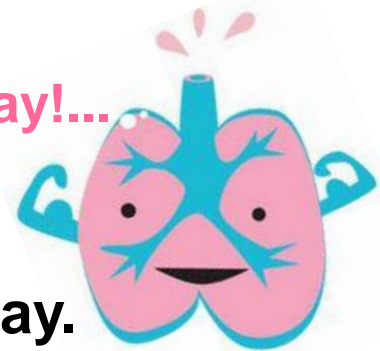


Pulmonary Function Testing today! Hooray!...



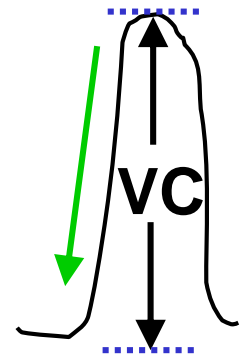
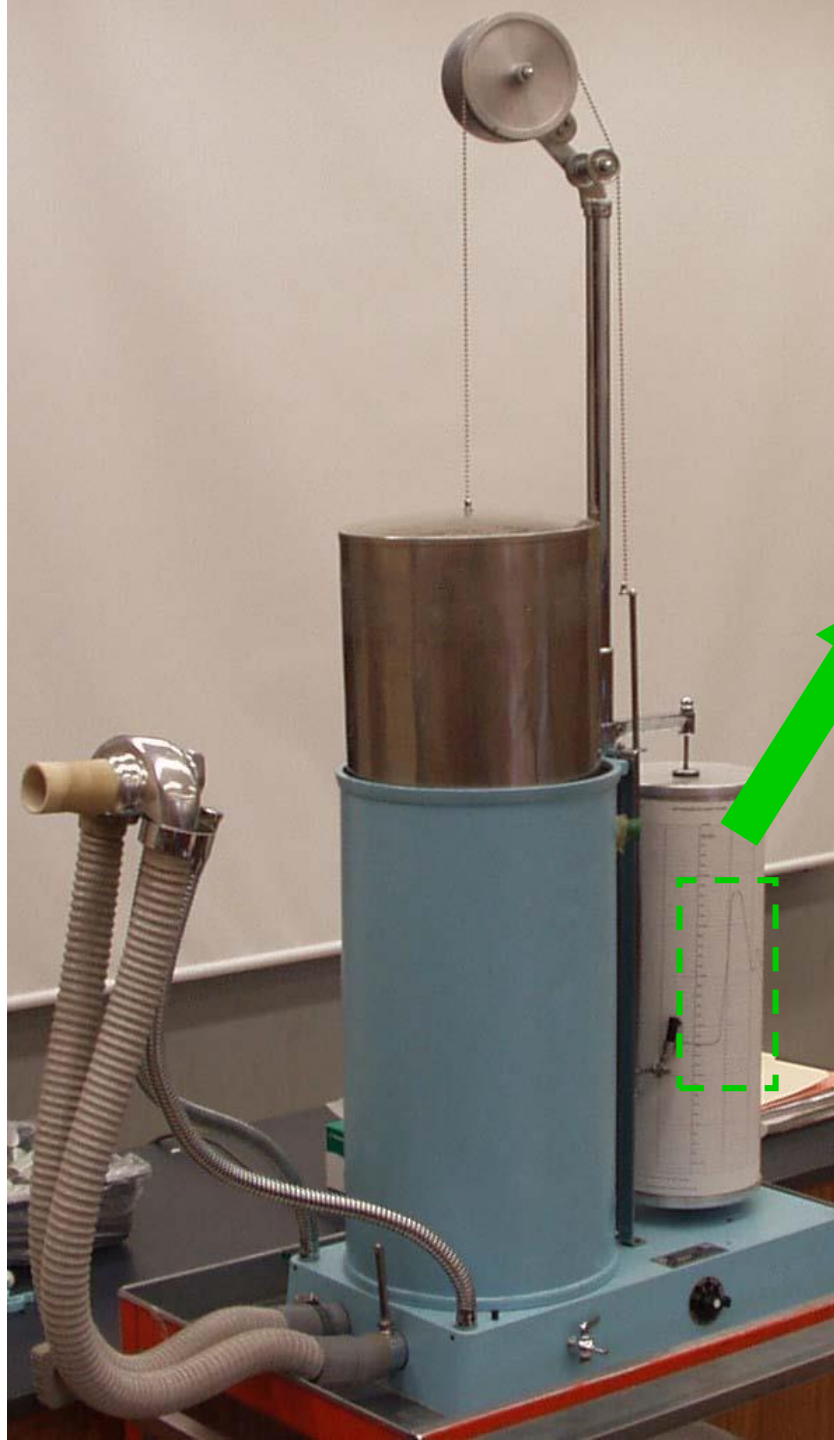
BI 121 Lecture 13

- I. Announcements Optional notebook ✓ + Lab 6 today. Pulmonary Function Testing. Final exam > your Q on Wed. Q?
- II. Pulmonary Function Lab Overview
- III. Neuromuscular Junction Overview LS pp 186-92, DC pp 69-70
- IV. Muscle Structure, Function & Adaptation LS ch 8, DC Module 12
 - A. Muscle types: cardiac, smooth, skeletal LS fig 8-1 p 194-6
 - B. How is skeletal muscle organized? LS fig 8-2, DC fig 12-2
 - C. What do thick filaments look like? LS fig 8-4, DC fig 12-4
 - D. How about thin filaments? LS fig 8-5
 - E. Banding pattern? LS fig 8-3, fig 8-7
 - F. How do muscles contract? LS fig 8-6, 8-10
 - G. What's a cross-bridge cycle? LS fig 8-11 +...
 - H. Summary of skeletal muscle contraction
 - I. Exercise adaptation variables: *mode, intensity, duration, frequency, distribution, individual & environmental char...?*
 - J. Endurance vs. strength training continuum? fiber types...

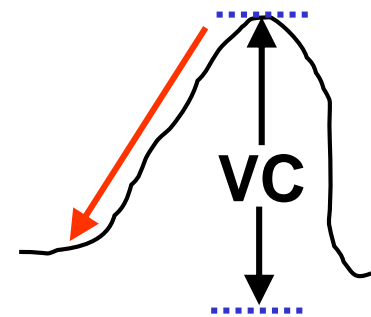


Respirometer →
measures **complete
Pulmonary Function
Test or PFT!**

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

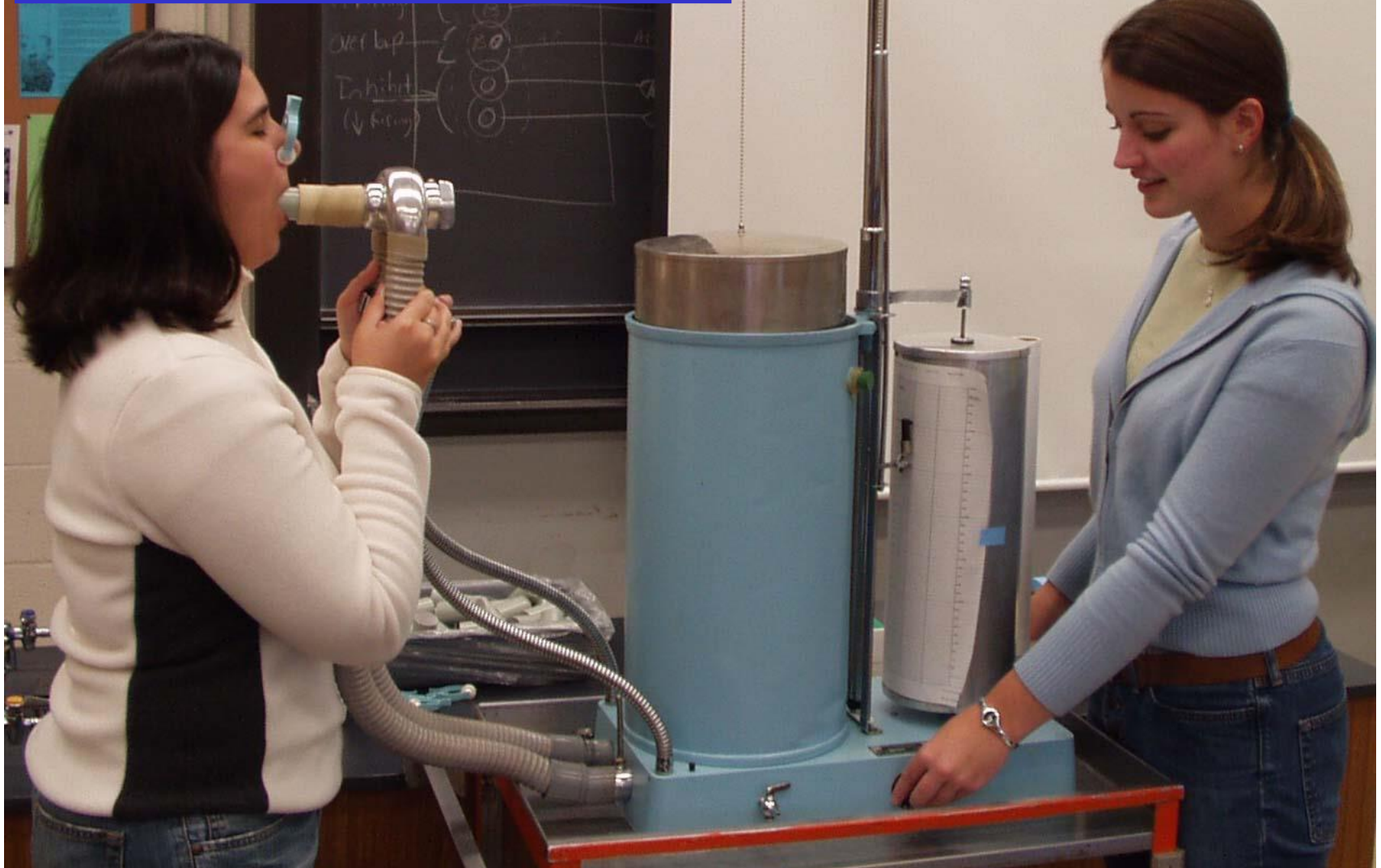


**Normal =
Steep**

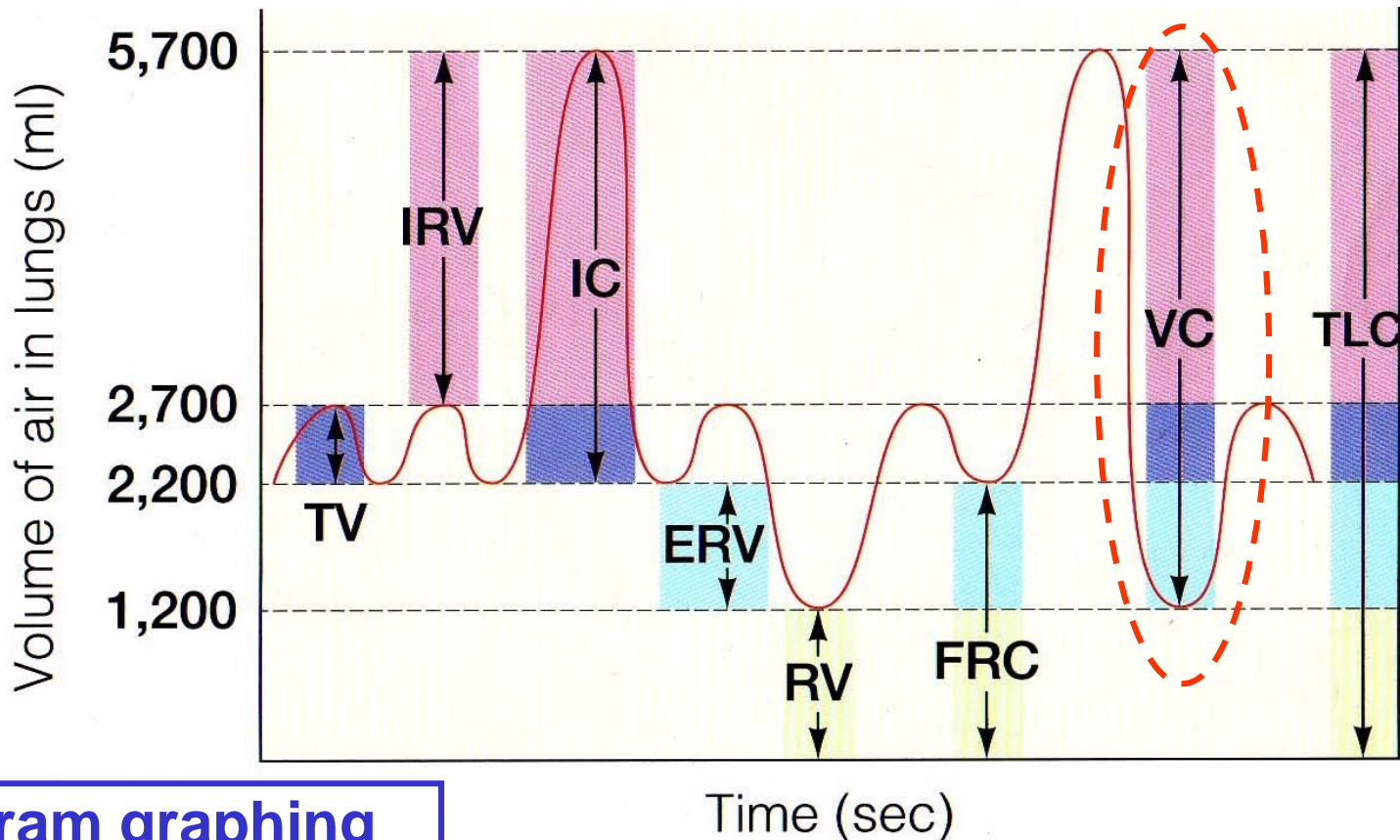


**Abnormal =
Flatter
Downslope
(eg, Asthma)**

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



Normal Spirogram of Healthy Young Adult Male



**Spirogram graphing
complete *PFT* from
computer simulation.**

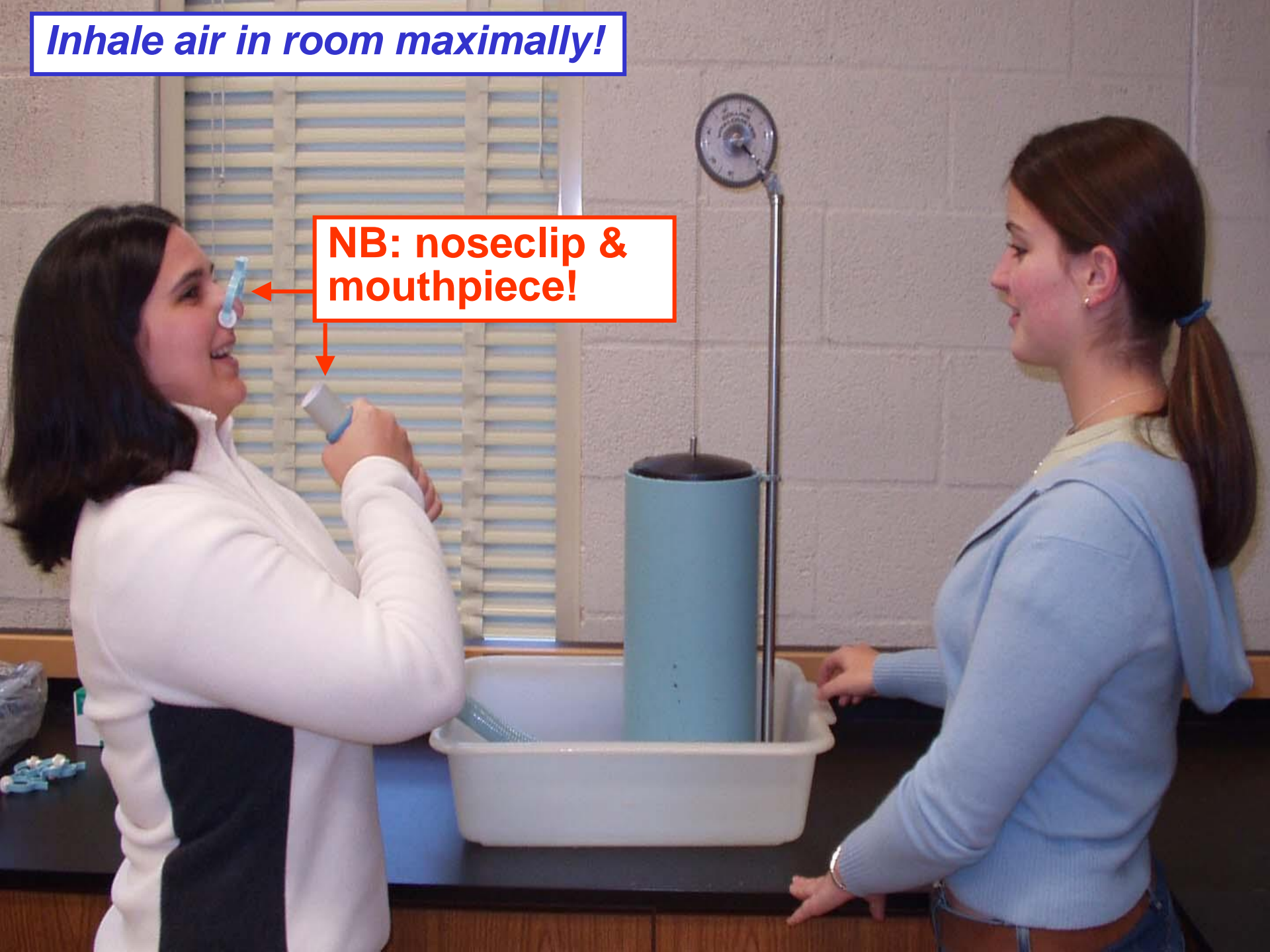
- TV = Tidal volume (500 ml)
- IRV = Inspiratory reserve volume (3,000 ml)
- IC = Inspiratory capacity (3,500 ml)
- ERV = Expiratory reserve volume (1,000 ml)
- RV = Residual volume (1,200 ml)
- FRC = Functional residual capacity (2,200 ml)
- VC = Vital capacity (4,500 ml)
- TLC = Total lung capacity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

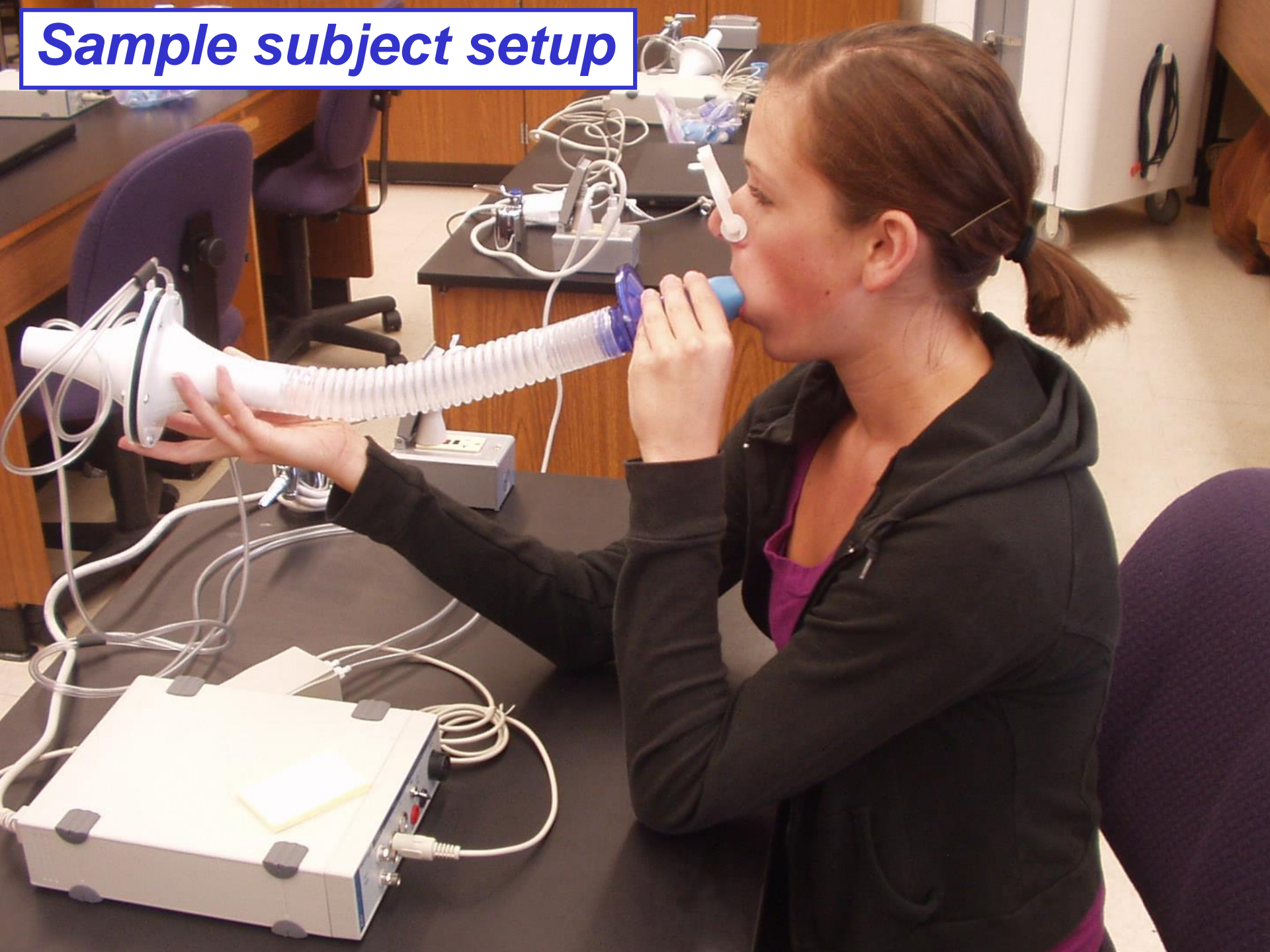


*Complete with HH!
Happy Helpers!*

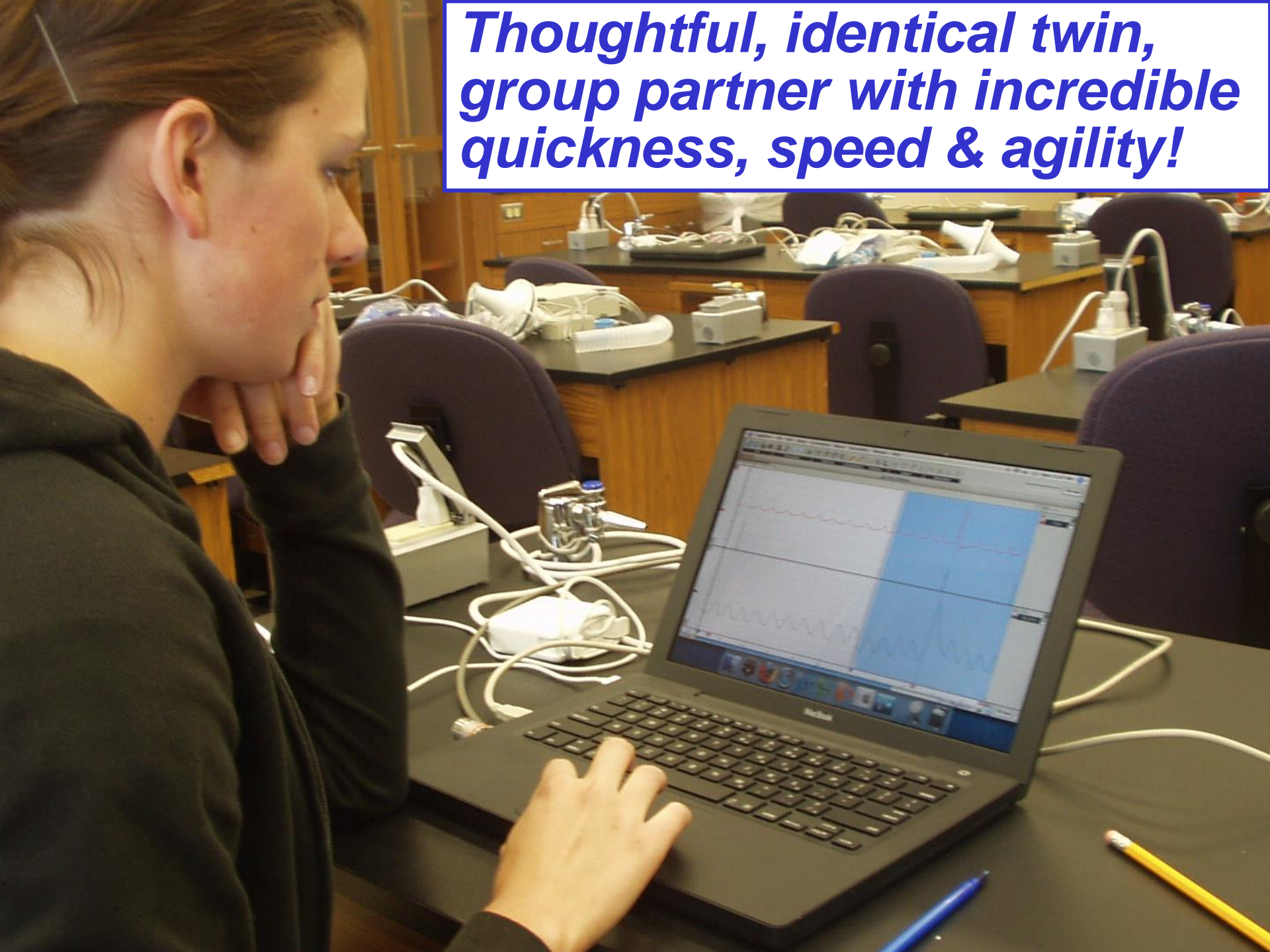
Viola!!



Sample subject setup

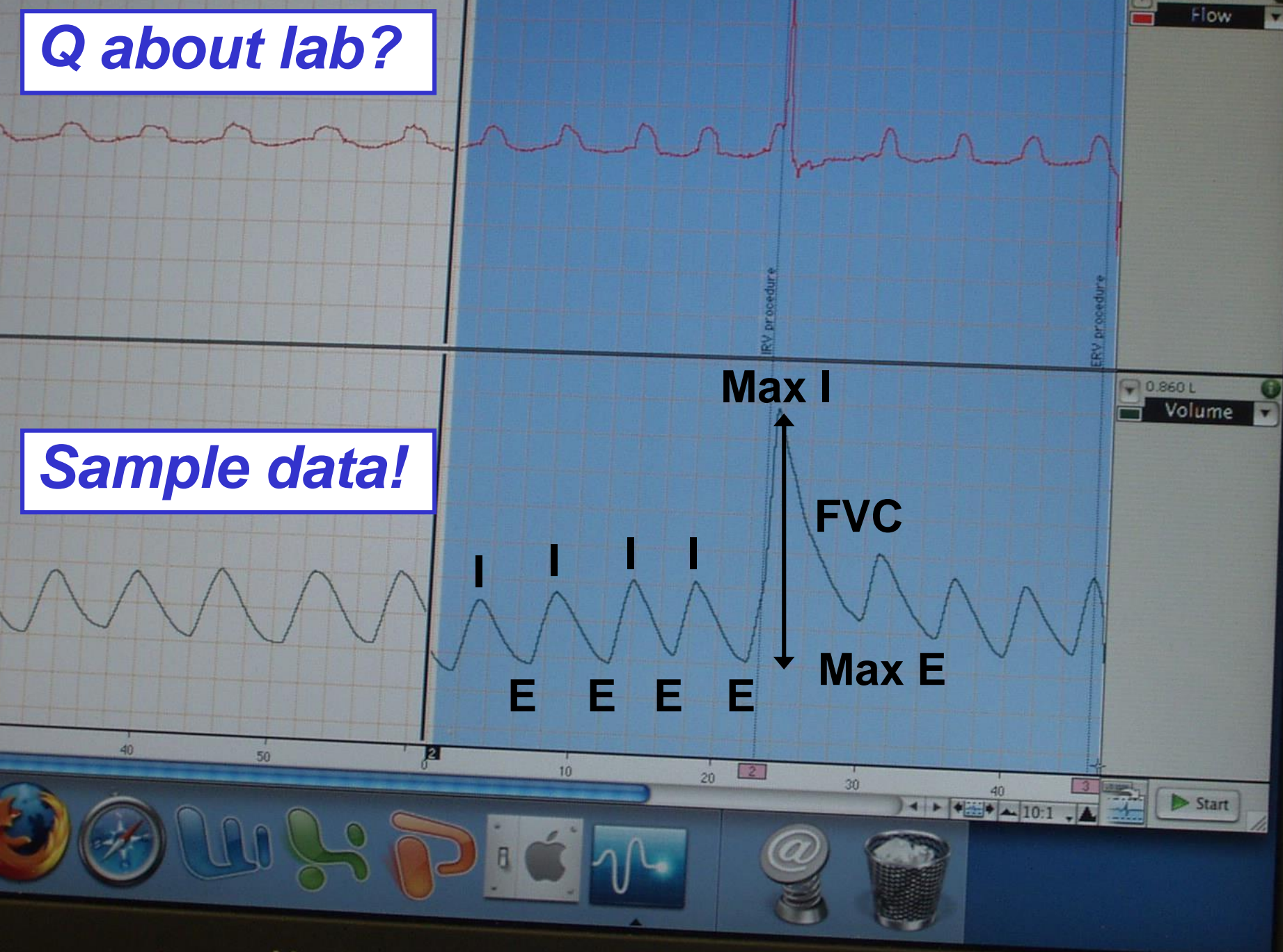


***Thoughtful, identical twin,
group partner with incredible
quickness, speed & agility!***

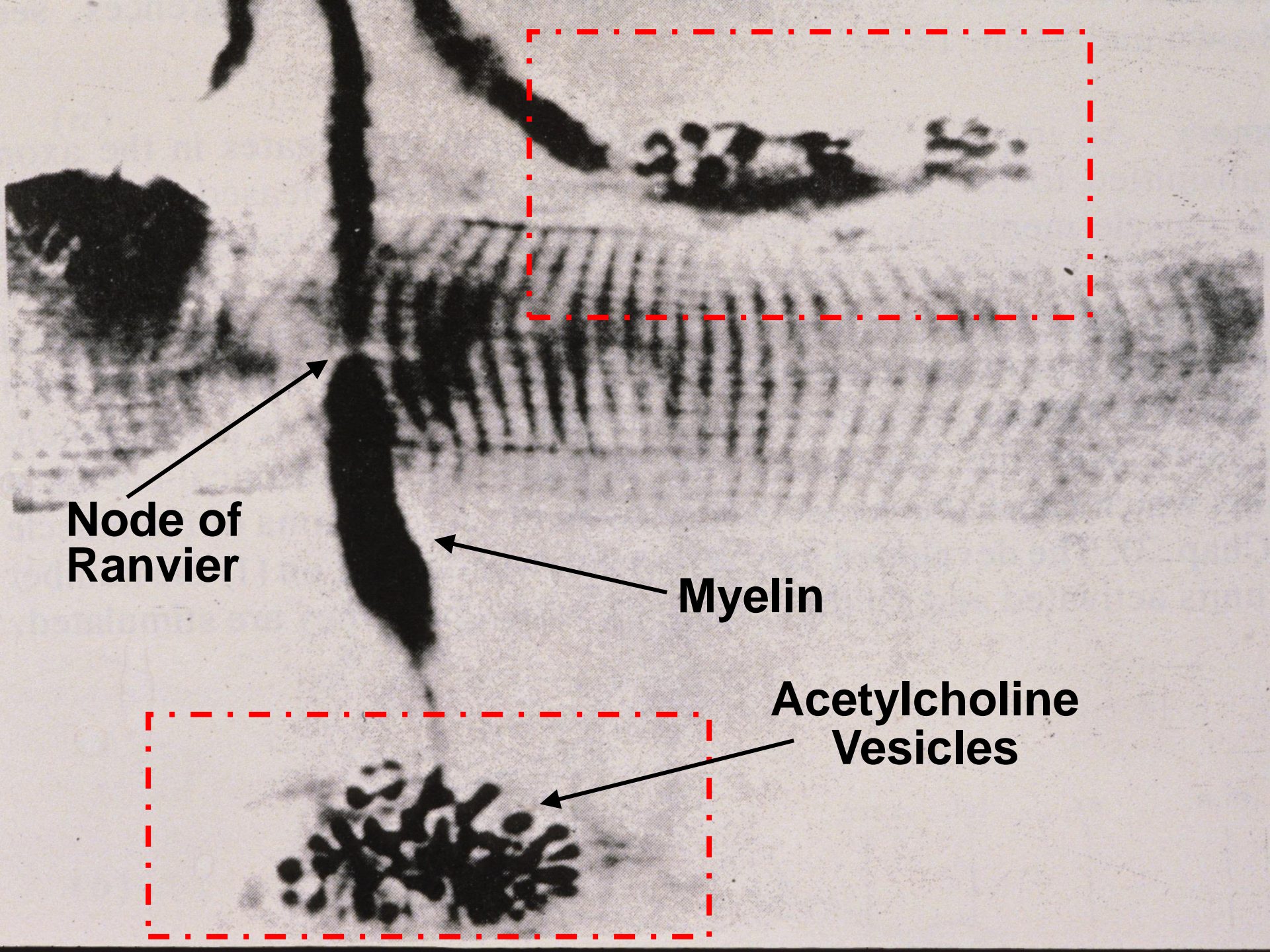


Q about lab?

Sample data!



MacBook

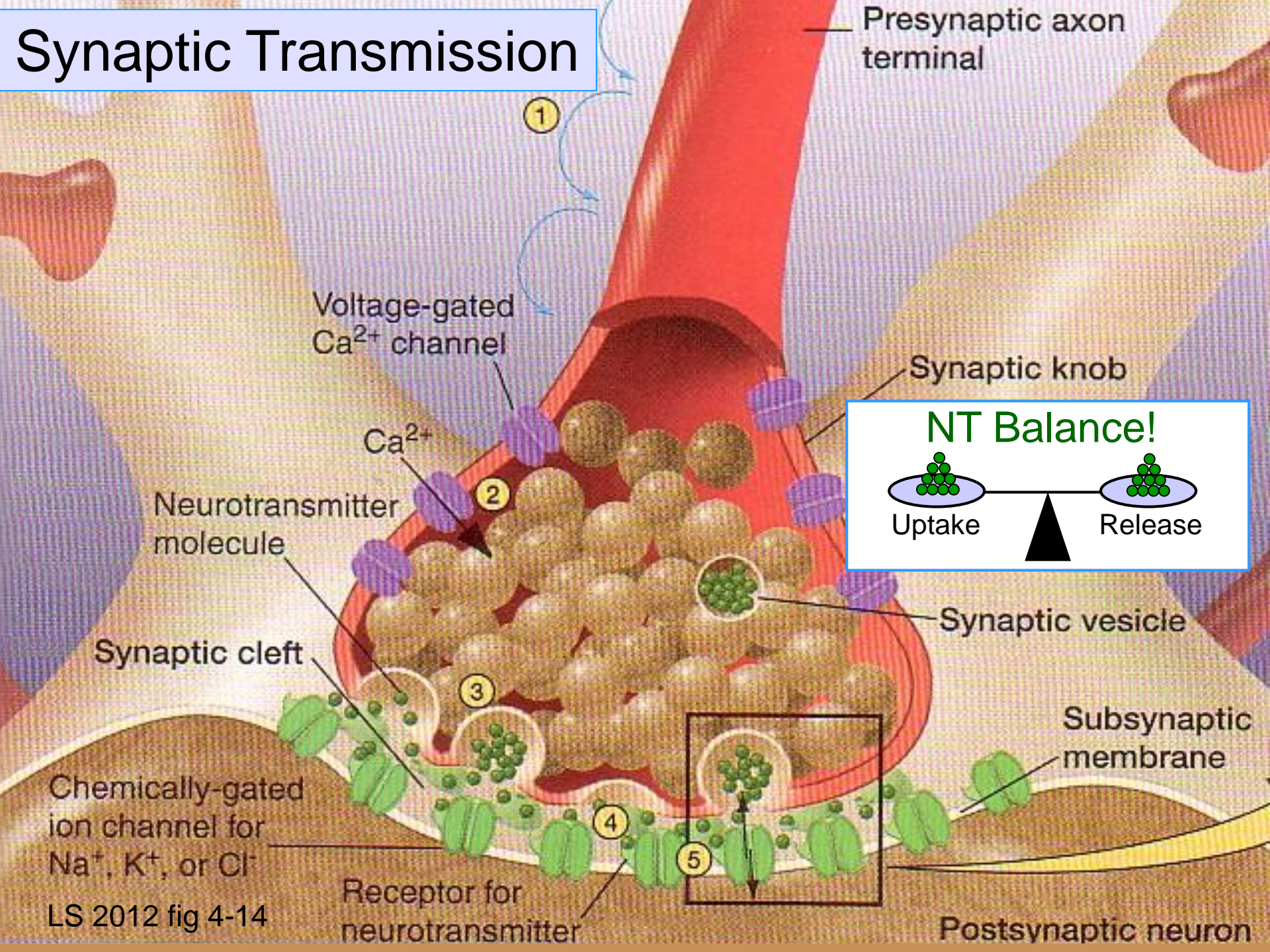


**Node of
Ranvier**

Myelin

**Acetylcholine
Vesicles**

Synaptic Transmission



Presynaptic axon terminal

1

Voltage-gated Ca^{2+} channel

Synaptic knob

NT Balance!

Uptake Release

Ca^{2+}

Neurotransmitter molecule

2

Synaptic vesicle

Synaptic cleft

3

Subsynaptic membrane

Chemically-gated ion channel for Na^+ , K^+ , or Cl^-

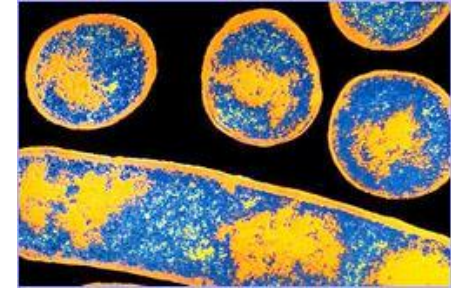
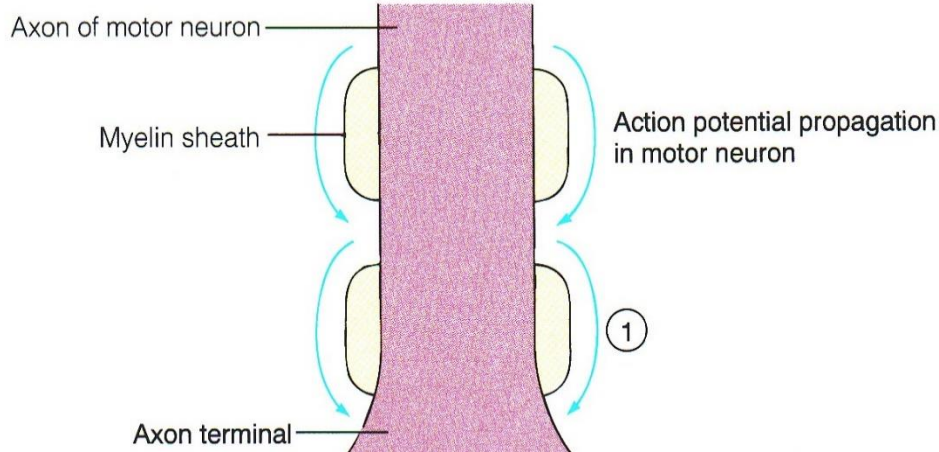
4

5

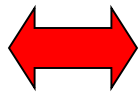
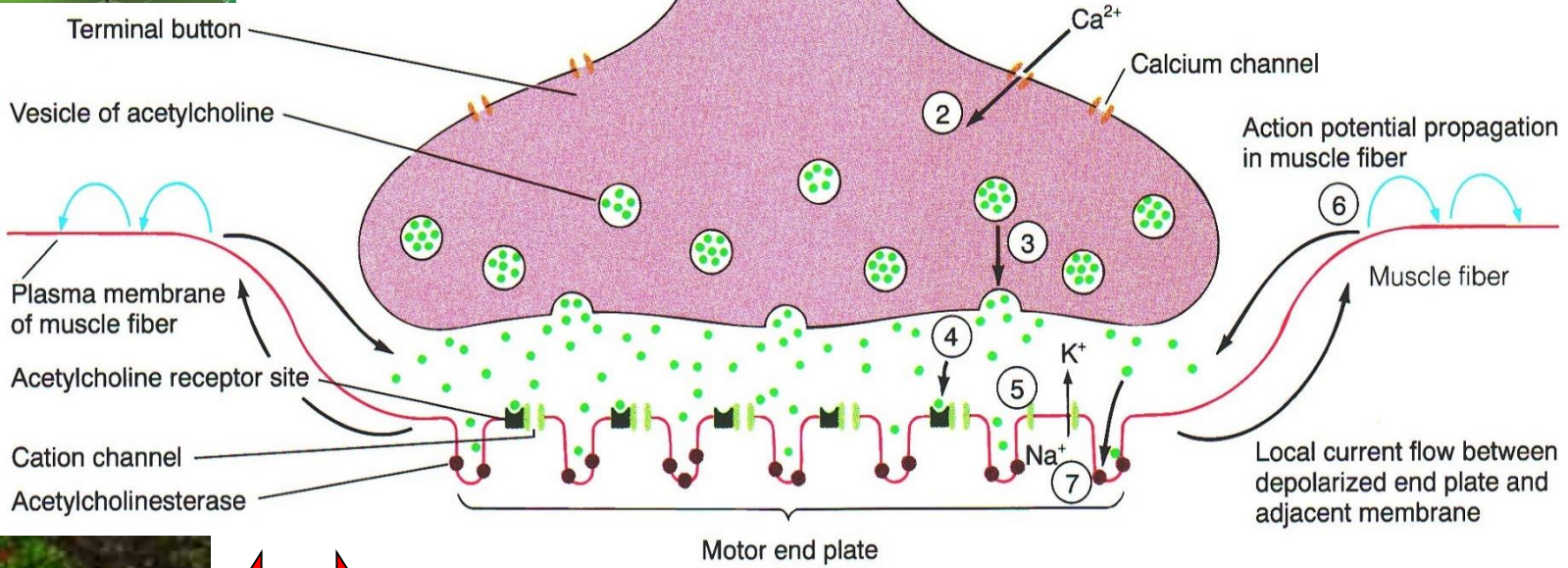
Receptor for neurotransmitter

Postsynaptic neuron

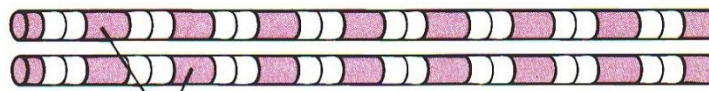
↑ 3



~~3~~



4



Contractile elements within muscle fiber



~~7~~

Links That May Be Helpful!

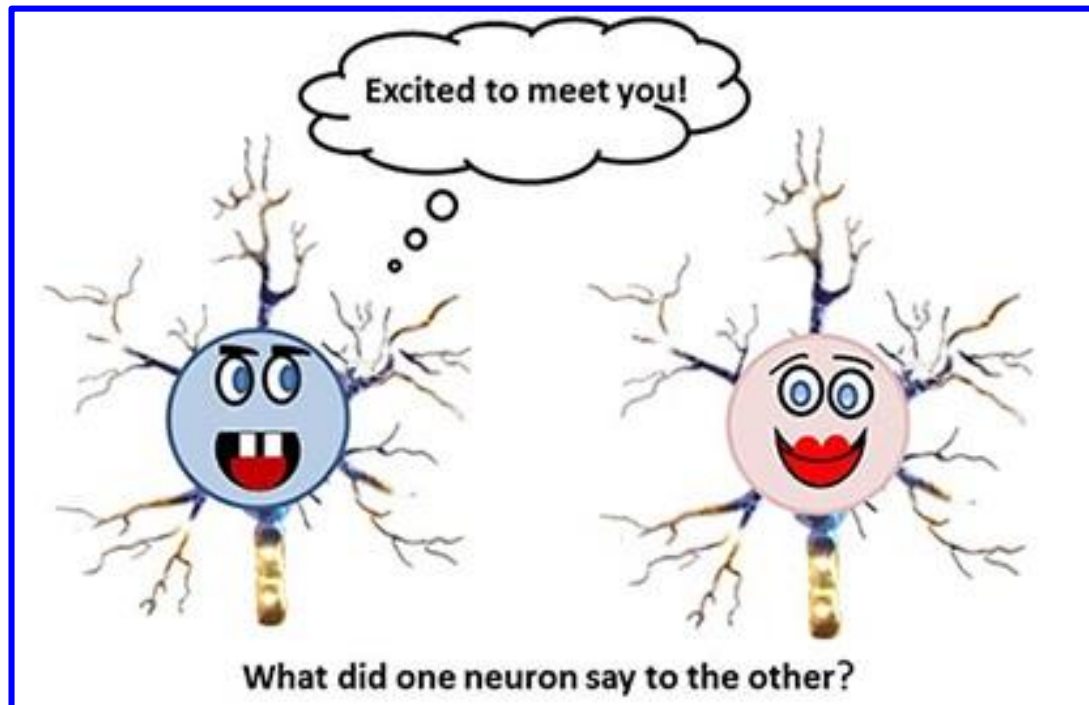
<https://www.youtube.com/watch?v=6RbPIOq0O3w>

<https://www.youtube.com/watch?v=mltV4rC57kM>

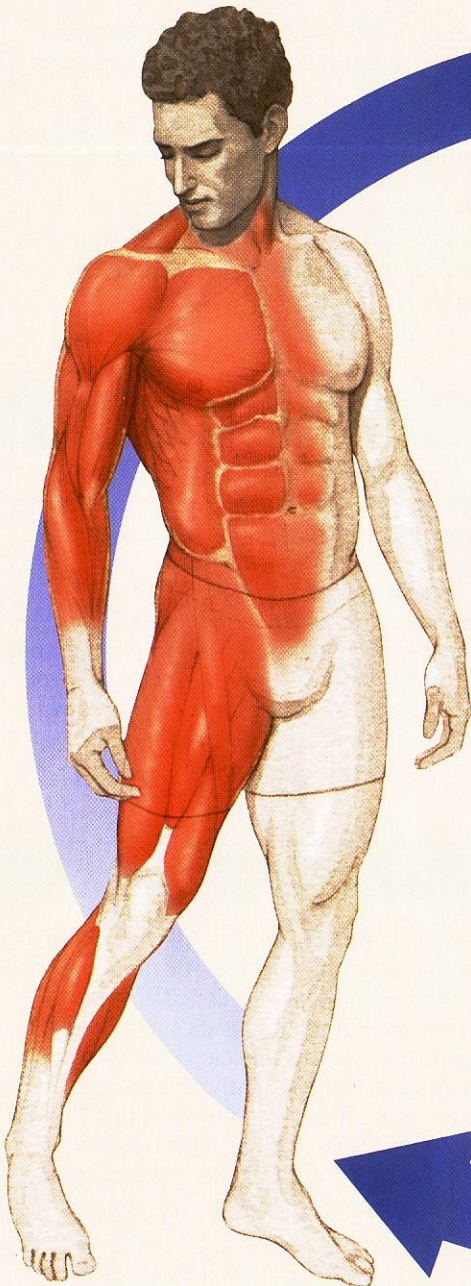
<https://www.youtube.com/watch?v=WhowH0kb7n0>

<http://sites.sinauer.com/psychopharm2e/animation03.01.html>

<https://www.youtube.com/watch?v=VitFvNvRIIY>



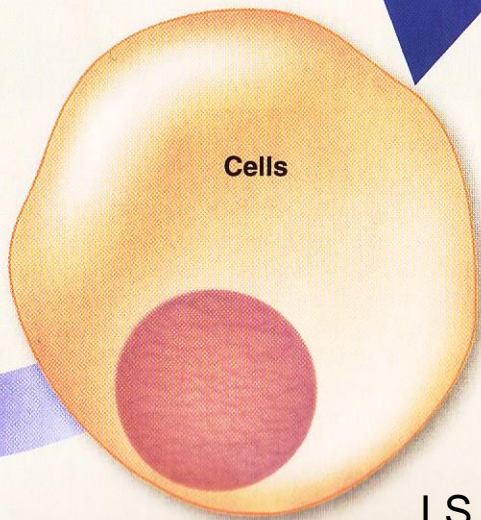
Skeletal Muscles



Body systems
maintain homeostasis

Homeostasis
Skeletal muscles contribute to homeostasis by playing a major role in the procurement of food, breathing, heat generation for maintenance of body temperature, and movement away from harm.

Homeostasis is
essential for
survival of cells



Cells make up
body systems

Striated muscle

Unstriated muscle

Skeletal muscle

Cardiac muscle

Smooth muscle

Ed Reschke

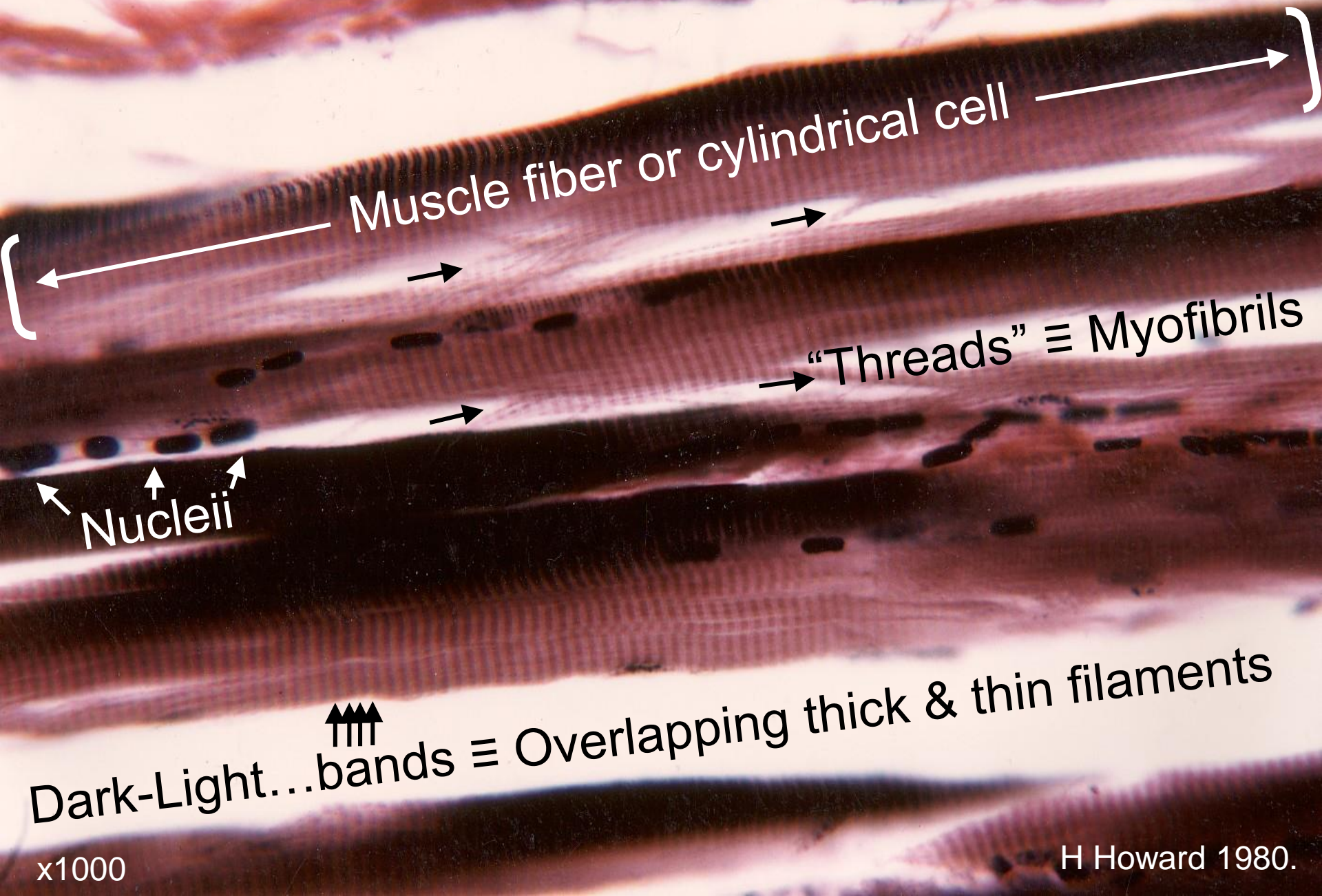
Ed Reschke

Voluntary muscle

Involuntary muscle

Biophoto/Photo Researchers, Inc.

Skeletal Muscle Histology: Microscopic Anatomy



Muscle fiber or cylindrical cell

Nucleii

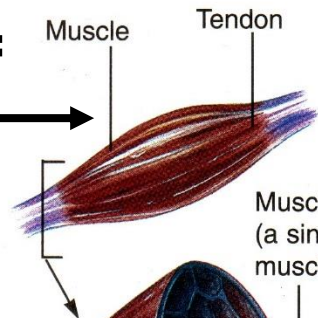
"Threads" ≡ Myofibrils

Dark-Light...bands ≡ Overlapping thick & thin filaments

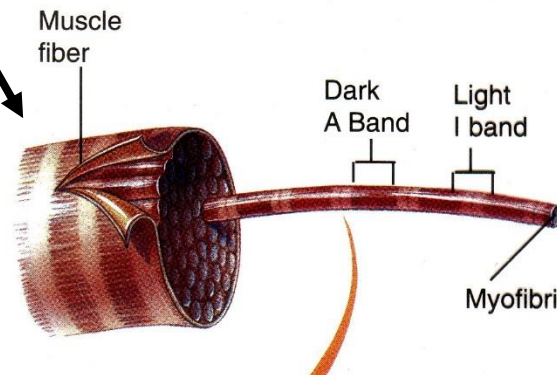
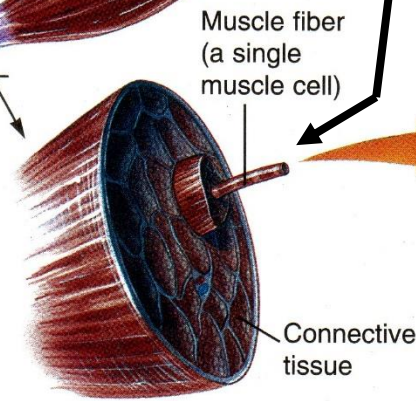
x1000

H Howard 1980.

**Organ =
Muscle**

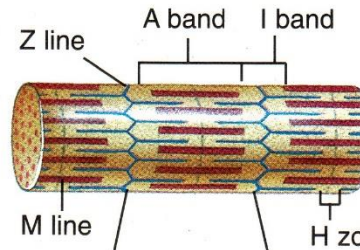


Cell = Myocyte = Fiber

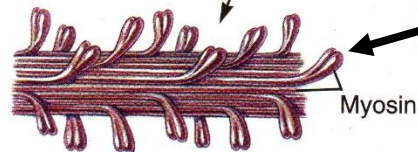
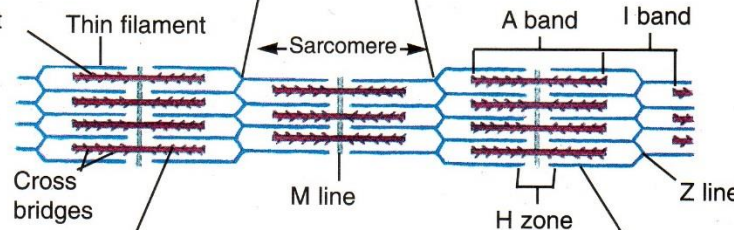


**Subcellular =
Cytoskeleton**

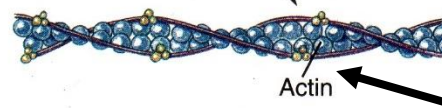
Portion
of myofibril



Thick filament

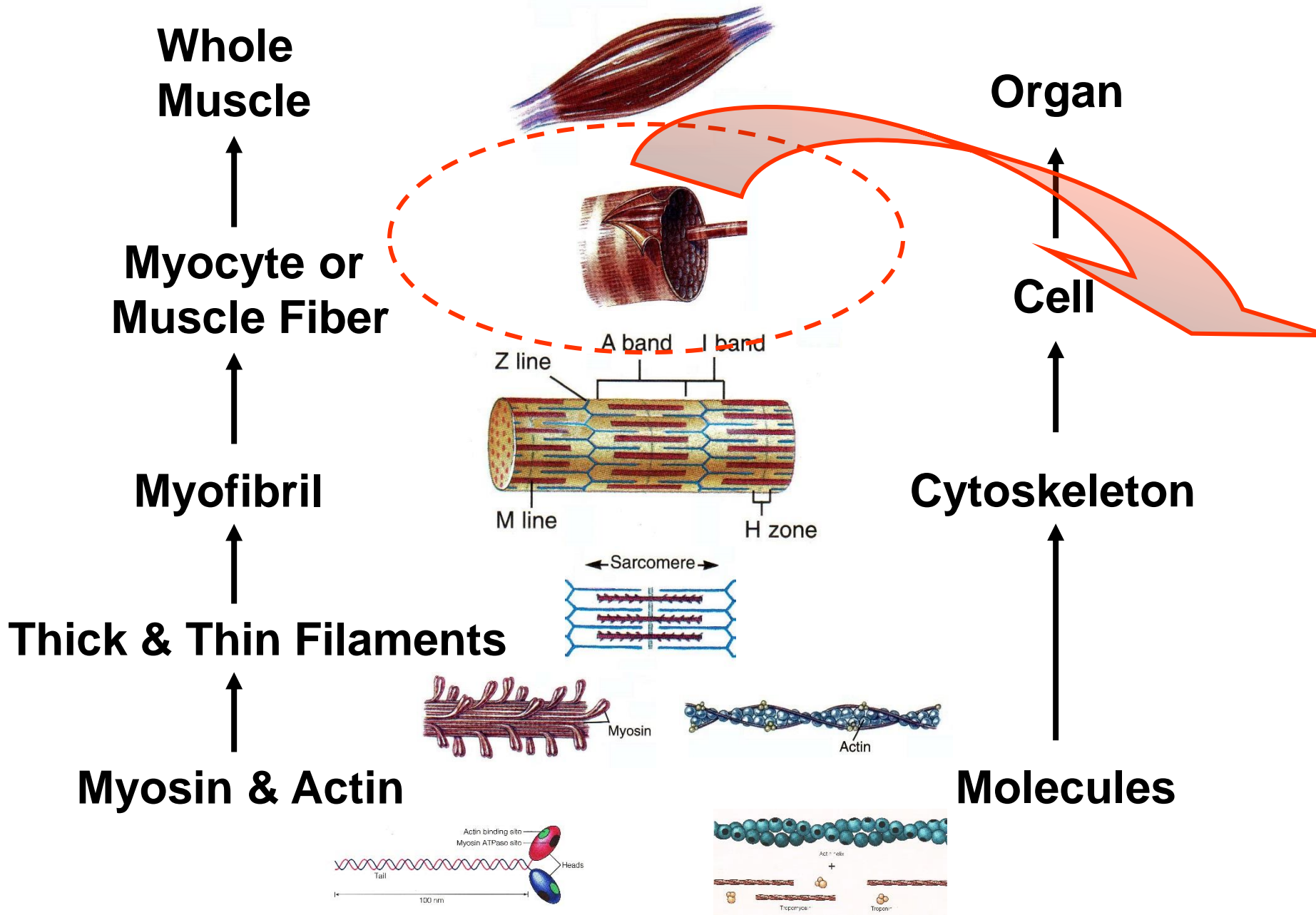


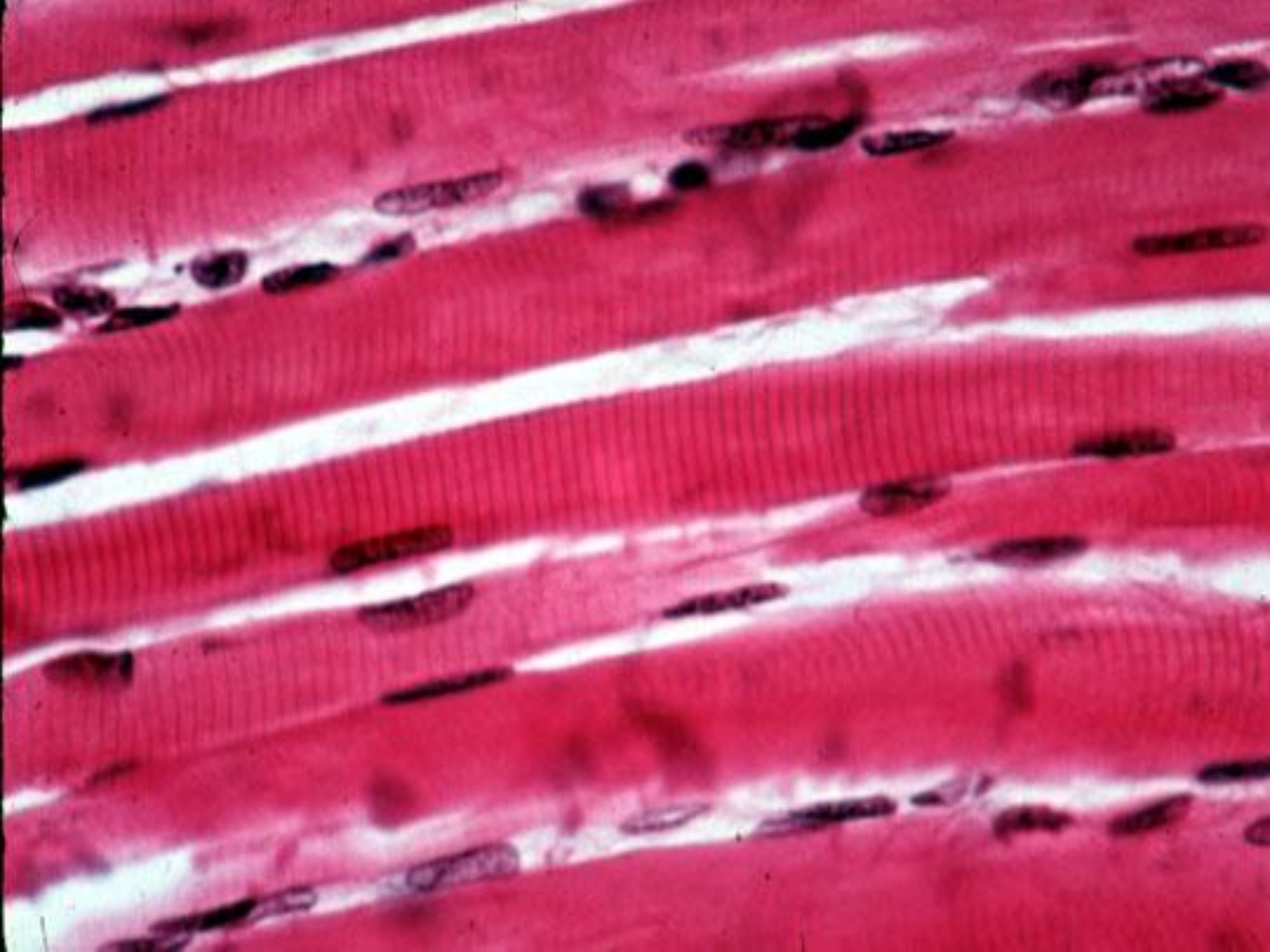
Thick filament

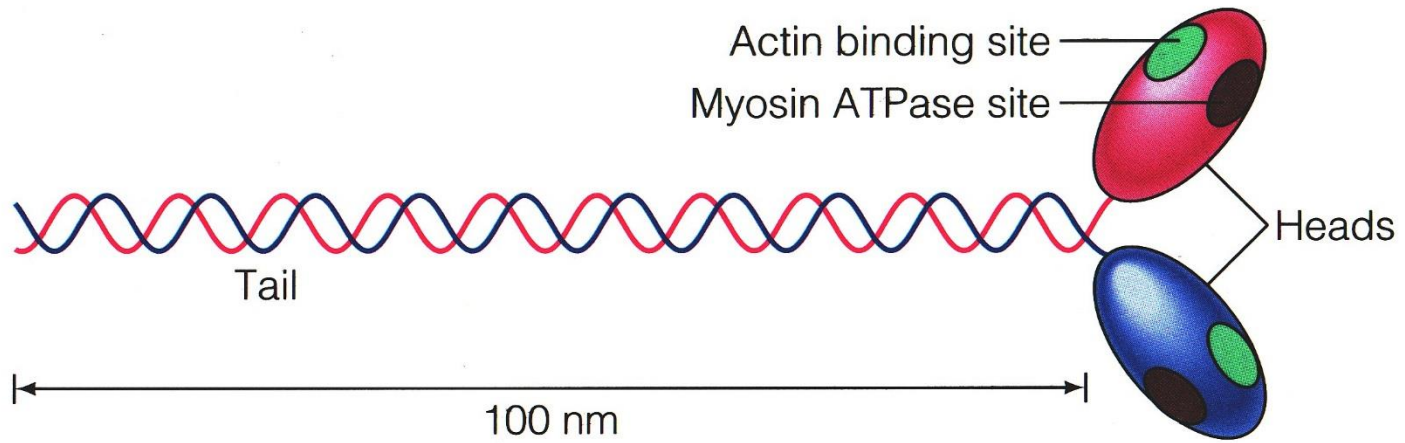


Thin filament

**Molecules =
Actin & Myosin**

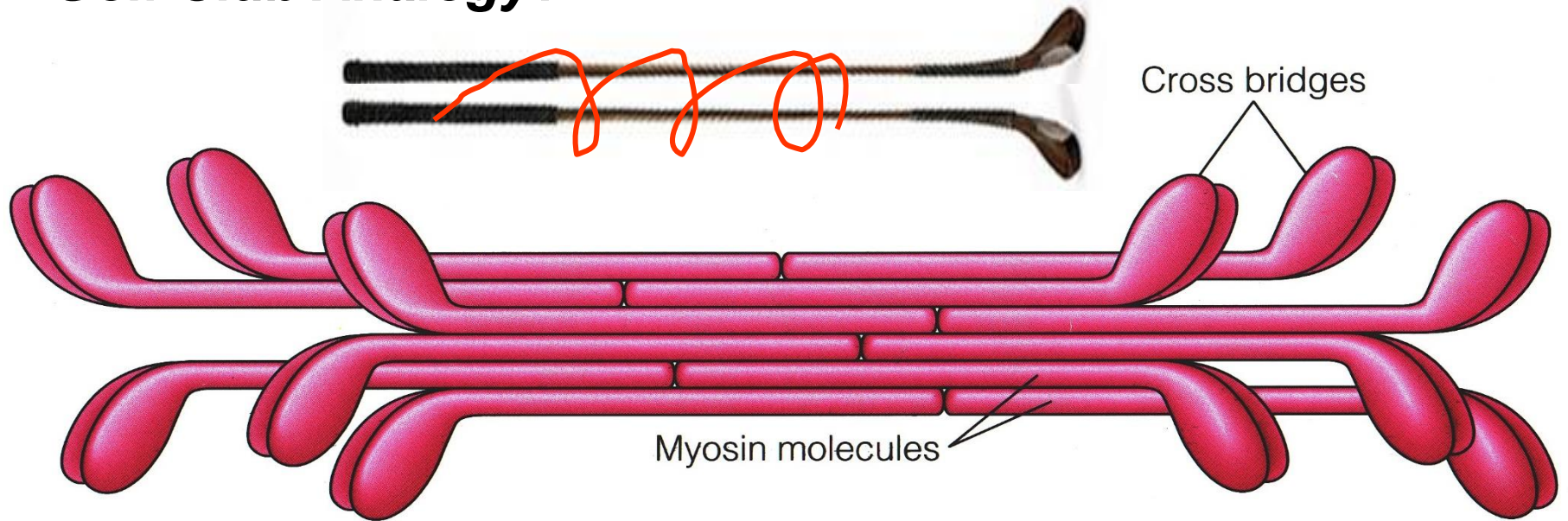






(a)

Golf Club Analogy?



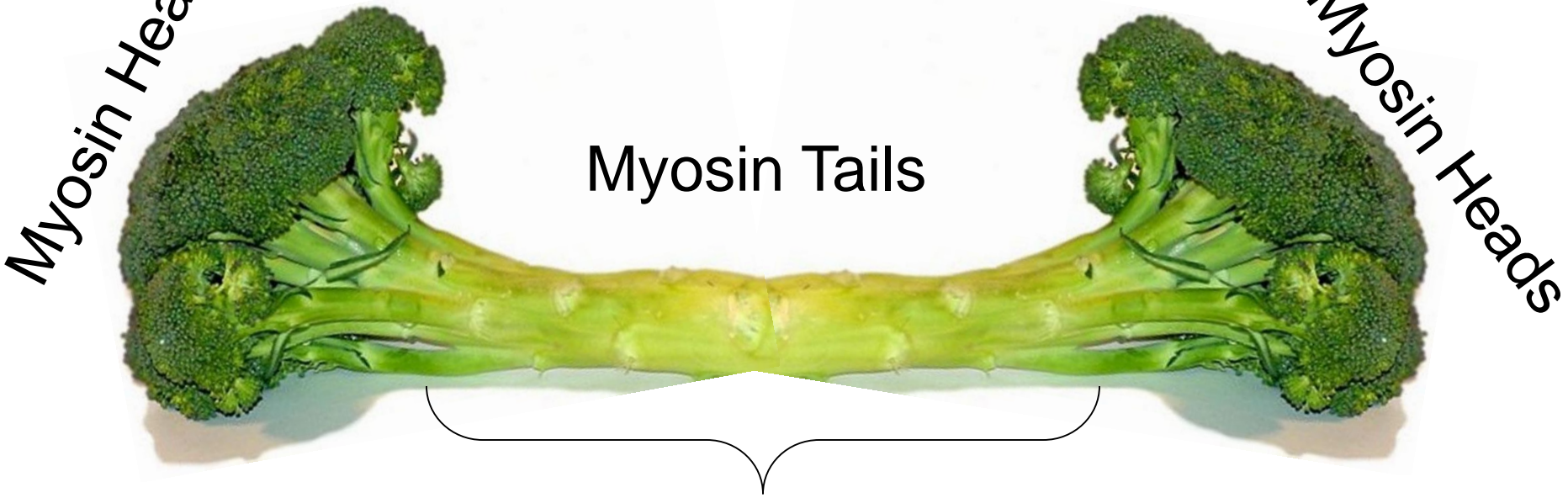
(b)

Broccoli Analogy?

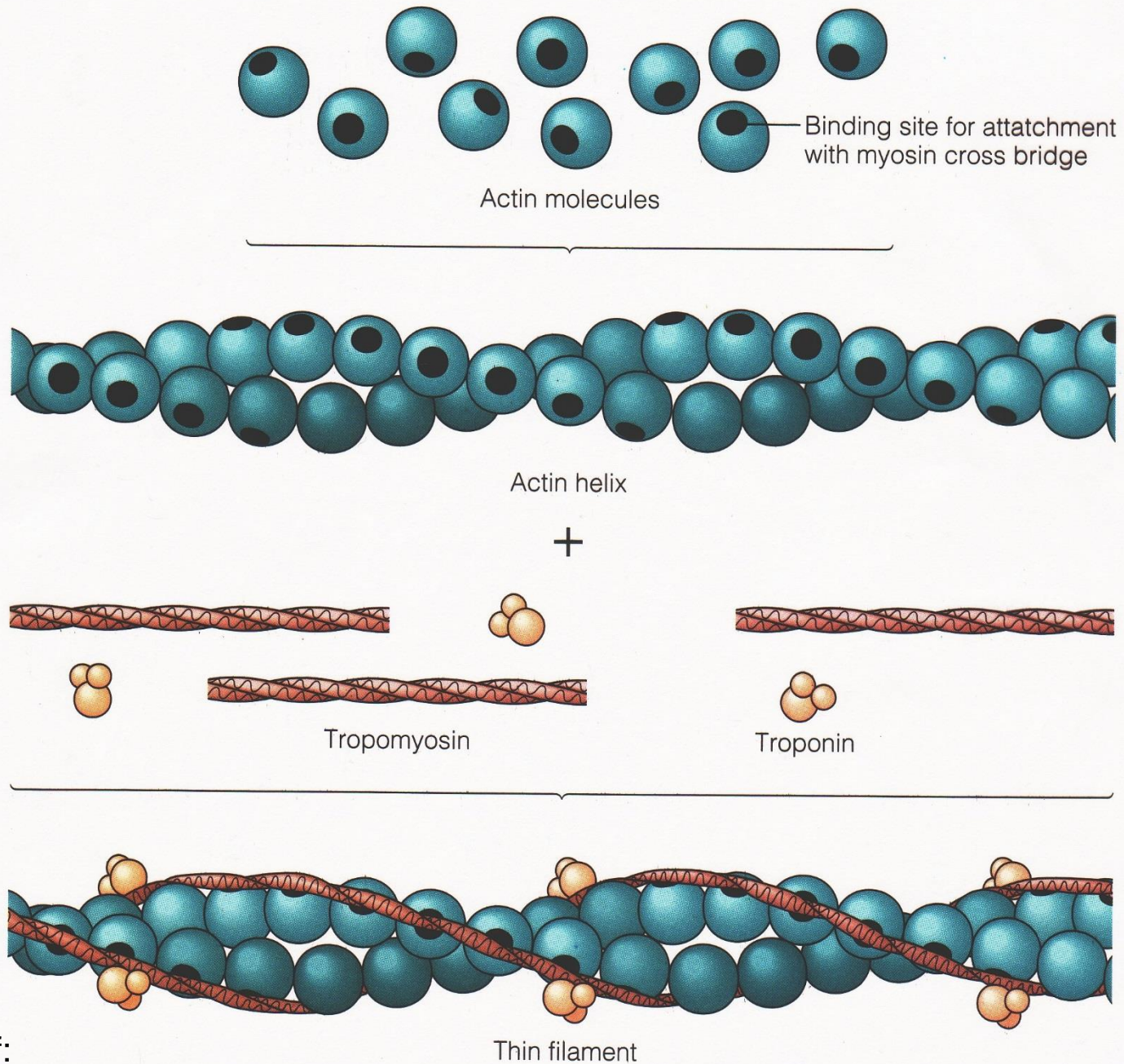
Myosin Heads

Myosin Heads

Myosin Tails

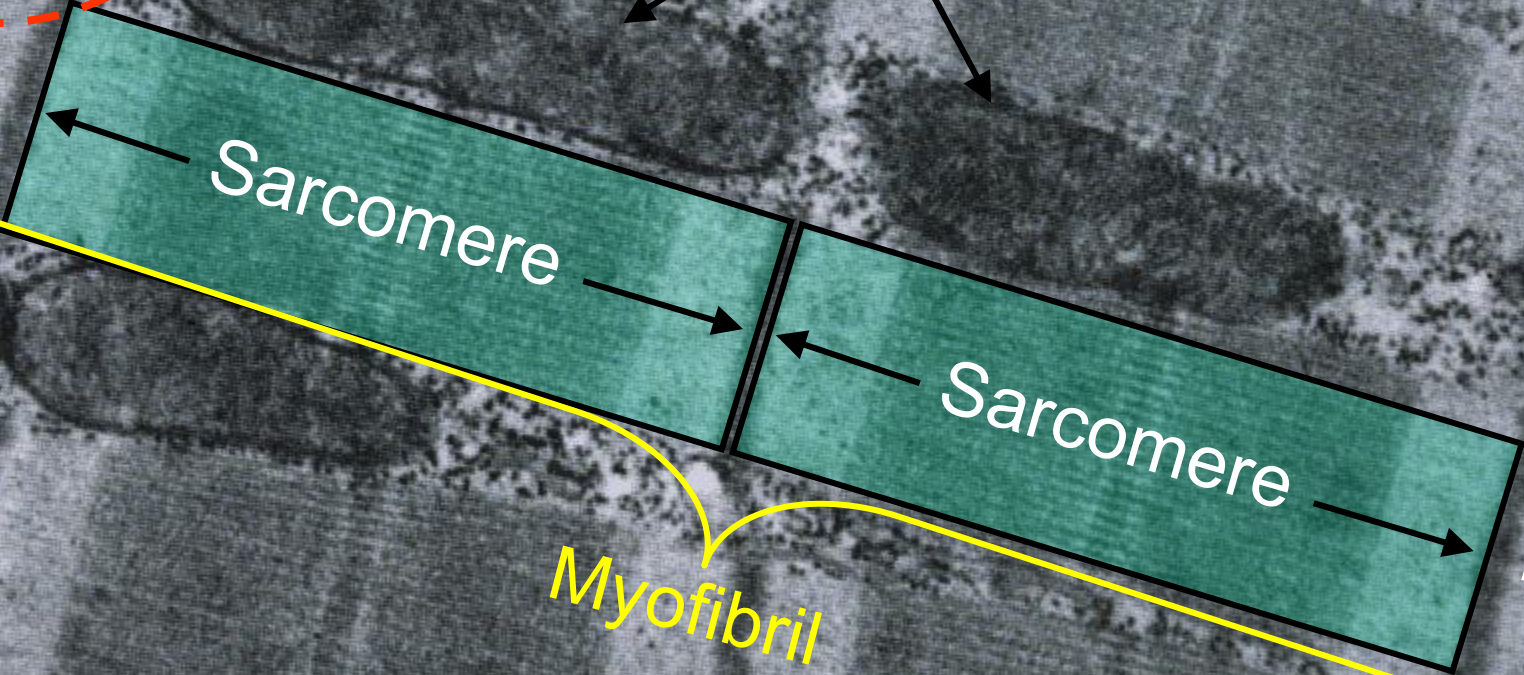


Bare Zone



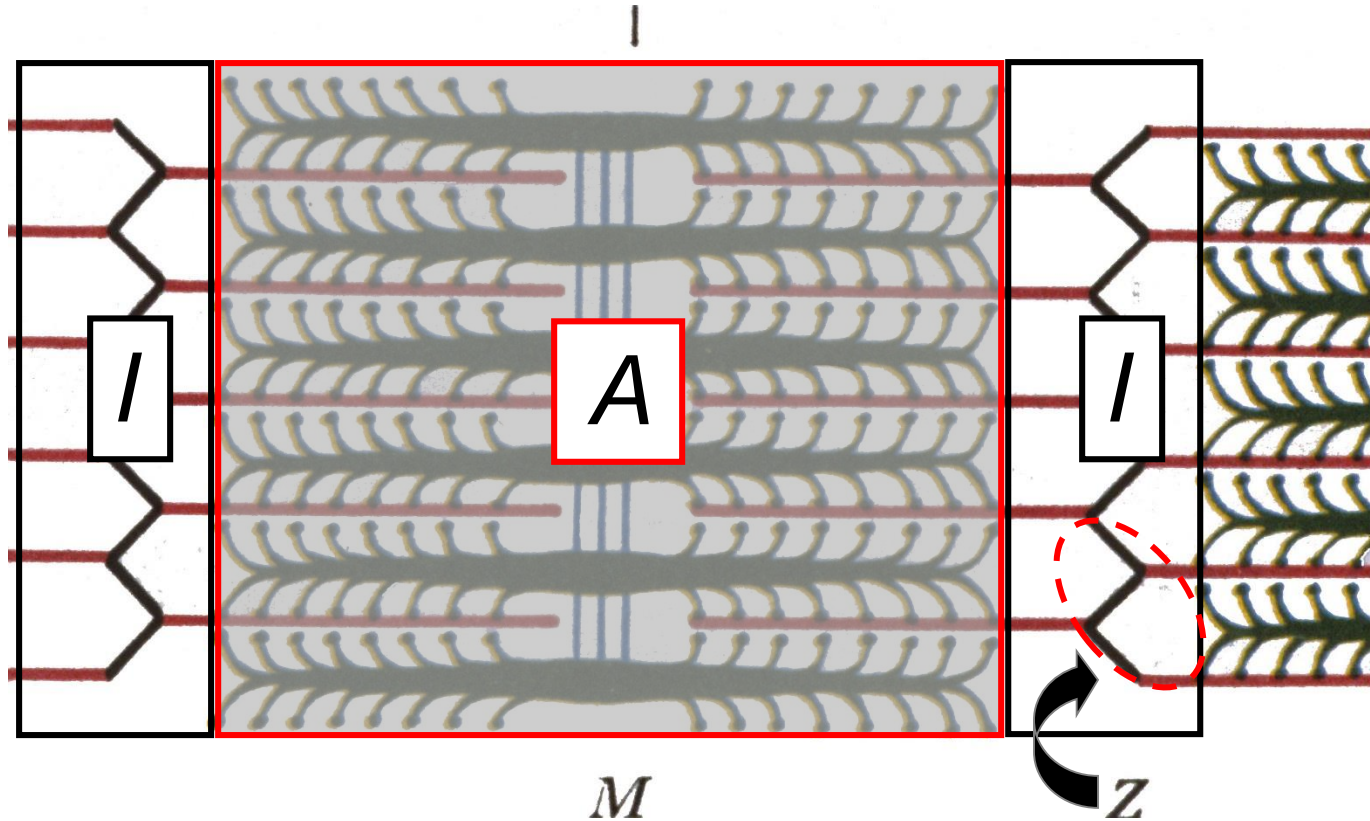
Triad \equiv T tubule abutting cisternae

Mitochondria



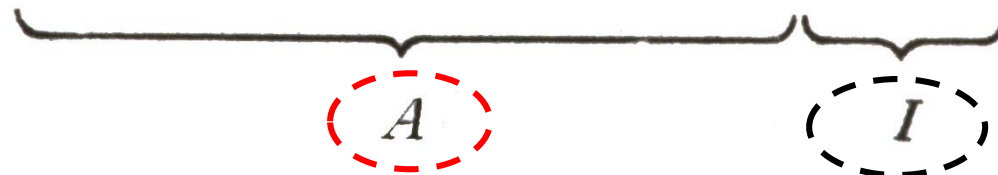
A Band = Dark Band

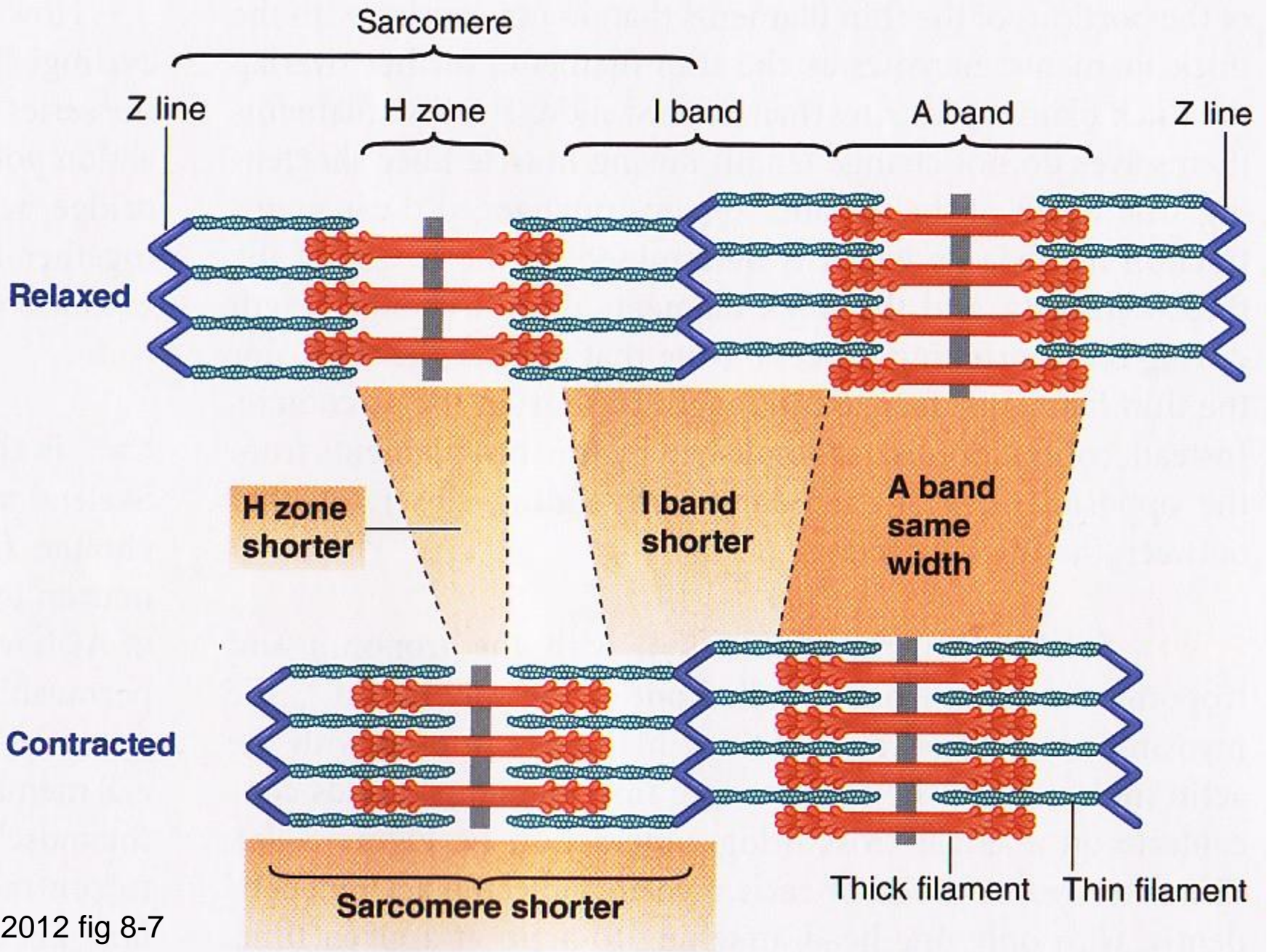
Anisotropic = Light Can't Shine Through



I Band = Light Band

Isotropic = Light Can Shine Through





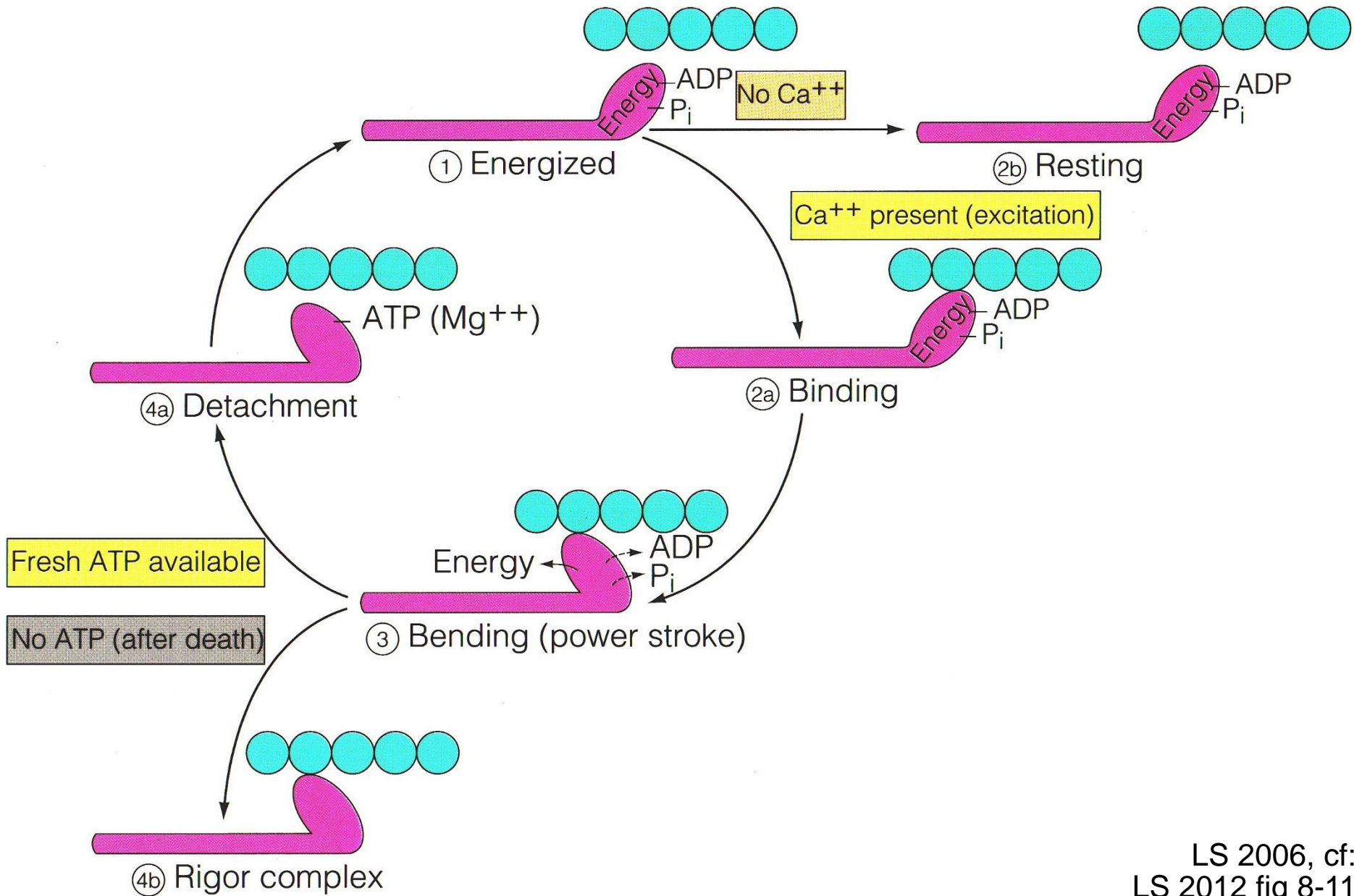
LS 2012 fig 8-7

Discussion + Time for Questions!

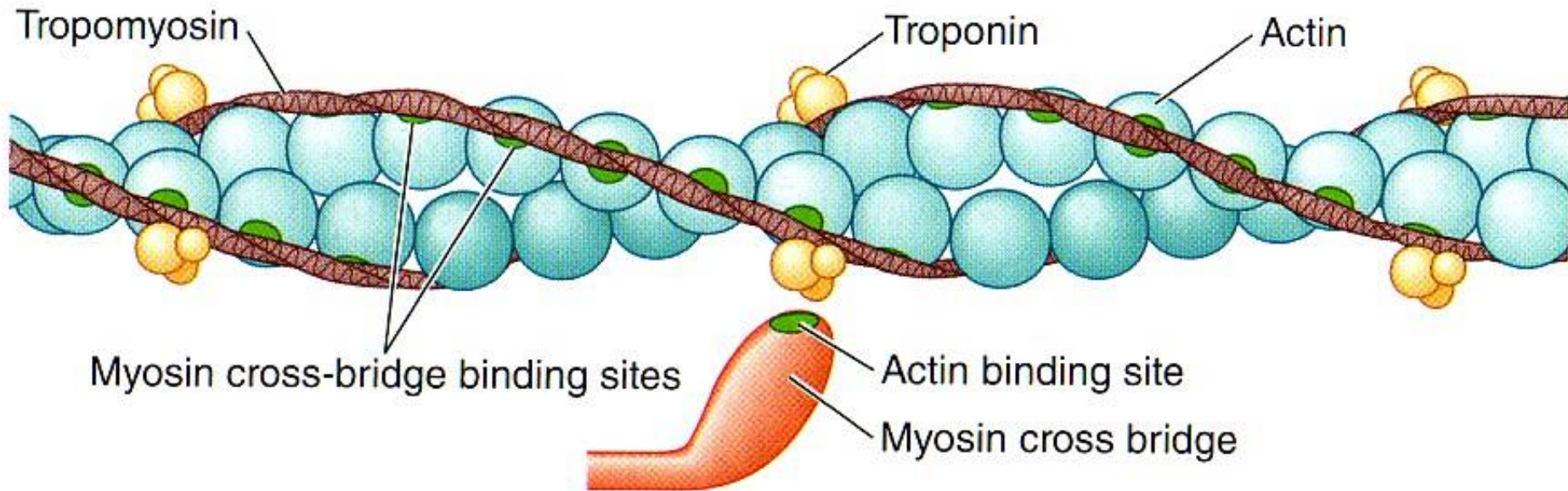


***What do we guess
happens at the
molecular level?***

Cross-Bridge Cycle



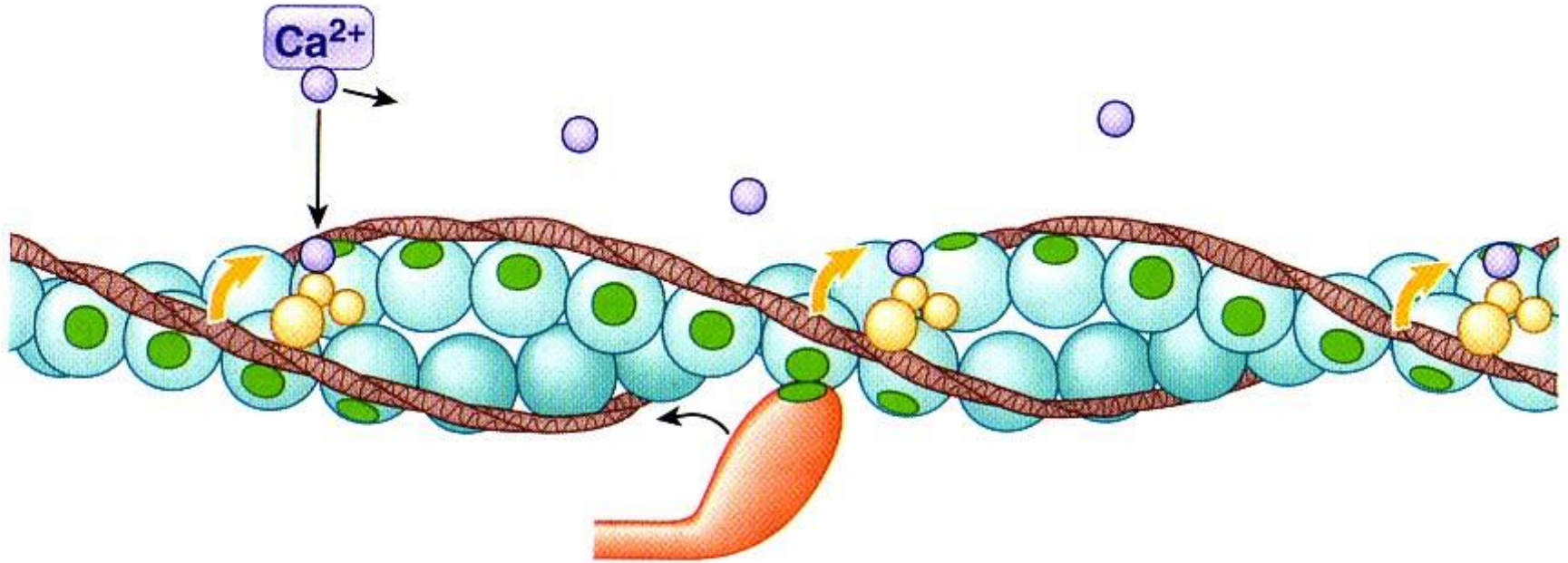
Relaxed: No Cross-Bridge Binding



(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.

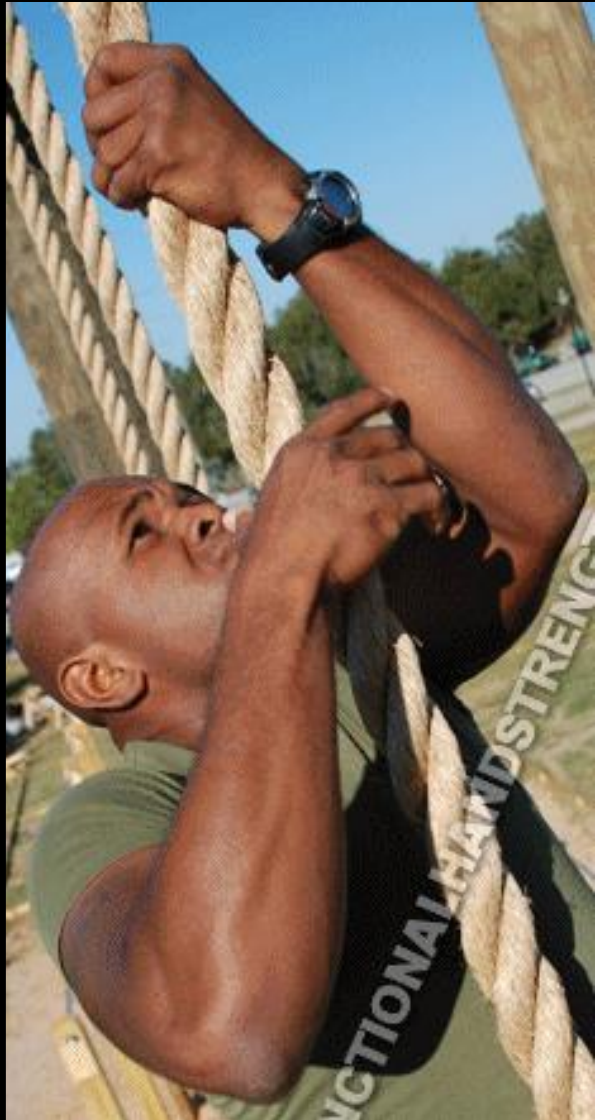
Excited: Calcium Triggers Cross-Bridge Binding



(b) Excited

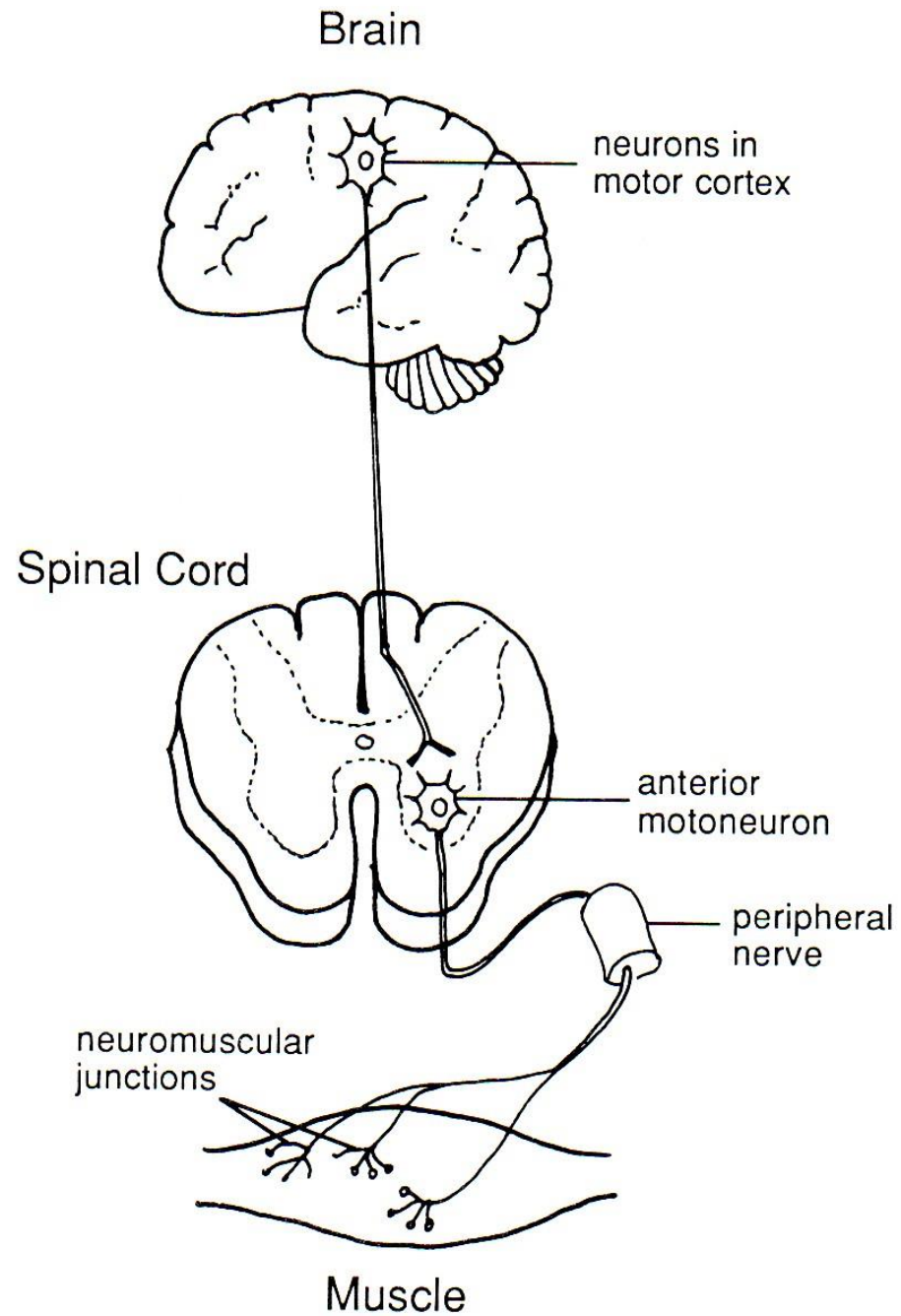
- 1** Muscle fiber is excited and Ca^{2+} is released.
- 2** Released Ca^{2+} binds with troponin, pulling troponin–tropomyosin complex aside to expose cross-bridge binding site.
- 3** Cross-bridge binding occurs.
- 4** Binding of actin and myosin cross bridge triggers power stroke that pulls thin filament inward during contraction.

Rope Climb or Tug of War Grasp, then Regrasp!



Summary
We are
almost
there!



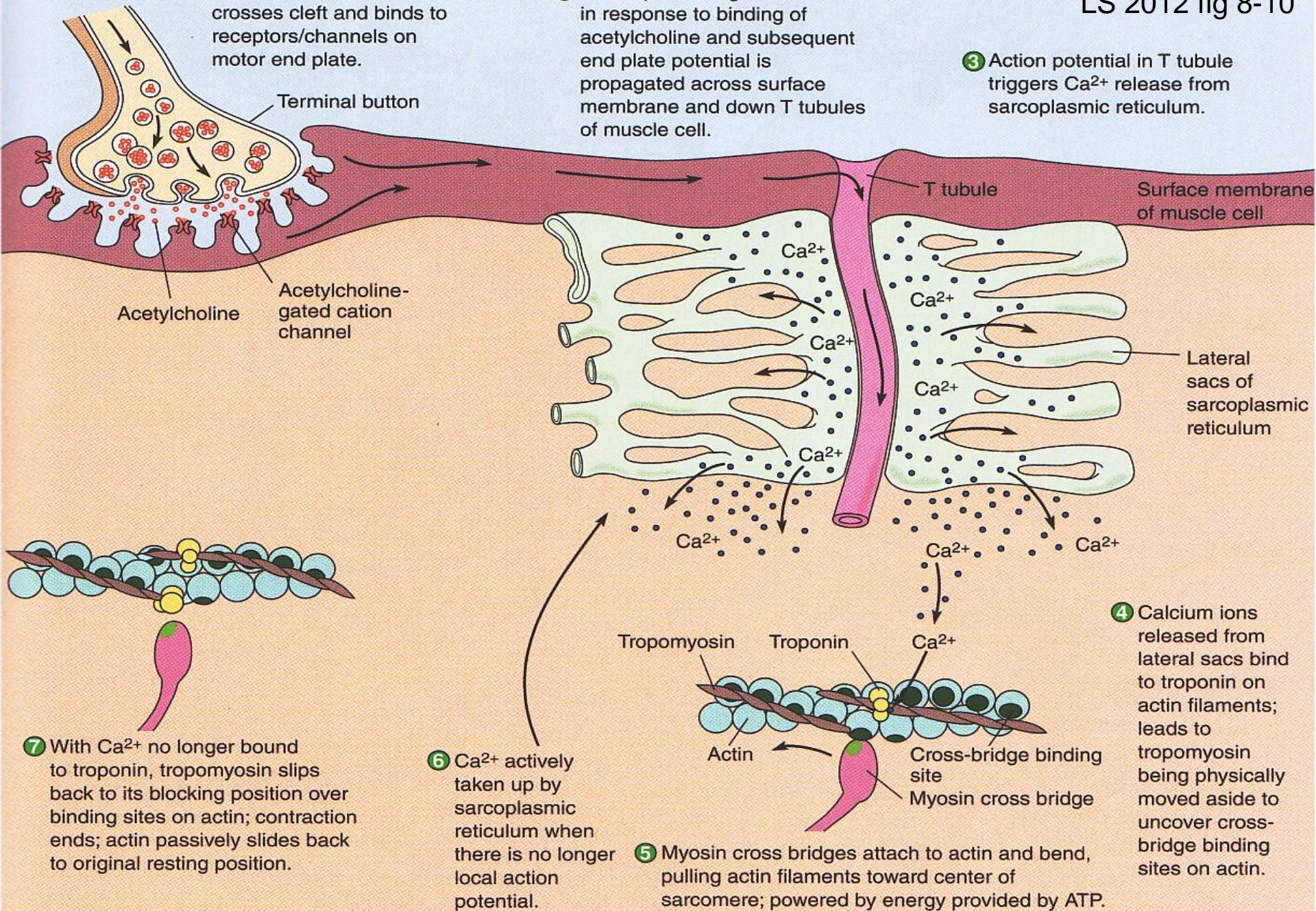


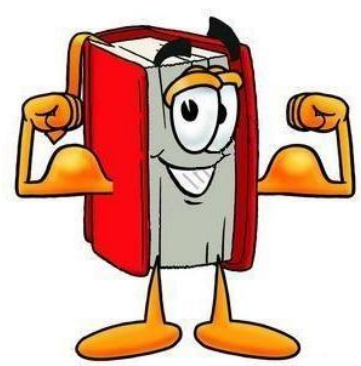
DN Laing & VP Lombardi, 1989

① Acetylcholine released by axon of motor neuron crosses cleft and binds to receptors/channels on motor end plate.

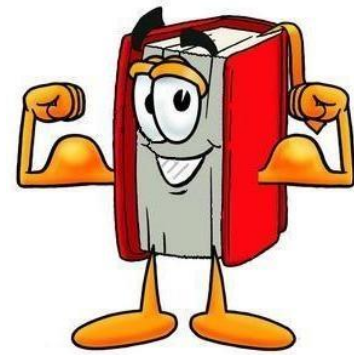
② Action potential generated in response to binding of acetylcholine and subsequent end plate potential is propagated across surface membrane and down T tubules of muscle cell.

③ Action potential in T tubule triggers Ca^{2+} release from sarcoplasmic reticulum.





Muscle Contraction Resources



<https://ed.ted.com/lessons/how-your-muscular-system-works-emma-bryce>

<https://ed.ted.com/on/s3Zzdm8u>

<https://ed.ted.com/lessons/what-makes-muscles-grow-jeffrey-siegel>

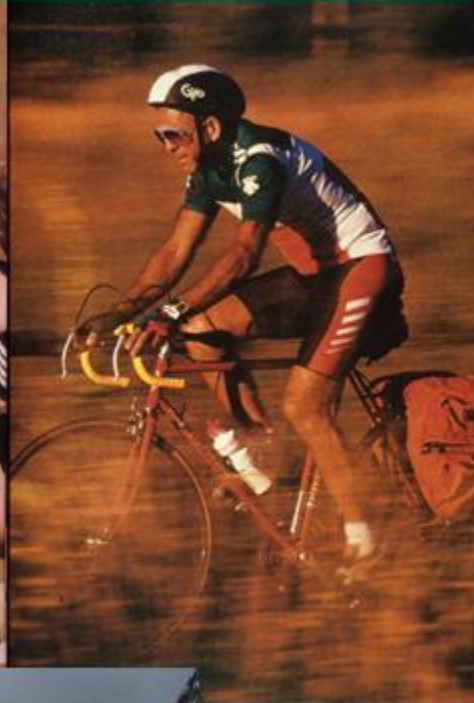
<https://www.ncbi.nlm.nih.gov/books/NBK9961/>

***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?

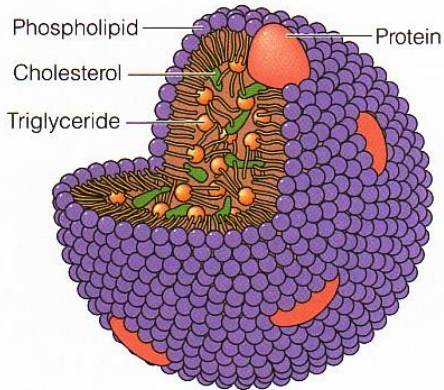
Mode, Intensity, Duration, Frequency,
Distribution of Training Sessions?
Conditions of Environment? Individual?



Adaptations to Exercise?

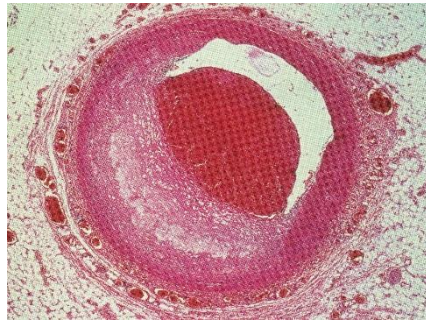
Body Levels of Organization?

Which Body System?

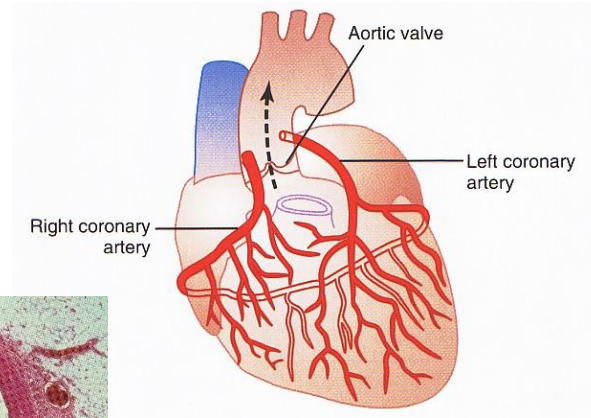


A typical lipoprotein

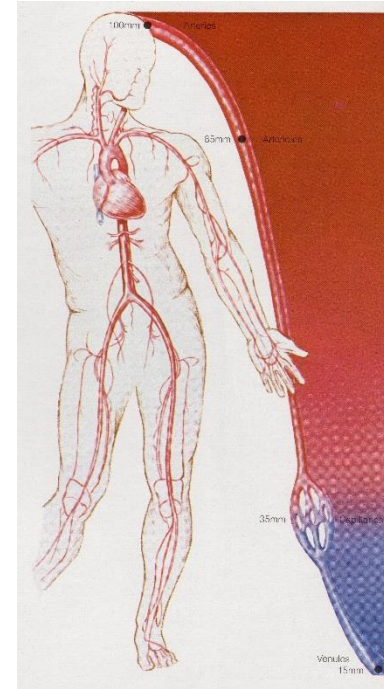
Molecular



Cell/Tissue

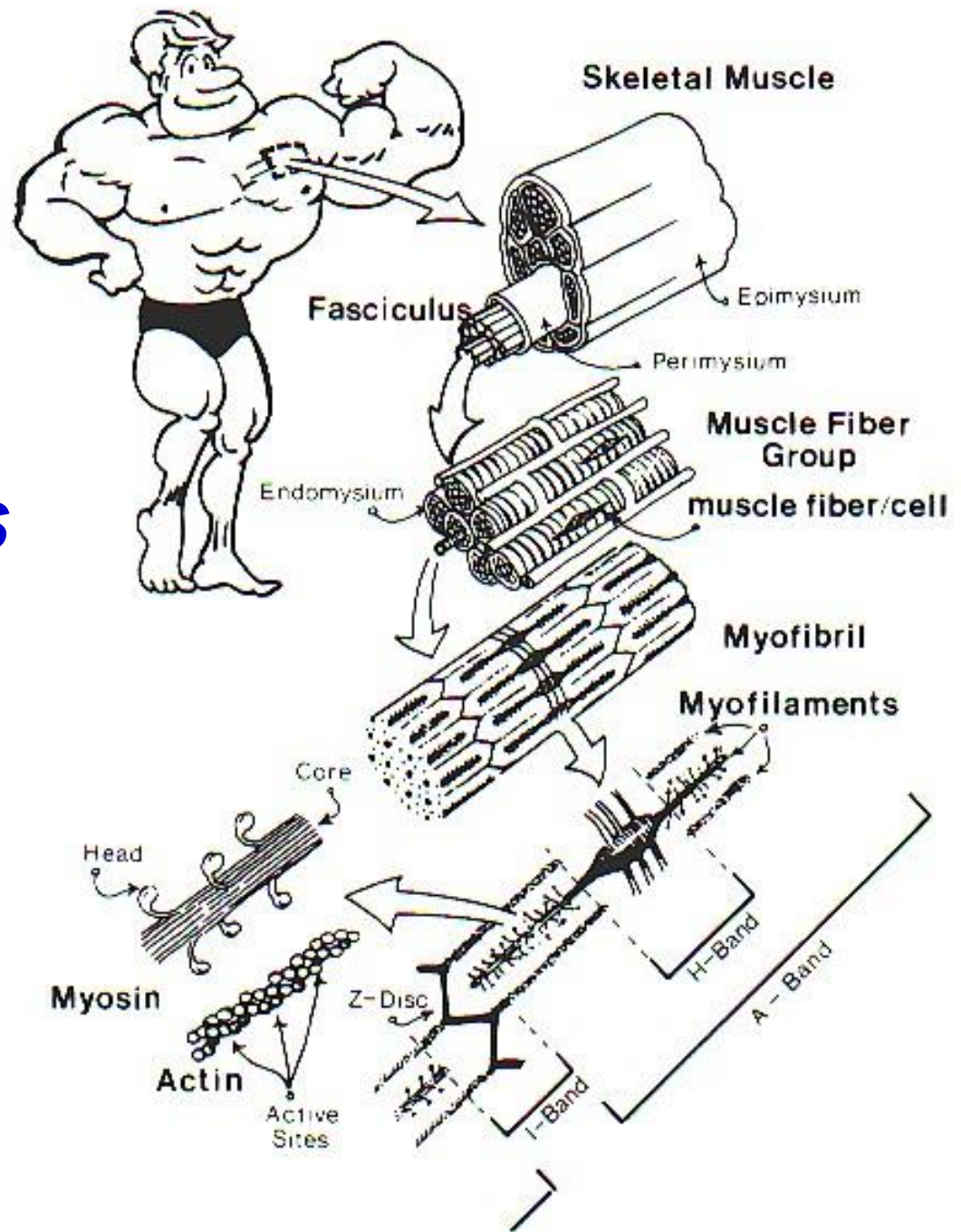


Organ

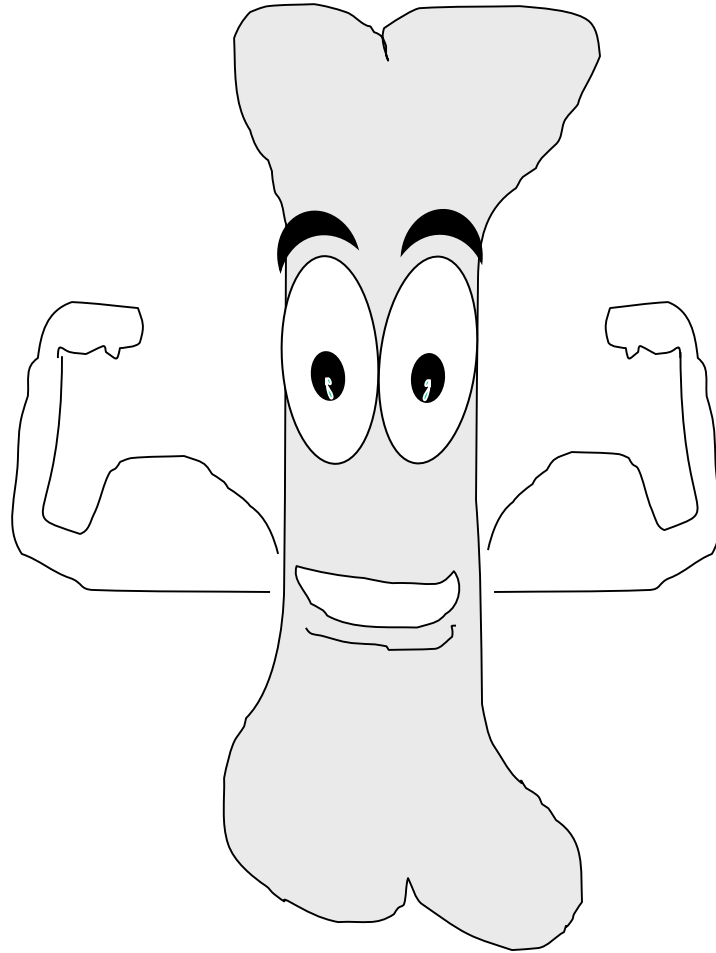


Body System

Muscle Adaptations to Exercise



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





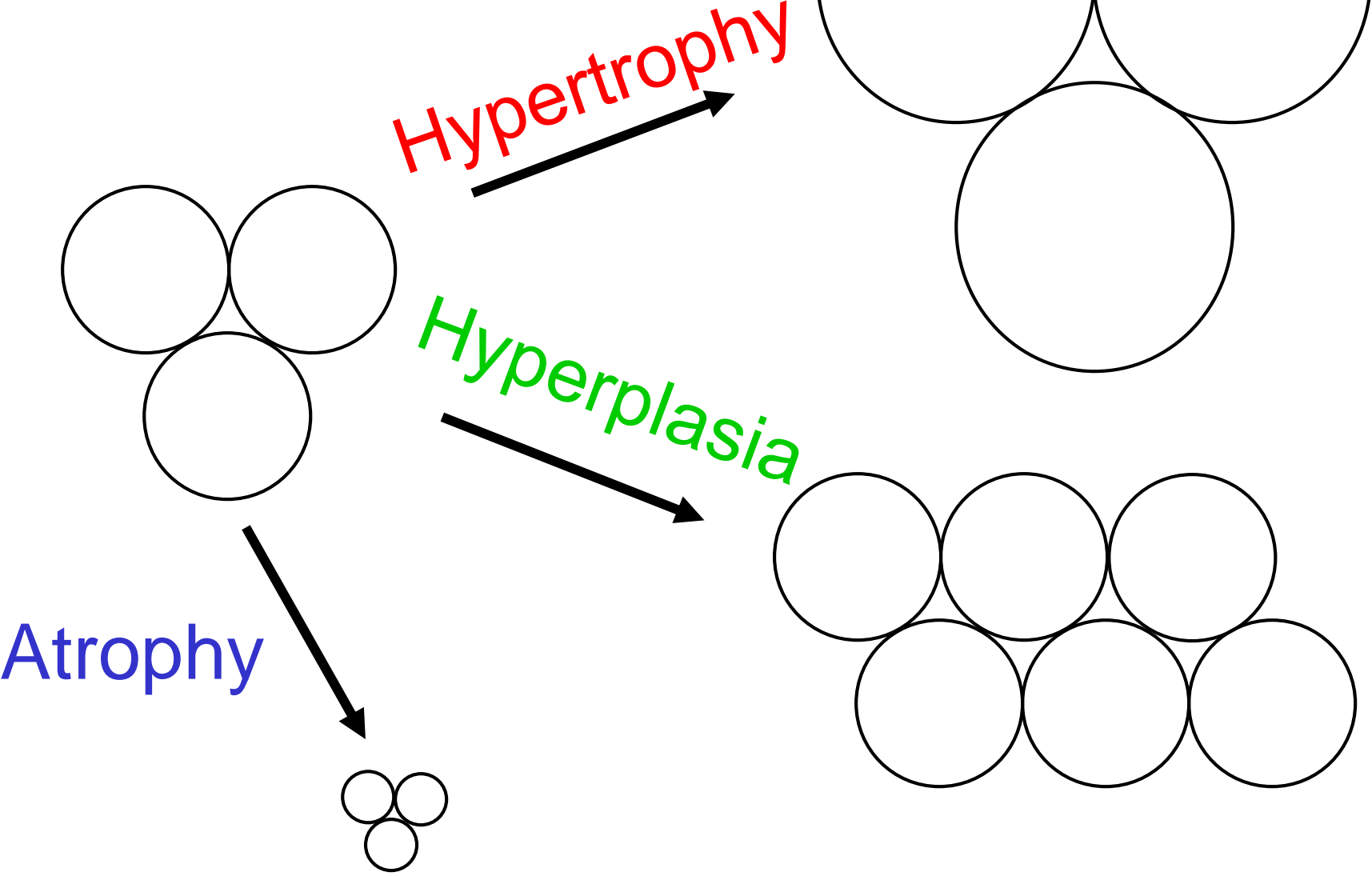
Atrophy

*decrease in size
& strength*

Hypertrophy

*increase in size
& strength*

Skeletal Muscle



Women & Hypertrophy?



What happens in muscles at cellular & subcellular levels?





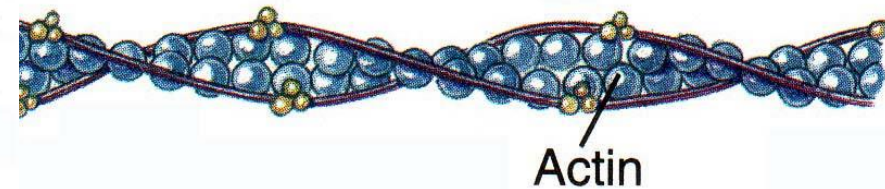
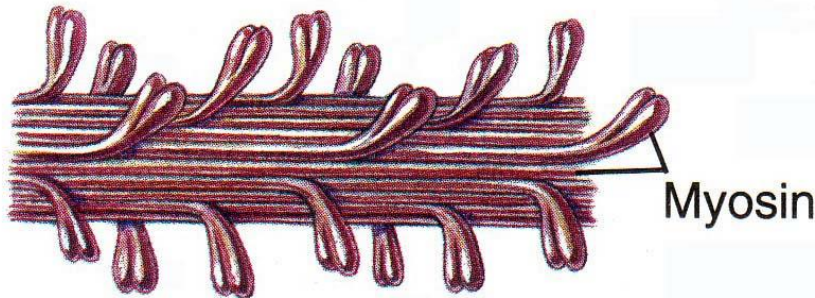
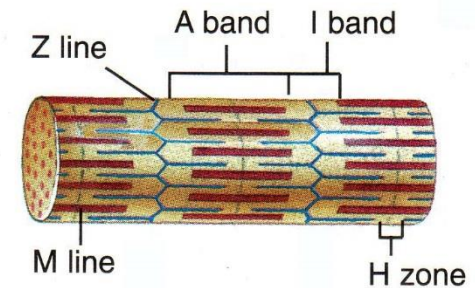
Myofibril

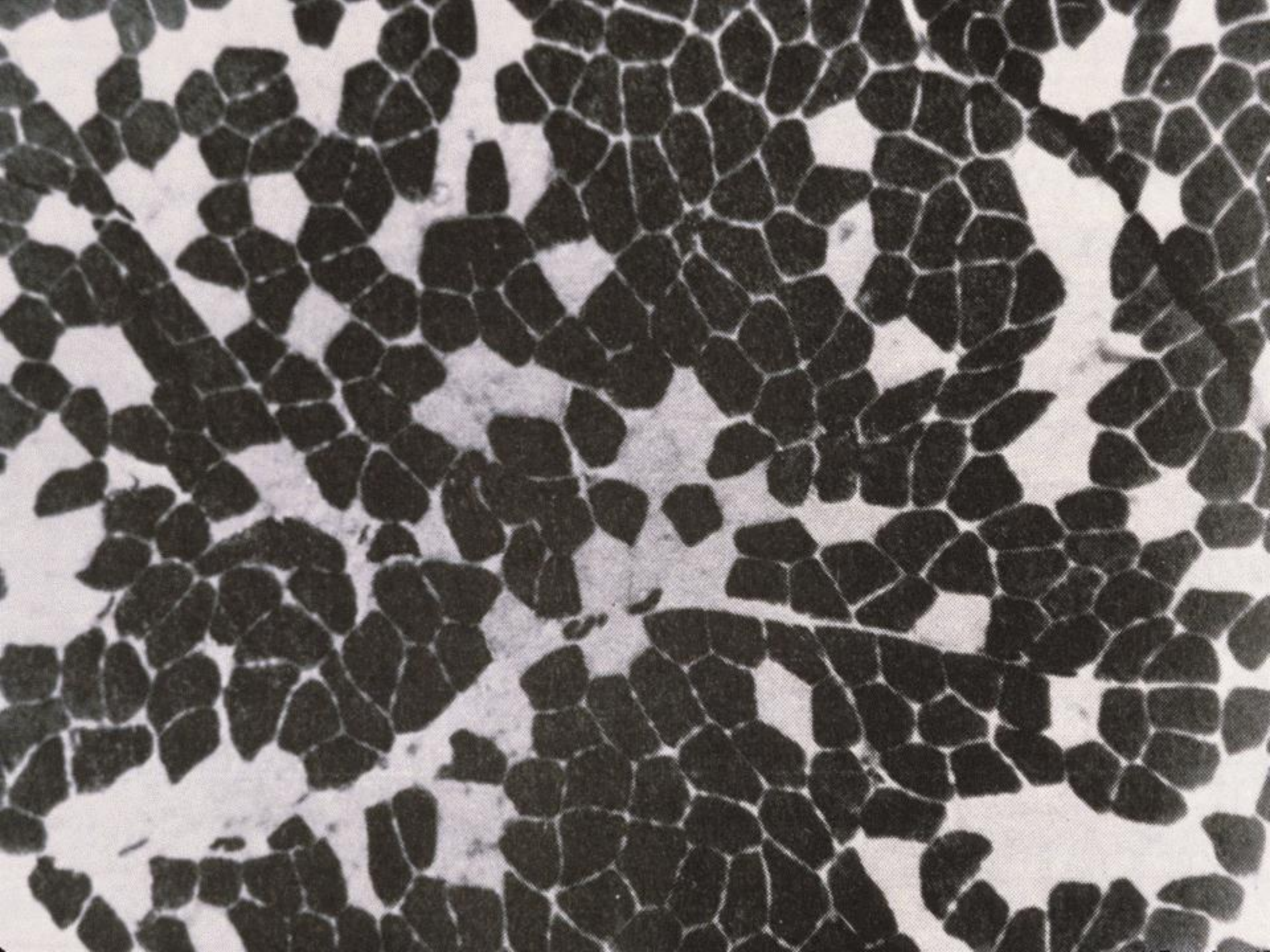
Hypertrophy: *Increased*

Number of Myofibrils

Thick & Thin Filaments

Myosin & Actin Molecules





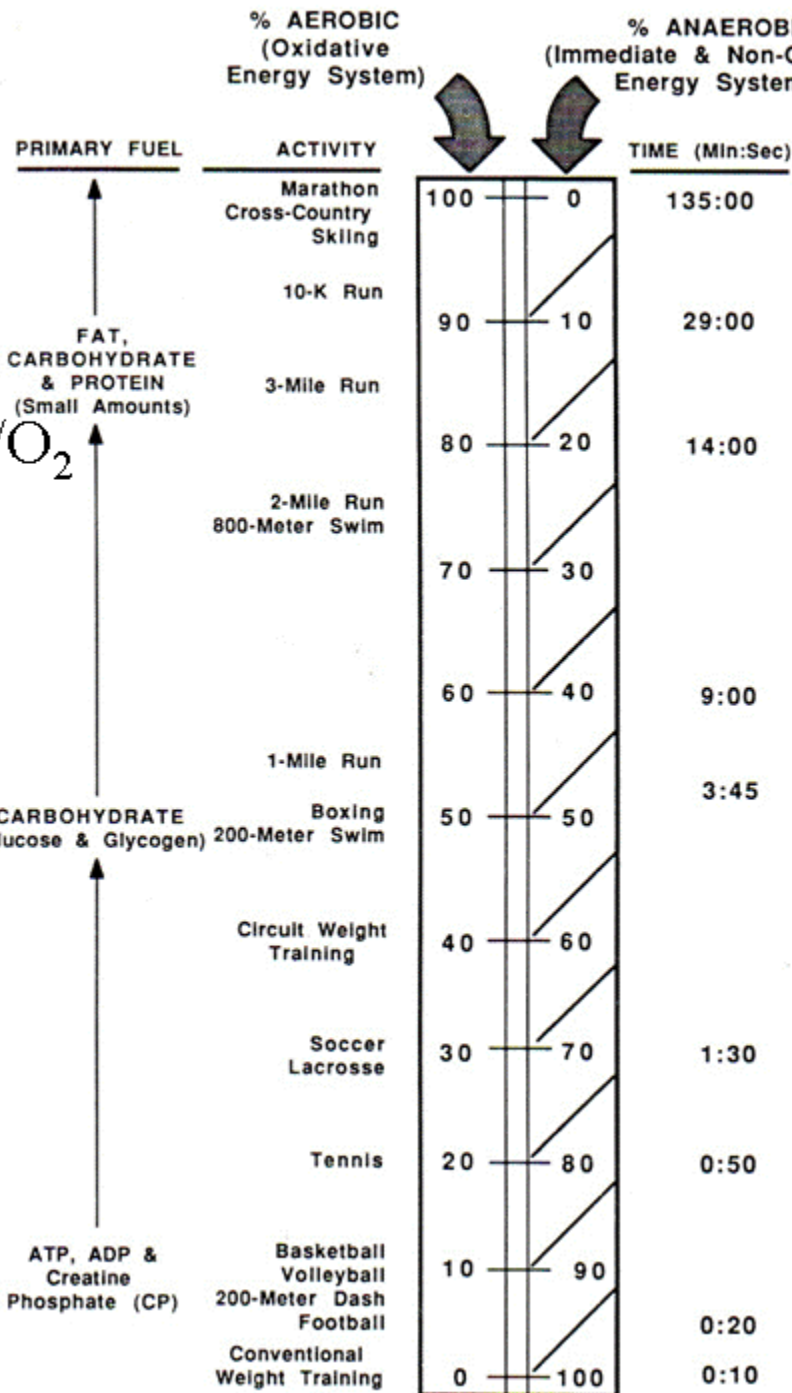
Characteristics of Skeletal Muscle Fibers

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



AEROBIC

w/O₂



MITOCHONDRIA

CYTOSOL

Glycolysis

Immediate/ATP-PC



ANAEROBIC

Extremes of the energy continuum!



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 O₂ 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:





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

