



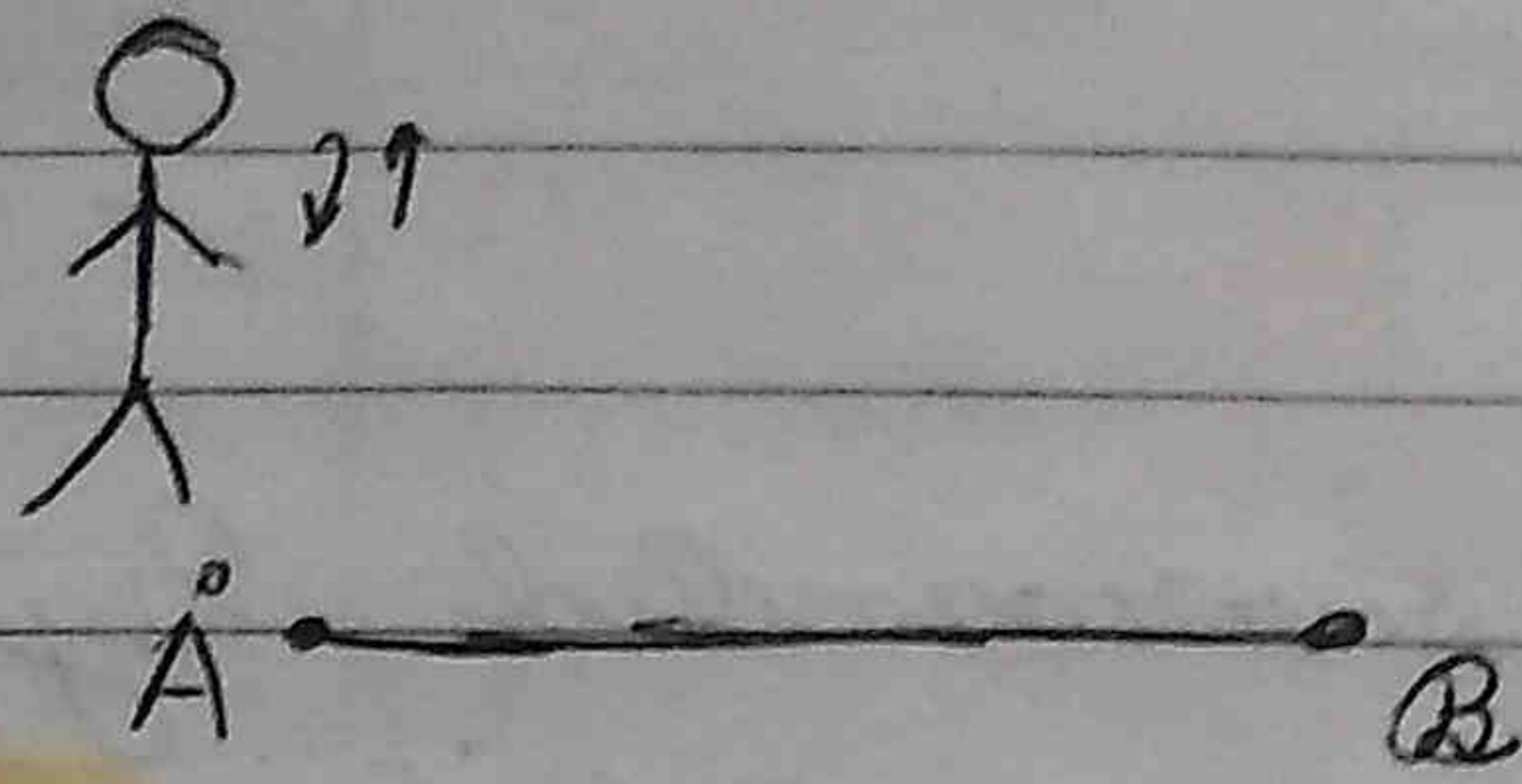
Handwritten Notes

on

*Locomotion and Movement*



## Locomotion and Movement



- Amoeboid movement with the help of pseudopodia  
e.g. Amoeboid, WBC
- Ciliary Movement — Flagellar Movement:  
e.g. Paramecium  
Sperm
- Muscular Movement → with the help of muscular tissue
- Skeletal muscle —  
Striated, Voluntary
- Attached to bones by help of tendons.
- Cardiac Muscle —  
Striated, Involuntary, Branched.  
Present in heart wall.
- Smooth Muscle —  
Unstriated, Involuntary.  
Present in visceral organs.



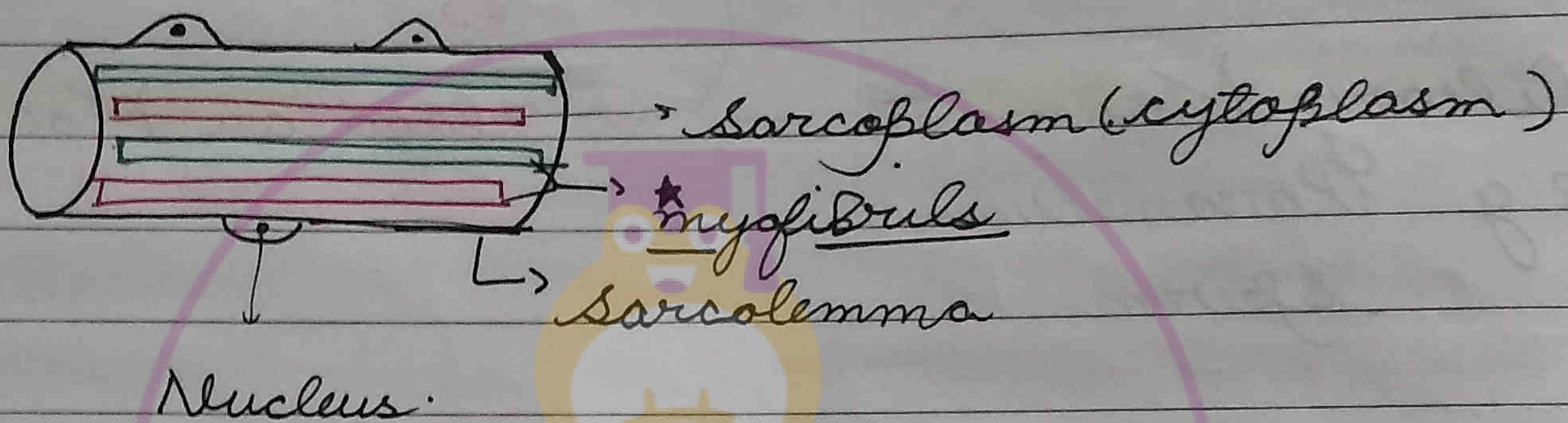
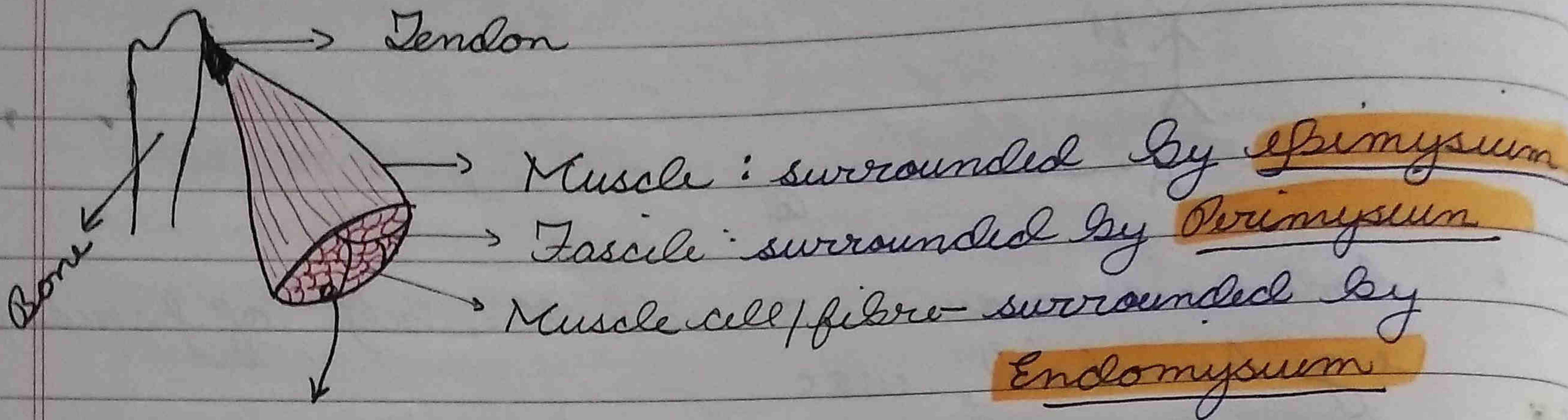
Anisotropic → having substances with different refractive index

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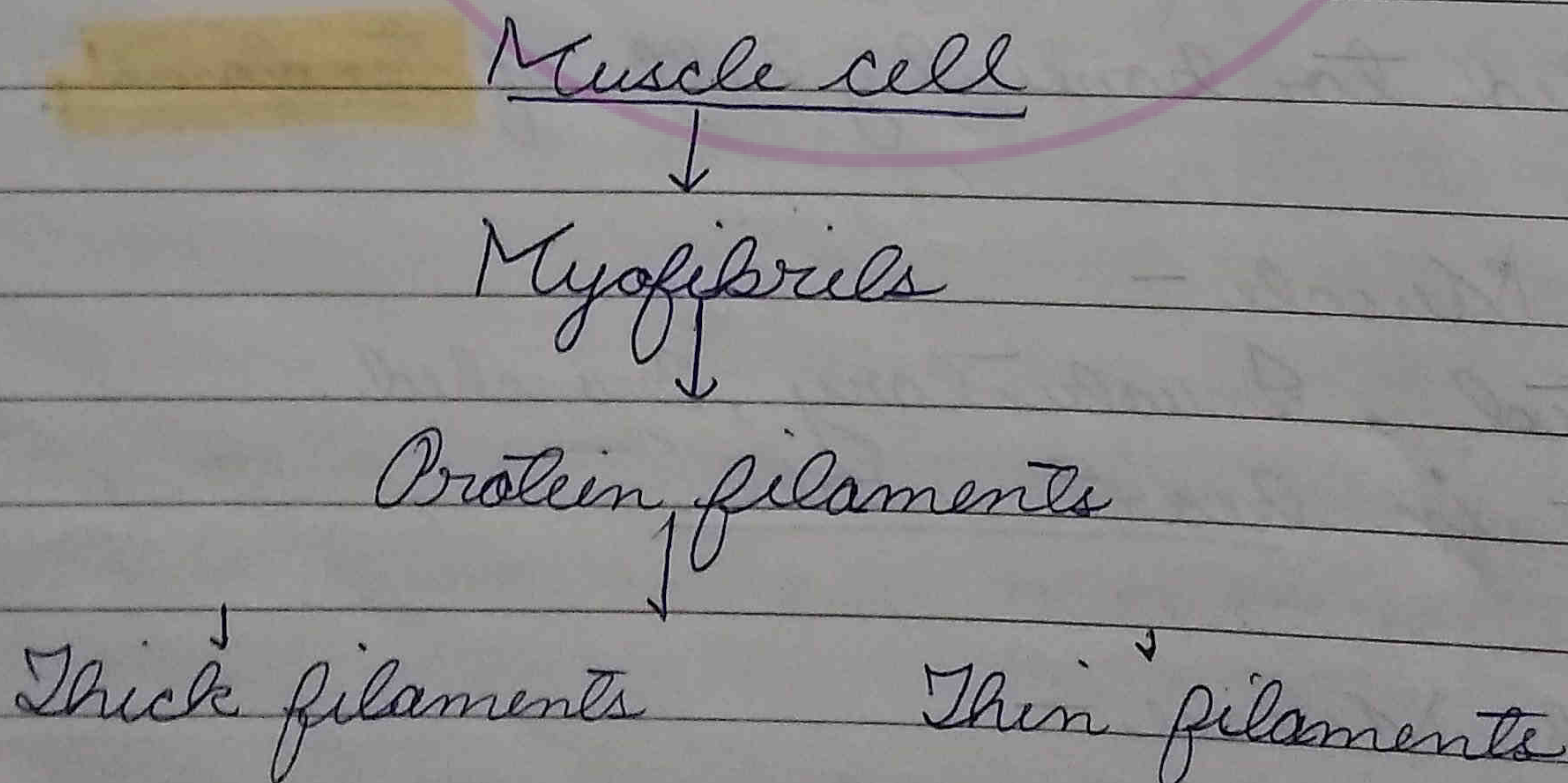
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## Skeletal Muscle



Sarcosomes → Mitochondria ✓

Sarcoplasmic Reticulum → Endoplasmic (smooth) Reticulum ✓



## Muscle cell

A-band (Anisotropic band)



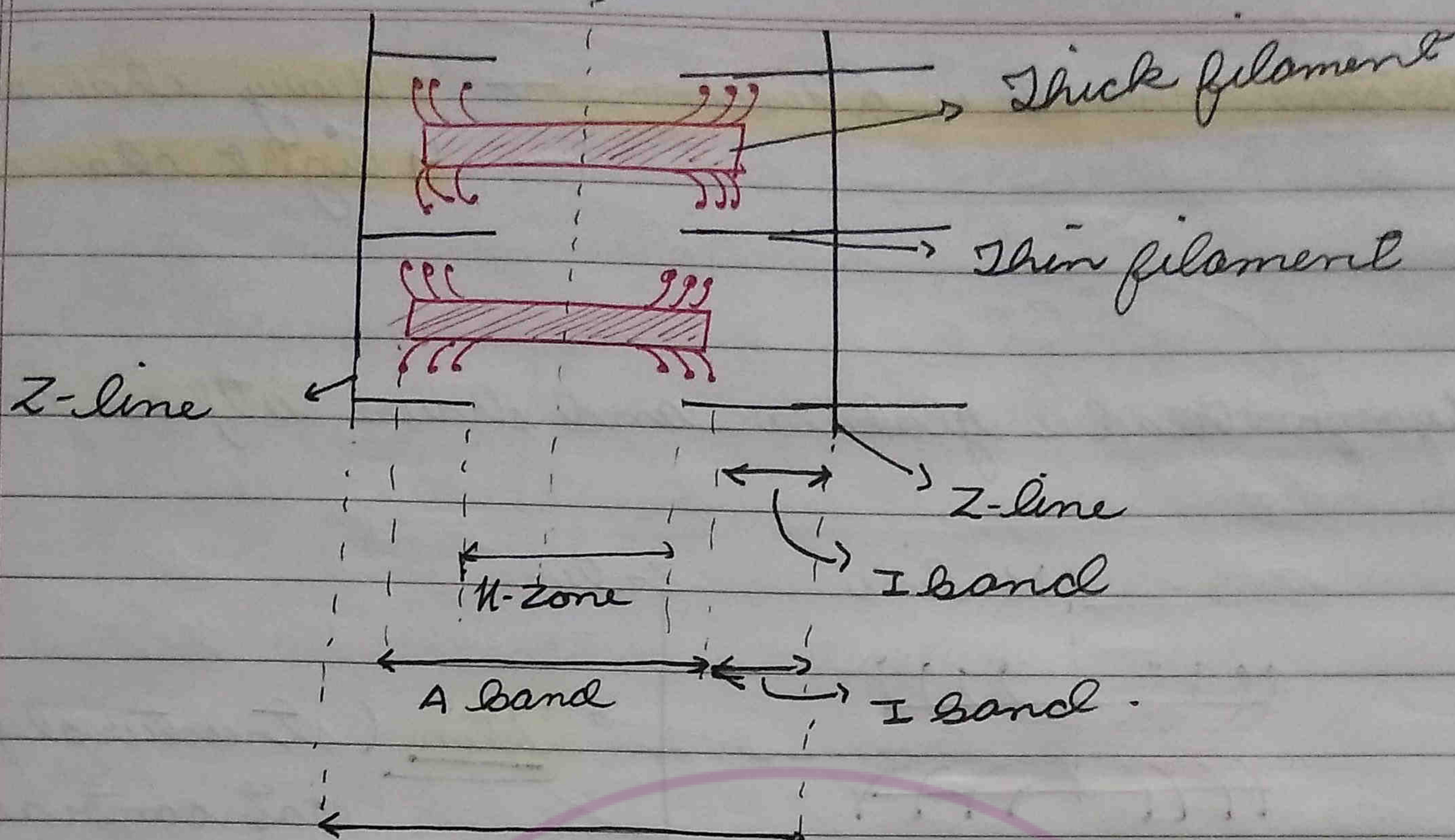
region b/w two z-lines = sarcomere

Myosin is polymerised from many meromeric ~~monomeric~~ <sup>monomeric</sup> proteins called meromyosin <sup>M-line</sup>

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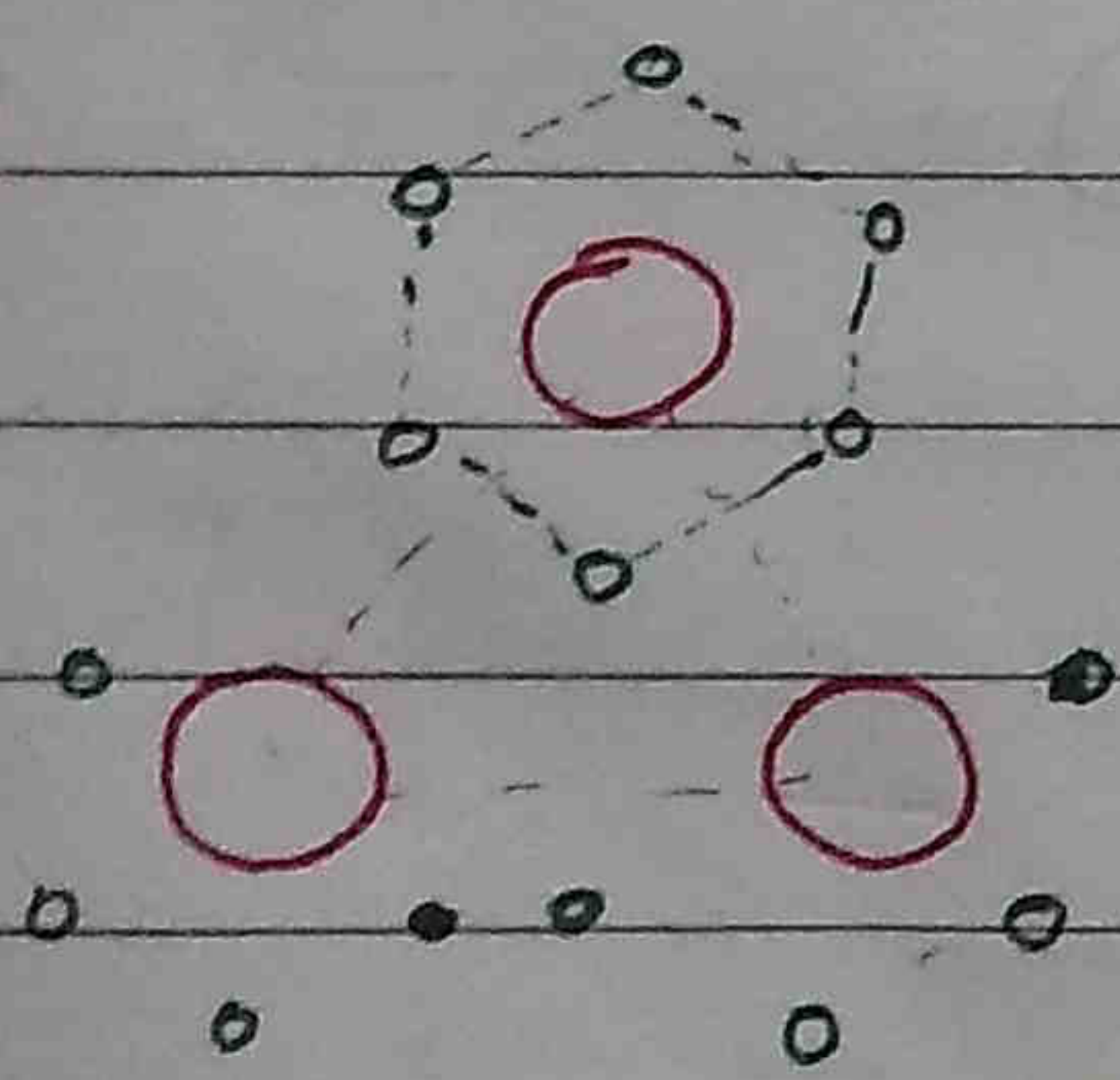
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Sarcomere → fundamental unit of muscle

- Thick filament + overlapping thin filament
- Appears dark under microscope

- I band (Isotropic)
- Thin filament present
- Light in colour.

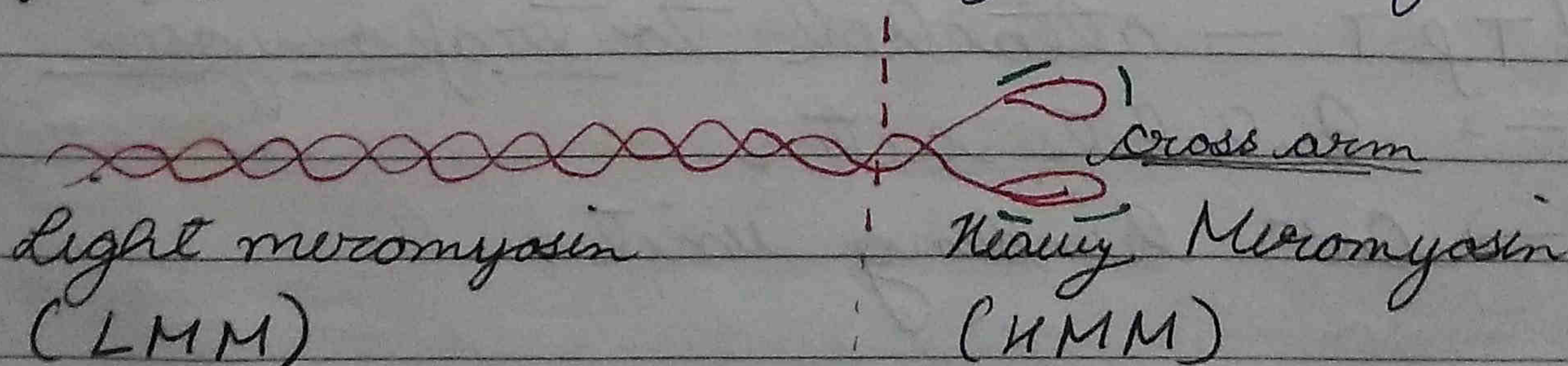


Each thick filament surrounded by 6 thin filaments.

Each thin filament surrounded by 3 thick filaments.

## Muscle Proteins

Myosin protein → makes up thick filament



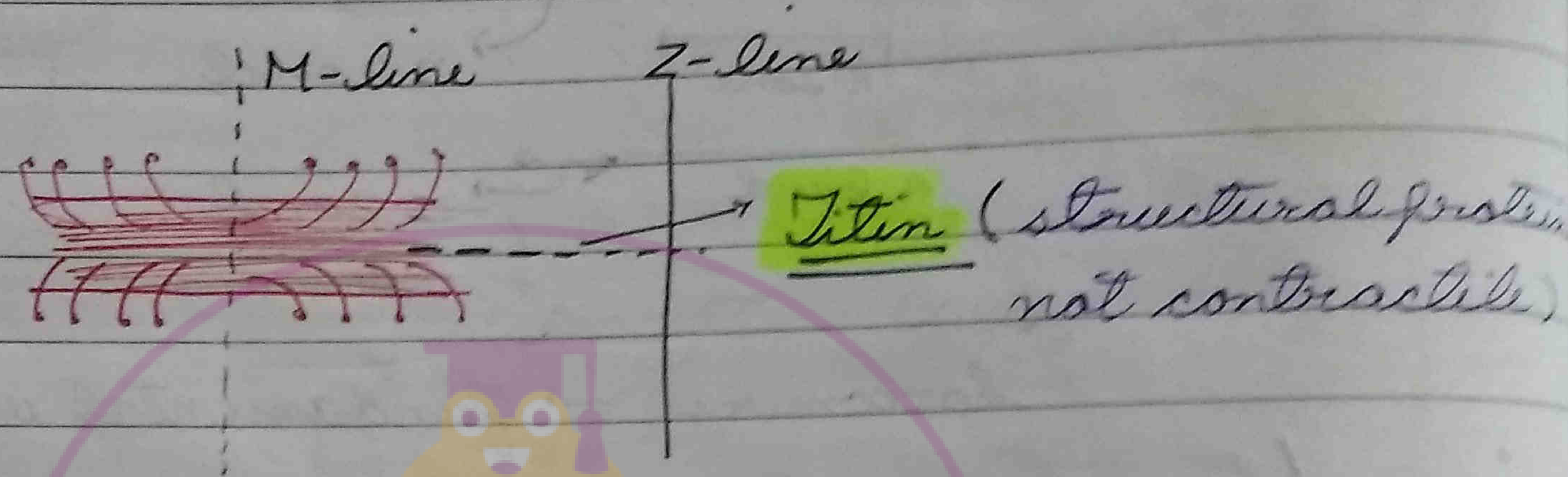


Myosin ~~protein~~ <sup>filament</sup> are held together by M-line junctions and attached to Z-line by Titin protein.

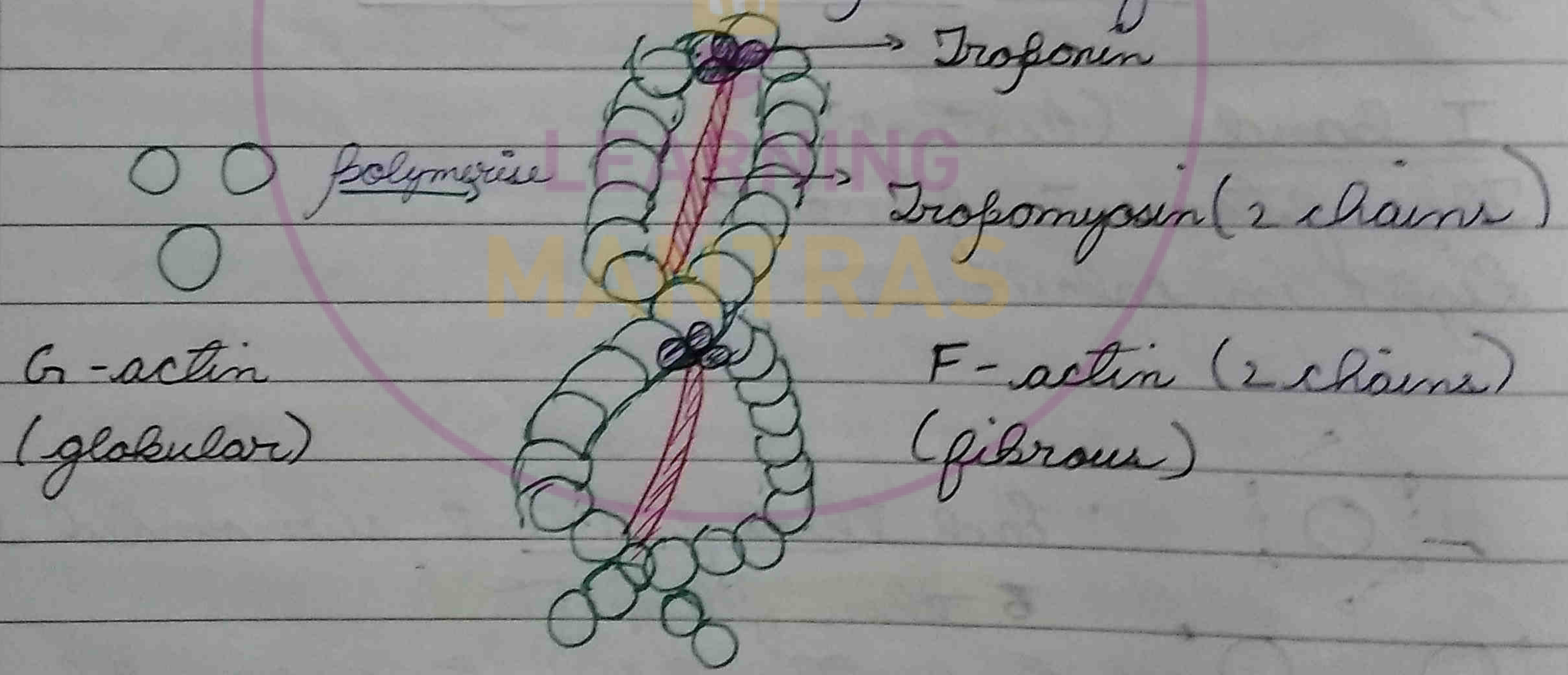
★ Titin → largest size protein in body.

★ <sup>myosin</sup> 1<sup>st</sup> protein molecule is a hexamer — 2 heavy chains — 4 light chains

Myosin head is globular and shows ATPase activity.



Actin Protein → makes up thin filament.



Tropomyosin → fibrous protein  
 - covers the actin sites during relaxed state.

Troponin — globular  
 3 units  
 TnT / TnI — attached to tropomyosin  
 TnI → Inhibits actin  
 TnC →  $Ca^{2+}$  binding unit.

Tn = Troponin

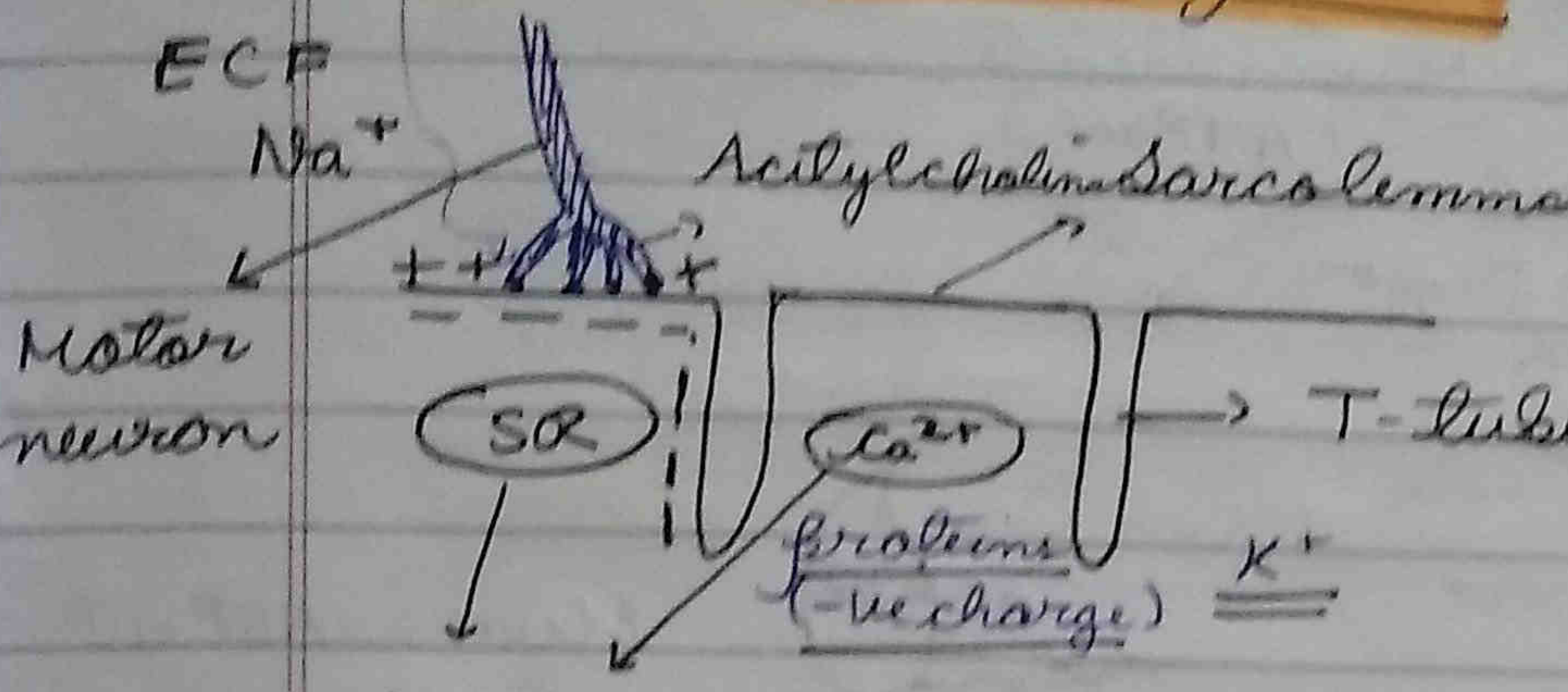


Sarcotubular system is not present in smooth muscles.

Sarcoplasmic reticulum acts as  $Ca^{2+}$  reservoir.

Myoneural junction: junction of sarcolemma and motor neuron.

Sarcotubular System: consists of sarcoplasmic reticulum and T-tubules (SR)



T-tubule: invaginations of sarcolemma at A-I junctions in skelital muscles and (at Z-lines is cardiac muscles)

listern of sarcoplasmic reticulum muscles and (at Z-lines is cardiac muscles)

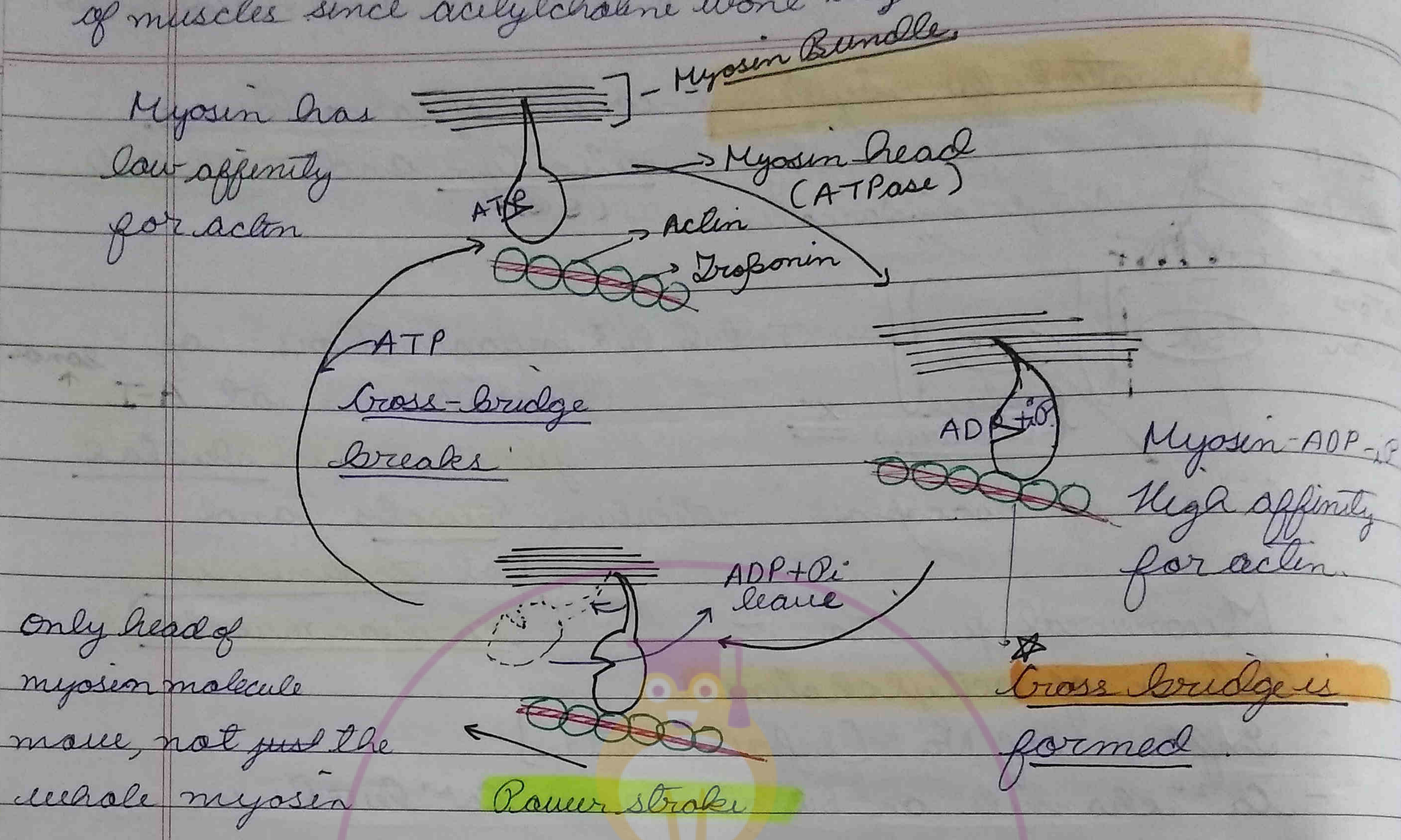
- Myoneural junction -  
- Release of acetylcholine  
- Influx of  $Na^+$  [depolarisation]  
-  $Ca^{2+}$  channels on SR open and  $Ca^{2+}$  level in sarcoplasm rises.

### Muscle Contraction

- 1st step Release of ACh from motor nerve endings.
- Sarcolemma is depolarised.
- Action potential passes through T-tubule.
- $Ca^{2+}$  channels on SR open hence there is exit of  $Ca^{2+}$  from SR to sarcoplasm.
- $Ca^{2+}$  binds to Troponin (TnC)
- TnC undergoes conformational change and Tropomyosin is shifted.
- Actin sites become free to bind with myosin.

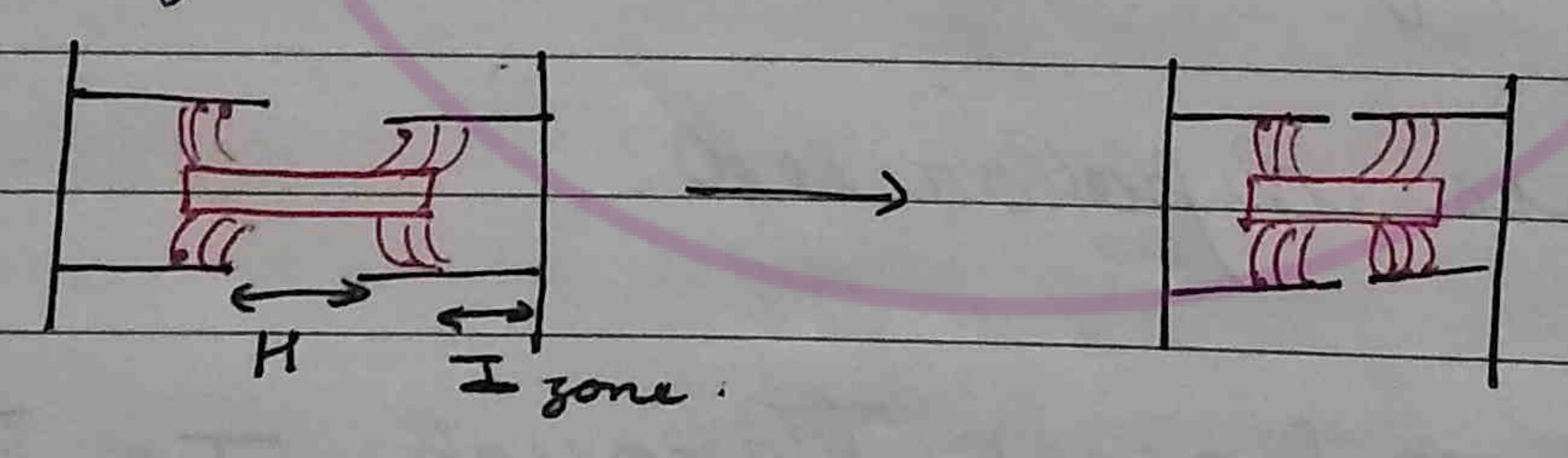


- Myosin has low affinity when ATP is attached to it.
- AChE inhibitors lead to continued contraction of muscles since acetylcholine won't degrade.



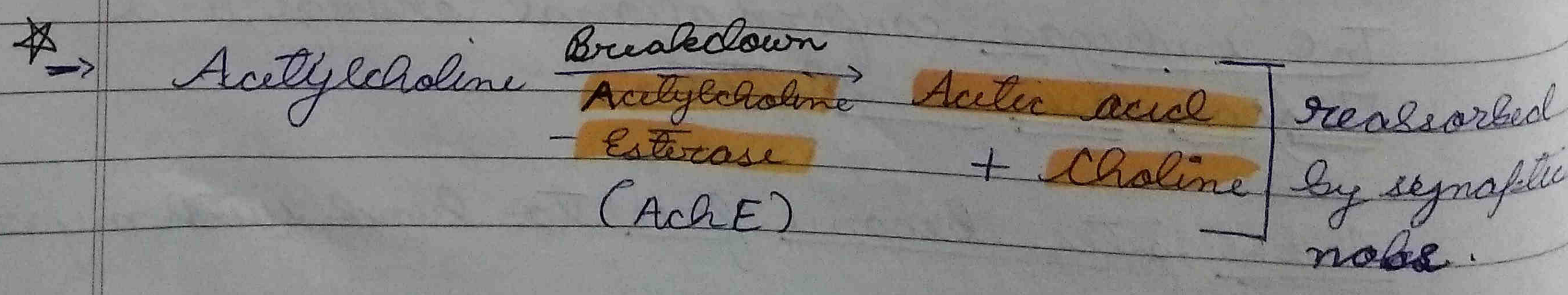
Sliding Filament Theory  
Huxley and Huxley

Thin filaments slide over thick filament.



- Sarcomeres - decrease in length ✓
- I-band decreases ✓
- H-Zone decreases ✓

★ A-bands and M-line remain unchanged. ✓





- DFP (Diisopropyl fluorophosphate), Nerve gas, Insecticides inhibit AChE.

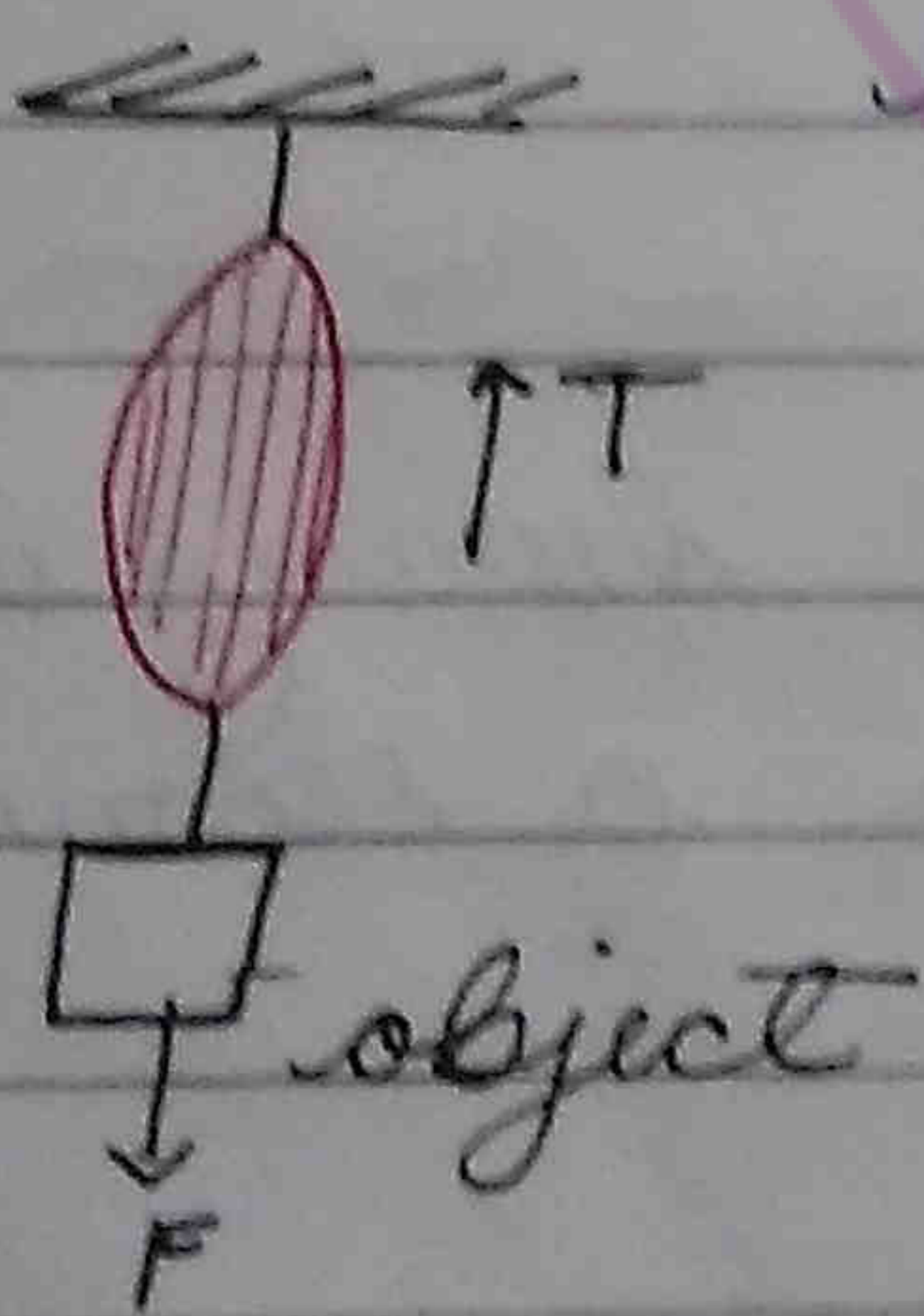
## Types of Contraction

1. Isometric Contraction  
same length

- No change in muscle length during contraction.
- Work done is zero (∵ muscle is generating force but there is no change in length)  
e.g. Pushing a wall.

2. Isotonic contraction  
same tension

- Tension is force generated by muscle.  
e.g. lifting an object.



## Muscle Response

Threshold stimulus → minimum strength of stimulus which causes a muscle fibre to contract.



- Skeletal muscle fibre have shortest refractory period hence tetanus is possible
- Muscle has many muscle fibres having different threshold stimulus.

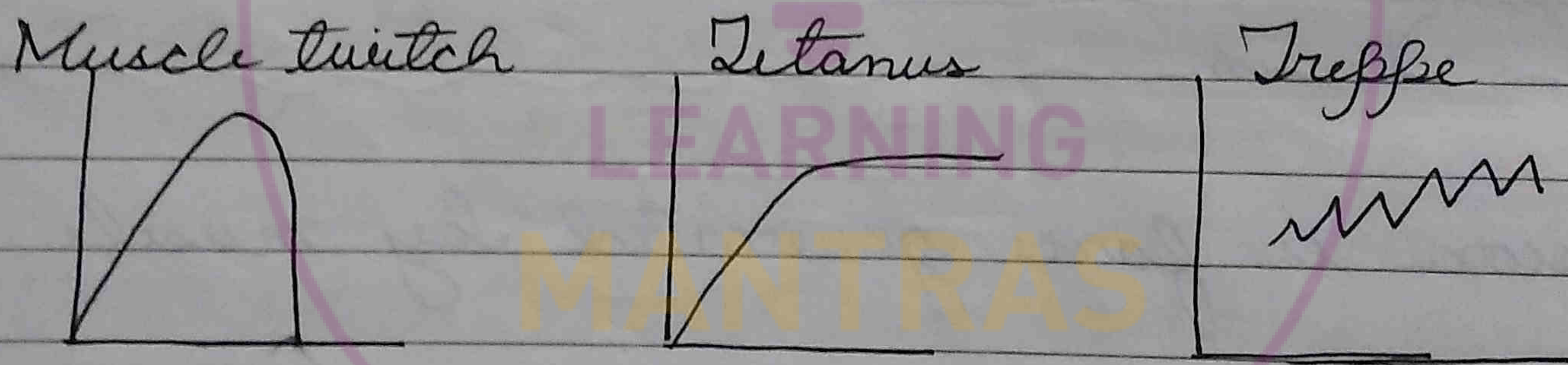
• All or None law : If a threshold stimulus is applied to muscle fibre, it contracts maximally. This law is not applicable for complete muscle.

• Muscle Twitch → single contraction followed by relaxation due to stimulus.

• Tetanus → sustained contraction due to repeated stimuli  
 "summation of contraction" e.g. holding a pen.

"not diseased condition"

• Treppe → repeated contraction due to subtetanizing stimuli.  
 less stimuli than tetanus -



• Refractory period → Time period during which a muscle fails to respond for a second stimulus.

- skeletal muscle fibre 0.002 - 0.005 s

- low cardiac muscles have longest refractory period of 0.1 - 0.2 s.



- Myoglobin: store oxygen SEA store glycogen
- No. of muscle fibres is genetically determined
- Red muscle fibres are narrow as compared to white muscle fibres (broader).

## Skeletal Muscle fibres

### Red fibres

#### Type I

Narrow diameter

High Myoglobin

No. of mitochondria is high

less smooth endoplasmic reticulum

Slow, oxidative fibres

Lactic acid does not accumulate easily.

Do not fatigue easily.

e.g

back muscles

flight muscles of long distance

flying bird muscles of kite

Red fibres - more developed in a Marathon runner (42.2 km). Narrow diameter

White fibres - more developed in a 100m sprinter. Broader diameter

### White fibres

#### Type II

Broader diameter

No Myoglobin

low

More smooth endoplasmic reticulum

Fast glycolytic oxidative fibres

Lactic acid quickly accumulates.

Muscles fatigue easily.

e.g

muscles of eyes, eye lids

flight muscle of short distance flying birds such as sparrow.

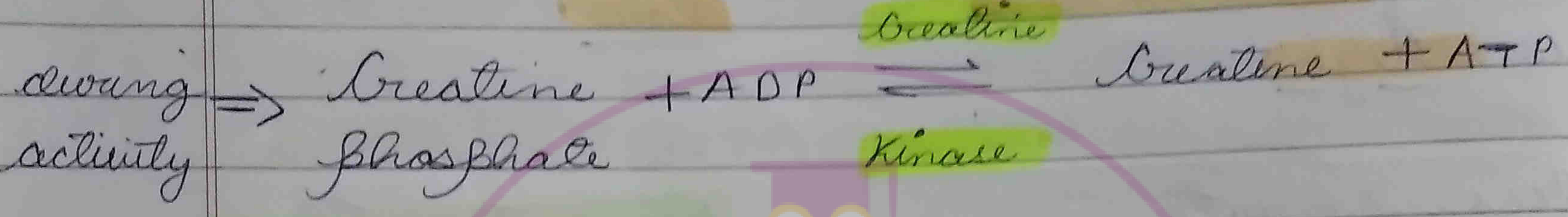


- Presence of creatine phosphate is characteristic feature of white fibres and is used as energy source.
- Glycolysis is main source of energy in white fibres.

## Energy Source for Muscle Contraction

(i) - ATP

(ii) - Creatine phosphate: phosphagen, stored in muscles synthesised in liver which releases phosphate ions.



- Creatine is converted to creatine - PO<sub>4</sub> during rest but some creatine is lost as its anhydride called two creatinine.

Creatinine passes out in urine.

- Creatine is formed in liver from 3 amino acids i.e. Glycine + Arginine + Methionine.

(iii) Glycolysis = Glucose is broken down to Pyruvic acid and energy is released.

Oxidative phosphorylation: Pyruvic acid enters Krebs' cycle aerobic muscle / red fibres.

- Oxygen Debt: Rate of respiration remains high even after strenuous exercise is stopped.

- Metabolic rate remain high so that body



- Glycogen cannot be transferred from liver cell as its molecular size is large hence converted into glucose <sup>classmate</sup> and then transferred
- Cox Gerty Cori and then transferred

replenish the lost resources within the muscles like  $O_2$ , glycogen.

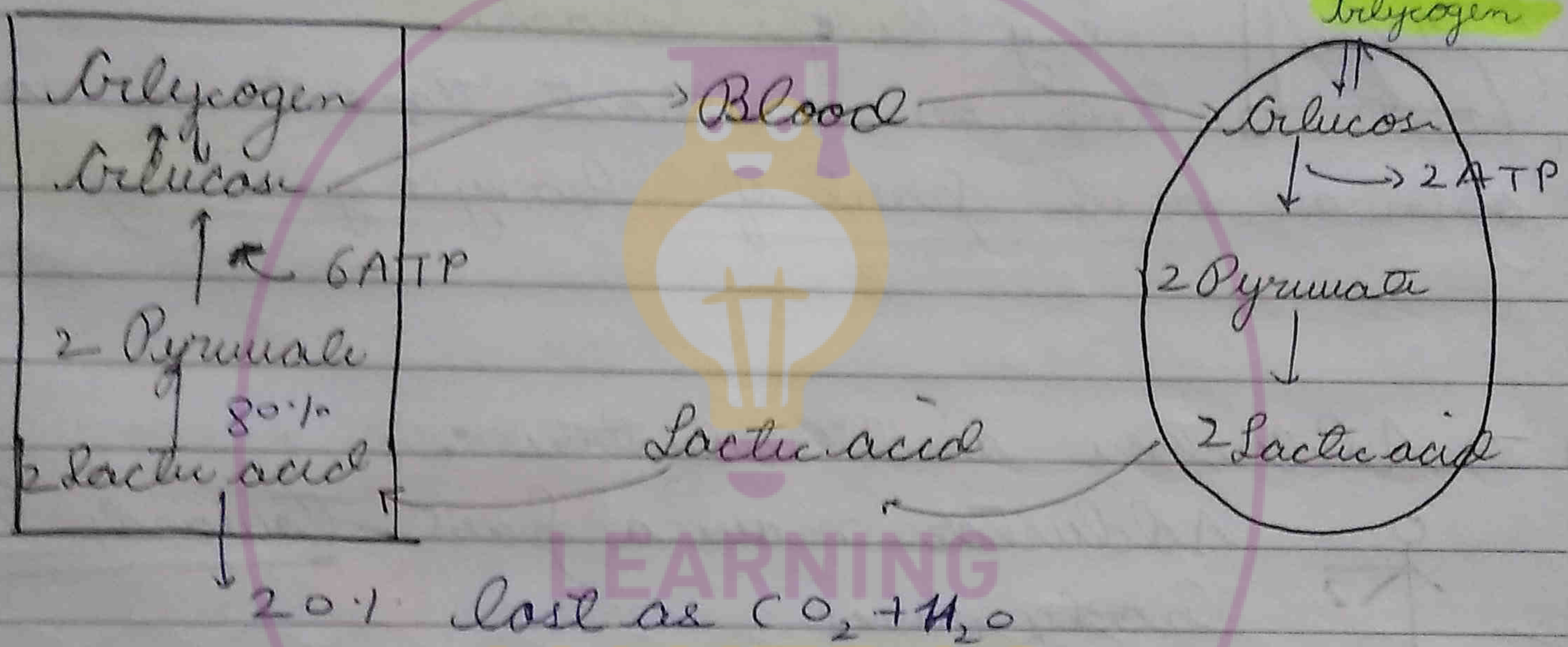
### Cori's Cycle

Gerty Cori, Carl Cori  
1947 Nobel Prize.

80% of lactic acid formed is reused.

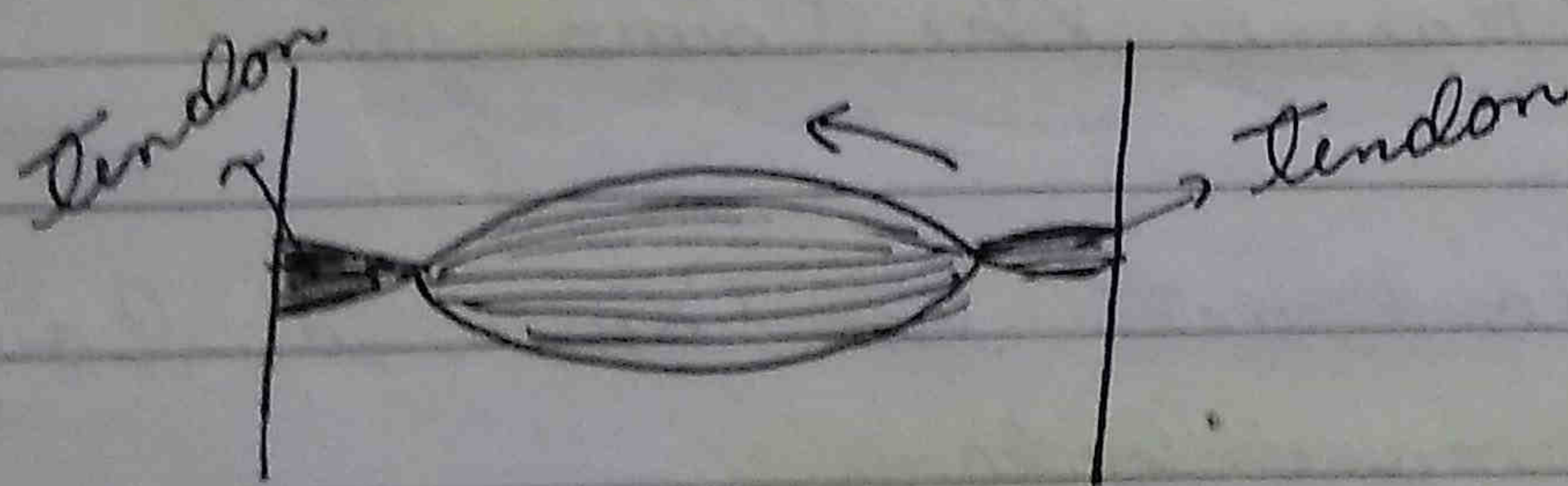
Liver cell

Muscle cell



Muscle fatigue  $\rightarrow$  Inability to contract muscle as accumulation of lactic acid, desensitizes the muscle fibre.

### Muscle Groups



fixed end  
 $\downarrow$   
Origin

Movable end  
 $\downarrow$   
Insertion

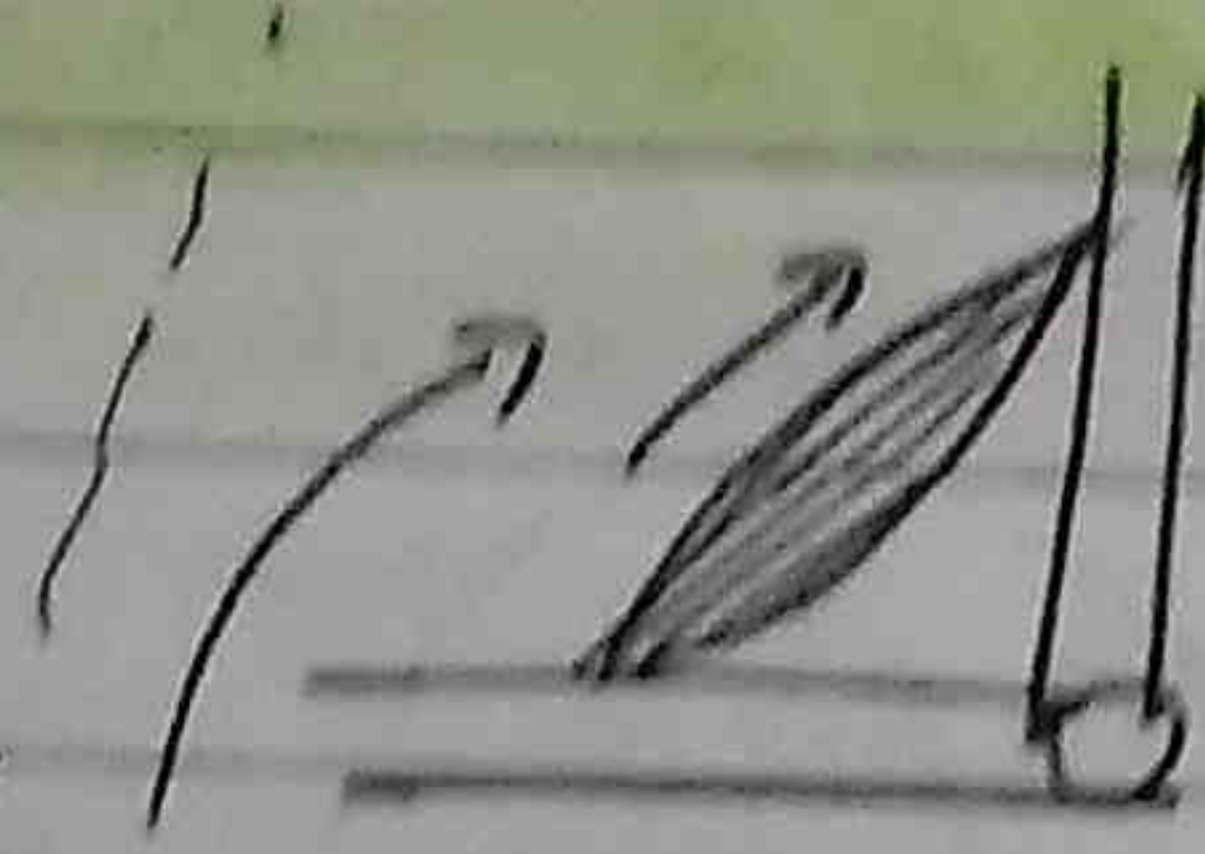
There are 639 muscles in human body, out of which 317 are paired and 5 are unpaired.



Synergists: A muscle along with another muscle contracts to produce movement in same direction.

Antagonists: Two different sets of muscles which produce different movements.

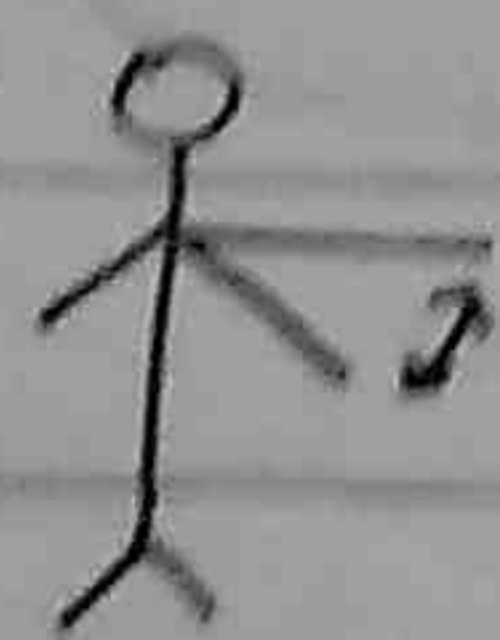
(a) - Flexors and Extensors: Flexors contract to bend one part over other



e.g. Biceps Brachii

Extensors contract to extend or open a bent part of body e.g. Triceps

(b) - Adductors and Abductors:



Adductors move a part towards the body axis

e.g. Splenissimus dorsi

Abductors move a part away from body axis e.g. Deltoides

(c) - Levators and Depressors:

Levators contract to raise a body part. e.g. Masseter - raises the lower jaw.

Depressors contract to lower a body part e.g. Depressor mandibularis

(d) - Pronators and Supinators:

Pronators - rotate the palm so that it faces downwards.

Supinators - rotate the palm so that it faces



Muscle disuse leads to weakening and then atrophy.

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upwards.

★

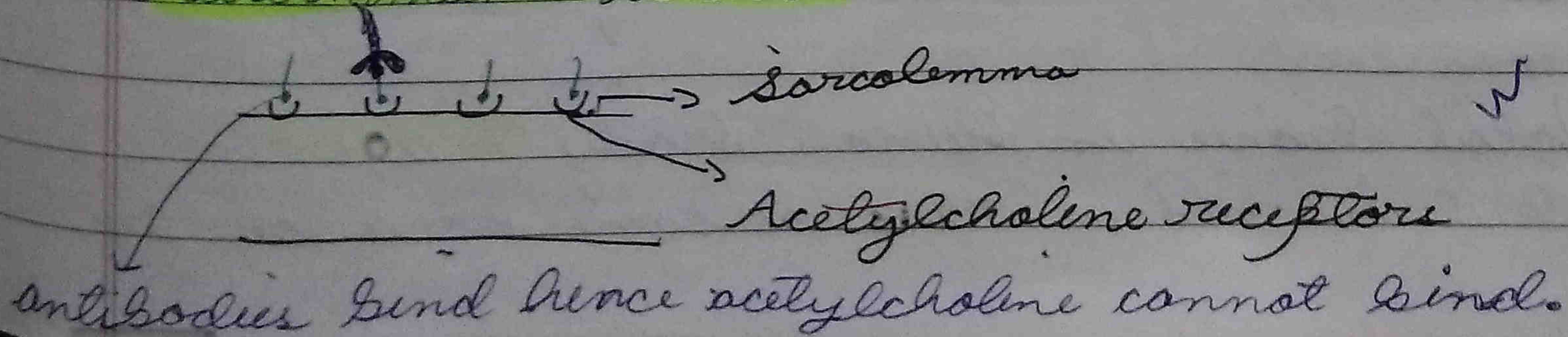
- Strongest muscle — Masseter
- Longest muscle — Sartorius
- Longest muscle group — Quadriceps femoris
- Largest muscle — Biceps maximus
- Smallest muscle — Stapedius

## Disorders

### 1. Muscular Dystrophy (MD)

- Genetic disorder
- Dystrophin protein is not formed.
- Dystrophin protein is present between muscle fibres and necessary for coordinated contraction of different muscle fibres in a bundle.
- X-linked disease
  - Duchenne's MD — fatal by the age of 30 years.
  - Becker's MD — milder.

### 2. Myasthenia Gravis Autoimmune disease





Haemopoiesis → formation of blood cells.

Antibodies are formed that bind to ACh receptors which leads to muscle weakening and atrophy.

3 Poliomylitis ↑ Polio

- caused by RNA virus

- Mode of infection is feco-oral route.

- Multiply in intestine and move to spinal cord.

- Destroy ventral horn of spinal cord where motor nerves are situated.

- Hence motor neurons cannot send messages to the muscles, which leads to Paralysis.

### Skeletal System

consists of Bones and cartilage.

#### Bones

They form frame work of body.

help in locomotion and movement.

Bone marrow present in bones is involved in Haemopoiesis.

★ Bones are  $Ca^{2+}$  reservoir of the body.

Total bones in human body = 206

but in children = 213 as some bones are free.



## Skeleton (206 bones)

↓  
Axial Skeleton (80)

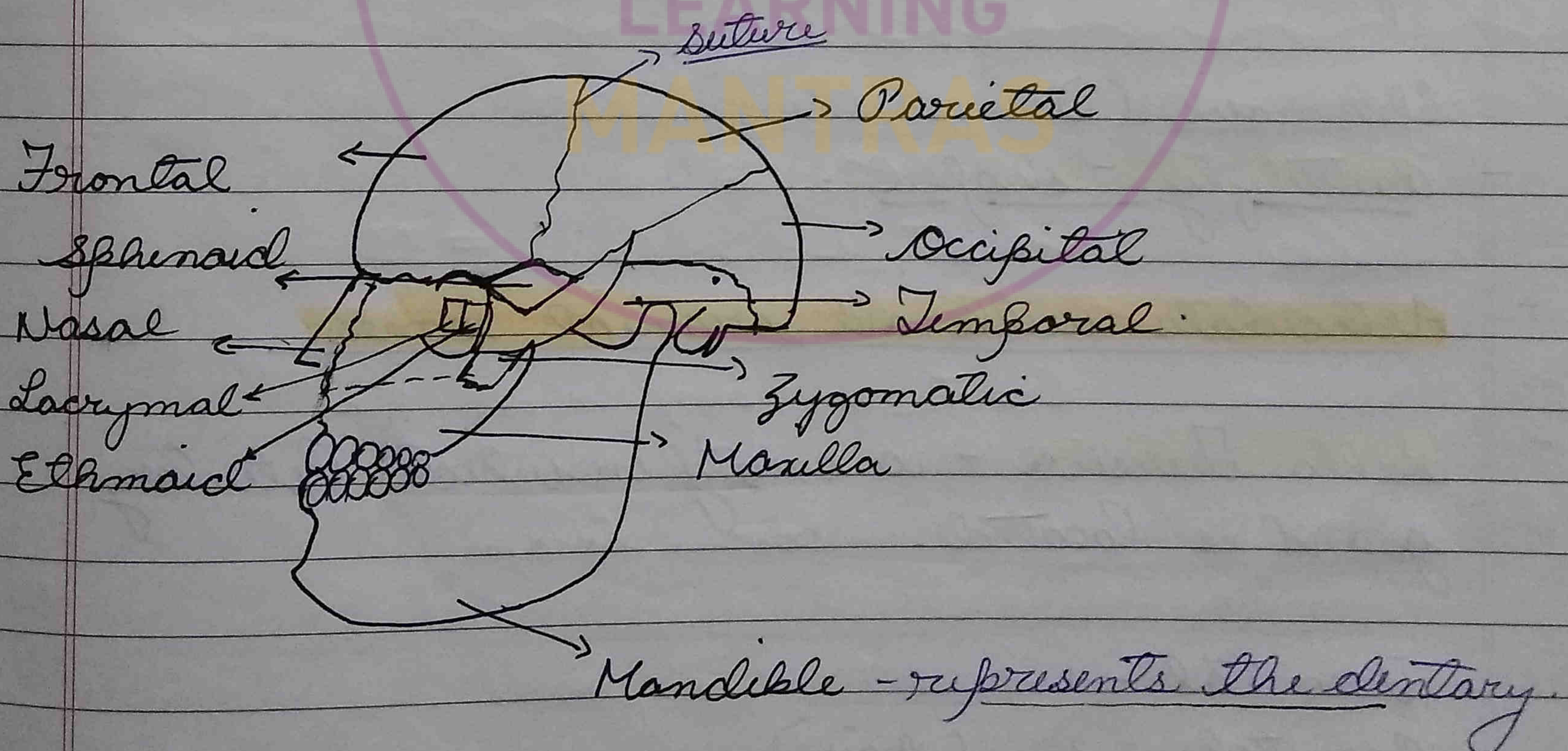
- ↓
- skull
  - vertebral column
  - sternum
  - ribs

↓  
Appendicular skeleton (126)

- ↓
- girdles
  - limbs

### • Skull

Cranium (Brain box)	- 8
Facial	- 14
Hyoid	- 1
Ear ossicles (middle ear)	- 6



### • Cranial Bone (8)

Frontal (1): forms roof of forehead and roof of eye-orbit.



Only mammals and amphibians are dicondylic.

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- Parietal (2): forms roof of cranium.
- Occipital (1): It has Foramen of Magnum which is an aperture through which spinal cord emerges.  
It has 2 occipital condyles (↵) hence called Dicondylic.
- Temporal (2): an aperture, external auditory meatus is located here.
- Ethmoid (1): Forms roof of nasal cavity. Gives rise to 2 turbinates / nasal conchae which project into nasal cavity i.e. superior and inferior nasal conchae.  
Median
- Sphenoid (1):
  - Butterfly-shaped.
  - Articulates with all cranial bones.
  - Sella Turcica - a cavity in which Pituitary gland is located.

Frontal - 1  
Parietal - 2 (pair)  
Occipital - 1  
Temporal - 2 (pair)  
Ethmoid - 1  
Sphenoid - 1



- Mandible is the only movable bone in the skull.
- Mandible is made up of more than 1 bone in <sup>CLASSMATE</sup> lower animals.

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- ★ Presence of 3-ear ossicles is mammalian trait.

### Facial Bones (14)

Nasals (2) - nose bridge

Infra nasals (2) - nose bridge inferiornasal conchae

Lacrimal (2)

Palatine (2)

Vomer (1)

★ Zygomatic (2) - cheek bones

Maxilla \*(2) - upper jaw

Mandible (1) - lower jaw

### Jaw Suspensorium

- Upper jaw is fused with cranium.
- Lower jaw (mandible) articulates with temporal.
- Mammals have CRANIOSTYLIC jaw suspension in which jaws are hanging from cranium.

Hyoid  
(Tongue bone).

- Located between lower jaw and larynx.
- ★ Does not articulate with any other bone.
- ✓ Provides insertion to some of the tongue muscles.

### Ear Ossicles

3 ear ossicles present in each middle ear.

- ★ Hyomandibular → Columella becomes Stapes  
smallest bone



primary curves : present since childhood.

- Stapes is the smallest bone.
- Presence of 7 cervical vertebrae : characteristics of mammals.

★ Malleus - modified from articular bone

★ Incus - modified from quadrate bone

## Vertebral Column

Vertebrae - 26 in adults

33 in children

4 curves in Vertebral Column

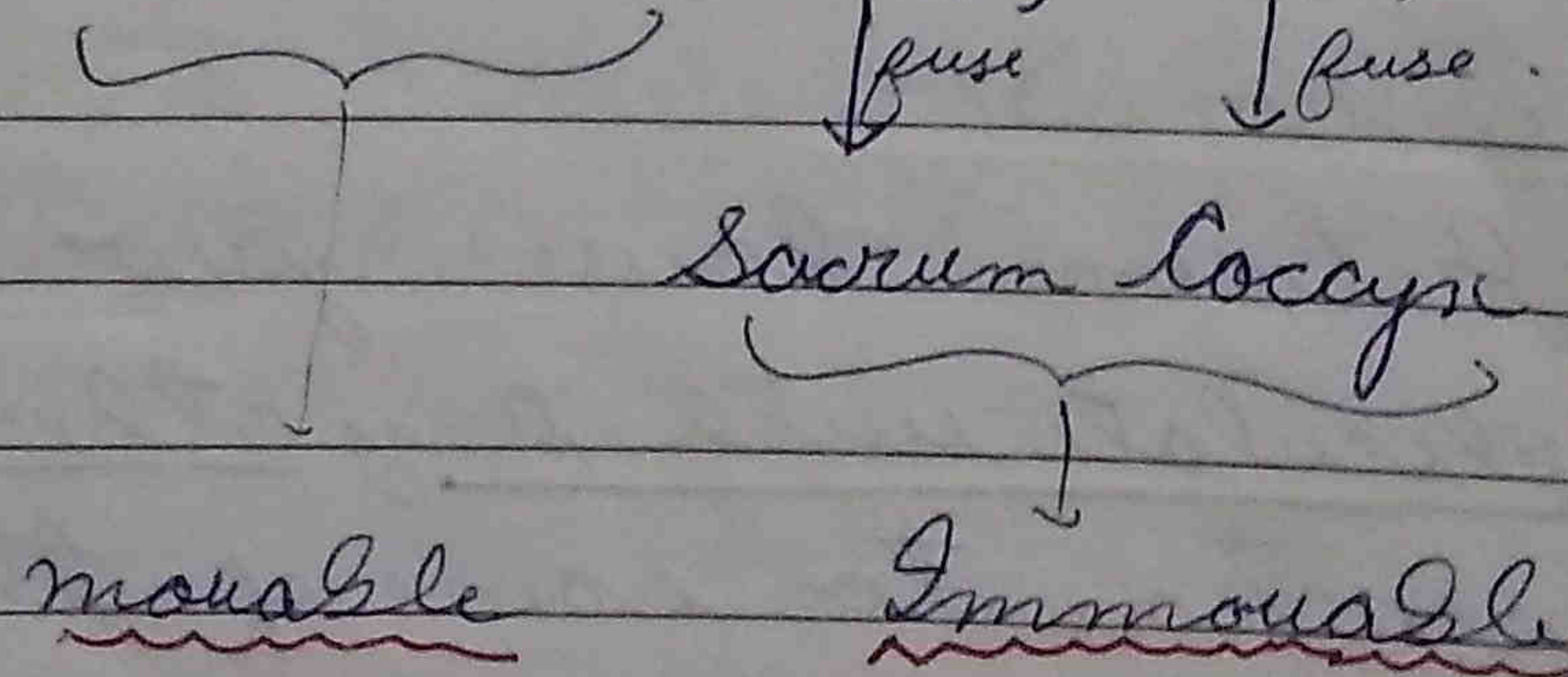
- Cervical - secondary
- Thoracic - primary
- Lumbar - secondary
- Pelvic - primary

★ curvature in vertebral column makes bifedal motion possible.

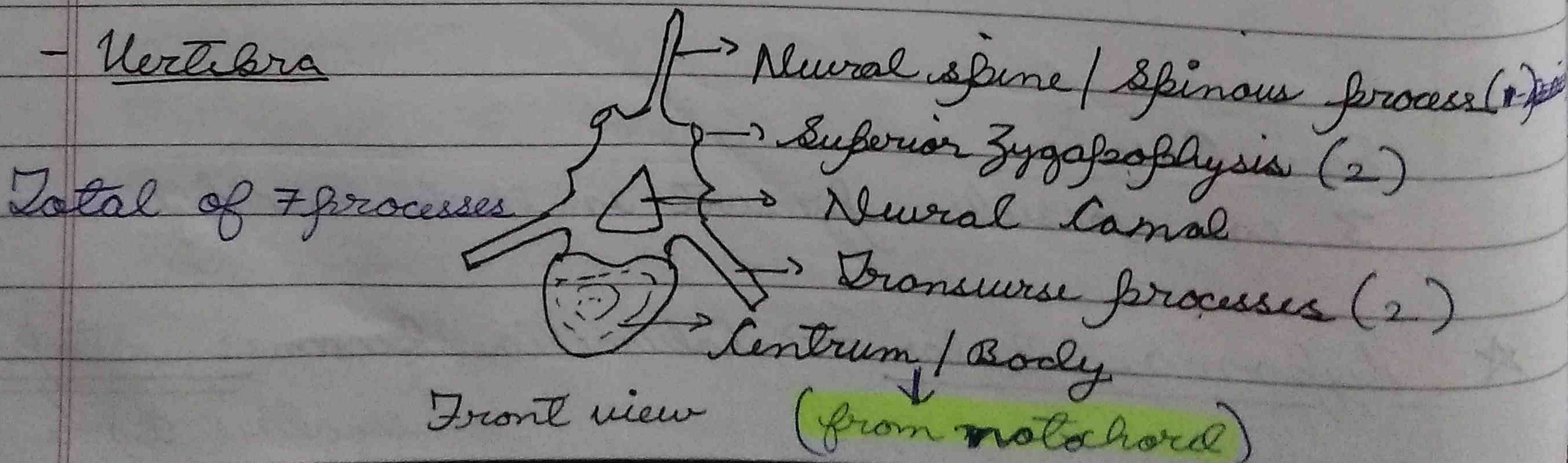
## Vertebra formula

for children  $C_7 T_{12} L_5 S_5 Co_4 = 33$

In adults  $C_7 T_{12} L_5 S(5) Co(4) = 26$



## - Vertebra





Amphiplatyon → centrum flat from both sides.

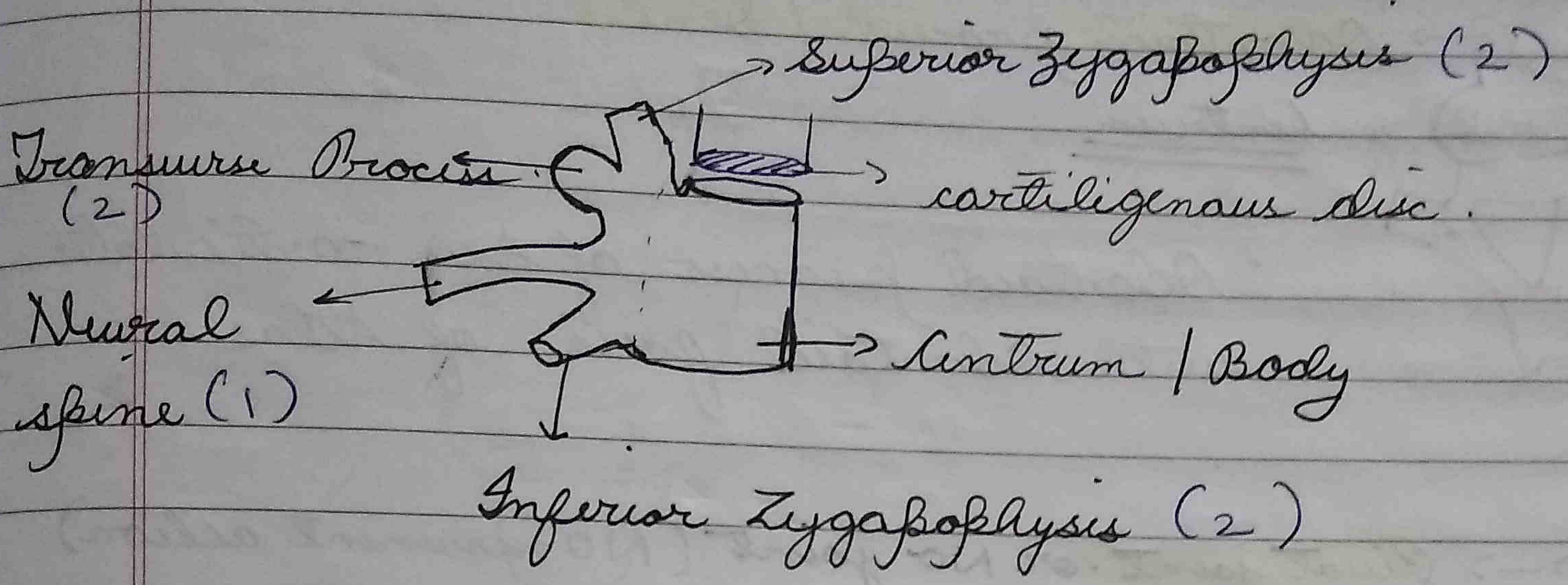
→ characteristics of mammals.

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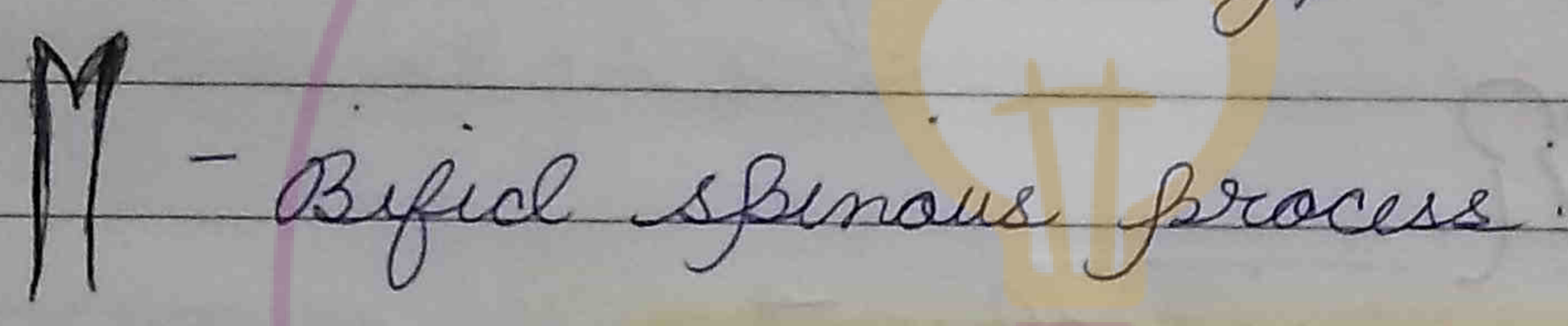
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### Lateral View



### Cervical Vertebrae (7)

3rd - 6th are called typical cervical vertebrae.



- Bifid spinous process.

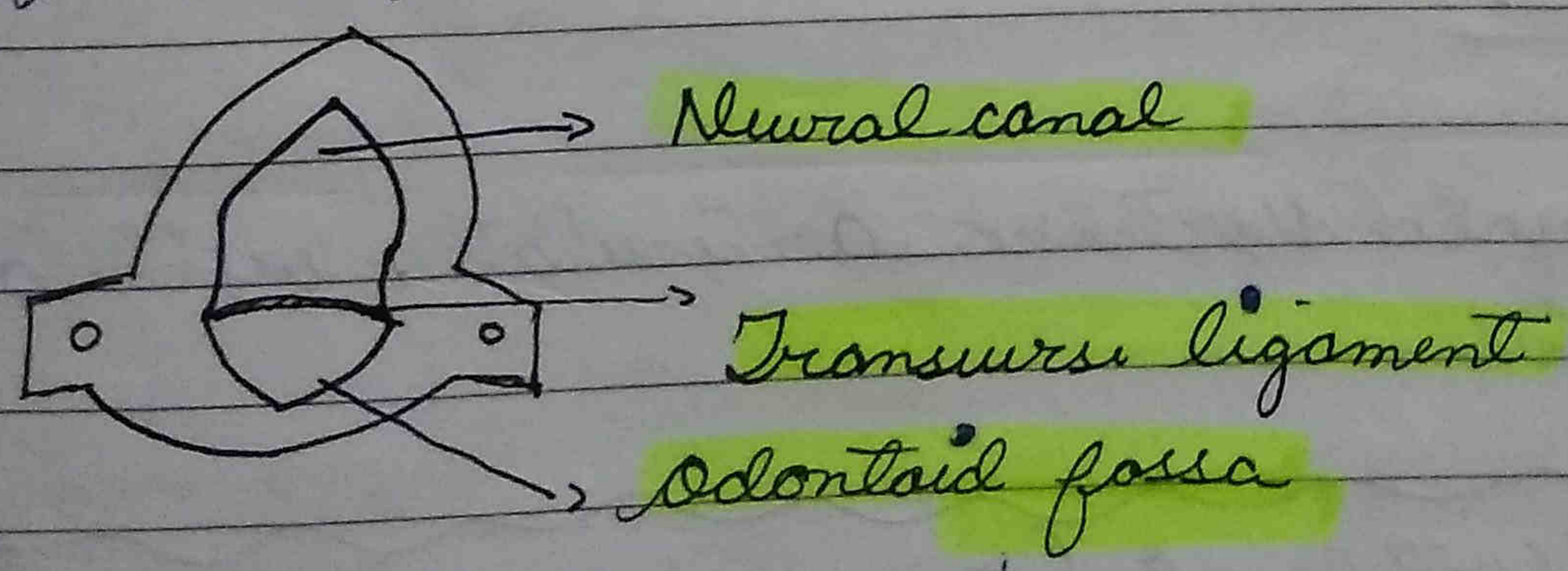
Vertebral canal / Transversarium → Aperture in transverse process through which blood vessels pass to supply blood to brain and spinal cord.

### 1st Cervical - ATLAS

Ring shaped bone

No centrum or spinous process

2 facets for articulation with occipital condyles.



of atlas articulates with second cervical vertebrae (Axis)

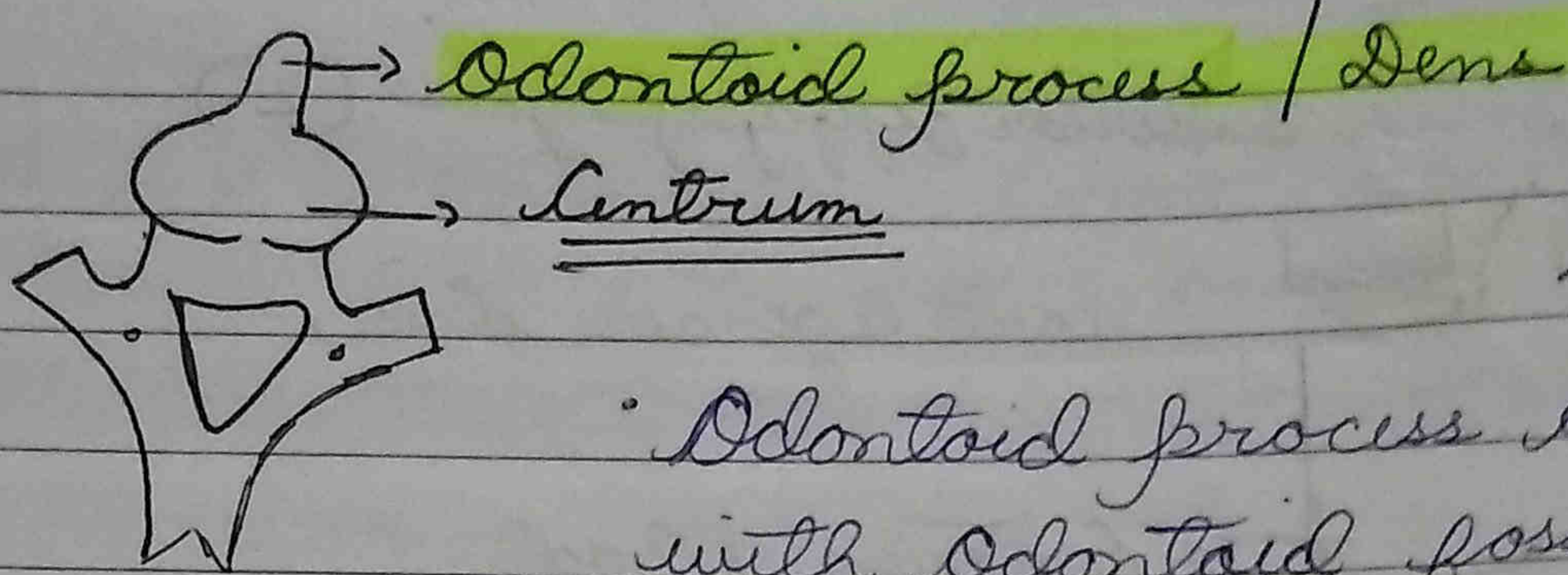


★ Thoracic vertebrae are identified by the presence of coastal classmate  
demifacets on centrum.

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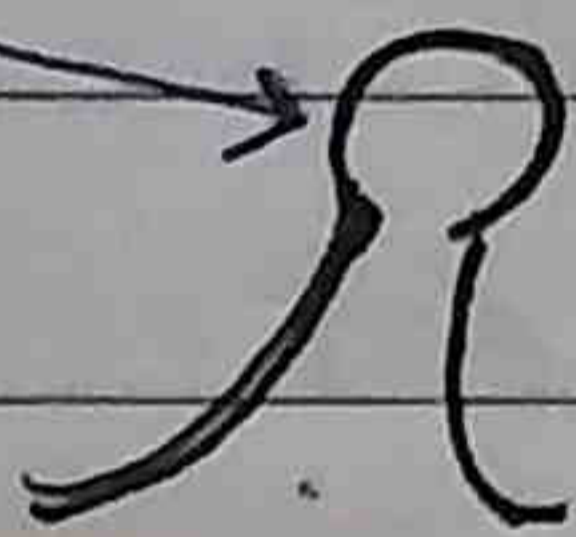
## 2nd Cervical - AXIS



• Odontoid process of Axis articulates with Odontoid fossa of Atlas.

⊗ → Pivot joint or NO joint (NO movement action)

- 7th Cervical - Vertebra Prominens (largest)
- Spinal process is not bifid but ends in tubercle.



- Transversarium is absent.

## • Thoracic Vertebrae (12)

Typical 2nd to 8th

Atypical 1st, 9th, 10th, 11th, 12th

- 1 pair facets are also present to articulate with ribs.
- Each thoracic vertebra articulates with one pair of ribs.

## • Lumbar Vertebrae (5)

- Largest mammalian vertebrae.
- Large and heavy centrum
- Process are short.

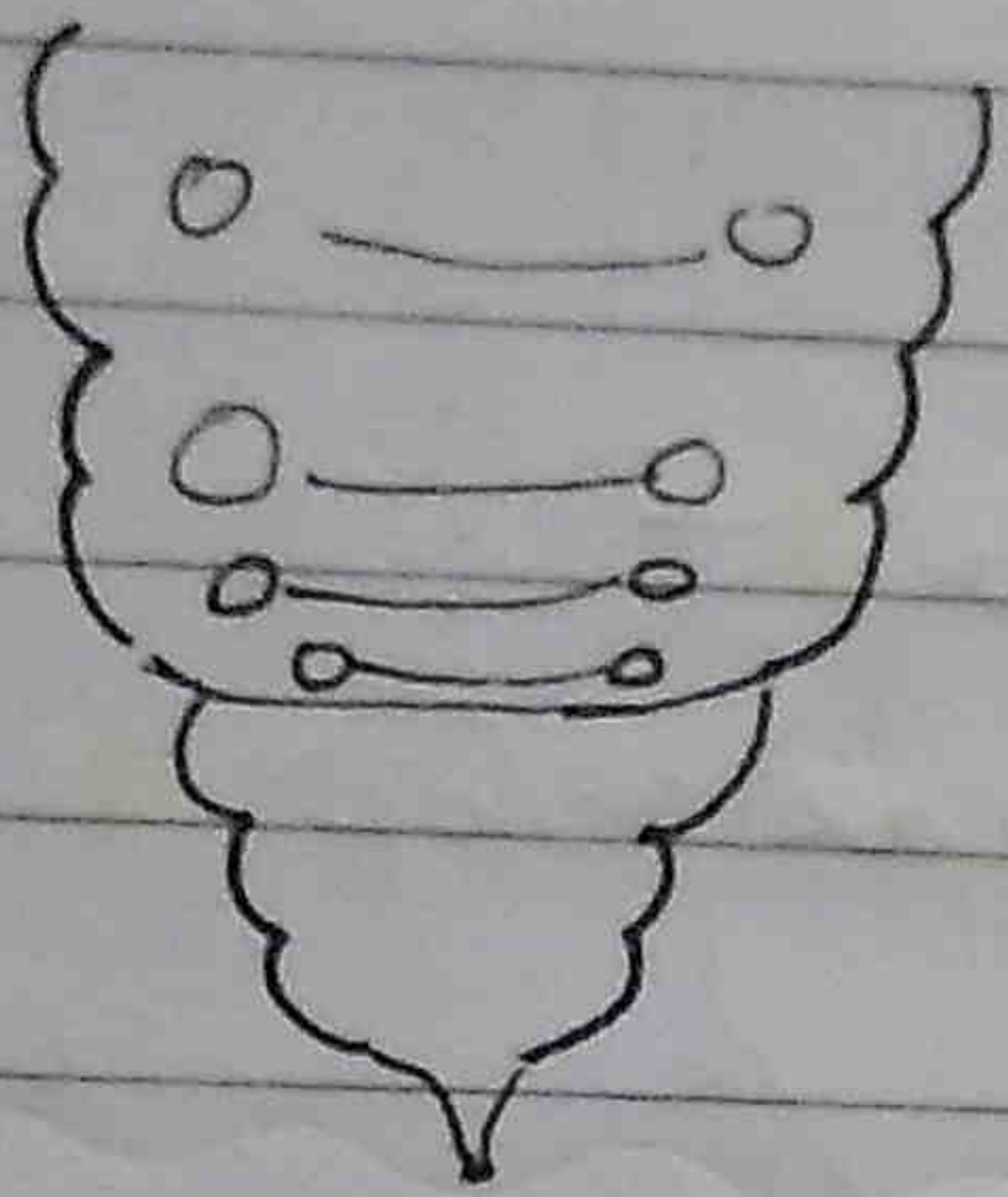


• Coccyx form tail in other animals but it is vestigial in humans.

• Ribs are called **Biciphalic** because it has two **articular facets**.  
classmate  
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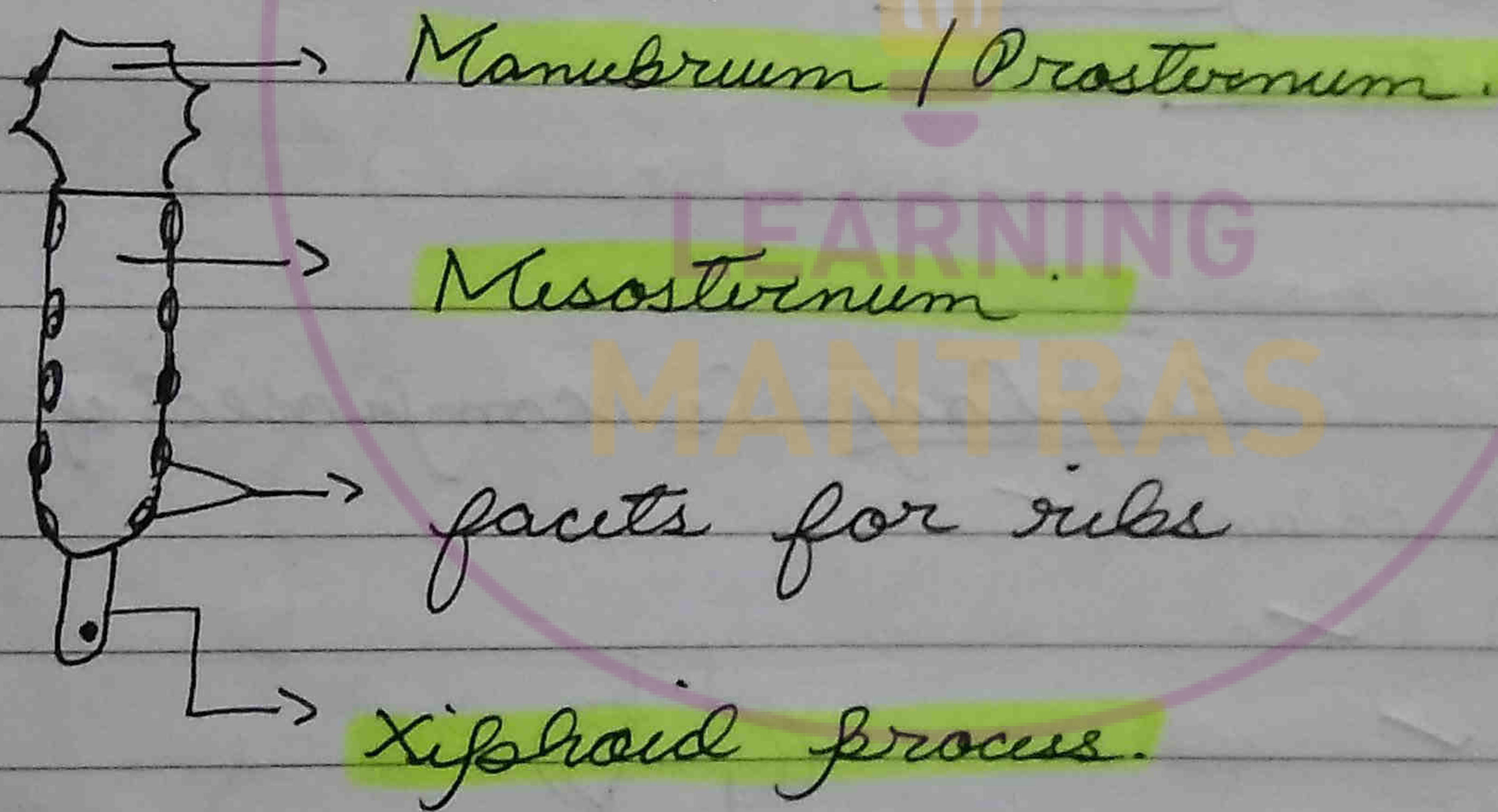
• Sacrum → formed by fusion of 5 sacral vertebrae

• Coccyx → formed by fusion of 4 coccygeal vertebrae

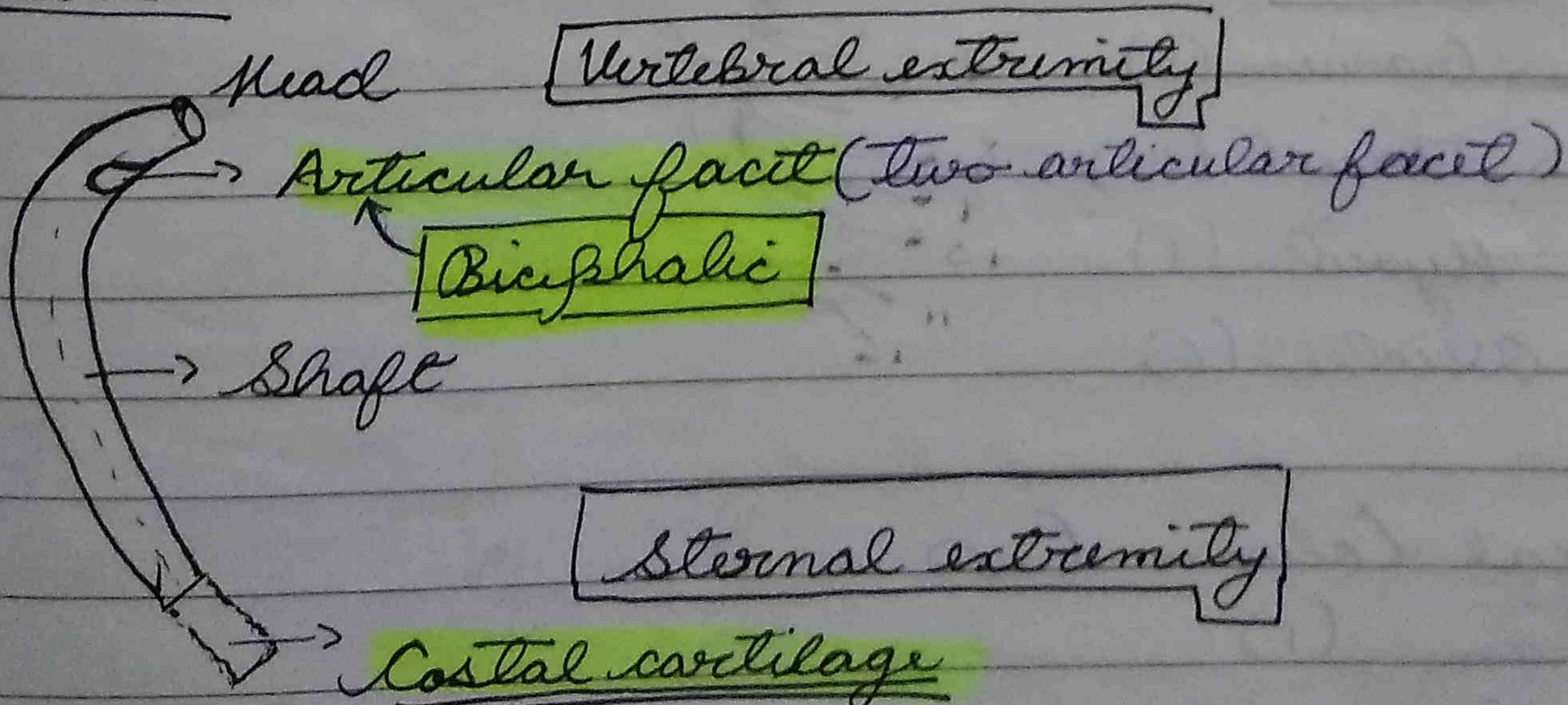


• Sternum (Breast bone)

— Dagger shaped bone. (Single Bone)



• Ribs (12 x 2)





• Bronilla ribs: 13<sup>th</sup> pair of ribs.



Ribs

True ribs

False ribs

Vertebro-sternal ribs

1st to 7<sup>th</sup>

8, 9, 10

11, 12

1st rib → articulates with Manubrium

Vertebro-chondral ribs

Floating ribs

2nd to 6th → articulates with Mesosternum

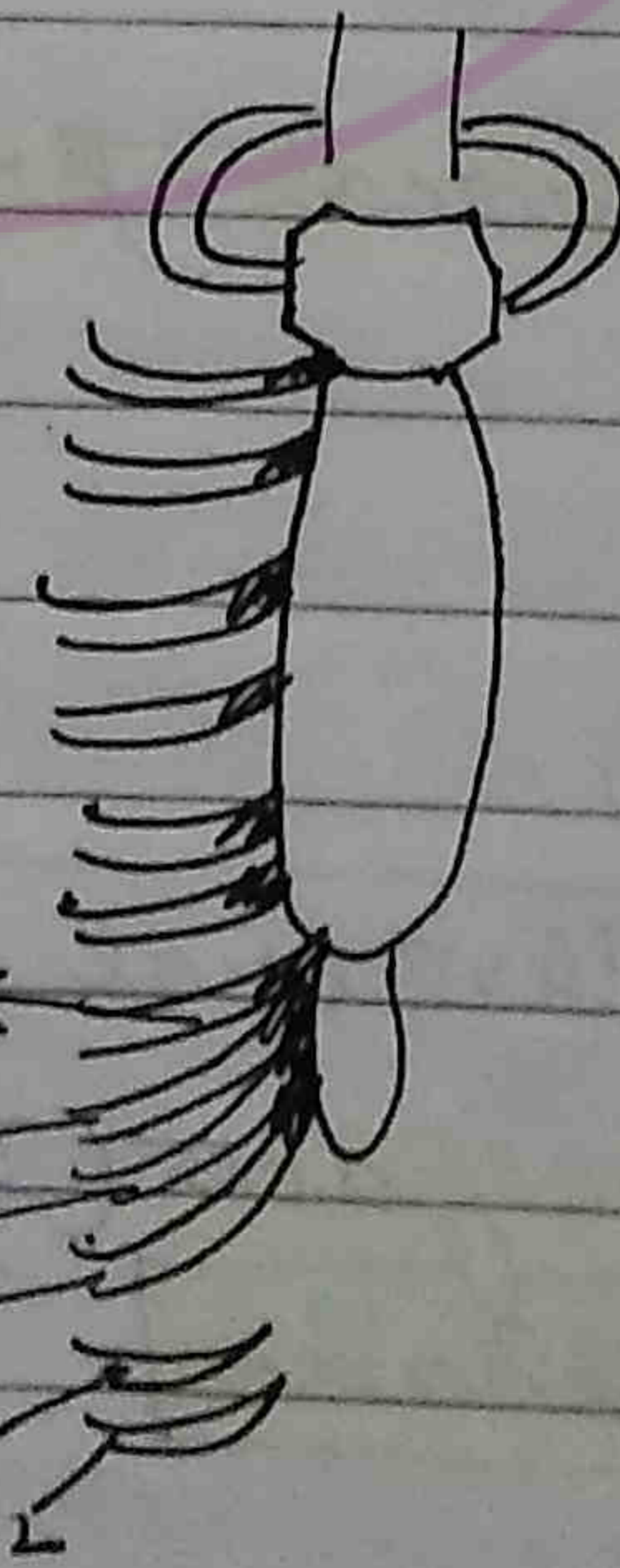
Articulate with costal cartilage of 7<sup>th</sup>.

Sternal extremities are free.

7<sup>th</sup> → articulates partially with mesosternum and Xiphoid.

Rib Cage is composed of

- Vertebral column ✓
- Sternum ✓
- Ribs ✓



Axial Skeleton (80)

- Skull → Cranium (8)
- Facial (14)
- Hyoid (1)
- Ear ossicles (6)

7  
8  
9  
10  
11  
12

Vertebral Column (26)

Sternum (1)

Ribs (24)



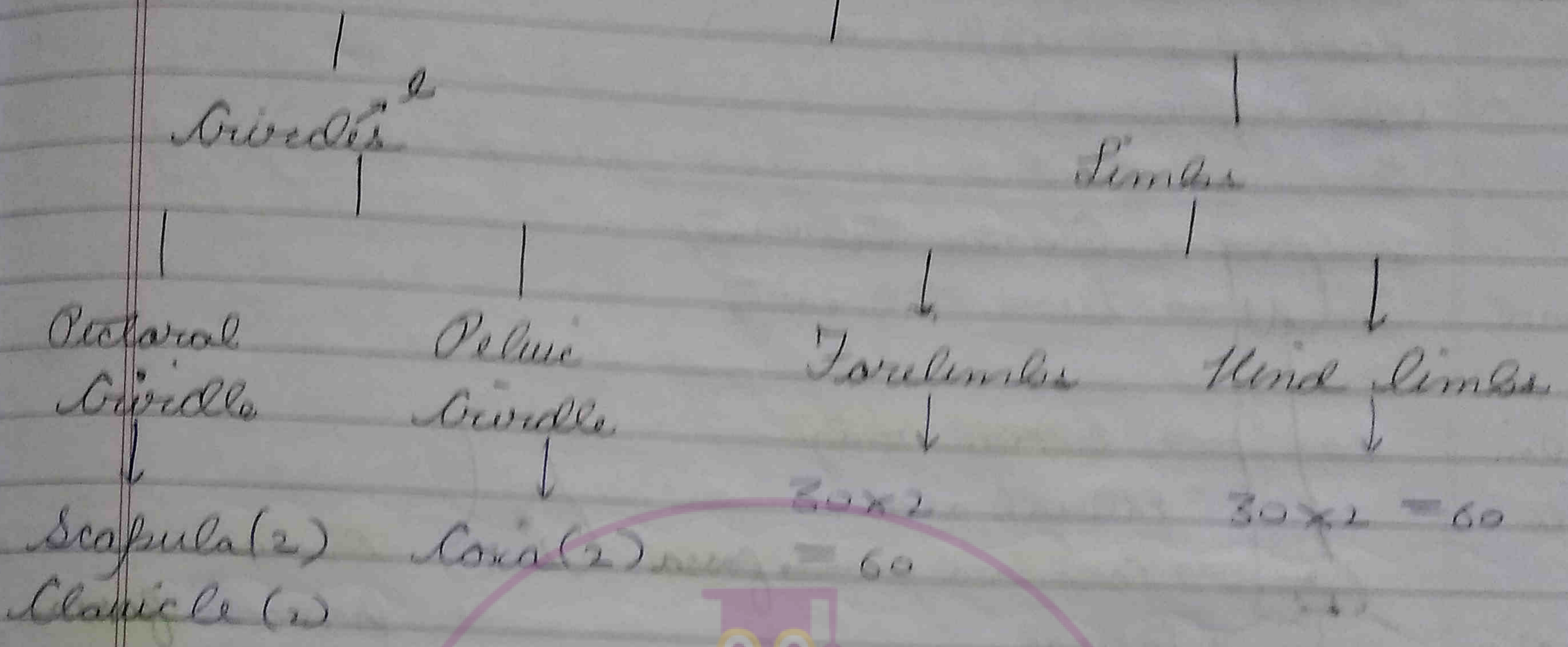
• Spine present between second and seventh ribs.

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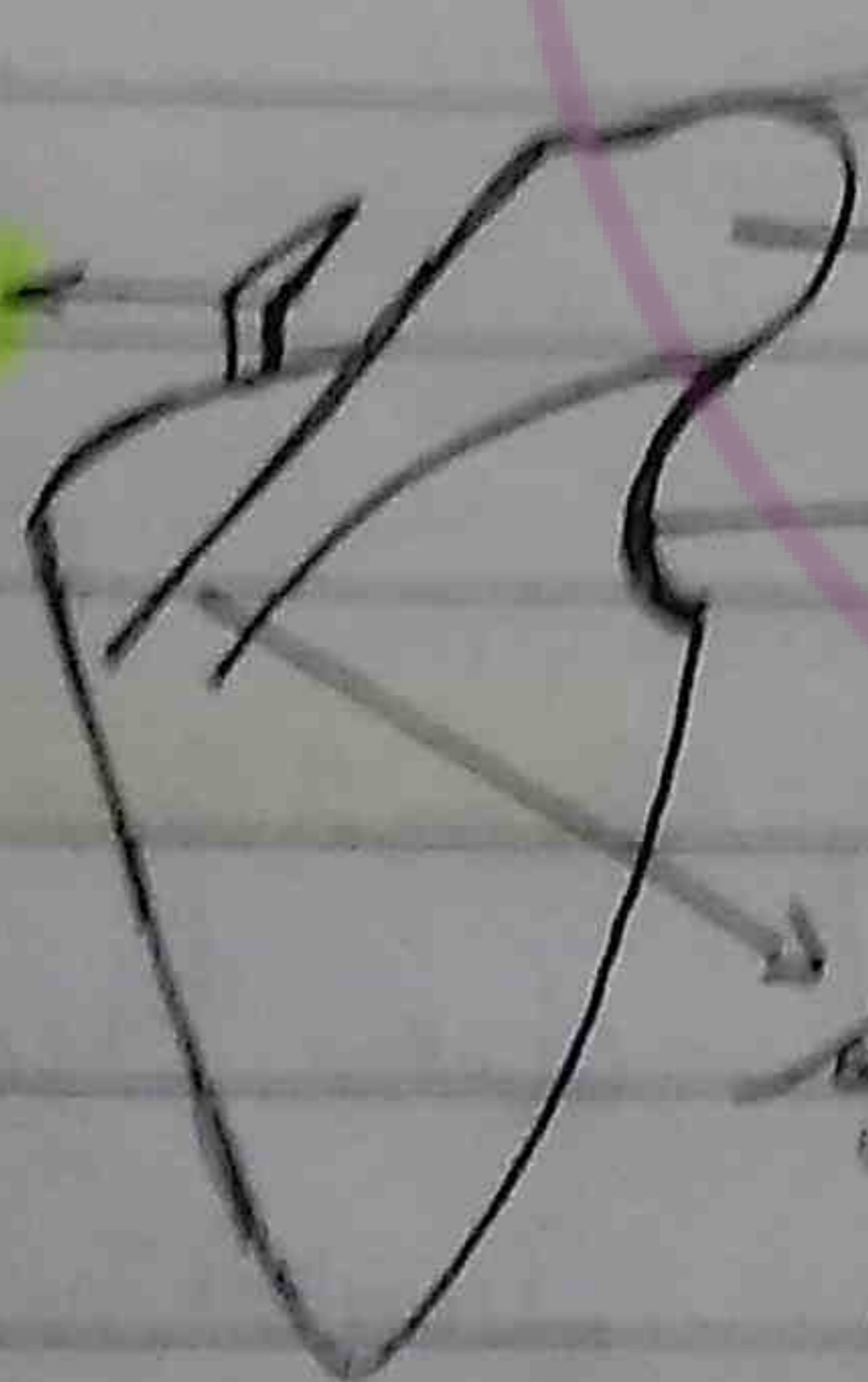
## Appendicular Skeleton (126)



### • Pectoral Girdle

- Scapula (1 single bone)

\* Coracoid process



Acromion process (on spine)

Deltoid

Glenoid cavity

(Articulation of humerus head).

Spine

Medial side

Lateral side

Median side (towards body)

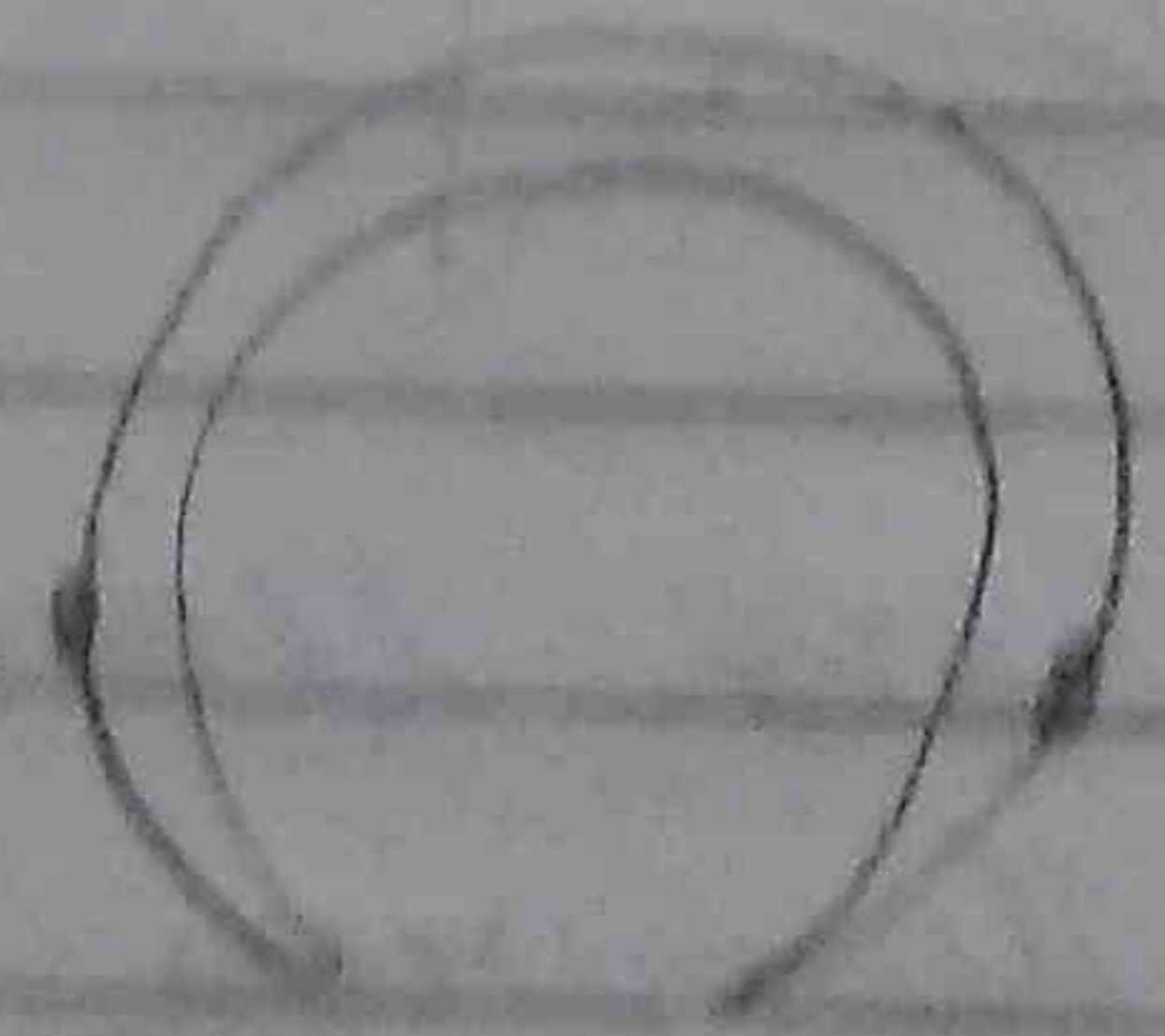
- flat, triangular bone.

- Clavicle (collar bone)



Articulates with Acromion process of scapula

Articulates with Manubrium of sternum above the first rib.

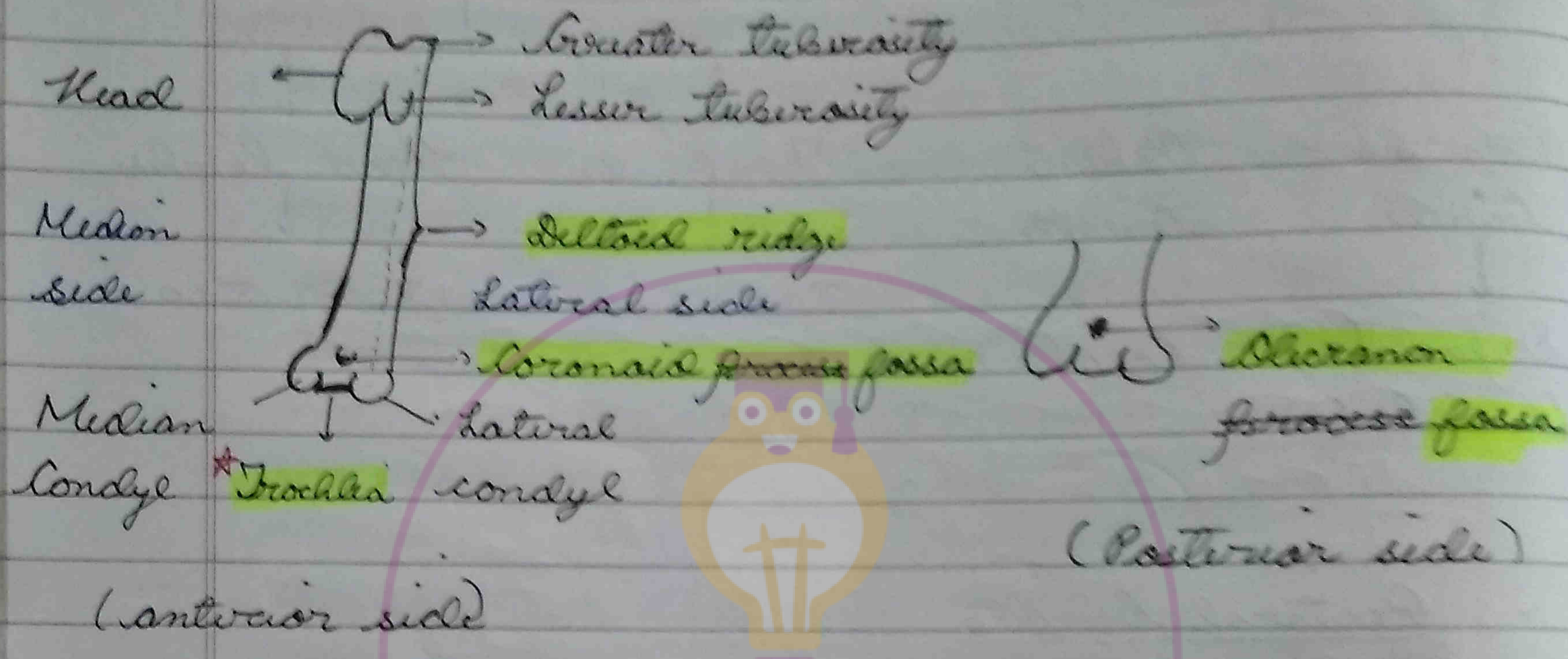




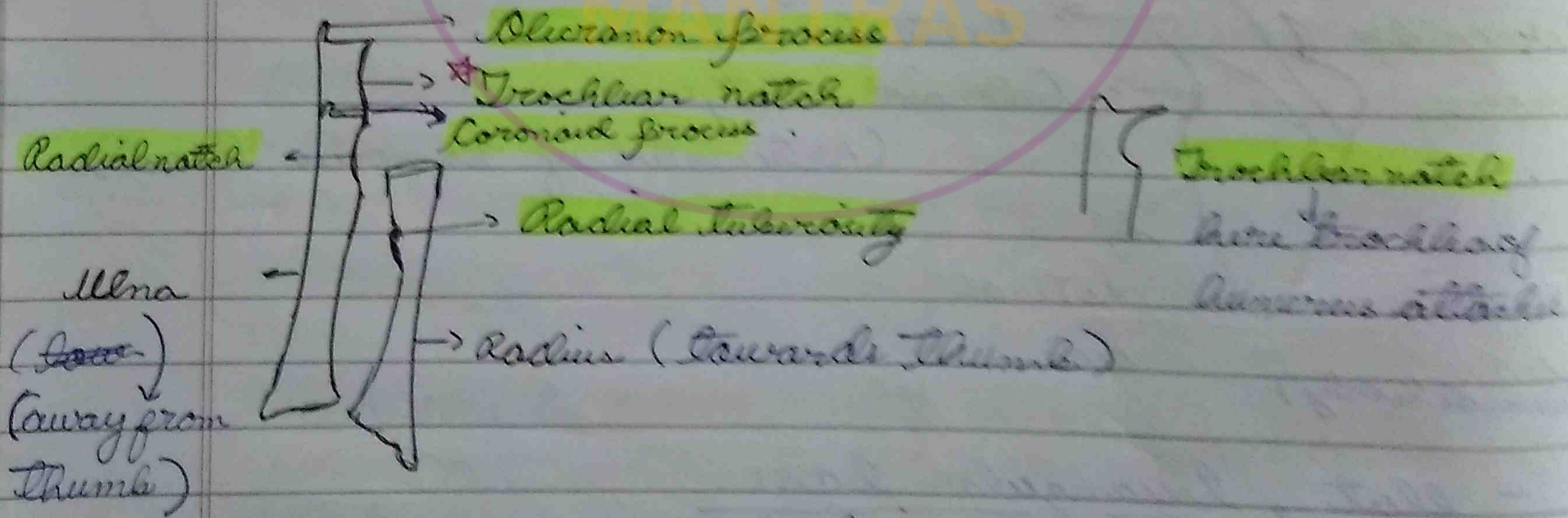
- At Deltoid ridge Deltoid muscle is attached.
- Ulna is longer than radius and is located to side of thumb. | • Trochlea articulates with radius and ulna

### Forelimb

Humerus - upper arm  
(funny bone)



### Fore arm: Radius and Ulna



Both Ulna and Radius articulate with humerus.

during

\* Flexion - coronoid process articulates into coronoid fossa.

\* during extension - olecranon process articulates







- ☆ Ilium articulates with several vertebral
- ☆ Obturator foramen is present B/w Pubis and Ischium.

## Lower Extremities

Pelvic girdle :-

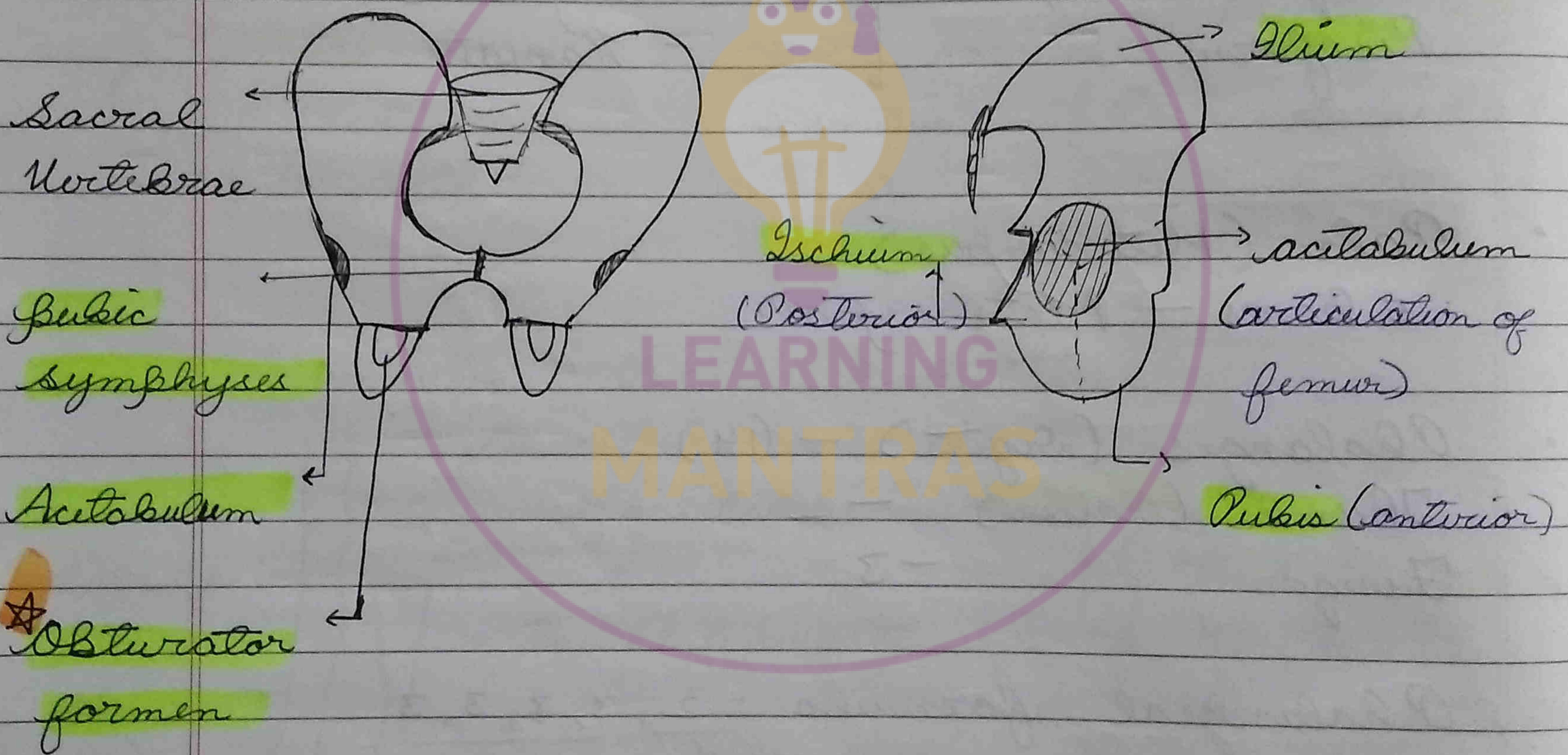
Each half of pelvic girdle is made up of 1 coxa also called (Innominate bone).

Each coxa is made by fusion of 3 bones -

Ilium

Ischium

Pubis.



→ Kind limbs

- Femur : Thigh bone  
Longest bone of body.

Patella -

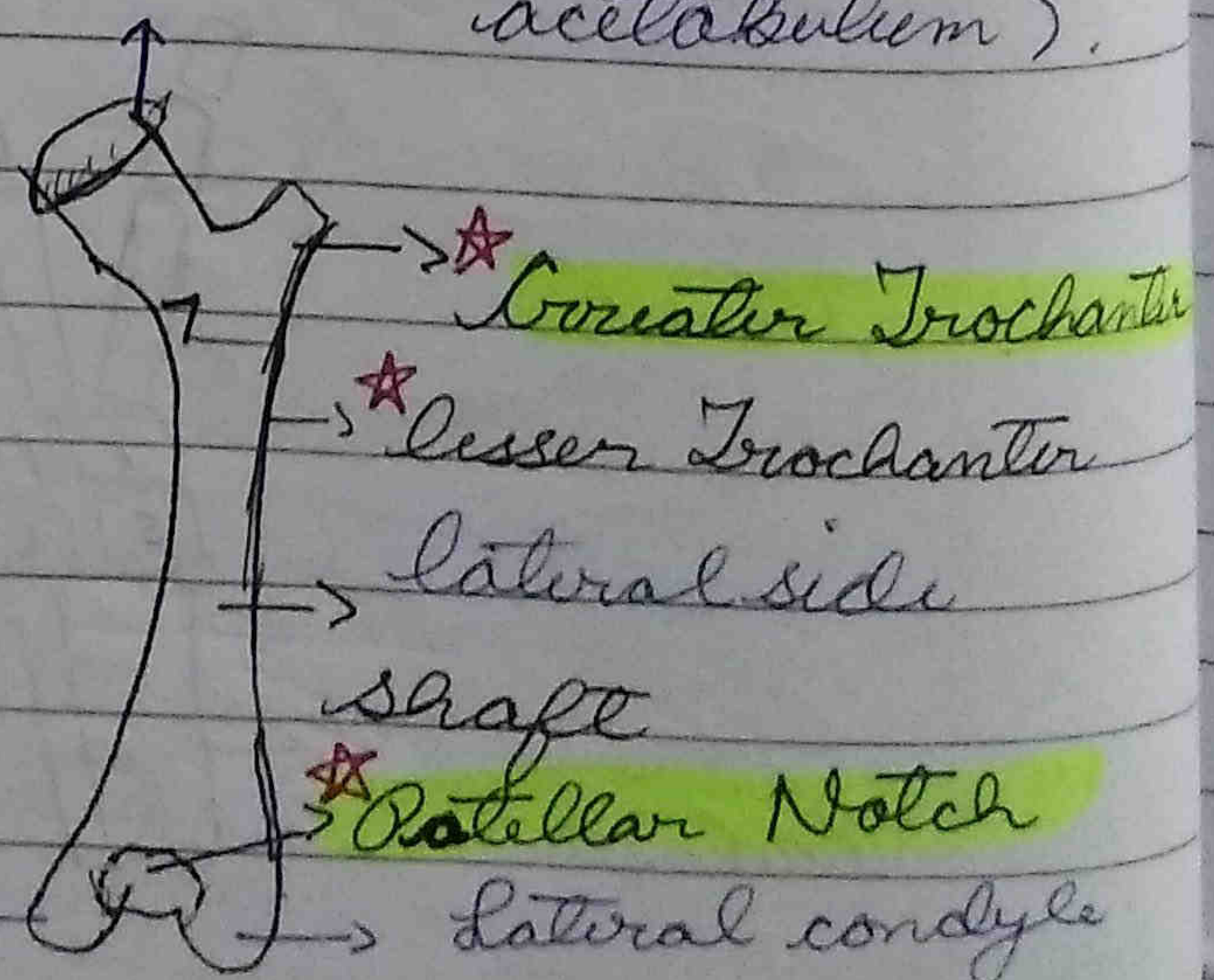
knee cap

sesmoid bone

Median side

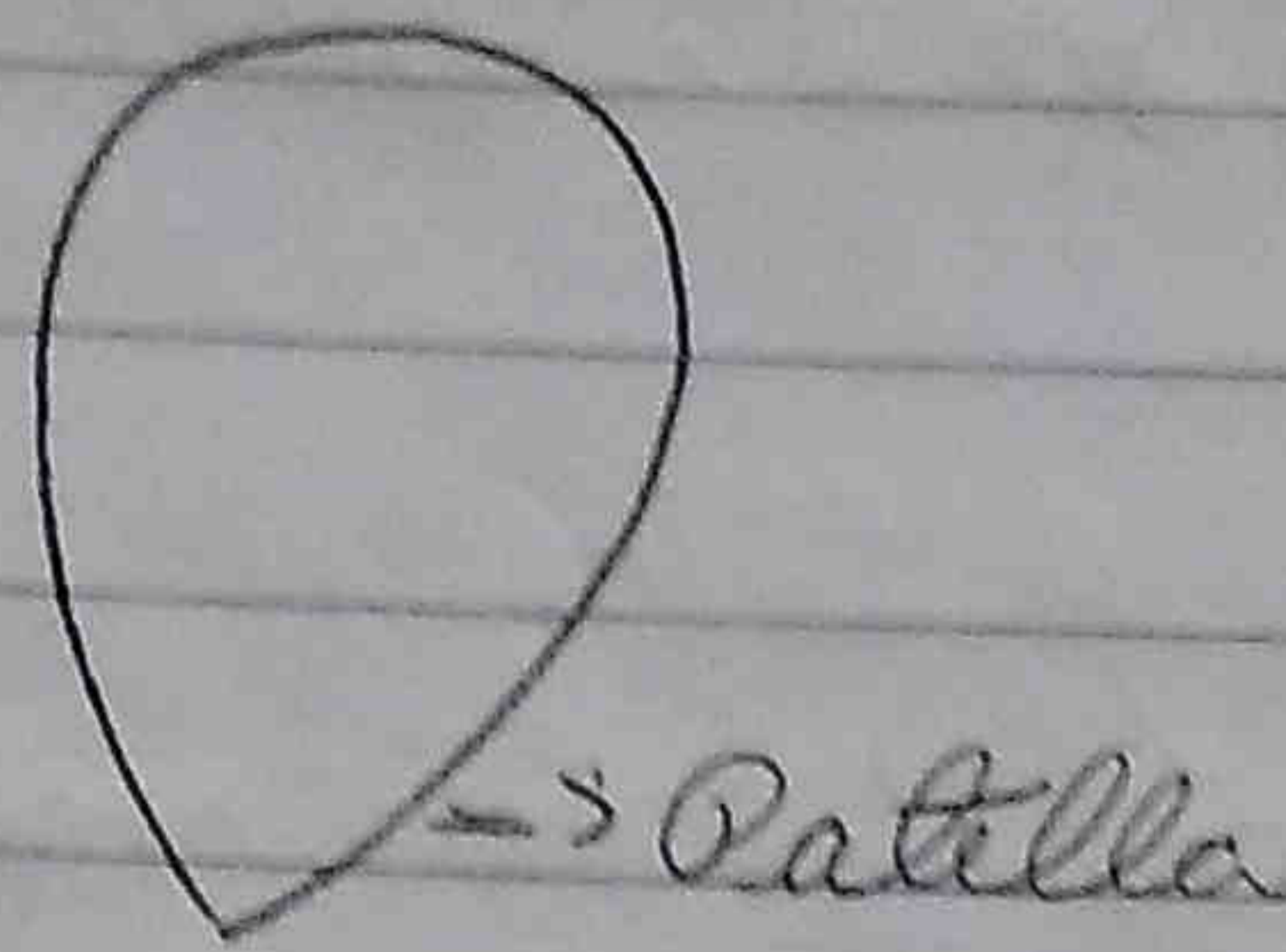
Median condyle

Head (articulates with acetabulum).

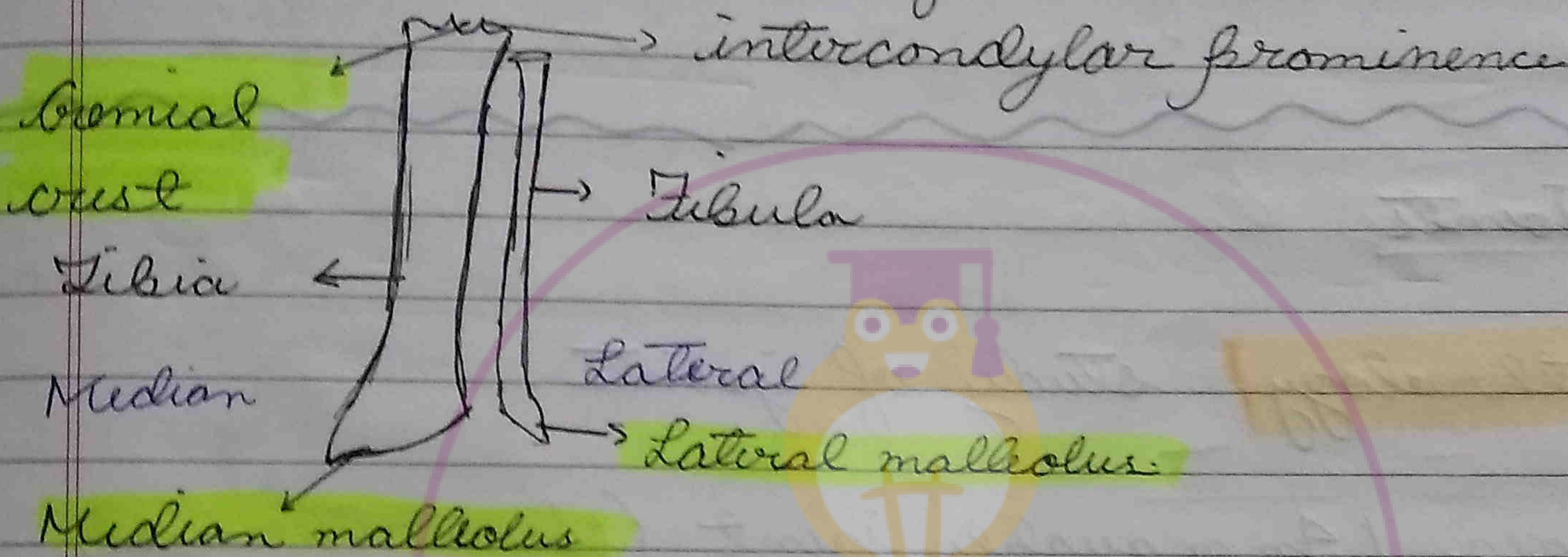




Sesmoid bone -> ossification of tendon



Shank : Tibia and fibula



Tibia - strongest bone and bears the weight of the body.

Tibia and fibula - both articulate with Talus (1st tarsal)

Tarsus : 7 tarsals

Talus

\* Calcaneum - heel bone

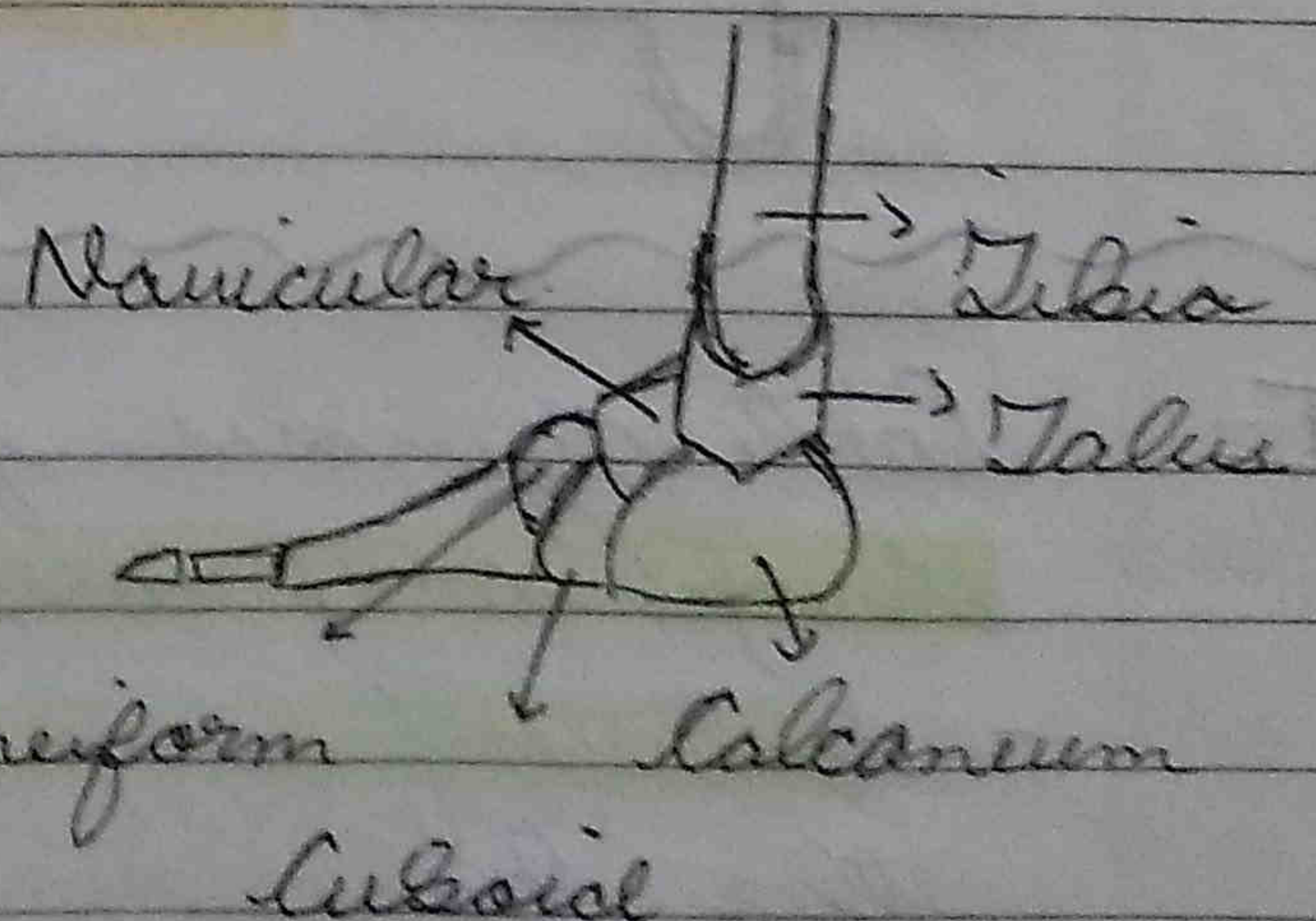
Navicular -

Cuboid

3rd cuneiform

2nd cuneiform

1st cuneiform





Nucleus pulposus → embryonic tissue left in intervertebral disc.  
Poller is opposable but Hallux is not opposable.

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Metatarsus - (sole)

5 Metatarsals

Phalanges (Toes)

Great toe (Hallux) - 2

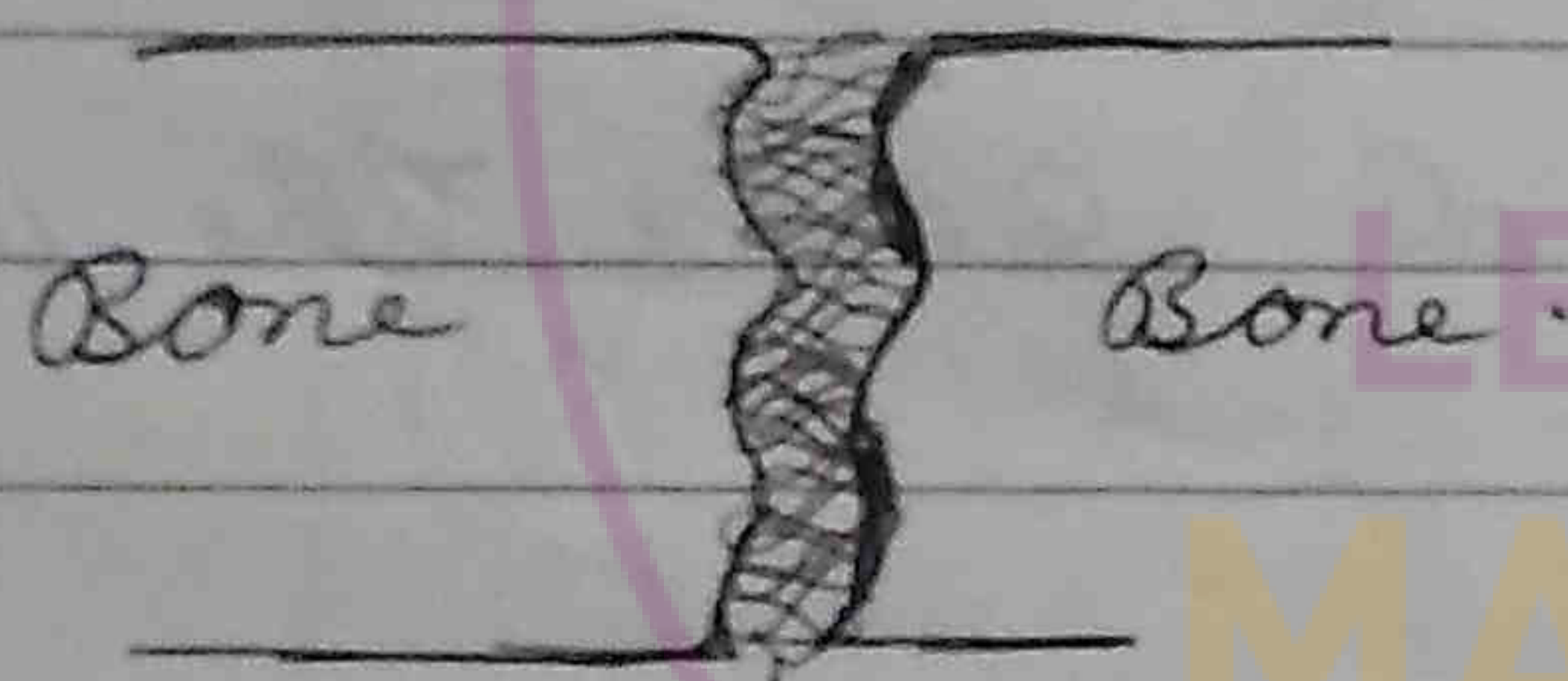
Toes - 3

Phalangeal formula : 2, 3, 3, 3, 3

## Joints

★ Arthrology: study of joints

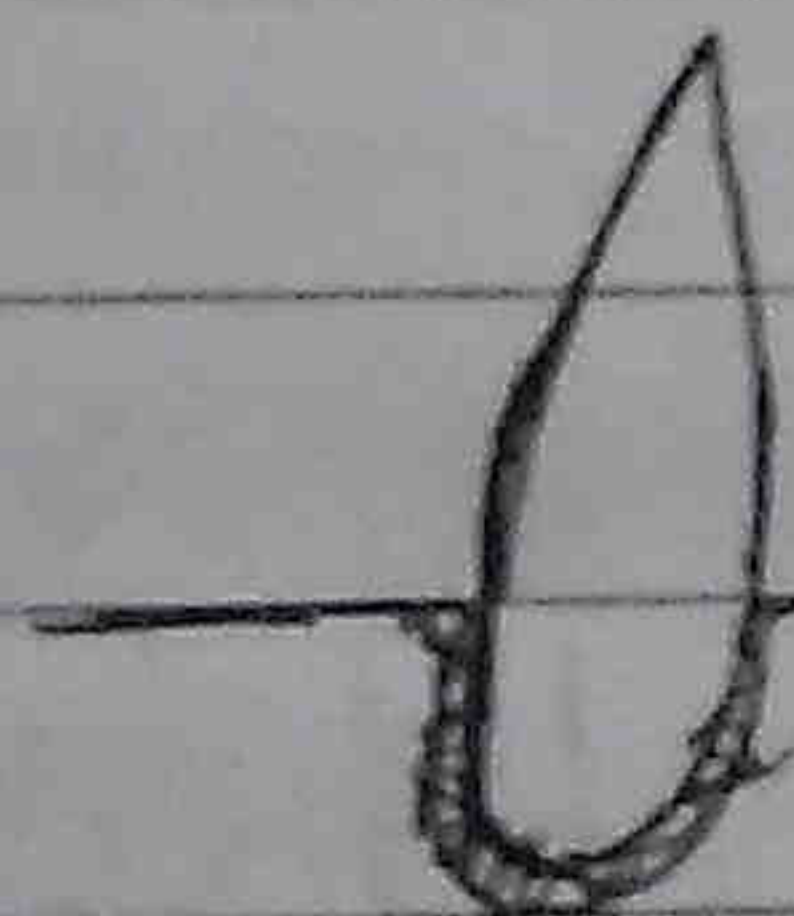
I Fixed / Immobile joint (Synarthroses)



Dense connective tissue (collagen fibres)

e.g. Sutures

- joints between skull bones



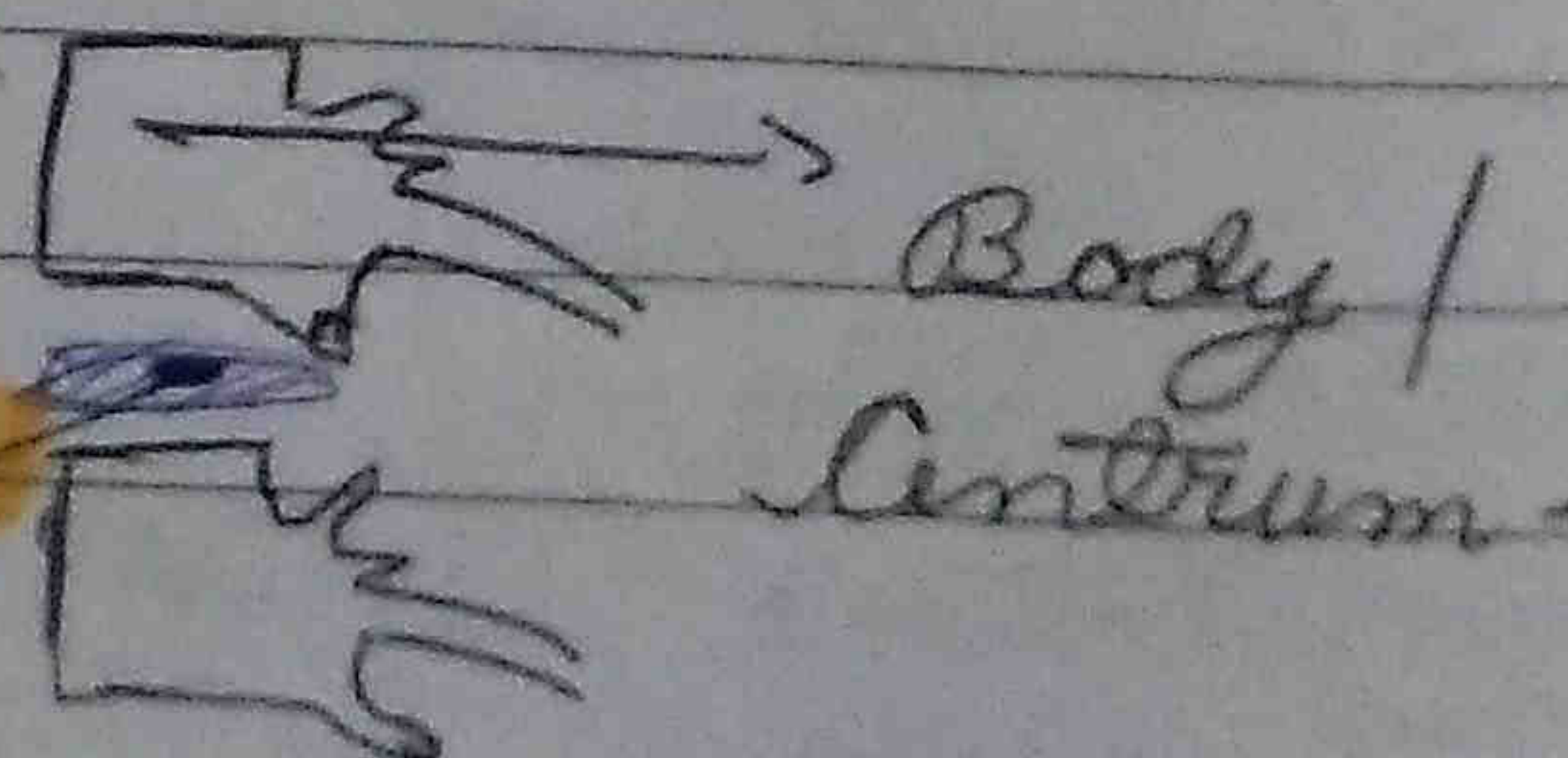
Gomphoses - joint between teeth and sockets (present in jaw bone).

II Cartilaginous joints / Slightly movable / Amphiarthroses

- White fibro-cartilage is present between the bones.

e.g. Intervertebral disc

+ nt b/w body of two vertebrae  
nucleus pulposus





Maximum joints in the body are gliding joint.

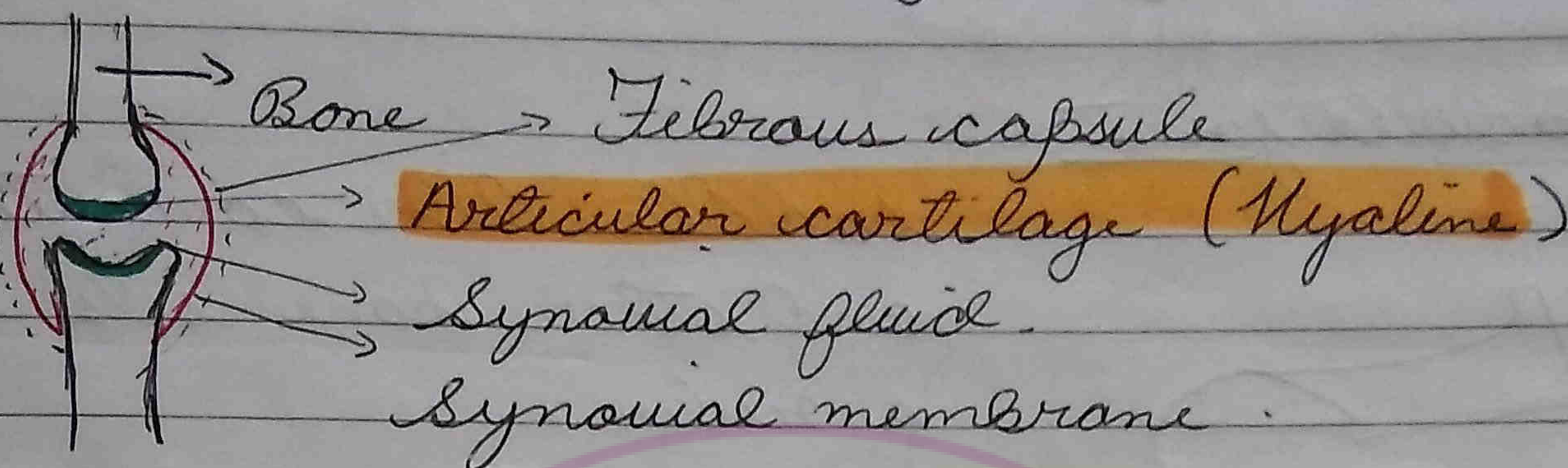
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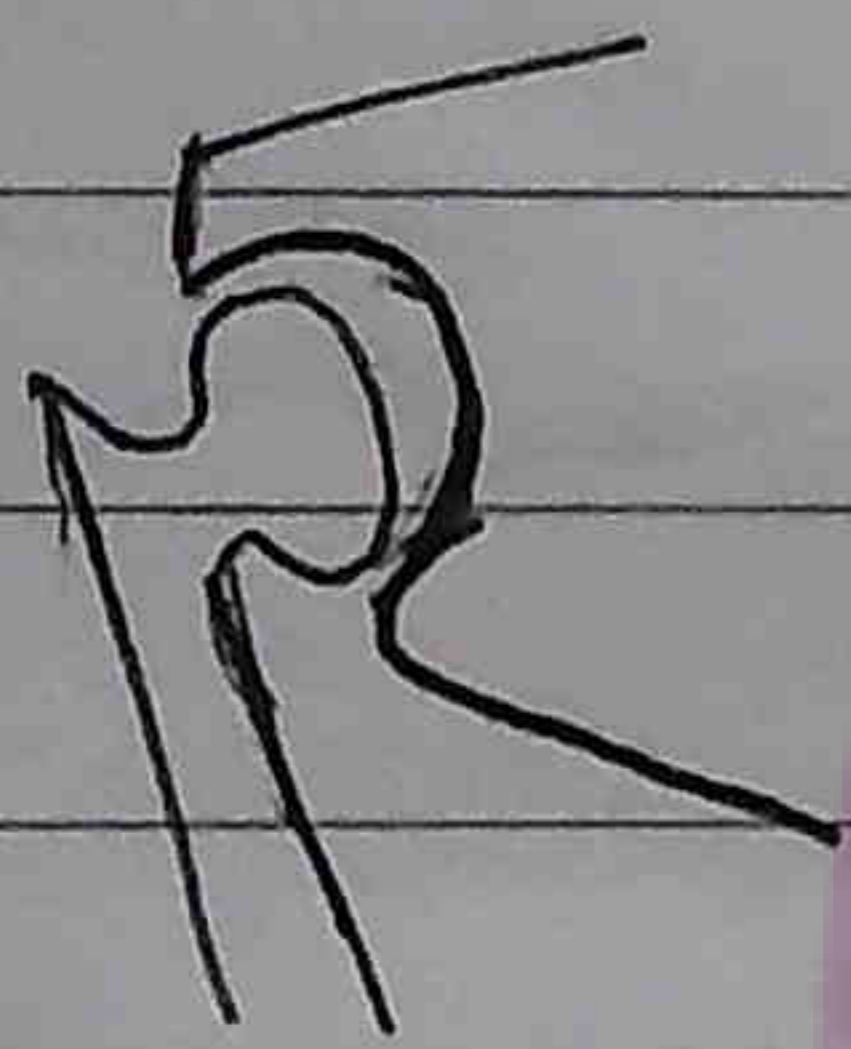
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★ e.g. Pubic symphysis → joint between two pubic bones

III Synovial joints / Freely movable.



a) Ball and socket joint

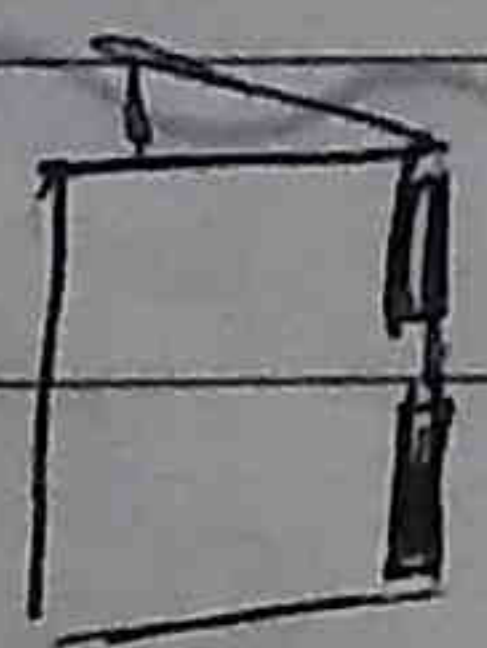


e.g. Joint b/w humerus and glenoid cavity of scapula

- between femur and acetabulum of coxa

b) Hinge joint - MANTRAS

allows movement in one plane only.



e.g. Elbow joint  
Knee joint

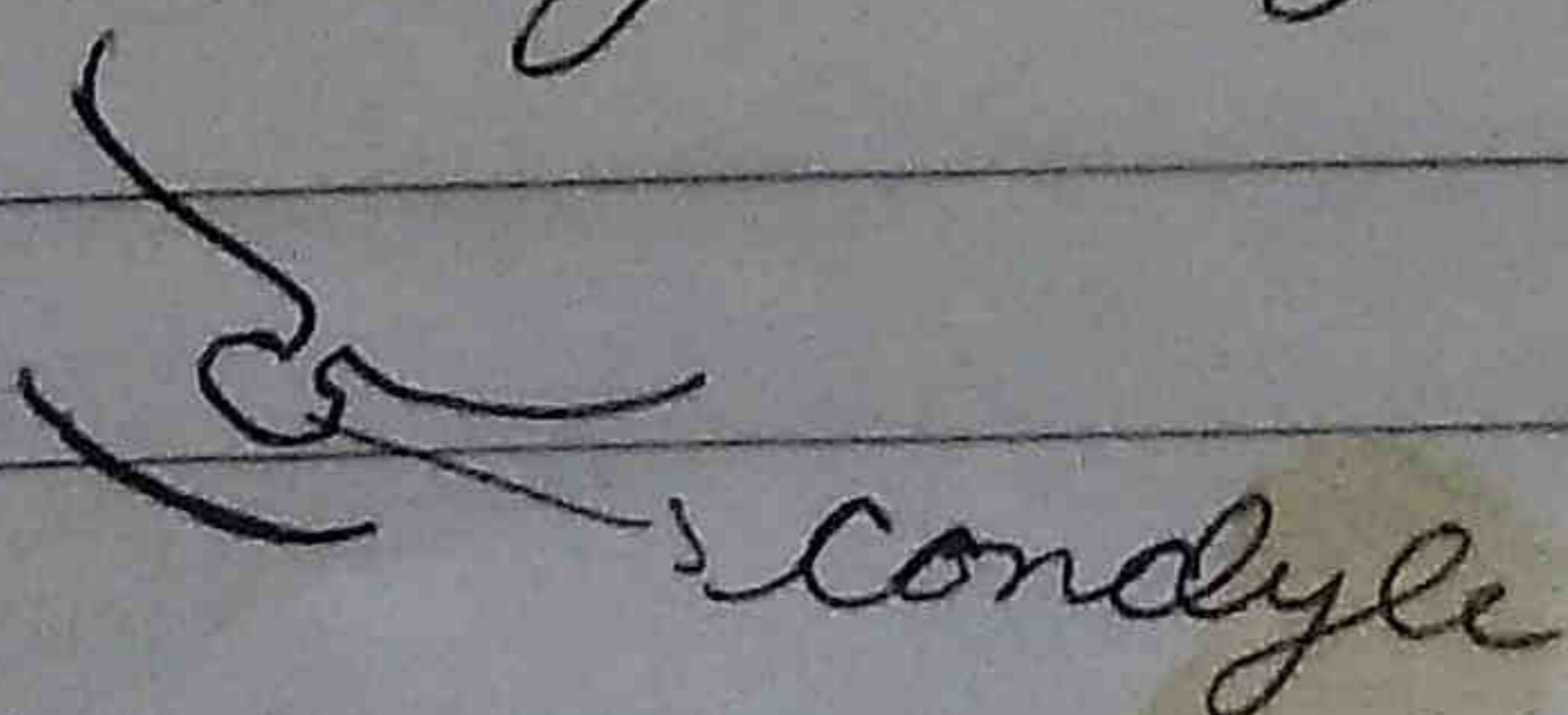
★ Interphalangeal joint

c) Sliding joint -

One bone slides over the other.

e.g. ★ Between zygapophyses of vertebrae  
Between carpals  
Between tarsals

d) Ellipsoid / condyloid joint





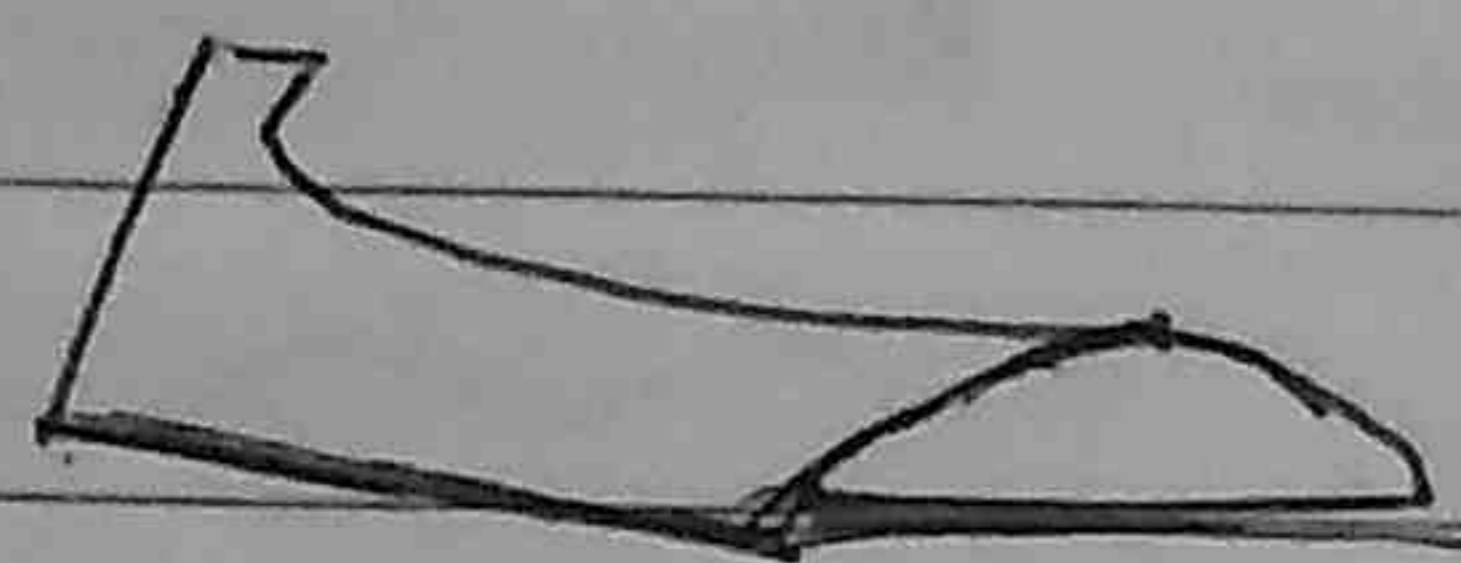
Condyle of one bone articulates in elliptical concavity of other.

e.g. Atlas and Occipital.

Metacarpal and Phalanges.

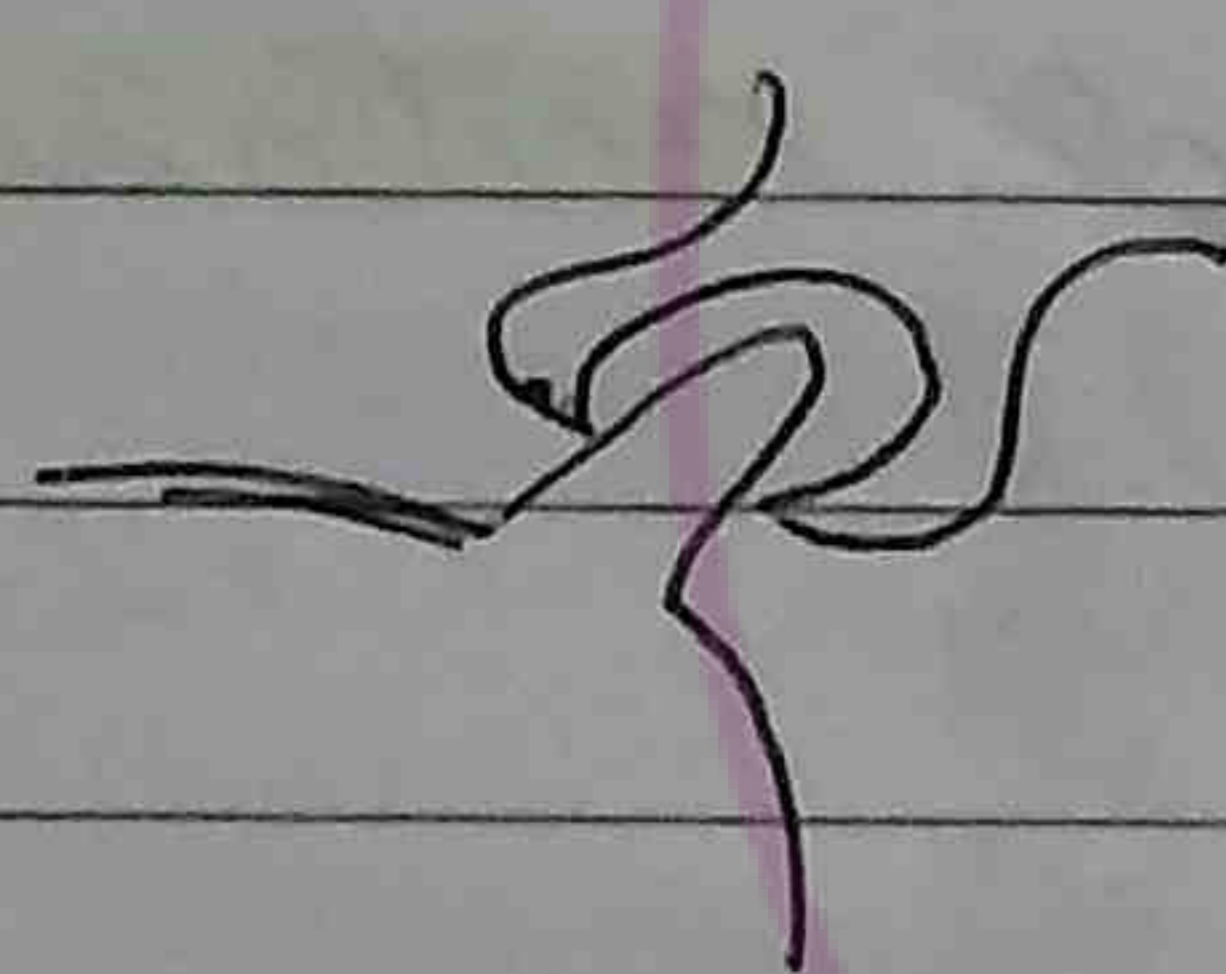
e) Saddle joint

saddle like concavity and other bone sits like a rider.



e.g. Carpal and Metacarpal of Thumb.

f) Pivot joint



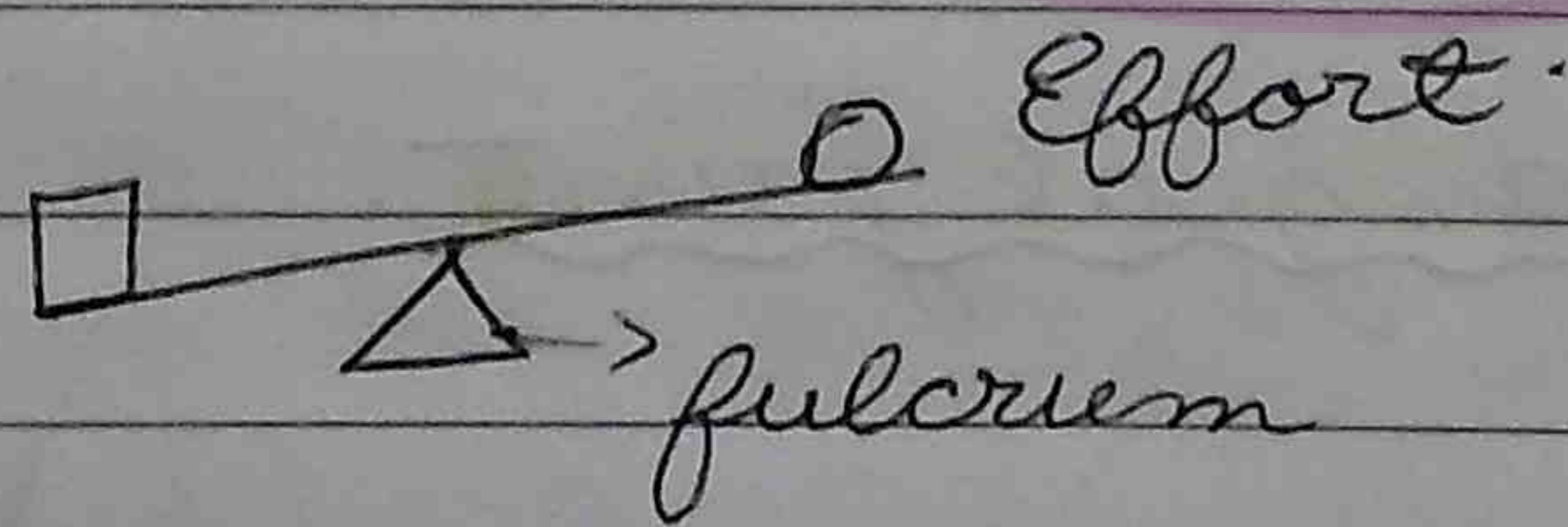
Bone has peg-like process while other

bone has a ring.

e.g. Atlas and Axis.

→ Radius and Ulna.

Lever

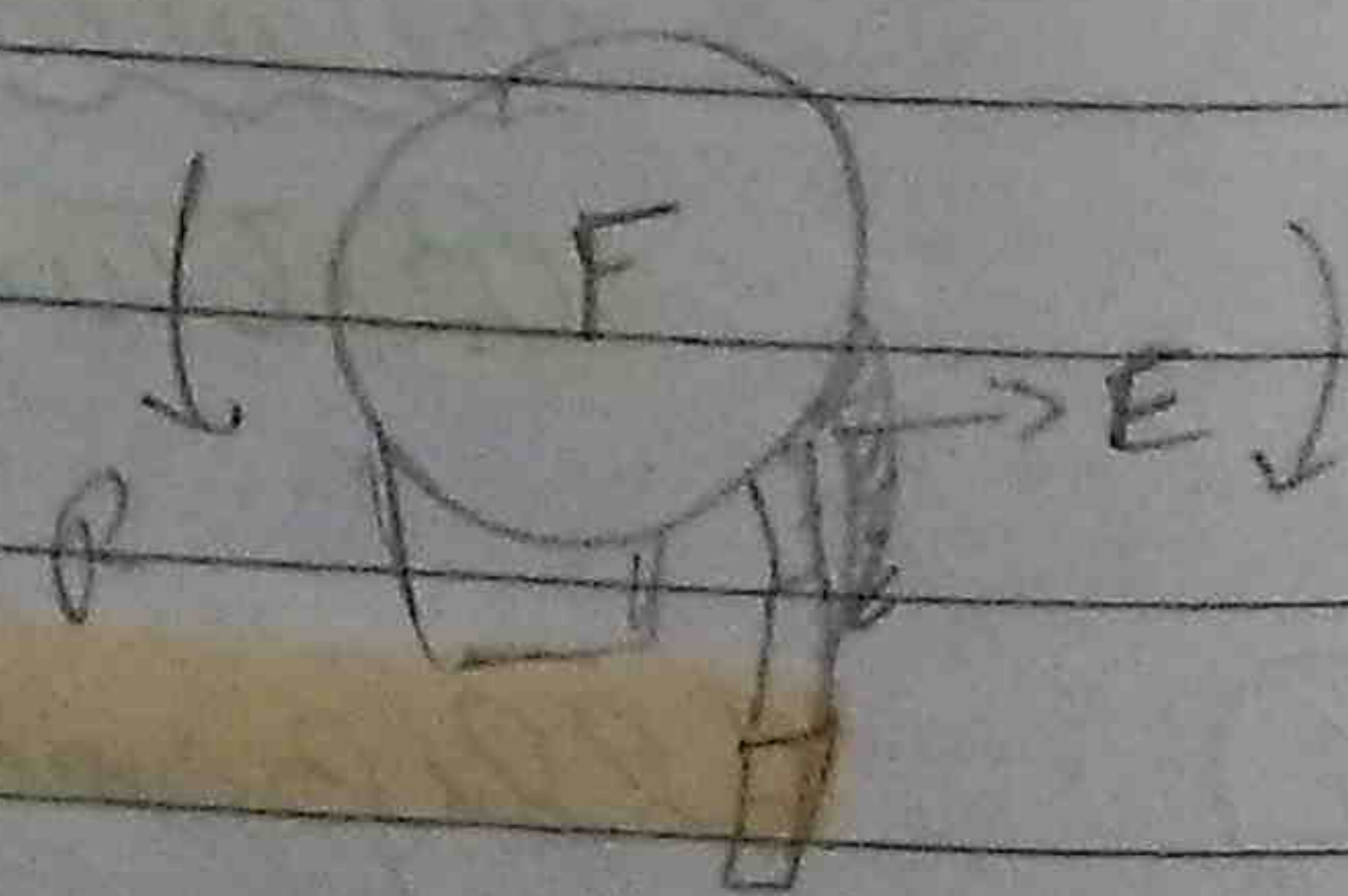


Resistance  
(load)

- Class 1 Lever -

Fulcrum is in the middle

e.g. Nodding of head.





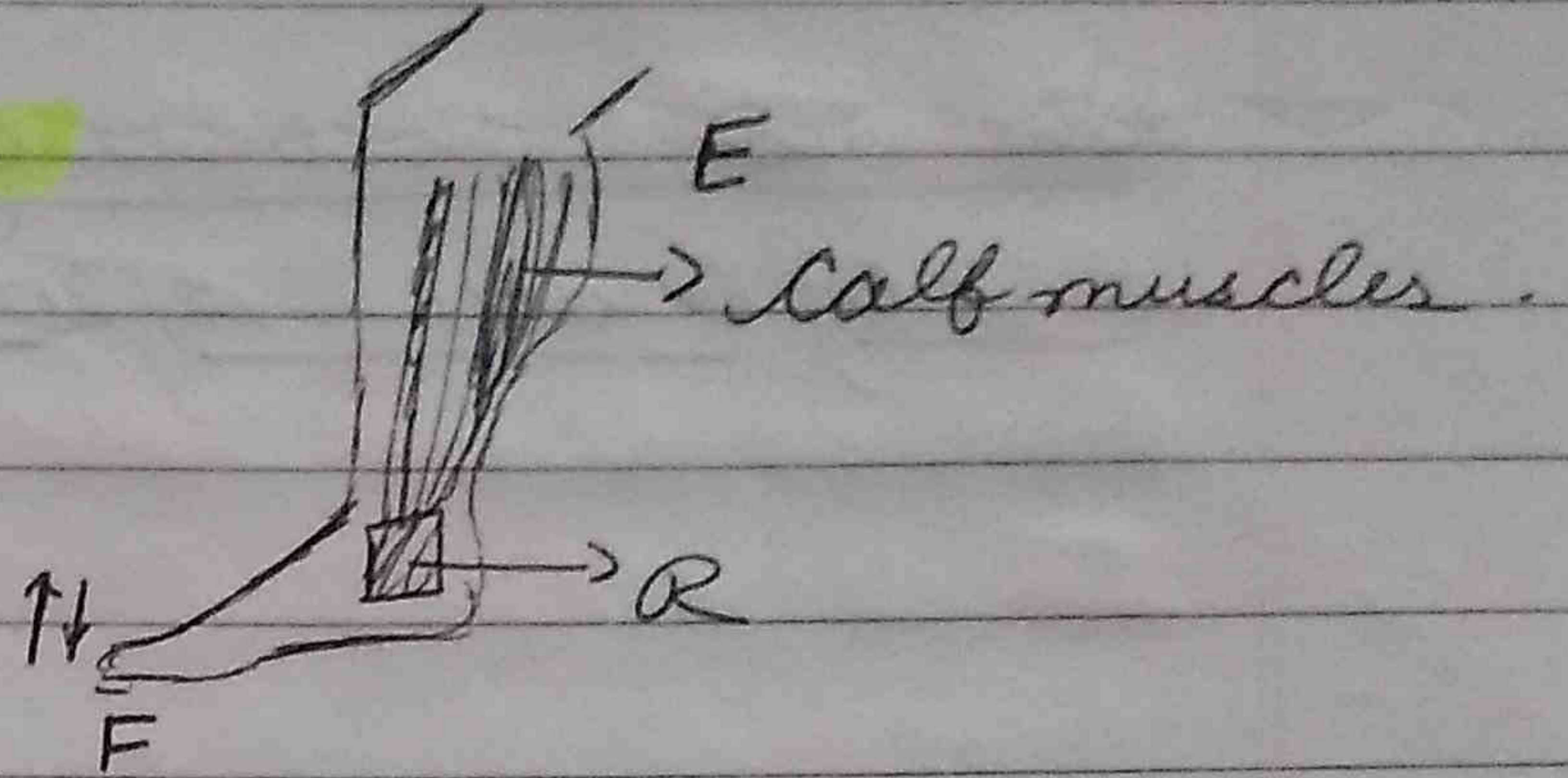
class 3 lever consumes maximum energy.

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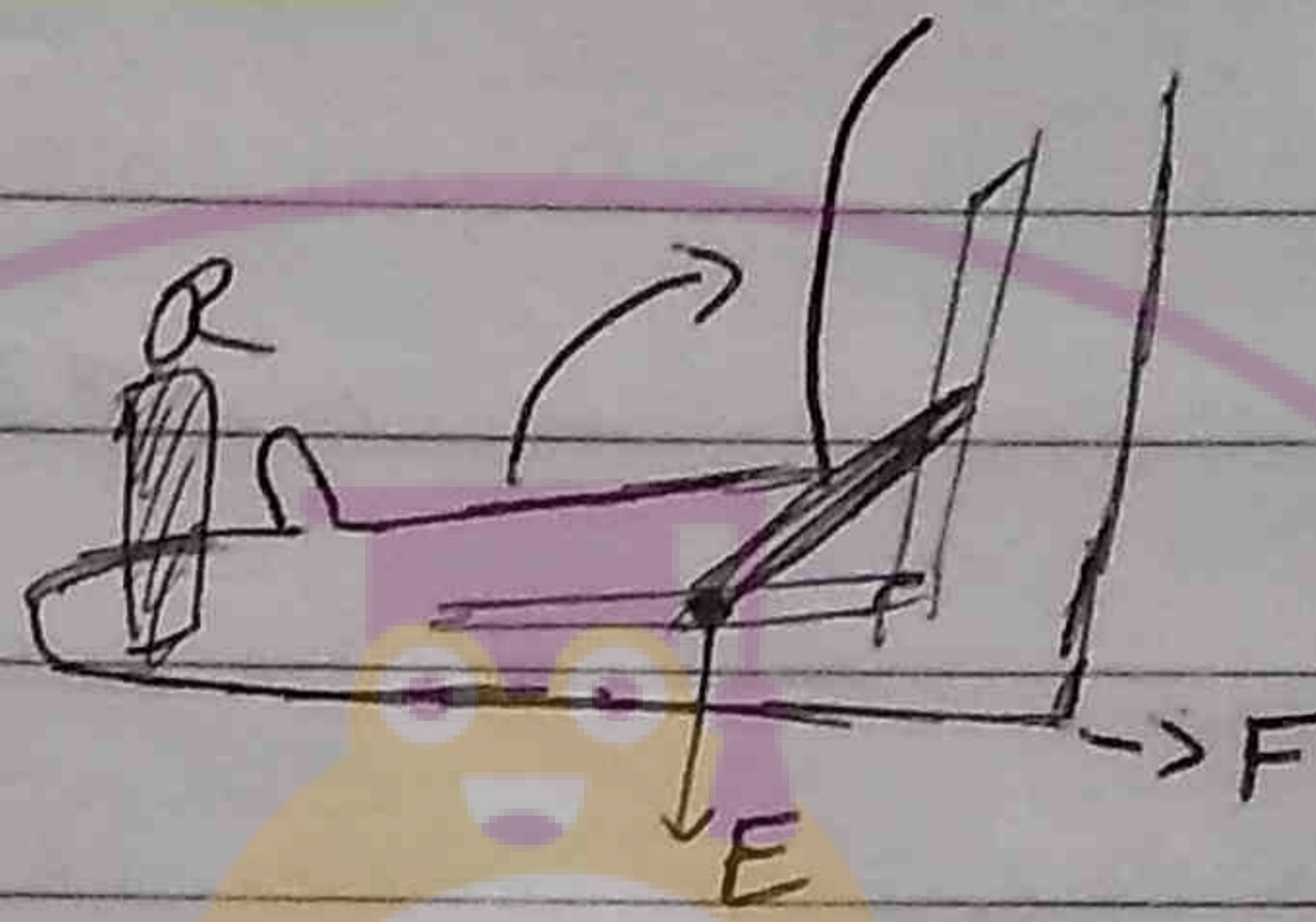
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- Class 2 Lever  
Resistance in middle  
e.g. standing on toes



- Class 3 Lever  
Effort in middle  
e.g. flexion of forearm



## Disorders

- Arthritis → inflammation of joints
- a) Gouty arthritis : due to accumulation of uric acid.
- b) Osteoarthritis : age-related wear and tear as articular cartilage wears off and synovial fluid decreases.
- c) Rheumatoid Arthritis : autoimmune antibodies against streptococcal toxin attack synovial membrane.
- Osteoporosis : Bones are easily fractured.  
Excess removal of calcium matrix by



★ estrogen decreases osteoclast activity.

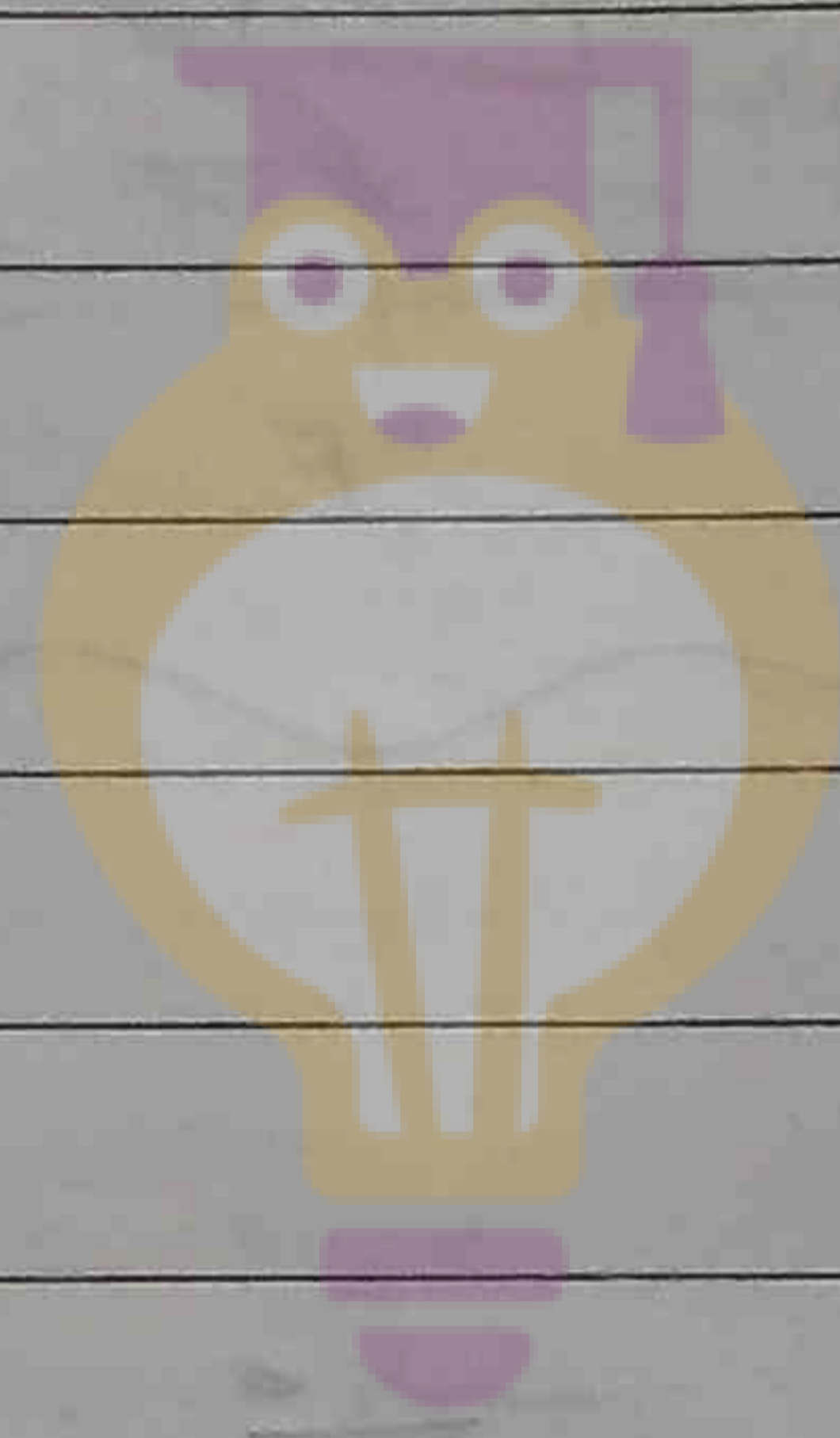
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parathyroid hormone.

- Due to absence of estrogen females develop  
osteoporosis after menopause



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