

# Neuromuscular system

Principles of anatomy, physiology and fitness

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What are the three different types of muscle tissue?

What are the characteristics of each?



### **Muscle tissue**

**Smooth** muscle, for example, the digestive system.



**Cardiac** muscle (myocardium), for example, the heart.



**Skeletal** muscle (striated), for example, the hamstrings or triceps.





## **Smooth muscle tissue**

- Controlled by the **autonomic** nervous system.
- Smooth, spindle-shaped.
- **Involuntary** not under conscious control.
- Found in the digestive system, the blood vessels and urinary and reproductive systems.
- Used in all processes that maintain the body's internal environment.
- For example: the muscles of the digestive tract contract to move food through the body.



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## **Cardiac muscle tissue**

- Found in the **heart** (the chamber **walls**).
- Striated (striped or streaked).
- Main function is to pump blood around the body.
- Works continuously.
- **Involuntary** not under conscious control.
- Contraction of the heart is controlled by the sinoatrial node (SAN).



# Skeletal muscle tissue

- Attaches to the bones across joints via tendons.
- Controlled by the **somatic** nervous system.
- **Striated** (striped or streaked).
- Works under conscious or voluntary control.
- Contracts and pulls on the bones to produce locomotion and movement.
- Resists the force of gravity to hold the body upright.



### **Characteristics of muscle tissue**

# **Contractility** Ability to shorten.

**Extensibility** Ability to stretch and lengthen.

**Elasticity** Ability to return to its original size and shape.

**Excitability** Ability to respond to stimuli from the nervous system.



# Anterior skeletal muscles





## **Posterior skeletal muscles**







### Structure of a myofibril



## Sliding filament theory

#### Watch the video!





### **Thought storm**

- What are the different types of muscle fibre
- What are the differences between each one?



Type 1 fibres (Slow)	Type 2a fibres (Intermediate)	Type 2b (Fast)
<ul> <li>Red – rich blood supply</li> </ul>		<ul> <li>White – poor blood supply</li> </ul>
<ul> <li>Aerobic activity</li> </ul>		<ul> <li>Anaerobic activity</li> </ul>
<ul> <li>Rich in mitochondria</li> </ul>	TRAINING	<ul> <li>Poor in mitochondria</li> </ul>
<ul> <li>Lower force production</li> </ul>		<ul> <li>Higher force production</li> </ul>
<ul> <li>Slow to fatigue</li> </ul>		<ul> <li>Quick to fatigue</li> </ul>

#### What kind of athlete would have a higher proportion of each?

### **Roles of muscles**

Prime mover or agonist

Antagonist:

Synergist

Fixator:



## **Roles of muscles**

**Prime mover or agonist:** the working muscle, for example, bicep in a bicep curl.

Antagonist: the opposite muscle to the agonist; it relaxes to allow the prime mover to work, for example, triceps in a bicep curl.

**Synergist:** a muscle that aids or modifies agonist movement, for example, brachialis in a bicep curl.

**Fixator:** a muscle that stabilises the joint where movement is taking place, for example, the deltoids fix the shoulder in a bicep curl.



#### Isometric

Isotonic

Concentric

**Eccentric** 

# **Muscle contraction types**

**Isometric** (static): the muscle contracts but remains the same length, for example, the plank.

**Isotonic** (dynamic): the muscle contracts and changes length by either shortening or lengthening.

**Concentric** (positive): the muscle contracts and shortens, for example, upwards phase of a bicep curl.

#### Eccentric (negative):

the muscle contracts and lengthens, for example, downwards phase of a bicep curl.



## Quiz

Name the muscles that contract concentrically to bring about the following joint actions:

- Elbow flexion.
- Knee extension.
- Hip flexion.
- Shoulder adduction.
- Spine lateral flexion.
- Spine flexion.
- Plantar flexion.
- Hip abduction.



### Immediate

- Increased muscle temperature.
- Increased muscle pliability (ability to stretch further).
- Increased power output from muscles.
- Increased nerve-to-muscle link.
- Increased recruitment of muscle fibres.

### Long-term

- Increased muscular fitness.
- Increased glycogen and CP stores in muscle.
- Increase in actin and myosin.
- Increased basal metabolic rate.
- Improved posture.
- Increased neuromuscular connections.
- Increased recruitment of motor units.

### Lifecycle of the neuromuscular system – early years

- Neural pathways increase rapidly in number to develop coordination, for example.
- Postural and stabilising muscles also develop quickly (think of a baby that can't hold its head up, to being able to walk within approximately 12 months).
- Genetics and environment strongly influence the potential for neuromuscular development during this stage.



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### Lifecycle of the skeletal system – pubescent period

- No significant gender difference until this stage.
- Influence of testosterone in boys, which stimulates muscle growth and oestrogen in girls, which stimulates, bone, muscle and fat tissue development.





#### Lifecycle of the skeletal system – adulthood and later years

- Neuromuscular development normally ends in our mid-20s.
- With training, this can continue beyond this stage.
- By the age of 30, the brain begins to lose thousands of neurons each day, which leads to the processing of information becoming slower.
- From the age of 60, muscular strength has an annual reduction of 1–2%, on average.
- Exercise and strength training can help combat the effects of ageing.



