

Physiology L20

II

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Sensory and motor tract
of the spinal cord

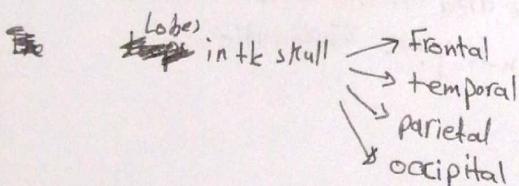
* **Lateral inhibition** \Rightarrow method in the cerebral cortex to determine the exact source that the stimuli come from

* When I have stimulation on a receptive area and there are signals from different neuropathways

the neuropathway ^{come} from A, B, C so the cerebral cortex can't exactly determine the source of the stimuli (sound) so the cerebral cortex use a method (Lateral inhibition) to accurately determine the source by Inhibiting 2 adjacent neurons from the right and the left so one neuron still ~~stimulated~~ stimulated

* Lateral inhibition happens if there is more than one stimulated neuron.

* **Somato Sensory system** \rightarrow refers to every somatic sensation



Soma \Rightarrow means outer layer not inner

* The somato sensory neurons transport the sensation to specific place on the cerebral cortex

* The somato sensory system has 2 types of receptors

[1] general sensation \rightarrow responsible for temperature, touch, pressure, proprioception...
* very simple receptor
* free nerve ending

position \rightarrow , location \rightarrow

[2] special senses \rightarrow inner ear, olfactory in the nose, photoreceptor in the retina of the eye
lateral organ in the inner ear \Rightarrow ^{size} position, \downarrow

- * the place of the somato sensory system on the skull is in the parietal lobe between the frontal and the occipital lobes
- * The parietal lobe contain the somato sensory system
 - sensory area
 - motor area
 - association area

in the middle of the cerebral hemisphere

* The processing of the somato sensory

- special receptor → signals → neuropathy → sensory neuron (ascending neuron)
- When the signals receive the association area ⇒ stimuli is either new or old past experience + cues
- Anatomical topographic ⇒ cerebral cortex receives info of cortex
- very important information ⇒ the size of the area on the cerebral cortex

sensory receptors are organized by organ of first choice

- motor area
 - area
 - ↓
 - stimulation to the membrane of the receptor
 - ↓
 - signal transduction (power membrane potential)
 - ↓
 - transport along the sensory neuron according to the nature of the receptor
 - ① phasic receptor ⇒ fast
 - ② tonic receptor ⇒ slow
 - * the frequency of the adaptation
- If the stimulus is very strong no more ↓ intensity to the membrane potential

tensity of the stimulus ↓ over time

(3)

that was the processing on the receptive area \Rightarrow nerve ending on the skin
Receptional level ~~area~~ \downarrow \rightarrow USM up and millions down \leftarrow
on the muscle
inside the joint

the reception start \rightarrow transport along the sensory neuron to circuit level
on the spinal cord

- the final destination in all the neuropathways is the thalamus
(except the ~~sense~~ sense of smelling)

- the thalamus is called the relay station \Rightarrow It sort incoming sensory information
to the appropriate part of the brain
except the smell

- If person passed out and you want to wake him you will use very strong
smell to wake him up quickly

thalamus \downarrow \rightarrow

final stage to cortex

Nasal Jaws

cerebral cortex

sudden \downarrow

wake up

* Tract of the somato sensory neuron

- Sensory \Rightarrow carrying the input/impulses from down to up \Rightarrow afferent / ascending neuron
the name start with spinal

* spino cerebral tract \rightarrow sensory or motor?

\hookrightarrow transport up to the cerebellum from the spinal

- motor tract \Rightarrow the name end with spinal

* the stemulospinal \Rightarrow transport from the cerebellum to the spinal

Spinal tract

First order \Rightarrow entering the sensory neuron enter dorsal / ventral/posterior or anterior side of the spinal cord.

Second order \Rightarrow neuron enter the gray matter and connect with the enter Neuron that exist in the spinal cord

third neuron \Rightarrow spinal cord \rightarrow goes to higher up centers in the brain (thalamus)

* The ~~Arrang~~ Arrangement of the tract on the spinal cord ?!

① tract that carry the sensory impulses from one modality (common) in one tract

② Fine touch for somatic organs have one tract

③ Somatotopic \Rightarrow sensory impulses that come from the leg have specific location and so...

~~Somatotopic~~ \Rightarrow as the processing of sensory impulses more complicated need to go to higher area \leftarrow in the brain

spinal cord \downarrow to L3 right \rightarrow
 \hookrightarrow more lateral

- simple processing start from the medial then gradually go to the lateral

The sensory tracts:

I posterior column tract → fasciculus gracilis
 ↓
 fasciculus cuneatus

Pathway ⇒

II Kind of stimuli that the tract carry:

- ① Fine touch
- ② vibration
- ③ pressure

- The red colour change to white ⇒ motor pathway finished
 at the first order and start
 the second order

In the second order ⇒ desiccation (crossover) happen

↙
 ↙
 ↙

Desiccation ↗ right side of the brain control the left side of the body

and versa versa

↙
 ↙
 ↙

+ fact
 لآخر

The Desiccation happen in the brain stem in (medulla oblongata)

↙
 ↙
 ↙

ventral nuclei
 of the thalamus

12

2) spinothalamic tract → lateral
→ anterior

A - lateral spinothalamic tract

sensory for the pain and temperature sensation

* second order → entering the gray matter → decussation exactly at the level in the entry of the spinal

Laterally to the spinal cord ↓ ←
· circuit ~~crossed~~ crossed

cord

B - Anterior spinothalamic tract ⇒ enter like the lateral one

but the decussation is anteriorly (ventral side) of the spinal cord

3) spinocerebral tract → very unique
في اختلاف كثرة في الباقي

↓
anterior
posterior

A - Anterior spinocerebral tract

sensory neuron ↗ in ↓
↓

upto the higher centers

→ cerebrum → up

↑
spinal tracts
and crossover
↑
الباقي

B - Posterior spinocerebral tract

* enter with red arrow ↓ white
in the

crossover hole ↓ ←
or decussation

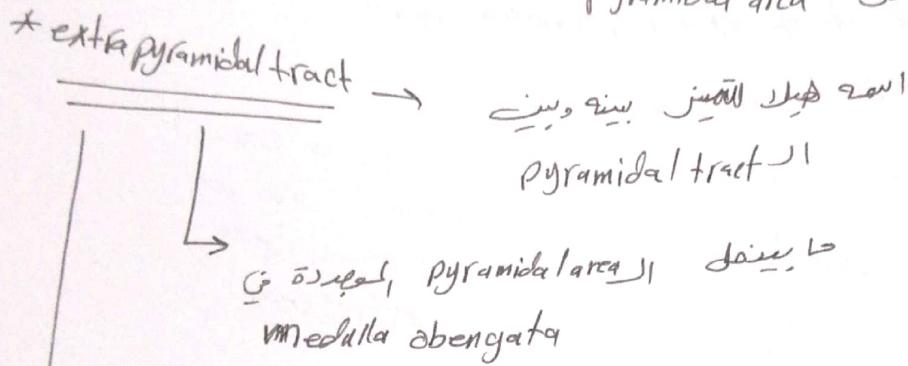
same direction

Motor tract:

Somatic motor tract → pyramidal tract
 → extrapyramidal tract

Pathway ⇒ spinal cord (pyramidal tract) to higher central
 enter very special area in the medulla oblongata

Pyramidal area معهد في المخ



مسنونه
عن

مثل هذه تكون حالات تكون في حالات
 مفجعية اخرين علينا علاجهم للتزامن
 انتاد الجلوس

كذلك الحالات التي في حالات بعضها انتقام وانبعاث بدون علامة

كل انتداب ايرادي له علاقة بال
 extra pyramidal tract

Any defect in the extra pyramidal tract cause
Parkinson disease
. فالاجل اعراض

Defect → neuropathy
→ neurotransmit

* the tract of the extra pyramidal tract

- ① vestibulospinal tract
- ② Tectospinal tract
- ③ Reticulospinal tract
- ④ Rubrospinal tract

الذيل الارباعي
Balance حفظ
مرونة مرونة
متحركة متحركة