

# Neuromechanics of Human Motion

## Sensory Feedback

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# Lecture Objectives — Sensory Feedback

1. Learn about different sensory organs
2. Focus on those related to human movement
  - a. vision
  - b. vestibular
  - c. somatosensory (cutaneous, spindles, GTOs)
3. How sensory information travels to the Central Nervous System (CNS)
4. Understand the importance of sensory feedback and spinal reflexes

# What are some technological feedback devices?



# What are some technological feedback devices?

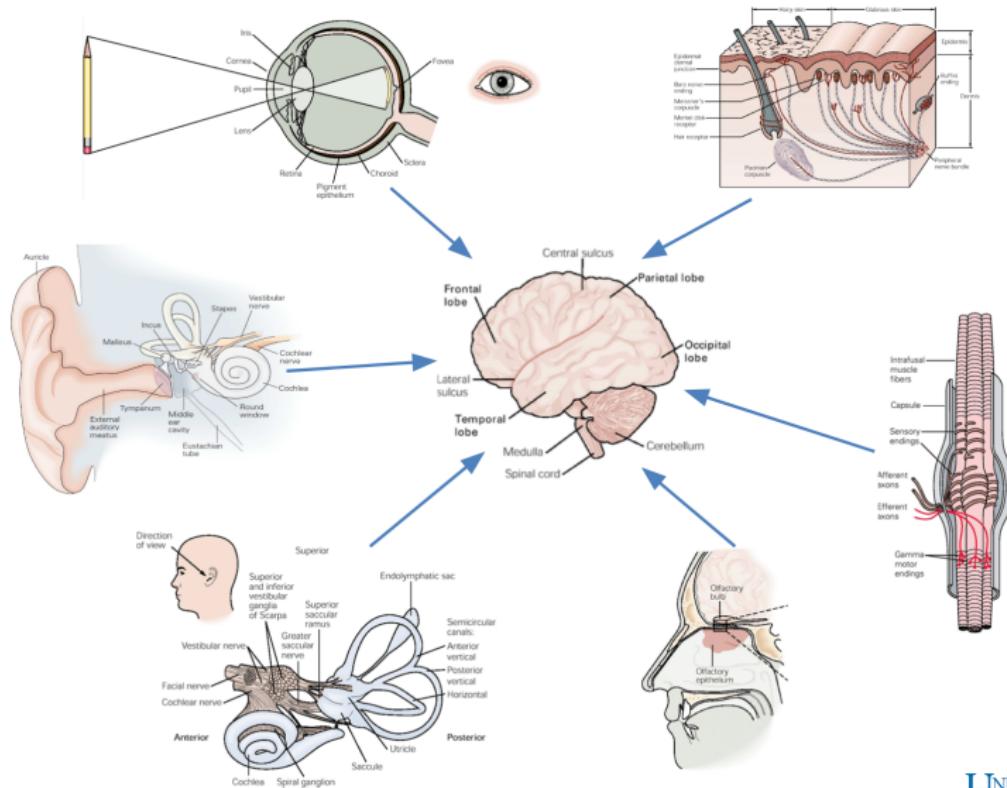


1. Position (video, mocap, goniometer, gyroscope), Acceleration (accelerometers)
2. Force (force transducers), Pressure (multiple force transducers)
3. Biological Systems have multiple sensors

# Sensory Inputs are Critical for Motion



# Multiple Sensory Organs



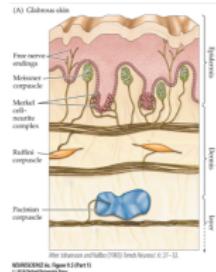
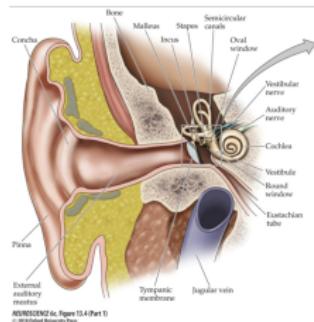
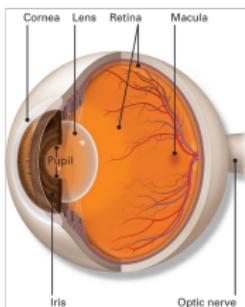
# Classes of Sensory Organs

Table 21-1 Classification of Sensory Receptors

Sensory system	Modality	Stimulus	Receptor class	Receptor cells
Visual	Vision	Light (photons)	Photoreceptor	Rods and cones
Auditory	Hearing	Sound (pressure waves)	Mechanoreceptor	Hair cells in cochlea
Vestibular	Head motion	Gravity, acceleration, and head motion	Mechanoreceptor	Hair cells in vestibular labyrinths
Somatosensory				Cranial and dorsal root ganglion cells with receptors in:
	Touch	Skin deformation and motion	Mechanoreceptor	Skin
	Proprioception	Muscle length, muscle force, and joint angle	Mechanoreceptor	Muscle spindles and joint capsules
	Pain	Noxious stimuli (thermal, mechanical, and chemical stimuli)	Thermoreceptor, mechanoreceptor, and chemoreceptor	All tissues except central nervous system
	Itch	Histamine	Chemoreceptor	Skin
	Visceral (not painful)	Wide range (thermal, mechanical, and chemical stimuli)	Thermoreceptor, mechanoreceptor, and chemoreceptor	Gastrointestinal tract, urinary bladder, and lungs
Gustatory	Taste	Chemicals	Chemoreceptor	Taste buds
Olfactory	Smell	Odorants	Chemoreceptor	Olfactory sensory neurons

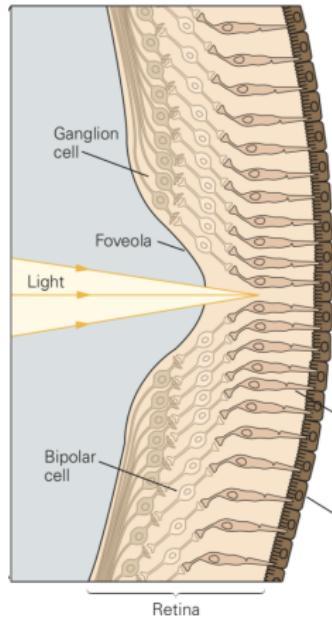
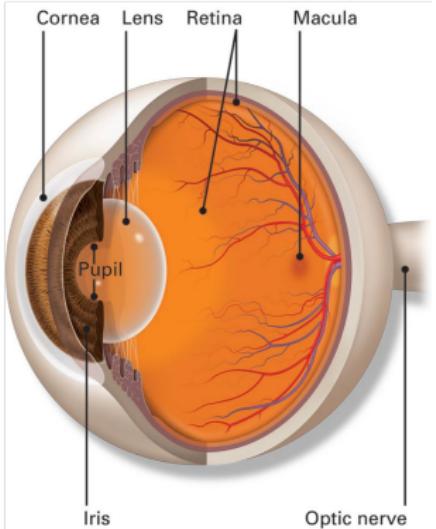
# Classes of Sensory Organs

1. Visual
2. Vestibular
3. Somatosensory (body sense)
  - cutaneous
  - muscle spindles
  - golgi tendon organs



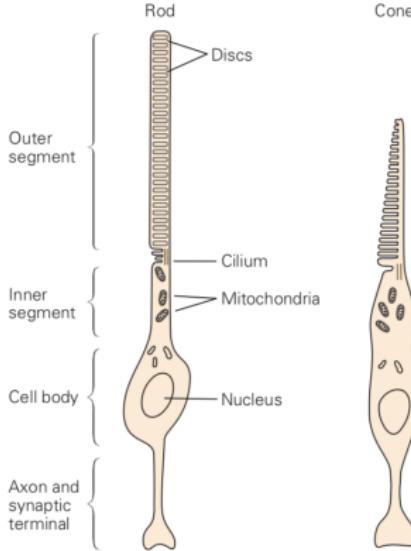


# Visual System



photons hit the retina, cones and rods relay light information to the optic nerve (cranial nerve II)

# Rods and Cones



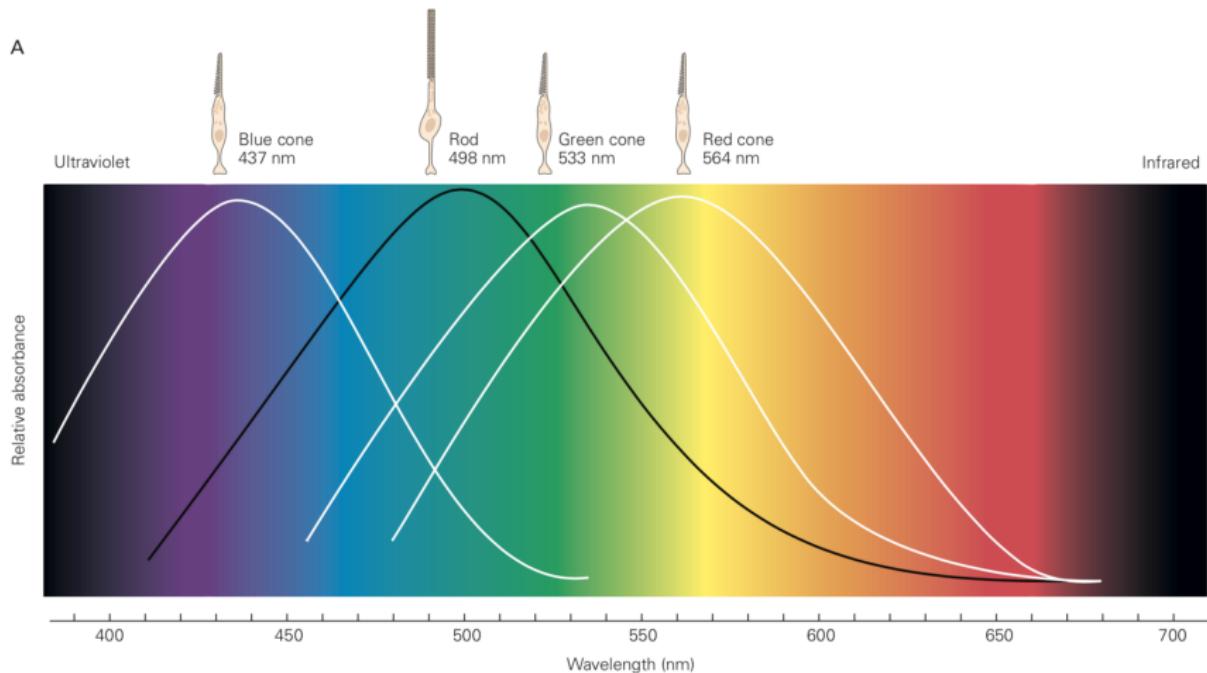
**Figure 26-5** Rod and cone photoreceptors have similar structures.

Phototransduction - proteins (photopigment rhodopsin) in outer segment sensitive to certain light frequencies.

# Spectrum Sensitivity

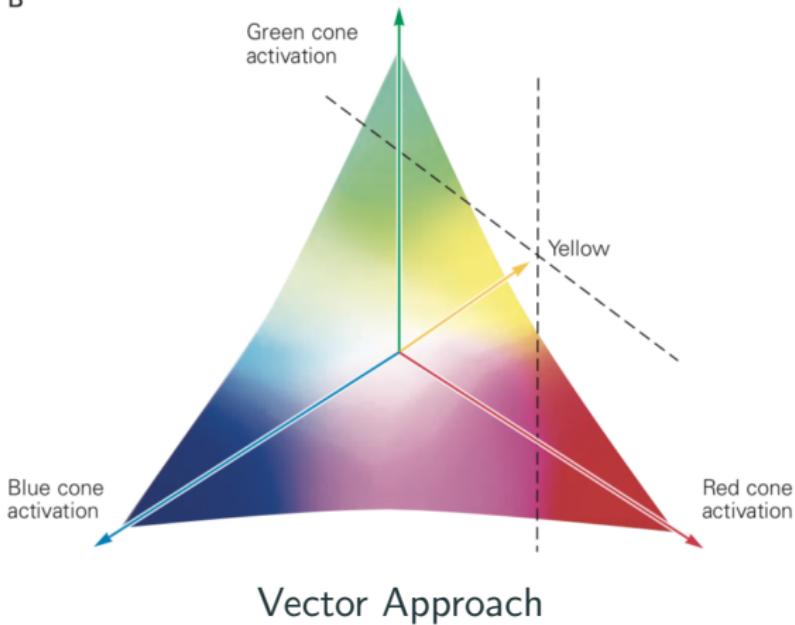
1. rods - low brightness
2. cones - high brightness
  - a. S-cones: short-wavelengths (blue)
  - b. M-cones: medium-wavelengths (green)
  - c. L-cones: long-wavelengths (red)

# Spectrum Sensitivity



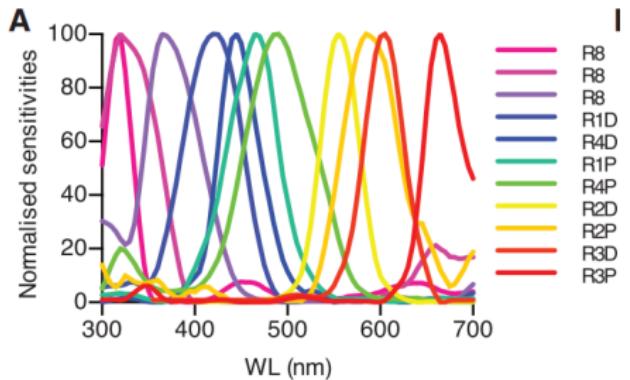
# Color Perception

B



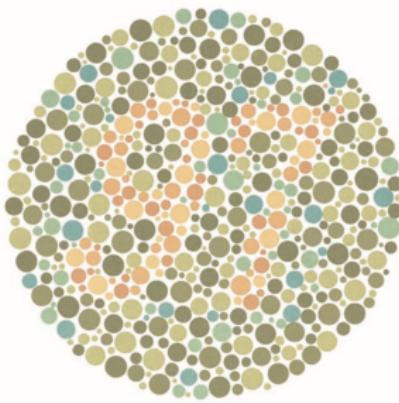
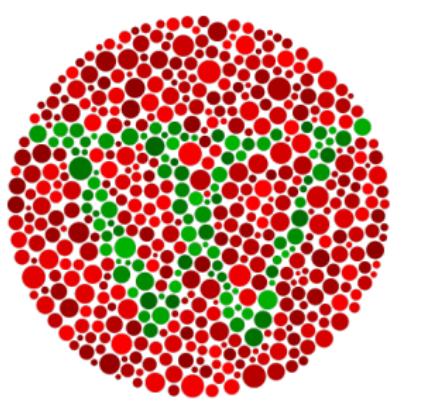
# Cone Variation Across Species

1. Trichromatic vision (3 cones) - humans and monkeys
2. Tetrachromacy vision (4 cones) - birds and fish
3. 12 cones! - shrimp
  - a but poor at colour discrimination tasks (circuit dependent)
  - b integrate colours over time like satellite scanners (sparse light)



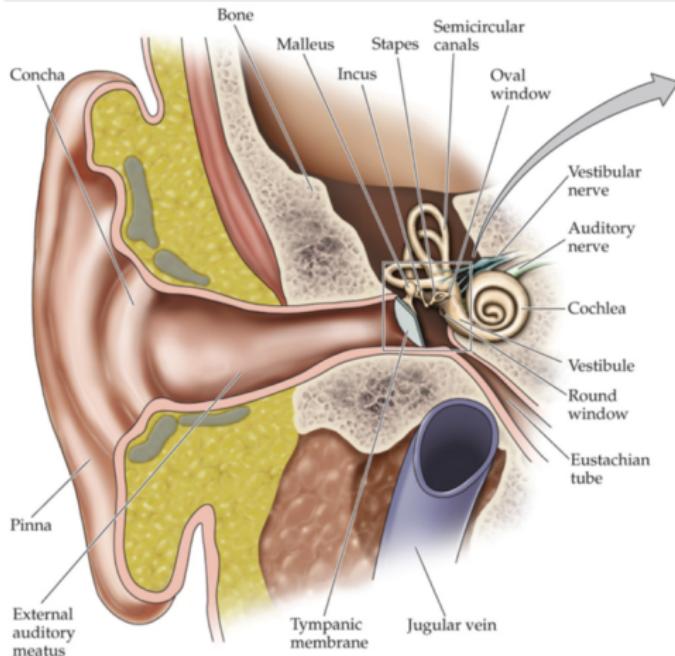
# Cone Variation Within Species

1. Colorblindness - dichromacy (2 cones)





# Vestibular System

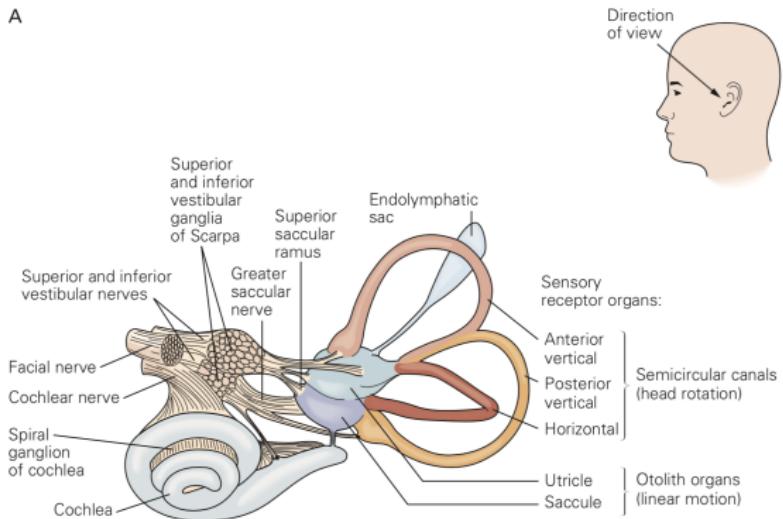


NEUROSCIENCE 6e, Figure 13.4 (Part 1)  
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## Inner ear

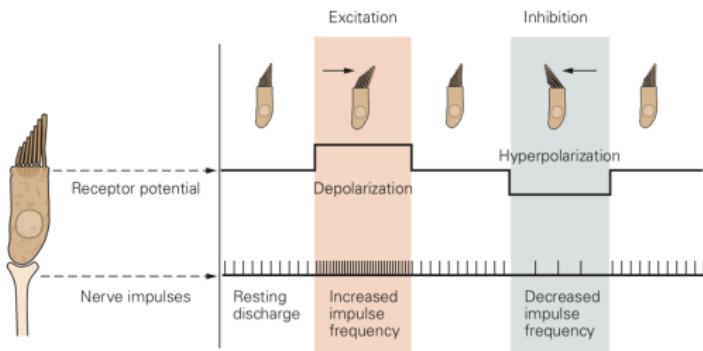
# Vestibular System

A



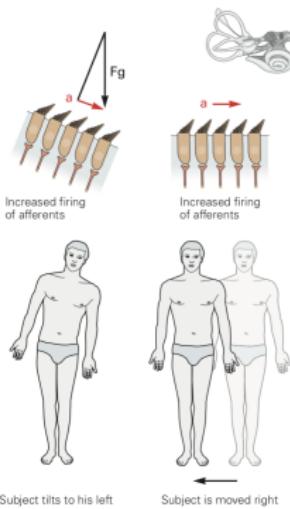
1. Otolith Organs - linear motion
2. Semicircular Canals - rotational motion
  - a. orthogonality, gyroscopes, gimbal

# Otolith and Semicircular Canal Hair cells



1. No motion - still release of neurotransmitters (resting DR)
2. Gelatinous mixture
3. Mechanoreceptors ( $\Delta$  DR important)
  - a. Bending short stereocilla opens ion channels
  - b. Bending long stereocilla closes ion channels
4. Cranial nerve VIII (vestibulocochlear nerve)

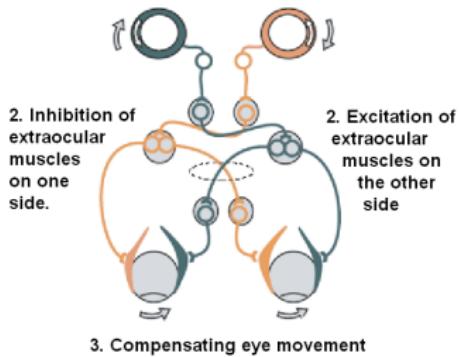
# Why Both Linear and Rotational Sensors?



**Figure 40-7** Vestibular inputs signalling body posture and motion can be ambiguous. The postural system cannot distinguish between tilt and linear acceleration of the body based on otolith inputs alone. The same shearing force acting on vestibular hair cells can result from tilting of the head (left), which exposes the hair cells to a portion of the acceleration ( $a$ ) owing to gravity ( $F_g$ ), or from horizontal linear acceleration of the body (right).

# Vestibular Reflexes

## 1. Detection of rotation



1. Vestibulo-ocular reflexes - stabilize images on the retina
2. Vestibulo-spinal reflexes - maintain balance

# Example of Vestibular Ocular Reflex

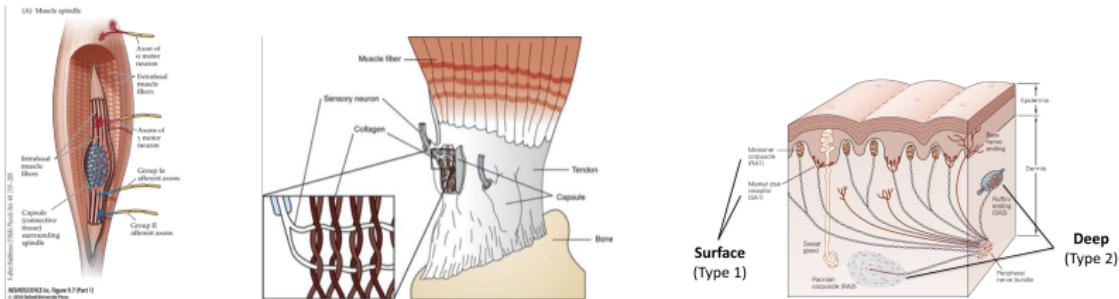
<https://www.youtube.com/watch?v=LEGZ7hGaMNI>

# Vestibular Disruption





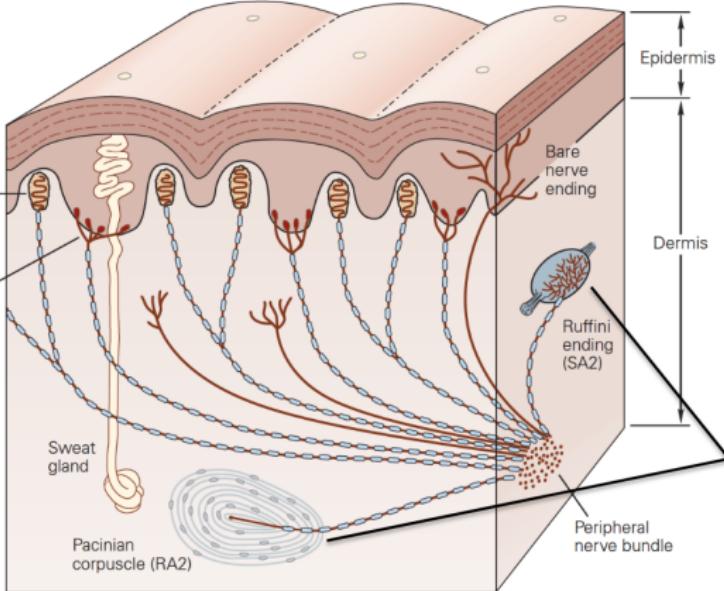
# Somatosensory System



Type	Axon	Receptor	Sensitive to
Ia	12–20 $\mu\text{m}$ myelinated	Primary spindle ending	Muscle length and rate of change of length
Ib	12–20 $\mu\text{m}$ myelinated	Golgi tendon organ	Muscle tension
II	6–12 $\mu\text{m}$ myelinated	Secondary spindle ending	Muscle length (little rate sensitivity)
II	6–12 $\mu\text{m}$ myelinated	Nonspindle endings	Deep pressure
III	2–6 $\mu\text{m}$ myelinated	Free nerve endings	Pain, chemical stimuli, and temperature (important for physiological responses to exercise)
IV	0.5–2 $\mu\text{m}$ nonmyelinated	Free nerve endings	Pain, chemical stimuli, and temperature

# Cutaneous System

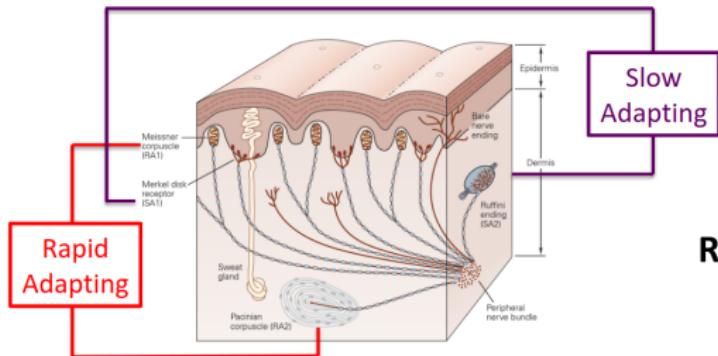
**Surface**  
**(Type 1)**



**Deep**  
**(Type 2)**

- . mechanoreceptors (skin deformation and motion)
- . pain, itch

# Shallow and Deep Receptors



Rapid  
Adapting

Slow  
Adapting

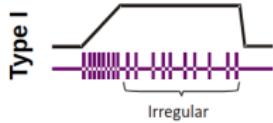
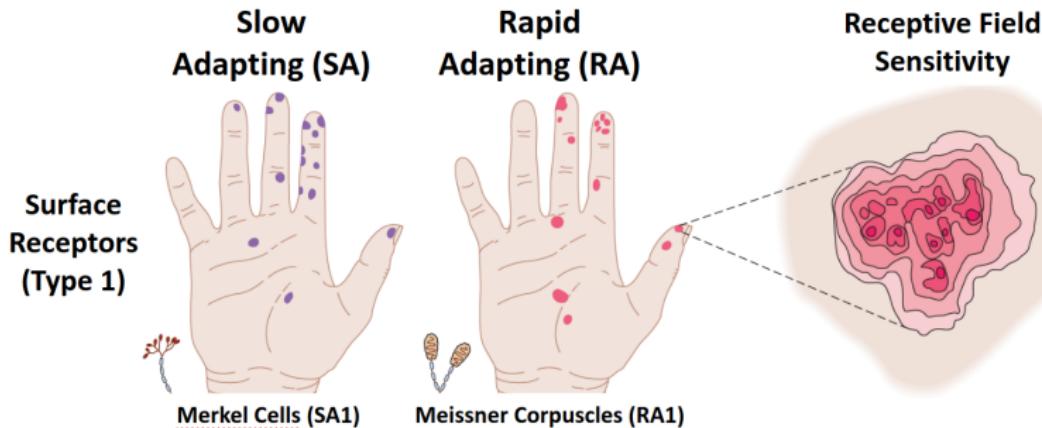
## Summary of Receptor Properties

### Adapting Rate

	Slow	Rapid
Vibration frequency	Merkel receptors (SA1)	Meissner receptors (RA1)
Low	Ruffini (SA2)	Pacinian corpuscle (RA2)

- . rapid = transient changes in force
- . slow = force magnitude

# Surface — Slow and Rapid Adapting



- fingertip forces
- fine forms
- edge contours
- texture

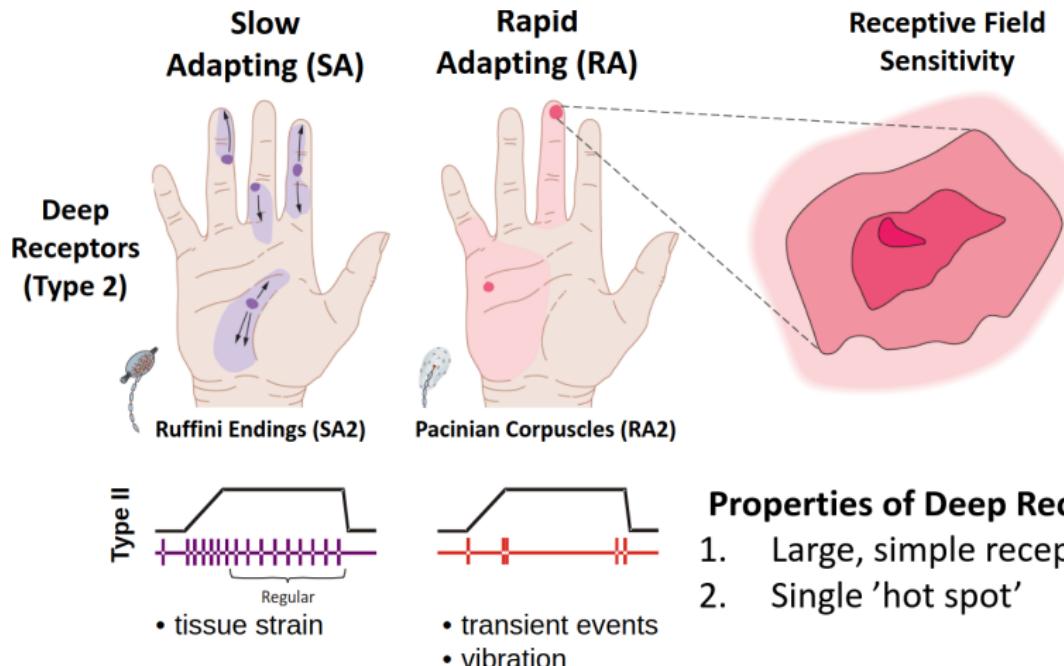


- $\Delta$  fingertip forces
- fine forms
- moving stimuli
- friction

## Properties of Surface Receptors

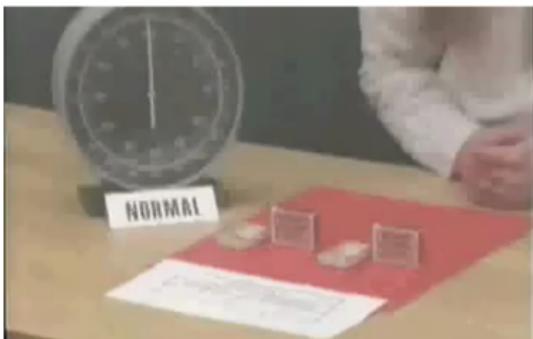
1. Small, complex receptive field
2. Multiple 'hot spots'

# Deep — Slow and Rapid Adapting



# Critical for Function

Normal Sensibility, Full Vision



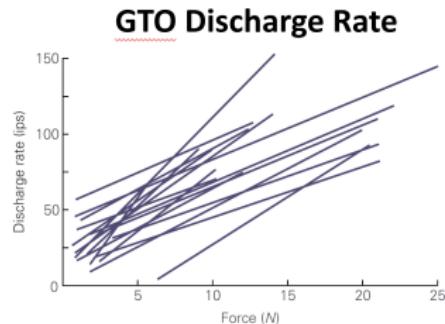
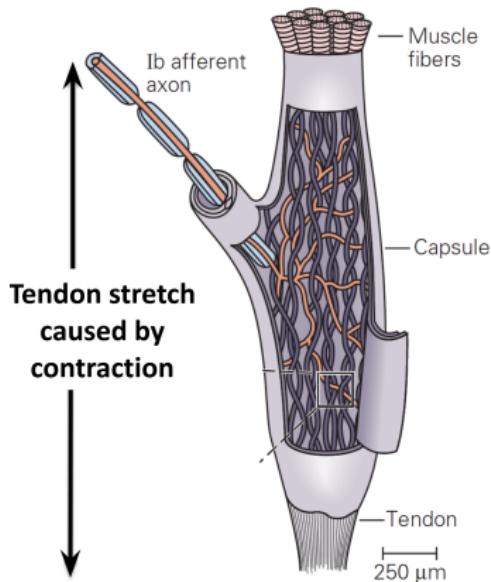
Normal hand function

Fingertip Anesthesia, Full Vision



Difficulty with object manipulation

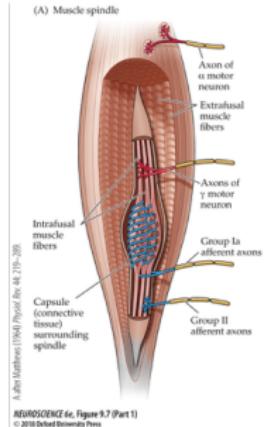
# Golgi Tendon Organs



**GTO discharge is directly proportional to the force of muscle contraction.**

Ib sensory fibers = **sense force**

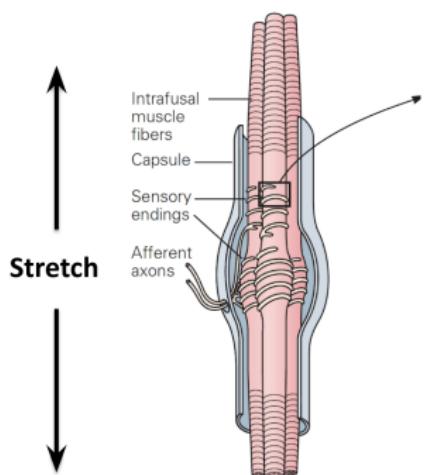
# Muscle Spindle



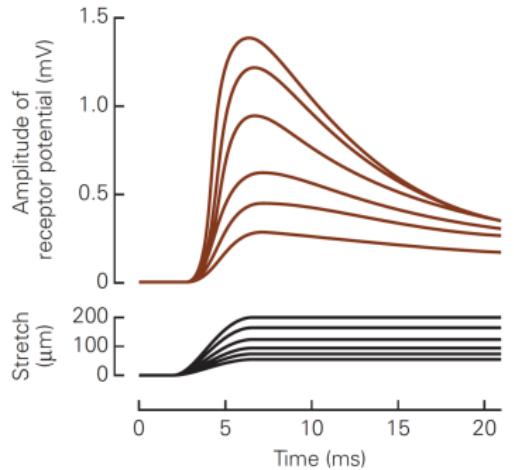
1. Ia sensory fibers = **muscle fiber length and velocity**
2. II sensory fibers = **muscle fiber length**
3.  $\alpha$  motor neurons activate extrafusal fibers = contraction
4.  $\gamma$  motor neurons keep intrafusal fibers taut / regulated by CNS (cortex) to increase spindle sensitivity

# Muscle Spindle

## Muscle Spindles



## Receptor potential in sensory nerve

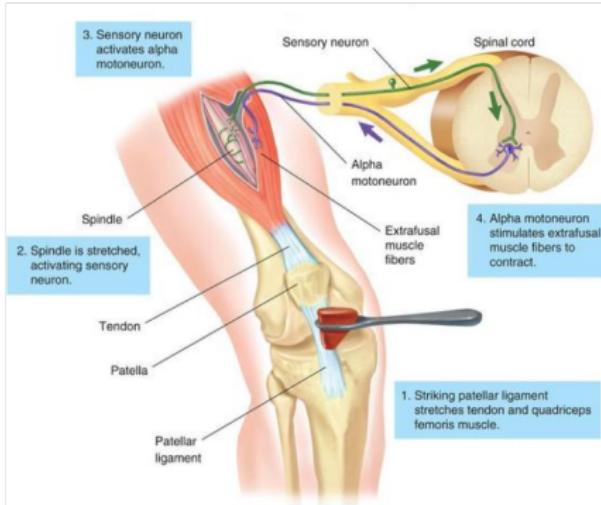


# Stretch Reflex



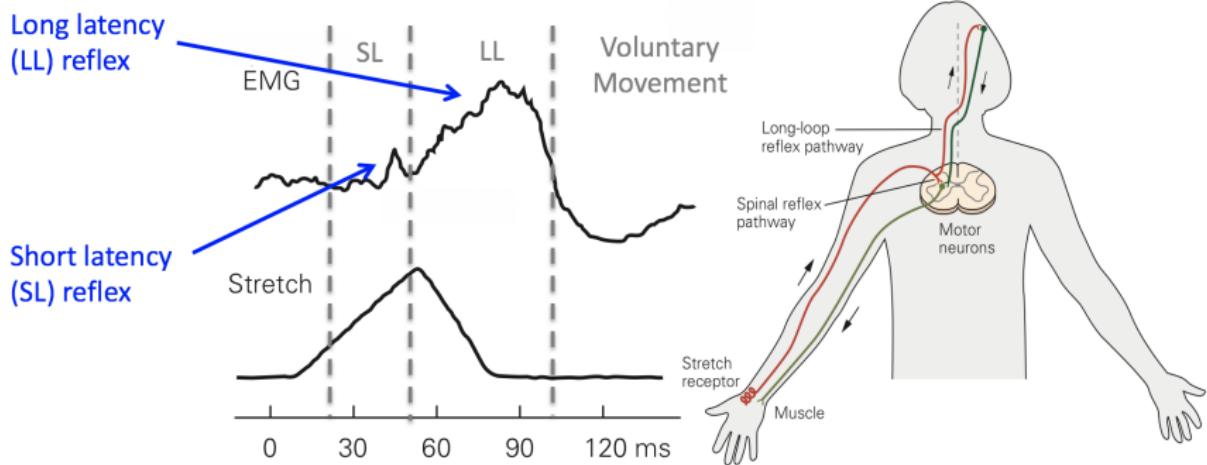
1. tendon tap
2. resists muscle lengthening (protective)
3. monosynaptic spinal reflex (fast - 20-50ms)

# Stretch Reflex



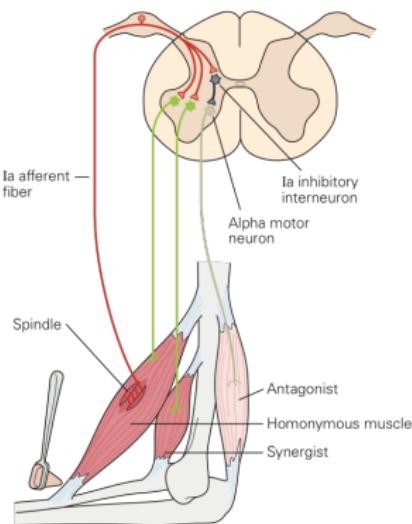
1. stretch muscle
2. spindles (Ia) fire travel up dorsal root (back)
3. synapse / excite  $\alpha$  motor neuron
4.  $\alpha$  motor neuron travels down ventral root (front)
5. stretched muscle contracts
6. kicking motion

# Stretch Reflex



# Reciprocal Inhibition

B Monosynaptic pathways (stretch reflex)



1. stretch muscle
2. spindles (Ia) fire travel up dorsal root
3. synapse / excite **inhibitory interneuron**
4. **inhibits antagonist**  $\alpha$  motor neuron
5. antagonist muscle relaxes
6. does not resist kicking motion

# Protective Mechanisms

1. How would the stretch (short-latency) response of protect the muscle-tendon unit from getting damaged by very rapid stretching? (Hint: think about how a muscle contraction can change the length of a muscle)

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1. How would the stretch (short-latency) response of protect the muscle-tendon unit from getting damaged by very rapid stretching? (Hint: think about how a muscle contraction can change the length of a muscle)
2. How does reciprocal inhibition aid the short-latency (stretch) reflex in protecting from rapid stretching of the agonist?

# Proprioceptive Models

## Golgi Tendon Organ Model

*J Neurophysiol* 96: 1789–1802, 2006.  
First published May 3, 2006; doi:10.1152/jn.00869.2005.

Mathematical Models of Proprioceptors. II. Structure and Function of the  
Golgi Tendon Organ

Milana P. Mileusnic and Gerald E. Loeb

Department of Biomedical Engineering, Alfred E. Mann Institute for Biomedical Engineering, University of Southern California,  
Los Angeles, California

## Muscle Spindle Model

*J Neurophysiol* 96: 1772–1788, 2006.  
First published May 3, 2006; doi:10.1152/jn.00868.2005.

Mathematical Models of Proprioceptors. I. Control and Transduction in the  
Muscle Spindle

Milana P. Mileusnic,<sup>1</sup> Ian E. Brown,<sup>2</sup> Ning Lan,<sup>2</sup> and Gerald E. Loeb<sup>1</sup>

<sup>1</sup>Department of Biomedical Engineering, Alfred E. Mann Institute for Biomedical Engineering and <sup>2</sup>Department of Biokinesiology and  
Physical Therapy, University of Southern California, Los Angeles, California; and <sup>2</sup>Center for Neuroscience Studies, Queen's University,  
Kingston, Ontario, Canada

## Muscle Spindle and Muscle Mechanics Model

Diverse and complex muscle spindle  
afferent firing properties emerge from  
multiscale muscle mechanics



Kyle P Blum , Kenneth S Campbell, Brian C Horslen, Paul Nardelli, Stephen N Housley, Timothy C  
Cope, Lena H Ting

# What is the muscle-tendon length?

For example, during a concentric (shortening) contraction:

1. muscle fibers shorten (spindles)
2. tendons lengthen (GTOs)
3. combining information from both can give an estimate of muscle-tendon length (and joint position)

*J Neurophysiol* 109: 1126–1139, 2013.  
First published October 24, 2012; doi:10.1152/jn.00751.2012.

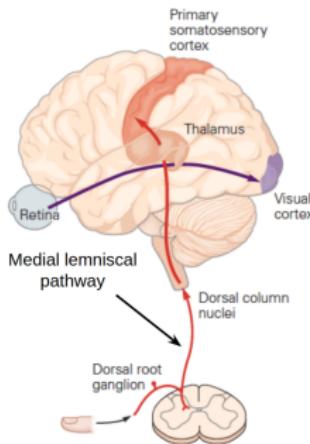
Control of position and movement is simplified by combined muscle spindle and Golgi tendon organ feedback

Dinant A. Kistemaker,<sup>1,2</sup> Arthur J. Knock Van Soest,<sup>2</sup> Jeremy D. Wong,<sup>1</sup> Isaac Kurtzer,<sup>3</sup> and Paul L. Gribble<sup>1</sup>

<sup>1</sup>The University of Western Ontario, London, Ontario, Canada; <sup>2</sup>Research Institute MOVE, Faculty of Human Movement Sciences Vrije University, Amsterdam, The Netherlands; and <sup>3</sup>Department of Neuroscience and Histology, New York College of Osteopathic Medicine, New York, New York



# Somatosensory Signals — Spinal Cord



1. Individual afferent neurons travel in bundles (peripheral nerves) to the spinal cord
2. Medial lemniscal pathway (spinal cord) consists of large diameter fibers that carry touch and proprioception information
3. Spinal cord information sent to the brain (Neural Basis lecture)

# Somatosensory Deafferentation

## Patient GL



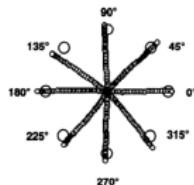
1. Deafferentation - somatosensory inputs to the spinal cord no longer function or have been severed
2. Patient GL - neuropathy (no cutaneous or proprioception)

# Somatosensory Deafferentation

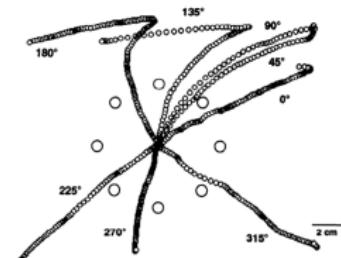
## Patient GL



Control MFG



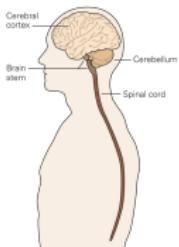
Patient GL



Gordon J et al. (1995) J Neurophysiol

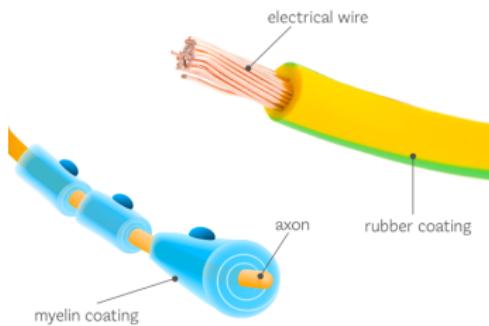
1. Deafferentation - somatosensory inputs to the spinal cord no longer function or have been severed
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# Hierarchy of Control



1. Cerebral Cortex - select, plan, execute goal-directed movement (highly adaptable)
2. Cortical-Spinal reflexes: contain both simple reflexes and goal-directed actions (moderate adaptation)
3. Spinal reflexes: simple reflexes (little or no adaptation)

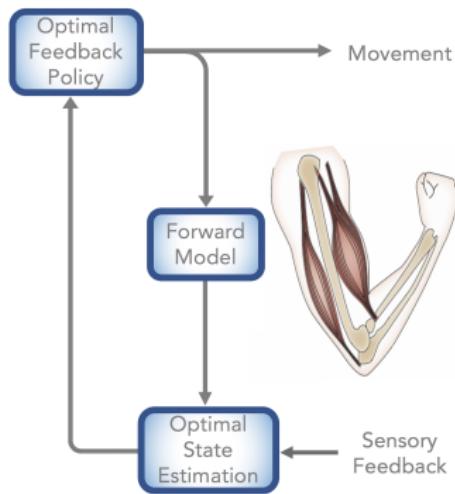
# Importance of Spinal Reflexes



1. nerves are relatively slow
2. time delays bad for control
3. reflexes mitigate time delays and correct errors

# Voluntary Control

## Optimal Feedback Control



Multiple Sensory Modalities Critical for Correcting Movement  
Errors and Generating Successful Actions