Study Guide
for
Human Anatomy 231

Andreas Vesalius, 1543

Jacob Sapiro, Ph.D.
Fourth Edition © 2016
Table of Contents

How to use this study guide.................  2
The Language of Anatomy................... 3

Section I: Lecture Study Guide
Cells and Tissues .........................  9
Integumentary System ..................... 13
Skeletal System ............................. 16
Articulations .............................. 18
Muscular System ......................... 20
Circulatory System ......................  23
Respiratory System ......................  29
Nervous System ........................... 31
Sense Organs ............................. 37
Endocrine System ....................... 40
Digestive System ......................... 41
Urinary System ........................... 47
Male Reproductive System ............. 50
Female Reproductive System .......... 52
Development ............................. 55

Section II: Laboratory Study Guide
Microscopy .................................. 57
Skeletal System
    Appendicular Skeleton ................. 60
    Axial Skeleton ......................... 64
Types Movement .......................... 69
Major Surface Landmarks ............... 70
Muscular System .......................... 71
Cardiovascular system................... 79
Nervous System ......................... 81
Thoracic Cavity ............................ 84
Abdominal Cavity ....................... 85
Reproductive System ................... 87
Development ............................. 89
How to use this Study Guide

The purpose of this study guide is to facilitate your studying by giving you lists of many of the terms and structures that you will be responsible for knowing. This study guide is divided into two parts. The first part is intended primarily for use in lecture and the second part is intended primarily for use in lab. Probably the single most important section of this study guide is the lists of clinical terms and drawings in each review section. A significant portion of every lecture exam will ask you to explain the anatomical basis and clinical significance of these terms. Also every exam will ask you to draw and label specific structures. The lab portion of the study guide consists mostly of the terms you will be responsible for knowing on the lab exams. During the lab exams you will be expected to identify the various structures of the body and understand why they are important.

This study guide does not contain all of the information you will need to know for this class. There are many other terms and concepts that will be given to you in lecture and lab that you will be responsible for. I do not teach directly from the textbook. You do not need to read the textbook before you come to class. Your best sources for what you need to know are the lectures and lab sessions. Even though I do not test from the textbook, it is an important resource for helping you understand Anatomy. You will be expected to bring the textbook with you to every lab. By the time you take a test, there should be no doubt in your mind about what you need to know to get an A in the class. While I cannot guarantee that you will get an A, if you work hard enough, and if you know how to study, you will do well. Simply memorizing these terms will give you as much knowledge of Anatomy as memorizing the phone book will give you knowledge of the people listed therein. Anatomy is not about memorizing names; it is about understanding the structure of the human body. Your goals should be to understand the structural and functional importance of these terms. If you only memorize definitions, you will earn, at best, a C. Too many students assume that this course is like other classes where reading the notes three or four times before a test is sufficient to get a passing grade. Could you pass a math class by merely reading over your notes? In this class you will need to be able to do Anatomy, which takes understanding the principles and concepts, not just memorization.

As you look through this study guide, you will be overwhelmed by the number of terms and concepts you will need to learn for this class. Don’t worry, students can, and do pass this course. The students who will pass this class are the ones who make a commitment of time and effort. This course should be one of the most important things in your life this semester. The only way to be able to learn this much material is to study at least an hour or two every single day for lecture and an additional hour or two every day for lab. If you start studying a week before the test, you will fail the test. If you fall behind, you will never be able to catch up.

At the end of each section in the study guide are sample questions that are similar to the questions on the exam. You can get help, if you are having trouble answering these questions, during office hours or review sessions. Understand that sample questions are there just to give you an idea of what might be on the exam; these questions may not appear on the exam. Also, in the review section are some drawing assignments. At least one drawing will be required on each exam. It is highly recommended that you practice these drawings at home and bring them in to be evaluated before the exam. Students have found these drawings extremely helpful, so if you put a little effort into doing them, you will be rewarded with better grades. In addition to this study guide, you will find copies of old exams on my website.
Introduction to the Language of Anatomy

Anatomy is the language of health care. Learning Anatomy is like learning a new language. Anatomy has its own vocabulary, which is sometimes different from English – for example: there is no such thing as a “cheek bone” or “hip bone.” Likewise, words are sometimes used differently in Anatomy; the “arm” in Anatomy includes only the region from the shoulder to the elbow; it is not the entire limb.

When learning a new language, it is not enough to merely memorize definitions. One needs to learn how words are used. If you were given a French-English dictionary, would you be able to speak French? Likewise, in this class, you need to understand how words are used, you need to understand how to form plurals, you need to recognize the genitive forms of nouns, you need to be able to distinguish between adjectives and nouns, etc.

The number of new terms you will encounter this semester will depend on your language skills coming into the class. If you are fluent in English or Spanish you may only have 600 - 700 new terms to learn. If however, you are a more typical student, you may have more than 1,600 - 1,800 new terms to learn in this class. That comes out to more than 100 new terms per week for a full-length semester!

While there are many hundreds of new terms for you to learn in this class, that is not as onerous as it seems. The parts of the body are all named for where they are, what they look like, or what they do. Therefore, if you understand what the name means, you already understand some important fact about that structure. Most anatomical terms are based on just a few dozen prefixes, suffixes and roots. Almost all anatomical terms are either English words or words derived from Greek or Latin. If you learn the root of a word, you will have a much easier time. For example, the word “rectus” is Latin for “straight.” If you know that, then you will know that the rectus abdominis muscle is the straight muscle of the abdomen; the erector spinae muscle straightens the spine; the rectum of the large intestine is the straight portion of the large intestine, etc.

Anatomy Course Objectives

This course is specifically designed for pre-health profession students. You will be learning the Anatomy you will need to know as a health care provider. By the end of the semester, you will be expected to:
1. Understand the concepts related to the organization and structure of the body
2. Know the language of health care
3. Be able to relate structure and function
4. Understand the anatomical basis of common diseases and conditions
5. Learn the study skills that will enable you to continue your studies toward a career in health care
## Forming Plurals

<table>
<thead>
<tr>
<th>Singular ending</th>
<th>Plural ending</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>--a</td>
<td>--ae</td>
<td>fossa, fossae, vertebra, vertebrae</td>
</tr>
<tr>
<td>--en</td>
<td>--ina</td>
<td>lumen, lumina, foramen, foramina</td>
</tr>
<tr>
<td>--ex</td>
<td>--ices</td>
<td>cortex, cortices, index, indices</td>
</tr>
<tr>
<td>--is</td>
<td>--es</td>
<td>diagnosis, diagnoses, epiphysis, epiphyses</td>
</tr>
<tr>
<td>--ix</td>
<td>--ices</td>
<td>matrix, matrices, appendix, appendices</td>
</tr>
<tr>
<td>--nx</td>
<td>--nges</td>
<td>phalanx, phalanges, meninx, meninges</td>
</tr>
<tr>
<td>--um</td>
<td>--a</td>
<td>datum, data, bacterium, bacteria</td>
</tr>
<tr>
<td>--us</td>
<td>--i</td>
<td>nucleus, nuclei, stimulus, stimuli</td>
</tr>
<tr>
<td>--y</td>
<td>--ies</td>
<td>ovary, ovaries, capillary, capillaries</td>
</tr>
</tbody>
</table>
Genitive Terms

The word "genitive" means showing a possessive relationship. In English, we use an 's or the phrase "of the" to express this relationship. For example, the main artery in the arm is the “brachial artery” which translates to the “arm's artery”, or the “artery of the arm”. In anatomy, most genitive terms are modified nouns such as: "pelvic," which means "of the pelvis," or "abdominal" which means "of the abdomen." Some frequently used genitive terms are different from the commonly used nouns such as:

<table>
<thead>
<tr>
<th>of the...</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>arm</td>
<td>brachial</td>
</tr>
<tr>
<td>bladder</td>
<td>cystic</td>
</tr>
<tr>
<td>eyes</td>
<td>optic</td>
</tr>
<tr>
<td>head</td>
<td>cephalic</td>
</tr>
<tr>
<td>heart</td>
<td>cardiac</td>
</tr>
<tr>
<td>kidney</td>
<td>renal or nephric</td>
</tr>
<tr>
<td>liver</td>
<td>hepatic</td>
</tr>
<tr>
<td>lungs</td>
<td>pulmonary</td>
</tr>
<tr>
<td>mouth</td>
<td>oral</td>
</tr>
<tr>
<td>neck</td>
<td>cervical</td>
</tr>
<tr>
<td>organ</td>
<td>visceral</td>
</tr>
<tr>
<td>ribs</td>
<td>costal</td>
</tr>
<tr>
<td>skin</td>
<td>dermal</td>
</tr>
<tr>
<td>skull</td>
<td>cranial</td>
</tr>
<tr>
<td>stomach</td>
<td>gastric</td>
</tr>
<tr>
<td>thigh</td>
<td>femoral</td>
</tr>
<tr>
<td>underarm</td>
<td>axillary</td>
</tr>
<tr>
<td>wrist</td>
<td>carpal</td>
</tr>
<tr>
<td>Prefixes</td>
<td>Definition</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>a, an</td>
<td>without</td>
</tr>
<tr>
<td>ante</td>
<td>before (in front of)</td>
</tr>
<tr>
<td>anti</td>
<td>opposed to</td>
</tr>
<tr>
<td>ecto, ex</td>
<td>outside</td>
</tr>
<tr>
<td>endo</td>
<td>within</td>
</tr>
<tr>
<td>epi</td>
<td>above</td>
</tr>
<tr>
<td>hyper</td>
<td>excess</td>
</tr>
<tr>
<td>hypo</td>
<td>below</td>
</tr>
<tr>
<td>inter</td>
<td>between</td>
</tr>
<tr>
<td>intra</td>
<td>within</td>
</tr>
<tr>
<td>meta</td>
<td>beyond</td>
</tr>
<tr>
<td>para</td>
<td>next to</td>
</tr>
<tr>
<td>peri</td>
<td>around</td>
</tr>
<tr>
<td>sub</td>
<td>below</td>
</tr>
</tbody>
</table>
Basic Anatomical Terms

Anatomical Position: upright with feet flat on floor, the arms are along the sides of the body with the palms forward.

Planes of reference:
- sagittal plane
  - midsagittal
  - parasagittal
- coronal (frontal) plane
- transverse (cross-sectional) plane
- oblique plane
- longitudinal plane - used only in reference to tubes

Directional terms:
- superior
- inferior
- anterior (ventral)
- posterior (dorsal)
- medial
- lateral
- deep (internal)
- superficial (external)
- proximal
- distal
Review for Quiz I

A. Know how to form singulars or plurals using the suffixes on page 4.
B. Know how to use all of the terms on pages 5 - 7.
C. Read and understand “How to use the study guide”

Sample questions:

1. What is the best grade you can hope to receive if you merely memorize all of the material?

2. Is it necessary to have your textbook with you in lecture? In lab?

3. Lecture exam questions are specifically based on material in the
   a. textbook
   b. study guide
   c. lecture

4. Which of the following is a good study method for being successful in Anatomy?
   a. start studying one week before the exam.
   b. memorize the textbook and study guide.
   c. do the review drawings and turn them in to be evaluated.
   d. make sure you memorized the answers to the review questions.

5. About how many new terms will the average student need to learn each week in a 16 week class?
   A. 30 - 50       B. 50 - 75       C. 75 - 100       D. 100 - 120

6. An intradermal injection is given where?

7. An epidural injection is given ________ the dura.

8. Where is the hypogastric region?

9. Is the word aquarium singular or plural? What is the other form?

10. The ankle is ______ to the knee.

11. Where is the antebrachial region?

12. Is the word labium singular or plural? What is the other form?
Cells and Tissues

Cellular Structure
Organelles: membranous or membrane bound structures within a cell that carry out particular functions

Cytoplasm: everything in a cell except the nucleus

Cytosol: everything in a cell except the organelles. Mostly made of water with dissolved ions, nutrients, etc.

List of Organelles:

1. plasma membrane: the membrane that surrounds the cell. Its structure is identical to all cell membranes.
   Function: controls what enters or leaves a cell, interaction with other cells and the environment.
   Structure: phospholipid bilayer - separates the cell from the extracellular environment
   cholesterol - ensures the membrane is stable and doesn’t fall apart
   proteins.- membrane proteins allow material to move in/out of the cell and allow for communication among cells

2. nucleus: largest organelle, stores DNA and makes RNA (RNA is used to make proteins)
   nucleolus: a region within the nucleus that makes ribosomes.

3. mitochondrion (pl. mitochondria): makes ATP (energy for the cell) from glucose and fats in the presence of oxygen.

4. rough endoplasmic reticulum: has ribosomes - makes proteins for membranes and export from the cell.

5. golgi complex: packages proteins into vesicles and sends them to the proper location.

6. lysosomes: vesicles containing digestive enzymes, digest old organelles etc.

7. smooth endoplasmic reticulum: metabolism of carbohydrates, lipids, stores calcium, detoxifies harmful substances (such as drugs, alcohol)

Other structures in cytosol
1. ribosomes: structures that are used to read RNA and make proteins

2. cytoskeleton: protein fibers that maintain cell shape and are responsible for all movement.
   A. microtubules: maintain the shape of the cell and allow organelles to move within the cell
   B. intermediate filaments: provide physical strength to the cell. Made of keratin
   C. microfilaments: allows a cell to move or change shape. Made of actin and myosin
Tissues
I. epithelia
   A. simple epithelia
      1. simple squamous epithelium
      2. simple cuboidal epithelium
      3. simple columnar epithelium
      4. pseudostratified epithelium
   B. stratified epithelia
      1. stratified squamous epithelia
         a. keratinized stratified squamous epithelium
         b. nonkeratinized stratified squamous epithelium
      2. stratified cuboidal epithelium
      3. transitional epithelium

II. fibrous (proper) connective tissues
Components of fibrous connective tissues
   Cells: fibroblasts
          leukocytes (macrophages, mast cells)
          adipocytes
   Extracellular matrix: interstitial fluid
                        collagen fibers
                        elastic fibers
                        reticular fibers
   Blood vessels
   Nerves

Types of fibrous CT
   A. areolar tissue
   B. adipose tissue
   C. reticular connective tissue
   D. dense irregular fibrous connective tissue
   E. dense regular fibrous connective tissue

III. special connective tissues
   A. cartilages
      1. hyaline cartilage
      2. fibrocartilage
      3. elastic cartilage
   B. bone tissues
      1. compact bone
      2. spongy bone
   C. blood

IV. muscle tissues
   A. skeletal (striated) muscle
   B. cardiac muscle
   C. smooth muscle

V. nervous tissue
Exocrine Glands

Exocrine glands are glands that secrete into ducts. There are many types of exocrine glands and they can be classified using a variety of criteria.

I. Classification of glands based on the type of secretion

<table>
<thead>
<tr>
<th>type of gland</th>
<th>example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. serous glands</td>
<td>(watery secretions) sweat glands</td>
</tr>
<tr>
<td>B. mucous glands</td>
<td>(secrete mucus) goblet cells</td>
</tr>
<tr>
<td>(note the spelling of mucus vs. mucous)</td>
<td></td>
</tr>
<tr>
<td>C. mixed glands</td>
<td>(serous and mucous secretions) salivary glands</td>
</tr>
<tr>
<td>D. oil glands</td>
<td>(oily or waxy secretions) sebaceous glands</td>
</tr>
</tbody>
</table>

II. Classification of glands based on method of secretion

<table>
<thead>
<tr>
<th>type of gland</th>
<th>example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. merocrine glands</td>
<td>(exocytosis) most sweat glands, mucus glands</td>
</tr>
<tr>
<td>B. apocrine glands</td>
<td>(breaking off of apical portion of cells) mammary glands</td>
</tr>
<tr>
<td>C. holocrine glands</td>
<td>(entire cells breaking off) sebaceous glands</td>
</tr>
</tbody>
</table>

III. Classification of glands based on structure

<table>
<thead>
<tr>
<th>type of gland</th>
<th>example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. unicellular glands</td>
<td>gobolet cell</td>
</tr>
<tr>
<td>B. multicellular glands</td>
<td></td>
</tr>
<tr>
<td>2. tubular or alveolar (acinar) glands</td>
<td></td>
</tr>
<tr>
<td>a. simple</td>
<td>sweat glands (simple tubular glands)</td>
</tr>
<tr>
<td>b. compound glands</td>
<td>mammary glands (compound alveolar glands)</td>
</tr>
</tbody>
</table>
Cells and Tissues Review

A. Define each of the following terms and explain their anatomical basis.
apoptosis
benign tumor
biopsy
cancer
carcinoma
malignant tumor
metastasis
sarcoma
stem cells
tumor

B. Draw each of the following. Label the parts and briefly explain their functions.
1. A typical human cell including organelles and other structures.
2. A pseudostratified epithelium showing goblet cells, intercellular junctions, and basement membrane.
3. Areolar connective tissue including the cells and extracellular structures.

C. Sample multiple choice questions. Choose the best answer.
1. Which type of tissue is avascular?
   A. stratified squamous epithelium   B. elastic cartilage   C. compact bone
   D. both A and B   E. all of the above

2. Cells that metastasize are different from normal cells in that they usually have
   A. a thicker plasma membrane   B. more lysosomes   C. more SER
   D. more mitochondria   E. none of the above

3. Salivary glands
   A. produce mucus   B. are merocrine glands   C. are multicellular glands
   D. both A and B   E. all of the above
Integumentary System

SKIN:

A. epidermis - stratified squamous epithelium layers:
   1. stratum basale
   2. stratum spinosum
   3. stratum granulosum
   4. stratum lucidum (found only in palms and soles)
   5. stratum corneum

B. dermis - fibrous connective tissue
   1. papillary layer - areolar CT
   2. reticular layer - dense irregular CT

C. hypodermis - adipose tissue

Accessory Organs of the skin:

A. hair
   1. arrector pili
   2. hair bulb
   3. hair papilla
   4. hair root
   5. hair shaft
   6. hair sheath
   7. sebaceous gland

B. nails
   1. nail bed
   2. nail root

C. sense receptors
   1. Touch receptors (3 types: light touch, vibration and skin stretching)
   2. Pressure receptors
   3. Temperature receptors (heat receptors and cold receptors)
   4. Pain receptors, itch receptors

D. glands
   1. merocrine (eccrine) sweat glands
   2. apocrine sweat glands
   3. mammary glands (modified apocrine glands)
   4. sebaceous glands
   5. ceruminous glands
Integumentary System Review

A. Define each of the following terms and explain their anatomical basis.

abrasion
acne
aging of skin
blister
burns:  
  first degree
  second degree
  third degree
callus
cellulite
cyanosis
decubitus ulcer
dermatitis
liposuction
psoriasis
scar
skin cancer:  
  basal cell carcinoma
  melanoma
  squamous cell carcinoma
skin color
stretch marks
wound healing

B. Draw each of the following. Label the parts and briefly explain their functions.

1. Cross section of skin including all of the layers of the epidermis, dermis and hypodermis.

2. Longitudinal section of a hair follicle including all of its associated structures (arrector pili, sebaceous glands, etc.)
C. Sample multiple choice questions. Choose the best answer.

1. Which of the following is the most resistant to tearing?
   - A. hypodermis  
   - B. reticular layer  
   - C. stratum basale  
   - D. basement membrane  
   - E. stratum corneum

2. When doing DNA fingerprinting for solving crimes, live cells must be used. Which region of a hair is used to identify a suspect?
   - A. hair bulb  
   - B. hair root  
   - C. hair papilla  
   - D. hair shaft  
   - E. hair follicle

3. Keratinocytes are found in which layer of the skin?
   - A. stratum basale  
   - B. stratum granulorum  
   - C. papillary layer  
   - D. both A and B  
   - E. all of the above
Skeletal System

Types of cartilage
1. hyaline cartilage: costal cartilage, trachea, joints
2. elastic cartilage: ears, nose
3. fibrocartilage: between vertebrae, pubic symphysis, knee

Histology of bone
bone cells
1. osteoblasts - lay down matrix
2. osteocytes - mature bone cells in lacunae
3. osteoclasts- demineralize matrix

extracellular matrix
1. tricalcium phosphate (hydroxyapatite), calcium carbonate, and other minerals
2. reinforcing collagen fibers

Types of bone tissue
1. compact bone
   osteon
   central canals
   artery, vein, nerve, lymphatic vessel
   perforating canals
canaliculi
lamellae
interstitial lamellae
osteocytes
lacunae

2. spongy bone
   trabecula
   osteocytes
   lacunae
   canaliculi
   endosteum

Structure of a long bone
diaphysis: compact bone
         medullary cavity
         yellow marrow
epiphyseal line
epiphyseal line
articular cartilage
nutrient foramina
periosteum
endosteum
Skeletal System Review

A. Define each of the following terms and explain their anatomical basis.

bone growth
bone remodeling
cartilage growth
fractures
  closed (simple)
  comminuted
  compression
greenstick
hairline
open (compound)
spiral
stress

osteophytes (bone spurs)
osteoporosis

B. Draw each of the following. Label the parts and briefly explain their functions.

1. Cross sections of compact bone and spongy bone.

2. Longitudinal section of a typical long bone.

3. A series of illustrations showing endochondral ossification.

C. Sample multiple choice questions. Choose the best answer.

1. In a five year old child, endochondral ossification is occurring in the
   A. epiphyseal plates  B. sesamoid bones  C. bones of the skull
   D. all of the above  E. none of the above

2. The primary function of yellow bone marrow is:
   A. fat storage  B. blood cell formation  C. collagen production.
   D. to prevent collapse of trabeculae  E. to provide a blood supply to osteocytes in lacunae.

3. What happens when there is no blood flowing to a particular bone?
   A. nothing  B. the body can not store fat  C. the bone deteriorates
   D. the bone grows to compensate  E. new vessels will grow from the red marrow
Articulations

Types of Joints
A. Fibrous joint
   1. suture: between bones of skull
   2. syndesmosis: for example, between radius and ulna

B. Cartilaginous joint
   1. synchondrosis: costal cartilage
      epiphyseal plate
   2. symphysis: pubic symphysis
      intervertebral disc
      anulus fibrosus (annulus fibrosus)
      nucleus pulposus

C. Synovial joint: most common joint
   examples: 1. hinge
   2. plane
   3. ball and socket

Structure of a synovial joint
   articular cartilage
   joint capsule: fibrous membrane, synovial membrane
   synovial fluid
   ligaments
   tendons
   meniscus - not associated with all synovial joints
   bursa- not associated with all synovial joints
   tendon sheath - - not associated with all synovial joints
Articulations Review

A. Define each of the following terms and explain their anatomical basis.
arthritis: gouty arthritis
   rheumatoid arthritis
   osteoarthritis
bursitis
"cracking" joints
herniated intervertebral disc
sprain
strain
tendonitis
torn cartilage

B. Draw each of the following. Label the parts and briefly explain their functions.
1. A synovial joint
2. An intervertebral disc showing a herniation

C. Sample multiple choice questions. Choose the best answer.
1. Which of the following statements is true about synovial fluid?
   A. It is derived from plasma.  B. It nourishes the articular cartilage.
   C. It is made by the synovial membrane.  D. Both A and C.
   E. All of the above.

2. Which of the following joints usually has the greatest number of ligaments?
   A. plane joint  B. ball and socket joint  C. symphysis
   D. suture  E. syndesmosis

3. Which of the following is true of osteoarthritis?
   A. it is caused by over use of a joint
   B. it is caused by putting pressure repeatedly on a joint
   C. it is an autoimmune disease
   D. it is characterized by the breakdown of articular cartilage
   E. it can be prevented by taking calcium supplements
Muscular System

Structure of skeletal muscle:
1. epimysium - dense regular CT
2. perimysium - dense irregular CT
3. endomysium - areolar CT

Types of skeletal muscles: based on fascicle arrangement
1. parallel
2. pennate
   a. unipennate
   b. bipennate
   c. multipennate
3. convergent
4. circular (sphincter)

Components of a skeletal muscle fiber (cell)
plasma membrane (sarcolemma)
many nuclei
mitochondria
myofibrils: actin and myosin organized into sarcomeres
T tubule
sarcoplasmic reticulum

Smooth Muscle
- found around almost all internal organs
- single cells
- actin and myosin not organized
- not forceful contractions, but doesn't fatigue
- contraction due to nerve, hormones, change in environment e.g. oxygen, pH

Cardiac Muscle
- single cells
- organized fibers
- gap junctions between cells
- intrinsic beat and neural control
Muscular System Review

A. Define each of the following terms and explain their anatomical basis.
atrophy
hypertrophy
muscle contraction
muscle regeneration

B. Draw each of the following. Label the parts and briefly explain their functions.
1. Cross section of a muscle.
2. Different types of skeletal muscle fascicle arrangements. How do they differ in terms of strength of contraction and length of contraction?
3. Longitudinal section of a skeletal muscle fiber showing all organelles and structures. How does a muscle fiber contract?

C. Sample multiple choice questions. Choose the best answer.
1. The epimysium is most similar in structure to
   A. hypodermis  B. fibrocartilage  C. ligaments
   D. synovial membranes  E. endomysium
2. Which of the following is true of myosin filaments?
   A. they are only found in skeletal muscle
   B. they are proteins
   C. they shorten during contraction
   D. both A and B
   E. all of the above are true
3. Calcium is used in muscle contraction to
   A. allow myosin to pull on actin
   B. make ATP
   C. make actin
   D. produce an action potential
   E. allow muscle to relax
D. Lever System Problems

1. The triceps brachii muscle is the only extensor of the forearm. It inserts onto the ulna 2.5 cm proximal to the elbow joint. The center of weight of the forearm is 20 cm distal to the joint. The hand is 50 cm from the elbow.
A. If the muscle exerts 20 kg. of force, how much force will be applied to the forearm?
B. If the muscle contracts 4 cm., how far will the hand move?
C. What type of lever system is this? What are the advantages and disadvantages of this type of lever system?

2. The brachioradialis muscle is one of the flexors of the forearm. It originates on the humerus and inserts onto the styloid process of the radius 40 cm from the elbow. The hand is 50 cm from the elbow. The center of weight of the forearm is 20 cm from the elbow.
A. If the muscle contracts 4 cm, how far will the hand move?
B. If the forearm weighs 10 kg, how much force will the muscle need to exert in order to move it?
C. What type of lever system is this? What are its advantages and disadvantages?

3. The biceps brachii is one of the flexors of the forearm. It originates on the scapula and inserts on the radial tuberosity 5 cm from the elbow. The hand is 50 cm from the elbow.
A. If the muscle contracts 4 cm, how far will the elbow move?
B. If the forearm weighs 10 kg, how much force will the muscle need to exert in order to move it?
C. What type of lever system is this? What are its advantages and disadvantages?

4. The brachialis is one of the flexors of the forearm. It originates on the humerus and inserts on ulna just distal to the coronoid process, 10 cm from the elbow. The hand is 50 cm from the elbow.
A. If the muscle contracts 4 cm, how far will the elbow move?
B. If the forearm weighs 10 kg, how much force will the muscle need to exert in order to move it?
C. What type of lever system is this? What are its advantages and disadvantages?

5. Why do we need three flexors of the forearm, whereas we have only one extensor?
Circulatory System

Blood

I. plasma
   91.5% water
   8.5% solutes
   A. proteins
      1. albumins
      2. antibodies
      3. clotting factors
      4. lipoproteins - transport lipids HDL, LDL
   B. nutrients
      1. glucose
      2. amino acids
   C. wastes
      urea
   D. gasses
      1. O₂
      2. CO₂
      3. N₂
   E. electrolytes (ions)
      1. Na
      2. K
      3. Ca
      4. Cl

II. Cells
   A. erythrocytes (red blood cells)
   B. leukocytes (white blood cells)
   C. platelets

Heart

I. Pericardium
   A. parietal pericardium:
      1. serous layer: simple squamous epithelium
      2. fibrous layer: dense fibrous CT (often also has adipose tissue)
   B. pericardial cavity: thin fluid filled cavity
   C. visceral pericardium:
      1. serous layer: simple squamous epithelium
      2. fibrous layer: dense fibrous CT (often also has adipose tissue)

II. myocardium: cardiac muscle,

III. endocardium:
   A. simple squamous epithelium
   B. loose fibrous CT
Blood Vessels and Lymphatics

Structure of blood vessels:
I. tunica intima (t. interna)
   A. endothelium - simple squamous epithelium
   B. subendothelial layer - loose CT

II. tunica media
   A. circularly arranged smooth muscle
   B. elastic fibers (internal and external elastic laminae)

III. tunica adventitia (t. externa)
    dense irregular CT which blends into the loose CT of the surrounding tissue

Types of vessels:
I. arteries
   A. elastic arteries
   B. muscular arteries
   C. arterioles

II. capillaries
   A. continuous capillaries
   B. fenestrated capillaries
   C. discontinuous (sinusoid) capillaries

III. veins
   A. venules
   B. veins

IV. lymphatic vessels
   A. lymphatic capillaries
   B. lymphatic vessels
   C. thoracic duct

V. lymphatic organs
   A. lymph nodes
   B. thymus
   C. spleen
A. Define each of the following terms and explain their anatomical basis.
anemia
aneurysm
atherosclerosis
arteriosclerosis
AV (arteriovenous) malformation
blood clot
bone marrow transplant
coronary bypass
deep vein thrombosis
diabetic angiopathy
edema
embolism
endocarditis
electrocardiogram
heart murmur
hemorrhoids
ischemia
myocardial infarction
patent ductus arteriosus
patent foramen ovale
prolapsed valve
splenectomy
stroke
systole and diastole
tonsillitis
varicose veins
B. Draw each of the following. Label the parts and briefly explain their functions.

1. Coronal section through the heart showing the chambers, valves, etc.

For drawings 2 through 6, draw them proportional to each other on a single sheet of paper, and label the layers and tissues.

2. Cross section of an elastic artery.

3. Cross section of a muscular artery

4. Cross section of an arteriole.

5. Cross section of a continuous capillary.

6. Cross section of a vein.

7. A typical capillary bed.

C. Sample multiple choice questions. Choose the best answer.

1. The first sound of a heartbeat is caused by the
   A. contraction of the atria         B. contraction of the ventricles
   C. opening of the atrio-ventricular valves  D. closing of the atrio-ventricular valves
   E. closing of the semilunar valves

2. Which of the following is true of lymph nodes?
   A. they are found throughout the body
   B. they filter wastes from blood
   C. they filter wastes from tissue fluid
   D. they pump lymphatic fluid
   E. they serve no function

3. When taking a blood test, you have your finger poked. Which type of vessel is not severed?
   A. arteriole          B. venule
   C. lymphatic capillary
   D. continuous capillary
   E. fenestrated capillary

4. What is the function of the vasa vasorum?
   A. to supply the arterioles with nutrients
   B. to supply the tunica intima with nutrients
   C. to supply the tunica adventitia with nutrients
   D. both A and B
   E. all of the above

5. Lymphatic fluid contains all of the following except
   A. platelets          B. leukocytes
   C. erythrocytes
   D. sodium
   E. both A and C are not found in lymphatic fluid

D. Be able to trace the flow of blood between any two regions of the body. For example:

1. arm to brain
2. small intestine to knee
Major Arteries
Respiratory System

Parts of the Respiratory System
I. Nose and nasal cavity
   connected to: sinuses, lacrimal duct, auditory tube

II. Pharynx
   A. nasopharynx
   B. oropharynx
   C. laryngopharynx

III. Larynx
   A. epiglottis
   B. thyroid cartilage
   C. vocal cords
   D. arytenoid cartilage
   E. cricoid cartilage

IV. Trachea
Histology of the trachea and bronchi:
   A. mucosa:
      1. ciliated pseudostratified epithelium with goblet cells
      2. lamina propria: loose fibrous CT with lots of elastic fibers
   B. submucosa: loose fibrous CT with seromucous glands
   C. adventitia: dense CT with hyaline cartilage

V. Bronchi

VI. Bronchioles

VII. Alveoli

VIII. Pleura
   A. parietal pleura
      1. simple squamous epithelium
      2. very thin loose CT
   B. pleural cavity
   C. visceral pleura
      1. simple squamous epithelium
      2. very thin loose CT
Respiratory System Review

A. Define each of the following terms and explain their anatomical basis.

- asthma
- bronchitis
- chronic obstructive pulmonary disease (COPD)
- cough
- emphysema
- laryngitis
- lung cancer
- pneumonia
- pneumothorax
- respiratory distress syndrome
- snoring and sleep apnea
- tracheotomy

B. Draw each of the following. Label the parts and briefly explain their functions.

1. A coronal section through the body showing all parts of the respiratory system including nasal cavity, larynx, bronchi, etc.

For drawings 2 and 3, draw them proportional to each other on a single sheet of paper, and label the layers and tissues.

2. Cross section of the trachea or a bronchus.

3. Cross section of a bronchiole.

C. Sample multiple choice questions. Choose the best answer.

1. Which of the following is not a function of mucus in the respiratory system?
   A. prevent the epithelium from drying out
   B. humidify the air
   C. clean the air
   D. nourish the cilia
   E. none of the above are functions of mucus

2. The parietal pleura is most similar in structure to the
   A. alveoli
   B. visceral pericardium
   C. tendons and ligaments
   D. papillary layer of the skin
   E. tunica adventitia

3. The nasal cavity is directly connected to the
   A. nasopharynx
   B. paranasal sinuses
   C. middle ear
   D. eye
   E. all of the above
Nervous System

Introduction to the nervous system

Parts of a neuron:
1. cell body
2. dendrites
3. axons
4. synapses
   a. synaptic knobs
   b. synaptic vesicles
   c. synaptic cleft
   d. post-synaptic cell

Action potential:
1. Wave of depolarization - sodium enters neuron
2. Wave of repolarization - potassium leaves neuron

Types of glia:
1. oligodendrocyte
2. Schwann cell
3. astrocytes
4. microglia

Central Nervous System

Brain
A. Cerebrum
   gyrus
   sulcus
   cerebral hemisphere
   longitudinal fissure
   commissure
   contralateral innervation

1. frontal lobe
   pre-central gyrus (primary motor cortex)
   central sulcus
2. parietal lobe
   post-central gyrus (primary somatosensory cortex)
3. temporal lobe
   lateral sulcus
4. occipital lobe
5. basal ganglia
B. Cerebellum

C. Thalamus

D. Pineal gland

E. Limbic system
   1. hippocampus
   2. pre-frontal lobe
   3. olfactory bulbs
   4. hypothalamus

F. Brain stem
   1. midbrain
   2. pons
   3. medulla

**SPINAL CORD**
   central canal
   gray matter: anterior horn, posterior horn
   posterior root - sensory - posterior root ganglion
   anterior root - motor
   spinal nerve

**Reflex arc**
   sensory neuron
   association neuron
   motor neuron

**Spinal tracts**
I. motor tracts
   A. corticospinal tract - controls movement
   B. vestibulospinal tract - maintains equilibrium

II. sensory tracts
   A. dorsal column pathways - touch
   B. spinocerebellar tract - proprioception

**Meninges**
A. dura mater
   1. periosteal layer
   2. meningeal layer
B. arachnoid mater
C. pia mater
Ventricles
A. lateral ventricles
B. third ventricle
cerebral aqueduct
C. fourth ventricle
D. central canal of spinal cord

Peripheral Nervous System

Structure of a nerve:
A. epineurium
B. perineurium
C. endoneurium

AUTONOMIC NERVOUS SYSTEM
A. Sympathetic (thoracolumbar) division
   Function: increase heart rate, dilation of bronchioles, increase metabolic activity, decrease
digestion, increase sweat, dilation of pupils, constriction of blood vessels in skin, etc.

   Anatomy:
   1. preganglionic axons exit spinal cord T1 - L2
   2. sympathetic trunk (chain) ganglia 22 - 24 ganglia on each side next to
      spinal cord
   3. short preganglionic axons, long postganglionic axons
   4. some preganglionic axons bypass sympathetic trunk and synapse in
      abdomen (solar plexus)

B. Parasympathetic (craniosacral) division
   Function: decrease heart rate, constriction of bronchioles, decrease metabolic activity,
   increase digestion, constriction of pupils, etc.

   Anatomy:
   1. preganglionic axons exit from brain (cranial nerves) and from sacral
      region
   2. long preganglionic axons, short postganglionic axons
   3. ganglia in or near target organ
   4. does not innervate the skin
# CRANIAL NERVES

<table>
<thead>
<tr>
<th>Nerve</th>
<th>Name</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>olfactory nerve</td>
<td>Sensory nerve for smell from nasal cavity</td>
</tr>
<tr>
<td>II.</td>
<td>optic nerve</td>
<td>Sensory nerve for vision from retina</td>
</tr>
<tr>
<td>III.</td>
<td>oculomotor nerve</td>
<td>Motor nerve* to 4 of the 6 extrinsic eye muscles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parasympathetic nerve to iris and ciliary muscles</td>
</tr>
<tr>
<td>IV.</td>
<td>trochlear nerve</td>
<td>Motor nerve* to 1 of the 6 extrinsic eye muscles</td>
</tr>
<tr>
<td>V.</td>
<td>trigeminal nerve</td>
<td>This nerve has three major divisions:</td>
</tr>
<tr>
<td></td>
<td>$V_1$ ophthalmic division</td>
<td>Sensory nerve (touch, pain, etc.) from upper third of face</td>
</tr>
<tr>
<td></td>
<td>$V_2$ maxillary division</td>
<td>Sensory nerve from middle third of face and upper teeth</td>
</tr>
<tr>
<td></td>
<td>$V_3$ mandibular division</td>
<td>Sensory nerve from lower third of face and lower teeth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Motor nerve* to muscles of mastication</td>
</tr>
<tr>
<td>VI.</td>
<td>abducens nerve</td>
<td>Motor nerve* to 1 of the 6 extrinsic eye muscles</td>
</tr>
<tr>
<td>VII.</td>
<td>facial nerve</td>
<td>Sensory nerve from taste buds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Motor nerve* to muscles of facial expression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parasympathetic nerves to lacrimal, nasal, and most salivary glands</td>
</tr>
<tr>
<td>VIII.</td>
<td>vestibulocochlear nerve</td>
<td>Sensory nerve for hearing and balance from inner ear</td>
</tr>
<tr>
<td>IX.</td>
<td>glossopharyngeal nerve</td>
<td>Sensory nerve (touch, pain, etc.) from posterior tongue and pharynx and some taste buds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Motor nerve* to muscles involved in swallowing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parasympathetic nerve to one salivary gland</td>
</tr>
<tr>
<td>X.</td>
<td>vagus nerve</td>
<td>Sensory nerve from thoracic and abdominal organs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parasympathetic nerve to thoracic and abdominal organs</td>
</tr>
<tr>
<td>XI.</td>
<td>accessory nerve</td>
<td>Motor nerve* to muscles of larynx and pharynx, trapezius and sternocleidomastoid muscles</td>
</tr>
<tr>
<td>XII.</td>
<td>hypoglossal nerve</td>
<td>Motor nerve* to muscles of tongue</td>
</tr>
</tbody>
</table>

*All motor nerves also carry proprioceptive neurons which are sensory neurons.
Nervous System Review

A. Define each of the following terms and explain their anatomical basis.
   gray matter
   white matter
   nerve
   tract
   nucleus
   ganglion
   nerve plexus
   motor neuron (efferent neuron)
   sensory neuron (afferent neuron)
   association neuron (interneuron)

Central Nervous System
Alzheimer's disease
blood-brain barrier
coma
concussion
dementia
encephalitis
epidural injection
hydrocephalus
Lewy body dementia
lumbar puncture
meningitis
multiple sclerosis
subdural hemorrhage
transient ischemic attack

Peripheral Nervous System
Bell's palsy
dermatomes
diabetic neuropathy
nerve regeneration
neuritis
pinched nerve
referred pain
shingles
trigeminal neuralgia

B. Draw each of the following. Label the parts and briefly explain their functions.
1. Myelinated neuron and synapse. Describe how an action potential travels down a neuron.
2. Lateral view of the brain showing the various regions of the brain including the lobes.
3. Cross section of a spinal cord showing a simple reflex arc.
4. Sagittal section of the head showing the ventricles and meninges. Describe how cerebrospinal fluid flows through the CNS.
5. Cross section of a nerve.
6. A view of the body showing parasympathetic and sympathetic nerves and ganglia.

C. Sample multiple choice questions. Choose the best answer.
1. Which of the following statements about dendrites is true?
   A. Dendrites are unmyelinated.  
   B. Most neurons have only one or two dendrites.  
   C. Dendrites manufacture neurotransmitter.  
   D. Dendrites are found in nerves.  
   E. All of the above are true.
2. The cauda equina is:
   A. the roots of spinal nerves at the inferior end of the spinal cord within the vertebral column.  
   B. the dermatomes that originate in the lower parts of the spinal cord.  
   C. the tapered end of the spinal cord. 
   D. an extension of the pia mater that anchors the spinal cord to the coccyx. 
   E. where the cell bodies of sensory neurons are located.
3. Damage to the cerebellum would result in:
   A. loss of memory.  
   B. uncoordinated movement.  
   C. inability to dream.  
   D. altered pituitary function.  
   E. uncontrollable body temperature.
4. If you want to test the cerebrospinal fluid, you take it from level L. Why?
   A. The dura mater is very thin there.  
   B. There are no spinal nerves there.  
   C. That is where cerebrospinal fluid accumulates.  
   D. It is a painful place to draw the fluid.  
   E. There is no spinal cord there.
5. Which of the following occurs during an action potential?
   A. sodium enters the neuron  
   B. potassium enters the neuron  
   C. sodium leaves the neuron  
   D. both A and B  
   E. both B and C
6. Which of the following is true of a reflex arc?
   A. It never involves the cranial nerves.  
   B. It does not involve the anterior root.  
   C. It does not usually involve more than three neurons.  
   D. It does not involve motor neurons.  
   E. All of the above are true.
Sense Organs

I. Somatic senses: mostly in skin - touch, pressure, pain, heat, cold,

II. Proprioceptors: - in muscles and joints - relay information to cerebellum about movement

III. Visceral senses: - fullness - of bladder, stomach, blood pressure, internal pain, CO2 levels, etc

IV. Smell
   receptors in upper part of nasal cavity - chemoreceptors

V. Taste
   taste buds located on dorsum of tongue, some on soft palate and oropharynx

Anatomy of taste buds
   sensory cells - chemoreceptors
   supporting cells
   sensory neurons

VI. Vision
   A. Anatomy of the exterior of the eye
      1. orbit
      2. extrinsic eye muscles
      3. eyelids - cilia
      4. glands
         a. lacrimal glands
         b. lacrimal caruncle
         c. tarsal glands
         d. ciliary sebaceous glands
   B. Anatomy of the eye
      1. Conjunctiva
      2. Fibrous tunic
         a. sclera
         b. cornea
      3. Vascular tunic
         a. choroid
         b. ciliary body
         c. lens
         d. iris
      4. Retina
         a. pigment layer
         b. photoreceptor layer - rods and cones
         c. nervous layer
         d. blood vessels
C. Cavities of the eye
   1. Anterior cavity - filled with aqueous humor
   2. Posterior cavity - filled with vitreous humor

VII. Hearing and balance
   A. Outer ear
      1. auricle (pinna)
      2. external auditory canal
      3. tympanic membrane
   B. Middle ear
      1. middle ear bones:- malleus (hammer), incus (anvil), stapes (stirrup)
      2. stapedius muscle
      3. auditory tube
   C. Inner ear
      1. bony labyrinth - perilymph
      2. membranous labyrinth - endolymph
      3. cochlea
         a. hair cells
         b. tectorial membrane
      4. semicircular canals
      5. vestibule
Senses Review

A. Define each of the following terms and explain their anatomical basis.

astigmatism
cataract
conduction deafness
conjunctivitis
detached retina
epicanthic folds
glaucoma
macular degeneration
middle ear infection
myopia
nerve deafness
presbyopia
vertigo

B. Draw each of the following. Label the parts and briefly explain their functions.

1. Sagittal section through the eye.

2. A section through the ear showing the outer, middle and inner ear including the vestibular system.

C. Sample multiple choice questions. Choose the best answer.

1. Which of the following statements is true?
   A. the vestibule is filled with endolymph
   B. the semicircular canals have hair cells
   C. otoliths are used to determine the position of the head
   D. the vestibular system is within the bony labyrinth of the temporal bone
   E. all of the above

2. "Bloodshot eyes" are the result of dilation of blood vessels in the____ and “pink eye” is due to dilation of blood vessels in the____:
   A. lens, sclera                B. cornea, retina               C. sclera, conjunctiva
   B. conjunctiva, sclera        E. choroid, sclera

3. Which of the following structures is transparent?
   A. cornea                 B. lens                C. vitreous humor
   D. both A and B            E. all of the above
Endocrine System

A. Hypothalamus

B. Pituitary
   1. Adenohypophysis (anterior pituitary)
      Hypothalamo-hypophyseal portal system
   2. Neurohypophysis (posterior pituitary)

C. Thyroid gland

D. Parathyroid gland

E. Adrenal glands
   1. adrenal cortex
   2. adrenal medulla

E. Pancreas - pancreatic islets

F. Every other organ in the body - stomach, liver, ovaries, heart, etc.

Endocrine System Review

A. Define each of the following terms and explain their anatomical basis.
   diabetes mellitus
   goiter

B. Draw each of the following. Label the parts and briefly explain their functions.
   1. Draw a sagittal section through the inferior portion of the brain showing the hypothalamus and pituitary including the portal system.

C. Sample multiple choice questions. Choose the best answer.
   1. Almost all the organs of the body are considered to be parts of the endocrine system because
      A. they help move hormones around the body
      B. they are affected by hormones
      C. they make hormones
      D. they are necessary for maintaining homeostasis, without which hormones will not be made
      E. they are also exocrine glands

   2. The neurohypophysis
      A. controls the endocrine system                                B. releases thyroid stimulating hormone
      C. does not contain a portal system                             D. secretes insulin
      E. is not really a gland
Digestive System

Functions: 
- ingestion
- digestion
  - mechanical digestion
  - chemical digestion
- absorption

Gastrointestinal tract

I. Mouth (oral cavity)
   A. lined by a non-keratinized stratified squamous epithelium
   
   B. tongue
   
   C. salivary glands
      1. small intrinsic salivary glands throughout the oral cavity
      2. extrinsic salivary glands
         a. parotid glands
         b. submandibular glands
         c. sublingual glands
   
   D. palate
      1. hard palate
      2. soft palate
   
   E. Teeth - 32 adult teeth - 20 deciduous teeth
      8 incisors
      4 canine
      8 bicuspids (premolars)
      12 molars

Structure of a tooth
   - crown
   - root
   - enamel
   - dentin
   - pulp
   - gingiva
   - periodontal ligament

Structure of the GI tract

I. Mucosa
   A. lining epithelium - varies depending on region
   B. lamina propria - thin layer of loose connective tissue
   C. muscularis mucosae - thin layer of smooth muscle

II. Submucosa - moderate density CT. many elastic fibers. many glands
III. Muscularis externa
   A. inner circular layer
   B. outer longitudinal layer
      in some regions this layer is thickened to form a sphincter

Either

IV. Serosa (around most of GI tract)
   visceral peritoneum - simple squamous epithelium with underlying loose CT
or

IV. Adventitia (around esophagus, duodenum, rectum)
   dense irregular CT loosening as you go out

II. Esophagus
   mucosa - non-keratinized stratified squamous epithelium
   muscularis externa: upper 1/3 skeletal muscle
                  middle 1/3 combination
                  lower 1/3 smooth muscle

III. Stomach
function: 1. store food so that it slowly enters small intestine
   2. churn food (mechanical digestion) and mix it with gastric secretions (chyme)
   3. destroy bacteria
   4. a small amount of digestion of proteins
   5. a small amount of absorption (water, electrolytes)

Anatomy:   fundus
           cardiac region
           cardiac sphincter
           esophageal hiatus
           body
           pyloric region
           pyloric sphincter
           rugae

Histology:
   mucosa: simple columnar epithelium with large numbers of goblet cells
   gastric pits
   gastric glands

   muscularis externa: 3 layers - oblique layer for churning
IV. Small Intestine
function: digestion and absorption

Increase surface area
1. plicae circularis - folds in mucosa
2. villi - folds in epithelium
3. microvilli - folds in plasma membrane

A. duodenum
B. jejunum
C. Ileum

Histology
mucosa: simple columnar epithelium with many goblet cells
villi contain lacteals
intestinal crypt - site of cell division and enzyme production

V. Large Intestine
function:
absorbs water and electrolytes
stores feces
contains bacteria

Histology
mucosa - lined by simple columnar epithelium with many goblet cells
muscularis externa - relatively weak - especially in older people

Gross Anatomy
ileocecal valve
cecum
appendix
ascending colon
transverse colon
descending colon
sigmoid colon
rectum
anus
levator ani
internal and external anal sphincters

VI. Mesenteries and Peritoneum
function: physically support organs and allow blood vessels and nerves to reach organs
Gastrointestinal Tract Review

A. Define each of the following terms and explain their anatomical basis.

- acid reflux
- appendicitis
- caries
- colitis
- colonoscopy
- colon cancer
- constipation
- cramps
- diarrhea
- diverticulitis
- gastric ulcer
- gingivitis
- hiatal hernia
- impacted wisdom teeth
- periodontitis
- peritonitis
- polyp
- root canal therapy

B. Draw each of the following. Label the parts and briefly explain their functions.

1. Section through a tooth.
2. Cross section of the esophagus.
3. Cross section of the small intestine.
4. Coronal view of the abdomen showing the large intestine and its parts.

C. Sample multiple choice questions. Choose the best answer.

1. The function of the appendix is to
   A. regulate digestion  B. control defecation  C. store *E. coli.* bacteria
   D. all of the above  E. none of the above

2. Most of the absorption of nutrients takes place in the
   A. ileum  B. duodenum  C. large intestine
   D. rectum  E. stomach

3. The esophagus is different from the rest of the G.I. tract because it has
   A. no submucosa  B. skeletal muscle in the muscularis externa
   C. no mucosal epithelium  D. cartilage in the tunica adventitia
   E. all of the above
Accessory Organs of the Digestive System

I. Liver
functions: over 500 biochemical functions
   makes blood proteins (clotting factors, etc.)
   makes bile (stored in gall bladder)
   helps to regulate blood glucose levels
   processes fats, amino acids, carbohydrates
   makes cholesterol
   breaks down various toxins and drugs

anatomy: 2 lobes - left and right
   blood supply - hepatic artery and hepatic portal vein

histology: liver lobule
   central vein
   sinusoid
   hepatic triad (portal triad):
     bile duct
     venule from hepatic portal vein
     arteriole from hepatic artery
   hepatocytes
   kupffer cell

II. Gall bladder
function: stores and concentrates bile

hepatic ducts
cystic duct
common bile duct

III. Pancreas
functions: produces many digestive enzymes
   produces bicarbonate to neutralize acidity of chyme
   islet cells make insulin and other hormones

pancreatic acini
pancreatic duct
Accessory Digestive Organs Review

A. Define each of the following terms and explain their anatomical basis.

cirrhosis

gall stones

hepatitis

jaundice

pancreatic cancer

B. Draw each of the following. Label the parts and briefly explain their functions.

1. Liver lobule.

2. A view of the gall bladder and pancreas showing their ducts.

C. Sample multiple choice questions. Choose the best answer.

1. Which of the following is not a function of the liver?
   A. make blood proteins       B. make bile       C. destroy old erythrocytes
   D. store calcium             E. regulate the amount of glucose in the blood

2. Pancreatic islet cells are most similar to
   A. seromucous gland cells    B. trachea epithelial cells    C. leukocytes
   D. pituitary cells           E. muscularis mucosae cells

3. Blood entering the hepatic portal vein comes from the
   A. stomach                  B. small intestine           C. spleen
   D. both A and B             E. all of the above
Urinary System

I. Kidney
functions:
- removal of metabolic wastes from blood
- regulation of ion concentration (Na, K)
- regulations of pH
- maintaining blood volume
- maintaining blood pressure

External anatomy:
- renal capsule - dense CT
- adipose capsule - adipose tissue
- renal fascia - moderate to loose CT

Internal anatomy:
- renal medulla
- renal pelvis
- renal cortex
- renal pyramids
- calyx
- ureter

Nephron
Glomerulus:
- glomerular capsule - simple squamous epithelium
- afferent arteriole
- glomerular capillaries - fenestrated capillaries
- efferent arteriole
- juxtaglomerular apparatus - secretes hormones
proximal convoluted tubule - simple cuboidal epithelium with microvilli
descending limb of loop of Henle - simple squamous epithelium
ascending limb of loop of Henle - simple cuboidal epithelium
distal convoluted tubule - simple cuboidal epithelium
collecting duct - simple cuboidal epithelium
peritubular capillaries
vasa recta

II. Ureters

histology:
A. mucosa
   1. transitional epithelium
   2. lamina propria (lots of elastic fibers)

B. muscularis - 2 layers not neatly organized as in GI tract
   1. longitudinal layer
   2. circular layer
C. adventitia - dense gradually changing to loose CT
III. Urinary Bladder

histology:
- similar to ureters
- mucosa has rugae
- muscularis - very thick to empty bladder - detrusor muscle
  - stimulated by stretching of bladder

IV. Urethra

history - similar to ureter
- urethral sphincter - controls urination
  - internal urethral sphincter - formed from detrusor muscle
  - external urethral sphincter - skeletal (voluntary) muscle
Urinary System Review

A. Define each of the following terms and explain their anatomical basis.

- bladder infection (cystitis)
- catheterization
- dialysis
- kidney stones
- lithotripsy
- polycystic kidney disease
- urinary tract infection

B. Draw each of the following. Label the parts and briefly explain their functions.

1. Sagittal section of a kidney.
2. A view of a nephron and its associated blood vessels.
3. Cross section of the ureter.

C. Sample multiple choice questions. Choose the best answer.

1. Peristalsis occurs in which of the following?
   - A. glomerular capillaries
   - B. ureter
   - C. nephron
   - D. both A and B
   - E. all of the above

2. Which of the following statements about the loops of Henle is true?
   - A. they are located in the renal cortex
   - B. they remove wastes from the nephron
   - C. they allow water and ions to return to the blood
   - D. they are where kidney stones first form
   - E. all of the above are true

3. Which of the following is lined by a simple squamous epithelium?
   - A. glomerular capillaries
   - B. loops of Henle
   - C. proximal convoluted tubules
   - D. urethra
   - E. both A and B
Male Reproductive System

I. Scrotum and Testes
function: regulates temperature of testes
dartos muscle

spermatic cord: vas deferens
    spermatic artery
    spermatic vein
    nerves
    lymphatics
    cremaster muscle

testes: capsule
    lobules
    seminiferous tubules
    sustentacular (Sertoli) cells
    sperm
    acrosome
    head
    flagellum
    interstitial cells

Epididymis:
function: stores sperm, allows sperm to mature

II. Vas Deferens
function: carries sperm to urethra

III. Seminal Vesicles
function: secretes 60% of semen fluid

IV. Prostate gland
function: secretes 40% of semen fluid

V. Bulbourethral glands
function: secrete mucus during erection - lubricates penile urethra for sperm

VI. Penis
    root - in perineum
    body
    glans
    prepuce (foreskin)
    3 cylinders of erectile tissue
    2 corpora cavernosa - posterior
    corpus spongiosum - contains urethra
Male Reproductive System Review

A. Define each of the following terms and explain their anatomical basis.
circumcision
enlarged prostate (prostatic hypertrophy)
inguinal hernia
prostate cancer
varicocele
vasectomy
testicular cancer
testicular torsion
undescended testes

B. Draw the following. Label the parts and briefly explain their functions.
A midsagittal section showing the male reproductive system

C. Sample multiple choice questions. Choose the best answer.
1. Which of the following statements is true?
   A. The erectile tissue in the corpus spongiosum is not as rigid as in the corpora cavernosa
   B. The corpus spongiosum is posterior to the corpora cavernosa
   C. The bulb of the penis is within the perineum
   D. Both A and C
   E. All of the above

2. Inguinal hernias are
   A. a result of the inguinal canal opening wider while straining the abdominal muscles.
   B. a result of the inguinal canal opening wider during the descent of the testes.
   C. much less common in women than in men
   D. both A and B
   E. all of the above

3. Prostatic hypertrophy is
   A. a precancerous growth
   B. almost never causes any problems
   C. can be prevented by proper diet and exercise
   D. all of the above are true
   E. none of the above are true
Female Reproductive System

I. Ovaries
- ovarian ligament - attaches ovary to uterus - continuous with the round ligament
- layers: - superficial epithelium - visceral peritoneum
  - thin fibrous capsule
  - ovarian cortex - contains follicles (oocyte and follicular cells)
  - ovarian medulla - loose CT

Menstrual Cycle (approximately 28 days)
- Day 1 - first day of menstruation
- Day 7 - increase in estrogen -- build-up of stratum functionale of the uterus
- Day 14 - large increase in estrogen and progesterone -- rapid build-up of stratum functionale
- Day 28 - estrogen and progesterone levels drop -- mensturation

Ovarian Cycle (approximately 270 days)
- Step 1. about 15 - 20 primary follicles begin to develop - due to hormone FSH
- Step 2. secondary follicles form – begin secreting estrogen
- Step 3. one graafian follicle matures – begins secreting large amounts of estrogen and progesterone
- Step 4. (day 14 of menstrual cycle) graafian follicle forms blister on surface of ovary - ruptures releasing egg - ovulation
- Step 5. remains of graafian follicle forms corpus luteum - secretes estrogen and progesterone which grows stratum functionale of the uterus
- Step 6. if fertilization did not occur corpus luteum dies and becomes scar tissue (corpus albicans)

II. Fallopian Tubes
- function: move egg from ovary to uterus
- site of fertilization
- broad ligament - mesentery which attaches to fallopian tubes and uterus

III. Uterus
- anatomy:
  - fundus
  - body
  - cervix
- uterine wall
  - endometrium
    - stratum functionale
    - stratum basale
  - myometrium
  - perimetrium

IV. Vagina
- mucosa - rugae
  - non-keratinized stratified squamous epithelium.
  - lamina propria - lots of elastic fibers
  - muscularis
V. Vulva
  labia majora
  labia minora
  vestibule
    vaginal orifice
    urethral orifice
    vestibular glands
  clitoris
  hymen

VI. Muscles of the pelvic floor
  levator ani
  urogenital diaphragm
  central tendon of the perineum
  external anal sphincter
  external urethral sphincter
  bulbospongiousus
Female Reproductive System Review

A. Define each of the following terms and explain their anatomical basis.

cervical cancer
ectopic pregnancy
endometriosis
fibroids
menstrual cycle
pelvic inflammatory disease
prolapsed uterus
tubal ligation
urinary incontinence
uterine cancer

B. Draw the following. Label the parts and briefly explain their functions.
A midsagittal section showing the female reproductive system

C. Sample multiple choice questions. Choose the best answer.

1. Which of the following is a function of estrogen?
   A. Inhibiting the growth of primary follicles
   B. Stimulating the growth of the endometrium
   C. Stimulating the development of breasts
   D. Stimulating bone growth
   E. All of the above

2. The vaginal mucosa is lined by
   A. ciliated columnar epithelium
   B. simple squamous epithelium
   C. stratified squamous epithelium
   D. pseudostratified epithelium
   E. transitional epithelium

3. Sometimes, during childbirth, an episiotomy has to be performed in order to prevent tearing of the
   A. placenta
   B. myometrium
   C. cervix
   D. urethra
   E. external anal sphincter
Development

Fertilization

Cleavages

Blastocyst
   - inner cell mass
   - trophoblast

Development of the placenta
   - chorion
   - chorionic villi
   - umbilical cord
      - 2 umbilical arteries - from common iliac aa.
      - 1 umbilical vein - to hepatic v.

Development of the embryo
   - Gastrulation
     - ectoderm - skin, nervous system
     - mesoderm - muscle, bone, cardiovascular system, most connective tissues
     - endoderm - GI tract and associated organs, lungs

Formation of amnion and yolk sac

Organogenesis:
   - morphogenesis
   - differentiation

Neurulation
   - neural folds
   - neural tubes
   - neural crest

Somites

Limb Development

Development of GI tract, lungs

Facial Development

Development of external genitalia

Birth

Post-natal development
Development Review

A. Define each of the following terms and explain their anatomical basis.

amniocentesis
anencephaly
cleft lip and palate
cesarean section
conjoined twins
neonatal jaundice
placenta previa
situs inversus
spina bifida

B. Draw each of the following. Label the parts and briefly explain their functions.

1. A cross section of an embryo just after neurulation.

2. A longitudinal section through an embryo just after neurulation.

C. Sample multiple choice questions. Choose the best answer.

1. Which of the following are derived from the embryonic endoderm?
   A. lungs  B. small intestine  C. heart
   D. both A and B  E. all of the above

2. "Water breaking" during childbirth is
   A. tearing of the placenta  B. tearing of the amnion
   C. urination due increased abdominal pressure  D. the mucus plug popping out
   E. secretions from the paraurethral glands

3. Which of the following continue to develop after birth?
   A. skeletal system  B. nervous system  C. digestive system
   D. both A and B  E. all of the above
Microscope

Objectives:
- Scanning: 1.25x (silver)
- Low power: 4x (red stripe)
- Medium power: 10x (yellow stripe)
- High power: 40x (light blue stripe)
- Super high power: 60x (dark blue stripe)
Directions for using the microscope

1. Using two hands, bring your microscope to your station. Once the scope is in place, do not move it around.

2. Plug the microscope in. Do not let too much of the cord hang loose.

3. Turn on the light. Adjust the intensity of the light with the knob next to the light switch. The light intensity should be in the middle of the range.

4. Adjust the eyepieces by moving them up so that they are the proper distance apart for your eyes.

5. Place a slide on the stage and clip it into place. You can move the stage by using the knobs on the left of the stage. Looking at the slide (not into the microscope) move the slide so that the specimen is in the center of the viewing area (it is lit).

6. Make sure the low power objective is in place and focus the image using the course focus adjustment. If your eyes don’t have the same focus, close your left eye and adjust the focus using the focus knob. Now close your right eye and adjust the focus using the knob on the eyepiece.

7. Rotate the nose piece to the scanning objective. Find the region you would like to examine in more detail. Use only the fine focus. If you cannot focus by turning the fine focus knob less than one circle, then go back to low power and refocus using the course focus knob. **Do not turn the fine focus knob more than one circle in either direction.**

8. Rotate the nose piece to the medium power objective. Flip the condenser up. **Do not turn the fine focus knob more than one circle in either direction.**

9. If necessary, rotate the nose piece to one of the high power objectives. **Use only the fine focus. Do not turn the fine focus knob more than one circle in either direction.**

10. When you are done looking at the slide, rotate the nose piece back to low power. Flip the condenser down. Move the stage down using the course focus knob. Remove the slide and return it to the tray.

11. To put away the microscope: Turn off the power. Move the stage to the center. Wind the cord and clip the plug onto the cord. Move the eyepieces down. Use two hands to carry the microscope back to its cubby.
Introduction to Histology

Light vs. Electron Microscopy
- light microscope resolution ~ 1 μm
- electron microscope resolution ~ 1nm
  - scanning electron microscope
  - transmission electron microscope

Slide preparation for light microscopy
A. obtaining a specimen (usually from biopsy or autopsy)
B. preserving the specimen
  1. freezing
  2. fixing in formaldehyde
C. hardening the specimen - replacing the water in the tissues with wax or plastic
D. sectioning (slicing) the specimen
   Specimen needs to be sliced into sections that are 1 - 10 μm thick.
E. placing the specimen on a slide
F. staining the specimen
   Common stains:
   1. hematoxylin: basic stain - blue - stains acids like DNA (nuclei)
   2. eosin: acidic stain - pink - stains bases like proteins (collagen, cytosolic proteins)
Skeletal System

Types of bones:
- long - bones of the limbs (clavicle is sometimes called a long bone, but it is an irregular bone)
- flat - bones of the cranium, sternum
- cuboidal (short) - carpal and tarsal bones
- irregular - vertebrae, scapula, some bones of the skull, hyoid
- sesamoid - patella, hand and foot sesamoid bones

Parts of bones:
- articular surface - the region where adjacent bones contact each other forming a joint
- epiphysis - only on long bones - the ends of the bone
- diaphysis - only on long bones - the shaft of the bone
- process - a relatively large projection (part that sticks out) or prominent bump
- tubercle/tuberosity - a projection or bump with a roughened surface
- fossa - a smooth, shallow surface depression
- condyle - a rounded articular process
- epicondyle - a projection near a condyle but not part of the joint
- spine - a relatively long, thin often pointy projection or bump
- foramen - an opening through a bone
- nutrient foramen - an opening to allow blood vessels and nerves to enter and exit a bone
- ramus - a branch off the body of a bone that is at about a 90° angle to the rest of the bone
- head - an enlargement of a bone at its proximal end

Note that whenever naming a part of a bone, the name of the entire bone name must be given. For example, “medial condyle of the humerus” or “ramus of the mandible.”
Appendicular Skeleton

Pectoral Girdle:
clavicle (*L*: little key)

scapula (*L*: blade)
- superior border (superior margin)
- medial border (vertebral margin)
- lateral border (axillary margin)
- inferior angle
- superior angle
- scapular spine
- acromion process (*G*: akros = highest + omos = shoulder)
- coracoid process (*L*: raven-like because it looks like a raven’s beak)
- scapular notch (suprascapular notch)
- glenoid cavity (glenoid fossa) (*G*: socket-like)
- supraspinous fossa
- infraspinous fossa
- subscapular fossa

Upper Limb:
humerus (*L*: shoulder)
- head
  - greater tubercle
  - lesser tubercle
- surgical neck
- anatomical neck
- intertubercular groove (bicipital groove, intertubercular sulcus)
deltoid tuberosity

nutrient foramen (pl. nutrient foramina)

lateral epicondyle

medial epicondyle

olecranon fossa

trochlea (medial condyle) \((L: \text{pulley})\)

capitulum (lateral condyle) \((L: \text{little head})\)

\textbf{ulna} (L: elbow)

\hspace{1em} olecranon process \((G: \text{olen} = \text{elbow} + \text{kranion} = \text{head})\)

\hspace{1em} coronoid process \((L: \text{crown-like})\)

\hspace{1em} radial notch

\hspace{1em} semilunar notch (trochlear notch) \((L: \text{half moon})\)

\hspace{1em} styloid process \((L: \text{pen-like})\)

\textbf{radius}

\hspace{1em} head

\hspace{1em} radial tuberosity

\hspace{1em} styloid process

\textbf{carpals} (8 bones)

\hspace{1em} \textbf{scaphoid} (navicular) \((G: \text{ship-like})\)

\hspace{1em} \textbf{lunate} \((L: \text{moon-shaped})\)

\textbf{metacarpals} (5 bones)

\textbf{phalanges} \((G: \text{fingers})\)

\hspace{1em} \textbf{proximal phalanx}

\hspace{1em} \textbf{middle phalanx}

\hspace{1em} \textbf{distal phalanx}
Pelvic Girdle:

Os coxa (innominate bone, coxal bone) (L: innominat = bone with no name) (L: coxa = hip)
anacetabulum (L: vinegar cup - finger bowl one uses to rinse one’s hand after a meal)

obturator foramen (L: to occlude - because nothing goes through this foramen)

pelvic inlet
pelvic outlet

Ilium (L: side)
iliac crest
iliac fossa
anteriorsuperior iliac spine
anterioinferior iliac spine
posterosuperior iliac spine
posteriorinferior iliac spine
greater sciatic notch (G: sciatic = hip)

Ischium (G: hip)
ischial spine
ischial tuberosity
lesser sciatic notch

Pubis
public symphysis
public arch

Lower Limb

Femur (L: thigh)
head
neck
greater trochanter (G: trochanter = runner - muscles for running attach here)
lesser trochanter

Gluteal tuberosity (L: gluteus = buttock)
lateral condyle
medial condyle
lateral epicondyle
medial epicondyle

**patella** (*L: pan - it is shaped like a pan*)

**tibia** (*L: flute, in ancient times flutes where made of tibiae*)
lateral condyle
medial condyle
tibial tuberosity
medial malleolus (*L: little mallet*)
anterior crest (anterior border)

**fibula** (*L: pin, the fibula and tibia look like the pin of a brooch - or a modern safety pin*)
head
lateral malleolus

**tarsals** (7 bones)
**talus** (*L: die, these bones from animals were used to make dice*)

**calcaneus** (*L: chalk - either because it is shaped like a chalk or was used as chalk*)

**metatarsals** (5 bones)

**phalanges**
**proximal phalanx**
**middle phalanx**
**distal phalanx**
Axial Skeleton

SKULL

Cranium (calvarium: upper part of cranium)

**frontal bone**
- supraorbital foramen (supraorbital notch)
- coronal suture (*L*: coronal = like a crown)
- frontal sinuses (*L*: sinus = hollow space)
- superior orbital fissure

**parietal bones**
- sagittal suture
- squamous suture (squamosal suture) (*L*: scale-like, flat)

**occipital bone** (*L*: against the head)
- occipital condyles
- foramen magnum (for spinal cord and vertebral arteries) (*L*: magnum = big)
- hypoglossal canal (for hypoglossal nerve) (*G*: hypo = below + glossus = tongue)
- lambdoidal suture (*G*: shaped like the Greek letter \(\lambda\) lambda)

**temporal bones** (*L*: temporal = relating to time - where time shows its effect, where hair first turn gray)
- external auditory meatus (external acoustic meatus) (*L*: meatus = passage)
- mastoid process (*G*: breast-like)
- mastoid sinuses (mastoid air cells)
- styloid process
- zygomatic process (*G*: yoke)
- carotid canal (for carotid artery) (*G*: carotid = to make unconscious - pressing on it makes on unconscious)
- petrous portion (*G*: rocky)
- jugular foramen (for jugular vein) (*L*: throat)
- internal auditory meatus (internal acoustic meatus) (for vestibulocochlear nerve)
sphenoid bone (G: wedge-shaped)
sella turcica (L: Turkish seat or saddle)
greater wings
lesser wings
pterygoid processes (G: wing-like)
optic canal (for optic nerve)
foramen ovale (for trigeminal nerve) (L: oval hole)
foramen rotundum (for trigeminal nerve) (L: round hole)
sphenoid sinuses
inferior orbital fissure
foramen lacerum (L: lacerate = tear)

ethmoid bone (G: sieve-like)
cribriform plate (for olfactory nerves) (L: crib shaped - a crib is a basket with holes, sieve)
crista galli (L: rooster’s crest)
perpendicular plate
ethmoid sinuses
middle nasal conchae (L: conch = seashell)

wormian bones (sutural bones) (Named for Anatomist Ole Worm (1588–1654))

Facial bones
orbit (parts of frontal, ethmoid, sphenoid, maxilla, lacrimal bones)
zygomatic arch (zygomatic process of maxilla, zygomatic bone, zygomatic process of temporal bone)
nasal septum (vomer and perpendicular plate of ethmoid) (L: septum = partition)
hard palate (palatine processes of maxilla and palatine bones)
paranasal sinuses (frontal sinus, ethmoid sinus, sphenoid sinus, maxillary sinus)
mandible (L: jaw)
  ramus
  coronoid process
  mandibular condyle

maxilla (L: upper jaw)
  palatine process
  zygomatic process
  maxillary sinuses
  infraorbital foramen (for trigeminal nerve)

zygomatic bones (G: yoke)

nasal bones

lacrimal bones (L: tear)

palatine bones (L: roof of the mouth)

vomer bone (L: plow)

inferior nasal conchae

Fetal/Neonatal Skull
Note that there are two frontal and mandible bones
  anterior fontanelle (L: little fountain - because you can feel the pulse)
  posterior fontanelle
  anterolateral (sphenoid) fontanelles
  posterolateral (mastoid) fontanelles

hyoid bone (not part of skull) (G: shaped like the Greek letter υ upsilon)
VERTEBRAL COLUMN: 7 cervical vertebrae, 12 thoracic vertebrae, 5 lumbar vertebrae

**atlas** *(Named for the Greek Titan who holds up the world)*

**axis** *(L: axle)*

dens (odontoid process) *(L: tooth)*

**other vertebrae**

- spinous process
- transverse processes
- lamina *(L: layer)*
- body
- pedicle *(L: little foot)*
- vertebral foramen
- intervertebral disc
- intervertebral foramina
- superior articular processes
- inferior articular processes
- 6 articular facets for ribs on each thoracic vertebra *(L: facet = little face)*
- pair of transverse foramina on each cervical vertebra

**sacrum** *(L: holy - probably a mistranslation of the Greek word for strong)*

- sacral canal
- dorsal (posterior) sacral foramina
- ventral (anterior) sacral foramina
- median sacral crest

**coccyx** *(G: cuckoo - because it resembles a cuckoo’s beak)*

**ribs:** 7 pairs of true ribs, 5 pairs of false ribs (the inferior 2 pairs of false ribs are floating ribs)

- head
- neck

68
facets for articulation

tubercle

costal cartilage

**sternum** (*G: chest, beast bone*)

manubrium (*L: handle - the sternum looks like a sword with the xiphoid as the blade*)

body

xiphoid (*G: sword*)

---

**Clinical terms relating to the appendicular skeleton**

broken clavicle

dislocated shoulder

separated shoulder

dislocated elbow

broken wrist

broken scaphoid

broken hip

broken ankle

**Clinical terms relating to the axial skeleton**

skull fractures

deviated septum

scoliosis (*G: twisting*)

kyphosis (*G: humpback*)

whiplash injuries (*the head snaps back like a whip*)
Types of Movements

flexion
extension
hyperextension
abduction
adduction
rotation
circumduction
protraction
retraction
elevation
depression
pronation
supination
dorsiflexion
plantarflexion
inversion
eversion

Practice questions:
1. If a patient is laying on her back with her lower limbs straight, her hips are ________.
2. A person kicks a soccer ball with the foot. What is the movement of the knee? ________
3. You are scratching you lower back. The position of the shoulder is ________ and ________ relative to anatomical position.
Major Surface Landmarks

glabella (root of nose) (*L*: bald - hairless region between the eyes)
bridge of nose
dorsum of nose
ala of nose (*L*: wing)
ostrils
philtrum (*G*: love potion - the upper lip was thought to be one of the most erotic parts of the body)
auricle (pinna)
helix
tragus (*L*: goat - old men often have hair on the tragus which looks like the beard of a goat)
ear lobe
thyroid cartilage (Adam's apple) (*G*: thyroid = shield shaped)
jugular notch
nipple
areola (*L*: small open space)
costal margin
cubital region (*L*: elbow)
umbilicus (naval)
inguinal region (*L*: groin)
gluteal cleft (natal cleft)
perineum (*L*: near the anus)
popliteal region (*L*: back of the knee)
Muscular System

**KEY:**
H: know this muscle in the human.
C: know this muscle in the cat
C*: the muscle in the cat is substantially different from that of the human

**Muscles of Facial Expression**

*frontalis (H)*
- o(origin): galea aponeurotica
- i(insertion): skin of eyebrows
- a(action): raises eyebrows; wrinkles forehead

*orbicularis oculi (H) (L: around the eye)*
- o: frontal and maxillary bones
- i: eyelid
- a: closing eye; squinting

*risorius (H) (L: to laugh)*
- o: fascia in cheek
- i: corner of mouth
- a: moves the corner of the mouth laterally

*zygomaticus (H)*
- o: zygomatic bone
- i: corner of mouth
- a: raises corner of mouth in smiling

*orbicularis oris (H) (L: around the mouth)*
- o, i: encircles mouth
- a: closes lips; protrudes lips

*platysma (H) (G: flat)*
- o: fascia of chest
- i: lower margin of mandible
- a: tenses skin of neck

**Muscles of Mastication**

*masseter (H) (G: to chew)*
- o: zygomatic arch
- i: ramus of mandible
- a: primary elevator of mandible

*temporalis (H)*
- o: temporal and parietal bones
- i: coronoid process of mandible
- a: elevates mandible
Muscles of the Anterior Neck

digastric (H,C) \((L: \text{two stomachs - there are two muscle bellies})\)
- o: mastoid process of temporal bone
- i: lower margin of mandible (via hyoid bone)
- a: primary depressor of mandible; elevates hyoid during swallowing

mylohyoid (H,C) \((G: \text{mylo = molar - the muscle extends from the sides of the mandible to the hyoid})\)
- o: medial surface of mandible
- i: midline (where the two muscles meet) and hyoid
- a: elevates floor of mouth

sternohyoid (H, C)
- o: manubrium
- i: hyoid
- a: depresses hyoid

sternocleidomastoid (H,C*) \((\text{sternum and clavicle to the mastoid process of the temporal bone})\)
- o: manubrium and medial clavicle
- i: mastoid process of temporal bone
- a: flexes and rotates head

Muscles of the Pectoral Girdle

trapezius (H,C) \((L: \text{trapezoid shaped})\)
- o: thoracic and cervical vertebrae and occipital bone
- i: spine of scapula and clavicle
- a: rotates scapula; retracts scapula

rhomboideus major and minor (H,C*) \((L: \text{rhombus shaped})\)
- o: upper thoracic vertebrae
- i: medial border of scapula
- a: stabilizes scapula; retracts scapula

supraspinatus (H,C)
- o: supraspinous fossa of scapula
- i: greater tubercle of humerus
- a: stabilizes humerus (as when carrying a suitcase)

infraspinatus (H,C)
- o: infraspinous fossa of scapula
- i: greater tubercle of humerus
- a: stabilizes humerus (as when carrying a suitcase)

subscapularis (H,C)
- o: subscapular fossa of scapula
- i: lesser tubercle of humerus
- a: rotates arm medially; stabilizes humerus (as when carrying a suitcase)
teres minor (H) (*L: round*)
  o: lateral border of scapula
  i: greater tubercle of humerus
  a: rotates arm laterally and stabilizes humerus (as when carrying a suitcase)

teres major (H,C)
  o: posterior surface of scapula
  i: lesser tubercle of humerus
  a: extends and adducts arm

pectoralis major (H,C*) (*L: chest*)
  o: sternum and upper costal cartilages
  i: intertubercular groove of humerus
  a: flexes and adducts arm

pectoralis minor (H)
  o: ribs 3, 4, and 5
  i: coracoid process of scapula
  a: protracts and depresses scapula

serratus anterior (H,C) (*L: serrated*)
  o: ribs 1 - 8
  i: medial border of scapula
  a: protracts scapula (used in pushing objects, punching)

latissimus dorsi (H,C) (*L: broadest muscle of the back*)
  o: lower thoracic and lumbar vertebrae
  i: intertubercular groove of humerus
  a: primary extensor of arm (used in bringing arm down in swimming)

deltoid (H,C*) (*L: triangle shaped*)
  o: spine of scapula
  i: deltoid tuberosity of humerus
  a: primary abductor of arm

rotator cuff (H)

**Muscles of the Arm**

triceps brachii (H,C) (*L: three headed muscle of the arm*)
  o: proximal humerus; scapula
  i: olecranon process of ulna
  a: extensor of forearm

biceps brachii (H,C) (*L: two headed muscle of the arm*)
  o: scapula
  i: radial tuberosity
  a: flexor of forearm
brachialis (H)
  o: anterior distal humerus
  i: coronoid process of ulna
  a: flexor of forearm

brachioradialis (H,C)
  o: distal end of humerus
  i: styloid process of radius
  a: flexes forearm

**Muscles of the Forearm**

pronator teres (H,C)
  o: proximal end of ulna
  i: middle of radius
  a: pronates forearm

flexor carpi radialis (H,C)
  o: medial epicondyle of humerus
  i: base of metacarpals
  a: flexes and abducts wrist

palmaris longus (H,C*)
  o: medial epicondyle of humerus
  i: palm aponeurosis
  a: flexor of wrist

flexor carpi ulnaris (H,C)
  o: medial epicondyle of humerus
  i: base of fifth metacarpal
  a: flexor and adductor of wrist

flexor digitorum superficialis (H,C)
  o: medial epicondyle of humerus
  i: middle phalanges of fingers
  a: flexes fingers

flexor digitorum profundus (H)
  o: anterior surface of ulna
  i: distal phalanges of fingers
  a: flexes fingers

extensor carpi radialis (longus and brevis) (H,C)
  o: lateral epicondyle of humerus
  i: base of second metacarpal
  a: extends and abducts wrist
extensor pollicis longus and brevis (H) \((L: \text{pollex} = \text{thumb})\)
  - o: distal radius and ulna
  - i: proximal and distal phalanges of thumb
  - a: extend thumb

extensor digitorum (H,C)
  - o: lateral epicondyle of humerus
  - i: distal phalanges of fingers
  - a: extends fingers

extensor carpi ulnaris (H,C)
  - o: lateral epicondyle of humerus
  - i: base of fifth metacarpal
  - a: extends and adducts wrist

flexor retinaculum (H) \((L: \text{retinaculum} = \text{a restraint - it holds the tendons in place})\)

Muscles of the Palm
thenar muscles (H) \((G: \text{thumb})\)
  - This is a group of 4 muscles that flex and adduct the thumb.

palmar muscles (H)
  - These are 3 groups of muscles that abduct, adduct, and flex the fingers.

Muscles of the Trunk
external intercostals (H,C)
  - o: inferior border of each rib
  - i: superior border of rib below
  - a: elevates ribs

external oblique (H,C)
  - o: distal margins of lower ribs
  - i: linea alba, inguinal ligament
  - a: flex abdomen; compress abdomen

internal oblique (H,C)
  - o: iliac crest
  - i: linea alba; inguinal ligament
  - a: flex abdomen; compress abdomen

transverse abdominis (H,C)
  - o: lumbar vertebrae
  - i: linea alba; inguinal ligament
  - a: flex abdomen; compress abdomen
rectus abdominis (H,C)
  o: pubic symphysis
  i: costal cartilages
  a: flex abdomen; compress abdomen

erector spinae (H)  This is a group of muscles which run along the dorsal surfaces of the vertebrae and extends the back.

**Muscles of the Pelvic Girdle**

sartorius (H,C) (*L: tailor - tailors used to sit cross legged as they sewed*)
  o: anterior superior iliac spine
  i: medial portion of proximal tibia
  a: flexes and laterally rotates thigh (crosses legs)

gluteus maximus (H,C)
  o: dorsal ilium and sacrum
  i: gluteal tuberosity of femur
  a: primary extensor of thigh when walking
  - note the sciatic nerve deep to the muscle

gluteus medius (H,C)
  o: lateral surface of ilium
  i: lateral portion of proximal femur
  a: abducts thigh

adductor magnus (H,C)
  o: pubis and ischial tuberosity
  i: medial portion of femur
  a: adducts thigh

gracilis (H,C) (*L: thin, graceful*)
  o: pubis
  i: medial surface of proximal tibia
  a: adducts thigh

iliopsoas (H,C) (*psoas = G: muscle of the loin*) (combination of iliacus and psoas muscles)
  o: iliac fossa and vertebrae T12 - L3
  i: lesser trochanter of femur
  a: flex thigh

**Muscles of the Thigh**

quadriceps femoris (C): rectus femoris, vastus lateralis, vastus medialis, vastus intermedius (H)
  o: different origins along the femur for each muscle
  i: tibial tuberosity via patellar ligament
  a: extends knee especially when walking

hamstrings (C): biceps femoris, semitendinosus, semimembranosus (H)
  o: ischial tuberosity
  i: lateral condyle of tibia (biceps femoris)
medial condyle of tibia (semitendinosus, semimembranosus)
a: flexes knee

**Muscles of the Leg**

tibialis anterior (H,C)
o: upper 2/3 of tibia
i: first metatarsal
a: dorsiflexion and inversion of foot

peroneus longus (fibularis longus) (H,C) (*G: peroneus = pin*)
o: fibula
i: first metatarsal
a: plantar flexion and eversion of foot

gastrocnemius (H,C) (*G: calf - it is derived from “stomach of the leg”*)
o: lateral and medial epicondyles of femur
i: calcaneus via the tendocalcaneus (Achilles tendon)
a: plantar flexion

soleus (H,C) (*L: flat - like the sole of a shoe*)
o: superior tibia and fibula
i: calcaneus via the tendocalcaneus (Achilles tendon)
a: plantar flexion

**Ligaments of the knee**
lateral (fibular) collateral ligament
medial (tibial) collateral ligament
anterior cruciate ligament (*L: cruciate = cross shaped*)
posterior cruciate ligament
patellar ligament

**Clinical terms**
torn rotator cuff
carpal tunnel syndrome
knee injuries: torn ligaments, torn cartilage
Muscles within the Abdomen and Pelvis (This group of muscles will be covered on the last exam.)

diaphragm (H,C)
  o: inferior border of thoracic cavity
  i: central tendon
  a: flattens when contracted causing air to enter lungs

levator ani (H)
  o: margin of pelvis
  i: opposite levator ani muscle
  a: supports pelvic organs, controls defecation

urogenital diaphragm (H)
  o: ischium
  i: muscle from opposite side
  a: supports pelvic organs, controls urination

bulbospongiosus (H)
  o: central tendon of perineum
  i: corpus spongiosum of penis or clitoris
  a: male: constricts urethra after urination and during ejaculation
      female: constricts vagina

external anal sphincter (H)
  o: pelvic margin
  i: central tendon of perineum
  a: keeps anal canal closed
Cardiovascular System

**HEART**

**KEY:**
H: know this structure in the human.
S: know this structure in the sheep

- anterior interventricular (descending) artery (H)
- apex (H,S)
- aorta (H,S)
- aortic semilunar valve (S)
- atrial septum (H,S)
- circumflex artery (H)
- chordae tendineae (S)
- inferior vena cava (H)
- left atrium (H,S)
- left coronary artery (H)
- left ventricle (H,S)
- mitral valve (bicuspid valve) (H,S)
- papillary muscles (S)
- parietal pericardium (S)
- pericardial cavity (S)
- posterior interventricular artery (H)
- pulmonary arteries (H)
- pulmonary semilunar valve (H,S)
- pulmonary trunk (H)
- pulmonary vein (H)
right atrium (H,S)
right coronary artery (H)
right ventricle (H,S)
superior vena cava (H,S)
tricuspid valve (S)
ventricular septum (H,S)
visceral pericardium (S)

**Blood Cells**
basophils (may be hard to find) - become mast cells - secrete histamine
eosinophils - fight parasitic infections
erythrocytes - contain hemoglobin - carry oxygen
lymphocytes - make antibodies
monocytes - become macrophages - phagocytosis
neutrophils - phagocytosis
platelets - help clot blood
Nervous System

Brain

**KEY:**  
H: know this structure in the human.  
S: know this structure in the sheep

- arachnoid mater (S)
- basal ganglia (H,S) - help coordinate muscles so they work together
- brain stem (H,S) - midbrain, pons, and medulla
- central sulcus (H) - separates frontal and parietal lobes - sheep do not have a central sulcus
- cerebellum (H,S) - coordinates movement with sensory stimuli
- cerebral aqueduct (H,S) - connects third and fourth ventricles
- cerebral hemispheres (H,S)
- cerebrum (H,S)
- corpora quadrigemina (H,S) - part of the midbrain - responsible for visual and auditory reflexes
- corpus callosum (H,S) - commissure which connects the two cerebral hemispheres
- dura mater (S)
- fornix (S) - connects hippocampus to the hypothalamus
- fourth ventricle (H,S)
- frontal lobe (H,S)
- hypothalamus (H,S)
- intermediate mass (H,S) - commissure which connects the two thalami
- lateral ventricles (H,S)
- longitudinal fissure (H,S) - separates the two cerebral hemispheres
- medulla oblongata (H,S)
- midbrain (H,S)
- occipital lobe (H,S)
olfactory bulb (H,S)

optic chiasma (H,S) - where the two optic nerves cross to go to the contralateral sides of the brain

parietal lobe (H,S)

pineal gland (H,S) - maintains the circadian rhythms

pituitary gland (H,S)

pons (H,S)

superior sagittal sinus (S)

temporal lobe (H,S)

thalamus (H,S)

third ventricle (H,S)

**Arteries to the Brain**

**Circle of Willis**

anterior cerebral arteries

anterior communicating arteries

basilar artery

internal carotid arteries

middle cerebral arteries

posterior cerebral arteries

posterior communicating arteries

vertebral arteries
**Spinal Cord**

anterior horn (motor neuron cell bodies)

anterior root

central canal

grey matter

posterior horn

posterior root

posterior root ganglion (sensory neuron cell bodies)

white matter

**Eye**

choroid - thick pigmented region

ciliary body

cornea

iris

lens - often broken in the slide

optic nerve

retina: pigment layer

photoreceptor layer

nervous layer

sclera
Thoracic Cavity

aorta (H,C) - *Locate it posterior to the heart*

axillary artery and vein (H,C)

brachiocephalic artery (H,C)

brachial plexus (C)

common carotid arteries (H,C)

diaphragm (H,C)

esophagus (H,C) - *Locate it posterior to the trachea.*

heart (H,C)

hyoid bone (H,C) - You should have felt the hyoid bone when you were dissecting the neck muscles.

jugular veins (H,C)

larynx: (H,C)
  - cricoid cartilage (H,C)
  - epiglottis (H)
  - thyroid cartilage (H,C)
  - vocal cords (H)

lungs (H,C) - Note how small the cat lungs are relative to human lungs. Cats are not built for long-distance running.

parietal pericardium (C)

phrenic nerves (C) - Nerves go from the neck to the diaphragm. only visible just above the diaphragm.

subclavian artery and vein (C)

superior vena cava (H,C)

thymus (H,C) - *located anterior to the superior vena cava.*

trachea (H,C)

vagus nerves (C) - *locate them along the carotid arteries*
Abdominal Cavity

abdominal aorta and inferior vena cava (H,C) - *locate these vessels retroperitoneally in the upper portion of the abdominal cavity. follow them until they split into the common iliac vessels.*

colon (large intestine): (H,C)
  - ascending colon (H)

appendix (H)

cecum (H,C)

transverse colon (H)

descending colon (H)

sigmoid colon (H)

rectum (H,C)

common iliac arteries (H,C)

common iliac veins (H,C)

femoral artery, vein, nerve (H, C) - *locate them between the gracilis and sartorius muscles.* Because the femoral vein is a very large vein near the surface, it is used when one needs to do a medical procedure which involves entering a vein.

gall bladder (H,C) - *find it between the right and middle lobe of the cat liver*
  - common bile duct (H)

  - cystic duct (H)

  - hepatic ducts (H)

greater omentum (C)

kidneys: (H,C)
  - calyx (H,C)

  - renal cortex (H,C)

  - renal pyramids (H,C)

  - renal arteries (H,C)

  - renal veins (H,C)
liver (H,C) - note that the cat liver has more lobes than the human liver

mesentery (C)

pancreas (H,C) - *to find it in the cat, lift the greater omentum and observe the pancreas at the origin of the greater omentum*

parietal peritoneum (C) - lines the abdominal cavity

peritoneal cavity (C)

small intestines (H,C)

spleen (H,C)

stomach (H,C)

superior mesenteric arteries and veins (C)

ureters (H,C) - *separate the ureter and follow it from the kidney to the urinary bladder*

urinary bladder (H,C)

urethra (H)

visceral peritoneum (C)
Reproductive System

**Male Reproductive System**

- body of penis (H)
- bulb of penis (H) - erectile tissue within the perineum
- corpus cavernosum (pl. corpora cavernosa) (H)
- corpus spongiosum (H)
- epididymis (H)
- foreskin (prepuce) (H)
- glans penis (H)
- inguinal canal (H,C) - opening through the abdominal wall
- penile urethra (H)
- prostate (H) - makes seminal fluid
- prostatic urethra (H)
- scrotum (H,C)
- seminal vesicle (H) - makes seminal fluid

**spermatic cord: (H,C)**
- spermatic artery
- spermatic vein
- lymphatic vessels
- nerves
- cremaster muscle
- vas deferens

- testis (H,C)
- vas deferens (H,C)
Female Reproductive System
broad ligament (H,C) - mesentary which attaches to the fallopian tubes

cervix (H)
clitoris (H)
external urethral orifice (H)
fallopian tube (H,C*)
funhus of uterus (H)
labium majus (pl. labia majora) (H)
labium minus (pl. labia minora) (H)

ovary (H,C)

round ligament (H) - from uterus to the perineum - homologous to the gubernaculum

uterus (H,C*)
vagina (H)

vestibule (H) - the space between the labia minora

vulva (H) - the term for the external genitalia of a female
Embryonic Development

amnion - sac which surrounds the fetus.
   Functions: cushions and protects the fetus.
   allows the fetus to float

chorion - embryonic form of the placenta

eye

branchial arches - vestige of gills

heart

limb buds (leg buds, arm buds)

placenta

somites - will form skeletal muscle and bone

tail

umbilical cord