

A-Level PE Anatomy and Physiology									
Skeletal, muscular and neuromuscular systems									
1. Joints			2. Antagonistic Pairs						
Joint	Joint Type	Articulating bones	Joint action	Agonist	Antagonist	Joint action	Agonist	Antagonist	
Ankle	Hinge	Talus, tibia, fibula	Elbow flexion	Bicep brachii	Tricep brachii	Hip abduction	Tensor fascia latae and gluteus medius/minimus	Adductors (adductor brevis, longus, magnus)	
Knee	Hinge	Femur, tibia	Elbow extension	Tricep brachii	Bicep brachii	Hip horizontal adduction	Adductors (adductor brevis, longus, magnus)	ensor fascia latae and gluteus medius/minimus	
Hip	Ball and socket	Pelvis, femur	Ankle plantar-flexion	Gastrocnemius	Tibialis anterior	Hip horizontal abduction	Tensor fascia latae and gluteus medius/minimus	Adductors (adductor brevis, longus, magnus)	
Shoulder	Ball and socket	Scapula, humerus	Ankle dorsi-flexion	Tibialis anterior	Gastrocnemius	Shoulder flexion	Anterior deltoid	Latissimus dorsi	
Elbow	Hinge	Radius, ulna, humerus	Knee flexion	Hamstrings (semi-membranosis, semi-tendonosis, bicep femoris)	Quadriceps (vastus latoralis, vastus medialis, vastus intermedius, rectus femoris)	Shoulder extension/hyper-extension	Latissimus dorsi	Anterior deltoid	
3. Planes and Axes			Knee extension	Quadriceps	Hamstrings	Shoulder horizontal abduction	Latissimus dorsi	Pectorals	
Remember	Plane/Axes	Movements	Hip flexion	Iliopsoas	Gluteals	Shoulder horizontal adduction	Pectorals	Latissimus dorsi	
Science Teachers	Sagittal plane and transverse axis	flexion, extension/hyper-extension, plantar-flexion and dorsi-flexion	Hip extension/hyper-extension	Gluteals	Iliopsoas	Shoulder adduction	Posterior deltoid/ Latissimus dorsi	Middle deltoid/supraspinatus	
Fake Science	Frontal plane and sagittal axis	adduction and abduction	Hip adduction	Adductors (adductor brevis, longus, magnus)	Gluteus medius/minimus	Shoulder abduction	Middle deltoid/supraspinatus	Posterior deltoid/ Latissimus dorsi	
To Learners	Transverse plane and longitudinal axis	rotation, horizontal adduction, horizontal abduction	4. Muscle Fibre Types			5. Varying the strength of a contraction			
6. PNF Proprioceptive Neuromuscular Facilitation			Characteristic	Type 1 (slow oxidative)	Type 2a (fast oxidative glycolytic)	Type 2x (fast glycolytic)	Motor Unit	A motor neurone and its muscle fibres.	
Advanced stretching technique that is used to increase flexibility.			Contraction speed (m/sec)	Slow	Fast	Very Fast	Multiple unt summation	Increase the number of units that are stimulated at the same time	
Physiology			Motor neurone speed	Small	Large	Large	Larger units	Stimulate the larger motor units within a muscle	
Muscle spindles	Proprioceptors that detect how far and how fast a muscle is being stretched and produce the stretch reflex.		Motor neurone conduction capacity	Slow	Fast	Fast	Muscle Fibre Type	Stimulate Type 2X for a more powerful contraction	
			Force produced	Low	High	High	All or Nothing Law	Impulses have to be of sufficient intensity to stimulate all of the muscle fibres in a motor unit in order for them to contract. If not none of them do.	
Golgi Tendon Organs	Detect tension in muscles during isometric contraction and cause autogenic inhibition (where there is a sudden relaxation of the muscle in response to high tension).		Fatigability	Low	Medium	High	Wave Summation	Where there is a repeated nerve impulse with no time to relax, so a smooth, sustained contraction occurs rather than twitches.	
			Mitochondrial density	High	Medium	Low	Tetanic Contraction	(Tetanus) A sustained powerful muscle contraction caused by a series of fast repeating stimuli.	
Method – Also knows as the CRAC method			Myoglobin	High	Medium	Low	Spatial Summation	When the strength of contraction changes by altering the number and size of the muscle’s motor units	
A passive stretch is performed with the help of a partner and extends the leg until tension is felt. An isometric contraction is then performed for at least 10 seconds by pushing against their partner who supplies just			Capillary density	High	Medium	Low	7. Types of Contraction		
			Aerobic capacity	Very high	Medium	Low	Isotonic Contraction	When the length of a muscle changes as it contracts – movement is occurring.	

enough resistance to hold the leg in a stationary position. This delays the stretch reflex. As the leg is passively stretched again, the antagonist muscle relaxes. Re-stretch to show increase in ROM.	Anaerobic capacity	Low	High	Very high	Isotonic Concentric	When the muscle shortens as it contracts
	Myosin ATPase activity	Low	High	Very high	Isotonic Eccentric	When the muscle lengthens as it contracts (downward squat/press-up)
					Isometric	When there is no change in length as the muscle contracts. Static.