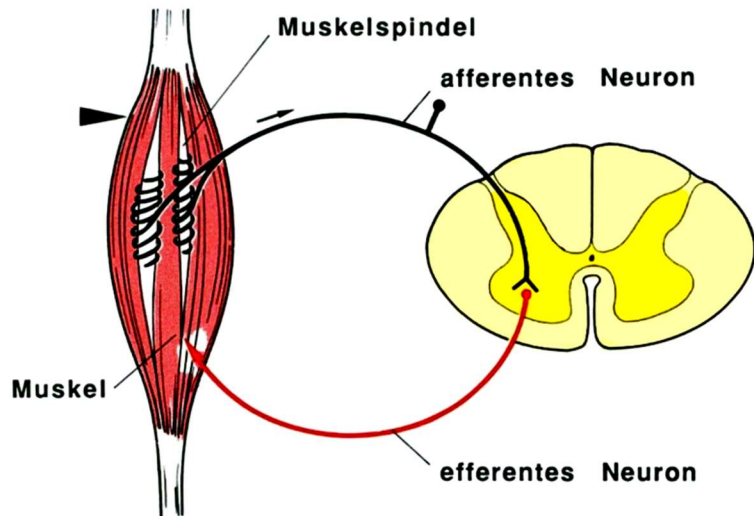


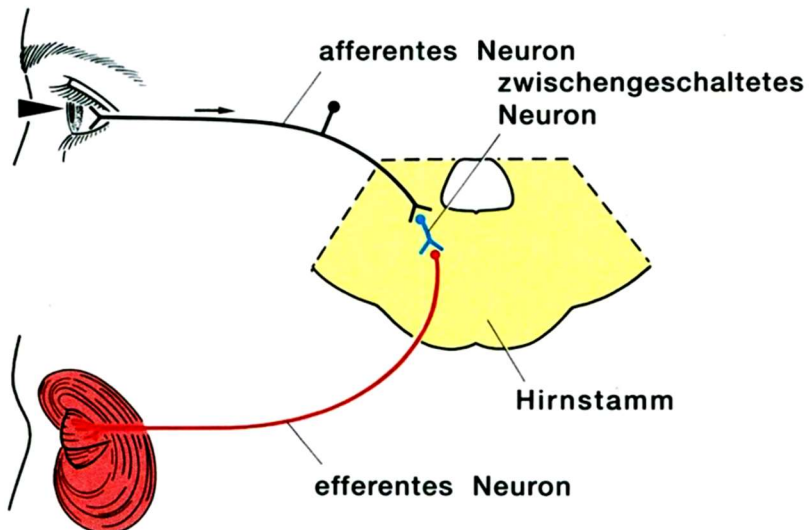
Motor System

Reflex Motor Control

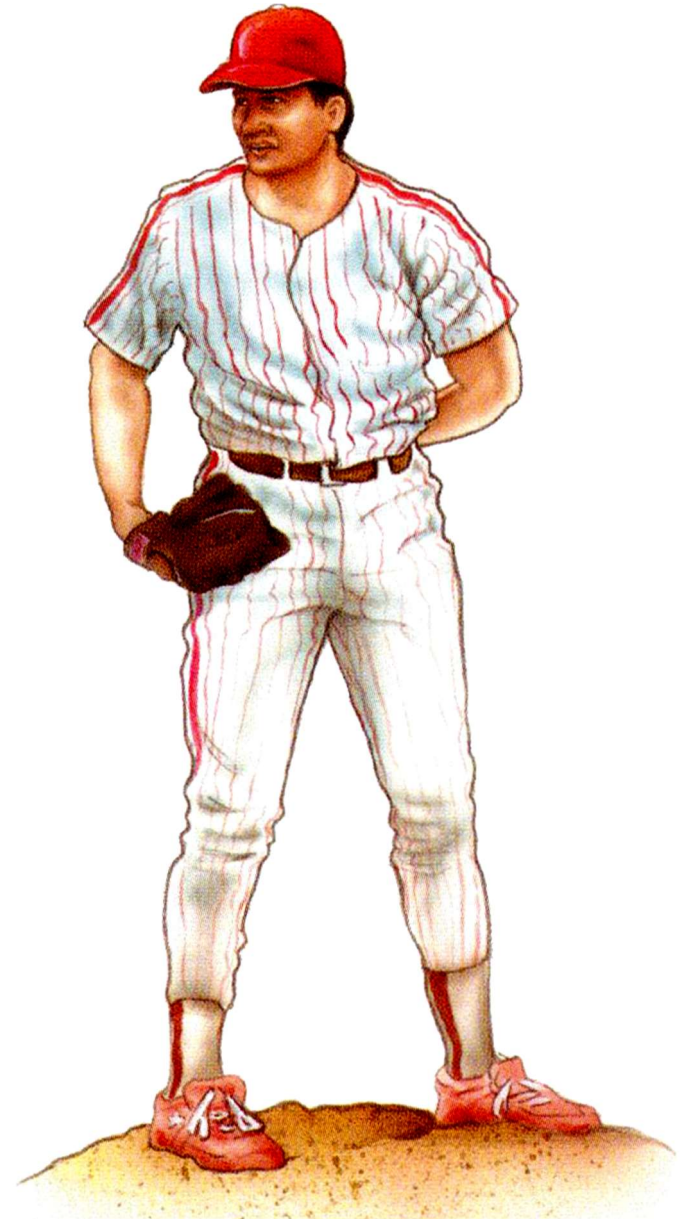


(↑) Monosynaptic Reflex

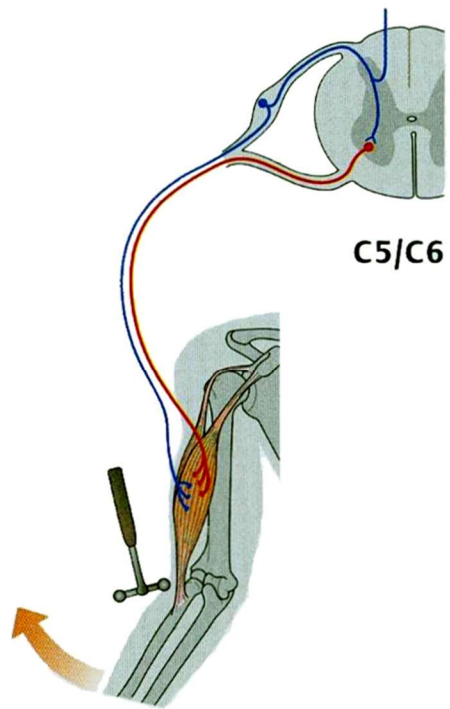
(↓) Polysynaptic Reflex



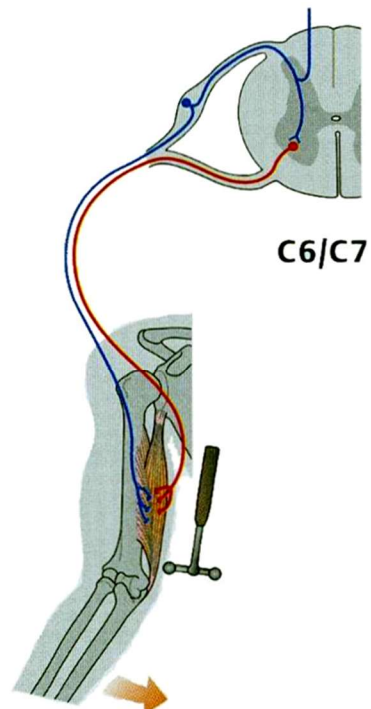
Voluntary Motor Control



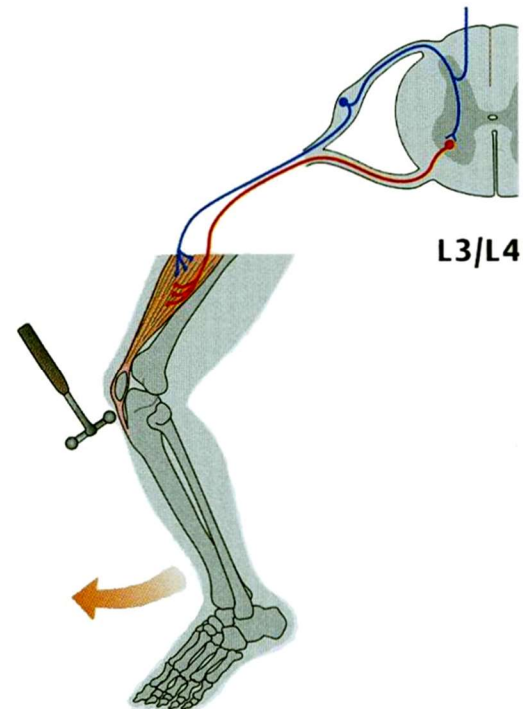
Clinically Important Monosynaptic Reflexes



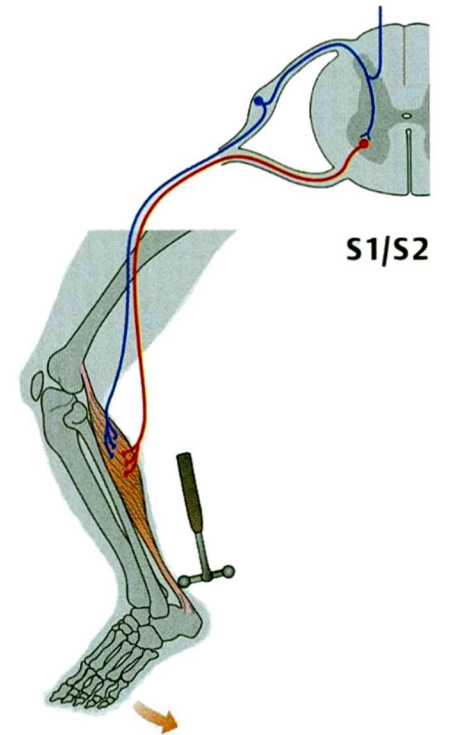
Biceps Jerk



Triceps Jerk

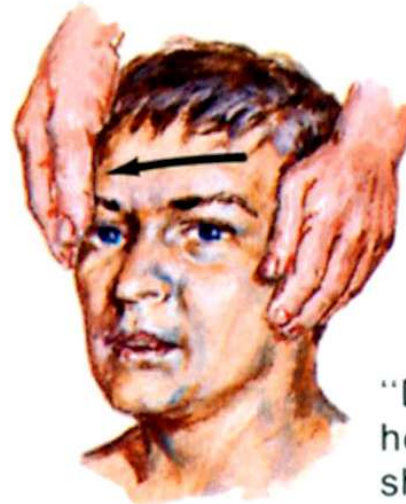
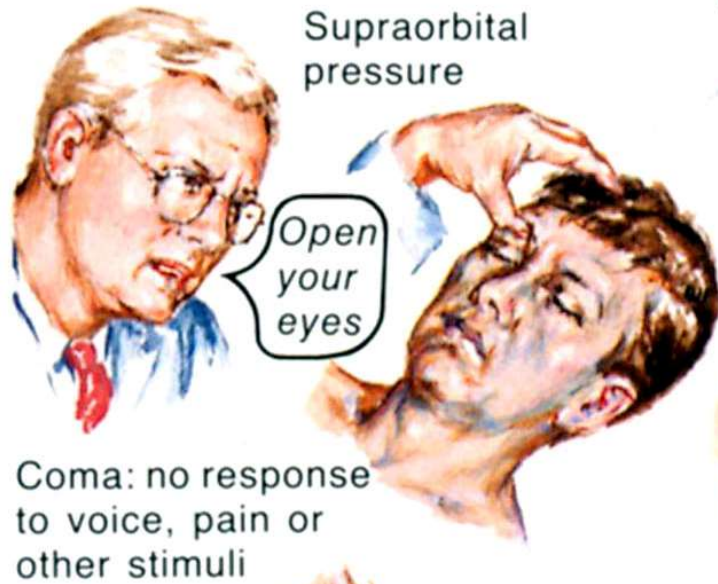


Knee Jerk



Ankle Jerk

Polysynaptic Brain Stem Reflexes – Diagnosis of Brain Death

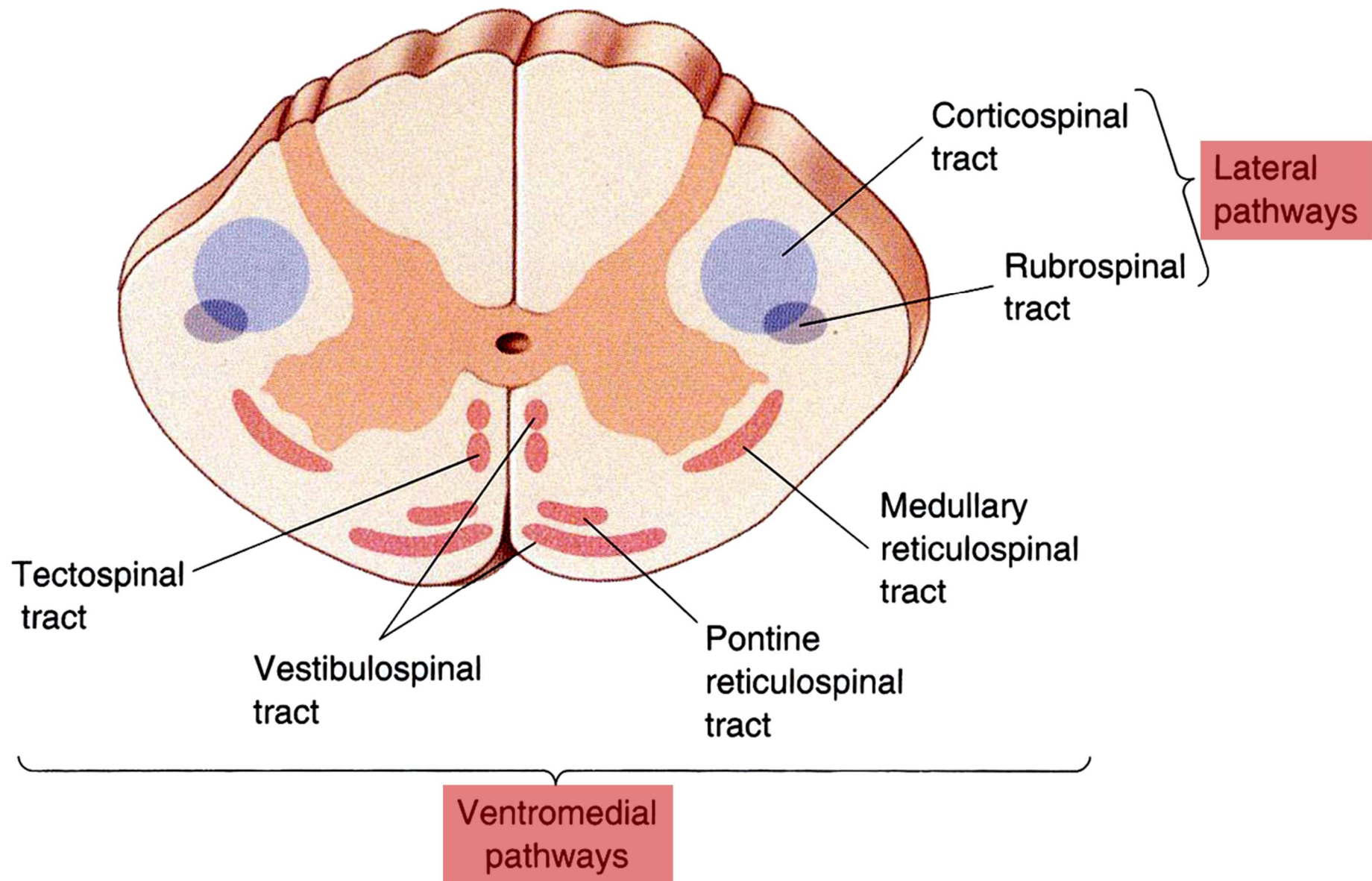


Voluntary Motor Control – Hierarchical Organization

LEVEL	FUNCTION	STRUCTURES
High	Strategy	Association Areas of Neocortex
Middle	Tactics	Motor Cortex, Cerebellum, Basal Ganglia
Low	Execution	Brain Stem, Spinal Cord

Proper Functioning Relies Heavily on Sensory Information →
"Sensorimotor System"

Descending Tracts of the Spinal Cord



Descending Tracts of the Spinal Cord

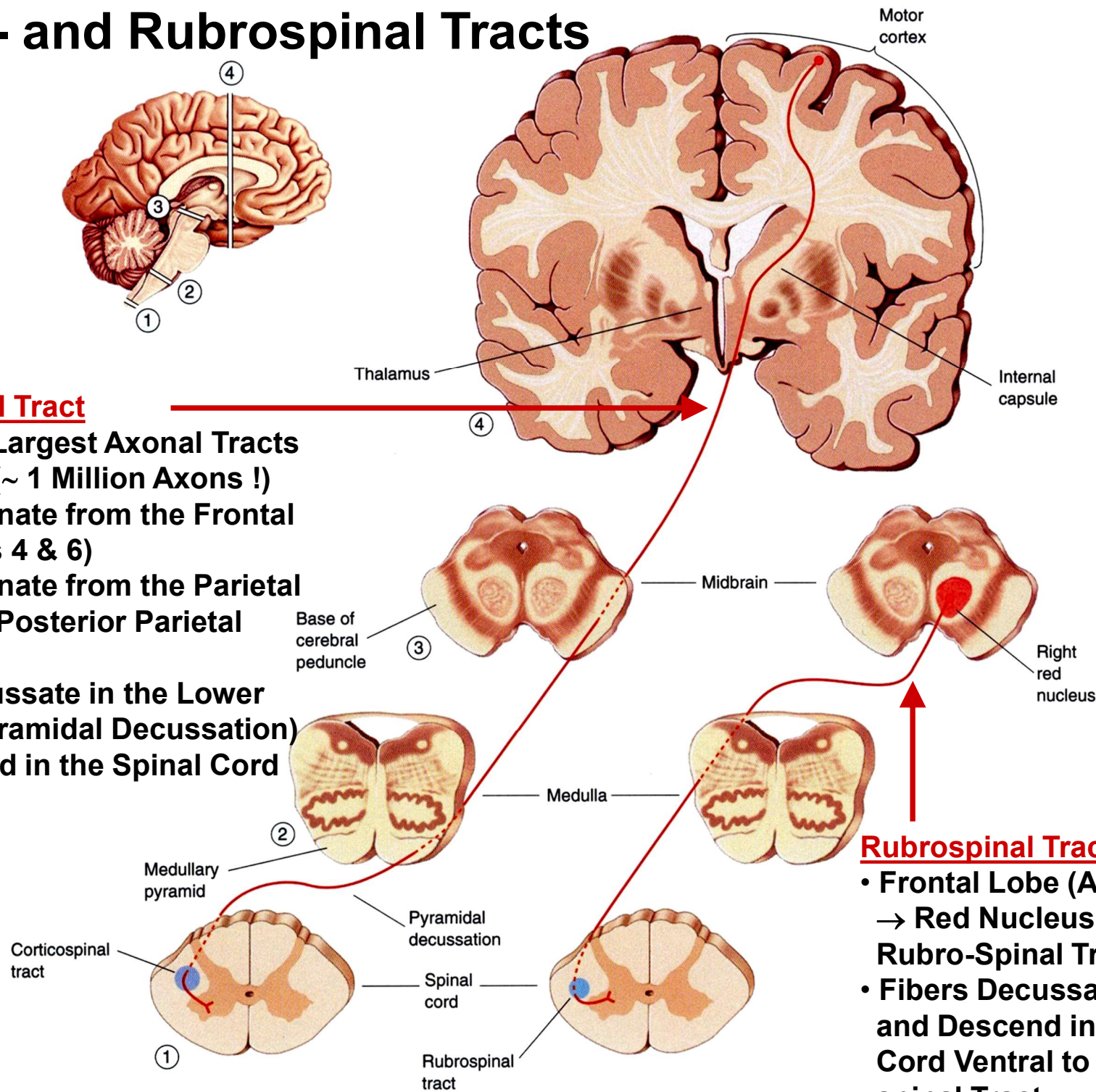
Lateral Pathways:

- *Corticospinal Tract, Rubrospinal Tract*
- Direct Cortical Control → Muscles of the Distal Extremities (e.g., for Grasping Movements)
- Phylogenetically Younger

Ventromedial Pathways:

- *Tectospinal Tract, Vestibulospinal Tract, Reticulospinal Tract*
- Brain Stem Control → Muscles of the Trunk (e.g., for Posture and Locomotion)
- Phylogenetically Older

Cortico- and Rubrospinal Tracts



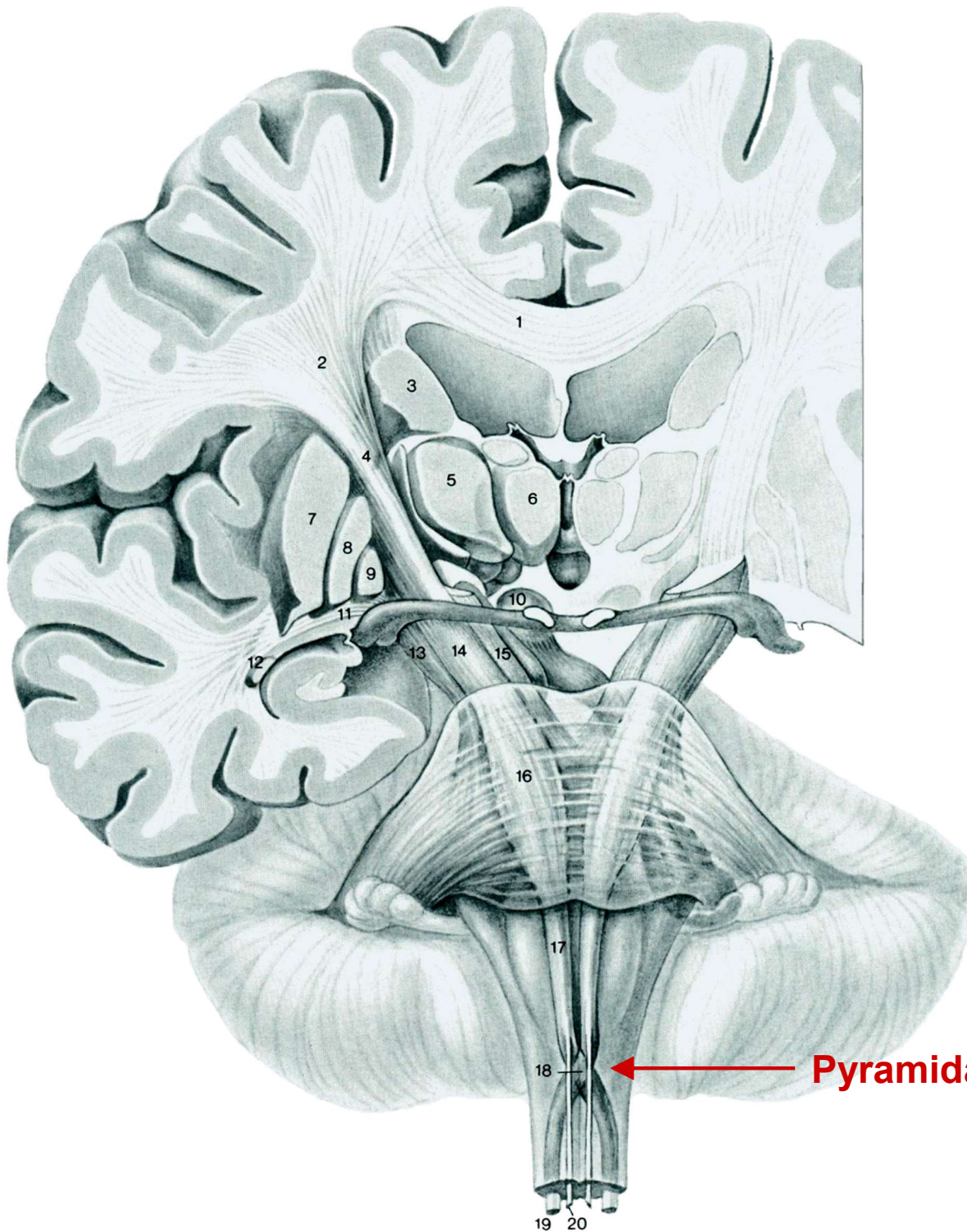
Corticospinal Tract

- One of the Largest Axonal Tracts of the CNS (~ 1 Million Axons !)
- ~ 50% Originate from the Frontal Lobe (Areas 4 & 6)
- ~ 50% Originate from the Parietal Lobe (S1 & Posterior Parietal Cortex)
- Fibers Decussate in the Lower Medulla (Pyramidal Decussation) and Descend in the Spinal Cord

Rubrospinal Tract

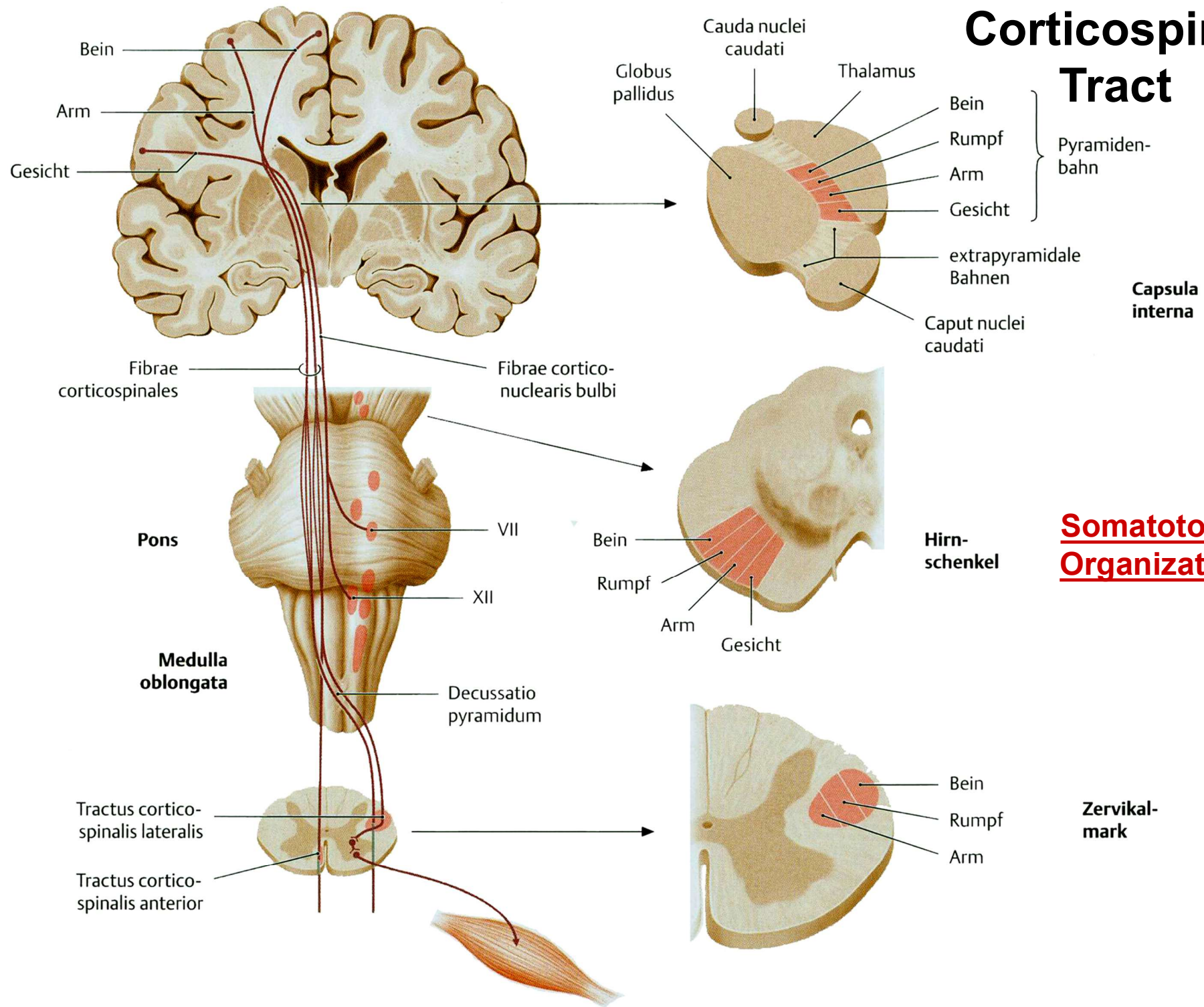
- Frontal Lobe (Areas 4 & 6) → Red Nucleus ("Cortico-Rubro-Spinal Tract")
- Fibers Decussate in the Pons and Descend in the Spinal Cord Ventral to the Corticospinal Tract

Corticospinal Tract

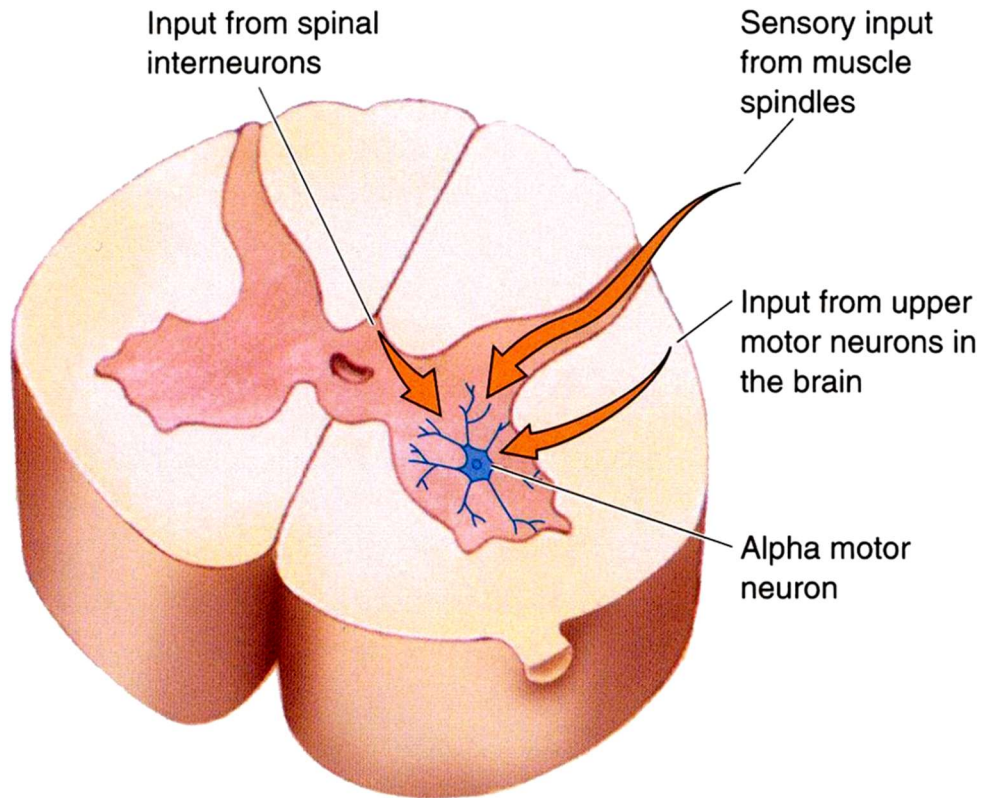


Pyramidal Decussation

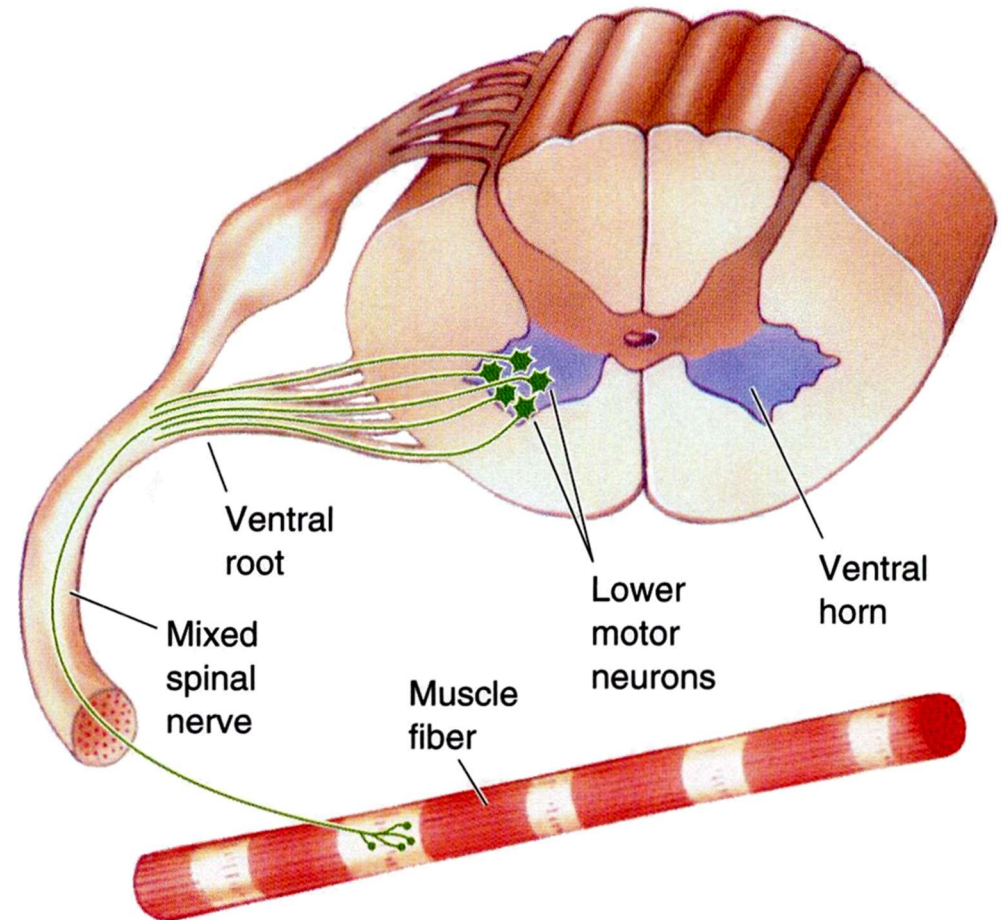
Corticospinal Tract



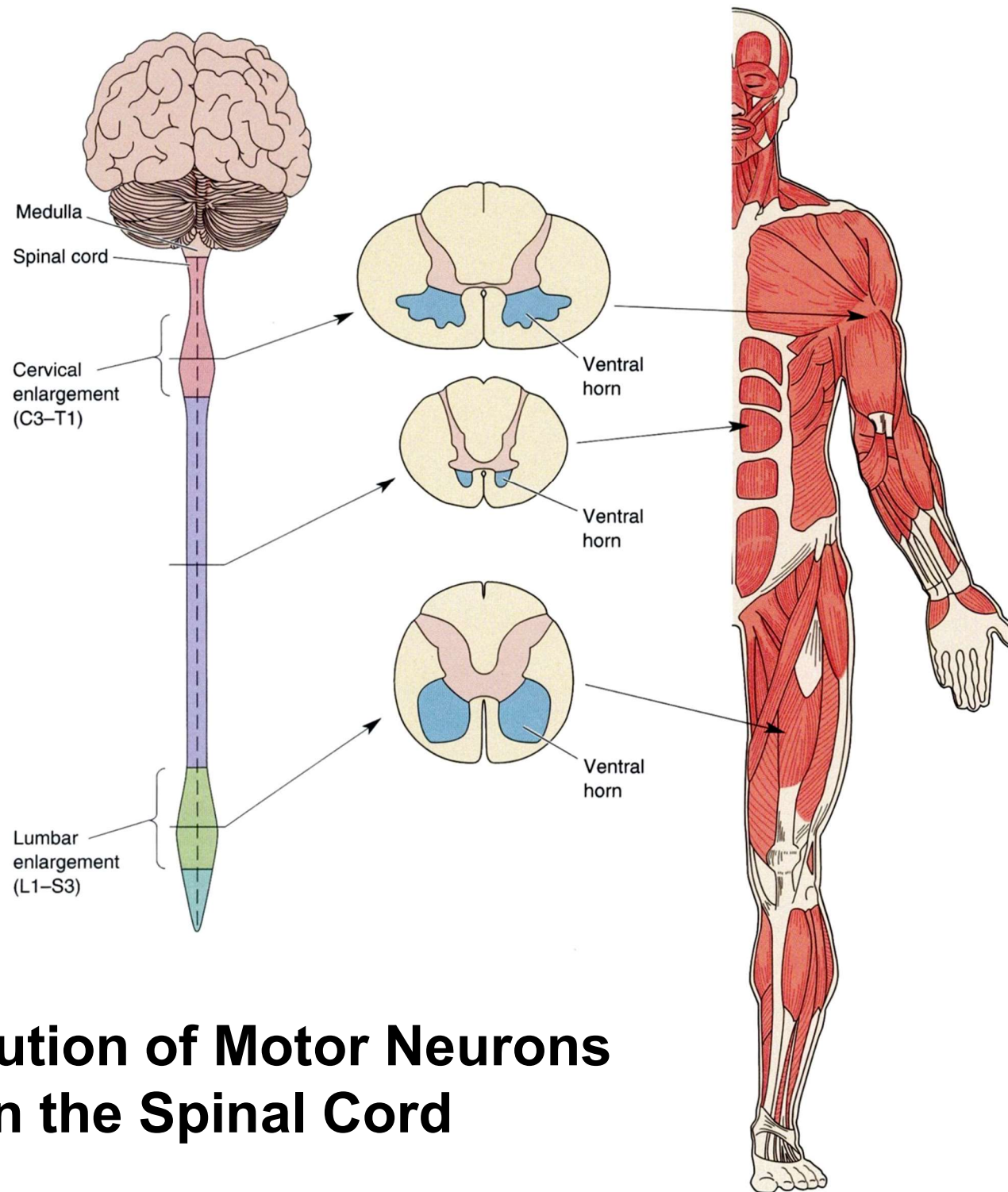
Muscle Innervation by Spinal Cord Motor Neurons



"Slaves of Many Masters"

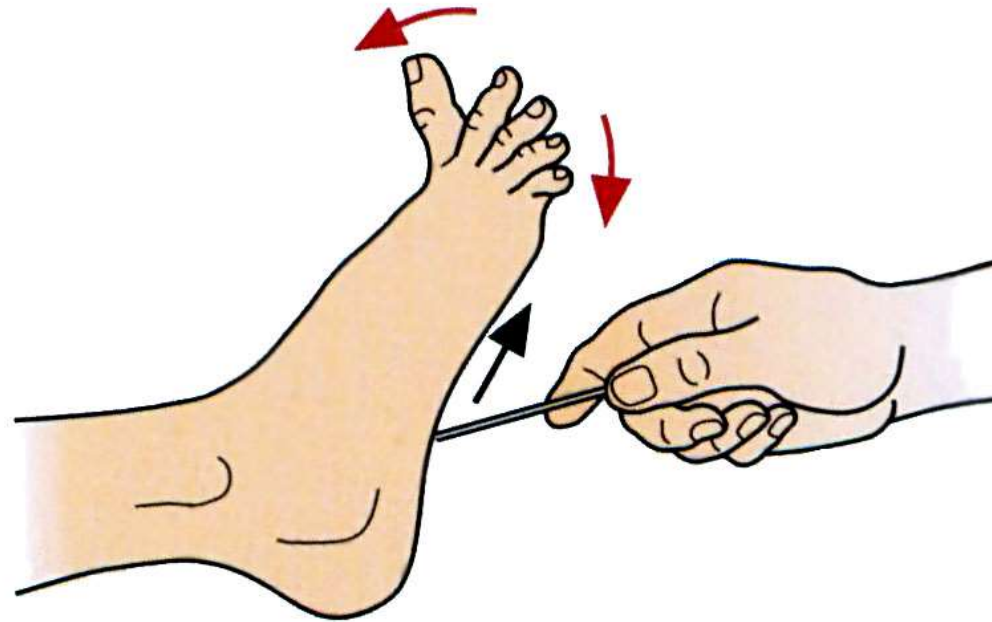


Motor Neuron Axons Bundle Together to Form Ventral Roots



Distribution of Motor Neurons in the Spinal Cord

Babinski Sign



Sharply Scratch the Sole of the Foot From the Heel toward the Toes

Normal (Physiological) Response (Negative Babinski Sign):

All Toes Curl Downward

Pathological Response (Positive Babinski Sign):

Big Toe Moves Upward, Other Toes Fan Outward

Indication of Corticospinal Tract Damage

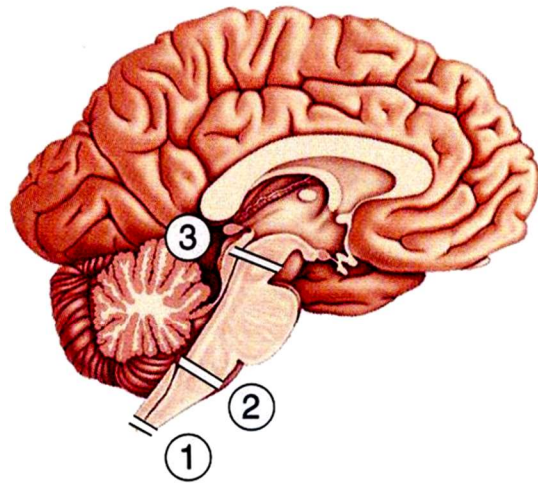
**Cave: Positive Babinski Sign is Normal for Infants up to 1 – 2 Years
(Until Descending Motor Tracts Are Fully Myelinated)**

Positive Babinski Sign in an Infant (Normal !)



Positive Babinski Sign in an Adult (Pathological !)

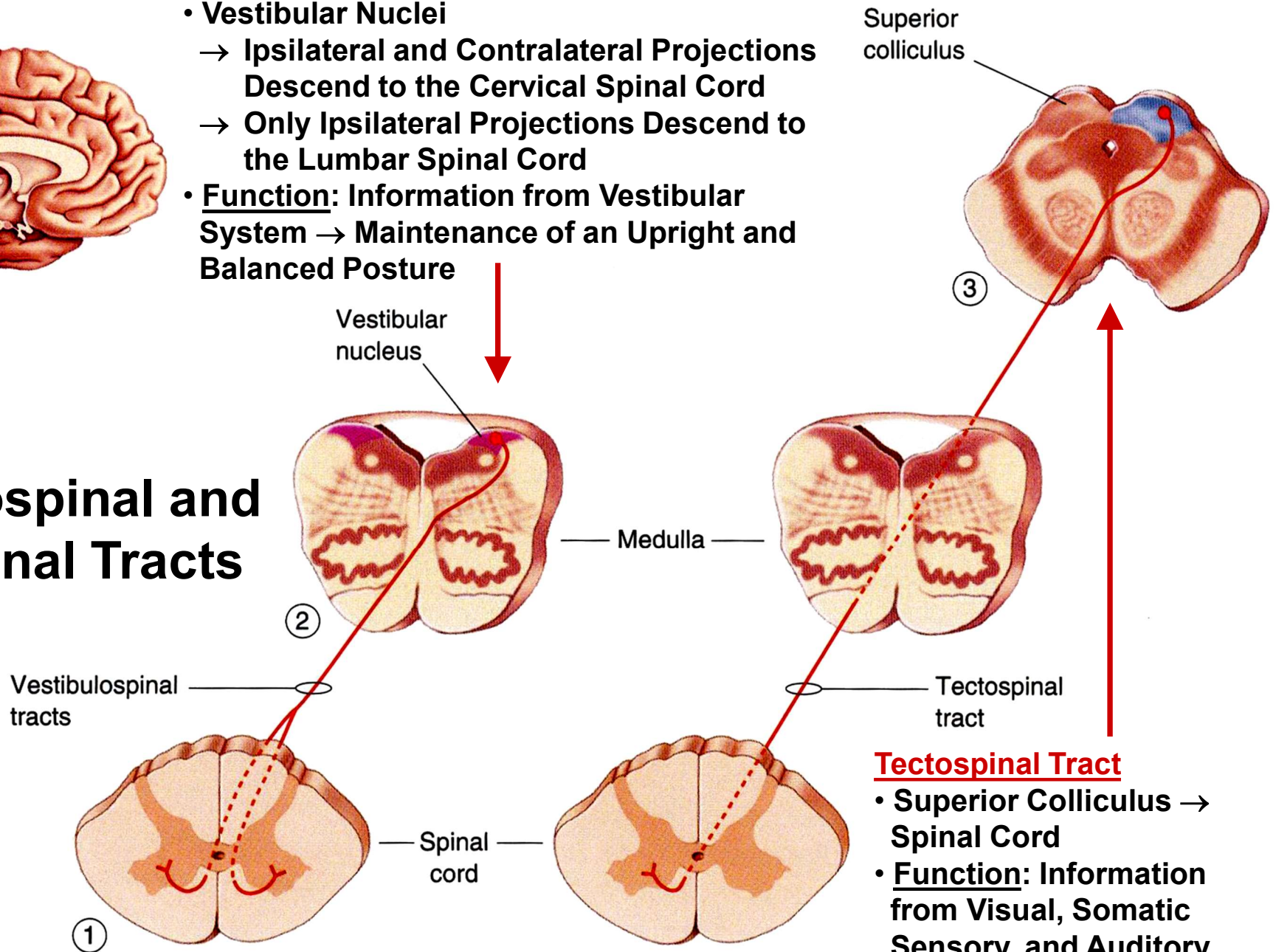




Vestibulospinal Tract

- **Vestibular Nuclei**
 - Ipsilateral and Contralateral Projections Descend to the Cervical Spinal Cord
 - Only Ipsilateral Projections Descend to the Lumbar Spinal Cord
- **Function:** Information from Vestibular System → Maintenance of an Upright and Balanced Posture

Vestibulospinal and Tectospinal Tracts



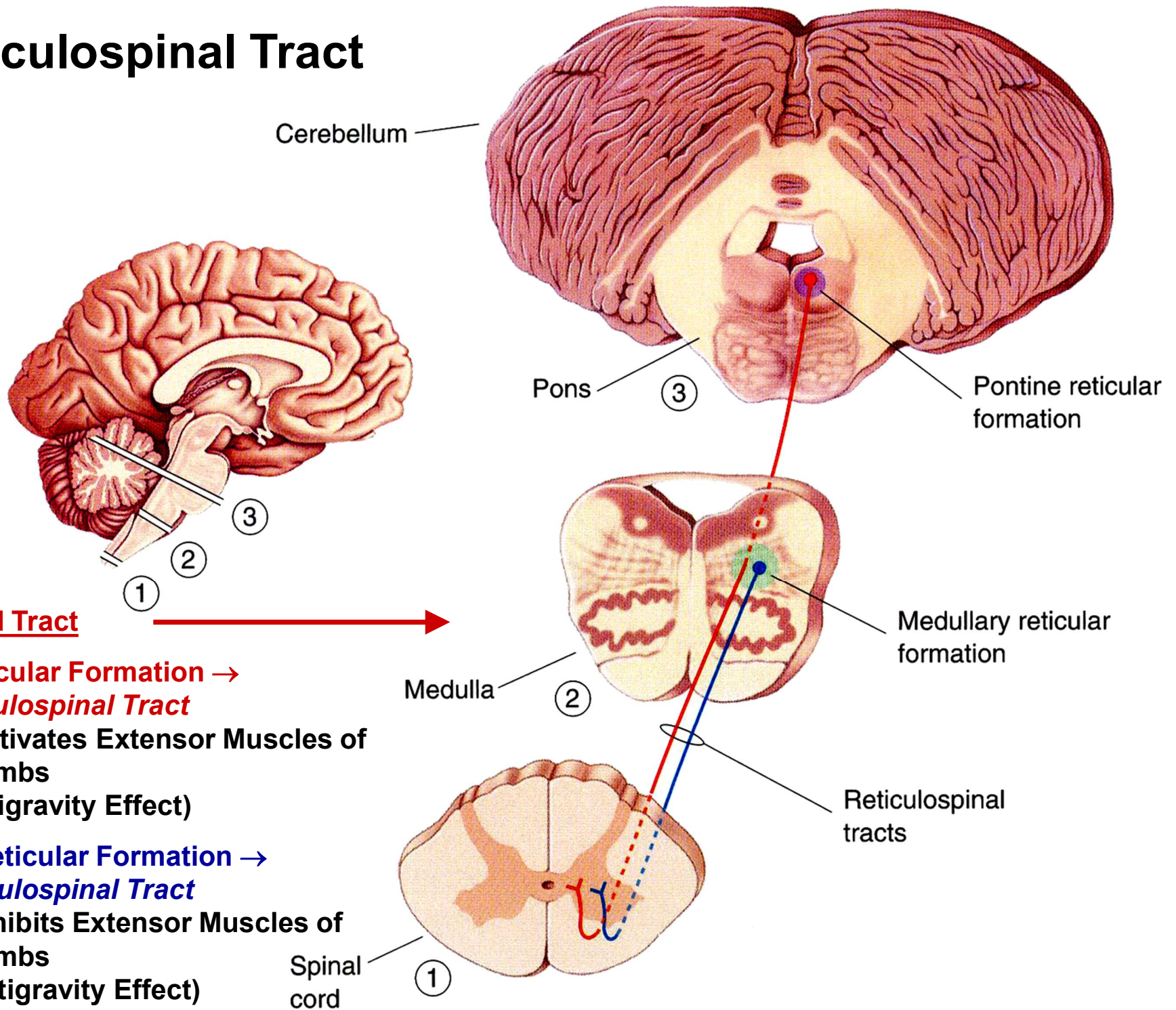
Tectospinal Tract

- **Superior Colliculus** → Spinal Cord
- **Function:** Information from Visual, Somatic Sensory, and Auditory Systems → Maintenance of an Upright and Balanced Posture

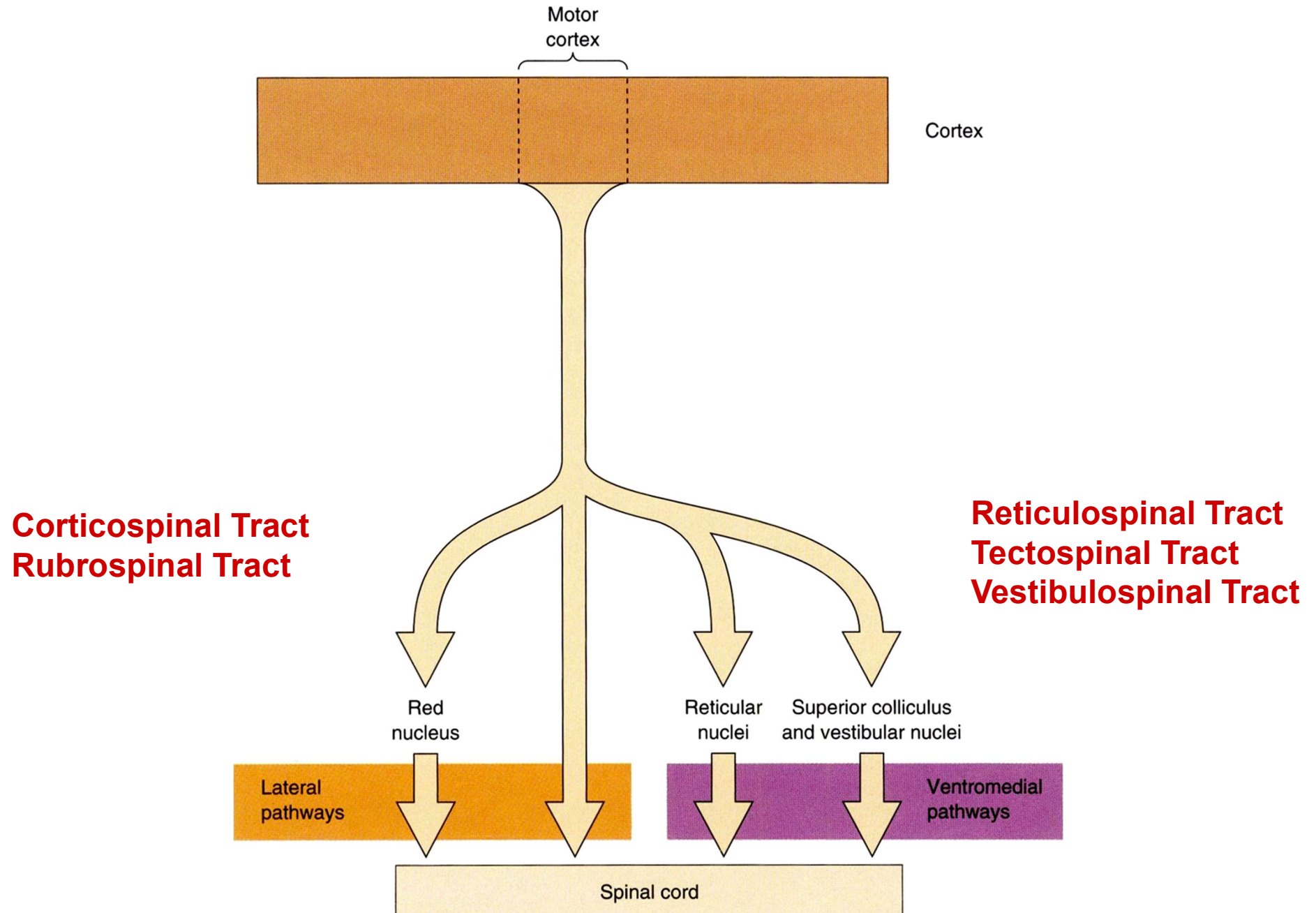
Reticulospinal Tract

Reticulospinal Tract

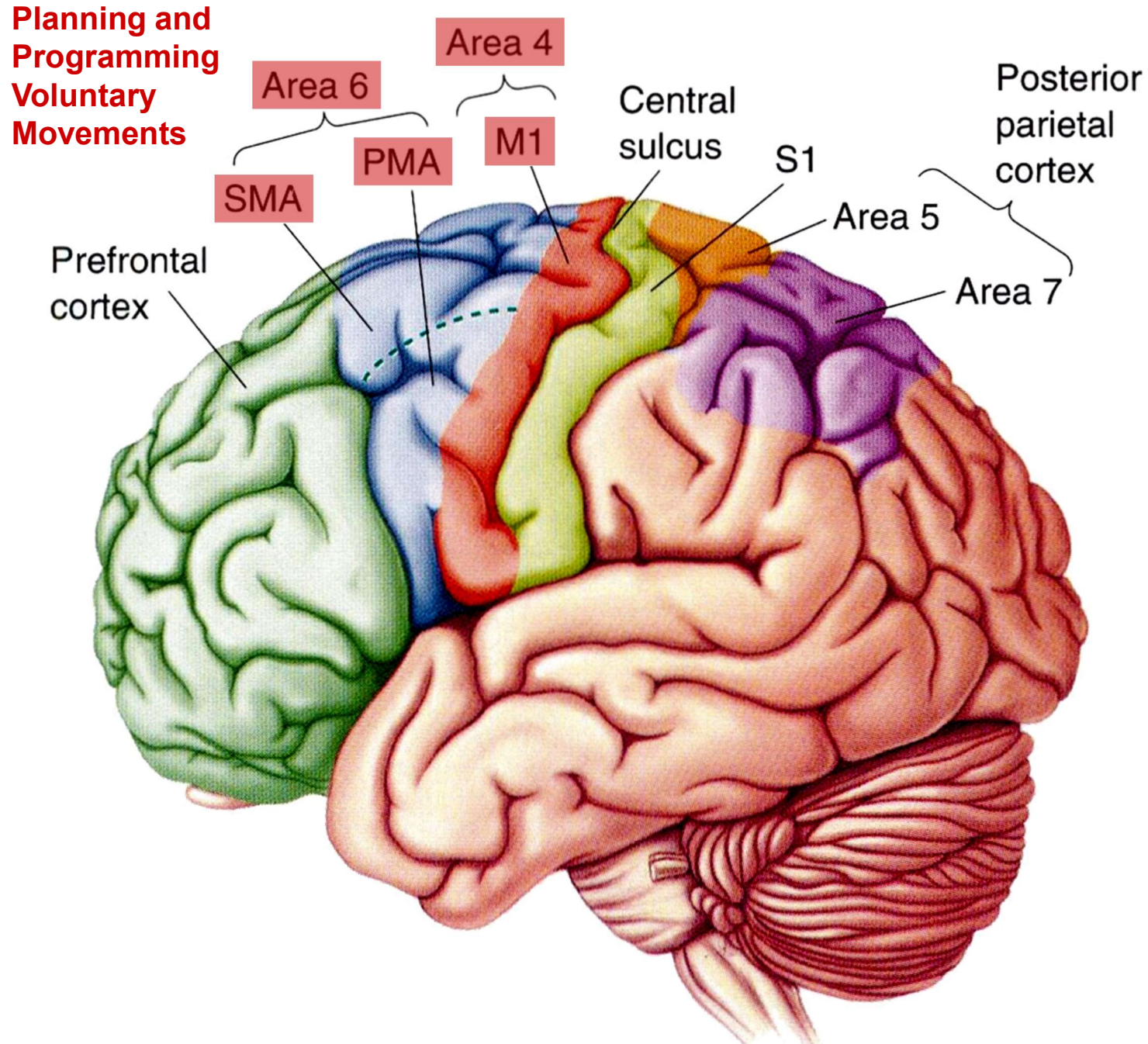
- **Pontine Reticular Formation** → **Medial Reticulospinal Tract**
- **Function:** Activates Extensor Muscles of the Lower Limbs (Positive Antigravity Effect)
- **Medullary Reticular Formation** → **Lateral Reticulospinal Tract**
- **Function:** Inhibits Extensor Muscles of the Lower Limbs (Negative Antigravity Effect)



Descending Spinal Tracts – Summary

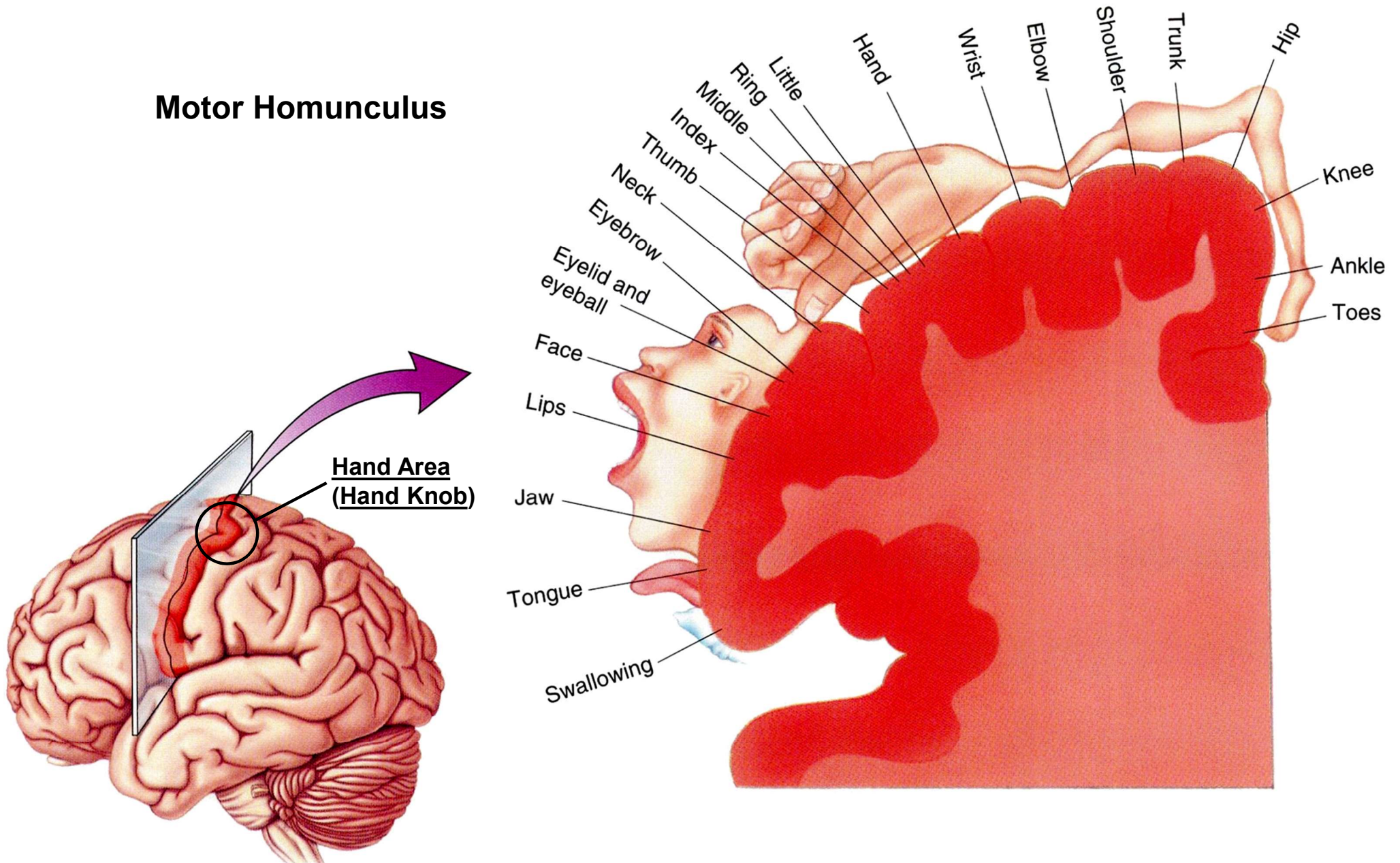


Planning and Directing Voluntary Movements – Part 1



Primary Motor Cortex – Somatotopic Map

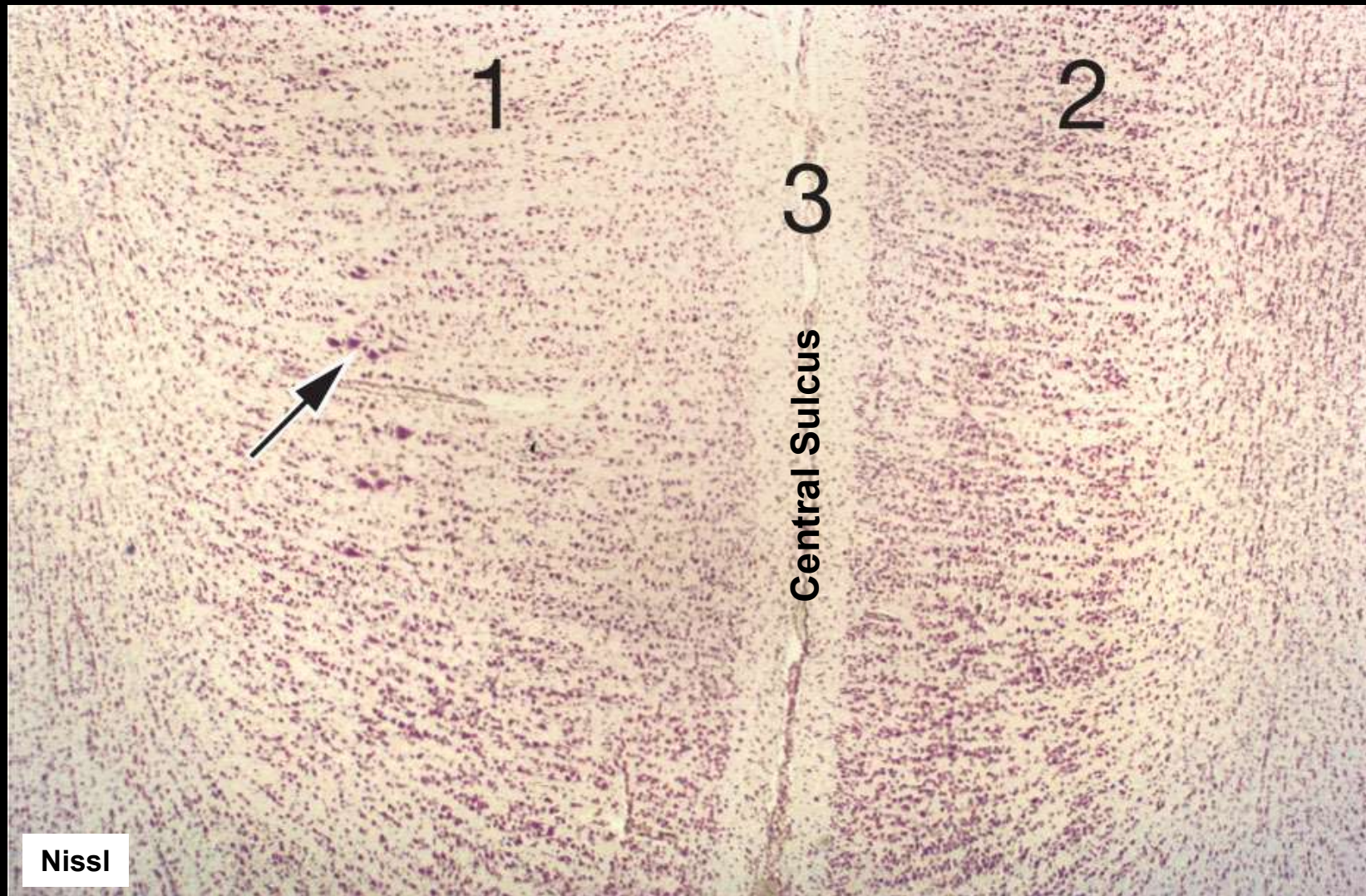
Motor Homunculus



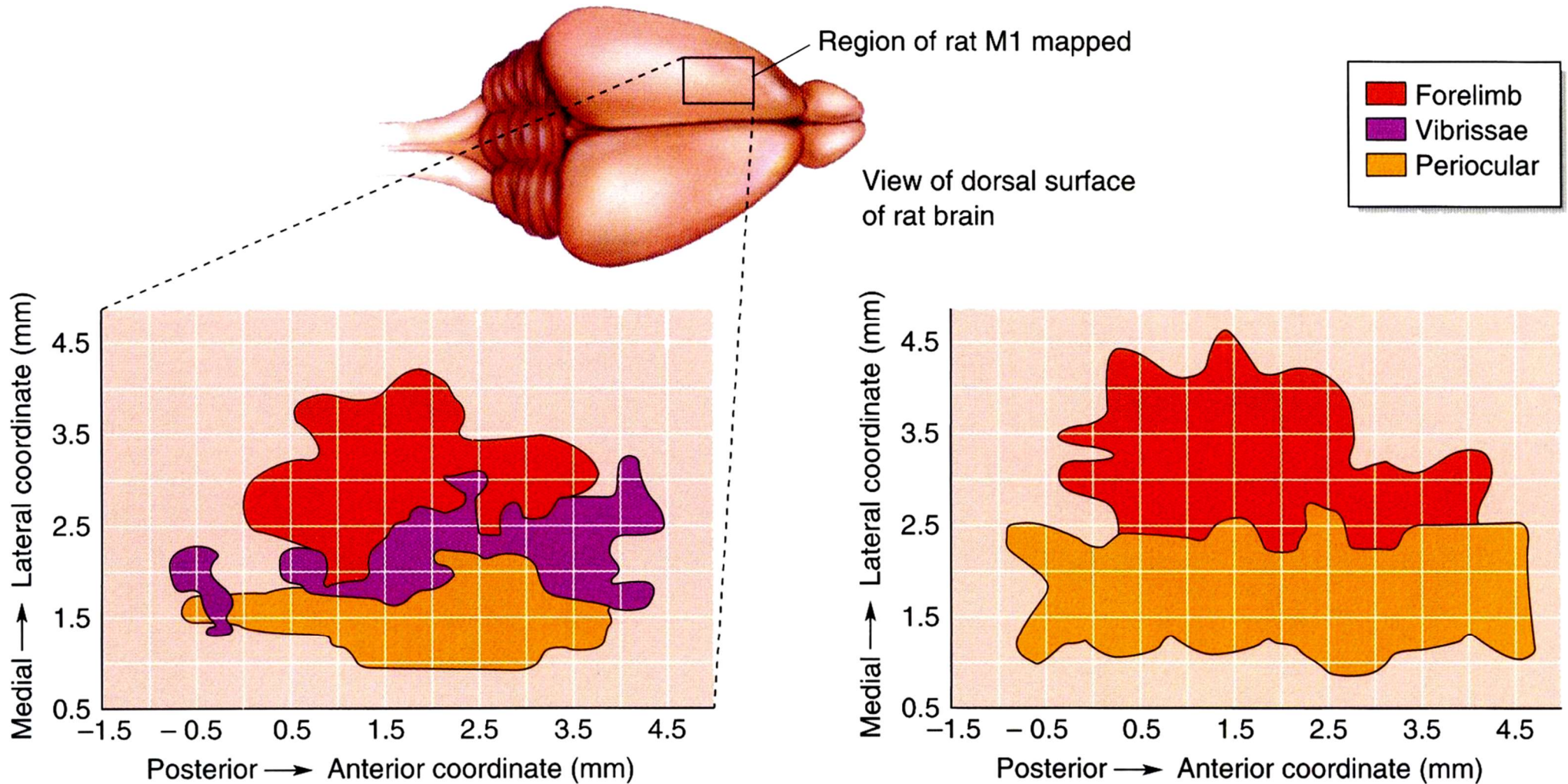
Primary Motor Cortex – Histology

Area 4

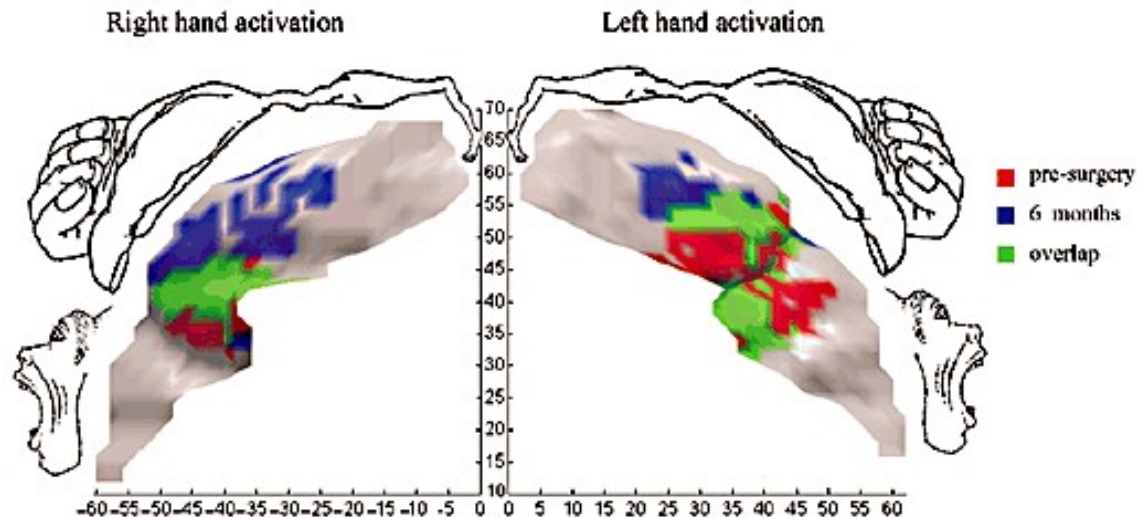
Giant Pyramidal Cells (Betz Cells)
in Layer V (Only in Area 4):
First Neurons of the Corticospinal Tract



Primary Motor Cortex – Plasticity (Rat)



Primary Motor Cortex – Plasticity (Homo)

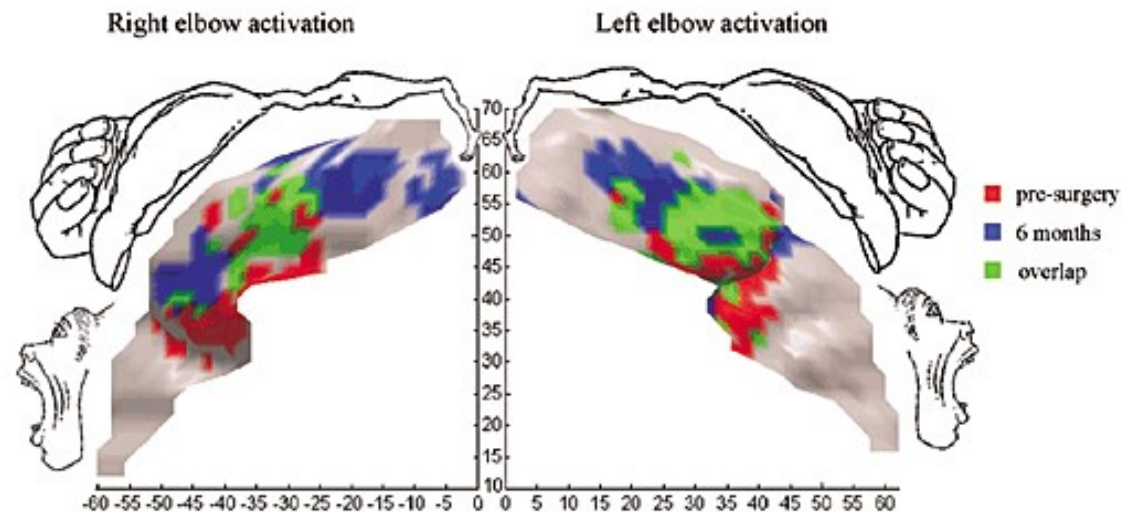


Patient C.D.

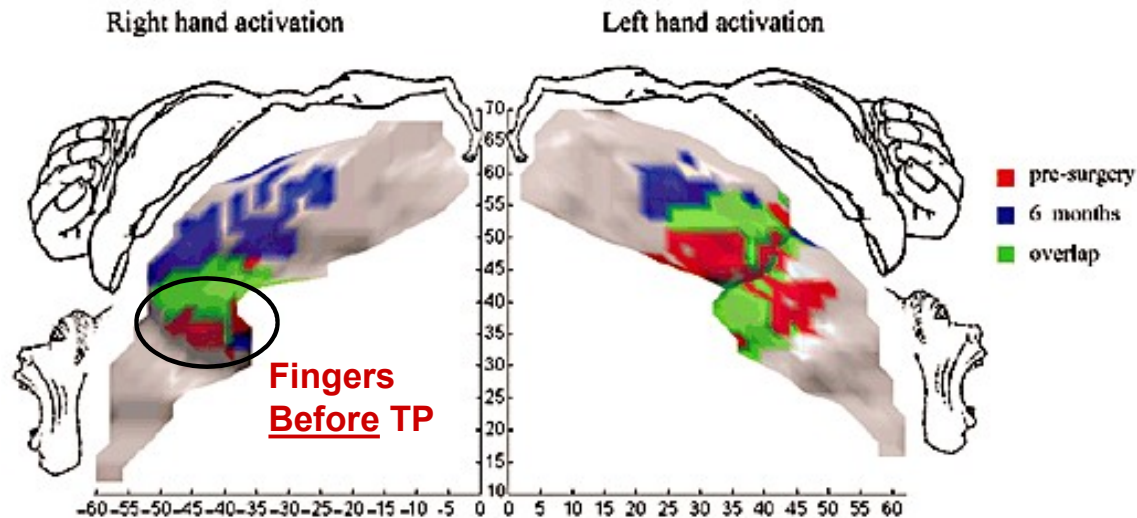
- 1996: Traumatic Amputation of Both Hands
- 2000: Bilateral Hand Transplantation

Functional MRI Scan during Flexion and Extension of:

- Right Fingers II – V
- Left Fingers II – V
- Right Elbow
- Left Elbow



Primary Motor Cortex – Plasticity (Homo)



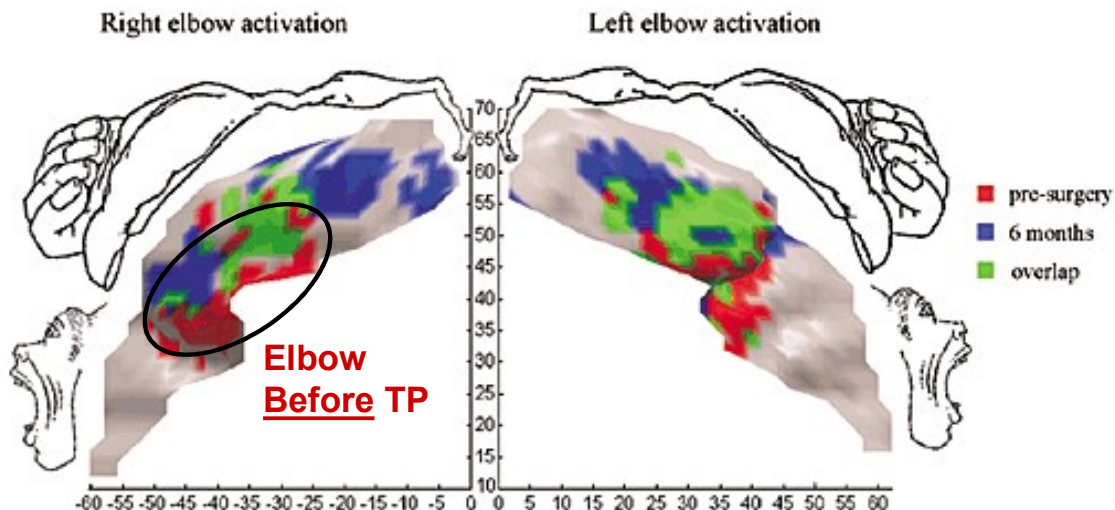
Patient C.D.

- 1996: Traumatic Amputation of Both Hands
- 2000: Bilateral Hand Transplantation

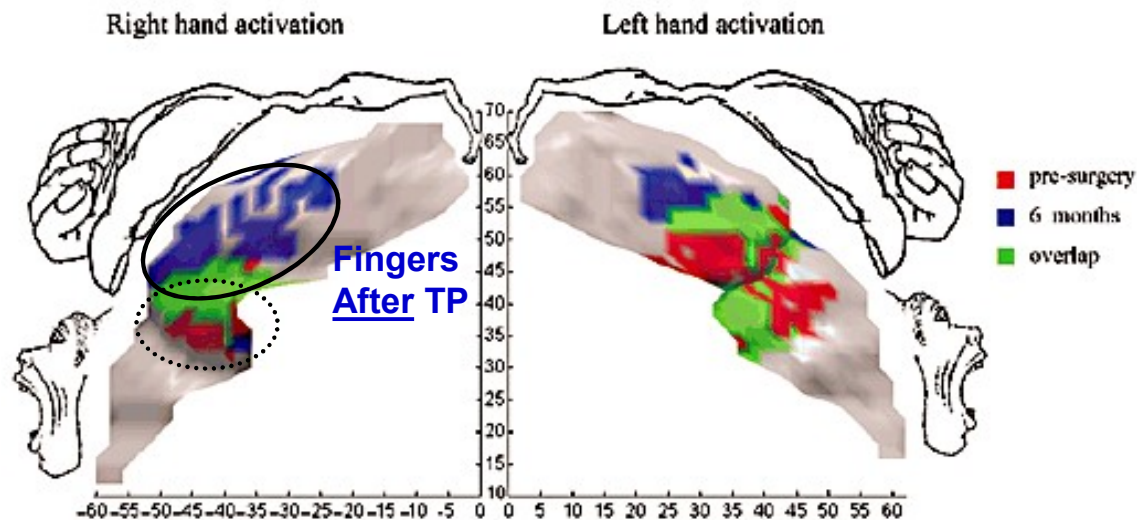
Functional MRI Scan during Flexion and Extension of:

- Right Fingers II – V
- Left Fingers II – V
- Right Elbow
- Left Elbow

Before Transplantation (TP) (Red)



Primary Motor Cortex – Plasticity (Homo)



Patient C.D.

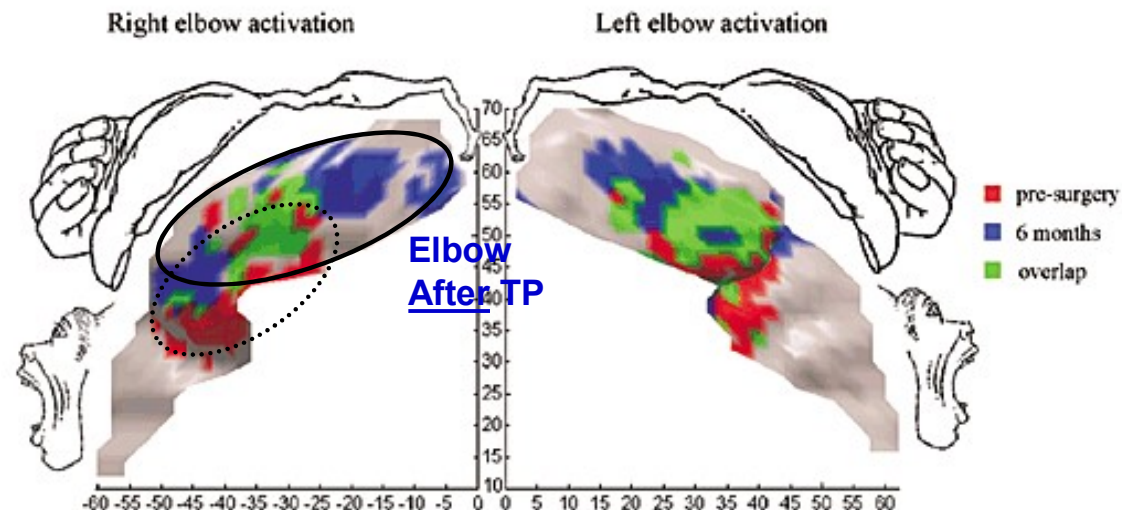
- 1996: Traumatic Amputation of Both Hands
- 2000: Bilateral Hand Transplantation

Functional MRI Scan during Flexion and Extension of:

- Right Fingers II – V
- Left Fingers II – V
- Right Elbow
- Left Elbow

Before Transplantation (TP) (Red)

6 Months After Transplantation (TP) (Blue)



Premotor Cortex – Movement Planning

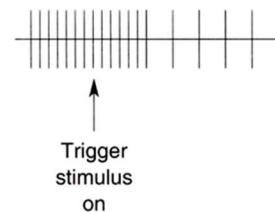
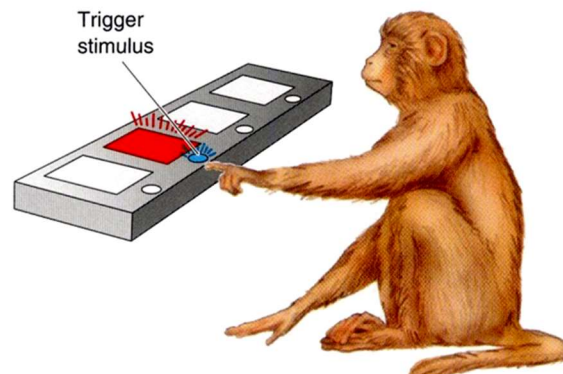
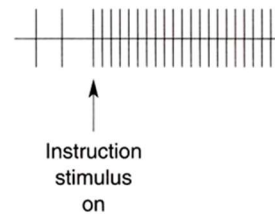
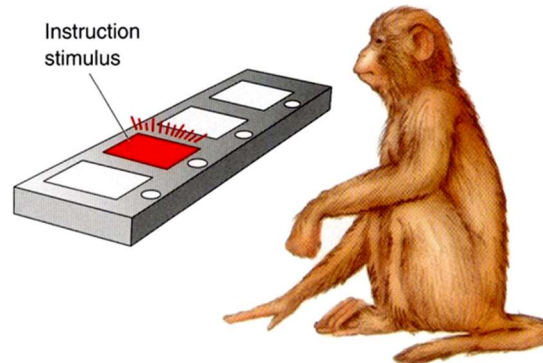
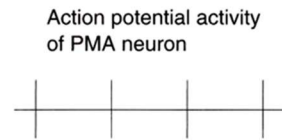
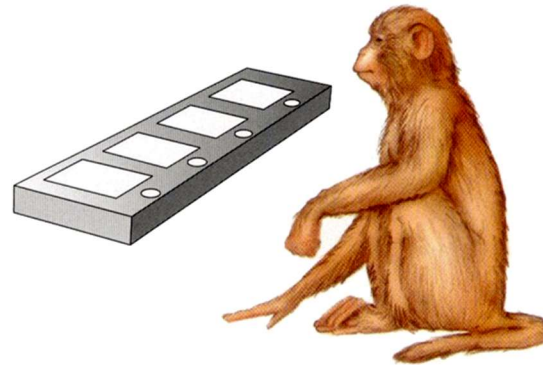
"Ready"



"Set"



"Go"

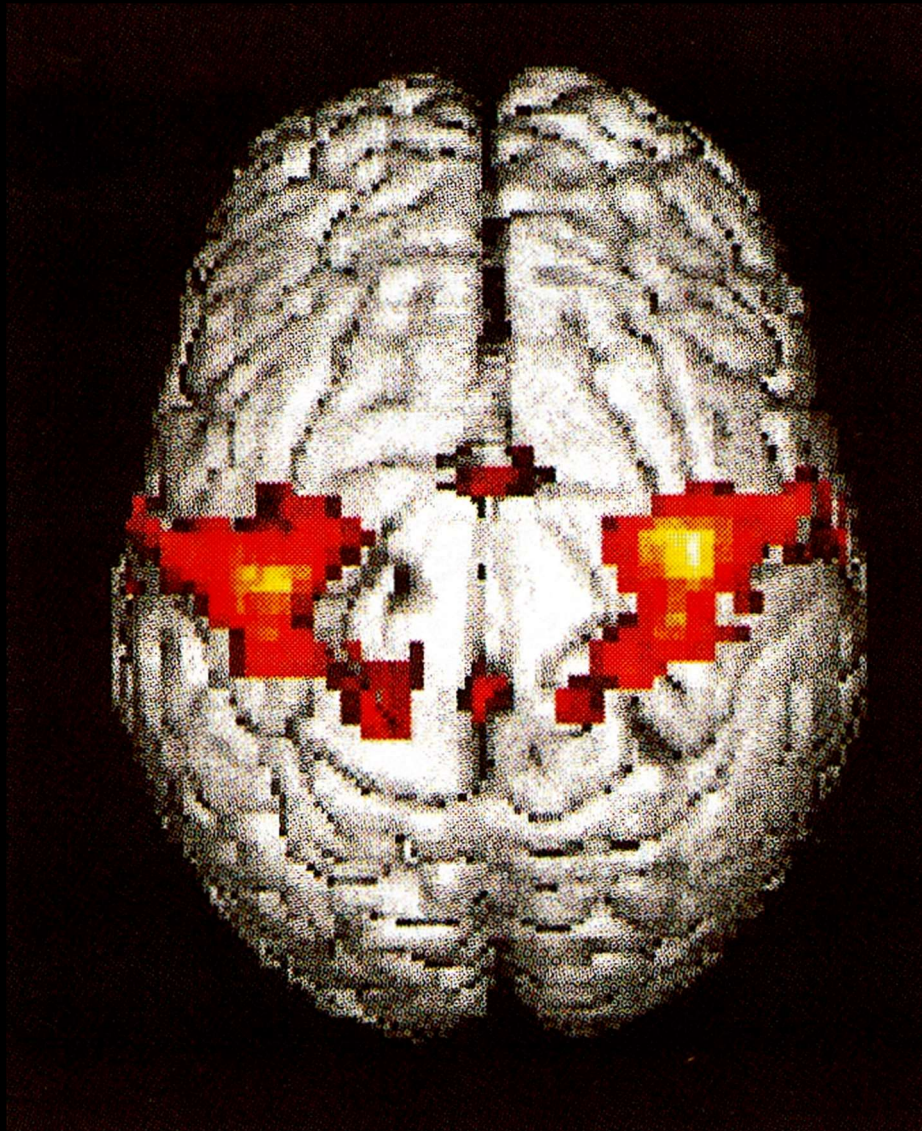


Discharge Pattern of a Neuron in the Premotor Area (PMA)

Imagination and Execution of Finger Movements

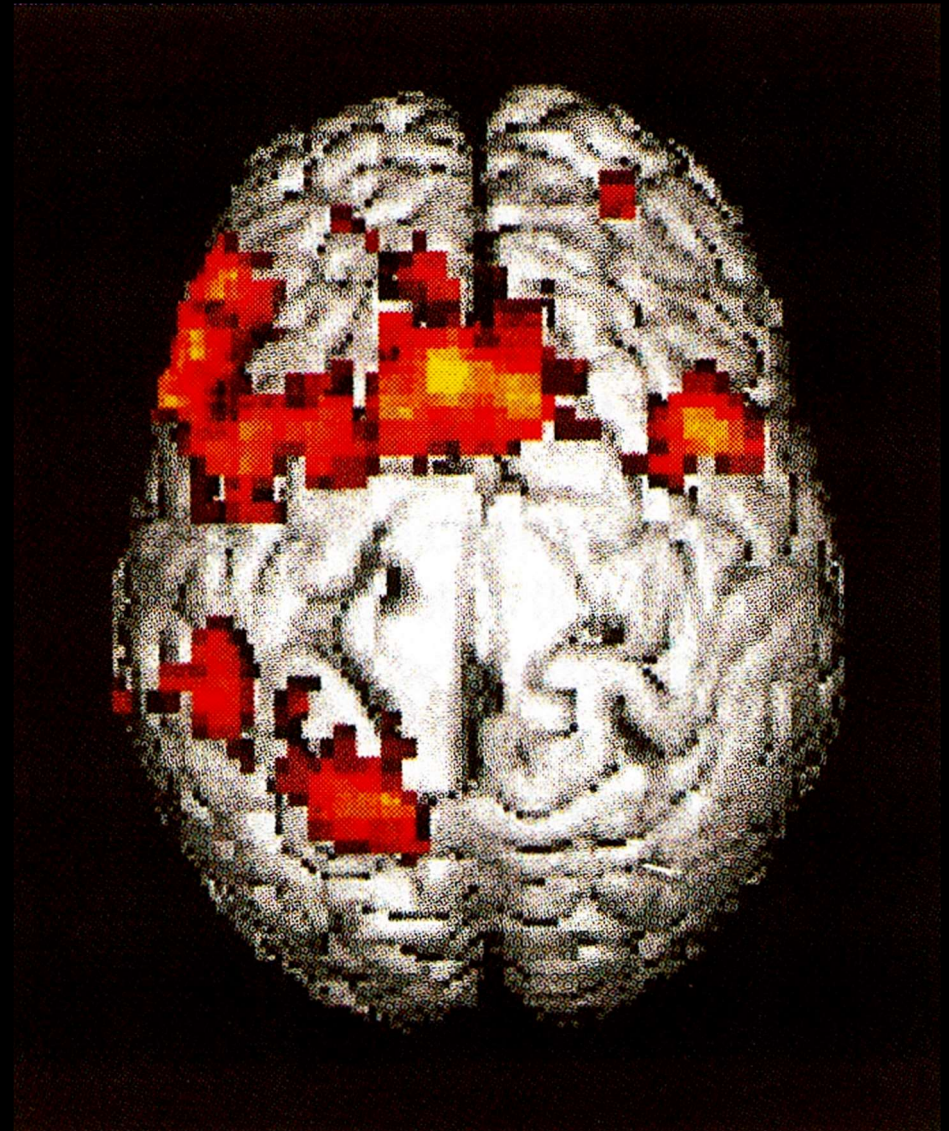
Execution vs. Imagination:

- Frontal Cortex: Areas 4, 6
- Parietal Cortex: Areas 1-3, 40, 43

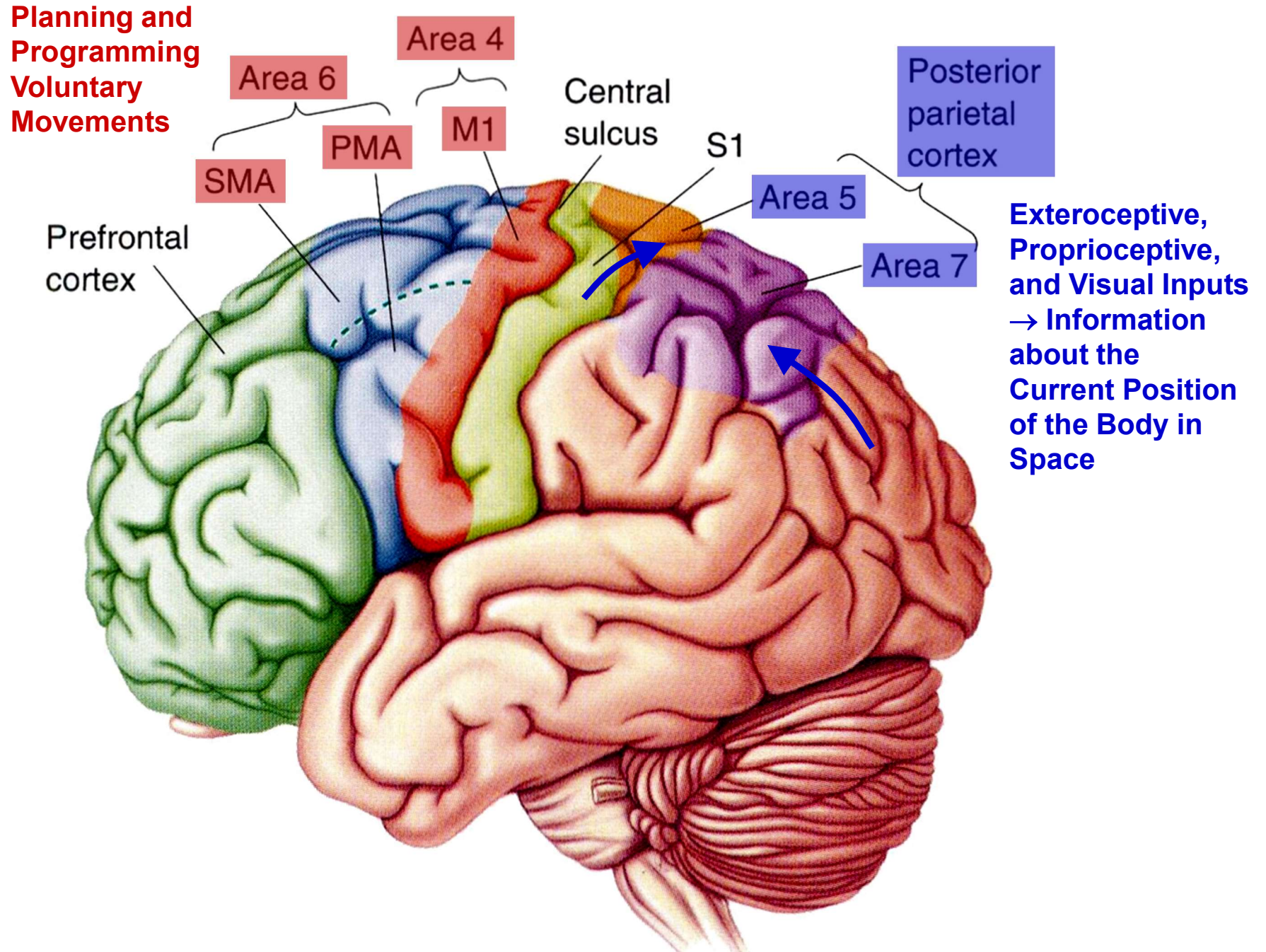


Imagination vs. Execution:

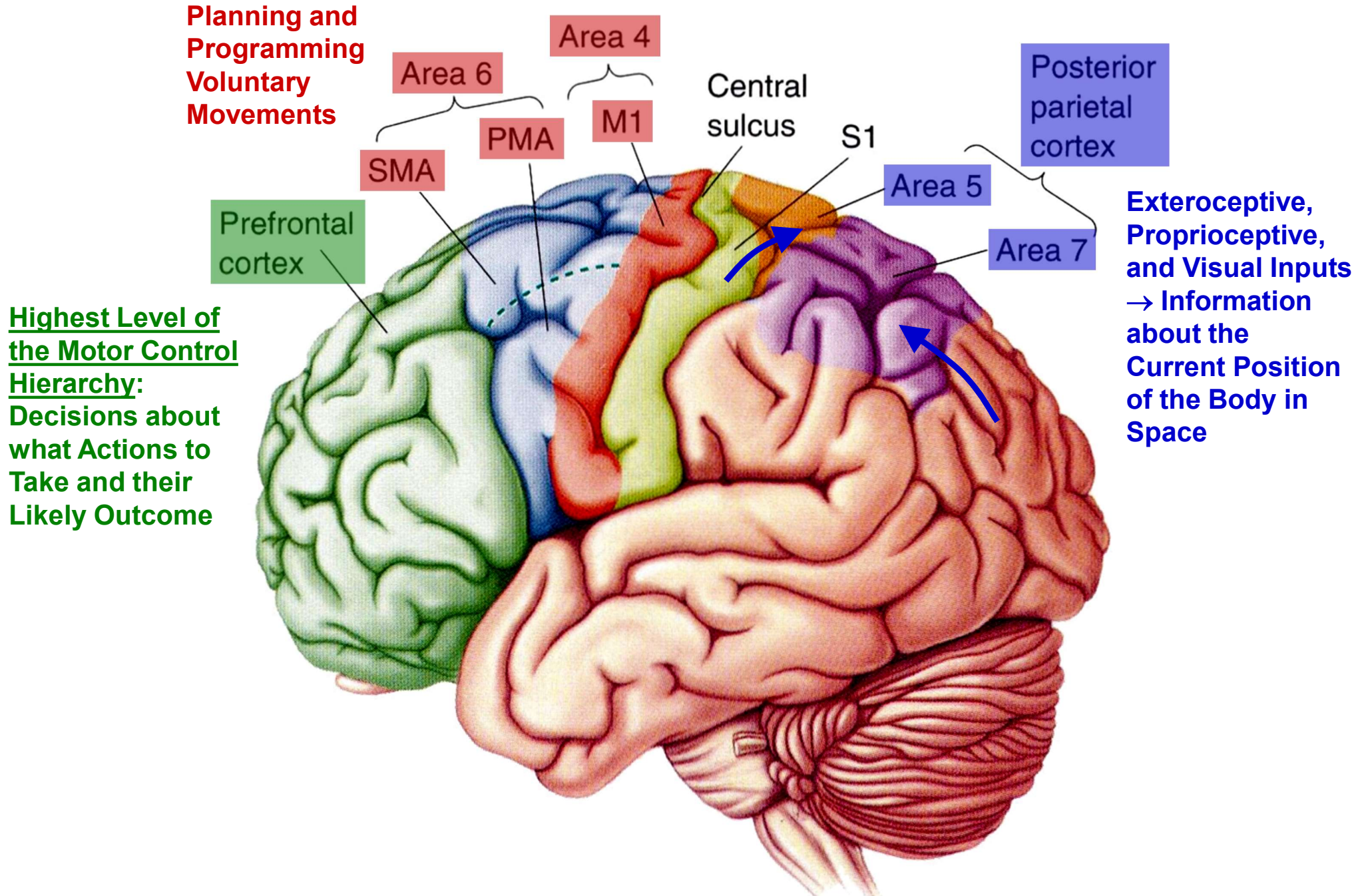
- Frontal Cortex: Areas 6, 44, 9, 46, 10, 11
- Parietal Cortex: Areas 7, 40



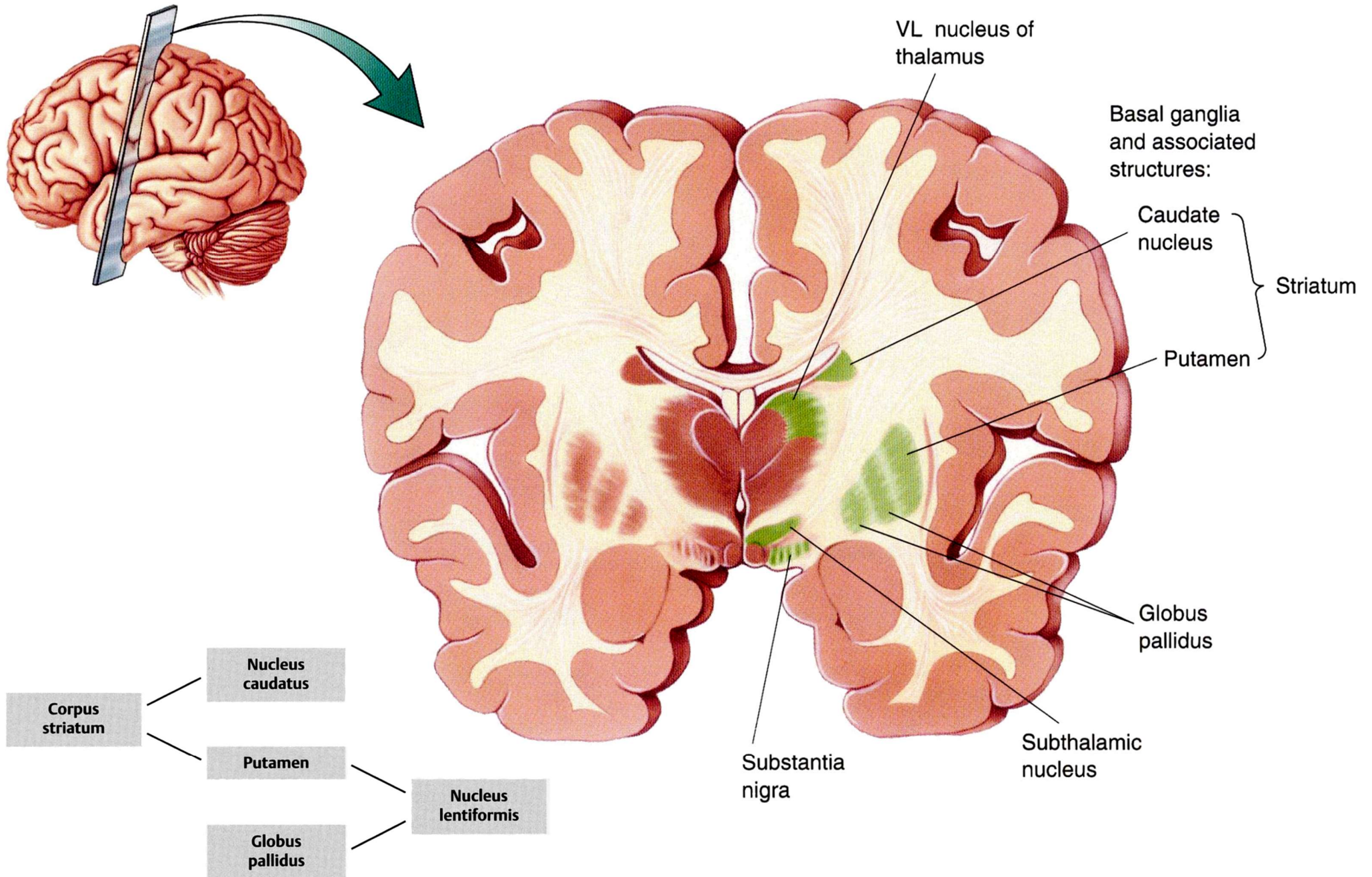
Planning and Directing Voluntary Movements – Part 2



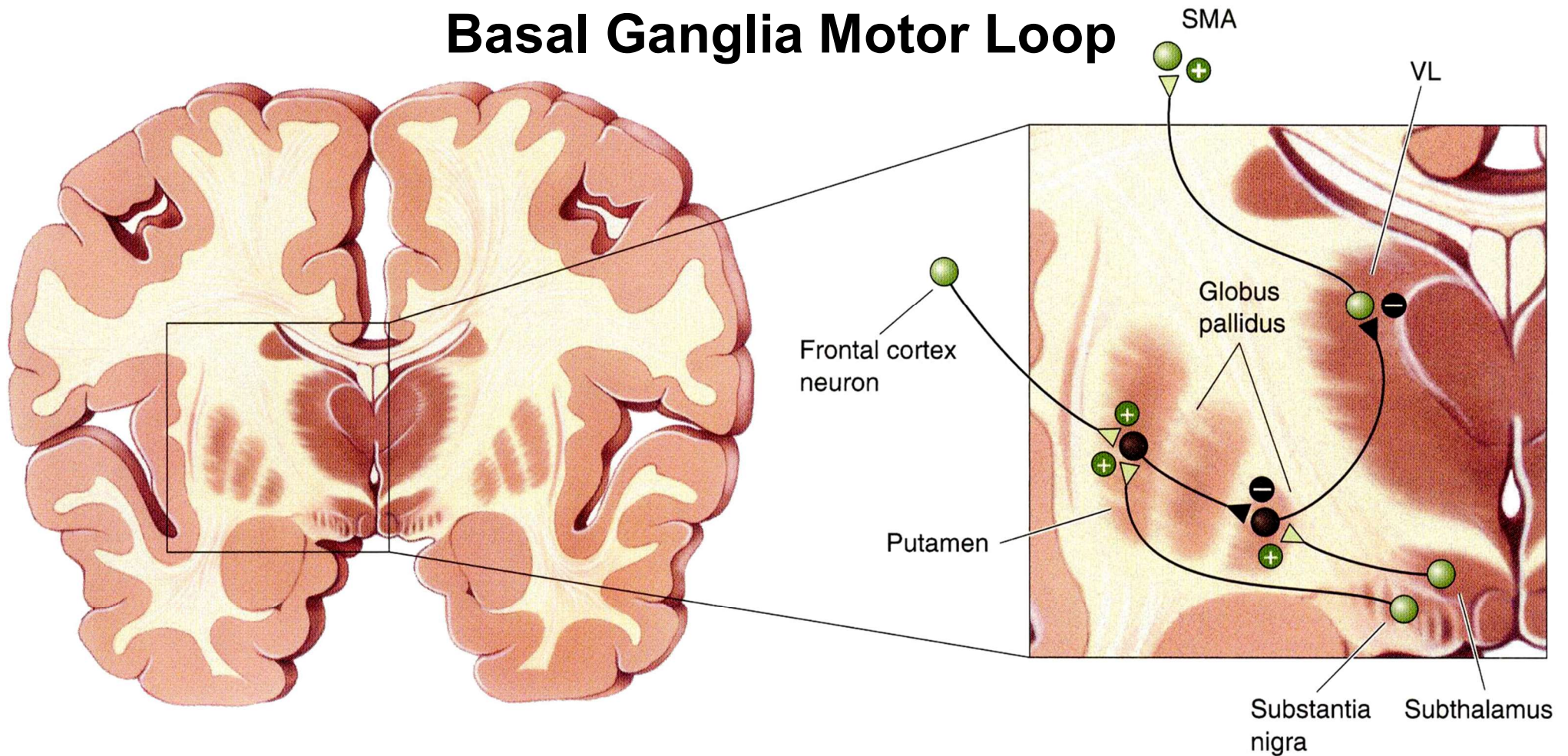
Planning and Directing Voluntary Movements – Part 3



Basal Ganglia



Basal Ganglia Motor Loop

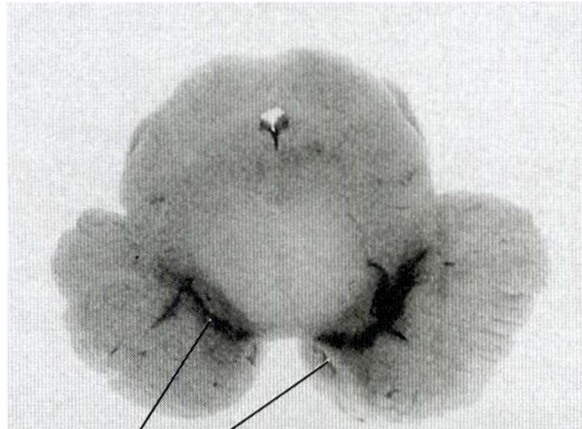


Connectivity: Cortex $\xrightarrow{+}$ Striatum $\xrightarrow{-}$ Pallidum $\xrightarrow{-}$ VLo $\xrightarrow{+}$ Cortex

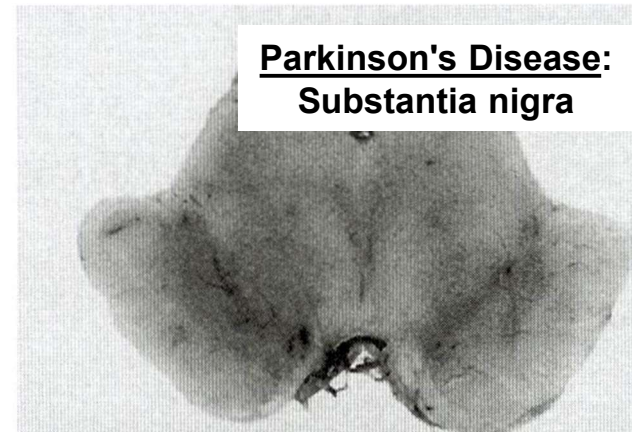
Motor Rest: ⚡ $\xrightarrow{-}$ ∅

Motor Activity: ⚡ $\xrightarrow{+}$ ⚡ $\xrightarrow{-}$ ∅ $\xrightarrow{+}$ ⚡
 Disinhibition ! Go

Parkinson's Disease – Huntington's Disease



Substantia
nigra



Parkinson's Disease:
Substantia nigra



Huntington's Disease:
Striatum, Pallidum

Caudate
nucleus

Putamen

Parkinson's Disease



Stage 1: unilateral involvement; blank facies; affected arm in semiflexed position with tremor; patient leans to unaffected side



Stage 2: bilateral involvement with early postural changes; slow, shuffling gait with decreased excursion of legs

Stage 3: pronounced gait disturbances and moderate generalized disability; postural instability with tendency to fall



F. Netter M.D.
© CIBA



Stage 4: significant disability; limited ambulation with assistance



Stage 5: complete invalidism; patient confined to bed or chair; cannot stand or walk even with assistance

F. Netter M.D.
© CIBA

Parkinson's Disease – Resting Tremor 1



Parkinson's Disease – Resting Tremor 2



English Subtitles
by Courtesy of Dr. Derek Ott

Parkinson's Disease – Resting Tremor 3



Parkinson's Disease – Posture and Tremor



English Subtitles
by Courtesy of Dr. Derek Ott

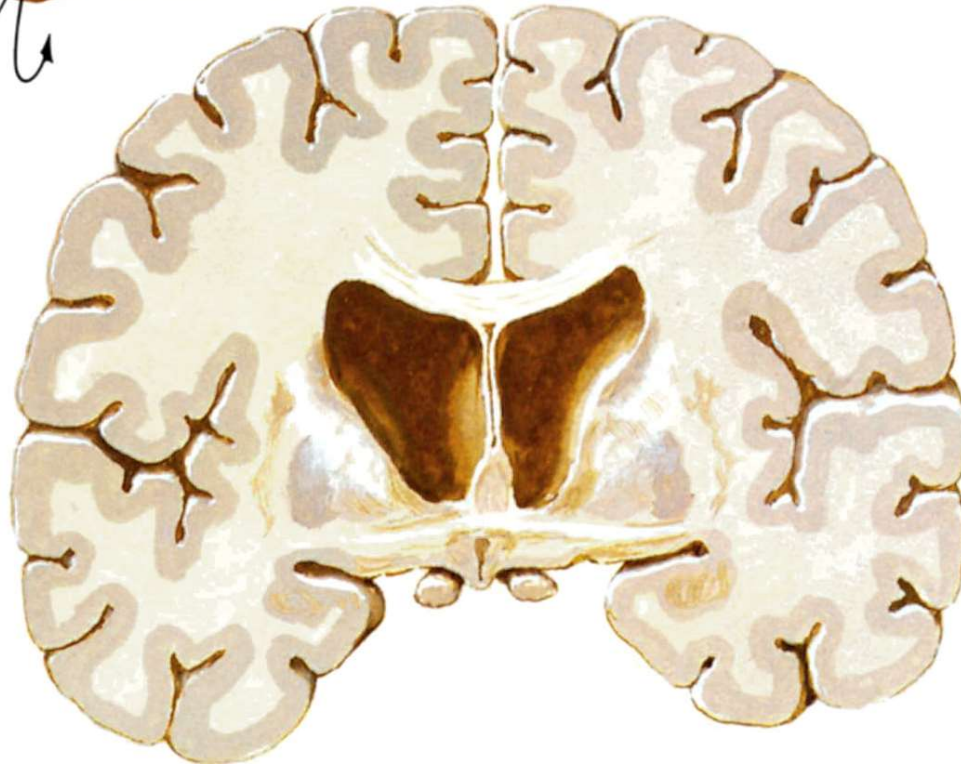
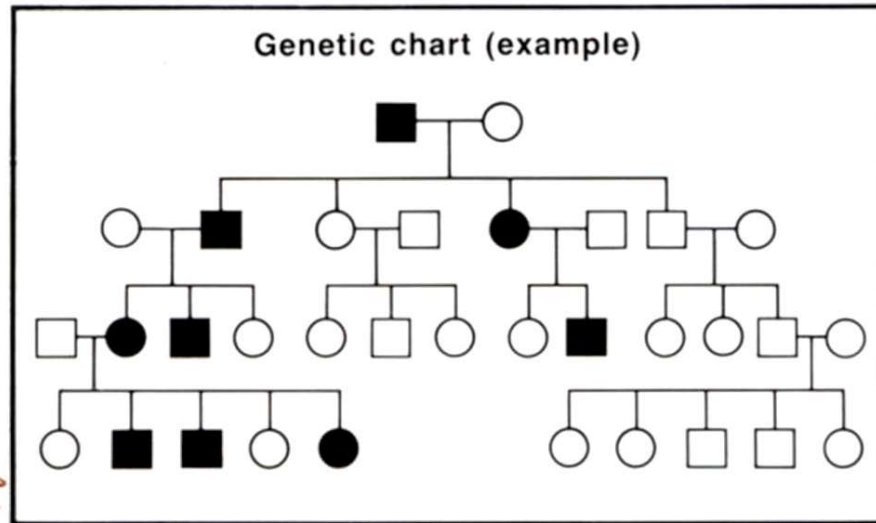
Huntington's Disease

Huntington's disease

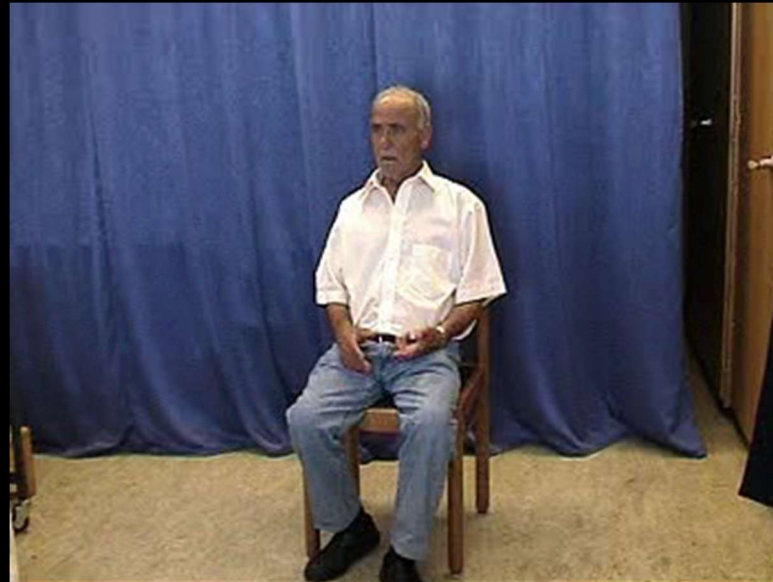
Middle-aged person:
mental deterioration,
grimacing, choreiform
movements



Genetic chart (example)

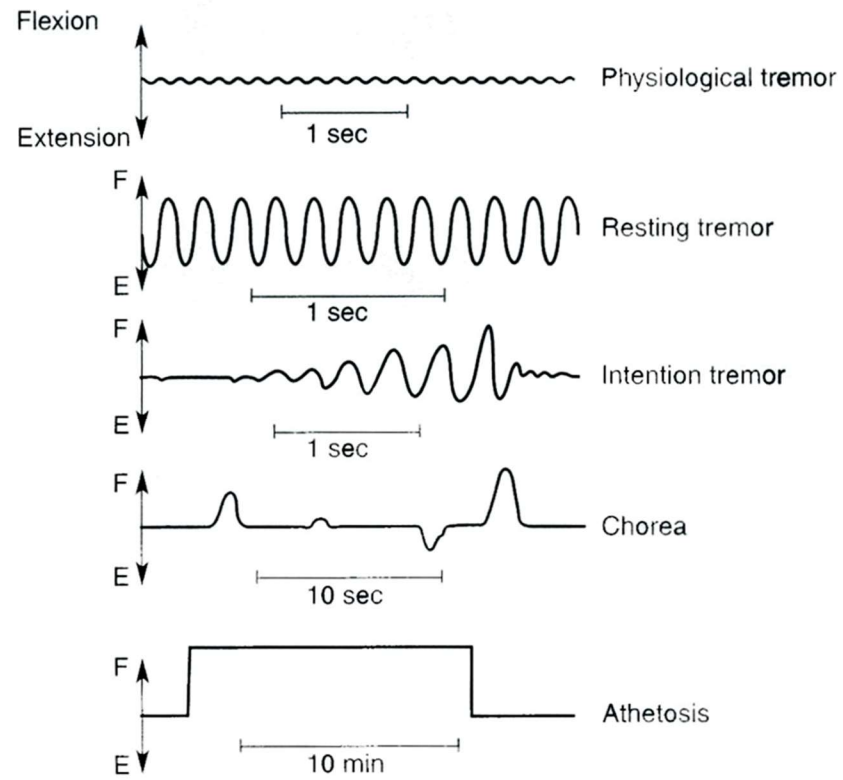


Huntington's Disease – Chorea



English Subtitles
by Courtesy of Dr. Derek Ott

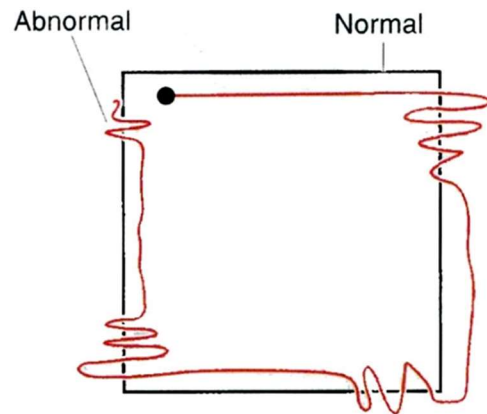
Tremor



Start



Finish



Postural Tremor

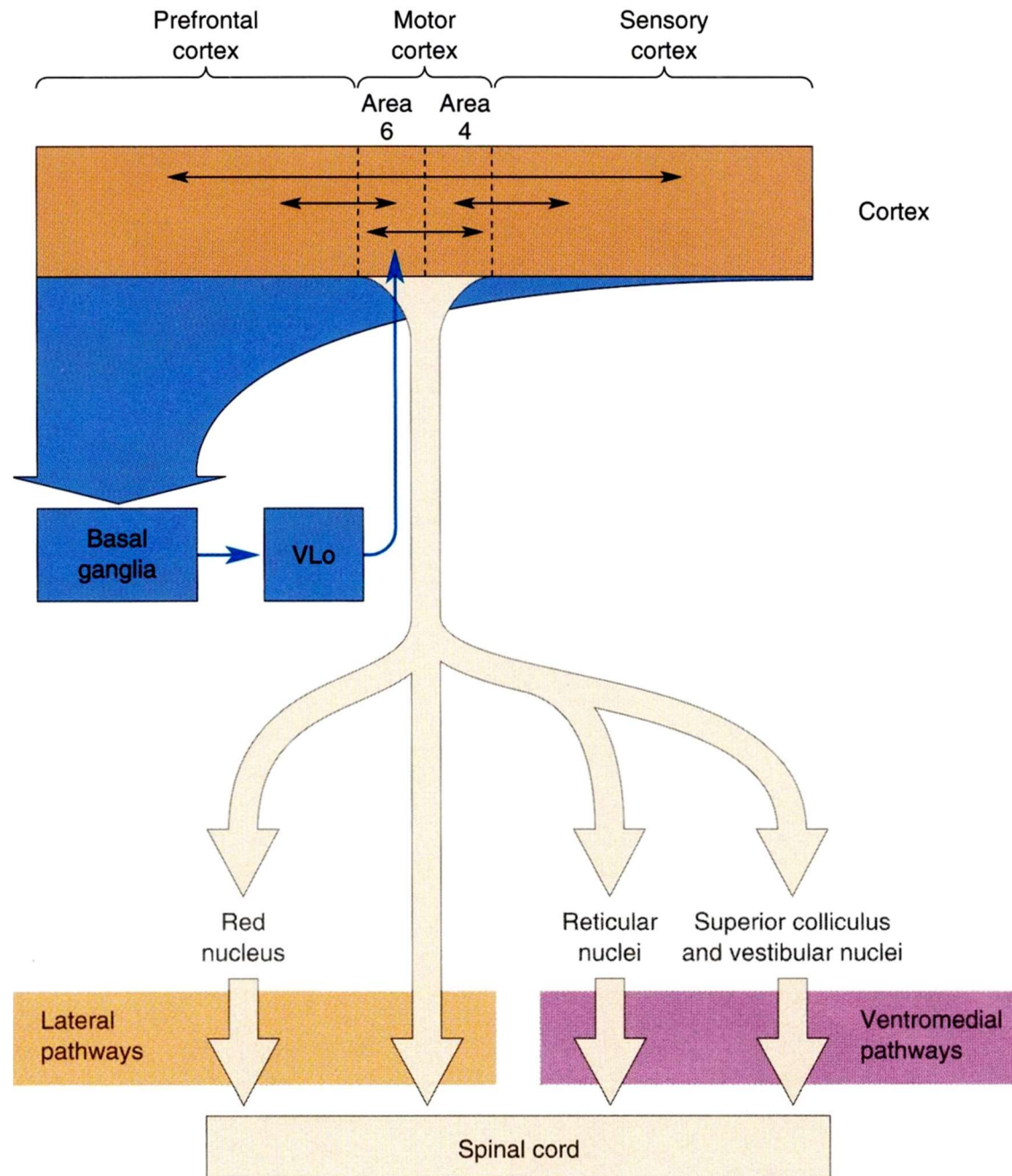


English Subtitles
by Courtesy of Dr. Derek Ott

Postural Tremor and Intention Tremor



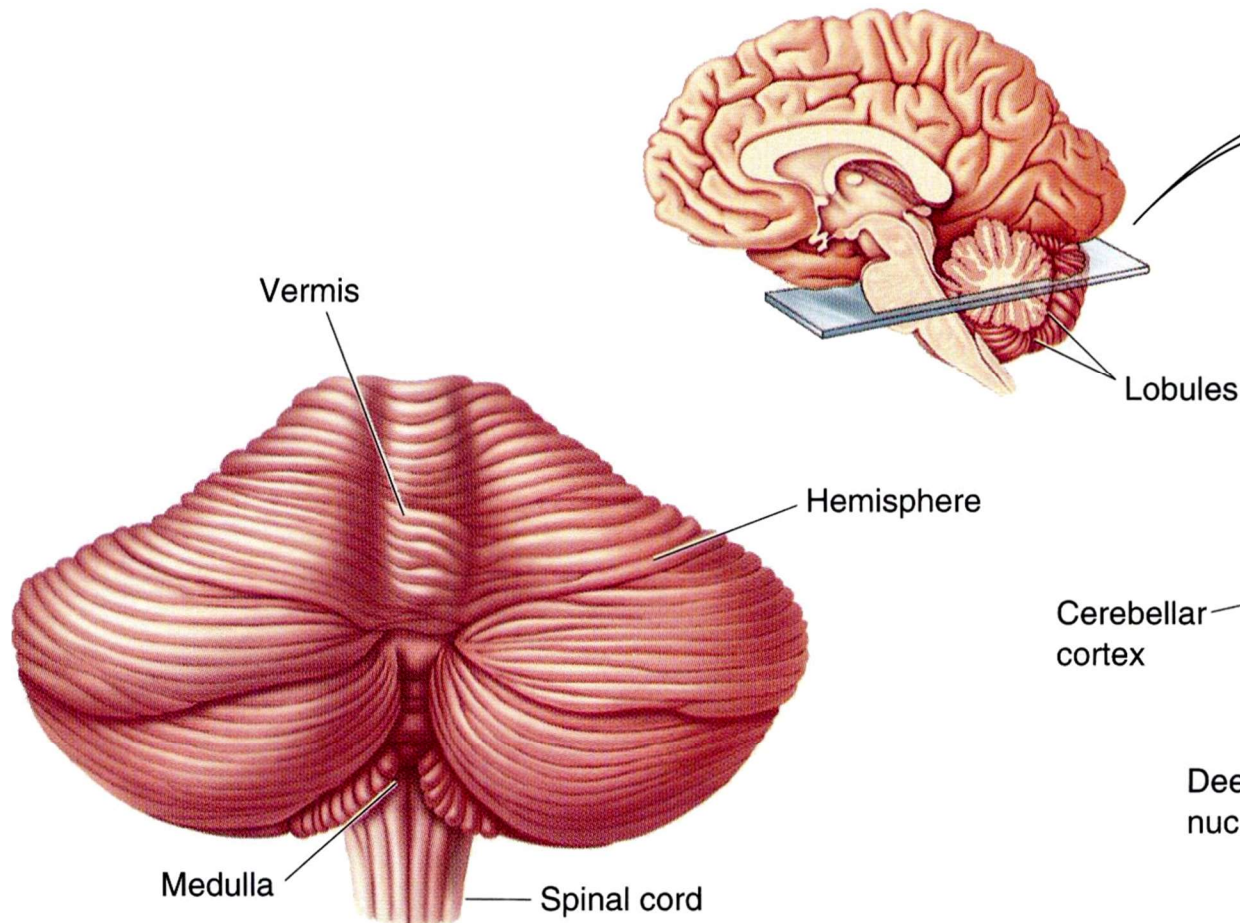
Basal Ganglia – Summary



Cerebellum

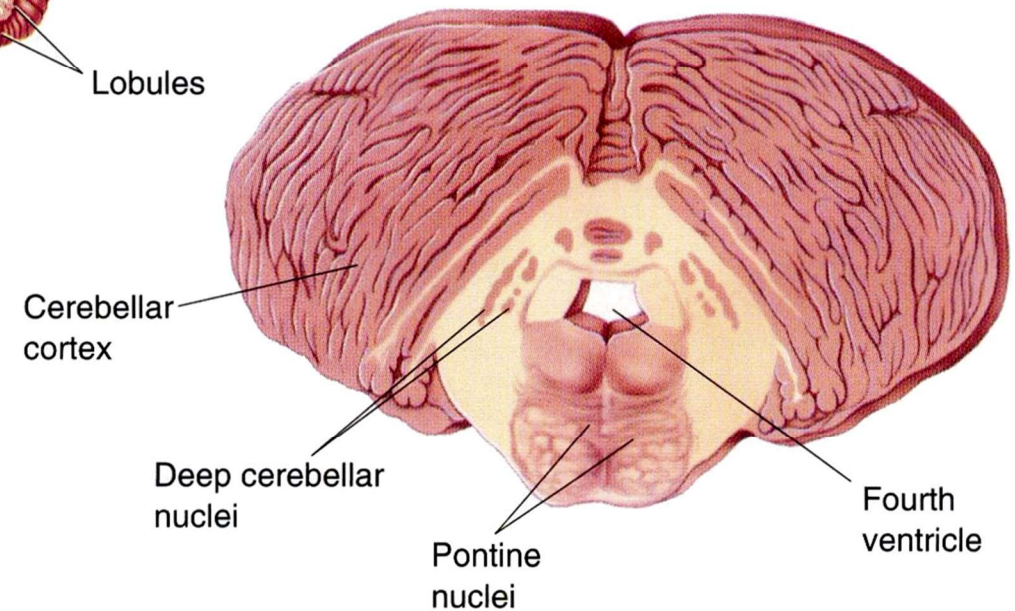
Dorsal View:

- Midline Region (Vermis)
- 2 Hemispheres
- Series of Shallow Ridges (Folia)

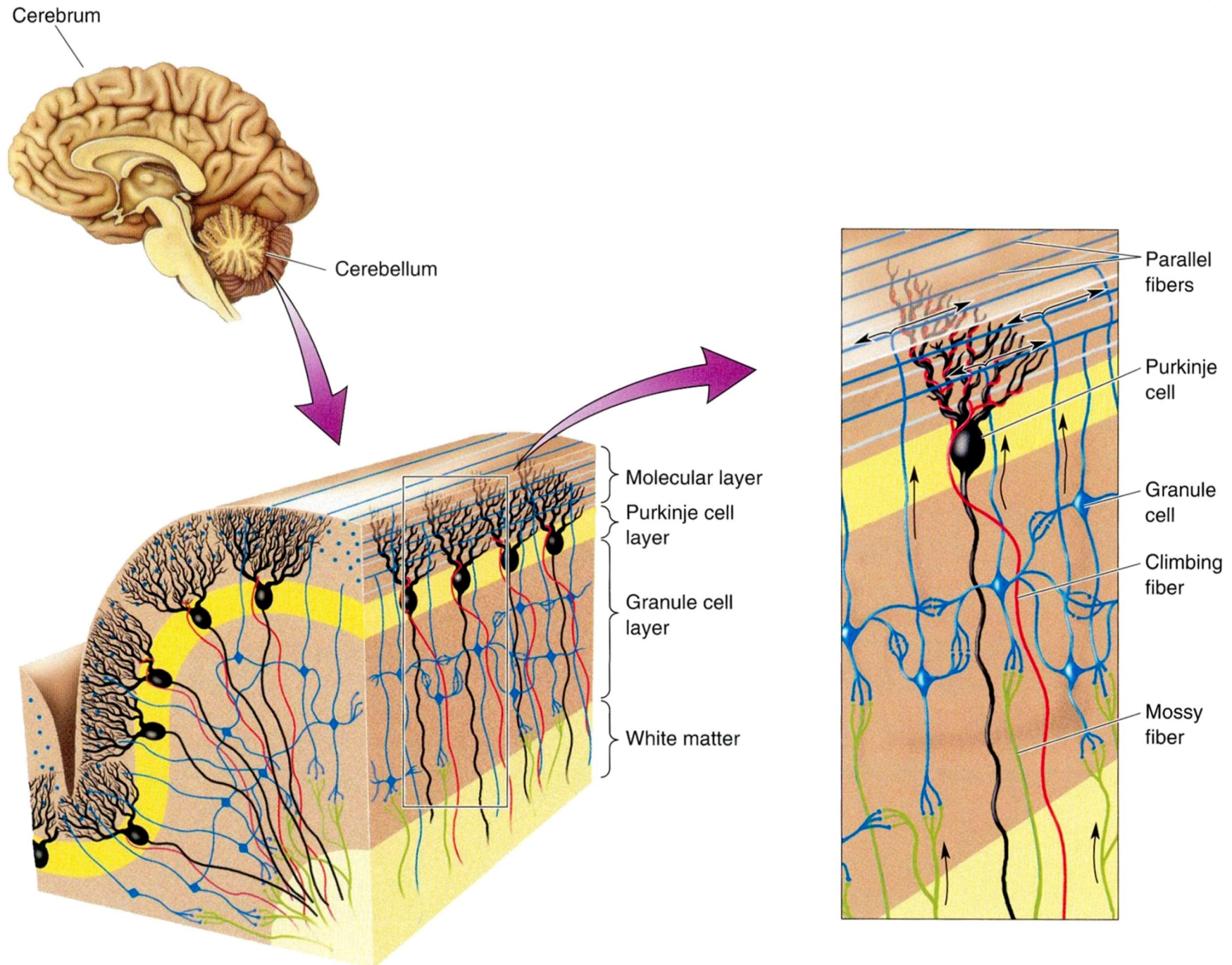


Cross Section:

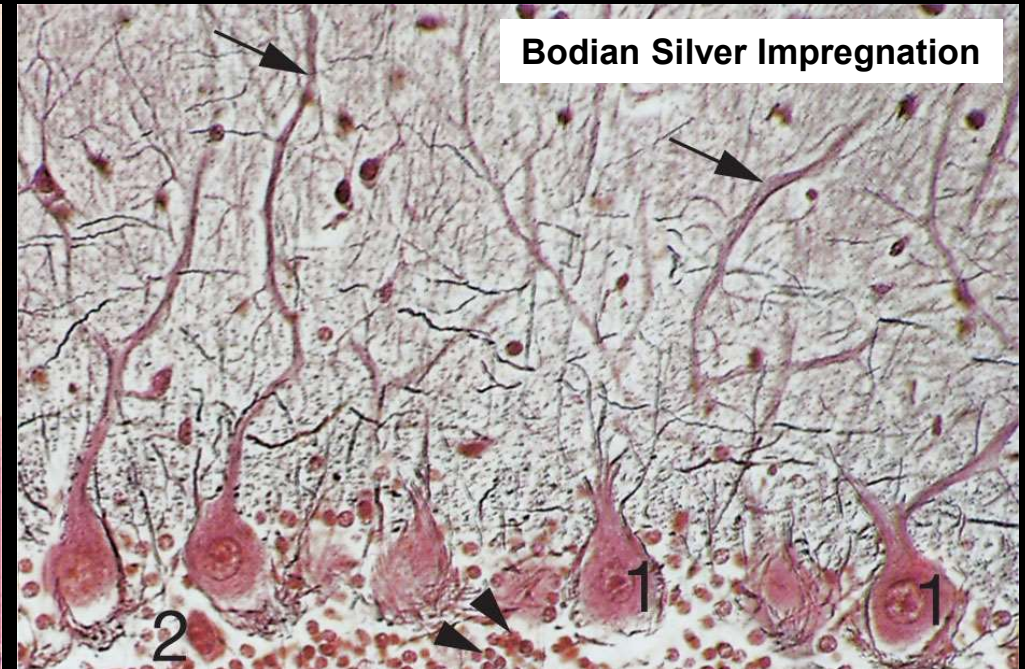
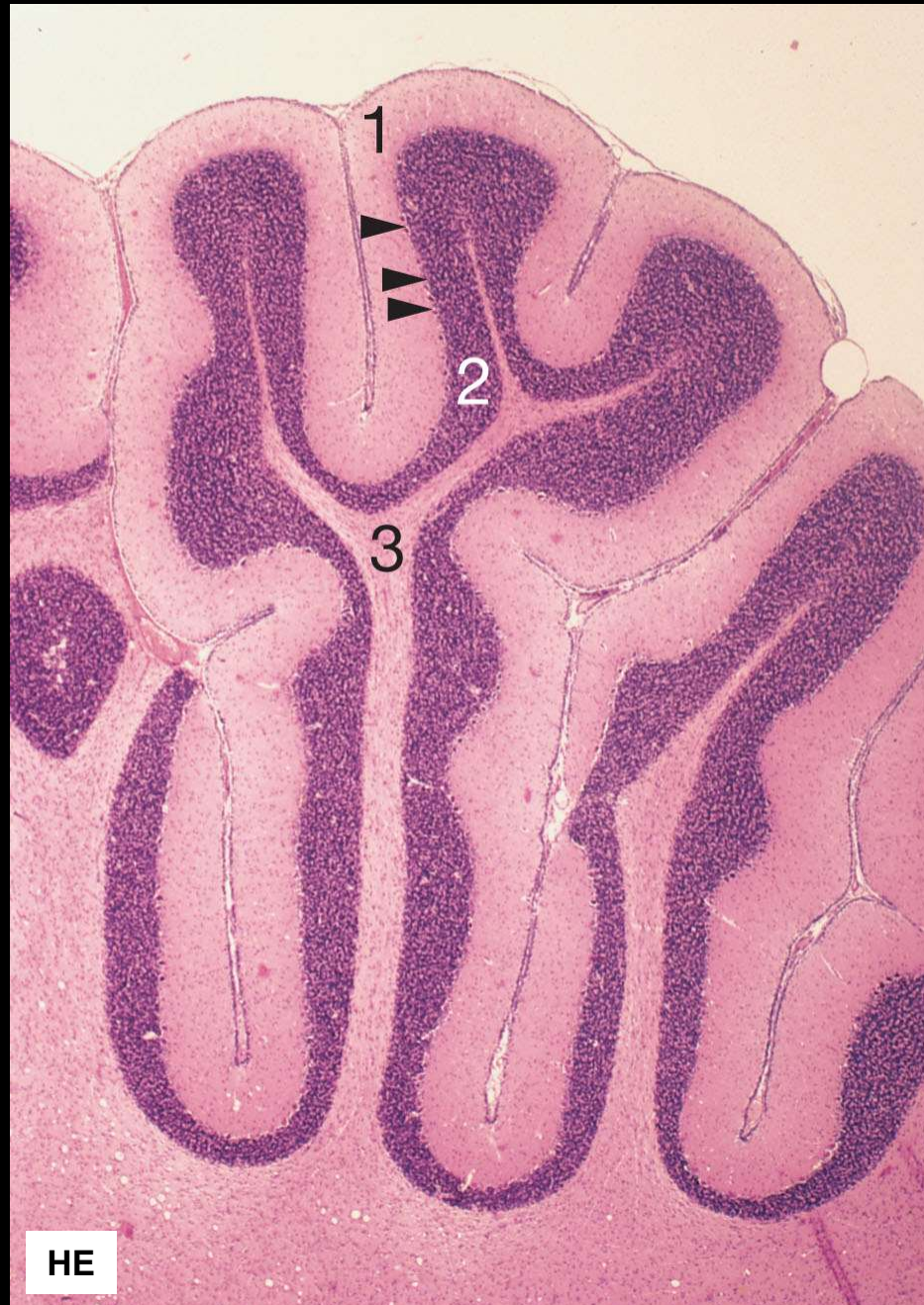
- Cortex
- Deep Nuclei: Dentate Nucleus and others



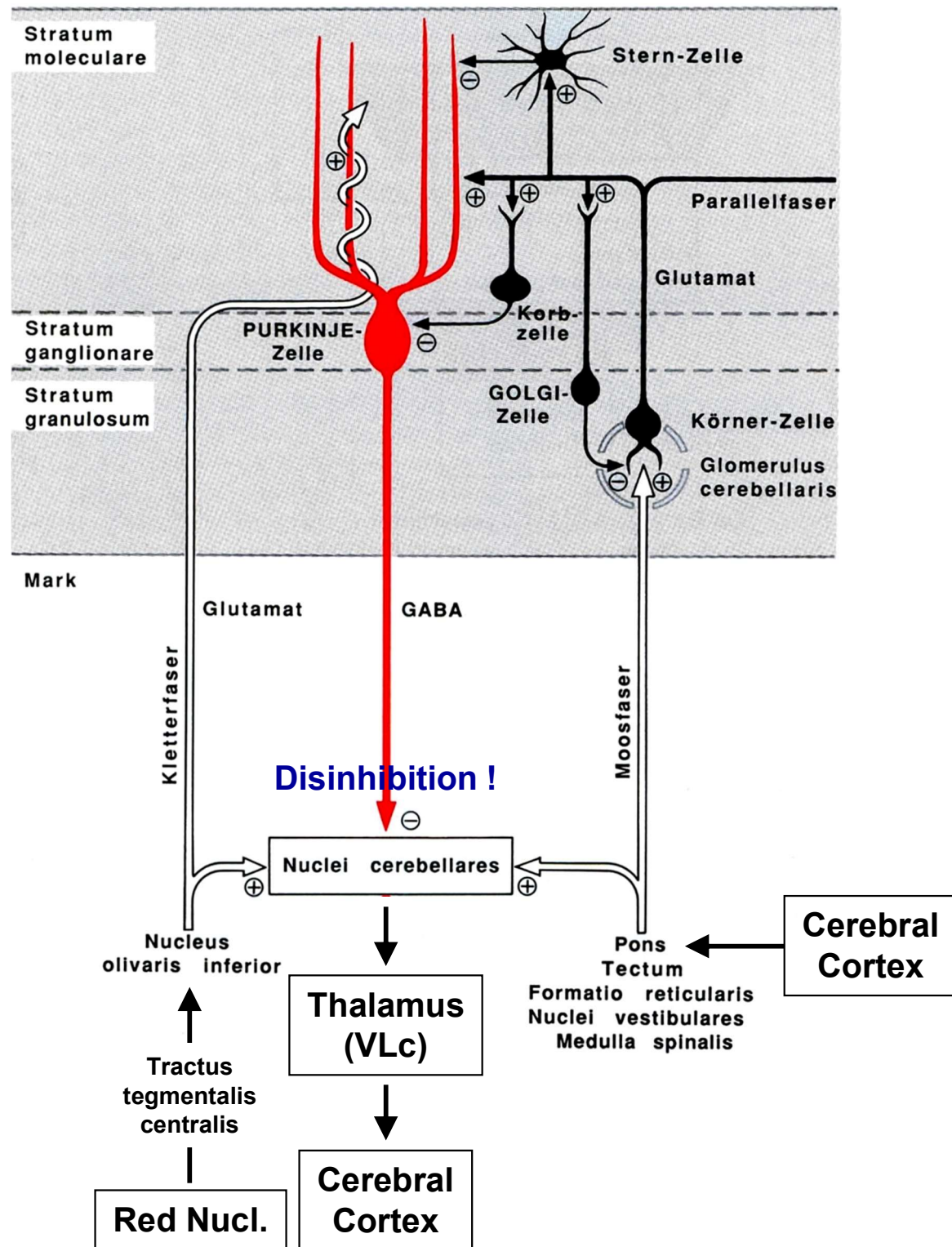
Cerebellar Cortex



Cerebellar Cortex



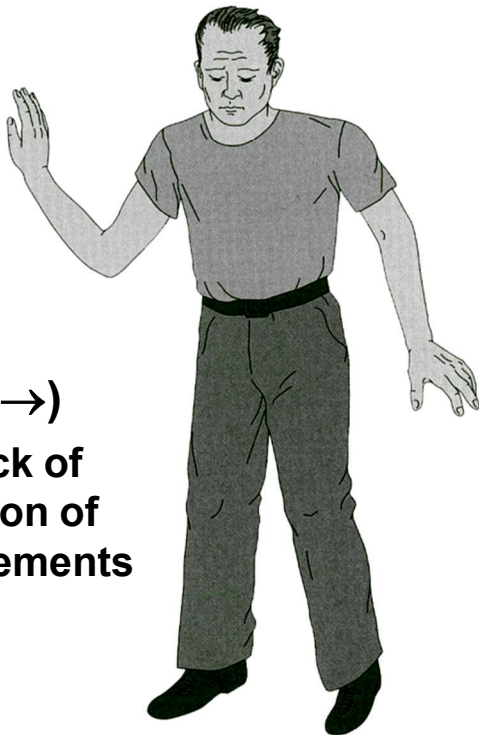
Cerebellar Cortex



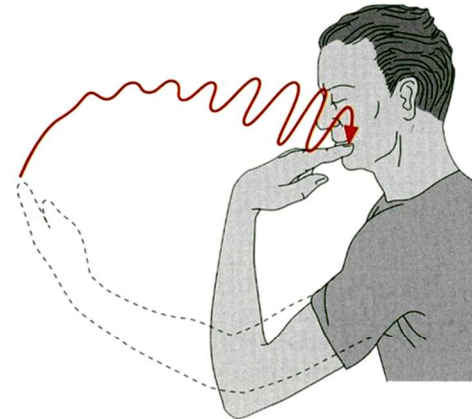
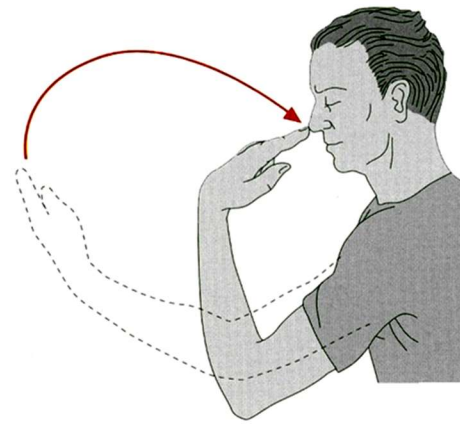
Cerebellar Signs and Symptoms

Dysdiadochokinesia

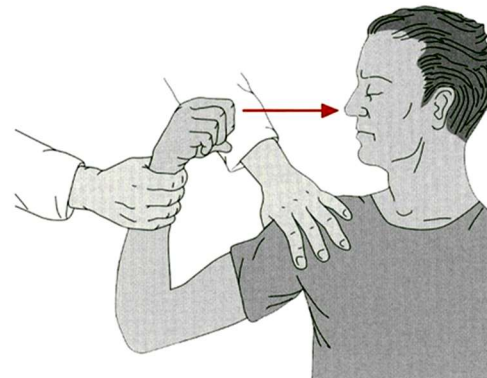
Inability to Perform Rapid, Alternating Movements



Ataxia (→)
Gross Lack of
Coordination of
Muscle Movements

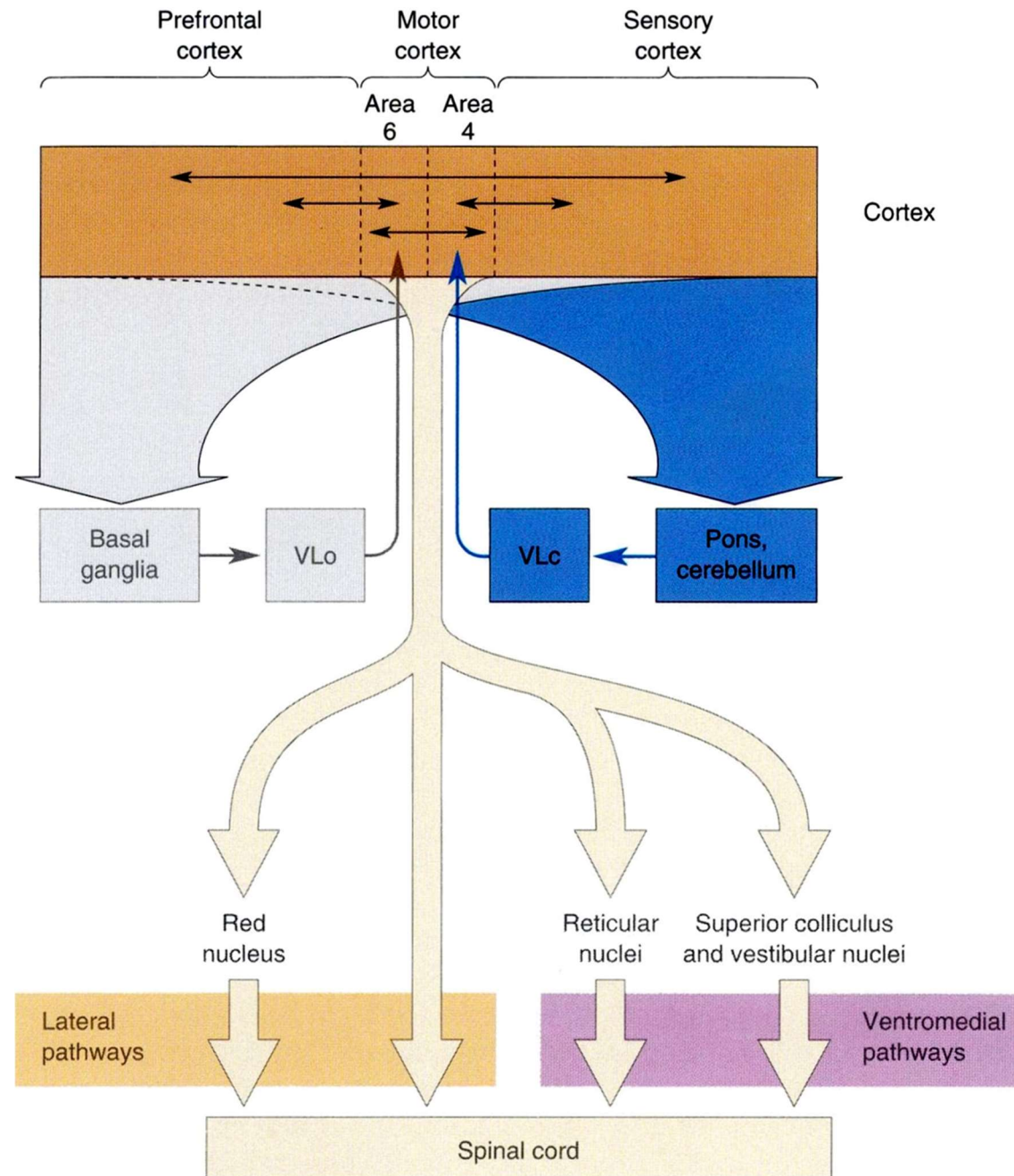


(←) Intention Tremor
Tremor Amplitude
Increases as the Target
is Reached



(←) Rebound
of the Limb when
Arm is Moved
against Resistance
and Suddenly Released

Cerebellum – Summary



The Anatomy Lesson Is Over !

Thank You

For Your Attention !

