



Appendicular Skeleton

Introduction to Anatomy and Embryology

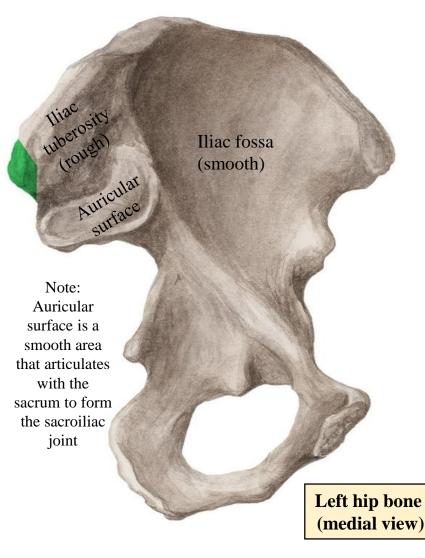
Lab 4

Hip bone & Femur

Dr. Heba Kalbouneh DDS, MSc, DMD/PhD Professor of Anatomy, Histology and Embryology

Hip bone

Inner or pelvic surface



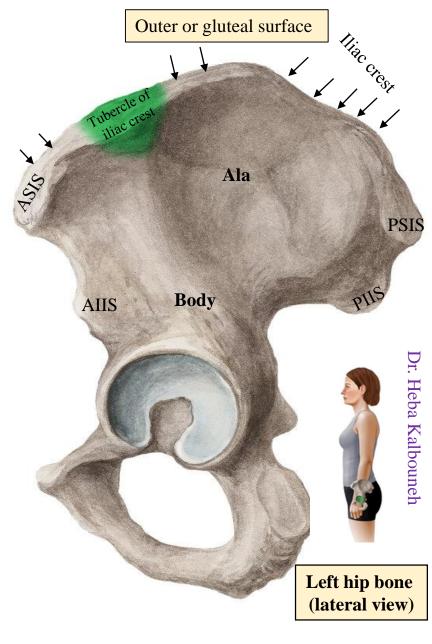
Hip bone is formed of 3 bones: Ilium, Pubis, Ischium

Ilium: is the upper part of hip bone.

It has 2 parts: Body and ala (wing)

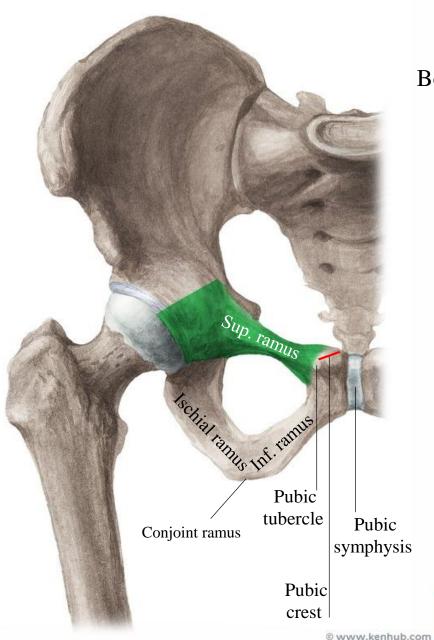
It has 3 borders:

- ✓ **Superior border:** called iliac crest (palpable). The iliac tubercle is located approximately 5 cm posterior to the ASIS on the iliac crest.
- ✓ **Anterior border** which presents the anterior superior iliac spine (ASIS) & anterior inferior iliac spine (AIIS).
- ✓ **Posterior border** which presents the posterior superior iliac spine (PSIS) & posterior inferior iliac spine (PIIS).



It has 2 surfaces:

- ✓ **Outer or gluteal surface** which has 3 gluteal lines (posterior, middle & inferior).
- ✓ Inner or pelvic surface which shows iliac fossa, iliac tuberosity and auricular surface (which articulates with sacrum).



Pubis: is the anterior-inferior part of hip bone.

It has 3 parts: Body, superior ramus and inferior ramus.

Pubic crest is the upper border of the body of pubis.

Pubic crest ends laterally by the **pubic tubercle.**

The medial surface of the body articulates with the opposite pubis to form the **pubic symphysis.**

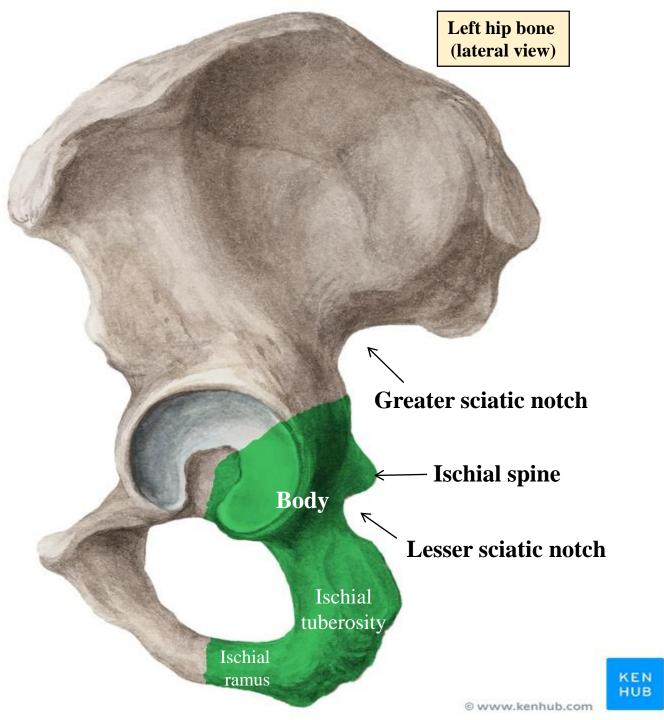
The inferior ramus of the pubic bone joins the ischial ramus to form the **conjoint ramus (ischiopubic ramus)**.

KEN

HUB

Outer or gluteal surface





Ischium: is the posterior-inferior part of hip bone.

It has 4 parts:

Body

Ischial tuberosity: (sitting bone) it is related to bursa to reduce friction during sitting.

Ischial spine: which separates the greater sciatic notch from the lesser sciatic notch.

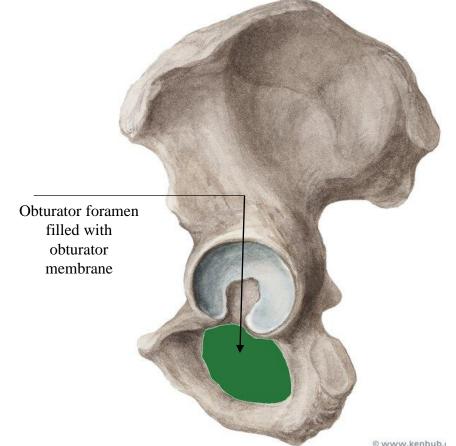
Ischial ramus: which joins the inferior pubic ramus to form ischiopubic (conjoint) ramus.

Obturator foramen

- ✓ A large opening below the acetabulum.
 - ✓ In living subjects, it is filled with obturator membrane except superiorly



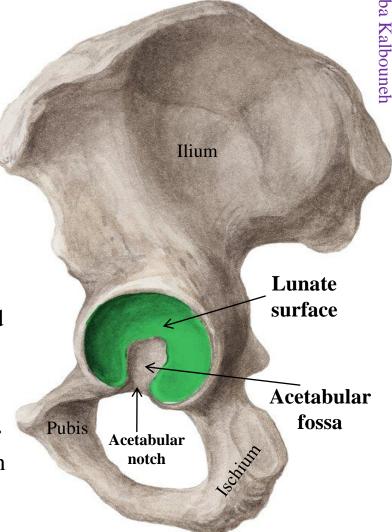
Obturator canal for the passage of obturator vessels and nerve.



Acetabulum

- ✓ It is a hollow depression located on the lateral aspect of the hip bone.
 - ✓ It is directed laterally, downwards and forwards.
- ✓ A fibrocartilaginous lip called **acetabular labrum**, is attached to the margin of the acetabulum to increase its depth.

- ✓ The acetabulum articulates with head of femur to form hip joint.
 - ✓ It is notched inferiorly by the **acetabular notch** which is bridged by the **transverse acetabular ligament** (part of the acetabular labrum).
 - ✓ Its cavity presents a horse-shoe shaped articular surface called **Lunate** surface.
 - ✓ The lunate surface surrounds a non articular depression called **acetabular fossa** which is occupied by fat tissue in living subjects.



Anatomical position of the hip bone

It is very important to understand the anatomical position of the hip bone.

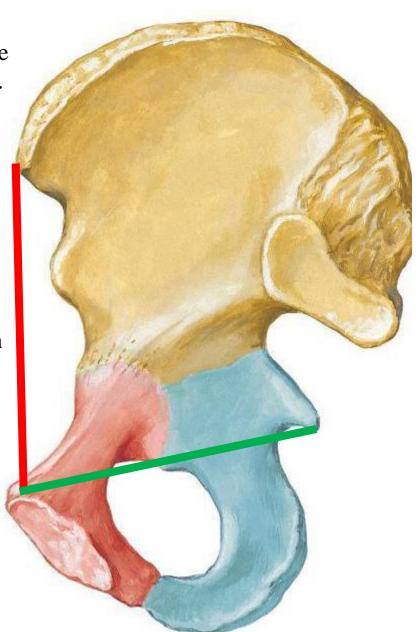
In anatomical position:

1-The anterior superior iliac spine and the pubic tubercle lie in the same vertical plane.

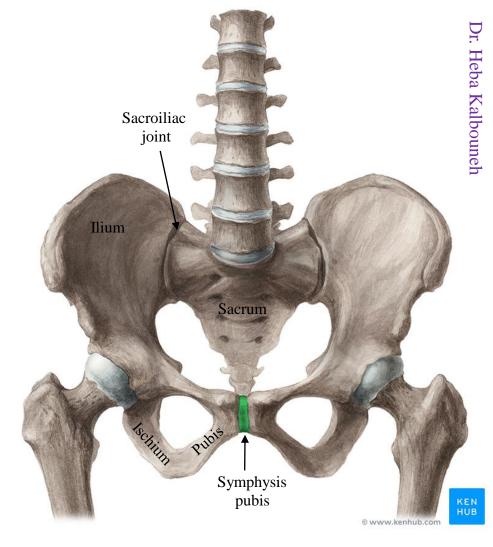
2-The ischial spine and the upper border of the symphysis pubis lie in the

same horizontal plane.

It means that the pelvis is looking forward in the anatomical position



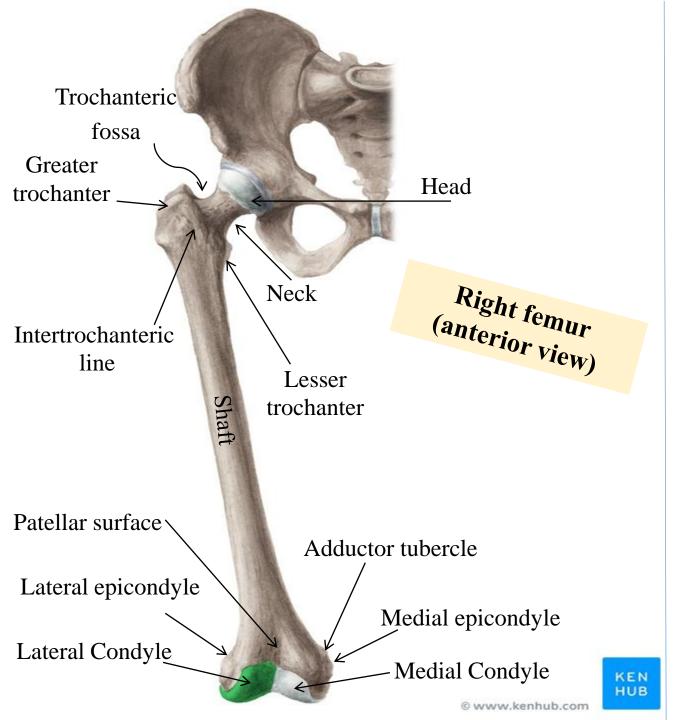
The 2 hip bones with the sacrum form the pelvis



Now look! where does the pelvis look? It is looking right at you! Never upwards

During your first practical session, make sure to have a look at the anatomical position of the pelvis

Femur



Femur (thigh bone)

It is the longest & strongest bone in the body. It has:

Upper end, consists of:

Head (shows fovea) and neck.

Greater trochanter (Its medial surface shows **trochanteric fossa**)

Lesser trochanter

Intertrochanteric line (anterior) & intertrochanteric crest (posterior) between greater and lesser trochanters.

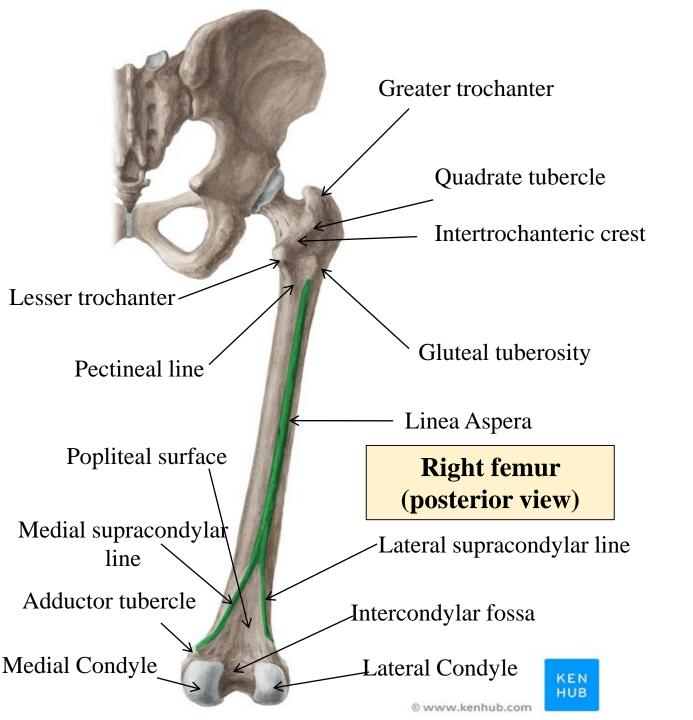
Lower end, consists of:

Medial and lateral condyles: The lateral condyle is more prominent.

The two condyles are fused anteriorly to form a **patellar surface** and separated posteriorly to form an **intercondylar fossa.**

Medial and lateral epicondyles

Adductor tubercle is a prominence present at the lower end of the medial supracondylar line.

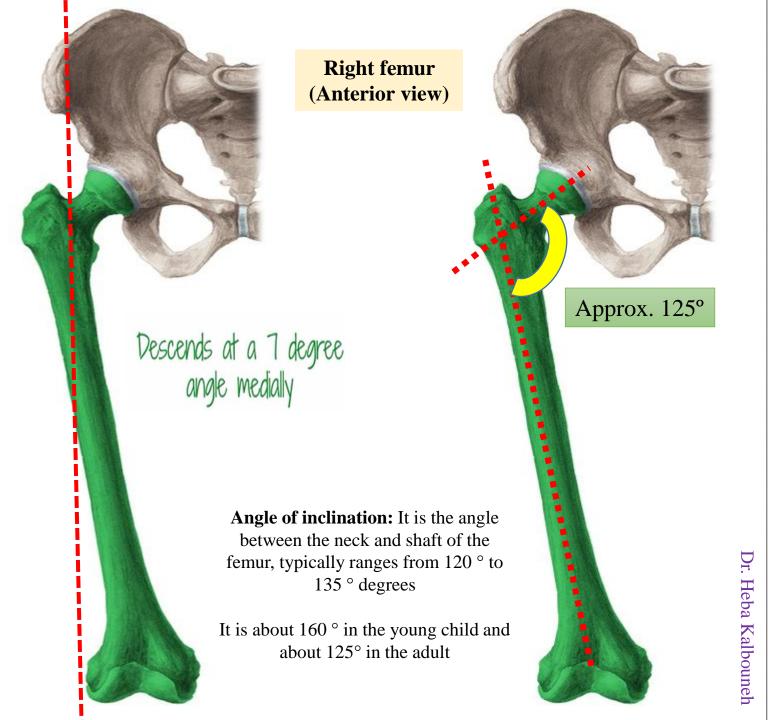


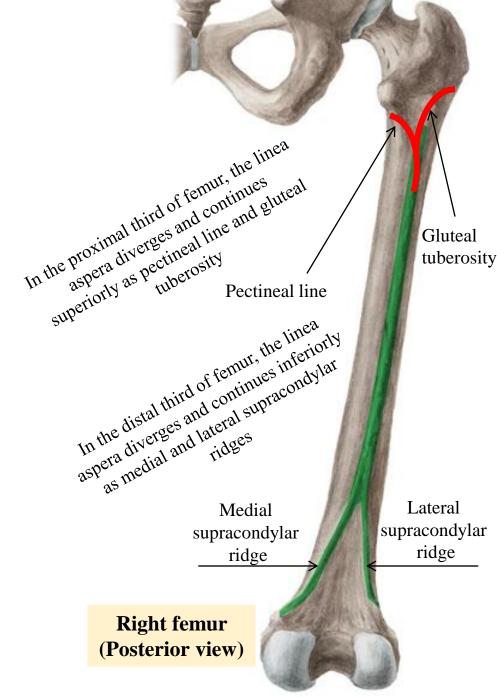
Shaft: It presents

Anterior surface convex smooth anteriorly.

Posterior surface shows:

- Intertrochanteric crest
- **Quadrate tubercle** is a small tubercle found on intertrochanteric crest.
- Gluteal tuberosity (lateral)
- **Pectineal line** (medial)
- Linea aspera (has a medial & lateral lips)
- Medial & lateral supracondylar ridges
- Popliteal surface of femur.





Articulations of hip bones

Articulation of hip bones

1. The hip bones articulate with the sacrum at the sacroiliac joints posteriorly.

2. The hip bones articulate with one another at the **symphysis pubis anteriorly.**

3. The hip bone articulates with femur at the **hip joint laterally.**

The **hip joint** is the joint between the head of femur and lunate surface of acetabulum (Acetabulofemoral joint).

Type: Ball and socket synovial joint.

Movements: flexion, extension, abduction, adduction, medial & lateral rotation & circumduction.

Ligaments:

Extracapsular: Iliofemoral, pubofemoral, ischiofemoral ligaments

Intracapsular: Ligament of head of femur, transverse ligament of acetabulum.

The **sacroiliac joint** is the joint between sacrum and the ilium bones of the pelvis.

Type: plane synovial joint.

The main function of the joint is to bear the weight of the axial skeleton and transfer it to the hip bones. The weight can then be distributed to the two femurs in the standing position, or the ischial bones in the seated position.

The **symphysis pubis** is the joint between the left and right pubic bones.

Type: Secondary cartilaginous joint.

The movements in the pubic symphysis are very limited but very important for cushioning the stress related to physical activity particularly while walking and running. During pregnancy, circulating hormones (e.g. relaxin) cause structural changes in the pubic symphysis in order to increase its width and mobility to prepare the pelvis for childbirth.

