

## Stretch Reflex & Golgi Tendon Reflex

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# NeuroPsychiatry Block

## Chapter 55

### Motor Functions of the Spinal Cord, The cord Reflexes

(Guyton & Hall)

## Chapter 3

### Neurophysiology

(Linda Costanzo)

# Objectives

By the end of this lecture students are expected to:

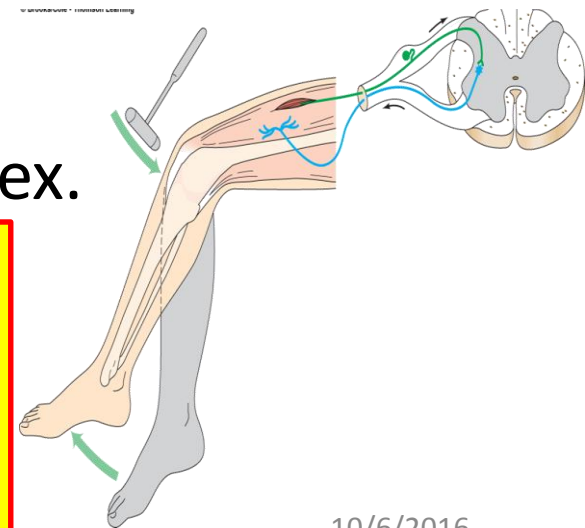
- Describe the components of stretch reflex and Golgi tendon reflex
- Differentiate between the functions of muscles spindles and Golgi tendon organ
- Explain the roles of **alpha** and **gamma** motor neurons in the stretch reflex
- Discuss the spinal and supraspinal regulation of the stretch reflex

# What is a Stretch Reflex?

- It is a **monosynaptic** reflex (also known as **myotatic** reflex)
- Is a **reflex contraction** of muscle resulting from stimulation of the **muscle spindle (MS)** by **stretching** the whole muscle
- **Muscle spindle** is the sensory receptor that detects change in muscle length
- The classic example of the stretch reflex is the **patellar-tendon** or **knee jerk** reflex.

## What is the significance of stretch reflexes?

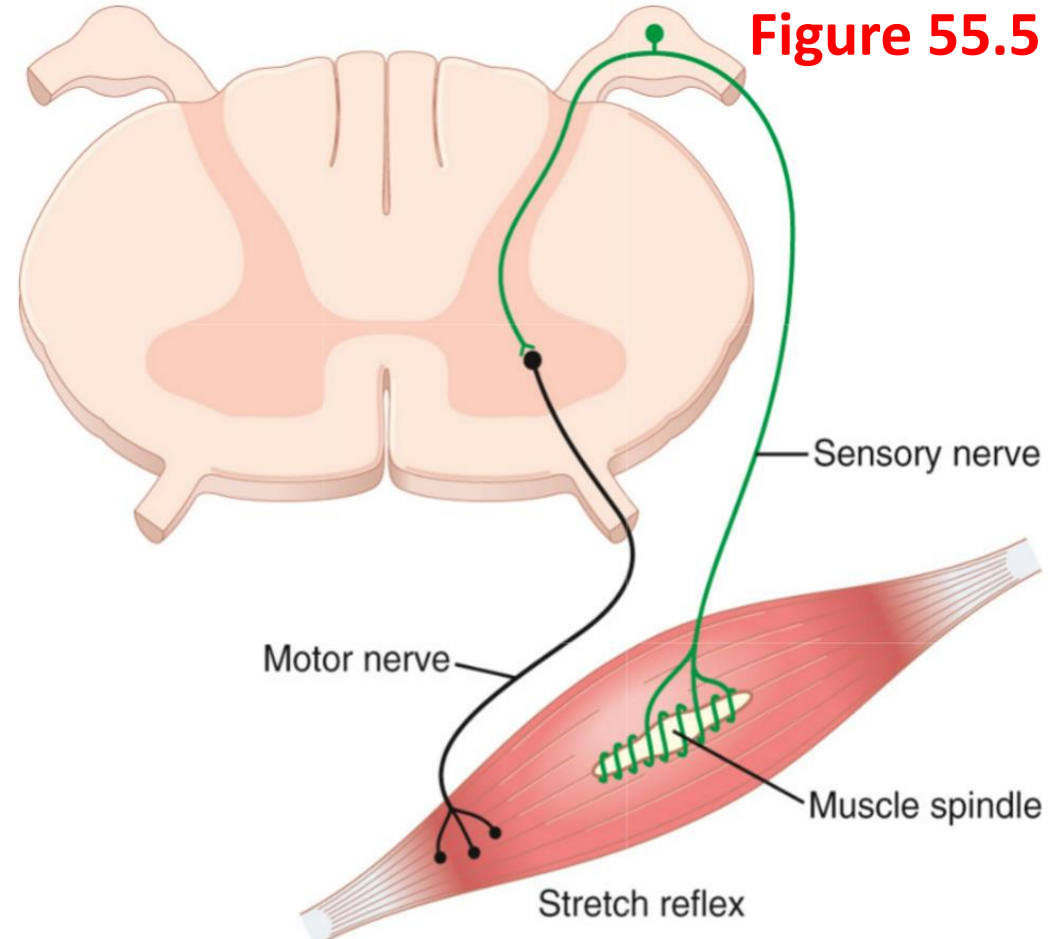
- They help maintain a normal posture
- They function to **oppose sudden changes in muscle length**



# Components of the Stretch Reflex Arc

Stretch reflex is a deep monosynaptic reflex and its components are:

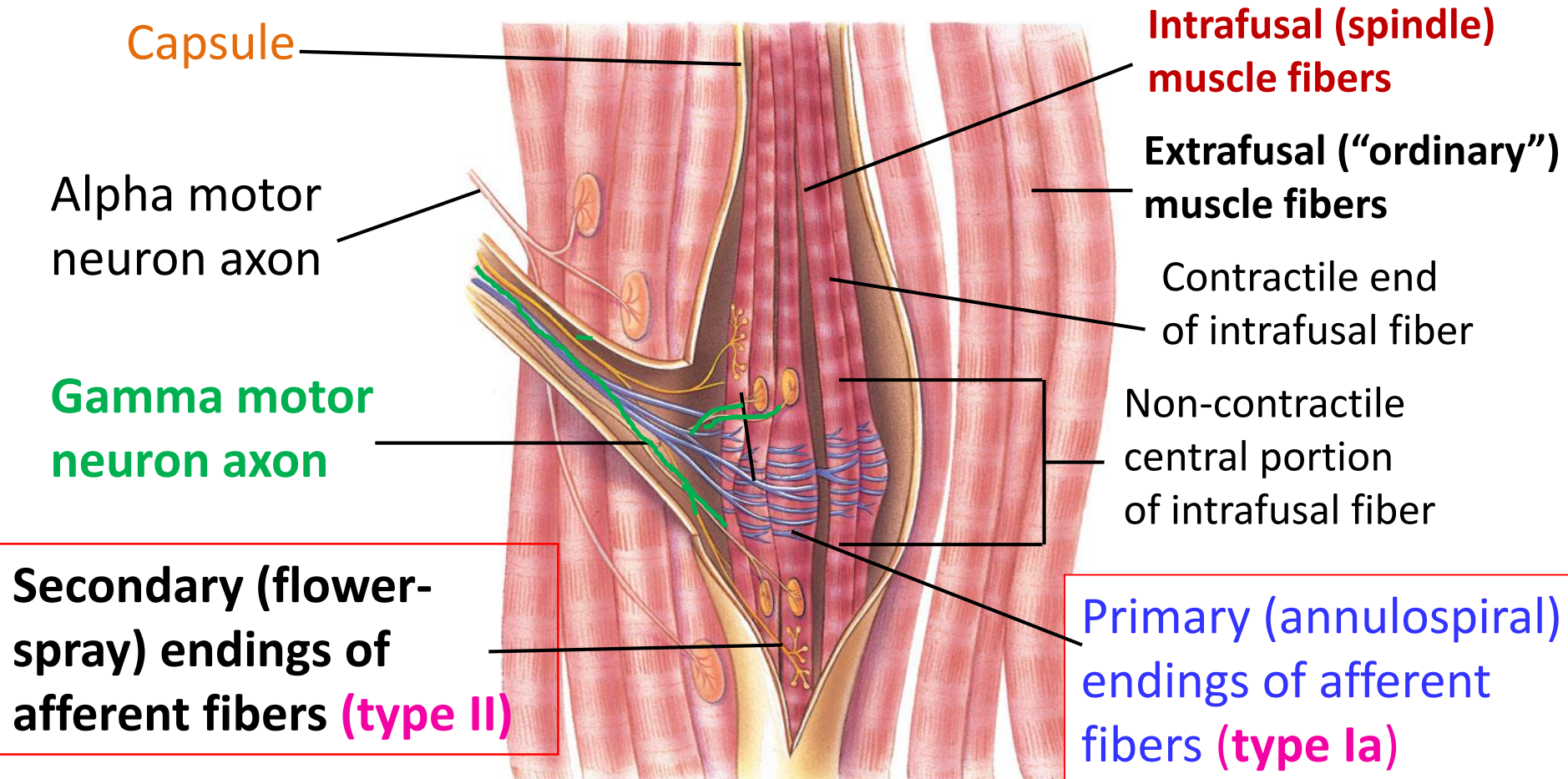
1. Sensory receptor (**muscle spindles**)
2. Sensory neuron (**group Ia and group II afferents**)
3. Integrating center (**spinal cord**)
4. Motor neurons ( **$\alpha$ - and  $\gamma$ -spinal motor neurons**)
5. Effector (**the same muscle (homonymous) of muscle spindles**)



This reflex is the simplest; it involves only 2 neurons & one synapse,

# Structure of Muscle Spindles-1

- Distributed throughout the belly of the muscle
- Consists of 3-12 small **intrafusal fibers** within a capsule
- Each intrafusal fiber has a central (non-contractile) area (**receptor**), and a contractile area on each side.



# Structure of Muscle Spindles-2

Muscle spindle has 2 types of intrafusal fibres:

**1-Nuclear bag fibres:**(2-3 per spindle); have muscle fiber nuclei arranged in the central area (**bag**)

**2-Nuclear chain fibres:**(3-9 per spindle); thinner/shorter and have nuclei aligned in a chain

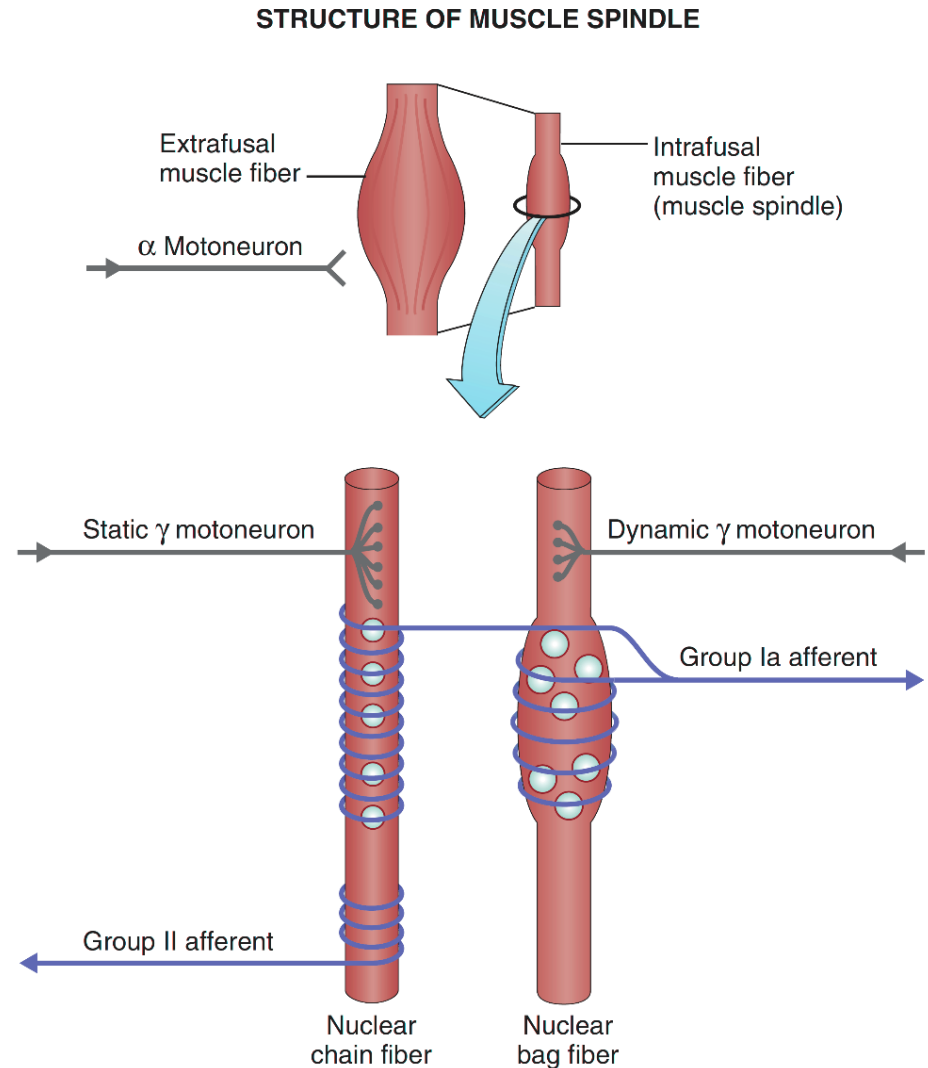


Figure 3-31 (Costanzo)



# Innervation of the Muscle Spindle

Muscle spindle has **Afferent & Efferent** nerve fibers

## A. Muscle Spindle **A**fferents:

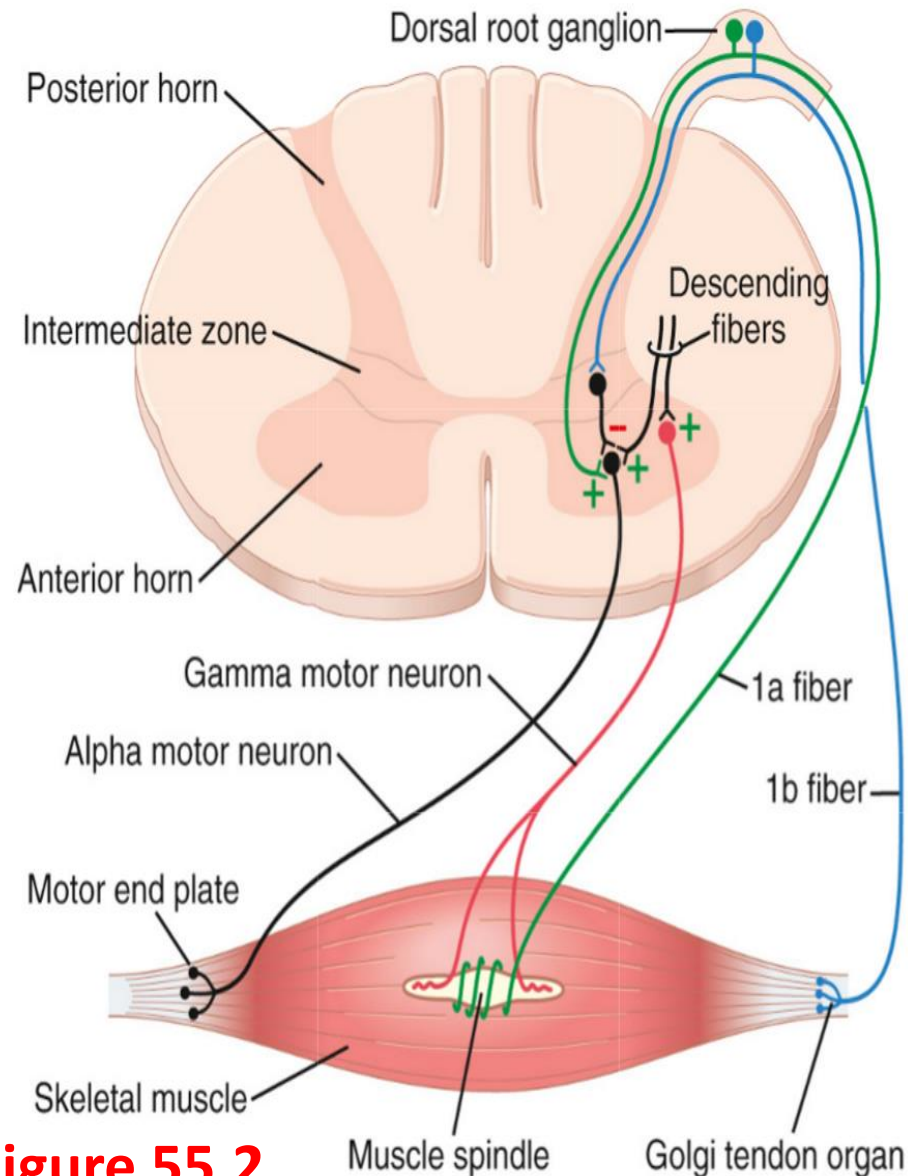
- Central receptor area of the intrafusal fibres is supplied by **2 types** of afferent fibres:

- **Group Ia**
- **Group II**

- They terminate directly on  **$\alpha$ -motor neurons** supplying the extra-fusal fibers of the same (**homonymous**) muscle.

## B. Muscle Spindle **E**fferents:

- Gamma ( $\gamma$ -) motor neurons**



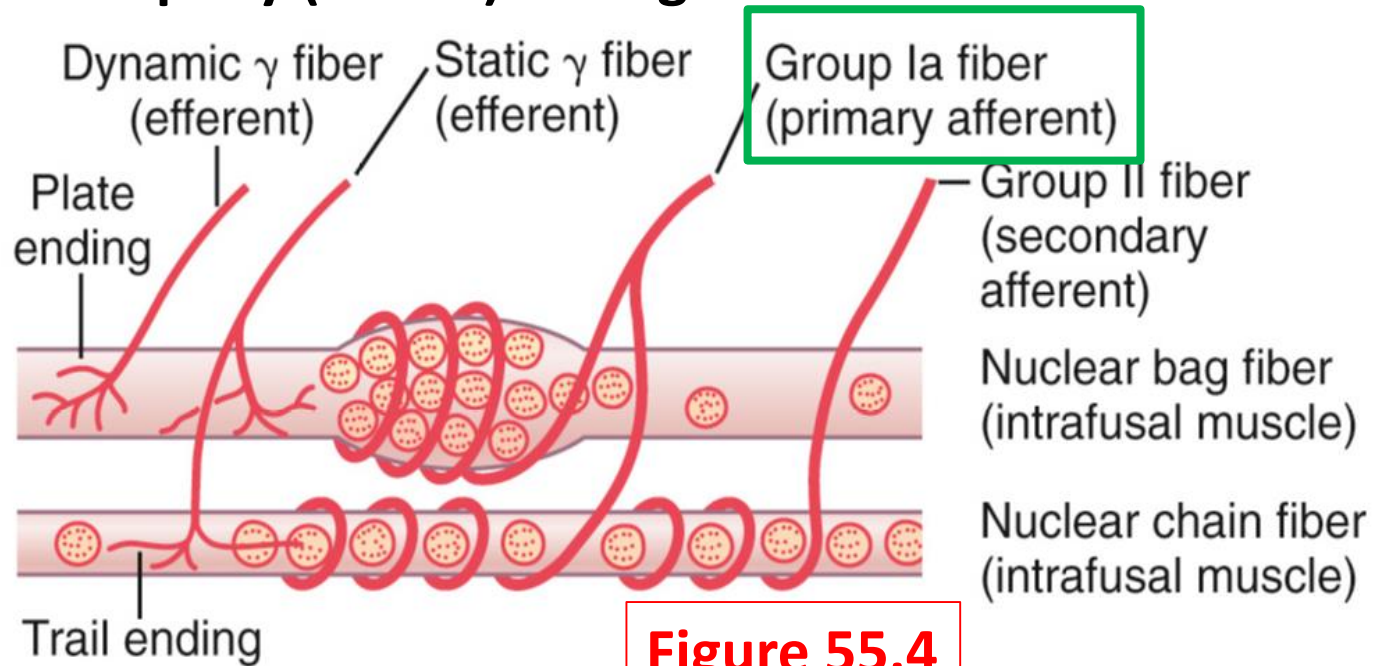
**Figure 55.2**



# 1. Afferent Innervation: Group Ia

- Group Ia endings encircle receptor areas of nuclear bag fibers **mainly**, but also nuclear chain fibres
- Send sensory signals to the CNS at the highest conduction velocity of **70 to 120 m/sec**
- Discharge **most rapidly** if the muscle is suddenly stretched (**dynamic response**) and less rapidly (**or not**) during sustained stretch

- They signal the rate or velocity of change in muscle length

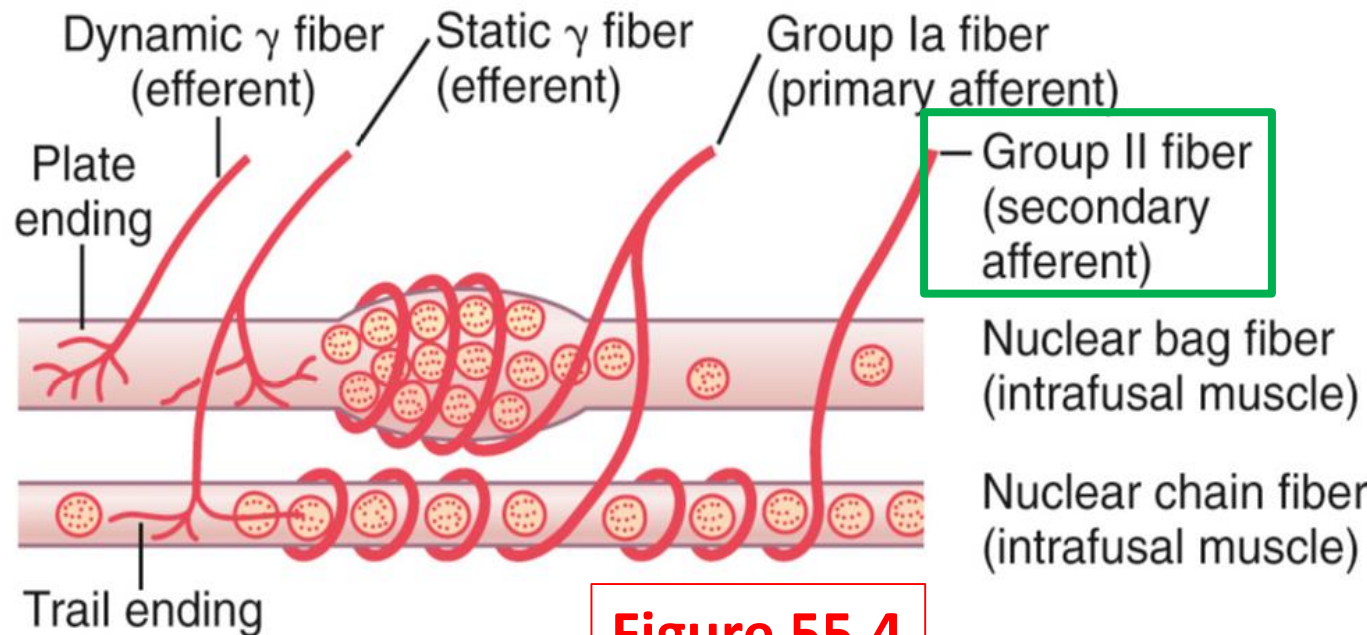


**Figure 55.4**

# 2. Afferent Innervation: Group II

- They innervate the central area of the **nuclear chain fibres**, **but not the nuclear bag fibers**
- They are thinner and slower than group Ia fibers
- Discharge throughout the period of muscle stretch (**static response**)

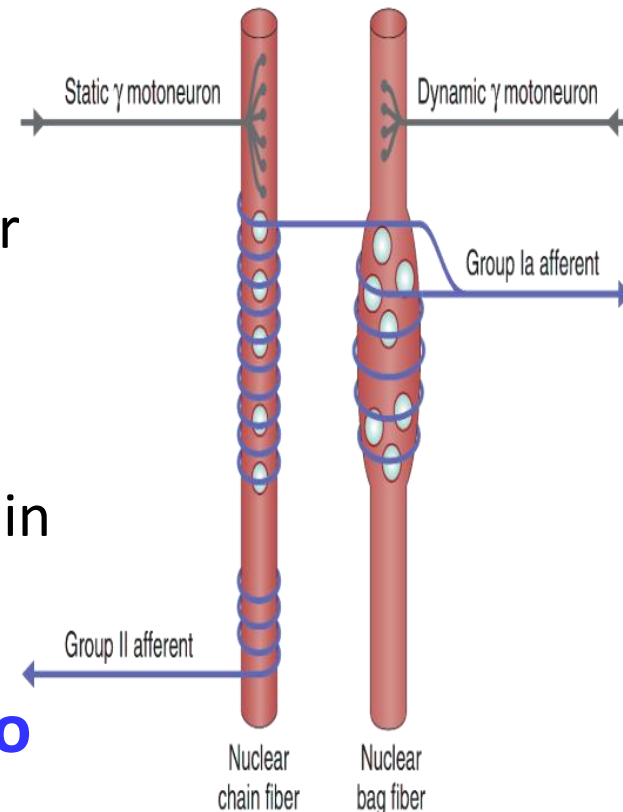
**Group II afferents signal mainly muscle length**

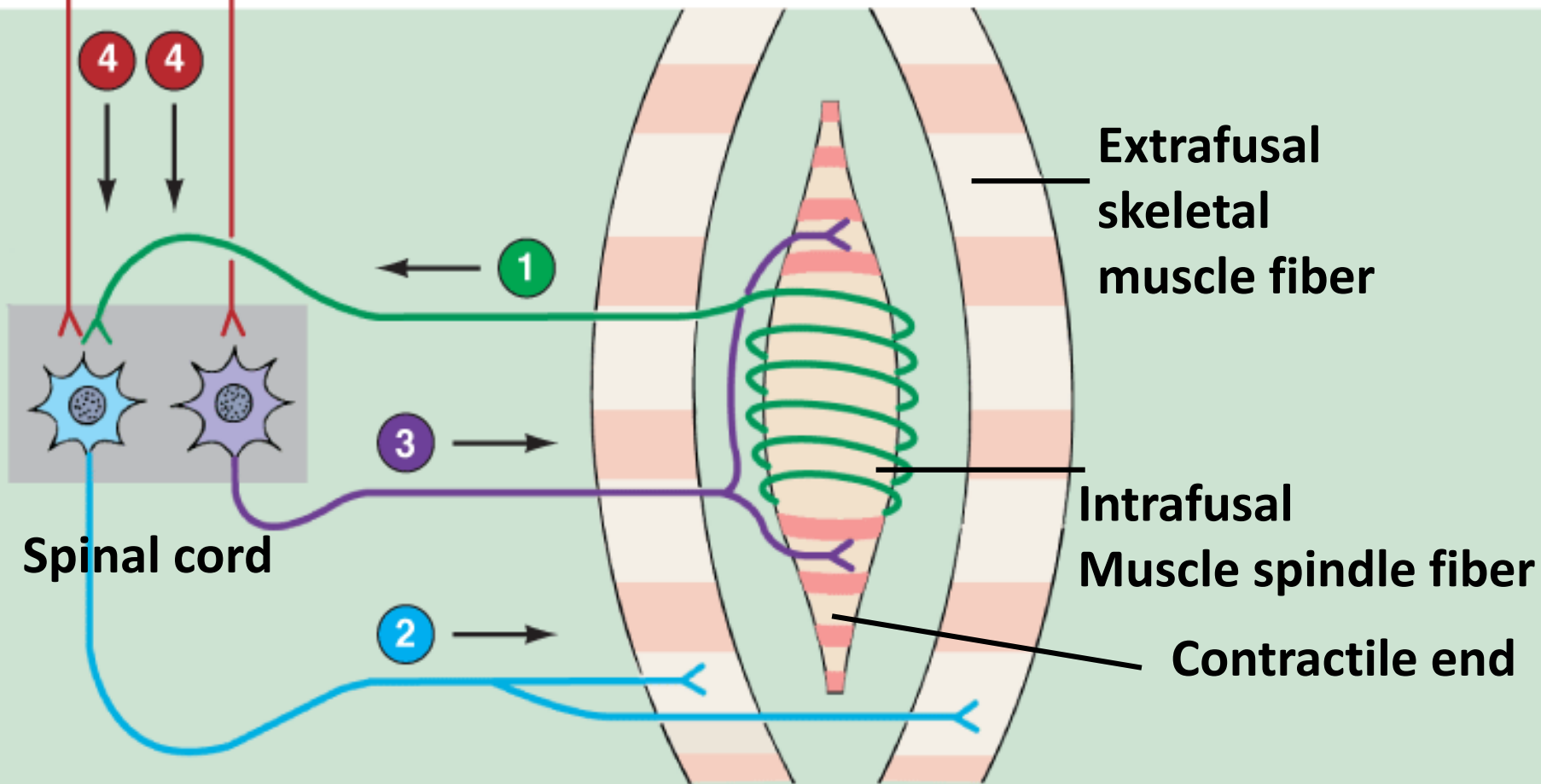


**Figure 55.4**

# Efferent Innervation of Muscle Spindle

- Gamma ( $\gamma$ ) efferent endings terminate on the peripheral contractile parts of the intrafusal muscle fibres as:
  - **Plate endings:** end mainly on the nuclear bag fibres (called **dynamic gamma efferent**)
  - **Trail endings:** end mainly on nuclear chain fibres ( called **static gamma efferent**)
- **The function of  $\gamma$ - motor neurons is to regulate the sensitivity of the intrafusal muscle fibers, but **HOW?****





① Afferent input from sensory endings of muscle spindle fiber

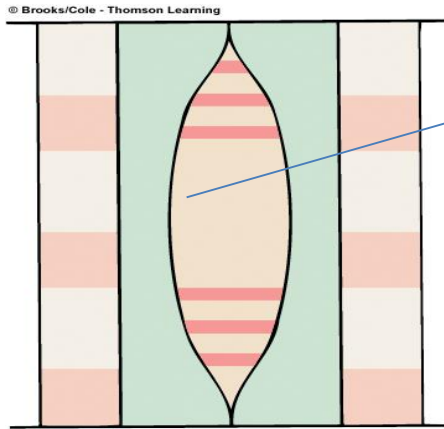
② Alpha motor neuron output to regular skeletal-muscle fiber

① → ② Stretch reflex pathway (Arc)

③  $\gamma$ -motorneuron output to the contractile end of spindle fiber

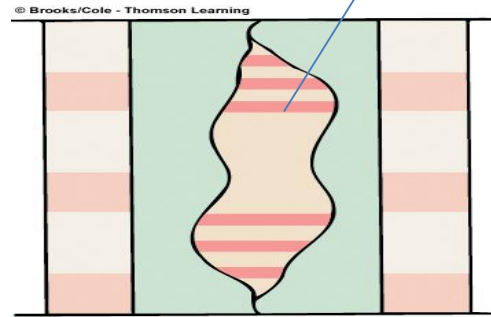
④ Descending pathways **co-activate  $\alpha$ - and  $\gamma$ - motor neurons ???**

# Co-activation of $\alpha$ - and $\gamma$ - Motor Neurons

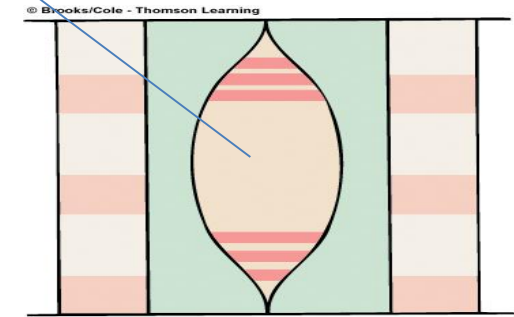


**A. Relaxed muscle:** spindle fiber sensitive to stretch of muscle

Muscle spindles



**B. Contracted muscle in hypothetical situation** of no spindle coactivation; **slackened** spindle fiber **not sensitive to stretch of muscle**



**C. Contracted muscle in normal situation** of spindle coactivation; contracted spindle fiber **sensitive to stretch of muscle**

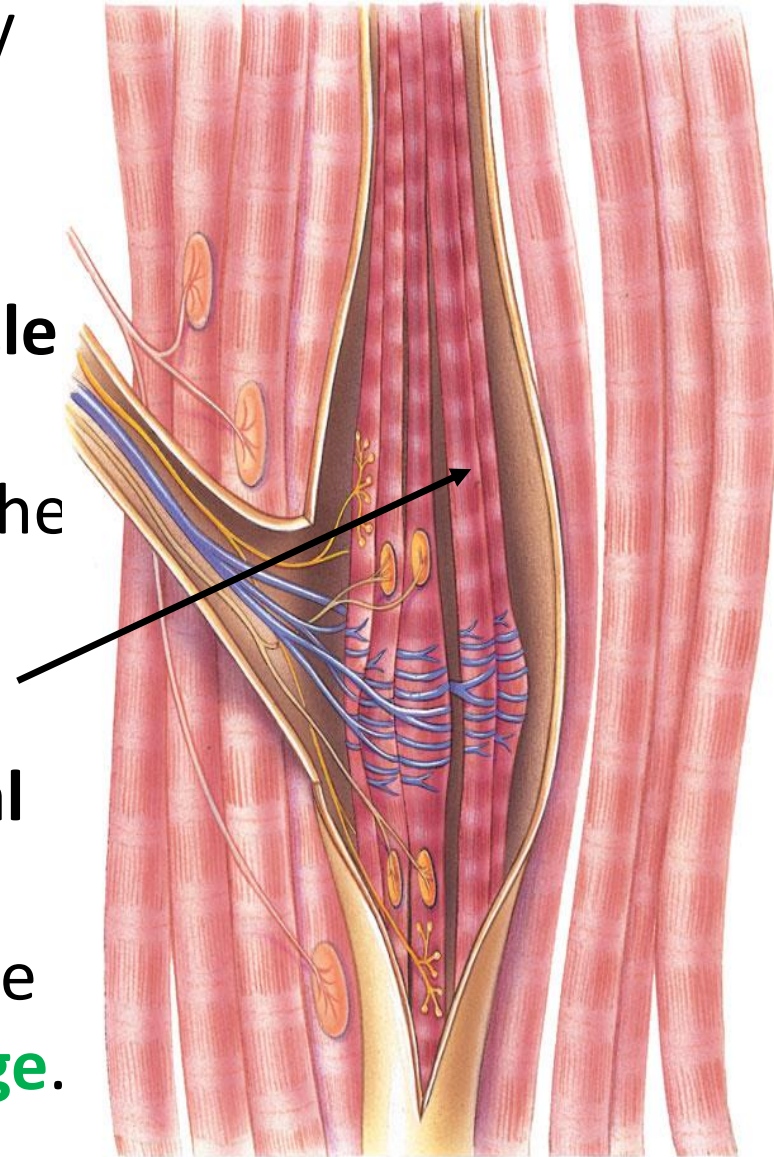
**What is the significance of this coactivation?**

- Regulate the sensitivity of the spindle by keeping its length constant
- Oppose sudden changes in muscle length



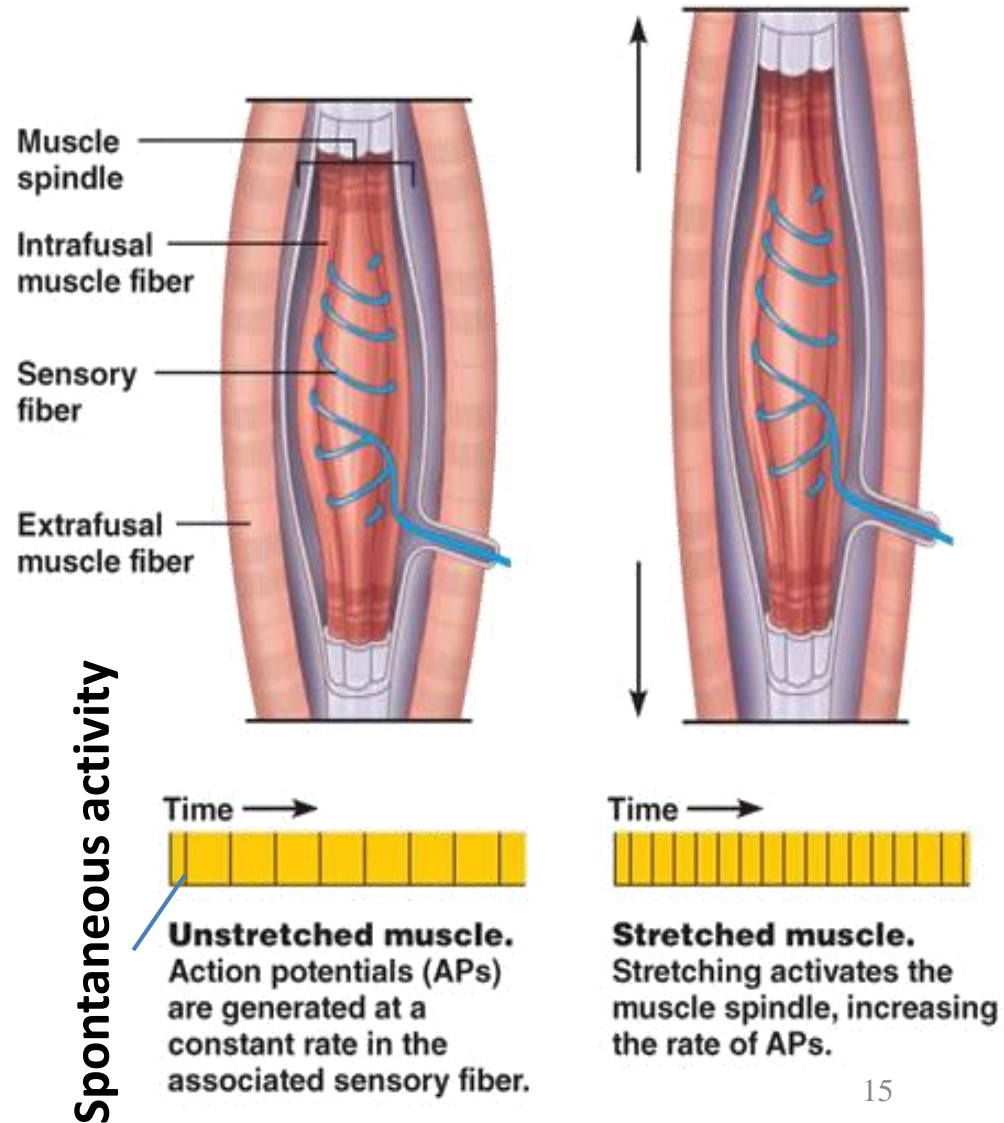
# How Are Muscle Spindles Activated?

- Muscle spindles are stimulated by **stretching of their mid-portion.**
- They can be excited in two ways:
  - 1. Lengthening of the whole muscle** which stretches the mid-portion of the spindle and, therefore excites the receptor.
  - 2. Contraction of the contractile portions of the spindle's intra-fusal fibers** which stretches the mid-portion of the spindle & excites the receptor during  **$\gamma$ -efferent discharge.**



# How Muscle Stretch Is detected

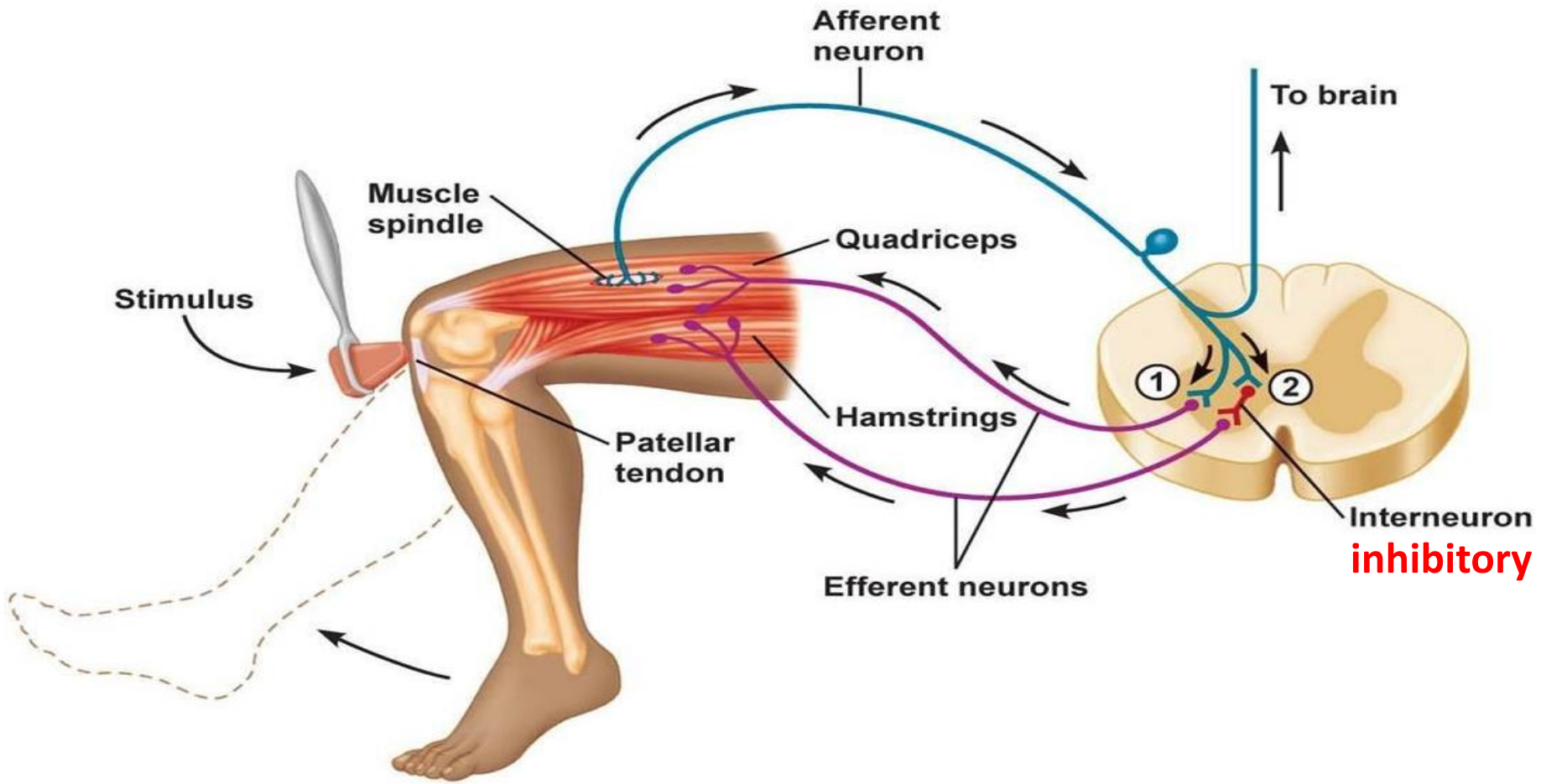
- Normally, **MS** discharges continuously (**spontaneous activity**)
- Stretching the MS **increases** the rate of firing (**positive signal to the brain**)
- Shortening the spindle **decreases** the rate of firing (**negative signal**)
- The number of APs sent are proportional to the stretched length of the muscle (**important concept**)



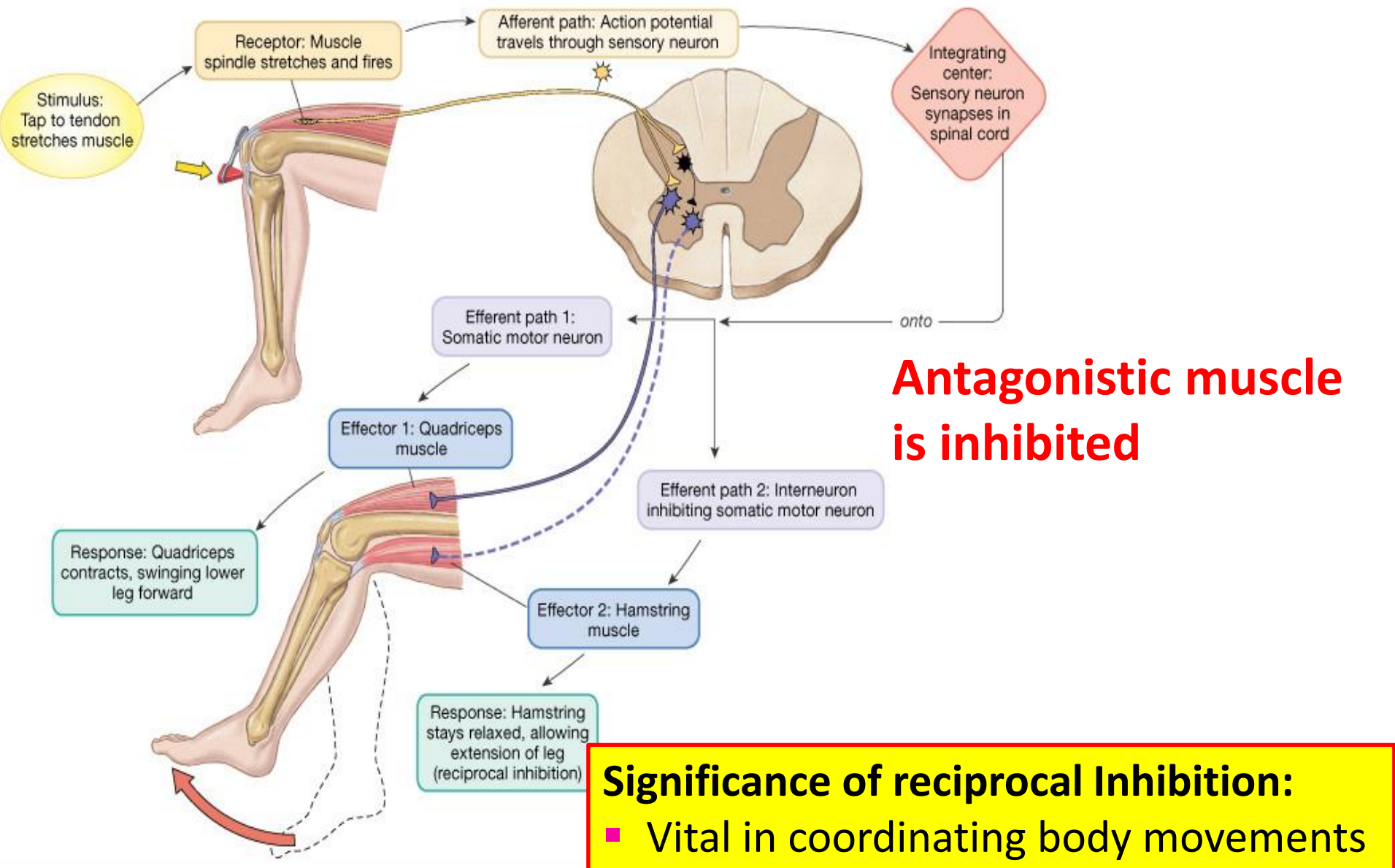


# Stretch Reflexes: Knee Jerk Reflex

- Contraction of the muscle being stretched (quadriceps)
- Reciprocal inhibition of the antagonistic muscle (hamstring) through reciprocal innervation



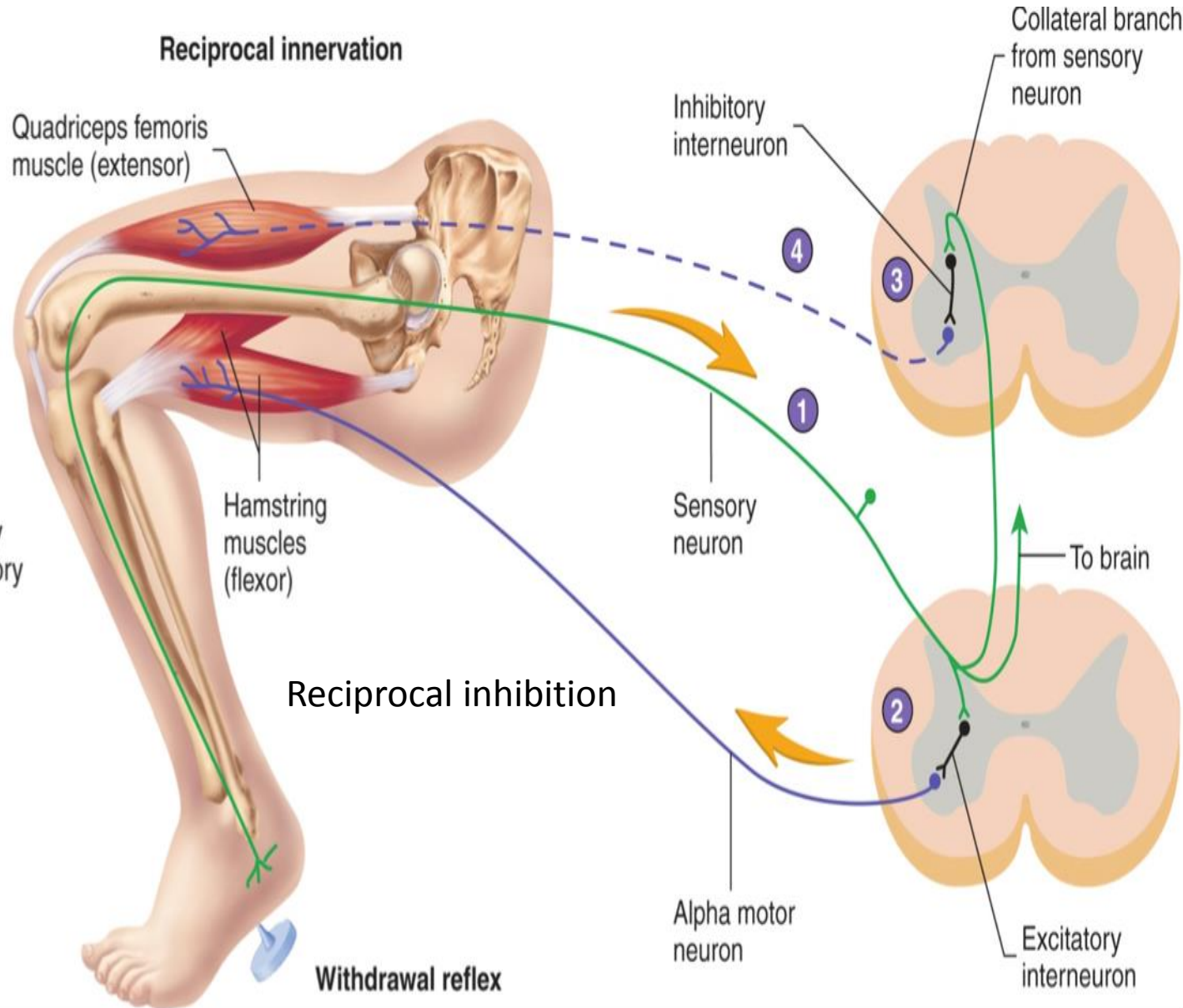
# Knee Jerk Reflex & Reciprocal Inhibition



# Reciprocal inhibition

## Reciprocal innervation

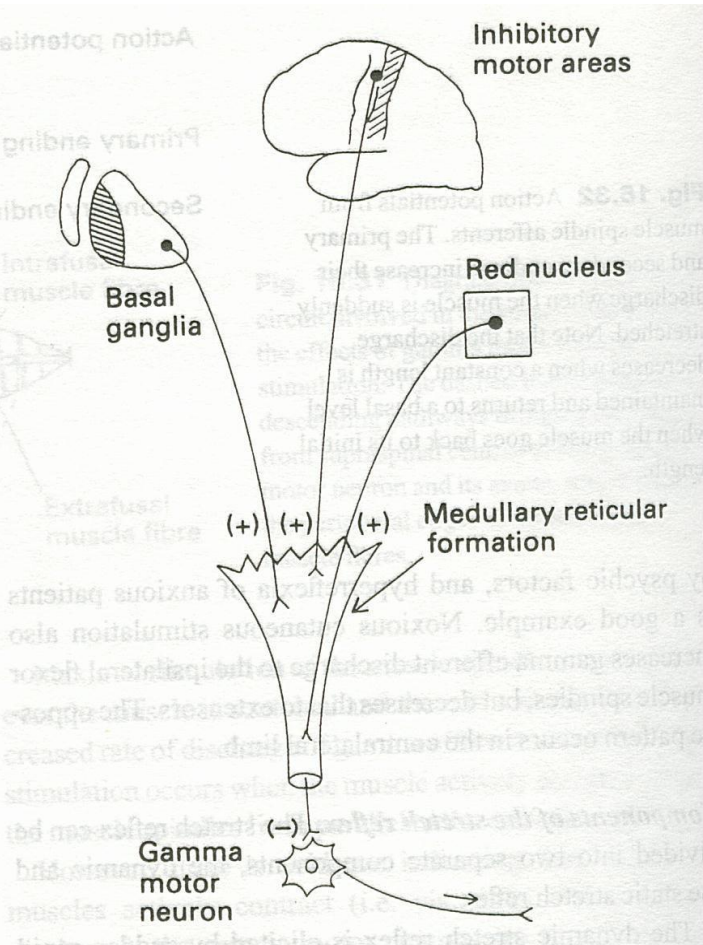
- 1 During the withdrawal reflex, sensory neurons conduct action potentials from pain receptors to the spinal cord.
- 2 Sensory neurons synapse with excitatory interneurons that are part of the withdrawal reflex.
- 3 Collateral branches of the sensory neurons also synapse with inhibitory interneurons that are part of reciprocal innervation.
- 4 The inhibitory interneurons synapse with alpha motor neurons supplying the extensor muscles, causing them to relax and not oppose the flexor muscles of the withdrawal reflex, which are contracting.



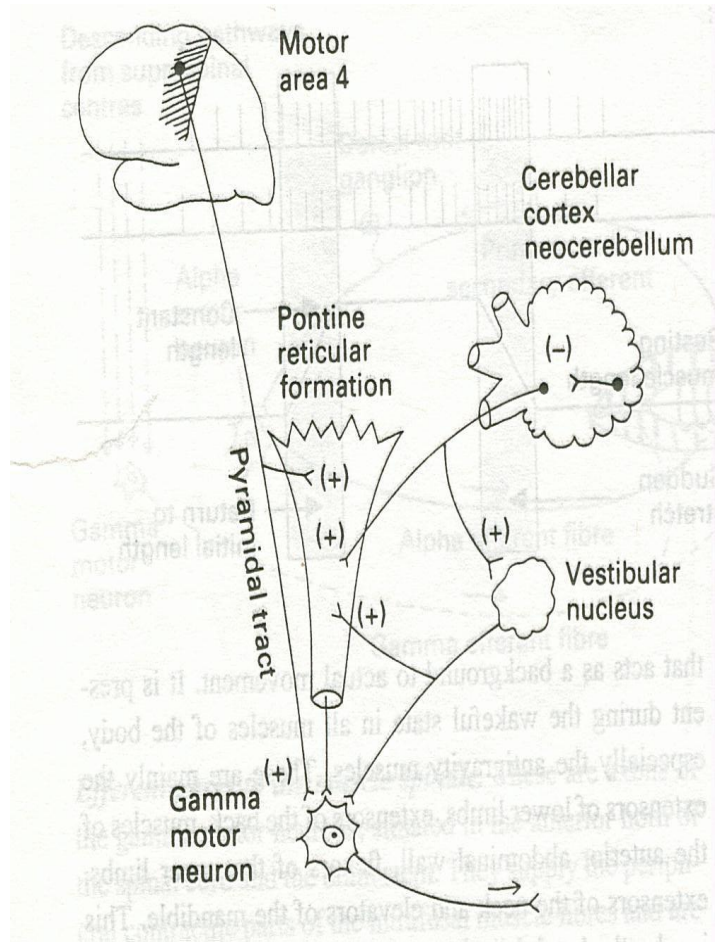


# Supraspinal Regulation of the Stretch Reflex

**Inhibitory** supra-spinal centers to  $\gamma$ -motor neurons



**Facilitatory** supra-spinal centers to  $\gamma$ -motor neurons



# Factors that Influence Stretch Reflex

Stretch reflex can be modulated (**enhanced** or **inhibited**) by several factors all of which act on gamma motor neurons

## Facilitaion

- Suprspinal
  - Primary motor cortex
  - Vestibular nucleus
  - Pontine RF (bulboreticular)
  - Neocerebellum
- Anxiety
- Noxious painful stimuli
- Jendrassik-manuver

## Inhibition

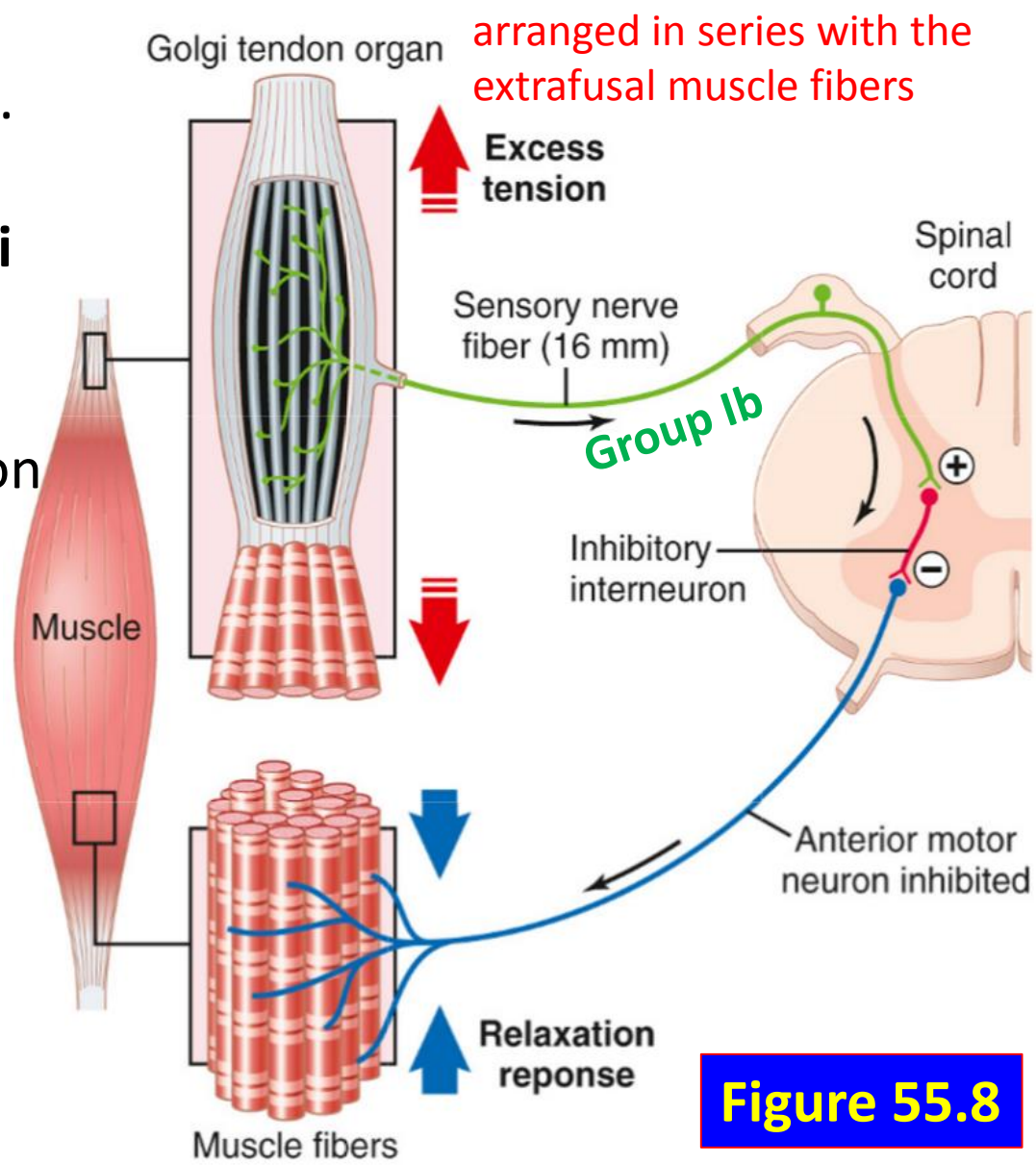
- Supraspinal
  - Inhibitory motor cortical area
  - Basal ganglia
  - Medullary RF
  - Paleocerebellum
- Excessive stretch of muscle (Golgi tendon reflex)

# What is the 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

# Golgi Tendon Reflex (Inverse Stretch Reflex)-1

- Is a **disynaptic reflex** (also called **inverse stretch reflex**).
- The sensory receptor is **Golgi tendon organ**, which is a netlike collections of nerve endings (**group Ib**) in a tendon
- The afferent fibers are entwined within bundles of connective tissue fibers that make up the tendon
- **Transmit information about tendon tension or rate of change of tension.**

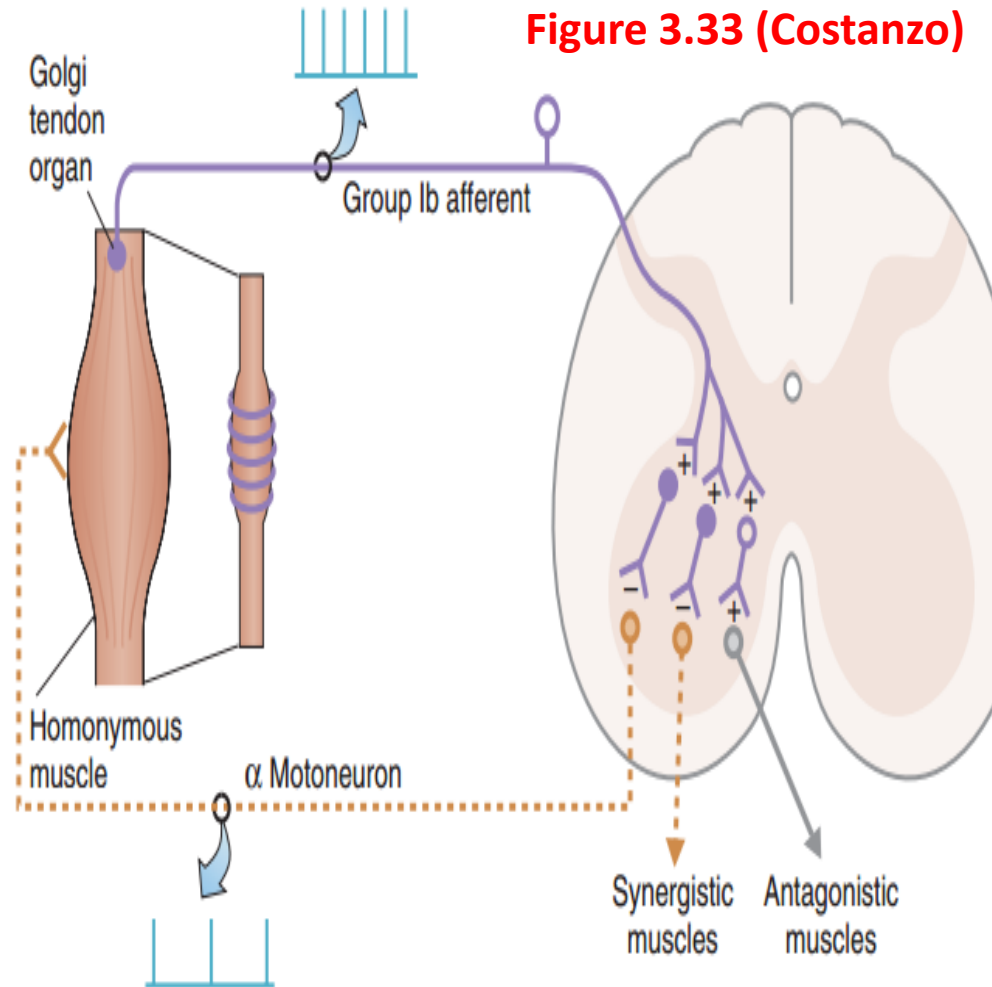


**Figure 55.8**



# Golgi Tendon Reflex (Inverse Stretch Reflex)-2

- It is called **inverse stretch reflex** because it is **the inverse** of stretch reflex
- It is initiated by an increase in **muscle tension**
- This activates **Group Ib** nerve fibers in Golgi tendon organ
- The sensory input activates an **inhibitory interneuron** in the spinal cord
- This interneuron inhibits the activity of motor neuron innervating the same muscle causing **muscle relaxation**



✓ **Antagonist muscle is activated via excitatory interneuron**

# What is the Significance of the Inverse Stretch Reflex?

- It is a protective spinal reflex that halts further contraction and brings about sudden muscle relaxation when the muscle tension becomes great enough
- It serves to prevent damage to the tendon due to the muscle pulling too hard on it
- The inverse stretch reflex is therefore damping down the effect of the stretch reflex
- **Thus it protects muscle from rupture and tendon from tear**

# Comparison Between Stretch & Inverse Reflexes-1

	Stretch reflex	Inverse stretch reflex
STIMULUS	Increased muscle length	Increased muscle tension
RESPONSE	Muscle contraction	Muscle relaxation
RECEPTORS	Muscle spindles	Golgi tendon organs
AFFERENTS	<i>Type Ia &amp; II fibers</i>	Type Ib fibers

# Comparison Between Stretch & Inverse Reflexes-2

	STRETCH REFLEX	INVERSE STRETCH REFLEX
SYNAPSES	Mono-synaptic	Di-synaptic
RECEPROCAL INNERVATION	<u><i>Inhibit</i></u> antagonists through inhibitory interneurons	<u><i>Excites</i></u> antagonistic muscles through excitatory interneurons
PHYSIOLOGICAL SIGNIFICANCE	Regulation of muscle <u>length</u> Genesis of muscle tone	Regulation of muscle <u>tension</u> Prevent excessive increase in muscle tension (protective role)
CLINICAL ASSESSMENT	Sudden tap of muscle causes brisk contraction muscle jerk	Overstretch of muscle- sudden muscle relaxation (lengthening reaction)

Thank You

