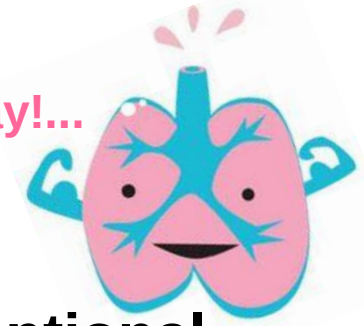
BI 121 Lecture 15

More personal data today! Hooray!...



I. ***Announcements*** **Civil War Blood Drive!**
Lab 6, Pulmonary Function Testing (PFT) + optional notebook check today. Exam II Dec 7 Thursday, 8 am!

II. ***Skeletal Muscle Structure & Function Connections***
Banding pattern, crossbridge cycling, crucial calcium!
Contraction & relaxation LS ch 8, DC Module 12

III. ***Skeletal Muscle & Other Exercise Adaptations*** **Endurance *vs.* Strength training, the Energy Continuum** LS ch 8 +…

IV. ***Introduction to PFT Lab 6*** **Pulmonary Function Testing**
Lab Manual, pp 6-1 thru 6-8

V. ***Respiratory System*** LS ch 12, DC Module 7, Fox +...

A. **Steps of respiration? External *vs.* cellular/internal?**
LS fig 12-1 pp 345-347

B. **Respiratory anatomy** LS fig 12-2 p 347, DC, Fox +...

C. **Histology** LS fig 12- 4 pp 347-349, DC

Rivals for Life!

Last year's totals:

OSU	2629
UO	2153

Score of the game?

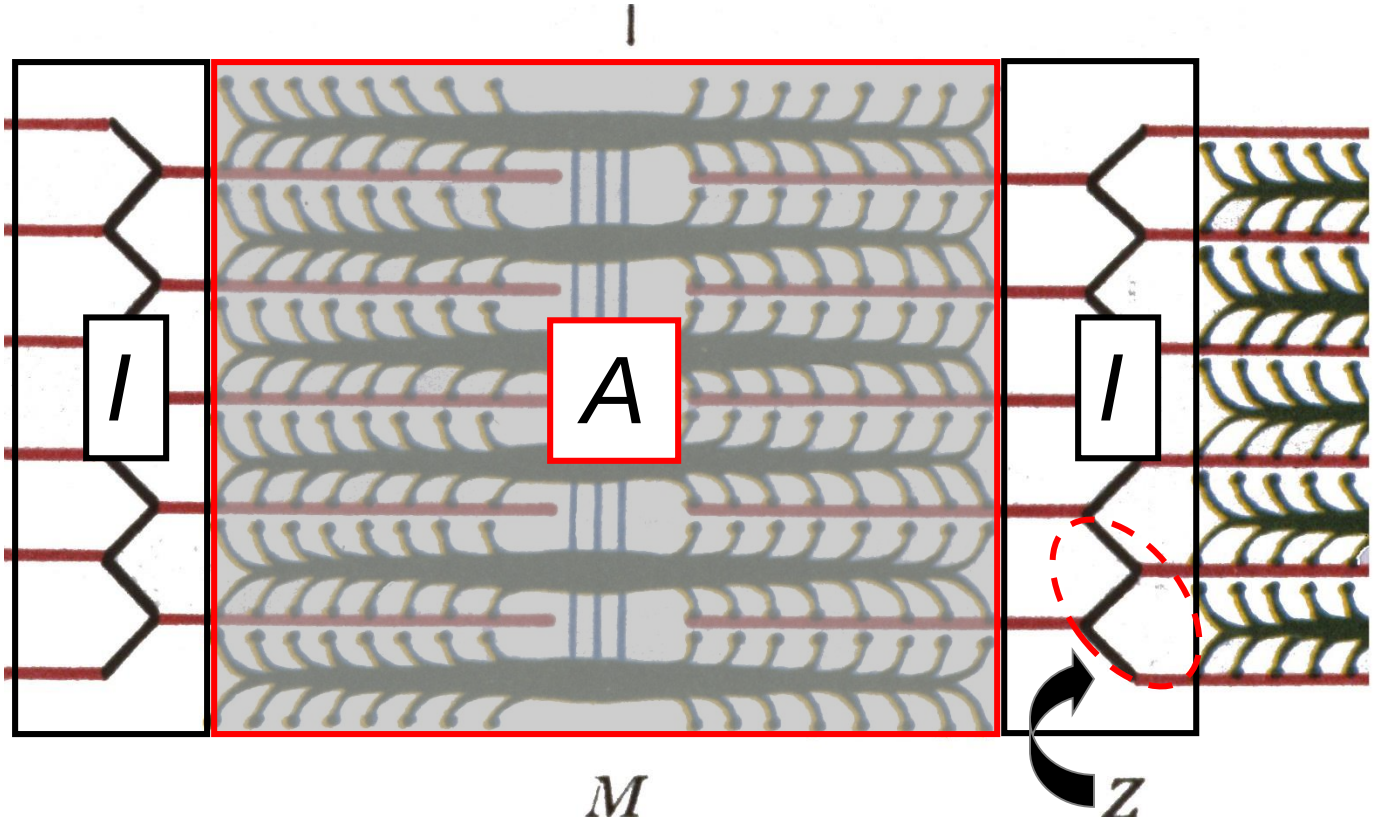
Donate @ Lillis today!

CIVIL WAR
BLOOD DRIVE

http://www.redcrossblood.org/info/pnw/civil-war-blood-drive-scoreboard

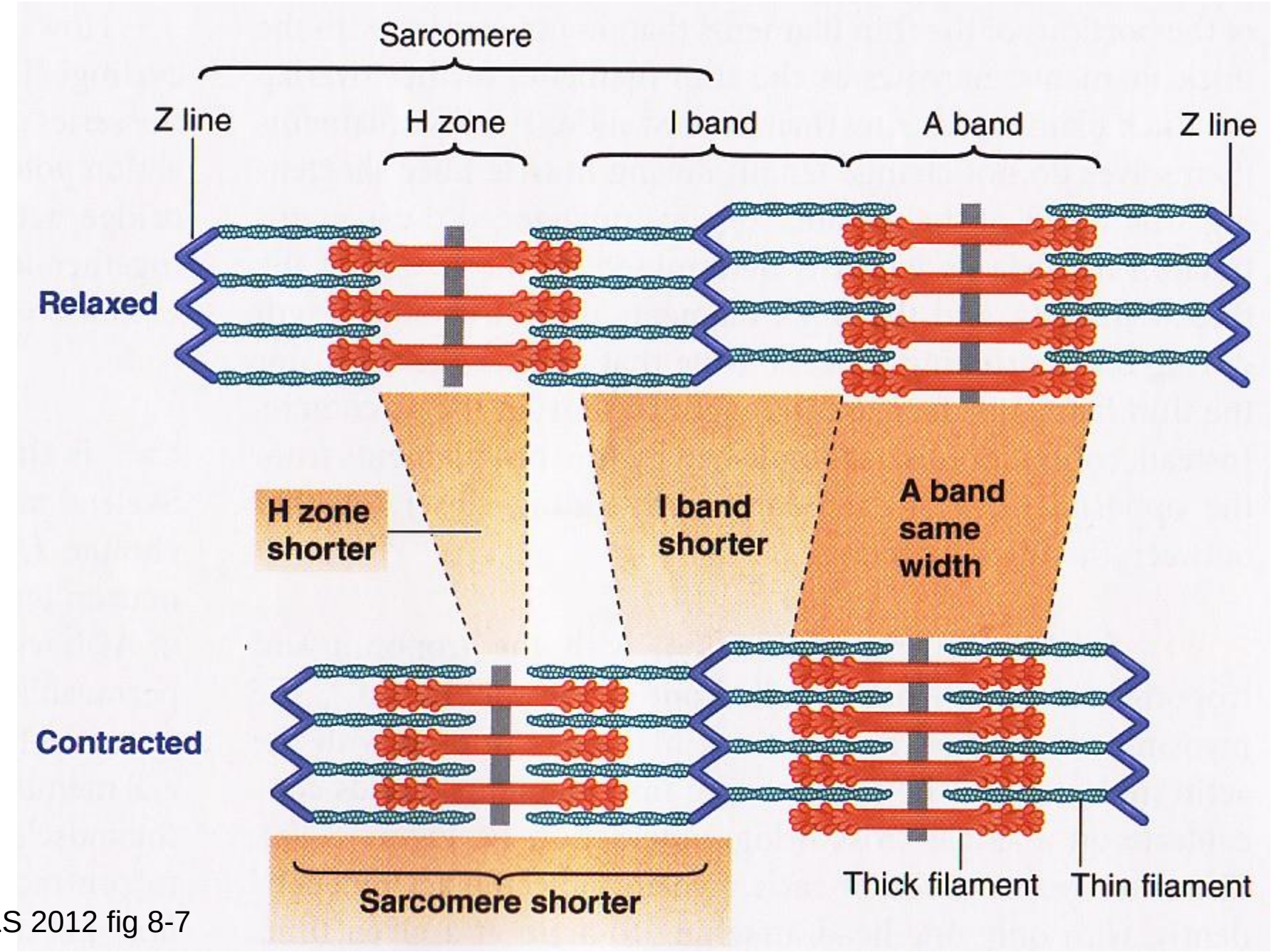
A Band = Dark Band

*A*nisotropic = Light Can't Shine Through



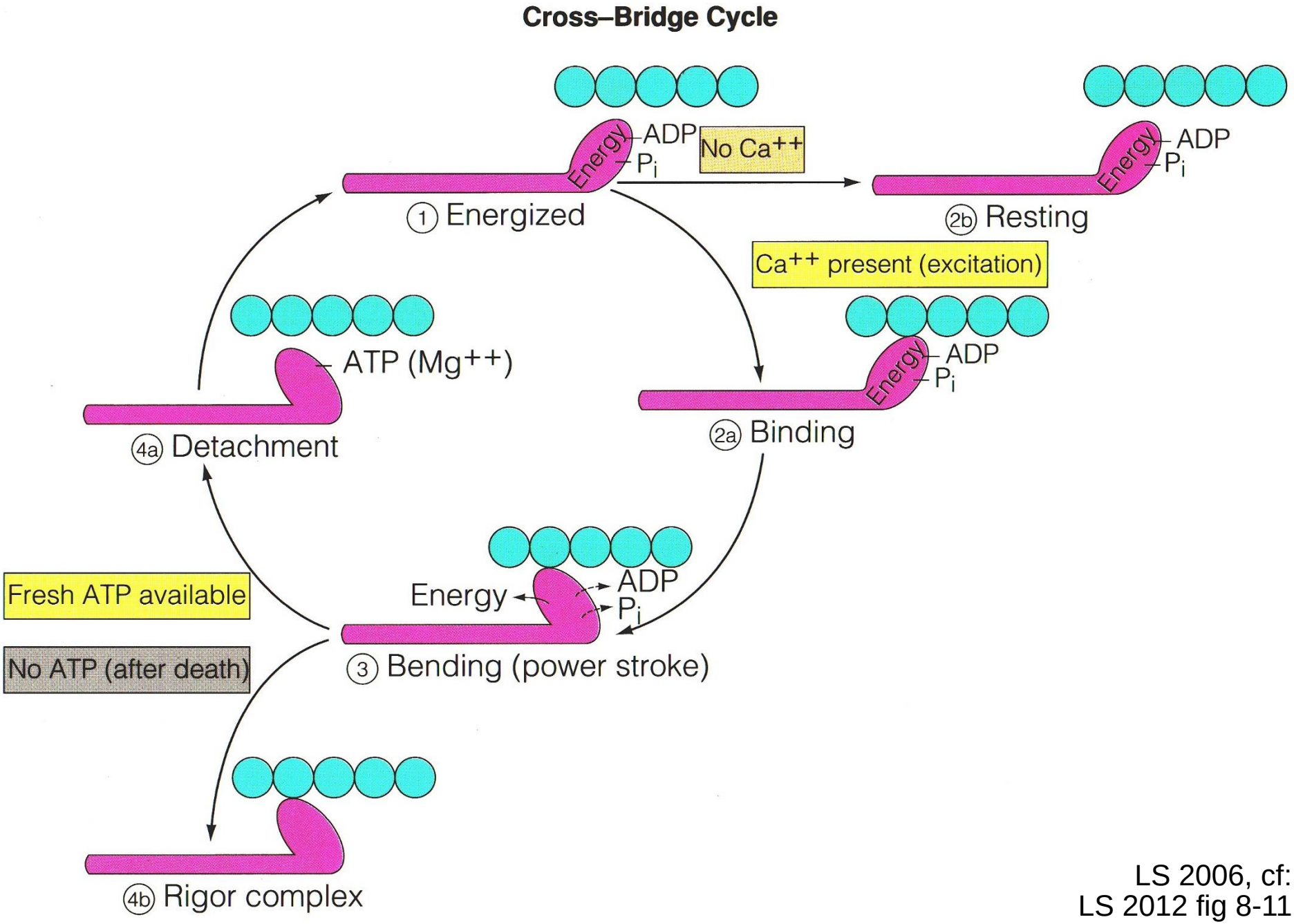
I Band = Light Band

*I*sotropic = Light Can Shine Through



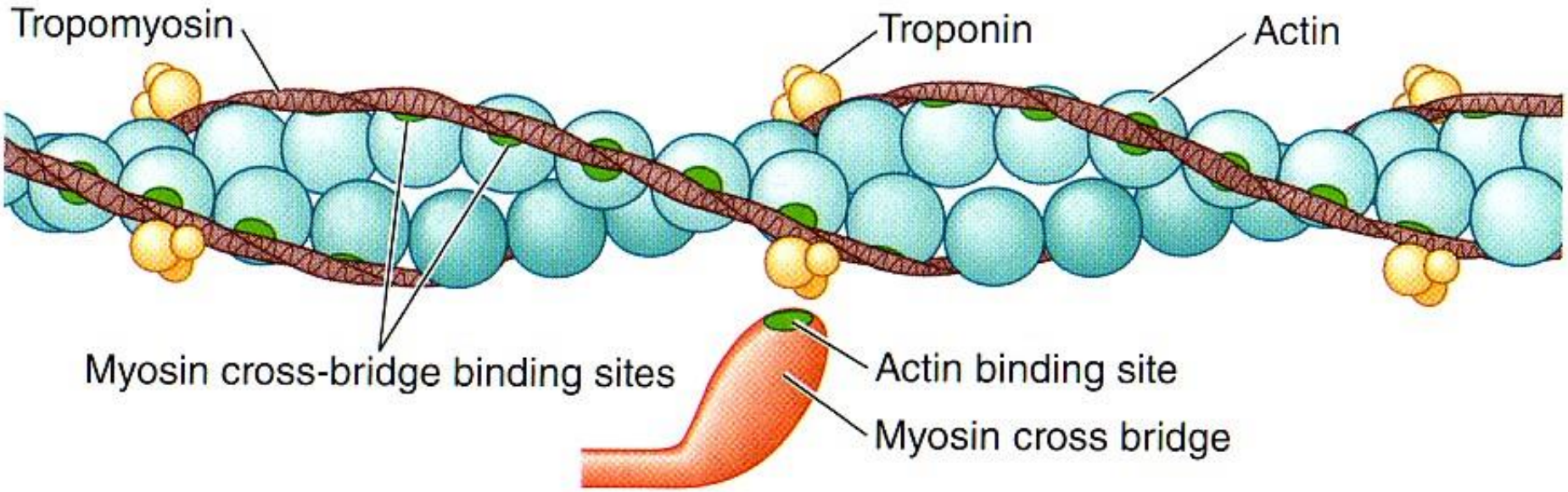
LS 2012 fig 8-7

What do we guess happens at the molecular level?



LS 2006, cf:
LS 2012 fig 8-11

Relaxed: No Cross-Bridge Binding



(a) Relaxed

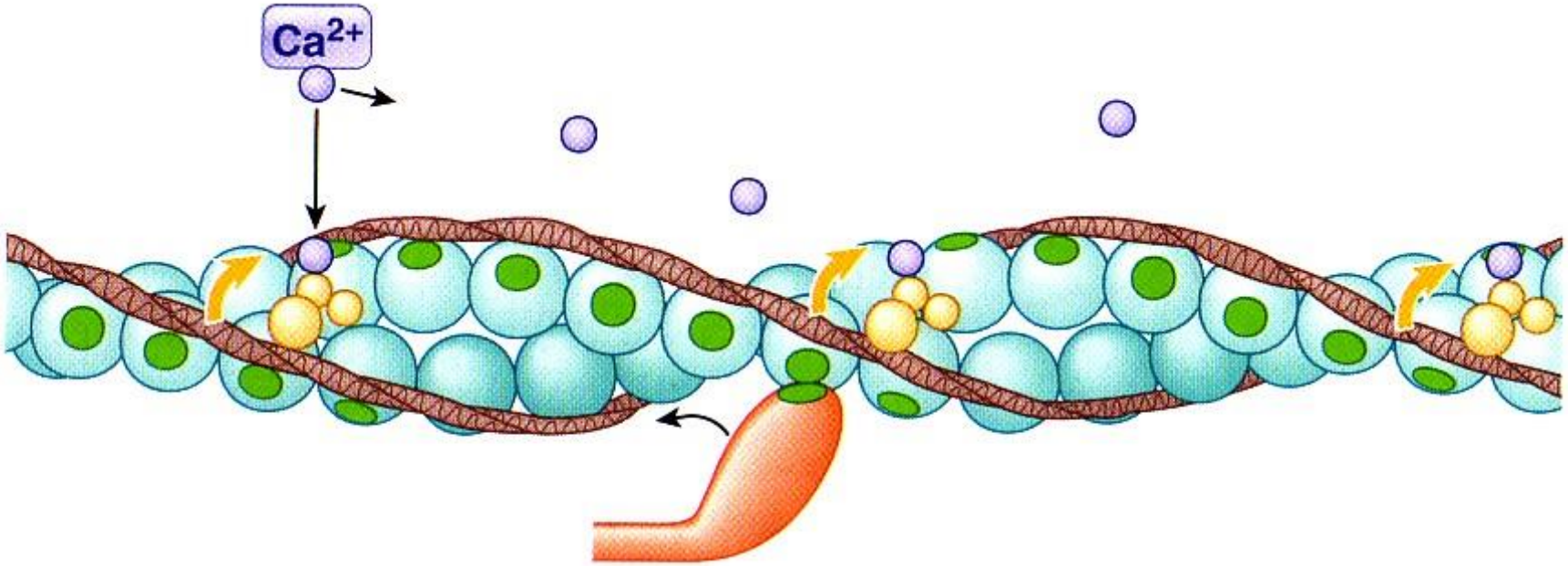
1. No excitation.

2. No cross-bridge binding because cross-bridge binding site on actin is physically covered by troponin–tropomyosin complex.

3. Muscle fiber is relaxed.

LS 2012 fig 8-6a

Excited: Calcium Triggers Cross-Bridge Binding



(b) Excited

1. Muscle fiber is excited and Ca^{2+} is released.

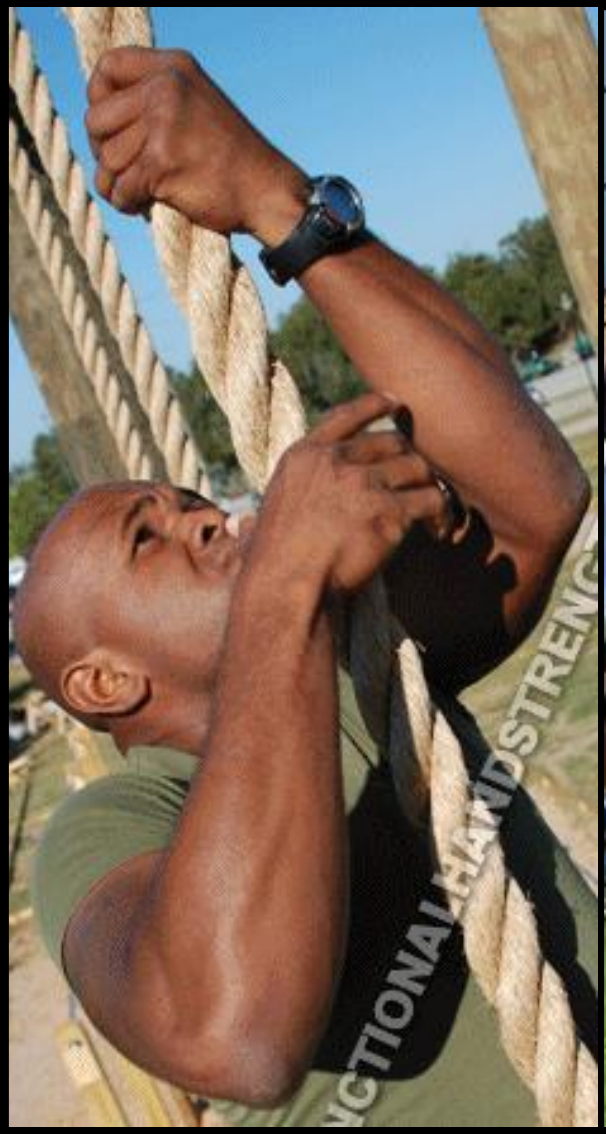
2. Released Ca^{2+} binds with troponin, pulling troponin–tropomyosin complex aside to expose cross-bridge binding site.

3. Cross-bridge binding occurs.

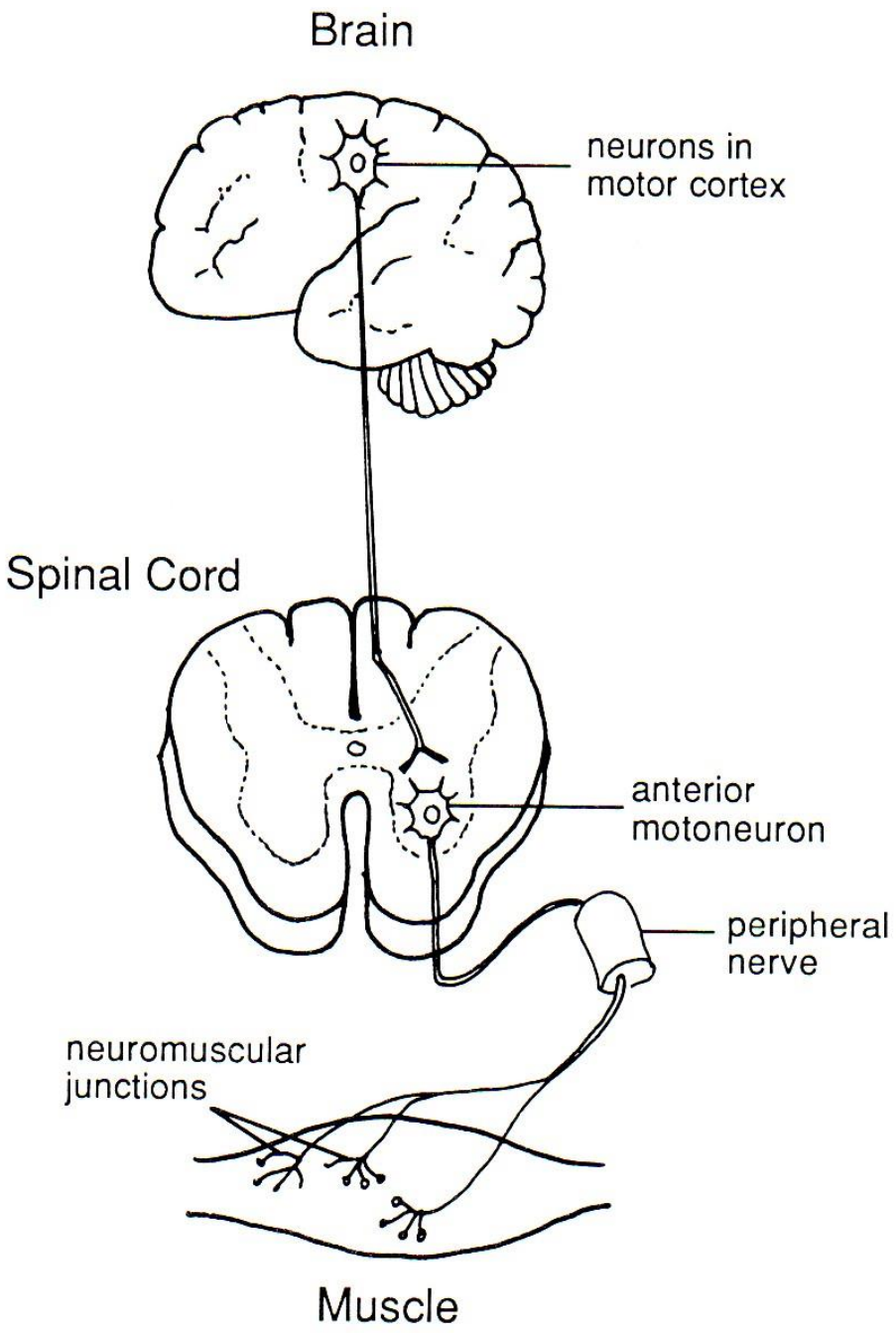
4. Binding of actin and myosin cross bridge triggers power stroke that pulls thin filament inward during contraction.

LS 2012 fig 8-6b

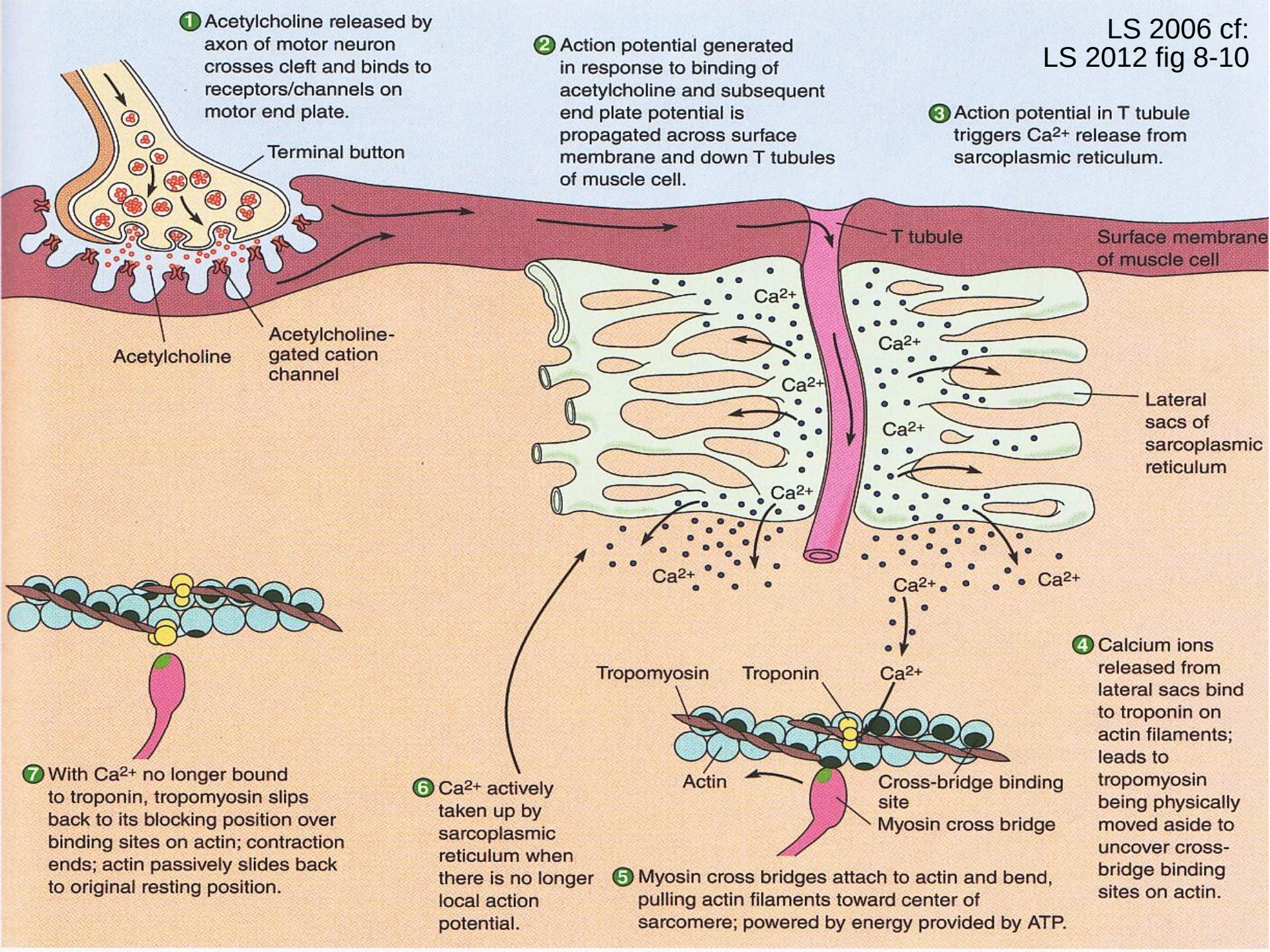
Rope Climb or Tug of War
Grasp, then Regrasp!



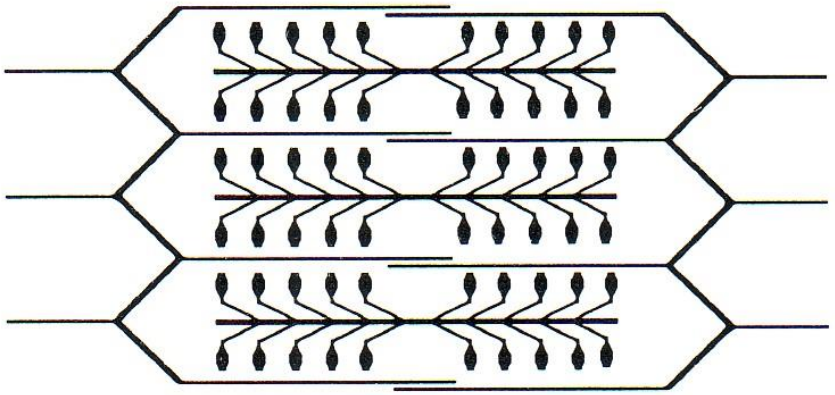

Summary
We are almost there!


Brain
neurons in
motor cortex
Spinal Cord
anterior
motoneuron
peripheral
nerve
neuromuscular
junctions
Muscle

LS 2006 cf:
LS 2012 fig 8-10

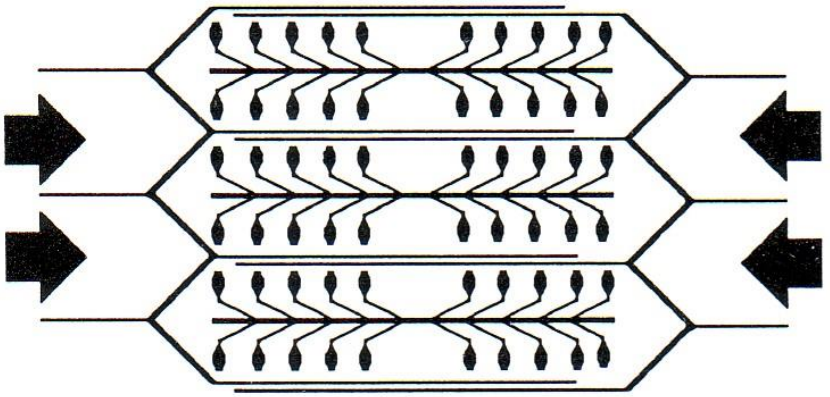


Relaxation Phase

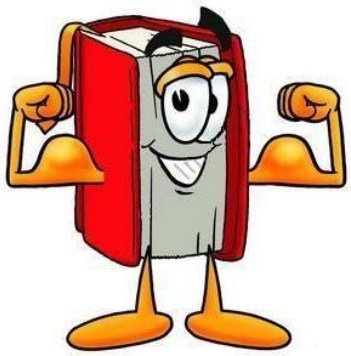


1. Excitation by nerve fiber
2. Conduction by T-tubules
3. Ca^{2+} release by SR

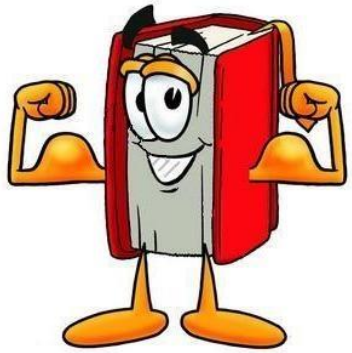
Contractile Phase



D Liang & VP Lombardi 1989



Muscle Contraction Resources



https://www.ncbi.nlm.nih.gov/books/NBK9961/

https://www.youtube.com/watch?v=jUBBW2Yb5KI

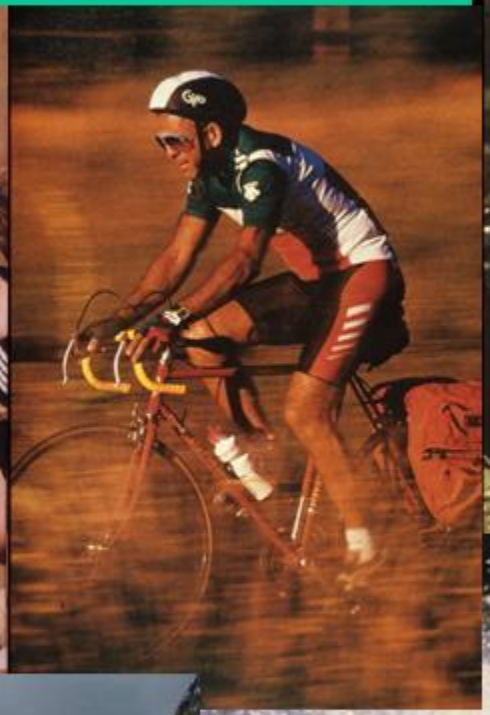
https://www.youtube.com/watch?v=sJZm2YsBwMY

A. Malcolm Campbell
Davidson College, Davidson, NC
www.bio.davidson.edu/courses/movies.html

David Bolinsky, XVIVO
Rocky Hill, CT
http://www.xvivo.net/

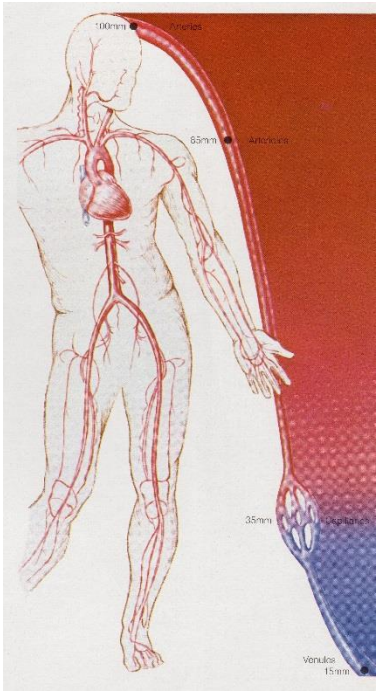
Adaptations to Exercise?

Mode, Intensity, Duration, Frequency,
Distribution of Training Sessions?
Conditions of Environment? Individual?

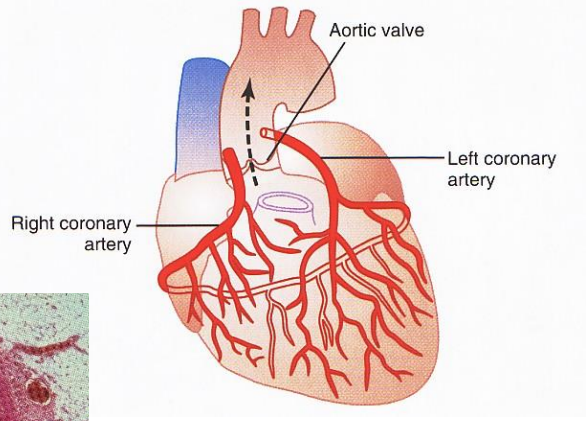


Adaptations to Exercise?

Body Levels of Organization?
Which Body System?

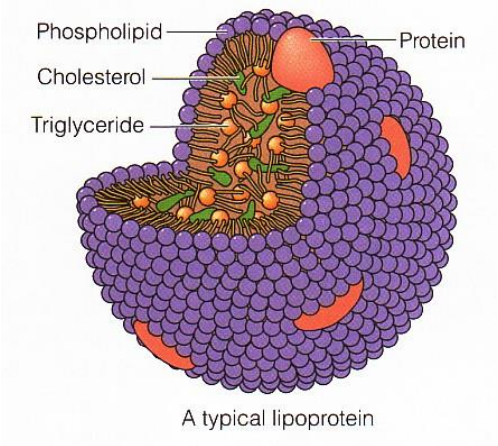


Body System



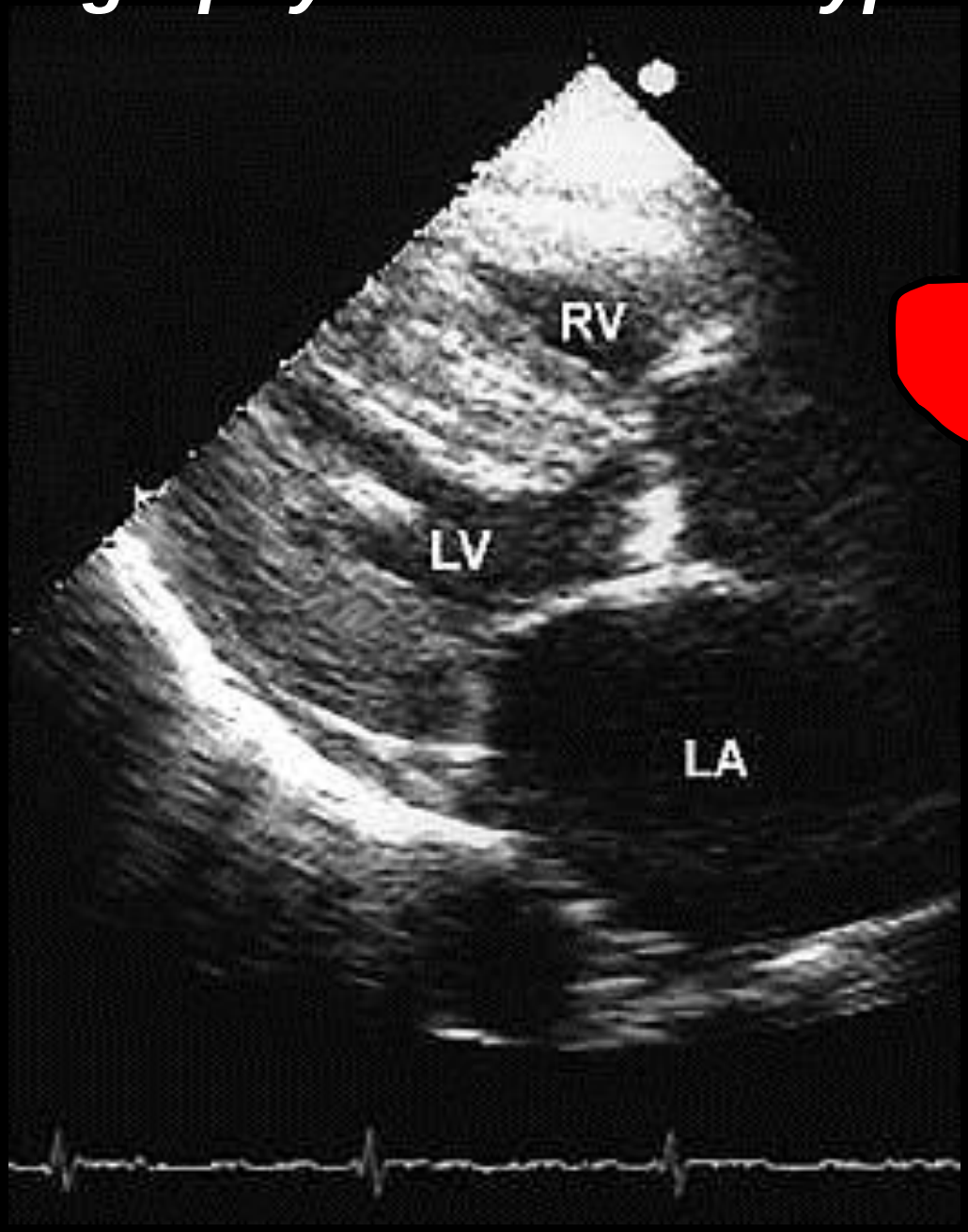
Organ

Cell/Tissue

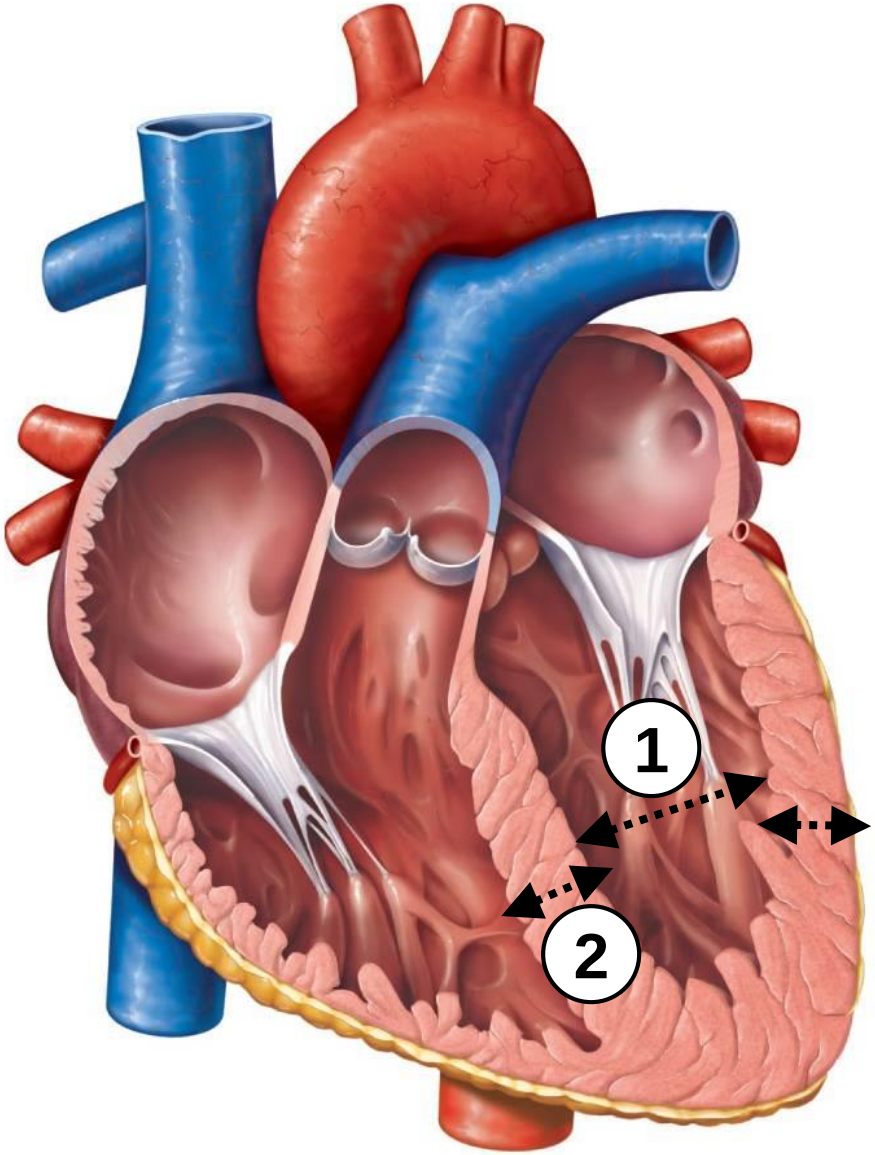


Molecular

Echocardiography documents hypertrophy...



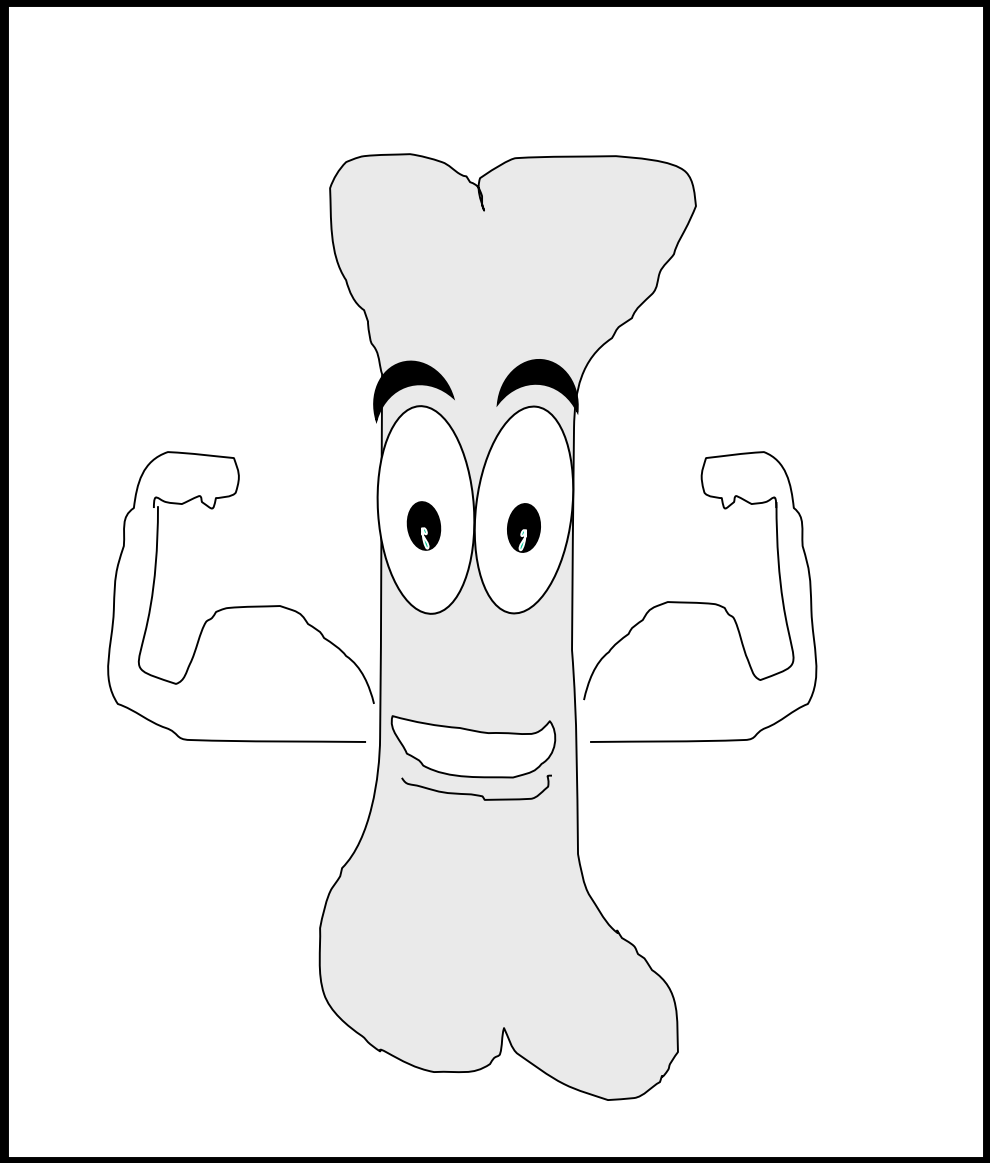
Cardiac Adaptations to Exercise: ① Endurance vs. ② StrengthTraining



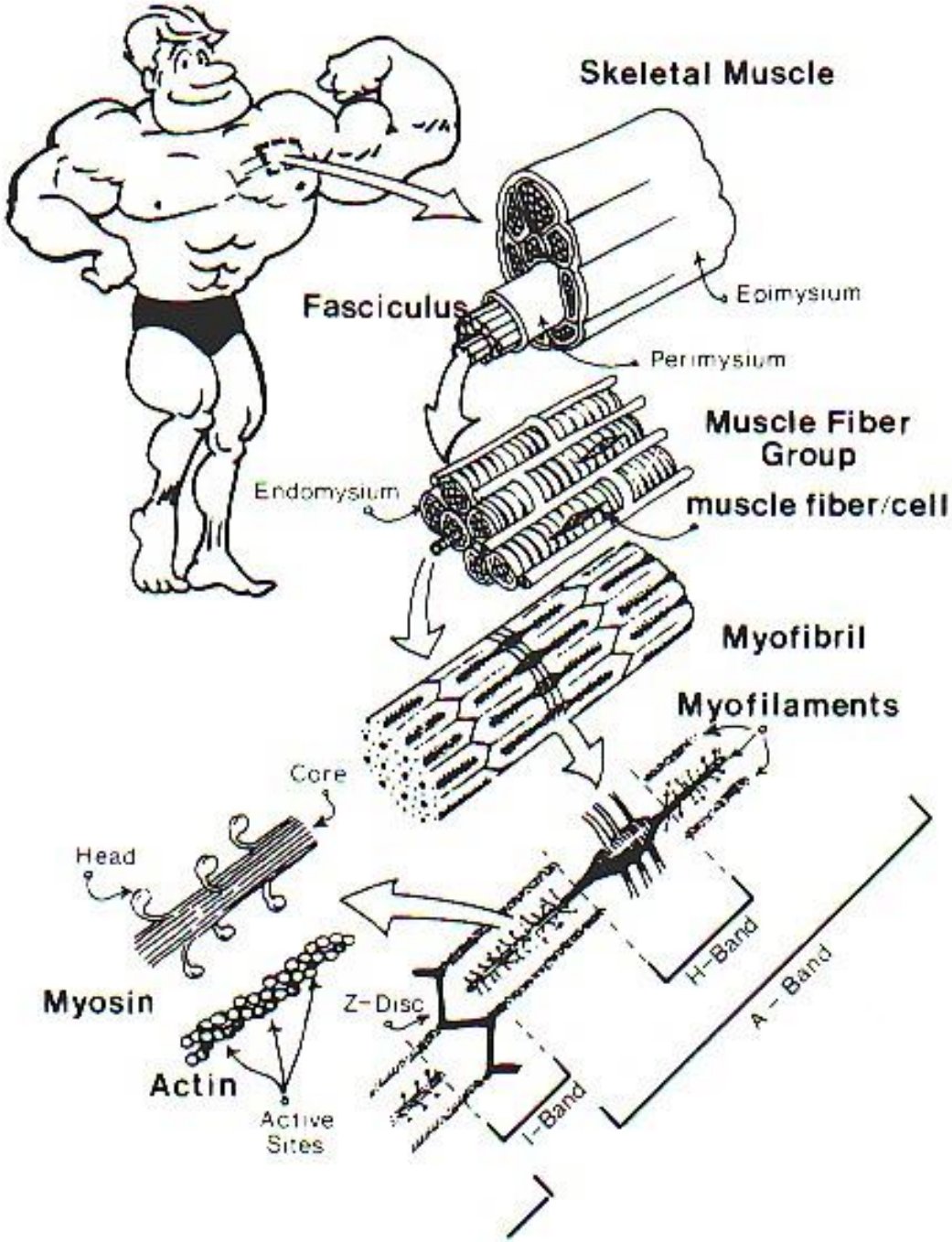
NB: ① > ↑ LBM

1 + 2

As muscles tug on bones, bones get stronger, too!...many systems adapt!!



Muscle Adaptations to Exercise



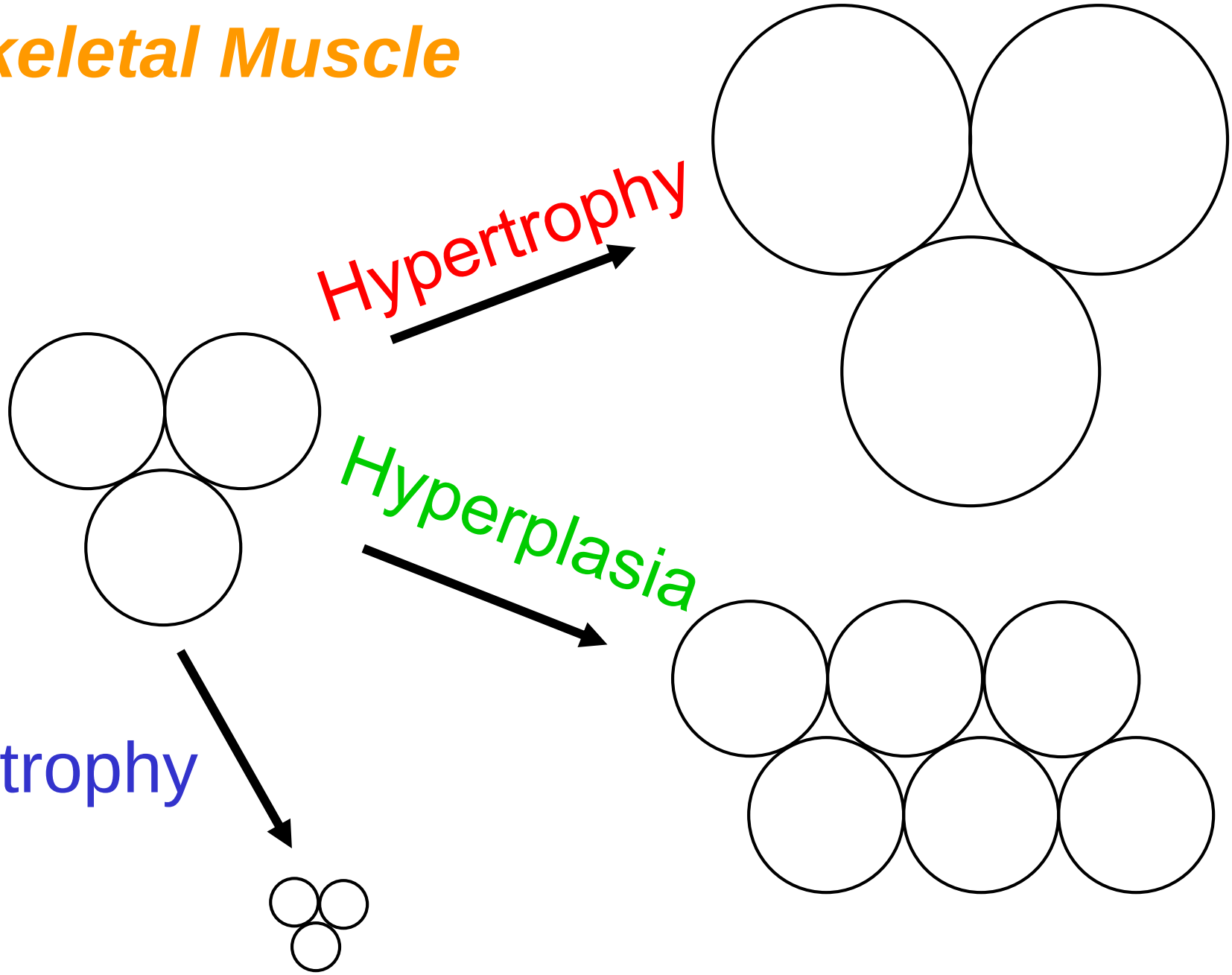
Atrophy

decrease in size & strength

Hypertrophy

increase in size & strength

Skeletal Muscle



Women & Hypertrophy?

What happens in muscles at cellular & subcellular levels?

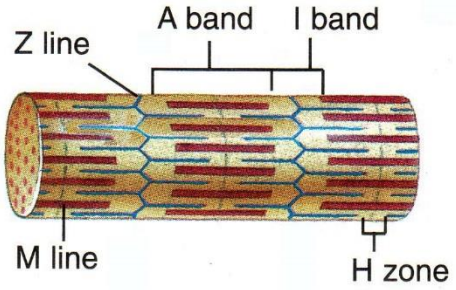
Myofibril

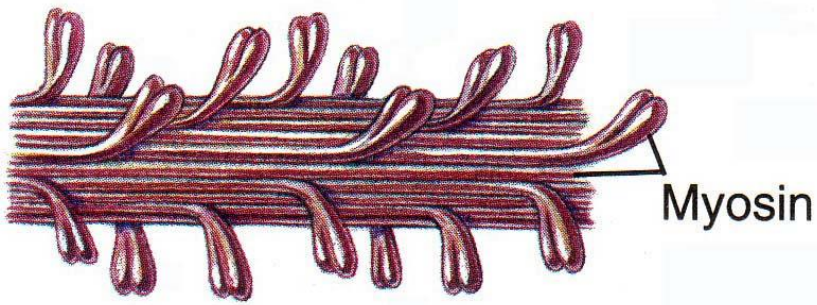
Hypertrophy: *Increased*

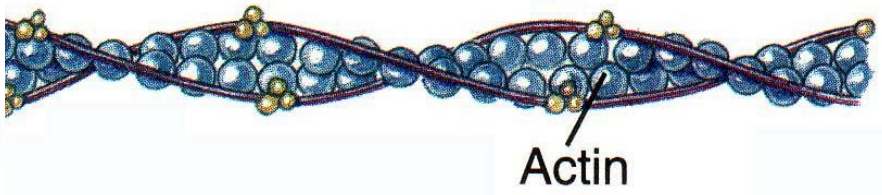
Number of Myofibrils

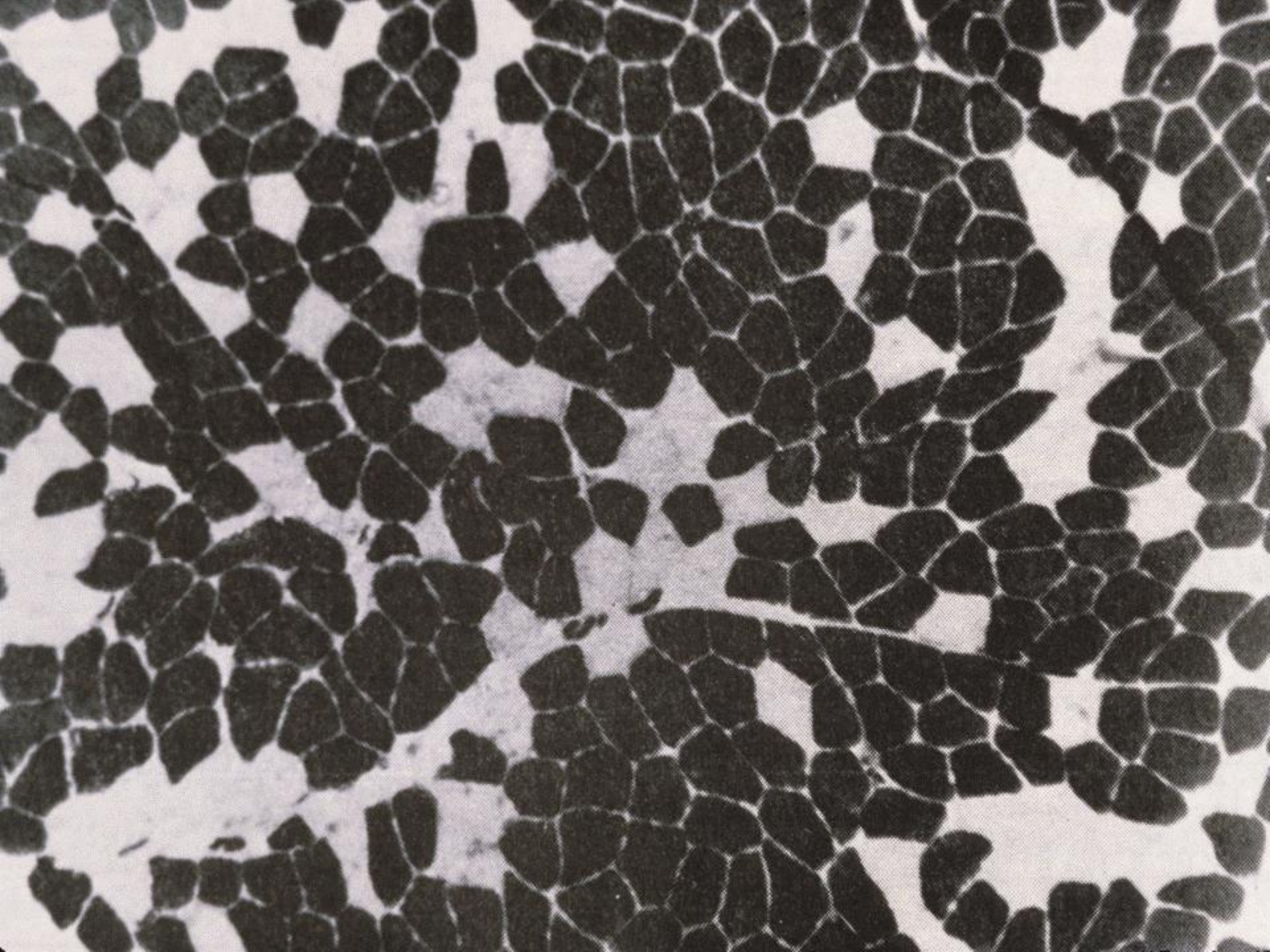
Thick & Thin Filaments

Myosin & Actin Molecules







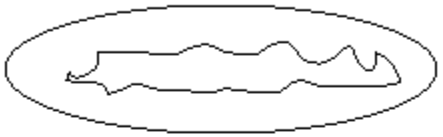


Characteristics of Skeletal Muscle Fibers

Characteristic	TYPE OF FIBER		
	Slow Oxidative (Type I)	Fast Oxidative (Type IIa)	Fast Glycolytic (Type IIb)
Myosin-ATPase Activity	Low	High	High
Speed of Contraction	Slow	Fast	Fast
Resistance to Fatigue	High	Intermediate	Low
Aerobic Capacity	High	High	Low
Anaerobic Capacity	Low	Intermediate	High
Mitochondria	Many	Many	Few
Capillaries	Many	Many	Few
Myoglobin Content	High	High	Low
Color of Fibers	Red	Red	White
Glycogen Content	Low	Intermediate	High

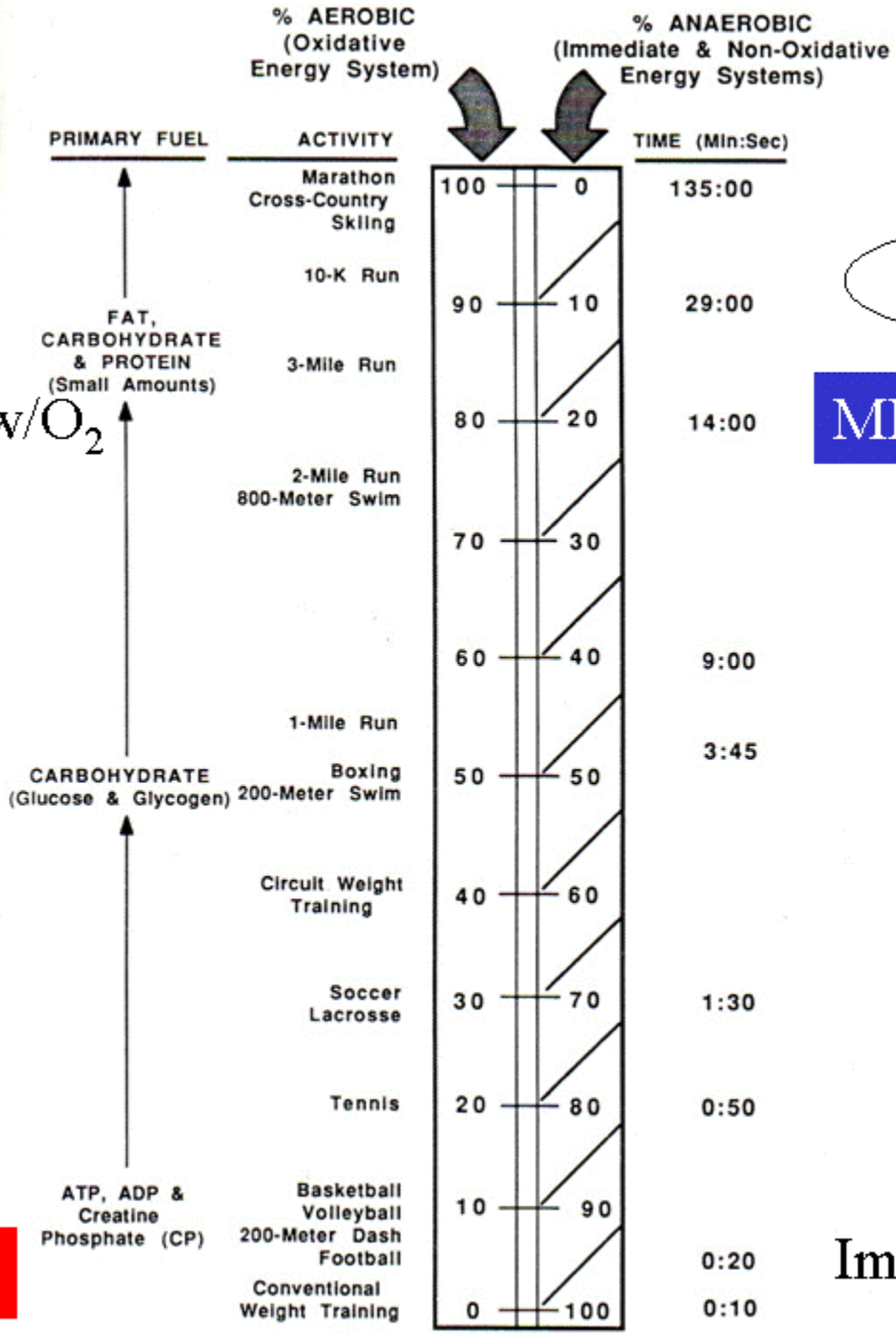
LS 2012 tab 8-1 modified
> VP Lombardi 1989

AEROBIC w/O_2



MITOCHONDRIA

ANAEROBIC



CYTOSOL

Glycolysis

Immediate/ATP-PC

Changes in Muscle Due to Strength Training

- ↑ Size of larger fast vs smaller slow fibers
- ↑ CP as well as creatine phosphokinase (CPK) which enhances short-term power output
- ↑ Key enzymes which help store and dissolve sugar including glycogen phosphorylase (GPP) & phosphofructokinase (PFK)
- ↓ Mitochondrial # relative to muscle tissue
- ↓ Vascularization relative to muscle tissue
- ↑ Splitting of fast fibers? Hyperplasia? With growth hormone (GH), androgenic-anabolic steroids (AAS)?

Changes in Muscle Due to Endurance Training

- ↑ Mitochondria, # & size
- ↑ Mitochondrial (aerobic) enzymes including those specific for fat burning
- ↑ Vascularization of muscles (better blood flow)
- ↑ Stores of fat in muscles accompanied by
- ↓ Triglycerides/fats in bloodstream
- ↑ Enzymes: activation, transport, breakdown (β-oxidation) of fatty acids
- ↑ Myoglobin (enhances O_2 transport)
- ↑ Resting energy levels which inhibit sugar breakdown
- ↑ Aerobic capacity of all three fiber types.

Which end of continuum?

+

Which energy nutrient/s?

+ Which specific muscles?

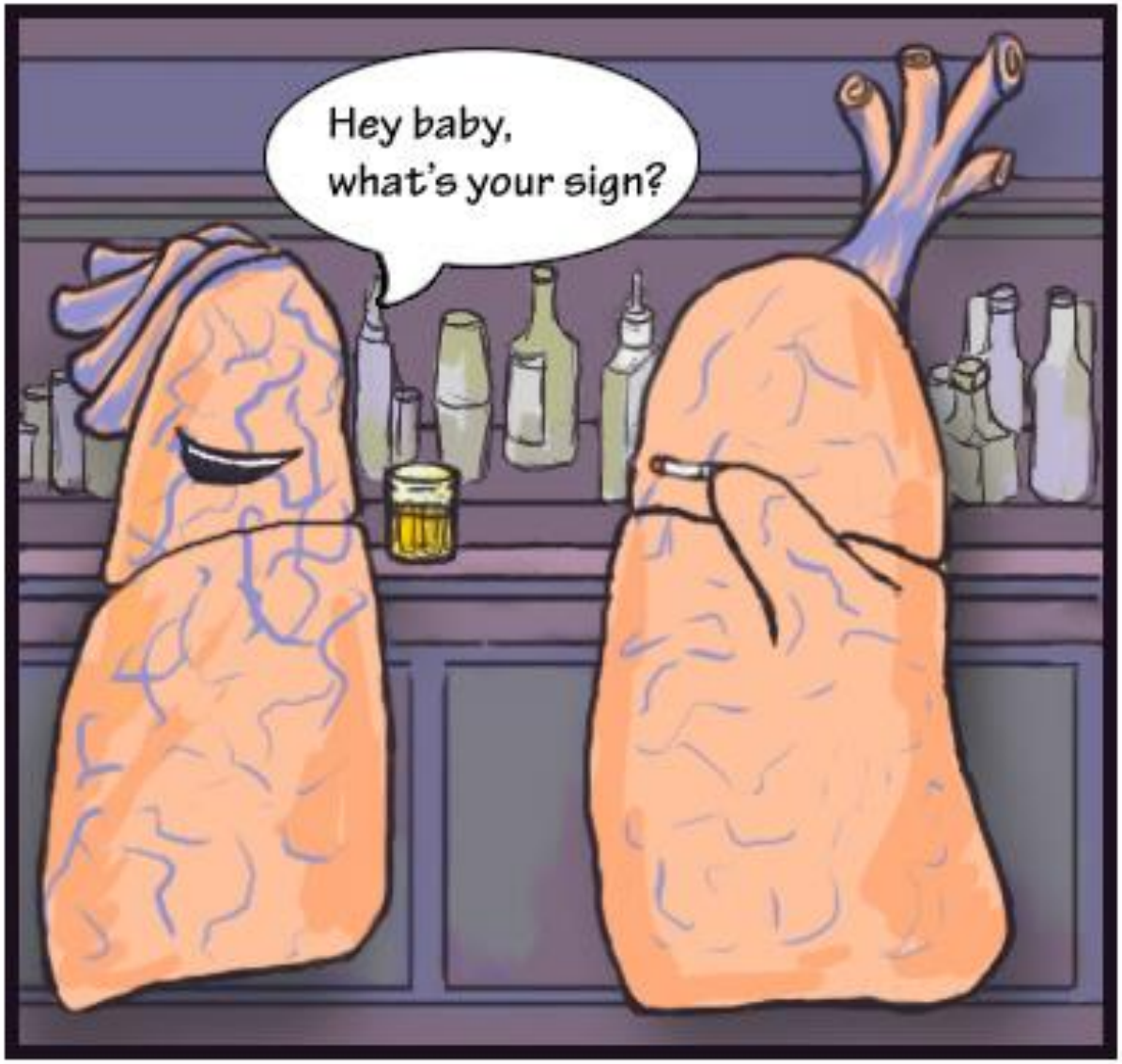
cf:


45

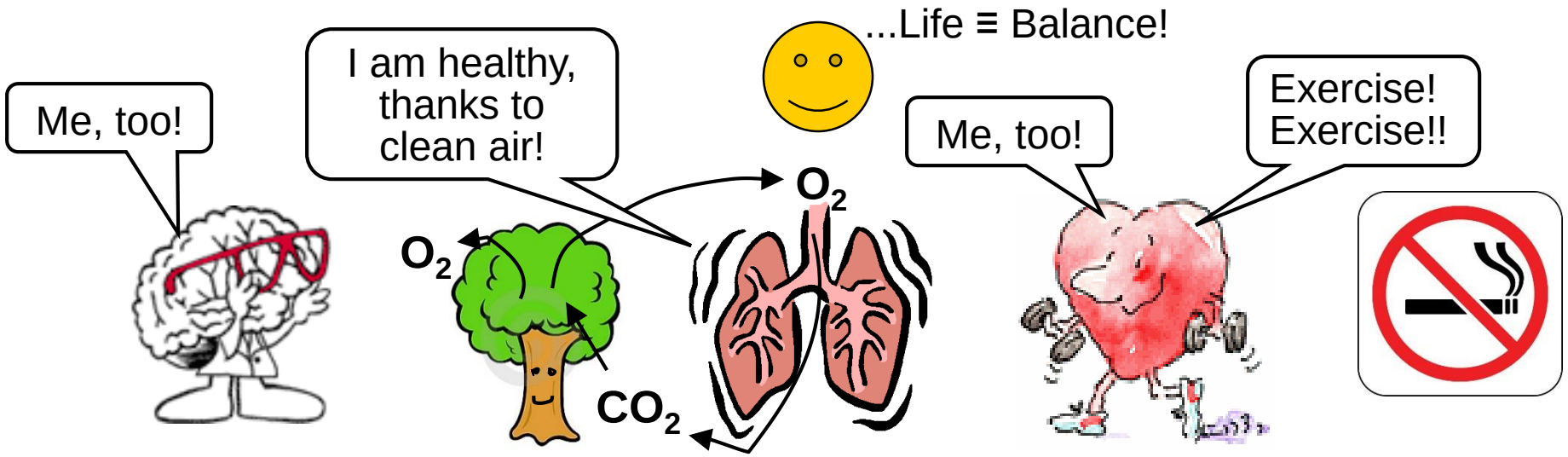
Dancing can be super aerobic exercise, too, & you don't have to be a star!

Extremes of the energy continuum!

Discussion + Time for Questions!



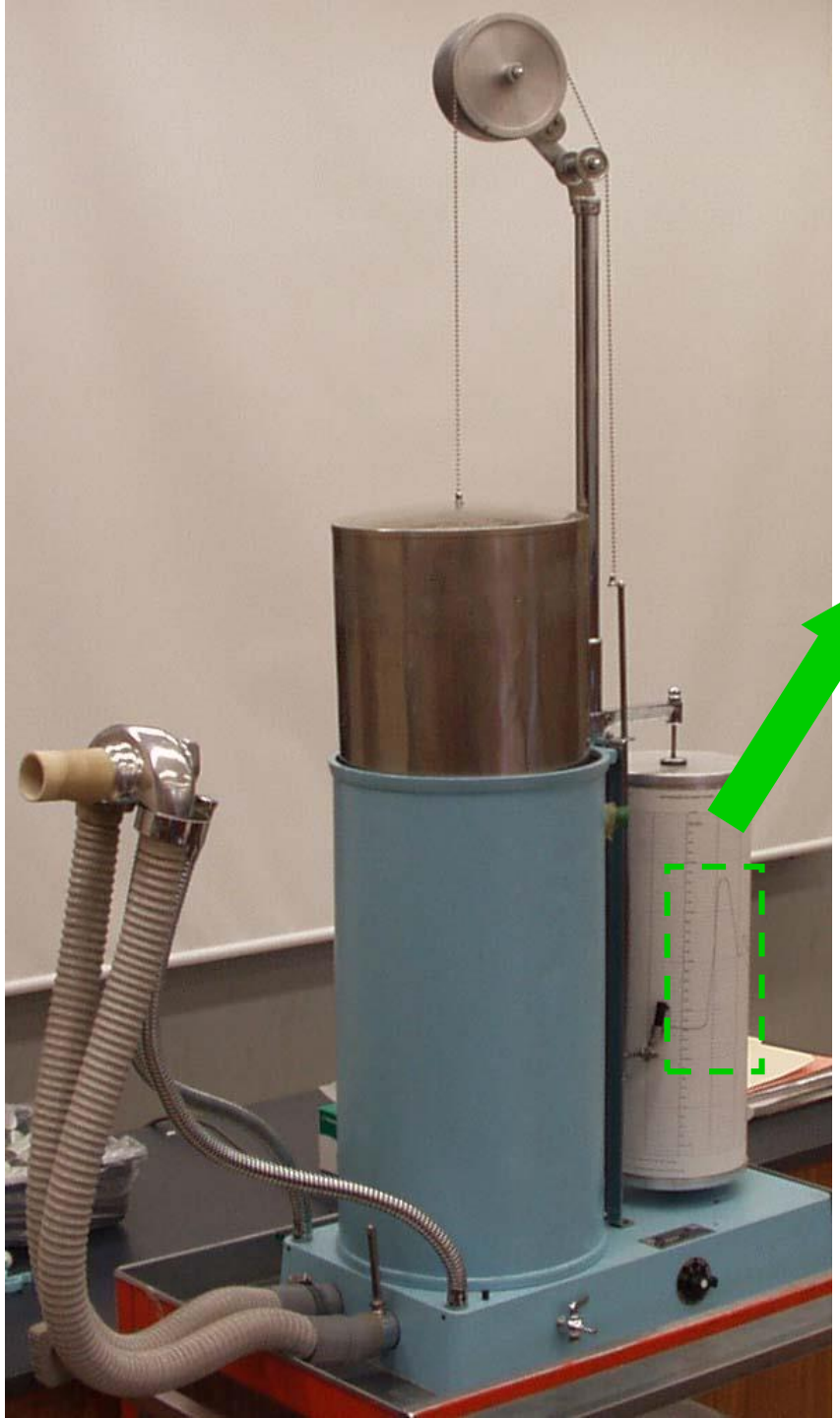
Cancer.

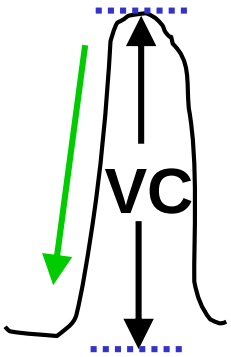


Lab 6 Review: Pulmonary Function Testing (PFT)

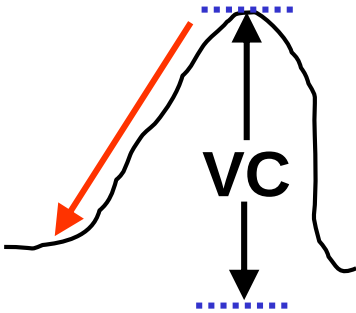
Respirometer → measures ***complete*** ***Pulmonary Function Test*** ***or PFT***!

NB: Should be able to blow out ≥ 75 - 85% of VC/FVC in 1 second! That's $FEV_{1.0}$/FVC ≥ 0.75 – 0.85. If less, may indicate asthma or other lung disease.

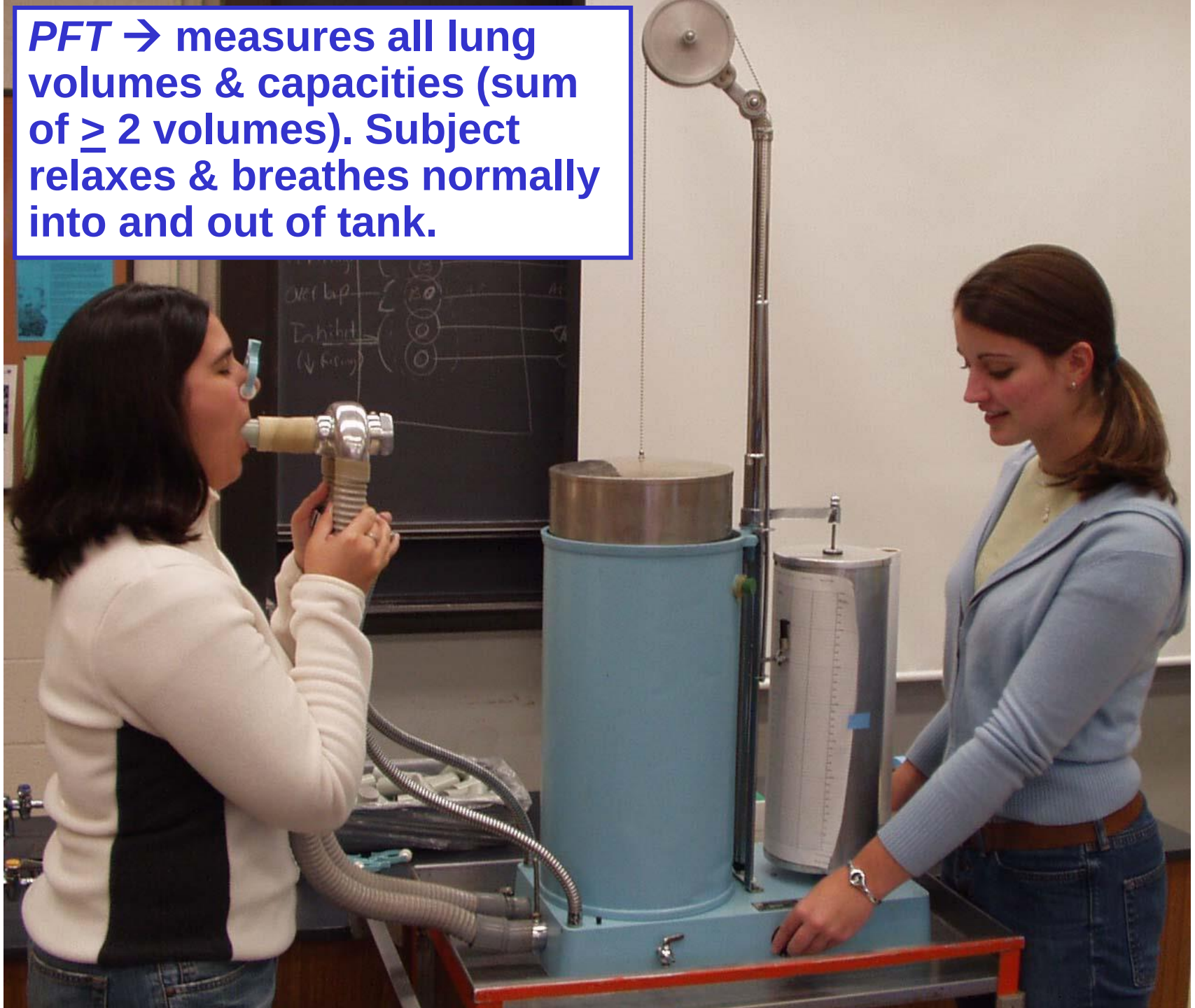


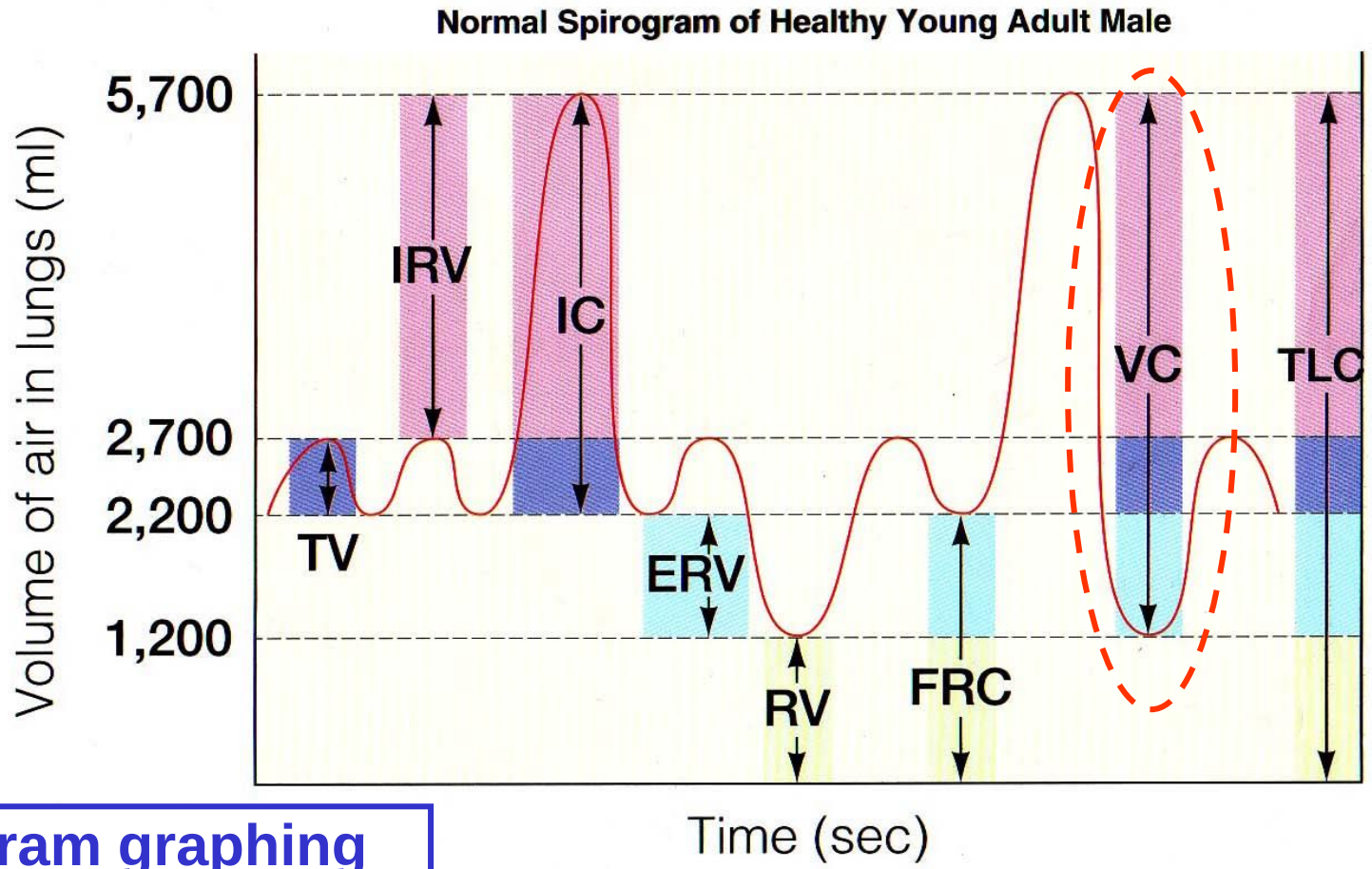


Normal = Steep



Abnormal = Flatter Downslope (eg, Asthma)

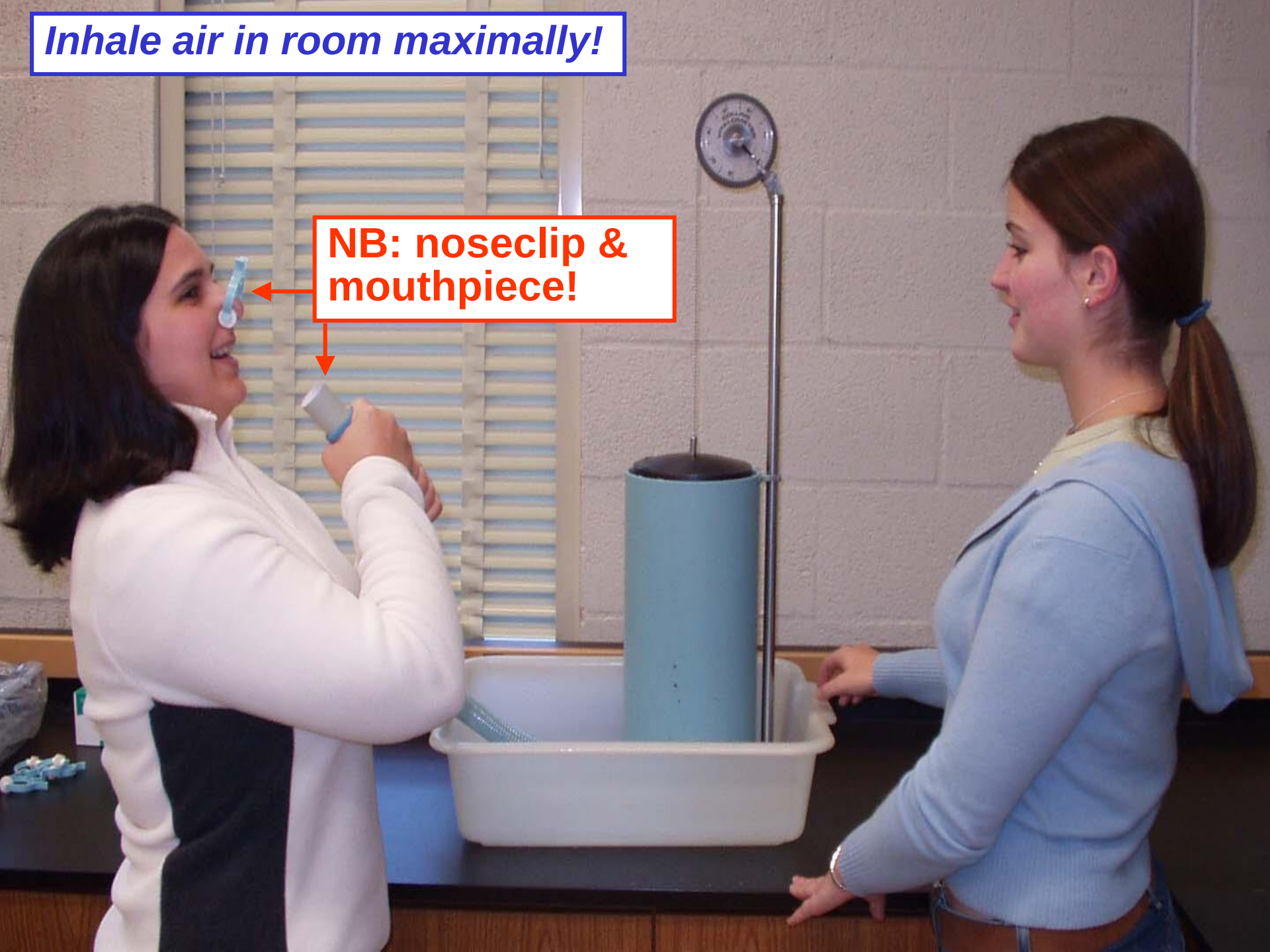

PFT → measures all lung volumes & capacities (sum of ≥ 2 volumes). Subject relaxes & breathes normally into and out of tank.



Spirogram graphing complete *PFT* from computer simulation.

TV = Tidal volume (500 ml)
IRV = Inspiratory reserve volume (3,000 ml)
IC = Inspiratory capacity (3,500 ml)
ERV = Expiratory reserve volume (1,000 ml)
RV = Residual volume (1,200 ml)
FRC = Functional residual capacity (2,200 ml)
VC = Vital capacity (4,500 ml)
TLC = Total lung capacity (5,700 ml)


Vitalometer → Can only measure Vital Capacity (VC). No graph paper, so no time component.


Inhale air in room maximally!
NB: noseclip & mouthpiece!


Exhale into tube maximally!

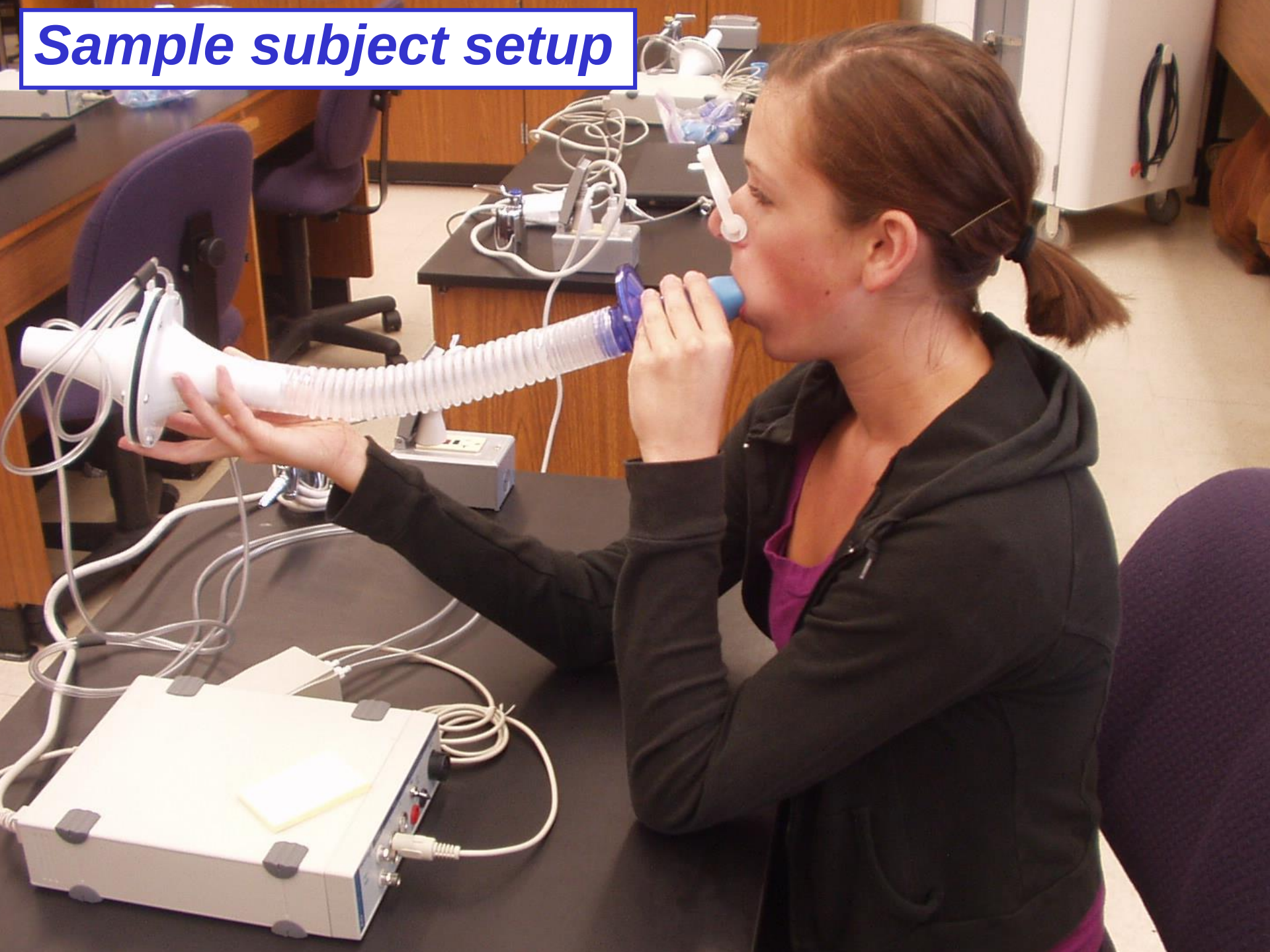
More modern-day computerized Pulmonary Function Testing

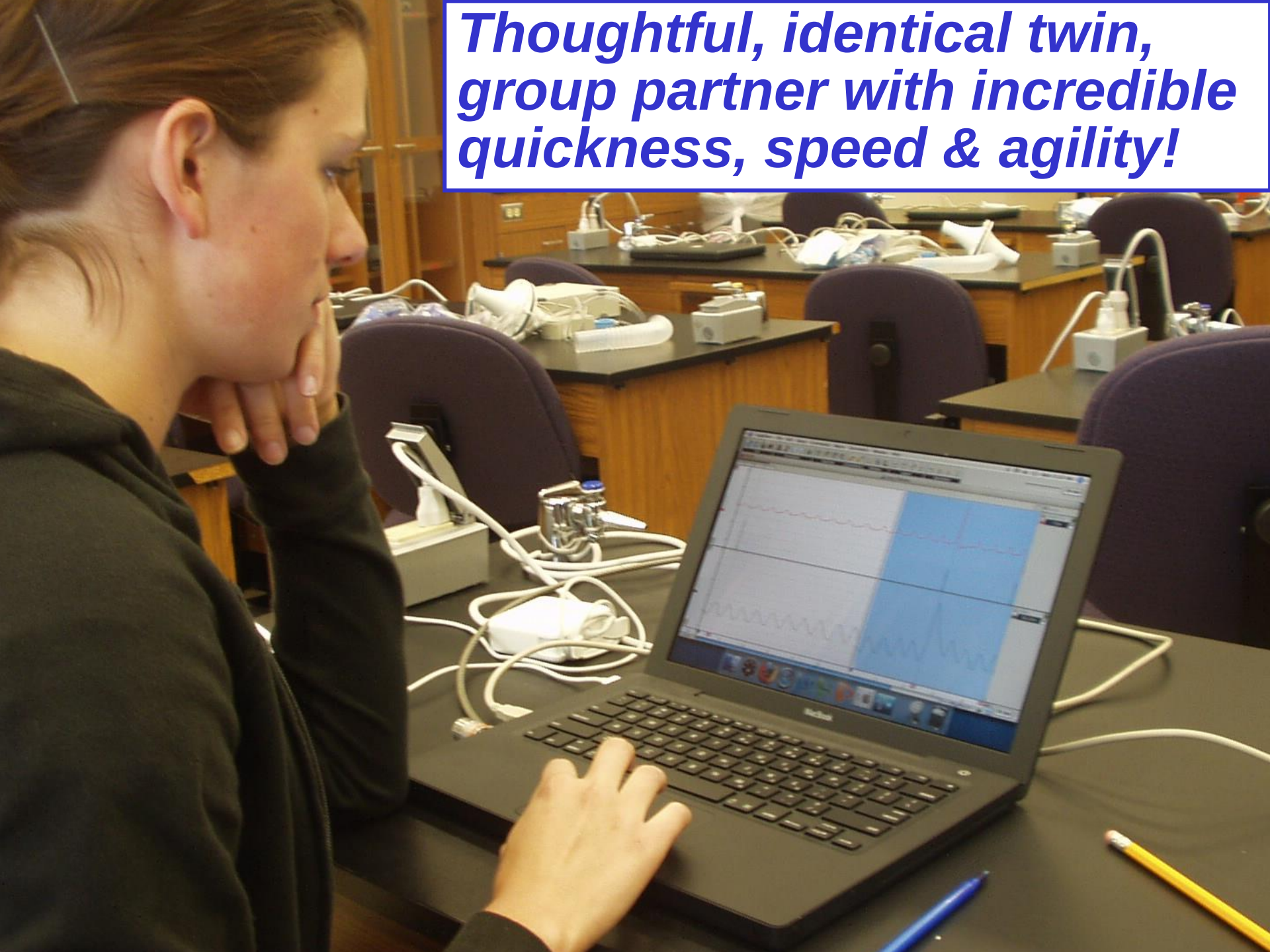
Complete with HH!
Happy Helpers!

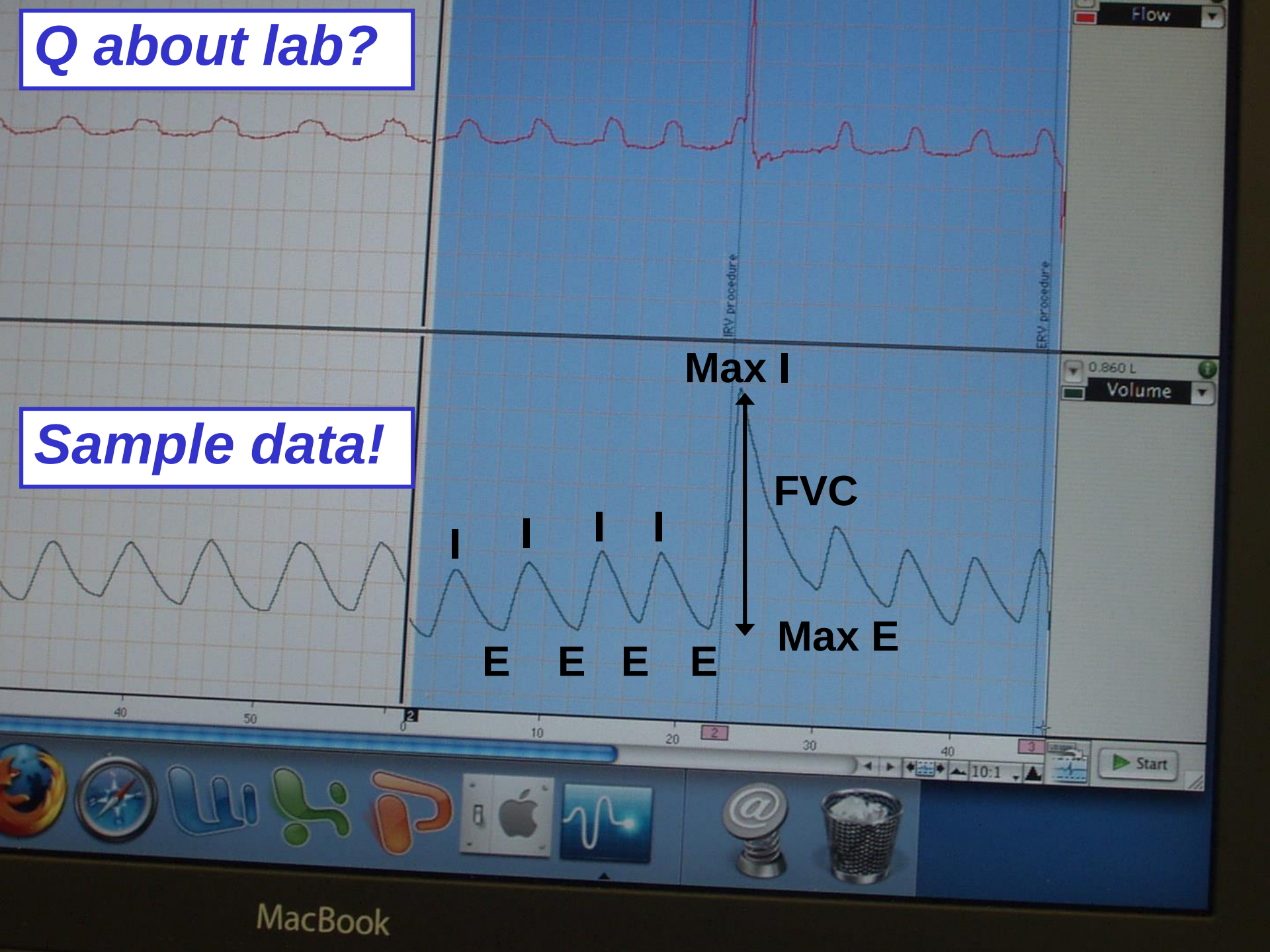
How to put together?


Viola!!

Sample subject setup




Thoughtful, identical twin, group partner with incredible quickness, speed & agility!


Q about lab?
Sample data!
Flow
Volume
0.860 L
IRV procedure
ERV procedure
Max I
FVC
Max E
I I I I
E E E E
Start
MacBook

Lombo's simplified steps!

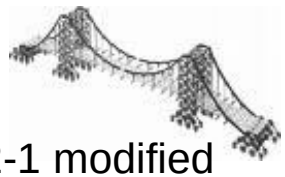
1 **Breathe in & out!**

2 **Cross membranes!**

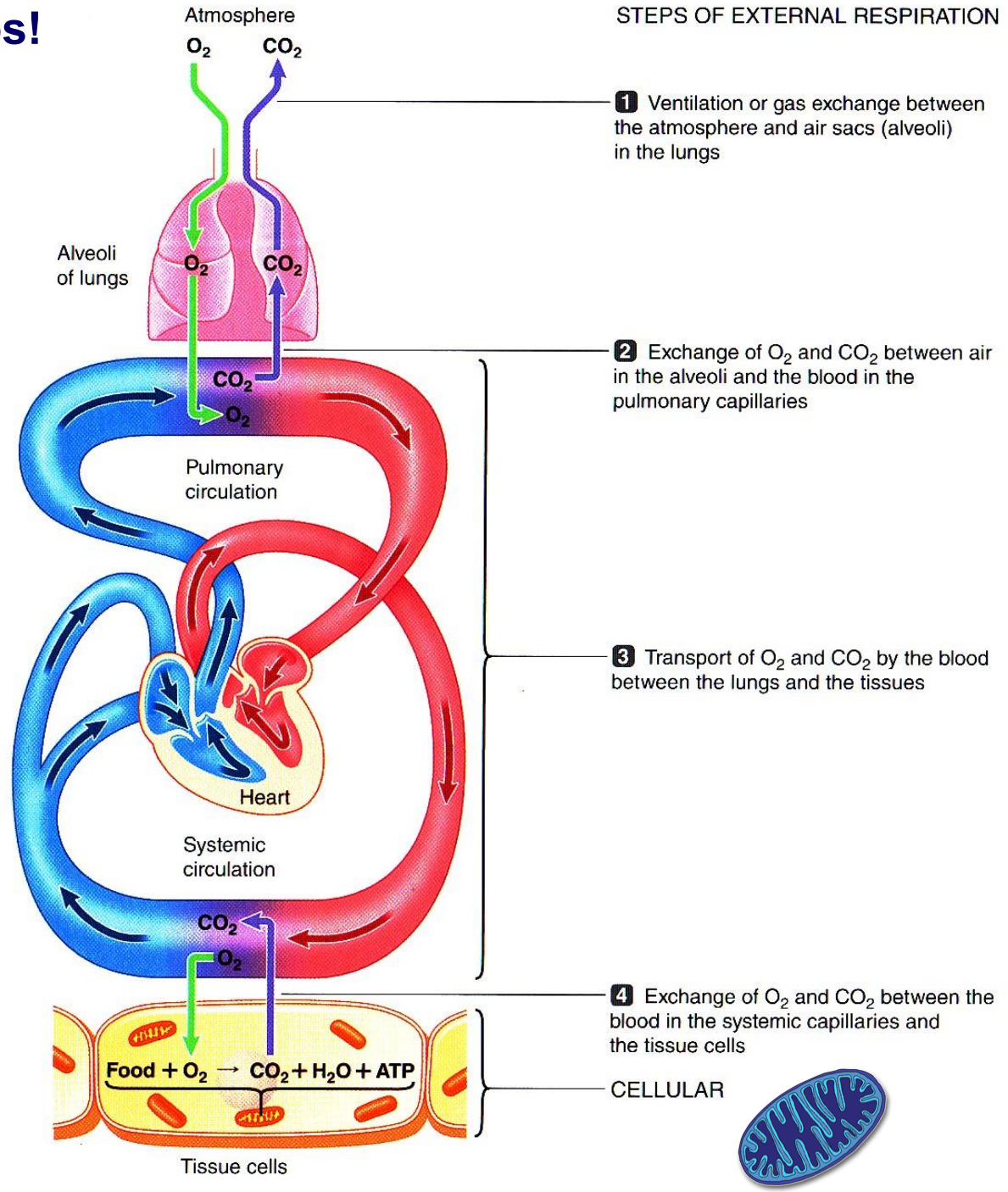
3 **Move with blood!**

Go with the flow!

4 **Cross membranes!**

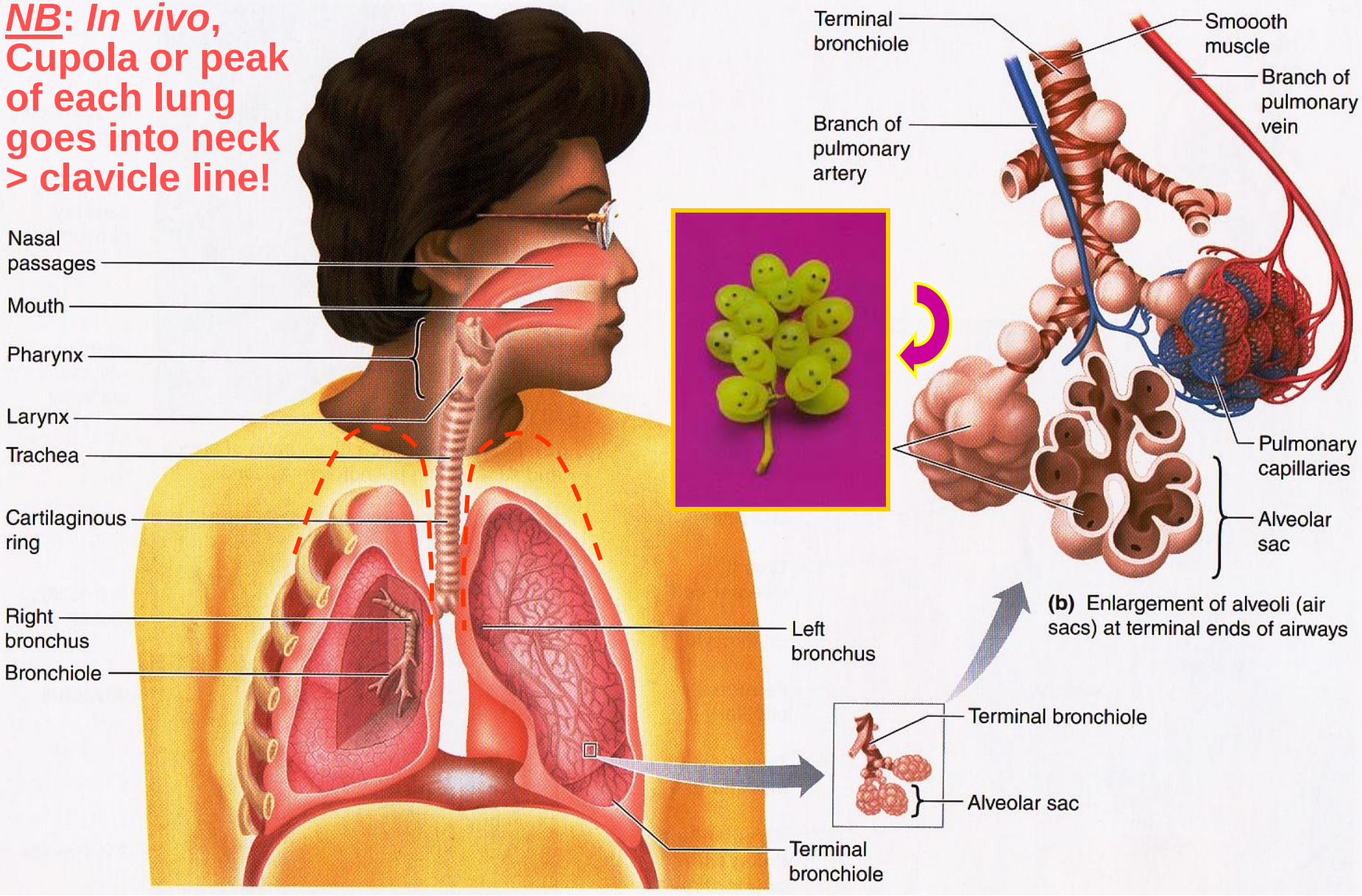


LS 2012 fig 12-1 modified



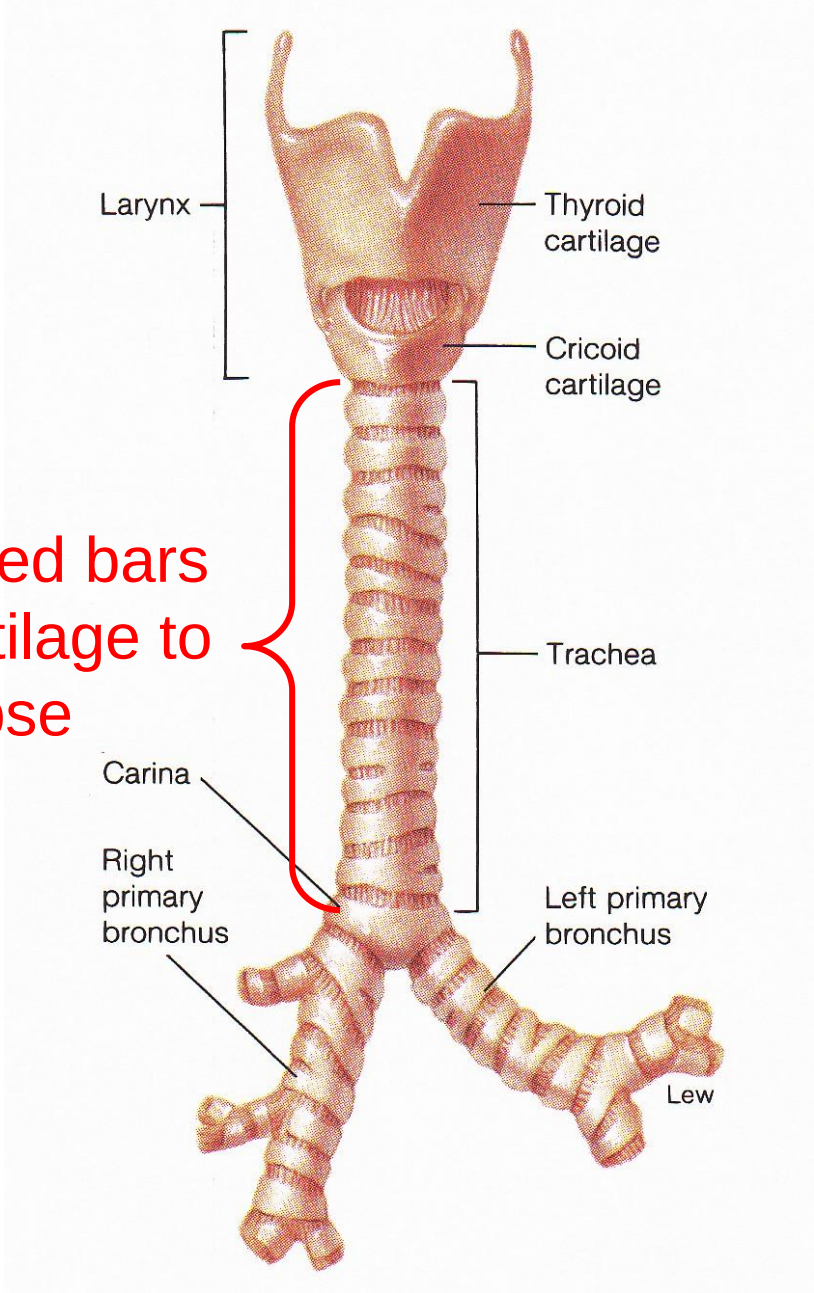
Respiratory System Anatomy

NB: *In vivo*, Cupola or peak of each lung goes into neck > clavicle line!

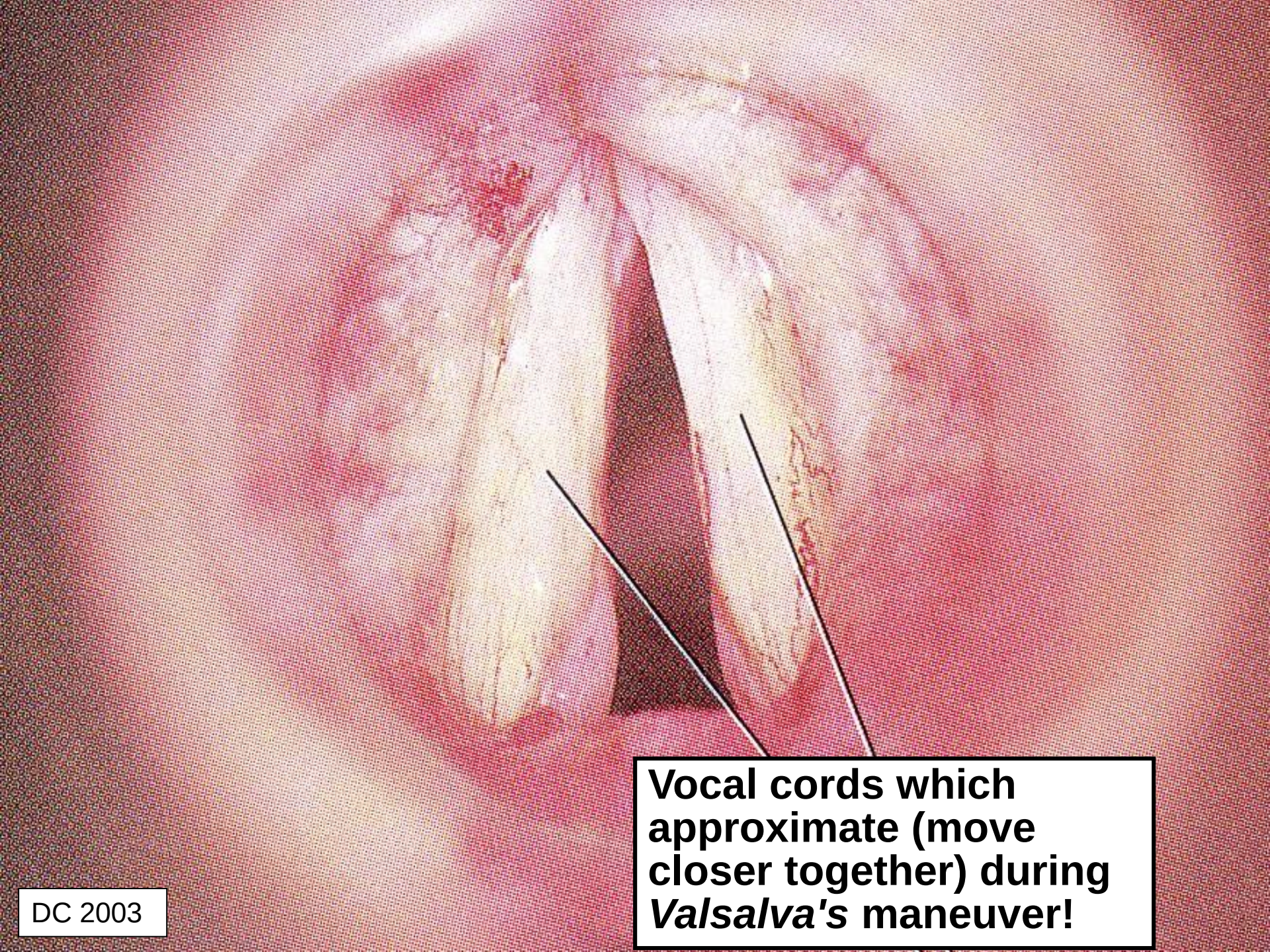


LS 2012 fig 12-2

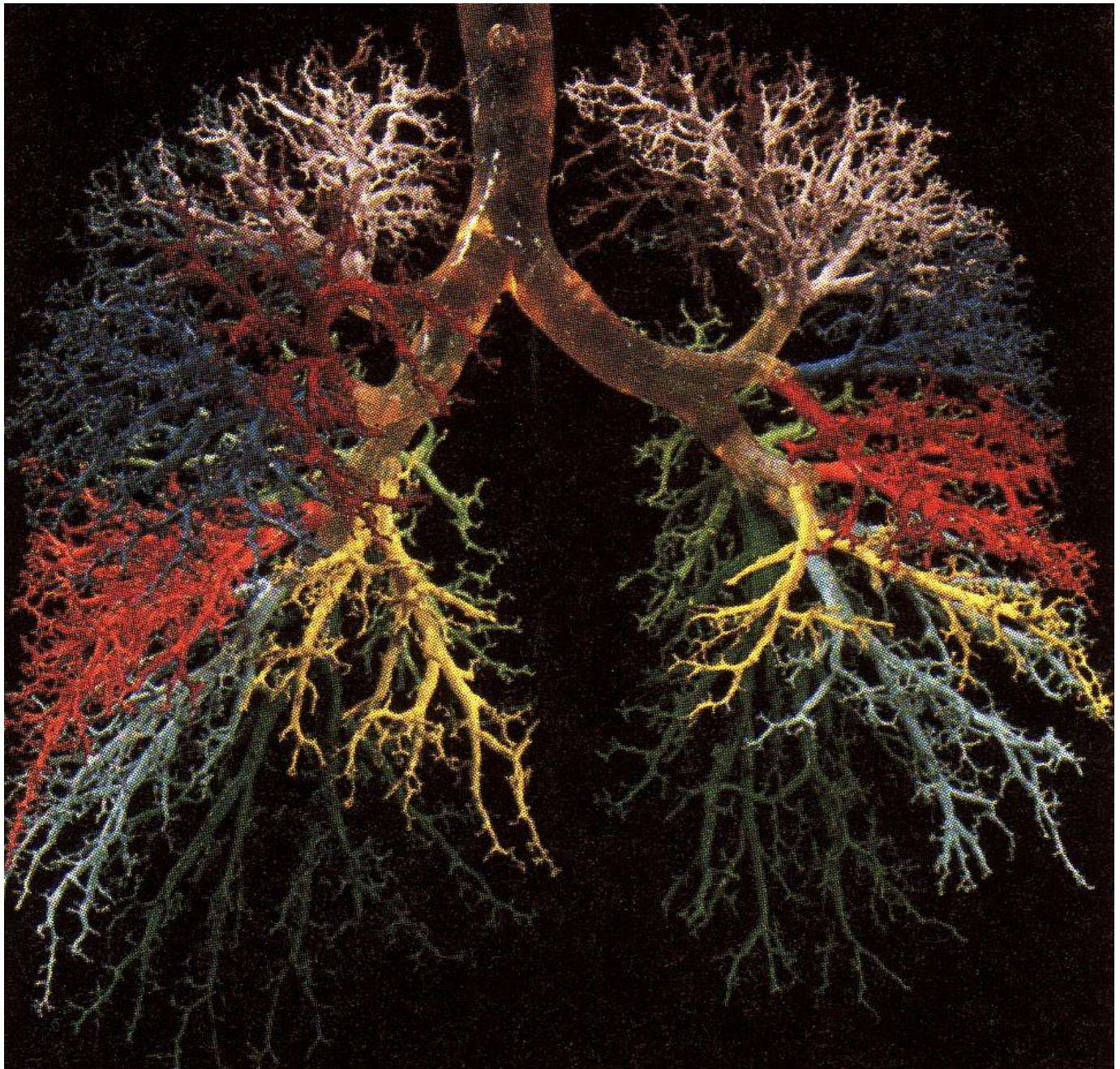
16-20 C-shaped bars of hyaline cartilage to prevent collapse



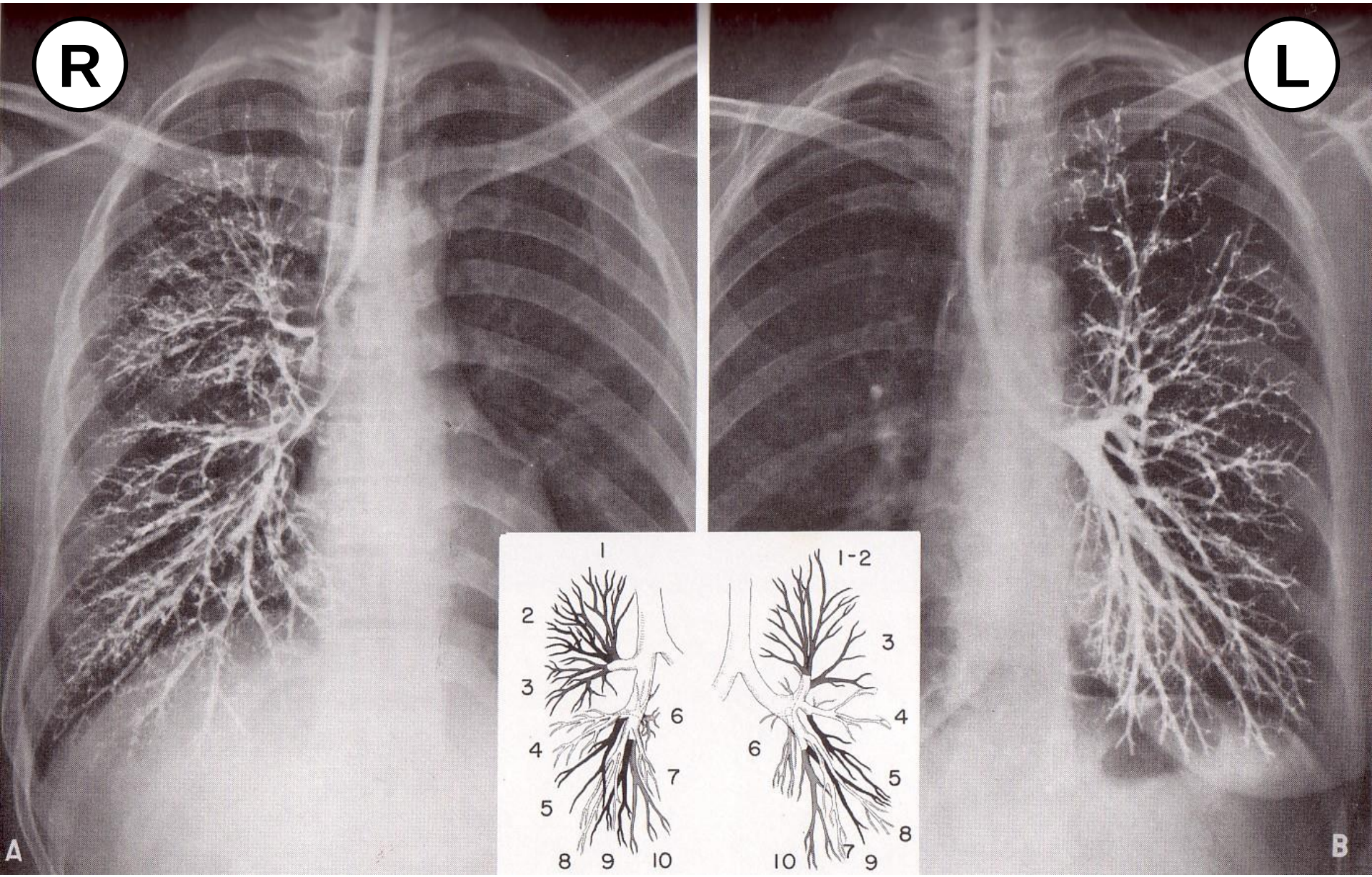
DC 2003


Vocal cords which approximate (move closer together) during *Valsalva's* maneuver!
DC 2003

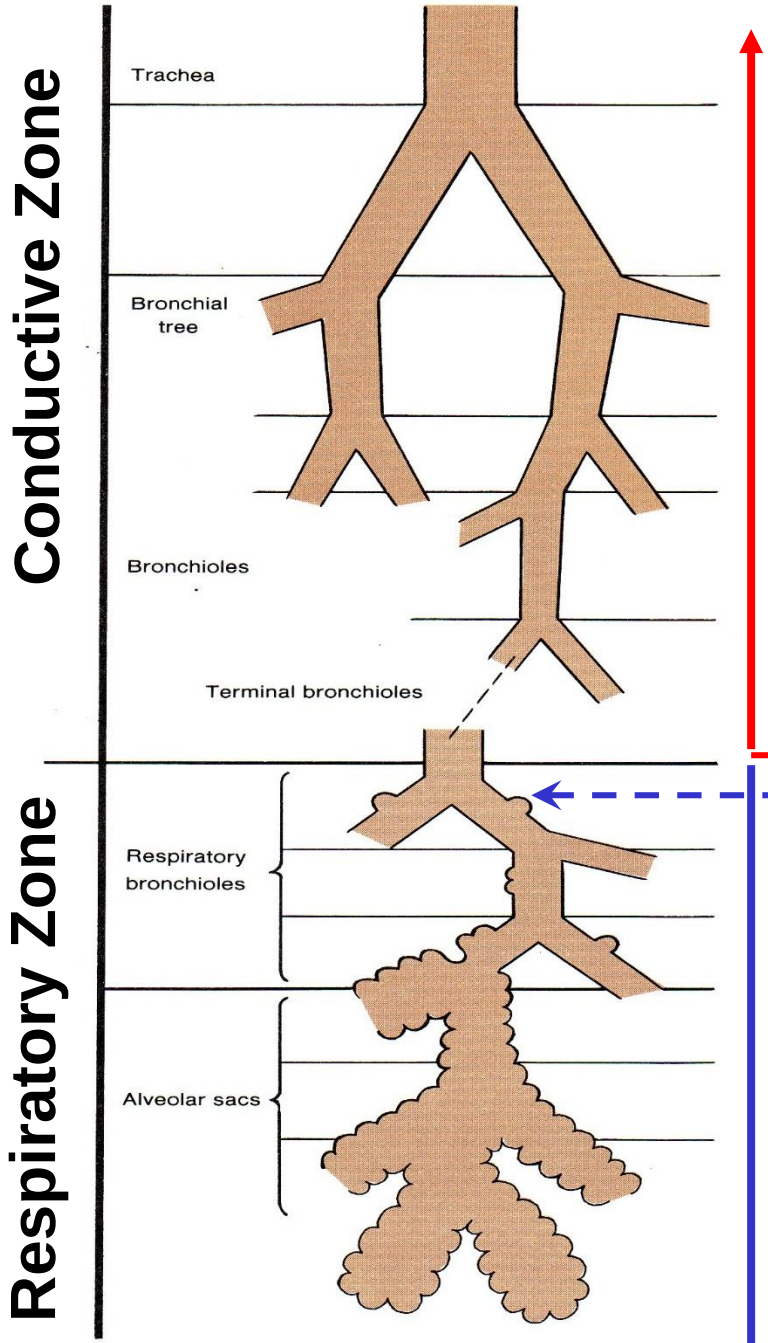
Pulmonary Latex Cast with Colored Segmentation



***Bronchograms*: bronchial tree x-rays > injecting contrast**



Source: Gardner, Gray, O'Rahilly, *Anatomy*, fig 29-11, p 295.

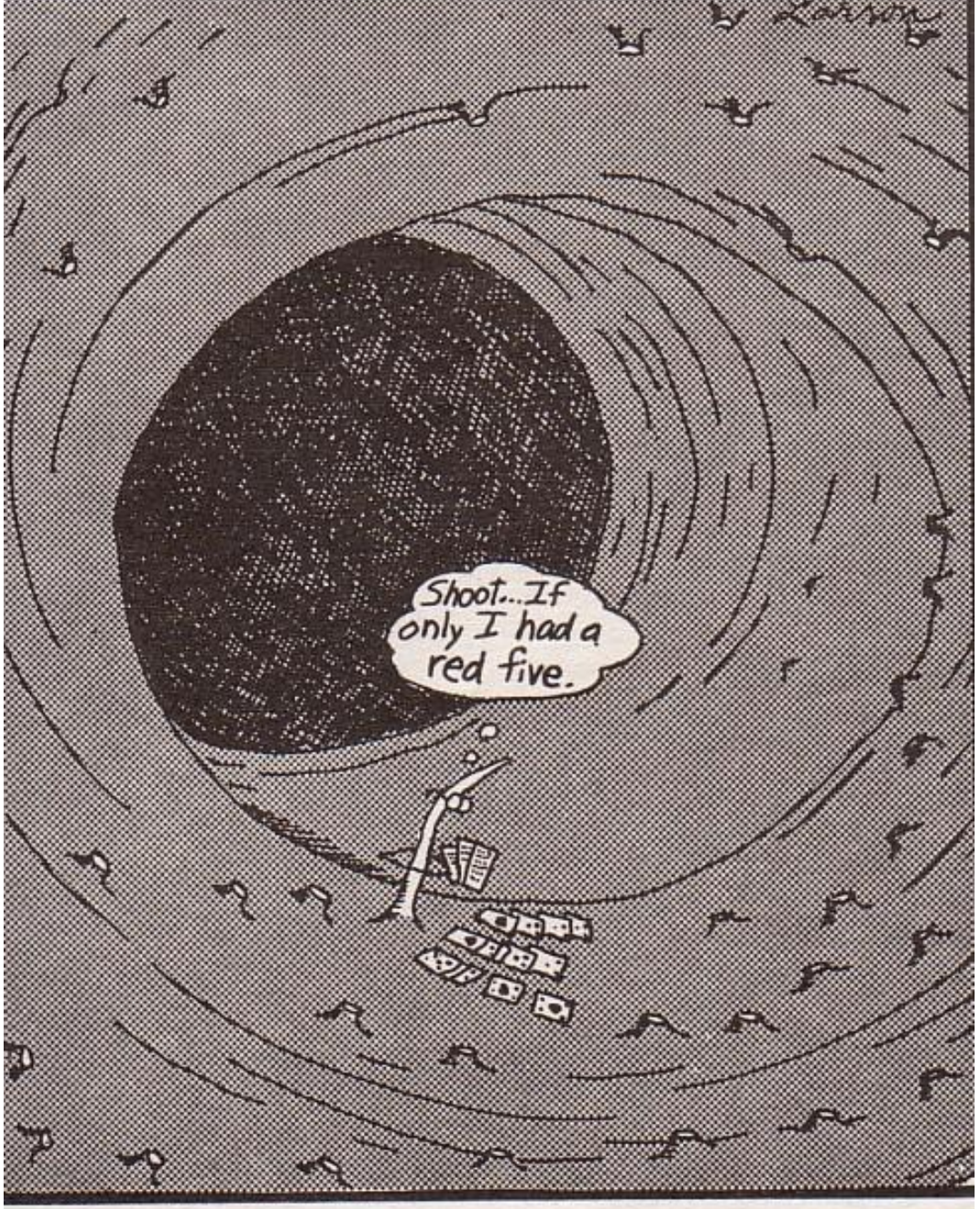


No Gas Exchange

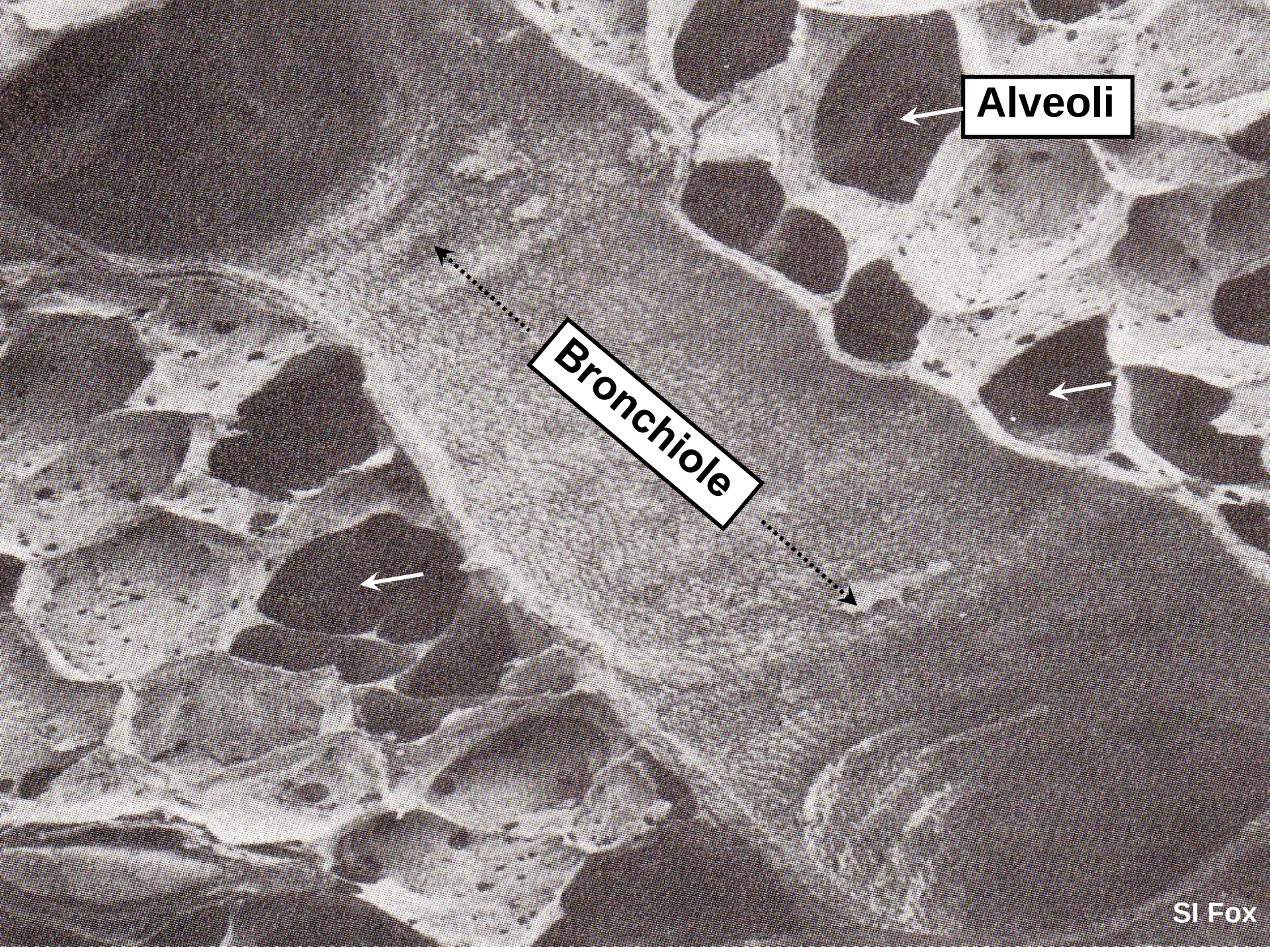
1st alveolar outpouching!

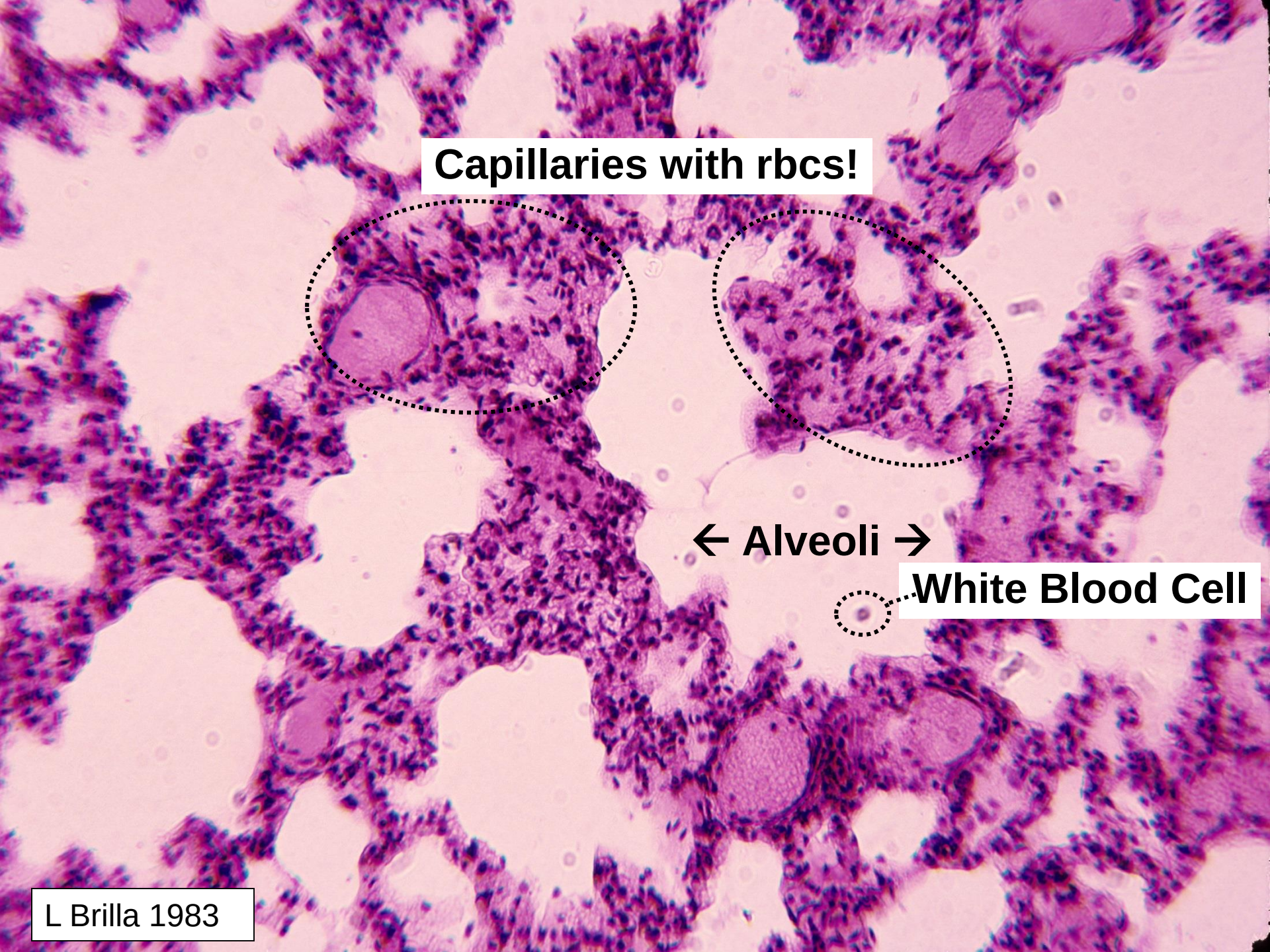
Gas Exchange

SI Fox



The last cilium on a smoker's lung


Alveoli
Bronchiole
SI Fox


Capillaries with rbcs!
← Alveoli →
White Blood Cell
L Brilla 1983