



Stretch Reflex and Tendon jerks

Objectives:

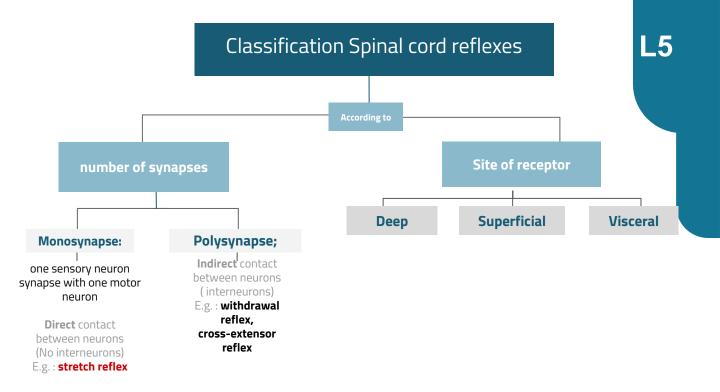
- . Describe the components of stretch reflex and its function.
- Describe the structure , innervations and function of the muscle spindle.
- Explain the roles of alpha and gamma motor neurons in the stretch reflex.
- Describe and explain muscle tone.
- Discuss the spinal and supraspinal regulation of stretch reflex.
- Describe the inverse stretch reflex and its function.
- Differentiate between primary and secondary afferent fibres of muscle spindle.
- Describe the components of the inverse stretch reflex (golgi tendon reflex)and its function.

As males doctor said: **Dr.faten** will write the questions

for mid-exam سو يانبيهين هل بتسحبون عالكلام الوردي والنوت الأصفر ؟



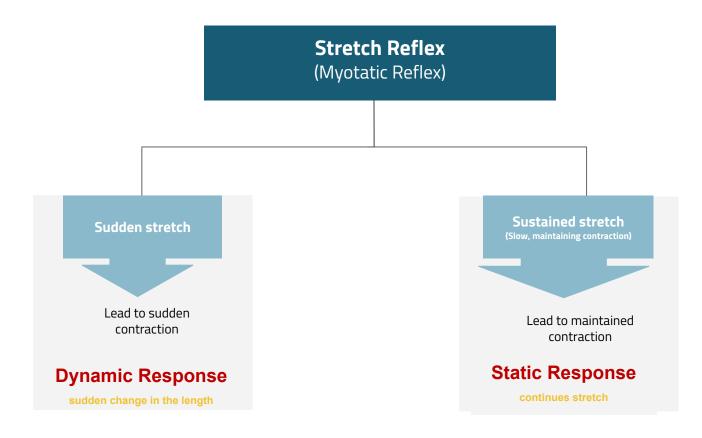




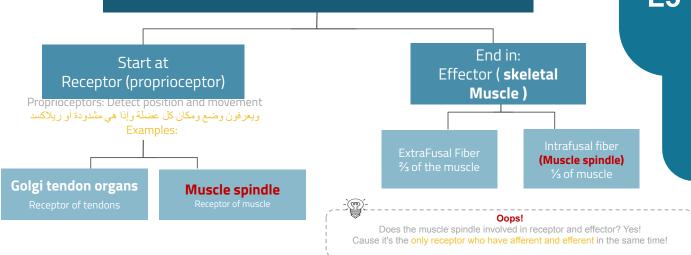
When a **skeletal muscle** is **stretched**, it **contracts**.

This response is called the **stretch reflex** or myotatic reflex. ;It results from stimulation of the muscle spindle by stretching the whole muscle Its **monosynaptic** and **Deep** reflex

Vaule: Aids in maintaining posture, avoid muscle rupture



Where the Reflex start and end?



Muscle spindle

Muscle spindle: 🔫

Intrafusal fibers.

1-the receptor located inside muscle & detects changes in muscle length (its the sensory receptor)

2. consist of 3-12 small muscle fibers (intrafusal fibers) within the CT capsule.

3-each intrafusal fiber has: -central non-contractile area (receptor) -peripheral contractile area on each side of central zone, it has actin & myosin.

4. There are two types of intrafusal fibers:

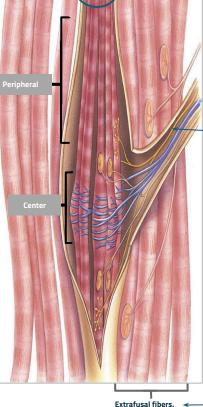
1-Nuclear **bag** fibers (2/spindle)* Central area is dilated with group (bag) of nuclei.



2-Nuclear **chain** fibers (4+/spindle)

One line of nuclei in a chain in the receptor zone



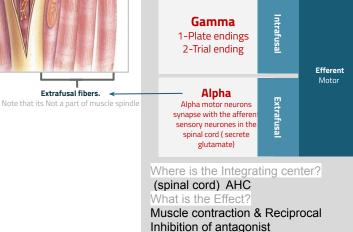


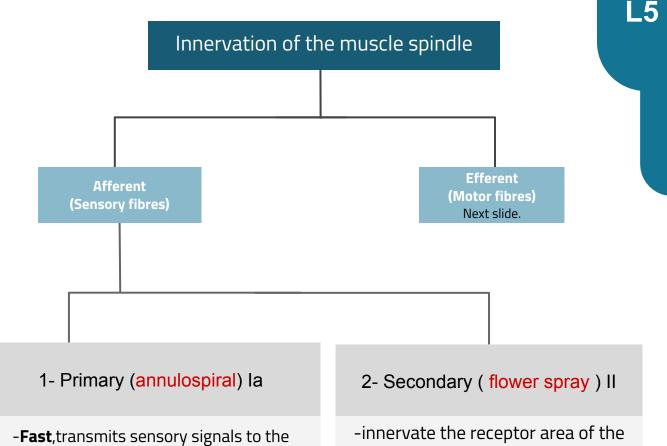
Overview of innervation (Afferent, efferent)

The difference between these two afferent is related to the two types of intrafusal fibers, how?

Primary afferent will carry sensation from 1-Nuclear **bag** fibers 2-Nuclear **chain** fibers whereas the <u>secondary afferent</u> will carry information from: 1-Nuclear **chain** muscle **-only-**

lames of afferent is **importan**





spinal cord at a velocity of 70 - 120 m/sec
encircle receptor areas of nuclear bag
fibers mainly, but also nuclear chain fibres

-17 micrometers diameter

Discharge most rapidly if the muscle is

suddenly stretched(dynamic response) &
less rapidly (or not)during sustained
stretch (static response)

Measure the rate & or velocity of change

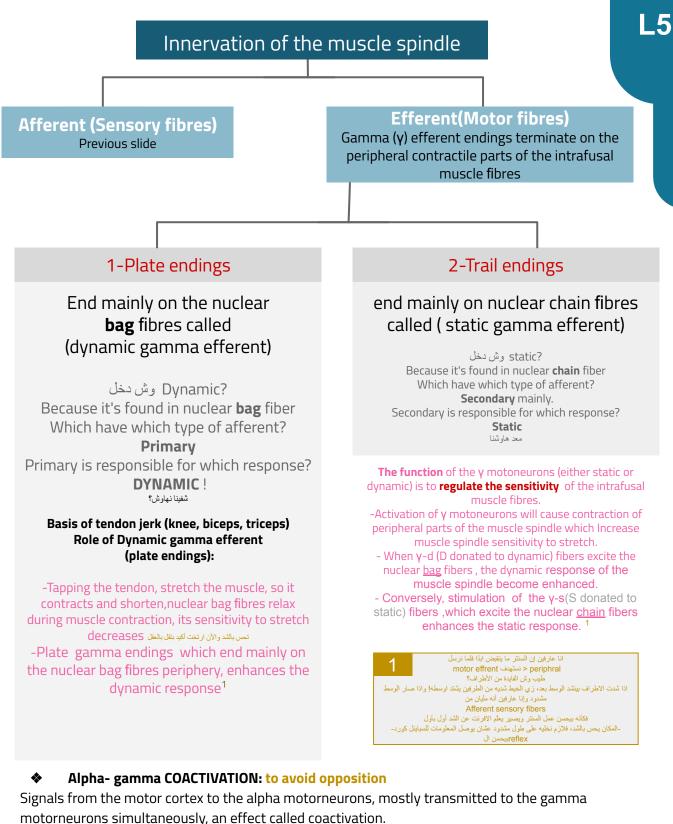
in muscle length of nuclear bag fibres

 -innervate the receptor area of the nuclear chain fibres ONLY

 -8 micrometers in diameter
 -Discharge throughout the period of muscle stretch,
 (sustained stretch) measure mainly muscle length (static response)
 - directly proportional to the degree of stretch

N.B: important

	Supplied by Which afferent	Responsible for
Nuclear bag Fibres	primary endings only	the dynamic response
Nuclear chain fibres	both primary and secondary endings	the static response



it's the maximum stimulation

The purpose of Coactivation:

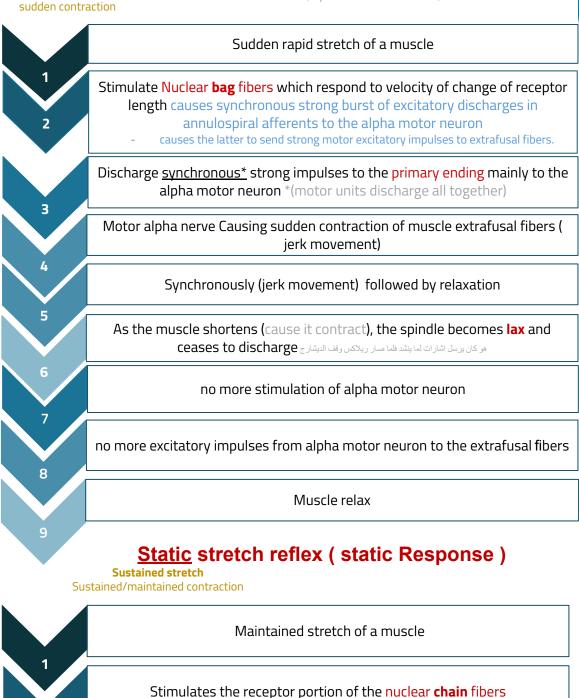
First, it keeps the length of the receptor portion of the muscle constant. Otherwise receptor portion of the spindle would sometimes be flail and sometimes be overstretched, causing unsmooth muscle contractions.

1- central of reception portion of the muscle constant.

2- Oppose sudden changes in muscle length.

Dynamic stretch reflex (dynamic or phasic Response)

This is the basis of Tendon Jerks (dynamic stretch reflexes)



discharge slowly, both the **primary** and the **secondary** endings (بس السكندري أهم)are.

stimulated to the alpha motor neuron to the alpha motor Impulses from muscle spindle travel through spindle afferents (mainly along secondary ending) to alpha motor neuron , stimulating it to produce muscle contraction)

> contraction of muscle fibers <u>Asynchronously</u> (motor units not discharge all together)

Resulting in mild sustained contraction of muscle extrafusal fibers as long as it is stretched

2

3

4

Application of Static stretch reflex: **Muscle tone**

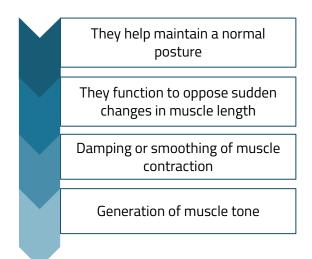
Definition	the stimulus for muscle tone is sustained Stretch of skeletal muscle between origin and insertion / resistance of muscle to stretch./a state of continuous partial contraction of skeletal ms during rest.					
In which muscle	all skeletal ms but specially in the antigravity muscle (extensors of LL, back, neck, flexor of UL, muscle of abdominal wall and elevator of mandible).					
Abnormalities						
 -if lost by <u>low gamma efferent discharge to muscle</u>: hypotonic muscle or flacidity. -if increased by <u>high gamma efferent discharge to muscle</u>: hypertonic muscle , spastic muscle. 						
	Gamma is عبدٌ مأمور signals to gamma come from the brain, so brain abnormalities cause gamma overstimulated (hypertonic) Or down stimulated (hypotonic). ore specific, signals comes from brain we mean supraspinal signals					

Basis of muscle tone

The Static Stretch Reflex is the basis of muscle tone, which is defined clinically as resistance to muscle stretch.

Static gamma eferent (trail endings): increase sensitivity of muscle spindle to steady maintained stretch & enhances the static response. muscle tone helps to maintain the posture

Value (function) of stretch reflex



Damping (tone down) function و کل اشارہ من of **muscle spindle** Brain+ Spinal cord

بإختصار: لو كل أشارة من Brain+ Spinal cord سببت < Brain+ Spinal cord راح تكون الانقباضات غير منتظمة وبيسبب jerk movement الريفكلس ينظمها من خلال انه مازيرسل جميع الإشارات لذلك damping(down)

Signals from Spinal cord transmitted to a muscle in an **Unsmooth** form (increasing in intensity for a few milliseconds, then decreasing in intensity, then changing to another intensity level) increase for few sec and decrease in another sec

Which lead to oscillation or jerkiness of movement.

In contrast, muscle spindle reflexes make the contraction **smooth**, because the motor nerve to the muscle is excited at a **slow frequency*** than the incoming signals from S.C

The signals discharged from the ms spindles cause partial activity of α MNs of the ms.

So, the motor signals find α MNs in state of partial activity, so they cause continuous activation of them \rightarrow cause smooth ms contraction.

So, the proper damping function of the muscle spindle, it is the stretch reflex ability to prevent oscillation or jerkiness of movements.



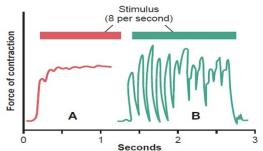


Figure 55-6. Muscle contraction caused by a spinal cord signal under two conditions: *curve A*, in a normal muscle, and *curve B*, in a muscle whose muscle spindles were denervated by section of the posterior roots of the cord 82 days previously. Note the smoothing effect of the muscle spindle reflex in *curve A*. (Modified from Creed RS, Denney-Brown D, Eccles JC, et al: Reflex Activity of the Spinal Cord. New York: Oxford University Press, 1932.)

Proper control of muscle function requires:

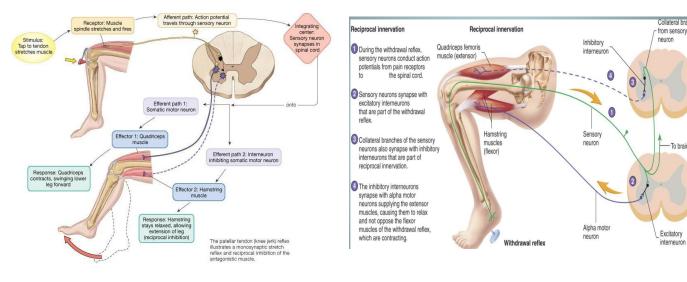
1-excitation of the muscle by spinal cord anterior motor neurons

2-continuous feedback of sensory information from muscle to the spinal cord, indicating1.what is the length of the muscle2.what is its tension?

Reciprocal inhibition with stretch reflex (Reciprocal innervation)

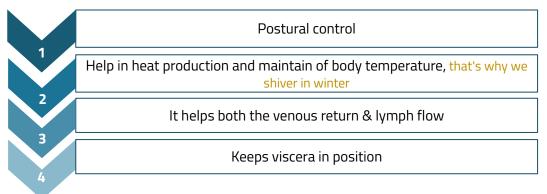
- Reflex contraction of an agonistic muscle is accompanied by inhibition of * the antagonist. as in knee jerk : **Contraction of Extensors** of thigh (e.g. quadriceps) cause **Relaxation of Flexors** (hamstring).
- Contraction of the muscle being stretched (quadriceps) ∻
- Reciprocal innervation prevents conflict between opposing muscles and is * vital in coordinating body movements.
- Reciprocal inhibition of the antagonistic muscle (hamstring) through * (reciprocal innervation)
 - Impulses from stretched muscle reach the spinal cord to cause: 1- stimulate the motor neurons of the stimulated muscle to contract (by glutamate).

2- send collaterals to the inhibitory interneurons synapse on the AHCs of the antagonistic muscle & inhibit them (by GABA).



Function of Muscle Tone

Founds in male slides only

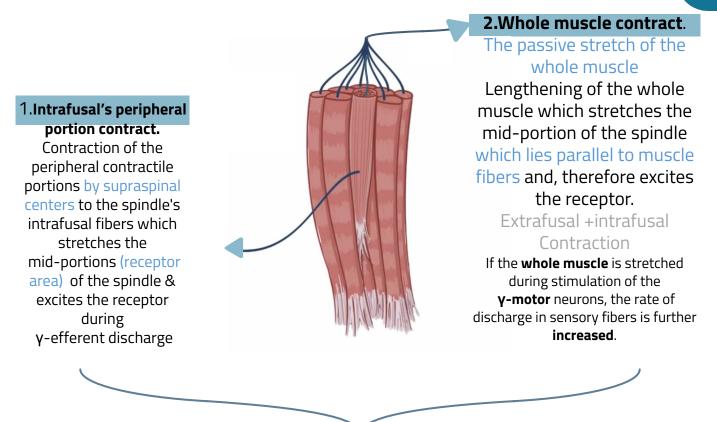


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Activation of muscle spindle

We already know that muscle spindle gets stimulated by stretch of the center point (mid portion)

There are **two ways** to stretch the mid-portion:



After activation, by which the muscle contract?

Stimulation of **alpha motor neurons**, therefore excites the receptor.

Stimulation of **gamma motor neurons** by supraspinal signals

هذا اللي يصير بأجسامنا .**Co-activation** of α-and γ-Motor Neurons هذا اللي يصير بأجسامنا مثلاً هذا نسويه بالمعمل

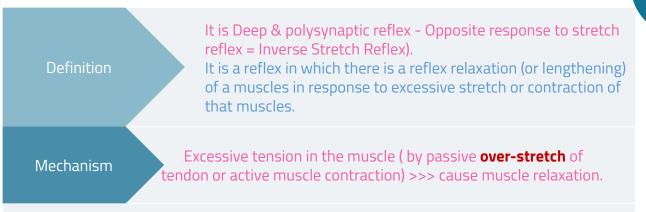
Clinical Significance of Tendon Reflexes

- They are carried out clinically to test the integrity of reflex arc.
- A-reflexia or hypo-reflexia (hypo-tonia) indicates that the reflex arc is interrupted at one of its components by:
 - Lesions of lower motor neuron, e.g. poliomyelitis
 - Peripheral nerve lesions e.g. **peripheral neuropathy.**
 - Neuromuscular junction disorder e.g. myasthenia gravis.
 - Primary muscle disorder e.g. myopathy.
- Hyper-reflexia (hyper-tonia): exaggerated deep reflexes.
 - Upper motor neuron lesion.
 - Anxiety.

Stretch reflexes are subject to strong regulation by supraspinal centres, especially certain **motor centres** in the **brainstem** and **cerebral cortex.** These supraspinal centres send to gamma motor neurons through descending fibres

Factors that Influence Stretch Reflex (all act on gamma motor neurons)				
Inhibitory	Facilitatory			
Supraspinal: I. Cortical (suppressor area 4 & Area 6) II. Basal ganglia III. Red Nucleus IV. Medullary RF (Reticular formation) V. paleocerebellum	Supraspinal: I. Cortical (Primary motor area 4) II. Vestibular N (nucleus) III. Pontine RF(reticular formation) (bulboreticular) IV. Neocerebellum			
Excessive stretch of muscle (golgi tendon reflex)	Anxiety: <u>Gamma motor neuron will be active</u>			
Muscle contraction	Noxious painful stimuli طبعًا الألم بيحفز الريفكلس E.g: appendicitis (muscle rigidity and gamma efferent is still stimulated which causes further muscle contraction.			
مساحة فاضية ماعرفنا وش نقولكم فيها, نقولكم بالتوفيق بكم لغة ؟ French :Bonne chance. German : Viel Glück. Italian : In bocca al lupo.	Jendrassik-manuver هذا تكنيك يوصلنا لريفلكس واضح، كيف؟ يقولون للمريض عض على اسنانك مثلا أو اضغط باصابعك ضد بعض -اي شيء مؤلم شوي الغاية منها نلهي The cortex from inhibitory impulses للمكان اللي قاعدين نختيره ونخليها ترسل مثبطات لألم الأسنان بدل المكان اللي نختيره وبكذا يصير الريفكلس واضح لنا			

The Golgi tendon reflex (Inverse Stretch Reflex)



Neural pathway:

Stimulus: *increased* muscle tension by;

Overstretch or Severe contraction. About 10 to 15 muscle fibers are usually connected to each Golgi tendon organ, and the organ is stimulated when this small bundle of muscle fibers is "tensed" by severe contracting.

- **Receptors:** Golgi tendon organs.(Transmit information about tendon tension or rate of change of tension.)
- **Site**: Golgi tendon organs (3-25) present in tendons of skeletal muscle in series with muscle fibers, through which muscle tendon fibers pass.
- Structure: Are encapsulated sensory receptor 6-20 elastic fibers.
- **Innervations**: Type fast Ib afferent fibres.large, rapidly conducting fibers (16 micrometers in diameter).

• Center (spinal cord) :

a) increase in muscle tension if the muscle overstretch >impulses via fast Ib fibers > SC > The local cord signal excites inhibitory interneurons (secrete Glycine) \rightarrow inhibit the α -MNs supplying the same muscle > negative feedback mechanism>muscle relaxation

b)stim excitatory interneurons \rightarrow excite the α -MNs supplying the antagonistic (reciprocal innervation).

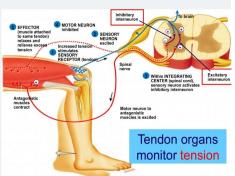
Response:

`**@**`-

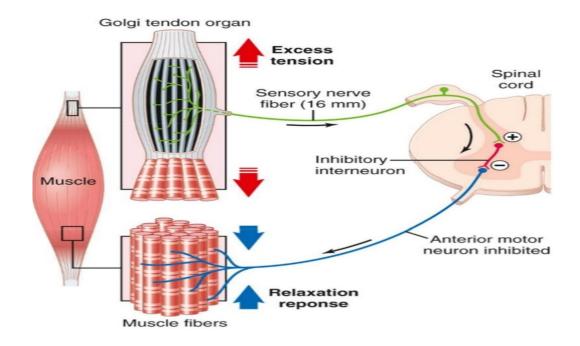
a) Relaxation of the same muscle(lengthening reaction)b) Contraction of antagonistic group of muscles.

• **Significance:** This reflex protects muscle from rupture & tendon from avulsion and tear.

In muscle > the receptor is muscle spindle. In tendon > the receptor is Golgi tendon organs



(Inverse Stretch Reflex)- The Golgi tendon reflex



Comparison Between Stretch & Inverse Reflexes

	Stretch reflex	Inverse stretch reflex
Stimulus	Increased muscle length	Increased muscle tension
Receptor	Muscle spindles	Golgi tendon organs
Afferents	Type Ia & II fibers	Type Ib fibers
Response	Muscle contraction	Muscle relaxation
Synapses	Monosynaptic	Polysynaptic
RECIPROCAL INNERVATION Regulation	Inhibit antagonists through inhibitory interneurons	Excites antagonistic muscles through excitatory interneurons
PHYSIOLOGICAL SIGNIFICANCE	Regulate muscle length	Regulate muscle tension to prevent excessive tension increase & tendon avulsion
CLINICAL ASSESSMENT	Sudden tap of muscle causes brisk contraction muscle jerk	Overstretch of muscle sudden muscle relaxation (lengthening reaction)

MCQ & SAQ:

Q1: which one of the following describe Primary afferent fibers?

- A. Fast
- B. Slow
- C. Static response
- D. 8 micrometer in diameter

Q3: Which of the following is not a function of muscle tone?

- A. Postural control
- B.Helps both the venous return & lymph flow
- C. Depression of mandible
- D. Help in heat production and maintain of body temperature

Q5: Which reflex is correctly paired with the sensory structure that mediates the reflex?

- A) Autogenic inhibition—muscle spindle
- B) Reciprocal inhibition—Golgi tendon organ
- C) Reciprocal inhibition—Pacinian corpuscle
- D) Stretch reflex—muscle spindle
- E) Golgi tendon reflex—Meissner corpuscle

Q2: Nuclear bag fibers supplied by :

- A. Both primary & secondary endings
- B. Primary endings only
- C. Secondary endings only
- D. None

Q4 :Which cells receive direct synaptic input from Golgi tendon organs?

- A) Type Ia inhibitory interneurons
- B) Dynamic gamma motor neurons
- C) Alpha motor neurons
- D) Type Ib inhibitory interneurons

Q6: What's the efferent of plate endings?

- A. Dynamic alpha efferent
- B. Dynamic gamma efferent
- C. Static gamma efferent
- D. Static alpha efferent

6: B

D :2

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1- What's the type of fibers in plate endings/ trail endings ?

- 2- What's the result of static stretch reflex ?
- 3- What are the factors that influence Stretch Reflex?
- 4- Compare between Stretch and Inverse Stretch reflexes?

A1: nuclear bag fibers / nuclear chain fibers

A2: Mild sustained contraction of muscle extrafusal fibers as long as it is stretched

A3: Refer to the table (slide 12)

A4: Refer to the table (slide 14)

Physiology439@gmail.com

Organizers:

- Basel Fakeeha.
- Fatimah Saad.
- Hessah Alalyan.
- Majed Alaskar.
- Mayasem Alhazmi.
- Mohamed Alquhidan.
- Sadeem Al Zayed.
- Abdulaziz Alrabiah.
- Abdulaziz Alderaywsh.
- Abdulaziz Alamri.
- Abdulaziz Alomar.
- Abdullah Alburikan.
- Abdullah Binjadou.
- Abdullah Alanzan.
- Abdullah Alhumimidi.
- Abdulrahman Almegbel.
- Abdulrahman Barashid.
- Abdulrhman Alsuhaibany.
- Abeer Awwad.
- Ahmad Alkhayatt.
- Aljoharah Albnyan.
- Aljoud Algazlan.
- Almaha Alshathri.
- Arwa Al-Qahtani.
- Bader Alrayes.
- Bassam Alasmari.
- Bushra Alotaibi.

- Faisal Jazzar.
- Feras Alqaidi.
- Ghaida Alassiry.
- Ghaida Alshehri.
- Hamad Almousa.
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- Hind Almotywea.
- Ibraheem Altamimi.
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- Norah Alsalem.
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- Omar Alhalabi.
- Raed Alnutaifi.
- Rayan Jabaan.
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- Sarah AlQuwayz.
- Saud Alhasani.
- Shaden Alobaid.
- Shahd Almezel.
- Shatha Aldossary.
- Shayma Alghanoum.
- Tarfah Alkaltham.
- Yara Alasmari.
- Yara Alomar.
- Yara Alzahrani.
- Yazeed Alqahtani.
- ziyad Alhosan.

Leaders:

- Abdulaziz Alsuhaim.
- Ghada Aljedaie.
- Homoud Algadheb.
- Raghad Albarrak.
- Samar Almohammedi.

Note takers:

- Abeer Awwad.
- Fahad Alajmi.
- Hessah Alalyan.
- Reem Aldosari

MEMBERS:

• Shuaa Khdary.

Revisers:

- Abeer Awwad.
- Saud Alrsheed.
- Teif Almutiri.