# male knee anatomy

**male knee anatomy** plays a crucial role in understanding the structure and function of one of the most important joints in the human body. The knee joint is not only pivotal for movement but also supports the weight of the body during various activities such as walking, running, and jumping. In this comprehensive article, we will delve into the intricate details of male knee anatomy, covering its components, functions, and common injuries. We will also explore the differences in knee anatomy between males and females, which can influence injury susceptibility and treatment options. By the end of this article, you will have a thorough understanding of male knee anatomy and its significance in both health and sports performance.

## Structure of the Knee Joint

The male knee anatomy consists of several key components that work together to facilitate movement and provide stability. The primary structures include the bones, cartilage, ligaments, and tendons.

## Bones of the Knee

The knee joint is formed by three major bones: the femur, tibia, and patella. Each of these bones plays a vital role in the anatomy and function of the knee.

- **Femur:** The femur, or thigh bone, is the upper bone of the knee joint, connecting the hip to the knee.
- **Tibia:** The tibia, also known as the shinbone, is the larger lower leg bone that bears most of the body's weight.
- **Patella:** The patella, or kneecap, is a small, flat bone that protects the knee joint and improves the leverage of the thigh muscles.

## Cartilage in the Knee

Cartilage is a smooth, rubbery tissue that covers the ends of the bones in the knee joint, providing a cushion and allowing for smooth movement. The knee contains two types of cartilage:

- **Articular Cartilage:** This cartilage covers the ends of the femur and tibia, allowing for smooth gliding during movement.
- **Meniscus:** The meniscus is a C-shaped cartilage disc that acts as a shock absorber between the femur and tibia, providing stability and reducing friction.

## Ligaments and Tendons

Ligaments are strong bands of tissue that connect bones to other bones, while tendons connect muscles to bones. Several key ligaments and tendons are essential for knee stability and movement:

- **Anterior Cruciate Ligament (ACL):** This ligament prevents the tibia from sliding out in front of the femur and stabilizes the knee during movement.
- **Posterior Cruciate Ligament (PCL):** The PCL prevents the tibia from sliding backward relative to the femur.
- **Medial Collateral Ligament (MCL):** This ligament provides stability to the inner knee and resists forces that would push the knee medially.
- **Lateral Collateral Ligament (LCL):** The LCL stabilizes the outer knee and resists forces that would push the knee laterally.
- **Quadriceps Tendon:** This tendon connects the quadriceps muscle to the patella, aiding in knee extension.
- **Patellar Tendon:** This tendon connects the patella to the tibia and is crucial in the knee extension process.

# Functions of the Knee

The male knee anatomy serves several vital functions that are essential for daily activities and athletic performance. Understanding these functions can help in recognizing the importance of knee health.

## Weight Bearing

The knee joint is primarily responsible for bearing the weight of the body during standing, walking, and running. Its anatomical structure allows for effective distribution of weight across the joint, minimizing stress on individual components.

### Mobility and Flexibility

The knee joint provides a hinge-like mechanism that allows for flexion and extension. This movement is crucial for various activities, such as sitting down, climbing stairs, and performing squats. The range of motion is essential for athletic performance and overall mobility.

### Shock Absorption

The meniscus and cartilage in the knee act as shock absorbers, protecting the bones from high-impact activities. This feature is particularly important for athletes who engage in high-impact sports, as it reduces the risk of injury.

## Common Injuries and Conditions

Understanding the common injuries and conditions related to male knee anatomy is vital for prevention and treatment. The knee is susceptible to various injuries due to its complex structure and the forces it endures.

### Ligament Injuries

Ligament injuries, particularly to the ACL, are among the most common knee injuries. These injuries often occur during sports that involve sudden stops or changes in direction. Symptoms may include swelling, pain, and instability of the knee.

### Meniscal Tears

Meniscal tears occur when the cartilage in the knee is damaged, often due to twisting motions. This injury can cause pain, swelling, and difficulty moving the knee. Meniscal tears are common in athletes and can require surgical intervention.

### Arthritis

Osteoarthritis is a degenerative joint disease that can affect the knee, leading to pain and stiffness. It is often a result of wear and tear over time and can significantly impact mobility and quality of life.

## Differences in Male and Female Knee Anatomy

Understanding the differences in male and female knee anatomy is essential for tailoring treatment and rehabilitation strategies. Research indicates that anatomical variations exist between genders, influencing injury risks and recovery.

## Anatomical Variations

Studies suggest that males tend to have larger and stronger knee structures compared to females, which may provide greater stability under certain conditions. Conversely, females often have a wider pelvis, which can lead to a different alignment of the knee joint, potentially increasing the risk of certain injuries, such as ACL tears.

## Injury Susceptibility

Research indicates that females are more prone to knee injuries than males, particularly ACL injuries. This increased susceptibility may be due to hormonal differences, anatomical factors, and variations in muscle strength and control.

# Conclusion

In summary, understanding male knee anatomy is crucial for recognizing its structure, functions, and the common injuries that can occur. The knee joint's complex anatomy allows for various movements while providing stability and support for the body. Differentiating between male and female knee anatomy can help address specific health and athletic concerns, ensuring better management and treatment of knee-related issues. By prioritizing knee health through preventive measures and appropriate rehabilitation techniques, individuals can maintain optimal joint function and enhance their overall physical performance.

## Q: What are the main components of male knee anatomy?

A: The main components of male knee anatomy include the femur, tibia, and patella (bones), articular cartilage and meniscus (cartilage), and several ligaments and tendons such as the ACL, PCL, MCL, and LCL.

## Q: How does the knee joint function during physical activities?

A: The knee joint functions by bearing weight, allowing for mobility and flexibility through flexion and extension, and absorbing shock during high-impact activities, which protects the bones and surrounding tissues.

## Q: What are the most common knee injuries in males?

A: The most common knee injuries in males include ligament injuries (such as ACL tears), meniscal tears, and degenerative conditions like osteoarthritis.

## Q: Are there differences in knee anatomy between males and females?

A: Yes, males generally have larger and stronger knee structures compared to females, which can influence stability and the risk of injuries, particularly ACL tears.

## Q: What role does cartilage play in the knee joint?

A: Cartilage provides a smooth, cushioned surface that allows for smooth movement of the knee joint, and it acts as a shock absorber to protect the bones during activities.

## Q: How can knee injuries be prevented?

A: Knee injuries can be prevented through strength training, proper warm-up and cooldown routines, using appropriate footwear, and avoiding sudden changes in activity levels.

## Q: What treatments are available for knee injuries?

A: Treatments for knee injuries may include rest, physical therapy, medications for pain relief, and in some cases, surgical intervention to repair damaged structures.

## Q: What is the function of the meniscus in the knee?

A: The meniscus acts as a shock absorber between the femur and tibia, providing stability, reducing friction, and distributing body weight across the joint.

## Q: How does age affect knee health?

A: As individuals age, the cartilage can wear down, leading to conditions such as osteoarthritis, which can result in pain, stiffness, and reduced mobility in the knee joint.

## Q: What are the signs of a knee injury?

A: Signs of a knee injury may include swelling, pain, instability, difficulty bearing weight, and a reduced range of motion in the joint.

## Male Knee Anatomy

d-template-business-card.pdf

**male knee anatomy:** *The Female Athlete E-Book* Rachel Frank, 2021-08-04 Of all the important factors that must be considered when assessing and treating an athlete, the impact of patient sex is perhaps the most critical, yet historically has often been neglected. The same injury in a male patient may present differently, sometimes in subtle ways, than in a female patient and may require a different treatment approach. The Female Athlete, edited by Dr. Rachel Frank, provides concise, expert coverage of the ways in which common sports medicine injuries present in female patients versus male patients, describing recent literature analyzing sex differences in injury patterns and available treatment options. - Provides a comprehensive review of key areas of importance related to care for women in sports, including the differences in care and treatment for male and female patients. - Covers many of the most common injuries female athletes face, including ACL injuries, shoulder instability, concussion, stress fractures, female overuse injuries, and more. - Considers prevention strategies, nutritional recommendations, as well as exercise recommendations for women during pregnancy.

**male knee anatomy:** Anatomy for Artists John Marshall, J. S. Cuthbert, 1890

**male knee anatomy: Adult Soft-tissue and Osteogenic Sarcomas** Alfred E. Chang, 1984

**male knee anatomy:** A Handbook of Anatomy for Art Students Arthur Thomson, 1915 Numerous photos and sketches of male and female figures complete this accurate guide to human anatomy. Students at all levels will appreciate its thorough coverage of every bodily region. Subjects include posture and walking, bones and joints, structure of the leg and foot, facial expressions, rules of proportion, and much more.

**male knee anatomy: Orthopaedic Biomechanics** Beth A. Winkelstein, 2012-12-18 Given the strong current attention of orthopaedic, biomechanical, and biomedical engineering research on translational capabilities for the diagnosis, prevention, and treatment of clinical disease states, the need for reviews of the state-of-art and current needs in orthopaedics is very timely. Orthopaedic Biomechanics provides an in-depth review o

**male knee anatomy:** Clinical Biomechanics in Human Locomotion Andrew Horwood, Nachiappan Chockalingam, 2023-04-10 Clinical Biomechanics in Human Locomotion: Gait and Pathomechanical Principles explores the clinical management of gait-disturbing or gait-induced pathologies and biomechanical variances during gait between individuals. The book discusses what is required to make terrestrial human locomotion safe and what causes pathology within a context of high locomotive and morphological variability. The interaction of genetics, epigenetics, developmental biology and physiology under the influence of locomotive biomechanics and metabolic energetics drives evolution. Such biological pressures on survival are essential in understanding the locomotive biomechanics of modern humans. In addition, lifestyle, including gait speed adaptability established during the growth influences of anatomical development is also considered. - Links human locomotive biomechanics to medicine, physiology, evolutionary anatomy and medicine - Prepares students, bioengineers and clinicians for the reality of utilizing biomechanical principles in clinical practice while also informing researchers of environmental limits - Includes further concepts in gait mechanics such as lower limb length, gait speed and how to calculate locomotive costs

**male knee anatomy:** Musculoskeletal Health in Women Elinor Mody, Elizabeth Matzkin, 2013-10-30 Recent research indicates that gender differences in anatomy and physiology, endocrinology, hand eye co-ordination and motor development have an effect on the kinds of injuries incurred as a result of sporting activities. Since men and women have different responses to exercise; strength and conditioning programs should be modified for these differences. Musculoskeletal Health in Women was born out of a need to provide fitness advice tailored to women. For example, research has focused on correcting neuromuscular imbalances in women to prevent injuries. Increased abduction moment at the knee and balance problems have been found to be predictors of ACL injury. Muscle strengthening with special emphasis on the terminal knee extensors and hip abductors can improve these neuromuscular imbalances. Additionally, taping and bracing at the ankle may be helpful, particularly in women prone to certain injuries. Any discussion of women’s sports injuries is only complete if it includes the Female Athlete Triad: energy availability (which is affected by eating disorders), osteoporosis, and menstrual function. Musculoskeletal Health in Women provides a fully-illustrated and comprehensive overview of all of these aspects and its multidisciplinary approach ensures that expertise is provided from disciplines such as psychiatry, physiatry, endocrinology, nutrition, rheumatology, orthopedics, physical therapy and radiology. These authors have worked with women athletes of all ilks and are well equipped to address a full spectrum of issues related to the musculoskeletal health of women. Musculoskeletal Health in Women will be of primary interest to women athletes and women embarking on a fitness regimen. Health professionals working in this area would also invariably benefit from the advice and guidance provided within these pages.

**male knee anatomy:** *Atlas of applied (topographical) human anatomy for students and practioners c. 1* Karl Heinrich von Bardeleben, 1906

**male knee anatomy: Fundamentals of Anatomy** Carl C. Francis, 1937

**male knee anatomy:** *Atlas of Applied (topographical) Human Anatomy* Karl Heinrich von Bardeleben, John Howell Evans, 1906

**male knee anatomy: Sectional Anatomy by MRI and CT** Georges Y. El-Khoury, William J. Montgomery, Ronald Arly Bergman, 2007 Comprehensive sectional anatomy atlas features all new images, demonstrating the latest in MRI technology. It provides carefully labeled MRIs for all body parts, as well as a schematic diagram and concise statements that explain the correlations between the bones and tissues. Three new editors present superior images for abdominal and other difficult areas and offer their expertise in their respective region.

**male knee anatomy: Teaching Yoga for the Menstrual Cycle** Anja Brierley Lange, 2022-12-21 Written in an easy-to-understand style, this books explains the connection between our bodily cycles and the moon cycles; an integral element of yoga...A great tool to enrich your practice! 5-star Amazon review Menstrual cycle awareness is crucially important when trying to understand the needs of your yoga students and this guide will give you the knowledge you need to confidently address the menstrual cycle when teaching students in group and one-on-one settings via the principles of both western and Ayurvedic approaches. This book addresses the importance of the menstrual cycle and how Ayurvedic principles can best be applied to understand the anatomical, physiological and hormonal changes that take place during different stages and weeks throughout the menstrual cycle. Anja Brierley Lange highlights the purpose and importance of each phase of the menstrual cycle and how yoga teaching can and should be tailored accordingly to your students' menstrual needs.

**male knee anatomy:** Literature Search National Library of Medicine (U.S.), 1987

**male knee anatomy: Handbook of Clinical Gender Medicine** K. Schenck-Gustafsson, P. R. DeCola, D. W. Pfaff, D. S. Pisetsky, 2012-08-17 Gender medicine is an important new field in health and disease. It is derived from top-quality research and encompasses the biological and social determinants that underlie the susceptibility to disease and its consequences. In the future, consideration of the role of gender will undoubtedly become an integral feature of all research and clinical care. Defining the role of gender in medicine requires a broad perspective on biology and diverse skills in biomedical and social sciences. When these scientific disciplines come together, a revolution in medical care is in the making. Covering twelve different areas of medicine, the practical and useful Handbook of Clinical Gender Medicine provides up-to-date information on the role of gender in the clinical presentation, diagnosis, and management of a wide range of common diseases. The contributing authors of this handbook are all experts who, in well-referenced chapters, cogently and concisely explain how incorporation of gender issues into research can affect the medical understanding and treatment of heart disease, osteoporosis, arthritis, pain, violence, and malaria among other conditions. This intriguing and unique medical textbook provides readers with a valuable new perspective to understand biology and incorporate gender issues into the different branches of medicine.

**male knee anatomy:** *ACL Injuries in the Female Athlete* Frank R. Noyes, Sue Barber-Westin, 2018-09-07 This successful book, now in a revised and updated second edition, reviews all aspects of anterior cruciate ligament (ACL) injuries in female athletes, with the focus on complete, noncontact ACL injuries. The opening section discusses anatomy and biomechanics and explains the short- and long-term impacts of complete ACL ruptures, including long-term muscle dysfunction and joint arthritis. Risk factors and possible causes of the higher noncontact ACL injury rates in female athletes compared with male athletes are then discussed in depth. Detailed attention is devoted to neuromuscular training programs and their effectiveness in reducing noncontact ACL injury rates in female athletes, as well as to sports-specific ACL injury prevention and conditioning programs of proven value. Rehabilitation programs after ACL injury and reconstruction that reduce the risk of a future injury are explored, and the concluding section looks at worldwide implementation of neuromuscular ACL injury prevention training and future research directions. The book will be of value to orthopedic surgeons, physical therapists, athletic trainers, sports medicine primary care physicians, and strength and conditioning specialists.

**male knee anatomy: Advances and Current Trends in Biomechanics** Jorge Belinha, José Carlos Reis Campos, Elza Fonseca, Maria Helena Figueiral Silva, Maria Arcelina Marques, Maria Fernanda Gentil Costa, Susana Oliveira, 2021-11-10 This volume presents a collection of peer-reviewed papers on several areas in the field of biomechanics, including biofabrication; biomaterials; cardiovascular biomechanics, biofluids and hemodynamics; biomechanics of the injury/impact; biomechanics of rehabilitation; sports biomechanics; biomechanics of the skull and spine; biomechanics of the musculoskeletal system; biomechanics orofacial; orthopaedic biomechanics; experimental and numerical biomechanics; tissue engineering, and biomedical devices. A collection of novelties and research outcomes presented at the 9th National Biomechanics Congress (CNB 2021, 19-20 February, Porto, Portugal), this book reflects the enthusiasm and intense activity of the Portuguese biomechanical community, as well as the multidisciplinary character of the field. The National Congress of Biomechanics (CNB) is a scientific meeting organized in Portugal under the auspices of the Portuguese Biomechanical Society (SPB).

**male knee anatomy:** Index Medicus , 2004 Vols. for 1963- include as pt. 2 of the Jan. issue: Medical subject headings.

**male knee anatomy: Clinical Applications of Biomaterials** Charlotte Kenton, 1983

**male knee anatomy:** *Women's Health and Fitness Guide* Michele Kettles, Colette L. Cole, Brenda S. Wright, 2006 Examining the benefits of exercise for women, from osteoporosis prevention to reducing the risk of cardiovascular disease, this book reviews the physiological fitness differences between men and women. It also helps women to tailor an exercise programme to their stage in life: adolescence, pre-menopause, menopause, post-menopause and ageing.

**male knee anatomy: Fibrinolysis, Thrombolysis, and Blood Clotting: a Bibliography** , 1974

## Related to male knee anatomy

**male,female[illegible]man,woman[illegible] -** [illegible] male[illegible]female[illegible]—— male[illegible] [illegible]female[illegible] [illegible]male[illegible]

[illegible] **Ao Wang[illegible]Quanming Liu** [illegible] [illegible] Ao Wang[illegible]Quanming Liu [illegible] [illegible] [illegible] JIMR [illegible]A Study on Male Masturbation Duration Assisted by Masturbat [illegible]

[illegible]**omega[illegible]beta[illegible]alpha[illegible]ABO**[illegible] ABO[illegible]AB0[illegible]Alpha[illegible]Omega, Beta[illegible] [illegible]alpha[illegible] omega[illegible] beta[illegible]

**BNC[illegible] -** [illegible] BNC[illegible] [illegible] [illegible] BNC[illegible] [illegible]4-4GHz, [illegible]2[illegible]50[illegible]75[illegible] BNC[illegible]

[illegible] **-** [illegible] “[illegible]”[illegible]sigma male[illegible] [illegible] 2010[illegible] [illegible]Theodore Robert Beale[illegible]Vox Day[illegible]

**□□□□□□□□□□□□□□□ - □□** □□□ □cis-gender□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□ □trans-gender□□ □□ □□□□“□ ”□□□□□□□□□□□□□□“□□□□□”□□□□□

**□□□□□□□□□□m□f□□□□□□□□□□□□□□□□** □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ F□Female□□□□□□□□□□□□□□□□□□ □□□ □□□□□ M□Male□□□□ □□□ □□□□□ P □□

**□□man□□□woman□□□wo□□□□□□□□□□□female** □□□□□man□woman□male□female□□□□□□ □□□□□ man——M+an□woman——wom+an□ □□□□womb□wombat □□

**□□□□sex□□□gender□□□□□□□ - □□** Sex = male and female Gender = masculine and feminine So in essence: Sex refers to biological differences; chromosomes, hormonal profiles, internal and external sex organs. Gender

**□□□□□□□□□□□□□sigma male□ - □□** □□□□□□□□□□□□□sigma male□ sigma male□□□□□□□□□ □□meme□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□□ □□□ 38

**male,female□man,woman□□□□ - □□** male□female□□□□□□□□——male□□□□□□□□□□□□□□□□□□□□□□□□□female□□□□□□□□□□□□□ □□□□□□□□□male□□□□□□□□□□□□□□□□

**□□□□ Ao Wang□Quanming Liu** □□□□□□□□□□□□□□ □□□□ Ao Wang□Quanming Liu □□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□□□ JIMR □□□□□A Study on Male Masturbation Duration Assisted by Masturbat □□□

**□□□omega□beta□alpha□ABO□□□□□□□□□□□□□□** ABO□□□AB0□□□□□□□□□□□□□□□□□Alpha□Omega, Beta□□□□□□□□alpha□□□□□□□□□□□□ omega□□□□□□□□□□□□□□□□ beta□□□□□□□□□□□

**BNC□□□□□□□□□□□□□□□□□□□ - □□** BNC□□□□□□ □□□□□ □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ BNC□□□□□□□□□□□□4-4GHz, □□□□□2□□50□□□75□□□ BNC□□□□□□□□□□

**□□□□□□□□□ - □□** “□□□□□”□sigma male□□□□□□□□□□□□ □□□□□□□□□□□□□□□ 2010□□□□□□□□□□□□□□□□□□□□□Theodore Robert Beale□□□Vox Day□□□□□□□

**□□□□□□□□□□□□□□□ - □□** □□□ □cis-gender□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□ □trans-gender□□ □□ □□□□“□ ”□□□□□□□□□□□□□□“□□□□□”□□□□□

**□□□□□□□□□□m□f□□□□□□□□□□□□□□□□** □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ F□Female□□□□□□□□□□□□□□□□□□ □□□ □□□□□ M□Male□□□□ □□□ □□□□□ P □□

**□□man□□□woman□□□wo□□□□□□□□□□□female** □□□□□man□woman□male□female□□□□□□ □□□□□ man——M+an□woman——wom+an□ □□□□womb□wombat □□

**□□□□sex□□□gender□□□□□□□ - □□** Sex = male and female Gender = masculine and feminine So in essence: Sex refers to biological differences; chromosomes, hormonal profiles, internal and external sex organs. Gender

**□□□□□□□□□□□□□sigma male□ - □□** □□□□□□□□□□□□□sigma male□ sigma male□□□□□□□□□ □□meme□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□□ □□□ 38

**male,female□man,woman□□□□ - □□** male□female□□□□□□□□——male□□□□□□□□□□□□□□□□□□□□□□□□□female□□□□□□□□□□□□□ □□□□□□□□□male□□□□□□□□□□□□□□□□

**□□□□ Ao Wang□Quanming Liu** □□□□□□□□□□□□□□ □□□□ Ao Wang□Quanming Liu □□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□□□ JIMR □□□□□A Study on Male Masturbation Duration Assisted by Masturbat □□□

**□□□omega□beta□alpha□ABO□□□□□□□□□□□□□□** ABO□□□AB0□□□□□□□□□□□□□□□□□Alpha□Omega, Beta□□□□□□□□alpha□□□□□□□□□□□□ omega□□□□□□□□□□□□□□□□ beta□□□□□□□□□□□

**BNC□□□□□□□□□□□□□□□□□□□ - □□** BNC□□□□□□ □□□□□ □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ BNC□□□□□□□□□□□□4-4GHz, □□□□□2□□50□□□75□□□ BNC□□□□□□□□□□□

**□□□□□□□□□ - □□** “□□□□□”□sigma male□□□□□□□□□□□□ □□□□□□□□□□□□□□□ 2010□□□□□□□□□□□□□□□□□□□□□Theodore Robert Beale□□□Vox Day□□□□□□□

**□□□□□□□□□□□□□□□ - □□** □□□ □cis-gender□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□ □trans-gender□□ □□ □□□□“□ ”□□□□□□□□□□□□□□“□□□□□”□□□□□

**□□□□□□□□□□m□f□□□□□□□□□□□□□□□□□□□** □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ F□Female□□□□□□□□□□□□□□□□□□□□ □□□ □□□□□ M□Male□□□□ □□□ □□□□□ P □□

**□□man□□□woman□□□wo□□□□□□□□□□□female** □□□□□man□woman□male□female□□□□□□ □□□□□ man——M+an□woman——wom+an□ □□□□womb□wombat □□

**□□□□sex□□□gender□□□□□□□ - □□** Sex = male and female Gender = masculine and feminine So in essence: Sex refers to biological differences; chromosomes, hormonal profiles, internal and external sex organs. Gender

□□□□□□□□□□□□**sigma male**□ **-** □□ □□□□□□□□□□□□sigma male□ sigma male□□□□□□□□□ □□meme□□□□□□□□ □□□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□□ □□□ 38

## Related to male knee anatomy

**Knee bursa** (Healthline7y) The knee bursa is located on the inside of each knee, between the three hamstring muscle tendons and the shinbone. Thus, knee bursitis may be caused by being overweight, tight hamstring muscles, a

**Knee bursa** (Healthline7y) The knee bursa is located on the inside of each knee, between the three hamstring muscle tendons and the shinbone. Thus, knee bursitis may be caused by being overweight, tight hamstring muscles, a

Back to Home: http://www.speargroupllc.com