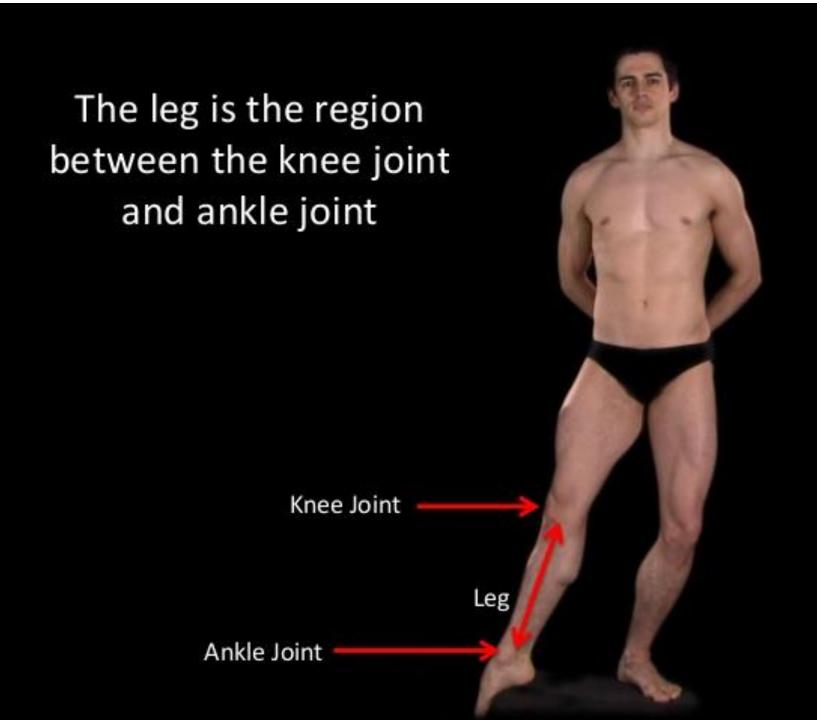
OSTEOLOGY OF TIBIA

DR NAJMA ATTAULLAH LECTURER KGMC





Tibia



Fibula



The Fibula

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



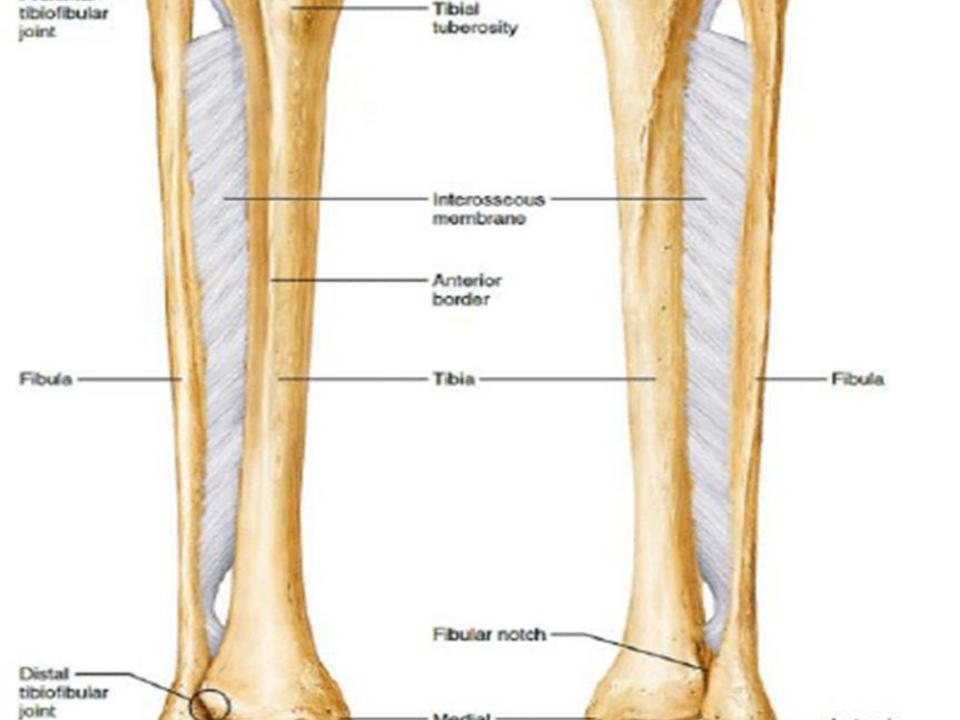
The Tibia

- Lies medially
- Is longer than the fibula
- Is a weight-bearing bone
- Is derived from the Latin word meaning flute

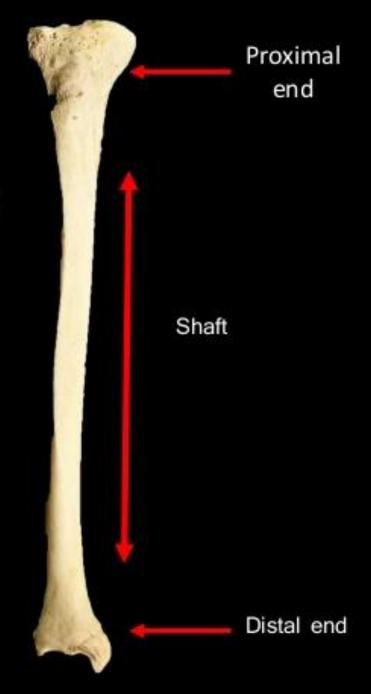


The Fibula and Tibia are held together by the Interosseous Membrane





The Tibia is a long bone with expanded proximal and distal ends with a shaft in between



The Tibia articulates proximally at the Knee Joint Fibula Interosseous Membrane Tibia The Tibia articulates distally at the Ankle Joint Fibula Interosseous Membrane Tibia

The Proximal Tibia

Proximal Tibia





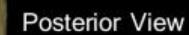
The proximal end of the Tibia has two shelf-like projections known as Condyles

UPPER END

- The upper end of the tibia is markedly expanded from side to side, to form two large condyles which overhang the posterior surface of the shaft.
- The upper end includes:
 - (a) A medial condyle,
 - (b) A lateral condyle,
 - (c) An intercondylar area,
 - (d) A tuberosity.

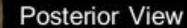


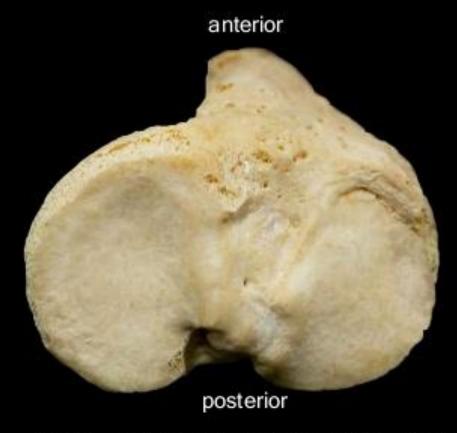
Medial Tibial Condyle



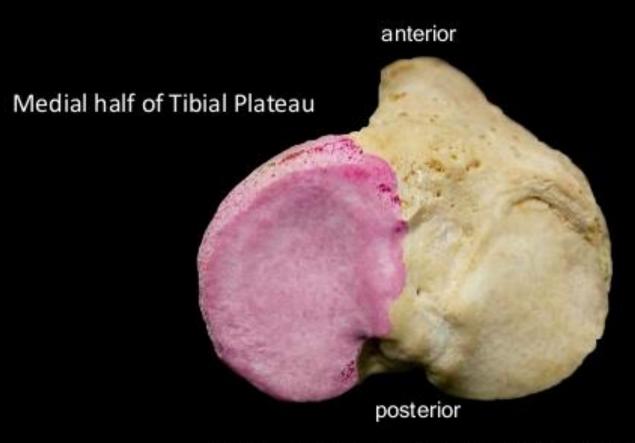


Lateral Tibial Condyle

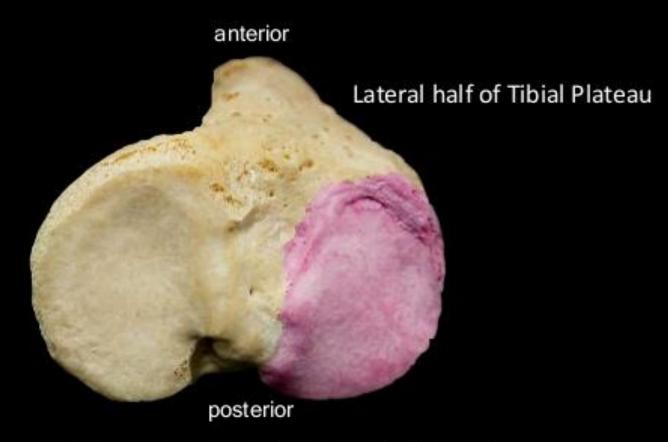




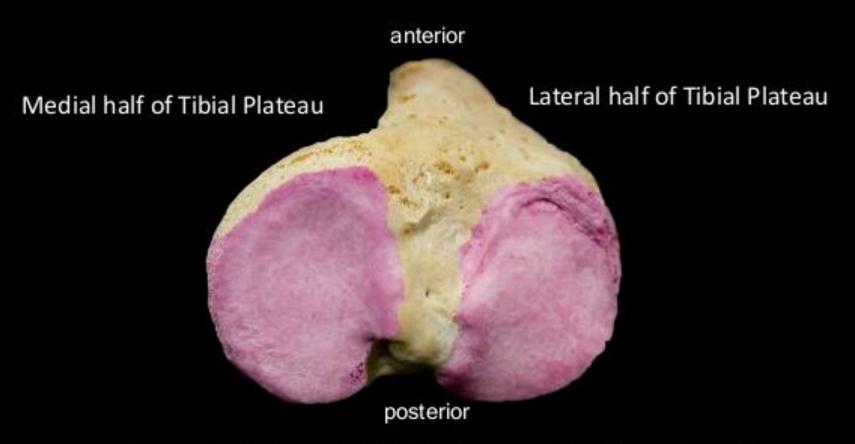
The upper surface of the Tibia is referred to as the Tibial Plateau



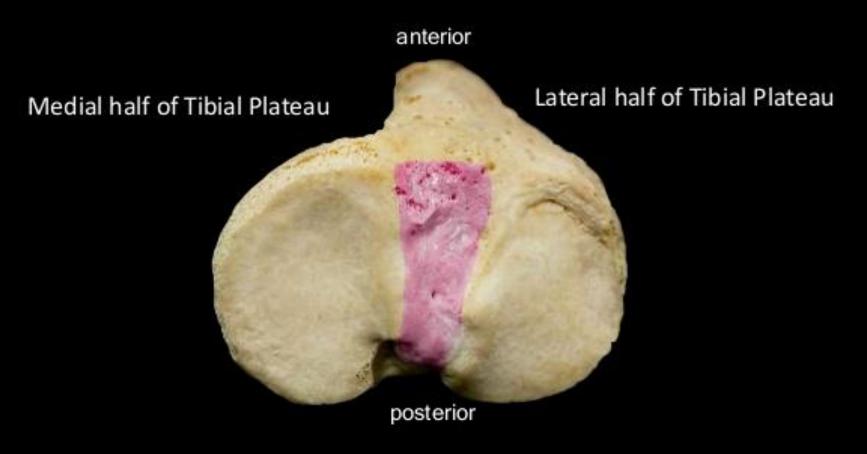
The upper surface of the Tibia is referred to as the Tibial Plateau



The upper surface of the Tibia is referred to as the Tibial Plateau



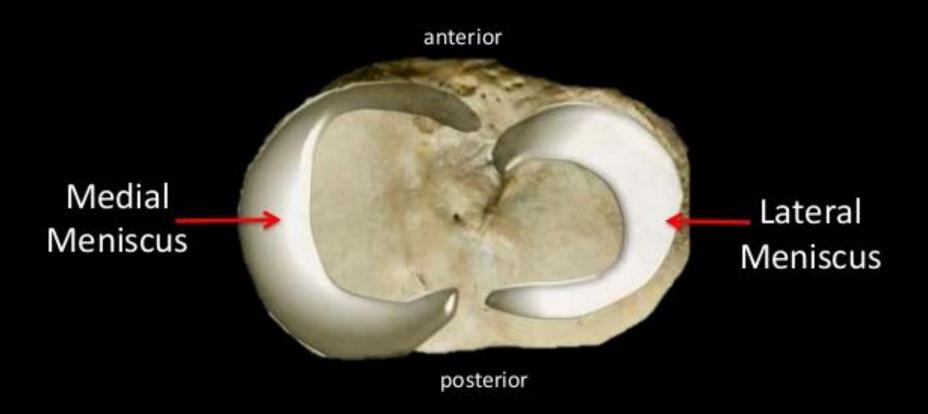
The Tibial Plateau has two articular facets that articulate with the Condyles of the Femur



Between the facets is a non-articular area that features the Intercondylar Eminence also known as the Tibial Spine

Menisci

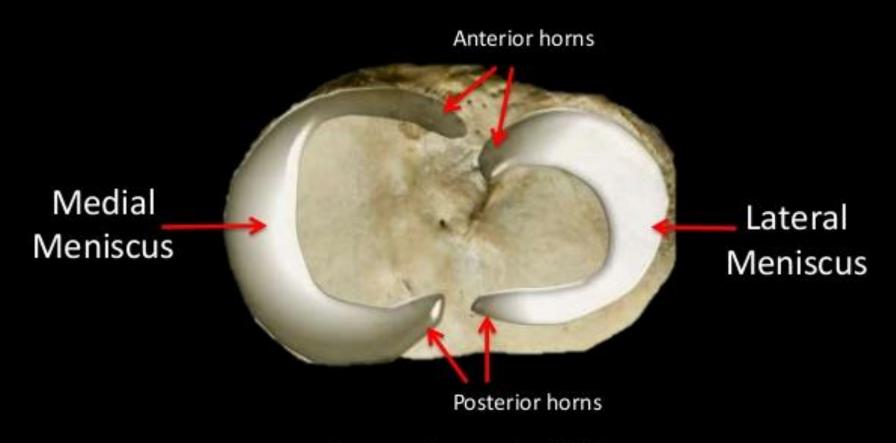
2 crescent-shaped intra-capsular fibrocartilaginous structures situated one on each Tibial Facet



Superior view proximal Tibia

Menisci

Each meniscus has an anterior and posterior horn that provide attachments to stabilise the meniscus



Superior view proximal Tibia

Menisci are wedge-shaped in crosssection

The menisci widen and deepen the Tibial articular surface that receives the Femoral Condyles



Posterior View

Medial



Lateral

Between the facets is a non-articular area which features the Intercondylar Eminence also known as the Tibial Spine



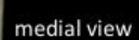
Anteriorly, below the Tibial Plateau is a prominence of bone

The Tibial Tuberosity

Anterior View

Below the Tibial Plateau is a prominence of bone

The Tibial Tuberosity



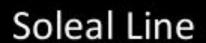
lateral view



Gerdy's Tubercle

Gerdy's Tubercle is a faceted prominence on the anterior surface of the Lateral Tibial Condyle

It receives the distal end of the Iliotibial Tract (band)



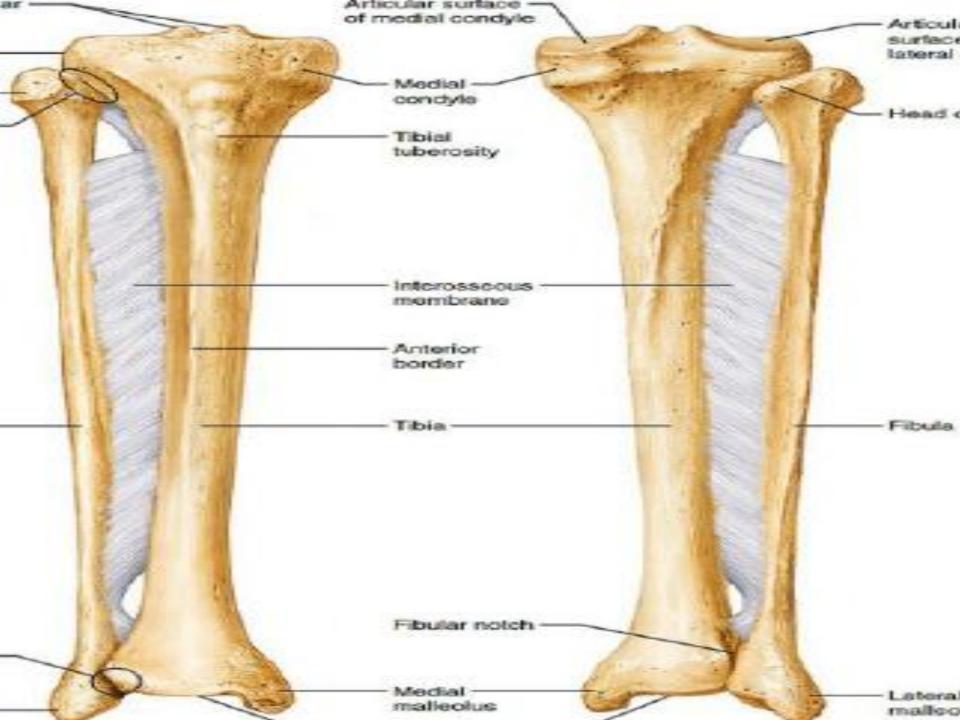
Provides attachment for the Soleus Muscle

medial lateral

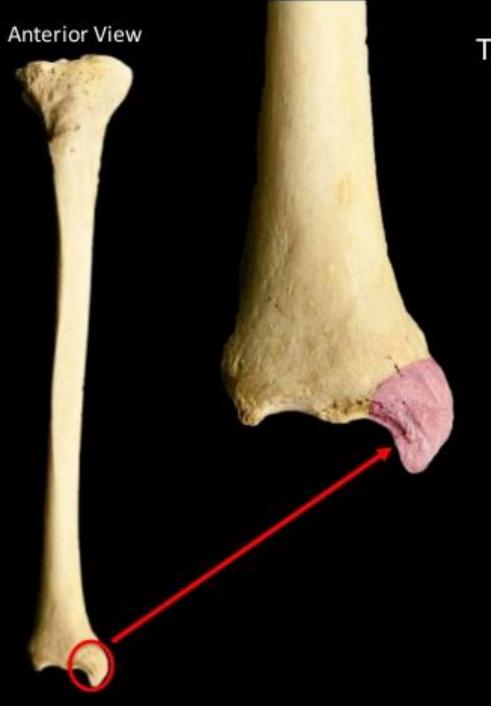
Tibial Shaft

e borders: anterior, medial and interosseous; e surfaces: lateral, medial and posterior.

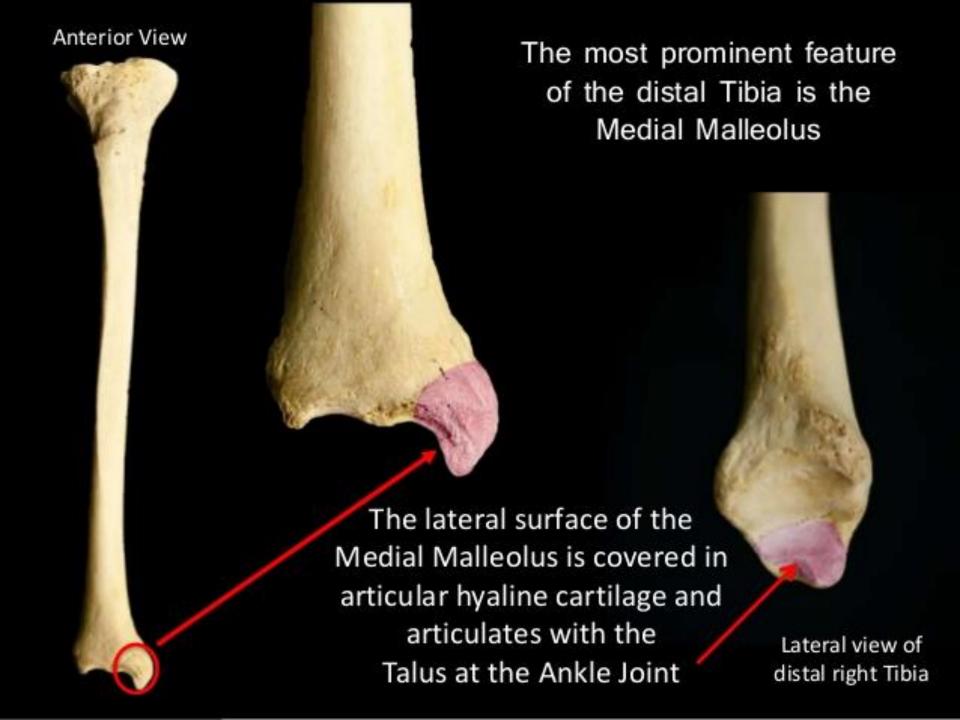


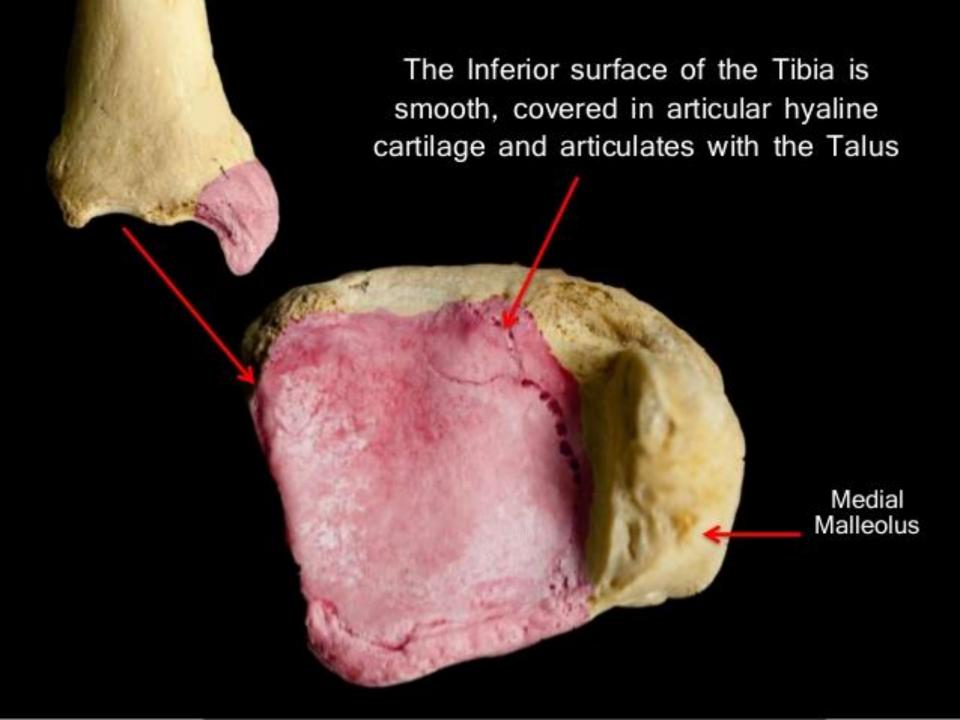


Distal Tibia

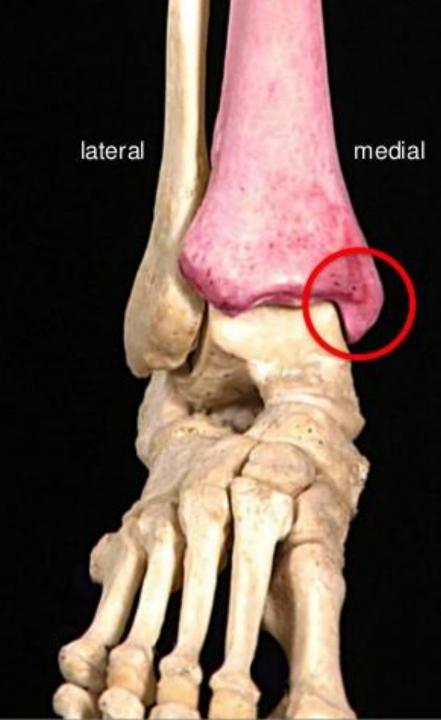


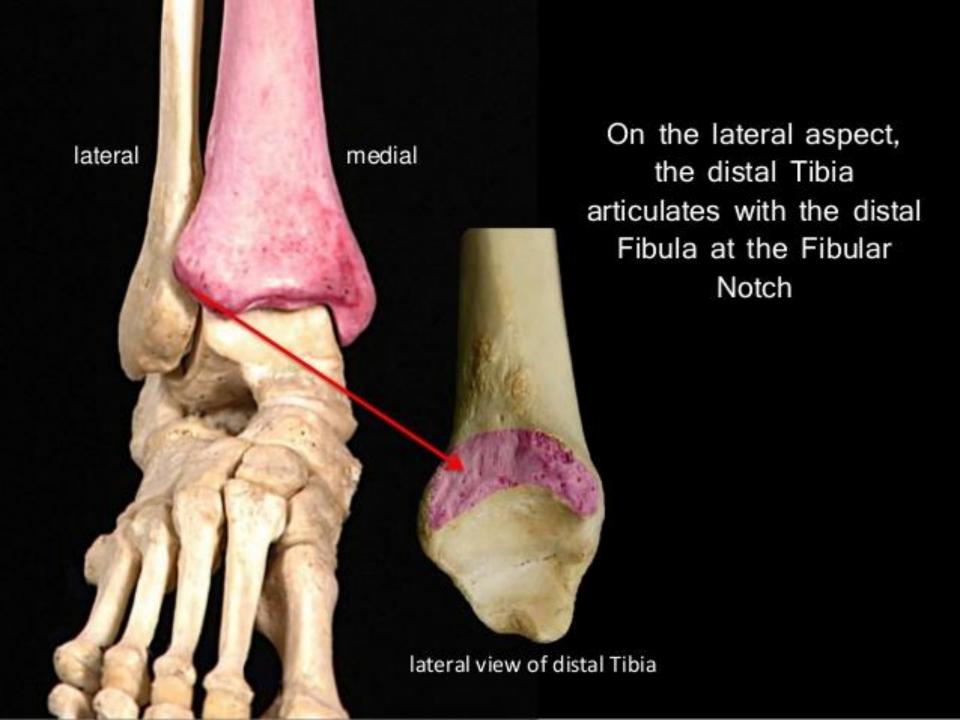
The most prominent feature of the distal Tibia is the Medial Malleolus





The Tibia and Medial Malleolus form the medial part of the articulation of the Ankle Joint





Muscle Attachments

MUSCLES

- Illio tibial tract
- Tibialis anterior
- Tibialis posterior
- Semimembranosus
- Semitendinosus
- Sartorius
- Gracillis
- Popliteus
- Soleus
- Flexor digitorum longus



Iliotibial Band or Tract

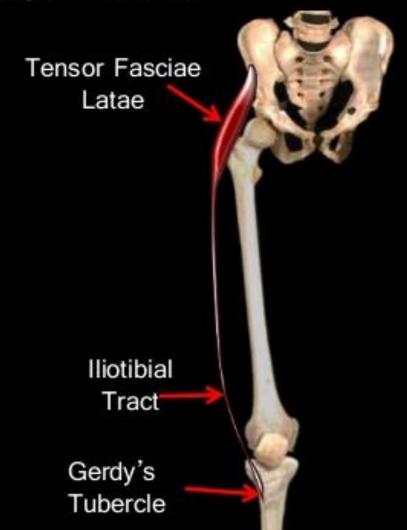
Proximally it receives two muscles

- Tensor Fasciae Latae
- Gluteus Maximus



Iliotibial Band or Tract

Distally inserts onto Gerdy's Tubercle

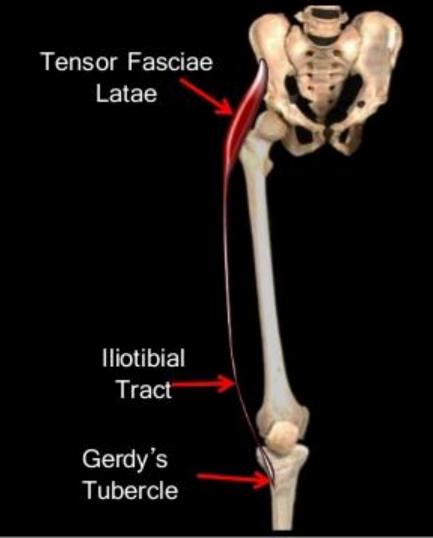


Proximal Tibia Lateral View



Iliotibial Band or Tract

Distally inserts onto Gerdy's Tubercle





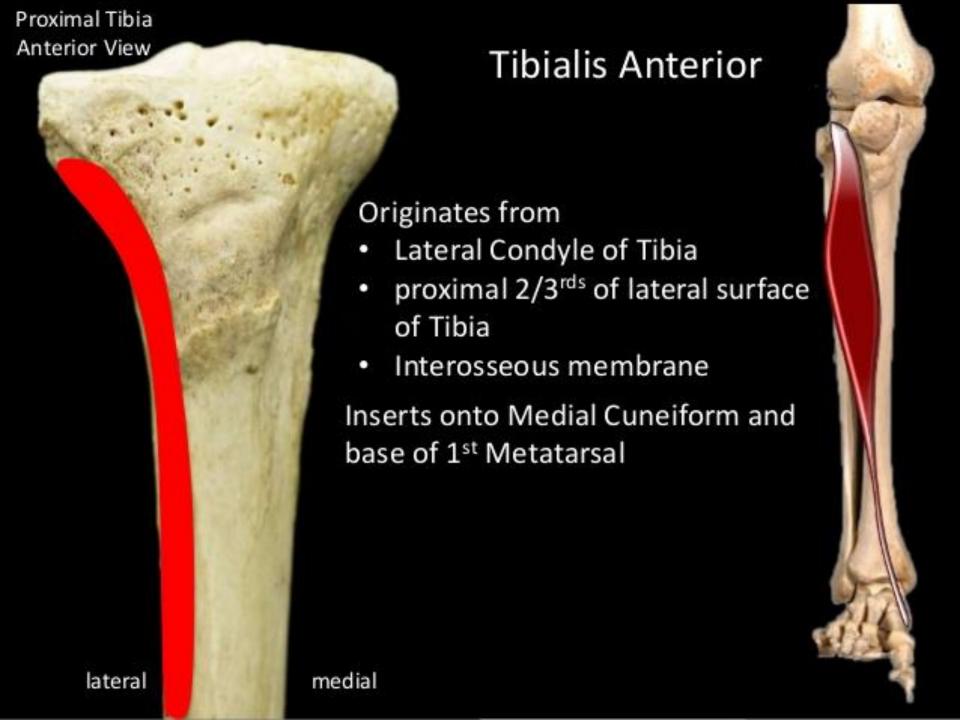
lateral

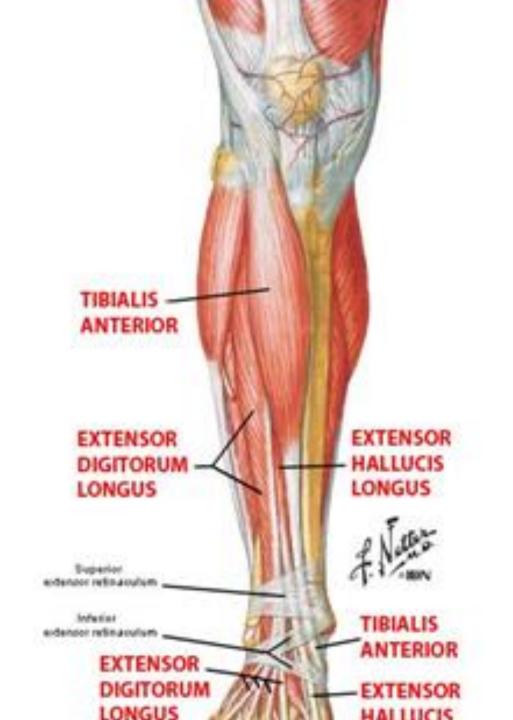
Tibialis Anterior

Originates from

- Lateral Condyle of Tibia
- proximal 2/3^{rds} of lateral surface of Tibia
- Interosseous membrane

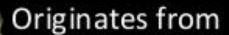
medial





Posterior View

Tibialis Posterior



- Posterior aspect interosseous membrane
- superior half of posterior surface of tibia distal to soleal line
- medial half of posterior surface of fibula

Inserts onto tuberosity of the navicular with extensions to other tarsal bones and metatarsals 2 - 4

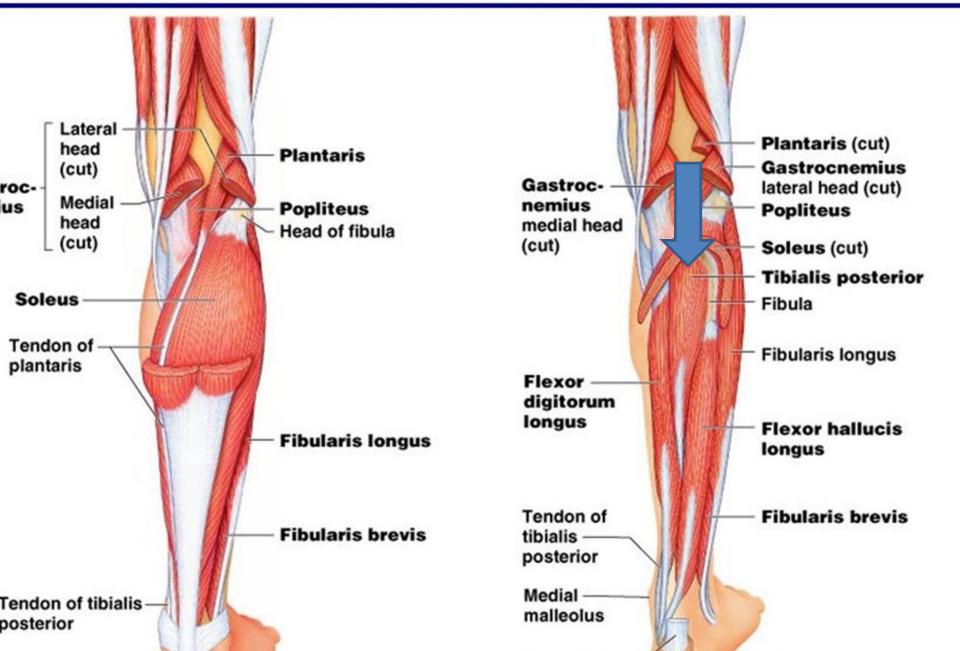
Inverts, adducts, supinates foot Plantar flexes ankle

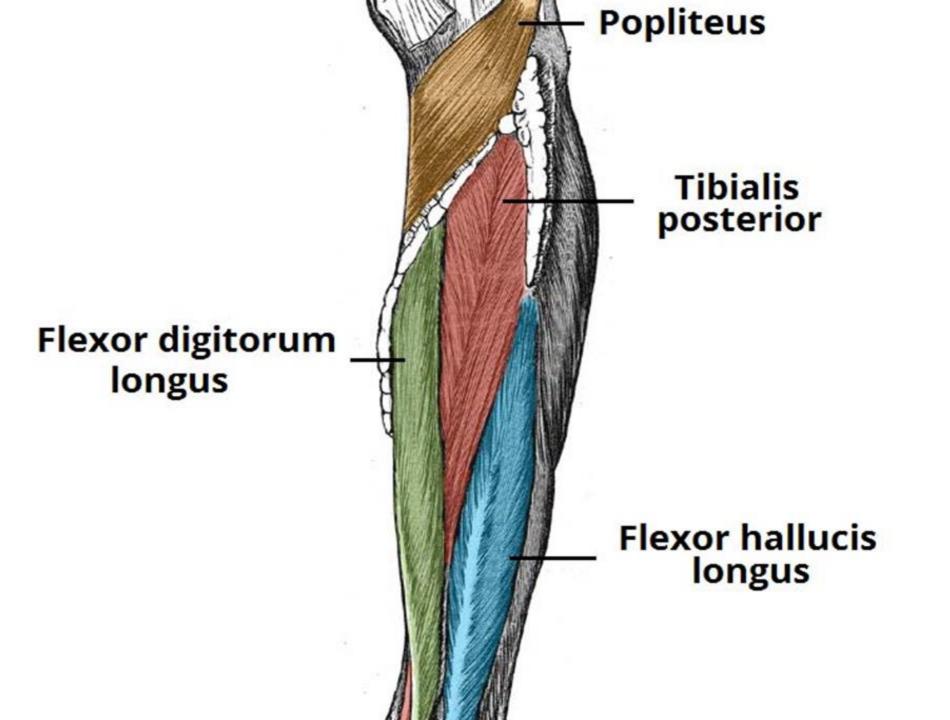
medial

lateral



scles of the Posterior Compartment







Semimembranosus

Originates from superior lateral quadrant on the posterior surface of the Ischial Tuberosity

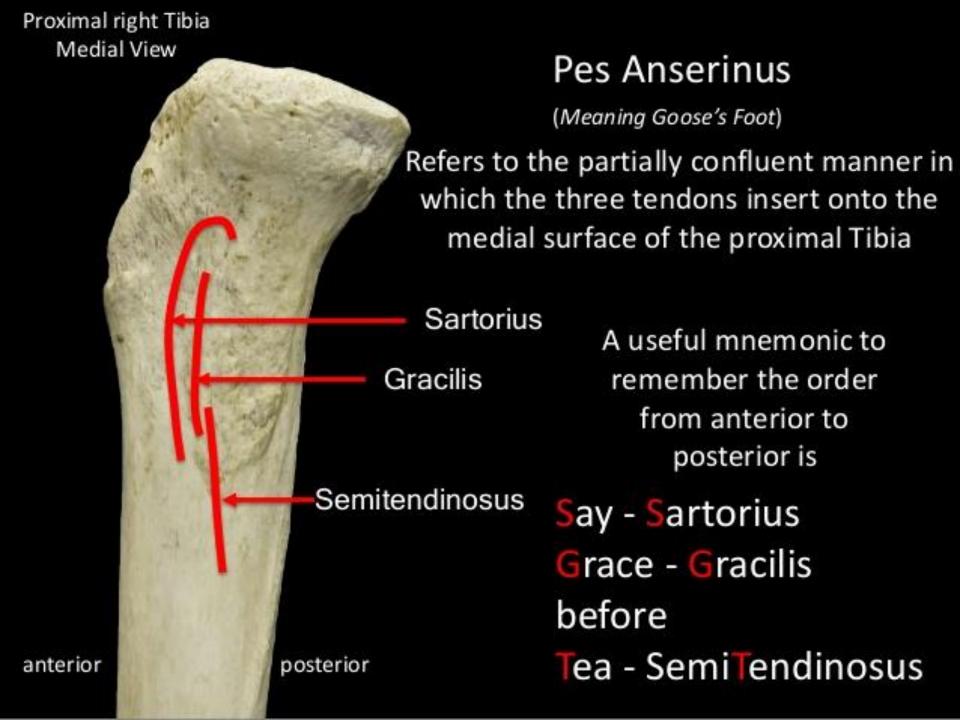


Semimembranosus

Originates from superior lateral quadrant on the posterior surface of the Ischial Tuberosity

Inserts onto the posterior aspect of the Medial Tibial Condyle







Originates from posterior surface of Tibia superior to soleal line

The tendon passes upward and laterally and courses through the knee joint before inserting onto the Lateral Condyle of the Femur

Unlocks the extended knee by laterally rotating the Femur on the Tibia

lateral





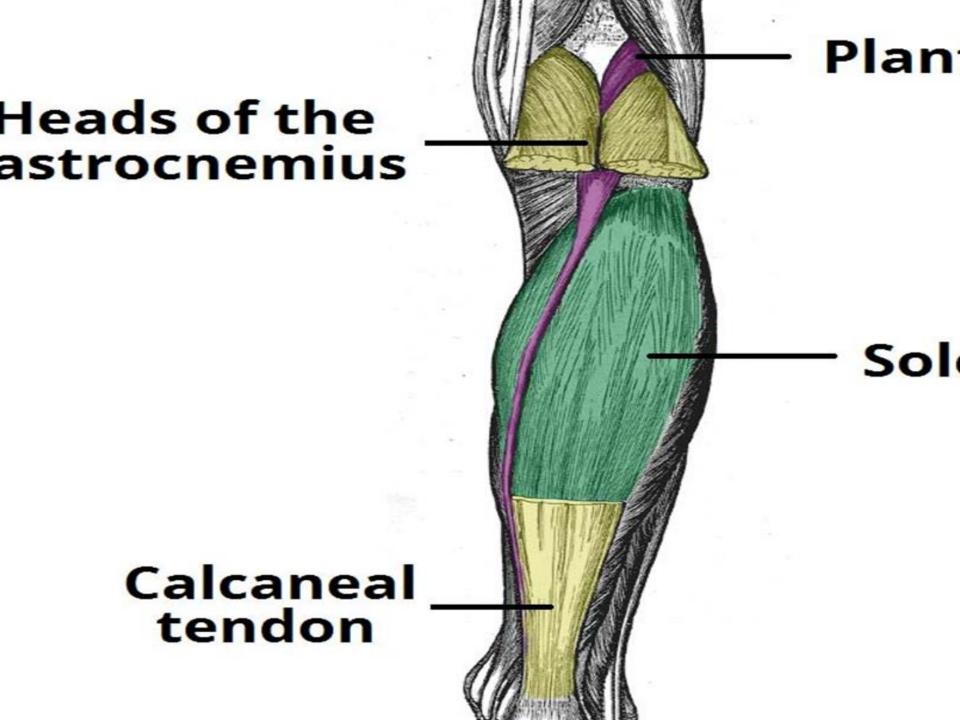
Soleus

Originates from

- posterior aspect of Fibular Head
- upper 1/3 of posterior surface of Fibular shaft
- along the full length of soleal line
- middle 1/3 medial border of Tibial Shaft

Unites with gastrocnemius aponeurosis to form the Achilles tendon, inserts middle 1/3 posterior calcaneum

Plantarflexes the ankle



Flexor Digitorum Longus

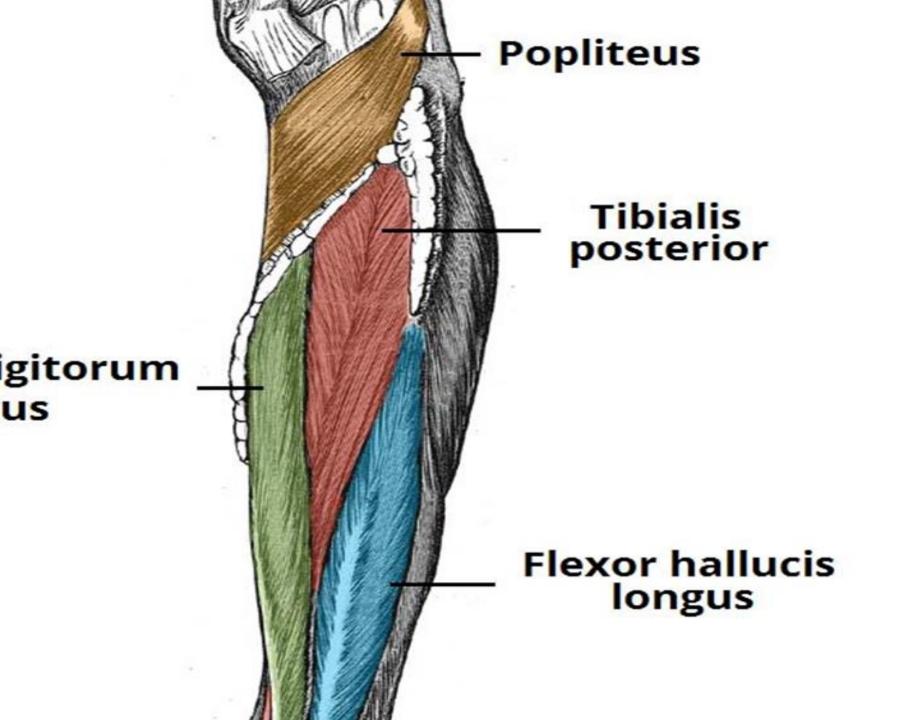
Originates from the posterior surface of Tild distal to Popliteal Line

Splits into four slips, inserts plantar surface of bases of 2 5th distal phalanges

Flexes toes 2 – 5 Plantarflexes ankle



medial lateral



OSSIFICATION

- The tibia ossifies from 3 centers- 1 primary and 2 secondary.
- 1. Primary center appears in the middle of shaft in the age of seventh week of intrauterine life.
- 2. Secondary centers.
- (a) For the upper end:
 - At birth or soon after beginning.
 - Fusion with all the shaft: 20 years.
- (b) For the lower end:
 - 2 years.
 - Fusion with all the shaft 18 years.
- The upper epiphysis goes anteriorly as a tongue like process to create the upper part of tibial tuberosity.

CLINICAL SIGNIFICANCE

- OSTEOMYELITIS OF THE UPPER END OF TIBIA
- The upper end of tibia is the commonest site of acute osteomyelitis, but knee joint stay unaffected since the capsule of knee joint is connected near to the margins of articular surfaces proximal to the epiphyseal line.

Clinical Relevance: Fractures of the Tibia

- Fractures of the tibia are relatively common, and occur most frequently in the middle aged and elderly. If the fibula is not fractured, it supports the tibia, and displacement of the fragments is minimal.
- The proximal end of the tibia is the site that is most vulnerable to damage, resulting usually from some traumatic accident e.g vehicular.
- At the ankle, the medial malleolus can be fractured.
 This is caused by the ankle being twisted inwards
 (over-inversion) the talus of the foot is forced
 against the medial malleolus, causing a spiral fracture.

FRACTURE OF TIBIA the medial malleolus fracture



FRACTURE OF TIBIA

tibia is normally fractured in the junction of 2/3rd and lower 1/3rd of its shaft. (The is narrowest at the junction of upper to lower two-third, therefore the common acture.).

lower two-third of the tibial shaft is emponent of any muscular connection) and blood supply; for this motive, the fractulower 1/3rd of the shaft of tibia show denote non union.

