

# SNS COLLEGE OF PHYSIOTHERAPY

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Coimbatore – 641035

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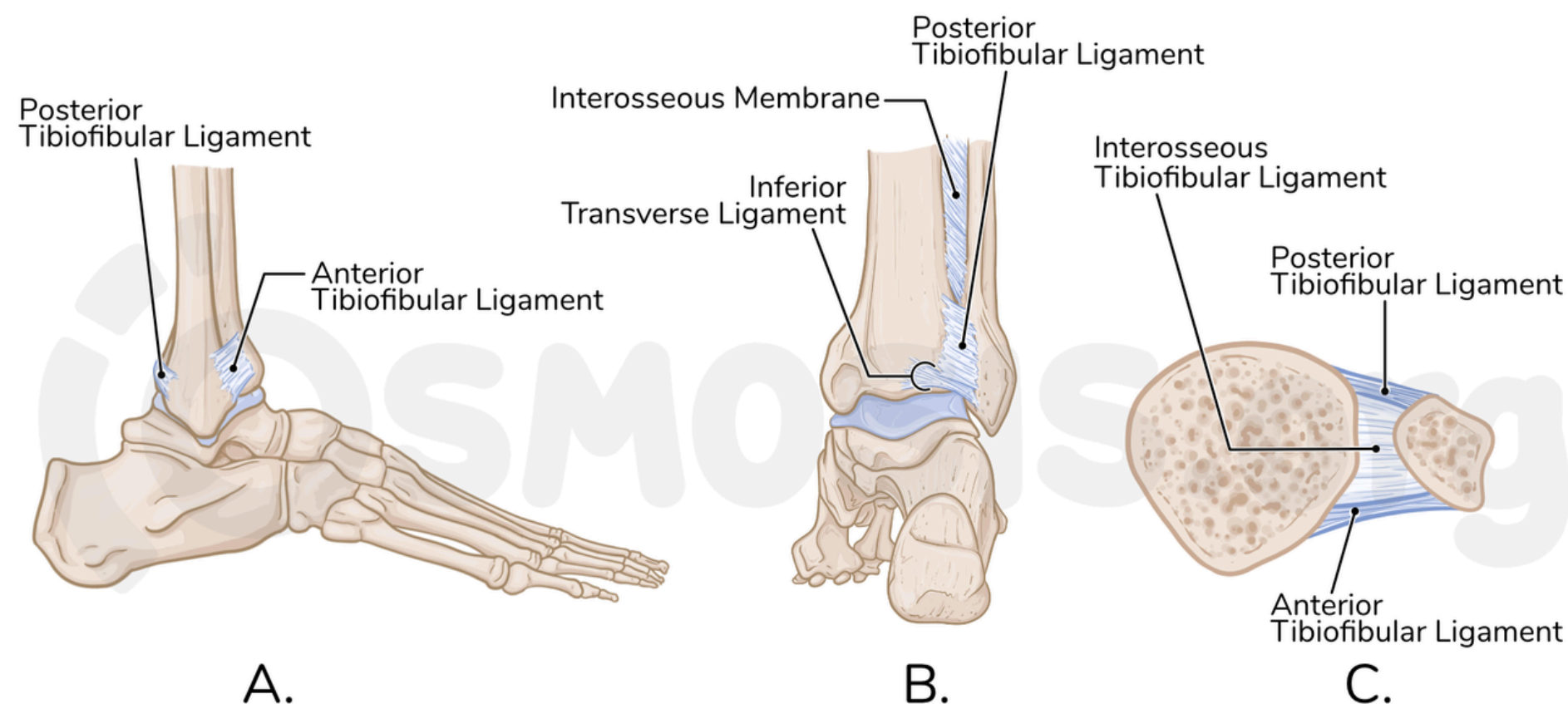
**COURSE NAME : BIOMECHANICS**

**SUBJECT CODE : 6277**

**TOPIC : Biomechanics of Tibiofemoral Joint**

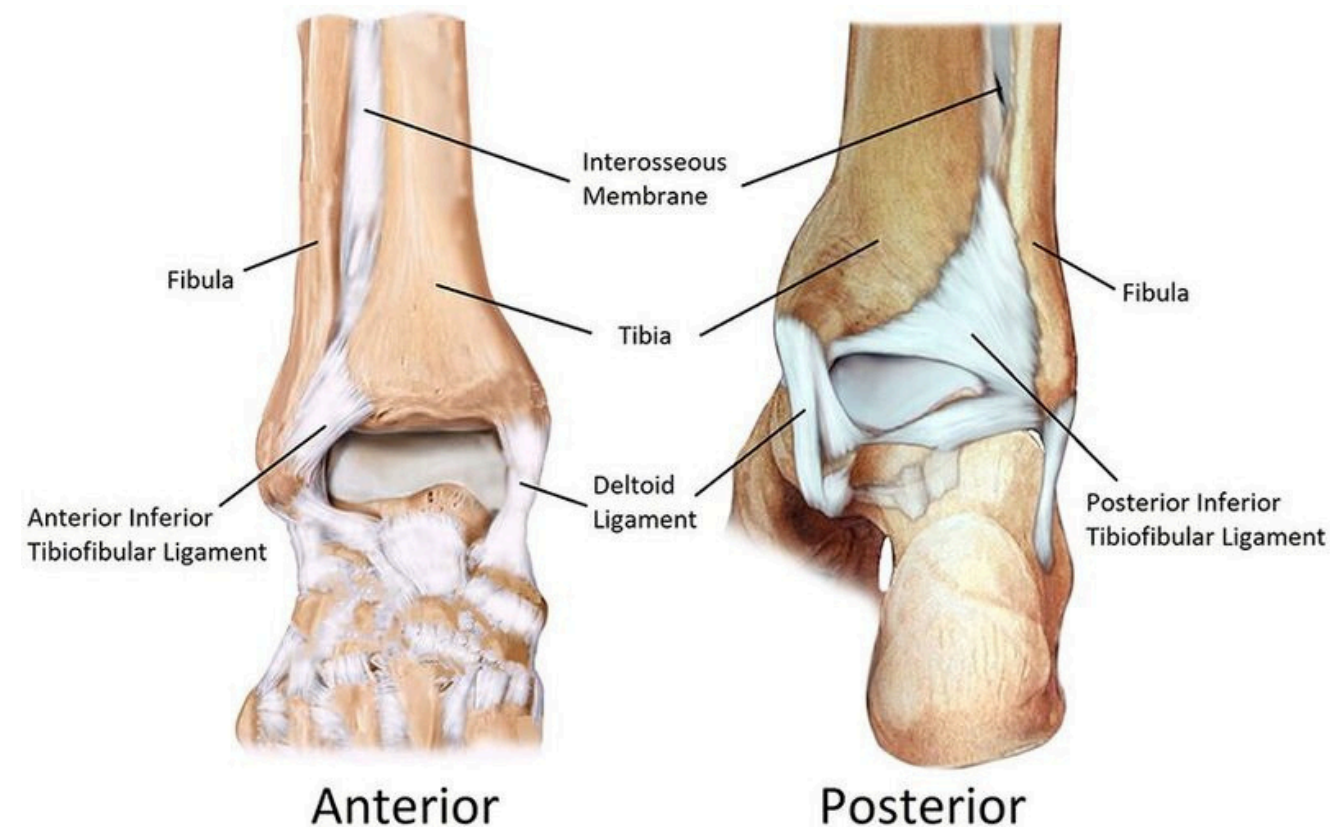
# Biomechanics of Tibiofemoral Joint

- Tibiofemoral Osteokinematics
- Tibiofemoral Arthokinematics
- Automatic Locking/ Screw Home Phenomenon



# Contents

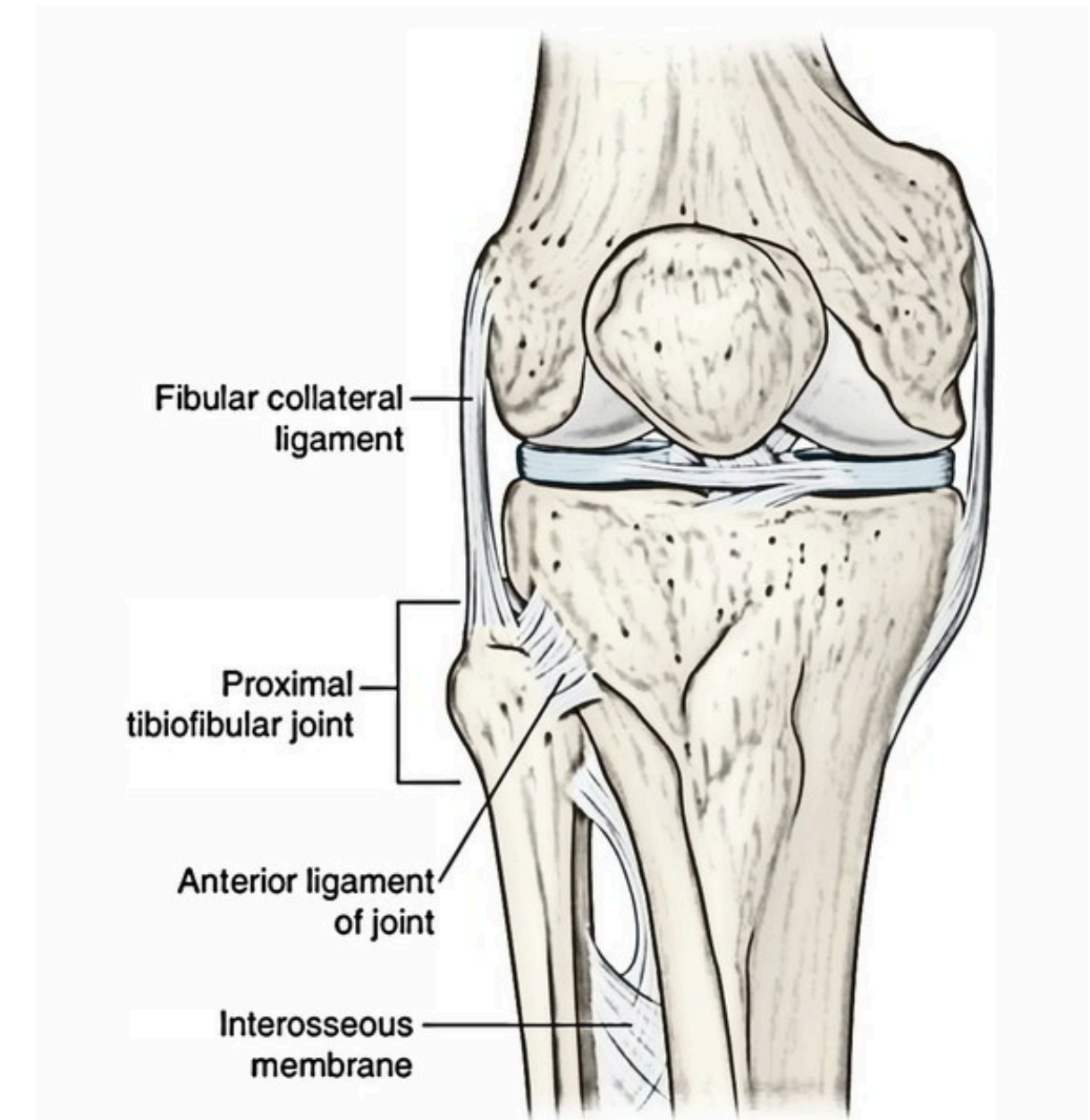
1. Tibiofemoral Arthokinematics
2. Tibiofemoral Osteokinematics
3. Automatic Locking/ screw home phenomenon



# Osteokinematics of knee joint

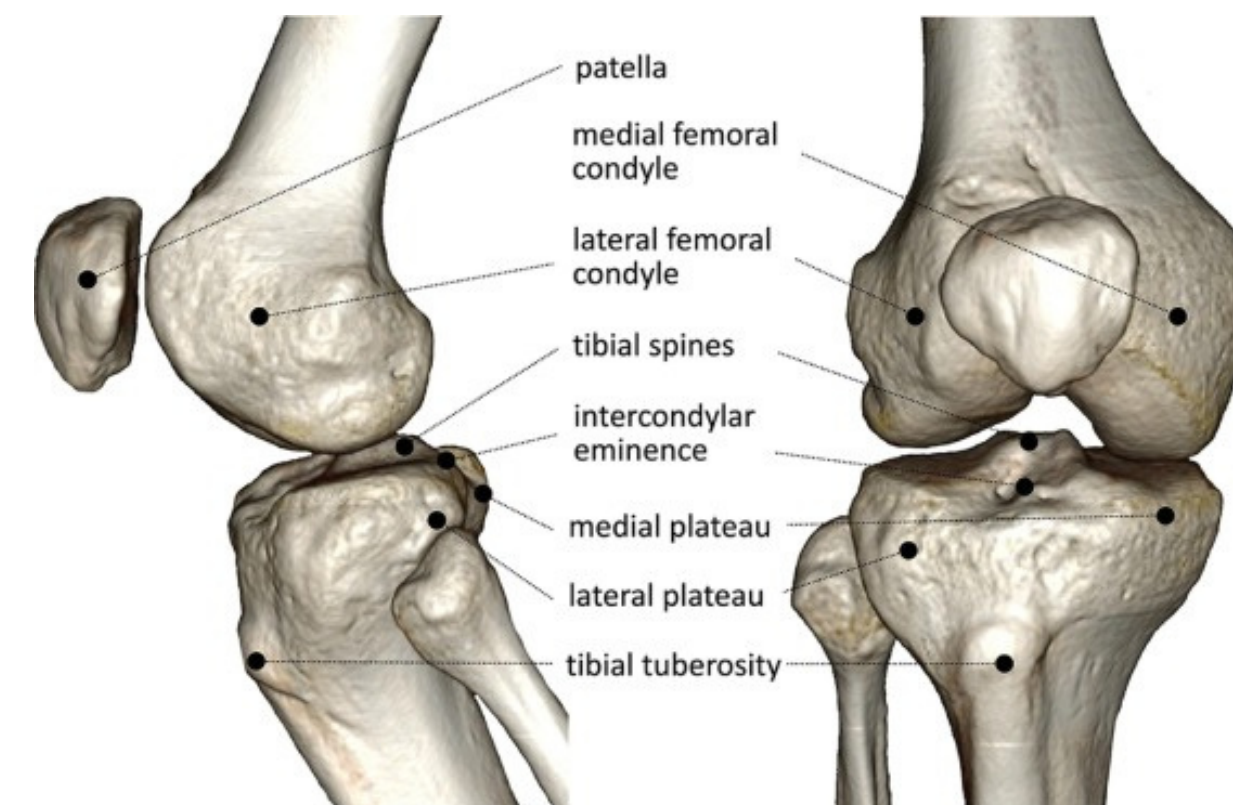
Two degree freedom of motion

- Flexion extension- coronal axis/ migrating medial lateral axis (the evolute)
- Internal/external rotation- vertical axis
- + Passive frontal plane motion



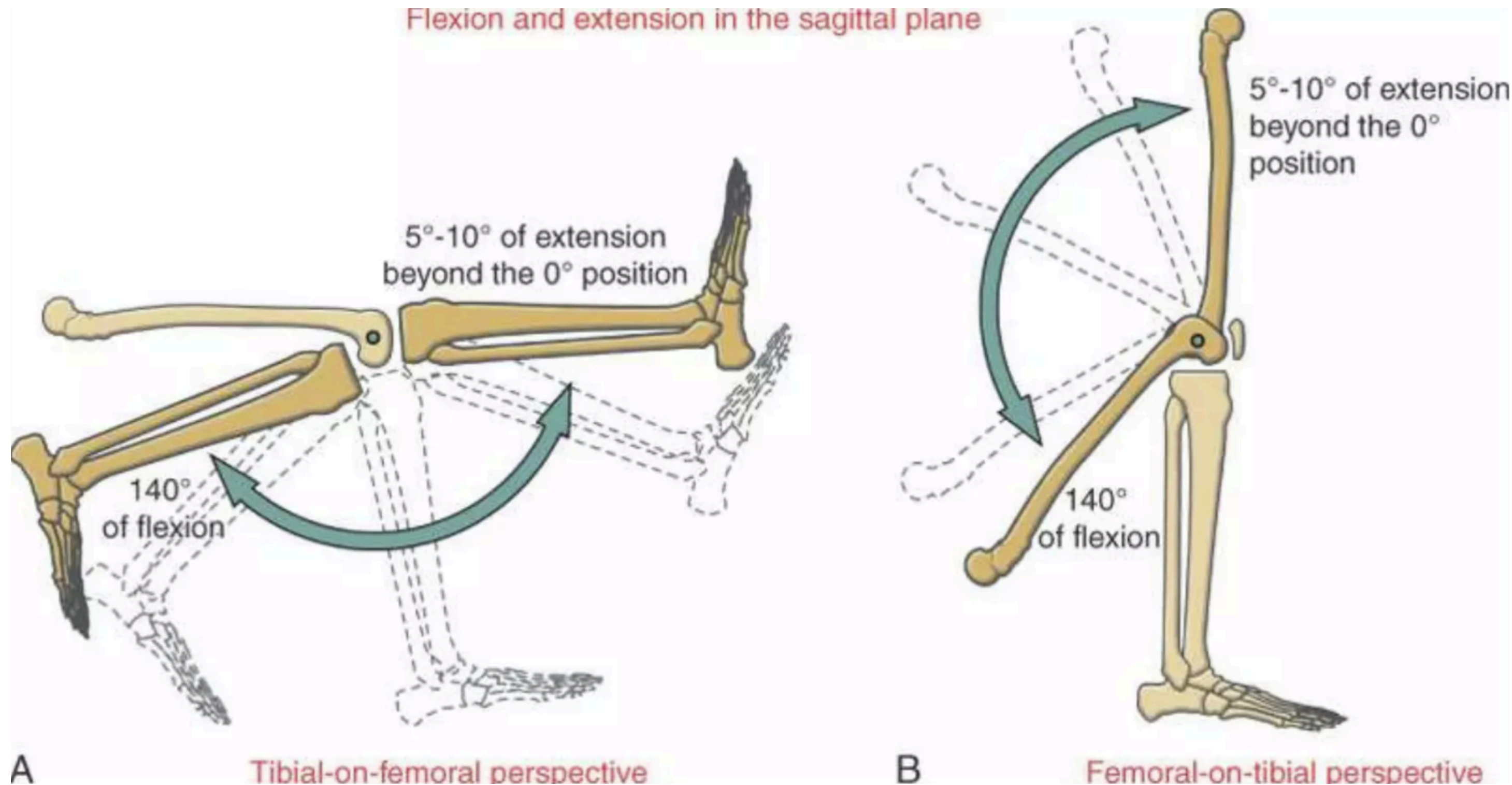
# Osteokinematics

Flexion	Extension
In normal = 130° - 150°	Hyperextension = 5° - 10°
In squatting = 160°	
Gait = 60° - 70°	
Ascending stairs = 80°	



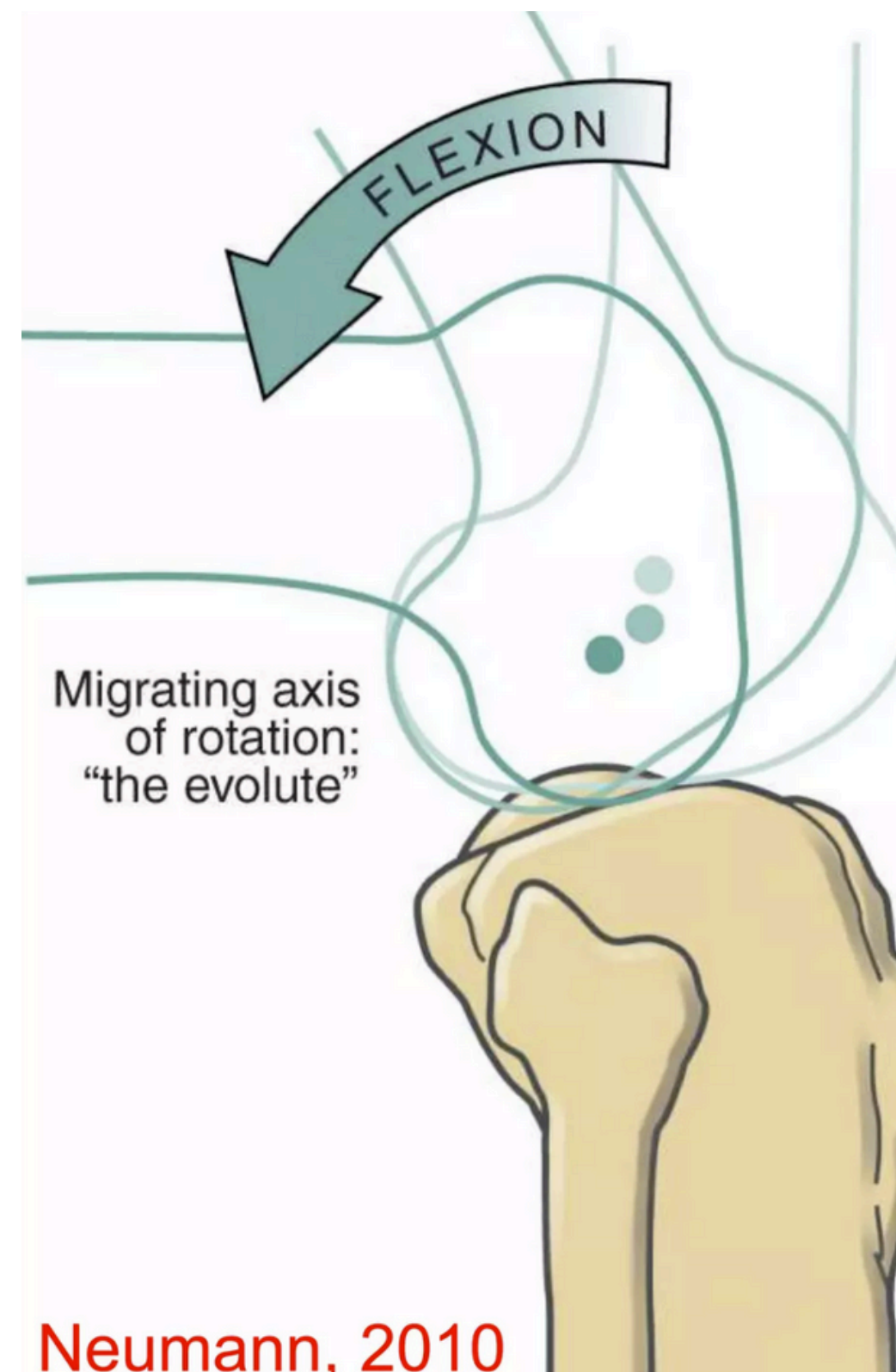
# Osteokinematics - Flx/ Ext

Flexion and extension in the sagittal plane



# “Evolute”

## Migrating Axis



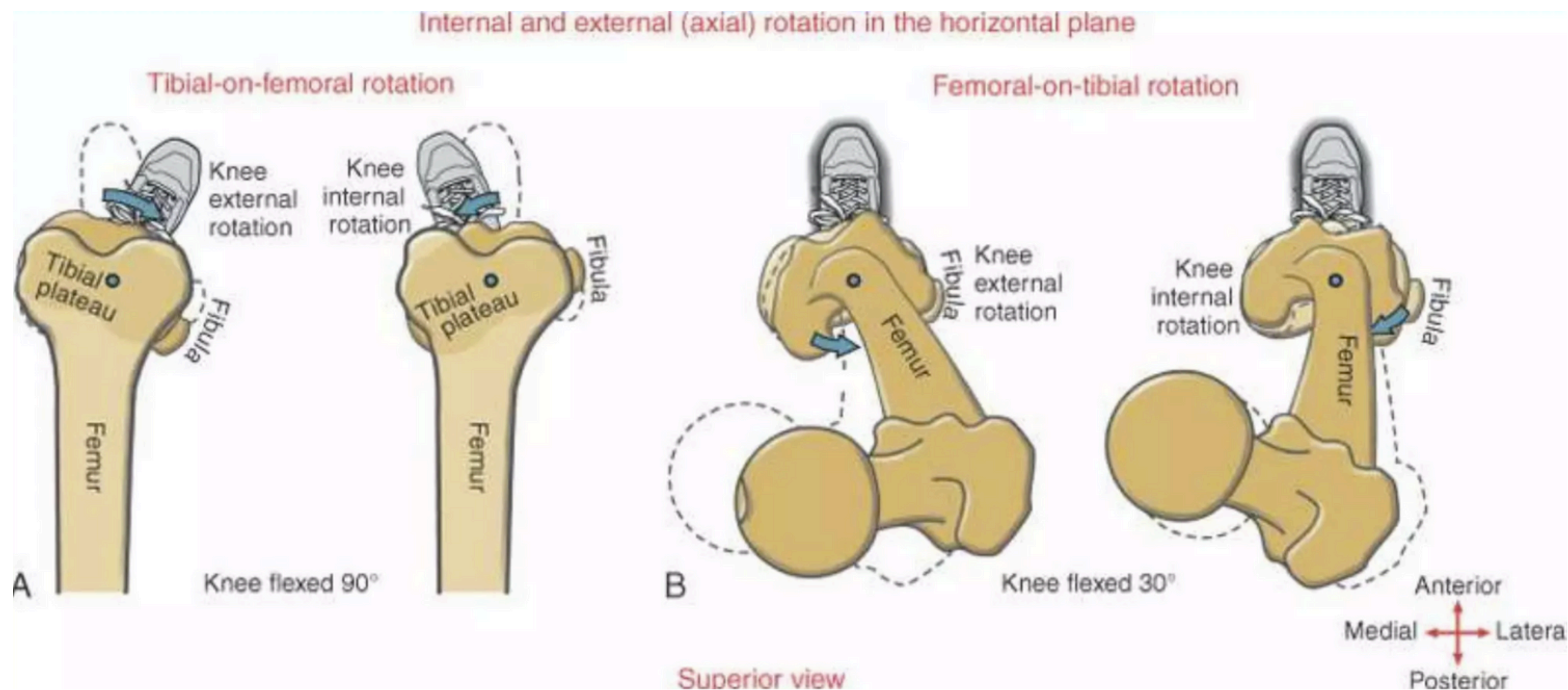
# Osteokinematics

<b>(Axial) Rotations</b>	<b>Valgus and varus</b>
Medial Rotation= 0-15°	passive)

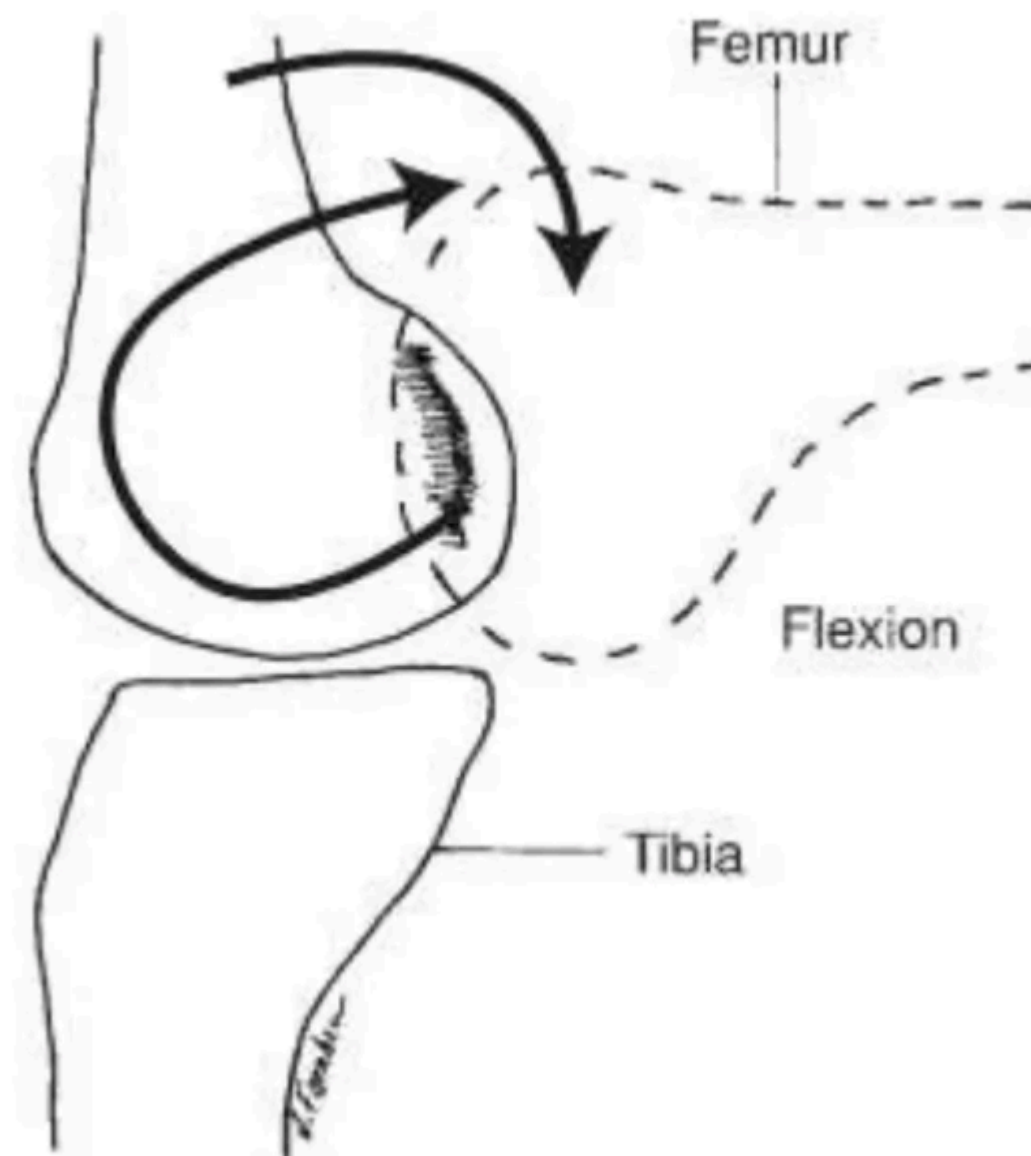
- Axial rotation increases with knee flexion.
- Total rotation in 90° flexion = 40-45°
- External rotation to internal rotation= 2:1
- Naming the rotation- based on orientation of tibial tuberosity

# Osteokinematics

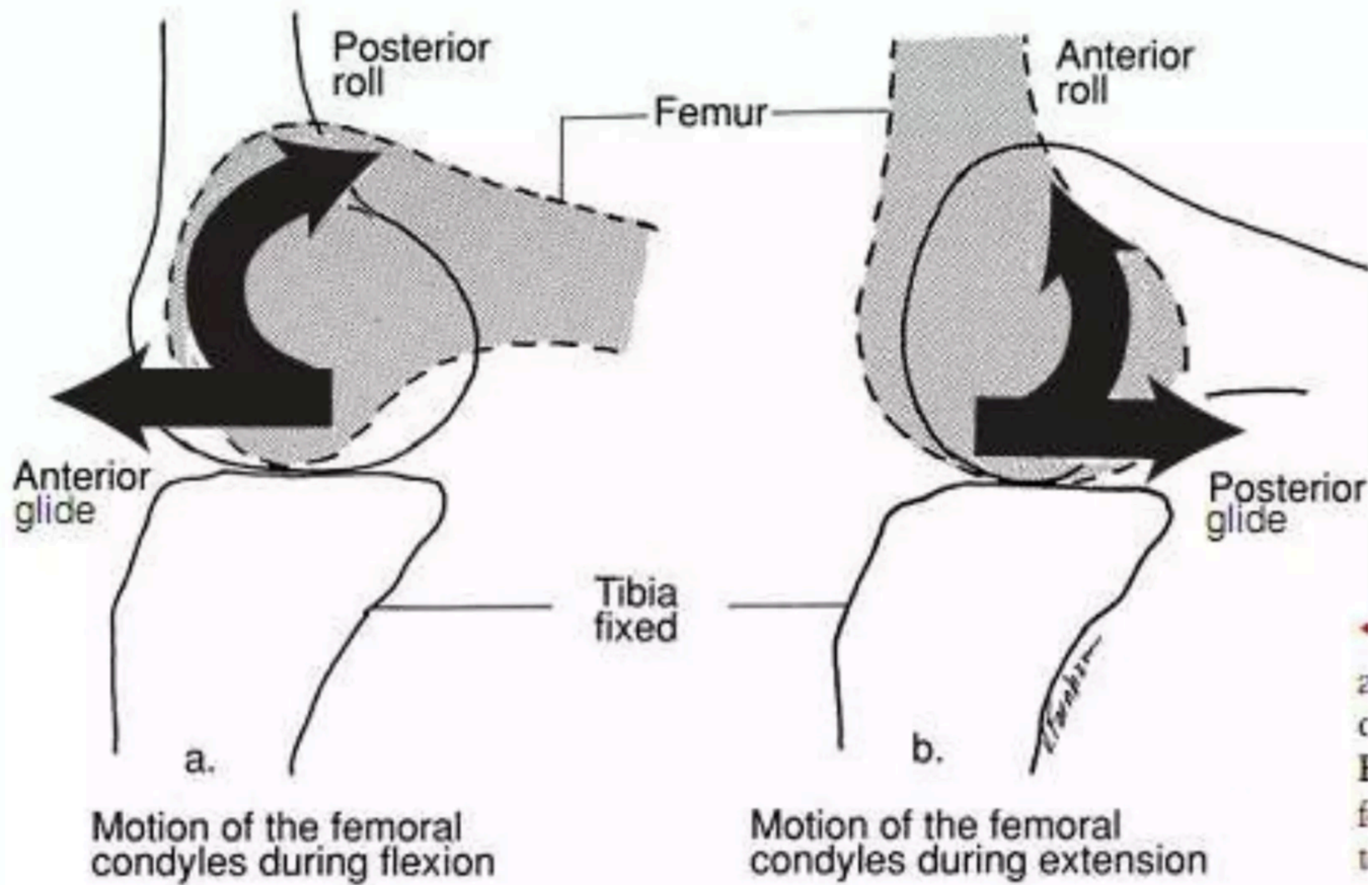
- Naming the rotation- based on orientation of tibial tuberosity with respect to distal anterior femur



# Arthrokinematics: Knee Joint

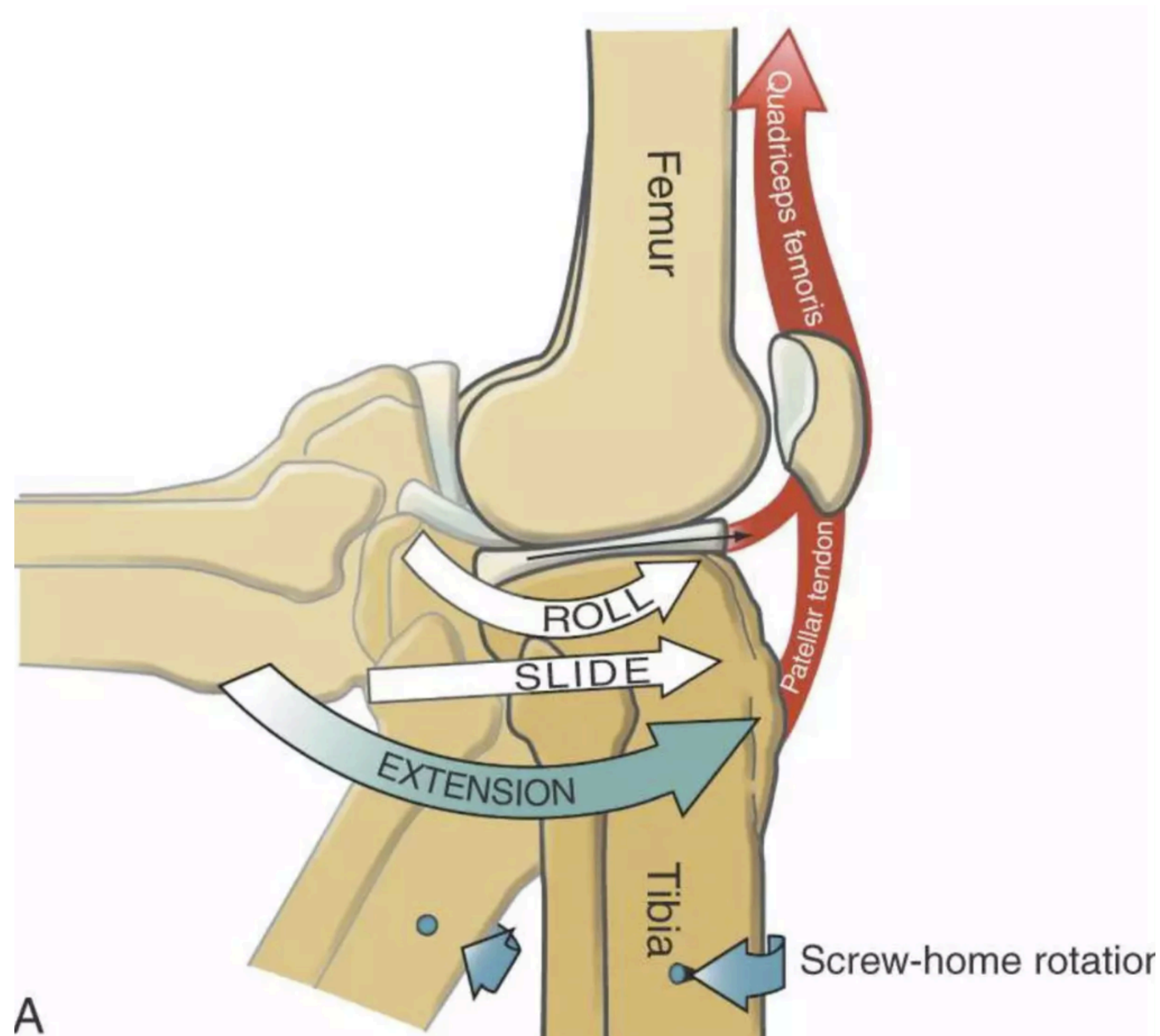


# Arthrokinematics



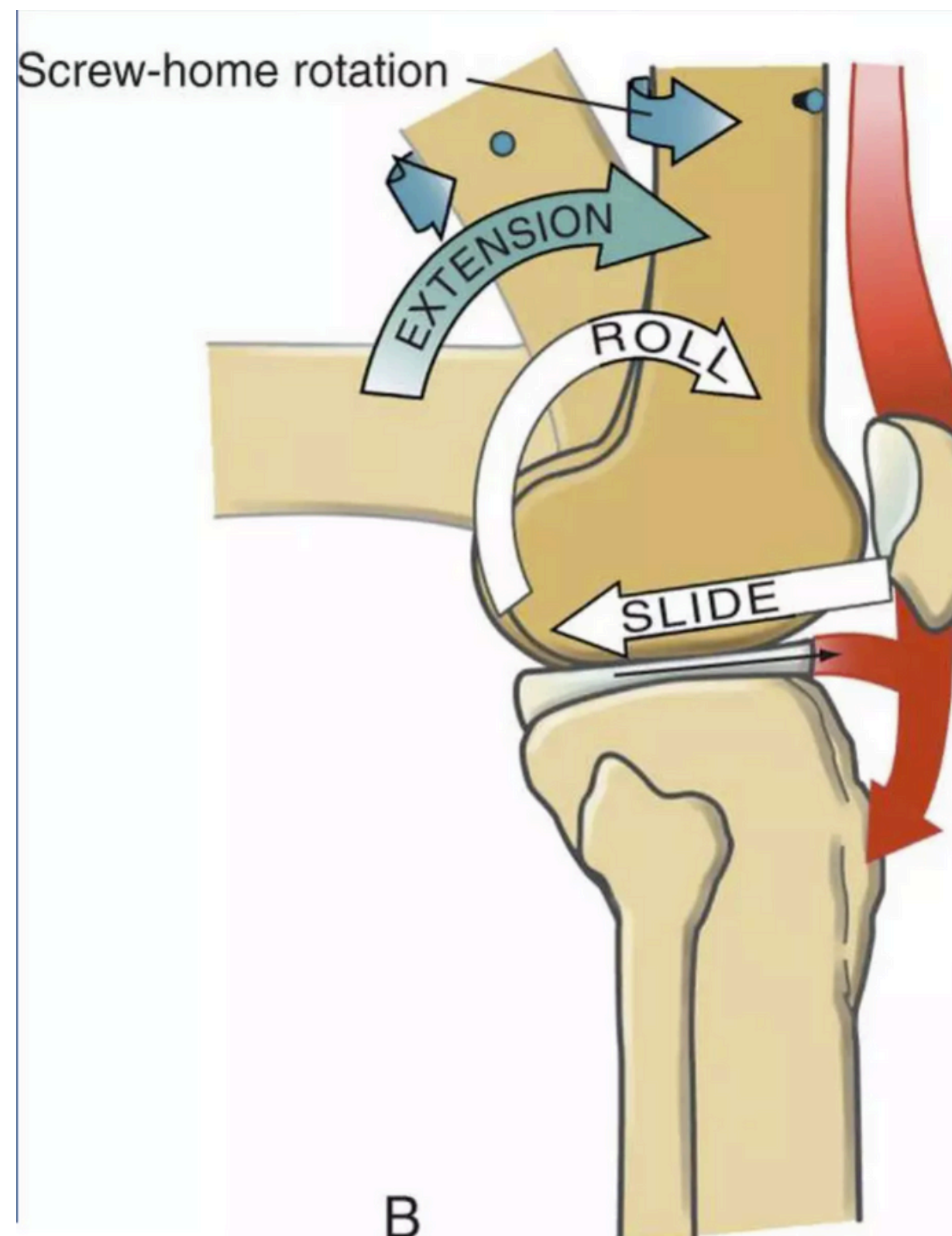
# Arthrokinematics

## Tibia on Femoral Extension



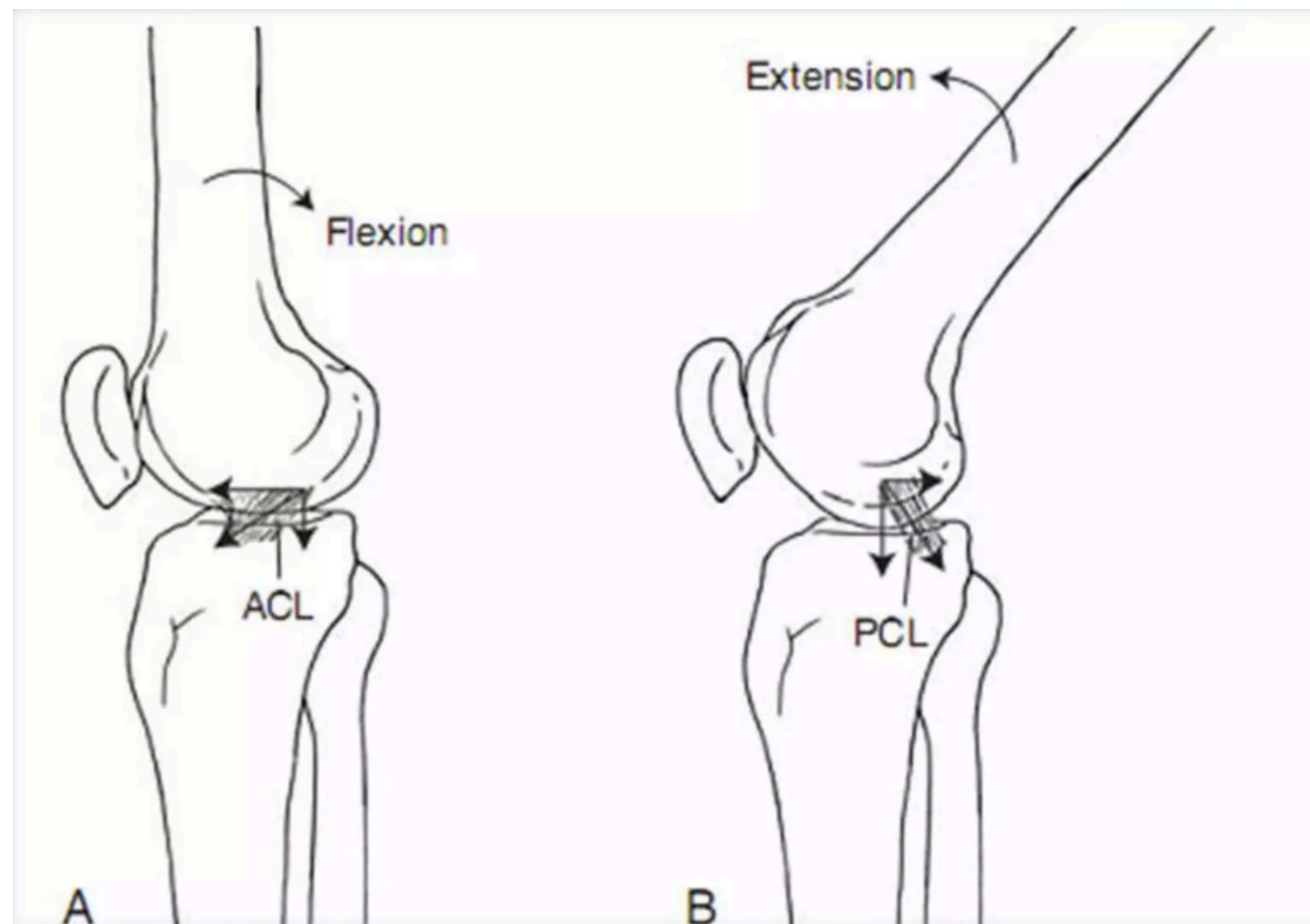
# Arthrokinematics

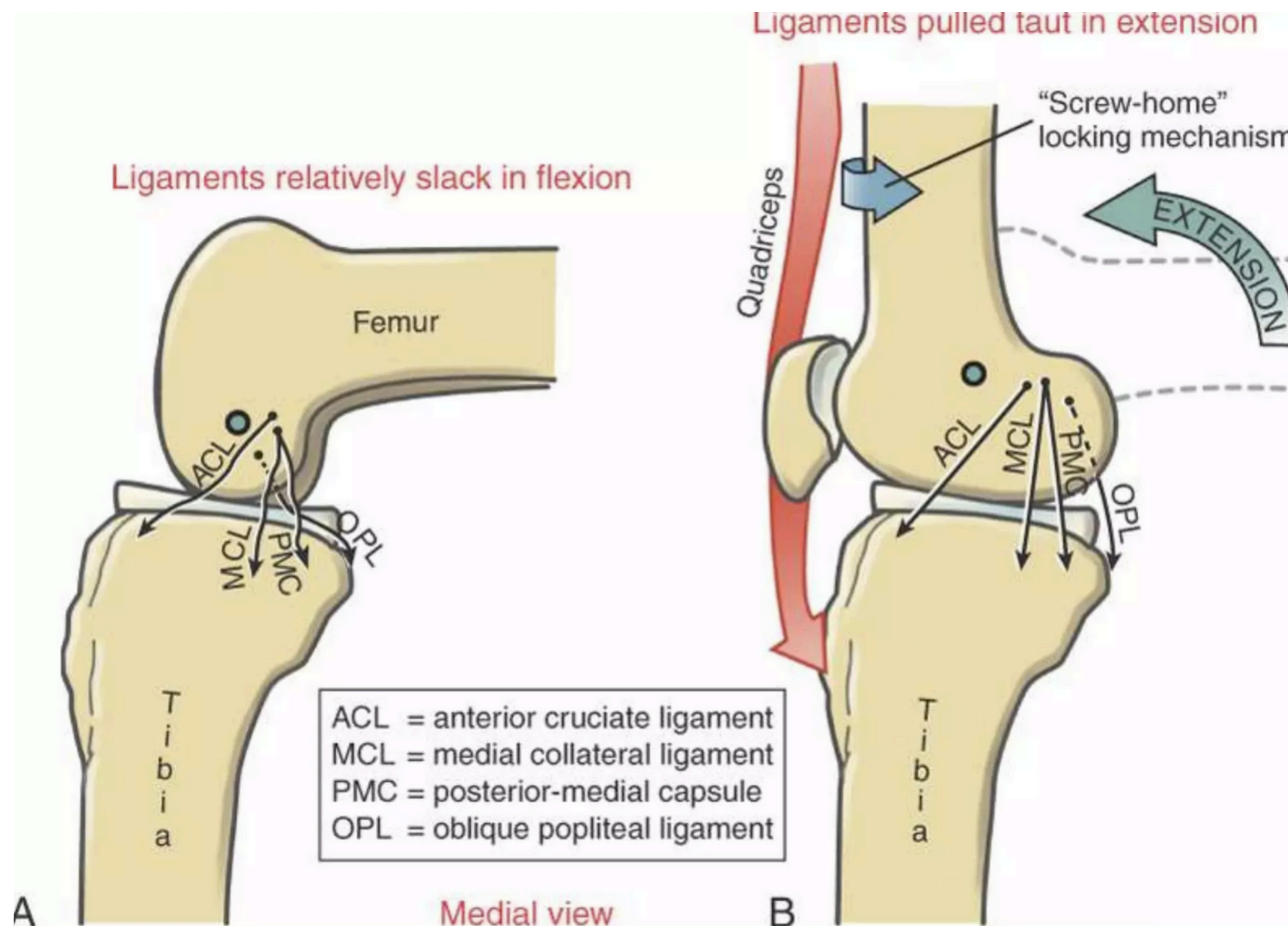
## Tibia on Tibia Extension



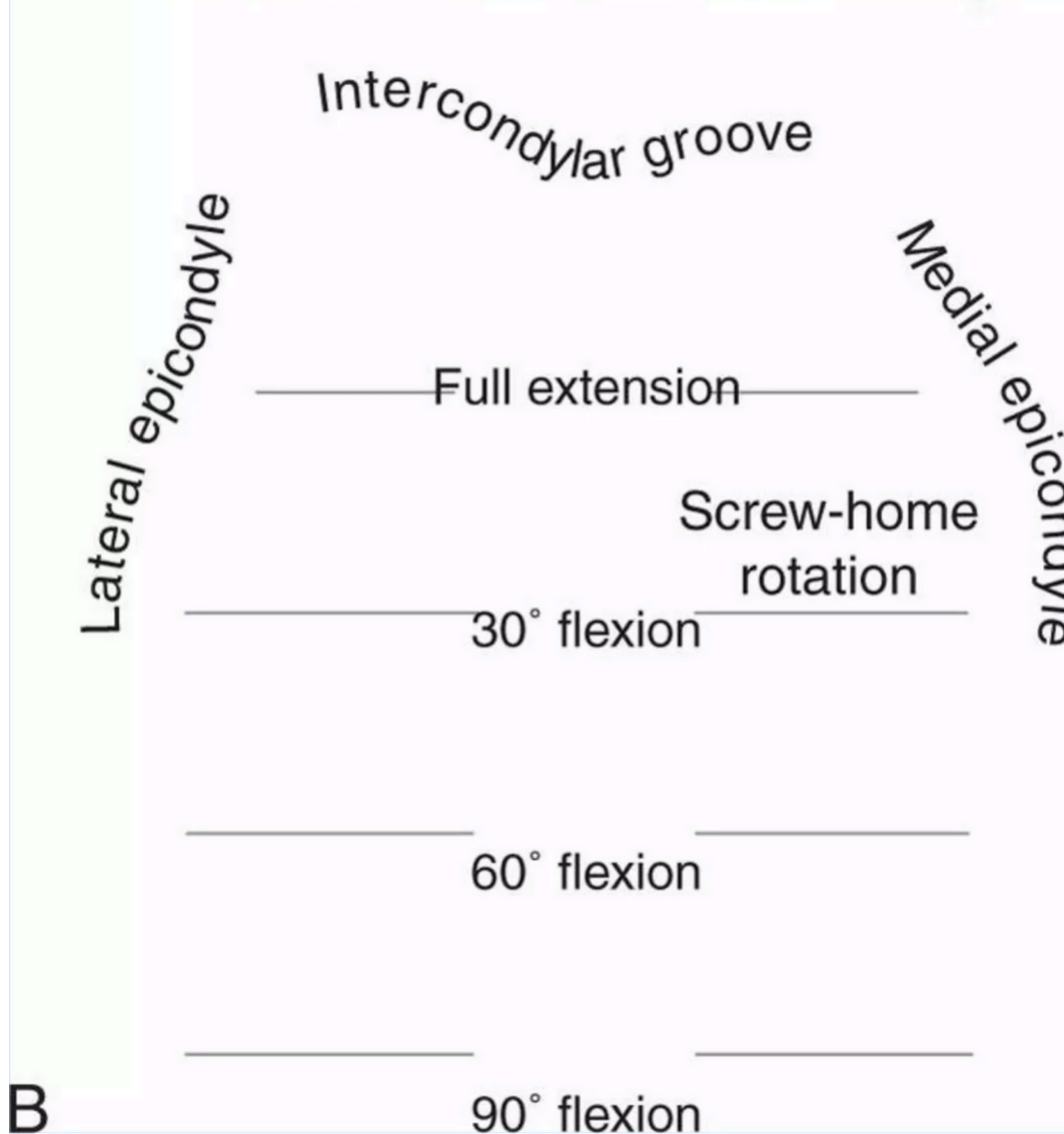
# Arthrokinematics

## Role of cruciate ligaments



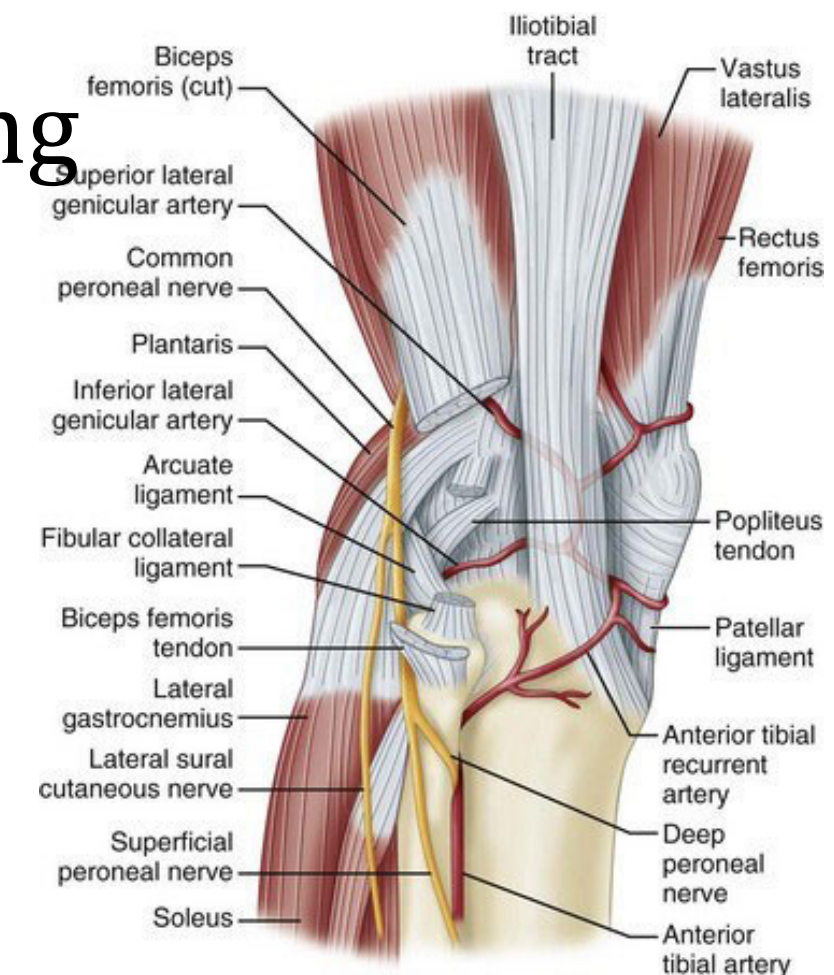


## Path of the tibia on the femoral condyles



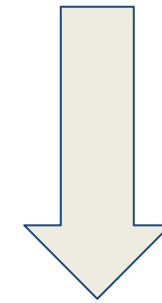
# Automatic or terminal rotation

- Coupled motion of lateral rotation and extension of knee
- Non-voluntary (Automatic)
- Locks the knee joint
- Keeps knee to remain in full extension in standing

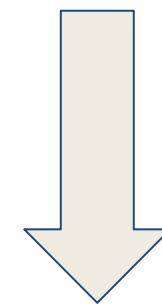


## Non weight bearing

A-P diameter of Lat F condyle < Med F condyle



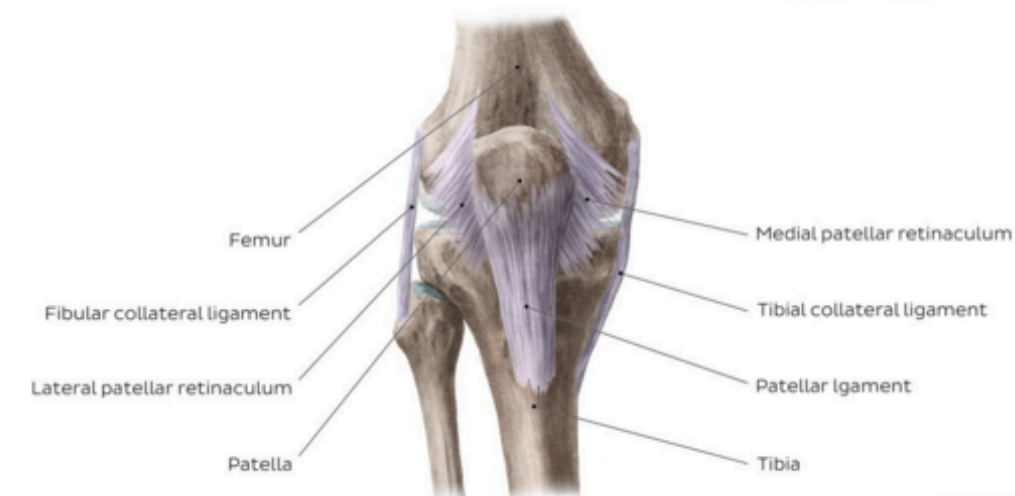
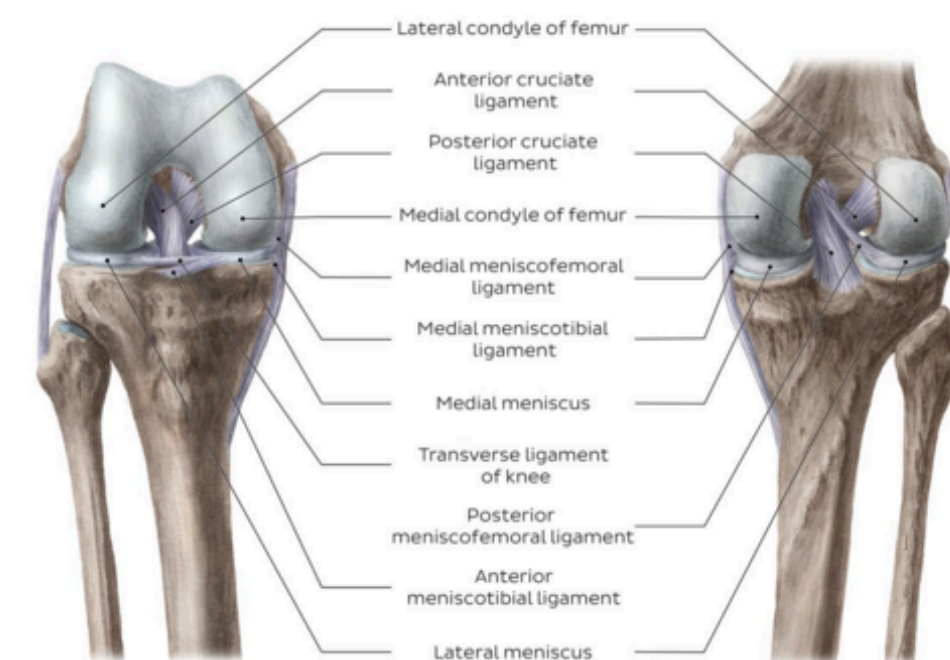
During last 30° of extension, glide and roll in Lateral condyle finishes but not in medial condyle



Lateral condyle serves as an axis for the medial condyle to rotate backwards i.e. Lateral rotation of tibia on femur occurs

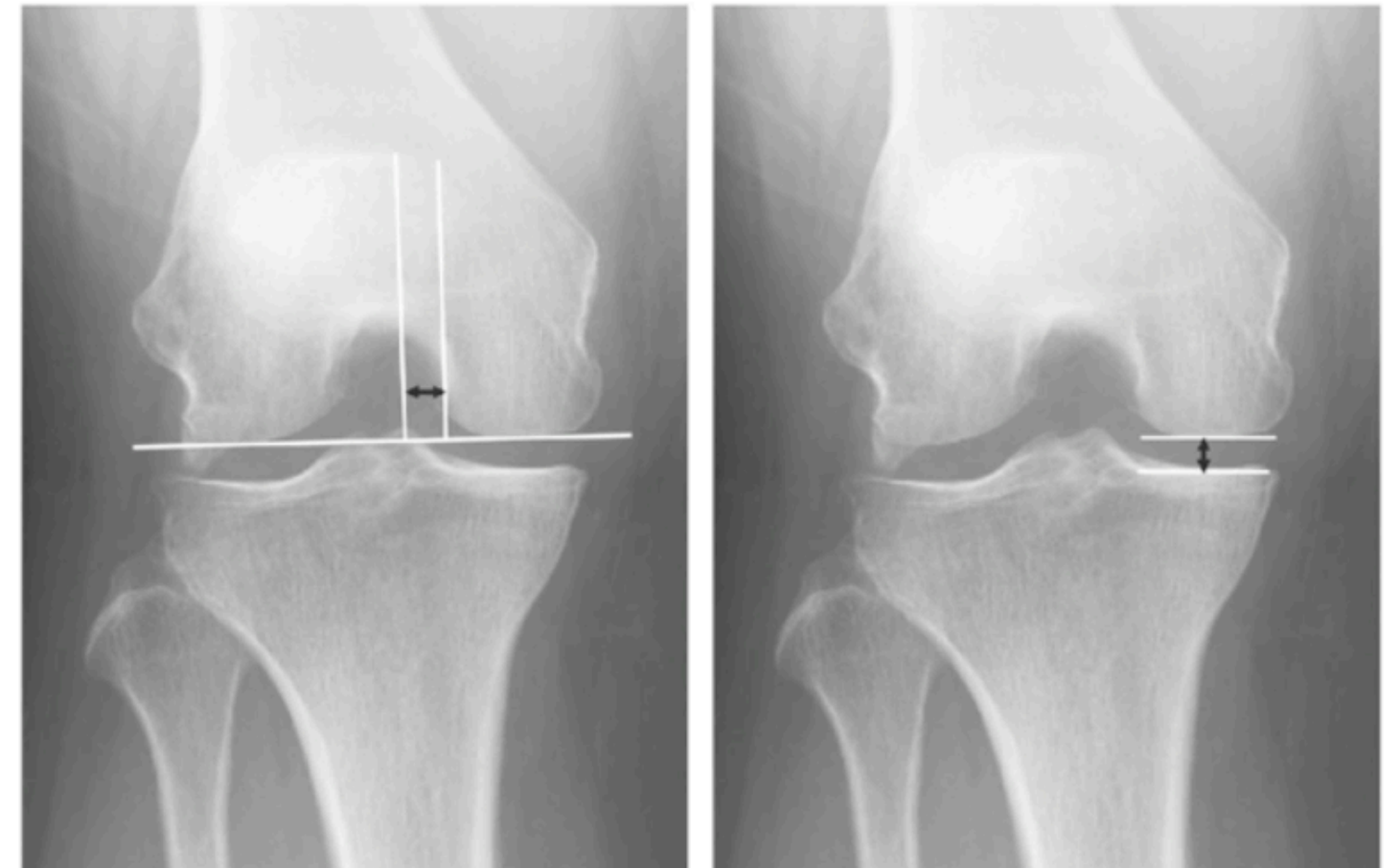
# Non weight bearing

- This is locking of knee or Screw Home Phenomenon
- Locking makes all ligaments taut



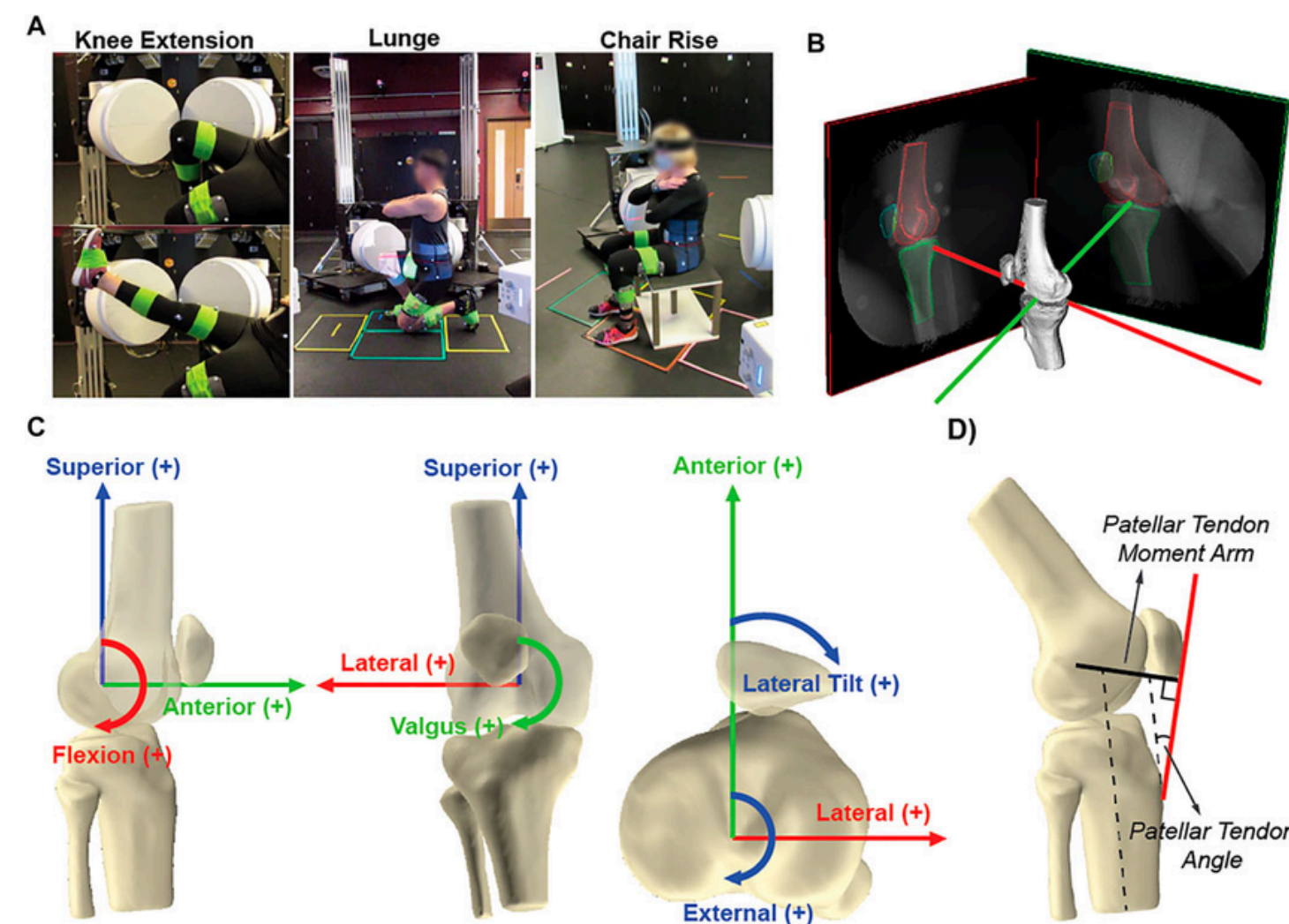
## Non weight bearing : Unlocking

- Knee flexes only if unlocked
- It happens with medial rotation of tibia on femur
- Unlocking is brought about by Popliteus muscle



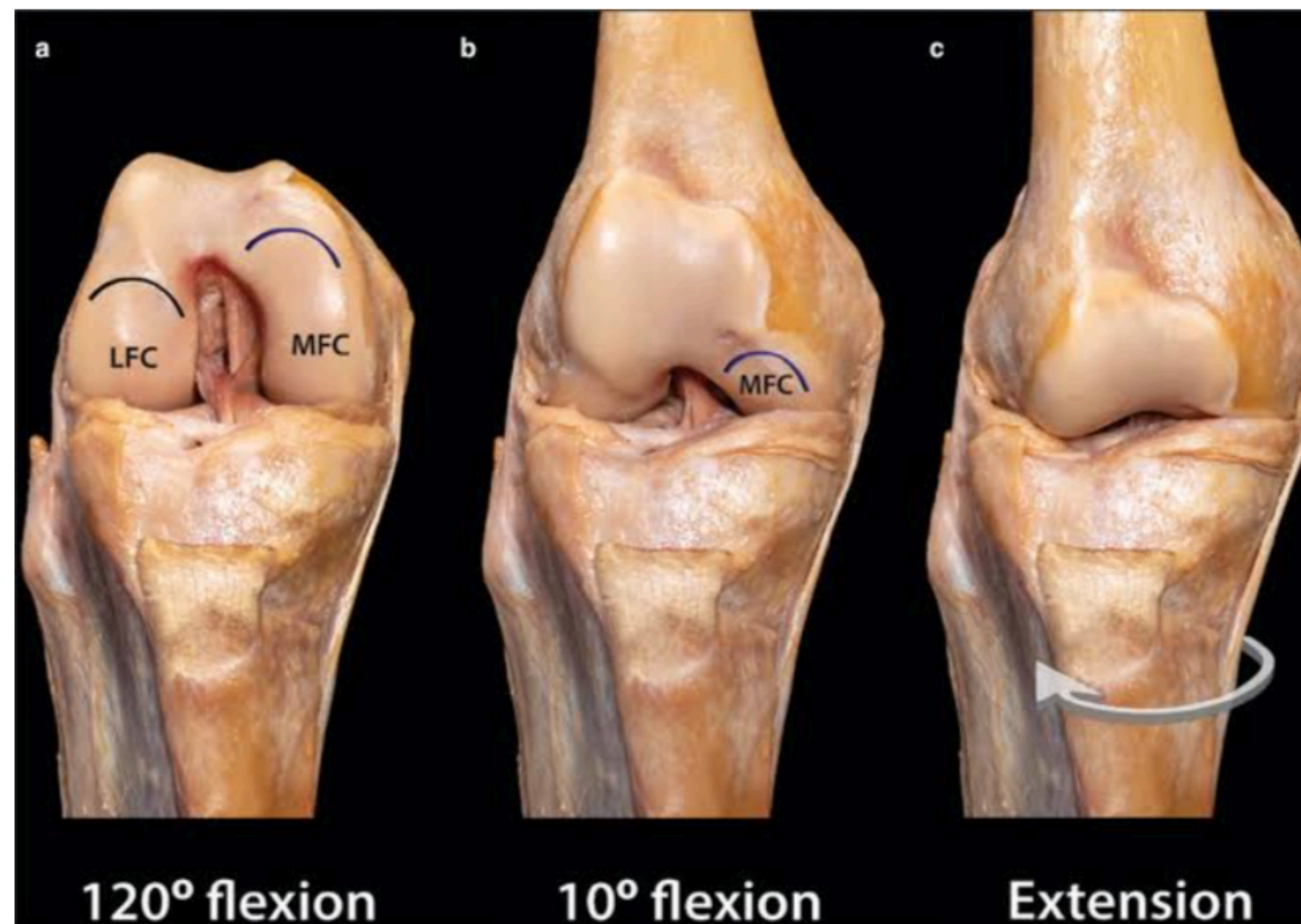
# Weight bearing

- Locking: femur rotates medially on relatively fixed tibia during last 30° of extension
- Unlocking: lateral rotation of femur on tibia before flexion proceeds



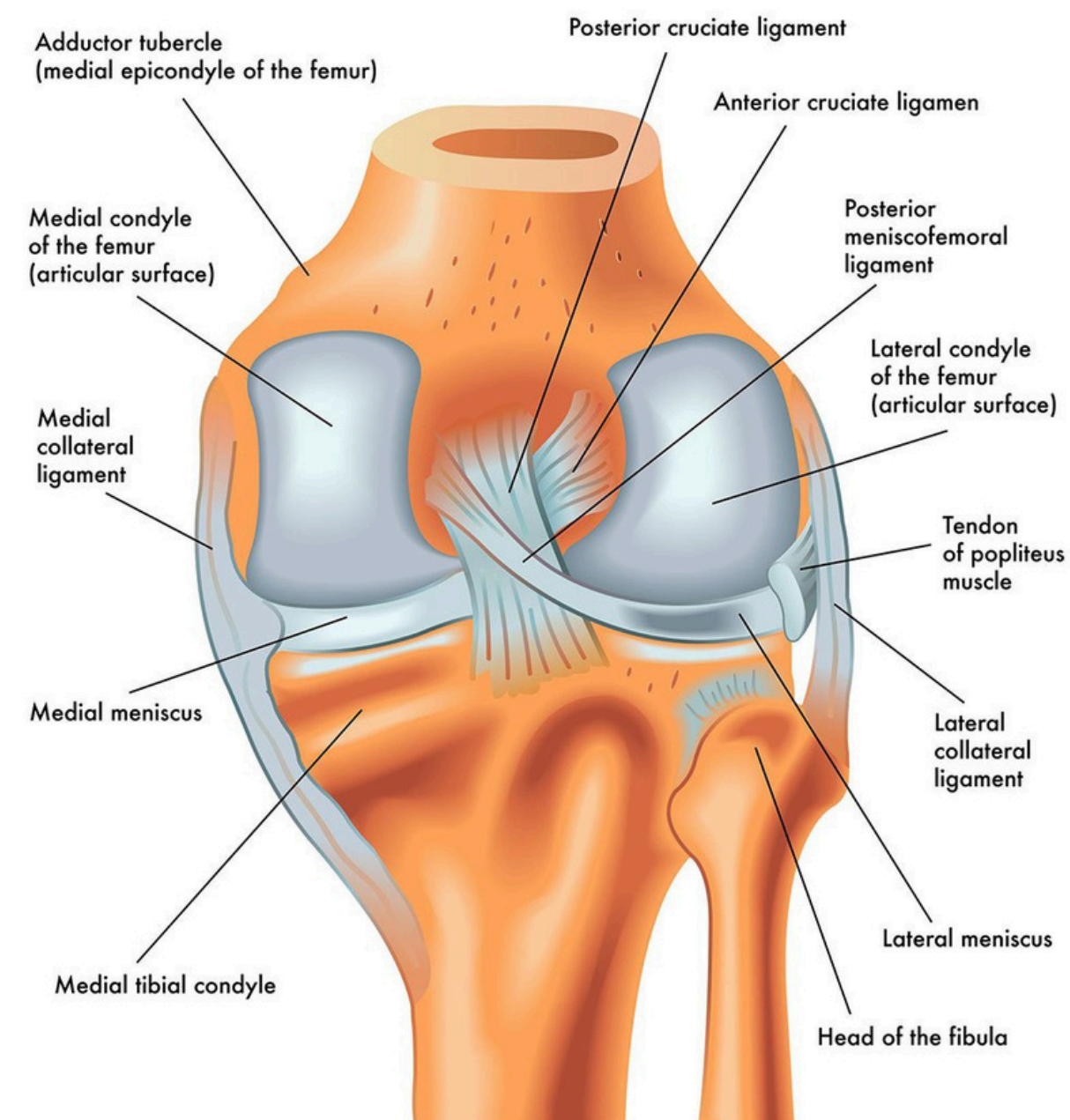
# Factors guiding Screw home Rotation

- Shape of Medial femoral condyle
- Tension in ACL
- Lateral Pull of the Quadriceps



# Summary

- Osteokinematics
- Arthrokinematics
- Screw home phenomenon



# FLOWCHART

## Knee Joint Function and Stability



# References

- Norkin C, Levensie P. Joint structure and function. 4th Edition
- Neumann DA. Kinesiology of musculoskeletal system, Foundation for Physical Rehabilitation, 2nd Edition
- Kapandji IA. The Physiology of Joints. Volume 2, Lower Limb. 5th Edition

# In class assessment

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1. Define the tibiofemoral joint and classify it anatomically.
2. Describe the articular surfaces forming the tibiofemoral joint.
3. What are the functions of the menisci in the tibiofemoral joint?
4. Explain the screw-home mechanism of the knee joint.
5. Describe the movements possible at the tibiofemoral joint.

# In class assessment

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1. List the static and dynamic stabilizers of the tibiofemoral joint.
2. Explain the role of cruciate ligaments in knee stability.
3. Describe anteroposterior and rotational stability of the tibiofemoral joint.
4. What are the tibiofemoral joint reaction forces during weight-bearing activities?
5. Mention common clinical conditions affecting the tibiofemoral joint.

**THANK YOU**