

Lecture 9

(P1)

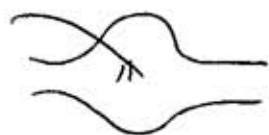
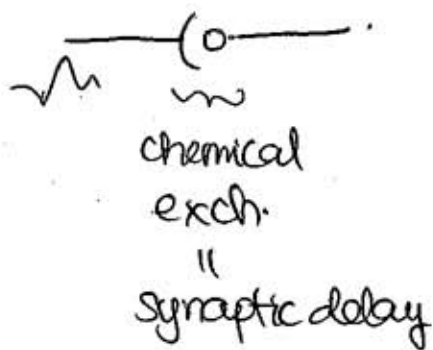
Last time: model of muscle spindle (vel + pos).

- γ carries additional info - sensitivity controlled.

- Ia vs II

- Talked about Interneurons & their connectivity - Spatial

Because the neural signal takes time to propagate, we can manipulate temporal info w/i spinal cord



chemical rxn = excitation to
Contraction delay.

Side note: different neurons require diff amount of input to fire
this is where memory may be located.

Spinal adaptation - changing synapse threshold

- stimulate a lot, lower threshold

We will talk about how delays could cause problems,
but in general, they are also used for our advantage.

→ adding more interneurons, add more delays

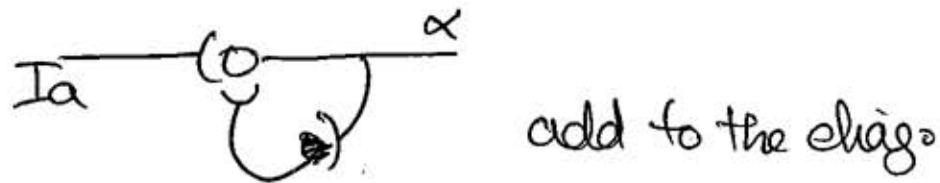
→ used to get desired output - CPG: oscillatory motor

~~we'll talk about how delays could cause problems, but~~
~~in general, they are also used for our advantage.~~

One more imp. kind of neurons

Renshaw cells - negative feedback

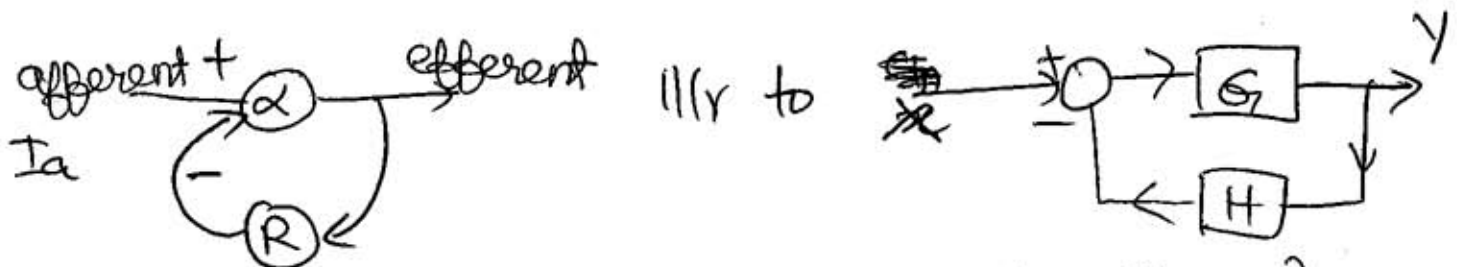
- inhibitory neurons that reverberate m.n.s



Renshaw cell

Adds negative delayed feedback

- causes transient depression of the reflex sensitivity
 for immediate future (protects from extreme activity)

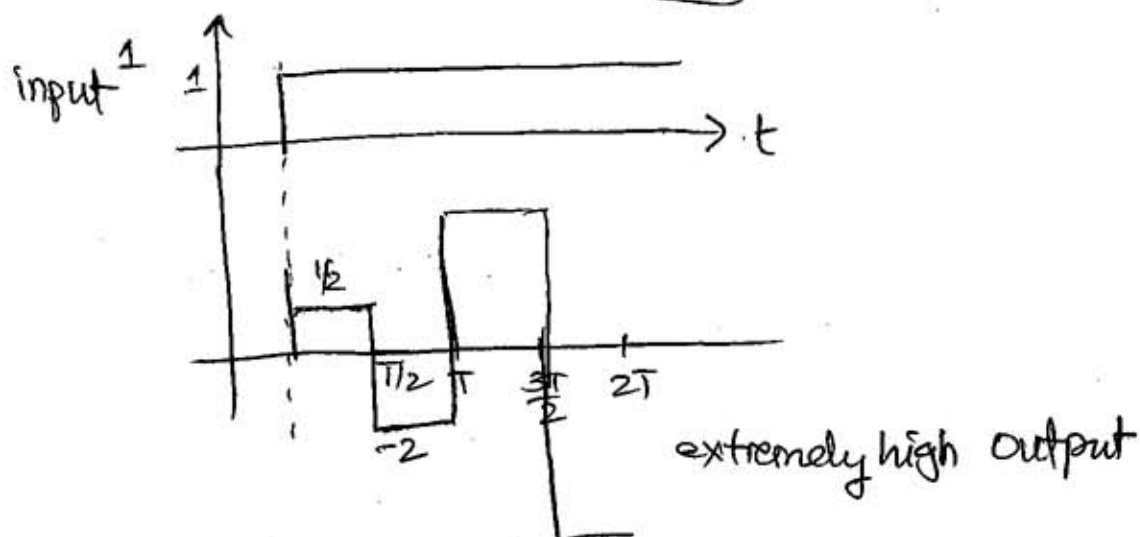
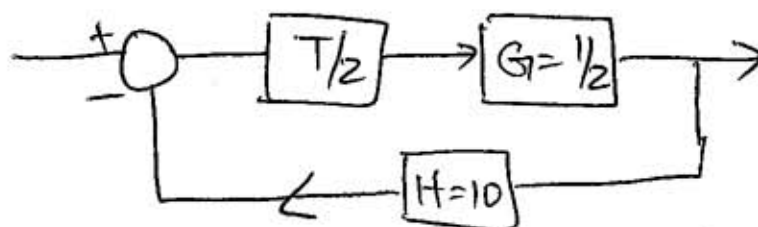


$$\frac{Y}{X} = \frac{G}{1 + GH}$$

feedback gain can be changed by modulating effectiveness of synaptic input

We already saw how the ~~old~~ system
 attenuates to $1/3$
 (depress sensitivity to input)

malfunction in feedback gain control.



Hypertonus - Usually caused by lesions in the brain causing high feedback gain @ the spinal cord.

↳ stiff muscles

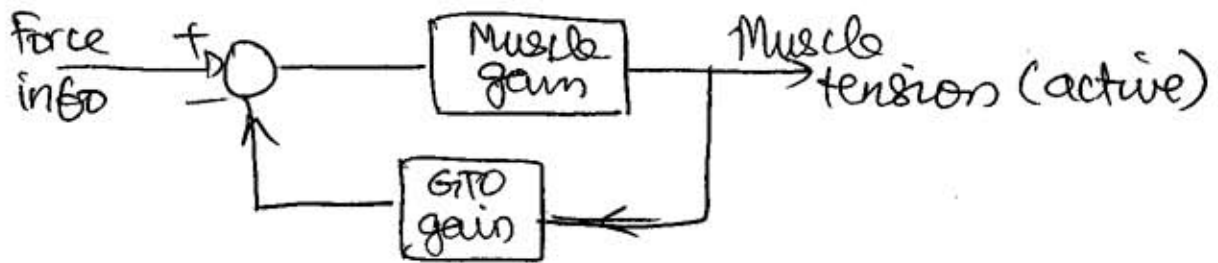
↳ most common hypertonus → spasticity in stroke patients

w/ any intentional mvs:

muscle move → stretch → tense up & join
get locked complete

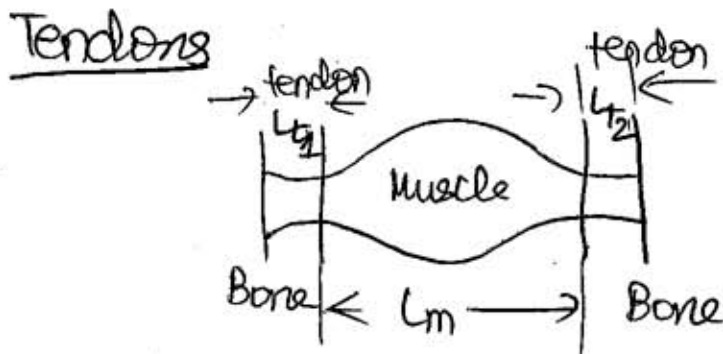
Another negative feedback sys: GTO

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Because GTO detect only the active tension (remember collagen stretch much less than muscle fiber)

- You'll see this in PS 2

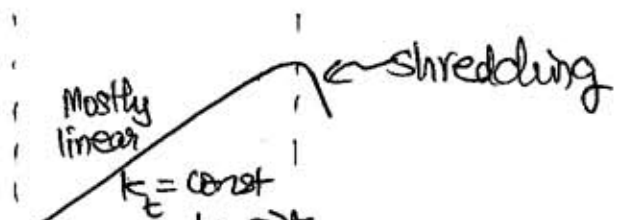


So far we have been calling $\Delta L_{total} = \Delta L_{muscle}$ because that's how most expts are done.

But in reality $\Delta L_{total} = \Delta L_m + \underbrace{\Delta L_{t1} + \Delta L_{t2}}_{\Delta L_{tendon}}$

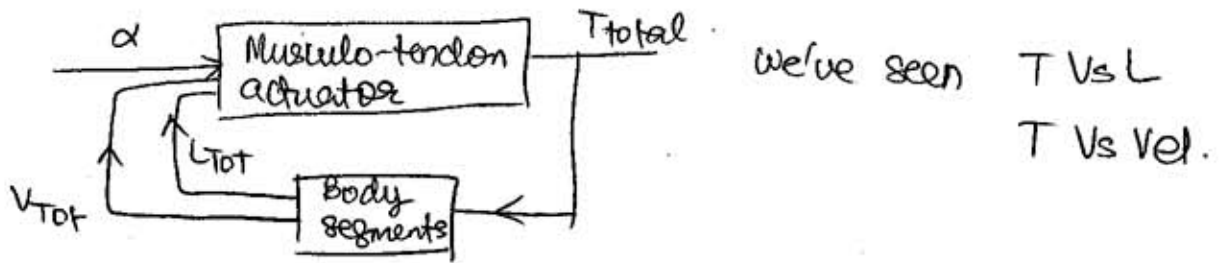
What misinterpretation arises by ignoring tendons?

Isolated tendon tension-length curve. nonlinear initially (called toe)



Musculotendon Dynamics

(P5)

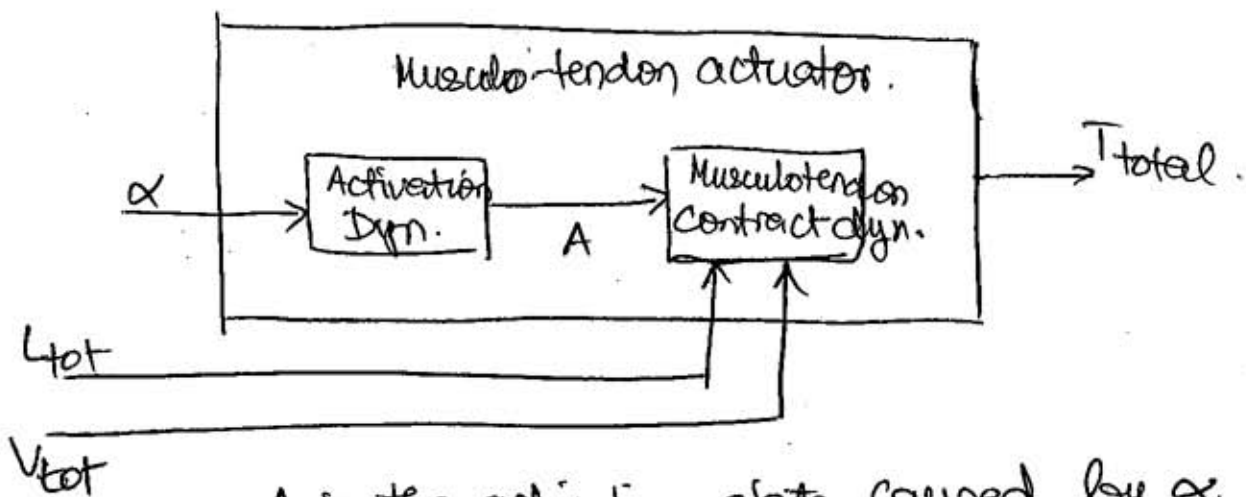


we've seen T Vs L
 T Vs Vel .

$$L_{tot} = L_{ten} + L_m.$$

$$V_{tot} = V_{tot} + V_m$$

Inside musculotendon actuator



A is the activation state caused by α

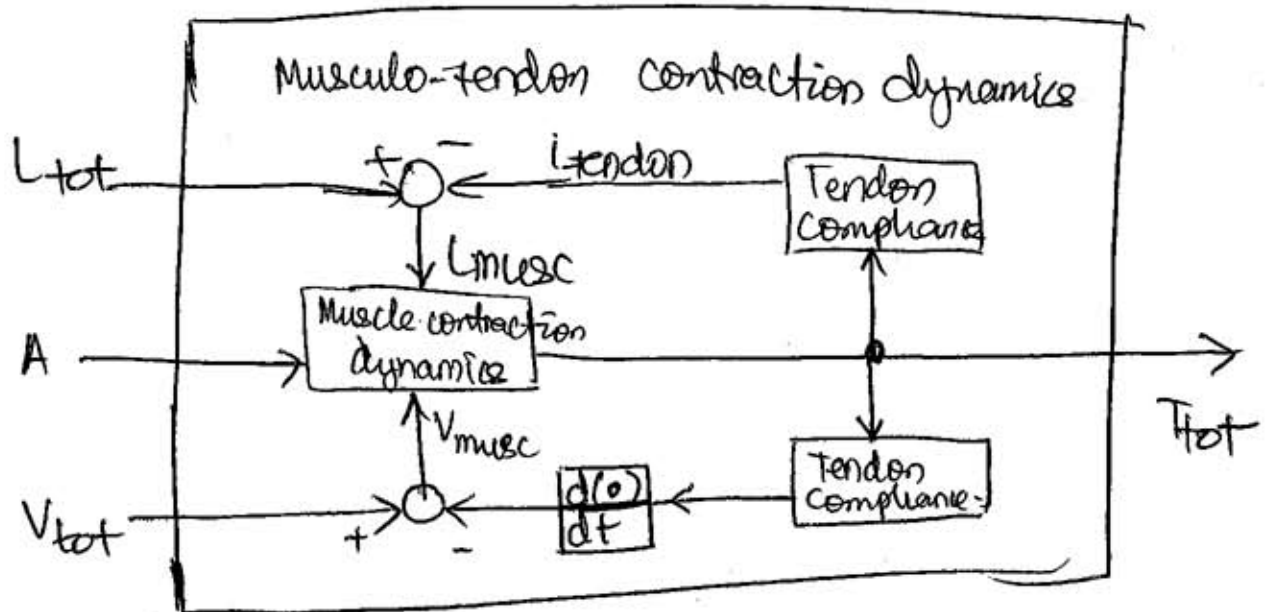
(# of Ca^{2+} , efficiency of pumps, etc. can change the relationship b/w α & A)

A does not depend on L or U .

Contraction dynamics depend on L , U , & A .

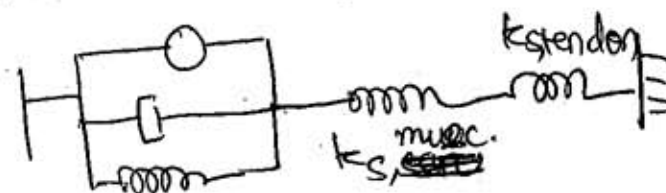
Inside musculotendon contraction dynamics

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- 1) A changes muscle dynamics only.
- 2) Musc. tension is affected by A, L_m , & V_m .
- 3) Muscle tension = Tendon tension = T_{tot}
- 4) Tendon compliance does not affect T_{tot}

where is the tendon integrated in the model?



- 5) But tendon compliance changes L_t & V_t

\hookrightarrow changes L_m & V_m , therefore changes muscle dynamics

Tendon compliance depends on ~~his~~ slack length (how long tendon is)

Specified by ratio of the muscle they are attached to.

\hookrightarrow Slack length $L_{slack} = L_s = L_{tendon}$

L_s^t ranges from 0.12 to 16 for human.

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Longest/largest ones are in human hands.

Remember we said

$$T=0 @ 0.5 l_0 \leadsto 0.5 L_{mo}$$

In reality

$$T=0 @ L_{tot} = 0.5 L_{mo} + \underbrace{0.033 L_{endon}}_{\text{empirical}}$$

Normalize this:

$$\begin{aligned} \frac{L_{tot}}{L_{mo}} &= 0.5 \frac{L_{mo}}{L_{mo}} + 0.033 \frac{L_{endon}}{L_{mo}} \\ &= 0.5 + 0.033 L_s^t \end{aligned}$$