Peripheral Nervous System

Spinal Nerves and Nerve Plexuses

- Nerves come out of the spinal cord and then turn into nerve plexuses – serves motor and sensory needs of limbs
- Cervical Plexus C1-C5
- Brachial Plexus C5-C8, T1
- No plexus for intercostal nerves T1-T12
- Lumbar Plexus L1-L4
- Sacral Plexus L4-L5, S1-S4
- (C=cervical vertebrae, T=thoracic vertebrae, L=lumbar vertebrae, S=sacrum)

Common Nerves

Brachial Plexus

- Ulnar nerve medial groove of elbow
- Radial nerve lateral side of humerus and forearm

Lumbar Plexus

Femoral nerve – runs by head of femur

Sacral Plexus

- Sciatic nerve comes through center of pelvic girdle and down femur
- Peroneal nerve lateral lower leg

Autonomic Nervous System

- ANS: involuntary motor functions
- Neurons regulate heart, smooth muscle, and glands
- Internal stability depends largely upon ANS
 - Ex) blood moved to vital organs when you get too cold
 - Breathing can be slowed down or sped up
 - Stomach secretions can be increased or decreased

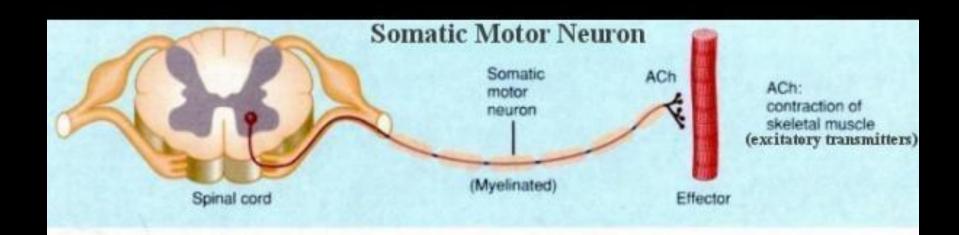
Somatic Nervous System

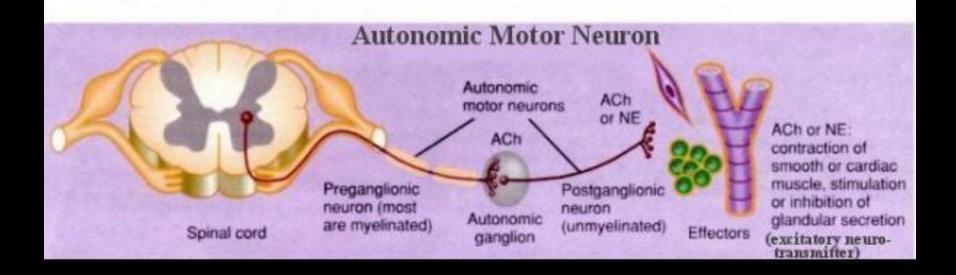
SNS: controls skeletal muscles

Voluntary control

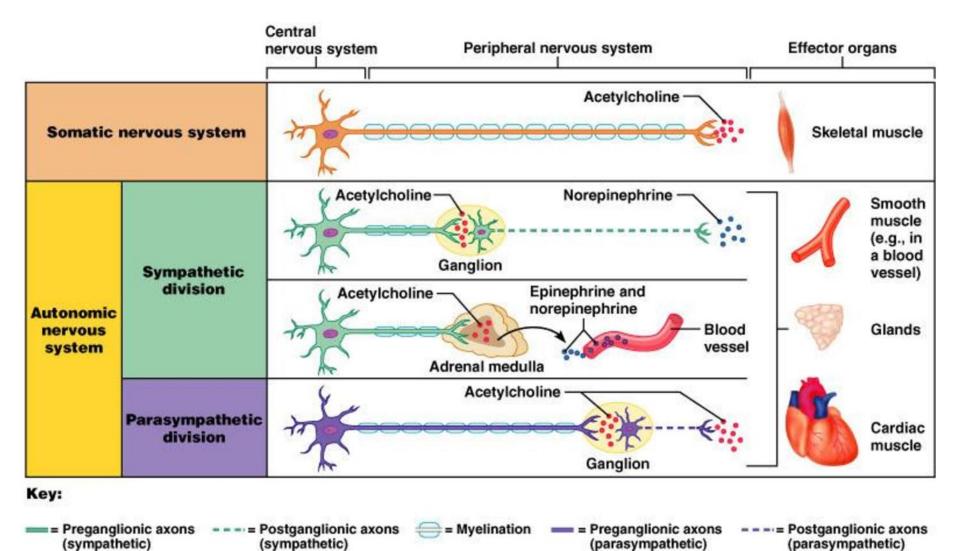
Differences

- 1) Effector organs neurons travel to
- 2) Patterns of efferent pathways
- SNS –cell bodies of motor neurons are found in CNS and axons extend to skeletal muscles
- ANS has chain of 2 motor neurons (1st starts in brain or spinal cord, axon leaves CNS and synapses with 2nd motor neuron in a ganglion, and then axon travels to effector organ)





Comparison of Somatic and Autonomic Systems



Two Divisions of ANS

- Sympathetic
- Parasympathetic
- Both serve same organ, but have opposite effects
 - Sympathetic mobilizes the body during extreme situations
 - Parasympathetic allows us to unwind and conserve energy

Sympathetic Division

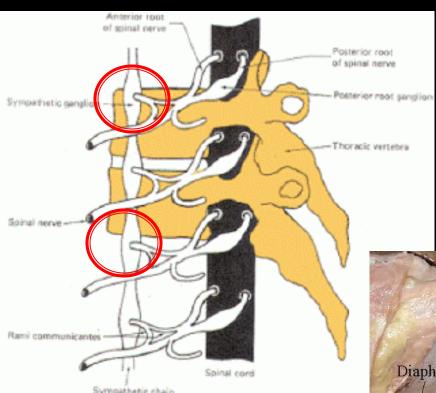
Anatomy

- 1st neurons leave the spinal cord at the T1 through L2 level
- Travel to the sympathetic chain ganglion (group of cell bodies)
- Synapse for 1st and 2nd neuron is found in ganglion
- 2nd neuron sends the signal out to the effector organ
- Think of a building with an elevator: neurons can travel up to different levels using the sympathetic chain ganglion
- Once the signal gets to the right "floor" or vertebrae, it can travel down the "hallways" or 2nd neurons to the correct "door" or effector organ

Sympathetic Division

Function

- Fight or flight
- heart pounding, deep breathing, cold sweaty skin, dilated pupils
- Enables the body to cope rapidly and vigorously to situations that threaten homeostasis



Lungs, left Diaphragm Phrenic nerve, left Descending aorta --> Chain ganglia Intercostal arteries Thoracic wall covered with parietal pleura Ribs

Parasympathetic Division

Anatomy

- Located in cranial nerves and runs through S2 through S4 level of spinal cord
- 1st neurons send axons down cranial nerves to head and neck regions
- Synapse with 2nd neuron at terminal ganglion

 either short distance from effector organ or
 in the effector organ

Parasympathetic Division

Function

- Resting and digesting
- Digestion, elimination of feces and urine, conserving body energy

Autonomic Nervous System Parasympathetic division Sympathetic division Lacrimal gland Insula Insula Frontal cortex Thalamus Thalamus Hypothalamus Salivary glands Hypothalamus Amygdala Esophagus ALS Amygdala VII 🎐 IX -Dorsal nucleus Nucleus ambiguus Bronchi Cervical Cervical Lungs (C1-C8) (C1-C8) Artery Pilorector muscle Spleen Sweat gland Thoracic (T1-T12) Thoracic Pancreas (T1-T12) Spinal cord Adrenal medulla Kidney Large intestine Lumbar Bladder Lumbar Rectum (L1-L5) (L1-L5) Sacral (S1-S5) Sacral (S1-S5) Preganglionic fibers Preganglionic fibers Reproductive organs ----- Postganglionic fibers Postganglionic fibers

Nervous Disorders

Cerebrovascular Accident (Stoke)

- 3rd leading cause of death in US
- Occurs when blood circulation to the brain is blocked (clot or ruptured blood vessel)
- Can determine where brain damage has occurred by watching the patients actions

Nervous Disorders

Alzheimer's Disease

- Progressive degenerative disease that leads to dementia
- Mostly seen in elderly but can occur in middle ages
- Memory loss, irritable, moody, cognitive frustrations
- Could be caused by abnormal protein deposits and twisted neuron fibers which causes localized atrophy

Nervous Disorders

Multiple Sclerosis

- Myelin sheath is destroyed
- Converted to hardened sheaths
- Person loses ability to control muscle
- Autoimmune disorder protein of sheath is attached