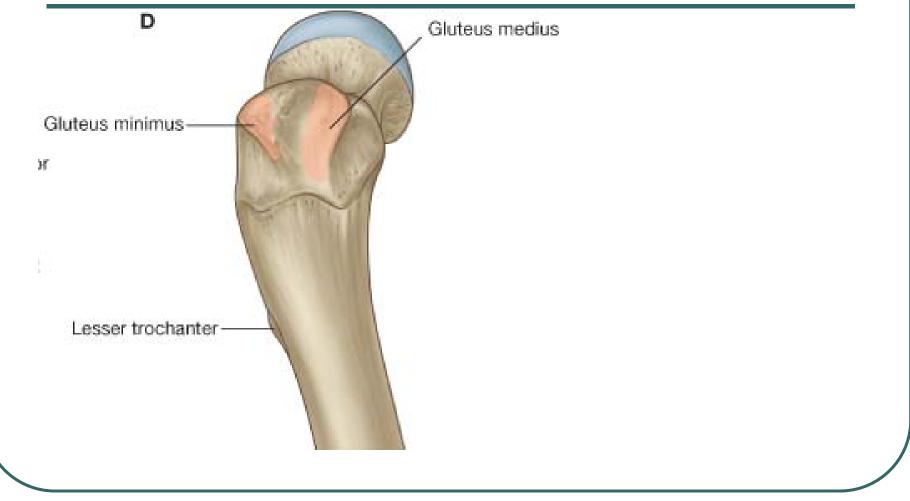
## Coxa Valga (L) v. Coxa Vara



## **Hip Angles**

- Angle of femoral neck in the transverse plane is termed anterversion
- Neck is rotated 12-14 degrees with respect to femur
- Increases the MA of the gluteus maximus making it a more effective hip external rotator
  - Excessive (beyond 14 degrees) to the anterior side means that the head of femur is uncovered – tends to dislocate, unstable hip
  - Decrease (less than 12 degrees) is called Retroversion, angle reversed and moved posteriorly

### Anterversion

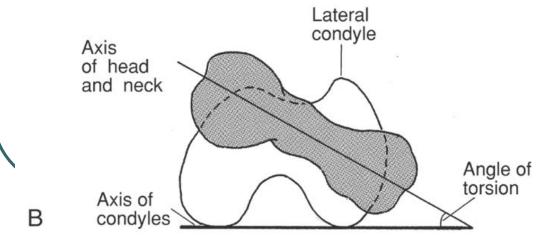


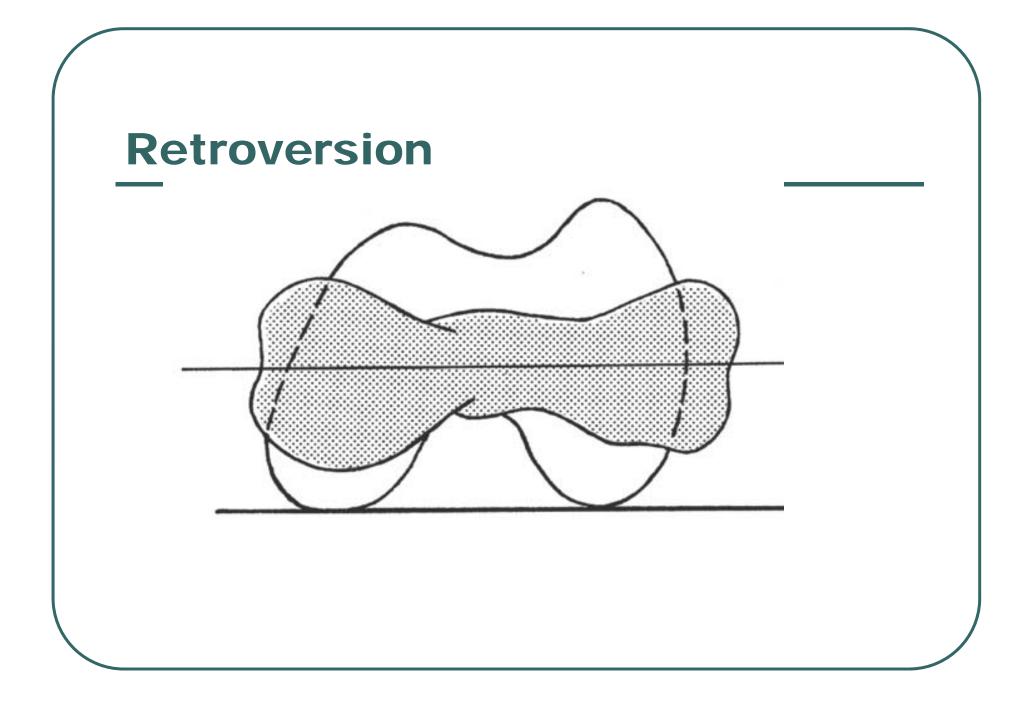
### **Anterversion - Normal**



## **Anterversion - Excessive**





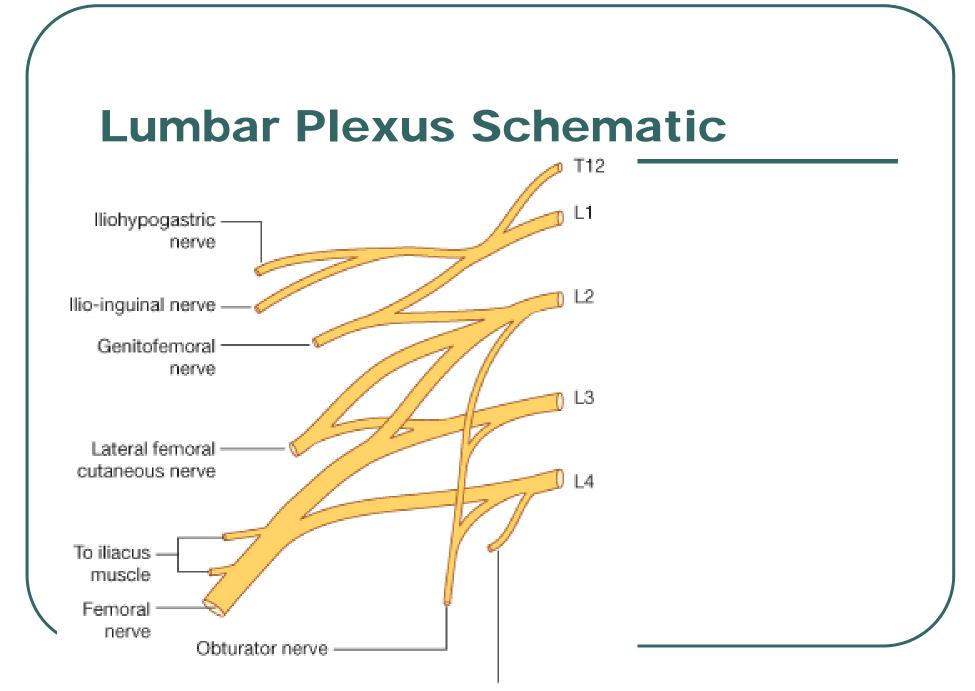


## Hip ROM

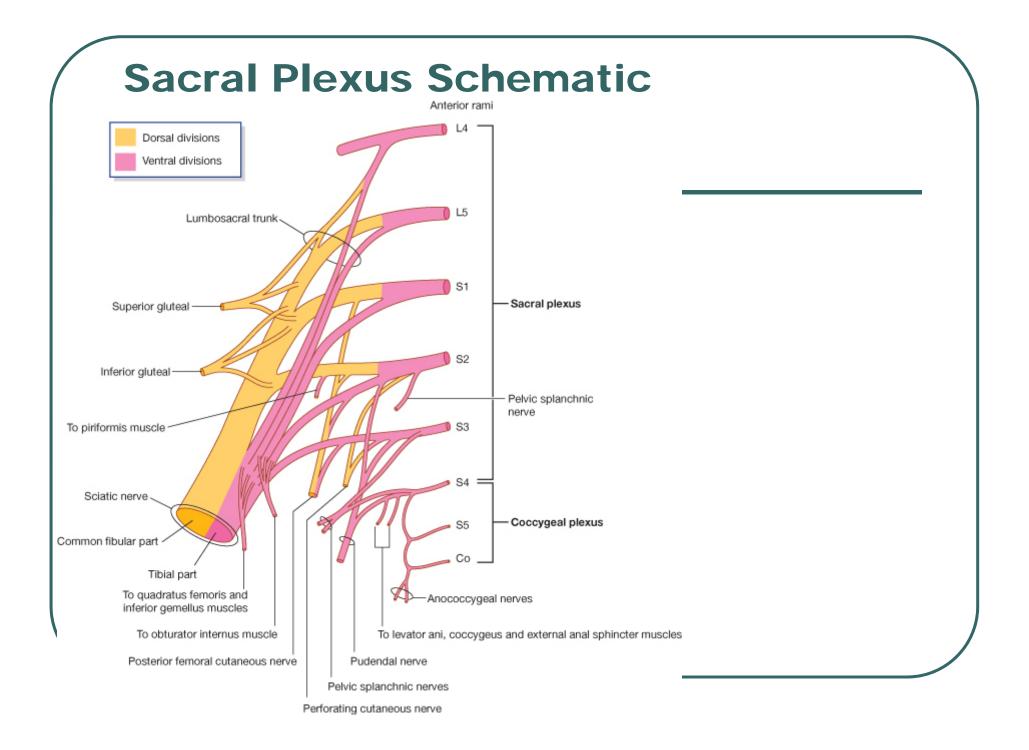
- 70-140 degrees of flexion 90 with knees extended, 125-140 with knees flexed
- 4-15 degrees of hyperextension (beyond anatomical position)
- Hyperextension is limited by anterior capsule, strong hip flexors, iliofemoral ligament
- ABD = about 30-50
- ADD = about 25 from anatomical position

## **Lumbo-Sacral Plexus**

- Two distinctly different plexi that are connected and serve the entire Hip and LE
- Lumbar from T12, L1, L2, L3, L4
- Sacral from L4, L5, S1, S2, S3, and S4
- Ventral rami, anterior and posterior divisions and terminal nerves

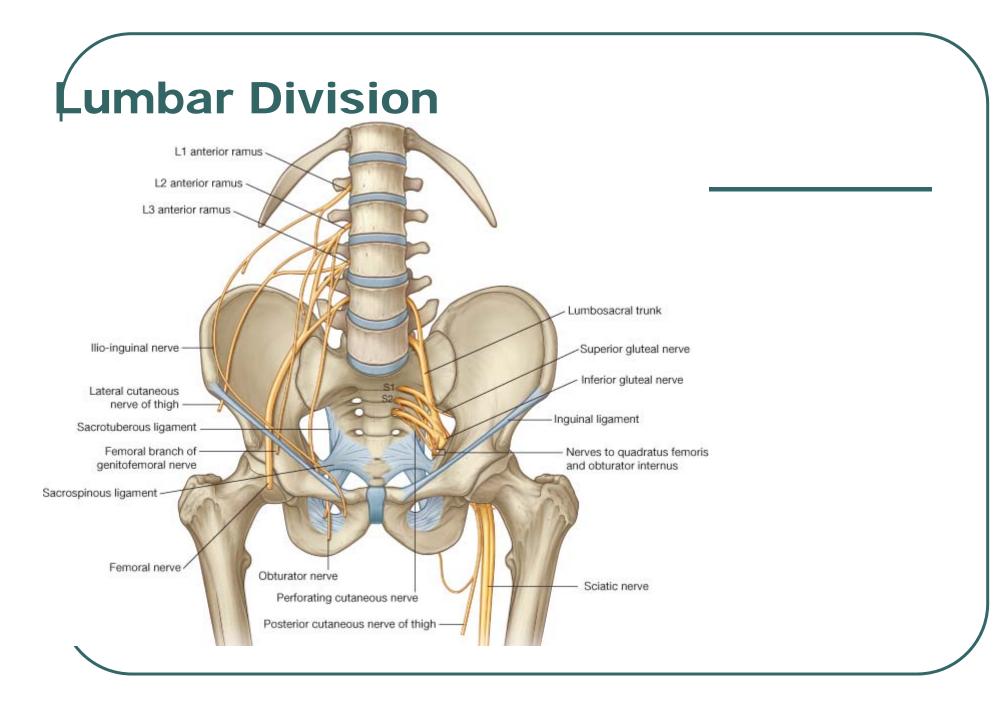


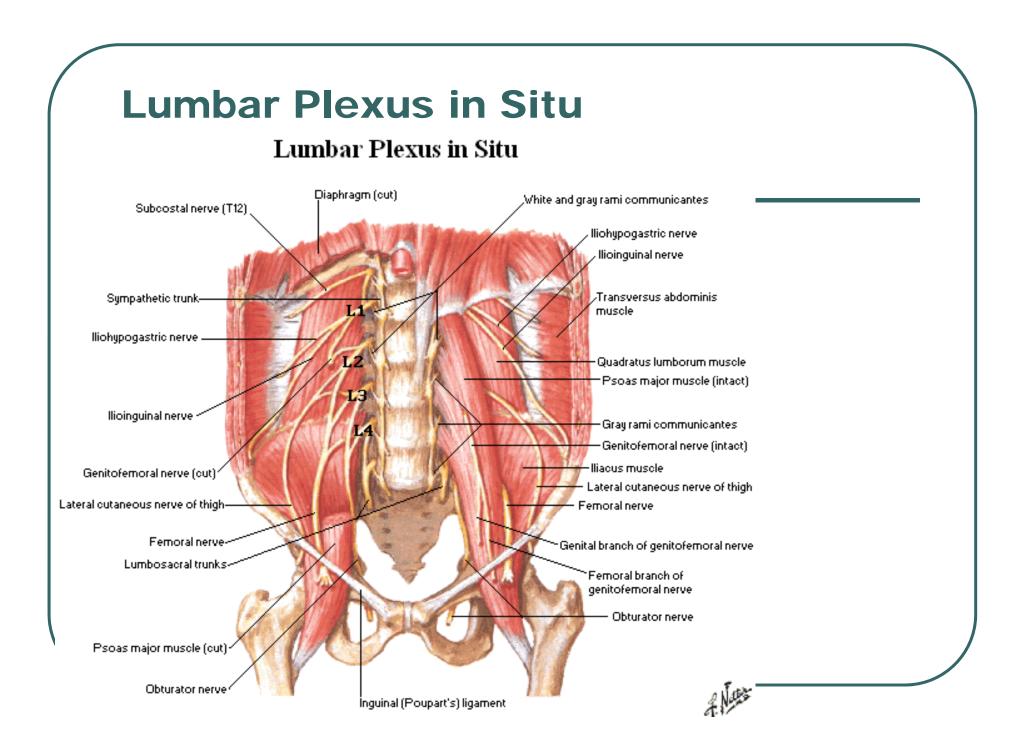
To lumbocaeral trunk



# Lumbar Division Ventral Rami from T12 to L5

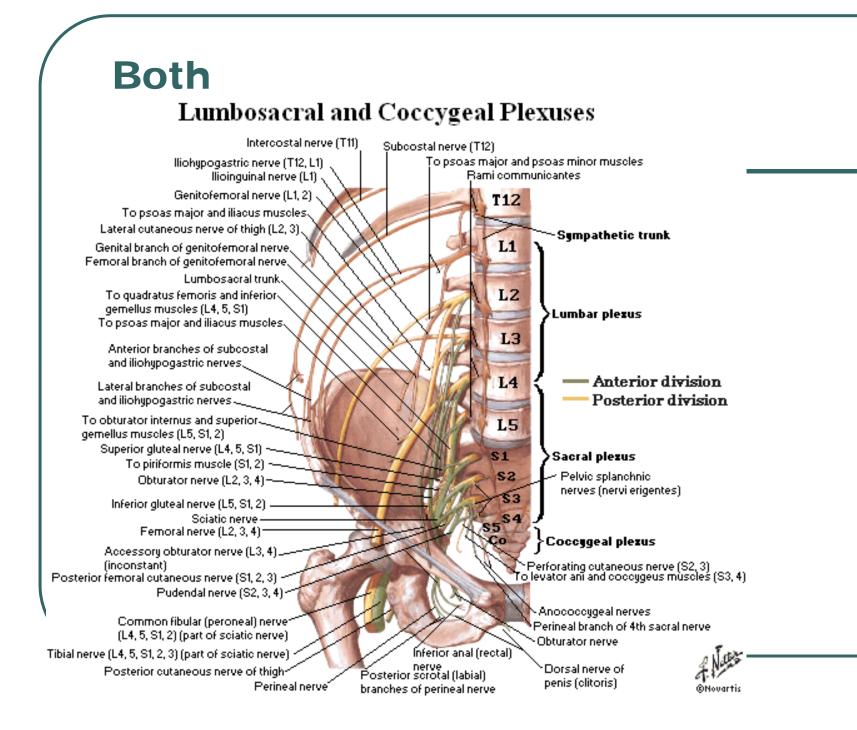
- Subcostal (T12)
- Iliohypogastric (T12,L1)
- Ilioinguinal (L1)
- Genitofemoral (L1, L2)
- Lateral Femoral Cutaneous (Post. Divisions L2,L3)
- Femoral (Posterior Division L2,L3,L4)
- Obturator (Anterior Division L2,L3,L4)
- Sacral Trunk (L4,L5)

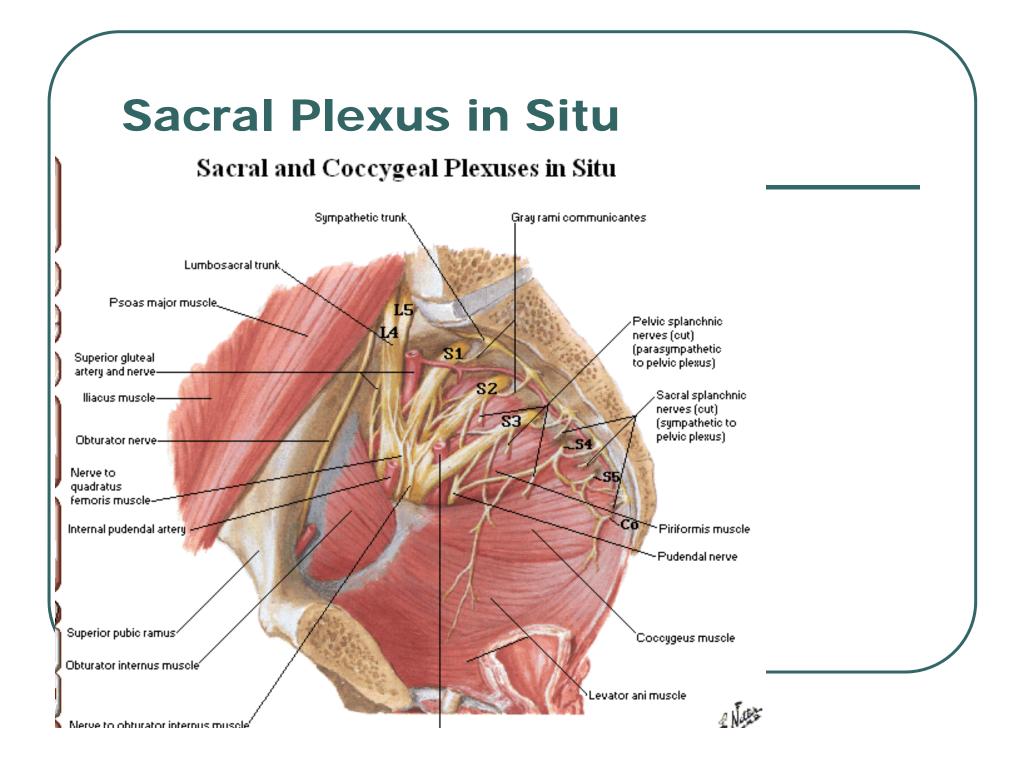


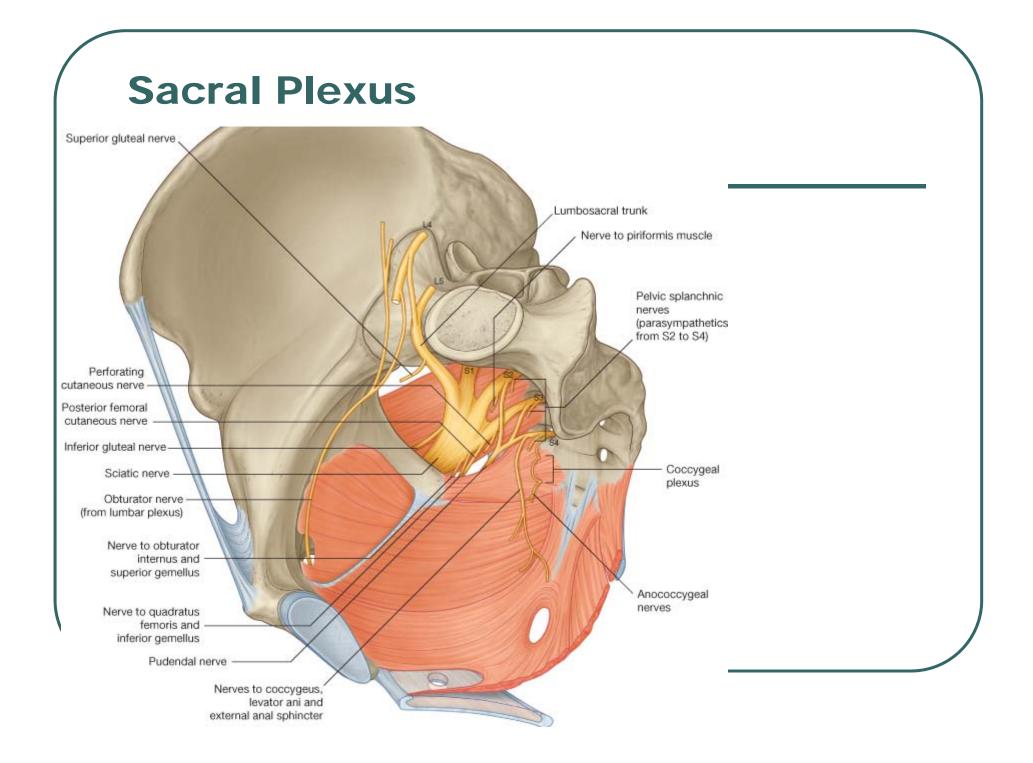


# Sacral Division Ventral Rami from L4 to S4

- Posterior Division Nerves
  - Superior Gluteal (L4,L5,S1)
  - Inferior Gluteal (L5,S1,S2)
  - Common Peroneal (L4,L5,S1,S2)
- Anterior Division
  - Tibial (L5,S1,S2,S3)
- Both Divisions
  - Posterior Femoral Cutaneous (S1.S2.S3)

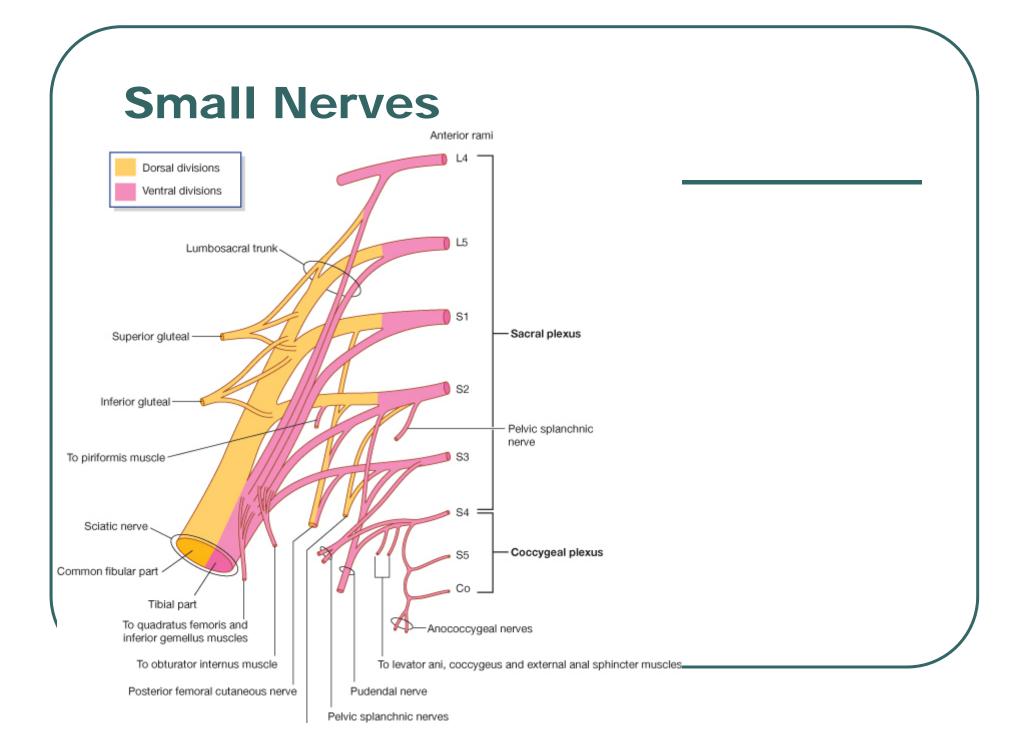


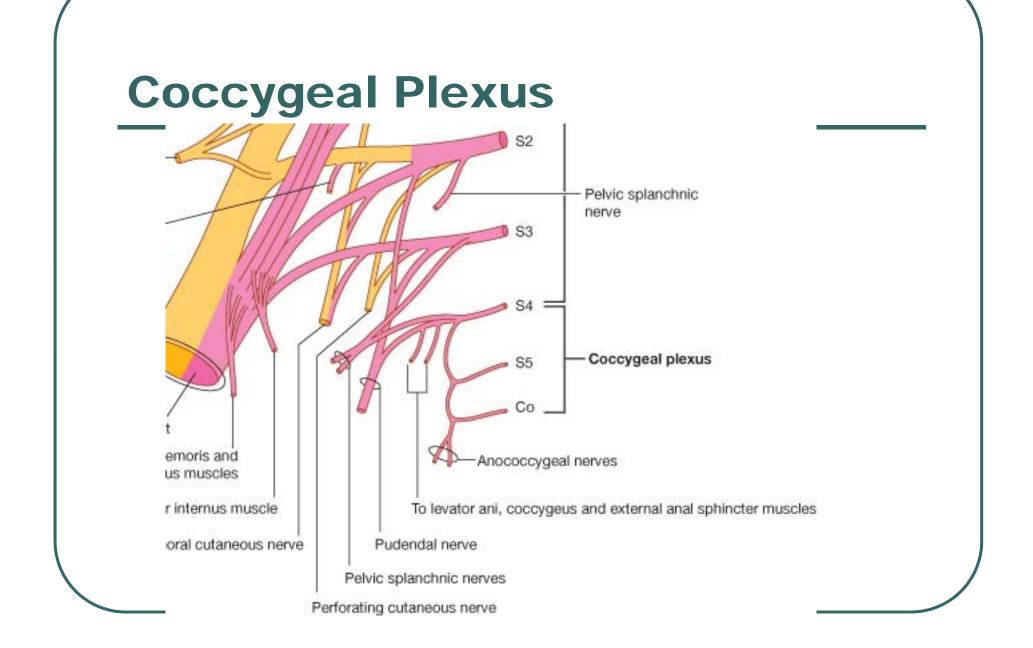


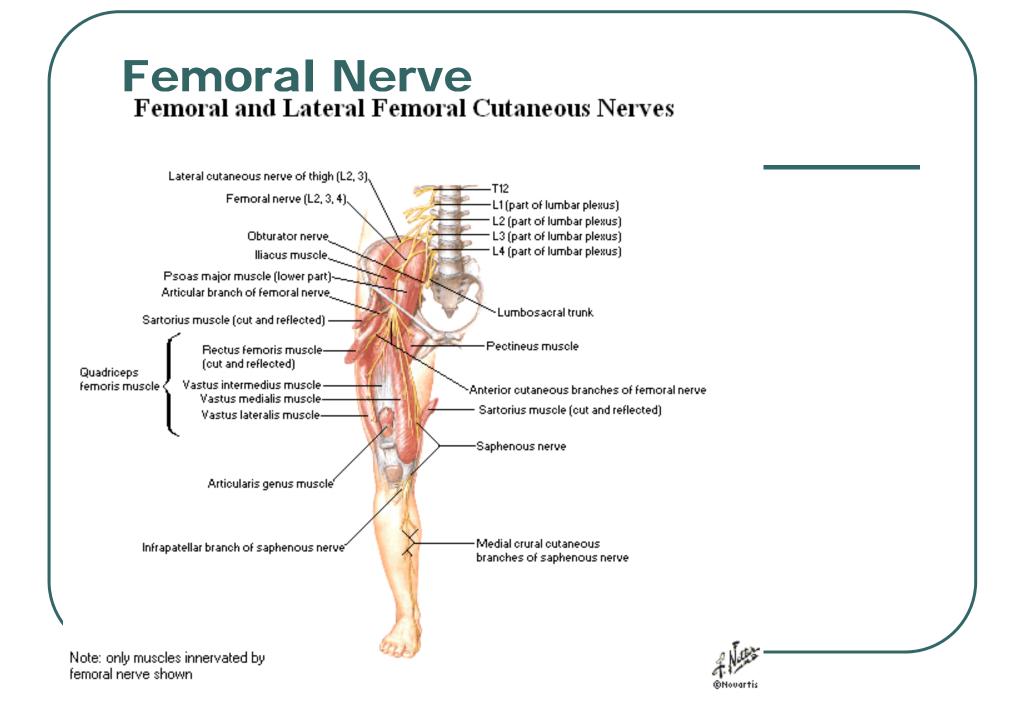


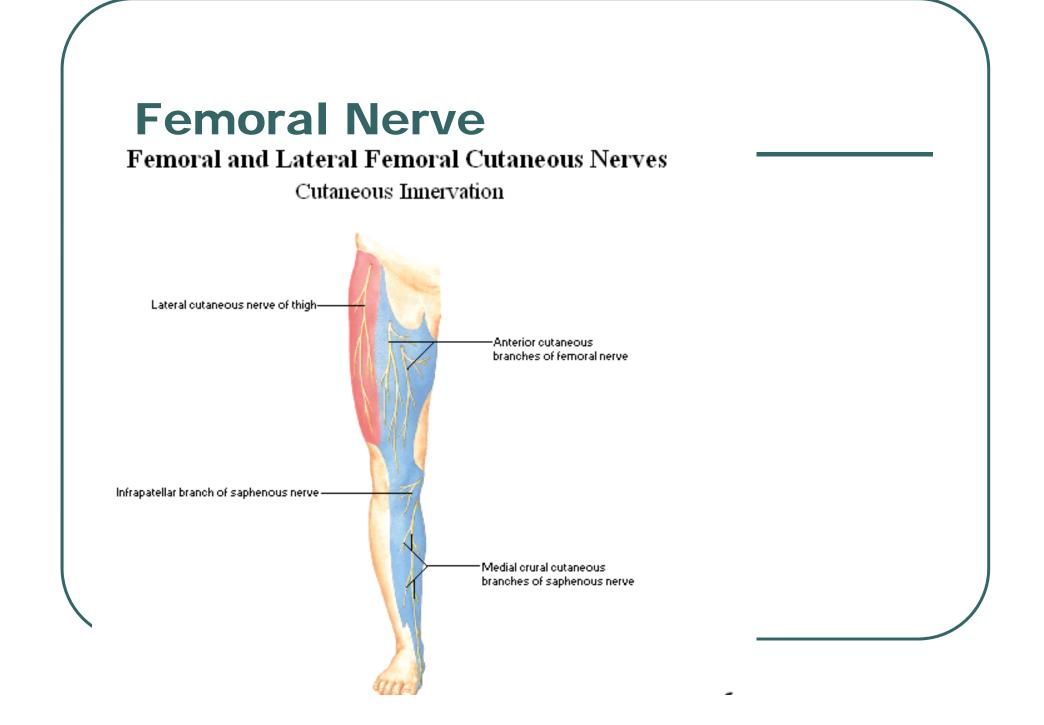
## **Small Nerves from Sacral Plexus**

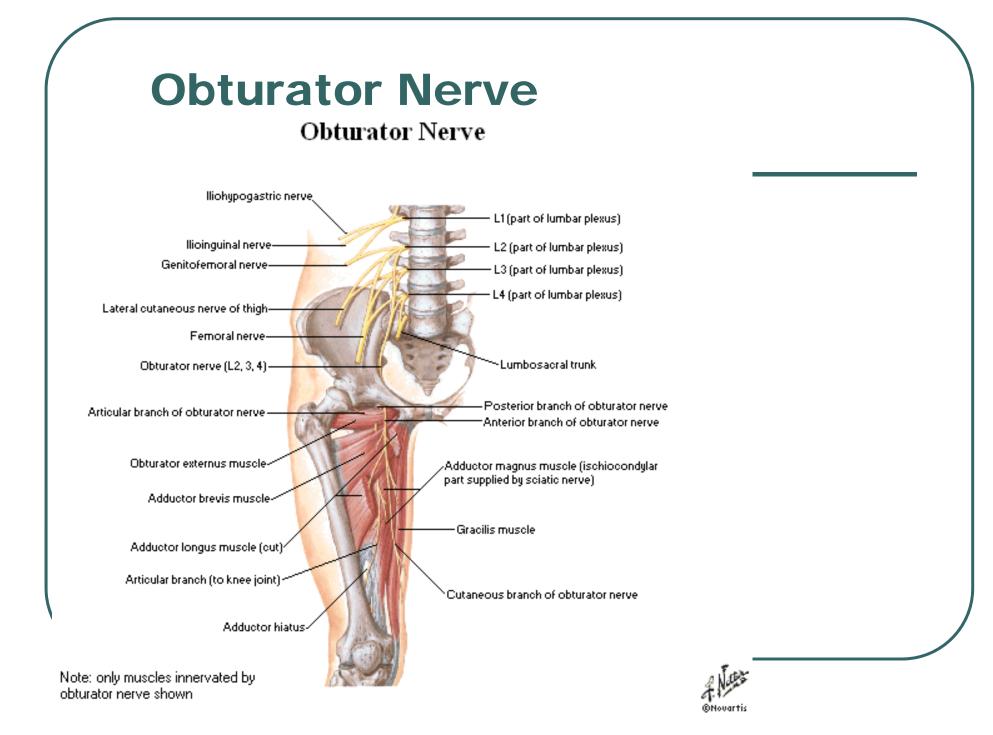
- Branch to Quadratus Femoris and Inferior Gemellus (L4,L5,S1) [ant. div.]
- Branch to Obturator Internus and Superior Gemellus (L5, S1, S2)
- Nerve to Piriformis (S1, S2) [post. div.]
- Pudenal Nerve (S3, S4)









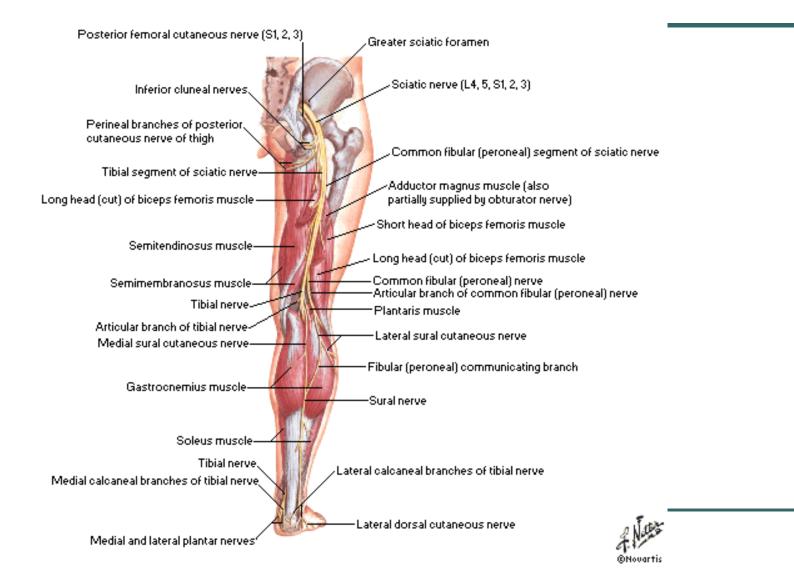


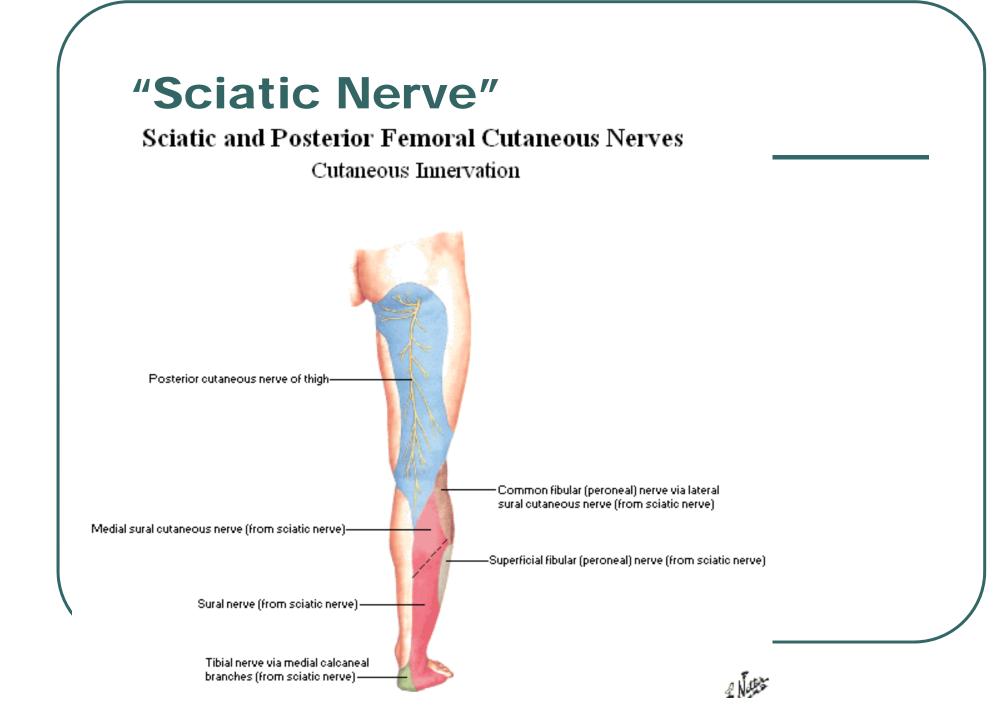
## **Obturator Nerve**

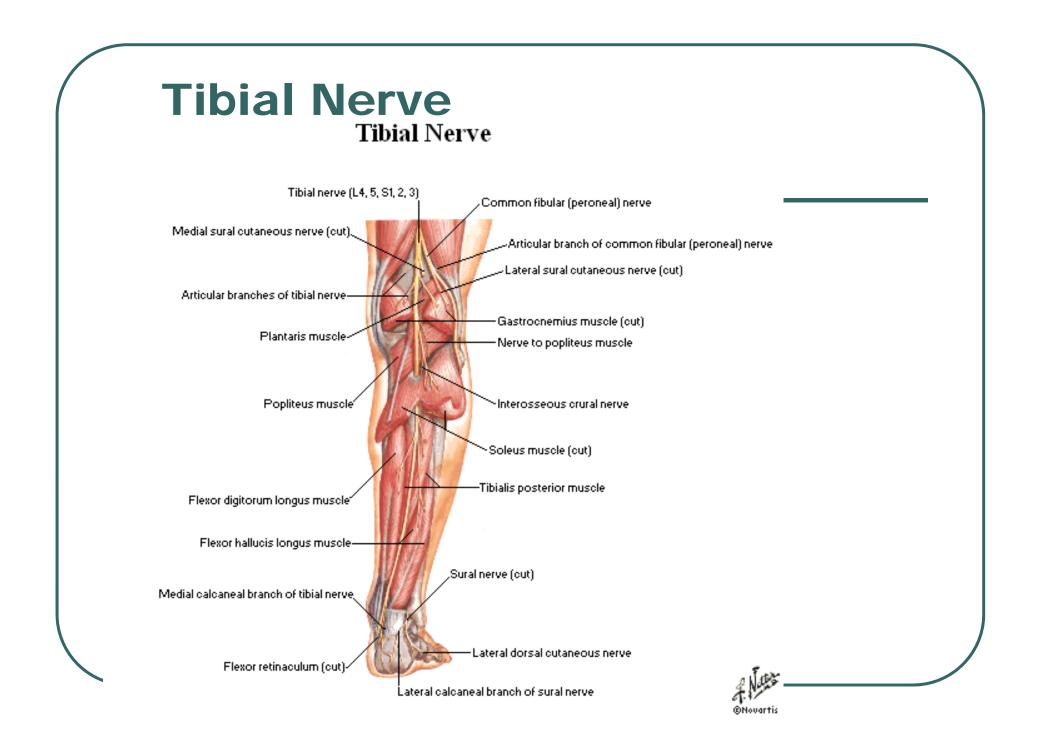
#### Obturator Nerve Cutaneous Innervation

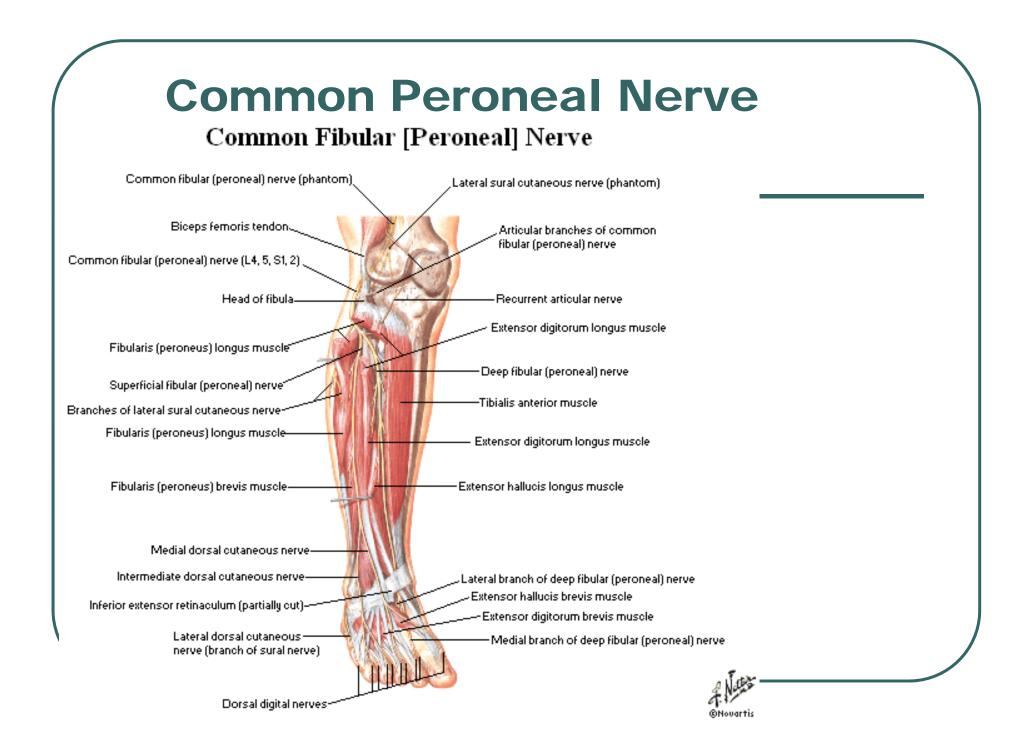


#### "Sciatic" Nerve Sciatic and Posterior Femoral Cutaneous Nerves





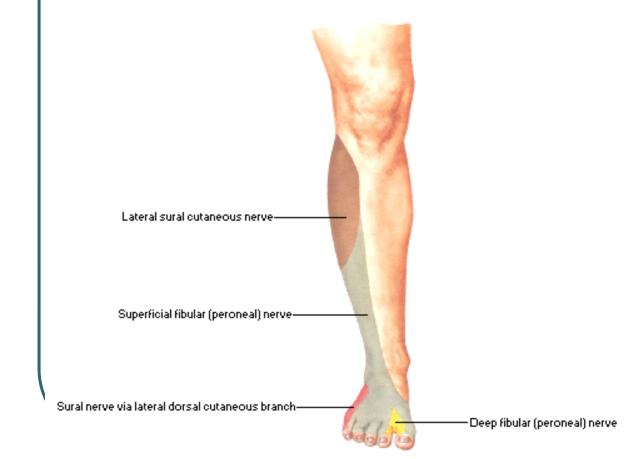


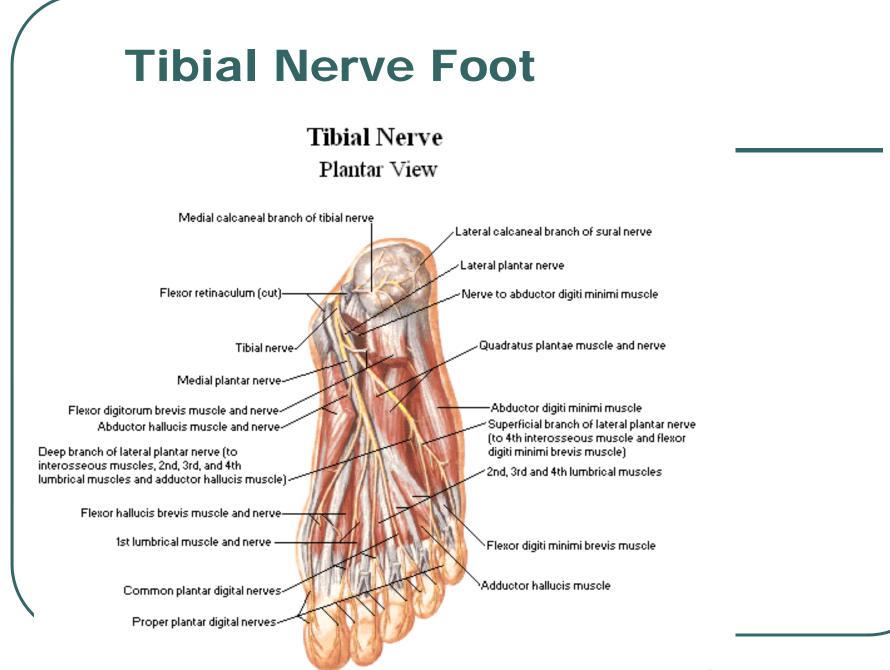


## **Common Peroneal Nerve**

#### Common Fibular [Peroneal] Nerve

Cutaneous Innervation





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