

The Primary Motion of Talocrural Joint

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Introduction

The lateral ankle ligament complex comprising the anterior talofibular ligament (ATFL), calcaneofibular ligament (CFL) and posterior talofibular ligament (PTFL) are known to provide stability against alterations in the ankle joint. Since ankle joint injuries have been reported in a wide variety of plantarflexion / dorsiflexion angles, the aim of the current study was to evaluate the stabilizing function of these lines depending on the sagittal plane positioning of the ankle joint.

The ankle joint is a hinged synovial joint made up of the talus, tibia, and fibula bones. Taken together, the three parameters (listed below) form an ankle mortise. The articular facet of the lateral malleolus (the protrusion of bone at the lower fibula) forms the posterior border of the ankle joint. The articular facet of the medial malleolus (the protrusion of bone in the lower tibia) forms the medial border of the joint. The upper part of the ankle joint forms from the lower particular region of the tibia and the upper extremity of the talus.

The talus extends down the calcaneus and anteriorly the navicular. The surface, called the trochlear surface, is cylindrical and allows for dorsiflexion and plantarflexion of the ankle. The talus is wider at the front and narrower at the back. It forms a horizontal edge between the middle and lateral malleoli making the dorsiflexion a stable ankle area.

The ankle joint is important during a shot because it adapts to the area where the person is walking. Movements that occur in the ankle joint are plantarflexion, dorsiflexion, inversion, and eversion. The leg muscles are divided into anterior, posterior, and posterior compartments.

The articular capsule surrounds the joints, and is attached, above, to the boundaries of the particular areas of the tibia and malleoli, and below, to the talus around its upper articular surface. The pre-assembled capsule is a broad, thin, fibrous layer. At the back, the fibers are thin and run mainly along the line, joining the contrasting muscle. Later the capsule hardens and sticks to the open space in the middle of the posterior malleolus. The synovial membrane extends extensively between the Tibia and Fibula up to the Interosseous Tibiofibular Ligament.

Conflict of Interest

We have no conflict of interests to disclose and the manuscript has been read and approved by all named authors.

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