Dear Students,

These learning objectives summarize the most important concepts required on the exams (written and oral). They consist of 3 parts: 1. title 2. learning objectives 3. normal values. The title is the same as the respective topic of the semifinal exam. The learning objectives consist of tasks and questions, and in some cases they also contain useful hints for the answers. 3. The normal values usually appear where they are first encountered, but they might important for any later topic as well. For those normal values, where value ranges are given, the student is expected to be able to give at least a value that is WITHIN the normal range along with the CORRECT unit. Important: on the oral exams the picked topic will contain ONLY the title, not the detailed objectives. The students are required to know by then what belongs to the topic!

We hope these objectives will assist you in preparing for a successful exam.

Learning Objectives 1st semester

1. Principles of control theory
Define the term of internal environment (milieu intérieur) and explain the importance of its control?
Define the terms homeostasis and homeostatic parameters. List at least 5 controlled functions and/or parameters in human.
Describe the major forms of physiological controlling circuits (humoral, neuronal).
Describe the parts of the neuronal reflex arch and explain their respective functions in control (receptor, afferent branch/pathway, center, set point, efferent branch/pathway and effector).
Define negative and positive feedback control. Give examples for processes controlled by negative feedback, positive feedback.
Characterize endocrine, paracrine and autocrine humoral control based on the release site of the mediators and their path to the target cells.
Define „behavioural control” and explain its importance/necessity. Give examples!

2. Passive transport mechanisms of the cell membrane
Describe and make a schematic drawing of the molecular structure of the plasma membrane (fluid mosaic model).
Explain how the distribution of phospholipids and proteins influences the membrane permeability of ions, hydrophylic and hydrophobic compounds. Describe lateral diffusion in the membrane.
Define simple diffusion and explain how changes in the driving forces (chemical and electrical gradient, in steady state situation) and membrane properties will influence the transport rate. State Fick's law of diffusion.
Define the following terms regarding ion channels: selectivity, gating, activation and inactivation.
Compare the gating mechanisms of intra- and extracellular ligand-gated, voltage-gated, heat sensitive and mechanical-gated ion channels.
Describe the role of water channels (aquaporins) in the water permeability of the cell membrane.
Define osmosis. Explain how the different permeability of the cell membrane to water and solutes will generate an osmotic pressure.
Define filtration and give examples for this kind of transports.
Characterize facilitated diffusion. Define the types of the carriers: (uniporter, symporter, antiporter). Define the terms: transport maximum, saturation, competitive and non-competitive inhibition.

Normal values: plasma osmolality: 290 mosm/kgH2O, osmolality induced by plasma proteins: 1.6 mosm/kgH2O, osmotic pressure: 28 mmHg

3. Active transport mechanisms of the cell membrane.
Define the terms primary and secondary active transport. Define the terms: transport maximum, saturation, competitive and non-competitive inhibition.
Define how energy from ATP hydrolysis is used to transport ions such as Na⁺, K⁺, Ca²⁺ and H⁺ against their electrochemical differences via examples.
Define how energy from the Na⁺and K⁺ electrochemical gradients across the plasma membrane can be used to drive the...
The movement of other solutes (e.g., Na+/glucose co-transport; Na+/Ca²⁺-exchange) - secondary active transports.

Explain the role and significance of ATP-binding cassette (ABC) transporters via examples.

Define the term vesicular transport: endocytosis, exocytosis and transcytosis. Give examples for specific and aspecific vesicular transport processes.

4. The resting membrane potential

Explain the origin of the resting membrane potential, the electric and chemical forces that determine the diffusion of ions. Doonan equation.

State the Nernst equation used to determine the equilibrium potential of ions, and apply the equation to determine the equilibrium potential for K⁺ in the cell membrane (E_{K⁺}).


Explain how the membrane potential is affected if the membrane permeability to Na⁺, K⁺, and Cl⁻ decreases.

Explain the importance of the simultaneous passive ion currents (e.g. Na⁺, K⁺) and active ion pumping (Na⁺-K⁺-ATPase) in determining the membrane potential and cellular volume. Explain the possible mechanism and consequence of the inhibition of the Na⁺-K⁺-ATPase.

Normal values: extracellular ion concentrations: Na⁺: 138-151 mM, K⁺: 3.4-5.2 mM, HCO₃⁻: 21-28.5 mM, Cl⁻: 101-111 mM, Ca²⁺: ionized 1.5 mM; typical intracellular (cytoplasmic) ion concentrations: Na⁺: 12 mM; K⁺: 155 mM; HCO₃⁻: 8 mM; Cl⁻: 4 mM; Ca²⁺: 10⁻⁵-10⁻⁴ mM

5. The electric properties of neuronal membranes. The axonal propagation of the action potential. Axon classification.

Define and compare the electrotonic (local, graded) potentials with the action potential (direction of potential change, graded or not, propagation velocity, change in the amplitude of the potential change during grading). Make a schematic drawing of the membrane potential changes during an action potential recorded in the giant squid axon. Using the drawing, identify the phases of the action potential. Explain the terms threshold and the "all or none" principle.

Characterize the voltage-gated Na⁺-, K⁺-, and Ca²⁺-channels functionally (gating, activation and inactivation). Describe the role of voltage-gated Na⁺-, K⁺-, and Ca²⁺-channels in the phases of the neuronal action potential (depolarisation, "overshoot", repolarisation, after-hyperpolarization). Define and explain the terms absolute and relative refractory periods.

Describe the propagation of the action potential in myelinated and unmyelinated axons. Explain saltatory conduction. Describe the various axon classes based on the Erlanger-Gasser-classification.

Normal values: action potential duration in nerves: 1 ms, typical action potential propagation velocities in the axon classes of peripheral nerves (Erlanger-Gasser classification): Aalpha: 100 m/s, Abeta: 50 m/s, Agamma: 20 m/s, Adelta: 15 m/s, B: 7 m/s, C: 1 m/s

6. Receptors, signal transduction mechanisms.

Describe the main types of signaling molecules (mediators): autocrine and paracrine signaling molecules, hormones, neurotransmitters, neurohormones and interleukines.

Define the terms: receptor, ligand, agonist, antagonist (competitive, non-competitive). Classification of receptors: 1. based on localization (cell membrane receptors, cytosolic receptors, nuclear receptors, intracellular membrane receptors (IP₃, ryanodin)), 2. based on function (ionotropic receptors, metabotropic receptors, receptor enzymes, and enzyme-linked receptors).

Ionotropic receptors: selective and non-selective receptors, cation and anion channels. Give 1-1 examples. G-protein coupled metabotropic receptors. Heterotrimer G-proteins: types (Gα/Gβ/Γ) and functions.

Define the term second messengers, describe the most important members (cAMP, cGMP, calcium, IP₃/DAG).

Explain the function of receptor enzymes and enzyme-linked receptors through 1-1 example (tyrosine kinase receptors). Describe the following terms related to membrane receptors: activation, inactivation, internalization, up-regulation, down-regulation, sensitization, desensitization.
Signal transduction via intracellular receptors: the general structure and function of cytosolic and nuclear receptors explained through 1-1 example (steroid and thyroid hormone receptors).

7. Neurotransmission.
Characterize electric synapses including the description of the molecular structure of gap junction operating in these synapses. Compare transmission between electric and chemical synapses (direction of information, speed and way of transmission).
Describe the consecutive events of chemical neurotransmission (starting with the depolarization of presynaptic membrane ending with the development of the graded electric response of the postsynaptic membrane (postsynaptic potential, PSP). Describe the ion currents involved in the development of the following local potentials: excitatory postsynaptic potential (EPSP), inhibitory postsynaptic potential (IPSP), end plate potential (EPP).
Describe the temporal and spatial summation of postsynaptic potentials (EPSPs and IPSPs), and their role to trigger an action potential.
Describe the common features of classical neurotransmitters.
Group the classical and non-classical neurotransmitters based on their chemical structure: 1. acetylcholine, 2. amino acids (glutamate, glycine, GABA), 3. biogenic amines (dopamine, noradrenaline, adrenaline, histamine, serotonin), 4. gases (NO, CO), 5. lipids (endocannabinoids, 6. peptides (endorphins, encephalins, dynorphins, substance P, CGRP, VIP), 7. purines. Describe the synthesis, mechanism of action and significance of NO. Describe the fate of released neurotransmitters.

Normal values: synaptic delay: 1-1.5 ms

8. The peripheral nervous system: primary sensory neurons.
Make a schematic figure of a primary sensory neuron and indicate its major parts: peripheral axon, central axon, cell body. Give the anatomical location of primary sensory neurons (spinal dorsal root ganglia, and the sensory ganglia of cranial nerves).
Define the terms: receptor sensitivity, receptor specificity (modality), and receptive field.
Group the somatosensory receptors based on the origin of the sensory stimulus (extero-, intero-, and proprioceptors) and on their modality (mechano-, thermo, uni- és polimodal nociceptors). Give the important neurotransmitters released by primary sensory neurons. Define the term adaptation (slow-adapting and fast-adapting receptors).
Explain how the axonal diameter and myelinisation determines the action potential propagation in sensory axons.
Group the sensory axons according to the Lloyd-Hunt (Ia, Ib, II, III és IV)-, and the Erlanger-Gasser classification (Aα, Aβ, Aδ, és C).
Define the term secondary sensory cell, and describe its connection to the primary sensory neuron. Give at least one example.

9. The parasympathetic division of the autonomic nervous system.
Characterize the structural organization of the parasympathetic nervous system: give the location of the cell bodies and axons of preganglionic neurons, also of the cell bodies and axons of ganglion cells.
Classify the prae- and postganglionic axons of the autonomic nervous system found in peripheral nerves according to the Erlanger-Gasser classification (B and C fibers).
Characterize the synaptic connection between the preganglionic axon and the ganglion cell (acetylcholine and neuronal type nictiotoinic Ach receptor).
Define the term autonomic ground plexus. Describe the structure and function of axon varicosities.
Describe the biosynthesis, synaptic release, and elimination of acetylcholine. Describe the effects of acetylcholine of the receptors of target cells. Give examples of parasympathetic effects mediated by cholinergic receptors.
Give further neurotransmitters released by parasympathetic nerves, and give examples of parasympathetic effects mediated by such neurotransmitters (cotransmitters: VIP). Define the term autonomic tone.

10. The sympathetic division of the autonomic nervous system. The adrenal medulla.
Characterize the structural organization of the sympathetic nervous system: give the location of the cell bodies and axons of preganglionic neurons, also of the cell bodies and axons of ganglion cells.
The sympathetic adrenergic system: describe the biosynthesis of noradrenaline and adrenaline, the synaptic release and elimination of noradrenaline.
List the adrenergic receptor types (α and β) found on target cells along with the respective signal transduction pathways.
11. The peripheral nervous system: motor neurons, neuromuscular junction.
Give the anatomical locations of the cell bodies of motor neurons (ventral horn of the spinal cord gray matter, motor nuclei of cranial nerves), and classify the motor axons found in peripheral nerves according to the Erlanger-Gasser classification (\(A_\alpha\) and \(A_\gamma\) fibers).
Make a schematic figure of the neuromuscular junction found in striated muscles, and indicate the consecutive steps of neuromuscular transmission.
Compare the differences between the end plate potential (EPP) and the muscle fiber's action potential.
List the inhibitors of the neuromuscular junction (curare, succinylcholine, botulinum toxin), give their targets and mechanisms of actions.
Define the term motor unit. Describe motor recruitment during various levels of muscle activity.

12. Skeletal muscle: structure, electromechanical coupling, the biochemistry of contraction.
Describe the structure of the functional unit (sarcomere) of the skeletal muscle. Characterize the thick and thin filaments and enlist their proteins (regulator proteins).
Describe the steps of the electromechanic coupling. Define and explain the function of the following terms: sarcolemma (cell membrane of the muscle cell), T-tubules, sarcoplasmic reticulum (L-tubules), troponin-tropomyosin, and calcium ions.
Describe the cycles of actin-myosin bridges and their binding, and explain how it results in muscle contraction (the sliding filament model). Describe the mechanism of relaxation.
Summarize the role of ATP in muscle contraction and relaxation. What is the mechanism of rigor mortis („stiffness of death“)?

13. Skeletal muscle: the mechanics of muscle contraction (contraction types), muscle subtypes.
Define and compare the isometric, isotonic, and auxotonic contractions. Characterize the difference between muscle twitch and tetanus (complete and incomplete), and explain the contraction summation. Explain how muscle twitch turns into tetanus by the increasing of the stimulation frequency.
Define the term of muscle fatigue and enlist intracellular processes that play a role in fatigue. Energy sources of the working muscles.
Compare the red and white types of skeletal muscle with a special reference to their structure, energy sources, and function.
Characterize the factors that increase the muscle power (increasing the number of actomyosine complexes): 1. increasing the number of activated motor units, 2. increasing the frequency of action potential (increased calcium) - tetanic contraction, 3. resting length of sarcomere, 4. exercise.

Define the terms and compare single-unit and multi-unit smooth muscles.
Describe the intracellular pathways that control contraction and relaxation in smooth muscle. Distinguish between electromechanical coupling and pharmacomechanical coupling.
Describe the differences in actomyosin regulation of, respectively, smooth and skeletal muscle and indicate the structural similarities in their respective contractile units.
Explain the sources, movements and roles of \(\text{Ca}^{2+}\) in smooth muscle during contraction and relaxation.

15. Fluid compartments of the body. The blood plasma.
Define the terms extracellular and intracellular fluid. List the compartments of extracellular fluid. Describe the fractions obtained by centrifugation (cells, plasma).
Define the term hematocrit and give the normal value in healthy adult person.
List the anorganic and organic constituents of the blood plasma with respect to their functions. Give the normal values.
Identify and characterize the lipoproteins found in the blood plasma (VLDL, LDL, HDL).

Normal values: total body water: \(-60\%\) of body weight, (intracellular 40\%, extracellular 20\%), interstitial fluid volume:
11 L, blood volume: 5-6 L (80 ml/kg body weight), plasma volume: 3 L, hematocrit: 0.44-0.46, plasma osmolality: 290 mosm/kgH2O, plasma Na+: 138-151 mM, plasma K+: 3.4-5.2 mM, plasma HCO3-: 21-28.5 mM, plasma Cl-: 101-111 mM, plasma Ca2+: 2.4-2.8 mM (total), 1.5 mM (free, ionized), plasma glucose: 4.2-5.9 mM, plasma bilirubin: 5.0-17.0 µmol/L, plasma proteins: 60-80 g/L, plasma albumine: 34-45 g/L, plasma total cholesterol: <5.17 mM, plasma total lipids: 4.5-10 g/L.

16. The general features of red blood cells. Erythropoiesis.
Describe the following parameters of the red blood cells: count, size, shape, life span, structure. Enlist and describe the types of anemias and explain their mechanism. Characterize the osmotic resistance of the red blood cells. Describe the mechanism of blood sedimentation, the method of its measurement, significance and normal value. Describe the red bone marrow and enlist the main progenitors of red blood cells. Provide the definition of reticulocyte. Explain the role of vitamin B12 and folic acid in the formation of red blood cells. Erythropoetin: production (kidney), trigger, function. Enlist some important hormonal influences on erythropoiesis (e.g., growth hormone, testosterone).

Normal values: count: 4.3-5.2 million/µL, diameter: 7-8 µm, life span: 120 days, sedimentation rate: 3-10 mm/hour, blood hemoglobin concentration: 135-160 g/L, osmotic resistance: 0.45-0.50% NaCl solution, iron RDA (recommended dietary allowance): 10-20 mg, daily iron loss: 1-3 mg, relative reticulocyte count: 0.4-1.5%

17. Hemoglobin degradation, bilirubin metabolism.
Describe the fate of old erythrocytes and the role of macrophages in the process. Describe the steps of the degradation of hemoglobin, the fate of iron, globin chains, and the porphyrin ring. The release of bilirubin from macrophages, transport in blood, uptake in liver, conjugation and secretion into the bile. Provide the definition of direct and indirect bilirubin. The fate of bilirubin in the intestines, the enterohepatic circulation and secretion. Urobilinogen (UBG), and the significance of its detection in the urine (icterus).

Normal value: plasma bilirubin: 5.0-17.0 µM

What is the normal value of leukocyte count? Describe the main parts of the lymphatic system. Enlist the types of white blood cells and characterize their structure and function. Describe the qualitative blood smear, enlist the normal values of the differential white blood cell count (%). Describe the significance of phagocytosis and the basic mechanism of inflammatory reaction. Describe the elements and role of the monocyte/macrophage system (transvascular migration). Expound the arachidonic acid derivates. Expound the main elements and functions of the complement system and the bradykinin-kallidin system. What are the functions of the natural killer (NK) cells? Explain the functions of granulocytes and mast cells. Protection of "surface barriers" (mechanical, chemical and biological barriers: skin, saliva, tears, gastric juice with acids and proteases, natural flora...).

Normal values: white blood cell count: 4000-10000 cell/µL, neutrophils: 60-80%, lymphocytes: 20-30%, monocytes: 2-6%, eosinophils: 1-5%, basophils: 0-1%.

19. The humoral and cellular elements of the specific (adaptive) immunity.
Define the antigen in general and delineate the process of antigen presentation. What are the roles of MHC (type I and II) and CD (type 4 and 8) proteins? Compare the role of helper and cytotoxic T-cells. What is the role of the B-cells? Explain the cooperation of antigen presenting cells, T-cells, and B-cells (connection between the humoral and cellular immune responses). Describe the role and structure of immunoglobulins and their subtypes and functions. Enlist the main groups of cytokines, and provide some examples for their functions. Differentiate active and passive immunization.
20. The AB0 and Rh blood groups.
Describe the antigens and the circulating antibodies (Landsteiner-rules, the presence and types of immunoglobulines).
Describe the process of the blood group determinations. Compatibility tests before blood transfusion (major and minor test, biological test).
Expound the process of Rh-sensitization (anti-D prophylaxis, erythroblastosis foetalis).
What is the definition of agglutination and hemolysis? What is the consequence of hemolysis?

21. Primary hemostasis, the characterization and functions of thrombocytes.
Elaborate the role of primary hemostasis, enlist and characterize the significance of its major processes (vasoconstriction, activation and aggregation of platelets). Describe the role of endothelial cells in hemostasis.
What is the difference between hemostasis and blood coagulation? Compare the white and the red thrombus.
What is the normal value of thrombocyte count?
Describe the most important morphological features of the thrombocytes, size and types of granules. Explain the adhesion, aggregation and activation of thrombocytes.
Enlist the factors that activate thrombocytes and their origin (site of production).
What is the role of the endothelial cells in the regulation of hemostasis? Bleeding time.

Normal values: thrombocyte count: 150000-300000/µL, bleeding time (Ivy's method): 3-5 min

Fibrinolysis.
Define the coagulation factors, their nomenclature, site of synthesis, and the mechanism of their action.
Describe the extrinsic and intrinsic pathways of coagulation
Expound the common phase of blood coagulation (convergence of extrinsic and intrinsic pathways) and the formation of the stable fibrin mesh.
Explain the role of vitamin K in the synthesis of the so-called vitamin K-dependent coagulation factors.
What is the "placenta sanguis"? Define the process of clot retraction, define the term serum and compare its composition with the blood plasma.
Compare prothrombin time and coagulation time. Define INR, its calculation and significance.
Expond the activation and regulation of the plasmin system.
Describe the following systems and their regulation: thrombomodulin/protein C/protein S; heparin/antithrombin.
Enlist substances that can be used to inhibit blood coagulation in vitro (EDTA, citrate) and define their mechanism of action.
Enlist substances and drugs that can be used in vivo to inhibit thrombocyte activation and blood coagulation or to facilitate fibrinolysis (inhibitors of cyclooxygenase, heparin, vitamin K antagonists and plasminogen activators).

Normal values: prothrombin time: 18-20 s, INR: 0.8-1.2, coagulation time (Lee-White method): 5-8 min, fibrinogen: 3 g/L

Describe the functions of airways. Describe the mechanism of inspiration and expiration.
Draw a diagram showing how pleural pressure, alveolar pressure, air flow, and long volume changes during the respiratory cycle. Indicate the beginning and the end of inspiration, and the end of expiration.
Describe the forces responsible for the development of negative pleural pressure (elastic recoil of the lung, and expansion tendency of the chest wall).
Describe the consequence of pneumothorax (air getting into the pleural space). Define lung compliance.
Draw a normal spirogram, indicating the various lung volumes. Explain how the different lung capacities are determined by the summation of lung volumes. Draw a spirogram of a forced expiratory effort. Indicate the forced vital capacity (FVC), the forced expiratory volume in 1 second (FEV1). Define the Tiffeneau-index (FEV1/VC) and maximal hyperventilation capacity.
Enlist the factors determining total lung capacity, functional residual capacity and residual volume.
Define surface tension and the role of surfactant.
Describe the source and the composition of surfactant. Explain the regulation of surfactant secretion.
Describe the control of airway diameter and secretory activity (sympathetic and parasympathetic effects): Define the term bronchomotor tone. Describe the effect of inflammatory mediators (histamine, prostanoids and leukotrienes).

Normal values: static lung volumes and capacities male/female (mL): TV: 500/500, IRV: 3100/1900, ERV: 1200/800, RV: 1200/1000, FRC: 2400/1800, VC: 4800/3200, TLC: 6000/4200; lung compliance: 0,2 L/cmH\(_20\), chest+lung compliance 0,1 L/cmH\(_20\), pleural pressure at the end of inspiration/expiration: -8/-5 cmH\(_20\), alveolar pressure at the peak of inspiratory/expiratory flow: -1/1 cmH\(_20\), Tiffeneau-index (FEV\(_1\)/VC): 75-80%, anatomic dead space: 150 mL, respiratory rate: 14 1/min, minute ventilation: 7 L/min, alveolar ventilation: 5 L/min, maximal hyperventilation capacity: 100-200 L/min.

Give the normal values of partial pressures for oxygen and carbon dioxide in inspired air, alveolar air, arterial blood and mixed (central) venous blood?
Enlist the factors determining diffusion between the alveolar gas and the capillary blood, apply Fick's law of diffusion. Define the terms hypoventilation, hyperventilation.
Describe the oxygen transport from the alveolus to the capillary blood, define capillary reserve (the amount of red blood cell capillary transit time, where there is no further net gas diffusion).
Compare the contribution of hemoglobin-bound and physically dissolved \(O_2\) to blood oxygen content.
Describe the chemical structure of the hemoglobin molecule. Enlist and define special/pathological hemoglobin forms (HbF, methemoglobin, carboxy-hemoglobin) and give their functional characteristics.
Draw the hemoglobin oxygen-dissociation curve. Explain the connections between \(pO_2\), hemoglobin-saturation. Define \(P50\) and give its normal value.
Give the oxygen binding capacity of hemoglobin (Hüfner-number).
Describe how the oxyhemoglobin dissociation curve is affected by changes in \(pCO_2\) (Bohr-effect), plasma pH and red blood cell 2,3-DPG concentration. Explain the functional significance of these changes.
Describe the \(CO_2\) transport mechanisms in blood and the percentage contribution of these mechanisms to transport: (1. physically dissolved, 2. chemically dissolved as bicarbonate anions, and 3. hemoglobin-bound with carbamino bonds)
Name the critical enzyme required for \(CO_2\)-transport, and its cellular location.
Explain the importance of chloride-shift (Hamburger-shift) in the blood \(CO_2\)-transport.
Give the normal values for the dissolved \(CO_2\) concentration as well as the plasma bicarbonate levels both in arterial and in mixed venous blood.
Explain the effect of hemoglobin oxygen dissociation on the uptake of \(CO_2\).

Normal values: partial pressure values (mmHg) of respiratory gases: inspired air / alveolar air / arterial blood / venous blood: \(pO_2\): 149/100-104/95-98/40, \(pCO_2\): 0,3/40/40/46; HbA \(P50\): 26 mmHg; arterial/mixed venous blood oxygen saturation: 97-98/75%; Hüfner-number: 1,34 ml/g; oxygen concentration in arterial/venous blood: 200/150 mL/L; arteriovenous oxygen difference (AVDO\(_2\)): 50 mL/L; resting oxygen uptake/metabolic rate: 250-280 mL/min, \(CO_2\) concentration in arterial/venous blood: 480/520 mL/L; bicarbonate concentration arterial/venous blood: 24/27 mM; arteriovenous difference \(CO_2\) (AVDCO\(_2\)): -40 mL/L; \(CO_2\) production at rest: 210 mL/min.

25. The rhythmogenesis of breathing, ventilatory reflexes elicited from the lung. The chemical control of ventilation. Pulmonary circulation.
List the muscles used in quiet breathing, and the additional muscles involved in forced respiration.
Give the anatomical localization of the motoneurons involved in the breathing effort (C3-5, Th1-11).
Describe the brainstem regions involved in the rhythmogenesis and regulation of breathing movements: DRG, VRG, pre-Bötzinger complex and its importance, PRG (medial parabrachial and Kölliker-Fuse nucleus).
List and characterize reflexes originating from pulmonary receptors (e.g. Hering-Breuer reflex, reflexes elicited by irritant receptors, chemoreflexes elicited by J-receptors) Define the following terms: eupnoe, hypopnoe, hyperpnoe, dyspnoe.
Describe the anatomical locations of chemoreceptors monitoring the blood \(pO_2\), \(pCO_2\), and pH levels, explain their respective importance for detecting the changes in blood gases.
Describe the structure and function of peripheral chemoreceptors. Describe the function of central chemoreceptors. Explain how alveolar ventilation is changed by changes in pO₂, pCO₂, or by combined changes. Compare the pulmonary circulation with the systemic circulation: blood pressure values, vascular resistance and response to hypoxia. Describe the factors determining pulmonary circulation: neural effects (sympathetic, parasympathetic and sensory nervous system), vasoconstrictors (alveolar hypoxia, hypercapnia, low pH, serotonin, histamine, prostaglandines, angiotensin, leukotrienes, neuropeptides, endothelium) and vasodilatator substances (increased alveolar O₂, prostacycline, NO, bradykinine, dopamine, histamine).

Normal values: maximal O₂ uptake: 4000 mL/min, maximal CO₂ production: 3200-4000 mL/min, maximal voluntary ventilation (MVV): 100-200 L/min, pulmonary artery systolic/diastolic/mean pressure: 24/9/14 mmHg, pulmonary artery pulse pressure: 15 mmHg, left atrial pressure: 6-8 mmHg.

26. Blood viscosity and basic biophysical principles of circulation
Define and compare flow and velocity of flow in terms of concept and unit. Understand the relationship between flow, velocity, and cross-sectional area. Understand the relationship between pressure gradient, flow, and resistance (Ohm’s law). Define resistance and conductance. Understand the effects of adding resistance in series vs in parallel on total resistance and flow. Explain the factors determining resistance using the Hagen Poiseuille's law. Explain the terms laminar—and turbulent flow. List the factors that shift laminar flow to turbulent flow. Describe the relationship between turbulent flow with the audible events, such as murmurs. Explain and give the units of the followings viscosity. The anomalous viscosity of blood: which factors affect blood viscosity (hematocrit, shear thinning and the Fåhræus-Lindqvist effect)?

27. Cardiac muscle: structural and functional characterization, the action potential, regulation of its contractile force and its metabolic properties.
Compare the cardiac and the skeletal muscle with respect to the arrangement of myofilaments. Based on ion permeability and electrical resistance describe the role of gap junctions in creating a functional syncytium. Contrast the duration of the action potential and the refractory period in a cardiac muscle and skeletal muscle. Sketch the temporal relationship between an action potential and the resulting contraction (twitch) in a cardiac muscle cell and in a skeletal muscle fiber. Based on this graph, explain why cardiac muscle cannot remain in a state of sustained (tetanic) contraction. State the steps in excitation-contraction coupling in cardiac muscle. Outline the sequence of events that occurs between the initiation of an action potential in a cardiac muscle cell, the resulting contraction and then relaxation of that cell. Provide specific details about the source of intracellular Ca²⁺ increase and the special role of Ca²⁺ in the modulation of contraction force and relaxation of cardiac muscle. How do the following factors increase the power of contraction (positive inotropy) in the cardiac muscle: increasing the length of muscle fibres (heterometric control), partial inhibition of the Na⁺–K⁺-ATPase and increasing the extracellular Ca²⁺?

28. Cardiac cycle. Cardiac work and metabolism.
Draw, in temporal relationship, the pressure changes in the left atrium, ventricle and in the aorta, the volume changes of the left ventricle, and the valve positions during the mechanical cardiac cycle. Identify the phases of the cardiac cycle on the graph. Define stroke volume, cardiac output, cardiac index, and ejection fraction and give their normal values. Know the factors that contribute to the formation of cardiac sounds. Describe the timing and causes of the 1st and 2nd heart sounds. Explain the push-pull characteristic of the cardiac pump and the valve-plane mechanism. Explain the pressure changes in the right atrium during the cardiac cycle. Describe the components of the external work of the heart. Characterize the substrates supplying the energy metabolism of cardiac muscle fibers, and describe quantitatively the contribution of the cardiac muscle to resting oxygen consumption. Give the normal values of oxygen extraction and arteriovenous oxygen difference in the coronary circulation, and explain how these
values are unique when compared with other body organs.

Describe the phasic flow of blood to the ventricular myocardium through an entire cardiac cycle.

Normal values: duration of the systole/diastole 270/530 ms (at 75 1/min heart rate); left ventricular pressure (systole/diastole): 110/6-8 mmHg; right ventricular pressure (systole/diastole): 24/0-2 mmHg; left atrial pressure: 6-8 mmHg; right atrial pressure: 0-2 mmHg; heart rate at rest/at maximal work 70-180/min; stroke volume at rest/at maximal work: 70-80/125 mL; left ventricular end-systolic volume: 40-80 mL; left ventricular end-diastolic volume: 110-160 mL, left ventricular ejection fraction: 0.5-0.7; cardiac output at rest/maximal work: 5.5-24 L/min, cardiac index: 3.2 L/min/m².

29. Factors determining the cardiac output. The Frank-Starling law of the heart.
Phrasing the Frank-Starling law of the heart: mechanism, significance. Draw the ventricular function curve into the volume pressure graph.
Define the terms: preload and afterload, what is their significance in the regulation of stroke volume.
Describe the factors that contribute to increasing cardiac output during physical activity.

30. Cardiac muscle: cellular electrophysiology. Electrocardiography (ECG)
Sketch a typical action potential in a ventricular muscle and a pacemaker cell, labeling both the voltage and time axes accurately. Describe how ionic currents contribute to the four phases of the cardiac action potential. Use this information to explain differences in the shapes of action potentials recorded from different cardiac cells.
Describe the ion channels that contribute to each phase of the cardiac action potential. How do differences in channel population influence the shape of the action potential in the nodal tissue and in the working myocardium?
Explain what accounts for the long duration of the cardiac action potential and the resultant long refractory period.
What is the advantage of the long plateau of the cardiac action potential and the long refractory period?
Beginning in the SA node, diagram the normal sequence of cardiac activation (depolarization) and the role played by the specialized conducting system.
Explain the functional significance of the slow conduction through the AV node.
Contrast the sympathetic and parasympathetic nervous system influence on heart rate and cardiac excitation in general.
Define the terms: positive and negative chronotropy and dromotropy, and explain the ionic background of the effects in the SA node and in the AV node. How does hyperkalaemia affect the excitability of the cardiac muscle?
Describe the electrode conventions used by clinicians to standardize ECG recordings (unipolar and bipolar leads). Name the parts of a typical bipolar (Lead II) ECG tracing and explain the relationship between each of the waves, intervals, and segments in relation to the electrical state of the heart.

Normal values: duration of the myocardial action potential: 200-300 ms. Frequency of the intrinsic pacemaker, the SA node: 100/min, conduction speed in the AV node: 0.02-0.05 m/s, in the Purkinje fibers: 2-4 m/s, standard paper speed for ECG recording: 25mm/s (1mm=40ms); standard amplitude 1cm=1mV; P wave: <100 ms; PQ interval: 120-200 ms; QRS complex: 80 ms (<100 ms); QT interval: 320-390 ms.

31. The coronary circulation

Contrast this cyclic variation in myocardial flow in the walls of the right and left ventricles. The resting tone of coronary vessels, their contribution to the cardiac output in rest and during physical activity.
Explain the mechanism whereby coronary blood flow is coupled to myocardial workload, and identify the humoral mechanisms that cause coronary vasodilation and increased blood flow.
Explain how sympathetic stimulation alters cardiac activity and coronary vascular resistance.
Identify the importance of direct and indirect sympathetic nervous system effects in determining coronary blood flow during exercise?

Normal values: coronary blood flow at rest: 250 mL/min, 4-5% of resting cardiac output; heart AVDO2: more than double of the body average (114 mL/L).

32. Hemodynamics: the functional categorization of blood vessels
Explain the concept of transmural pressure of blood vessels.
Explain the concept of vascular compliance, give the formula for its determination (C=ΔV/ΔP).
Explain the concept of critical closing pressure.

Describe the relationship among wall tension, transmural pressure, vessel radius and wall thickness using the equation of Laplace's law. Based on the relationship, in which vessel segment is the rupture of the vessel due to high wall tension most likely?

Explain the effects of adding resistance in series vs. in parallel on total resistance.

Characterize the contribution of arteries, arterioles, capillaries, venules, and veins to peripheral vascular resistance. Contrast blood pressure, cross sectional area, flow velocity, and blood volume in these vascular segments.

Normal values: perfusion pressure (pressure gradient) in the systemic / pulmonary circulation: 83 /6 mmHg, blood pressure drop in the systemic resistance vessels (arterioles): 60 mmHg, average flow velocity in the aorta: 22.5 cm/s, in the capillaries: 0,03 cm/s, cross sectional area of the aorta 4 cm², total cross sectional area of capillaries: 4000 cm².

33. The function of the aorta and the arteries

Describe the methods of arterial blood pressure determinations.

Give the definitions and normal values of arterial systolic, diastolic, mean, and pulse pressures.

Describe the factors determining blood pressure: heart pump, circulating blood volume and total peripheral resistance.

Describe the Windkessel function of the aorta.

Describe the role of muscular arteries and arterioles.

Normal values: arterial systolic/diastolic/mean pressures: 110/70/83 mmHg; pulse pressure: 40 mmHg

34. The microcirculation: capillary solute exchange and fluid dynamics, lymphatic circulation and edema formation

Describe the main types of true capillaries: continuous, fenestrated and discontinuous endothelium. Describe the transports across the capillary wall.

Define oncotic (colloidosmotic) and hydrostatic pressures, and give the normal values of these (the Starling forces) in both the capillary blood and the interstitial fluid compartments (special values: e.g. glomerular capillaries in the nephron).

Define the Starling equation and discuss how each component influences fluid movement across the capillary wall. Describe the lymphatics, and explain how the structural characteristics of terminal lymphatics allow the reabsorption of large compounds, such as proteins. Contrast the structure of lymphatic capillaries and systemic capillaries. What is the significance of the smooth muscle in the walls of lymphatic vessels?

Identify critical functions of the lymphatic system: clearance of proteins from the interstitium, reabsorption of filtered fluid, fat absorption, lymphocyte recirculation "patrolling". Describe the factors prompting lymphatic circulation: muscle pump, respiratory pump, venoconstriction, positive intraabdominal pressure, gravity, venous valves).

Normal values: average systemic capillary hydrostatic (blood) pressure: 17.3 mmHg, interstitial hydrostatic pressure: -3 mmHg, plasma oncotic (colloidosmotic) pressure: 28 mmHg, interstitial oncotic (colloidosmotic) pressure: 8 mmHg; average pulmonary capillary hydrostatic pressure: 10-11 mmHg, lymph flow: 3-4 L/day.

35. The characteristics of the venous circulation.

Characterize the structure of veins (wall distensibility). Explain why the volume of the venous system increases significantly with the changes of hydrostatic pressures related to standing up (orthostasis).

Describe the factors influencing venous return (heart pumping: „vis a tergo” and „vis a fronte”, dynamic muscle pump, venoconstriction, respiratory pump, positive intraabdominal pressure, arterial pulsation, gravity, venous valves).

Normal values: central venous pressure: 0-2 mmHg

36. The regulation of local blood flow.

Define the autoregulation of blood flow. Describe the contribution of myogenic tone to local regulation of blood flow. Describe the Bayliss effect.

Enlist the vasoactive mediators released from vascular endothelium (NO, endotelin). Describe the NO actions on the vascular smooth muscle.
Describe how the theory of metabolic regulation of blood flow accounts for active hyperemia and reactive hyperemia. Identify the role of \( \text{PO}_2 \), \( \text{PCO}_2 \), pH, adenosine, PGE\(_2\), local temperature and K\(^+\)-ions in the control of local blood flow.

Describe how histamine released from mast cells, bradykinin, prostanoids, and neuropeptides (SP, CGRP) released from polymodal nociceptors contribute to the inflammatory hyperemia. Describe the triple response of the skin, and the contribution of the axon reflex to it.

### 37. Short-term control mechanisms of arterial blood pressure.

Define the resting, neurogenic, basal and myogenic tone of resistance vessels.

Describe the sympathetic vasomotor tone: its origin, the neurotransmitter and receptor responsible for the effect. What is the physiological significance of the sympathetic tone? Give examples to organ circulations where the sympathetic vasomotor tone is significant (skin, skeletal muscle splanchnic circulation) and where is negligible (coronary circulation, brain, kidney).

Characterize the reflex circuit elements of the high pressure baroreceptor reflex: 1. activity of the baroreceptors of the carotid sinus and the aortic arch along with their afferent nerves, 2. the connections of the medullary neuronal groups playing a role in the central integration of the reflex, 3. the activity of the sympathetic and the parasympathetic efferents, 4. the effects on the target organs (heart, arterioles, veins)

Describe the significance of the high pressure baroreceptor reflex.

Explain the function of the baroreceptor reflex during postural changes (lying down, standing up). Blood pressure regulation during emergency situations: 1. describe the circulatory reflexes evoked by hypoxia and/or hypercapnia, and 2. characterize the CNS ischemic pressor response (Cushing reflex).

Normal values: when standing up (orthostasis) the increase of venous blood volume in the lower extremity: 500 ml.


Define the role of sodium ion in maintaining extracellular fluid volume.

Describe the mechanisms involved in the monitoring of ECF volume (e.g., high-pressure baroreceptors, low-pressure cardiopulmonary stretch receptors, the juxtaglomerular apparatus, ANP producing atrial cardiomyocytes).

Explain the regulation of renin secretion. Diagram the activation of the renin-angiotensin system (RAS).

Describe the effects of angiotensin II.

Identify the major mineralocorticoid hormone, describe its production, its target cells and its major biological actions. List the physiological stimuli regulating aldosterone secretion. Contrast these stimuli with the effects of aldosterone on renal excretion of Na\(^+\) and K\(^+\), respectively.

Describe the causes and the consequence of reduced or elevated secretion of aldosterone.

Describe the regulation of ANP secretion. Explain the roles of cardiopulmonary (volume) receptors in the long-term control of arterial blood pressure.

Explain the effects of angiotensin II, vasopressin, and atrial natriuretic peptide (ANP) on arterial blood pressure: direct vascular and indirect renal mechanisms.

Give the respective receptors and signal transduction mechanisms mediating the effects of these hormones.

### 39. Skeletal muscle blood flow, the cardiovascular adaptation to work and exercise.

Explain the relative importance of systemic neural and local control mechanisms in the skeletal muscle circulation. Describe the cardiovascular consequences of exercise on peripheral resistance, cardiac output, A-V oxygen difference, and arterial pressure. Give the contribution of skeletal muscle blood flow to the cardiac output at rest and during exercise.

Describe the redistribution of cardiac output during exercise to the CNS, coronary, splanchnic, cutaneous, and skeletal muscle vascular beds during sustained exercise (distance running).

Contrast the effect of phasic and sustained skeletal muscle contraction. Explain the importance of the muscle pump.

### 40. Glomerular filtration: the factors determining the volume and composition of filtrate

Identify the following structures of the glomerular tuft: the afferent and efferent arterioles, glomerular capillary network, Bowman's capsule, and the juxtaglomerular apparatus (including the specialized juxtaglomerular arteriole cells and the macula densa).

Describe the three layers comprising the glomerular filtration barrier, and identify podocytes, the capillary...
endothelium, and the basement membrane. Which layer has the highest barrier function against filtration?

Define glomerular filtration rate (GFR), renal plasma flow (RPF), and filtration fraction (FF) and give their normal values. What kinds of substances are used to determine GFR and RPF values?

Given the capillary and Bowman's capsule hydrostatic and oncotic pressures, calculate the net filtration force (the effective filtration pressure) at the glomerular capillaries. Define the factors determining GFR.

**Normal values:** GFR: 120-125 mL/min, RPF: 660 mL/min, FF: 0.2

41. Renal blood flow. The regulation of GFR and RBF.

Describe in sequence the blood vessels through which blood flows when passing from the renal artery to the renal vein, including the glomerular blood vessels, peritubular capillaries, and the vasa recta.

Define renal blood flow (RBF), including its normal value and its contribution to the cardiac output at rest. Describe the resting tone of renal vessels and the circumstances when it alters (physical activity, bleeding).

Describe the autoregulation of the RBF/RPF/GFR (autoregulation range). Describe the effect of change in the resistance of the afferent arteriole on GFR and RBF, and RPF.

Describe the role of the tubuloglomerular feedback, the local vasoactive metabolites (paracrine angitensin II, prostaglandins), and the myogenic response (Bayliss effect) in the process of autoregulation.

Describe the effect of low hydrostatic and high colloid osmotic pressures in peritubular capillaries on net proximal tubular fluid reabsorption.

**Normal values:** autoregulation range: 60-180 mmHg, RBF 1320 mL/min, RBF is 20-23% of resting cardiac output

42. The general features of transport mechanisms in the renal tubuli (reabsorption and secretion).

**Renal clearance**

Describe in sequence the tubular segments through which ultrafiltrate flows after it is formed at Bowman's capsule to when it enters the renal pelvis. Identify each structure as being located in the renal cortex or renal medulla. Based on the glomerulus location and the length of the loop of Henle, distinguish between cortical and juxtamedullary nephrons.

Describe the contribution of the major nephron segments to the reabsorption of the filtered load of solute and water.

Define tubular reabsorption and secretion.

Explain the clearance principle. Use the clearance equation and appropriate compounds (inulin/creatinine, PAH) to determine the glomerular filtration rate, renal plasma flow, and renal blood flow.

Give the normal values of the clearance for inulin, creatinine, PAH, and glucose. The organic solutes reabsorbed with glucose-type reabsorption (monosaccharides, amino acids, ketone bodies). Glucose reabsorption: characterize the luminal and basolateral transport mechanisms.

Define the renal threshold of glucose and tubular maximum (Tmax) glucose. Define glucosuria and describe the osmotic diuresis induced by glucosuria associated with diabetes mellitus. Describe the fate of the filtered peptides and proteins in the proximal tubuli.

Describe the urea reabsorption in the proximal tubuli, and the urea recirculation in the distal nephron segments.

**Normal values:** inulin clearance=GFR, 120 mL/min, PAH-clearance=RPF=660 mL/min, renal threshold of glucose: 10 mM

43. Renal tubular transport of NaCl and water, production of the medullary osmotic gradient. The concentration and dilution of urine. Osmoregulation. The regulation of K⁺ metabolism.

Describe the luminal mechanisms of Na⁺-reabsorption in the proximal tubulus (Na⁺-solute, Na⁺-H⁺- antiporter, paracellular mechanisms), in the thick ascending limb of the loop of Henle (Na⁺-K⁺-2Cl⁻-symporter), in the distal convoluted tubulus (Na⁺-Cl⁻-symporter) and the collecting duct (Na⁺-channel). Which transport is under hormonal control?

Characterize the renal tubular segments based on their water permeability. Describe the changes of osmolarity in the tubular fluid and in the interstitial fluid from the loop of Henle, and its importance for the dilution and concentration of urine.

Explain the countercurrent multiplier mechanism of the loop of Henle: what is the role of the countercurrent design and the different transport mechanisms in the descending and the ascending limbs in the
production of the medullary hyperosmotic gradient (sodium and urea recycling)?

Describe the role of the countercurrent organization of renal medullary blood flow through the vasa recta on retaining the medullary osmotic gradient (countercurrent exchanger). Identify major routes and normal ranges for water intake and loss.

Localize the cells producing arginine-vasopressin (AVP), and describe the mechanism of neurosecretion from the posterior pituitary gland.

Describe the stimuli and mechanisms that control AVP secretion.

List the target cells for vasopressin and explain why AVP is also known as antidiuretic hormone (ADH).

Identify the tubular segment, where AVP increases water and urea permeability, and describe the cellular mechanism of its action (V₂-receptor, aquaporins and urea transporter). Explain how these affect urine concentration/dilution.

Distinguish between diabetes insipidus and explain the difference between the polyuria elicited by diabetes insipidus and by osmotic diuresis (urea content).

Define the role of extracellular K⁺ in maintaining normal nerve, heat muscle and skeletal muscle function.

Describe K⁺ distribution within the body (intra- and extracellular fluid compartment), and the role of insulin and aldosterone in the movement of K⁺ between intracellular and extracellular pools. Identify the tubular sites of K⁺ reabsorption and secretion.

Describe the factors that regulate K⁺ secretion in the collecting duct (i.e., aldosterone, plasma K⁺).

Normal values: maximal osmotic concentration in the outer medulla (short-loop nephron): 600 mosmol/L, in the inner medulla (long-loop nephron): 1200 mosmol/L; urine osmotic concentration: 70-1200 mosmol/L; urine specific gravity: 1001-1030 g/L (blood plasma 1012 g/L); diuresis and its interpretation: <100 mL/day: anuria; 100-600 mL/day: oliguria, 600-2500 mL/day: normal range, >2500 mL/day: polyuria, in diabetes insipidus can reach 18-25 L/day, Na⁺ dietary intake/loss: 100-400 mmol/day, this corresponds with ~5-30g table salt consumption

44. The physiology of the urinary tract. Micturition reflex.

Describe the motor functions of the upper urinary tract.

Explain the visceral sensory, autonomic (sympathetic and parasympathetic) and somatic motor innervation of the urinary bladder and the urethral sphincters. Identify the structures critically important for urine continence as well as for micturition located in the lumbar and sacral segments of the spinal cord, and in the pons.

Describe the reflex arch of the micturition reflex (stimulus, receptor, center, efferent and response). Define the terms passive and active incontinence.

48. Acid-base balance

Identify the normal range of blood pH values. Describe the role of buffers in maintaining pH, including the roles of the lungs and kidneys.

Identify the major sites of reabsorption (and secretion) along the nephron, emphasizing the importance of H⁺ secretory mechanisms in this process. Describe the cellular mechanisms responsible for net transepithelial movement of HCO₃⁻.

Describe the importance of urinary buffers, and the production and excretion of ammonium. Explain the types and reasons of acid-base disturbances. Given a sudden increase or decrease in pH, identify the magnitude of the compensations that act to minimize change in pH of the body fluids, including a) buffers, b) respiratory adjustments, and c) renal adjustments.

Describe the renal and respiratory compensations of acid-base disturbances.

Normal values: arterial blood pH: 7,37-7,43, standard bicarbonate: 24 mmol/L,
46. Principles of the regulation of the gastrointestinal tract.
Describe the general functions of the gastrointestinal system (GIS) (motility, secretion, digestion, absorption). Starting from the oral cavity, describe where the above listed functions of the GIS are predominantly regulated by the central nervous system (oral cavity, salivary glands, esophagus, proximal stomach and rectum) or by local neural/humoral as well as by hormonal mechanisms (distal stomach, small intestine and colon)!
Describe the major anatomical characteristics of the enteric nervous system and the major cellular divisions of enteric ganglia (sensory nerves, interneurons, and motor neurons). Given a cross section of the bowel wall, identify the anatomical positions and major characteristics of the myenteric and submucosal plexi.
Explain the interactions between the enteral nervous system and the sympathetic/parasympathetic divisions of the autonomic nervous system.
Describe the reflex types of the GIS (local, short, and long-looped reflexes). Describe the respective reflex arches, the pathways and neurotransmitters involved in the neuronal regulation of GIS function.
Give the locations and the cell types of the endocrine cells, responsible for the production of the major GIS hormones: gastrin, secretin, CCK, GIP, GLP, and motilin.
Understand how the physical and chemical compositions of luminal contents are sensed and the cellular and systemic responses to luminal stimuli.

47. Special functional features of the gastrointestinal smooth muscle.
Describe the characteristics of the spontaneous and stimulated electrical activity of GI smooth muscles (electrical slow waves, action potentials, and contraction).
Describe the anatomical locations and role of interstitial cells of Cajal as slow wave pacemakers and mediators of inputs from the enteric nervous system.
Describe major motor patterns in the GI tract and their functions during fasting (migrating motor complex or MMC) and during digestion.
Describe the nervous regulation of peristaltic movement. Define the Bayliss-Starling law of the gut. Describe how extrinsic nerves (sympathetic and parasympathetic) affect motor patterns.
Describe the functional importance of tonic inhibitory input from enteric motor neurons in the GI tract and how loss of this form of regulation might cause inappropriate GI motility.
Describe how distension of organs affects GI reflexes and alters responses to other regulatory inputs. Understand how abnormal distension can cause GI pain and lead to abnormal motility.

48. The splanchnic circulation
Give the percent contribution of splanchnic blood flow from the resting cardiac output. Contrast the local and neural control of the splanchnic circulation.
Describe the role of the hepatic portal system in the function of the GIS, and the hepatic artery in providing flow and oxygen to the liver. Describe the hepatic microcirculation, the morphological and functional features of the sinusoid capillaries. Describe how the increase in venous pressure will lead to the development of ascites.
Describe how the GI circulation is adapted for secretion and absorption. Describe the role of the autonomic nervous system in the adaptation of blood flow to GI secretion.

49. Functions of the upper GI tract: chewing, salivation, swallowing.
Describe the motor mechanisms of food intake: sucking, biting and chewing (mastication).
Describe the volume and composition of salivary fluid coming from major salivary glands. Understand how acinar secretions are modified by duct cells to produce the final salivary fluid.
Describe the physiological function of the components of saliva. State the components of the saliva important in oral hygiene.
Describe the stimuli and neural pathways involved in promoting salivary secretion. Explain why the the composition of saliva will be different in response to sympathetic or parasympathetic stimulation.
Know the normal range of resting luminal esophageal pressures, how esophageal pressure is measured in the clinic, and why luminal pressure varies with the respiratory cycle.
Describe the afferents that initiate swallowing, the motor pathways and general targets for innervation that accomplish the swallowing reflex, and major nuclei of in the brain stem that integrate these afferent inputs.
Understand the differences in the neural and muscular composition and function in the upper versus lower esophagus. Explicitly consider the upper and lower esophageal sphincters (UES and LES). What is the mechanism of the sphincter tone in the UES and the LES, respectively? What is the mechanism of the peristaltic wave in the upper and the lower esophagus?

Distinguish between primary and secondary esophagus peristalsis. Define the terms: dysphagia, achalasia, aspiration

50. Motor functions of the stomach. Vomiting (emesis). The mechanism and regulation of gastric juice secretion. Describe the functional divisions of the stomach concerning gastric motility patterns. Describe gastric motility in the interdigestive periods: MMC. Describe gastric filling: the short-loop and long-loop (local and central) neural reflexes eliciting the receptive relaxation of the proximal stomach. Describe gastric emptying: describe the frequency and the progression of peristaltic waves across the body and antrum of the stomach. Explain the functions of gastric peristalsis (mixing, grinding and propulsion). Describe how the physical and chemical composition of a meal is sensed by the stomach and duodenum to affect the rate of gastric emptying (neural and hormonal mechanisms). Describe the mechanism of vomiting. List some stimuli that can trigger vomiting. Describe the functional divisions of the stomach concerning gastric juice secretion (HCl producing oxyntic region, mucus producing antral region). Describe the products of different cell types in the glands of the oxyntic area: the parietal cells (HCl, intrinsic factor), chief cells (pepsinogen), and mucosal cells (bicarbonate rich mucus) Describe the cellular mechanism of HCl production. Explain the role of HCl in the digestion of proteins and carbohydrates. How is the activation of pepsinogen triggered? What is the role of HCl in the defense against infections? Enlist the neurotransmitter (Ach), the paracrine substance (histamine), and the hormone (gastrin) directly stimulating the parietal cells: their source, receptors, and signal transduction mechanisms. Describe how the regulation of gastrin secretion integrates the information from the central and enteral nervous system as well as from the gastric contents. Describe the role of GRP and somatostatin. Describe the role of duodenal contents in regulating gastric secretion. Give the neuronal and hormonal mechanisms of the intestinal inhibition. List the mechanisms contributing to gastric mucosal defense. Describe the quantitative measurement of gastric juice production. Normal values: gastric juice secretion: 1-1.5 L/day; gastric juice H+ concentration: 70-80 mmol/L; gastric juice pH: 1.10-1.15

51. The exocrine pancreas: secretion and regulation. The small intestine: digestion and absorption. List the major components secreted by the exocrine pancreas and the principal cell types involved in this secretion. Describe the main enzymes of the pancreas and the mechanism by which pancreatic zymogens are activated in the small intestine. Explain the role of the duodenal enteropeptidase (enterokinase). Describe the process of digestive enzyme synthesis and packaging and how this process maintains the integrity of the pancreas. Describe the mechanisms by which chyme from the stomach is neutralized in the duodenum. Describe the mechanisms by which HCO₃⁻ is secreted by pancreatic ductal cells. List the stimuli that release secretin and CCK and explain the route by which these regulatory peptides stimulate the pancreas. State the effects of the autonomic nerves to the pancreas and vago-vagal reflexes on pancreatic secretion. Describe how rates of absorption are affected by the macroscopic and microscopic architecture of the gut epithelium. Explain the importance of the unstirred water layer on the surface of the brush-border. Describe the renewal of the GI cells and explain how these cells form a barrier and a selective gate in the secretory and absorption processes. Describe the sequential digestion of ingested starch by enzymes of the salivary glands, pancreas, and the intestinal apical membrane. Membrane transport mechanisms for carbohydrates in the enterocytes. Describe the sequential digestion of ingested proteins by gastric pepsin, pancreatic enzymes, and enzymes at the intestinal apical membrane. Membrane transport mechanisms in the absorption processes. Describe the mechanisms and molecules mediating the solubilization and digestion of lipids in the small intestine. Describe the mechanisms for the uptake, processing and release of lipids by the small intestinal epithelium. Describe the composition and formation of chylomicrons, their movement across the enterocyte basolateral membrane,
and the route of entry into the cardiovascular system. Describe common causes of steatorrhea, and predict effects of steatorrhea on absorption of fat-soluble vitamins. Describe the location and the mechanisms that mediate the intestinal trans-epithelial movement of water, the major electrolytes, iron and calcium.

**Normal values:** pancreatic juice production: 500-700 mL/day, intestinal juice secretion: 3-4 L/day, intestinal fluid reabsorption: 5-6 L/day

### 52. The bile: secretion, storage, mobilization, regulation.
Describe the cellular mechanisms for the hepatic uptake, conjugation, and secretion of bile salts and bilirubin. List the water, ionic, bile salt, phospholipids, cholesterol, bicarbonate, xenobiotics and bilirubin components of bile as secreted by the liver and after modification by the gallbladder. Explain the mechanisms stimulating gall bladder contraction and the secretion of bile through the sphincter of Oddi into the small intestine. Describe the amphipathic structure of bile salts, and describe how this property assists the solubilization and digestion of fats. Explain the mechanism of reabsorption of bile acids/salts in the small intestine (ileum). Describe the enterohepatic circulation, including any different handling among primary and secondary bile salts and bile acids. Describe the secretory function of the hepatobiliary epithelium and how bile participates in the control of duodenal pH. How is HCO₃⁻ secretion controlled in the hepatobiliary system (secretin)?

**Normal values:** bile secretion: 600 mL/day

### 53. The functions of the colon. Defecation reflex.
Describe the motility patterns in different regions of the colon: haustration, antiperistalsis, mass-peristalsis, defecation. Explain how motility of the colon affects the reabsorption of water and electrolytes. Describe the mechanisms, localization and regulation of colonic sodium and chloride absorption. Describe the mechanisms mediating colonic bicarbonate and potassium transport. Describe the role of the colon in forming the normal intestinal microbiota. Defecation: Describe the defecation reflex and voluntary control of the reflex, define the terms passive and active incontinence.

**Normal values:** fluid reabsorption in the colon: 1.5-2 L/day, water-content of the faeces: 75-150 mL/day

### 54. Nutrition: energy metabolism, the role of macronutrients in energy intake.
Name the types of macronutrient compounds (carbohydrates, proteins and lipids). Compare the energy content of the macronutrients - biological caloric values. Explain the strategies for the measurement of the energy production of the body. (direct and indirect calorimetry). Define the respiratory quotient (RQ) and the caloric equivalent for oxygen values. Caloric equivalent values of different macronutrient compounds. Respiratory quotient and caloric equivalent values measured after consumption of normal mixed food. Define the basal metabolic rate (BMR). Describe the standard conditions for measurement of the BMR. List the major factors affecting the BMR of individuals (age, gender, endocrine status). Explain the effect of food ingestion on the metabolic rate (specific dynamic effect - diet-induced thermogenesis (DIT)). Describe the effect of protein-rich diet on the metabolic rate. List the factors determining the daily energy expenditure (BMR+DIT+physical activity). Describe the effect of physical activity on the metabolic rate, leisure rate, limits of maximal energy expenditure. Introduce the concept of energy balance of the body. Dietary proteins: Describe sources and minimal daily allowance of proteins, importance of the essential amino acids, biological value (grade) of the dietary proteins. Compare the protein content and quality of food of animal and plant origin. Dietary carbohydrates: Describe types of carbohydrates (sources), biological importance, their anti-ketogenic effect, their contribution to the energy production of the body.
Dietary lipids: Describe the sources of lipids, essential fatty acids, their biological importance, their contribution to energy production of the body.

Normal values: conversion of Calorie/kcal values to Joule values: 1 Cal/kcal = 4.2 kJ; biological caloric values of carbohydrates/proteins/lipids: 17.2/17.2/39 kJ/g; RQ values of carbohydrates/proteins/lipids/mixed food: 1.0/0.8/0.7/0.82; caloric equivalent values for oxygen: carbohydrates/proteins/lipids/mixed food: 21.2/19.2/19.7/20.2 kJ/L O2; BMR adult male/female: 7100/6300 kJ/day; leisure rate of adult male/female 9600/8400 kJ/day corresponds to 115-100 W; recommended daily allowance of proteins/carbohydrates/lipids: 60-80/300/50-150 g/day; WHO recommendation for optimal protein intake: 1-1.5 g/kg b.w./day


Give the normal range of dietary water intake, and the sources of water getting into the GIS. Describe the concept and give the definition of trace elements. Explain the biological/biochemical significance of trace elements. List and describe the physiological role of some of the major trace elements such as Fe, Zn, Cu, Se, I, F etc. Describe the vitamin concept, and give the definition of vitamins. List the major classes of the vitamins. Define the terms provitamin, antivitamin, and provide some examples for such compounds used in the medical praxis. Describe the concepts of hypo- and hypervitaminosis, and the importance of recommended daily allowance (RDA) values.

Water soluble vitamins: list the RDA values, major biochemical roles and the symptoms of vitamin deficiencies for thiamin (B1), niacin (B3), cyanocobalamin (B12) and ascorbic acid (C). List the types, sources, biological significance of lipid soluble vitamins. Describe the symptoms of vitamin A, D and K deficiencies.

Dietary fibers: Describe the sources, their biological role (gut motility, effects on the microbiota of the colon).

Normal values: dietary water intake: 1.5-2 L/day; secreted fluid volume in the whole GIS: 6-8 L/day; RDA values of vitamins: thiamin (B1): 1-1.5 mg/day; niacin (B3): 15-25 mg/day; cyanocobalamin (B12): 1.5-3 µg/day; ascorbic acid (C): 65-75 mg/day; retinol (A): 0.8-1.1 mg/day

56. Nutrition: The internal control of food intake.

Describe how does energy intake and the metabolic rate affect the energy balance of the body and the deposition of fat into the fatty tissue. Name the major factors influencing the food uptake and catabolic processes. Describe the evaluation of the body composition, evaluation of the grade of obesity (BMI, lean body mass). Define hunger and satiety.

Name the hypothalamic centers involved in the regulation of food intake; localization and neurochemical phenotype of orexigenic and anorexigenic neuron groups. Name orexigenic and anorexigenic mediator substances (neuropeptides: NPY, MSH, CART, AgRP). Describe the role of central and peripheral glucose sensors. Describe the peripheral signals affecting the central regulation: mediators released from the GI tract (ghrelin, CCK, insulin). Describe the role of the chemosensitive vagal afferents. Characterize the biological effects of signal molecules produced by the adipocytes: leptin and related adipokines.
What are the physiological correlates of carbohydrate and fat appetite? Describe the central regulation of water (thirst) and salt intake.

57. Principles of endocrine control systems.

Give the definitions of hormone and hormonal control, describe the classification of hormones based on their chemical structure (eg amino acid derivatives, biogenic amines, peptides, proteins, steroids) and also the classification of hormone receptors (membrane receptors and intracellular receptors) and describe their signaling pathways. Give 1-1 examples from each group. Explain the types of hormonal effects using 1-1 example (stimulatory, inhibitory, permissive effects. Understand the effects of plasma hormone binding proteins on access of thyroid hormones and steroid hormones to their sites of action and degradation and on the regulation of hormone secretion. Explain the importance of patterns of hormone secretion, such as pulsatile, diurnal, and menstrual. Give examples.

58. Characterization of the hypothalamo-hypophyseal (neuroendocrine) system.

Describe the anterior and posterior pituitary lobes with respect to its anatomical connection to the hypothalamus. Define neurosecretion.
Describe the hormones of the anterior pituitary (6).
Identify appropriate hypothalamic factors (releasing and inhibiting hormones) that control the secretion of each of the anterior pituitary hormones, and describe their route of transport from the hypothalamus to the anterior pituitary.
Understand negative feedback control of anterior pituitary hormone secretion at multiple levels.
Describe the hormones of the posterior pituitary lobe: identify their secretions, action mechanisms and physiological significancies (ADH, oxytocin).

59. Thyroid hormones: biosynthesis, regulation and physiological effects.
Describe the enteral absorption and the uptake of iodide in the thyroid gland.
Identify the steps in the biosynthesis, storage, and secretion of tri-iodothyronine (T3) and thyroxine (T4).
Describe the function of the hypothalamus-anterior pituitary-thyroid gland axis, the negative feedback regulation of T4/T3 secretion. Describe the trophic effect of TSH on the thyroid gland.
Describe the plasma transport proteins involved in blood transport of thyroid hormones. Explain the importance of thyroid hormone binding in blood on free and total thyroid hormone levels.
Understand the significance of the conversion of T4 to T3 in extra-thyroidal tissues, give the name of the enzyme responsible for the conversion.
Describe the localization of thyroid hormone-receptors, the molecular mechanism of ligand-receptor interaction.
Describe the physiologic effects and mechanisms of action of thyroid hormones on: energy metabolism, carbohydrate, fat and protein metabolism, cardiovascular system, central nervous system, gastrointestinal functions, respiratory system, growing and sexual functions. Understand the causes and consequences of a) over-secretion and b) under-secretion of thyroid hormones. Explain what conditions can cause an enlargement of the thyroid gland.

60. The regulation of Ca$^{2+}$ and phosphate metabolism. The role of the bones in the Ca-homeostasis.
Identify the normal range of Ca$^{2+}$ and phosphate intake, major storage pools and major routes of Ca$^{2+}$ and phosphate loss from the body.
Identify the tubular transport mechanisms that are hormonally regulated.
Know the cells of origin for parathyroid hormone (PTH).
Describe the regulation of PTH secretion and the role of the Ca$^{2+}$-sensing receptor. List the target organs and cell types for PTH and describe its effects on each.
Understand the consequences of a) over-secretion, and b) under-secretion of PTH. Explain the symptoms of hypocalcaemia.
Identify the sources of vitamin D and diagram the biosynthetic pathway and the organs involved in modifying it to the biologically active 1,25(OH)$_2$D$_3$ (1-25 dihydroxycholecalciferol, calcitriol).
Identify the target organs and cellular mechanisms of action for calcitriol.
Describe the negative feedback relationship between PTH and calcitriol. Describe the consequences of vitamin D deficiency.
Name the stimuli that can promote secretion of calcitonin, its actions, and identify which (if any) are physiologically important.
Enlist other hormones taking part in calcium homeostasis and bone metabolism. Physiology of bones.

Normal values: Ca$^{2+}$ intake/absorption 1000/200 mg/day, also 25-5 mmol/day; Ca$^{2+}$ loss: 2,5-7,5 mmol/day, vitamin D RDA: 600 IU/day (between 1-70 years of age)

Identify the functional zones (one medullary and three cortical zones), innervation, and blood supply of the adrenal glands and the principal hormones secreted from each cortical zone (glucocorticoids, mineralocorticoids, androgens).
Describe the biosynthesis of the adrenal steroid hormones (glucocorticoids, mineralocorticoids, and androgens).
Describe the components of the neuroendocrine (hypothalamo-pituitary-adrenal, HPA) axis that control glucocorticoid secretion. The corticotroph cells of the anterior pituitary. POMC.
Understand the differential regulation of cortisol versus aldosterone release. Describe the trophic effect of ACTH
on the adrenal cortex and its significance concerning drug therapies involving glucocorticoid treatments.

Understand the cellular mechanism of action of adrenal cortical hormones.

Identify the major physiological and pharmacological actions of glucocorticoids on energy metabolism, on the carbohydrate, fat and protein metabolism, on the cardiovascular system, on the immune system, on the central nervous system, and on other endocrine systems that complement the metabolic effects to promote survival of the organism (gastrointestinal tract, surfactant, bone metabolism and growth).

Identify the consequences of a) over-secretion and b) under-secretion of glucocorticoids.

Give the definitions of stress and stressor. Describe the 3 phases of the general adaptation syndrome (GAS) during the stress response.

Describe the interactions of adrenal medullary and cortical hormones in response to stress (Cannon's fight and flight response).

62. The endocrine pancreas.

Identify the major hormones secreted from the endocrine pancreas (insulin, glucagon, somatostatin, pancreatic polypeptide, amylin), their cells of origin, and their chemical nature (Langerhans islet). List the major target organs or cell types for insulin, the major effects of insulin on each, and the consequent changes in concentration of blood transport nutrients.

Understand the relationship between blood glucose concentrations and insulin secretion. Define the term „incretin“ and give examples (GLP-1, GIP). Describe the roles of neural input and gastrointestinal hormones on insulin secretion.

Describe the control of glucagon secretion.

List the target organs or cell types for glucagon and describe its principal actions on each.

Describe the consequences of over-secretion or under-secretion of insulin. Diabetes mellitus: types, symptoms, complications.

63. The integrated endocrine control of metabolism.

Identify the normal range of plasma glucose concentrations, and list the chemical forms and anatomical sites of storage pools for glucose and other metabolic substrates.

Identify the hormones that promote the influx and efflux of glucose, fat, and protein into and out of energy storage pools and their impact on the uptake of glucose by tissues. Establish specific roles for insulin, glucagon, growth hormone and catecholamines.

64. Thermoregulation, cutaneous blood flow.

Diagram the thermal balance for the body, including metabolic heat production, heat exchange mechanisms (convection, conduction, radiation), and heat loss through evaporation.

Contrast the stability of body core with the variability of body shell (skin) temperature. Give the normal values of core body temperatures in humans, the circadian changes in core temperatures and also the dependence of core temperature on the menstrual cycle. Define the thermoneutral comfort zone.

Enlist the major physiologic mechanisms preventing from the development of either hypothermia or hypothermia:

Metabolic heat production: the respective contributions of basal metabolic rate, physical exercise, and shivering to heat production. Non-shivering thermogenesis: the structure and function of brown adipose tissue, the control of its activity.

The control mechanisms of cutaneous blood flow: specific features of the microcirculation in acral and non-acral regions. Contrast local and neural control of cutaneous blood flow. Discuss the unique characteristics of skin blood flow that are adaptive for body temperature regulation.

Describe the structure, function, and neuronal control of eccrine sweat glands. Describe the mechanisms of fluid secretion by the secretory coil and the ductal NaCl reabsorption.

Describe the neuronal components of thermoregulatory reflexes: peripheral and thermal thermoreceptors, the neuronal regulation (hypothalamus). Define the thermoregulatory „set point“ . Explain how the change in core temperature that accompanies exercise or passive heat accumulation differs from fever produced by infections (such as influenza), which alter the thermoregulatory set point.

Normal values: core body temperature: 37 °C (36.2-37.5 °C), thermoneutral zone (naked man): 25-27 °C.

65. The development and physiology of the male reproductive system. The physiology of the
**sexual act**
Define chromosomal, gonadal and somatic sex.

Describe the physiological functions of the major components (testis, epididymis, ductus deferens, seminal vesicle, prostate) of the male reproductive tract.

Describe spermatogenesis and the role of Sertoli cells, Leydig cells and the basement membrane in this process. Describe the blood-testis barrier.


Describe the biosynthesis, mechanism of transport within the blood of testosterone and related androgens.

List the major target organs and cell types for testosterone and other androgens. Describe the effects and cellular action mechanisms of testosterone and related androgens.

Identify the consequences of over-secretion and under-secretion of testosterone for a) prepubertal and b) postpubescent males.

Describe the neural, vascular, and endocrine components of the erection, emission and ejaculation response.

**Normal values:** volume of semen: 1.5-5.0 mL, sperm concentration >15 (20-40) million/mL, >60% motile

**66. The physiology of the female reproductive system, the menstrual cycle.**

Describe oogenesis and its relationship to changes in the ovarian follicle. Explain the roles of FSH, LH, estradiol, and inhibin in oogenesis and follicular maturation.

Describe ovulation and the formation and decline of the corpus luteum and the roles of hormones in each of these processes.

Describe the hormonal regulation of estrogen and progesterone biosynthesis and secretion by the ovary. Identify the cells responsible for their biosynthesis.

List the major target organs and cell types for estrogen action and describe its effects on each.

List the principal physiological actions of progesterone, its major target organs and cell types, and describe its effects on each.

Graphically illustrate the timing of changes in blood levels of FSH, LH, estradiol, and progesterone, and correlate these with structural changes in the endometrium (proliferative and secretory phases) and the ovary (ovarian cycle) seen during the menstrual cycle. Describe the change in core temperature during the cycle.

**Normal values:** length of menstrual cycle is 25-30 days; length of menstruation 4-6 days; duration of LH surge: 10-12 hours.

**67. Fertilization and implantation. The neuroendocrine control of pregnancy, parturition and lactation.**

Describe the process of fertilization, including capacitation and the acrosome reaction, and the movement of the blastocyst to the uterus. Describe the process of implantation.

List the hormones secreted by the placenta and describe the role of human chorionic gonadotropin (hCG) in the rescue of the corpus luteum in maintaining pregnancy early post-implantation. Explain the hormonal basis of pregnancy tests.

Describe the interactions between the placenta and the fetus in the pathway for production of estrogens during pregnancy (the so-called fetoplacental unit).

Describe further hormonal systems determining intrauterine development of the fetus (insulin, thyroid hormones). Discuss the roles of sex steroids, oxytocin, relaxin, and prostaglandins in the initiation and maintenance of parturition.

Explain the role of hormones in mammary gland development during puberty, pregnancy, and lactation.

Describe the neuroendocrine regulation of milk secretion and milk ejection. Enlist the stimuli responsible for the release of oxytocin, and the effects of oxytocin (Ferguson-reflex).

**Normal values:** duration of oocyte migration 1-2 days; implantation of the blastocyst: 7 days after ovulation, length of pregnancy: 40 weeks

**68. Physiology of growth and puberty.**

List the hormones that play an important role in extraterine somatic growth (growth hormone, IGF1, sex steroids, calcitriol, thyroid hormones, glucocorticoids, insulin).
Describe the relationship between growth hormone and the insulin-like growth factors in the regulation of growth.
Describe the metabolic and growth promoting actions of growth hormone.
Describe the consequences of growth hormone overproduction a) before (gigantism) and b) after the cessation (acromegaly) of longitudinal bone growth.
What is the effect of hypothyroidism or stress on somatic growth?
Describe developmental changes in the male and female reproductive systems during puberty.
Describe the stages of puberty in females: adrenarche, thelarche, pubarche, menarche. What do these expressions mean?
What are the effects of sex steroids on somatic growth?

69. The control of cerebral blood flow, the cerebrospinal fluid, barrier systems of the brain.
Give the normal value of cerebral blood flow, and its percentage to the resting cardiac output.
Contrast the significance and mechanisms of local and systemic neural control of cerebral blood flow.
Discuss the relative importance of PO2, PCO2, pH and blood glucose level in regulating cerebral blood flow.
Describe formation and reabsorption of cerebral spinal fluid (CSF). Describe the normal pressure, flow, and volume of the CSF.
Describe the structural components of the blood brain barrier and how this barrier impedes the movement of various substances from the blood to neurons. Locate and identify the brain regions outside the blood-brain barrier, and describe the function of circumventricular organs.

Normal values:
cerebral blood flow (adult): 750 mL/min, 15% of resting cardiac output. CSF volume: 140 mL; CSF secretion rate: 500 mL/day. CSF pressure: 5 mmHg (8-10 cmH2O)

70. The somatosensory nervous system: the dorsal column (medial lemniscus system) pathways
Describe the submodalities of somatic sensibility subserved by the Dorsal Column-Medial Lemniscus system.
List the neural components of the Dorsal Column-Medial Lemniscus system and its Trigeminal analogs.
Describe the cutaneous mechanoreceptors and their functions: Pacinian corpuscles, Meissner's corpuscles, Ruffini endings, Merkel cell and free nerve endings.
Define the terms receptor sensitivity, receptor specificity, and receptive field. Explain how the peripheral innervation density is related to receptive field size. Define rapidly and slowly adapting sensory reception.
Describe the topographic representation of the body at the level of the somatic sensory cortex. Explain how peripheral innervations density influences the size of the representation area in the postcentral gyrus.
Define the concept of a dermatome and explain the dermatomal organization of the head and body. Define the concept of a somatosensory receptive field.

Describe the concepts of nociceptor and nociception. Definition of pain. Describe the cellular mechanisms of nociceptor activation.
Differentiate between fast and slow pain and identify the peripheral nerve fibers and central connections that account for these different types of pain.
Describe the submodalities of somatic sensibility subserved by the spino-thalamic system.
Describe the ascending sensory pathways and their connections with the cerebral cortex conveying nociceptive, thermal and tactile (coarse touch) sensory information.
Describe the difference between the modality specific and wide dynamic range type interneurons/projection neurons in the spinal dorsal horn.
Describe the connections of the anterolateral pathway with the brainstem and the hypothalamus. Provide examples to illustrate the functional importance of these anatomical connections (sensory stimulus-evoked cardiorespiratory and other autonomic reactions, arousal, changes in the muscle tone, thermoregulatory reflexes).
List the neural components of the spino-thalamic system and its trigeminal analogues. List the functional properties of the spino-thalamic system.
Describe the reactions of the body evoked by noxious stimulation (motor and autonomic responses, affective reactions). Describe the receptors and their adequate stimuli of exteroceptive reflexes. Describe the reflex arc of the flexor-extensor reflex.
Compare the nociceptive and non-nociceptive exteroceptive reflexes. Describe the abdominal skin reflex and the plantar
Describe the main mechanisms of development of inflammatory pain. Explain the terms hyperalgesia and allodynia. Describe the components of the descending pain control (endogenous analgesic) system (PAG, LC, raphe nuclei, spinal gate control mechanisms). List the types of neurotransmitters involved. Describe how endogenous opiates may modulate the pain experience. Describe the key features of visceral nociception. Describe the mechanism of referred pain of visceral origin. Describe the concept of Head zones, list 3 characteristic localizations of referred visceral pain.

72. The visual system: protection of the eye, image formation, refraction errors. The function of the photoreceptors, retinal signal processing. The visual field and the visual pathways. Describe the function and importance of tear secretion, the composition of tear, the control of tear secretion (parasympathetic innervation). Describe the so called corneal reflex including its integration in the CNS. Describe the gross anatomical structure of the eye and basic physiological optics. Describe the refraction of light as it passes through the eye to the retina, identifying the eye components that account for refraction of light. Define „refractory power” and its unit. Describe the process of accommodation to near vision. List the components of the accommodation triad. Define the "near point". Explain the method of measuring visual acuity including the normal value of visual acuity (visus). Describe the refractive deficits that account for myopia, hyperopia, presbyopia, astigmatism and their correction. Explain the production, circulation and absorption of the vitreous humour. Give the normal value of intraocular pressure. Explain glaucoma. List the structure and cell types of the human retina. Understand the intrinsic circuitry of the retina and its functioning. Describe the basic biochemistry of the photo-transduction process, the "dark current", and the photoreceptor response to capturing a photon. Explain the properties of the different photoreceptor types: number, distribution in the retina, chromatic and luminance properties (scotopic and photopic vision). Explain how adaptation to darkness and light works. Trace the projections of the visual hemifields onto the retina (nasal/temporal), describe the retino-thalamo-striate pathway. Explain how the crossing of optic nerve fibres accounts for visual field representations at each stage. Describe the extrageniculate projections (suprachiasmatic nucleus, superior colliculus, pretectum) of retinal ganglion cells and their importance. Review the midbrain path for the pupillary light reflex. How do you interpret the presence / absence of the direct and consensual reflex?

Normal values: visus: 5/5 (m) or 20/20 (feet), spatial resolution: 1', total refractory power of the eye: 60 D, refractory power of the cornea: 40-43 D, refractory power of the lens (far accommodation): 17-20 D, near point: 7-10 cm, physiologic astigmia: 0.5 D, intraocular pressure: 10-20 mmHg (mean: 16 mmHg)

73. The visual system: the control of eye movements. Cerebrocortical mechanisms. Binocular vision, color vision. List the extraocular muscles and the innervating motor nerves. Classify the eye movements based on the relationship of the optical axes and on speed. Explain optokinetic nystagmus. Describe the processing of information in the visual cortex and in the higher visual association areas. Explain the followings: corresponding retina points, horopter; describe binocular disparity and its relationship to stereopsis. Describe monocular cues supporting spatial vision. Explain the neuronal mechanism for colour vision.

74. Hearing: the function of the outer, the middle and inner ear. Hearing tests. The auditory pathways Define the following categories: pure (basic) ton, sound (musical tone), noise, frequency, loudness and intensity of the sound, propagation of the sound, sound pressure level (dB). Describe the function of the outer, middle, and inner ear structures in the mechano-electrical transduction process of sound energy into nerve impulses. Describe the acustic impedance matching. Describe the differences between bone and air conduction. Describe the nerves and muscles in the middle ear and explain their role in withdrawal reflexes Define the difference between conductive, sensory and neural loss of hearing. Explain the frequency analysis performed by the cochlea on the basis of its physical properties (Békésy theory, tonotopy).
Identify the neuronal elements of the organ of Corti. Explain the function of inner and outer hair cells.

Explain how deformations of the basilar membrane are converted into action potentials in auditory nerve fibers.

Describe the auditory pathway. Describe the role of frequency code and population code in hearing and explain the binaural hearing.

**Normal values:**
- Frequency range of human hearing: 20-20000 Hz,
- Sound pressure level of human hearing: 0-120 dB,
- Reference sound pressure level: 20 µPa,
- Threshold of human hearing: 0 dB,
- Frequency range of human speech: 250-4000 Hz,
- Reference frequency of the phon scale: 1000 Hz

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**75. The physiology of olfaction and taste sensation.**

Describe the location, structure, and afferent pathways of smell receptors.

Describe the olfactory cilium and the family of olfactory receptors housed in its membrane.

Explain how olfactory receptors are activated and explain the mechanism of olfactory transduction.

Explain the terms topography, spatial topography, and functional topography in the olfactory system. Describe the olfactory pathways.

Define the following terms: anosmia, hyposmia, dysosmia.

Describe the location, structure, and afferent pathways of taste receptors. Describe the cells of a taste bud.

Name the basic taste sensations, i.e., identify the five distinct gustatory modalities.

Explain how taste receptors are activated and explain the mechanism of taste transduction for each taste quality.

Identify the three cranial nerves that transmit taste information to the cerebral cortex. Describe the structure and function of the central taste centers.

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**76. The motor reflex. The structure and function of muscle proprioceptors. The myotatic and the inverse myotatic spinal reflex. The gamma fusimotor servomechanism (gamma-loop). The control of muscle tone.**

Describe the reflex arc from stimuli to reflex actions.

What is the difference between exteroceptive and proprioceptive reflexes? Define the notion of proprioception and describe the proprioceptors.

Define the main functions of muscle spindles and Golgi tendon organs.

Delineate the localization, structure, and sensory/motor innervation of muscle spindles and Golgi tendon organs.

Describe the intrafusal and extrafusal muscle fibers and provide a classification for intrafusal fibers.

What is the difference between Ia, II, and Ib afferents?

Define the structure and function of gamma and alpha motoneurons.

Define the notion of myotatic and inverse myotatic reflexes, describe the receptors and the adequate stimuli.

Trace the path of neuronal activity during the knee-jerk (patellar) reflex and describe the reflex arc. Compare the reflex arc of the knee-jerk reflex with that of the inverse myotatic reflex.

Describe the agonist and antagonist muscles and the mechanism of reciprocal innervation.

Describe the biceps, triceps, and Achilles-tendon reflexes and the corresponding segments of the spinal cord.

What is the Jendrassik maneuver? What are hyporeflexia and hyperreflexia?

Define the gamma motoneurons and the muscle fibers that are innervated by these neurons.

Explain how the activity of gamma motoneurons is able to compensate the changes in the structure and sensitivity of muscle spindles due to the contraction of the extrafusal muscle fibers (alpha-gamma coactivation).

Define the notion of muscle tone and explain the role of the gamma loop in the maintenance of muscle tone and in the regulation of deep tendon reflex intensity.

Define muscle tone and its alterations: hypotonia, atonia, rigidity, and spasticity. Explain the role of alpha and gamma motoneurons in the regulation of muscle tone.

Enlist the brainstem neuronal structures participating in the regulation of muscle tone (nucl. ruber, nucl. vestibularis Deitersi, pontin and medullar reticular formation) and explain their role in flexor and extensor tone.

What is the effect of cortical and cerebellar lesion on muscle tone?

What are the symptoms of decerebration and decortication (upper motoneurons lesion)?

Enlist the sensory mechanisms implicated in the control of posture and gait (vestibular, proprioception, visual).

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**77. The consequences of spinal cord hemisection and transection.**

What is the spinal shock? What are the sensory, motor, and vegetative consequences of the total spinal cord transection?

Define the following terms: tetraplegia, paraplegia, hemiplegia and paresis.
Enlist the functions that can and cannot be recovered after spinal shock in humans. What is the lower (alpha) motoneuron? What is atrophy (including mechanism)?

78. The control of body posture. The vestibular system.
Delineate the elements of the vestibular system (semicircular canals and otolith organs).
Explain the function of hair cells. Define: endolymph, perilymph, receptor potential and the activity of the vestibular nerve.
Compare the functions of the semicircular canals and otolith organs.
Define and describe the types of nystagmus: optokinetic, rotatoric, postrotatoric, and caloric nystagmus and their mechanisms.
Explain the significance of neck proprioceptors in the regulation of gait and posture and give some examples (e.g., flexion of upper and lower limbs in the case of forward head movements).

79. The cerebrocortical control of movements. Cerebellum and basal ganglia
Enlist the parts, the localization and function of the motor cortex (primary motor, premotor, and supplementary motor cortex).
Describe the functions of the primary motor cortex. Define somatotopic organization and plasticity.
Describe the origin, path and function of the corticospinal tract. Enlist the consequences of corticospinal tract lesions (Babinski sign).
Enlist the main parts of the cerebellum (anterior, posterior, flocculonodular lobe, vermis, paravermis and lateral hemisphere) and the histological layers.
Delineate the functional network of the cerebellum (climbing fibers, mossy fibers, granular cells, parallel fibers, basket cells, Purkinje cells, deep nuclei).
Describe the mechanism of excitation and inhibition in the cerebellar network. Describe the electrophysiological properties of the Purkinje cell (complex action potential, climbing fiber LTD and motor learning).
Describe the parts of the vestibulocerebellum: afferents, efferents, function. Describe the parts of the spino-cerebellum: afferents, efferents, function.
Describe the parts of the cerebrocerebellum: afferents, efferents, function.
Mention a few symptoms caused by the lesion of the cerebellum (nystagmus, ataxia, dysdiadochokinesia, dysmetria, hypotonia, telegraphic speech).
Enlist the parts of the basal ganglia (neostriatum, pallidum, nucl. subthalamicus and substantia nigra) and their anatomical localization.
Describe the main neurochemical systems in the basal ganglia (glutamate, GABA, dopamine, acetylcholine, peptide cotransmitters).
What is the function of the direct pathway?
What is the function of the indirect pathway?
Discuss the sensory, motor, and cognitive functions of the basal ganglia. Describe the clinical conditions associated with Parkinsonism.

80. The integration of autonomic functions in the CNS. Functions of the hypothalamus. The functions of the limbic system. Emotions.
Functional anatomy of the autonomic nervous system. Characterization of the autonomic innervation of visceral organs.
Autonomic reflexes.
Hierarchical organization of the autonomic nervous system. The integrative action of the hypothalamus.
Functional anatomy of the hypothalamus. Afferent and efferent neurohumoral connections of the hypothalamus.
Central nervous integration of sensory, motor and autonomic functions and behavior. Cortical control of autonomic functions.
Describe the neuronal structures belonging to the limbic system, and list their functions.
Explain the importance of the connection between the cerebral cortex and amygdala in cognitive and emotional behaviour.
What is the connection between the limbic system and the autonomous nervous system?
Explain the connection between homeostatic need, motivation and the cerebral reward system.

81. Electroencephalogram (EEG) and the physiology of sleep-wake cycles. The circadian rhythm and the pineal gland.
Describe the origin (the electrophysiological basis) of the electroencephalogram. Describe the EEG waves (frequency ranges, amplitude) of the EEG, and identify the brain states typically associated with these different waveforms. Describe the conceptual basis of recording evoked potentials, and describe the importance of evoked potentials in neuroscience. Describe the changes of the brain electrical activity (EEG) during shifts from wakefulness to non-REM, and then to REM sleep phases. Describe the features of human sleep (length and number of sleep cycles during the sleep, changes in the duration of non-REM/REM phases in consecutive sleep cycles). Outline the current understanding of regulatory mechanisms regulating the appearance of NREM, REM and wake states (brain structures and neurotransmitters; the circadian rhythm underlying the sleep-wake cycle). Describe how respiration, cardiovascular, renal, gastrointestinal, eye movement, muscle, and endocrine function change from wake to NREM and REM states. Define and describe the most important features of circadian rhythms (biological changes that are 1) genetically determined, 2) generated by an internal self-sustaining pacemaker that can be entrained (synchronized) by external signals, and 3) have an app. 24h periodicity). Give examples of physiological changes characterized by circadian rhythmicity (body temperature, growth hormone secretion, cortisol secretion etc.). Explain the features of the suprachiasmatic nucleus (SCN) that make this nucleus suitable to function as a circadian pacemaker (Zeitgeber). Describe the role of the retinohypothalamic pathway in synchronizing SCN activity with the light-dark cycling. Describe the structure and autonomic innervation of the pineal gland, and the hormone secreted by the pinealocytes (melatonin). What is our current understanding of the physiological functions of melatonin (melatonin receptors, endocrine circadian transducer)?

82. Cognitive functions, neuronal correlates of language. Neuronal plasticity, learning and memory

Define the term of cognition and enumerate the main functions included. Describe the classic model of language localization in the brain (sensory and motor centers). Specify the term of aphasia and agnosia. Describe the main principles of human hemispheric specialization. Define the terms of learning and memory and enumerate the main types of learning. Compare classic (Pavlovian) and operant conditioning. Specify the molecular mechanisms of long-term potentiation (LTP) and long-term depression (LTD).

83. Sports physiology

Describe the possible energy sources, basic pathways of energy metabolism and hormonal regulation of metabolism of the exercising skeletal muscle. Classify muscle fibers according to their bioenergetics. Explain how the duration and the intensity of exercise determine the predominant metabolic pathway and the main fuels of striated muscle. Outline the connection between the ratio of the various muscle types and the predicted athletic success of an individual. Explain different methods for the measurement of energy expenditure during exercise. Define fatigue and exhaustion and mention some of their possible underlying mechanisms. Characterize quantitatively the acute cardiorespiratory effects of exercise (heart rate, cardiac output, blood pressure, respiratory rate, lactate threshold, ventilation and oxygen uptake (VO2)). Describe the cardiovascular, respiratory and muscular effects of training. Compare the above mentioned parameters in untrained and trained subjects at rest and during exercise. List the factors determining performance in sports! (natural endowment = genetic factors, training, physiological status = neuromuscular and cardiorespiratory systems, psychological factors = motivation and tactics). Explain the impact of food and fluid intake (amount, composition and timing) in optimizing performance. List some ergogenic substances.

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