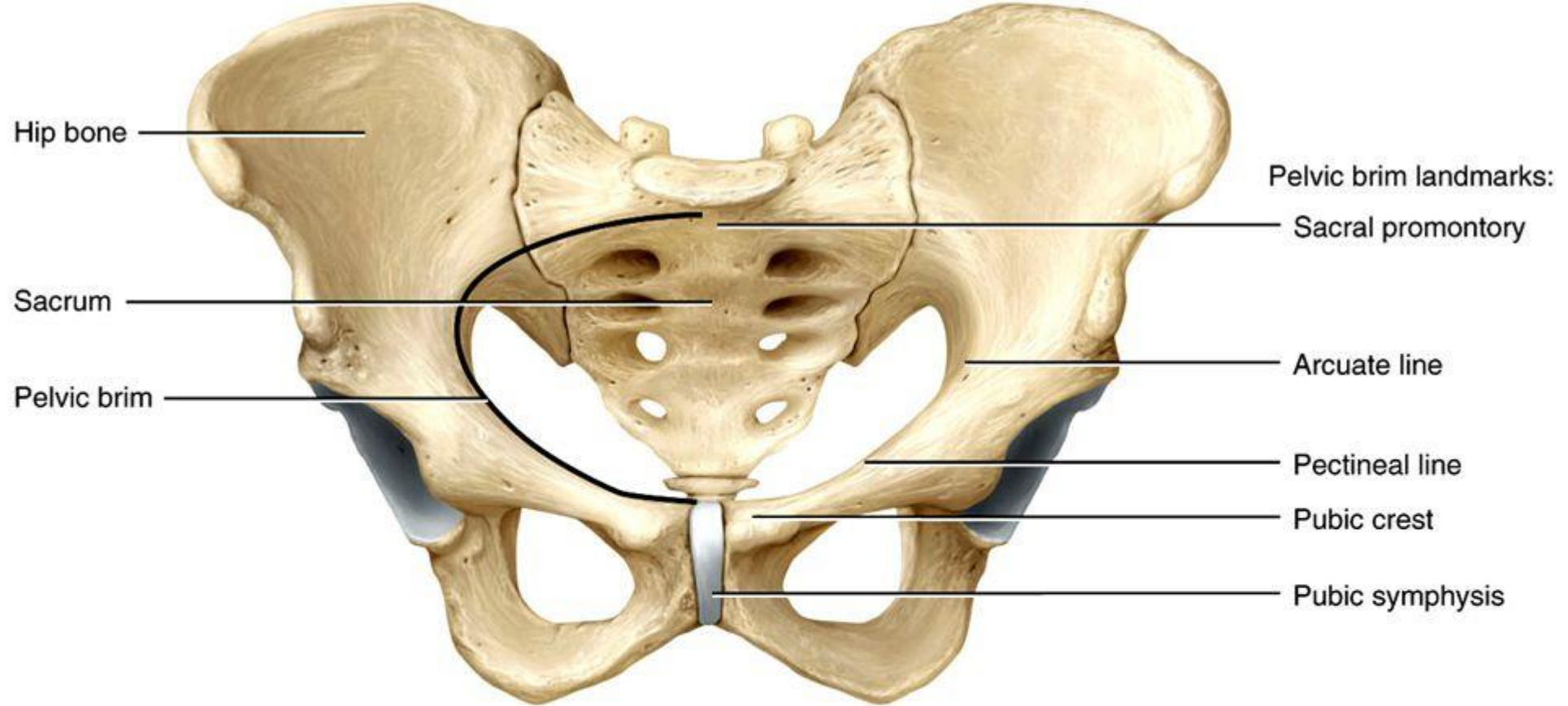
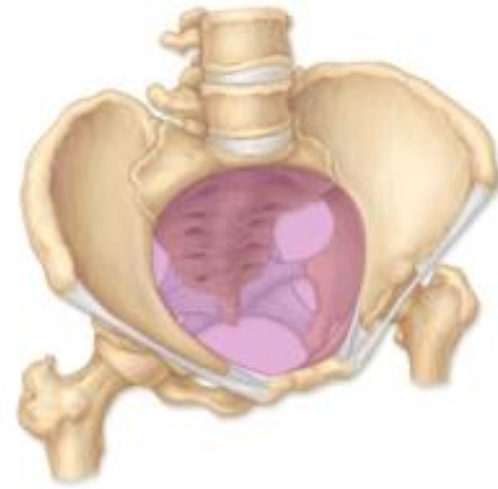
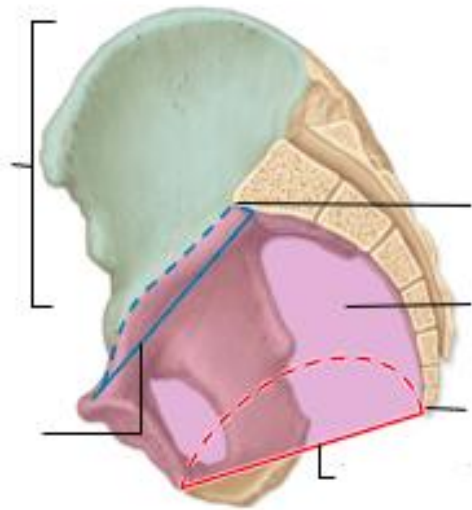


Lumbosacral Plexus

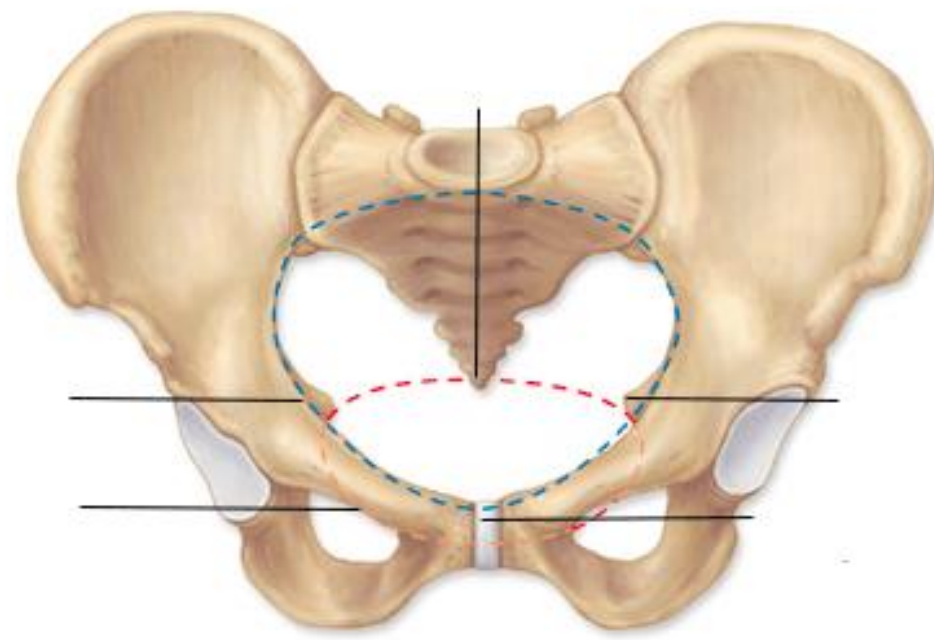
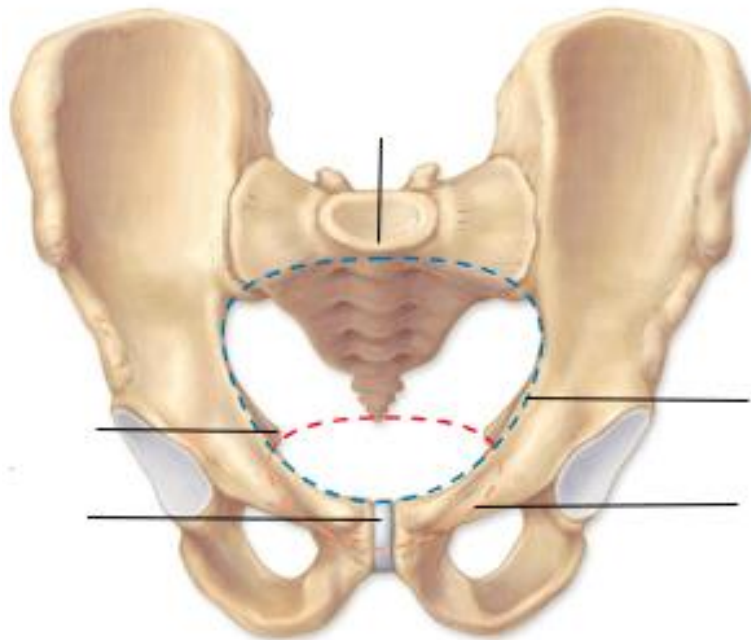


(a) Anterosuperior view of pelvic girdle

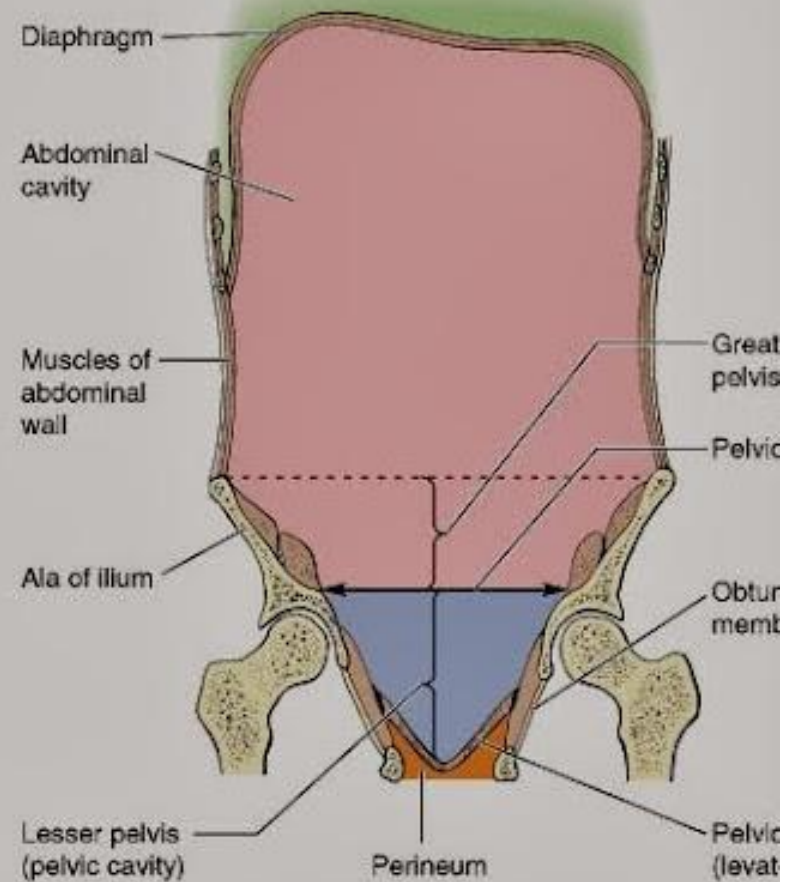
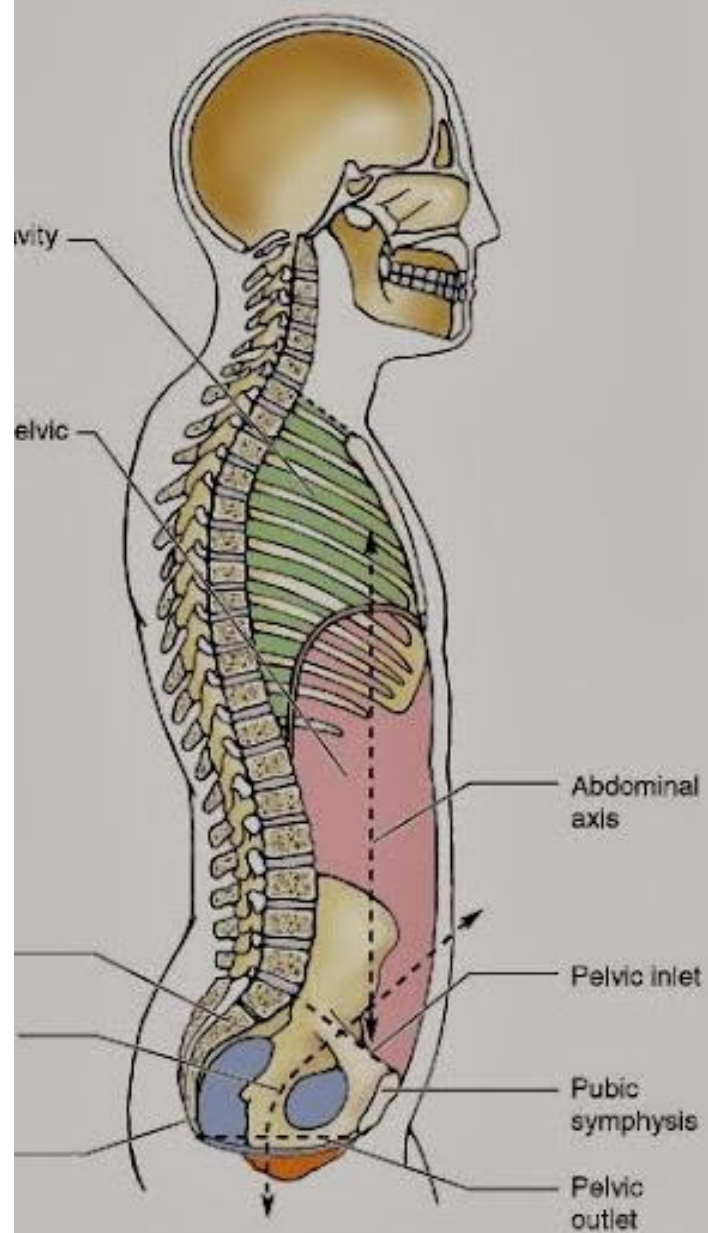
True and False Pelvis Figure 8.11



(Anterolateral views



(Pelvis, Anterosuperior views



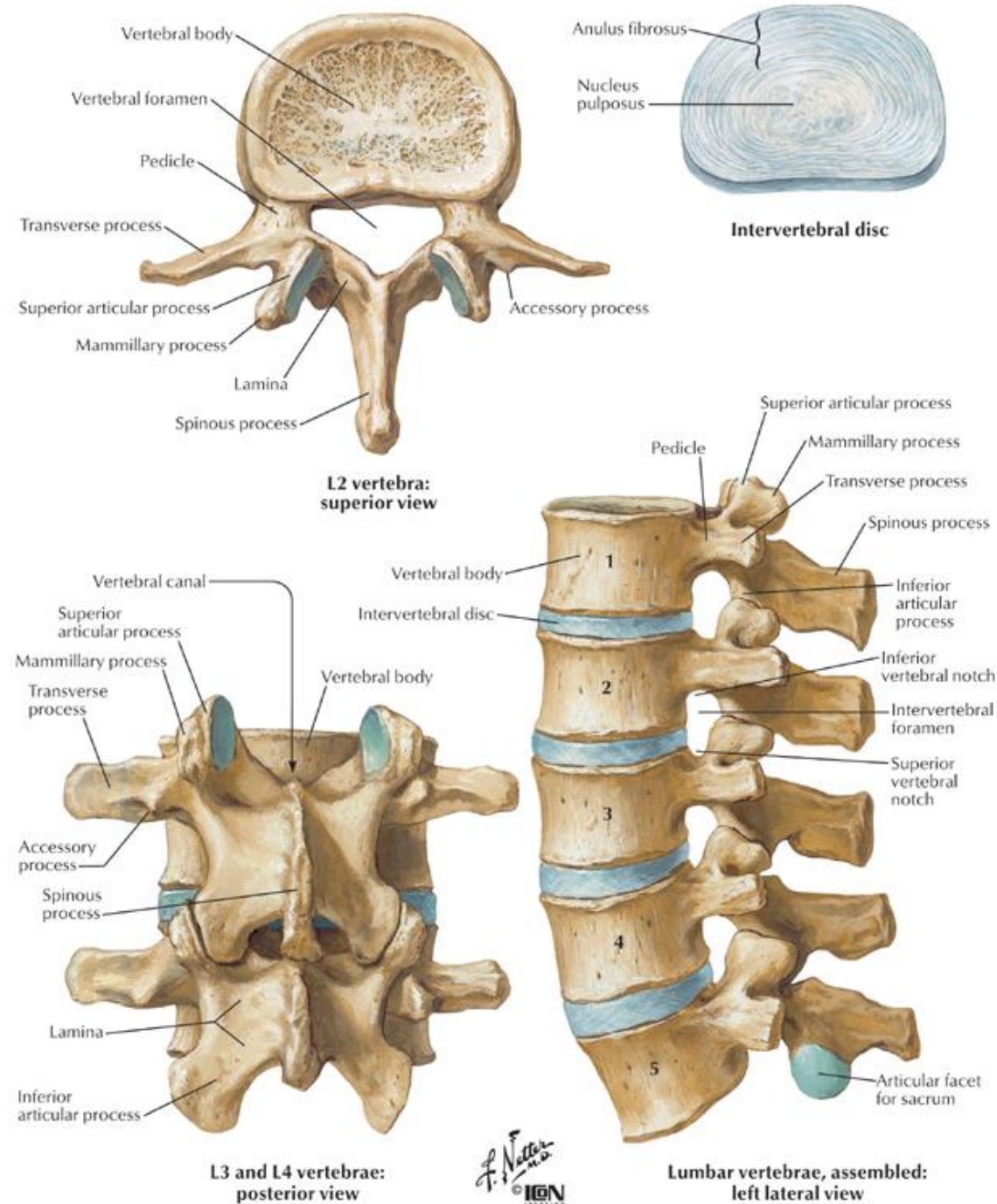
(C)

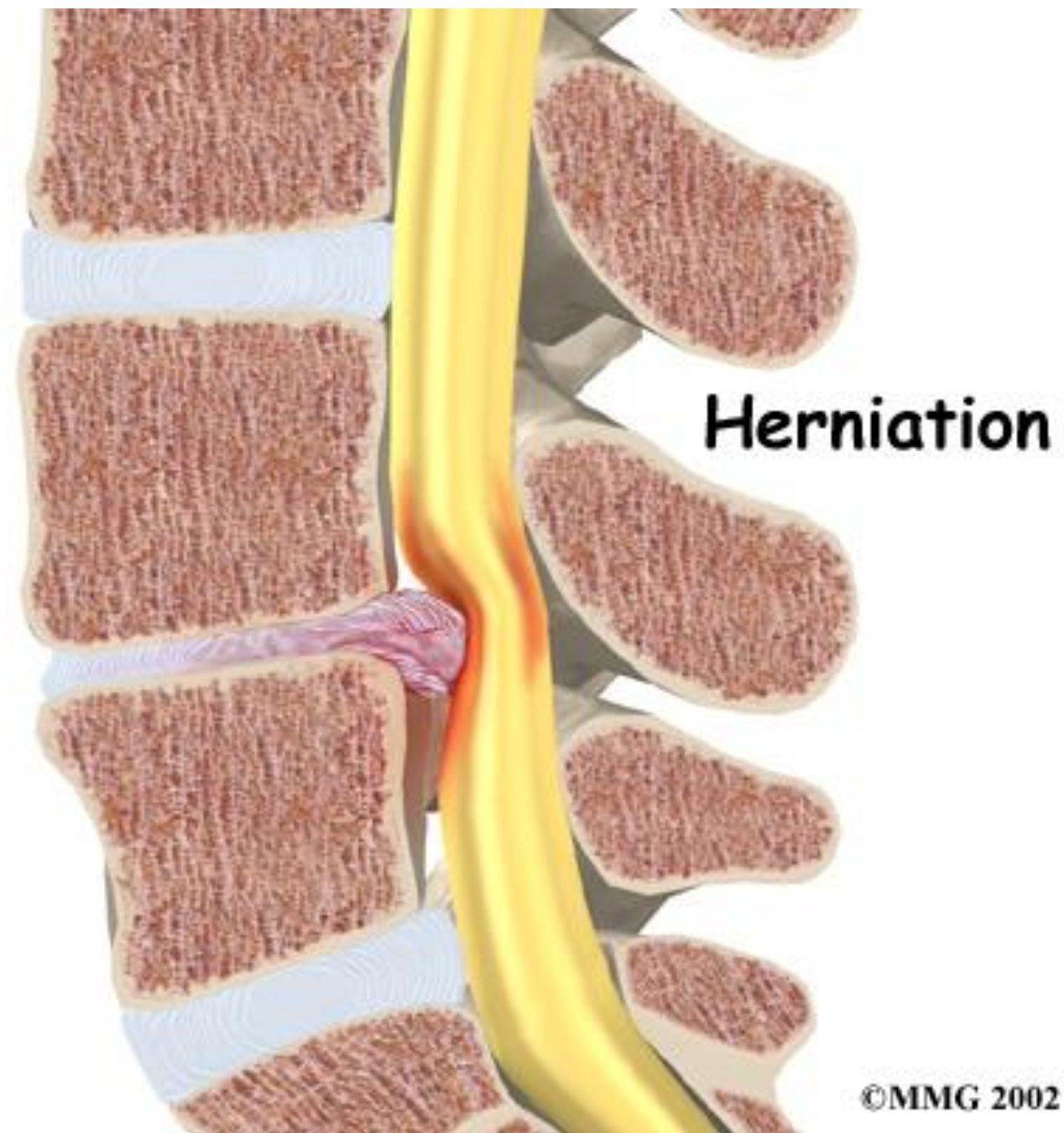
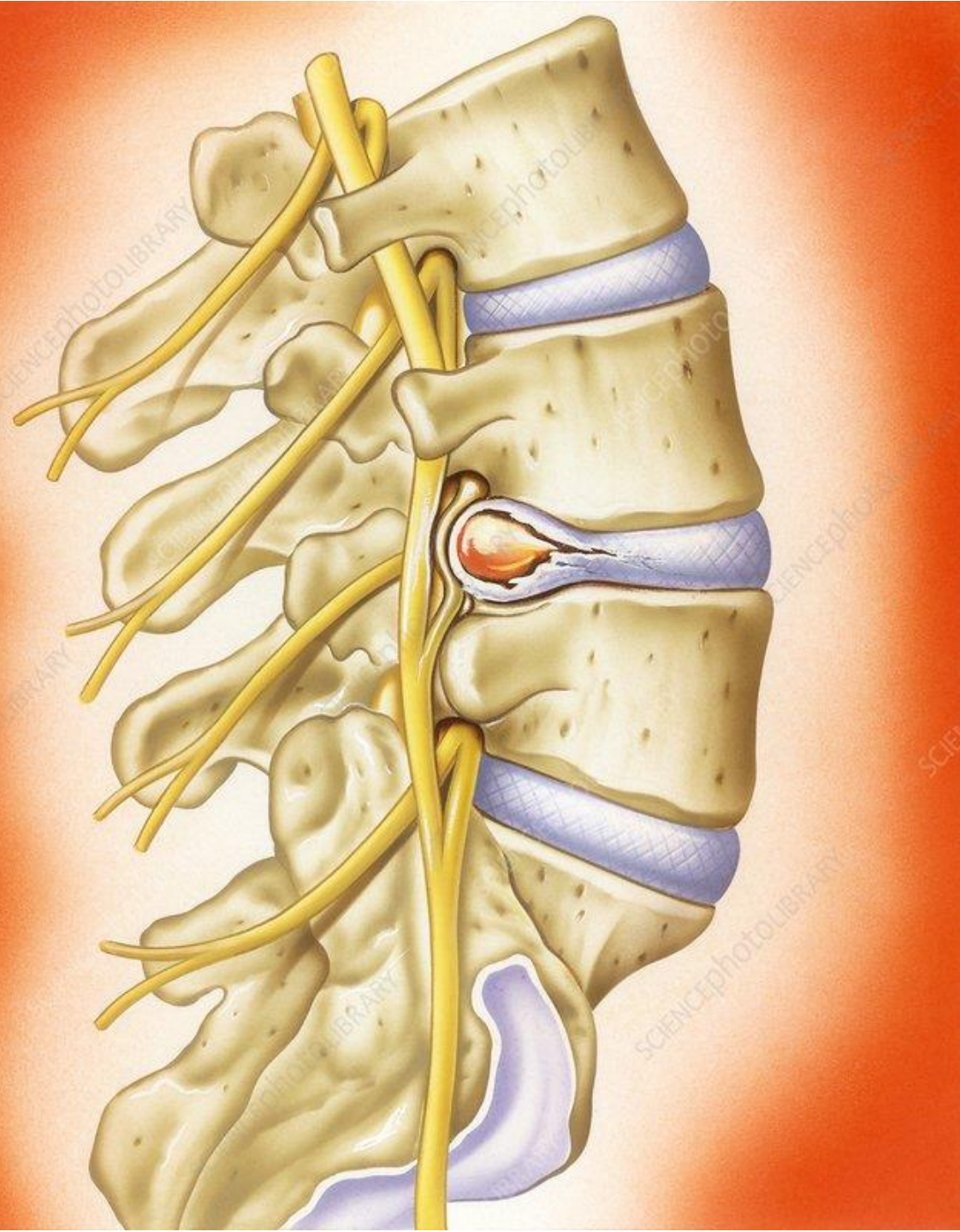
Key

- Thoracic cavity
- Abdominal portion of abdominopelvic cavity
- Pelvic portion of abdominopelvic cavity
- Perineal compartment/perineum

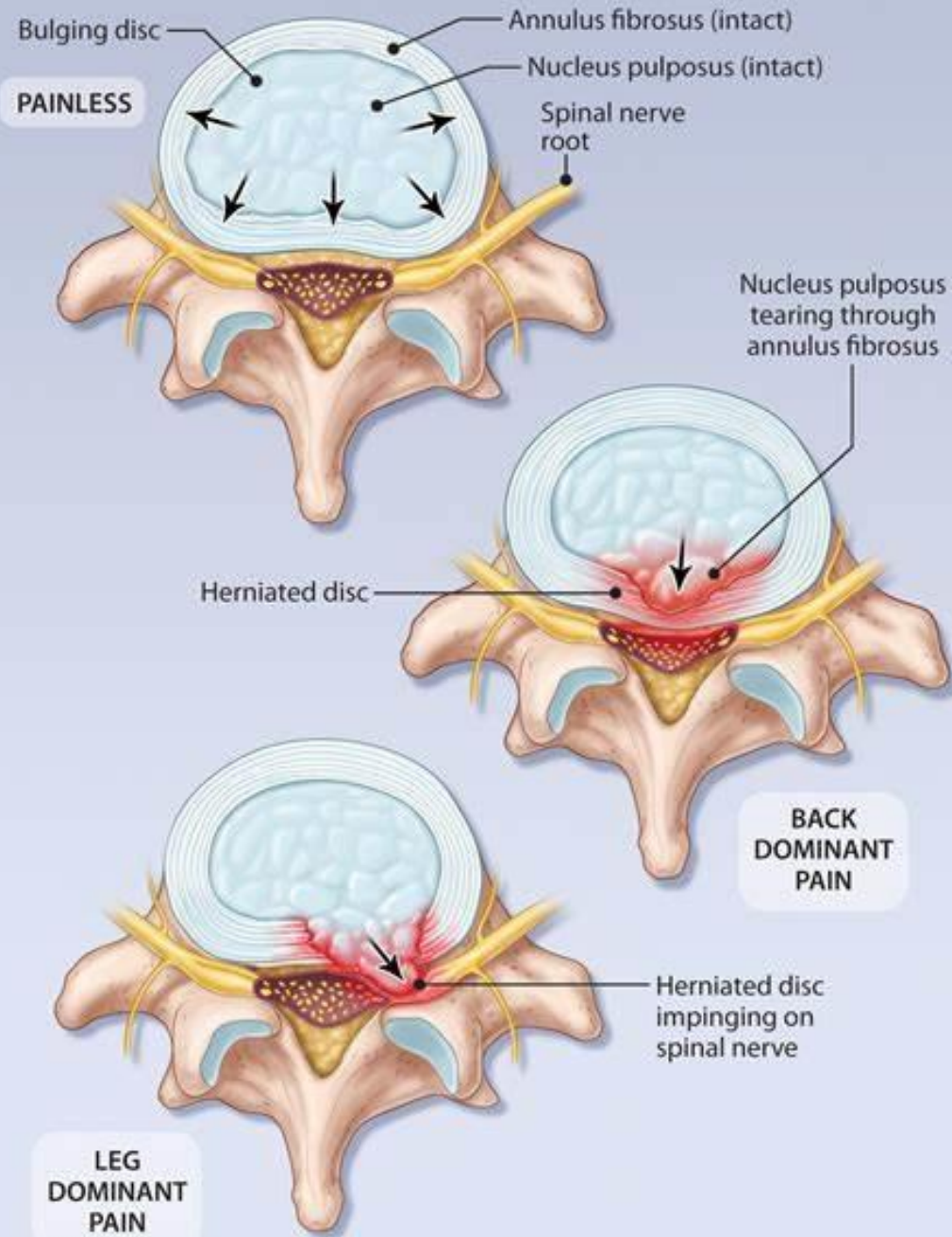
Intervertebral disc

- Nucleus pulposus
- Anulus fibrosus

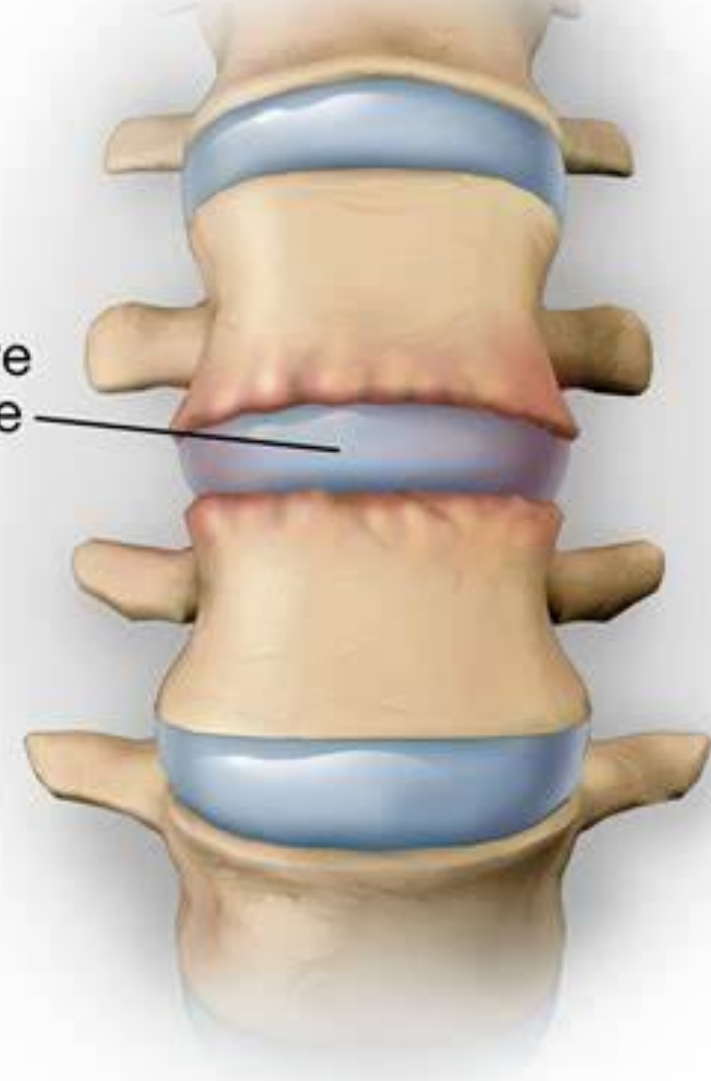




Types of Lumbar Disc Herniation

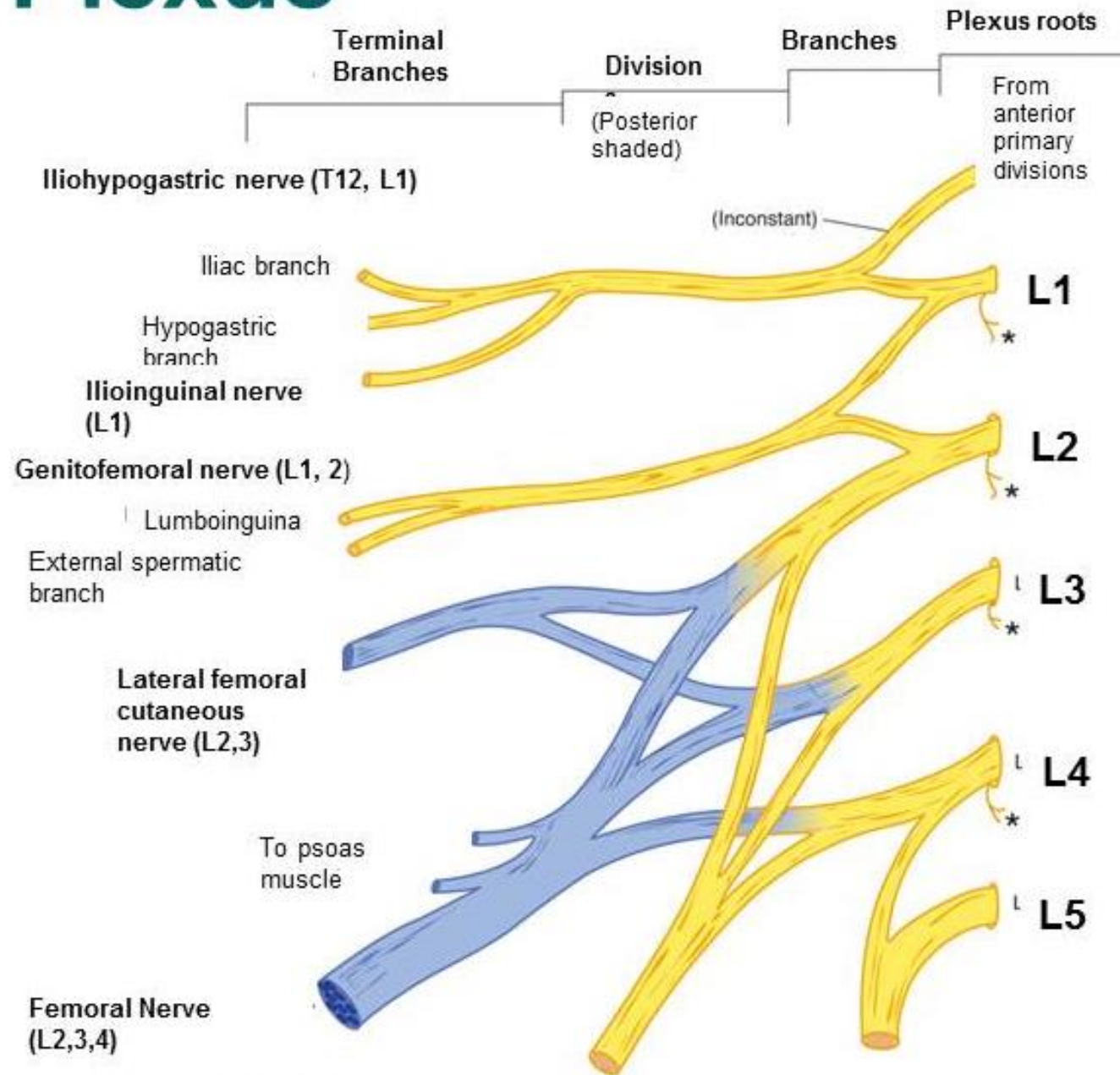


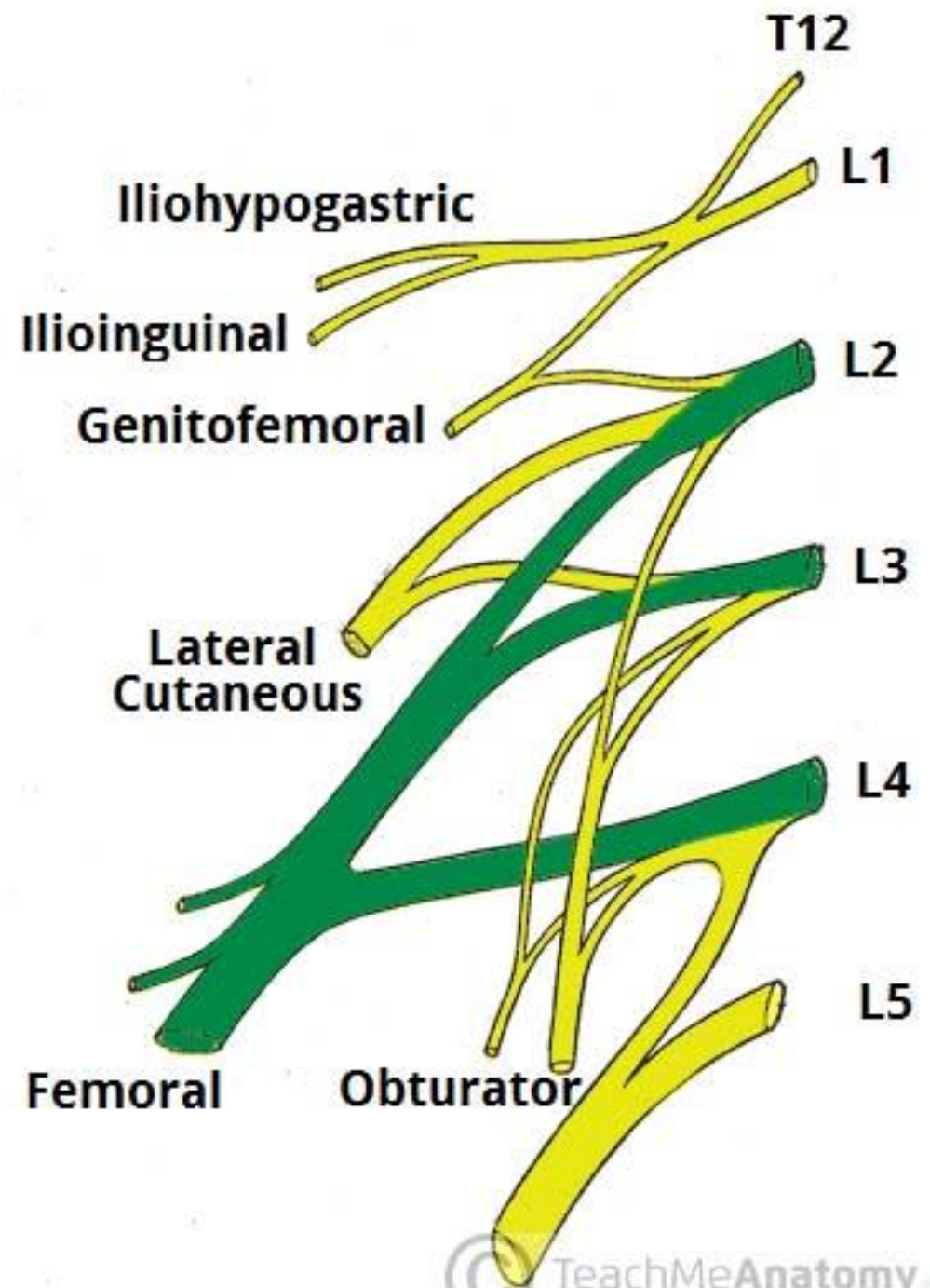
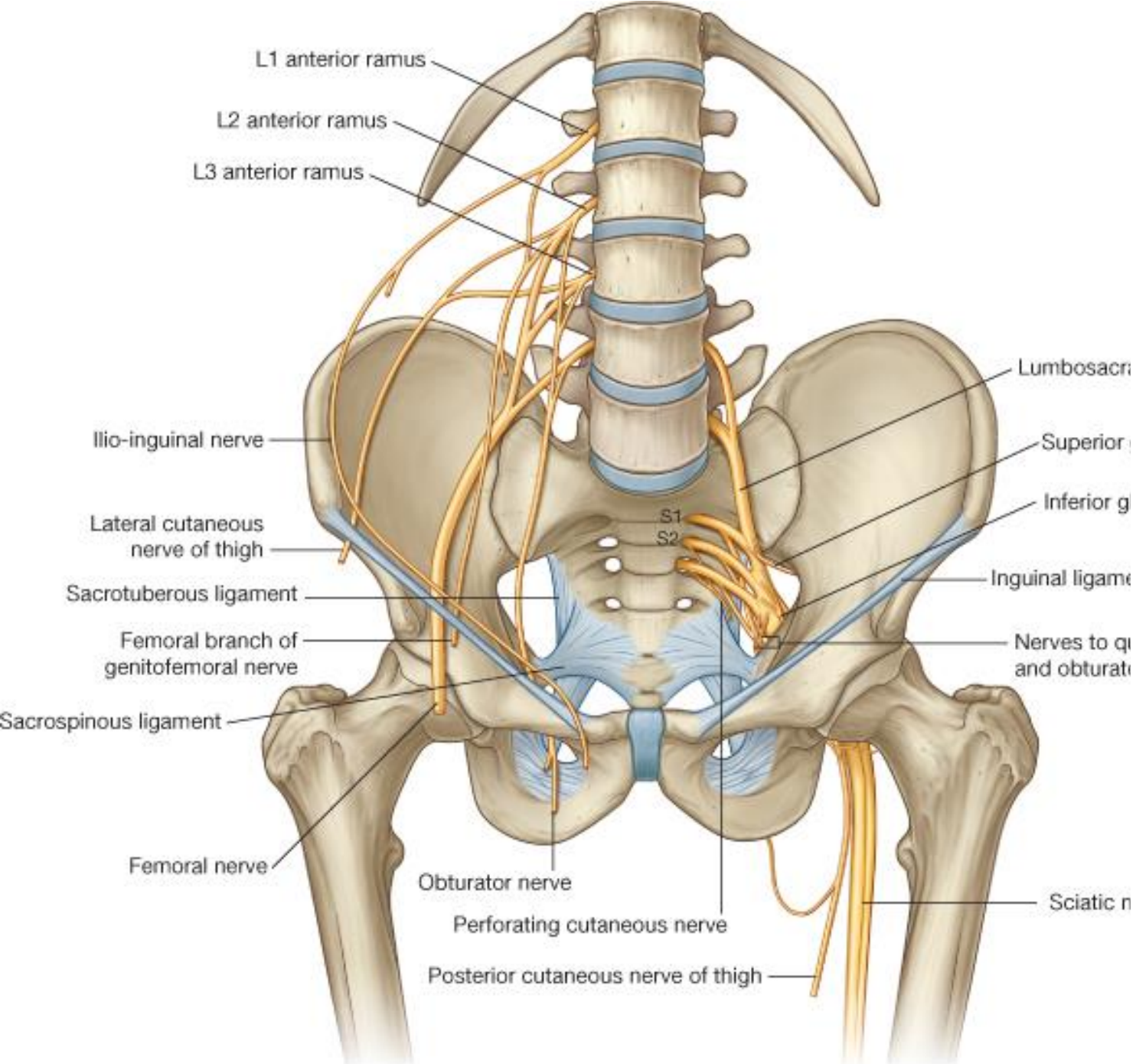
Degenerative disc disease

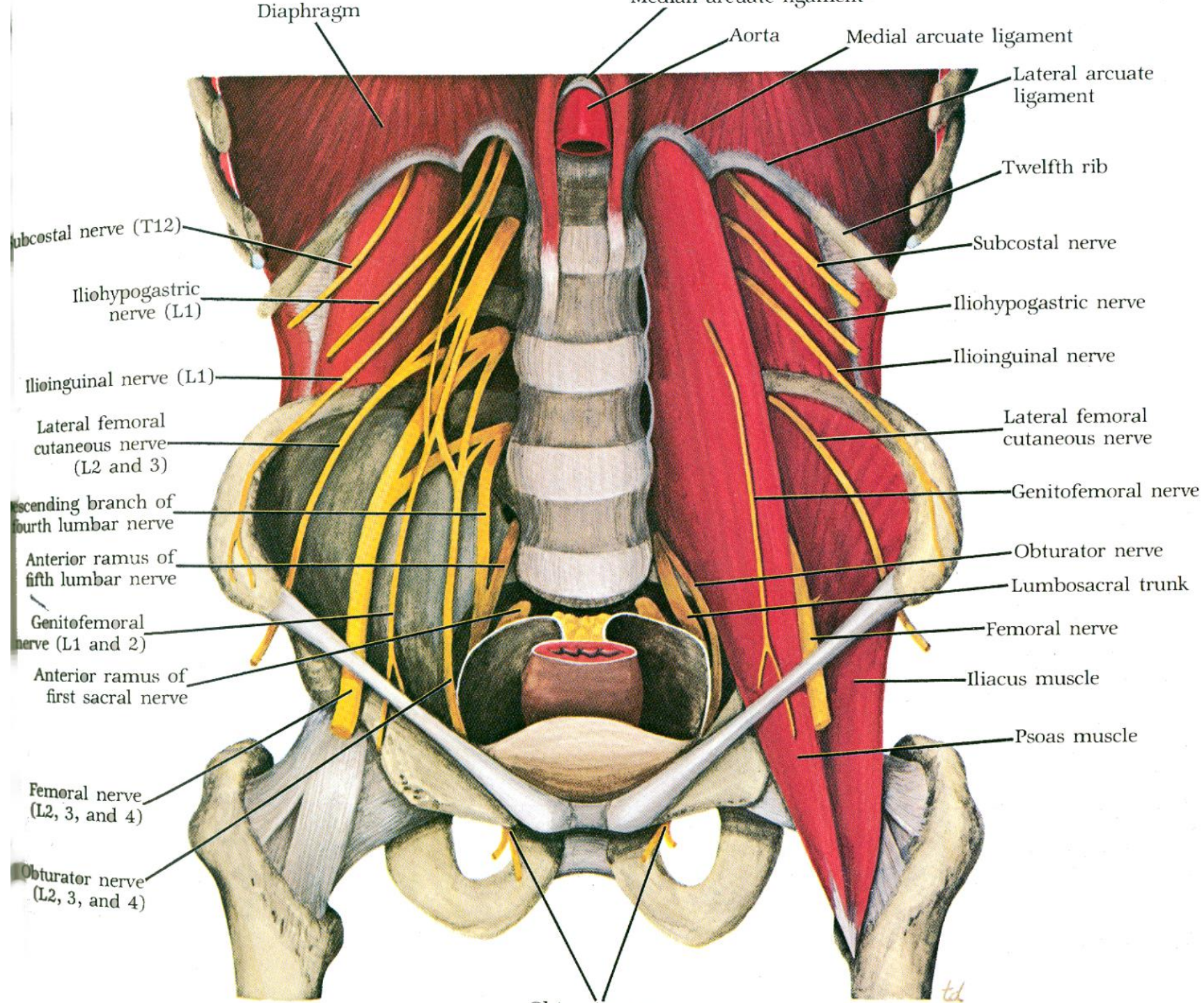


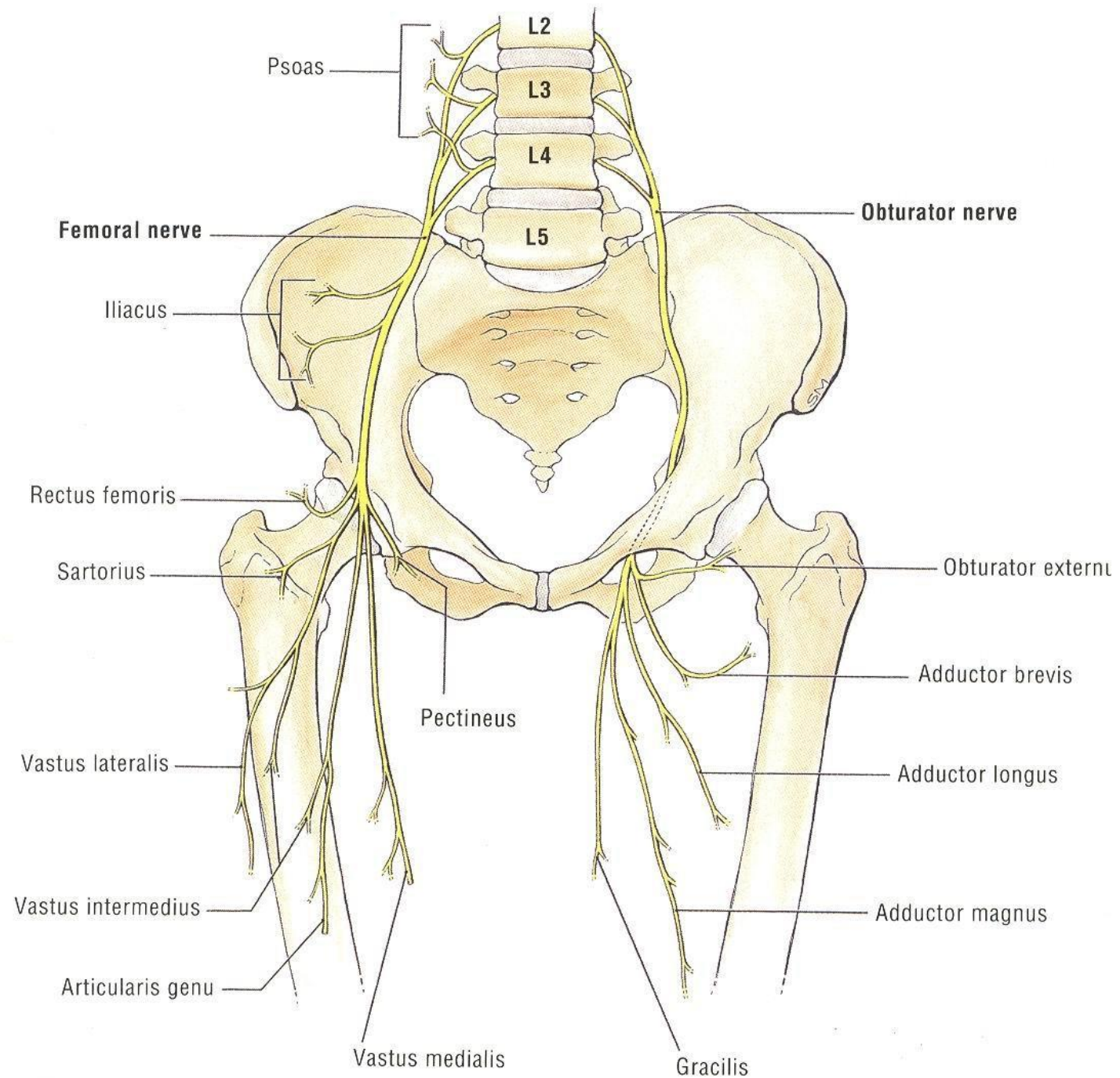
Lumbar Plexus

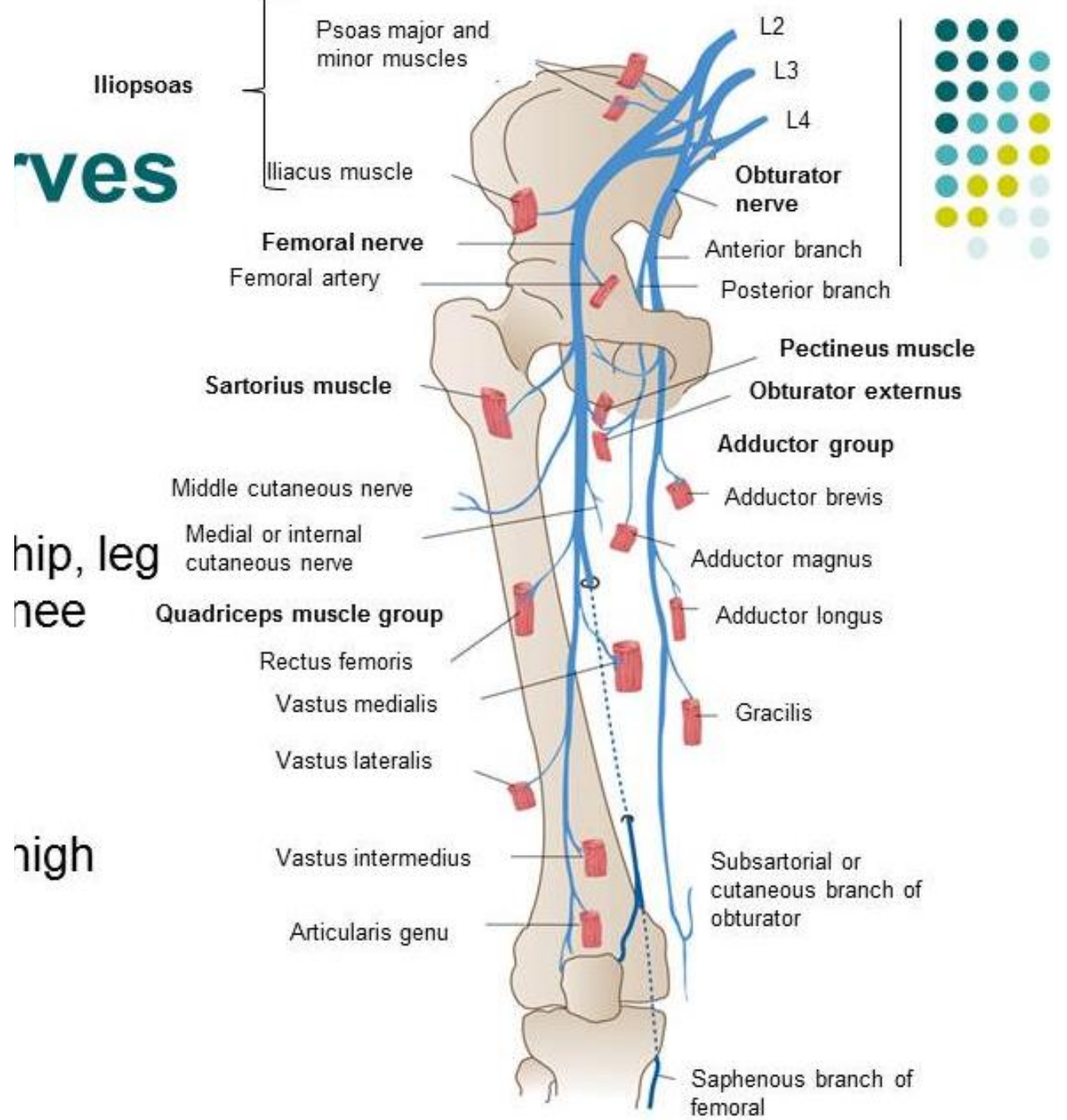
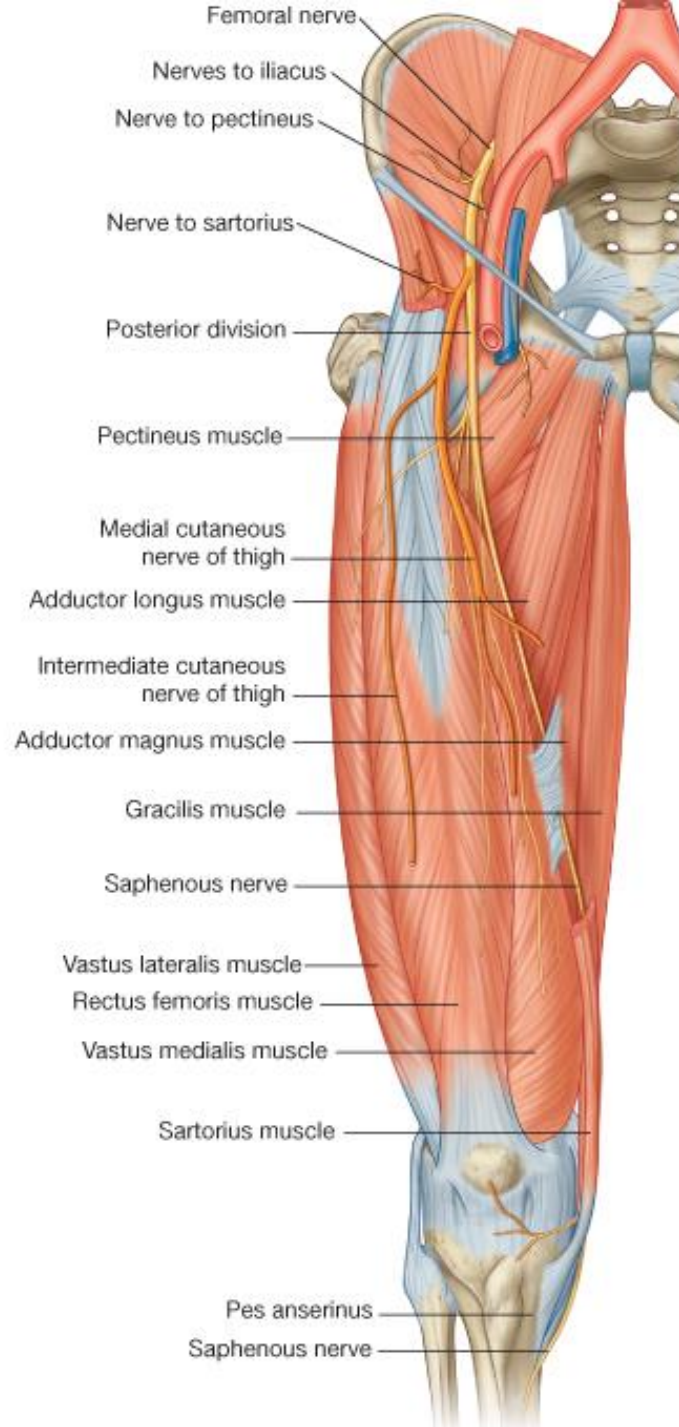
- Ventral rami of L1-L4



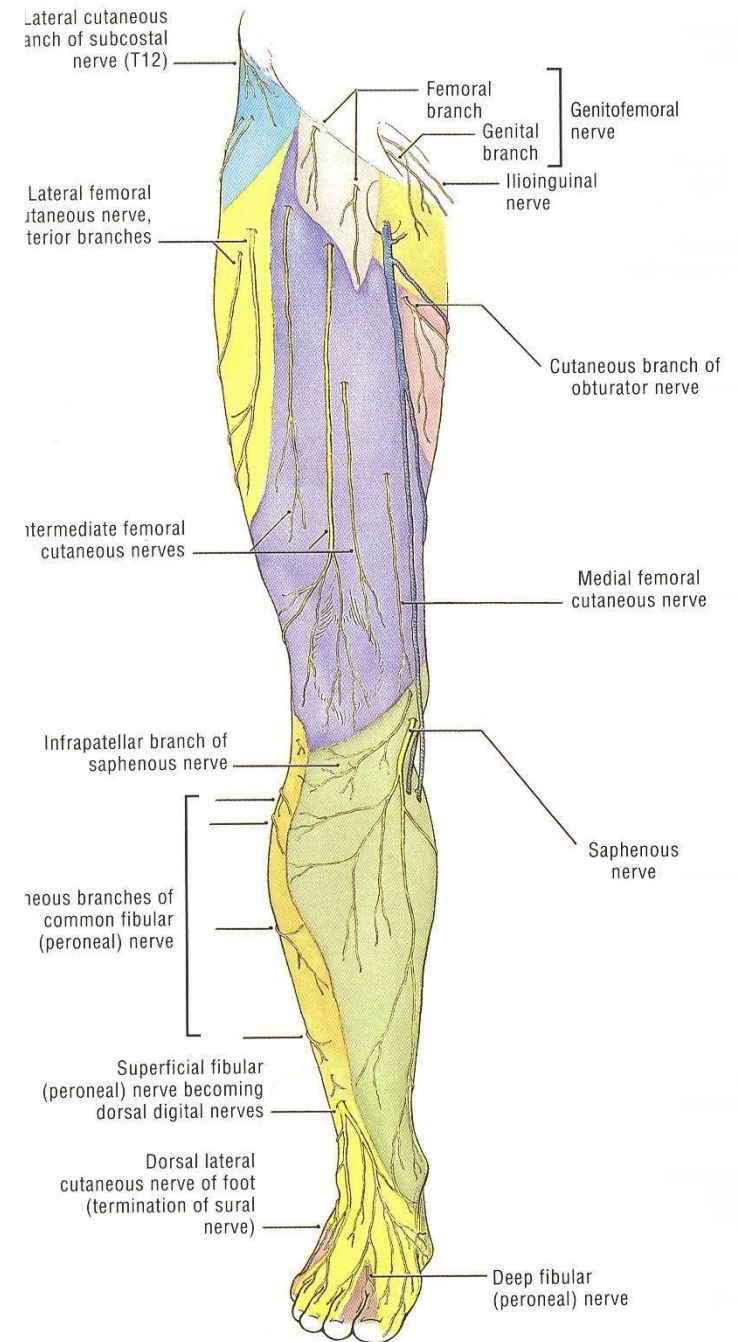
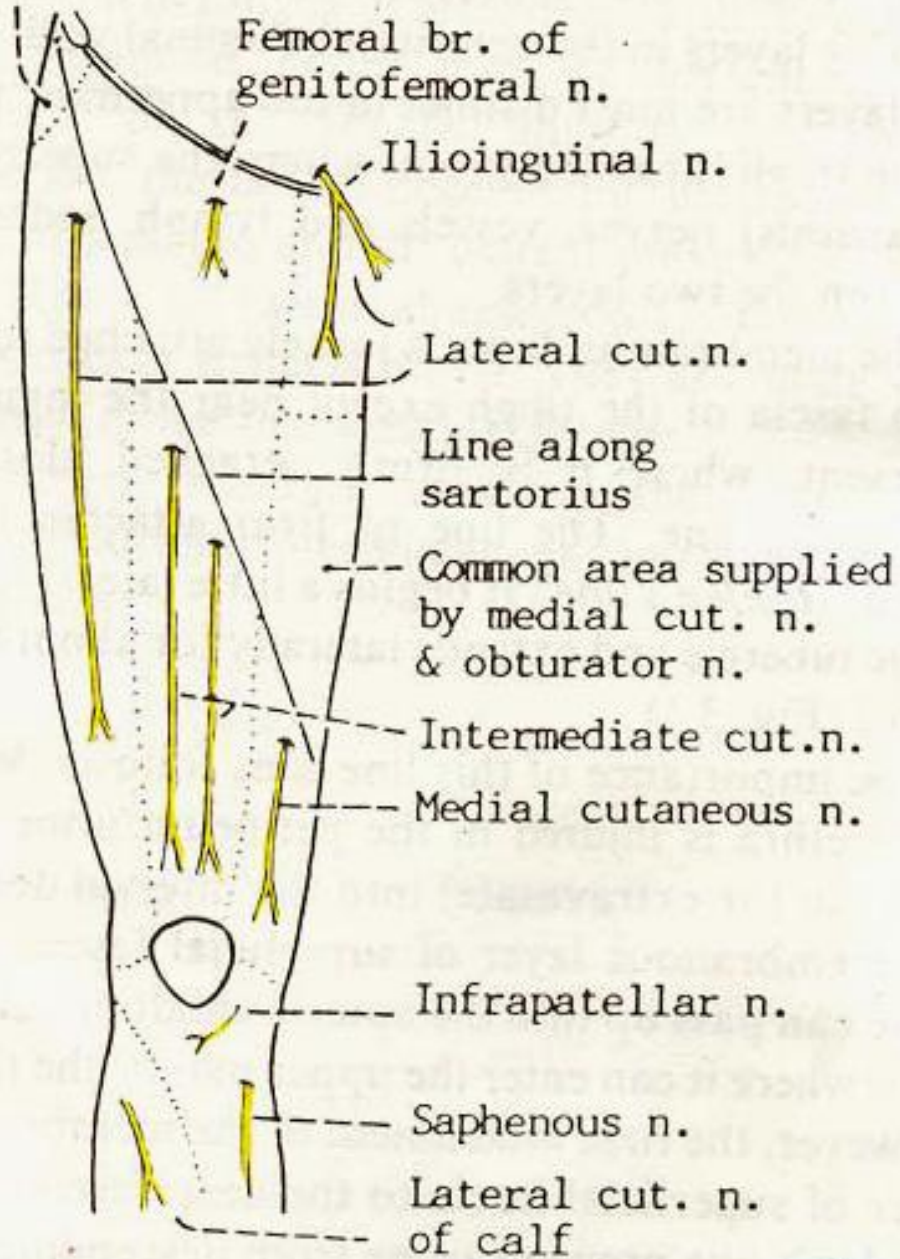








Lateral cutaneous
branch of subcostal n.



Femoral and Obturator Nerves

- Sensory distribution

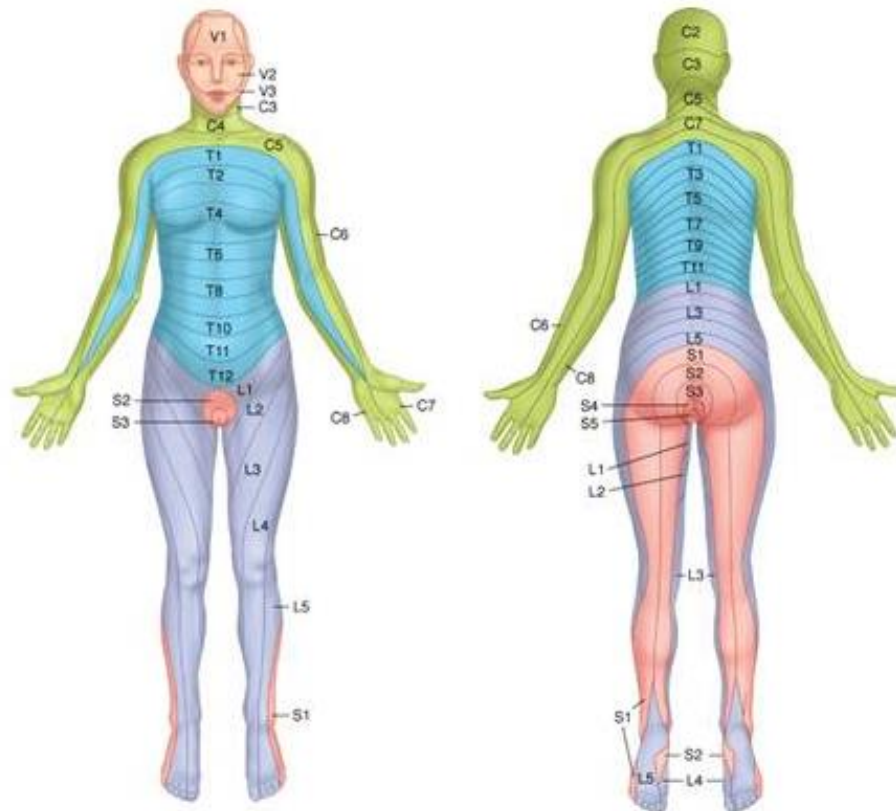


Figure 19-3. Dermatome distribution. In: F. Gary Cunningham. *Williams Obstetrics*. 23rd ed. <http://www.accessmedicine.com>. Accessed March 22, 2012.

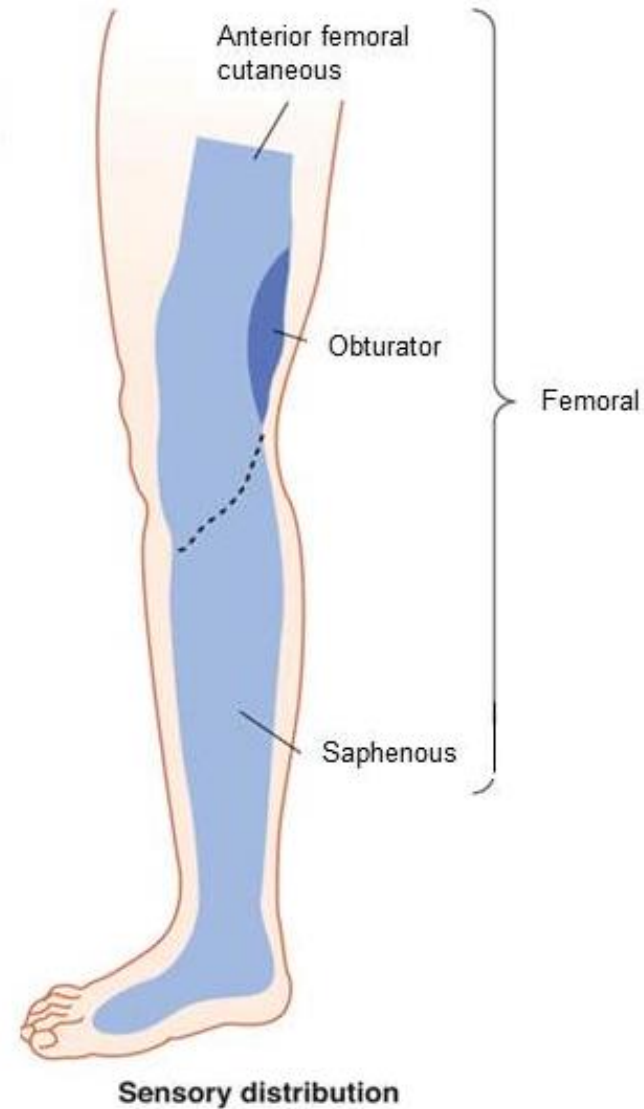


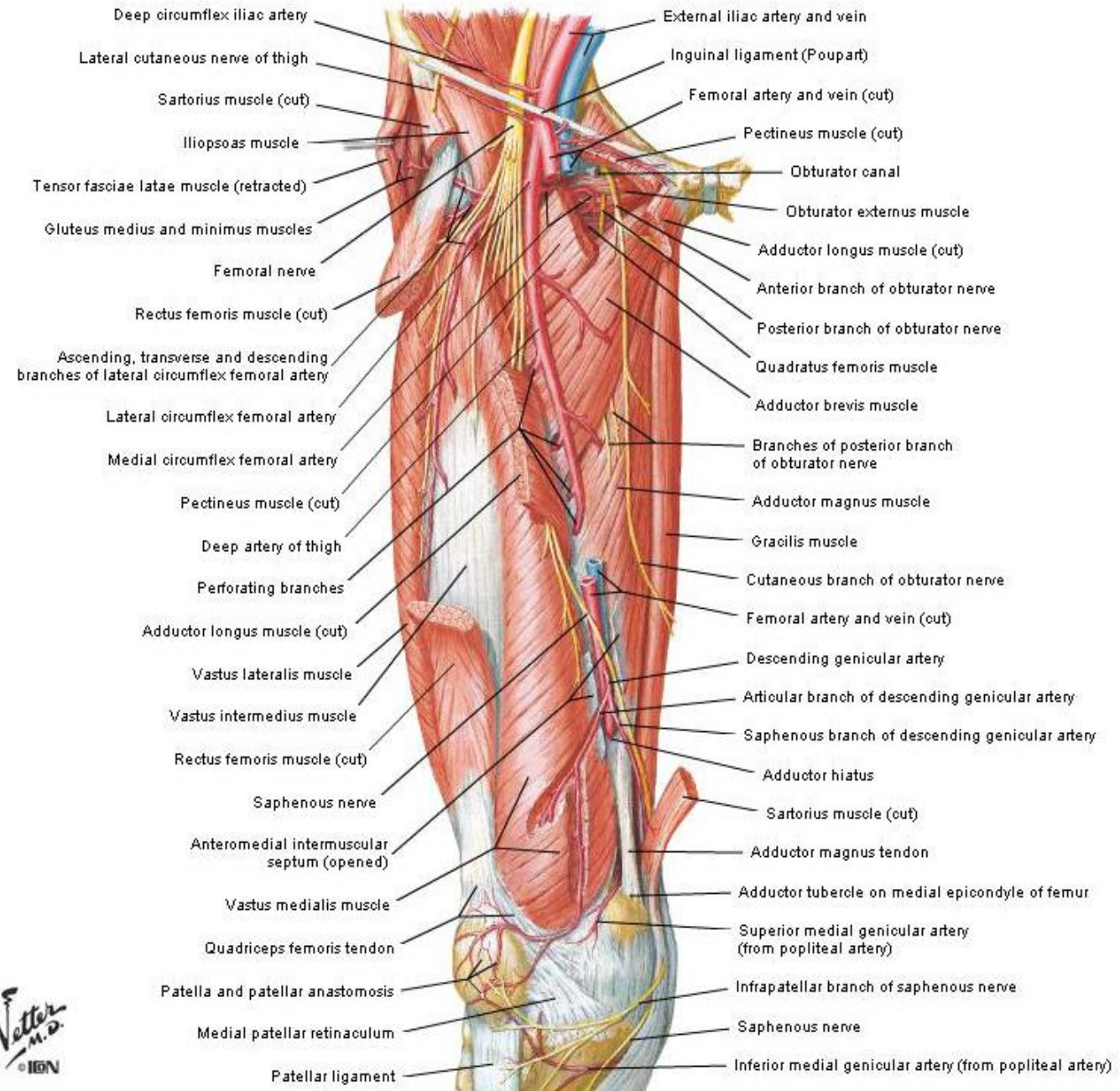
Figure 28-11. The femoral and obturator nerves. In: Waxman SG. *Clinical Neuroanatomy*. 26th ed. New York, NY: McGraw-Hill; 2010. <http://www.accessphysiotherapy.com>. Accessed March 22, 2012.

Causes

- Injury of the femoral uncommon but may be injured by a **stab**, **gunshot wounds**, or a **pelvic fracture**

Arteries and Nerves of Thigh (Deep Dissection)

Anterior View



Signs of femoral neuropathy

- This nerve condition can lead to **difficulties moving** around. Your leg or knee might feel weak, and you may be **unable to put pressure on the affected leg**.
- You might also **feel unusual sensations in your legs**. They include:
 - numbness in any part of the leg (typically the **front and inside of the thigh**, but potentially all the way down to the feet)
 - tingling in any part of the **leg**
 - dull aching pain in the **genital region**
 - lower extremity **muscle weakness**
 - **difficulty extending the knee** due to quadriceps weakness
- feeling like your leg or knee is going to give out (buckle) on you

Case 1: Jane has lower extremity weakness



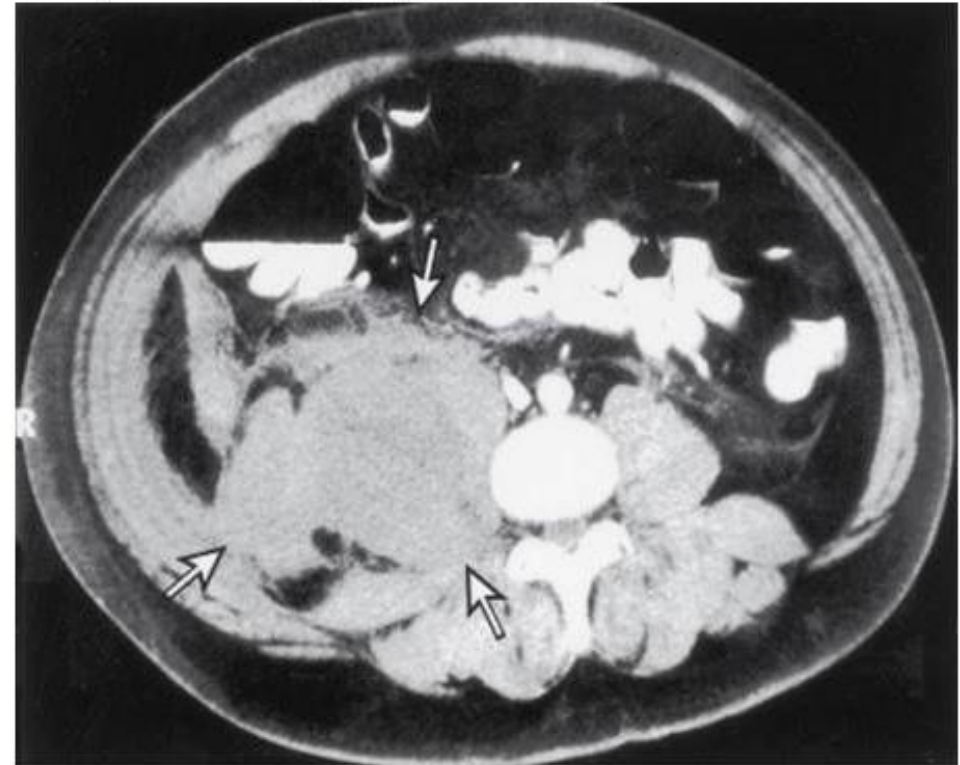
- A 68-year-old female was admitted to the hospital due to an acute chest pain. She underwent cardiac catheterization and angioplasty through the right femoral artery.
- She was referred to physical therapy 1 month later for evaluation of her right lower extremity weakness and numbness in her thigh. She described her pain as moderated in her groin and anterior thigh.

Case 1: Jane's Neurologist Report



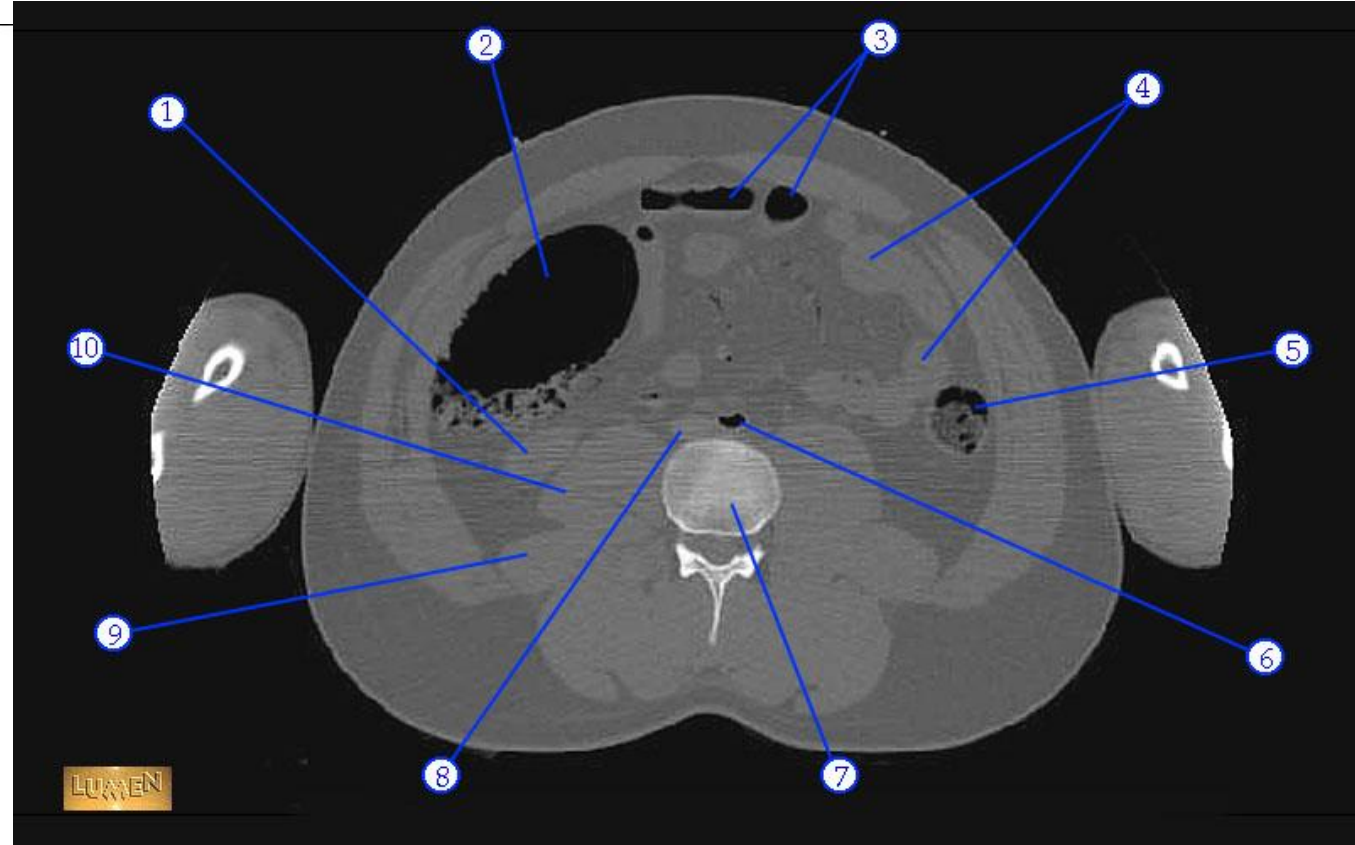
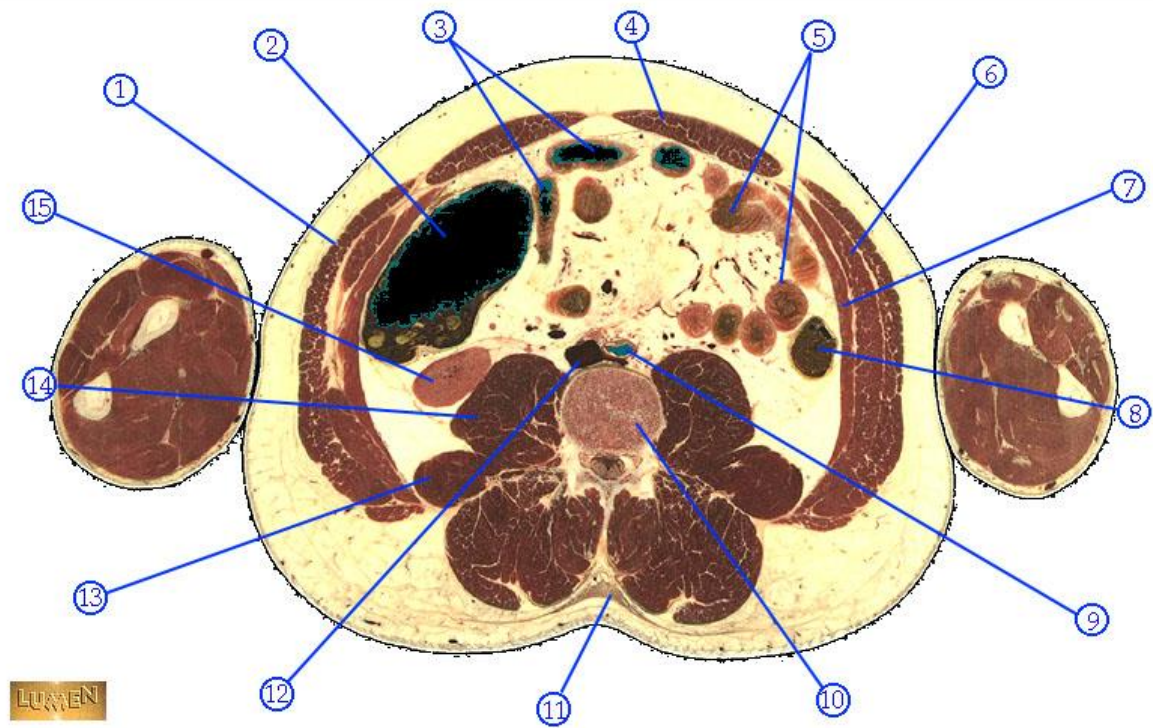
- Complete paralysis of right quadriceps and iliopsoas
- Thigh adductors and ankle dorsiflexion are normal
- Right knee jerk are absent
- Loss of touch and pain sensation over the anterior thigh and medial leg

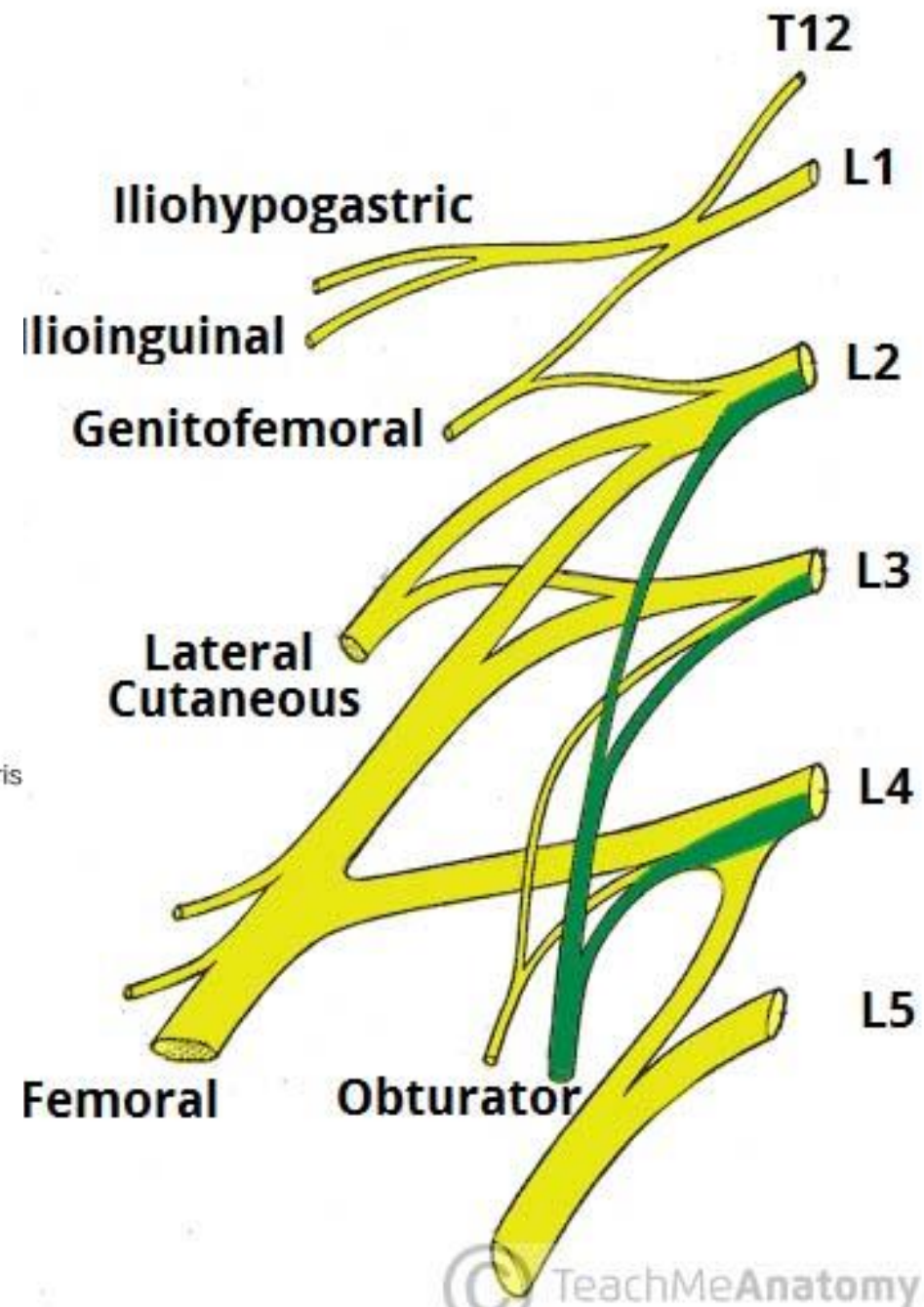
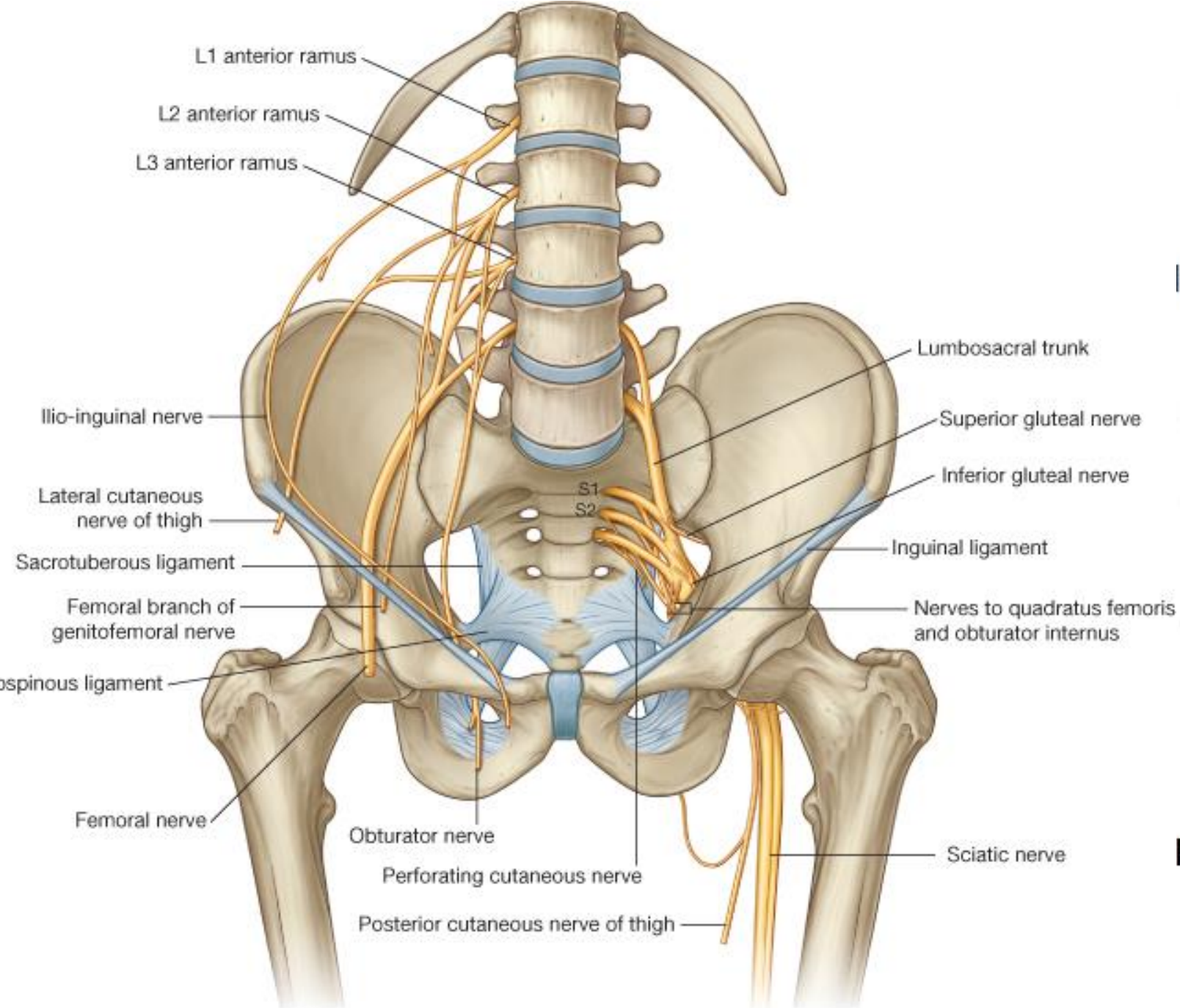
Computed Tomography of a Retroperitoneal Hematoma

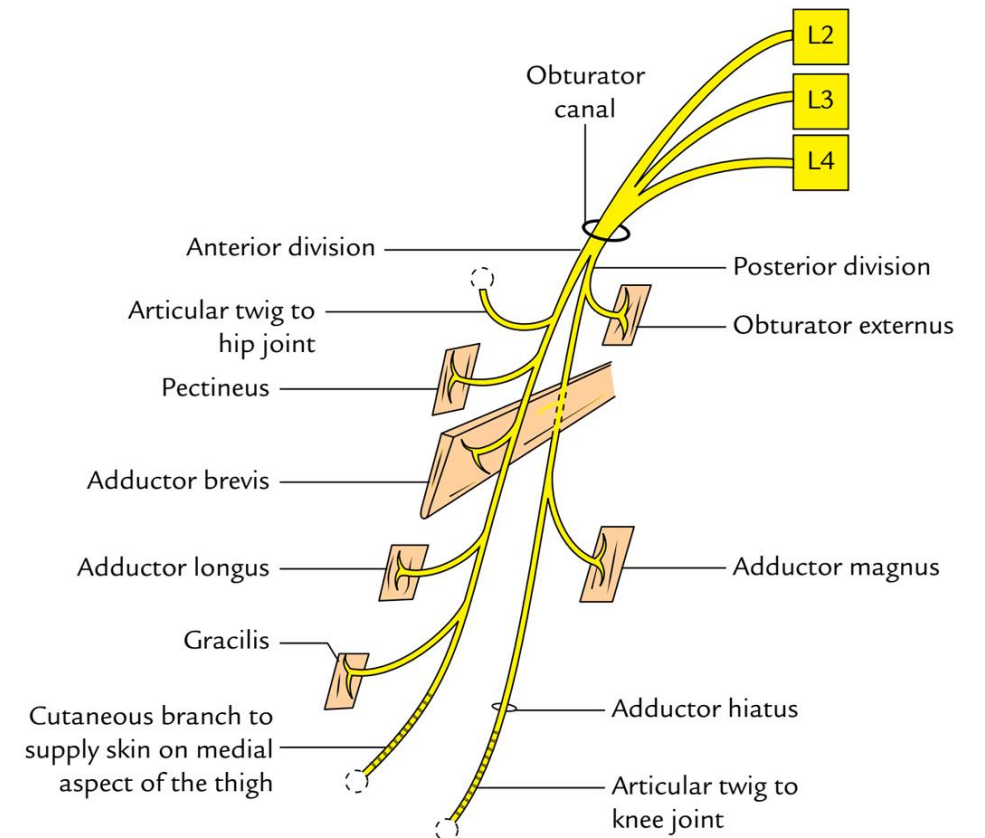
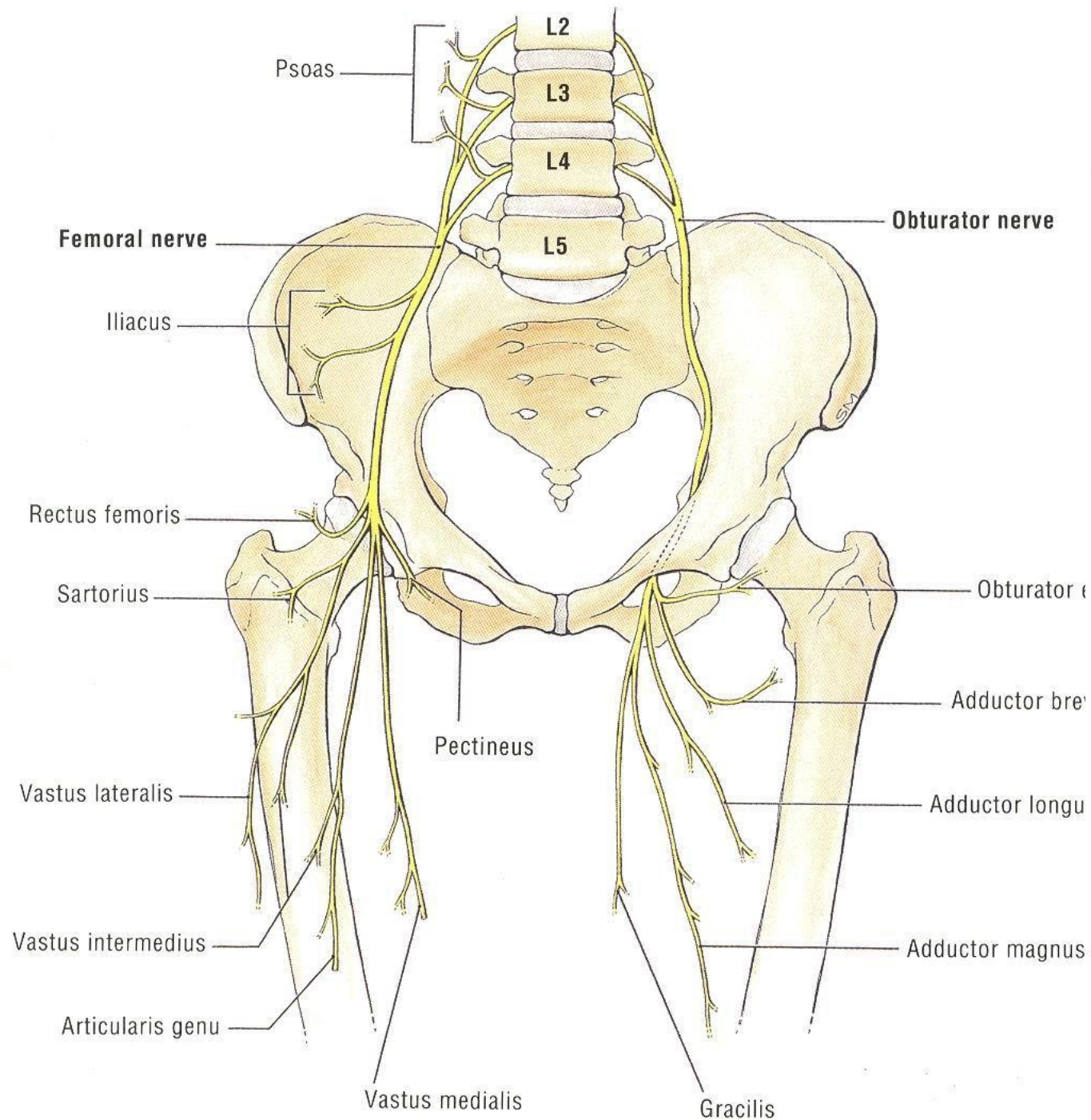


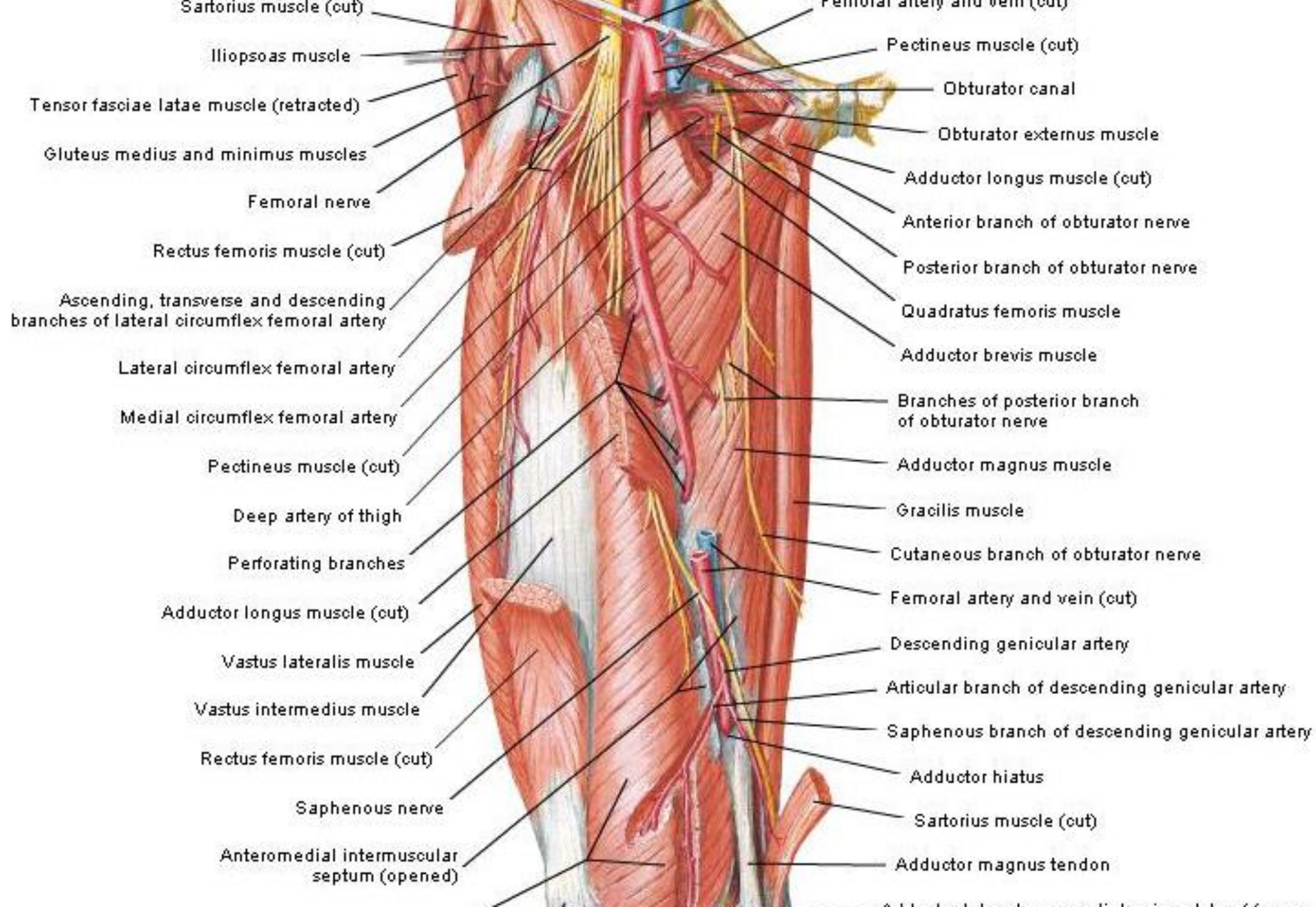
Source: Lichtman MA, Kipps TJ, Seligsohn U, Kaushansky K, Prchal JT: *Williams Hematology, 8th Edition*: <http://www.accessmedicine.com>
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Computed tomography scan of a retroperitoneal hematoma in a patient with severe hemophilia A. Extent of the hematoma is indicated by the arrows.

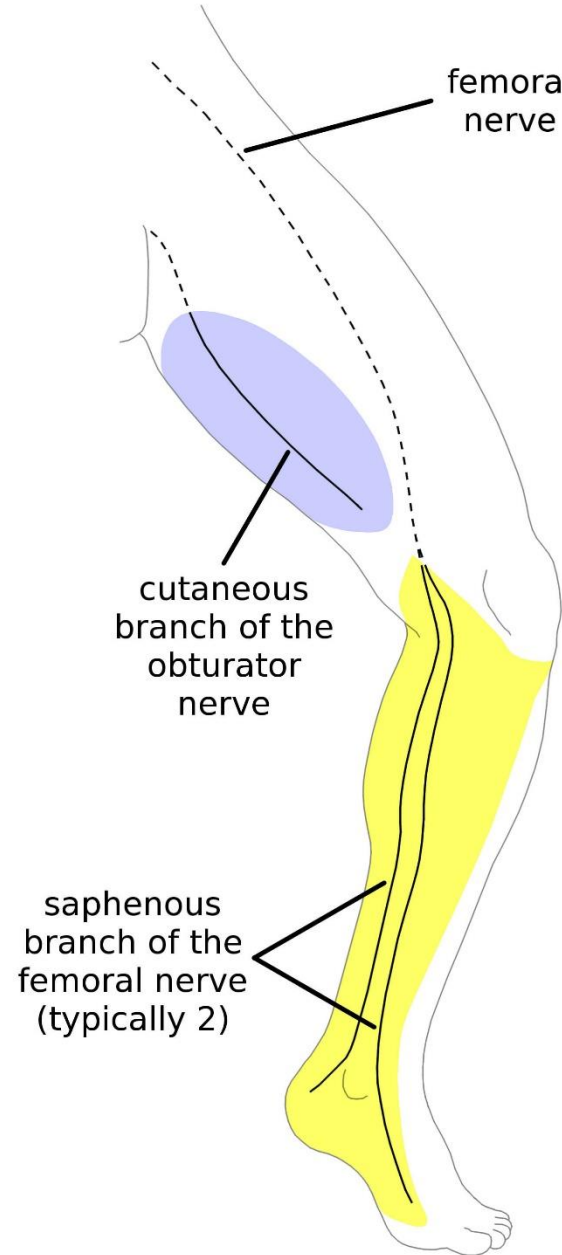




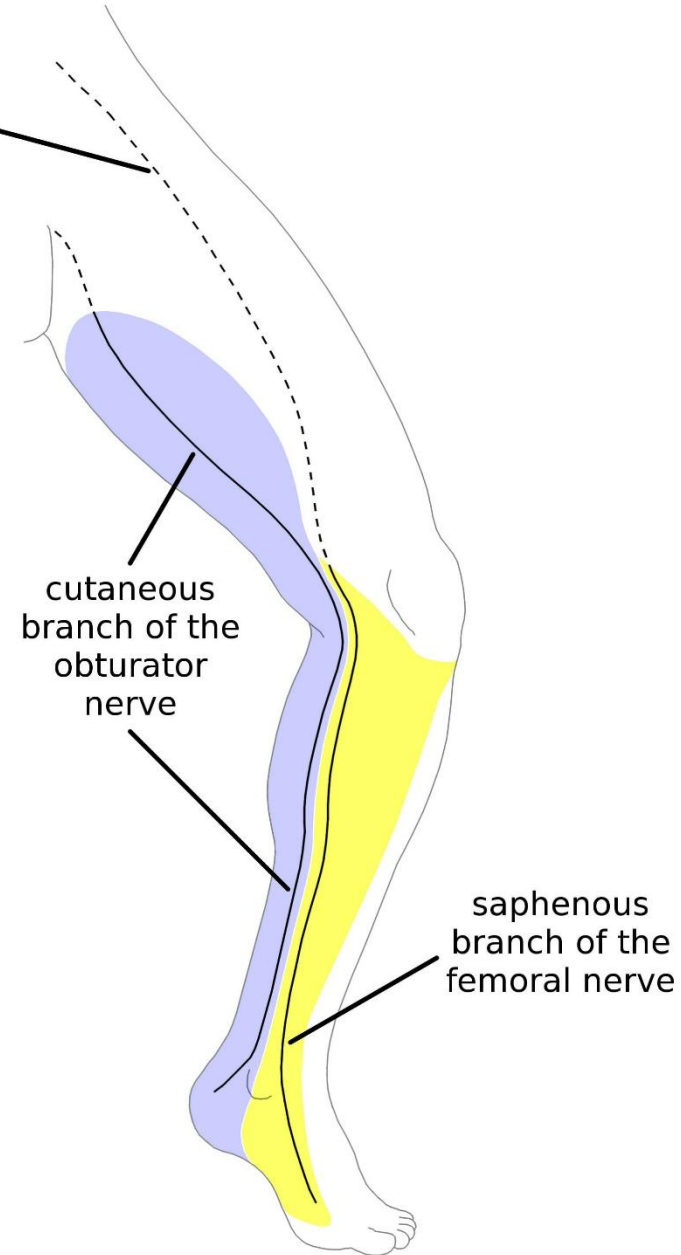




MOST COMMON PATTERN

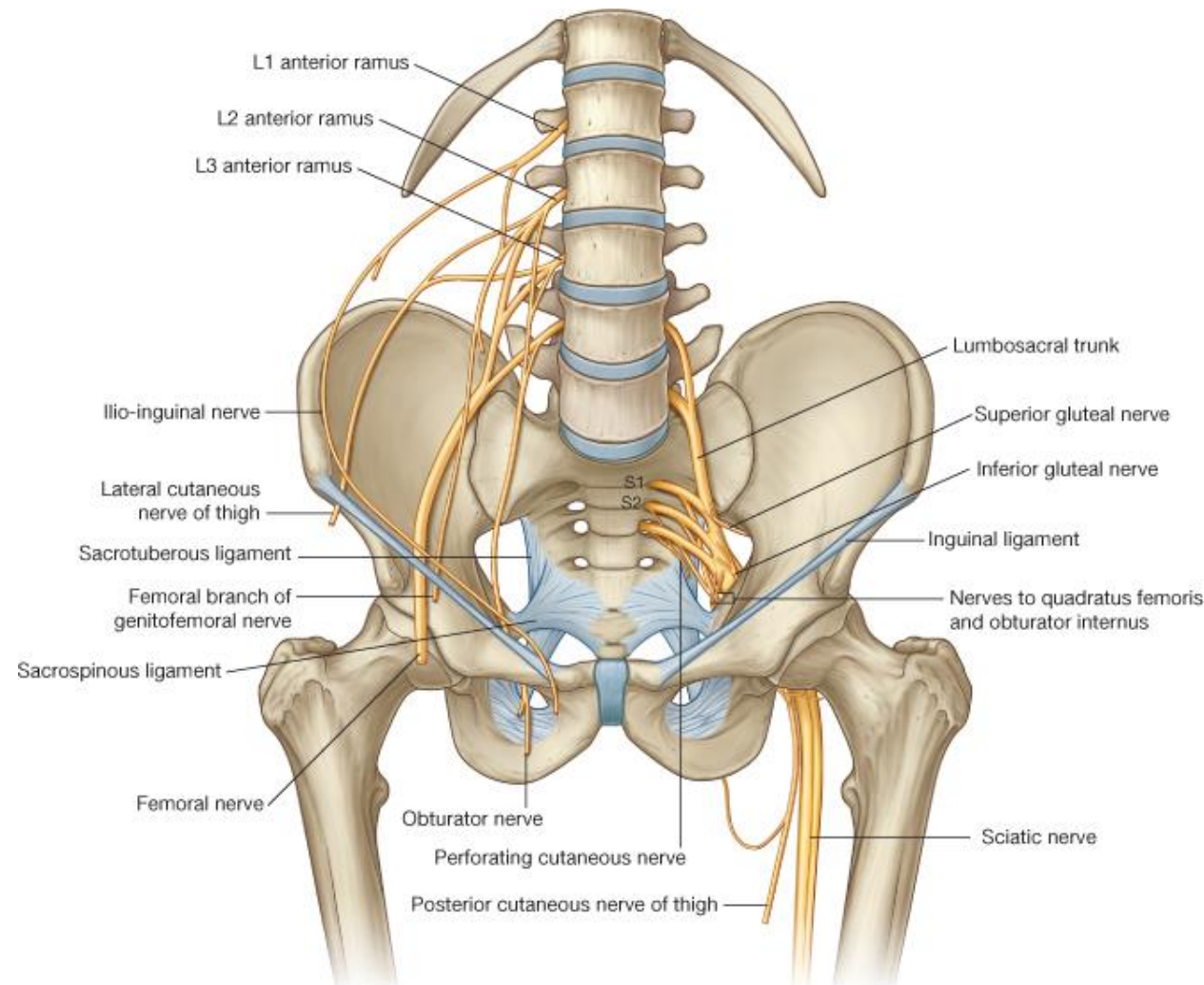


NEWLY-DISCOVERED VARIATION



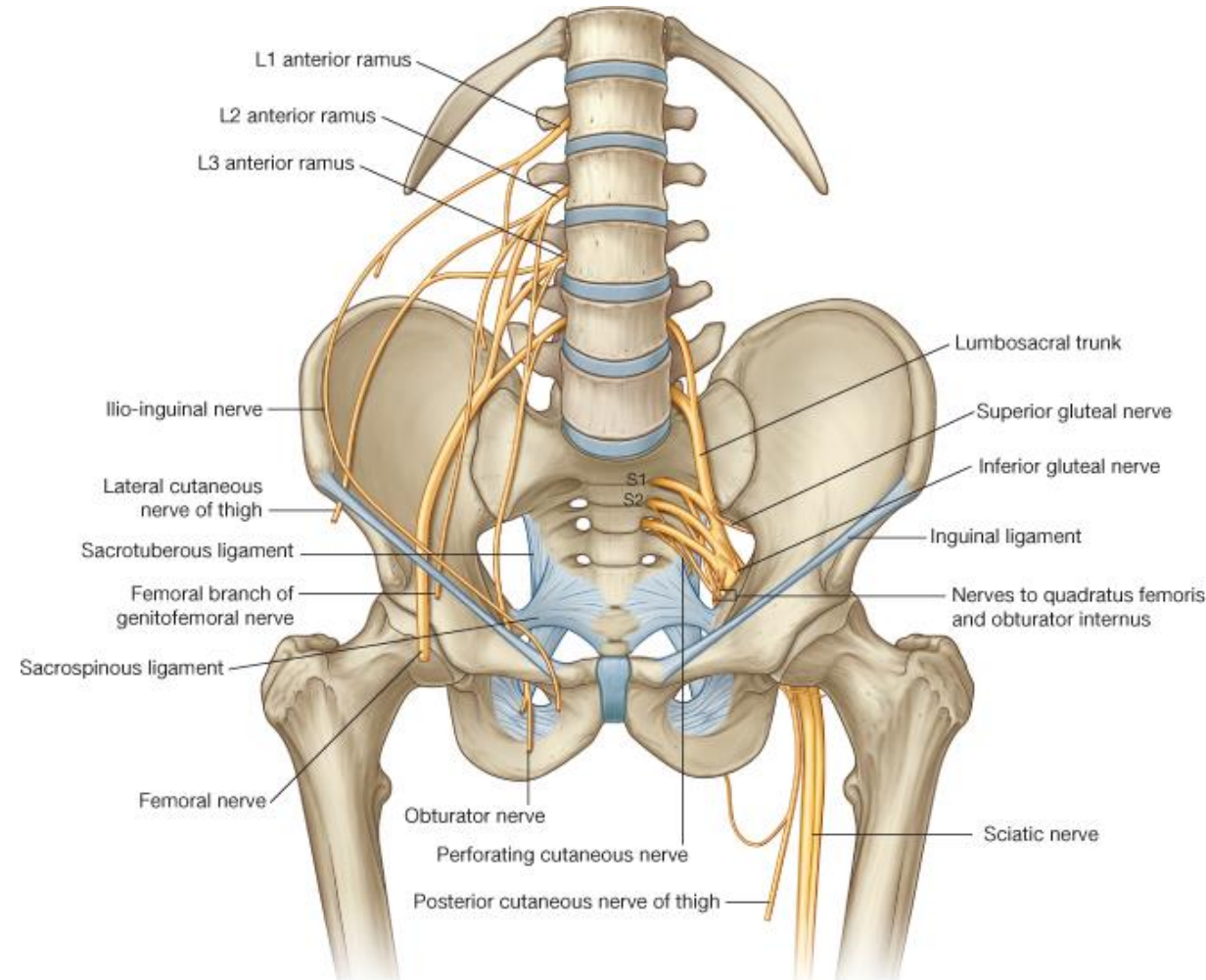
Case report

- A 28-year-old woman with stage IB **cervical cancer** underwent fertility-sparing surgery, including bilateral pelvic **lymphadenectomy**. The left obturator nerve was damaged intraoperatively during pelvic dissection.



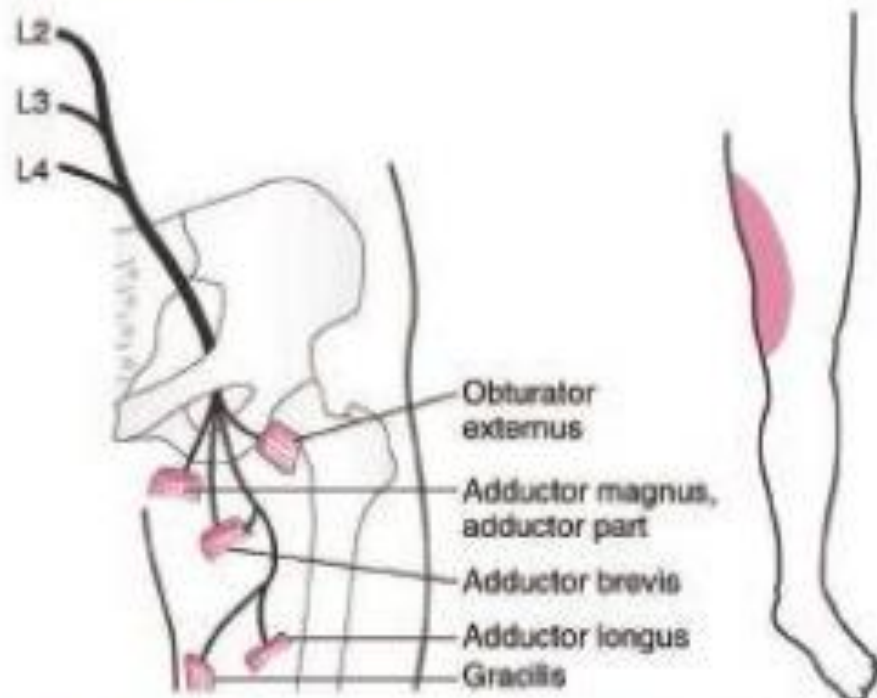
OBTURATOR NERVE INJURY

- **Causes**
 - Penetrating wounds
 - Anterior dislocation of hip joint
 - Obturator hernia or tumors
- **Muscles paralyzed**
 - All the adductor muscles except for hamstring part of adductor magnus
 - Motor loss adduction of thigh
- **Sensory loss**
 - Medial side of thigh



Injury of obturator nerve

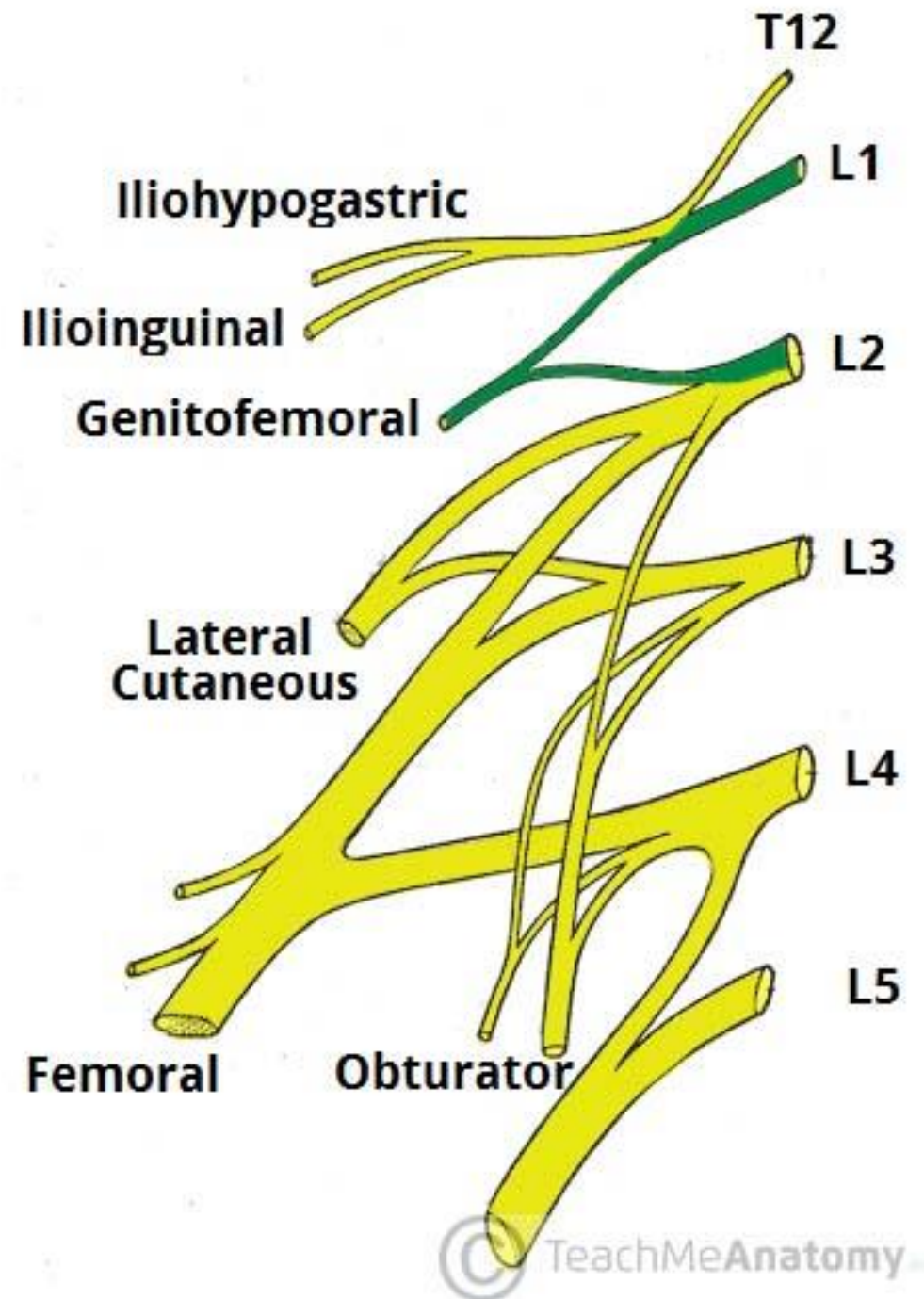
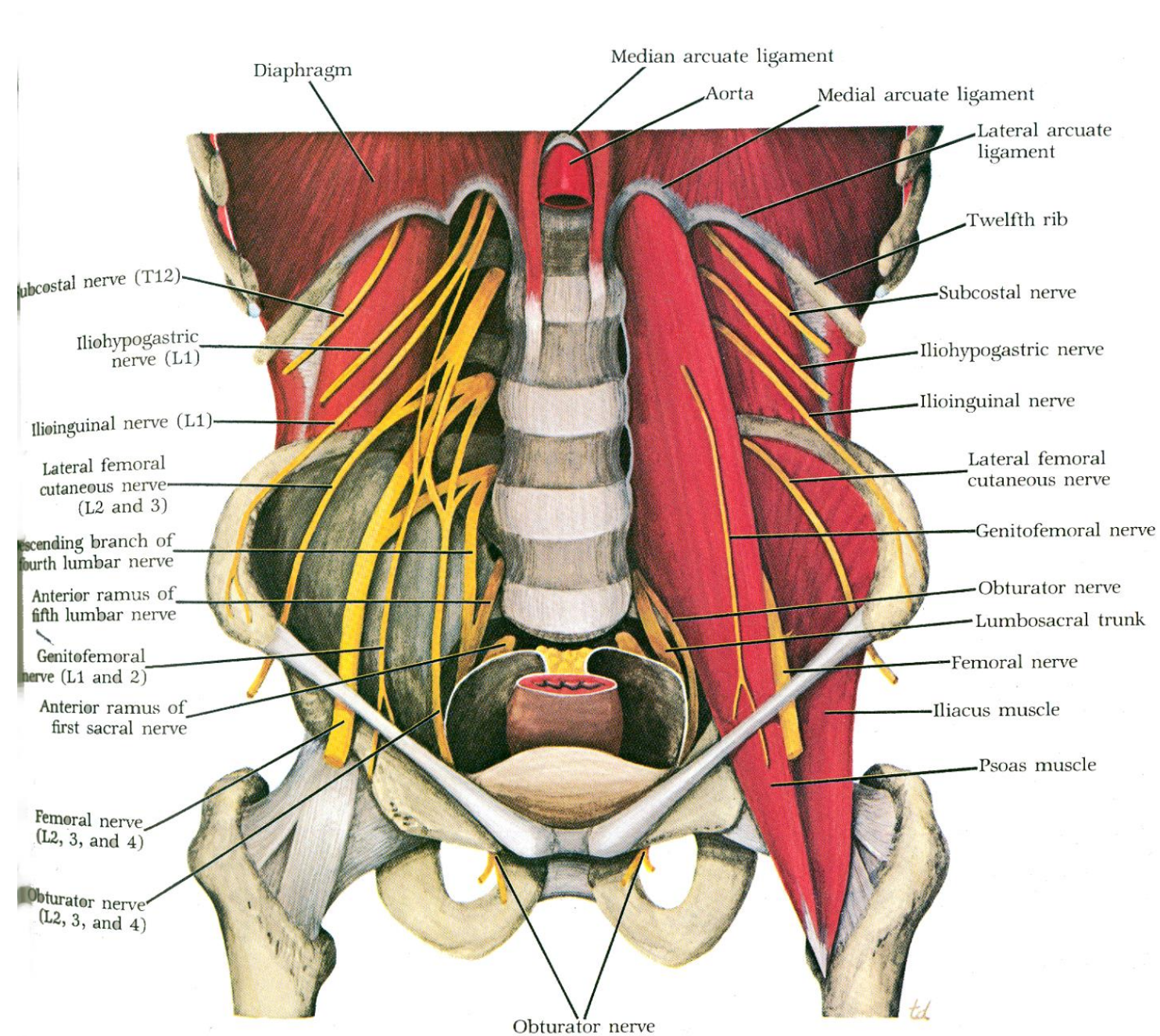
Waddling Gait (lateral leg swing/drag)



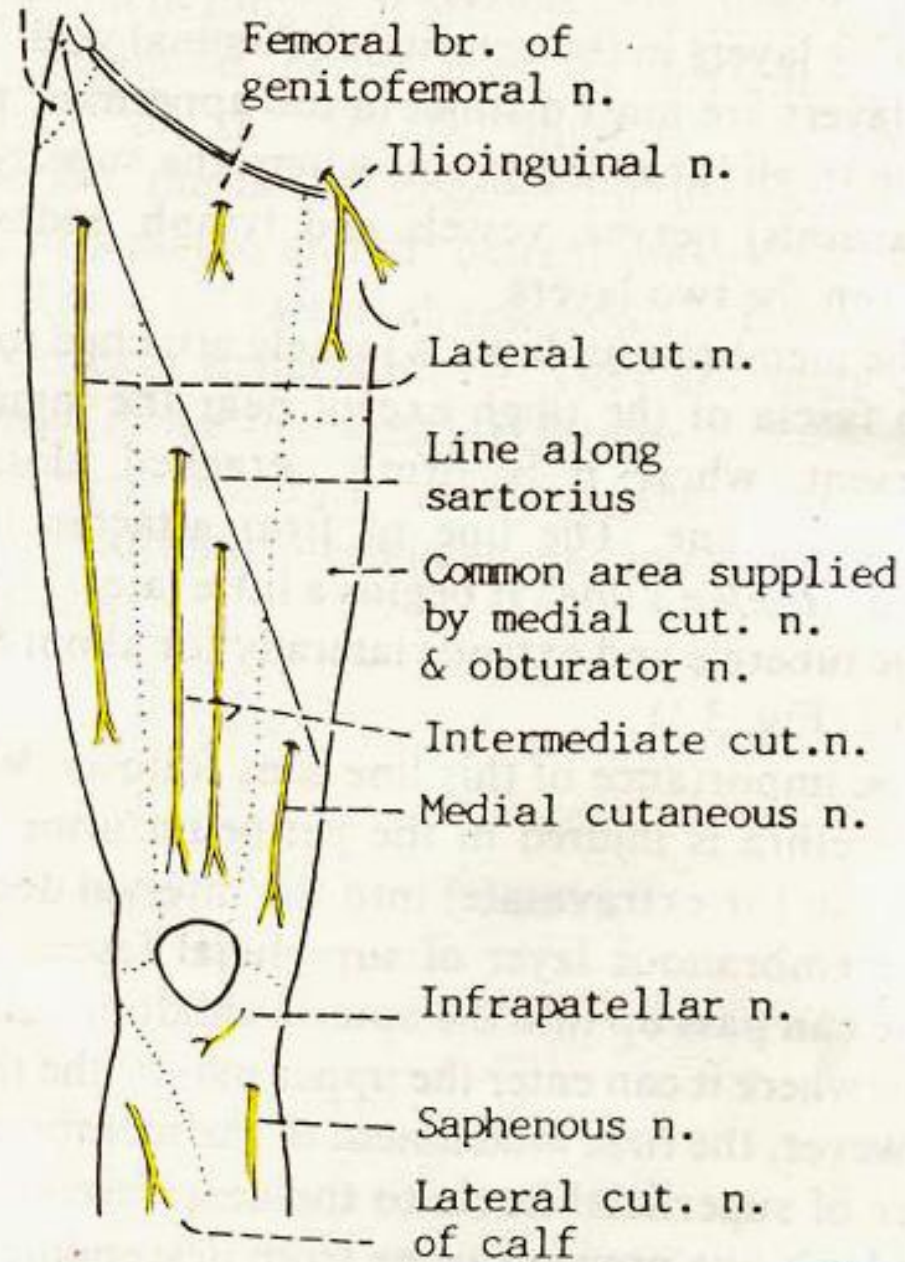
- **Difficulty adducting thigh** (e.g., crossing legs while sitting)
- **Decreased sensation over upper medial thigh**
- Cause of injury: **anterior hip dislocation**, radical retropubic prostatectomy passes through obturator canal that is covered by obturator membrane in obturator foramen

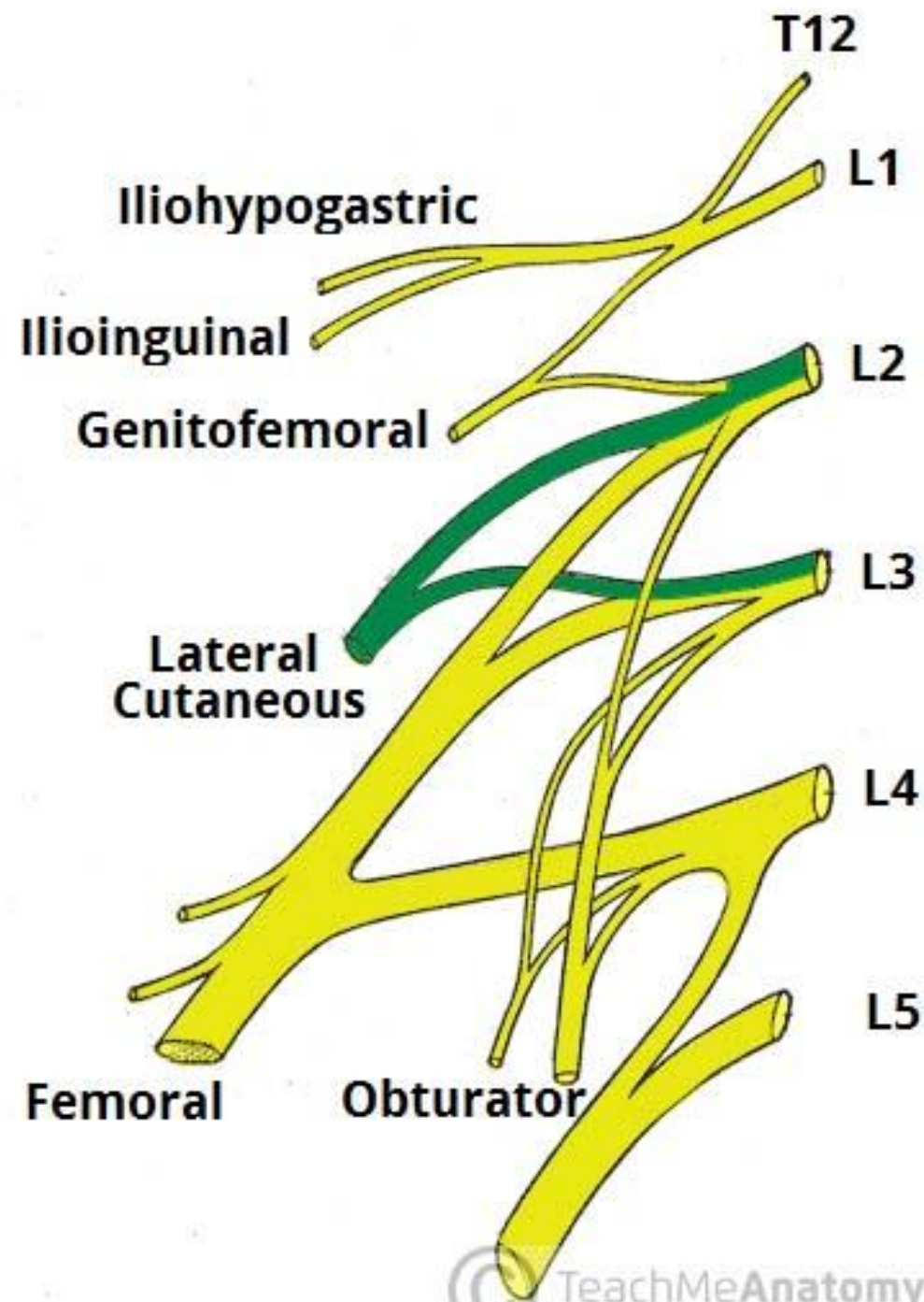
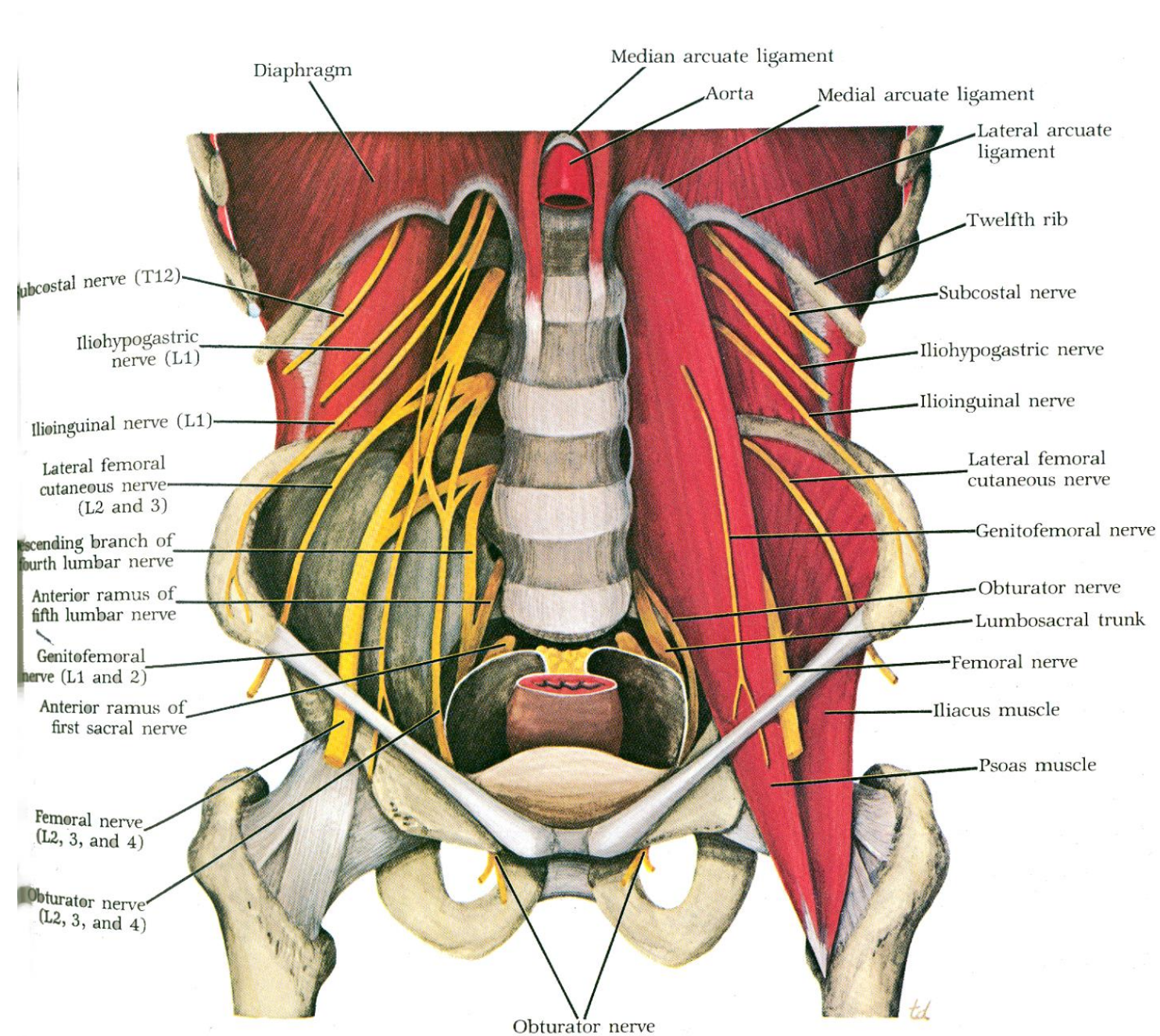
Affects Obturator externus, Adductor longus, brevis, magnus (partially), pectineus, gracilis lateral rotation weakness and poor adduction

Obturator Neuralgia



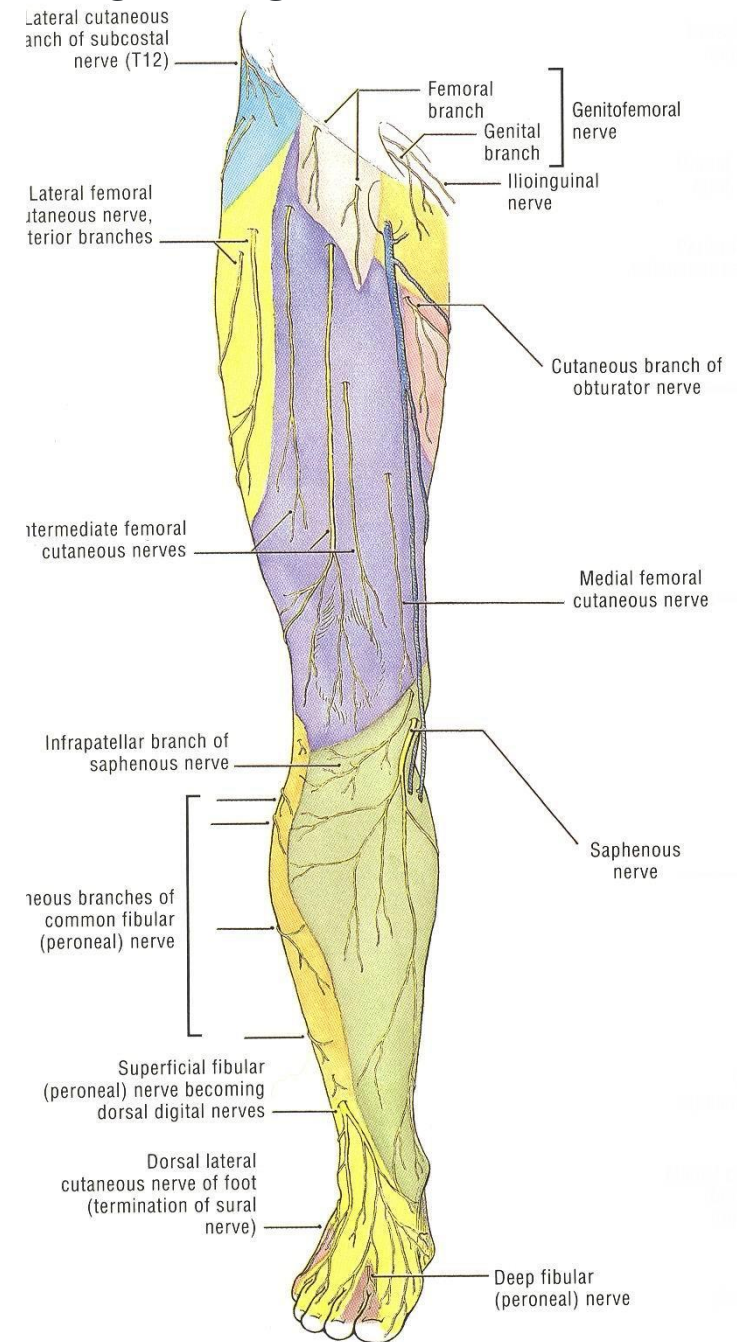
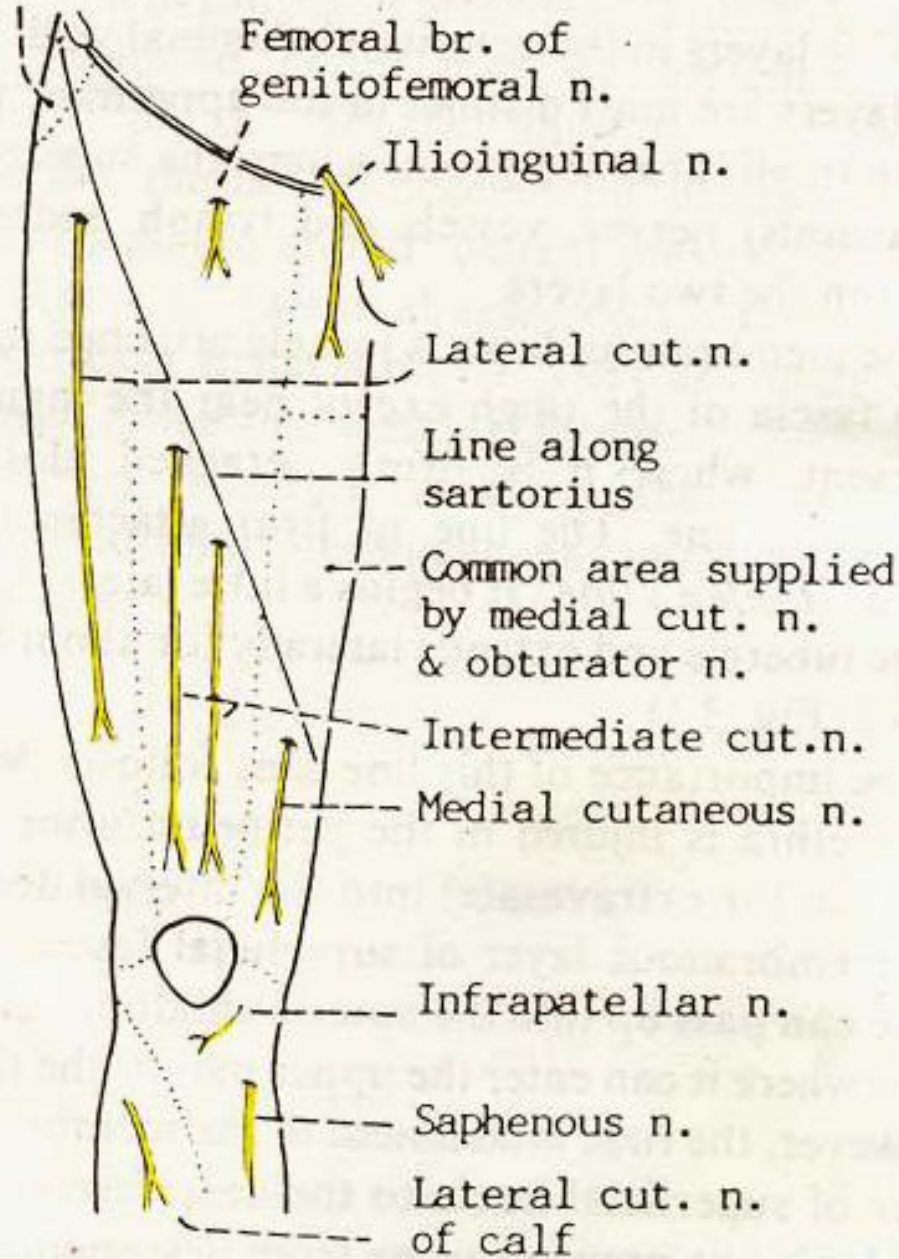
Lateral cutaneous
branch of subcostal n.



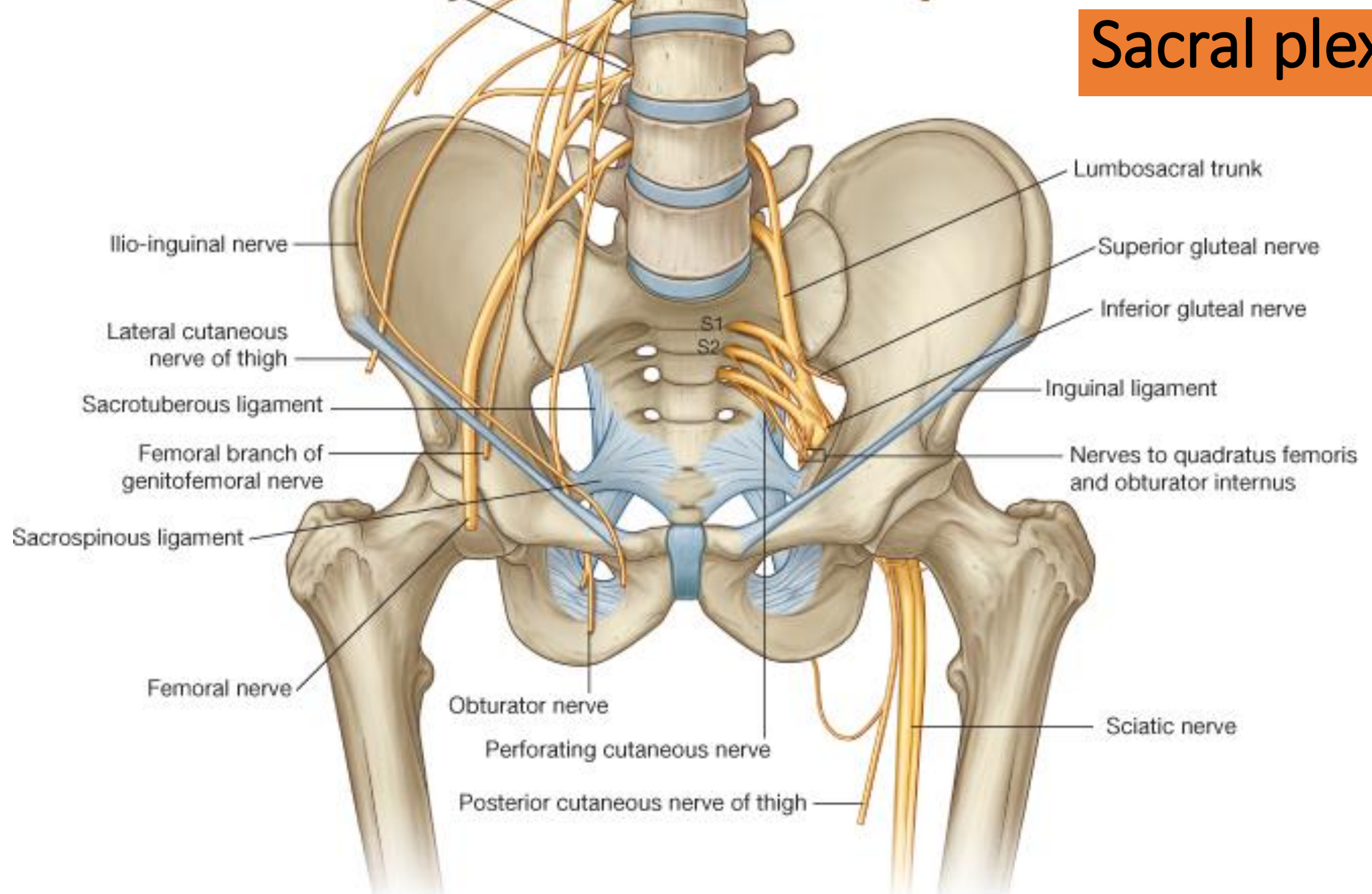


Lateral cutaneous branch of subcostal n. Causes **Compression or inflammation**

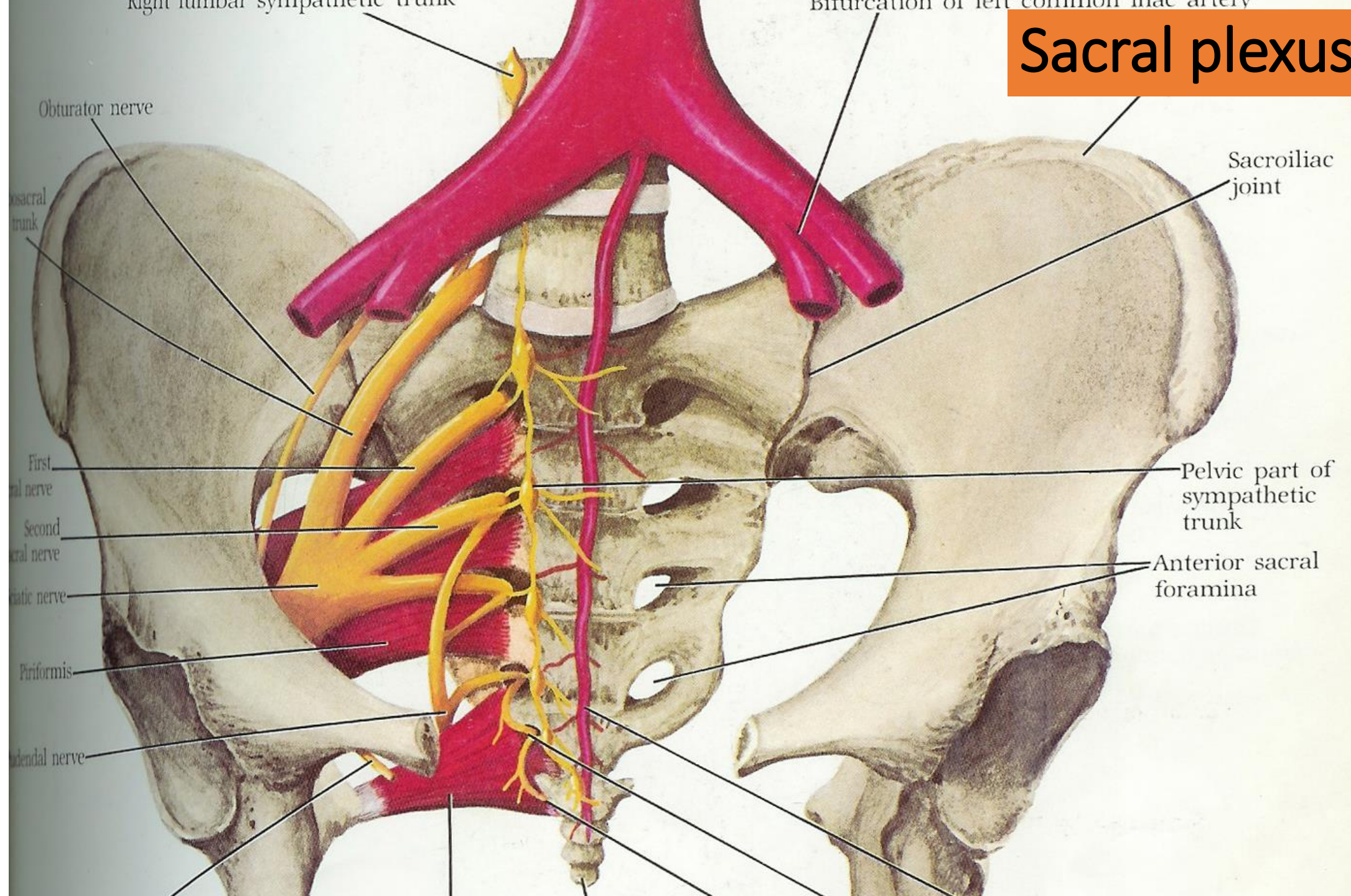
INJURY OF LATERAL CUTANEOUS NERVE OF THIGH

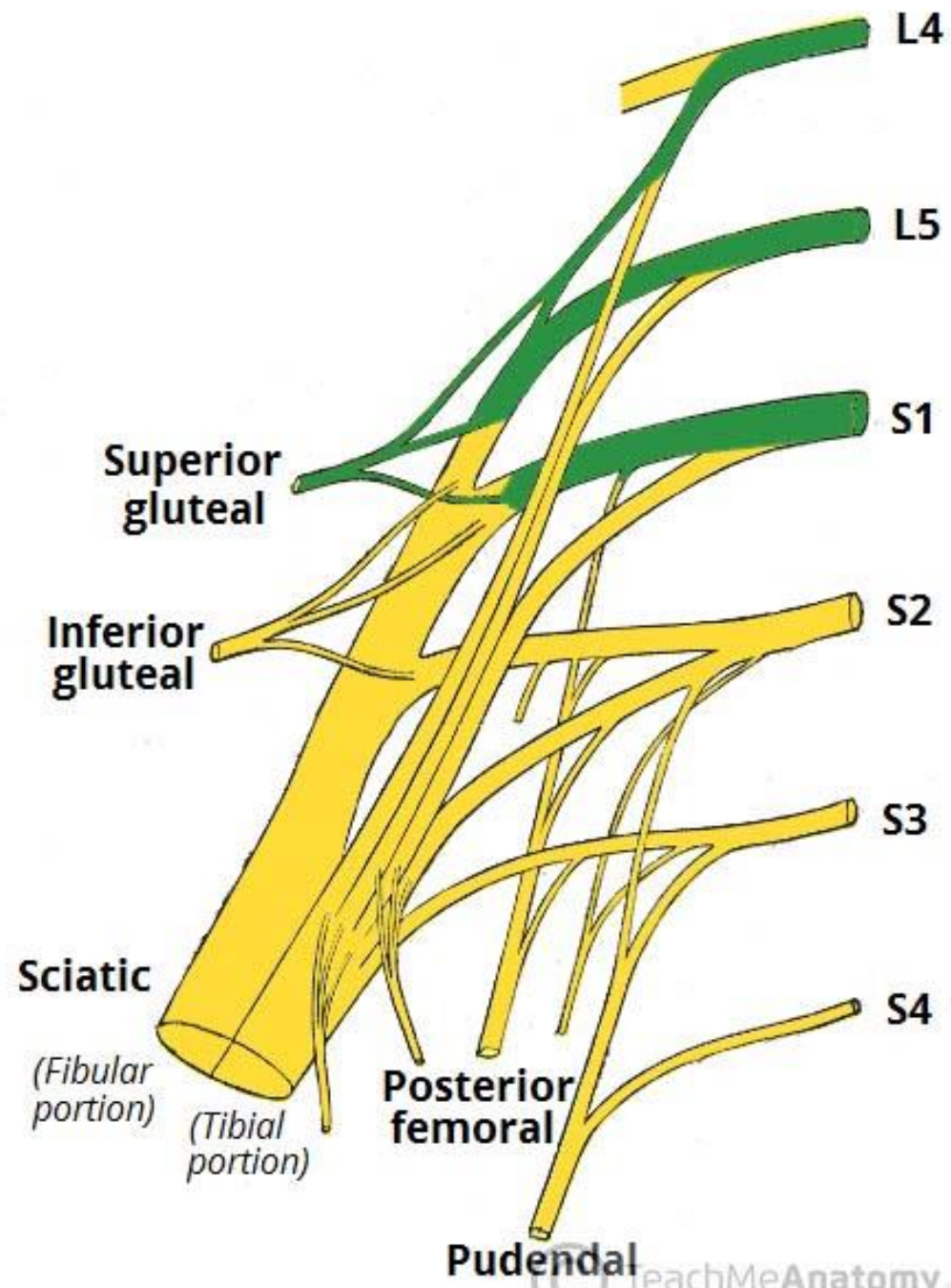


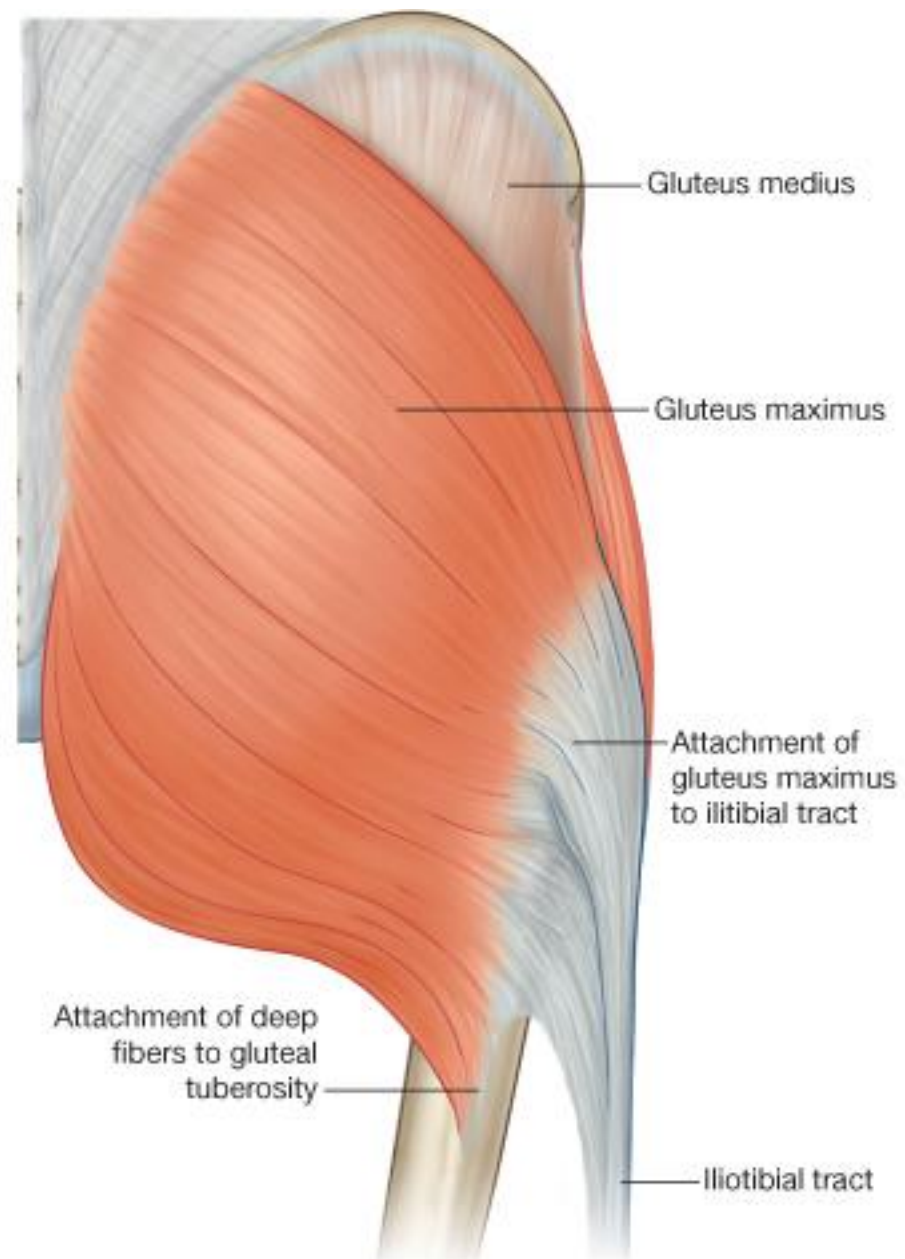
Sacral plexus

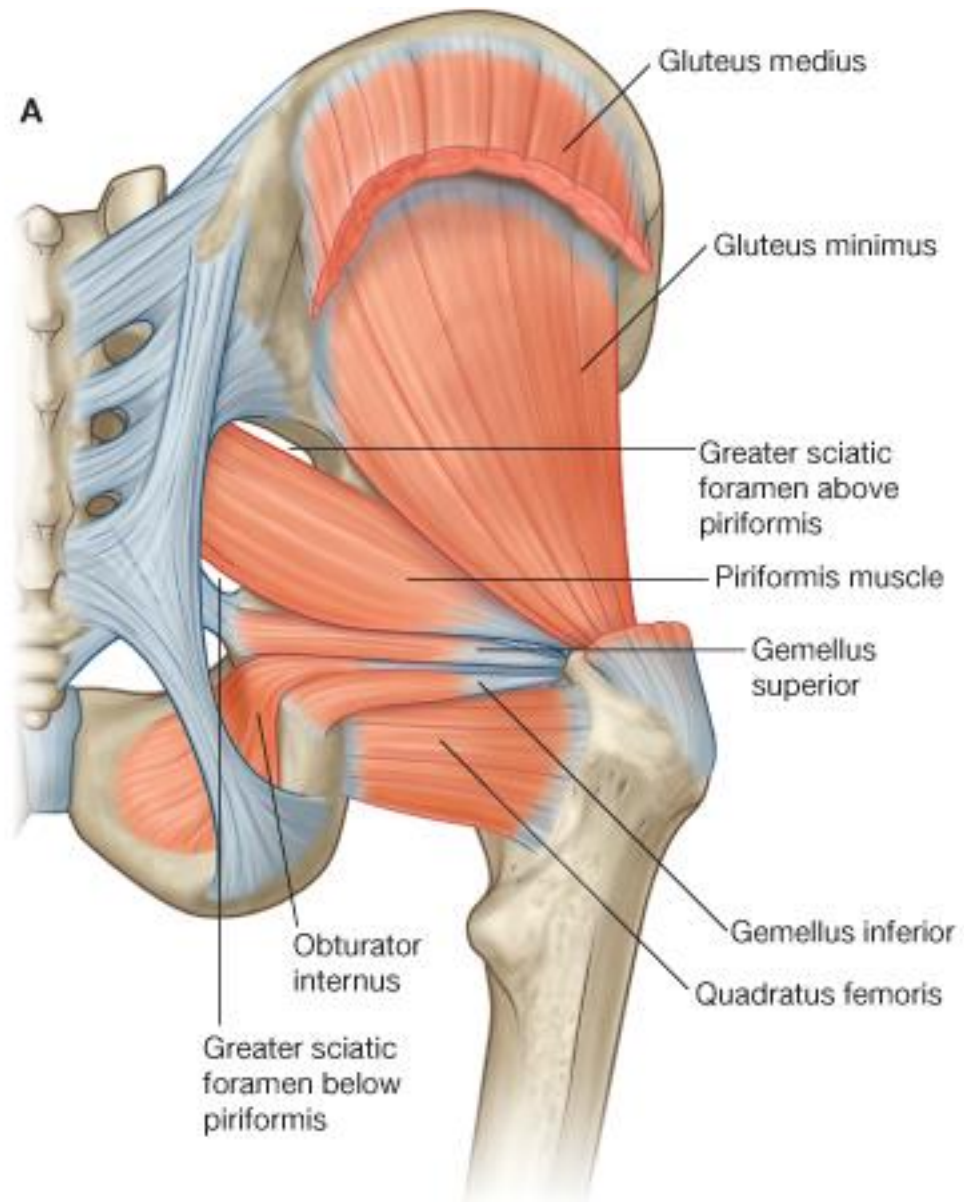


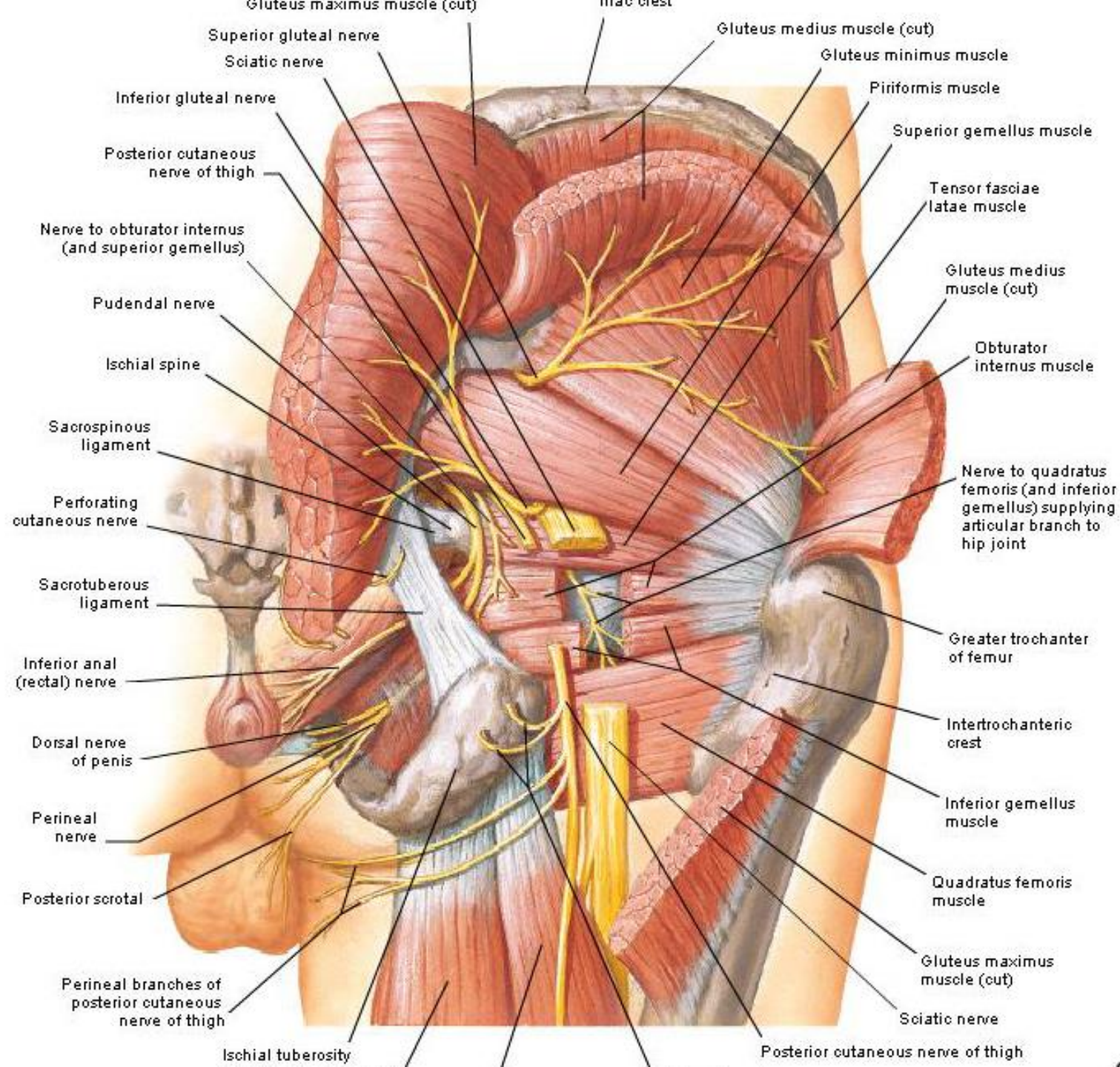
Sacral plexus







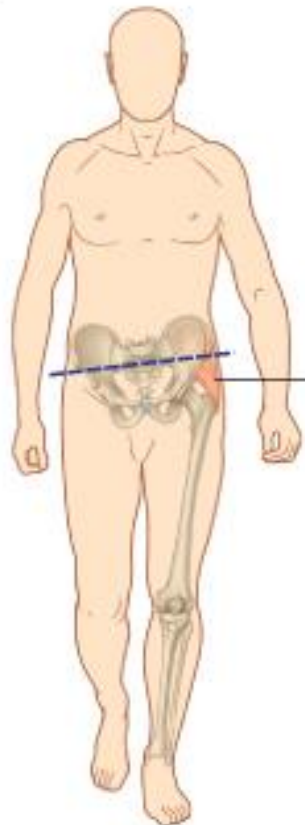




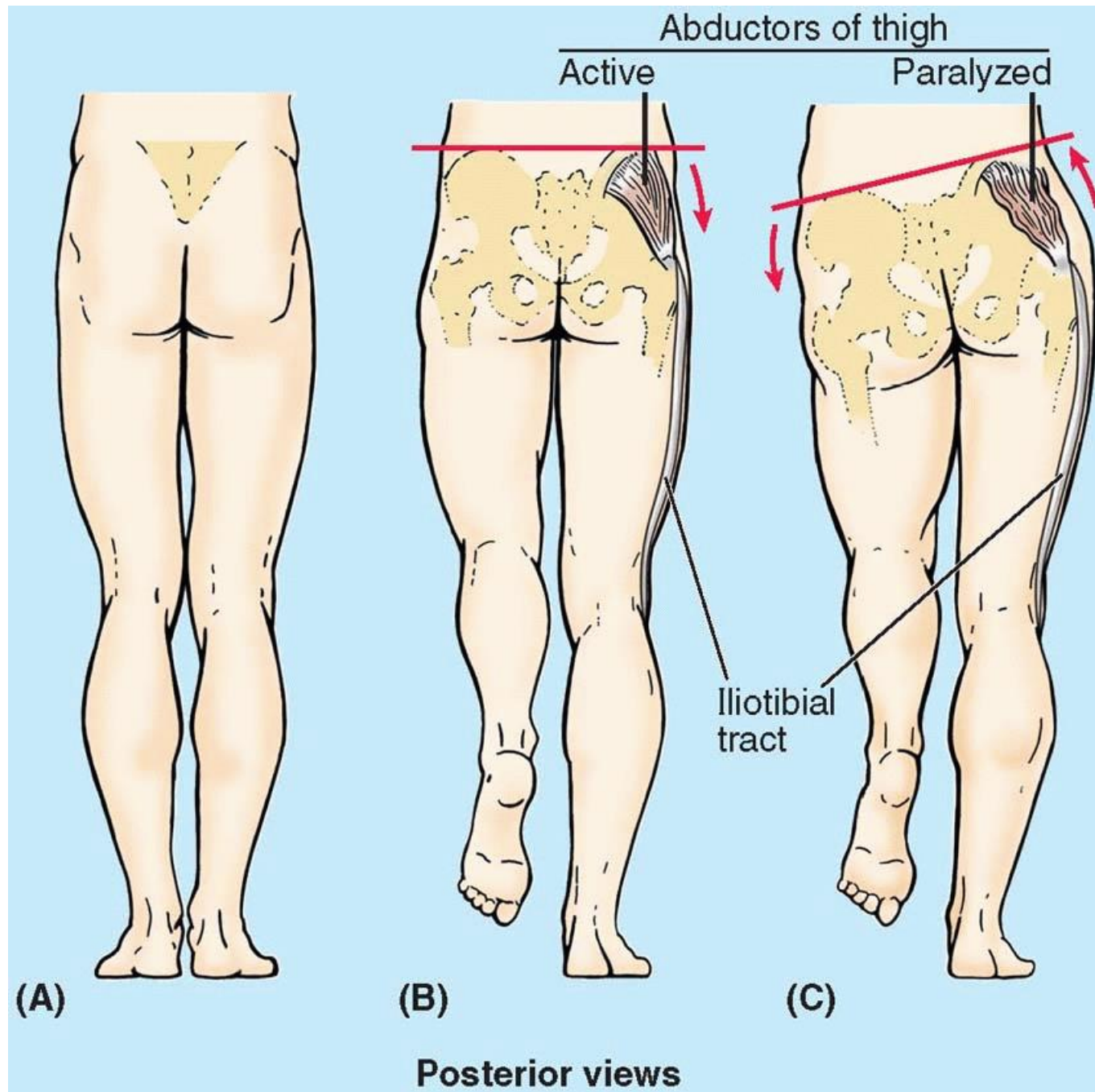
INJURY TO SUPERIOR GLUTEAL NERVE

- Loss of abduction of hip
- Unilateral injury: shows positive trendelenberg, s sign
- Bilateral injury: shows waddling gait

B



Constriction of gluteus minimus and medius on stance side prevents excessive pelvic tilt during swing phase on opposite side.



INJURY TO INFERIOR GLUTEAL NERVE

- Impairment of hip extension and lateral rotation
- Difficulty in raising the body from sitting position

Inferior Gluteal Nerve Palsy



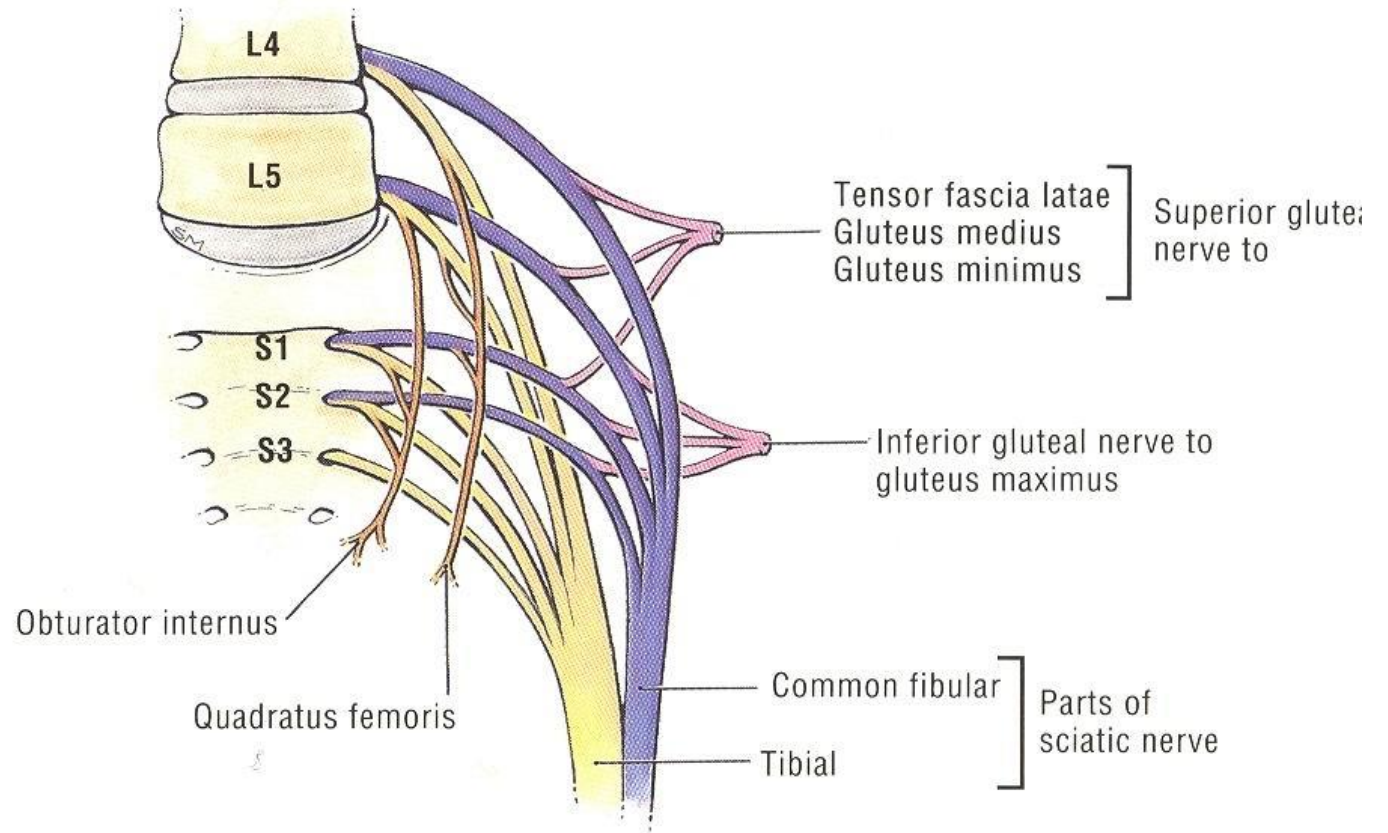
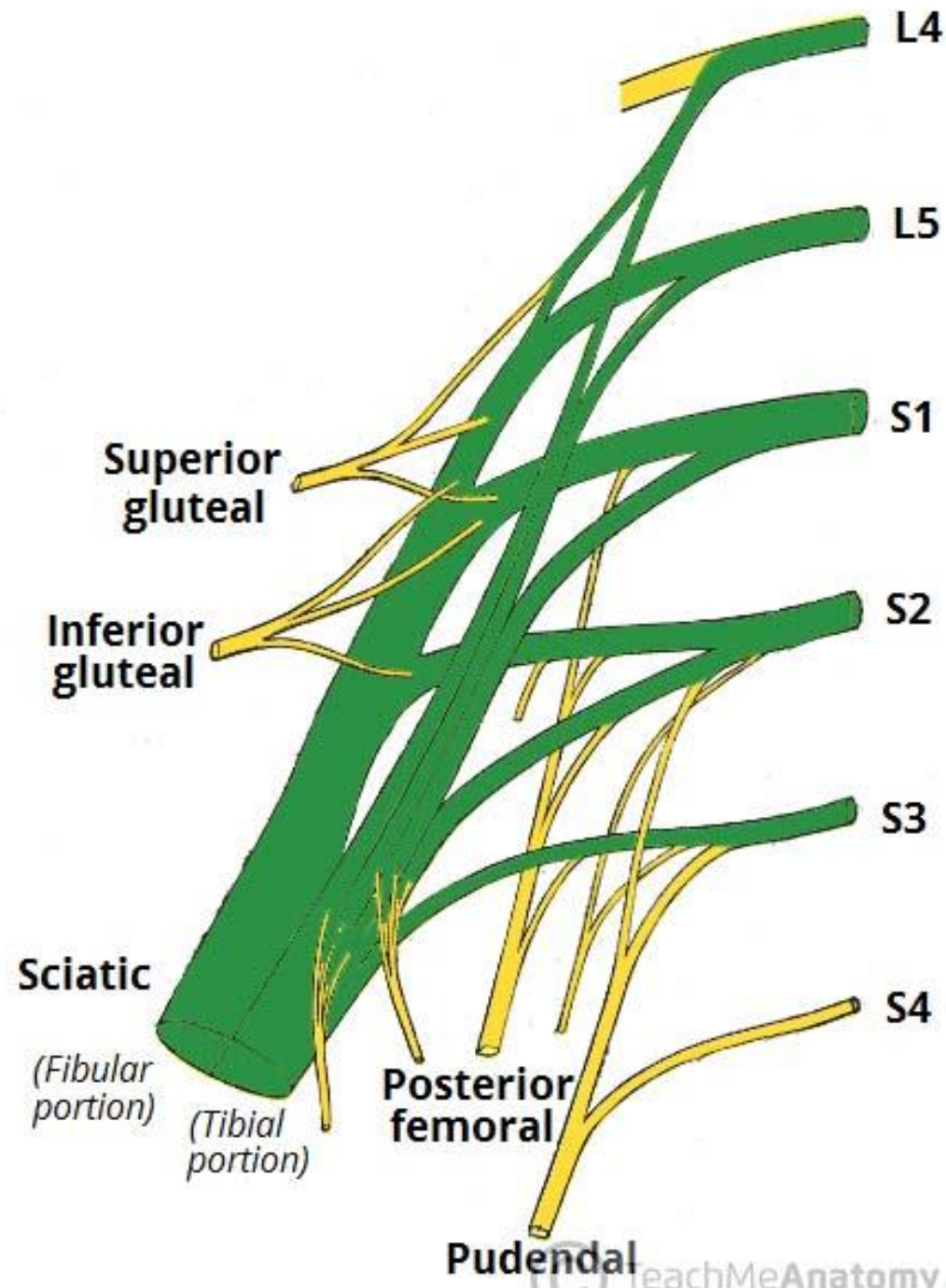
Difficulty in getting from chair to stand in early complaint



Difficulty getting into bus



Difficulty climbing up stairs
using the handrail to get up
upward motion



The Sacral Plexus

- Provides motor and sensory nerves for the posterior thigh, most of the lower leg, the entire foot, and part of the pelvis

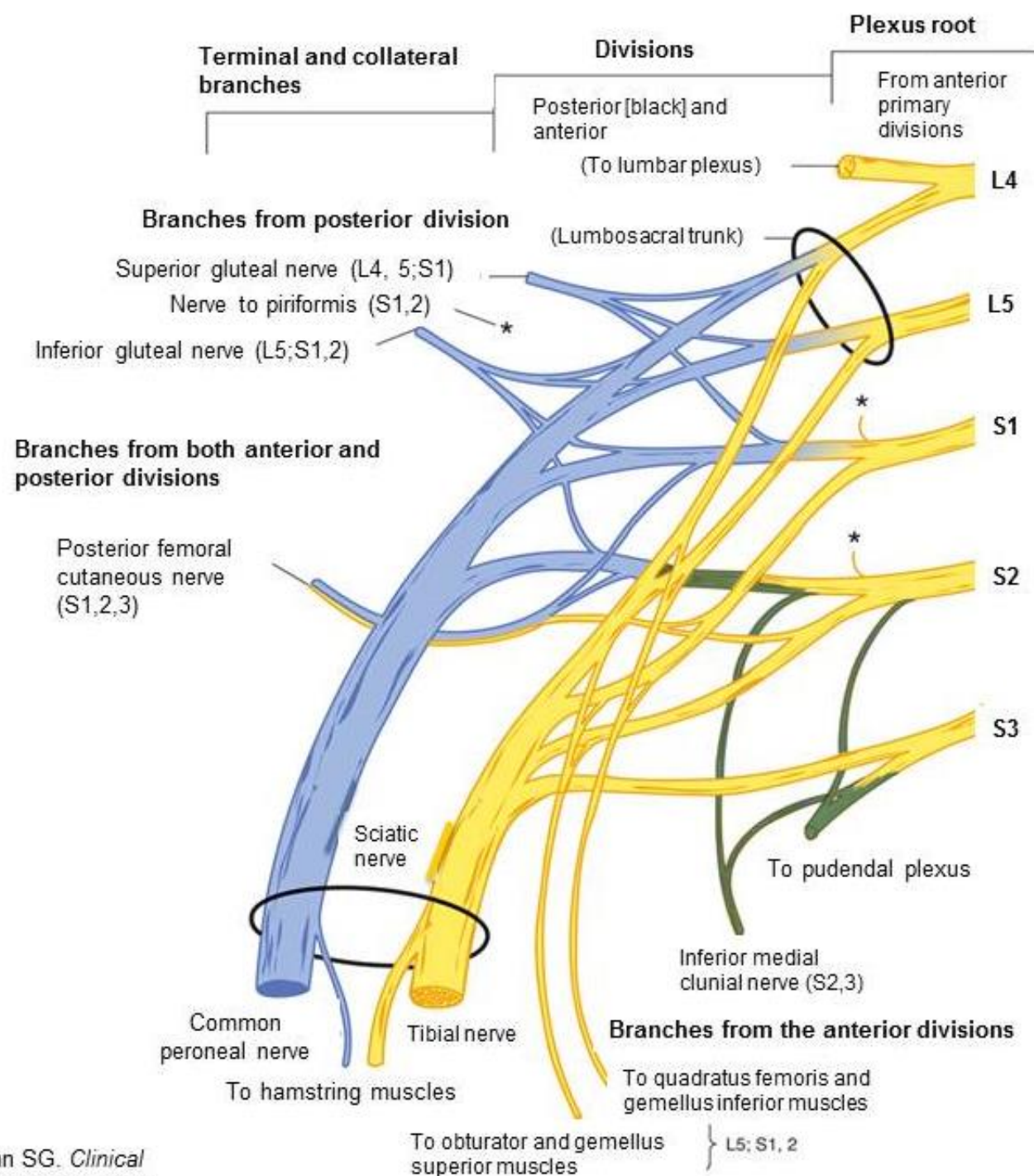
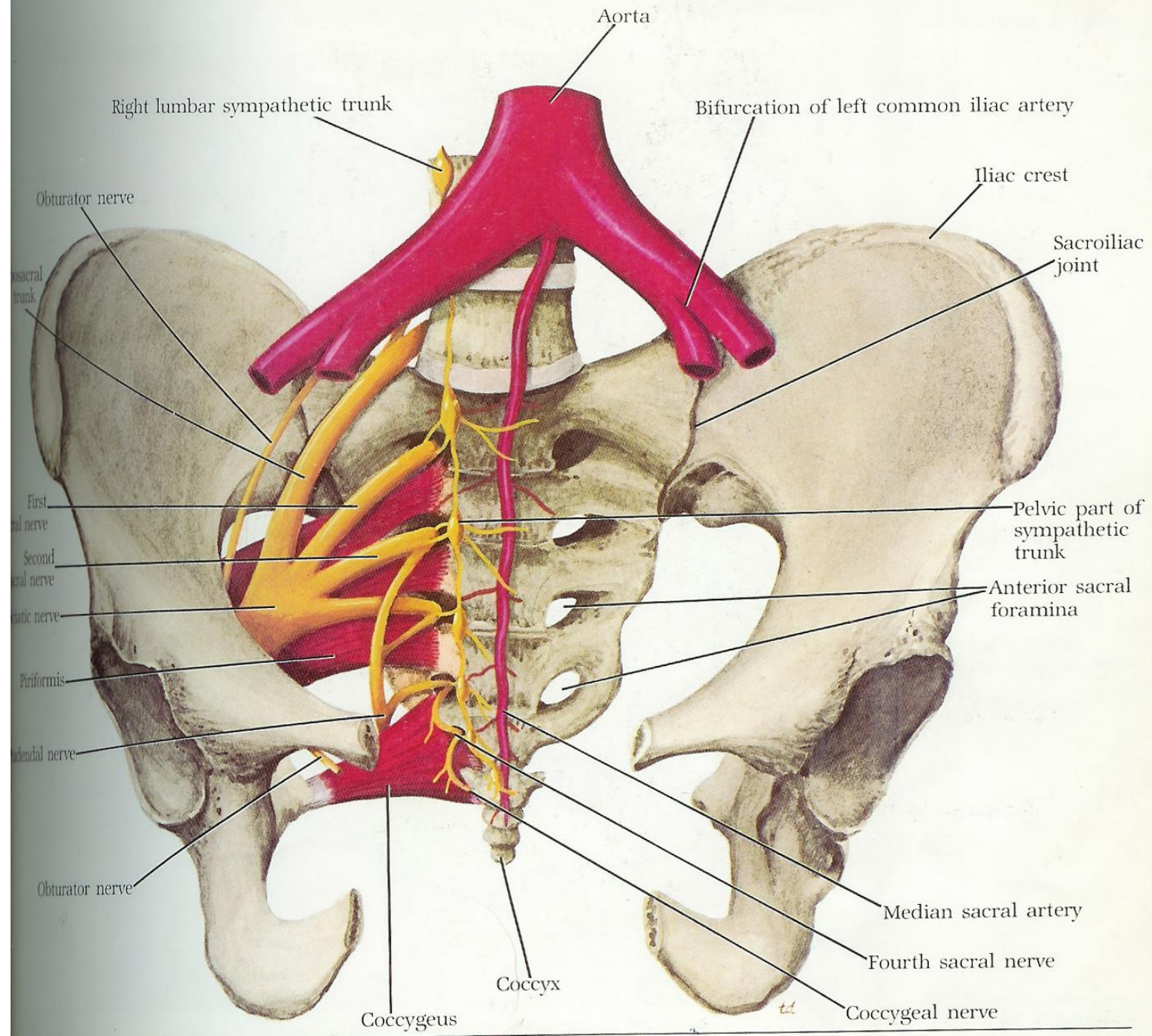
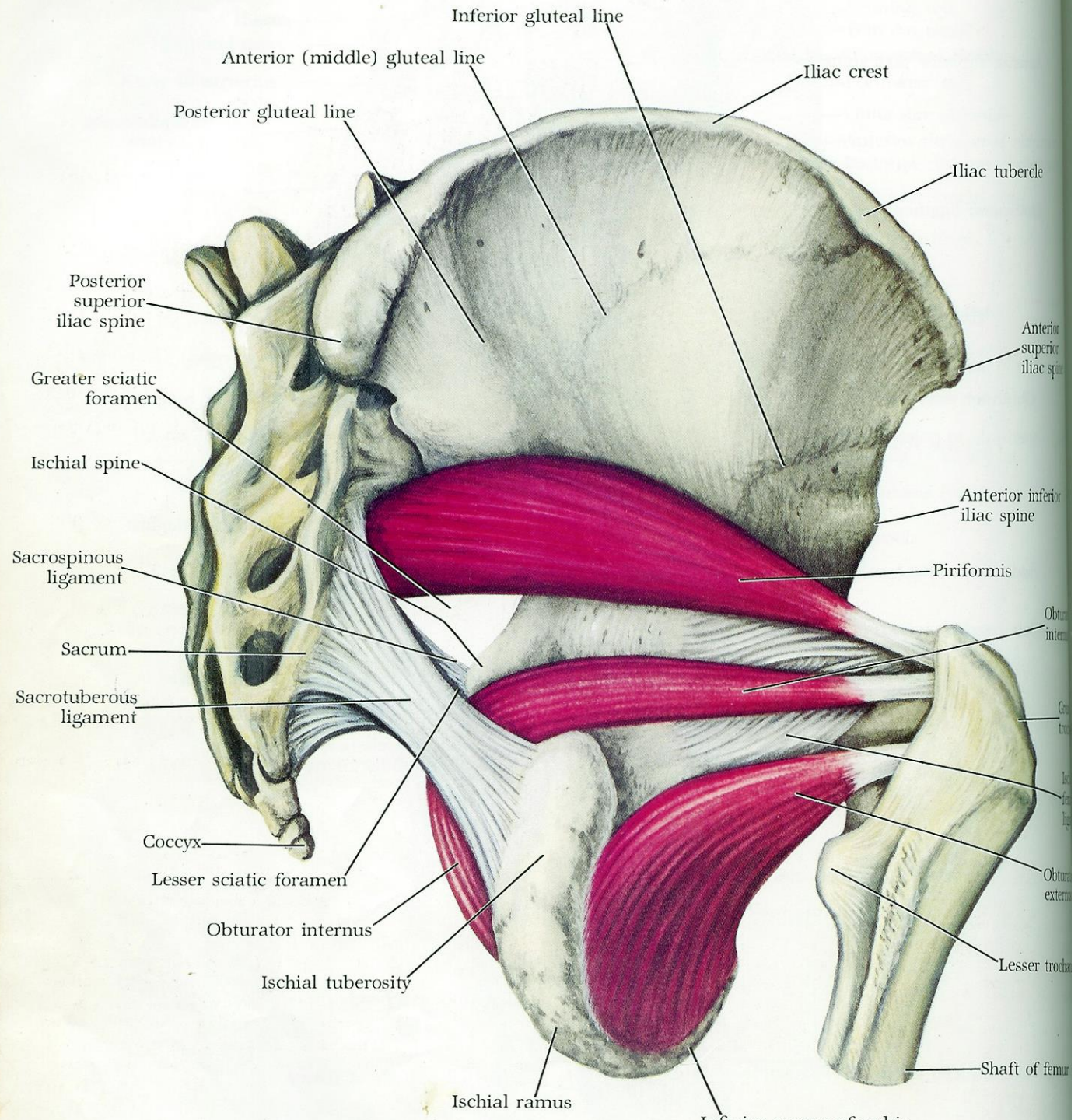
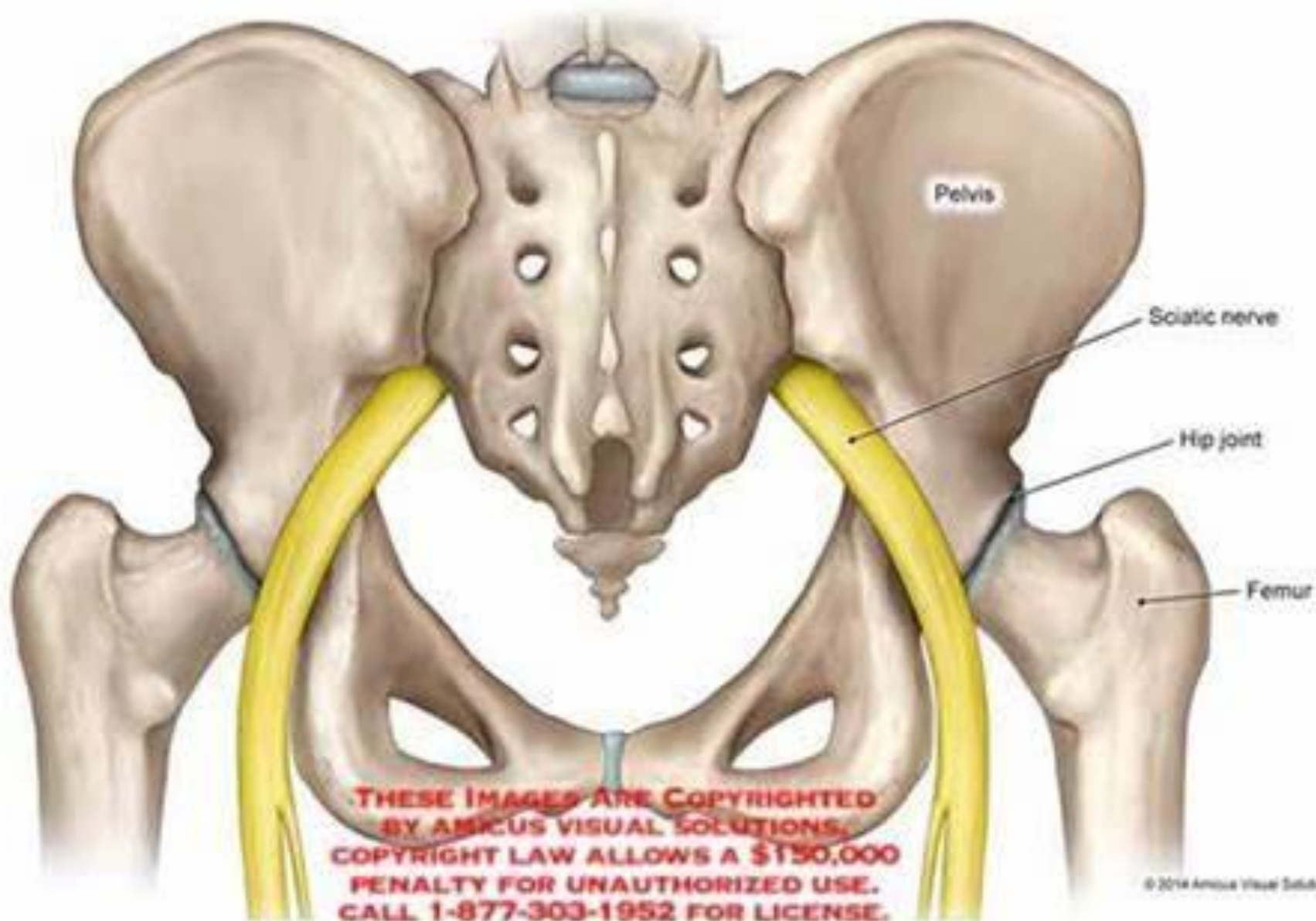


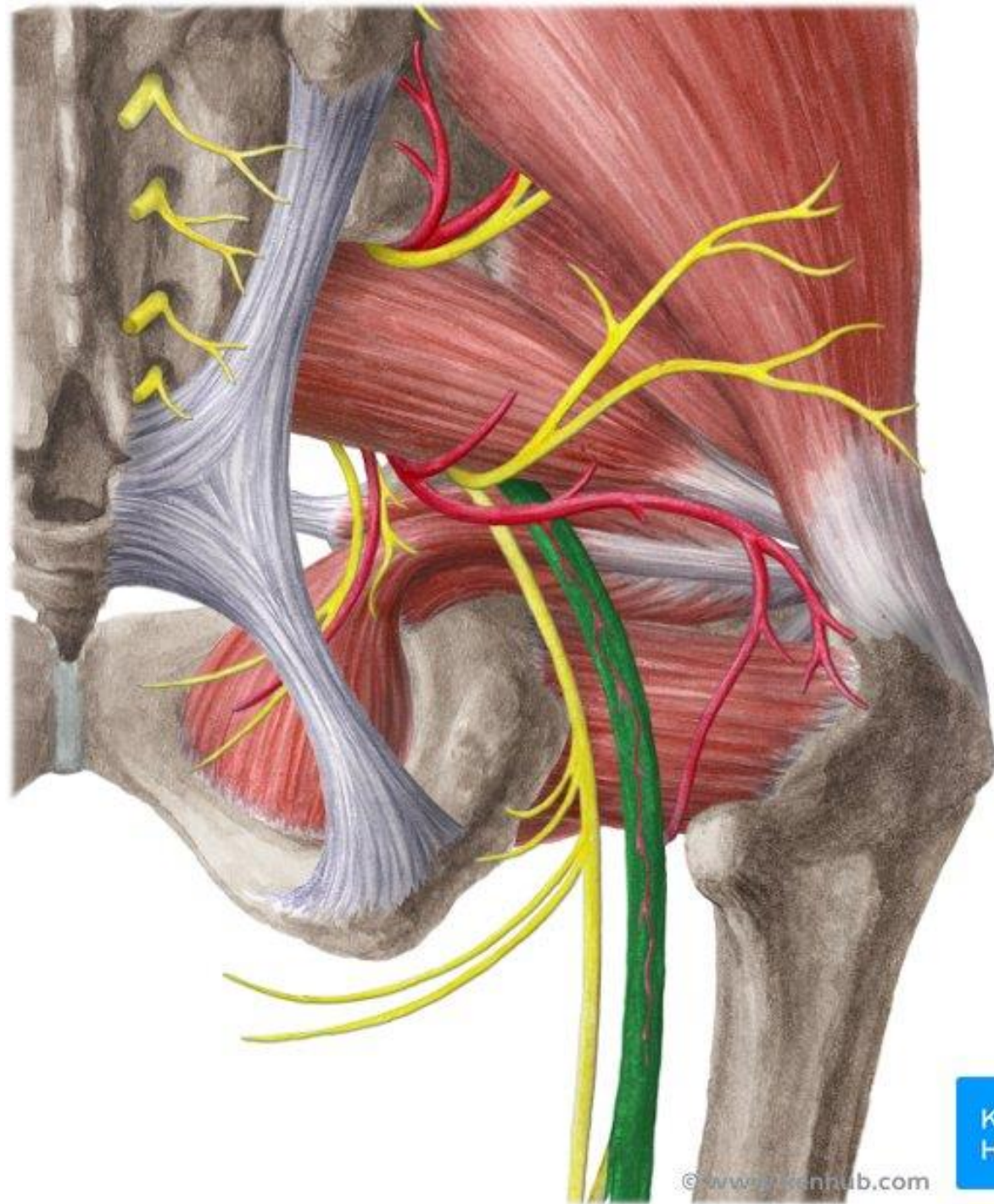
Figure 28-12. The sacral plexus. In: Waxman SG. *Clinical Neuroanatomy*. 26th ed. New York, NY: McGraw-Hill; 2010.

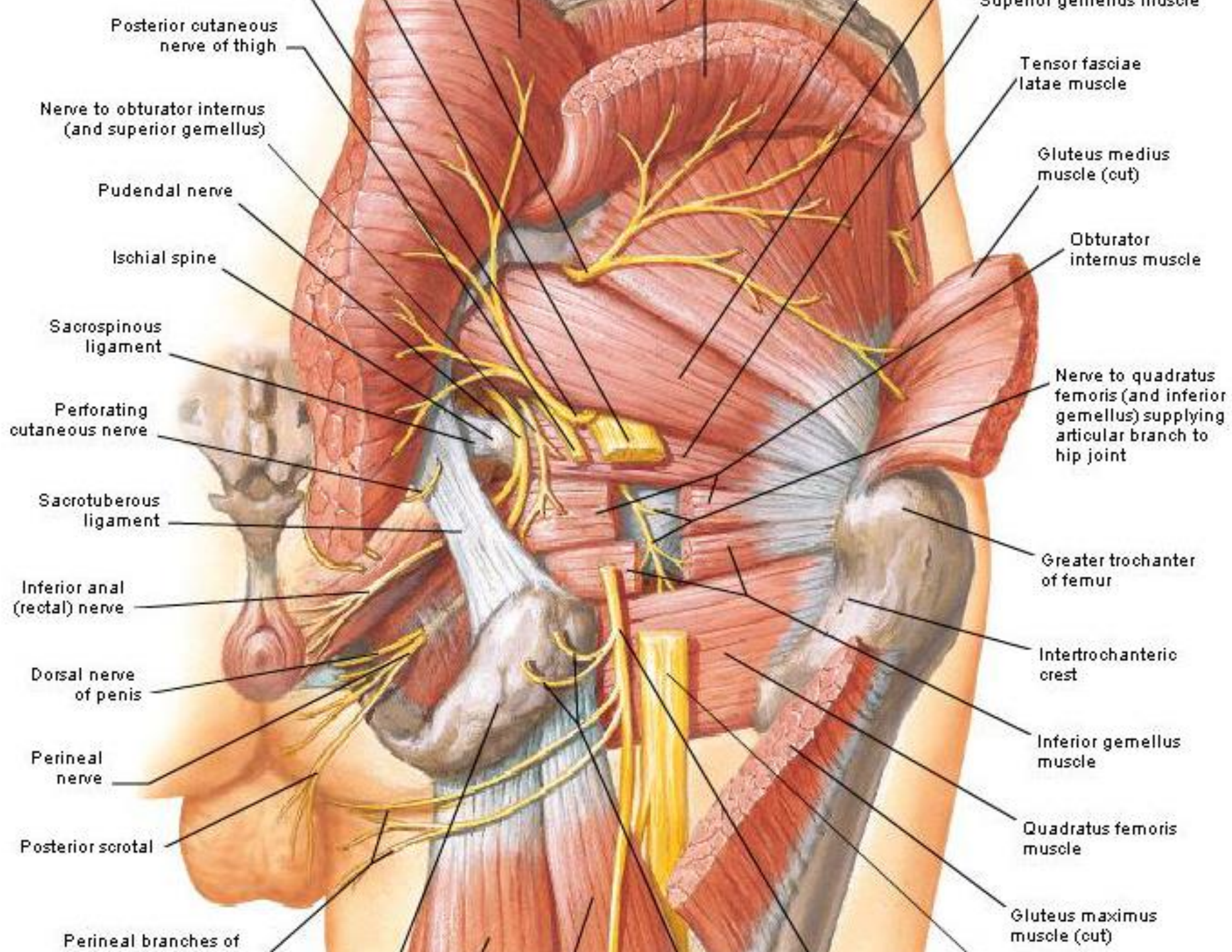


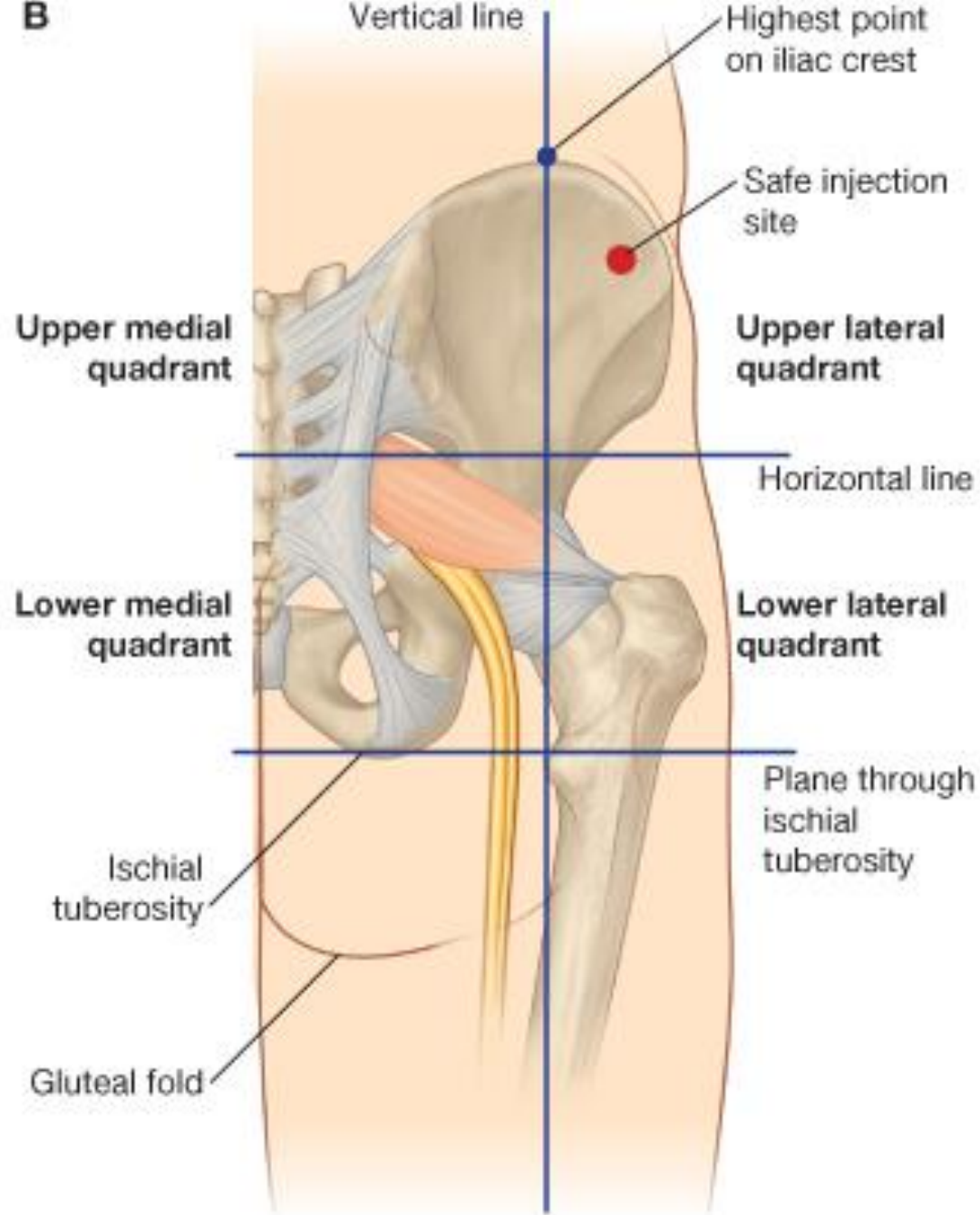


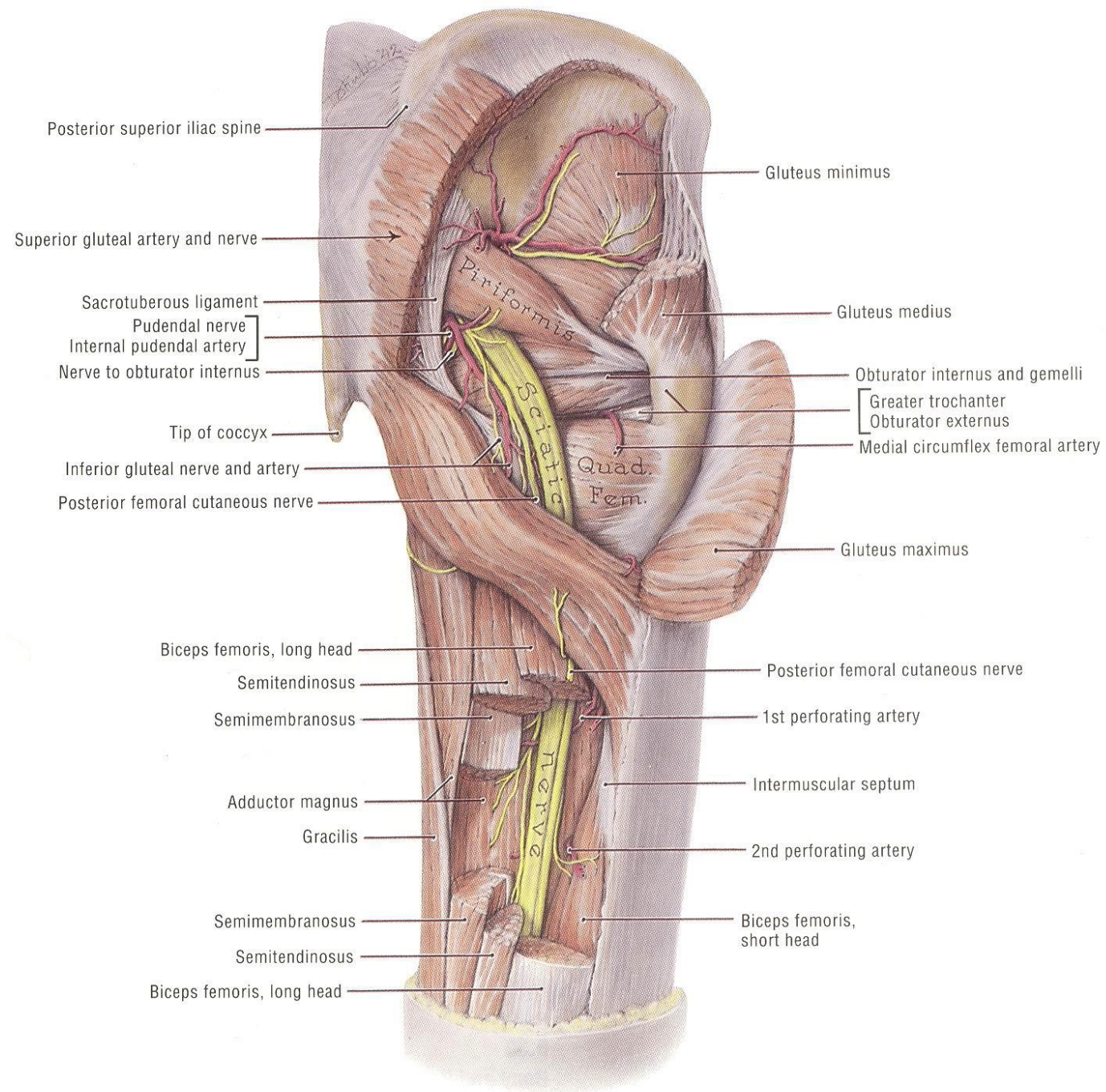
Posterior View of Sciatic Nerve





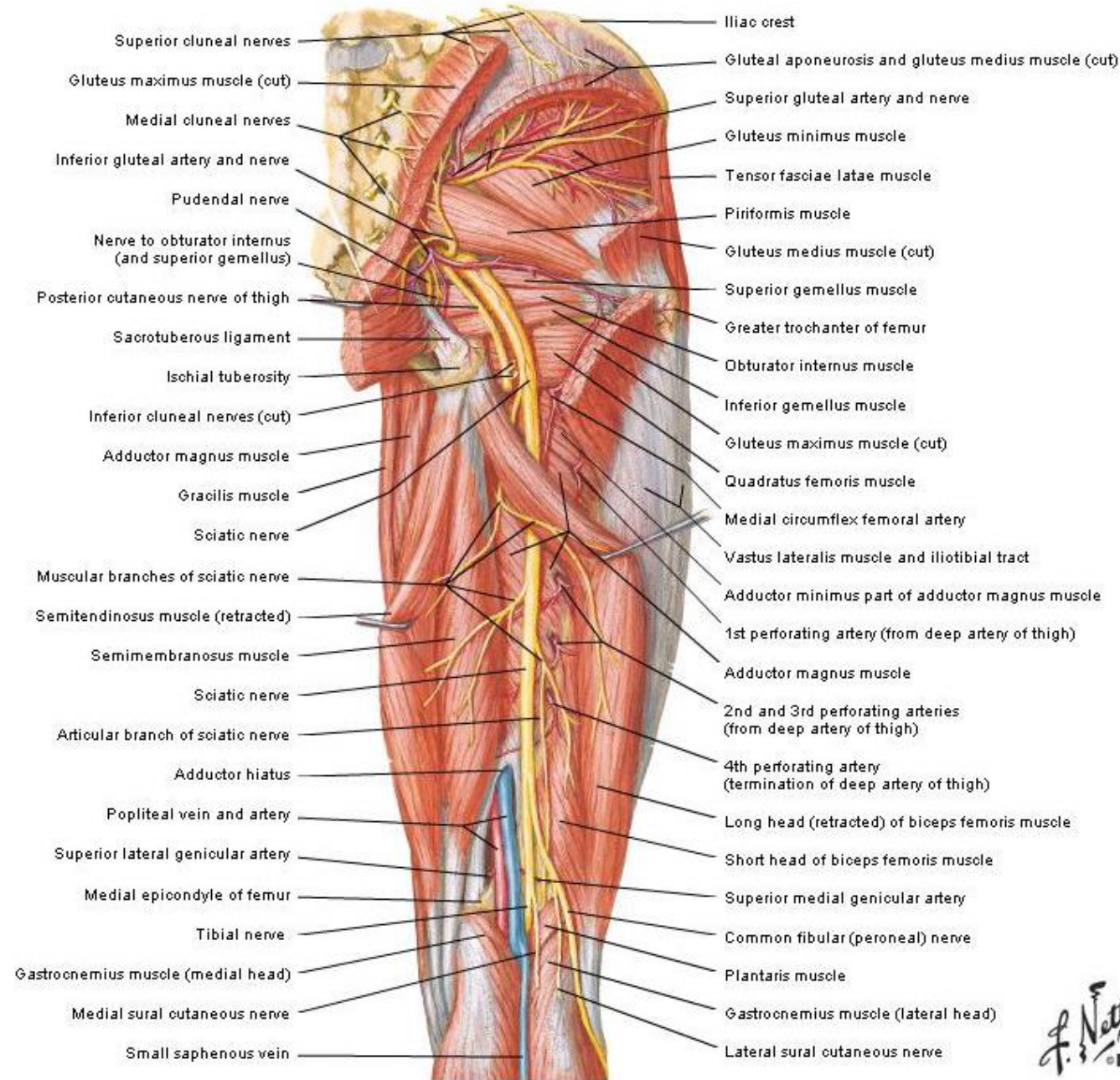


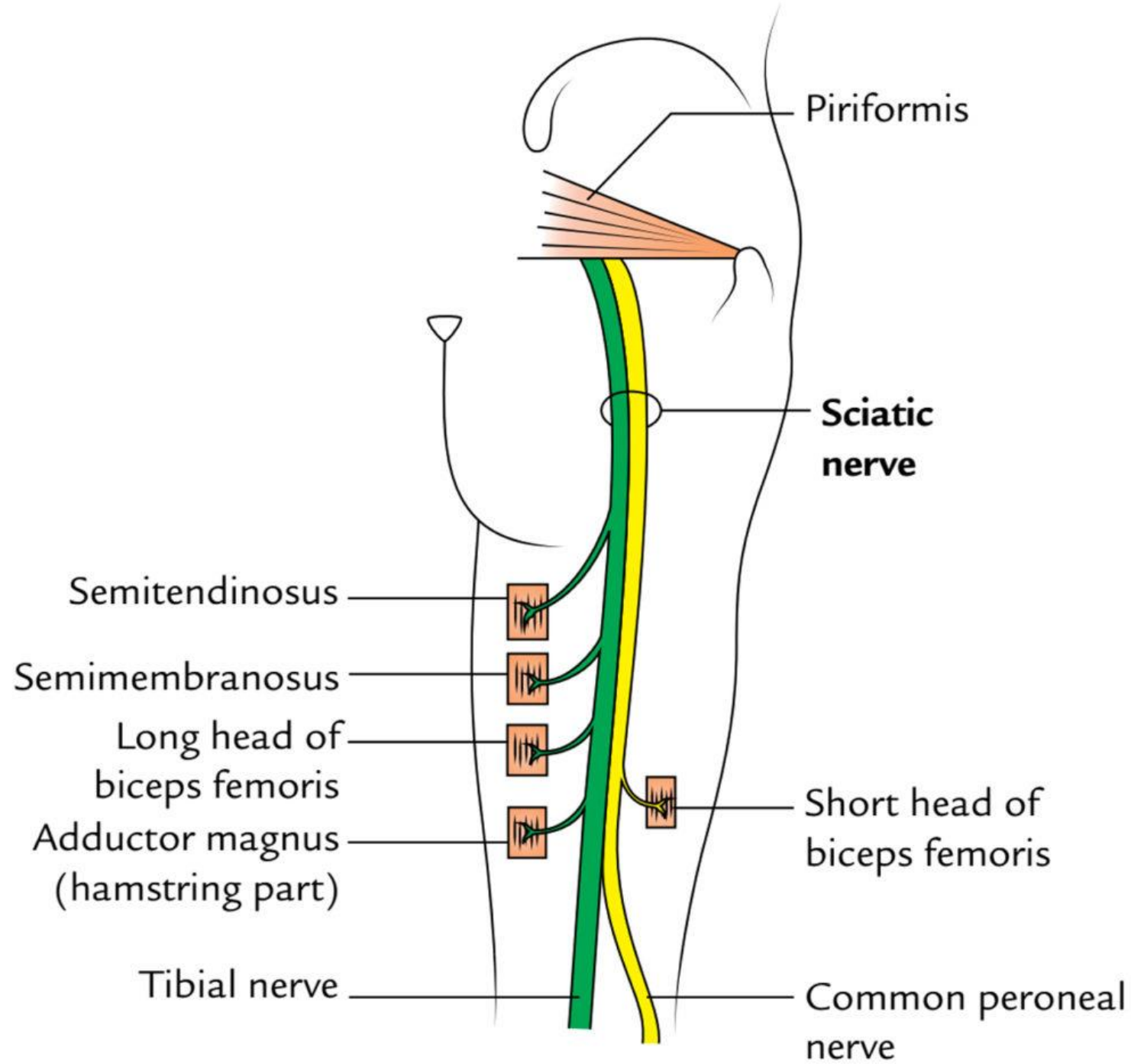




Arteries and Nerves of Thigh (Deep Dissection)

Posterior View





The Sciatic Nerve

- Motor functions
 - Leg flexion at the knee (see also tibial and peroneal nerves, which are the two most important branches clinically of the sciatic nerve)
 - The hamstring muscles (semitendinosus, semimembranosus, biceps femoris) are innervated by the sciatic nerve itself before it divides into the tibial and common peroneal nerve

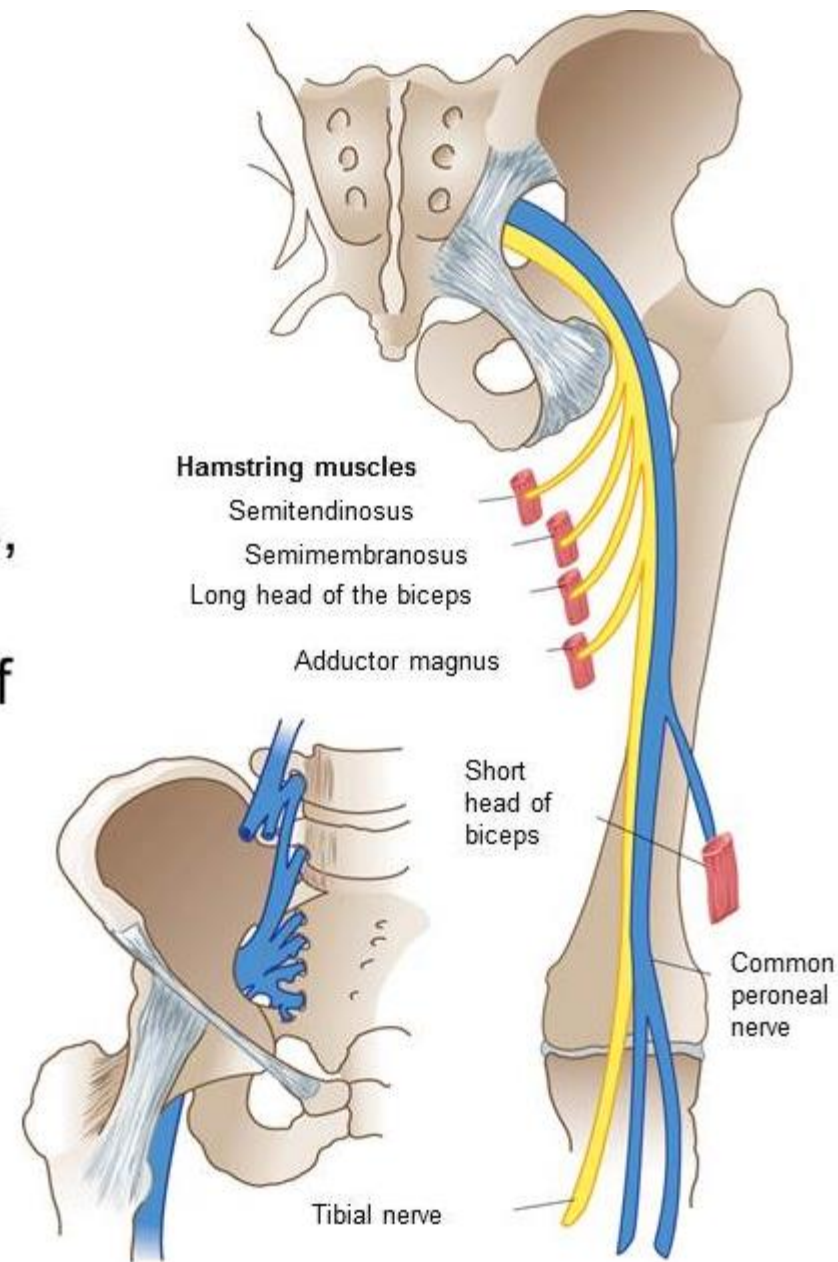
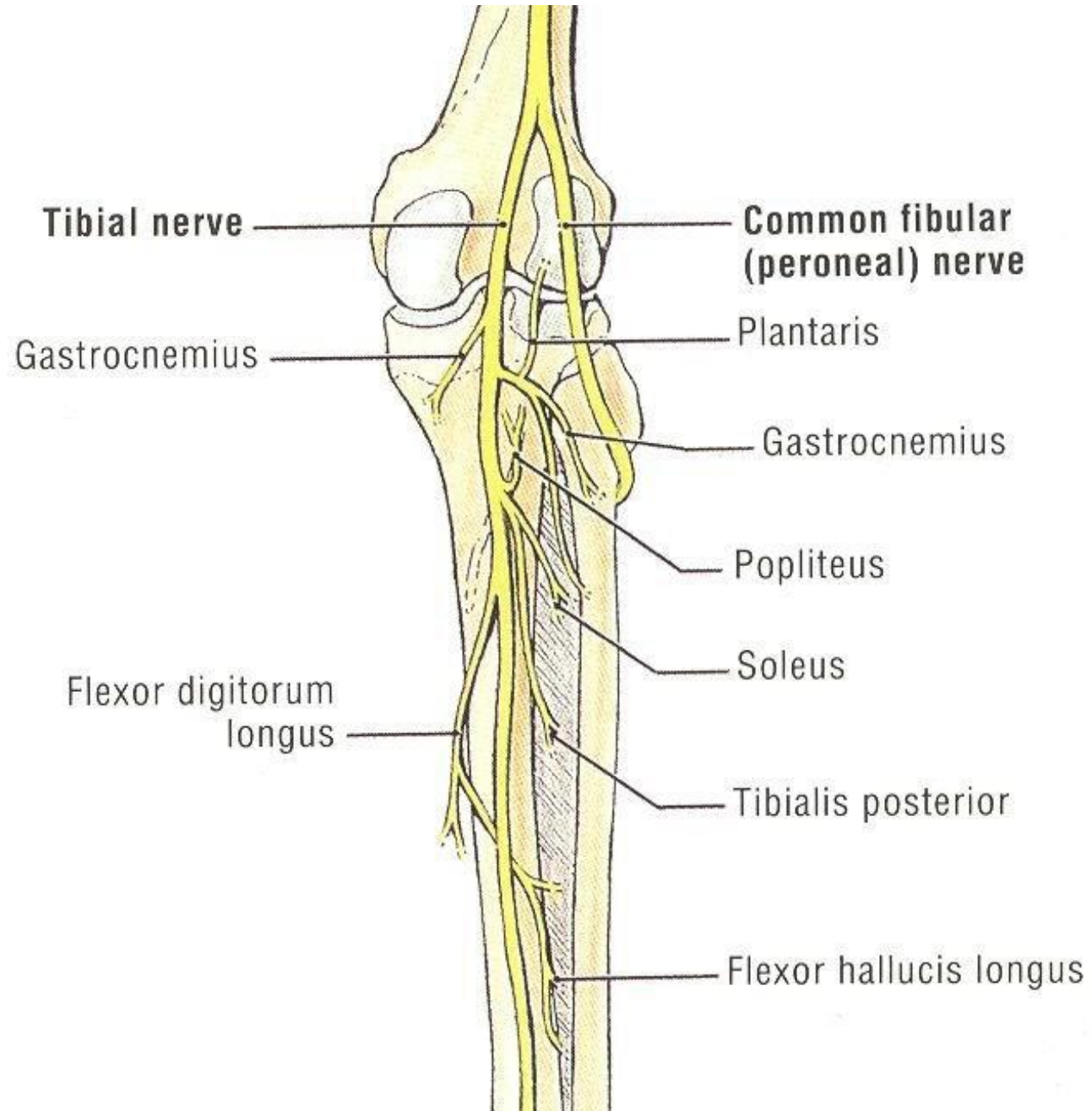
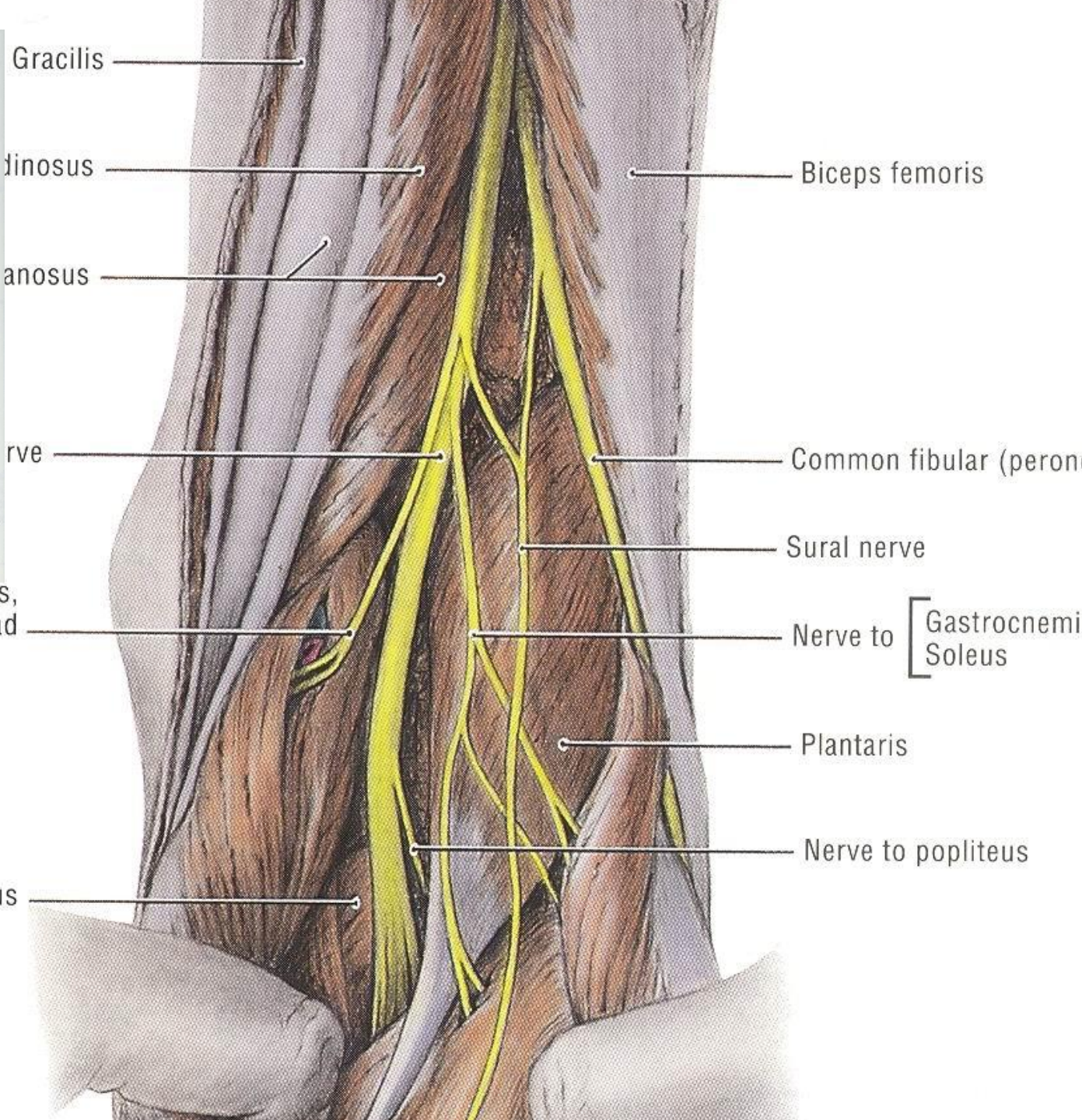
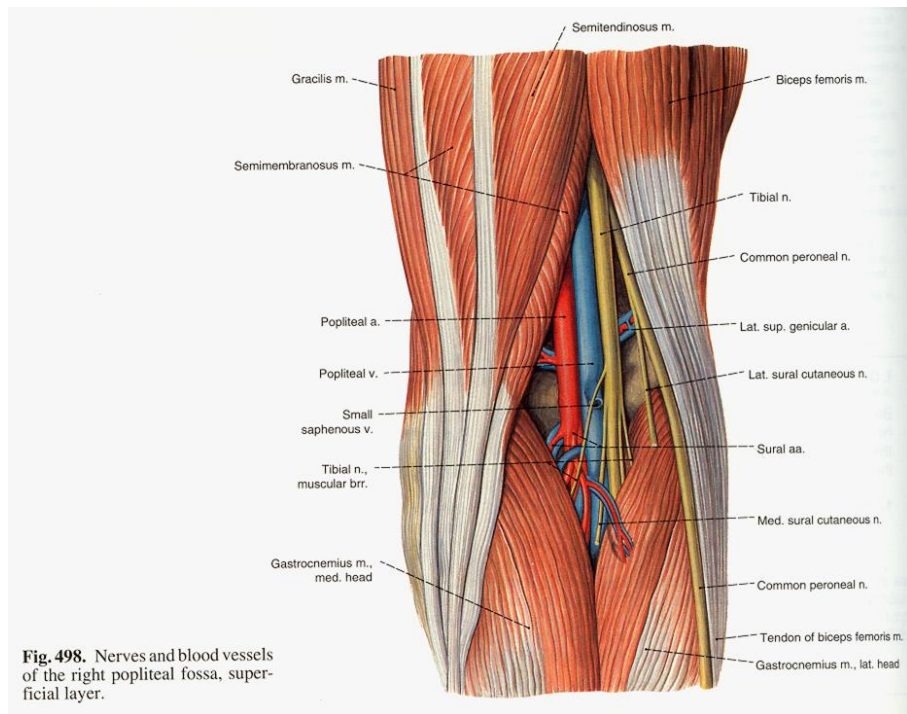


Figure 28-15. The Sciatic nerve (L4, 5; S1-3_In: Waxman SG. *Clinical Neuroanatomy*. 26th ed. New York, NY: McGraw-Hill; 2010.
<http://www.accessphysiotherapy.com>. Accessed March 22, 2012.

Tibial N.

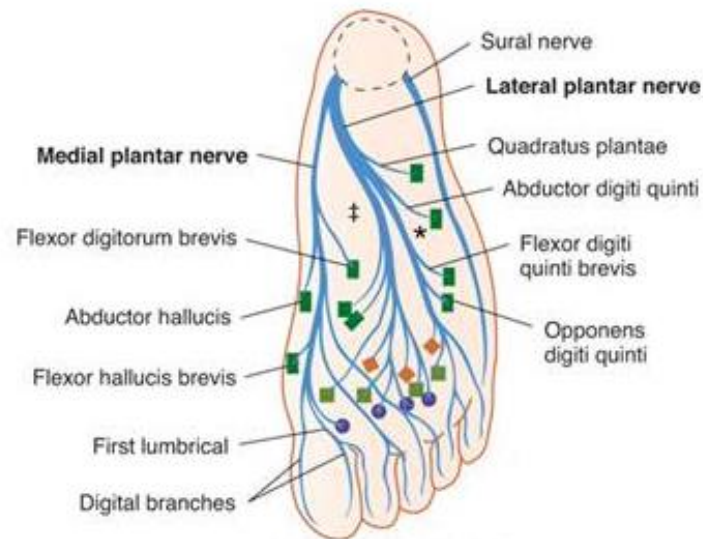




- Muscular b.
- med. sural Cutaneous n.
- ✓ Communicating fibular n.
- ❖ Sural n.

The Tibial Nerve

- Motor functions
 - Foot plantar flexion and inversion, toe flexion



Plantar view of the foot

- ★ Superficial branch of lateral plantar nerve
- ‡ Deep branch of lateral plantar nerve
- Adductor hallucis (transverse and oblique)
- ◆ Plantar interossei (3)
- Dorsal interossei (4)
- Lateral lumbricales (3)

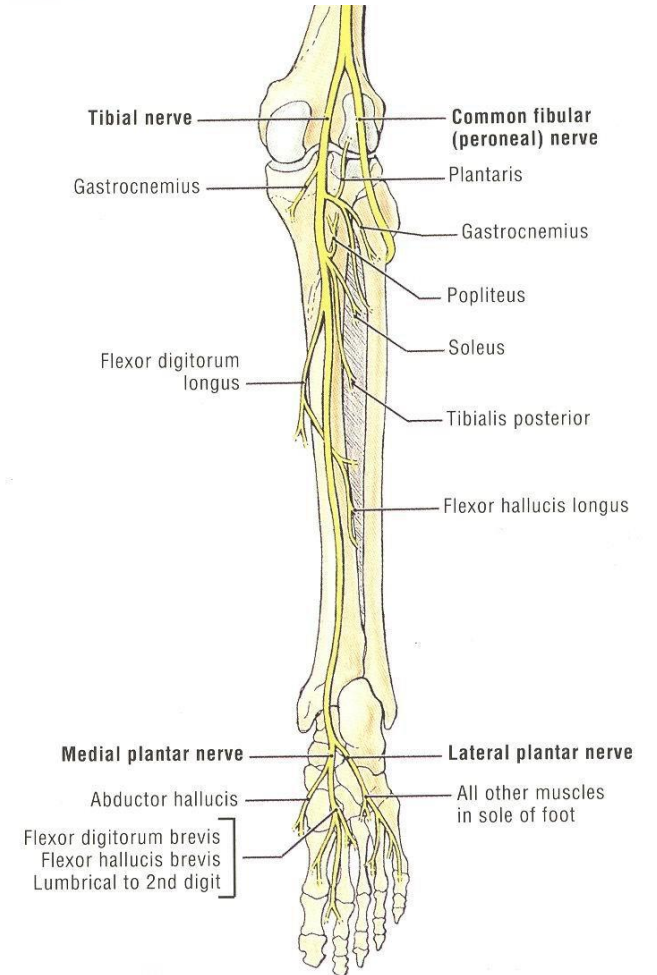
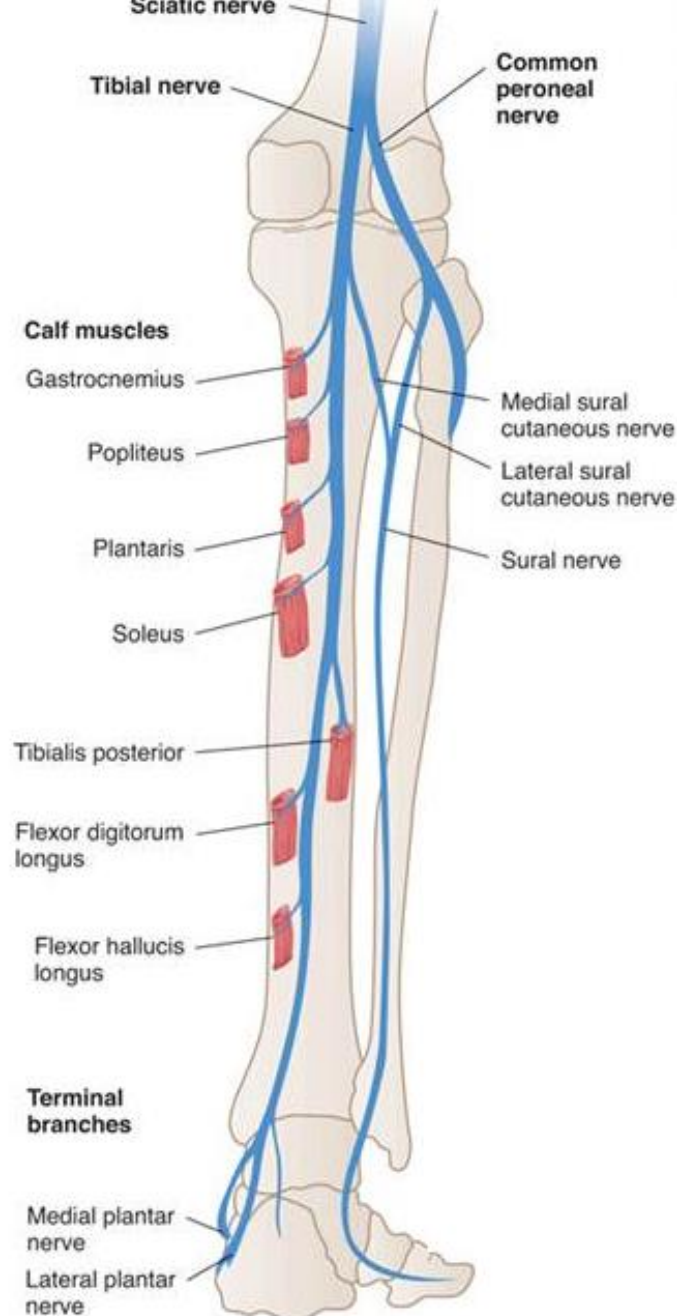
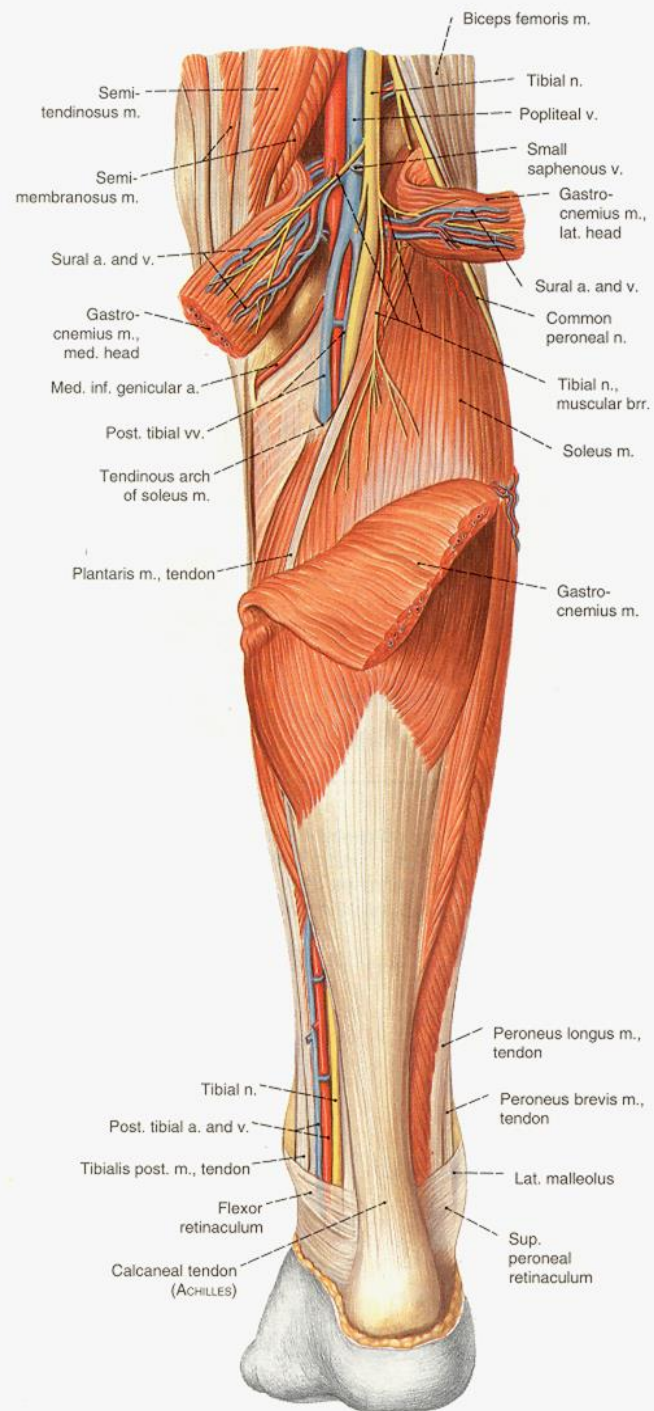
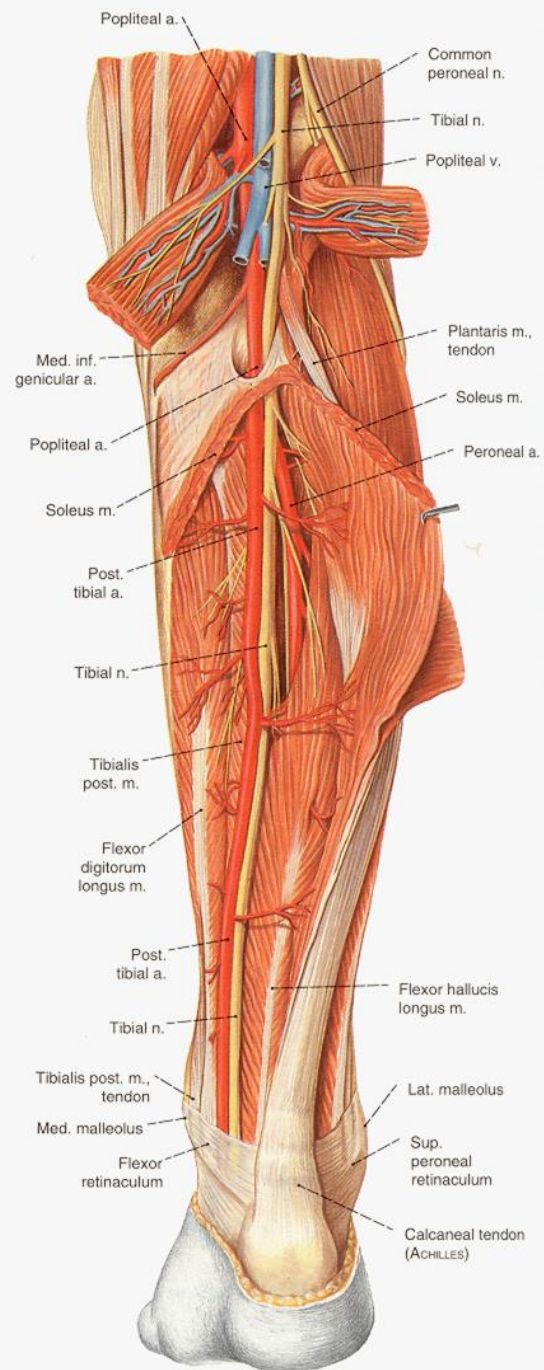
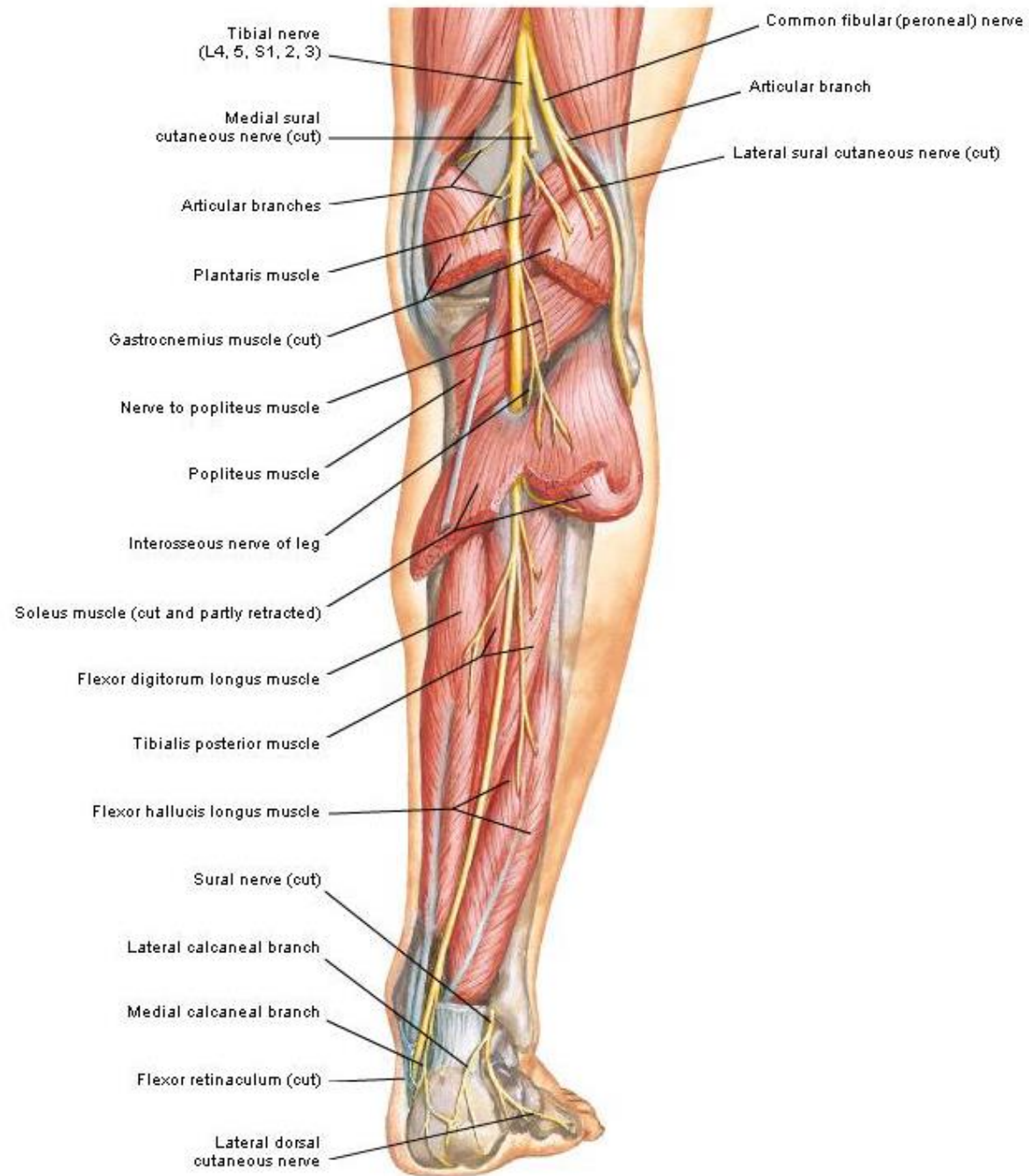


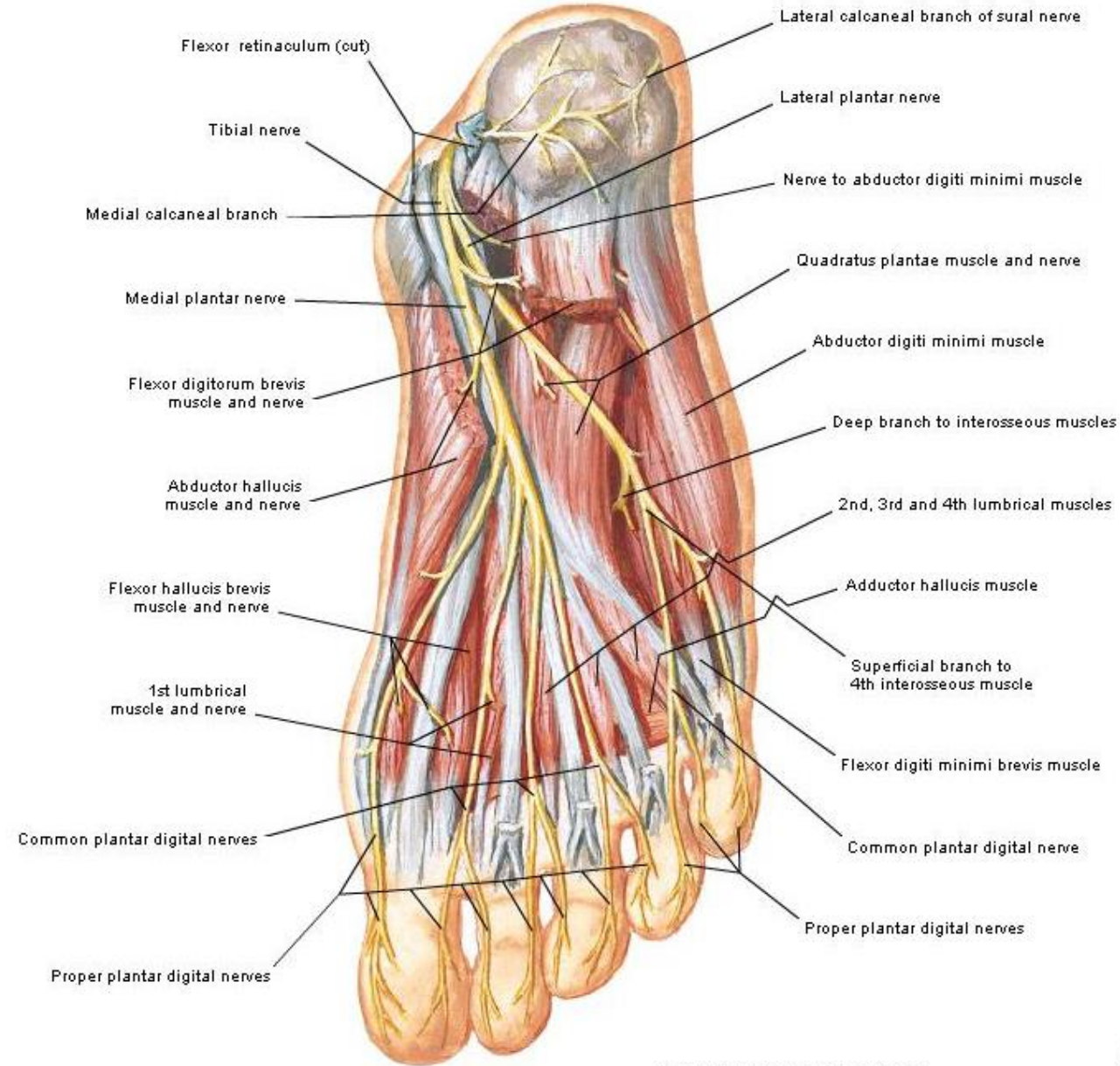
Figure 28-17 . The tibial nerve (L4, 5; S1 –3). In: Waxman SG. *Clinical Neuroanatomy*. 26th ed. New York, NY: McGraw-Hill; 2010.



Tibial Nerve



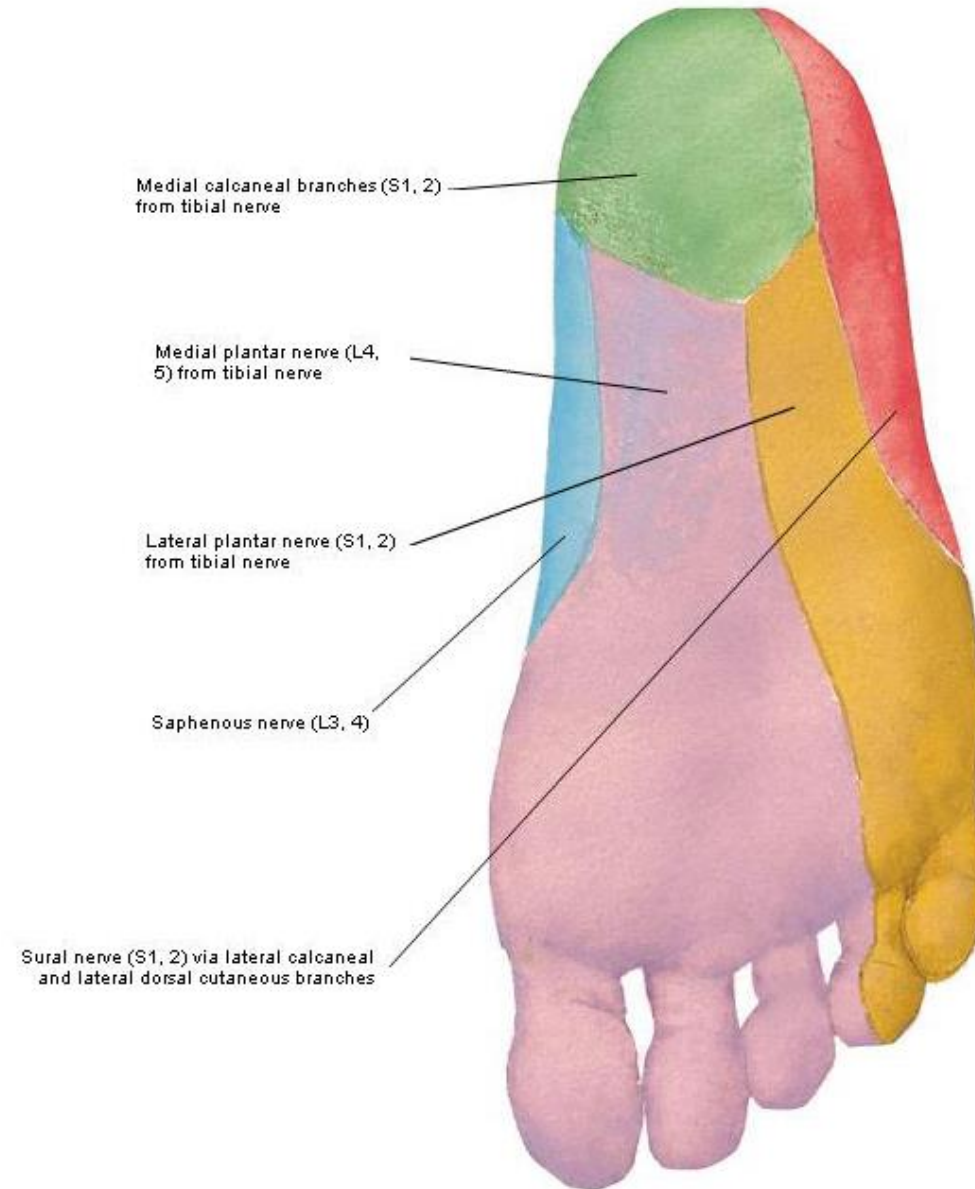
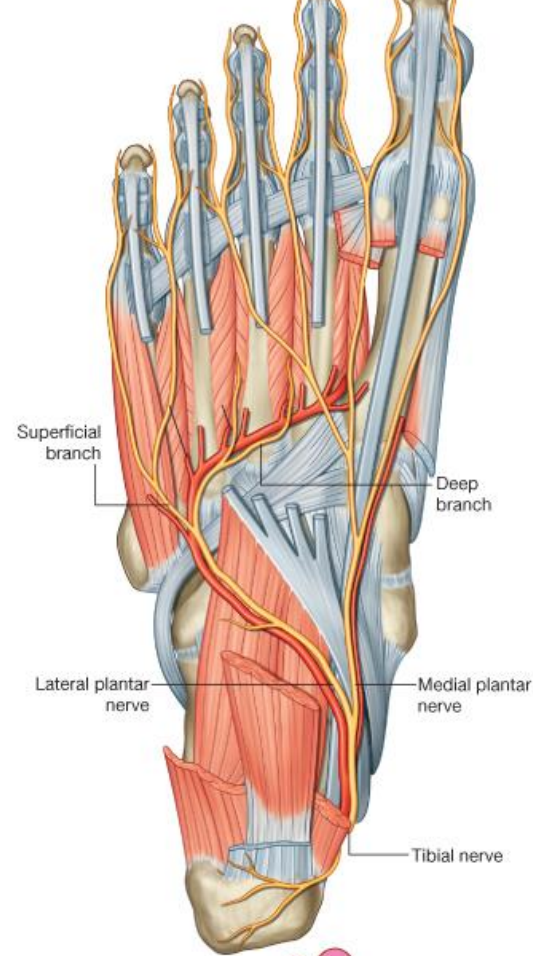
Tibial Nerve Plantar View



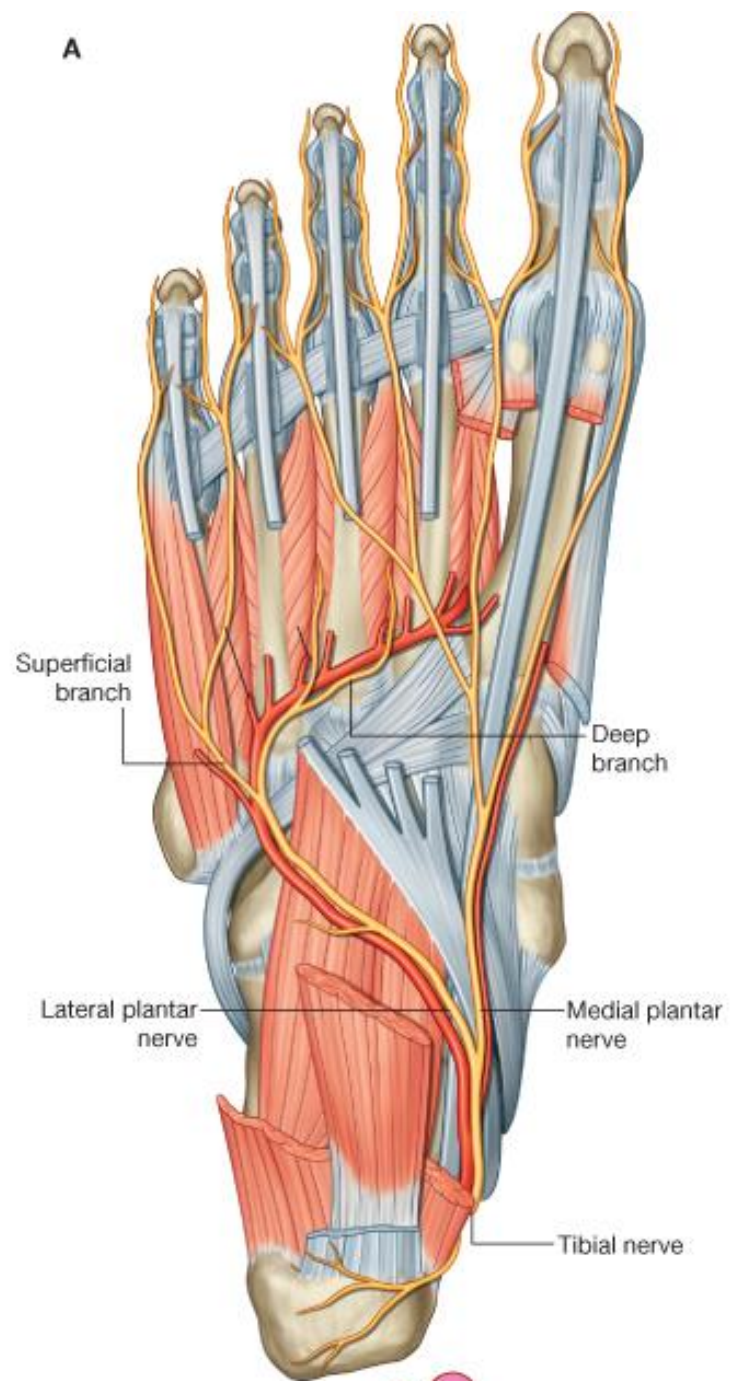
Note: Articular branches not shown

Tibial Nerve

Cutaneous Innervation of Sole of Foot

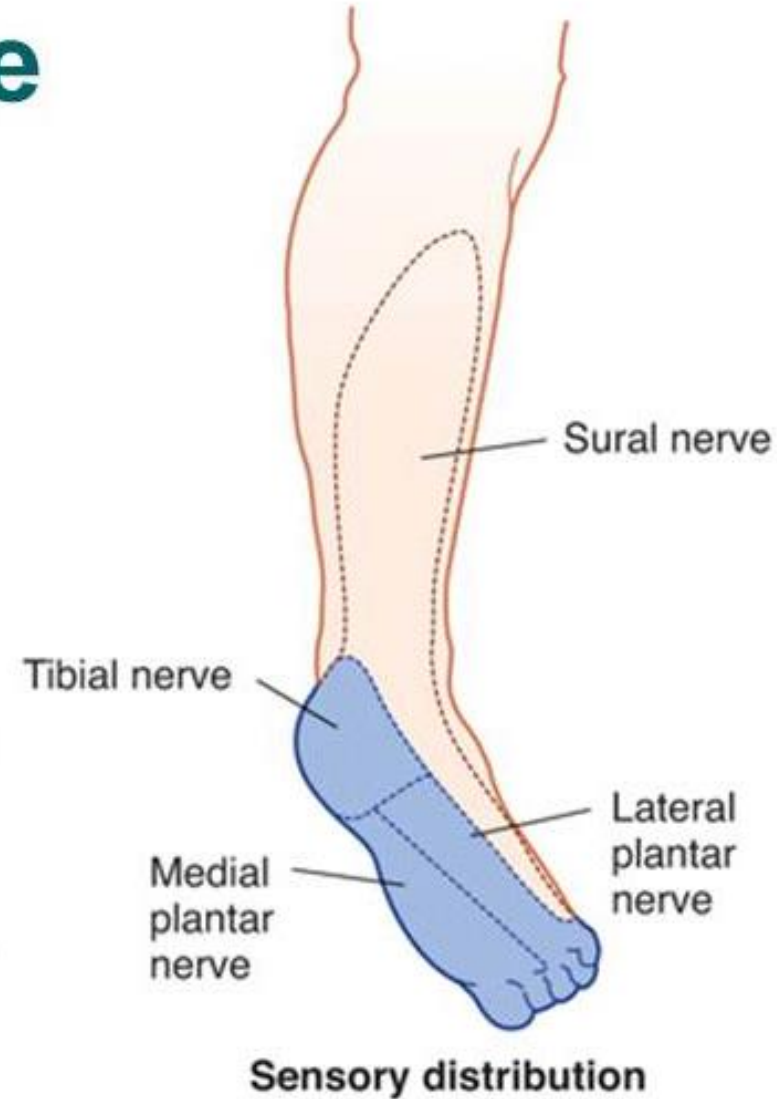
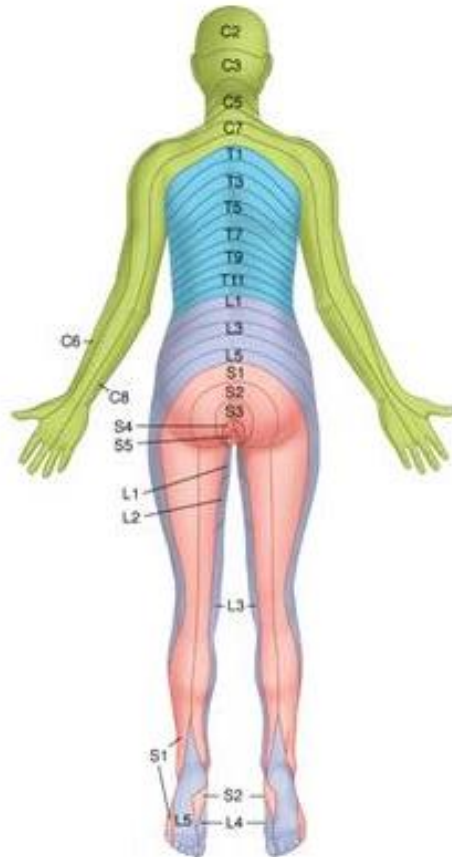
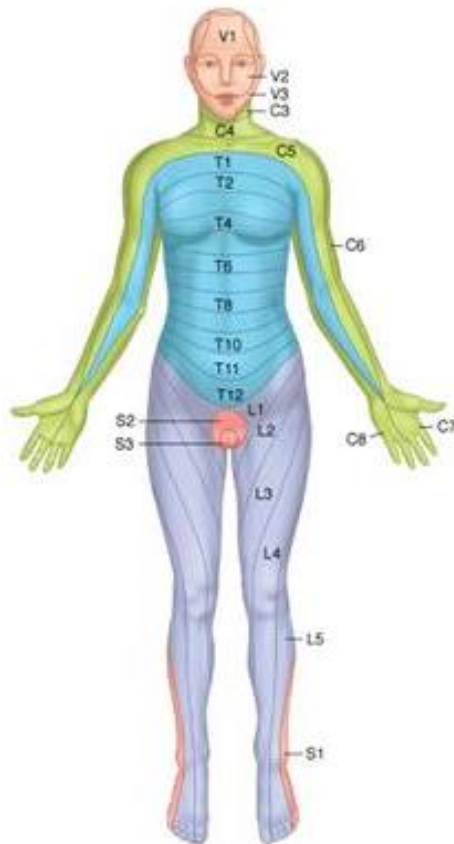


A



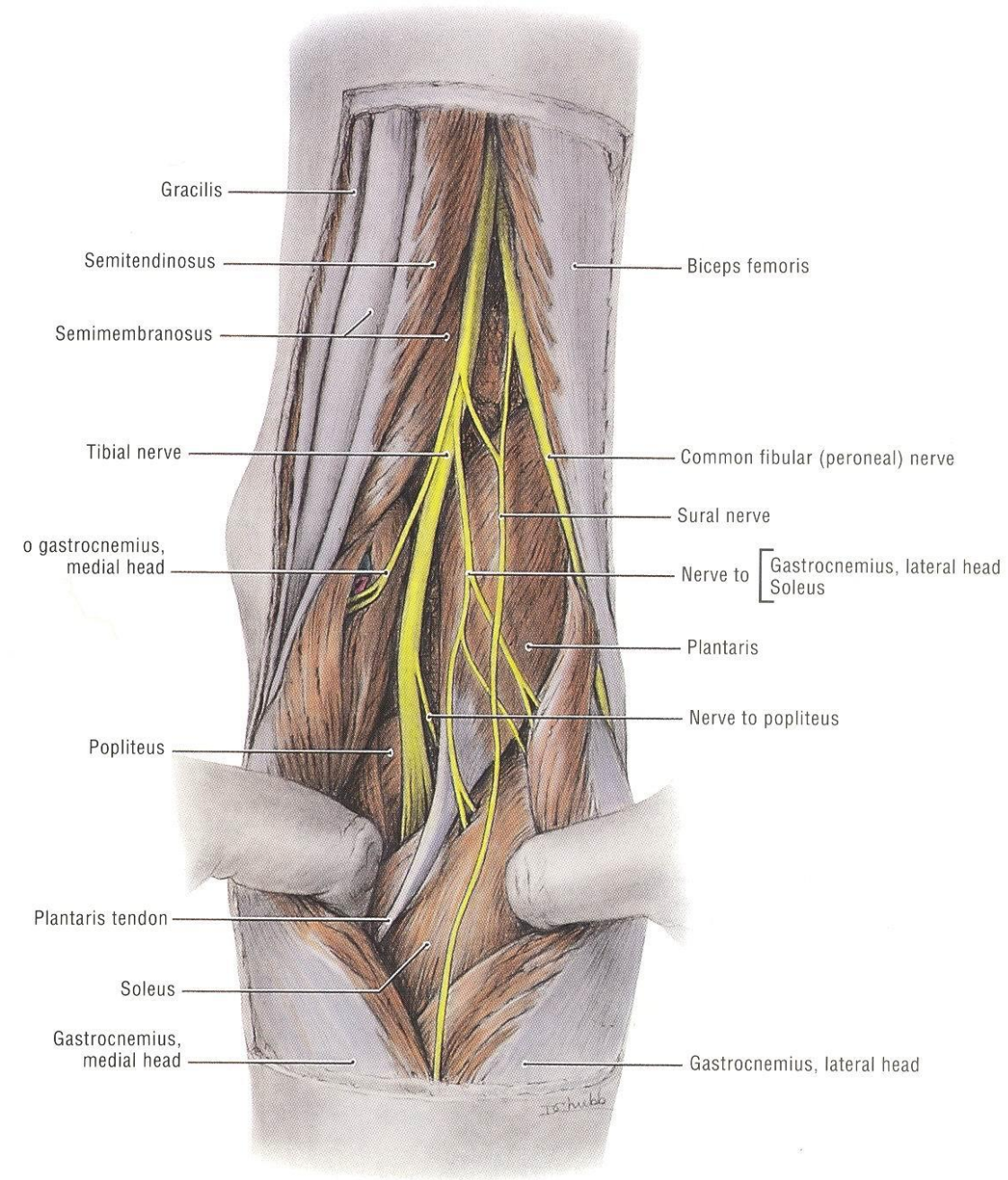
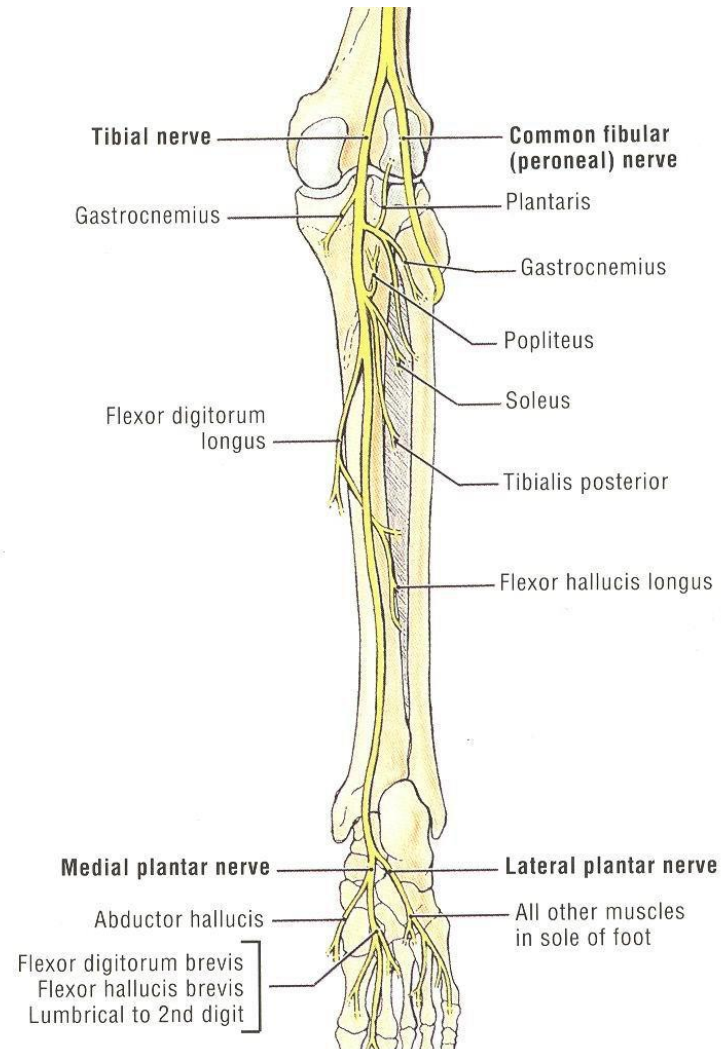
The Tibial Nerve

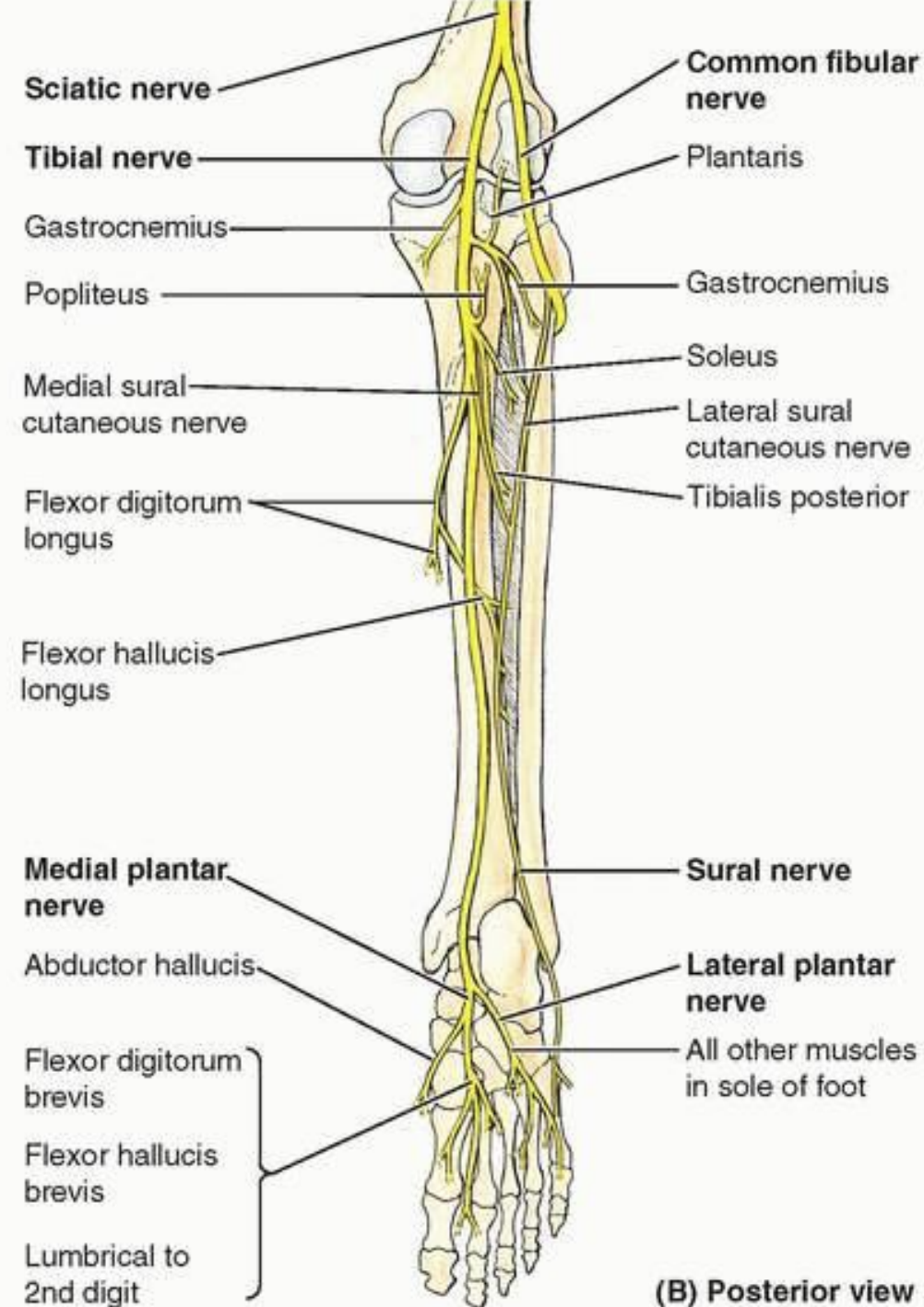
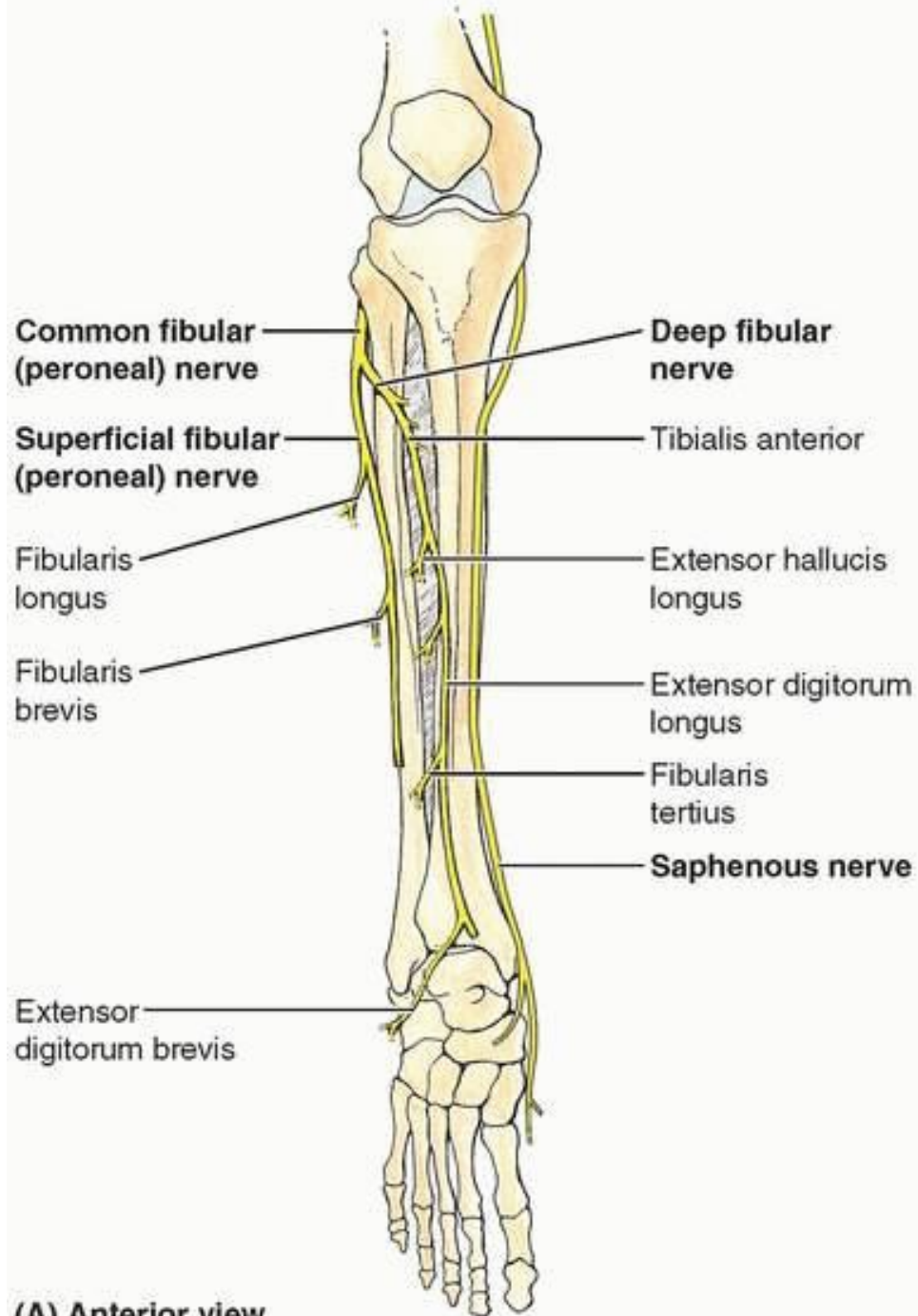
- Sensory distribution



Common peroneal N.

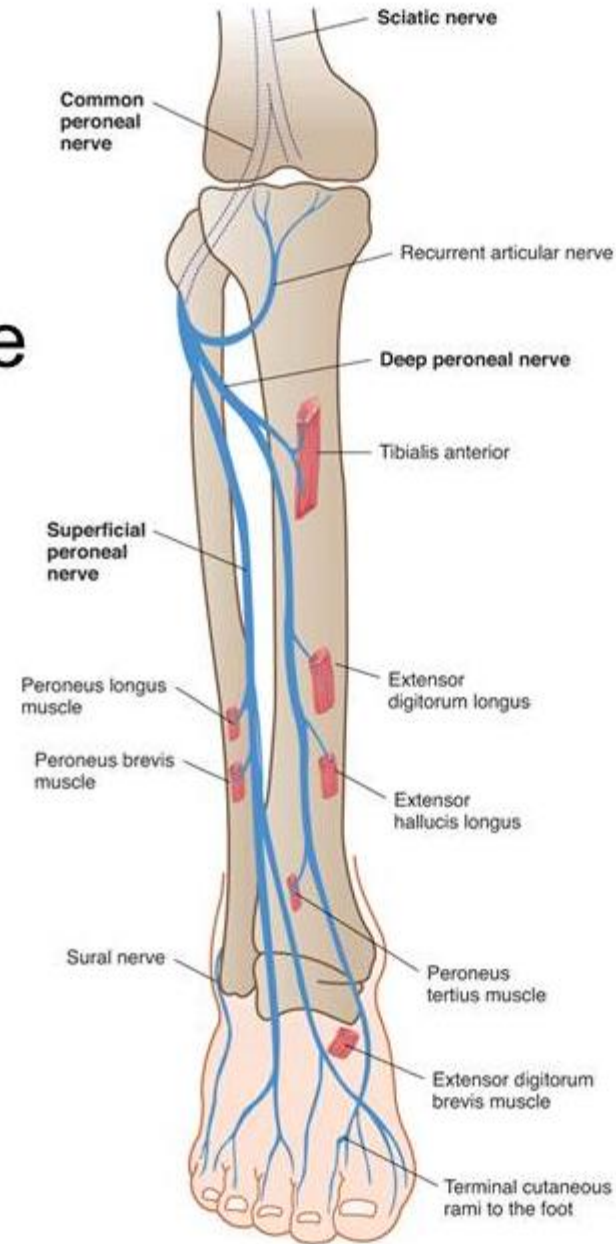
- Communicating fibular n.
- Lat. Sural Cutaneous n.



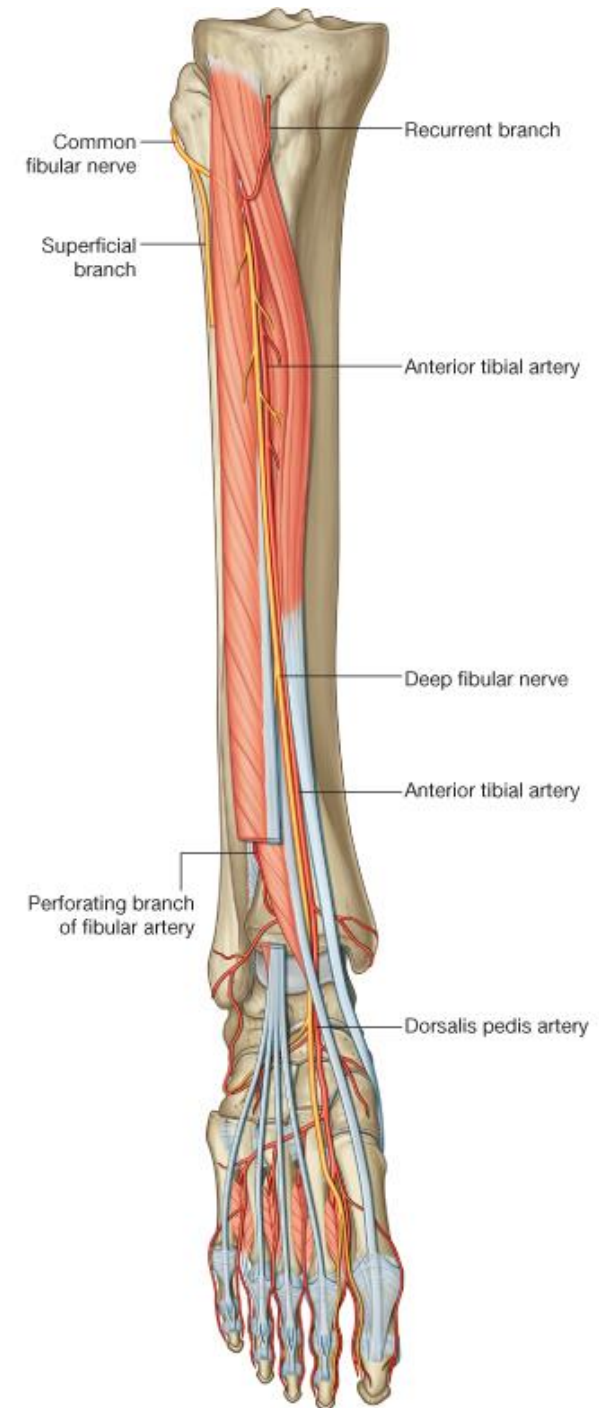
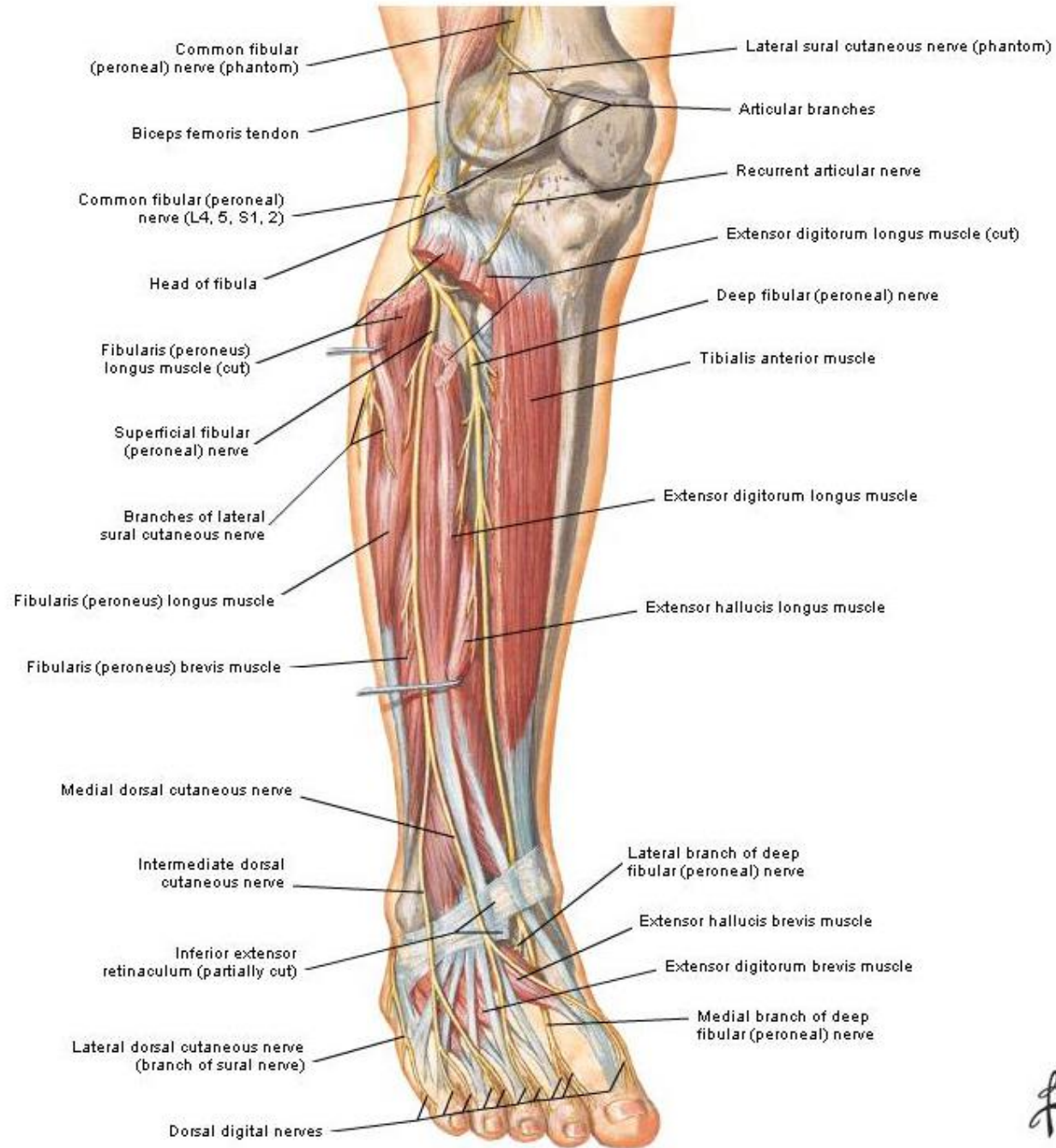


The Common Peroneal Nerve

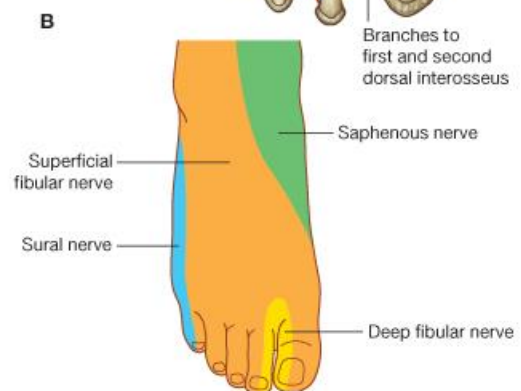
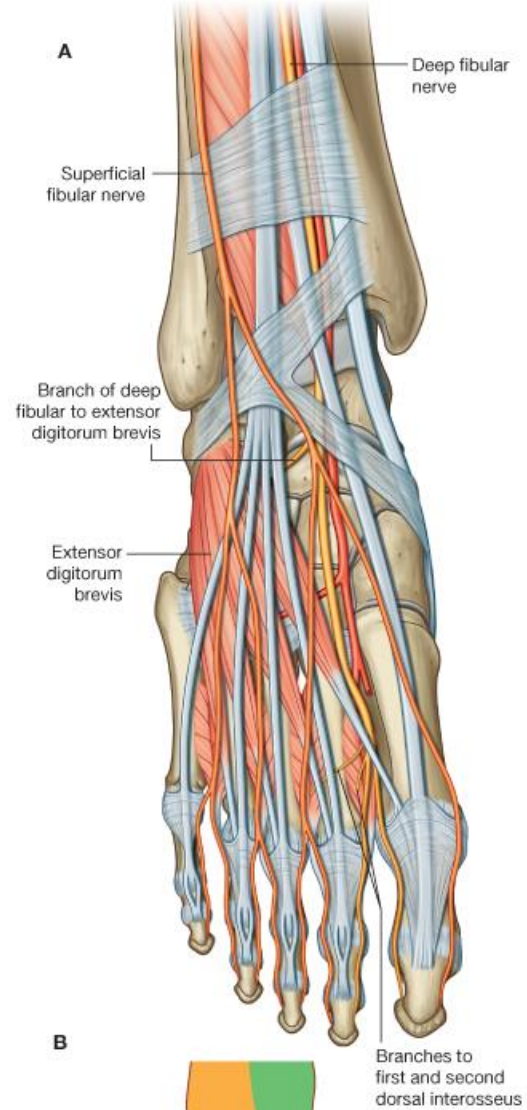
- Superficial peroneal nerve
 - Motor functions
 - Foot eversion
- Deep peroneal nerve
 - Motor functions
 - Foot dorsiflexion, toe extension



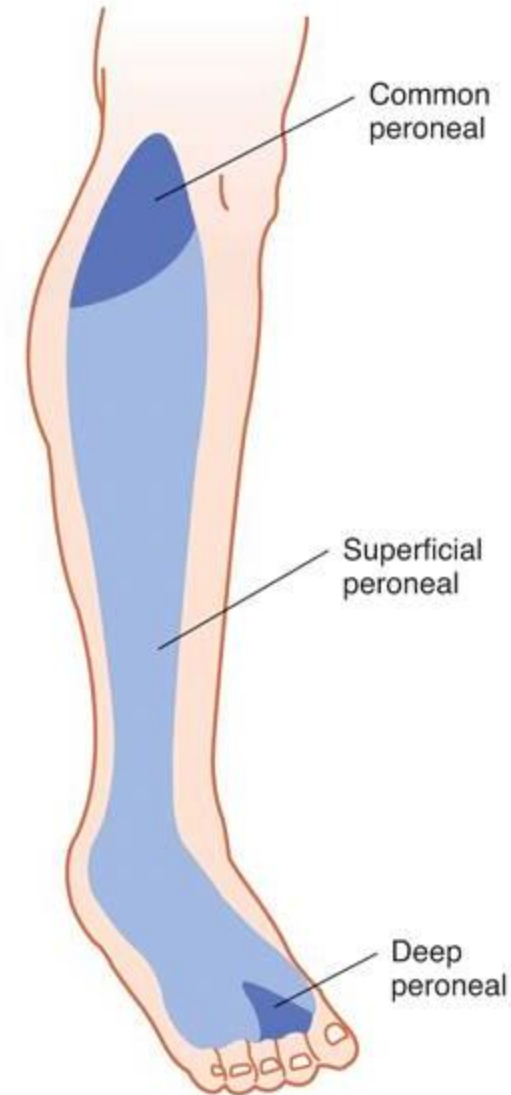
Common Fibular (Peroneal) Nerve



F. Netter M.D.
© IBV

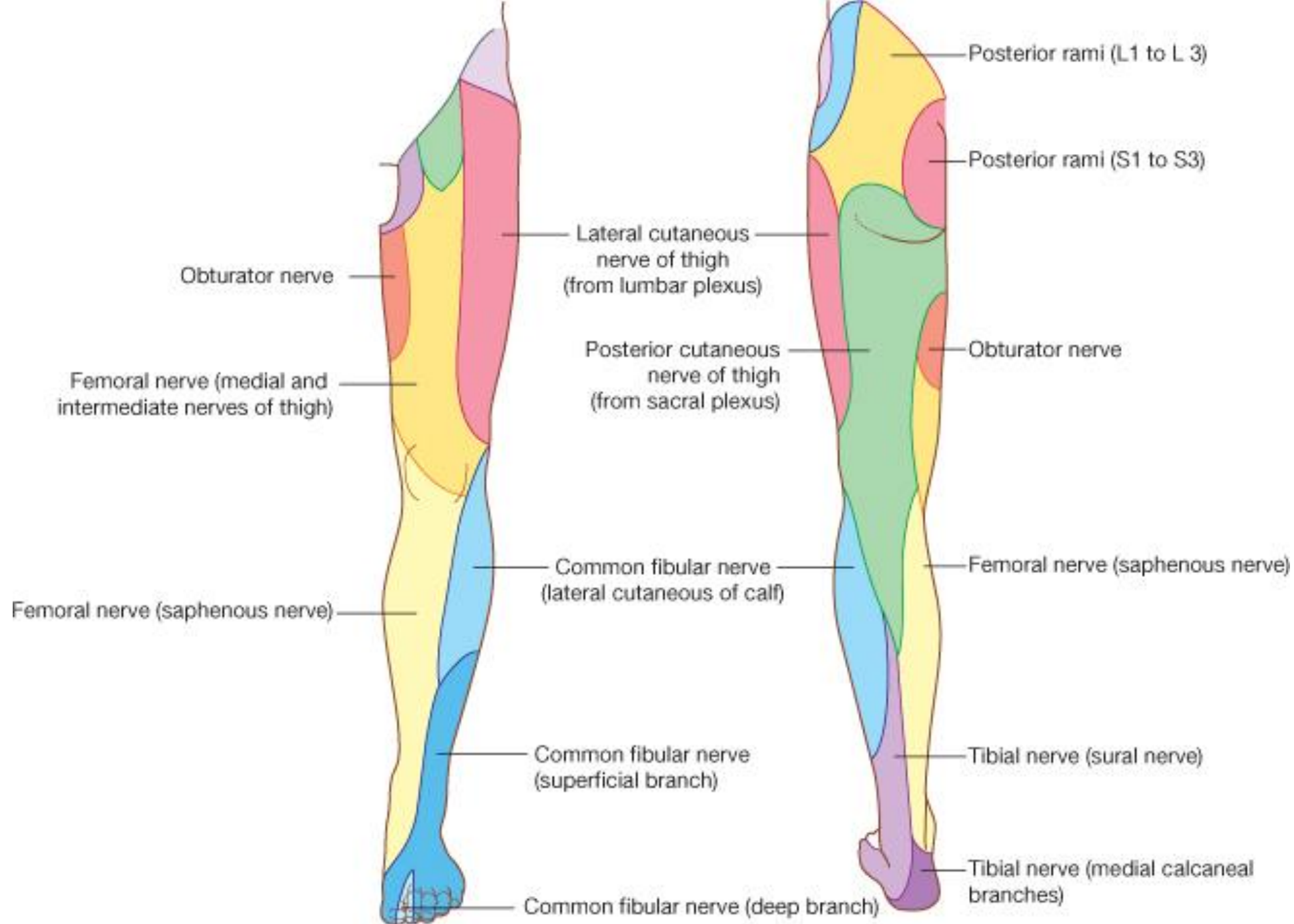


The Common Peroneal Nerve with Superficial and Deep Peroneal Sensory Distribution

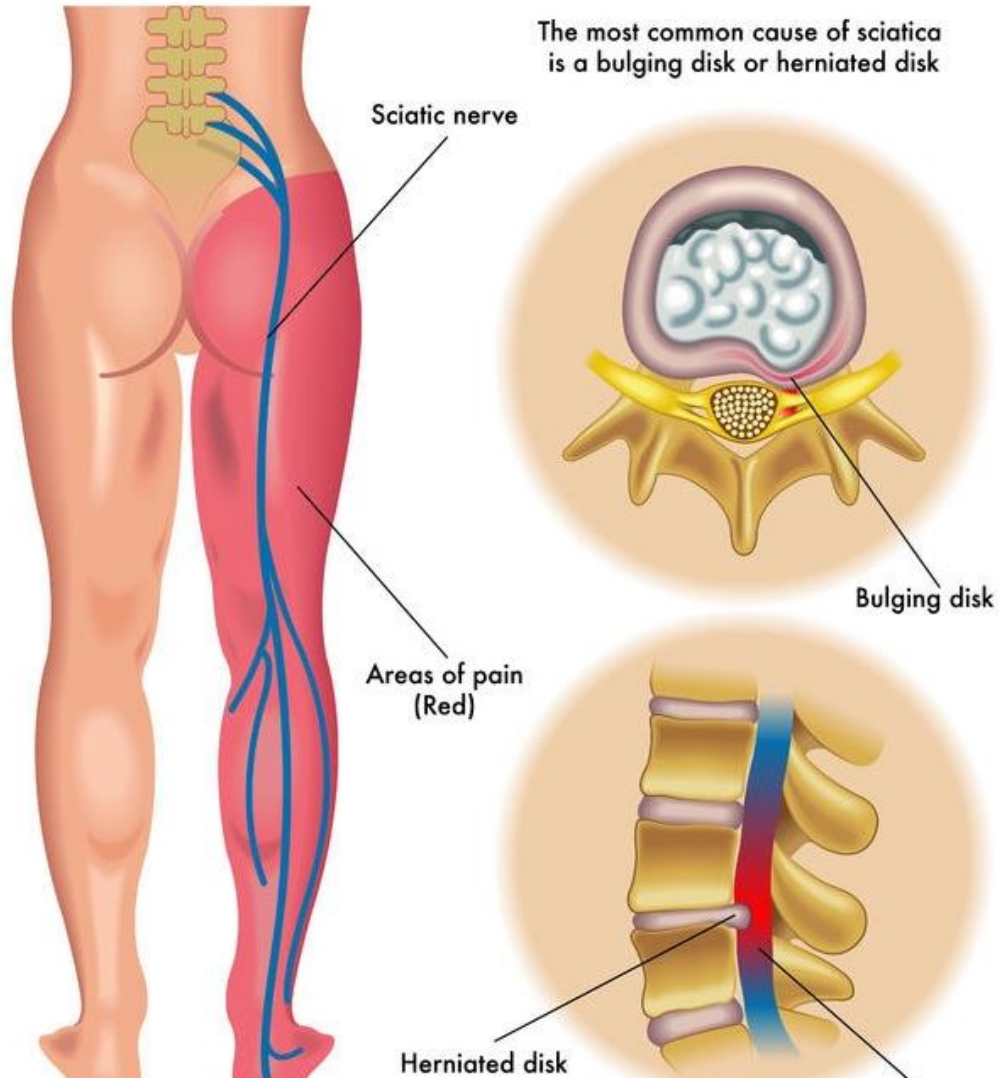


Sensory distribution





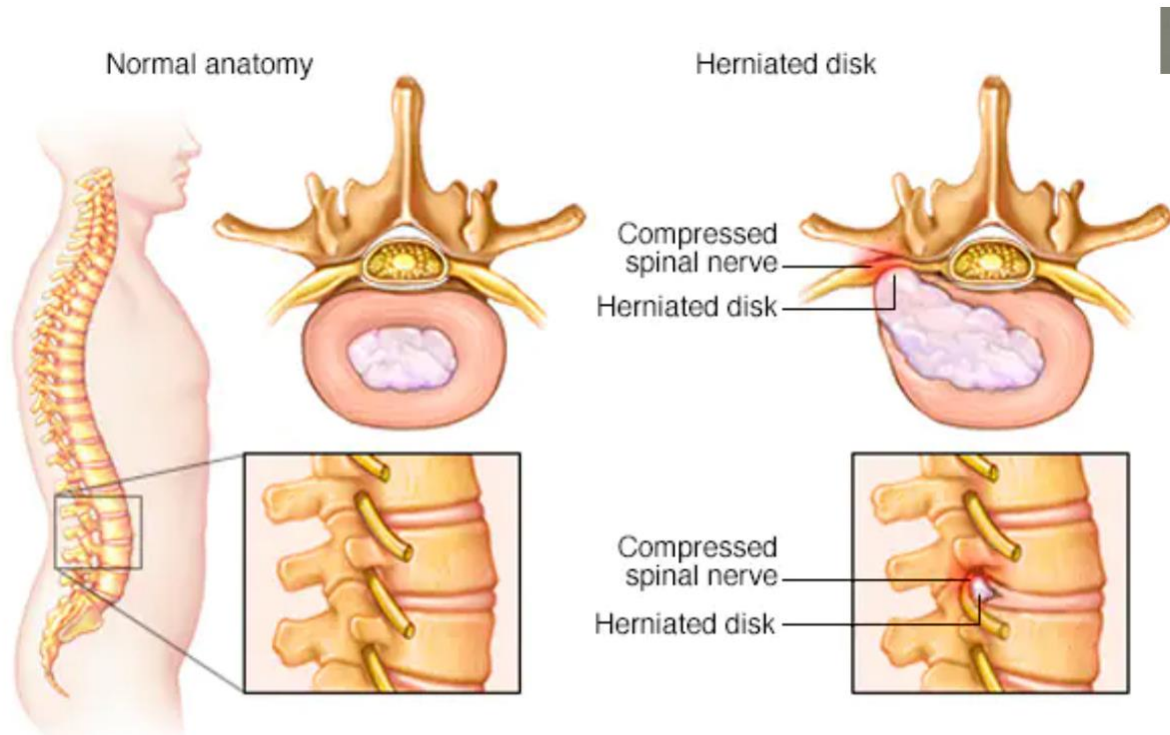
SCIATICA



Sciatica refers to pain that **radiates** along the path of the sciatic nerve, which branches from your lower back through your hips and buttocks and down each leg. Typically, sciatica affects **only one side** of your body.

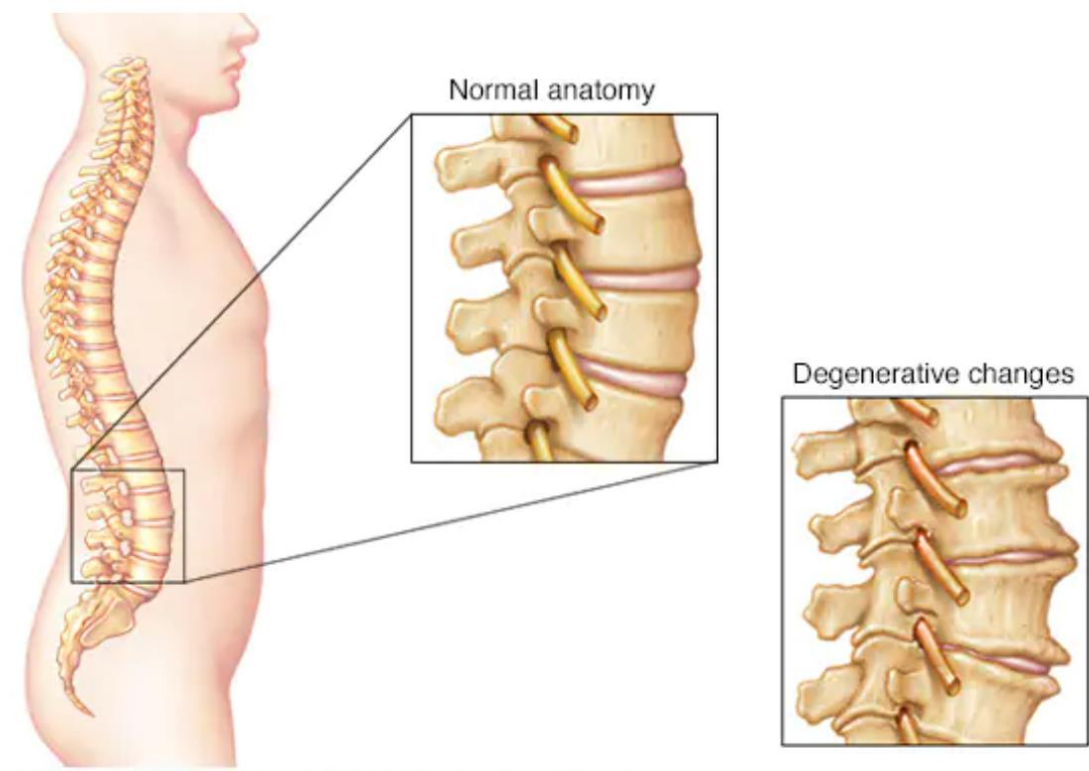
Sciatica most commonly occurs when a **herniated disk**, **bone spur** on the spine or **narrowing of the spine** (spinal stenosis) compresses part of the nerve. This causes inflammation, pain and often some numbness in the affected leg.

Although the pain associated with sciatica can be severe, most cases resolve with non-operative treatments in a few weeks. People who have severe sciatica that's associated with significant leg weakness or bowel or bladder changes might be candidates for surgery.



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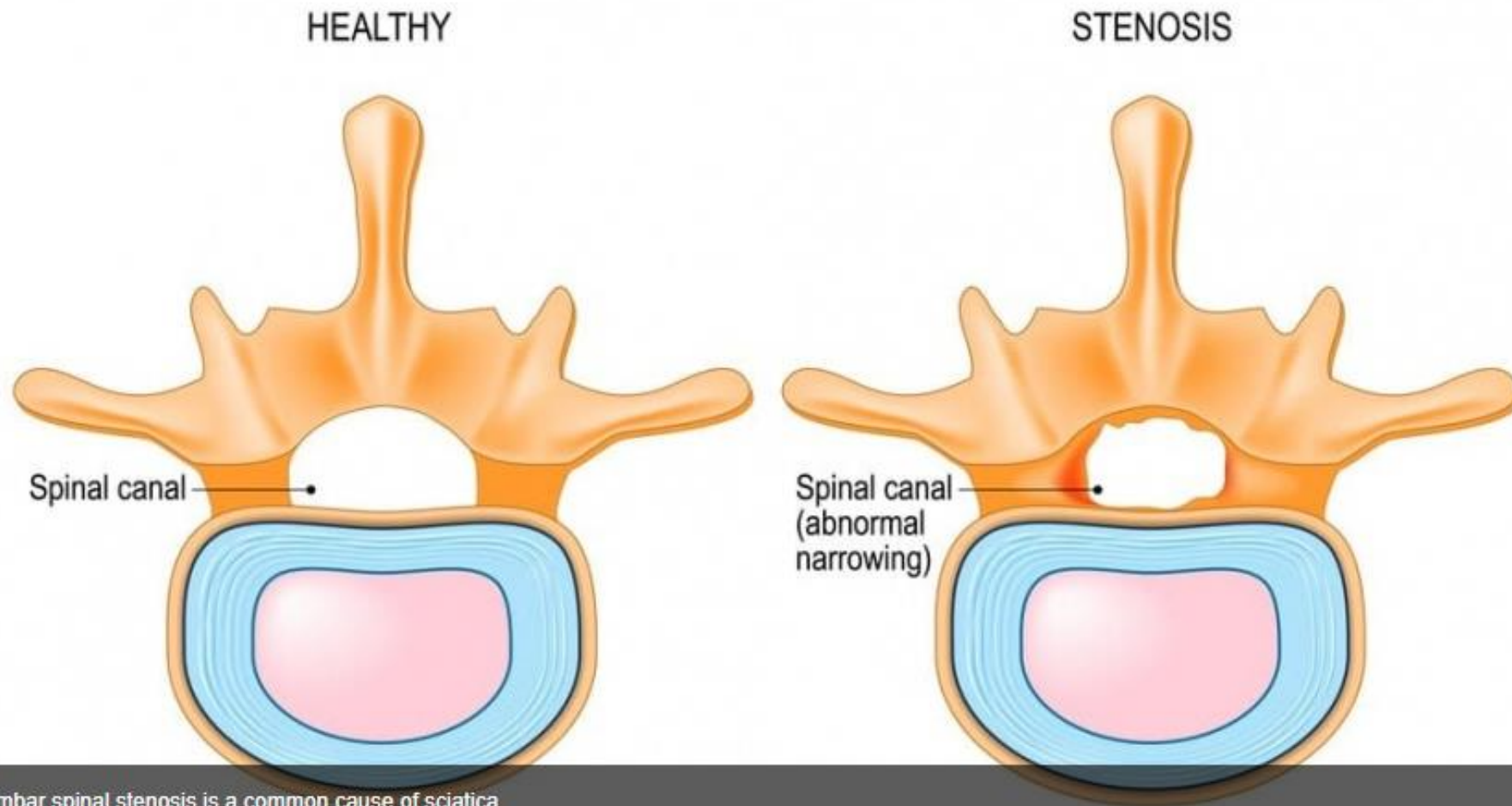
Herniated disk



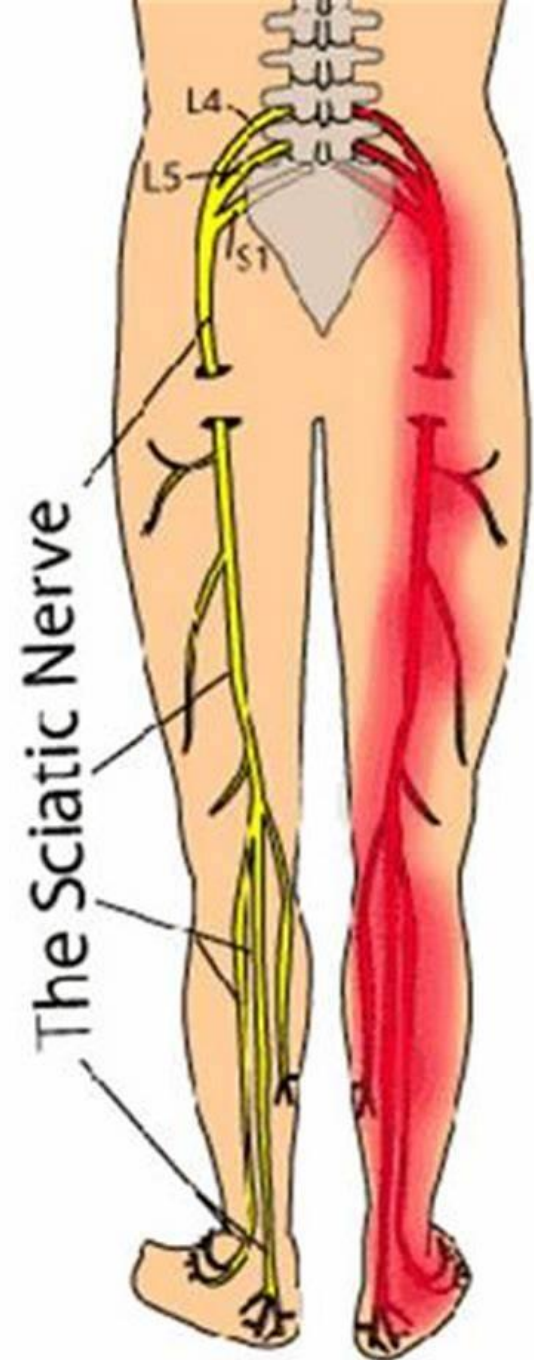
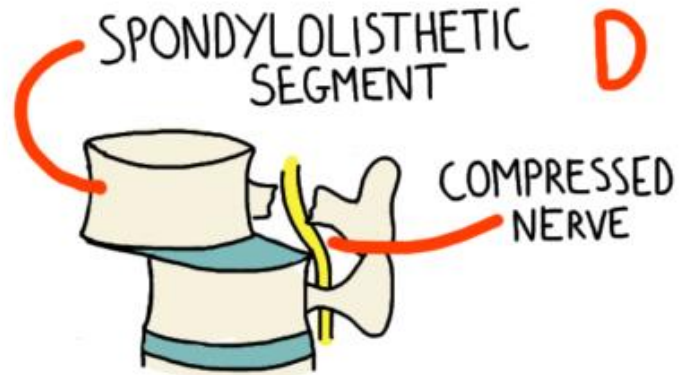
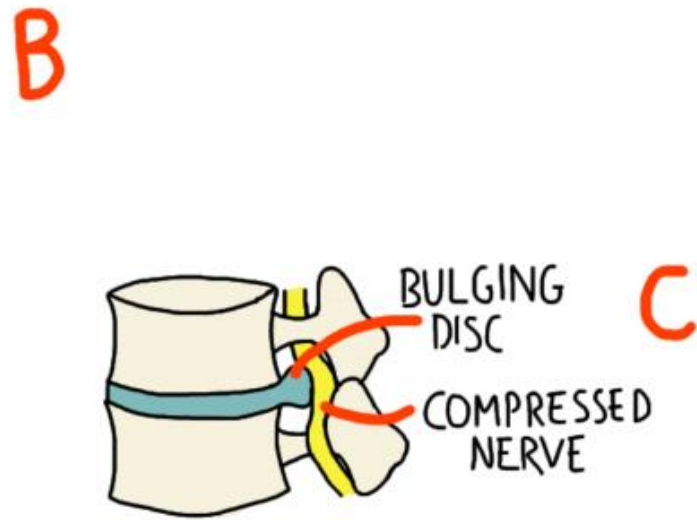
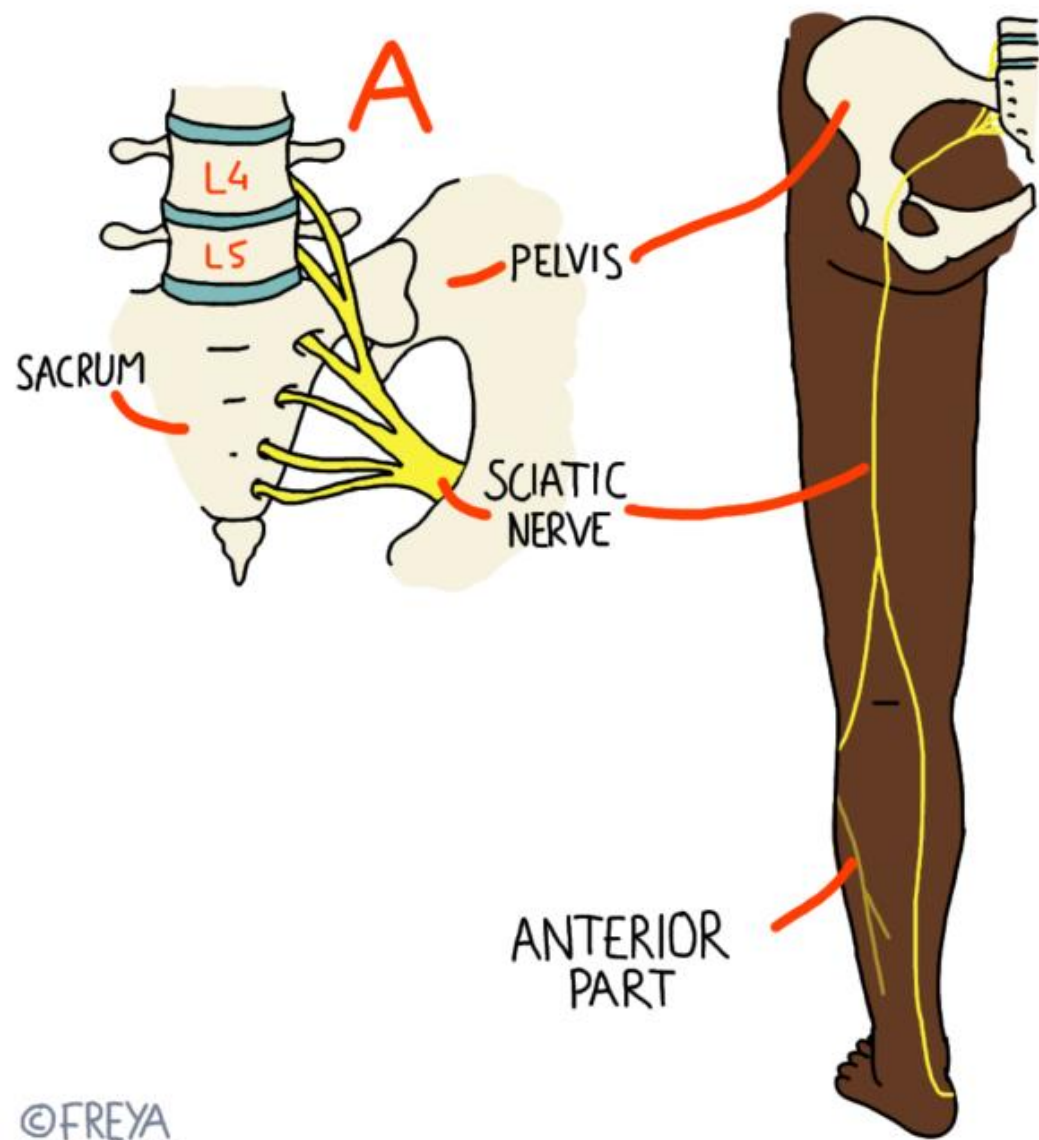
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Bone spurs on spine

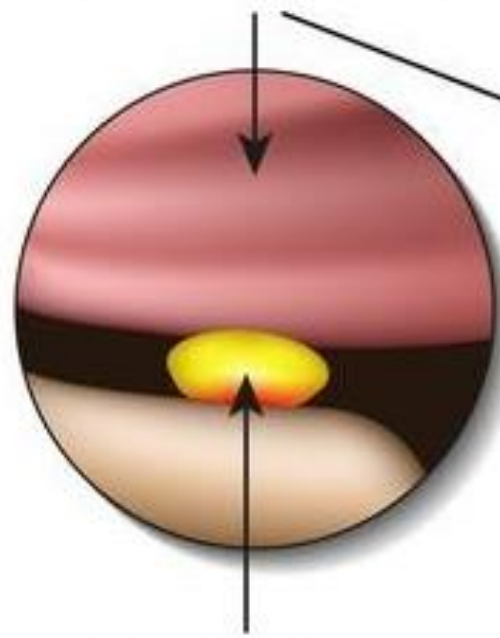
STENOSIS



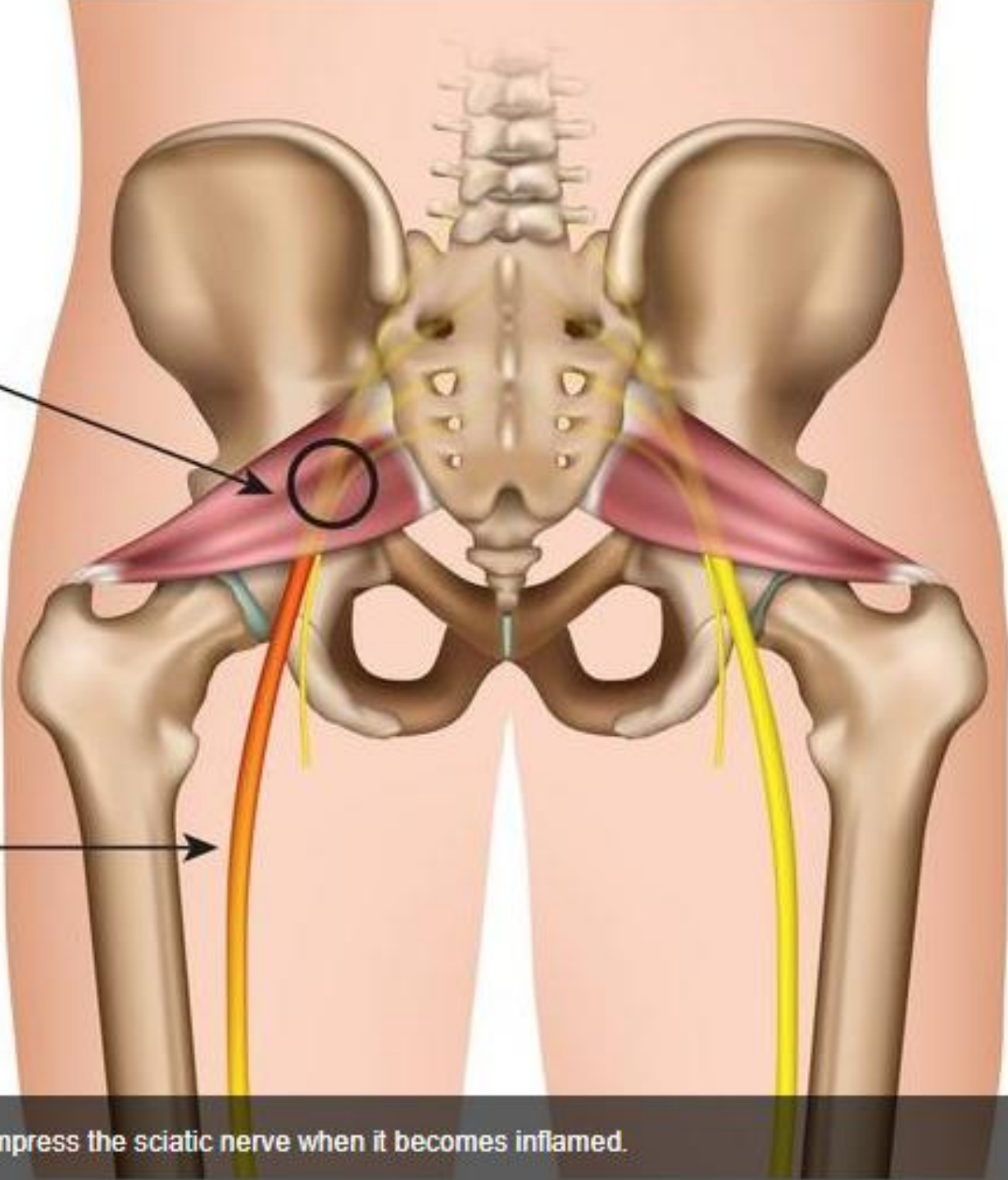
Lumbar spinal stenosis is a common cause of sciatica



Piriformis muscle



Sciatic nerve

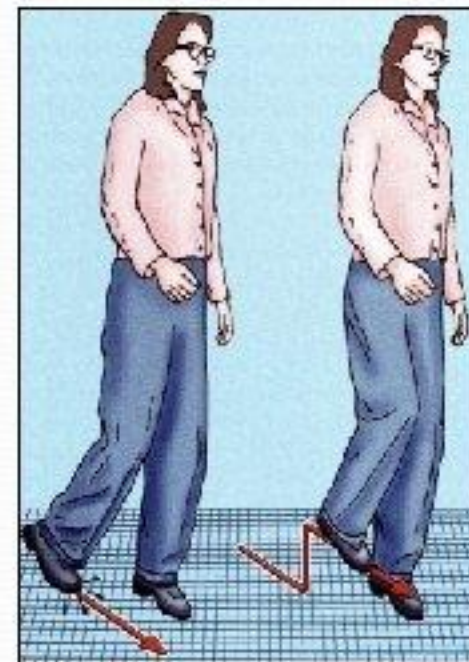
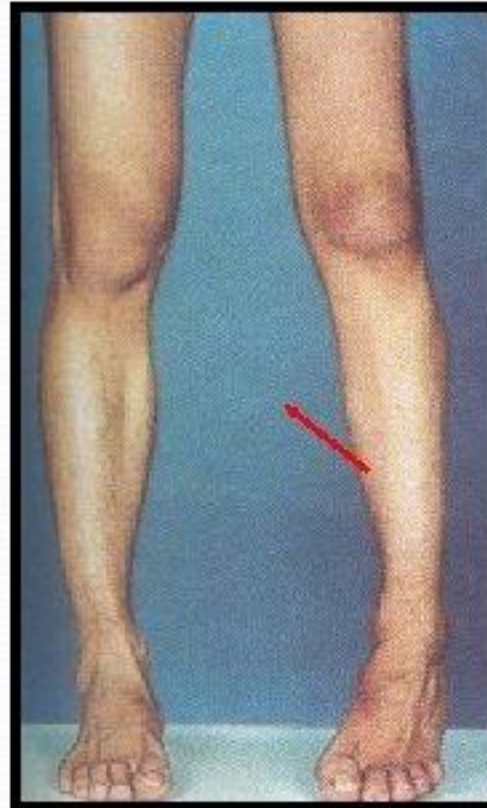


The piriformis is a hip muscle that can compress the sciatic nerve when it becomes inflamed.

EFFECTS OF SCIATIC NERVE INJURY

❑ MOTOR EFFECT:

- **Marked wasting of the muscles below the knee.**
- **Weak flexion of the knee** (sartorius & gracilis are intact).
- **Weak extension of hip** (gluteus maximus is intact).
- ⌘ All the muscles below the knee are paralyzed, and the weight of the foot causes it to assume the *plantar-flexed position*, or *Foot Drop*.
- ⌘ (*Stamping gait*).



Sciatic nerve injury



Deformity

- Foot drop.
- Wasting of the calf muscles
- Loss of Achilles tendon reflex



Foot drop

Cause

- Paralysis of muscles of the extensor and peroneal compartments (supplied by the common peroneal n.). The weight of the foot causes it to be plantar flexed.
- Muscles supplied by the tibial n.
- Gastrocnemius, soleus and plantaris (supplied by the tibial nerve).

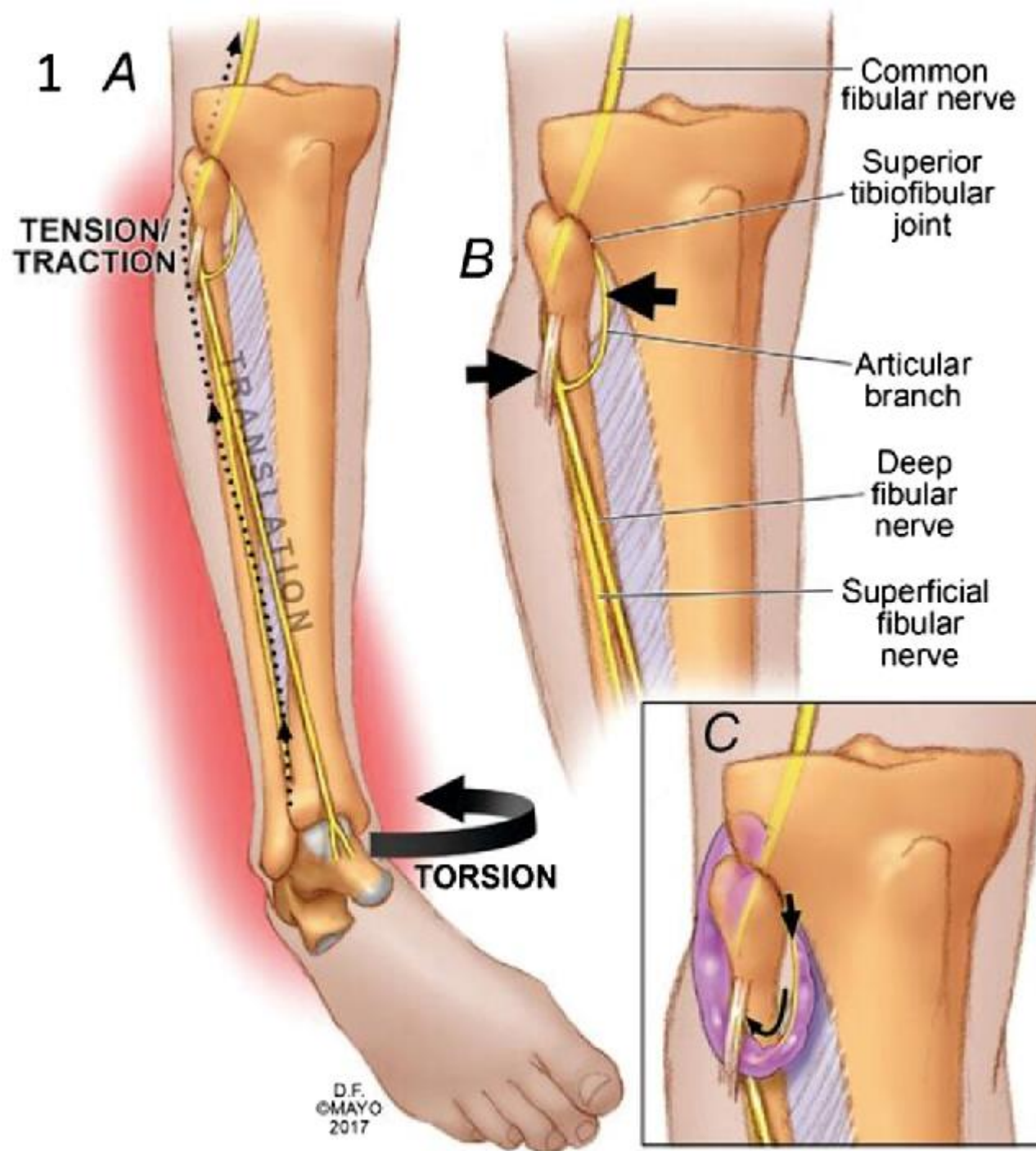


Wasting of calf muscles



Foot Drop





- A) a concomitant ankle injury and peroneal neuropathy
- B) fibulae tunnel
- C) an intraneural ganglion cyst

Post. Cutaneous n. of thigh

