

Divisions of the spinal cord:

Cervical

Thoracic

Lumbar

Sacral



A spinal segment



Spinal Cord Injury

- Initial damage is likely limited to a small region •
- Hemorrhaging from broken vessels swells the cord, putting pressure on healthy neurons
- Injured neurons release glutamate at very high levels, over exciting neighboring neurons
- Cyst and glutamate kill myelin producing cells
- After a few weeks, a wall of glial cells forms



Most common type of spinal injury in humans: C5-C6

Finger muscles are controlled by motorneurons at C6 or lower.

C4 C5 C6 **C**7 C1 C2 **C**3 **C**8 **T**1 trapezius Scapular levator scapulae muscles rhomboids serratus anterior pectoralis major Thoracopectoralis minor humeral latissimus dorsi muscles teres major supraspinatus infraspinatus Glenosubscapularis humeral teres minor muscles deltoid coracobrachialis biceps Elbow brachialis flexors brachioradialis Elbow triceps extensors anconeus

Spinal segment

Neural Prosthetics

Functional Electrical Stimulation to produce a grip

C6 injury: Elevation of shoulder on the left arm signals the stimulator to produce a grip.



Restoration of Grasp and Release of a Tetraplegic Hand Using an FES Neuroprosthesis









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Motor neurons reside in the ventral region of the gray matter of the spinal cord. They collect into pools that innervate a single muscle.



Kandel ER et al. (1991)





Polio

Poliovirus invades the motor neurons, killing them.

Muscle fibers in the motor unit are paralyzed.

Neighboring motor neurons grow sprouts to take over orphaned fibers, <u>creating a giant motor unit</u>.



Motor stroke

Damage to the brain causes loss of neurons that descend to the spinal cord. The resting discharge of motor neurons is severely reduced.





Force produced by a muscle depends on the **rate** of action potentials from the motor nerve.

rate of action pot from the motor ne

Kandel ER et al. (1991)

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Force produced by a muscle depends on its length



Force produced through direct electrical stimulation of the soleus muscle of a cat. This muscle's function is to extend the ankle.

Muscles are organized in an "antagonistic" architecture To rapidly move a limb, antagonist muscles are activated in sequence

Slow movement Fast movement Joint angle Muscle 2 activity Muscle 1 activity Time (sec)

Rapid wrist flexion: agonist-antagonist-agonist activation pattern



Essential tremor: a cerebellar condition associated with delayed 2nd agonist burst



Types of Muscle Fibers

In adult humans, we find that a muscle may be made up of 3 distinct kinds of muscle fibers, where each fiber has a particular isoform of the myosin molecule.

- **Type I**: slow contracting fibers. Repeated stimulation results in little or no fatigue (loss of force).
- Type II: fast contracting fibers
 - Type IIa: fatigue resistant
 - Type IIx: easily fatigued

Composition of fiber types in a muscle depends on its function.

Types of Motor Units



Three different motor neurons are stimulated intracellularly. A: Twitch response. B: Tetanic stimulation response. C: Tetanic stimulation for 330 msec, repeated every second.

Change in a Muscle: Spinal Cord Injury & Effect of Exercise

Strength training puts stress on tendons, signaling proteins to activate genes that make more myosin, resulting in the enlargement of muscle fiber. Type IIx fibers are slowly transformed into type IIa fibers.

Paralysis: Transformation of type I fibers into type IIx.



Control of Muscle Force

- As more force is need, more motor neurons are recruited.
- Frequency of activation of motor neurons is increased.



Motor units that are activated later tend to produce more force and have faster contraction time.



Use dependent change in a motor unit recruitment: effect of handedness

Muscles of the dominant hand are used more, and so should have larger proportion of type I muscle fibers. To produce a given amount of force, a muscle that has a large number of type I muscle fibers will recruit a proportionally large number of motor units.



Distribution of motor unit recruitment threshold in dominant (D) and non-dominant (ND) hands. The task is isometric force production in the 1st dorsal interosseous muscle.

Muscle's sensory system allows the CNS to measure force and length of the muscle



Spindle afferents signal length change in the muscle Golgi tendon afferent signal force change in the muscle

Response of a muscle spindle afferent to an isotonic stretch



Response of a Golgi tendon afferent to an isometric increase in force



Our sense of limb position is via muscle spindles

Tension Kg **Right arm** Triceps tension (vibrated) Extension 50° '130[°] Tracking arm 110° Vibrated arm Flexion 5sec °وول Biceps vibration . Angle at elbow

Elbows on a table, eyes closed. Right hand pulling a string attached to the ceiling. Task is to match position of the right arm with the left arm.

Right biceps is vibrated but remains stationary.

The tracking arm (left arm) becomes extended.

Gamma motor neurons control the sensitivity of the spindle afferents

Spindle is in parallel to the extrafusal muscle fibers

Stimulation of the γ -motor neuron shortens the spindle. This results in increased firing in the spindle afferent.

Spindle is sensitive to both γ -motor neuron input and the length of the extrafusal muscle.



Spindle afferents excite α -motor neurons of the same muscle

Golgi tendon afferents inhibit (via inter-neurons) α -motor neurons of the same muscle







Time delay in the Reflex Loop Pathways



Task: biceps is suddenly stretched at time (S). Before the stretch, subject is instructed to either oppose the stretch (left), or assist it (right).

Delay in fastest reflexes is 30 msec.



Time delays in the long latency reflexes

Ankle of a subject is suddenly stretched.

Evoked potential from somatosensory cortex (recorded by EEG electrode)

Evoked potential (recorded with EMG electrode from the ankle dorsiflexor muscle) when motor cortex of same subject is stimulated via magnetic stimulation

EMG recorded when ankle dorsiflexor muscle is suddenly stretched

20 ms



Delay between spindle afferent and cortex

Absence of long latency reflexes in a patient with right brainstem stroke



EFFERENT

Brief stretch of thumb flexor muscle (at time zero) in a patient with lesion in the dorsal aspect of the right caudal medulla (stroke). Patient has no sense of position or two point discrimination on the right hand, but is normal on the left hand.

Patients without large fiber afferents can move their limbs

Rapid thumb flexion with visual feedback of the hand



Without afferents, vision is necessary to maintain limb posture

Rapid thumb flexion without visual feedback of the hand

