

CNS

PHYSIOLOGY

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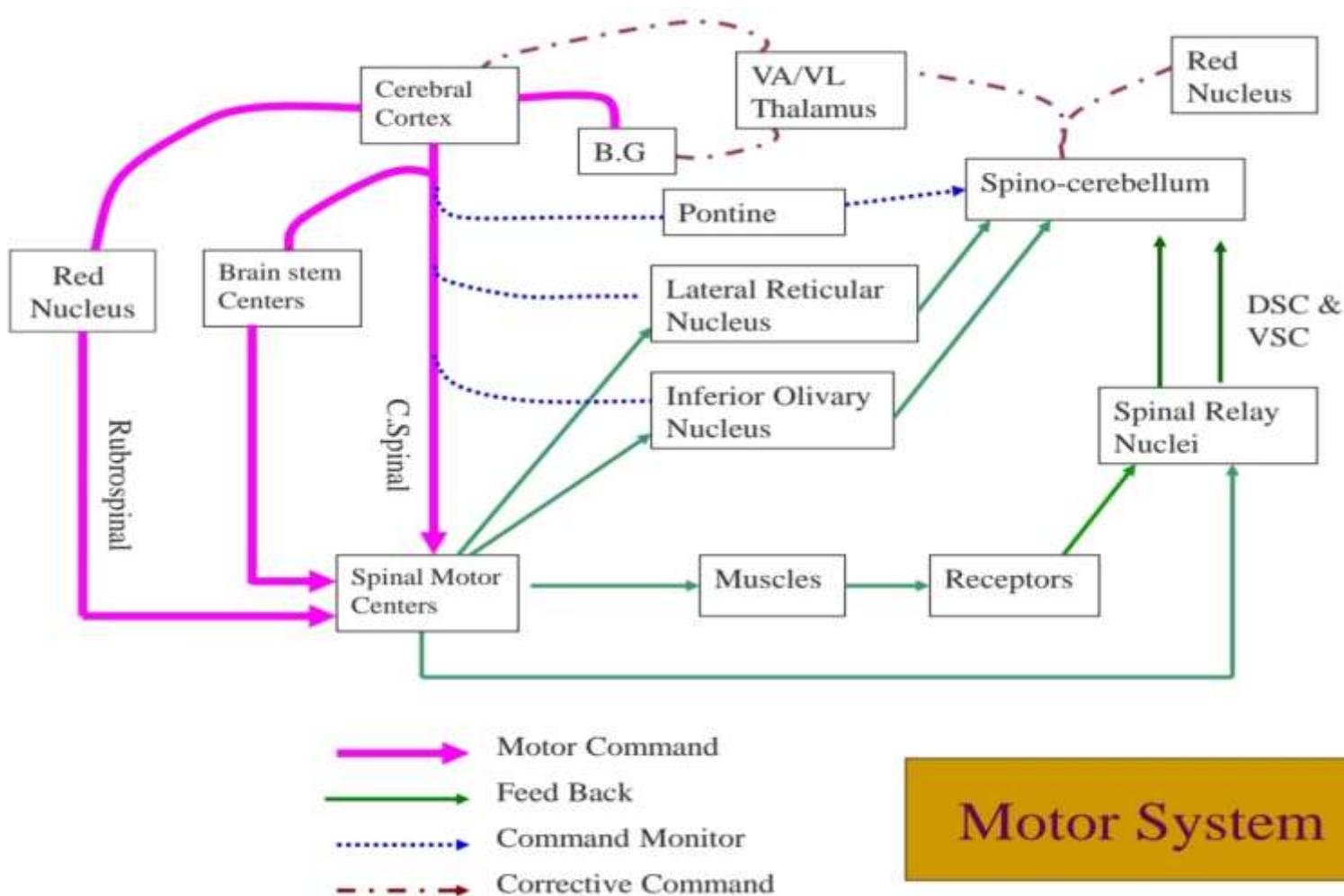


The Cerebellum

Objectives of this lecture....

- Describe cerebellar afferents and efferent
- Outline the functional unit of the cerebellum (circuit)
- Explain how this unit perform the cerebellar functions
- Recognize cerebellar abnormalities

What can we understand from the previous picture about cerebellum ? I will tell you it as a story!



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- 1)* your prefrontal Cortex plan for the Movement and send signals to the premotor Area and supplementary Motor Area
 - 2)* Then it will go to the basal ganglia to have your Motor program
 - 3)Then, The Motor program will be sent back to the motor areas in the cortex.
- Then, the signals will go to the lower motor area to initiate the Movement of Muscle via corticospinal tract, and other descending tracts from red nucleus and brain stem

Now, Movements differ according to the position of the body

so, "CEREBELLUM" works our Manager

1) The plan goes to cerebellum by Corticopontocerebellar Pathway.

. 2) The initial position of the body should go to cerebellum. How ?

The cerebellum receives feedback from the muscle (muscle spindle and Golgi tendon organ) through the ventral & dorsal spinocerebellar tracts (unconscious proprioception)

Remember !stretch and tendon reflexes, we have motor fibers in the spinal cord that go to the muscle and do the reflex, and other diverging fibers that goes to the brain through the ventral & dorsal spinocerebellar tracts to tell the cerebellum about the actual movement.

3) The cerebellum now has received input about the intended position, and the actual position, so that, it can compare both inputs to determine whether they meet or not.

4) cerebellum makes sure that the order of Movement goes properly from the motor areas of the cerebral cortex to spinal Motor centers to initiate The Movement. By lateral reticular nucleus and inferior Olivary nucleus.

*The cortex never sends exact impulse to the muscle, it either sends more than intended or less than intended, so there must be correction. this correction comes from the cerebellum to the cortex through the thalamus, so the second impulse coming from the cortex will be corrected impulse, but also it will not be the exact intended impulse, rather, it will be more or less, then more or less than intended.. until it reaches the intended position.

That is why the cerebral cortical movement is called pendular movement, which means that muscle movement will be up & down like dancing (tremor) unless the corrective command comes from the cerebellum.

5) Also, it makes sure that the Movement goes properly , in proper direction, velocity and Strength. (collectively known as Synergy)

6) if the movement was improper, it sends other signals to the thalamus (secretary) ventroanterior and ventrolateral parts. Then, thalamus will send signals to the Motor area of the cortex to Modify the Movement.

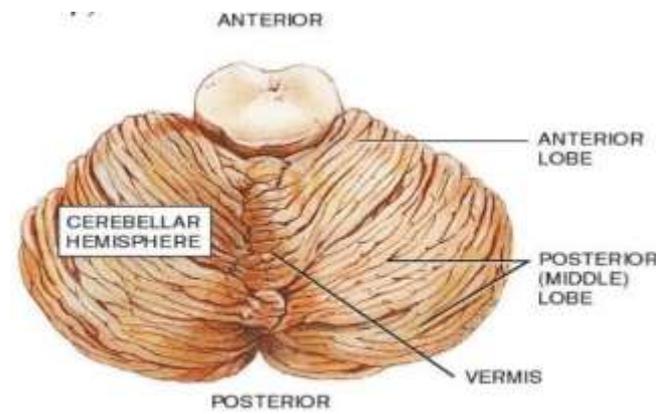
The Cerebellum (little brain)

- The function of the cerebellum:
 1. Coordinating muscle activity.
 2. Sequences the motor activity. **So, it is important in Motor Skills**
 3. Monitors and makes corrective adjustments in the activities initiated by other parts of the brain.
 4. Compares the actual motor movement, and the

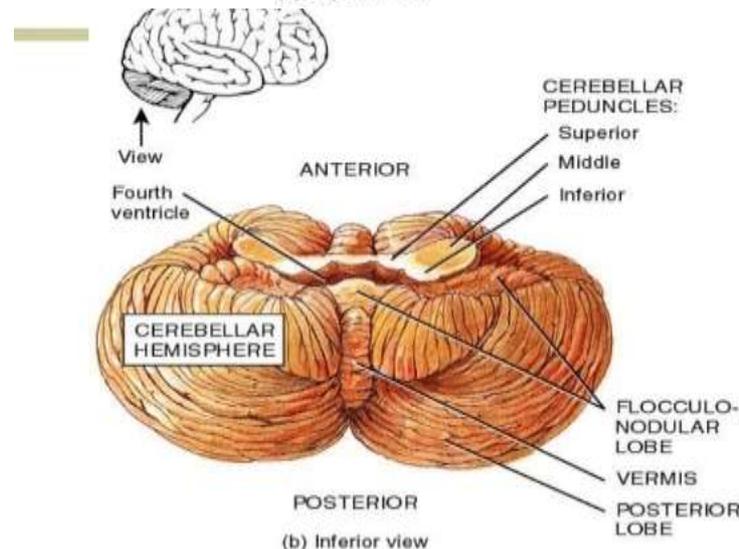
intended movement and makes corrective changes which will be sent to the cortex through the thalamus.

Anatomy of cerebellum

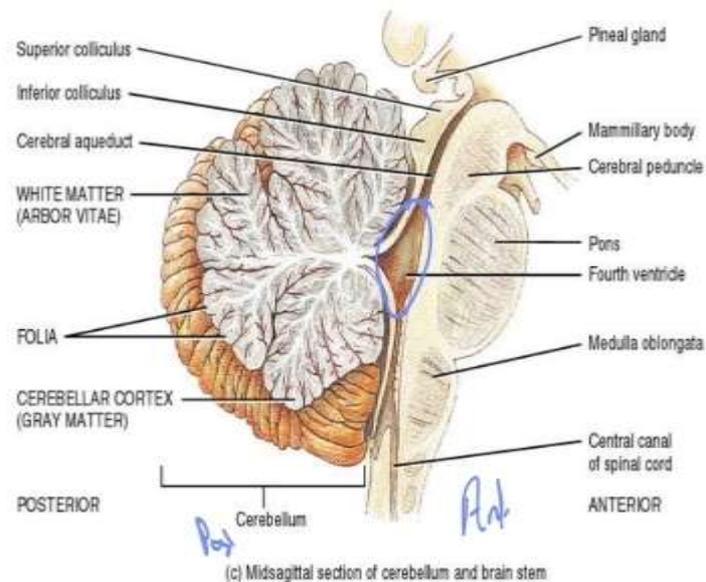
- Located in the posterior cranial fossa, dorsal to the brain stem & the 4th ventricle.
- The cerebellum has 2 major lobes:
 - o Anterior lobe (Paleocerebellum).
 - o Posterior lobe (Neocerebellum).
- We have also a lobe called Flocculonodular lobe, it receives input from the vestibular nuclei & ocular motor nerves to adjust ocular muscle movement & prevent nystagmus.
- The middle structure is called the vermis.
- The vermis & flocculonodular lobe are called Archicerebellum (the most primitive part)



(a) Superior view



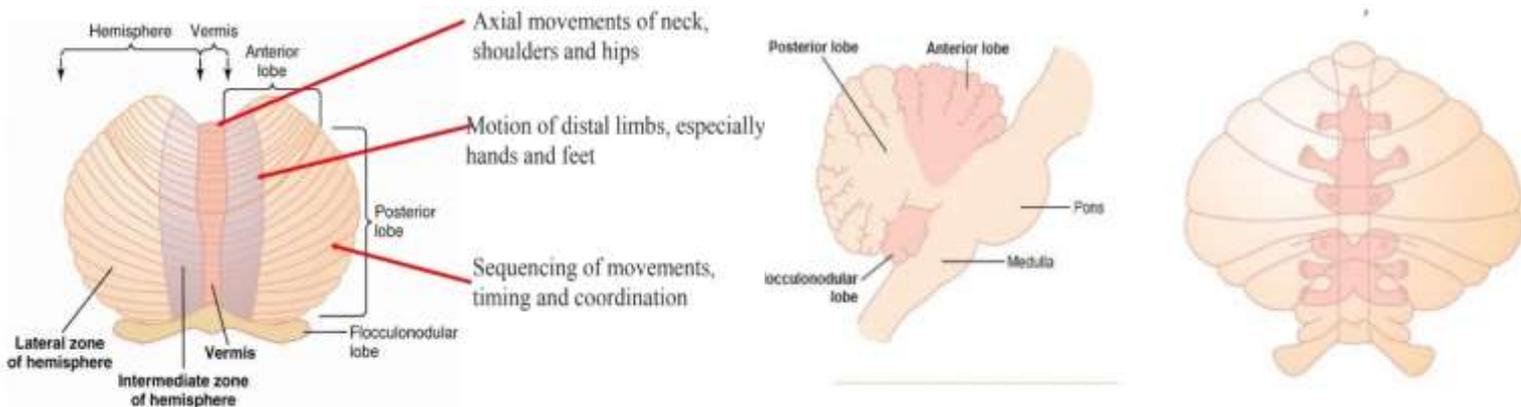
(b) Inferior view



(c) Midsagittal section of cerebellum and brain stem

The functional organization of the cerebellum

- It can be divided into longitudinal parts where we have 2 representations of our body.
- The midline structure (vermis/vestibulocerebellar zone) & flocculonodular lobe represents the axial muscles and large extensors (hips & shoulder girdles). This area of the cerebellum is responsible for balance & equilibrium.
- The intermediate zone (spinocerebellar zone): located lateral to the vermis & flocculonodular lobe, represents the distal flexor muscles (especially hands & feet).
- The lateral zone (corticocerebellar): does not represent any part of our body which means that it does not receive feedback from the muscles. This area is concerned with planning, timing & coordination of sequential movement through sending & receiving fibers to & from the cortex.



Afferent pathways to the cerebellum

Afferents from the brain: pons, reticular formation, vestibular nuclei or inferior olivary nucleus.

o **Corticopontocerebellar pathway**: Starts from the motor, premotor, somatosensory cortex, and pontine nuclei to the cerebellum, projects mostly to the **lateral hemisphere**. **Monitor the Command**.

o **Reticulocerebellar & vestibulocerebellar** tracts represents the axial & antigravity muscles, so fiber from these tracts will go to the vermis & flocculonodular lobe.

o **Olivocerebellar tract**: from the **inferior** olive, the olive can act as a cerebellum by itself.

o These tracts convey the intention [command monitor].

- Afferents from the periphery:

- o **Dorsal spinocerebellar tract:** uncrossed (ipsilateral) tract that transmits feedback mostly from muscle spindle but also from Golgi tendon organs, large tactile, and joint receptors. It conveys information about the momentary status of muscle contraction, tension, position & forces acting on the body surface.

- ✓ **Muscle spindle:** feedback about the length [static], and the rate of change of length [dynamic] for prediction of position.

- ✓ **Golgi tendon:** feedback about change in tension and length.

- ✓ **Large tactile receptors:** feedback about muscle position (proprioceptors).

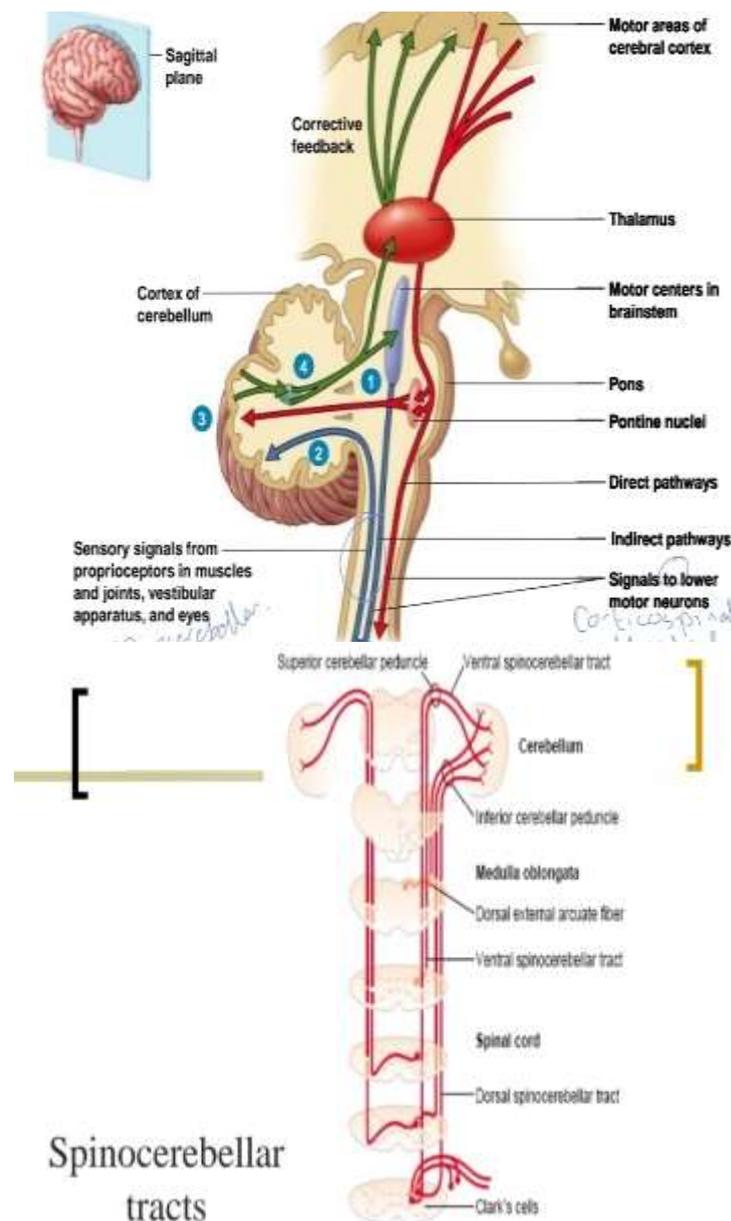
- o **Ventral spinocerebellar tract:** a bilateral tract that takes its origin from alpha motor neurons in the anterior horn (not from receptors).

- ✓ Alpha motor neurons receive many synapses (from corticospinal, rubrospinal, vestibulospinal & reticulospinal tracts).

- ✓ Each of these fibers produces certain impulse to alpha motor neuron (EPSP, IPSP), and eventually, these potentials will summate producing the grand that will cause excitation or inhibition to alpha motor neuron.

- ✓ The ventral spinocerebellar tracts take a copy (**efferece copy**) of this grand potential from the final common pathway before it reaches the muscle and sends it to the cerebellum.

- Now, the cerebellum has received input about the intention, the actual movement, and the impulse before it reaches the muscle. Multiple inputs allow correction if an abnormal change occurs in one of the signals.



- Note on the figure: the afferent fibers (feedback from the periphery, and Corticopontocerebellar pathway), as well as efferent fibers from the cerebellum back to brain stem areas or to the thalamus then to the cortex (**corrective command**).

Efferent pathways from the cerebellum

- All efferent pathways go out from deep cerebellar nuclei: 3 nuclei; one for each zone of the cerebellum.

o **Vermis**: has fastigial nucleus. Since the vermis is concerned with the axial & antigravity muscles, it is usually related to the vestibular system & reticular formation because these structures are -also- related to axial & extensor muscles that are related to equilibrium & position.

✓pathway : 1) Efferent fibers go from the vermis to fastigial nucleus to the reticular formation [Fastigioreticular tract],

2) Efferent fibers go from the vermis to vestibular nuclei [Fastigiovestibular tract], and some fibers go from the cerebellar cortex (vermis) directly to the lateral vestibular nuclei (so the lateral vestibular nuclei may work functionally as deep cerebellar nuclei) then sends efferent fibers to muscle

o **Intermediate zone**: has Interposes nucleus (Globose + Emboliform).

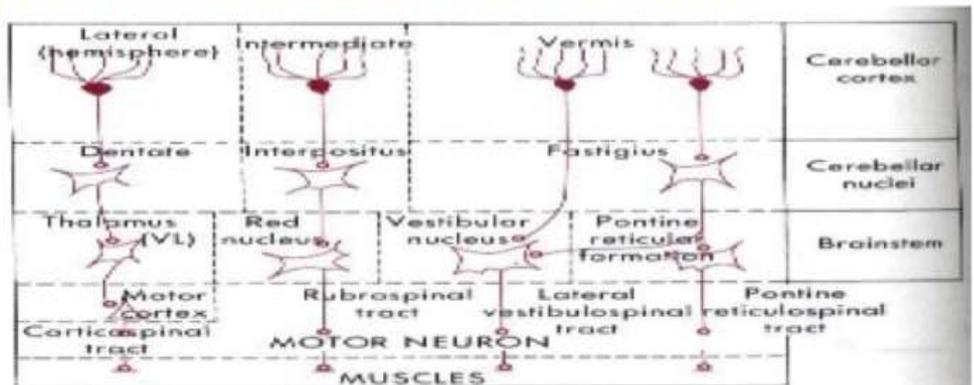
✓pathway : Fibers go from the cerebellar cortex too interposes nucleus to the red nucleus [interpositorubral tract], to the spinal cord [rubrospinal tract]. It is concerned with fine voluntary movement of the distal muscles.

o **Lateral zone**: has Dentate nucleus,

✓pathway : Fibers go from the cerebellar cortex to to the thalamus (VA and VL) & the cortex [Dentatothalamocortical tract] for correction .from the cortex to the spinal cord [corticospinal tract]. It coordinates agonist & antagonist muscle contraction, planning, and coordination of the movements

Dentate nucleus has cognitive function due to its communication with association areas of the cerebral cortex.

Efferents of the cerebellum



Neuronal Organization of the cerebellar cortex

The cerebellar cortex is organized in 3 cell layers: molecular layer, Purkinje cell layer and granular cell layer.

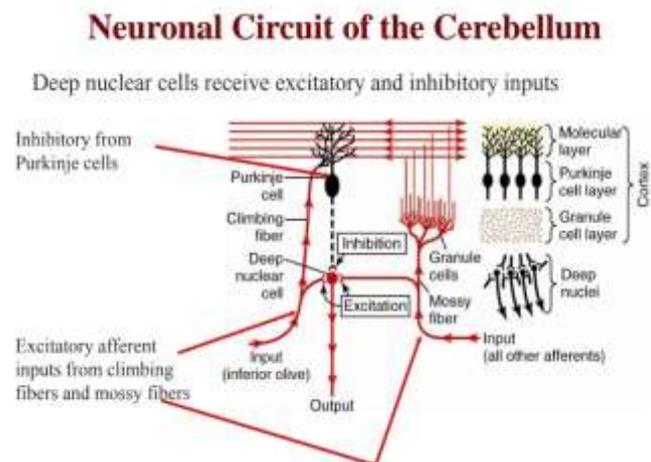
We have two types of fibers to cerebellar cortex

- 1) **Afferent** to cerebellar cortex : **climbing fibers** (coming from the inferior olive), and **Mossy fibers** (all other afferent fibers).
- 2) **efferent** to cerebellar cortex : Output from the cerebellum comes from a **deep nuclear cell layer** located below these layers of cortex.

- 500 - 1000 granule cells for every Purkinje cell, anywhere from 80,000 to 200,000 parallel fibers synapse with each Purkinje cell.
- The molecular layer contains the parallel fibers; granular cells send axons to the molecular layer where they divide and go a few mm in opposite directions to become parallel fibers.

Neuronal circuits of the cerebellum

- 1) Afferent fibers excite deep cerebellar nucleus.
- 2) Output from deep cerebellar nucleus will descend right away as excitation.
- 3) Mossy fibers synapse with granular cells, the axons of granular cells (parallel fibers) synapses with Purkinje fibers.
- 4) Climbing fibers synapse directly with Purkinje fibers [without granular cell intermediate].
- 5) Purkinje fibers now are stimulated, these fibers are inhibitory neurons, they will synapse with the deep nuclear cells and inhibit it .
- 6) Inhibitory output from deep cerebellar nucleus will descend to the muscle.
 - o So, the deep cerebellar nuclei will send excitatory, then, inhibitory output, so the movement will be like a sequence, this is what we need in some movements like writing or typing.



o These components of the circuit are the functional unit of the cerebellum, the functional unit is always concerned with Purkinje fibers (the fibers that synapse with one Purkinje fiber are considered a unit).

o **Climbing fibers** send branches to the deep nuclear cells before they make extensive connections with the dendrites of the Purkinje cell.

They cause **complex spike** output to be produced from Purkinje cell.

o Complex potential contains too many spikes, these spikes are important **for learning from previous experiences [to learn how to perform certain movement for a particular task]**.

o **Mossy** fibers terminate in granular cell layer, they cause simple spike (**not complex spikes**).

O **FUNCTION: Lateral inhibitory cells are in the molecular layer, important for sharpening the impulse.**

Deep nuclear cell activity

- Deep nuclear cell at first receives an excitatory input from both the climbing fibers and mossy fibers.
- Few milliseconds later, this is followed by an inhibitory signal from the Purkinje cells.
- Normally the balance is in favor of excitation.
- Direct motor pathway via corticospinal tract is enhanced by cerebellum by additional signals to the tract or by signals through the thalamus back to the cortex.
- How does this pattern of signals affect the motor activity?

-At the beginning of motion there are excitatory signals sent into the motor pathways by deep nuclear cells to enhance movement, followed by inhibitory signals milliseconds later.

-Provides a damping function to stop movement from overshooting its mark [more than the intended movement].

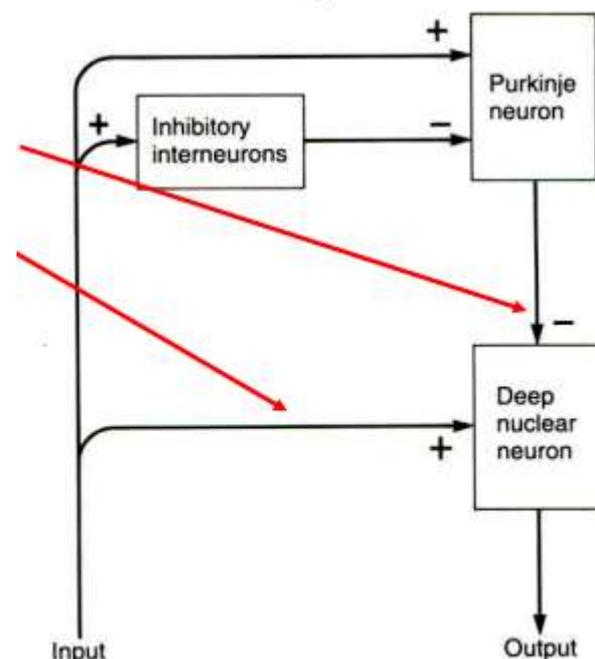
-Resembles a delay-line type of electronic circuit for negative feedback.

Complex spike



- all **climbing fibers** originate from the inferior olive

Simple spike



• Turn-On/Turn-Off function:

- At the beginning of motion: cerebellum contributes to the rapid turn-on signals for agonist muscles and turn-off of antagonist
 - then it times the opposite sequence at the end of the intended motion
 - direct motor pathway via corticospinal tract is enhanced by cerebellum by additional signals to the tract or by signals back to the cortex
 - mossy fiber input also to Purkinje cells which activates them after a few milliseconds, this results in an inhibitory signal to the deep nuclear cell
- At the end of motion: it does the opposite sequence of signals, so the agonist muscle will be inhibited, and the antagonist muscle will be excited

Correction of motor errors

• Precise motor movements must be learned, and the cerebellum is very important to learning skilled motor movement like writing, speaking and car driving.

• When a young child starts writing, he will hold the pen tightly and may perforate the paper, this is because his movement now is cortical movement (coarse, pendular) not skilled movement, afterwards, the cerebellum will learn how to produce the proper movement, and writing becomes smooth.

• How does learning occur?

Climbing fiber's input adjusts the sensitivity of the Purkinje cells to stimulation by parallel fibers.

This changes the long-term sensitivity of the Purkinje cell to mossy fiber input (i.e., from muscle spindle, Golgi tendon, proprioceptor).

This adjusts the feedback control of muscle movement, and by time, the movement becomes finer.

Learning usually causes anatomical changes, but it may also cause functional changes (membrane proteins, neurotransmitters).

• The role of **inferior olivary complex**: It receives input from the corticospinal tract and motor centers of the brain stem, and sensory information from muscles and surrounding tissue (from large tactile receptors) detailing the movement that occurs.

• **Inferior olivary complex** can act as a cerebellum by itself, it compares intent with actual function, if a mismatch occurs, output to cerebellum through climbing fibers is altered to correct mismatch (usually there is a mismatch), correction output will go to the thalamus then to the cortex, the cortex will produce a corrected command.

Motion control by the cerebellum

• Most cerebral cortical motions are **pendular**, there is inertia and momentum, so the muscle will not stop at the intended position [Tremor].

• To move a limb accurately it must be accelerated and decelerated in the right sequence.

• Cerebellum calculates **momentum and inertia and initiates acceleration and braking activity to produce the intended movement.**

- It can calculate it because muscle spindle & Golgi tendon organ sends feedback about the rate of change.
- If the cerebellum was destroyed, the patient will have pendular movement [Action tremor].
- Predictive and Timing Function of the Cerebellum:
 - Motion is a series of discrete sequential movements.
 - The planning and timing of sequential movements is the function of the **lateral cerebellar hemisphere**.
 - This area communicates with **premotor** and **sensory** cortex and Corresponding area of the **basal ganglia** where the plan originates.
 - **The lateral hemisphere receives the plan and times the sequential events to carry out the planned movement (programmed movement).**

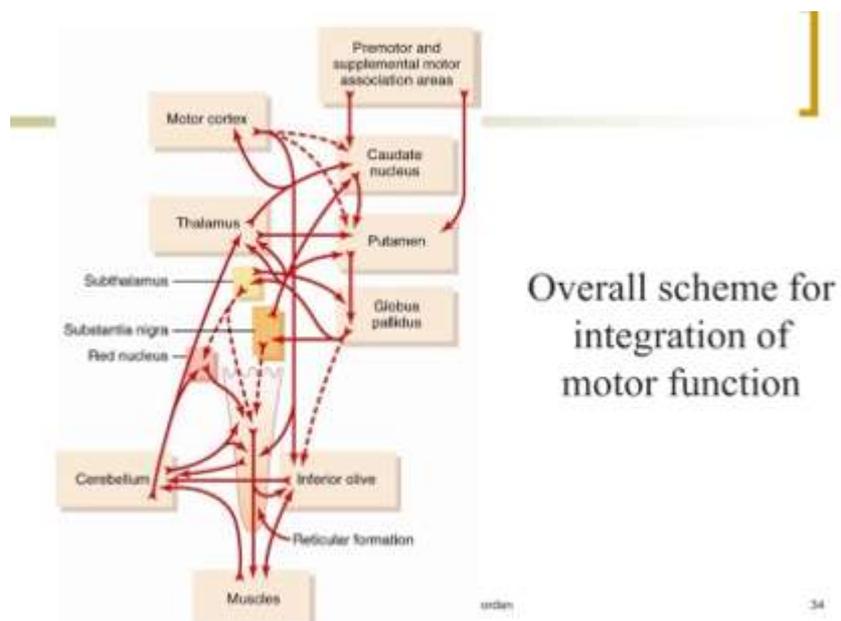
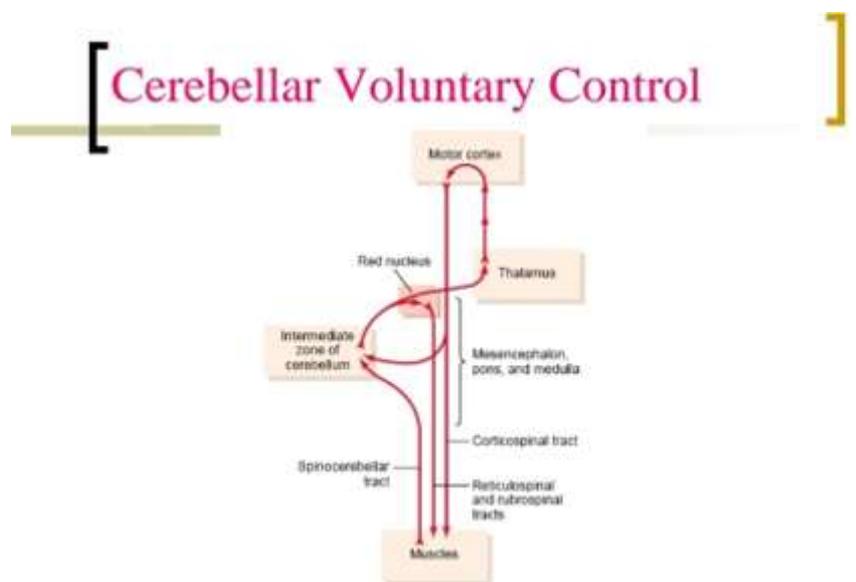
Cerebellar Voluntary Control

- Muscles spindle & Golgi tendon sends feedback to the intermediate zone (also called spinocerebellar zone since it receives input passing through the spinal cord).
- Motor cortex & red nucleus sends motor command to the muscle through corticospinal tract & rubrospinal tracts.
- The actual movement will be sent back to the cerebellum.
- Corrective commands will be sent through **the thalamus (VA, VL)** to the cortex, the corrected output will go to the muscle.

- Note that the cerebellum does not send fibers directly to the muscle, but it passes through the thalamus to the cortex, then the cortex will send impulse to the muscle. The corrective command may be sent to the cortex hundreds of times before the movement starts (corrective signal is very fast).

Integration of Motor Control

- **Spinal cord level:** preprogramming of patterns of movement of all muscles (i.e., withdrawal reflex, walking movements, etc.).
- **Brainstem level:** maintains equilibrium by adjusting axial tone.



- **Cortical level:** issues commands to set into motion the patterns available in the spinal cord + controls the intensity and modifies the timing.
- **Cerebellum:** function with all levels of control to adjust motor activity, equilibrium, and planning of motor activity.
- **Basal ganglia:** functions to assist cortex in executing subconscious but learned patterns of movement, and to plan sequential patterns to accomplish a purposeful task.

Clinical Abnormalities of the Cerebellum

- All signs of cerebellar diseases are ipsilateral since there is double crossing from cortex to pons and back to cortex.
- Cerebellar diseases cause motor abnormalities because the movement becomes cortical, and the impulse is either more or less than intended.
- So, when the patient moves his muscle forward (for example) he will notice that he is moving his muscle more than he need, so the cortex tries to make another reversed impulse and move the muscle backward, but also it will be moved more the intended, so the muscle keeps moving back & forth until it reach the intended position.
- This is what we call Tremor, it occurs during intention [while you are trying to perform an intended movement].
- Tremor that occurs in the extensor & antigravity muscles makes the body movement like dancing; this case is called Ataxia.
- **Ataxia & Intention Tremor** happens due to failure to predict motor movement, patients will overshoot intended target & **past pointing**.
 - o **Past pointing:** when you ask the patient to put his finger on his nose while his eyes are closed, he will hit different points on his face before he reaches his nose.
 - o **Disequilibrium** (if the vermis is damaged), ataxic (staggering /drunken /wide) gait (he will separate his legs apart from each other).
- **Dysdiadochokinesia/Adiadochokinesia:** abnormality in the rapid agonist antagonist movement lead to failure of orderly progression of movement.
 - o When you ask the patient to do supination & pronation of hands, he will have difficulty in doing that (Dysdiadochokinesia) or will not be able to do it at all (Adiadochokinesia).
- **Dysarthria:** abnormality in the rapid agonist-antagonist movement also leads to failure of orderly progression in vocalization, the patient will have stuttering speech.
- **Cerebellar nystagmus:** intention tremor of the eyes when trying to fix on object.
 - o When you ask the patient to look at a certain line, you will notice that his eyes are moving right & left.
 - Tremor in skeletal or ocular muscles in cerebellar abnormalities occurs when the patient wants to perform an intended movement