

Hamstrings

Consists of:

- Bicep Femoris
- Semimembranosus
- Semitendinosus

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 knee joint, laterally rotates knee joint when knee is flexed, long head extends hip joint

Semimembranosus



Origin: Ischial Tuberosity

Insertion: Medial condyle of femur

NS: Tibial part of sciatic nerve (L5 -S2)

Actions: Extends hip and flexes knee



By **Siffi** (Siffi)
cheatography.com/siffi/

Not published yet.
Last updated 7th May, 2021.
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Semitendinosus



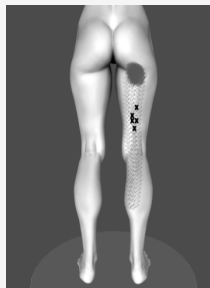
Origin: Tuberosity of the ischium

Insertion: Per anserinus

NS: Sciatic (tibial L5-S2)

Action: Flexion of knee, extension of the hip joint

Hamstring TrPs



Sartorius

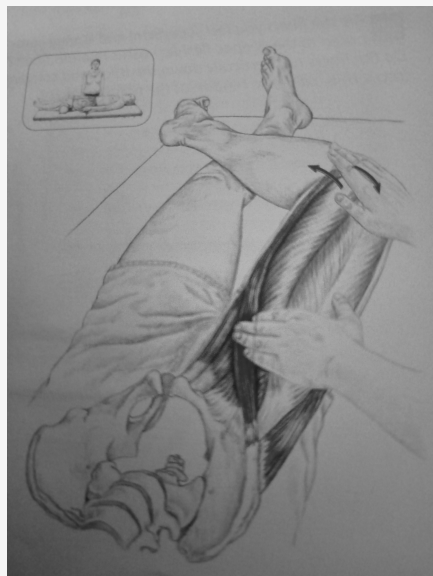


Origin: ASIS

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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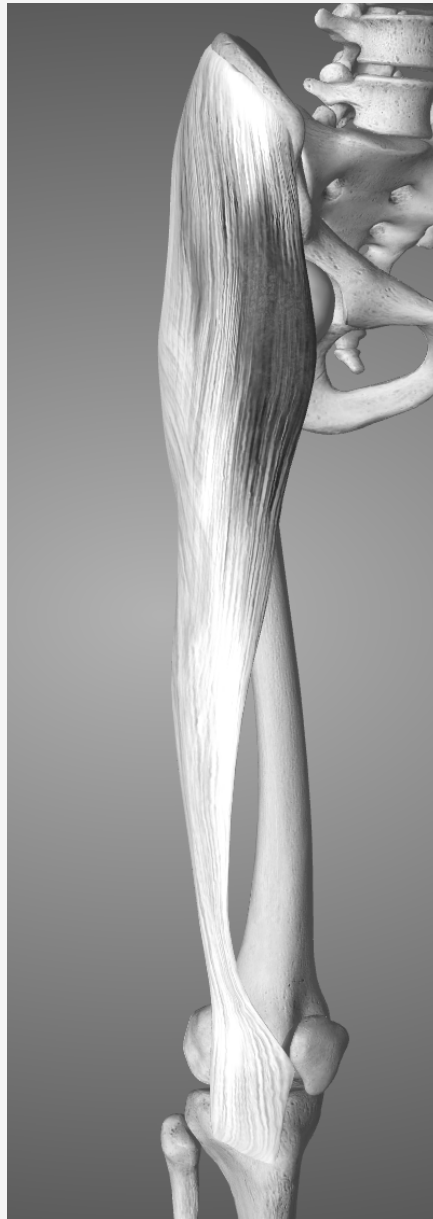
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Sartorius TrPs



- 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

Tensor Fascia Lata (TFL)



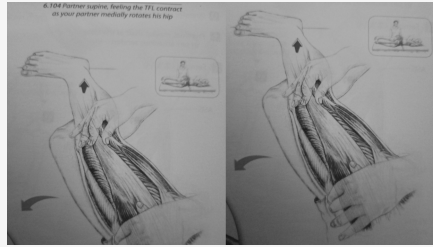
Origin: ASIS

Insertion: Iliotibial tract

NS: Superior Gluteal nerve (L4-S1)

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

TFL and ITB palpation

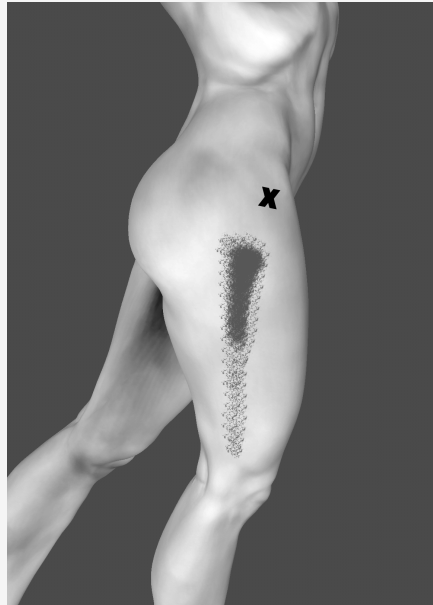


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TFL TrP



- Can be misdiagnosed as trochanteric 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

Quadriceps

Consists of:

- Rectus Femoris
- Vastus Intermedius
- Vastus Lateralis
- Vastus medialis

Rectus Femoris



Origin: AIIS 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 in front of patella and lower anterior thigh
- Knee pain + sense of weakness going down stairs
- Can diminish the L4 reflex
- Secondary TrPs in other quad muscles and iliopsoas major

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



- 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

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

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

Pectineus



Location of the Pectineus (black)

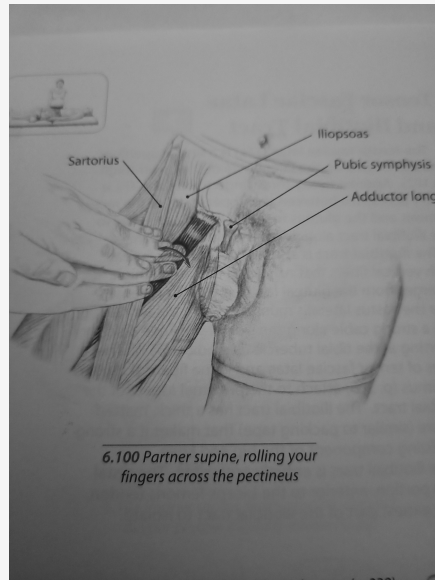
Origin: Pectineal line of the pubic bone

Insertion: Pectineal line of the femur

NS: Femoral Nerve L2-L3 and accessory obturator L3

Action: Adduction and flexion of the thigh

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 ilioas and adductor TrPs

Adductor Brevis



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

Insertion: Lesser trochanter and linea aspera

NS: Obturator nerve L2-L3

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

Adductor Brevis TrPs



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

Adductor Longus TrPs

Same as Adductor Brevis

- Common cause of groin pain

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

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)

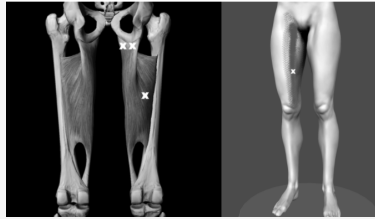


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Adductor magnus TrPs



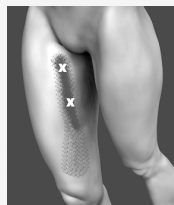
- TrP below pubic bone can refer pain into rectum, pubic bone, vagina or bladder - pain is sharp and shooting
- Adductor Magnus active when climbing stairs, inactive when descending

Gracilis



Origin: Ischiopubic Ramus
Insertion: Tibia (pes anserinus)
NS: Anterior branch of obturator nerve L2-L3
Action: Flexes, medially rotates and adducts hip

Gracilis TrPs



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