

# Topography of foot

## Structures behind the medial ankle

The region behind the medial ankle (also called canalis malleolaris or tarsal canal) is bounded by **retinaculum musculorum flexorum** (medially), **malleolus medialis** (ventrally) and **tuber calcanei** (dorsally).

The region includes **tendon of m. tibialis posterior**, **tendon of m. flexor digitorum longus**, **a. tibialis posterior** together with **v. tibialis posterior**, **n. tibialis** and **tendon of m. flexor hallucis longus**, which is the only tendon that does not rest on the ankle and passes through the processus posterior tali.

For learning you can use memory aids:

**TIDIAVENEH** – tendon of m. **Tibialis posterior**, tendon of m. **flexor DIGitorum longus**, **A**rteria et **V**Ena **tibialis posterior**, **N**Ervis **tibialis** and tendon of m. **flexor HAllucis longus**

**TIDIVANHA** - tendon of m. **Tibialis posterior**, tendon m. **flexor DIGitorum longus**, **V**. **tibialis posterior**, **A**. **tibialis posterior**, **N**. **tibialis**, m. **flexor HAllucis longus**

## Structures in front of the medial ankle

The regio in front of the medial ankle is bounded by **retinaculum musculorum extensorum superius et inferius** (ventrally) and **malleolus medialis** (dorsally).

Above both retinacula passes *v. saphena magna* and *n. saphenus*, under retinacula passes the **tendon of m. tibialis anterior**.

For learning you can use a memory aid **SAMANTA** – vena **S**aphena **M**agna, **N**ervus **saphenus**, tendon of **musculus Tibialis A**nterior.

The region behind the lateral ankle is bounded by **retinaculum musculorum fibularium superius et inferius** (laterally), **malleolus lateralis** (ventrally) and **tuber calcanei** (dorsally).

Above both retinacula is **v. saphena parva** and **n. suralis**, under both retinacula are **tendons of m. fibularis longus et brevis** in the same tendon sheath for both.

For learning you can use a memory aid **SAPASUFI** – vena **S**aphena **P**arva, nervus **S**uralis and tendon of **musculus Fibularis longus et brevis**.

Template:Infobox - joint

## Chopart joint

**Chopart joint** also called *articulatio tarsi transversa*, is the articulation among *talus*, *calcaneus* and *tarsals bones*.

### Francois Chopart

It is named after the French surgeon Francois Chopart. He performed amputations in the area of the metatarsal joint in the 18th century. He himself did not write a publication about amputation, but other authors mention him in their works, making him famous.

## Basic description of the joint and its line

The Chopart joint is a functional unit. It is an compound joint. *Os naviculare* and *talus* are articulated with *Os cuboideum* and *calcaneus* are articulated as *articulatio calcaneocuboidea*. The articular line is formed by the *talonavicular fissure* in the tibial part, which is convex distally, and the *calcaneocuboidea*, which is convex proximally. It resembles the letter S and is important both in terms of flexibility of the entire leg and in terms of surgical interventions. Forms a line during amputation of the distal part of the leg (*surgical exarticulation*).

## Joint capsule and ligaments

Joint capsules are short and stiff and are reinforced by longitudinal, transverse and interosseous ligaments.

### Dorsally there are:

- **lig. talonaviculare** (dorsale);
- **lig. bifurcatum** – starts from the calcaneus and splits distally into two ligaments;

- *lig. calcaneonaviculare;*
  - *lig. calcaneocuboideum.*

After cutting the leagues, *bifurcatum* is a possible opening of the Chopart joint, among surgeons it is also called *the key of the Chopart joint (clavis articulationis Choparti)*.

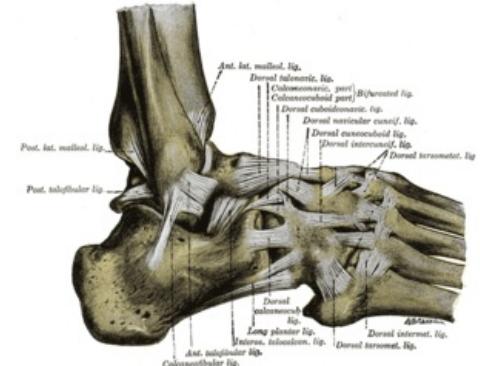
**On the planetary side are:**

- ***lig. calcaneonaviculare plantare*** - a cartilaginous disk is caught in it *fibrocartilago navicularis* (it catches the head of the talus, supported from below by a tendon of *m. tibialis posterior*);
  - ***lig. calcaneocuboideum plantare***;
  - ***lig. plantare longum*** - a strong longitudinal ligament running from the plantar surface of the calcaneus, up to *articulationes tarsometatarsales*;
  - ***lig. cuboideonaviculare dorsale et plantare*** - ligaments strengthening the transverse foot arch.

## Basic and intermediate position

**Basic position** – uses the lower metatarsal joint while standing;

**Intermediate position** - is the same as the basic position.



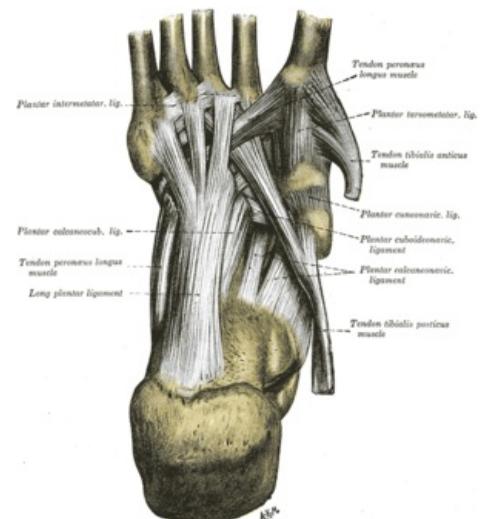
### Ligamenti - facies dorsalis

## Lisfrank joint

**Lisfranc joint** is an articulation among *tarsal* and *metatarsal bones*.  
Includes *articulationes tarsometatarsales* a *articulationes intermetatarsales*.

## **Basic description of the joint**

Lisfrank joint is compound and flat. It forms a functional connection that is involved in the suspension movements of the leg. The fourth and fifth metatarsals are the most mobile, thanks to which this part of the foot adapts better to the surface. The other joints are very little movable. *surgical exarticulation. is performed in the cleft of this joint.*



#### Ligamenti - facies plantaris



### Lisfrank joint (red line)

## Vessels and nerves

Vessels and nerves enter this joint from the same trunk as for the lower metatarsal joint. Furthermore, small vessels enter it from *musculi interossei*.

## Movements

Mobility in the joint is limited only among *os cuneiforme* and the base of the first metatarsal bone. Plantar flexion, extension and rotation are possible.

**Basic position** of the joint is on the standing foot. **Intermediate position** is the same as the basic position.

## **Muscles of the foot - *musculi pedis***

Rez noha.jpg

Rez noha petrovicky.jpg

Transversal section of the foot

Scheme of the transversal section of the foot

## References

### Related articles

- Structures behind the lateral ankle
- Structures in front of the medial ankle
- Structures behind the medial ankle
- Memory aids for anatomy
- Joint of the lower limb
- Foot joints
- Ossa tarsi
- Ossa metatarsi
- Chopart joint
- Lisfrank joint

### Literature

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- ČIHÁK, Radomír. *Anatomie 1*. 3. edition. Grada Publishing, a.s., 2011. pp. 552. ISBN 978-8-247-3817-8.

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