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Hamstrings

Consists of:



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#### Hamstrings (cont)

- Bicep Femoris



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#### Hamstrings (cont)

- Semimembranosus



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Hamstrings (cont)

-Semitendinosus



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#### Bicep Femoris



Origin: Long head: inferomedial upper area of the ischial tuberosity and sacrotuberous ligament

Short head: lateral lip of linea aspera

Insertion: Head of the fibula

NS: Long head: Tibial nerve Short head: Common fibular nerve

Action: Flexes know joint, laterally rotates knee joint when knee is flexed, long head extends hip joint



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#### Semimembronous



Origin: Ischial Tuberosity

Insertion: Medial condyle of femur NS: Tibial part of sciatic nerve (L5 -S2) Actions: Extends hip and flexes knee



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#### Semitendinosus



Origin: Tuberosity of the ischium

**Insertion:** Per anserinus **NS:** Sciatic (tibial L5-S2)

Action: Flexion of knee, extension of the hip joint



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#### Hamstring TrPs



C B

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#### Sartorius



Origin: ASIS

Insertion: Anteromedial surface of the proximal tibia (pes anserinus)

NS: Femoral nerve L2-L3

Action: Flexion, Abduction and lateral rotation of the hip and flexion of the knee



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#### Sartorius - Palpation





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#### Sartorius TrPs



- Usually superficial sharp/tingling pain
- Rarely seen alone as a myofascial pain producer
- Sleeping/lying with hips and knees flexed can cause TrPs in this muscle
- Active during seated cycling
- Consider this muscle in patients with meralgia paraesthetica along with quads and iliacus



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#### Tensor Fascia Lata (TFL)



Origin: ASIS

Insertion: Iliotibial tract

NS: Superior Gluteal nerve (L4-S1)

Action: Hip - Flexion, medial rotation, abduction Knee- Lateral rotation Torso - Stabilisation



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#### TFL and ITB palpation



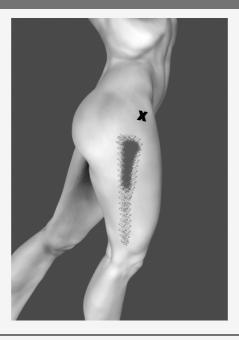


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#### TFL TrP



- Can be misdiagnosed as tronchanteric bursitis
- Running/walking on sloped surfaces increase risk of TrPs
- Tightness of TFL can lead to a short leg when prone/supine
- TrPs in anterior glut mini can lead to TrPs in TFL
- Tight QL, TFL overpower weak/inhibited Glut med leads to lumbar lordosis deal with tight muscles first before strengthening glut med



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Quadriceps

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#### Quadriceps (cont)

- Rectus Femoris



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#### Quadriceps (cont)

- Vastus Intermedius



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#### Quadriceps (cont)

- Vastus Lateralis



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Quadriceps (cont)

- Vastus medialis

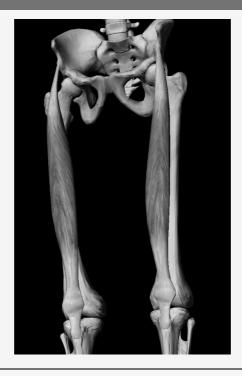


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#### Rectus Femoris



Origin: AllS and bony ridge Insertion: Patellar tendon NS: Femoral nerve L2-L4

Action: Knee extension, Hip flexion



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#### Rectus Femoris TrPs



- Felt deep in knee joint
- Wakes pt up at night pain infront of patella and lower anterior thigh
- Knee pain + sense of weakness going down stairs
- Can diminishe the L4 reflex
- Secondary TrPs in other quad muscles and iliopsoas major



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#### Vastus Intermedius



Origin: Anteriolateral femur Insertion: Patella tendon NS: Femoral nerve L2-L4 Action: Extension of the knee

Articulus genu - small muscle , usually blends in VI, thought to retract synovial suprapatellar bursa proximal during extension



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#### Vastus Intermedius TrPs



- TrPs cause difficulty straightening the knee
- Buckling knee can be TrPs in vastus intermedius and 2 heads of gastrocnemius



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#### Vastus Lateralis



The largest of the quads

Origin: GT, intertrochanteric line and linea aspera of the femur

**Insertion**: Patella tendon **NS**: Femoral nerve L2-L4

Action: Extends and stabilise knee



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#### Vastus Lateralis TrP



- Lying on affected side can disturb sleep
- TrP can cause stuck patella syndrome (patella loses all passive movement stiff leg and dragging foot)
- Anterior fibres of Glut mini can cause satellite Trps in VL



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#### Vastus Medialis



Origin: Medial side of femur Insertion: Quads tendon NS: Femoral Nerve L2-L4 Action: Extends knee



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#### Vastus Medialis TrP



- Produce toothache like pain deep in the knee joint that interrupts sleep, pain fades over weeks and then buckling and weakness occurs
- Excessive pronation of the foot and Morton's foot can lead to TrPs in this muscle



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#### Pectineus



Location of the Pectineus (black)

Origin: Pectineal line of the pubic bone
Insertion: Pectineal line of the femur

NS: Femoral Nerve L2-L3 and accessory obturator L3

Action: Adduction and flexion of the thigh



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#### Pectineus - Palpation



- Hip slightly flexed and lateral rotated
- Pt adducts hip slightly
- Slide off adductor tendon laterally



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#### Pectineus TrP



- Should be checked for TrPs after treating ilipsoas and adductor TrPs



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#### Adductor Brevis



Origin: Anterior surface of inferior Ramus and body of the pubis

Insertion: Lesser tronchanter and linea aspera

NS: Obturator nerve L2-L3

Action: Adducts thigh, controls leg swing through gait cycle and postural control



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#### Adductor Brevis TrPs





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#### Adductor Longus



Origin: Pubic body, below pubic crest Insertion: Middle 1/3 of linea aspera NS: Anterior branch obturator nerve L2-L4 Action: Adduction of hip, flexion of hip joint



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Adductor Longus TrPs

Same as Adductor Brevis



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#### Adductor Longus TrPs (cont)

- Common cause of groin pain



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#### Adductor Longus TrPs (cont)

- Adductor longus bilateral TrPs can occur in horse riders - check for lumbar lesions



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#### Adductor Magnus



Origin: Pubis, tuberosity of ischium

Insertion: Linea Aspera and adductor tubercle of femur

NS: Posterior branch of obturator nerve and sciatic nerve (L2-L4)

Action: Both portions adduct hip, hip flexion (adductor portion), Ext hip (Hamstring portion)

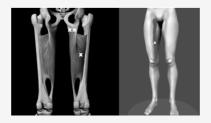


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#### Adductor magnus TrPs



- TrP below pubic bone can refer pain into rectum, pubic bone, vagina or bladder pain is sharp and shooting
- Adductor Magnus active when climbing stairs, inactive when descending



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#### Gracilis



Origin: Ischiopubic Ramus Insertion: Tibia (pes anserinus)

**NS**: Anterior branch of obturator nerve L2-L3 **Action**: Flexes, medially rotates and adducts hip



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Gracillis TrPs



- Can be hot/stinging pain that travels along inside of thigh



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