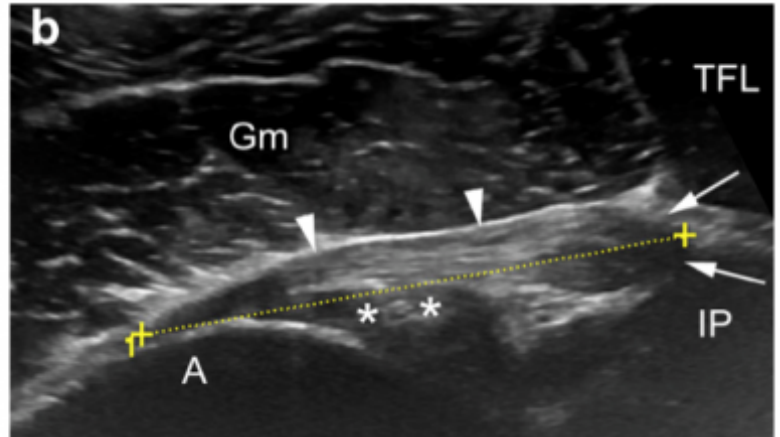




The “usual way” of scanning the indirect tendon. This option is not suitable for clinical practice as the tendon shows hypoechoic (dark) due to the curved tendonfibers, which makes assessment less reliable.



The “new way” of scanning the indirect tendon as proposed by Moraux et al. The insertion of the indirect tendon at the acetabulum can be seen very clearly and therefore more suitable for clinical practice.

Musculoskeletal

The indirect tendon of the rectus femoris

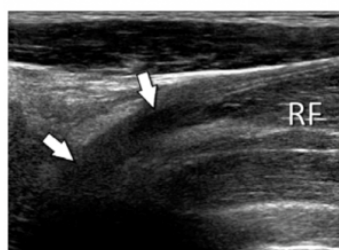
An anatomical study using MSK ultrasound

Author : SonoSkills

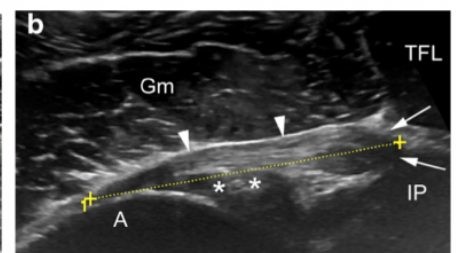
The anatomy of the origin of the rectus femoris tendon is being reviewed in this article. Until now MSK ultrasound was limited for assessing the indirect tendon of the rectus femoris. A new MSK ultrasound scanning approach for visualizing the indirect tendon of the rectus femoris is being explained in this summary and article.

The rectus femoris is one of the key muscles in walking and has been shown to fire independently from other quadriceps muscles. Interestingly, the indirect tendon is often forgotten, even though it is the first insertion during embryonic development. Its well-known functions are extending the knee, flexing the hip, and stabilizing the pelvis on the femur during weight-bearing activities.

The rectus femoris in its nature is predisposed to injury, due to eccentric loading with



The “usual way” of scanning the indirect tendon. This option is not suitable for clinical practice as the tendon shows hypoechoic (dark) due to the curved tendonfibers, which makes assessment less reliable.



The “new way” of scanning the indirect tendon as proposed by Moraux et al. The insertion of the indirect tendon at the acetabulum can be seen very clearly and therefore more suitable for clinical practice.

maximal lengthening during sprinting and kicking. Most proximal injuries are myotendinous and myoaponeurotic, however avulsion or ruptures may also be seen in clinical practice. The indirect tendon is more frequently reported in these occasions than direct or the conjoined tendon. The diagnosis of the indirect tendon ruptures is vital for clinical practice due to longer rehabilitation times. Furthermore, it is proposed that indirect tendon ruptures progress to the direct head to the conjoined tendon.

To visualize the indirect rectus femoris by means of a lateral approach with the transducer positioned laterally in relation to the anterior inferior iliac spine at about 30° obliquity in relation to the transverse plane.

> From: *Moraux et al., Eur Radiol (2015-11-19 06:08:04) 3614-3619. All rights reserved to European Society of Radiology 2015. [Click here for the online summary.](#)*



Sign up on our website and get access to the latest evidence based articles reviewed and explained by our experts.

Visit www.anatomy-physiotherapy.com

Anatomy & Physiotherapy works with international renown experts and writers to provide a current and evidence-based content service to students, physiotherapist, musculoskeletal health professionals and educational institutes around the world in 5 key thematic areas and 7 different languages.

The best summaries to help you to improve your care. Easy and accessible.

