FIBULA BONE

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There are two bones in the leg

Fibula



There are two bones in the leg

The Fibula

- Lies Laterally
- •Is shorter
- Is not a weight-bearing bone



The Fibula

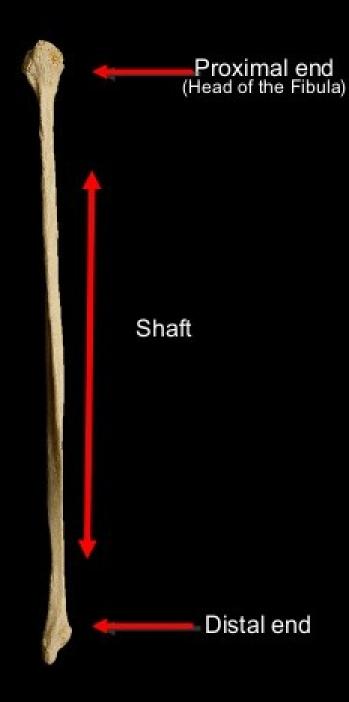
- **The Fibula** is the lateral bone of the leg and is homologous with the <u>ulna</u> of the forearm.
 - In Latin, the term fibula means "pin"; therefore the lateral bone of leg is rightly referred to as fibula beca it's a long pin-like bone.
- It's a long thin postaxial bone of the leg and will take part in the transmission of the body weight Its main function is to act as an attachment for

muscles, and not as a weight-bearer.

The Fibula and Tibia are joined together by the Interosseous Membrane



The Fibula is a long bone and is divided into thirds



Articulations of the fibula

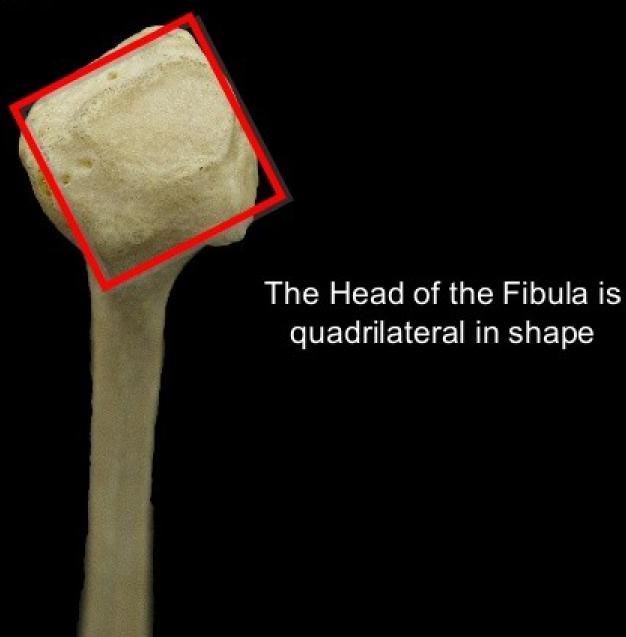
t has three main articulations:

- Proximal tibiofibular joint articulates with the ateral condyle of the tibia.
- Distal tibiofibular joint articulates with the fibuse to notch of the tibia.
- Ankle joint articulates with the talus bone of toot.

SIDE DECISION AND ANATOMICAL POSITION

- The side of fibula can be set by holding it vertically in such a way that:
 - Its round end termed head is directed upward.
 - Its comparatively flattened end is pointed downward.
 - A triangular articular facet on its lower end faces medially.
 - A depression at the lower end (malleolar fossa) is located behind and below the triangular articular facet at this end.

The Proximal Fibula (Head of the Fibula)





On the upper surface is a smooth oval facet covered in articular hyaline cartilage

This region articulates with the Lateral Tibial Condyle

This articulation is called the

Superior Tibiofibular Joint

Superior Tibiofibular Joint

Fibula

Lateral Tibial Condyle Tibia

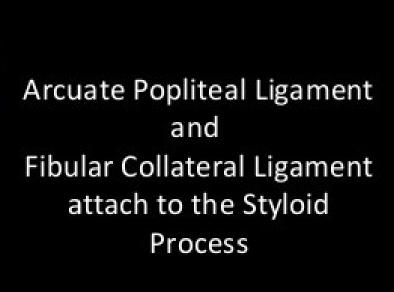
Lateral view knee joint

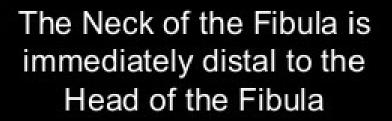


The Styloid Process or

Apex of the Head of the Fibula
lies postero-lateral to the

articular facet





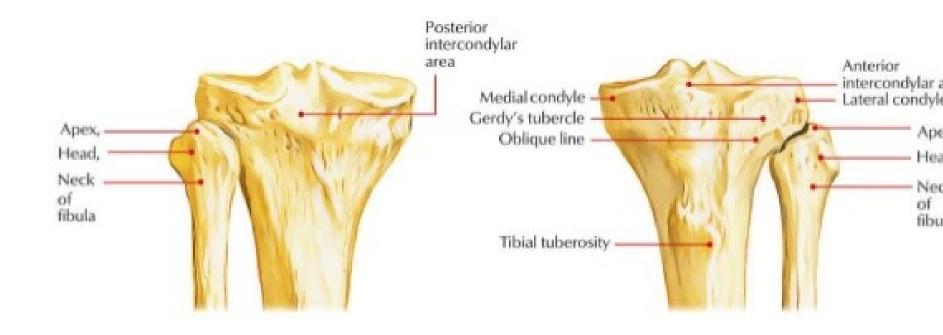


The Common Peroneal Nerve wraps around the Neck of the Fibula before dividing into its two terminal branches

- Superfical Peroneal Nerve
- Deep Peroneal Nerve



Head of the fibula



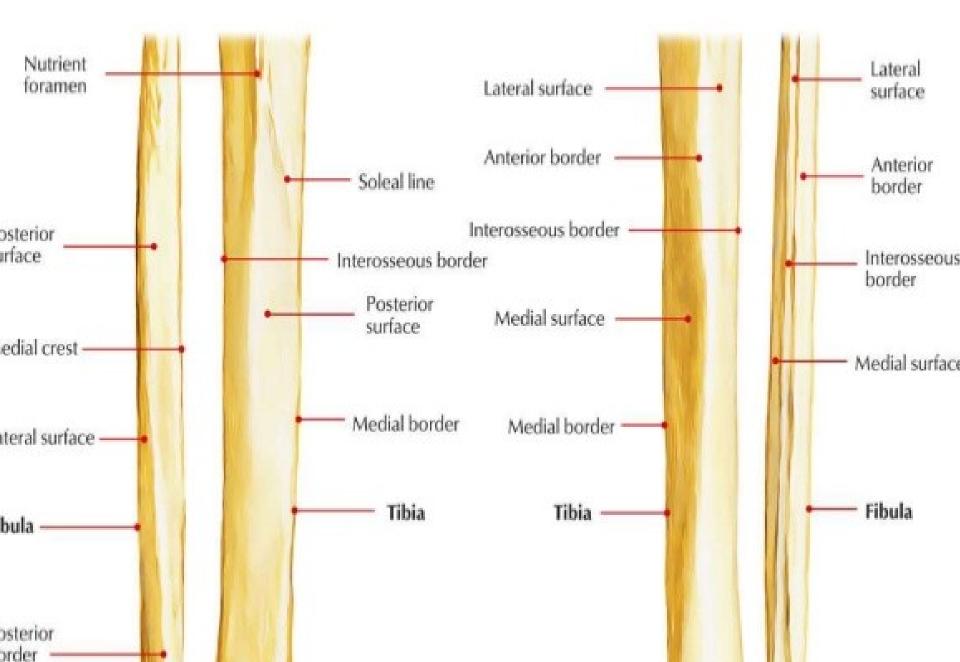
Neck of the fibula

- Neck It's a constriction below the healinking it with the shaft.
- The <u>common peroneal nerve</u> is associated with the posterolateral aspect of neck and <u>anterior tibial</u> <u>artery</u> on its medial aspect.

SHAFT OF FIBULA

- 3 BORDERS
- ANTERIOR BORDER
- POSTERIOR BORDER
- MEDIAL (INTEROSSEOUS BORDER)
- 3 SURFACES
- MEDIAL SURFACE (INTEROSSEOUS SURFACE)
- LATERAL SURFACE
- POSTERIOR SURFACE

SHAFT of the fibula



Anterior border

- The anterior border begins just below the anterior aspect of the head.
- At its lower end it divides to enclose an elongated triangular area which is continuous with the lateral surface of the lateral malleolus.
 - —It gives connection to the anterior intermuscular septum of the leg in its upper three-fourth.

Posterior Border

- The posterior border is rounded.

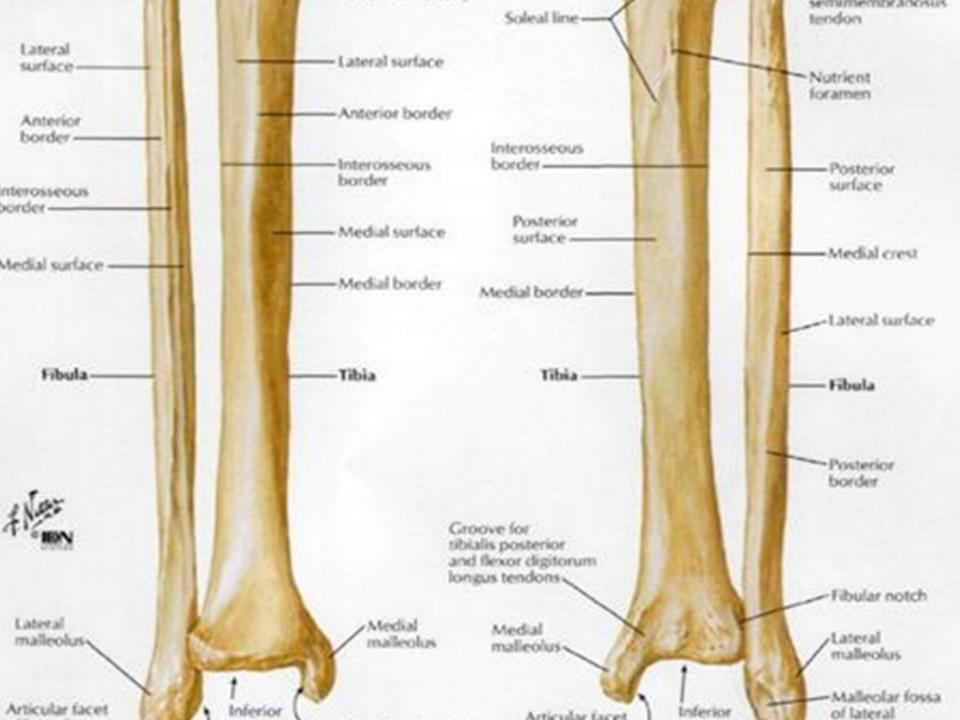
 Its upper end lies in line with the styloid process.

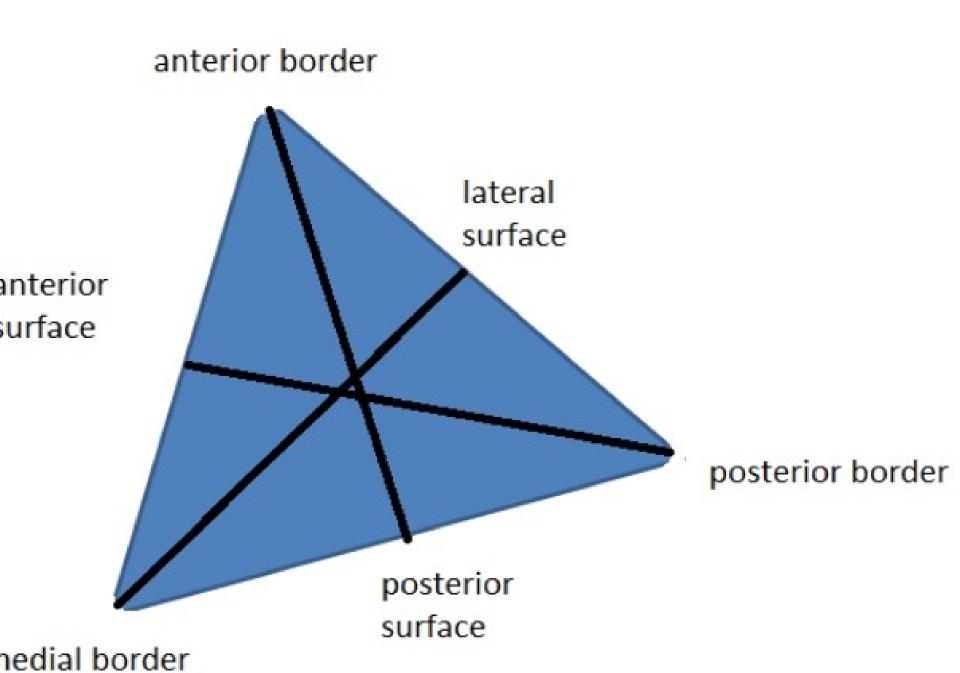
 Below, the border is continuous with the medial margin of the groove on the back of the lateral
- t goes from the posterior aspect of head to the ateral margin of groove on the posterior surface on the lateral malleolus.
- Posterior intermuscular septum of the leg is connected to its upper three fourth.

nalleolus.

Interosseous or medial Border

- The interosseous or medial border lies just medial the anterior border, but on a more posterior plane
- It terminates below at the upper end of a roughen area above the talar facet of the lateral malleolus.
- In its upper two-thirds, the interosseous border lie very close to the anterior border and may be indistinguishable from it.
- Interosseous membrane is connected along its ent length with the exception of at the upper end to make a gap for the passage of anterior tibial vesse





Medial (Extensor) Surface

It's narrow and is located between the anterior an interosseous edges.

It gives origin to <u>extensor digitorum longus</u> in upper three-fourth (entire width of its upper fourt and anterior half of its middle 2-fourth).

Extensor hallucis longus originates from the posterior half of the middle two-fourth medial to the extensor digitorum longus.

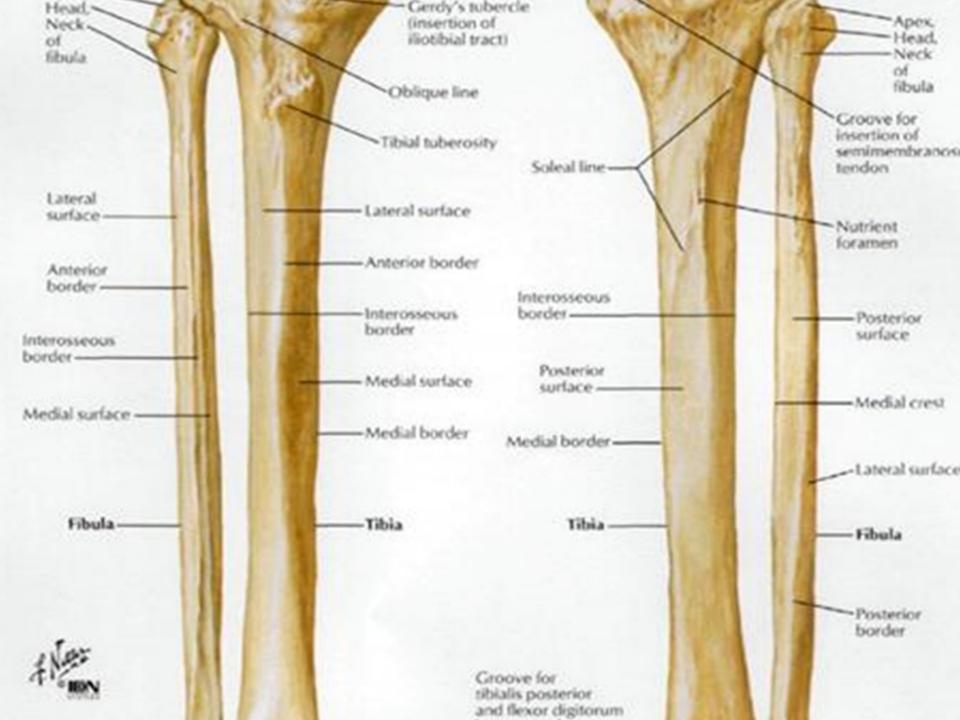
Its lower quarter gives origin to the peroneus tertius.

Lateral (Peroneal) Surface

- It is located between the anterior and posterior border.
- Peroneus longus originates from the upper two-third (whole width of upper one-third and the posterior half of the middle onethird).
- Peroneus brevis originates from the anterior half of its middle one-third and entire width of its lower one-third.

Posterior (Flexor) Surface

- It's wide-ranging and is located between the interosseous a posterior edges.
- Its upper two-third is split into medial concave and flattene lateral parts by a sharp vertical ridge medial crest.
- Fascia covering the <u>tibialis posterior</u> is connected to the medial crest.
- Medial concave part gives origin to tibialis posterior.
- Lateral flattened part gives origin to the soleus in upper quarter and to the <u>flexor hallucis longus</u> in lower three-fourth.
- Peroneal artery descends along medial crest.
- Nutrient artery, a branch of the <u>peroneal artery</u>, enters the nutrient foramen present just above the middle of the posterior surface.



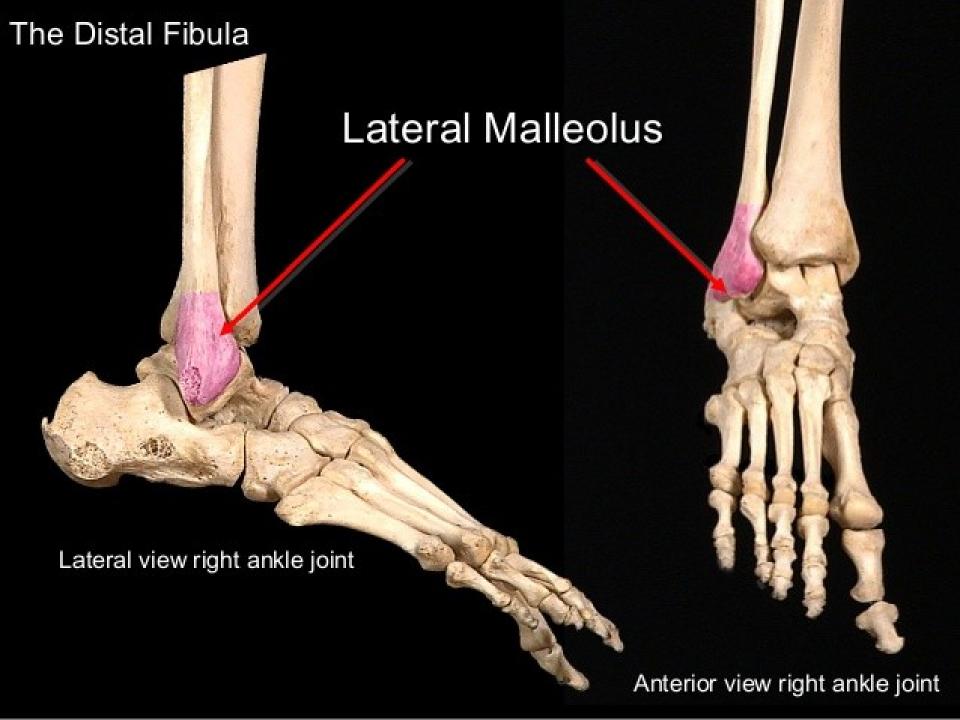


The distal end of the Fibula is conical or triangular in shape

This conical projection of bone is called the Lateral Malleolus

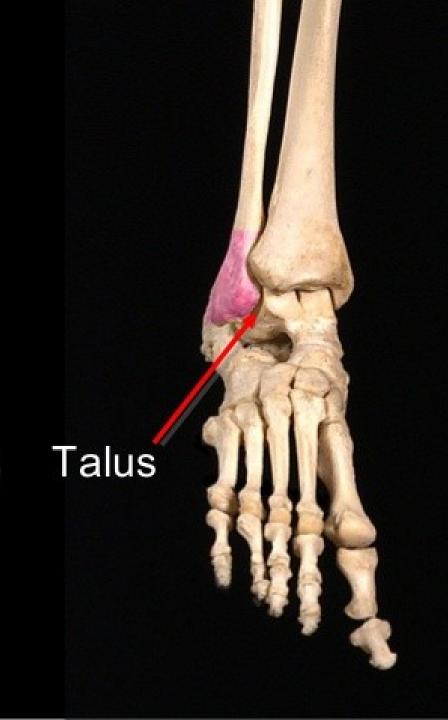
It is easily palpable in the ankle

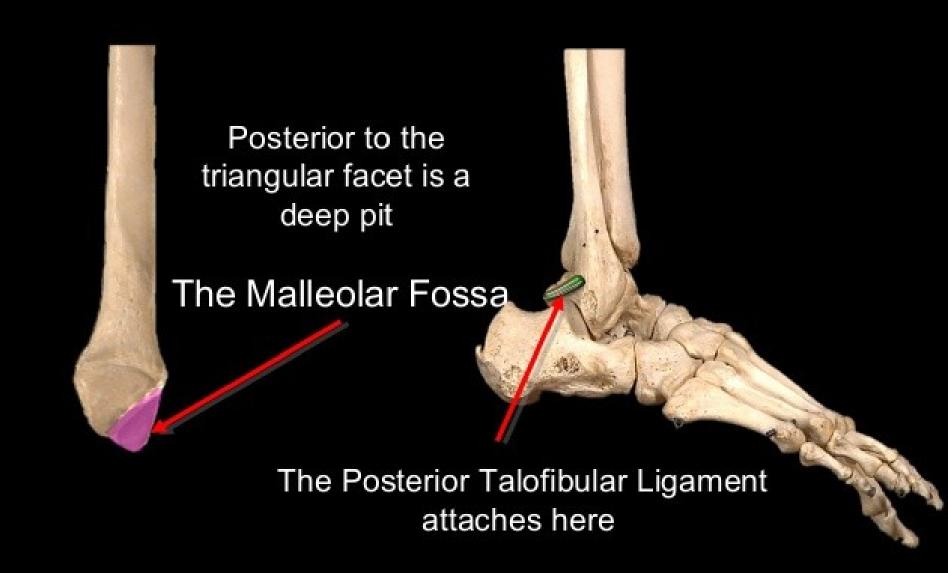
Lateral Malleolus



On the Medial side of the Lateral Malleolus is a triangular facet

This facet articulates with with the lateral surface of the body of the Talus

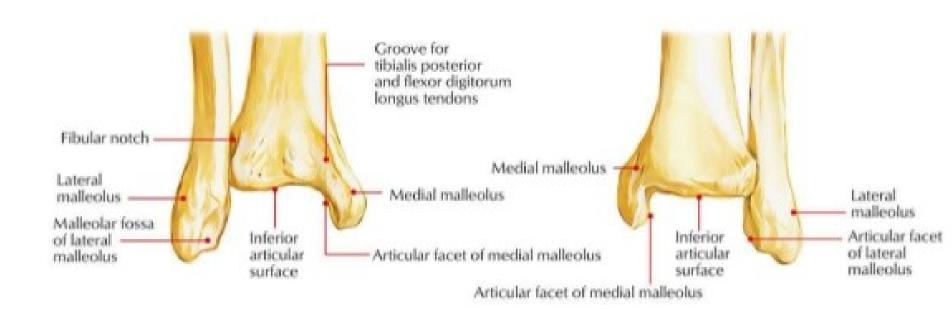




Malleolar fossa

- The upper part of malleolar fossa gives connection to
 - -The posterior tibiofibular ligament.
 - —Its lower part to the posterior talofibular ligament.

LOWER END





- One muscle the biceps femoris is inserted in the head of fibula
 All the other muscles take origin from the fibula.
- muscles arise from anterior part of the medial Surface of Fibula

 Extensor digitorum longus- from the the upper 3/4th of the medial surface.
 - Peroneus tertius-from the From the lower 1/4th of medial surface.
 - Extensor hallucis longus From the middle 2/4(1/2) of the medial surface
- The peroneus longus: from its upper 2/3rd of lateral surface.

nuscles arise from the lateral surface of fibula

- The peroneus brevis: from the lower 1/3rd of lateral surface.
- muscles arise from the posterior surface of Fibula
 - Tibialis Posterior from the medial side of the posterior surface.
 - Soleus from the back of the head & Upper one third of the posterior surface.
 - Flexor hallucis longus from the lateral side of the posterior surface.

Remember the following facts about the fibula

ree structures are related to its upper end: a muscle, a nerve, & a gament.

- . The biceps is inserted in the head of fibula
- . The lateral popliteal nerve, can be palpated against posterolateral aspect of the head.
- . The lateral ligament of the knee, attached to a flattened impression on the lateral aspect of the head.
- e lower part of the fibula has two triangular areas:
- . One immediately above the medial surface of the lateral malleolus.
- . One immediately above the lateral surface of the lateral malleolus (which is subcutaneous)
- e subcutaneous part of the fibula are:
- . The head at about the level of the tuberosity of the tibia.
- . The lateral malleolus.
- . The triangular area at the lower 1/3rd of the lateral surface of the shaft.

FRACTURE OF FIBULA

- At the ankle, the lateral malleolus of the fibula is prone to fracture. There are two main ways in which this occurs.
- The first way is by forced external rotation of the ankle. This
 force of the talus against the bone causes a spiral fracture of
 the lateral malleolus.
- The other, less common way, by the foot being twisted outwards (called eversion). Again, the talus presses against the lateral malleolus, and this time causes a transverse fracture.

Fracture of the Fibula



CLINICAL SIGNIFICANCE

BONE GRAFTS

- Since the fibula doesn't take part in the transmission of body weight, it's a common source of bone for grafting.
- The upper and lower ends of the fibula are subcutaneous and palpable.
- The <u>common peroneal nerve</u> can be rolled against the necl of the fibula. This nerve is commonly injured here.
- In the first stage of Pott's fracture, the lower end of the fibula is fractured spirally.
- Though it does not bear any weight, the lateral malleolus and the ligaments attached to it are very important in maintaining stability at the the <u>ankle joint</u>.