Hip joint pt2

Paralysis of glutei medius and minimus
- One side paralysis leads to lurching gait
- Both sides paralysis lead to waddling gait (from side to side like the duck)

Trendelenburg's sign
- Paralysis of left superior gluteal nerve
- When standing on normal right lower limb
  - right glutei medius and minimus contracted to prevent tilting of the pelvis to the affected left side
- When standing on the affected left limb
  - pelvis tilting to the normal right side due to loss of actions of left glutei medius and minimus

Gower's sign
- Injury of inferior gluteal nerve
  - Paralysis of the gluteus maximus muscle
  - leading to difficult in climbing up stairs and rising from the floor is squatting position
- in Paralysis of the muscle the patient Cannot stand without support, he rises slowly supporting his hand on his leg then on his thigh. He climbs on himself

Neck of the femur
- It is long and oblique position allows the lower limb to swing easily clear of the pelvis
- If fractured, the shaft is free and rotate laterally around its own axis
- Types: Intracapsular and extracapsular

Fracture of the upper part of femur
- Proximal segment
  - Flexion and lateral rotation by iliopsoas
  - Abduction by gluteus medius, minimus
- Distal segment is pulled medially by the adductor muscles

Nerve supply of hip joint
- Femoral nerve (Nerve to rectus femoris)
- Obturator nerve (anterior branch)
- Nerve to quadratus femoris

Blood supply
- Arterial supply (anastomoses around the neck of the femur)
  - Ascending branch of the medial circumflex femoral artery
  - Ascending branch of the lateral circumflex femoral artery
  - Acetabular branch of the obturator artery
  - Superior gluteal artery
  - Inferior gluteal artery

Nelaton's line
- a line drawn from the anterior superior iliac spine to the ischial tuberosity
  - This line normally passes on the top of the greater trochanter
- Dislocation of the hip joint, the top of the greater trochanter is raised above the line

Stability of the hip joint
- It is very strong and stable joint due to the following factors:
  - 1- The depth of acetabulum to accommodate greater part of head of the femur
  - 2- The strong ligaments around the joint
  - 3- The strong muscles around the join

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