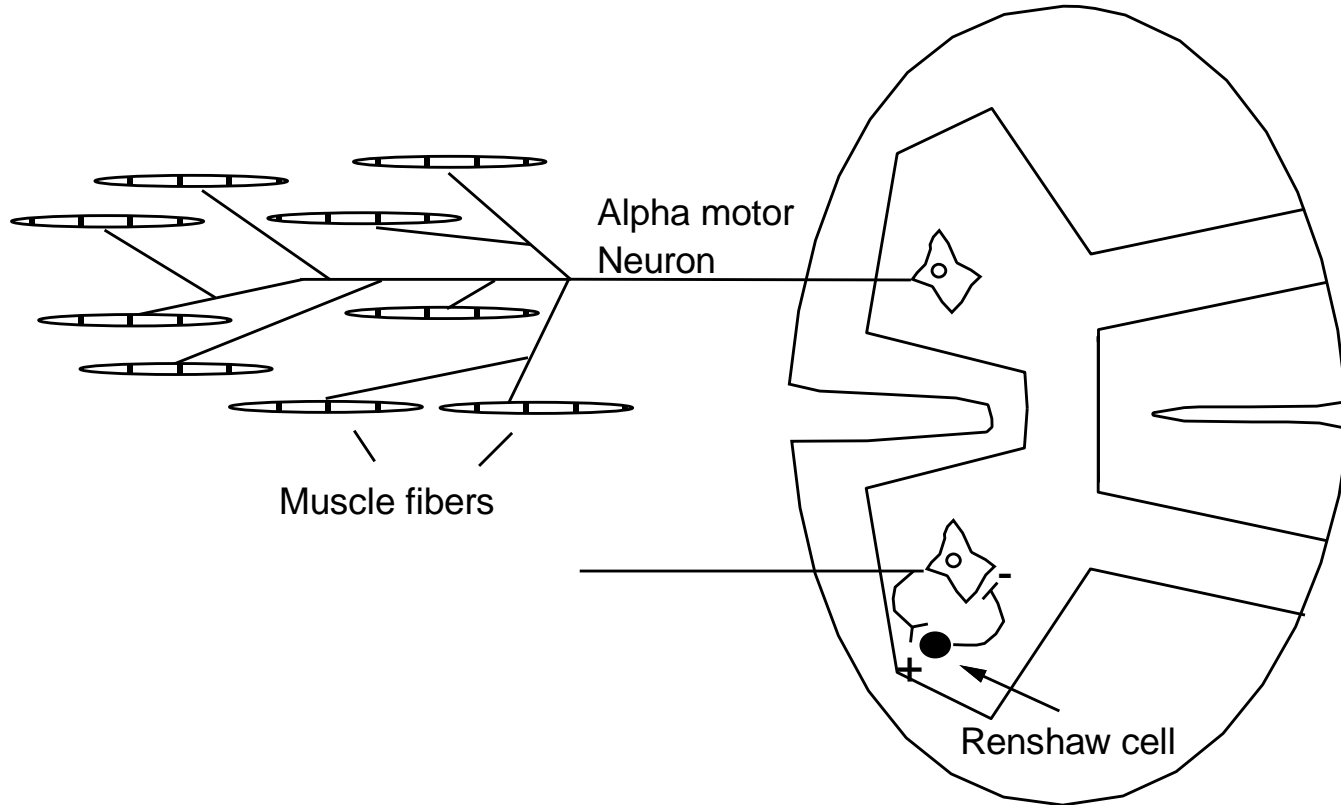
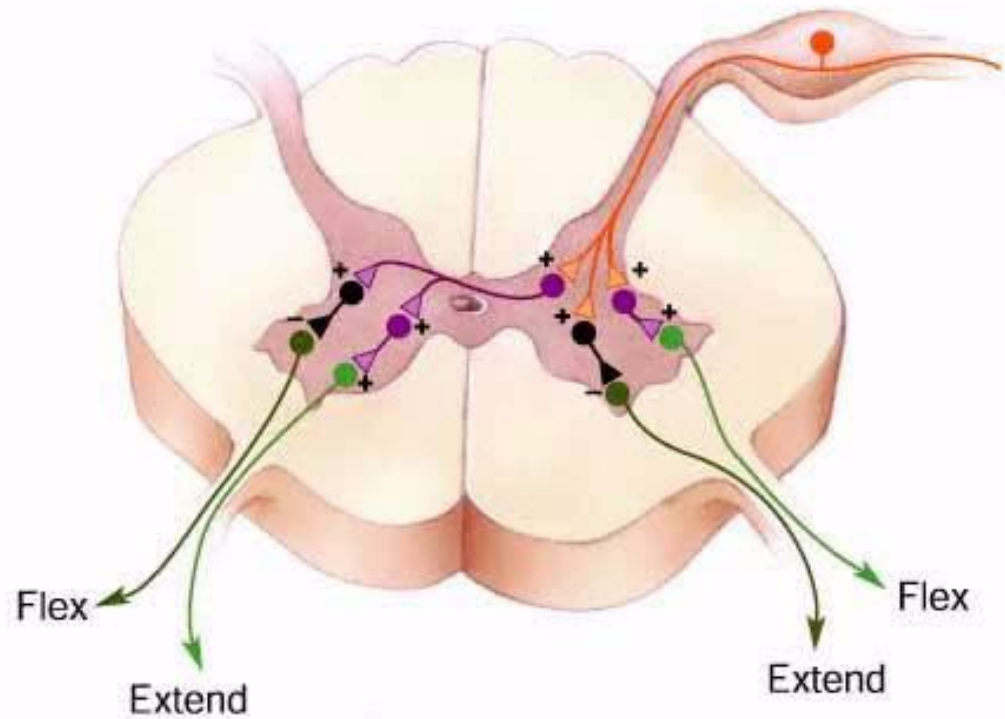
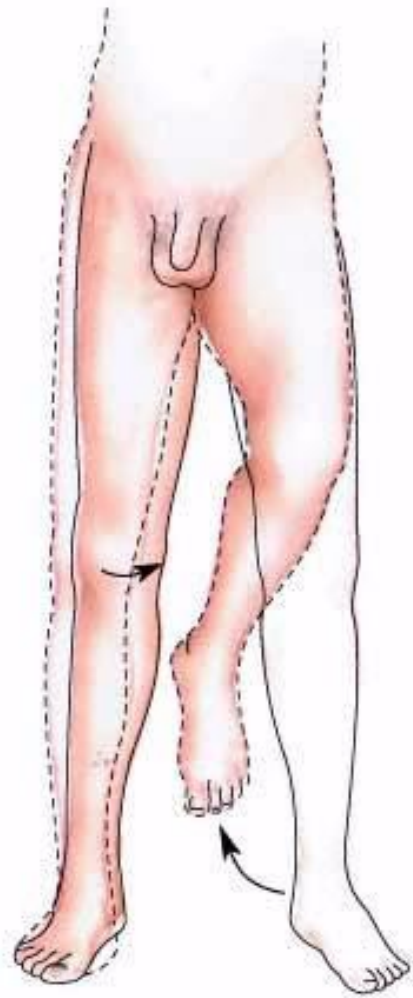


Supraspinal Motor Control

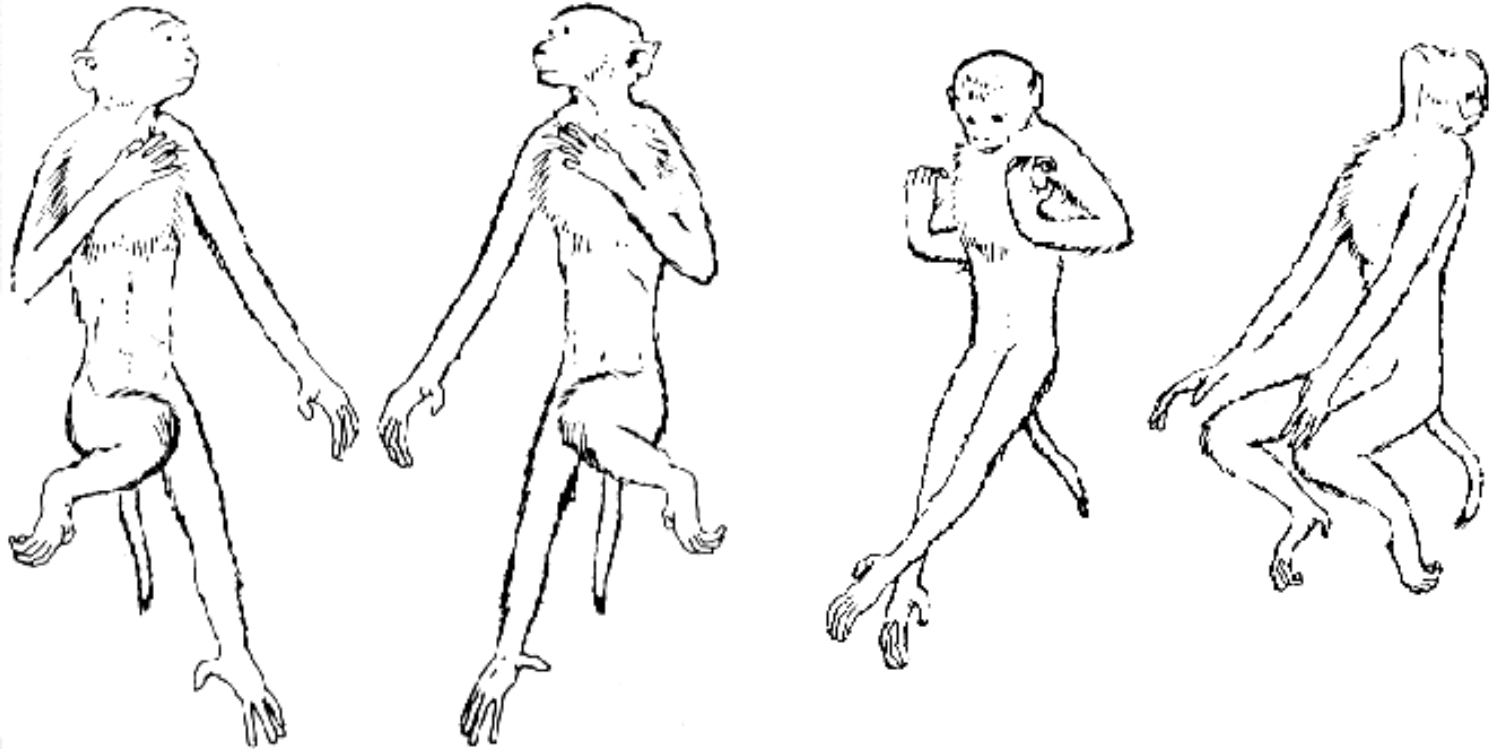
The Motor Unit



Flexor-Crossed Extensor Reflex

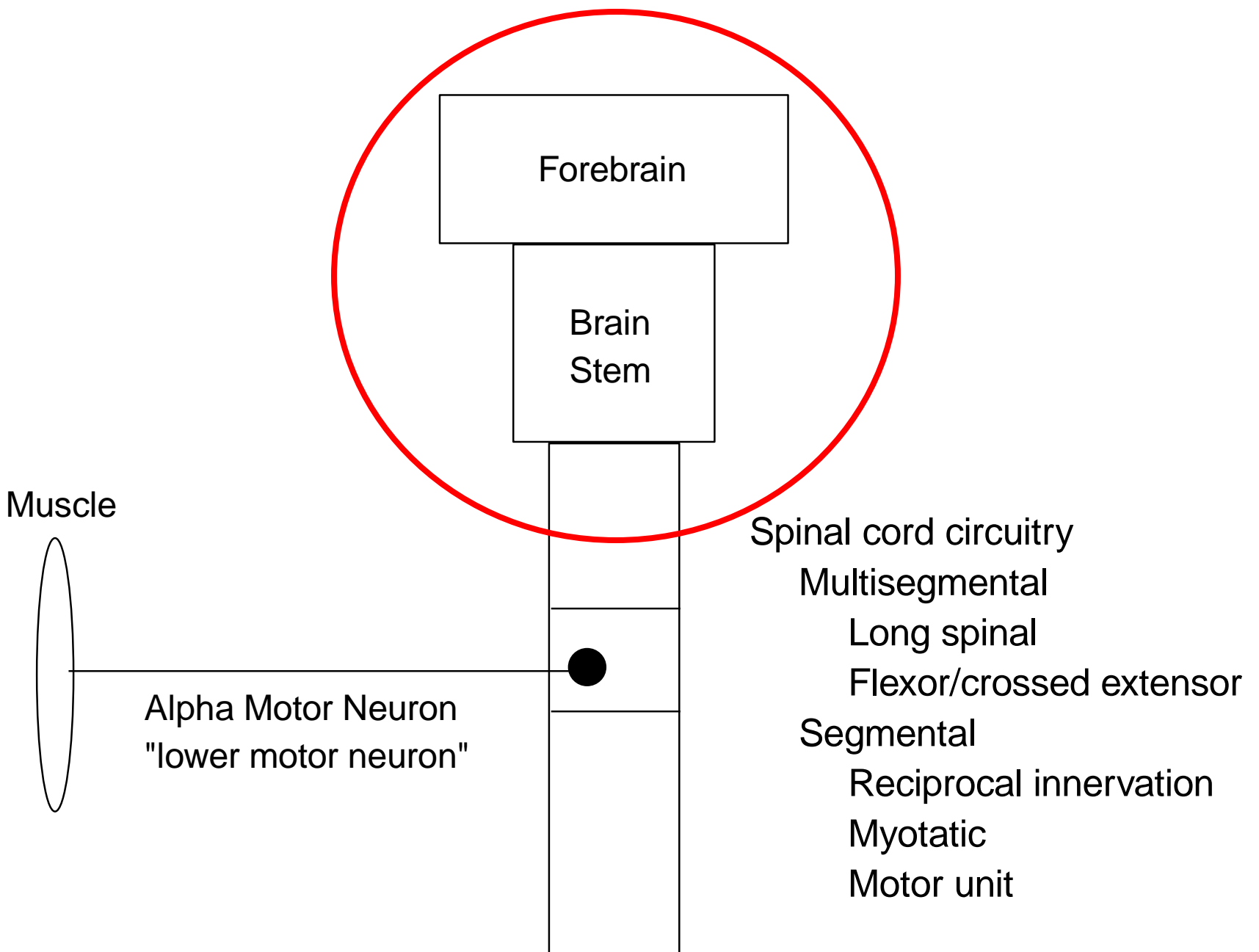


Long Spinal Reflexes

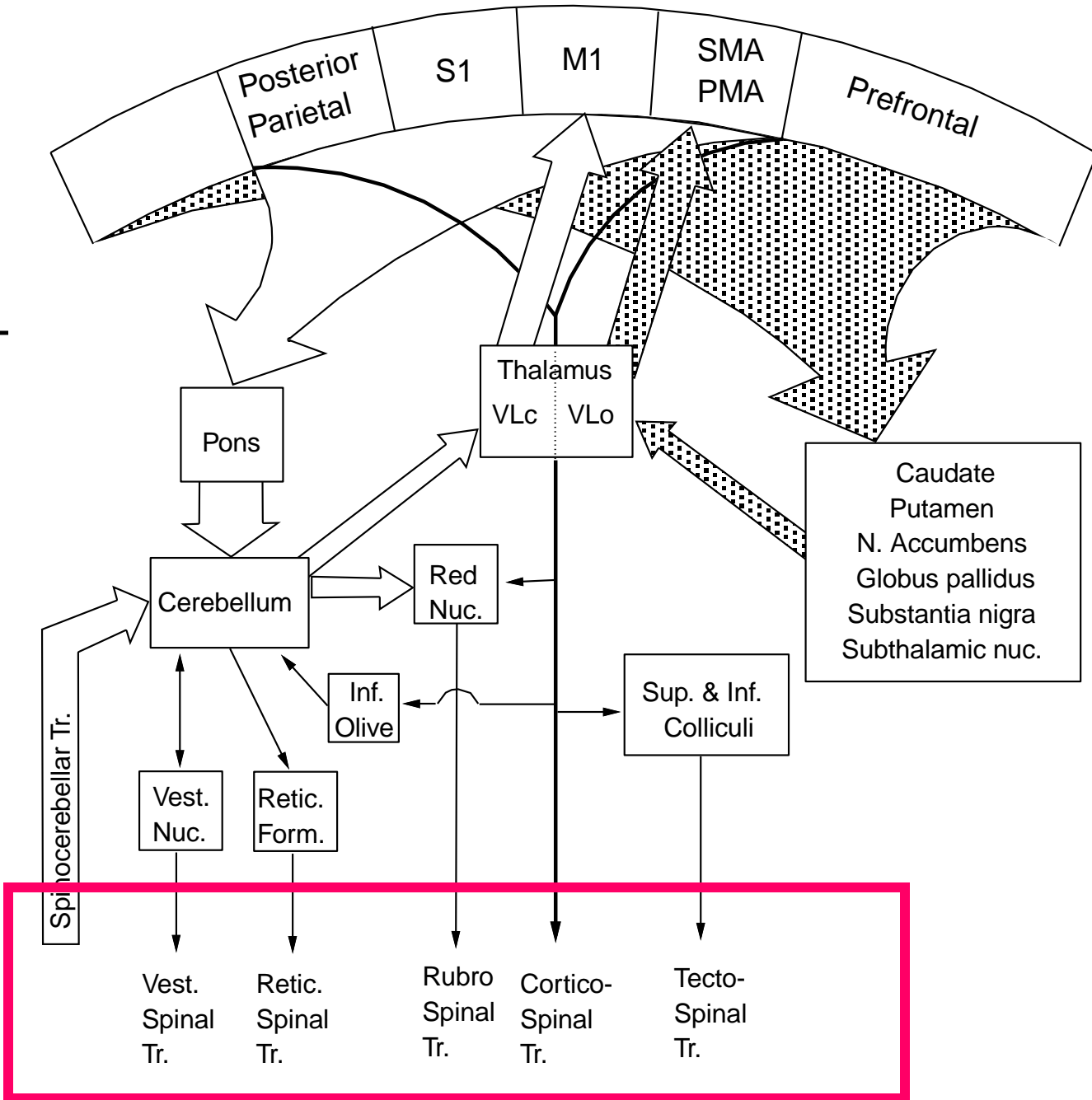


Inputs: vestibular, neck proprioceptors

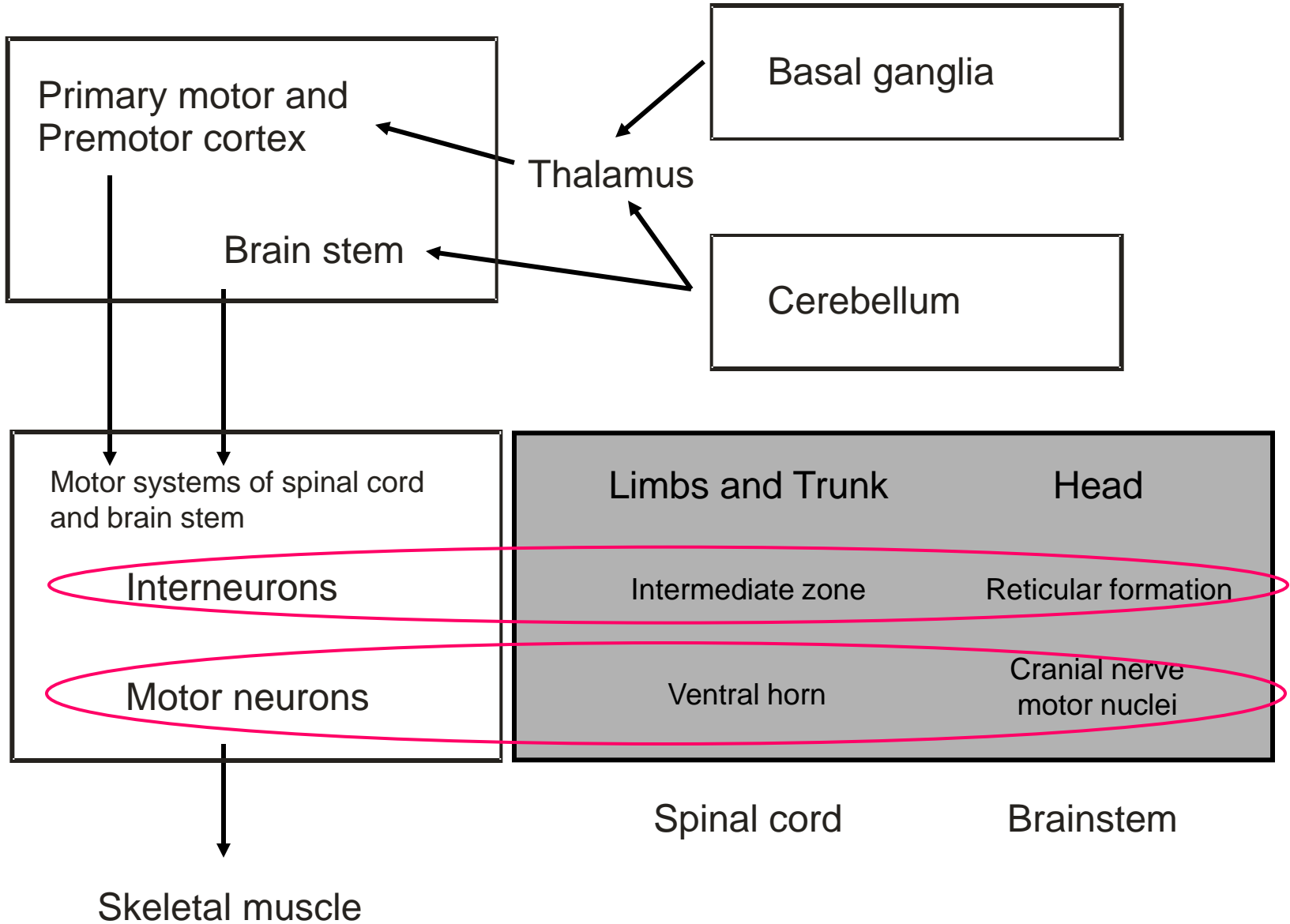
Organized by circuits of propriospinal neurons



Cerebellar Loop

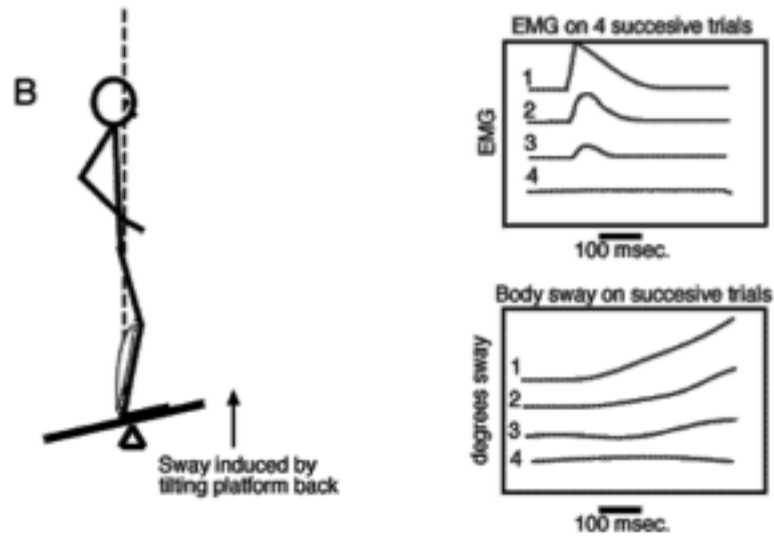
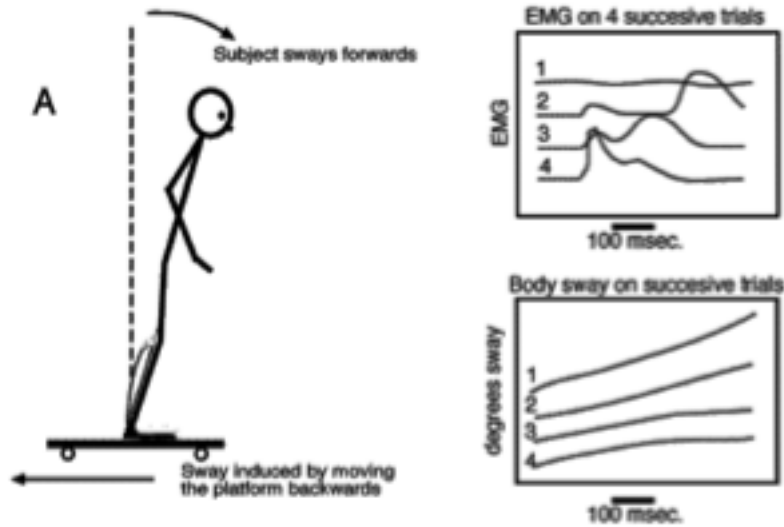


Basal Ganglia Loop



Experiments involving modulation of spinal reflexes during postural adjustment to induced body sway.

figure modified from Kandel et al. 1991, after Nashner 1976.



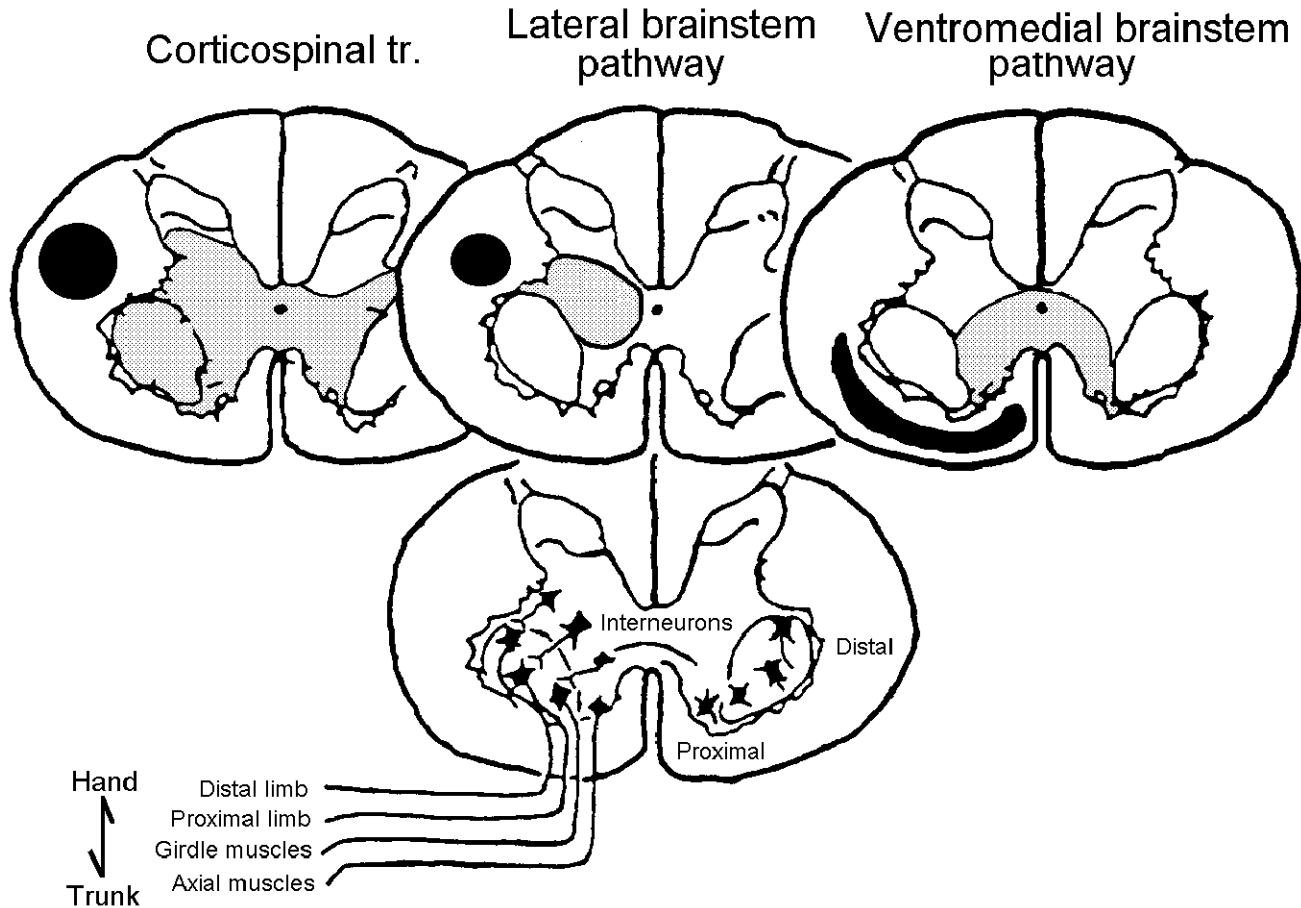




AZgallery.org

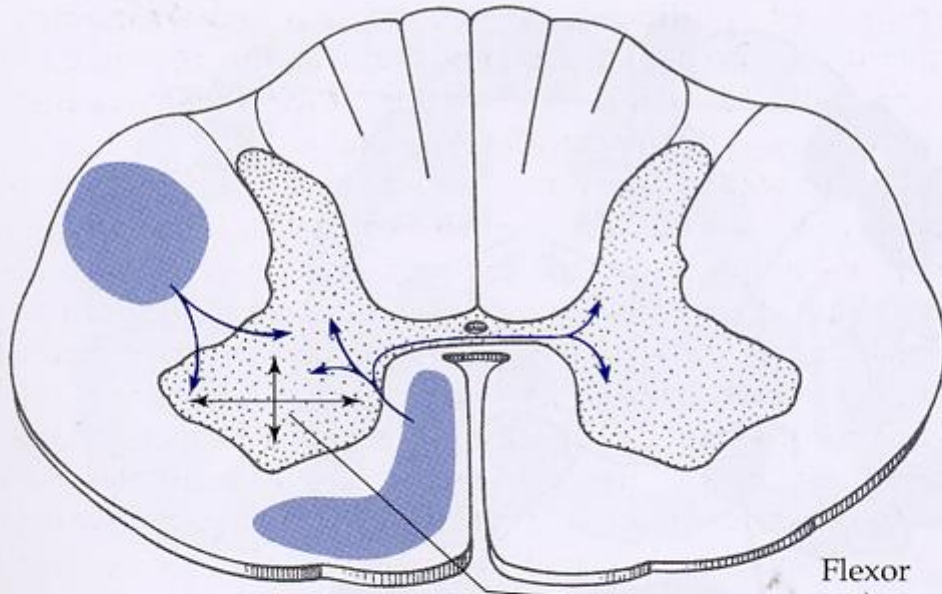
The Three Major Descending Pathways

“Upper motor neurons” “Long motor tracts”

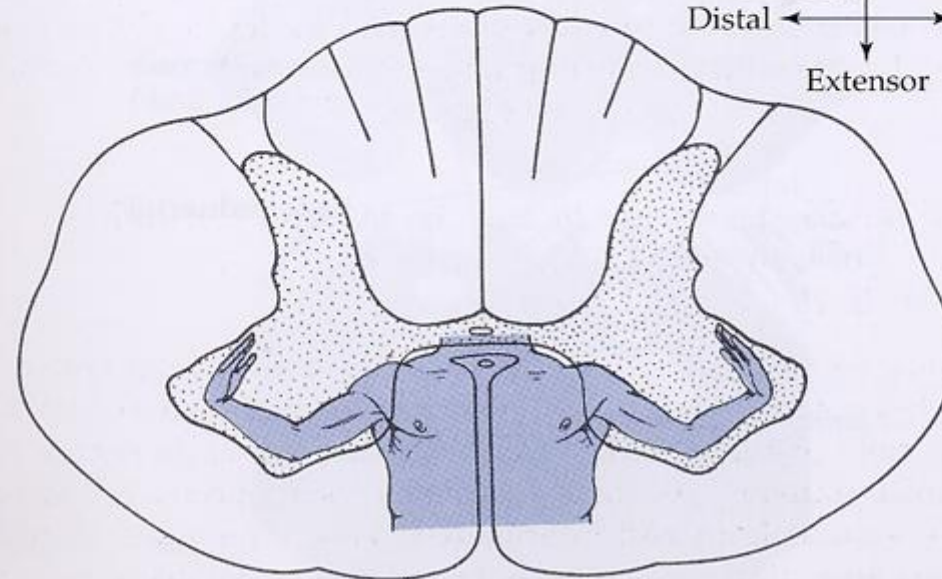


Lawrence and Kuypers

A



B

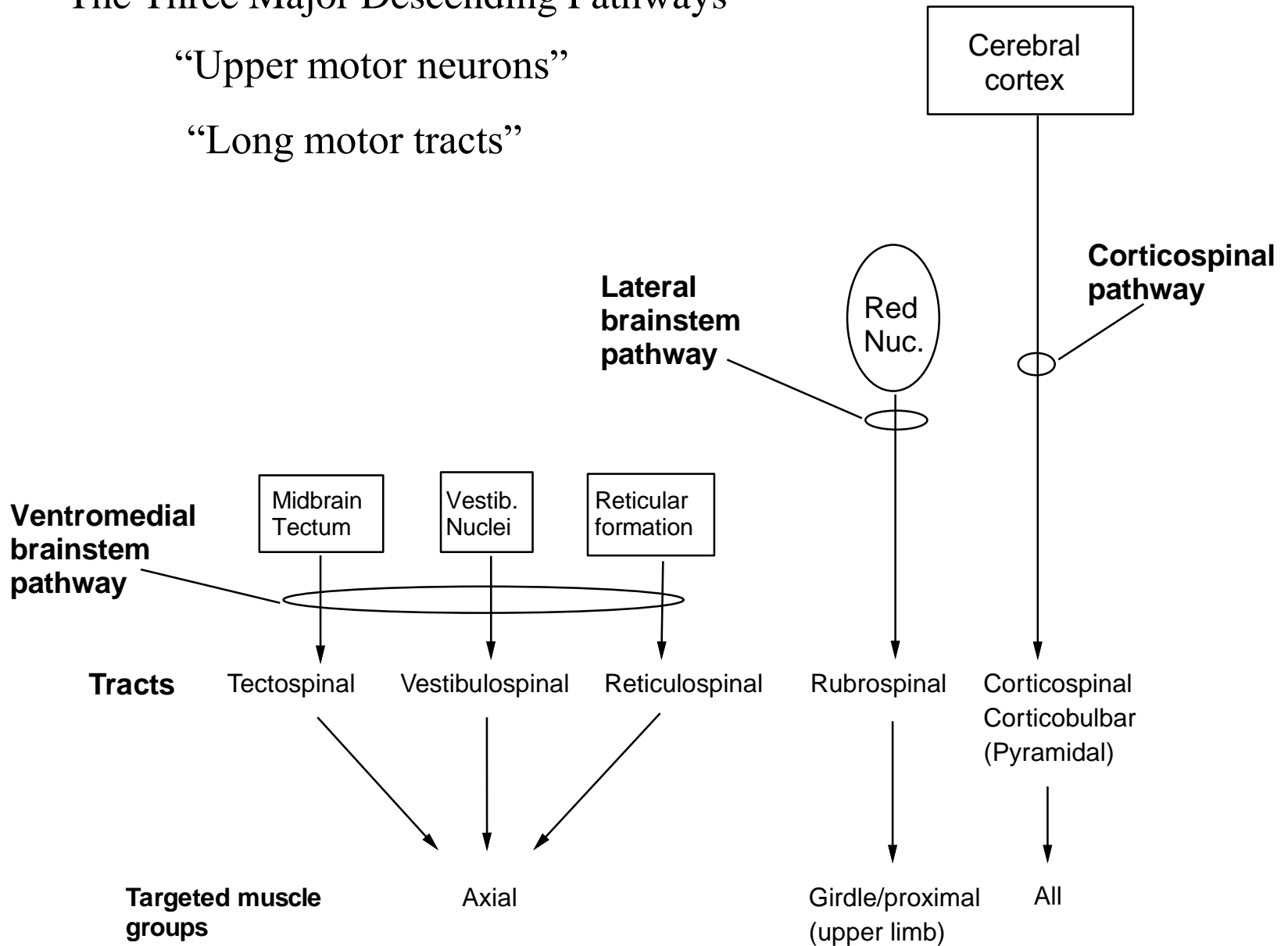


Flexor
Distal ← → Proximal
Extensor

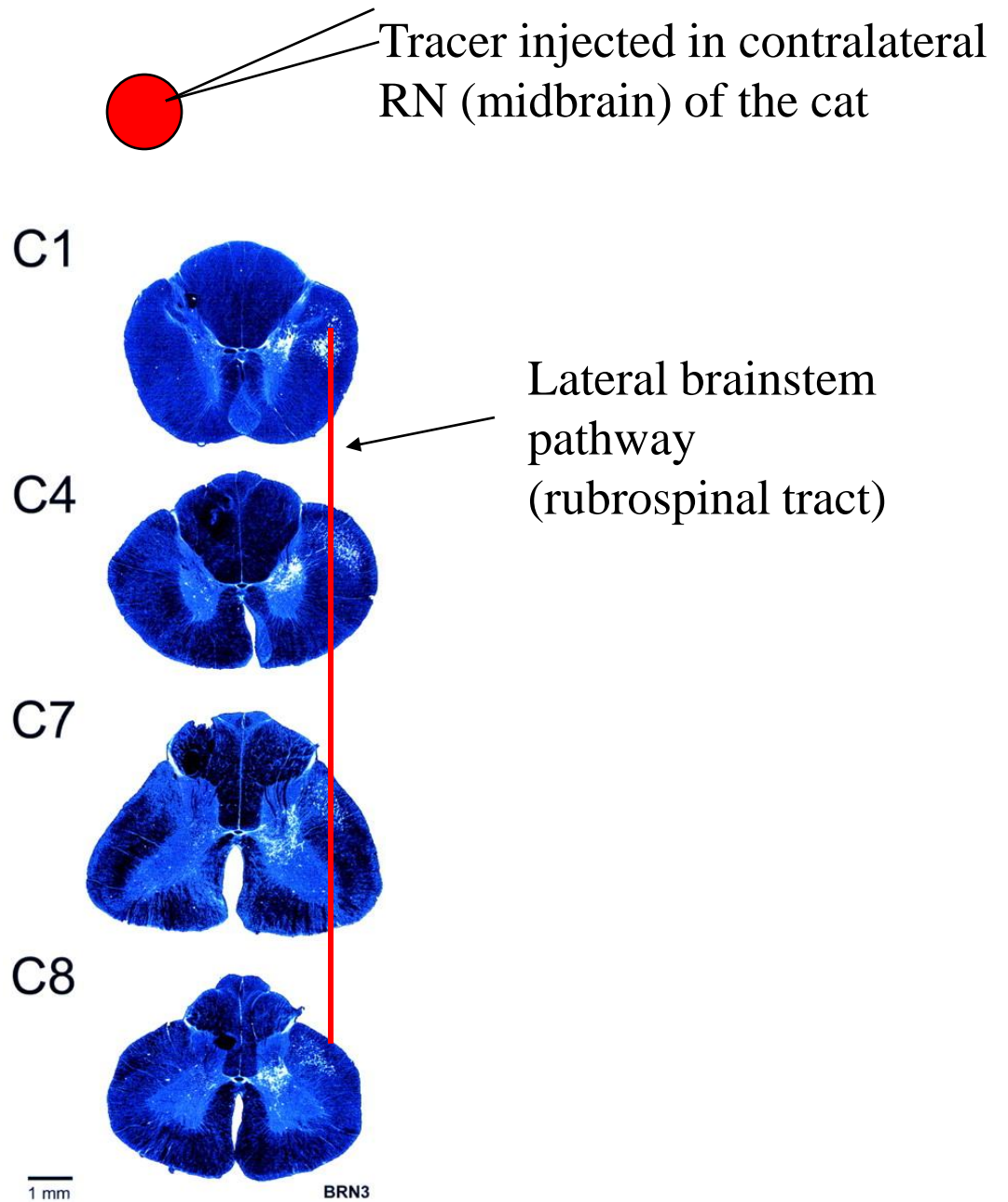
The Three Major Descending Pathways

“Upper motor neurons”

“Long motor tracts”



Spinal termination of the red nucleus



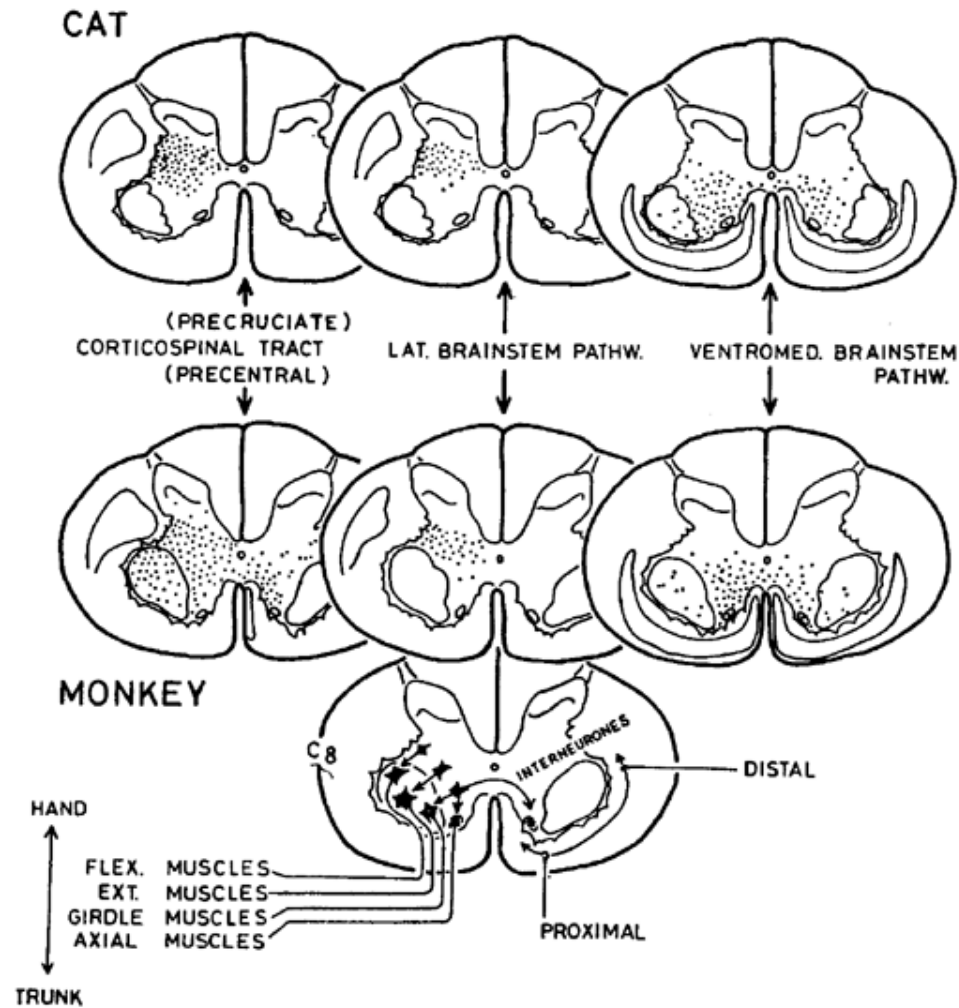


Fig. 7. Diagram of the distribution of cortical and brain-stem pathways in the spinal intermediate zone and motoneuronal cell groups in cat and rhesus monkey. Note the differences between the distributions of the cortical fibers in cat and monkey.

Ascending

Descending

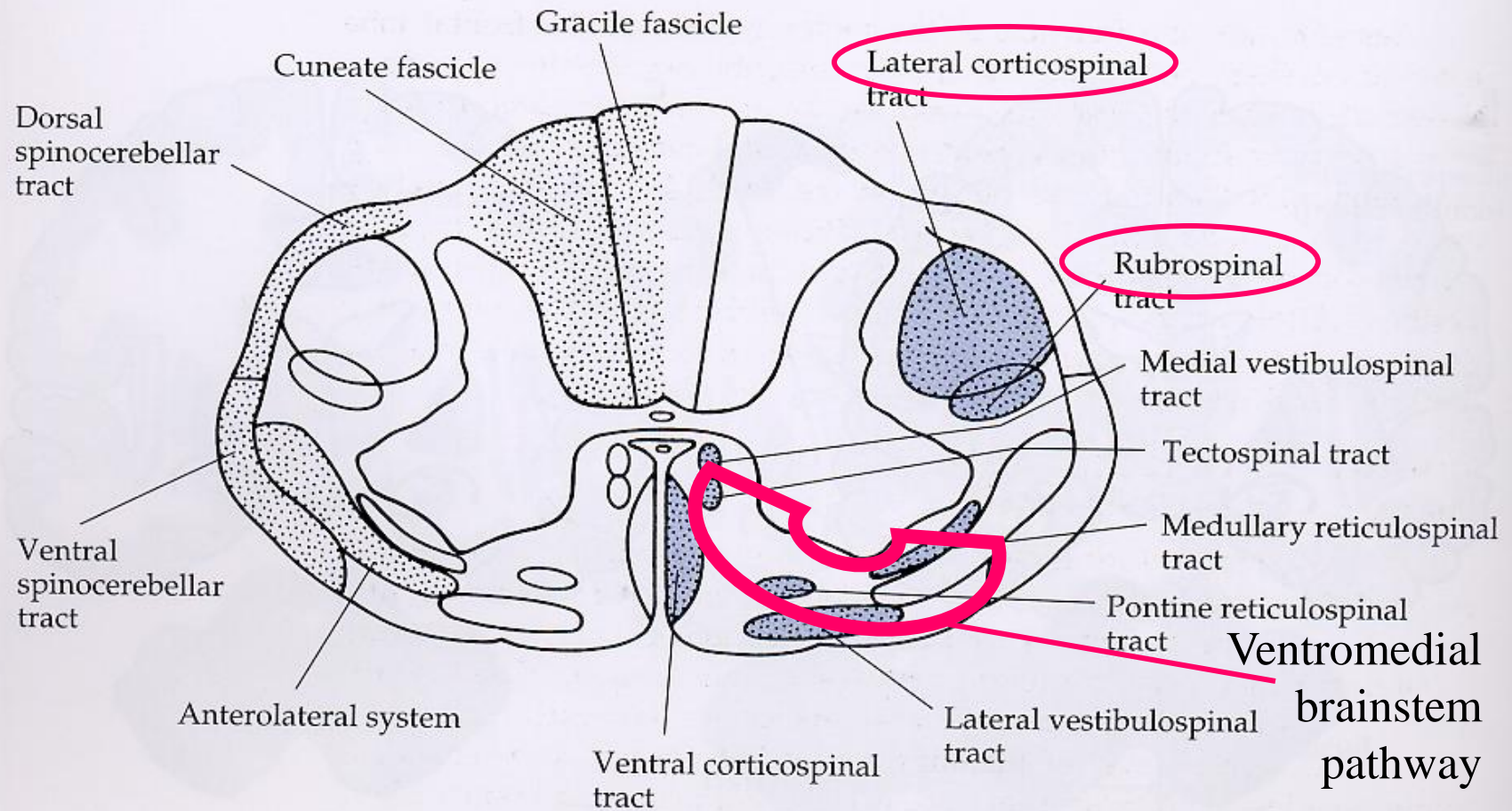
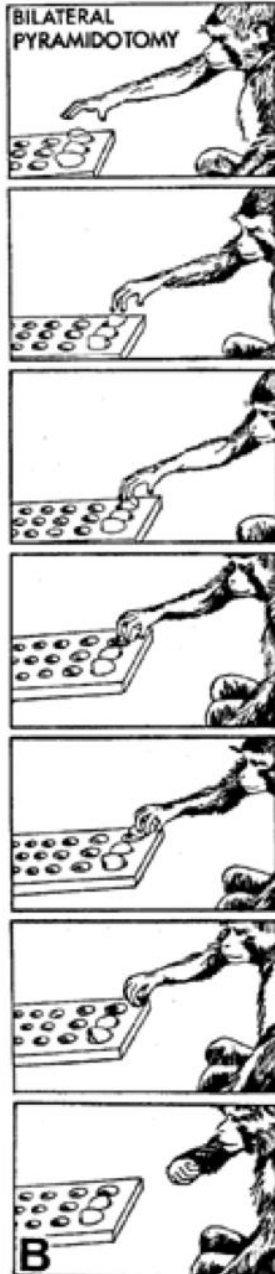


Figure 9-5. Schematic diagram of the spinal cord indicating the locations of the ascending (left) and descending (right) pathways.

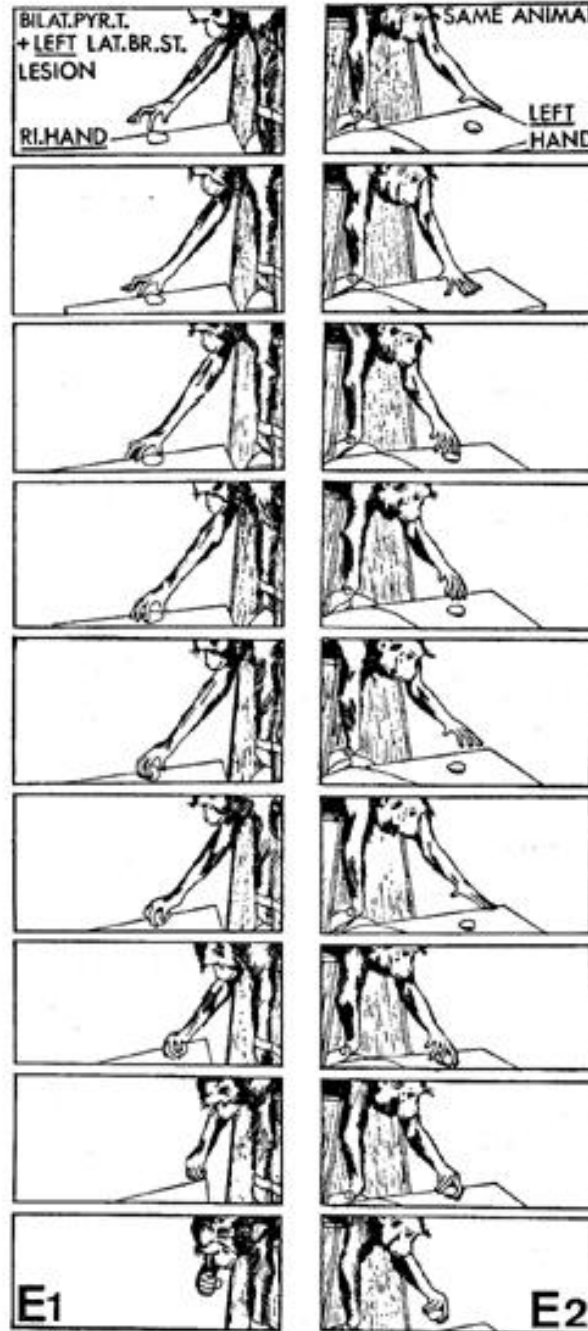


Control of trunk,
axial muscles impaired
(↓ anti-gravity posture,
difficulty righting)

Bilateral pyramidotomy
(eliminate CST input)

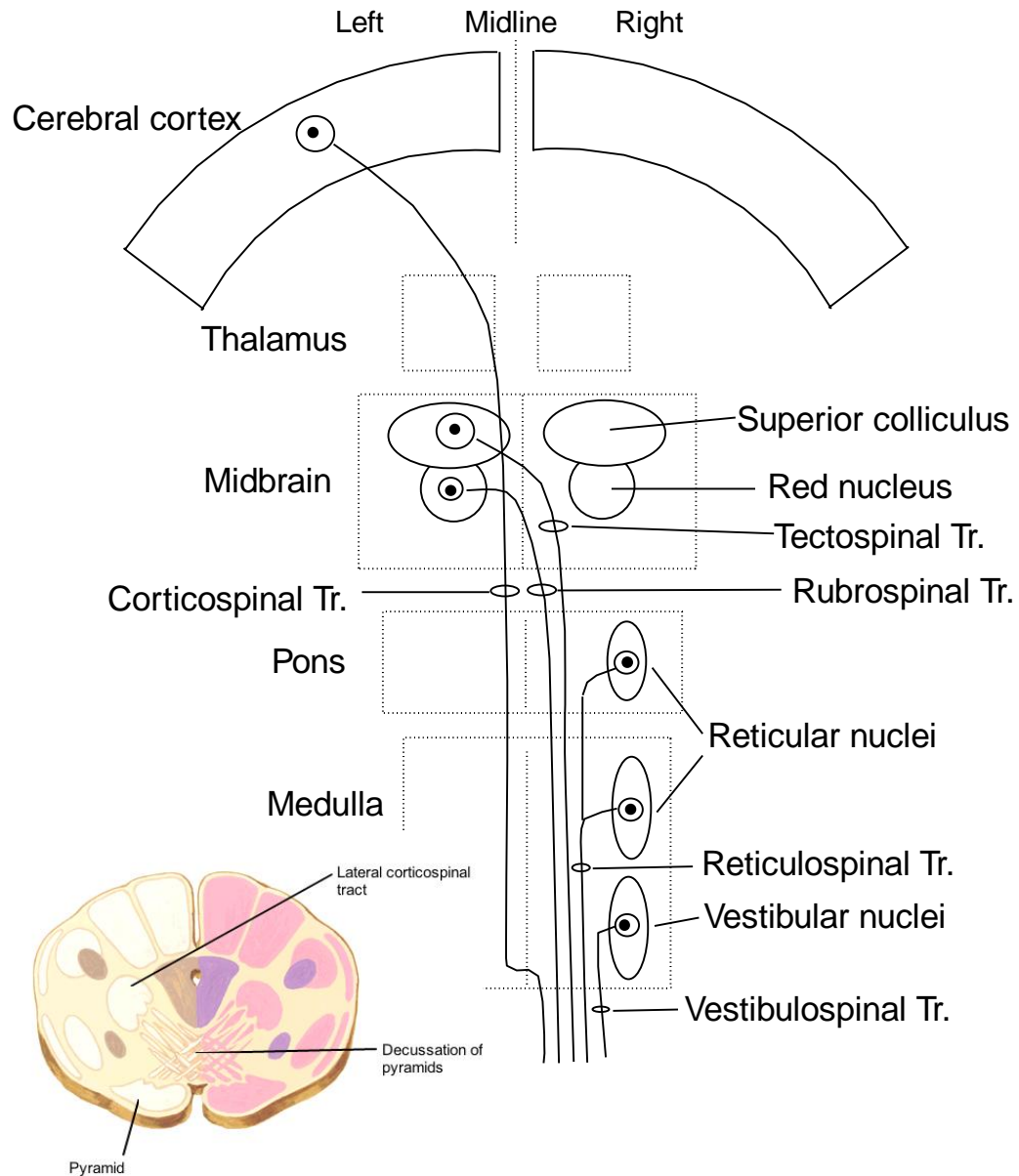
Left lateral brainstem lesion
(eliminate rubrospinal
influence on left)

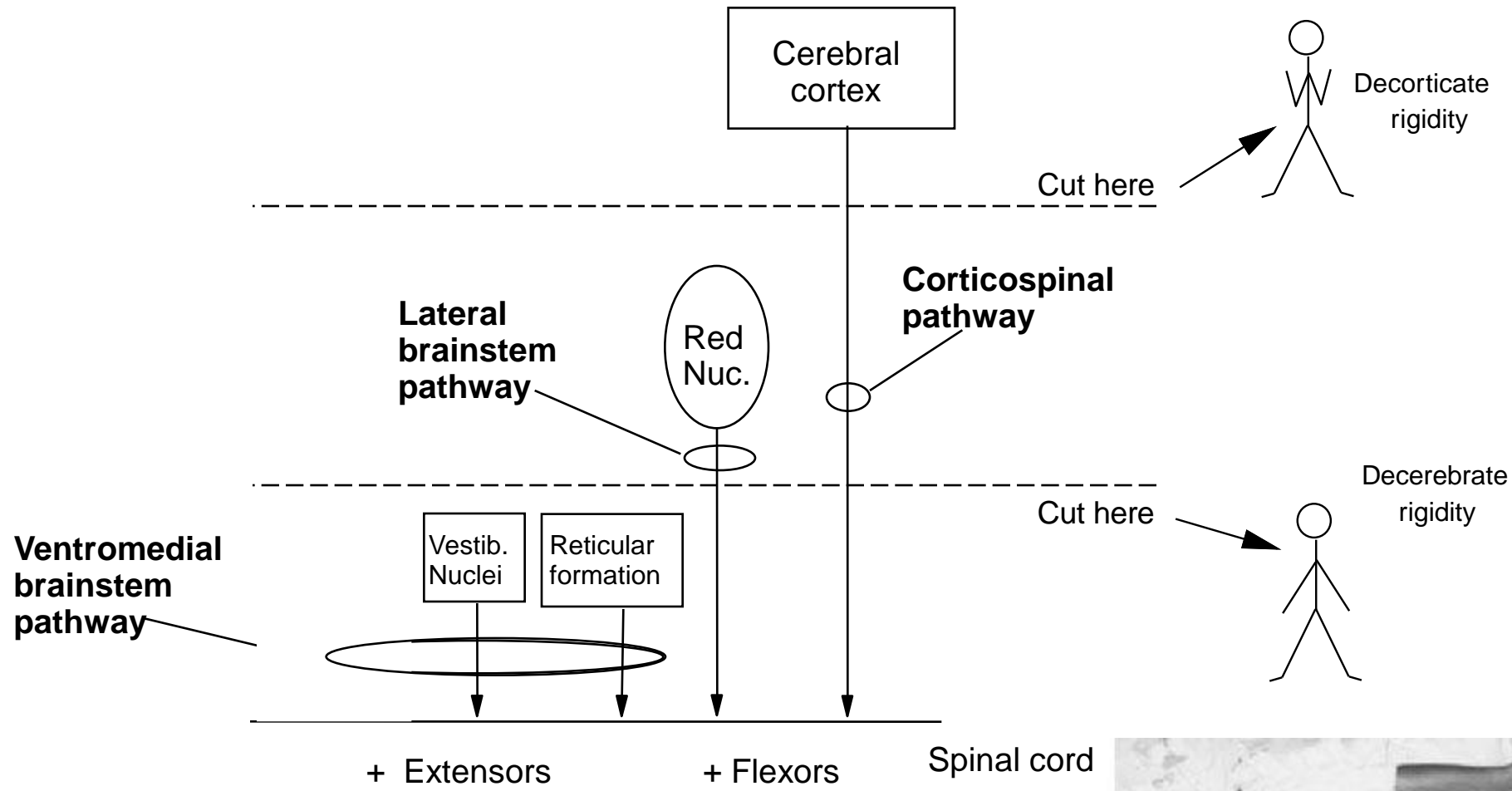
Lateral brainstem intact



Eliminate lateral brainstem

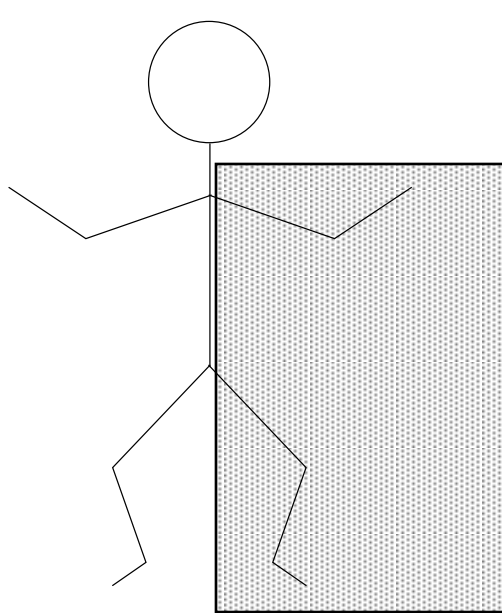
Descending Motor Pathways



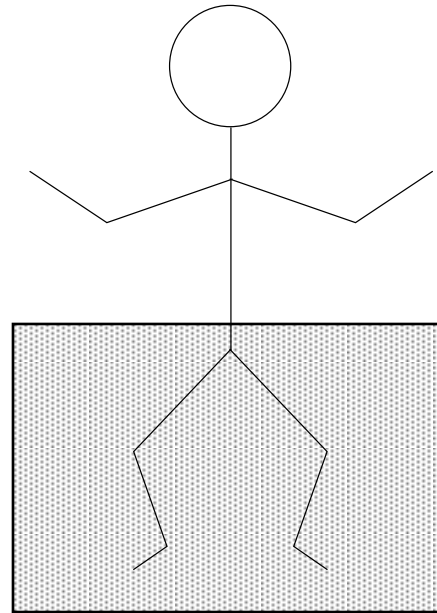


Disease of muscle, lower motor neuron \Rightarrow Flaccid Paralysis

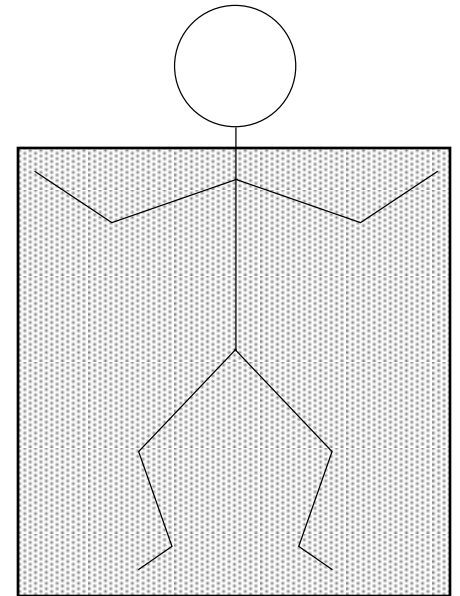
Damage to long motor tracts (UMN) \Rightarrow Spastic paralysis



Hemiplegia



Paraplegia



Quadriplegia

-plegia = paralysis

-paresis = weakness

Long Motor Tract Signs

**DISTURBANCE OF
PYRAMIDAL
FUNCTION**

Weakness

Spasticity

Hypertonia

Hyperreflexia

Clonus

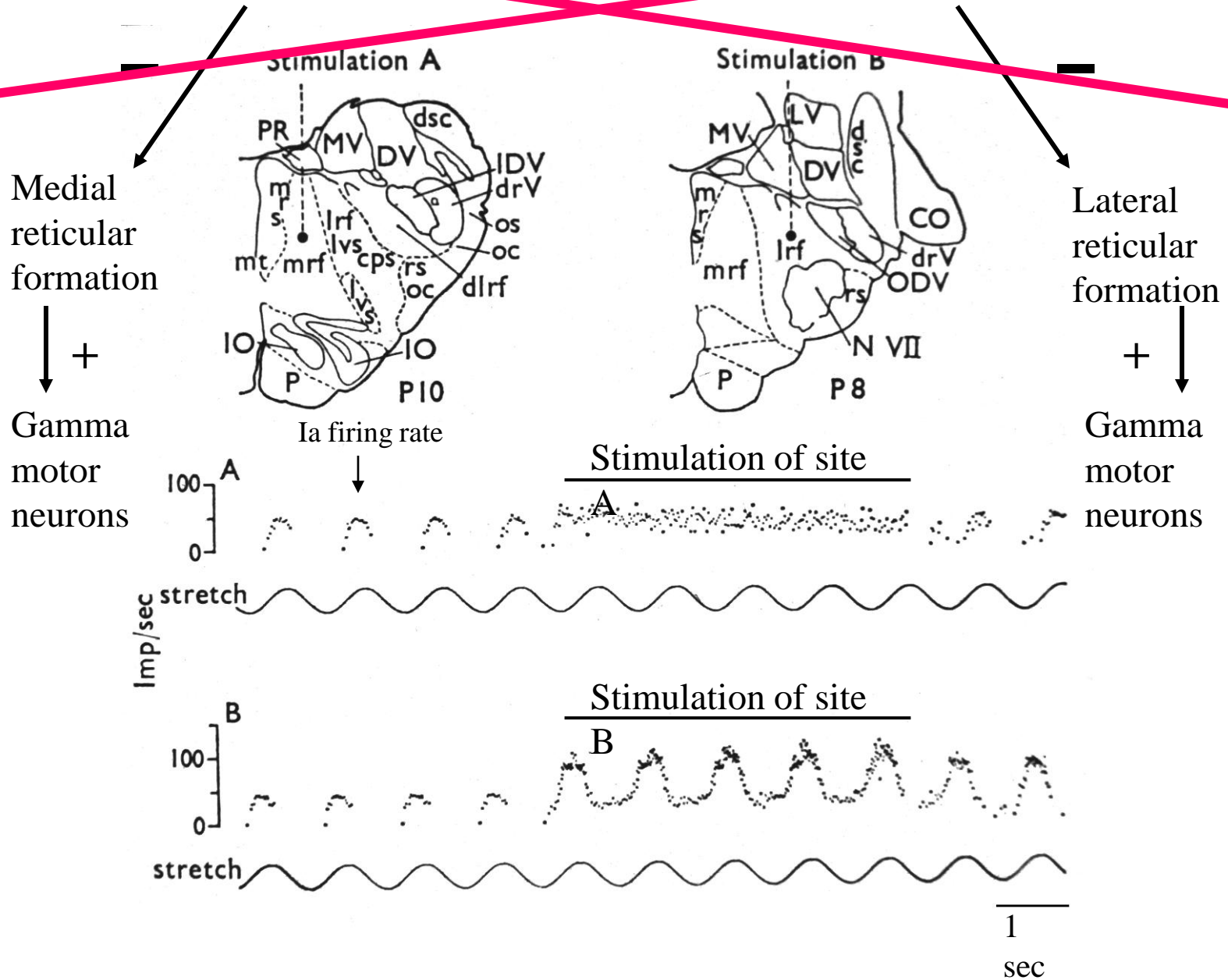
Babinski sign

Positive Babinski sign (following lesions to the pyramidal tract)



Thought to reflect a flexor withdrawal reflex that is normally suppressed by the corticospinal tract

~~Normally under cortical inhibition~~

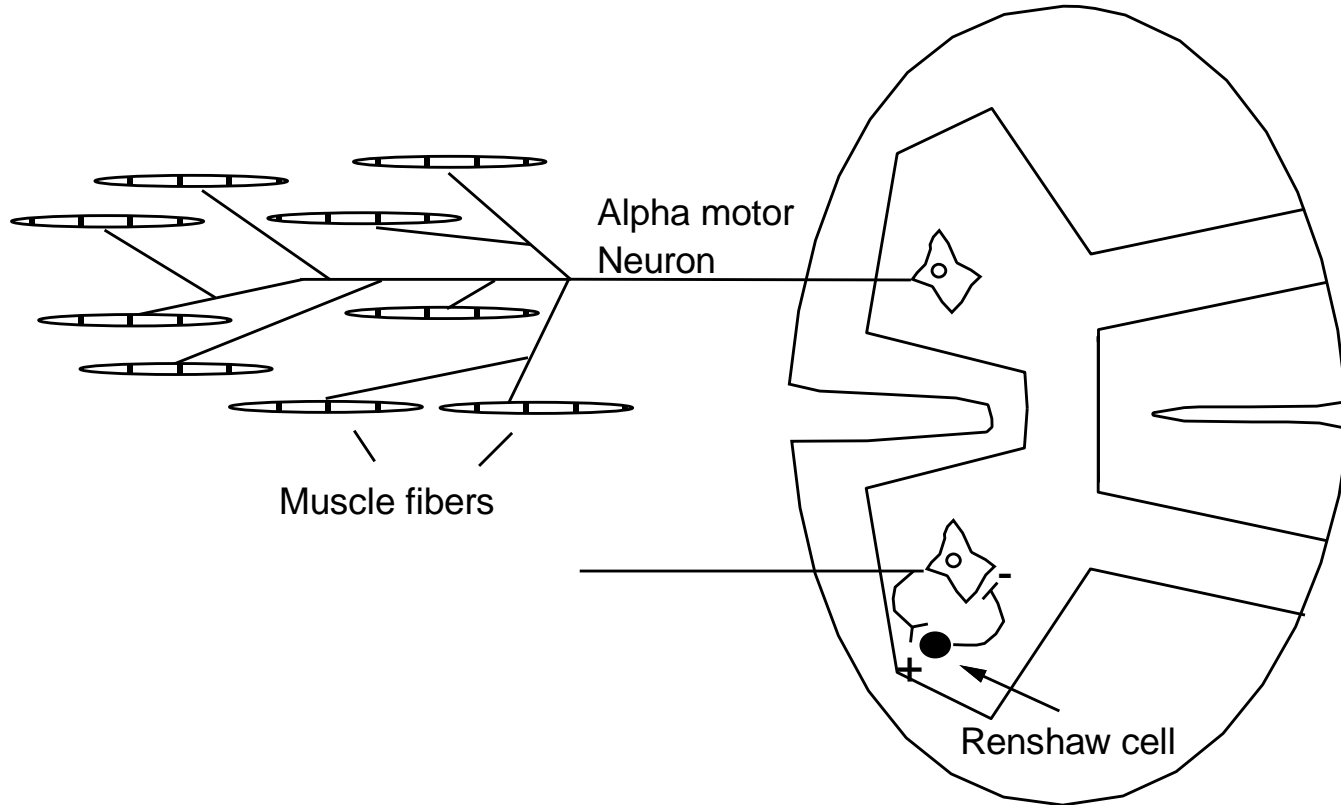


Clonus

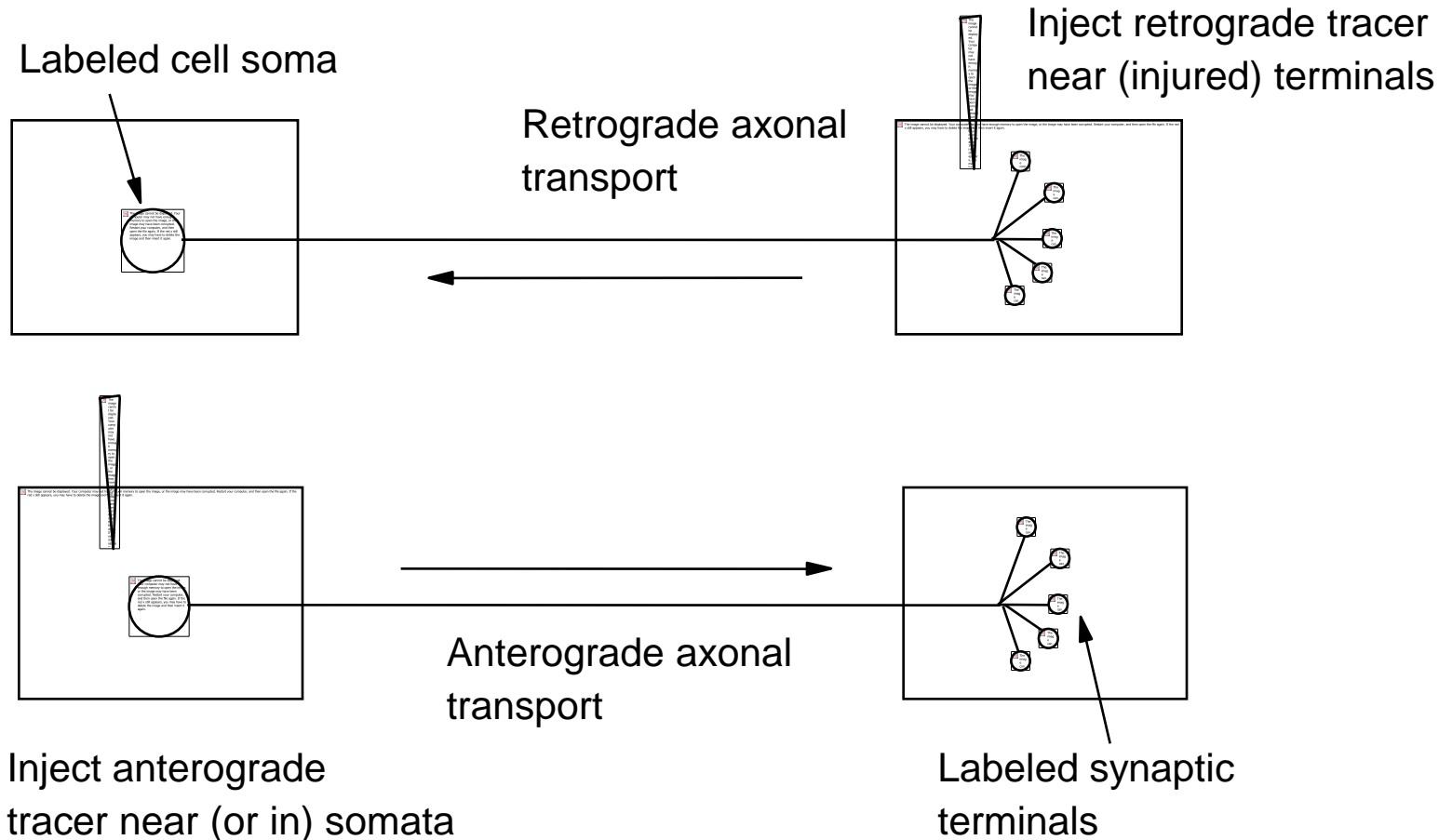


Hyperreflexia due to increased excitability of α and/or γ MN

The Motor Unit

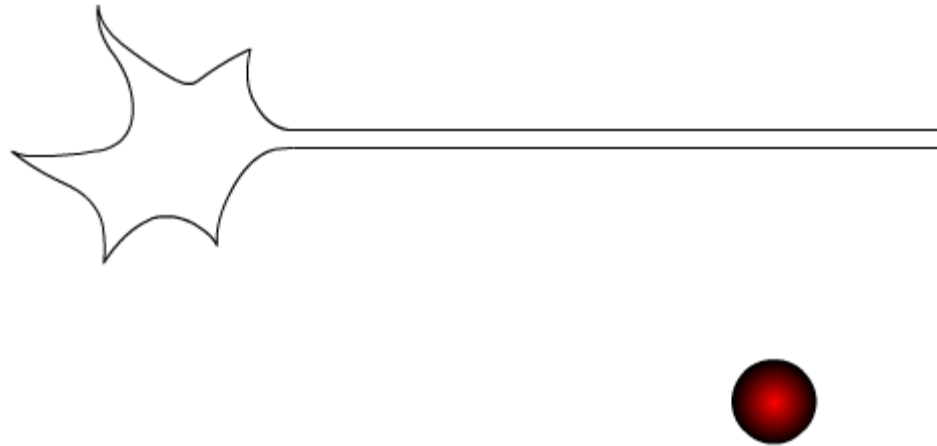


Tract Tracing With Chemical Tracers



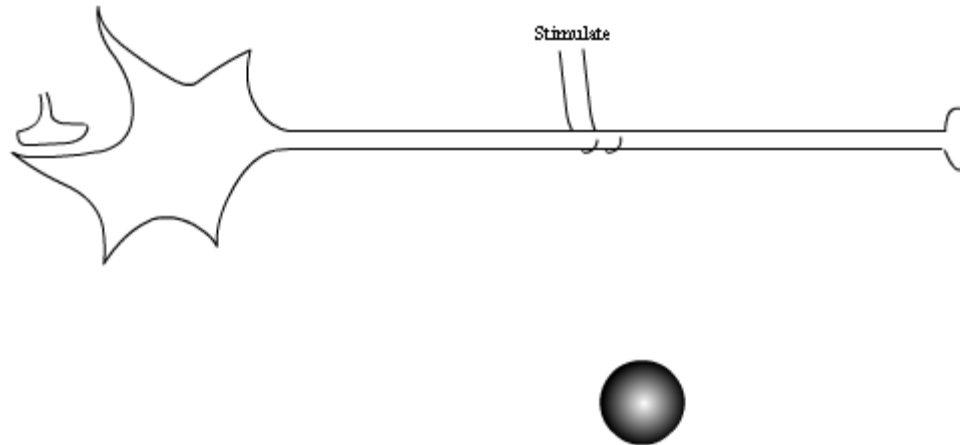
Horseradish peroxidase (and its enzymatic reaction products) travel in both the retrograde and anterograde directions

Electrophysiological Tract Tracing

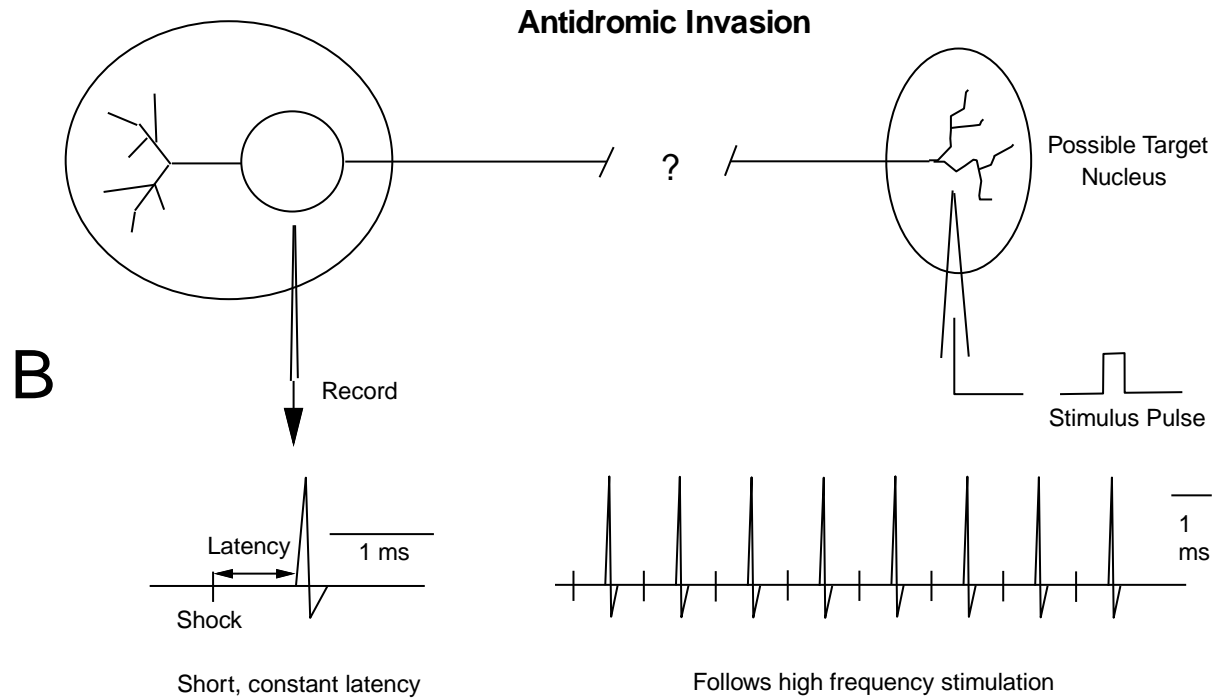
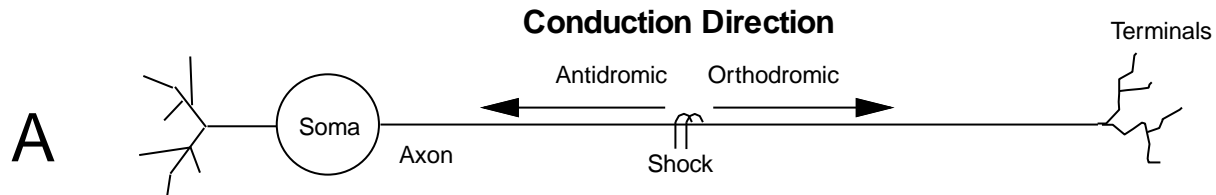


Orthodromic Conduction

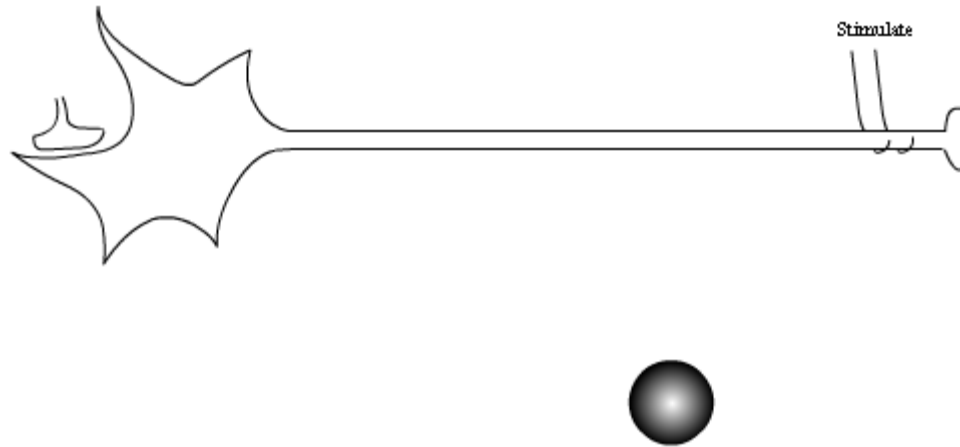
Antidromic and Orthodromic Spikes



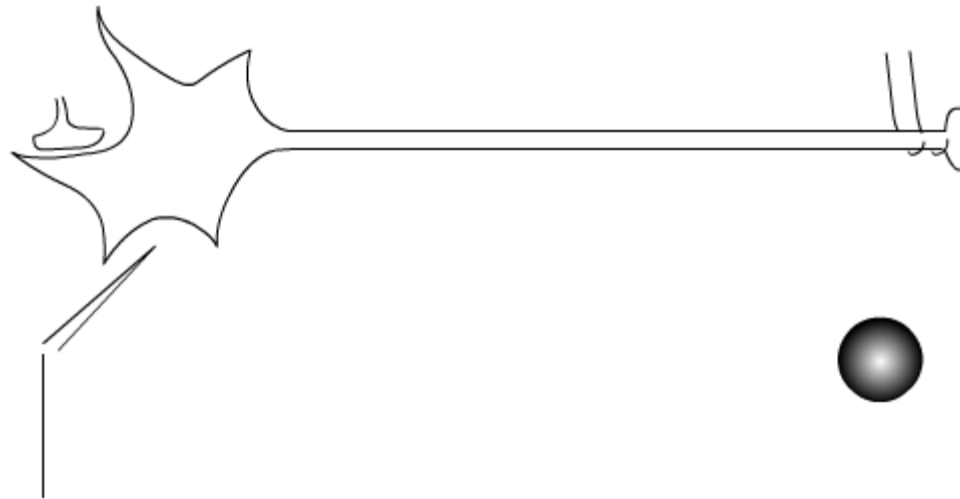
Tract Tracing by A/D Invasion



Collision

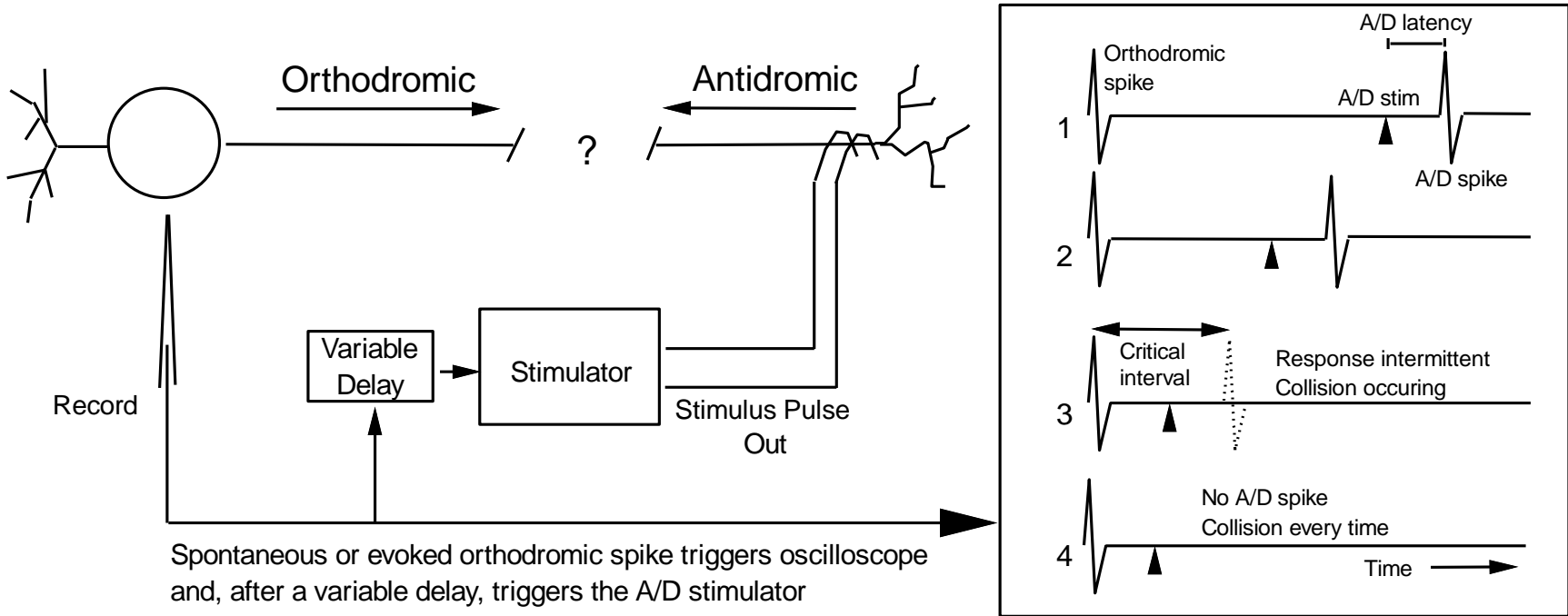


The Critical Interval Test



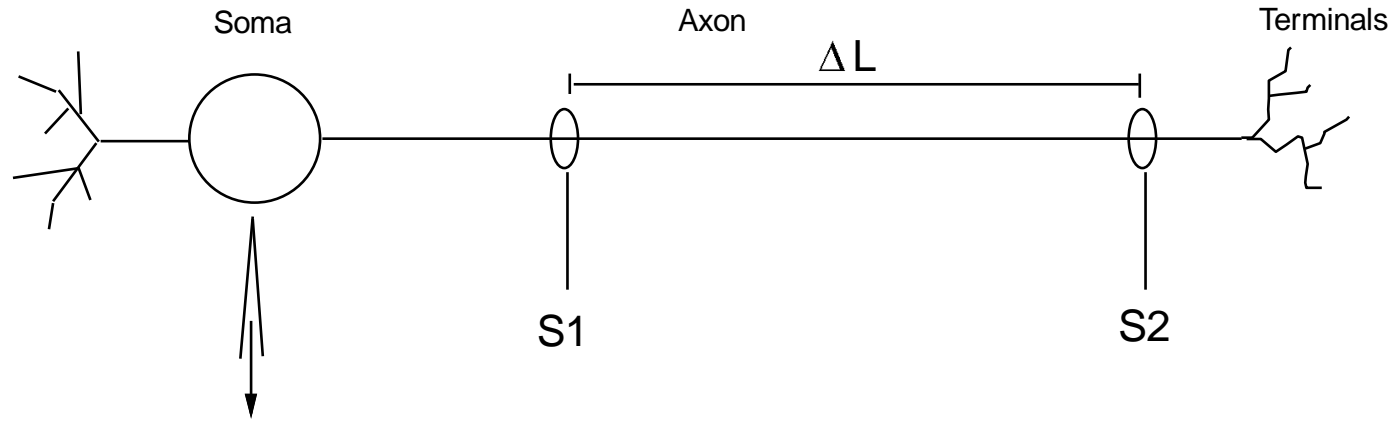
Oscilloscope Trace

Collision Test

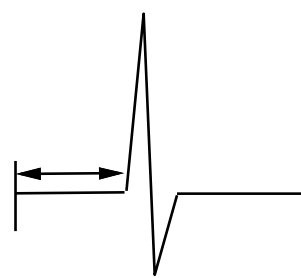


Oscilloscope

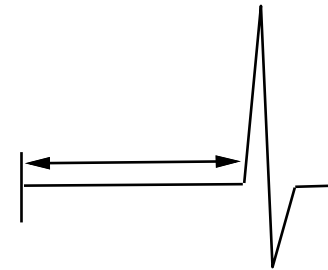
Measurement of Conduction Velocity



Record



A/D Latency 1



A/D Latency 2

$$\Delta T = \text{Lat. 2} - \text{Lat. 1}$$

$$\text{Conduction Velocity} = \frac{\Delta L}{\Delta T}$$