***THE LOWER LIMB***

1. The gluteus maximus has another origin i.e. the aponeurosis of the erector spinae muscles
2. The insertion of Sartorius, gracilis and semitendinosus is called pes anserinus
3. The artery to the head of the femur (It is a branch of the obturator artery that is only found in children. It obliterates as the child becomes an adult. Hence, an adult hip joint receives blood from only the retinacular branches that arise from the trochanteric anastomosis)
4. Piriformis inserts onto the tip of the greater trochanter
5. The triceps coxae insert into the trochanteric fossa of the greater trochanter
6. The cruciate anastomosis is formed by the ascending and descending branches of the perforating arteries (This is only applicable till the ascending branch of the fourth perforating artery. The descending branch of the fourth perforating artery anastomoses with the superior muscular branch of the popliteal artery in the popliteal anastomosis
7. Semimembranosus inserts into the oblique popliteal ligament and the medial tibial condyle
8. In the unhappy triad, the anterior cruciate ligament, medial meniscus and tibial collateral ligament are damaged.
9. The medial meniscus is more susceptible to be ruptured as it is less mobile as compared to the lateral meniscus
10. The contents of the greater sciatic foramen are as follows:-
11. The suprapiriformic compartment:-
12. Superior gluteal neurovascular structures
13. The infrapiriformic compartment:- (**ACRONYM IS PIN PINS) {MEDIAL TO LATERAL}**
14. Posterior cutaneous nerve of the thigh/ Posterior femoral cutaneous nerve (S1, S2 and S3)
15. Inferior gluteal neurovascular structures
16. Nerve to quadratus femoris
17. Pudendal nerve
18. Internal pudendal vessels
19. Sciatic nerve
20. The contents of the lesser sciatic foramen are as follows:- **(ACRONYM IS PINT)**
21. Pudendal nerve
22. Internal pudendal vessels
23. Nerve to obturator internus
24. Tendon of obturator internus

**(The neurovascular structures traversing through the lesser sciatic foramen first pass through the greater sciatic foramen to enter the pelvis and then they take a U-turn and exit from the lesser sciatic foramen)**