A & P 1 – Unit 3 Exam Review

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This review is meant to highlight basic concepts from unit3. It does not cover all concepts presented by your instructor. Refer back to your notes, unit objectives, labs, handouts, etc. to further prepare for your exam.

- 1. Joint Tissues: fill in the blank to identify the tissues found at joints:
 - a. ______ Scattered cells; densely packed protein fibers running in same direction; not much ground substance; Tendons and ligaments
 - b. ______ Cells (chondrocytes) and large bundles of collagen fibers running in parallel rows, Intervertebral discs; pubic symphysis
 - c. ______ Cells (chondrocytes) in lacunae (spaces) in glassy-looking matrix (fibers not visible); articular cartilage at joints; costal cartilage of ribs; rings around trachea and bronchi; larynx; fetal skeleton; growth plates of long bones
- 2. Describe the 4 major classes of joints:
 - a. Bony joints –
 - b. Fibrous joints -
 - c. Cartilaginous joint -
 - d. Synovial joint -
- 3. Describe and give an example of each of the following fibrous joints;
 - a. Sutures:
 - b. Gomphoses:
 - c. Syndesmoses:
- 4. Describe and give an example of each of the following cartilaginous joints:
 - a. Synchondroses:
 - b. Symphyses:
- 5. Describe the structures of a synovial joint:
 - a. Joint Capsule -
 - b. Fibrous Capsule -
 - c. Synovial Membrane -
 - d. Joint Cavity –

- e. Synovial Fluid –
- f. Articular Cartilage -
- 6. Synovial Joints Accessories- define the following:
 - a. Ligament attaches _____
 - b. Tendon attaches _____
 - c. Bursa ______filled with synovial fluid
 - d. Articular Disc ______between bones
 - e. Meniscus (pl. Menisci) fibrocartilage pads at knee joint
- 7. Types of Synovial Joints Describe the 6 types of joints and give an example of each:
 - a. Gliding (plane) joint:
 - b. Hinge joint:
 - c. Pivot joint:
 - d. Ellipsoid (condyloid) joint:
 - e. Saddle joint:
 - f. Ball and socket joint:
- 8. USE YOUR NOTES and TERMS LIST TO STUDY THE STRUCTURES OF THE KNEE.
- 9. Why is exercise important for the maintenance of articular cartilage?
- 10. Joint disorders: Fill in the blank to identify the disorder:
 - a. _______ Autoimmune attack antibodies attack synovial membrane and cause inflammation, Enzymes degrade articular cartilage, Connective tissue fills joint capsule
 - b. _____ Wear-and-tear articular cartilage wears away with age, Exposed bone tissue develops spurs
 - c. ______-Tearing of ligament fibers or meniscus pads, Heal slowly no blood vessels
- 11. General Joint Movement circle the correct choice or fill in the blank to give the correct movement:
 - a. Abduction Movement away/toward midline of body
 - b. Adduction Movement away/toward midline of body
 - c. Circumduction One end of an appendage remains stationary, other end makes a ______ motion

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- d. Depression raising/lowering body part vertically
- e. Dorsiflexion "pulling toes back"/"pointing toes downward"
- f. Elevation raising/lowering body part vertically
- g. Eversion turning soles in/out
- h. Extension *increase/decreases* joint angle
- i. Flexion increases/decreases joint angle (hinge joints)
- j. Hyperabduction ______arm overhead (in frontal plane)
- k. Hyperadduction _____ legs, fingers
- I. Hyperextension Further extension/flexion of joint beyond zero position
- m. Inversion turning soles in/out
- n. Lateral excursion left or right movement of mandible" away from"/ "back to" zero position
- o. Medial excursion left or right movement of mandible" away from"/ "back to" zero position
- p. Plantar flexion "pulling toes back"/"pointing toes downward"
- q. Pronation forearm movement that turns palm to face anteriorly/posteriorly
- r. Protraction anterior/posterior movement of a body part in horizontal plane
- s. Retraction anterior/posterior movement of a body part in the horizontal plane
- t. Rotation Movement in which body part spins about an _____
- u. Supination forearm movement that turns palm to face anteriorly/posteriorly
- 12. Define the following muscle terms:
 - a. Origin
 - b. Belly
 - c. Insertion
- 13. Define the following functional groups of muscles and match the definitions to the correct movements.
 - a. Prime mover(agonist)
 - b. Synergist
 - c. Antagonist

- 14. Determine which is an example of an intrinsic or extrinsic muscle:
 - a. The Opponens Pollicis is muscle that has it's origin and insertion within the hand. Intrinsic/extrinsic?
 - b. The brachialis is a muscle that is found on the upper arm, but causes the forearm to move. Intrinsic/extrinsic?

15. 15. USE YOUR NOTES and TERMS LIST TO STUDY THE MUSCLES.

16. Organelles & Structures of Muscle Cells – Name the following muscle structures.



17. Use the following terms in sentences or a diagram to describe the organization of muscular tissue.

Actin, Endomysium, Epimysium, Fascia, Fascicle, Muscle, Muscle fiber (cell), Myofibril, Myofilaments, myosin, Perimysium, Sarcoplasm, Tendon

18. Use the following terms in sentences and/or a diagram to describe the structure of a sarcomere and why skeletal muscle has a striated appearance.

A-band, Actin, H-band, I-band, M-line, Myosin, Sarcomere, Striations, Titin/Connectin, Z-disc

- 19. Name the components of the neuromuscular junction and answer the question.
 - a. What is the function of the neuromuscular junction?
 - b. ______ Proteins in muscle fiber (cell) plasma membrane for ACh to bind to
 - c. ______ Swollen end of nerve fiber, filled with neurotransmitter Acetylcholine
 - d. ______ enzyme which breaks down ACh after contraction, causing relaxation
 - e. ______ Gap between synaptic knob and muscle fiber (cell) sarcolemma

20. Sliding Filament Theory – Give a brief summary of what happens to the sarcomere during muscle contraction:

21. Muscle contraction and relaxation: answer the questions for each section?

Excitation: passing the action potential from the nerve fiber to the muscle fiber

a. Name the molecule... it is released from the synaptic knob of the neuron into the synapse, it travels across the synaptic cleft and binds to the receptor proteins of the sarcolemma.

Excitation-Contraction Coupling: the action potential created at the sarcolemma spreads and prepares myofilaments to contract

b. Name the molecule...it is released from the terminal cisternae of SR, it binds to troponin which pulls tropomyosin off of the active sites of actin, exposing them.

Contraction: the muscle fiber develops tension and may shorten.

- c. Name the protein...this protein makes up the thick filament, its head forms a cross-bridge with actin, it pulls on actin to shorten the sarcomere and cause muscle contraction. _____
- d. Describe the role ATP plays in this process.

<u>Relaxation</u>: the muscle fiber relaxes and returns to its resting length.

- e. When nerved signals cease, ACh release stops and it is broken down by AChE, calcium leaves troponin and is pumped back into the cisternae, thin filaments slide back over thick filaments as the ______ is returned to resting length.
- 22. Phases of a Muscle Contraction give a brief explanation of each phase:
 - a. Stimulus Phase:
 - b. Latent Period:
 - c. Contraction Phase:
 - d. Relaxation Phase:

- 23. Answer the following questions regarding motor units, recruitment, and contraction
 - a. What is a motor unit?
 - b. Circle one...A *small/large* motor unit has little fine motor control and innervates 1000+ muscle fibers.
 - c. What is the process of summoning more motor units in an effort to strengthen contraction?
 - d. What is the term for the minimum stimulus (nerve signal) needed to produce a contraction?
- 24. Muscle contraction types and myograms: name the type of muscular contraction.
 - a. ______ Stimuli are coming so fast the muscle has no time to relax at all, twitches fuse into a smooth prolonged contraction.
 - b. _______ muscle recovers fully between twitches, but each one develops more tension than the last, stimuli are arriving rapidly so not all calcium is reabsorbed, myogram has a staircase look
 - c. ______ each stimulus causes a quick cycle of contraction and relaxation of the same strength, full recovery between cycles, calcium is fully reabsorbed
 - d. ______ each new stimulus arrives before previous twitch is over, each new twitch piggy-backs the last one and creates higher tension, muscle only relaxes partially between contractions

25. Phases of Muscle Contractions: determine the type.

- a. _____ Muscle Contraction ("Same length") muscle tension increases without changing the length of the muscle
- b. _____ Muscle Contraction ("Same strength") contraction occurs with a change in muscle length but it maintains the same tension.
- c. With which one do we see actual movement?
- 26. Fill in the blanks to explain the various methods by which a skeletal muscle meets its energy needs.
 - a. Myoglobin supplies ______ for aerobic respiration at the start of a 100m dash.
 - b. The phosphagen system takes a phosphate from ______to make ATP (during short bursts of intense activity).

Name and give the chemical equation (include # of ATP's) for the ATP pathway described here...

- c. _______is used for short-term energy needs, it kicks in after the phosphagen system is exhausted, but before the heart and lungs can get the oxygen demand of the muscles caught up.
- d. ______ is used for long term energy needs, 40 or so seconds into an activity the heart and lungs catch up with the oxygen demand and deliver it quickly enough to maintain this process.

27. Slow-Twitch & Fast-Twitch Muscle Fibers

<u>Slow Twitch – Slow Oxidative, Type I</u>

- a. What type of respiration are these fibers good for?
- b. Describe the structure of this muscle cell.

Fast Twitch – Fast Glycolytic, Type II

- c. What type of respiration are these fibers good for?
- d. Describe the structure of this muscle cell.

28. Name the following muscle conditions.

- b. _______ autoimmune disorder, WBC's attack ACh receptors at neuromuscular junction, results in muscle paralysis, drooping eyelids
- c. ______ overstretching/tearing of muscle fibers/tendons
- d. ______ Polio virus infects and kills motor neurons
- e. ______ Inflammation of flexor tendons and transverse carpal ligament puts pressure on median nerve
- f. ______ Affects children, defective dystrophin proteins make muscles ineffective
- g. _______ Lack of ATP causes muscle to remain in state of contraction
- h. ______ affects muscle contraction/ATP synthesis/nerve signal transmission due to buildup of lactic acid, depleted glucose/glycogen/electrolytes/Ach
- i. ______ fasciae of arm and leg muscles enclose muscle compartment very tightly
- j. ______ *Clostridium botulinum* toxin blocks release of ACh release at neuromuscular junction, form of food poisoning

k. ______ - Clostridium tetani toxin prolongs muscle contractions, stepping on a rusty nail