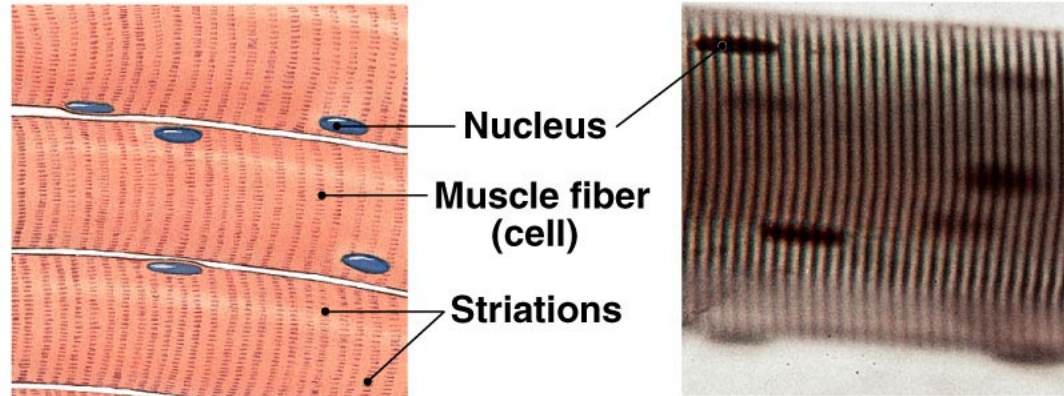
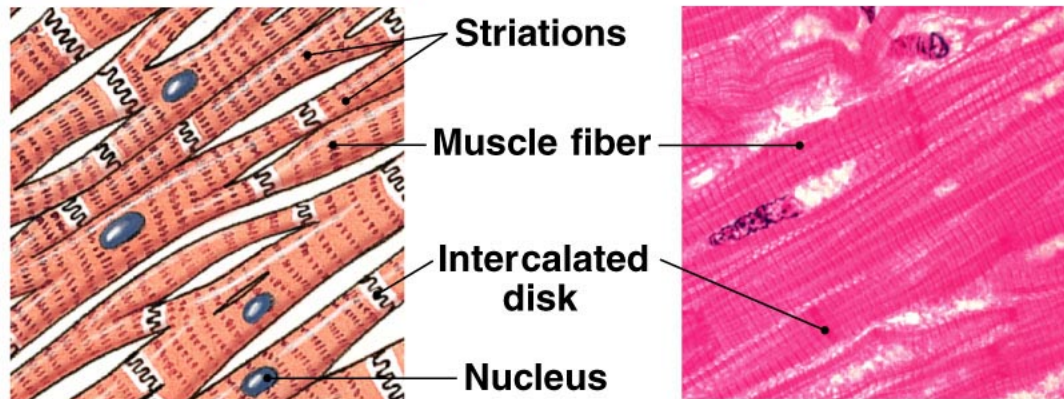


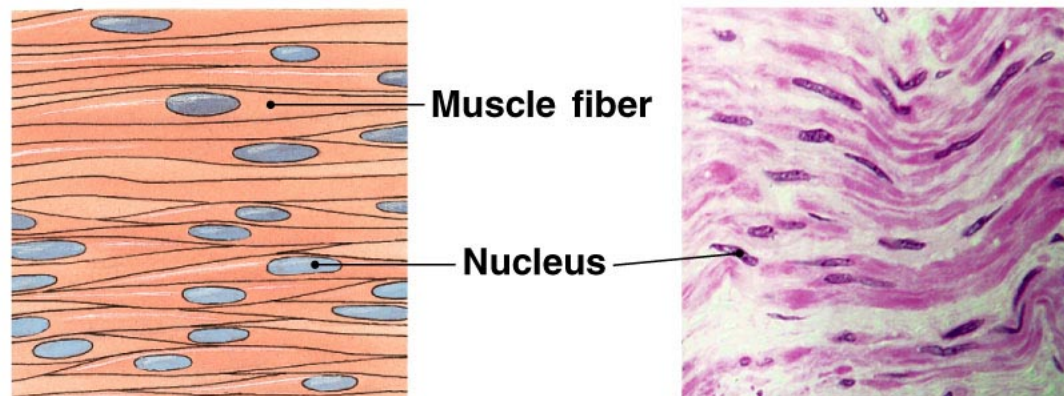
(a) Skeletal muscle



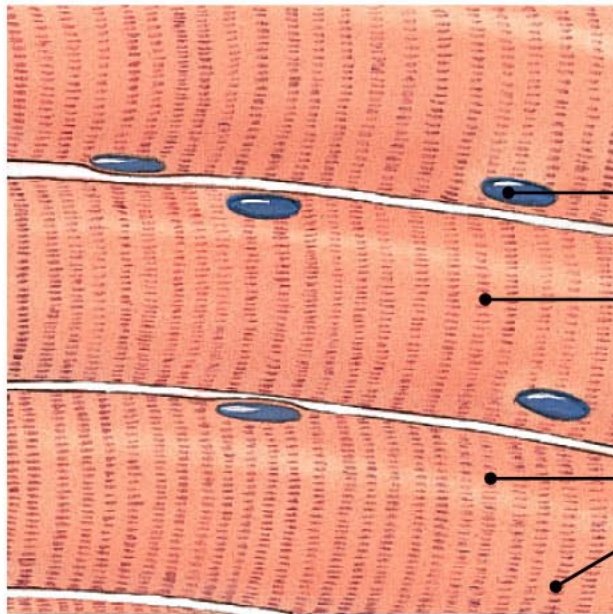
(b) Cardiac muscle



(c) Smooth muscle



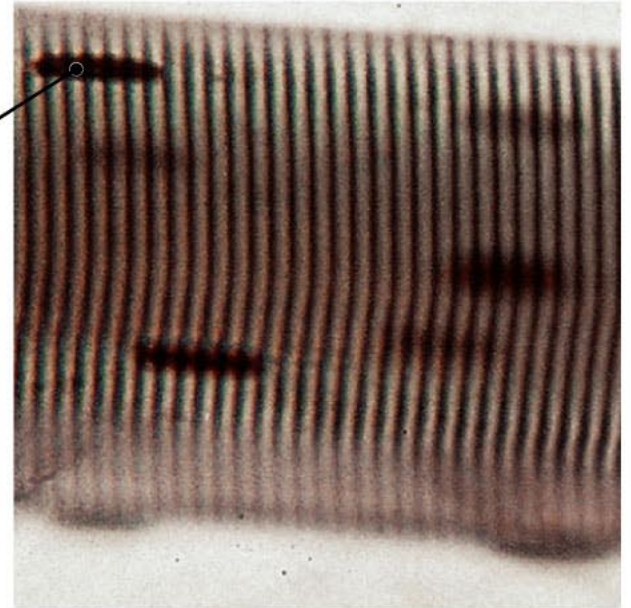
(a) Skeletal muscle



Nucleus

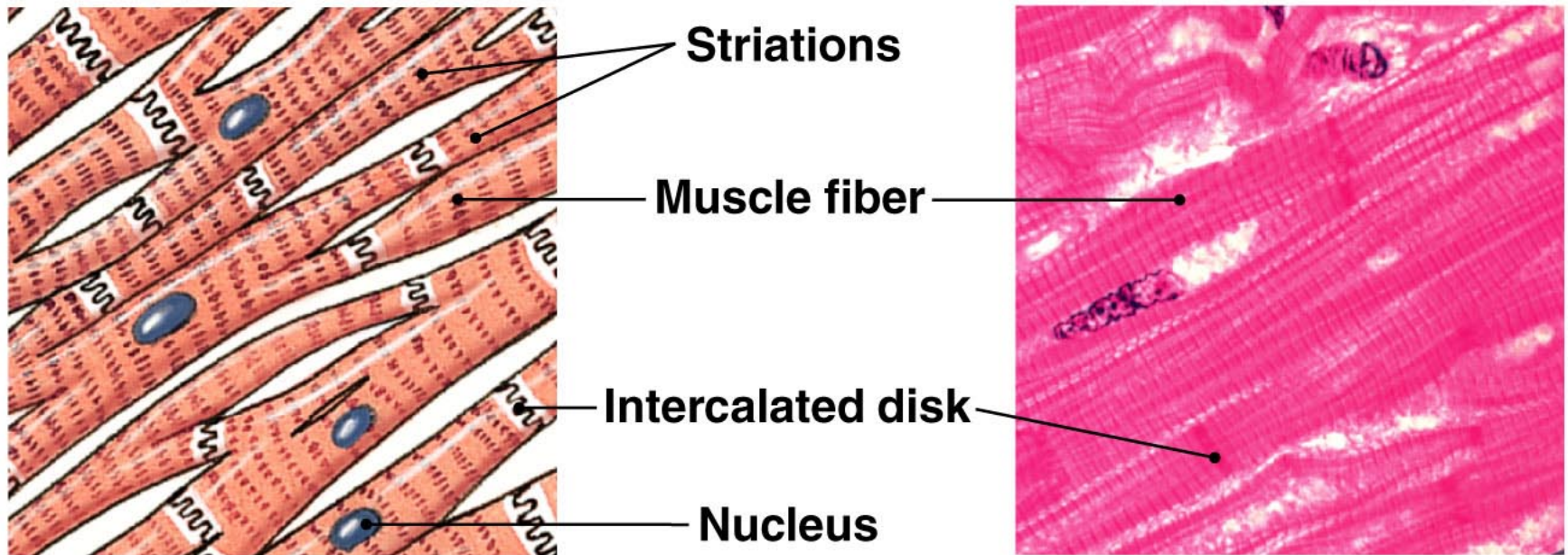
Muscle fiber
(cell)

Striations



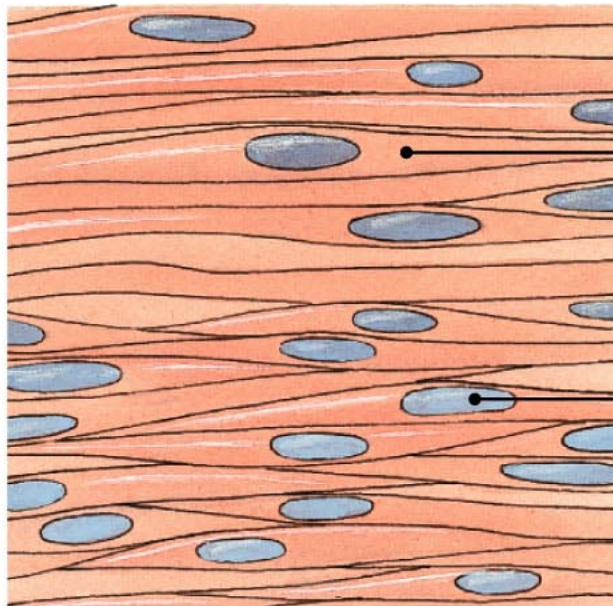
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(b) Cardiac muscle



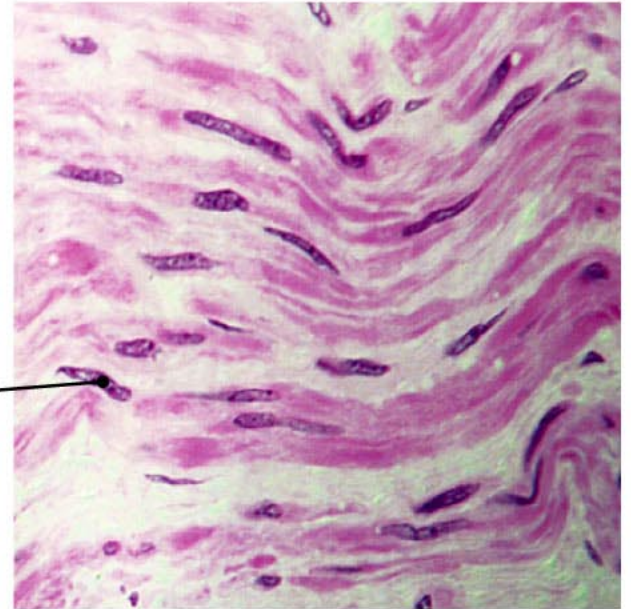
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(c) Smooth muscle



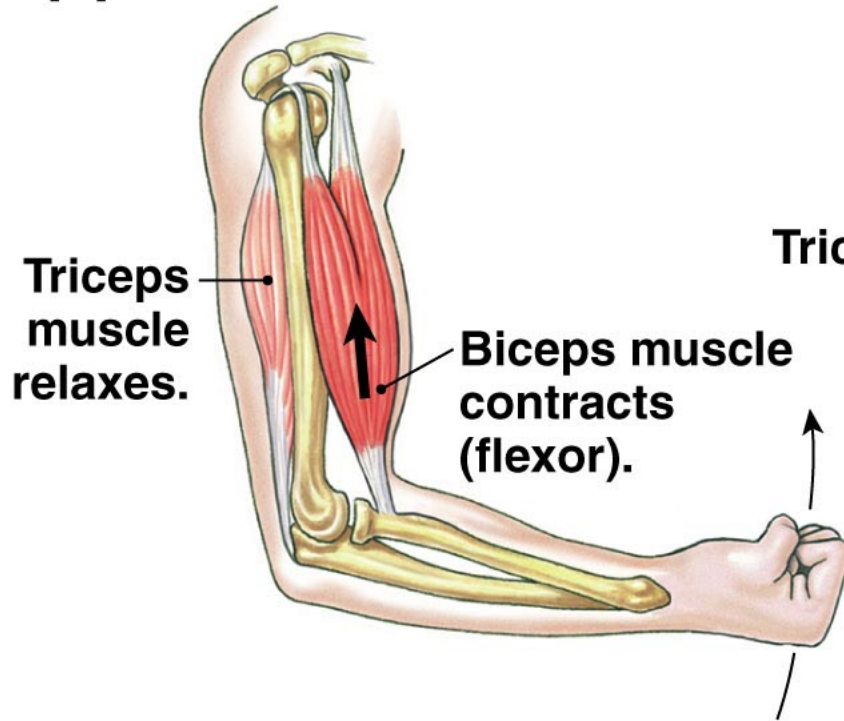
Muscle fiber

Nucleus

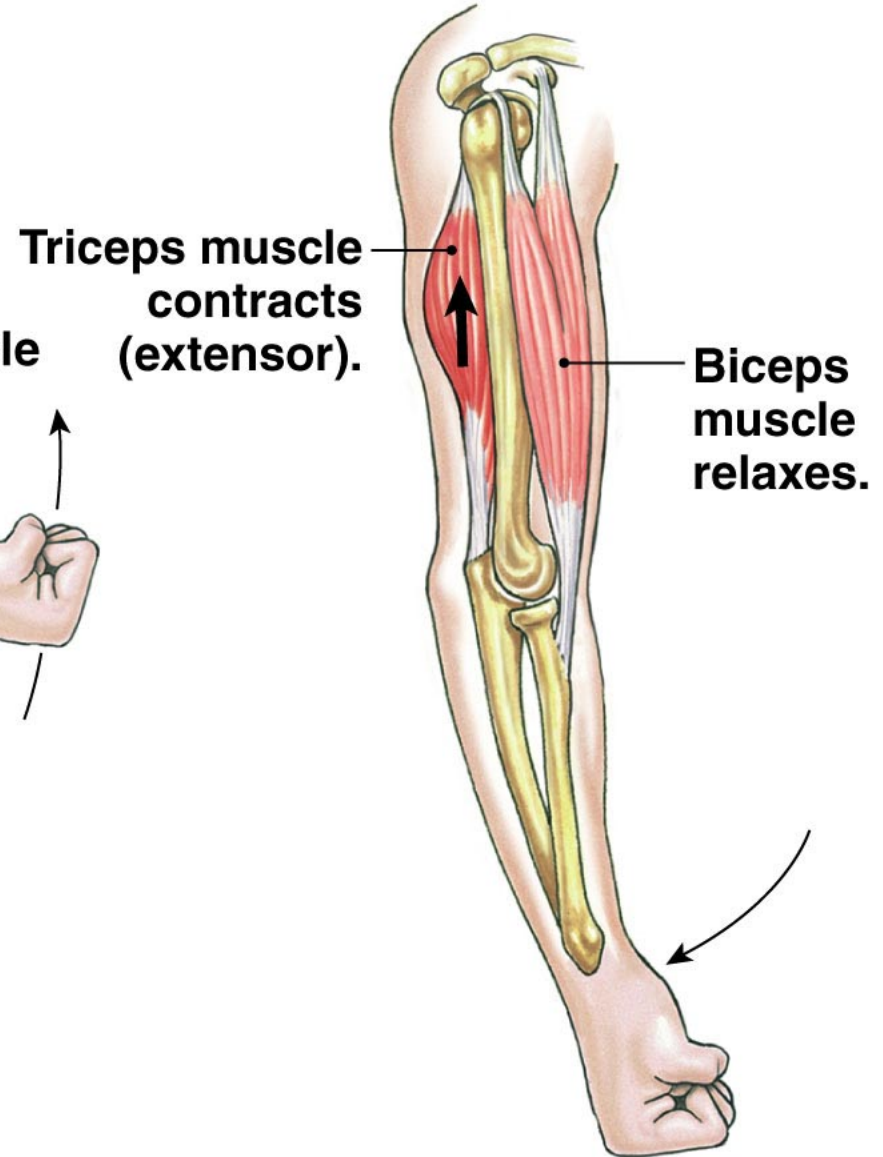


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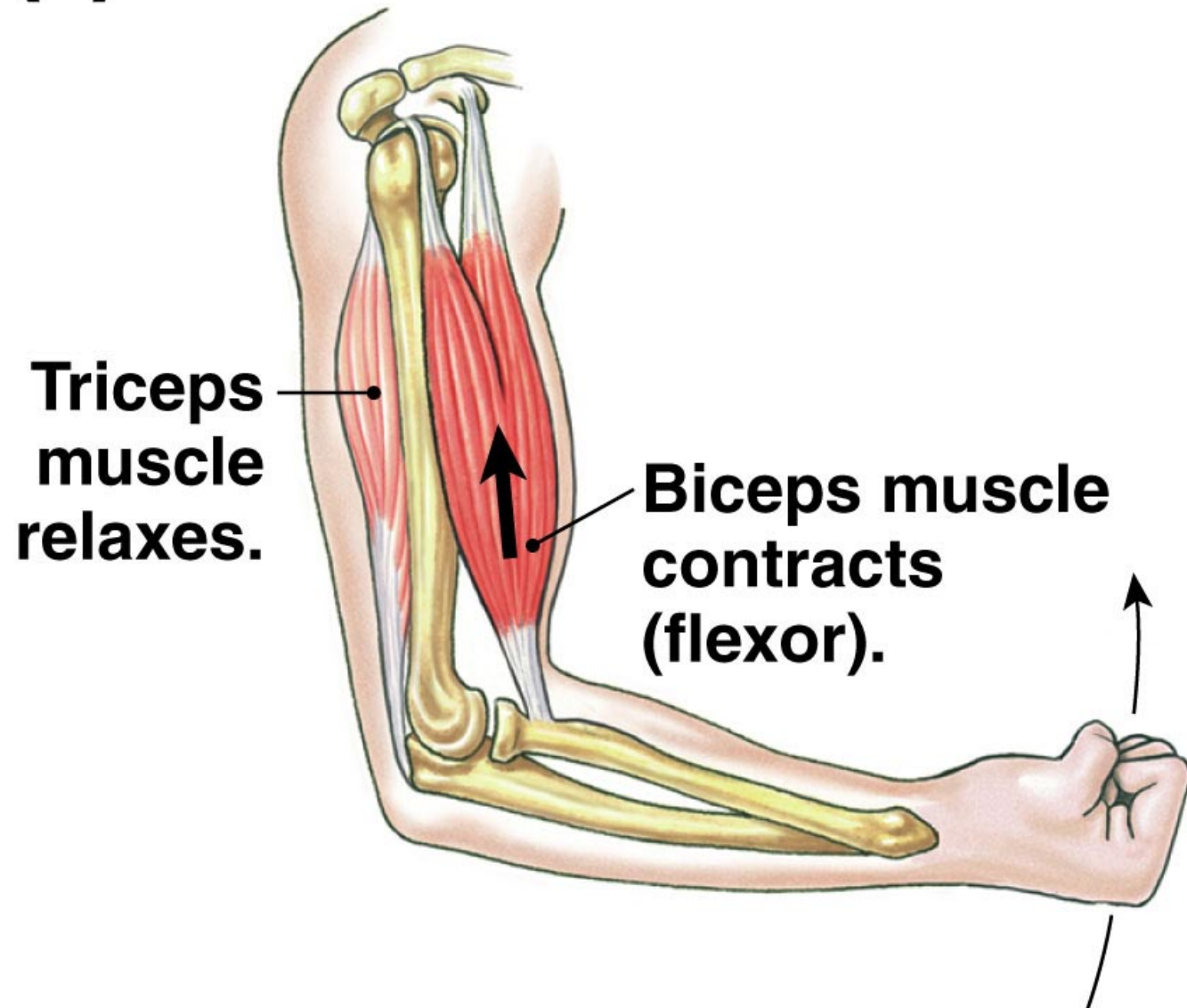
(a) Flexion



(b) Extension



(a) Flexion



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(b) Extension

Triceps muscle contracts (extensor).

Biceps muscle relaxes.

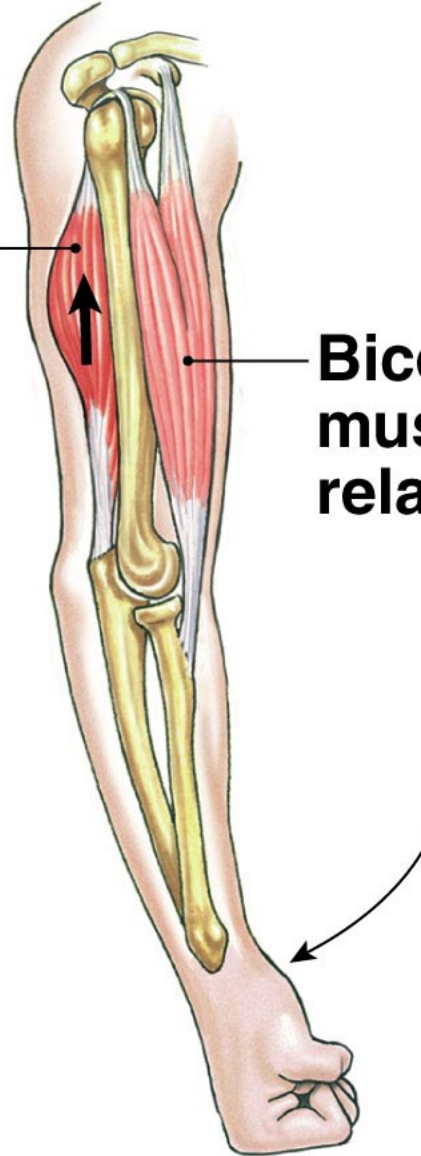
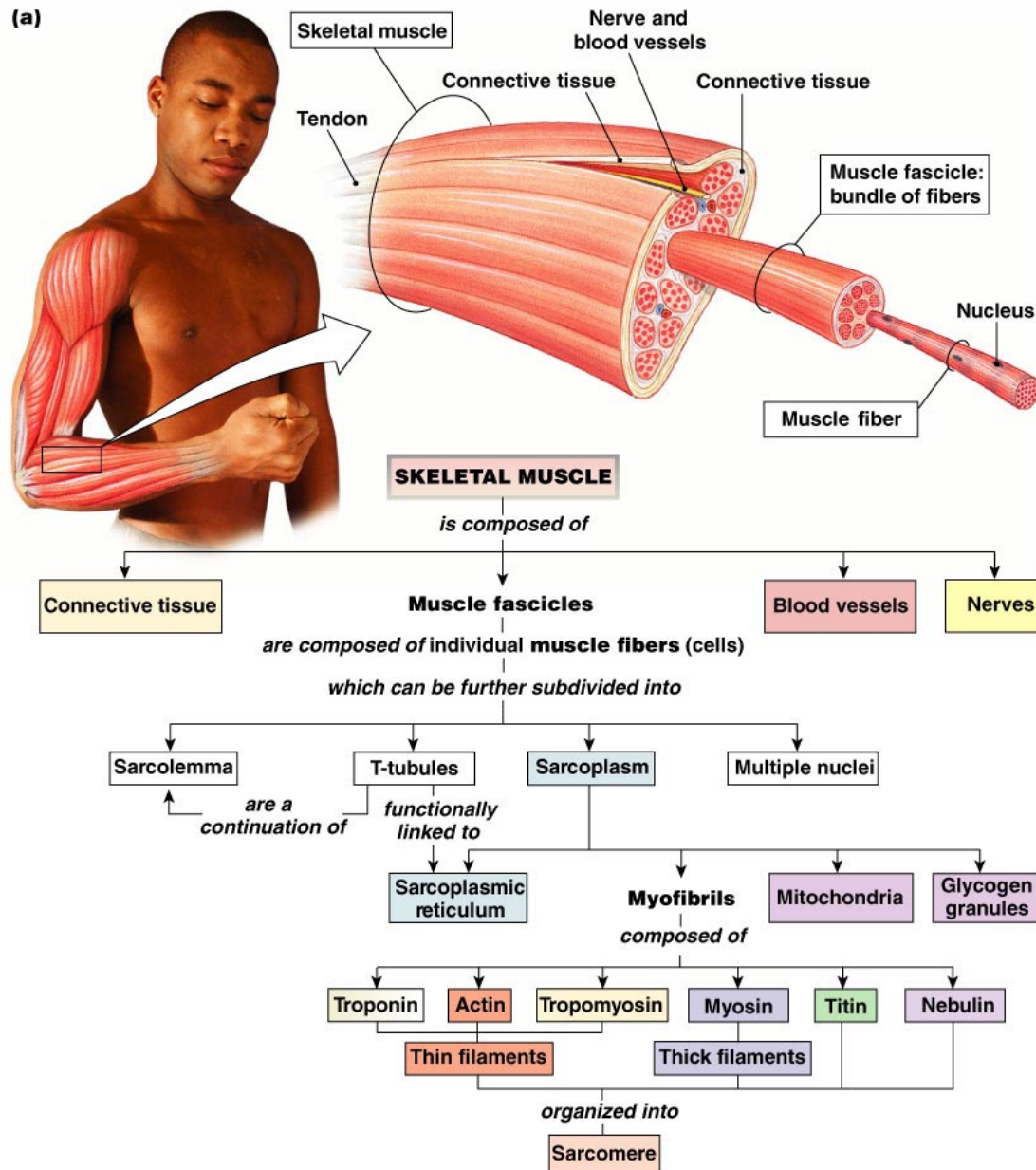


TABLE 12-1**Muscle Terminology**

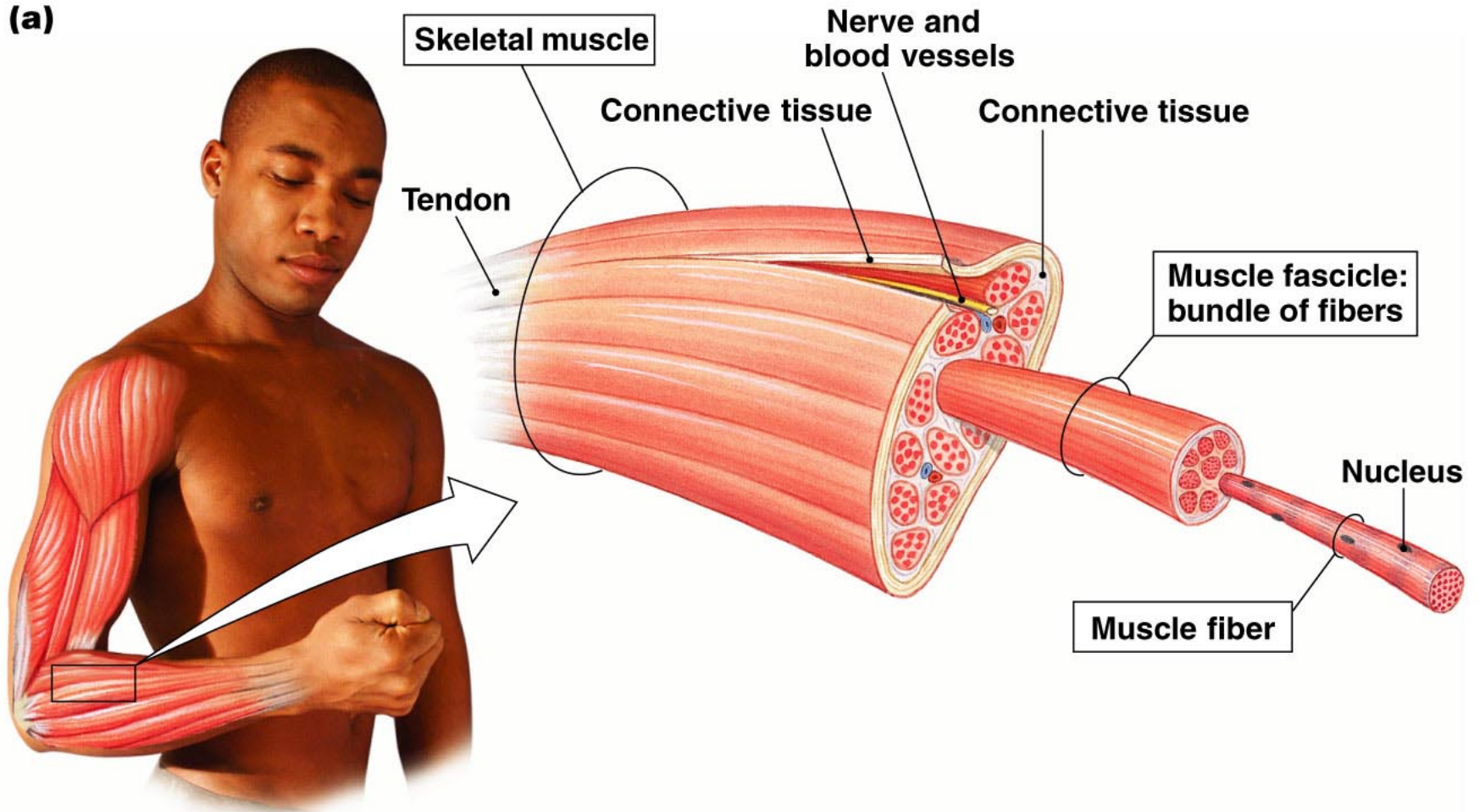
GENERAL TERM	MUSCLE EQUIVALENT
Muscle cell	Muscle fiber
Cell membrane	Sarcolemma
Cytoplasm	Sarcoplasm
Modified endoplasmic reticulum	Sarcoplasmic reticulum

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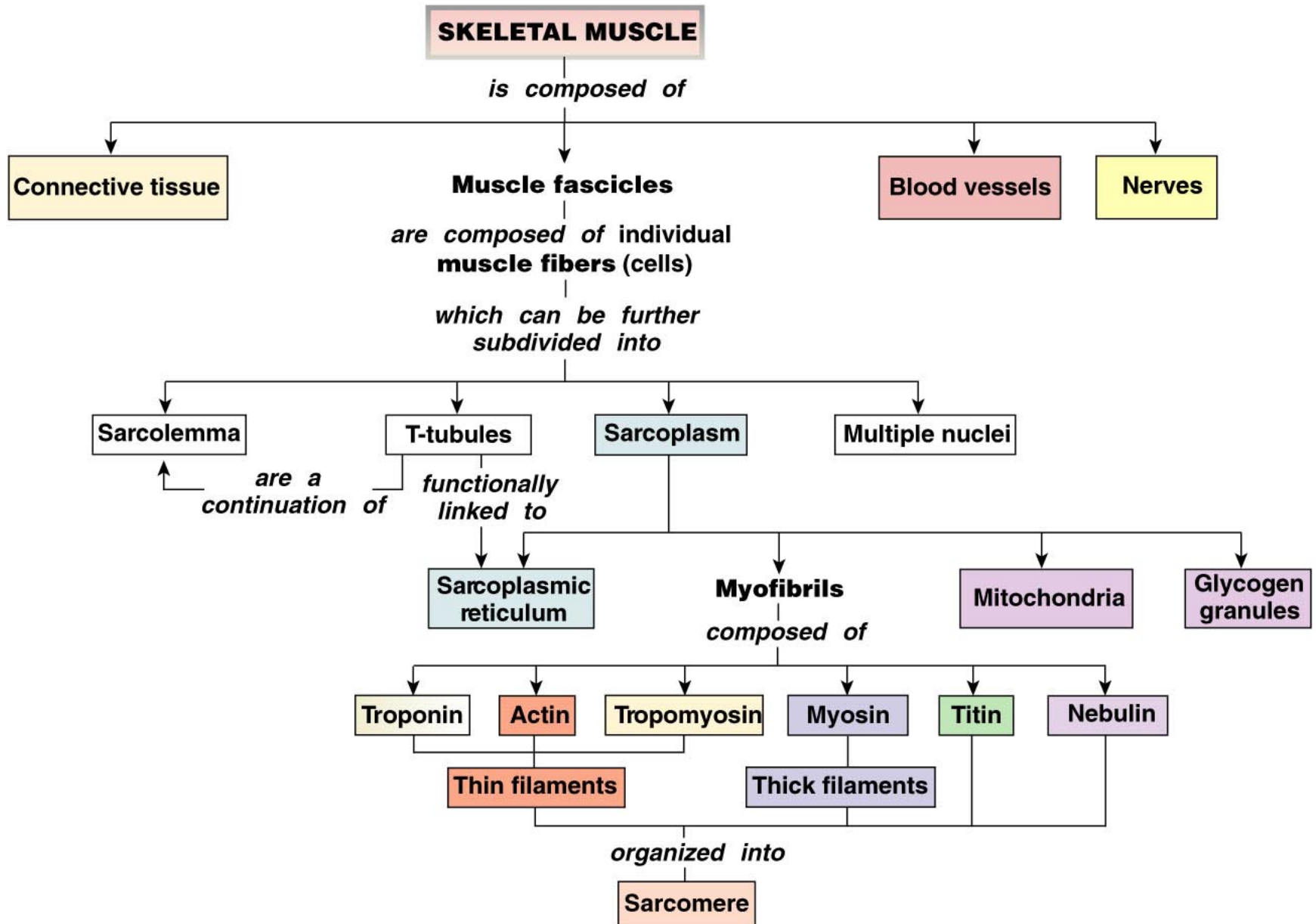


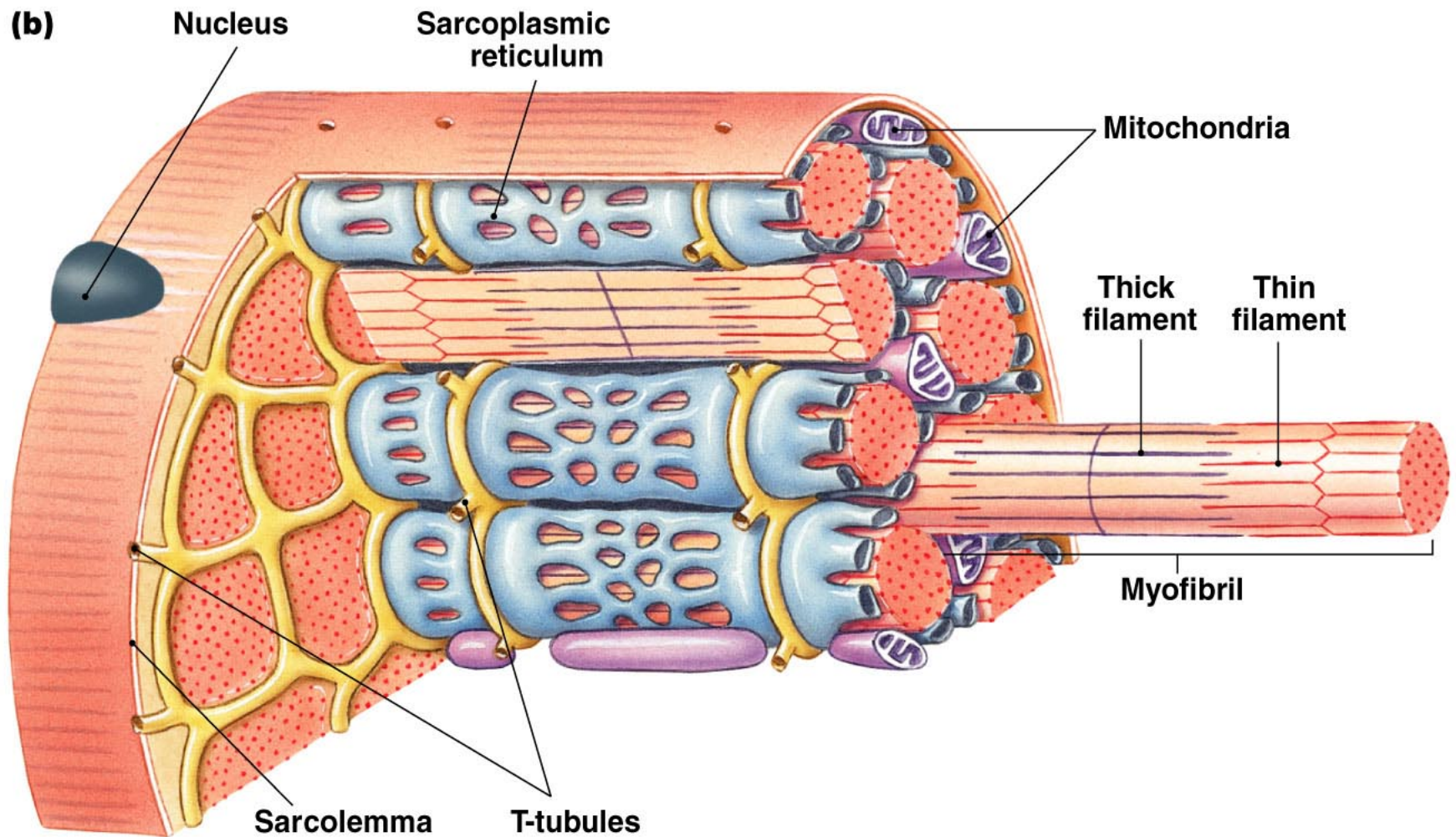
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(a)

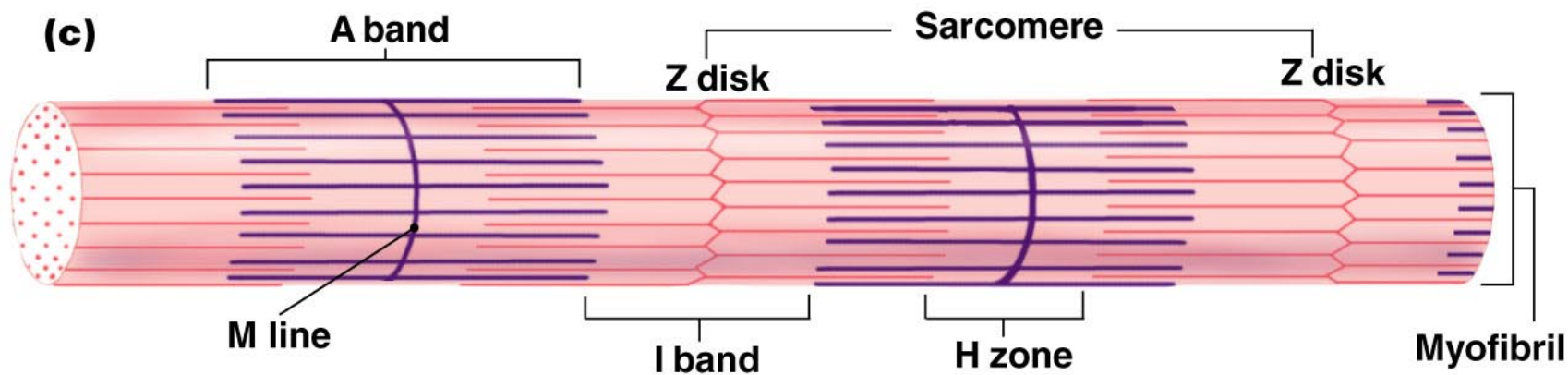


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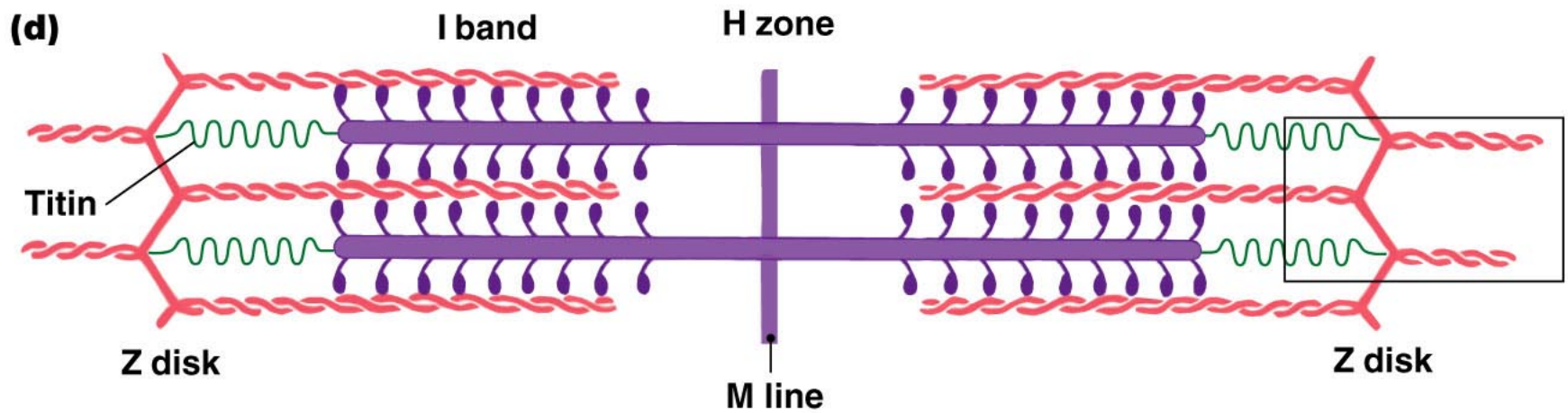




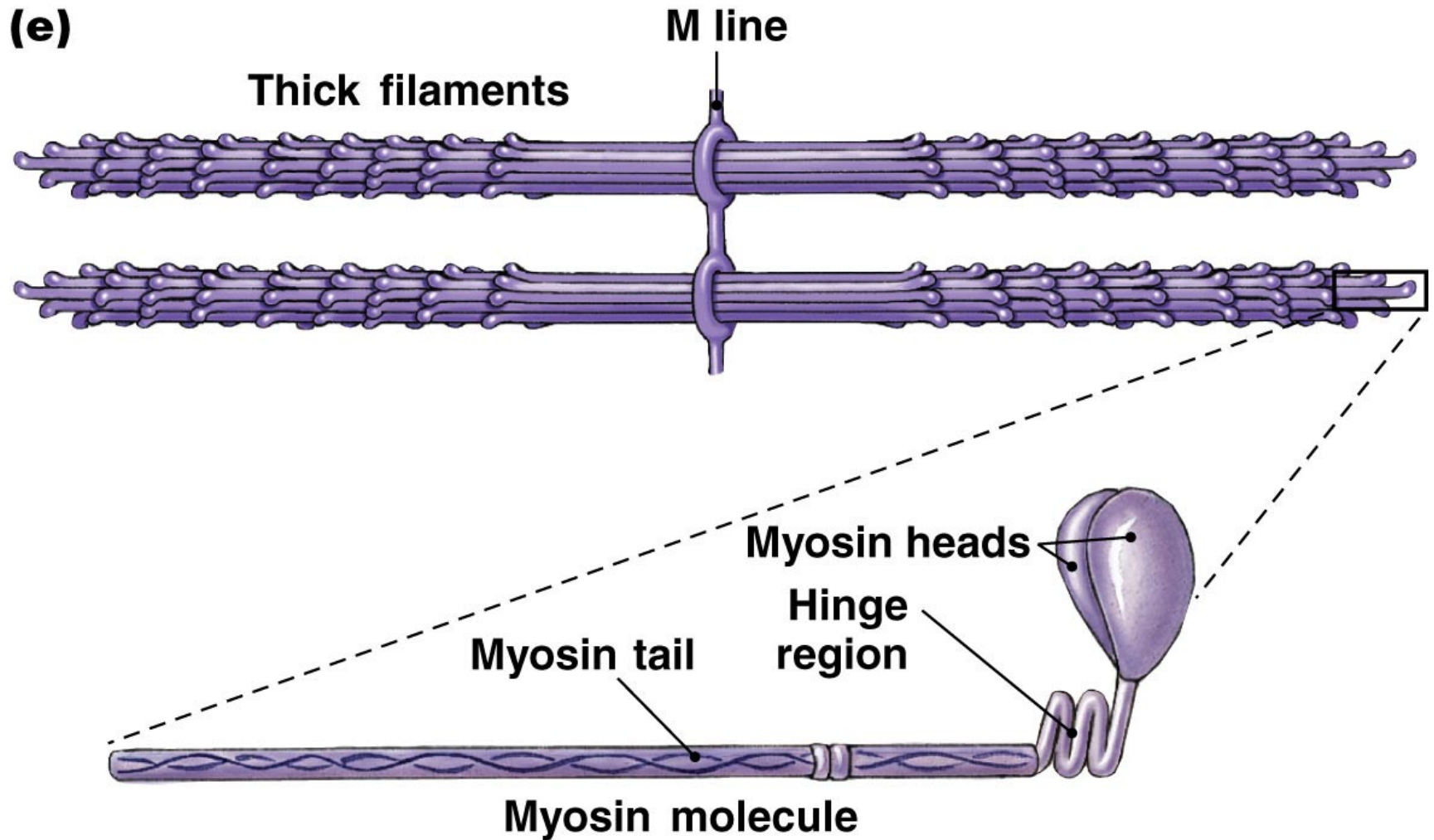
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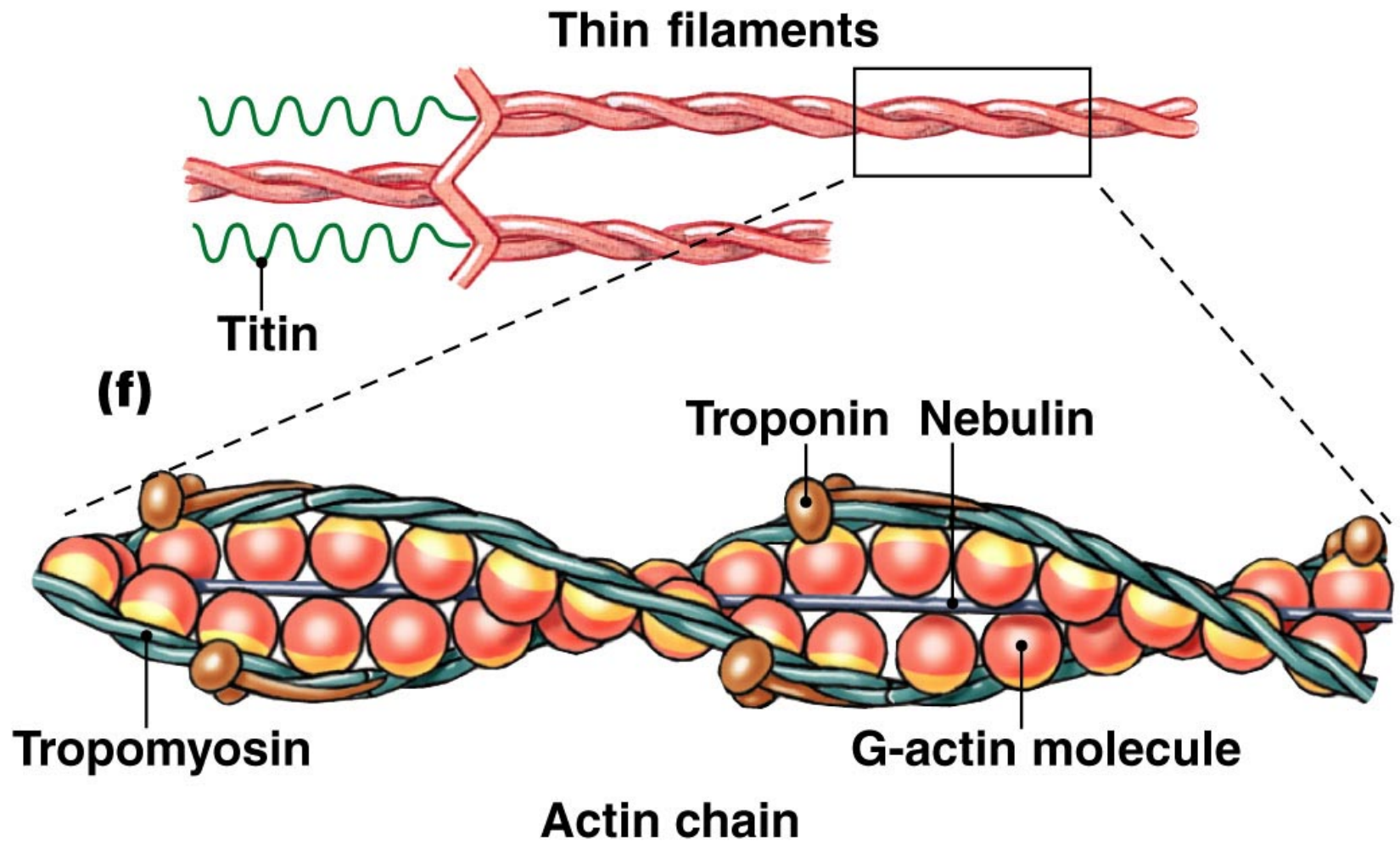
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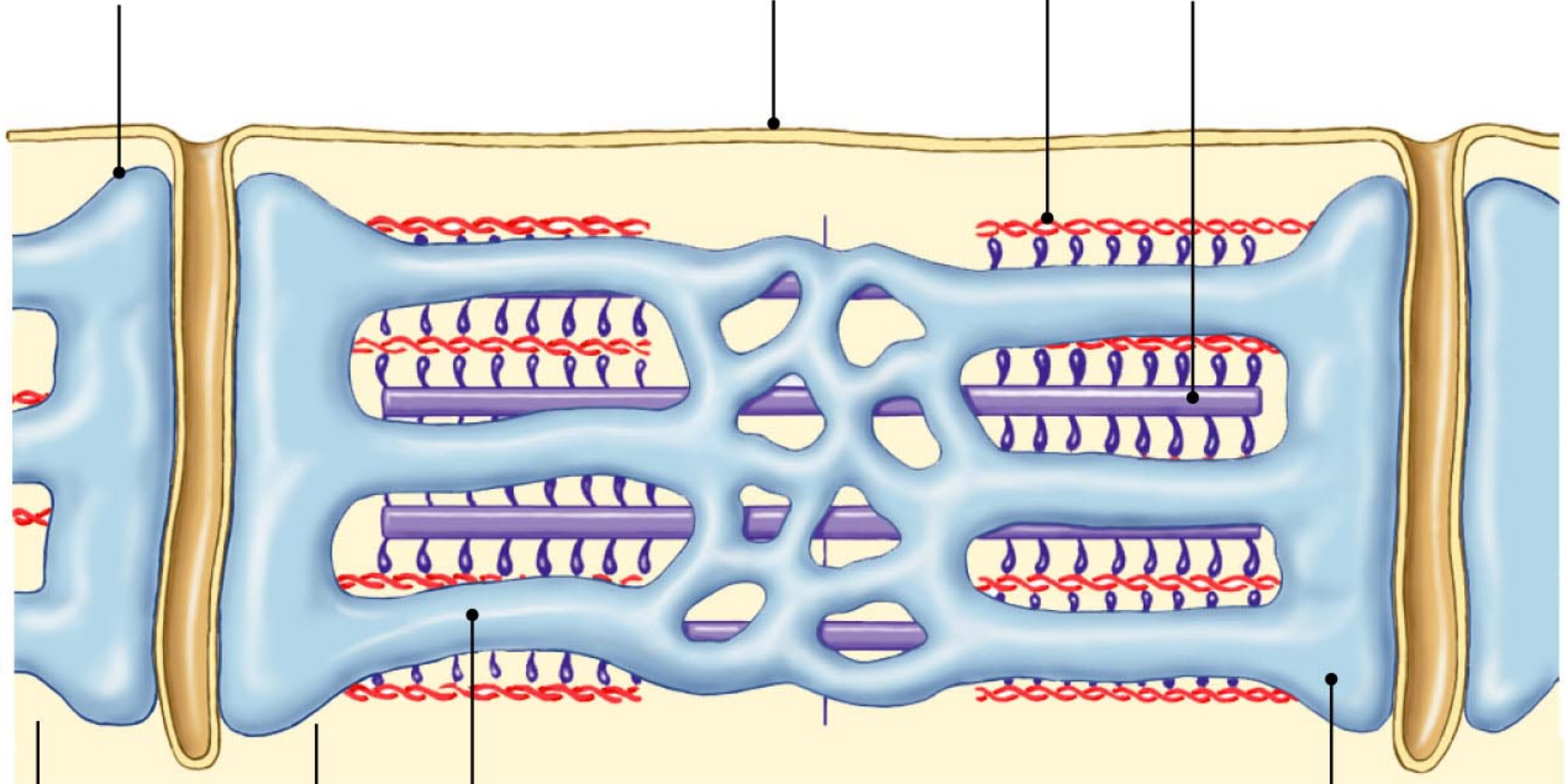
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T-tubule brings action potentials into interior of muscle fiber.

Thin filament

Sarcolemma

Thick filament

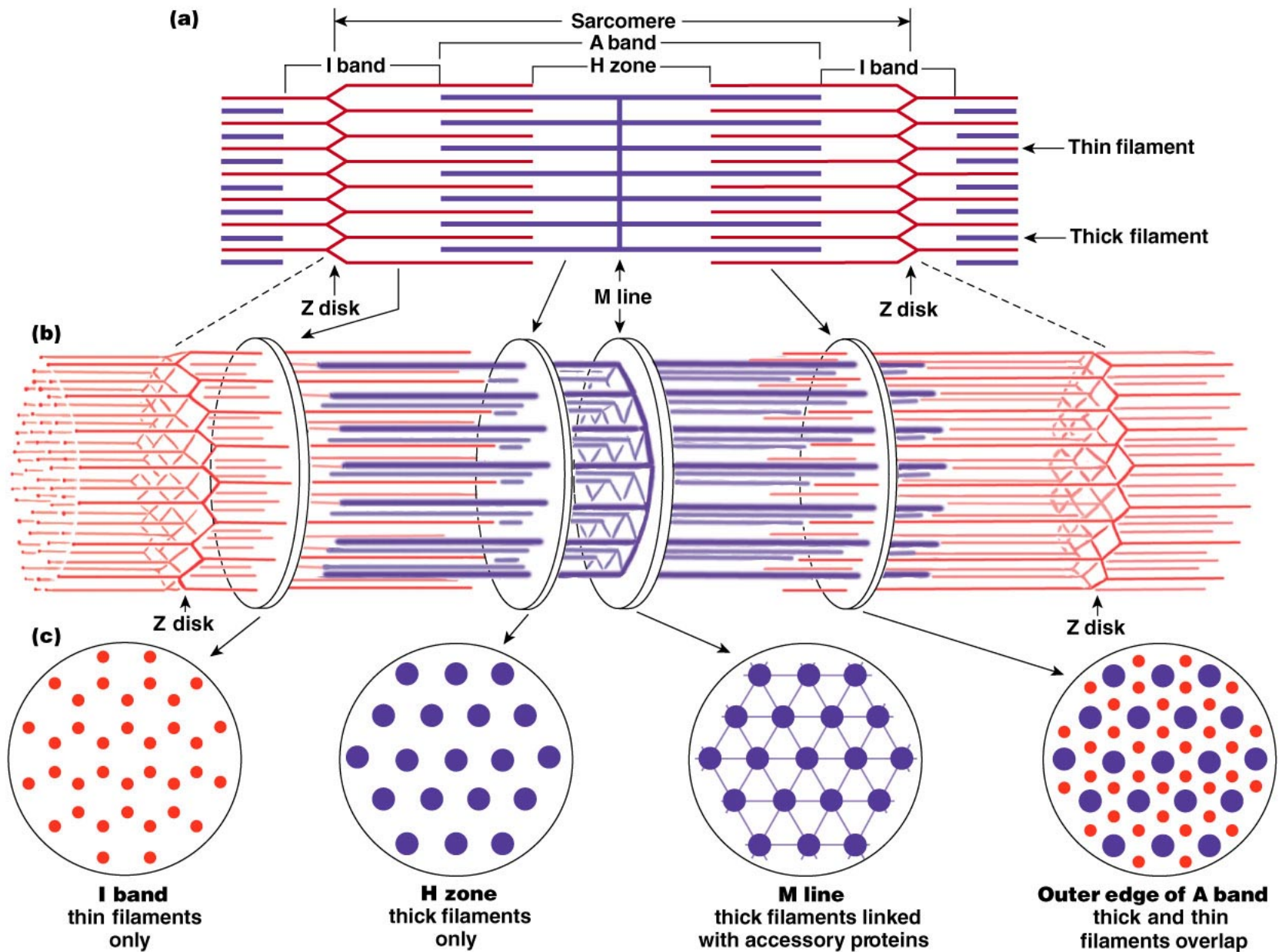


Triad

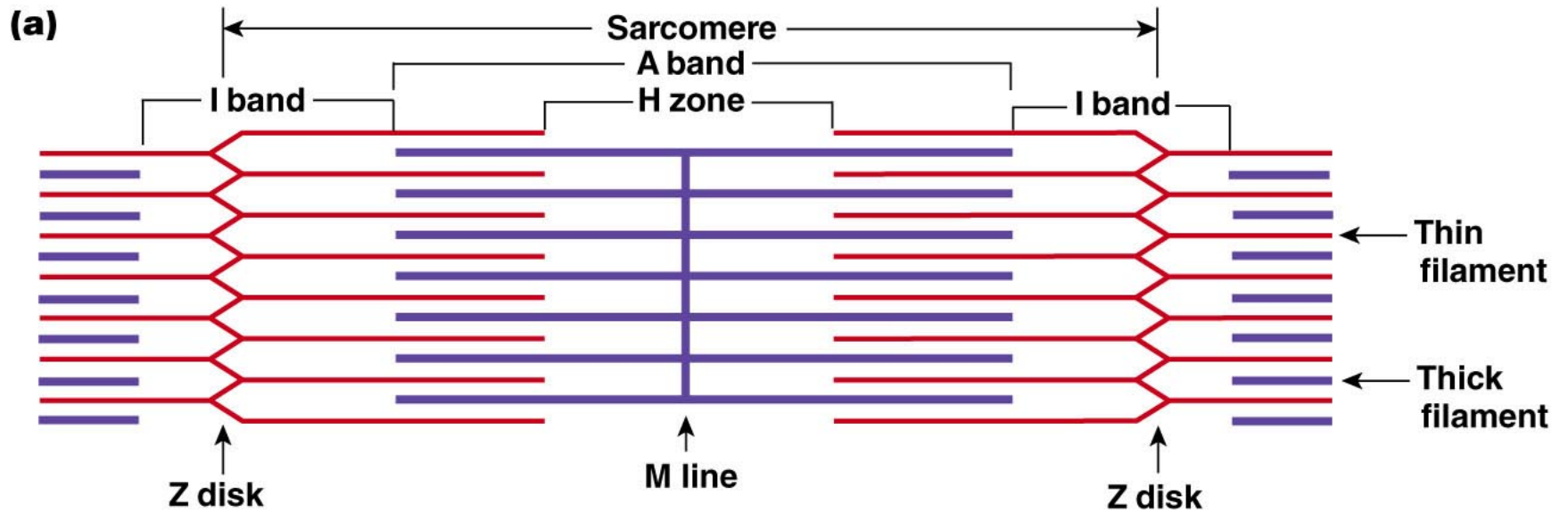
Sarcoplasmic reticulum stores Ca^{2+} .

Terminal cisterna

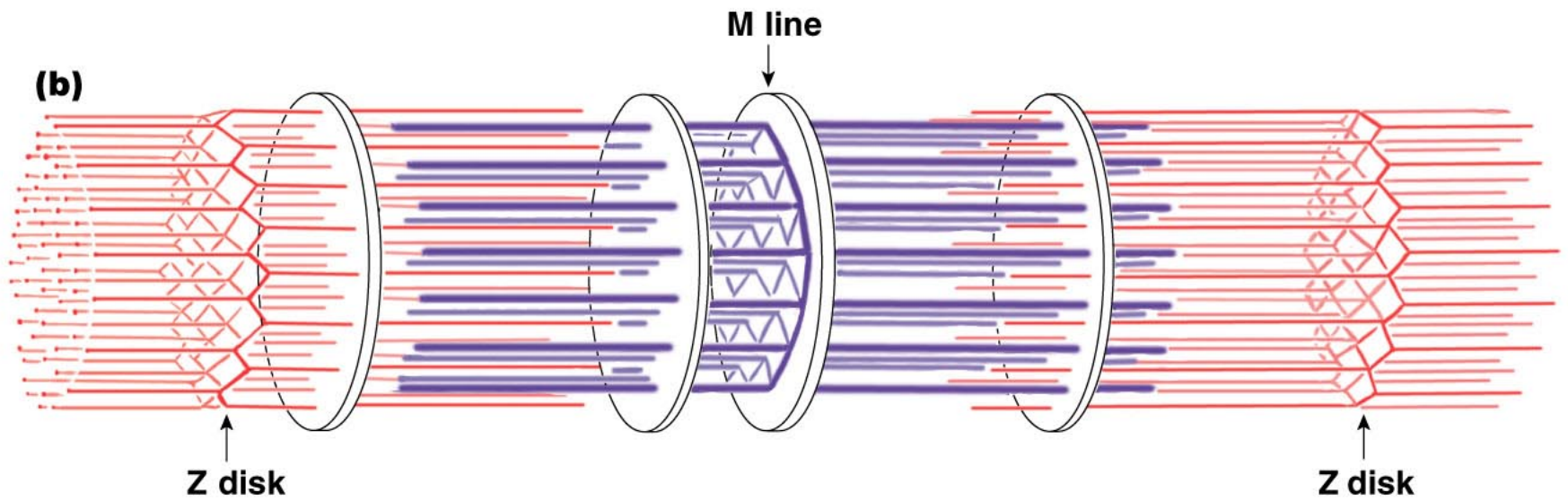
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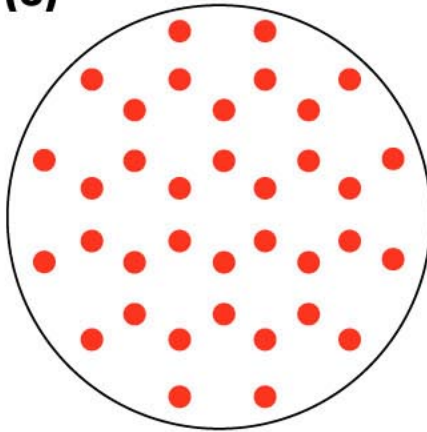


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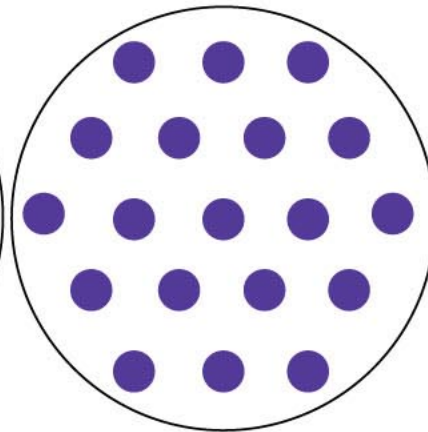


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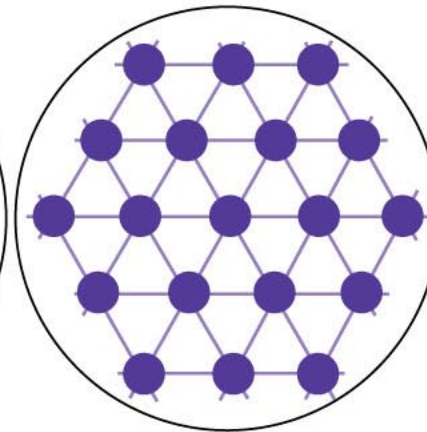
(c)



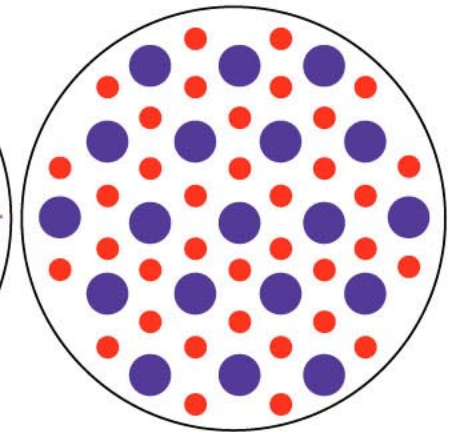
I band
thin filaments
only



H zone
thick filaments
only

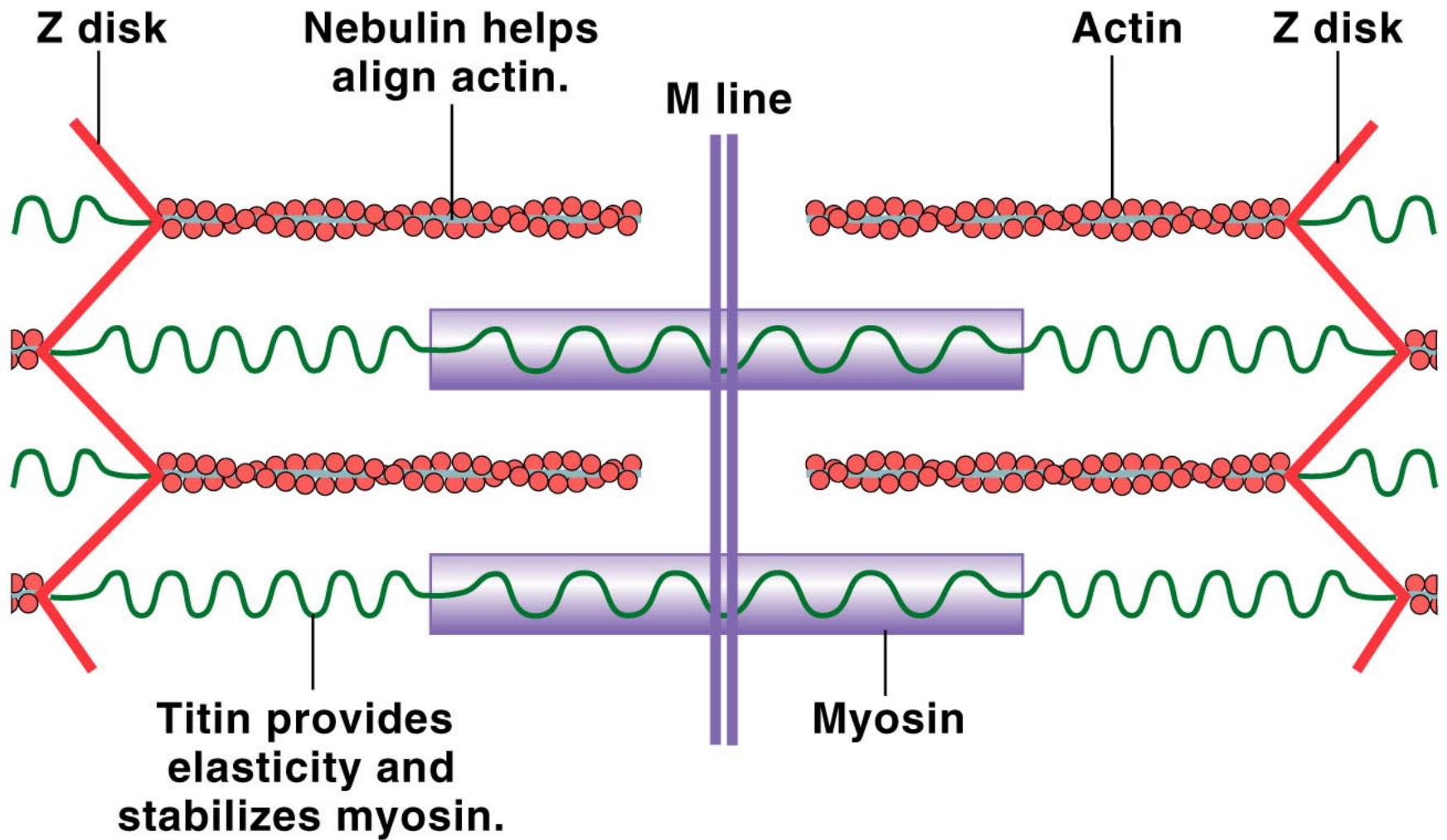


M line
thick filaments linked
with accessory proteins

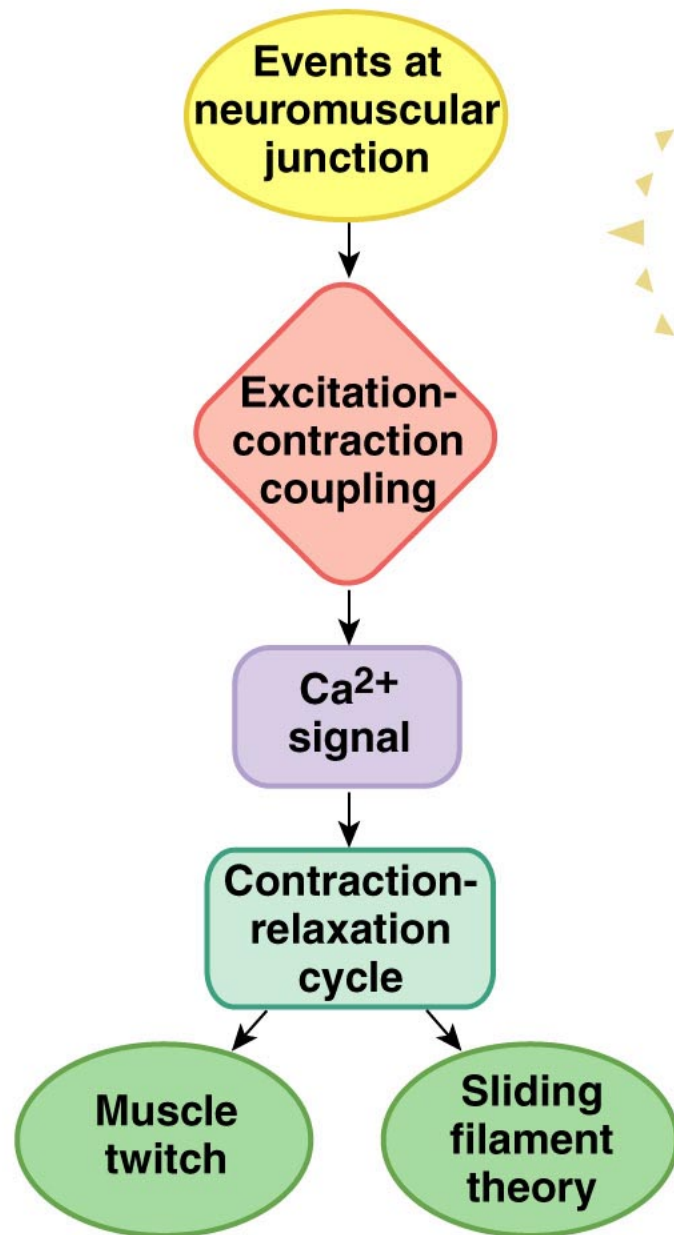


**Outer edge
of A band**
thick and thin
filaments overlap

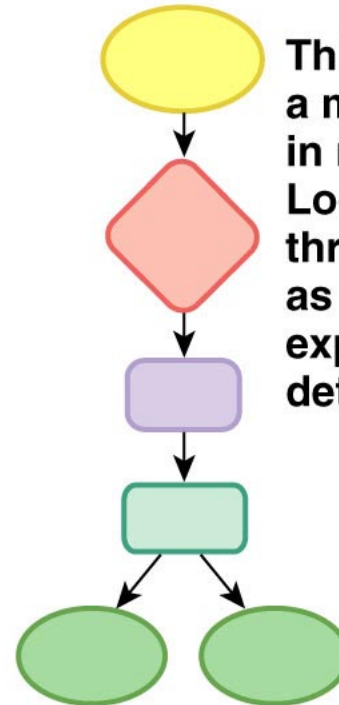
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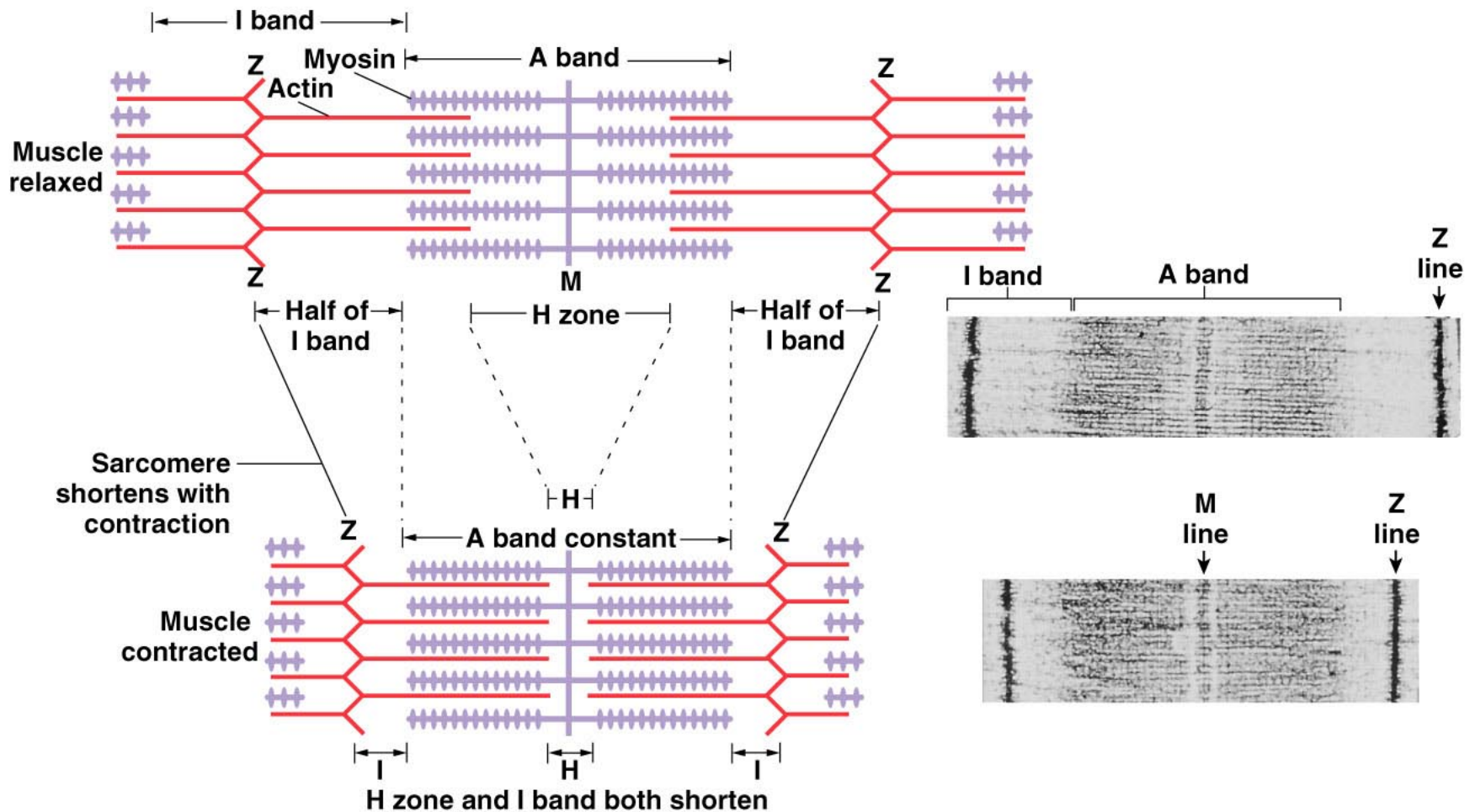
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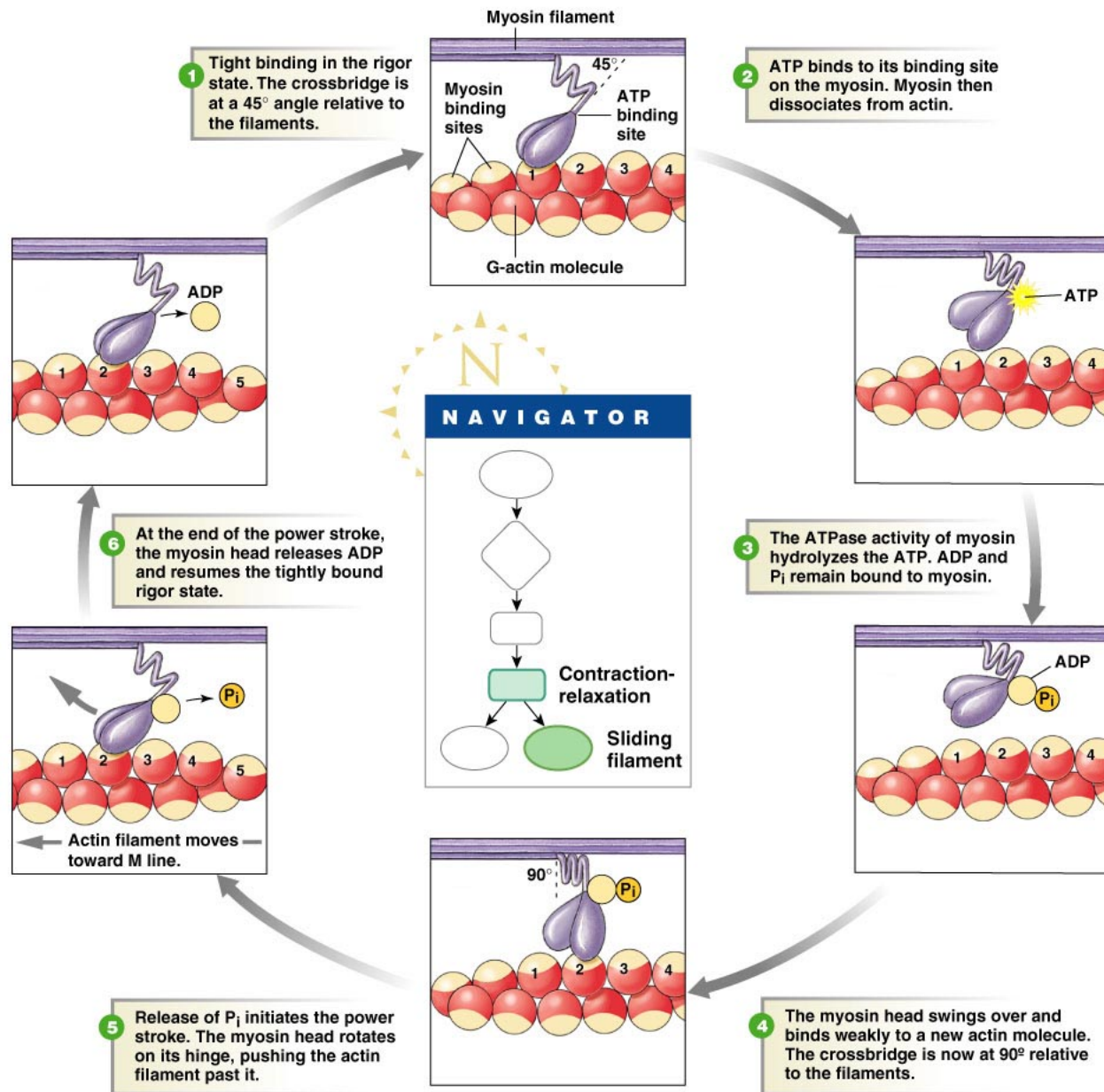
NAVIGATOR



This icon represents a map of the events in muscle contraction. Look for this icon throughout this chapter as these events are explored in greater detail.



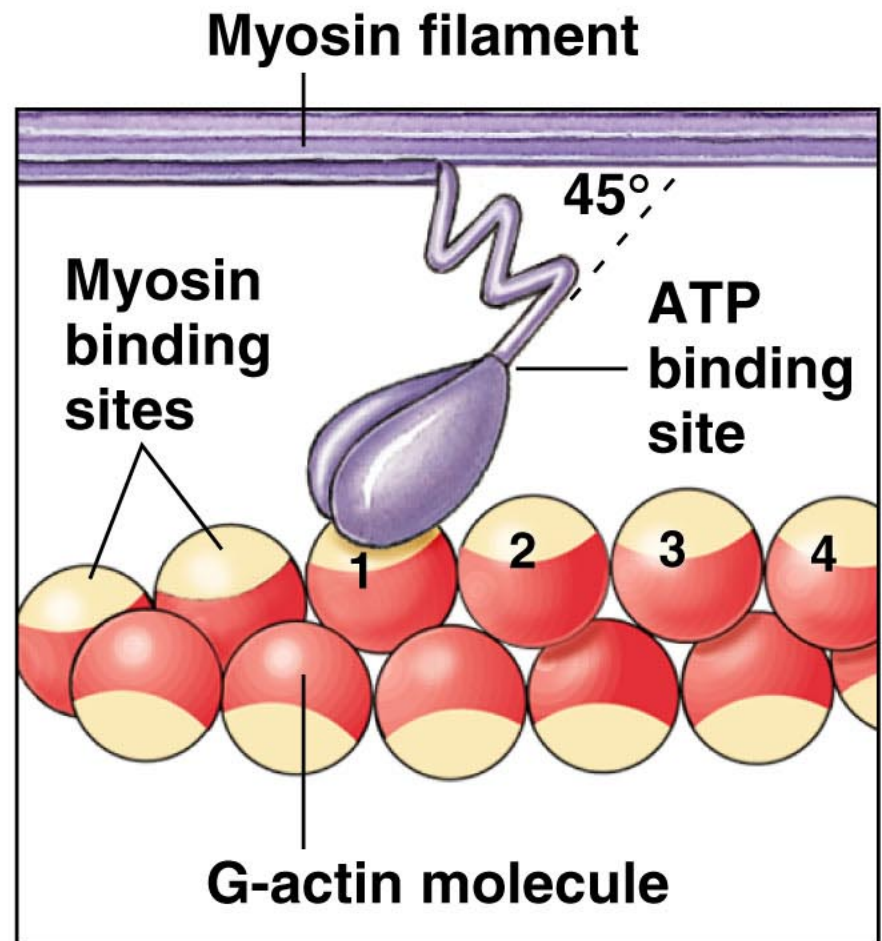
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1

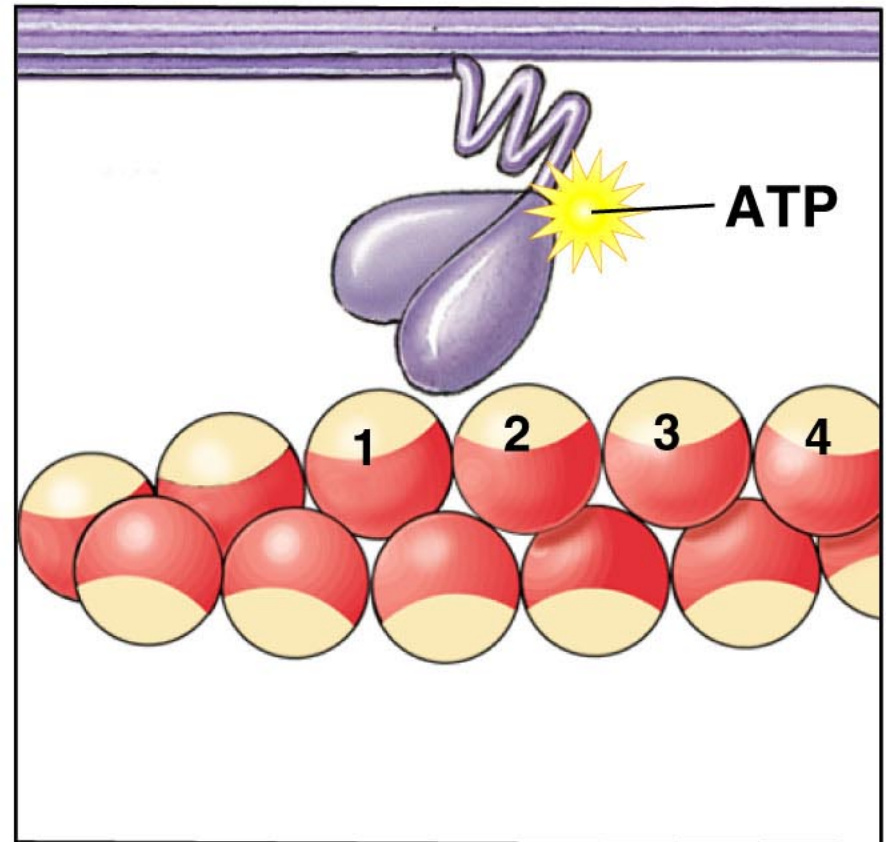
Tight binding in the rigor state. The crossbridge is at a 45° angle relative to the filaments.



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2

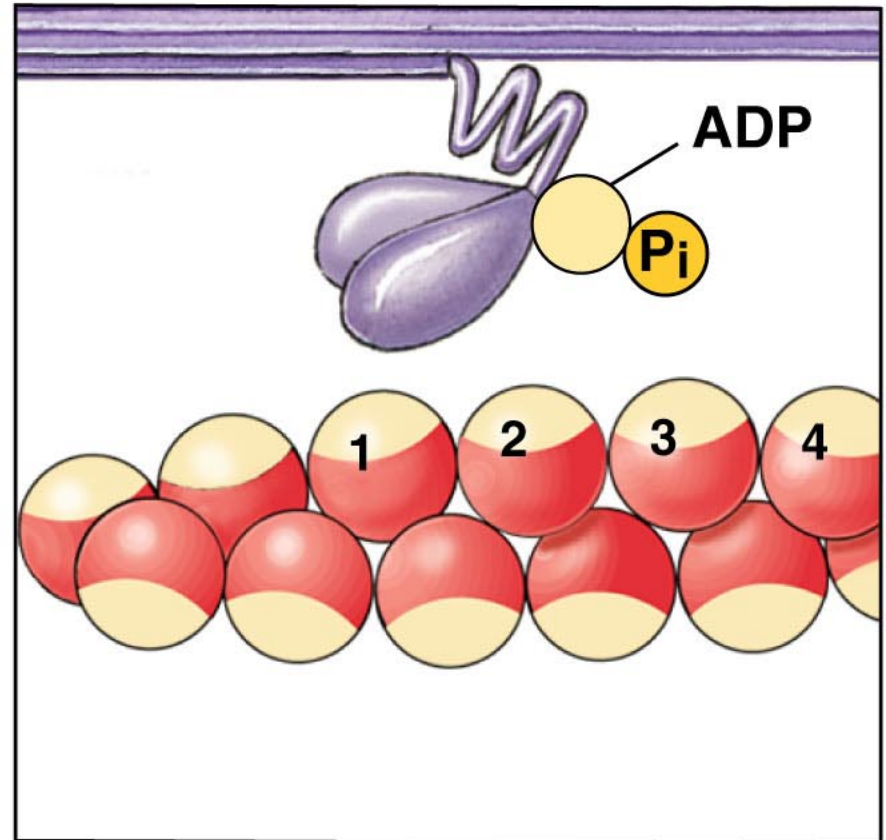
ATP binds to its binding site on the myosin. Myosin then dissociates from actin.



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3

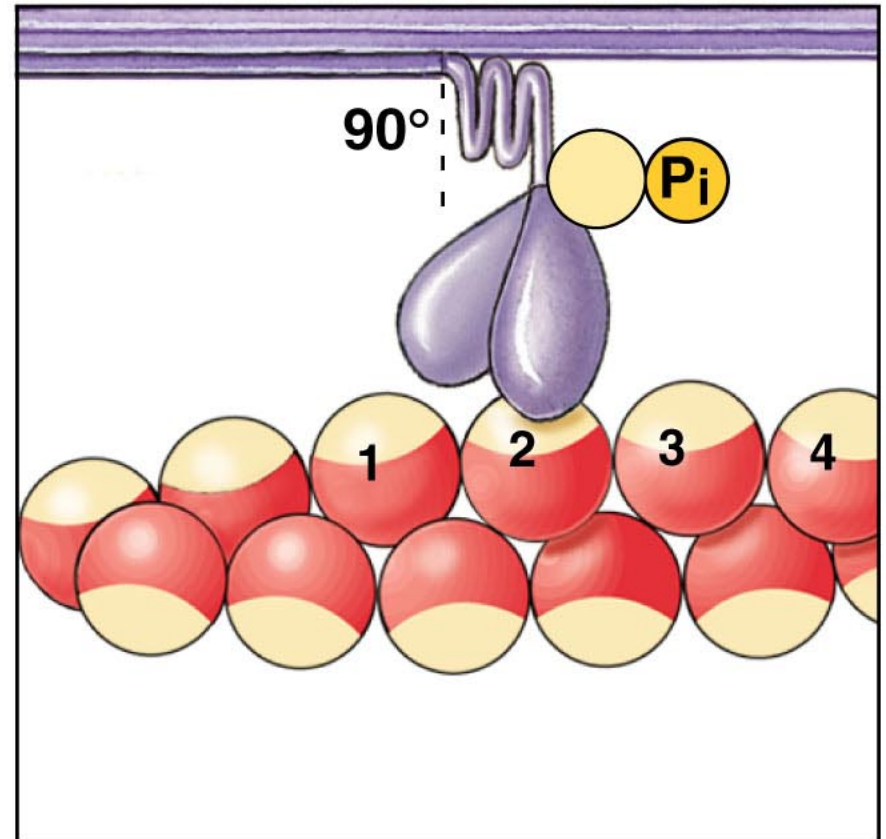
The ATPase activity of myosin hydrolyzes the ATP. ADP and P_i remain bound to myosin.



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4

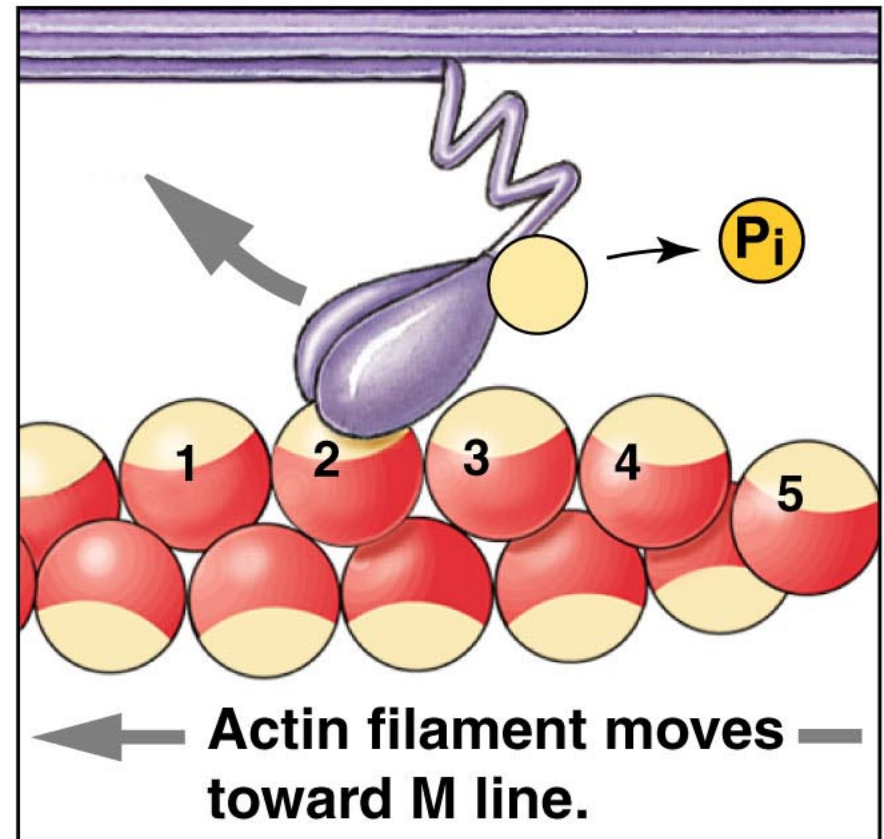
The myosin head swings over and binds weakly to a new actin molecule. The crossbridge is now at 90° relative to the filaments.



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5

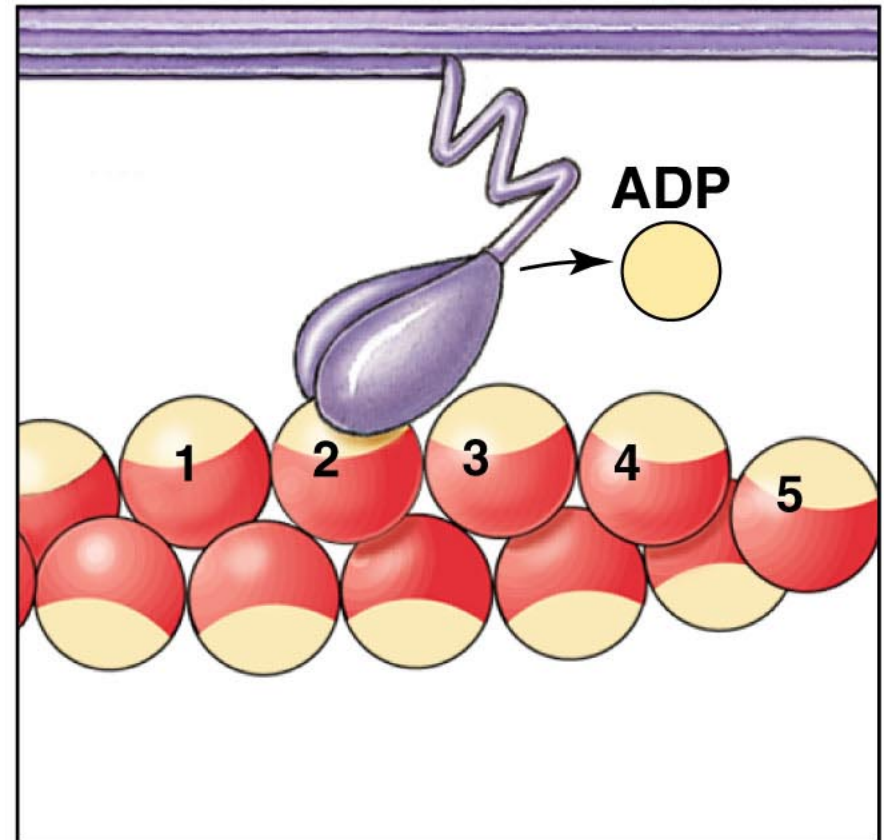
Release of P_i initiates the power stroke. The myosin head rotates on its hinge, pushing the actin filament past it.



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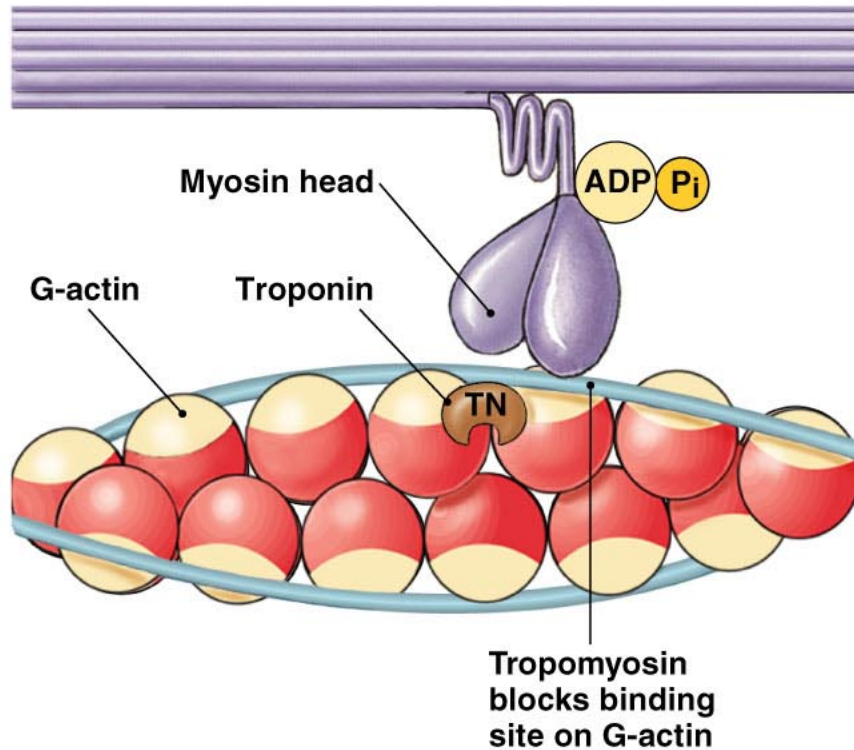
6

At the end of the power stroke, the myosin head releases ADP and resumes the tightly bound rigor state.

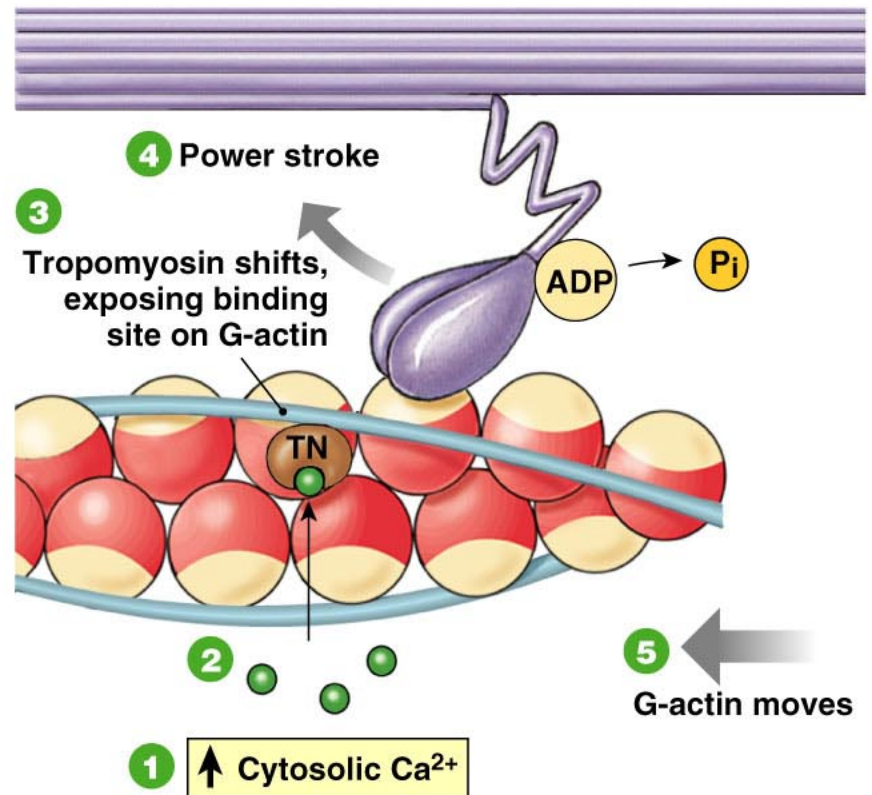


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(a) Relaxed state



(b) Initiation of contraction



1 Ca^{2+} levels increase in cytosol.

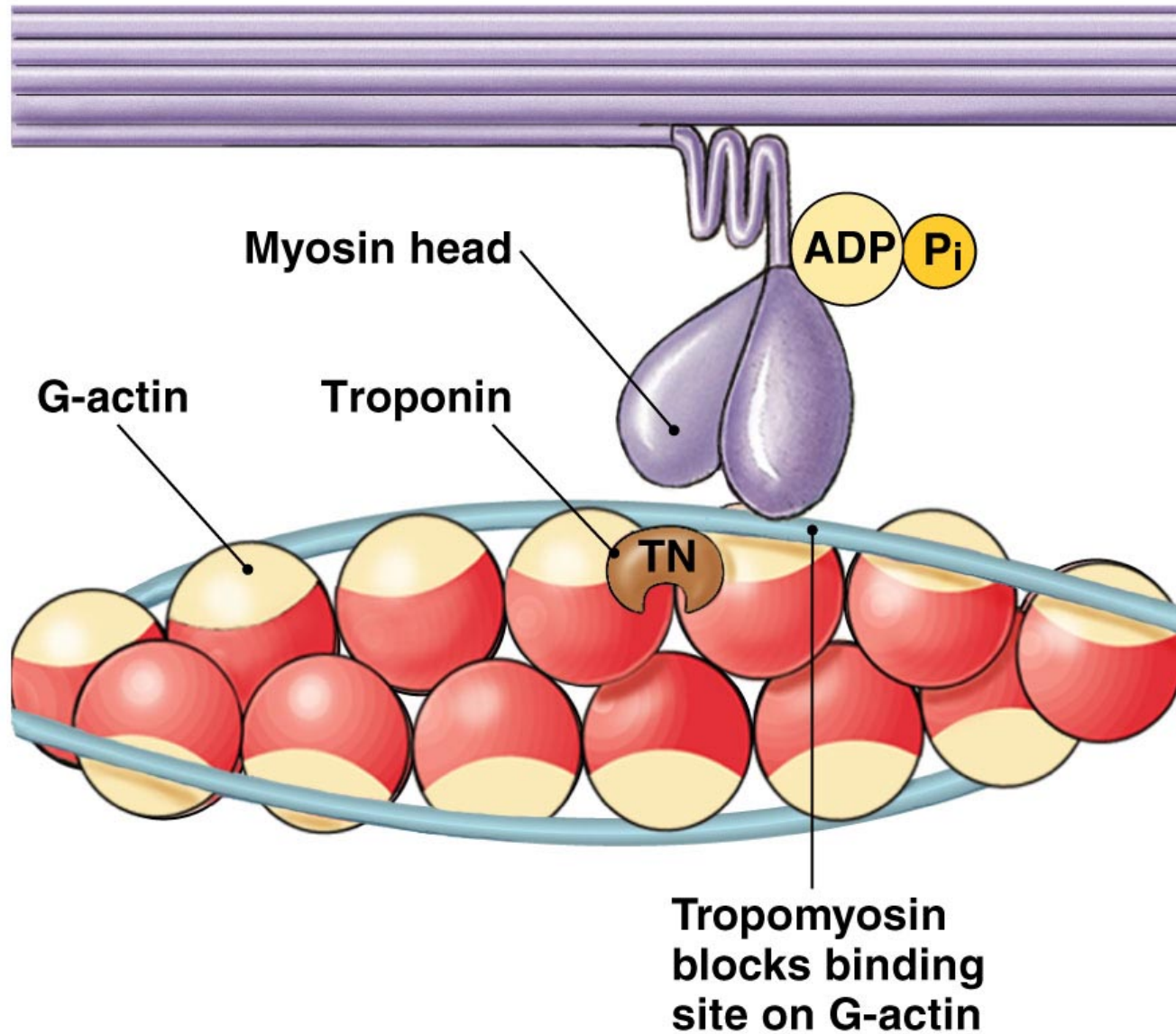
2 Ca^{2+} binds to troponin.

3 Troponin- Ca^{2+} complex pulls tropomyosin away from G-actin binding site.

4 Myosin binds to actin and completes power stroke.

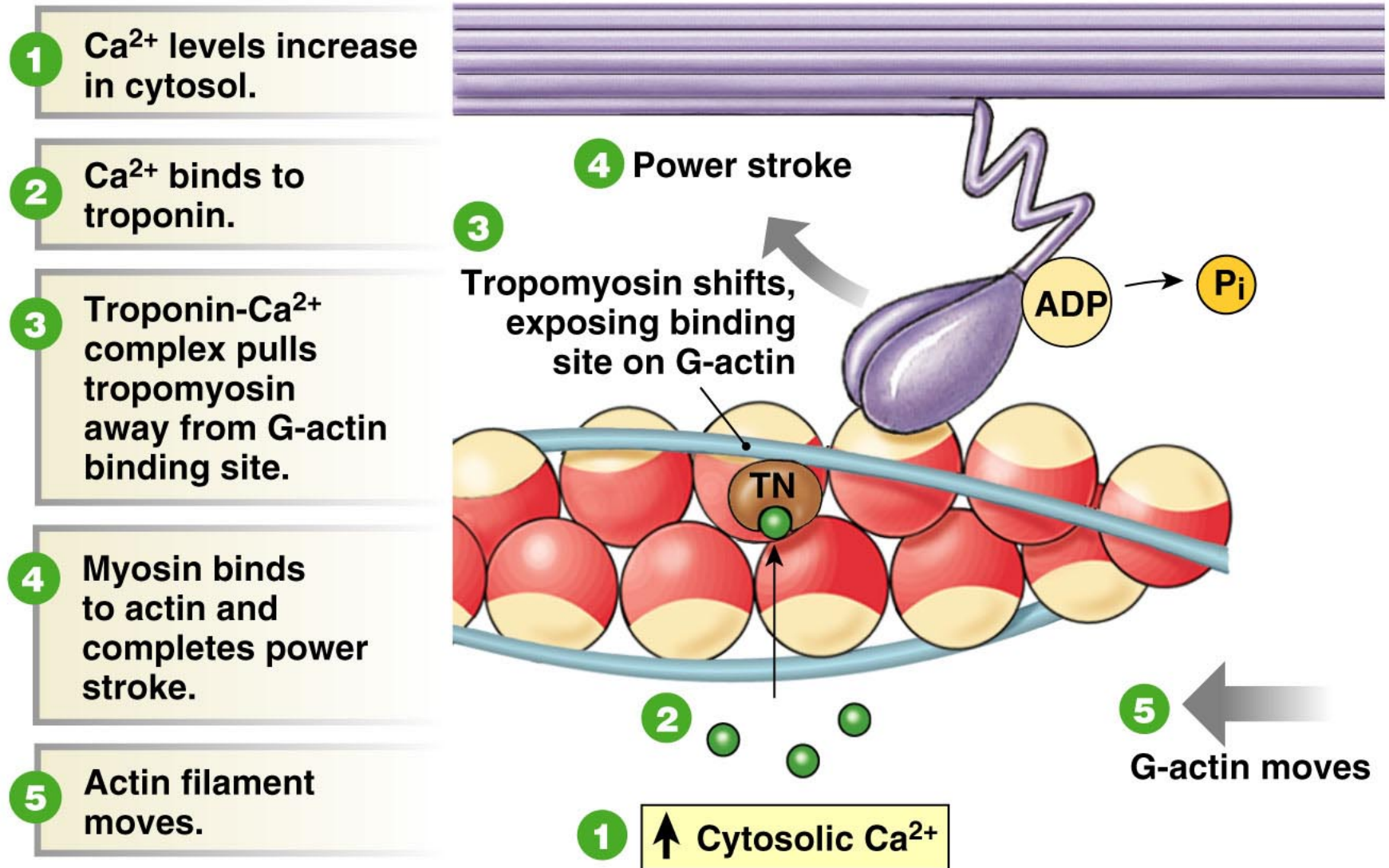
5 Actin filament moves.

(a) Relaxed state



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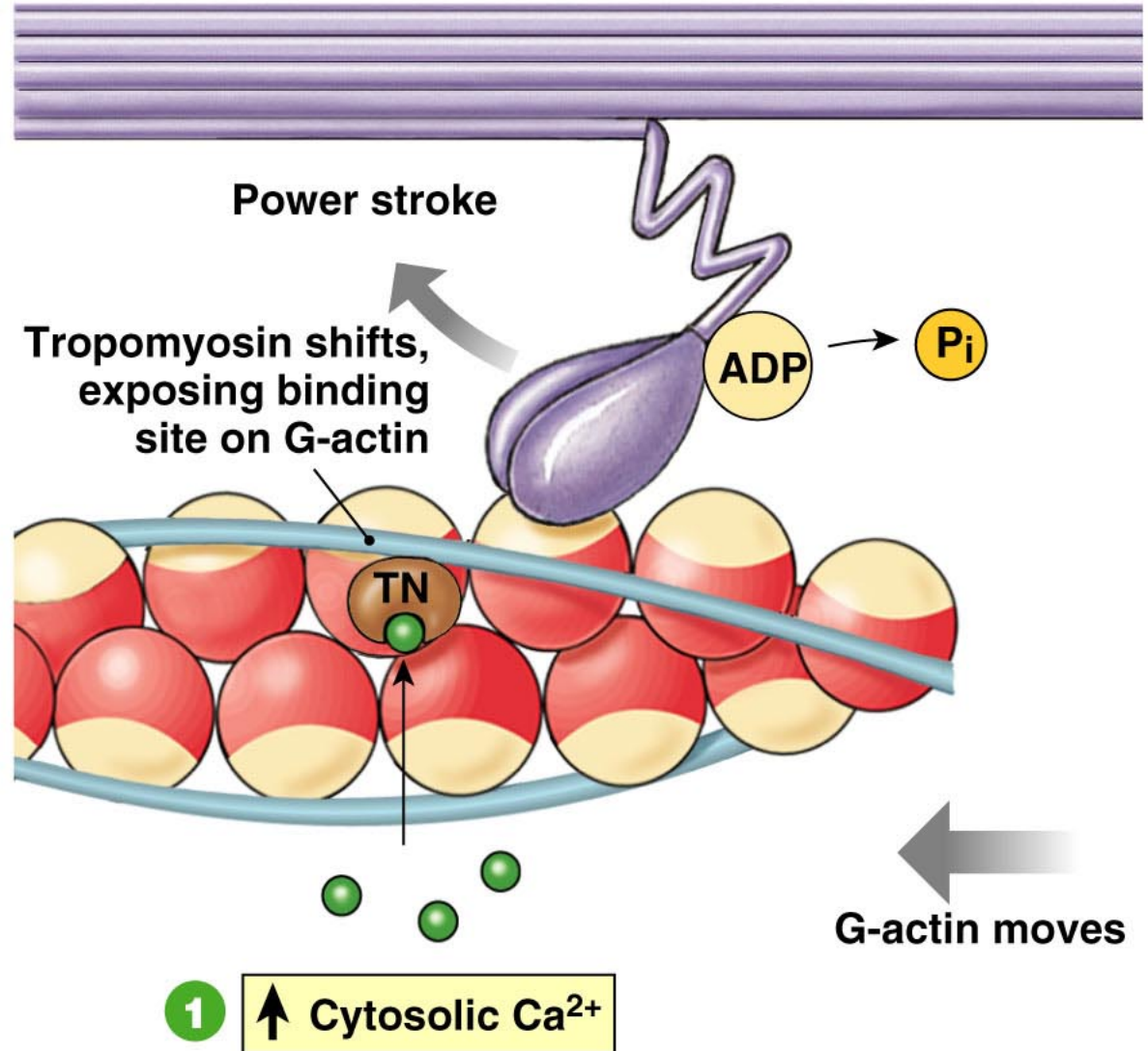
(b) Initiation of contraction



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(b) Initiation of contraction

1 Ca^{2+} levels increase in cytosol.

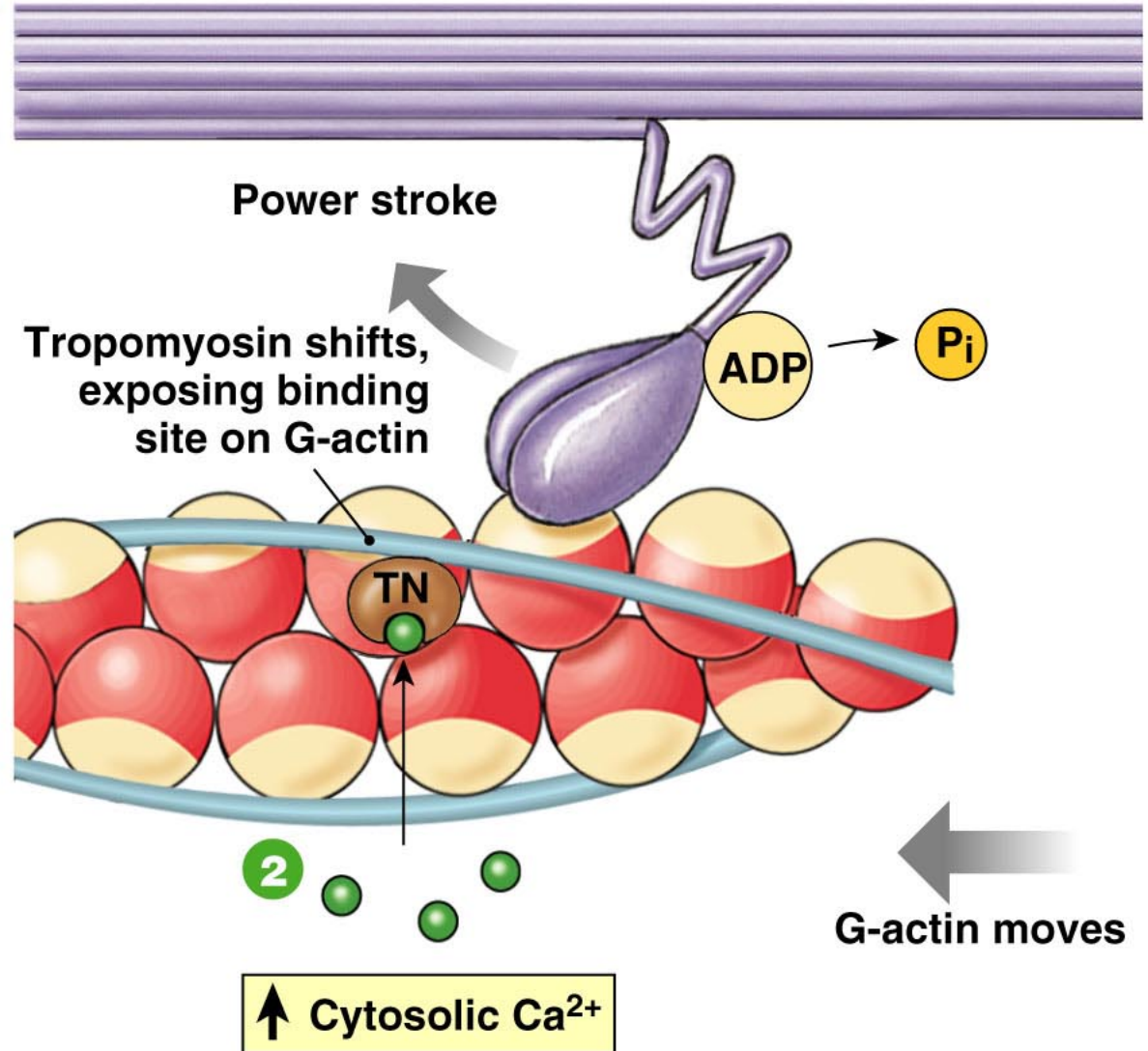


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(b) Initiation of contraction

2

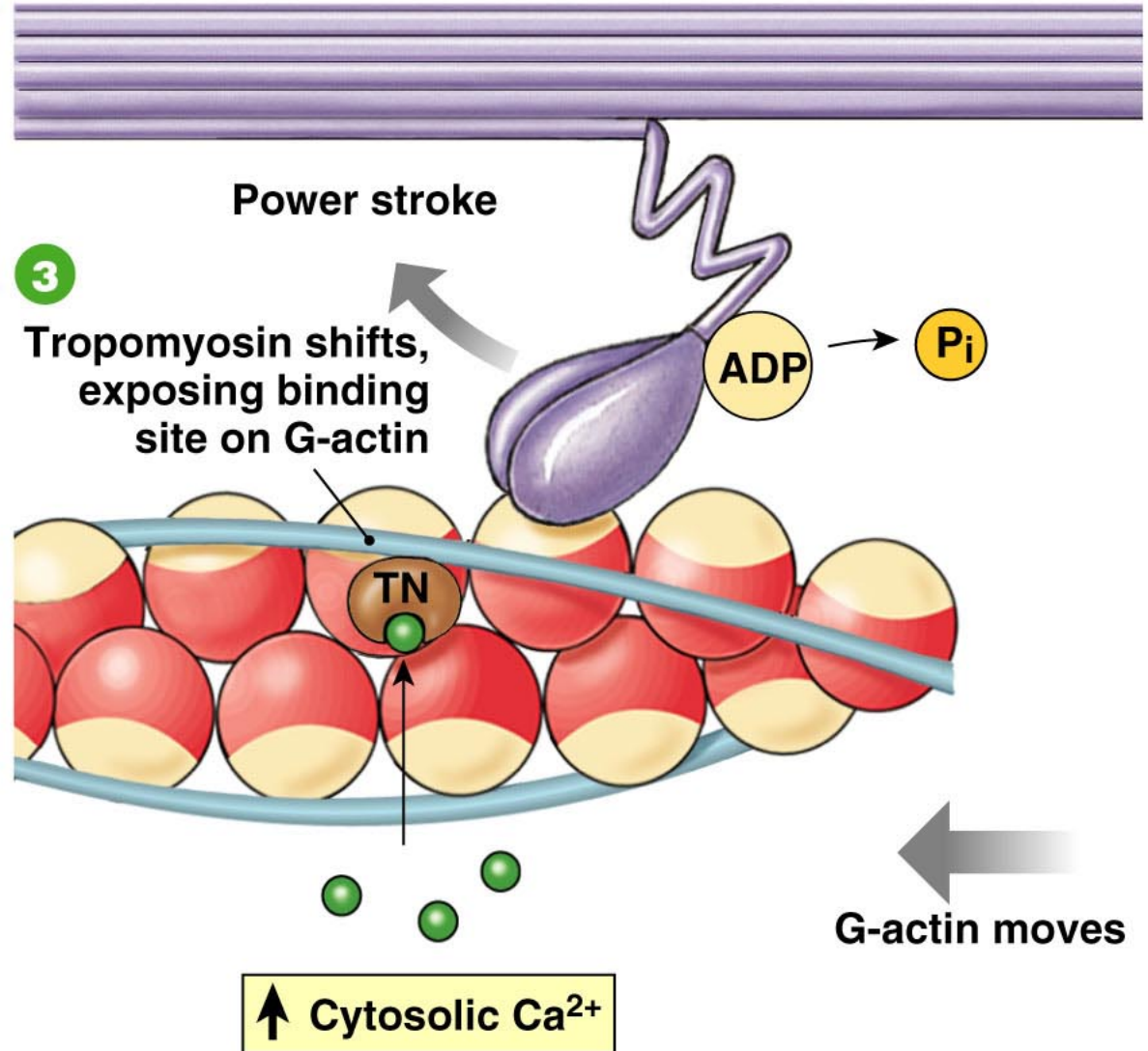
Ca^{2+} binds to troponin.



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(b) Initiation of contraction

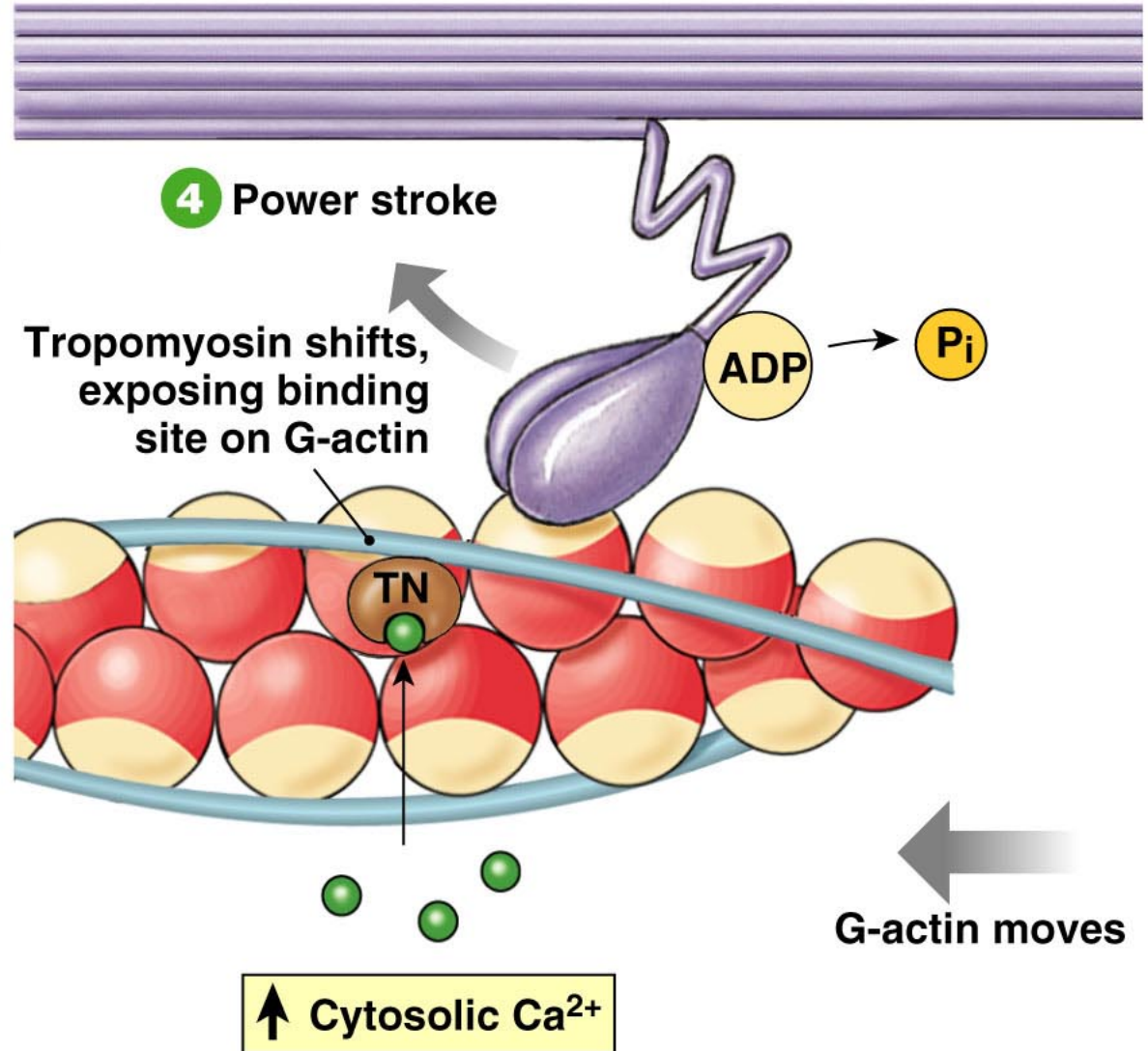
3 Troponin- Ca^{2+} complex pulls tropomyosin away from G-actin binding site.



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(b) Initiation of contraction

4 Myosin binds to actin and completes power stroke.

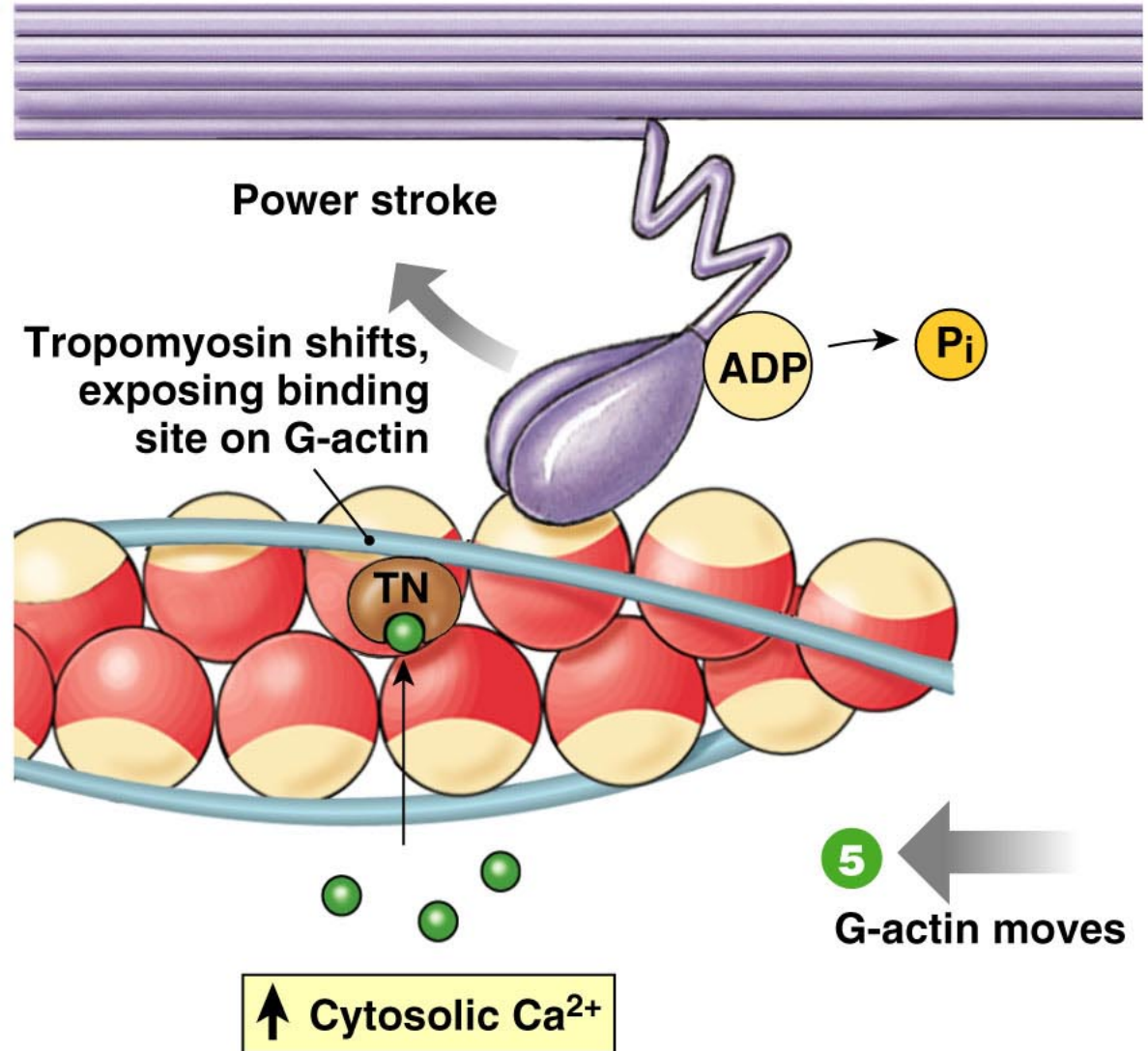


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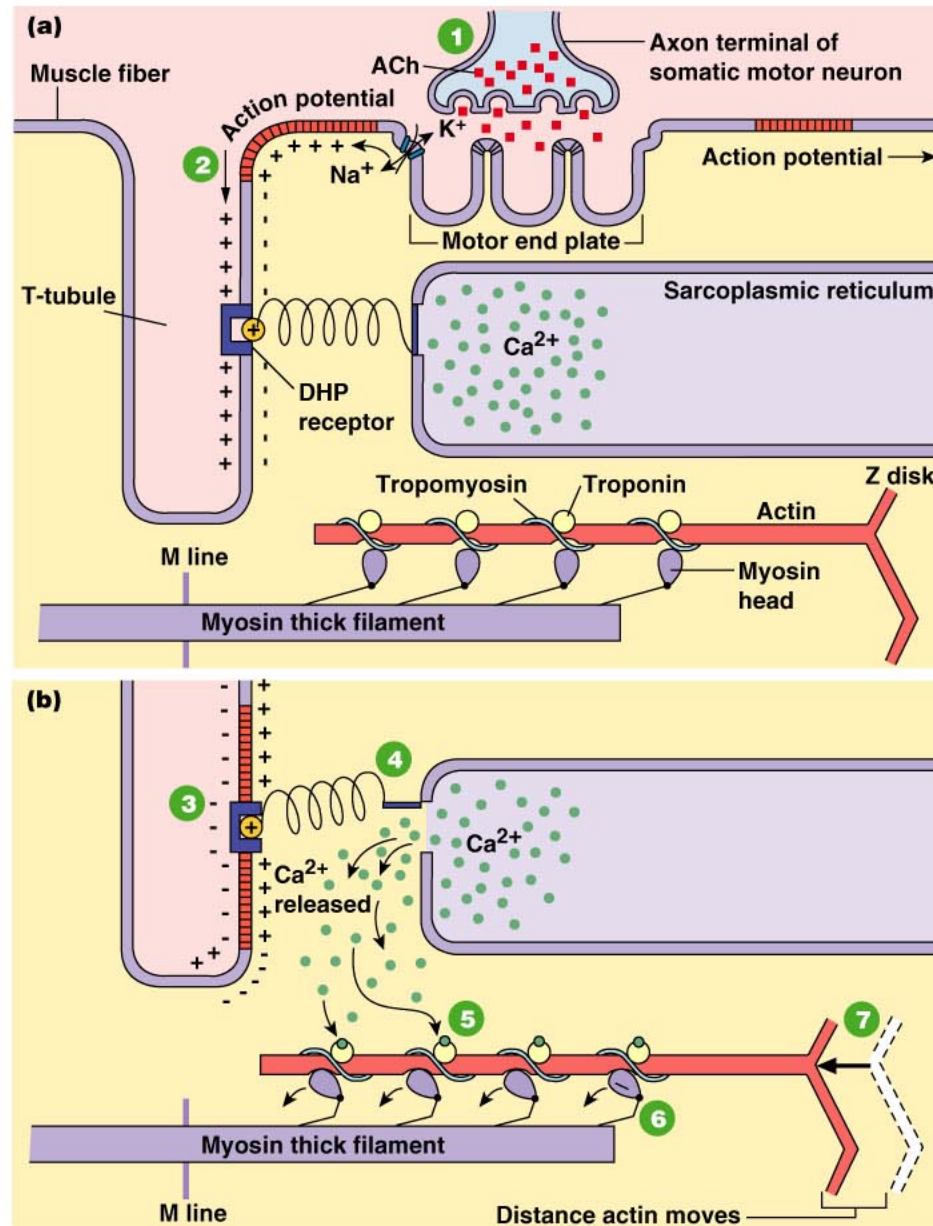
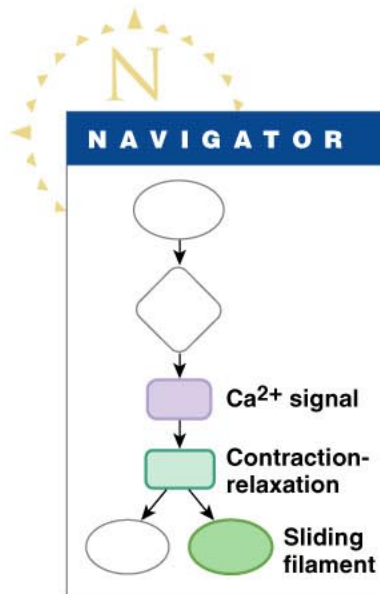
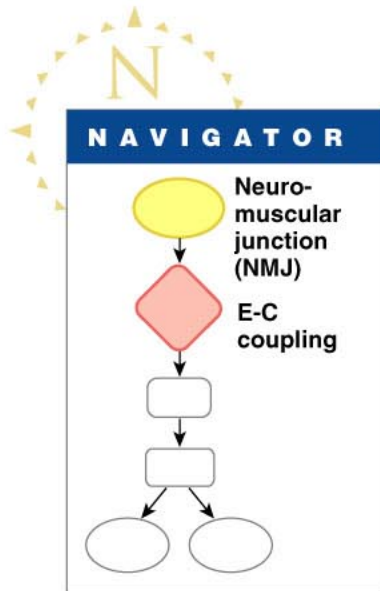
(b) Initiation of contraction

5

Actin filament moves.



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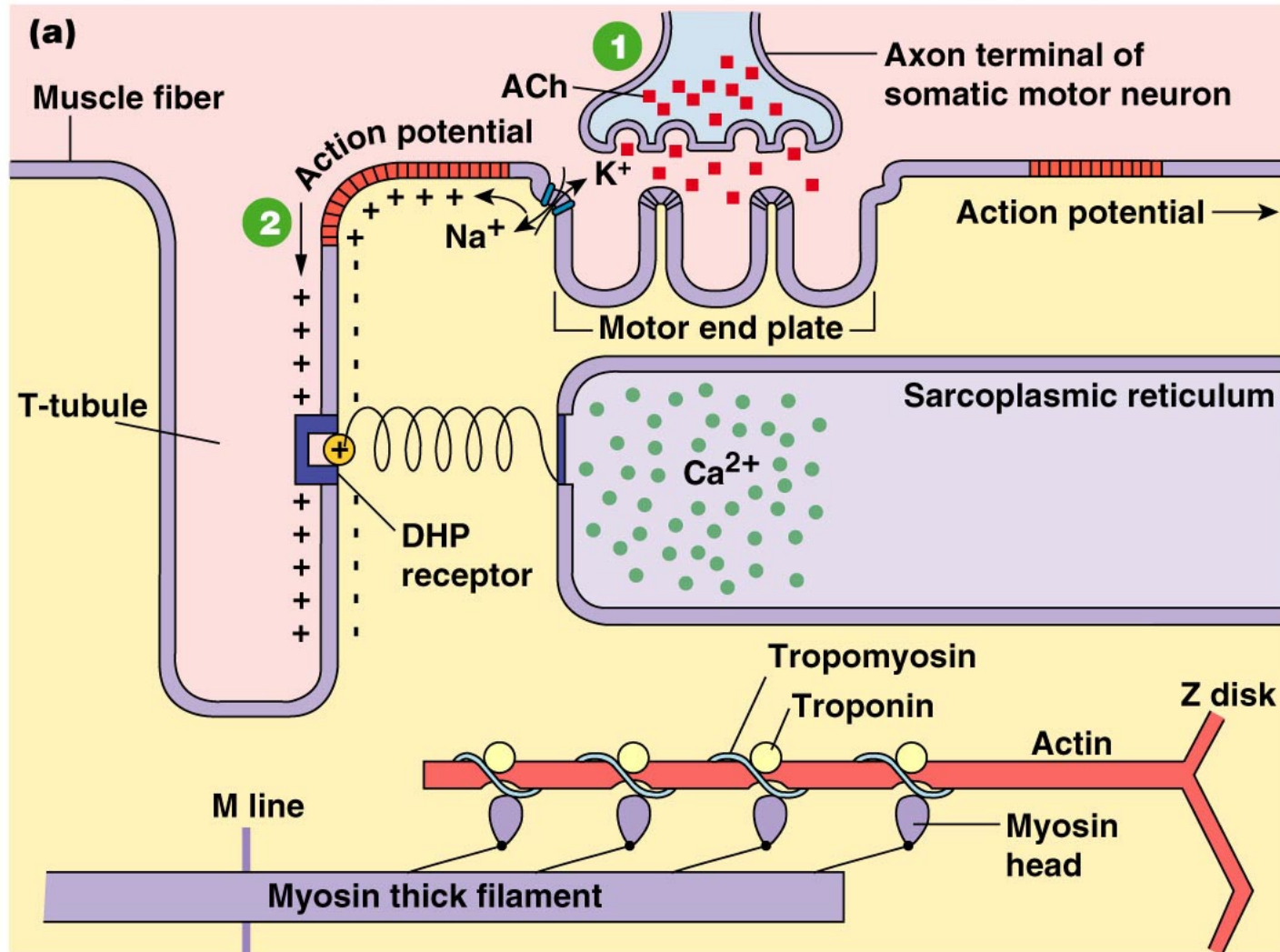
- 1 Somatic motor neuron releases ACh at neuromuscular junction.
- 2 Net entry of Na^+ through ACh receptor-channel initiates a muscle action potential.

- 3 Action potential in t-tubule alters conformation of DHP receptor.
- 4 DHP receptor opens Ca^{2+} release channels in sarcoplasmic reticulum and Ca^{2+} enters cytoplasm.
- 5 Ca^{2+} binds to troponin, allowing strong actin-myosin binding.
- 6 Myosin heads execute power stroke.
- 7 Actin filament slides toward center of sarcomere.

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1 Somatic motor neuron releases ACh at neuromuscular junction.

2 Net entry of Na^+ through ACh receptor-channel initiates a muscle action potential.

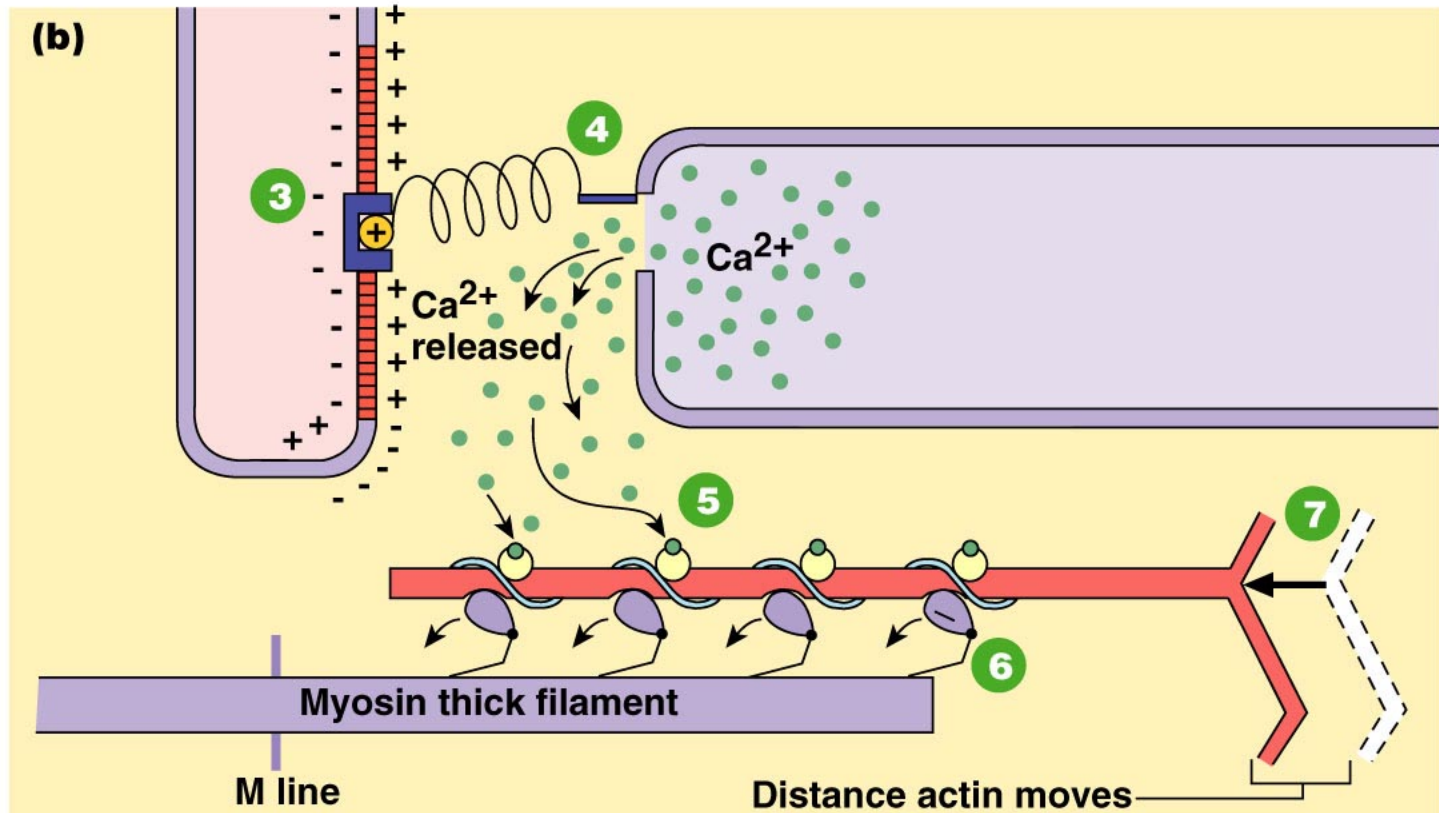


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3 Action potential in t-tubule alters conformation of DHP receptor.

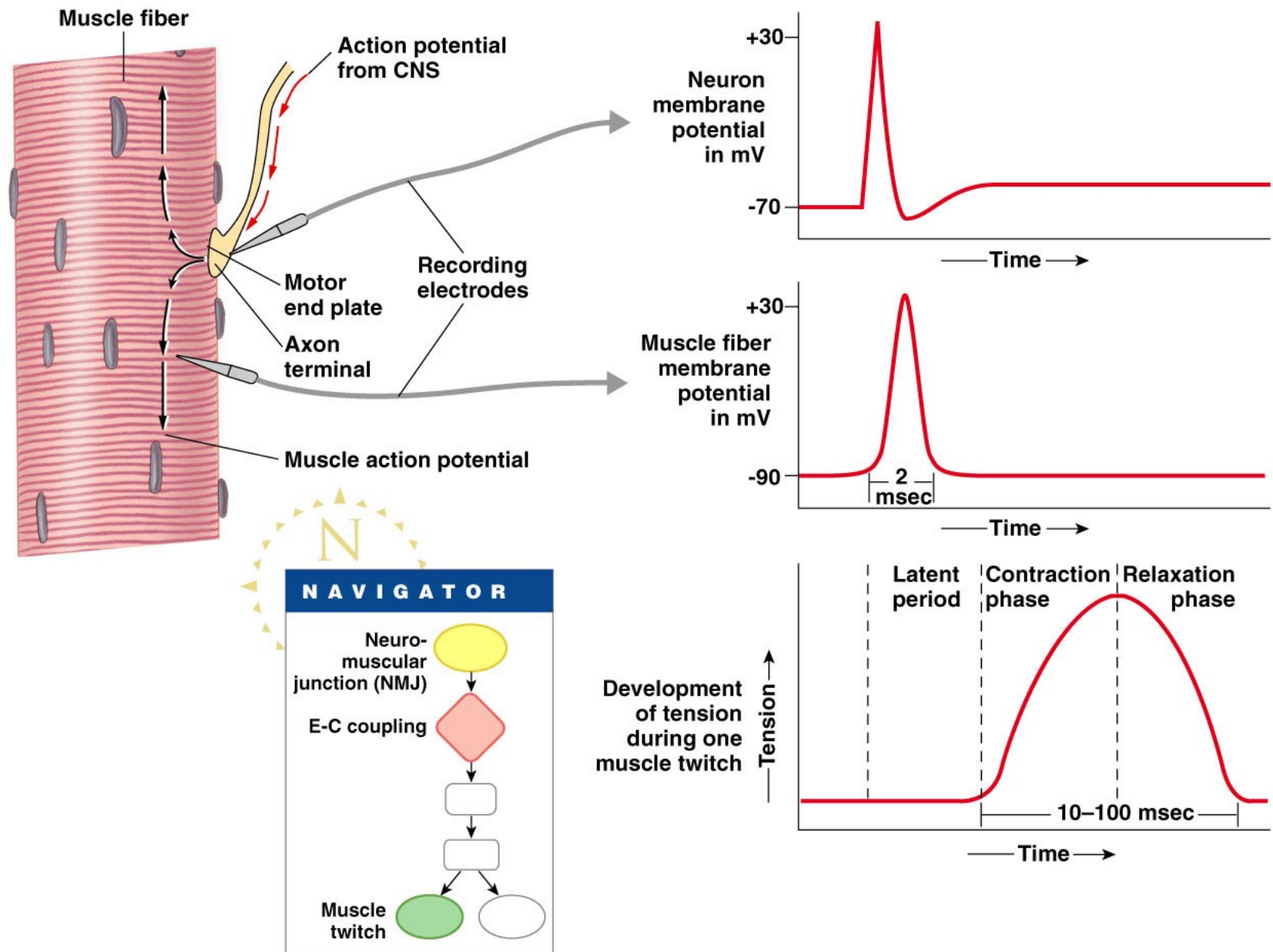
4 DHP receptor opens Ca^{2+} release channels in sarcoplasmic reticulum and Ca^{2+} enters cytoplasm.

5 Ca^{2+} binds to troponin, allowing strong actin-myosin binding.



6 Myosin heads execute power stroke.

7 Actin filament slides toward center of sarcomere.



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Muscle at rest



ATP from metabolism + creatine $\xrightarrow{\text{creatine kinase}}$ ADP + phosphocreatine

Working muscle

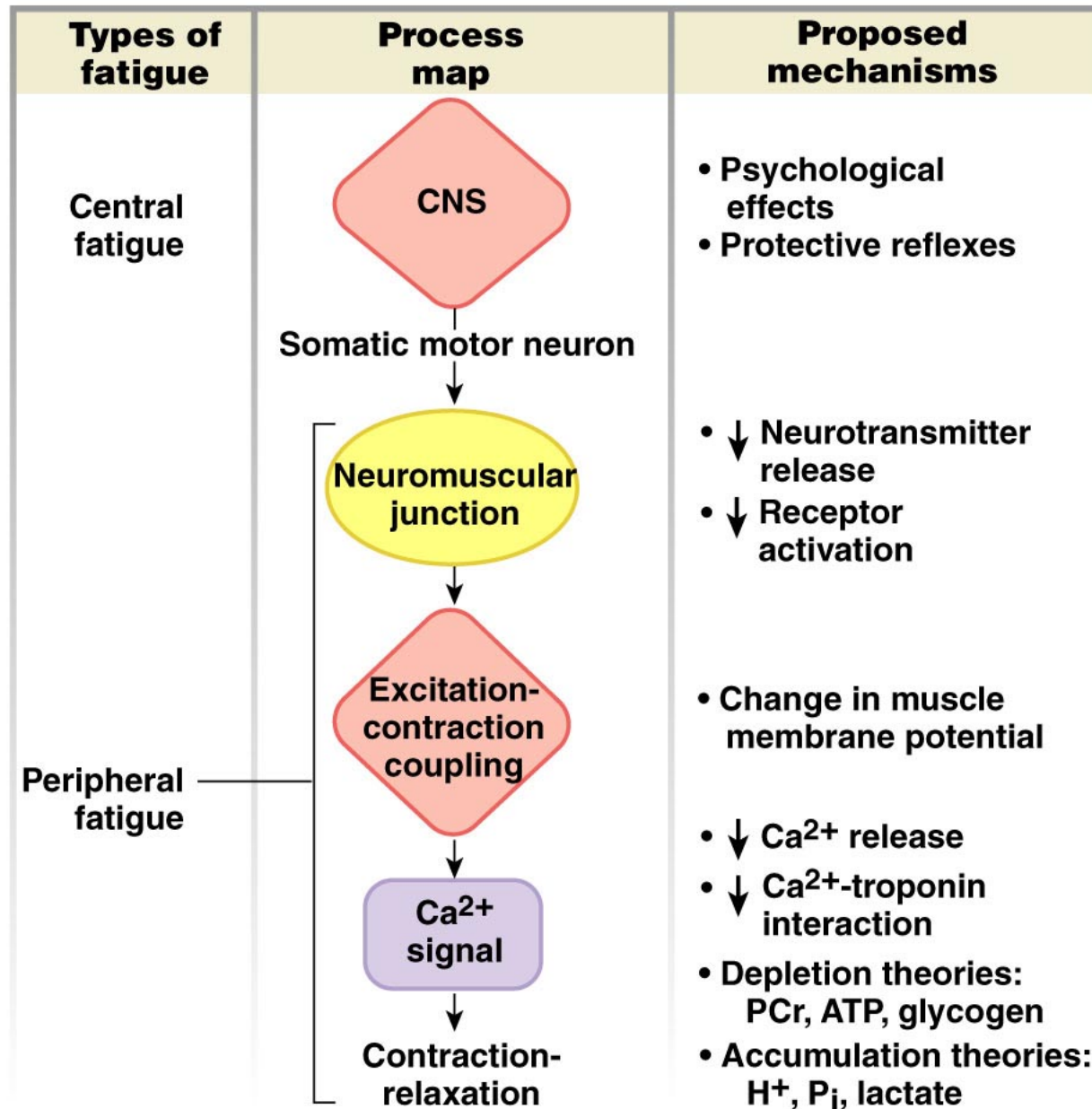


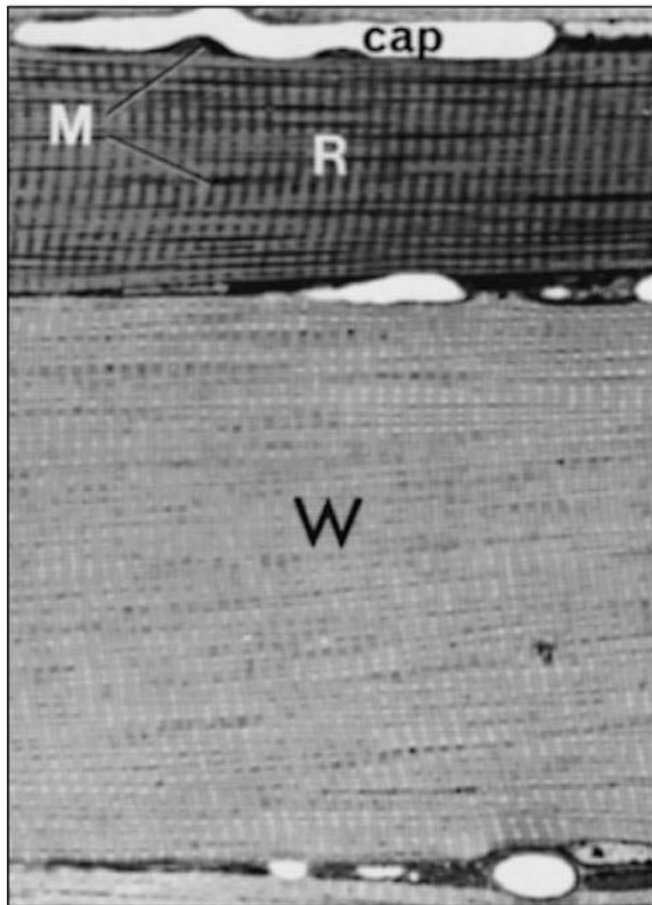
Phosphocreatine + ADP $\xrightarrow{\text{creatine kinase}}$ Creatine + ATP

needed for

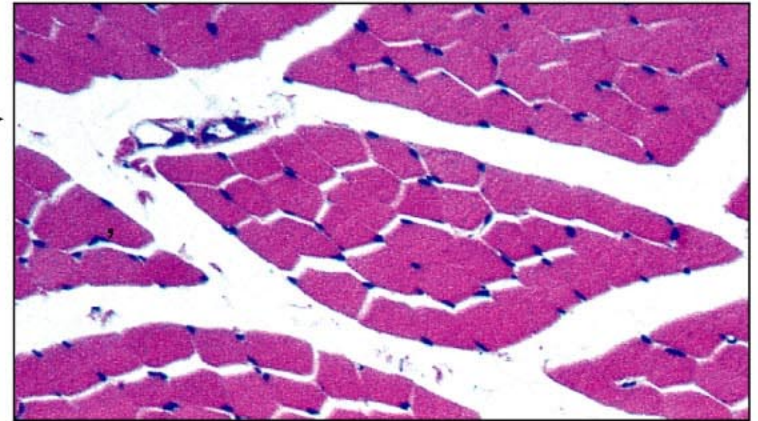


- Myosin ATPase (contraction)
- Ca^{2+} -ATPase (relaxation)
- Na^{+} - K^{+} ATPase (restores ions that cross cell membrane during action potential to their original compartments)

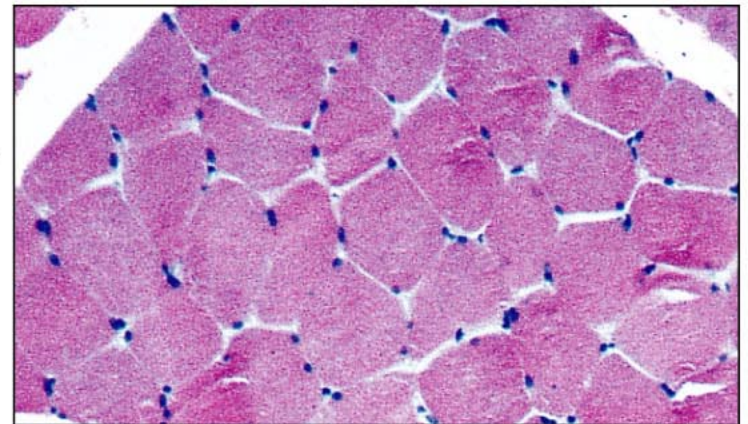




← **Slow-twitch oxidative muscle fibers**
 Note smaller diameter darker color due to myoglobin; fatigue resistant →



← **Fast-twitch glycolytic muscle fibers**
 Larger diameter, pale color, easily fatigued →

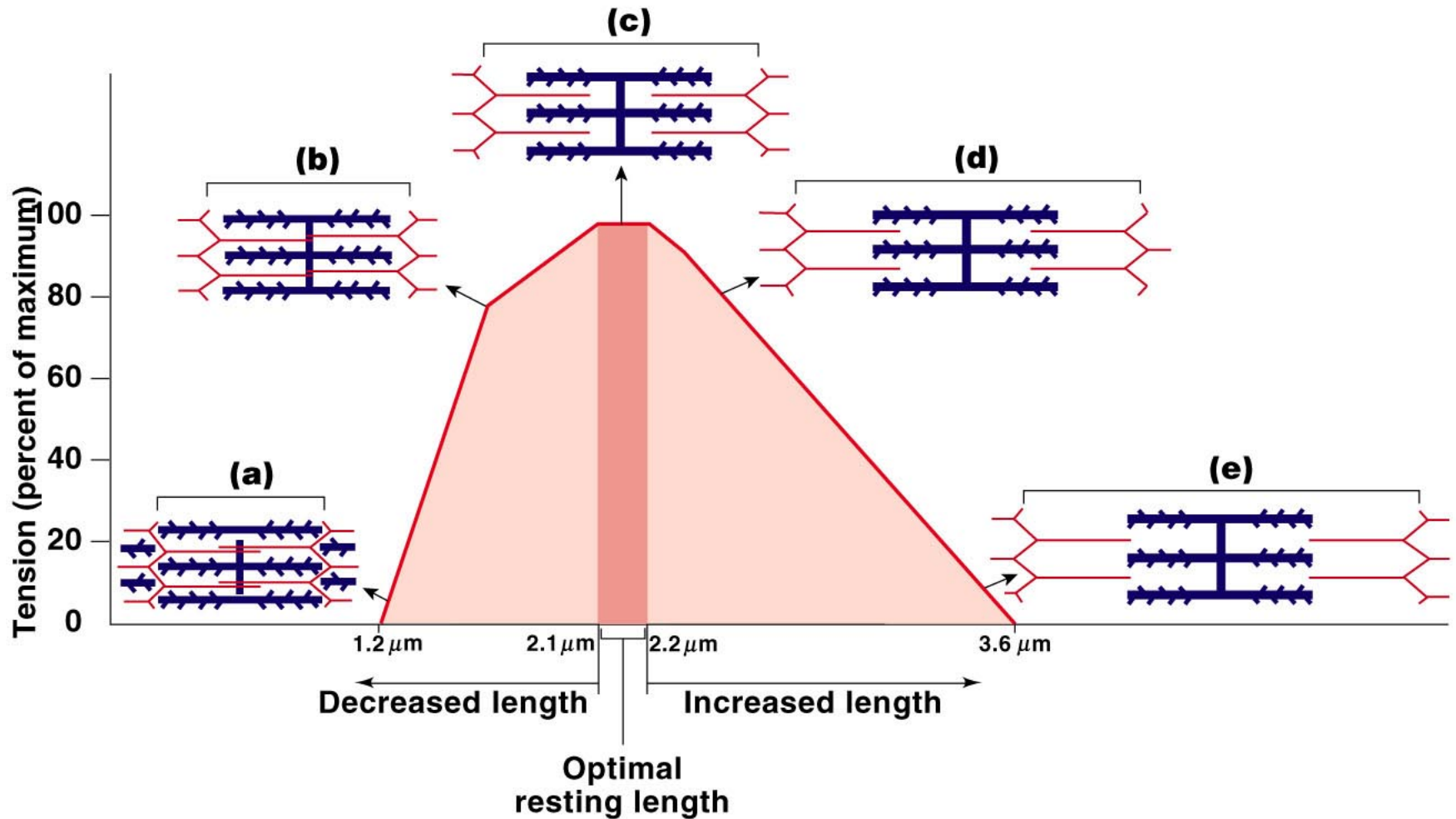


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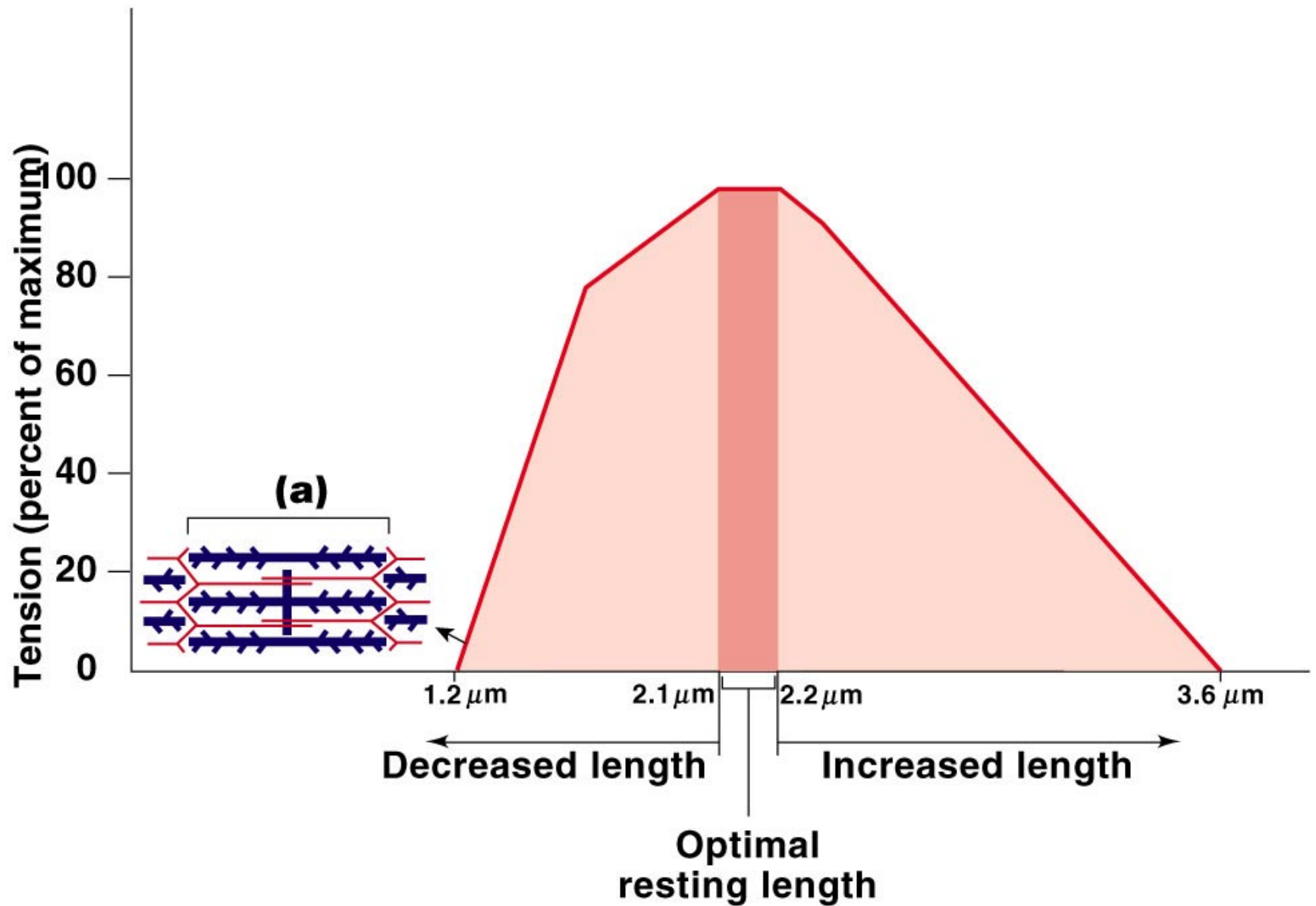
TABLE 12-2 Characteristics of Muscle Fiber Types

	SLOW-TWITCH OXIDATIVE; RED MUSCLE	FAST-TWITCH OXIDATIVE- GLYCOLYTIC; RED MUSCLE	FAST-TWITCH GLYCOLYTIC; WHITE MUSCLE
Speed of development of maximum tension	Slowest	Intermediate	Fastest
Myosin ATPase activity	Slow	Fast	Fast
Diameter	Small	Medium	Large
Contraction duration	Longest	Short	Short
Ca²⁺-ATPase activity in SR	Moderate	High	High
Endurance	Fatigue resistant	Fatigue resistant	Easily fatigued
Use	Most used: posture	Standing, walking	Least used: jumping
Metabolism	Oxidative; aerobic;	Glycolytic but becomes more oxidative with endurance training	Glycolytic; more anaerobic than fast-twitch oxidative-glycolytic type
Capillary density	High	Medium	Low
Mitochondria	Numerous	Moderate	Few
Color	Dark red (myoglobin)	Red	Pale

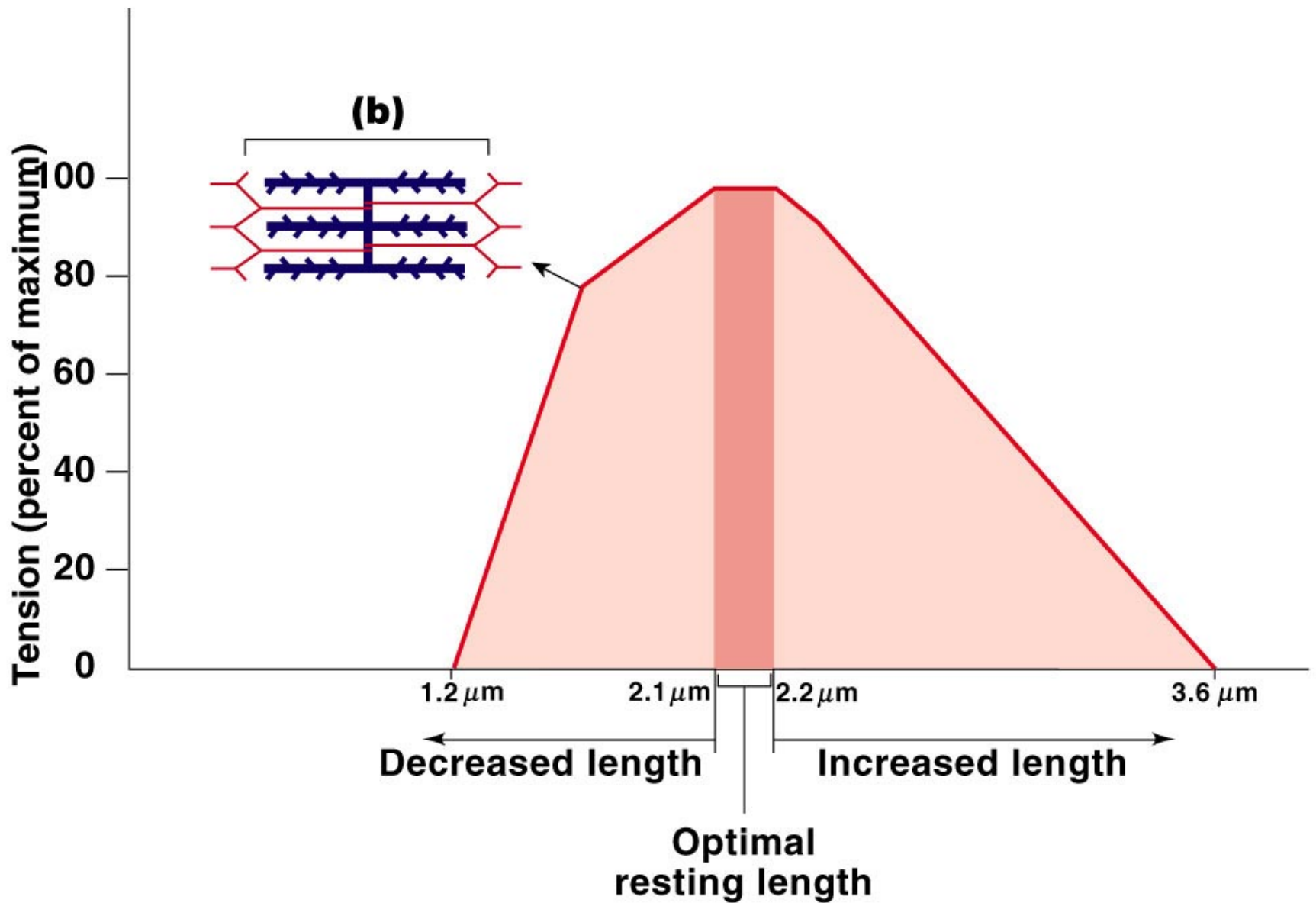
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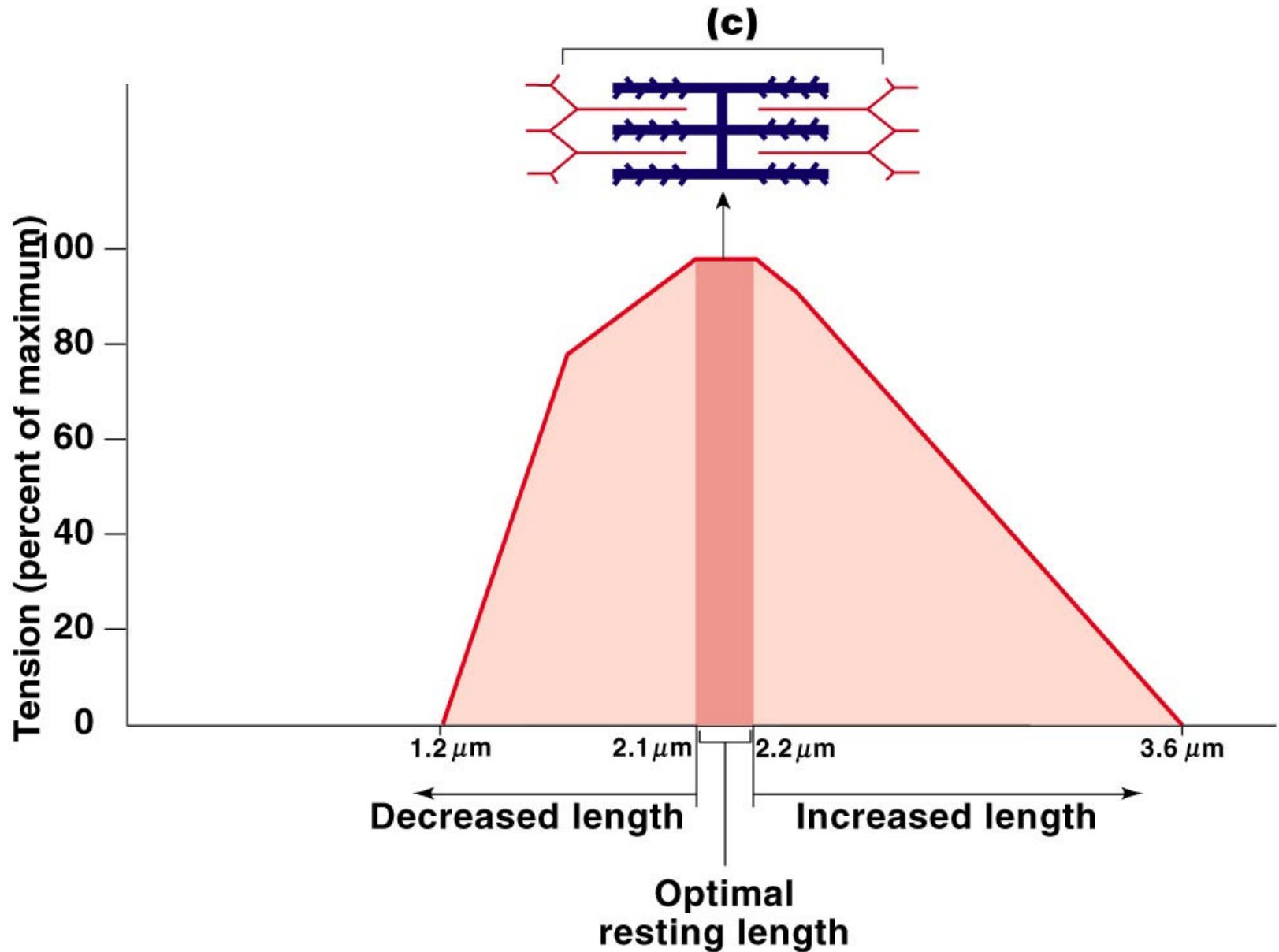
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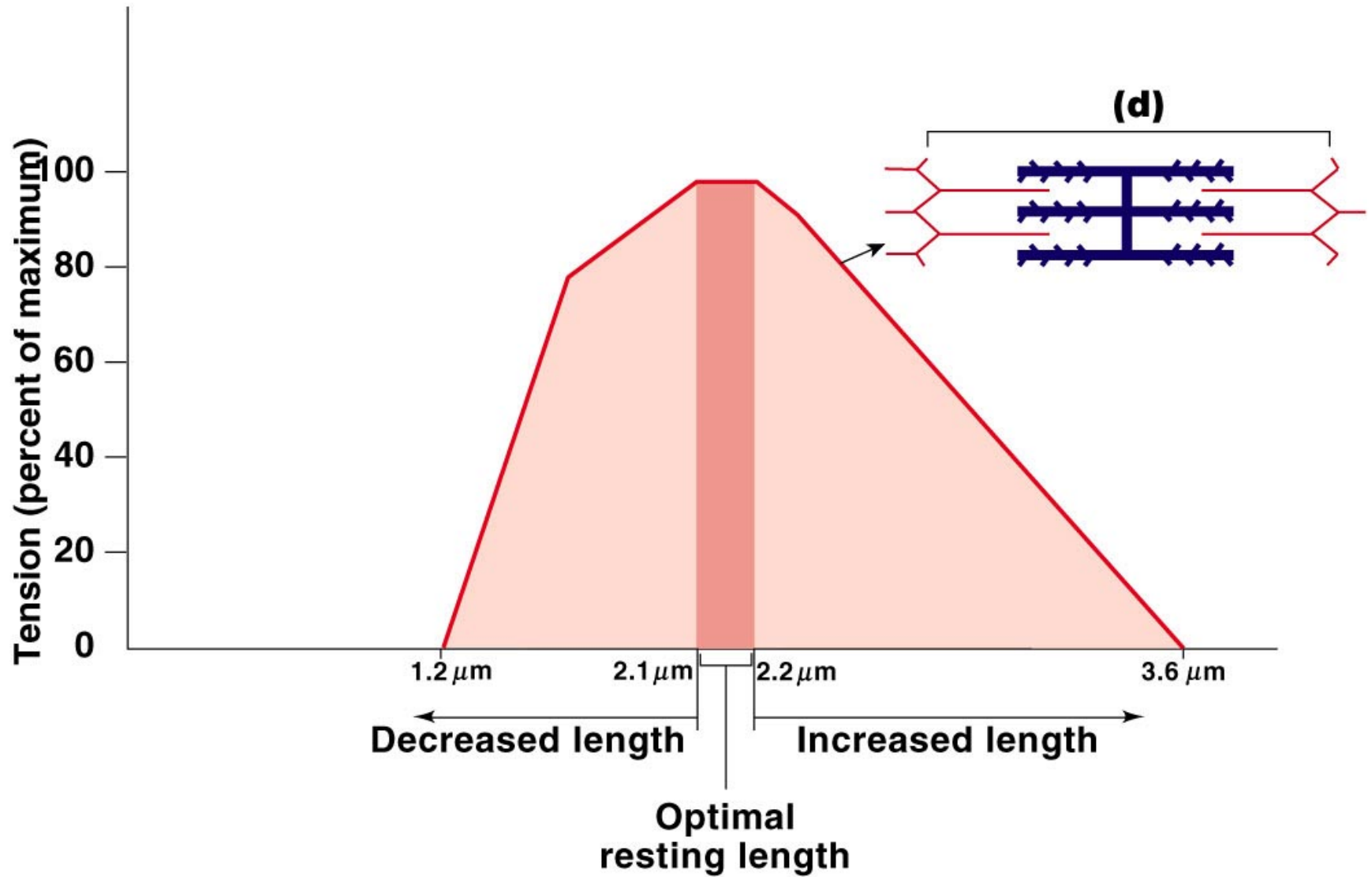
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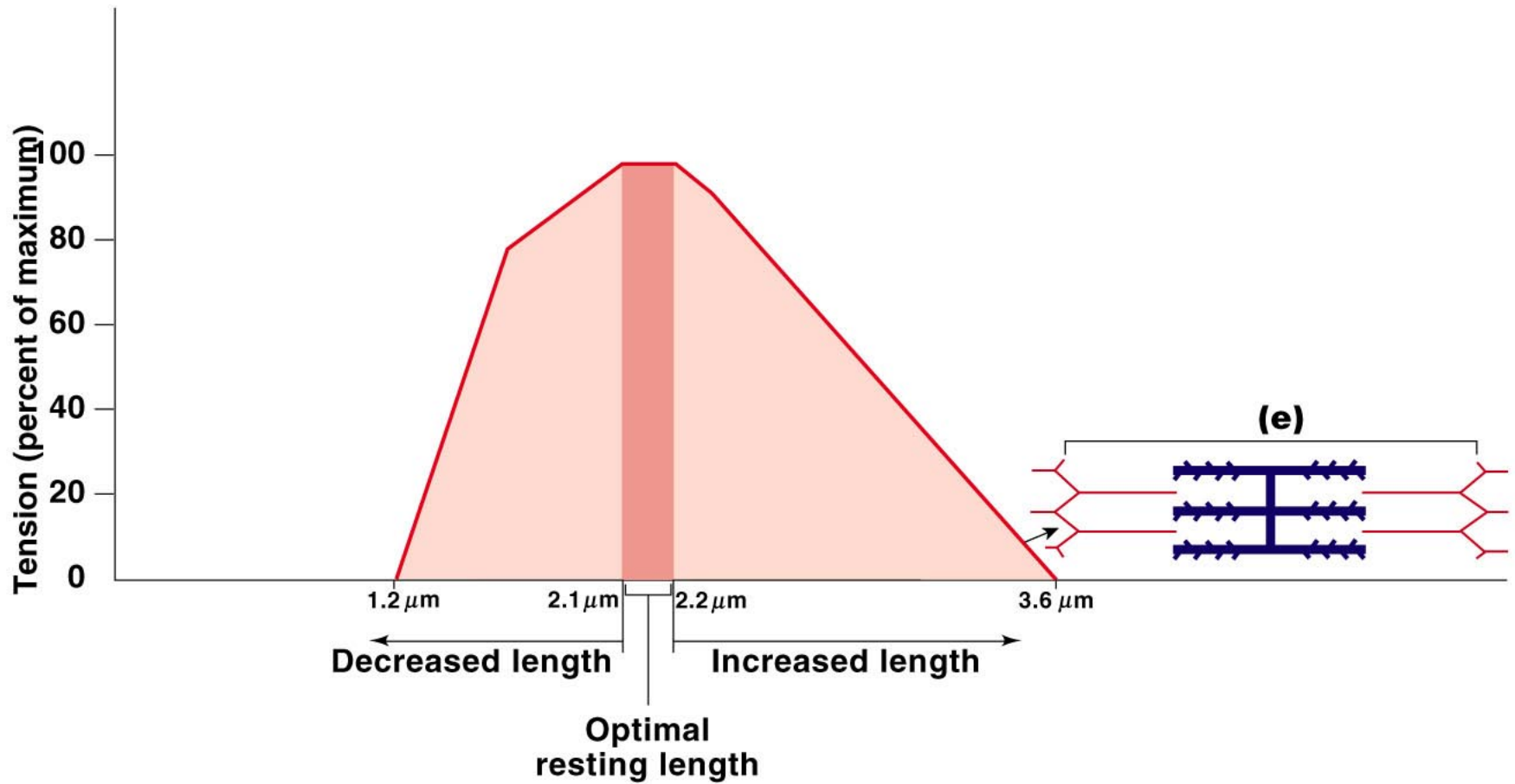
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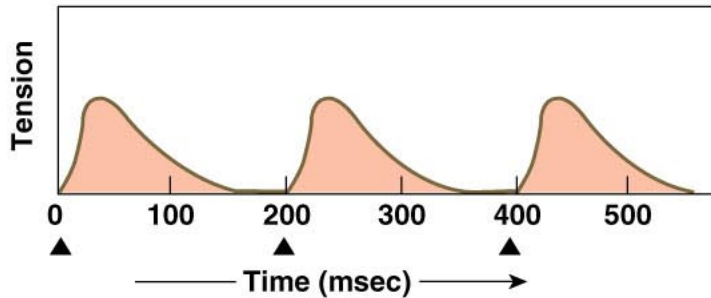


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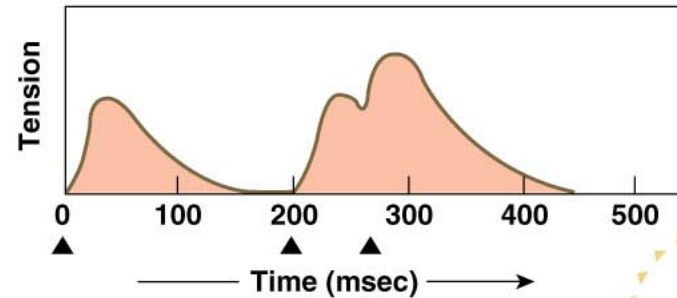


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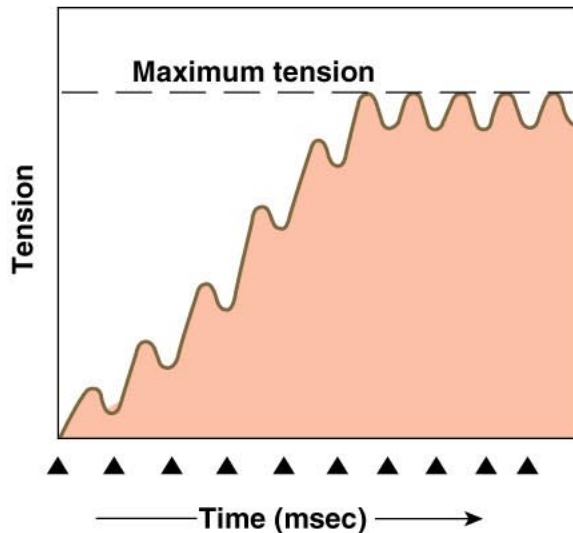
(a) Single twitches: Muscle relaxes completely between stimuli (▲).



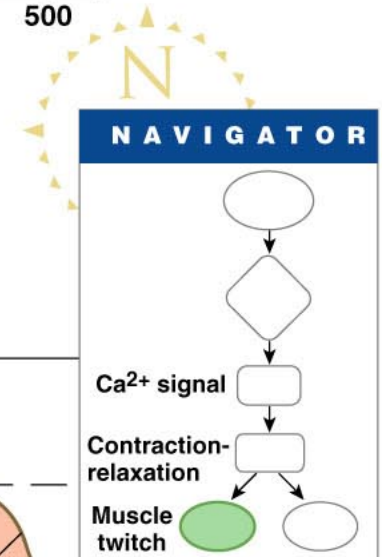
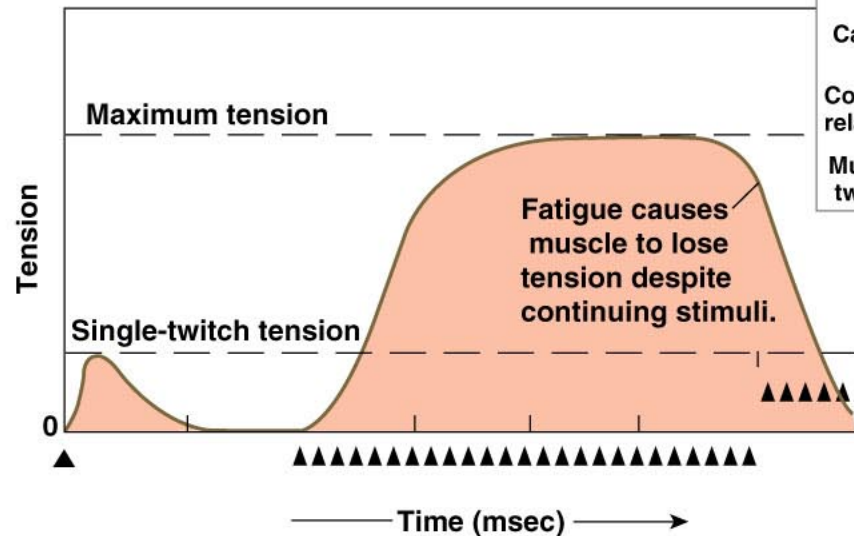
(b) Summation: Stimuli closer together do not allow muscle to relax fully.



(c) Summation leading to unfused tetanus: Stimuli are far enough apart to allow muscle to relax slightly between stimuli.

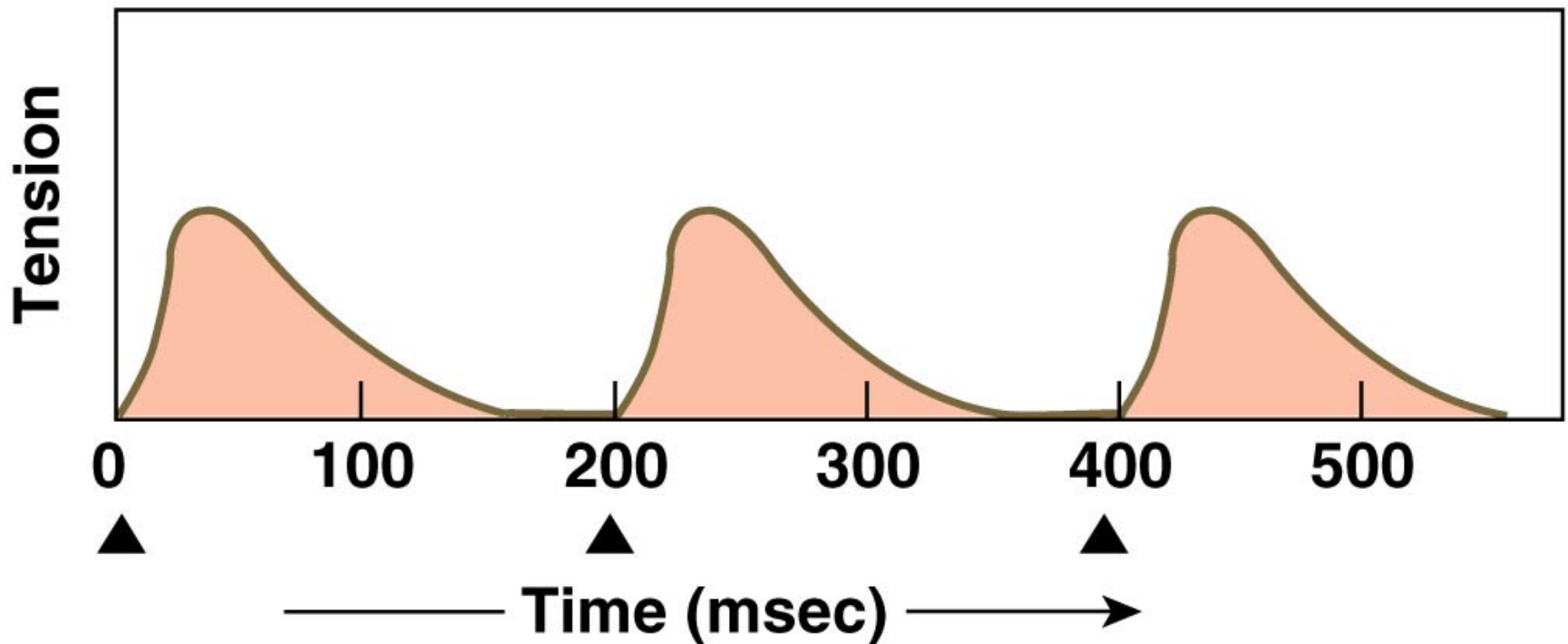


(d) Summation leading to complete tetanus: Muscle reaches steady tension.



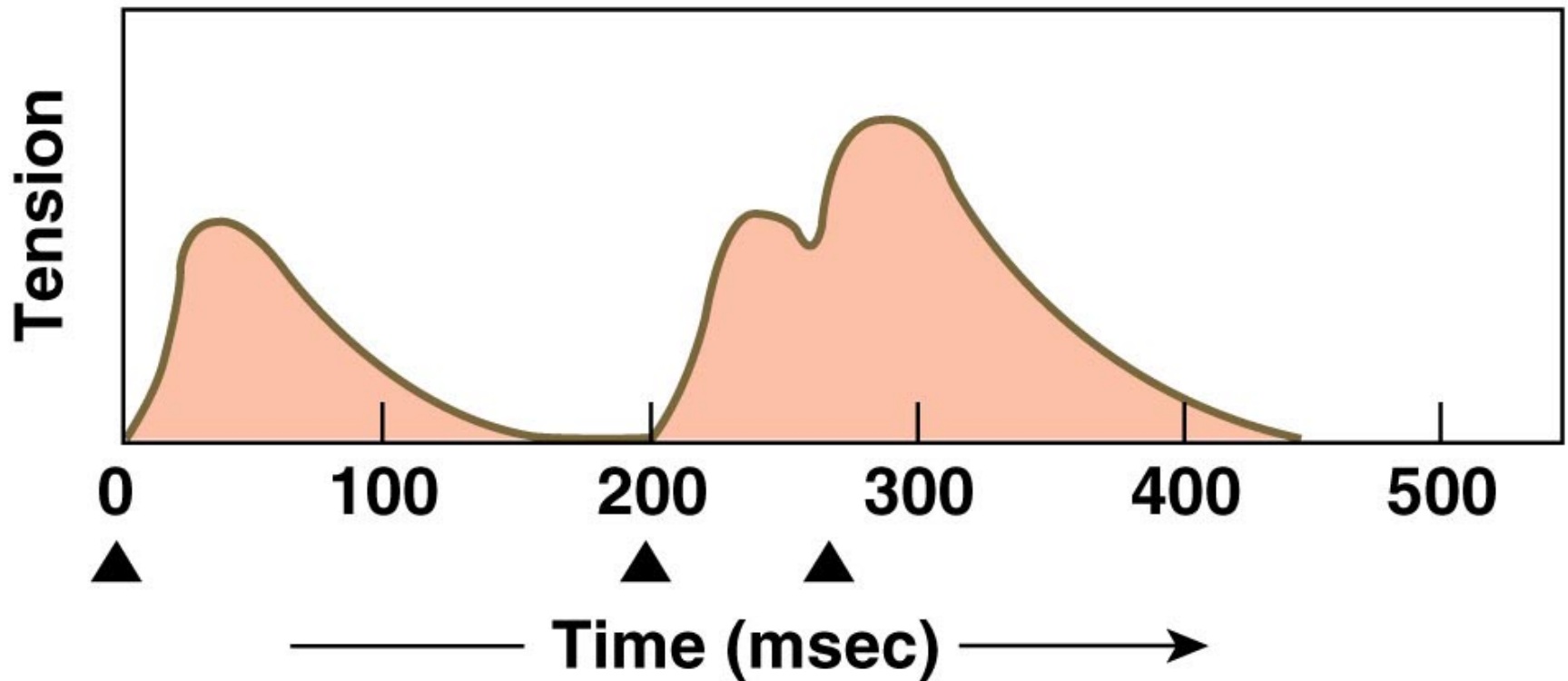
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(a) Single twitches: Muscle relaxes completely between stimuli (▲).



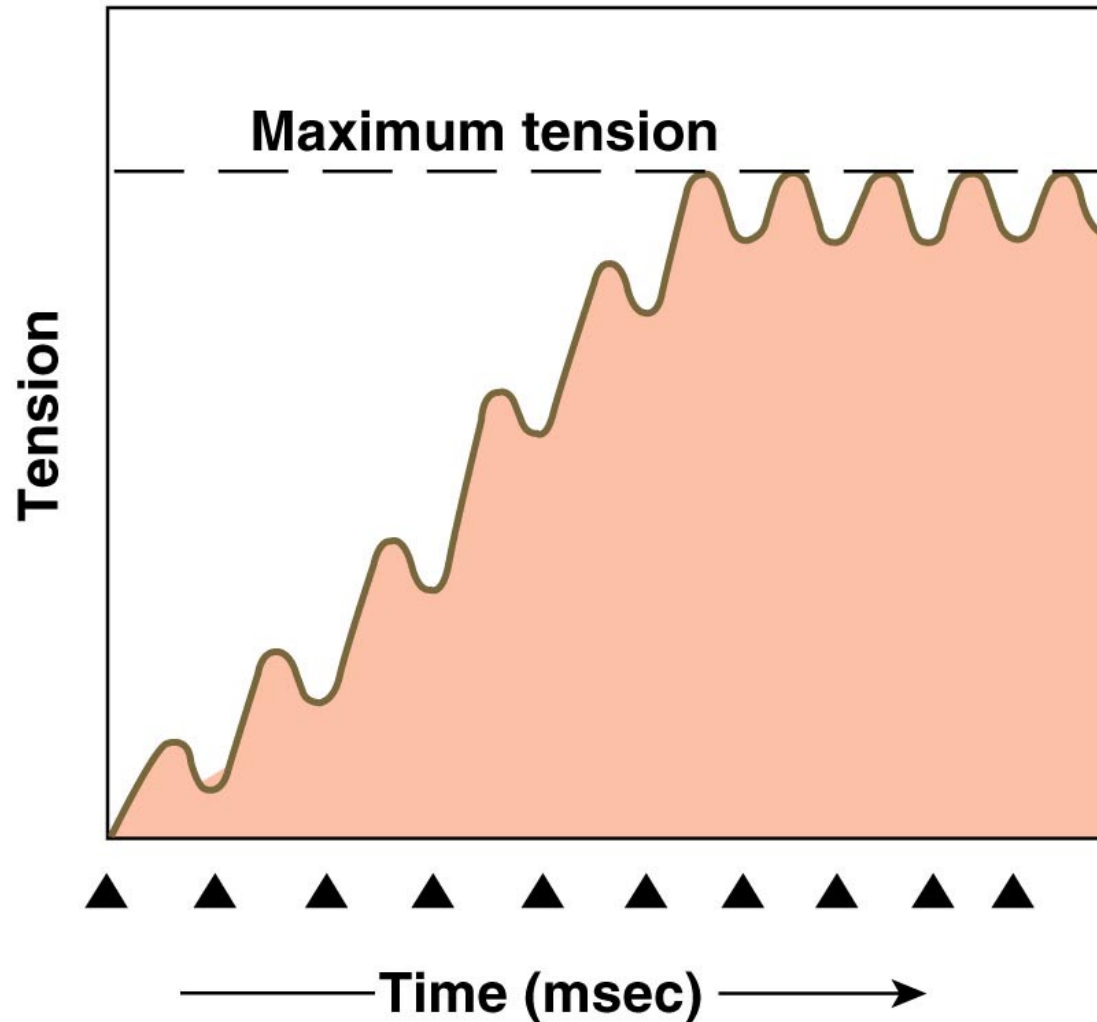
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(b) Summation: Stimuli closer together do not allow muscle to relax fully.



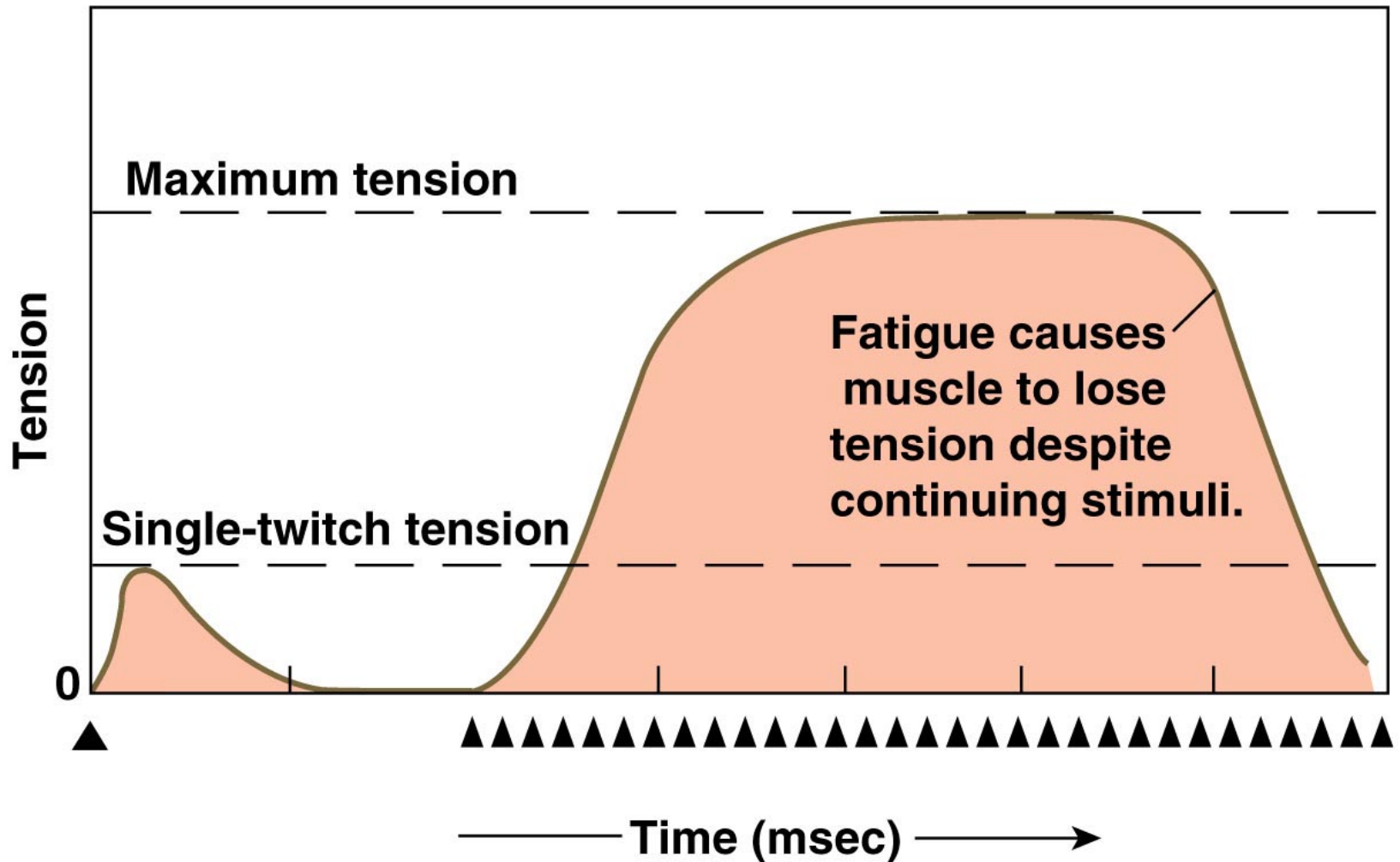
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(c) Summation leading to unfused tetanus:
Stimuli are far enough apart to allow muscle to relax slightly between stimuli.



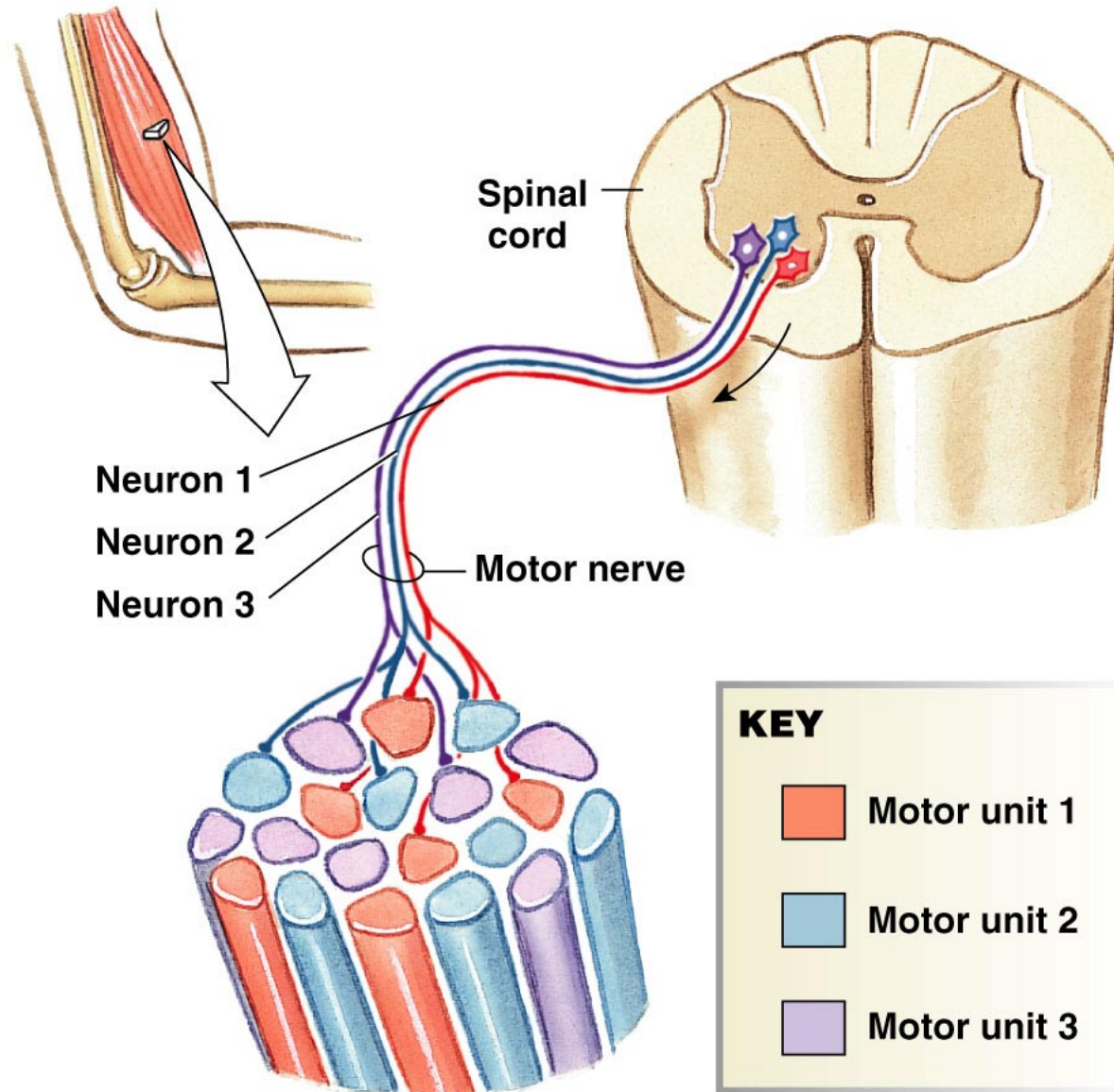
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(d) Summation leading to complete tetanus:
Muscle reaches steady tension.

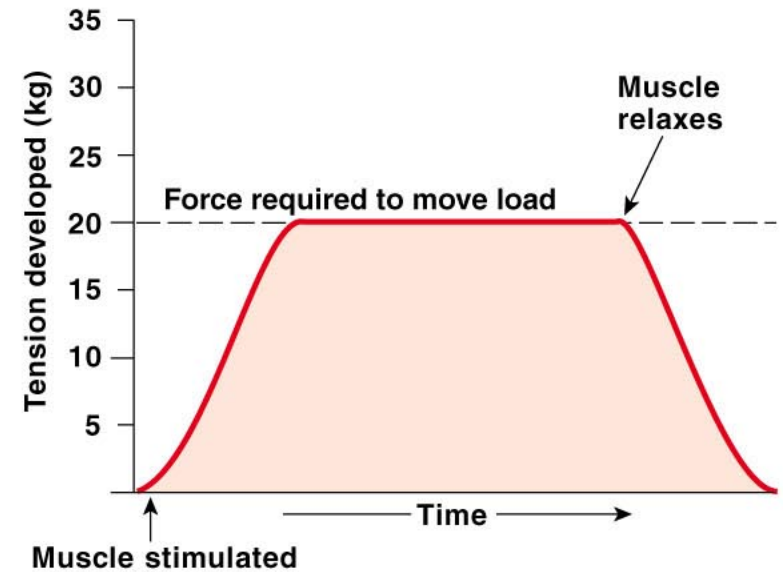
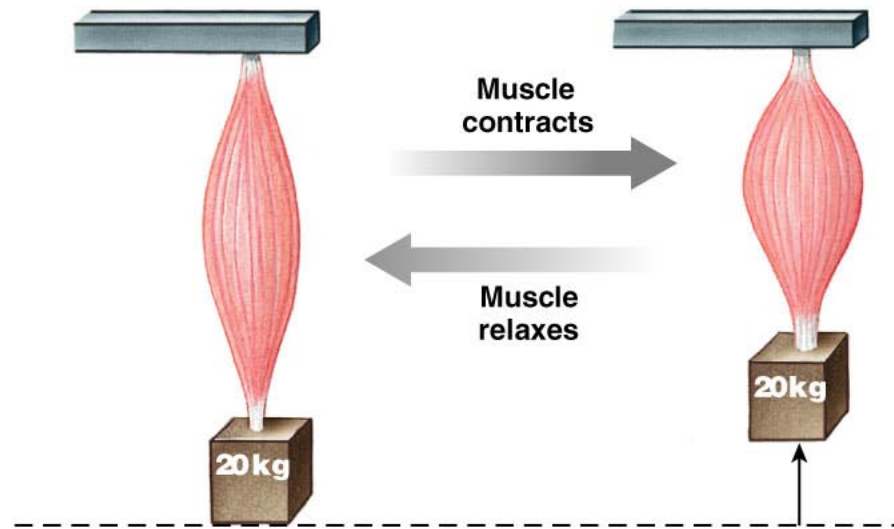


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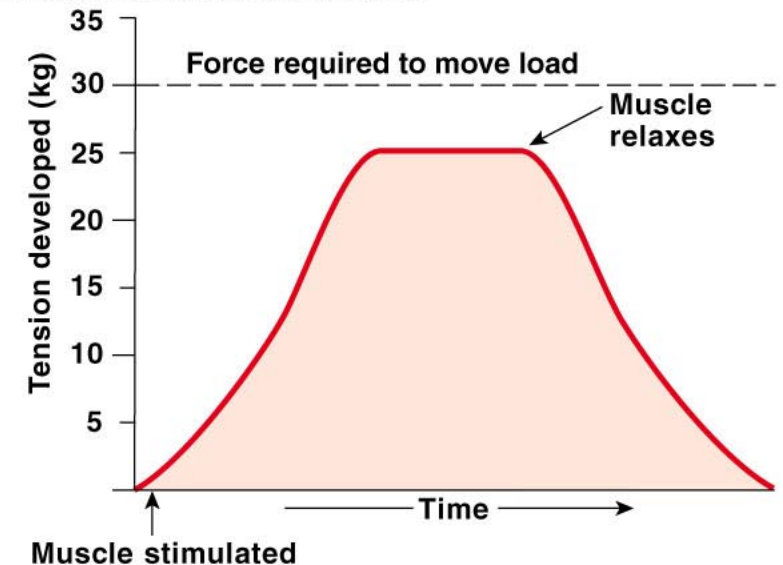
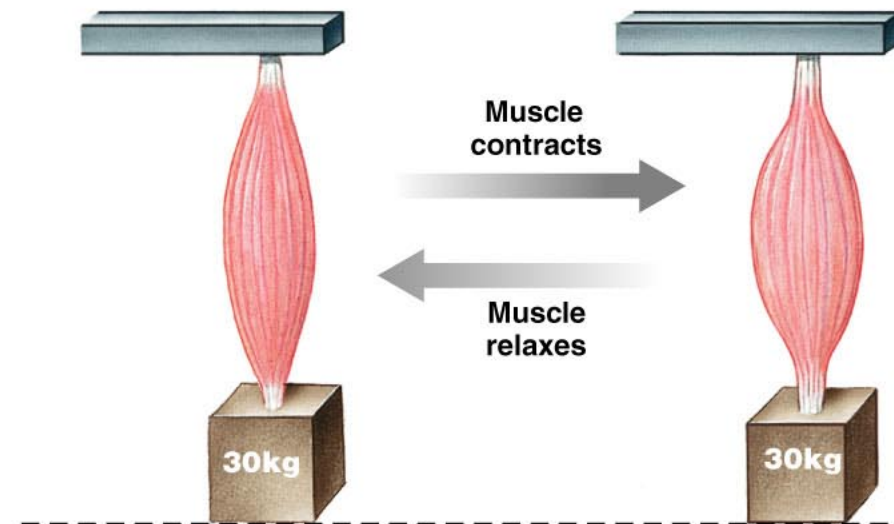
One muscle may have many motor units of different fiber types.



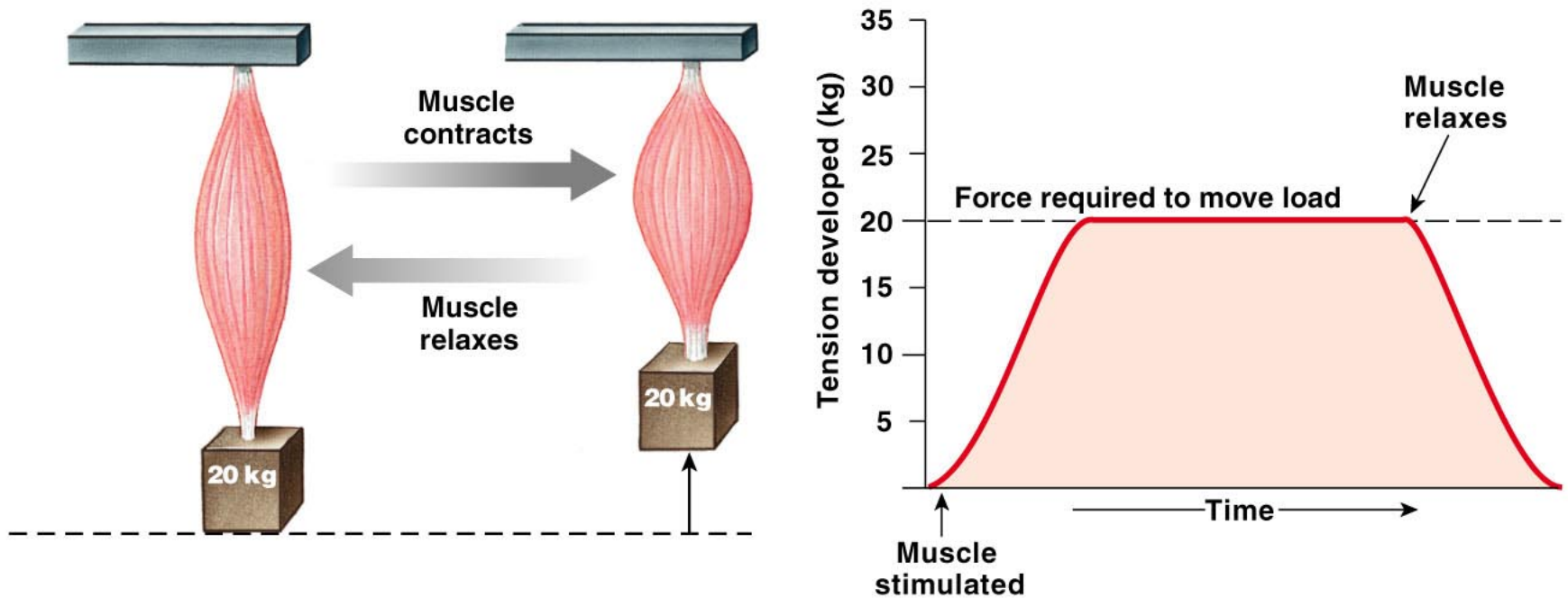
(a) Isotonic contraction: muscle contracts, shortens, and creates enough force to move the load.



(b) Isometric contraction: muscle contracts but does not shorten. Force cannot move the load.

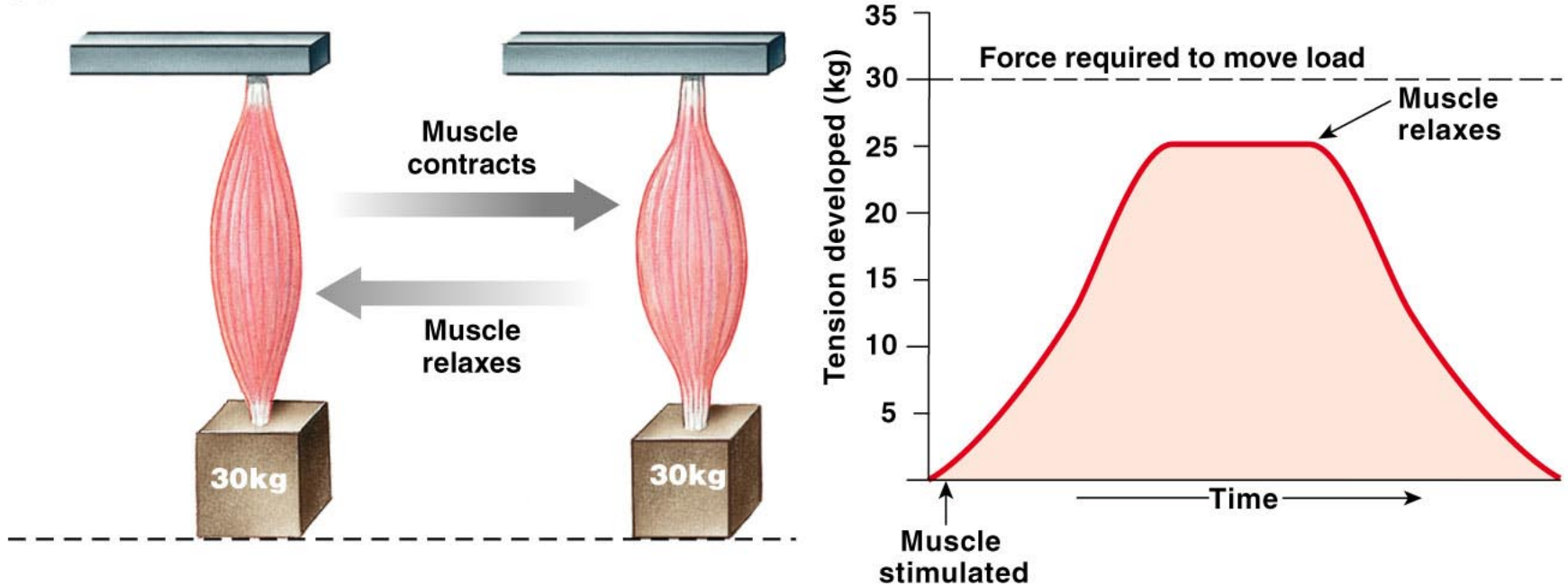


(a) Isotonic contraction: muscle contracts, shortens, and creates enough force to move the load.



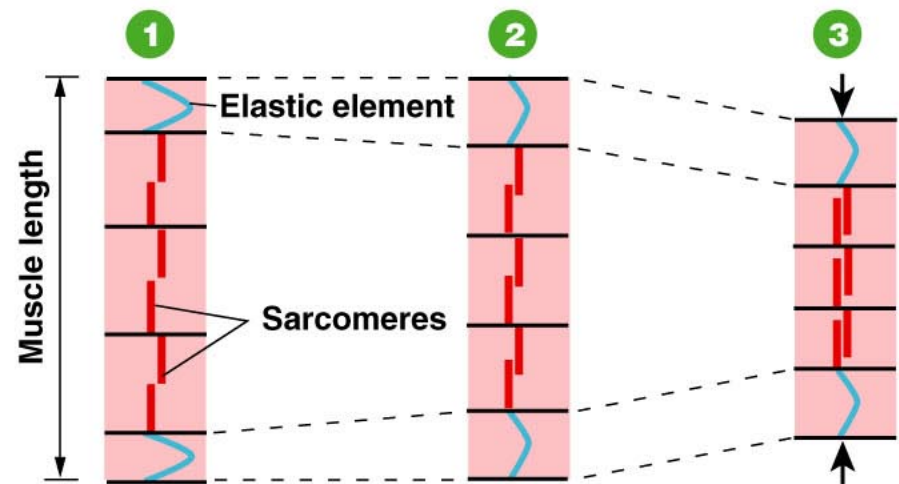
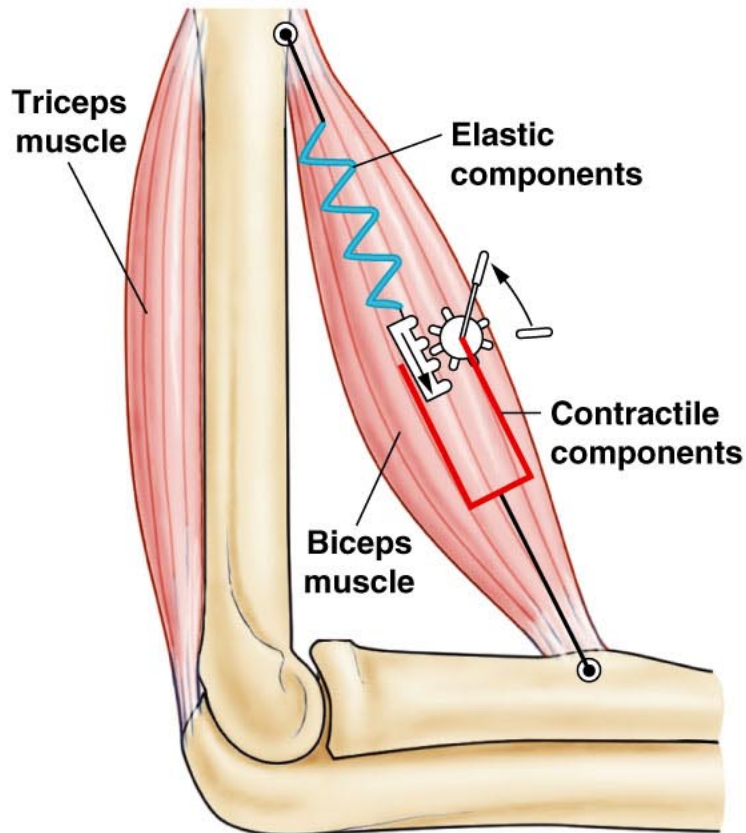
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(b) Isometric contraction: muscle contracts but does not shorten. Force cannot move the load.



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Schematic of the series elastic elements



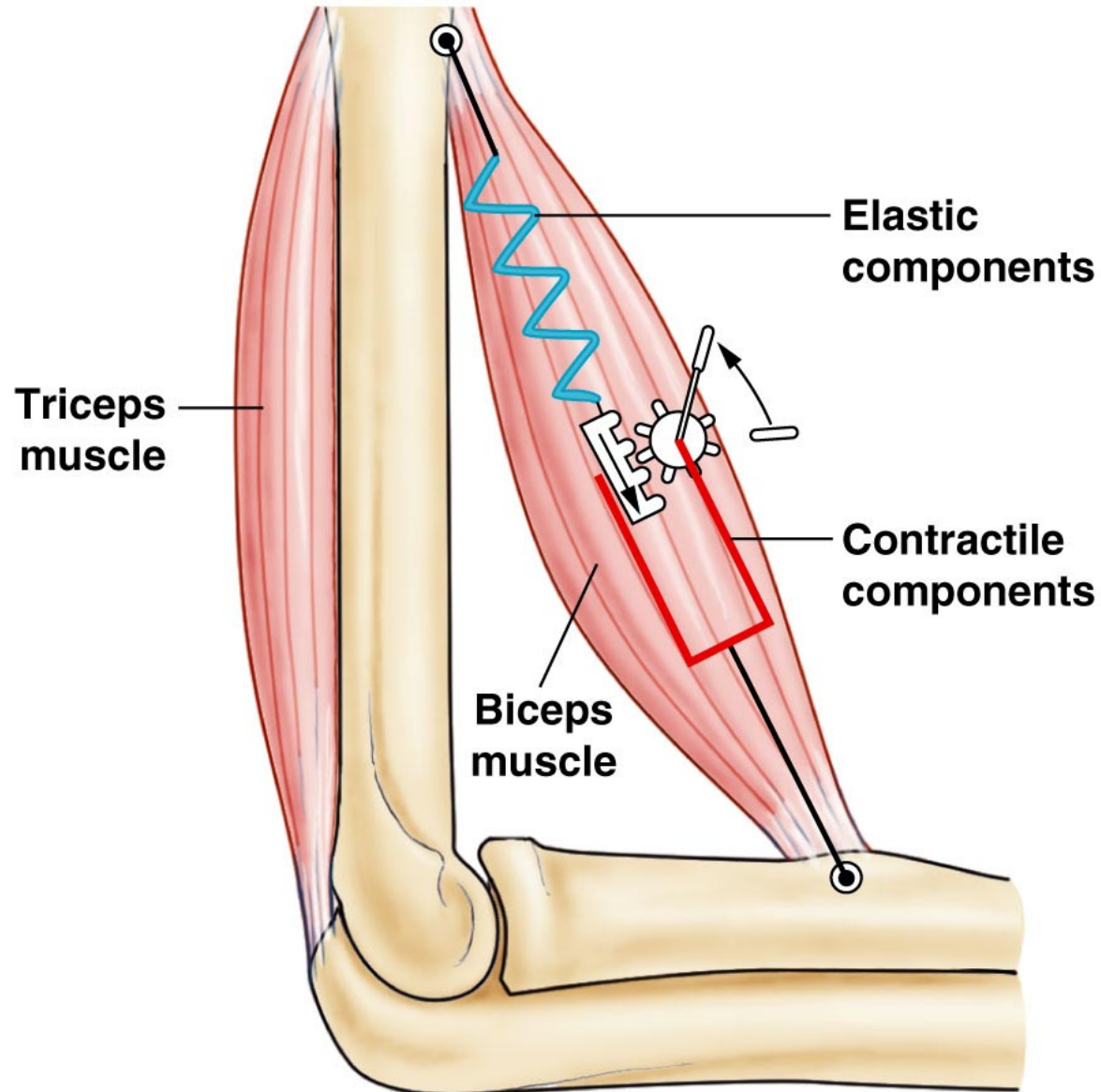
1 Muscle at rest

2 Isometric contraction:
Muscle has not shortened. Sarcomeres shorten, generating force, but elastic elements stretch, allowing muscle length to remain the same.

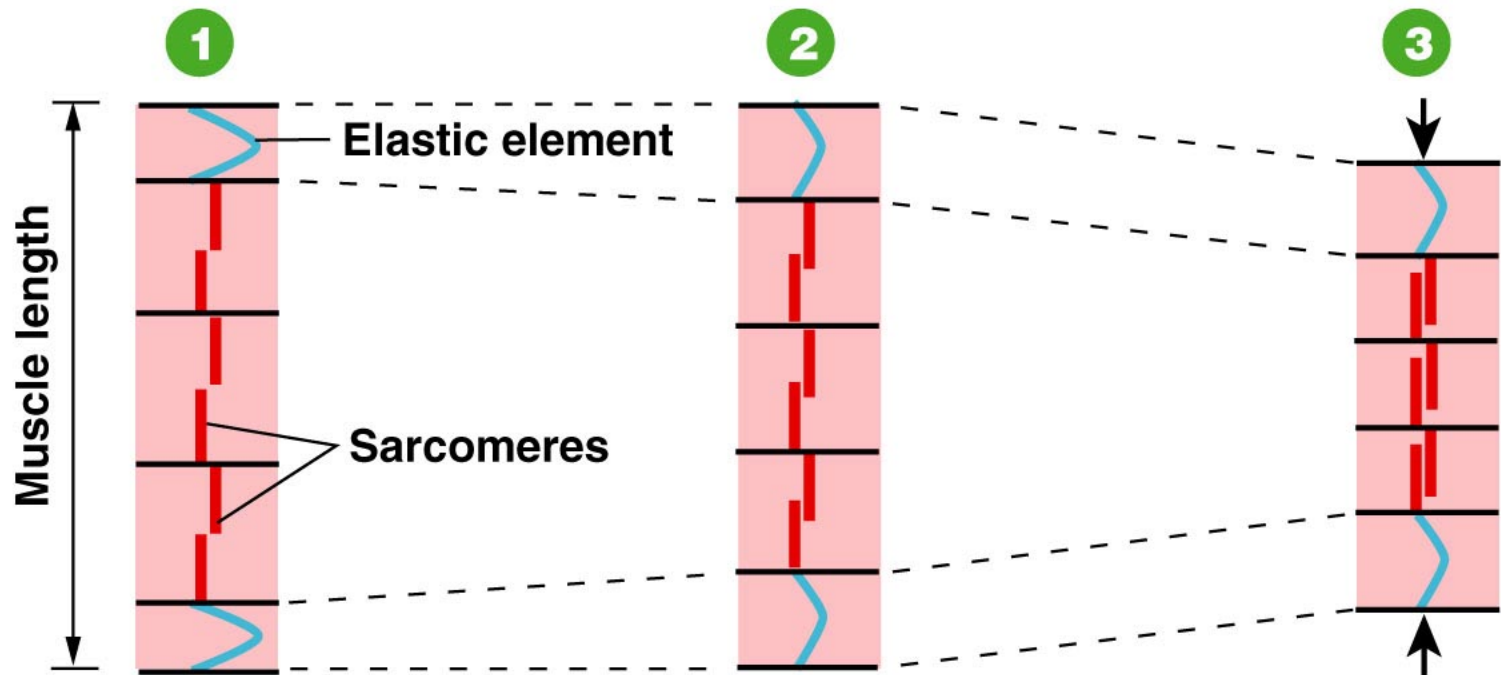
3 Isotonic contraction:
Sarcomeres shorten more but, because elastic elements are already stretched, the entire muscle must shorten.

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Schematic of the series elastic elements



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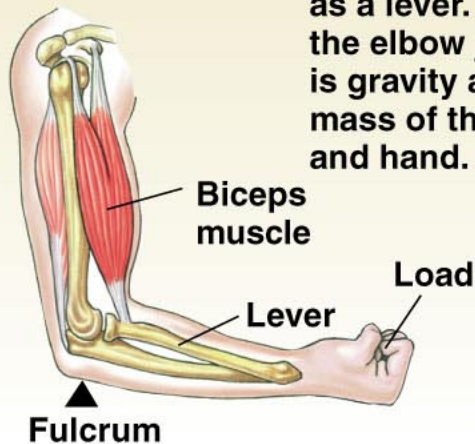
1 Muscle at rest

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3 Isotonic contraction: Sarcomeres shorten more but, because elastic elements are already stretched, the entire muscle must shorten.

(a)

The human forearm acts as a lever. The fulcrum is the elbow joint. The load is gravity acting on the mass of the forearm and hand.

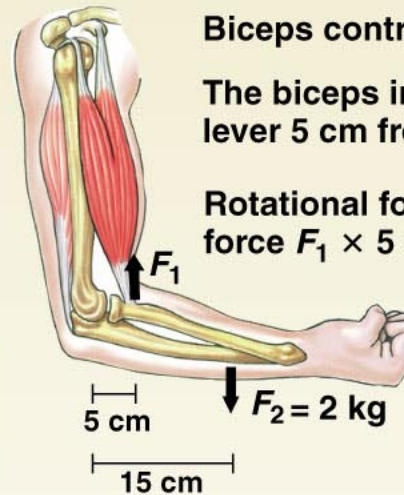


(b)

Biceps contraction creates upward force F_1 .

The biceps inserts into the lever 5 cm from the fulcrum.

Rotational force_{up} \propto biceps force $F_1 \times 5 \text{ cm}$ from the fulcrum.



The weight of the forearm exerts a downward force of 2 kg at its center of gravity, which is 15 cm from the fulcrum.

Rotational force_{down} \propto load $F_2 \times 15 \text{ cm}$
 $\propto 2 \text{ kg} \times 15 \text{ cm}$

To hold the arm stationary at 90 degrees, the rotational force created by the contracting biceps must exactly oppose the downward rotation created by the forearm's weight.

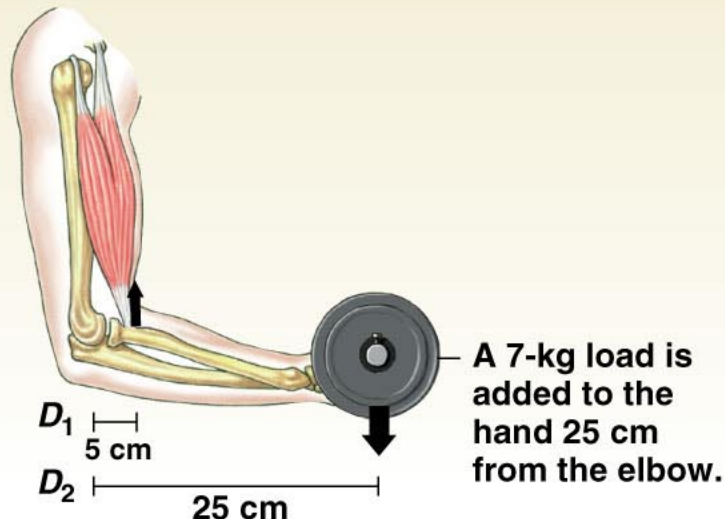
Rotational force_{up} = Rotational force_{down}

Biceps force $\times 5 \text{ cm} = 2 \text{ kg} \times 15 \text{ cm}$

Biceps force = $\frac{30 \text{ kg}\cdot\text{cm}}{5 \text{ cm}}$

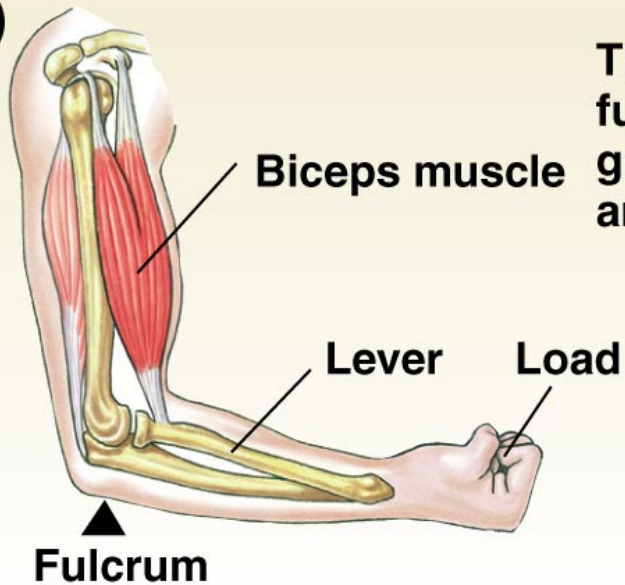
Biceps force = 6 kg

(c)



A 7-kg load is added to the hand 25 cm from the elbow.

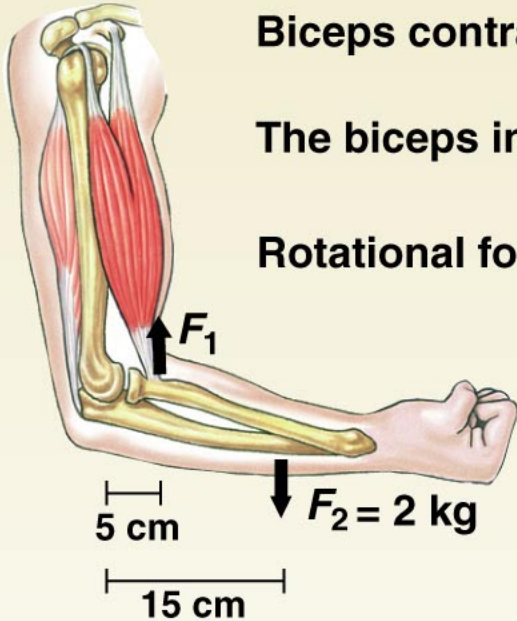
(a)



The human forearm acts as a lever. The fulcrum is the elbow joint. The load is gravity acting on the mass of the forearm and hand.

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(b)



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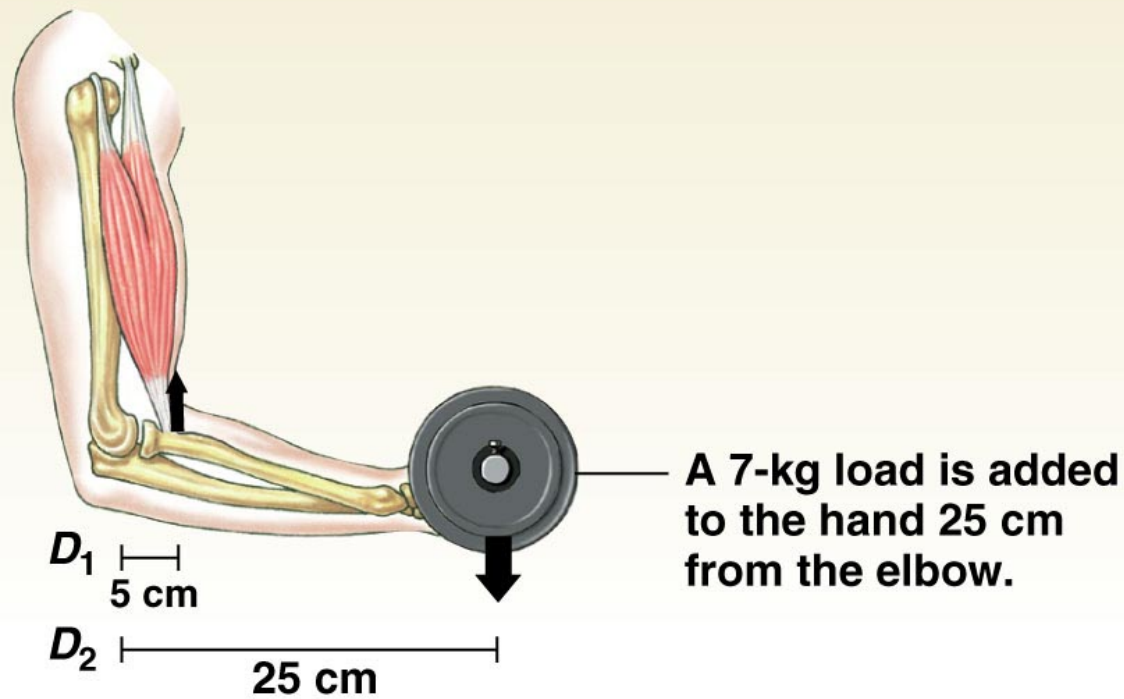
$$\text{Rotational force}_{\text{up}} = \text{Rotational force}_{\text{down}}$$

$$\text{Biceps force} \times 5 \text{ cm} = 2 \text{ kg} \times 15 \text{ cm}$$

$$\text{Biceps force} = \frac{30 \text{ kg} \cdot \text{cm}}{5 \text{ cm}}$$

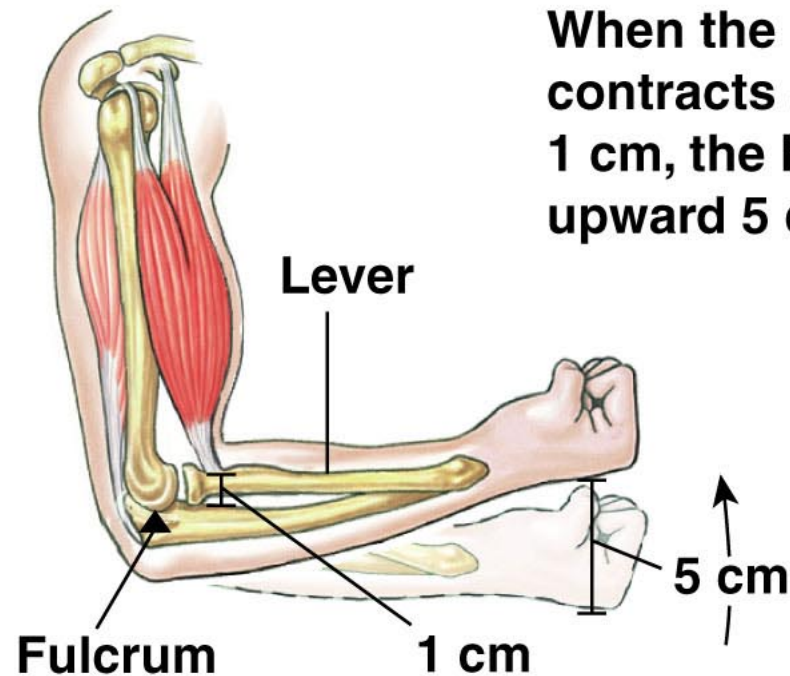
$$\text{Biceps force} = 6 \text{ kg}$$

(c)



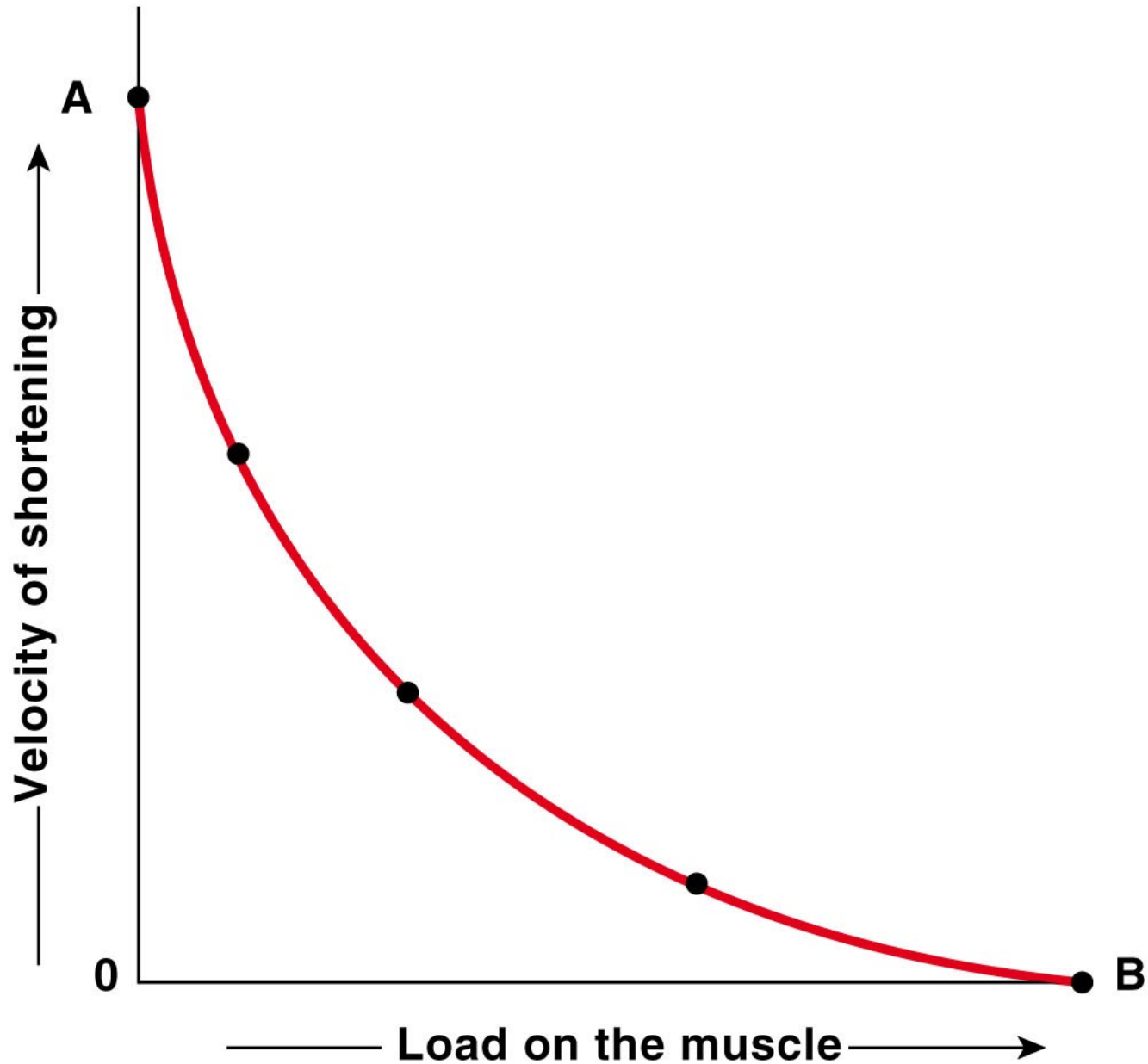
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Because the insertion of the biceps is close to the fulcrum, a small movement of the biceps becomes a much larger movement of the hand.

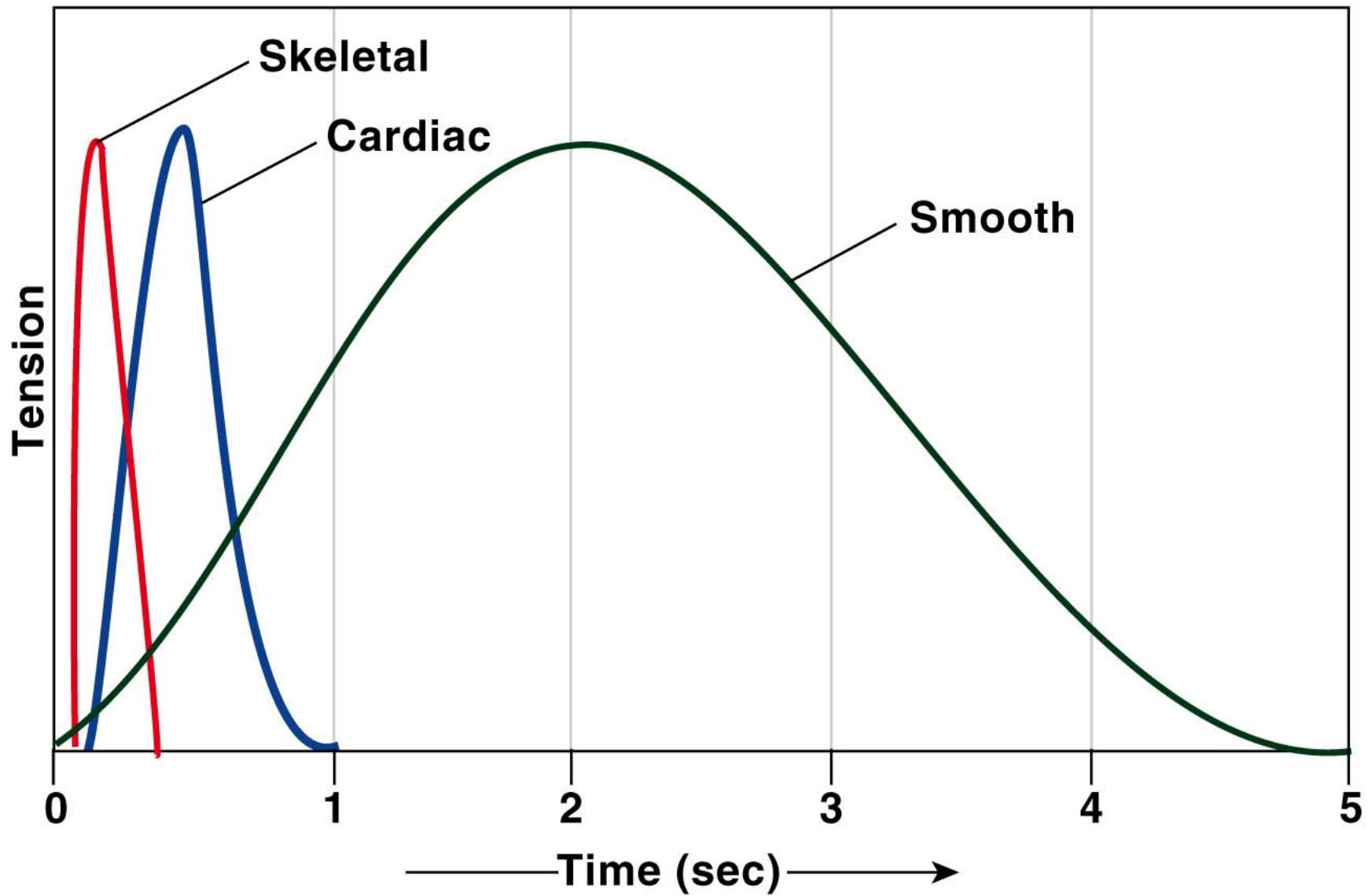


When the biceps contracts and shortens 1 cm, the hand moves upward 5 cm.

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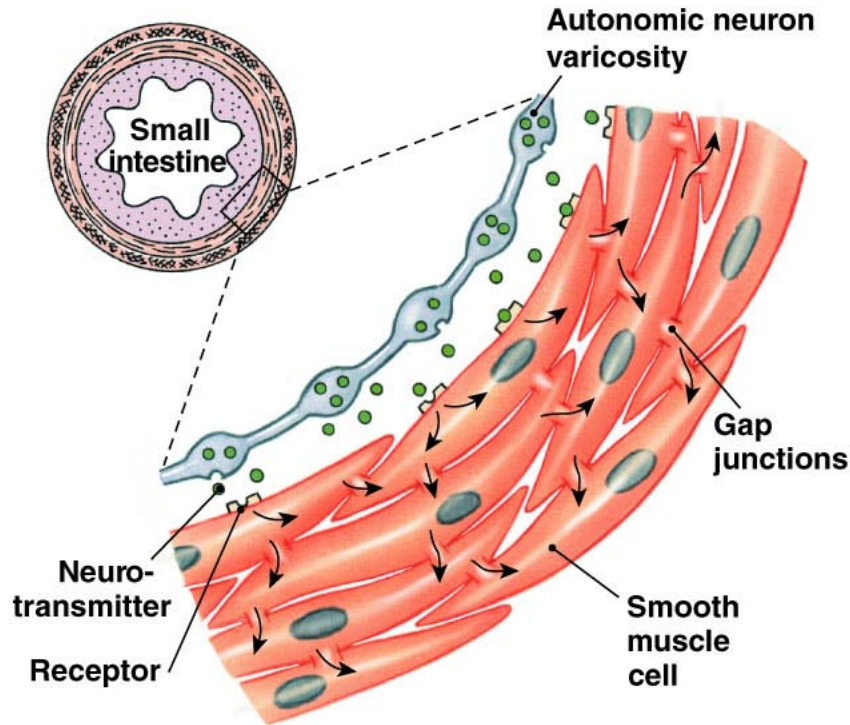


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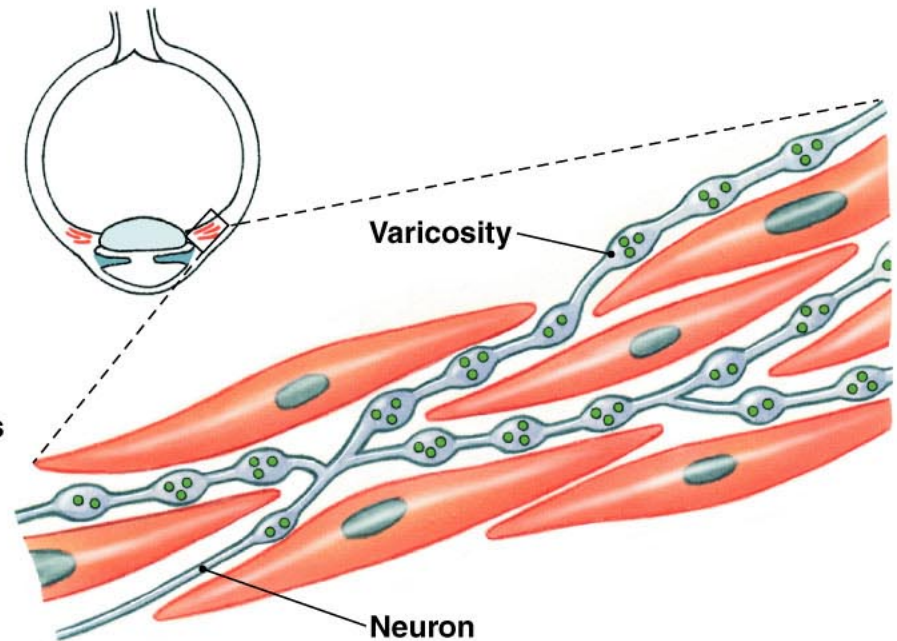


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(a) Single-unit smooth muscle cells are connected by gap junctions, and the cells contract as a single unit.

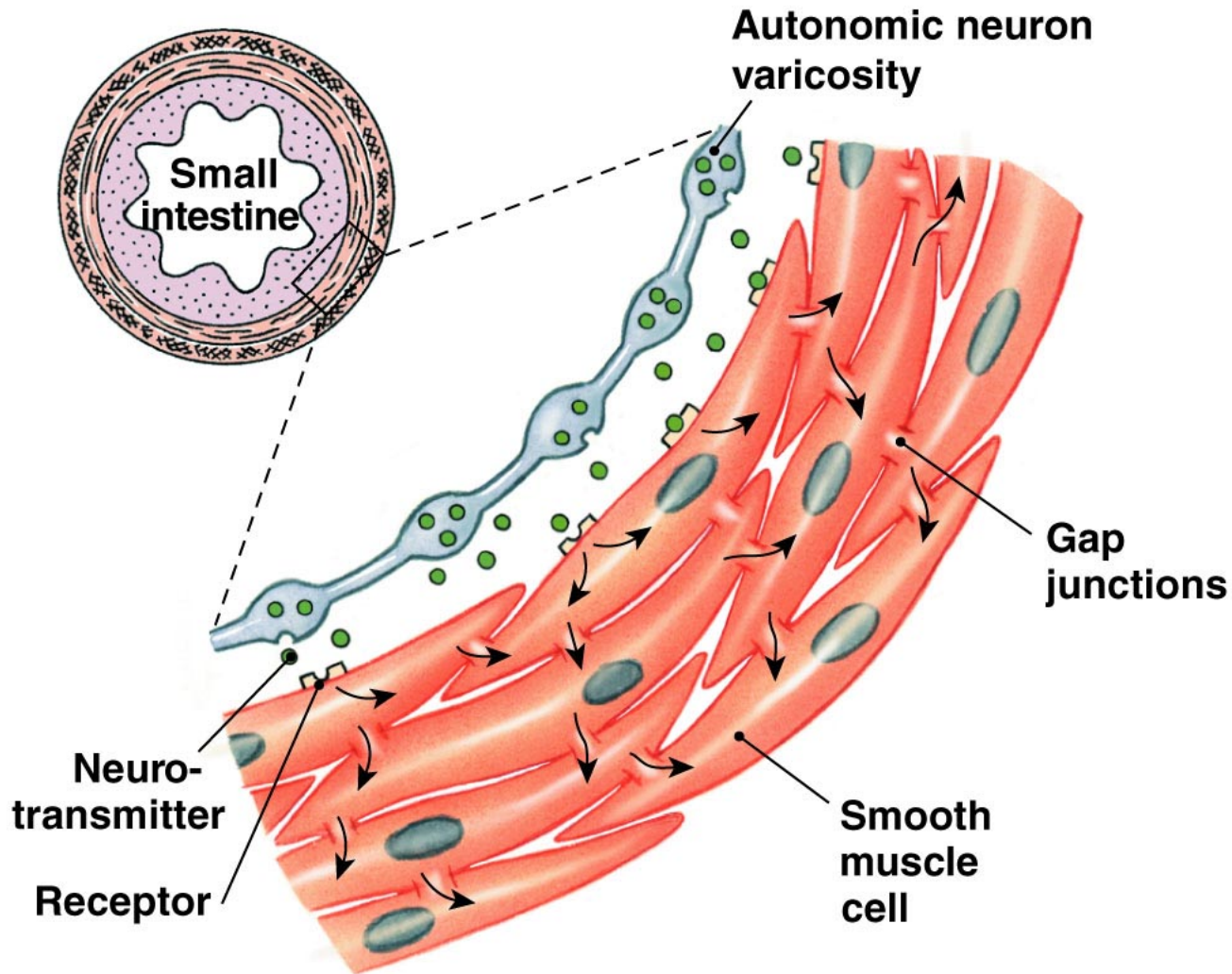


(b) Multi-unit smooth muscle cells are not electrically linked, and each cell must be stimulated independently.

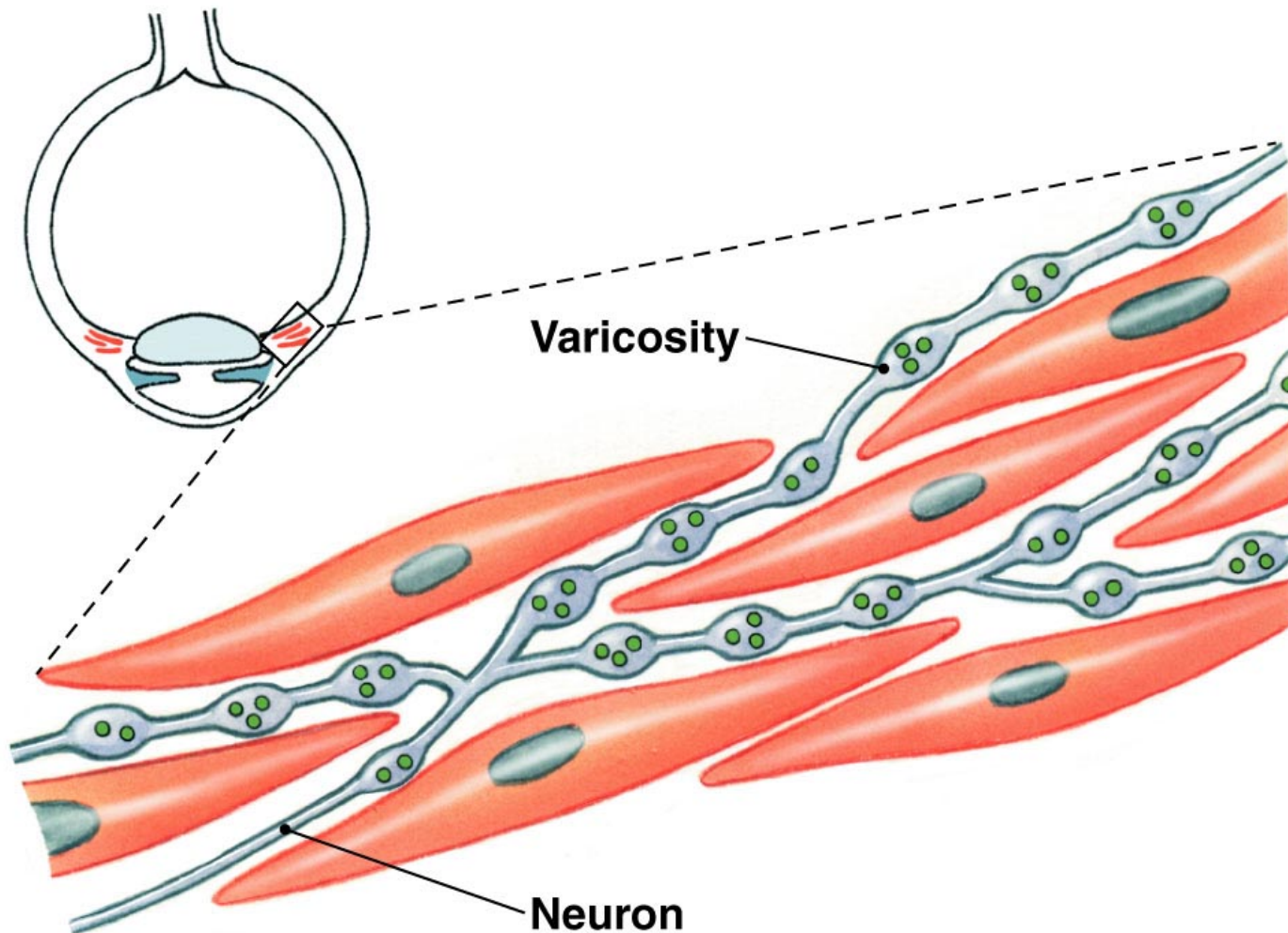


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(a) Single-unit smooth muscle cells are connected by gap junctions, and the cells contract as a single unit.

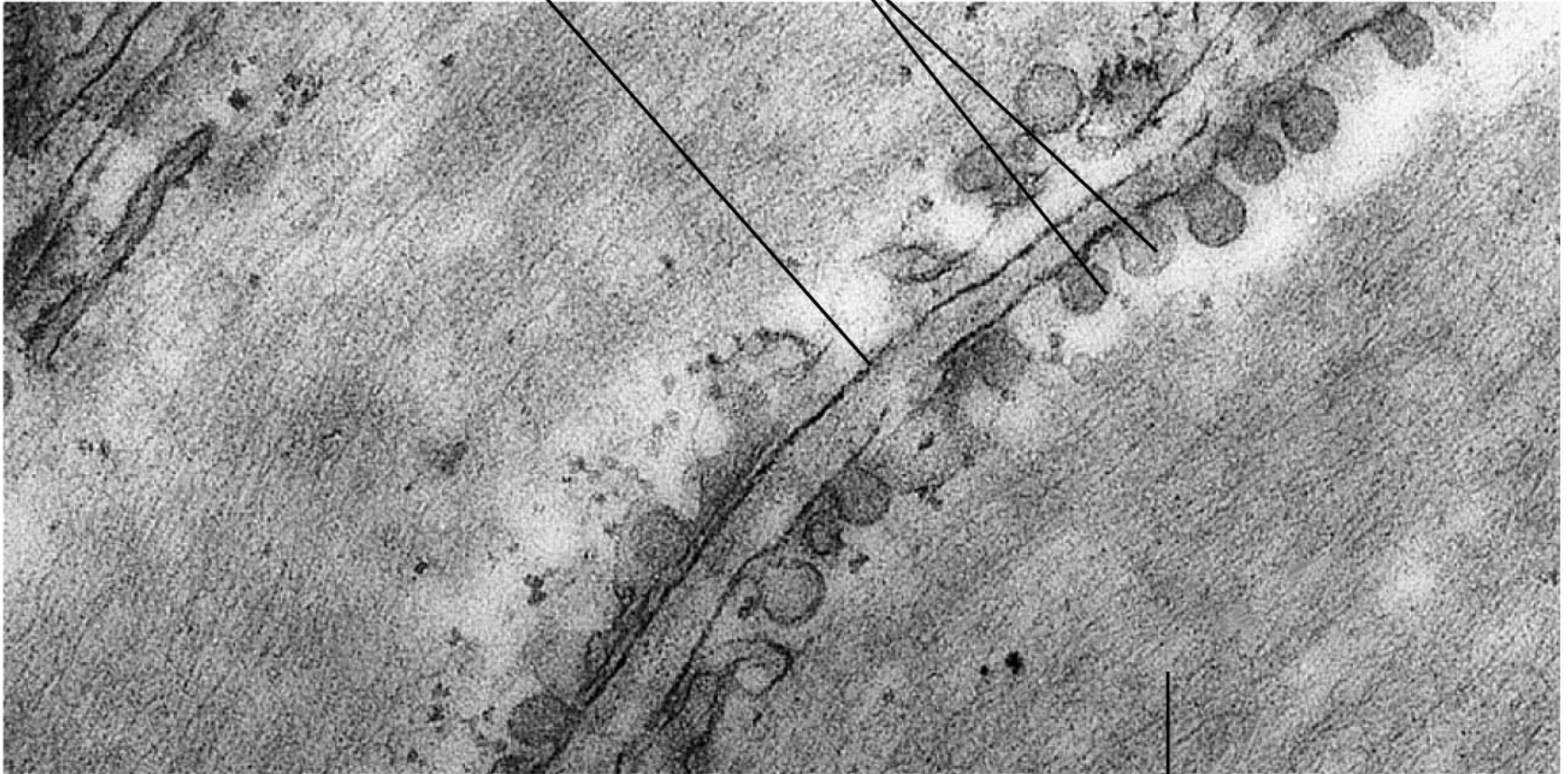


(b) Multi-unit smooth muscle cells are not electrically linked, and each cell must be stimulated independently.



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Sarcolemma **Caveolae are small invaginations of the sarcolemma that concentrate Ca^{2+} .**

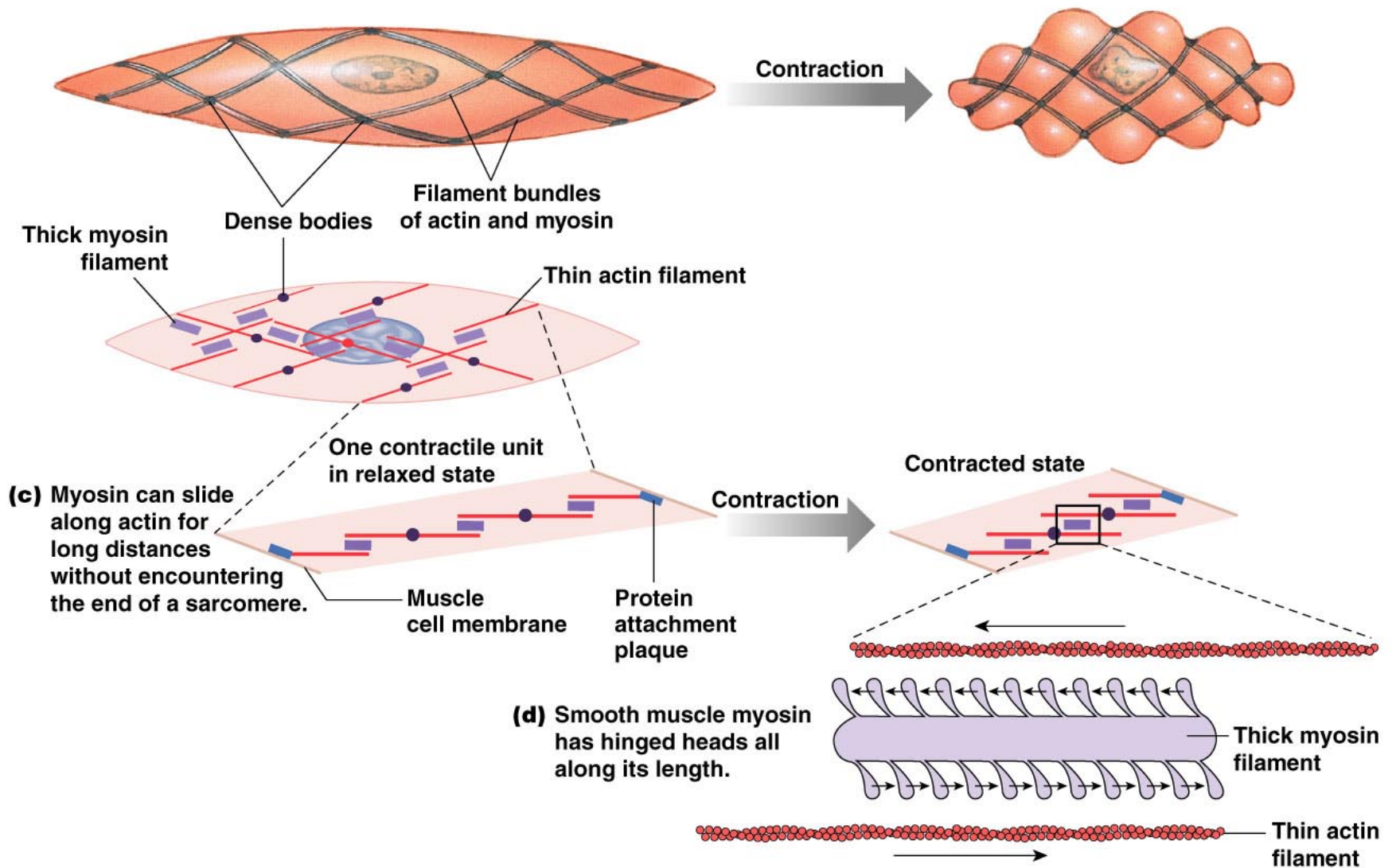


Smooth muscle cell

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(a) Actin and myosin are loosely arranged around the periphery of the cell, held in place by protein dense bodies.

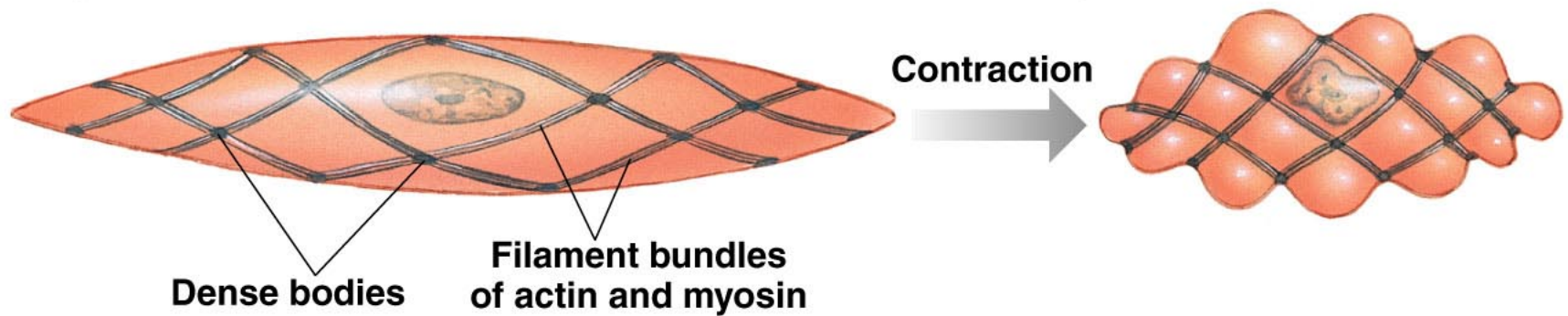
(b) The arrangement of the fibers causes the cell to become globular when it contracts.



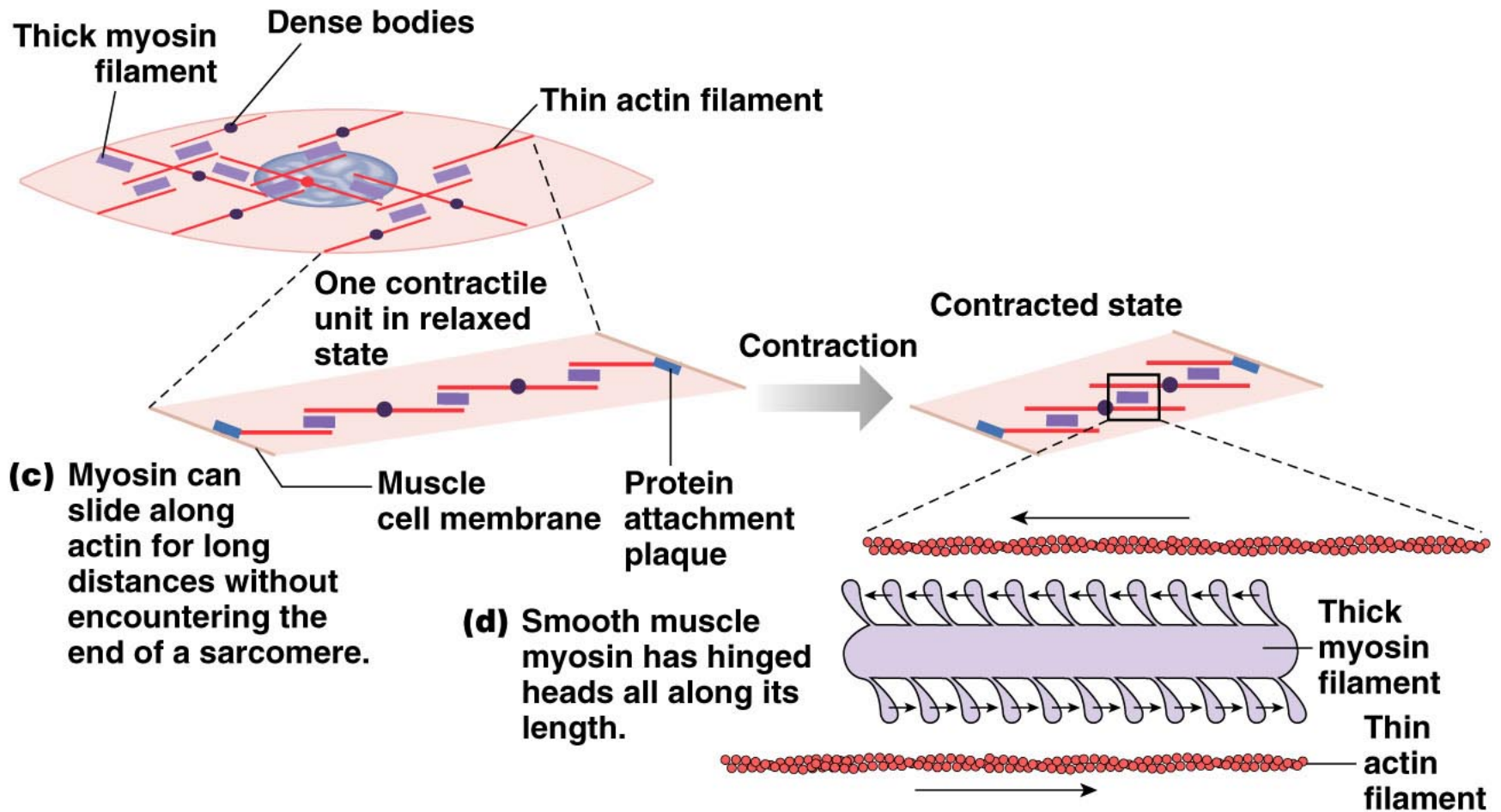
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(a) Actin and myosin are loosely arranged around the periphery of the cell, held in place by protein dense bodies.

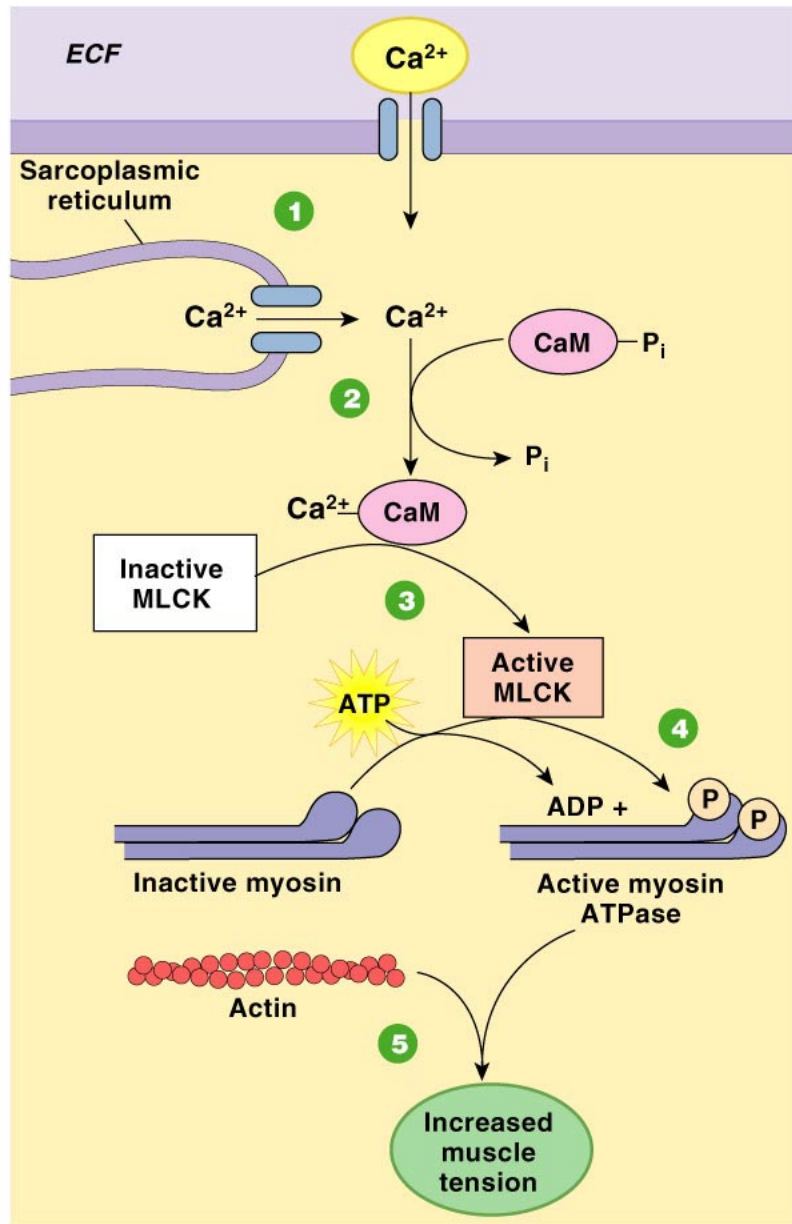
(b) The arrangement of the fibers causes the cell to become globular when it contracts.



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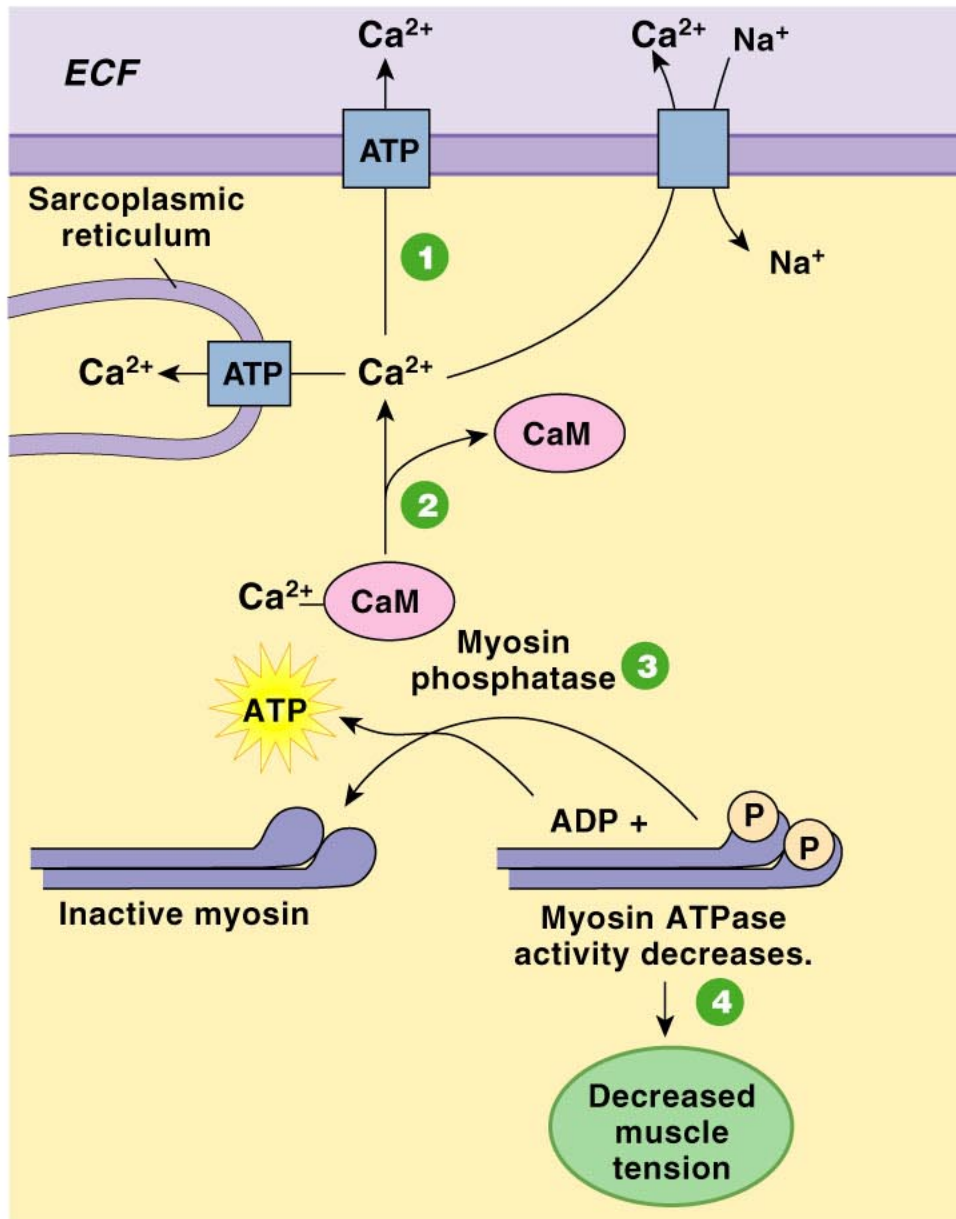
1 Intracellular Ca^{2+} concentrations increase when Ca^{2+} enters cell and is released from sarcoplasmic reticulum.

2 Ca^{2+} binds to calmodulin (CaM).

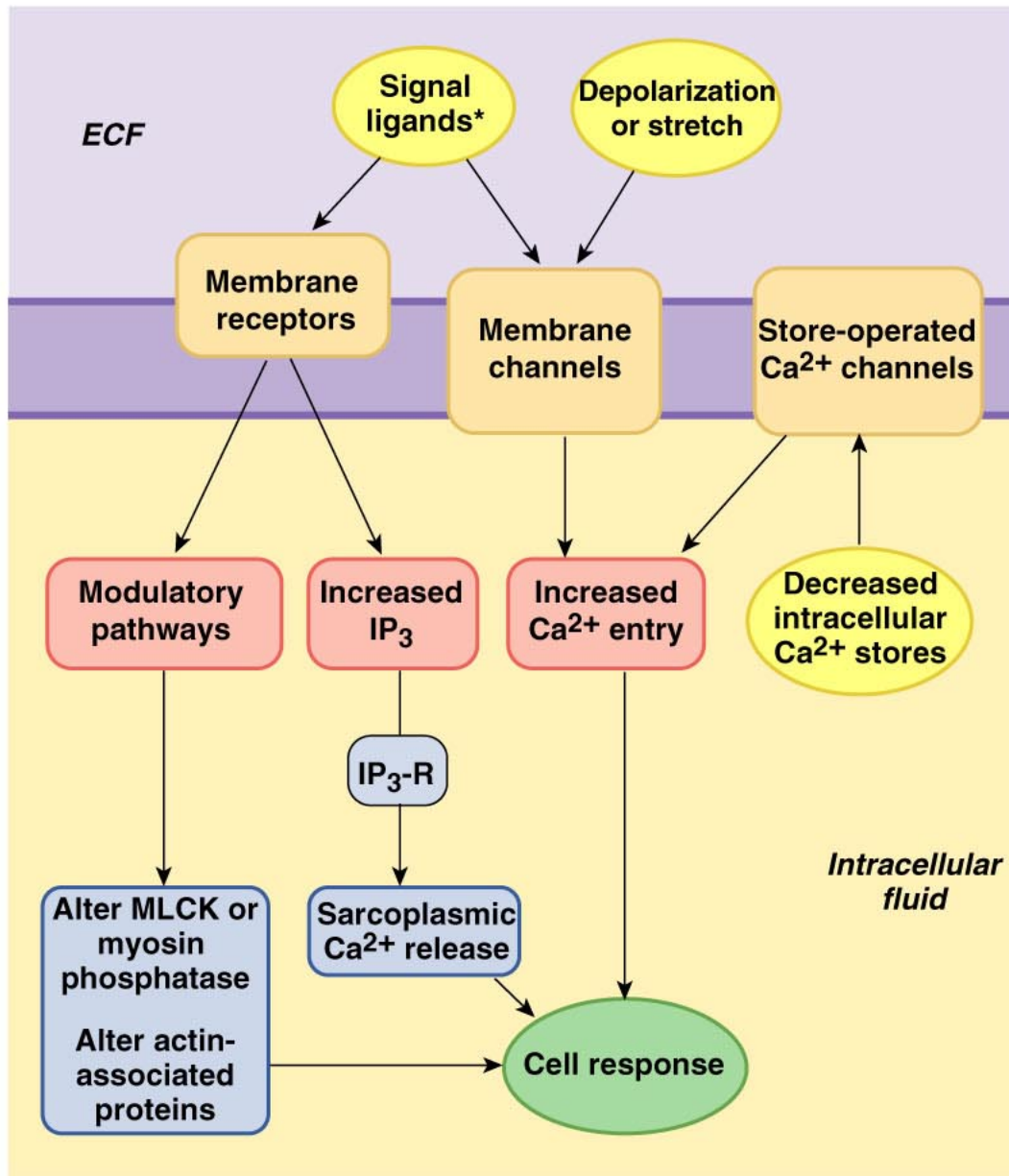
3 Ca^{2+} -calmodulin activates myosin light chain kinase (MLCK).

4 MLCK phosphorylates light chains in myosin heads and increases myosin ATPase activity.

5 Active myosin crossbridges slide along actin and create muscle tension.



- 1 Free Ca^{2+} in cytosol decreases when Ca^{2+} is pumped out of the cell or back into the sarcoplasmic reticulum.
- 2 Ca^{2+} unbinds from calmodulin (CaM).
- 3 Myosin phosphatase removes phosphate from myosin, which decreases myosin ATPase activity.
- 4 Less myosin ATPase results in decreased muscle tension.

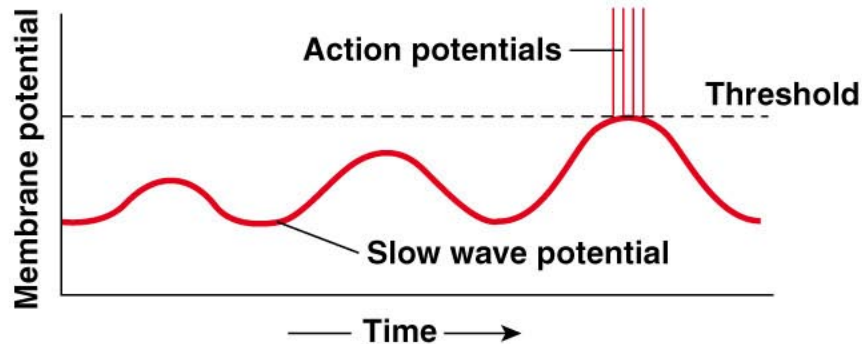


KEY

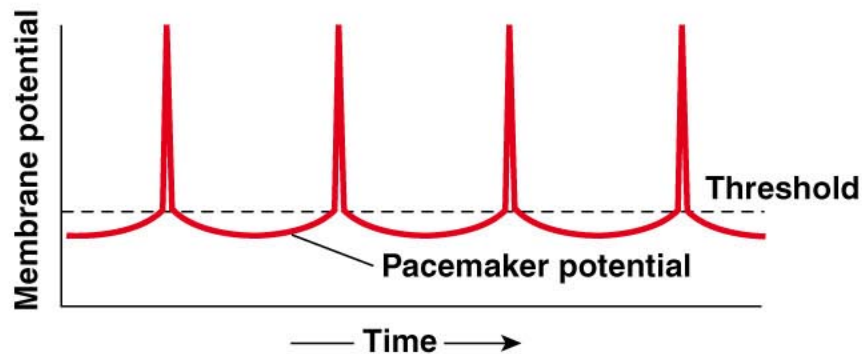
$\text{IP}_3\text{-R}$ = IP_3 -activated receptor-channel

* Ligands include norepinephrine, ACh, other neurotransmitters, hormones, and paracrine.

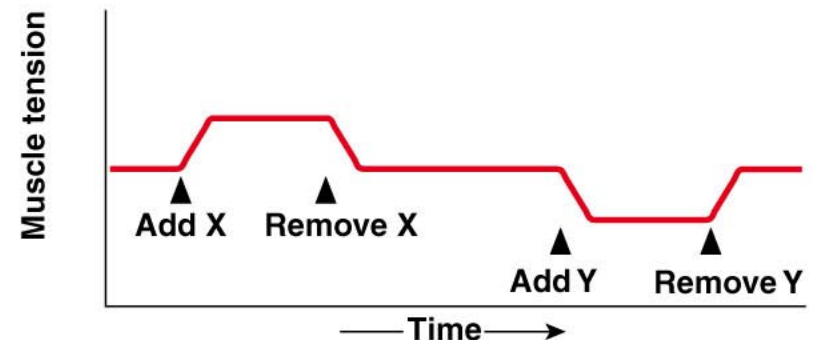
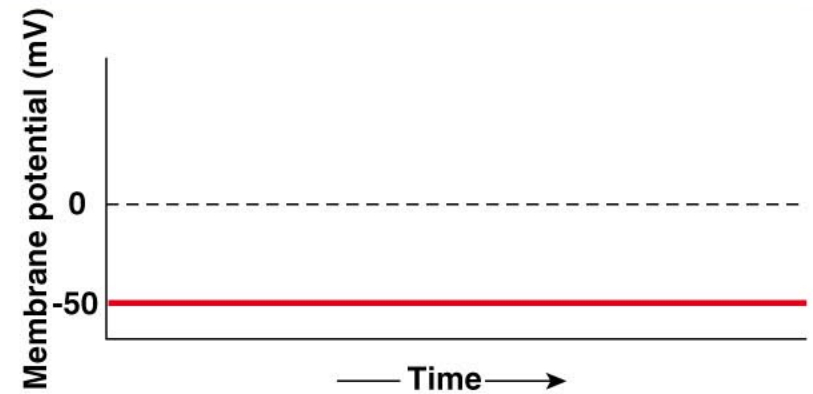
(a) Slow wave potentials fire action potentials when they reach threshold.



(b) Pacemaker potentials always depolarize to threshold.

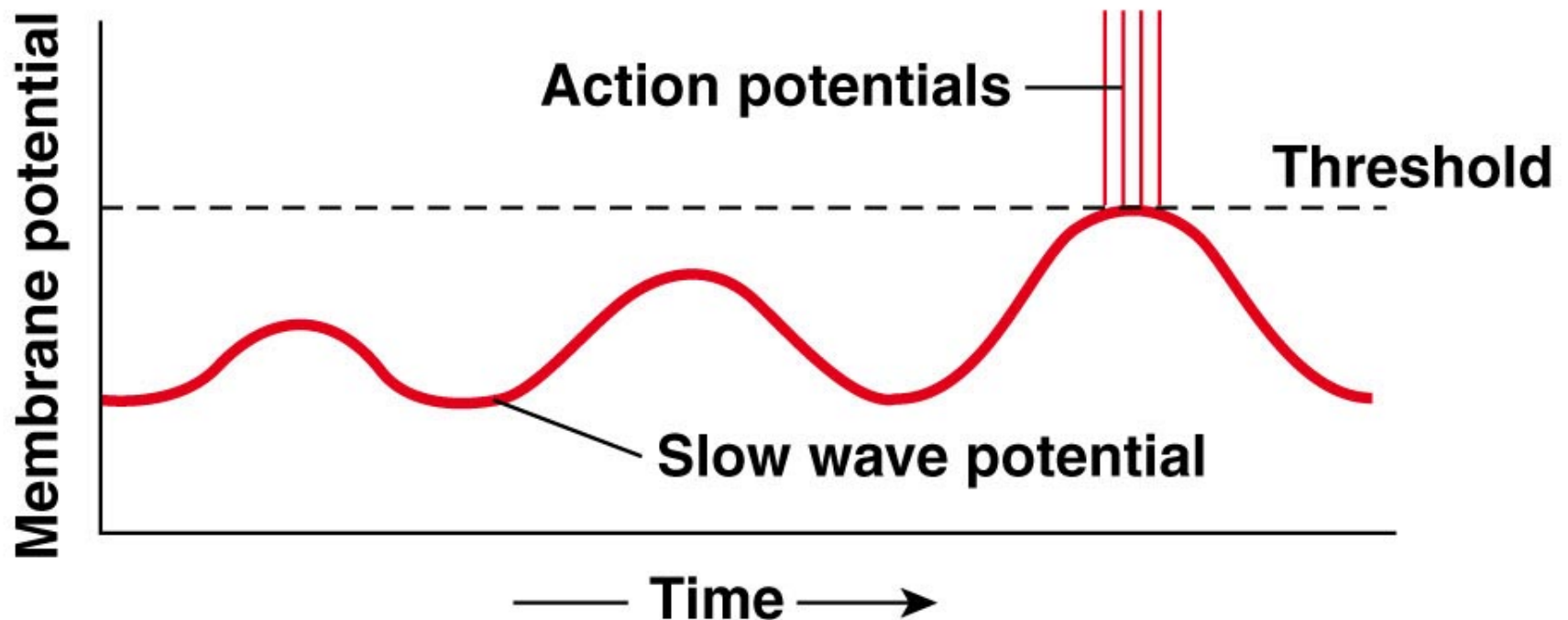


(c) Pharmacomechanical coupling occurs when chemical signals change muscle tension without a change in membrane potential.



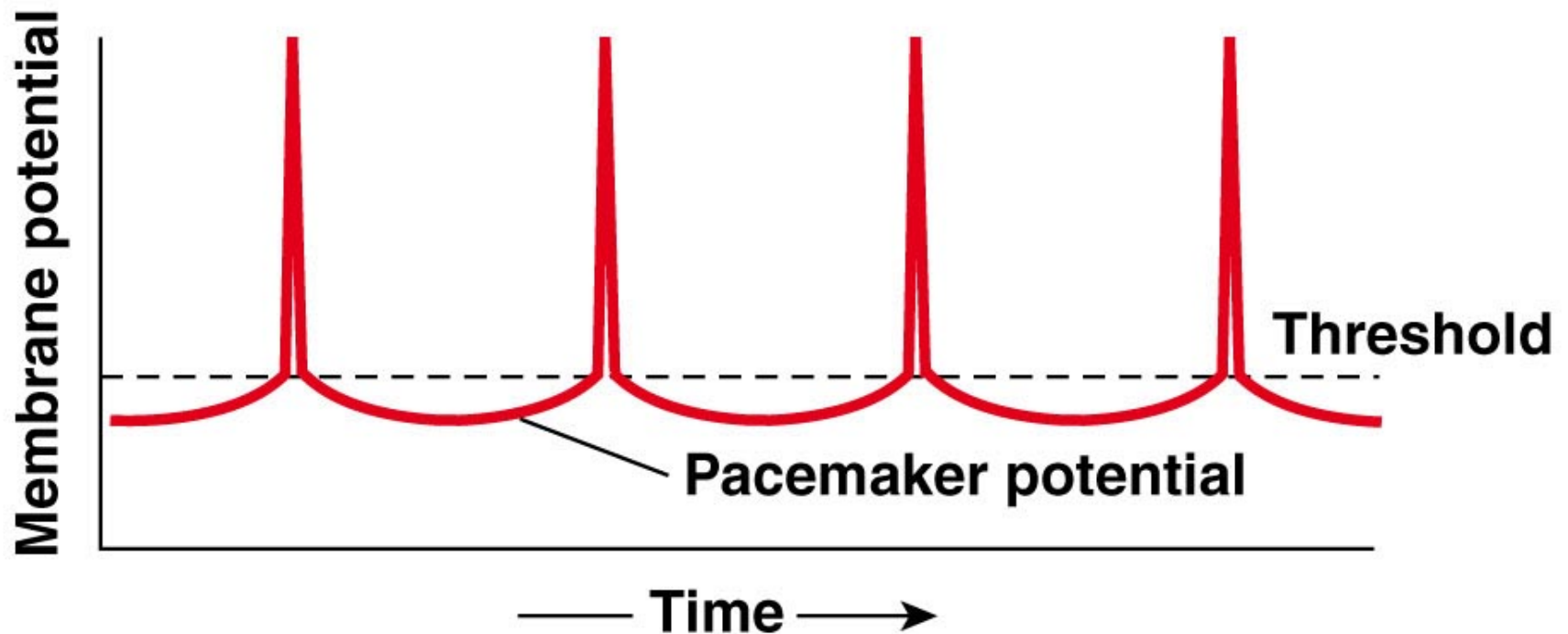
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(a) Slow wave potentials fire action potentials when they reach threshold.



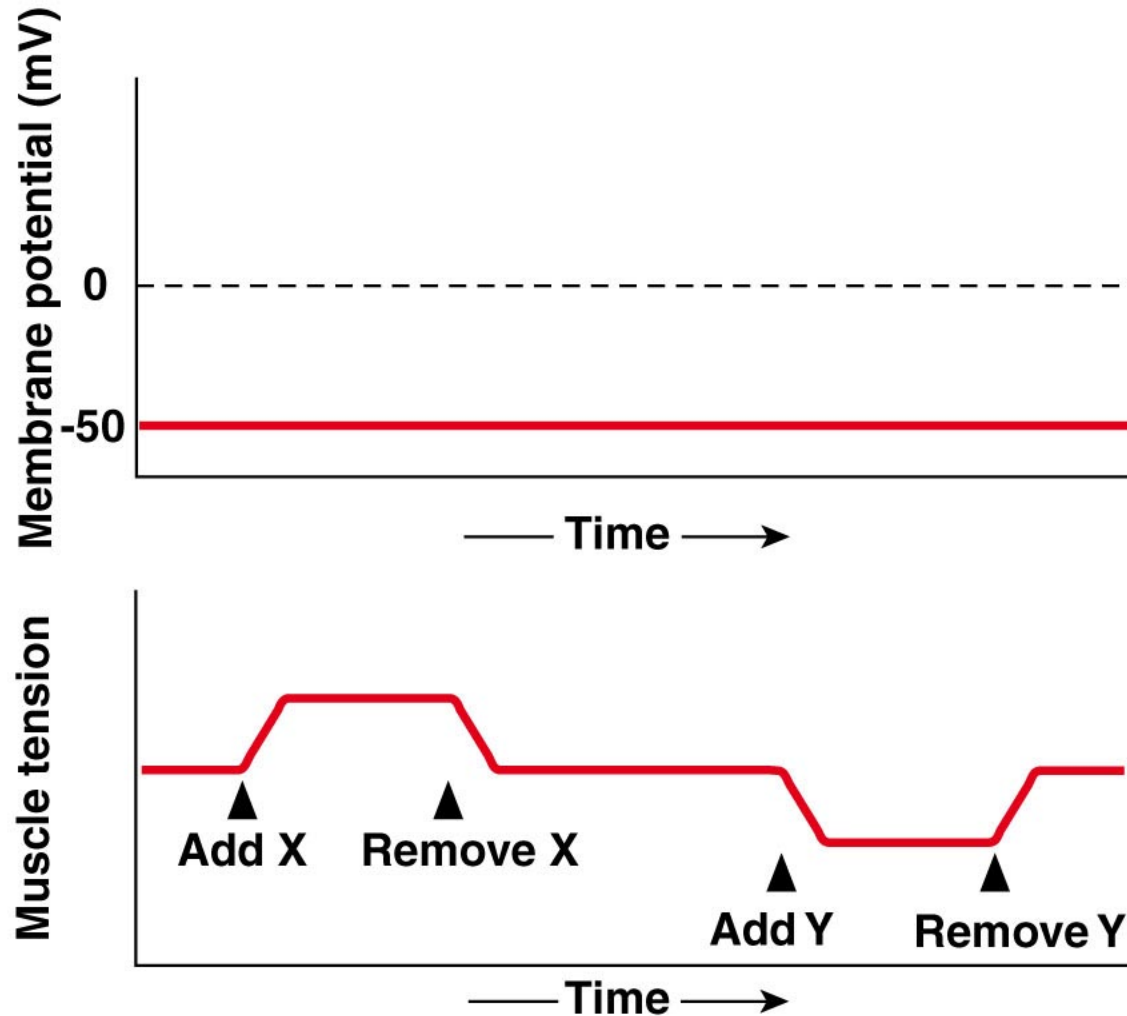
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(b) Pacemaker potentials always depolarize to threshold.



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(c) Pharmacomechanical coupling occurs when chemical signals change muscle tension without a change in membrane potential.



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TABLE 12-3 **Comparison of the Three Muscle Types**

	SKELETAL	SMOOTH	CARDIAC
Appearance under light microscope	Striated	Smooth	Striated
Fiber arrangement	Sarcomeres	Oblique bundles	Sarcomeres
Fiber proteins	Actin, myosin; troponin and tropomyosin	Actin, myosin, tropomyosin	Actin, myosin; troponin and tropomyosin
Control	<ul style="list-style-type: none">• Voluntary• Ca^{2+} and troponin• Fibers independent of one another	<ul style="list-style-type: none">• Involuntary• Ca^{2+} and calmodulin• Fibers electrically linked via gap junctions	<ul style="list-style-type: none">• Involuntary• Ca^{2+} and troponin• Fibers electrically linked via gap junctions
Nervous control	Somatic motor neuron	Autonomic neurons	Autonomic neurons
Hormonal influence	None	Multiple hormones	Epinephrine
Location	Attached to bones; a few sphincters close off hollow organs	Forms the walls of hollow organs and tubes; some sphincters	Heart muscle
Morphology	Multinucleate; large, cylindrical fibers	Uninucleate; small spindle-shaped fibers	Uninucleate; shorter branching fibers
Internal structure	T-tubule and sarcoplasmic reticulum	No t-tubules; sarcoplasmic reticulum reduced or absent	T-tubule and sarcoplasmic reticulum
Contraction speed	Fastest	Slowest	Intermediate
Contraction force of single fiber twitch	All-or-none	Graded	Graded
Initiation of contraction	Requires input from motor neuron	Can be autorhythmic	Autorhythmic