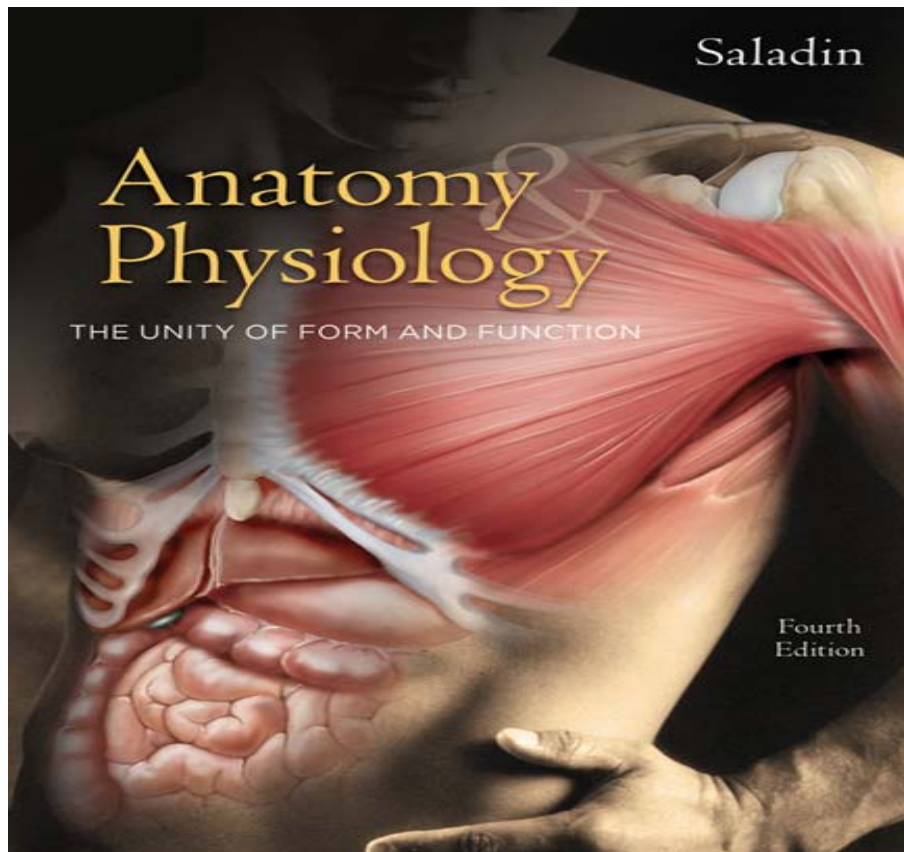


Human Anatomy & Physiology

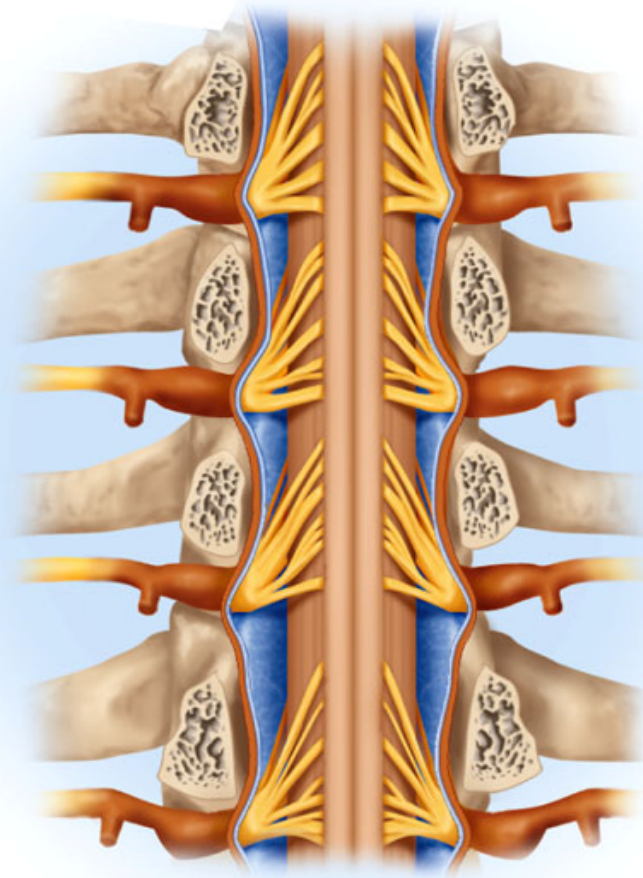
Spinal Cord, Spinal Nerves and Somatic Reflexes



Spinal Cord, Spinal Nerves and Somatic Reflexes

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- Spinal cord
- Spinal nerves
- Somatic reflexes



(b)

Overview of Spinal Cord

- **Information highway between brain and body**
- **Extends through vertebral canal from foramen magnum to L1**
- **Each pair of spinal nerves receives sensory information and issues motor signals to muscles and glands**
- **Spinal cord is a component of the Central Nervous System while the spinal nerves are part of the Peripheral Nervous System**

Functions of the Spinal Cord

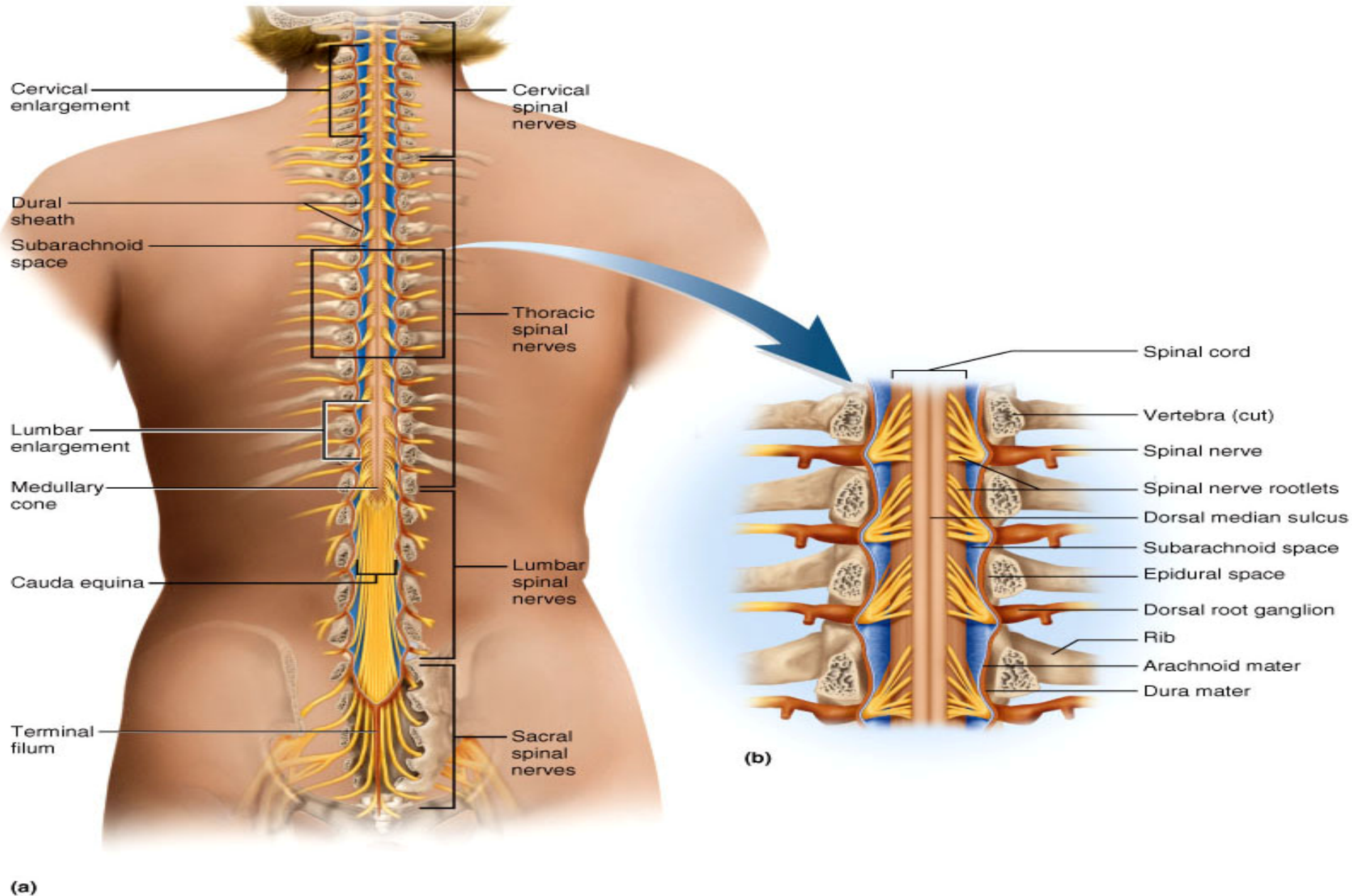
- **Conduction**
 - bundles of fibers passing information up and down spinal cord
- **Locomotion**
 - repetitive, coordinated actions of several muscle groups
 - central pattern generators are pools of neurons providing control of flexors and extensors (walking)
- **Reflexes**
 - involuntary, stereotyped responses to stimuli (remove hand from hot stove)
 - involves brain, spinal cord and peripheral nerves

Anatomy of the Spinal Cord

- **Cylinder of nerve tissue within the vertebral canal (thick as a finger)**
 - vertebral column grows faster so in an adult the spinal cord only extends to L1
- **31 pairs of spinal nerves** arise from cervical, thoracic, lumbar and sacral regions of the cord
 - each cord segment gives rise to a pair of spinal nerves
- **Cervical and lumbar enlargements**
- **Medullary cone (conus medullaris) = tapered tip of cord**
- **Cauda equinae** is L2 to S5 nerve roots resemble horse's tail

Gross Anatomy of Lower Spinal Cord

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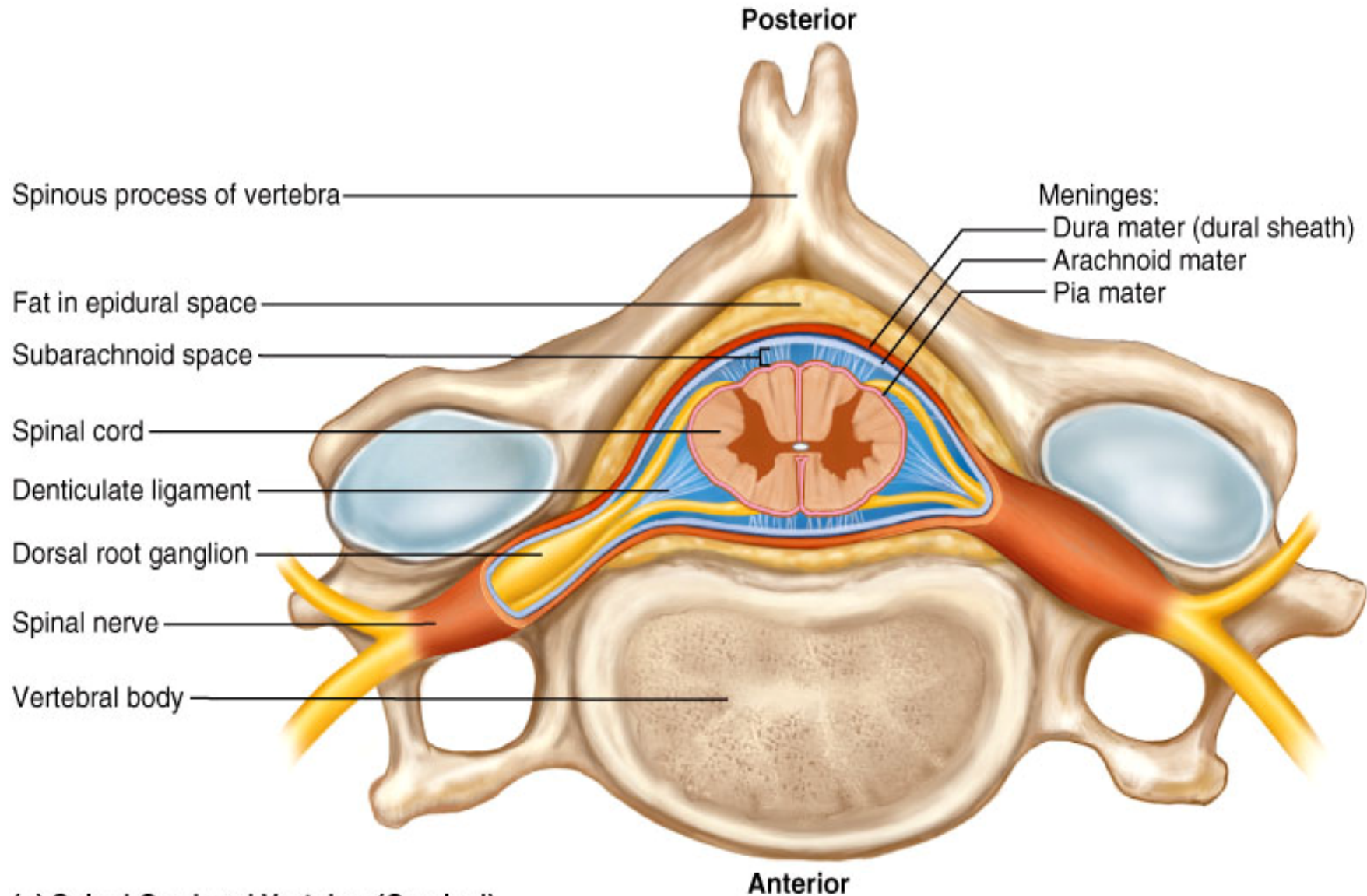


Meninges of the Spinal Cord

- **3 Fibrous layers enclosing spinal cord**
- **Dura mater**
 - tough collagenous membrane surrounded by epidural space filled with fat and blood vessels
 - epidural anesthesia utilized during childbirth
- **Arachnoid mater**
 - layer of simple squamous epithelium lining dura mater and loose mesh of fibers filled with CSF (creates subarachnoid space)
- **Pia mater**
 - delicate membrane adherent to spinal cord
 - filium terminale and denticulate ligaments anchor the cord

Meninges of Vertebra and Spinal Cord

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(a) Spinal Cord and Vertebra (Cervical)

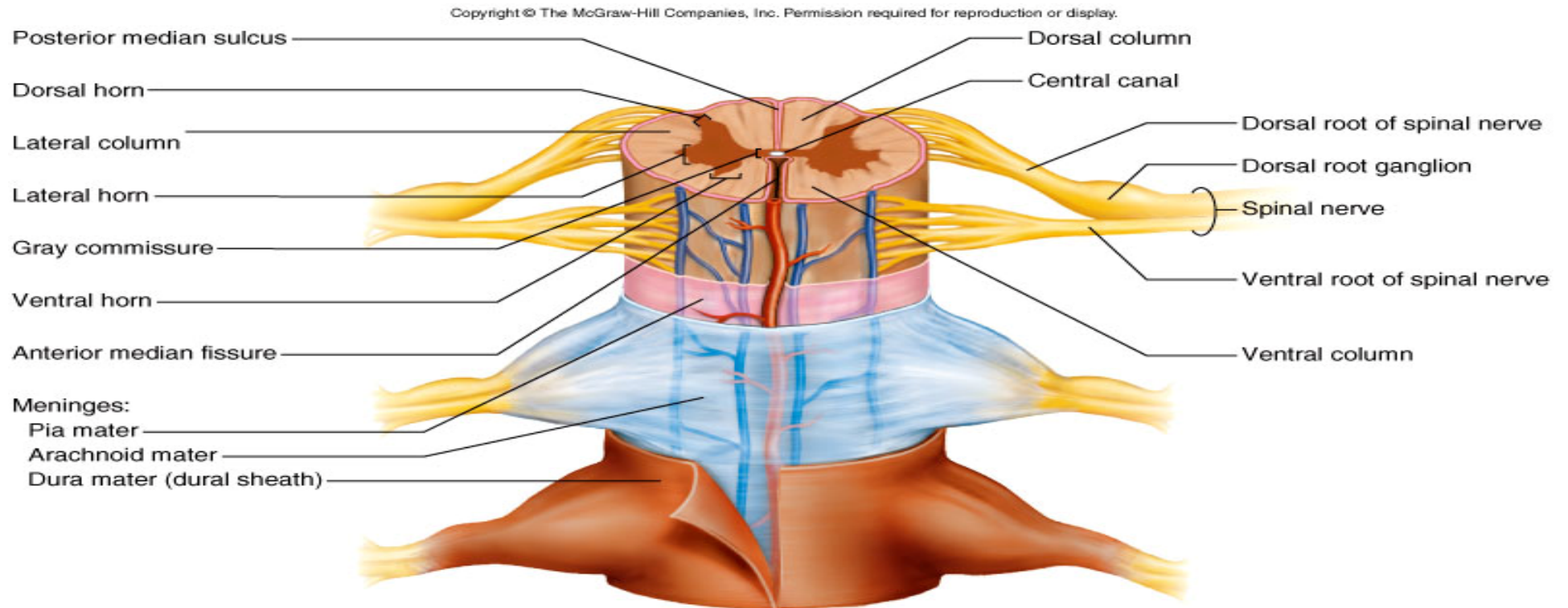
Spina Bifida

- Congenital defect in 1 baby out of 1000
- Failure of vertebral arch to close covering spinal cord
- **Folic acid** (B vitamin) as part of a healthy diet for all women of childbearing age reduces risk

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Cross-Sectional Anatomy of the Spinal Cord



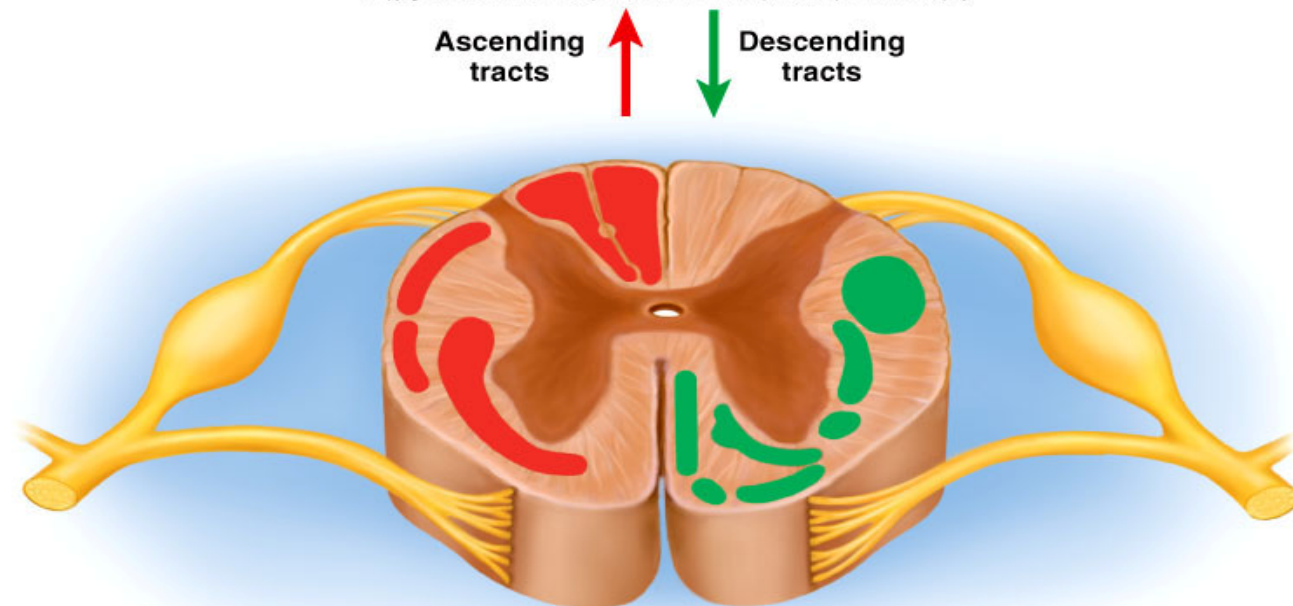
(b) Spinal Cord and Meninges (Thoracic)

- Central area of gray matter shaped like a butterfly and surrounded by white matter in 3 columns
- Gray matter = neuron cell bodies with little myelin
- White matter = myelinated axons

Gray Matter in the Spinal Cord

- **Pair of dorsal or posterior horns**
 - dorsal root of spinal nerve is totally sensory fibers
- **Pair of ventral or anterior horns**
 - ventral root of spinal nerve is totally motor fibers
- **Connected by gray commissure punctured by a central canal continuous above with 4th ventricle**

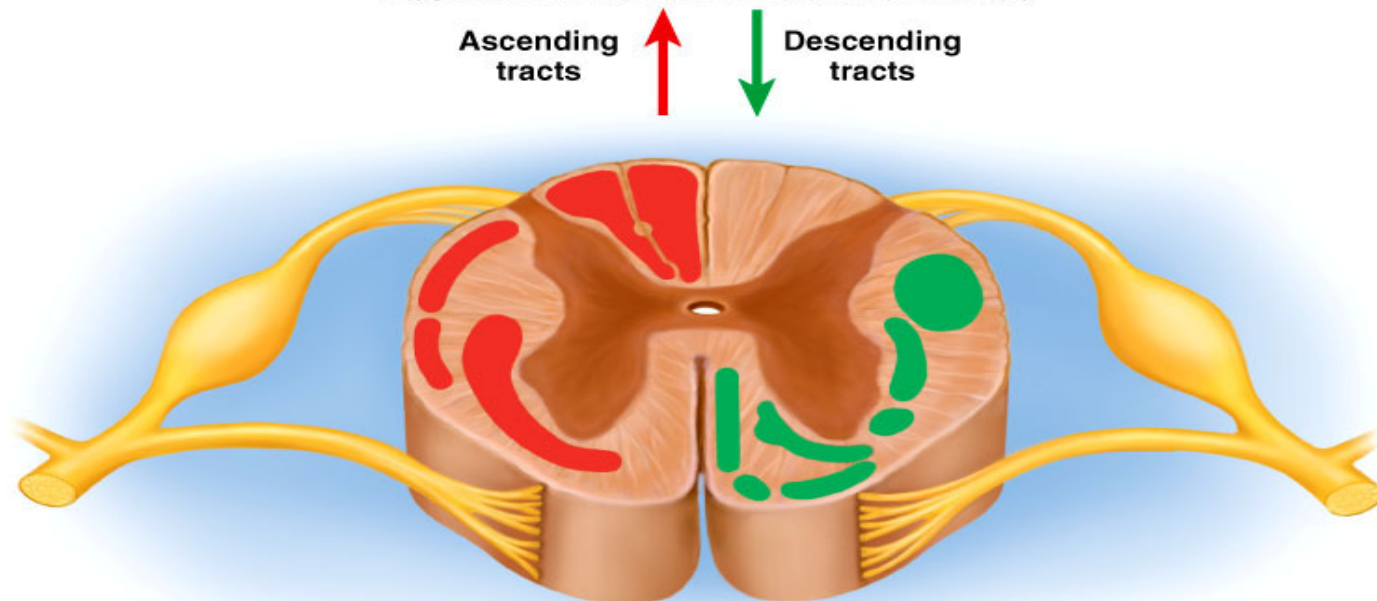
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White Matter in the Spinal Cord

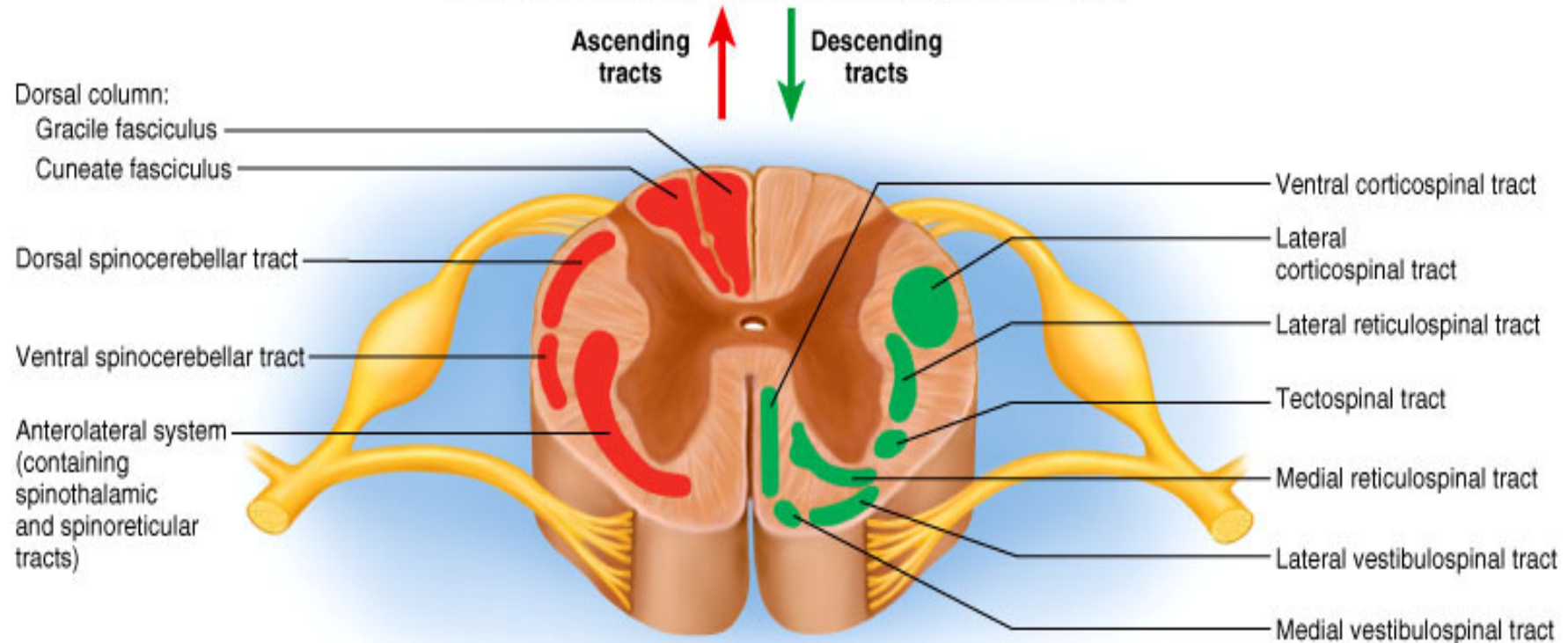
- White column = bundles of myelinated axons that carry signals up and down to and from brainstem
- 3 pairs of columns or funiculi
 - dorsal, lateral, and anterior columns
- Each column is filled with named tracts or fasciculi (fibers with a similar origin, destination and function)

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Spinal Tracts

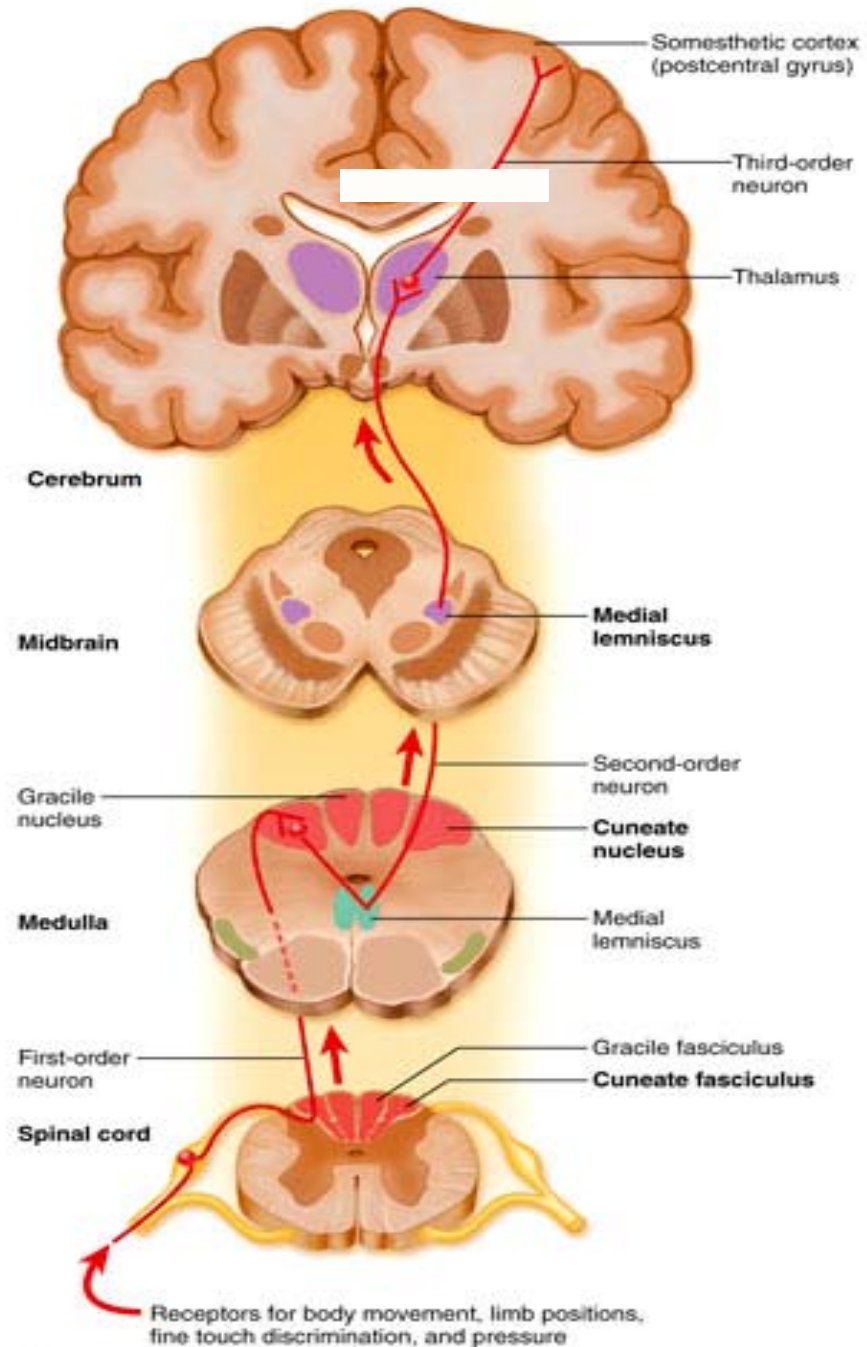
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- **Ascending and descending tract** head up or down while **decussation** means that the fibers cross sides
- **Contralateral** means origin and destination are on opposite sides while **ipsilateral** means on same side

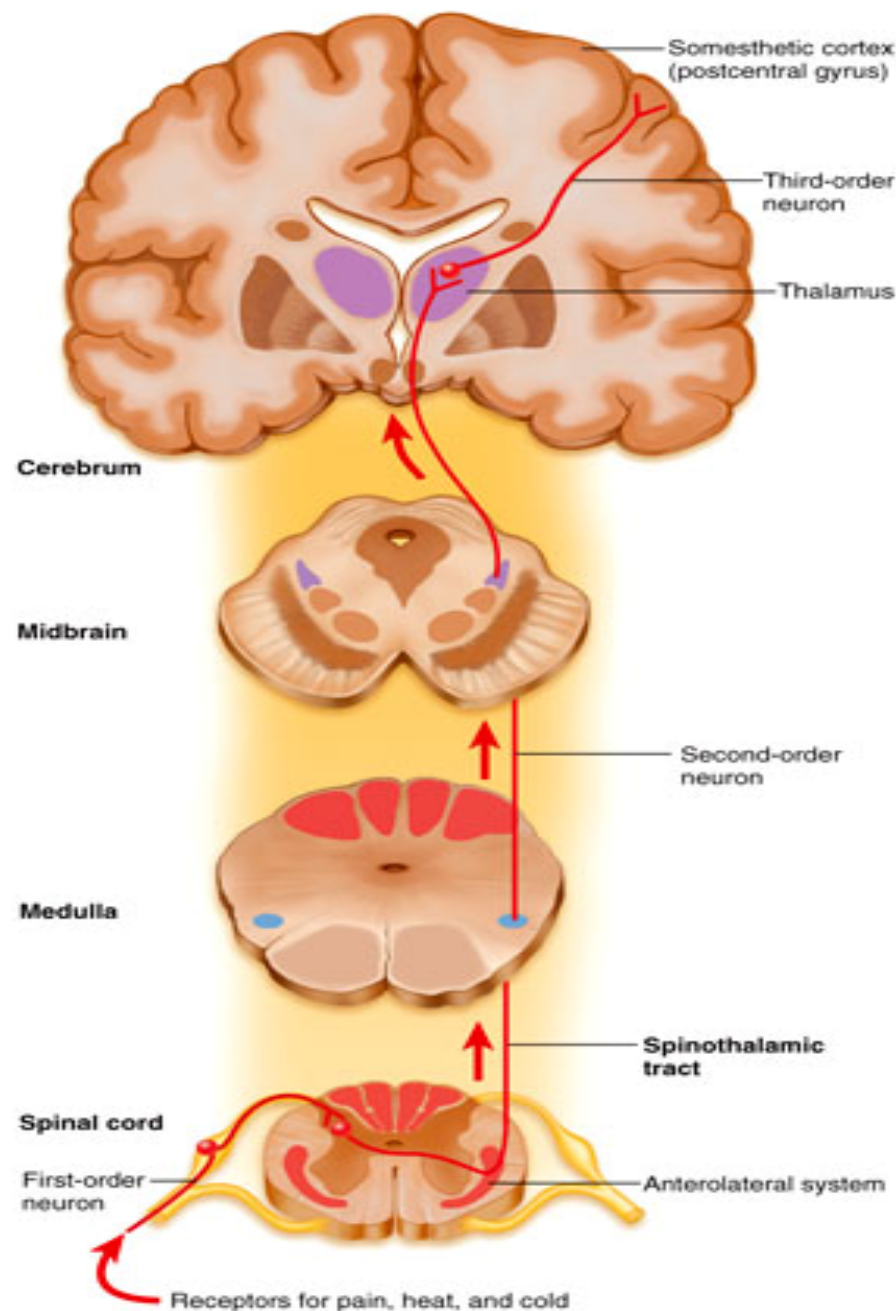
Dorsal Column Ascending Pathway

- Deep touch, visceral pain, vibration, and proprioception
- Fasciculus gracilis and cuneatus carry signals from arm and leg
- Decussation of 2nd order neuron in medulla
- 3rd order neuron in thalamus carries signal to cerebral cortex



Spinothalamic Pathway

- Pain, pressure, temperature, light touch, tickle and itch
- Decussation of the second order neuron occurs in spinal cord
- Third order neurons arise in thalamus and continue to cerebral cortex



(b)

Spinoreticular Tract

- Pain signals from tissue injury
- Decussate in spinal cord and ascend with spinothalamic fibers
- End in reticular formation (medulla and pons)
- 3rd and 4th order neurons continue to thalamus and cerebral cortex

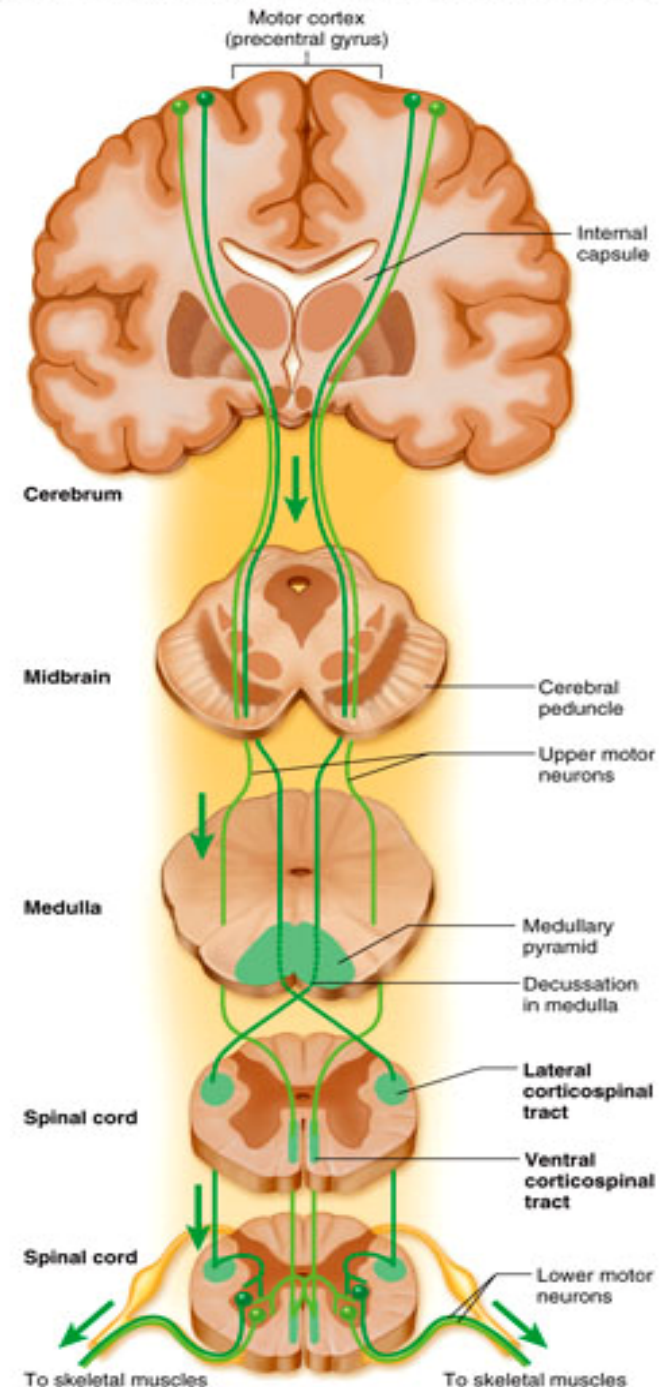
Spinocerebellar Pathway

- **Proprioceptive signals from limbs and trunk travel up to the cerebellum**
- **Second order nerves ascend in ipsilateral lateral column**

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Corticospinal Tract

- Precise, coordinated limb movements
- Two neuron pathway
 - upper motor neuron in cerebral cortex
 - lower motor neuron in spinal cord
- Decussation in medulla



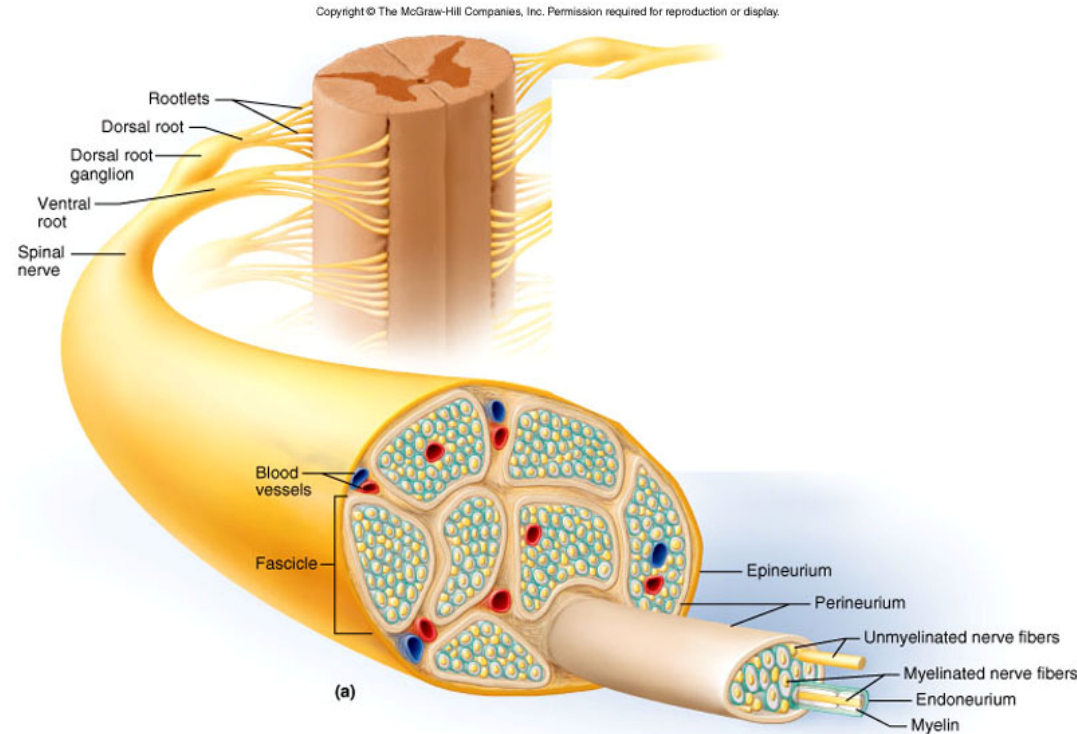
Descending Motor Tracts

- **Tectospinal tract** (tectum of midbrain)
 - reflex turning of head in response to sights and sounds
- **Reticulospinal tract** (reticular formation)
 - controls limb movements important to maintain posture and balance
- **Vestibulospinal tract** (brainstem nuclei)
 - postural muscle activity in response to inner ear signals

Poliomyelitis and ALS

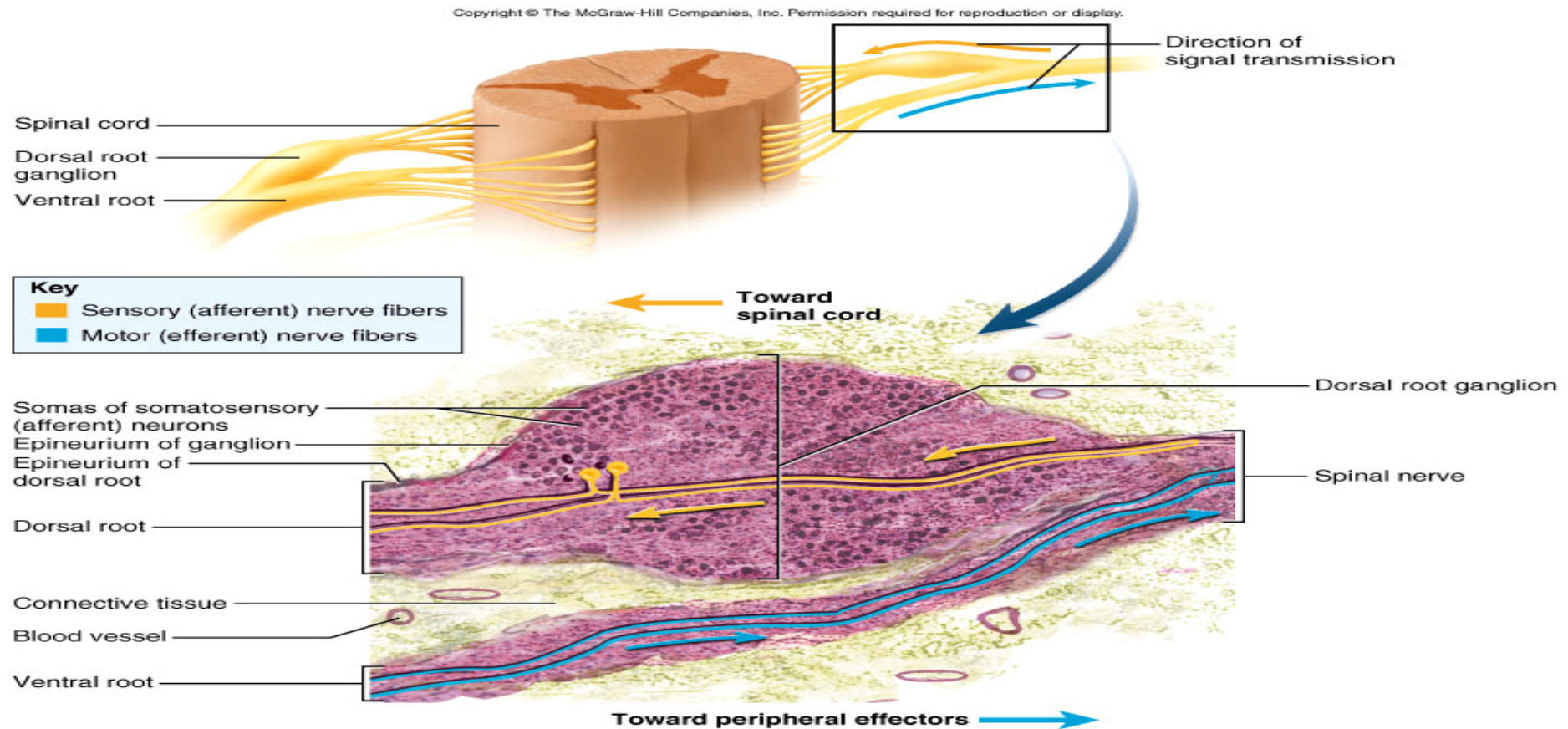
- **Diseases causing destruction of motor neurons and skeletal muscle atrophy**
- **Poliomyelitis caused by poliovirus spread by fecally contaminated water**
 - weakness progresses to paralysis and respiratory arrest
- **Amyotrophic lateral sclerosis**
 - sclerosis of spinal cord due to astrocyte failure to reabsorb glutamate neurotransmitter
 - paralysis and muscle atrophy

Anatomy of a Nerve



- A nerve is a bundle of nerve fibers (axons)
- Epineurium covers nerves, perineurium surrounds a fascicle and endoneurium separates individual nerve fibers
- Blood vessels penetrate only to the perineurium

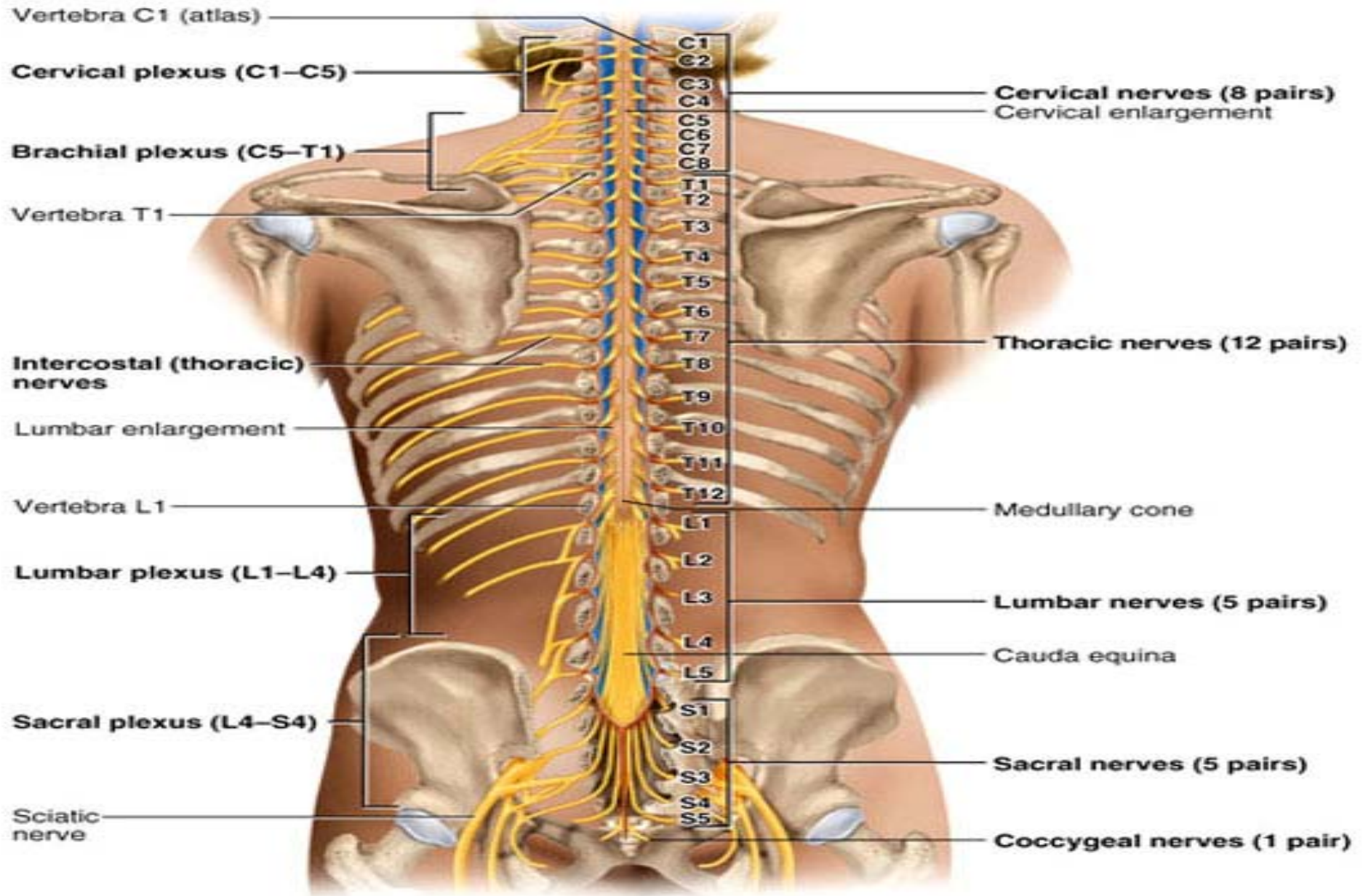
Anatomy of Ganglia in the PNS



- Cluster of neuron cell bodies in nerve in PNS
- Dorsal root ganglion is sensory cell bodies
 - fibers pass through without synapsing

Spinal Nerve Roots and Plexuses

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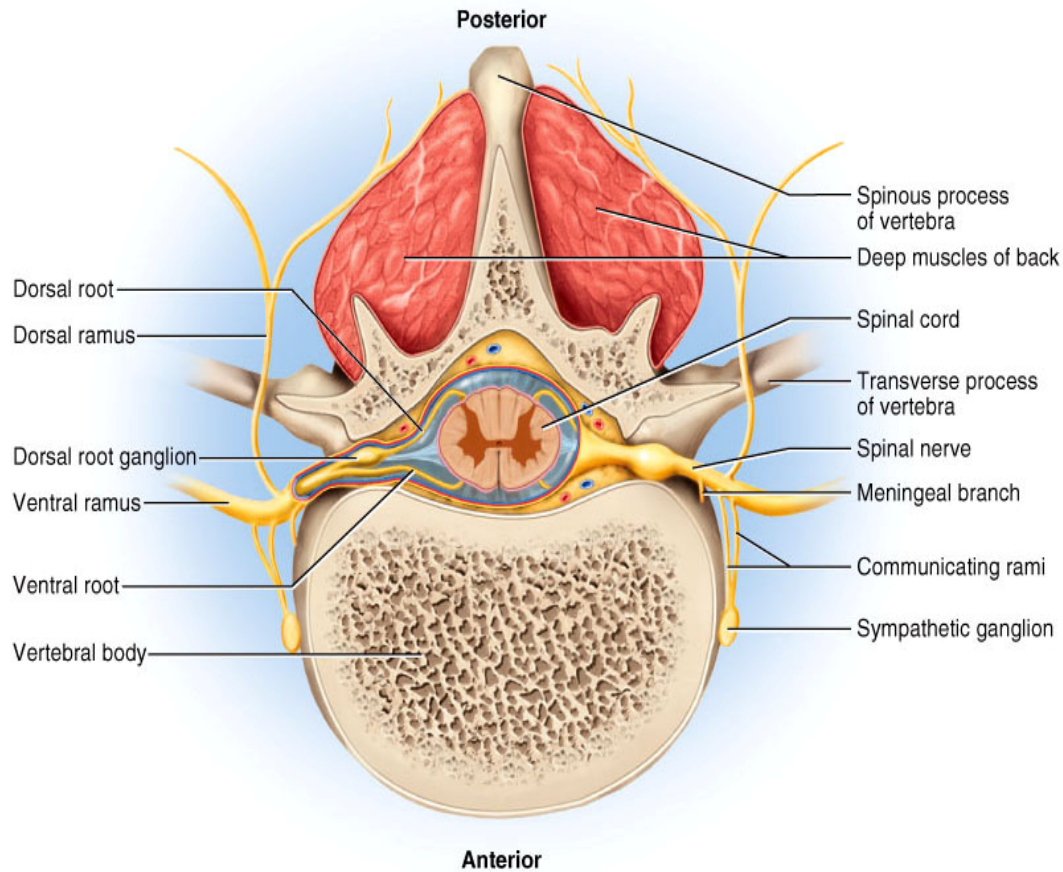


The Spinal Nerves

- **31 pairs of spinal nerves (1st cervical above C1)**
 - mixed nerves exiting at intervertebral foramen
- **Proximal branches**
 - dorsal root is sensory input to spinal cord
 - ventral root is motor output of spinal cord
 - cauda equina is roots from L2 to C0 of the cord
- **Distal branches**
 - dorsal ramus supplies dorsal body muscle and skin
 - ventral ramus to ventral skin and muscles and limbs
 - meningeal branch to meninges, vertebrae and ligaments

Branches of a Spinal Nerve

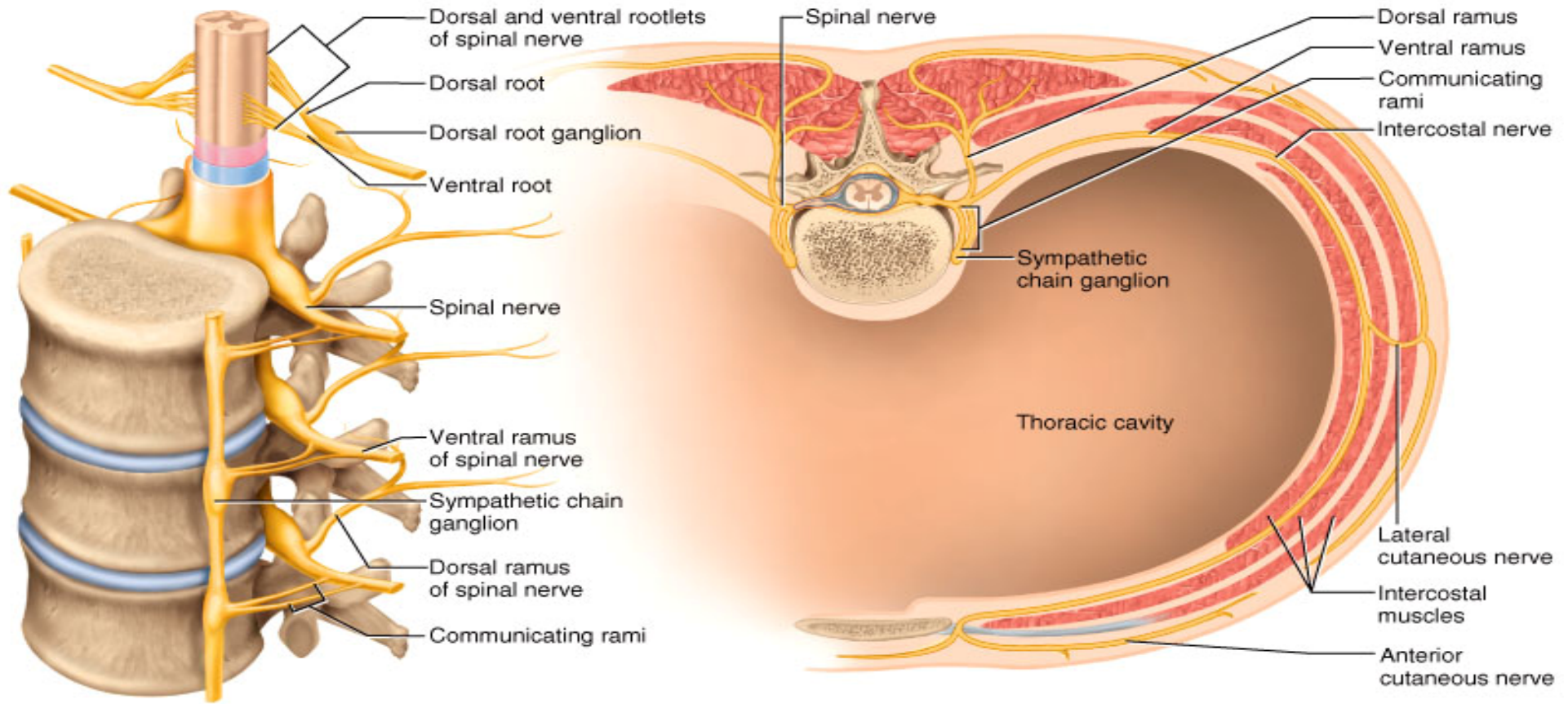
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- **Spinal nerves: 8 cervical, 12 thoracic, 5 lumbar, 5 sacral and 1 coccygeal.**
- **Each has dorsal and ventral ramus.**

Rami of Spinal Nerves

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(a)

(b)

- Notice the branching and merging of nerves in this example of a plexus

Shingles

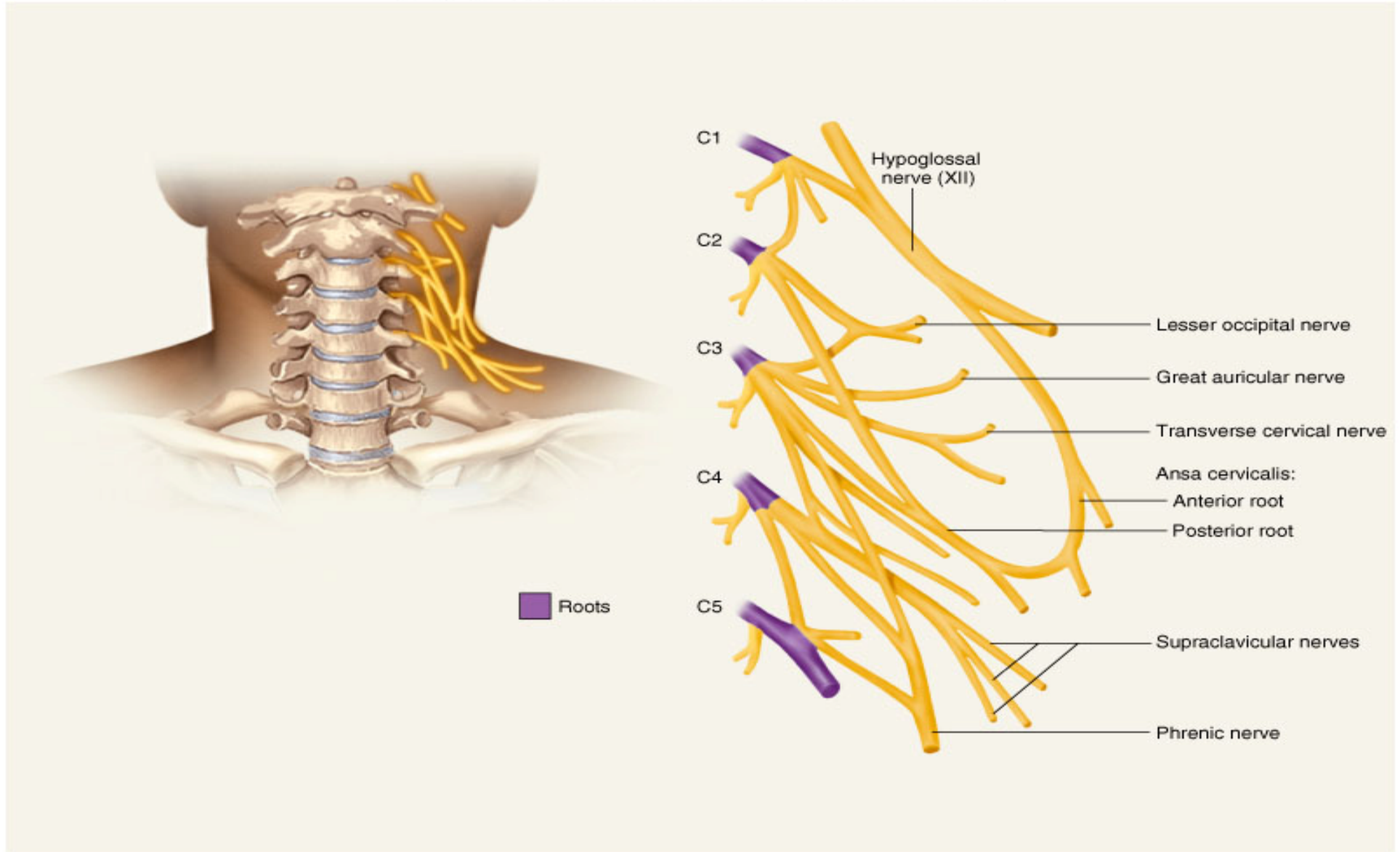
- Skin eruptions along path of nerve
- *Varicella-zoster* virus (chicken pox) remains for life in dorsal root ganglia
- Occurs after age 50 if immune system is compromised
- No special treatment

Nerve Plexuses

- **Ventral rami branch and anastomose repeatedly to form 5 nerve plexuses**
 - **cervical in the neck, C1 to C5**
 - supplies neck and phrenic nerve to the diaphragm
 - **brachial in the armpit, C5 to T1**
 - supplies upper limb and some of shoulder and neck
 - **lumbar in the low back, L1 to L4**
 - supplies abdominal wall, anterior thigh and genitalia
 - **sacral in the pelvis, L4, L5 and S1 to S4**
 - supplies remainder of lower trunk and lower limb
 - **coccygeal, S4, S5 and C0**

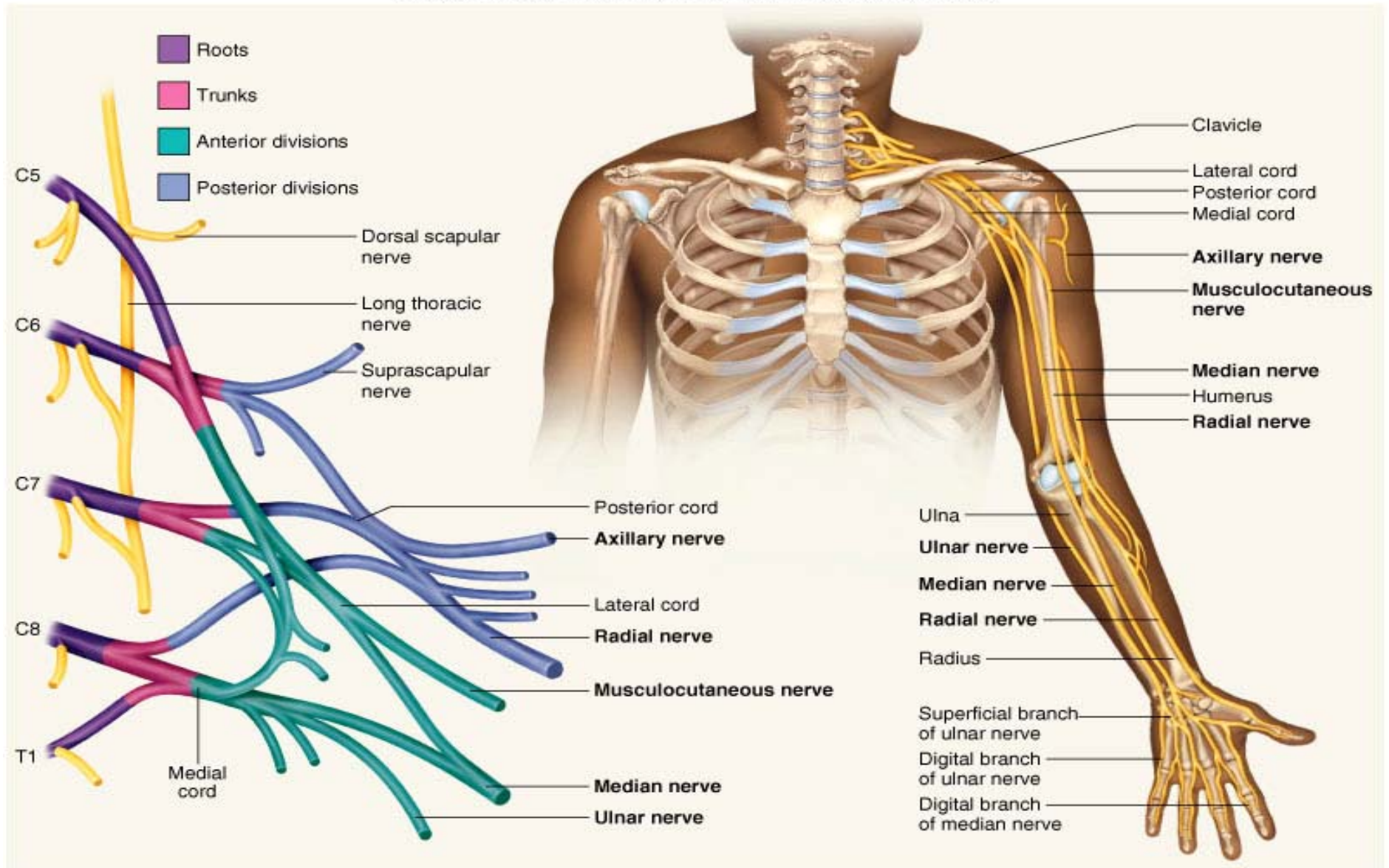
The Cervical Plexus

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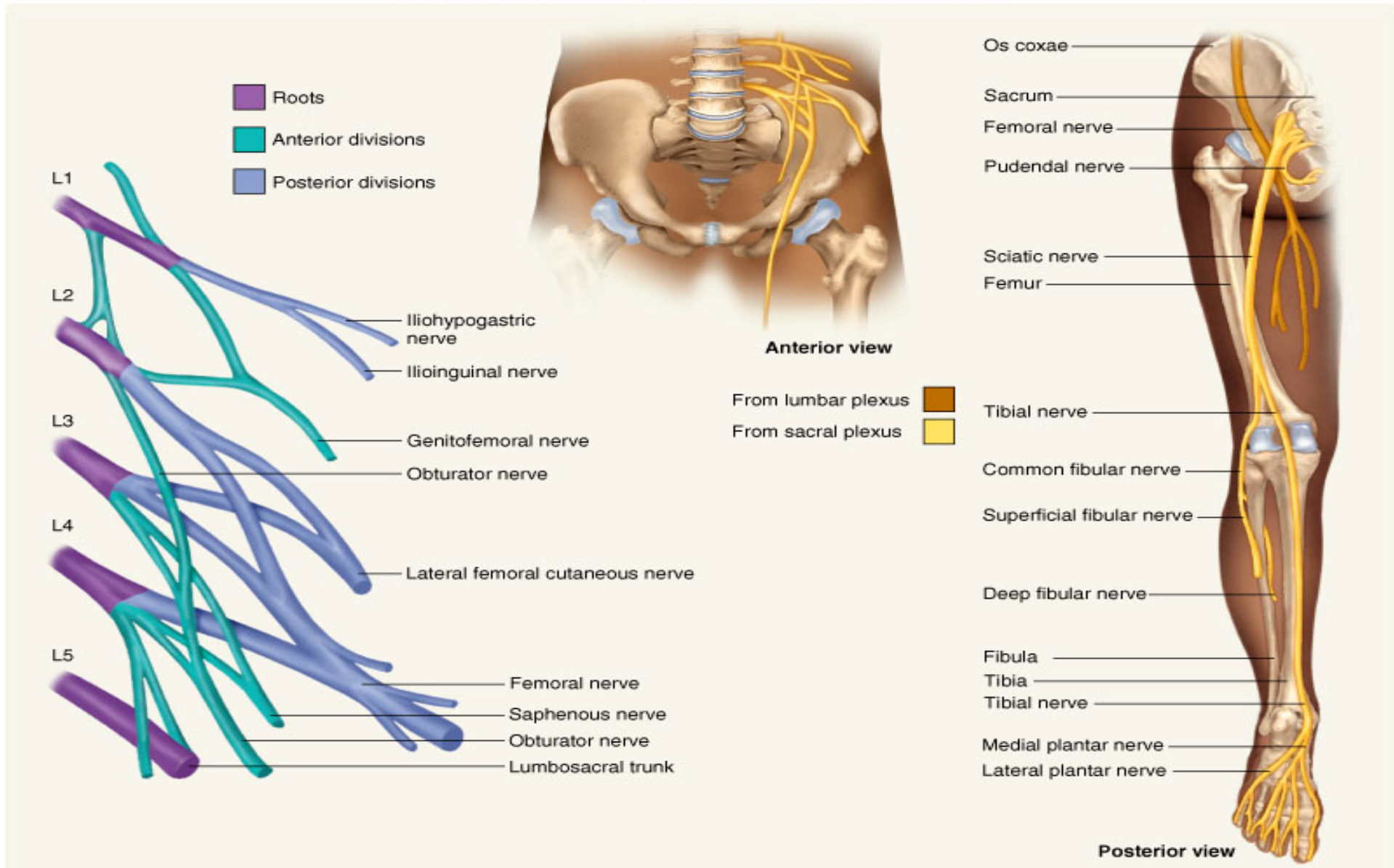
The Brachial Plexus

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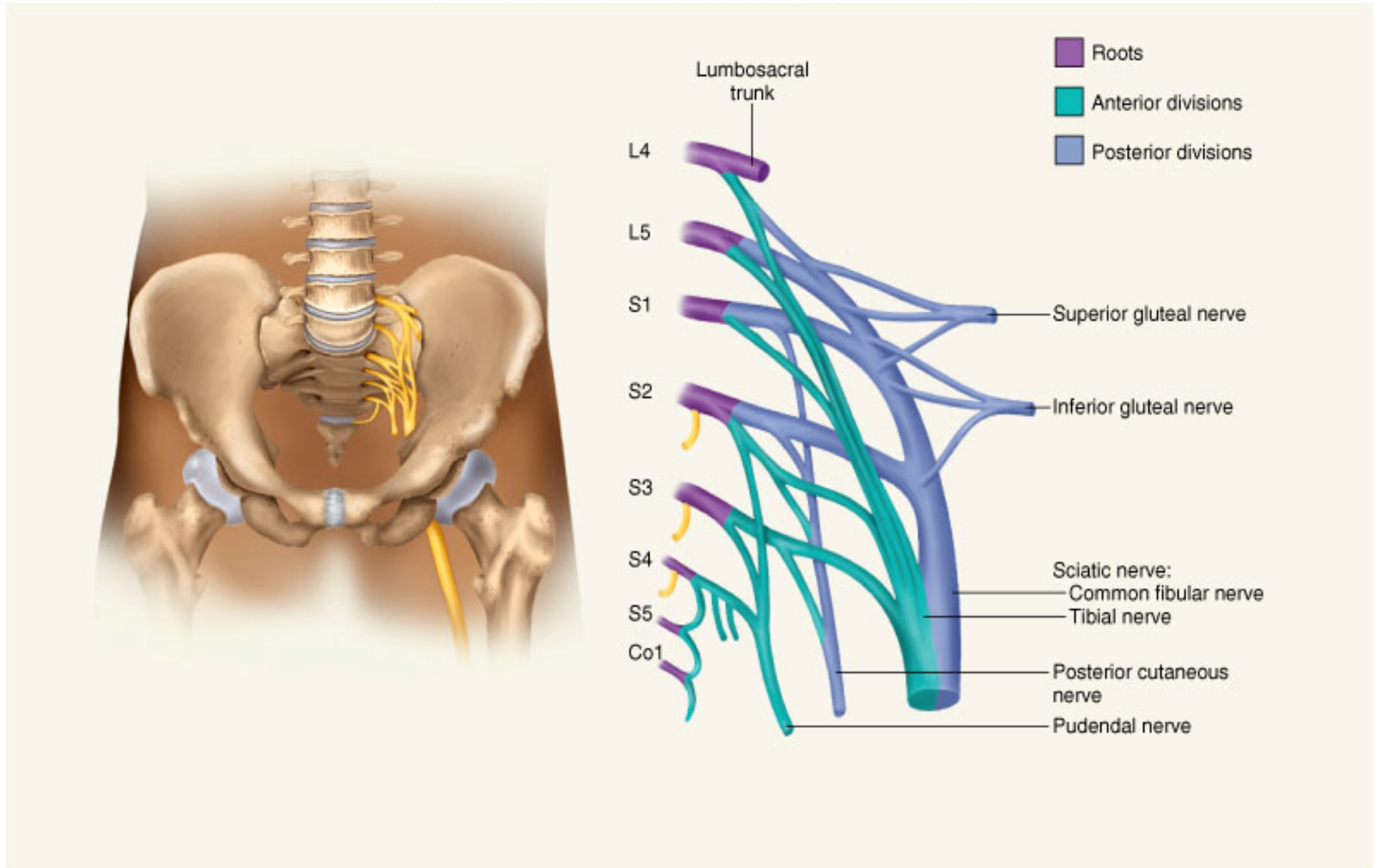
The Lumbar Plexus

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The Sacral and Coccygeal Plexuses

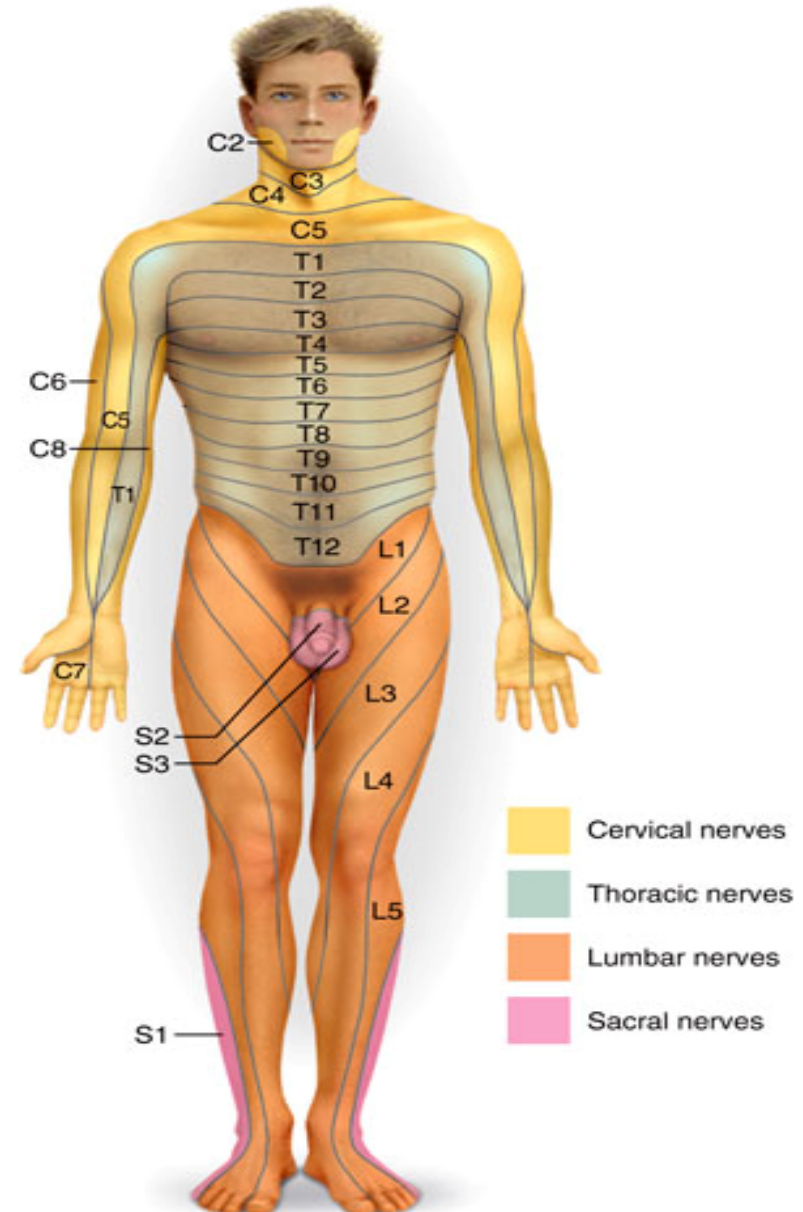
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Cutaneous Innervation and Dermatomes

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- Each spinal nerve receive sensory input from a specific area of skin called dermatome
- Overlap at edges by 50%
 - a total loss of sensation requires anesthesia of 3 successive spinal nerves

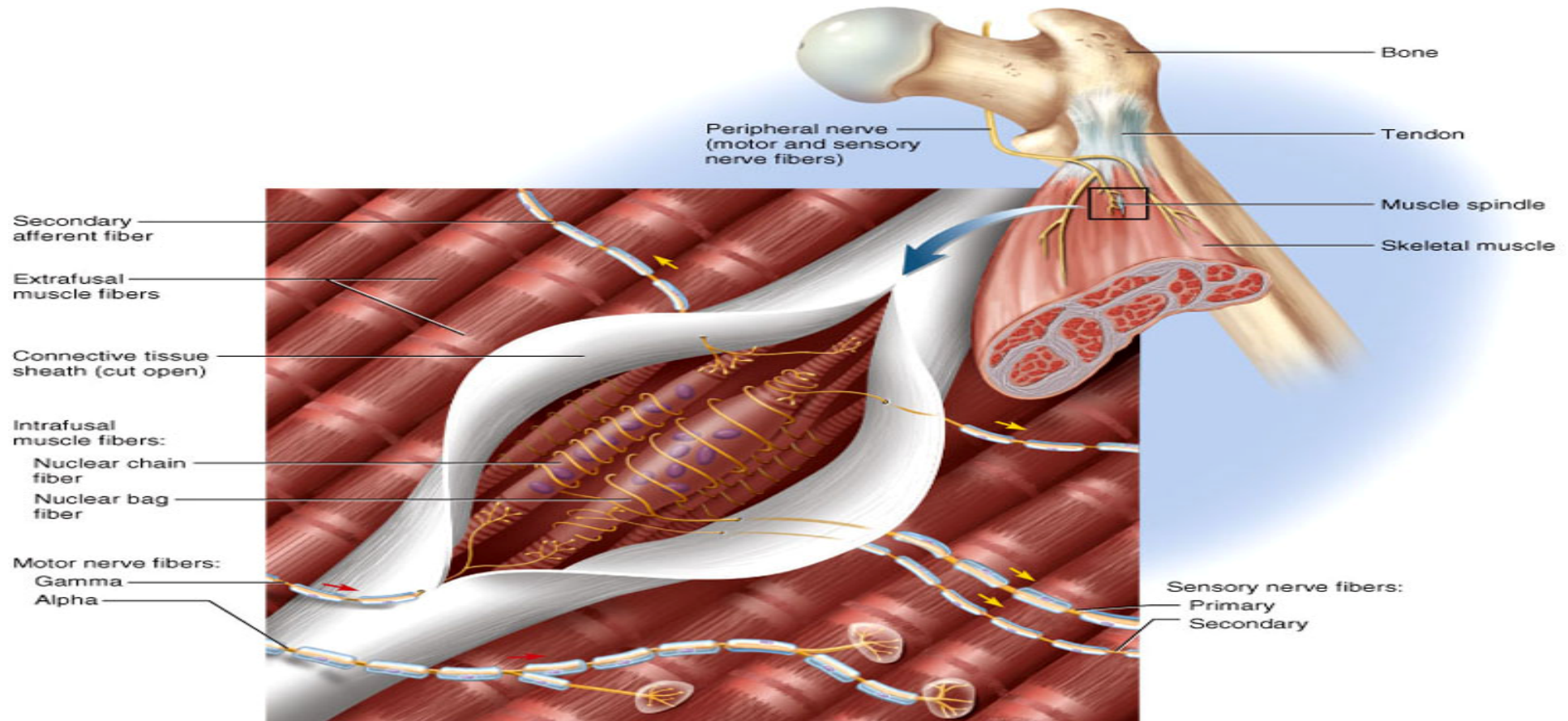


Nature of Somatic Reflexes

- **Quick, involuntary, stereotyped reactions of glands or muscle to sensory stimulation**
 - automatic responses to sensory input that occur without our intent or often even our awareness
- **Functions by means of a somatic reflex arc**
 - stimulation of somatic receptors
 - afferent fibers carry signal to dorsal horn of spinal cord
 - one or more interneurons integrate the information
 - efferent fibers carry impulses to skeletal muscles
 - skeletal muscles respond

The Muscle Spindle

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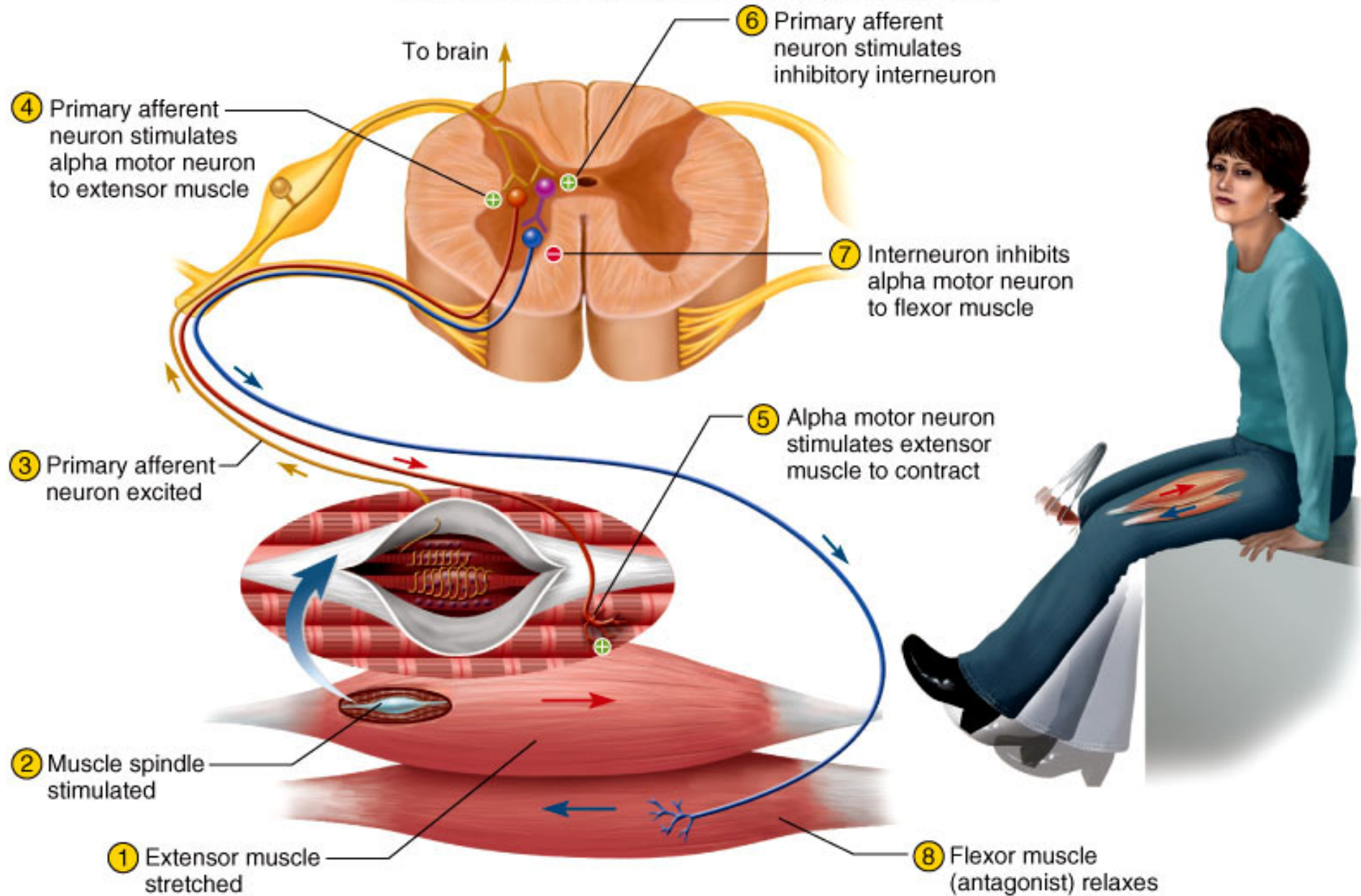
- Sense organ (proprioceptor) that monitors length of muscle and how fast muscles change in length
- Composed of intrafusal muscle fibers, afferent fibers and gamma motorneurons

The Stretch (Myotatic) Reflex

- **When a muscle is stretched, it contracts and maintains increased tonus (stretch reflex)**
 - helps maintain equilibrium and posture
 - head starts to tip forward as you fall asleep
 - muscles contract to raise the head
 - stabilize joints by balancing tension in extensors and flexors smoothing muscle actions
- **Very sudden muscle stretch causes tendon reflex**
 - knee-jerk (patellar) reflex is monosynaptic reflex
 - testing somatic reflexes helps diagnose many diseases
- **Reciprocal inhibition prevents muscles from working against each other**

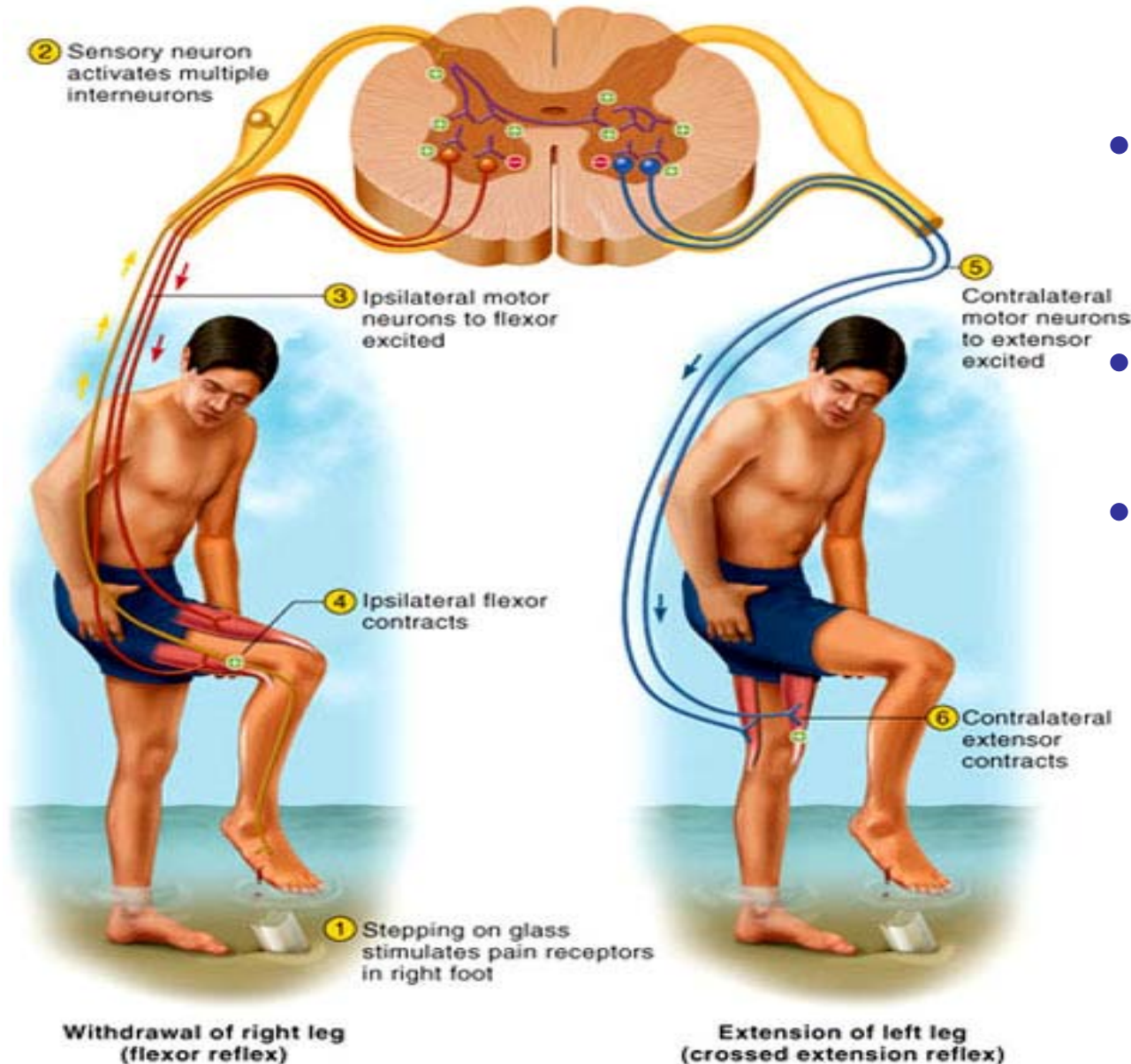
The Patellar Tendon Reflex Arc

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Flexor Withdrawal Reflexes

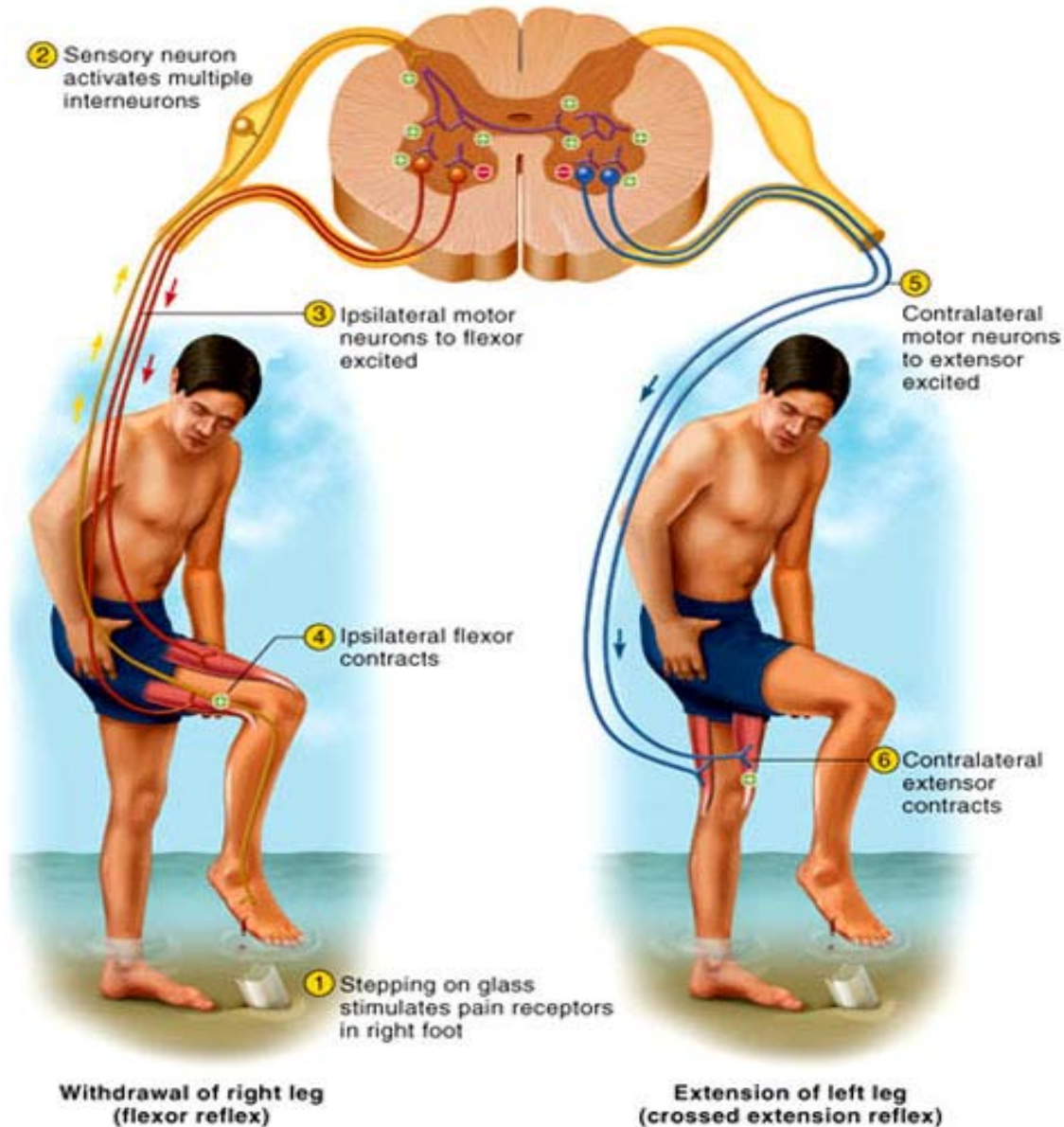
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- Occurs during withdrawal of foot from pain
- Polysynaptic reflex arc
- Neural circuitry in spinal cord controls sequence and duration of muscle contractions

Crossed Extensor Reflexes

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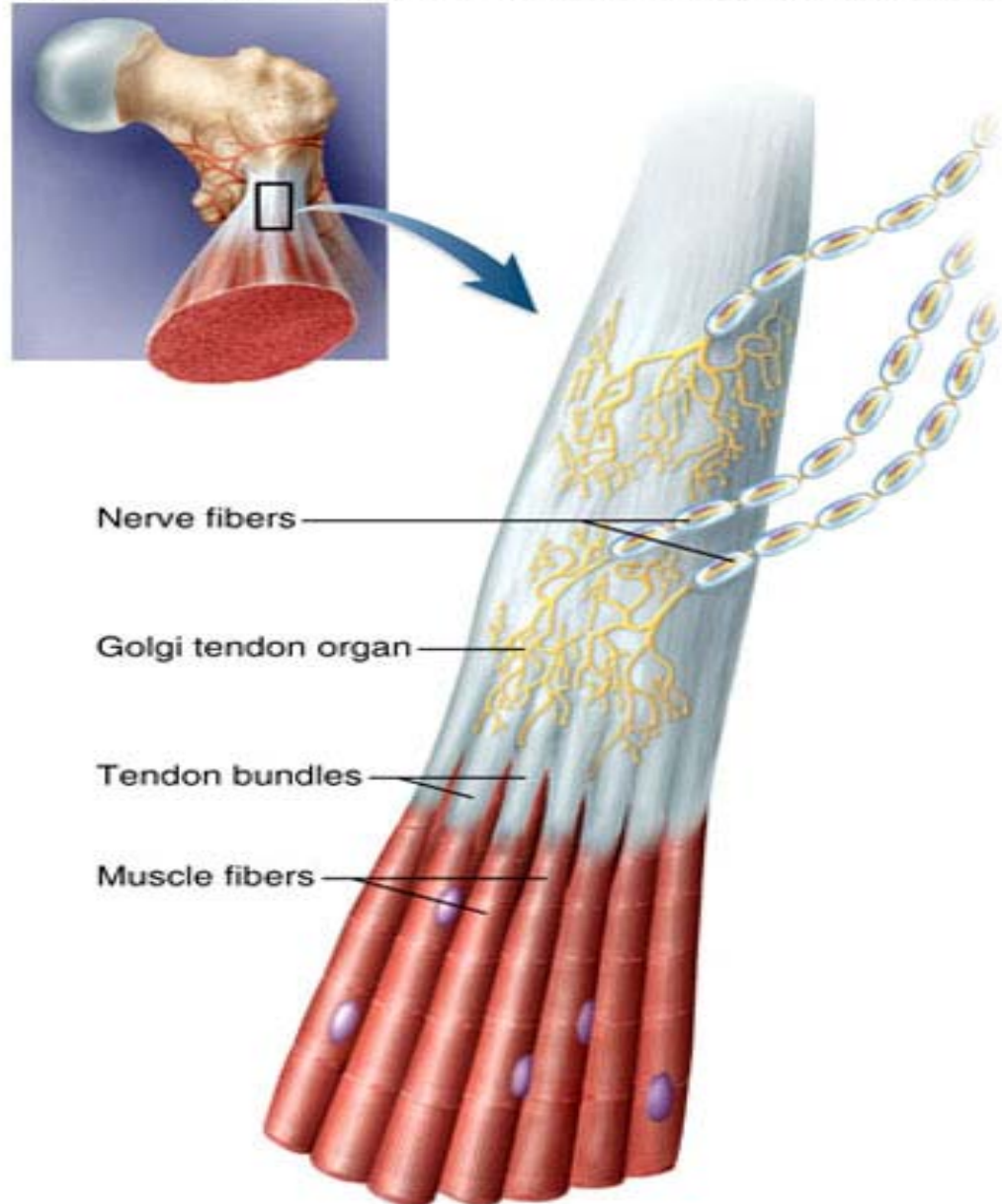


- Maintains balance by extending other leg
- Intersegmental reflex extends up and down the spinal cord
- Contralateral reflex arcs explained by pain at one foot causes muscle contraction in other leg

Golgi Tendon Reflex

- **Proprioceptors in a tendon near its junction with a muscle -- 1mm long, encapsulated nerve bundle**
- **Excessive tension on tendon inhibits motor neuron**
 - muscle contraction decreased
- **Also functions when muscle contracts unevenly**

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Spinal Cord Trauma

- **10-12,000 people/ year are paralyzed**
- **55% occur in traffic accidents**
- **This damage poses risk of respiratory failure**
- **Early symptoms are called spinal shock**
- **Tissue damage at time of injury is followed by post-traumatic infarction**