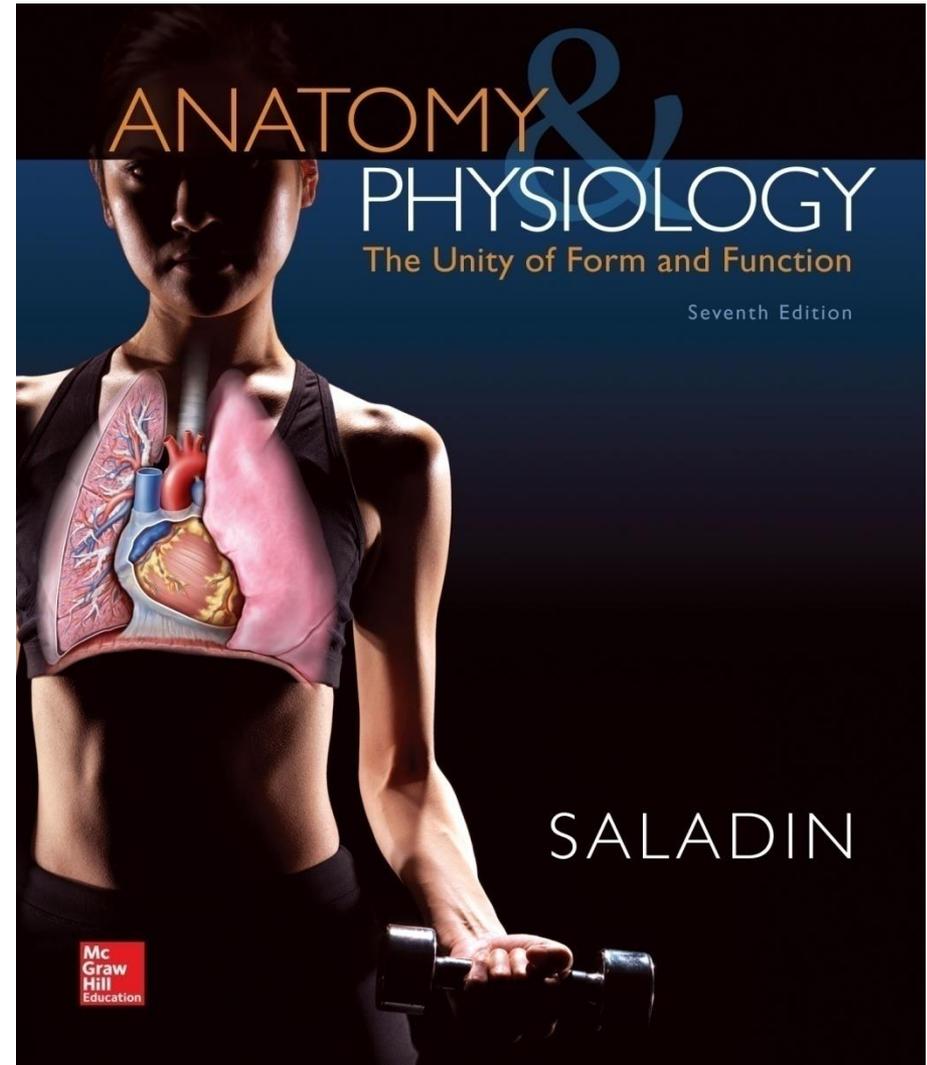


# HUMAN ATLAS: THE MUSCULAR SYSTEM



# The Muscular System

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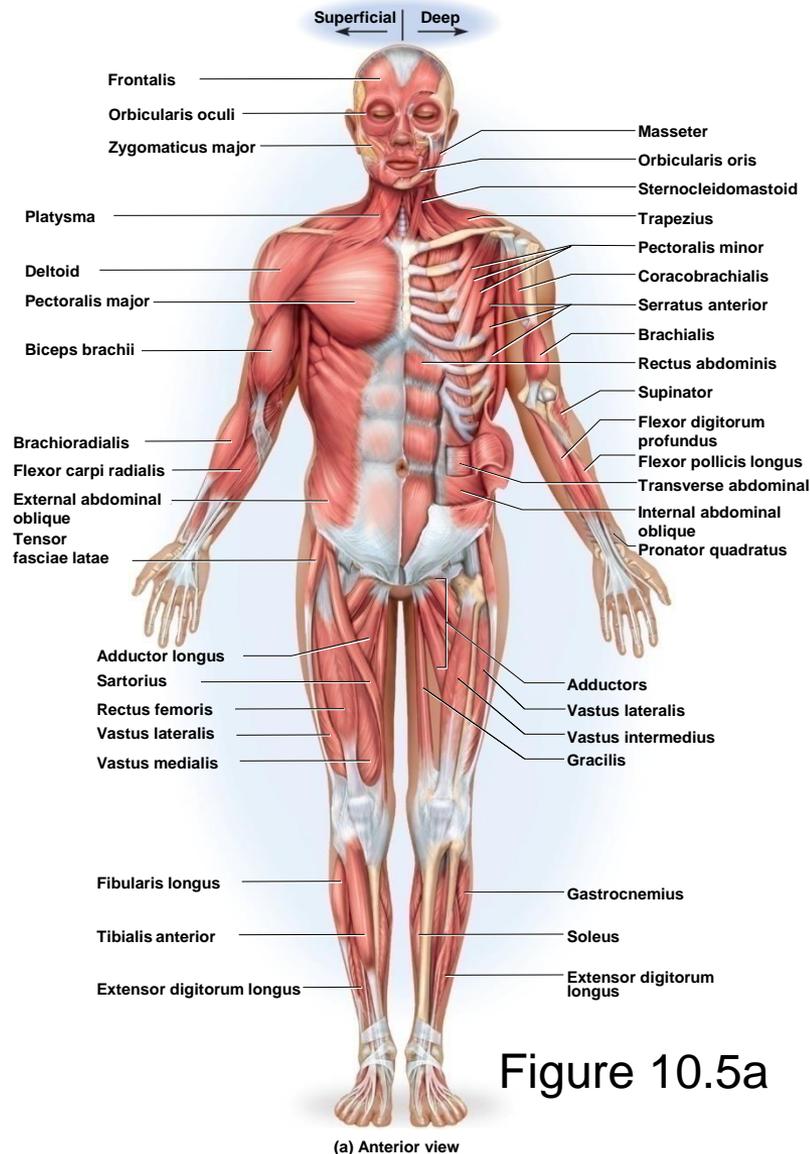


Figure 10.5a

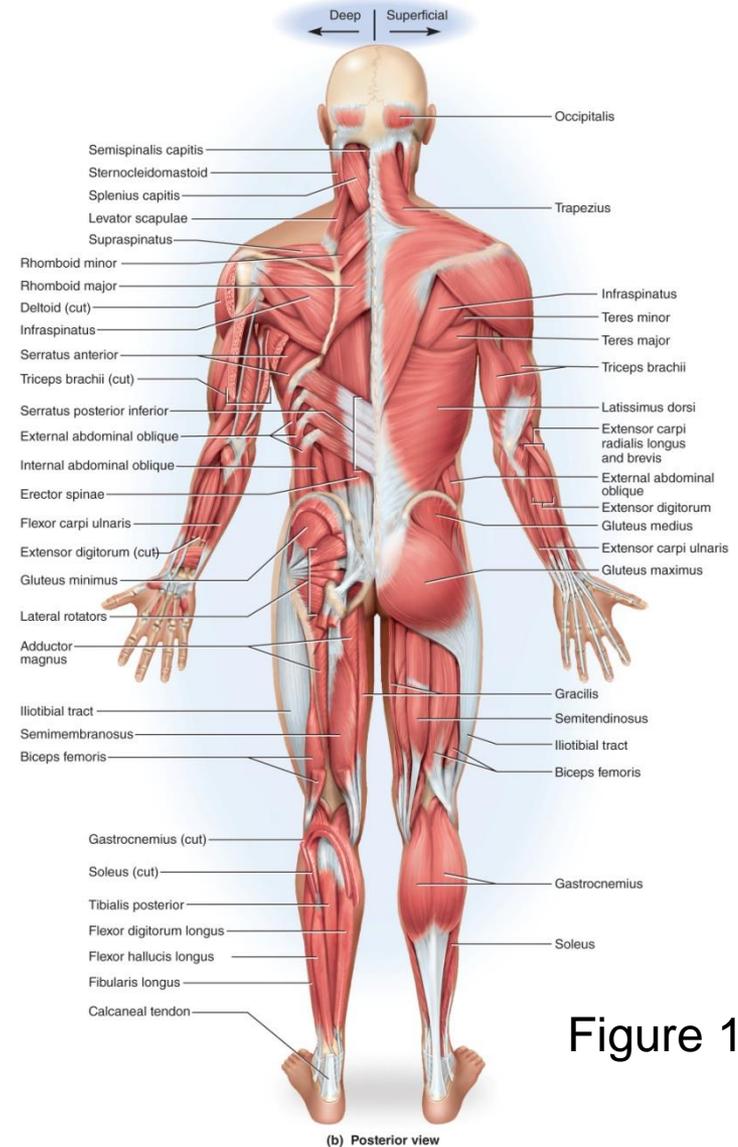


Figure 10.5b

# A Learning Strategy

- **Examine models, cadavers, dissected animals, or a photographic atlas**
- **Palpate muscles on yourself if possible**
- **Locate origins and insertions of muscles on an articulated skeleton**
- **Study derivation of each muscle name**
  - Usually describes the muscle's location, appearance, origin, insertion, or action
- **Say the names aloud to yourself or study partner, and spell them correctly**

# Muscles of the Head and Neck

- **Expected Learning Outcomes**
  - Name and locate the muscles that produce facial expression.
  - Name and locate the muscles used for chewing and swallowing.
  - Name and locate the neck muscles that move the head.
  - Identify the origin, insertion, action, and innervation of any of these muscles.

# **Muscles of Facial Expression**

- **Muscles that insert in the dermis and subcutaneous tissues**
- **Tense the skin and produce facial expressions**
- **Innervated by facial nerve (CN VII)**
- **Paralysis causes face to sag**
- **Found in scalp, forehead, around the eyes, nose, and mouth, and in the neck**

# Muscles of Facial Expression

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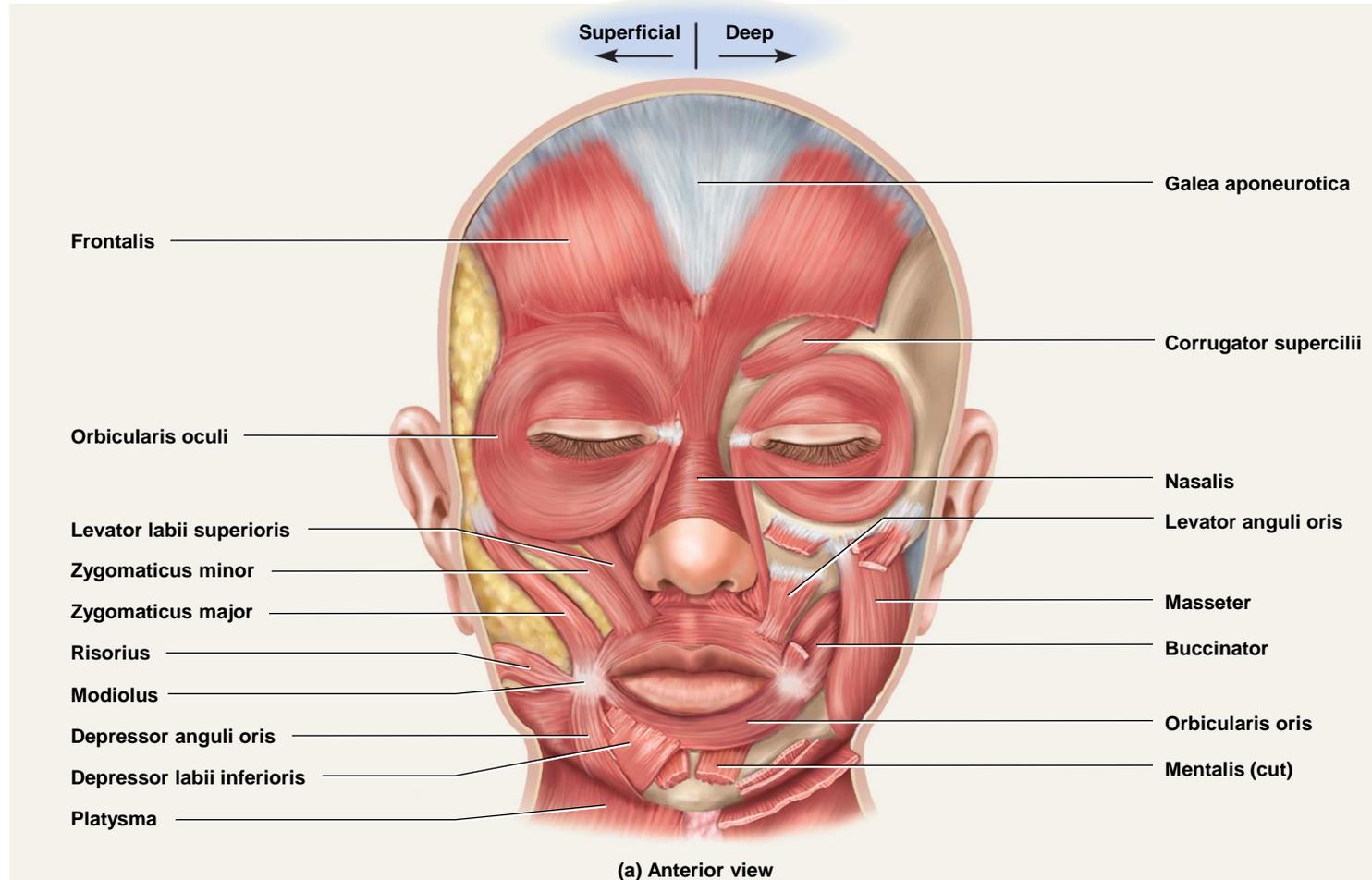


Figure 10.8a

# Muscles of Facial Expression

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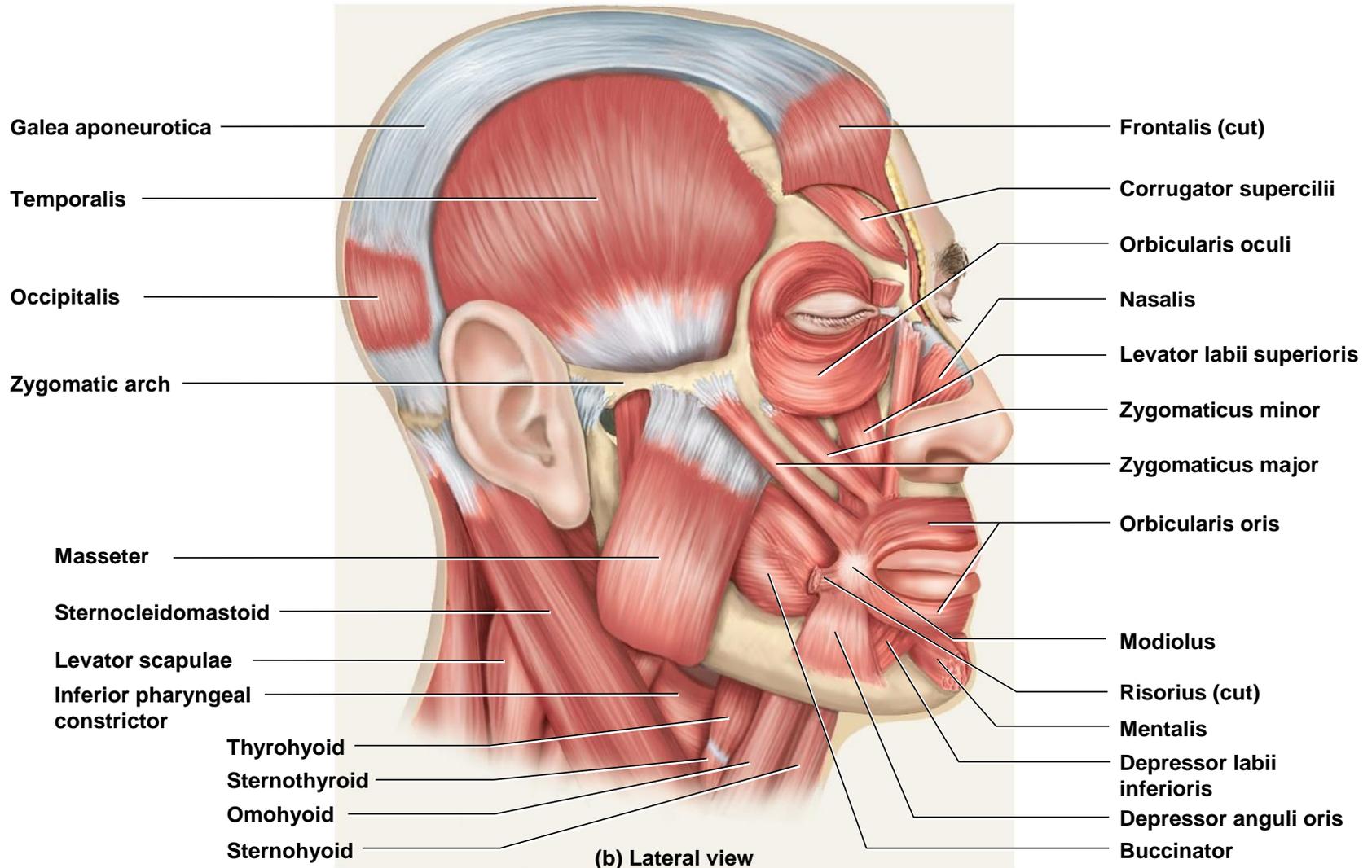
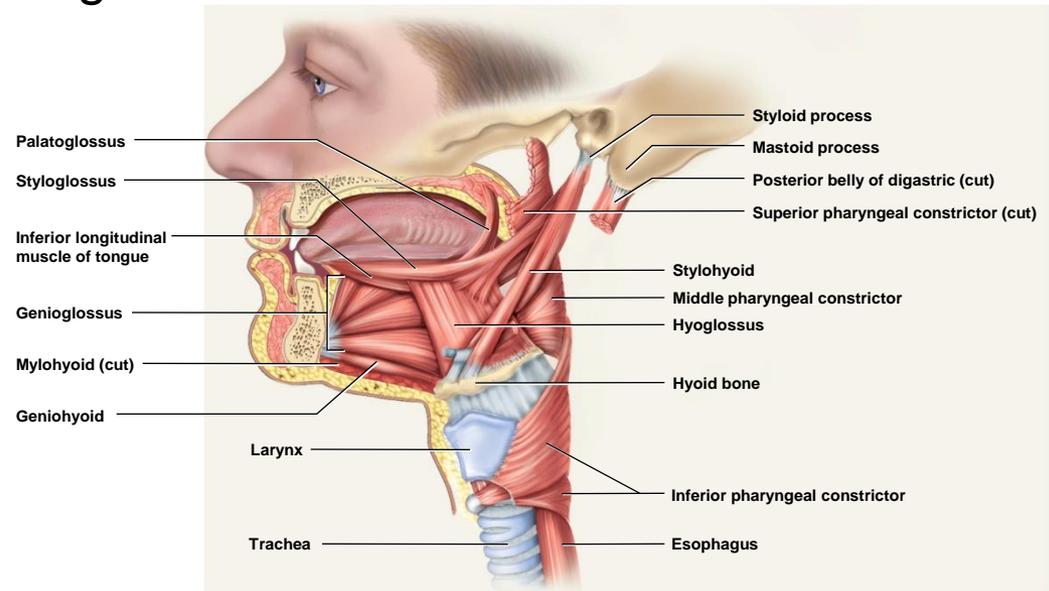


Figure 10.8b

# Muscles of Chewing and Swallowing

- **Extrinsic muscles of the tongue**
  - Tongue is very agile organ
  - Pushes food between molars for chewing (mastication)
  - Forces food into the pharynx for swallowing (deglutition)
  - Crucial importance to speech
- **Intrinsic muscles of tongue**
  - Vertical, transverse, and longitudinal fascicles



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Figure 10.9

# Muscles of Chewing and Swallowing

- **Four pairs of muscles produce biting and chewing movements of the mandible**
  - Depression: to open mouth
  - Elevation: biting and grinding
  - Protraction: incisors can cut
  - Retraction: make rear teeth meet
  - Lateral and medial excursion: grind food
- **Temporalis, masseter, medial pterygoid, and lateral pterygoid**
- **Innervated by mandibular nerve, a branch of the trigeminal (CN V)**

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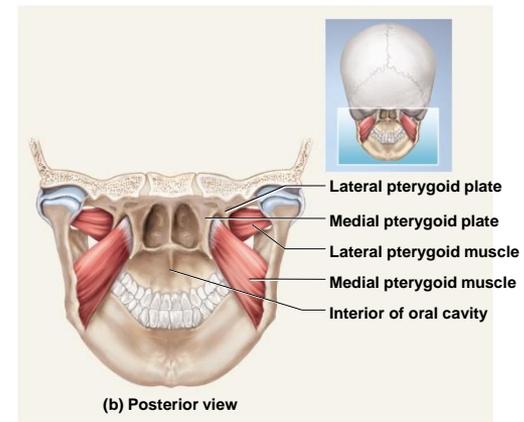
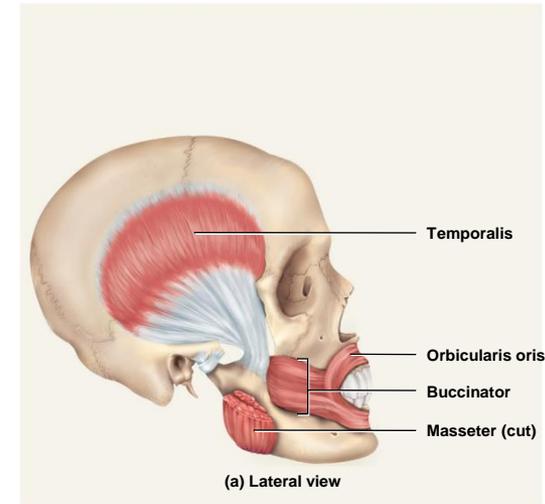


Figure 10.10a,b

# Muscles of Chewing and Swallowing

- **Hyoid muscles—suprahyoid group**
- **Aspects of chewing, swallowing, and vocalizing**
- **Eight pairs of hyoid muscles associated with hyoid bone**
- **Digastric—opens mouth widely**
- **Geniohyoid—depresses mandible**
- **Mylohyoid—elevates floor of mouth at beginning of swallowing**
- **Stylohyoid—elevates hyoid**

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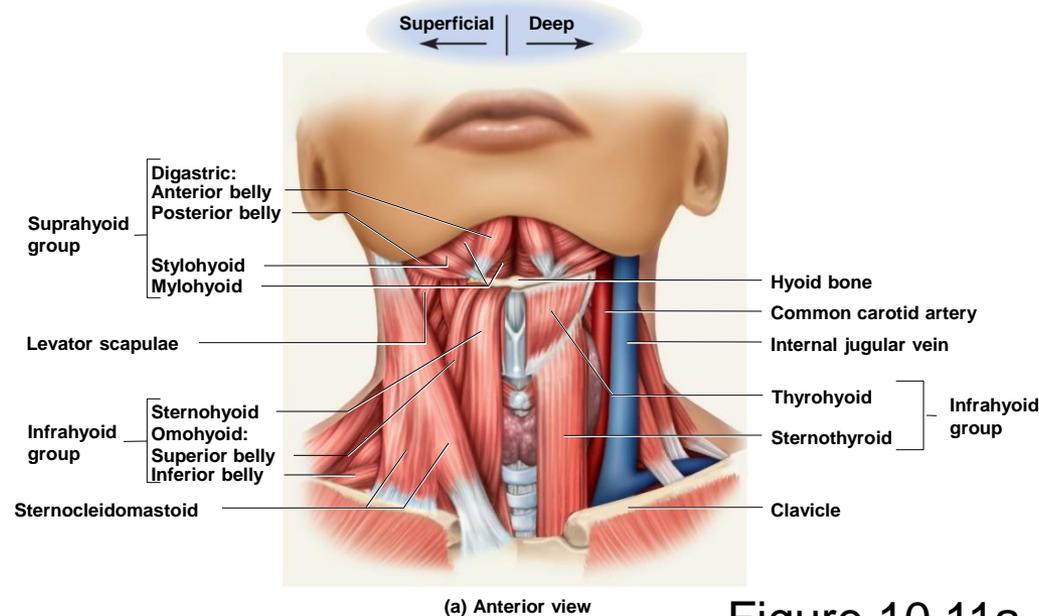


Figure 10.11a

# Muscles of Chewing and Swallowing

- **Hyoid muscles**—**infrahyoid group**
- **Fix hyoid bone from below, allowing suprahyoid muscles to open mouth**
- **Omohyoid**—depresses hyoid after elevation
- **Sternohyoid**—depresses hyoid after elevation
- **Thyrohyoid**—depresses hyoid and elevates larynx
- **Sternothyroid**—depresses larynx after elevation

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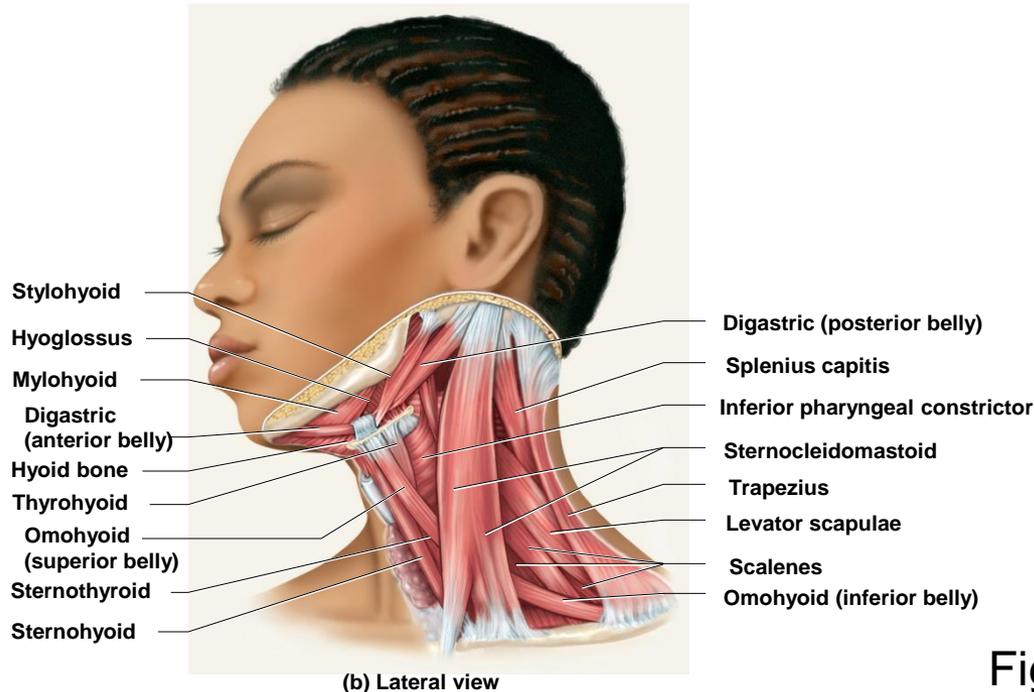


Figure 10.11b

# Muscles of Chewing and Swallowing

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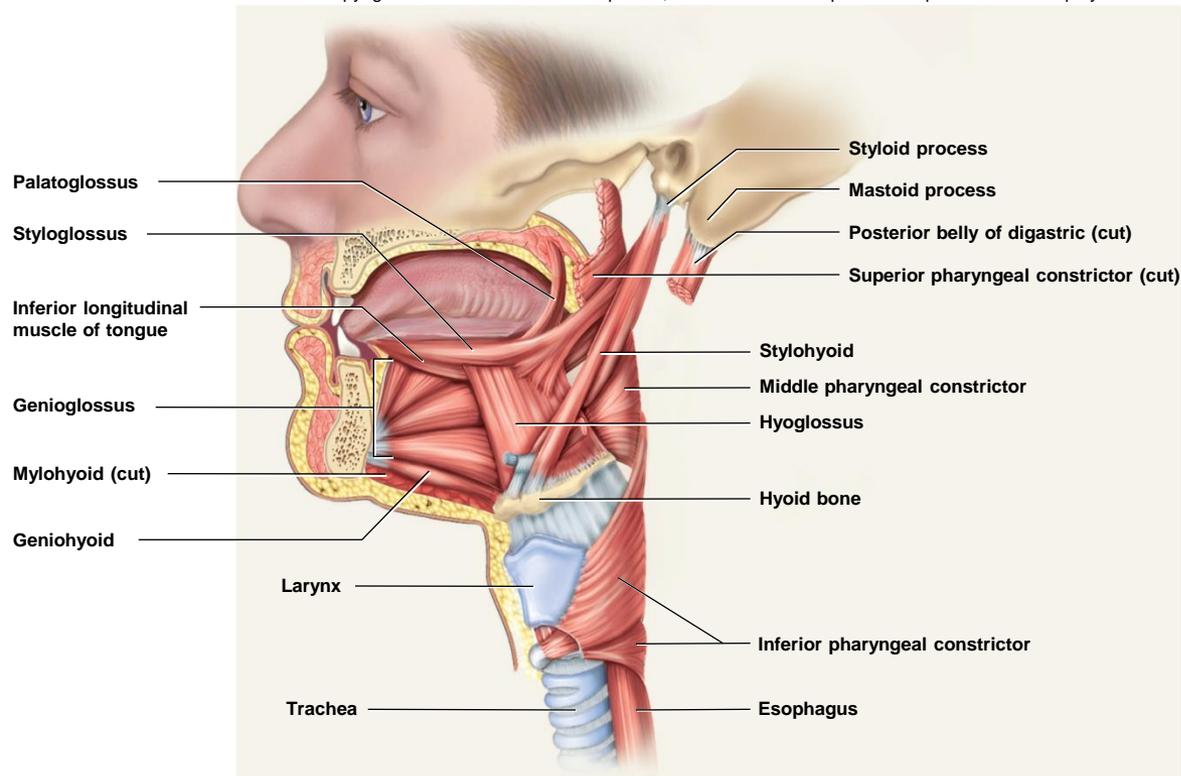


Figure 10.9

- **Pharynx:** three pairs **pharyngeal constrictors**
  - Encircle pharynx forming a muscular funnel
  - During swallowing, drive food into the esophagus

# Muscles Acting on the Head

- **Originate on vertebral column, thoracic cage, and pectoral girdle**
- **Insert on the cranial bones**
- **Actions**
  - Flexion (tipping head forward)
  - Extension (holding the head erect)
  - Lateral flexion (tipping head to one side)
  - Rotation (turning the head to the left and right)

# Muscles Acting on the Head

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- **Neck flexors**
  - **Sternocleidomastoid**
  - **Scalenes**
- **Neck extensors**
  - **Trapezius**
  - **Splenius capitis**
  - **Semispinalis capitis**

Superior nuchal line

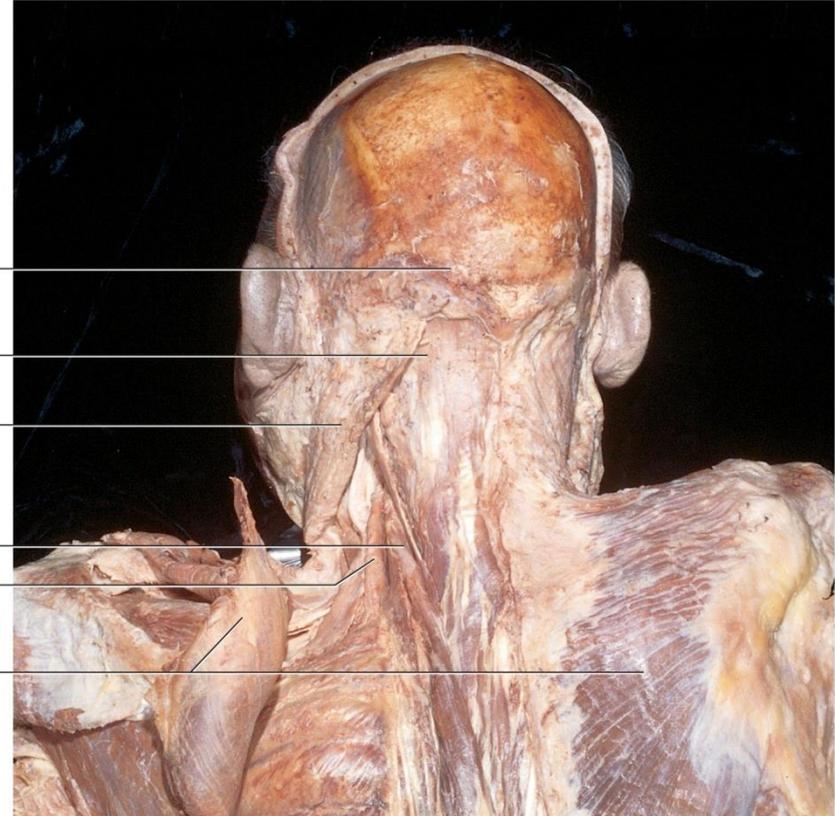
Semispinalis capitis

Sternocleidomastoid

Longissimus capitis

Longissimus cervicis

Trapezius



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Figure 10.12

# Muscles Acting on the Head

- **May cause contralateral movement: movement of the head toward the opposite side**
- **May cause ipsilateral movement: movement of the head toward the same side**

# Muscles of the Trunk

- **Expected Learning Outcomes**
  - Name and locate the muscles of respiration and explain how they affect airflow and abdominal pressure.
  - Name and locate the muscles of the abdominal wall, back, and pelvic floor.
  - Identify the origin, insertion, action, and innervation of any of these muscles.

# Muscles of the Trunk

- **Three functional groups**
  - Muscles of respiration
  - Muscles that support abdominal wall and pelvic floor
  - Movement of vertebral column

# Muscles of Respiration

- **Breathing requires the use of muscles enclosing thoracic cavity**
  - **Diaphragm, external intercostal, internal intercostal, and innermost intercostal muscles**
- **Inspiration**—air intake
- **Expiration**—expelling air

# Muscles of Respiration

- **Other muscles of chest and abdomen that contribute to breathing**
  - **Sternocleidomastoid, scalenes of neck**
  - **Pectoralis major and serratus anterior of chest**
  - **Latissimus dorsi of back**
  - **Abdominal muscles: internal and external obliques, and transverse abdominis**
  - **Even some anal muscles**

# Muscles of Respiration

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- **Diaphragm**—muscular dome between thoracic and abdominal cavities
- Muscle fascicles extend to a fibrous **central tendon**
- **Contraction** flattens diaphragm
  - Enlarges thoracic cavity (inspiration)
- In **relaxation** of diaphragm it rises
  - Shrinks the thoracic cavity (expiration)

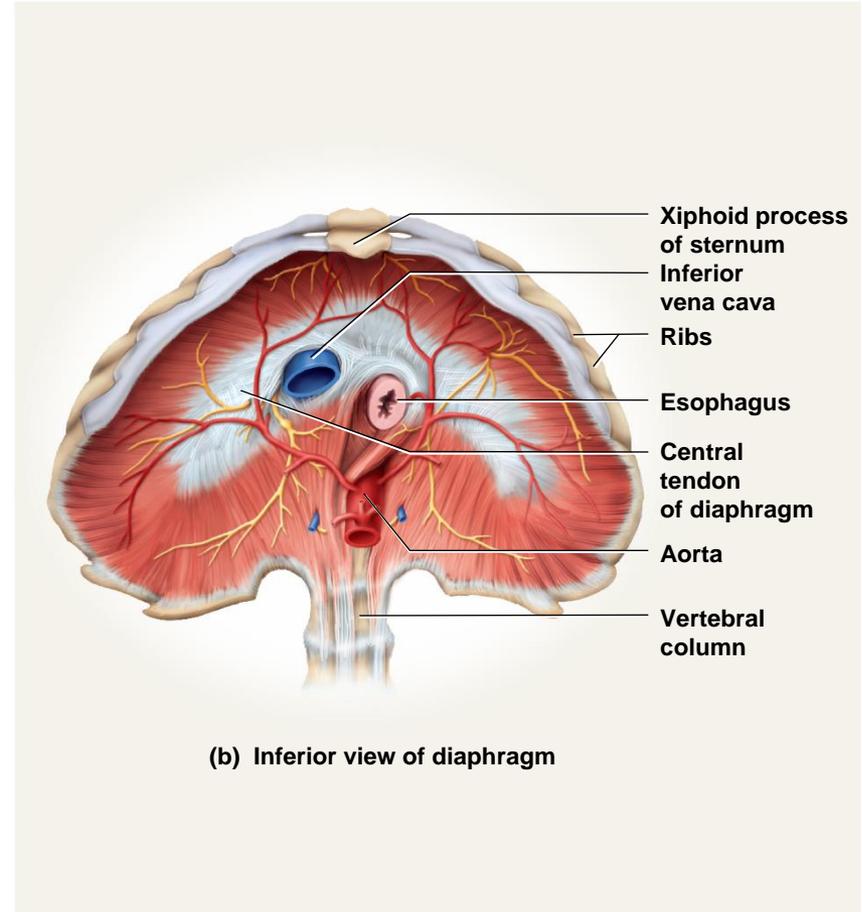


Figure 10.13b

# Muscles of Respiration

- **External intercostals**
  - Elevate ribs
  - Expand thoracic cavity
  - Create partial vacuum causing inflow of air
- **Internal intercostals**
  - Depresses and retracts ribs
  - Compresses thoracic cavity
  - Expelling air
- **Innermost intercostals**
  - Same action as internal intercostals

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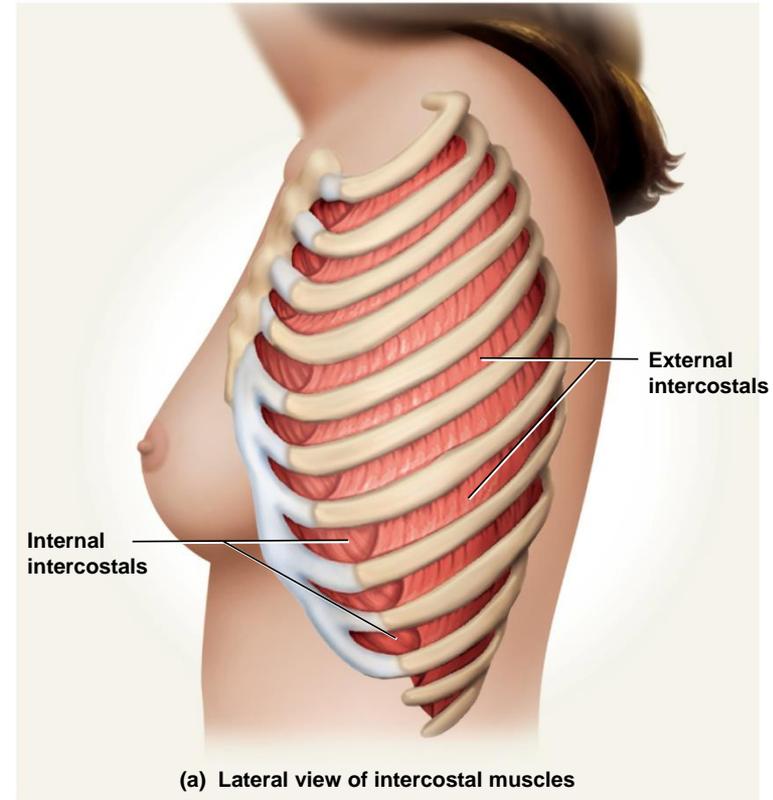


Figure 10.13a

# Muscles of the Anterior Abdominal Wall

- **Internal abdominal oblique**
  - Intermediate layer of lateral abdominal muscles
  - Unilateral contraction causes ipsilateral rotation of waist
  - Aponeurosis
    - Tendons of oblique and transverse muscles
    - Broad, fibrous sheets

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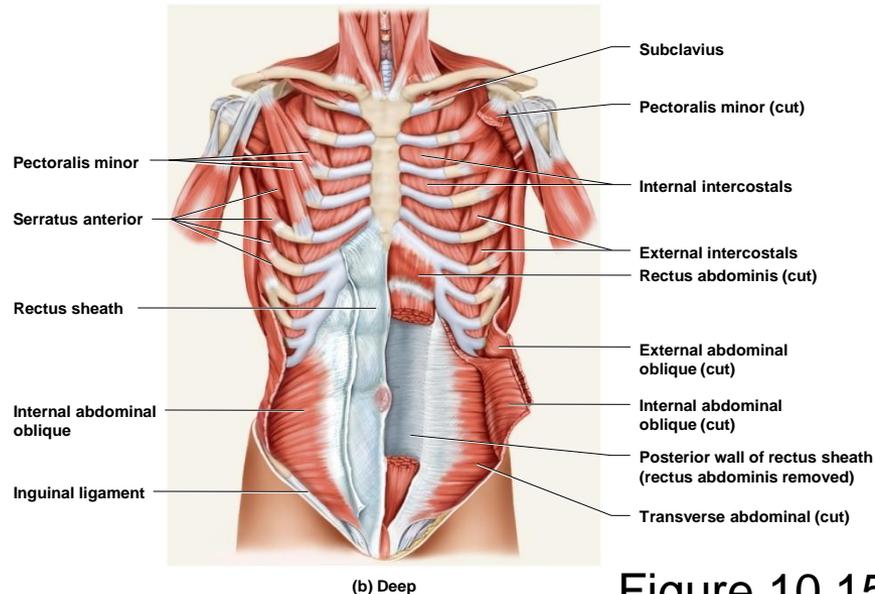
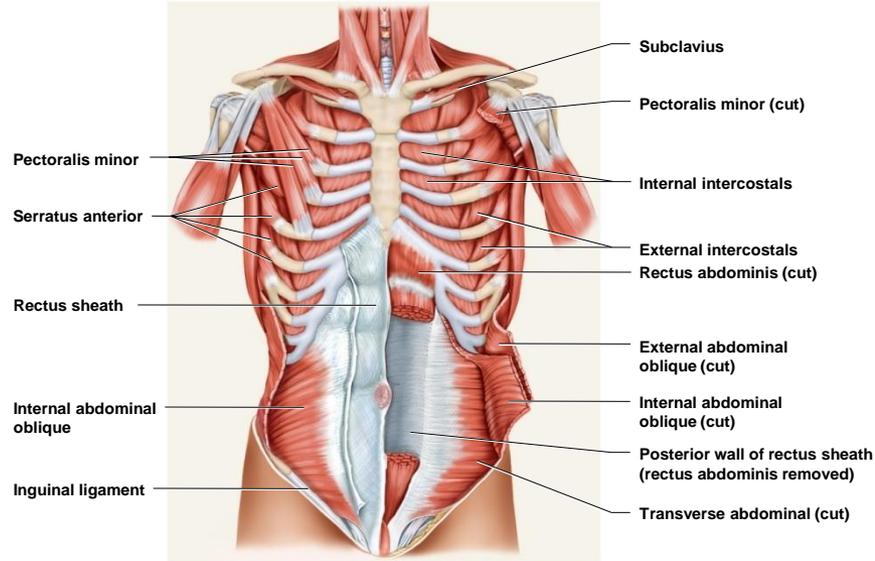


Figure 10.15b

# Muscles of the Anterior Abdominal Wall

- **Transverse abdominal**
  - Deepest of lateral abdominal muscles
  - Horizontal fibers
  - Compresses abdominal contents
  - Contributes to movements of vertebral column

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(b) Deep

Figure 10.15b

# Muscles of the Anterior Abdominal Wall

- **Rectus abdominis**

- Flexes lumbar region of vertebral column
- Produces forward bending at the waist
- Extends from sternum to pubis
- Rectus sheath encloses muscle
- Three transverse tendinous intersections divide rectus abdominis into segments, sometimes called a “six pack”

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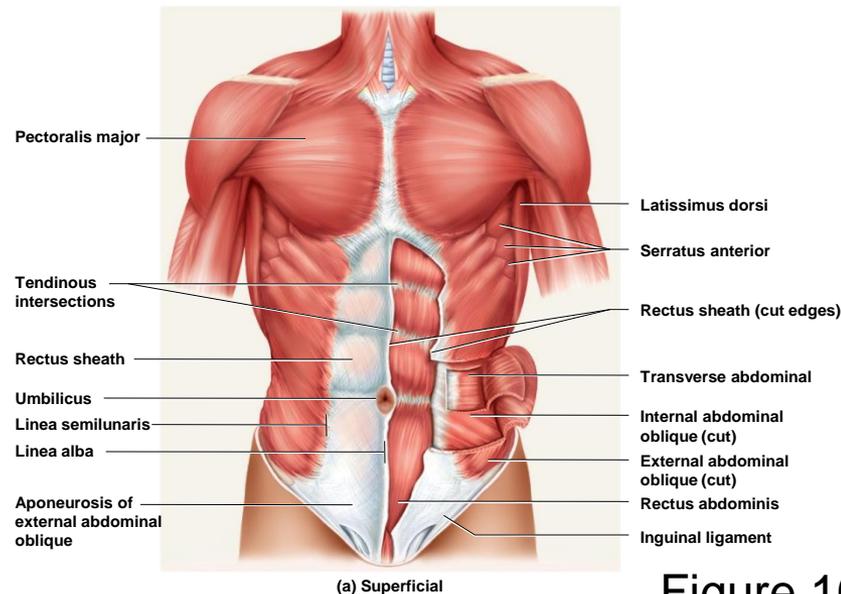
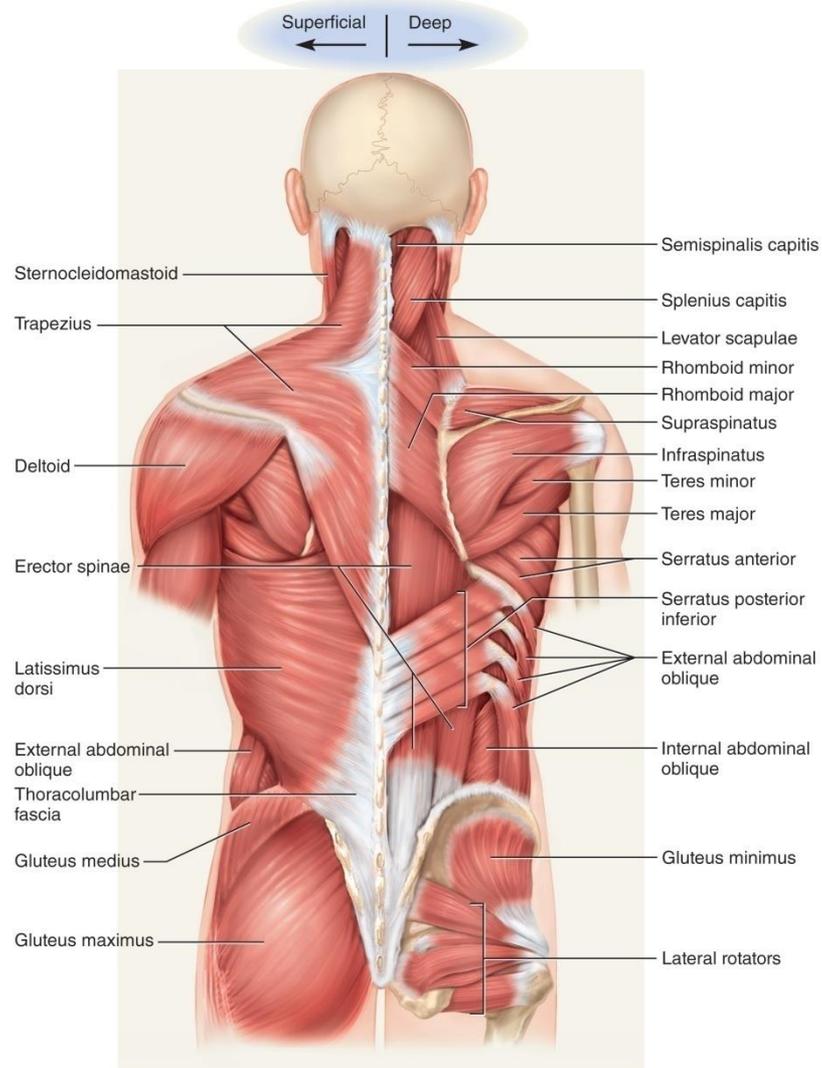


Figure 10.15a

# Muscles of Back

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- Back muscles extend, rotate, and laterally flex vertebral column
- Most prominent superficial back muscles: latissimus dorsi and trapezius
- Upper limb movement

Figure 10.17

# Muscles of the Back

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- **Deep muscles**
- **Erector spinae**
  - Iliocostalis, longissimus, spinalis
  - From cranium to sacrum
  - Extension and lateral flexion of vertebral column
- **Semispinalis thoracis**
  - Extension and contralateral rotation of vertebral column

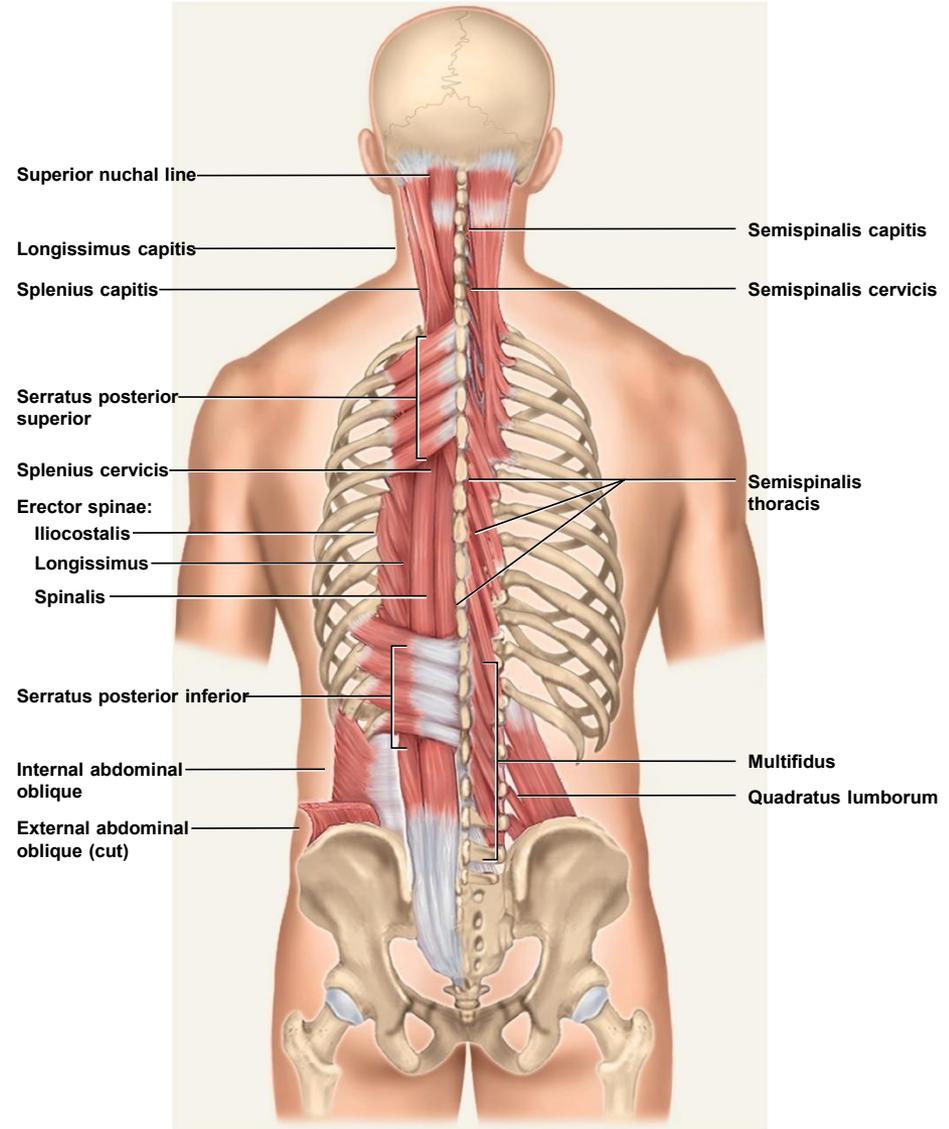


Figure 10.18

# Muscles of the Back

(Continued)

- **Quadratus lumborum**
  - Aids respiration
  - Ipsilateral flexion of lumbar vertebral column
  
- **Multifidus**
  - Stabilizes adjacent vertebrae
  - Maintains posture

# Muscles of the Pelvic Floor

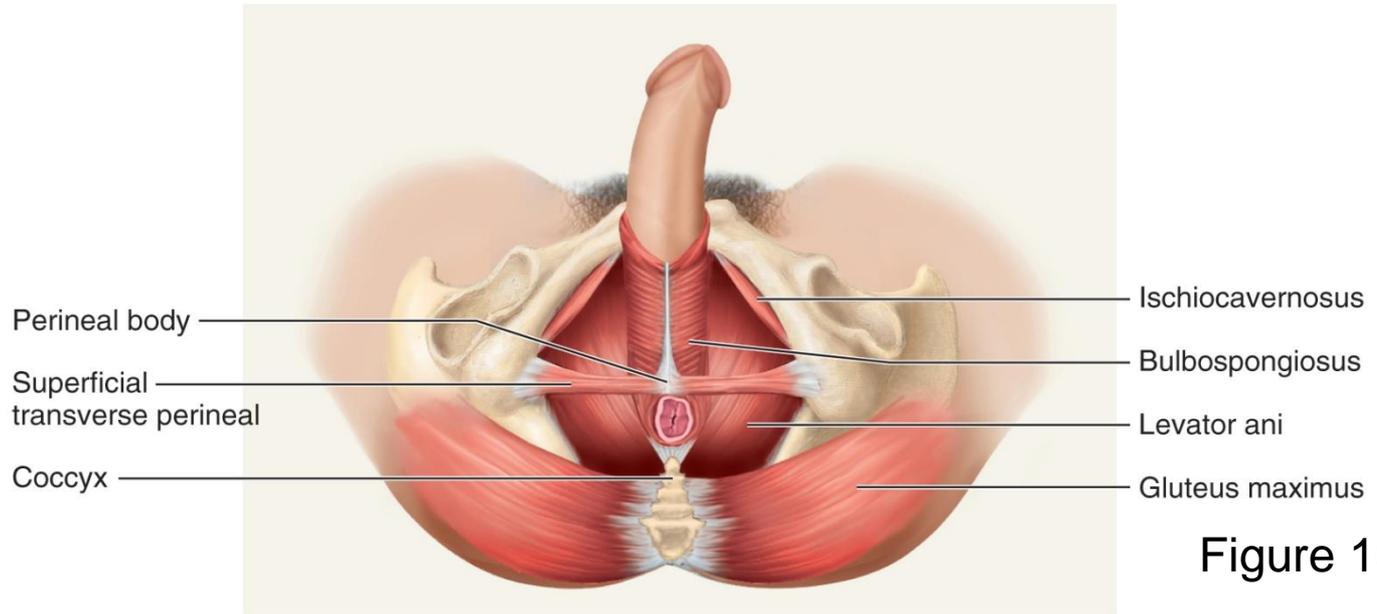
- **Layers of muscles and fasciae that span pelvic outlet**
  - Penetrated by anal canal, urethra, and vagina
- **Perineum**—diamond-shaped region between the thighs
  - Bordered by four bony landmarks
    - Pubic symphysis anteriorly
    - Coccyx posteriorly
    - Ischial tuberosities laterally
  - Urogenital triangle: anterior half of perineum
  - Anal triangle: posterior half of perineum

# Muscles of the Pelvic Floor

- **Layers or compartments of the perineum**
  - Superficial perineal space
    - **Ischiocavernosus, bulbospongiosus**
  - Deep perineal space
    - **Deep transverse perineal, compressor urethrae**
  - Anal triangle
    - **External anal sphincter**
  - Pelvic diaphragm: deepest (most superior) layer
    - **Levator ani**

# Muscles of the Pelvic Floor

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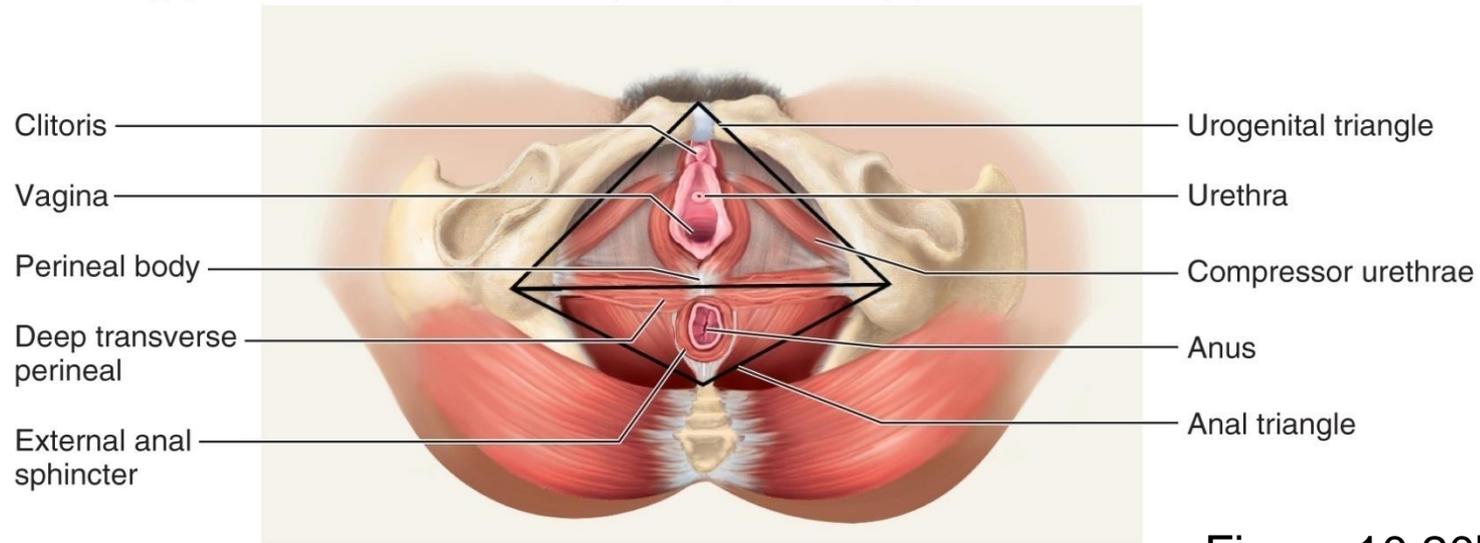
(a) Superficial perineal space, inferior view, male

Figure 10.20a

- **Superficial perineal space**
  - **Ischiocavernosus**—maintains erection
  - **Bulbospongiosus**—aids in erection, expels remaining urine

# Muscles of the Pelvic Floor

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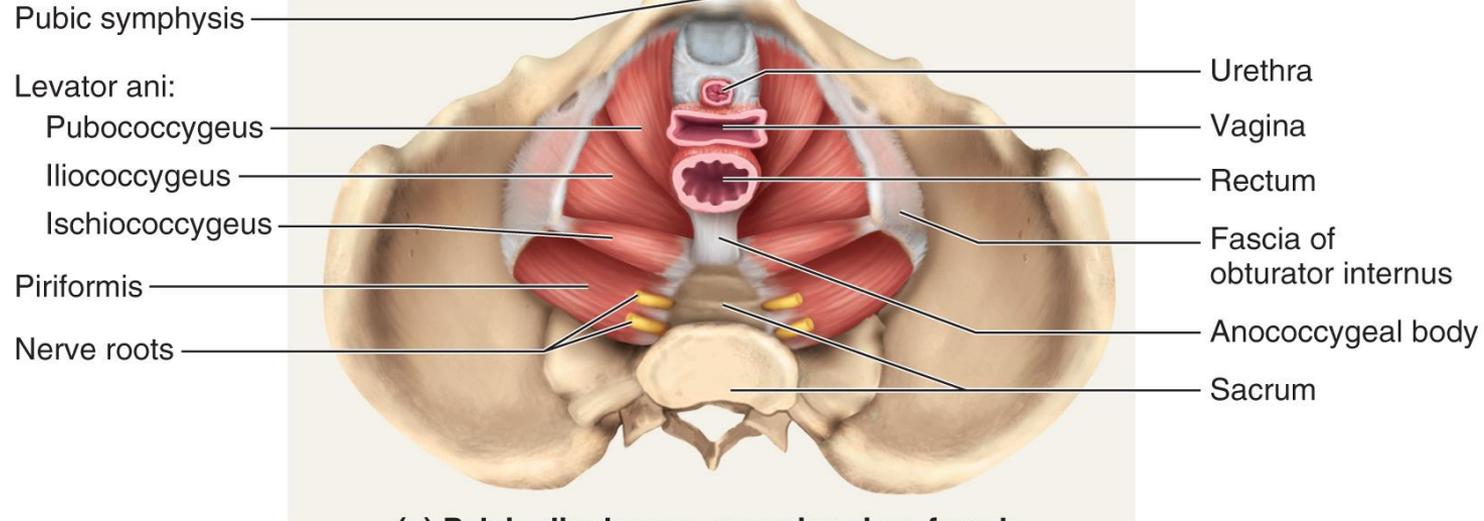
(b) Deep perineal space, inferior view, female

Figure 10.20b

- **Deep perineal space**
  - **Urogenital triangle**—contains **deep transverse perineal muscle** and **compressor urethrae** in females
- **Anal triangle**—external anal sphincter

# Muscles of the Pelvic Floor

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(c) Pelvic diaphragm, superior view, female

Figure 10.20c

- **Pelvic diaphragm:** deepest compartment of the perineum
  - **Levator ani:** supports viscera and defecation
  - Coccygeus muscle(s)

# Hernias

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- **Hernia**—any condition in which the viscera protrudes through a weak point in the muscular wall of the abdominopelvic cavity
- **Inguinal hernia**
  - Most common type of hernia (rare in women)
  - Viscera enter inguinal canal or even the scrotum
- **Hiatal hernia**
  - Stomach protrudes through diaphragm into thorax
  - Overweight people over 40
- **Umbilical hernia**
  - Viscera protrude through the navel

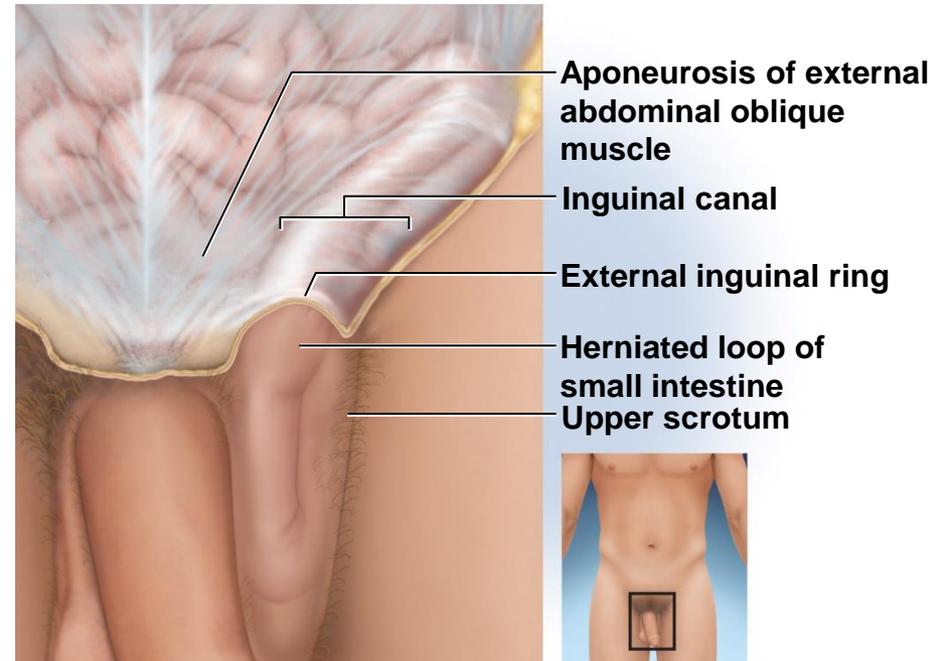


Figure 10.21

# Muscles Acting on the Shoulder and Upper Limb

- **Expected Learning Outcomes**
  - Name and locate the muscles that act on the pectoral girdle, shoulder, elbow, wrist, and hand.
  - Relate the actions of these muscles to the joint movements described in chapter 9.
  - Describe the origin, insertion, and innervation of each muscle.

# Muscles Acting on the Shoulder and Upper Limb

- Compartments—spaces where muscles are separated by fibrous connective tissue sheets (fasciae)
  - Each compartment contains one or more functionally related muscles along with their nerve and blood supplies
- Muscles of upper limbs divided into anterior and posterior compartments
- Intermuscular septa (thick fascia) separates compartments
- Compartment syndrome—one of the muscles or blood vessels in a compartment is injured

# Compartment Syndrome

- **If a blood vessel in a compartment is damaged, blood and tissue fluid accumulate**
- **Fasciae enclose muscle compartments snugly and prevent expansion**
- **Compartment syndrome—mounting pressure triggers a sequence of degenerative events**
  - Blood flow to compartment is obstructed by pressure
  - If ischemia (poor blood flow) persists for more than 2 to 4 hours, nerves begin to die
  - After 6 hours, muscles begin to die
- **Nerves can regenerate after pressure relieved, but muscle damage is permanent**
- **Myoglobin in urine indicates compartment syndrome**
- **Treatment: immobilization of limb and fasciotomy (incision to relieve compartment pressure)**

# **Muscles Acting on the Shoulder and Upper Limb**

- **Upper limb is used for a broad range of powerful and subtle actions**
  - Climbing, grasping, throwing, writing, playing musical instruments, and manipulating small objects
- **Muscles that act on the scapula**
- **Muscles that act on the humerus and shoulder joint**
- **Muscles that act on the forearm and elbow joint**
- **Muscles that act on the wrist, hand, and fingers**

# Muscles Acting on the Shoulder

- **A group of muscles originate on the axial skeleton and insert on clavicle or scapula**
- **Scapula loosely attached to thoracic cage**
  - Capable of great movement
  - Rotation, elevation, depression, protraction, retraction
- **Clavicle braces the shoulder and moderates movements**

# Muscles Acting on the Scapula

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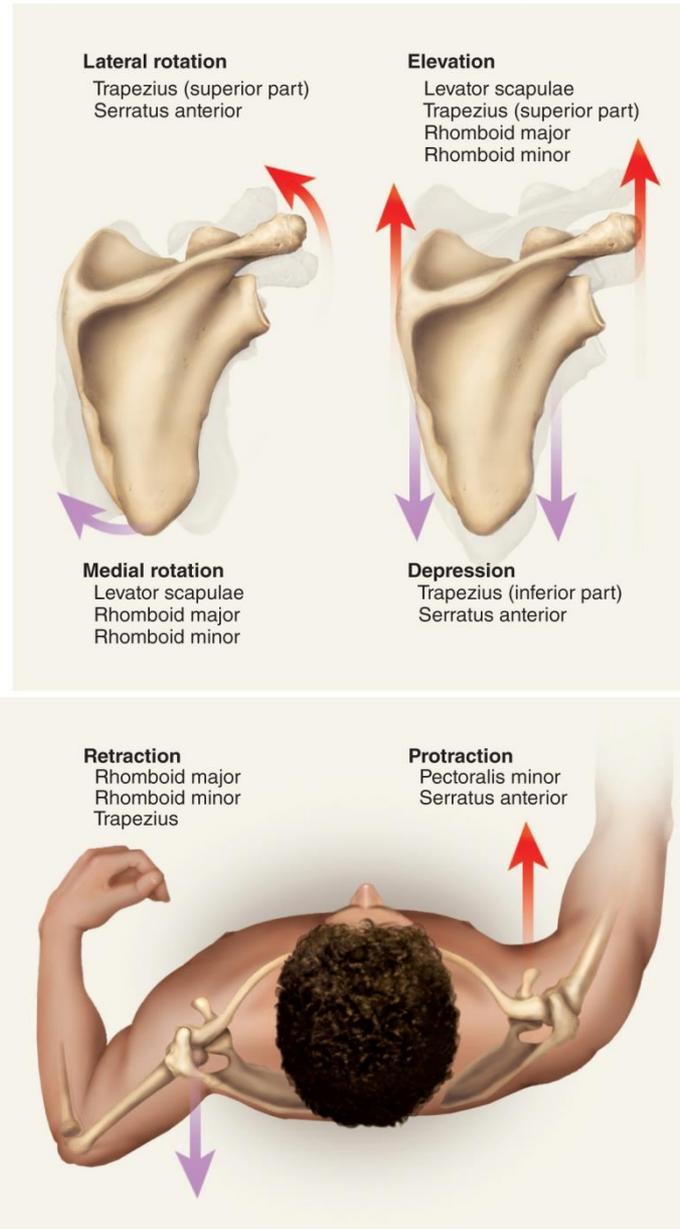
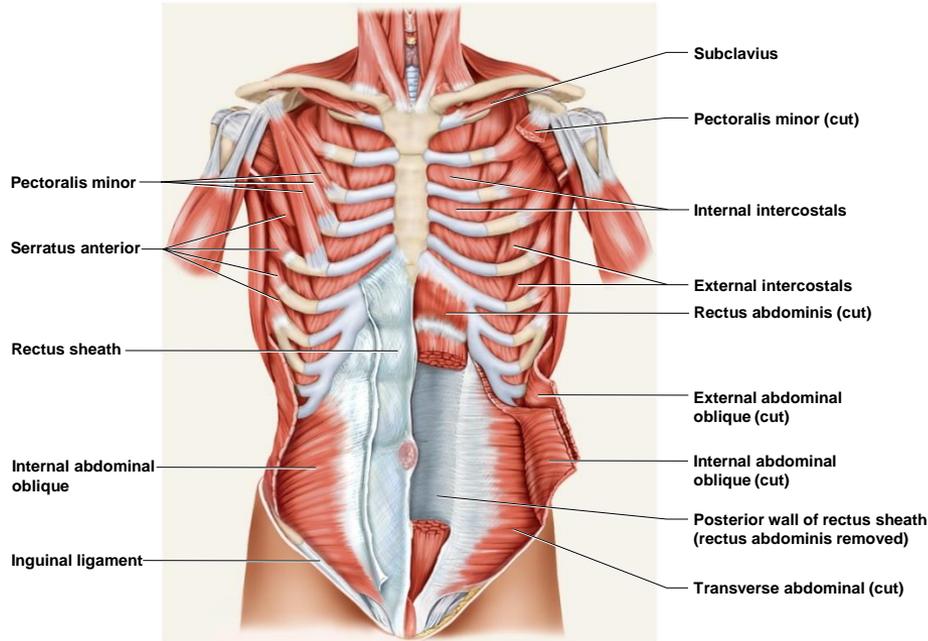


Figure 10.22

# Muscles Acting on the Shoulder

- Anterior group of muscles of pectoral girdle
- Pectoralis minor
  - Ribs 3–5 to coracoid process of scapula
  - Draws scapula laterally
- Serratus anterior
  - All ribs to medial border of scapula
  - Draws scapula laterally and forward; prime mover for reaching and pushing

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(b) Deep

Figure 10.15b

# Muscles Acting on the Shoulder

- **Posterior group of muscles of pectoral girdle**
- **Four muscles of posterior group**
  - **Trapezius: superficial**
  - **Levator scapulae, Rhomboid minor, and Rhomboid major: deep**
- **Trapezius**
  - Stabilizes scapula and shoulder
  - Elevates and depresses shoulder apex

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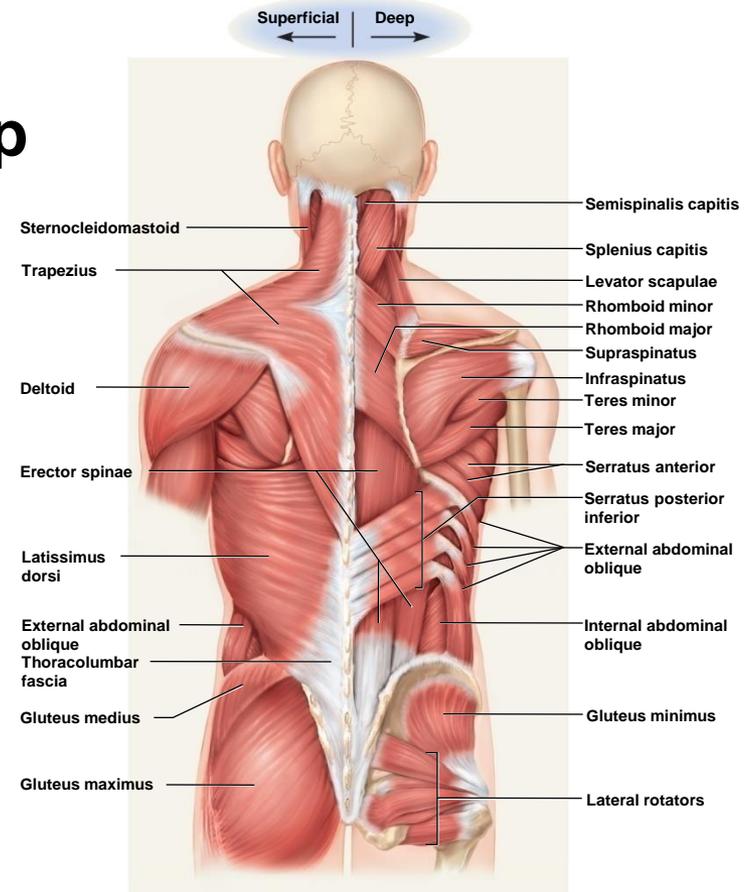


Figure 10.17

# Muscles Acting on the Shoulder

*(Continued from slide 170)*

- **Levator scapulae**
  - Elevates scapula
  - Flexes neck laterally
- **Rhomboid minor**
  - Retracts scapula and braces shoulder
- **Rhomboid major**
  - Same as Rhomboid minor

# Muscles Acting on the Shoulder

- **Posterior scapular muscles**

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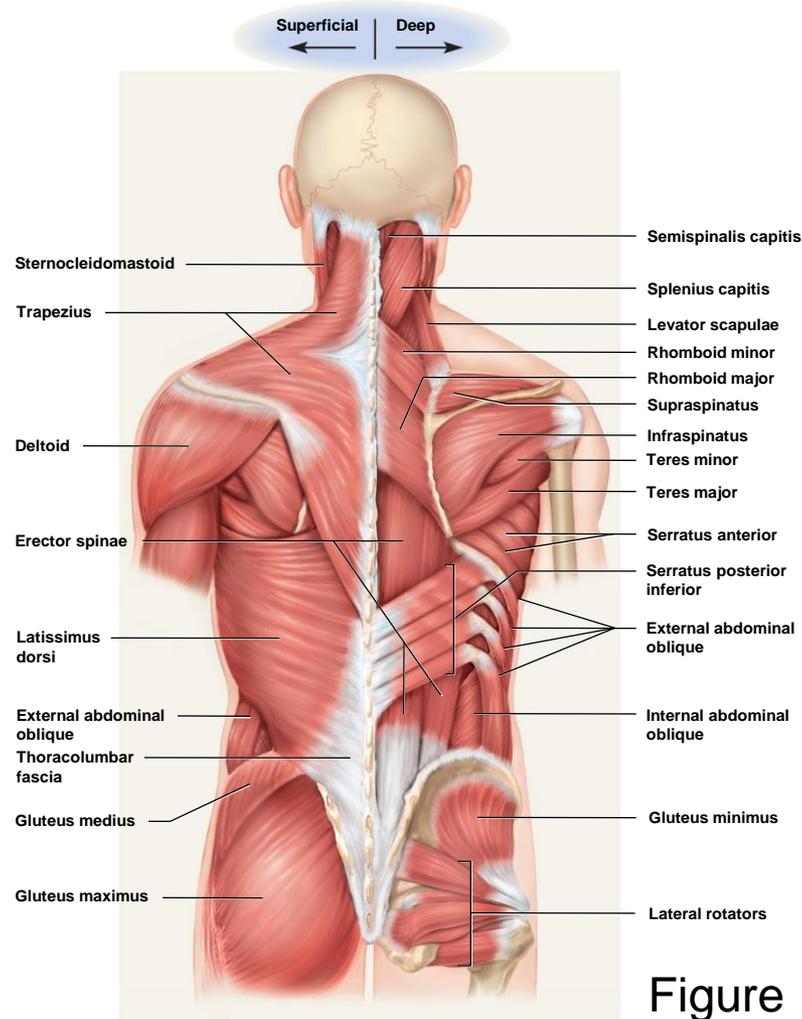
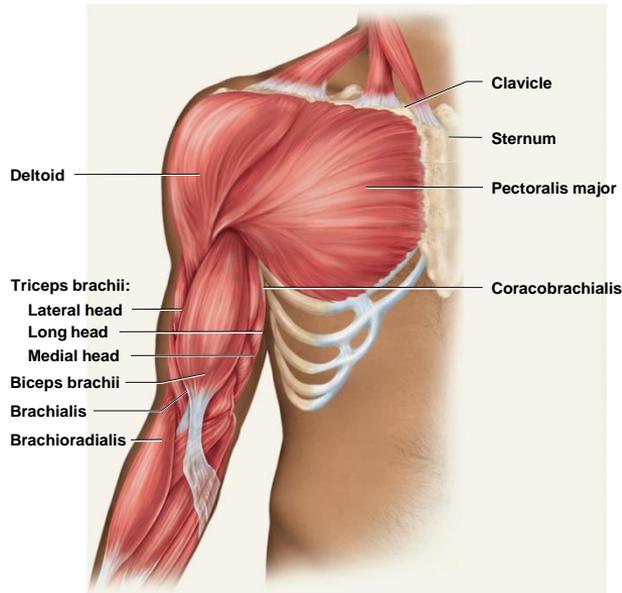


Figure 10.17

# Muscles Acting on the Arm

- **Nine muscles cross the shoulder joint and insert on humerus**
- **Two are axial muscles originating on axial skeleton**
  - **Pectoralis major:** flexes, adducts, and medially rotates humerus
  - **Latissimus dorsi:** adducts and medially rotates humerus

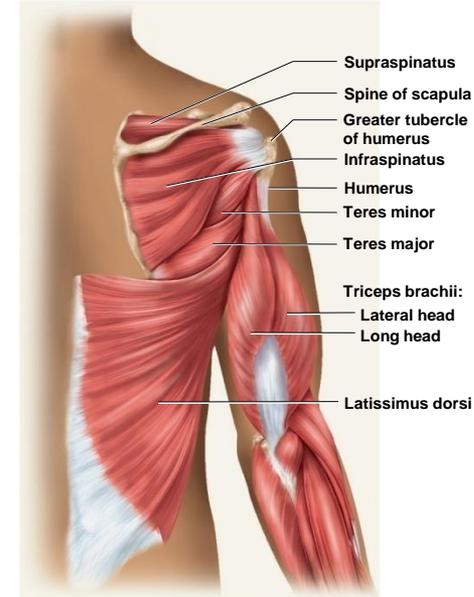
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(a) Anterior view

Figure 10.23a

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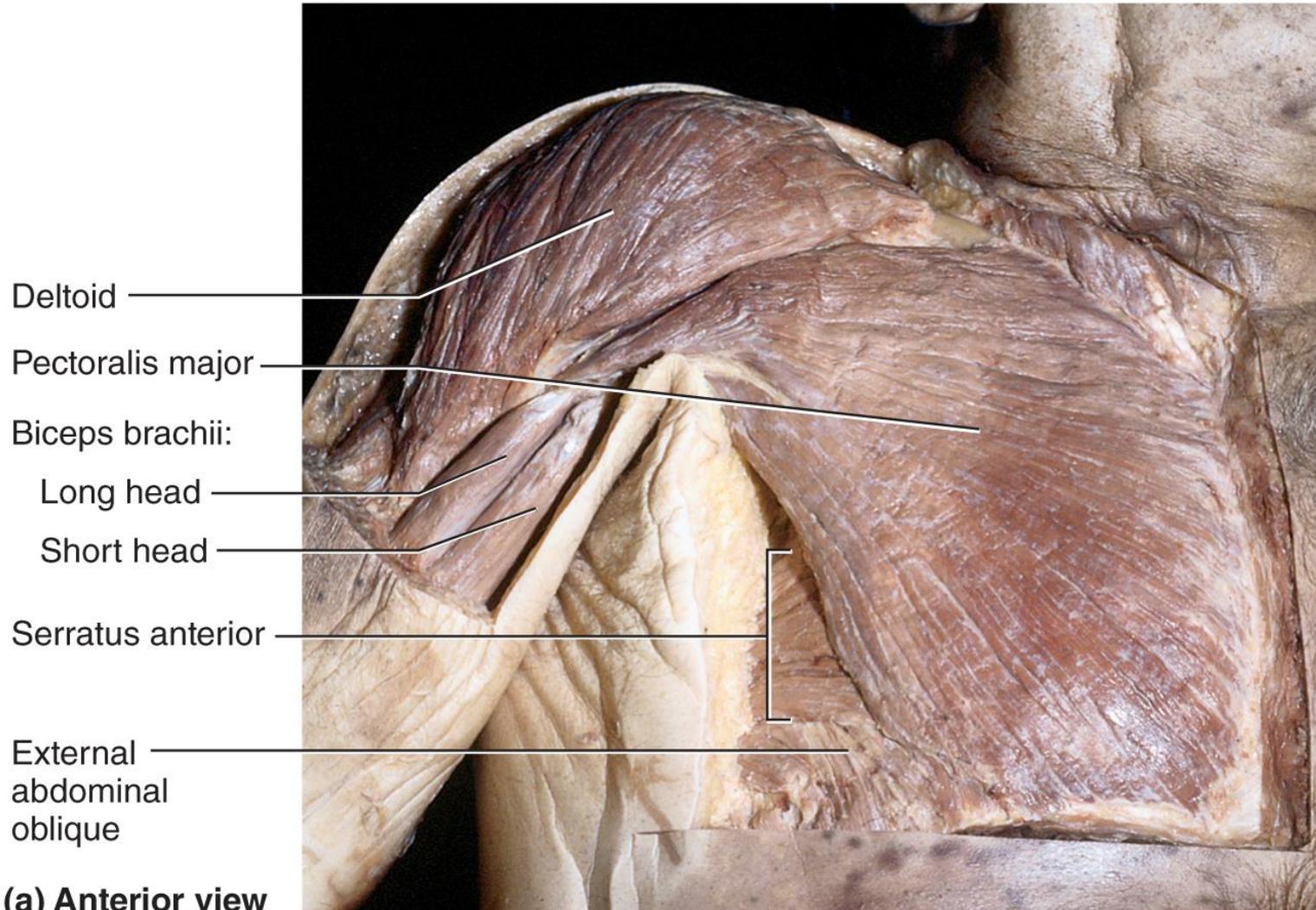


(b) Posterior view

Figure 10.23b

# Anterior View of Cadaver Chest

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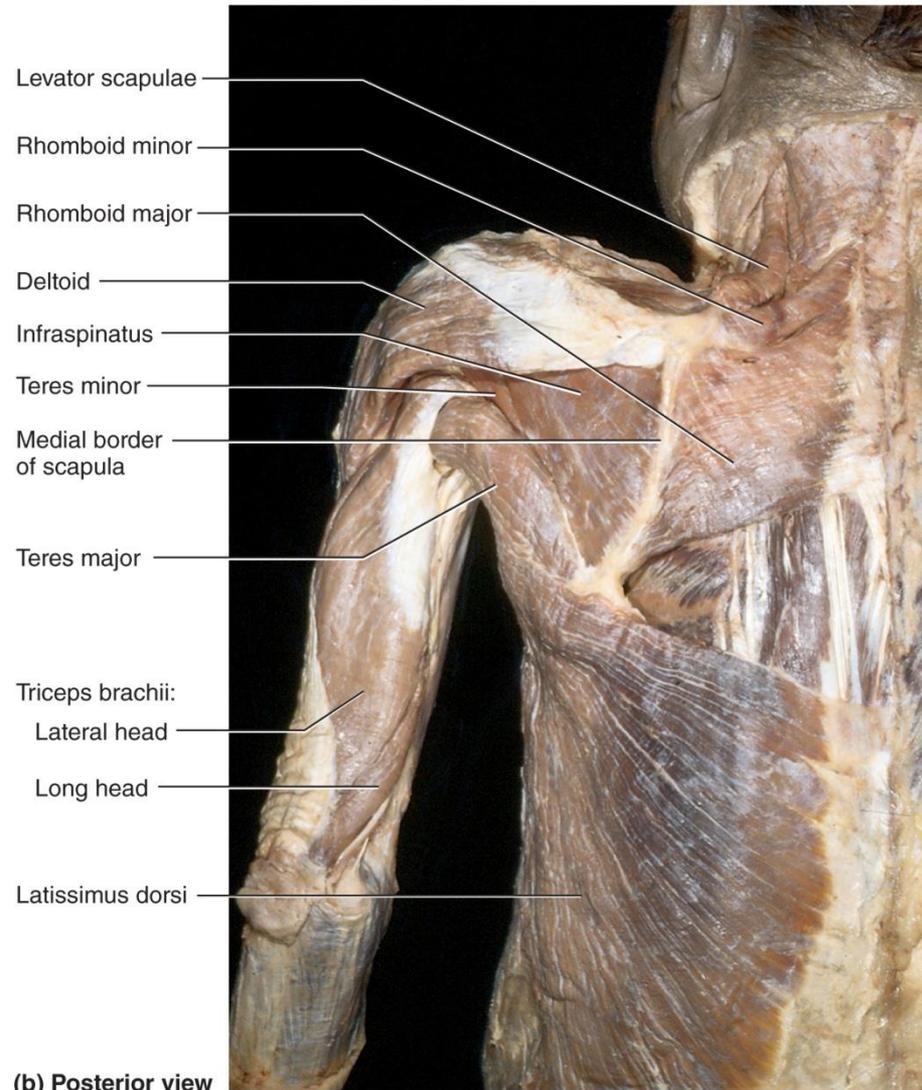


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Figure 10.24a

# Back Muscles of Cadaver

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Figure 10.24b

# Muscles Acting on the Arm

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- **Seven muscles with scapular origin**
  - **Deltoid**
    - Rotates and abducts arm
    - Intramuscular injection site
  - **Teres major**
    - Extension and medial rotation of humerus
  - **Coracobrachialis**
    - Flexes and medially rotates arm
  - **Remaining four form the rotator cuff that reinforce the shoulder joint**

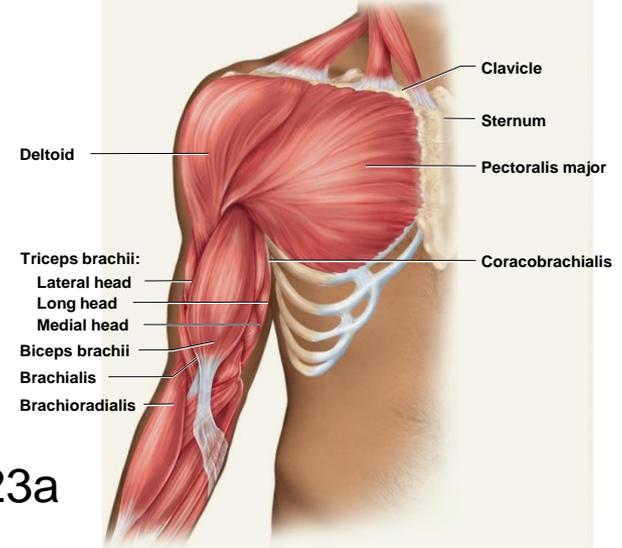


Figure 10.23a

(a) Anterior view

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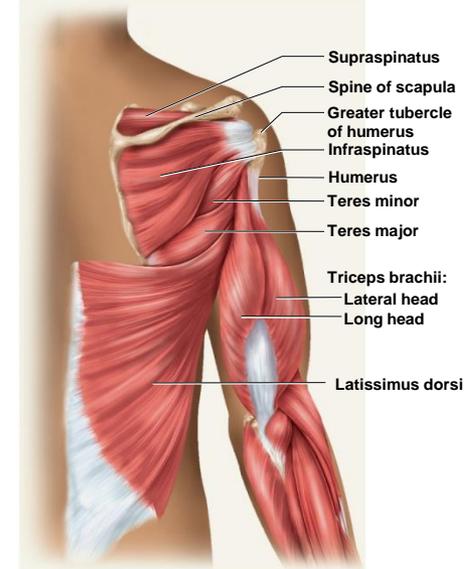


Figure 10.23b

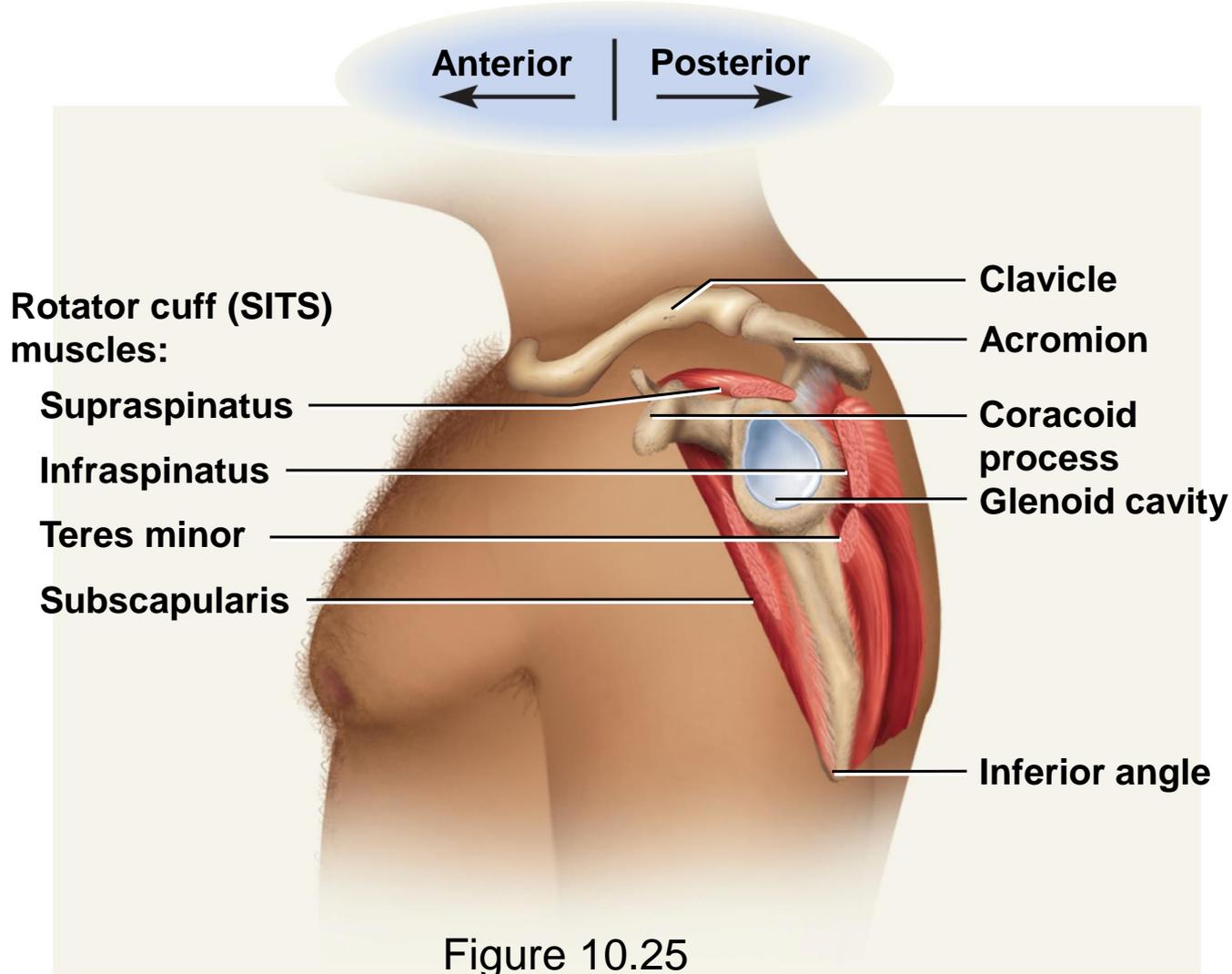
(b) Posterior view

# Muscles Acting on the Arm

- **Rotator cuff muscles**
- **Tendons of the remaining four scapular muscles form the rotator cuff**
- **Acronym “SITS muscles”**
  - **Supraspinatus**
  - **Infraspinatus**
  - **Teres minor**
  - **Subscapularis**
- **Tendons of these muscles merge with the joint capsule of the shoulder as they cross it in route to the humerus**
- **Holds head of humerus into glenoid cavity**
- **Supraspinatus tendon easily damaged**

# Rotator Cuff Muscles

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# Muscles Acting on the Forearm

- **Elbow and forearm capable of flexion, extension, pronation, and supination**
  - Carried out by muscles in both brachium (arm) and antebrachium (forearm)
- **Muscles with bellies in the arm (brachium)**
  - Principal elbow flexors: anterior compartment
    - **Brachialis and biceps brachii**
      - Brachialis produces 50% more power than biceps brachii
      - Brachialis is prime mover of elbow flexion
  - Principal elbow extensor: posterior compartment
    - **Triceps brachii**
      - Prime mover of elbow extension

# Muscles Acting on the Forearm

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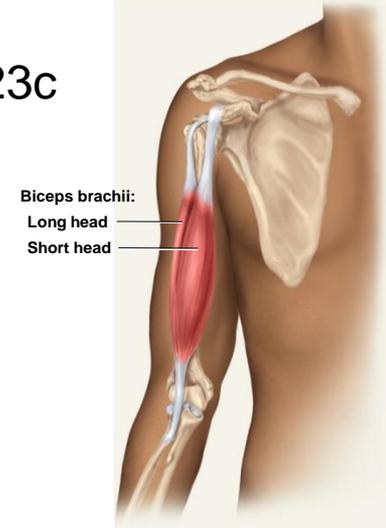
- **Principal flexor**
  - **Brachialis**

- **Synergistic flexors**

- **Biceps brachii**
- **Brachioradialis**

- **Principal extensor**
  - **Triceps brachii**

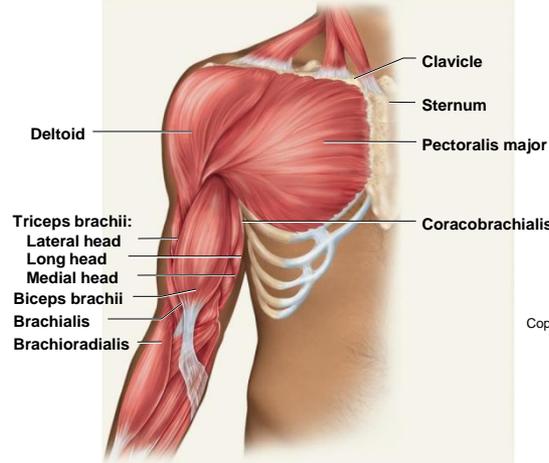
Figure 10.23c



Biceps brachii:  
Long head  
Short head

(c) Anterior view

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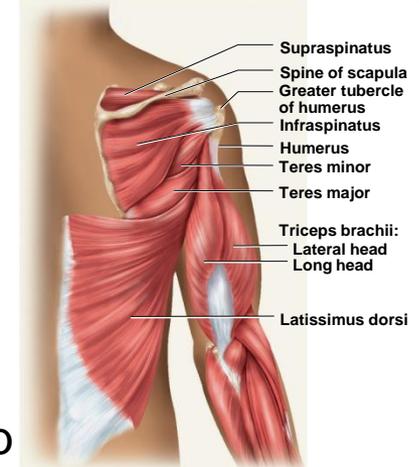


Clavicle  
Sternum  
Deltoid  
Pectoralis major  
Coracobrachialis  
Triceps brachii:  
Lateral head  
Long head  
Medial head  
Biceps brachii  
Brachialis  
Brachioradialis

(a) Anterior view

Figure 10.23a

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Supraspinatus  
Spine of scapula  
Greater tubercle of humerus  
Infraspinatus  
Humerus  
Teres minor  
Teres major  
Triceps brachii:  
Lateral head  
Long head  
Latissimus dorsi

(b) Posterior view

Figure 10.23b

# Muscles Acting on the Forearm

- **Muscles with bellies in the forearm (antebrachium)**
  - **Brachioradialis:** flexes elbow
  - **Anconeus:** extends elbow
  - **Pronator quadratus:** prime mover in forearm pronation
  - **Pronator teres:** assists pronator quadratus in pronation
  - **Supinator:** supinates the forearm

# Muscles Acting on the Forearm

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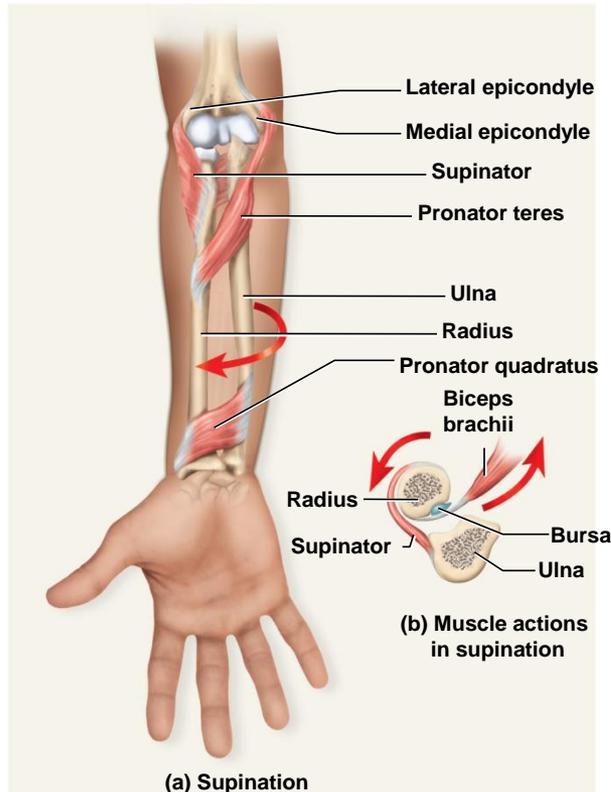


Figure 10.26a

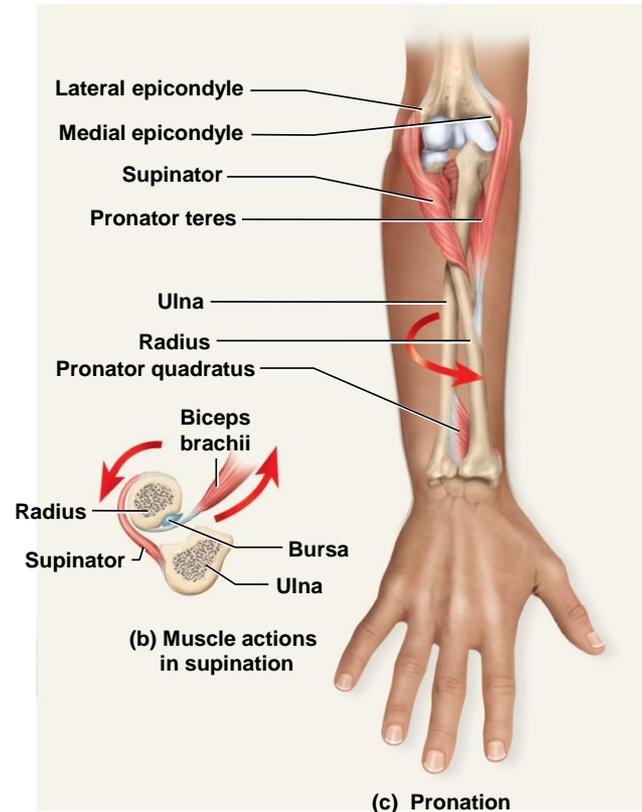


Figure 10.26c

- **Supination**

- **Supinator** muscle
- Palm facing anteriorly or superiorly

- **Pronation**

- **Pronator quadratus** and **pronator teres**
- Palm faces posteriorly or inferiorly

# Muscles Acting on the Wrist and Hand

- Anterior group
- Extrinsic muscles of the forearm
- Intrinsic muscles in the hand itself
- Extrinsic muscle actions
  - Flexion and extension of wrist and digits
  - Radial and ulnar flexion
  - Finger abduction and adduction
  - Thumb opposition

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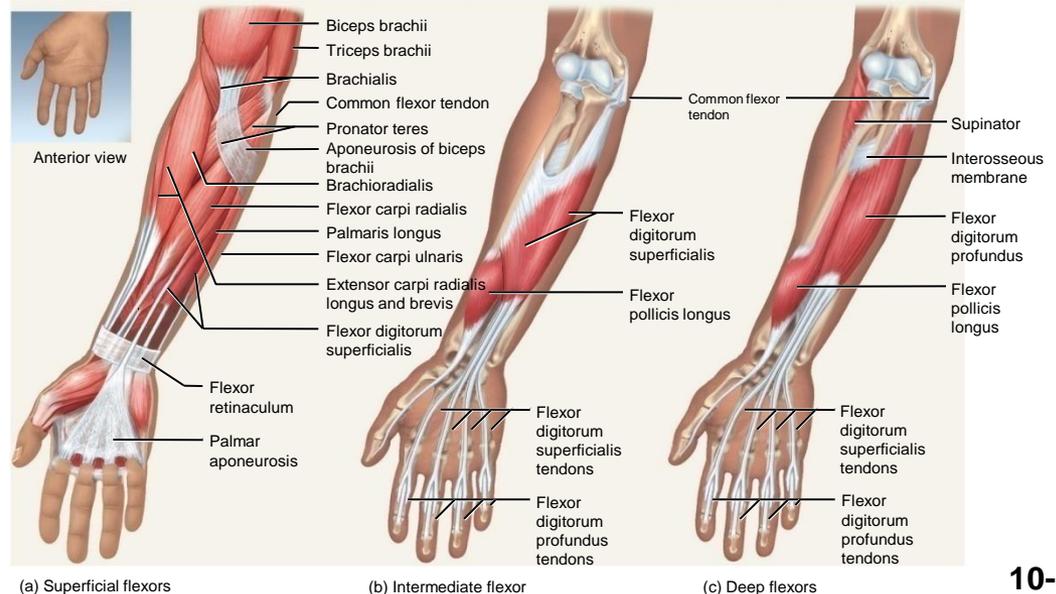


Figure 10.28a,b,c

# Muscles Acting on the Wrist and Hand

- **Anterior (flexor) compartment—superficial layer**
  - Flexor carpi radialis
  - Flexor carpi ulnaris
  - Flexor digitorum superficialis
  - Palmaris longus
- **Anterior (flexor) compartment—deep layer**
  - Flexor digitorum profundus
  - Flexor pollicis longus

# Cross Section of Upper Limb

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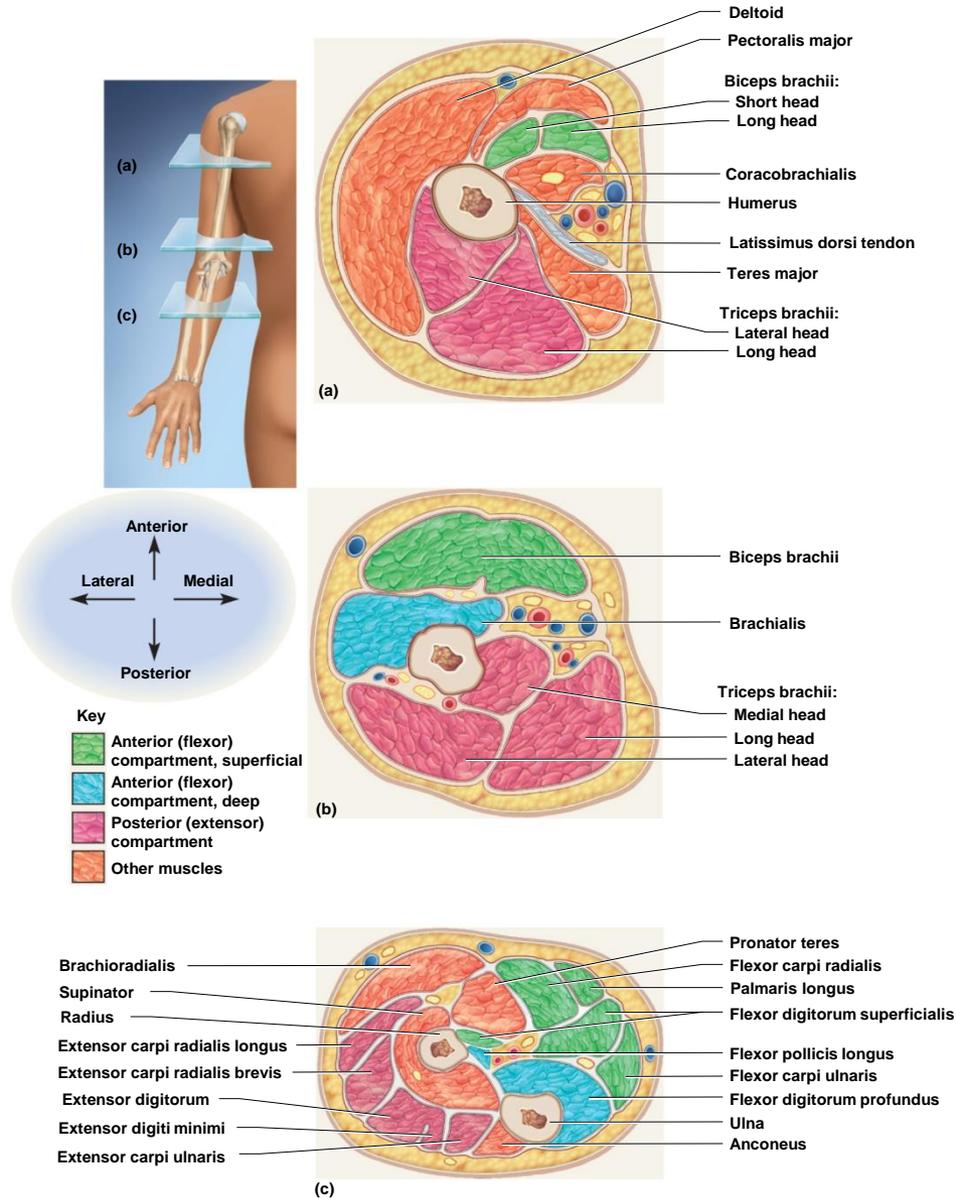


Figure 10.27a,b,c

# Muscles Acting on the Wrist and Hand

- Posterior group
- Extension of wrist and fingers, adduct/abduct wrist
- Extension and abduction of thumb (pollicis)
- *Brevis* means “short,” *ulnaris* indicates “on ulna side of forearm”

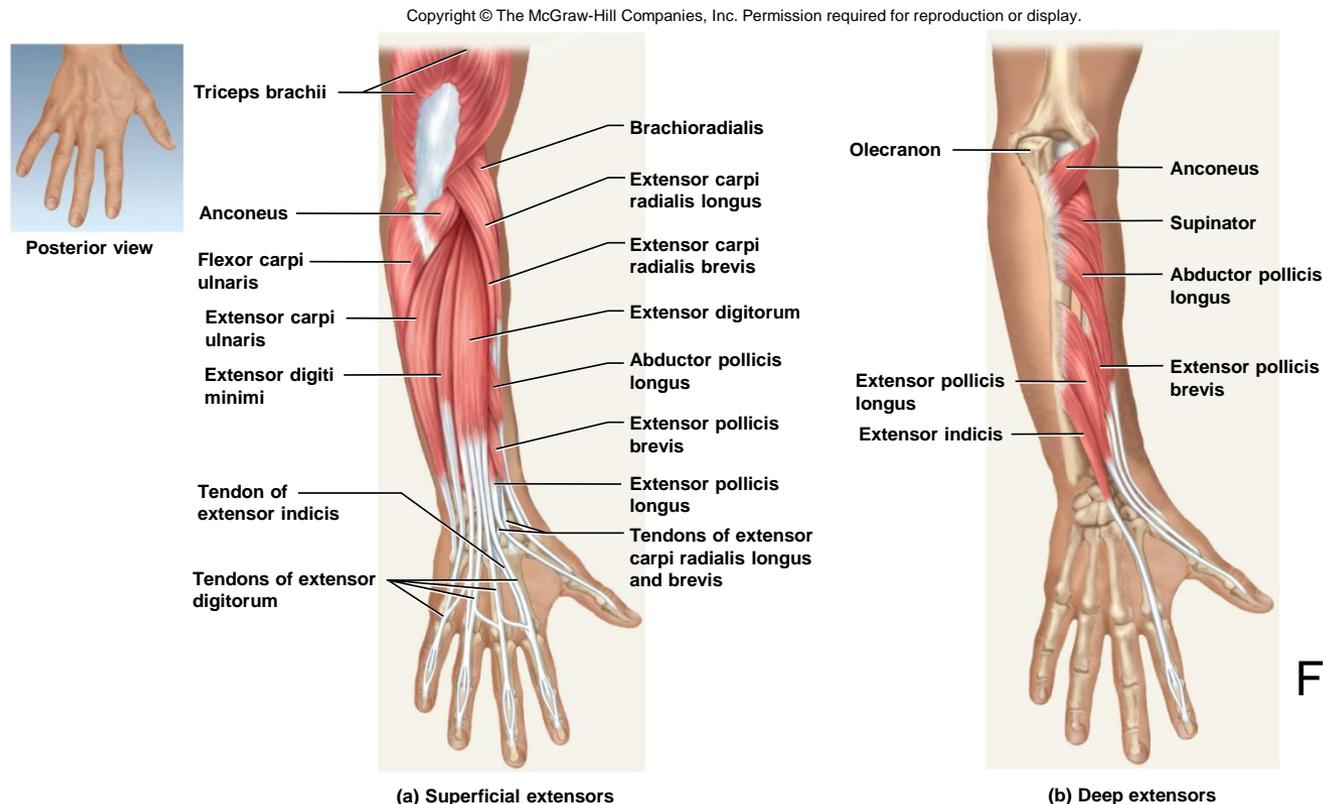


Figure 10.29a,b

# Muscles Acting on the Wrist and Hand

- **Posterior (extensor) compartment—superficial layer**
  - Extensor carpi radialis longus
  - Extensor carpi radialis brevis
  - Extensor digitorum
  - Extensor digiti minimi
  - Extensor carpi ulnaris
- **Posterior (extensor) compartment—deep layer**
  - Abductor pollicis longus
  - Extensor pollicis brevis
  - Extensor pollicis longus
  - Extensor indicis

# Carpal Tunnel Syndrome

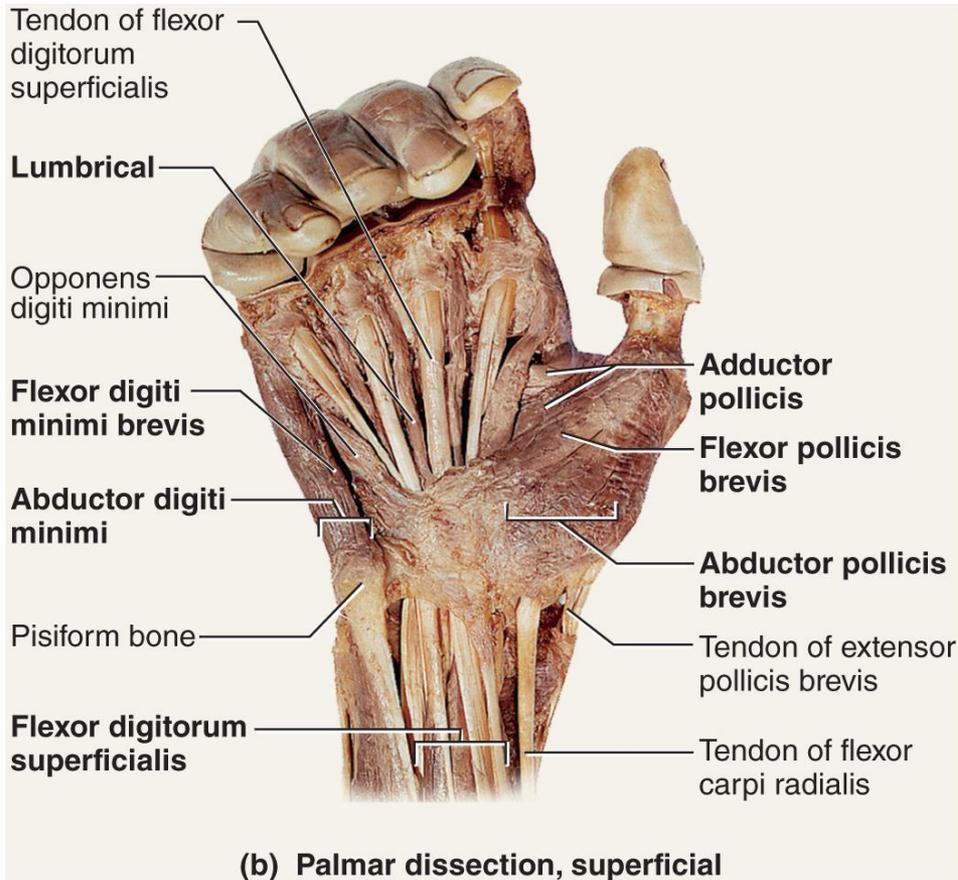
- **Flexor retinaculum**—bracelet-like fibrous sheet, passed under by flexor tendons crossing the wrist
- **Carpal tunnel**—tight space between the flexor retinaculum and the carpal bones
  - Flexor tendons passing through the tunnel are enclosed in tendon sheaths
    - Enable tendons to slide back and forth quite easily

# Carpal Tunnel Syndrome

- **Carpal tunnel syndrome**—prolonged, repetitive motions of wrist and fingers cause tissues in the carpal tunnel to become inflamed, swollen, or fibrotic
  - Puts pressure on median nerve of wrist that passes through the carpal tunnel along with flexor tendons
  - Tingling and muscular weakness in the palm and medial side of the hand
  - Pain may radiate to arm and shoulder
  - Treatment: anti-inflammatory drugs, immobilization of the wrist, and sometimes surgery to remove part or all of flexor retinaculum

# Carpal Tunnel Syndrome

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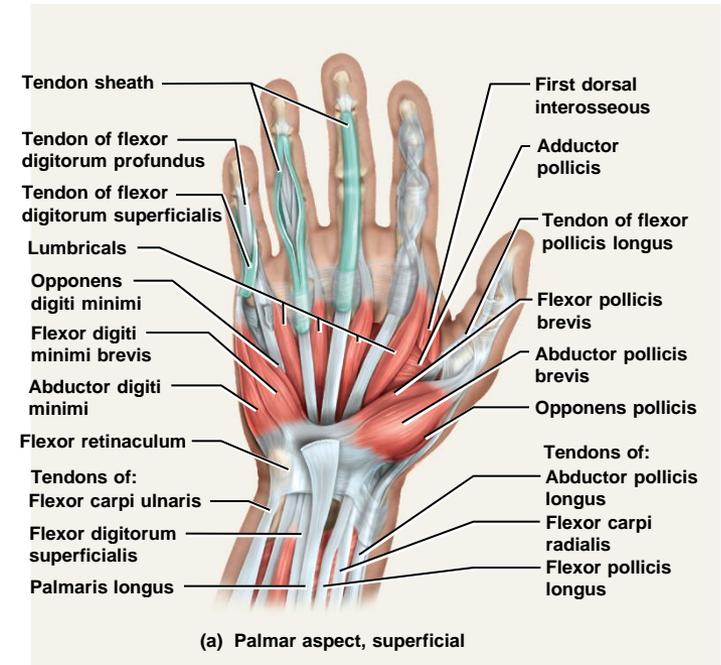
**(b) Palmar dissection, superficial**

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Figure 10.31b

Repetitive motions cause inflammation and pressure on median nerve

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**(a) Palmar aspect, superficial**

Figure 10.31a

# Intrinsic Muscles of the Hand

- **Thenar group**—form thick, fleshy mass at base of thumb
  - Adductor pollicis
  - Abductor pollicis brevis
  - Flexor pollicis brevis
  - Opponens pollicis
- **Hypothenar group**—fleshy base of the little finger
  - Abductor digiti minimi
  - Flexor digiti minimi brevis
  - Opponens digiti minimi
- **Midpalmar group**—hollow of palm
  - Dorsal interosseous muscles (4)
  - Palmar interosseous muscles (3)
  - Lumbricals (4 muscles)

# Muscles Acting on the Hip and Lower Limb

- **Expected Learning Outcomes**
  - Name and locate the muscles that act on the hip, knee, ankle, and toe joints.
  - Relate the actions of these muscles to the joint movements described in chapter 9.
  - Describe the origin, insertion, and innervation of each muscle.

# **Muscles Acting on the Hip and Lower Limb**

- **Body's largest muscles found in lower limb**
- **Less for precision, more for strength needed to stand, maintain balance, walk, and run**
- **Several cross and act on two or more joints**
- **Leg—the part of the limb between the knee and ankle**
- **Foot—includes tarsal region (ankle), metatarsal region, and the toes**

# Muscles Acting on the Hip and Femur

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- **Anterior muscles of the hip**
  - **Iliacus**
    - Flexes thigh at hip
    - Iliacus portion arises from iliac crest and fossa
  - **Psoas major**
    - Flexes thigh at hip
    - Arises from lumbar vertebrae
  - They share a common tendon on the femur

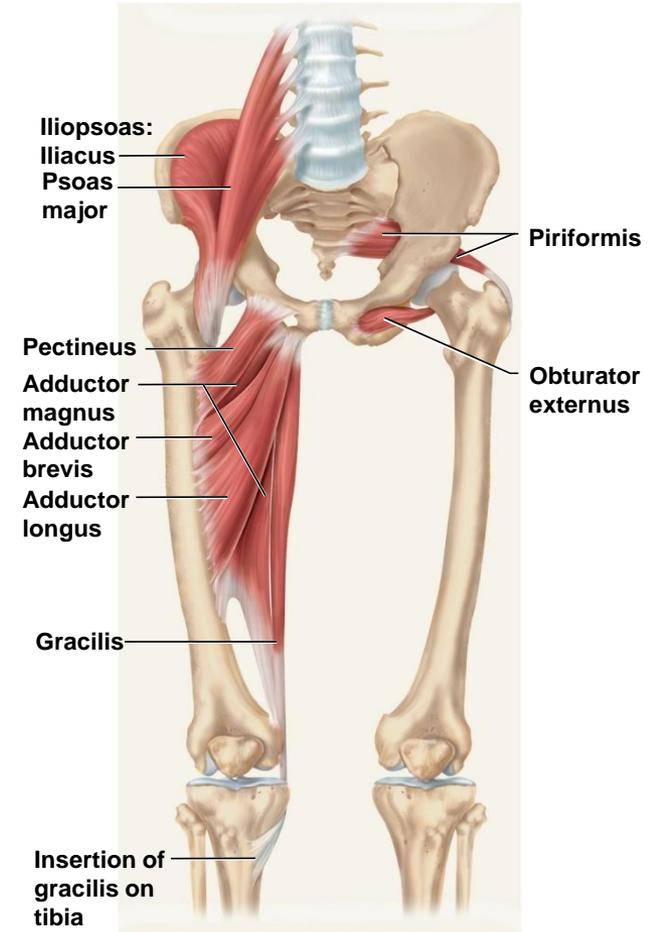
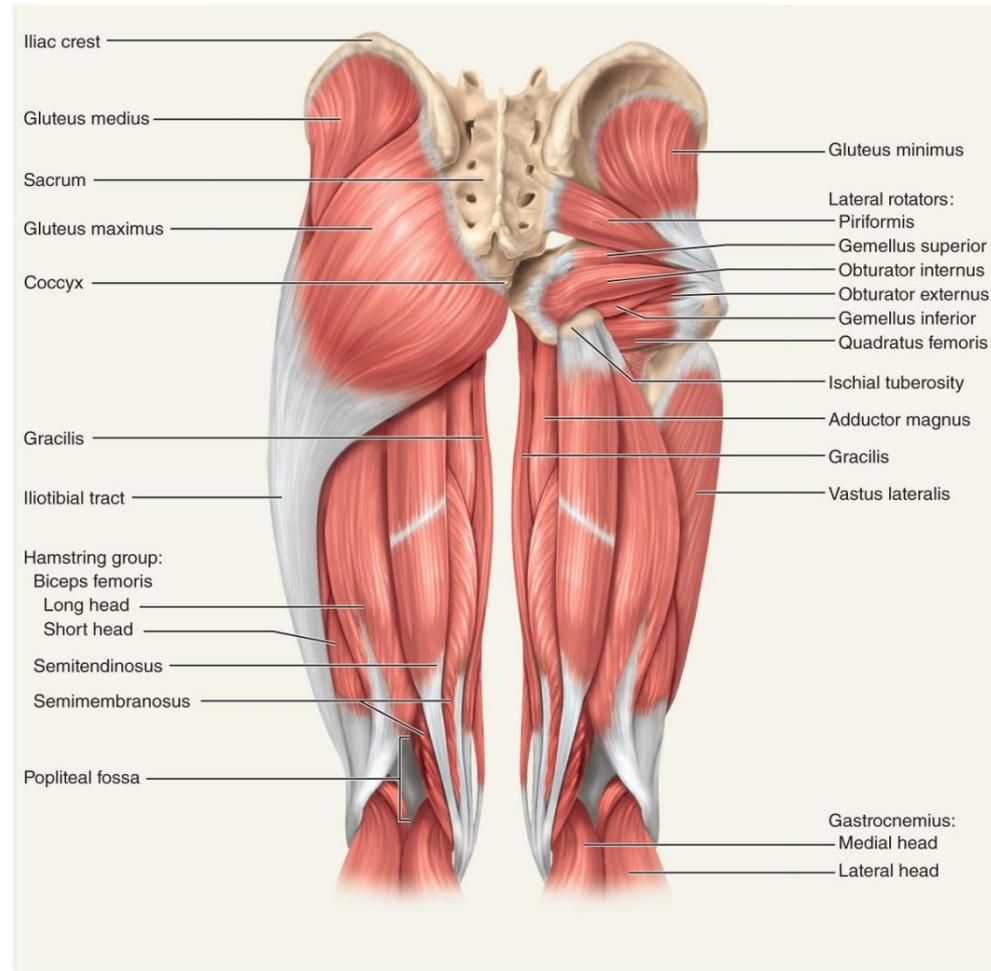


Figure 10.32

# Muscles Acting on the Hip and Femur

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- **Lateral and posterior muscles of the hip**
  - **Tensor fasciae latae**
    - Extends knee, laterally rotates knee
  - **Gluteus maximus**
    - Forms mass of the buttock
    - Prime hip extensor
    - Provides most of lift when you climb stairs
  - **Gluteus medius and minimus**
    - Abduct and medially rotate thigh

Figure 10.33

# **Muscles Acting on the Hip and Femur**

- **Posterior group**
- **Lateral rotators—six muscles inferior to gluteus minimus**
- **Deep to the two other gluteal muscles**
  - **Gemellus superior**
  - **Gemellus inferior**
  - **Obturator externus**
  - **Obturator internus**
  - **Piriformis**
  - **Quadratus femoris**

# Muscles Acting on the Hip and Femur

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- **Medial (adductor) compartment of thigh**
- **Five muscles act as primary adductors of the thigh**
  - Adductor brevis
  - Adductor longus
  - Adductor magnus
  - Gracilis
  - Pectineus

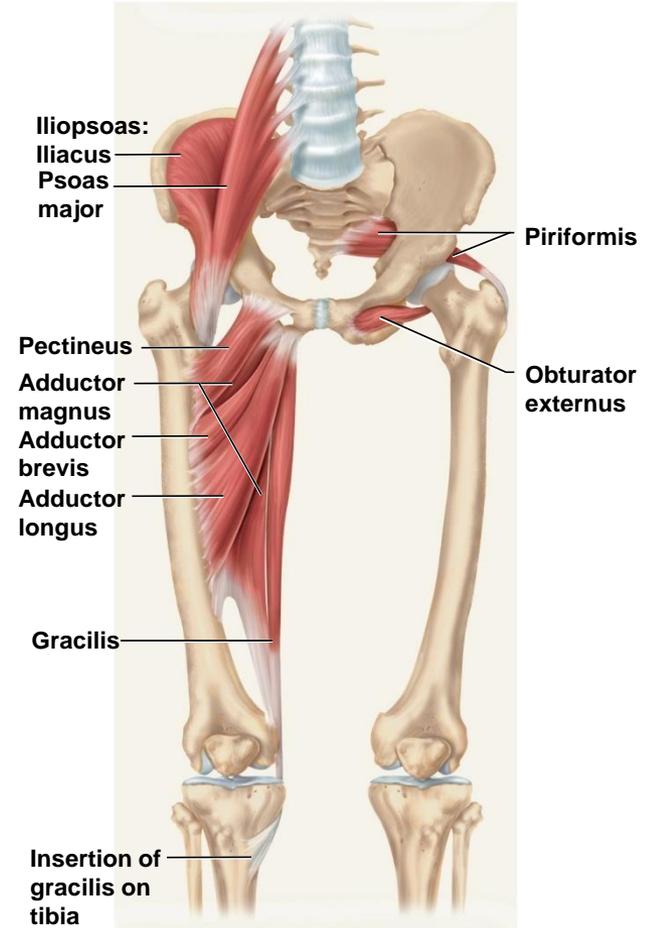


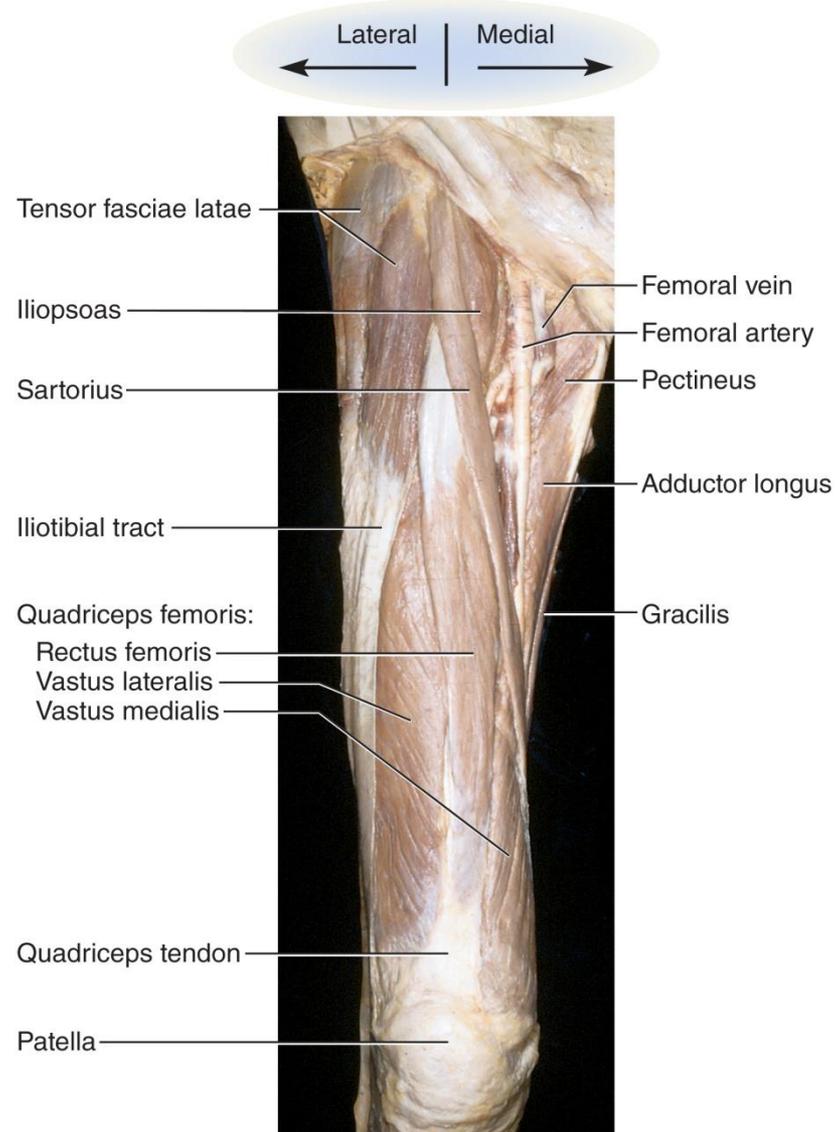
Figure 10.32

# Muscles Acting on the Knee and Leg

- **Anterior (extensor) compartment of the thigh**
  - Contains large **quadriceps femoris** muscle
    - Prime mover of knee extension
    - Most powerful muscle in the body
    - Has four heads—**rectus femoris, vastus lateralis, vastus medialis, and vastus intermedius**
      - All converge on single quadriceps (patellar) tendon
      - Extends to patella
      - Then continues as patellar ligament
      - Inserts on tibial tuberosity
  - **Sartorius**: longest muscle in the body
    - “Tailor’s muscle”

# Anterior Thigh Cadaver Muscles

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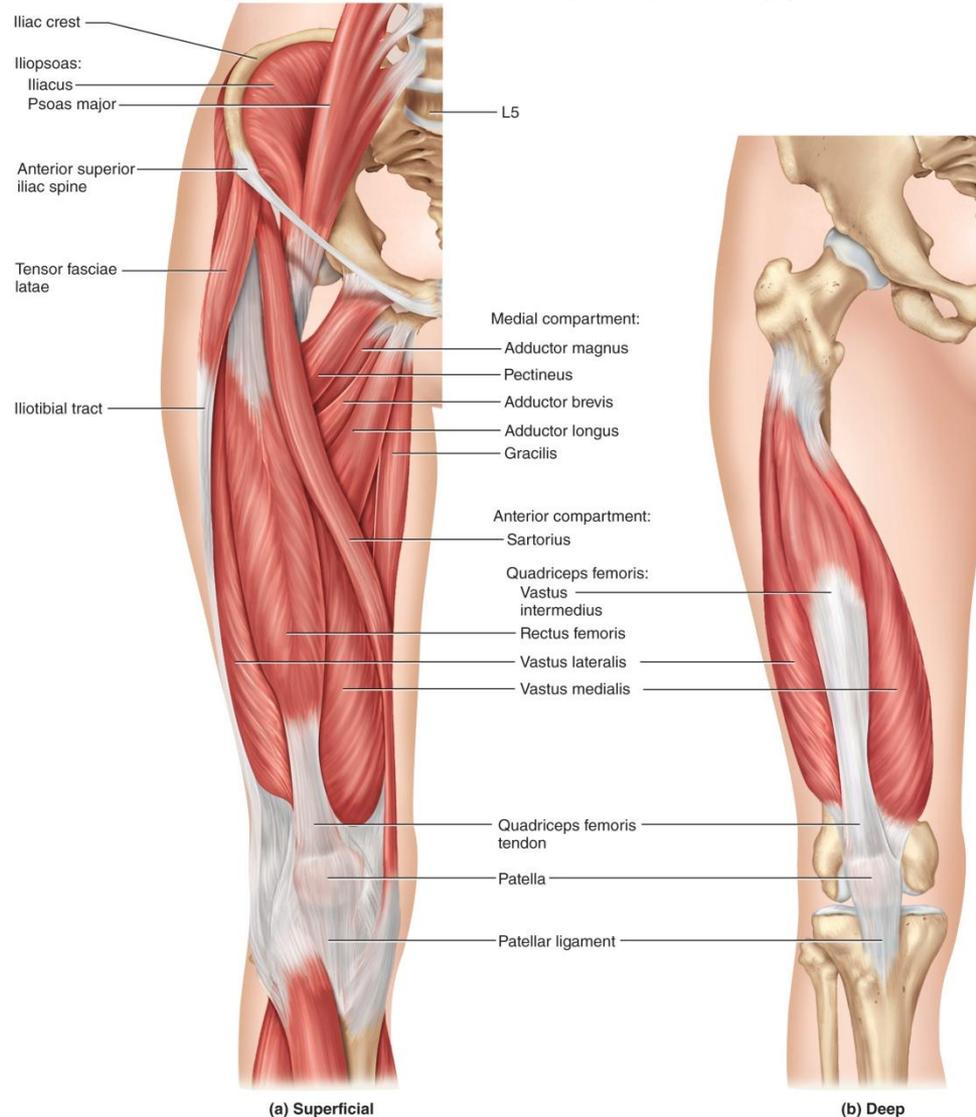


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Figure 10.34

# Muscles Acting on the Knee and Leg

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(a) Superficial

(b) Deep

Figure 10.35a,b

# Muscles Acting on the Knee and Leg

- **Posterior (flexor) compartment of the thigh**
  - Contains hamstring muscles
  - From lateral to medial:
    - Biceps femoris**
    - Semitendinosus**
    - Semimembranosus**

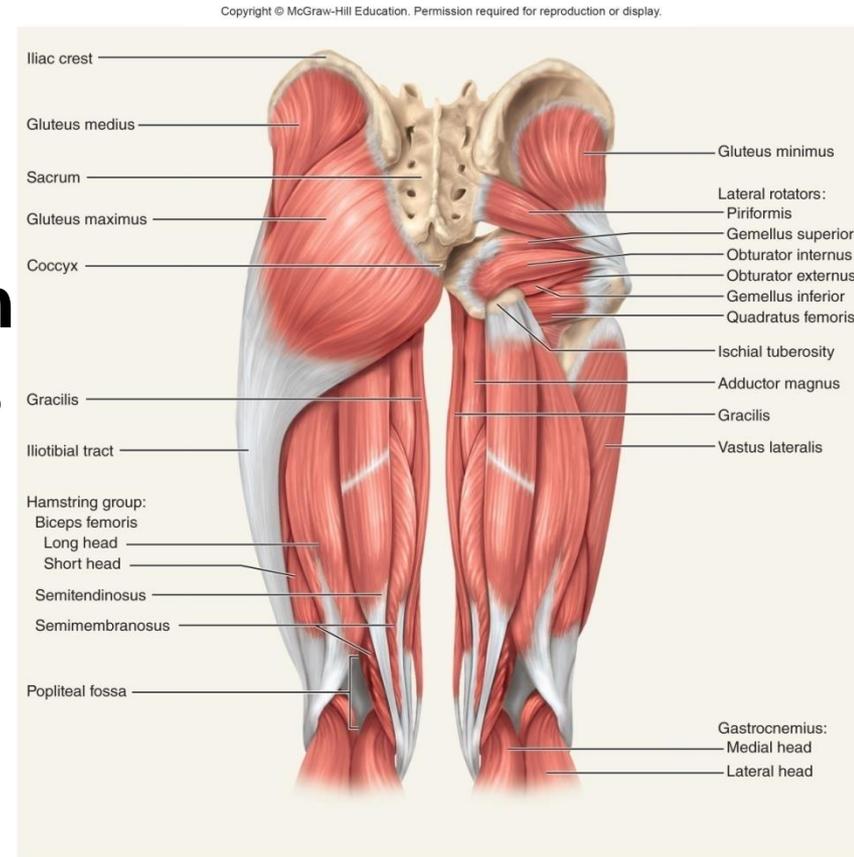
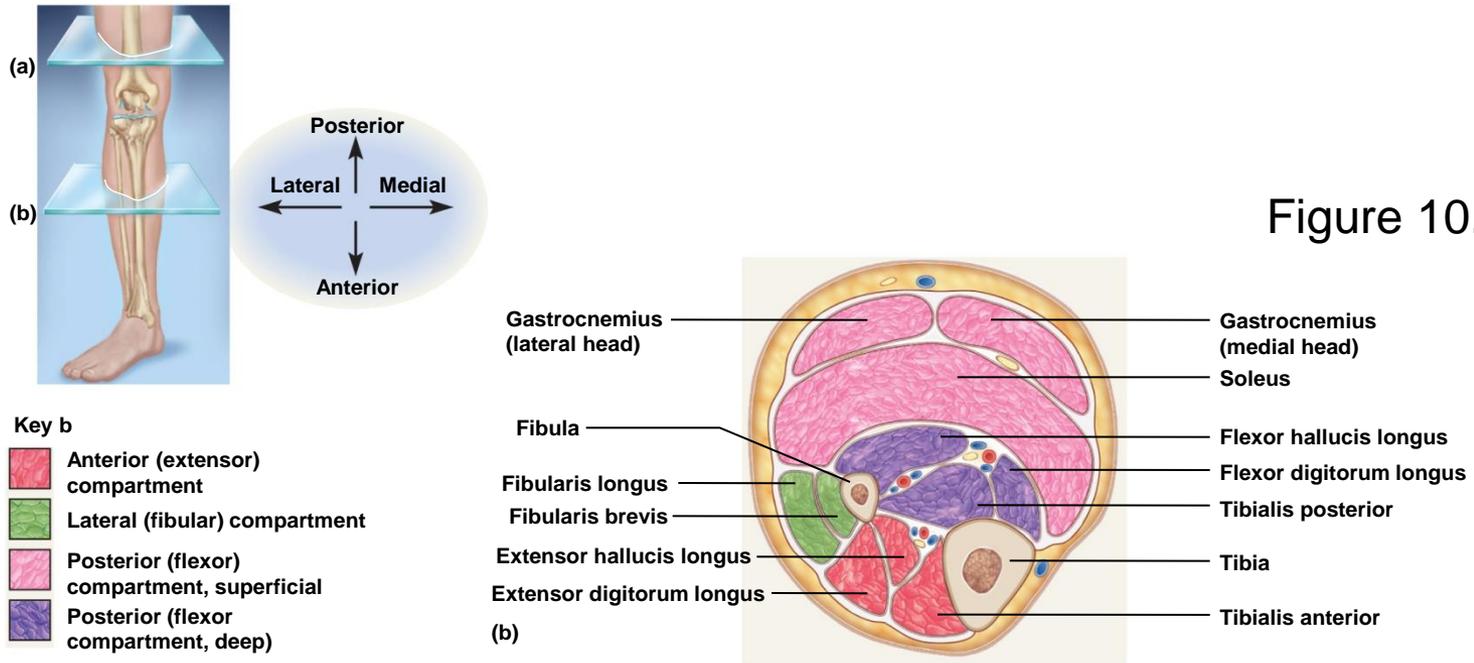


Figure 10.33

# Muscles Acting on the Foot

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- **Crural muscles, acting on the foot, are separated into three compartments**
  - Anterior compartment (red)
  - Fibular (lateral) compartment (green)
  - Posterior compartments (superficial = pink) (deep = purple)

# Muscles Acting on the Foot

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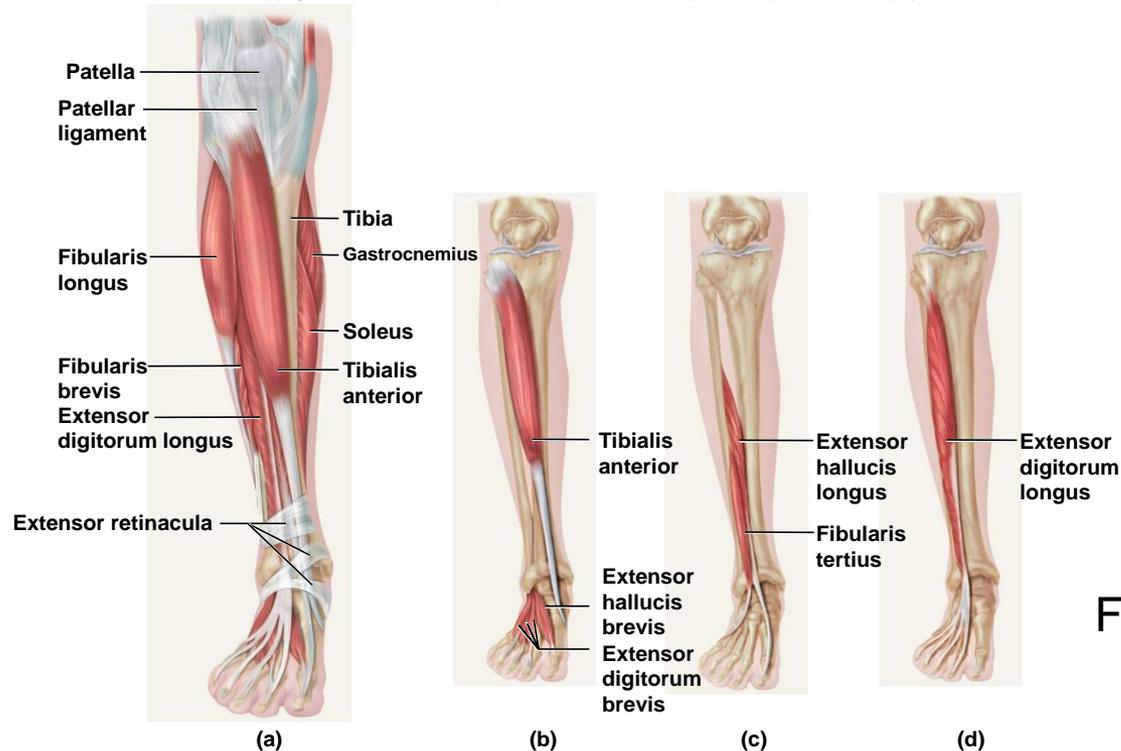


Figure 10.38a–d

- **Anterior (extensor) compartment of the leg**
  - Dorsiflex the ankle
  - Prevent toes from scuffing ground when walking
  - **Fibularis (peroneus) tertius**
  - **Extensor digitorum longus**
  - **Extensor hallucis longus**
  - **Tibialis anterior**

# Muscles Acting on the Foot

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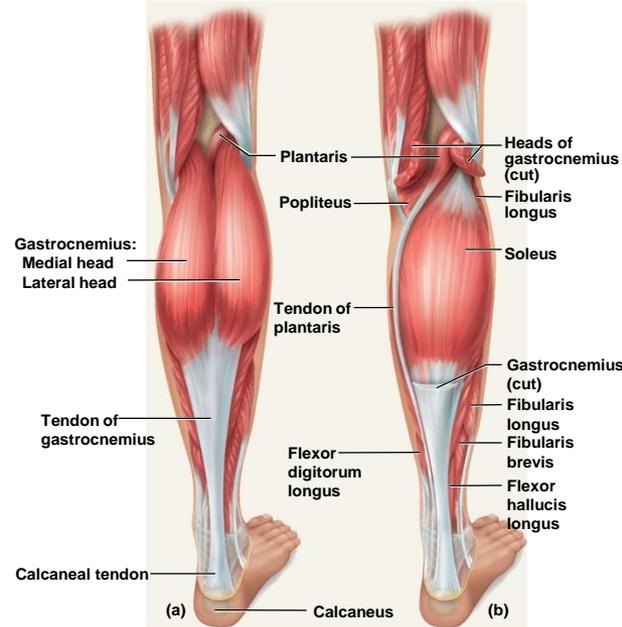


Figure 10.38a,b

- **Posterior compartment**—three muscles of the superficial group
  - **Gastrocnemius:** plantar flexes foot, flexes knee
  - **Soleus:** plantar flexes foot
  - **Plantaris:** weak synergist of triceps surae
- **Triceps surae**—collective name for *gastrocnemius* and *soleus*
  - Inserts on calcaneus by way of the calcaneal (Achilles) tendon
  - Strongest tendon in the body

# Muscles Acting on the Foot

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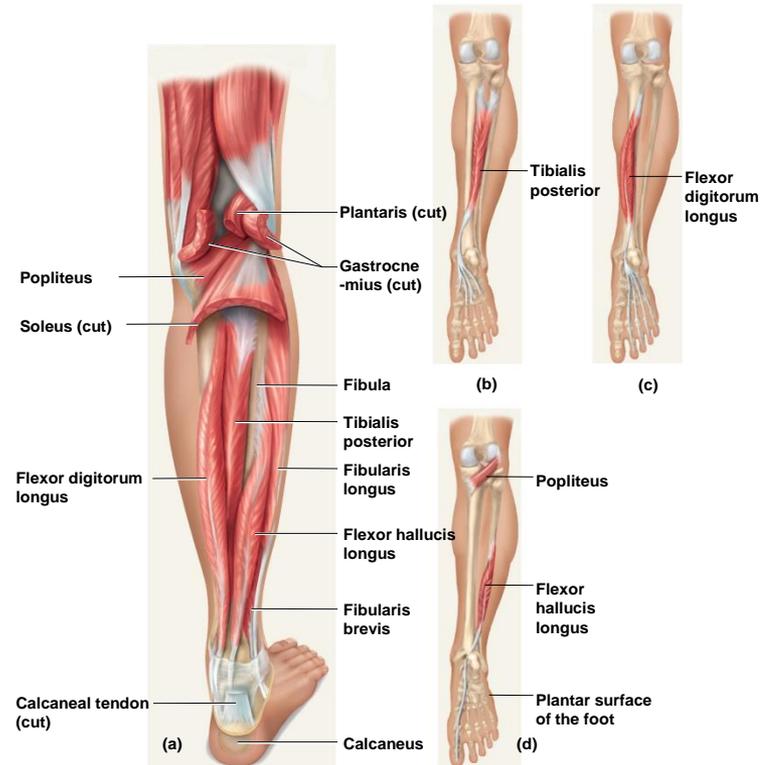
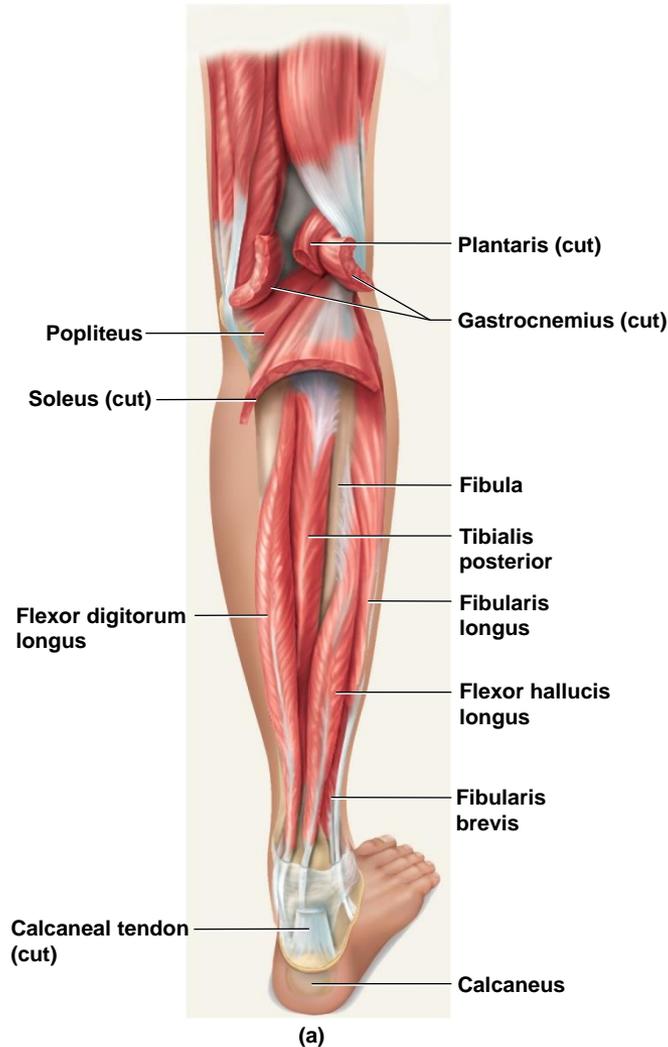


Figure 10.39

- **Posterior compartment**—four muscles in the deep group
  - **Flexor digitorum longus:** flexes phalanges
  - **Flexor hallucis longus:** flexes great toe
  - **Tibialis posterior:** inverts foot
  - **Popliteus:** acts on knee

# Muscles Acting on the Foot

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- **Lateral (fibular) compartment—two muscles**
  - **Fibularis longus**
  - **Fibularis brevis**
- **Both plantar flex and evert the foot**
- **Provide lift and forward thrust**

Figure 10.39a

# Intrinsic Muscles of Foot

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- **One dorsal muscle**
  - Extensor digitorum brevis extends toes

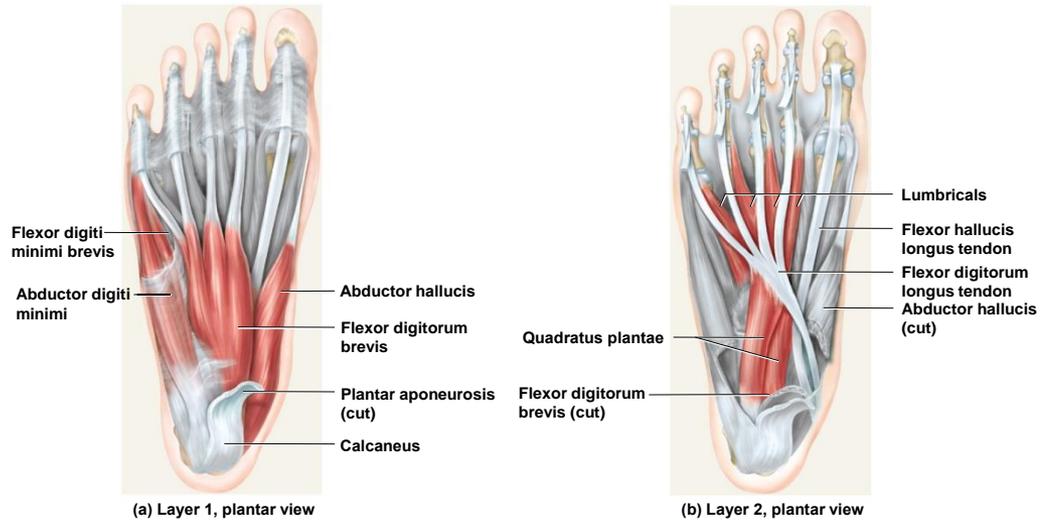
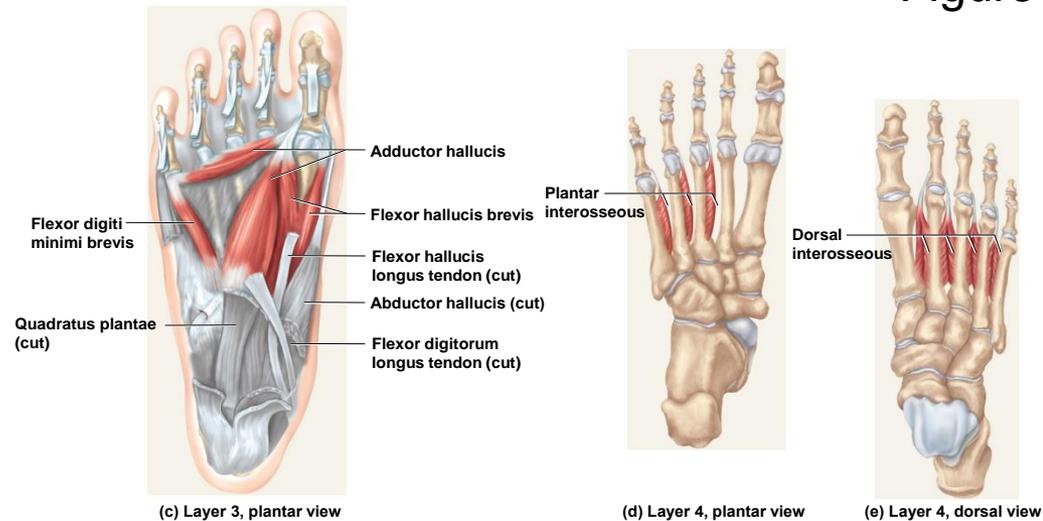


Figure 10.41a–e

- **Four ventral muscle layers**
  - Support arches
  - Abduct and adduct the toes
  - Flex the toes



Dorsal view

# Common Athletic Injuries

- **Muscles and tendons are vulnerable to sudden and intense stress**
- **Proper conditioning and warm-up needed**
- **Common injuries include:**
  - Compartment syndrome
  - Shin splints
  - Pulled hamstrings
  - Tennis elbow
  - Pulled groin
  - Rotator cuff injury
- **Treat with rest, ice, compression, and elevation**
- **“No pain, no gain” is a dangerous misconception**