Spinal Cord

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- Cervical vert. are in the neck.
- Thoracic vert. are in the thorax and each has a pair of ribs.
- Lumbar vert. are in the lower back.
- Sacrum and coccyx are part of the pelvis.



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Each vertebrae has a spinal (vertebral) canal for the spinal cord.



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- spinal nerve
- dorsal root ganglion
- dorsal root
- ventral root



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- dorsal root
- ventral root



 Diseases, particularly those associated with aging, can result in pressure on a spinal nerve in a foramen and cause pain and muscle weakness.







- At birth, the spinal cord goes the entire length of the spine.
- The spinal cord stops growing before the spine stops.
- In the adult, the spinal cord ends between the first and second lumber vertebrae.





• In the adult, the spinal cord ends at the <u>conus medullaris</u> between the first and second lumber vertebrae.



Spinal Cord Anatomy



grey matter central gray dorsal horn ventral horn

•

• white matter





Spinal Cord Anatomy

- More grey matter is in levels serving the arms and legs, the cervical and lumbosacral enlargements respectively.
- The spinal cord has progressively more white matter from caudal to rostral.



- Sensory systems
 - o Somatosensory
 - Visceral sensory
 - Special sensory
 - Vision
 - Auditory
 - Vestibular
 - Gustatory (taste)
 - Olfactory (smell)

- Motor systems
 - $\circ\,$ Somatic motor
 - $\circ\,$ Autonomic motor
 - Sympathetic
 - Parasympathetic

Special senses are carried by cranial nerves. The other systems are carried by cranial and spinal nerves.

- Mechanosensation
 - Fine touch
 - Pressure
 - Vibration
 - Movement against the skin
- Proprioception (limb & trunk position, movement & load)
- Thermoception (temperature)
 - Heat
 - Cold
- Nociception (pain tissue damage)

• Sensory information enters the spinal cord via dorsal roots.



Somatosensory information is processed via three main pathways:

- local spinal circuits for reflex responses
- to cerebellum and other brainstem centers for maintaining balance and coordinating movements
- to cerebral cortex for conscious perception and other responses

- Reflexes are rapid, preprogrammed, stereotypic responses to specific stimuli.
- Reflexes are processed locally in the spinal cord or brainstem, but can be modulated by input from higher brain centers.
- All somatosensory modalities are involved in reflexes.

The stretch reflex is monosynaptic:

- It is initiated by stretch of muscle spindles, which activates the sensory axons to the spindles.
- It involves a monosynaptic circuit between the sensory neuron and primary motor neuron, which initiates contraction of the stretched muscle.



• The stretch reflex also includes <u>inhibition</u> of <u>antagonistic muscles</u> via activation of an inhibitory <u>interneuron</u>.



Reflexes

The <u>withdrawal reflex</u> activates motor neurons at multiple spinal levels:

- It is initiated by activation of pain receptors in a limb.
- The primary sensory neuron activates interneurons in multiple spinal levels.
- The interneurons activate motor neurons that in turn activate <u>flexor muscles</u> in the affected limb.
- Contraction of flexor muscles withdraws the limb.



• Primary afferents ascend and descend in Lissauer's tract.



- Many reflexes involve activation or inhibition of motor neurons at multiple spinal levels and on both sides of the cord.
- Input from the brain can override or modify a reflex.

Axon reflex involves bidirectional signaling:

- Tissue damage activates pain receptors.
- The axon potential will propagate down other peripheral branches of the same neuron.

Burn

Flare

- This initiates release of neuropeptides, which cause vasodilatation.
- This leads to inflammation (reddening of the skin, edema).

Spinocerebellar Pathway

- Primary sensory neurons carrying proprioceptive information synapse deep in the dorsal horn.
- Second order neurons ascend on both sides of the spinal cord in the spinocerebellar tracts.
- The cerebellum has important roles in maintaining balance and coordinating movements.



• The spinocerebellar tracts are in the lateral funiculus of the spinal cord.

[Note how tracts are often labeled by their origin and target.]





Two somatosensory pathways to cortex:

- Proprioception and deep touch via the dorsal columns.
- Pain, temperature and light touch via the spinothalamic tracts.

Somatosensory Projection to Cortex

Dorsal column projection:

- Primary sensory axons for proprioception and deep touch enter the dorsal horn and ascend in the dorsal columns.
- These axons synapse in nucleus gracilis (from lower body) and nucleus cuneatus (from upper body) in the medulla.
- Axons from these nuclei cross the medulla and ascend to thalamus.
- They synapse in the ventral posterolateral nucleus (VPL) of the thalamus.
- Axons from the VPL neurons project to somatosensory cortex.



• The dorsal columns are in the dorsal funiculus of the spinal cord.



Somatosensory Projection to Cortex

Spinothalamic projection:

- Primary sensory axons for pain, temperature and light touch synapse on neurons in the dorsal horn.
- Axons of these dorsal horn neurons cross the spinal cord and ascend in the spinothalamic tract.
- They synapse in the ventral posterolateral nucleus (VPL) of the thalamus.
- Axons from the VPL neurons project to somatosensory cortex.



• The spinothalamic tracts are in the lateral funiculus of the spinal cord.



 Upper motor neuron in motor cortex (axons cross to the opposite side of the body)

-synapses with-

 (Lower) motor neuron in a cranial nerve nucleus in the brainstem or the ventral horn of the spinal cord

(axons exit CNS via a cranial nerves or ventral roots)

-synapses with-

• Muscle fiber

(each muscle fiber has a single neuromuscular synapse; a single motor neuron can innervate multiple muscle fibers)





Motor System

• Upper motor neurons descend from cortex in the lateral and anterior corticospinal tracts.

