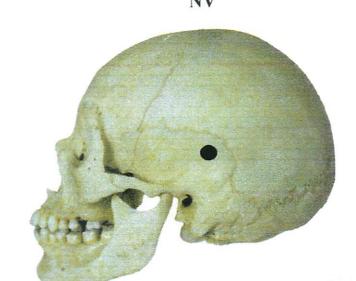
VASTUS MEDIALIS, OBLIQUE FIBERS 821



ORIGIN



Anterior



VOR I





ACUPUNCTURE POINT



VASTUS MEDIALIS, OBLIQUE DIVISION: 821

Origin: Lower 1/5th of the femur along the medial supracondylar line and intermuscular septum.

Insertion: Posterior medial margin of the patella from 7 to 12 o'clock. The patella is deviated medial to expose the posterior surface of the patella.

Function: The last 5 degrees of knee extension with external tibial rotation. Supports the medial aspect of the patella.

Test: Patient is supine, leg into hyperextension with external tibia rotation and plantar flexion of the foot. Knee is at the edge of the table. The examiner places a hand under the popliteal fossa. With opposite hand, contact the distal tibia. Force is applied from A to P against the tibia.

Neurovascular: 2 ½ inches superior to the external auditory canal and 1 ½ inches posterior.

Neurolymphatic: Left between the 9th and 10th ribs 2 inches from the spine.

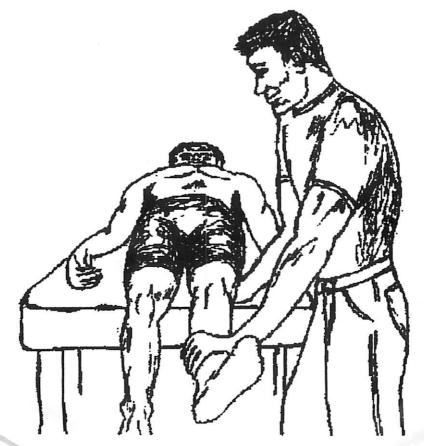
VOR I: Lower Jejunum – Left superior aspect of the 1st rib 2 inches from the spine.

VOR 2: Adrenals – Abdomen, 4 inches down from the umbilicus and lateral 4 inches.

M A P: Lung 6 – Anterior lateral aspect of the forearm.

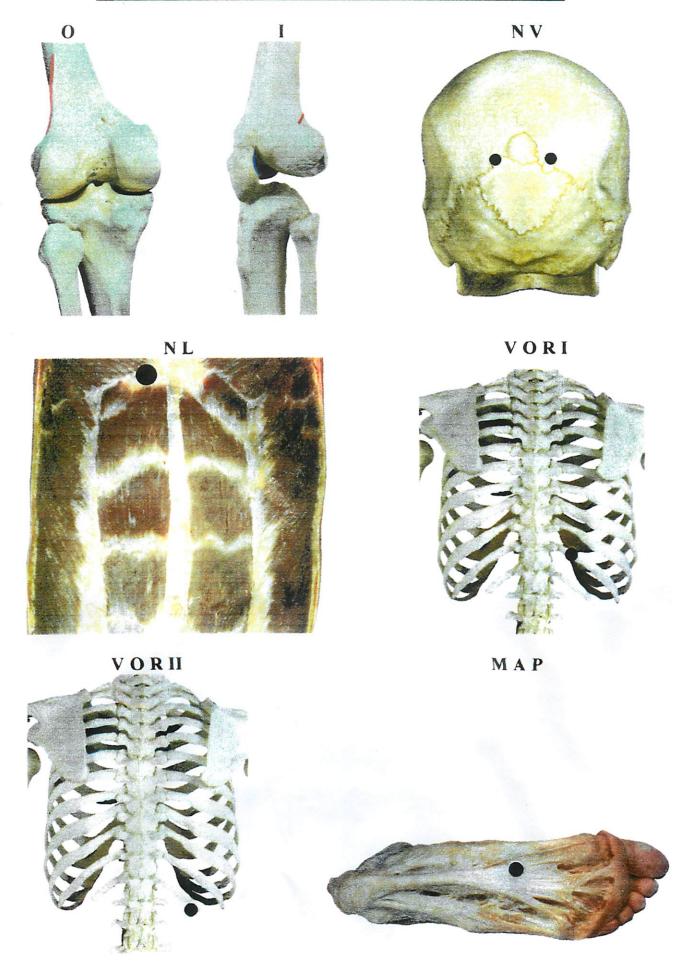
VL: C7 L LB: T11 L M.M.: L3

Cranial: Ptyegoid



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VASTUS LATERALIS, OBLIQUE DIVISION 835



MUSCLE: VASTUS LATERALIS, OBLIQUE FIBERS 835

FUNCTION:

Last 5 degrees of leg extension. Supports the lateral aspect of the patella.

INSERTION:

Under side of the lateral aspect of the patella.

ORIGIN:

Distal lateral femur underneath the origin of the Vastus Lateralis lower division.

NEUROVASCULAR:

Lambdoidal suture two inches Lateral to the Lambda.

NEUROLYMPHATICS:

Two inches lateral to the Gladiolus-Xiphoid junction.

VISCERAL ORGAN:

Duodenum – Bilateral, 2" lateral from T11.

Kidney – Bilateral, 4" lateral to the spine, inferior margin of the 12th Rib.

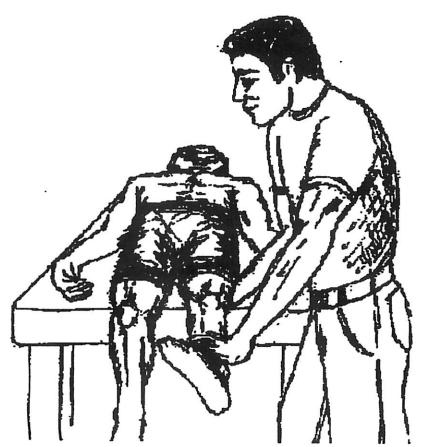
M.A.P. K 1.1- Plantar surface of the foot.

V.L.: T3R L.B.: T8R

M.M.: L2

TEST: Patient - Supine, leg into hyperflexion, externally rotate tibia. Knee at edge of table.

Doctor - Hand stabilizes the posterior aspect of the knee, contact the distal end of the tibia. Apply force A-P.



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