

MUSCLES

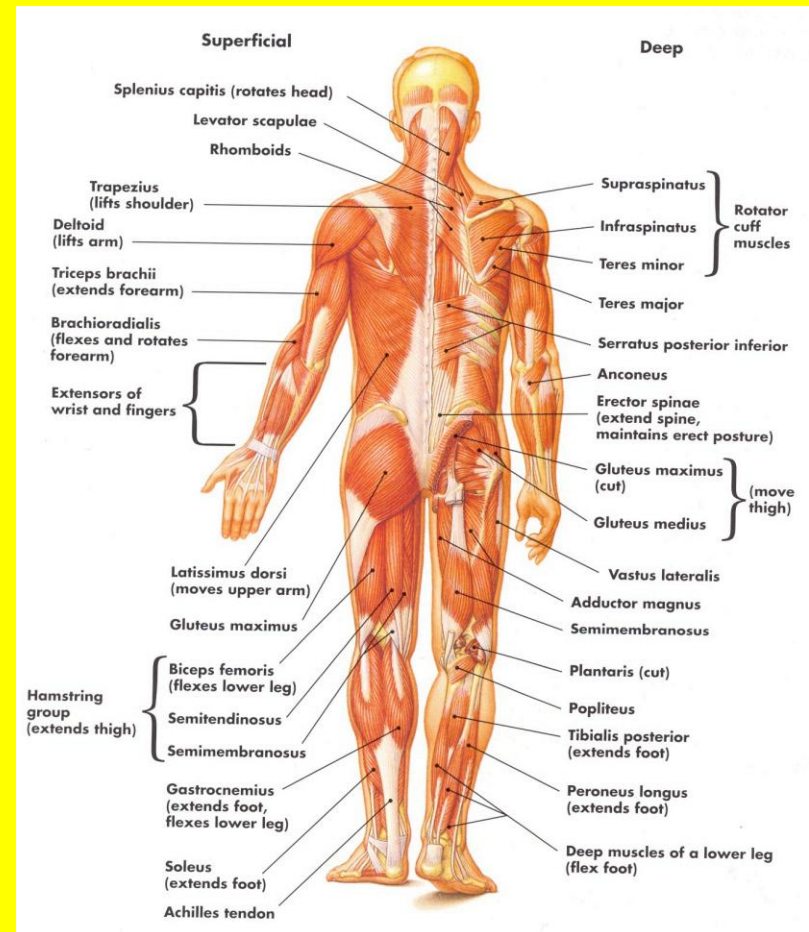
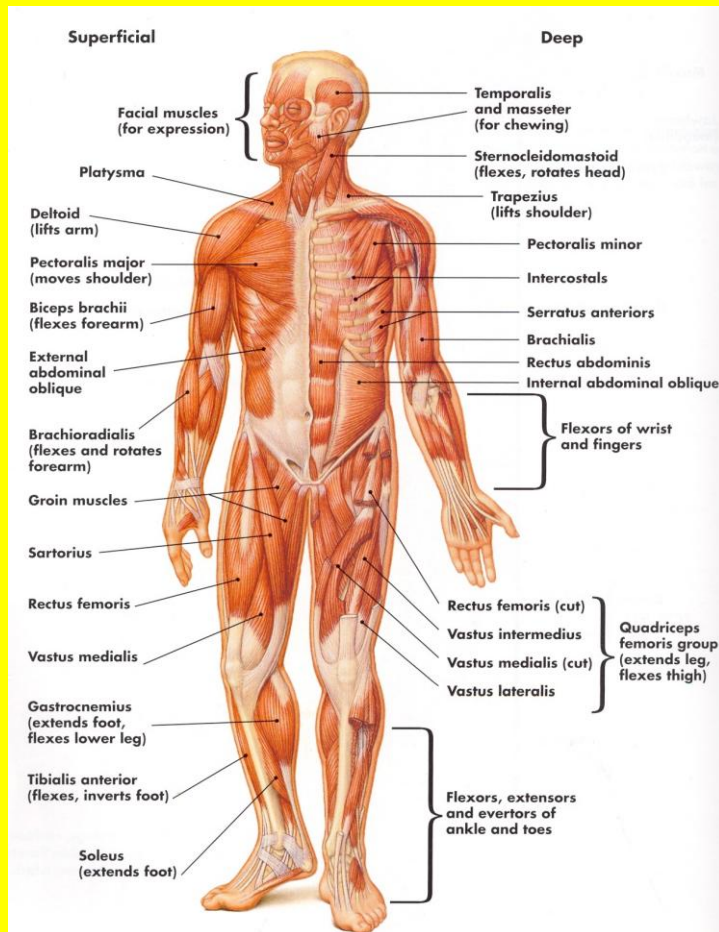
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Muscles: important- movement

40% your body weight



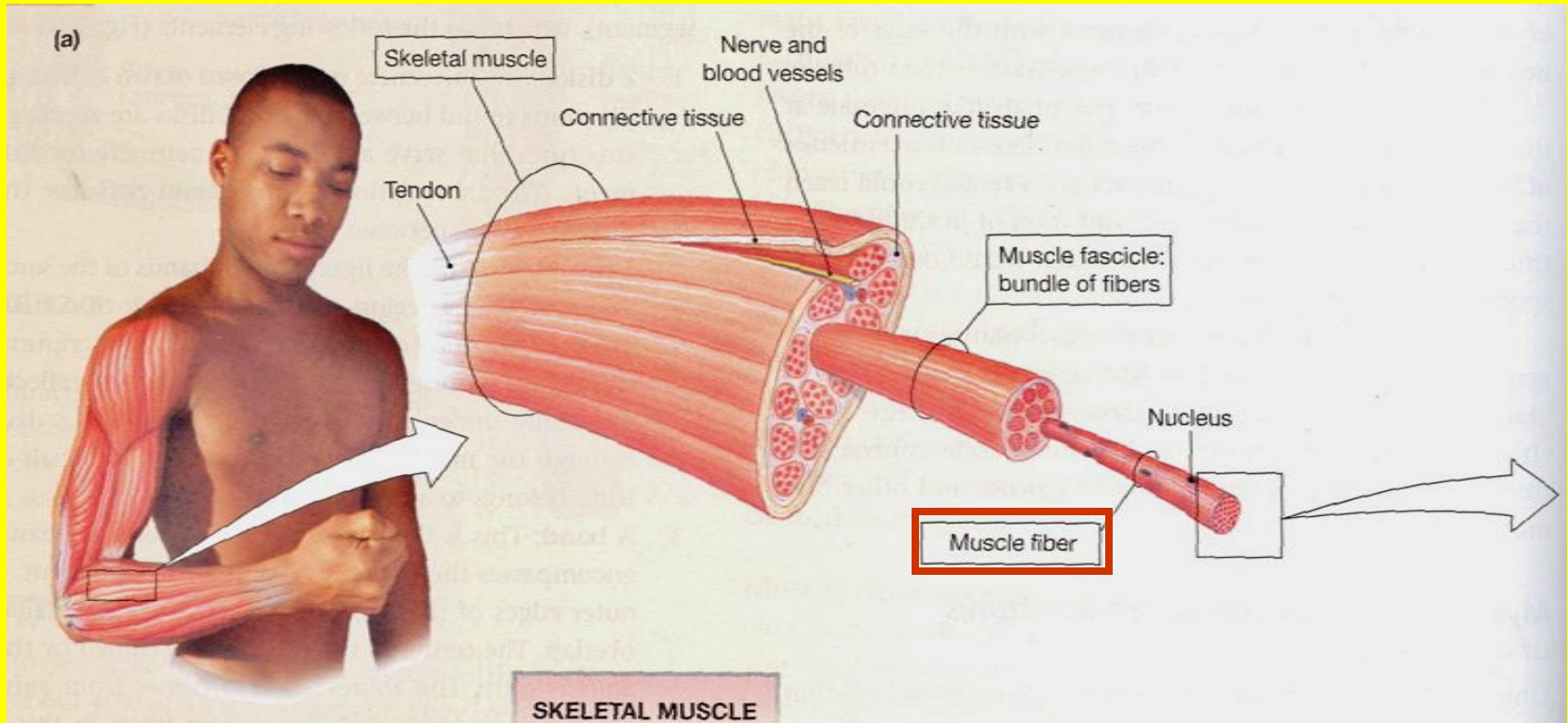
Muscle Structure: major body muscle = skeletal muscle

Myoglobin-(like hemoglobin)
holds **O₂** from blood during rest

Releases **oxygen** when muscle contracts

Gives some muscle: **red** color

Muscle cells = muscle fibers (long)

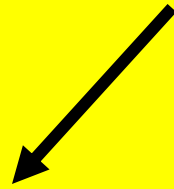


Muscle fiber



Smaller strands: **myofibrils**

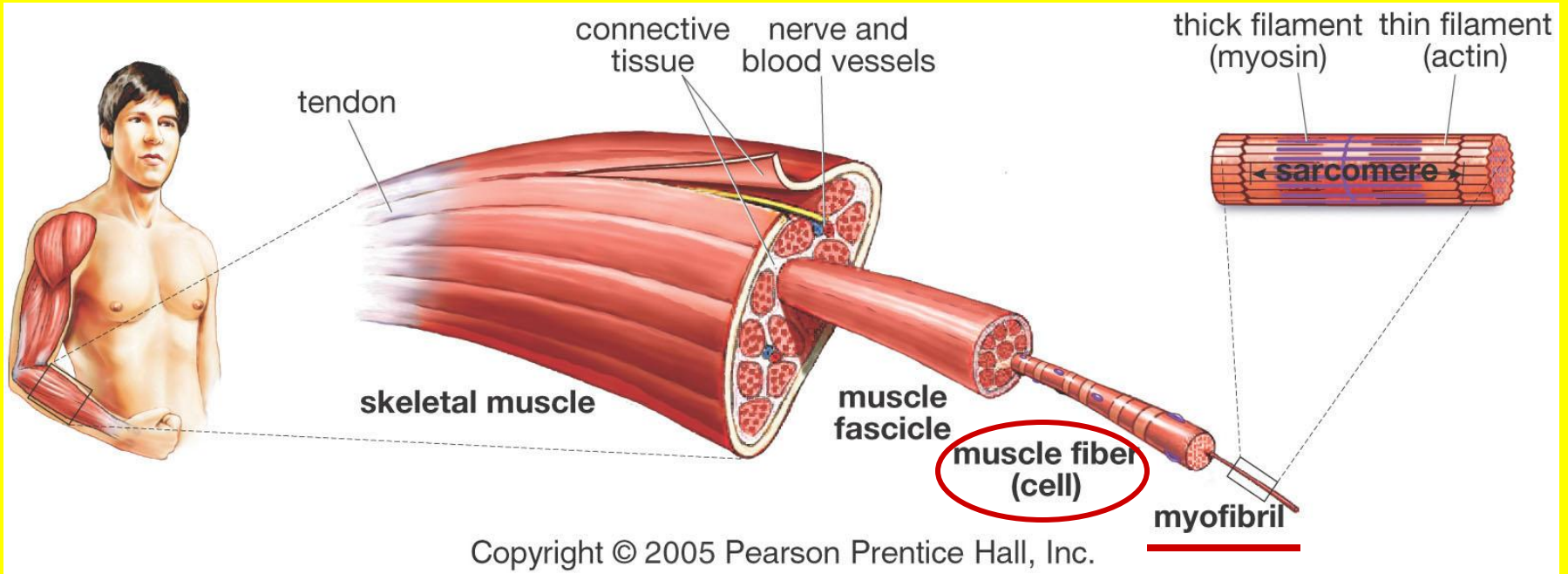
Myofibrils: still smaller strands



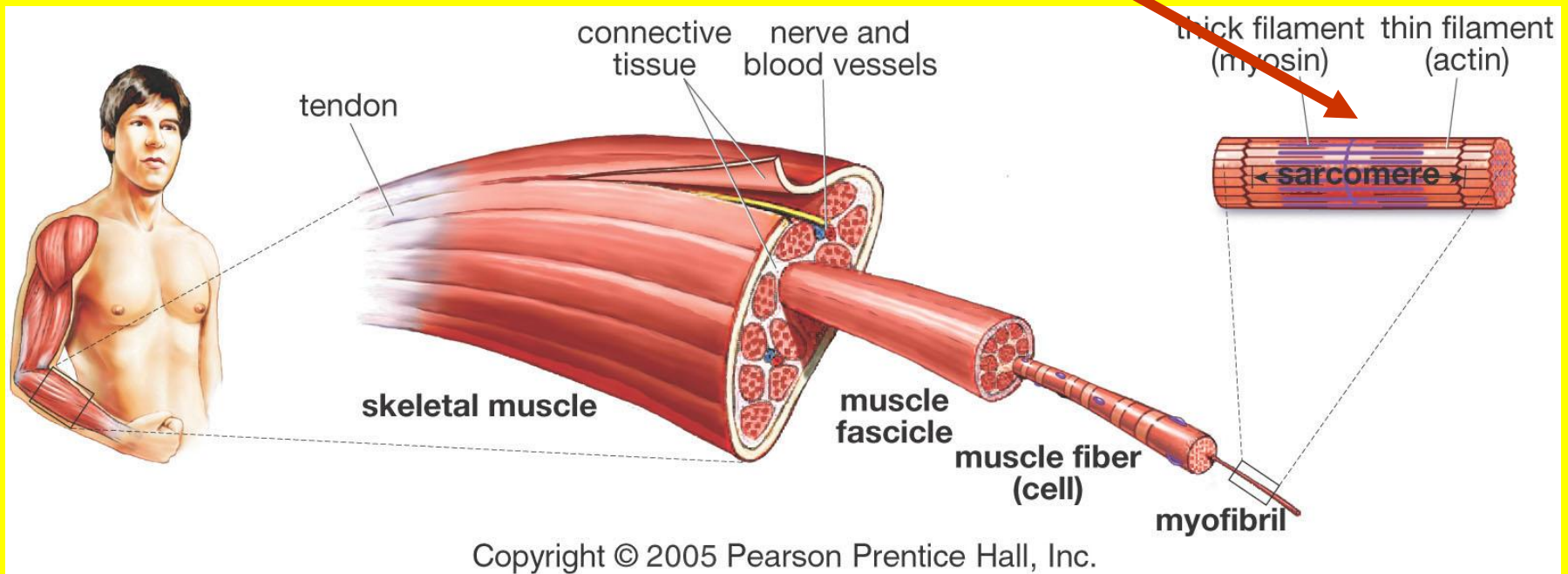
Thick filaments
(**Myosin** protein)



Thin filaments
(**Actin** protein)



- **Sarcomere**: unit of muscle contraction
- **10,000** sarcomeres in each muscle cell

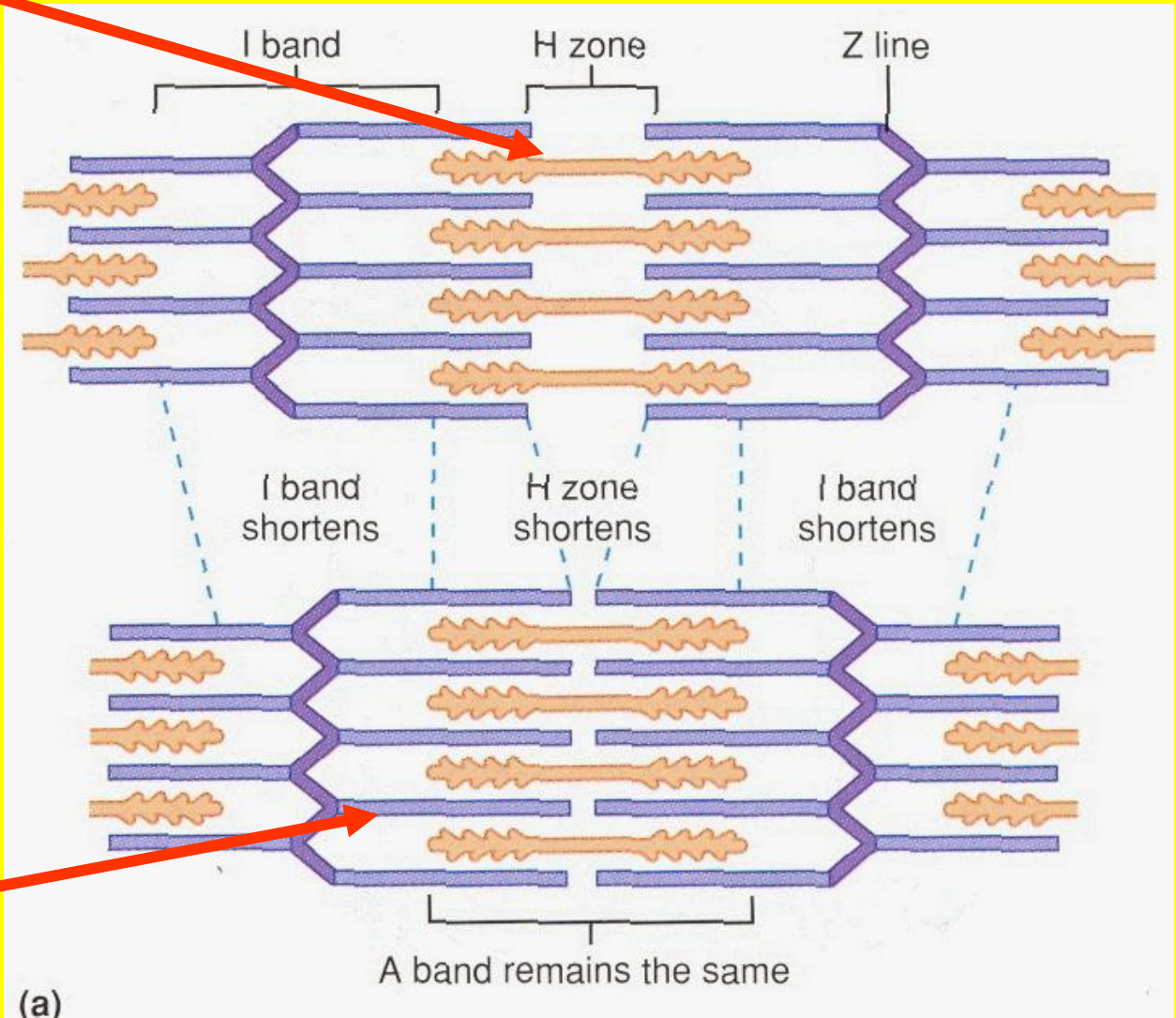
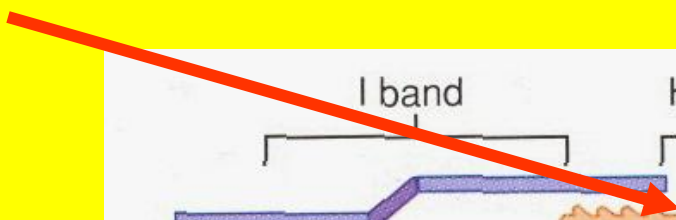


How your muscles work

Myosin (thick) filaments: near center of sarcomere

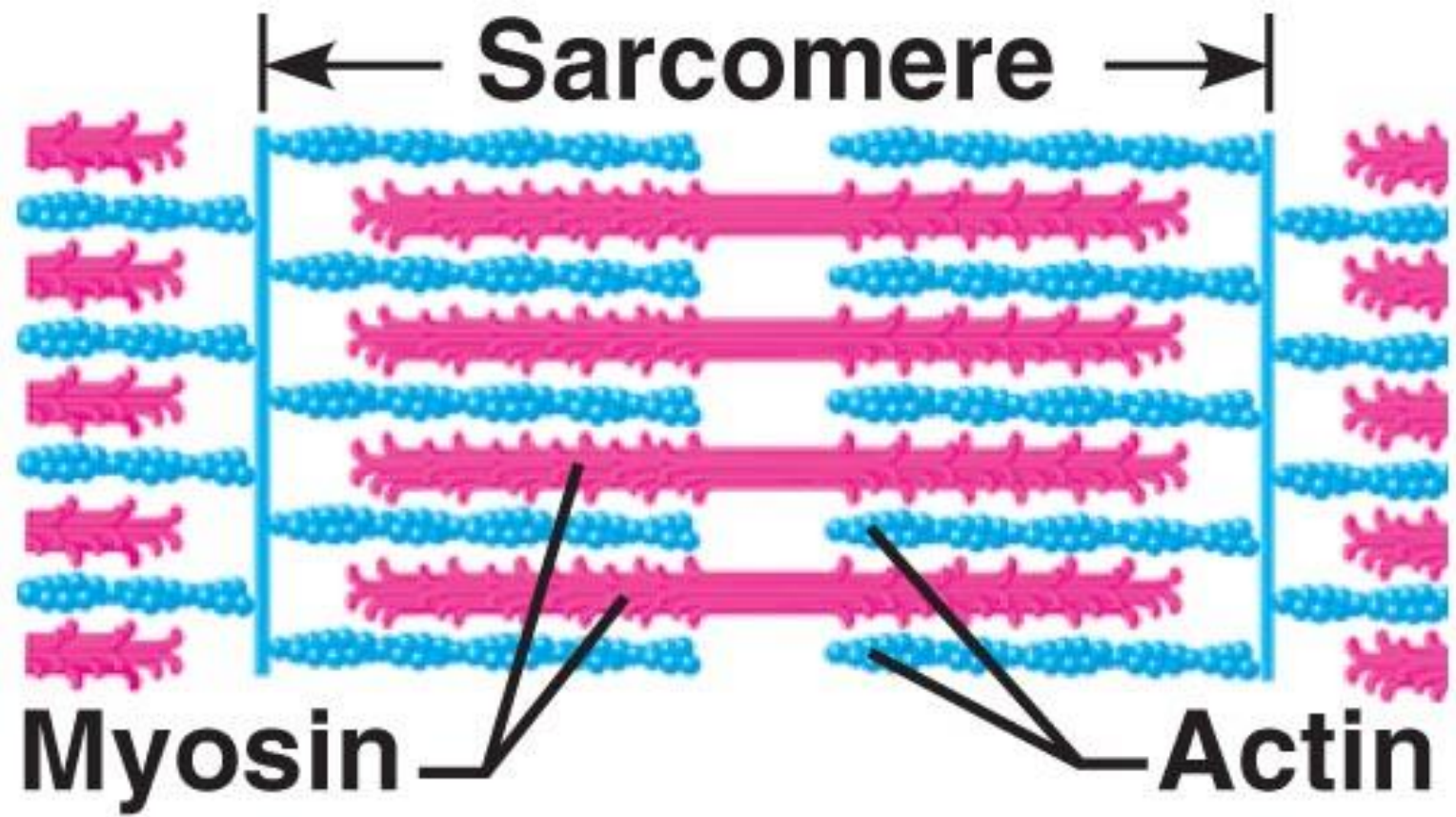
Actin (thin) filaments: near ends of sarcomere- overlap myosin near center

Myosin



Actin





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Muscle at

“Rest”-

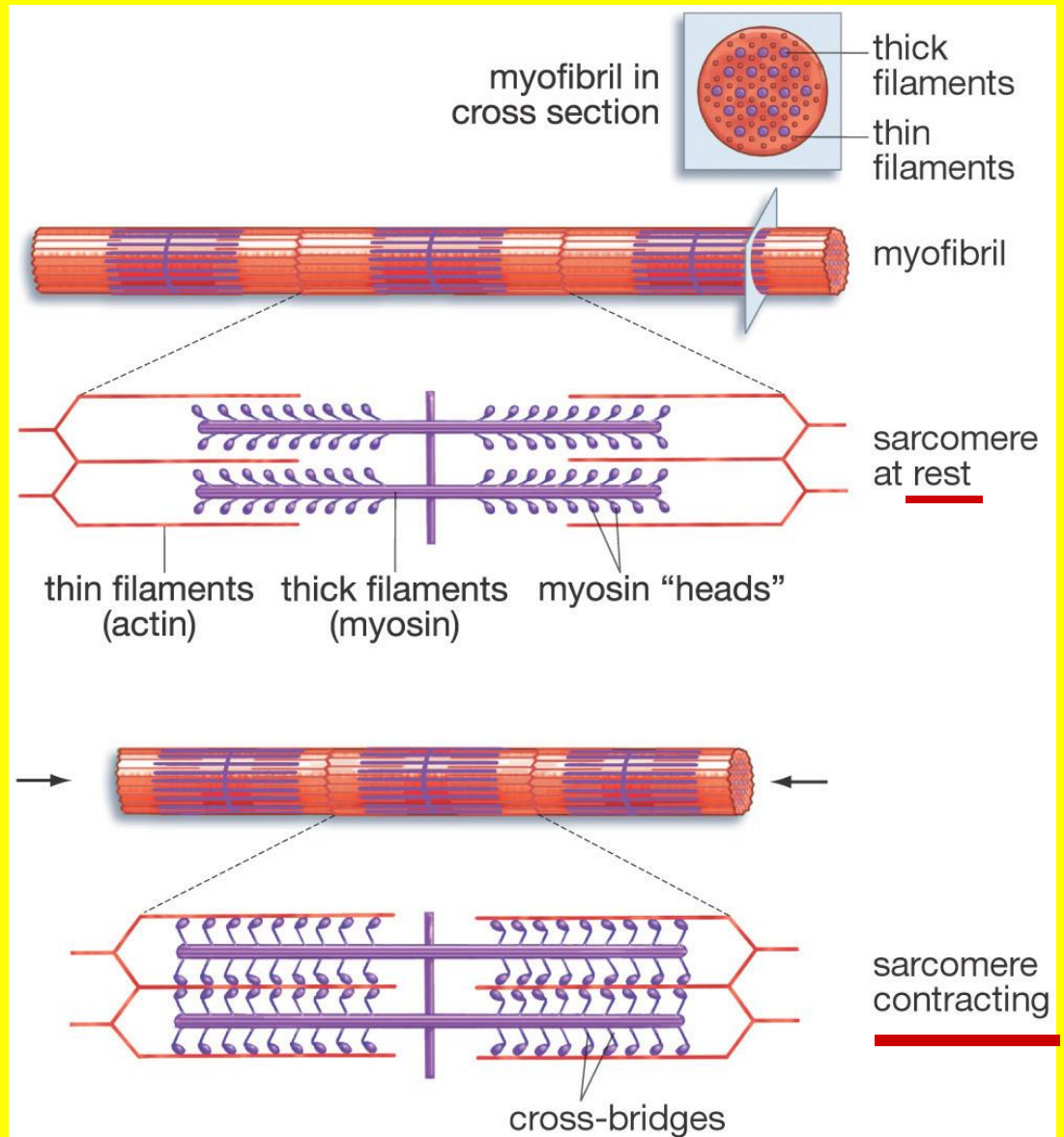
Sarcomere:

Longer

Thin filaments
slide to center

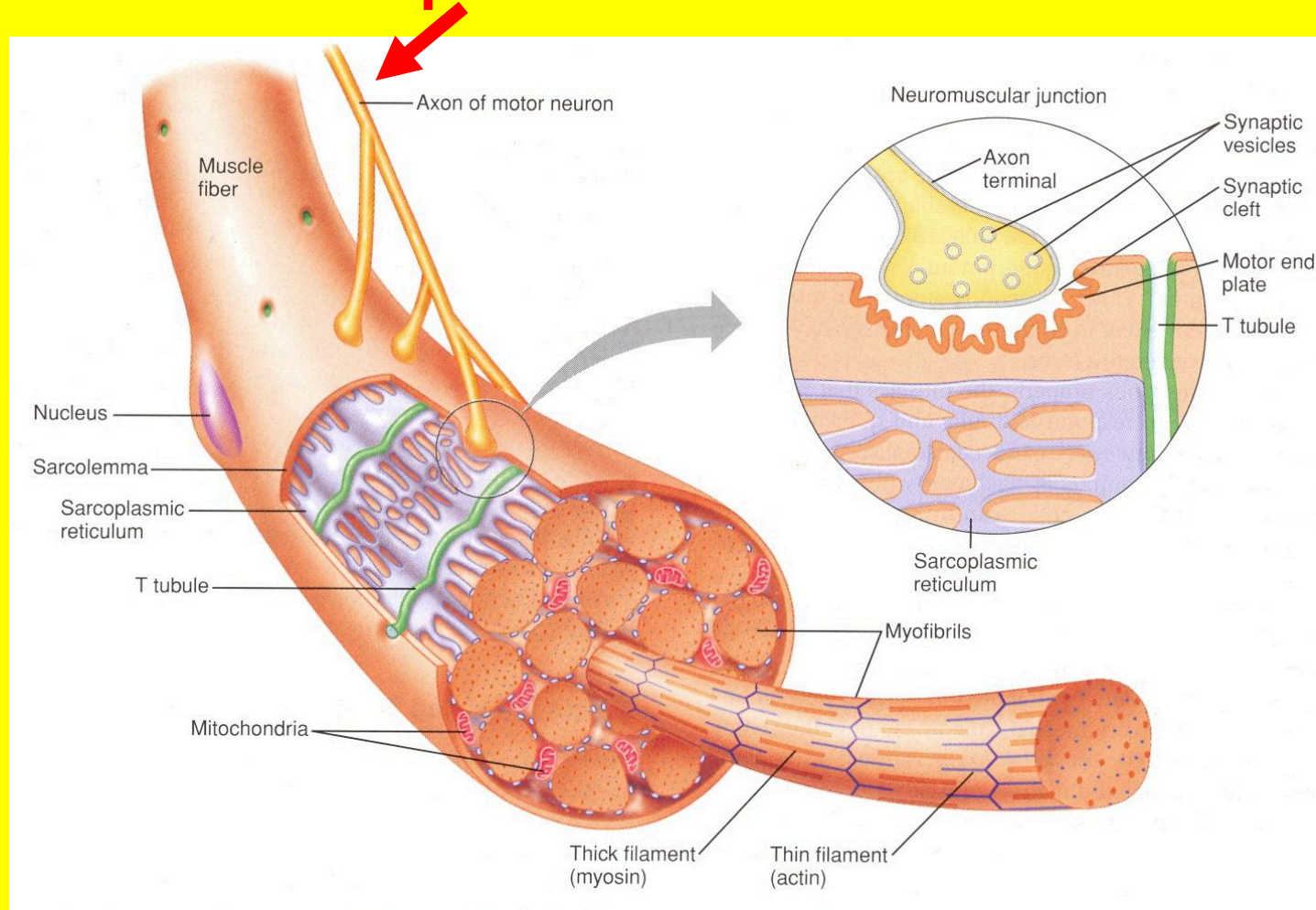
Sarcomere:

Shortens-
“contraction”

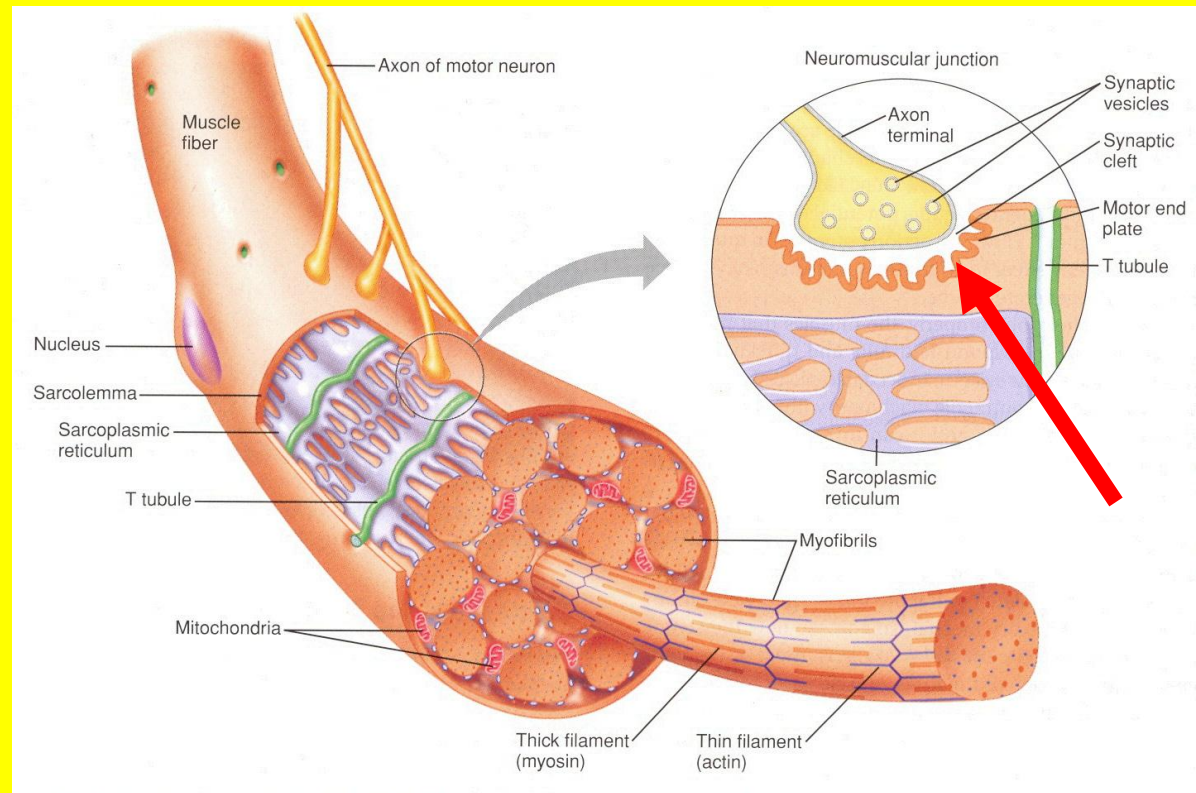


How muscle **contraction** happens

1) **Nerve impulse** arrives at muscle



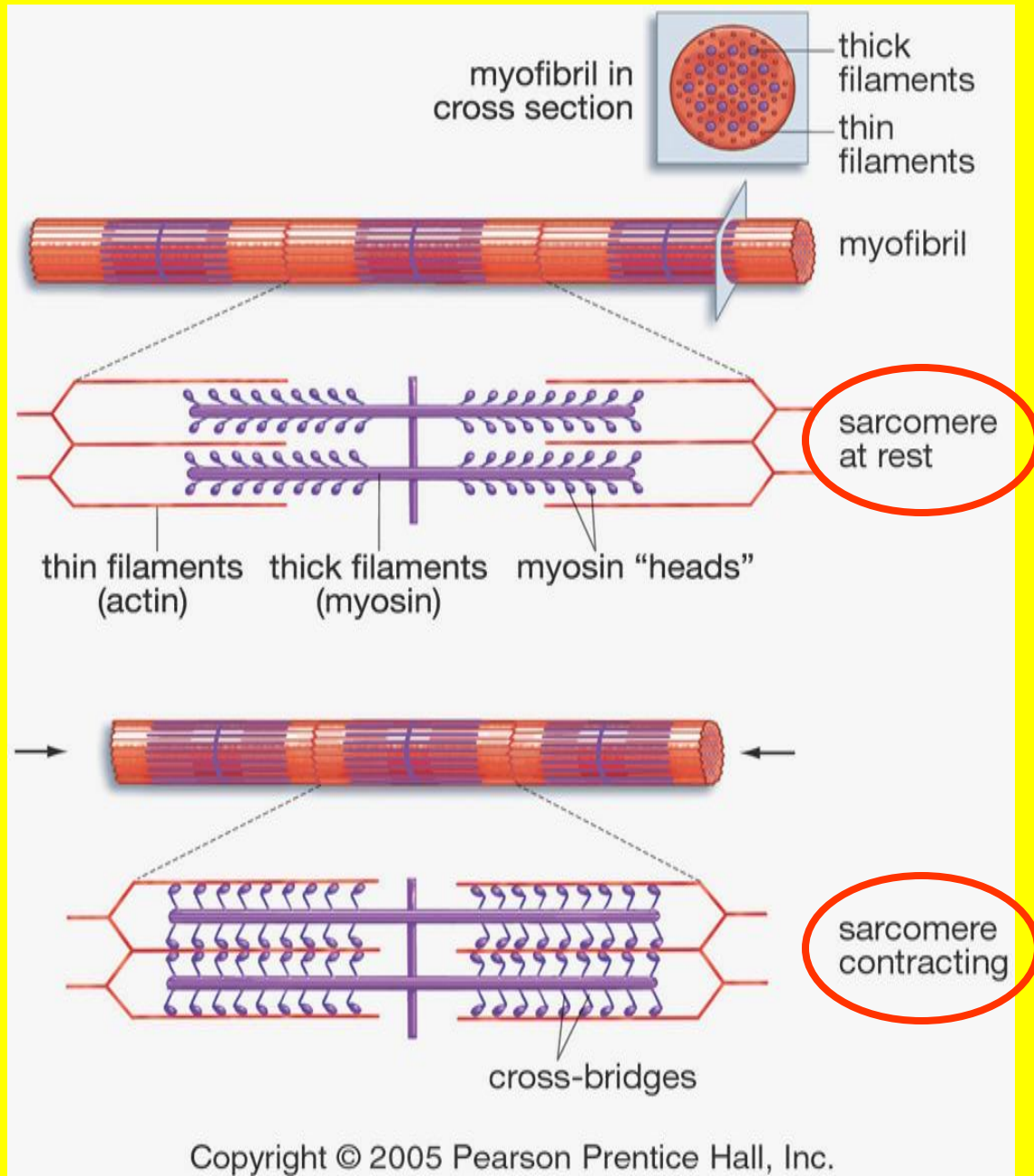
- **Gap** between nerve & muscle
- Nerve endings release



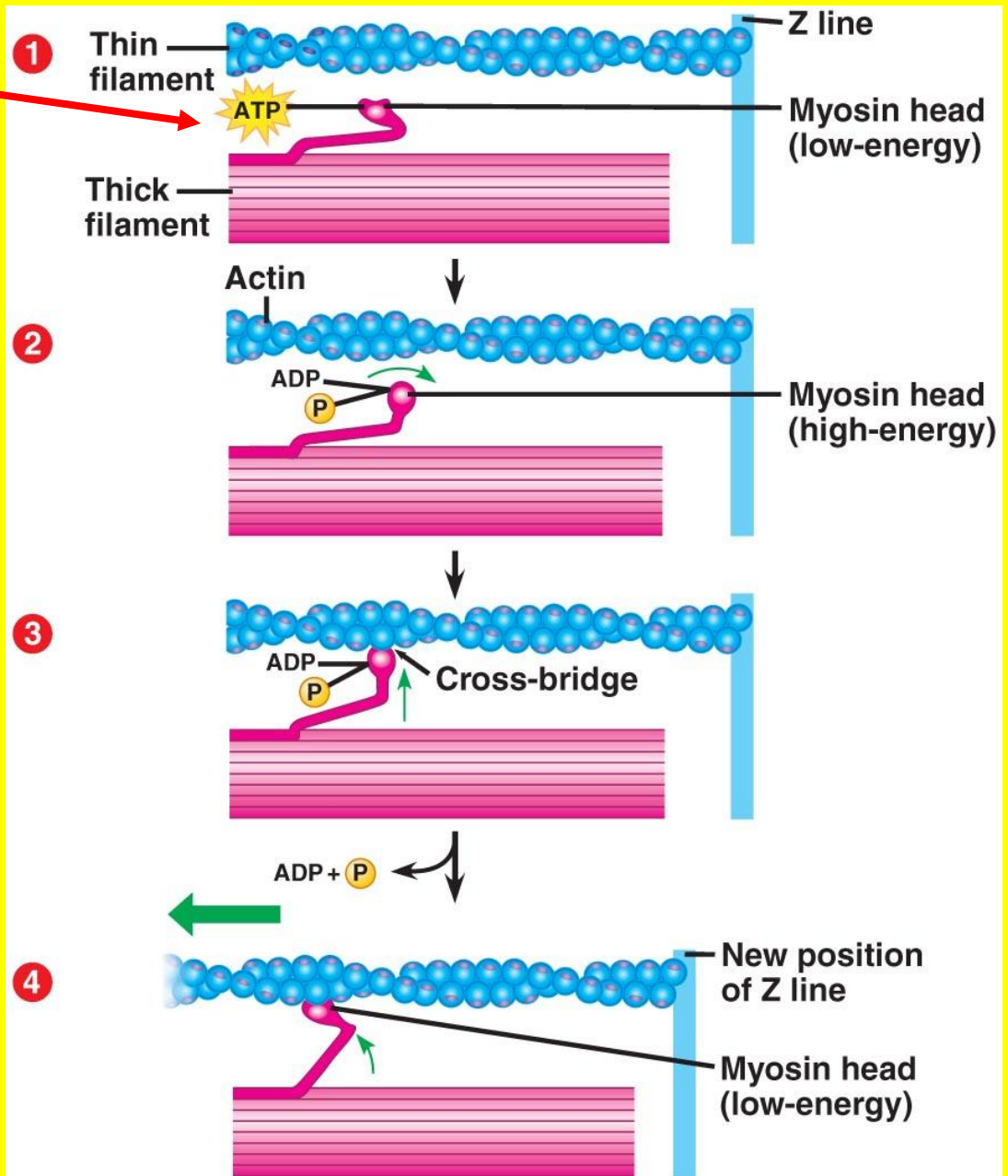
neurotransmitter
(Acetylcholine)

- "Swims" across gap

- 2) Neurotransmitter "activates" muscle filaments
- 3) Thick myosin filaments have "hooks"- attach to actin (**cross-bridges**)
- 4) **Pull** actin toward sarcomere center (**sliding**)
- 5) Myosin hooks **detach** from actin
- 6) Ready to pull again
- 7) Happens over & over during **muscle contraction**

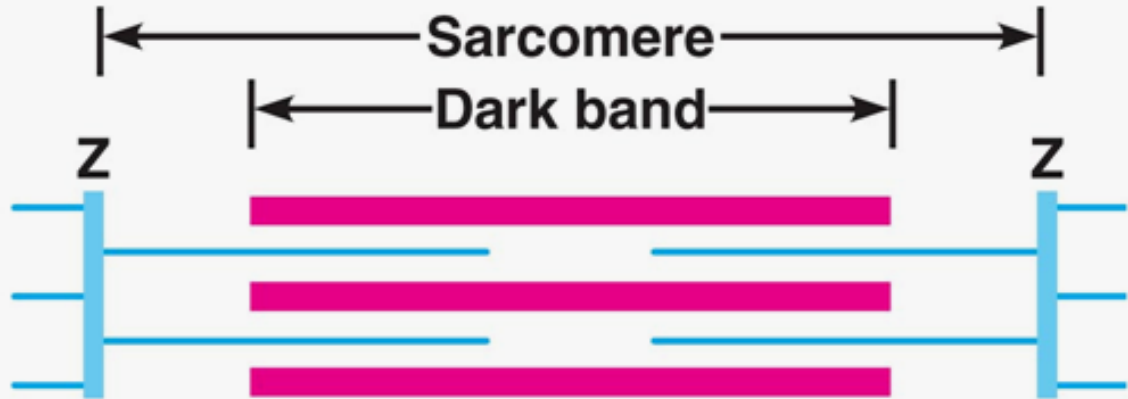


Need ATP



Sliding Filament Model

Relaxed muscle



Contracting muscle



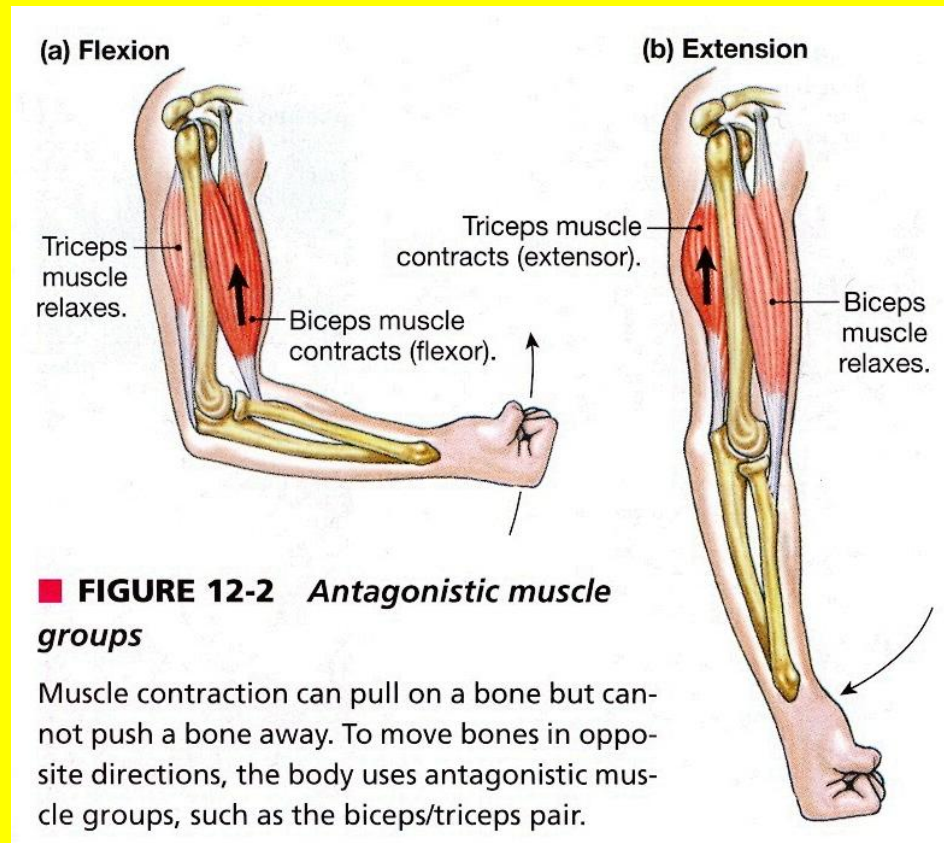
Fully contracted muscle



Contracted sarcomere

Antagonistic muscles: Muscles **pull**
on a bone for movement

Muscles can't **push** a bone away



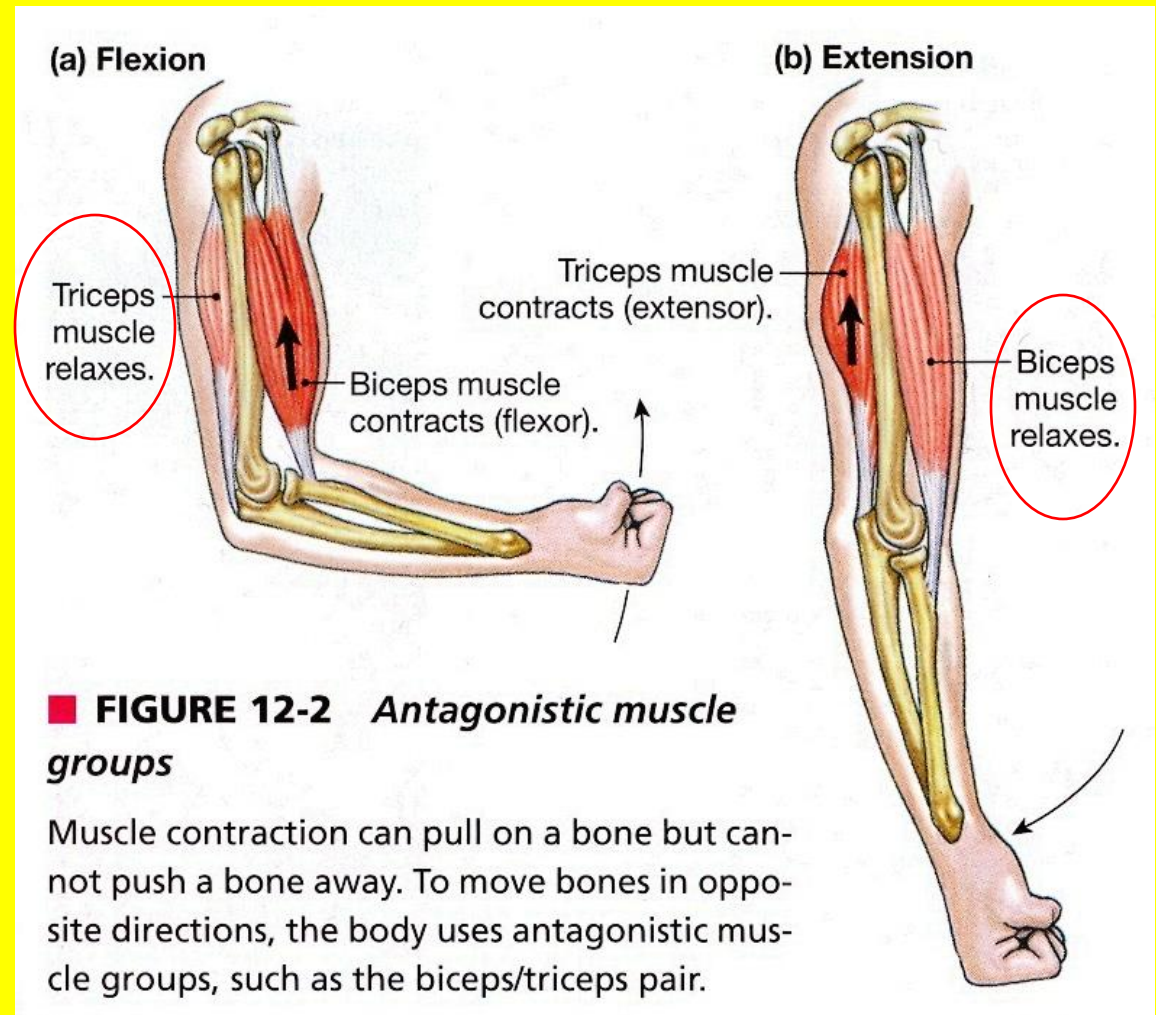
To move
in **opposite**
direction:
use different
muscles

- Flex arm:

Biceps

- Extend arm:

Triceps



Muscle Pathology

Muscular Dystrophy

- Usually inherited
- Missing important protein
- Muscles grow weak:
wheel chair
- Weak respiratory muscles:
ventilator



Muscle Pathology

Infections- bacteria (**Clostridium**)

Botulism

Food poisoning

Tetanus

Skin puncture

Bacteria **toxins** → ~~acetylcholine~~

Respiratory muscles- paralysis

death ← suffocation

Other muscle disorders

Disuse of muscles:

- Example: broken arm in cast
- ↓ Blood supply to muscles
- Muscle fibers **atrophy** (↓ size)
- Atrophy > 1 year- usually **permanent**

Fast vs. Slow “Twitch” Muscle Fibers

- All muscles:
mix of
fast & slow twitch
- % varies:
person to person
- Genetically
determined

FAST TWITCH: SPRINTER



FAST TWITCH

- Good for: sprinting, weight lifting
- **Thicker fibers, more powerful**
- Contract: quickly, powerfully
- **Sprinters:** ~**60%** fast twitch in thigh muscles
- Good: **short bursts**, intense activity
- Fewer **mitochondria**
- Less **myoglobin** (to hold O₂)

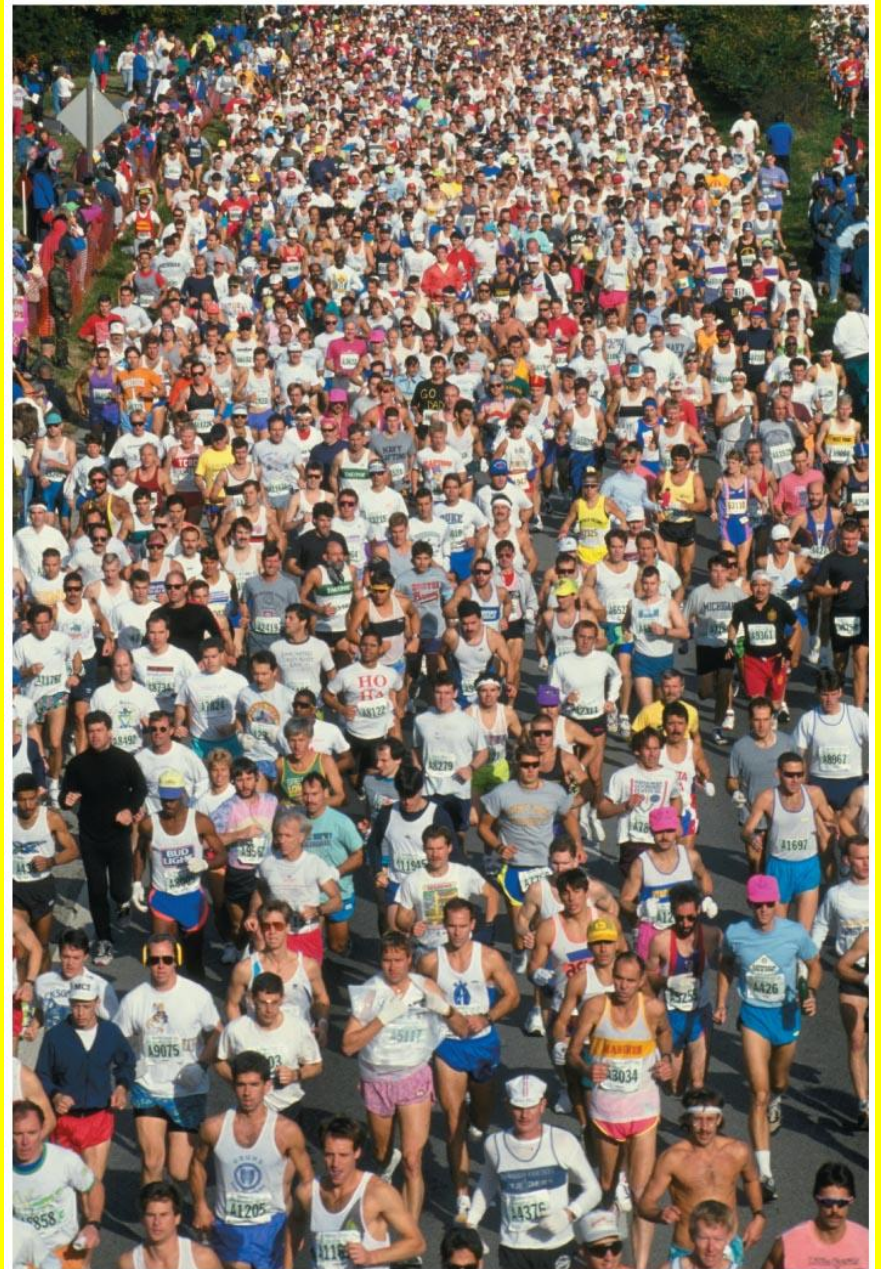
FAST TWITCH

- **Fatigue** more easily
- Make **fewer ATP** per glucose molecule
- Partial breakdown of glucose by:
- **Glycolysis** (work anerobically- without oxygen)

• Glucose → Pyruvic acid → Lactic acid

Muscle ache/fatigue

SLOW TWITCH: MARATHONERS



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SLOW TWITCH

- **Endurance:** long distance running
- Not much quick burst of power
- **Slow steady** muscle contractions, sustained over longer period
- **Slow to fatigue**
- More **myoglobin & mitochondria**

SLOW TWITCH

- Complete break down of glucose by **cell respiration**
- Glycolysis → Krebs Cycle → Electron transport
- **Aerobic**: use **oxygen**
- Produce more **ATP**
- **Marathoner**: ~ **80%** Slow Twitch