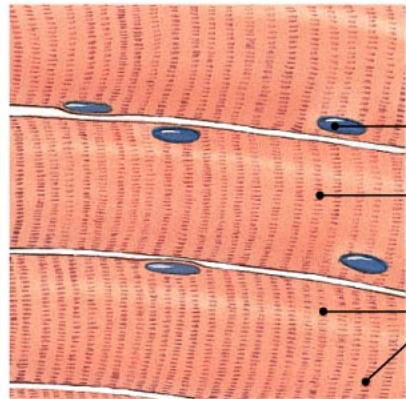


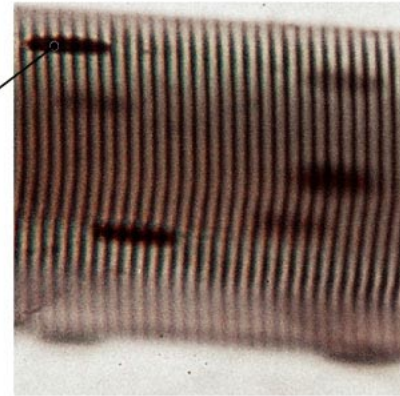
**(a) Skeletal muscle**



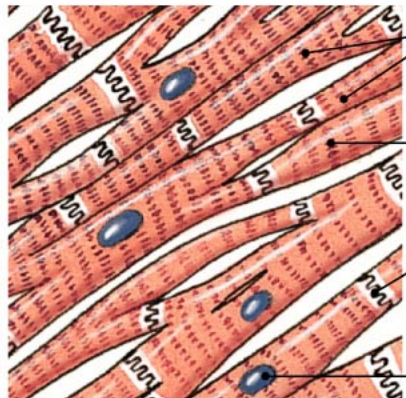
Nucleus

Muscle fiber (cell)

Striations



**(b) Cardiac muscle**

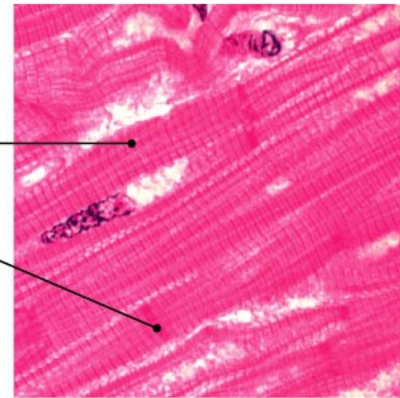


Striations

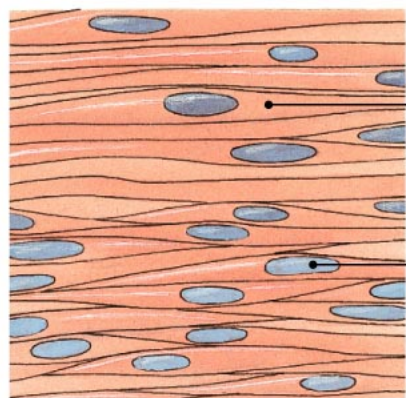
Muscle fiber

Intercalated disk

Nucleus

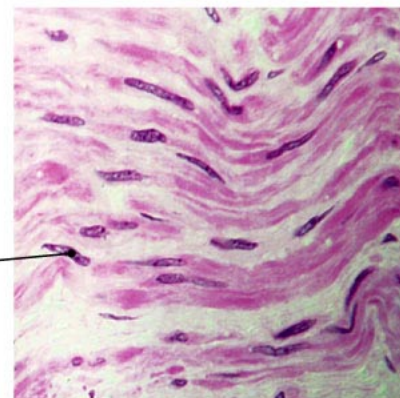


**(c) Smooth muscle**

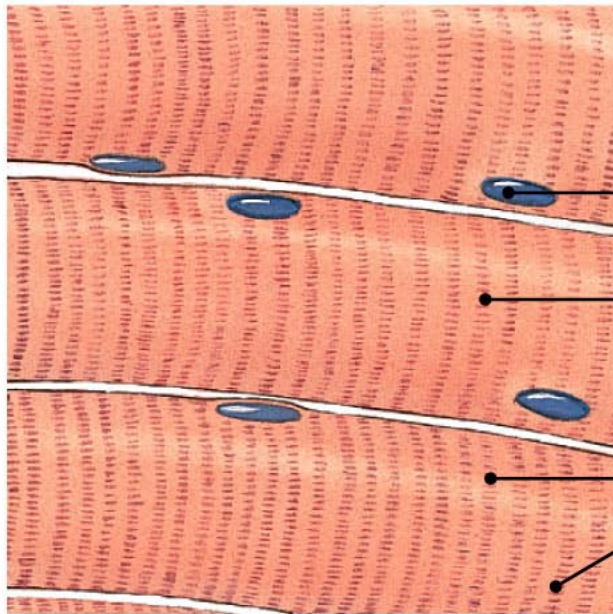


Muscle fiber

Nucleus



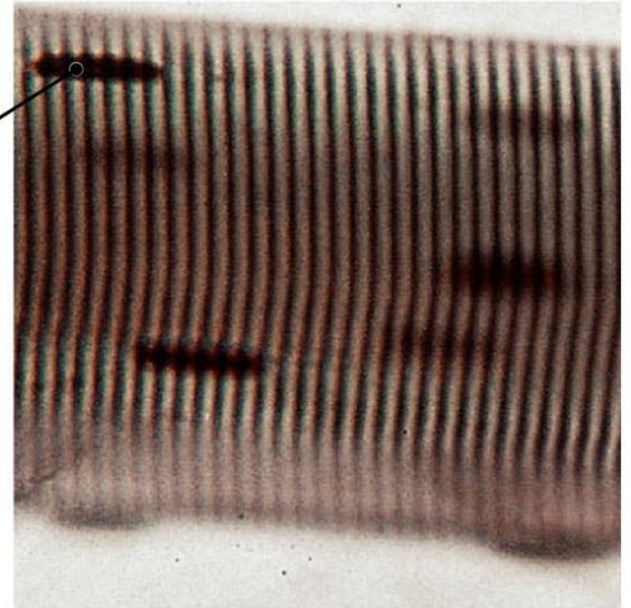
## (a) Skeletal muscle



Nucleus

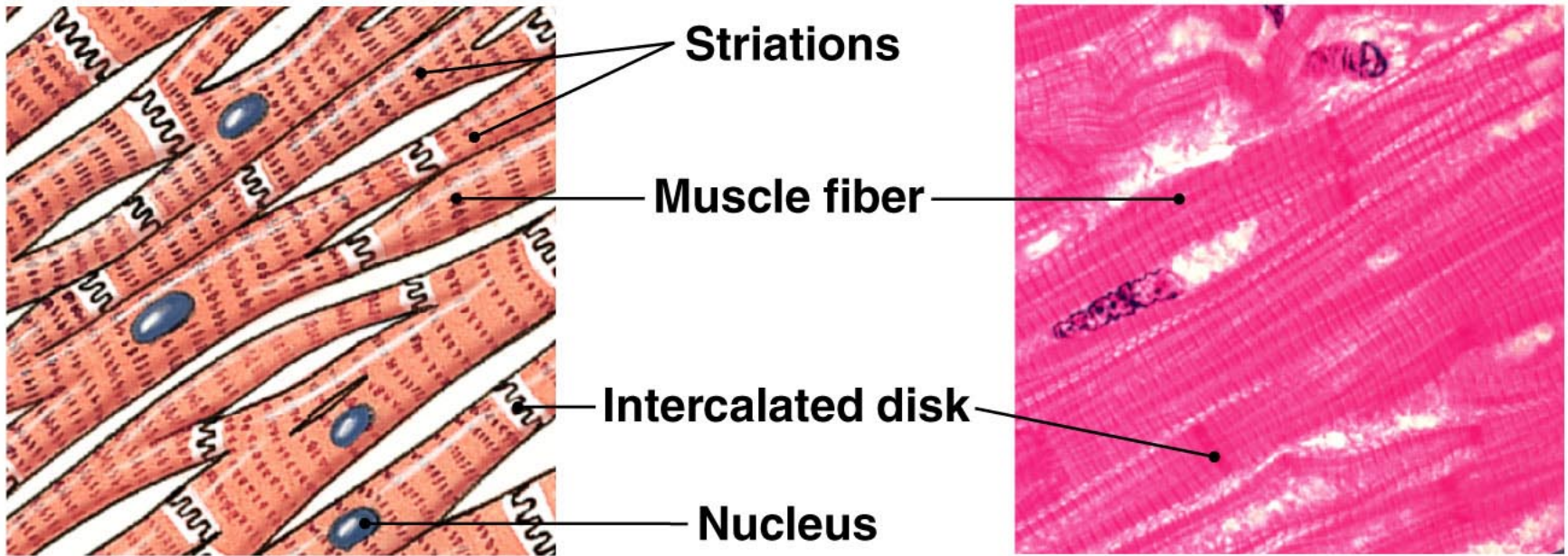
Muscle fiber  
(cell)

Striations



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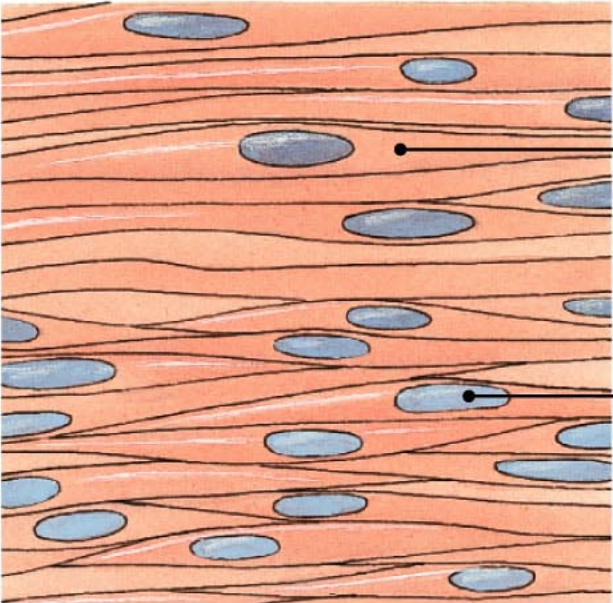
**(b) Cardiac muscle**



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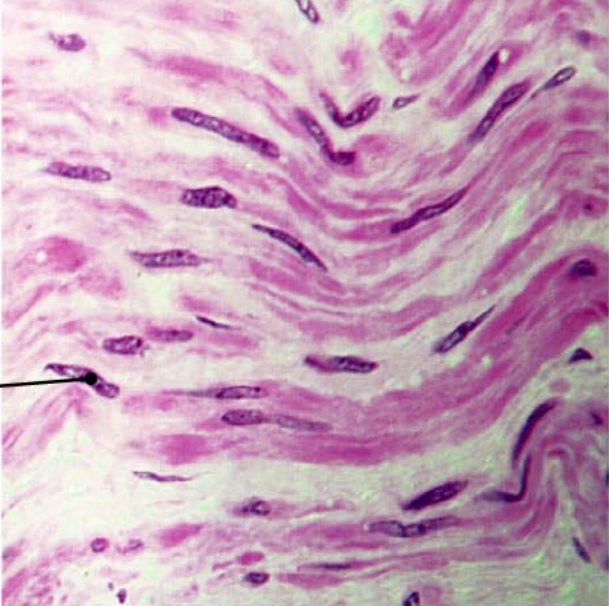
Figure 12-1b

**(c) Smooth muscle**



**Muscle fiber**

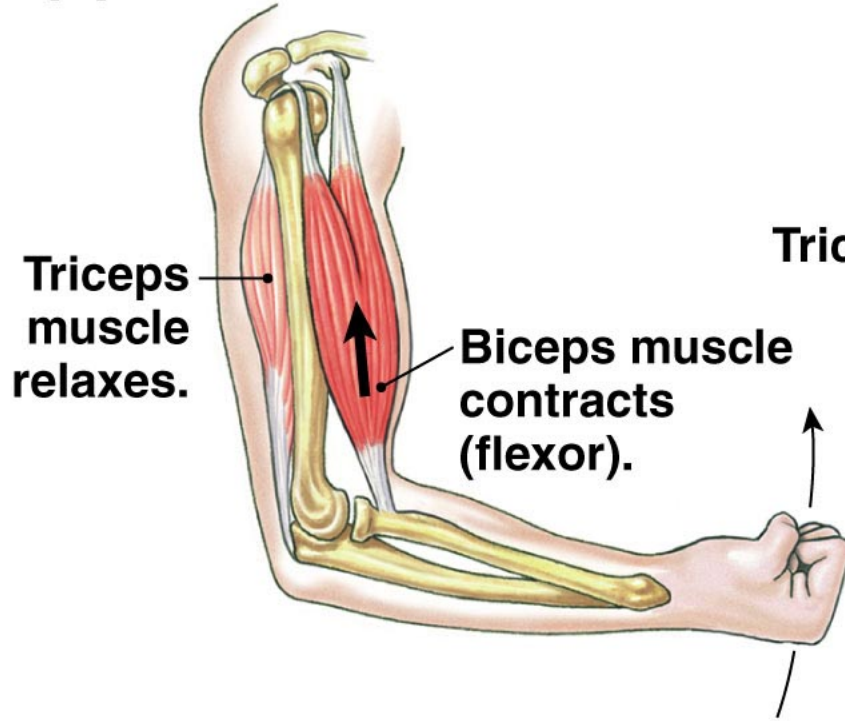
**Nucleus**



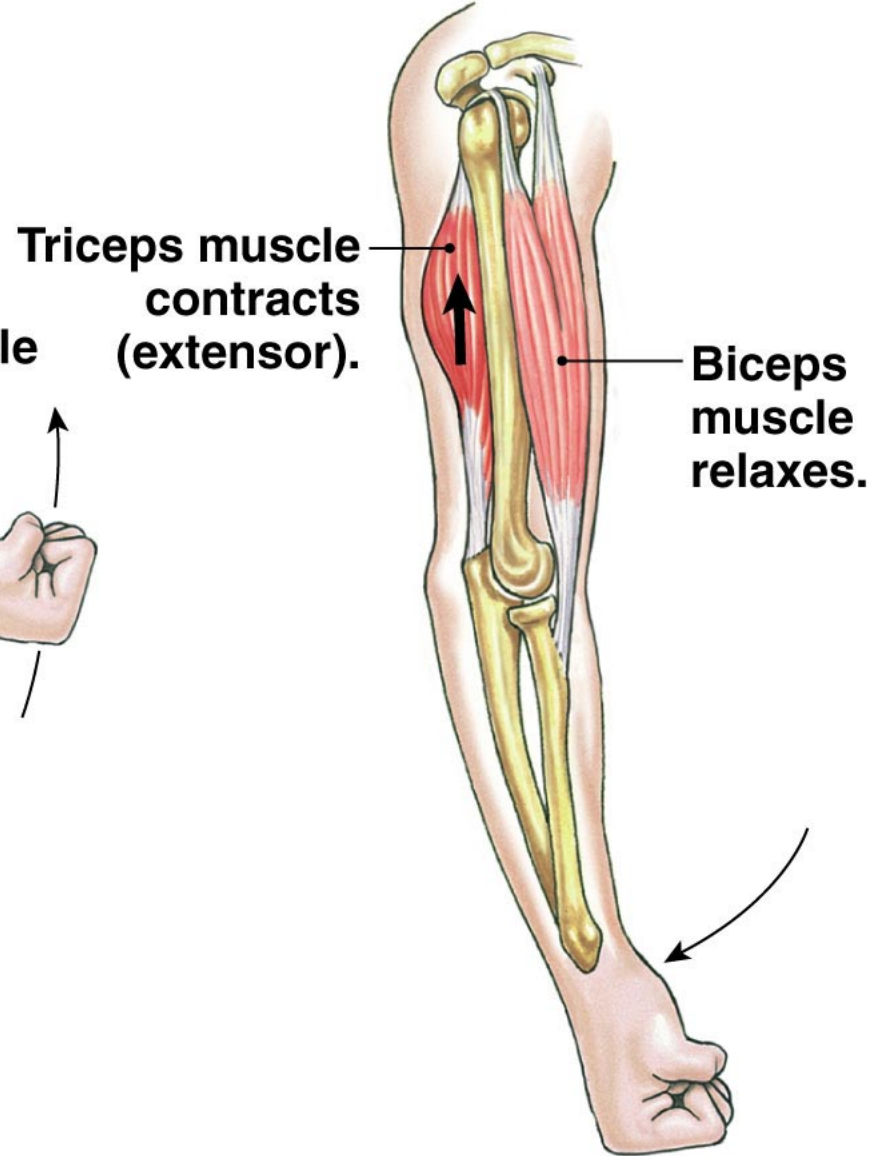
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Figure 12-1c

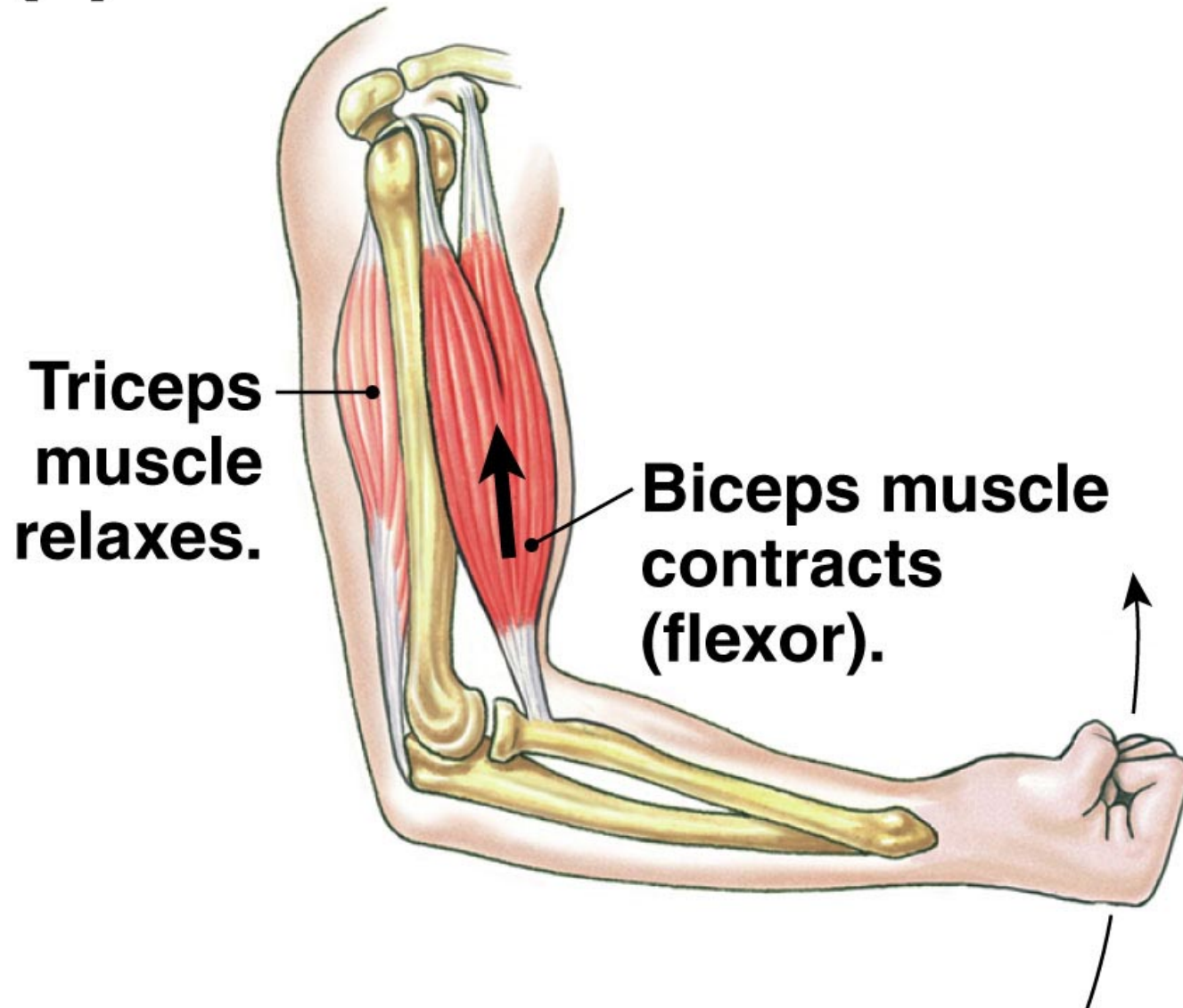
### (a) Flexion



### (b) Extension



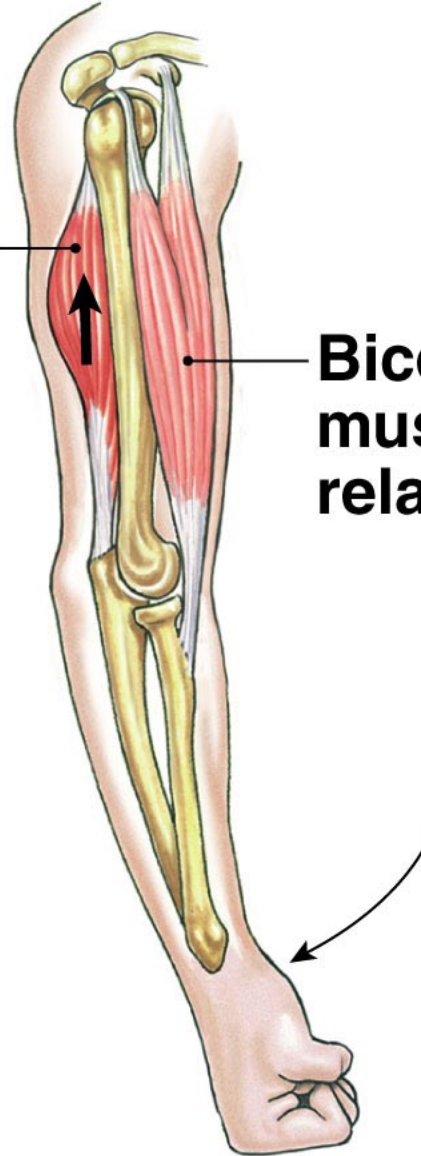
## (a) Flexion



## **(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

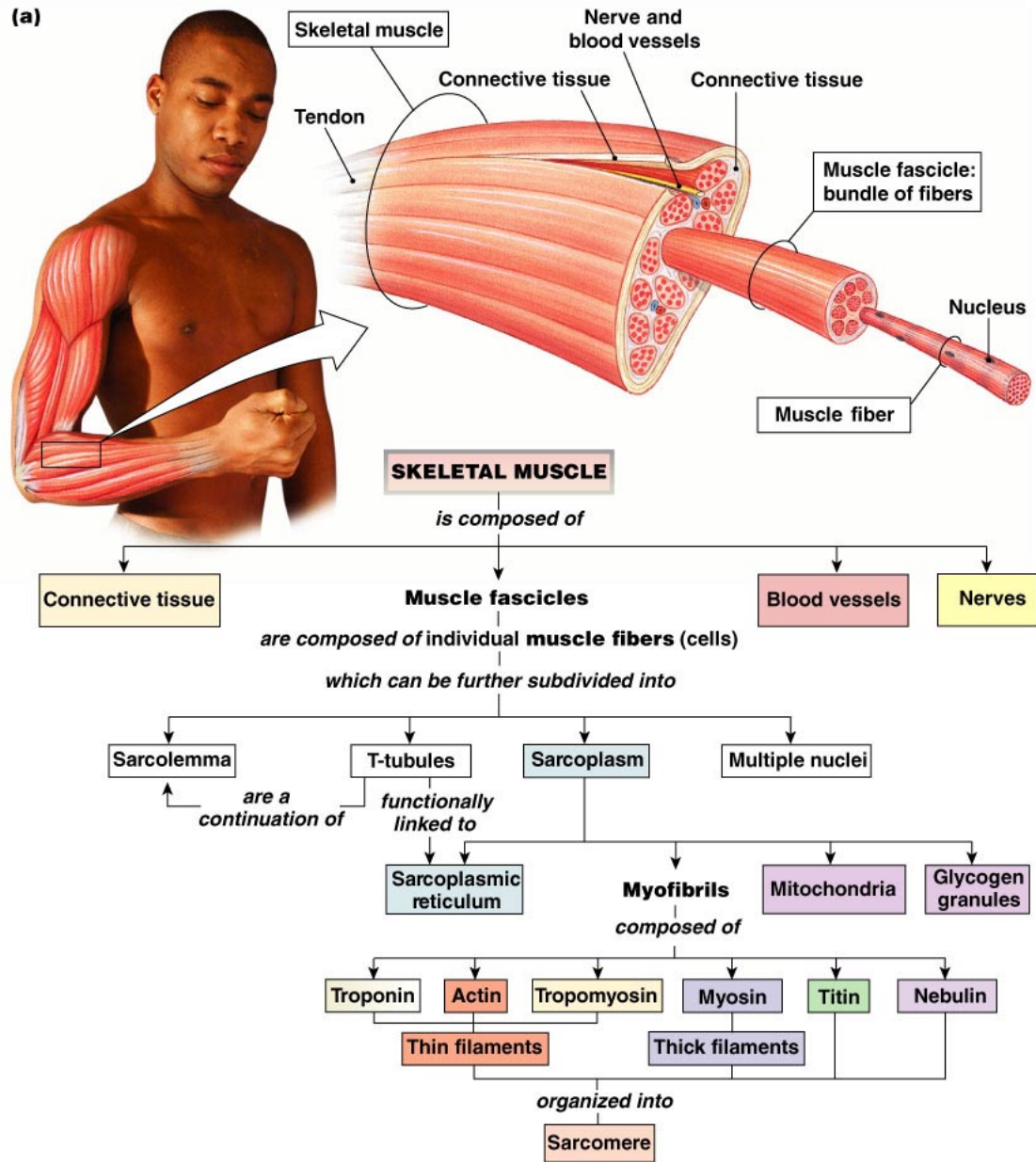
Cytoplasm

Sarcoplasm

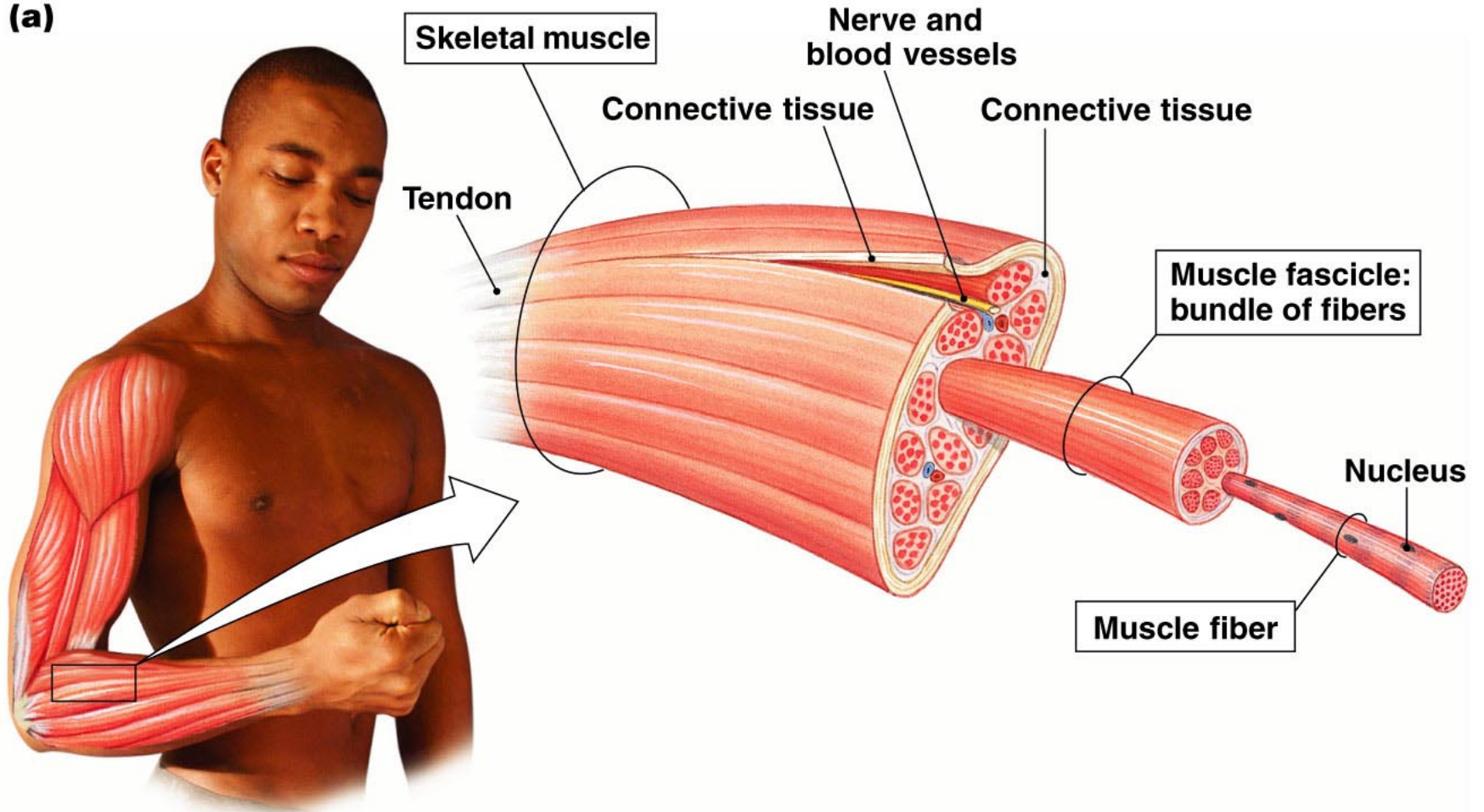
Modified endoplasmic  
reticulum

Sarcoplasmic reticulum



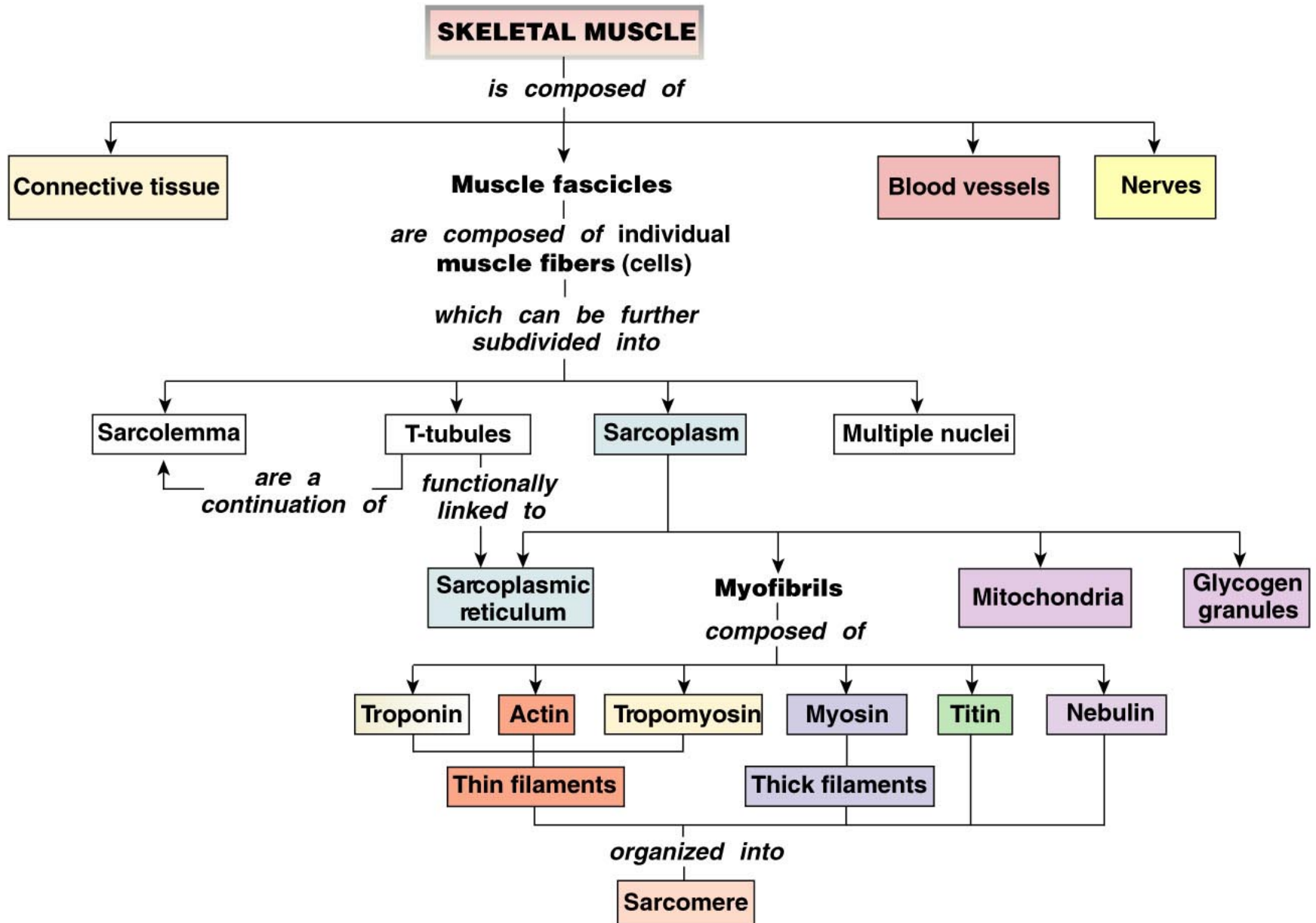


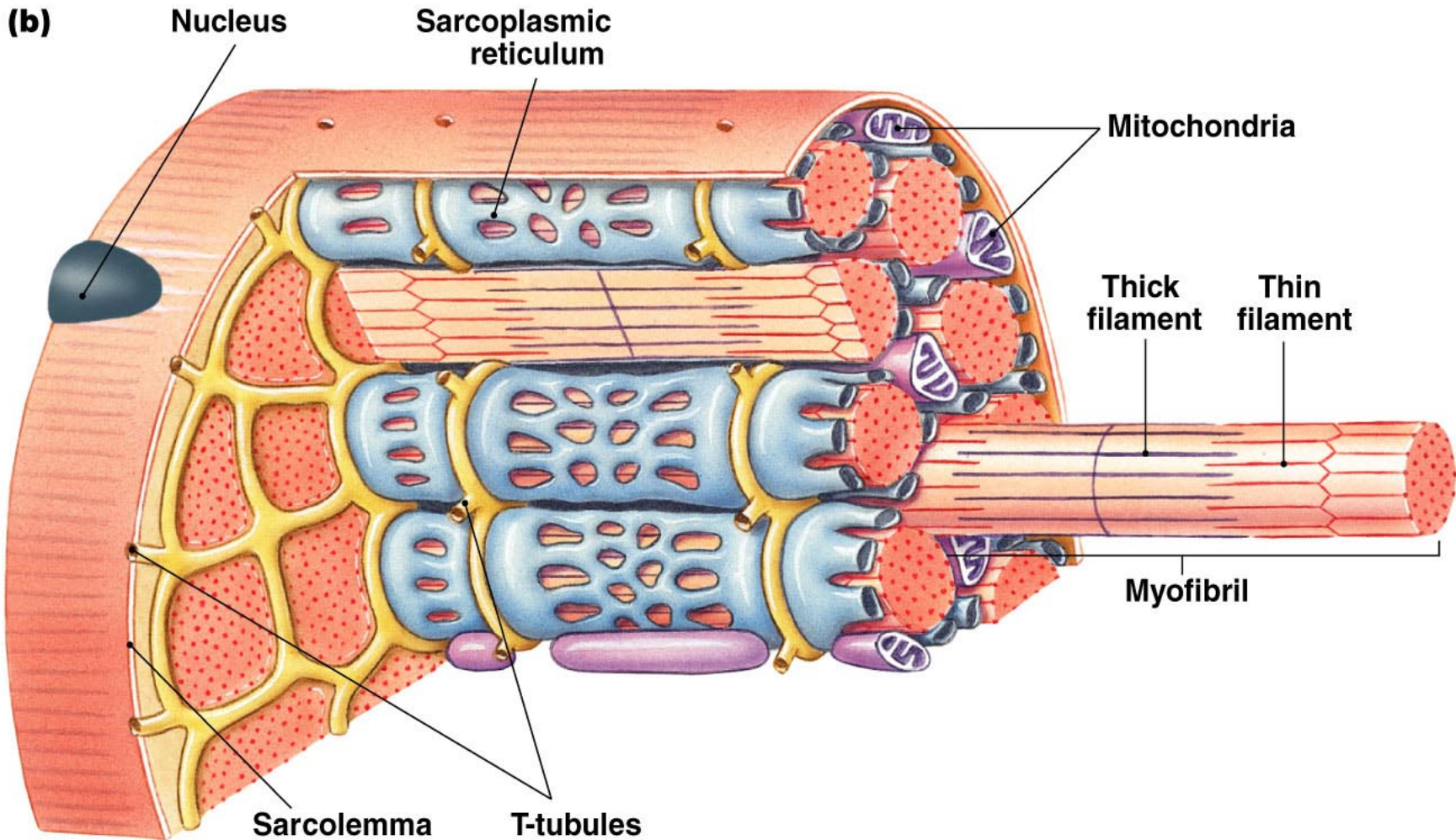
(a)



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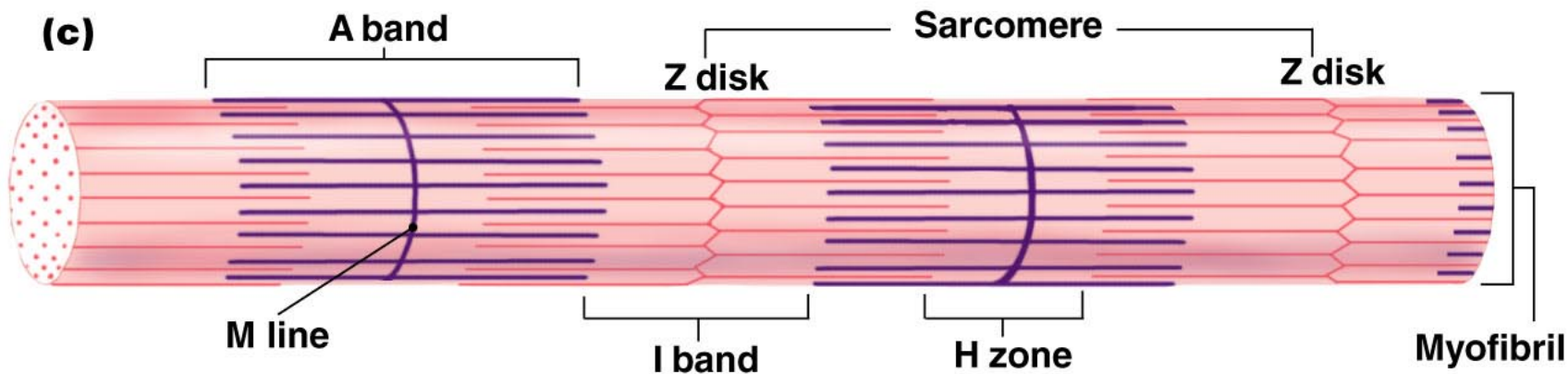
Figure 12-3a (1 of 2)





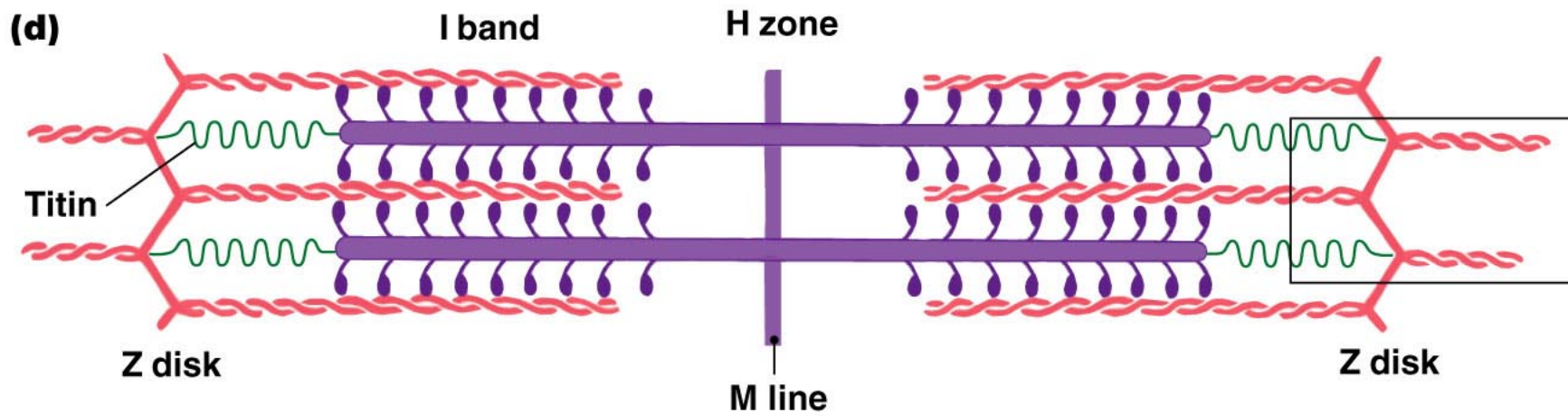
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Figure 12-3b



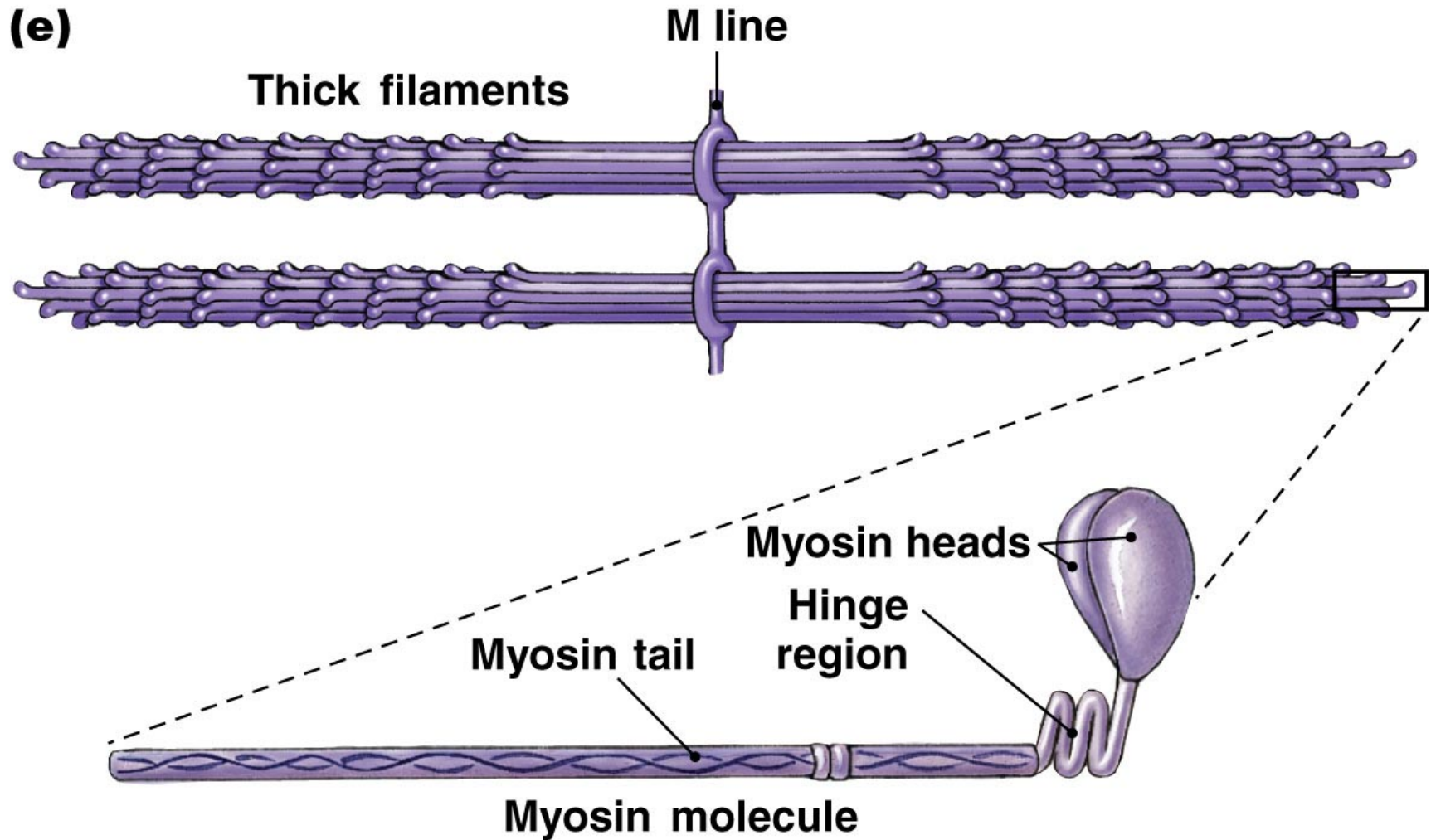
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Figure 12-3c



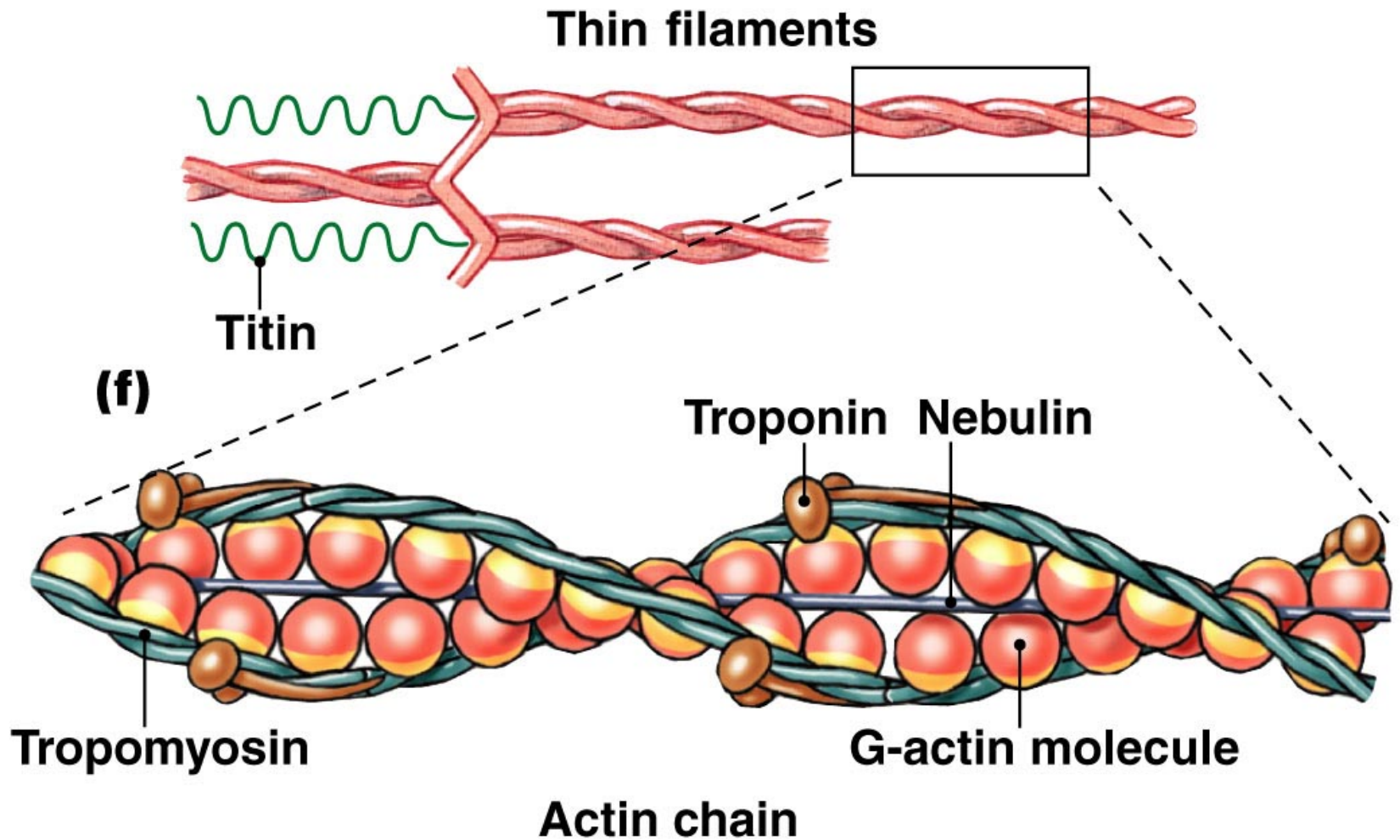
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Figure 12-3d



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Figure 12-3e



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Figure 12-3f

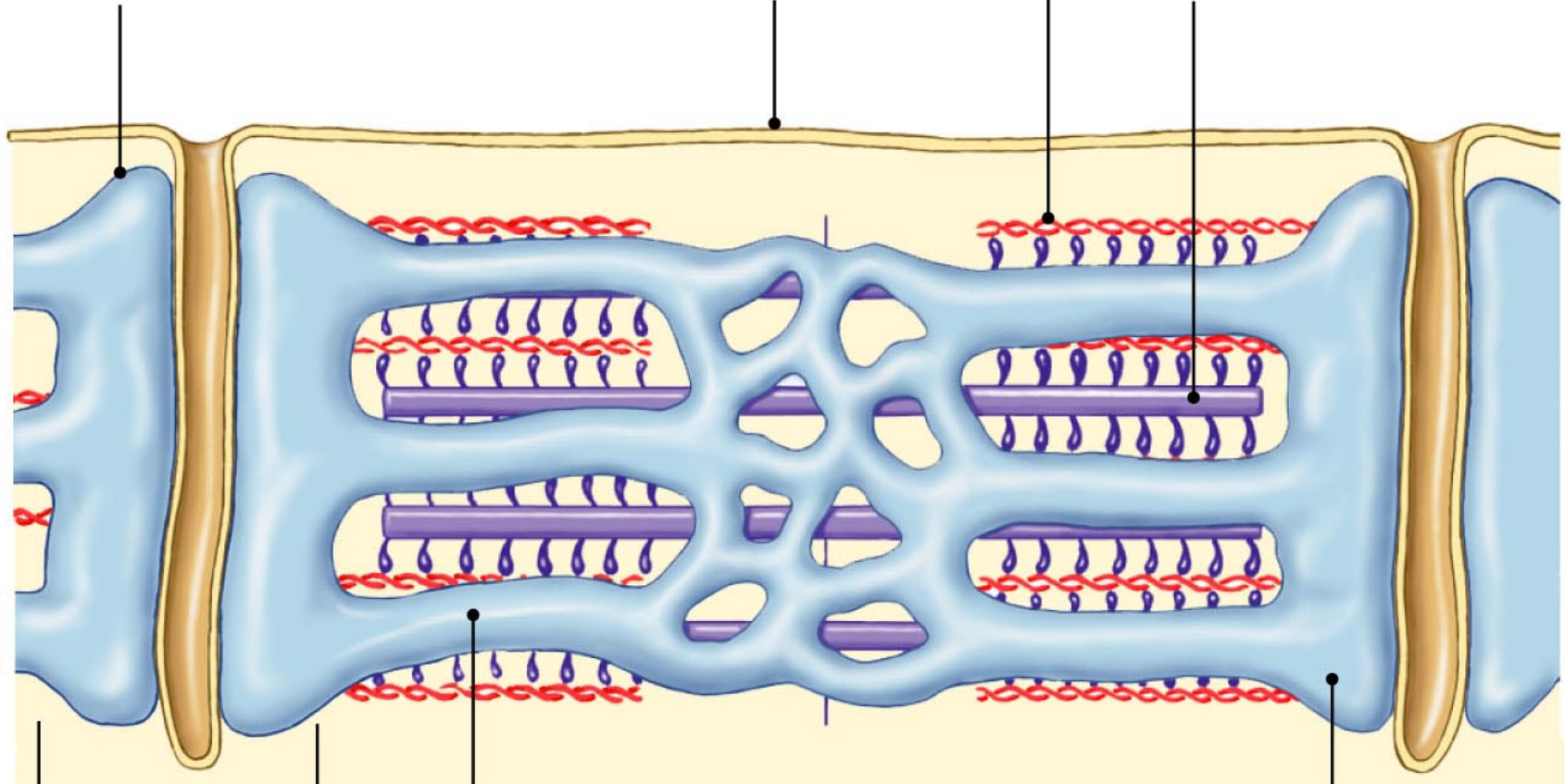


**T-tubule brings action potentials into interior of muscle fiber.**

**Thin filament**

**Sarcolemma**

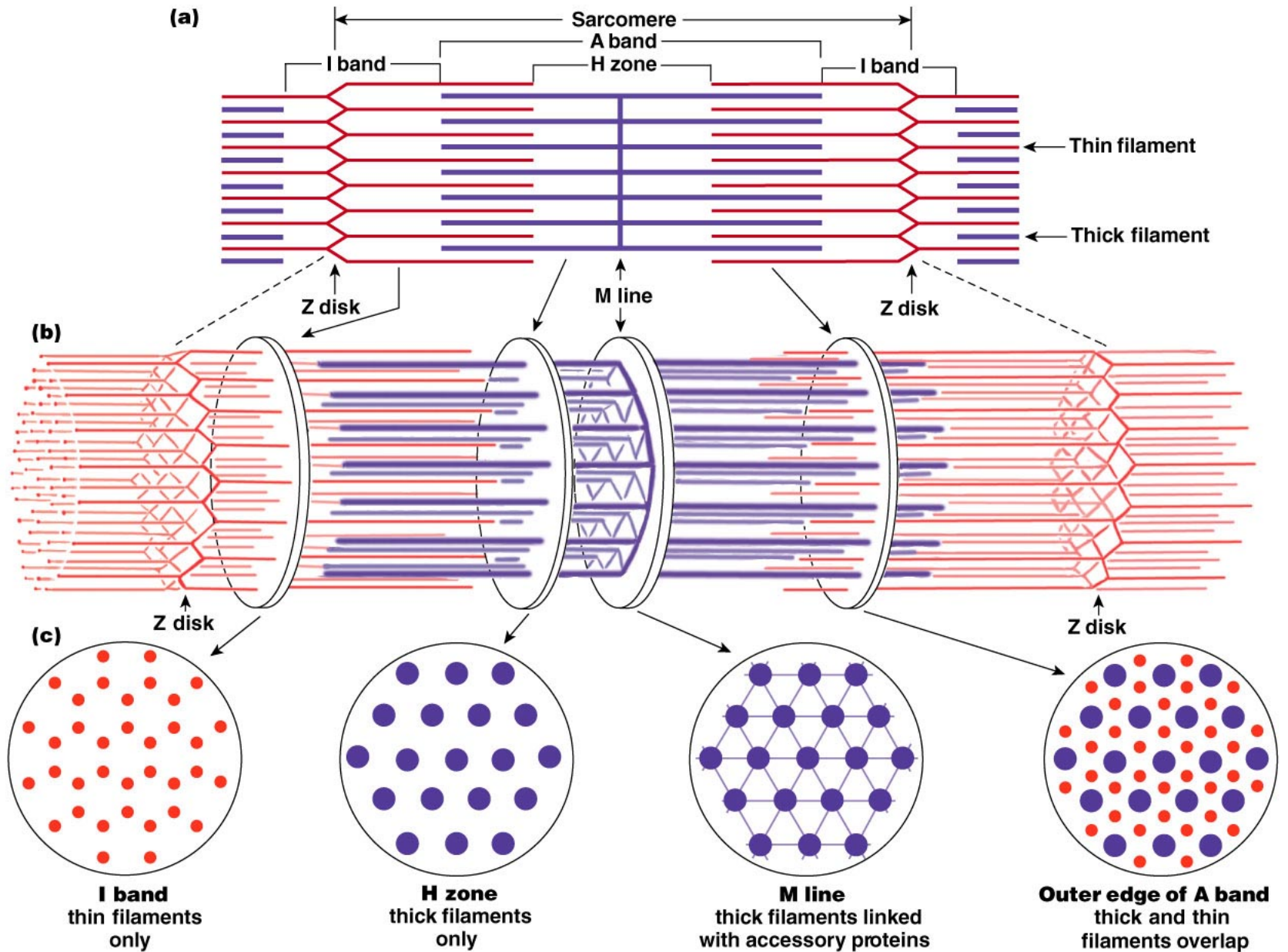
**Thick filament**

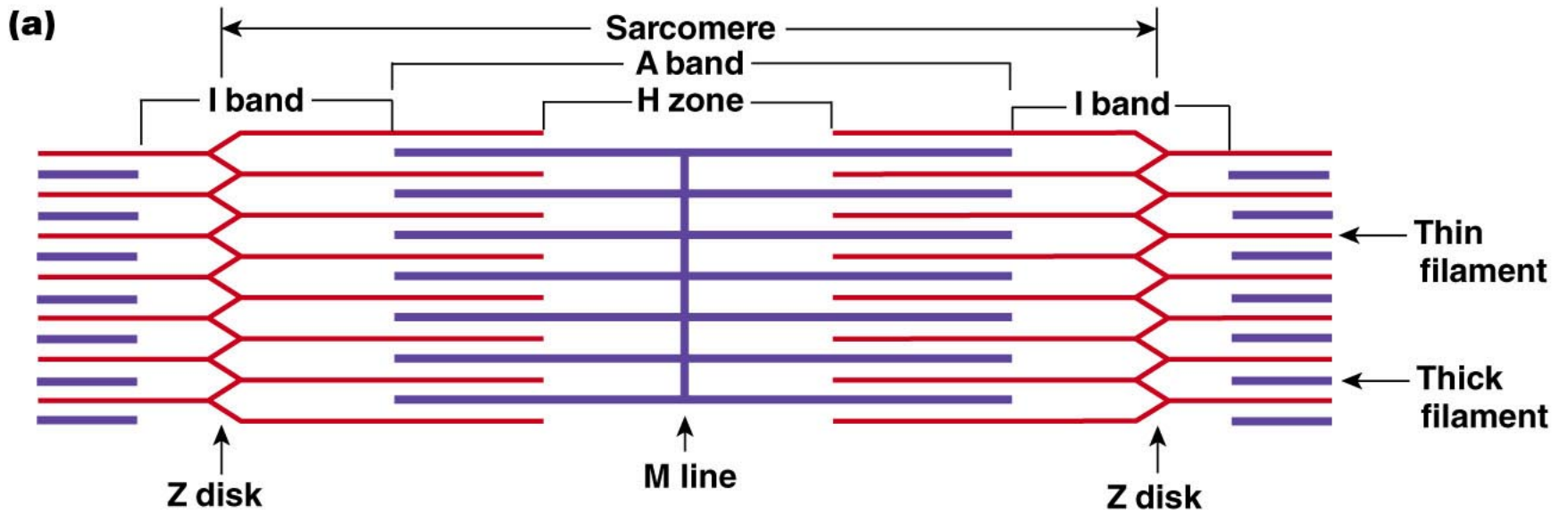


**Triad**

**Sarcoplasmic reticulum stores  $\text{Ca}^{2+}$ .**

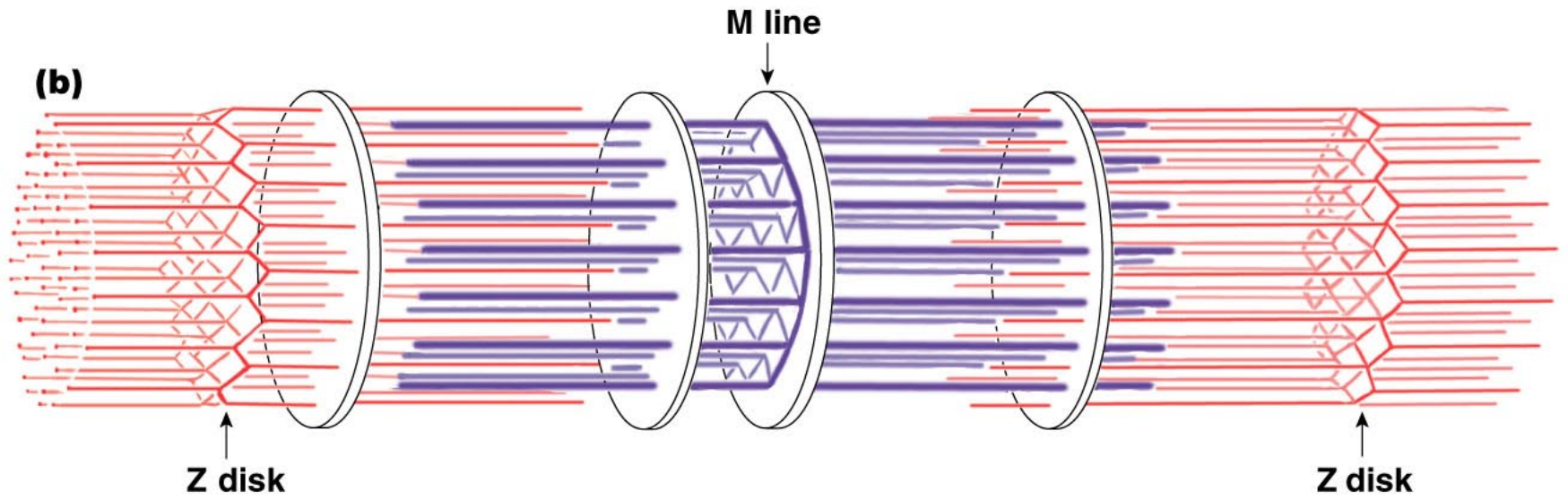
**Terminal cisterna**





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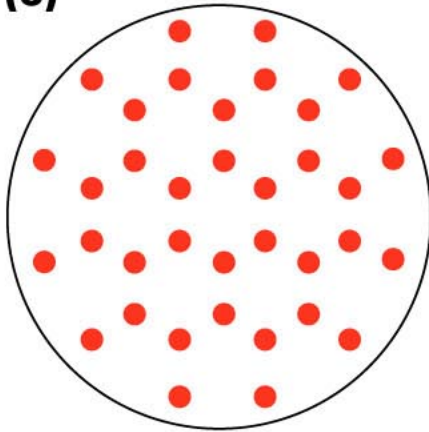
Figure 12-5a



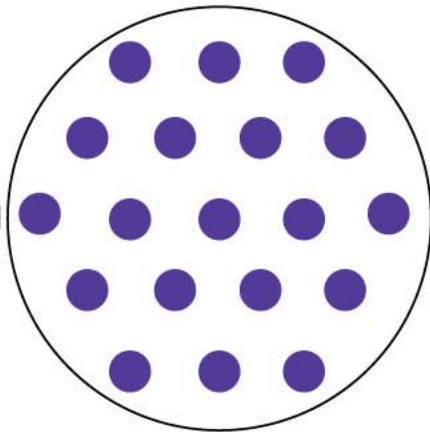
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Figure 12-5b

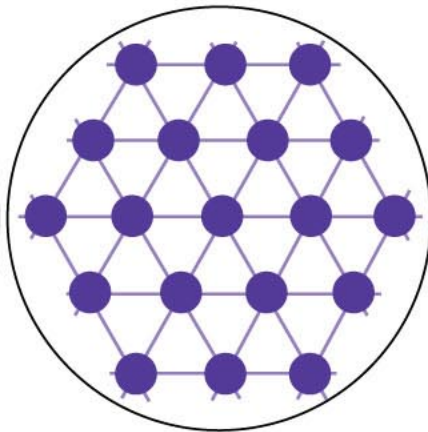
**(c)**



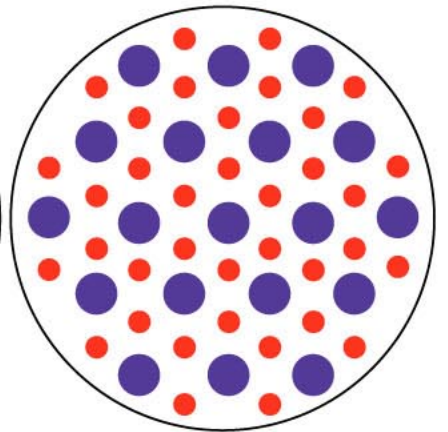
**I band**  
thin filaments  
only



**H zone**  
thick filaments  
only

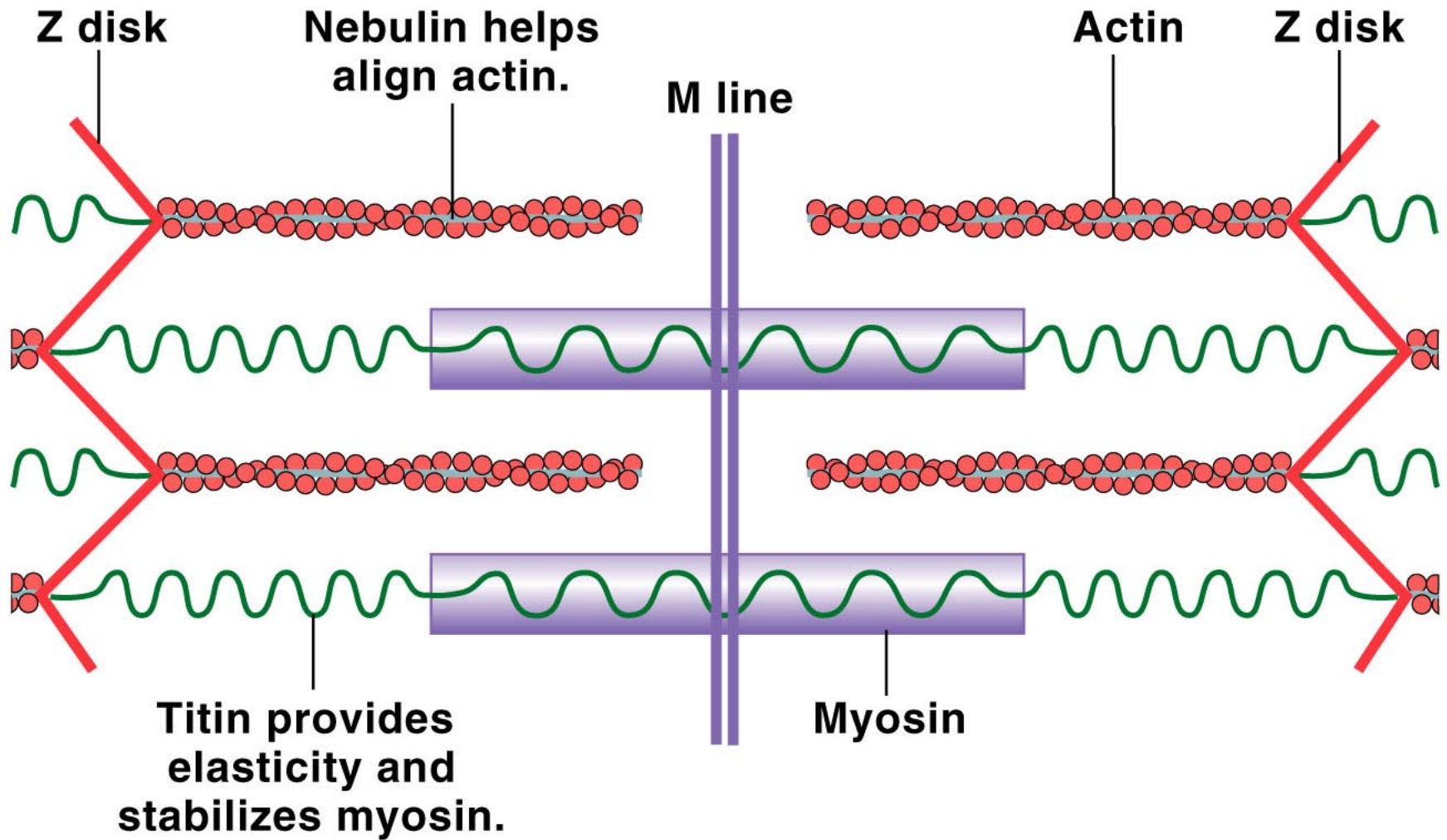


**M line**  
thick filaments linked  
with accessory proteins



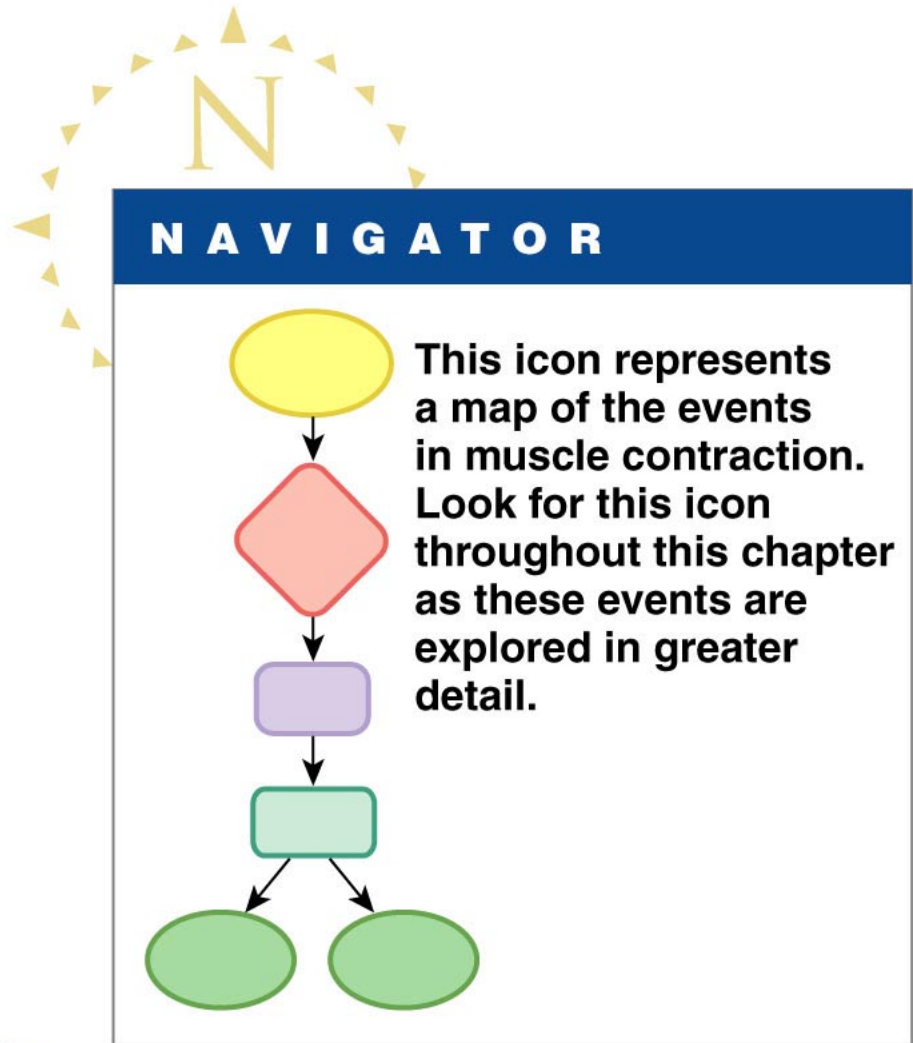
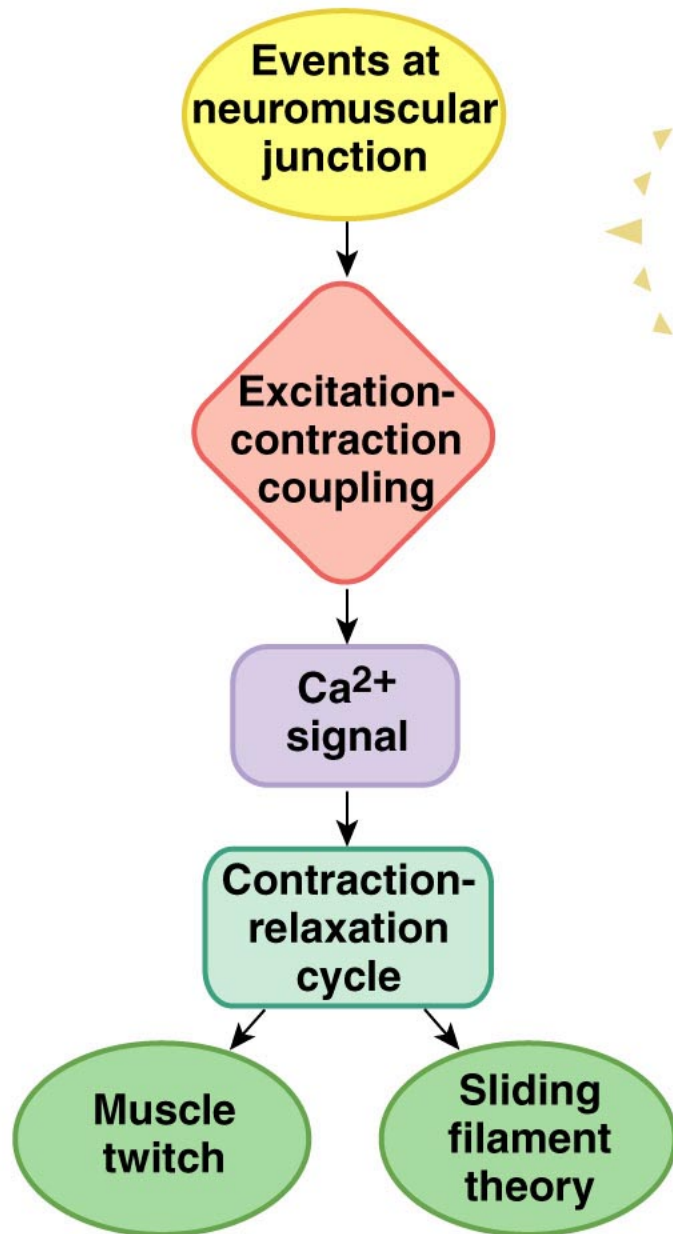
**Outer edge  
of A band**  
thick and thin  
filaments overlap

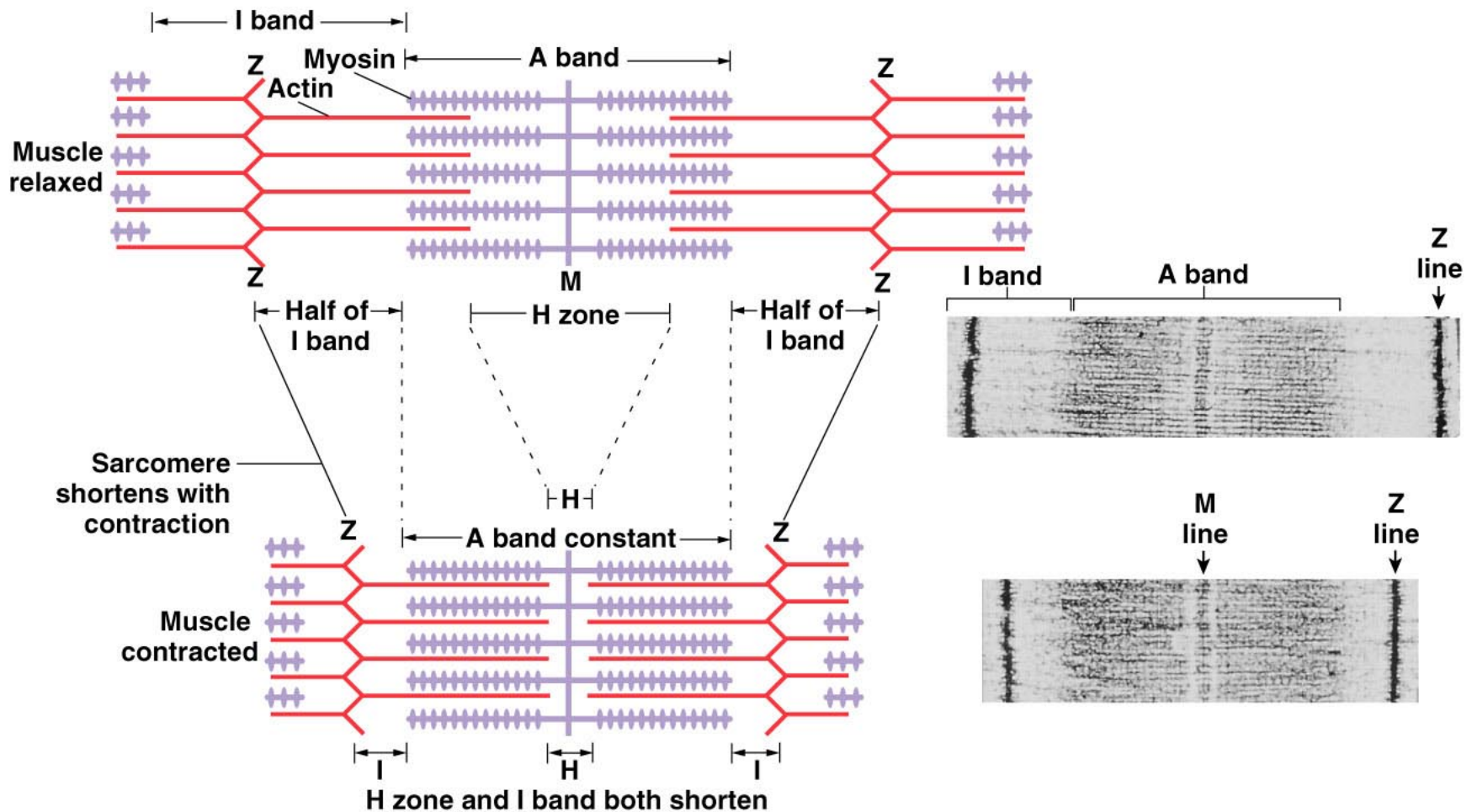
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Figure 12-6

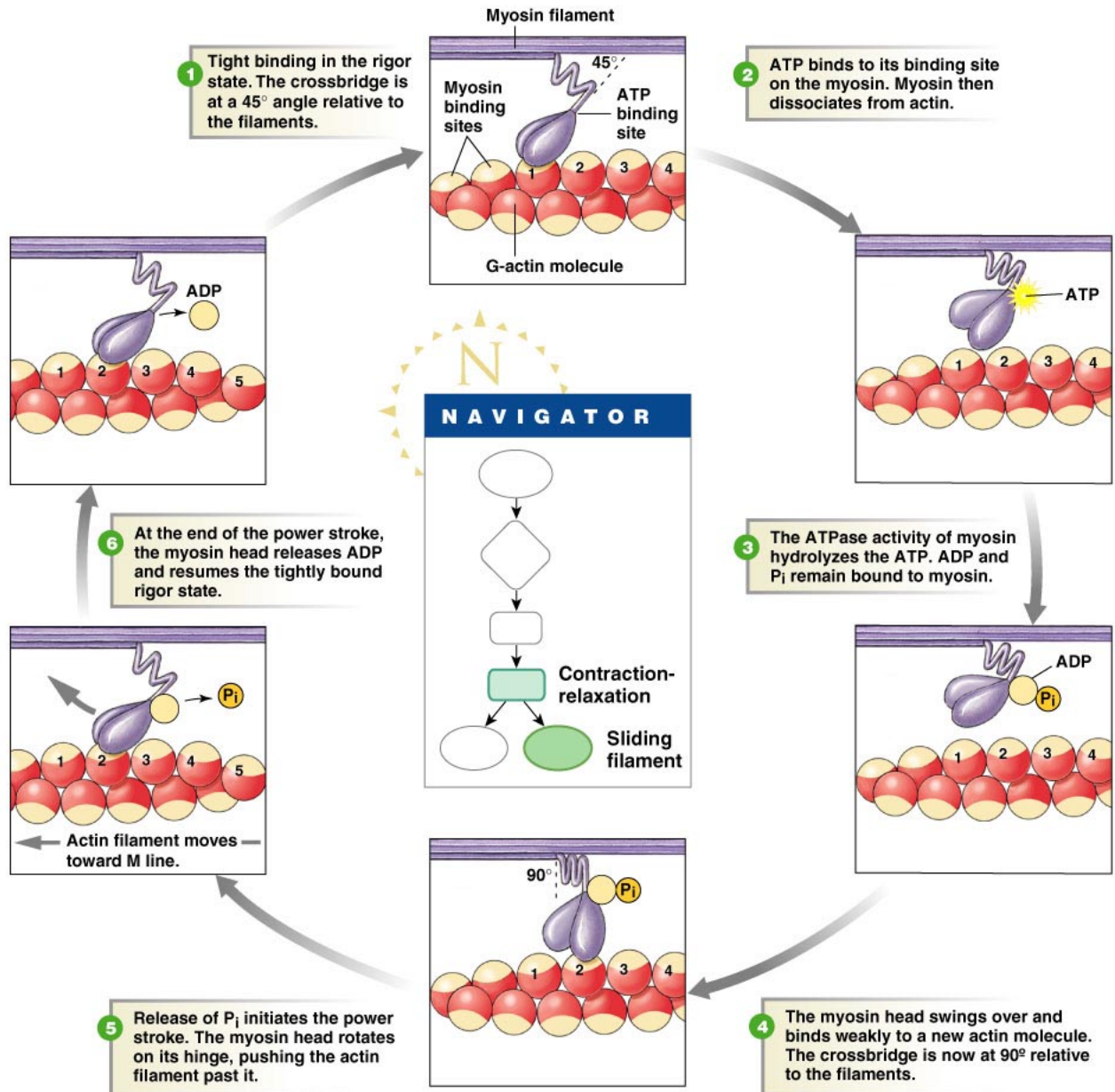




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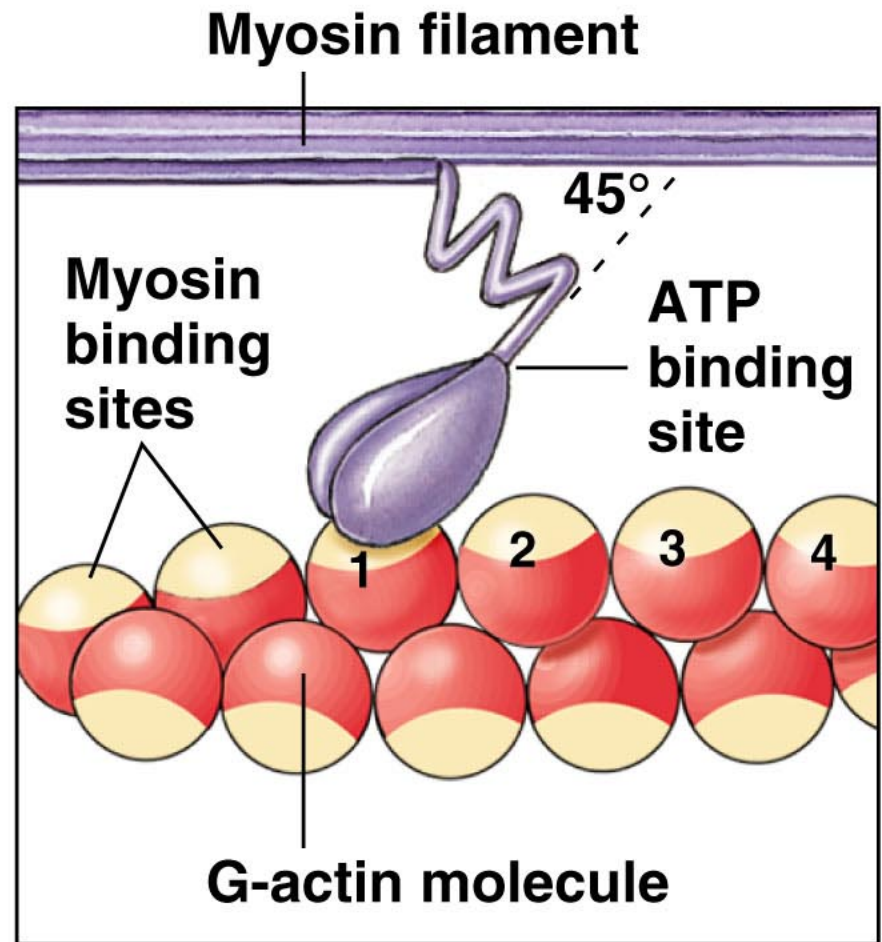
Figure 12-8





**1**

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

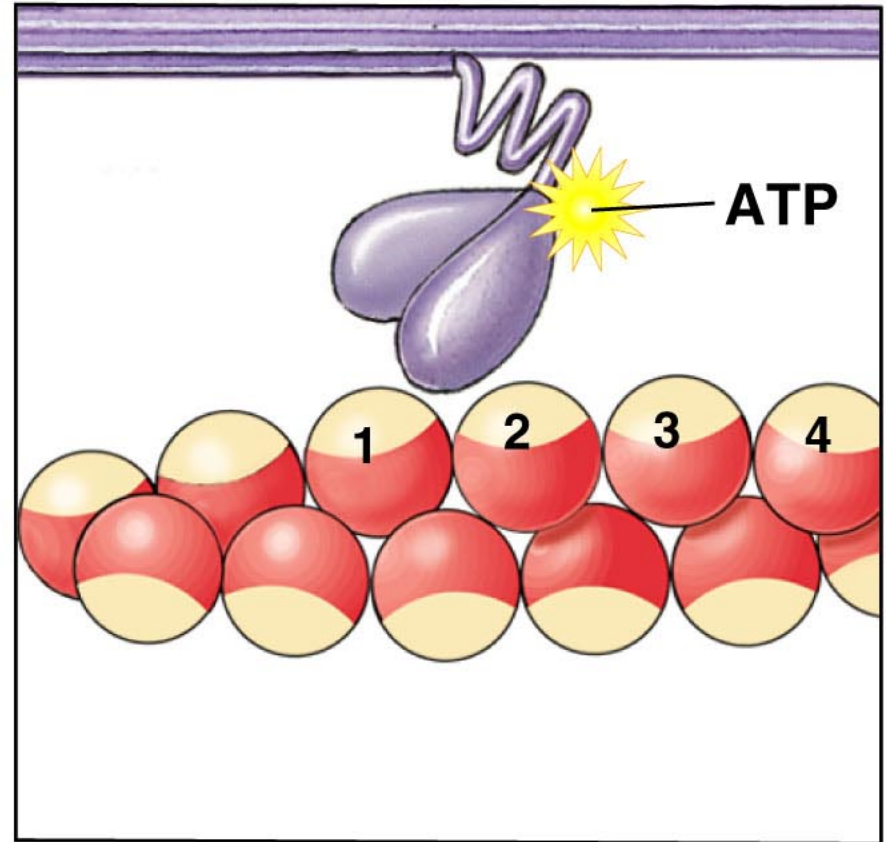


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Figure 12-9, step 1

2

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

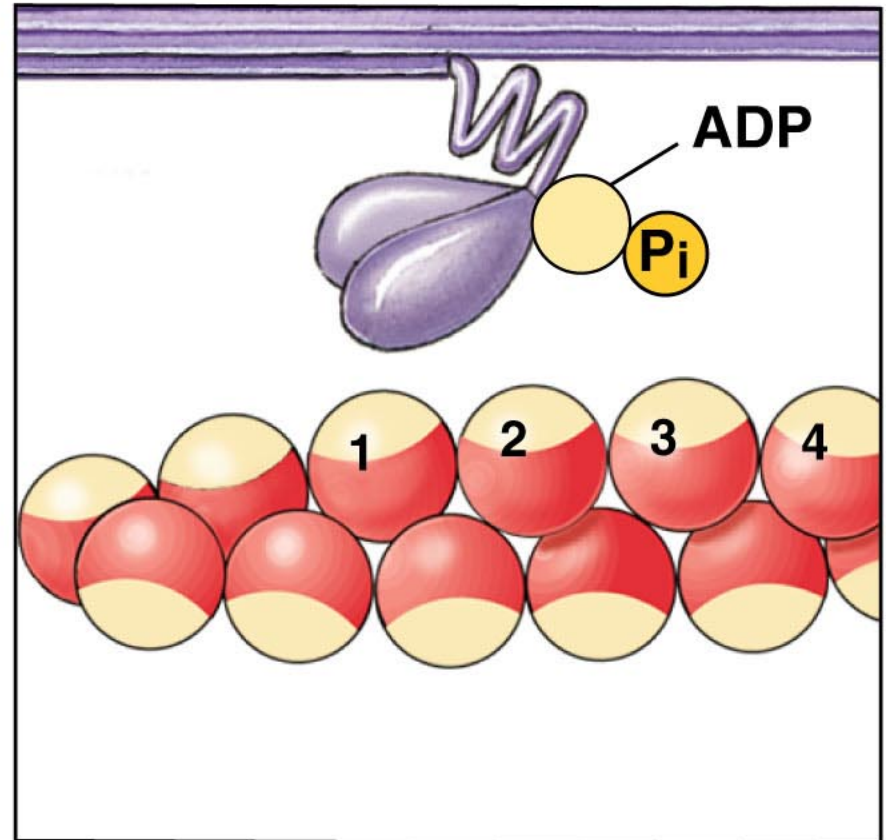


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Figure 12-9, step 2

3

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

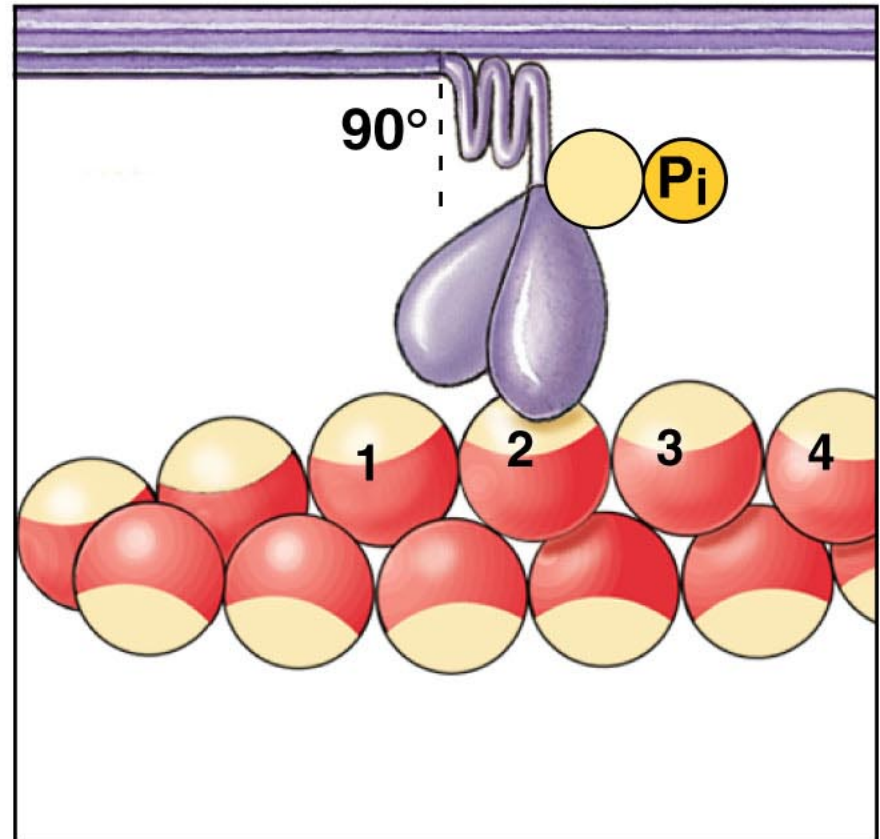


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Figure 12-9, step 3

4

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

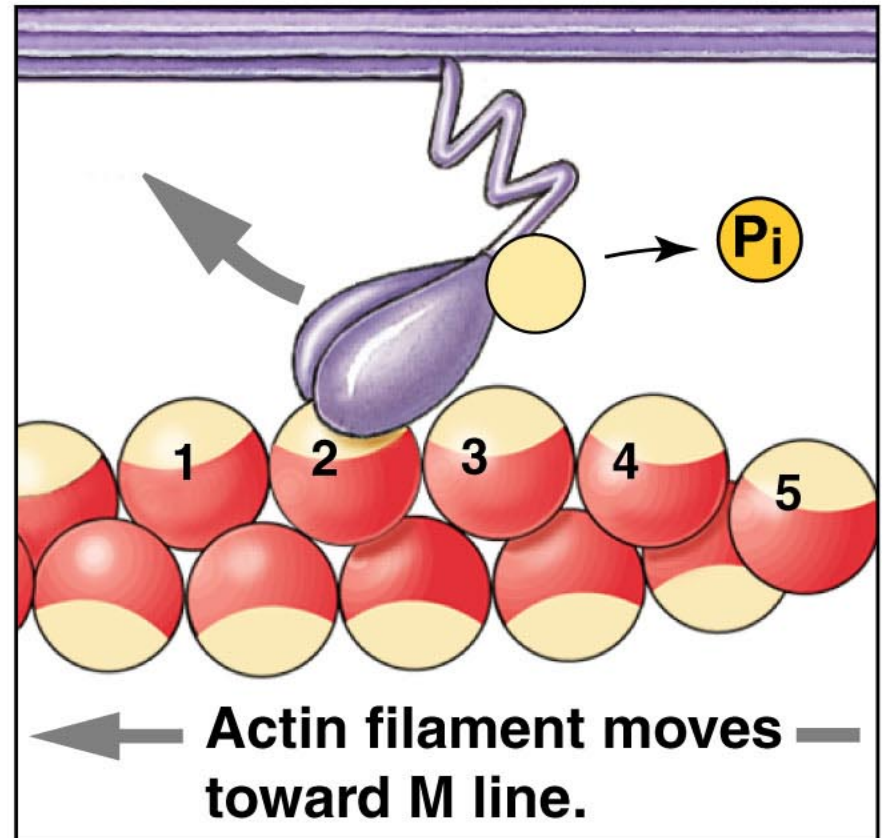


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Figure 12-9, step 4

5

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

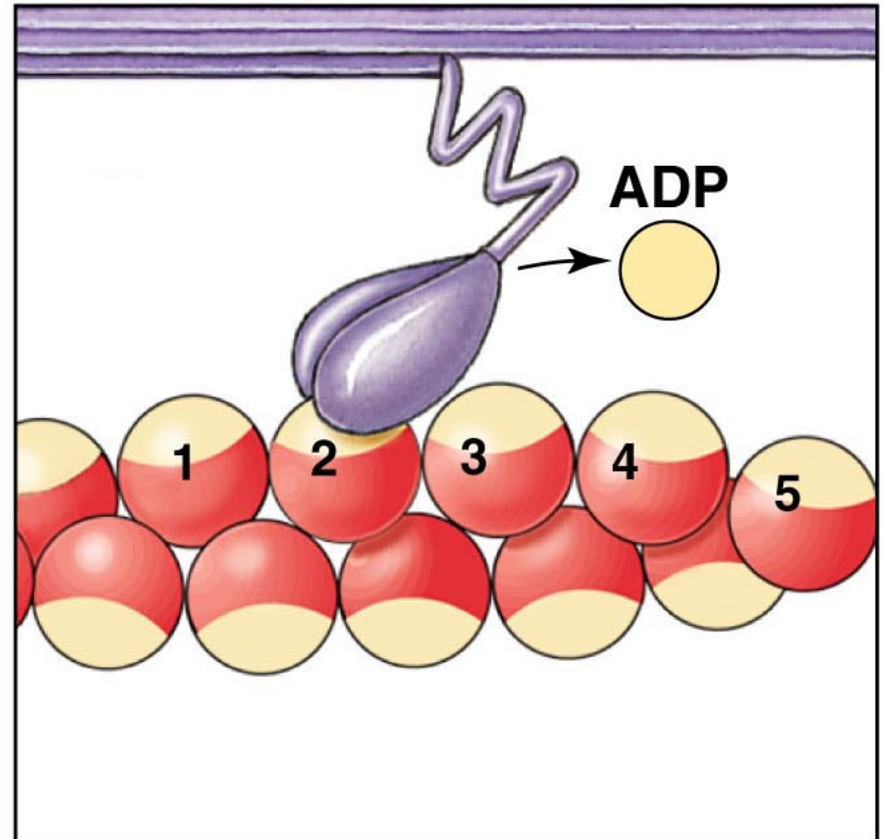


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Figure 12-9, step 5

6

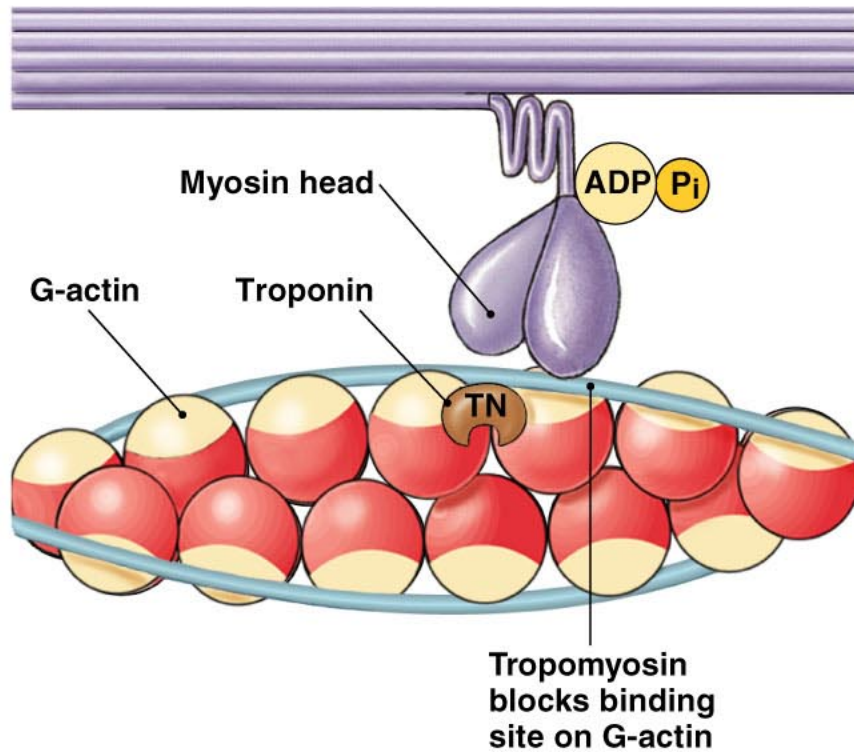
At the end of the power stroke, the myosin head releases ADP and resumes the tightly bound rigor state.



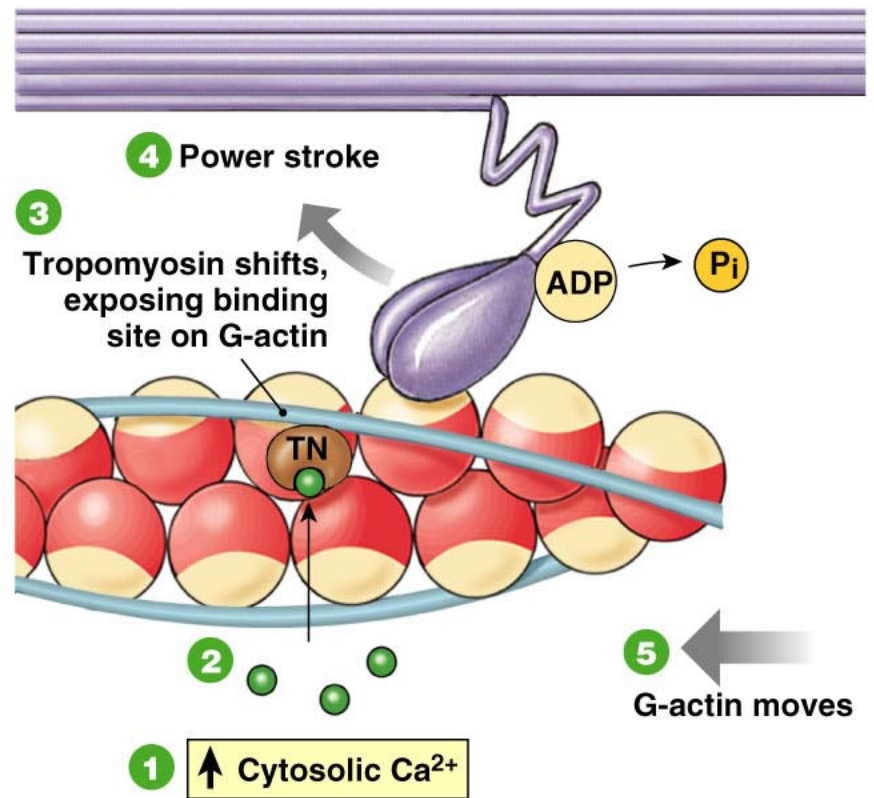
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Figure 12-9, step 6

**(a) Relaxed state**



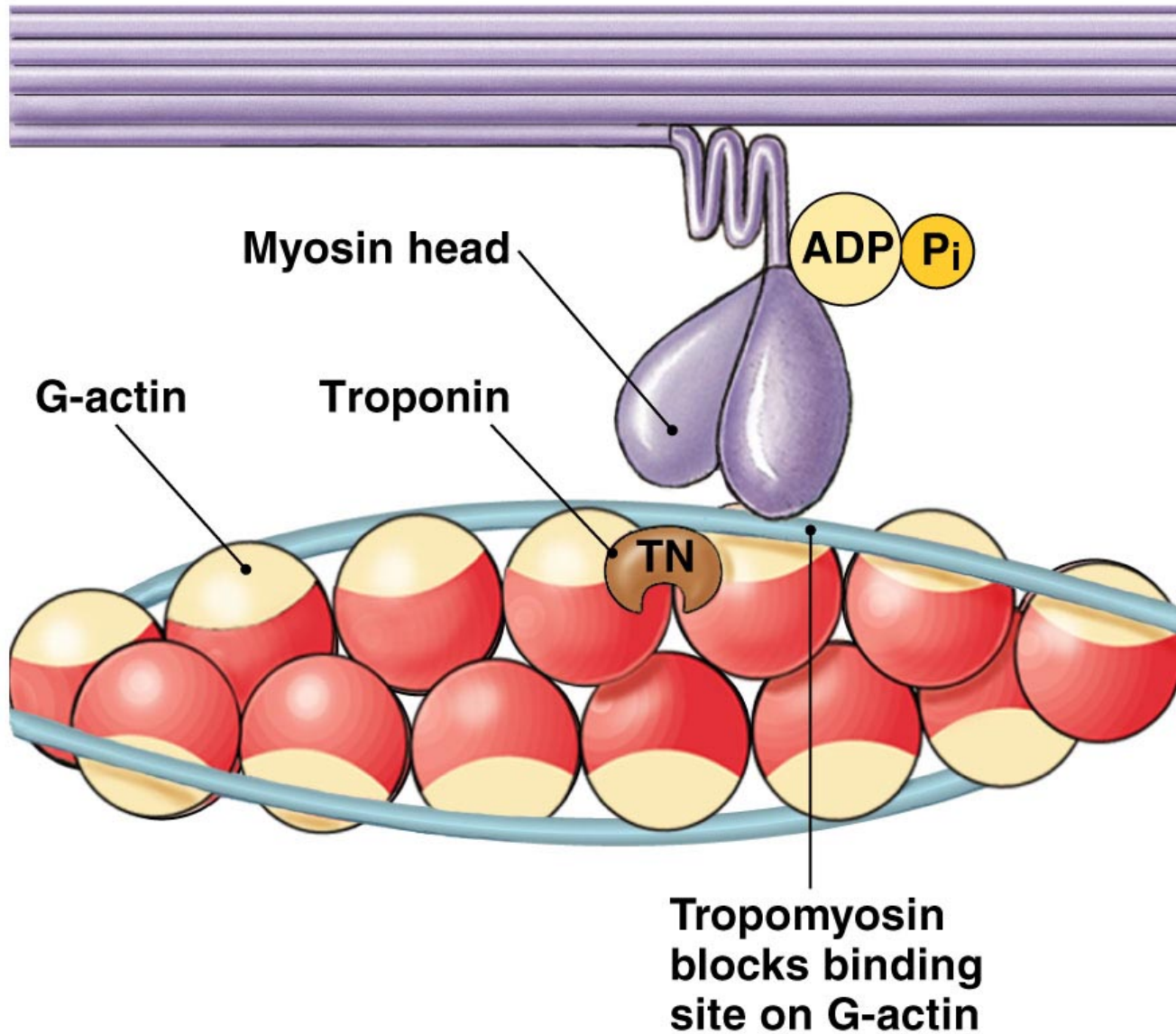
**(b) Initiation of contraction**



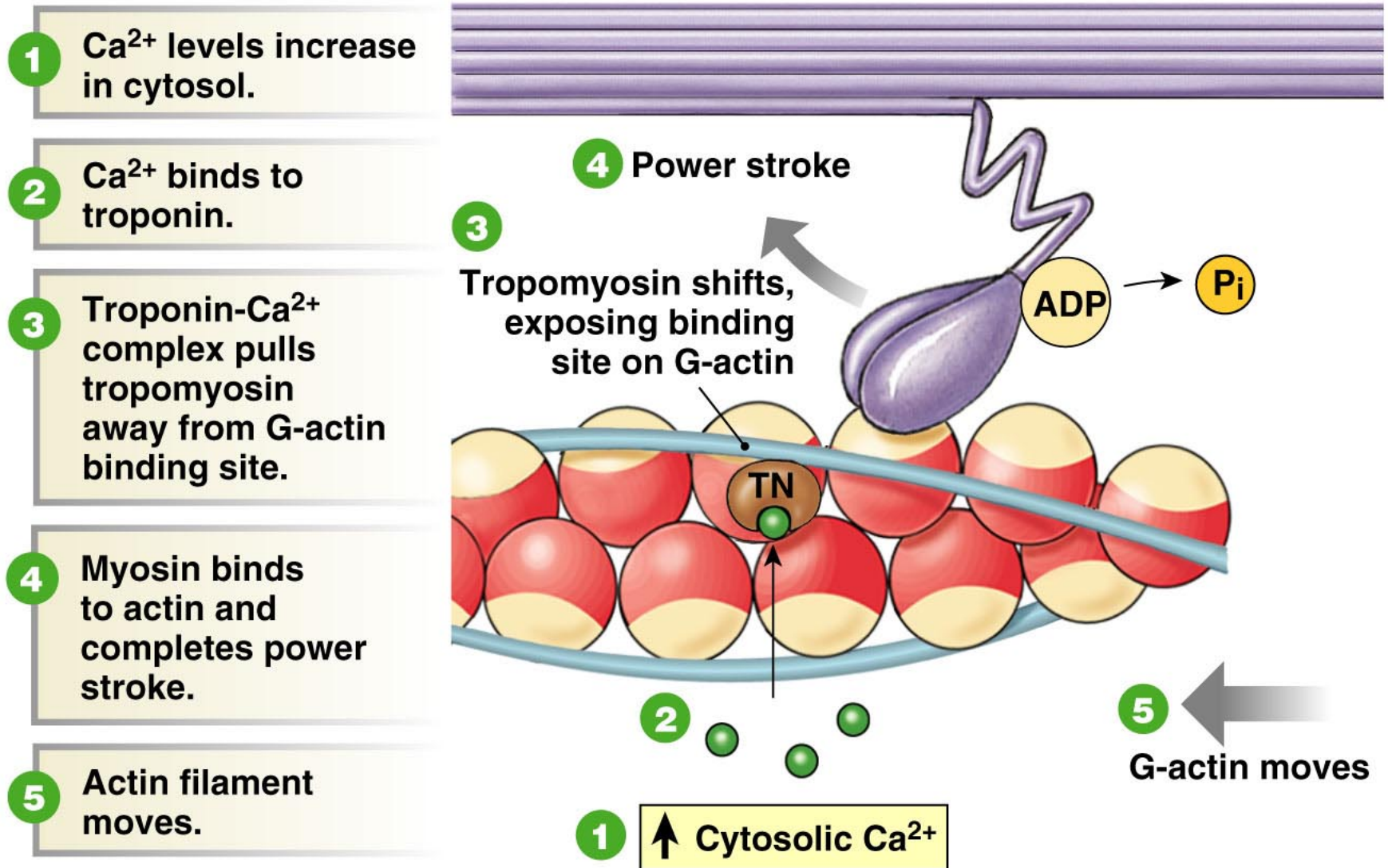
- 1  $\text{Ca}^{2+}$  levels increase in cytosol.
- 2  $\text{Ca}^{2+}$  binds to troponin.
- 3 Troponin- $\text{Ca}^{2+}$  complex pulls tropomyosin away from G-actin binding site.
- 4 Myosin binds to actin and completes power stroke.
- 5 Actin filament moves.



# (a) Relaxed state



## (b) Initiation of contraction

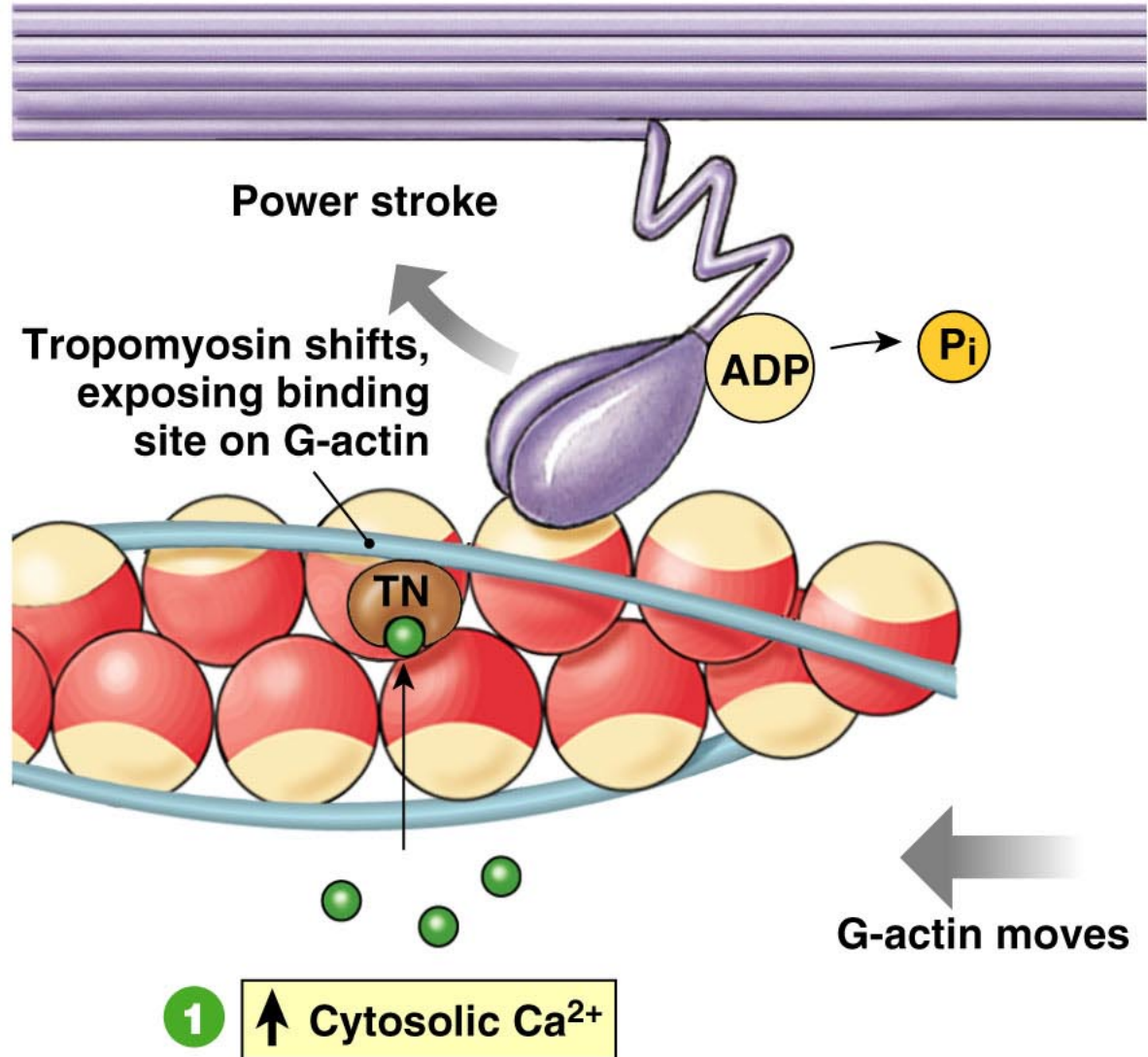


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Figure 12-10b - Overview

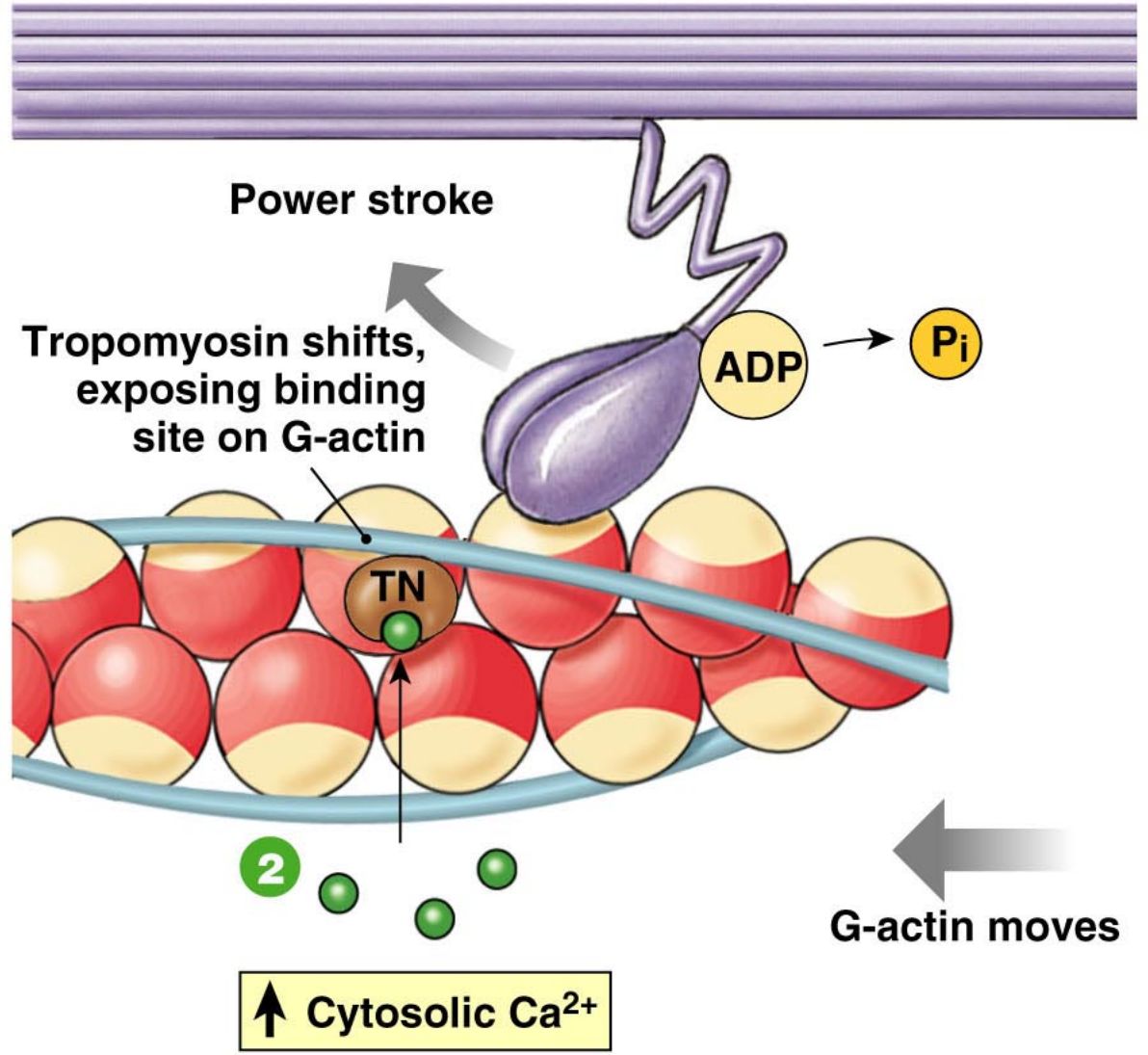
## (b) Initiation of contraction

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



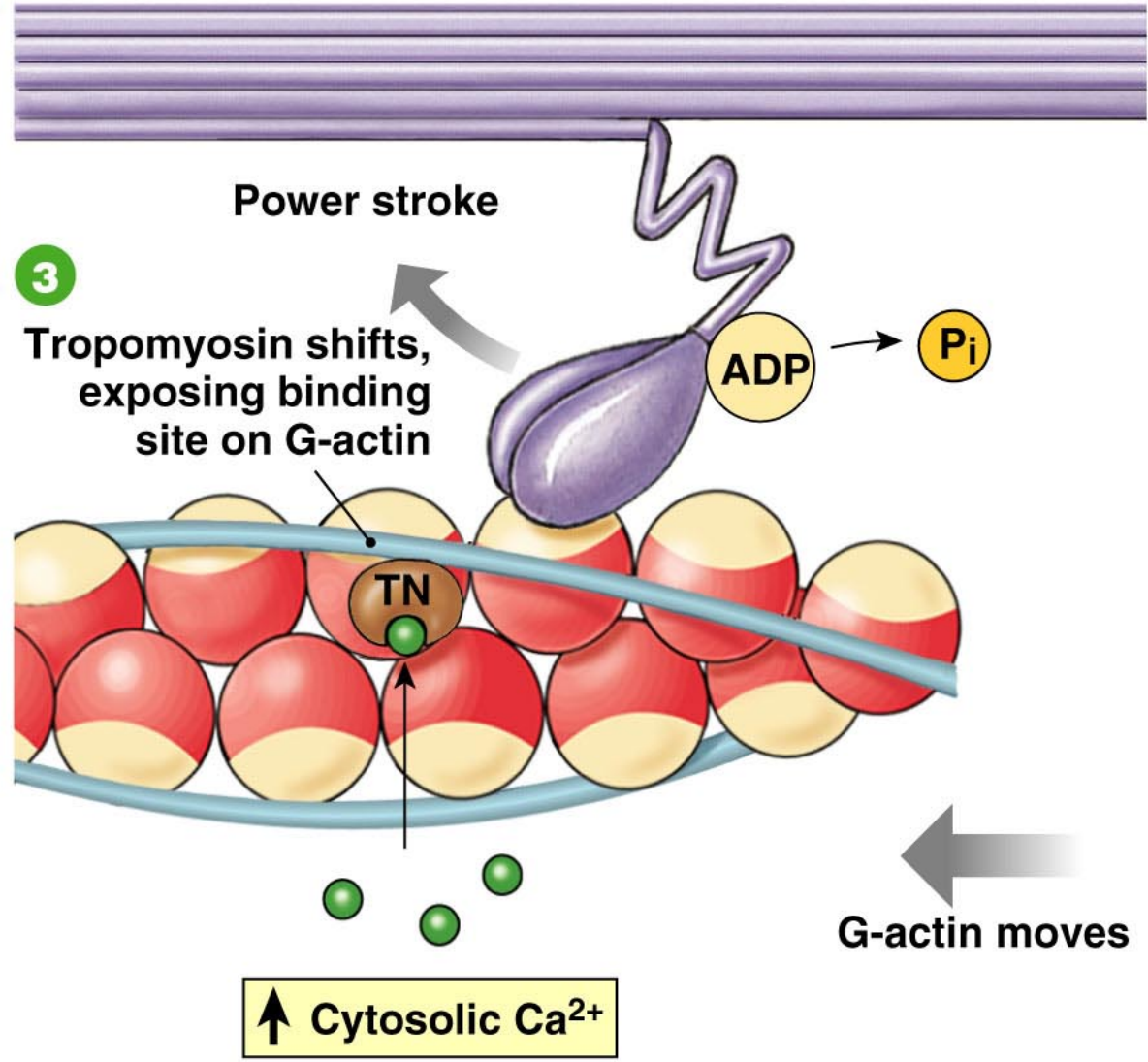
## (b) Initiation of contraction

**2**  $\text{Ca}^{2+}$  binds to troponin.



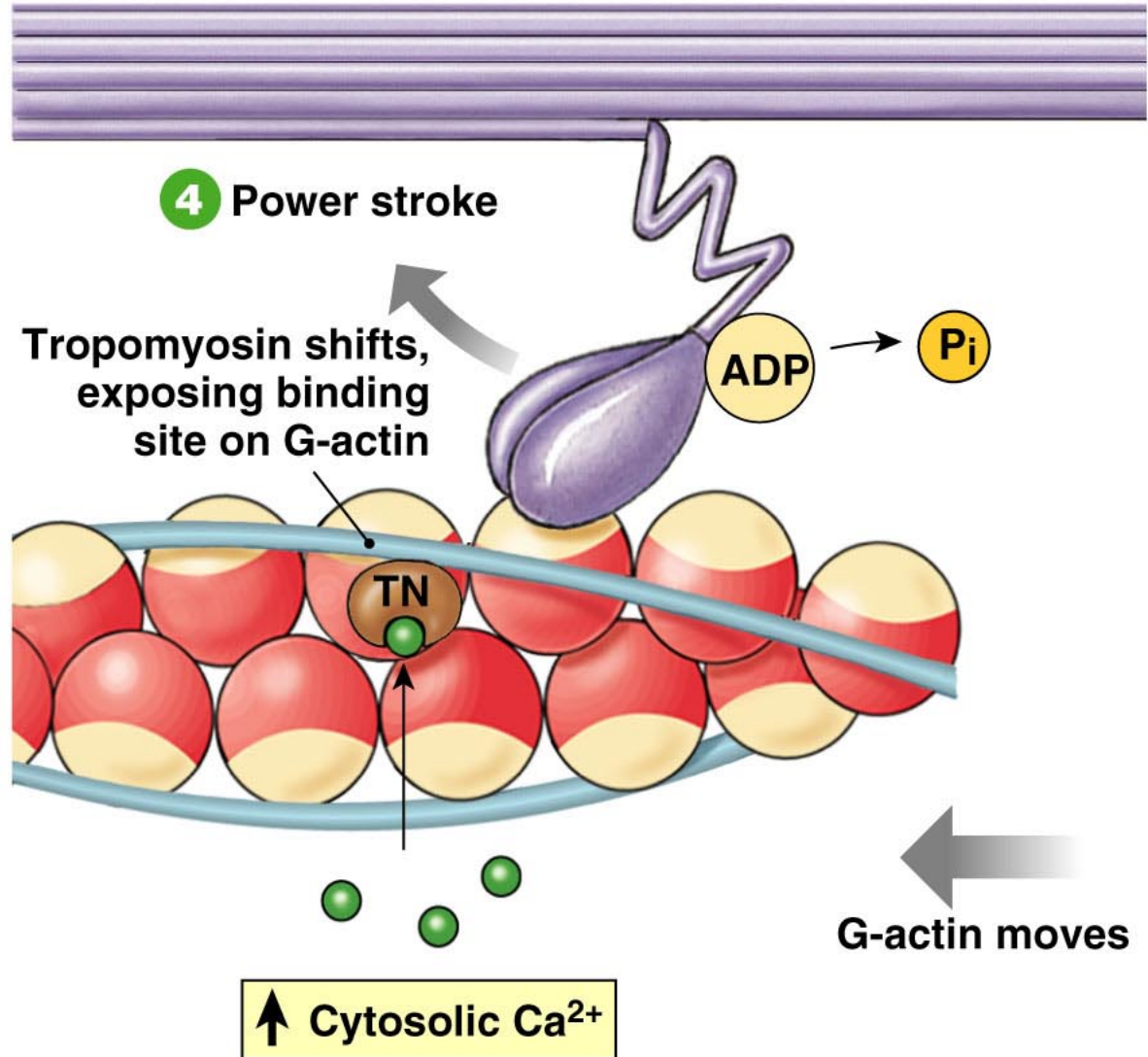
## (b) Initiation of contraction

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

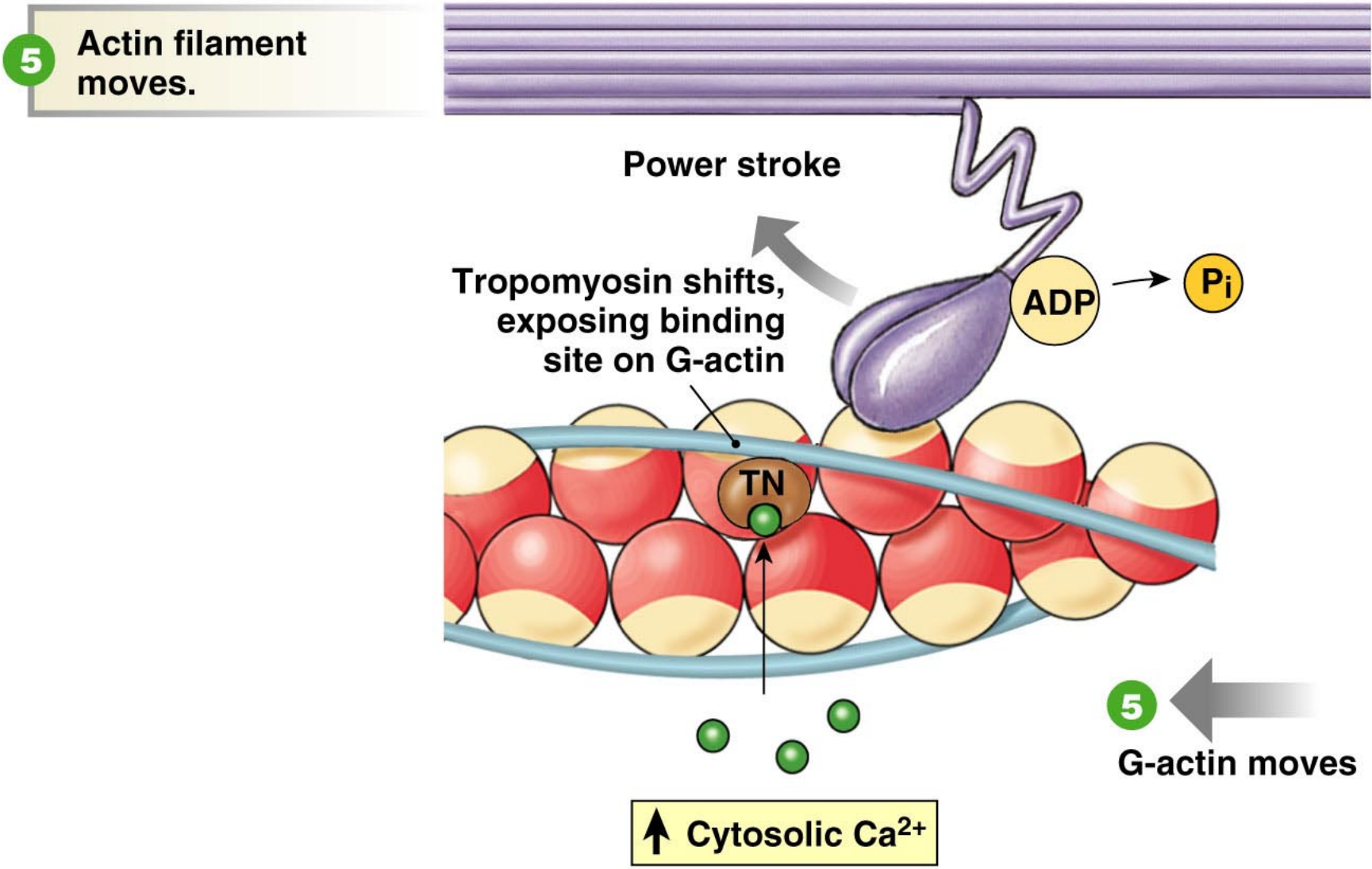


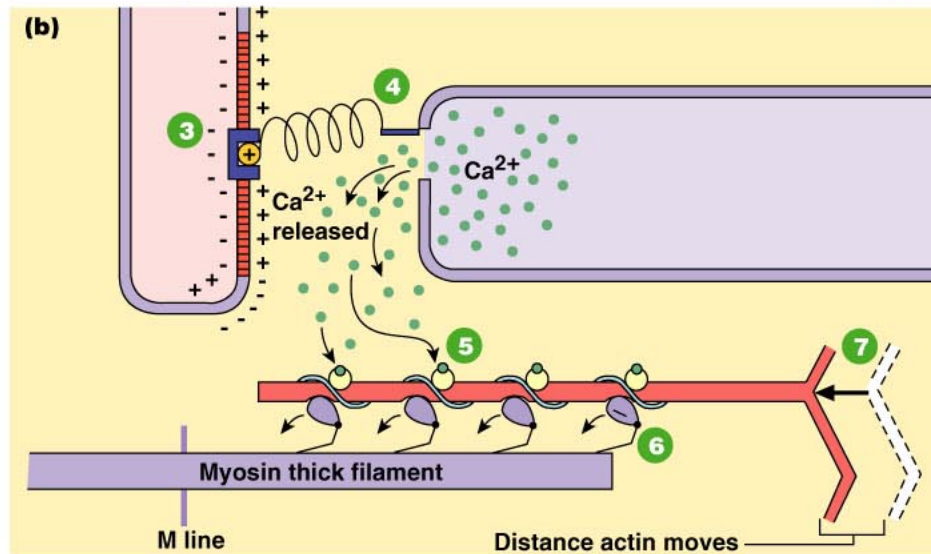
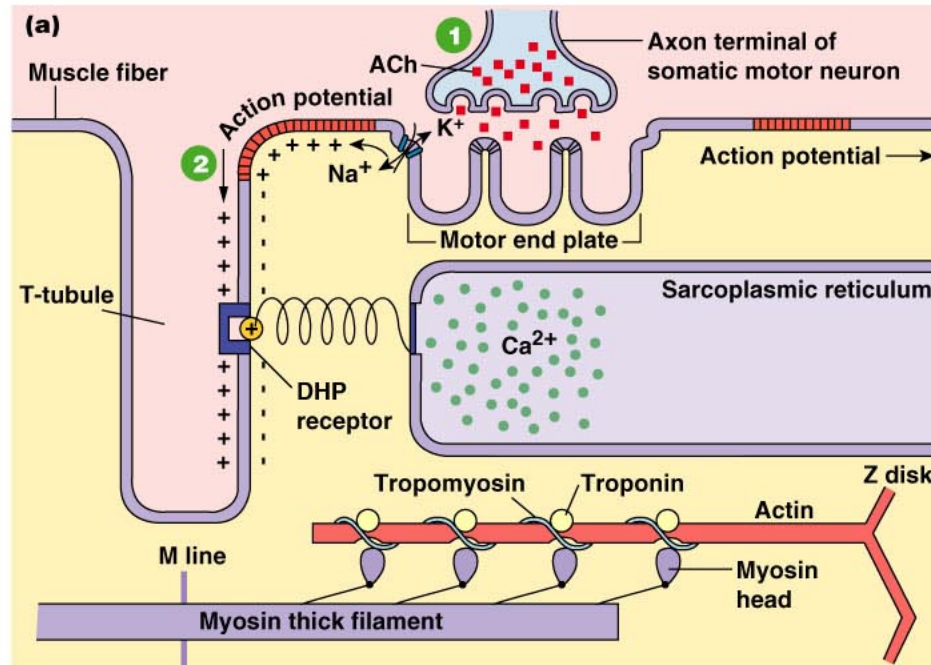
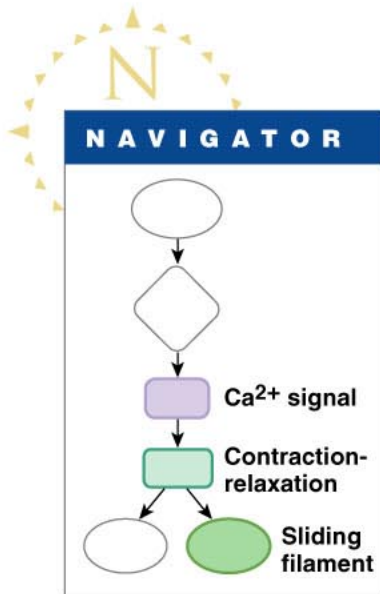
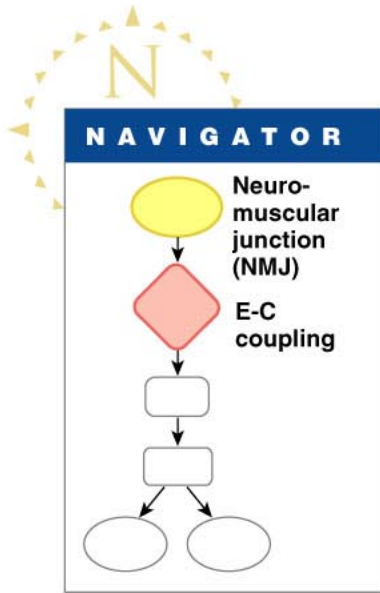
## (b) Initiation of contraction

**4** Myosin binds to actin and completes power stroke.



## (b) Initiation of contraction





- 1 Somatic motor neuron releases ACh at neuromuscular junction.
- 2 Net entry of Na<sup>+</sup> 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<sup>2+</sup> release channels in sarcoplasmic reticulum and Ca<sup>2+</sup> enters cytoplasm.
- 5 Ca<sup>2+</sup> binds to troponin, allowing strong actin-myosin binding.
- 6 Myosin heads execute power stroke.
- 7 Actin filament slides toward center of sarcomere.



**1** Somatic motor neuron releases ACh at neuromuscular junction.

**2** Net entry of  $\text{Na}^+$  through ACh receptor-channel initiates a muscle action potential.

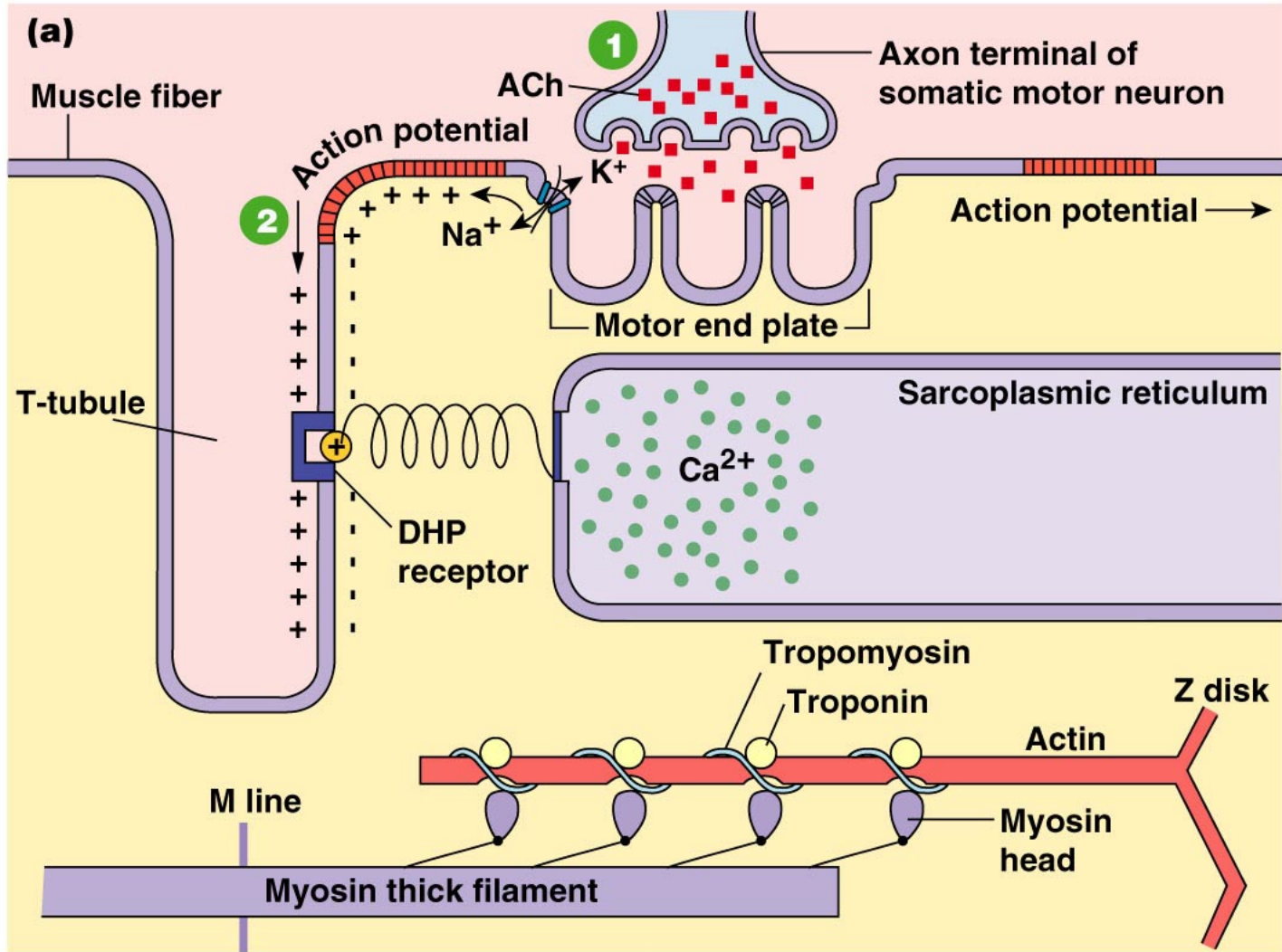
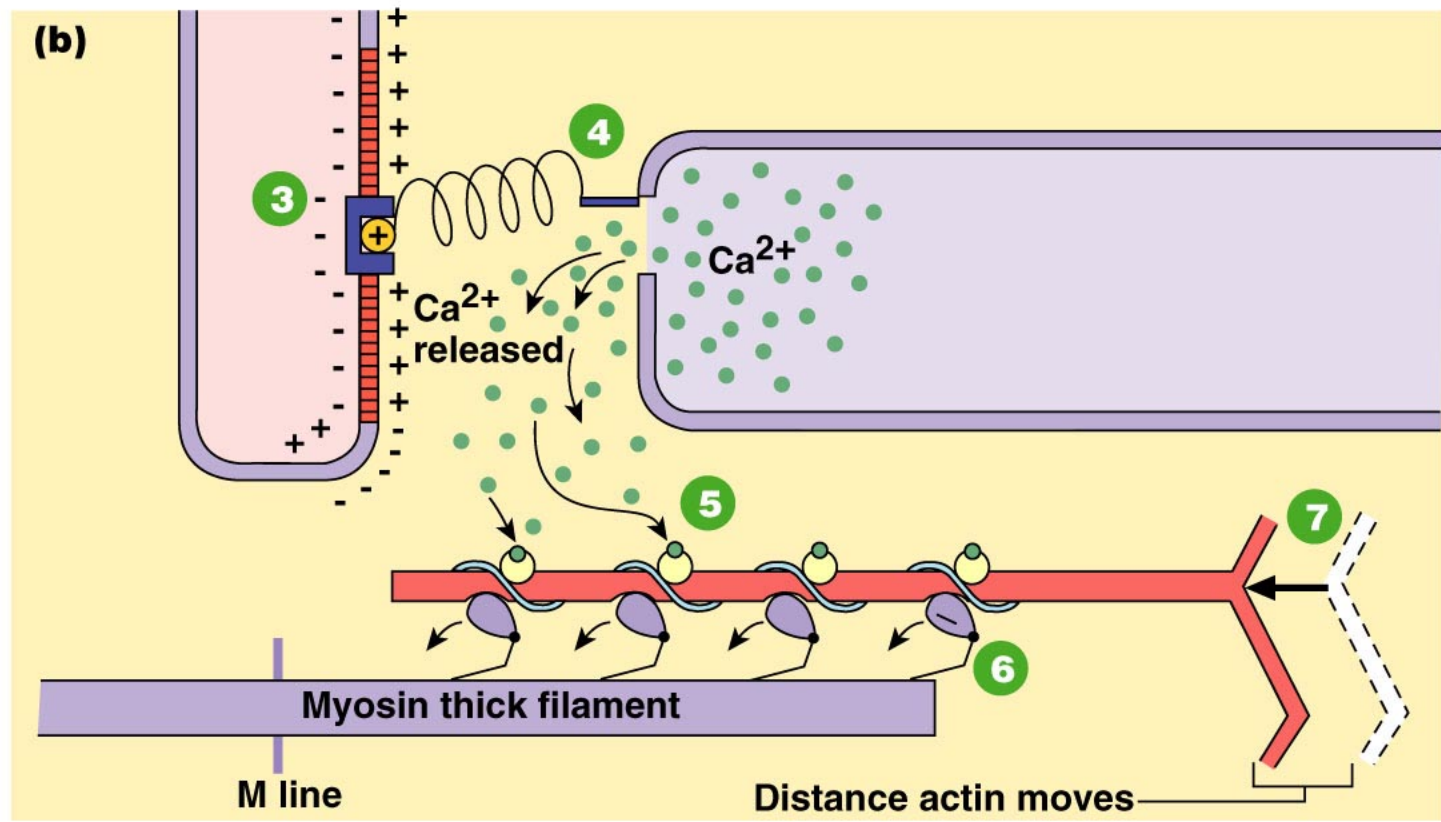


Figure 12-11a

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

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

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



**6** Myosin heads execute power stroke.

**7** Actin filament slides toward center of sarcomere.

Figure 12-11b

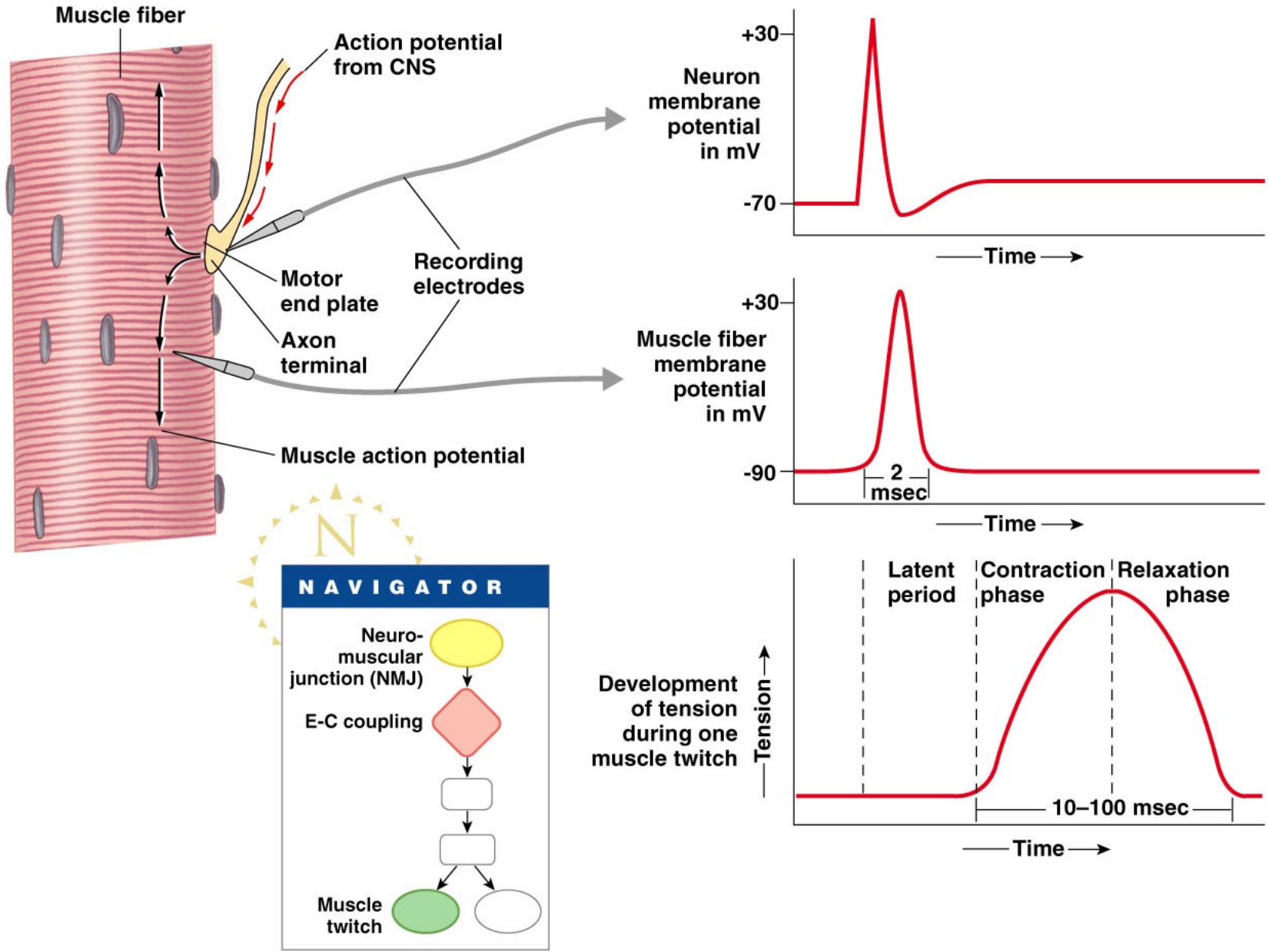


Figure 12-12

**Muscle at rest**



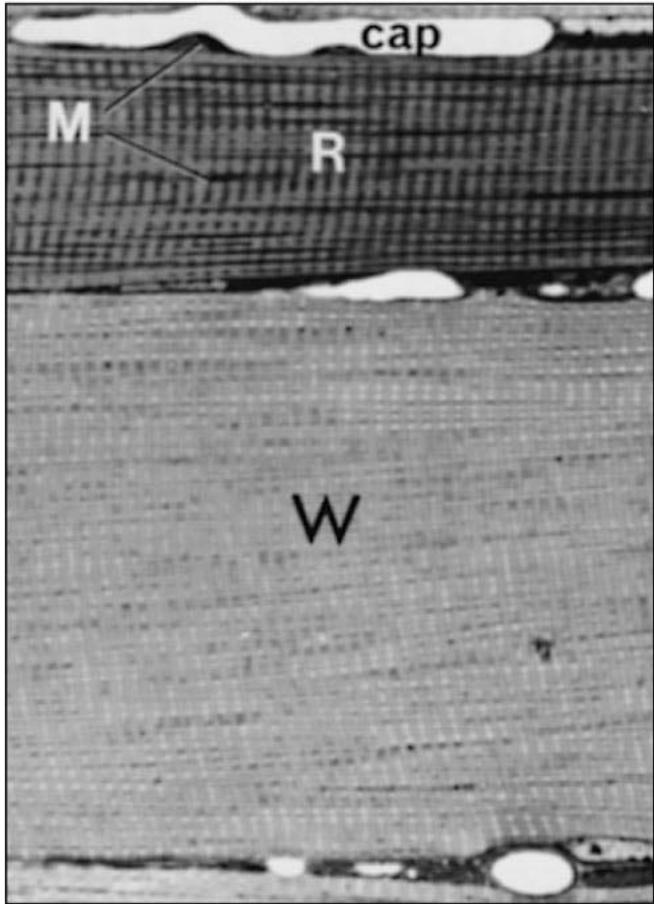
**Working muscle**



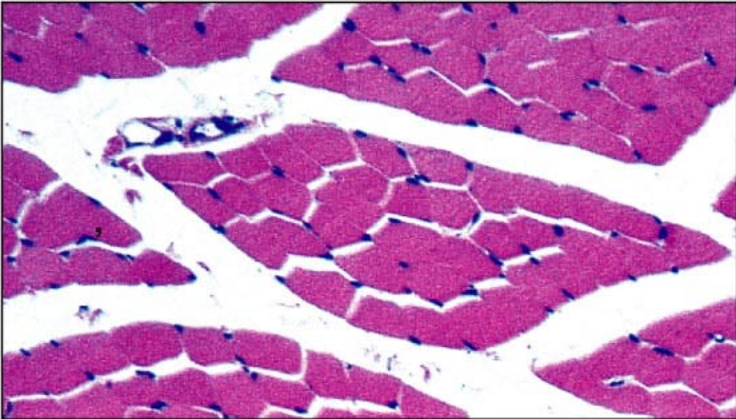
*needed for*

- Myosin ATPase (contraction)
- Ca<sup>2+</sup>-ATPase (relaxation)
- Na<sup>+</sup>-K<sup>+</sup> ATPase (restores ions that cross cell membrane during action potential to their original compartments)

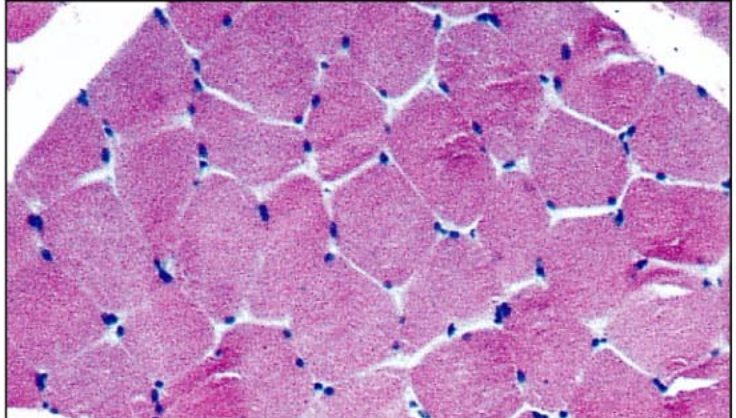




← **Slow-twitch oxidative muscle fibers**  
Note smaller diameter darker color due to myoglobin; fatigue resistant →



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



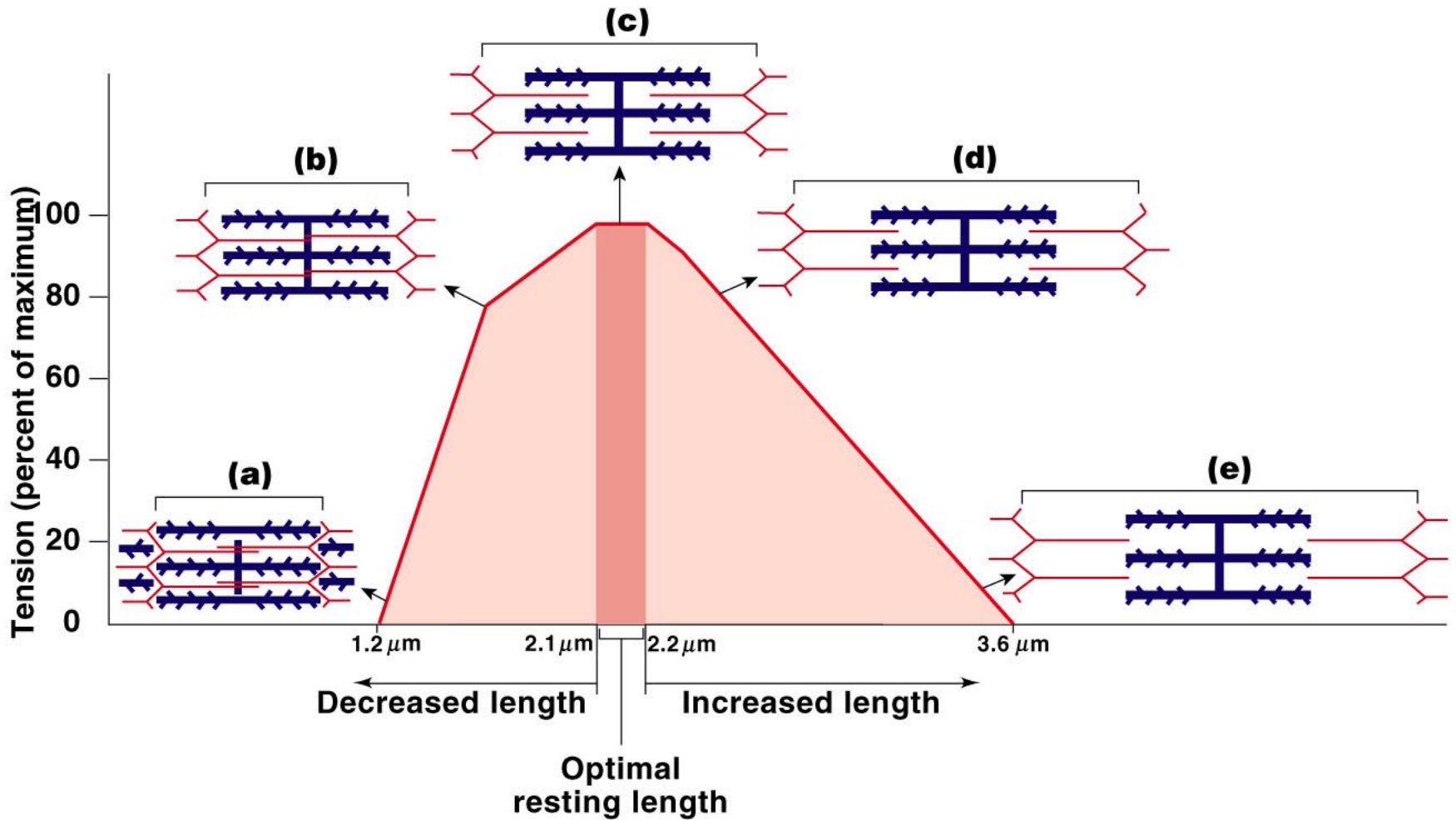
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Figure 12-15

**TABLE 12-2** Characteristics of Muscle Fiber Types

	<b>SLOW-TWITCH OXIDATIVE; RED MUSCLE</b>	<b>FAST-TWITCH OXIDATIVE- GLYCOLYTIC; RED MUSCLE</b>	<b>FAST-TWITCH GLYCOLYTIC; WHITE MUSCLE</b>
<b>Speed of development of maximum tension</b>	Slowest	Intermediate	Fastest
<b>Myosin ATPase activity</b>	Slow	Fast	Fast
<b>Diameter</b>	Small	Medium	Large
<b>Contraction duration</b>	Longest	Short	Short
<b>Ca<sup>2+</sup>-ATPase activity in SR</b>	Moderate	High	High
<b>Endurance</b>	Fatigue resistant	Fatigue resistant	Easily fatigued
<b>Use</b>	Most used: posture	Standing, walking	Least used: jumping
<b>Metabolism</b>	Oxidative; aerobic;	Glycolytic but becomes more oxidative with endurance training	Glycolytic; more anaerobic than fast-twitch oxidative-glycolytic type
<b>Capillary density</b>	High	Medium	Low
<b>Mitochondria</b>	Numerous	Moderate	Few
<b>Color</b>	Dark red (myoglobin)	Red	Pale

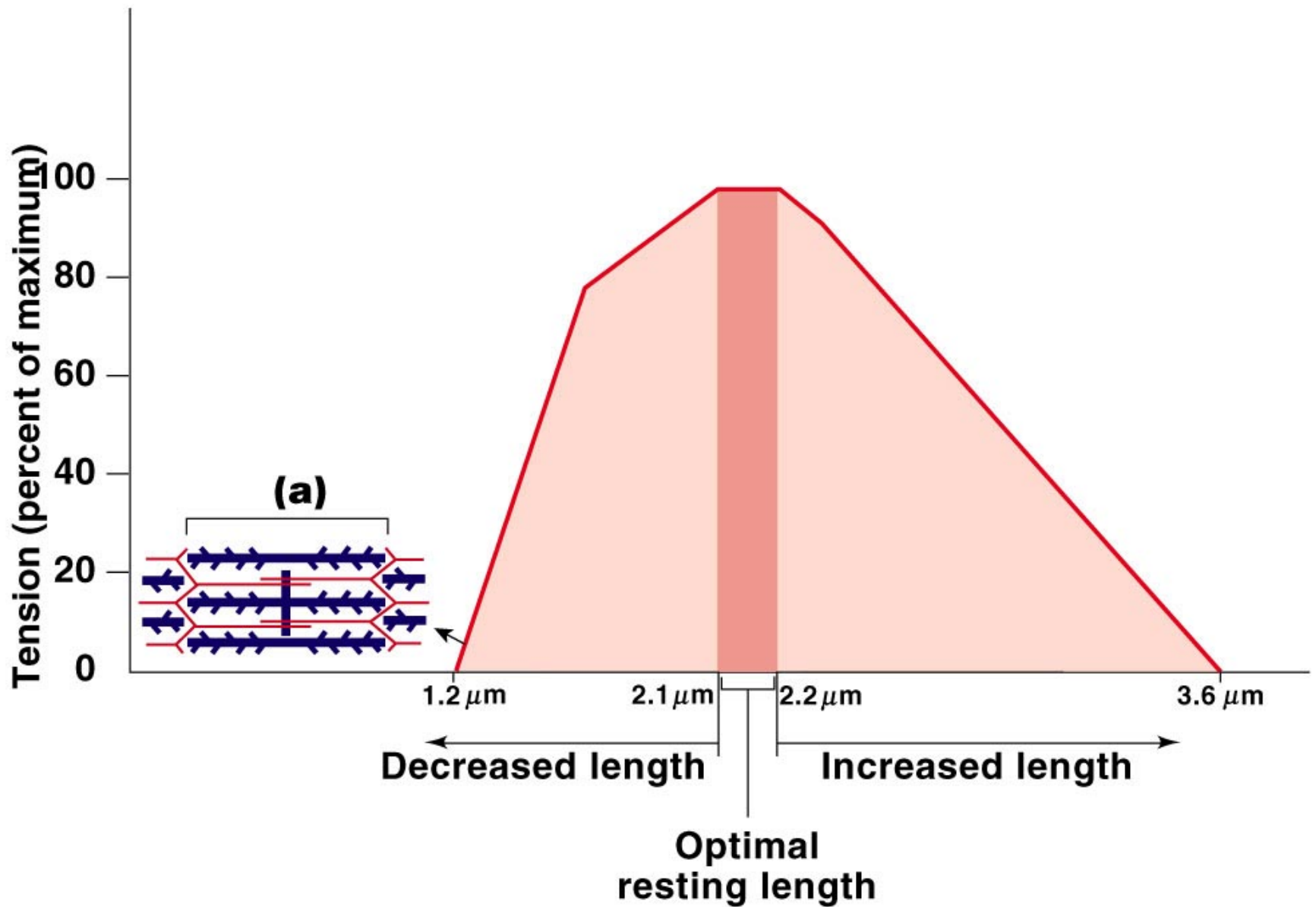
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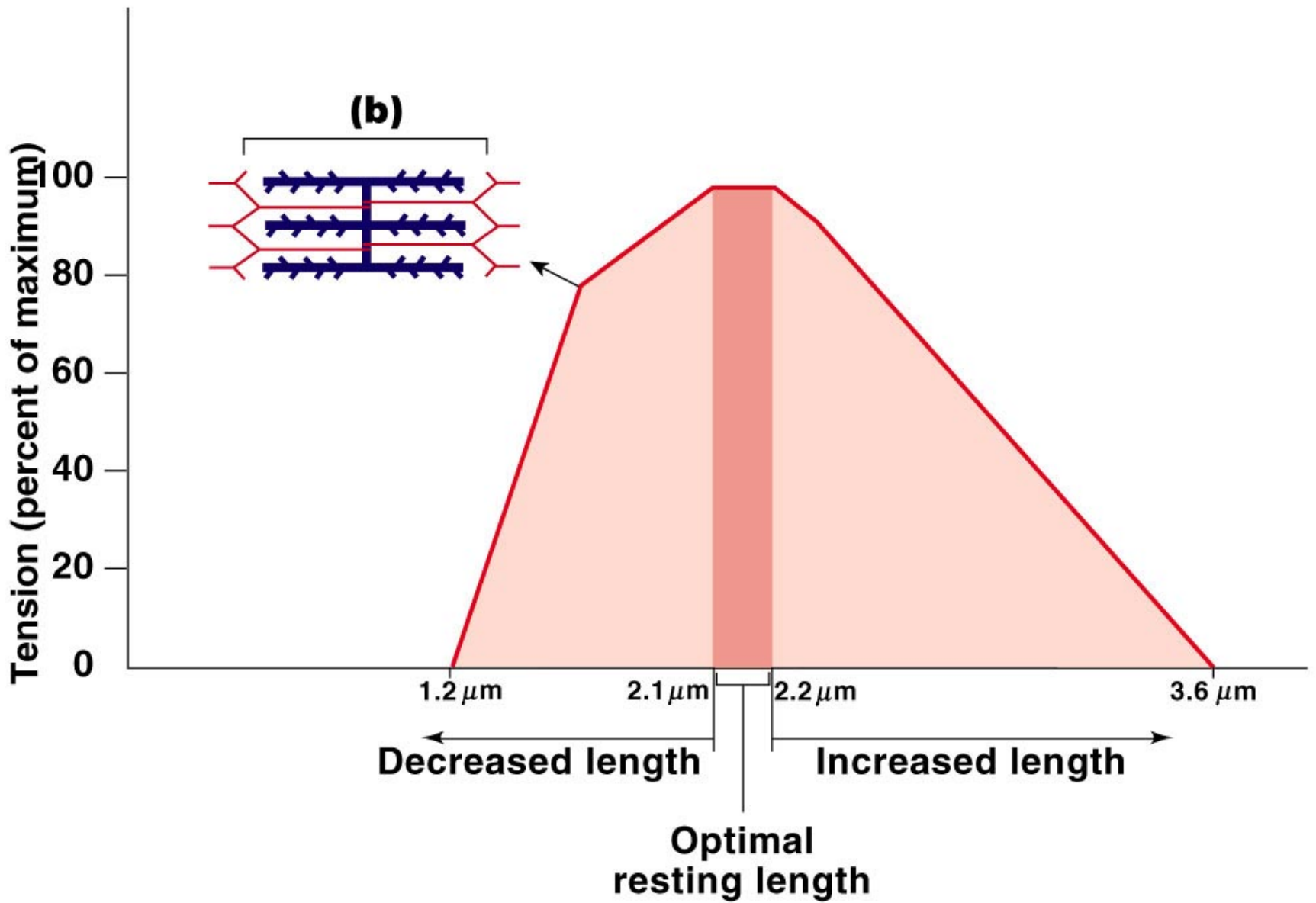
Figure 12-16 - Overview





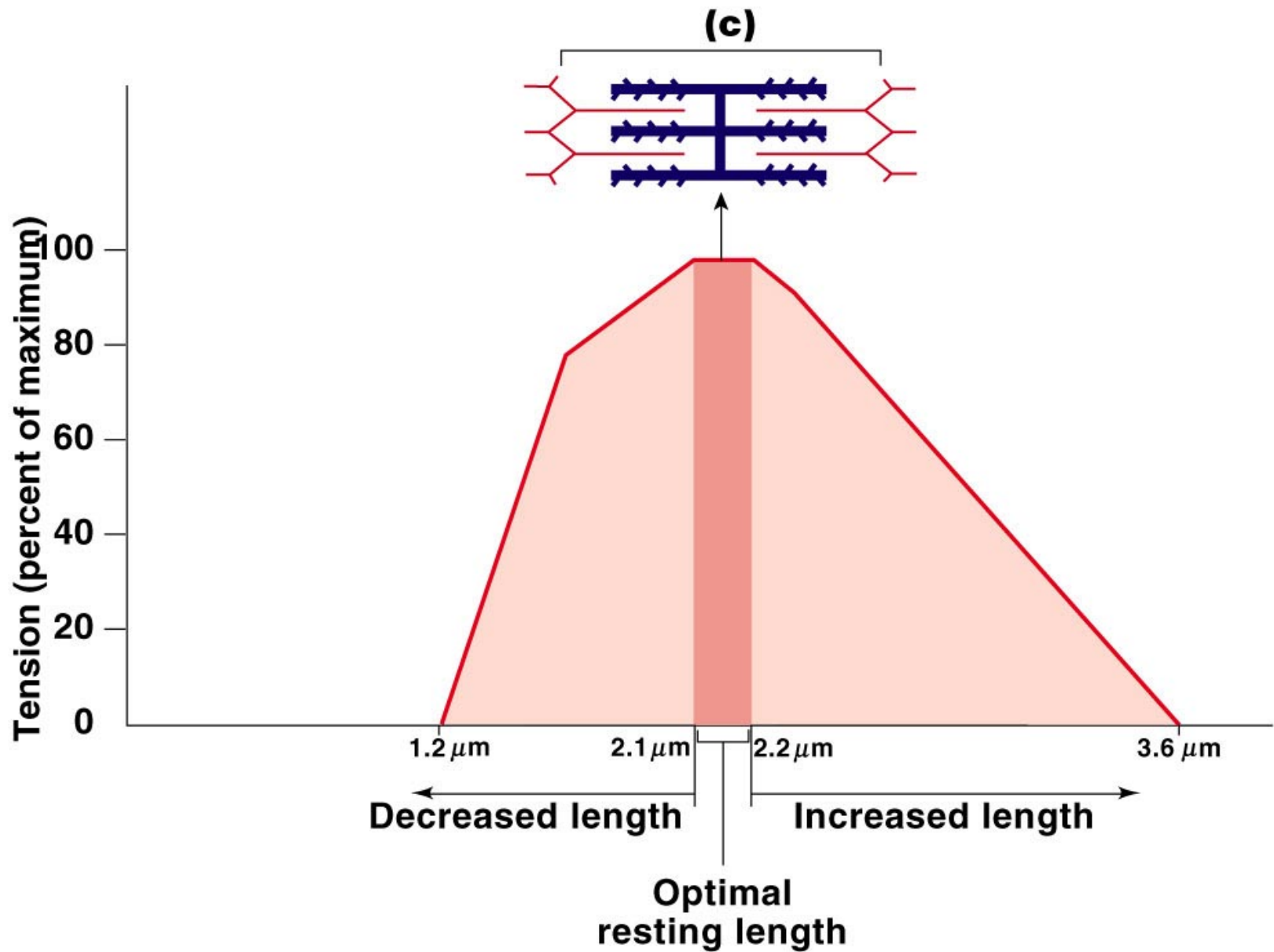
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Figure 12-16a



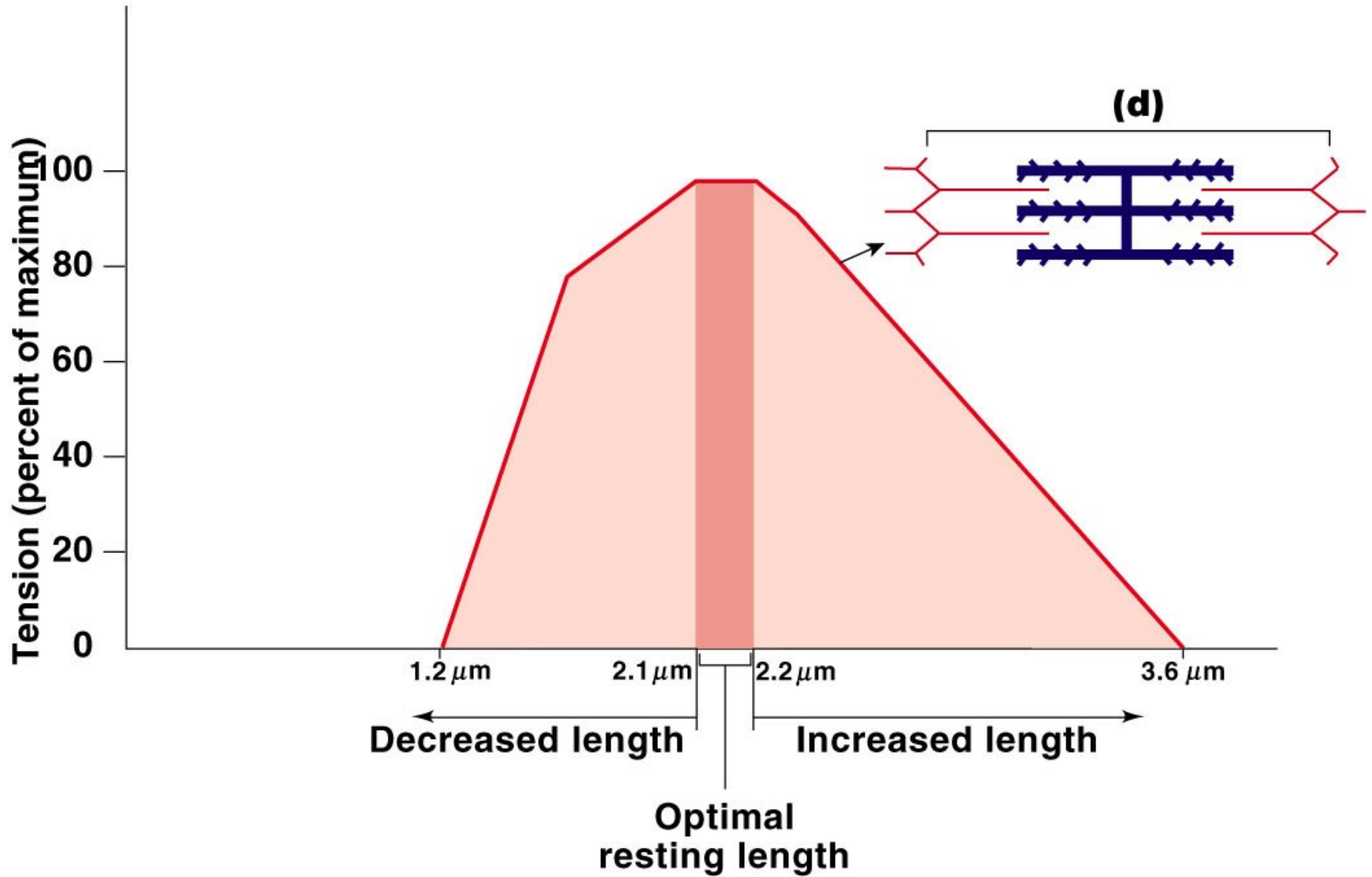
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Figure 12-16b



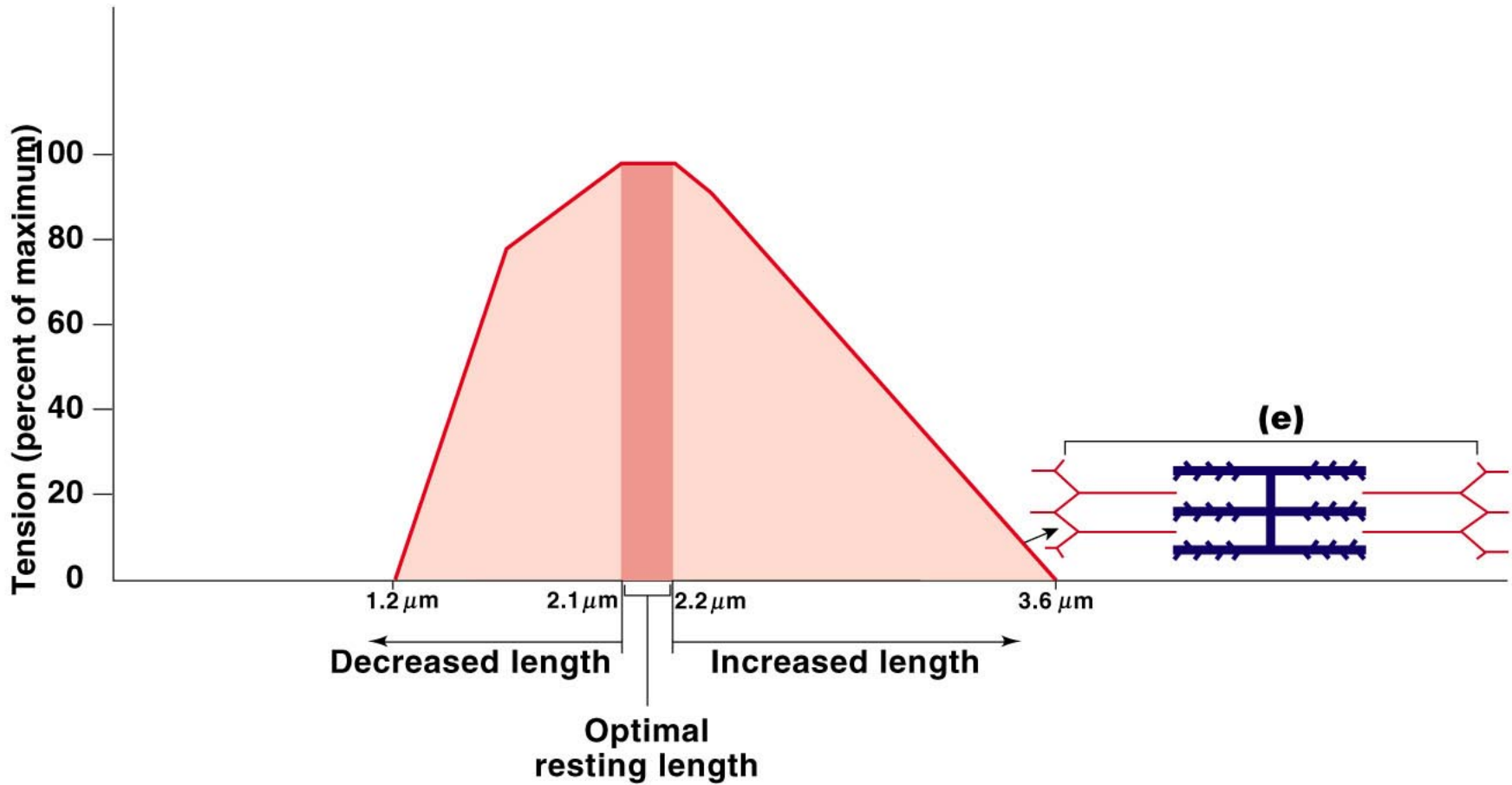
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Figure 12-16c



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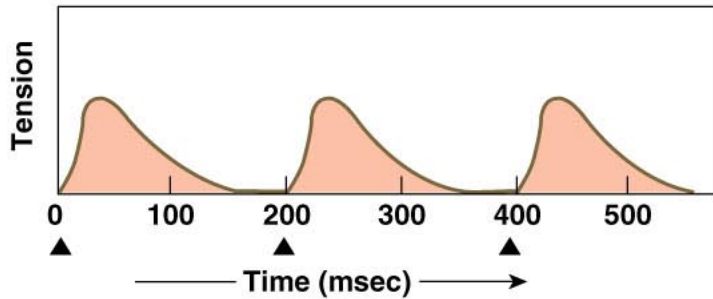
Figure 12-16d



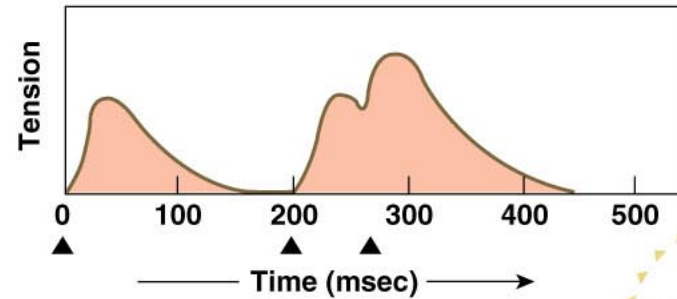
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Figure 12-16e

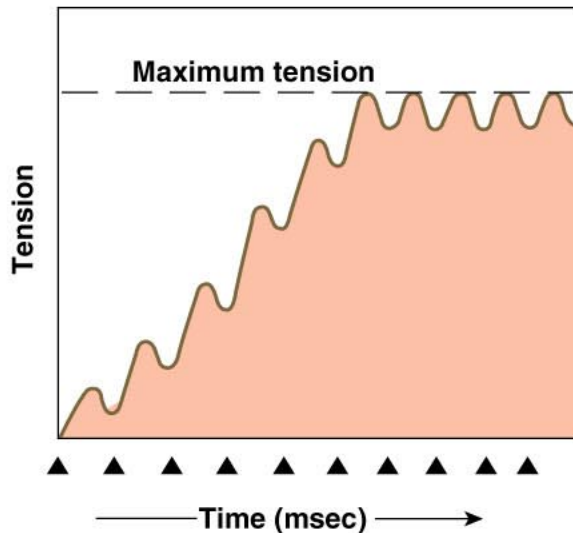
**(a) Single twitches:** Muscle relaxes completely between stimuli (▲).



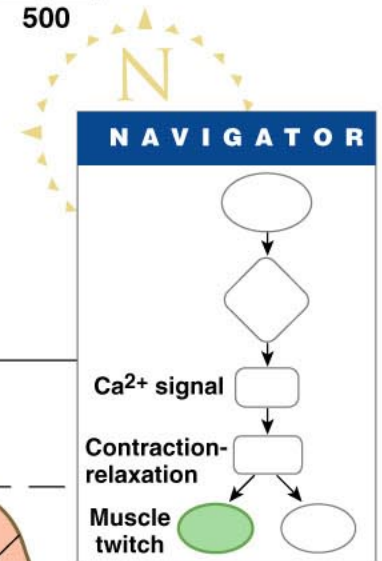
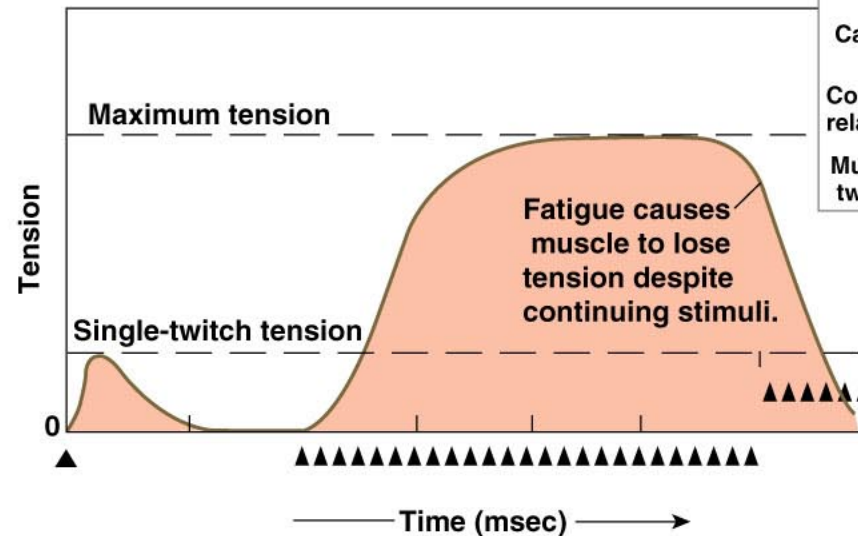
**(b) Summation:** Stimuli closer together do not allow muscle to relax fully.



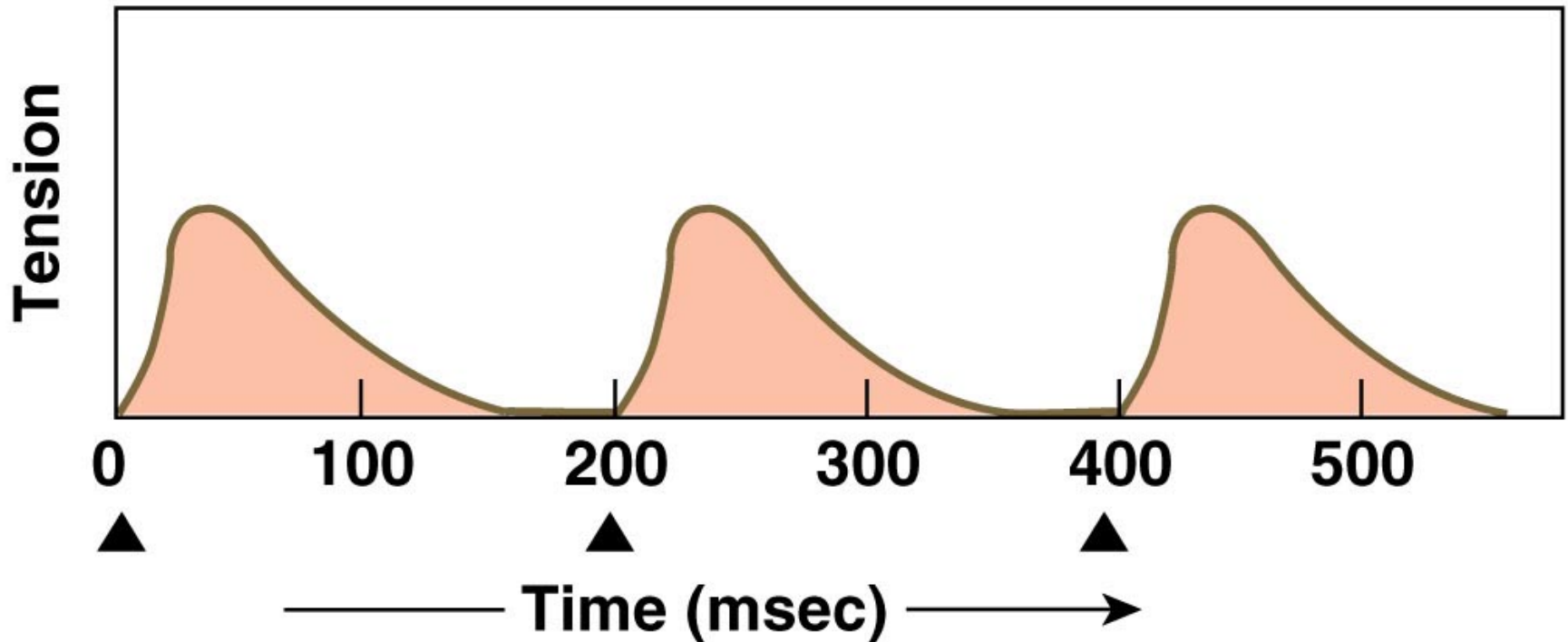
**(c) Summation leading to unfused tetanus:** Stimuli are far enough apart to allow muscle to relax slightly between stimuli.



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

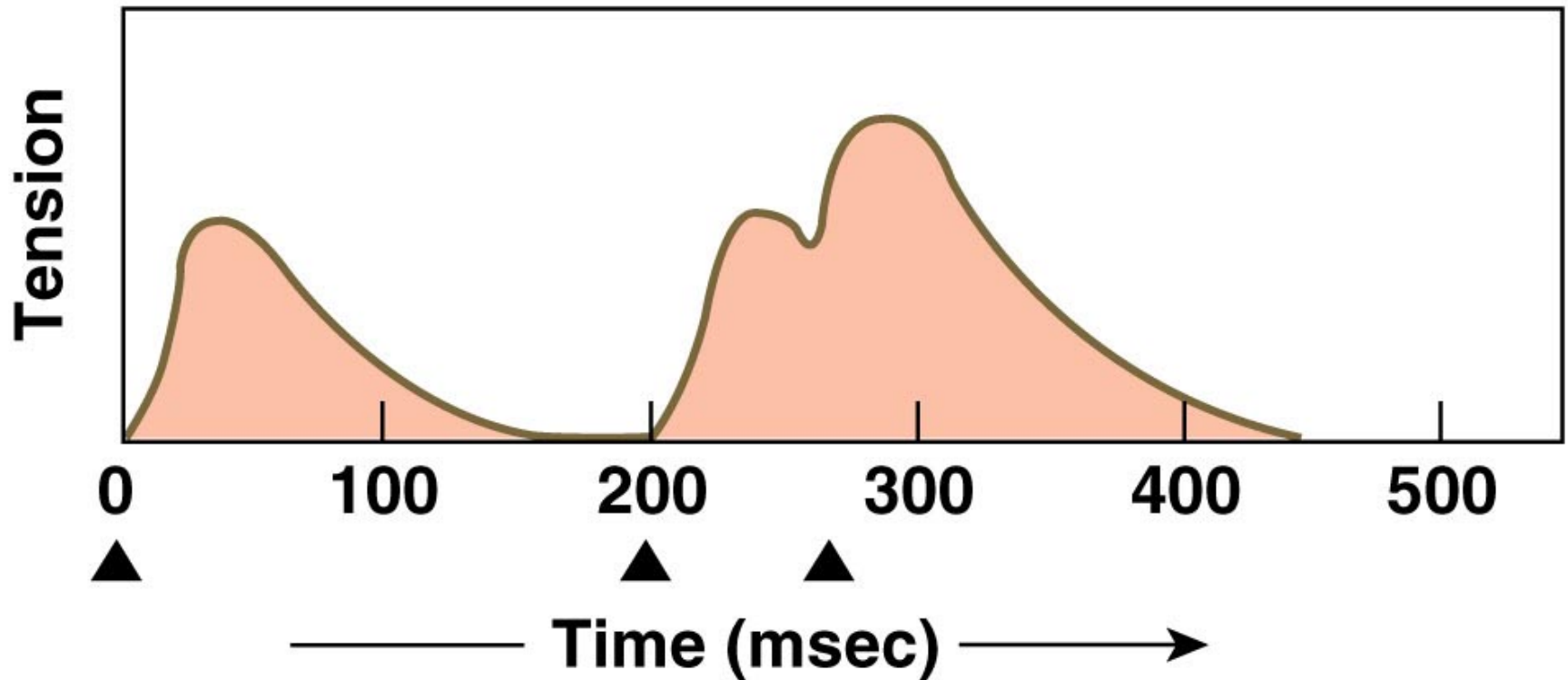


**(a) Single twitches:** Muscle relaxes completely between stimuli (▲).



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

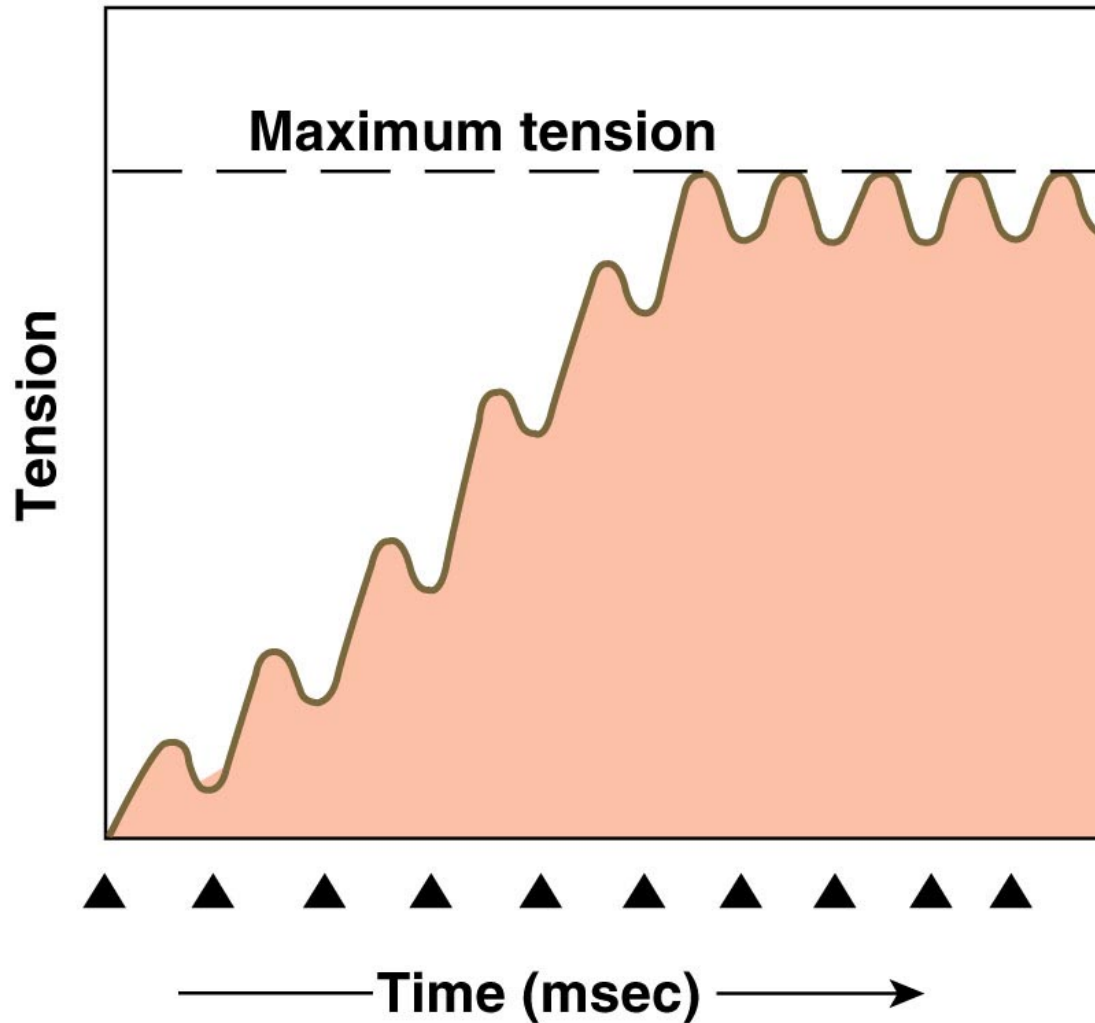


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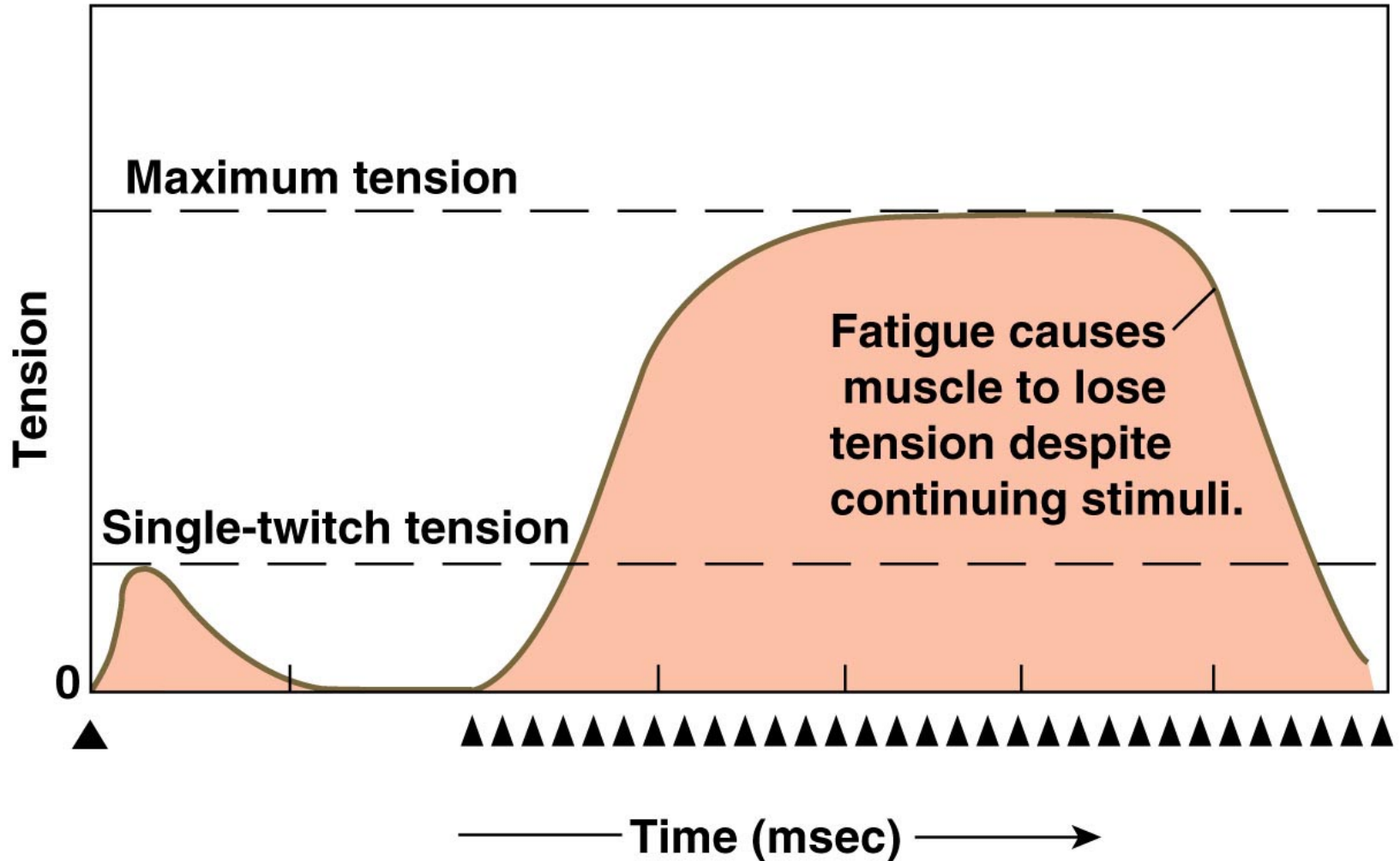
Figure 12-17b



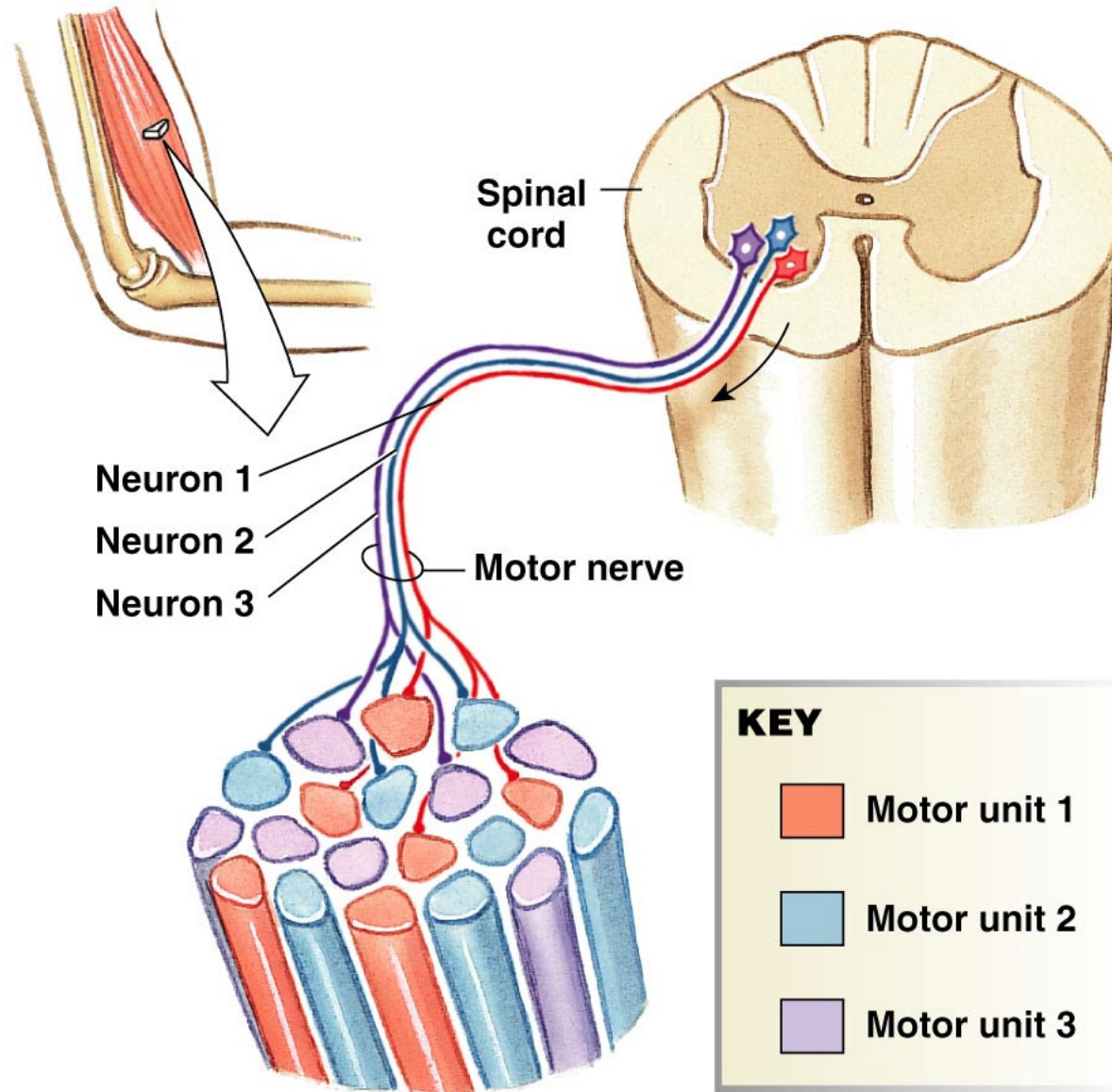
**(c) Summation leading to unfused tetanus:**  
Stimuli are far enough apart to allow muscle to relax slightly between stimuli.



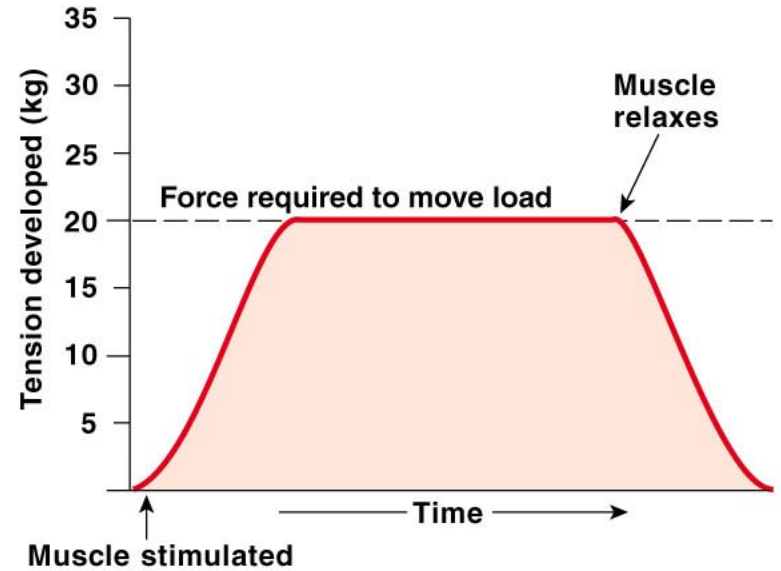
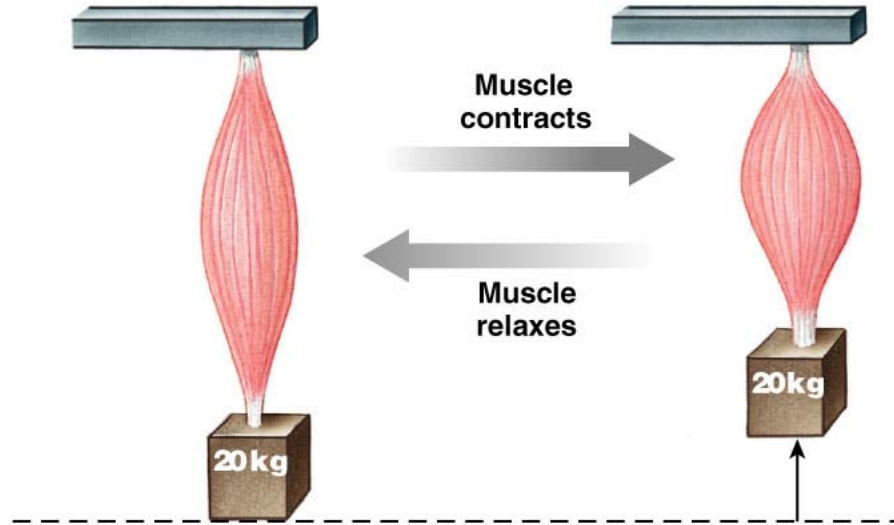
**(d) Summation leading to complete tetanus:**  
Muscle reaches steady tension.



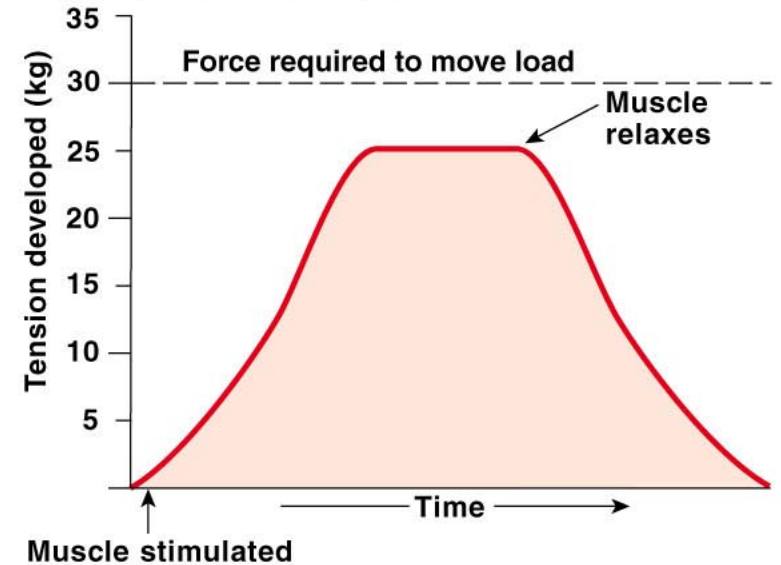
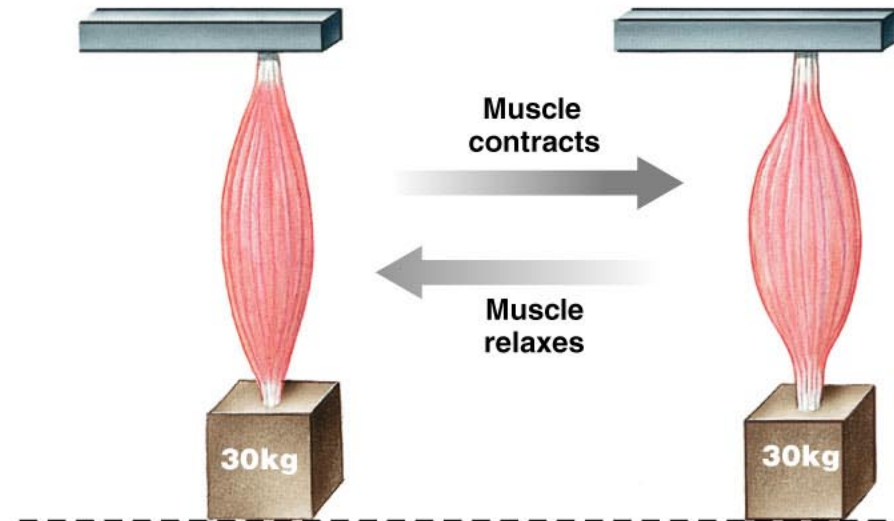
One muscle may have many motor units of different fiber types.



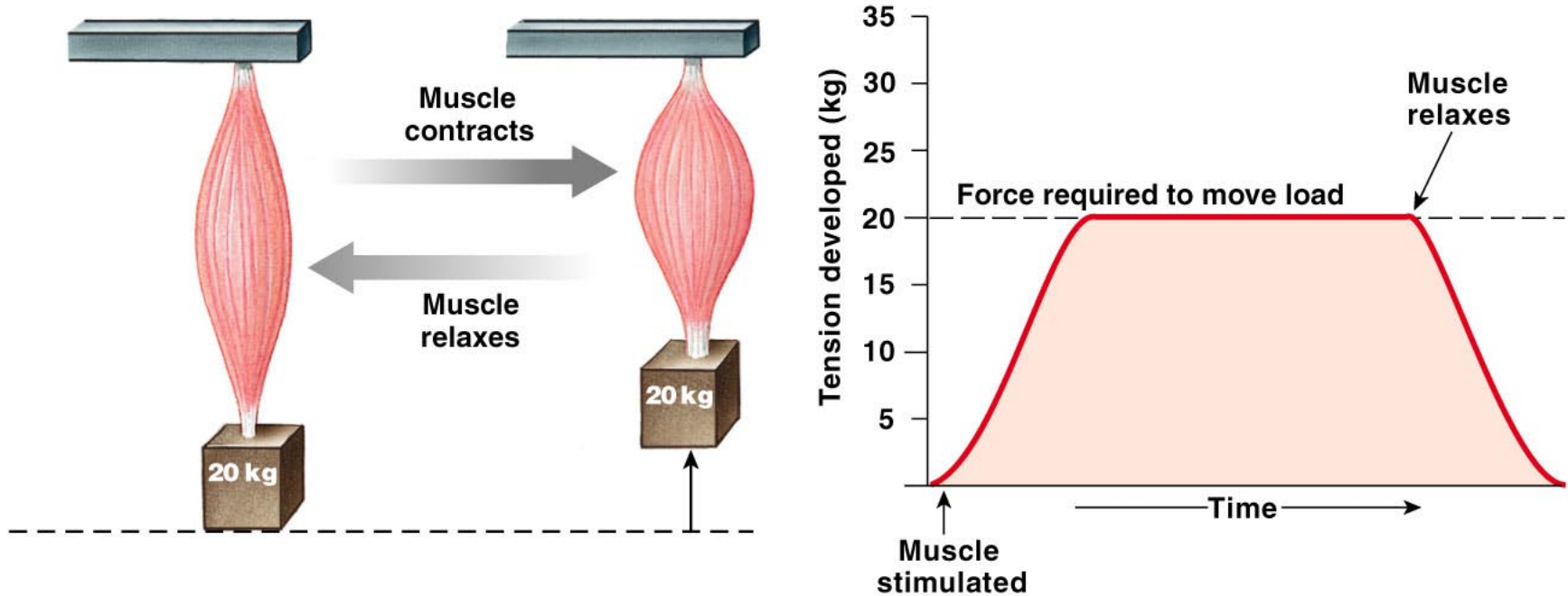
**(a) Isotonic contraction:** muscle contracts, shortens, and creates enough force to move the load.



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



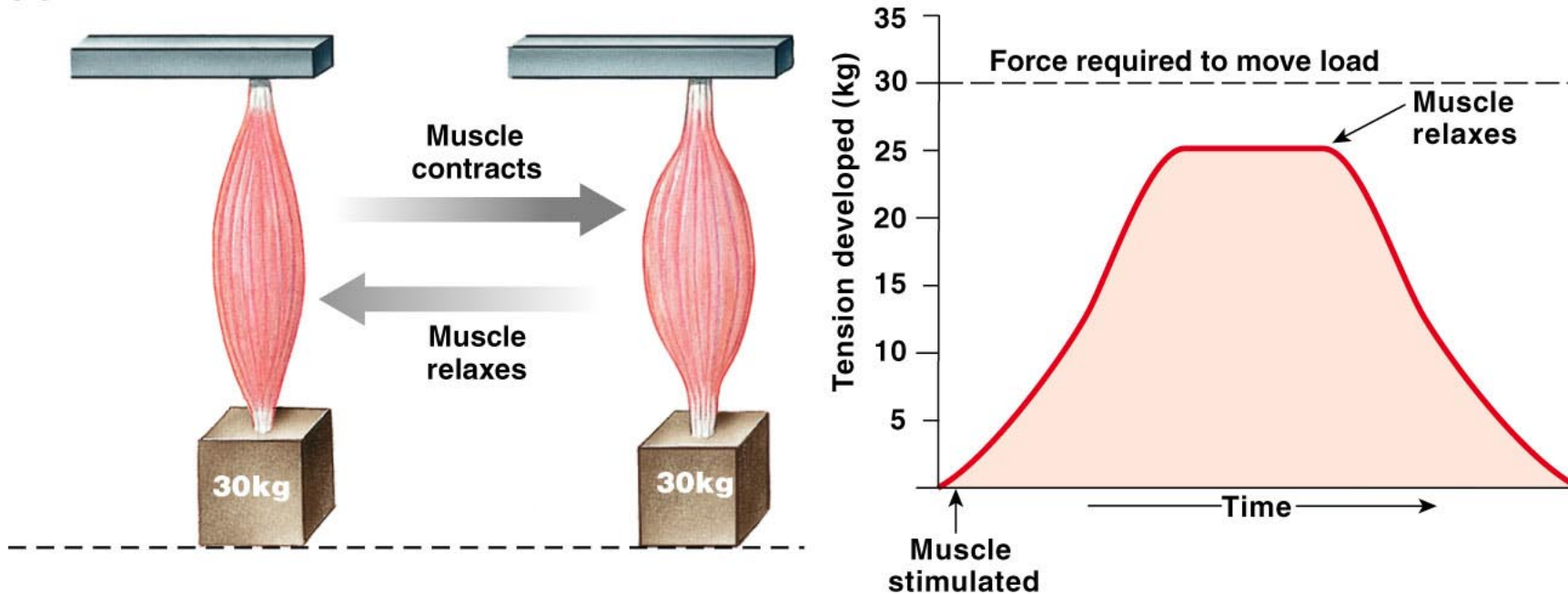
**(a) Isotonic contraction:** muscle contracts, shortens, and creates enough force to move the load.



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Figure 12-19a

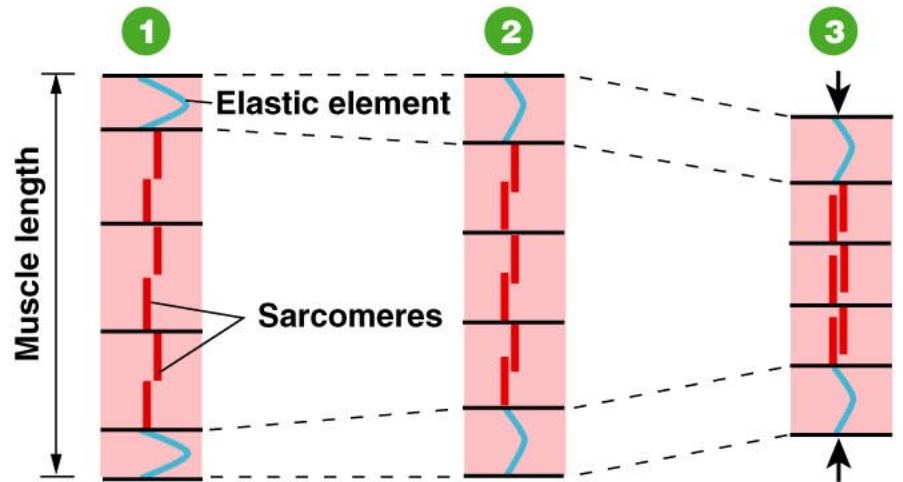
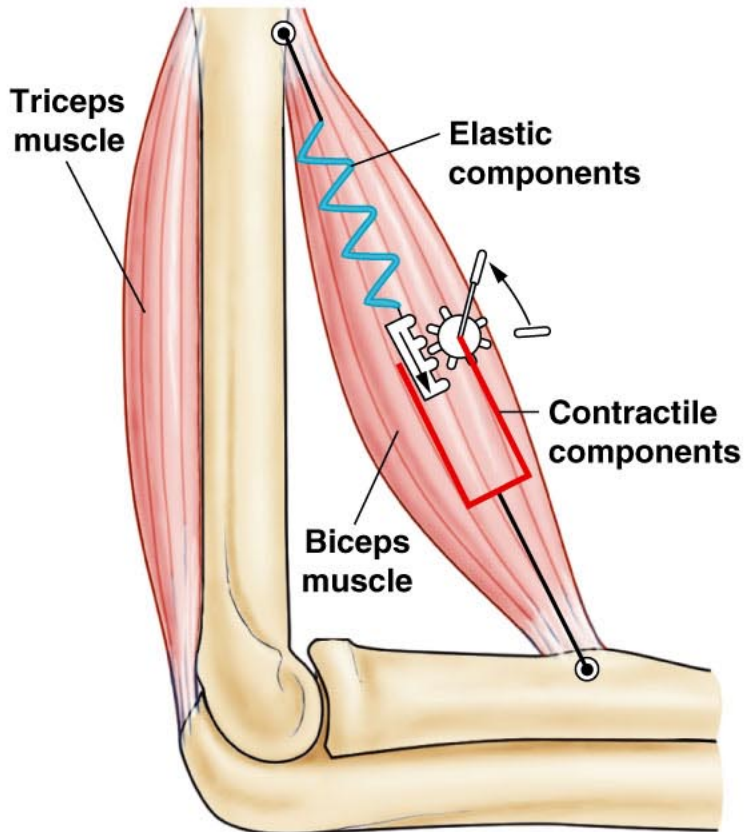
**(b) Isometric contraction:** muscle contracts but does not shorten. Force cannot move the load.



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Figure 12-19b

## Schematic of the series elastic elements



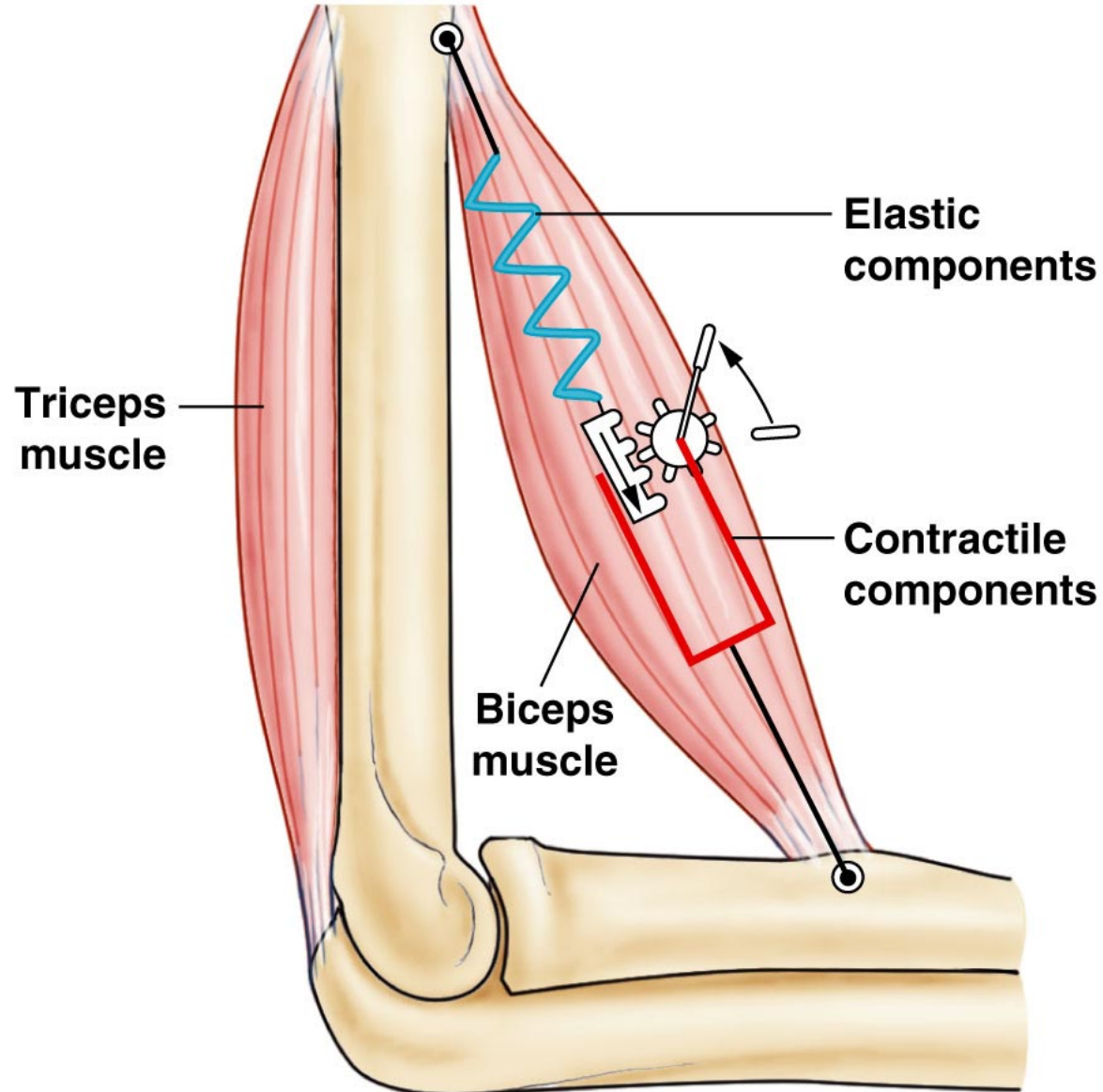
**1 Muscle at rest**

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

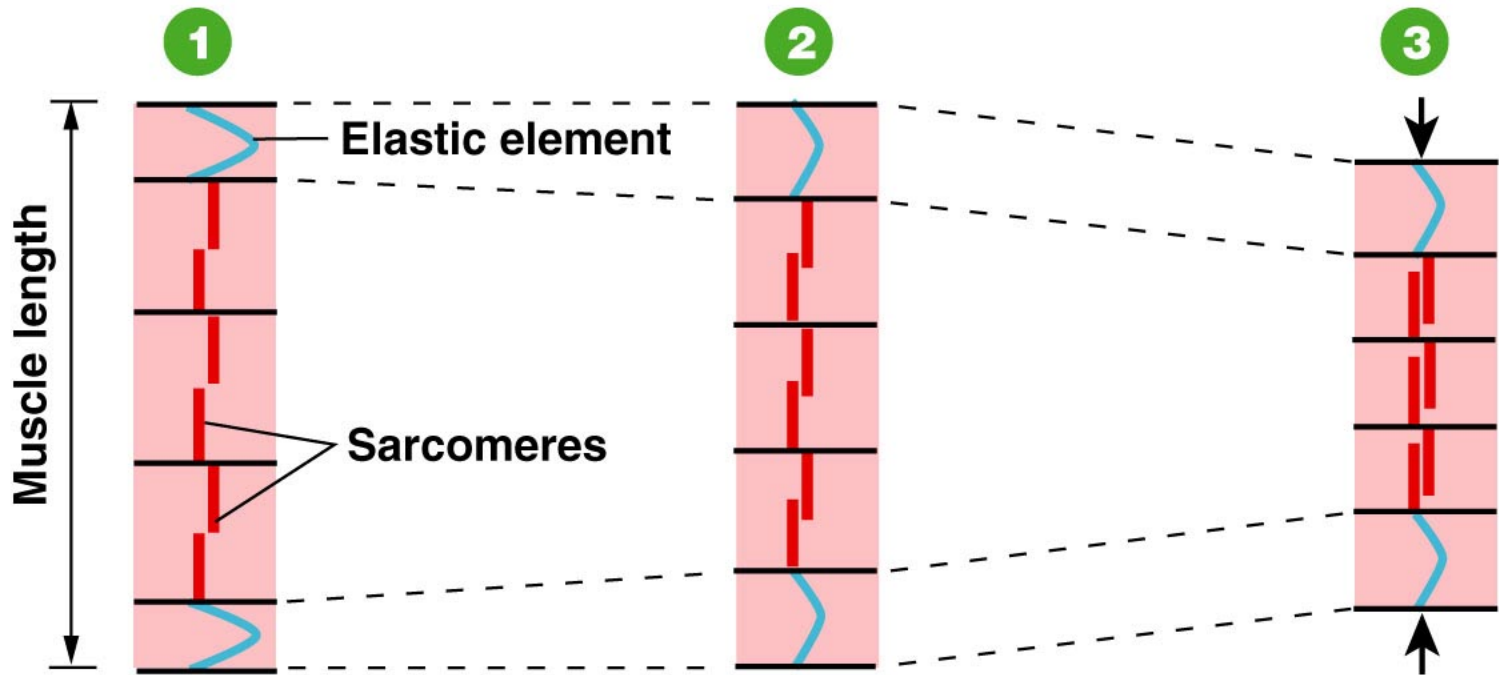
**3 Isotonic contraction:** Sarcomeres shorten more but, because elastic elements are already stretched, the entire muscle must shorten.

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## Schematic of the series elastic elements



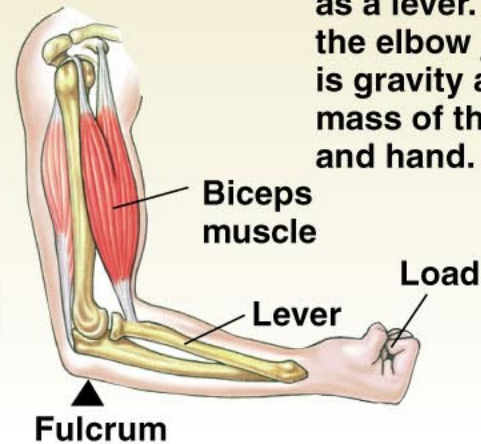




- 1 Muscle at rest**
- 2 Isometric contraction:** Muscle has not shortened. Sarcomeres shorten, generating force, but elastic elements stretch, allowing muscle length to remain the same.
- 3 Isotonic contraction:** Sarcomeres shorten more but, because elastic elements are already stretched, the entire muscle must shorten.

**(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.

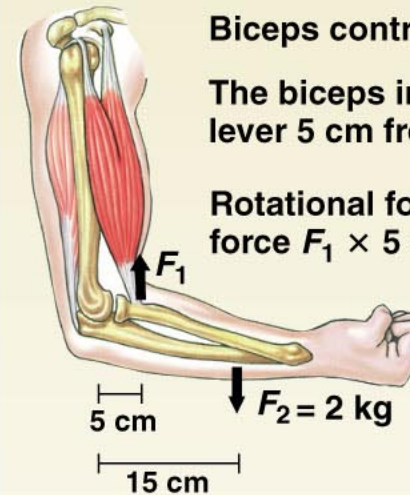


**(b)**

Biceps contraction creates upward force  $F_1$ .

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

Rotational force<sub>up</sub>  $\propto$  biceps force  $F_1 \times 5$  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<sub>down</sub>  $\propto$  load  $F_2 \times 15$  cm  
 $\propto 2$  kg  $\times 15$  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<sub>up</sub> = Rotational force<sub>down</sub>

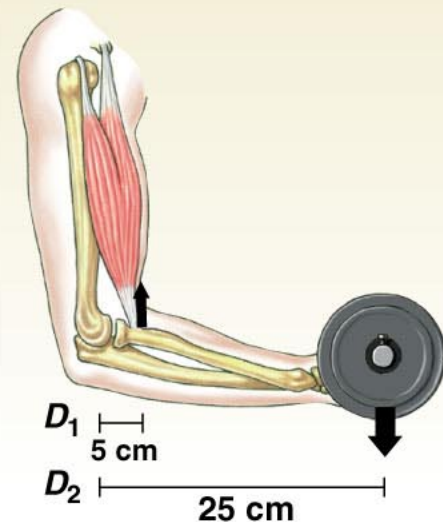
Biceps force  $\times 5$  cm = 2 kg  $\times 15$  cm

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

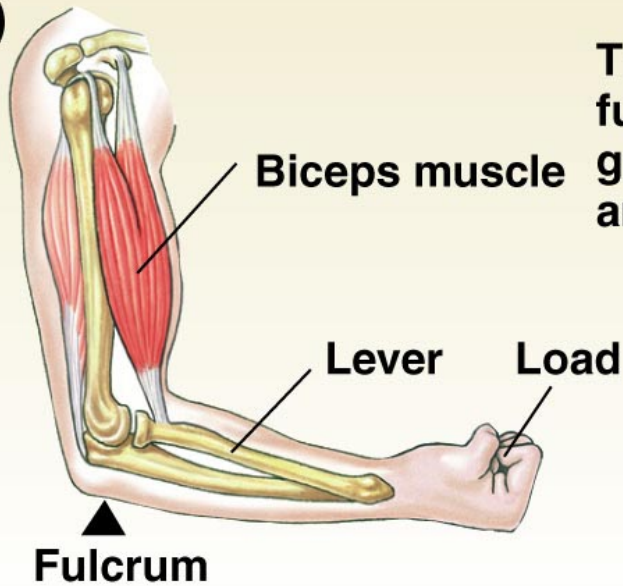
Biceps force = 6 kg

**(c)**

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



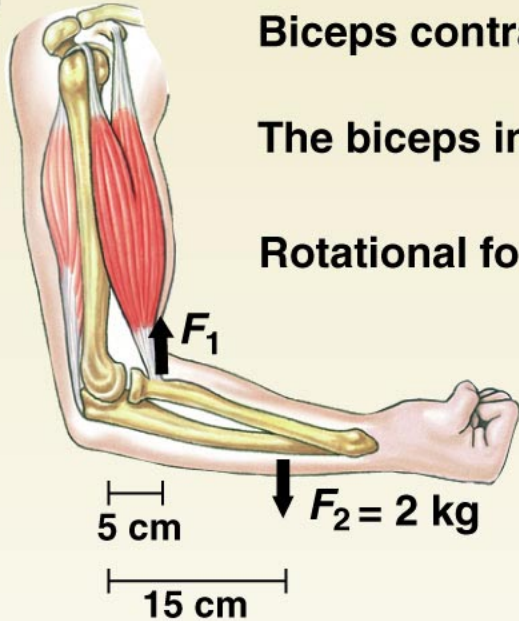
**(a)**



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)**



Biceps contraction creates upward force  $F_1$ .

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

Rotational force<sub>up</sub>  $\propto$  biceps force  $F_1 \times 5$  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<sub>down</sub>  $\propto$  load  $F_2 \times 15$  cm  
 $\propto 2$  kg  $\times 15$  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.

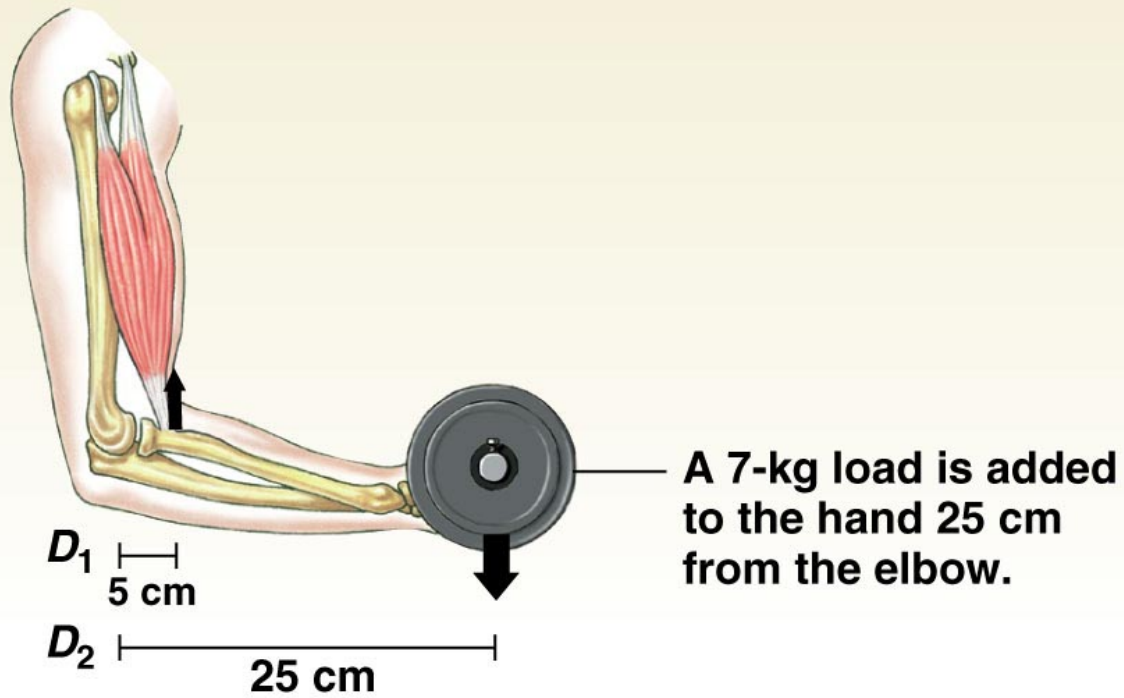
$$\text{Rotational force}_{\text{up}} = \text{Rotational force}_{\text{down}}$$

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

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

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

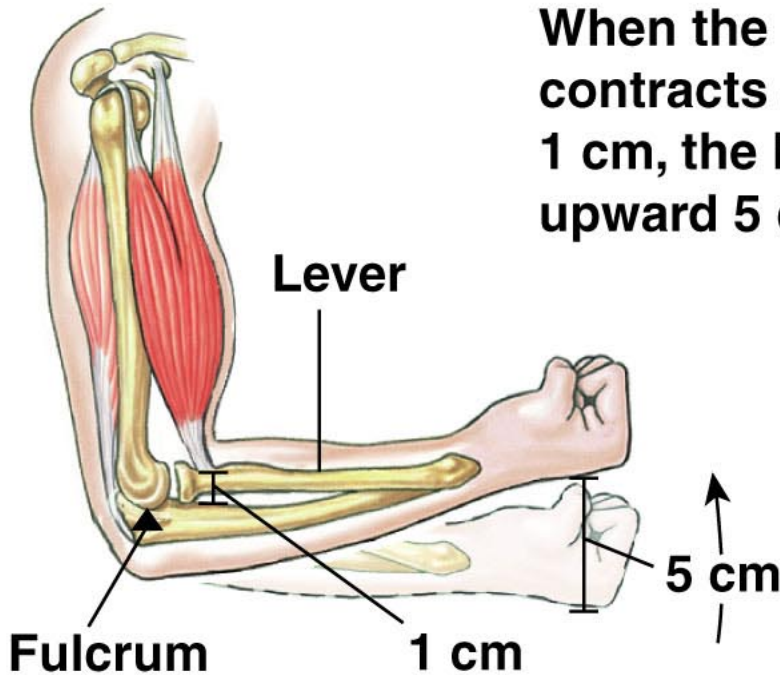
**(c)**



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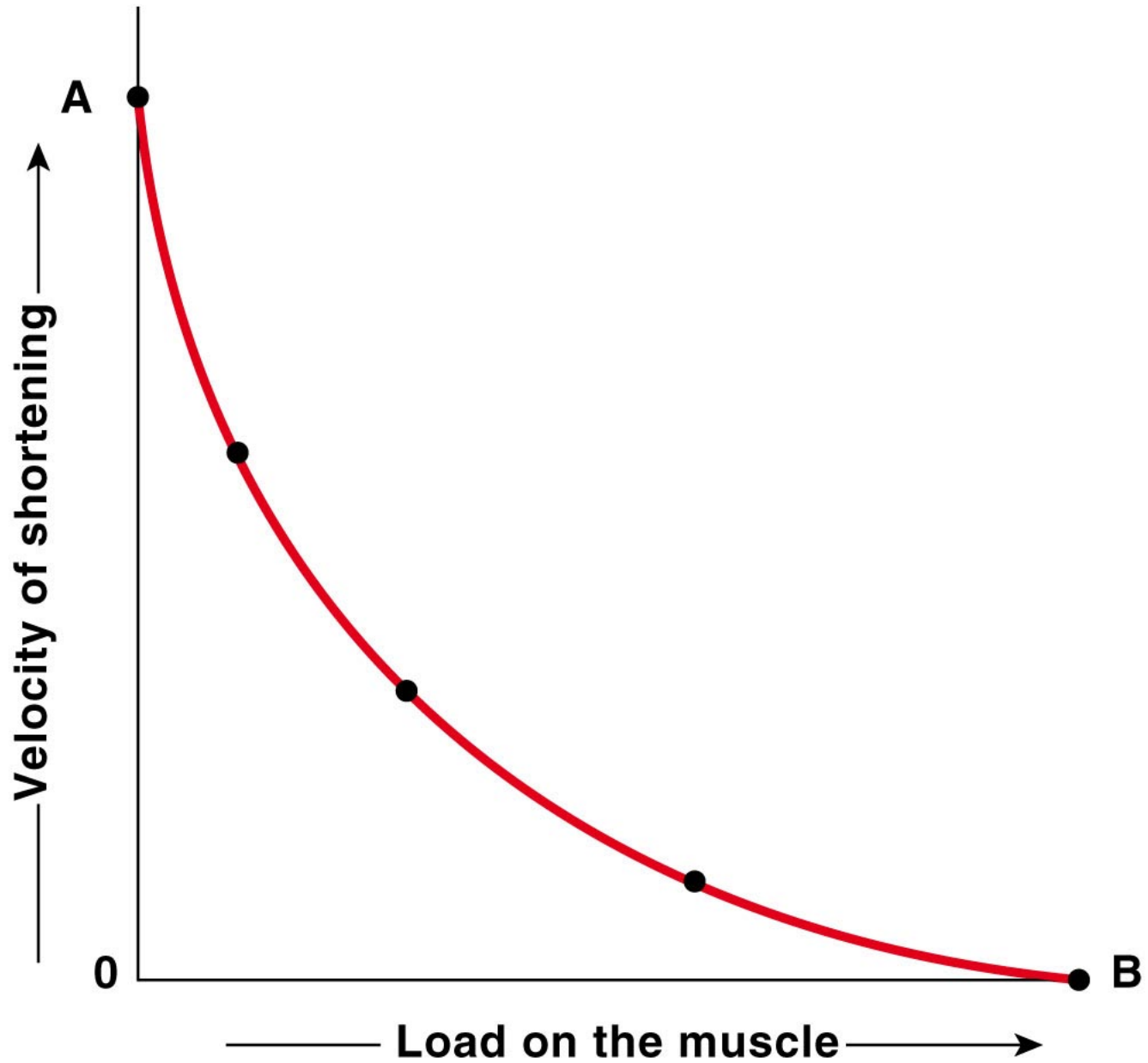
Figure 12-21c

**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.**



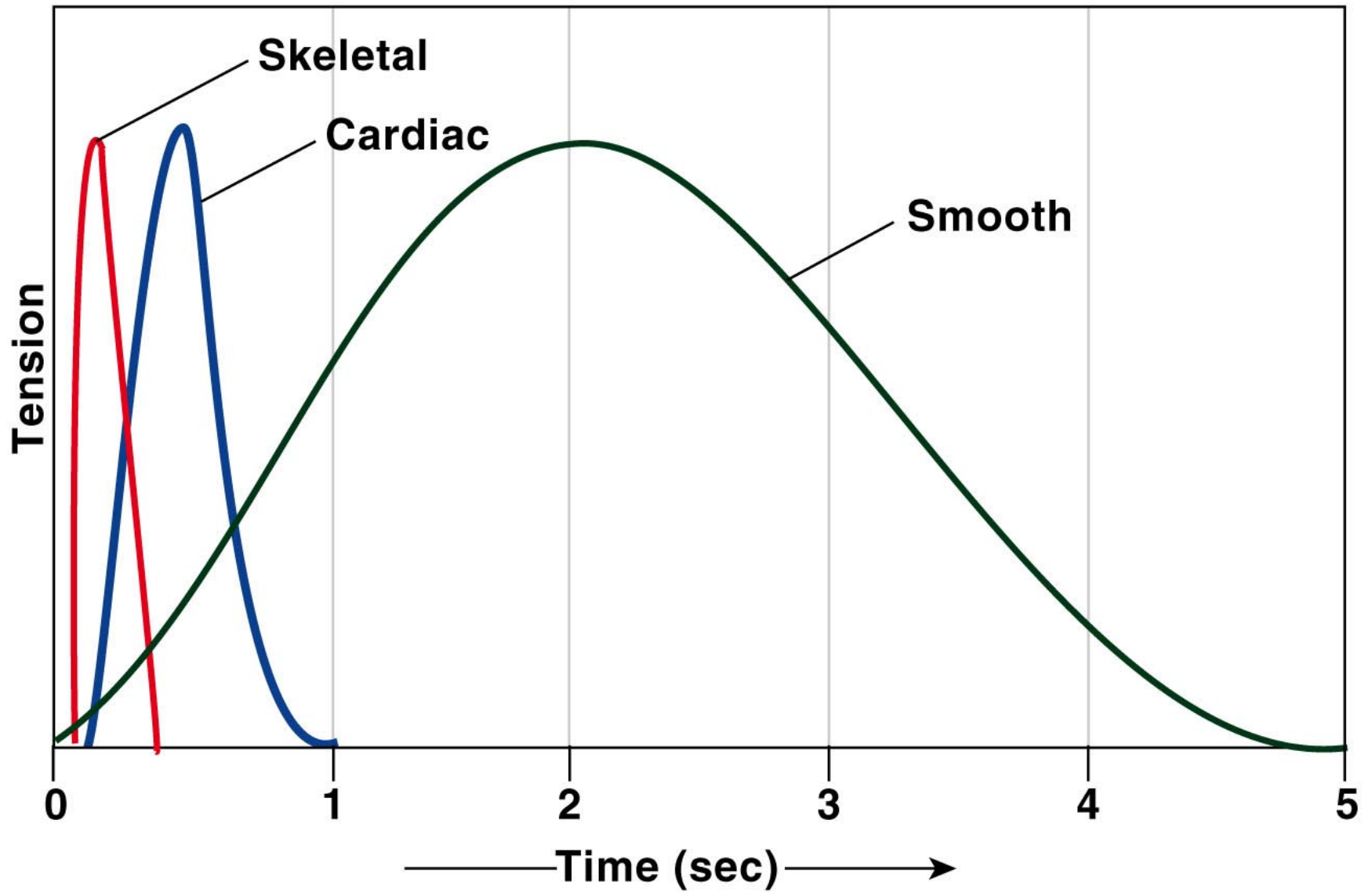
**When the biceps contracts and shortens 1 cm, the hand moves upward 5 cm.**

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Figure 12-23

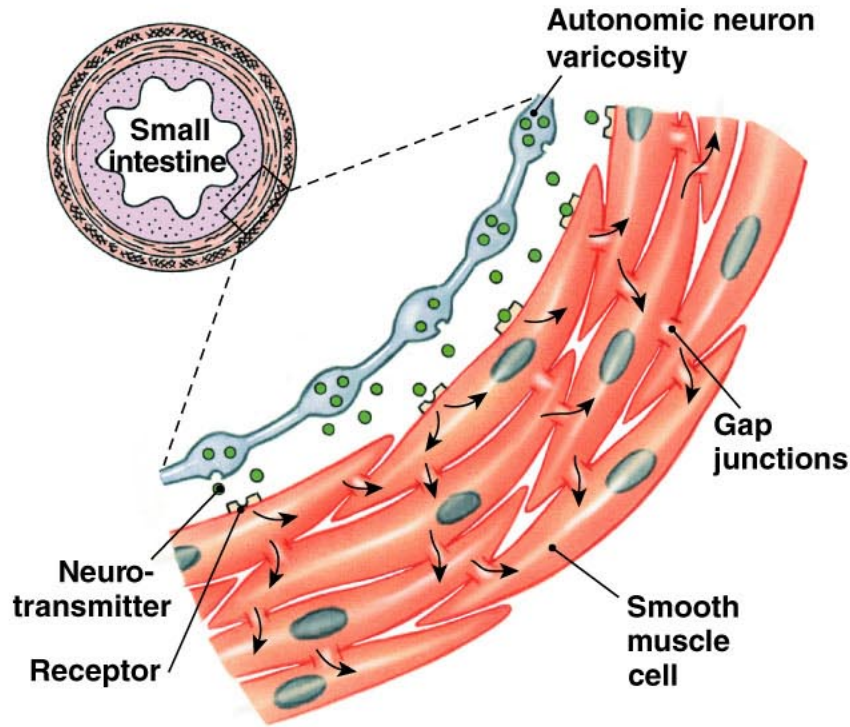


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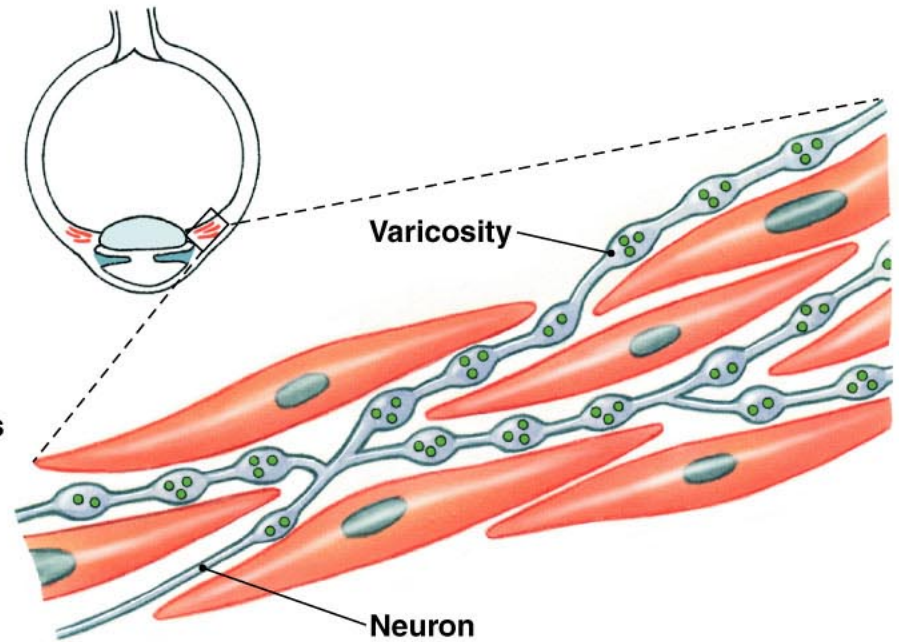
Figure 12-24



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

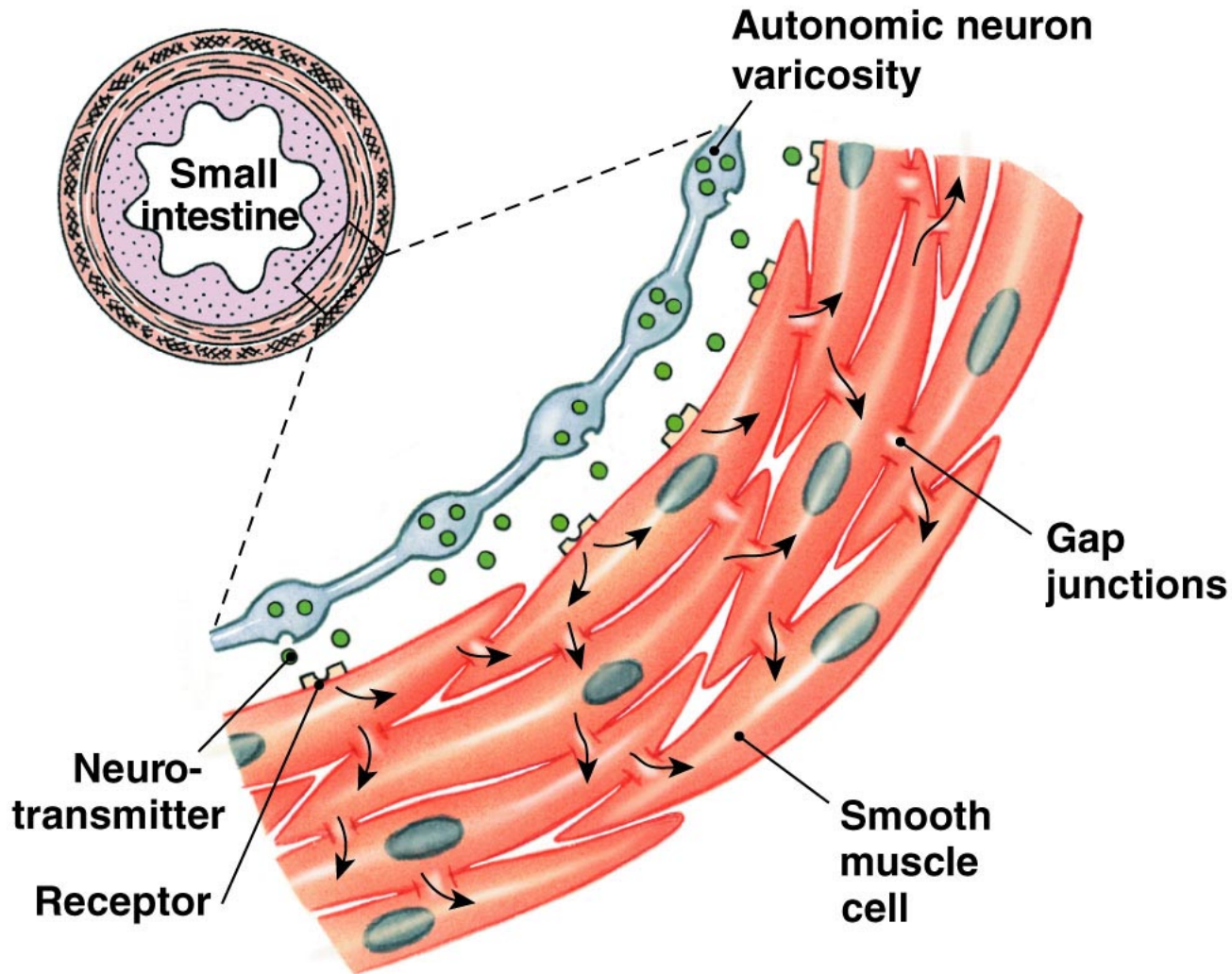


**(b) Multi-unit smooth muscle cells** are not electrically linked, and each cell must be stimulated independently.

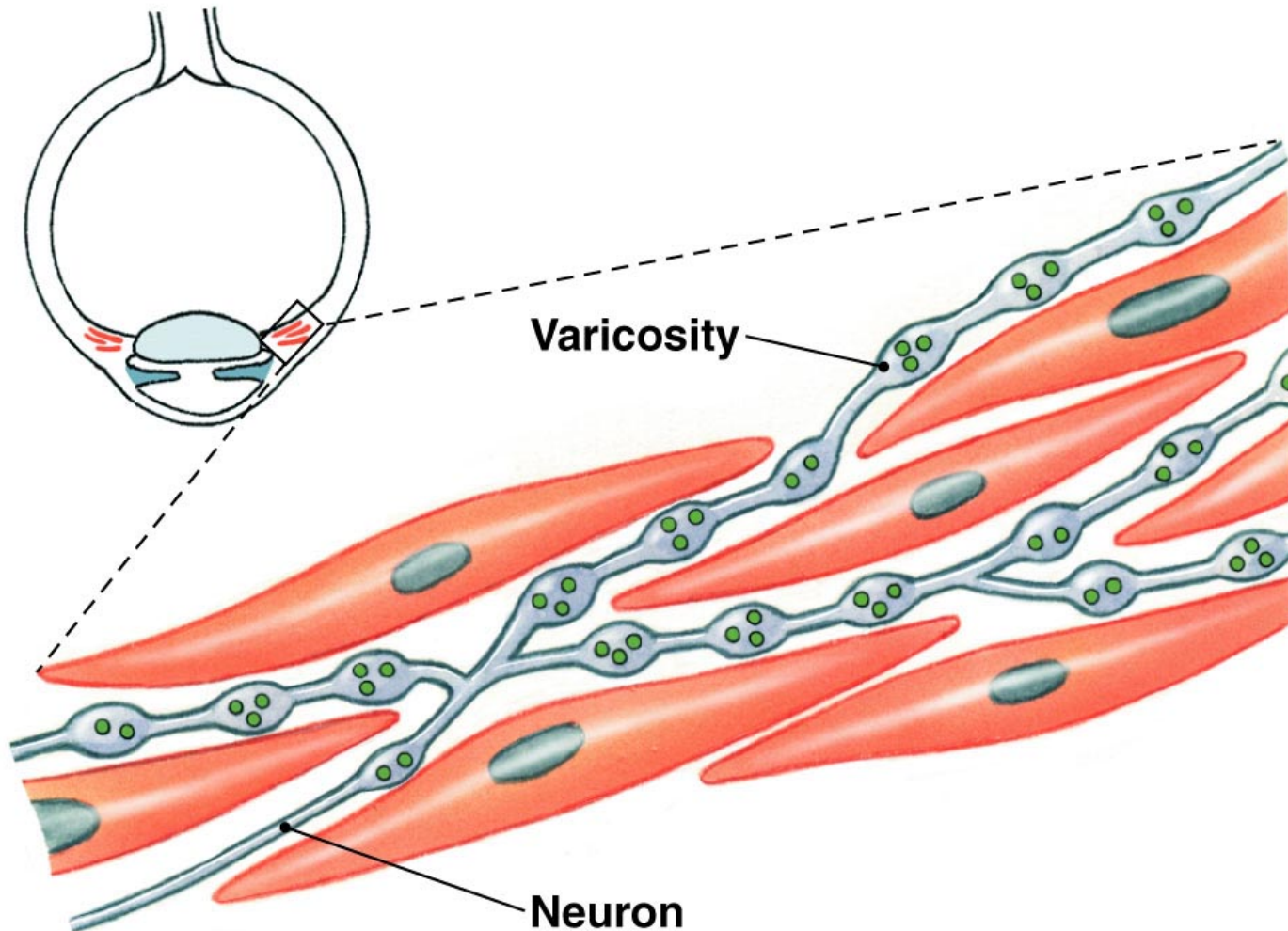


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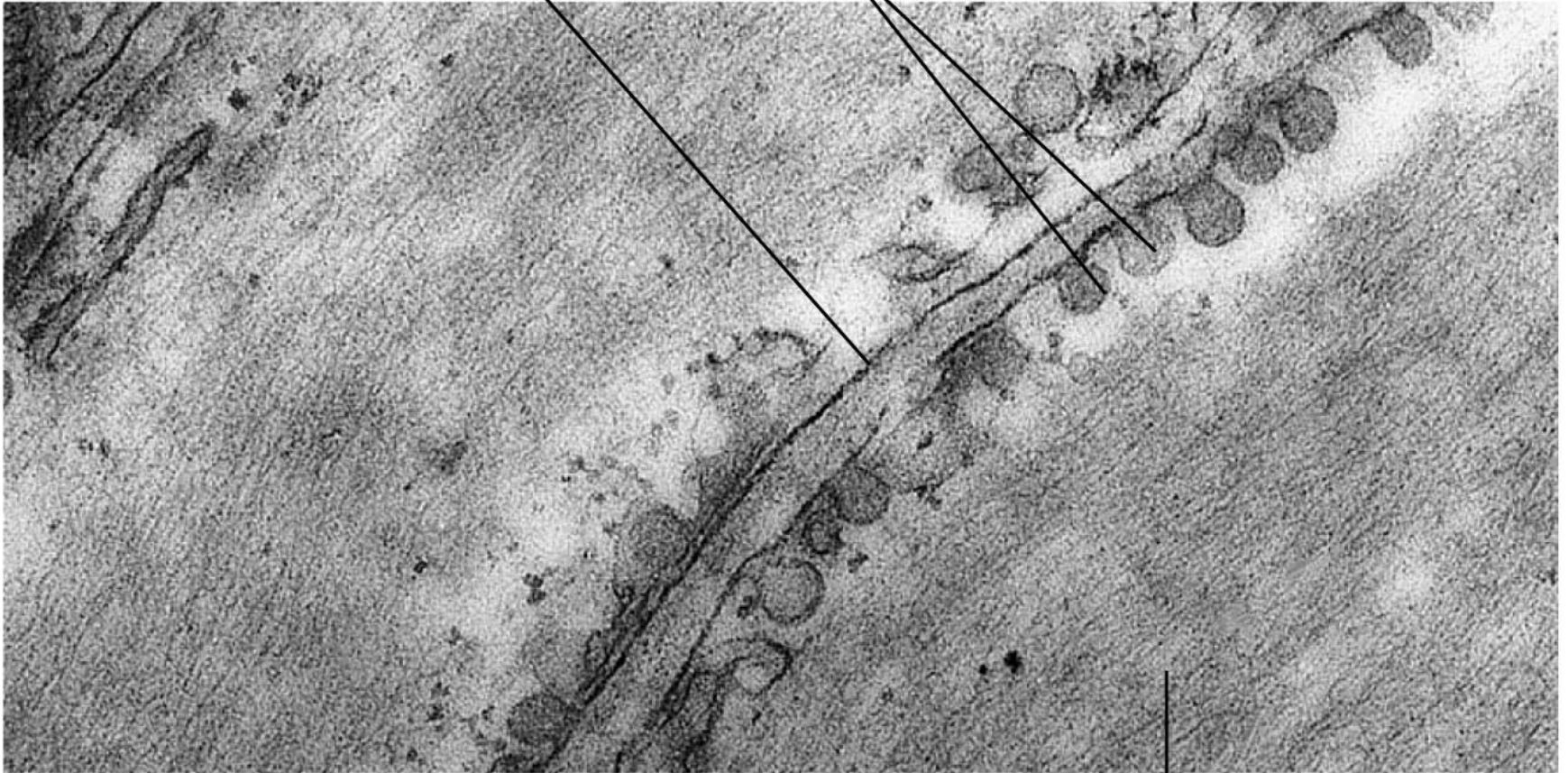
**(a) Single-unit smooth muscle cells are connected by gap junctions, and the cells contract as a single unit.**



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



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



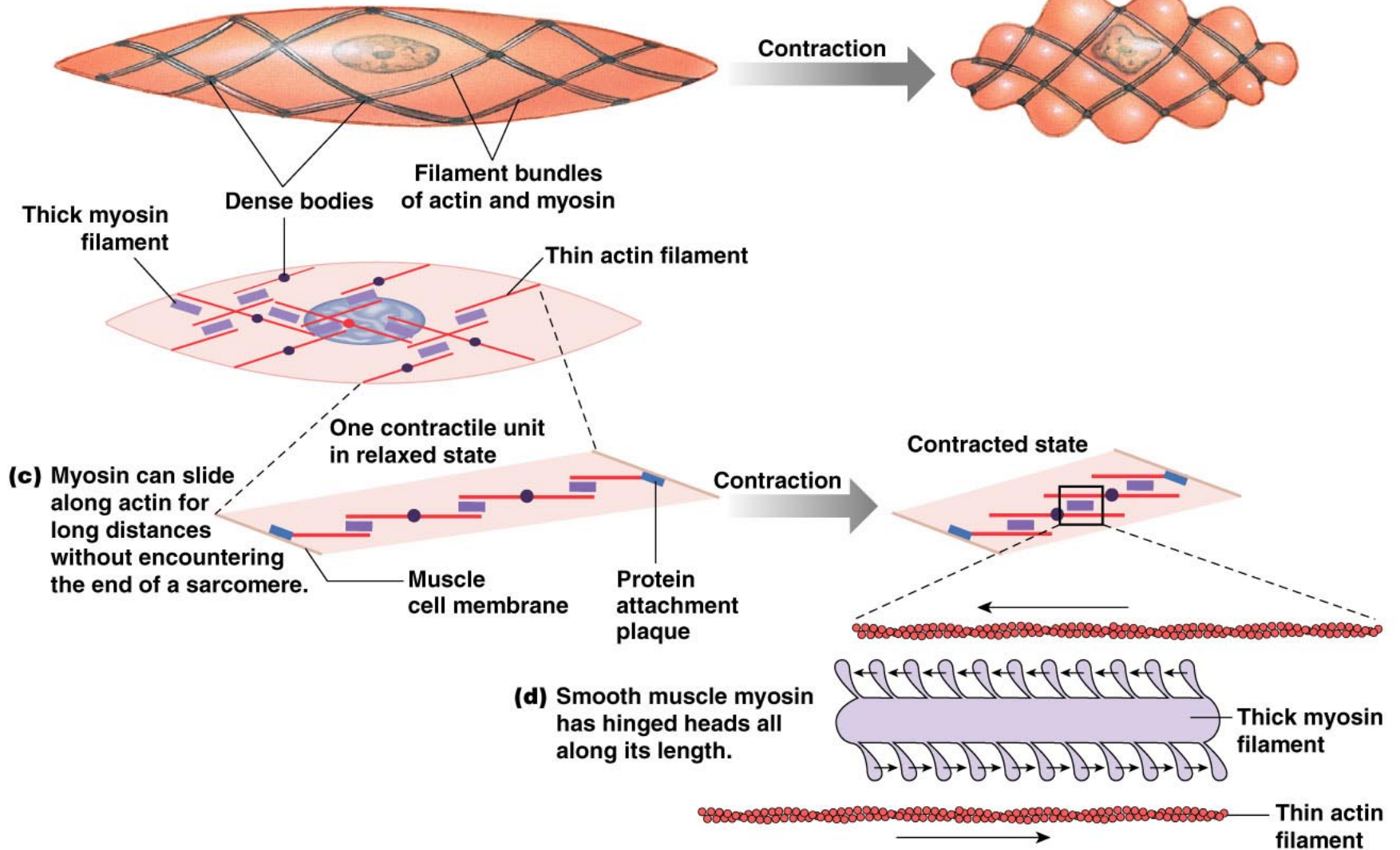
**Smooth muscle cell**

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**Figure 12-26**

**(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.



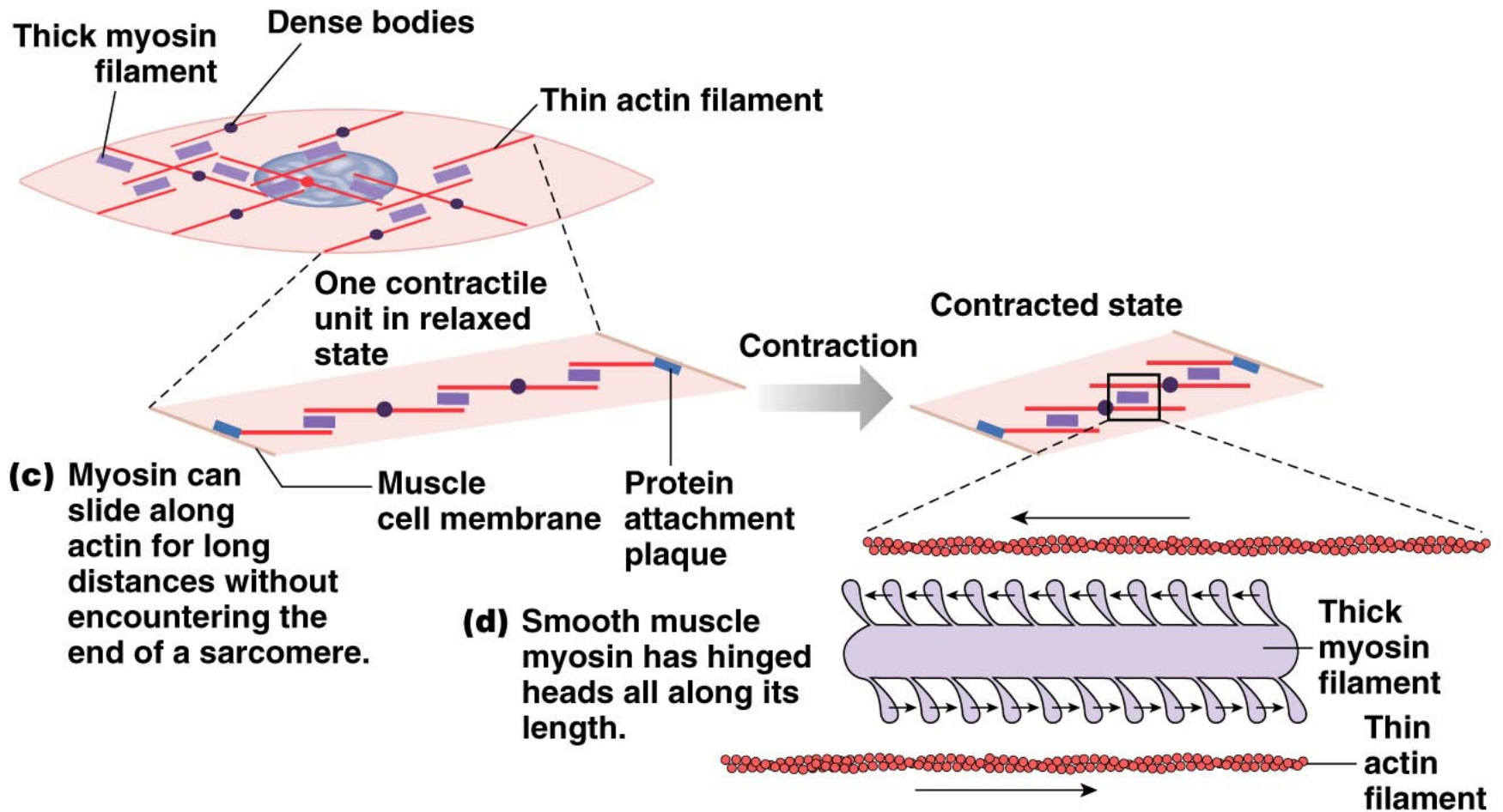
**(a)** Actin and myosin are loosely arranged around the periphery of the cell, held in place by protein dense bodies.

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



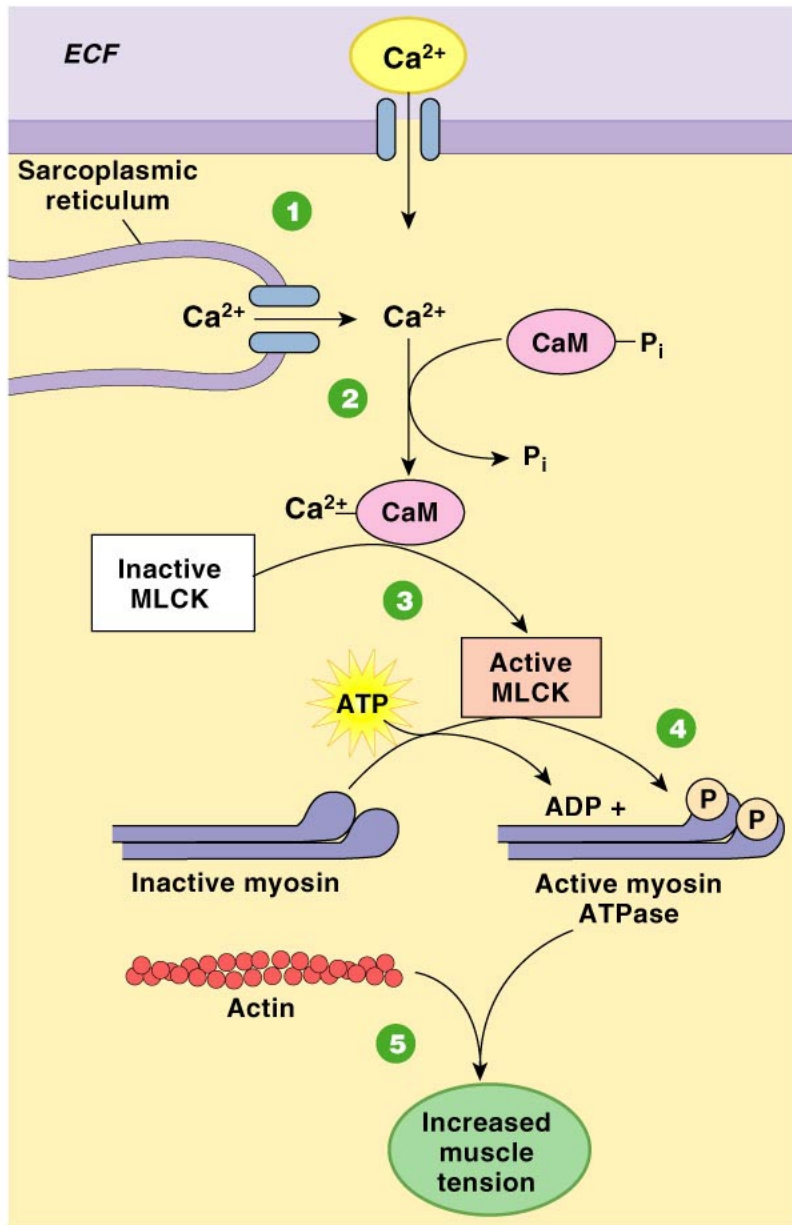
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Figure 12-27a–b



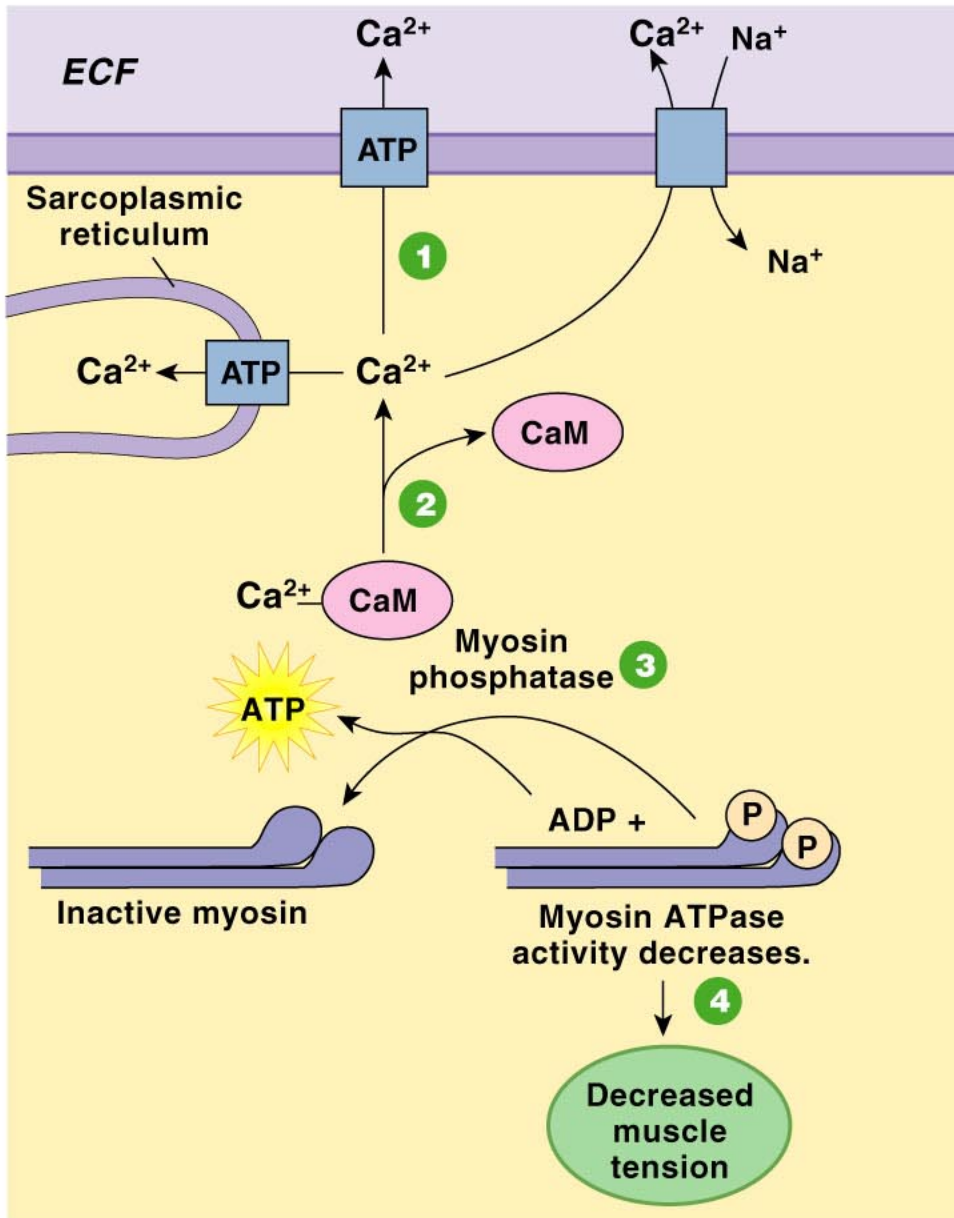
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Figure 12-27c–d

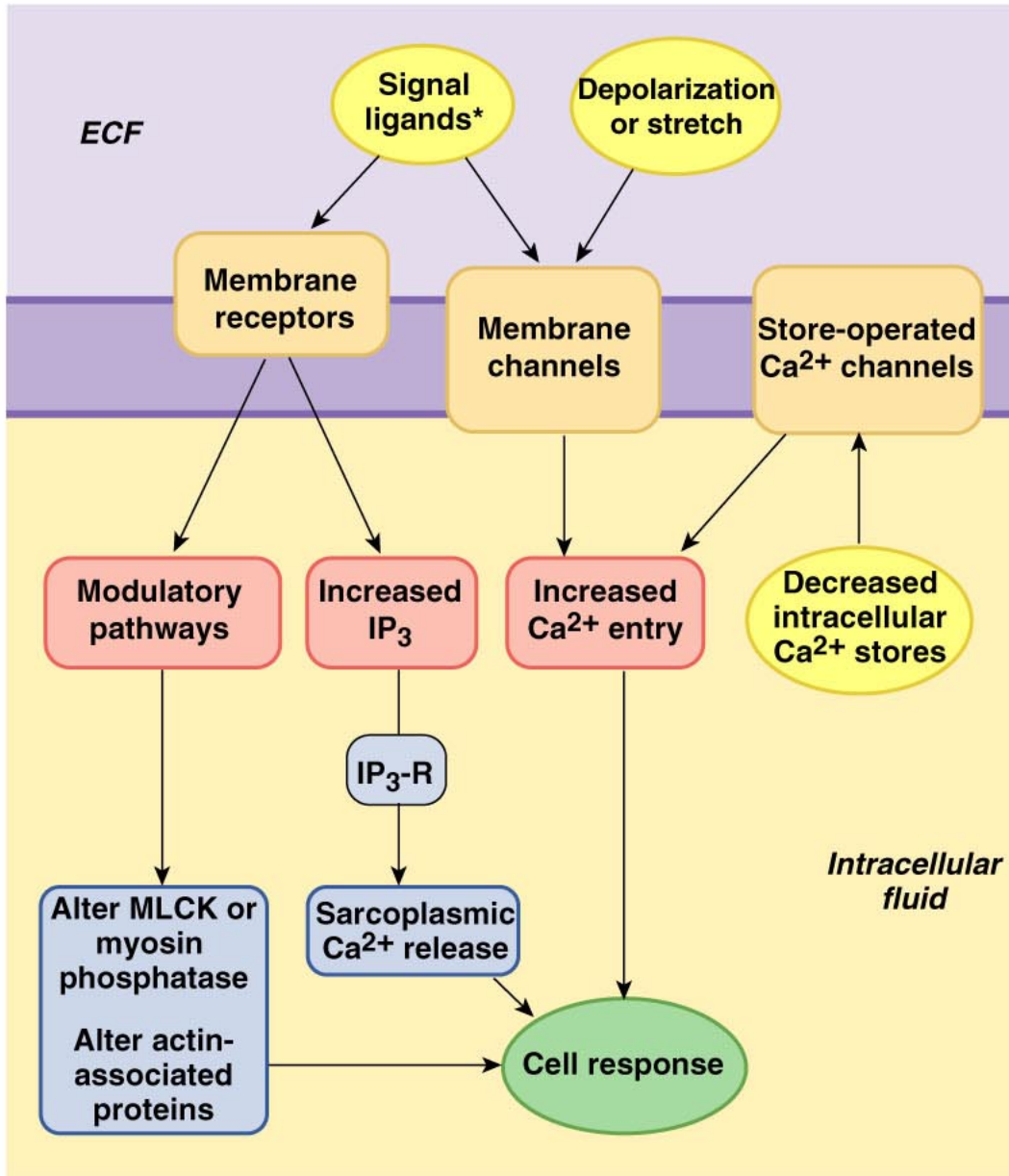


- 1** Intracellular  $\text{Ca}^{2+}$  concentrations increase when  $\text{Ca}^{2+}$  enters cell and is released from sarcoplasmic reticulum.
- 2**  $\text{Ca}^{2+}$  binds to calmodulin (CaM).
- 3**  $\text{Ca}^{2+}$ -calmodulin activates myosin light chain kinase (MLCK).
- 4** MLCK phosphorylates light chains in myosin heads and increases myosin ATPase activity.
- 5** Active myosin crossbridges slide along actin and create muscle tension.





- 1 Free  $\text{Ca}^{2+}$  in cytosol decreases when  $\text{Ca}^{2+}$  is pumped out of the cell or back into the sarcoplasmic reticulum.
- 2  $\text{Ca}^{2+}$  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.

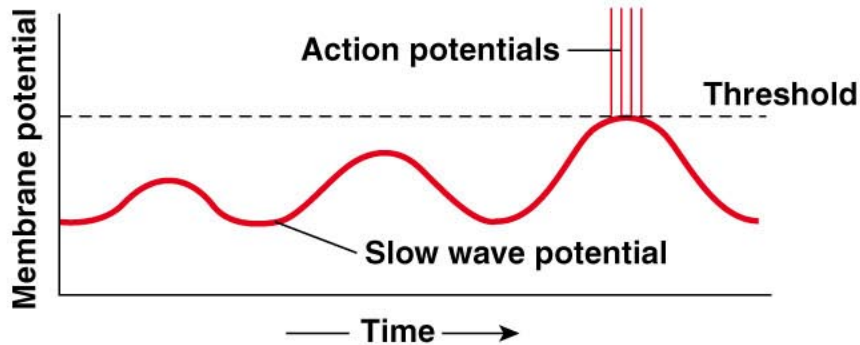


**KEY**

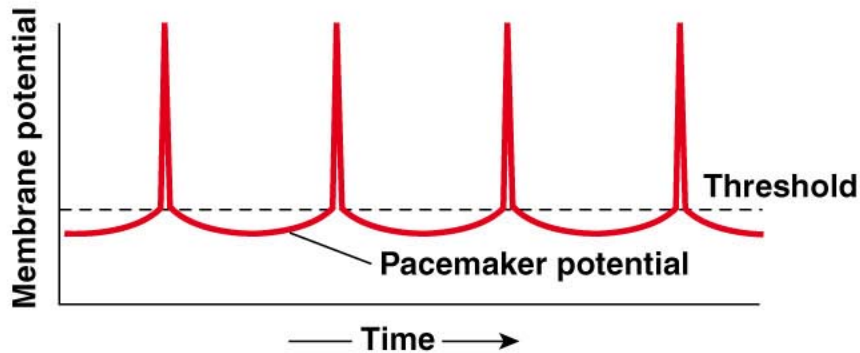
IP<sub>3</sub>-R = IP<sub>3</sub>-activated receptor-channel

\* Ligands include norepinephrine, ACh, other neurotransmitters, hormones, and paracrines.

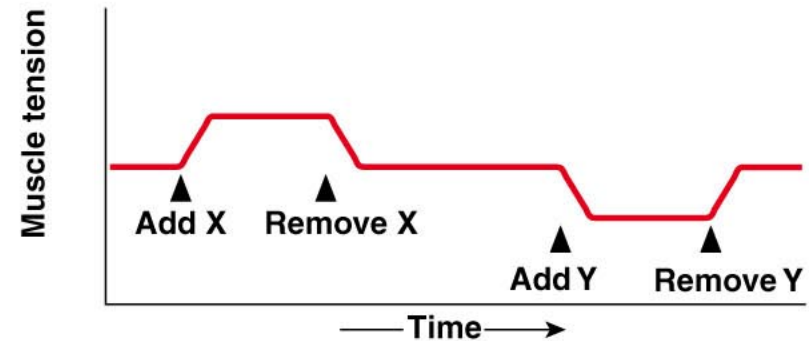
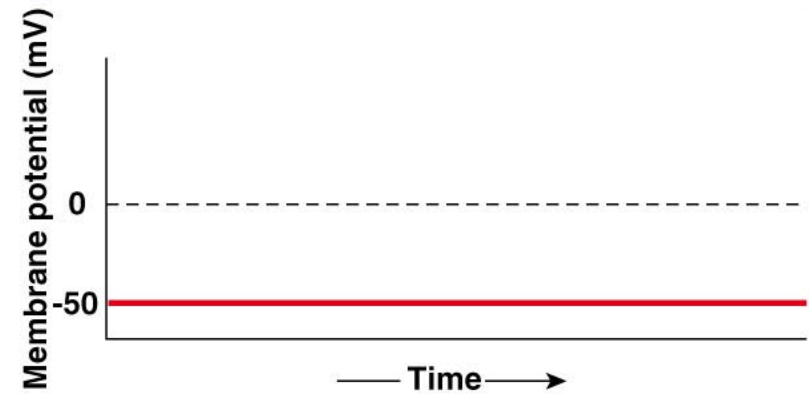
**(a) Slow wave potentials fire action potentials when they reach threshold.**



**(b) Pacemaker potentials always depolarize to threshold.**



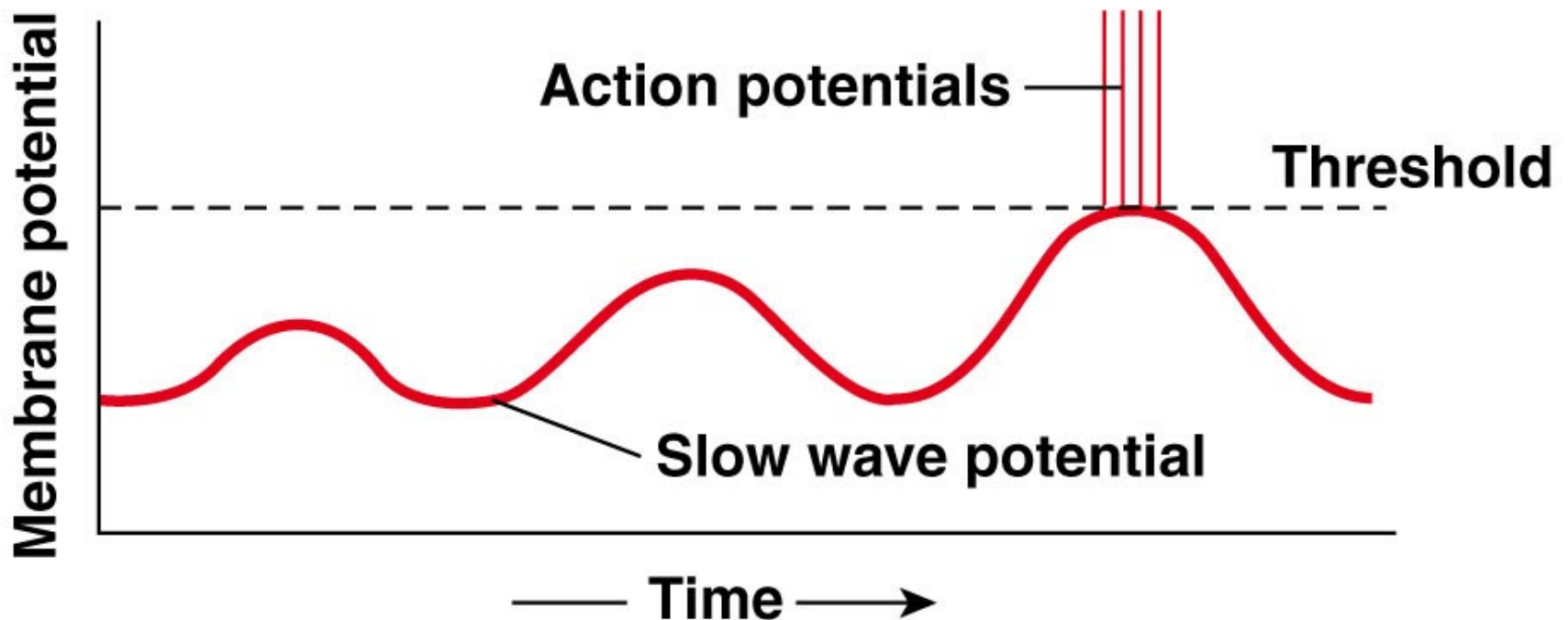
**(c) Pharmacomechanical coupling occurs when chemical signals change muscle tension without a change in membrane potential.**



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Figure 12-31 - Overview

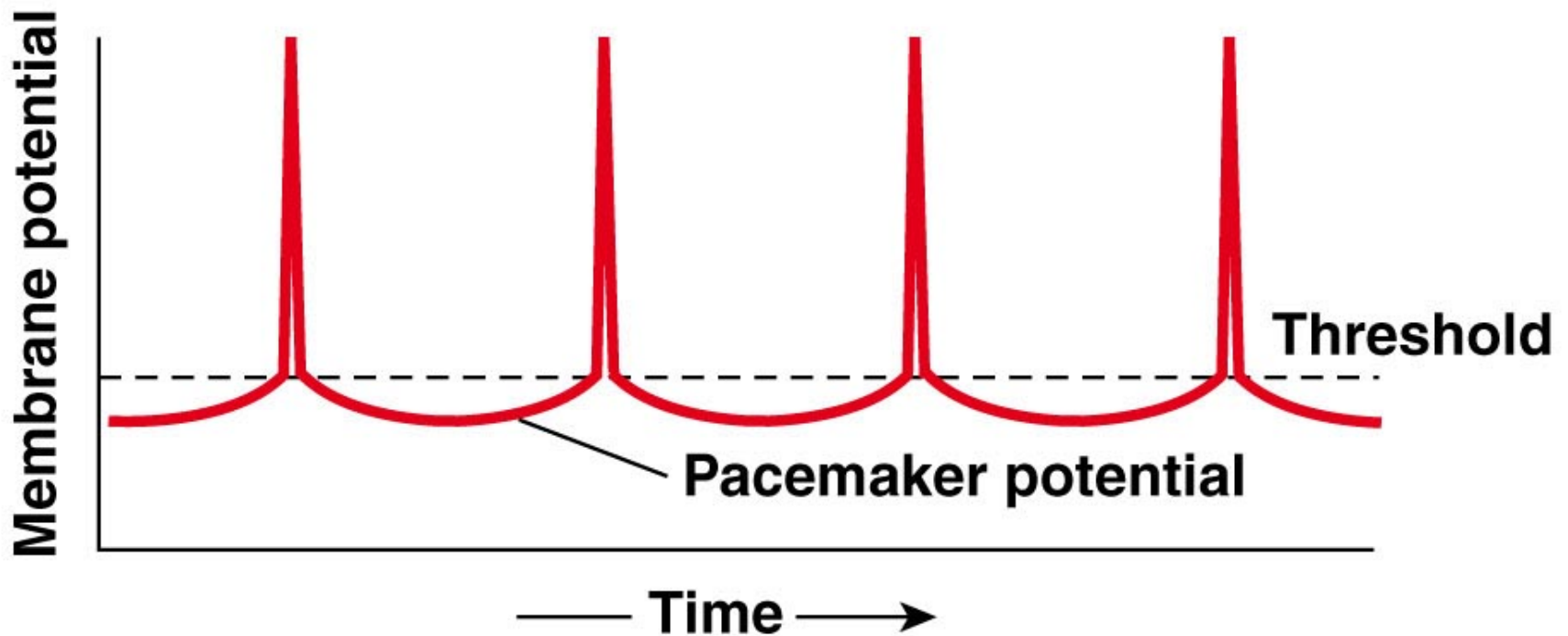
**(a) Slow wave potentials fire action potentials when they reach threshold.**



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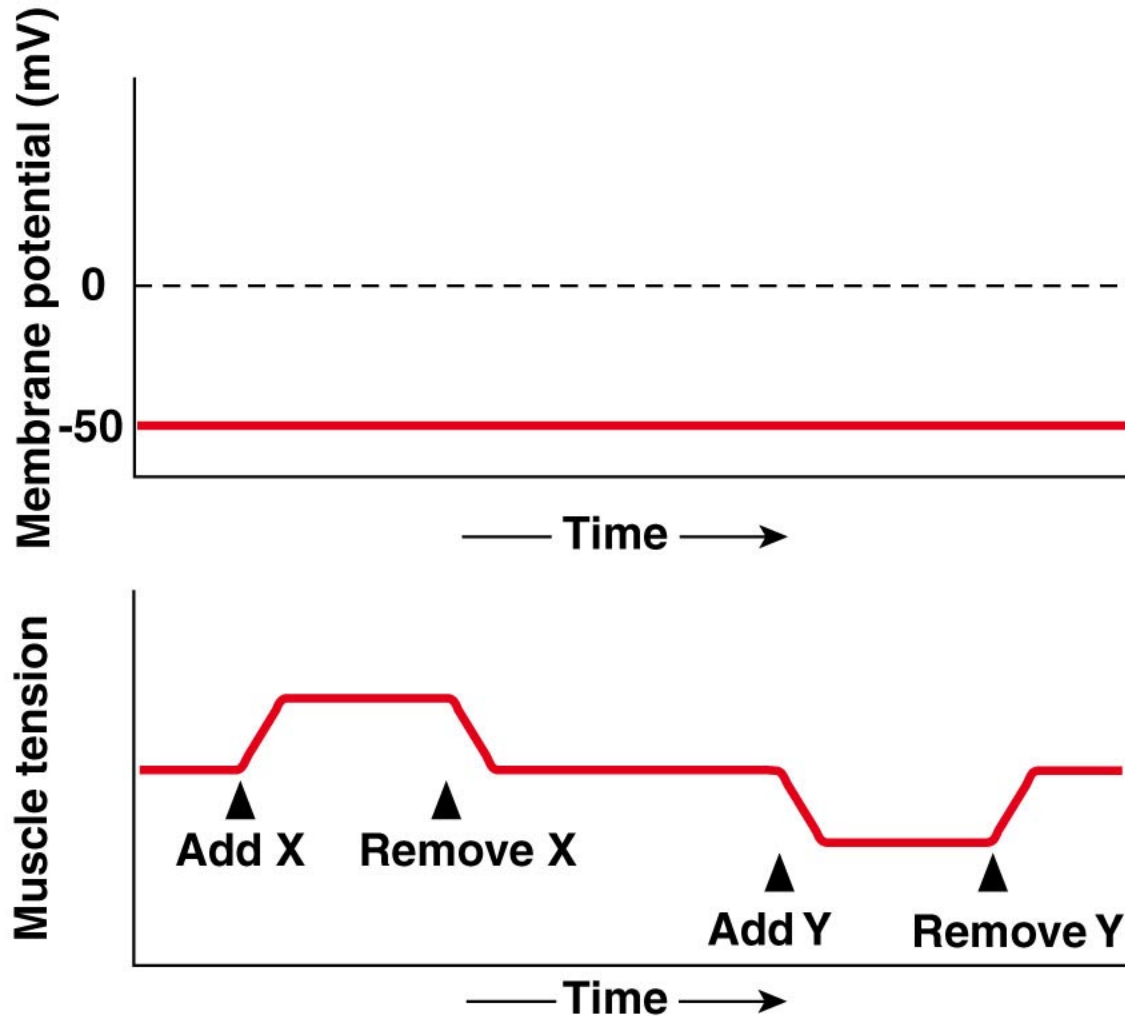
Figure 12-31a

**(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.**



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

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