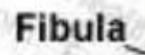
#### ANKLE JOINT ANATOMY

#### DR NAJMA ATTAULLAH LECTURER ANATOMY KGMC

### TYPE

It is a synovial joint of hinge variety. The shape of articulating bones, strength of the ligaments and the surrounding tendons make this joint strong and stable.



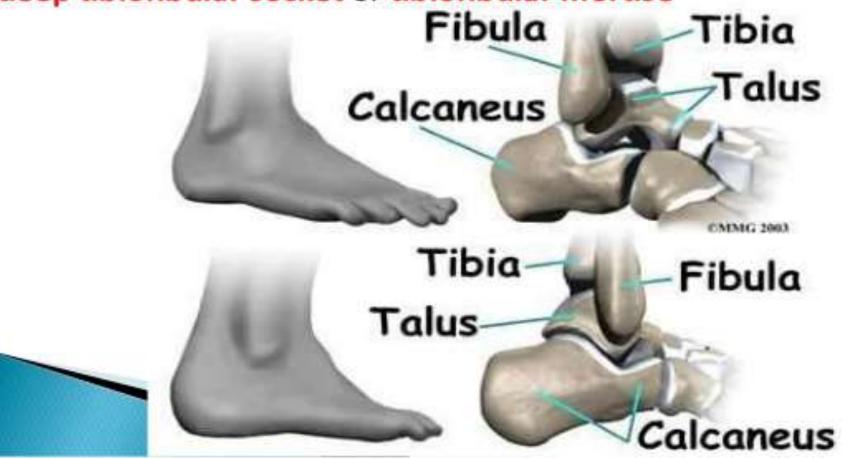
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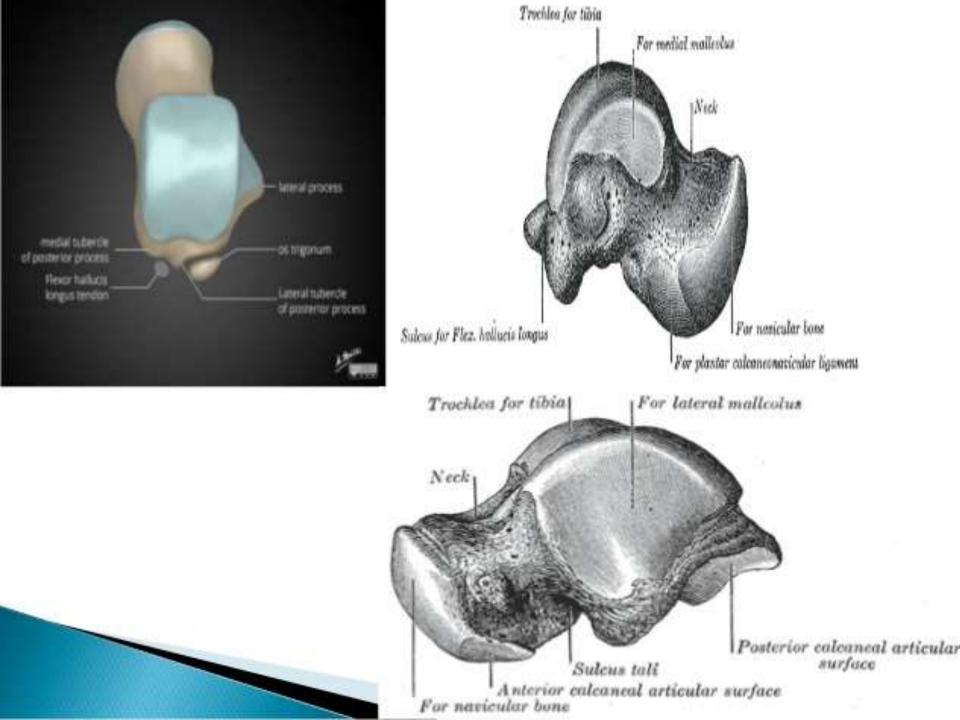
#### Talus

Tibia

#### Calcaneus

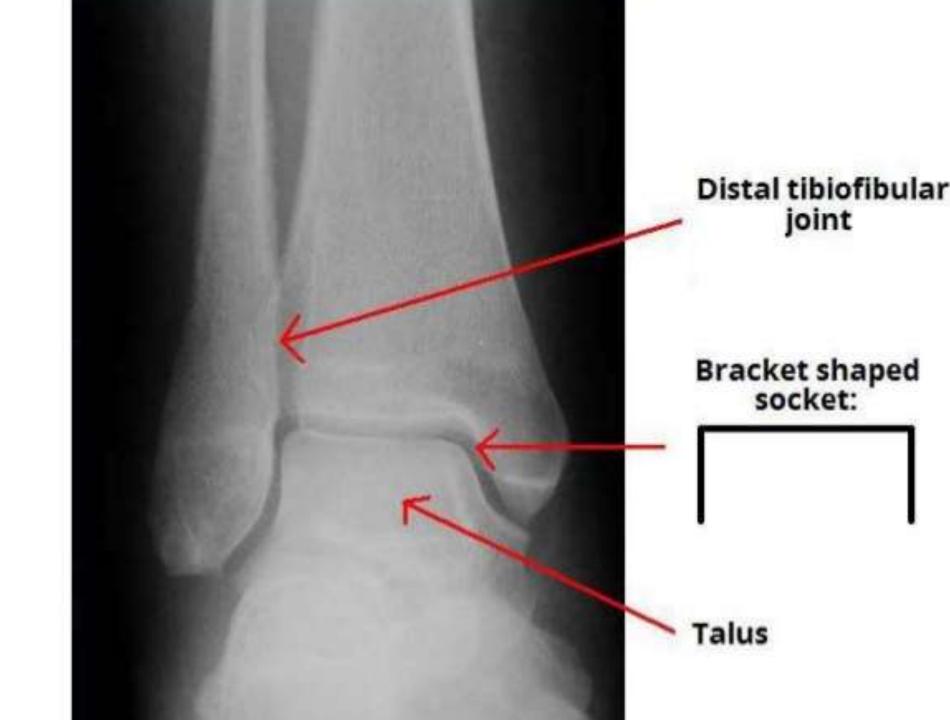
- nedial malleolus 2.lateral malleolus 3. inferior transverse tibiofibular gament.
- DISTAL ARTICULAR SURFACE body of talus.
- The socket is formed by proximal articular surface into which the bo of talus fits, is deepened by the inferior transverse tibiofibular ligame /a **deep tibiofibular socket** or **tibiofibular mortise**





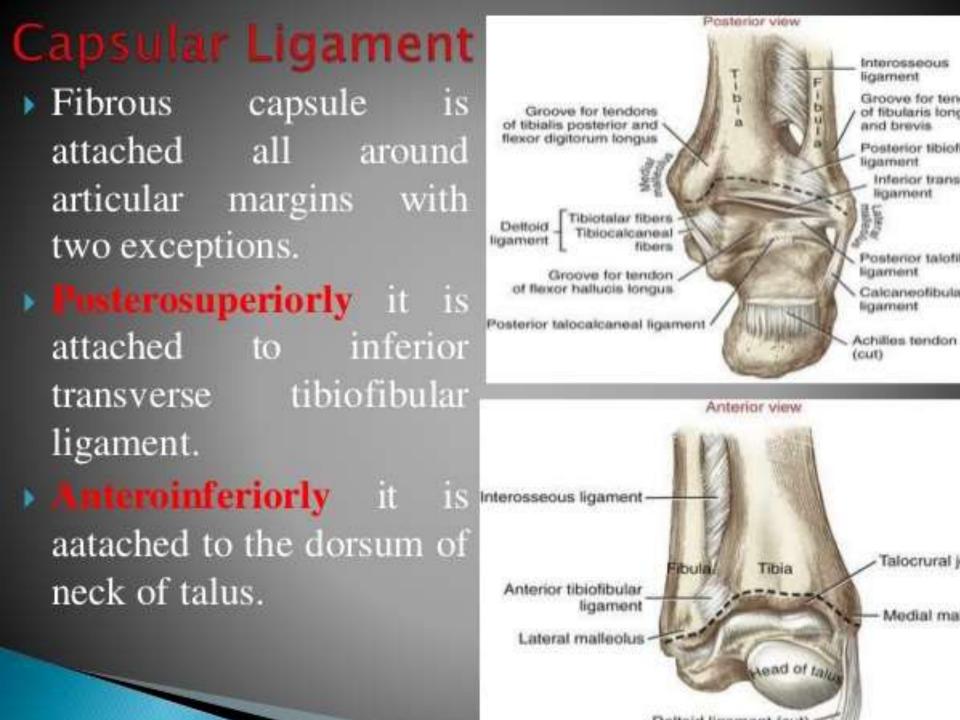
### **Articulating Surfaces**

- The body of the talus fits snugly into the mortise formed by the bones of the leg.
- The body of talus presents 3 articular surfaces:
  - Superior pulley-shaped articular surface (trochlear surface).
    - Articulate the inferior aspect of the lower end of tibia
  - Medial comma-shaped articular surface.
    - Articulates the lateral aspect of medial malleolus
  - Lateral triangular articular surface.
    - Articulates the medial aspect of lateral malleolus
- The wedge shaped body of the talus fits into the socket above

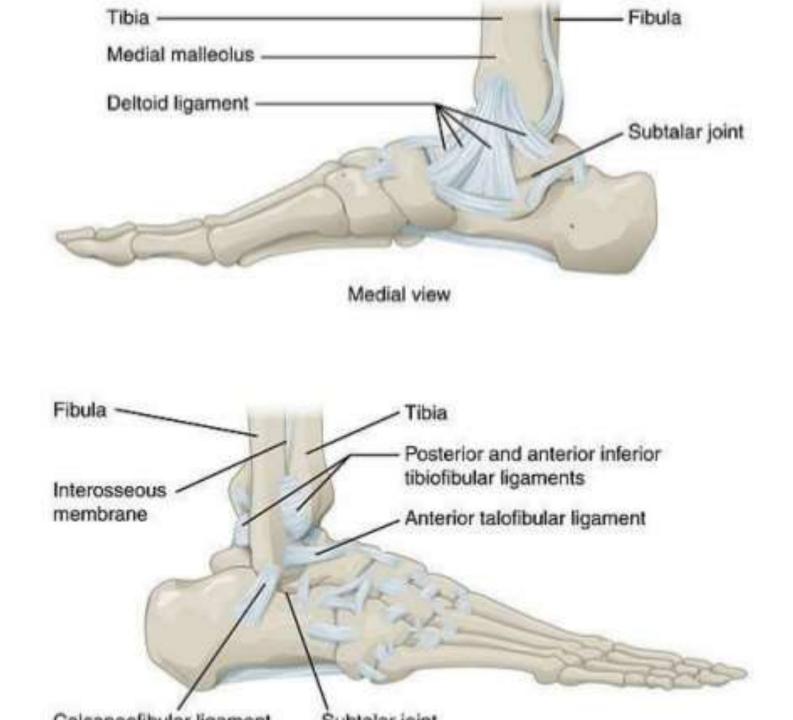


### LIGAMENTS

- The essential ligaments of ankle join are:
- 1. Capsular ligament.
- Medial and lateral collateral ligaments.



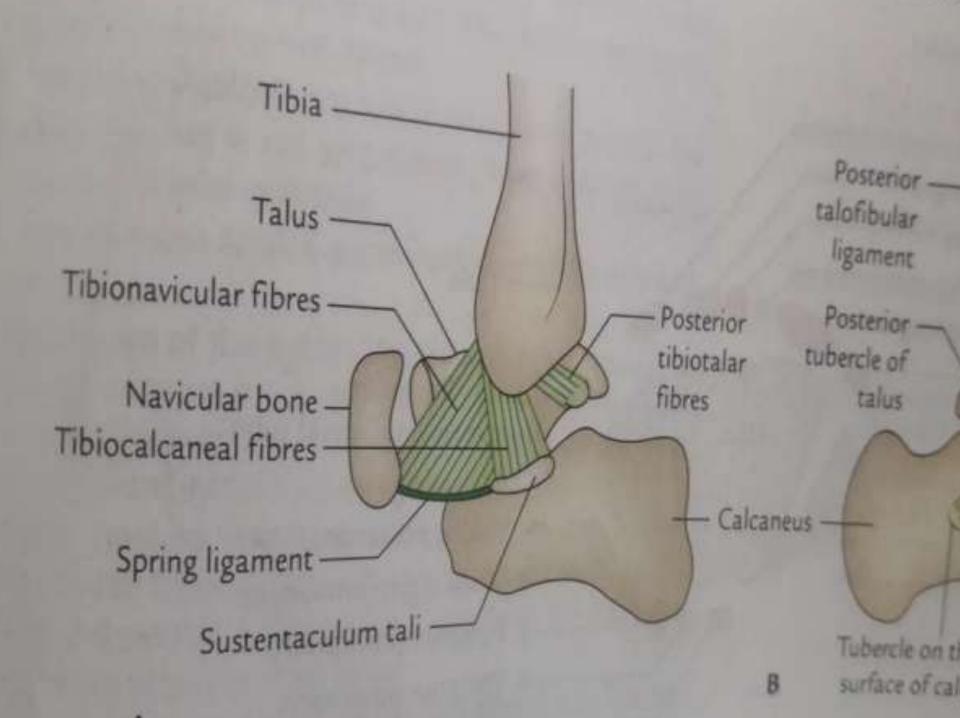
- •
- •Medial Ligament: Also known as deltoid ligament This is located on the medial aspect of the foot. It is the largest ligament but is actually comprised of several sections all fused together. This ligament prevents (eversion) of the ankle. The deltoid ligament is triangular in shape
- •Divided into two parts: superficial and deep Above : both parts are attached to the apex and margins of the medial malleolus.
- Below it has two places of attachment.



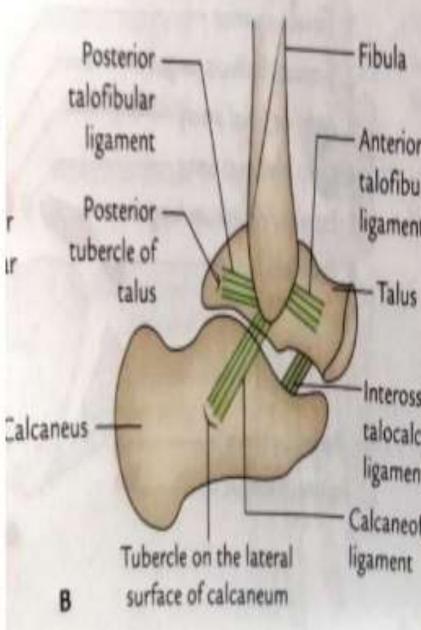
# Superficial part : it's fibers are divided into three parts:

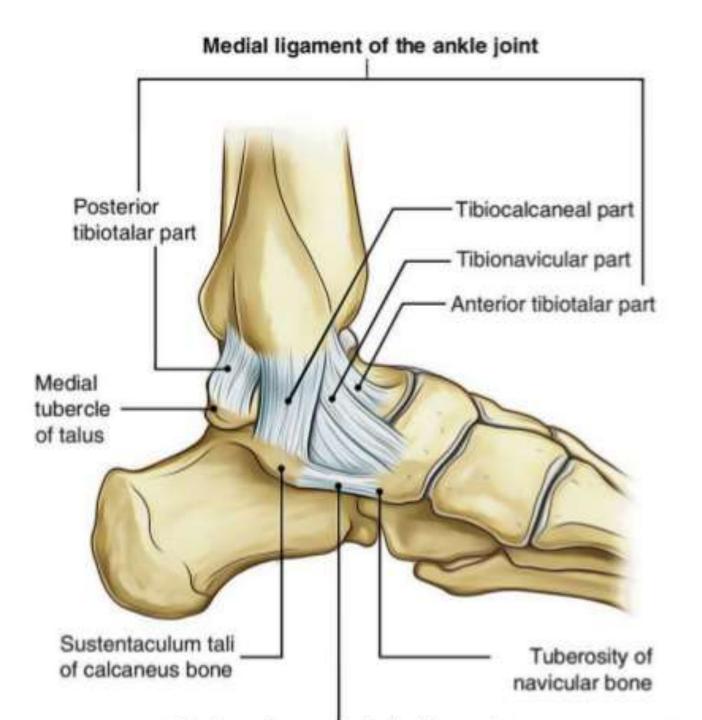
- > ANTERIOR FIBERS (Tibionavicular)
- MIDDLE FIBERS (Tibiocalcaneal)
- POSTERIOR FIBERS(Posterior tibiotalar)

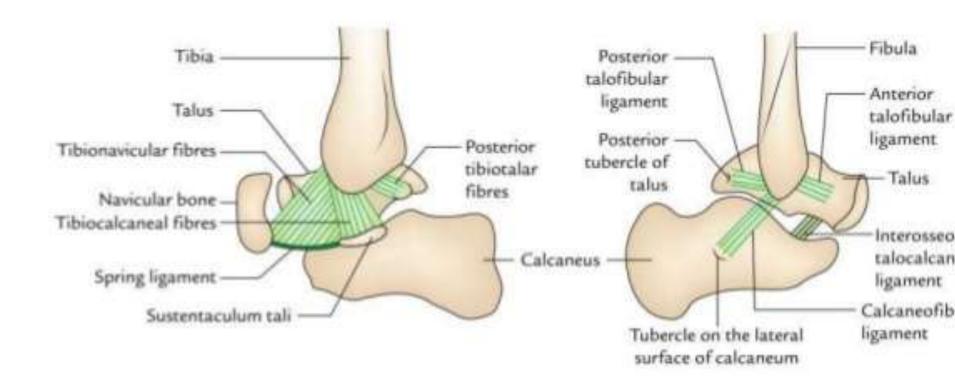
The deep part: (Anterior tibiotalar) are attached to the anterior part of medial surface of talus

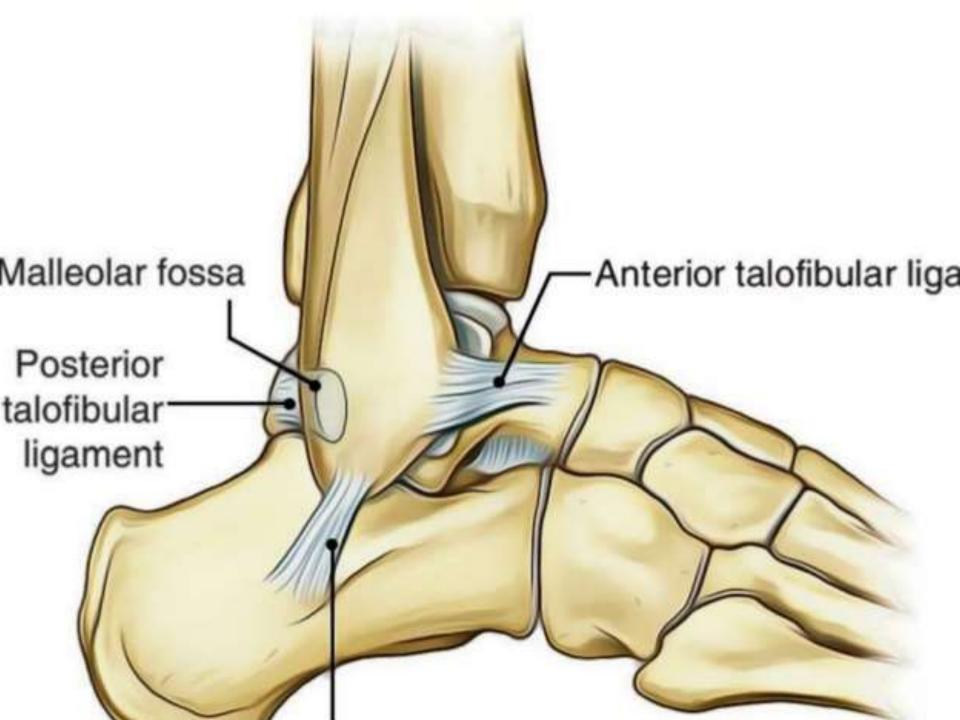


- Lateral ligament: It consists of three bands
- •Anterior talofibular ligament: It runs from the ant. margin of lateral malleolus to the neck of talus.
- •Calcaneofibular ligament: It runs from the tip of lateral malleolus to lateral surface of calcaneum.
- Posterior talofibular
- ligament:
- It runs from the lateral malleolus to the posterior tubercle of the









IGAMENT	DESCRIPTION	PROXIMAL	DISTAL	ROLE
Anterior falofibular Ligament ATFL)	Flat Weak Band that extends Anteriomedially. Most commonly damaged ligament of the ankle.	Lateral Malleolus	Neck of Talus	<ul> <li>Restrain anterior displacement of the talus in respect to the fibula and tibia.</li> <li>Resists Inversion in planterflexion.</li> </ul>
Posterior Talofibular Ligament PTFL)	Thick, fairly strong band that runs horizontally medially. This ligament is under greater strain in full dorsiflexion of ankle. Rarely injured because bony stability protects ligaments when ankle in dorsiflexion.	Malleolar Fossa of Fibula	Lateral Tubercle of Talus	Forms the back wall the recipient socket the talus' trochlea. Resists posterior displacement of the talus.
Calcaneofibular Ligament (CFL)	Round cord that passes posterioinferiorly	Tip of Lateral Malleolus	Lateral Surface of Calcaneus	<ul> <li>Aids Talofibular stability during Dorsiflexion.</li> <li>Restrain inversion of the calcaneus with respect to the fibula. Prevent Talar tilt into</li> </ul>

LIGAMENTS	DESCRIPTION	PROXIMAL	DISTAL ATTACHMENT	ROLE		
Anterior Tibiotalar Ligament		Medial Malleolus	Head of Talus	Reinforces Ankle Joint. Control Plantarflexion Eversion		
Posterior Tibiotalar Ligament			Talus Posteriorly	Control Dorsiflexion		
Tibionavicular Ligament	Forms most anterior part of the Deltoid Ligament		Dorsomedial Aspect of Navicular	Reinforces Ankle Joint		
Tibiocalcaneal Ligament	Very thin ligament		Sustentaculum Tali	Reinforces Ankle Joint		

# The synovial membrane

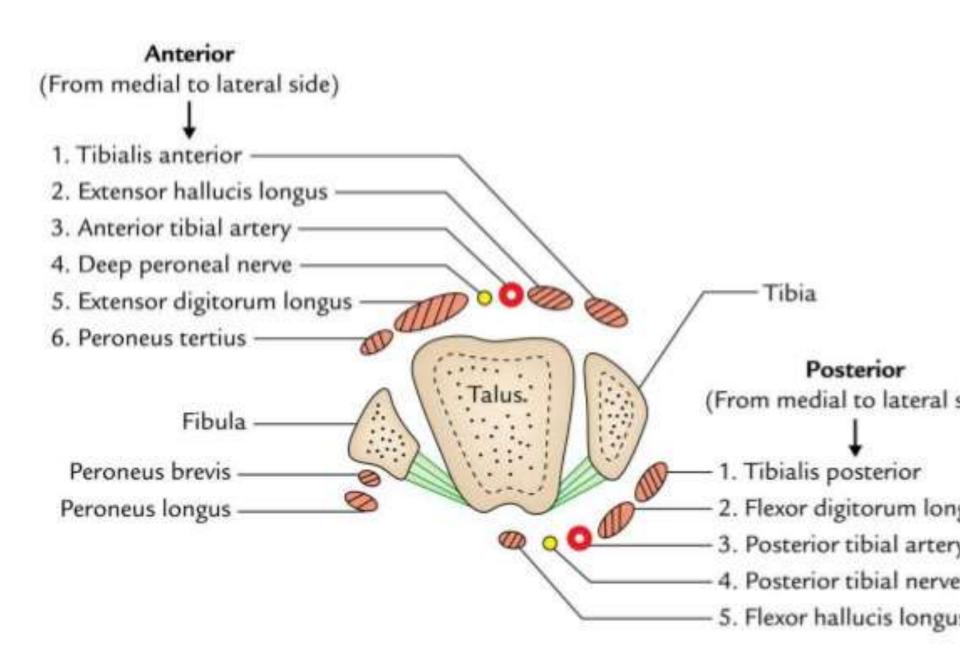
- The synovial membrane lines the inner surface of the joint capsule, bu ends at the periphery of the articula cartilages.
  - A small synovial process goes upward into the inferior tibiofibular syndesmosis.

# Relations

#### Anterior relations:

Tibialis anterior, Extensor Hallucis longus, Anterior tibial vessels, deep peroneal nerve, Extensor digitorum longus, Peroneus tertius

Pneumonic – Tall Himalayas Are Never Dry Places



# Relations

 Posterior relations: Tibialis posterior, Flexor digitorum longus, posterior tibial vessels, tibial nerve, flexor hallucis longus

Pneumonic – Tom Dick And Not Harry

# The Ankle 'Ring'

- The ankle joint and associated ligaments can be visualised as a **ring** in the coronal plane:
- The **upper part** of the ring is formed by the articular surfaces of the tibia and fibula.
- The **lower part** of the ring is formed by the subtalar joint (between the talus and the calcaneus).
- The **sides** of the ring are formed by the medial and lateral ligaments.
- A ring, when broken, usually breaks in two places (the best way of illustrating with is with a polo mint it is very difficult to break one side without breaking the other).

#### lood supply of ankle joint:

- he ankle joint receives its blood supply form
- alleolar branches of the anterior and posterior tib nd peroneal arteries.

#### erve supply to ankle joint:

he ankle joint receives its nerve supply from deep eroneal and tibial nerves. Occasionally, the uperficial peroneal nerve also supplies the ankle oint.



#### Movements of ankle joint

As the ankle joint is a uniaxial hinge joint permitting only tw types of movements: Dorsiflexion and Plantar flexion.

•Dorsiflexion: It is the movement in which the dorsal surface of foot is flexed. In this movement the toes point upward. Muscles responsible for it include;

- Tibialis anterior
- Extensor hallusiclongus
- •Extensor digitorumlongus
- •Peroneus tertius

Ankle joint is most stable in dorsiflexion

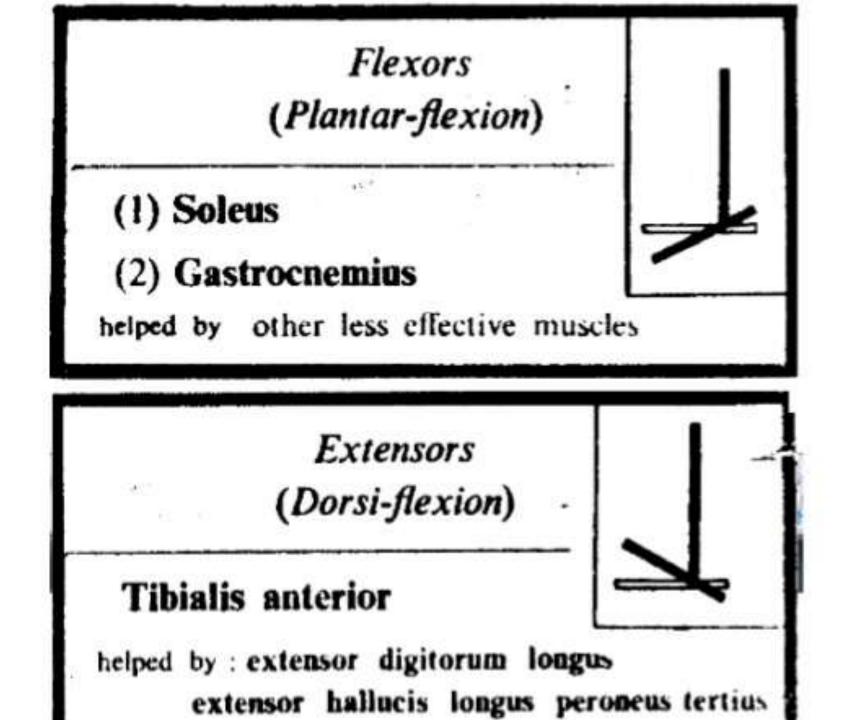
•Plantar flexion: It is the movement of foot in whic its plantar surface is flexed. The toes point downwar in this movement. Muscles responsible for plantar flexion include;

- •Gastrocnemius
- •Soleus
- Plantaris
- Tibialis posterior
- •Flexor digitorumlongus
- •Flexor hallucislongus.

The joint is unstable in plantar flexion

#### Movements

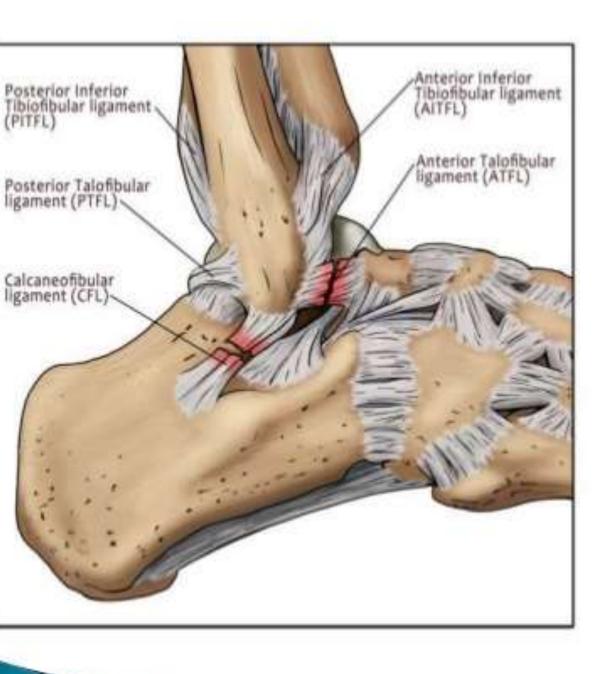
Movements	Principal muscles	Accessory muscles
Dorsiflexion	Tibialis anterior	•EDL •EHL •Peroneus tertius
Plantar Flexion	Gastrocnemi us Soleus	<ul> <li>Plantaris</li> <li>Tibialis</li> <li>posterior</li> <li>FHL</li> <li>FDL</li> </ul>





## **Applied Anatomy**

- Ankle sprain most common.Occurs due to stretching & tearing of the ligaments.
- When plantar flexed foot is excessively inverted.Lateral ligament is stretched & torn (anterior talofibular ligament most commonly torn).
- When plantar flexed foot is excessively everted – deltoid ligament is not torn, instead there is avulsion # of med malleolus.





# **Applied Anatomy**

- # of Malleoli Pott's fracture-
- Occurs when foot is everted forcefully.
- Oblique fracture of lateral malleolus due to internal rotation of tibia.
- Transverse fracture of medial malleolus due to pull by strong deltoid ligament
- Fracture of posterior margin of lower end of tibia(3<sup>rd</sup> malleolus)



Fracture of posterior margin of lower end of tibia (third malleolus)

Avulsion of medial – malleolus

Medial (deltoid) ligament

Navicular bone -

Spiral fracture of lateral malleolus o fibula

Lateral ligaments

Cuboid

Eversion of foot

# **Applied** Anatomy

Dislocation of the ankle joint:-• Very uncommon. If it occurs, it is accompanied by the # one malleoli.

