



MED437
KING SAUD UNIVERSITY



Sciatic Nerve

Lecture 21

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Revised by

Please check our [Editing File](#).

هذا العمل لا يعني عن المصدر الأساسي للمذاكرة

{ وَمَنْ يَتَوَكَّلْ عَلَى اللَّهِ فَهُوَ حَسْبُهُ }

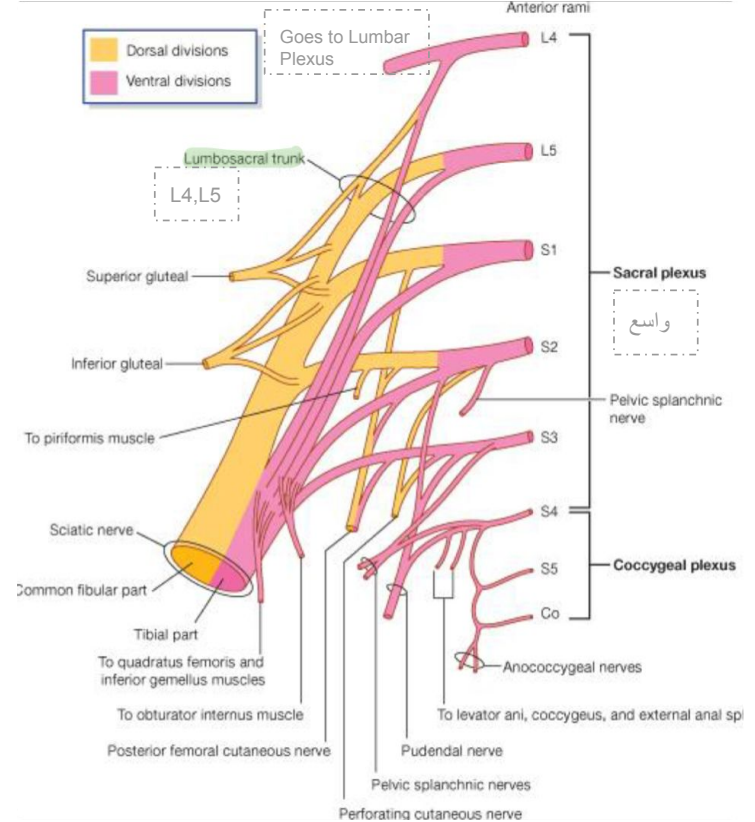
Objectives

- Describe the anatomy (origin, course & distribution) of the sciatic nerve.
 - List the branches of the sciatic nerve.
 - Describe briefly the main motor and sensory manifestations in case of injury of the sciatic nerve or its main branches.
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- Text in **BLUE** was found only in the boys' slides
 - Text in **PINK** was found only in the girls' slides
 - **Text in RED is considered important**
 - Text in **GREY** is considered extra notes

Origin

- From Sacral to Plexus
- (L4,L5,S1,S2,S3)
- **Largest branch** of the plexus
- **Largest nerve** in the body

نلاحظ ان ال
sciatic nerve
ياخذ كل الروتس حقت ال
sacral plexus
S4 ما عدا



Sacral plexus

Formation:

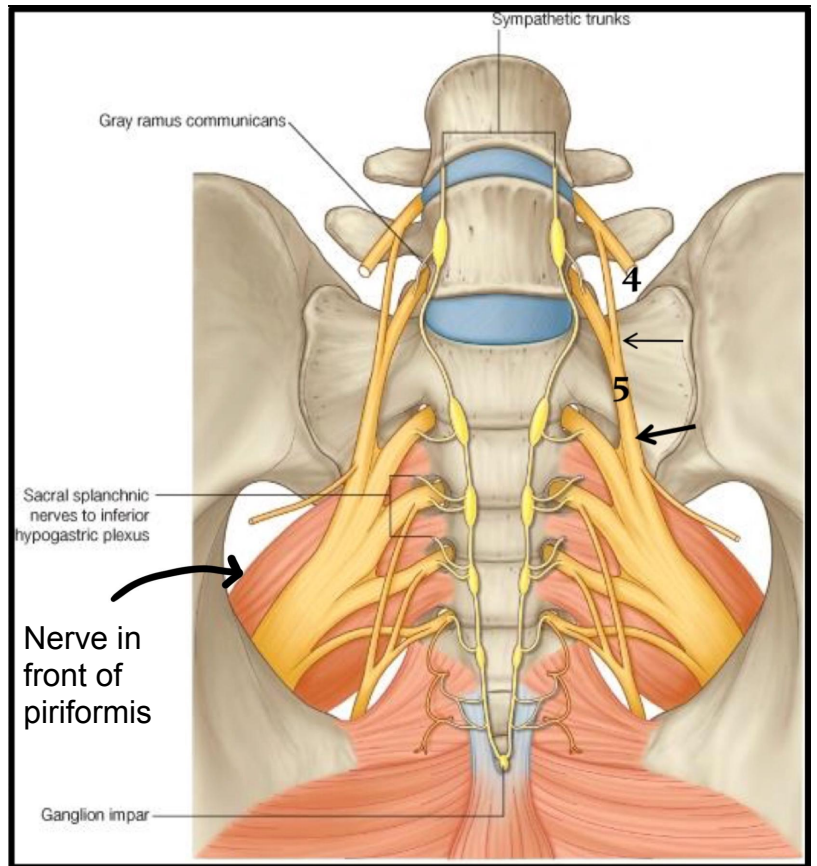
-Ventral (anterior) rami of a **part** of L4 and **whole** L5 (Lumbosacral trunk) + S1, S2, S3 and most of S4

-Ventral (anterior) rami of (L4,5,S1,2,3,& 4)

Site:

-On the posterior wall of pelvis

- In front of piriformis muscle



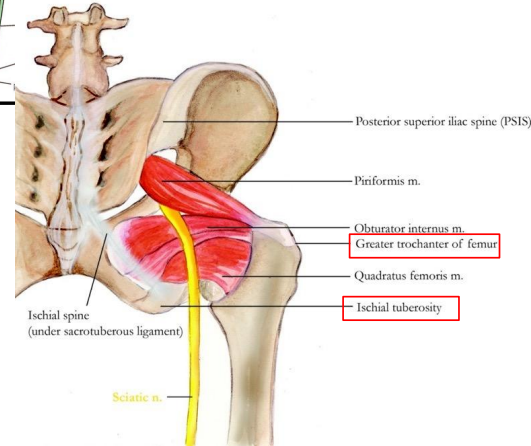
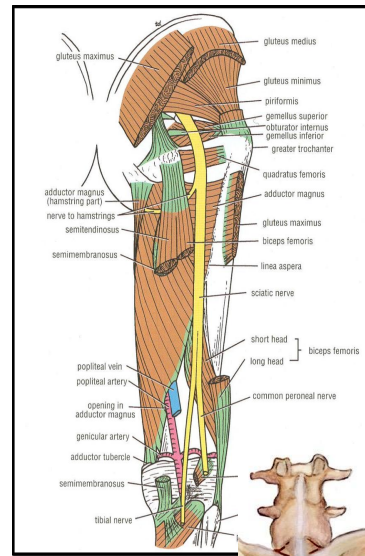
Course and distribution:

It leaves the pelvis through greater sciatic foramen, below the **piriformis** & passes in the gluteal region (between ischial tuberosity & greater trochanter) then to posterior compartment of thigh.

Termination:

In the middle of the back of the thigh It divides into **2** branches:

- Tibial (**medial popliteal**)
- Common Peroneal (Fibular) (**lateral popliteal**)



Branches of Sciatic Nerve

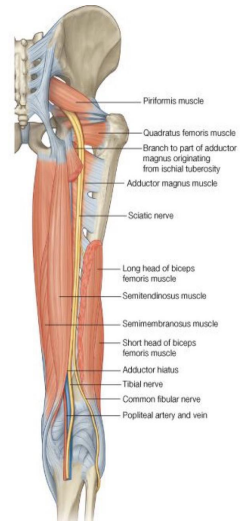
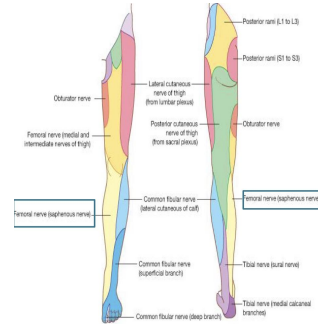
Cutaneous:

To all leg and foot EXCEPT areas supplied by the saphenous nerve (branch of femoral nerve)

Muscular:
To hamstrings (flexors of the knee and extensors of the hip)

- Through tibial part
- 1- Hamstring part of Adductor Magnus
 - 2-Long head of biceps femoris
 - 3-Semitendinosus
 - 4-Semimembranosus

Except: Short head of biceps femoris receives its branch from the lateral popliteal (common peroneal) nerve



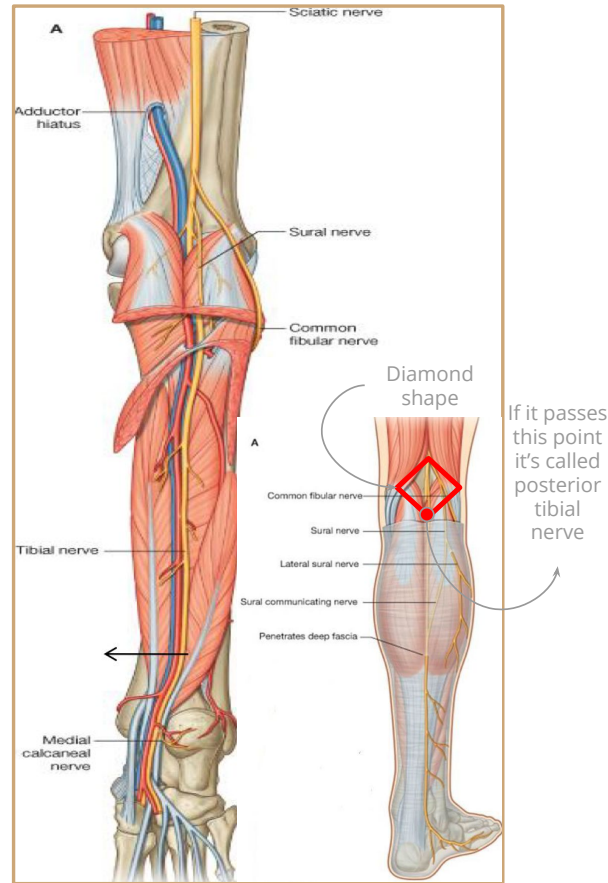
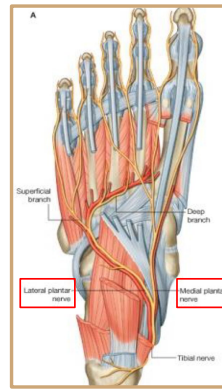
Tibial Nerve

Course:

1- Bisect the **popliteal fossa**. *most superficial structure

2- Descends through popliteal fossa to posterior compartment of leg, **accompanied with posterior tibial vessels**.

3- Passes deep to flexor retinaculum (through the tarsal tunnel, **behind medial malleolus**) to reach the sole of foot where it divides into 2 terminal branches (**Medial & Lateral planter nerves**.) With joints



Muscular Branches

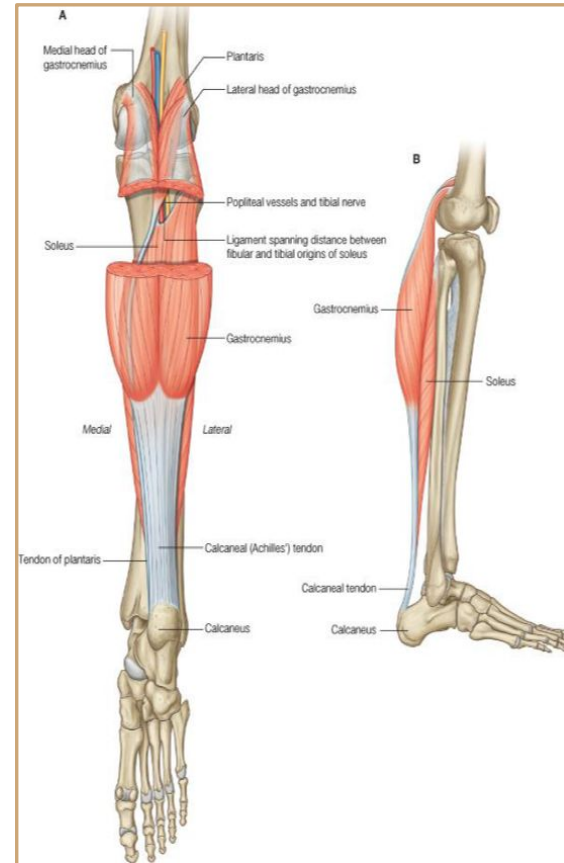
1- Muscles of posterior compartment of leg

Planter flexors of ankle,
Flexors of toes.

2- Intrinsic muscles of sole

3- ONE Invertor of foot (tibialis posterior).

It is a tendon



Common Peroneal (Fibular) Nerve

- Course:

Leaves the lateral angle of the popliteal fossa & turns around the **lateral aspect of neck of fibula**, (Dangerous Position)

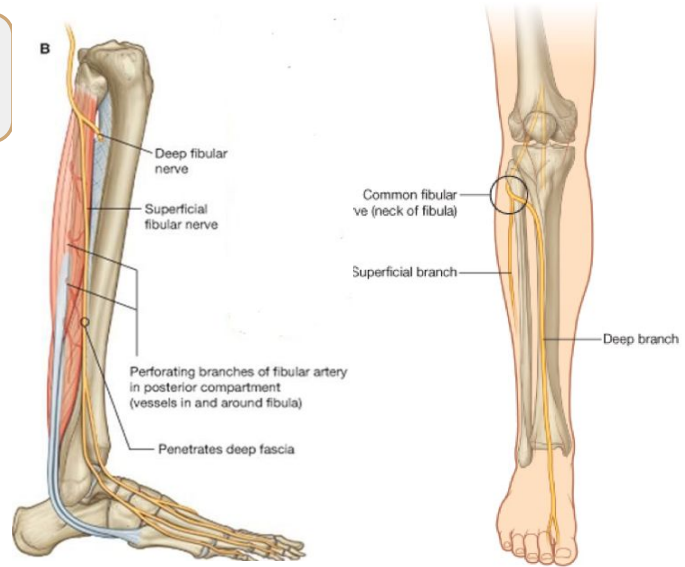
➔ Then divides into :

- **Superficial peroneal** or (Musculocutaneous) : to supply the **Lateral compartment of the leg**.
- **Deep peroneal** or (Anterior Tibial): to supply the **Anterior compartment of the leg**.

- Muscular Branches: (+ short head of biceps)

Muscles of **anterior & lateral compartments** of leg:

1. Dorsi flexors of ankle
2. Extensors of toes,
3. Evertors of foot.



Causes of Sciatic nerve injury

The sciatic nerve is most frequently injured by:

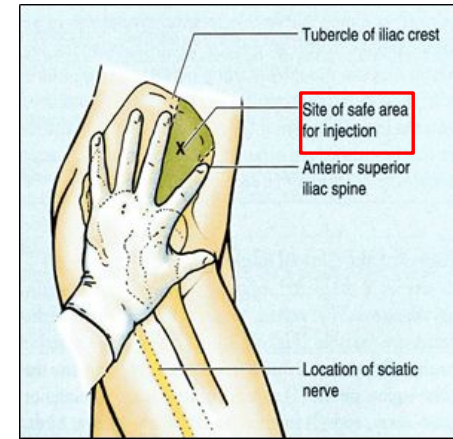
1- Badly placed **intramuscular injections** in the gluteal region. To avoid this, injections should be done into the gluteus maximus or medius (into the upper outer (lateral) quadrant of the buttock).

* Most nerve lesions are incomplete, and in 90% of injuries, the common peroneal (part of the nerve) is the most affected.

Because The common peroneal nerve fibers lie **superficial** in the sciatic nerve.

2- Posterior dislocation of the hip joint. (في حوادث السيارات)

ترجى الـ hip إلى الخلف و وراها الـ Sciatic nerve فتضغط عليه فيصير له
Compression and injury



Effects of Sciatic nerve injury

MOTOR EFFECT:

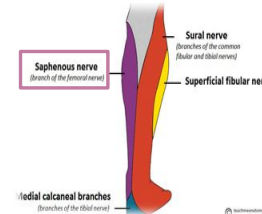
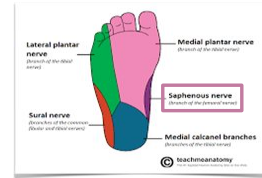
- Marked **wasting** (Atrophy) of the muscles below the knee.
- Weak flexion of the knee (sartorius & gracilis are intact).
- Weak extension of hip (gluteus maximus is intact).
- All the muscles below the knee are paralyzed, and the weight of the foot causes it to assume the plantar-flexed position,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

Videos from team 436: [Stamping gait video](#)

[Foot drop video](#)

SENSORY EFFECT:

Sensation is lost **below the knee**, except for a narrow area down the medial side of the lower part of the leg (**purple**) and along the medial border of the foot as far as the ball of the big toe, which is supplied by the saphenous nerve (femoral nerve).



Team 436 notes:

لما نمشي الحركات اللي
نسويها هي

Dorsiflexion &
plantarflexion

والعضلات المسؤولة عن
الحركاتين تغذيها تفرعات من
Sciatic nerve

فلما يصير لها إصابة ما
تصير ولا حركة من التثنين
فايش يصير بالرجل ؟ يصير
للرجل drop بسبب الجاذبية

NS:

* Sartorius : Femoral
nerve

*Gracilis : Obturator
nerve

*gluteus maximus :
Inferior gluteal nerve

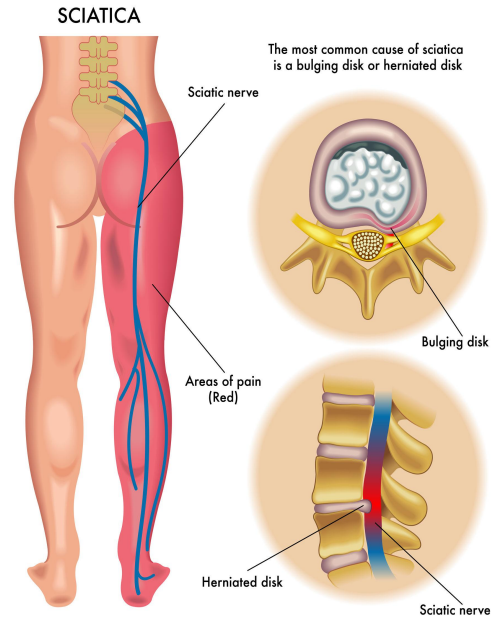
Sciatica

Sciatica describes the condition in which patients have pain along the **sensory** distribution of the sciatic nerve. Only pain (no muscle loss)

Thus the pain is experienced in the posterior aspect of the thigh, the posterior and lateral sides of the leg, and the lateral part of the foot

Causes of sciatica:

- Prolapse** of an **intervertebral disc**, which pressure on one or more roots of the lower lumbar and sacral spinal nerves.
- Pressure on the sacral plexus or sciatic nerve by an **intrapelvic tumor**
- Inflammation** of the sciatic nerve or its terminal branches



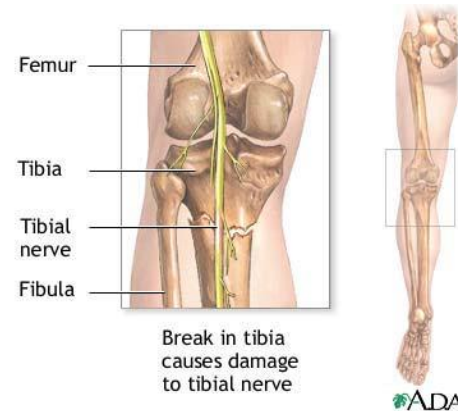
Common Peroneal Nerve Injury

- The common peroneal nerve is in an **exposed** position as it leaves the popliteal fossa through its lateral angle .
- Then it winds around neck of the fibula to enter peroneus longus muscle, (Dangerous Position).
- commonly injured In **Fractures** of the neck of the fibula and By **pressure** from casts or splints.



Tibial Nerve Injury

- Because of its deep and protected position, the tibial nerve is rarely injured.
- Complete division results in clinical feature, (mentioned in next slide).



Manifestations

Common Peroneal Nerve

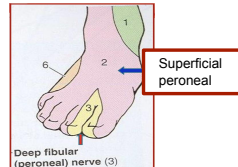
Motor

- The muscles of the **anterior** and **lateral** compartments of the leg are **paralyzed**.
- the opposing muscles, the plantar flexors of the ankle joint and the invertors of the subtalar joints, cause the foot to be Plantar Flexed (Foot Drop) and Inverted. An attitude referred to as Talipes Equinovarus.



Sensory

- Sensation is lost: between the **first** and **second toes**. **Dorsum** of the foot and toes. **Medial** side of the big toe. **Lateral** side of the leg.



Tibial Nerve

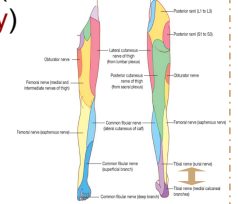
- All the muscles in the **back** of the leg, and the sole of the foot are **paralyzed**.
- The opposing muscles dorsiflex the foot at ankle joint, and evert the foot at the subtalar joint. An attitude referred to as Talipes Calcaneovalgus



- Sensation is lost: on the **lateral** side of the leg and foot and trophic ulcers of the sole. (also seen in case of **sciatic nerve injury**)



Zoom in to see



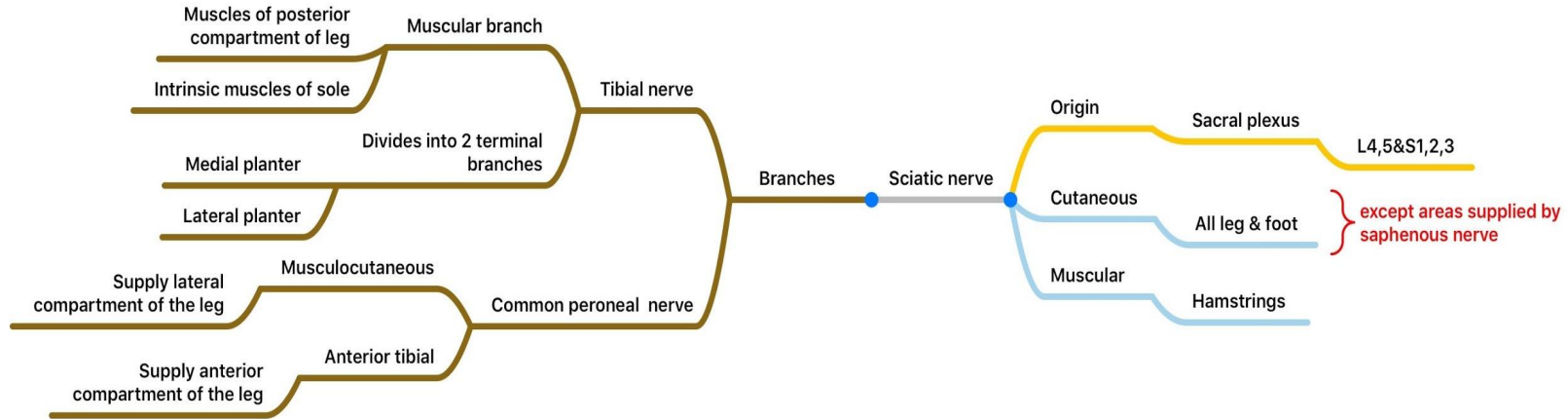
EFFECT OF SCIATIC NERVE INJURY Summary

	Paralysis	Movement affected
Motor effect	Hamstrings	Flexion of the knee & Extension of hip
	All muscles of leg and foot	All movements of leg and foot

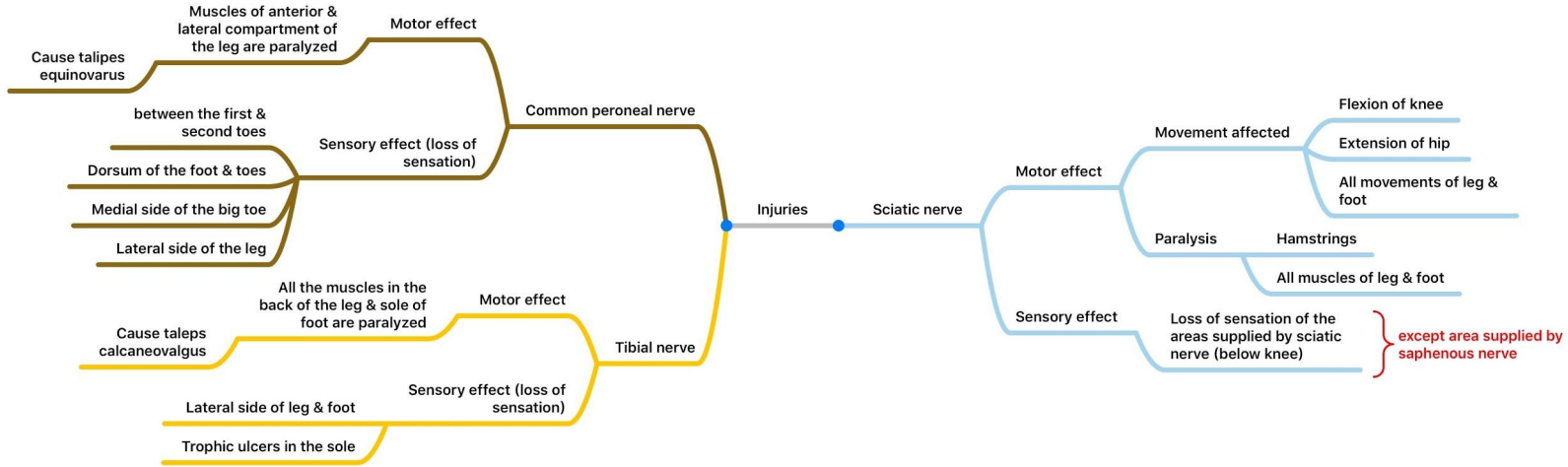
Sensory effect: Loss of sensation of the areas supplied by sciatic nerve (below knee).

EXCEPT area supplied by the (Saphenous nerve).

Summary



Summary



Questions

1. sciatic nerve leaves sacral plexus:
 - a) Through piriformis
 - b) Below piriformis
 - c) Above piriformis

2. Roots of sciatic nerve?
 - a) L4, L5, S1,S2
 - b) L4,S1,S2,S3
 - c) L4,S1,S2,S3,S4

3. Short head of biceps femoris innervated by:
 - a) saphenous nerve
 - b) Tibial nerve
 - c) lateral popliteal nerve

4. Common Peroneal Nerve turns around the:
 - a) Medial aspect of neck of fibula
 - b) Anterior aspect of neck of fibula
 - c) Lateral aspect of neck of fibula

5. Which of the following is true about the tibial nerve?
 - a) Passes superficial to flexor retinaculum to reach sole
 - b) At sole of foot it divides into 3 terminal branches
 - c) Innervates tibialis anterior

6. Name the most common causes of sciatic nerve injury

7. Give two causes of sciatica

8. Four motor effects of sciatic nerve injury

Answers: 1. B 2. B 3. C 4. C 5. C

6. Badly placed intramuscular injections in the gluteal region and Posterior dislocation of the hip joint
7. Prolapse of an intervertebral disc and Pressure on the sacral plexus or sciatic nerve by an intrapelvic tumor
8. Atrophy of the muscles below the knee, Foot Drop, stamping gait, weak extension of hip.

Team Members

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Dana Abdulaziz Alrasheed

Dimah Khalid Alaraifi

Ghada Alhaidari

Ghada Almuhanana

Ghaida Alsanad

Hadeel Khalid Awartani

Haifa Alessa

Khulood Alwehaibi

Layan Hassan Alwatban

Lojain Azizalrahman

Lujain Tariq AlZaid

Maha Barakah

Majd Khalid AlBarrak

Norah Alharbi

Nouf Alotaibi

Noura Mohammed Alothaim

Rahaf Turki Alshammari

Reham Alhalabi

Rinad Musaed Alghoraiby

Sara AlSultan

Shahad Alzahrani

Wafa Alotaibi

Wejdan Fahad Albadrani

Wjdan AlShamry

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Fahad Alfaiz

Akram Alfandi

Saad Aloqile

Saleh Almoaiqel

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Yazeed Aldossari

Muath Alhumood

Abdulrahman Almotairi

Abdulelah Aldossari

Abdulrahman Alduhayyim

Hamdan Aldossari

Abdullah Alqarni

Mohammed Alomar

Abdulrahman Aldawood

Saud Alghufaily

Hassan Aloraini

Khalid Almutairi

Abdulmajeed

Alwardi

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