

POSTURE & EQUILIBRIUM

Q-What is posture?

It is maintenance of upright position against gravity (center of body is needed to be between the legs) it needs antigarvity muscles **1-Up-right posture need postural reflexes**

2- posture depends on muscle tone (stretch reflex) (basic postural reflex)

3-The main pathways concerned with posture are:-

A- medial (reticulospinal-tectospinal- vestibulospinal) control proximal limbs & axial muscles for posture & gross movements 4- lateral pathways (corticospinal - rubrospinal) control

distal limbs.

- <u>postural reflexs depends on the following</u> <u>receptors:-</u>
- <u>1- vestibular apparatus receptors as</u>
- Maculae (utricle&saccule) & SCC cristea
- <u>2- visual (vision)& auditory(hearing)</u> <u>receptors:-</u>

Vision can compensate for loss of auditory, vestibular & proprioception (Tabes dorsalis + Rombergism)

<u>3-Proprioceptors of muscles , tendons , ligaments & joints:-</u>

- <u>a- Neck Proprioceptors:-</u>
- <u>detect head position in relation to trunk</u>
- b- <u>Body Proprioceptors</u> proprioceptors of anti-gravity muscles
- **c- <u>pressure receptors</u>** as in sole of feet initiate positive supporting reaction (magnet reflex)

- Stretch reflexes & postural reflexes can be modified by coordinated activity ;-
 - Spinal cord
 - Medulla
 - Midbrain
 - Cerebral cortex
 - cerebellum

Postural reflexes are:-

A-Static reflexes B-Phasic reflexes <u>a-</u> spinal+ medullary reflexes
_B-Righting reflexes(midbrain)

- Spinal reflexes:-

<u>1- local static reflexes:</u> as positive supporting reaction (magnet reflex) (receptors are

proprioceptors of flexors)

2 -Stretch reflex

3- segmental static reflexes:- mediated by one

segment of the spinal cord as :-

--Crossed extensor reflex

- Negative supporting R (which release +ve supporting reaction
- -(receptors are proprioceptors of extensors of the released limb)

N.B spinal R can be studied in spinal animal with cut at neck b/w the S.C& brain stem so all S.C is intact.

- <u>- Medullary static Reflexes (center=medulla oblongata)</u> <u>are:-Neck& labyrinthine</u>
- 1<u>- Neck static reflexes(</u> studied in <u>a decerebrated</u> animal cut above medulla + labyrinth destroyed)
- <u>-Stimulus is</u> :-changing head position (+) <u>neck</u> <u>proprioceptors</u>

<u>**1-- ventroflexion of head</u></u> /arms flexion+ extend hindlimb(as in decerebration).</u>**

2-- dorsiflexion of head /arms extended + flex hindlimb.
3-- turning head to one side ----- extention of limbs on that side + flexion of other side.

- 2- <u>labyrinthine static reflex:- (</u> in decerebrated animal) + elimination of neck proprioceptors)
 - <u>Receptors are</u> otolith organs (maculae)
- <u>-Stimulus is gravity</u>

1-ventroflexion of head (or prone position)----- 4 limbs flexion

2- dorsiflexion of head (or supine position)-----4 limbs extended(as in decortication)

- <u>b- Righting reflexes:- (center is midbrain except the</u> <u>visual in C.C):-</u> when upright posture is disturbed as in falling down
- - studied in <u>a decerebrated animal</u> (cut above midbrain)
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a- visual righting reflexes(cortical):-

visual image can correct position of head & body if position is disturbed

• (<u>center is C.C</u> - <u>stim</u>: visual stim, receptors; eye receptors,

b- labyrinthine righting reflexes (midbrain):-

(**COVER eyes**) –(if the body is not in the proper position (animal held in air from pelvis)

- tilting the head (+) otolith organs -----(+) neck muscles to correct the head level, when head is not in proper site
- <u>receptors;</u> otolith organs,
- <u>response;</u>righting of head

- <u>c-body on head righting reflexes (midbrain):- :-</u>
- stim: pressure on side of body ,
- receptors; trunk proprieoceptors
- <u>Response/</u>reflex <u>correction of head</u>.
- •
- d- body on body (midbrain):- :- pressure on side of the body ----(and head is fixed)
- <u>Receptors/</u> trunk proprieoceptors
- <u>response</u> /reflex correction of body
- <u>e- neck righting reflexes (midbrain):- :-</u>
- <u>stim</u>: stretch of neck muscles(if head is corrected & body still tilted) ----- righting of shoulders & body.
- <u>receptors</u>; muscle spindles of neck muscles
- <u>response;</u> righting of body.

- <u>B- Phasic reflexes (statokinetic reflexes)(center in C.C):-</u> -maintain posture during motion
- <u>a- Hopping reaction:-</u> when animal is pushed laterally--- ---- reflex hopping to keep limbs in position to support body.The receptors are in muscle spindles.
- <u>b- Placing reaction :-</u> blind folded animal suspended in air & moved towards a supporting surface, the feets will be placed firmly on the supporting surface (<u>receptors are</u> <u>touch receptors& proprioceptors in soles of feet</u>)

Decerebrate rigidity :-

-- In section between superior inferior colliculi of midbrain-----block normal inhibitory signals from <u>brain& red nucleus of midbrain to tonically</u> active pontile RF & Vestibular N causing:

1- <u>maintained</u> tonic static postural reflexes that support animal against gravity (medullary tonic neck & labyrinthine R).

2-Absent midbrain righting R

3-extension of head & 4 limbs extensors due to increased extensor tone from vestibulospinal&reticulospinal tracts to extensor motor neurons

4- spasticity &rigidity & extension in antigravity muscles

-In human by vascular lesion of brain stem between red N& vestibular nucleus

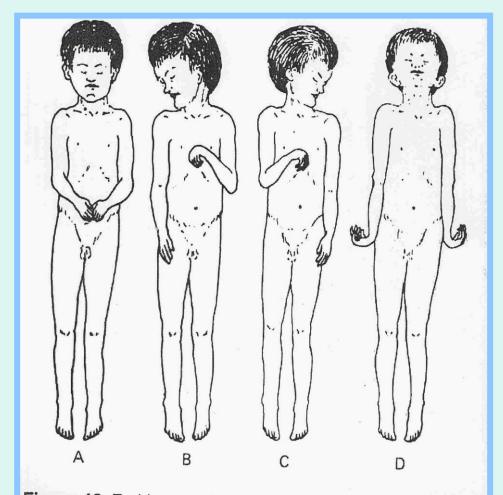
• Decorticate rigidity more common in human than decerebate rigidity:-

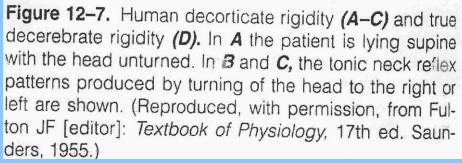
<u>1</u>- lesion in cerebral cortex but brain stem is <u>intact</u>

- 2-Medullary tonic neck & tonic labyrinthine reflexes <u>present</u>
- 3-Righting midbrain reflexes <u>present</u>
- <u>4-Visual righting, placing & hopping reflexes lost</u>

- <u>5- it causes extensor rigidity in legs & moderate</u> <u>flexion of arms</u> if <u>head unturned</u>, <u>as supine position</u> (tonic neck reflexes)
- 2- Tonic neck reflexes are produced by turning the head to one side e.g to the left -----extension of limbs on left side & flexion of RT

(as what seen in hemiplegic pts on affected side after Hge of internal capsule, there is loss of inhibitory cortical signals to gamma motor neurons via reticulospinal (from suppressor area 4 strip in the anterior edge of precentral gyrus)





Reflex	Stimulus	Response	Receptor	Integrated In
Stretch reflexes	Stretch	Contraction of muscle	Muscle spindles	Spinal cord, medulla
Positive supporting (magnet) reaction	Contact with sole or palm	Foot extended to support body	Proprioceptors in distal flexors	Spinal cord
Negative supporting reaction	Stretch	Release of positive supporting reaction	Proprioceptors in extensors	Spinal cord
Tonic labyrinthine reflexes	Gravity	Contraction of limb extensor muscles	Otolithic organs	Medulla
Tonic neck reflexes	Head turned: (1) To side (2) Up (3) Down	Change in pattern of extensor contraction (1) Extension of limbs on side to which head is turned (2) Hind legs flex (3) Forelegs flex	Neck proprioceptors	Medulla
Labyrinthine righting reflexes	Gravity	Head kept level	Otolithic organs	Midbrain
Neck righting reflexes	Stretch of neck muscles	Righting of thorax and shoulders, then pelvis	Muscle spindles	Midbrain
Body on head righting reflexes	Pressure on side of body	Righting of head	Exteroceptors	Midbrain
Body on body righting reflexes	Pressure on side of body	Righting of body even when head held sideways	Exteroceptors	Midbrain
Optical righting reflexes	Visual cues	Righting of head	Eyes	Cerebral cortex
Placing reactions	Various visual, extero- ceptive, and proprio- ceptive cues	Foot placed on supporting surface in position to support body	Various	Cerebral cortex
Hopping reactions	Lateral displacement while standing	Hops, maintaining limbs in position to support body	Muscle spindles	Cerebral cortex