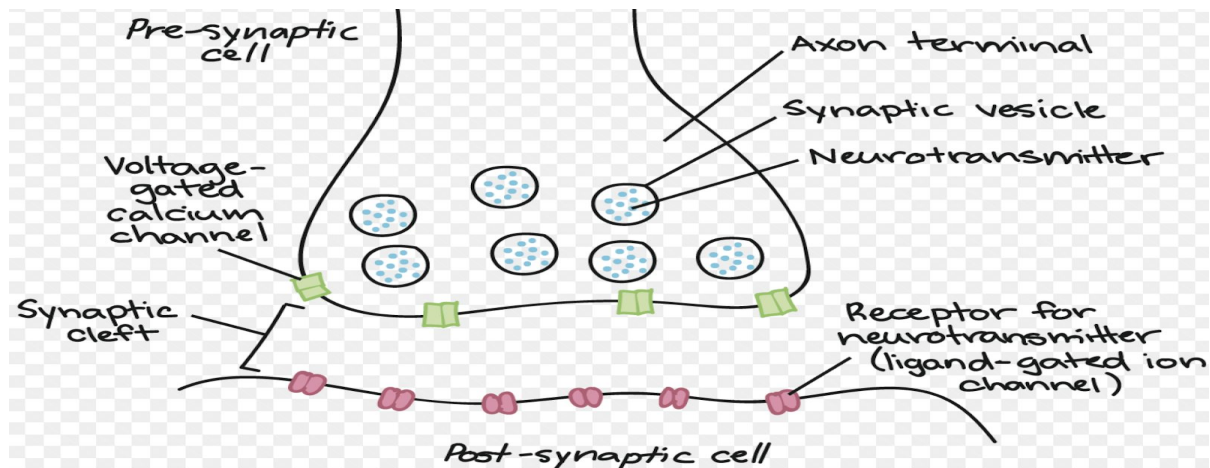


Musculoskeletal System

- Dental Relevance of the musculoskeletal system
 - The Musculoskeletal system allows for contractions of muscles, having an understanding of this aids in diagnosis of patients with problems with chewing/closing/opening the jaw
 - Knowing how Local Anaesthetic (LA) takes effect

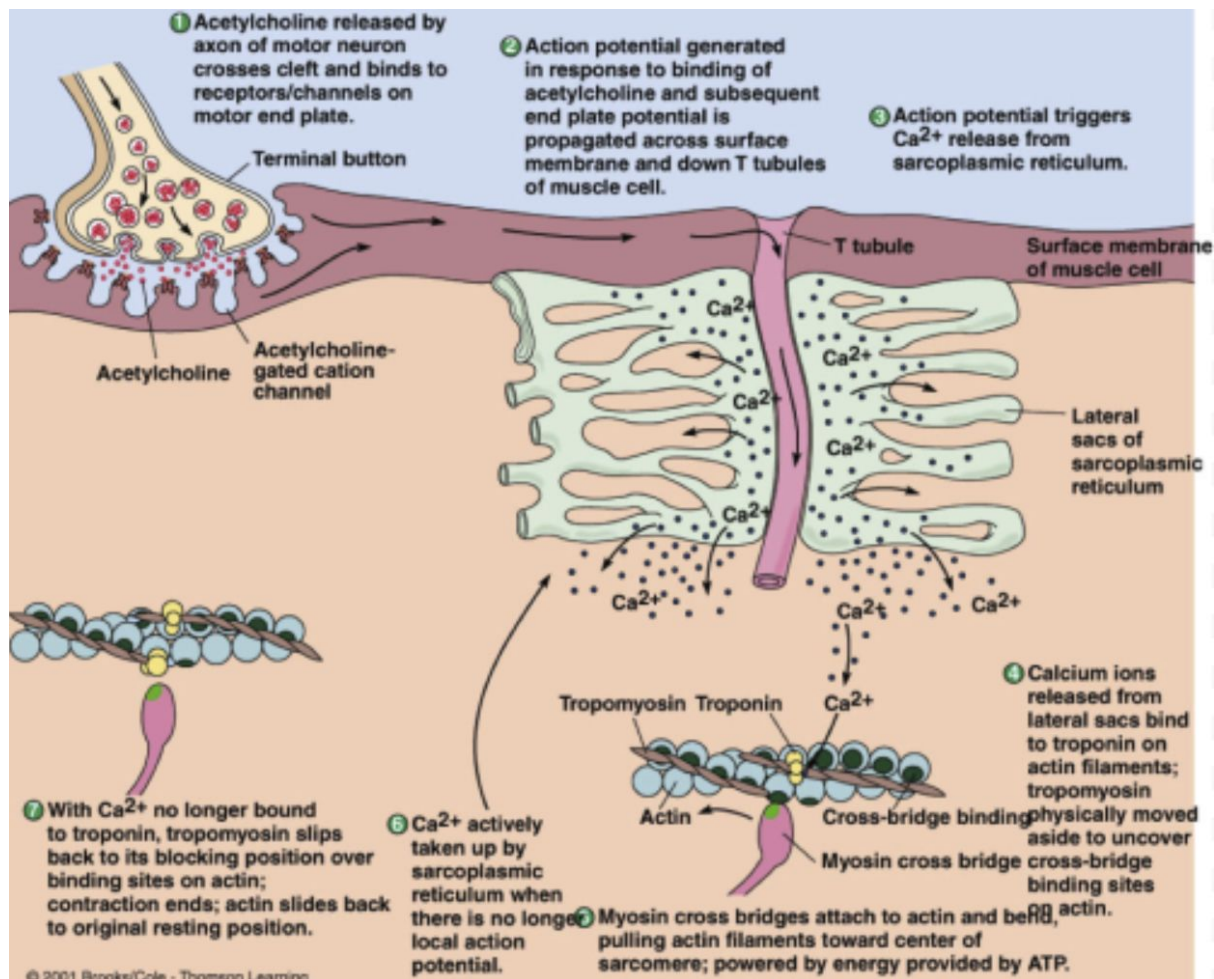
Neuromuscular Transmission

- Conduction sequence which results in Action potentials



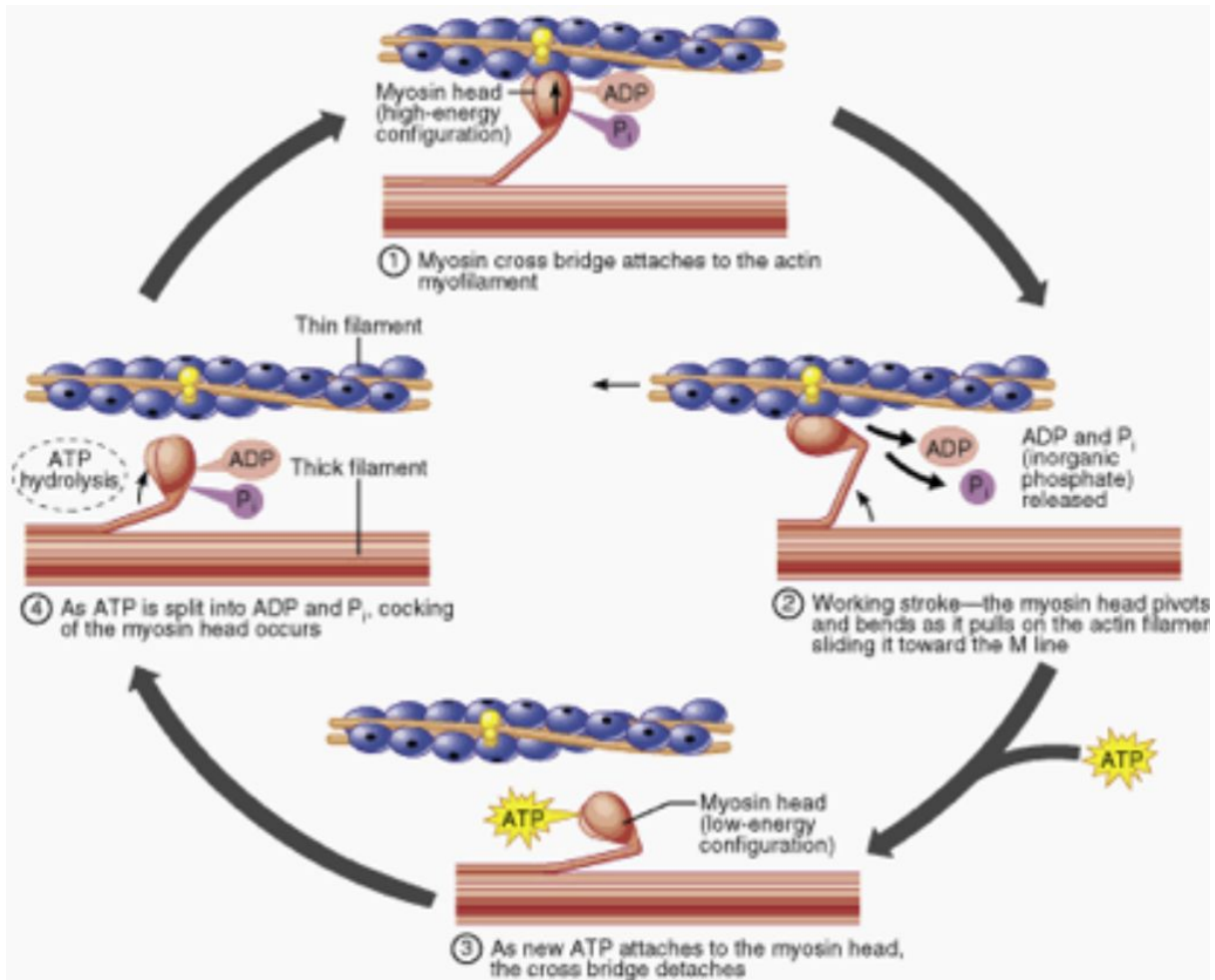
- Pre-synaptic depolarisation → AP travels down axon to the pre-synaptic terminal
- AP activates the voltage gated calcium channels, opening them, allowing for an influx of calcium into the cytosol, increasing the concentration of calcium inside.
- Calcium binds to synaptic vesicles which contain neurotransmitter, this allows the synaptic vesicles to undergo exocytosis by binding to the cell membrane and releasing the neurotransmitter into the synaptic cleft
- NT (ACh) binds with postsynaptic receptors/Ligand gated channels (nicotinic acetylcholine receptors nAChR)
- Bound receptors regulate ion conductances (e.g 3d conformational change in shape, resulting in an open pore, Na⁺ influx)
- Transmitter is cleared,taken back into presynaptic terminal or by glia (ACh unbinds from receptors when there is a Ca²⁺ deficit). This step occurs by a myriad of processes
 - Diffusion
 - Enzymatic breakdown (acetylcholinesterase→ breaks it down into acetate and choline for reuptake)
 - Transport (re-uptake)

- Post-synaptic muscular characteristics
 - Only contain nicotinic acetylcholine receptors, but in high concentrations
 - Results in high safety factor (EPP - threshold)
 - Allows it to respond dependably to stimulus
 - End plate potential experienced by muscle → An above threshold depolarisation triggers an AP (usually 50mv or more in magnitude)
- Post-synaptic muscular response/Excitation-contraction coupling



- ACh released by pre-synaptic terminal into synaptic cleft
- ACh Binds to nAChR at the end plate, resulting in an EPP
- AP is generated and travels along the surface of membrane and down t-tubules of muscle cell
- Action potential causes Dihydropyridine receptors on the T-tubule interact with ryanodine/foot receptors on the sarcoplasmic reticulum, Causing voltage gated calcium channels to open, releasing calcium into the cytosol
- Before calcium binds to troponin, ATP on the myosin motorhead splits into inorganic phosphate and ADP, producing energy and resetting/cocking the motor head.
- Calcium ions bind to troponin on actin filaments, causing a conformational shape change in the molecule as tropomyosin shifts, unmasking the binding sites

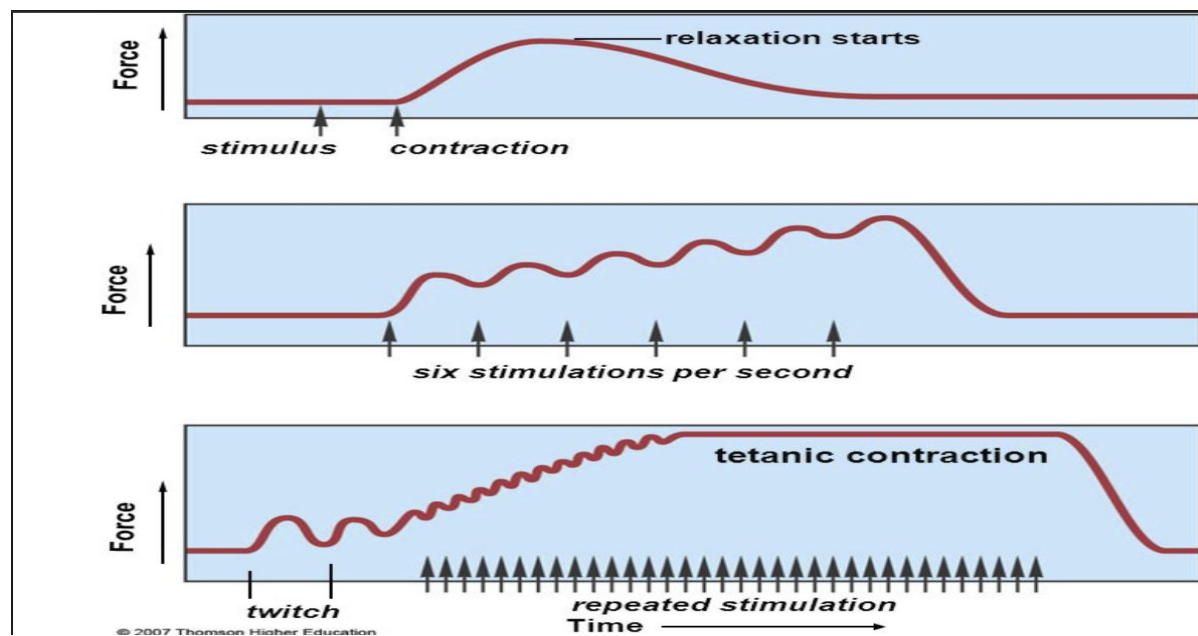
- Actin and myosin motorhead bind, forming a cross bridge
- Upon formation of cross bridge, motorhead undergoes powerstroke, consuming energy. Inorganic phosphate released during powerstroke and ADP released at the end of powerstroke
- New ATP molecule attaches to myosin motorhead, This allows actin and myosin to unbind
- Cycle repeats



- Ending muscular contractions
 - Ca^{2+} is pumped into SR from cytosol via CaATPase pump
 - Ca^{2+} levels in cytosol fall, calcium unbinds from troponin
 - Tropomyosin returns to original state and mask binding sites

- Twitch Summation and Tetanus

-



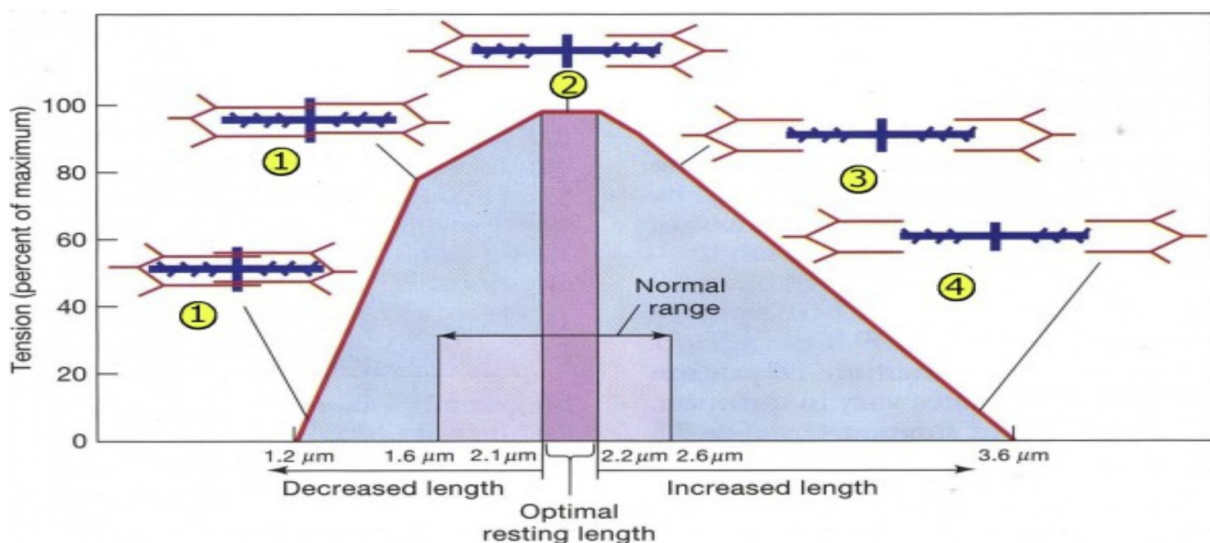
- Twitch Summation

- If muscle fiber is restimulated before it is completely relaxed, second twitch is an addition to it, resulting in summation, resulting in greater force

- Tetanus

- Muscle fiber undergoes rapid stimulation, such that no time opportunity for relaxation, a maximal sustained contraction is obtained, known as tetanus
- prolonged contraction without relaxation
- Muscle eventually undergoes fatigue at which it has to relax

- Length-Tension Relationship



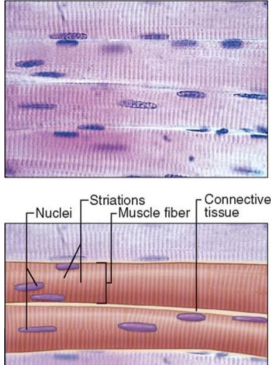
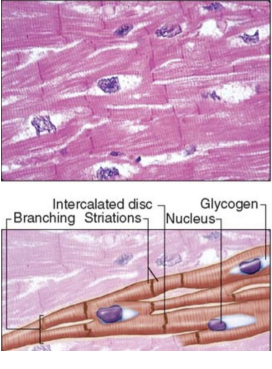
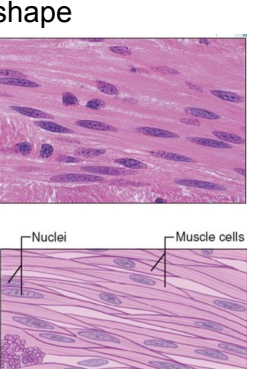
- Greatest force can be generated when muscle is at a length with an optimal amount of overlap of actin and myosin filaments

Russell Lee

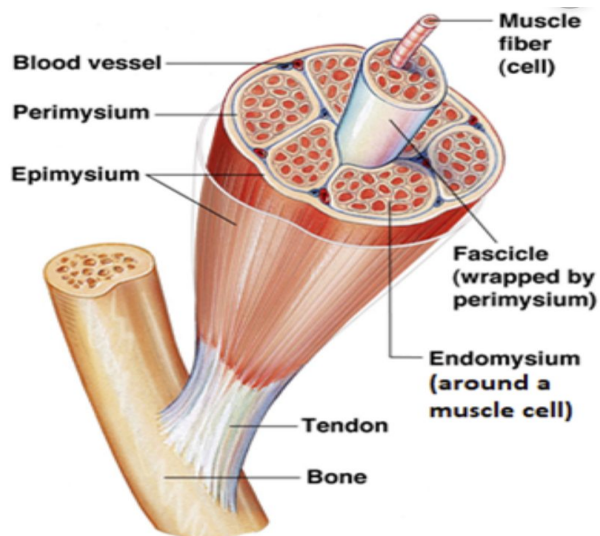
- When there is excessive overlap of actin and myosin, no more space for titin to contract, no space for myosin to pull z disk any closer, results in no contraction when sarcomere is excessively short due to structural impingement
- When there is a minor overlap of actin and actin, Some of the motorheads are blocked from contracting, resulting in sub-optimal contractile force
- When There is little overlap, fewer myosin heads can interact with actin as they get further apart from the M line, resulting in fewer number of power-strokes occurring causing less force
- When there is too little overlap, no myosin heads can interact with actin, resulting in no power-strokes being able to occur, hence no contractile force/tension

Muscle

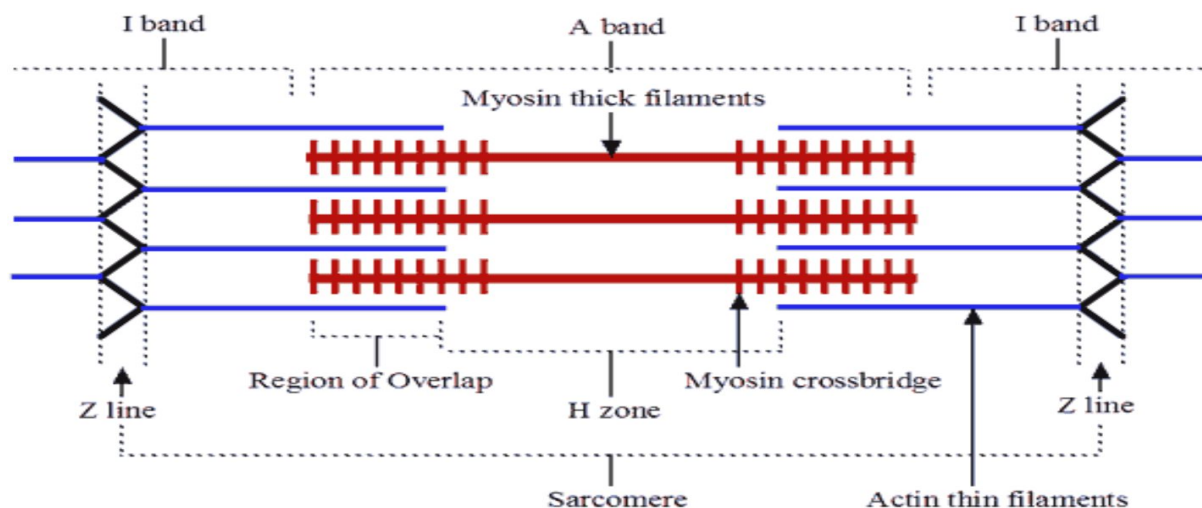
- The 3 types of muscles

	<u>Skeletal Muscle</u>	<u>Cardiac Muscle</u>	<u>Smooth Muscle</u>
<u>Nuclei?</u>	Multinucleated, 2-4	1 or 2	1
<u>Striations?</u>	Striated	Striated	No striations
<u>Intercalated Disks?</u>	No IC disk	Contain IC disk	No IC disk
<u>Voluntary?</u>	Voluntary	Involuntary	involuntary
<u>Shape?</u>	Fibrilar 	Fibrilar 	Spindle/fusiform shape 

- Skeletal Muscle
 - 1 muscle fibre → 1 myocyte
 - Made up of bundles of myofibrils, myofibrils made of myofilaments
 - Muscle fibre encapsulated by **ENDOMYSIUM**
 - A fascicle, which is a bundle of muscle fibres is encapsulated by **PERIMYSIUM**
 - Multiple fascicles are encapsulated by **EPIMYSIUM**
 - These are protective layers of CT that help to dissipate force/tension evenly amongst the muscle → passive tensile force transmission

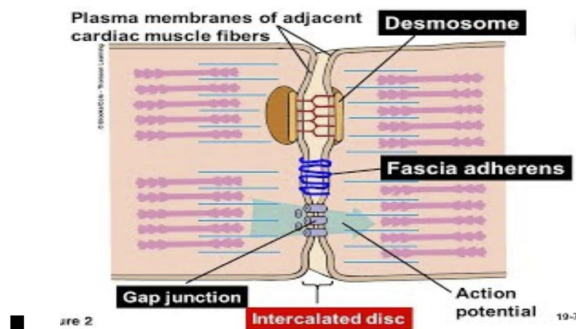


Anatomy of Muscle



- Striations
 - Are due to the A Band and I band
 - A band = dark zone
 - I band = light zone
- Cardiac Muscle
 - Intercalated disks
 - Consists of
 - Desmosomes → strong adhesion

- Fascia adherens → strong adhesion + actin anchoring sites
- Gap Junctions → quick communication between cardio myocytes and allow them to function in syncytium via electrical transmission



- Smooth muscle
 - Actin and myosin bundles not organized in a regular fashion like other myocytes
 - Actin attached to dense bodies
 - Myosin attached between actins

