

We're on a roll! Bring on Exam II!



BI 121 Lecture 16

I. Announcements Notebooks? **Exam II, Dec 13th**

Friday 8 am. Review session in class next Thurs. Q?

II. Muscle Contraction & Adaptation LS ch 8, DC Mod 12

A. Summary of skeletal muscle contraction

Malcolm Campbell & David Bolinsky videos

B. Exercise adaptation variables: *mode, intensity, duration, frequency, distribution, individual & environmental char...?*

C. Endurance vs. strength training continuum? fiber types...

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

A. Steps of respiration? External vs. cellular/internal?

LS fig 12-1 pp 345-347

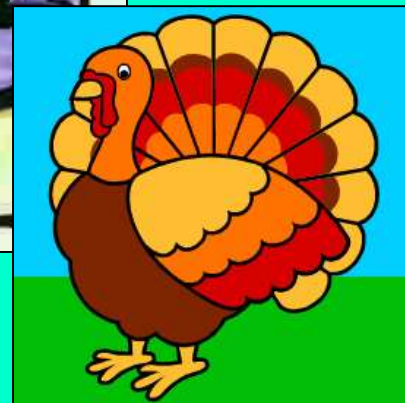
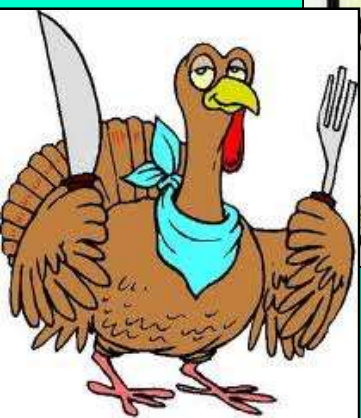
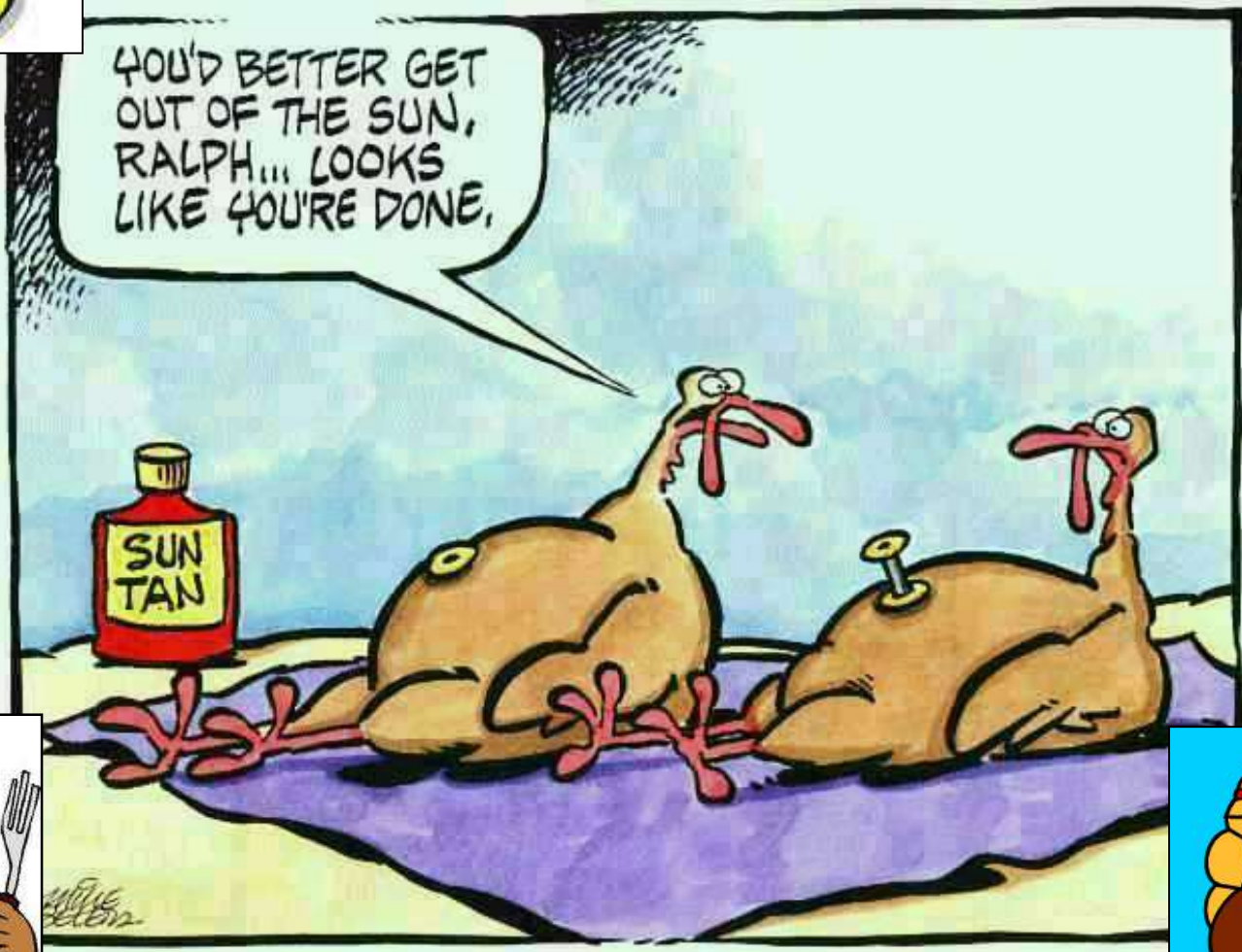
B. Respiratory anatomy LS fig 12-2 p 347, DC, Fox +...

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

D. How do we breathe? LS fig 12-12, fig 12-25 pp 349-356,
pp 373-378

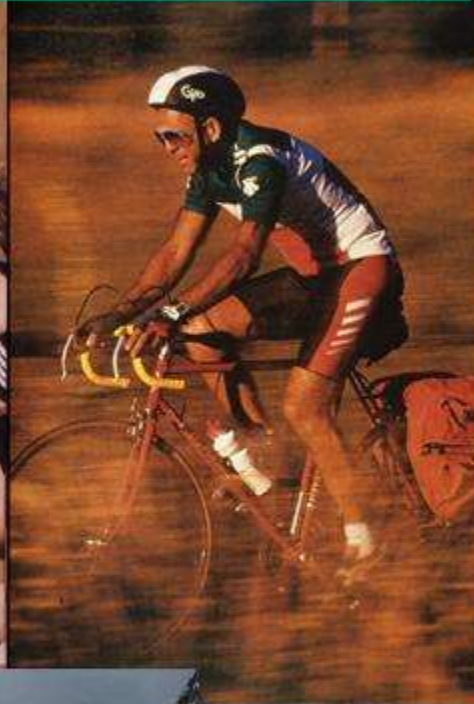


Be safe in travel! Peace!
Have a Happy Turkey Day!!!



Adaptations to Exercise?

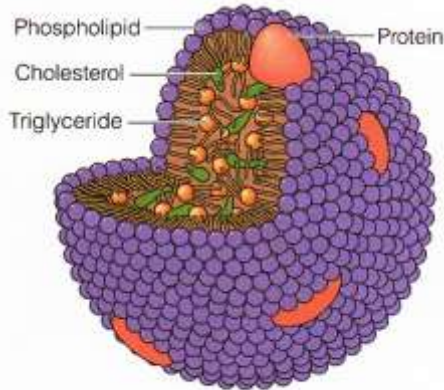
Mode, Intensity, Duration, Frequency,
Distribution of Training Sessions?
Conditions of Environment? Individual?



Adaptations to Exercise?

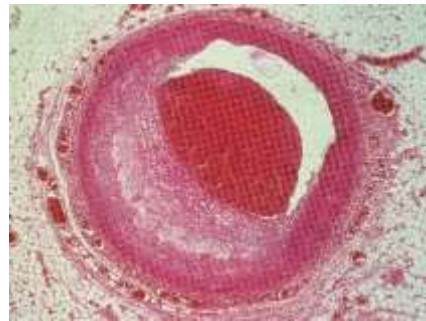
Body Levels of Organization?

Which Body System?

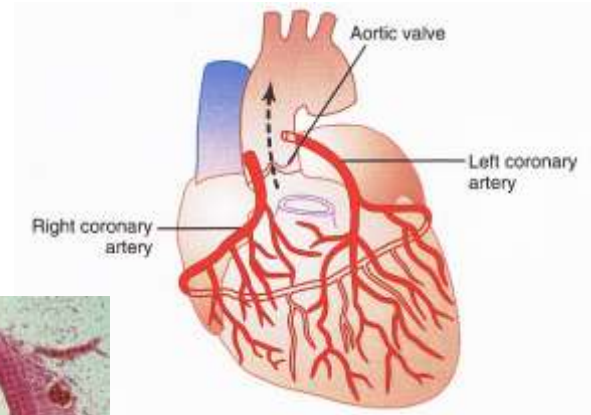


A typical lipoprotein

Molecular



Cell/Tissue

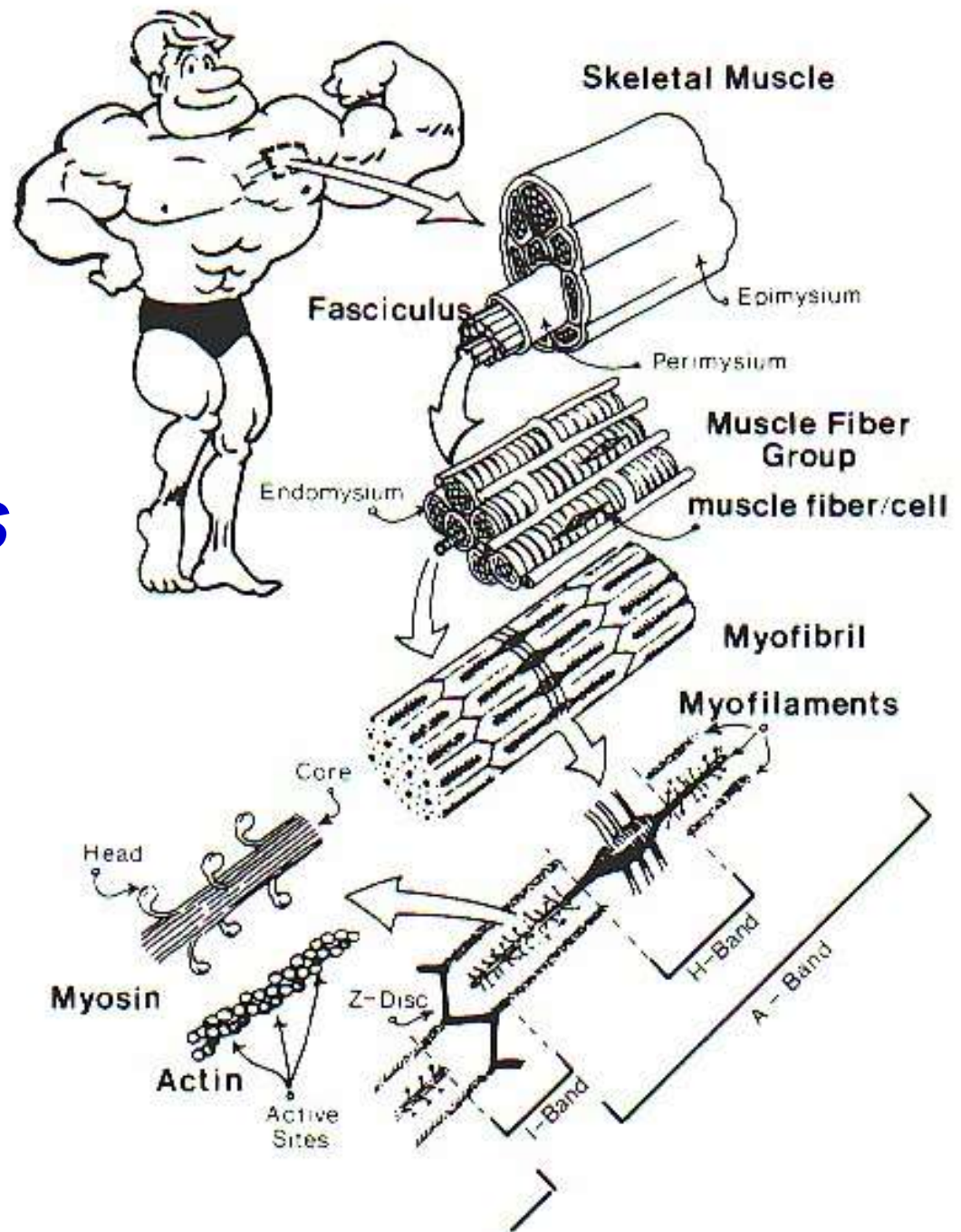


Organ

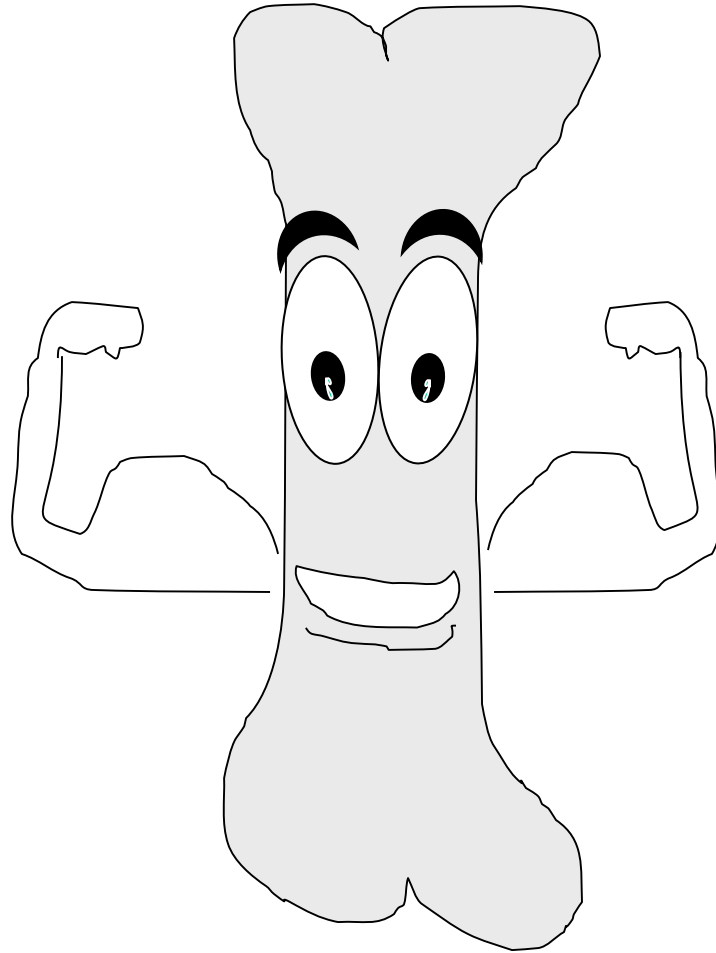


Body System

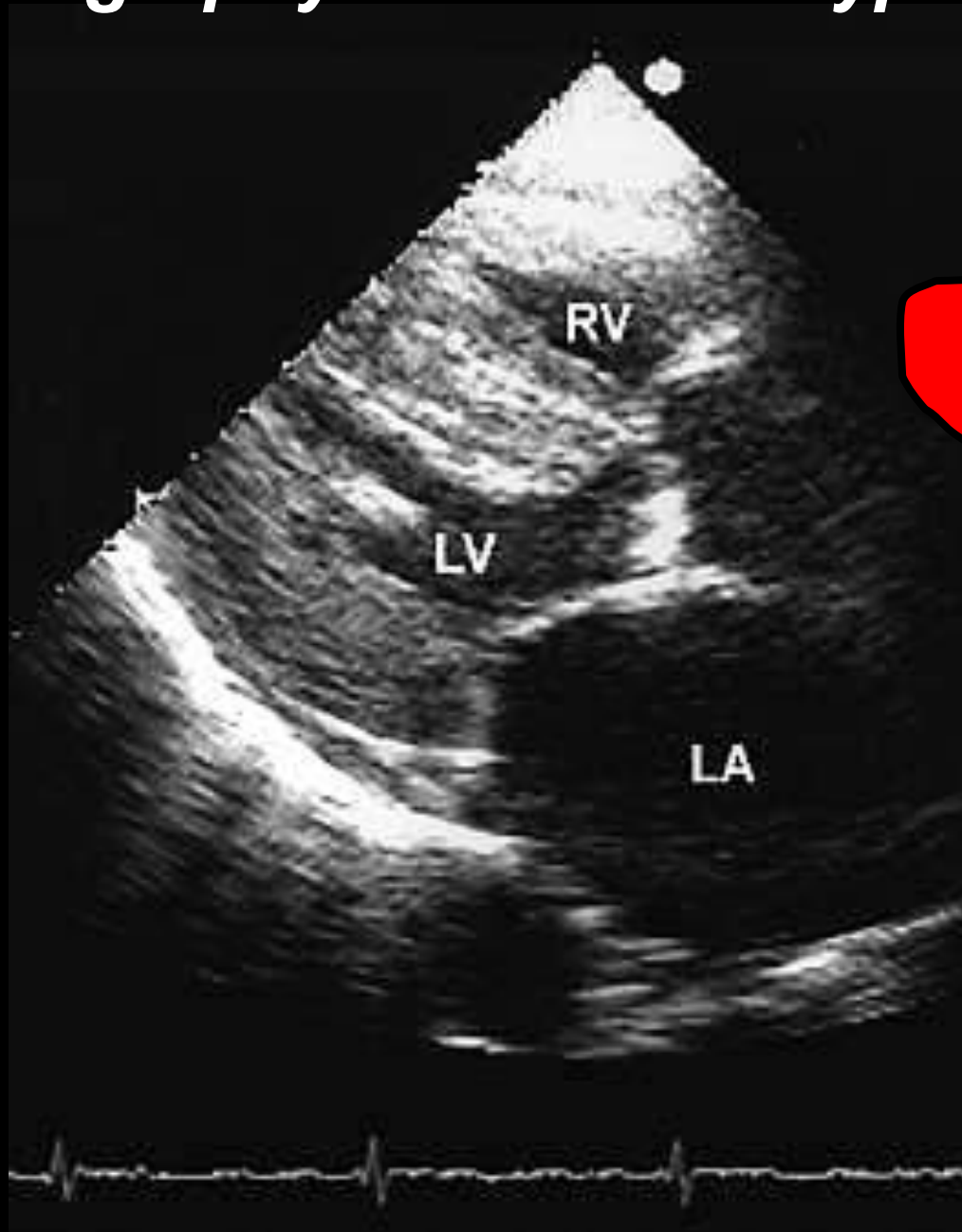
Muscle Adaptations to Exercise



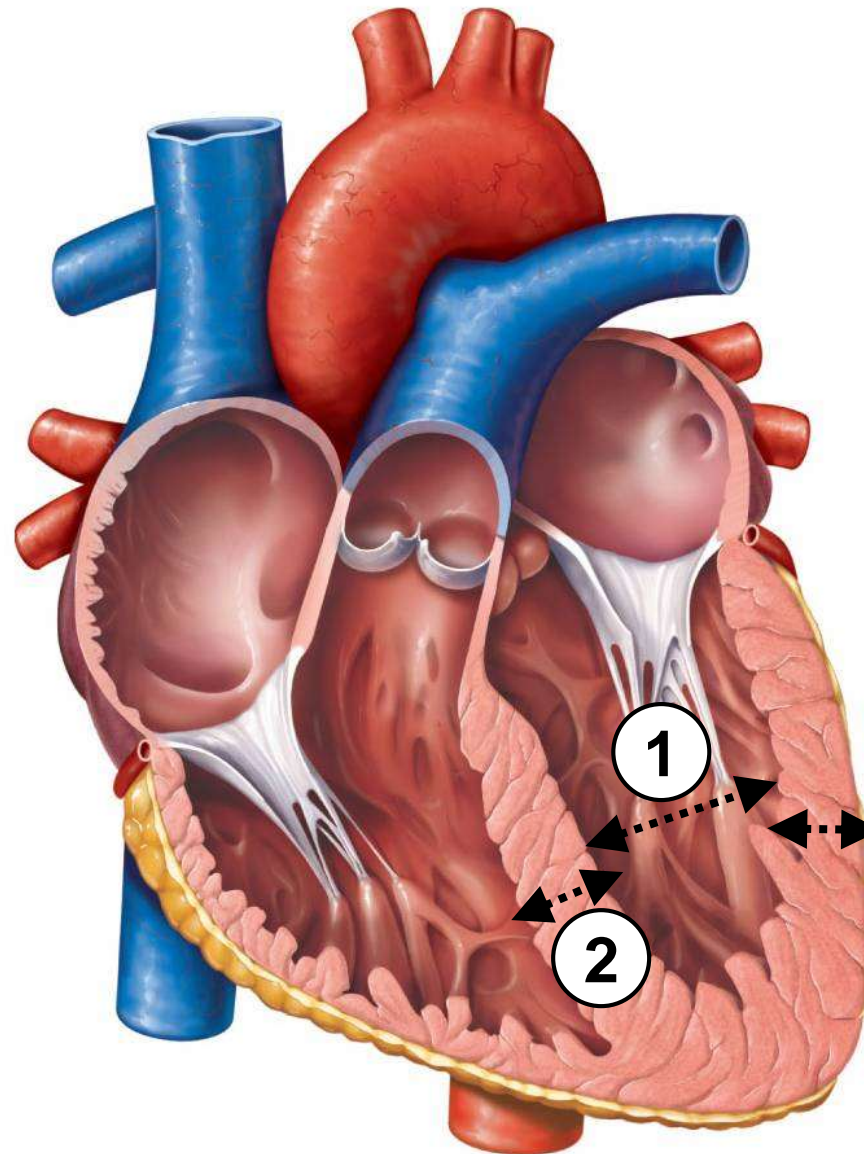
As muscles tug on bones, bones get stronger, too!...many systems adapt!!



Echocardiography documents hypertrophy...



Cardiac Adaptations to Exercise: **① Endurance vs. ② Strength Training**



NB: ① > ↑ LBM

① + ②



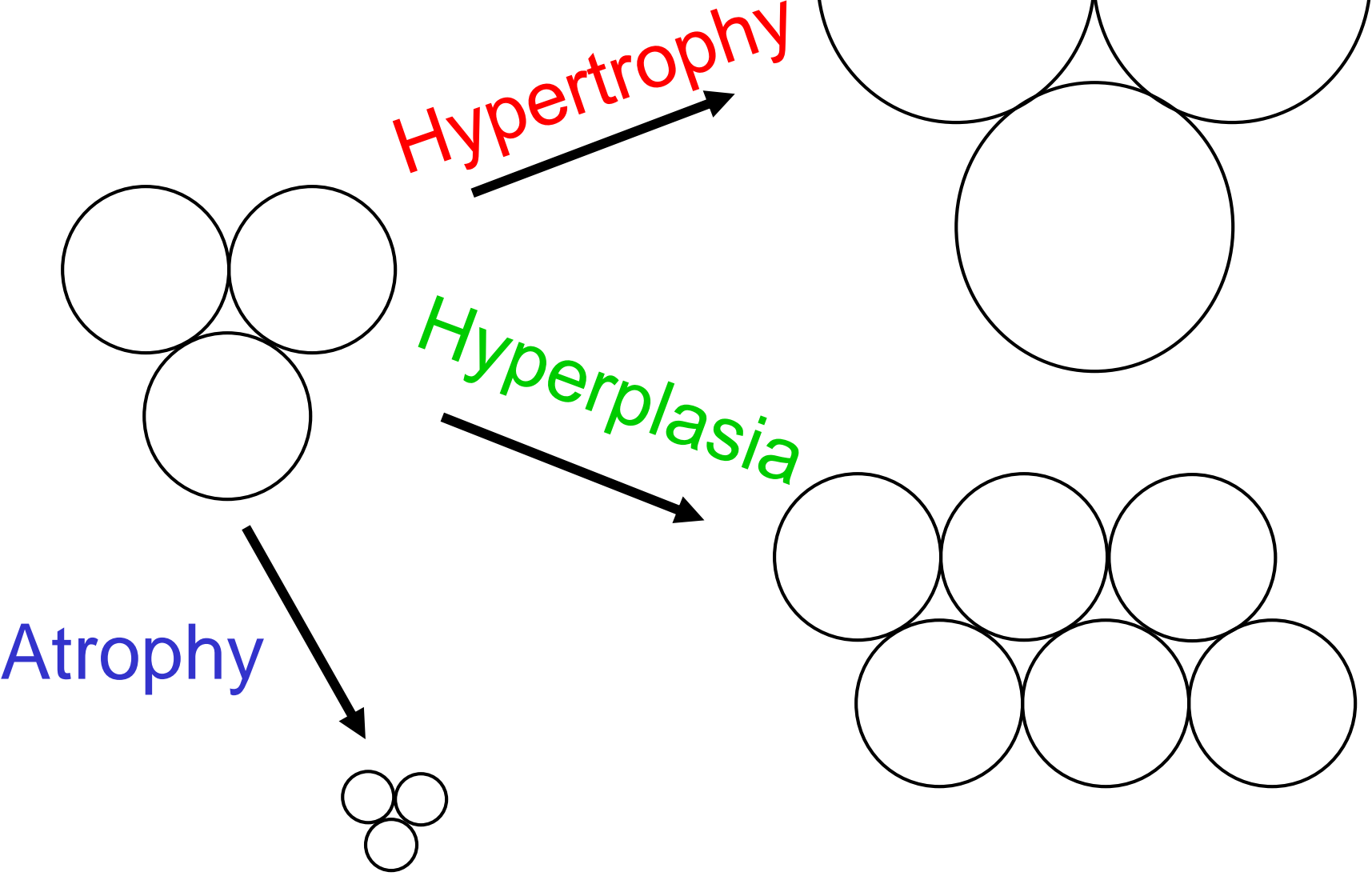
Atrophy

*decrease in size
& strength*

Hypertrophy

*increase in size
& strength*

Skeletal Muscle



Women & Hypertrophy?



What happens in muscles at cellular & subcellular levels?





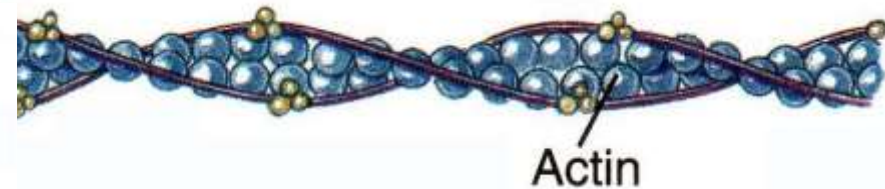
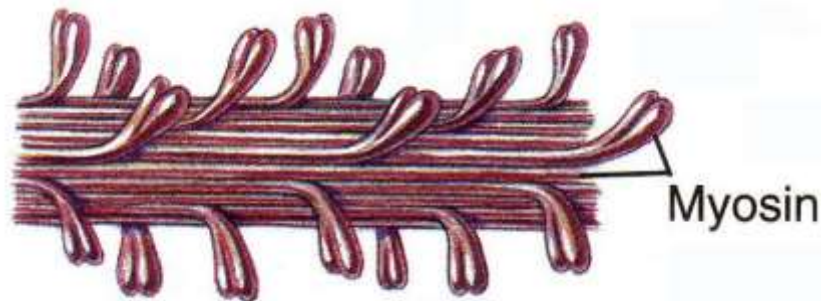
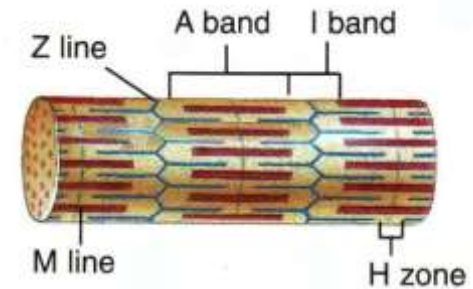
Myofibril

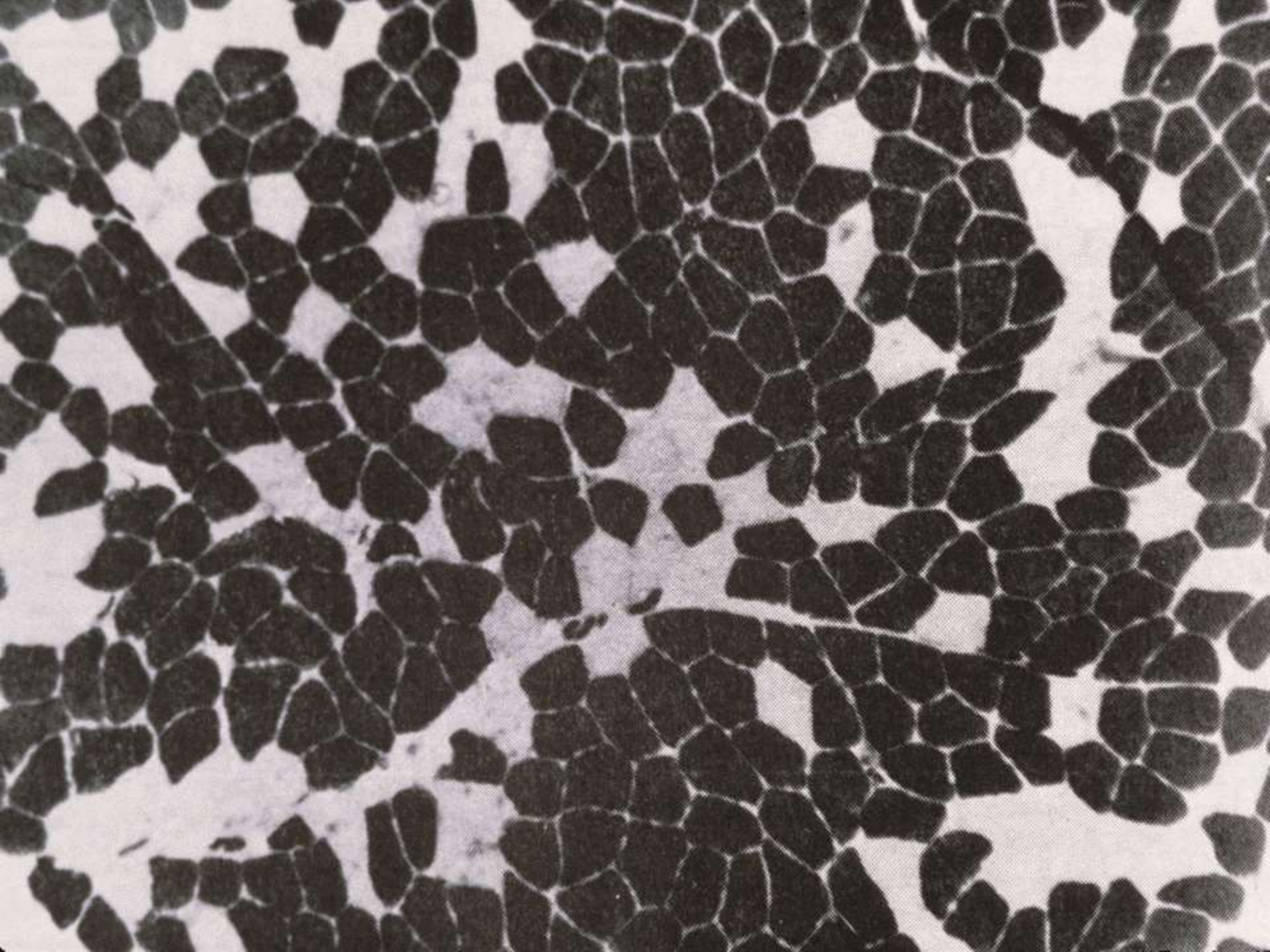
Hypertrophy: *Increased*

Number of Myofibrils

Thick & Thin Filaments

Myosin & Actin Molecules





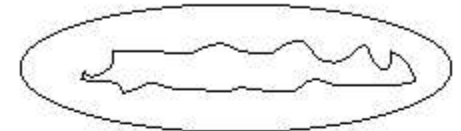
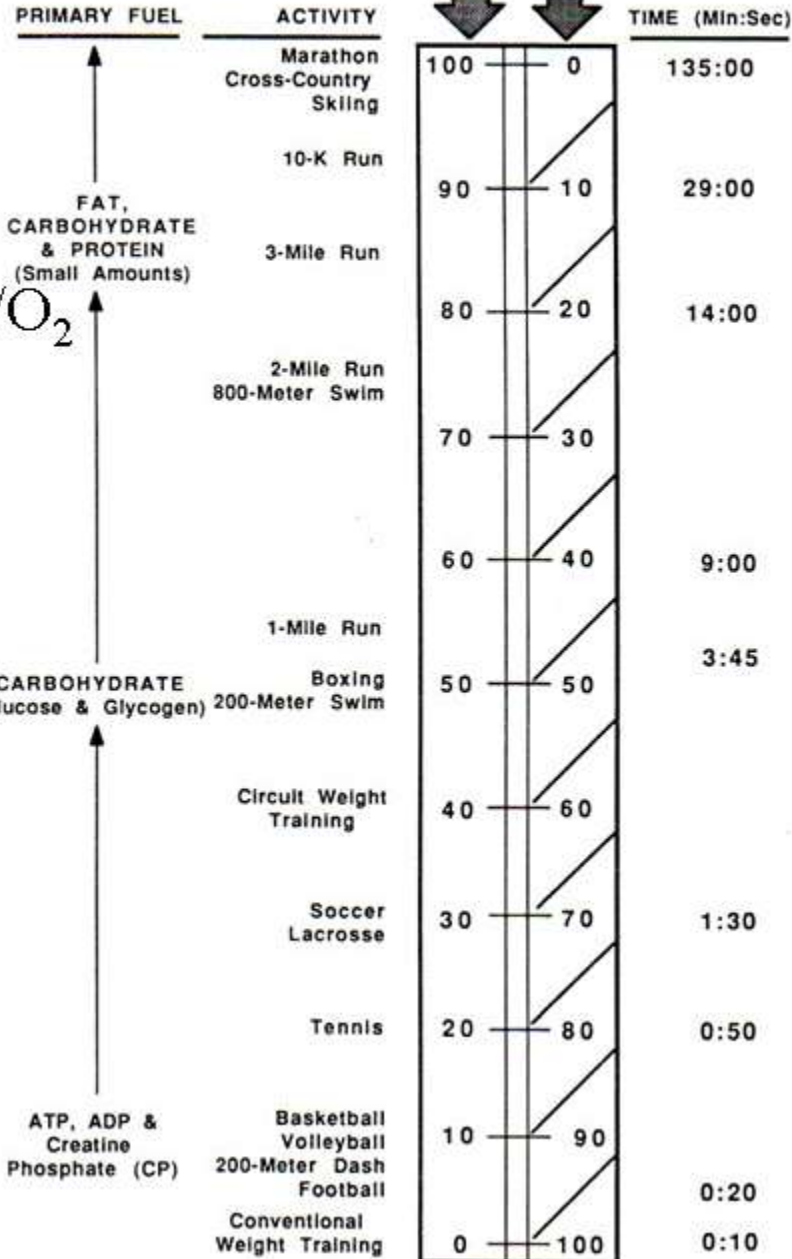
Characteristics of Skeletal Muscle Fibers

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

Muscle Changes 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)?

Muscle Changes 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:





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

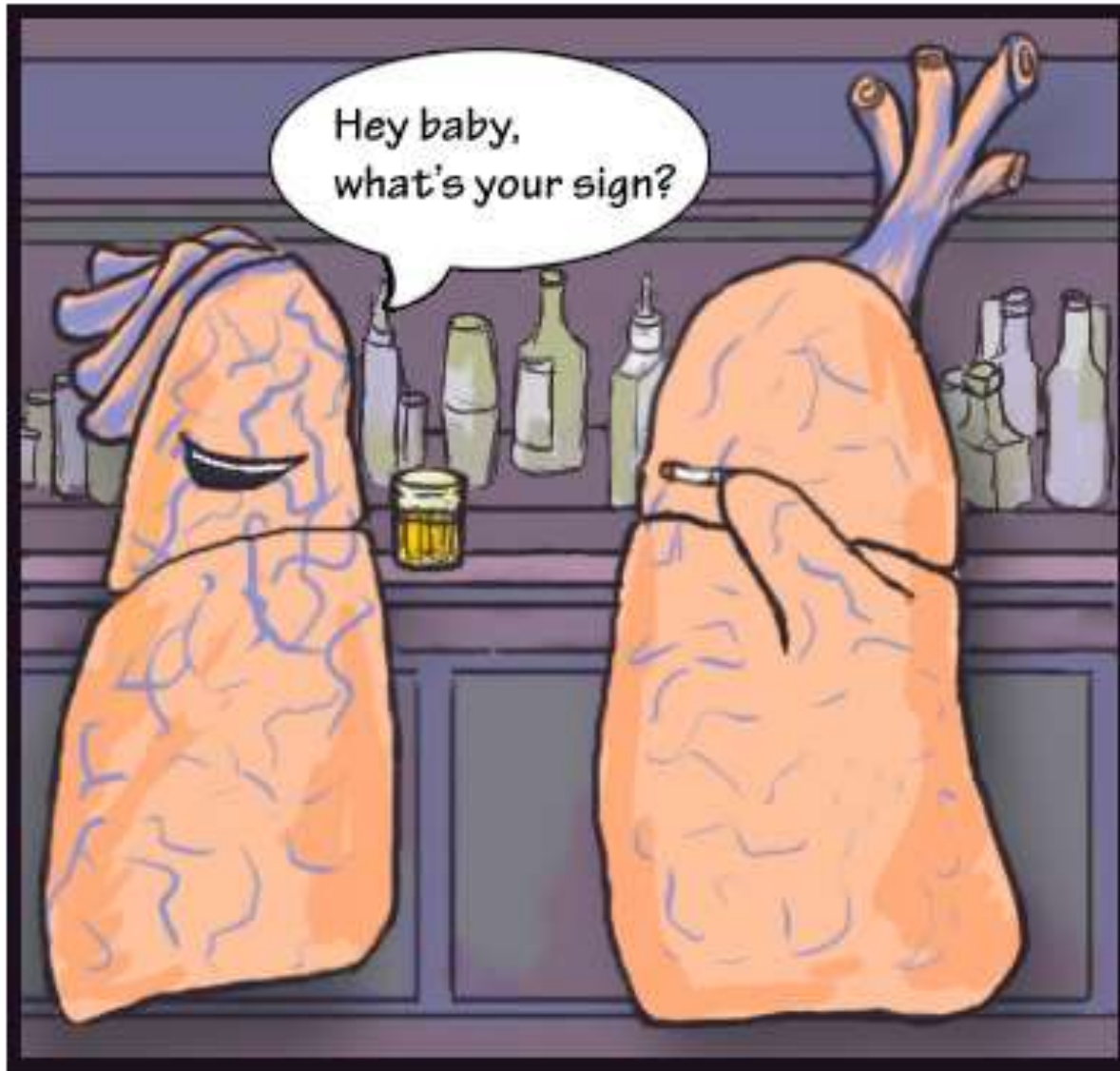


Extremes of the energy continuum!



Discussion + Time for Questions!





Cancer.

Lombo's simplified steps!

1 Breathe in & out!



2 Cross membranes!



3 Move with blood!

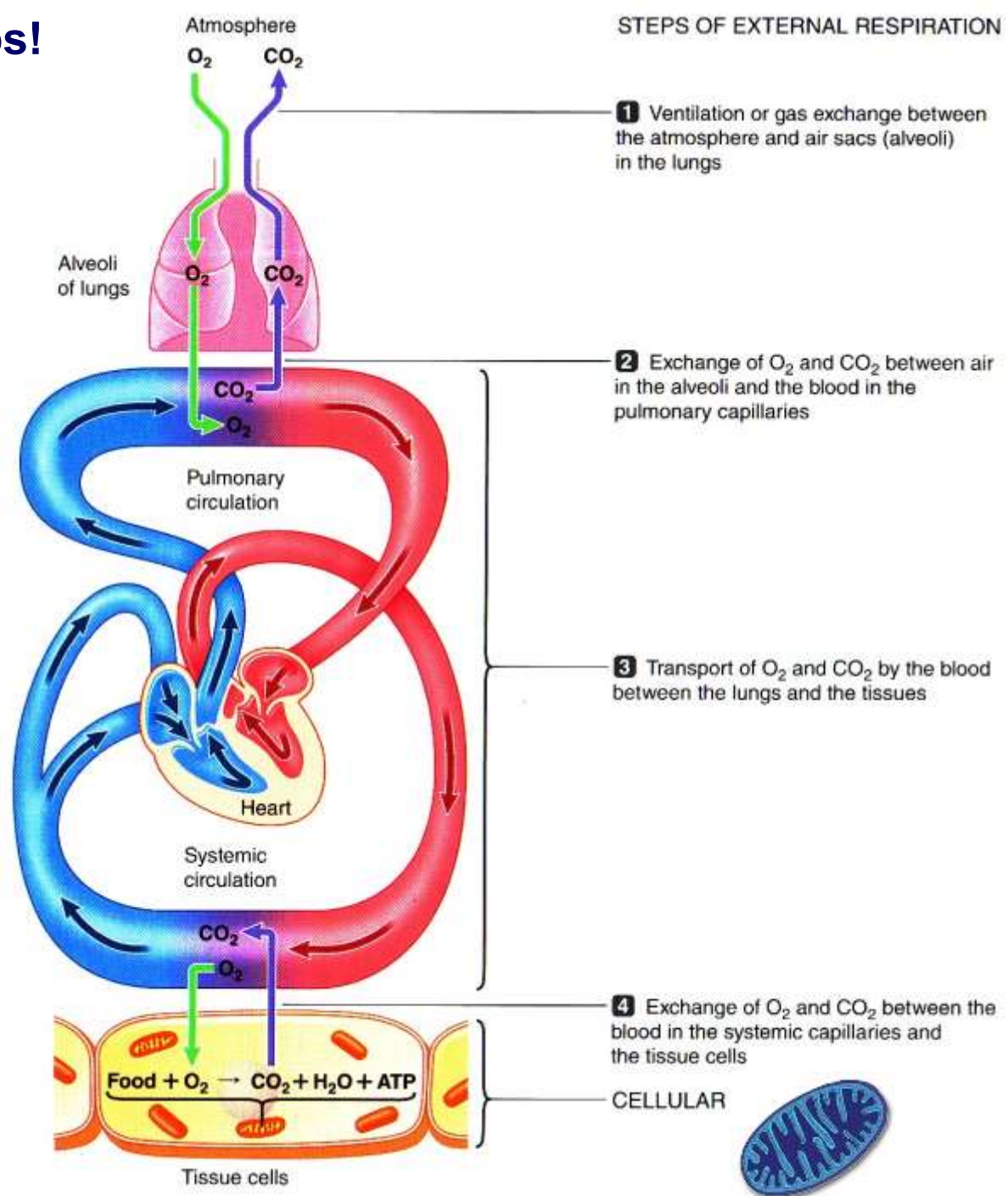
Go with the flow!



4 Cross membranes!

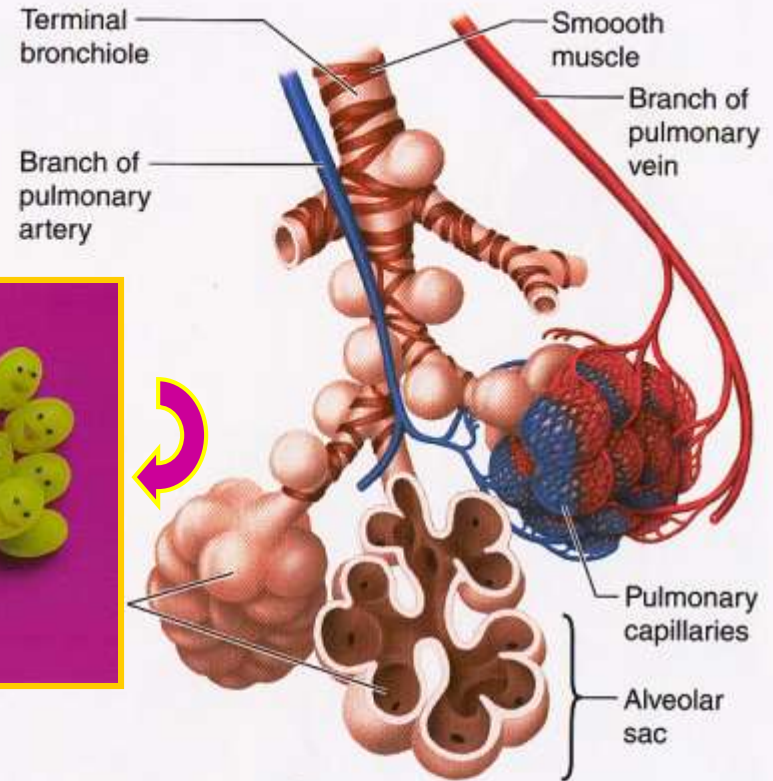
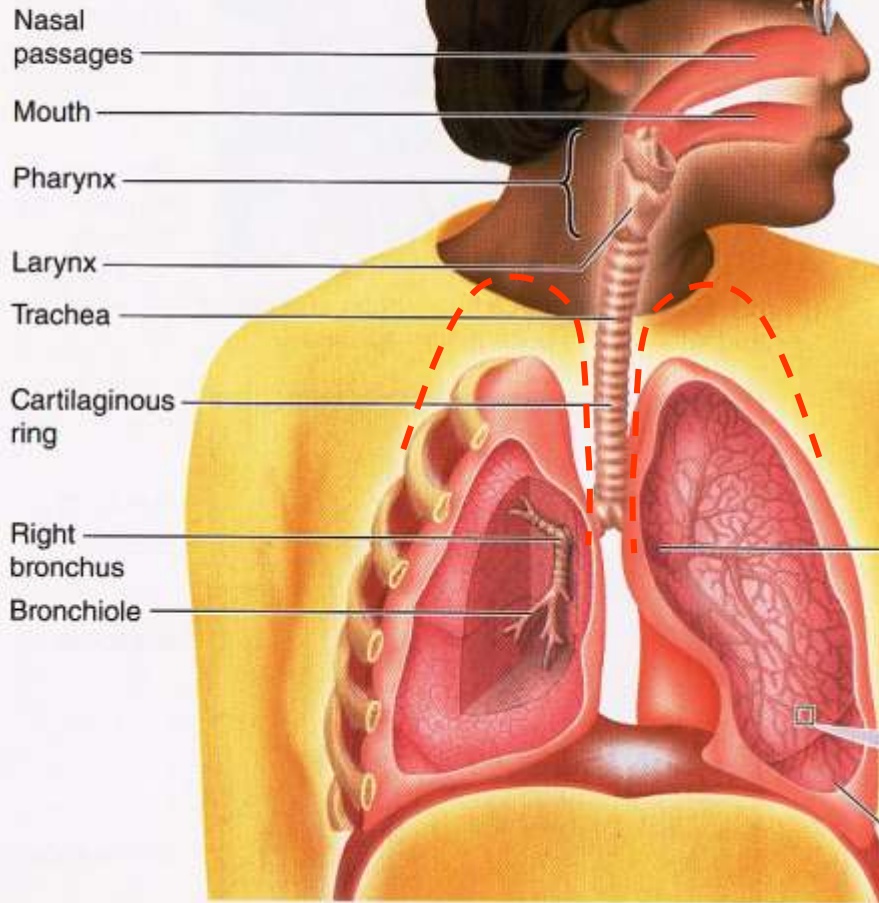


STEPS OF EXTERNAL RESPIRATION

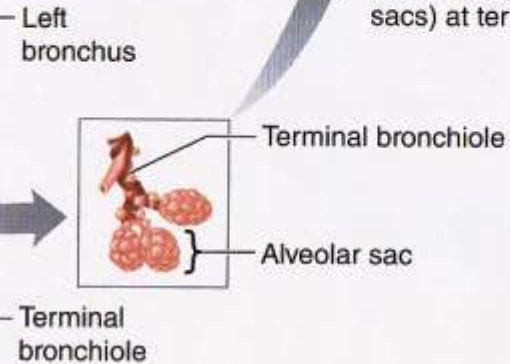


Respiratory System Anatomy

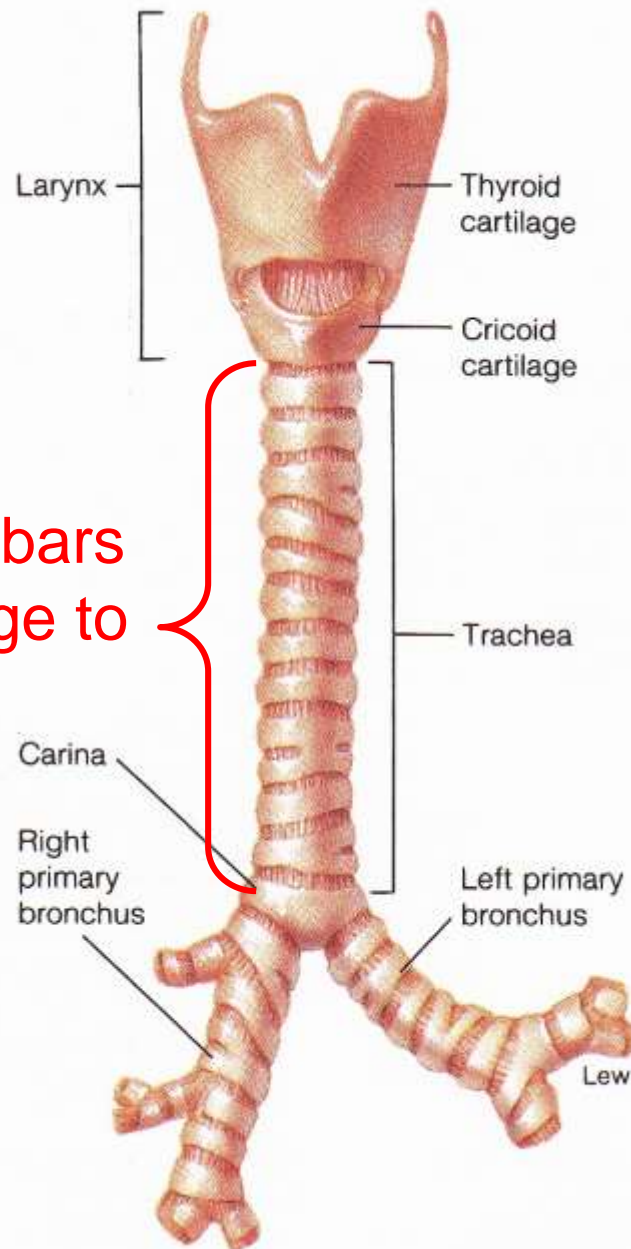
NB: In vivo,
Cupola or peak
of each lung
goes into neck
> clavicle line!

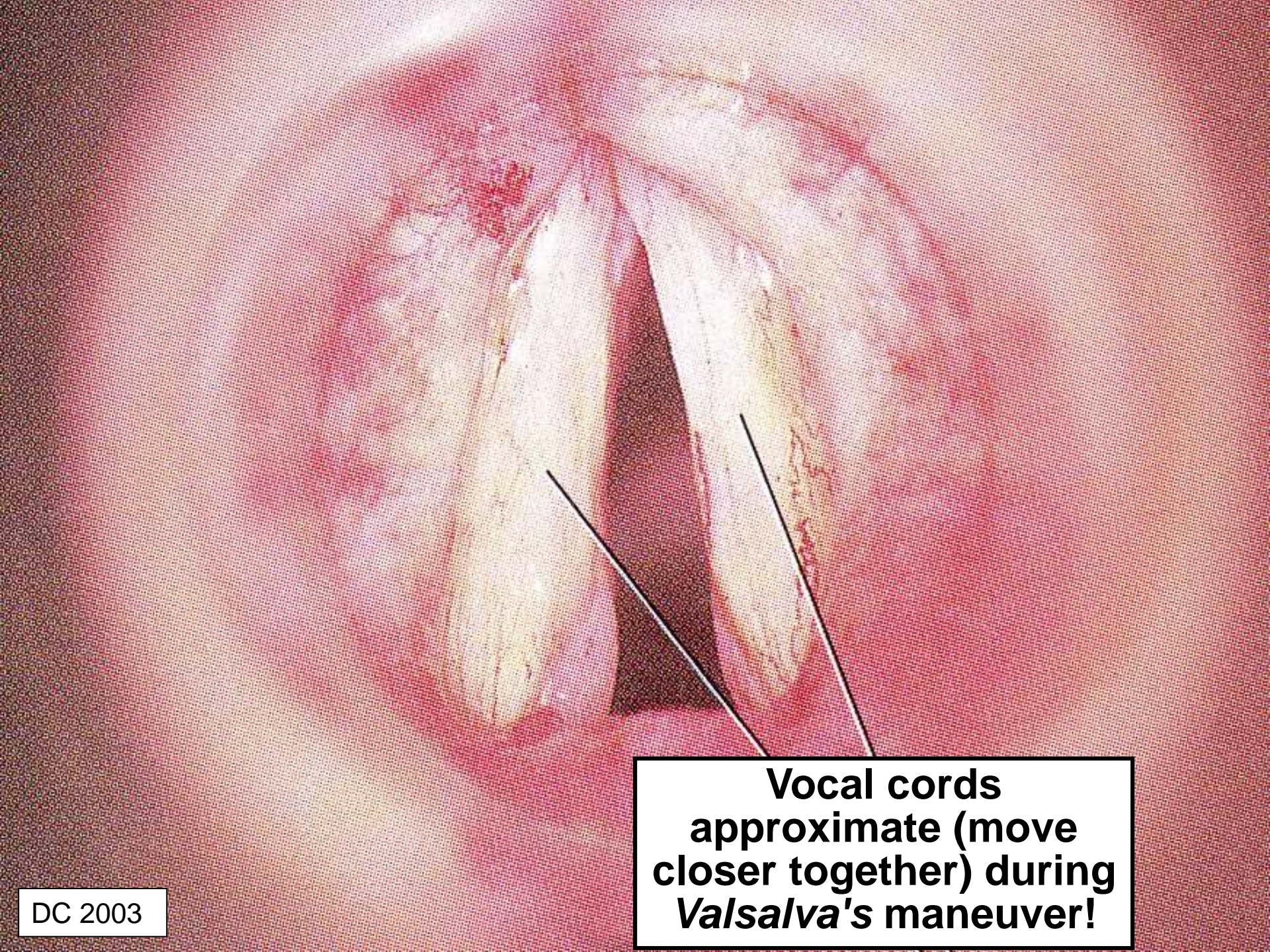


(b) Enlargement of alveoli (air sacs) at terminal ends of airways



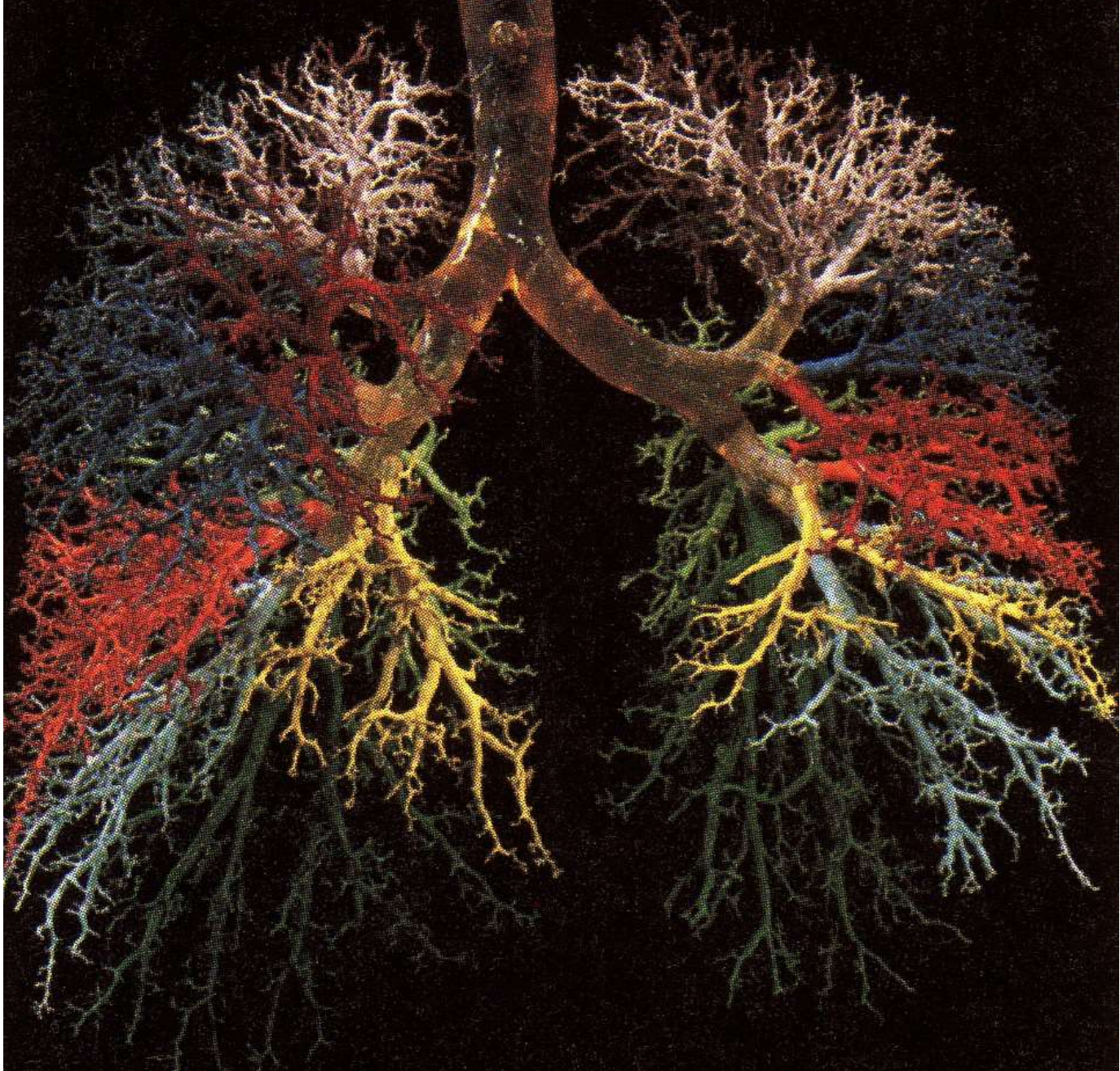
16-20 C-shaped bars
of hyaline cartilage to
prevent collapse



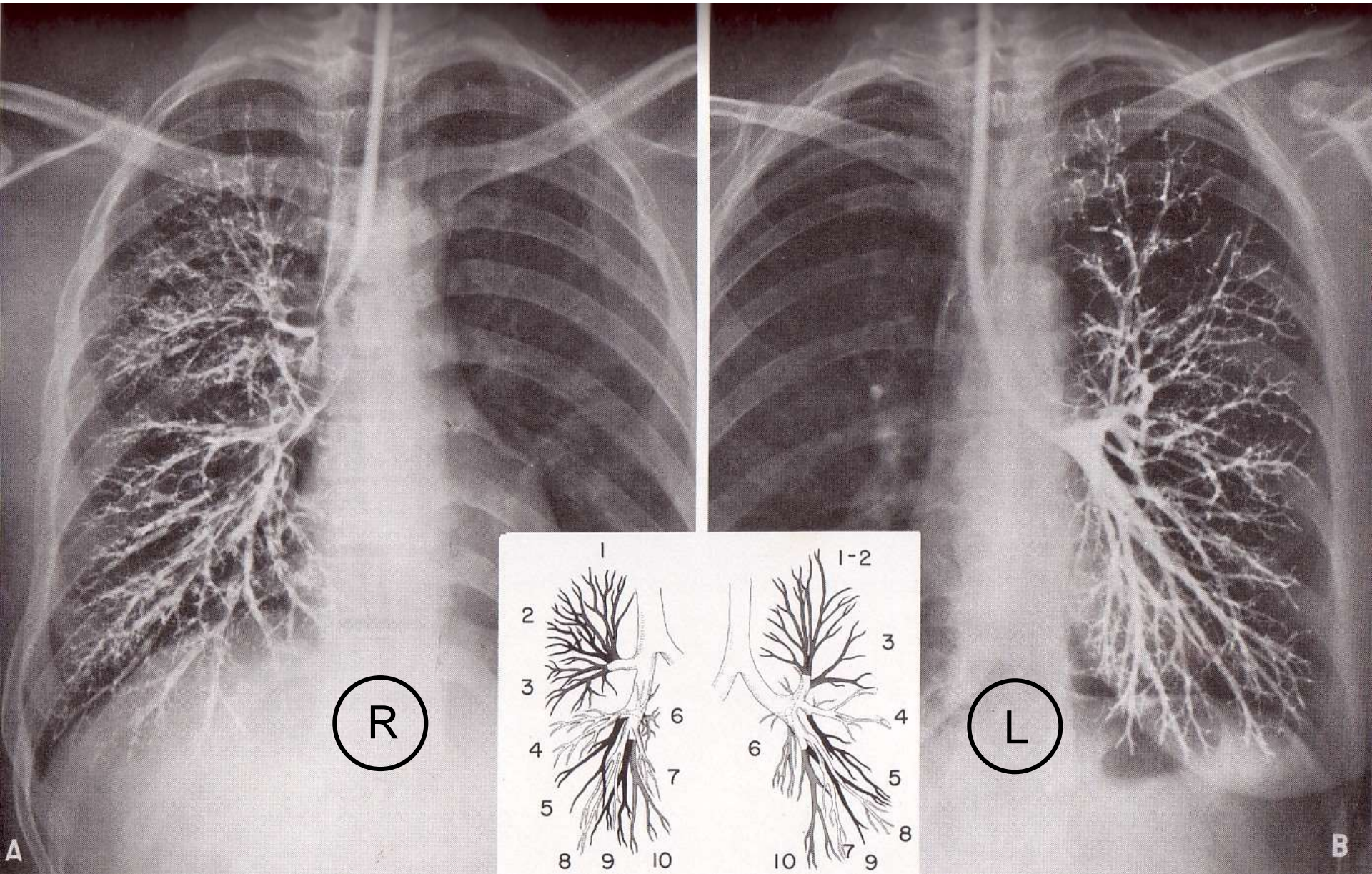


Vocal cords approximate (move closer together) during *Valsalva's* maneuver!

Pulmonary Latex Cast with Colored Segmentation

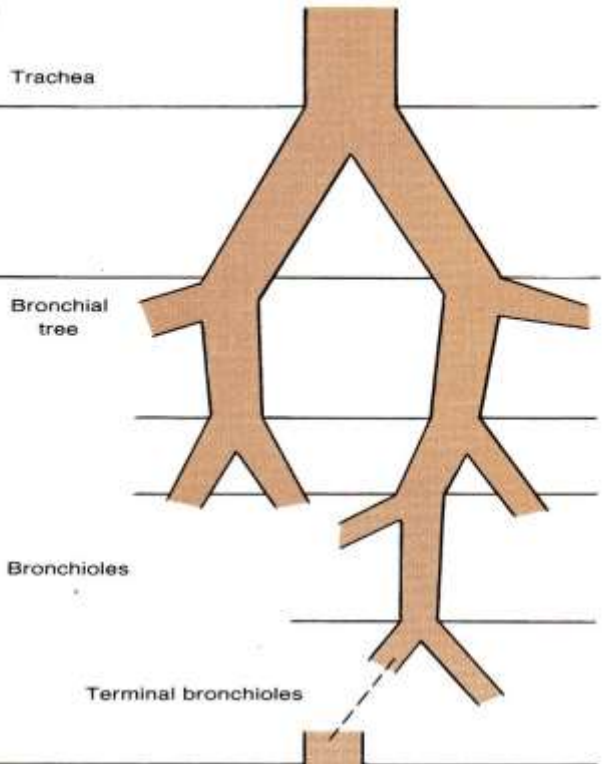


Bronchograms (posteroanterior)



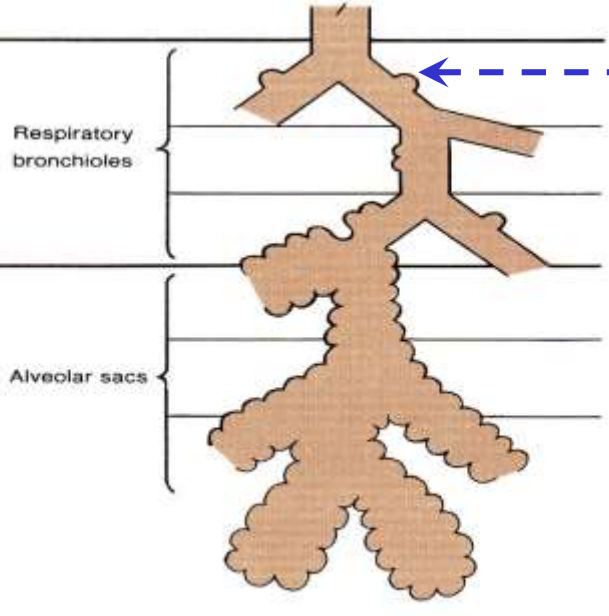
Source: Gardner, Gray, O'Rahilly, *Anatomy*, fig 29-11, p 295.

Conductive Zone



No Gas Exchange

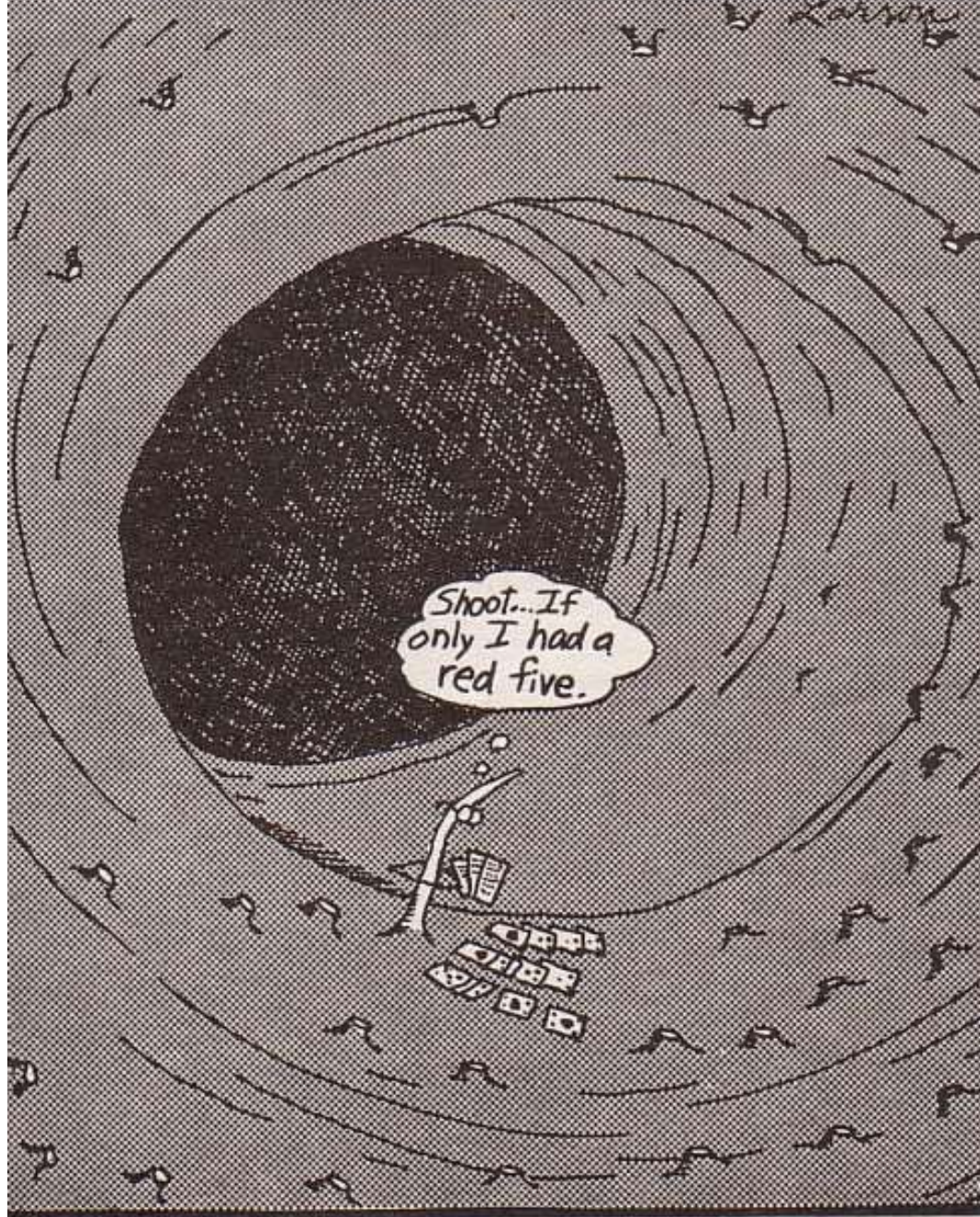
Respiratory Zone



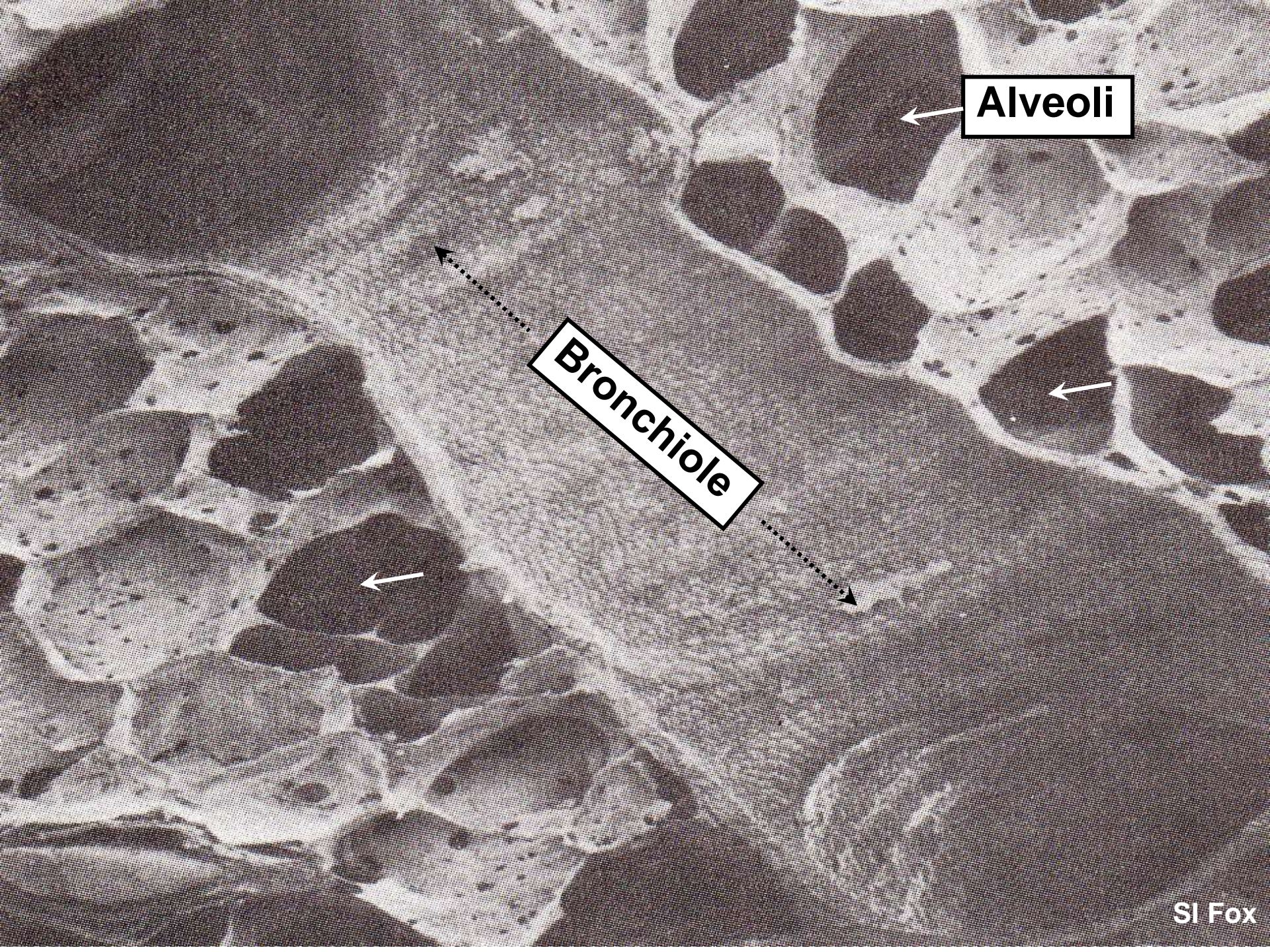
-1st alveolar outpouching!

Gas Exchange





The last cilium on a smoker's lung



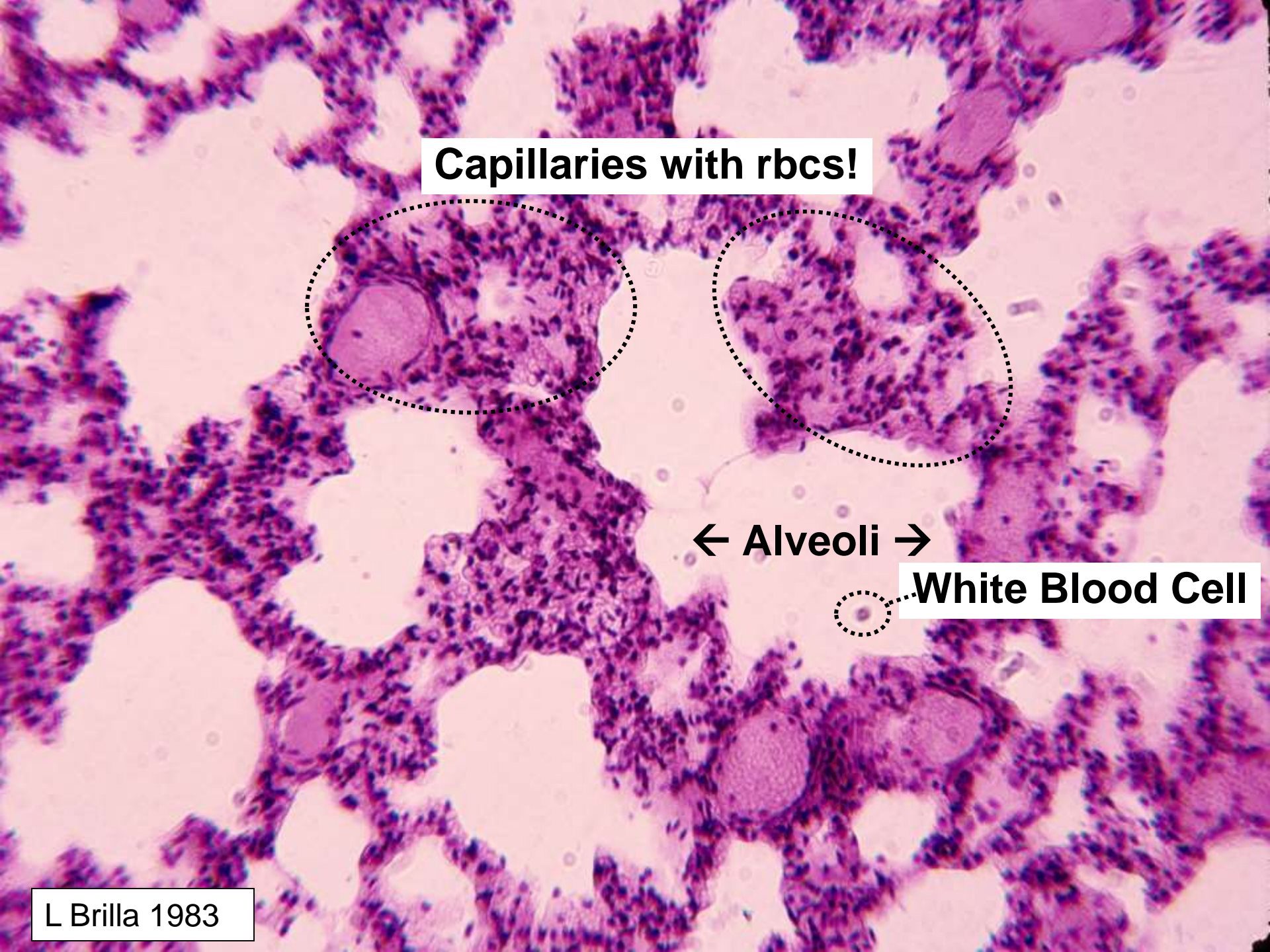
Alveoli

Bronchiole

Capillaries with rbcs!

← **Alveoli** →

White Blood Cell



Muscles of Ventilation

Accessory muscles of inspiration
(contract only during forceful inspiration)



Sternocleidomastoid

Scalenus

Internal intercostal muscles

NB: Diaphragm is the chief muscle of ventilation!

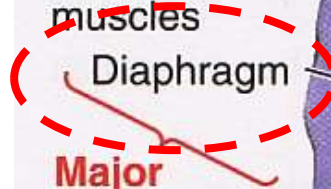
Sternum

Ribs

External intercostal muscles

Diaphragm

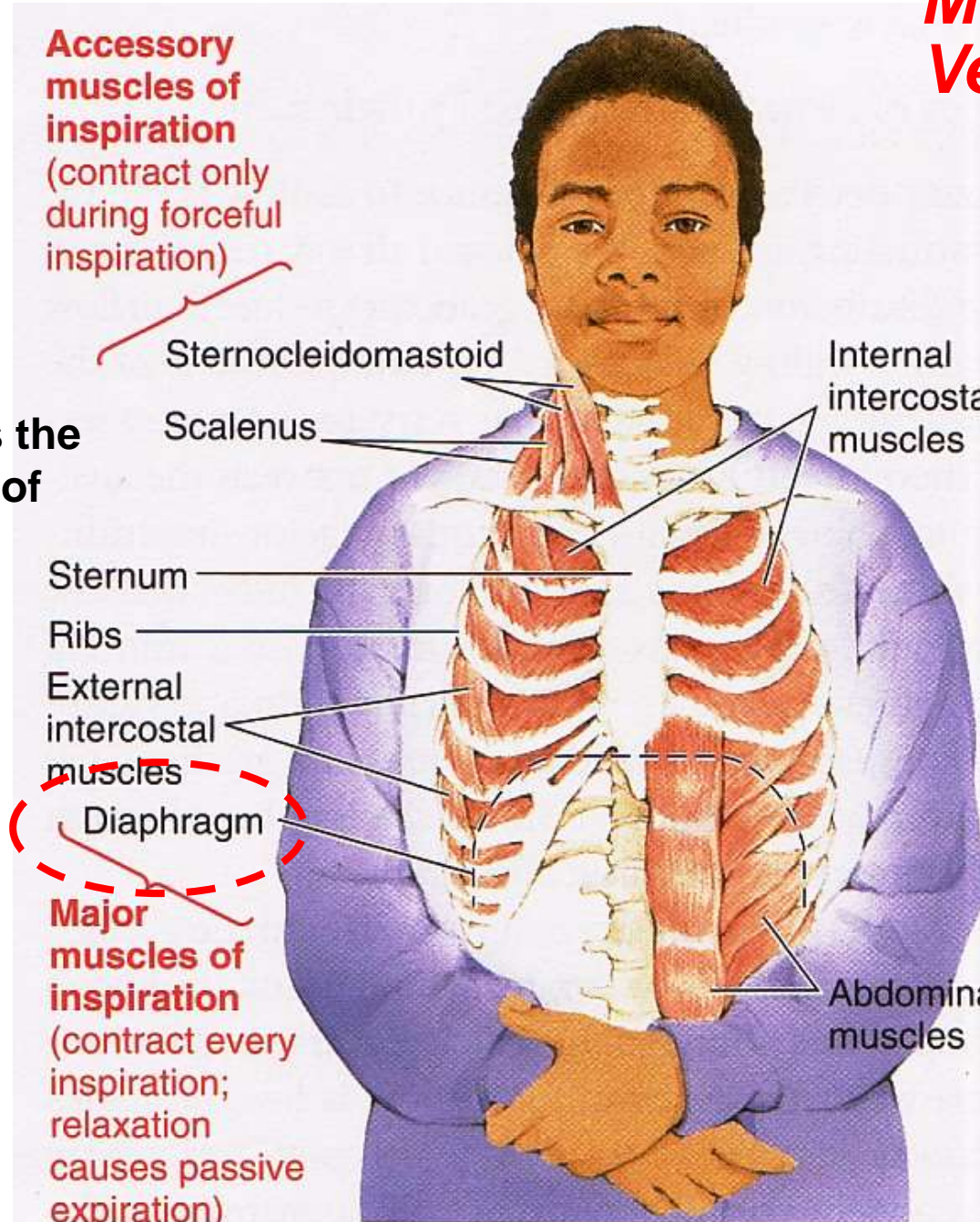
Major muscles of inspiration
(contract every inspiration; relaxation causes passive expiration)

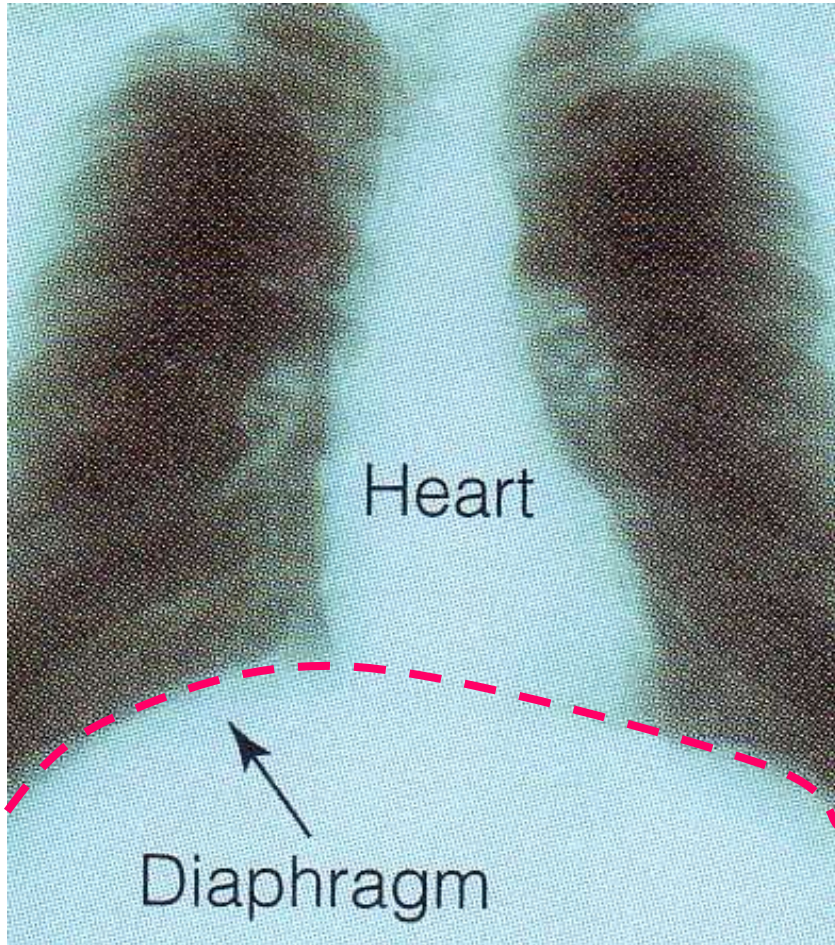


Muscles of active expiration
(contract only during active expiration)



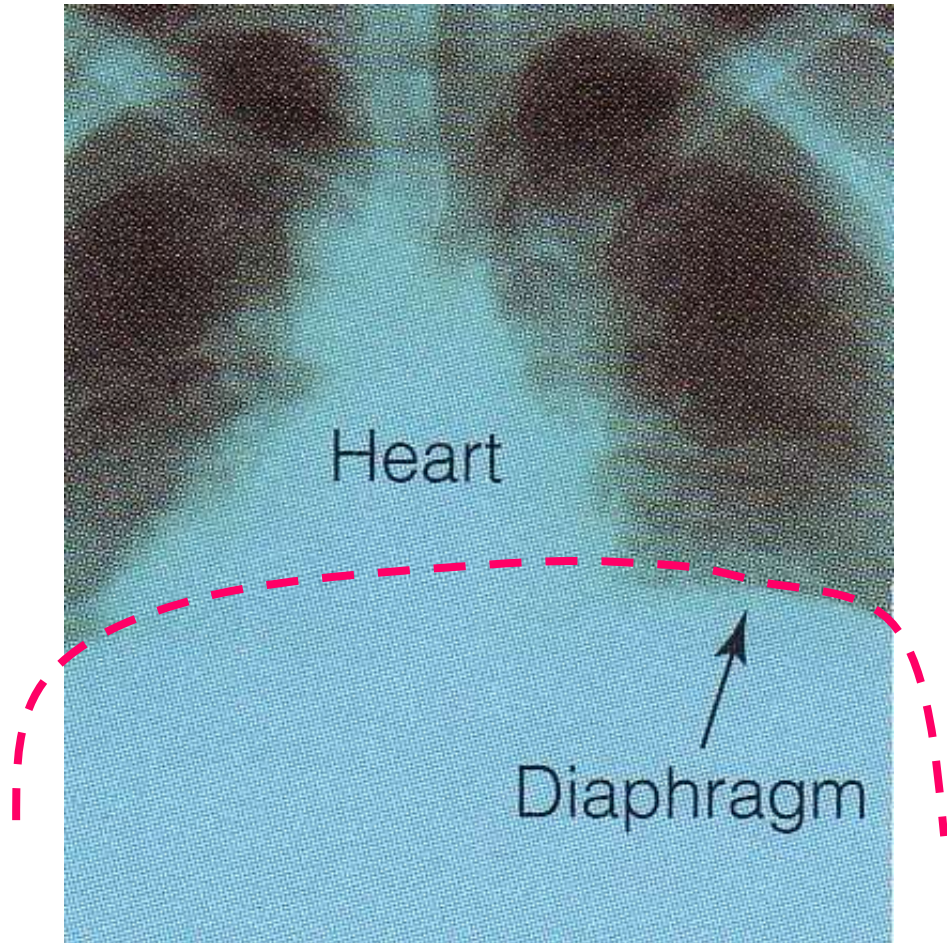
Abdominal muscles





Inhale (active)

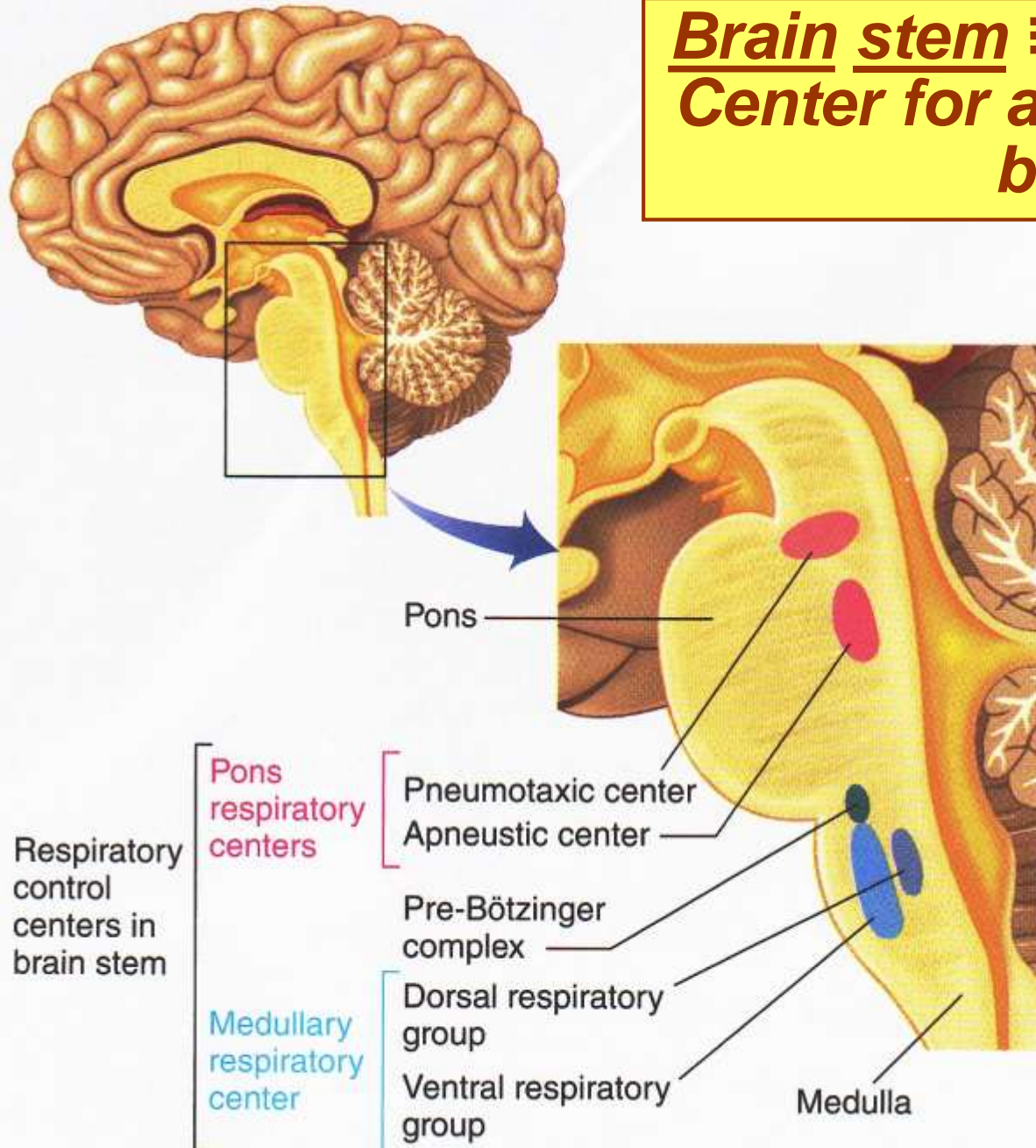
Contract & flatten diaphragm



Exhale (passive @ rest)

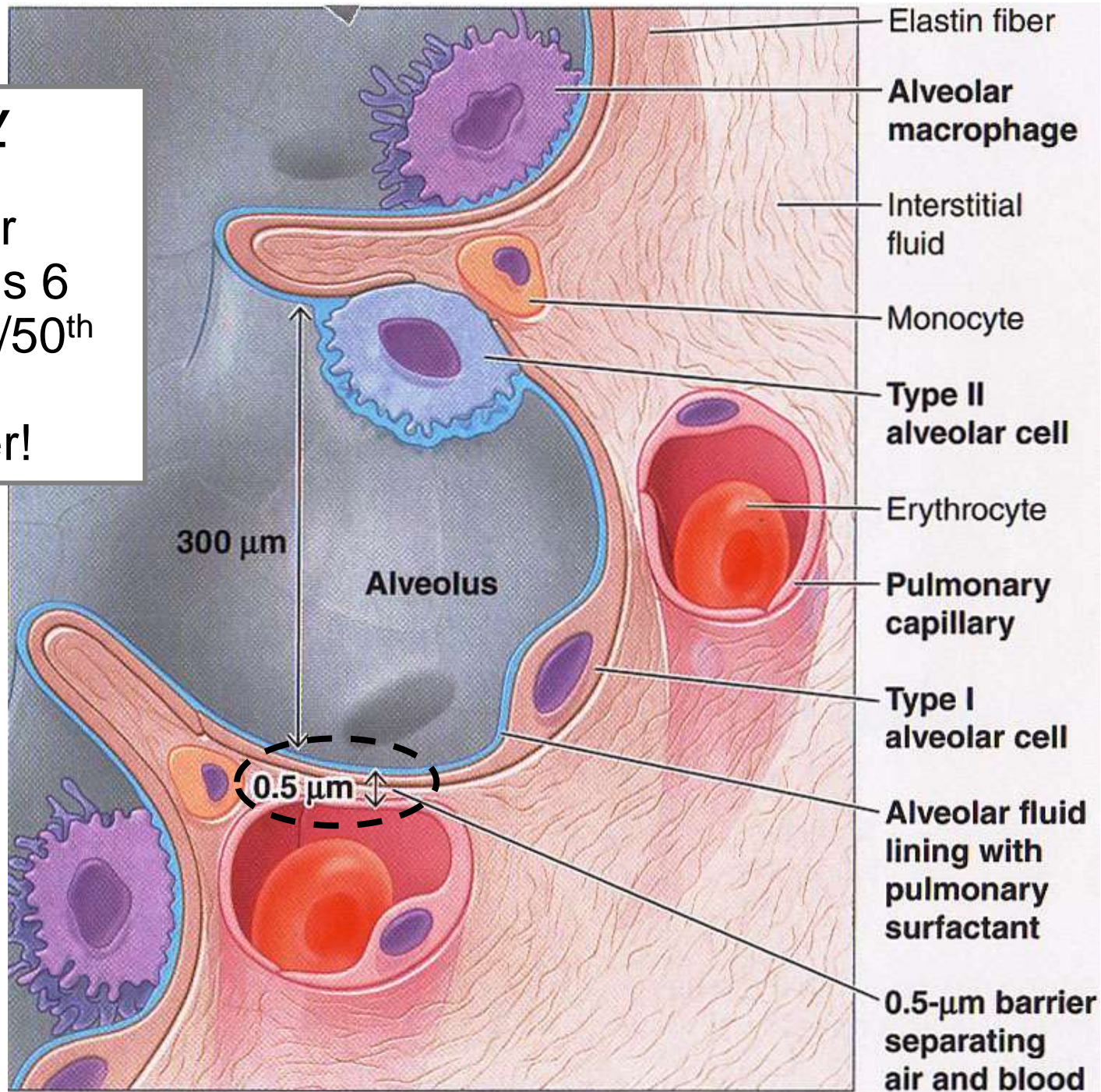
Relax & pouch up diaphragm!

Brain stem ≡ Control Center for automatic breathing!

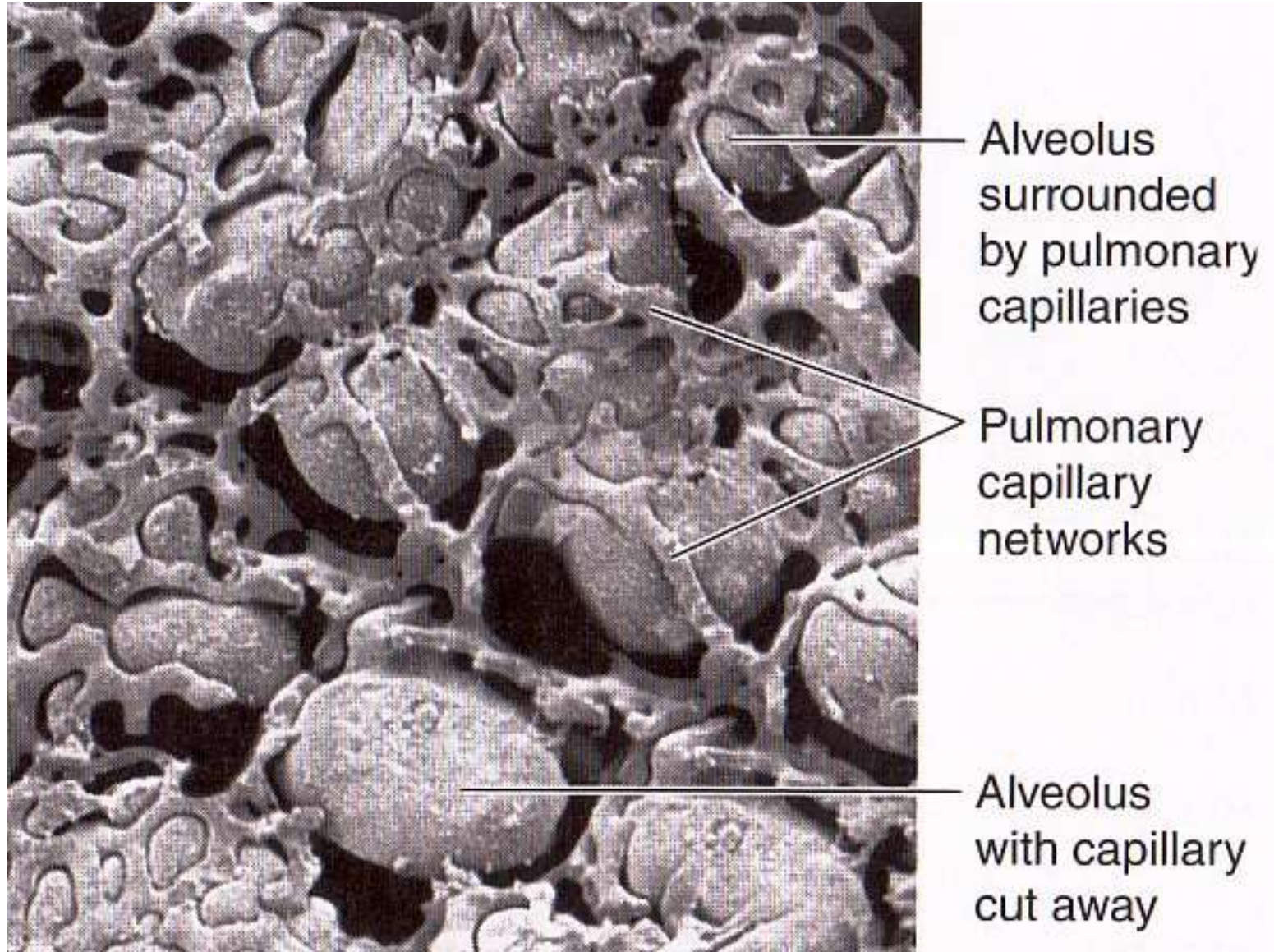


Respiratory membrane

separates air from blood, is 6 layers, yet 1/50th thickness of tracing paper!



Alveoli are surrounded by jackets of capillaries!



Gas Exchange

CO₂ LOW

O₂ HIGH

Across pulmonary capillaries:

O₂ partial pressure gradient from alveoli to blood = 60 mm Hg (100 → 40)

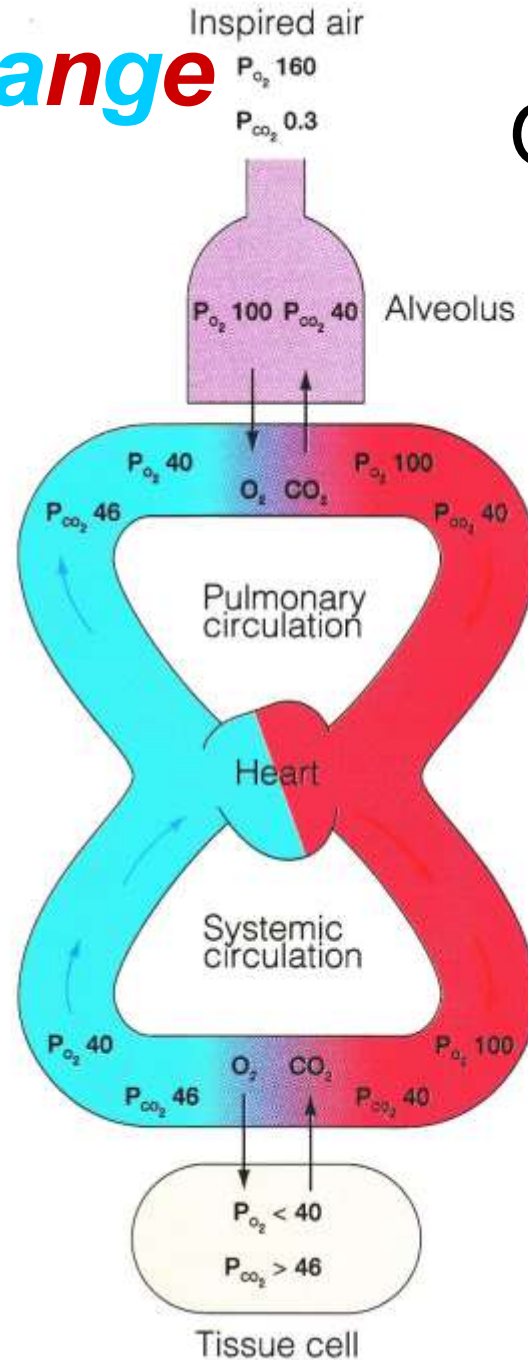
CO₂ partial pressure gradient from blood to alveoli = 6 mm Hg (46 → 40)

Across systemic capillaries:

O₂ partial pressure gradient from blood to tissue cell = 60 mm Hg (100 → 40)

CO₂ partial pressure gradient from tissue cell to blood = 6 mm Hg (46 → 40)

Numbers are mm Hg pressure.



CO₂ HIGH

O₂ LOW