# PRACTICAL (1) REFLEXES

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### **THE REFLEX ACTION**

The reflex action is the physiological (functional) unit of the nervous system.

The **nervous pathway** of the reflex action is called the *reflex arc* which consists of:

- ×-receptors
- ×-afferent neuron
- ×-center
- ×-efferent neuron
- ×-effector organ & response

## **REFLEX ARC**



## **TYPES OF REFLEXES**

- According to the number of synapses the reflex arcs are classified into:
- 1- Monosynaptic reflex arc:
- The afferent neuron synapses with the efferent neuron without interneuron in between. e.g.
   stretch reflex.
- 2- Polysynaptic reflex arc:
- In which interneurons are present between the afferent and efferent neurons.

## **TYPES OF SPINAL REFLEXES**

a-superficial reflexes

receptors lie in the skin.

**b-Deep** reflexes

receptors lie in the deep structures as muscles, ligaments

c- Visceral reflexes

receptors lie in the viscera e.g. micturition, defecation

(A) SUPERFICIAL REFLEXES

**1-Abdominal reflexes × Center:** (**T7 – T12**) **Procedure:** light stroking or touching the skin of the abdomen from the periphery inwards. Normal: contraction of underlying abdominal muscle and deviation of umbilicus towards the stimulated side.



#### 2- Cremastric reflex

Center : L1

**Procedure** : gentle stroking of a medial side of the thigh

Normal: contraction of cremasteric muscle

and retraction of the testicle of same side

**3-** *Planter reflex* 

Center : S1

**Procedure**: stroke the outer edge of the sole of the foot from heel up ward by a blunt object (key) then curve inward across the transverse arch.

**Normal:** planter flexion of big toe and adduction and planter flexion of other toes

normal response means intact **pyramidal and extrapyramidal** systems.



#### Normal plantar response

(Babinski sign)

- Abnormal response in planter reflex is called "Babiniski's sign" dorsiflexion of the big toe (indicates pyramidal lesion) with fanning in other toes (indicates extra pyramidal lesion).
- Solution State State



## **TENDON JERK**

sudden tap on a tendon of any muscle (Dynamic phase of stretch reflex )

sudden stretch which stimulate deep receptors "the muscle spindle"

sudden visible reflex contraction

"tendon jerk".





- **×** Types of tendon jerk
- × I- In the upper limb:
- × 1) Biceps reflex Center : (C 5,6)
- × Procedure :-
- Tap the biceps tendon indirectly i.e the tap is done on the index finger placed over the tendon .The forearm is semi flexed till the elbow is at 120°.
- Normal : mild contraction of biceps
  with slight flexion of elbow
- × 2) Triceps reflex Center (C 6,7)
- × Procedure :-
- Tapping the triceps directly while the elbow is flexed at 90°.
- **Normal :-** Mild contraction of triceps and extension of elbow .





II- in the lower limb 1) knee jerk Center ( $L_{2,3,4}$ ) **Procedure :-** Tapping the patellar (quadriceps) tendon while the hip and knee joints are flexed. Normal: - Contraction of quadriceps and extension of knee. Center (S1, 2)2-Ankle jerk **Procedure:** Tap on tendo Achilis while the hip is abducted and externally rotated, the knee is flexed at 90 degree and Ankle is dorsi-flexed. Normal: mild contraction of the calf muscles with planter Flexion of the ankle.



### **CLINICAL ABNORMALITIES OF THE TENDON JERK**

- A-EXAGGERATED (HYPEREFLEXIA)
- × 1-Upper motor neuron lesion.
- × 2- Hyperthyrodisim.
- × 3- Tetany (Ca++ deficiency).
- × 4-Paleocerebellum syndrome.
- × 5- Anxiety.
- × 6- Eclampsia (toxicity of pregnancy).

#### **B-INHIBITED (HYPOREFLEXIA)**

- $\times$  1 Sleep
- × 2 Coma
- × 3 Shock
- × 4- Anesthesia
- × 5-Myxodema (hypothyroidism)

#### C- COMPLETELY ABSENT, "AREFLEXIA"

- × 1- Lower motor neuron lesion.
- × 2- Shock stage of complete transection of the spinal cord.
- × 3-Advanced tabes dorsalis.

#### D-"PENDULAR" KNEE JERK (HYPOTONIA):

like the "pendulum" of the watch, occurs in hypotonia.

On tapping the tendon there will be a weak contraction of the muscle, then the limb is dropped like a dead object which causes another stretch of the tendon, and a second weaker contraction occurs and the limb oscillates for few times then stops.

#### **Causes:** 1 - Neocerebellar syndrome .

- 2- Chorea (lesion in basal ganglia) .
- 3-Anterior quadrant lesion of the spinal cord.
- 4- Pure motor area "4" lesion.



✗ It is an abnormal response of tendon jerk that occurs in U.M.N.L. It is either ankle or patellar clonus

Ankle clonus: If a sudden sustained stretch is applied on tendocalcanius by dorsiflexion of the foot, there will be regular rhythmic oscillation of contractions and relaxations

# **Thank You**