



NERVOUS SYSTEM

ANATOMY

Advanced Care Paramedicine

Module: 05

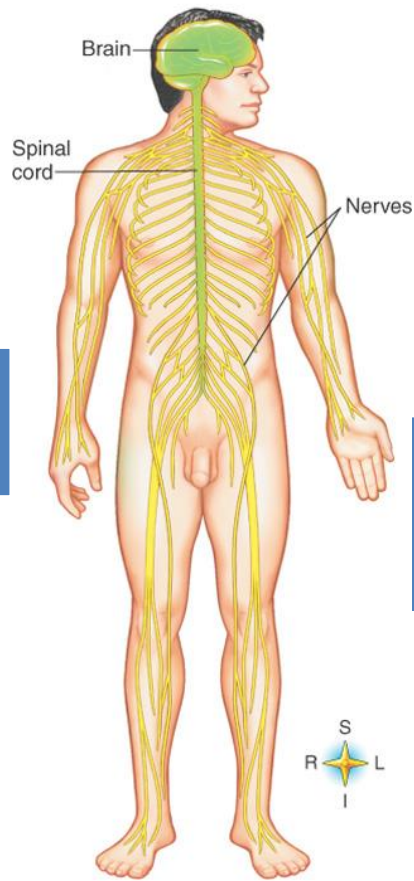
Section: 01

- Is the major controlling, regulatory and communicating system
- Works with the endocrine system to regulate and maintain homeostasis
- Maintains and internal and external check of the environment
- Consists of:
 - The brain
 - The spinal cord
 - The nerves
 - The ganglia

- Sensory
 - Detect changes (internal/external)
- Integration
 - Decisions made upon the signals received from the body
- Motor
 - A response to the sensory input and integration
 - Causes muscles and glands (effectors) to respond

Central Nervous System (CNS)

Peripheral Nervous System (PNS)



Central Nervous System (CNS)

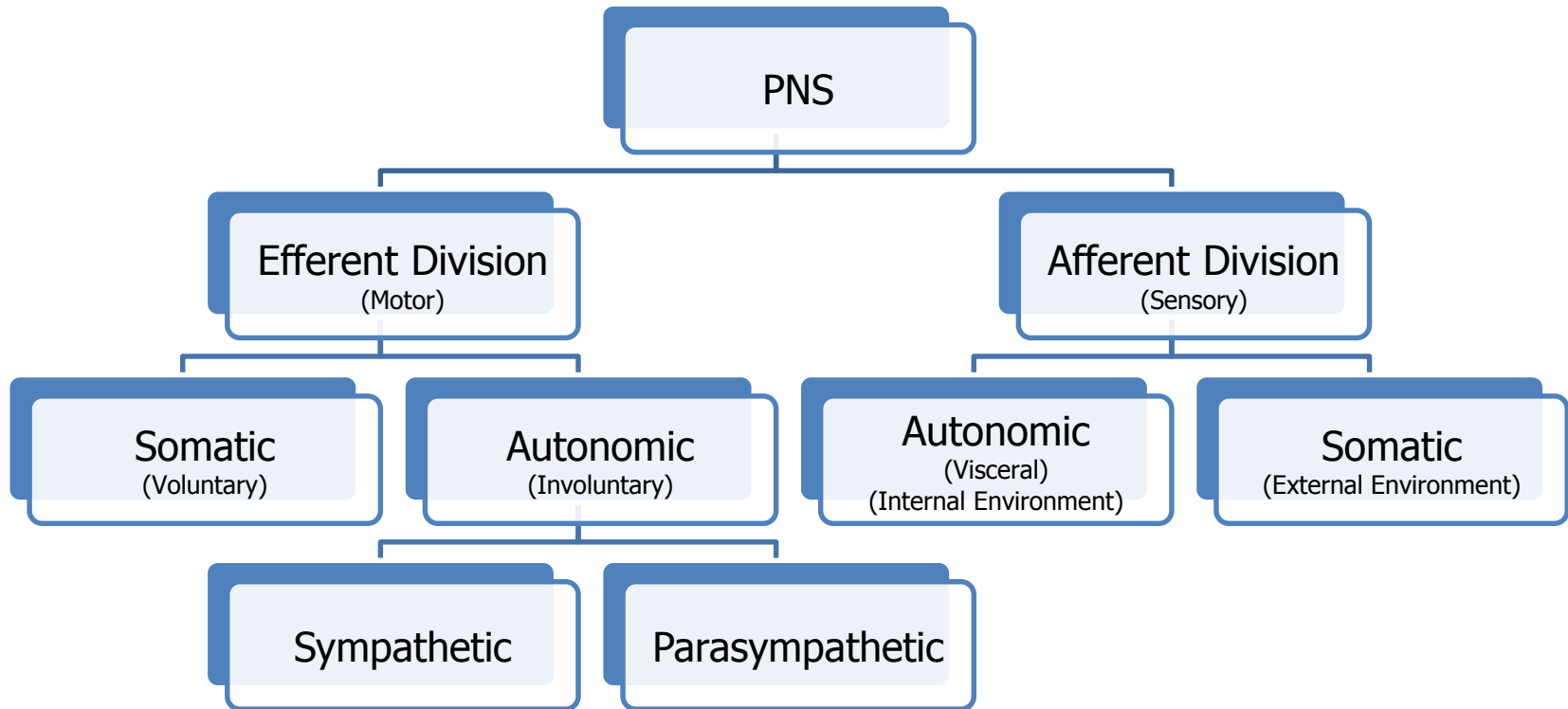
Brain

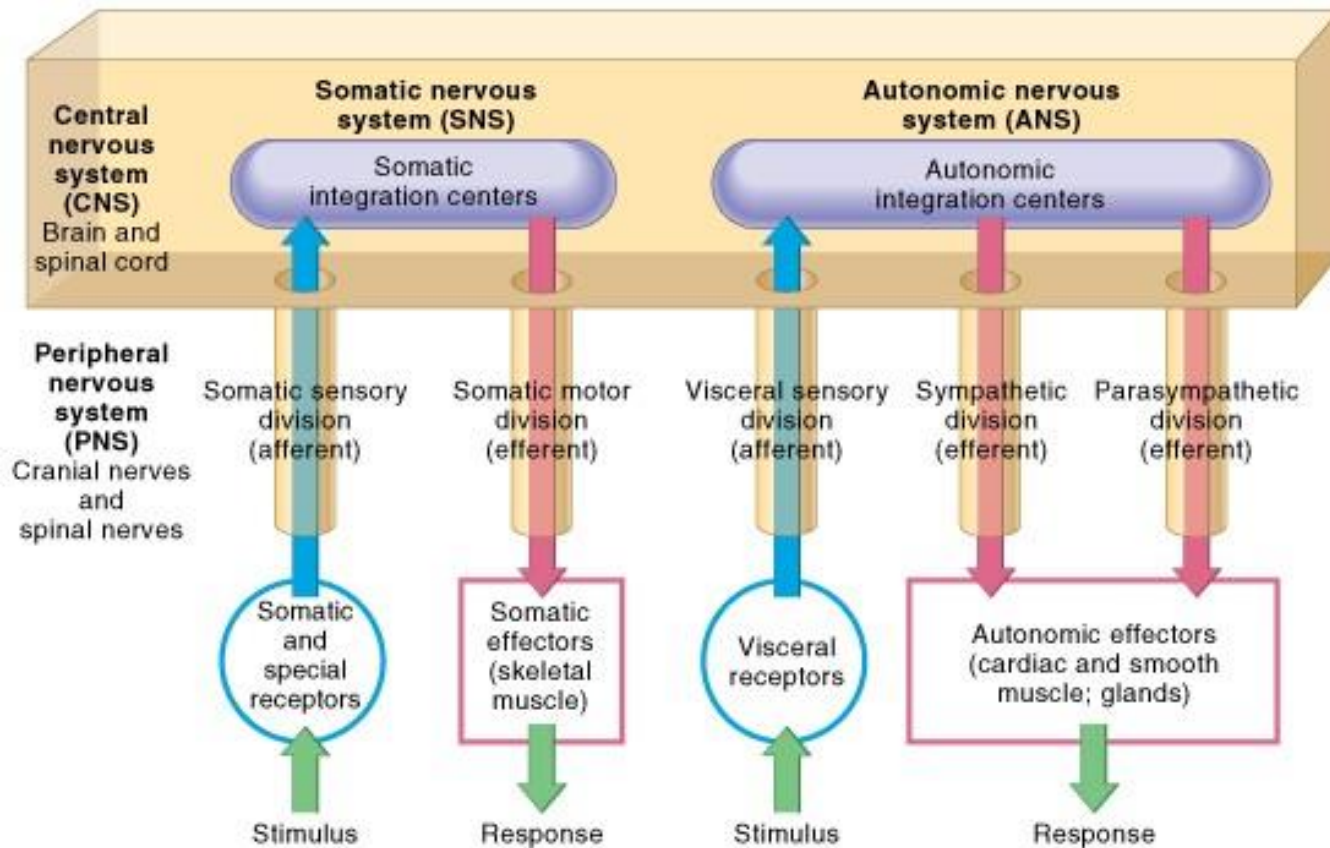
Spinal Cord

Peripheral Nervous System (PNS)

Ganglia

Nerves





- Somatic nervous system (SNS)
- Autonomic nervous system (ANS)

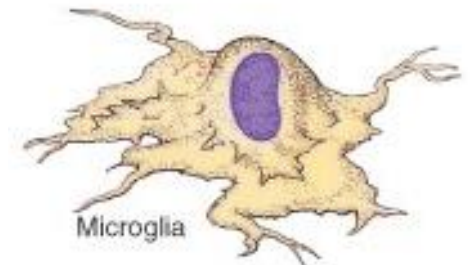
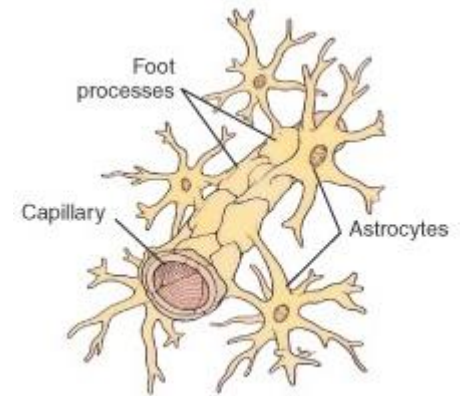
- Two primary types of cells
 - Neurons
 - Conducting cells
 - Structural unit of the nervous system
 - Glia
 - Non-conductive
 - Give support to the neurons

- 900 billion in number
 - approx 90 % of brain cells
- The “ glue ” of the brain
- Mitotic
 - Replicate throughout life
- Susceptible to cancers
- 6 basic types

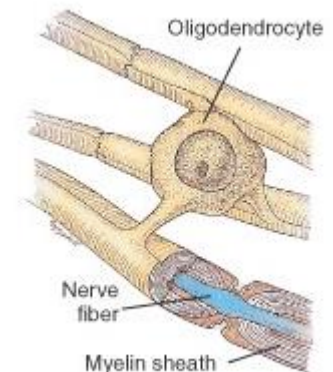
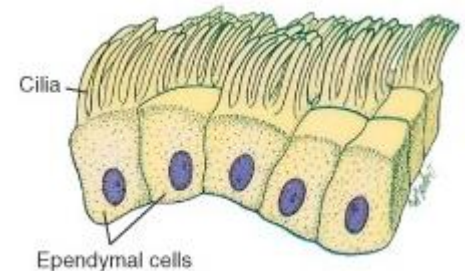
- 6 types
 - CNS
 - Astrocytes
 - Microglia
 - Ependymal
 - Oligodendrocytes (Oligodendroglia)
 - PNS
 - Schwann cells
 - Satellite cells

- Astrocytes
 - Star shaped
 - Found in CNS only
 - Transforms glucose into lactic acid
 - Help form blood brain barrier

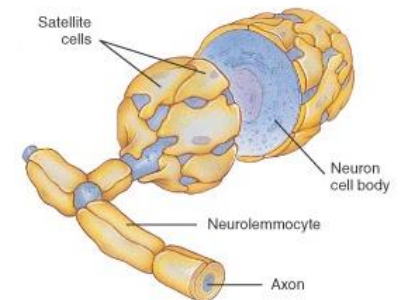
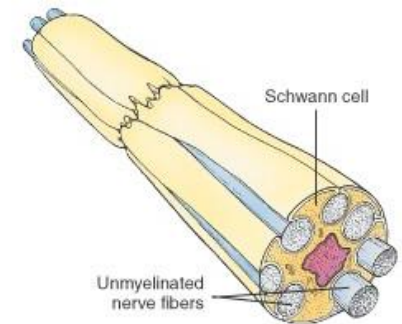
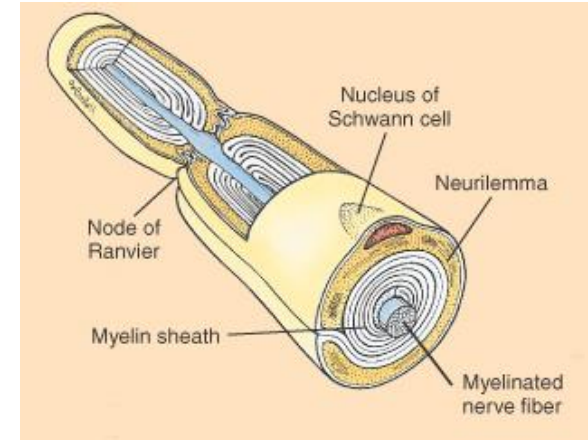
- Microglia
 - Responsible for phagocytosis in inflamed or degenerative tissue of the CNS

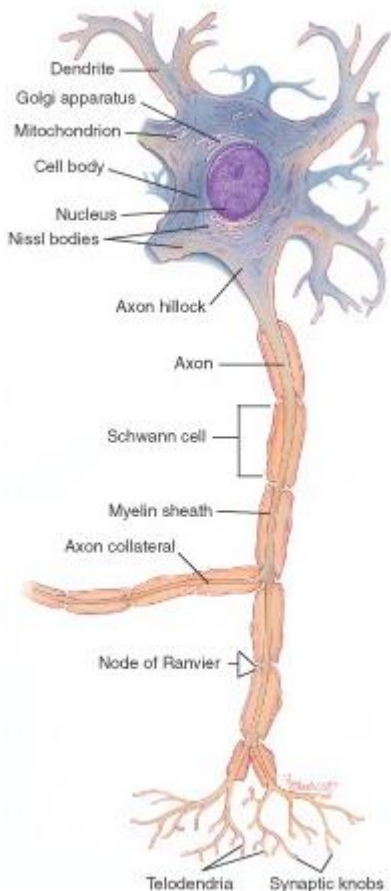


- Ependymal cells
 - Line the ventricles of the brain and central canal of spinal cord
 - Produce and circulate the fluids within these cavities
- Oligodendrocytes
 - Hold neurons together
 - Involved in myelin sheath formation

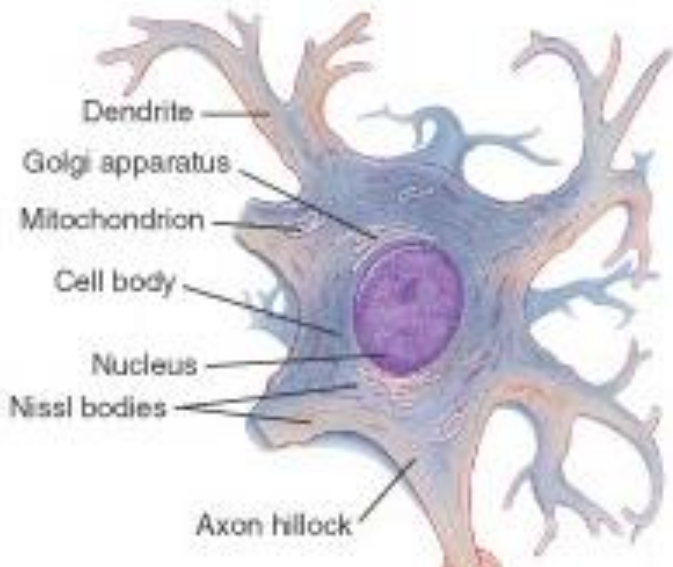


- Schwann cells
 - Found in peripheral nervous system
 - Bundle nerve cells together
 - As it wraps around a nerve fiber
 - Nucleus and cytoplasm are squeezed to the perimeter to form outer portion of myelin sheath (Neurilemma)
 - Myelinated fibers (white fibers)
 - Encased by Schwann Cell
 - Unmyelinated fibers (gray fibers)
 - Held together by Schwann Cell
- Satellite cells
 - found in ganglia
 - provide physical support for neurons





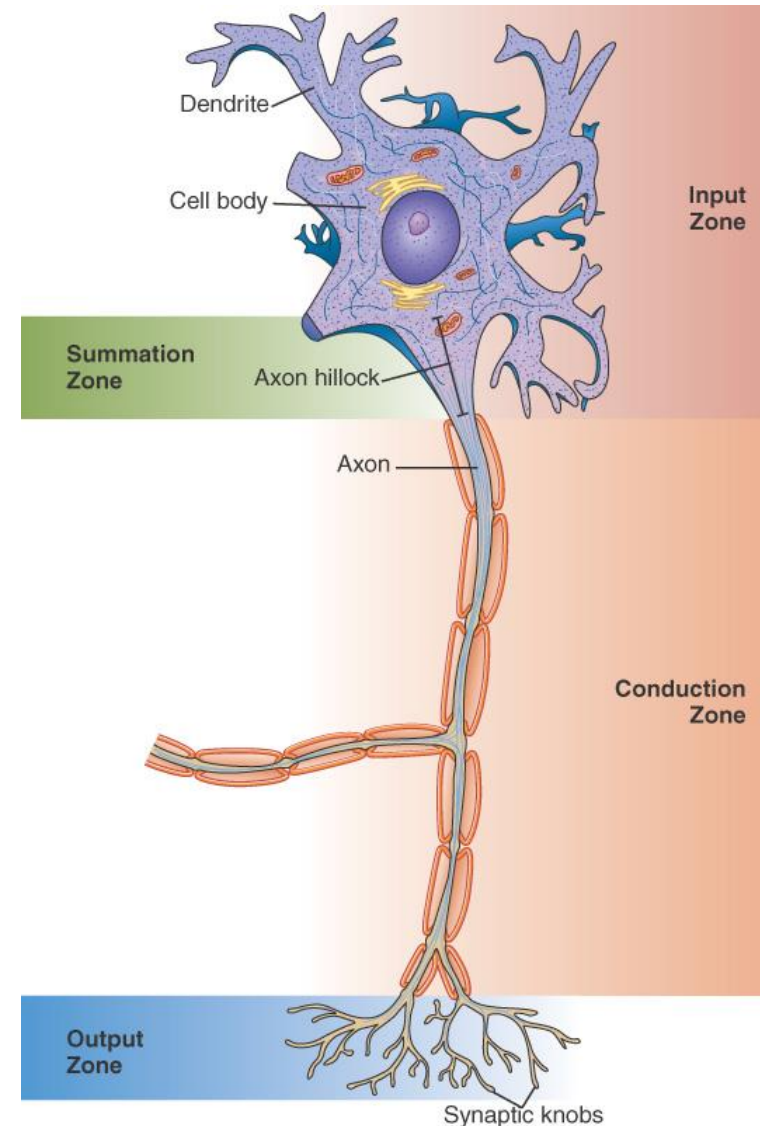
- Approximately 100 billion
 - 10% of brain cells
- Bundled fibers surrounded by connective tissues
- Conduct impulses to and from CNS
- The most complex tissues in the body due to their role in communication
 - Integrate various activities and coordinate bodily functions
- Specialized cell that is amitotic
- Each neuron has three main parts
 - Cell Body (Soma)
 - Dendrites (Afferent)
 - Axon (Efferent)
 - Axon may branch out to Axon collaterals
 - End with many short branches (telodendria)
 - The end of the telodendria are enlarged to form synaptic bulb



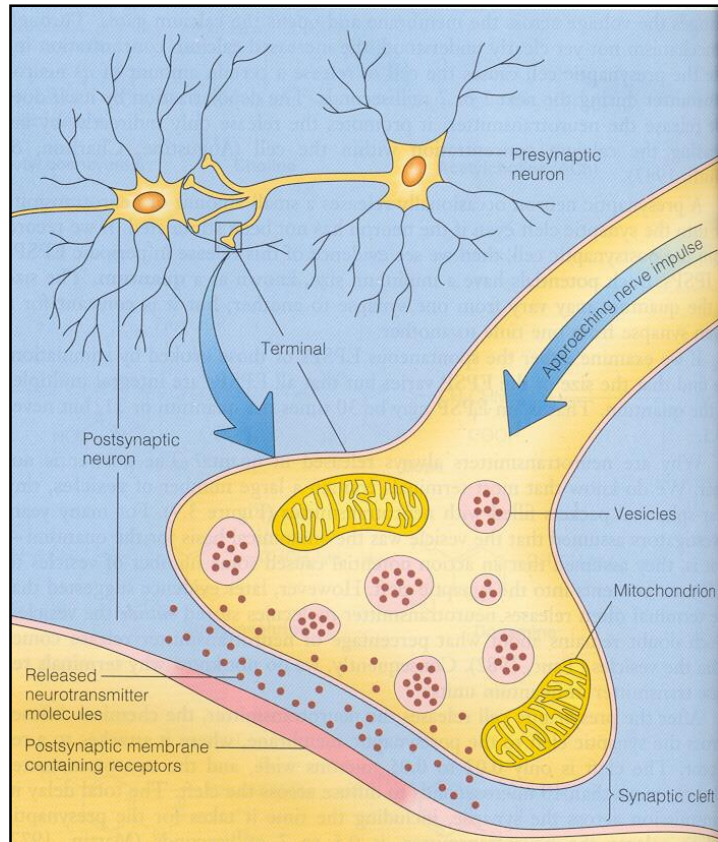
- Largest portion of the nerve cell
- Contains
 - Nucleus
 - Cytoplasm
 - Organelles (Mitochondria, GA)
- Neurofibrils (bundles of neurofilaments) extend through cytoplasm
- Nissal bodies
 - Portions of RER that provide proteins
 - for signal transmission
 - Maintaining and regenerating nerve fiber

- Extensions of neuron
- Receives impulses from other neurons or other stimulus
- Transmits impulses to neuron body

- Originate from axon hillock
- Conduct impulses away from the neuron (Size dependent)
- Axon collaterals branch off of axons

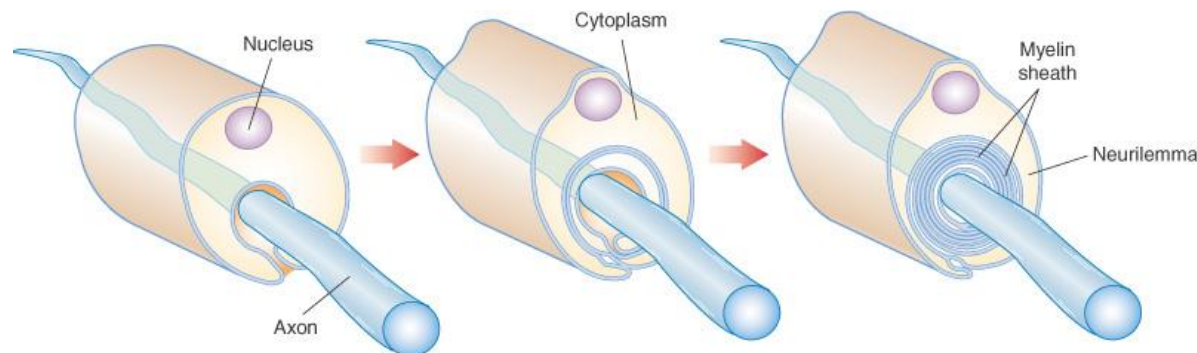


Synaptic knobs (bulbs)



- Distal terminal ends of neuron structure
- Joined to axon by telodendria
- Transmit impulses to dendrites of other neuron or target site
- Contain Synaptic Vesicles

- Lipoprotein produced by Schwann cells (PNS) or Oligodendrocytes (CNS)
- Found only on Axons
- Facilitates high speed impulse conduction to and from CNS
- Causes pigment in white matter



- Classifications

- Multipolar

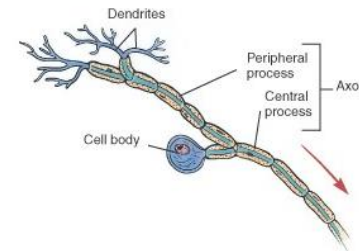
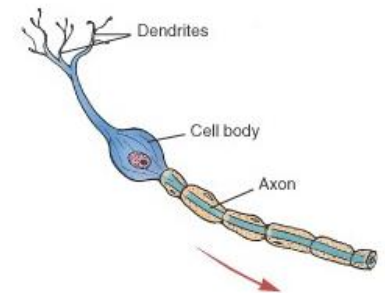
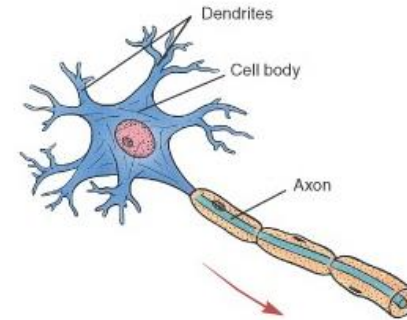
- 1 axon - several dendrites

- Bipolar

- 1 axon - 1 highly branched dendrite

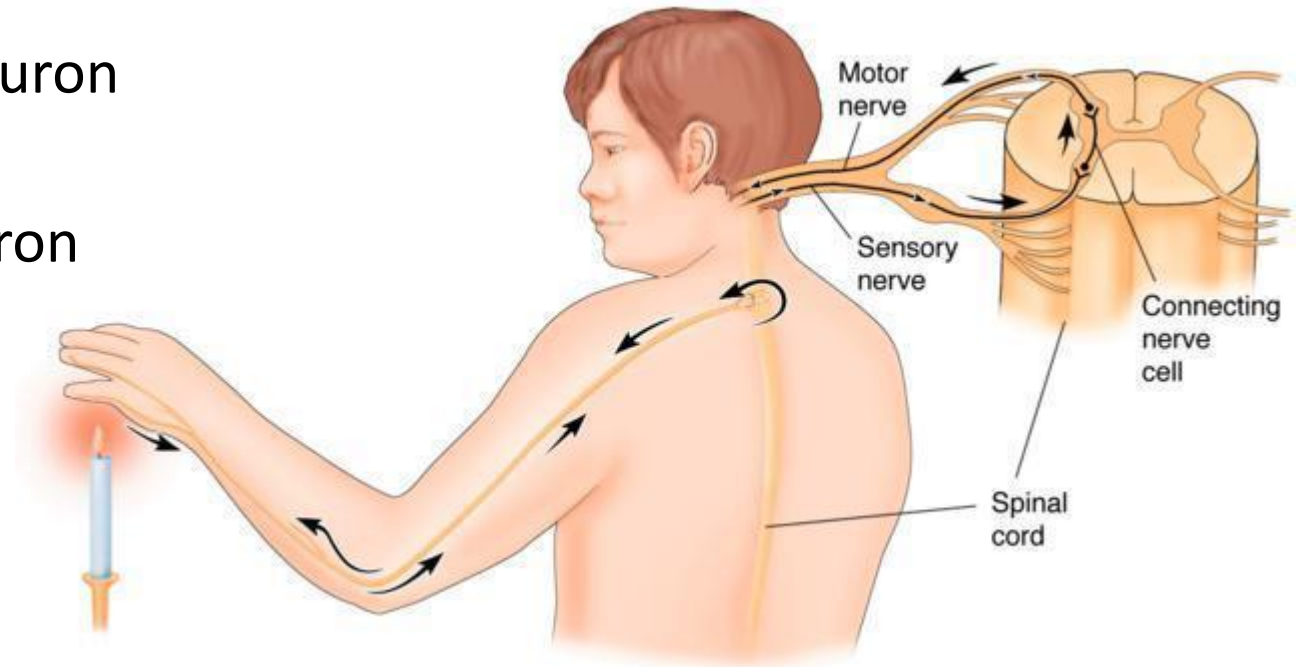
- Unipolar

- Single process extending from cell body

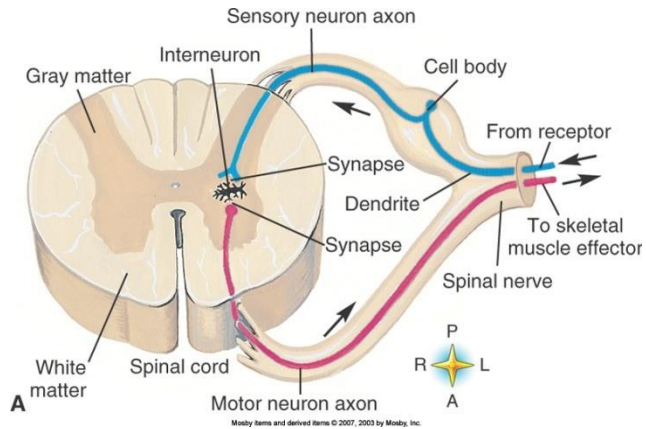


- Three types
 - Afferent (Sensory) Neurons
 - Carry impulses from PNS to CNS
 - Have long dendrites and short axons
 - Efferent (Motor) Neurons
 - Carry impulses from CNS to Effector Organs
 - Have short dendrites and long axons
 - Interneurons (association neurons)
 - Are totally in CNS
 - Connect link between efferent and afferent neurons
 - Have short dendrites and may have long/short axons

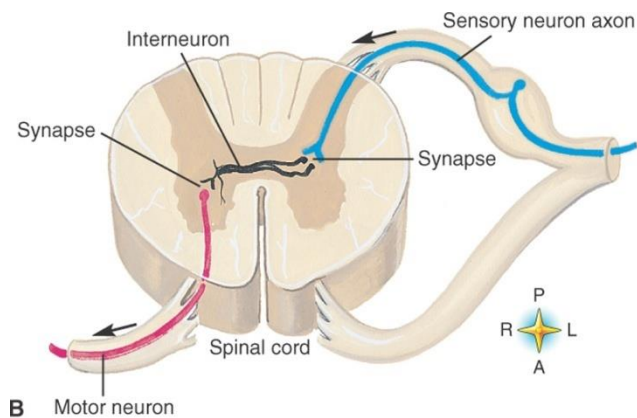
- A functional unit of the nervous system
- Involuntary response
- Contains
 - Receptor
 - Sensory Neuron
 - Center
 - Motor Neuron
 - Effector



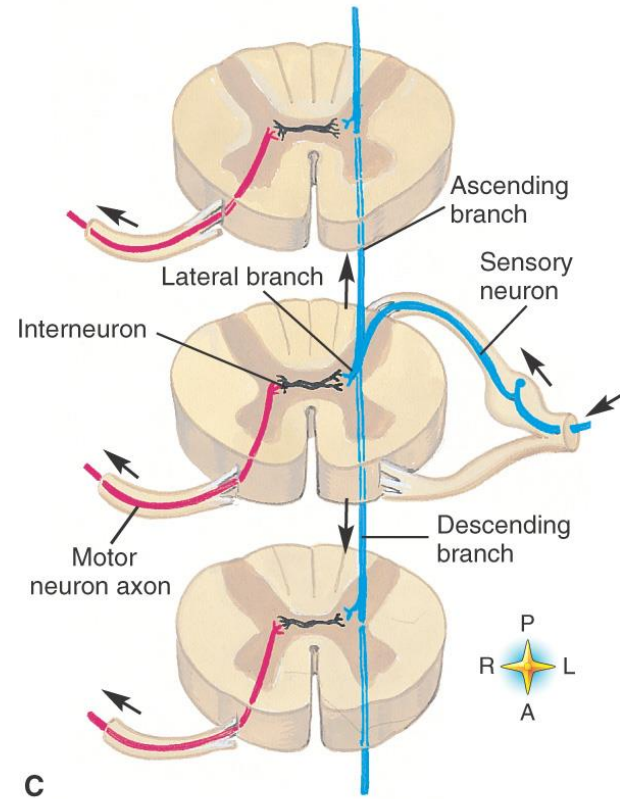
Ipsilateral



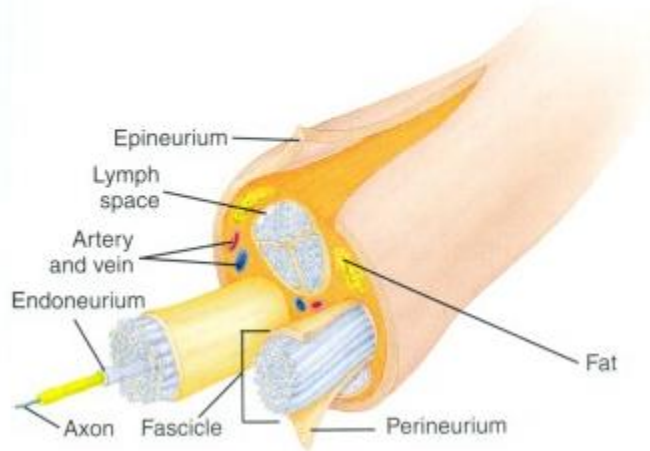
Contralateral



Intersegmental Contralateral



- Nerves
 - Bundles of peripheral nerve fibers
 - Each nerve fiber is surrounded by layer of connective tissue (endoneurium)
 - Fascicles
 - Bundles of fibers are held together by a layer of connective tissue (perineurium)
 - Numerous fascicles are collectively held together by the epineurium to form the Nerve
- Tracts
 - Name given to bundles of nerve fiber in the CNS



- White Matter

- PNS

- Myelinated nerve

- CNS

- Myelinated tract

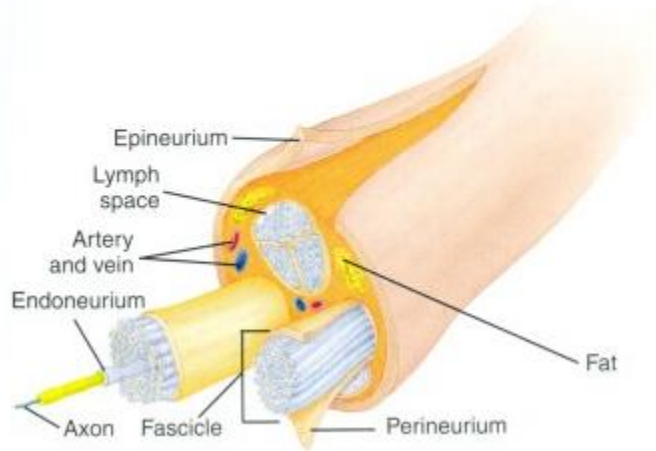
- Grey Matter (Cell bodies and unmyelinated fibers)

- PNS

- Ganglia

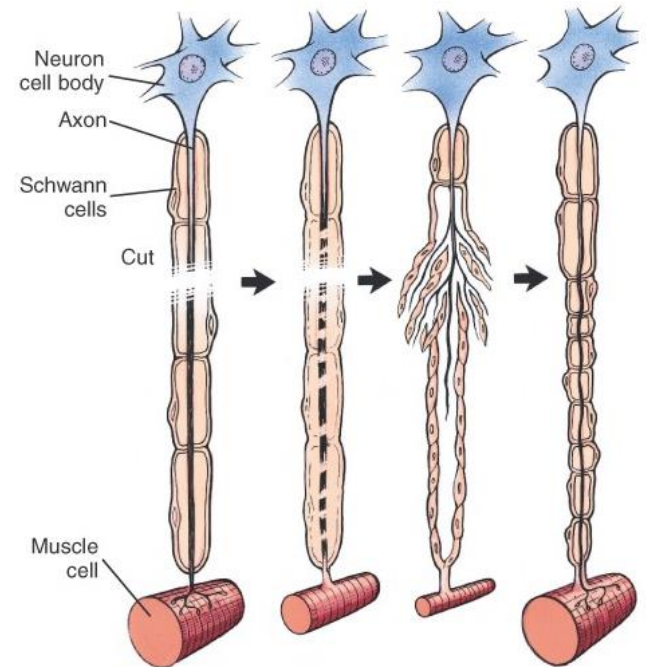
- CNS

- Nuclei

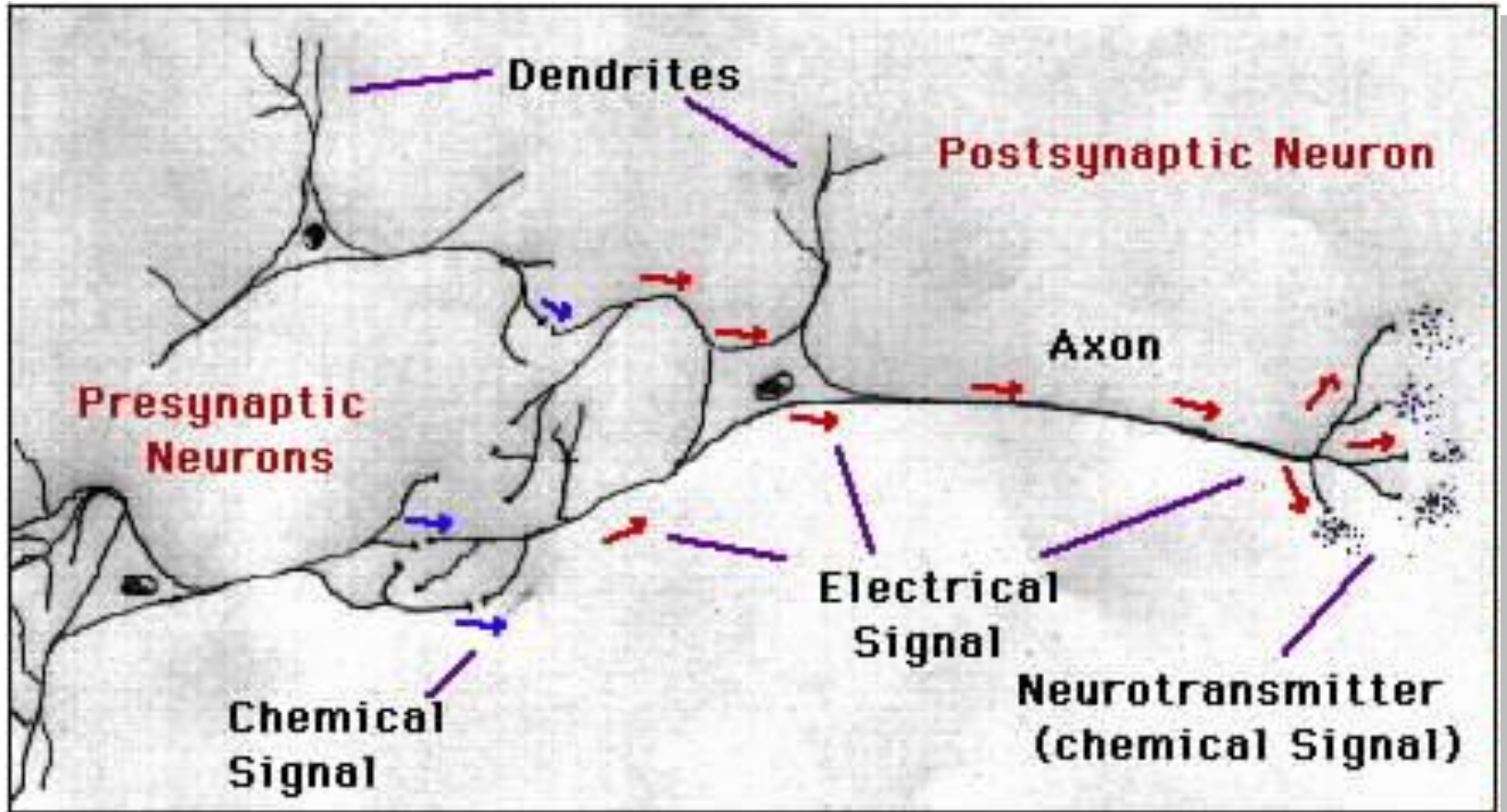


- Mature neurons are amitotic
- Healing is based on repairing existing neurons
- Neurons have limited capacity for repair
- Repair may be possible if injury is not extensive and the cell body and the neurilemma remain intact

- PNS repair
 - Distal portions of axon and myelin sheath degenerate after insult
 - Macrophages remove debris
 - Remaining neurilemma and endoneurium form a tunnel from the site of injury to the effector
 - New Schwann cells form in the tunnel
 - Nissl bodies provide proteins to extend remaining
 - When one reaches tunnel grow rate is increased (others degenerate)



- CNS repair
 - Very unlikely
 - Lack neurilemma to create tunnel
 - Astrocytes quickly fill damaged area and block regrowth

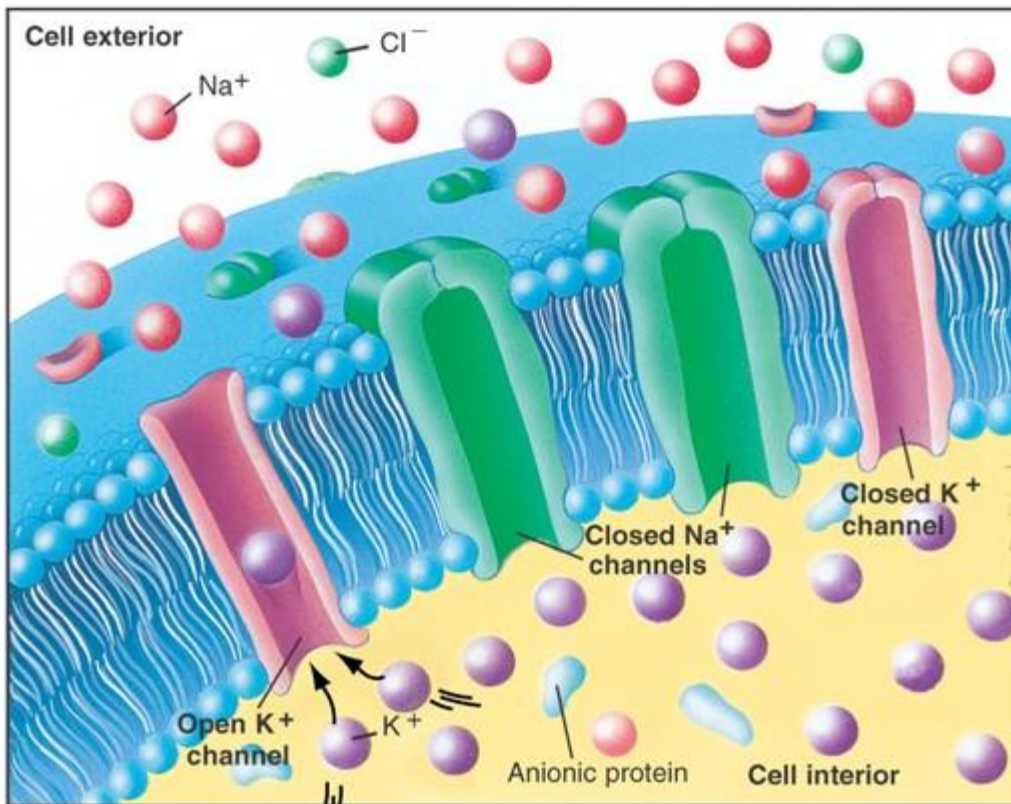


How does this occur ?

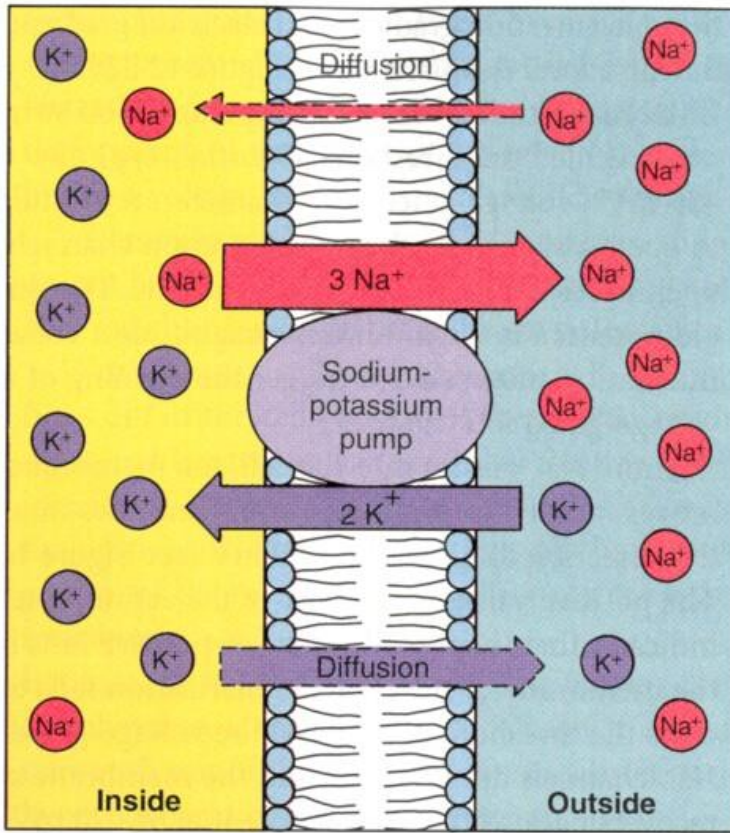
- Neurons initiate (excitability) and conduct (conductivity) nerve impulse
- A nerve impulse is a wave of energy traveling along the plasma membrane.
- This causes a change in the polarity (electrical charge) of the neuron
- Caused by an increase in the amount of Na^+ within the membrane of the cell
- Is dependent on the potential of the membrane to accept said change

- Resting membrane potential
- Threshold of excitation
- Action potential
- Depolarization
- Repolarization

- The state of inactivity during which a neuron is not conducting and impulse - resting state
- Typical RMP is - 70 mV
- This exists due to a slight imbalance in ions across the plasma membrane
- Slightly more positive outside compared to inside



- Because transport channels are gated, and thus closed, only Na⁺ and K⁺ can cross the membrane through fast channels during the resting state
- During resting state, Na⁺ channels are closed while K⁺ remain open

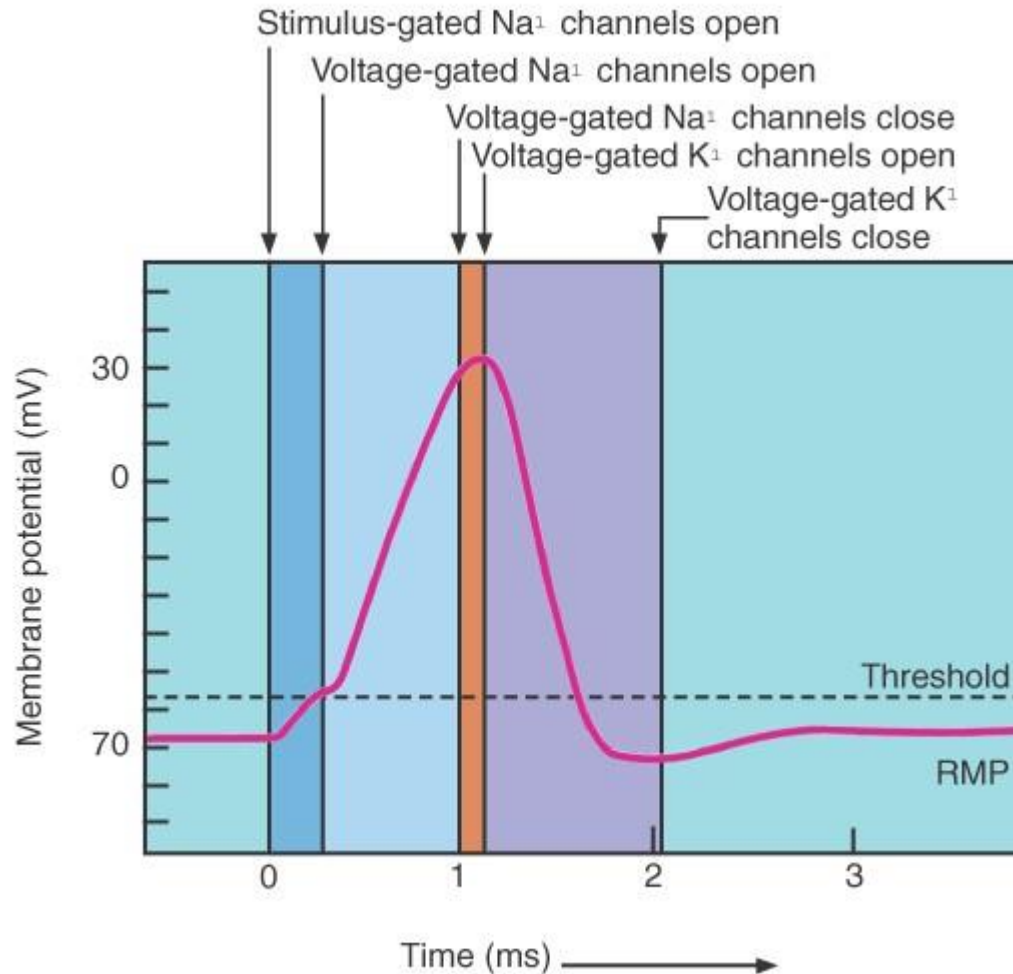


- Some K⁺ can readily diffuse while Na⁺ remains inside
- These ions move more readily during the active state through the mechanism of the sodium potassium pump
- The ratio of movement is 3 Na⁺ for every 2 K⁺

- Threshold of excitation
- Stimulus of an axon membrane decreases the negative charge inside the membrane
- Done by opening the fast sodium channels

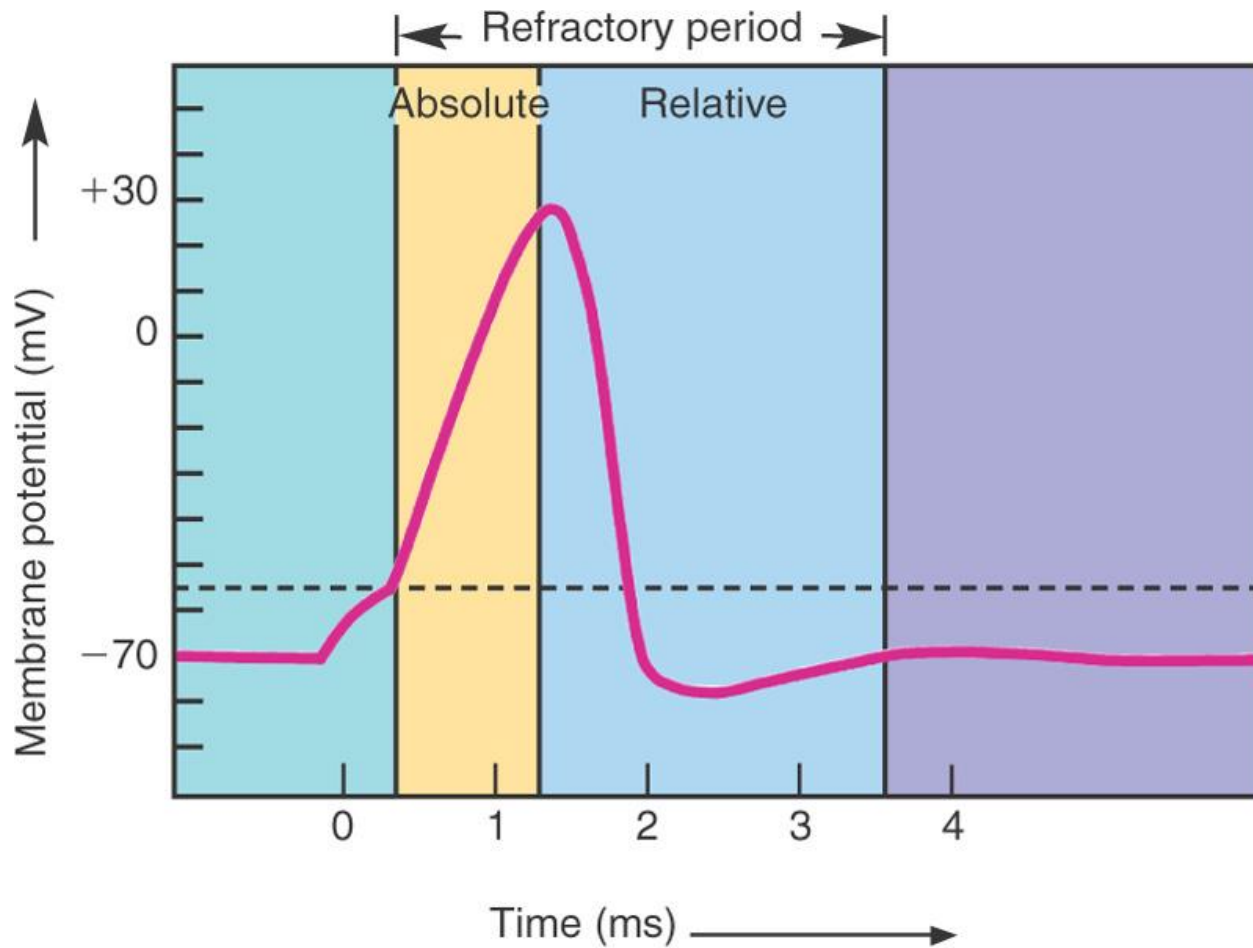
- 100 million sodium ions can enter a sodium channel in one second
- This is a sodium increase of less than one percent
- Size of sodium channel opening depends on voltage applied (voltage dependant)

- Aka “all or none response”
- The ability of a membrane to conduct an impulse, and the strength of said ability
- Occurs when the threshold of excitation has been reached / surpassed
- Causes a brief reversal of polarity across the membrane of the stimulated axon



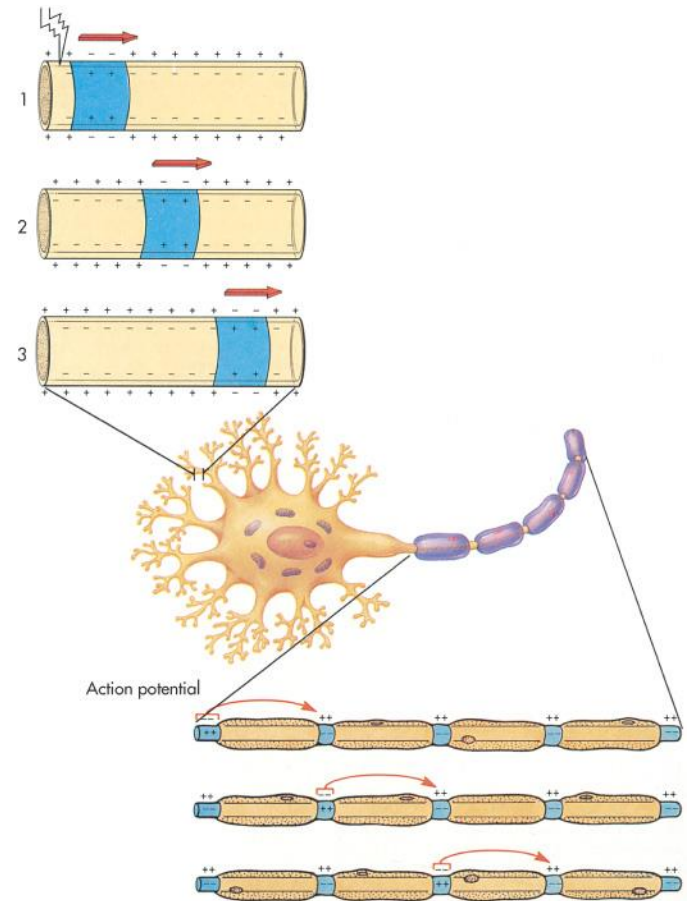
- Depends on potassium channels opening
- Potassium leaves the neuron and the cell returns to its resting state

- At peak of repolarization, Na^+ channels close and K^+ channels stay open for approx. 1 millisecond
- This prevents another action potential from being triggered

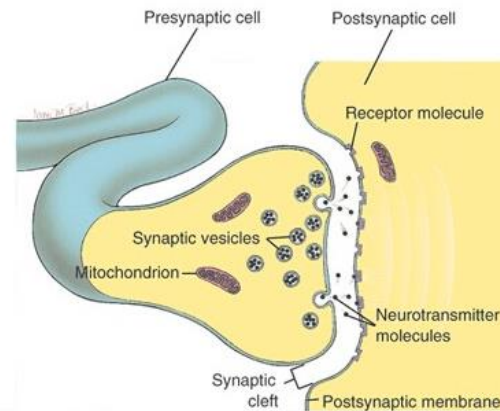
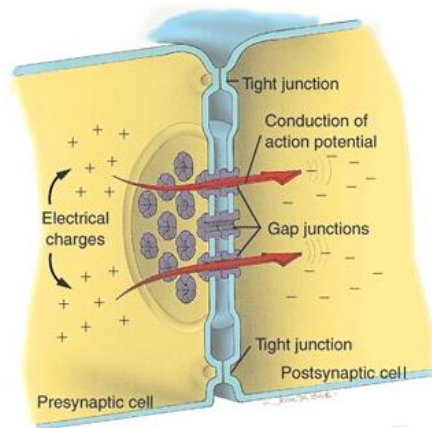


- Local anesthetics
 - attach to Na^+ channels and prevent Na^+ from entering the cell, blocking neuronal stimulation
- General anesthetics
 - open K^+ channels and cause hyperpolarization, thus preventing neuronal discharge
- The result is the blockage of neuronal impulses and no pain

- Propagated Action Potential
 - Occurs on unmyelinated fibers
 - Stimulus causes action potential which continues down the length of the fiber
- Saltatory Conduction
 - Occurs on myelinated fibers
 - Myelin insulates fiber so no conduction takes place
 - Impulse “jumps” node to node
 - Is faster than propagation

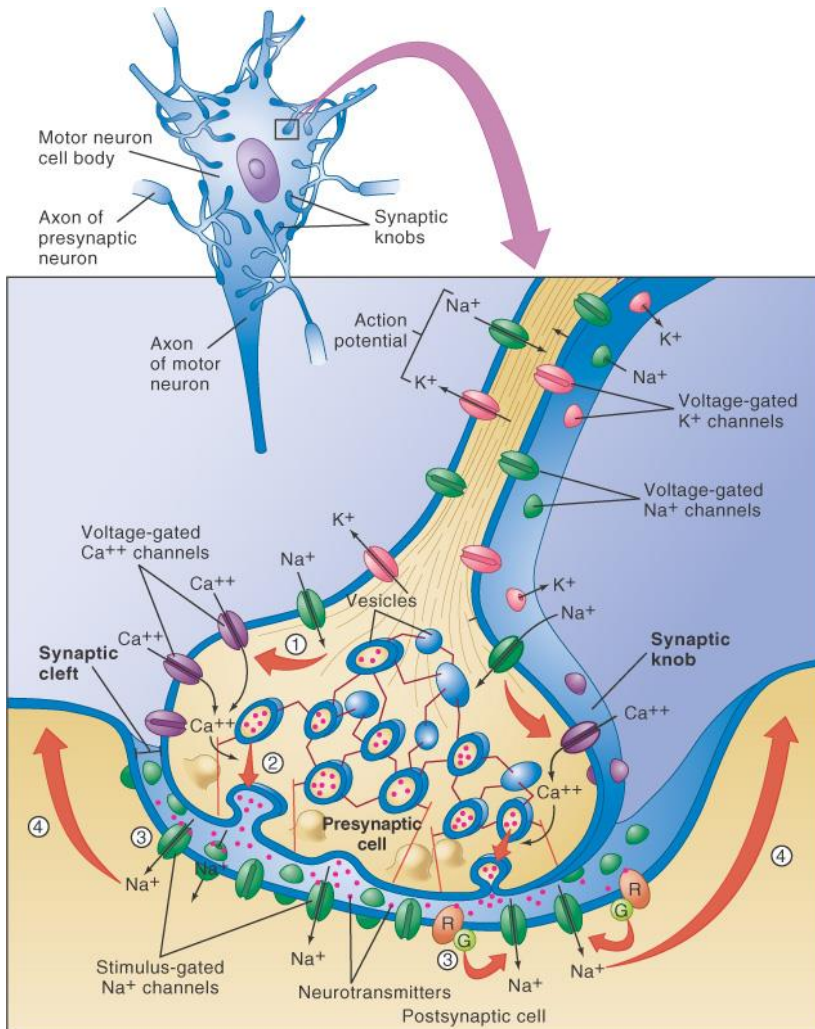


- Two types
 - Chemical
 - Use neurotransmitters
 - Electrical
 - Found in cardiac and some muscle



- Synapse has three parts
 - Synaptic bulb
 - Contains synaptic vesicles which release neurotransmitters
 - Synaptic cleft
 - Postsynaptic membrane
- First neuron is presynaptic neuron
- Second neuron is postsynaptic neuron

Conduction at the Synapse



- Impulse reaches synaptic bulb and is stopped and opens Ca^{++} Channels to open
- Influx of Ca^{++} triggers vesicles to move to the membrane
- Causes release of NTM into synaptic cleft
- They react with receptor sites on postsynaptic membrane and cause ion channels to open causing a postsynaptic potential
- Impulse continues on
- NTM quickly inactivated by enzymes

- Excitatory transmission
 - Na⁺ and K⁺ channels are opened
 - Excitatory Postsynaptic Potential (EPSP)
 - NTM excites next neuron to continue impulse (ACh)
- Inhibitory transmission
 - Causes the fiber to allow K⁺ and/or Cl⁻ to move but not Na⁺ causing the Membrane Potential to become even more negative (hyperpolarized)
 - Inhibitory Postsynaptic Potential (IPSP)
 - GABA

- More than 50 known compounds
 - Another 50 or so suspected
- Specific NTM are located in discrete areas thus released in specific pathways
- Are
 - Excitatory
 - Inhibitory
 - Both
 - Acetylcholine excites skeletal muscle but inhibits cardiac muscle

- NTM may
 - Bind with receptor sites causing the ion channel to open or close
 - Bind to receptor sites and stimulate the activation of a chemical messenger already in the cell (2nd messenger response)
 - Slower process (will see more with endocrine)

- Can be classed by chemical structure
 - Small molecule transmitters
 - Acetylcholine
 - Amines
 - Amino acids
 - Other small molecules
 - Large molecule transmitters
 - Neuropeptides

- Synthesized in neurons by combining acetyl-coenzyme-A (acetate) with choline
- Inactivated at the post synaptic membrane by acetylcholinesterase
- Choline molecules released in this reaction are reabsorbed by the presynaptic membrane to create more ACh

- Synthesized from amino acids
 - Tyrosine, tryptophan or histidine
- Includes:
 - Serotonin
 - Histamine
 - Catecholamines
 - Epinephrine
 - Norepinephrine
 - Dopamine
- Found in the brain
 - Some autonomic neurons in the adrenal gland release NTM (Epi and Nor-epi) directly into the blood stream

- Are found in all cells of the body to help produce proteins
- In the CNS also stored in synaptic vesicles to act as NTM
- Receptors in the post synaptic membrane are sensitive to high levels of amino acids and create the desired response
- Glutamate
 - Responsible for 75% of excitatory signals
- Gamma-aminobutyric acid (GABA)
 - A derivative of glutamate
 - Most common inhibitory NTM in the brain
- Glycine
 - Found in the spinal cord
 - An inhibitory NTM

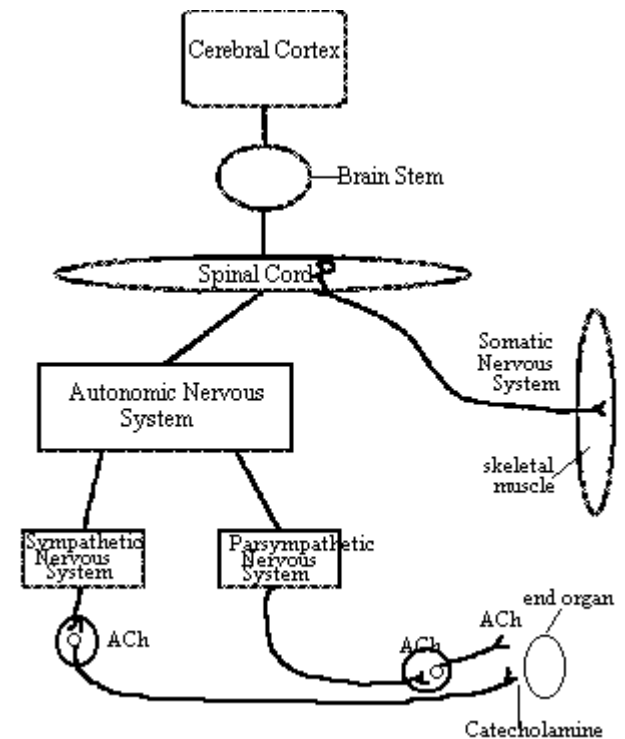
- Strands of amino acids held together by peptide bonds
 - Originally discovered in the stomach
 - Some found to be acting as NTM in the brain
- May bind with opioid sites
 - Enkephalins and Endorphins
 - Bind to opioid receptors to produce pain relief
- Also thought to be released with other NTM to act as neuromodulator
 - Regulates the effects of the NTM released with it

- Acetylcholine
- Amines
 - Serotonin
 - Histamine
 - Nor-epinephrine
 - Epinephrine
 - Dopamine
- Amino Acids
 - Glutamate
 - GABA
 - Glycine
- Neuropeptides
 - Endorphins
 - Enkephalin

Conduction at the Synapse

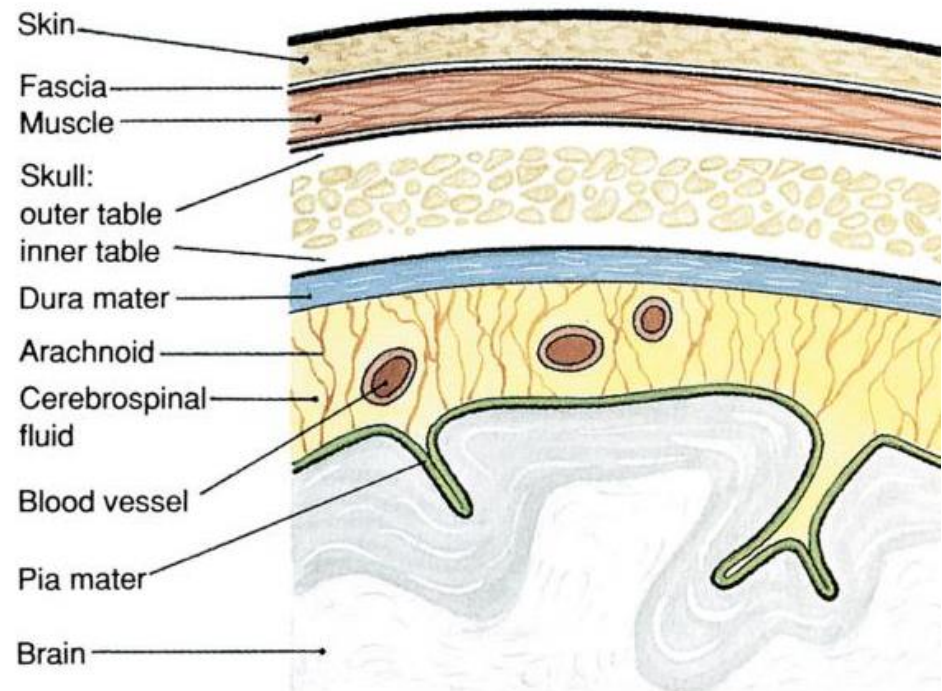
- Sympathetic Nervous System
 - Preganglionic NTM ACh
 - Postganglionic NTM NorEpi

- Parasympathetic Nervous System
 - Preganglionic NTM ACh
 - Postganglionic NTM ACh



Central Nervous System

- Bone
 - Cranial bones
 - Vertebrae
- Meninges
 - Dura Mater
 - Arachnoid Membrane
 - Pia Mater

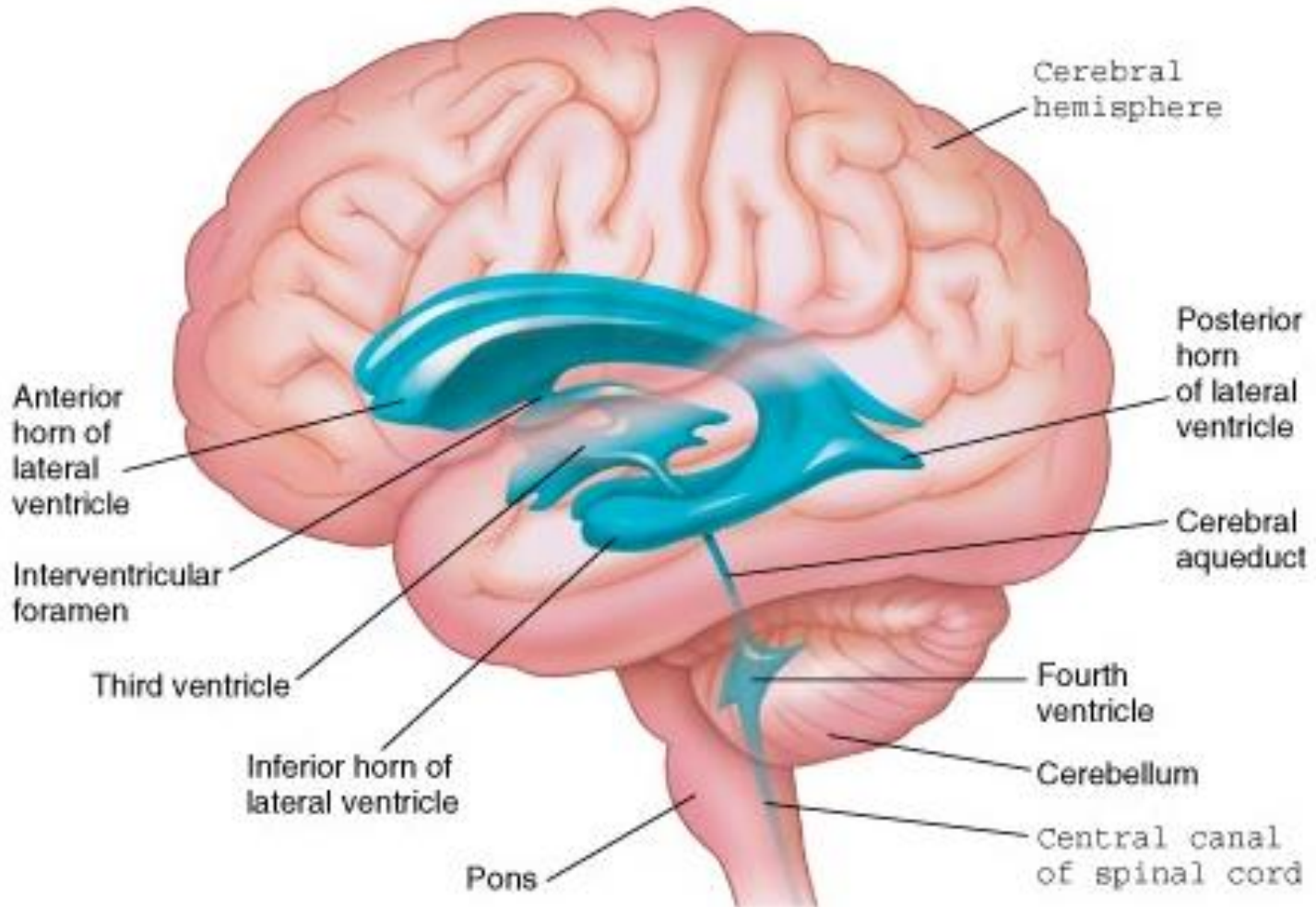


- Strong fibrous tissue
- Has 3 important inward extensions
 - Falx cerebri
 - Projects into the longitudinal fissure to form a partition between cerebral hemispheres
 - Falx cerebelli
 - Separates the hemispheres of the cerebellum
 - Tentorium cerebelli
 - Separates the cerebrum from the cerebellum

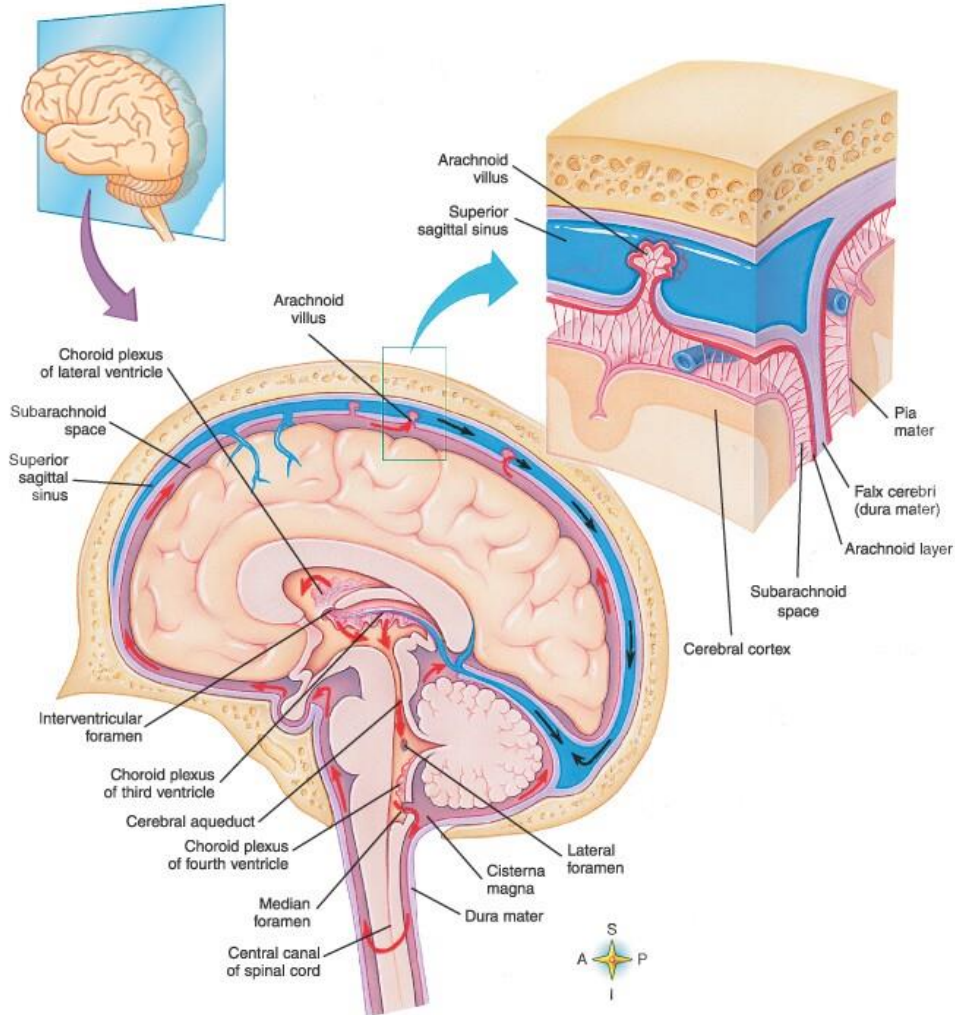
- Arachnoid membrane
 - Cob-web like
 - Contains the cerebral spinal fluid

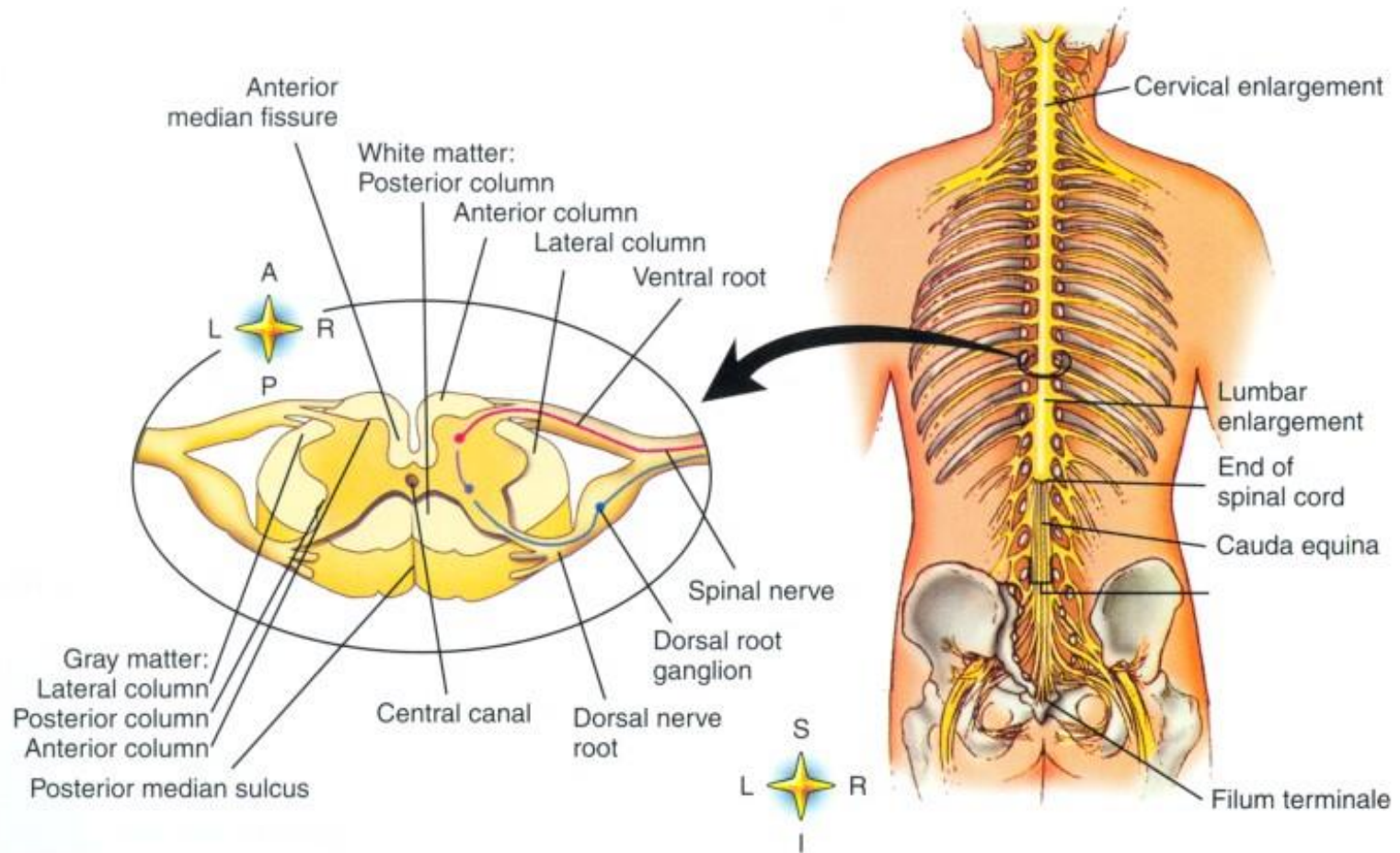
- Pia Mater
 - Transparent layer
 - Adheres to the outer layer of the brain and spinal cord
 - Contains blood vessels

- Provides protective cushion
- Also a reservoir for fluid that the brain monitors for changes
- Is found in the subarachnoid space and in the cavities and canals of the brain and spinal cord
- Ventricles
 - Four different locations
 - 1st and 2nd
 - Lateral ventricles found in each hemisphere of the cerebrum
 - 3rd
 - Vertical pocket, connects the 1st and 2nd
 - 4th
 - Diamond shaped pocket where the cerebellum attaches to the brain stem

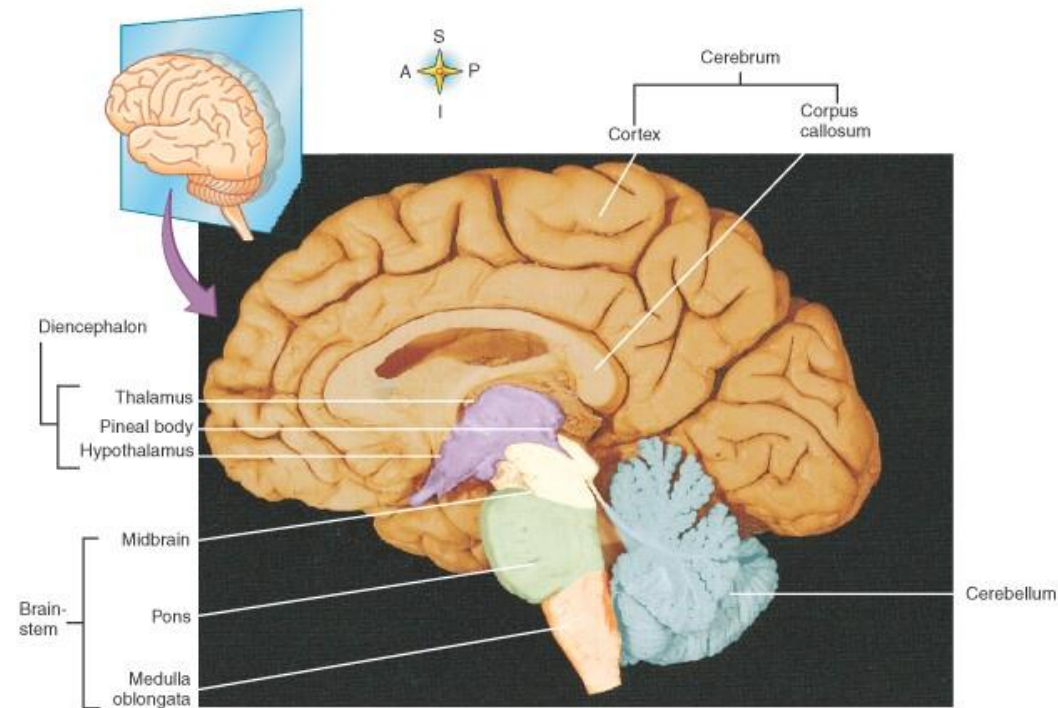


- Created by separation of fluid from blood at the choroid plexus
 - Networks of capillaries from the pia mater into the lateral ventricles
- Moves down to 4th where some enters the spinal canal or the subarachnoid space (in openings in the roof of the 4th)
- Once in the Subarachnoid space it can be reabsorb into venous blood through the arachnoid villi





- Divisions
 - Cerebrum
 - Diencephalon
 - Cerebellum
 - Midbrain
 - Pons
 - Medulla oblongata



- Telencephalon
- Myelencephalon
- Metencephalon
- Diencephalon

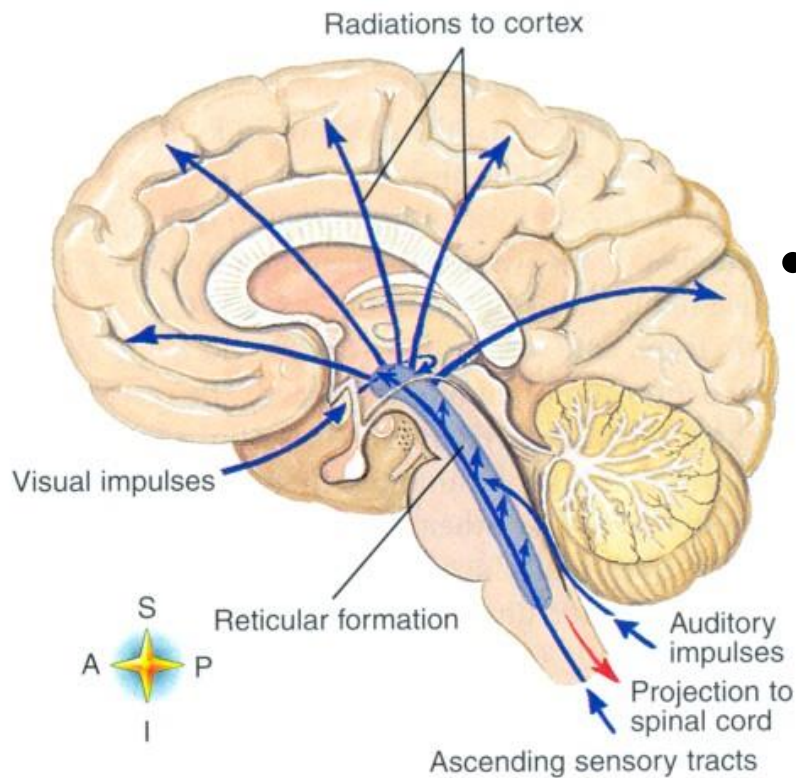
Medulla (Myelencephalon)

- Most inferior portion of brainstem
- Provides pathway for both ascending and descending nerve tracts
- Pathways crossover from R to L (Decussation)
- Regulates:
 - Heart rate
 - Blood vessel diameter
 - Breathing
 - Swallowing
 - Vomiting
 - Coughing
 - Sneezing

- Relays information from cerebrum to cerebellum
- Houses sleep center and respiratory center (pneumotaxic center)
- Helps control breathing

- Smallest region of brain stem
- Involved in:
 - Audio pathways in the CNS
 - Visual reflexes
 - Helps regulate coordination of motor activities and muscle tone

Reticular Formation



- A group of nuclei scattered throughout the brain stem
- Part of the reticular activating system
 - Involved in sleep-awake cycle and in maintaining consciousness

- Located between the brain stem and the cerebrum
- Components
 - Thalamus
 - Hypothalamus
 - Optic chiasma
 - R and L optic nerves cross through
 - Pineal body
 - Produces melatonin (hormone for synchronizing body functions with the external environment)

- Largest portion of diencephalon
- Receives sensory input and relays impulses to cerebral cortex
- Responsible for:
 - Conscious recognition of pain, temperature and touch
 - Plays a part in Reflex movements
 - Influences mood and general body movements associated with strong emotions
 - Plays a part in arousal or alerting mechanisms

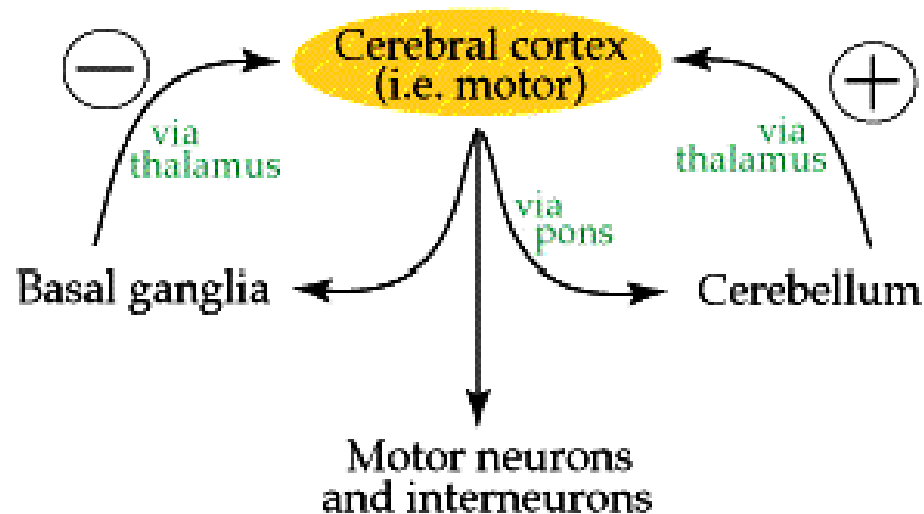
- Regulates and controls autonomic activity
- Major relay center between cerebral cortex and lower autonomic centers
 - “Gatekeeper” to cerebrum
- Active in:
 - Emotions
 - Hormonal cycles
 - Synthesizes hormones of pituitary gland
 - (Indirectly involved in water regulation)
 - Releases hormones to regulate pituitary hormones
 - Sexual activity
 - Temperature regulation
 - Important in maintaining awake state
 - Appetite center

- Cerebellum
 - Aka “little brain”
 - Cauliflower like in appearance
- 2nd largest portion of the brain
- Has more neurons than all others combined

- Exterior cortex is Grey matter
- Interior is Arbor vitae (white matter)
 - “Tree of life”
- Works with cerebral cortex to produce fine motor function
- Assists in posture control
- Subconscious functioning
- Controls skeletal muscles to maintain balance

- Cerebrum
 - Ridges (Gyri)
 - Grooves (Sulci)
 - Deep grooves (Fissures)

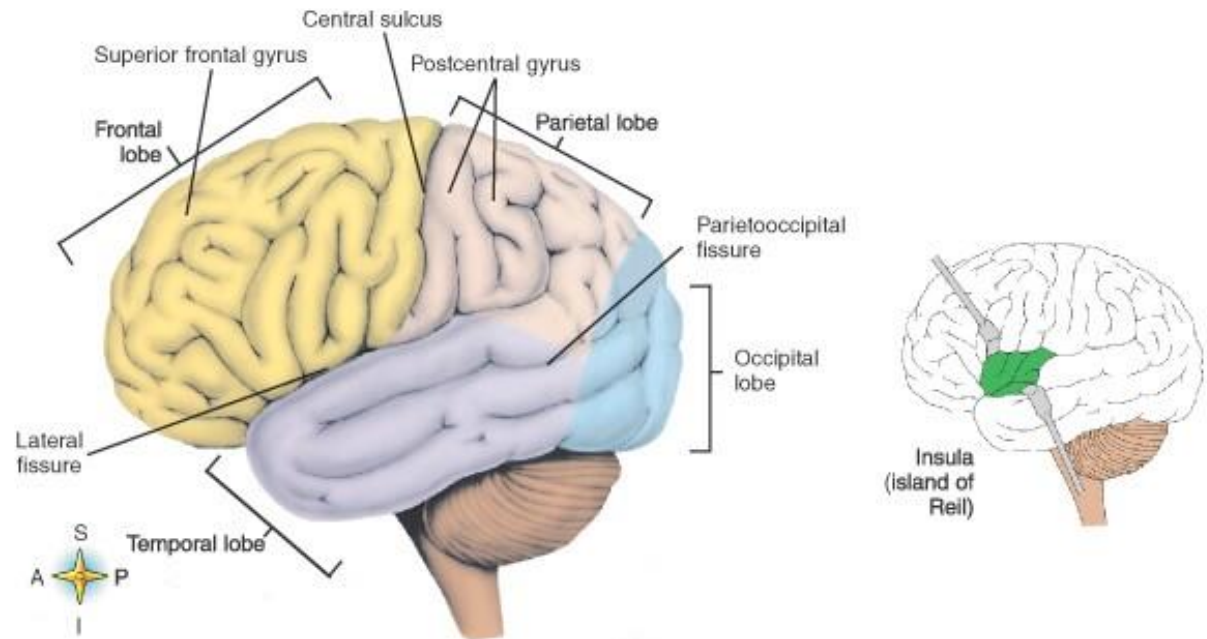
- Basal ganglia
 - Aka “extrapyramidal system”
- Works with...



- 6 layer shell of grey matter
 - 2 - 4 mm thick (1/12 - 1/6 inches)
 - Millions of axon terminals/layer
 - Millions of dendrites
 - Millions of cell bodies

- Largest component of CNS
 - Gray matter Cerebral cortex
 - White matter Myelinated nerve fibers
- Right and left hemispheres
- Five lobes
 - Each hemisphere is divided into lobes named for the bones that lie over them

- Frontal
- Parietal
- Insula
- Temporal
- Occipital



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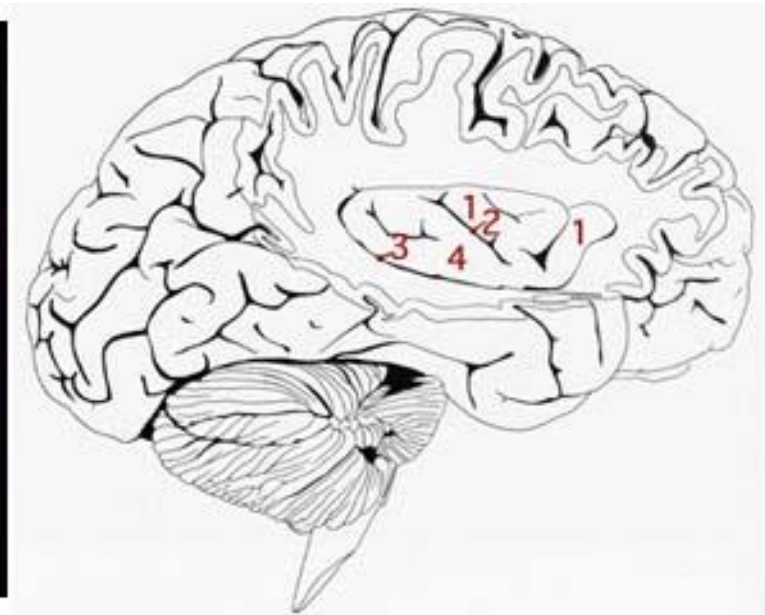
- Collective group of cerebral tracts
- 3 types
 - projection
 - extensions of the sensory/motor tracts
 - association
 - bridge tracts within the hemisphere
 - commissural
 - bridge tracts between R & L hemispheres
 - corpus collosum

- Component structure responsible for:
 - Regulation of voluntary motor functions
 - Maintaining posture
 - Walking
 - Other gross or repetitive movements

- Divided into
 - Prefrontal
 - Premotor
 - Frontal eye field
 - Broca area (speech)
 - Primary somatic motor

- Goal oriented behaviour
- Short term memory / recall
- Elaboration of thought
- Limbic inhibitions

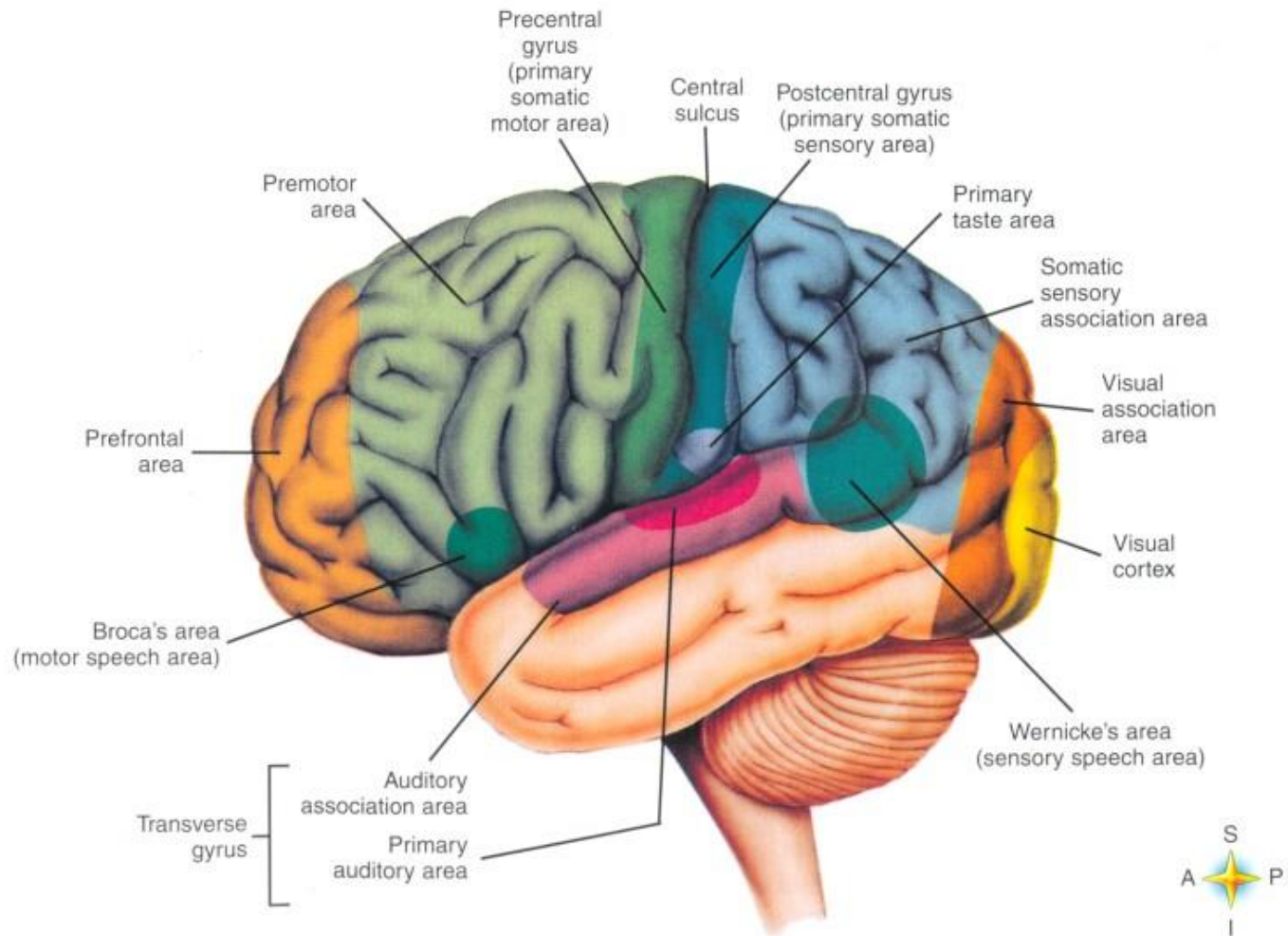
- Primary auditory
- Secondary associational



- Island of Reil
- Found within cerebral cortex
- Associated with visceral functions
- Integrates autonomic information

- Somatic sensory output
- Communication between motor and sensory areas

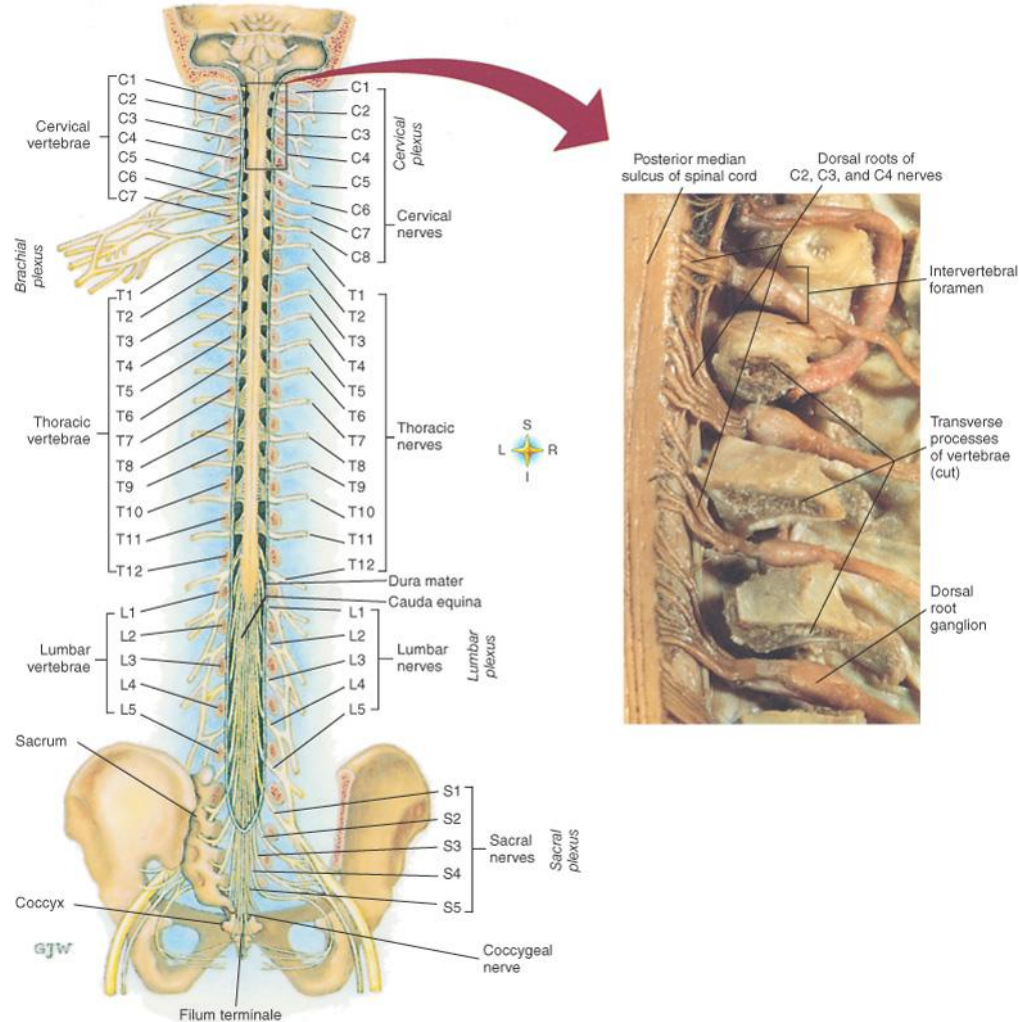
- Primary visual cortex
- Visual association



Peripheral Nervous System

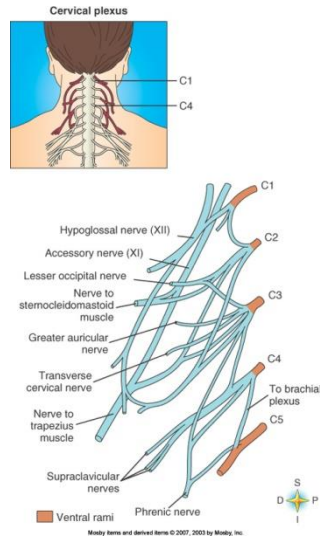
- Consists of
 - 12 pairs of cranial nerves
 - 31 pairs of spinal nerves
 - Innervate the skeletal muscles, skin, glands, and connective tissue
- Involves both afferent and efferent nerves
- Provides automatic and involuntary response to stimulus
- Primary role is the interaction of the body with the environment

- Overview
 - Thirty-one pairs of spinal nerves are connected to the spinal cord (Figure 14-1)
 - No special names; are numbered by level of vertebral column at which they emerge from the spinal cavity
 - Eight cervical nerve pairs (C1 through C8)
 - Twelve thoracic nerve pairs (T1 through T12)
 - Five lumbar nerve pairs (L1 through L5)
 - Five sacral nerve pairs (S1 through S5)
 - One coccygeal nerve pair
 - Lumbar, sacral, and coccygeal nerve roots descend from point of origin to lower end of spinal cord (level of first lumbar vertebra) before reaching the intervertebral foramina of the respective vertebrae, through which the nerves emerge
 - Cauda equina—describes the appearance of the lower end of the spinal cord and its spinal nerves as a horse's tail

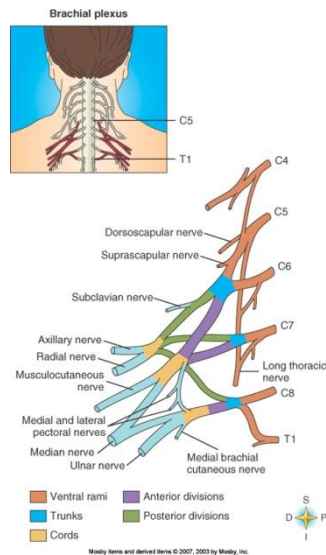


- Structure of spinal nerves
 - Each spinal nerve attaches to spinal cord by a ventral (anterior) root and a dorsal (posterior) root
 - Dorsal root ganglion
 - swelling in the dorsal root of each spinal nerve
 - All spinal nerves are mixed nerves

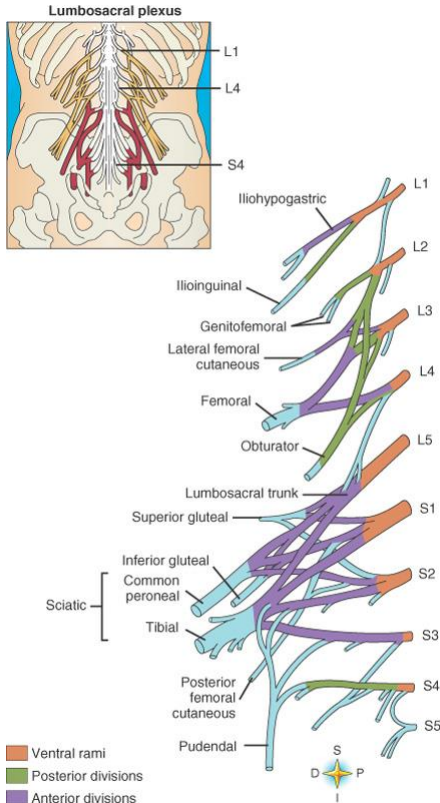
- Nerve plexuses
 - Complex networks formed by the ventral rami of most spinal nerves (not T2 through T12) subdividing and then joining together to form individual nerves
 - Each individual nerve that emerges contains all the fibers that innervate a particular region of the body
 - In plexuses, spinal nerve fibers are rearranged according to their ultimate destination, reducing the number of nerves needed to supply each body part



- There are four major pairs of plexuses:
 - Cervical plexus (Figure 14-3)
 - Located deep within the neck
 - Made up of ventral rami of C1 through C4 and a branch of the ventral ramus of C5
 - Individual nerves emerging from cervical plexus innervate the muscles and skin of the neck, upper shoulders, and part of the head
 - Phrenic nerve exits the cervical plexus and innervates the diaphragm
 - Brachial plexus (Figure 14-4)
 - Located deep within the shoulder
 - Made up of ventral rami of C5 through T1
 - Individual nerves emerging from brachial plexus innervate the lower part of the shoulder and the entire arm



- Four major pairs of plexuses (cont.):

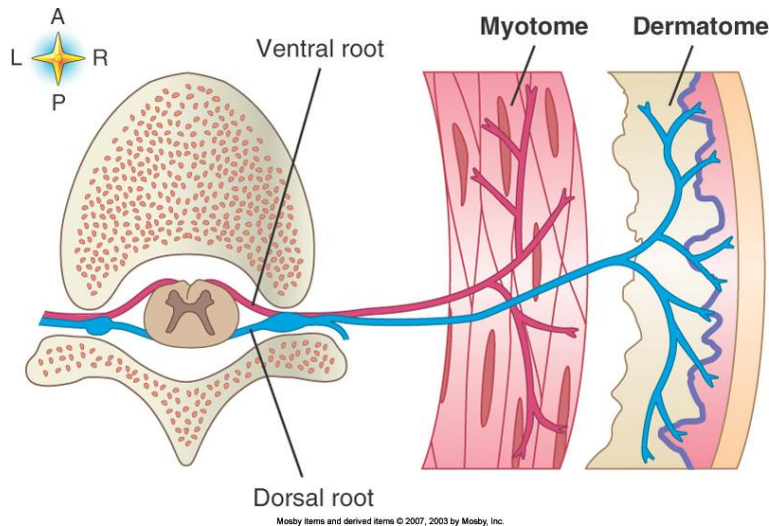


- Lumbar plexus (Figure 14-5)

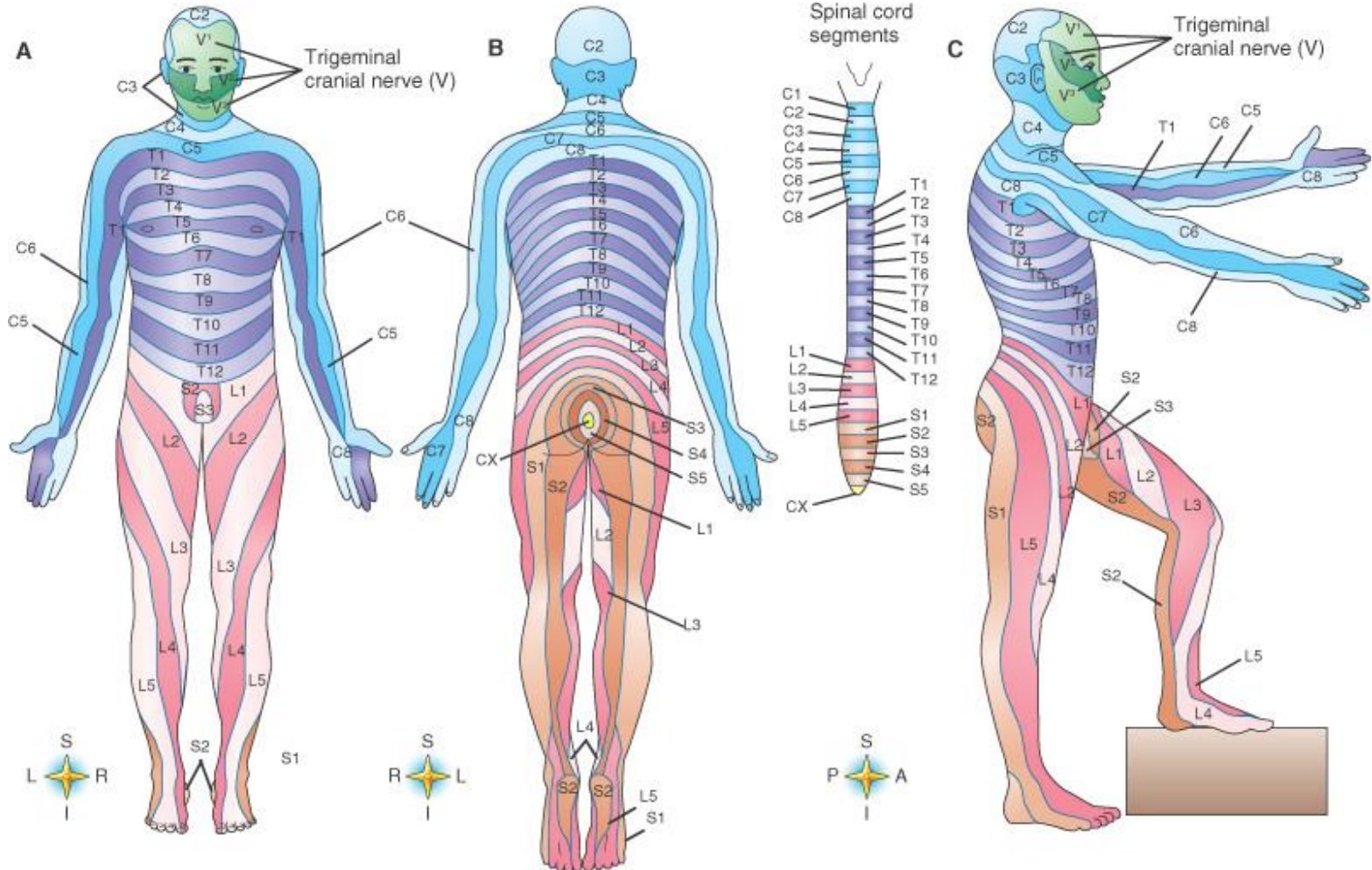
- Located in the lumbar region of the back in the psoas muscle
- Formed by intermingling fibers of L1 through L4
- Femoral nerve exits the lumbar plexus, divides into many branches, and supplies the thigh and leg

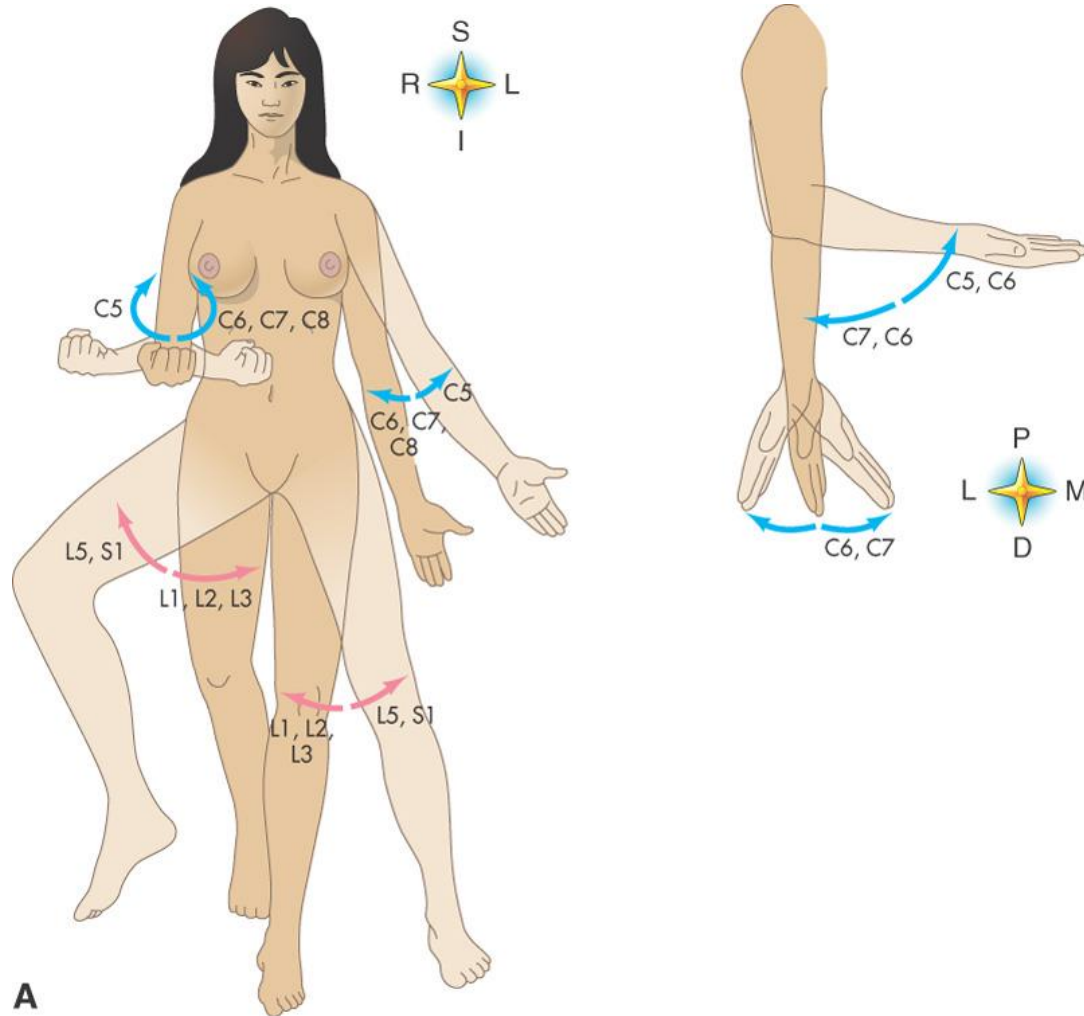
- Sacral plexus and coccygeal plexus (Figure 14-5)

- Located in the pelvic cavity in the anterior surface of the piriformis muscle
- Formed by intermingling of fibers from L4 through S4
- Tibial, common peroneal, and sciatic nerves exit the sacral plexus and supply nearly all the skin of leg, posterior thigh muscles, and leg and foot muscles



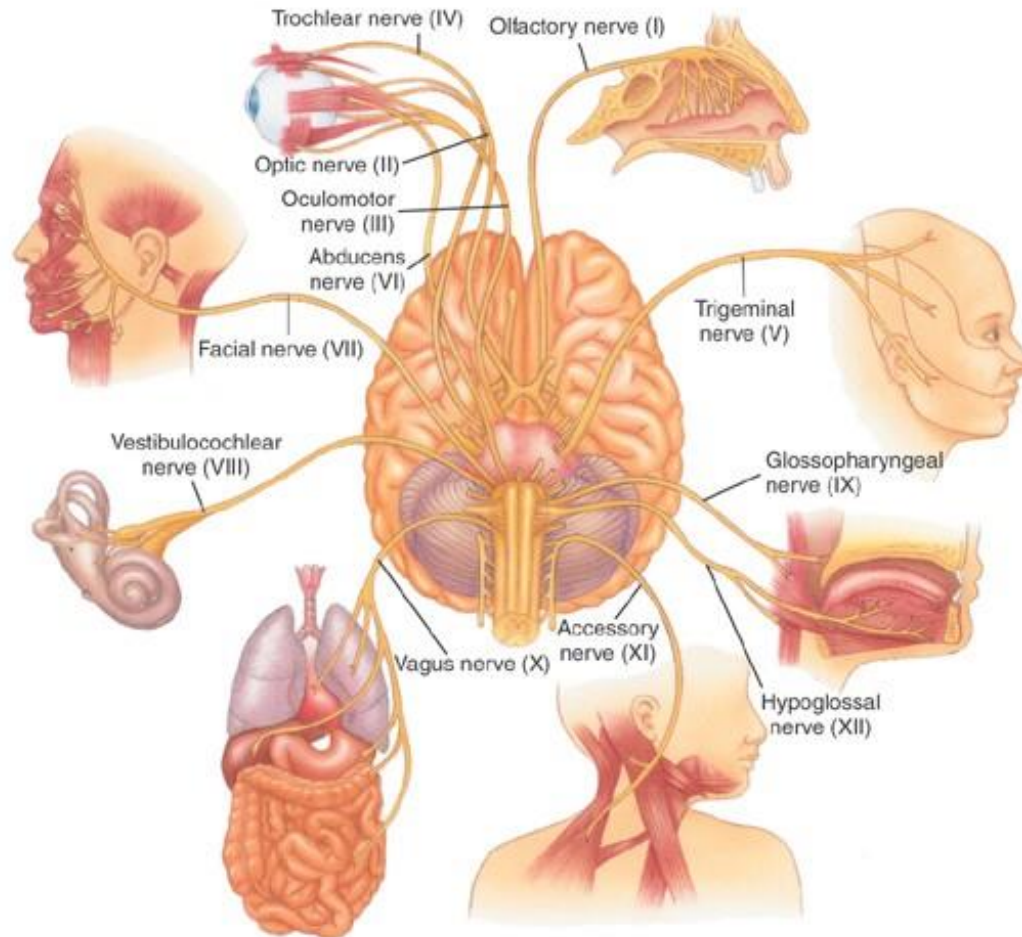
- Dermatomes and myotomes (Figure 14-6)
 - Dermatome
 - region of skin surface area supplied by afferent (sensory) fibers of a given spinal nerve (Figure 14-7)
 - Myotome
 - skeletal muscle(s) supplied by efferent (motor) fibers of a given spinal nerve (Figure 14-8)





- Connect to undersurface of the brain (mostly on brainstem)
- Identified by name and number
 - Name gives function and/or distribution
 - Number gives order in which they connect from anterior to posterior
- May be Sensory, motor or mixed

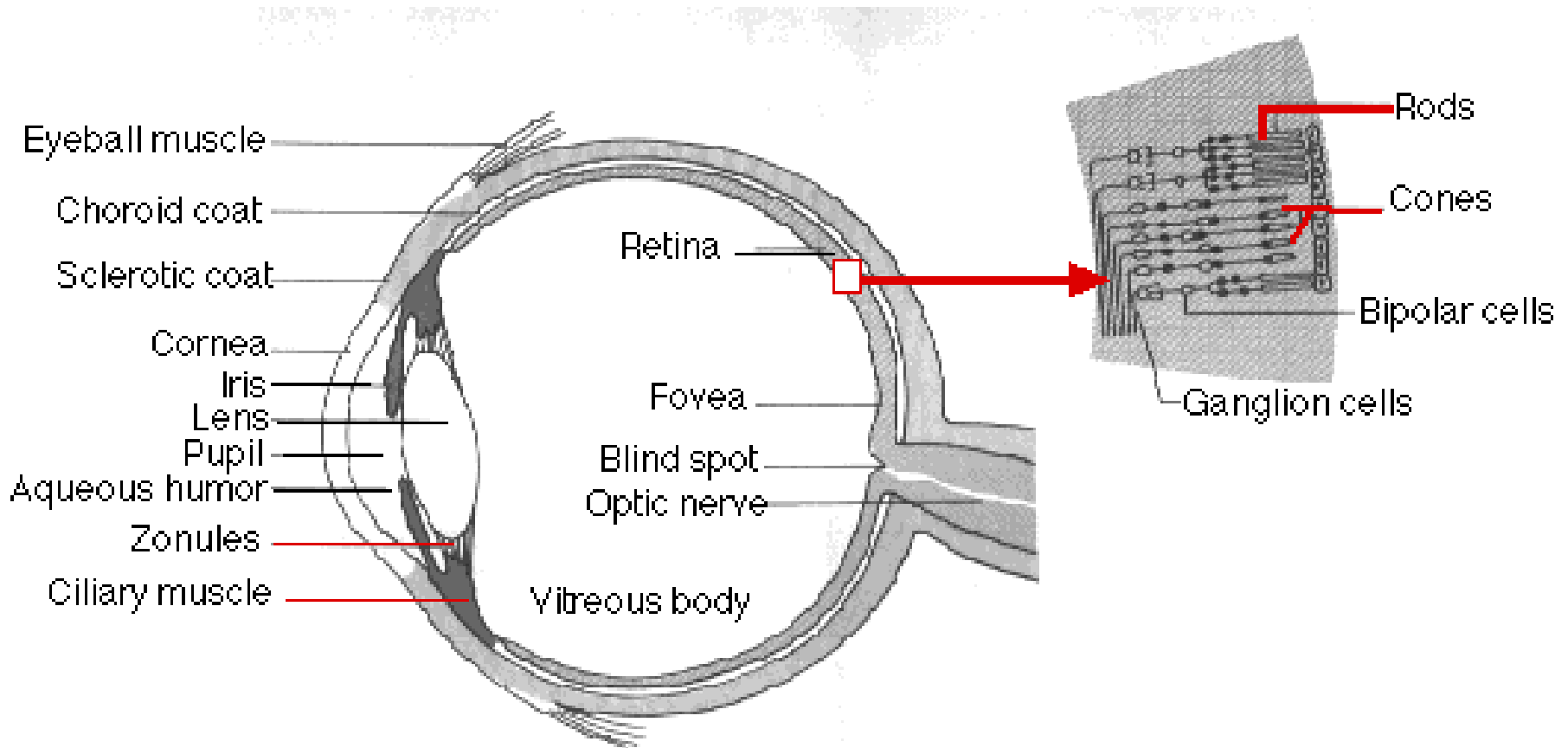
- I Olfactory Sensory
- II Optic Sensory
- III Oculomotor Motor
- IV Trochlear Motor
- V Trigeminal Mixed
- VI Abducens Motor
- VII Facial Mixed
- VIII Vestibulocochlear Sensory
- IX Glossopharyngeal Mixed
- X Vagus Mixed
- XI Accessory Motor
- XII Hypoglossal Motor



- Olfactory nerve
 - Transmits stimulus from receptors in nasal mucosa to olfactory bulbs
 - Olfactory bulbs relay this information to olfactory cortex
 - End result is sense of smell

- Hyposmia
 - Impaired sense of smell
- Anosmia
 - Absent sense of smell
- Olfactory hallucinations
 - Obvious
- Parosmia
 - Abnormal sense of smell

- Optic nerve
 - Transmits impulses from retina to thalamus

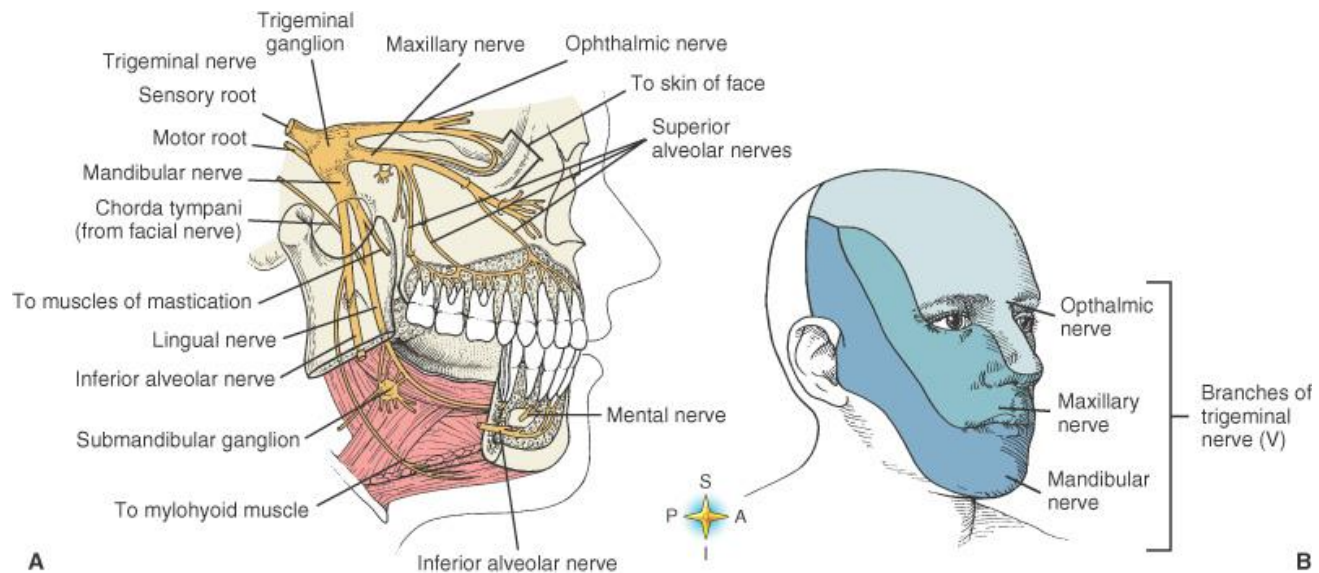


- Diplopia
 - “Double Vision”
- Amblyopia
 - Reduced/diminished vision
- Scotoma
 - Defect of central field of vision
- Papilledema
 - Inflammation of optic nerve

- Oculomotor nerve
 - Controls external eye muscles
 - Involved in
 - Eye movement
 - Pupillary size
 - Accommodation (near vision)
 - Proprioception (muscle sense)

- Trochlear nerve
 - Controls certain eye movement
 - Also proprioception

- Trigeminal nerve
 - Interprets facial/head sensations
 - Mastication
 - Proprioception

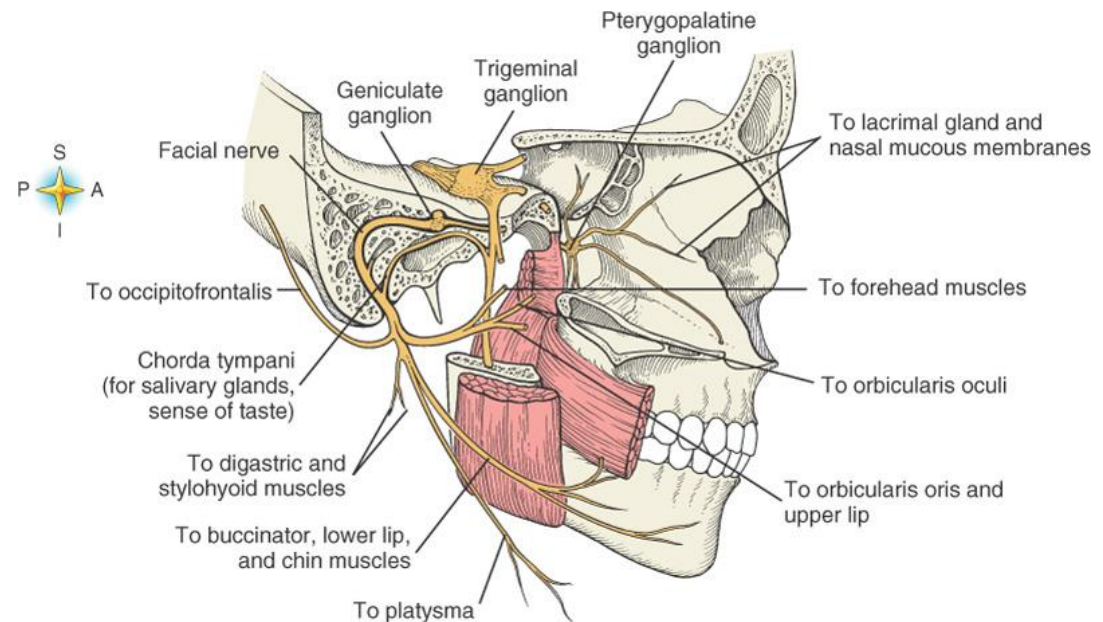


- Abducens Nerve
 - Lateral rectus movement
 - Proprioception
 - Abduction of eye

- Facial nerve

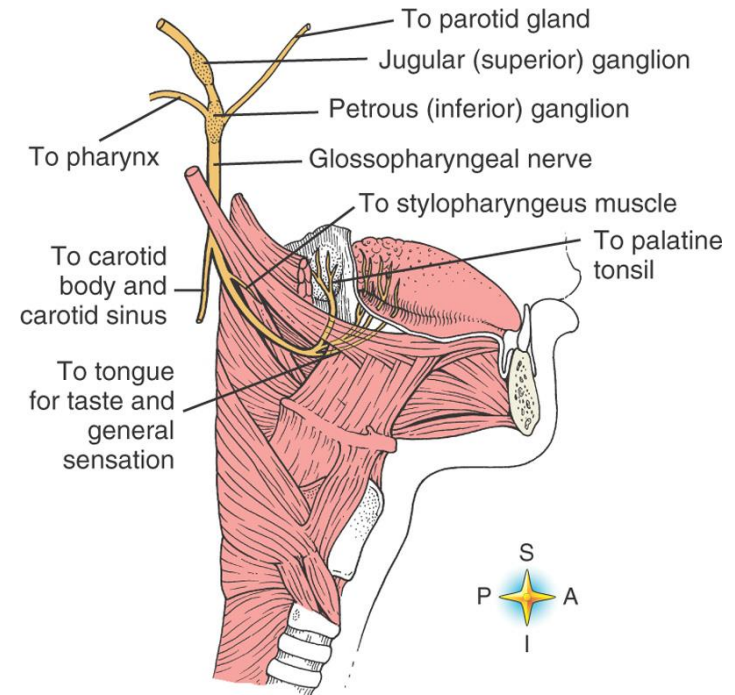
- Superficial scalp and facial muscles
- Autonomic fibers to lacrimal and salivary glands
- Involved in

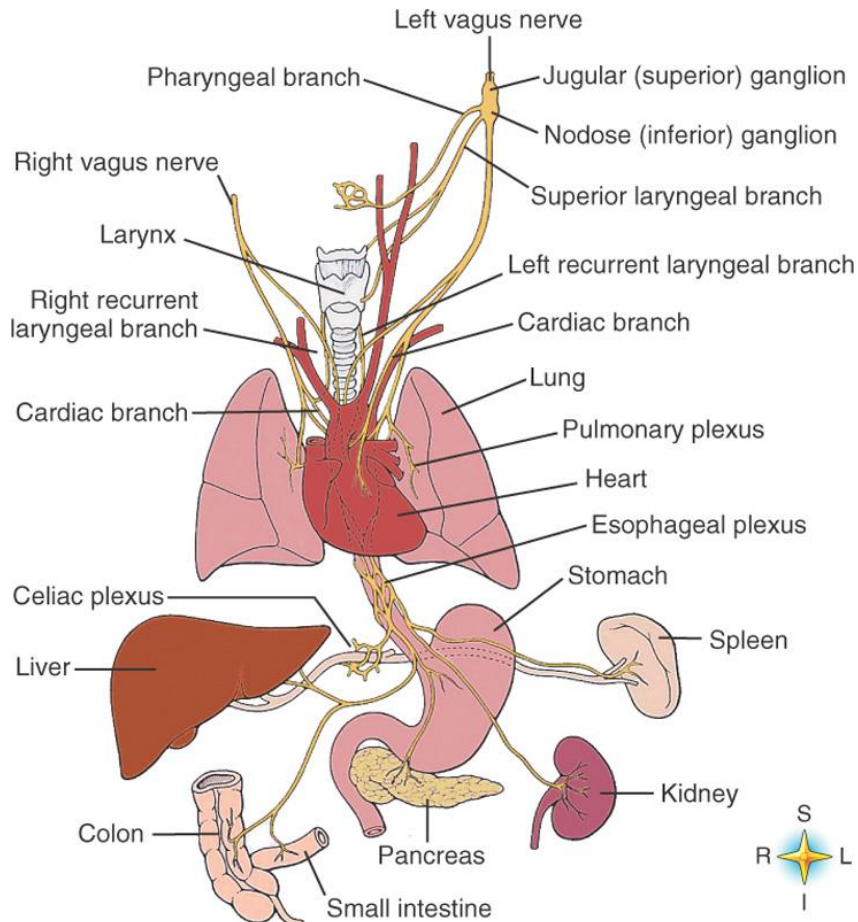
- Taste
- Expressions
- Salivation
- Lacrimation



- Vestibulocochlear nerve
 - Balance and equilibrium

- Glossopharyngeal nerve
 - Sensations of tongue
 - Swallowing
 - Salivation
 - BP/respiration control

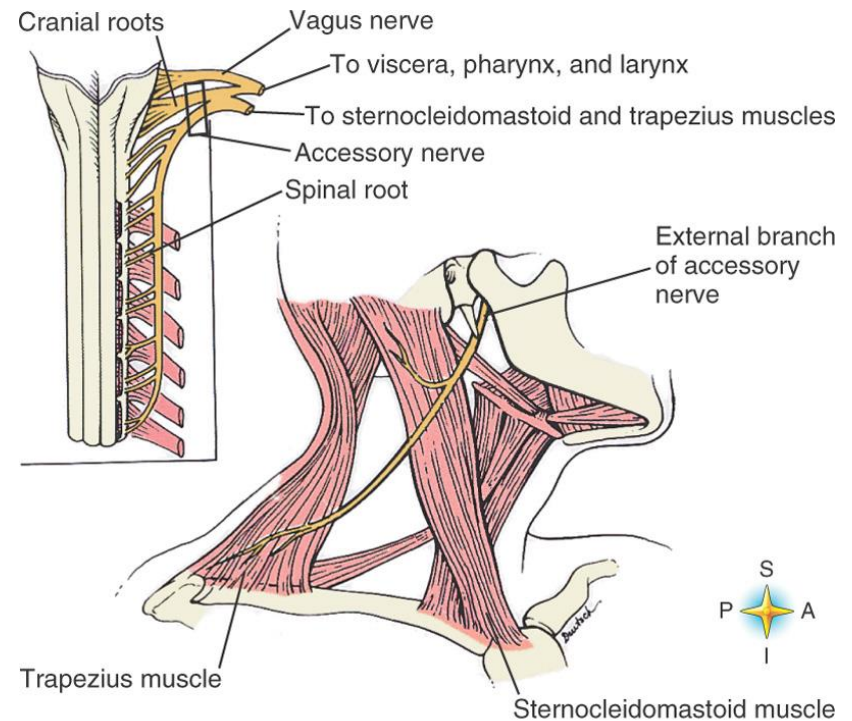




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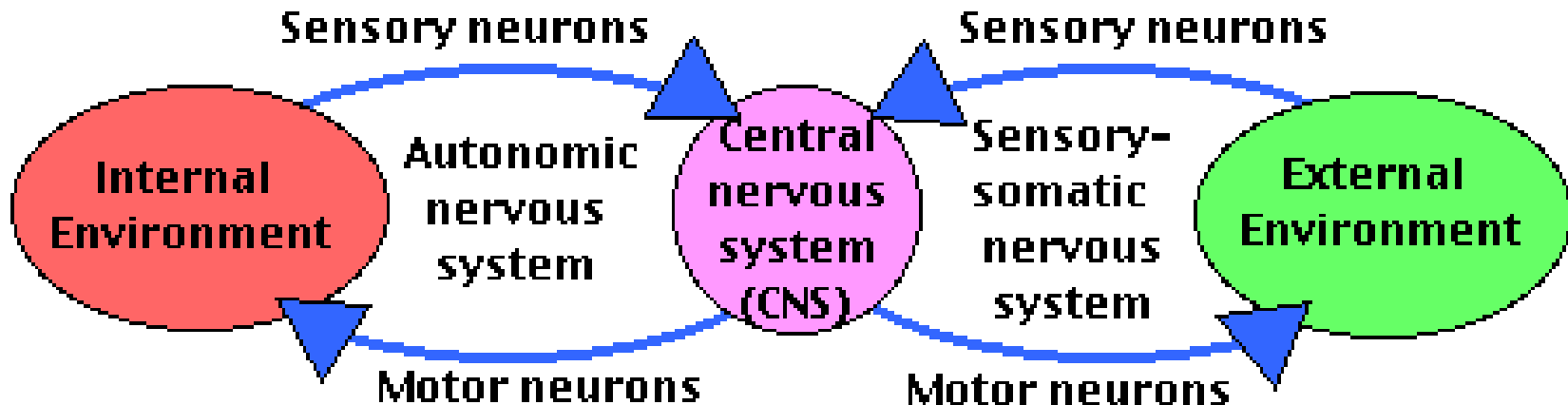
- Vagus nerve
 - Runs from vagus plexus to abdominal viscera
 - Decreases heart rate and peristalsis
 - Muscular contraction during vocalization

- Accessory nerve
 - Shoulder movement
 - Turning of head
 - Visceral movement
 - Voice production
 - Proprioception



- Hypoglosseal nerve
 - Muscles of throat and tongue
 - Movement of tongue
 - Proprioception

Somatic nervous system



- Aka “involuntary nervous system”
 - Regulates involuntary function i.e. digestion
 - Carries efferent signals to autonomic / visceral receptors
 - Two efferent divisions
 - Sympathetic
 - Parasympathetic

- Primarily regulates
 - heart rate
 - smooth muscle contraction
 - glandular secretions
- Maintains homeostasis
- Primary afferent division - visceral sensory

- In short, the ANS allows us two modes of operation
 - Fight or flight
 - Rest and digest
- Both components work together to maintain normal function

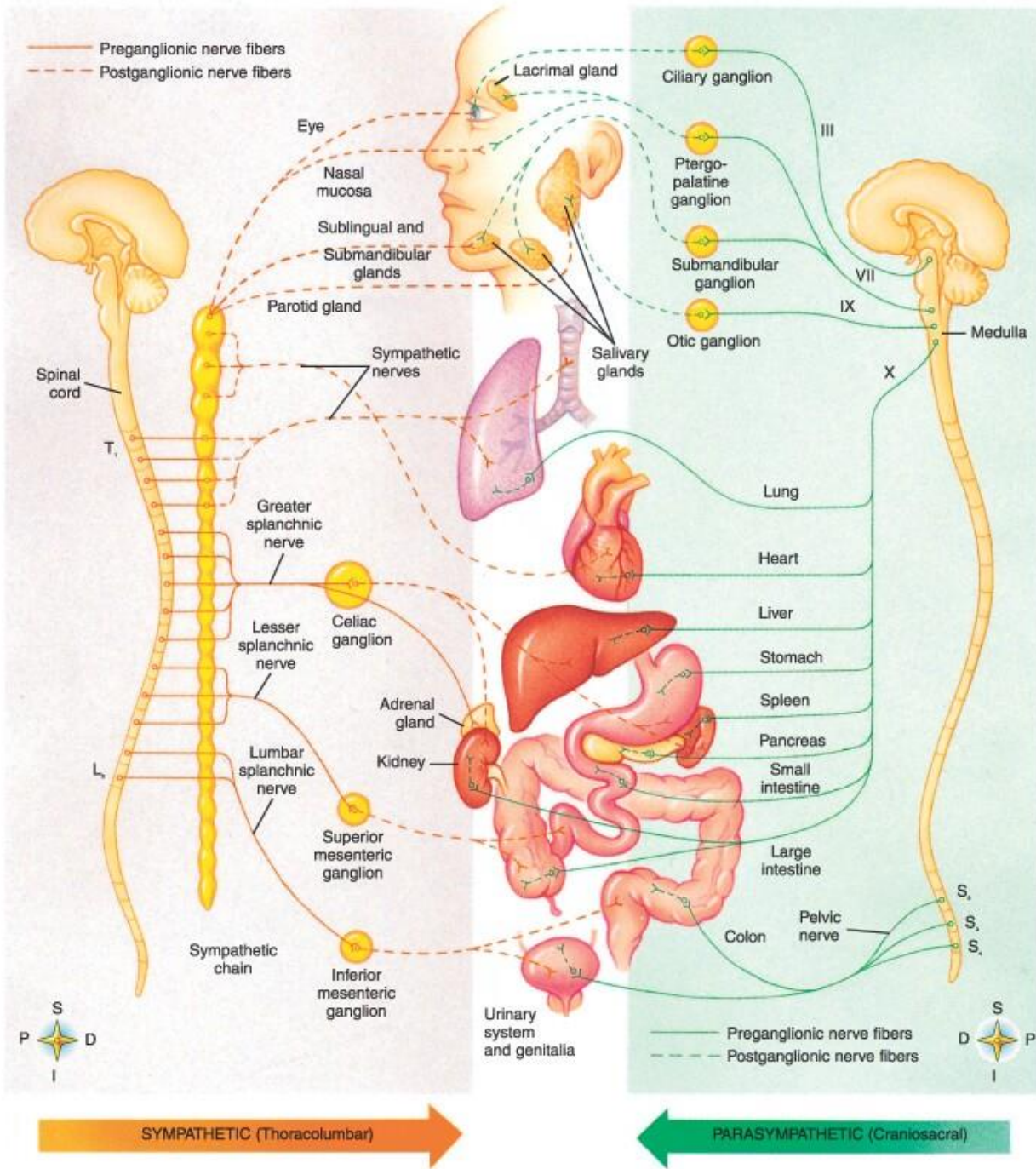
- Autonomic neurons
- Ganglia
- Plexuses

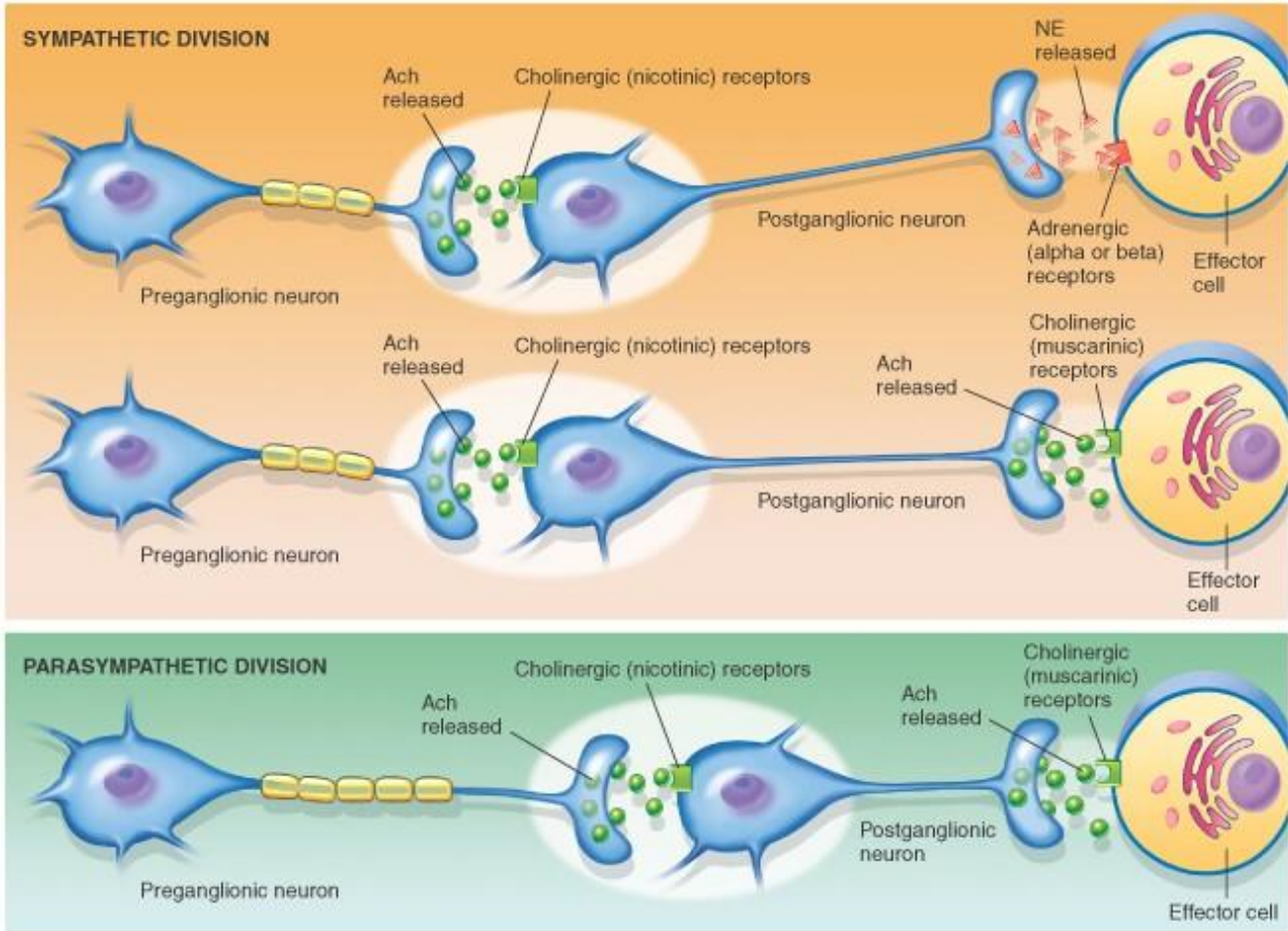
- Efferent pathways conduct impulses away from brainstem or spinal cord to autonomic effectors using two autonomic neurons
- Preganglionic neurons conduct impulses to autonomic ganglia

- Autonomic ganglia synapses with second efferent neuron (post ganglionic neuron)
- Post ganglionic neuron conducts impulses away from ganglia

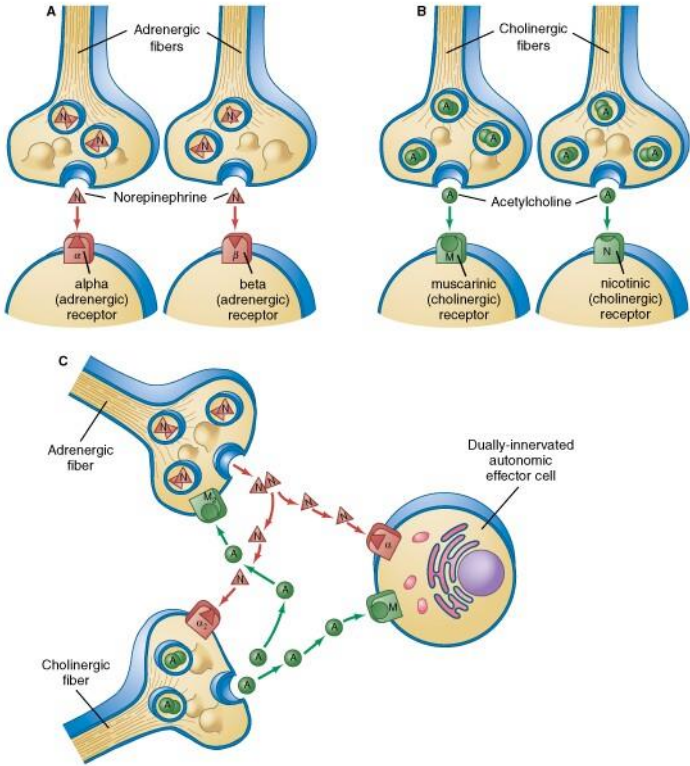
- “Fight or flight” system
- Originates in spinal cord @ thoracic and lumbar levels
- Causes effects through release of neurotransmitters
- Primary neurotransmitters are acetylcholine and norepinephrine

- “Rest and digest” system
- Originate in medulla and sacral region
- Acetylcholine the primary neurotransmitter





- Epi and/or NEpi
 - Actions terminated by
 - Initially Monoamine Oxidase (MAO)
 - Second Catechol-O-Methyl tranferase (COMT)
 - Both are relatively slow
- ACh
 - Actions terminated by Acetylcholinesterase
 - Quick



KEY Neurotransmitters

-  Norepinephrine
-  Acetylcholine

Receptors

-  alpha (adrenergic) receptor
-  beta (adrenergic) receptor
-  muscarinic (cholinergic) receptor
-  nicotinic (cholinergic) receptor

- Brain is very perfusion sensitive
 - Rapid and devastating effects when compromised
- Cranial volume is fixed
 - Brain = 80%
 - Blood vessels and blood = 12%
 - CSF = 8%
- Increase in size of one component must be matched by a reduction in another

- Oxygen and glucose delivery are controlled by cerebral blood flow
 - A function of cerebral perfusion pressure (CPP) and resistance of the cerebral vascular bed
- Estimated by
 - $CPP = MAP - ICP$
 - $CPP = [(2 \times DBP) + SBP]/3 - ICP$
- CBF
 - Remains constant with CPP of 50 – 160 mmHg
 - Declines with CPP below 40 mmHg

- As ICP approaches MAP:
 - Gradient for flow decreases
 - Cerebral blood flow is restricted
- When ICP increases, CPP decreases
 - As CPP decreases, cerebral vasodilation occurs
 - Results in increased cerebral blood volume (increasing ICP) and further cerebral vasodilation

- Vascular tone in the normal brain is regulated by:
 - Carbon dioxide pressure (PCO_2)
 - Oxygen pressure (PO_2)
 - Autonomic and neurohumoral control
- PCO_2 has the greatest effect on intracerebral vascular diameter and subsequent resistance

- Vasculature constriction
- Cerebral edema
- Systolic blood pressure
 - Low BP = Poor cerebral perfusion
 - High BP = Increased ICP
- Carbon dioxide
- Reduced respiratory efficiency

- As CO₂ levels rise in CSF:
 - Cerebral arteries dilate
 - Encourage blood flow
 - Reduce hypercarbia
- In the presence of already high ICP
 - Devastating results
 - Causes classic hyperventilation and hypertension
- Reduced levels of CO₂ in CSF
 - Cerebral vasoconstriction
 - Results in cerebral anoxia

- Normal range is 0-15 torr (mmHg)
- When ICP rises above this level, the ability to maintain CPP is compromised
 - Cerebral blood flow is diminished
- The body attempts to compensate for the decline in CPP by a rise in MAP
 - Further elevates ICP, and CSF is displaced to compensate for the expansion
- If unresolved, the brain substance herniates

- Early signs and symptoms:
 - Headache
 - Nausea and vomiting
 - Altered level of consciousness
- Eventually followed by Cushing's triad:
 - Increased systolic pressure (widened pulse pressure)
 - Decreased pulse rate
 - Irregular respiratory pattern

