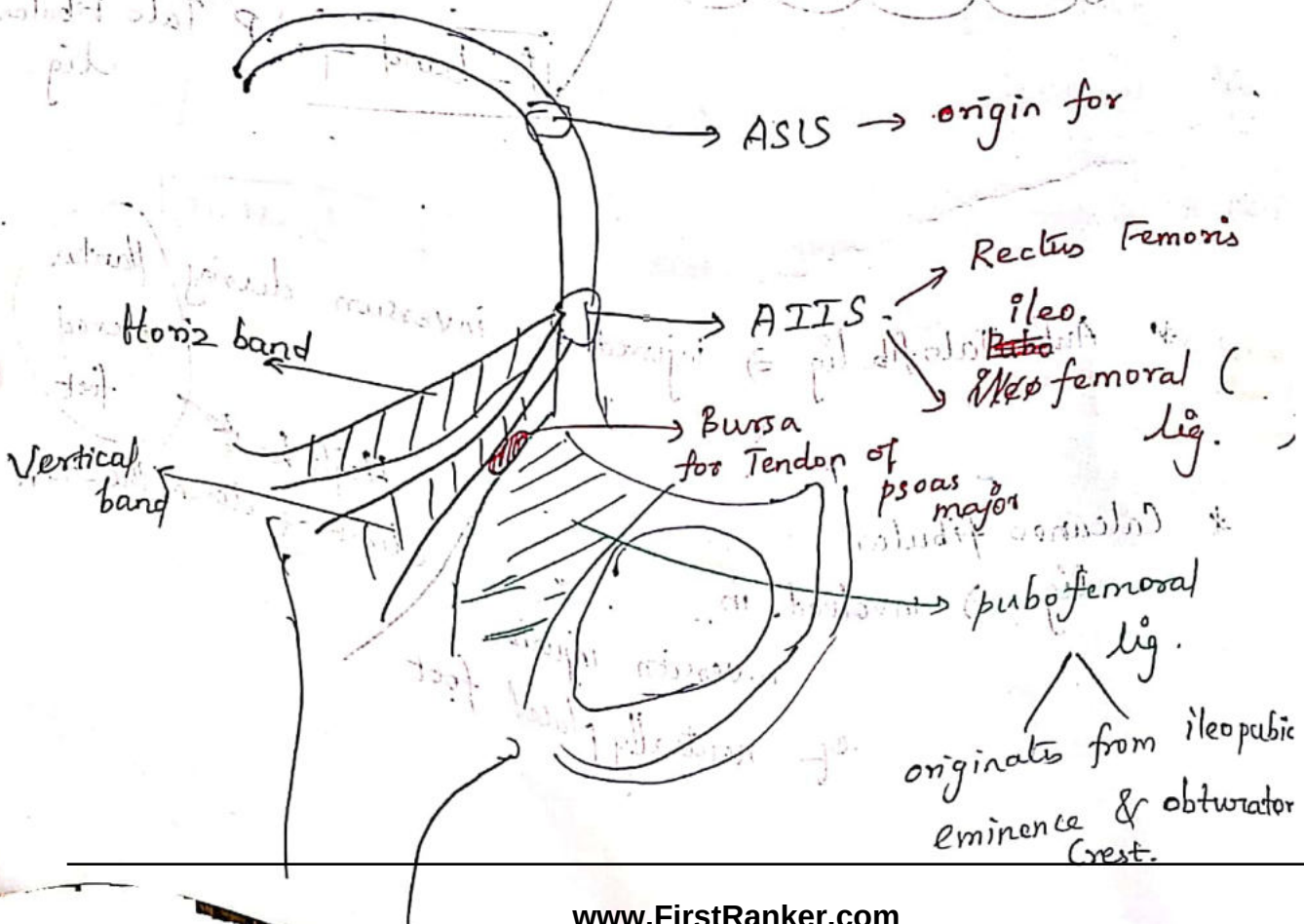
Differentiate b/w 'A' & 'P' view of Hip Jt

'A' view ⇒ Neck of femur not visible bcoz Capsule of Hip Jt extends & attaches upto intertrochanteric line.

'P' view ⇒ Neck of Femur is visible ✓

* Obturator Externus:

- originates from outer part of obt. memb. and inserts into Trochanteric fossa
- pierced by PD of obturator n/v.



3 lig of hip joint:

- pubofemoral lig.
- iliofemoral lig. (Y-lig of Bigelow → strongest.
- ischiofemoral lig → weakest

Note:

which lig prevents the Trunk from falling back during standing Erect ?

⇓

Iliofemoral lig / Y-lig of Bigelow.

Horiz band ⇓ both : originates from AIIS & inter Trochanteric line

Vertical band. ⇓

Struc. b/n pubofemoral lig & iliofemoral lig is. Bursa for Tendon of psoas major.

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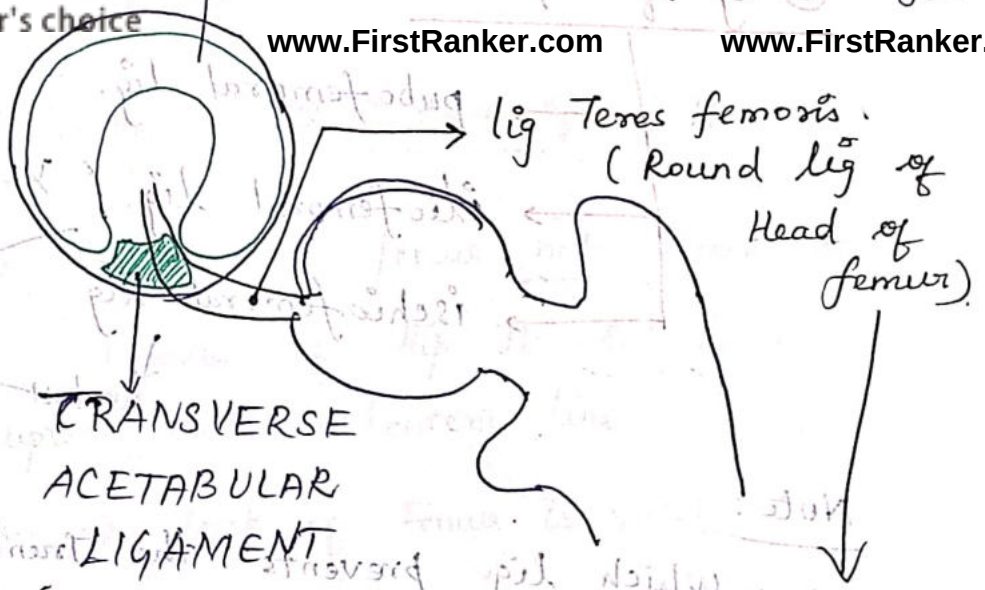
post view

→ Ischiofemoral lig,

⇓

its fibres go ant. & contribute to "ZONA ORBICULARIS"

Acetabular labrum (Fibro Cartilage).



Note:

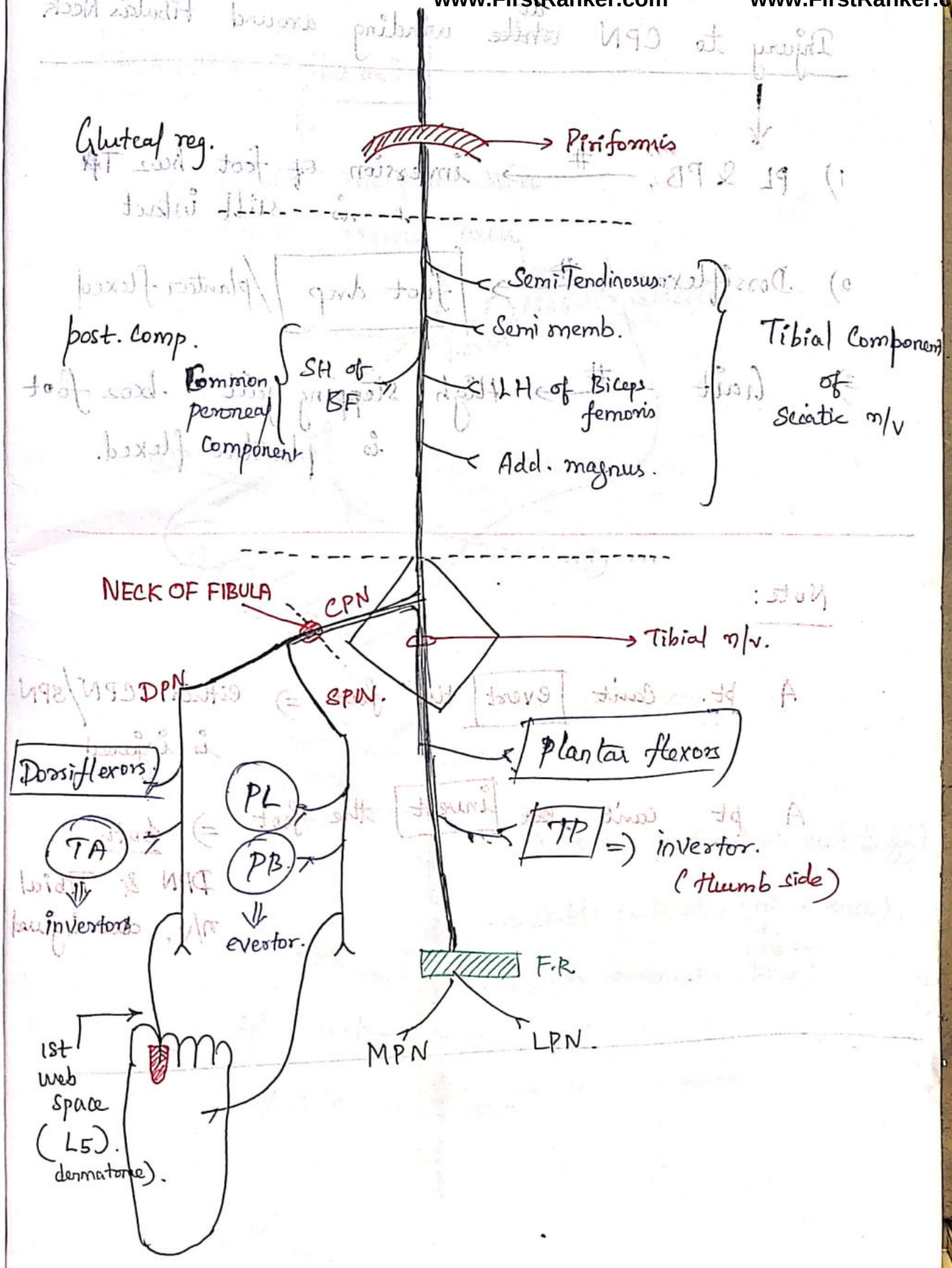
Acetabular labrum & Transv. acetabular lig

both are Continuous bcoz

⇓

labrum is made of fibro cartilage ie) fibres along with chondrocytes whereas lig is fibres alone without Chondrocytes

Sciatic n/v (L_4, L_5, S_1, S_2, S_3)



Injury to CPN at ~~whole~~ winding around Fibula's Neck

1) PL & PB $\xrightarrow{\#}$ inversion of foot bcoz TP is still intact

2) Dorsiflexors $\xrightarrow{\#}$ foot drop /plantar flexed

3) Gait $\xrightarrow{\#}$ High stepping gait bcoz foot is plantar flexed.

Note:

A pt. can't evert the foot ⇒ either CPN/SPN is injured

A pt can't ~~the~~ invert the foot ⇒ both DPN & Tibial n/v. are injured

GSV – Great Saphenous Vein

Formative Tributaries

① Medial marginal vein.
② Dorsal venous arch