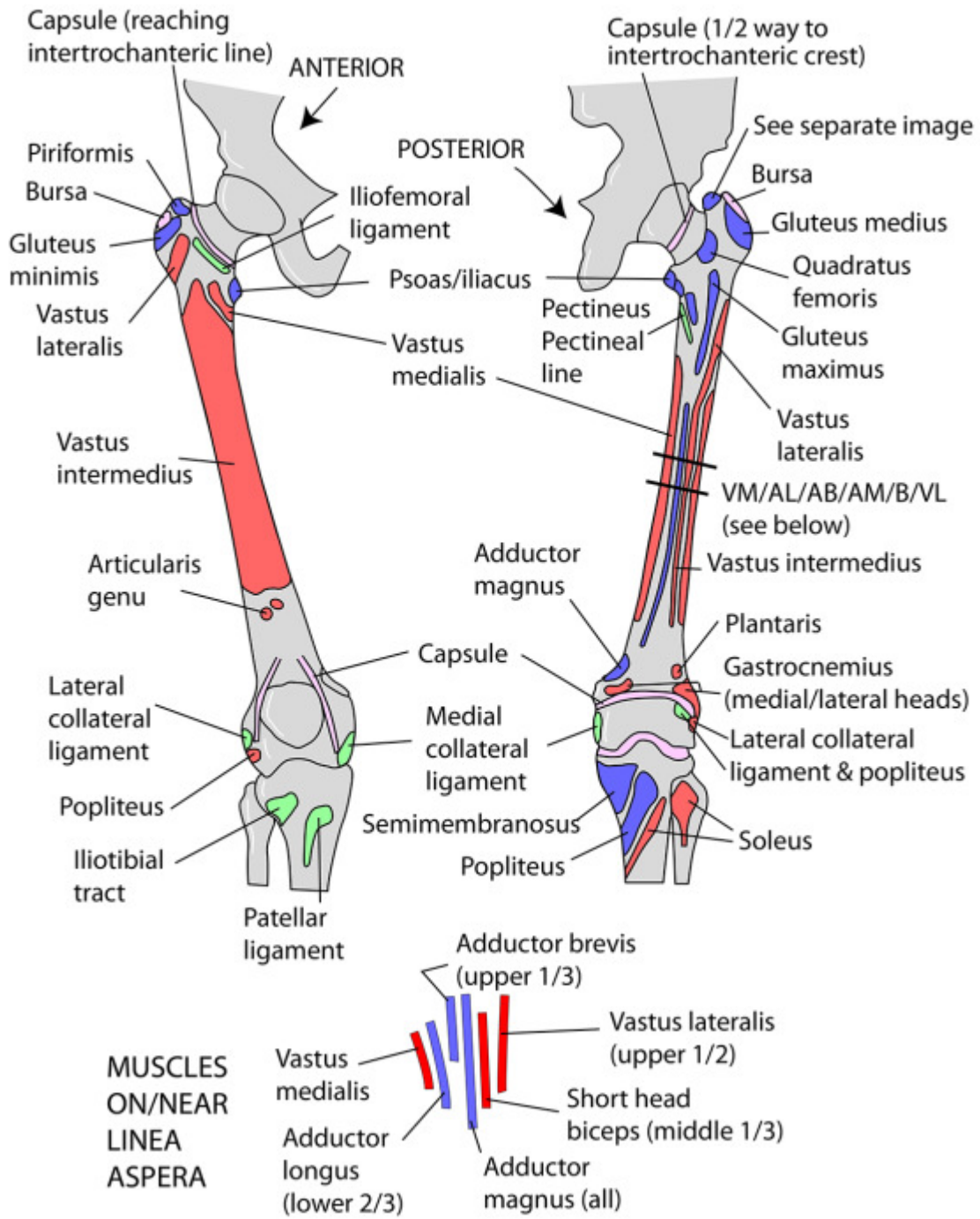


The Knee Joint

**ATTACHMENTS TO RIGHT FEMUR 1**



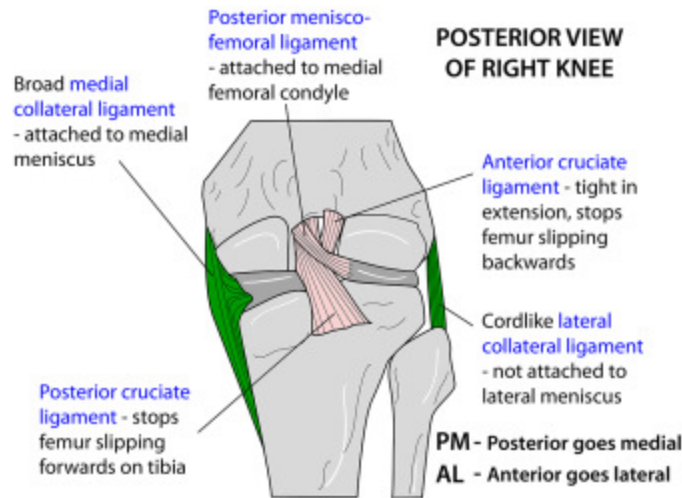
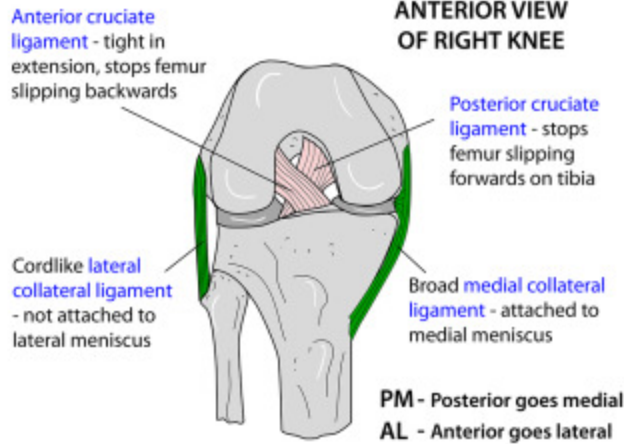
### KNEE JOINT 3

#### ANTERIOR CRUCIATE LIGAMENT

From: Anterolateral tibia  
 To: Posterior on medial side of lateral femoral condyle  
 Limits: Extension & anterior draw & is taut on locking  
 Test: Pull tibia forwards on femur

#### POSTERIOR CRUCIATE LIGAMENT

From: Posteromedial tibia  
 To: Anterior on lateral side of medial femoral condyle  
 Limits: Posterior slide of tibia on femur.  
 Used: Down stairs & on hills  
 Test: Push tibia back on femur



### DRAWER TEST



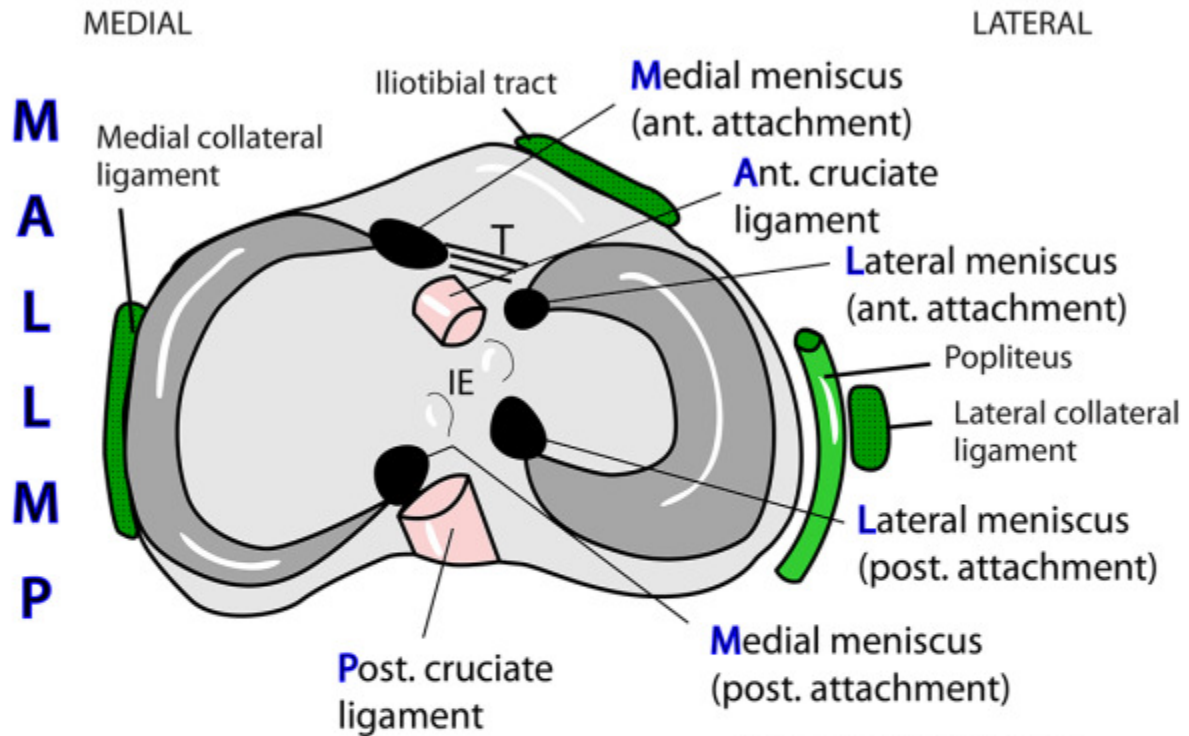
#### DRAWER TEST

Positive posterior drawer test showing a ruptured posterior cruciate ligament.  
**BUT beware - if the dip below the patella is not noticed this might appear as a false positive anterior drawer test when the tibia is pulled anteriorly**

## KNEE JOINT 2

### ORDER OF STRUCTURES ON TIBIAL PLATEAU (anterior to posterior)

UPPER SURFACE OF RIGHT TIBIA



T = Transverse ligament  
IE = Intercondylar eminence with medial & lateral intercondylar tubercles

#### MENISCI

Liable to tears when flexed knee is twisted

Function: transfers forces, keep bones together, helps locking

#### MEDIAL MENISCUS

- Wider C
- Medial lip slopes up
- Attaches as shown but also to medial collateral ligament
- More liable to damage than lateral meniscus

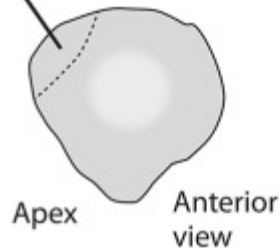
#### LATERAL MENISCUS

- Smaller, tighter C
- Lateral lip slopes down
- Not attached to lateral collateral ligament
- Attached as shown
- Lightly attached to popliteus & is retracted by it on flexion

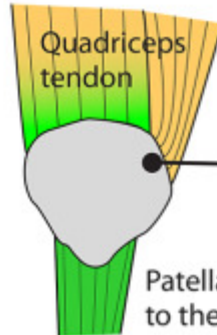
## RIGHT PATELLA

Largest sesamoid bone in body  
Mobile from side to side

Upper lateral part  
is site of bipartite  
patella



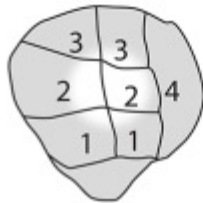
Anterior/posterior  
is obvious



Lateral/posterior surface  
is: Larger, longer, more  
steeply sloped

Posterior view

### ARTICULATION WITH FEMUR



1. In extension
2. In slight flexion
3. In flexion
4. In full flexion

Lateral Medial

### OSSIFICATION

Several centres between 3 & 6 years that fuse at puberty (they appear as child starts running). Sometimes a separate centre superior/lateral at 6 years - fuses at puberty

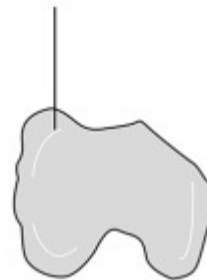
Deviation from the vertical (the tibia) to a line along the femur (pull of quadriceps). Wider the pelvis, the greater Q angle ( $F > M$ )  
Offset tends to pull patella laterally. 3 factors avoid dislocation



1. Insertion of lower fibres of vastus medialis into medial side of patella

2. Stronger medial retinacular fibres of knee capsule

3. More anteriorly protuberant lateral condyle of lower femur. Note that lateral condyle is smaller than medial one but it protrudes further anteriorly



### THE Q ANGLE AND PATELLA DISLOCATION

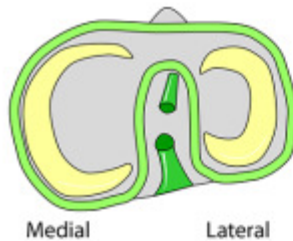


## KNEE JOINT 6

### BURSAE AND SYNOVIUM

Synovium lines the inside of the capsule and is attached to the bony edges. It extends into the suprapatellar bursa. The cruciate ligaments and popliteus tendon lie outside it (see figure below)

Tibial plateau showing attachment of synovium to its edges. The cruciate ligaments lie outside it but the menisci within it

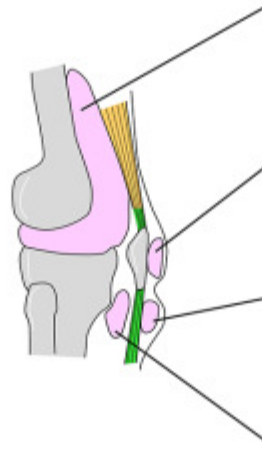


Suprapatellar bursa.  
Extension of synovium of knee joint

Prepatellar bursa  
(Housemaid's)

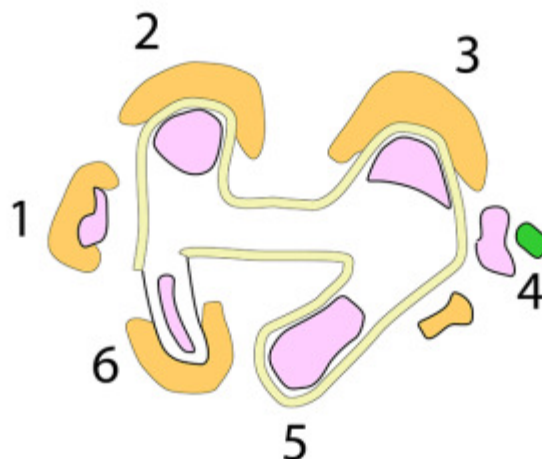
Superficial infrapatellar bursa  
(Clergyman's)

Deep infrapatellar bursa



### Bursae associated with tendons and muscles

1. Under sartorius, gracilis, semitendinosus
2. Under medial head of gastrocnemius (often into joint)
3. Under lateral head of gastrocnemius (sometimes into joint)
4. Under lateral collateral ligament
5. Under popliteus (into joint)
6. Under semimembranosus

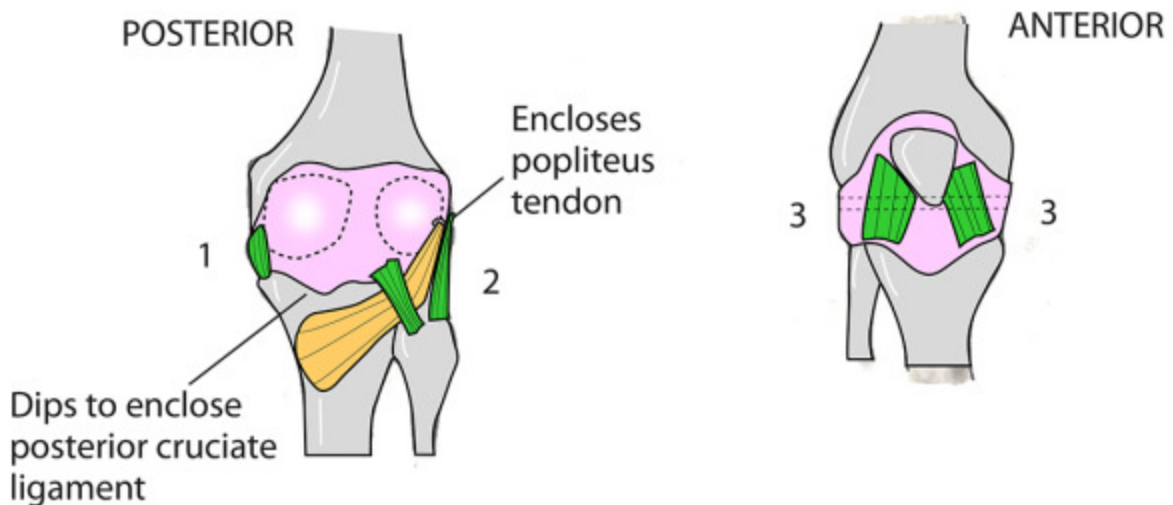


# KNEE JOINT 4

## RIGHT CAPSULE

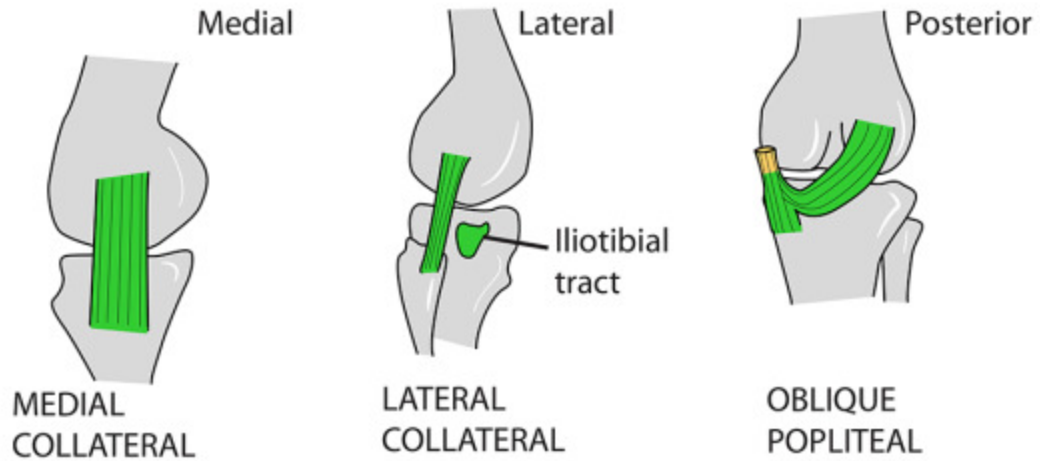
Capsule is attached to the bony margins of the tibia and femur  
It has several thickenings shown below called internal ligaments

1. Thickened medially to make the **Short Internal (medial) Ligament** which attaches to medial collateral ligament outside & to the medial meniscus inside as the **coronary ligaments**
2. **Arcuate Popliteal Ligament**. This is Y shaped and the lateral part of it is often known as the **Short External (lateral) ligament**. Popliteus tendon passes medially to it
3. **Medial and lateral Patellar Retinacular Fibres**. These reinforce the capsule anteriorly. The medial ones are important as they help to prevent the patella dislocating laterally



## KNEE JOINT 5

### LIGAMENTS OF RIGHT KNEE



- Broad, long, thick, strong
- Attached to capsule & medial meniscus
- Limits full extension & thus aids locking

- Thick, cordlike.
- Not attached to joint structures.
- Limits full extension & thus aids locking

- Upward extension of semimembranosus tendon.
- Limits extension & thus aids knee locking

#### NOTE

- Knee is largest joint in body
- It is a modified hinge joint
- The line of the body weight is anterior to the knee

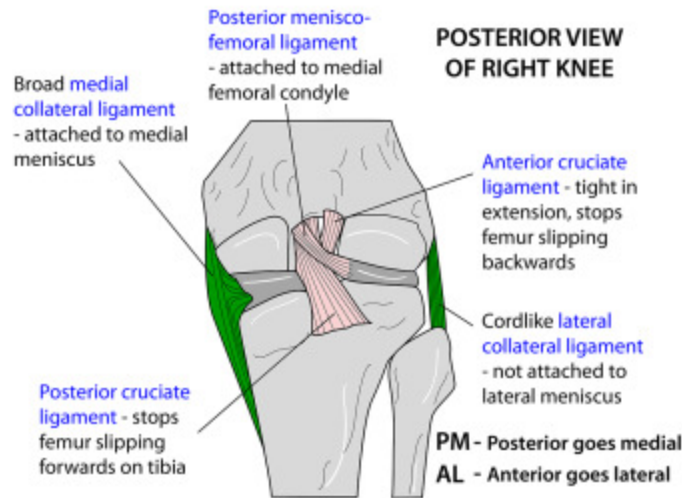
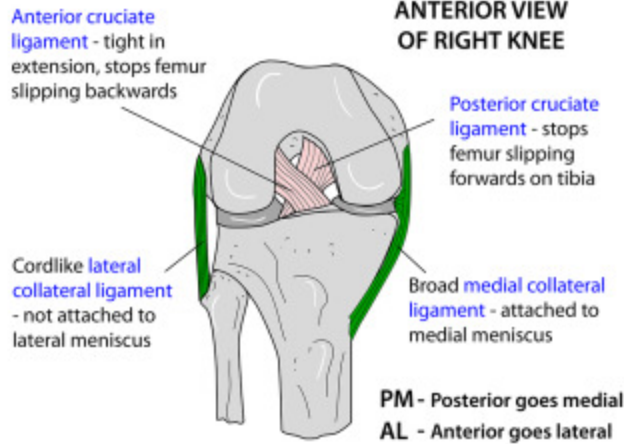
### KNEE JOINT 3

#### ANTERIOR CRUCIATE LIGAMENT

From: Anterolateral tibia  
 To: Posterior on medial side of lateral femoral condyle  
 Limits: Extension & anterior draw & is taut on locking  
 Test: Pull tibia forwards on femur

#### POSTERIOR CRUCIATE LIGAMENT

From: Posteromedial tibia  
 To: Anterior on lateral side of medial femoral condyle  
 Limits: Posterior slide of tibia on femur.  
 Used: Down stairs & on hills  
 Test: Push tibia back on femur



### DRAWER TEST



#### DRAWER TEST

Positive posterior drawer test showing a ruptured posterior cruciate ligament.  
**BUT beware - if the dip below the patella is not noticed this might appear as a false positive anterior drawer test when the tibia is pulled anteriorly**



# KNEE JOINT 7

## BLOOD & NERVE SUPPLY, MOVEMENTS

### BLOOD SUPPLY

Genicular arteries

- Popliteal gives: Superior (medial and lateral)  
Middle  
Inferior (medial and lateral)
- Femoral gives: Descending branch from profunda

### NERVES

- Posterior division of obturator
- Femoral
- Sciatic (both parts)

### MOVEMENTS

Flexion: Semimembranosus, semitendinosus, biceps, gracilis, sartorius (gastrocnemius, plantaris, popliteus)

Extension: Quadriceps femoris, iliotibial tract (gluteus maximus, tensor fasciae latae)

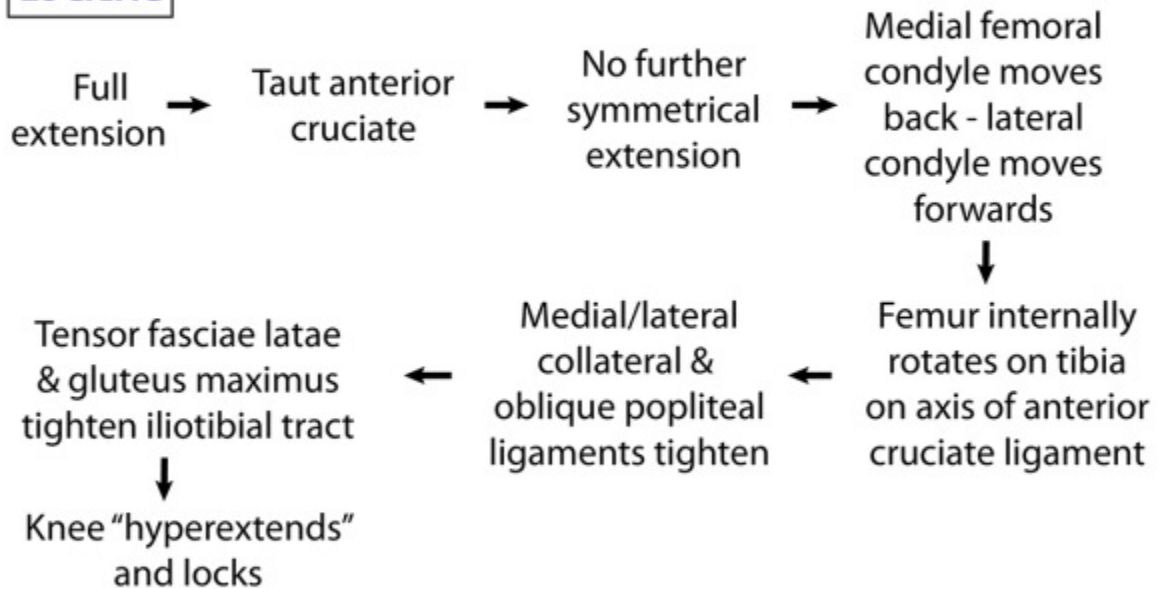
Internal rotation (with knee flexed): Semimembranosus, semitendinosus, gracilis, sartorius

External rotation (with knee flexed): Biceps

# KNEE JOINT 8

## PHYSIOLOGICAL LOCKING OF KNEE

### LOCKING



### UNLOCKING

