The medial thigh muscles consist of the hip joint adductors (A through E) and obturator externus, a lateral rotator of that joint. The latter was colored on Plate 53 as one of the deep gluteal muscles, as its tendon passes into that region. However, it is compartmentalized by fasciae in the medial thigh, covers the external surface of the obturator foramen in the deep upper medial thigh, and receives the same innervation as the adductors. The gracilis is the longest of the adductor group, crosses the medial knee (flexing it), and inserts only on the medial tibia; its tendon joins the tendons of sartorius and semitendinosus to form an insertion shaped like a goose’s foot (hence called the pes anserinus). The adductor magnus is the most massive of the group (see posterior view). In its lower half, adductor magnus fibers give way to the passage of the femoral vessels (adductor hiatus). All the adductors, except gracilis, insert on the vertical rough line (linea aspera) on the posterior surface of the femur.
The sartorius ("tailor's" muscle; so-called because of the role of this muscle in enabling a crossed-legs sitting posture) is a flexor and lateral rotator of the hip joint, and a flexor of the knee joint, as you can infer from its illustrated attachments. The quadriceps femoris muscle arises from four heads. The vastus medialis and lateralis arise from the linea aspera on the posterior aspect of the femur; the vastus intermedius arises from the anterior femoral shaft. All four converge on to the superior aspect (base) of the patella to form the patellar tendon. Some tendon fibers continue over the patellar surface to join the ligament below. At the inferior aspect (apex) of the patella, the tendinous fibers continue to the tibial tuberosity.

The tendon between the patella and the tibial tuberosity is called the patellar ligament. Rectus femoris is a strong hip joint flexor, and is the only member of quadriceps to cross that joint. Quadriceps femoris is the only knee extensor. The significance of its role becomes crystal clear to those having experienced a knee injury; the muscles tend to atrophy and weaken rapidly with disuse, and "quad" exercises are essential to maintain structural stability of the joint.

The iliopsoas is the most powerful flexor of the hip, having a broad thick muscle belly and attaching at the lesser trochanter at the proximal end of the femoral shaft. Recall Plate 42 for its posterior abdominal origin.
MUSCULAR SYSTEM / LOWER LIMB
MUSCLES OF ANTERIOR & LATERAL LEG

ANTERIOR LEG:

TIBIALES ANTERIOR
EXTENSOR DIGITORUM LONGUS
EXTENSOR HALLUCIS LONGUS
PERONEUS TERTIUS

The muscles of the leg are arranged into anterior-lateral, lateral, and posterior compartments. The bony ridge (anterior margin) of the tibia creates two oblique surfaces, the anterior of which relates to the anterior leg muscles; the anteromedial surface is bony (ouch) and devoid of muscle. The lateral compartment muscles largely arise from the fibula and the interosseus ligament between tibia and fibula.

LATERAL LEG:

PERONEUS LONGUS
PERONEUS BREVIS

The peroneal muscles are principally evertors of the foot, and are especially active during plantar flexion, as in walking on the toes or pushing off with the great toe. Peroneus tertius arises in the peroneal compartment but is actually part of extensor digitorum.
The muscles of the posterior leg form two groups: a deep group of four muscles, and a superficial group (gastrocnemius, soleus, and plantaris). The two compartments are separated by a fascial septum (deep transverse fascia, not shown). The fascial compartments are fairly non-expandable, muscle swelling secondary to vascular insufficiency may result in serious muscle compression/muscle death (compartment syndrome) without fascial decompression.

The major calf muscle is gastrocnemius which flexes the knee and, with its two fellows, plantarflexes the ankle joint. In knee flexion it is aided by popliteus which also rotates the tibia medially. The other deep flexors plantarflex the ankle joint (both toe and great toe flexors and tibialis posterior), flex the toes (the flexors), and invert the foot (tibialis posterior).