Solutions

2.1

- Superficial peroneal, lateral compartment.

2.2

- Femoral, popliteal, posterior tibial, dorsalis pedis ✓.

2.3

- Stretching the ischaeric muscle tensions it further inside an already pressurised sleeve.

3.1

- Fracture haematoma + swelling in an unyielding sleeve; pressure above capillary pressure (~30 mmHg) stops perfusion.
- Distal pulses persist until late – the obstruction is capillary, not large-artery.
- Treatment: open the sleeve (fasciotomy) – pressure relief, not observation.

3.2

- Common peroneal nerve at the fibular neck (compressed by position).
- Sensory loss on the dorsum of the foot (superficial peroneal territory).
- Inversion is tibial/deep posterior: intact inversion places the lesion outside that compartment – precisely at the subcutaneous fibular neck.