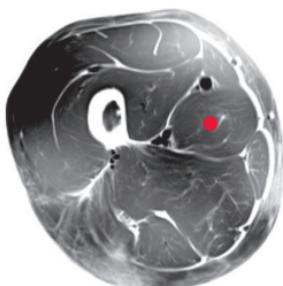


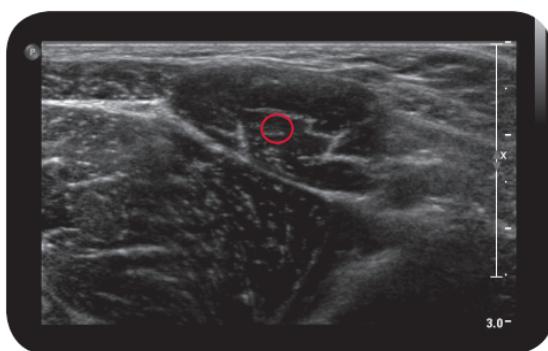
adductor longus

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C r o s s S e c t i o n

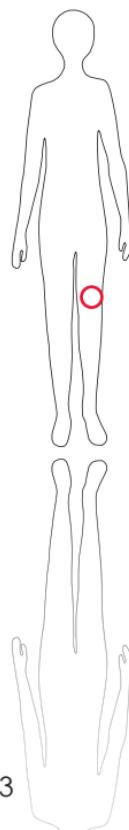


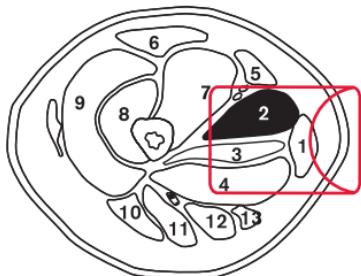
M R I



U l t r a s o u n d

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**L e g e n d**  
 1: M. gracilis 2: M. adductor longus 3: M. adductor brevis 4: M. adductor magnus 5: M. sartorius 6: M. rectus femoris 7: M. vastus medialis 8: M. vastus intermedius 9: M. vastus lateralis 10: caput brevis 11: caput longum des M. biceps femoris 12: M. semitendinosus 13: M. semi-membranosus

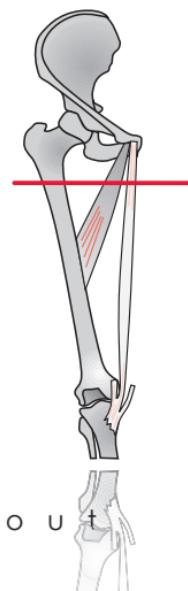
**O r i g i n**  
 Ramus superior ossis pubis

**I n s e r t i o n**  
 Medial third of linea aspera

**F u n c t i o n**  
 Function Adduction and flexion of hip

**Control of Injection**  
 Sonography, EMG, electrical stimulation, palpation

**C o m m e n t**  
 Relevant muscle for clinically significant adductor spasticity. Quite often treatment of this muscle is sufficient. Always consider to co-treat gracilis muscle.



S c o u t