

OVERVIEW

Today

Sensory and Motor Neurons

Thursday

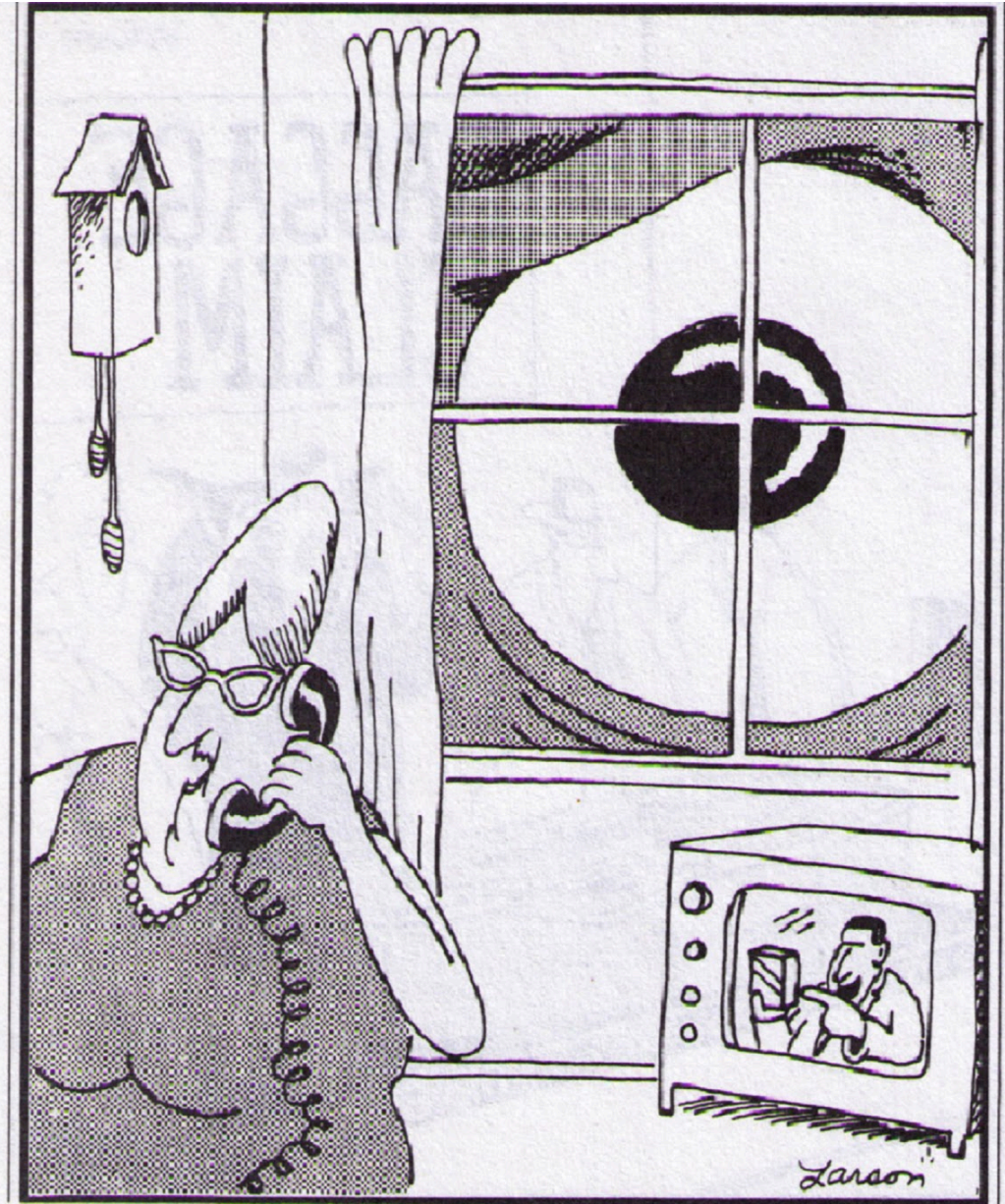
Parkinsons Disease

Administration

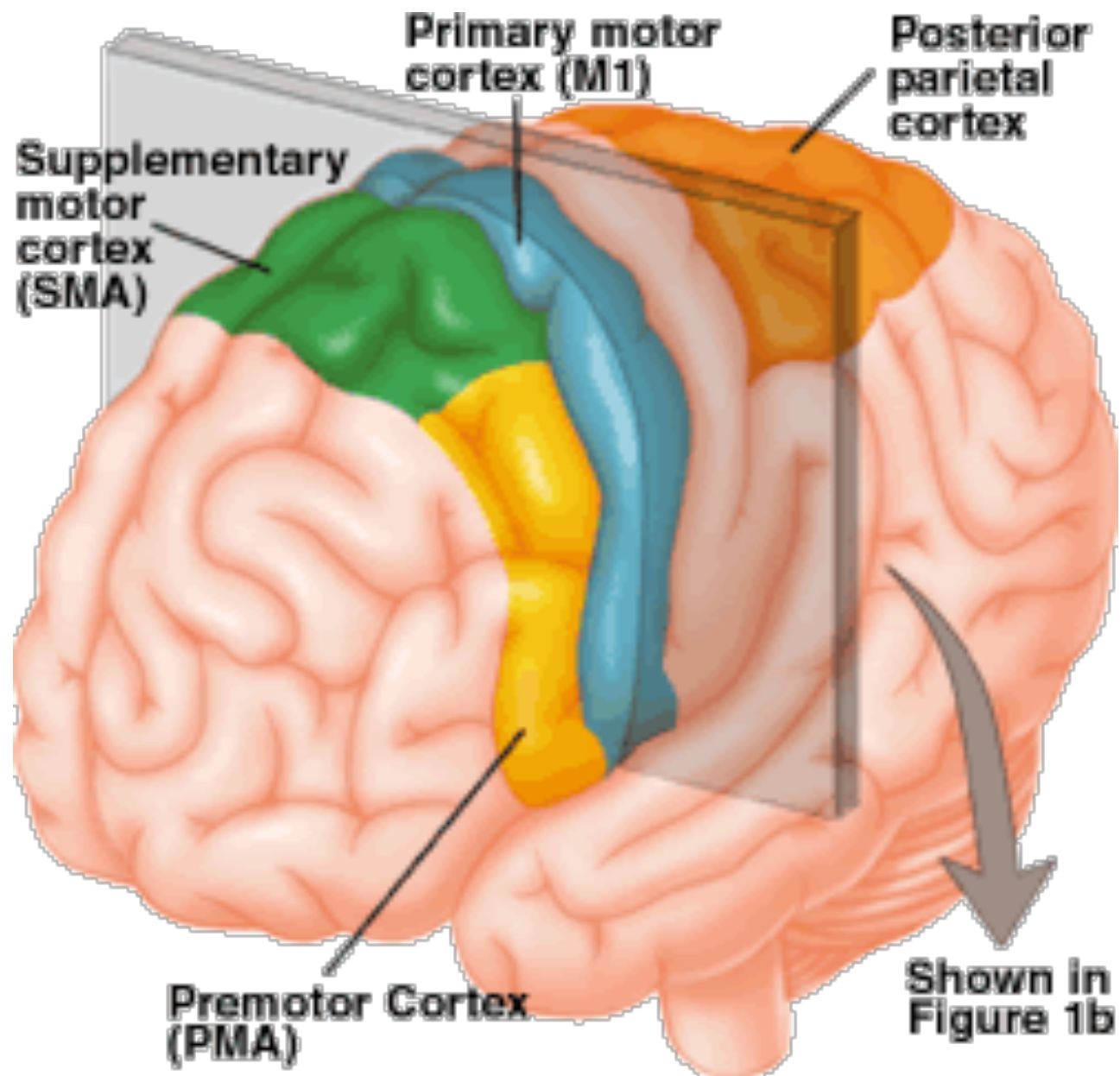
Exam One

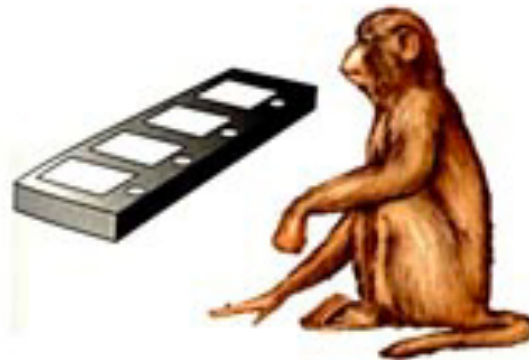
Bonus Points

Slides Online



"Hello, Emily. This is Gladys Murphy up the street. Fine, thanks . . . Say, could you go to your window and describe what's in my front yard?"

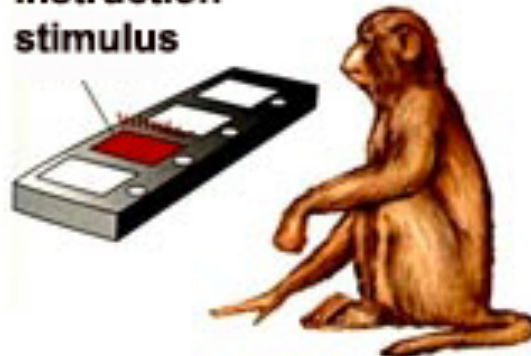




**Premotor
area neuron
discharge**



**Instruction
stimulus**

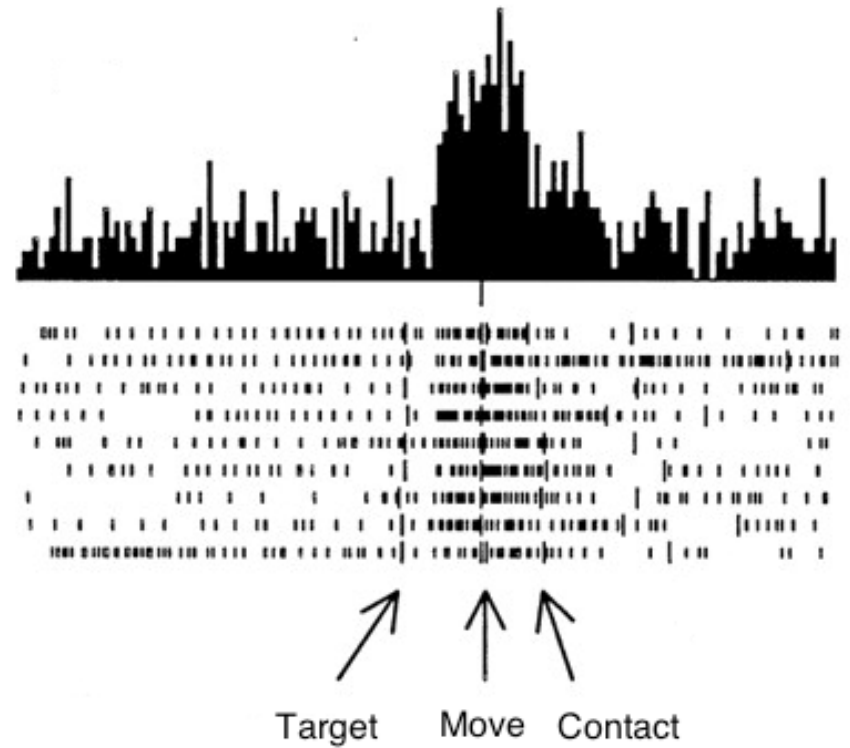
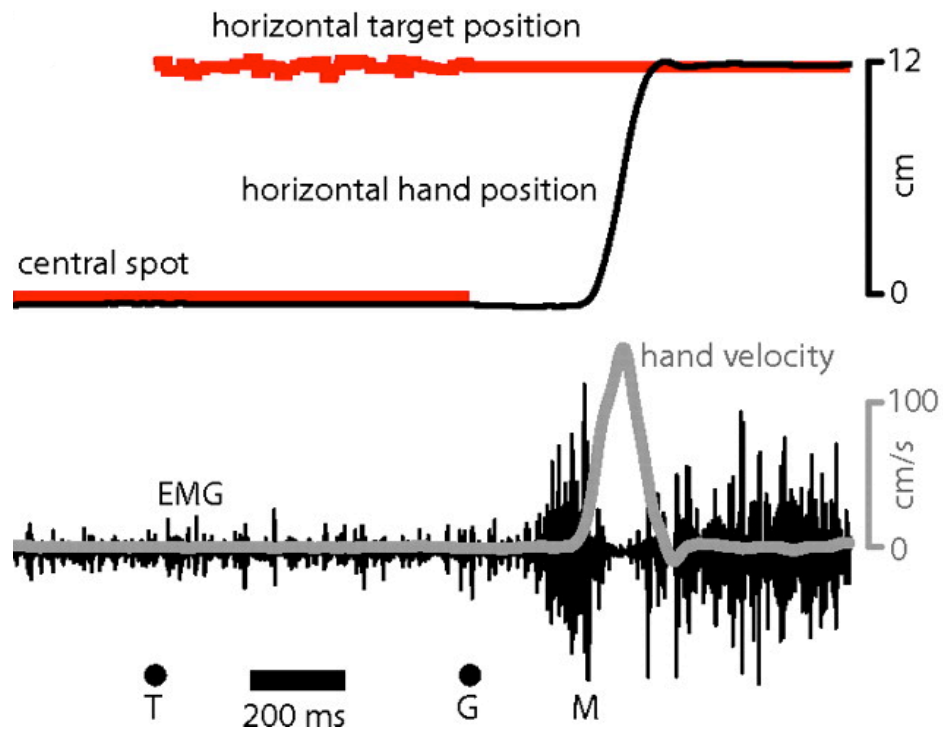
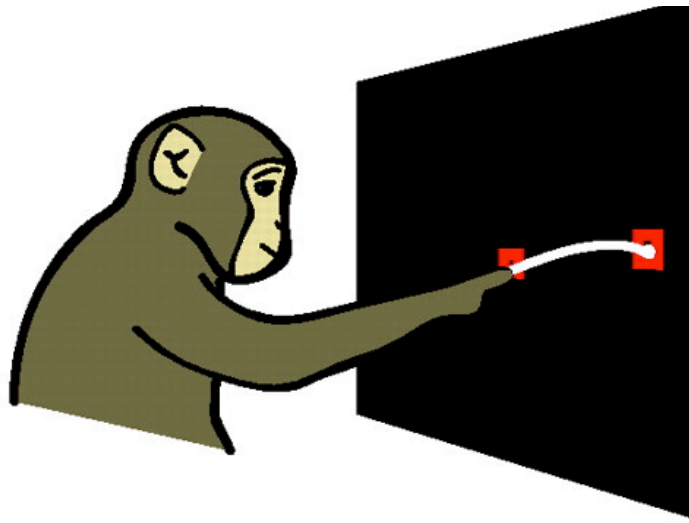


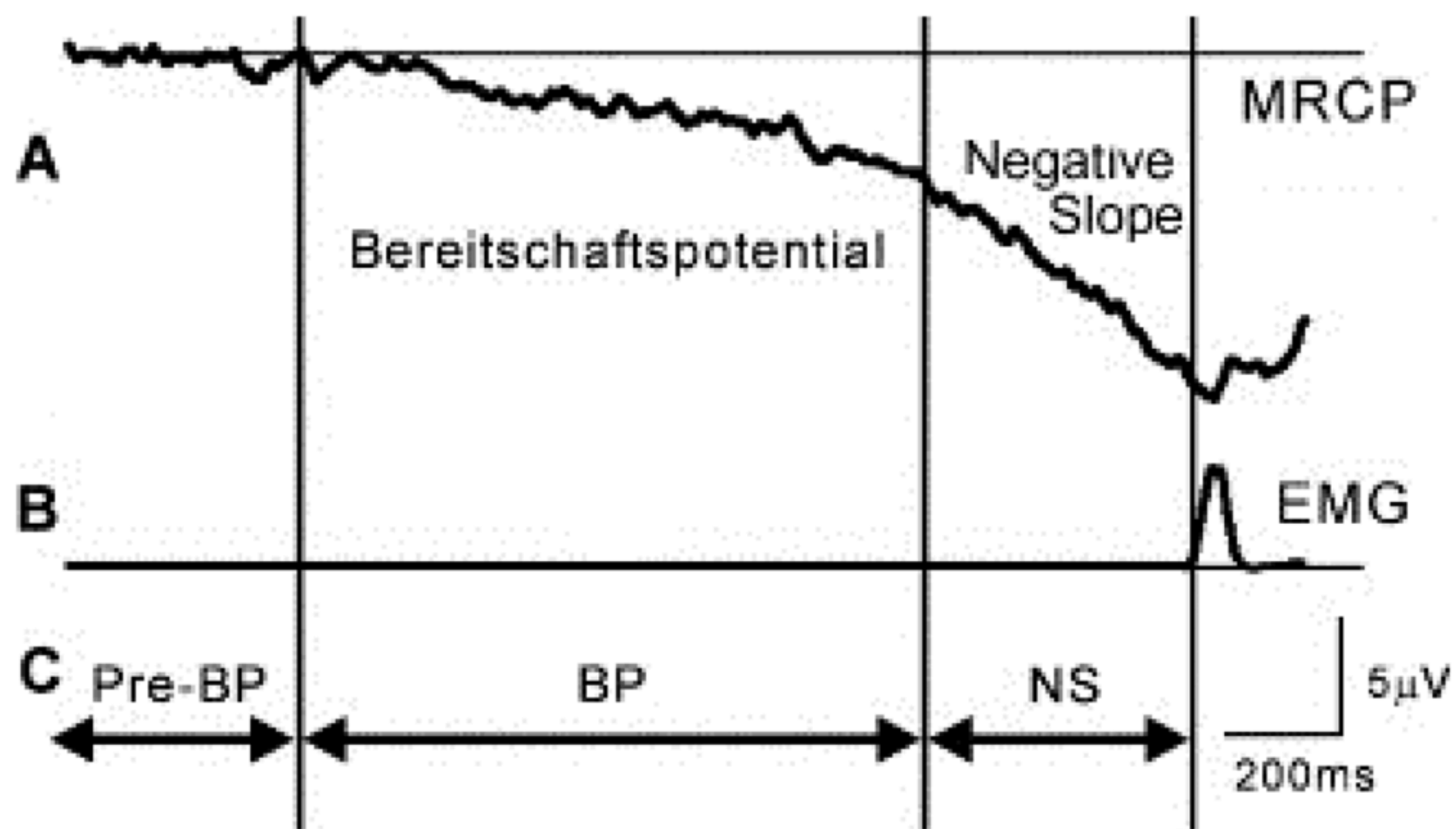
stimulus

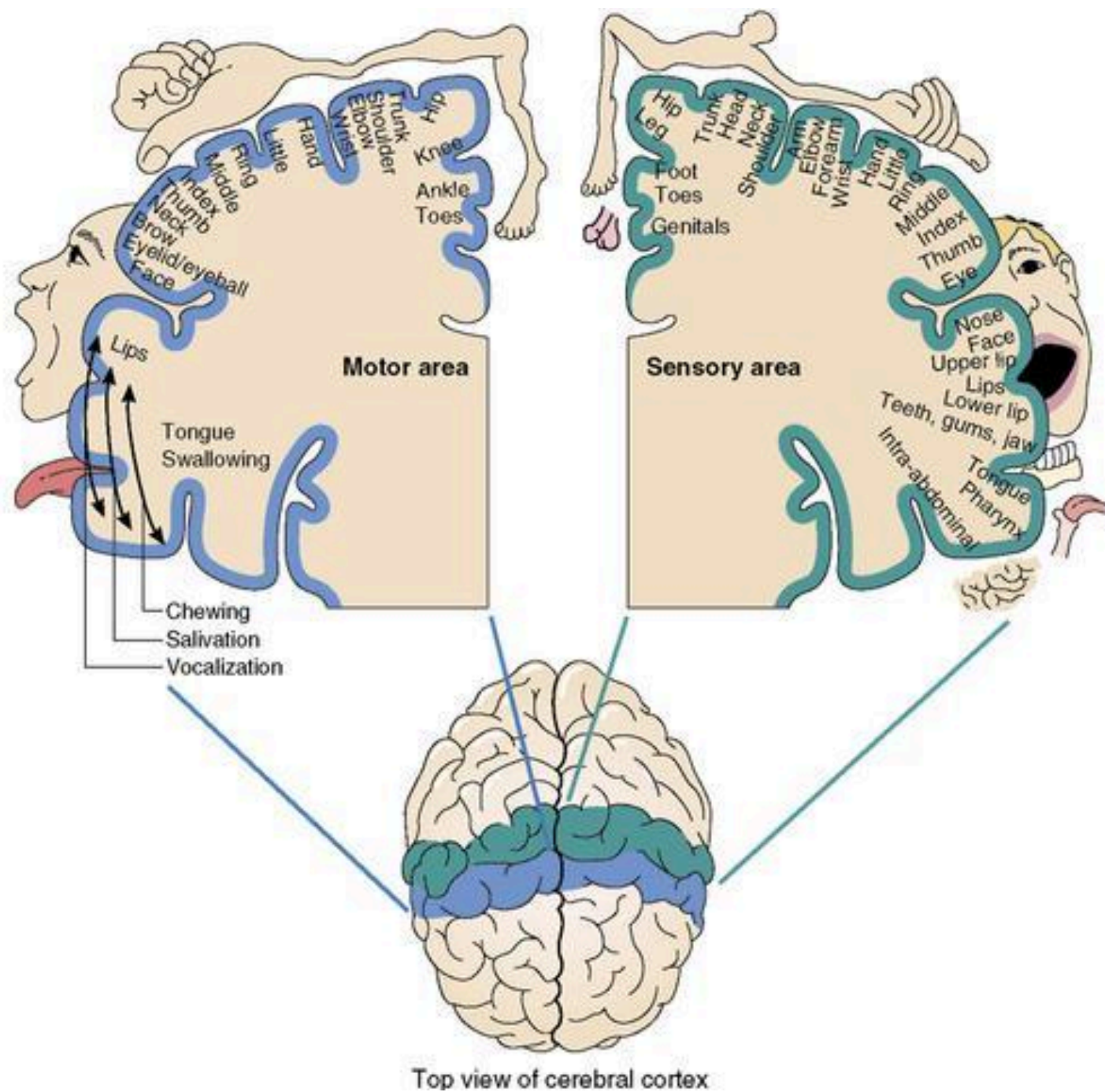
**"Go" signal
triggering
movement**

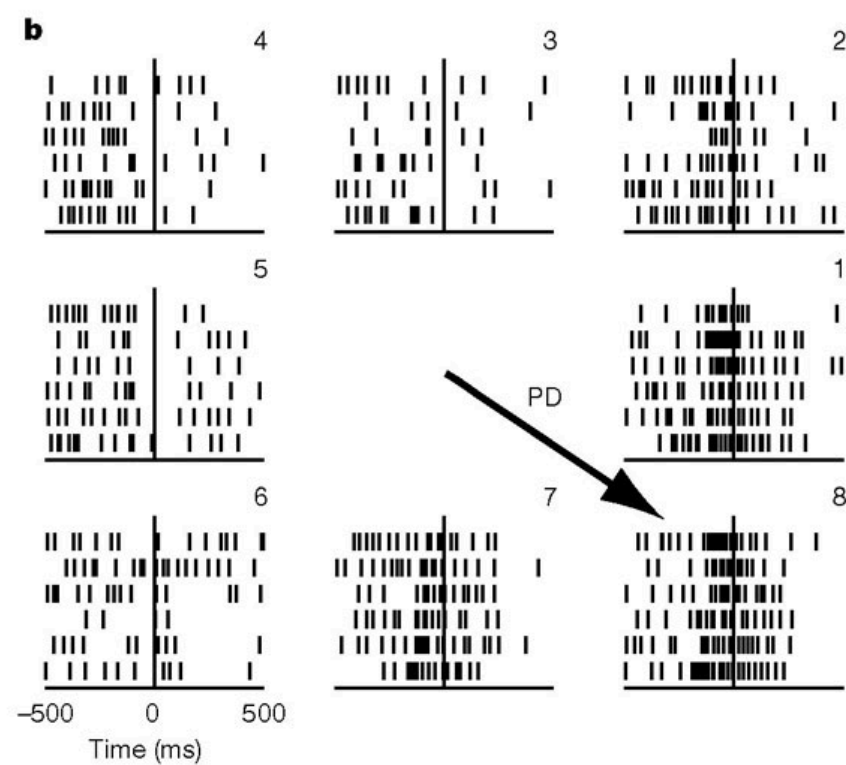
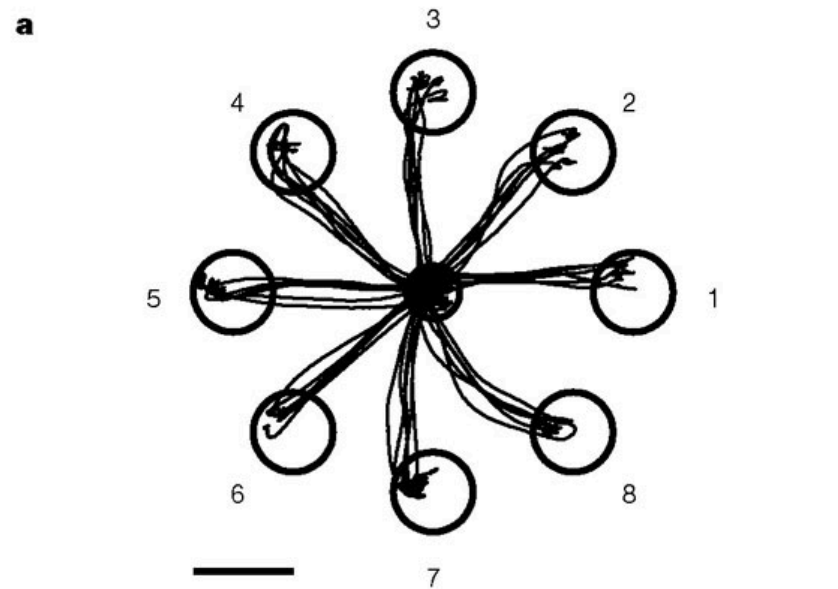


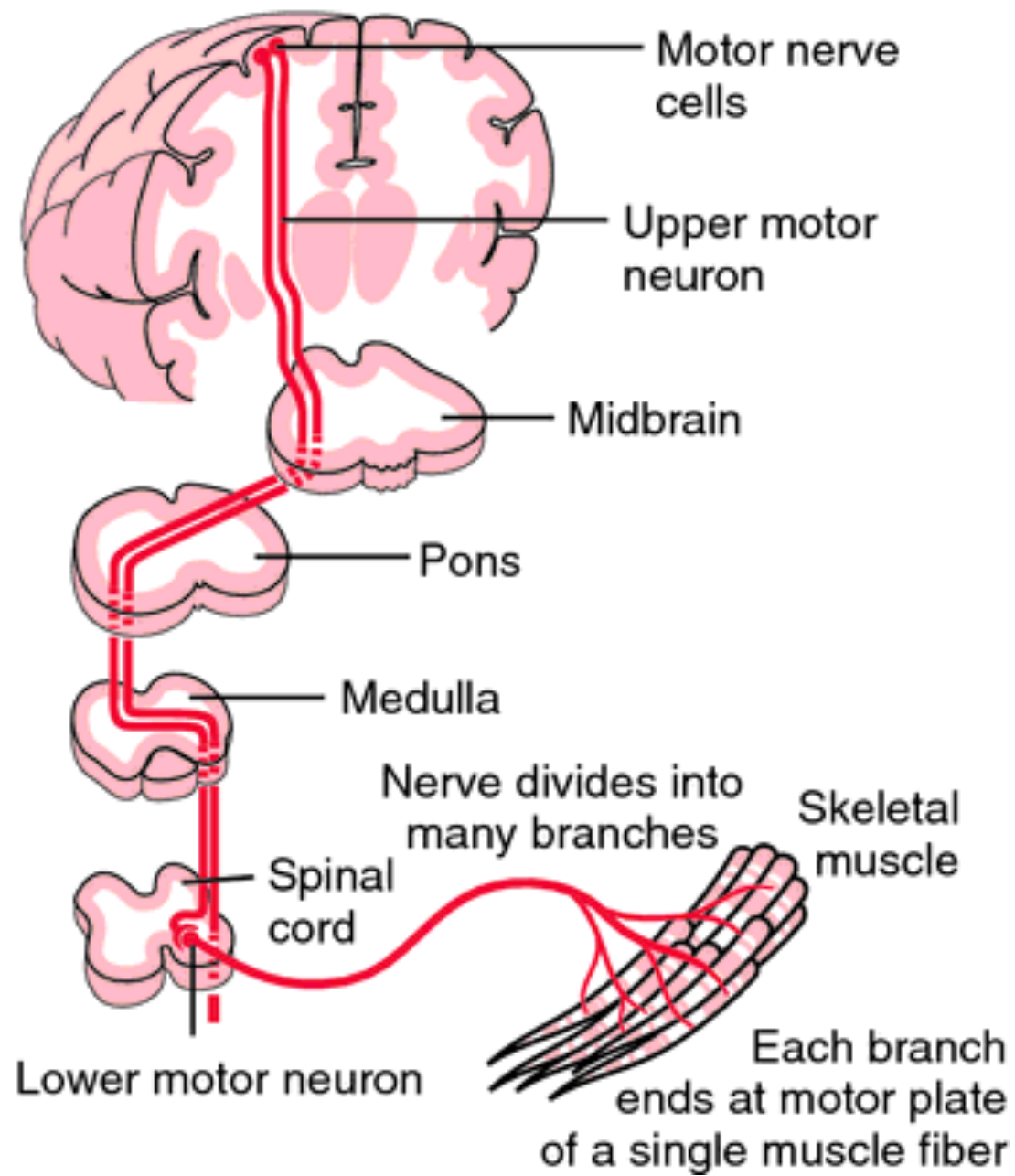
**Signal
triggering
movement**



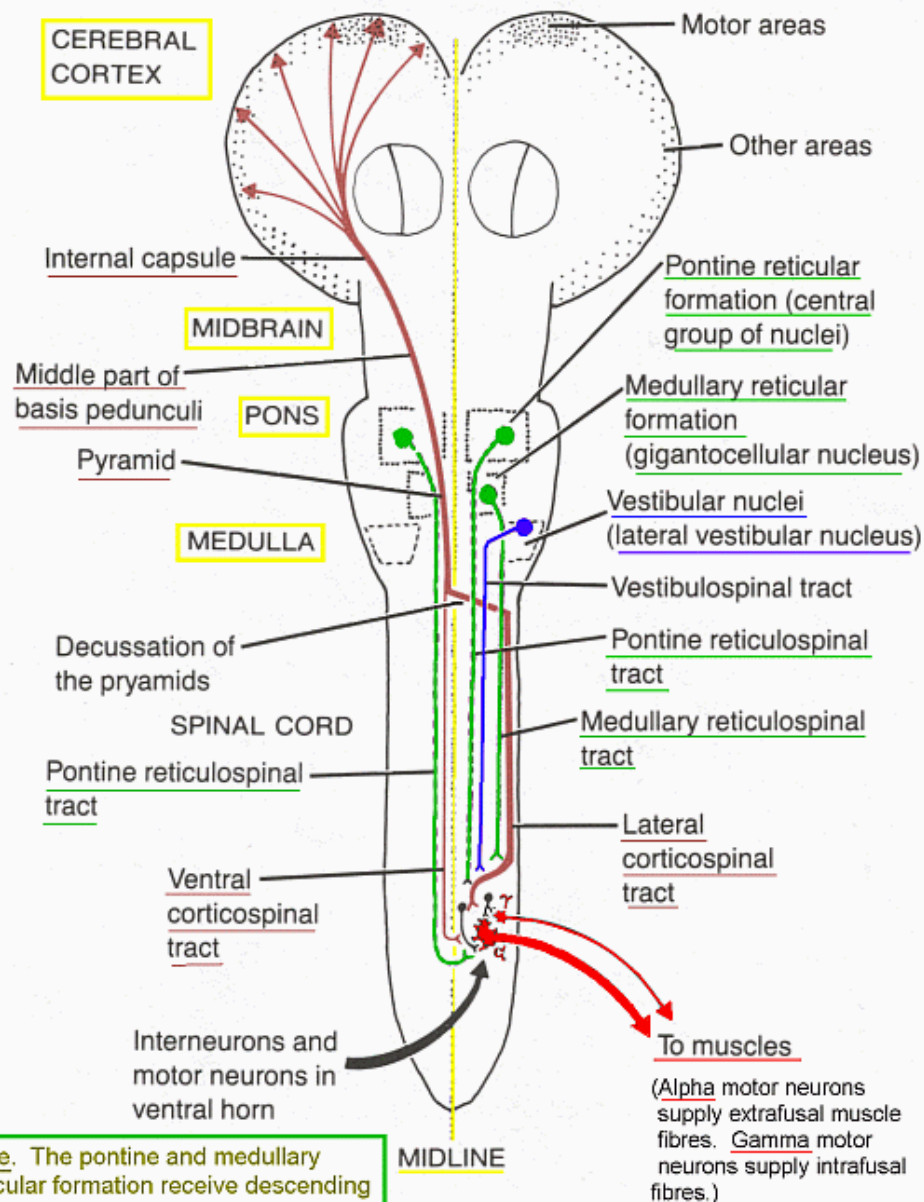








Descending pathways involved in motor control



Note. The pontine and medullary reticular formation receive descending afferents, not shown here, from motor areas of the cerebral cortex.

7 major descending motor control pathways from Cerebral Cortex or Brainstem Nuclei:

From Frontal Cortex:

- i. Lateral Corticospinal tract
- ii. Ventral Corticospinal tract
- iii. Corticobulbar tract (→ cranial nerve motor nuclei).

From Brainstem Nuclei:

- i. Rubrospinal tract
- ii. Reticulospinal tract
- iii. Vestibulospinal tract
- iv. Tectospinal tract

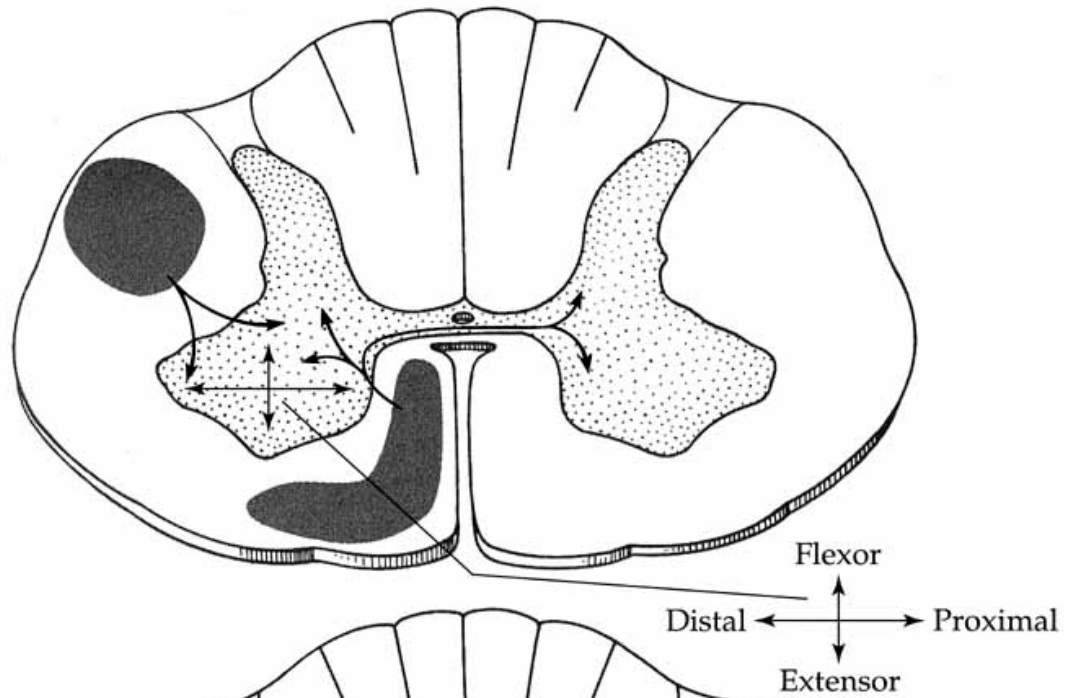
Interneuron Connections:

(sometimes an intermediary before motor neurons)

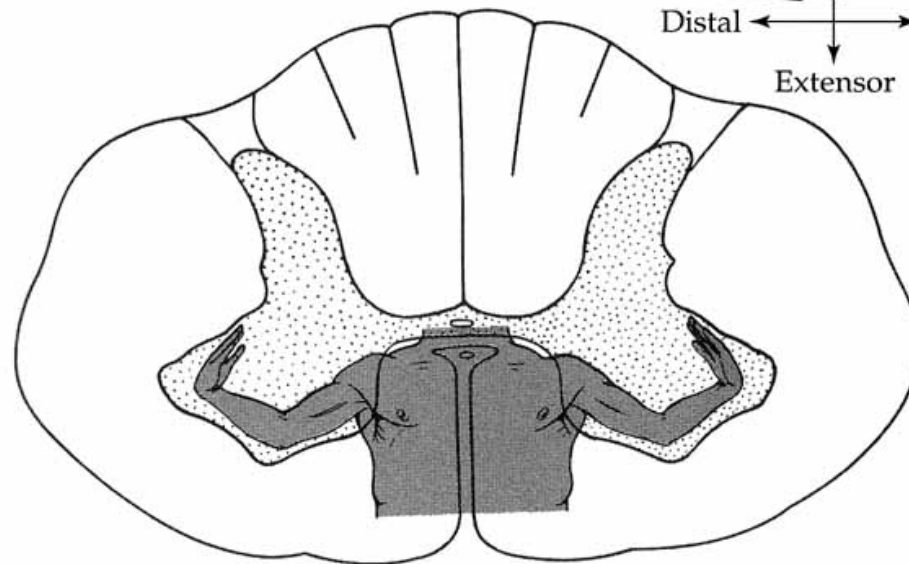
1. Segmental interneurons – short branches within single spinal cord segment
2. Propiospinal neurons – projects for multiple spinal segments before synapsing onto motor neuron - long projections coordinating movements of upper and lower limbs

Somatotopic Organization

A



B

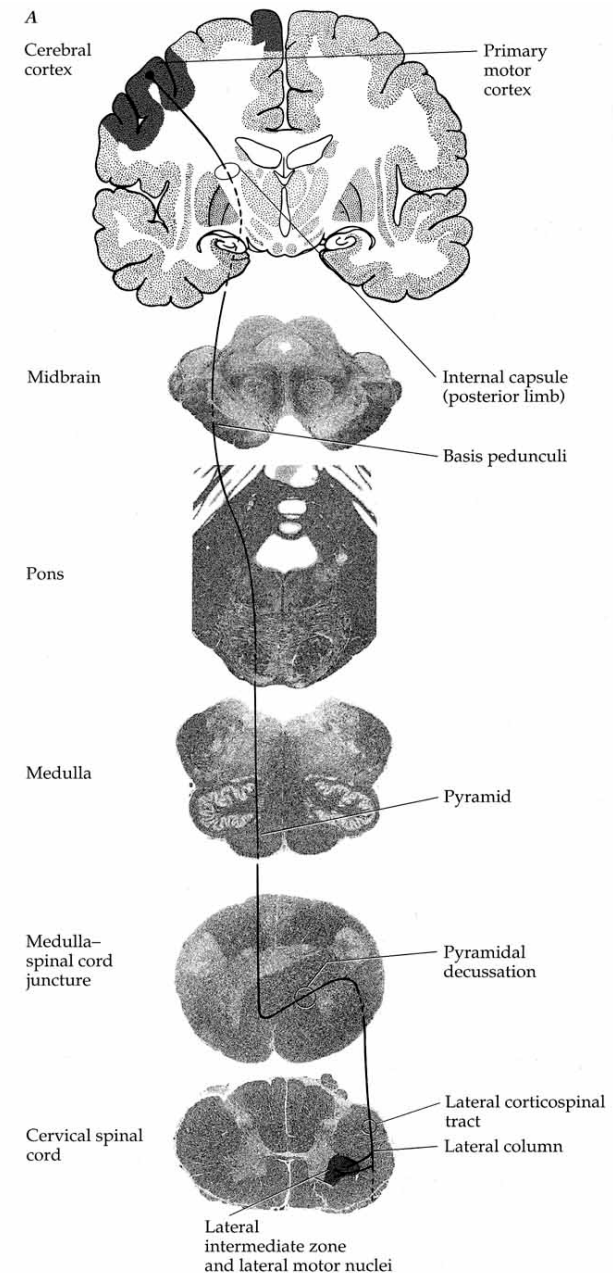


LATERAL DESCENDING PATHWAYS

Lateral Corticospinal Tract:

Starts at the 1° motor cortex
decussation zone and lateral motor
nuclei of cervical and lumbrosacral
Cord.

Primary control of distal muscles



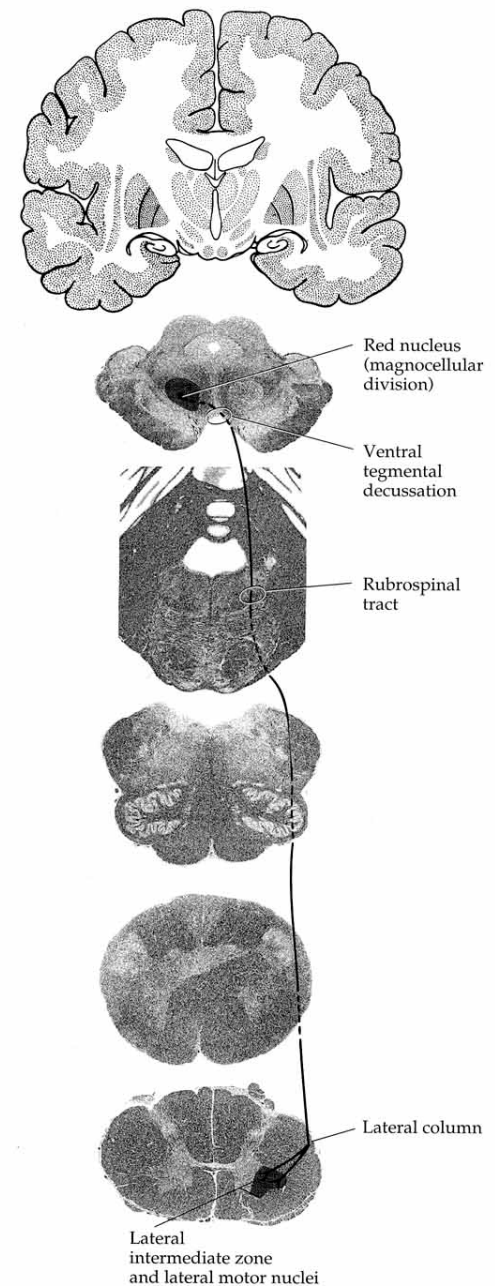
LATERAL DESCENDING PATHWAYS

Rubrospinal Tract

Red nucleus (magnocellular) →
midbrain decussation → lateral
intermediate zone and ventral horn.

Provides additional control

B



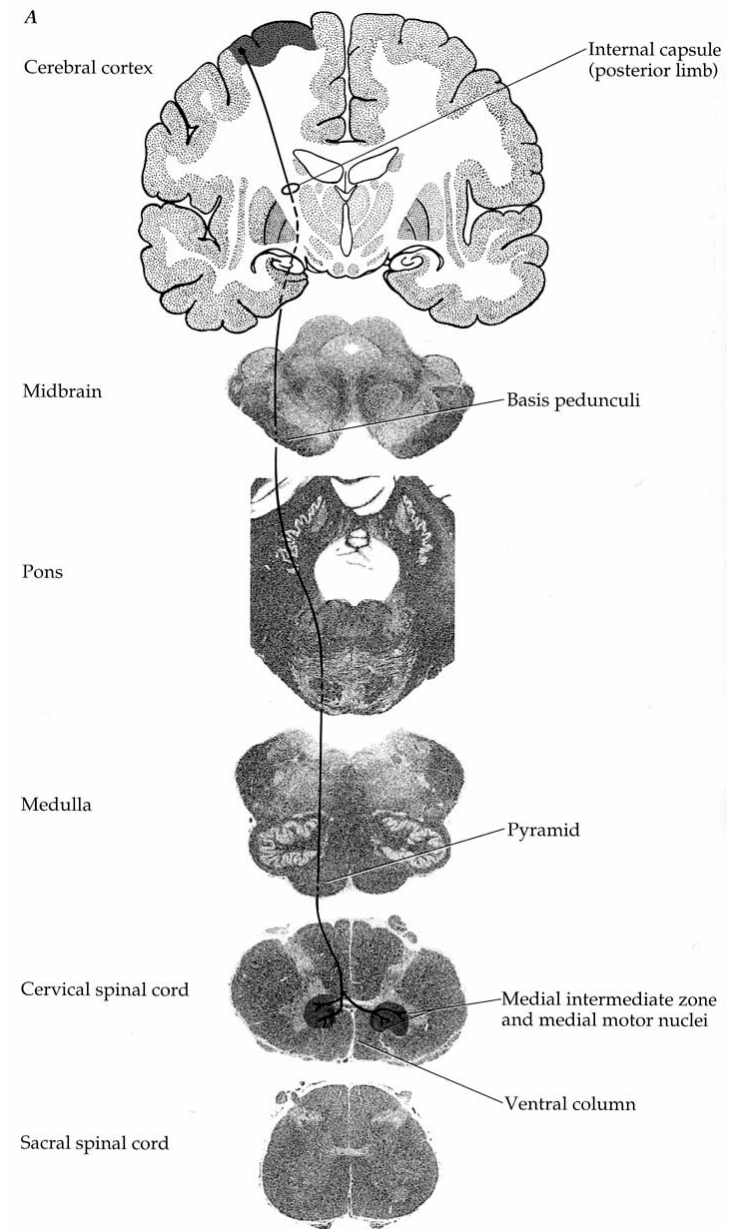
MEDIAL DESCENDING PATHWAYS

Medial (Ventral) Corticospinal Tract

Axial and girdle muscles.

Ipsilateral ventral column → bilateral projections to medial grey matter.

Controls especially for head, shoulder, and upper trunk muscles.



Reticulospinal Tract

Many terminate in cervical cord.

But, 2° projections to propriospinal neurons may influence lower axial muscles also.

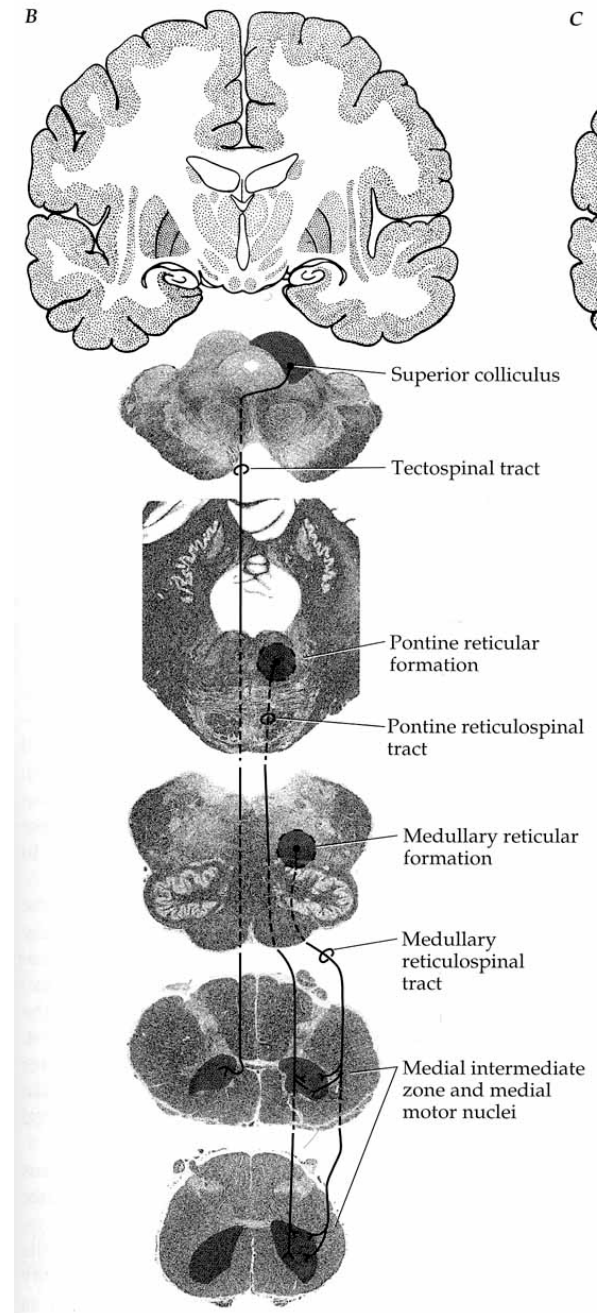
Pontine → ventral column.

Medullary reticular formation → lateral column

Autonomic movements: posture and repetitive movements.

Tectospinal Tract

From superior colliculus → coordinates head and eye movements.

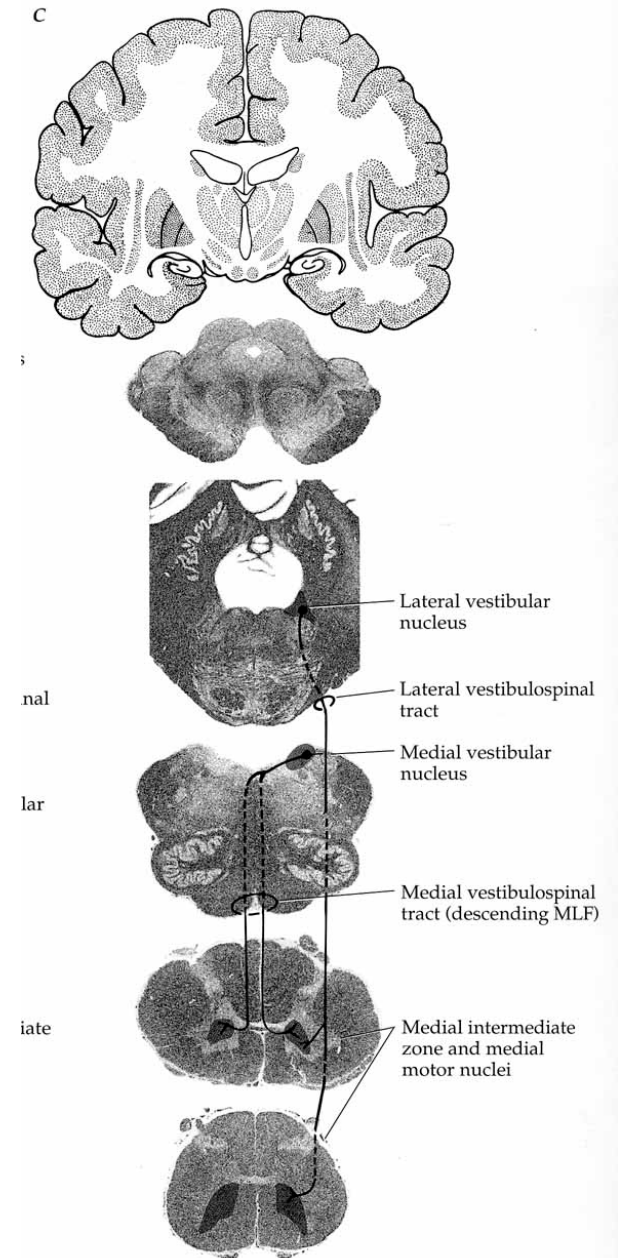


Vestibulospinal Tracts:

Lateral vestibular nucleus →
lateral vestibulospinal tract (to all
spinal limbs)

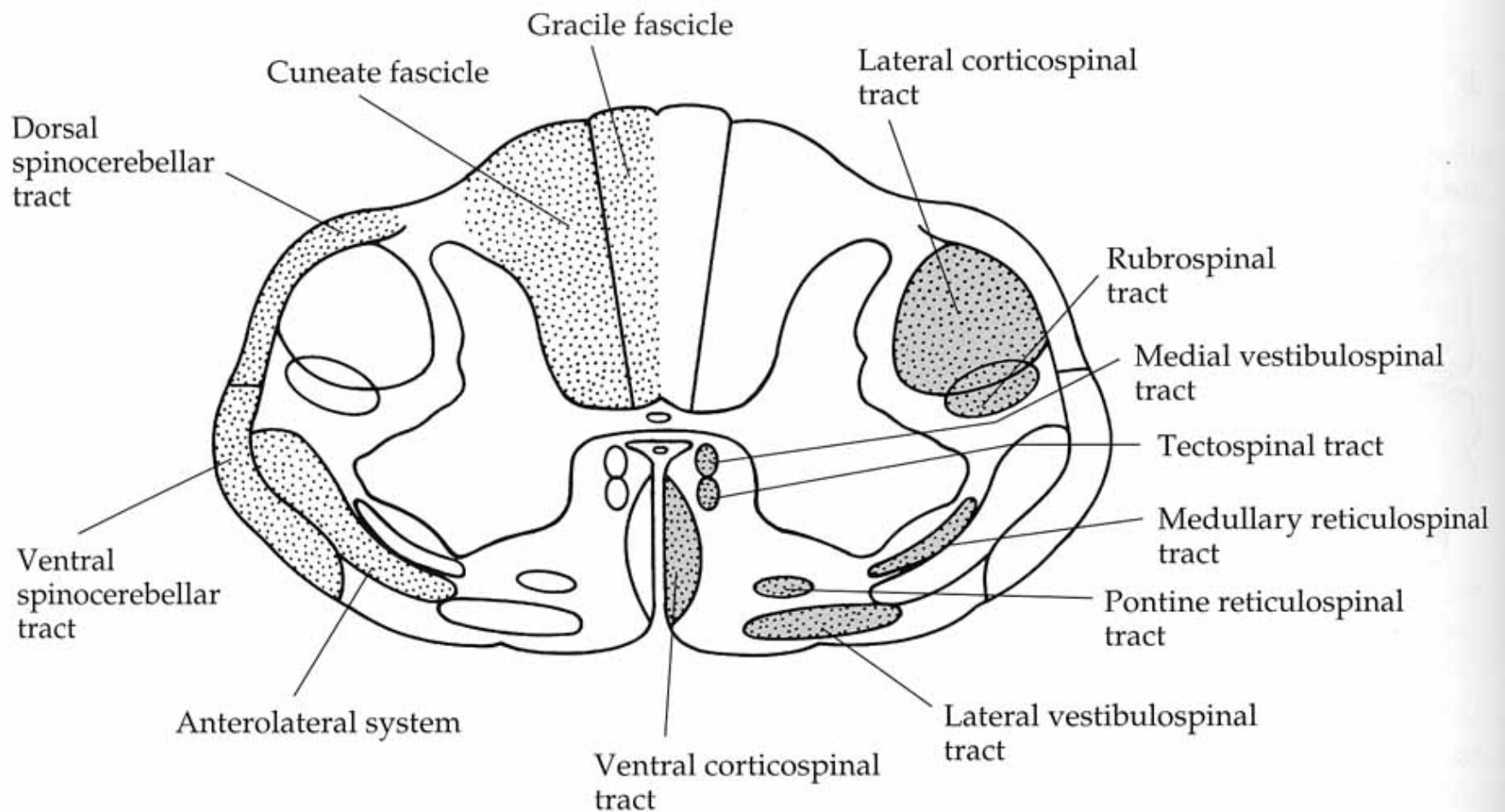
Maintains balance.

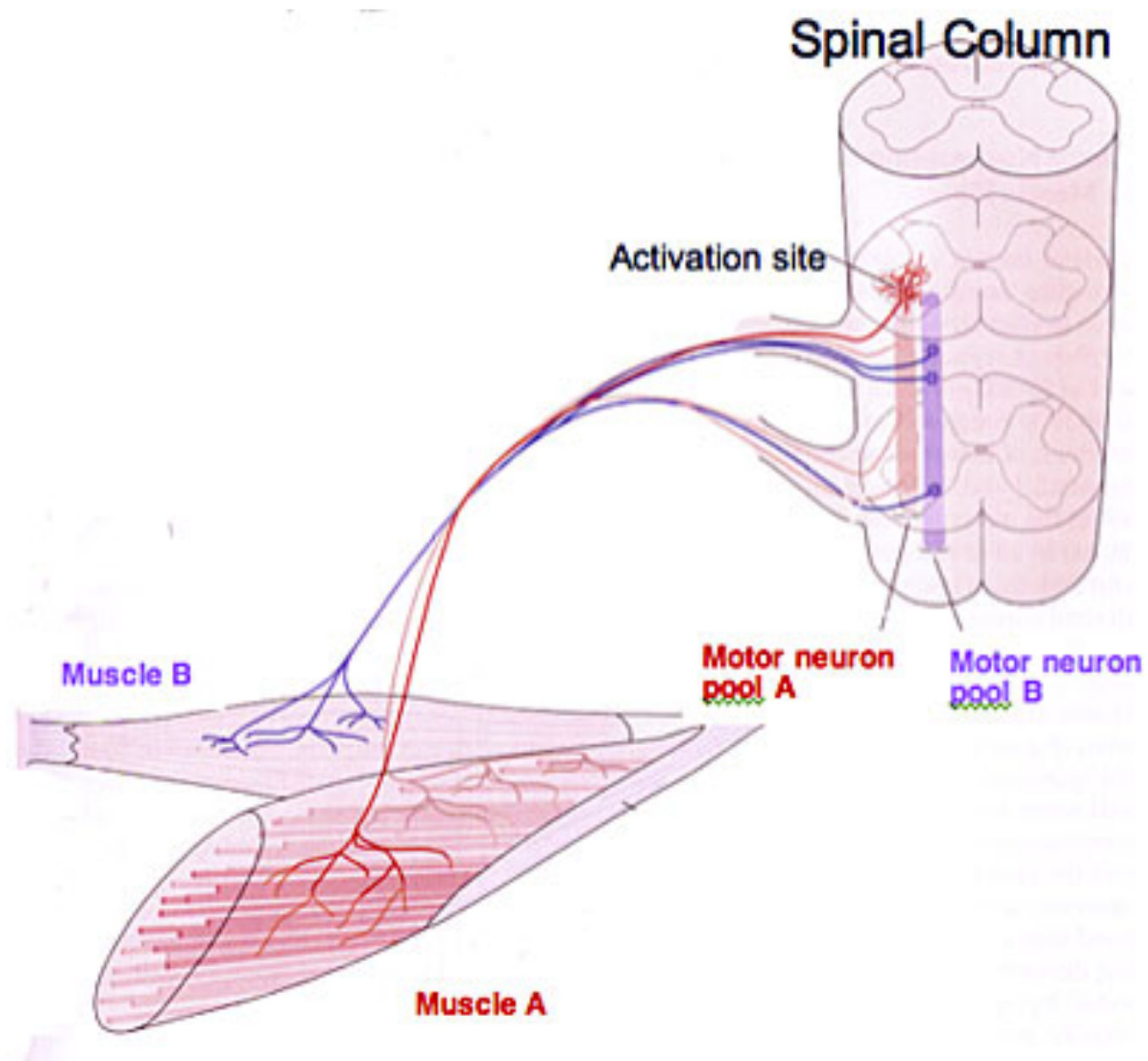
Medial nucleus → medial tracts for
control of head position (cervical
only).

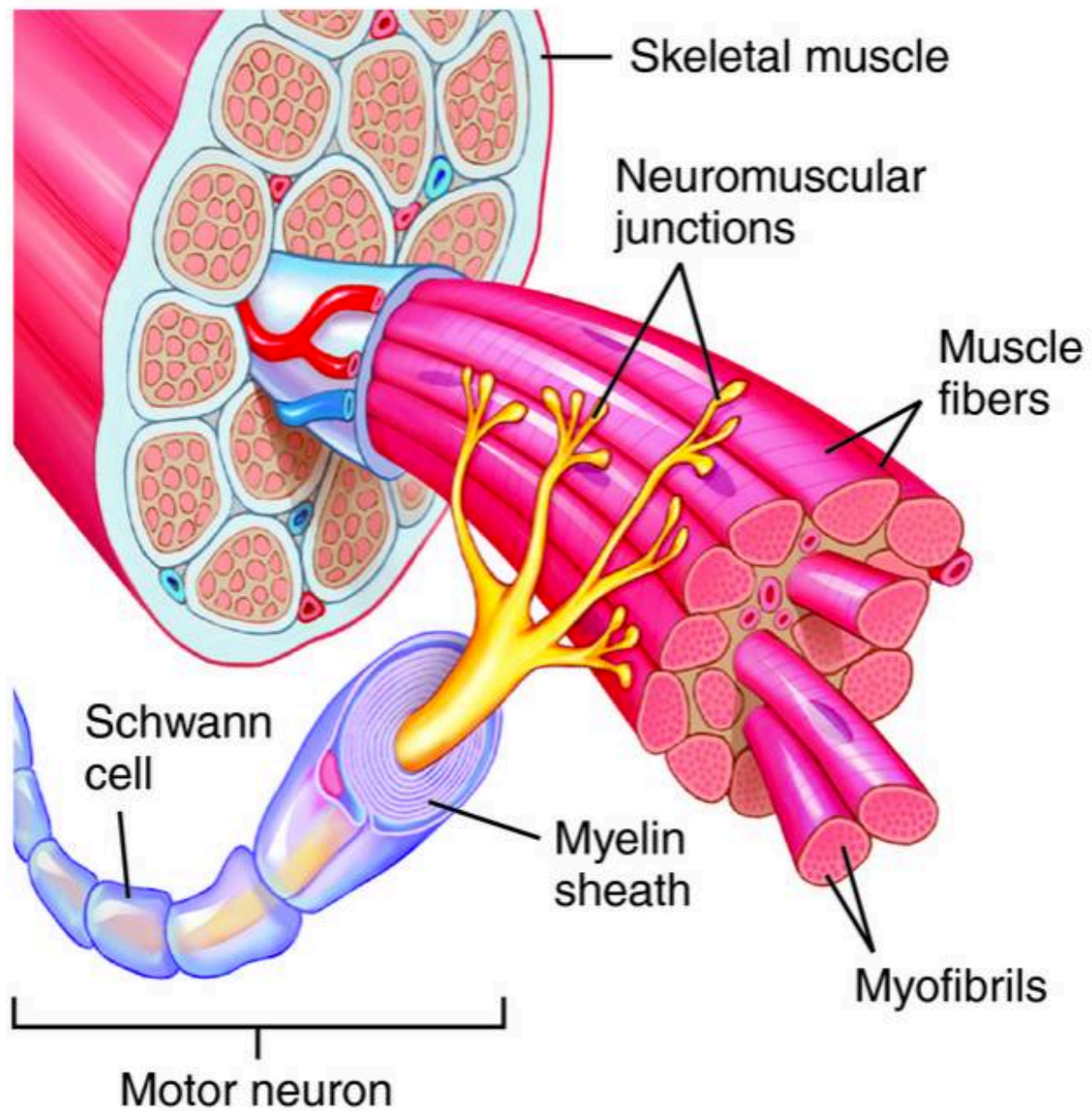


Organization of Tracts

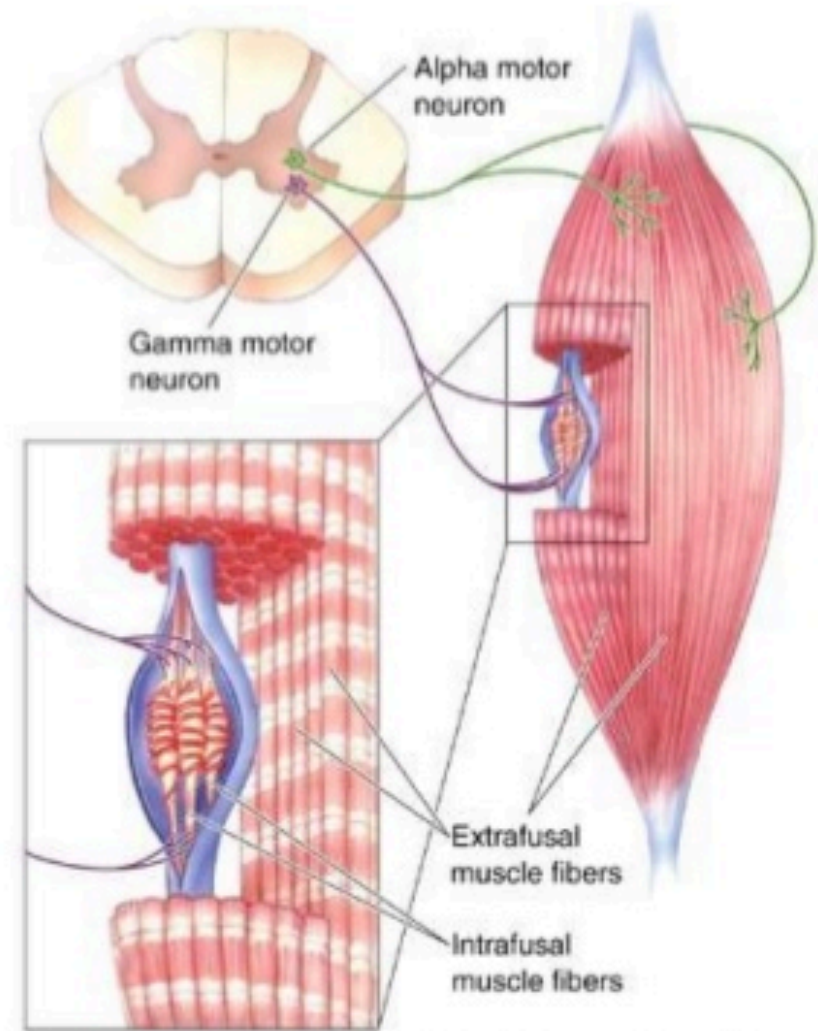
Note the descending and ascending tracts and their relative positions.

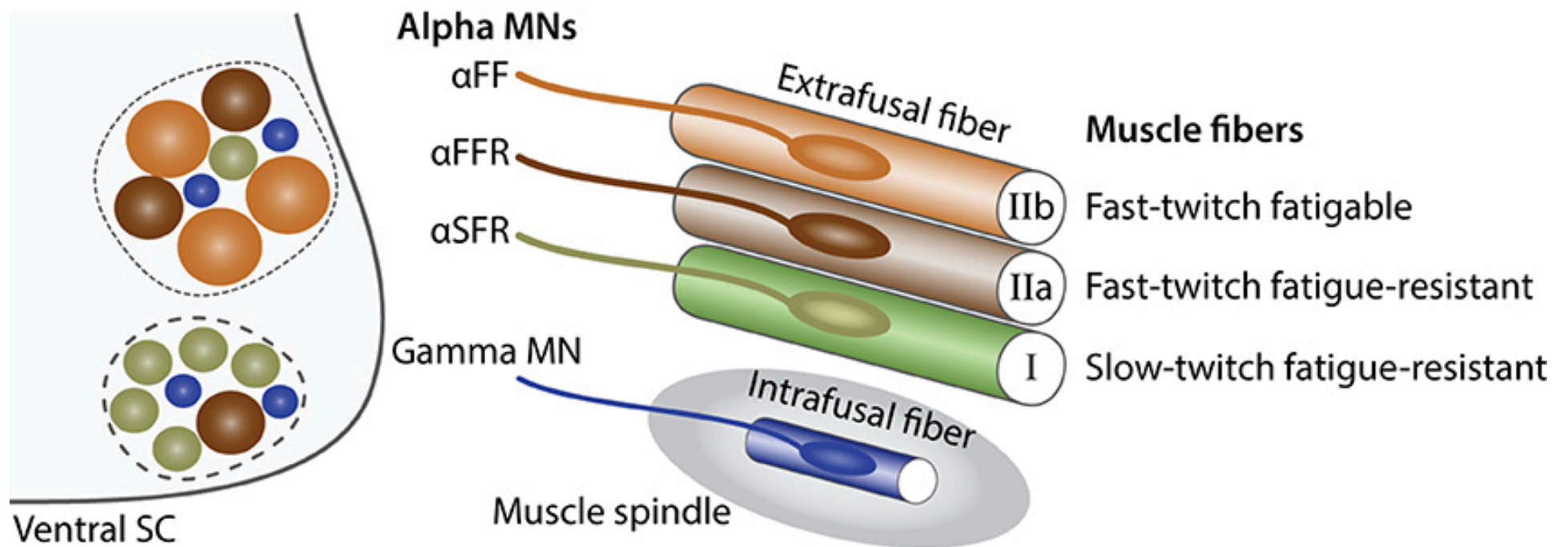


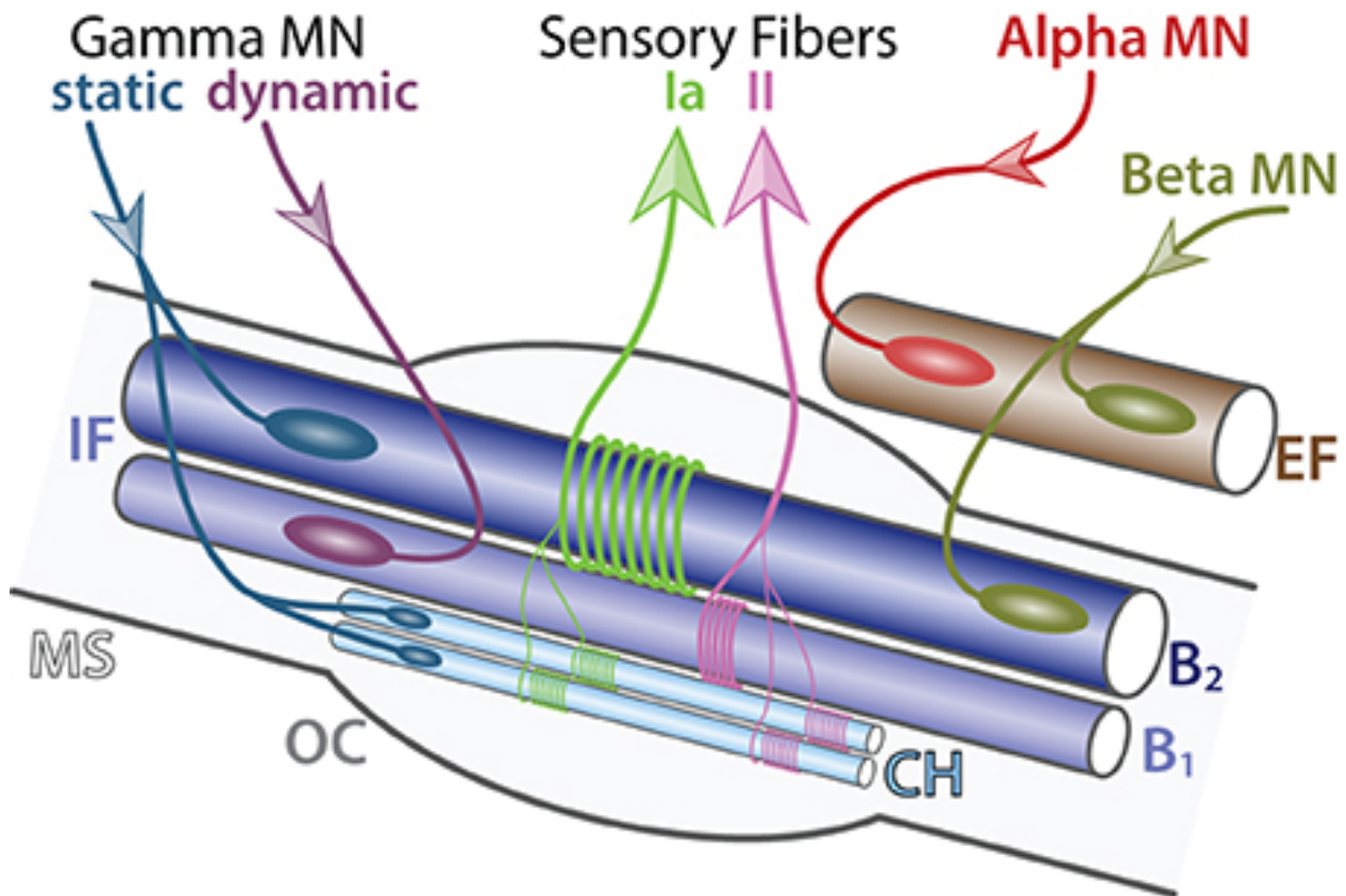




- Two Types of Muscle Fiber
 - Extrafusal fibers:
Innervated by alpha motor neurons
 - Intrafusal fibers:
Innervated by gamma motor neurons







Beta Motor Neurons
Innervate intrafusal muscle fibers of muscle
spindles, with collaterals to extrafusal fibres.

Why is the motor neuron system set up this way?

Sensory Pathways

Sensory Receptors

Transduce stimuli into electrical signals

Three major divisions:

1. Interoceptor

Information from within the body

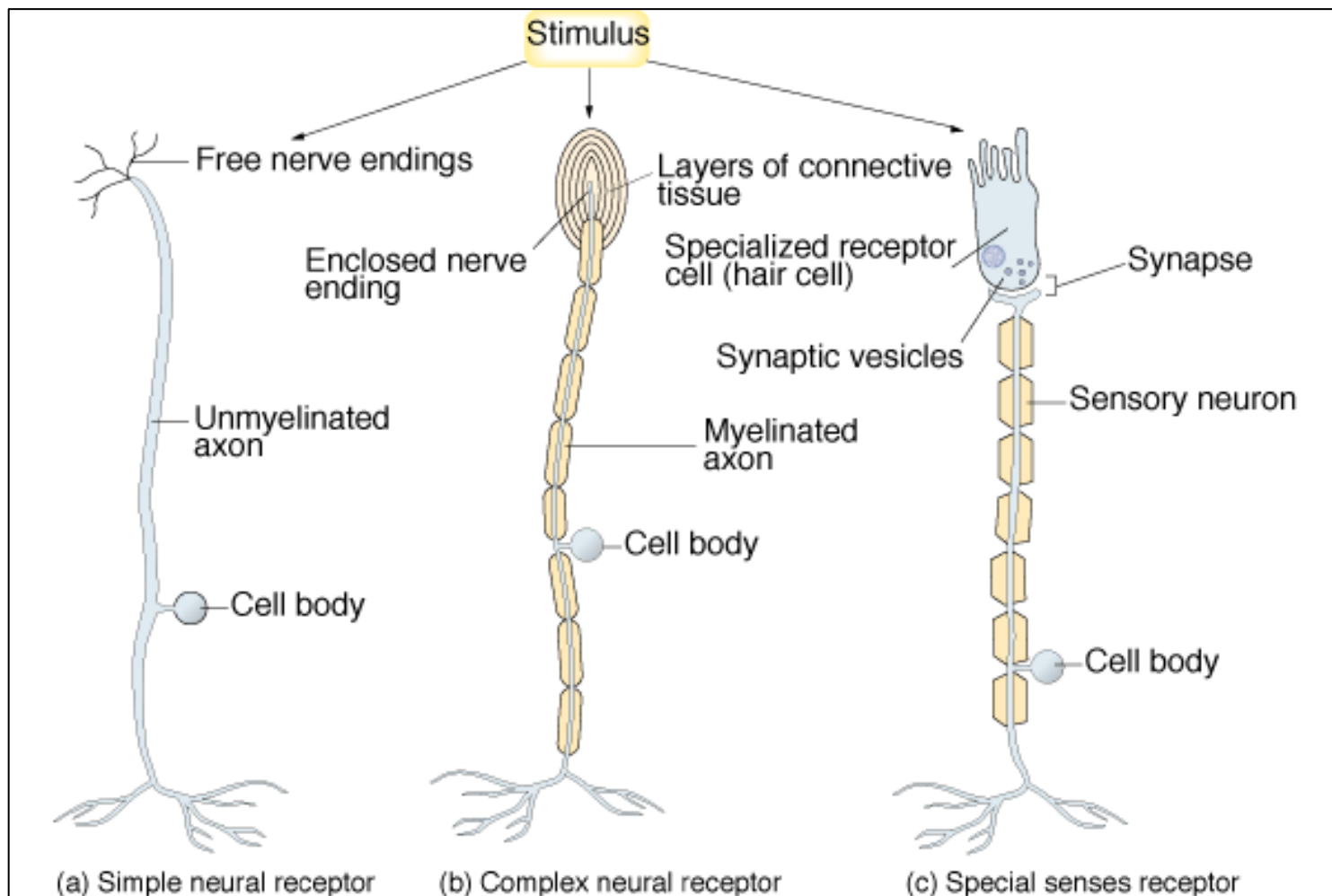
2. Exteroceptor

Information from the environment

3. Proprioceptor

Information about the relative orientation of body segments

Receptors have a wide range of complexity...



How do we get information from mechanoreceptors?

Stimulus *transduced* to change in membrane potential

Receptor responds to specific energy form; but can respond to others...

Need adequate stimulus to reach AP threshold

Specialized cells code strength

Stimulus characteristics are coded

Stimulus attributes are preserved by 4 properties:

1. Modality –

Type of neuron

2. Location –

Which neurons fire? Somatosensory cortex very organized (topographical map)

3. Intensity –

Number of activated receptors; frequency of APs

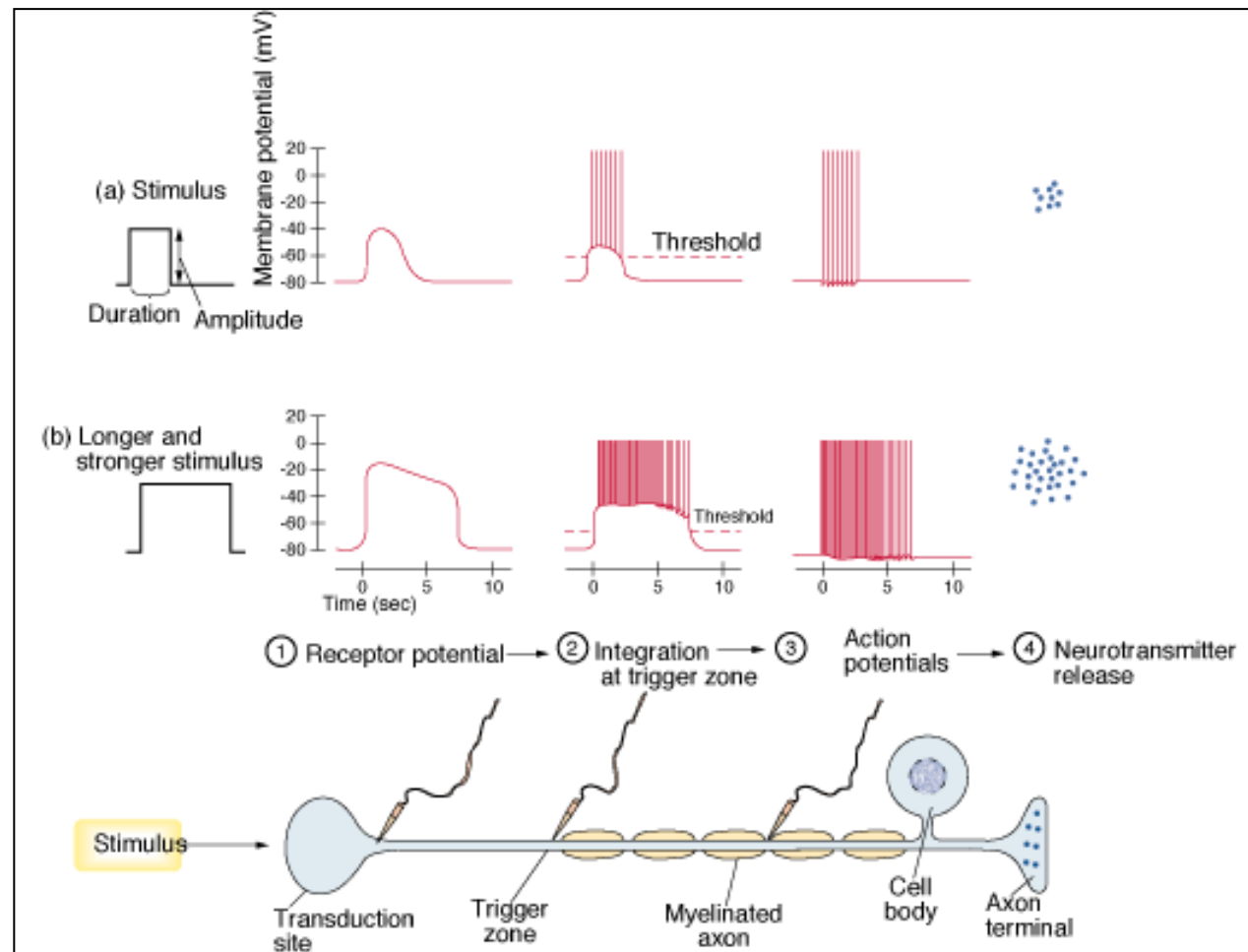
larger stimulus = ↑'d receptor potential, ↑'d AP firing frequency

4. Duration –

Coded by duration of AP trains in sensory neuron

Longer a stimulus persists, the longer the train of APs

Coding for intensity and duration of stimulus...



Somatic Senses

1. Touch
Cutaneous

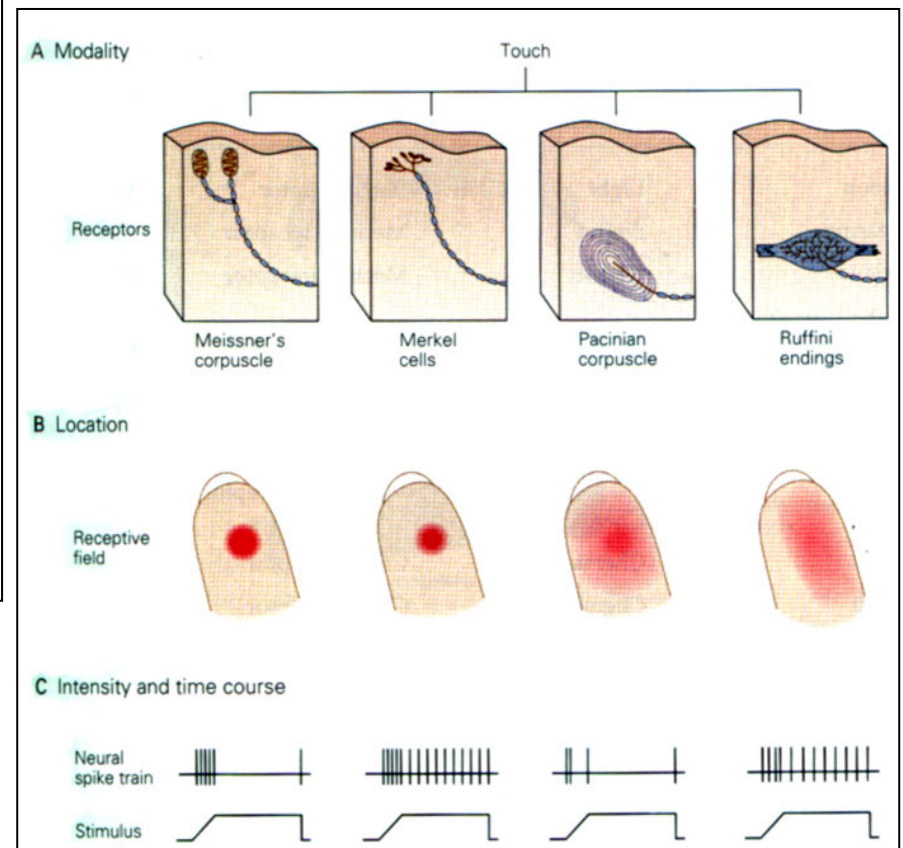
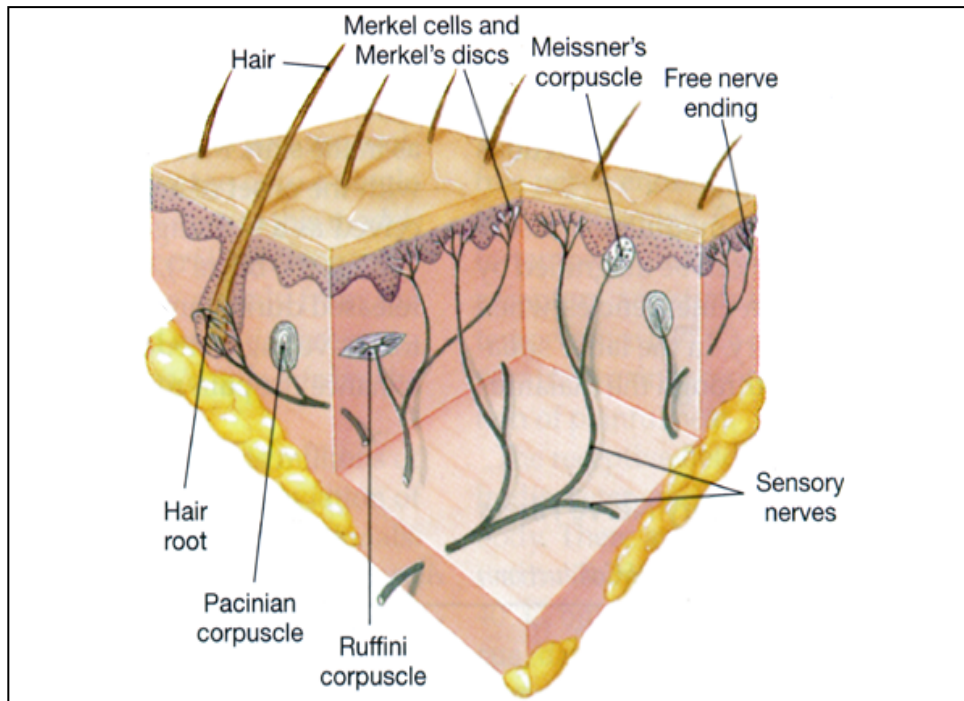
2. Proprioception
Muscle & joint receptors

3. Nociception
(pain, etc)

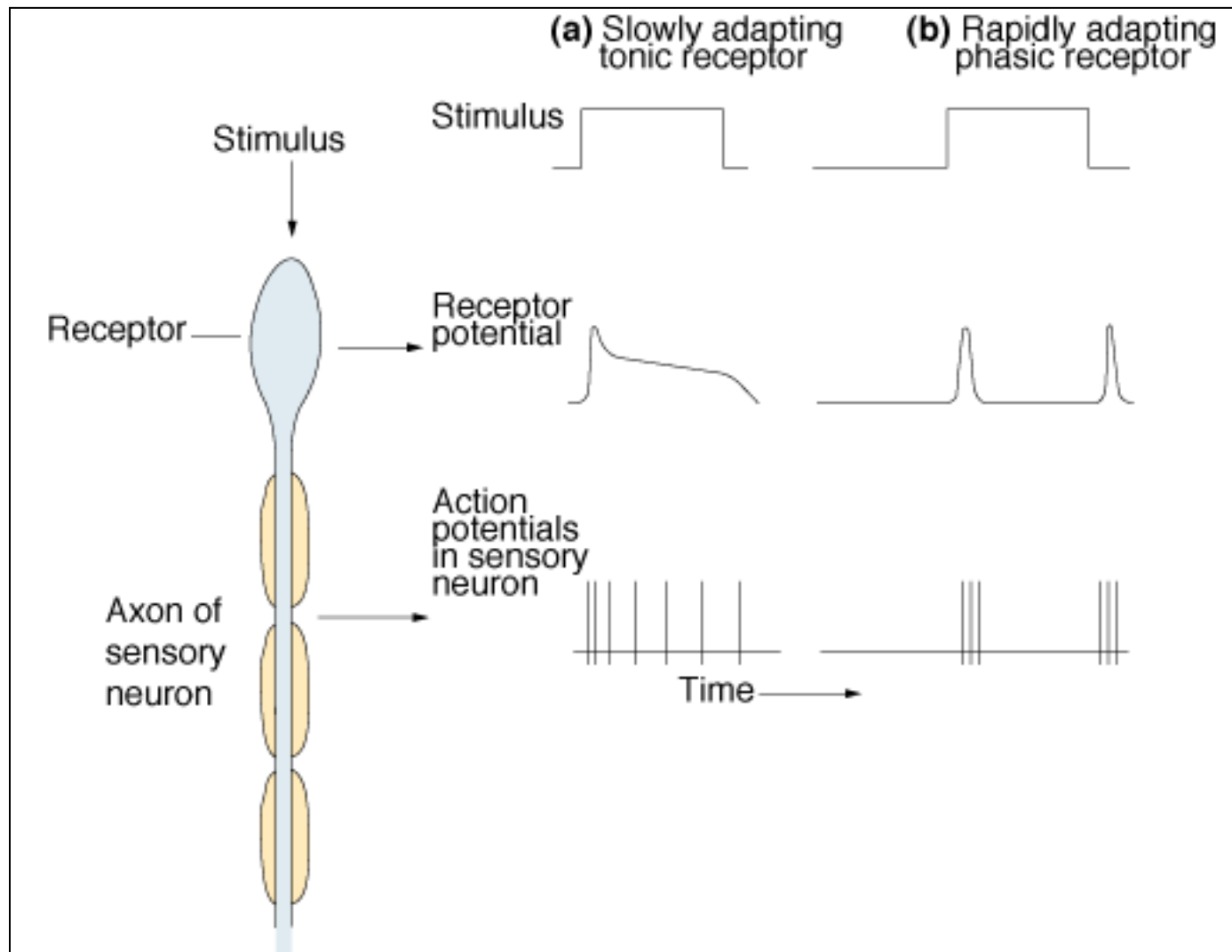
4. Temperature

1 & 2 play important roles in motor control

Cutaneous Receptors



Two major classes of cutaneous receptors: Tonic & Phasic



Sensory receptors associated with muscles & joints...

Muscle:

Muscle spindles

Golgi tendon organs

Joint:

Joint capsule mechanoreceptors

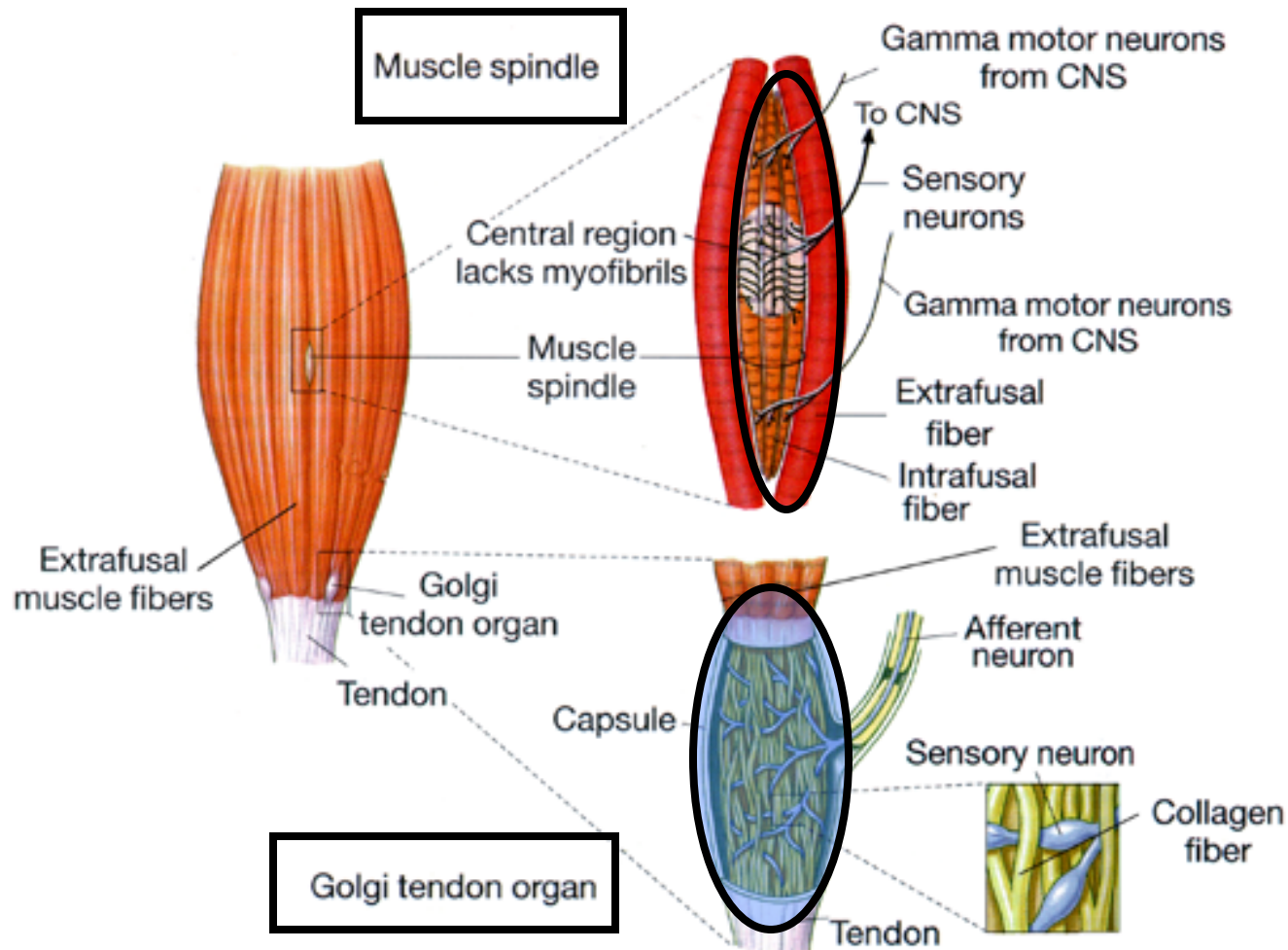
Types of Sensory Neurons

Type 1a	Primary	Rate of change of muscle
Type 1b	N/A	in GTO
Type II	Secondary	Fire when muscle static

Table I
Somatosensory Receptors and their Peripheral Axons

Receptor Type	Axon ³ Group	CAP Peak	Conduction Velocity	Axon Diameter	Information Processed
Muscle Spindle: Annulospiral endings	1a	A α	70-120 m/sec	1-20 μ M	Muscle length and velocity
Muscle Spindle: Flower Spray endings	II	A β	30-70 m/sec	6-12 μ M	Muscle length
Golgi Tendon Organ	Ib	A α	70-120 m/sec	12-20 μ M	Muscle tension
Joint: Pacinian	II	A β	30-70 m/sec	6-12 μ M	Joint movement
Joint: Ruffini	II	A β	30-70 m/sec	6-12 μ M	Joint angle
Joint: Golgi Tendon Organ	II	A β	30-70 m/sec	6-12 μ M	Joint torque
Meissner corpuscle	II	A β	30-70 m/sec	6-12 μ M	Touch, flutter or movement
Pacinian corpuscle	II	A β	30-70 m/sec	6-12 μ M	Vibration
Ruffini corpuscle	II	A β	30-70 m/sec	6-12 μ M	Skin stretch
Hair follicle	II & III	A β & A δ	10-70 m/sec	2-12 μ M	Touch movement
Merkel complex	II	A β	30-70 m/sec	6-12 μ M	Fine touch
Free Nerve endings	III	A δ	5-30 m/sec	1-6 μ M	Sharp pain or cool/cold
Free nerve endings	IV	C	0.5-2 m/sec	<1.5 μ M	Dull or aching pain, or touch or warm

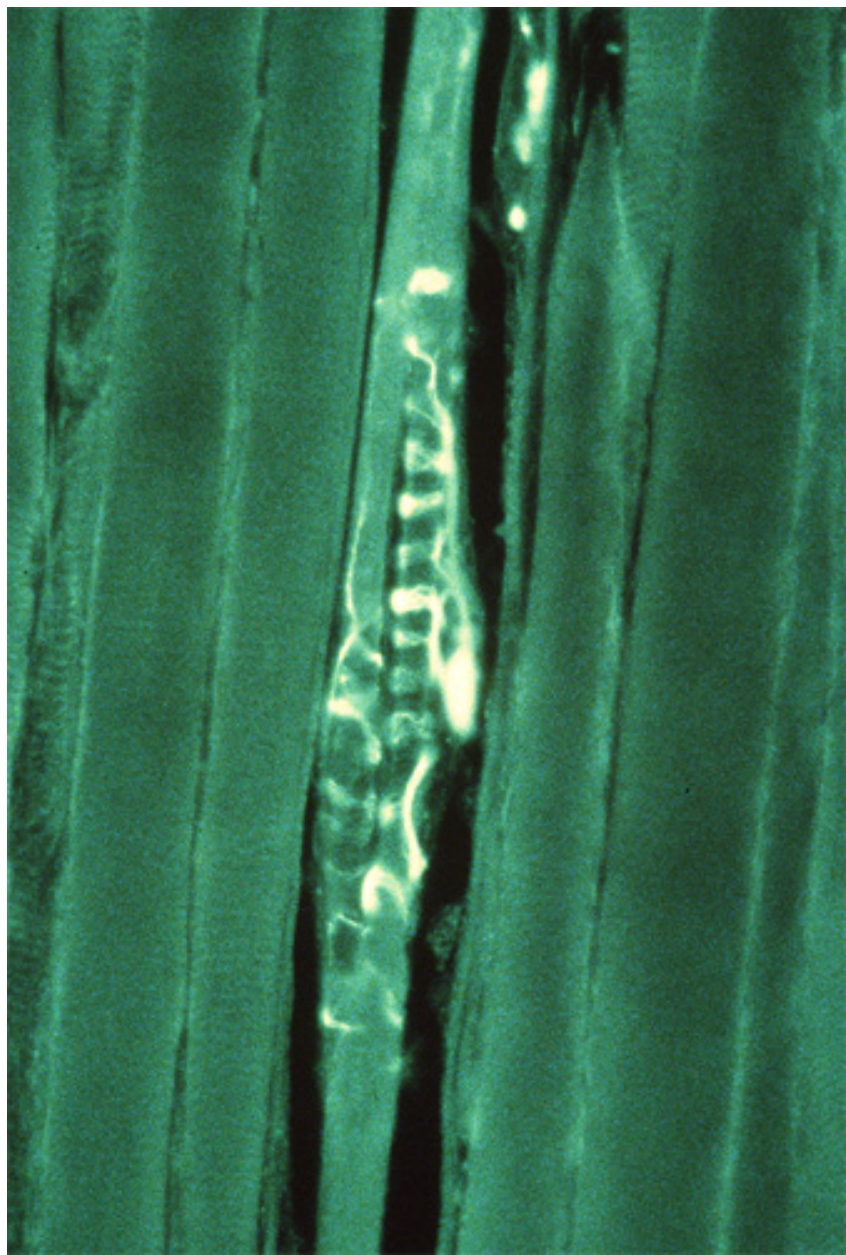
Sensory Receptors in Muscle



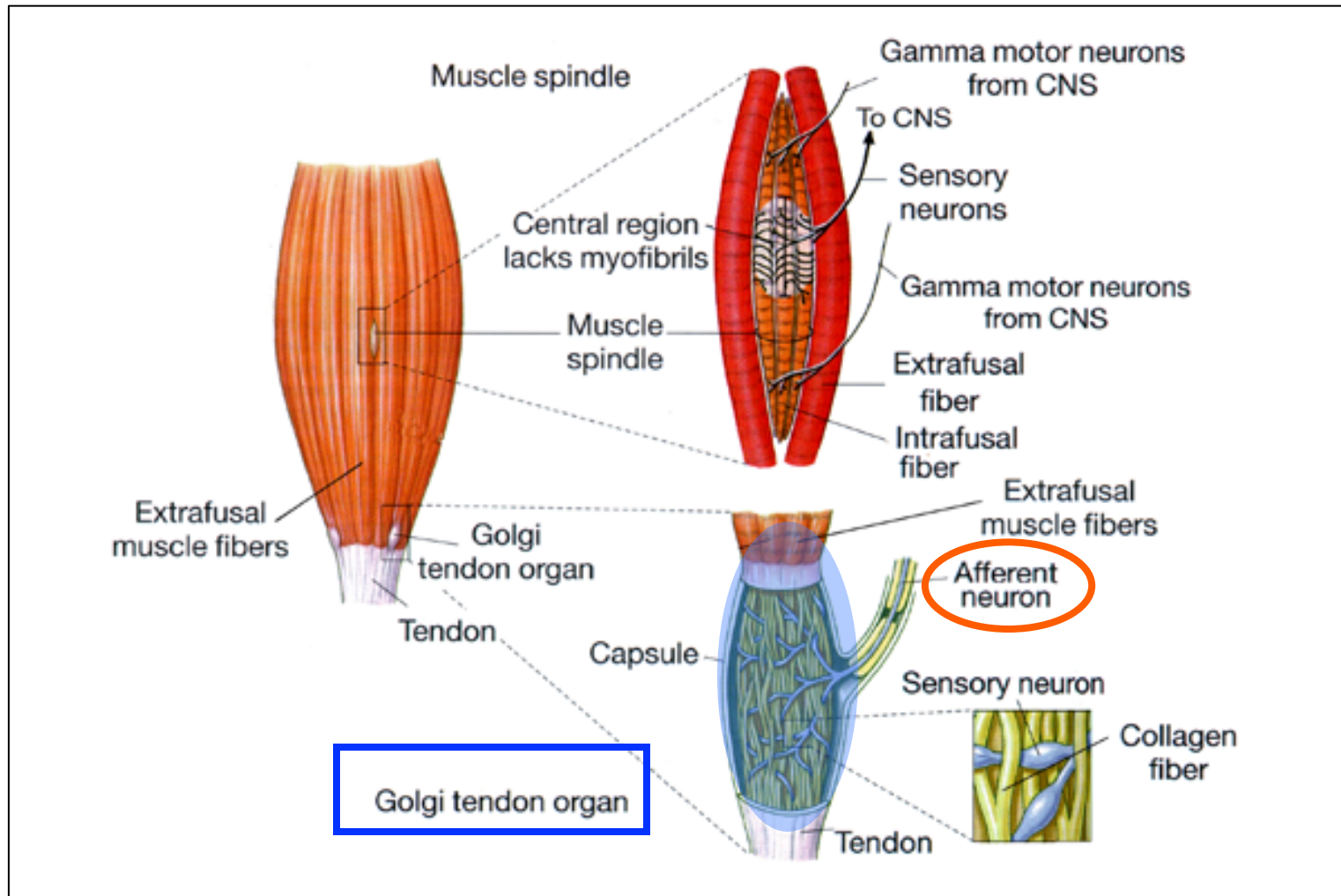
Muscle Spindles

Stretch-sensitive mechanoreceptors

Provide info about ***muscle length & velocity of contraction*** to CNS



Golgi Tendon Organ (GTO)



Golgi Tendon Organ (GTO)

Receptors at junction of tendons & muscle fibers

Innervated by Group Ib afferents

**stretching a muscle: pinching of sensory fibers --
neuron firing**

**contracted muscle: pulls tendon during contraction
-- sensory neuron fires**

GTOs are our major “force sensors” in skeletal muscle

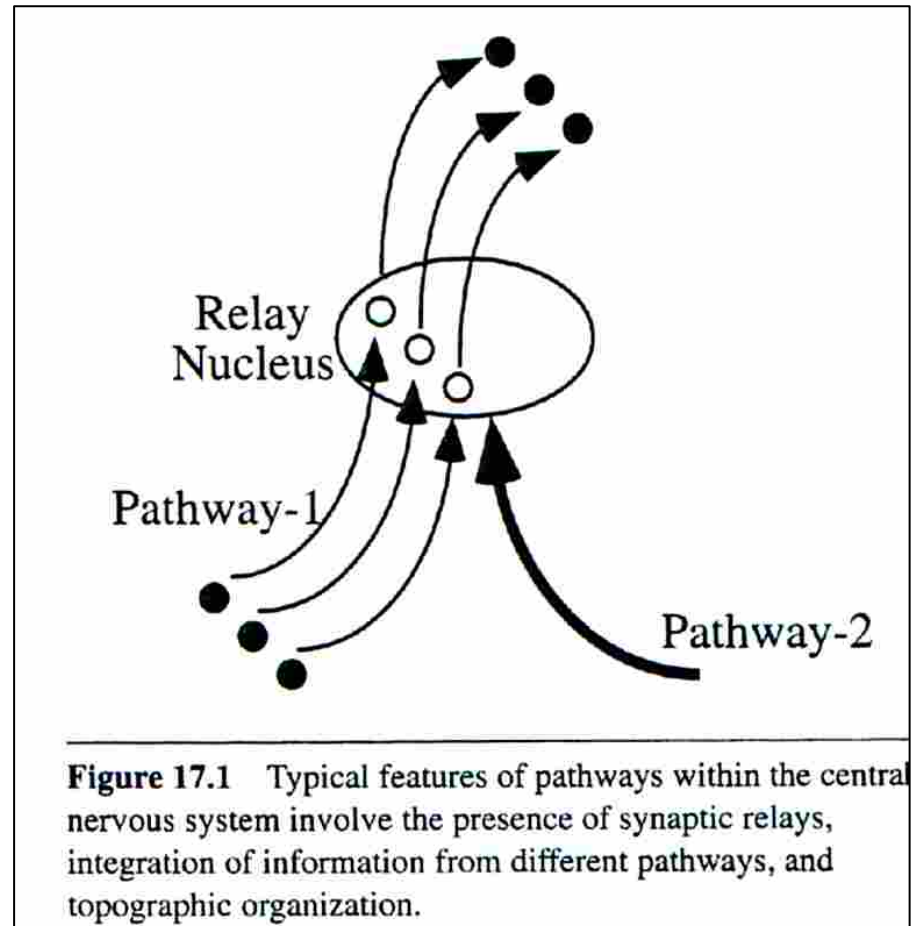
How does the sensory system “know” about sensory feedback?

Segregation of information...

- Organization based on the anatomical location of an input & the proximity of relay nuclei

Topographic organization...

- Motor & sensory maps



Different groups of afferents have different projections in spinal cord

- Size determines termination point within spinal cord
- Some inputs make monosynaptic connections with MNs (remember muscle spindle pathways)

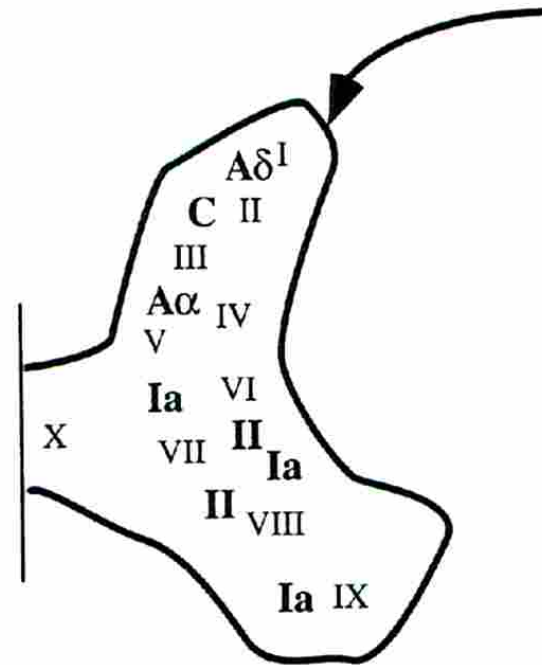


Figure 17.2 Afferent fibers enter the spinal cord through the dorsal columns. Small, unmyelinated fibers (A δ , C) typically terminate in Rexed laminae I and II. Larger sensory fibers terminate in laminae III-IV, while muscle afferents (Ia, II) terminate anywhere from lamina V to lamina IX.

Sensory Processing

Brain is broken into different areas

Brodmann's areas

speech, touch, vision, motor areas, etc...

Specialized processing within different cerebral areas; e.g...

Rapidly adapting skin mechanoreceptors

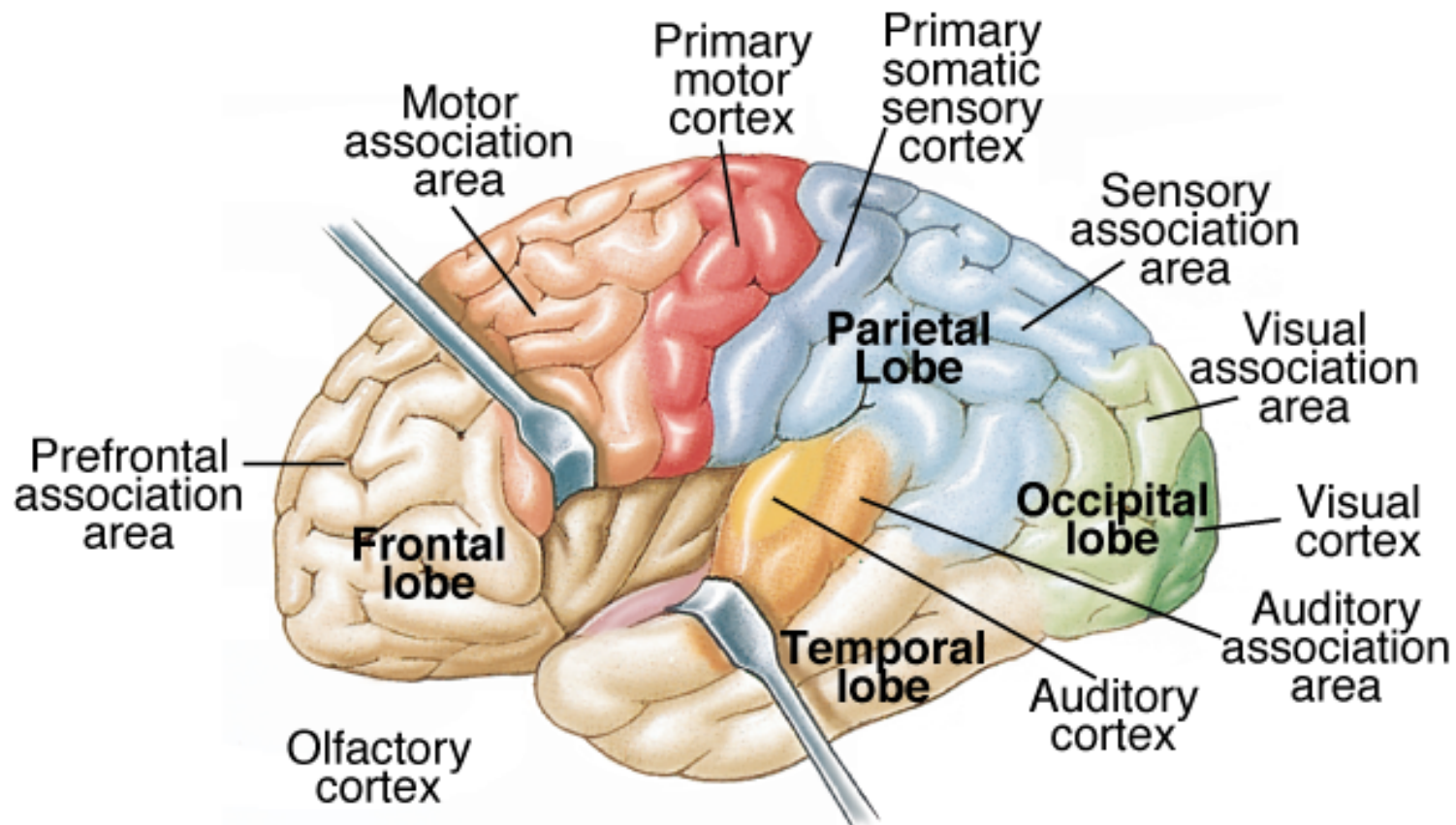
— Area 1

Slowly adapting skin mechanoreceptors

— Area 3b

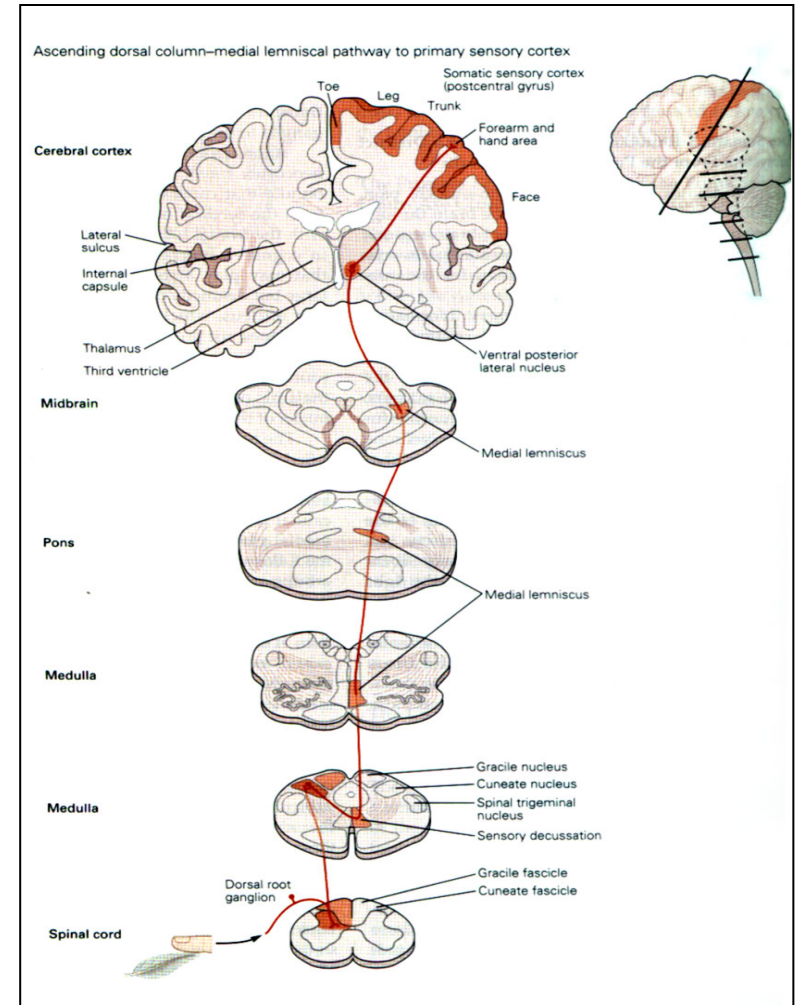
Thalamus receives & relays information

Functional areas of the cerebral cortex...

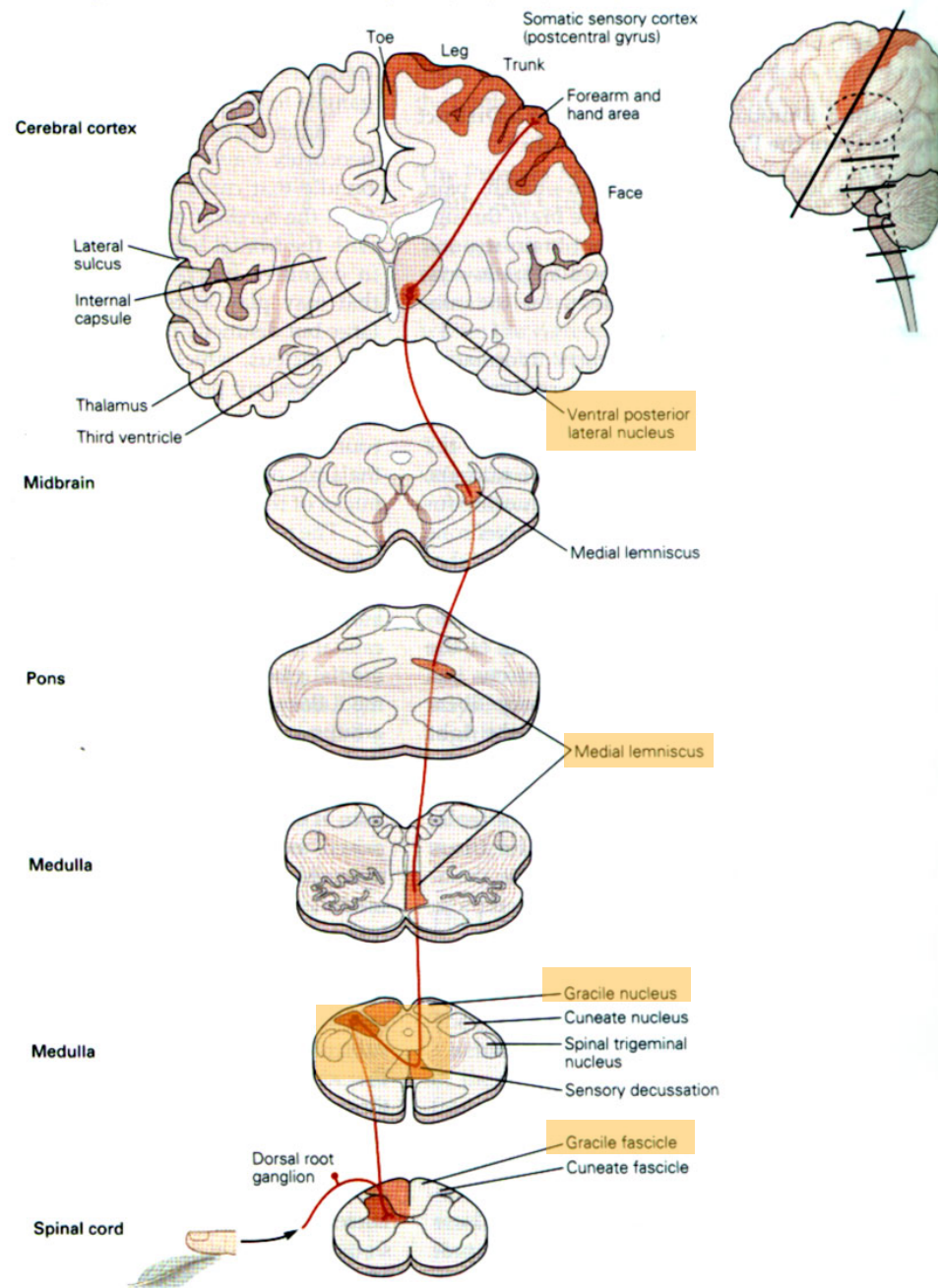


Dorsal Column Pathway

- **Major somatosensory ascending pathway**
 - Group I muscle afferents
 - Tactile mechanoreceptors
- **Terminate in the cuneatus & gracilis nuclei in medulla**
- **Eventually arrives in somatosensory cortex**

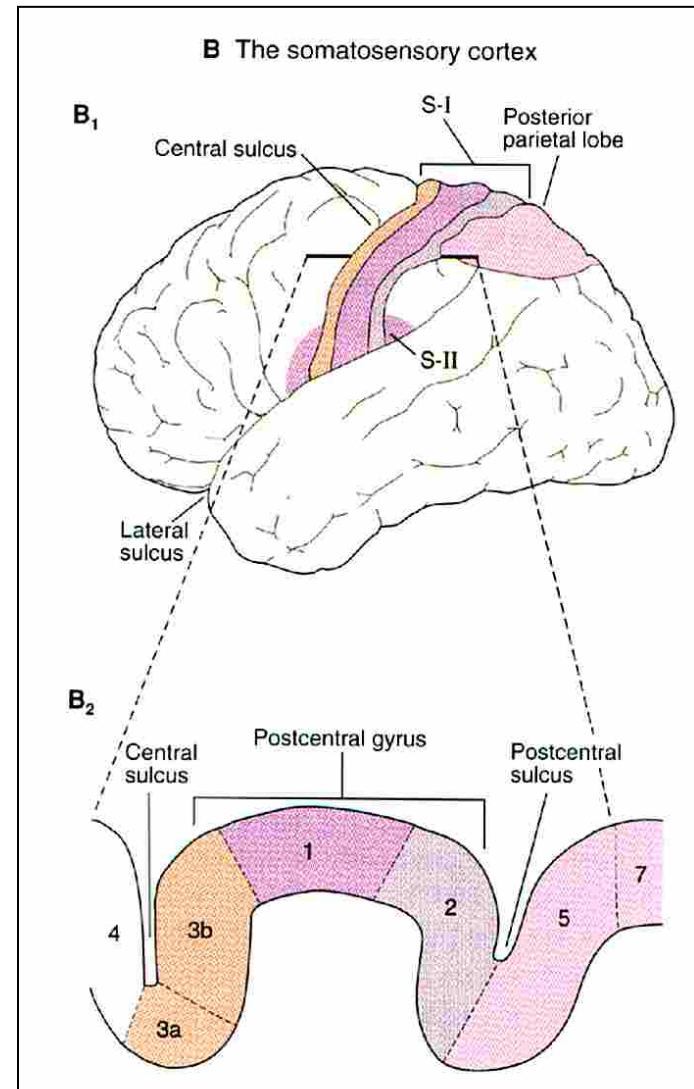


Ascending dorsal column–medial lemniscal pathway to primary sensory cortex



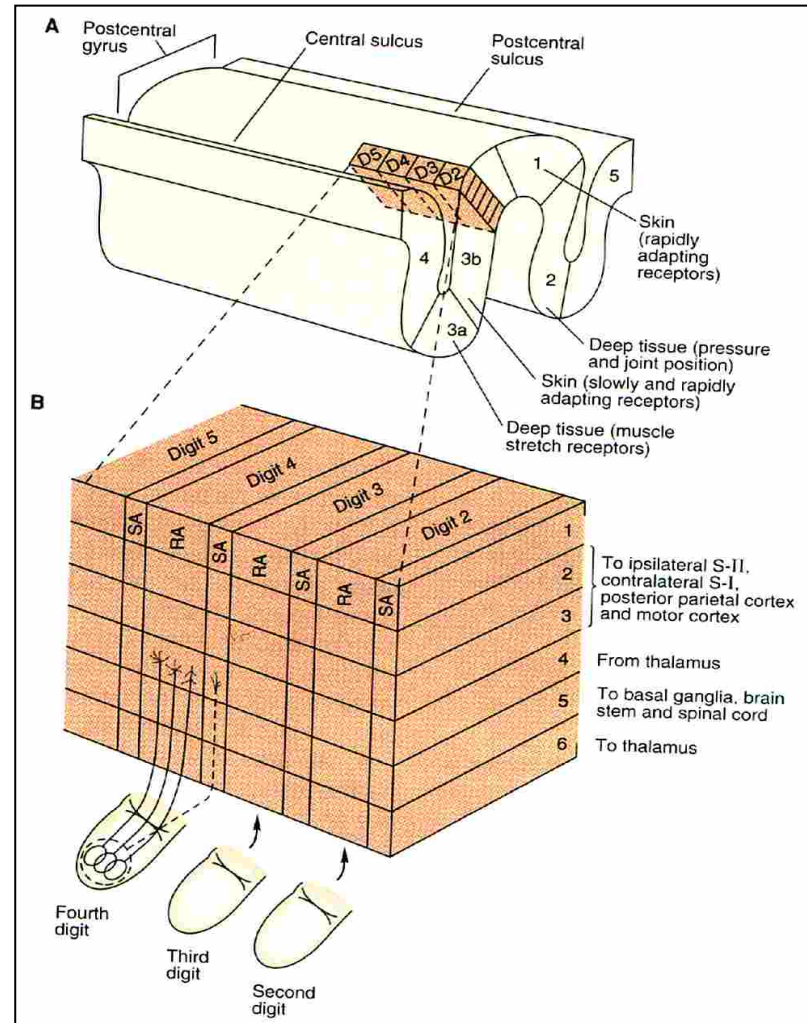
Somatosensory Cortex

- **Subdivided into distinct regions, based on anatomical connections & function**
 - e.g. inputs from similar regions & receptors are grouped together
 - **Columnar organization**

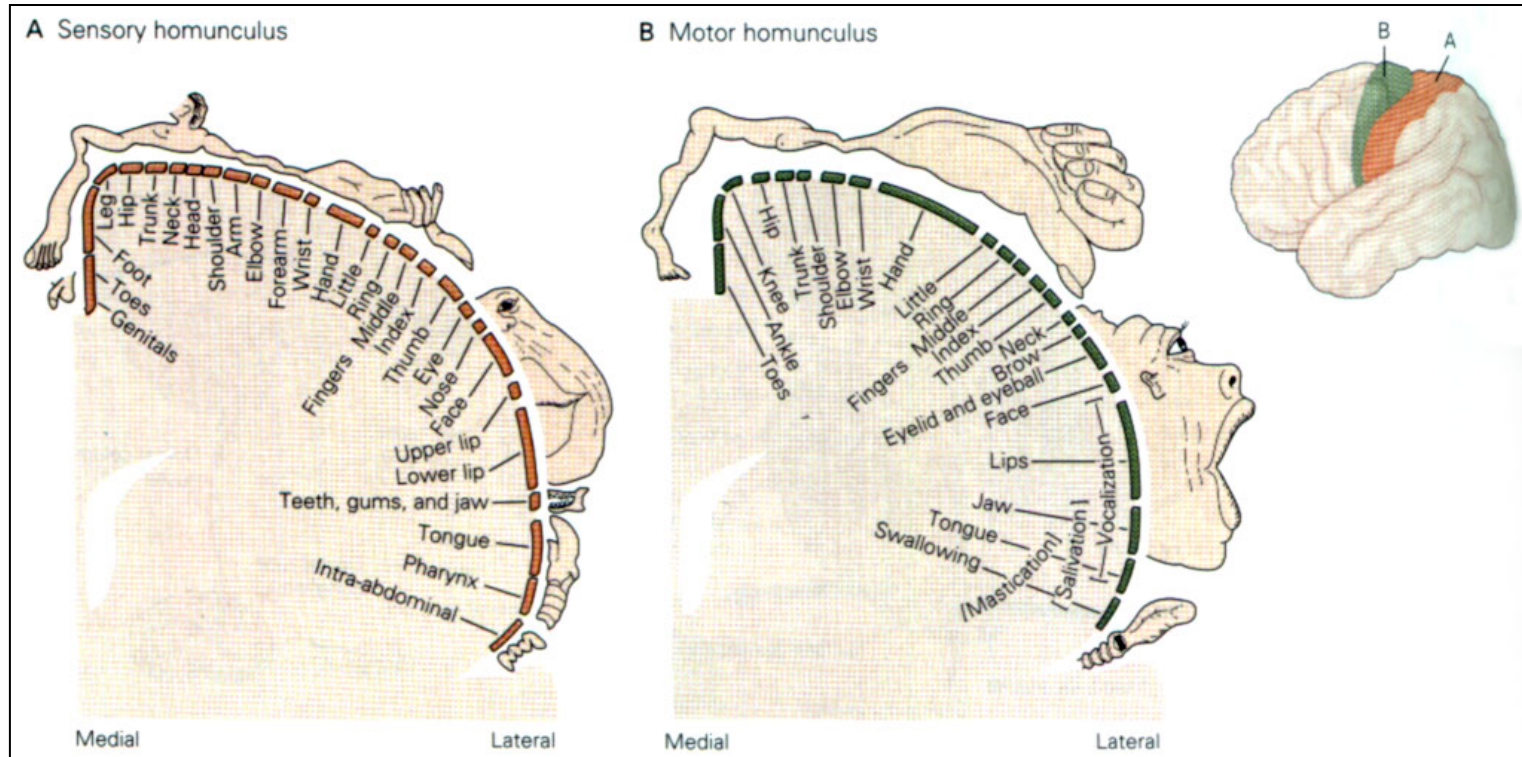


Somatosensory Cortex

- **Organized into columns based on anatomy**
 - e.g. first, second digit
- **Organized into subcolumns based on modality**
 - e.g. SA & RA receptors
- **Organized into layers based on connections in brain**
 - e.g. thalamic inputs/outputs

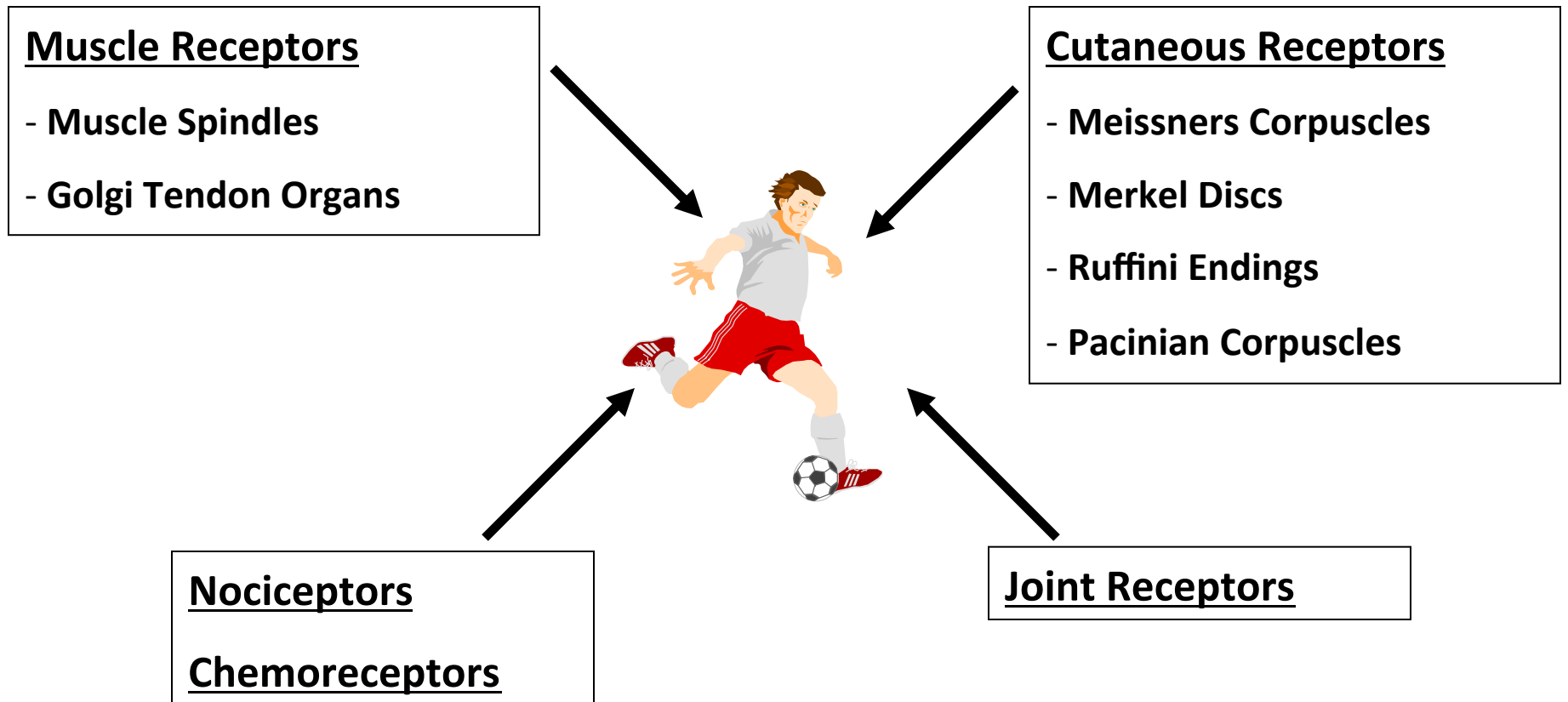


Mapping the cortex...

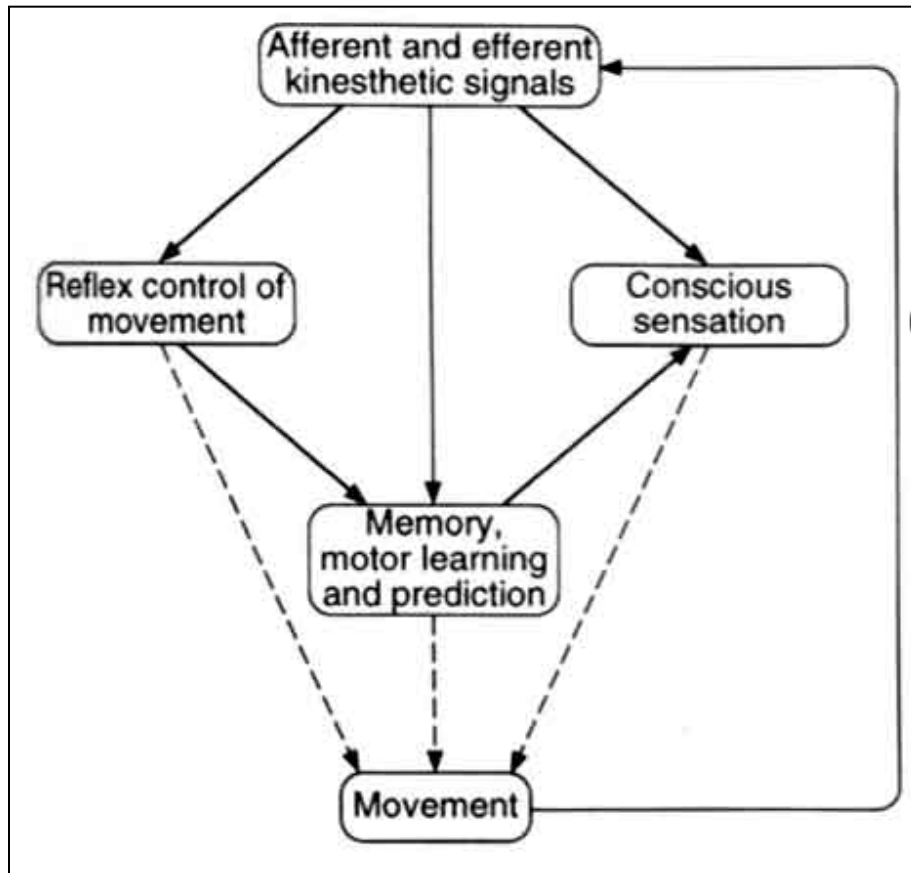


- There are both sensory AND motor maps...
 - HOMUNCULUS (see also Kandel et al. Fig 38-1)
- Distortions in size representation – why?

Sensory receptors: What's important?



Bottom line?



- **Feedback from joint receptors, muscle spindles, GTOs, & cutaneous afferents all play roles in kinesthesia & proprioception**
- **Interaction between movement goal & feedback**