

An anatomical drawing of a human foot and ankle, showing the bones and joints in detail. The drawing is a study of the skeletal structure, including the tibia, fibula, tarsals, metatarsals, and phalanges. It is presented in a classical, scientific style with fine lines and shading to show depth and texture. There are several blocks of handwritten text in a cursive script, likely Latin or Italian, interspersed throughout the drawing, providing descriptive notes for the anatomical features.

Yoga Therapy for the Foot

presented by

Dr. Steven Paredes, D.C., C.C.N., C.C.S.P.

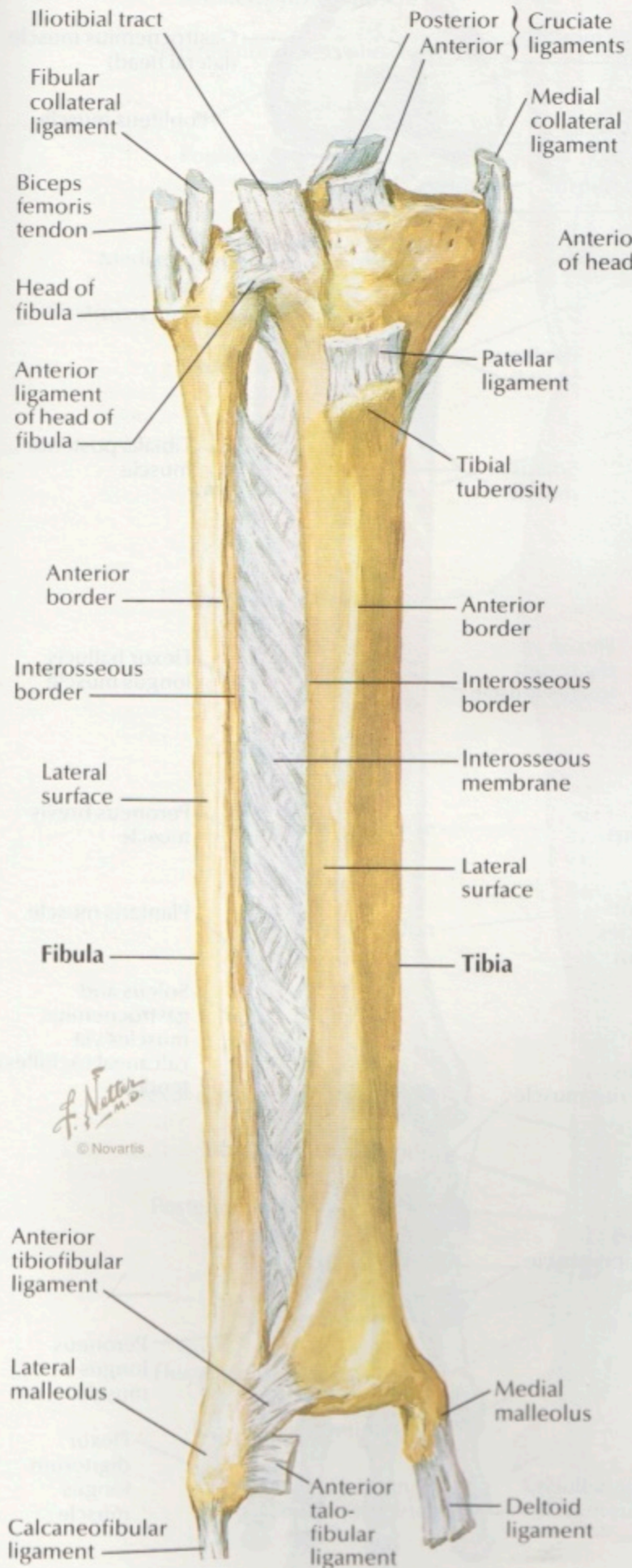
222 Acacia Ave Solana beach, Ca 92075

858-794-9454

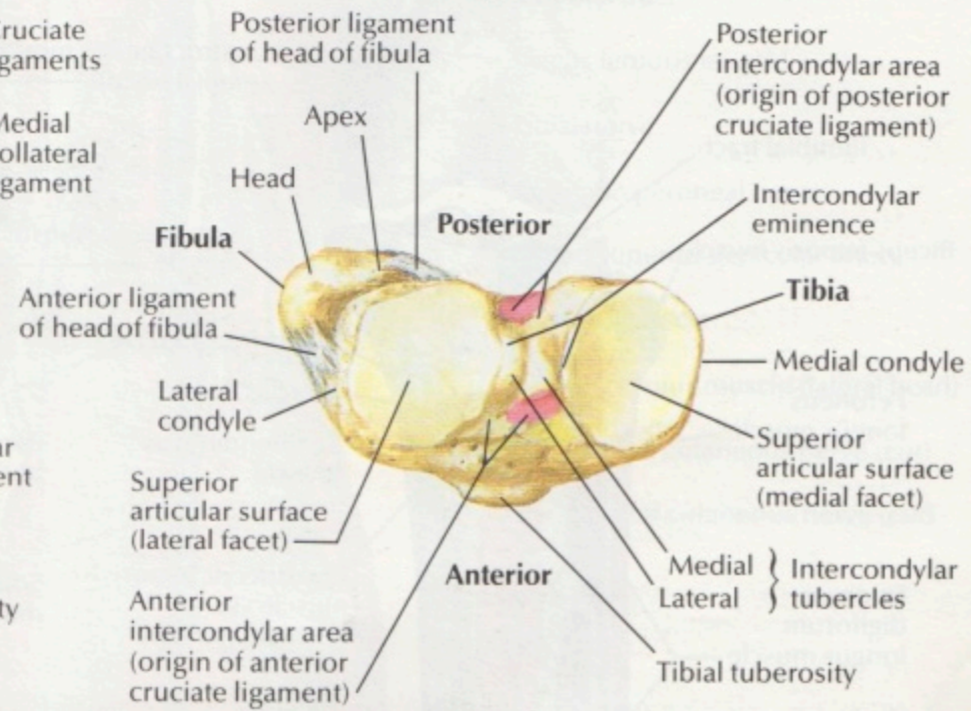
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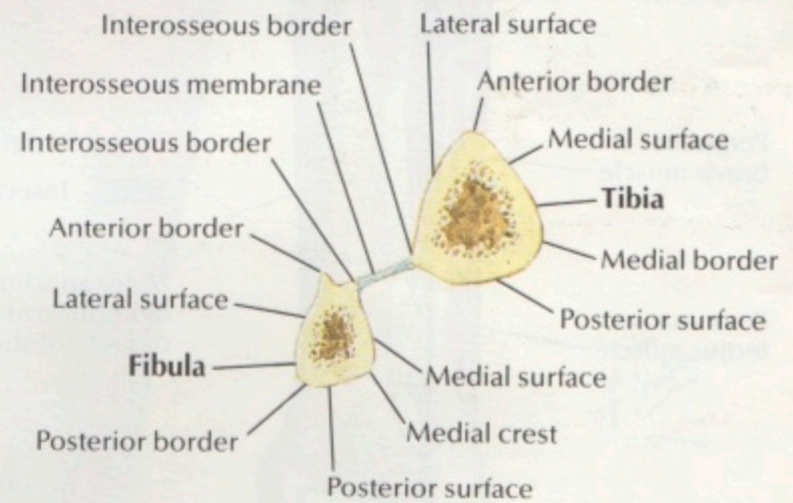
Anterior view with ligament attachments



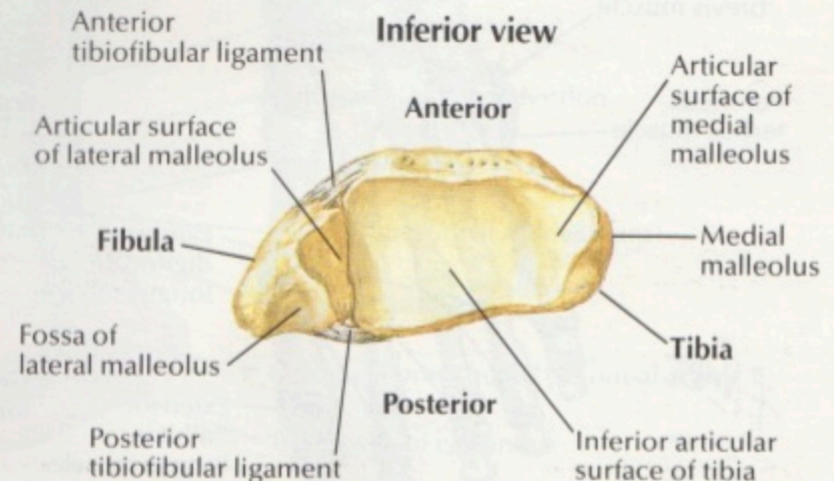
Superior view



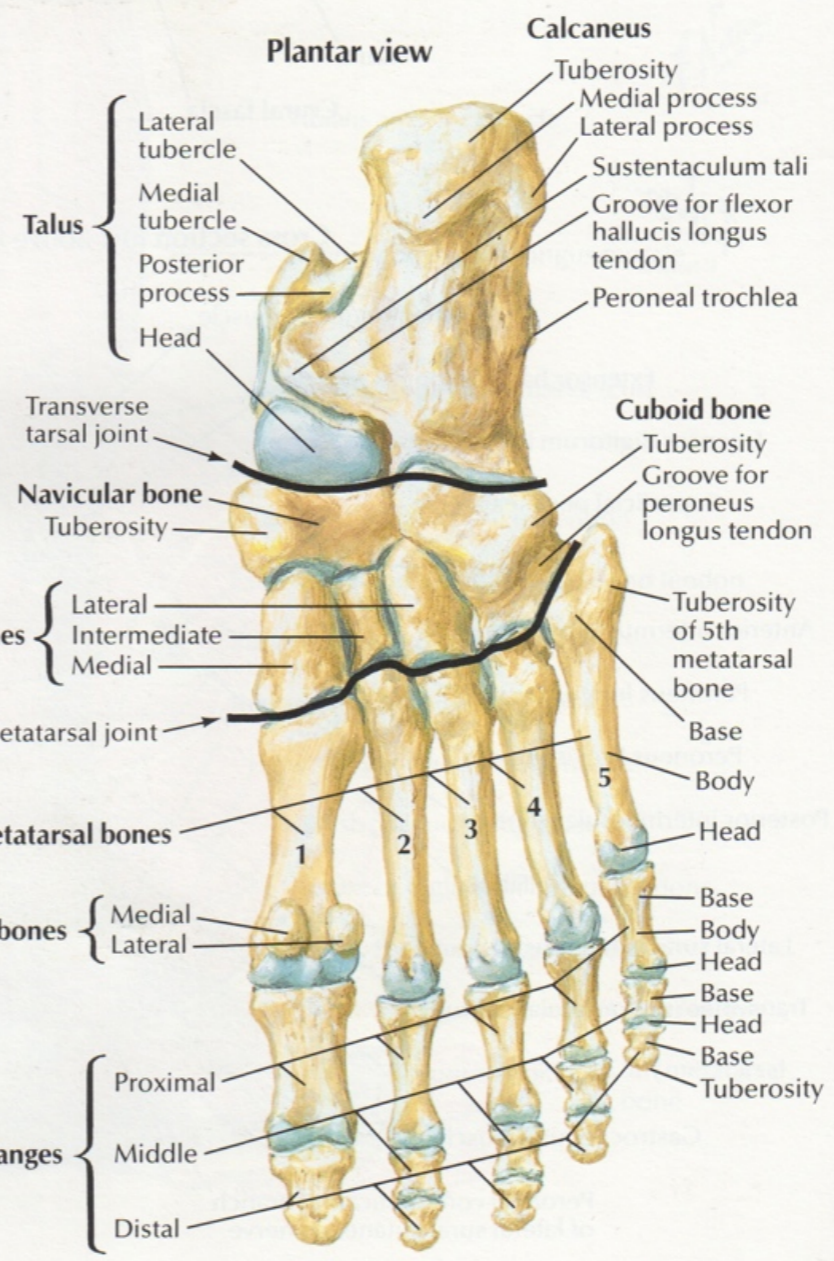
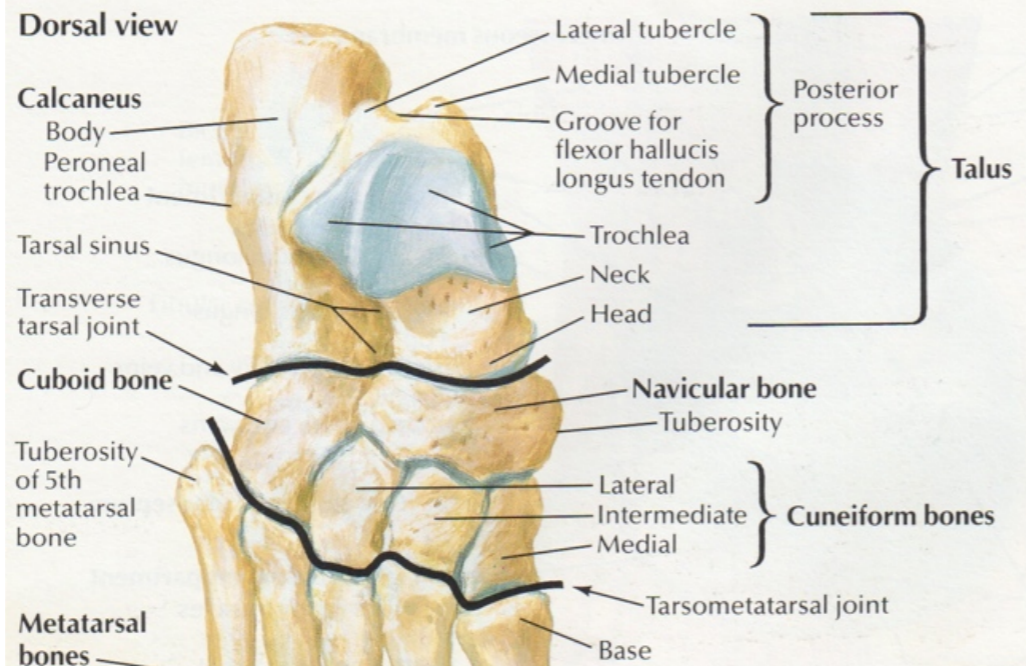
Cross section



Inferior view



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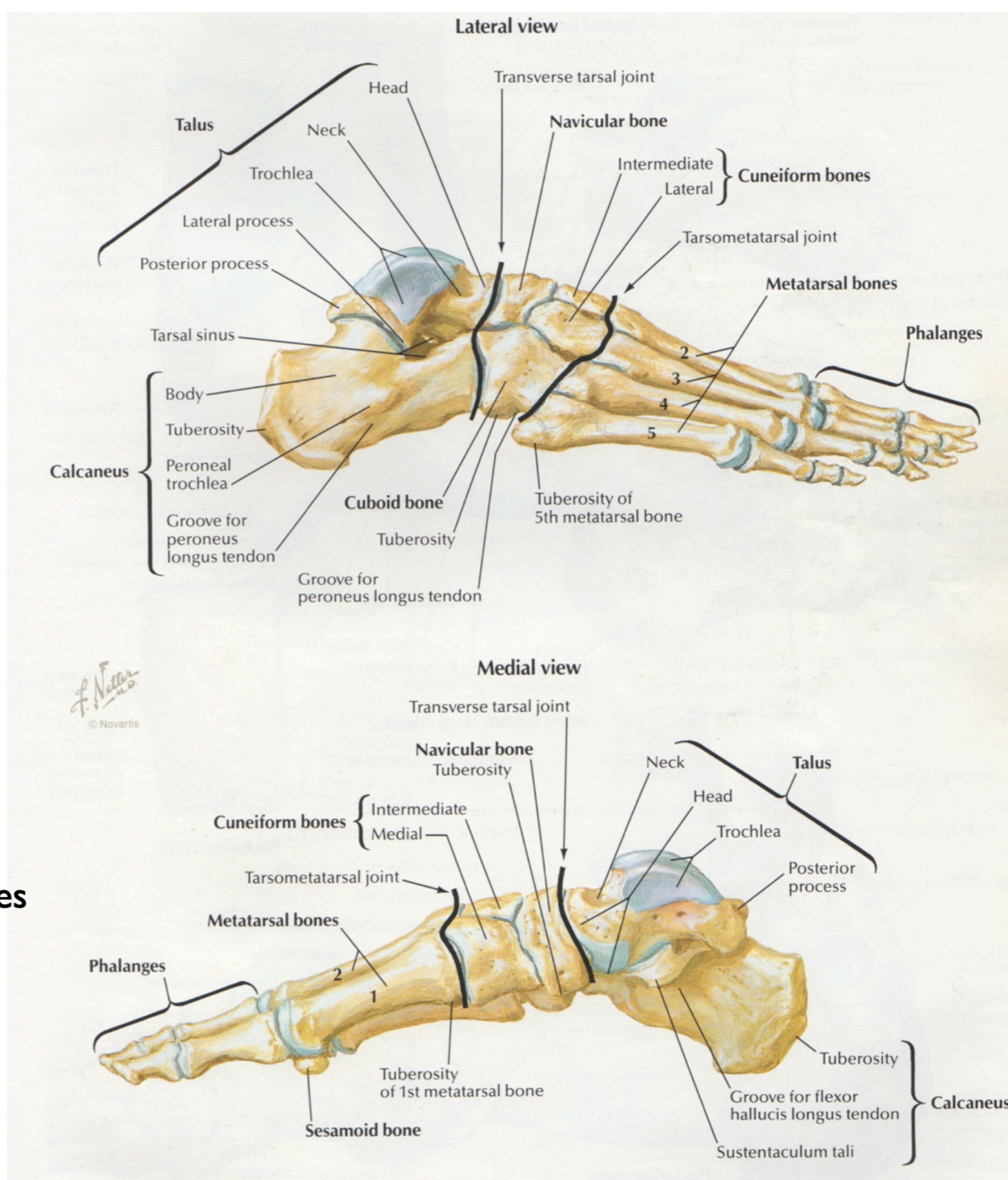


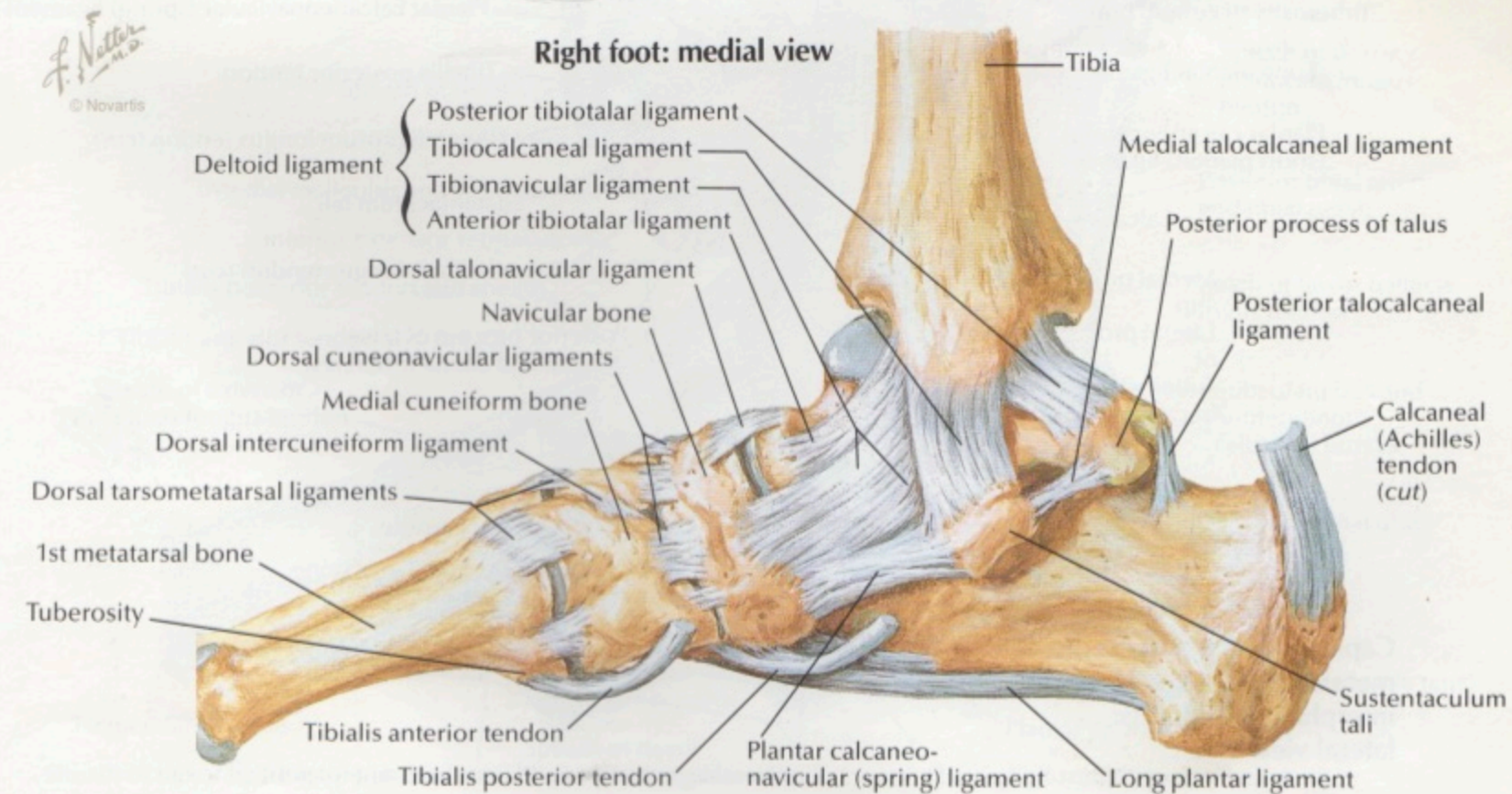
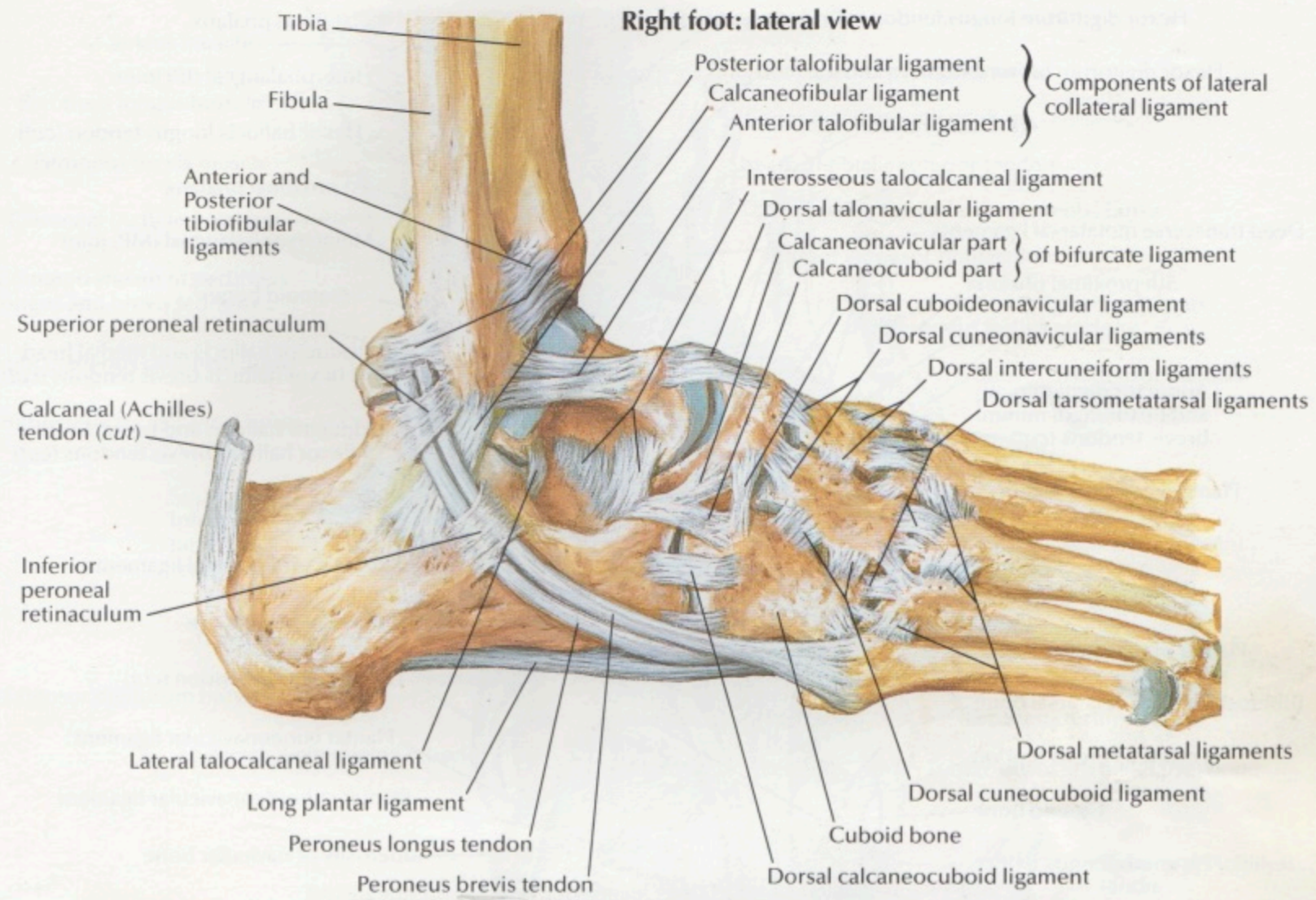
Bones of the Foot

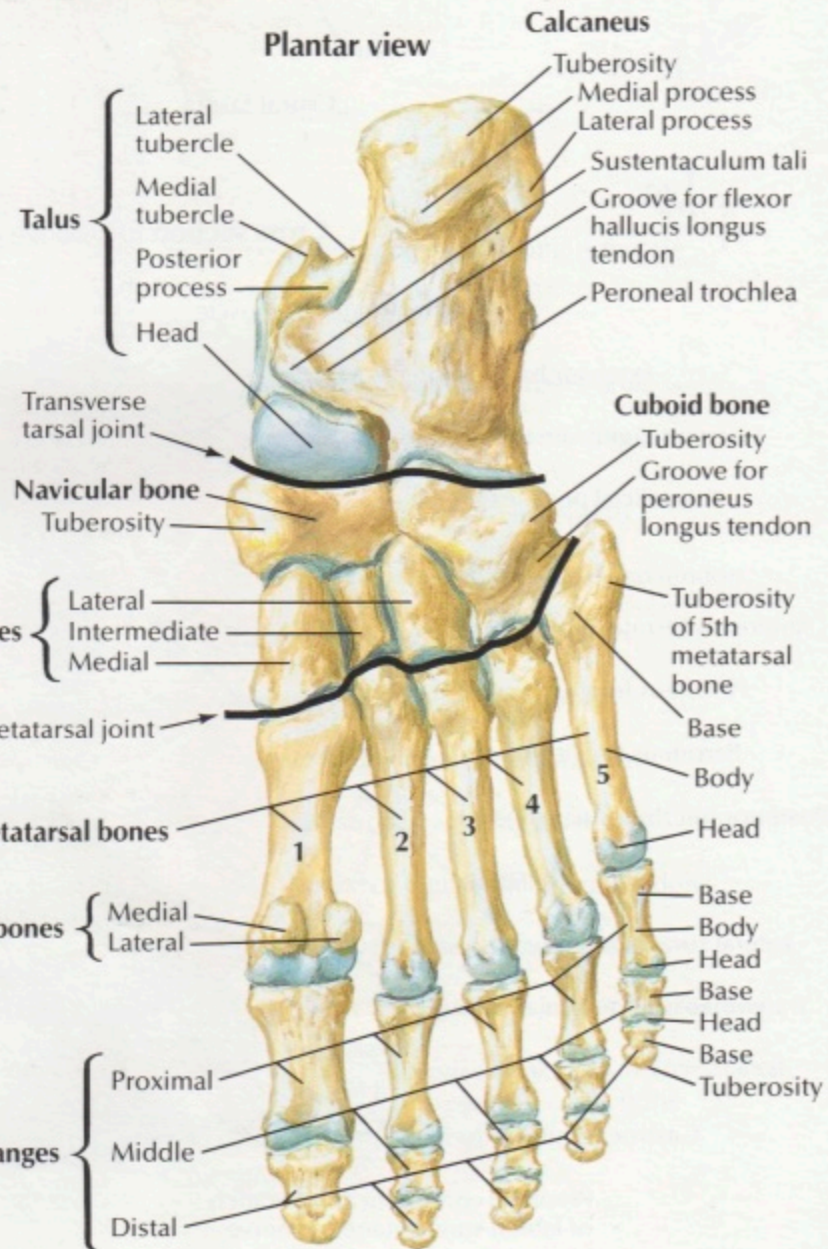
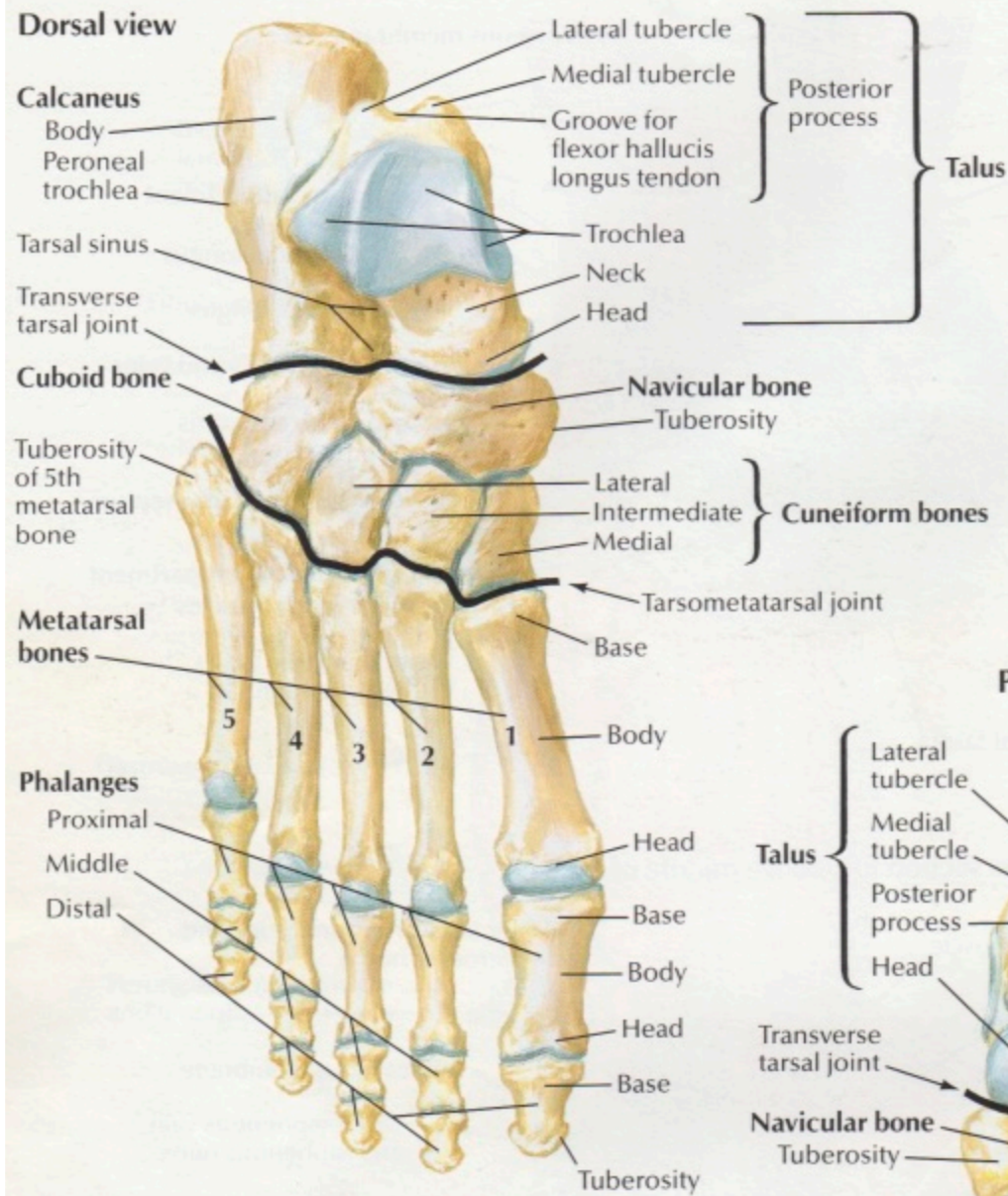
- Hind Foot : talus, calcaneus

- Mid Foot : navicular, cuboid and cuneiform bones

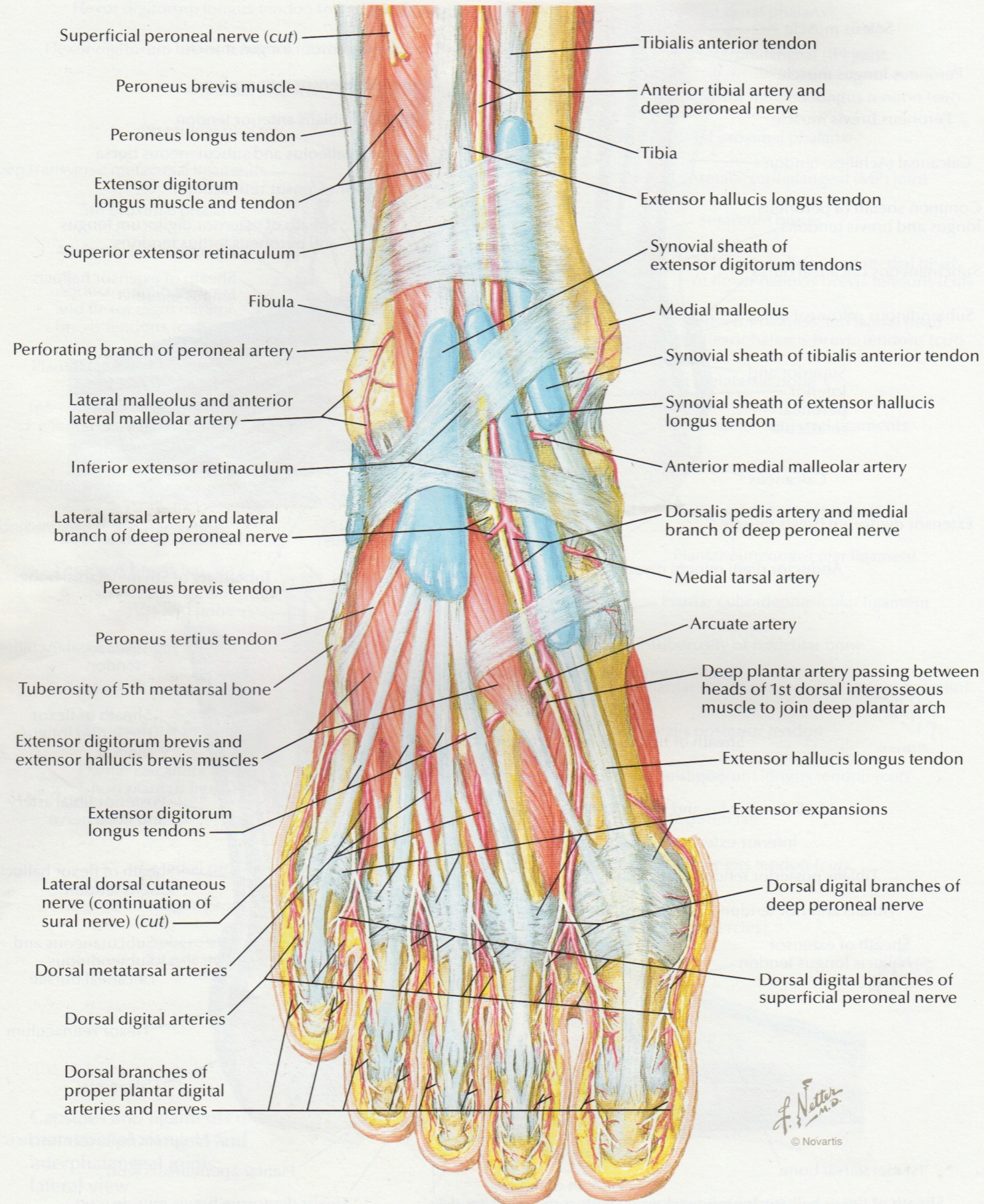
- Fore Foot : metatarsal and phalanges



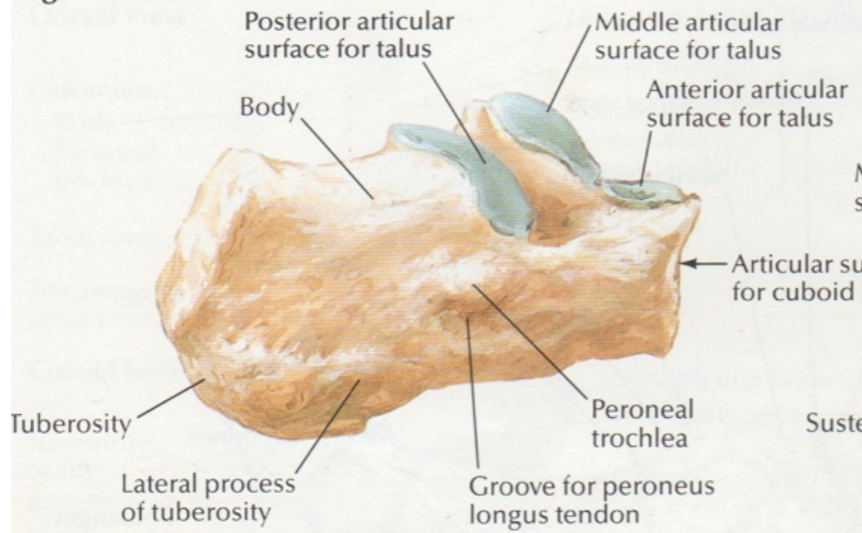




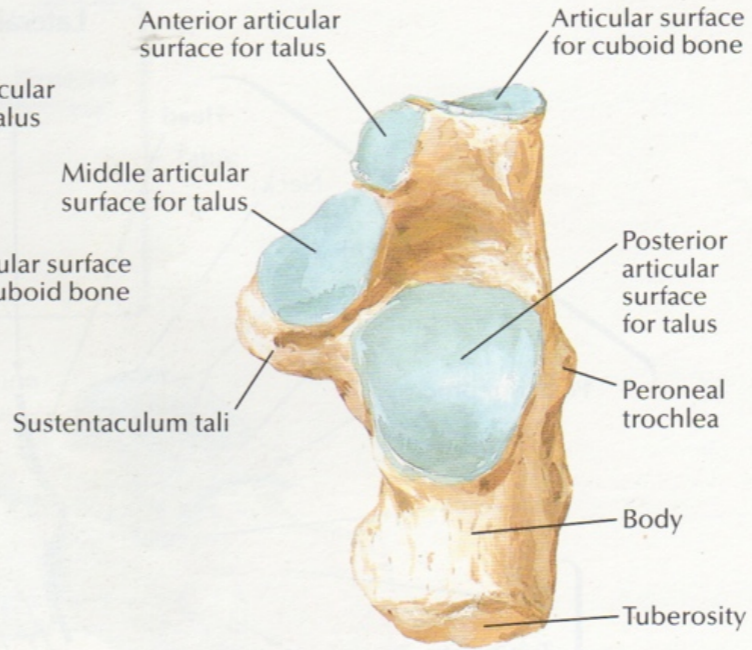
Muscles of Dorsum of Foot: Superficial Dissection



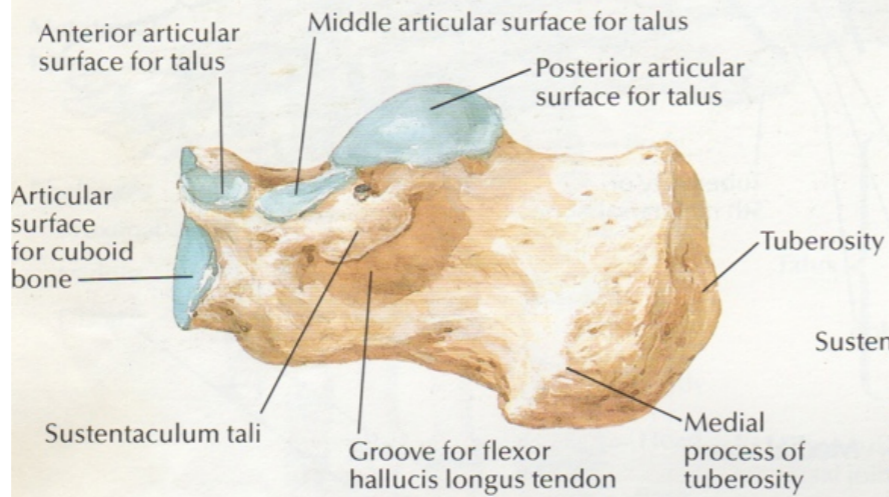
Right foot



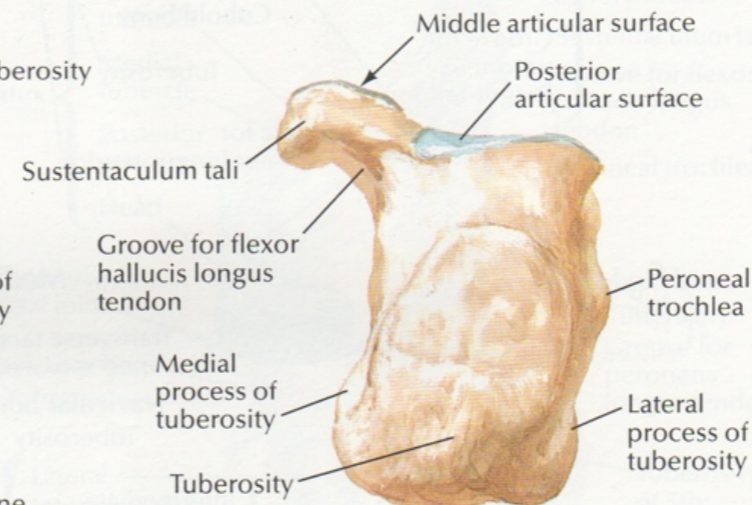
Lateral view



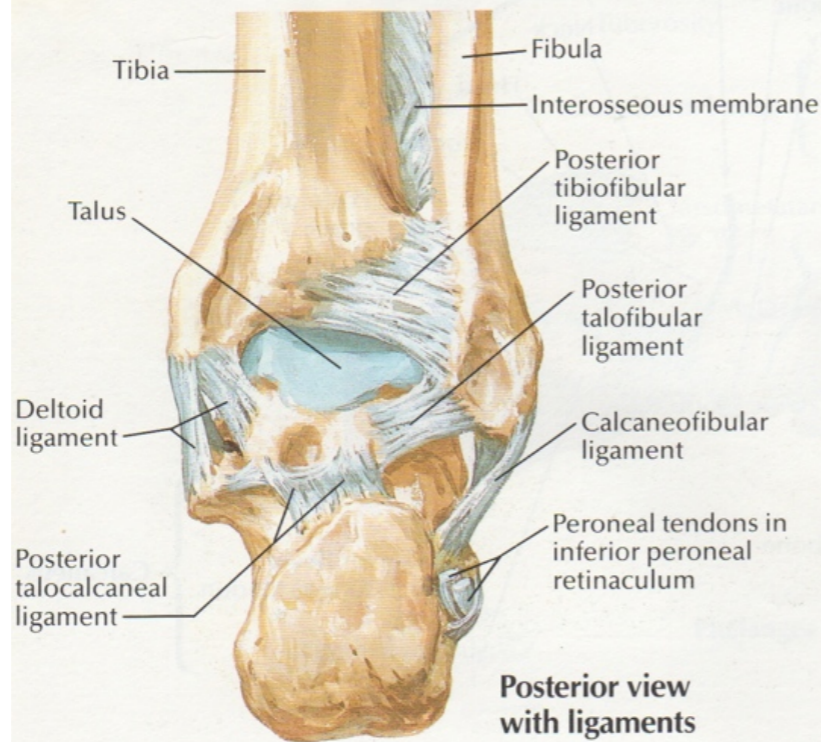
Superior view



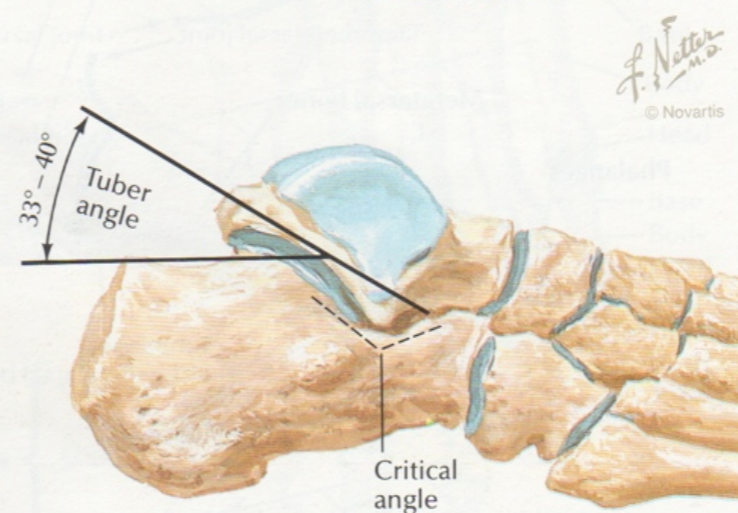
Medial view



Posterior view



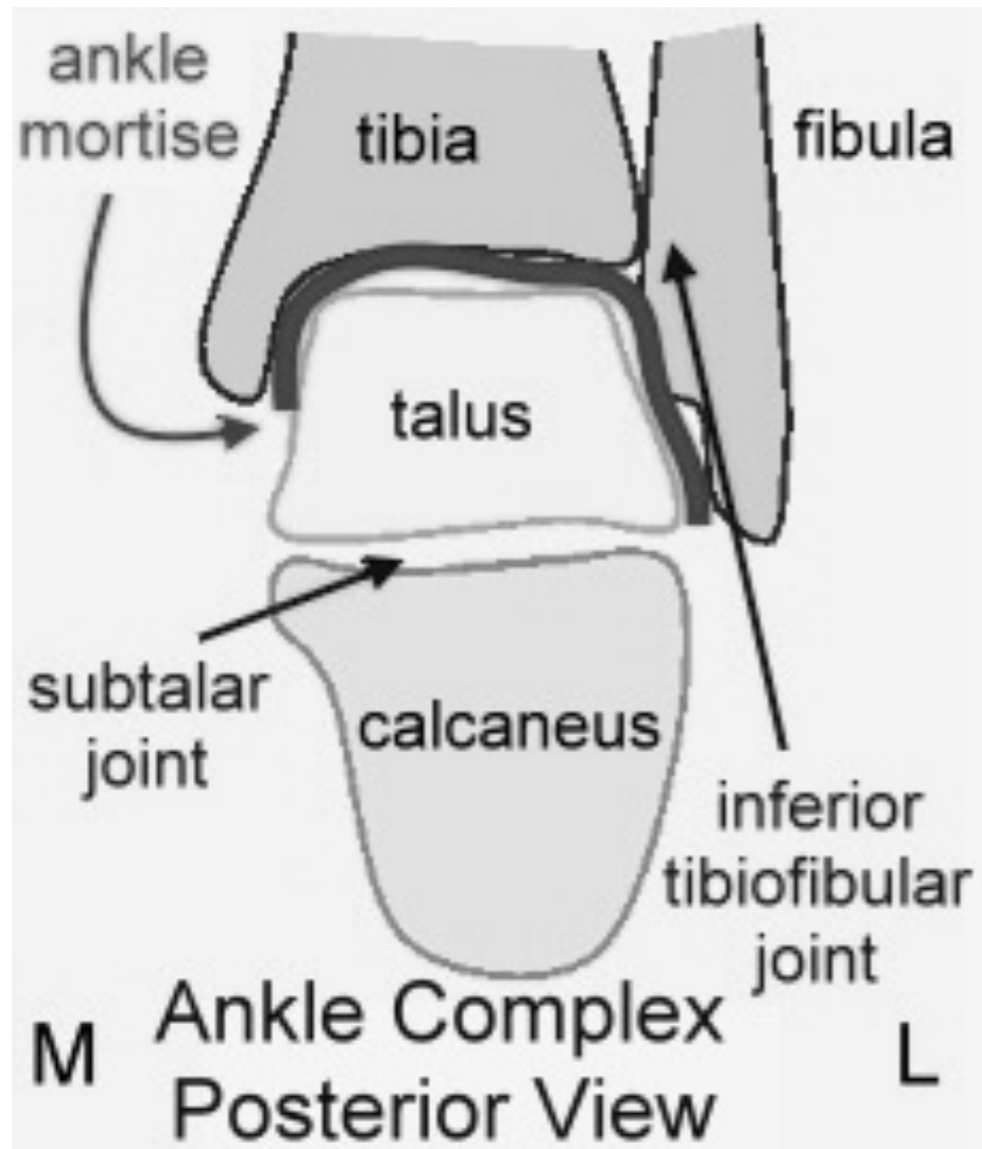
Posterior view with ligaments



Functional relations of calcaneus

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Hind Foot

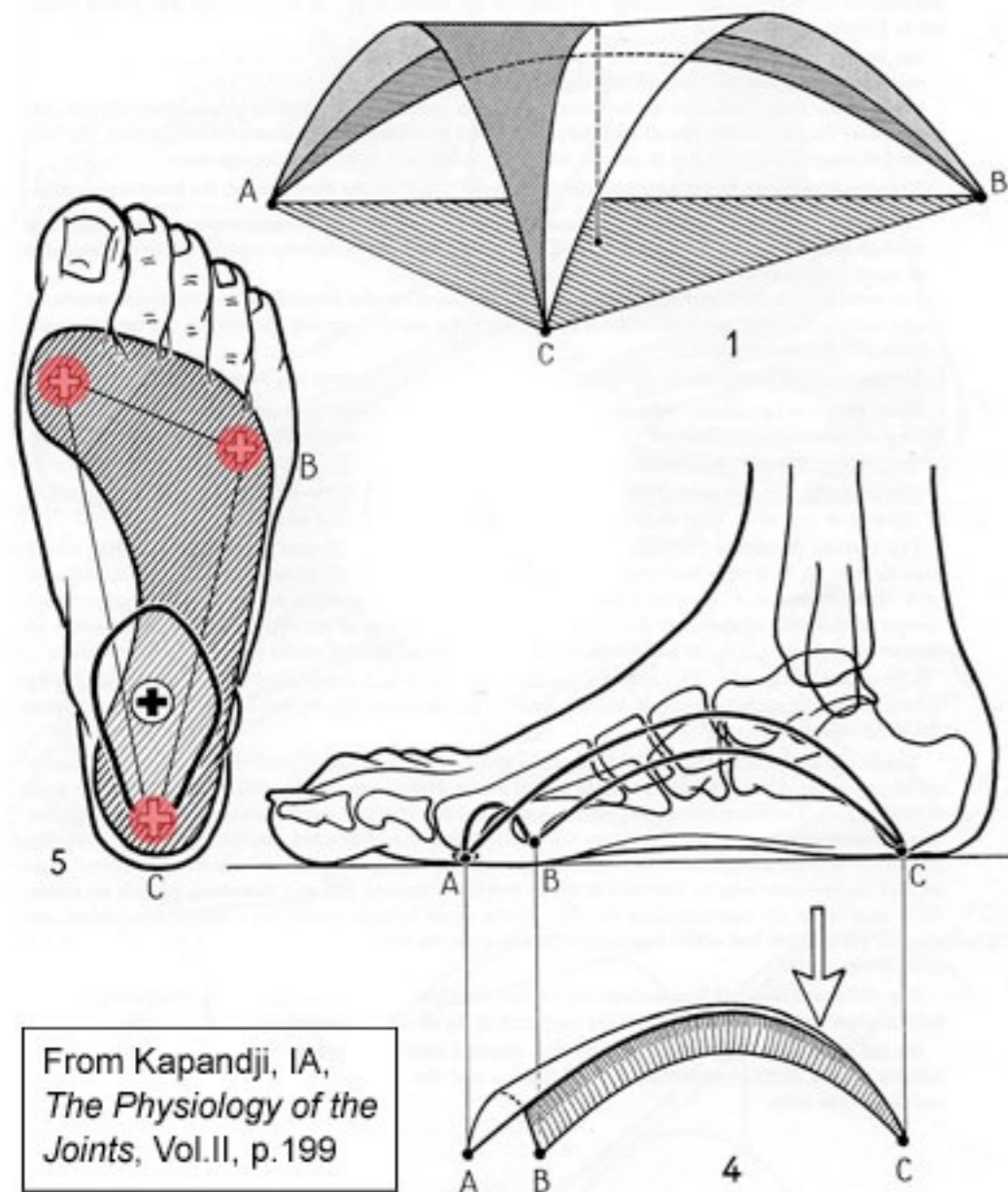


Arches of Foot

-A to C is the Medial Arch or Longitudinal

-B to C is the Lateral Arch

-A to B is the Transverse Arch



From Kapandji, IA,
*The Physiology of the
Joints*, Vol.II, p.199







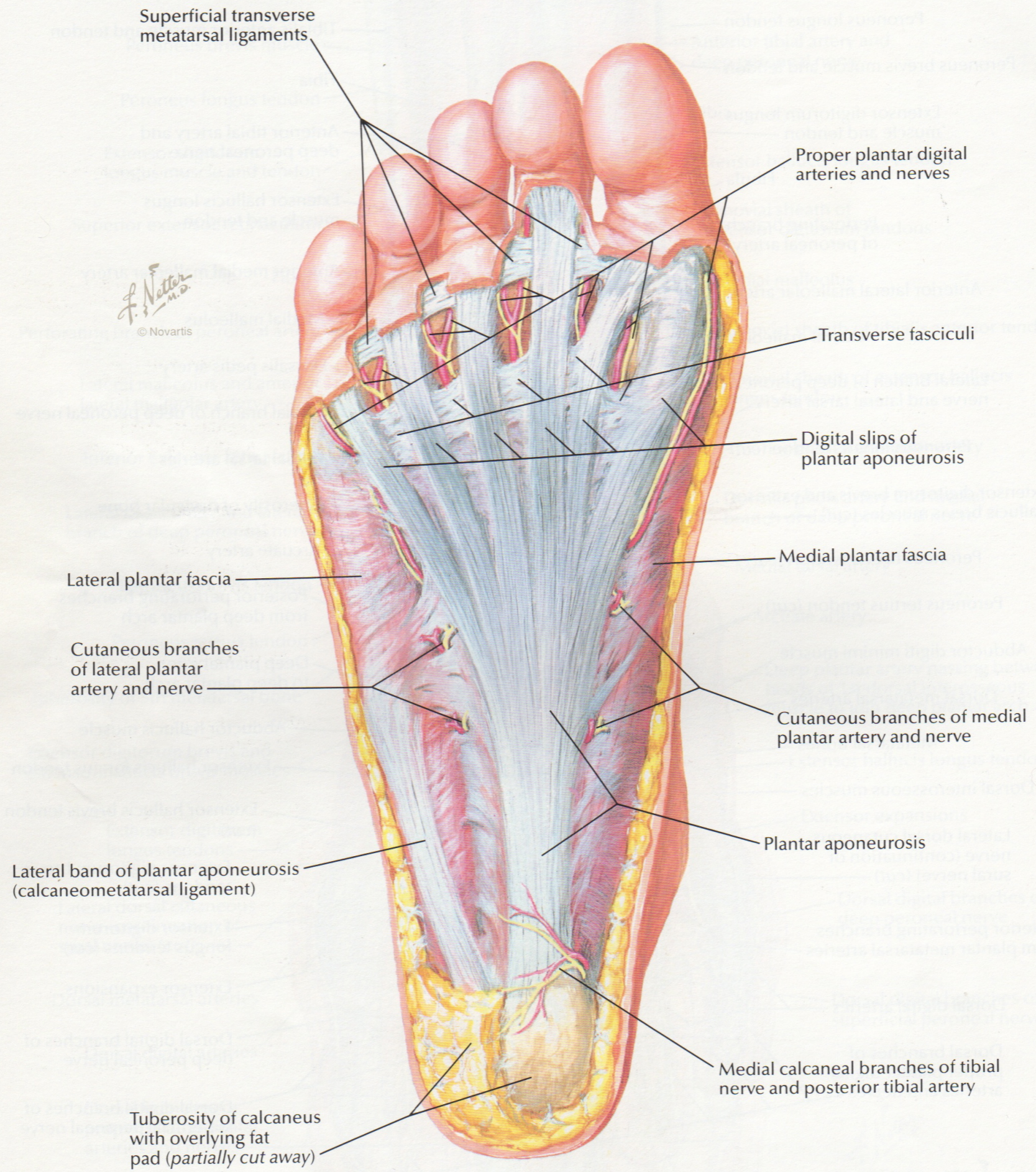
ARCH TYPE	FOOT ALIGNMENT	SHOE TYPE
 normal arch	 neutral	STABILITY SHOE
 high arch	 supinator	CUSHIONED SHOE
 flatfoot	 pronator	MOTION CONTROL SHOE

Fig. 3



Superficial transverse metatarsal ligaments

Proper plantar digital arteries and nerves

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Transverse fasciculi

Digital slips of plantar aponeurosis

Lateral plantar fascia

Medial plantar fascia

Cutaneous branches of lateral plantar artery and nerve

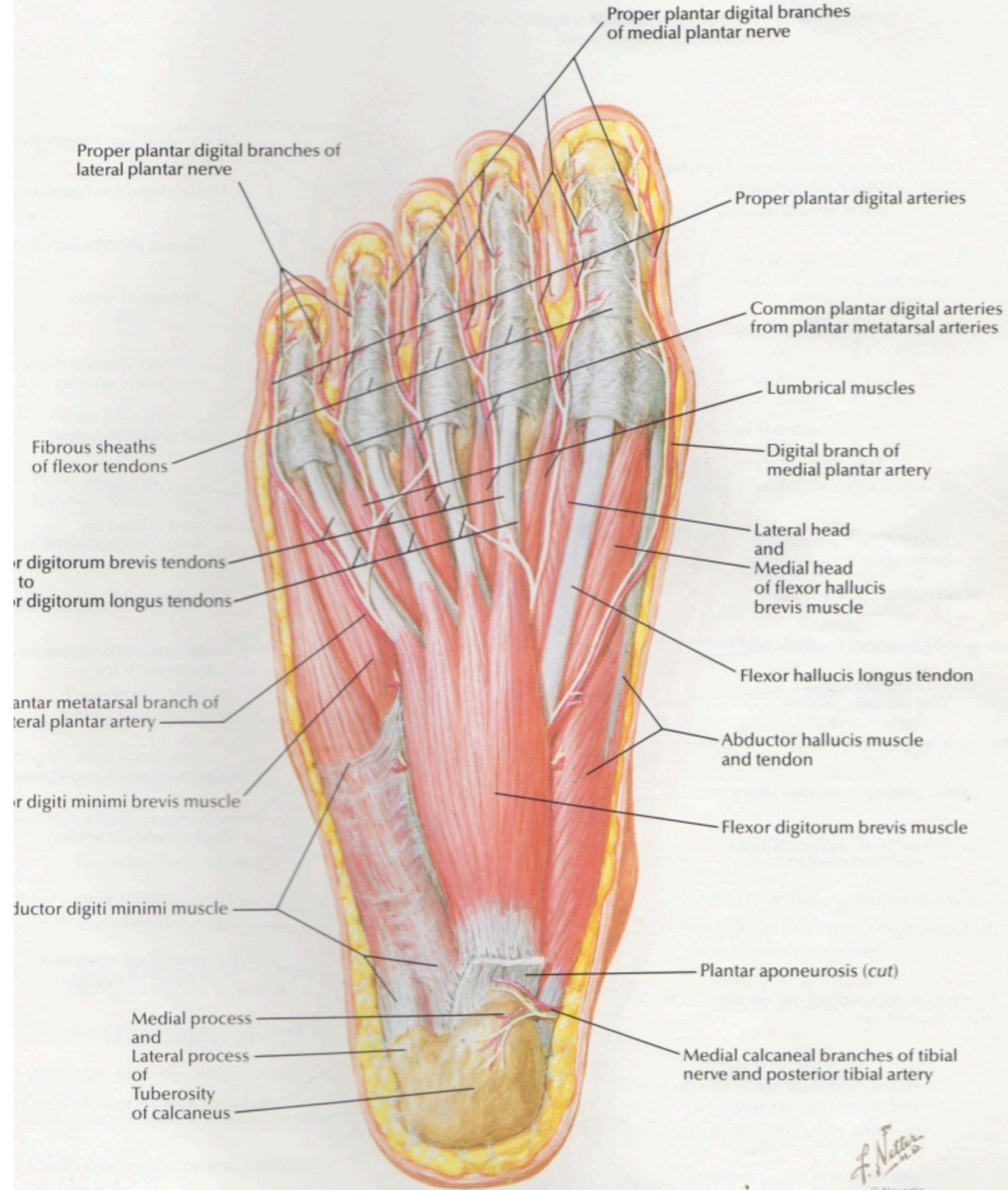
Cutaneous branches of medial plantar artery and nerve

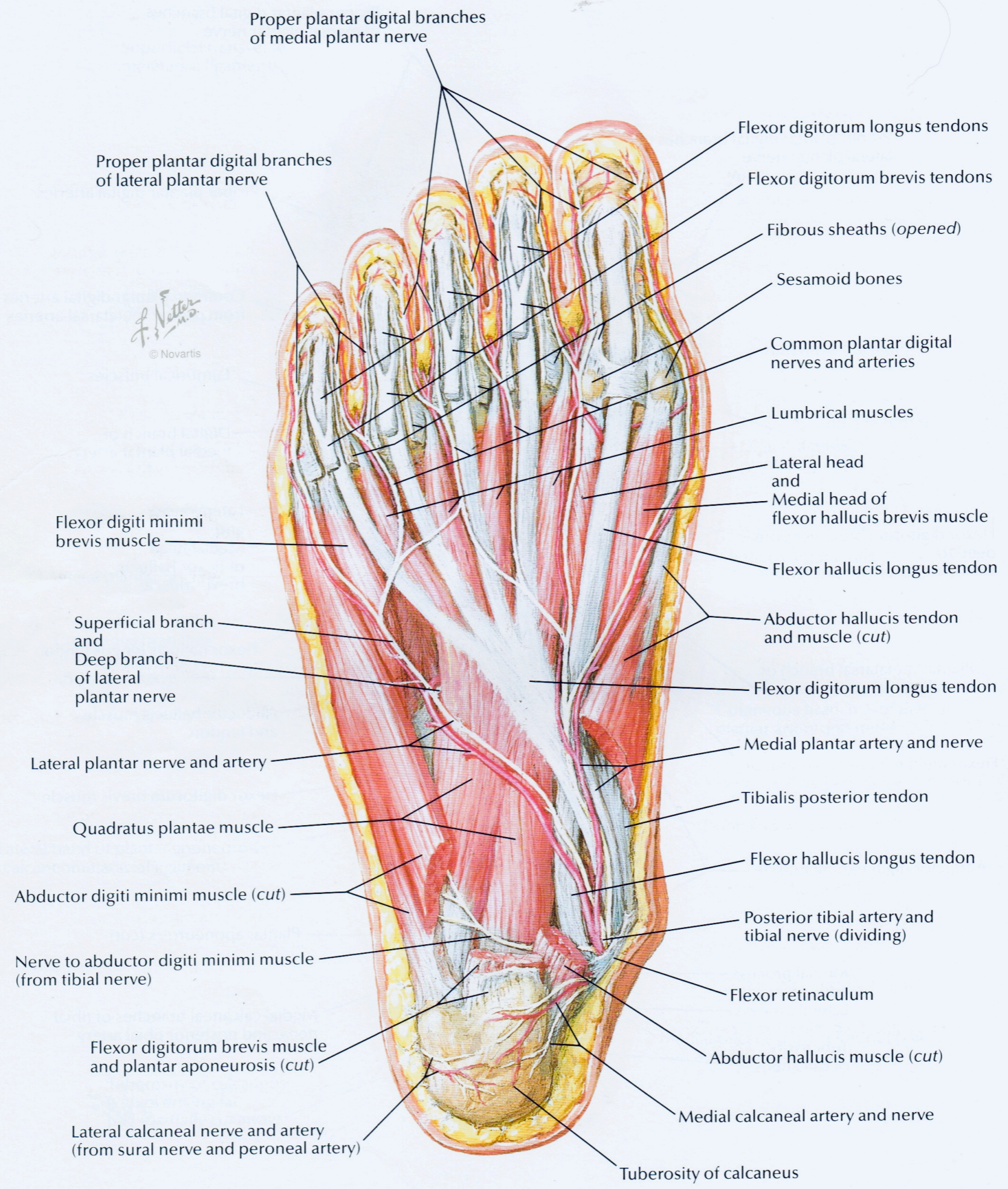
Lateral band of plantar aponeurosis (calcaneometatarsal ligament)

Plantar aponeurosis

Tuberosity of calcaneus with overlying fat pad (partially cut away)

Medial calcaneal branches of tibial nerve and posterior tibial artery





Proper plantar digital branches of medial plantar nerve

Proper plantar digital branches of lateral plantar nerve

Flexor digitorum longus tendons

Flexor digitorum brevis tendons

Fibrous sheaths (*opened*)

Sesamoid bones

Common plantar digital nerves and arteries

Lumbrical muscles

Lateral head and Medial head of flexor hallucis brevis muscle

Flexor hallucis longus tendon

Abductor hallucis tendon and muscle (*cut*)

Flexor digitorum longus tendon

Medial plantar artery and nerve

Tibialis posterior tendon

Flexor hallucis longus tendon

Posterior tibial artery and tibial nerve (*dividing*)

Flexor retinaculum

Abductor hallucis muscle (*cut*)

Medial calcaneal artery and nerve

Tuberosity of calcaneus

Flexor digiti minimi brevis muscle

Superficial branch and Deep branch of lateral plantar nerve

Lateral plantar nerve and artery

Quadratus plantae muscle

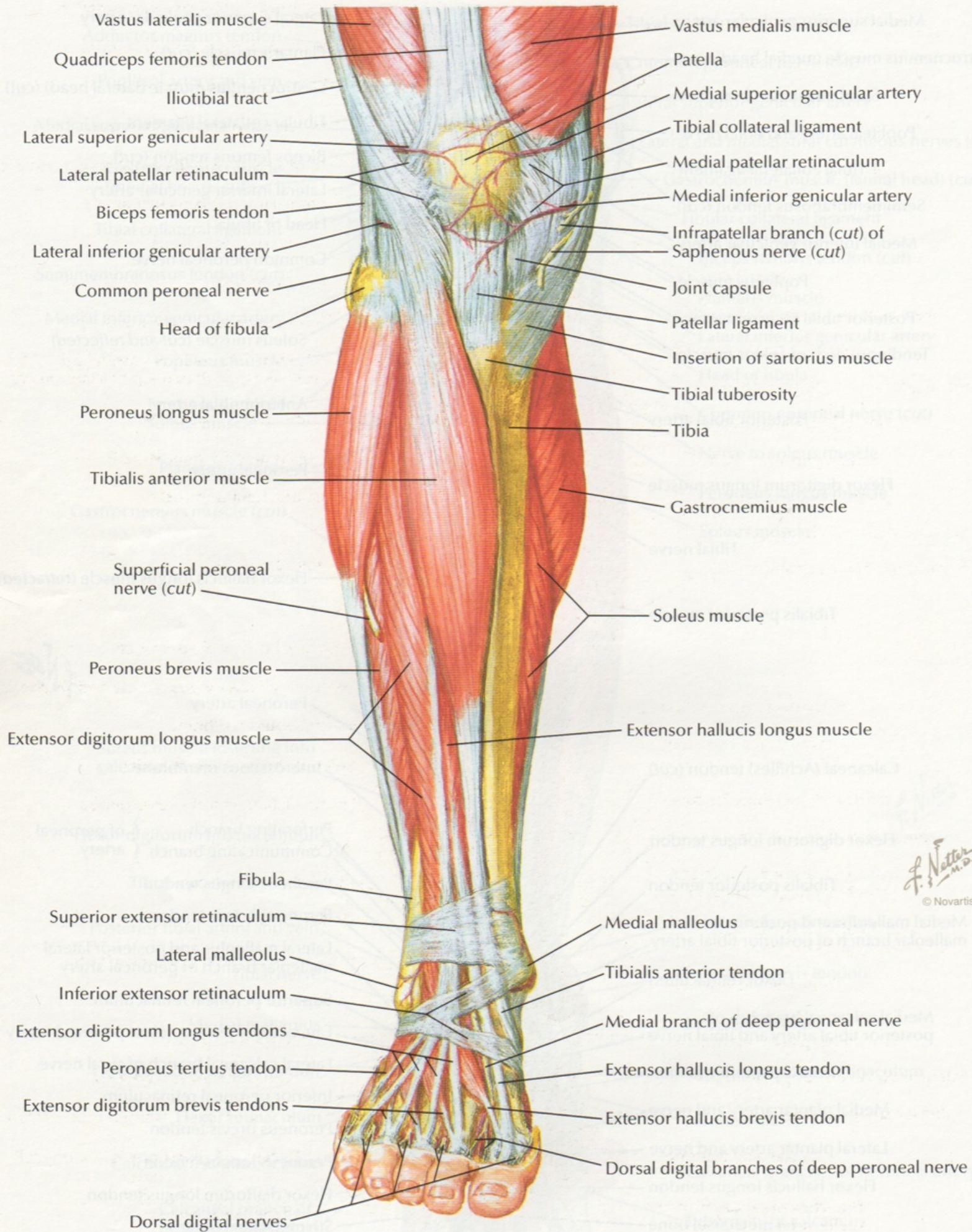
Abductor digiti minimi muscle (*cut*)

Nerve to abductor digiti minimi muscle (from tibial nerve)

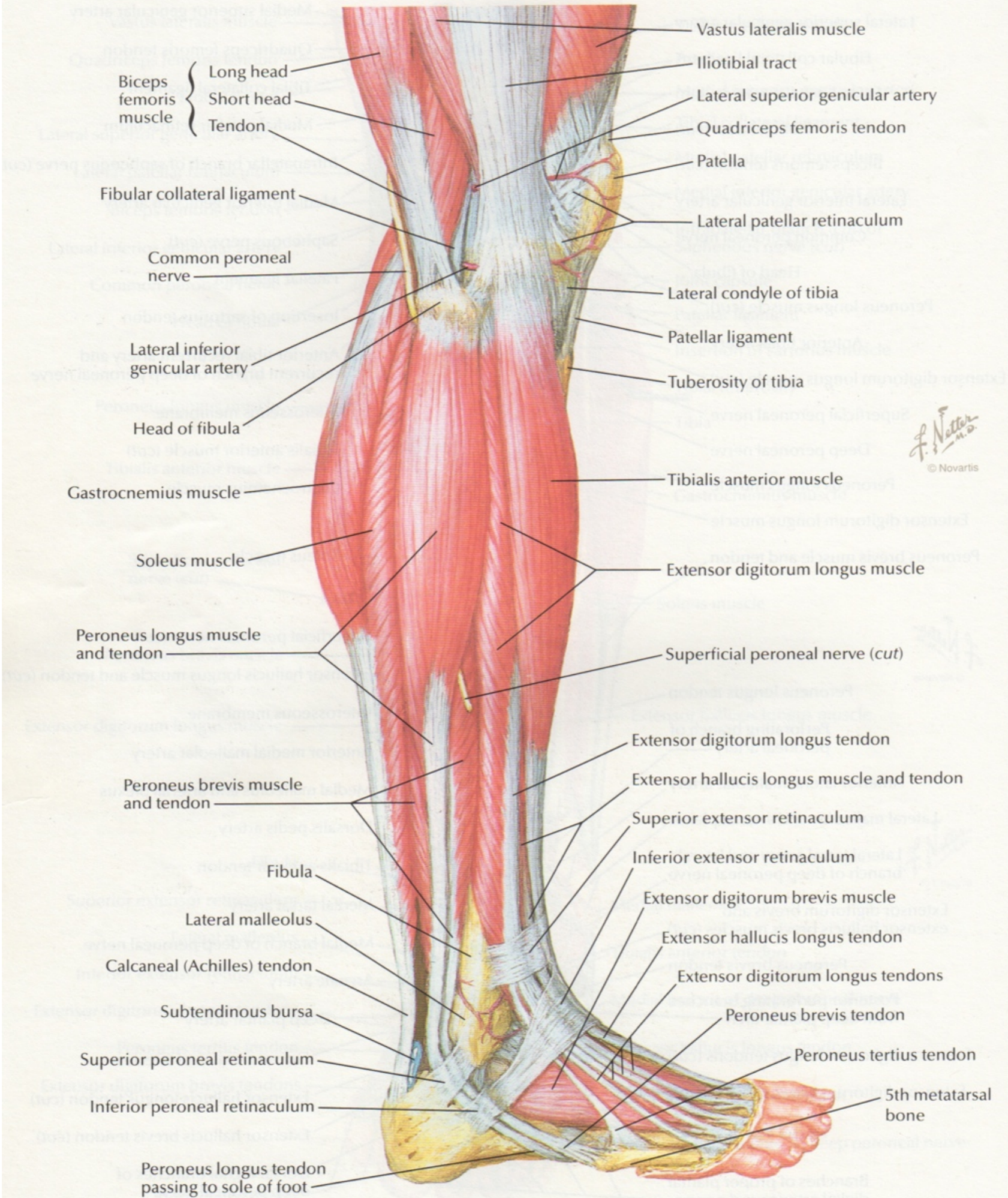
Flexor digitorum brevis muscle and plantar aponeurosis (*cut*)

Lateral calcaneal nerve and artery (from sural nerve and peroneal artery)

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 M.D.
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Biceps femoris muscle
 { Long head
 { Short head
 { Tendon

Vastus lateralis muscle
 Iliotibial tract
 Lateral superior genicular artery
 Quadriceps femoris tendon
 Patella

Fibular collateral ligament

Lateral patellar retinaculum

Common peroneal nerve

Lateral condyle of tibia

Lateral inferior genicular artery

Patellar ligament

Head of fibula

Tuberosity of tibia

Gastrocnemius muscle

Tibialis anterior muscle

Soleus muscle

Extensor digitorum longus muscle

Peroneus longus muscle and tendon

Superficial peroneal nerve (cut)

Peroneus brevis muscle and tendon

Extensor digitorum longus tendon

Extensor hallucis longus muscle and tendon

Fibula

Superior extensor retinaculum

Inferior extensor retinaculum

Lateral malleolus

Extensor digitorum brevis muscle

Calcaneal (Achilles) tendon

Extensor hallucis longus tendon

Extensor digitorum longus tendons

Subtendinous bursa

Peroneus brevis tendon

Superior peroneal retinaculum

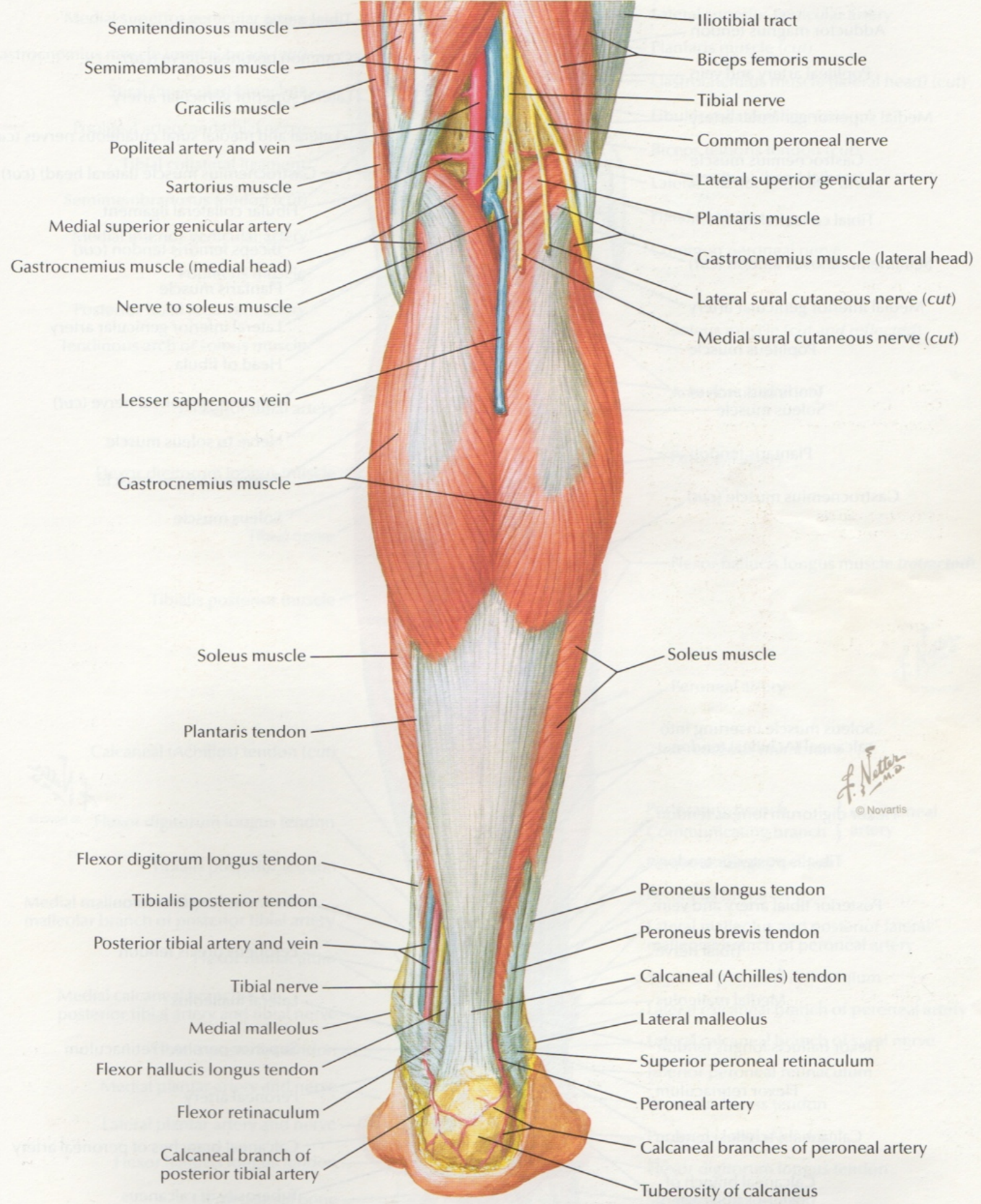
Peroneus tertius tendon

Inferior peroneal retinaculum

5th metatarsal bone

Peroneus longus tendon passing to sole of foot

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Semitendinosus muscle
 Semimembranosus muscle
 Gracilis muscle
 Popliteal artery and vein
 Sartorius muscle
 Medial superior genicular artery
 Gastrocnemius muscle (medial head)
 Nerve to soleus muscle
 Lesser saphenous vein
 Gastrocnemius muscle

Iliotibial tract
 Biceps femoris muscle
 Tibial nerve
 Common peroneal nerve
 Lateral superior genicular artery
 Plantaris muscle
 Gastrocnemius muscle (lateral head)
 Lateral sural cutaneous nerve (cut)
 Medial sural cutaneous nerve (cut)

Soleus muscle
 Plantaris tendon
 Soleus muscle

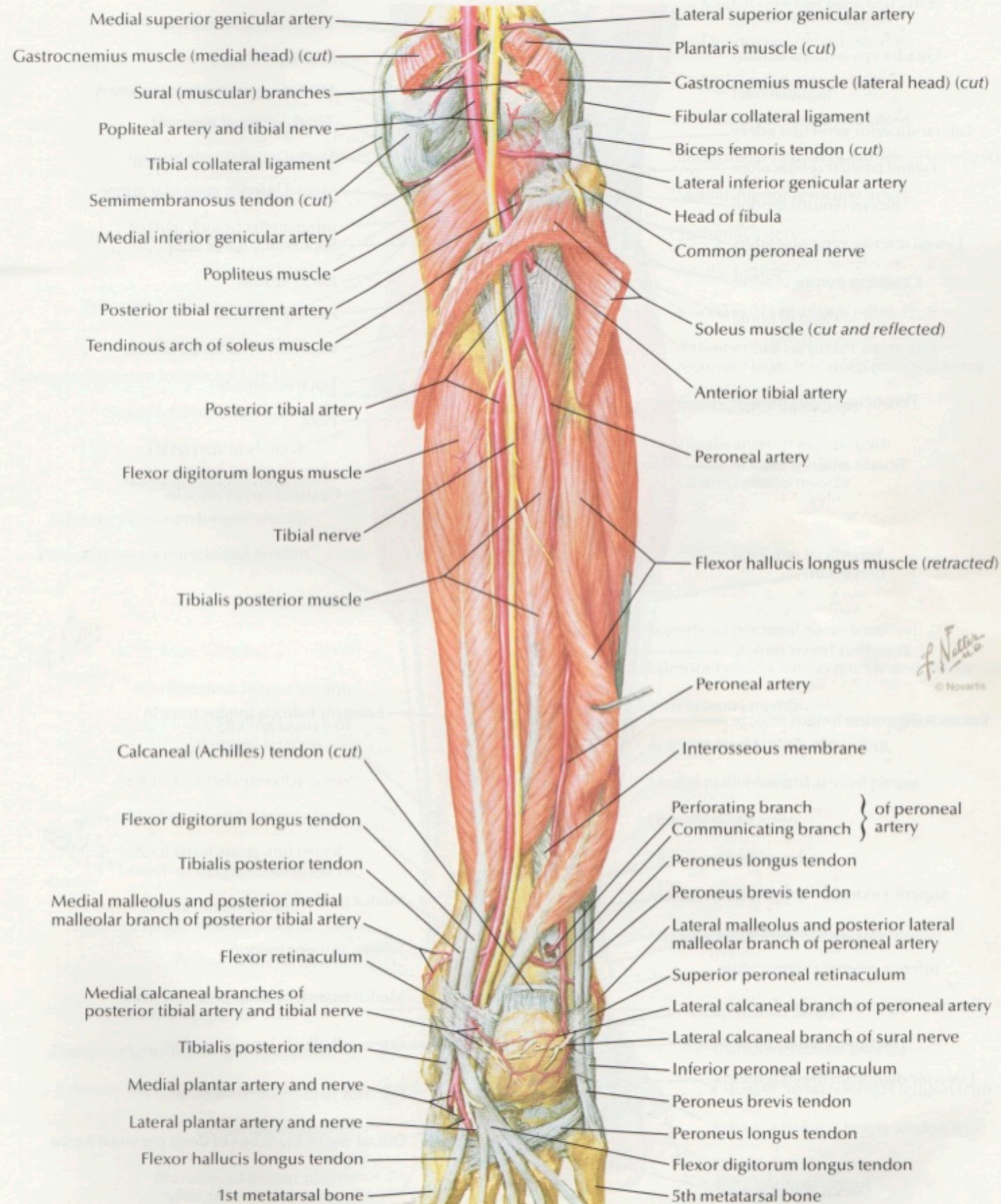
Flexor digitorum longus tendon
 Tibialis posterior tendon
 Posterior tibial artery and vein
 Tibial nerve
 Medial malleolus
 Flexor hallucis longus tendon
 Flexor retinaculum
 Calcaneal branch of posterior tibial artery

Peroneus longus tendon
 Peroneus brevis tendon
 Calcaneal (Achilles) tendon
 Lateral malleolus
 Superior peroneal retinaculum
 Peroneal artery
 Calcaneal branches of peroneal artery
 Tuberosity of calcaneus

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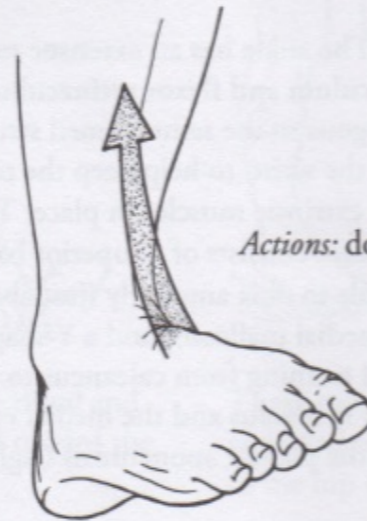
Muscles of Leg (Deep Dissection): Posterior View

SEE ALSO PLATE 509



Extrinsic anterior muscles

Tibialis anterior originates from the lateral condyle and superolateral shaft of tibia, passes under the extensor retinaculum, and inserts on the medial cuneiform (inferomedial surface) and base of metatarsal I. This muscle is the strongest dorsiflexor.

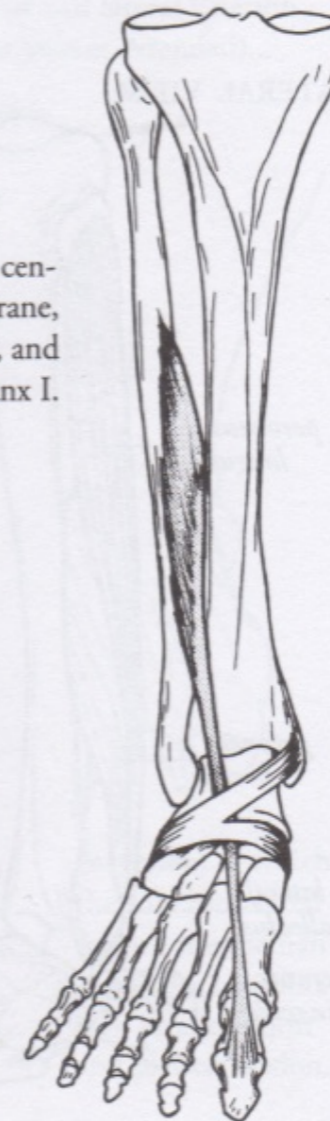


Actions: dorsiflexion and inversion

Extensor hallucis longus arises from the central medial fibula and interosseous membrane, passes under the extensor retinaculum, and inserts dorsally on distal phalanx I.

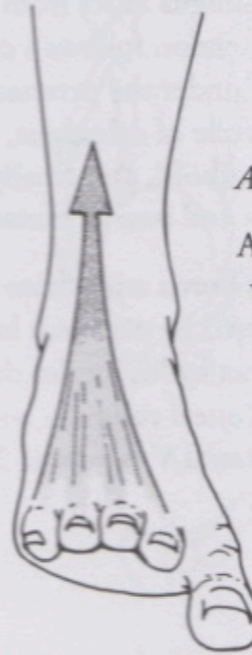


*Action:
dorsiflexion of big toe and foot*





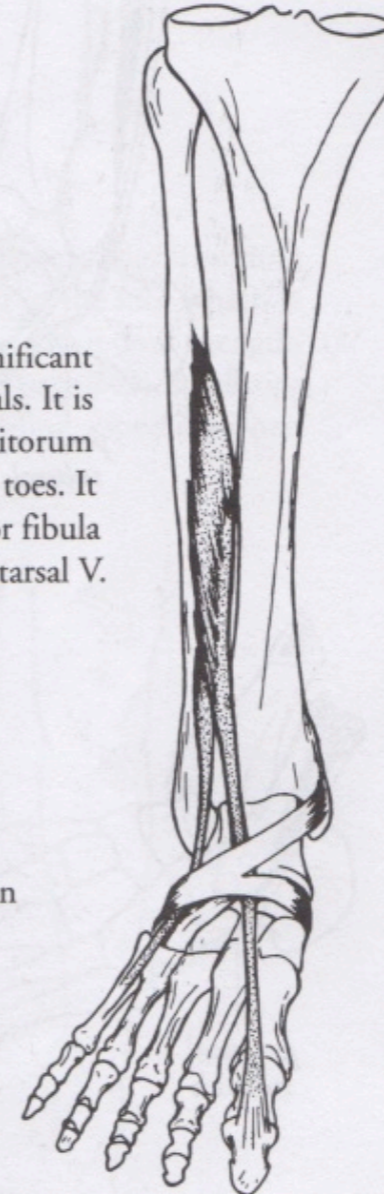
Extensor digitorum longus originates from the lateral tibial condyle, most of the anterior fibular shaft, and interosseous membrane. Its tendon passes under the extensor retinaculum, splits into four parts, and inserts on toes II-V. Each of the four tendons further splits into two slips attaching to the sides of the middle phalanx, and a central slip attaching to the base of the distal phalanx. This is reminiscent of the extensor digitorum of the hand (see page 167).



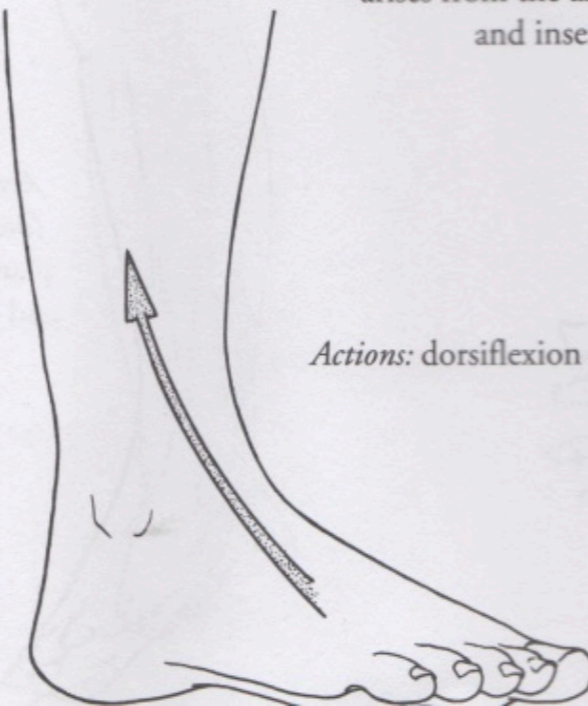
Action: dorsiflexion of toes II-V and foot

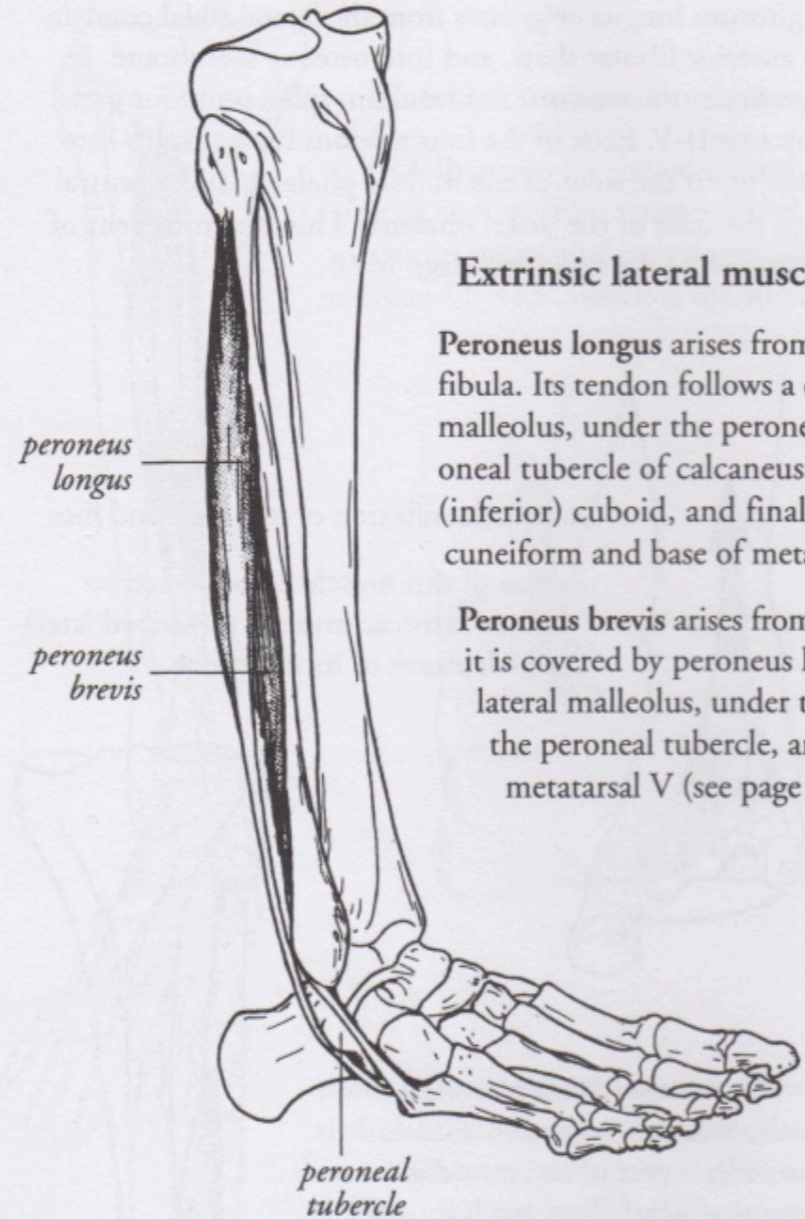
Action of this muscle is completed by various intrinsic muscles (described later) which attach to its insertions.

Peroneus tertius is an insignificant muscle, absent in some individuals. It is essentially a part of extensor digitorum longus which fails to reach the toes. It arises from the anteroinferior fibula and inserts on metatarsal V.



Actions: dorsiflexion and eversion

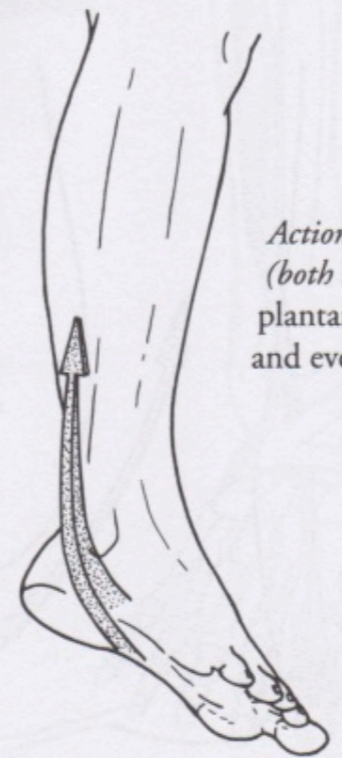
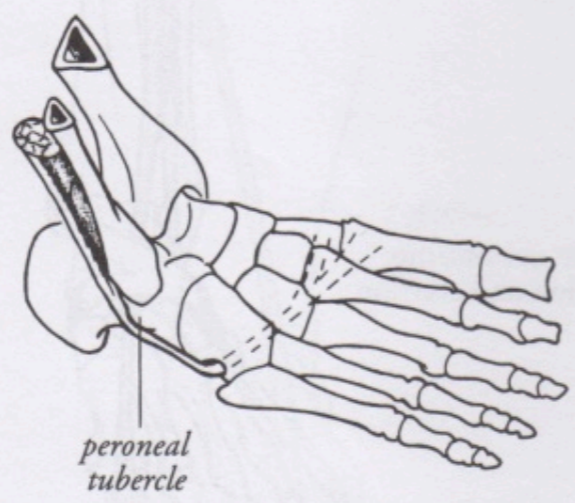




Extrinsic lateral muscles

Peroneus longus arises from the head and superolateral shaft of fibula. Its tendon follows a complicated path behind the lateral malleolus, under the peroneal retinaculum, *inferior* to the peroneal tubercle of calcaneus, along the groove of the plantar (inferior) cuboid, and finally inserts inferiorly on the medial cuneiform and base of metatarsal I (see left and lower left).

Peroneus brevis arises from the inferolateral fibular shaft, where it is covered by peroneus longus. Its tendon passes behind the lateral malleolus, under the peroneal retinaculum, *superior* to the peroneal tubercle, and inserts on the lateral tubercle of metatarsal V (see page 254).

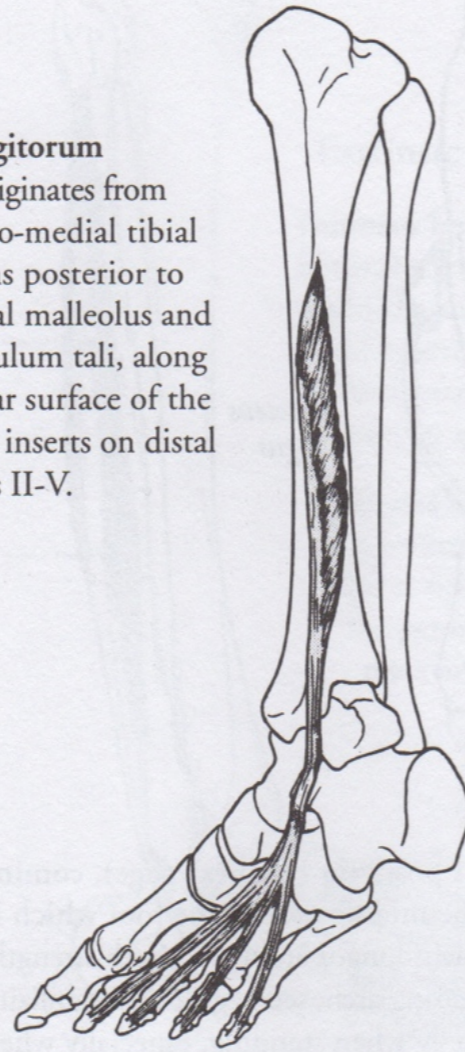


*Actions
(both muscles):
plantar flexion
and eversion*

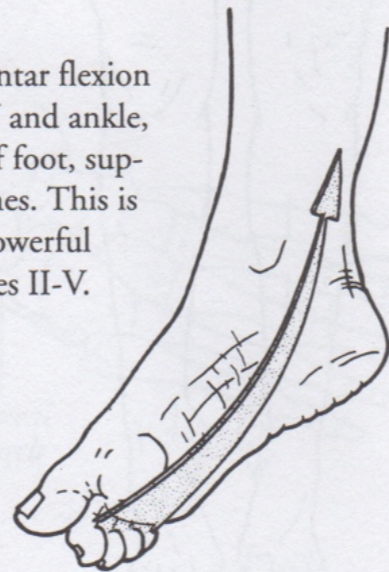
Extrinsic posterior muscles

Flexor digitorum

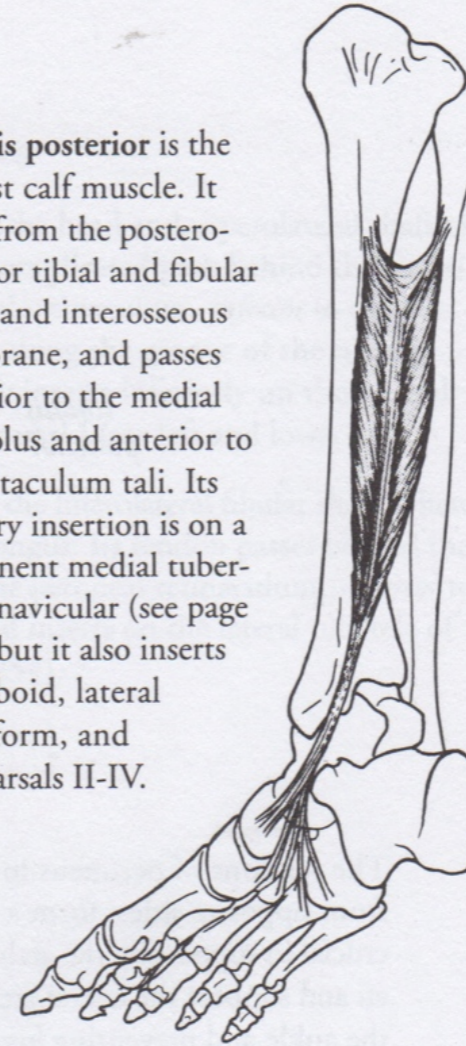
longus originates from the postero-medial tibial shaft, runs posterior to the medial malleolus and sustentaculum tali, along the plantar surface of the foot, and inserts on distal phalanges II-V.



Actions: plantar flexion of toes II-V and ankle, inversion of foot, support of arches. This is the most powerful flexor of toes II-V.



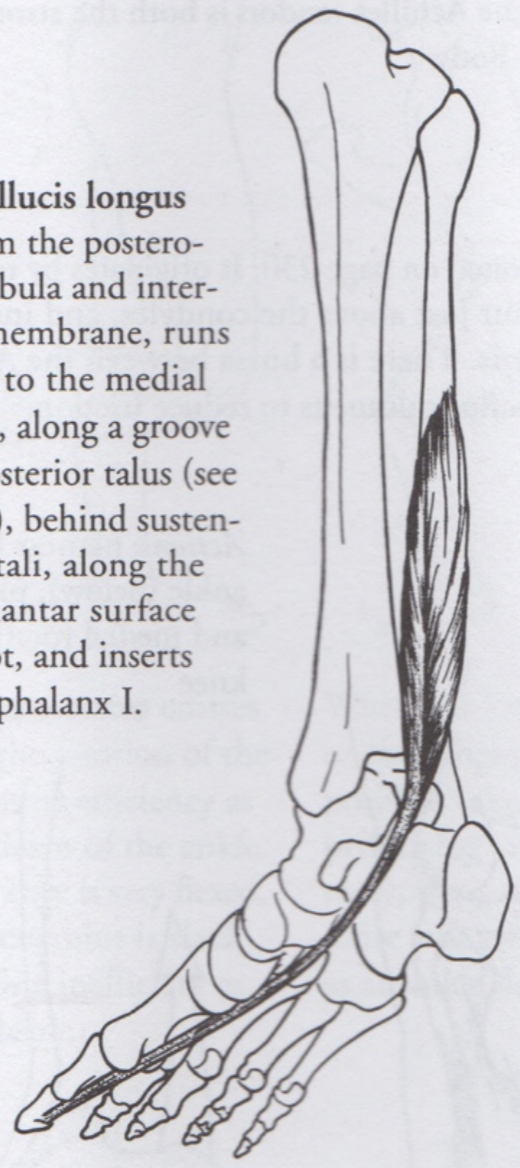
Tibialis posterior is the deepest calf muscle. It arises from the postero-superior tibial and fibular shafts and interosseous membrane, and passes posterior to the medial malleolus and anterior to sustentaculum tali. Its primary insertion is on a prominent medial tubercle of navicular (see page 241), but it also inserts on cuboid, lateral cuneiform, and metatarsals II-IV.



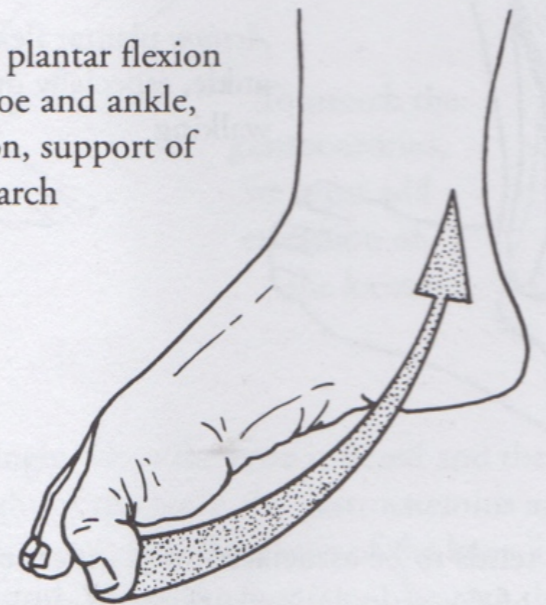
Actions: plantar flexion, inversion, support of arches. The role of tibialis posterior, in conjunction with peroneus longus, in forming a "sling" for the middle foot, was mentioned on the preceding page.



Flexor hallucis longus arises from the postero-inferior fibula and interosseous membrane, runs posterior to the medial malleolus, along a groove on the posterior talus (see page 240), behind sustentaculum tali, along the medial plantar surface of the foot, and inserts on distal phalanx I.



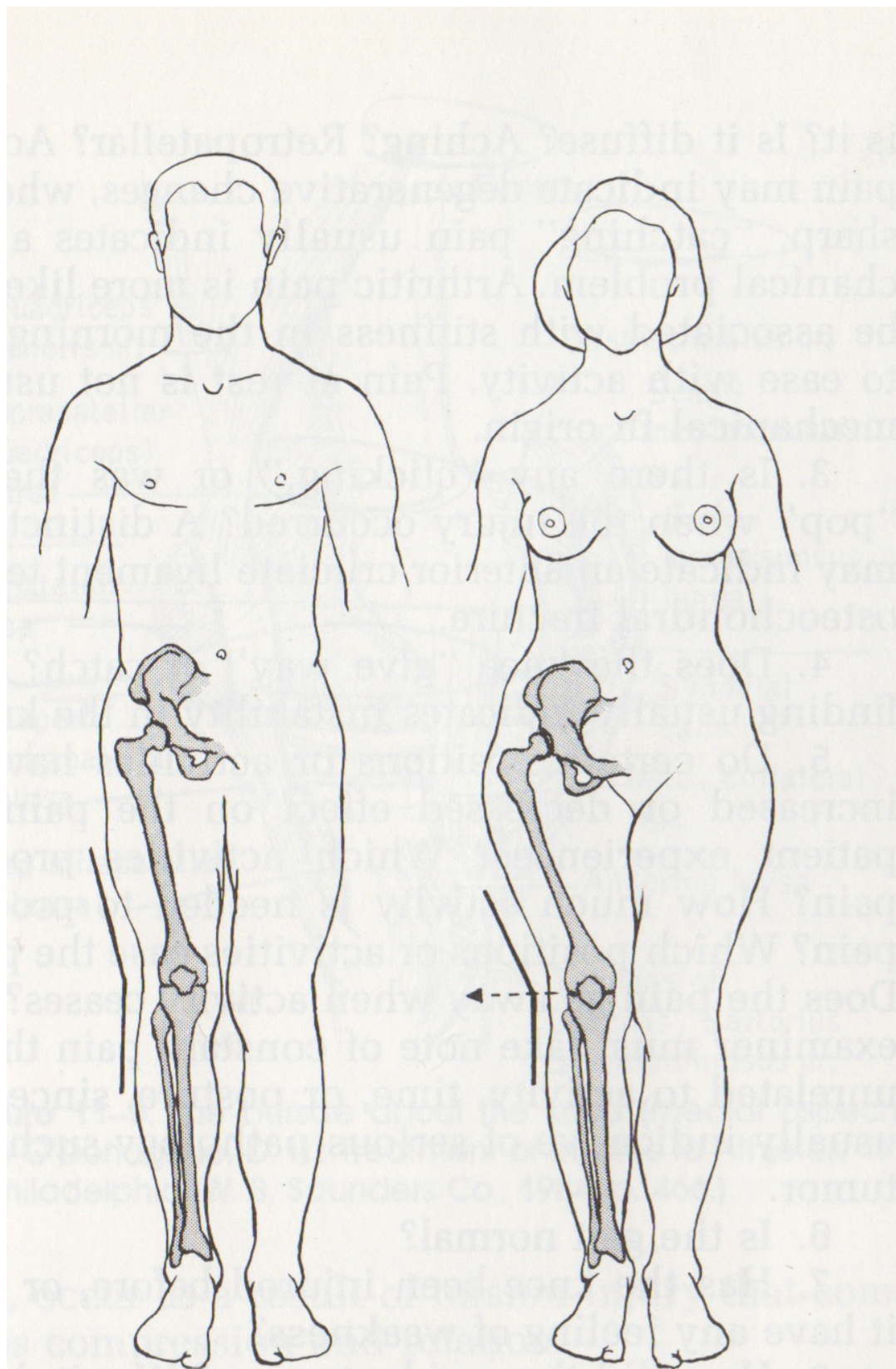
Actions: plantar flexion of big toe and ankle, inversion, support of medial arch



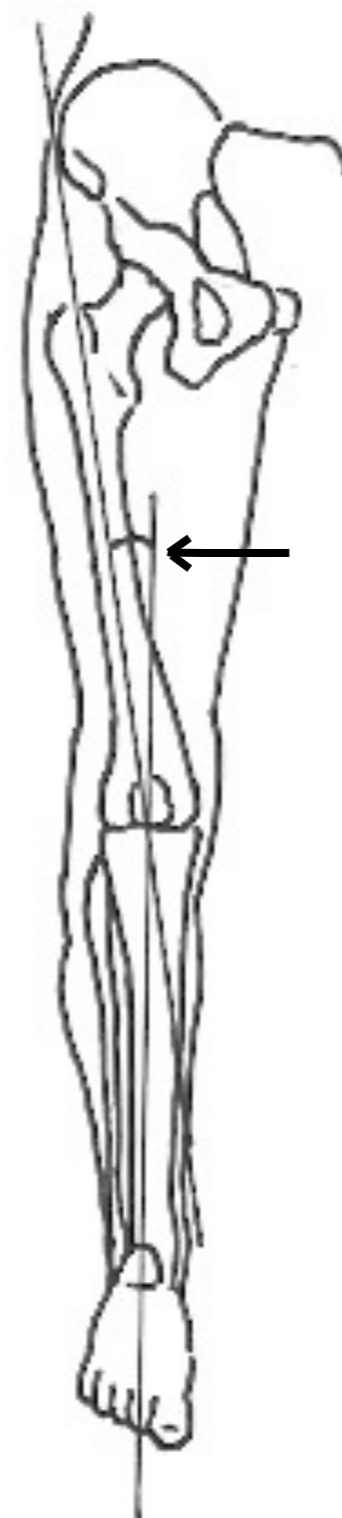
This muscle is important in the propulsion phase of walking (see page 243), and also in preventing anterior loss of balance when standing on tiptoe.



Q Angle



Magee



Q Angle



Genu Valgus / Varus



Normal

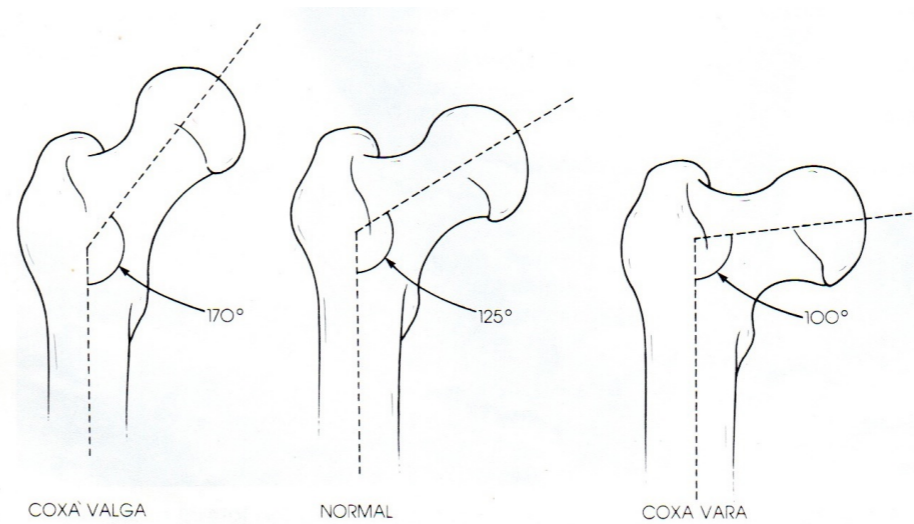


Bowleggedness (Varus)



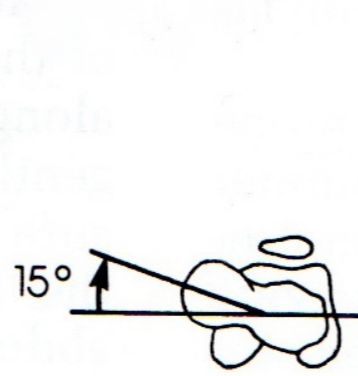
Knock Knees (Valgus)

- Femur neck angle variance
- Pelvis Width

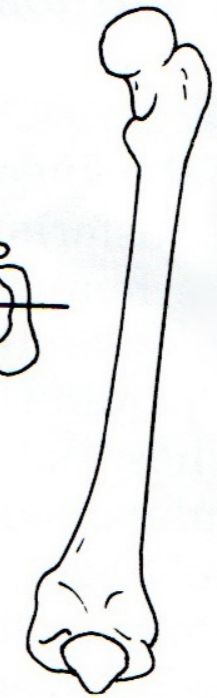
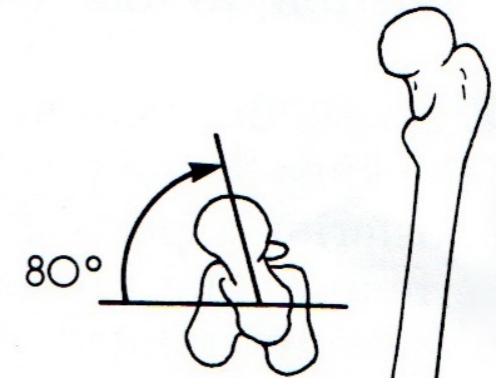


Magee

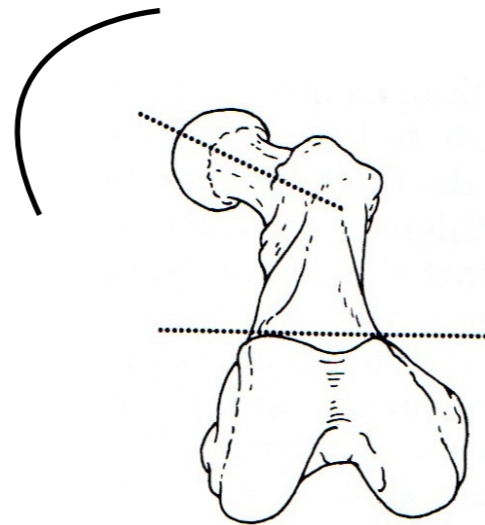
Femoral Anteversion / Winking Patella



Normal

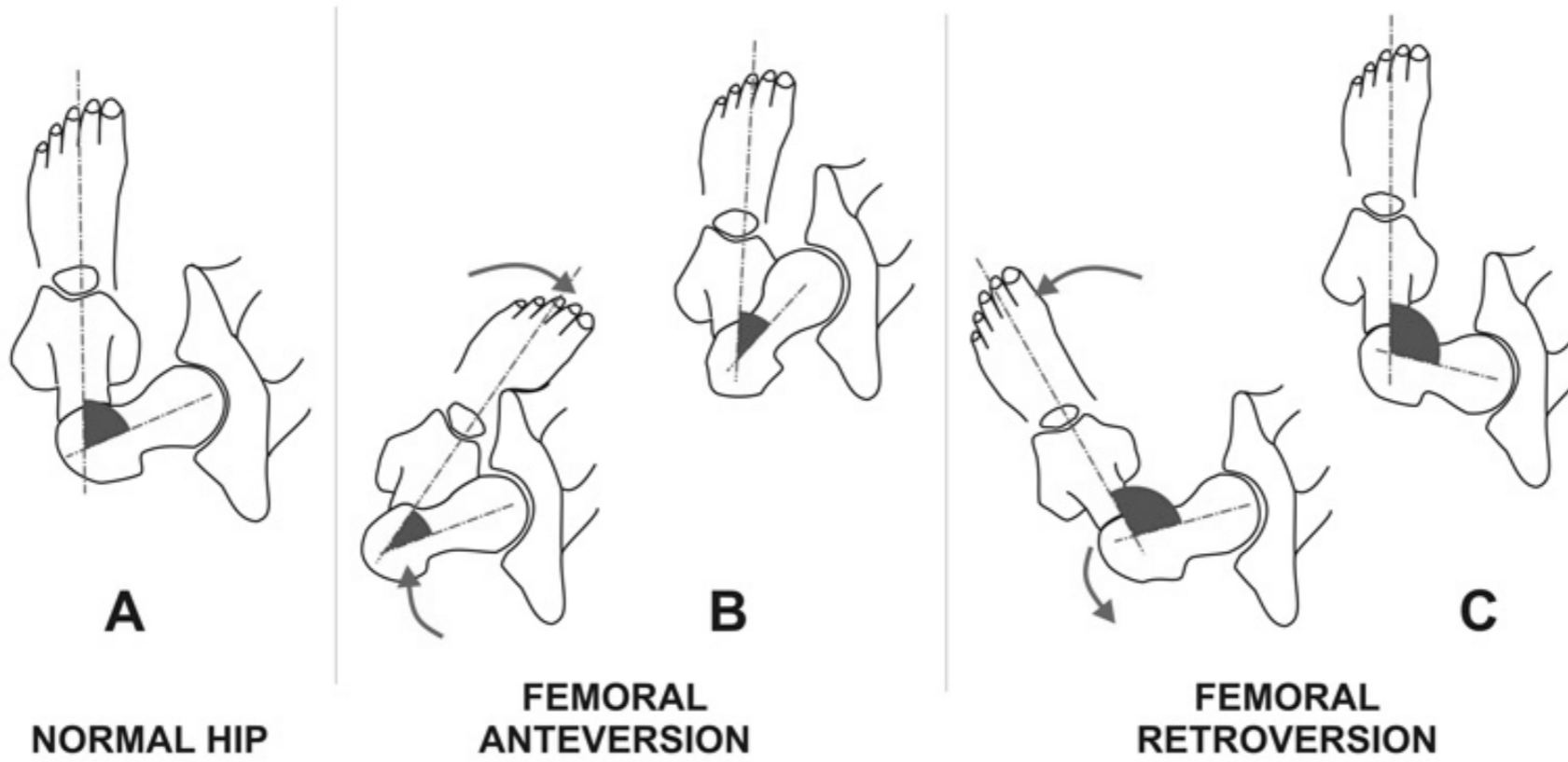


Excessive

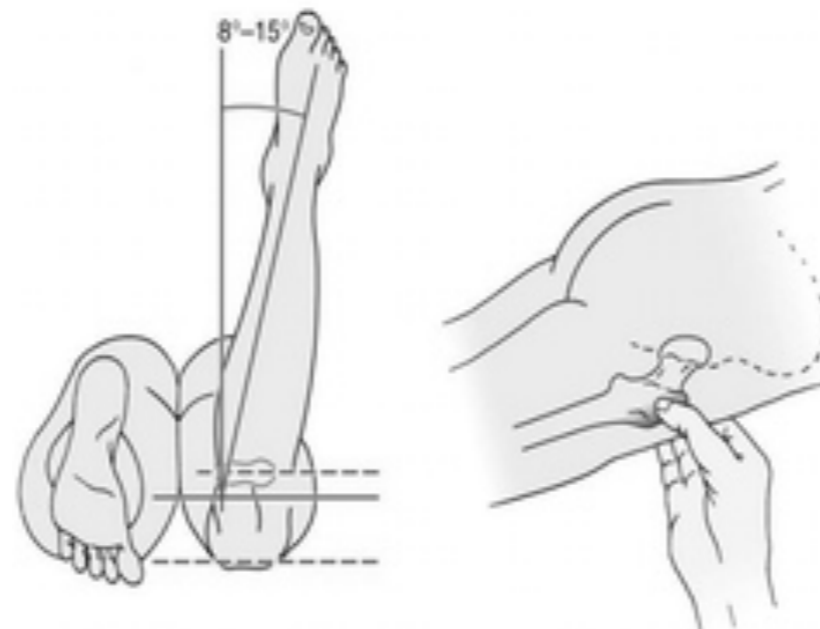


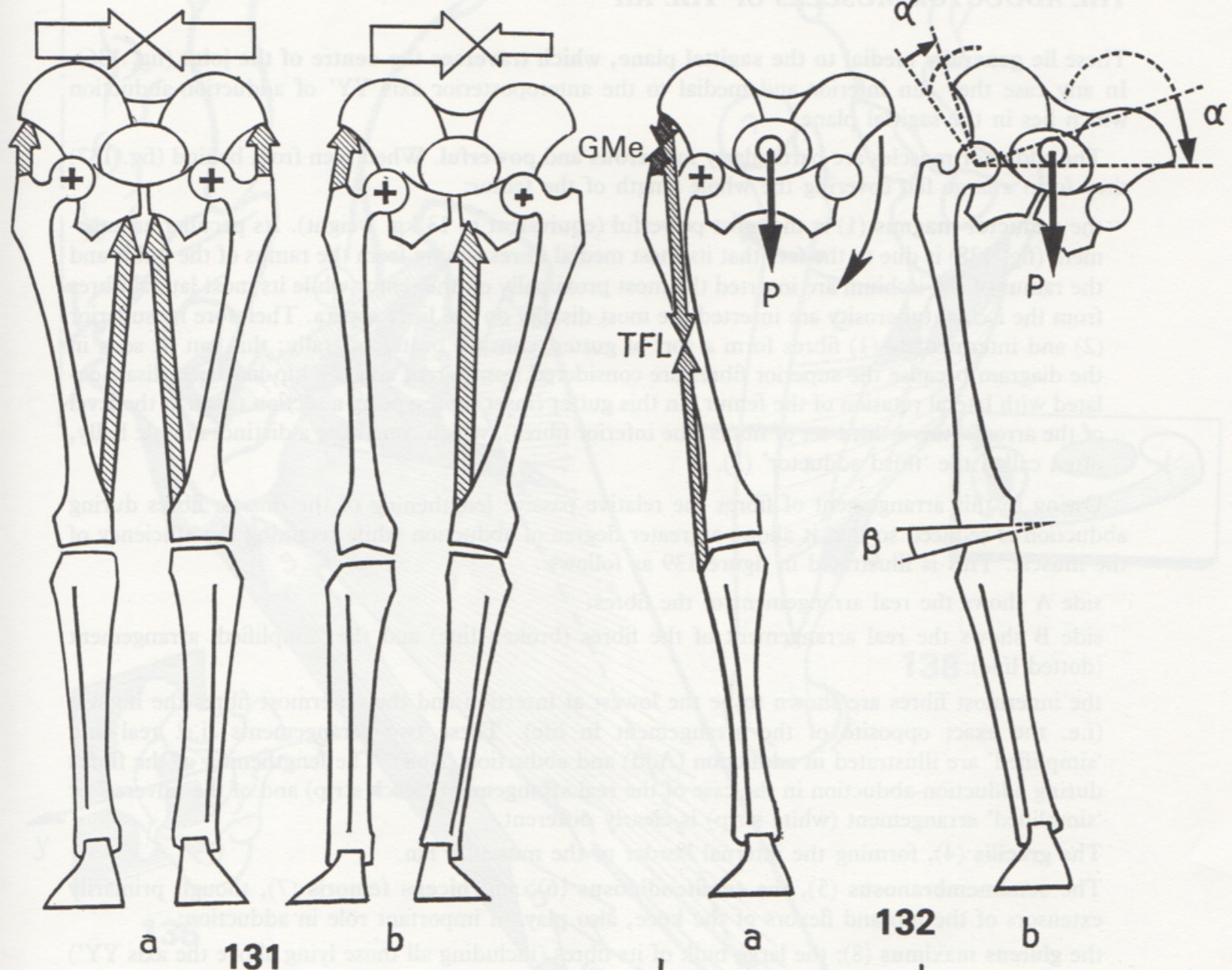
Magee

Femoral Anteversion / Retroversion

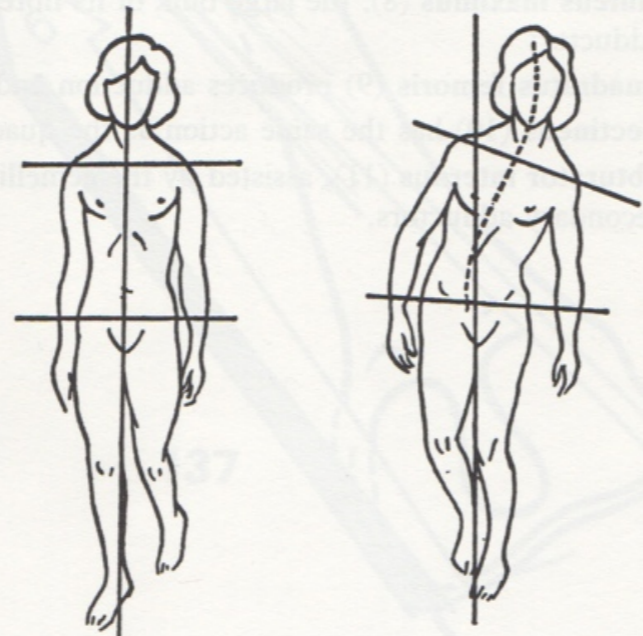
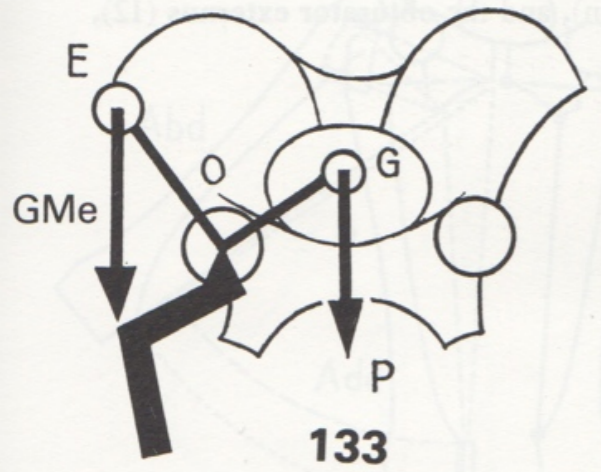


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Knee and Hip stabilization : a balance of adductors and abductors



- Trendelenburg Gait

Leg length Asymmetry

- Structural: Anatomical shortening of one or more bones of the lower extremity
- Functional: Due to Muscle Weakness or Ligament Laxity of SI joint, ankle or foot.
- Compensations include; Spine, Pelvis and Lower extremity.
- Center of gravity shift to short side associated with Scoliosis.
- Symptoms can include foot, ankle, hip or low back pain.
- Treatment includes; heel lifts starting at half the correction and progress slowly.
- Correct over pronation with Orthotics.

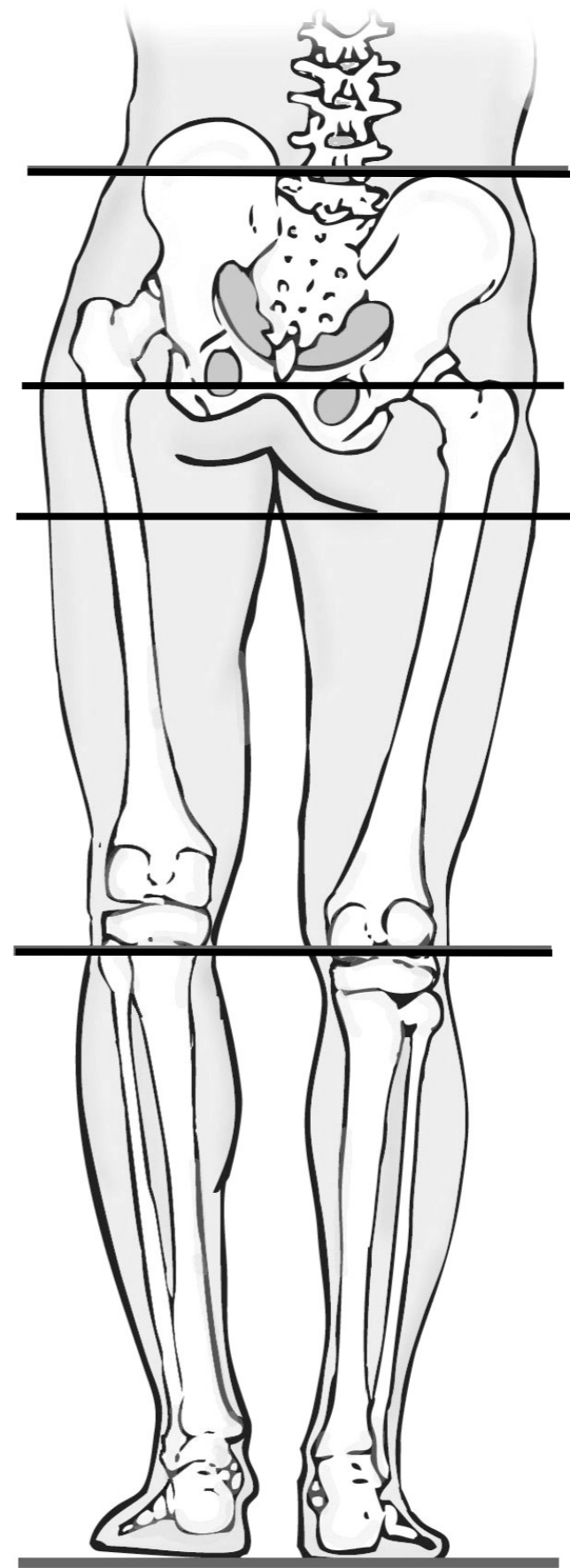
Leg Length

Iliac Crest

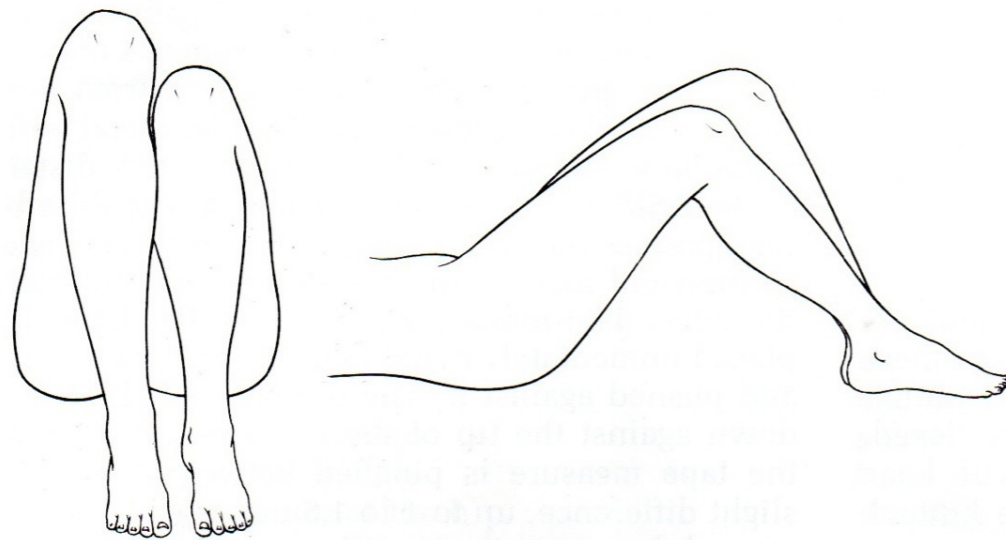
Greater Trochanter

Glutial fold

Knee



Tibia v.s. Femur



LEFT SHORTENED TIBIA

RIGHT SHORTENED FEMUR

Hip and Knee functional assessment

- Single Leg Squat and Single Leg Lunge

- Double Leg Squat

- 6 inch Step off

• Pelvic Instability

• Trendelenburg (weak hip adductors)

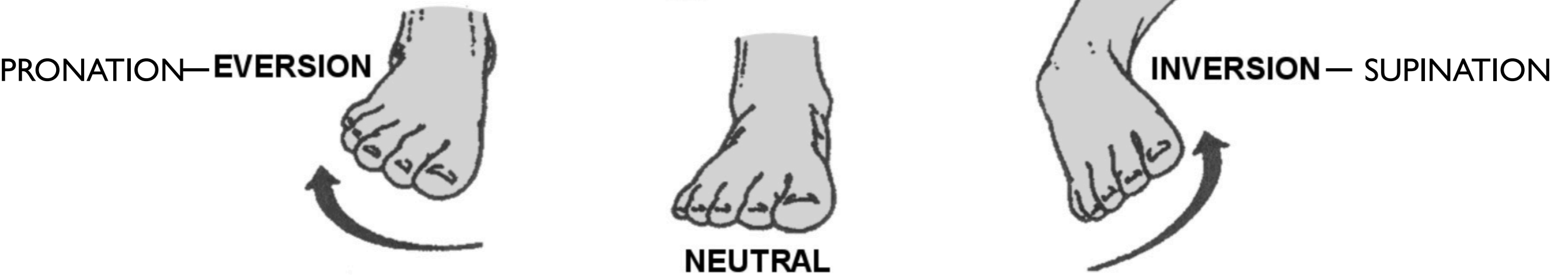
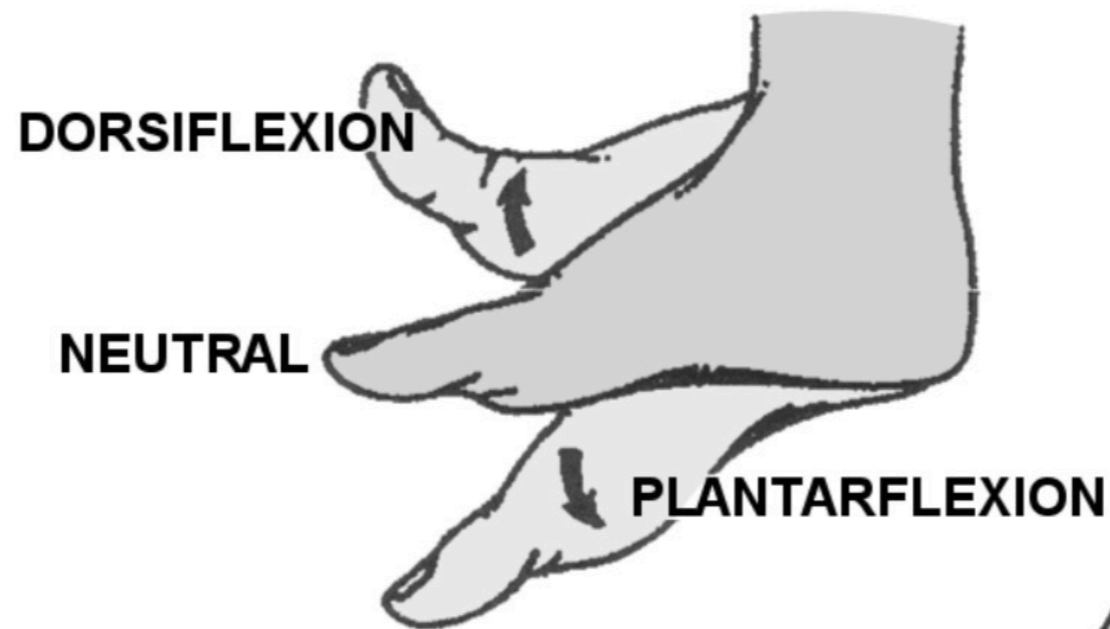
• Trunk Instability

• Valgus knee

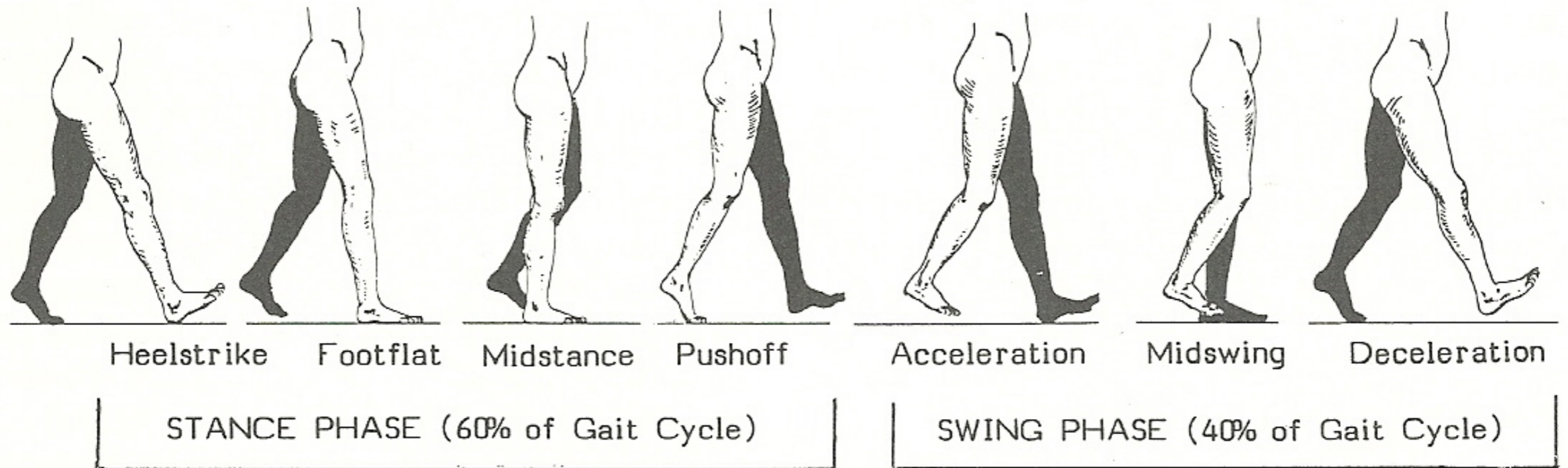
• Hyperpronation



Foot Movements



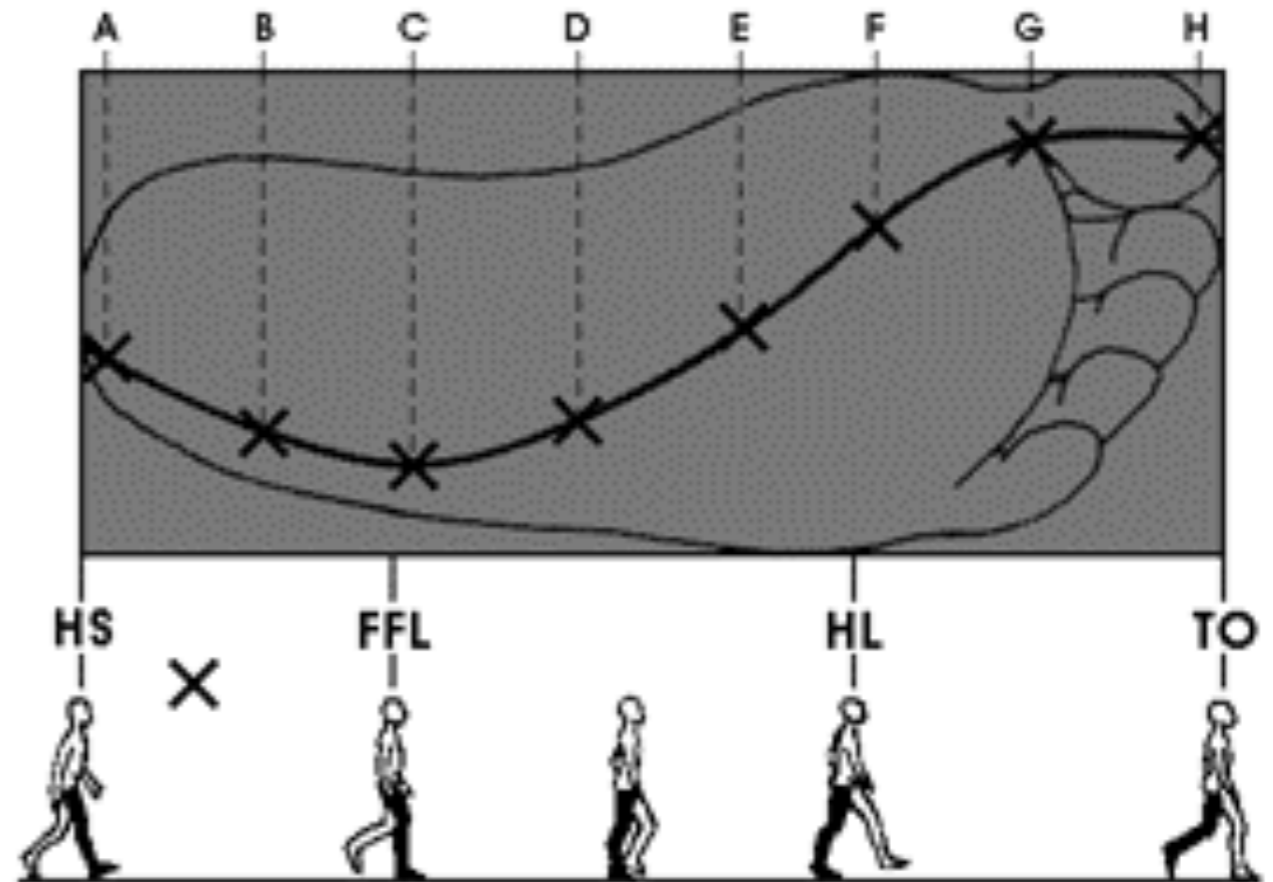
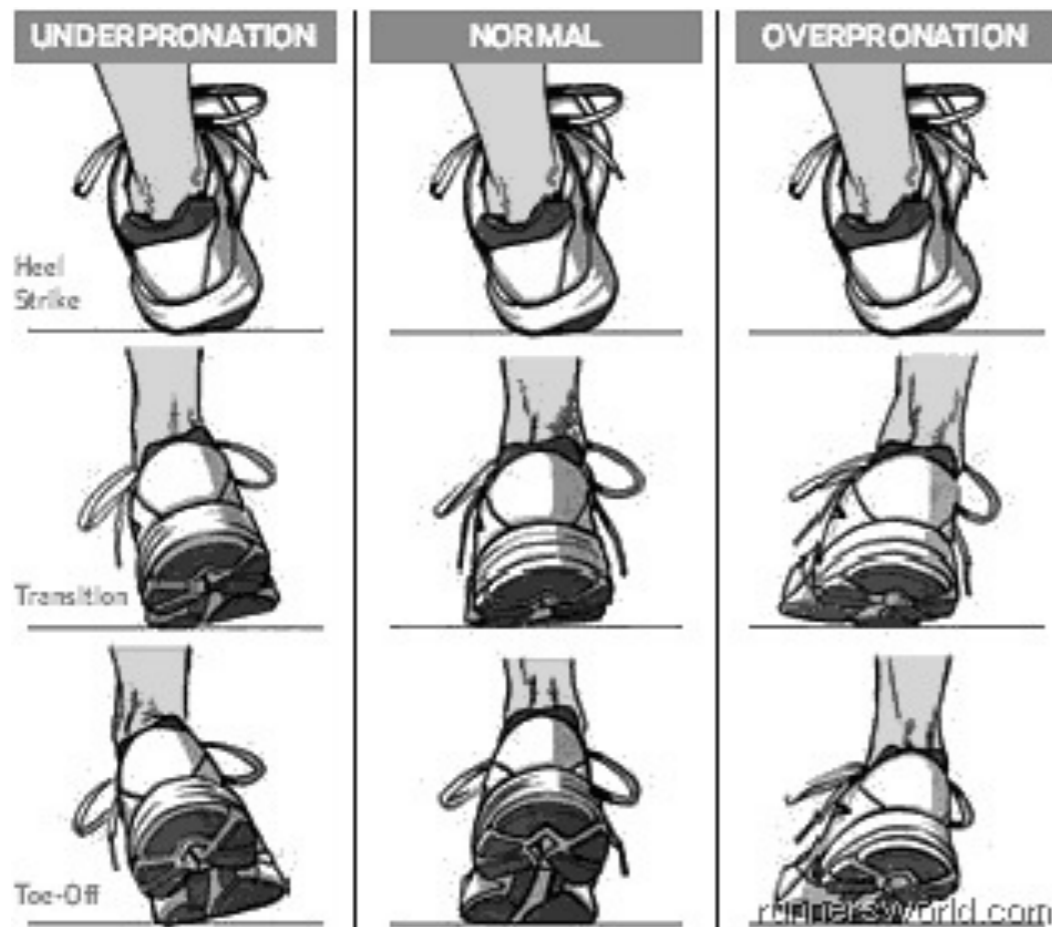
Running / Walking Gait



Foot Biomechanics Gait

Running/Walking

1. Heel Strike Phase; foot is dorsiflexed and heel lands in Supination at 4 degrees varum.
2. First half of Stance Phase; foot immediately pronates to absorb shock. This causes ankle dorsiflexion, knee flexion and internal rotation of lower extremity. more shock absorbtion.
3. Second half of Stance Phase and Heel lift; Foot begins to resupinate and starts to planter flex becoming more rigid in preparation of toe off.
4. Toe Off; Foot supinates, becoming a rigid platform as the ankle plantarflexes and the lower extremity externally rotates.



Over Pronation / Hyperinversion

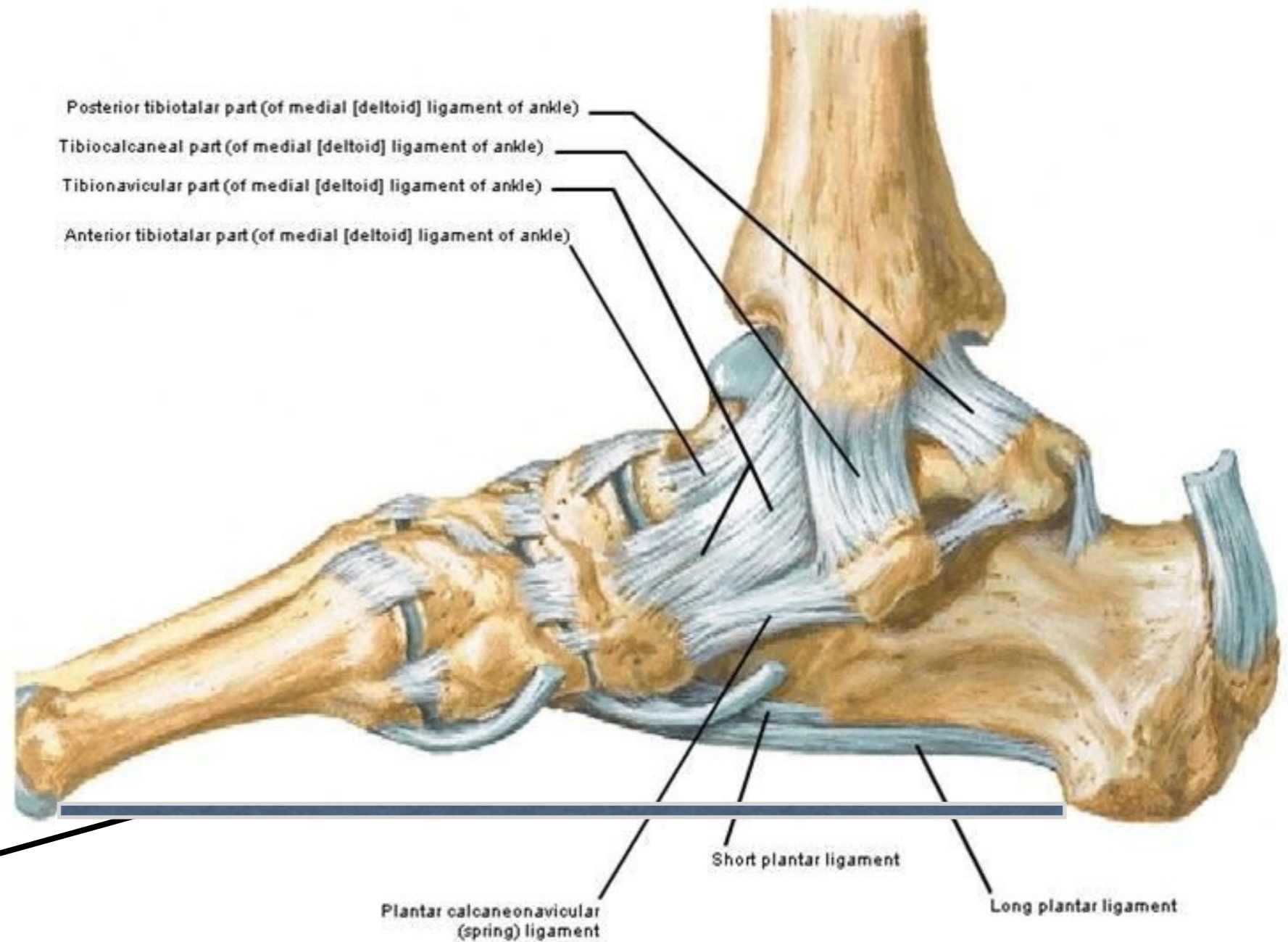
- Low Back and SI Pain
- Periformis Syndrome
- Medial knee pain (meniscus)
- Patella Tracking Dysfunction
- Tarsal Tunnel Syndrome
- Plantar Fasciitis
- Hallux Valgus / Bunions
- Shin Splints
- Neuroma
- Achilles Tendonitis

Contributing Factors to Over Pronation

- Tight Calf Muscles (affect all the same conditions above)
- Ligament Laxity / Hypermobility
- Individual Biomechanics (bone structure)

Ligaments that control Pronation

- Deltoid Ligament
- Spring Ligament
- Short and Long Plantar Ligaments
- Plantar Fascia



Muscles that lift the Arch

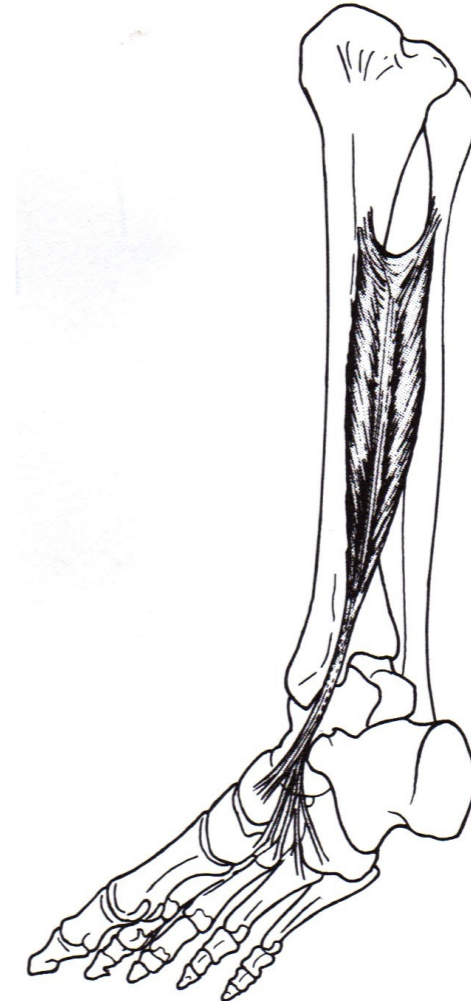
Tibialis Anterior



Dorsi flexion and
Supination



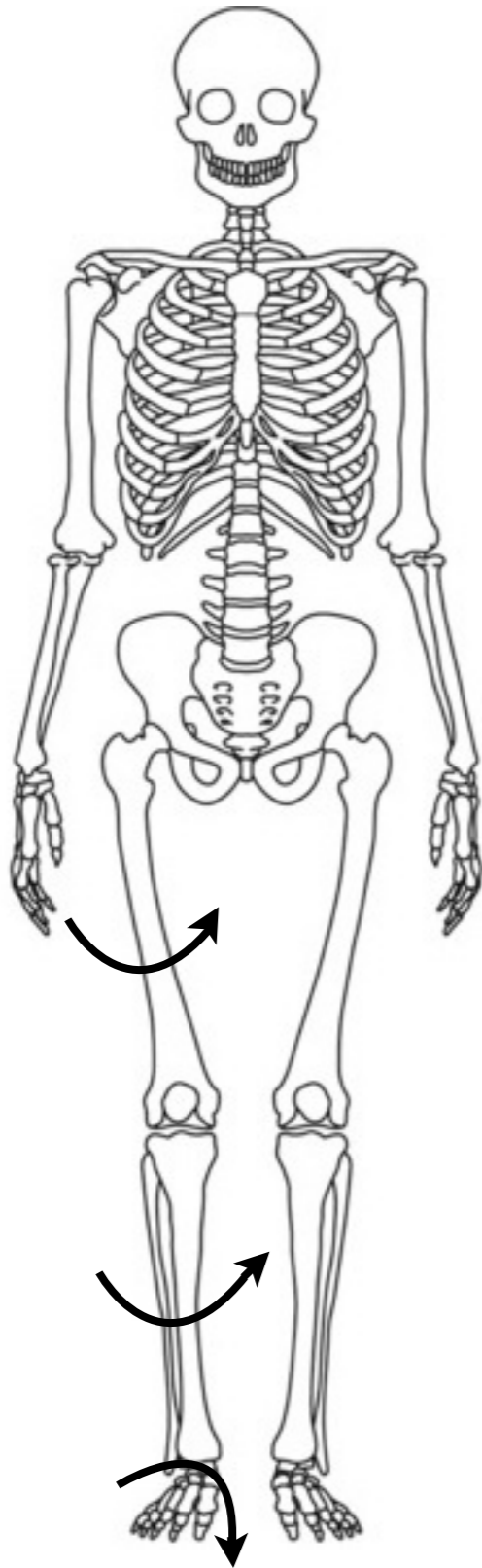
Tibialis Posterior



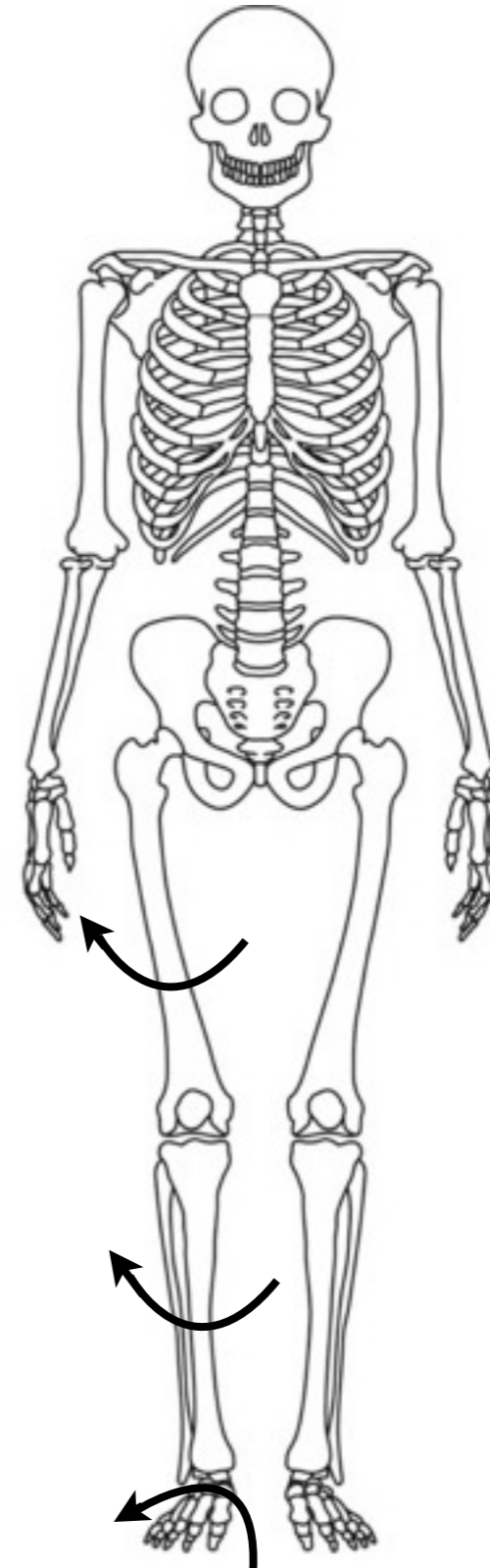
Plantar Flexion
and Supination

Kinetic Chain effects of Pronation / Supination

Pronated Foot



Supinated Foot



Over Pronated Foot / Sub Talar Eversion

Pes Planas / Flat Foot



Pronation

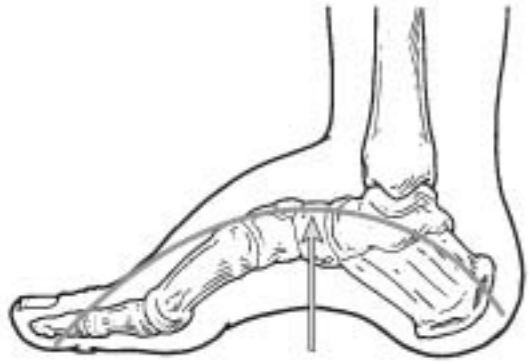


Supinated Foot

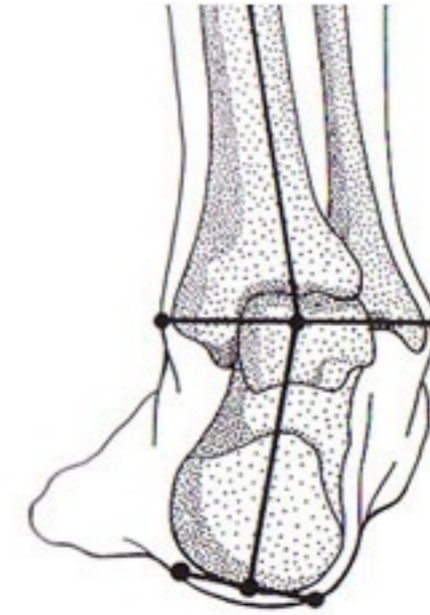
Pes Cavus / Equine Foot



Normal Foot



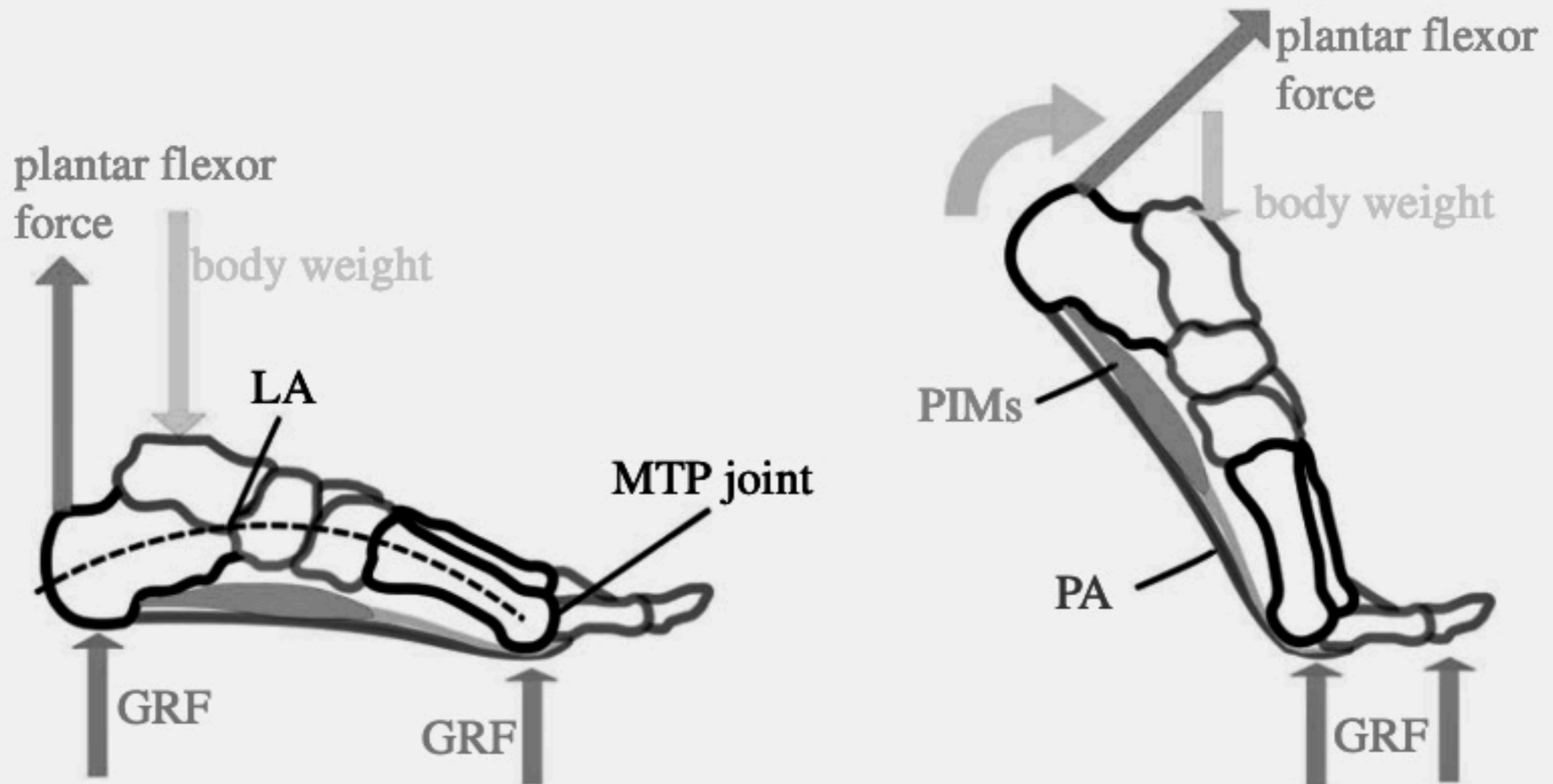
Cavus Foot



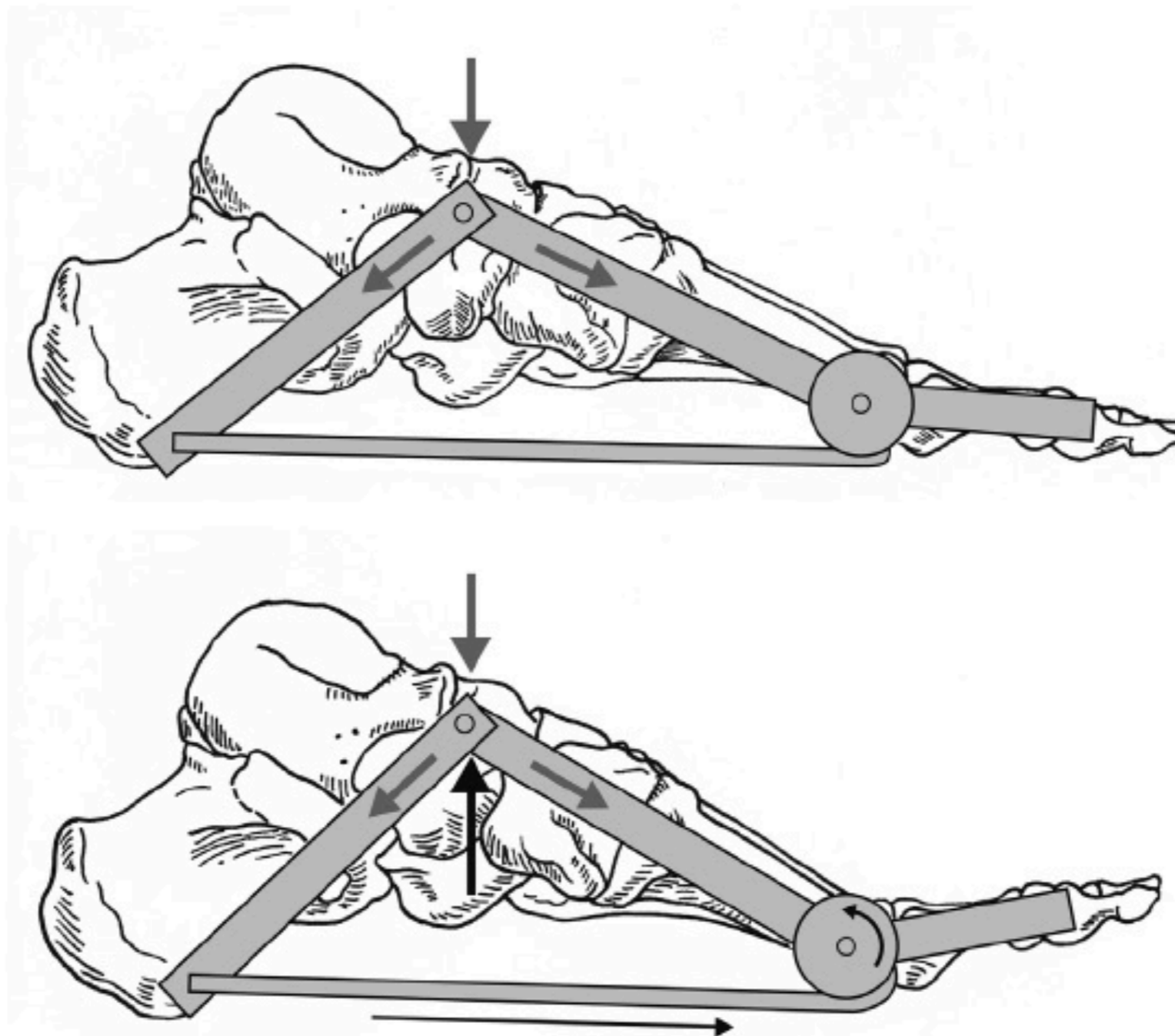
Supination



Windlass Mechanism

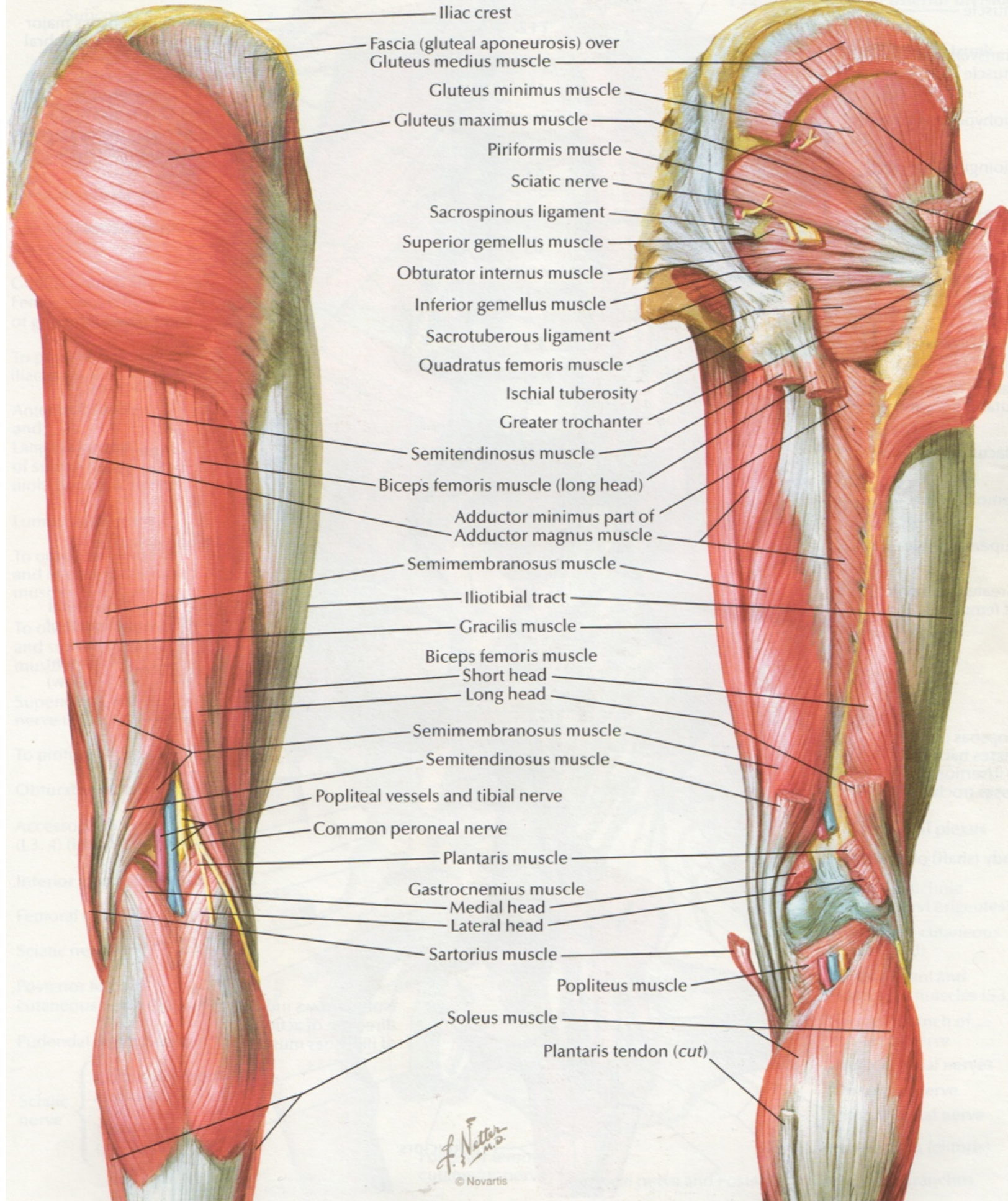


The 'truss and windlass mechanism' raises arch height, increasing foot stability

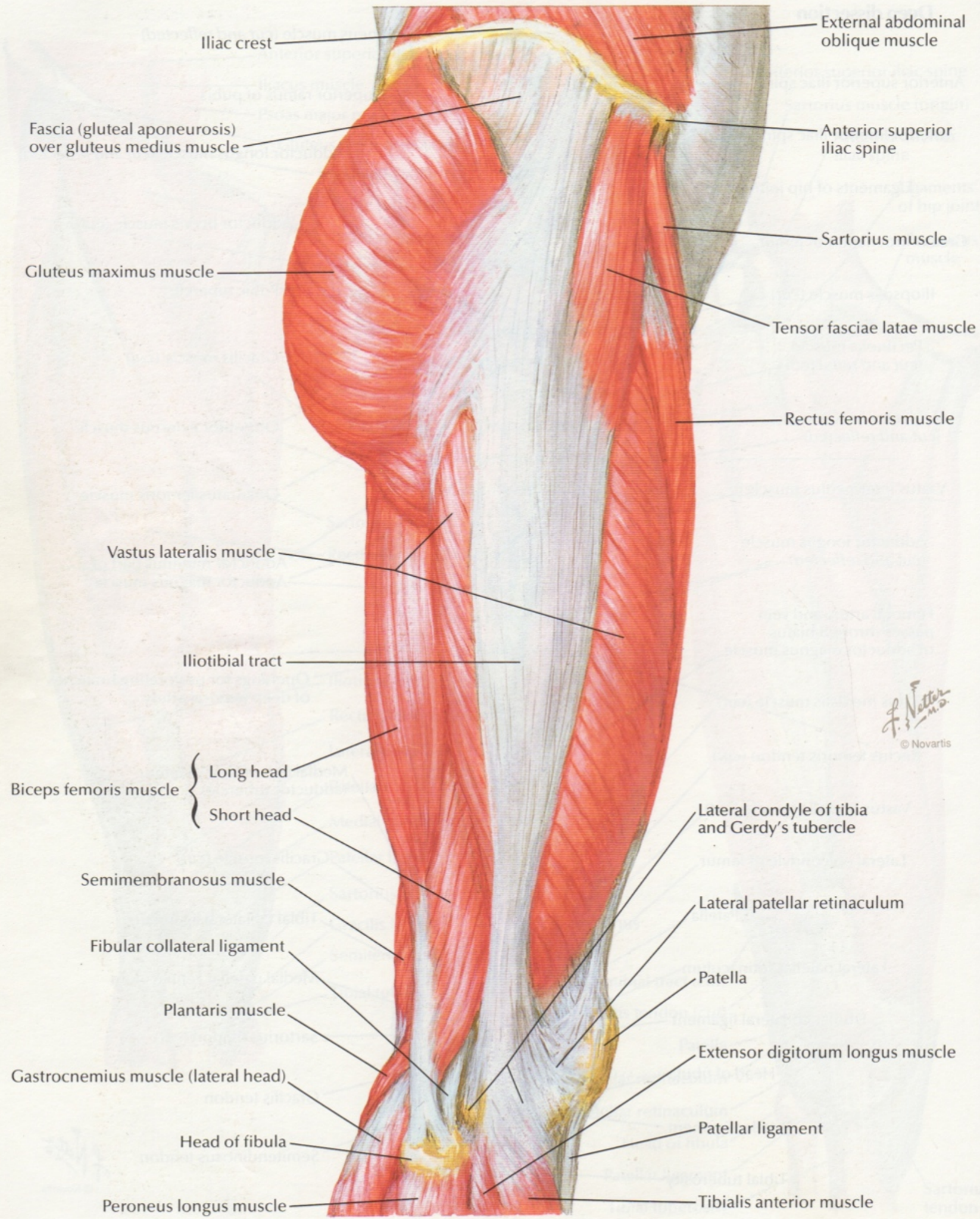


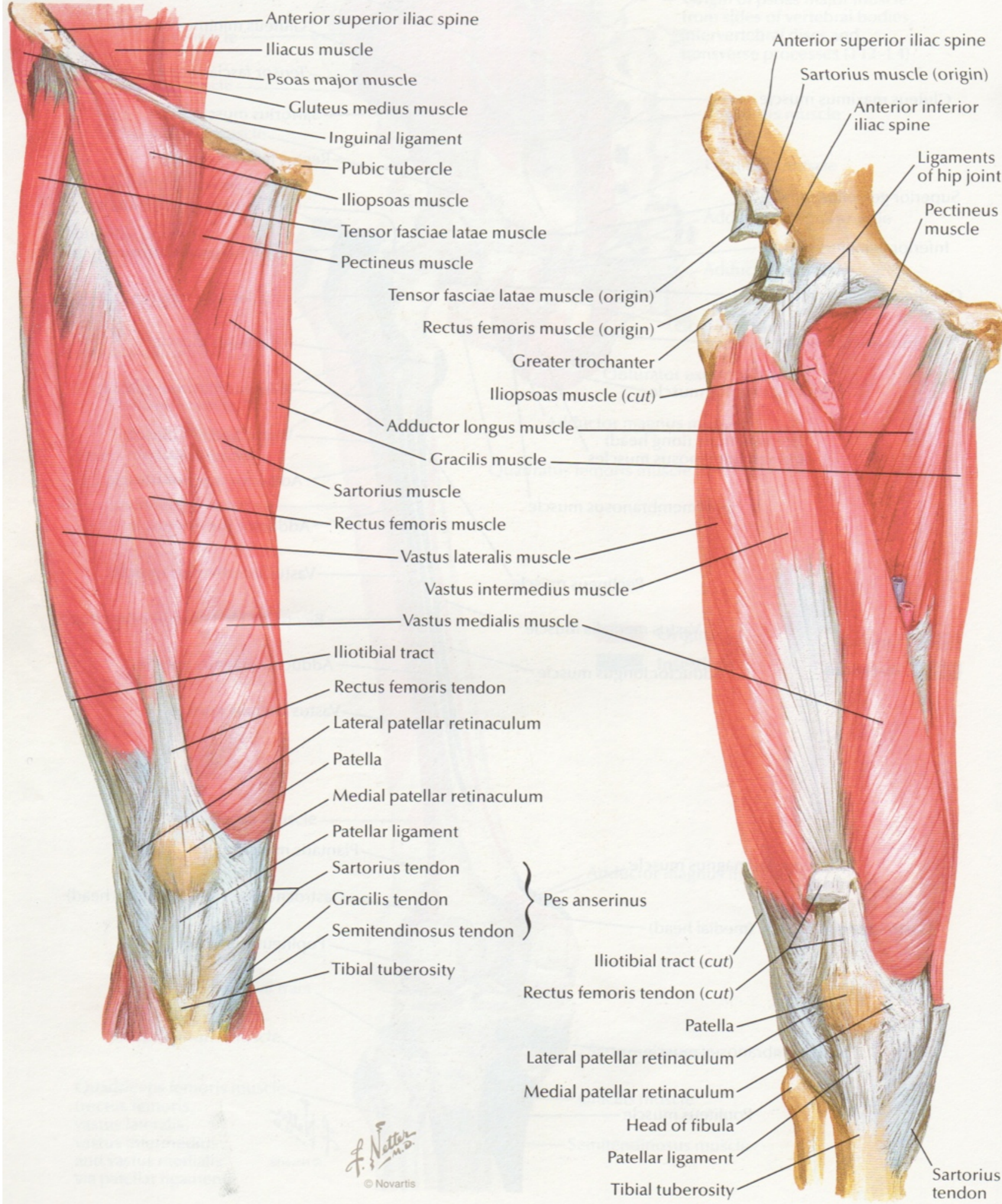
Superficial dissection

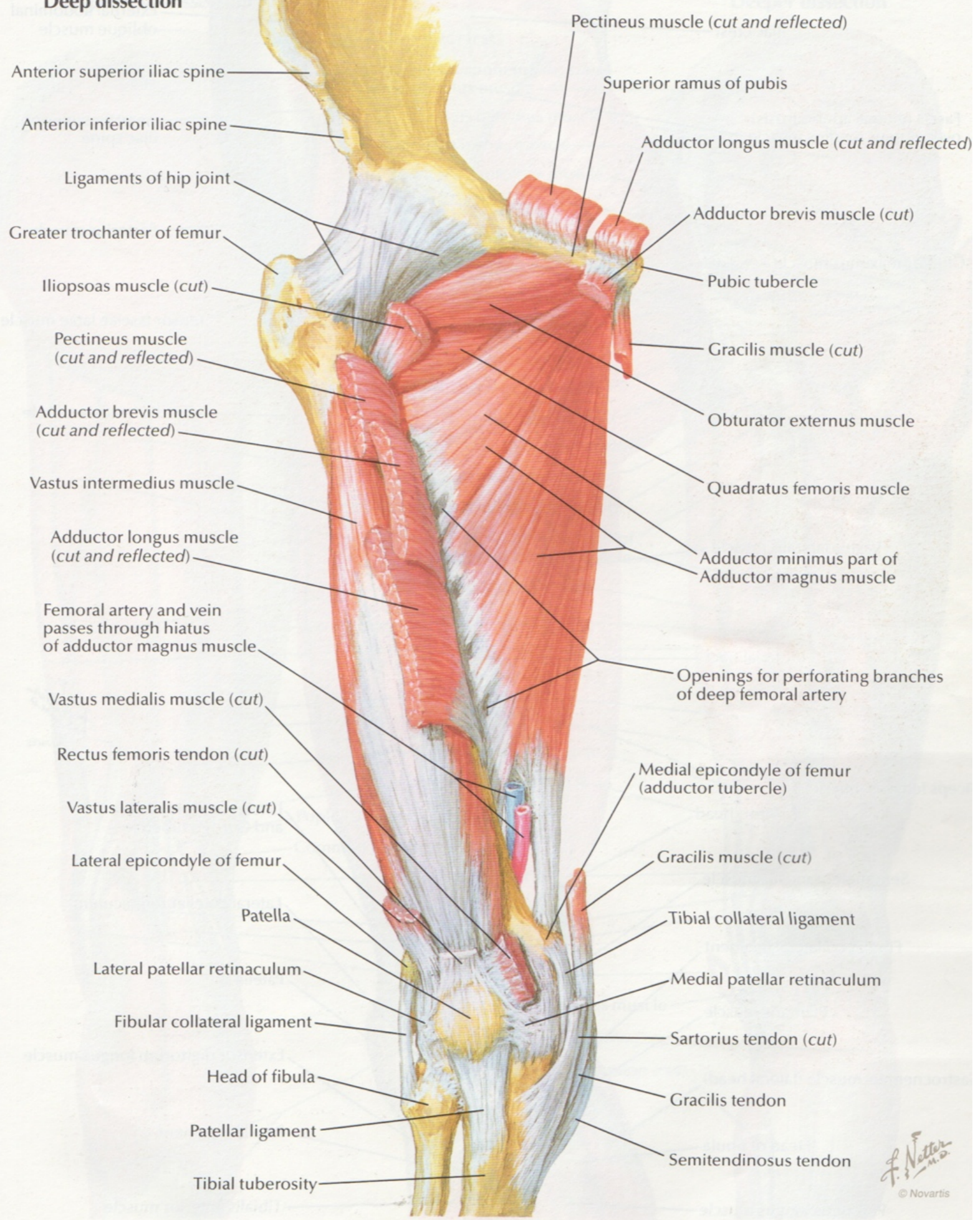
Deeper dissection



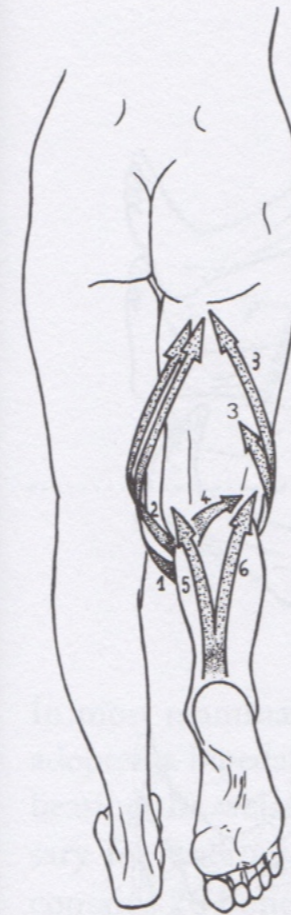
- Iliac crest
- Fascia (gluteal aponeurosis) over Gluteus medius muscle
- Gluteus minimus muscle
- Gluteus maximus muscle
- Piriformis muscle
- Sciatic nerve
- Sacrospinous ligament
- Superior gemellus muscle
- Obturator internus muscle
- Inferior gemellus muscle
- Sacrotuberous ligament
- Quadratus femoris muscle
- Ischial tuberosity
- Greater trochanter
- Semitendinosus muscle
- Biceps femoris muscle (long head)
- Adductor minimus part of Adductor magnus muscle
- Semimembranosus muscle
- Iliotibial tract
- Gracilis muscle
- Biceps femoris muscle Short head
- Biceps femoris muscle Long head
- Semimembranosus muscle
- Semitendinosus muscle
- Popliteal vessels and tibial nerve
- Common peroneal nerve
- Plantaris muscle
- Gastrocnemius muscle Medial head
- Gastrocnemius muscle Lateral head
- Sartorius muscle
- Popliteus muscle
- Soleus muscle
- Plantaris tendon (cut)







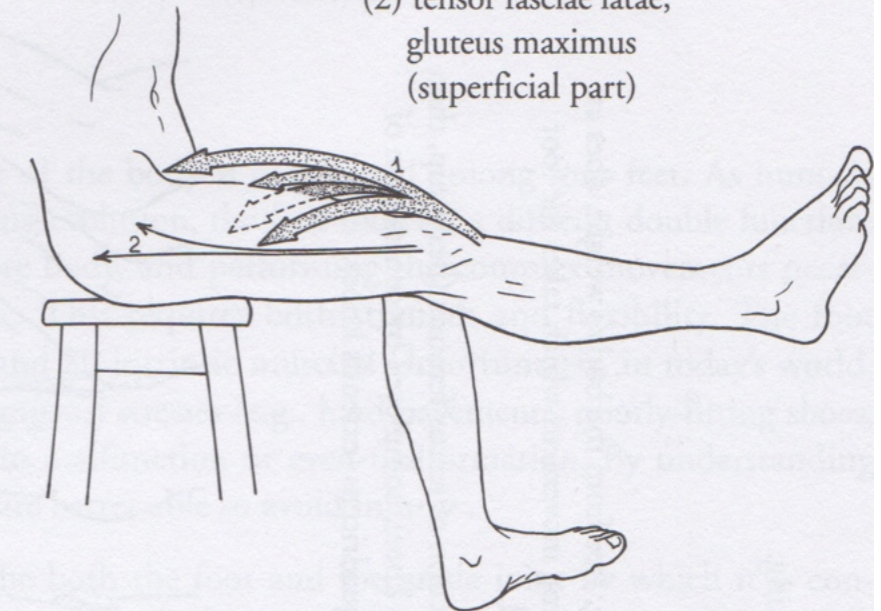
Summary of Muscle Movements of the Knee



Flexion of knee (left):

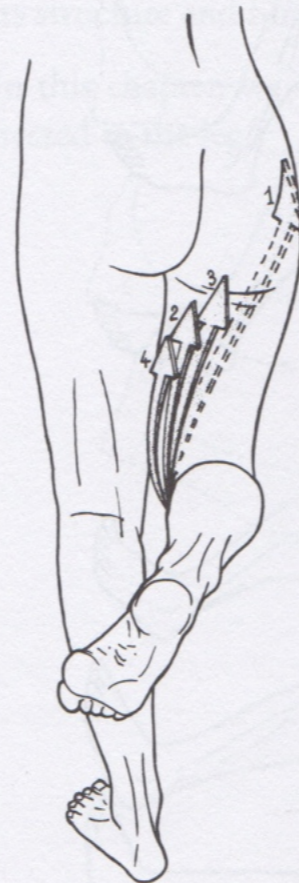
- (1) semitendinosus
- (2) semimembranosus
- (3) biceps femoris
- (4) popliteus
- (5, 6) gastrocnemius

not shown:
sartorius, gracilis



Extension of knee (below):

- (1) quadriceps femoris
- (2) tensor fasciae latae,
gluteus maximus
(superficial part)



Medial rotation of knee (left):

- (1) sartorius
- (2) semitendinosus
- (3) semimembranosus
- (4) gracilis

not shown:
popliteus



Lateral rotation of knee (right):

- (1) tensor fasciae latae
- (2) gluteus maximus (superficial part)
- (3) biceps femoris (long and short heads)

Summary of movements

We have covered many muscles and movements. Let us summarize the muscles involved in the specific movements of the hip and knee. The arrows represent the forces produced by the various muscles.

Flexion of hip (left):

- (1) psoas
 - (2) iliacus
 - (3) rectus femoris
 - (4) tensor fasciae latae
 - (5) gluteus minimus and medius (anterior part)
 - (6) sartorius
 - (7) pectineus
- not shown:*
gracilis

Extension of hip (right):

- (1) gluteus maximus
 - (2) biceps femoris (long head)
 - (3) semimembranosus
 - (4) semitendinosus
 - (5) gluteus medius (posterior part)
- not shown:*
adductor magnus

Abduction of hip (left):

- (1) gluteus medius
 - (2) gluteus minimus
 - (3) tensor fasciae latae, gluteus maximus (superficial part)
- not shown:*
piriformis, obturators, gemelli, sartorius

Adduction of hip (left):

- (1) adductor magnus
 - (2) adductor longus
 - (3) adductor brevis
 - (4) pectineus
 - (5) gracilis
 - (6) psoas
 - (7) iliacus
- not shown:*
biceps femoris (long head),
gluteus maximus (deep part)

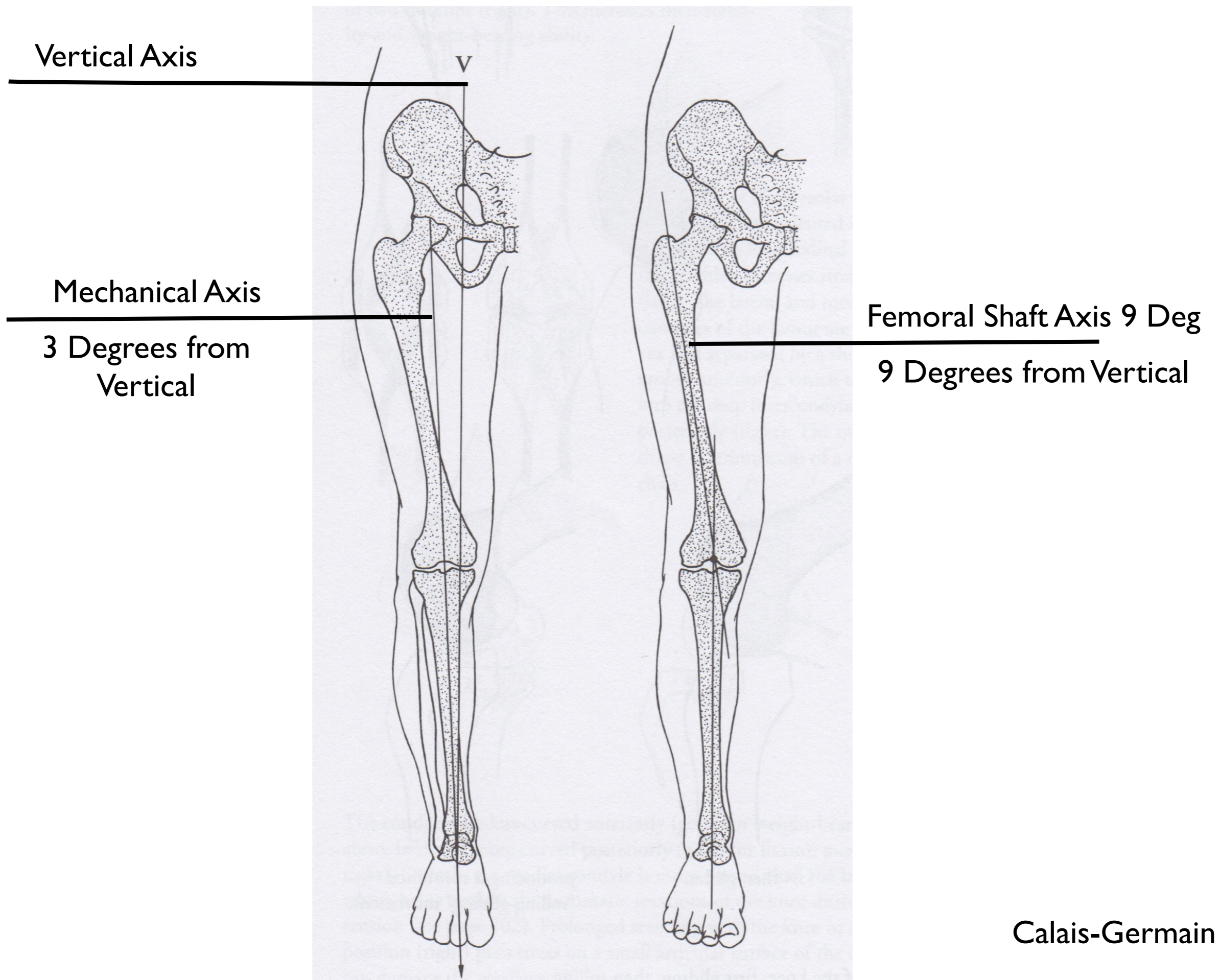
Medial rotation of hip (right):

- (1) gluteus medius
- (2) gluteus minimus
- (3) tensor fasciae latae

Lateral rotation of hip (left):

- (1) gluteus maximus
- not shown:*
piriformis, obturators, gemelli, quadratus femoris, biceps femoris (long head), adductors

Mechanical Longitudinal axis of leg



Suggested Reading List:

The Key Muscles of Yoga by Ray Long MD	Bandhayoga
The Key Poses of Hatha Yoga by Ray Long MD.	Bandhayogq
Anatomy of Movement by Calais-Germain	Eastland
Atlas of Human Anatomy by Frank Netter	Novartis
The Physiology of the Joints by I.A. Kapandji	Churchill Livingstone
Anatomy of Yoga by Paul Grilley	Pranamaya