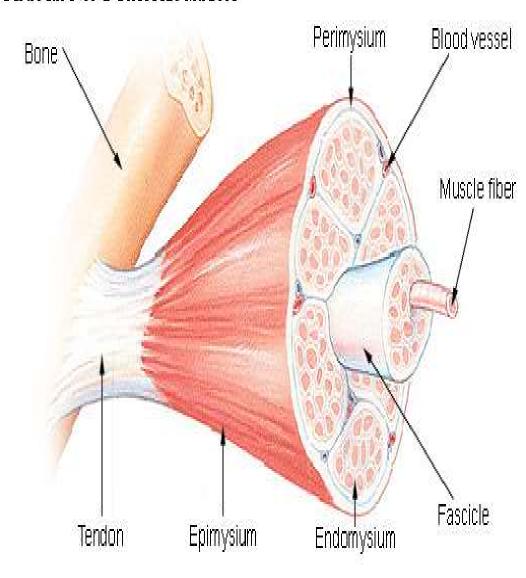
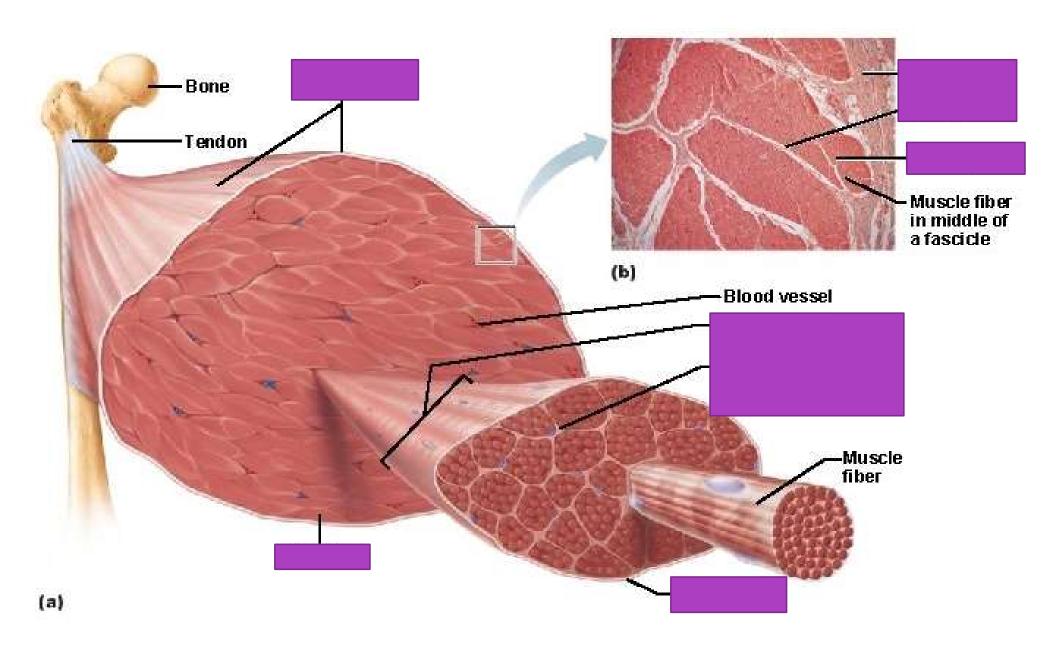


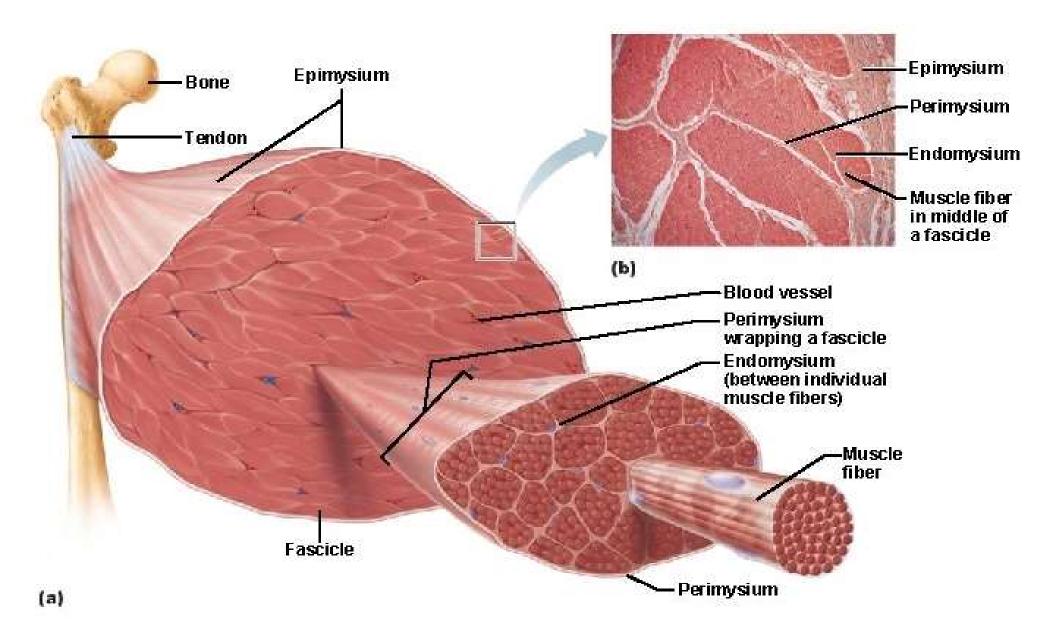
• (1) endomysium—connective tissue layer enveloping a single fiber

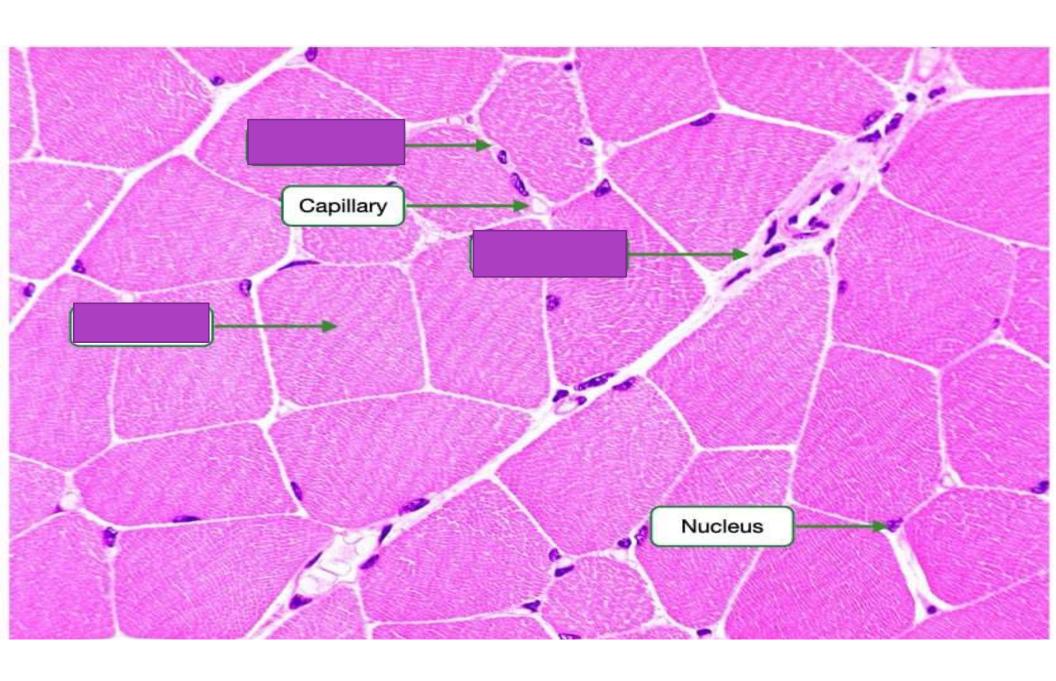
- (2) perimysium—connective tissue layer enveloping a bundle of fibers
- (3) epimysium—connective tissue layer enveloping the entire muscle

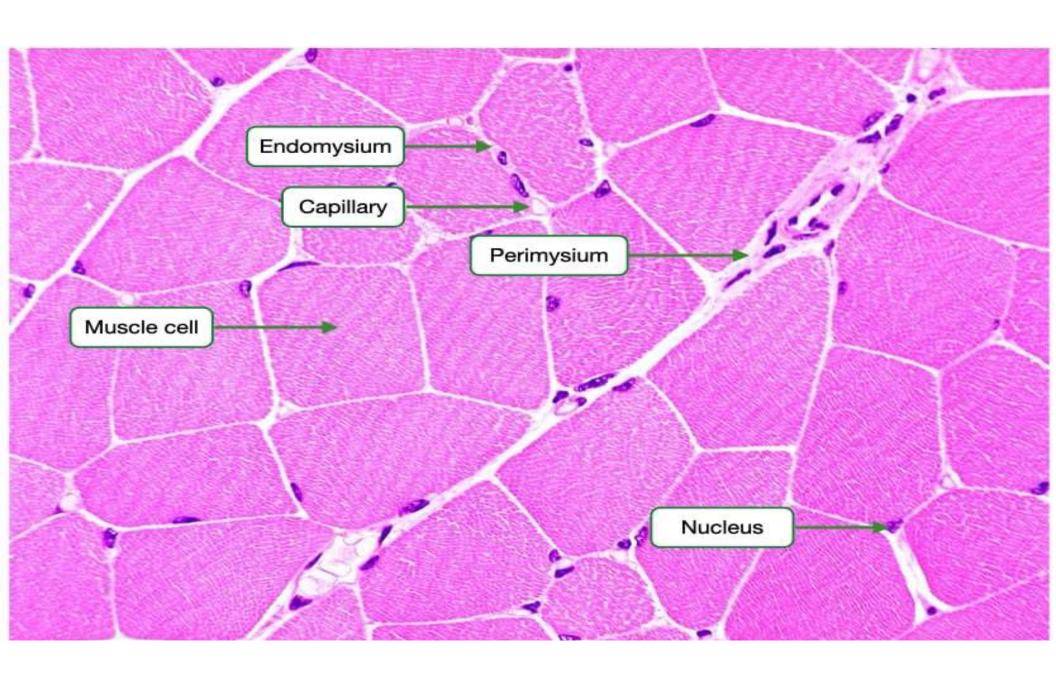
Structure of a Skeletal Muscle

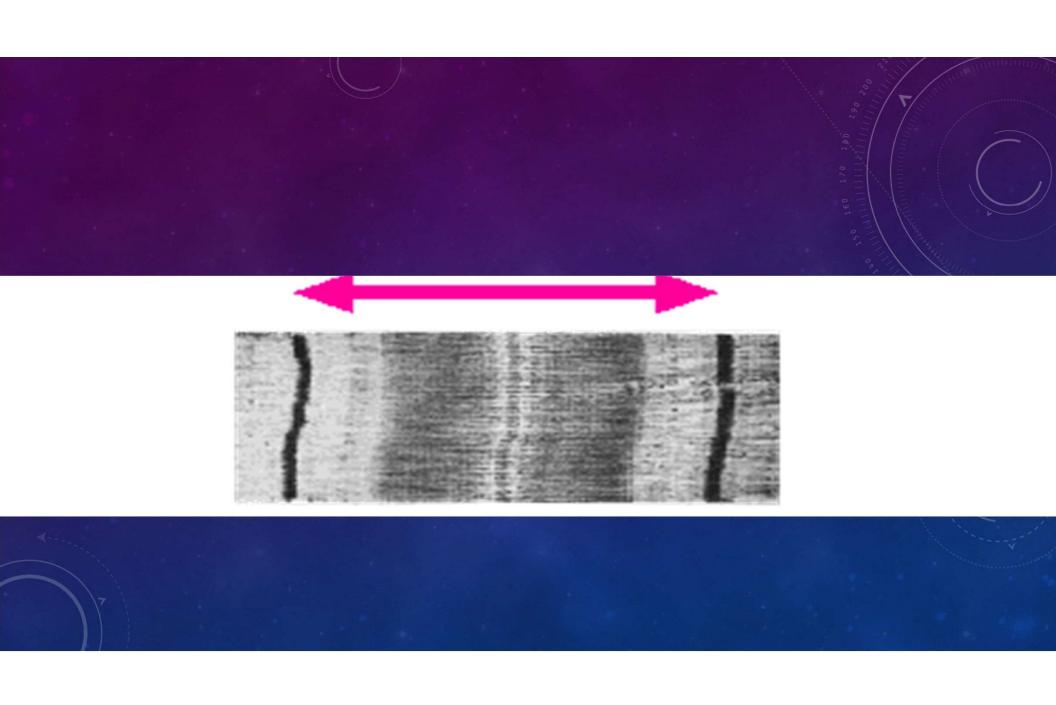


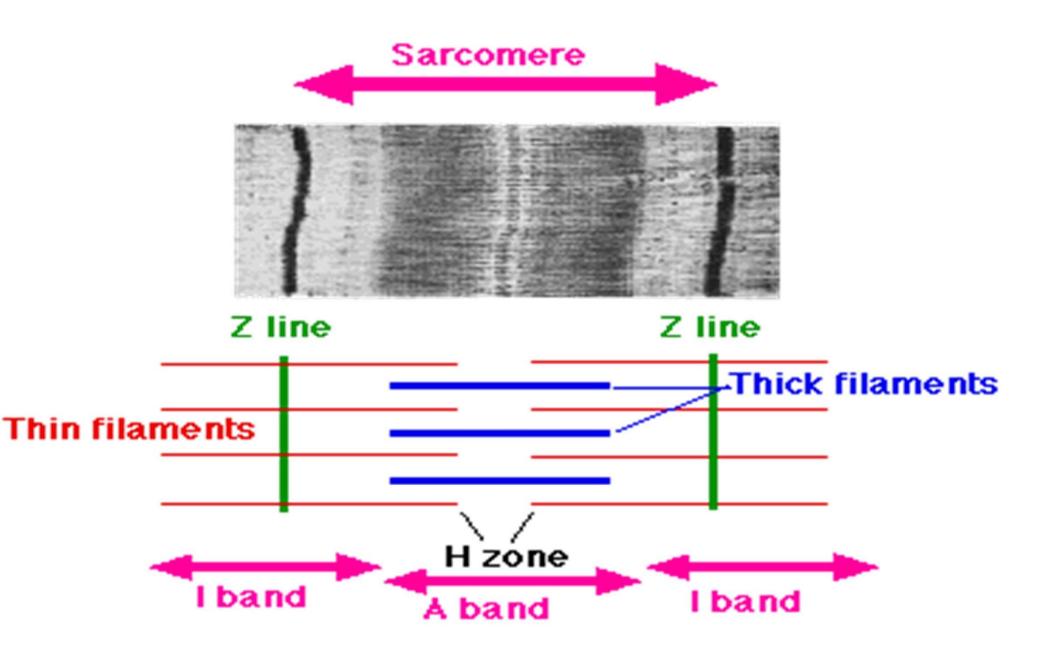


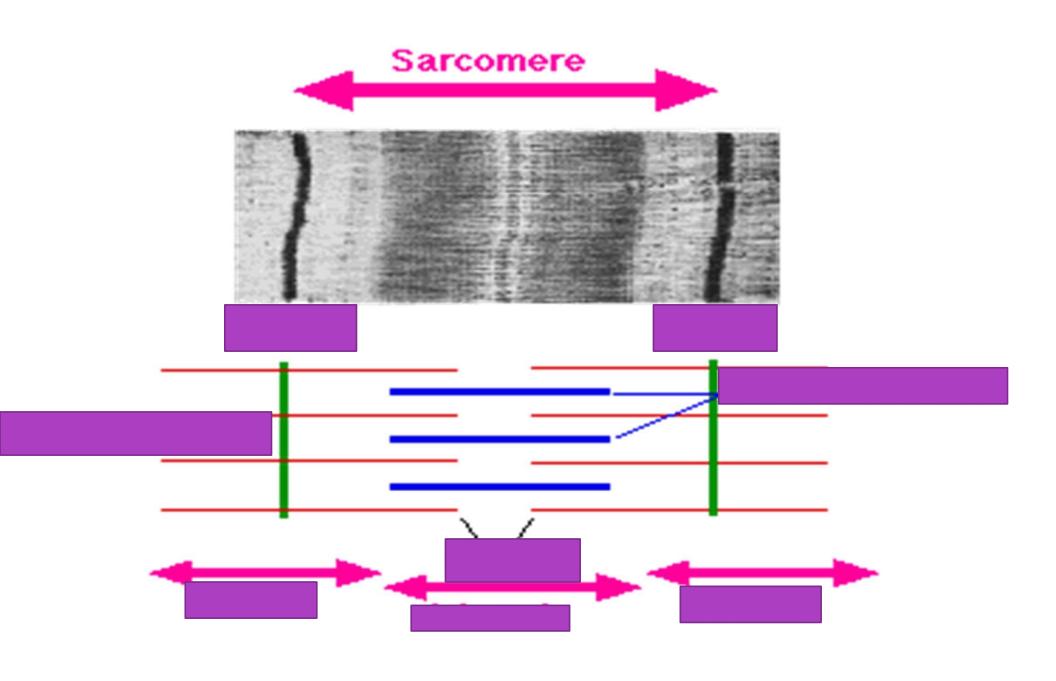


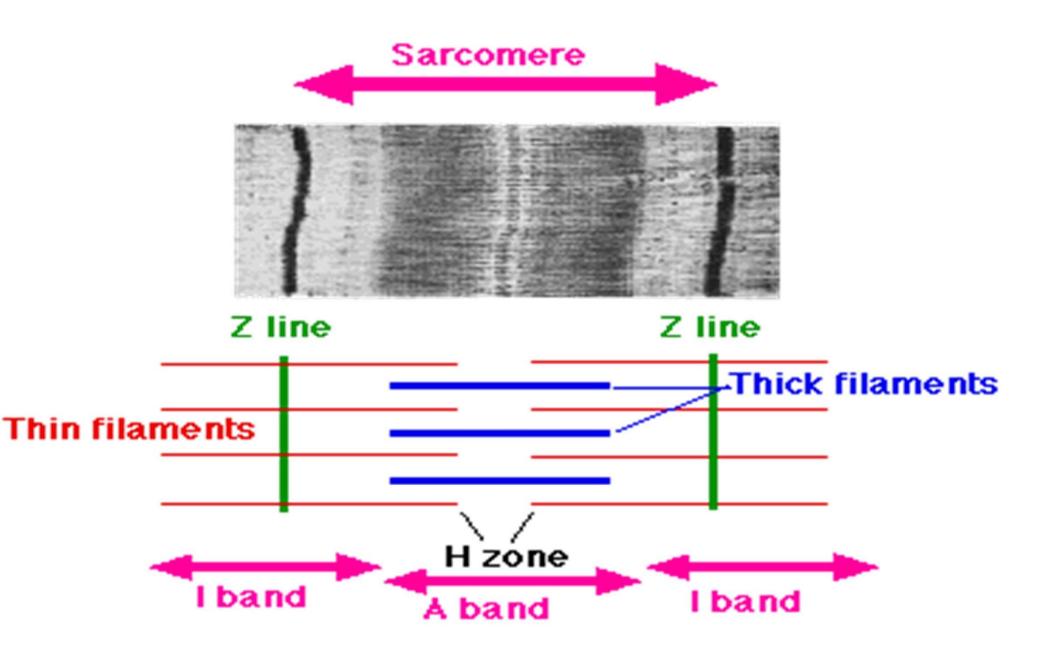




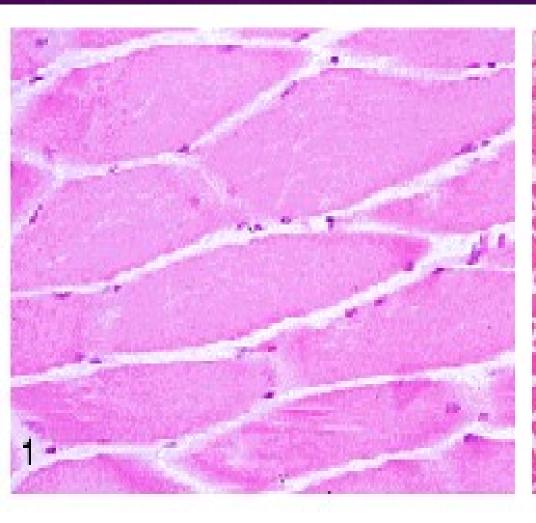




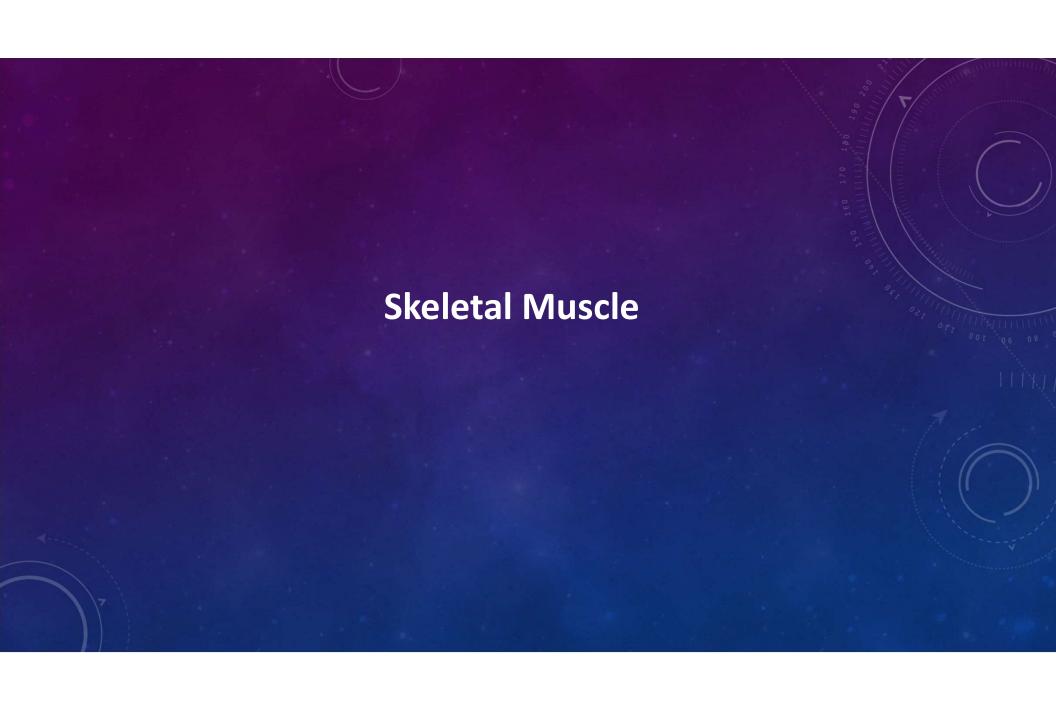




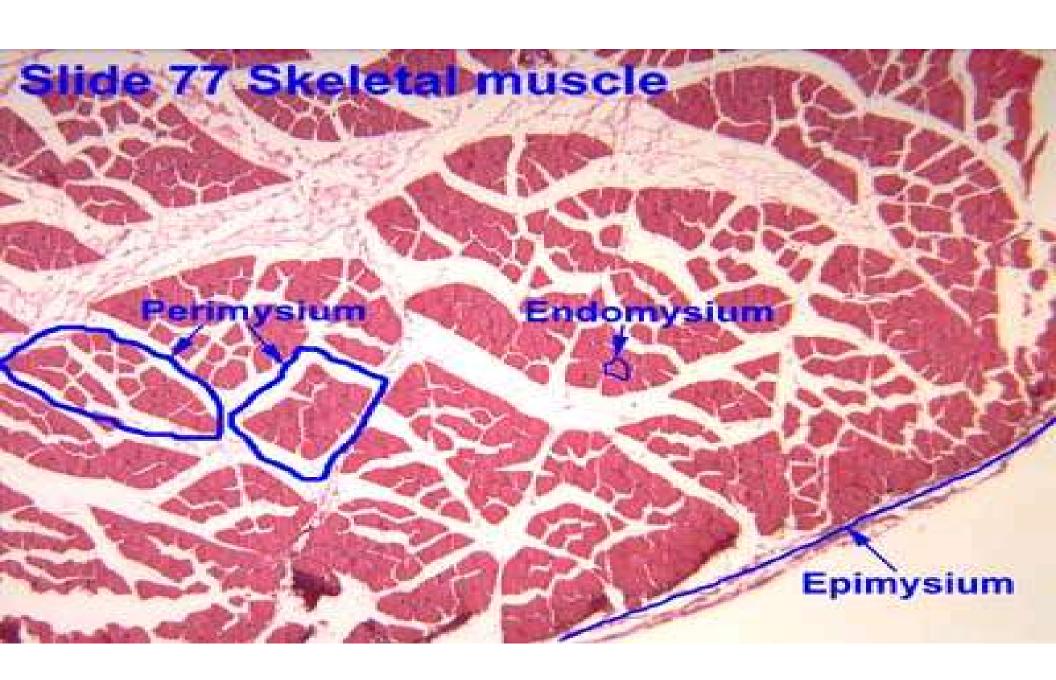
WHAT TYPE OF MUSCLE TISSUE?

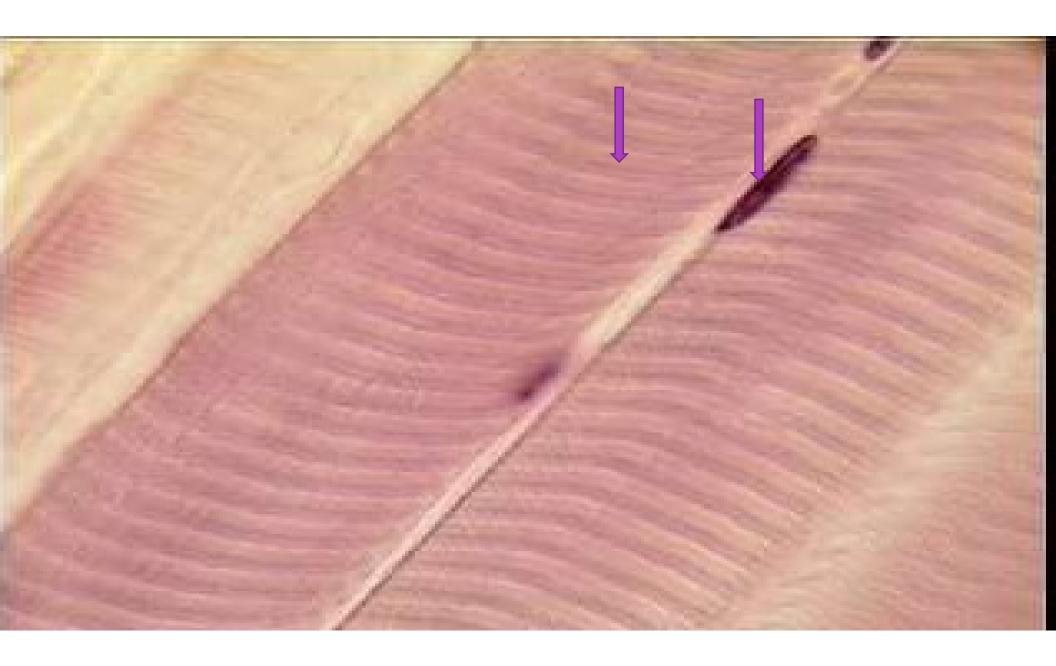


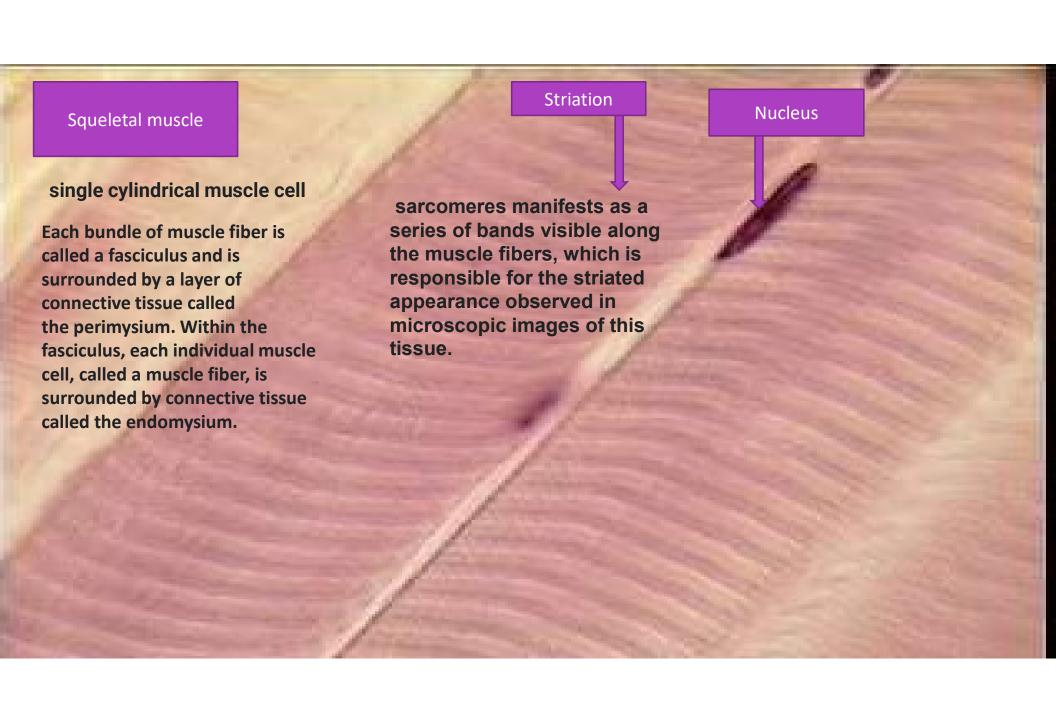


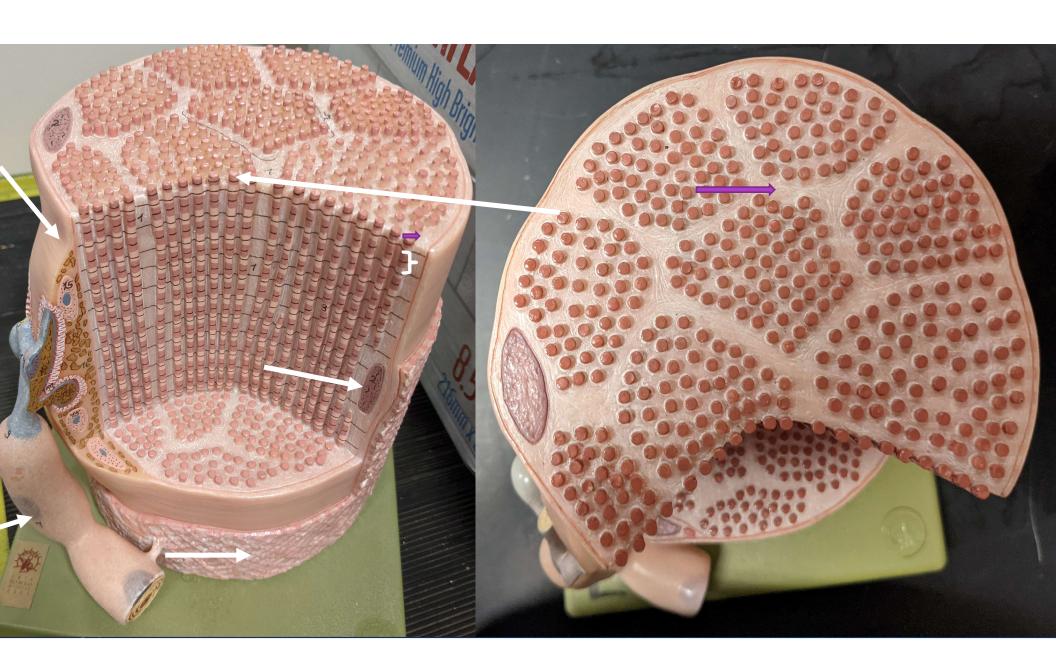


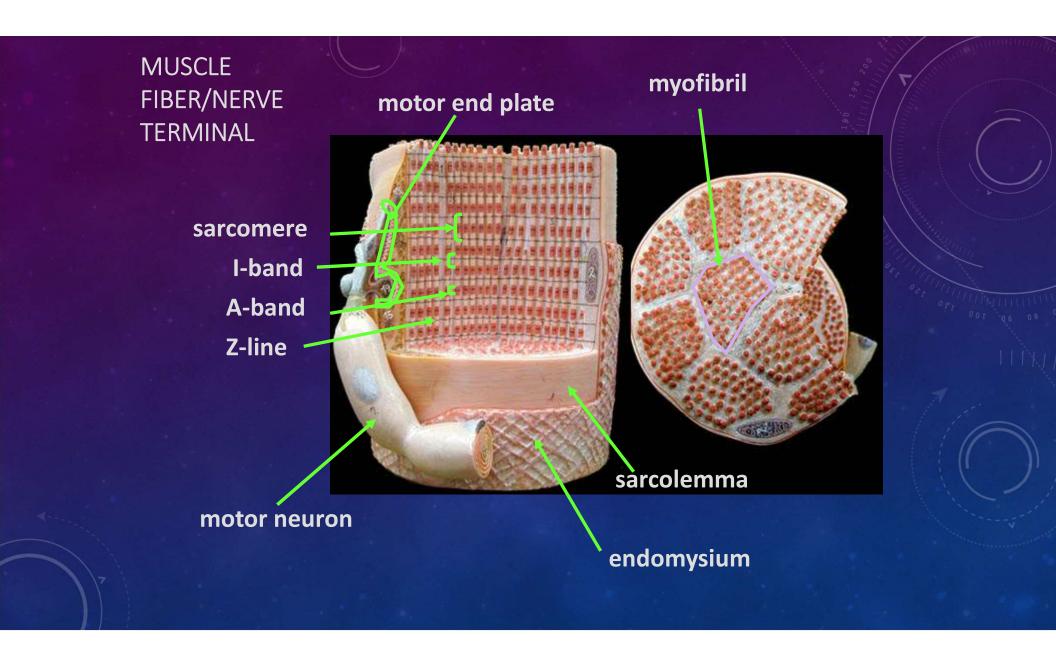


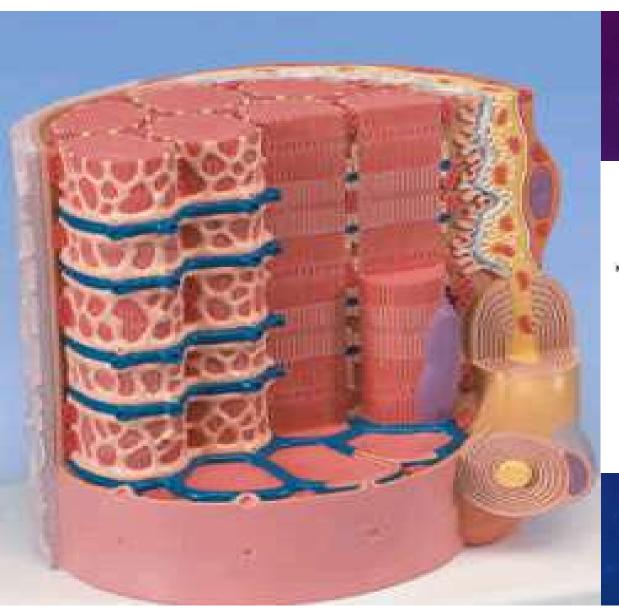


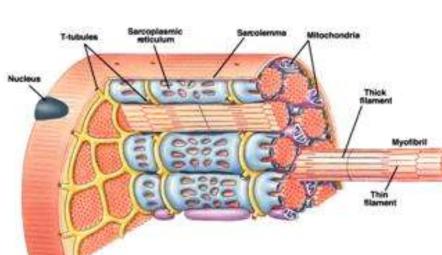


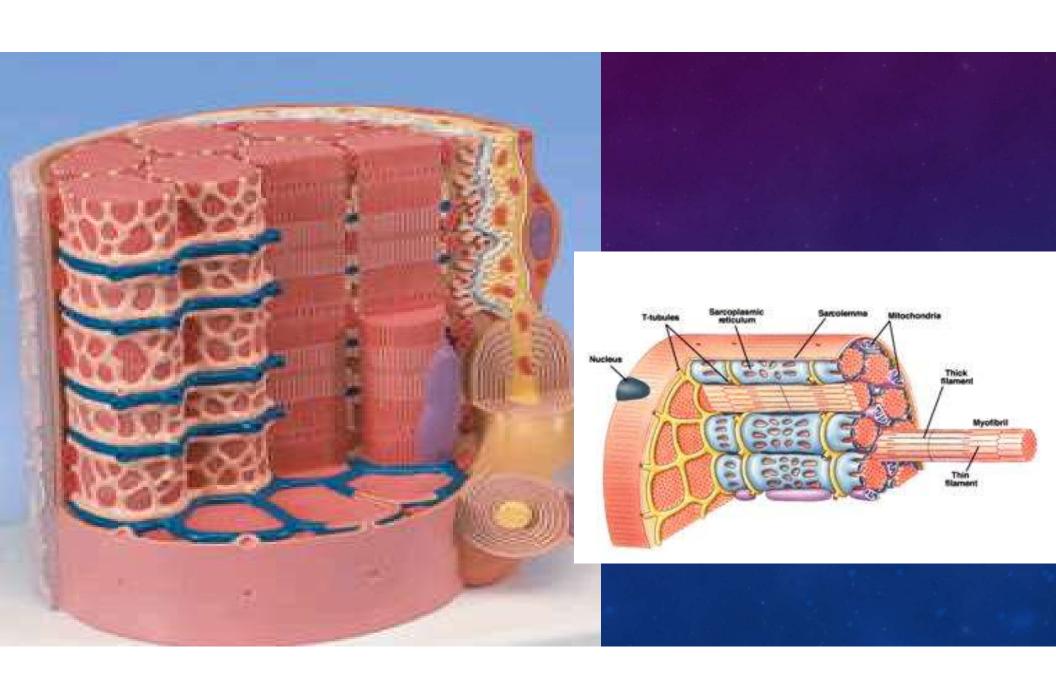


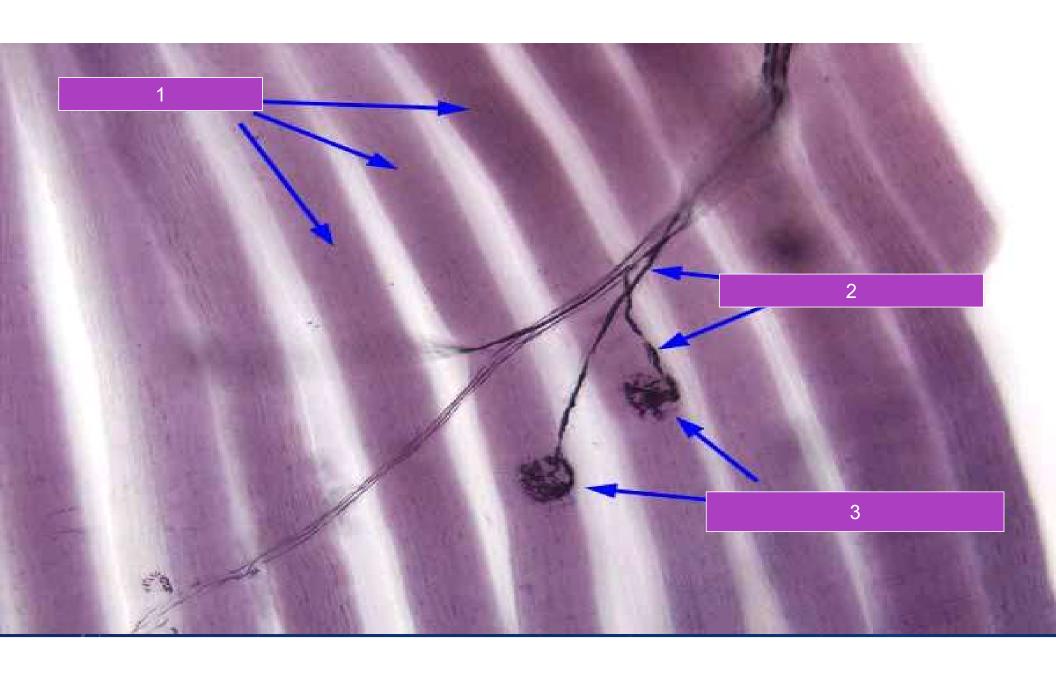


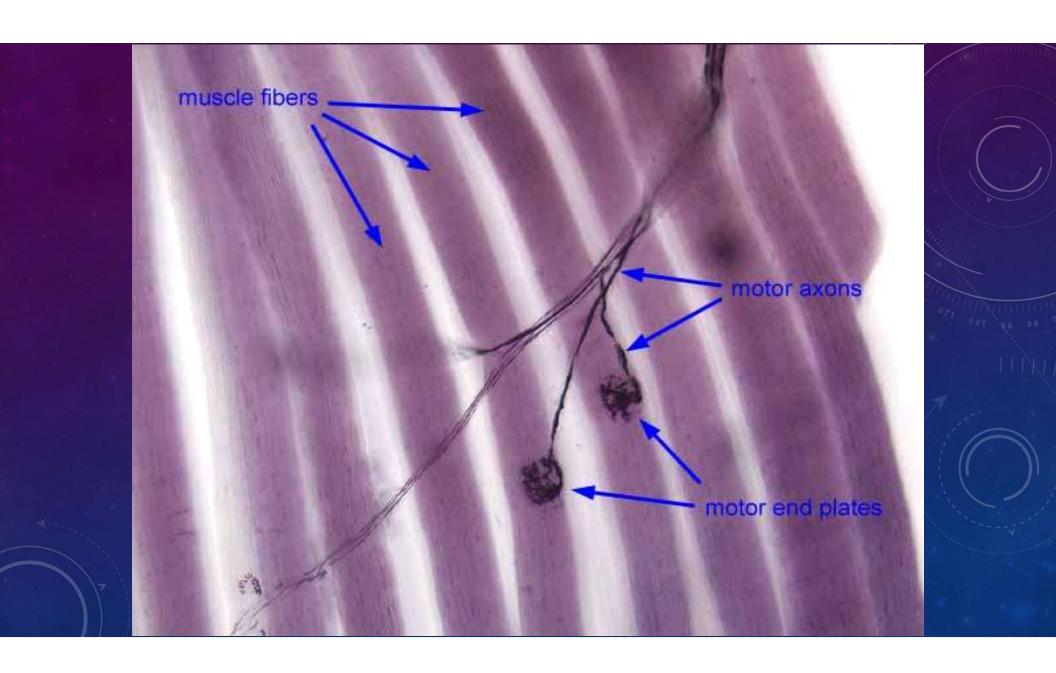


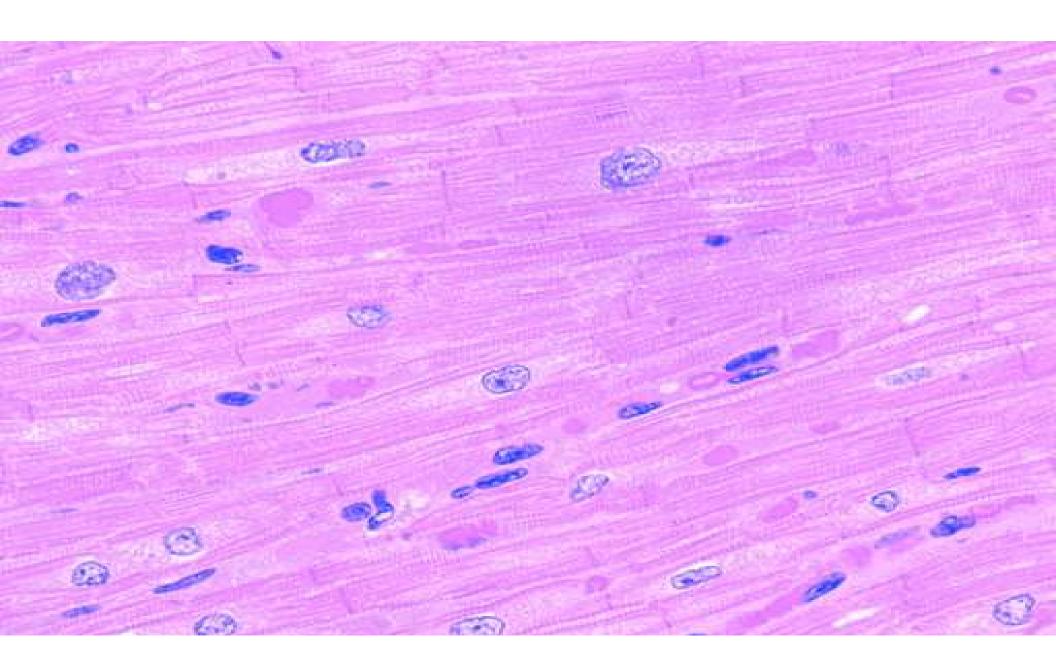


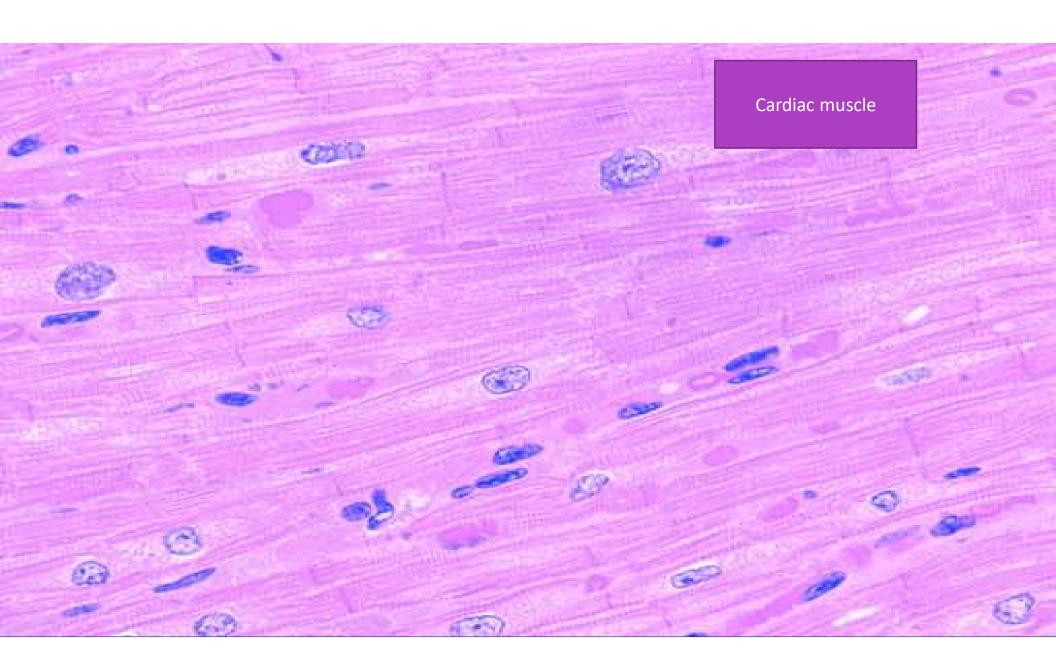


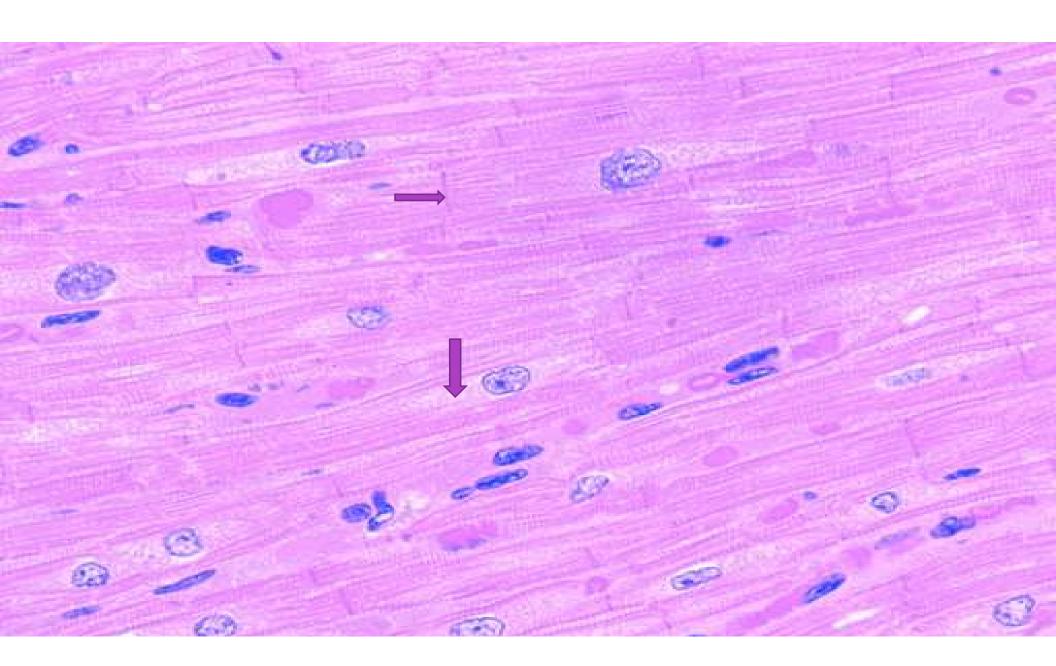






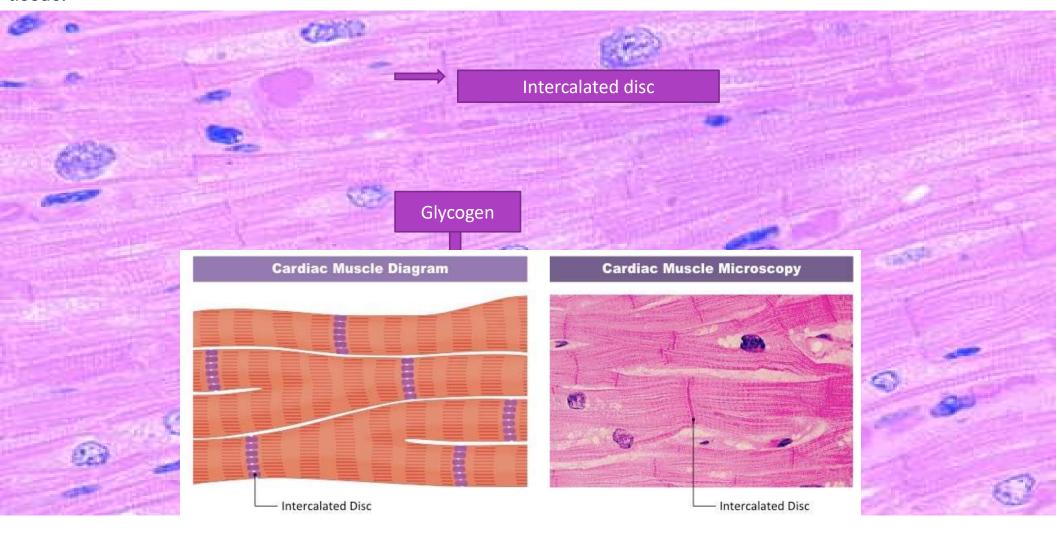


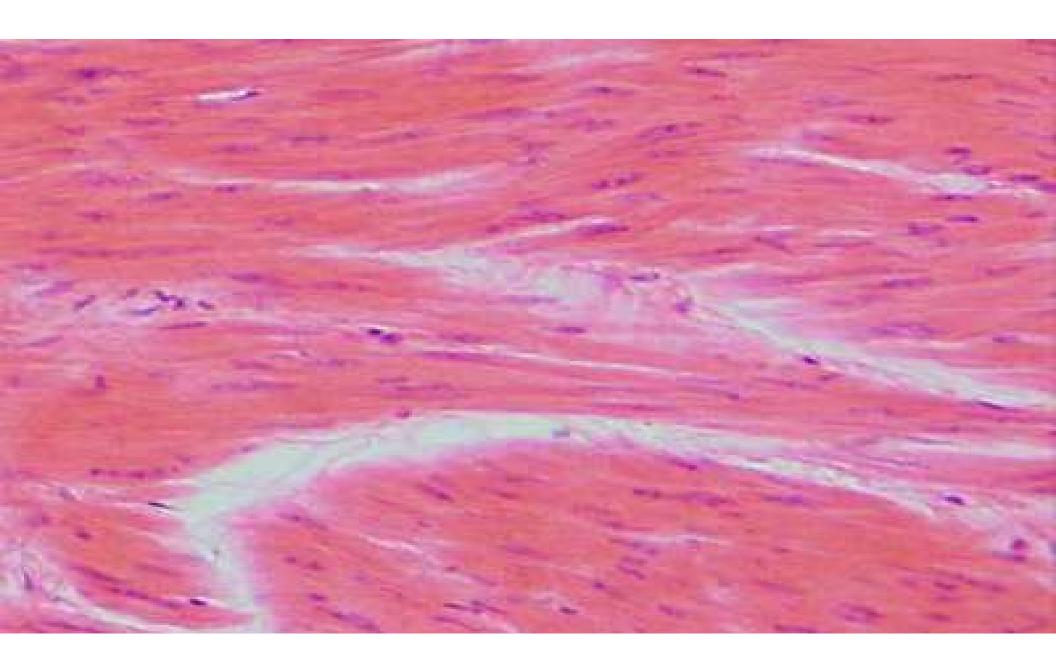


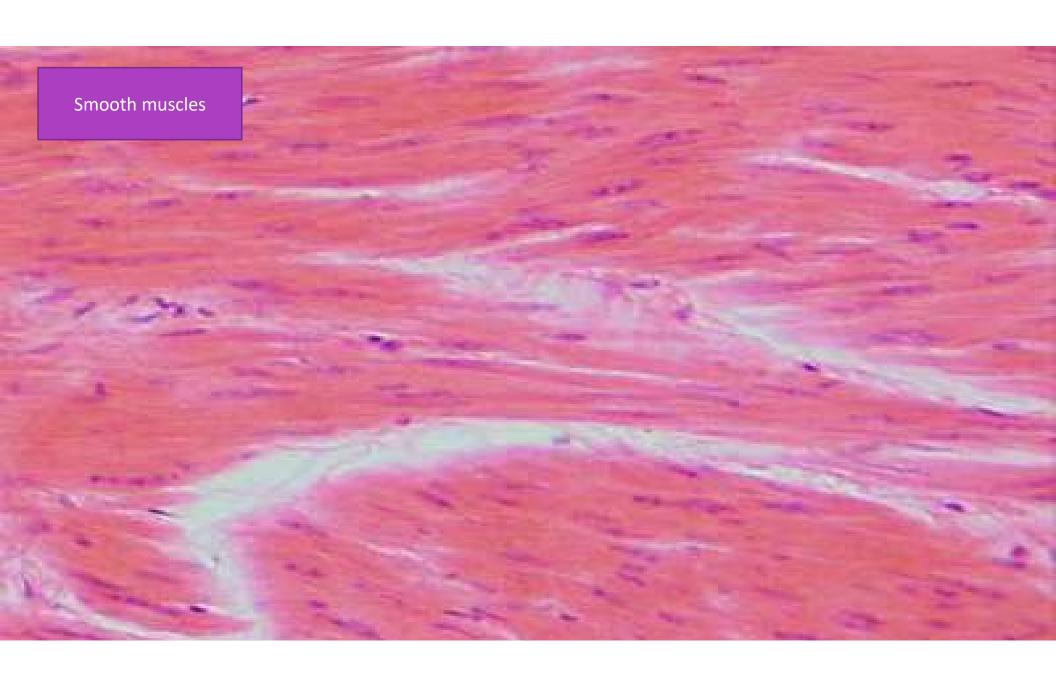


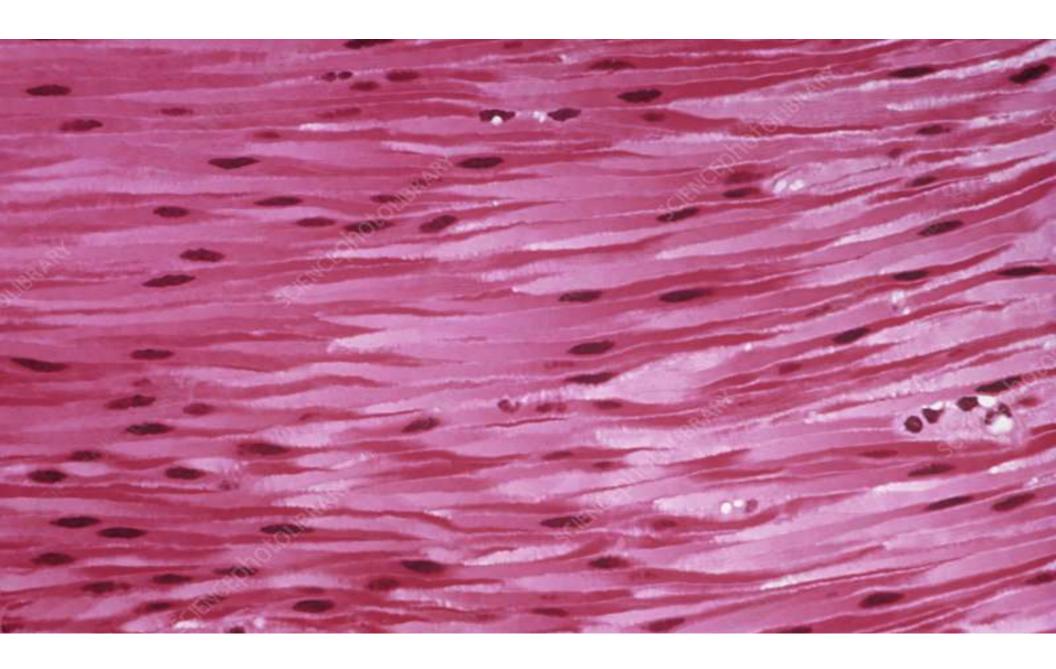
Intercalated discs support synchronized contraction of cardiac tissue.

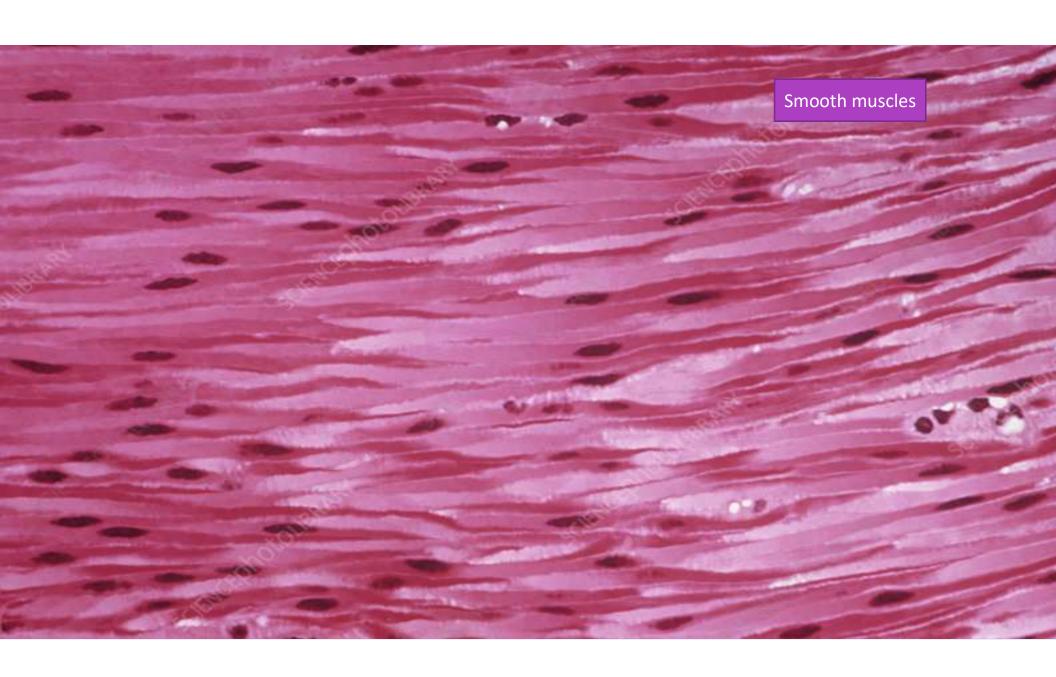
They occur at the Z line of the sarcomere and can be visualized easily when observing a longitudinal section of the tissue.

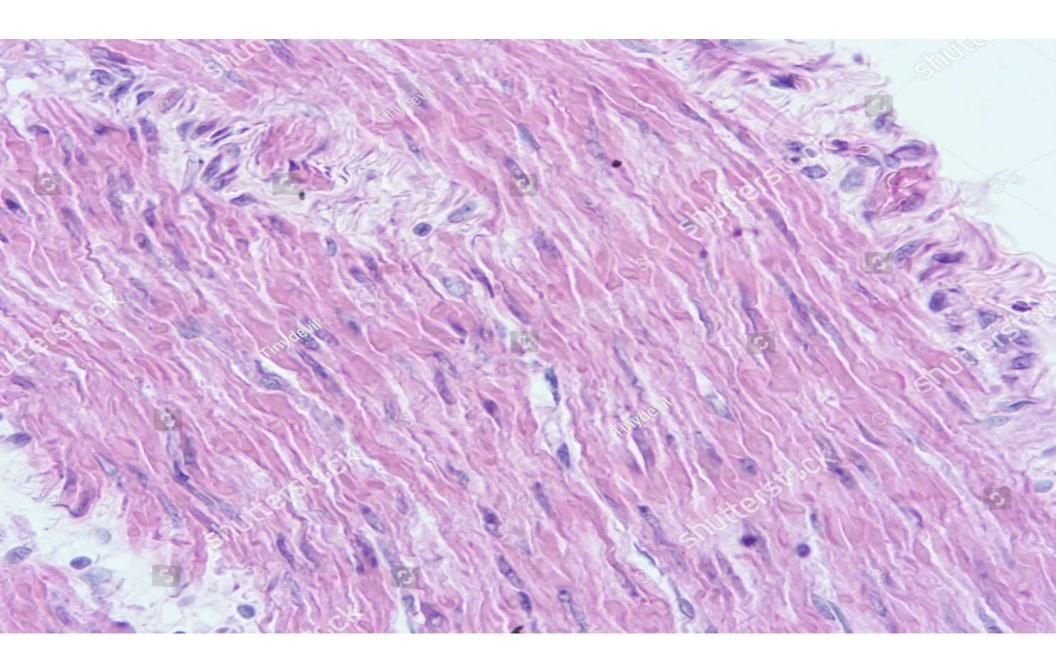


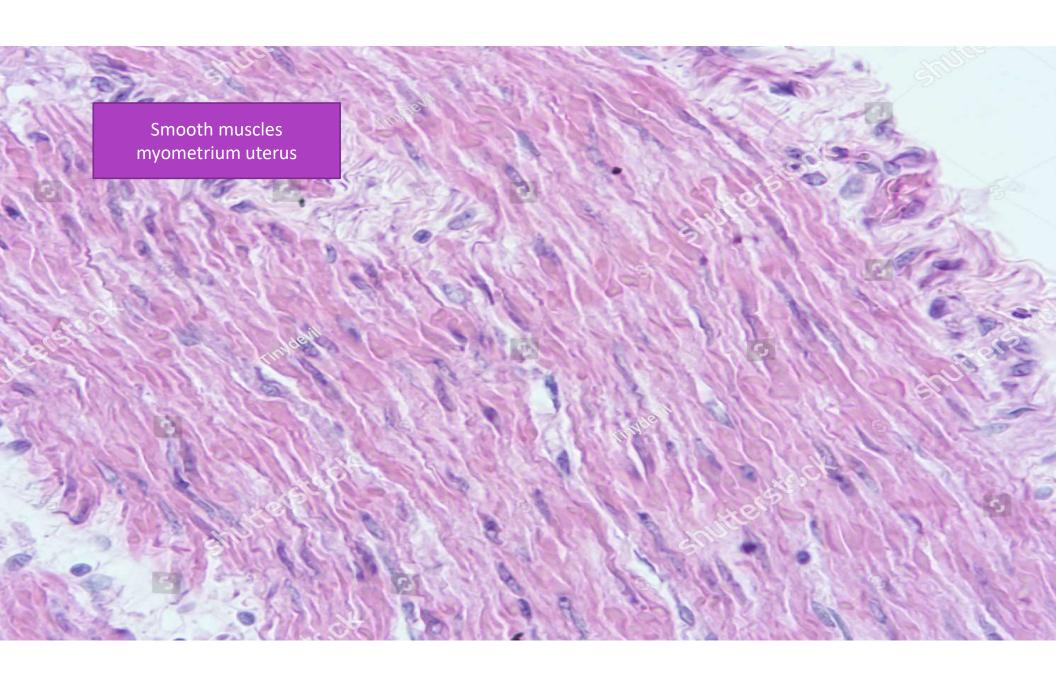


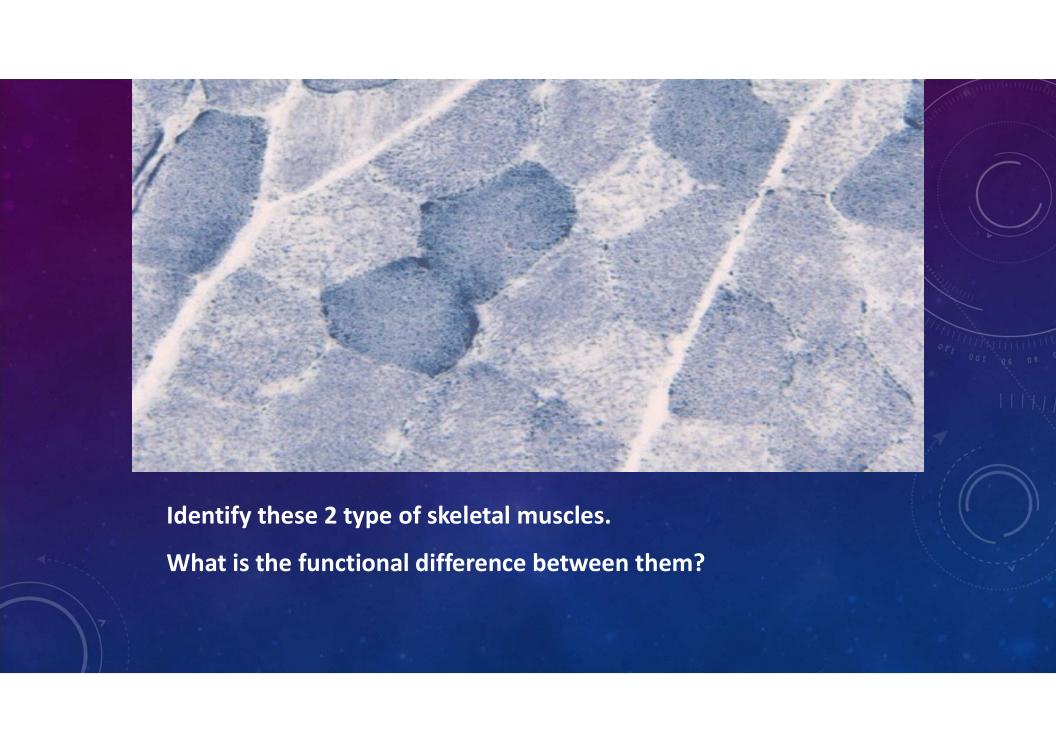










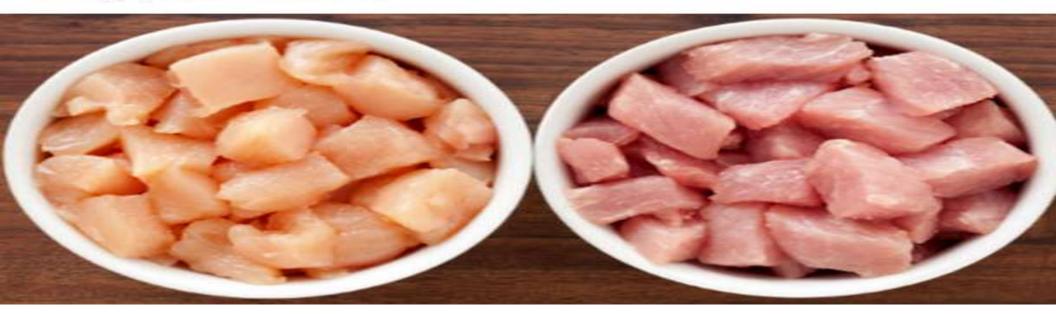


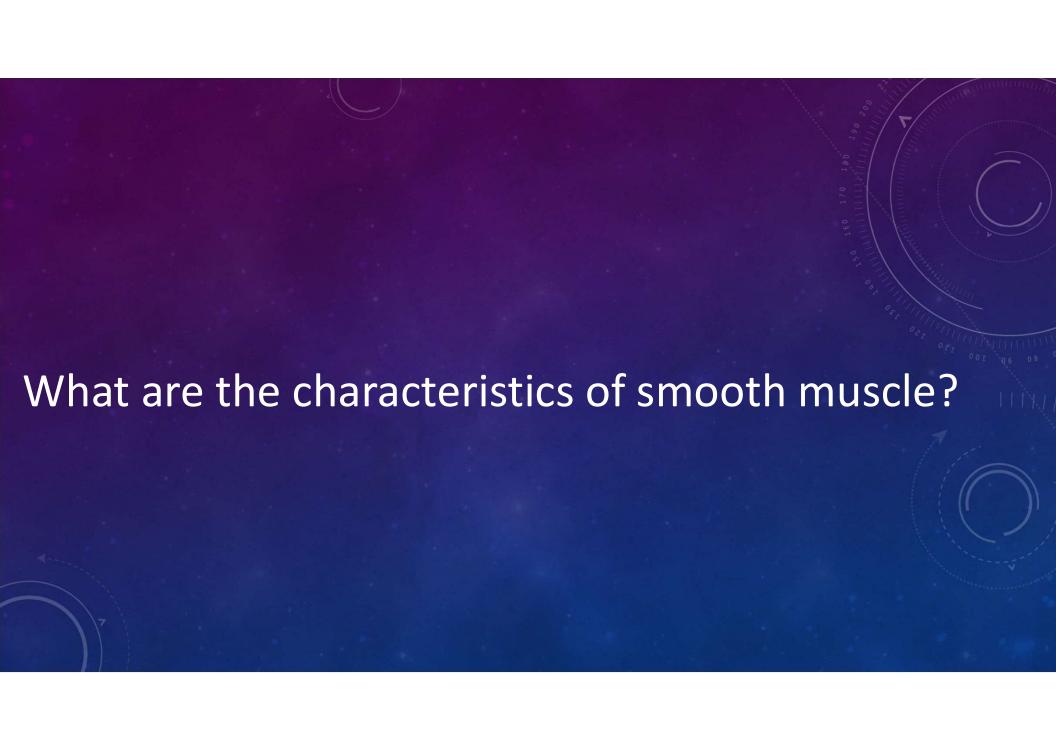
RED MUSCLE FIBRE

- High content of myoglobin
 & cytochrome
- Many mitochondria
- Rich blood supply
- Slow & continuous contraction
- Smaller in diameter
- E.g: postural muscles

WHITE MUSCLE FIBRE

- Low content of myoglobin & cytochrome
- Few mitochondria
- Poor blood supply
- Rapid contractions
- Larger in diameter
- E.g: extra ocular muscles





What are the characteristics of smooth muscle?

Smooth muscle cell shape. The smooth muscle cell is fusiform in shape. The muscle cell tapers at both ends and round at the center. Smooth muscle has great elastic properties that can easily contract and relax, which is vital to organ systems, such as the stomach. It is also important in contraction and relaxation.

The filaments. We can see the actin filaments as the red lines of smooth muscle under a microscope, and it can pass from one region of the cell to another area by joining dense bodies of the cell membrane.

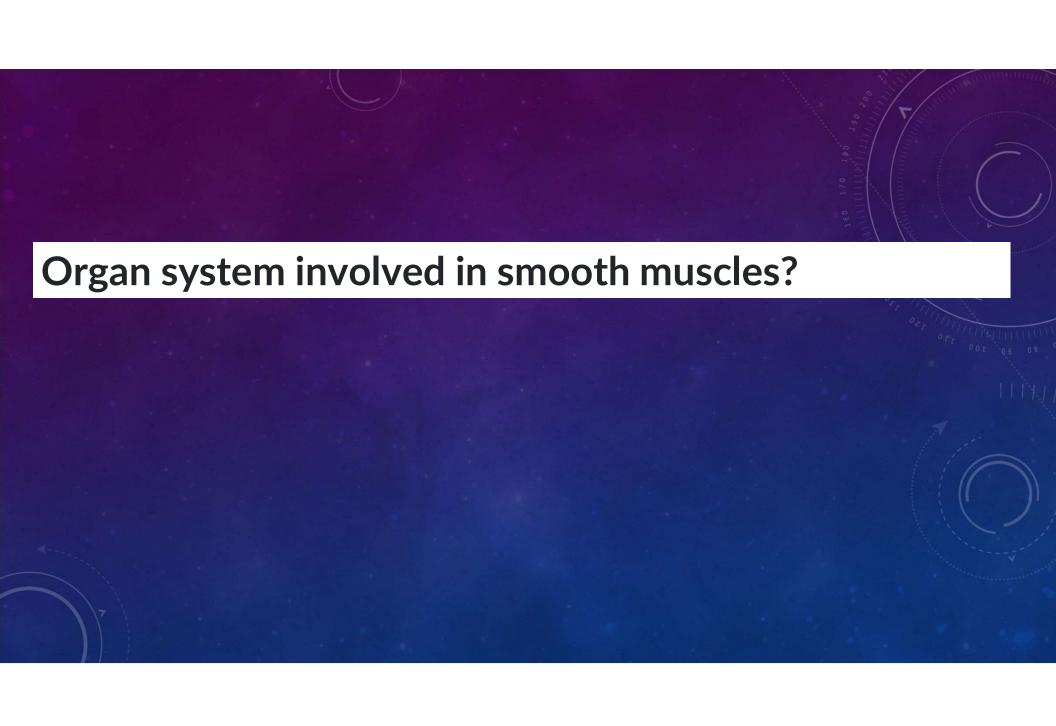
Single nucleus. The smooth muscle tissue is not striated and branched, and each cell has a single nucleus. The nucleus can be seen at the cell center and it controls all the activities within or out of the cell.

Elasticity. The smooth muscles return to normal length after stretching. They can come back to their original size as they have elasticity.

Contractility. Unlike the skeletal muscle tissues that can be contracted at will, the smooth muscle tissue is involuntarily controlled.

Lack of sarcomeres. Smooth muscles lack the sarcomeres, which are present in skeletal muscles. A sarcomere is a structural unit of myofibril that consists of dark and half of the adjacent white band. It is a characteristic feature of skeletal and cardiac muscles. Does smooth muscle have sarcomeres? The structure of smooth muscle, as compared to other muscles, lacks sarcomeres.

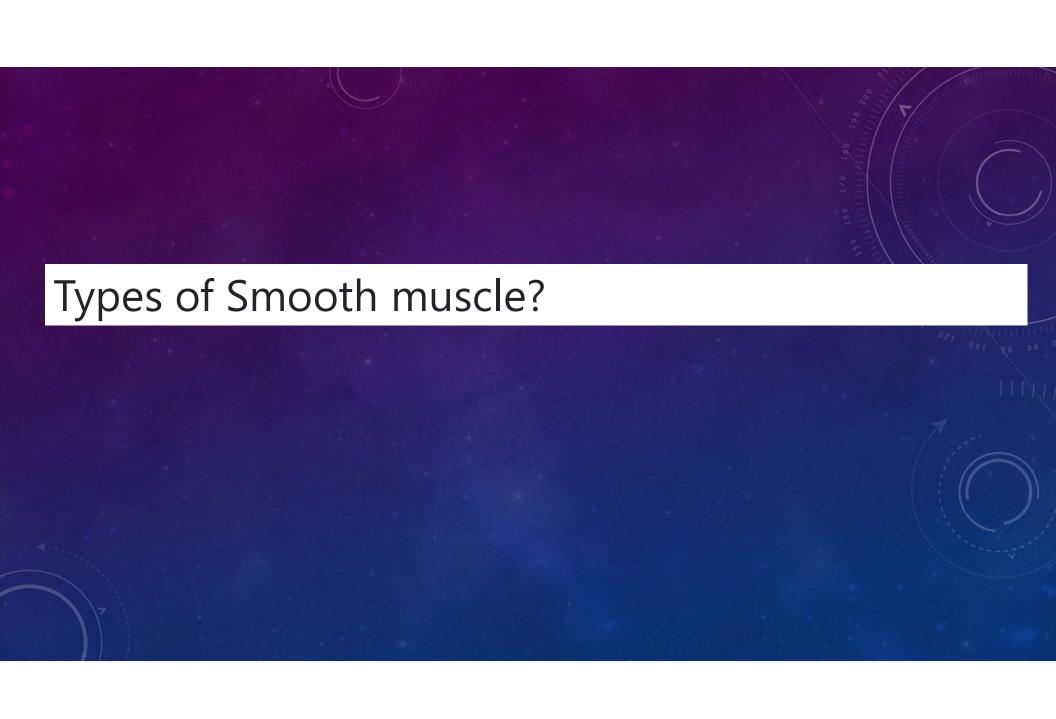
Lack of a tropomyosin complex. It <u>also lacks troponin C but has calmodulin to which calcium ions bind</u> to forming the Ca2+– calmodulin complex that activates the myosin kinase (phosphorylation enzyme).



Organ system involved in smooth muscles

Smooth muscles are present in the following organs system of the body

- •In the skin erector pili of the skin
- •In the urinary system (urinary bladder)
- •In the reproductive system (both male and female reproductive tracts)
- •In the GIT (stomach, intestine)
- •In the sensory units the eye (iris and ciliary muscle)
- •In the CVS blood vessel and lymphatic vessels



Types of Smooth muscle

Smooth muscles are of two types. They are:

- **1.Single-unit (visceral) smooth muscle:** (GIT)All the cells function collectively and simultaneously as a single unit (unitary).
- 2.Location of single-unit smooth muscle: smooth muscles are located in the internal lining of different hollow organs like the reproductive system, the urinary bladder, liver, and the circulatory system's blood vessels, where vascular smooth muscles are oriented in a circle around the vascular lumen and form numerous layers. In the eyes, they can change iris size and lens shape. It is also present in the skin, allowing the hair to stand straight in reaction to cooler conditions or worries.
- *3.Multiunit smooth muscle:* It is a type of muscle in which all the cells cannot function collectively and work independently.

<u>Location of multiunit smooth muscle:</u> such muscles are mostly located *in the lungs, the arrector pili muscles* associated with hair follicles, in the large arteries, and also the internal eye muscles controlling the entry of light and lens formation.

	Main features	Location	Type of cells	Histology
Skeletal muscle	 Fibers: striated, tubular and multi nucleated Voluntary Usually attached to skeleton 		Control of the Contro	
Smooth muscle	 Fibers: non-striated, spindle-shaped, and uninucleated. Involuntary Usually covering wall of internal organs. 			
Cardiac muscle	 Fibers: striated, branched and uninucleated. Involuntary Only covering walls of the heart. 			

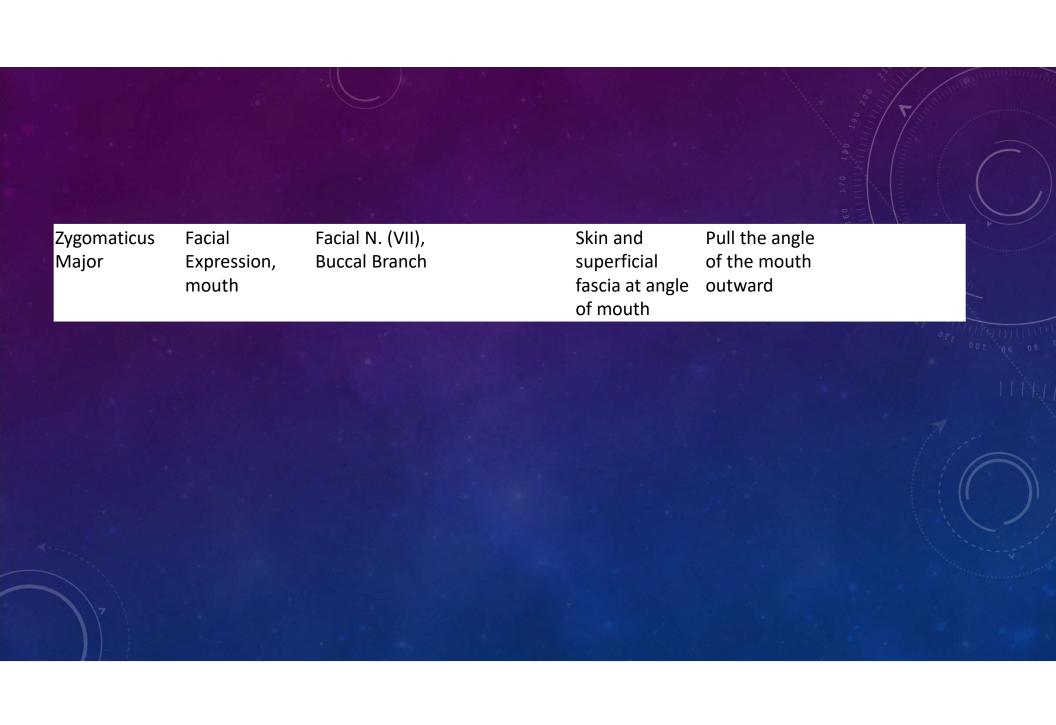
TABLE 9-1	Skeletal.	Smooth, and	Cardiac Muscle
	Direct Conty	Dillion City City	Cardia Ciria Scic

	Skeletal	Smooth	Cardiac
Location	Skeletal muscles	Hollow viscera walls, blood vessels	Heart walls
Function	Movement of bones at joints, maintenance of posture	Viscera movement, peristalsis, vasoconstriction	Heart pumping
Striations	Present	None	Present
Nucleus	Many nuclei	Single nucleus	Single nucleus
Features	Good transverse tubule systems	No transverse tubules	Good transverse tubule systems, intercalated discs separating adjacent cells
Control	Voluntary	Involuntary	Involuntary
Contraction	Rapid contraction and relaxation	Slow contraction and relaxation, self-exciting, rhythmic	Cell network contracts as a unit, self-exciting, rhythmic

Muscles as Movers

Muscle Type	Muscle Function	Exercise	Muscle(s) Used
Agonist	Prime mover	Chest press Overhead press Row Squat	Pectoralis major Deltoid Latissimus dorsi Gluteus maximus, quadriceps
Synergist	Assist prime mover	Chest press Overhead press Row Squat	Anterior deltoid, triceps Triceps Posterior deltoid, biceps Hamstring complex
Stabilizer	Stabilize while prime mover and synergist work	Chest press Overhead press Row Squat	Rotator cuff Rotator cuff Rotator cuff Transversus abdominis
Antagonist	Oppose prime mover	Chest press Overhead press Row Squat	Posterior deltoid Latissimus dorsi Pectoralis major Psoas

M	USCLE NAME	ORIGIN	INSERTION	ACTION	NERVE SUPPLY/ NOTES
Musc	les of the Head a	nd Neck:			
- silat Frontalis		Galea aponeurotica	Skin of eyebrows	raises eyebrows; wrinkles skin of forehead	Facial
Occipito- frontalis	Occipitalis	Occipital & temporal	galea aponeurotica	fixes aponeurosis and pulls scalp posteriorly	Facial
Orbio	cularis oculi	Frontal & maxillary bones	Eyelids	Closes eye; blinking, squinting; draws eyebrows inferiorly	Facial
Orbio	cularis oris	Maxilla & mandible	Muscle and skin of mouth	Closes lips; purses and protrudes lips (as in kissing)	Facial
Bucci	nator	Maxilla and mandible	Orbicularis oris	Draws corner of mouth laterally; compresses cheek (whistling, sucking); holds food between teeth	Facial
Mass	eter	Zygomatic arch and maxilla	Body and ramus of mandible	Prime mover of mandible elevation	Trigeminal (Mandibular Branch)
Temp	oralis	Temporal fossa	Coronoid process of mandible	Elevates, retracts and moves mandible side-to-side	Trigeminal (Mandibular Branch)
Sternocleidomastoid Sternum & clavicle		Committee of the State of the S	Mastoid process	Each turns head toward opposite side or tilts head laterally; together, flex head on chest	Accessory, Cervical Spinal Nerves (2-4)
Platysma Fascia of chest		Fascia of chest	Lower margin of mandible and skin of mouth	Depresses mandible (agonist); pulls lip down and back; tenses skin of neck	Facial



EYES MUSCLES				
Inferior Oblique			Pulls the eyeball UP (NOT down!) on a MEDIALLY ROTATED eye. And, it ABDUCTS the eyeball.	
Inferior Rectus		Oculomotor N. (III), inferior division	Rotates the eyeball downward	
Lateral Rectus	Eye, oculomotor	Abducens N. (VI)	Abducts the eyeball	
Medial Rectus	•	Oculomotor N. (III), Inferior Division	Adducts the eyeball	
Superior Oblique	Eye, oculomotor		ABDUCTS the eyeball.	Its tendon goes through a TROCHLEA, on the superoMEDIAL margin of the frontal bone. Then the tendon attaches to the underside of the eyeball, thus explaining its action.
Superior Rectus	•	Oculomotor N. (III), Superior Division	Rotates the eyeball upward	

٨	MUSCLE NAME	ORIGIN	INSERTION	ACTION	NERVE SUPPLY/ NOTES
Muse	cles of the Thorax,	Shoulder, and	Abdominal Wall:		
	fossa)		Stabilizes shoulder (helps prevent downward dislocation); assists in abduction	Suprascapular	
r Cuff	Infraspinatus (rotator cuff)	Scapula (infraspinous foss)	Greater tubercle	Holds head of humerus in glenoid cavity; stabilizes shoulder; rotates humerus laterally	Suprascapular
Rotator	Subscapularis (rotator cuff)	Subscapular fossa	Lesser tubercle	Medially rotates humerus; helps hold humerus in glenoid cavity	Subscapular nerve
	Teres minor (rotator cuff)	Lateral dorsal scapula	Greater tubercle	Holds head of humerus in glenoid cavity; stabilizes shoulder; rotates humerus laterally; adducts arm at shoulder	Axillary
Tere	es major	Posterior inferior scapula	Intertubercular groove	Extends, medially rotates, adducts humerus (synergist of latissimus dorsi)	Lower subscapular
Pect	oralis major	Medial clavicle; sternum; costal cartilages 1-6	Intertubercular groove	Prime mover of arm flexion at shoulder; rotates arm medially; adducts arm against resistance; pulls ribs upward	Pectoral muscles
Pect	oralis minor	Ribs 3-5 (or 2- 4)	Coracoid process of scapula	Draws scapula forward and down (with ribs fixed); draws ribs up (with scapula fixed)	Pectoral nerves
Serr	atus anterior	Ribs 1-8 (or 9)	Vertebral border of scapula	Protracts and holds scapula against ribs; rotates scapula laterally and upward; raises point of shoulder; boxer's muscle	Long thoracic nerve

			Ú	
MUSCLE NAME	ORIGIN	INSERTION	ACTION	NERVE SUPPLY/ NOTES
Muscles of the Thorax,	Shoulder and A	bdominal Wall (con	tinued):	
Deltoid	Clavicle; acromion & spine	Deltoid tuberosity	Abduction, flexion and extension of arm at shoulder; medial rotation (anterior); lateral rotation (posterior)	Axillary
Trapezius	Occipital bone; cervical vertebrae	Acromion and spine of scapula; clavicle	Stabilizes, retracts, raises, rotates scapula; extends with scapula fixed	Accessory and cervical spinal nerves
Latissimus dorsi	Spines of lower thoracic & lumbar vertebrae	Intertubercular groove	Arm adduction, medial rotation and extension at shoulder; depresses scapula; brings arm down in power stroke	Thoracodorsal nerve
Internal intercostal muscles	Superior border of rib below	Inferior border of rib above	Pull down on rib for forced expiration	Intercostal nerves
External intercostal muscles	Inferior border of rib above	Superior border of rib below	Pull up on rib for inspiration	Intercostal nerves
Diaphragm	Ribs, sternum, costal cartilages	Central tendon	Increase size of thoracic cavity for inspiration	Phrenic
External oblique	Lower 8 ribs	Linea alba (some to pubic crest and iliac crest)	Individually, flex vertebral column laterally or rotate trunk; together, aid flexion of vertebral column; increase intra-abdominal pressure	Intercostal nerves
Internal oblique	Lumbar fascia, iliac crest	Linea alba (to pubic crest and iliac crest)	Individually, flex vertebral column laterally or rotate trunk; together, aid flexion of vertebral column; increase intra-abdominal pressure	Intercostal nerves

MUSCLE NAME	ORIGIN	INSERTION	ACTION	NERVE SUPPLY/ NOTES
Muscles of the Thorax,	Shoulder and A	bdominal Wall (con	tinued):	.,
Transversus abdominis	Inguinal ligament; last 6 costal	Linea alba; pubic crest	increase intra-abdominal pressure	Intercostal nerves
Rectus abdominis	Pubic crest and symphysis	Sternum & 5-7 costal cartilages	Flex and rotate lumbar vertebral column; stabilize pelvis during walking; increase intra-abdominal pressure	Intercostal nerves
Rhomboids	Spinous processes of C7 -T5	Medial border of scapula	Retracts scapula; rotates scapula downward (when arm is lowered against resistance; paddling muscle); stabilizes	Dorsal scapular nerve

Sternocleidomastoid	Sternum & clavicle	Mastoid process	Each turns head toward opposite side or tilts head laterally; together, flex head on chest	Accessory, Cervical Spinal Nerves (2-4)
Platysma	Fascia of chest	Lower margin of mandible and skin of mouth	Depresses mandible (agonist); pulls lip down and back; tenses skin of neck	Facial
Trapezius	Occipital bone; cervical vertebrae	Acromion and spine of scapula; clavicle	Stabilizes, retracts, raises, rotates scapula; extends with scapula fixed	Accessory and cervical spinal nerves

Sternocleidomastoid	Neck	Spinal Accessory (XI), Spinal Root	Mastoid Process of Temporalis Bone	Sternum and Clavicle	It's a BRANCHIAL muscle, innervated by SVE fibers; Divides anterior and posterior triangles of neck
Trapezius	Neck	Spinal Accessory (XI), Spinal Root		Clavicle, Acromion, Scapula	It's a BRANCHIAL muscle, innervated by SVE fibers

rys:	197	100		00
Splenius Capitus	Suboccipital, Superficial	Cervical Spinal Nerves	Ligamentum Nuchae, Spinous Processes C7-T3	Occipital Bone near Mastoid Process

Muscles of the Pelvis and Lower Appendage That Act on the Thigh and Upper Leg

Iliopsoas	Iliacus	iliac fossa and crest; sacrum	femur below lesser trochanter	prime mover of thigh flexion at hip	Femoral	
	Psoas major	lumbar vertebrae	lesser trochanter	prime mover of thigh flexion at hip; lateral flexion of vertebral column; posture	Femoral	
Gluteus maximus		Dorsal ilium; sacrum; coccyx	Gluteal tuberosity; iliotibial tract	Major thigh extensor, especially when thigh is flexed (as in climbing); laterally rotates & abducts thigh	Inferior gluteal	
Gluteus medius		Lateral ilium	Greater trochanter	Thigh abduction; medial thigh rotation; stabilizes hip when walking	Superior gluteal	

Muscles of the Upper	Appendage (Arm)	that act on the Fo	orearm:	
Biceps brachii	Coracoid process; tubercle over glenoid cavity	Radial tuberosity	Flexes and supinates arm at elbow; weak flexor at shoulder	Musculocutaneous
Brachialis	Front of distal humerus	Coronoid process	Flexes arm at elbow	Musculocutaneous
Brachioradialis	Supracondylar ridge humerus	Styloid process of radius	Synergist of arm flexion at elbow; stabilizes elbow (rapid movements)	Radial nerve
Triceps brachii	Scapula; humerus	Olecranon process	Extends arm at elbow; assists arm adduction	Radial

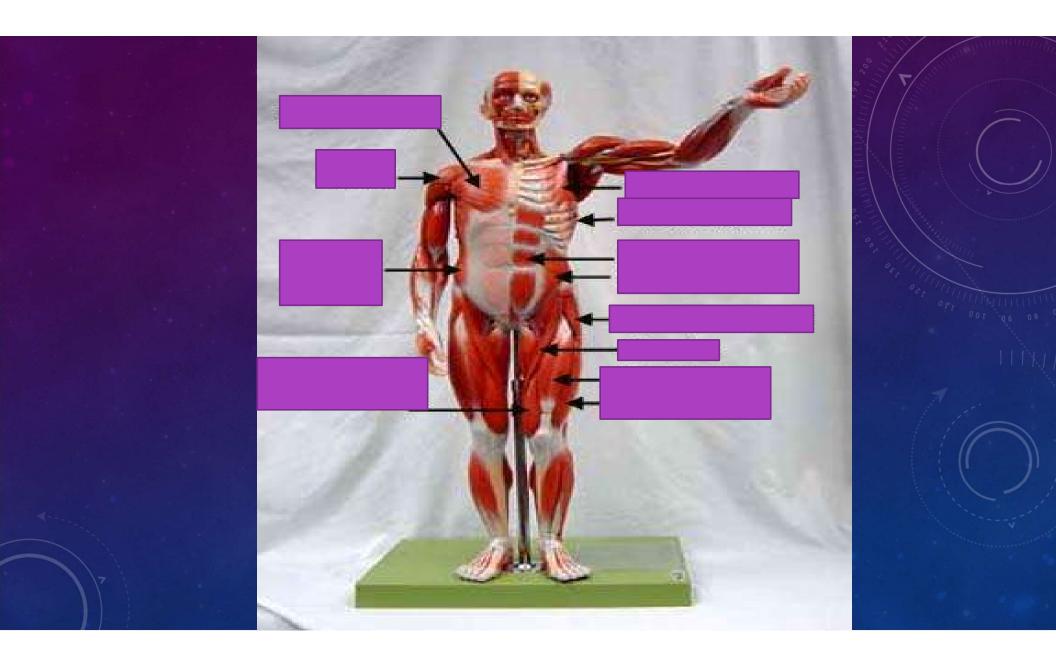
MUSCLE NAME	ORIGIN	INSERTION	ACTION	NERVE SUPPLY/ NOTES	
Muscles of the Upper Appendage (Arm) that act on the Forearm (continued):					
Supinator	Lateral epicondyle	Proximal radius	Supinates forearm	Radial (Posterior interosseous)	
Pronator teres	Medial epicondyle; coronoid process	Lateral radius (midshaft)	Pronates forearm; weak elbow flexor	Median	
Anconeus	Lateral epicondyle	Olecranon process	Abducts ulna during pronation; aids elbow extension	Radial	
Coracobrachialis	Coracoid process	Medial humerus	Flexion and abduction of humerus	Musculocutaneous	
Muscles of the Upper	Appendage (Fored	irm) that act on th	ne Wrist, Hand, and Fingers:		
Flexor carpi ulnaris	Medial epicondyle; olecranon process	Carpals; 5 th metacarpals	Flexes wrist; adducts hand (with extensor carpi ulnaris); stabilizes wrist for finger extension	Ulnar	
Palmaris longus	Medial epicondyle	Palmar aponeurosis	Weak wrist flexor; weak synergist of elbow flexion; not present in all people	Median	
Flexor carpi radialis	Medial epicondyle	Base of 2 nd & 3 rd metacarpals	Flexes wrist; abducts wrist; weak synergist of elbow flexion	Median	
			To a second seco		

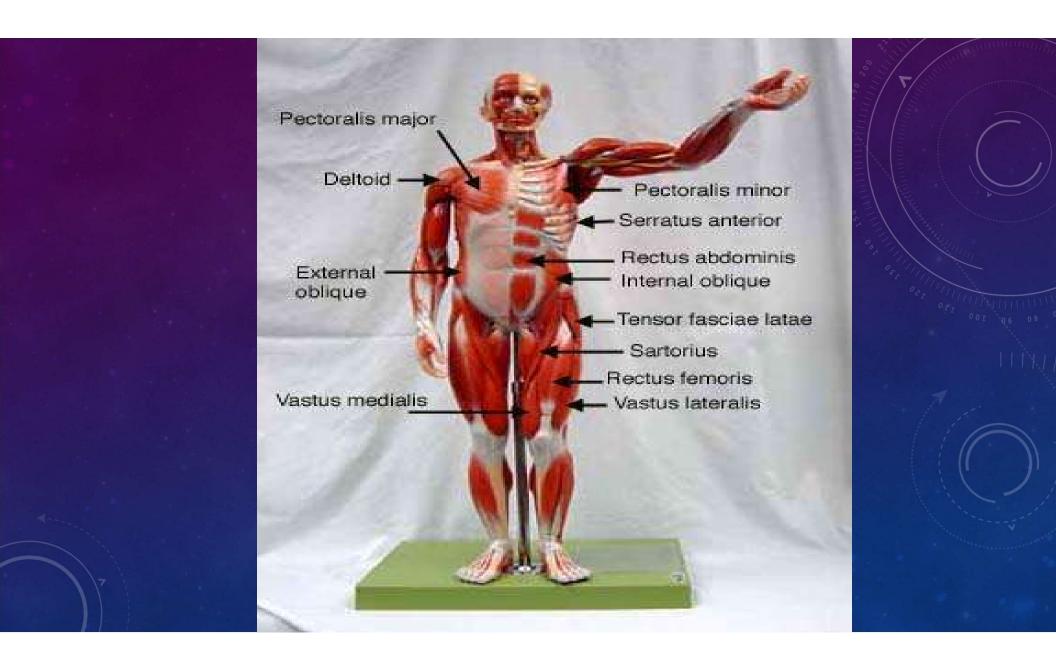
Muscles of the Upper Appendage (Forearm) that act on the Wrist, Hand, and Fingers (continued):					
Flexor digitorum superficialis	Medial epicondyle; coronoid	Middle phalanges 2-5	Flexes wrist and middle phalanges of digits 2-5 (fast acting)	Median	
Extensor carpi ulnaris	Lateral epicondyle	Base of 5 th metacarpal	Extends wrist; adducts wrist	Radial (Posterior interosseous)	
Extensor digitorum	Lateral epicondyle	Distal phalanges 2-5	Extends digits, weak wrist extensor; abducts (flares) fingers	Radial (posterior interosseous)	
Flexor pollicis longus	Radius; interosseous membrane	Distal thumb phalan×	Flexes distal phalanx of thumb	Median	
Flexor digitorum profundus	Coronoid process anterior ulna	Distal phalanges of 2-5	Flexes digits (slow); weak synergist of wrist flexion	Ulnar (medial half); median (lateral half)	
Pronator quadratus	Distal ulna	Distal anterior radius	Prime mover of forearm pronation	Median	
Extensor carpi radialis longus	Lateral supracondylar ridge	Base of 2 nd metacarpal	Extends wrist; abducts wrist (with flexor radialis)	Radial	
Extensor carpi radialis brevis	Lateral epicondyle	Base of 3 rd metacarpal	Extends wrist; abducts wrist; steadies wrist during finger extension	Radial	

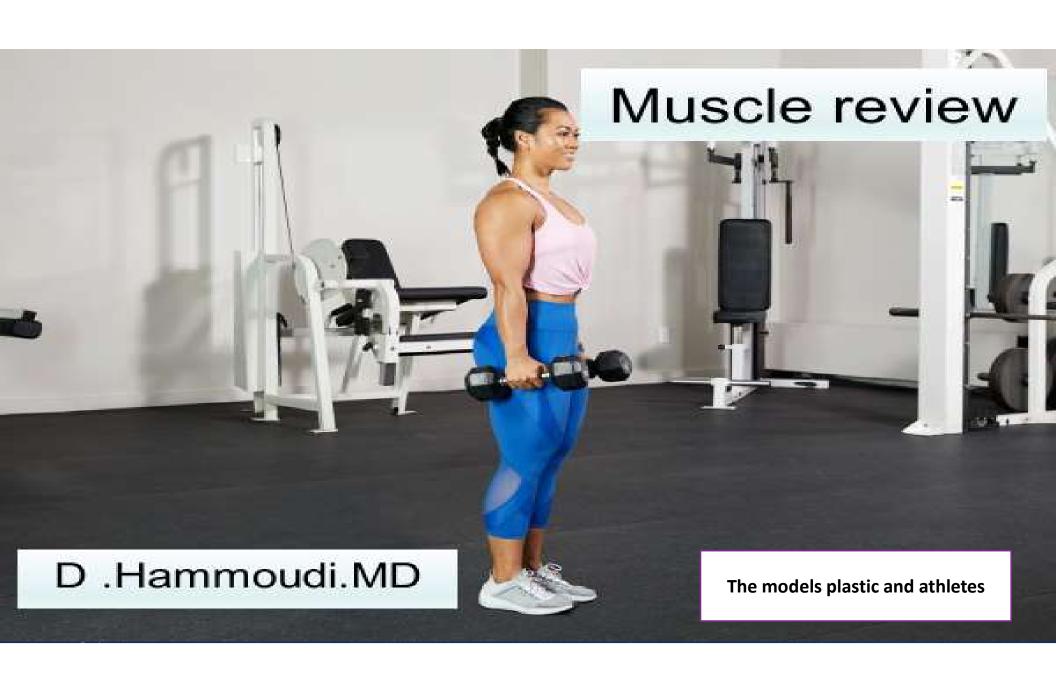
Muscles of the Lower Appendage (Thigh) that act on the Knee:

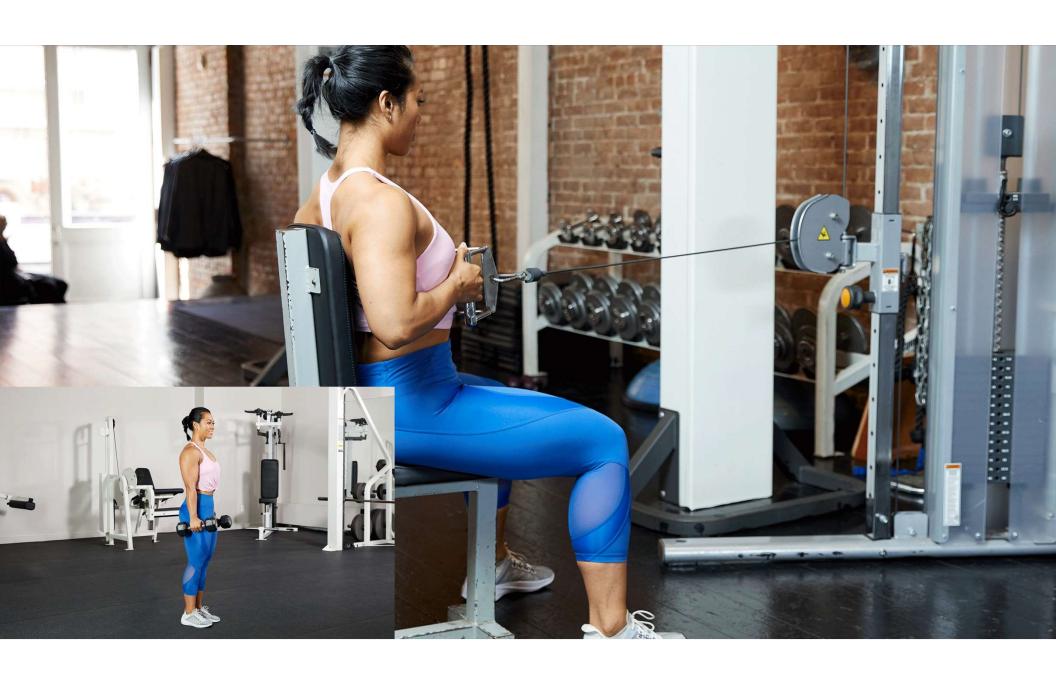
Hamstrings	Biceps femoris	Ischial tuberosity / linea alba	Lateral condyle of tibia; fibula	Extends thigh, flexes knee; laterally rotates leg	(branch) Tibial
	Semimembranosus	Ischial tuberosity	Medial proximal tibia	Extends thigh, flexes knee; medially rotates leg	(branch) Tibial
	Semitendinosus	Ischial tuberosity	Medial proximal tibia	Extends thigh, flexes knee; medially rotates leg	(branch) Tibial
Quadriceps femoris	Rectus femoris	Anterior inferior iliac spine	Tibial tuberosity via patellar ligament	Extends knee; flexes thigh on hip	Femoral
	Vastus lateralis	Greater trochanter; linea aspera	Tibial tuberosity via patellar ligament	Extends knee; stabilizes knee	Femoral
	Vastus intermedius	linea aspera	Tibial tuberosity via patellar ligament	Extends knee; stabilizes knee	Femoral
	Vastus medialis	Anterolateral proximal femur	Tibial tuberosity via patellar ligament	Extends knee; stabilizes knee	Femoral

Muscles of the Lower Appendage (Thigh) that act on the Knee (continued):						
Sartorius		Anterior superior iliac spine	Medial proximal tibia	Flexes abducts, laterally rotates knee; tailor's muscle	Femoral	
	Adductor magnus	Ischial tuberosity; pubis	Linea aspera; adductor tubercle	Anterior: adducts, medially rotates thigh; flexes thigh Posterior: extends thigh	Obturator	
Adductors	Adductor longus	Pubis	Linea aspera	Adducts, flexes thigh, medially rotates thigh	Obturator	
	Gracilis	Pubis, ischium	Medial tibia	Adducts, flexes and medially rotates thigh; flexes knee	Obturator	
Mu	Muscles of the Lower Appendage (Leg) that act on the Knee:					
Triceps surae	Gastrocnemius	Medial & lateral femoral condyles	Calcaneus	Plantar flexes foot when knee is extended; flexes knee when foot is dorsiflexed	(branch) Tibial	
	Soleus	Tibia, fibula	Calcaneus	Plantar flexes	(branch) Tibial	
Tibialis anterior		Tibia, interosseous membrane	Medial cuneiform; 1 st metatarsal	Dorsiflexes and inverts foot	(branch) Common Fibular	

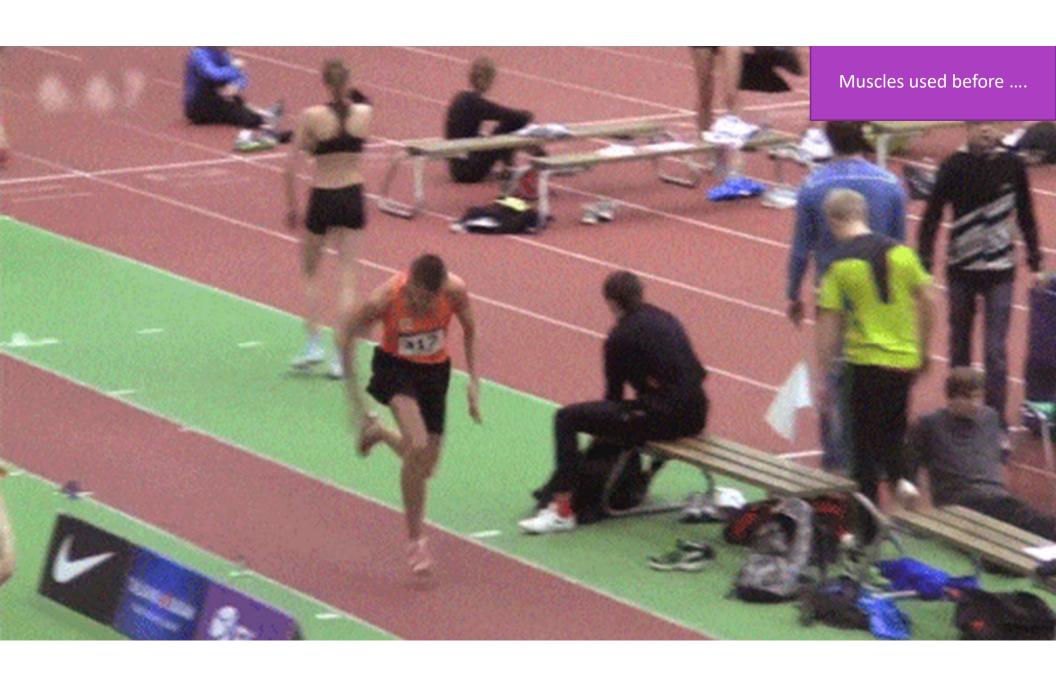


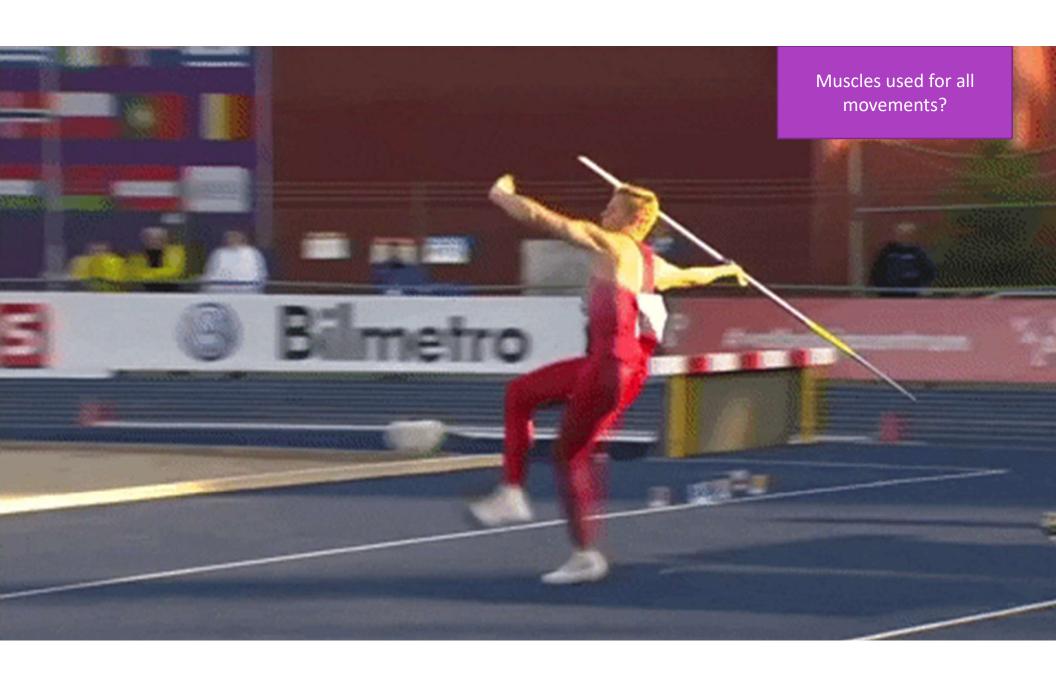


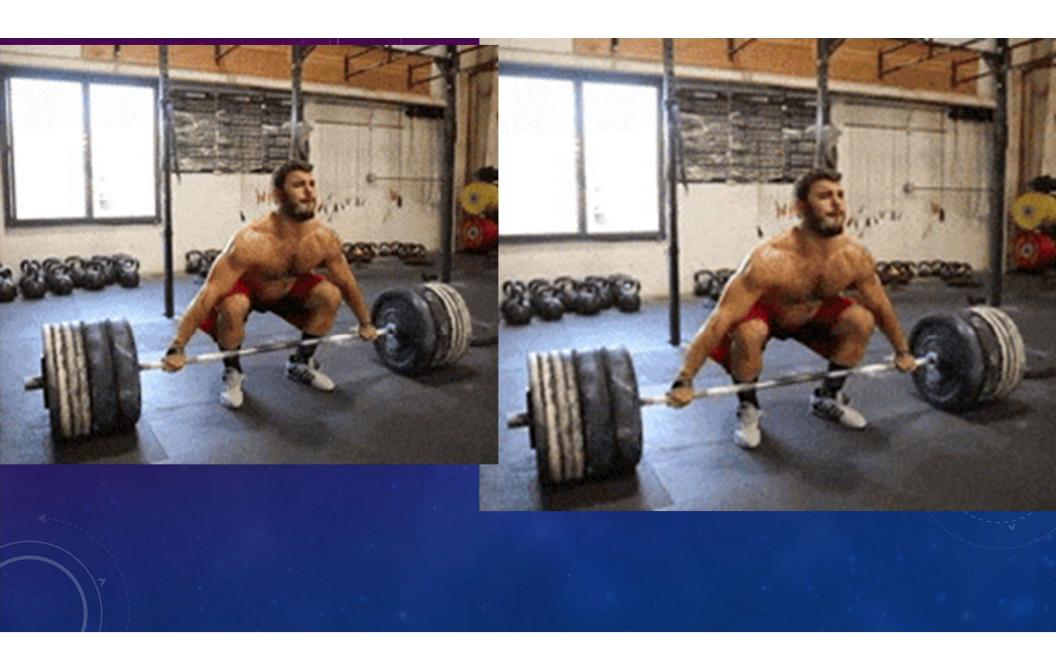


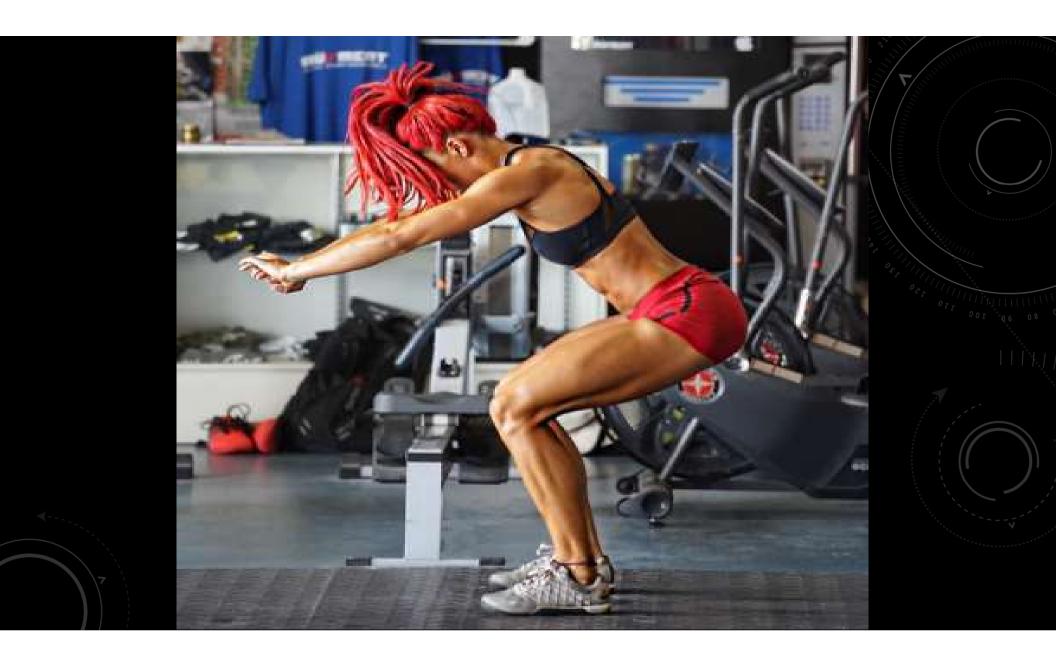


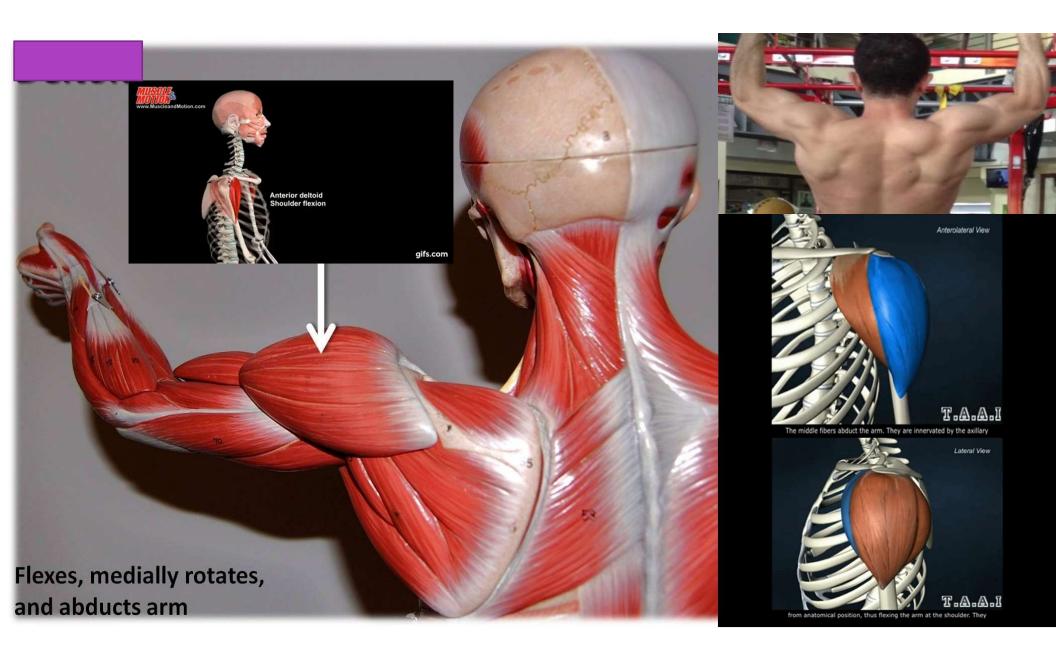


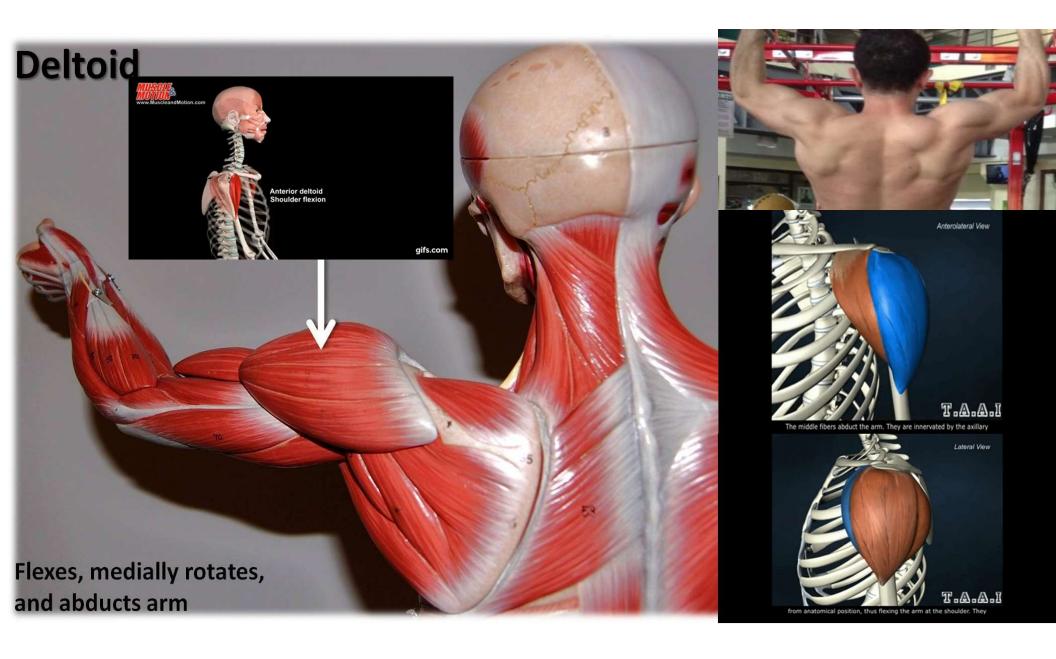


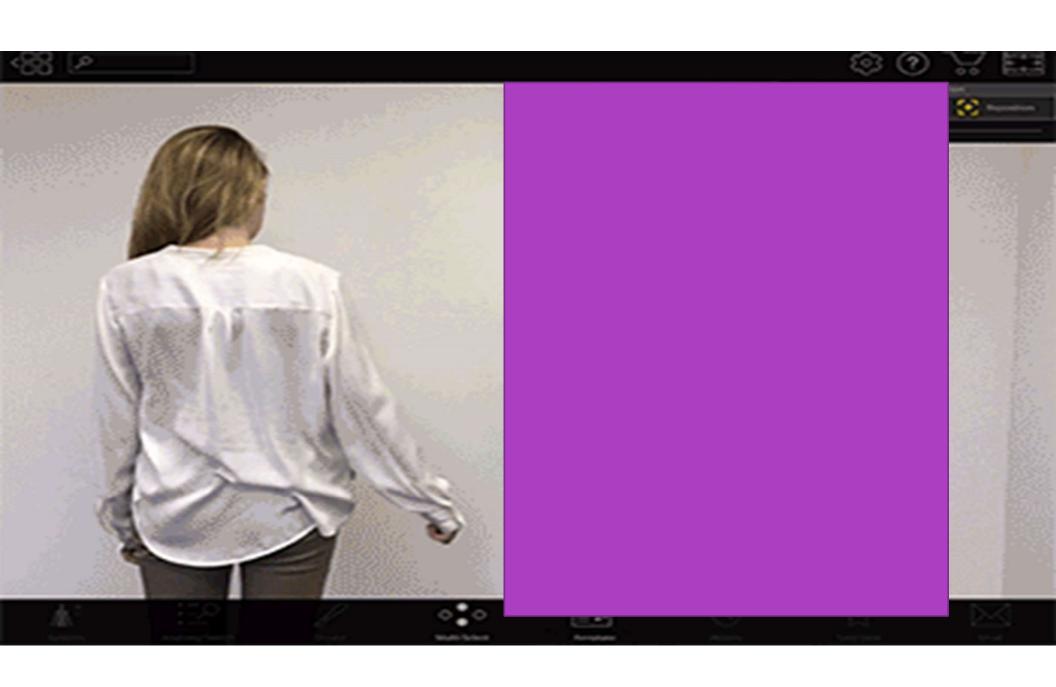


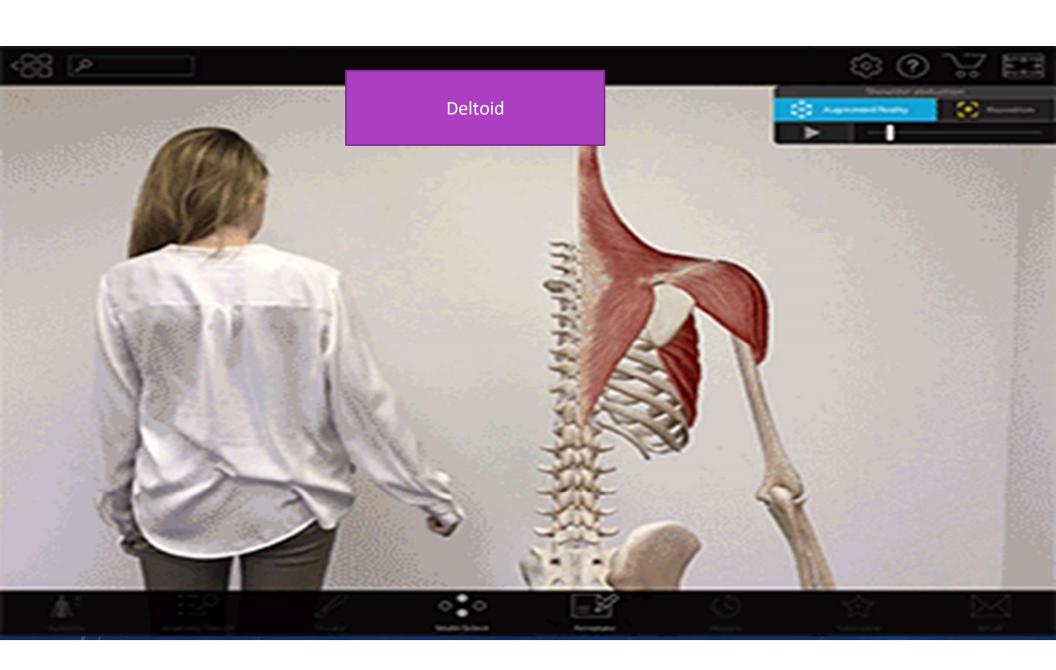


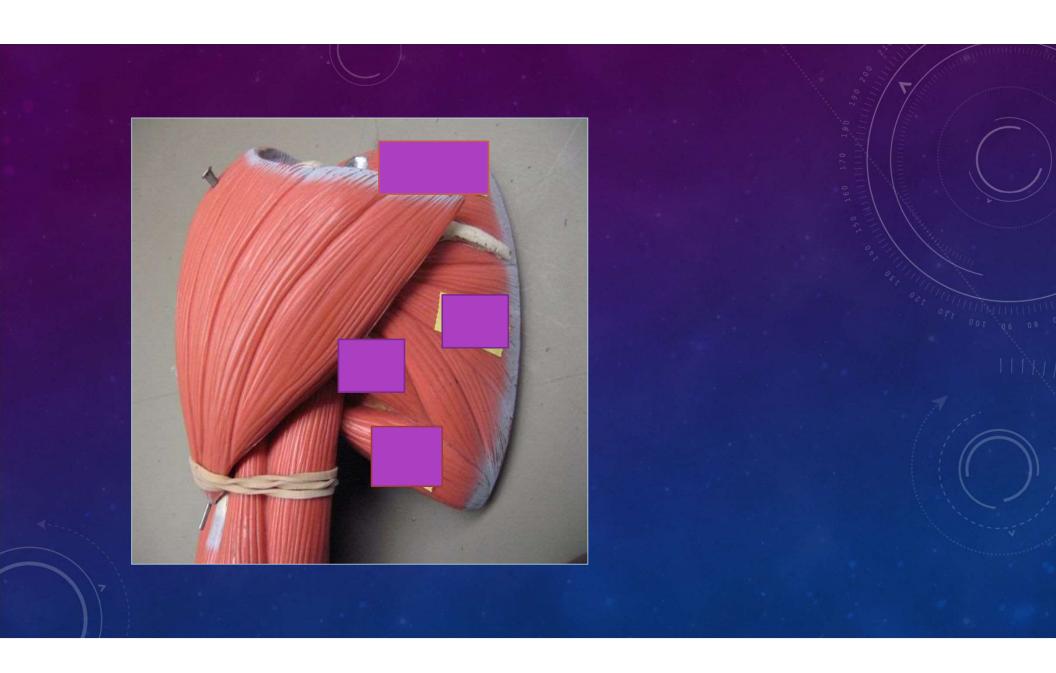


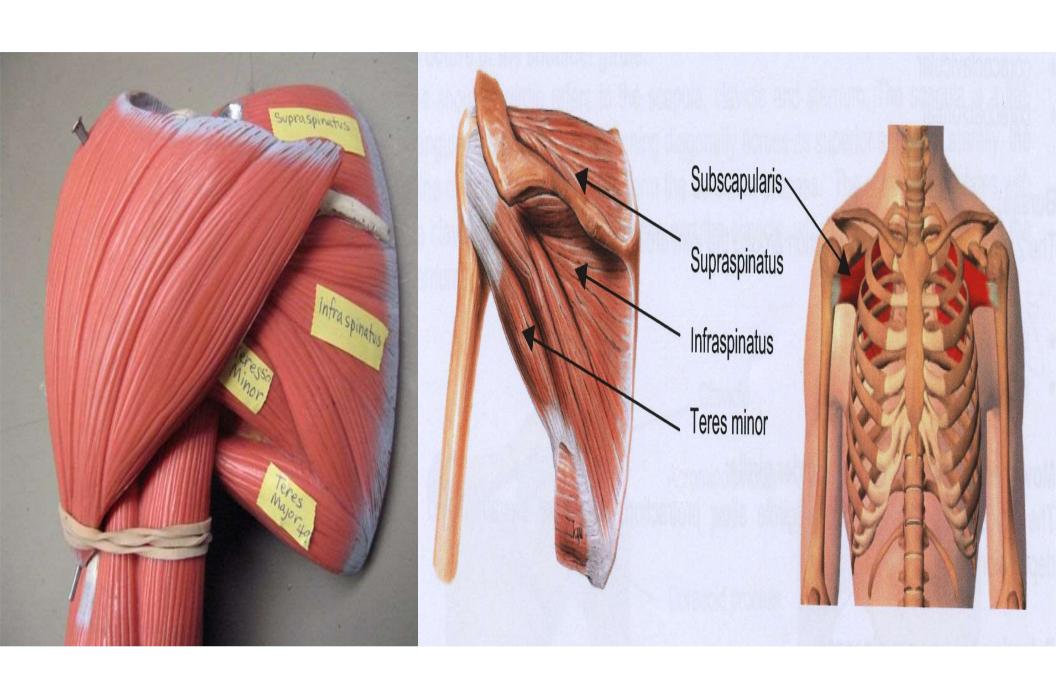


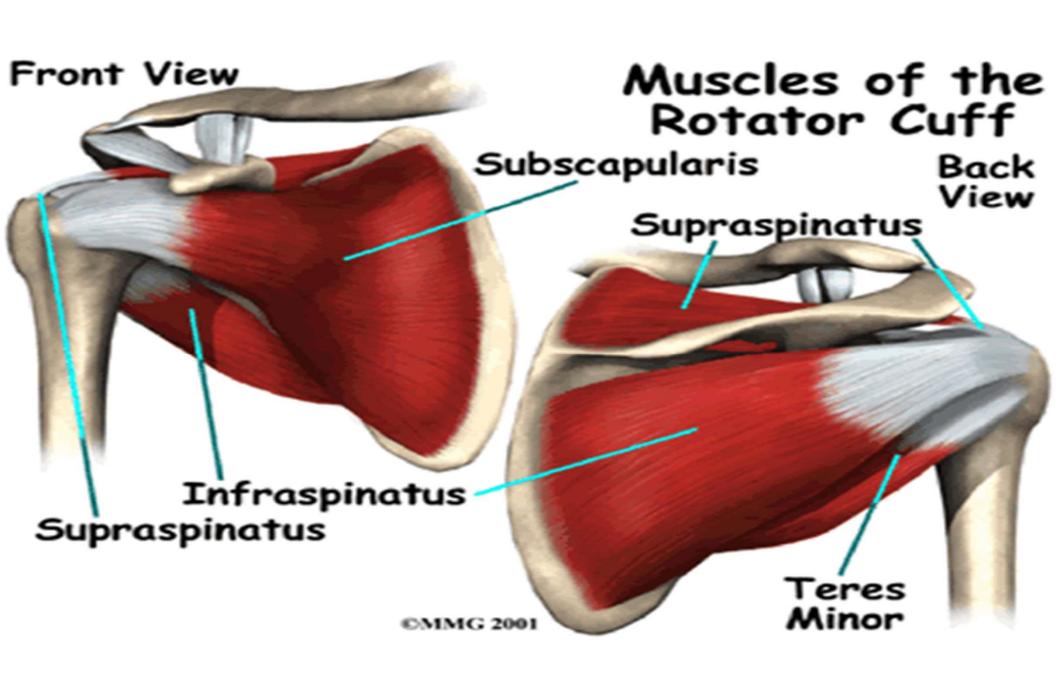


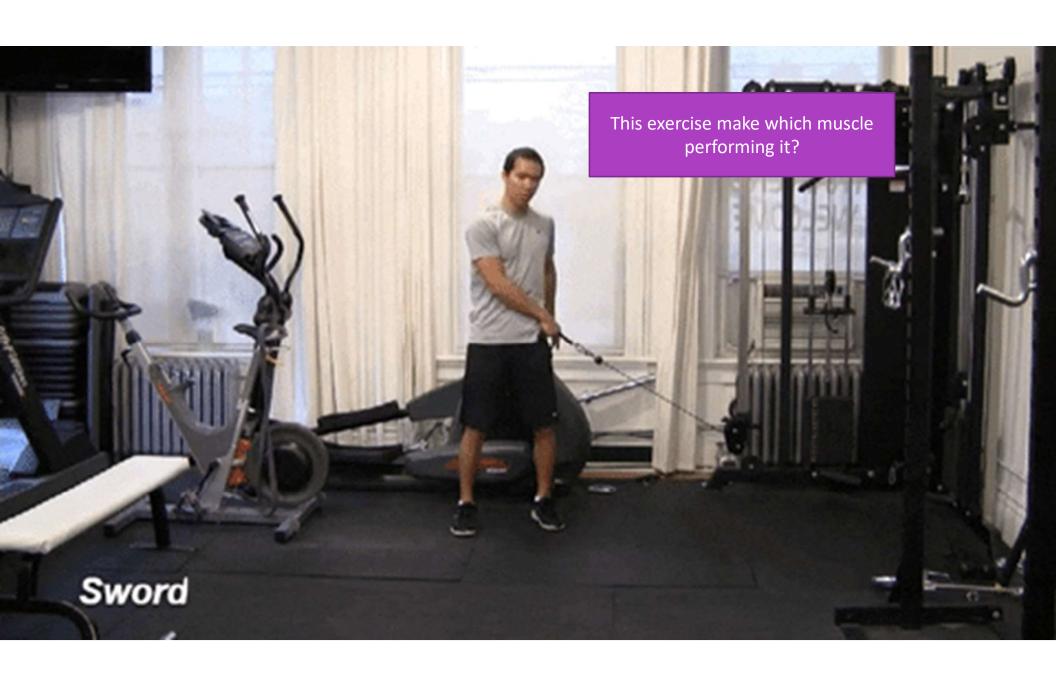


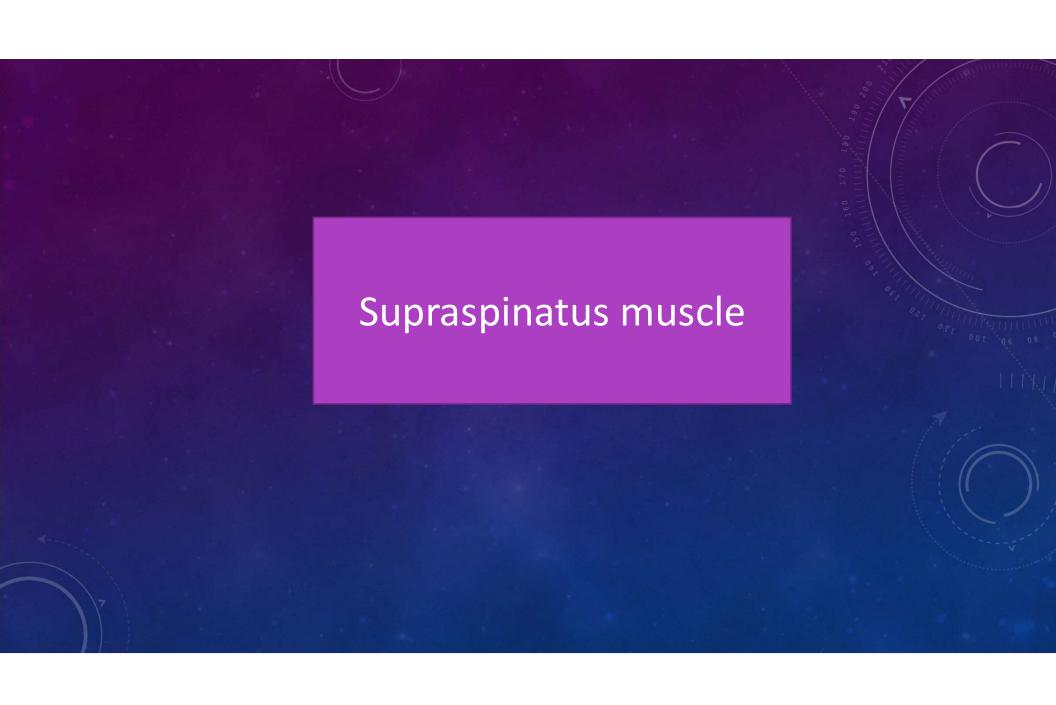


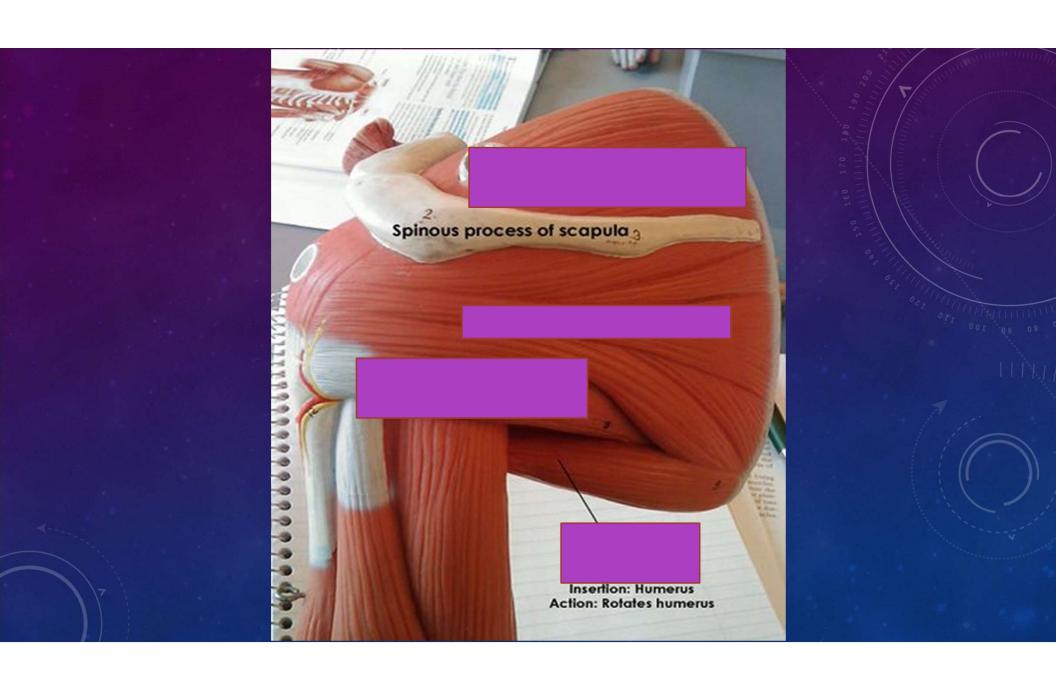


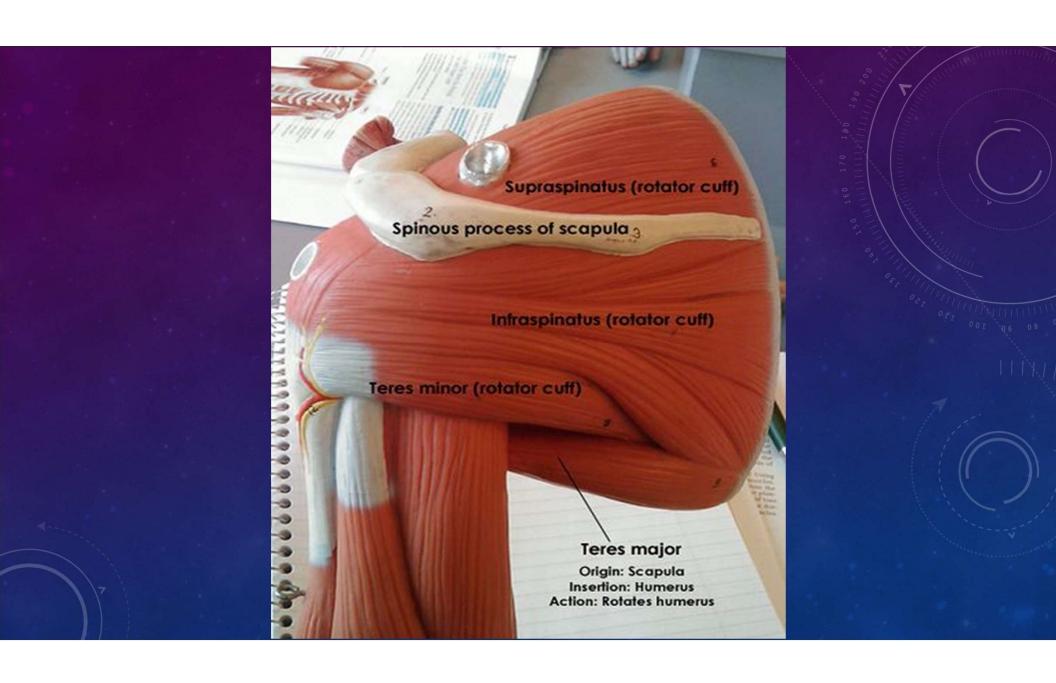




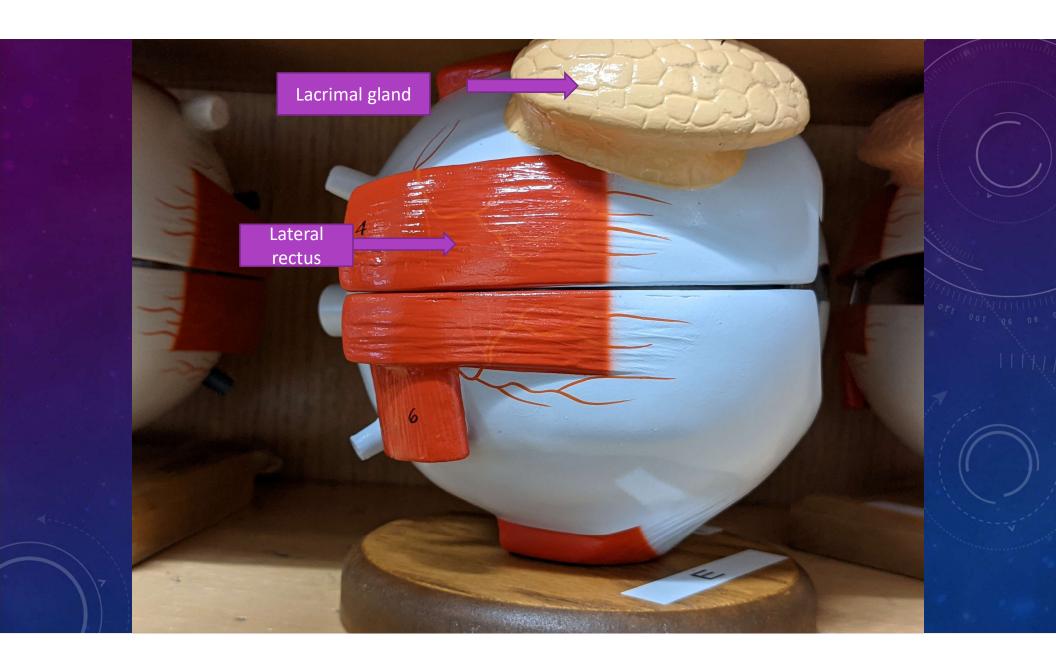


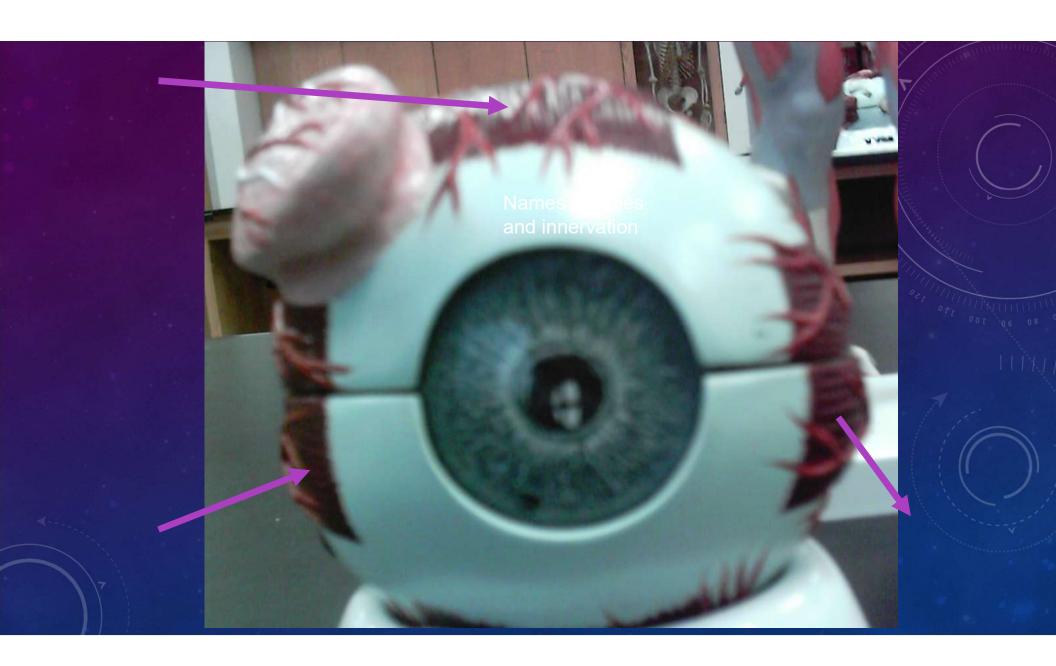


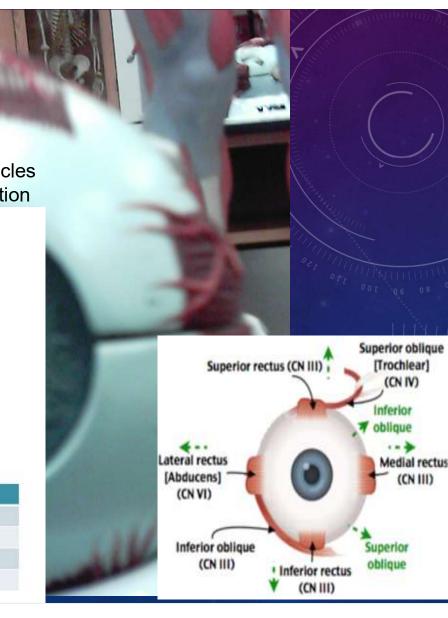


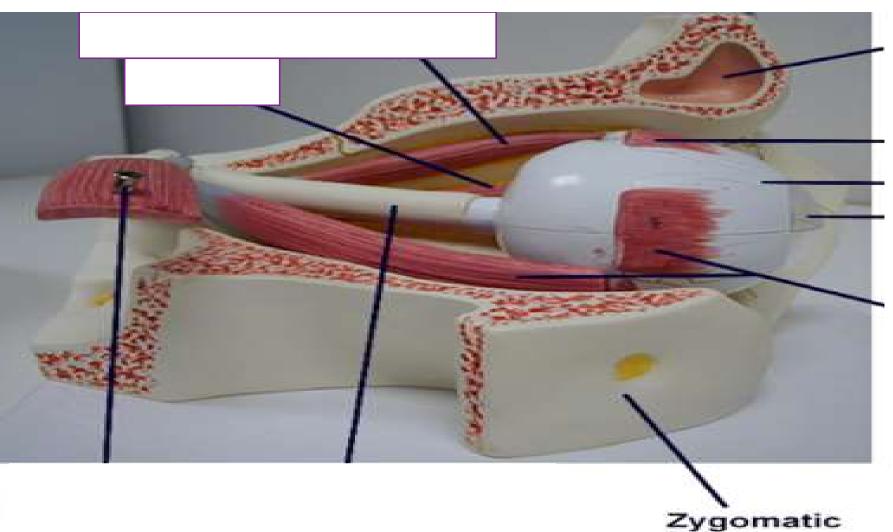




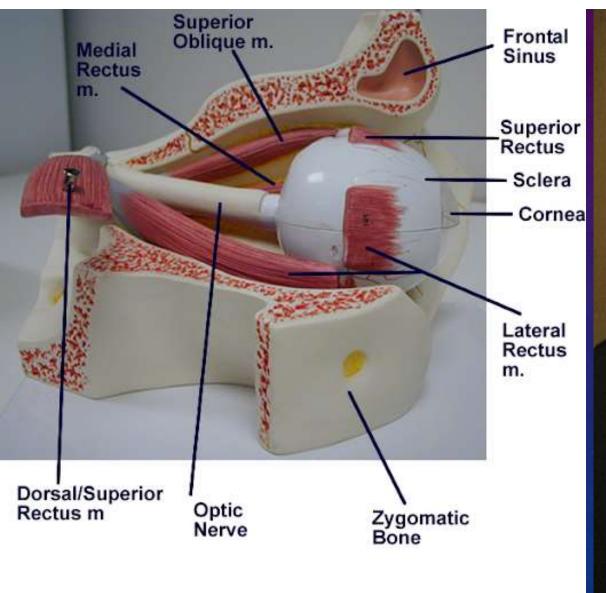


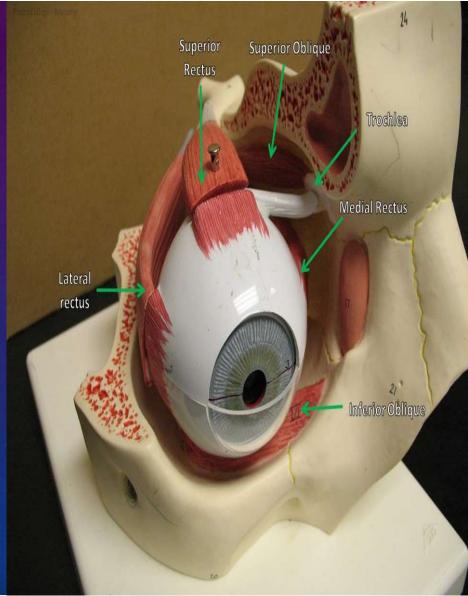




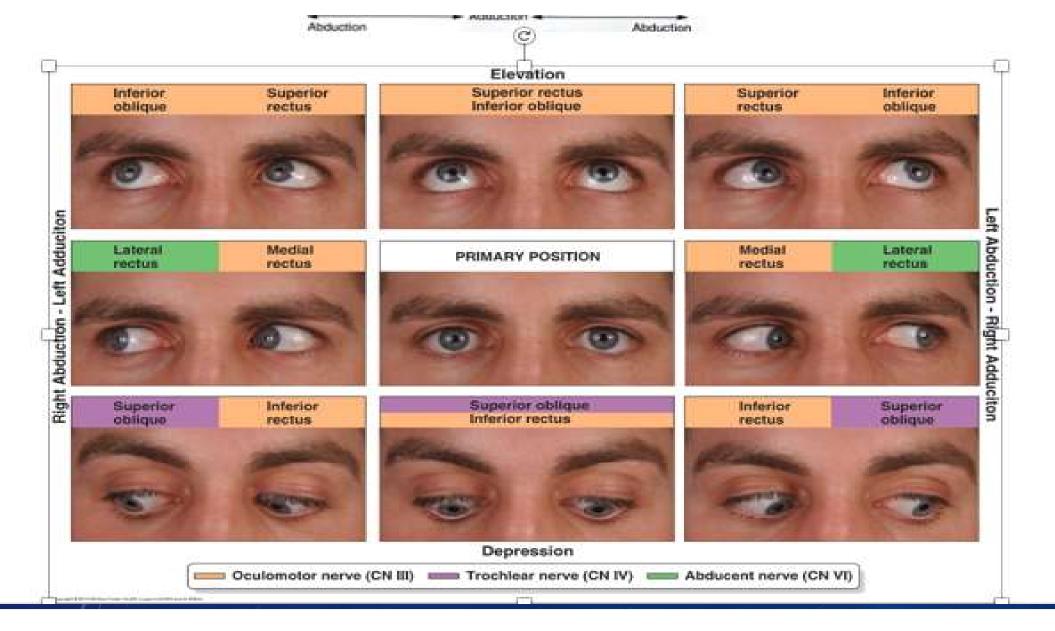


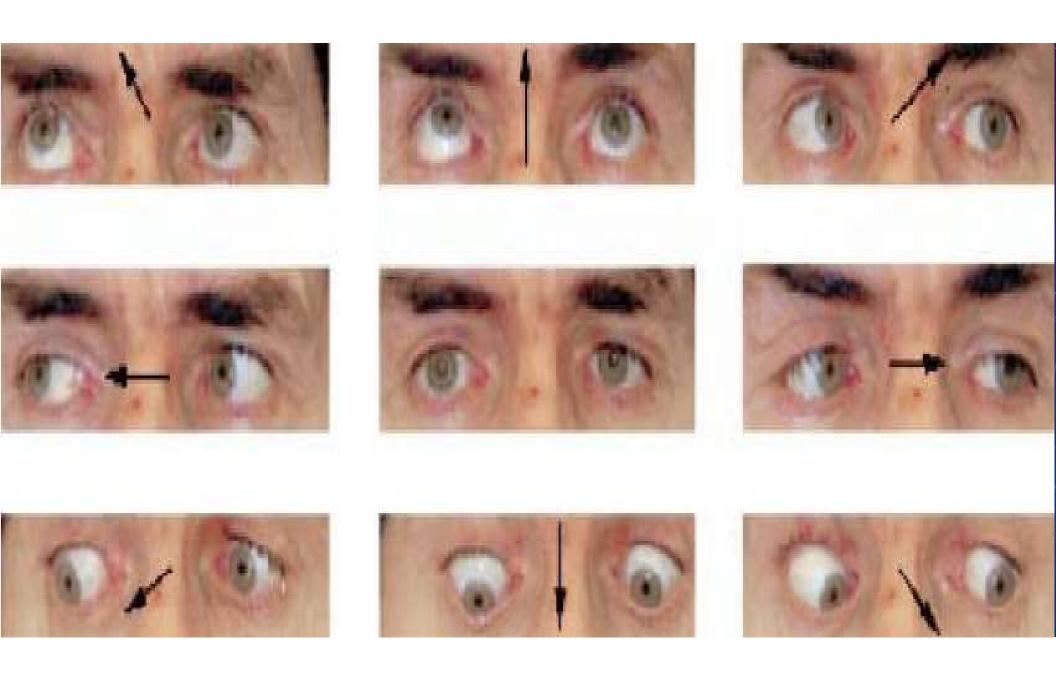
Zygomatic Bone



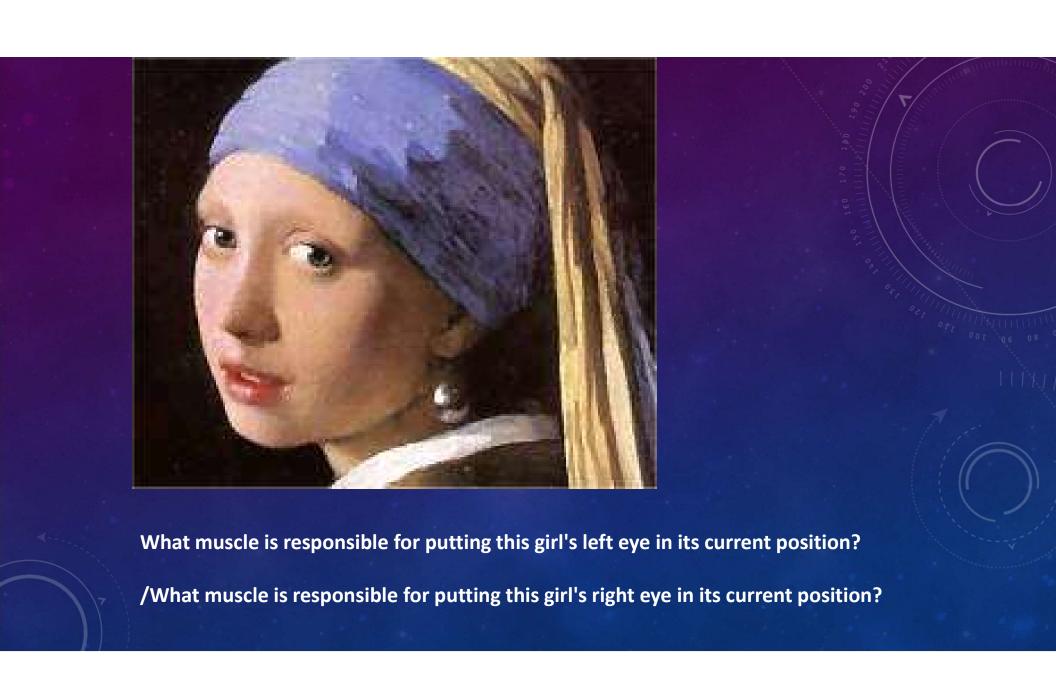


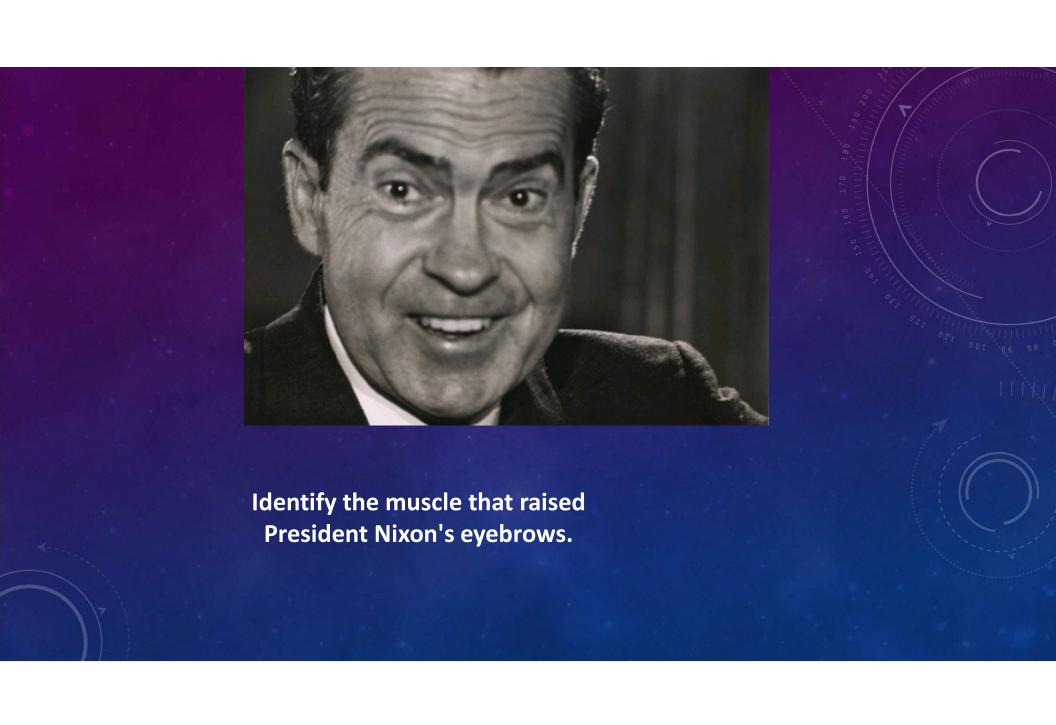
Up Right and Up Left and Up Which eye muscle involved? Right **Primary Position** Left Left and Down Right and Down Down

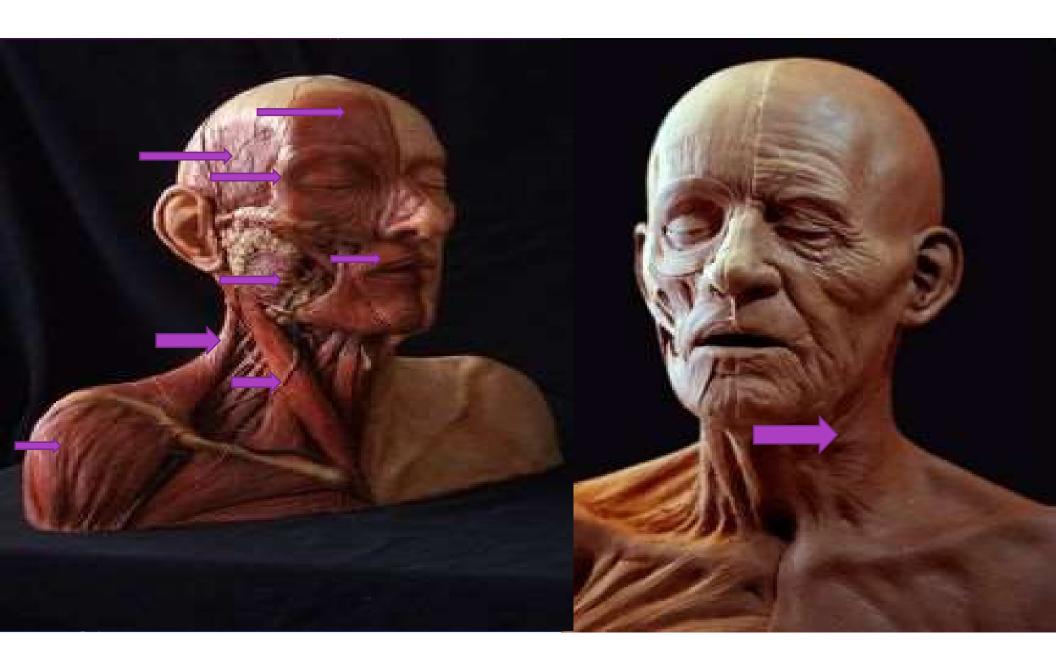


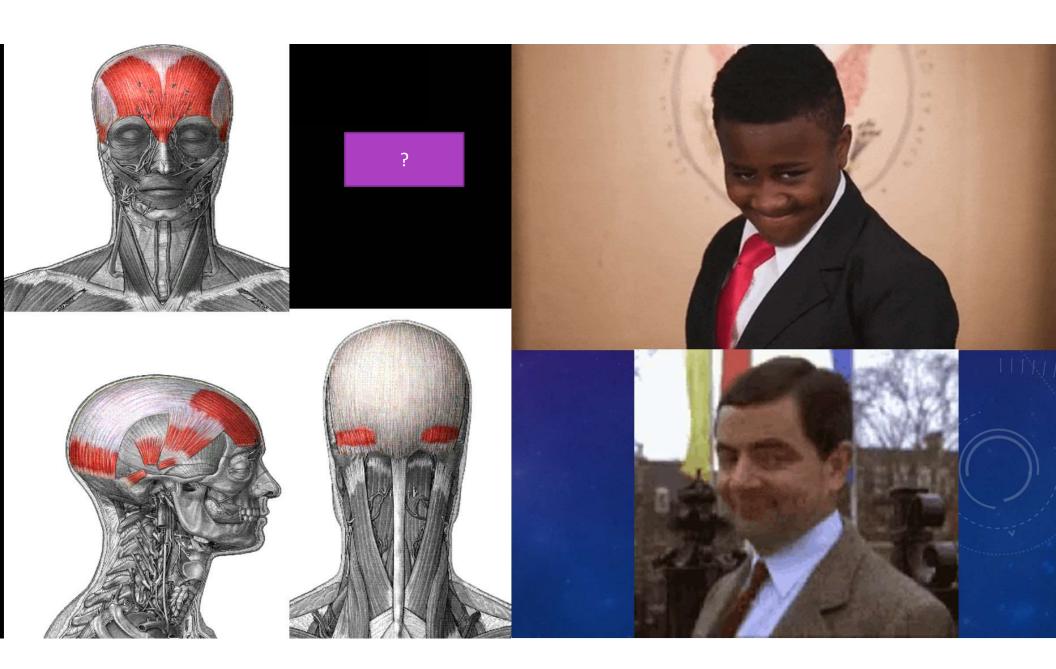




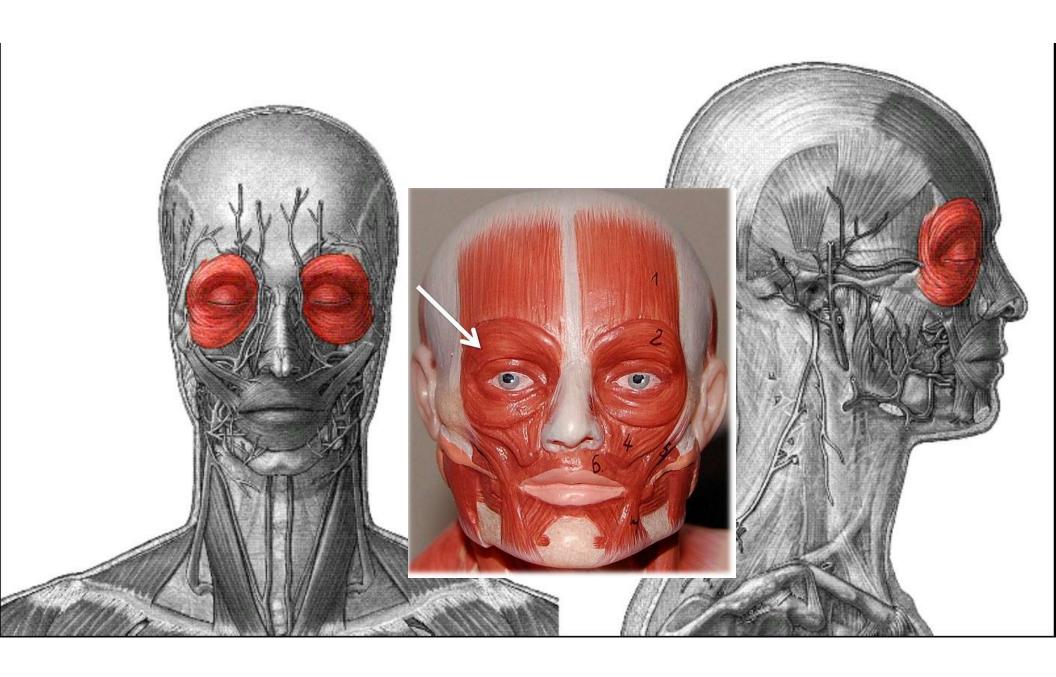




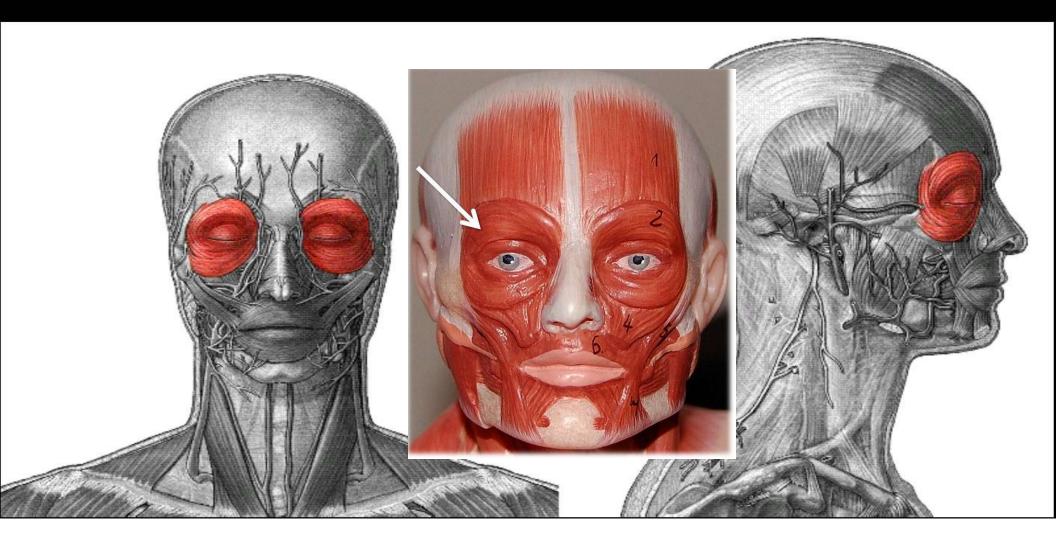




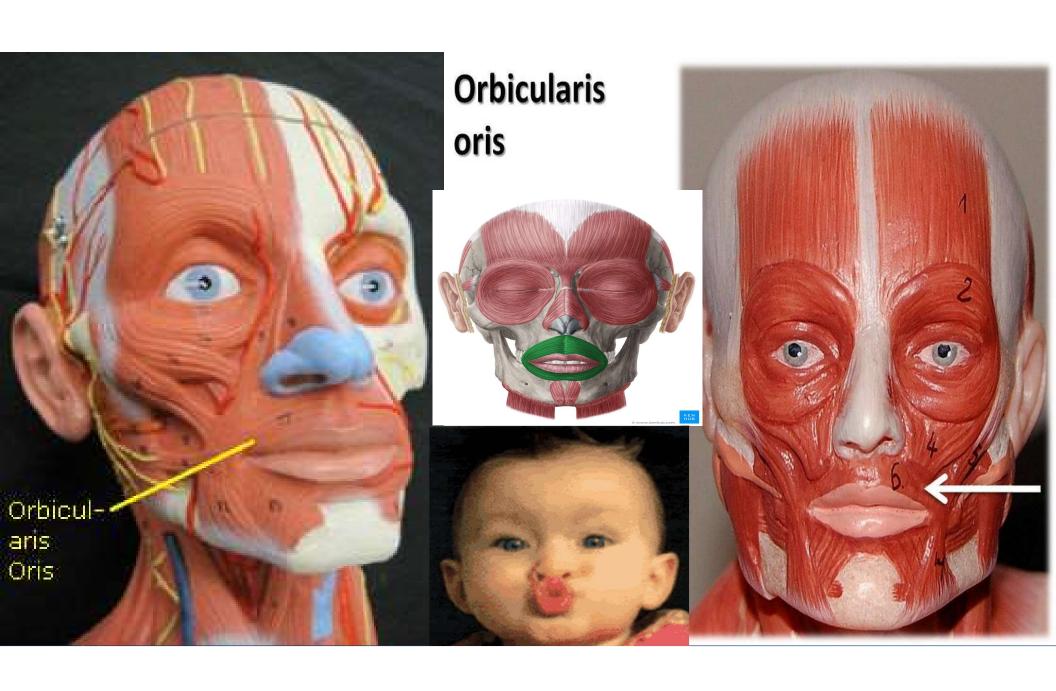


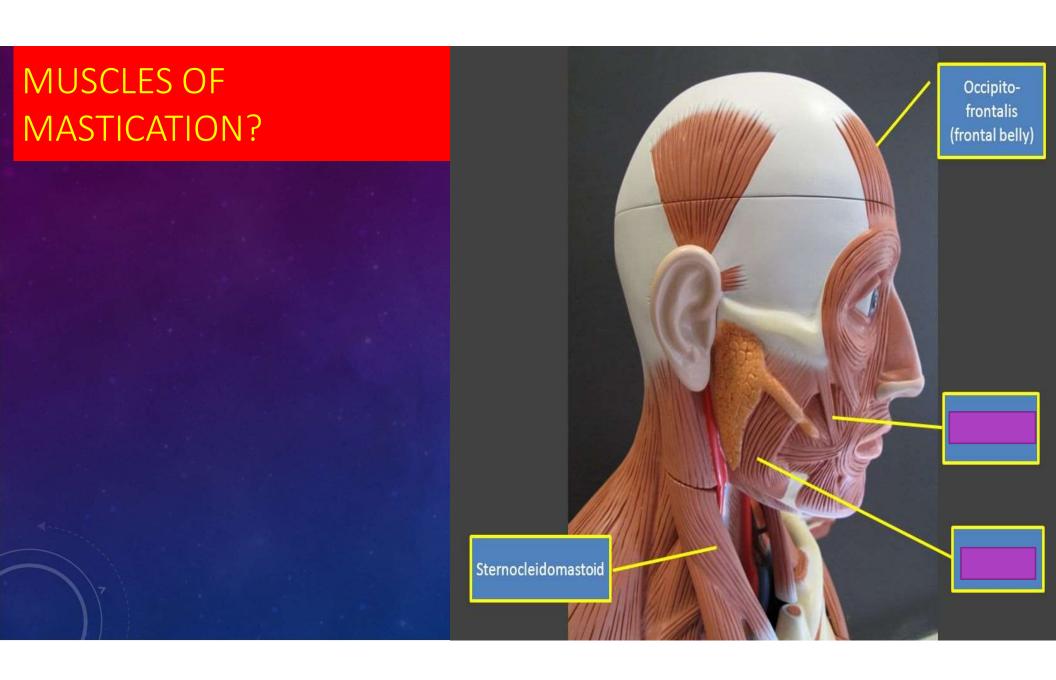


Orbicularis oculi.



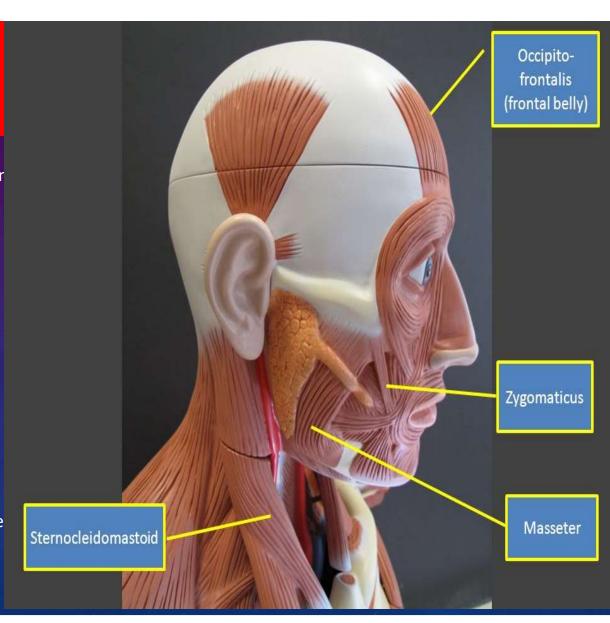


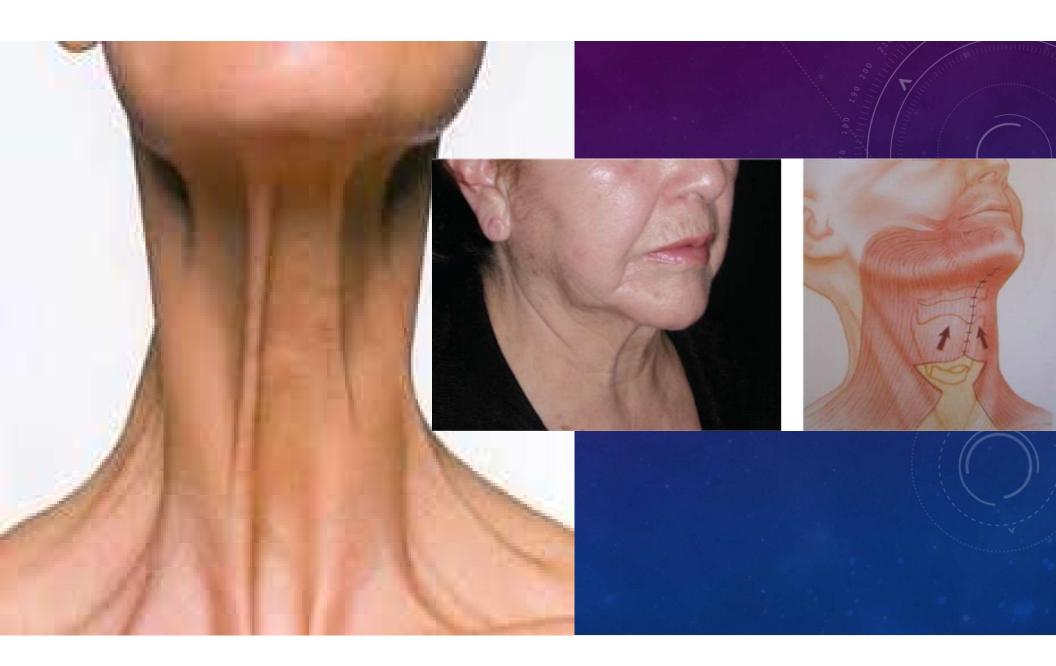


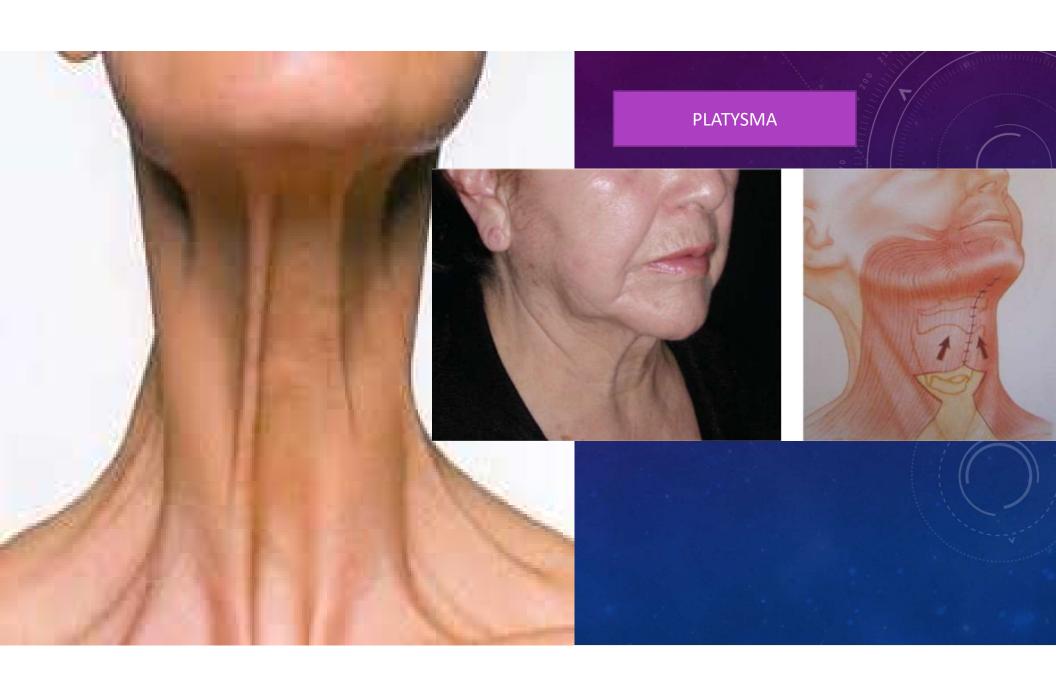


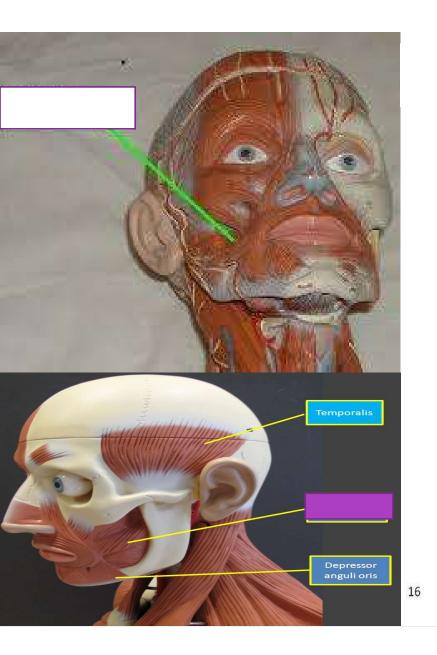
MUSCLES OF MASTICATION

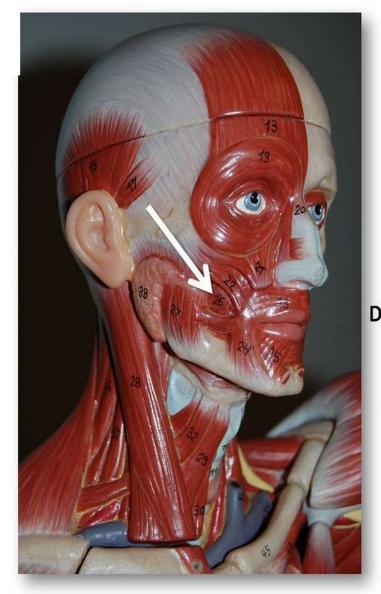
- There are four pairs of muscles involved in mastication
 - Prime movers– temporalisand masseter
 - Grinding movements –
 pterygoids and buccinators
- All are innervated by cranial nerve V (trigeminal nerve



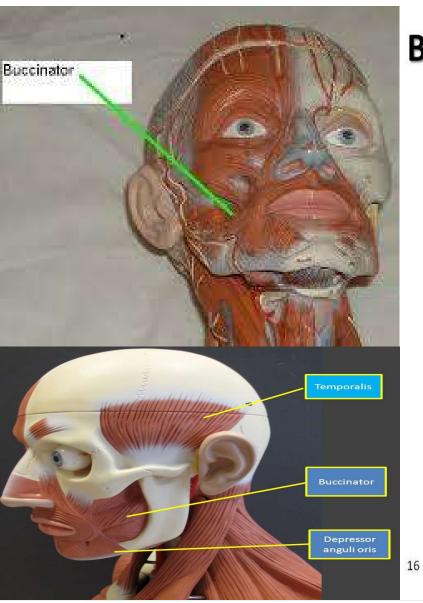




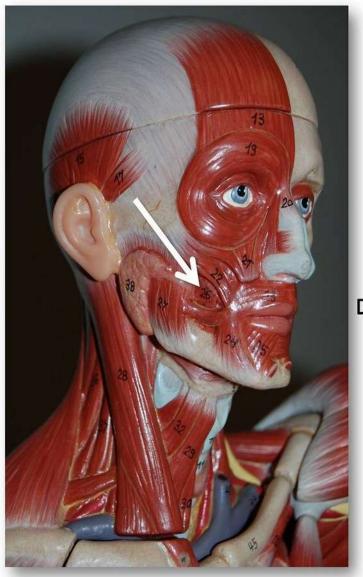




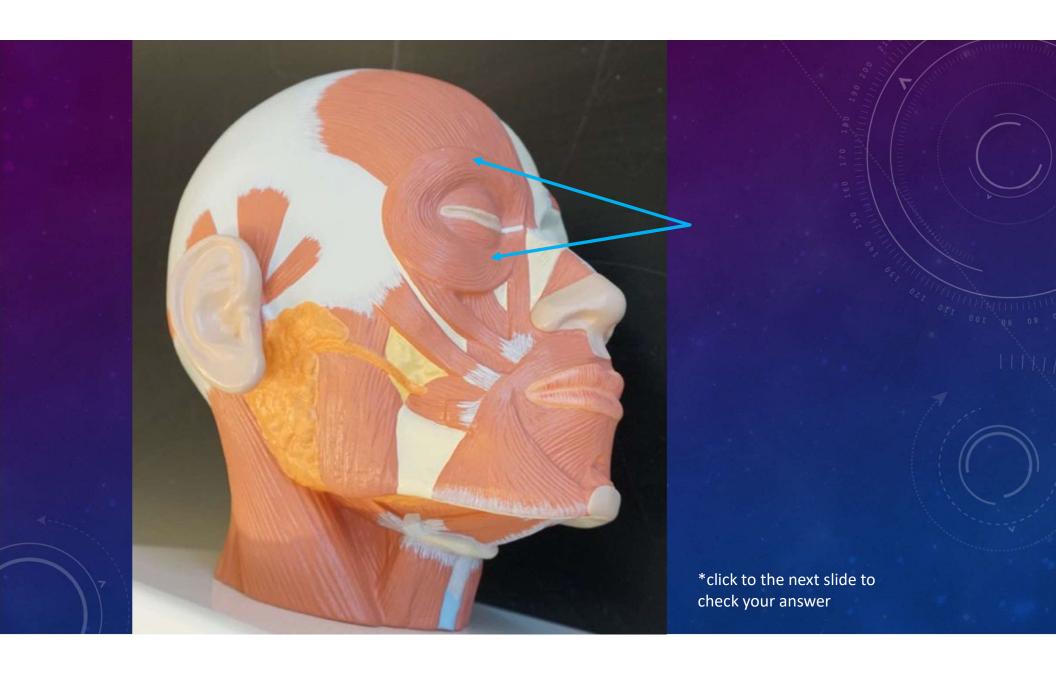
Draws angles
of mouth
laterally;
compresses
cheek;
used to
create
sucking
action

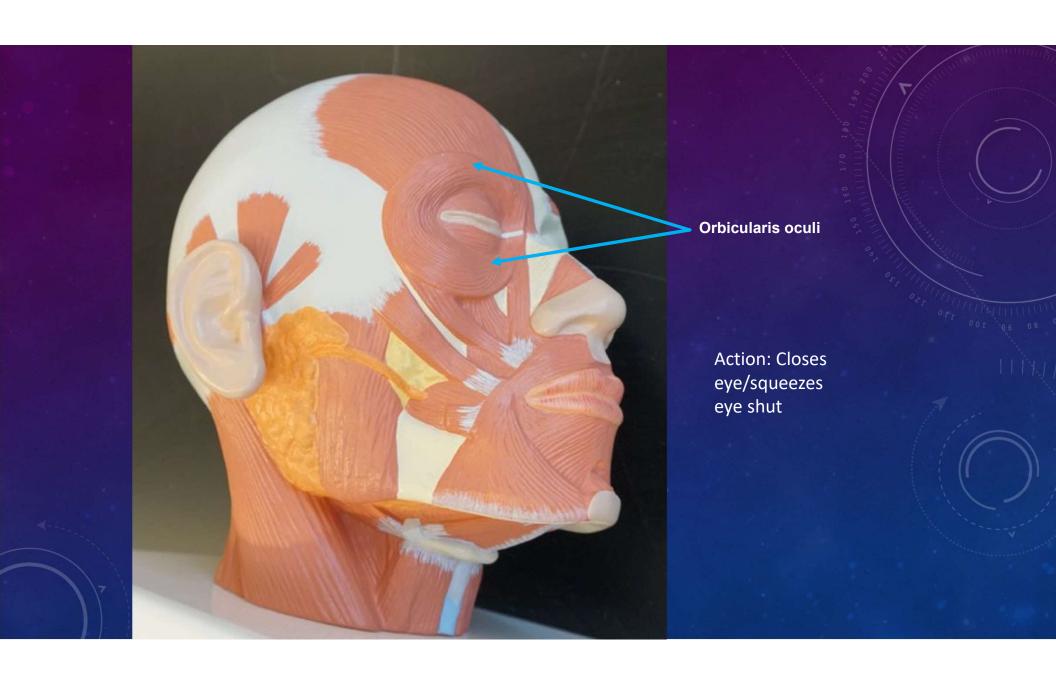


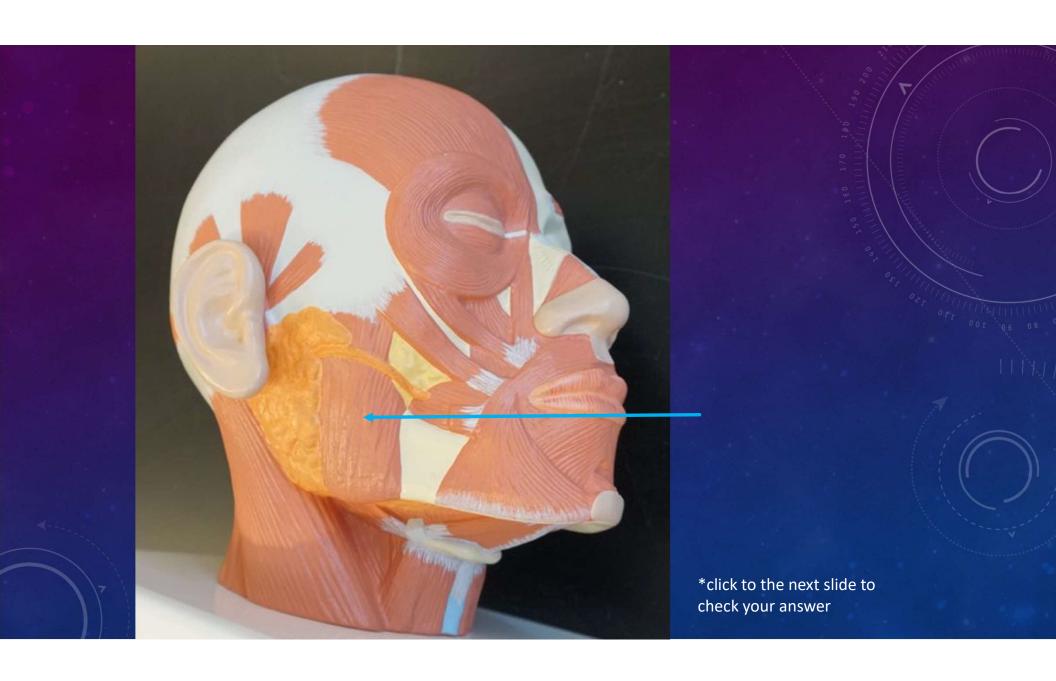
Buccinator

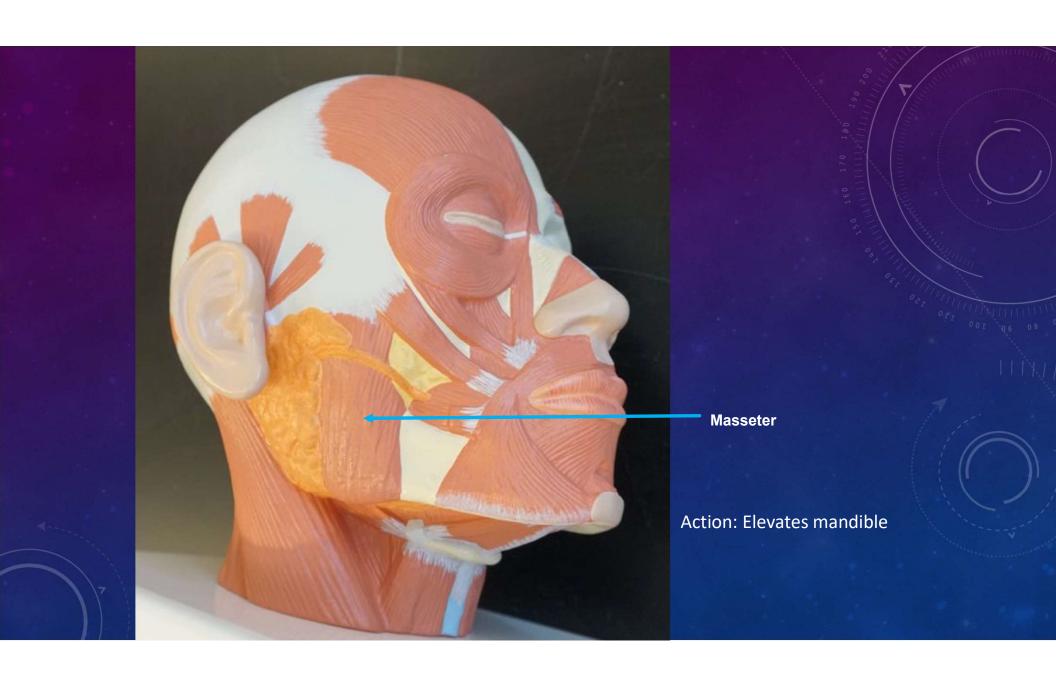


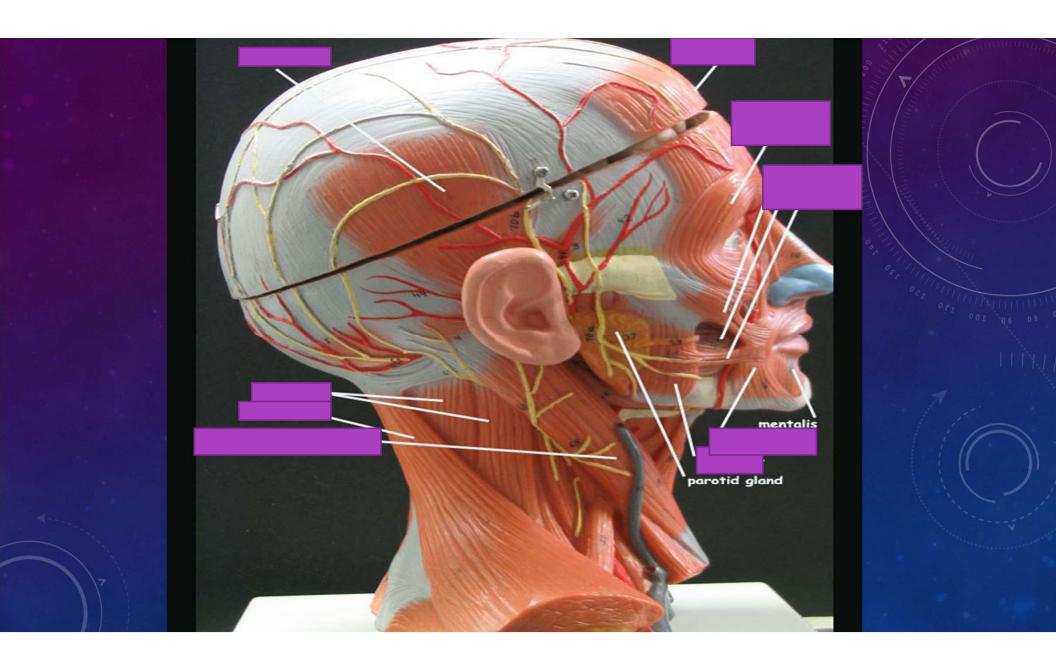
Draws angles
of mouth
laterally;
compresses
cheek;
used to
create
sucking
action

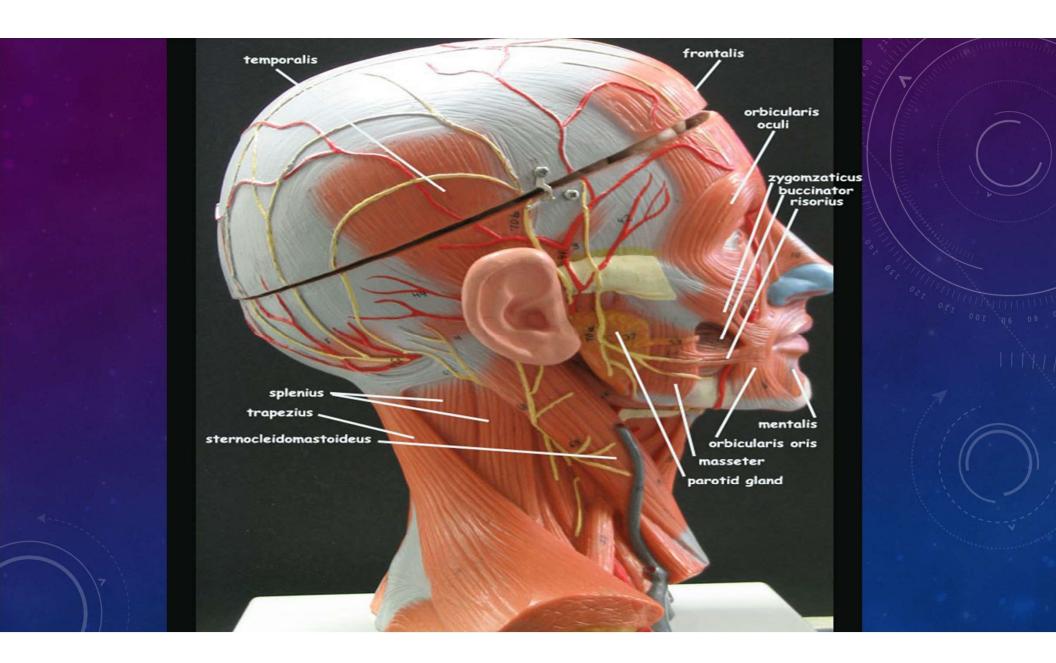


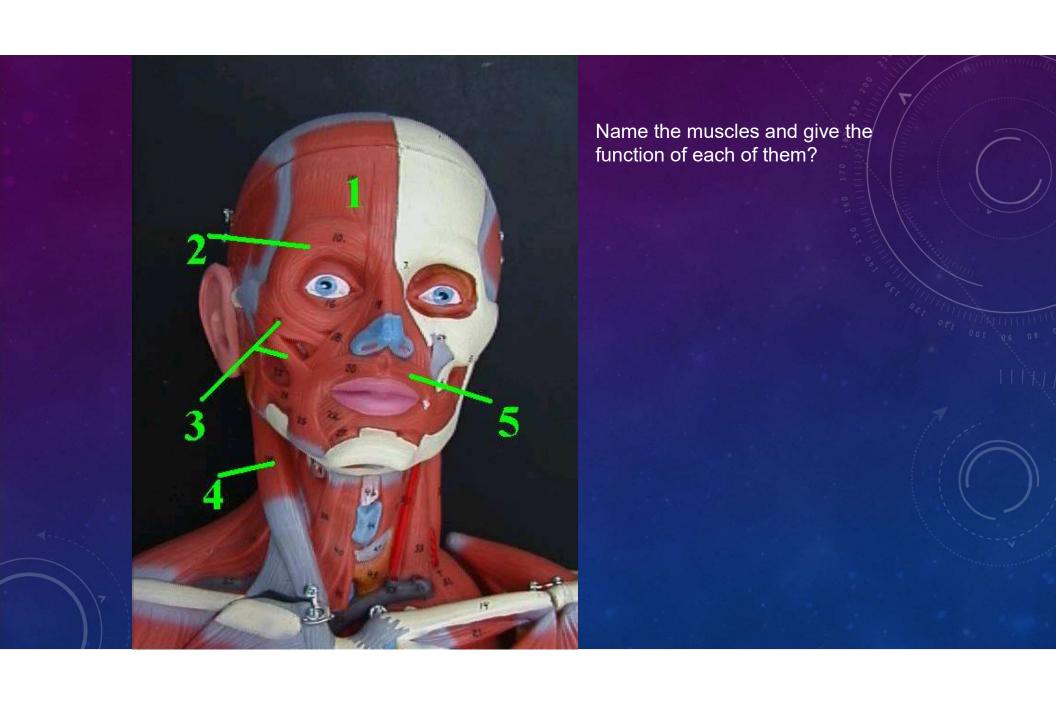


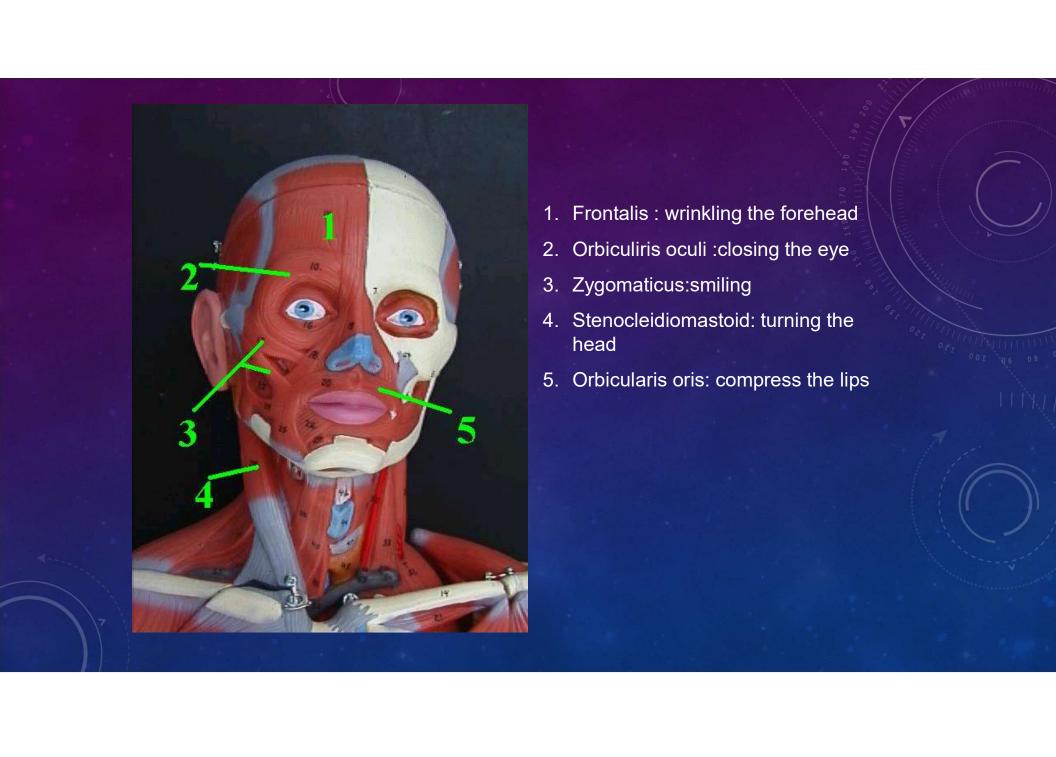


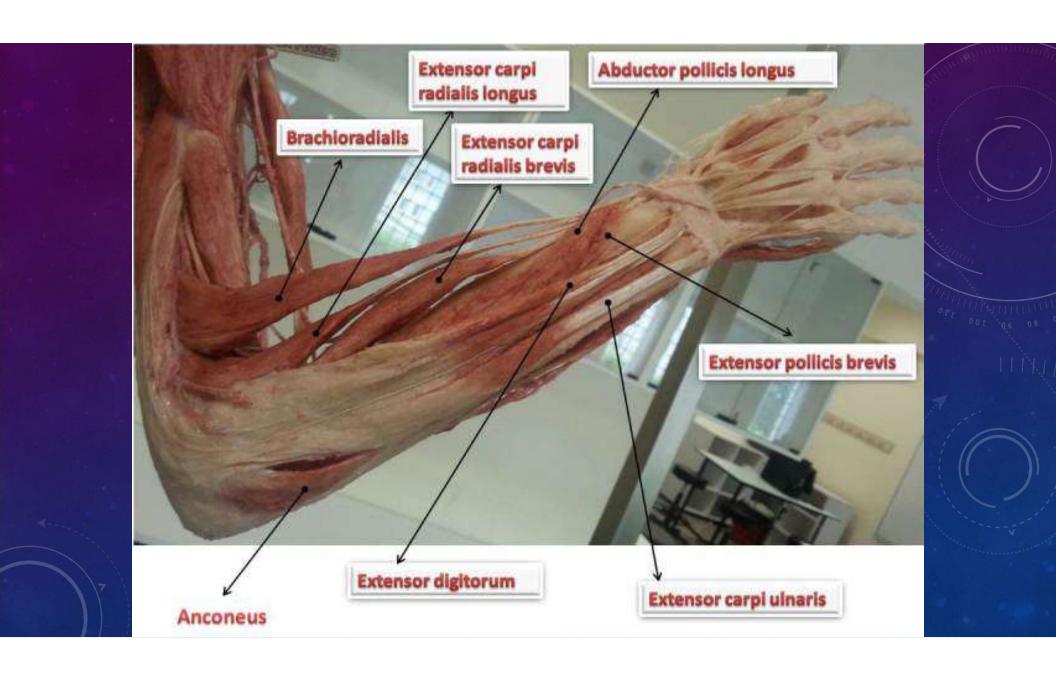


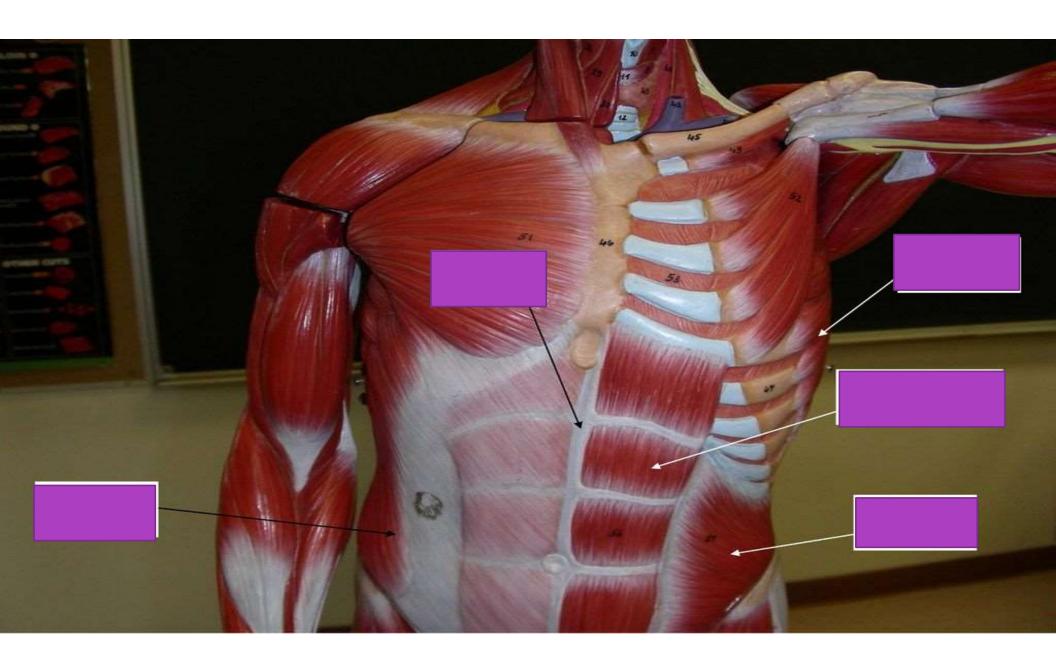


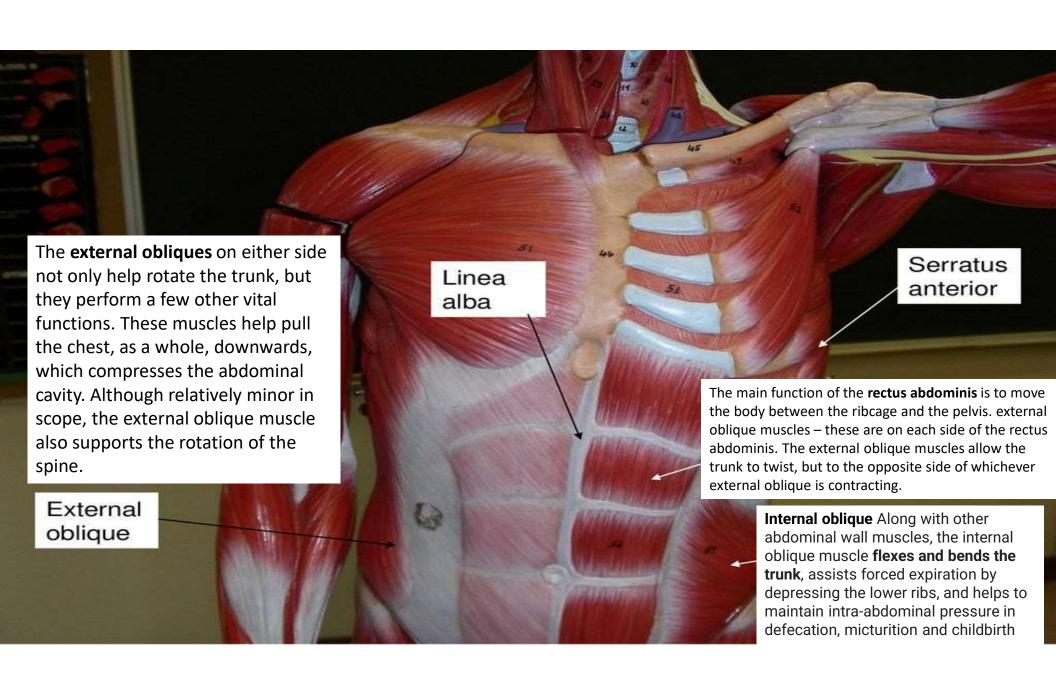


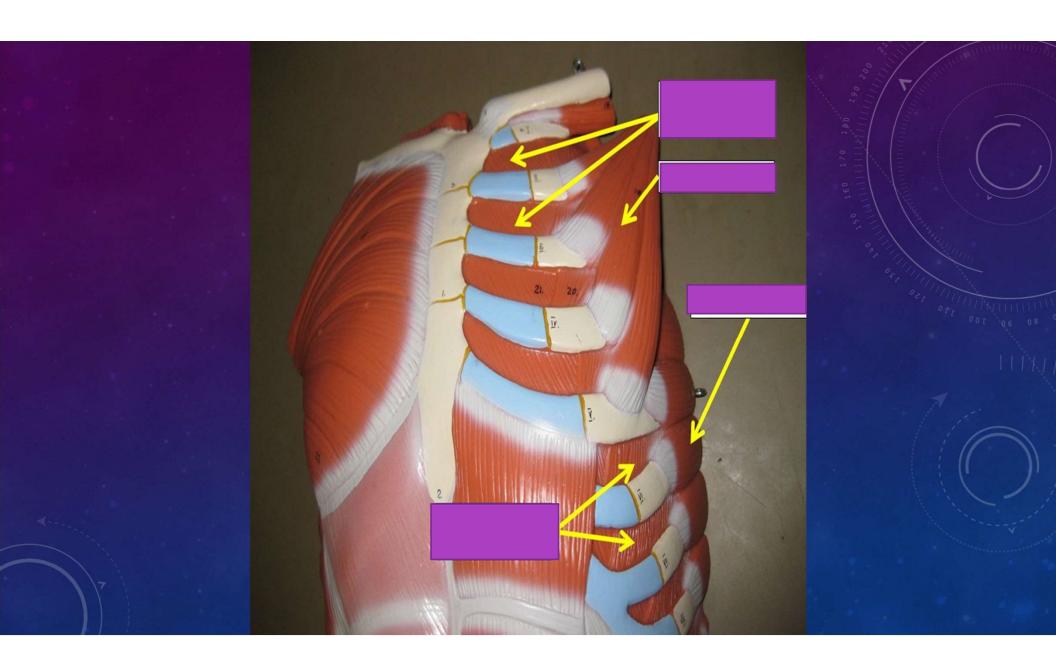


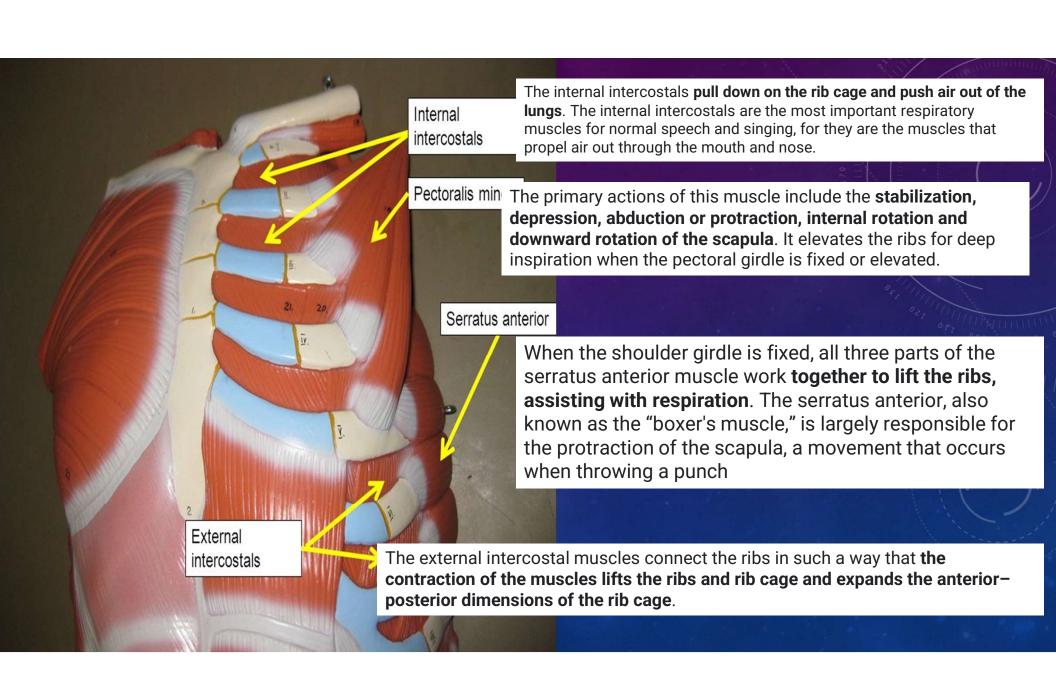


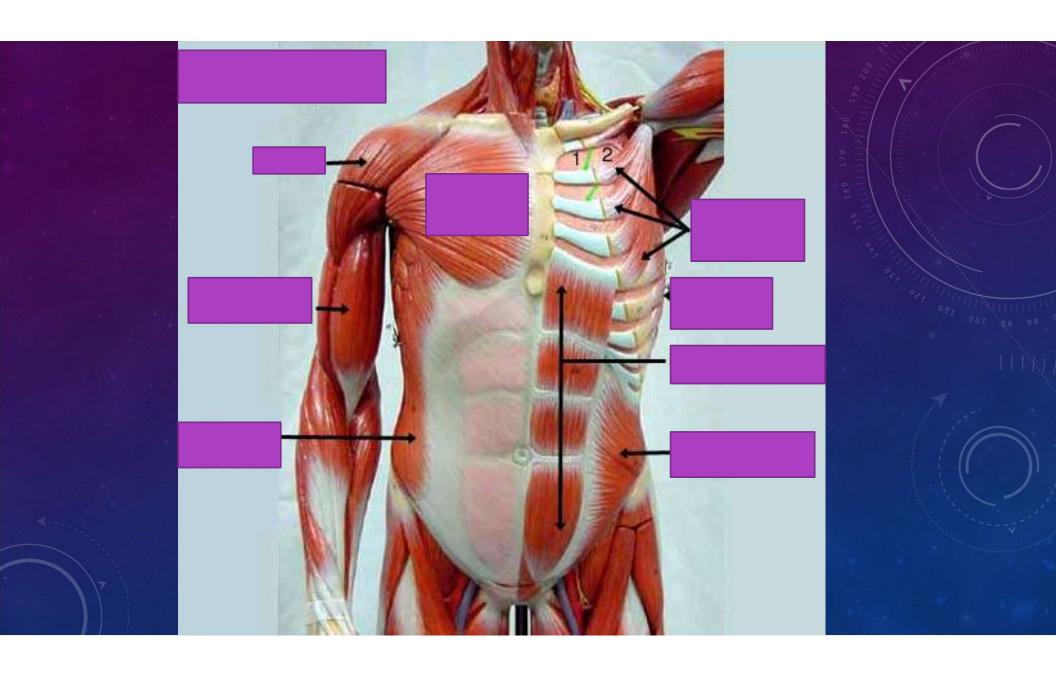


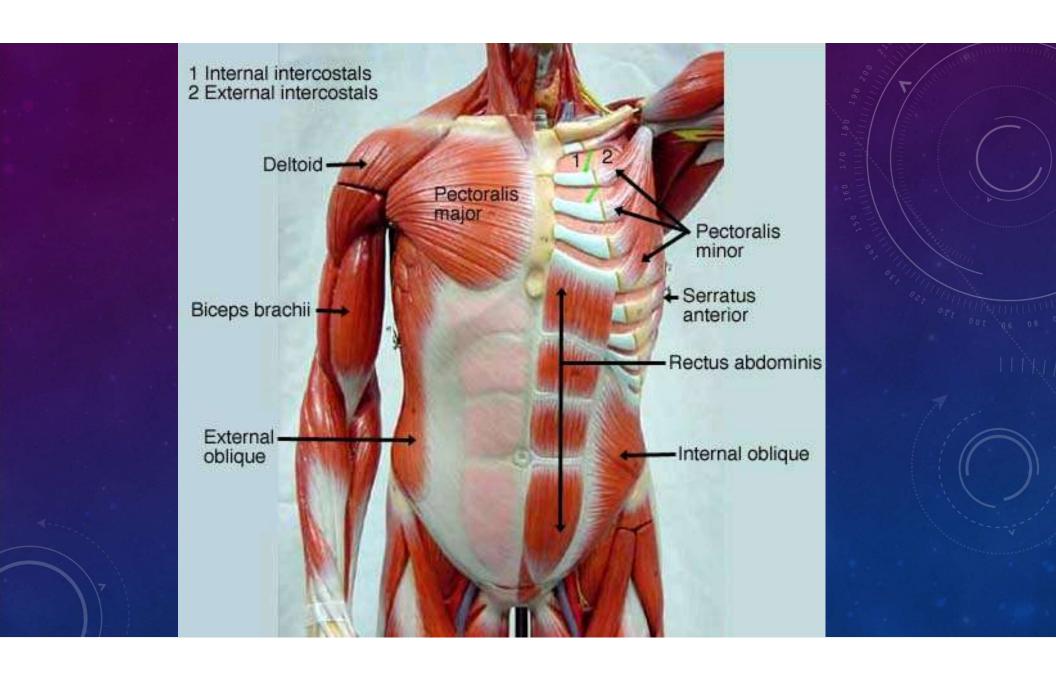


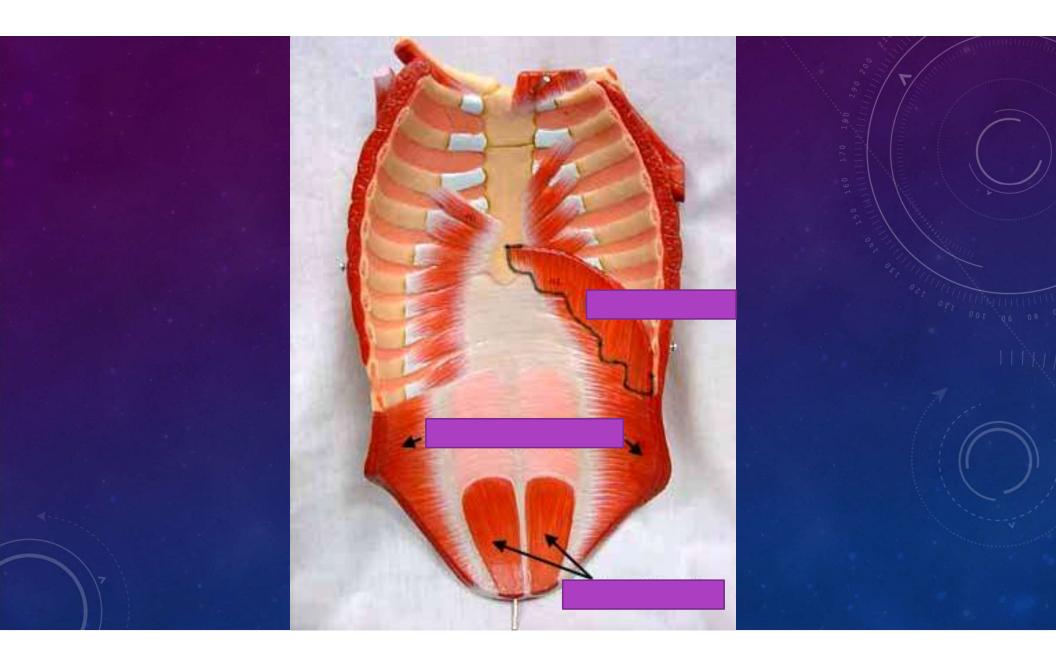


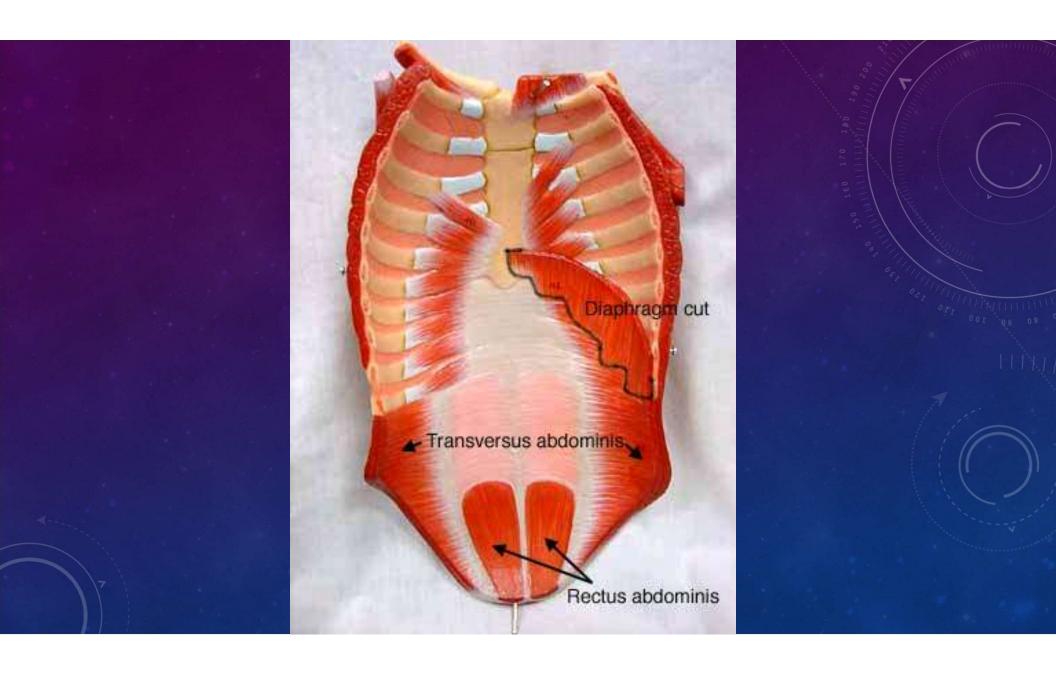




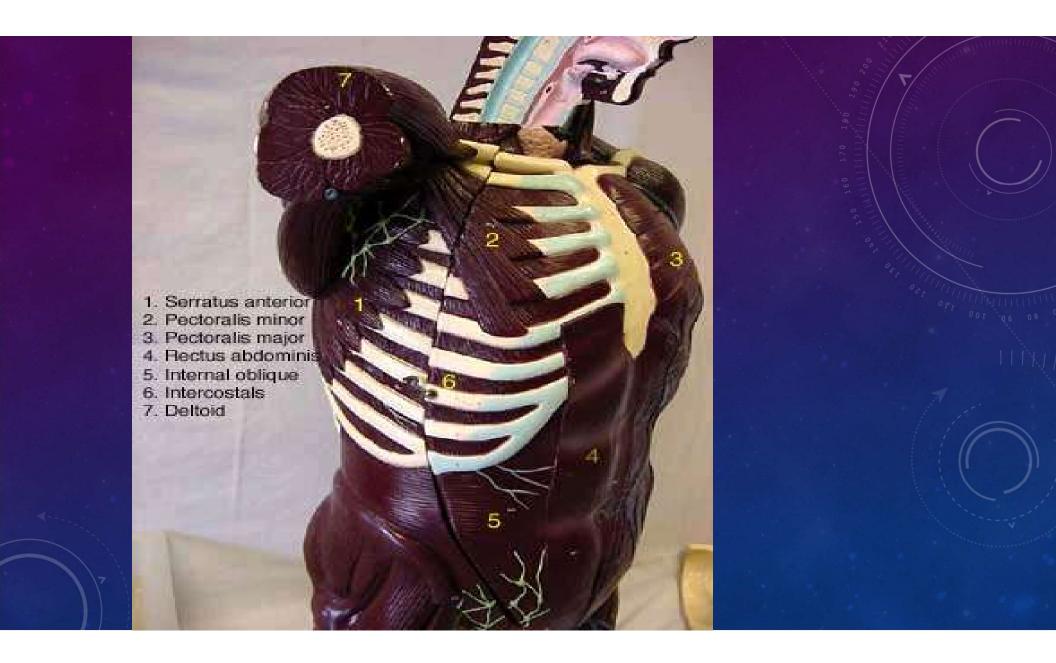


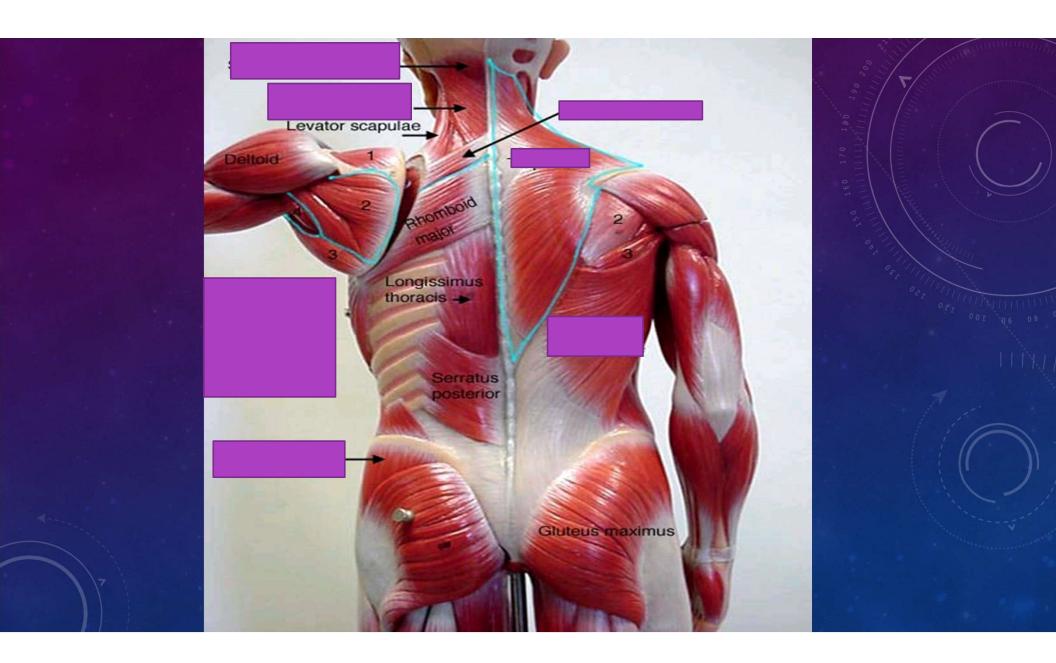


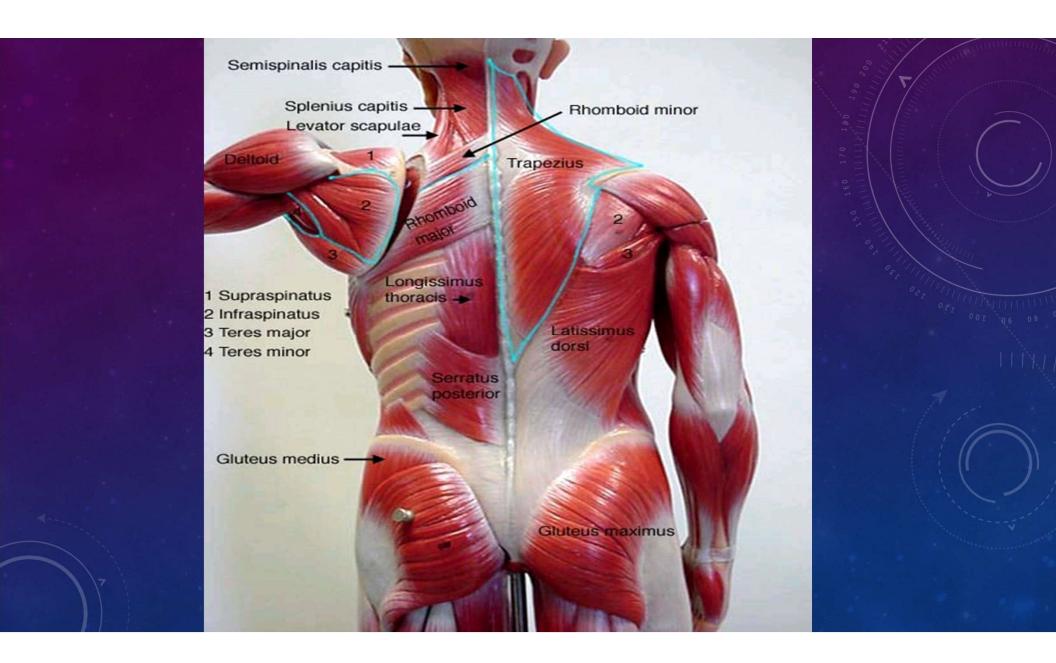


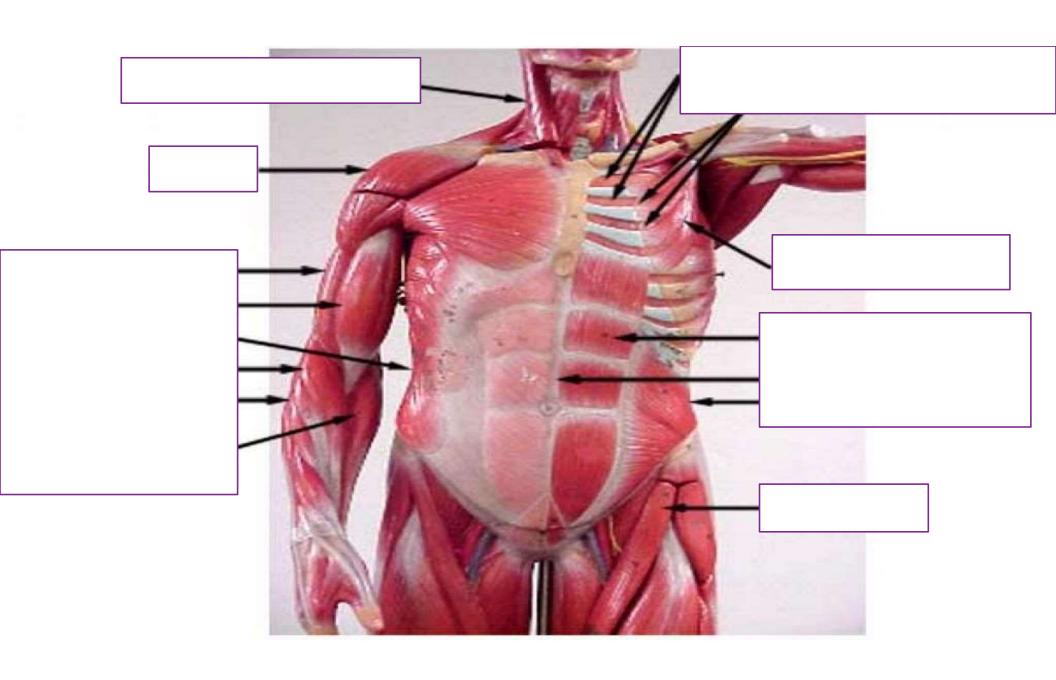


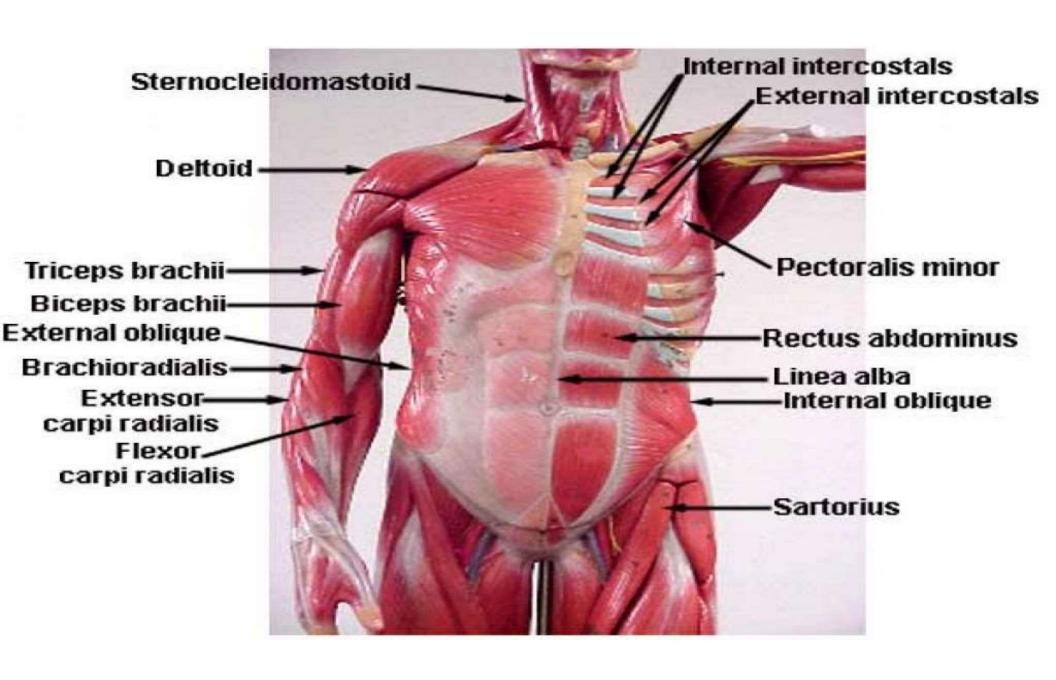


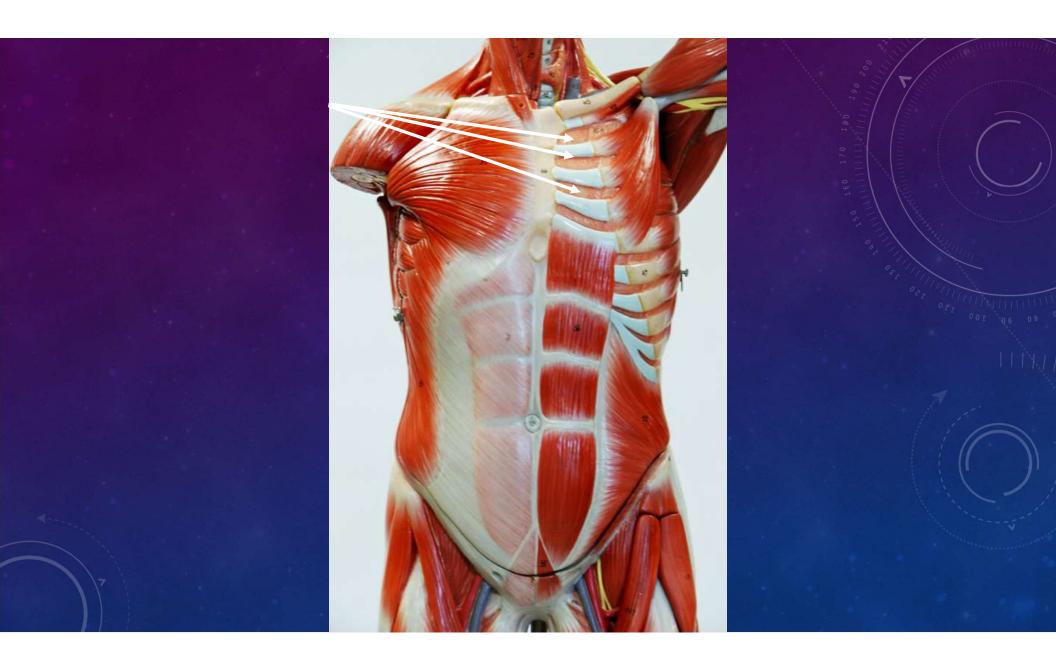


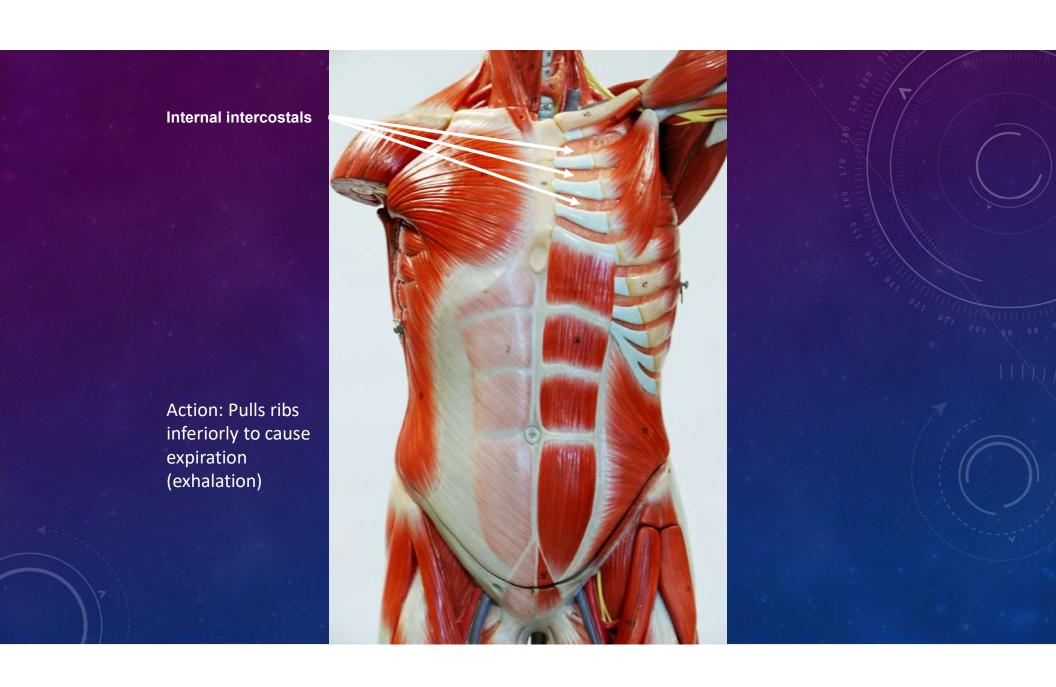


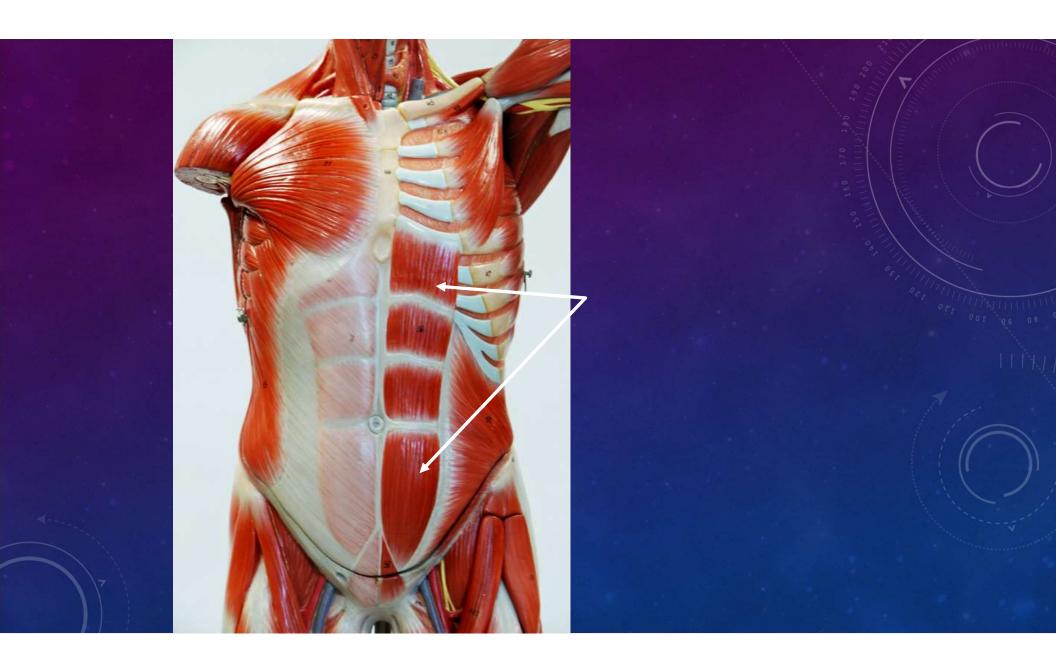


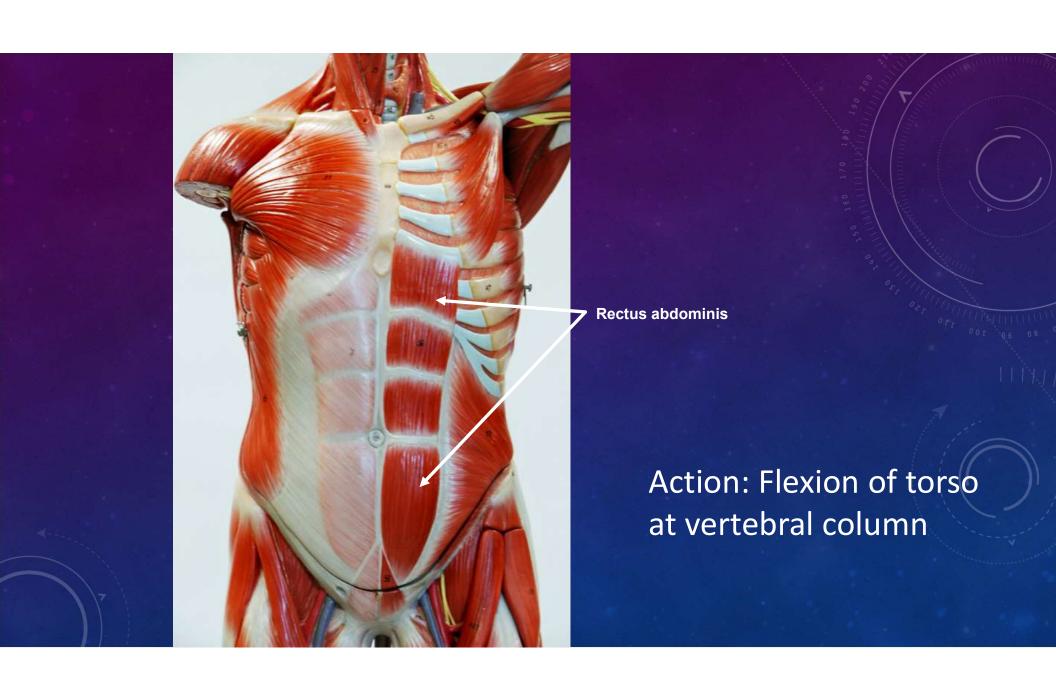


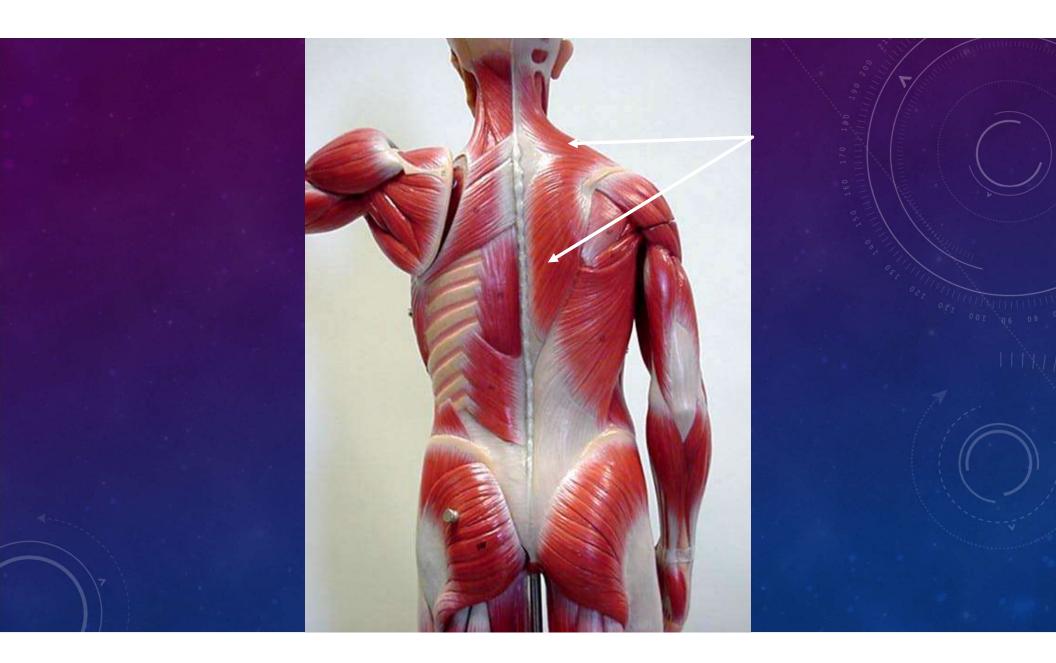


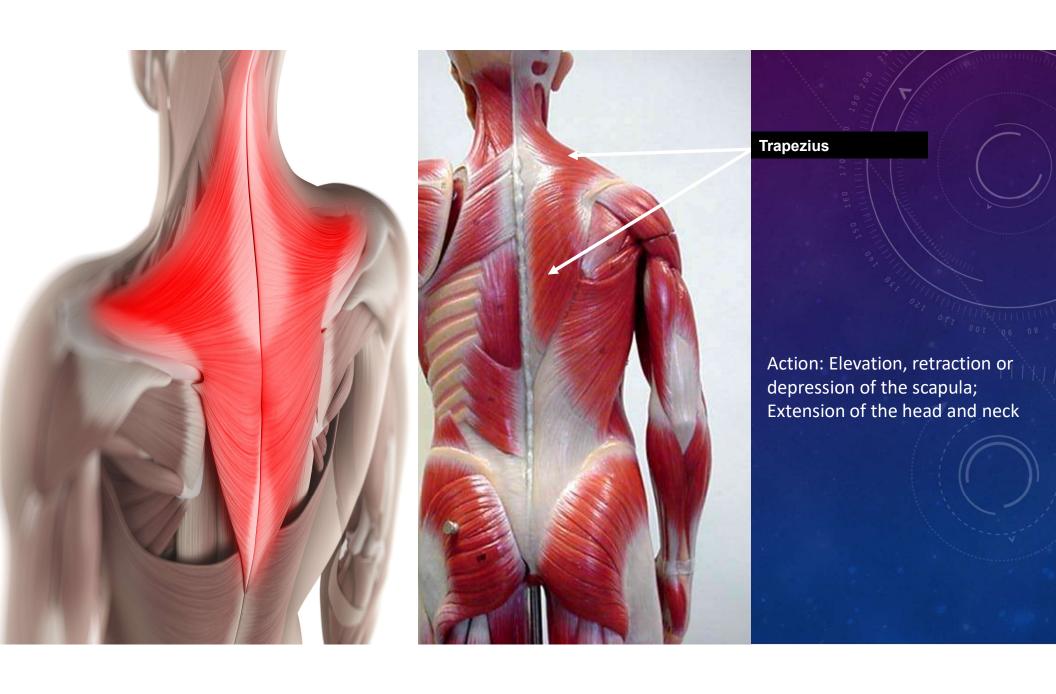


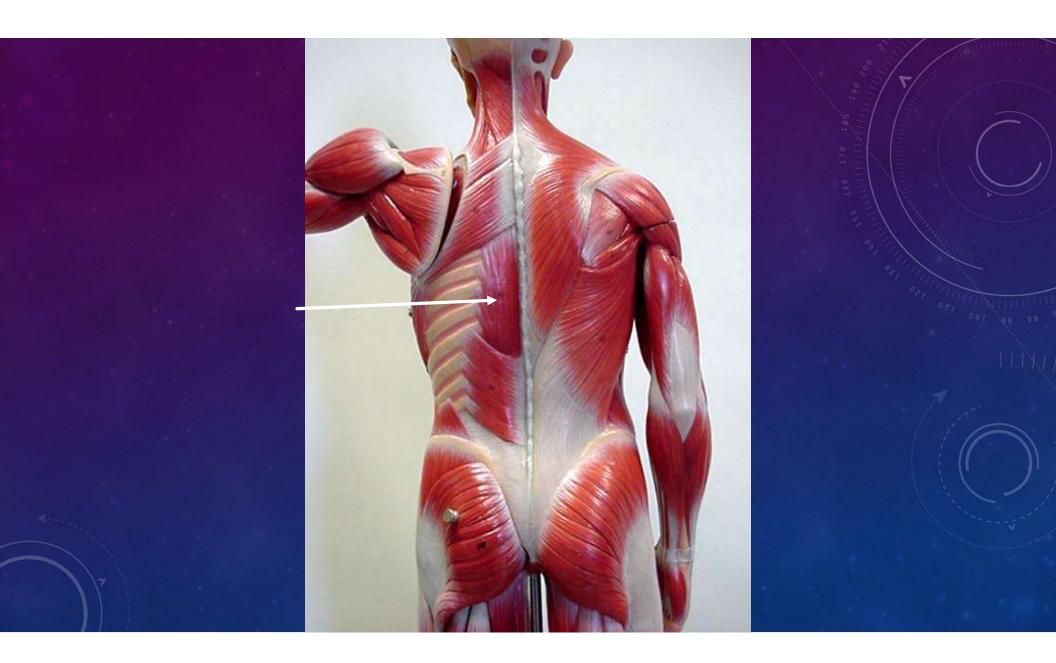


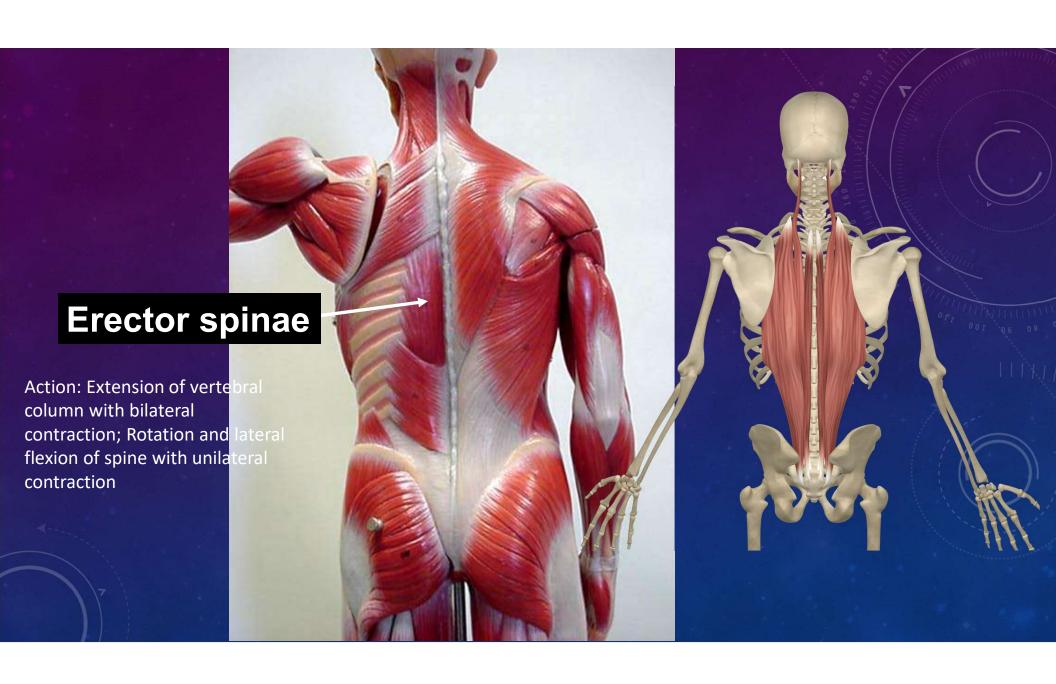


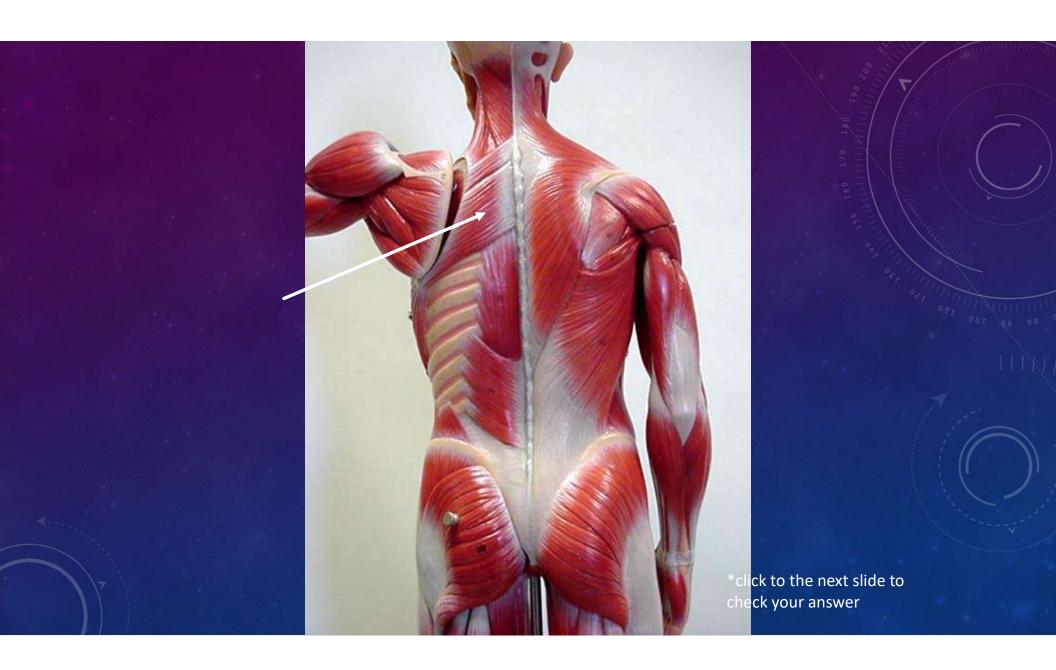


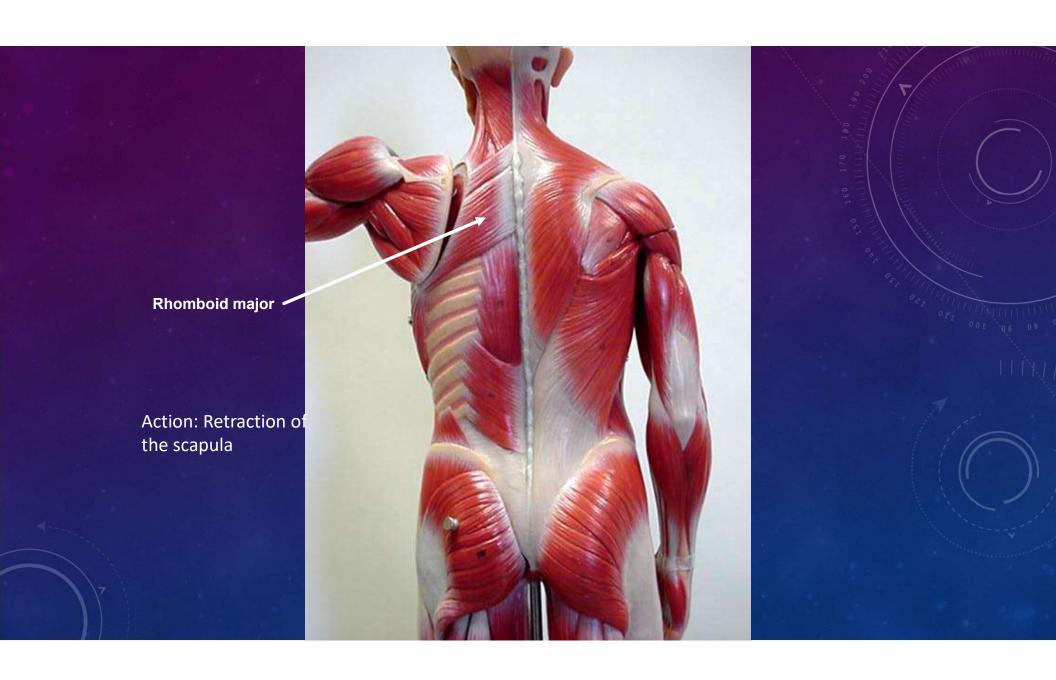


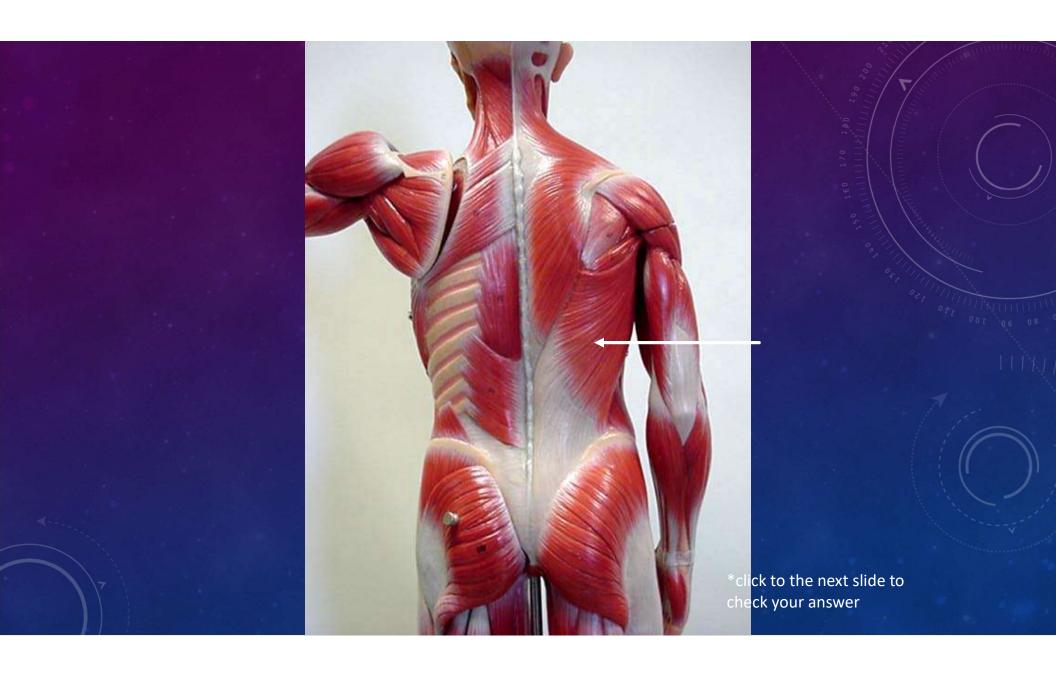


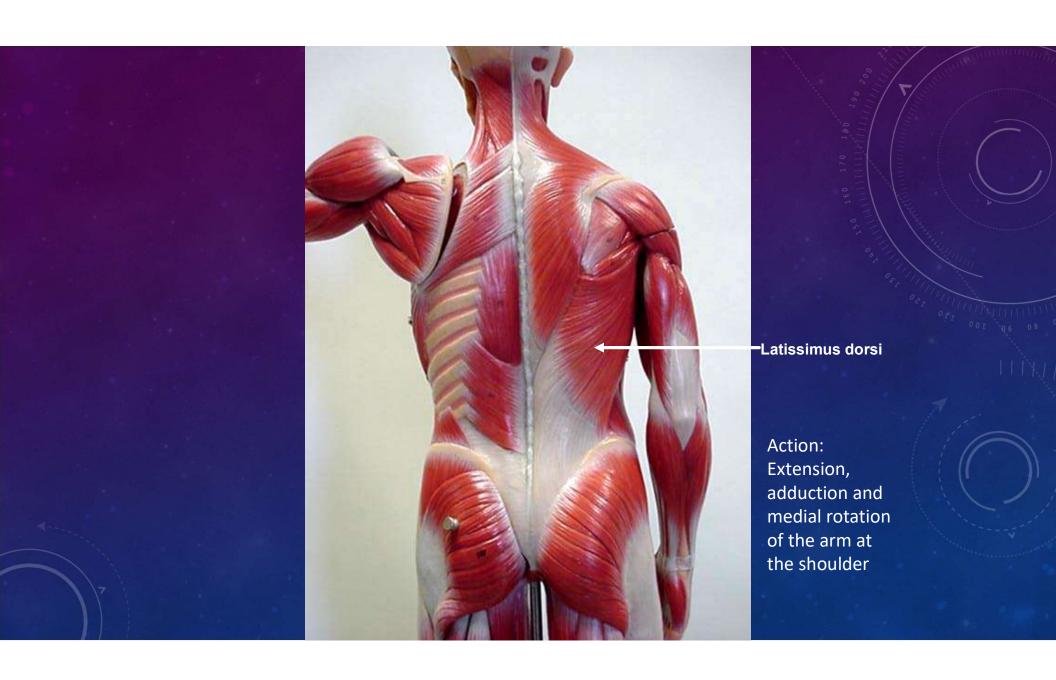


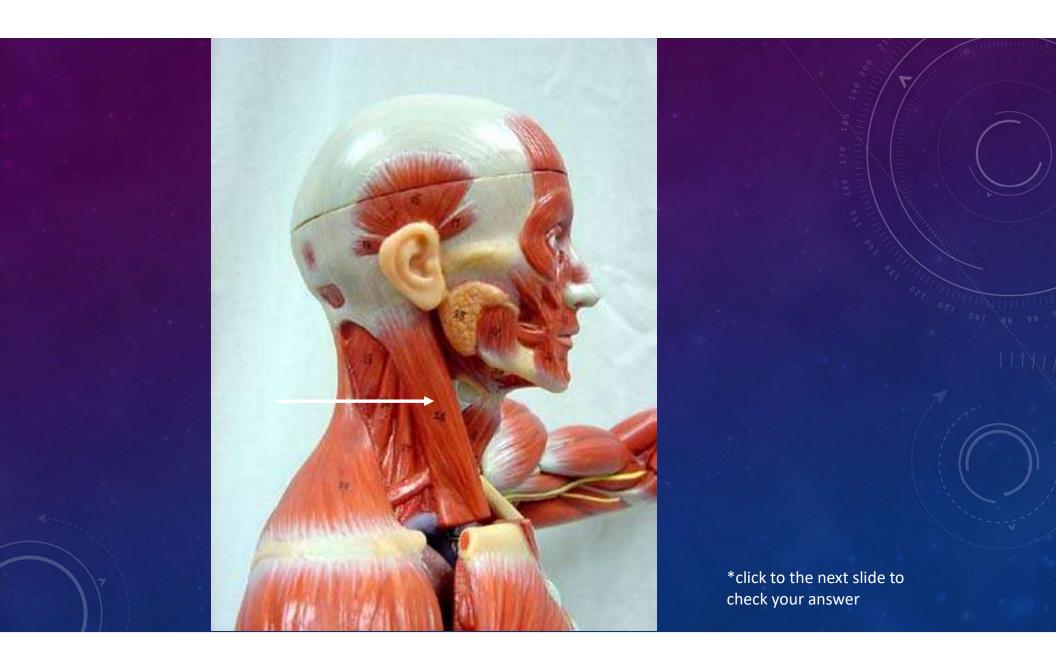


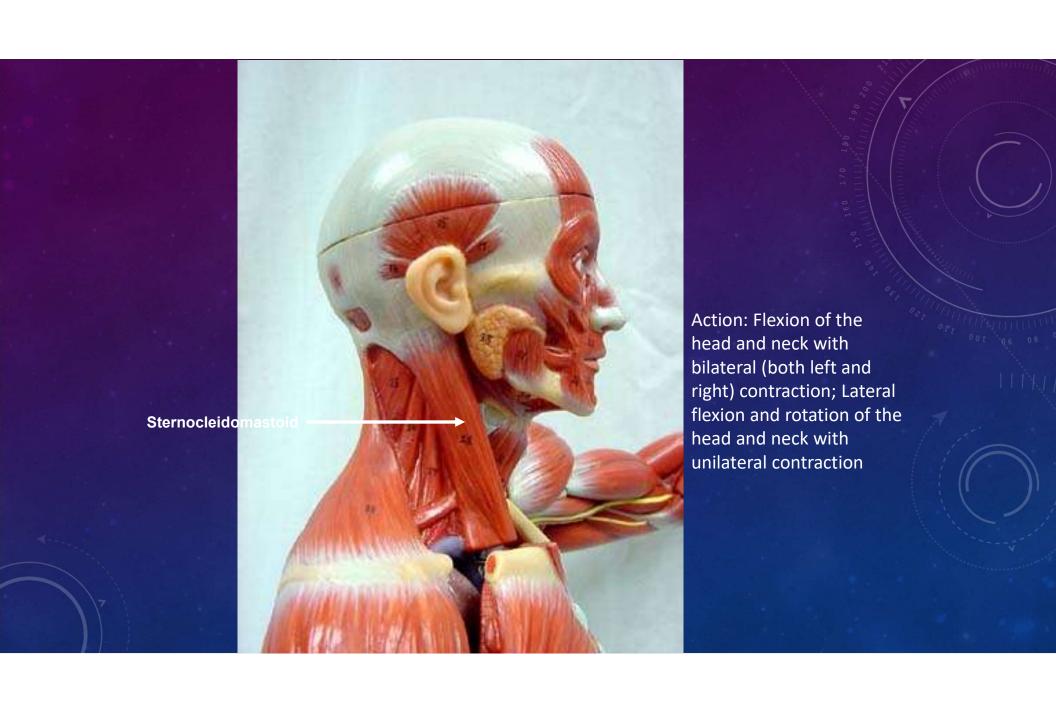


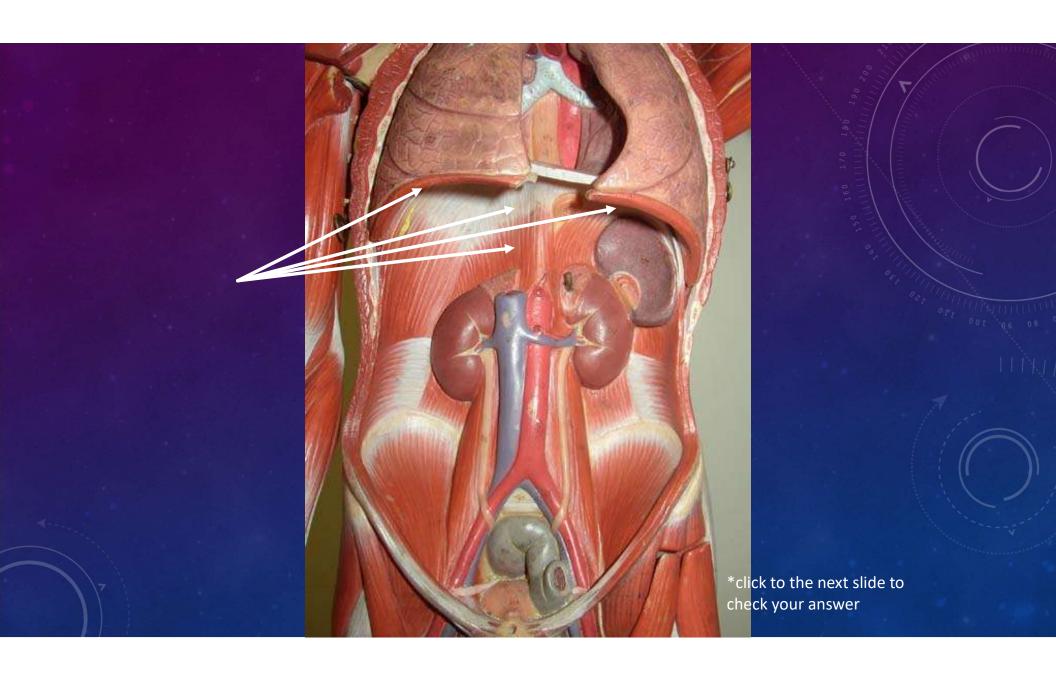


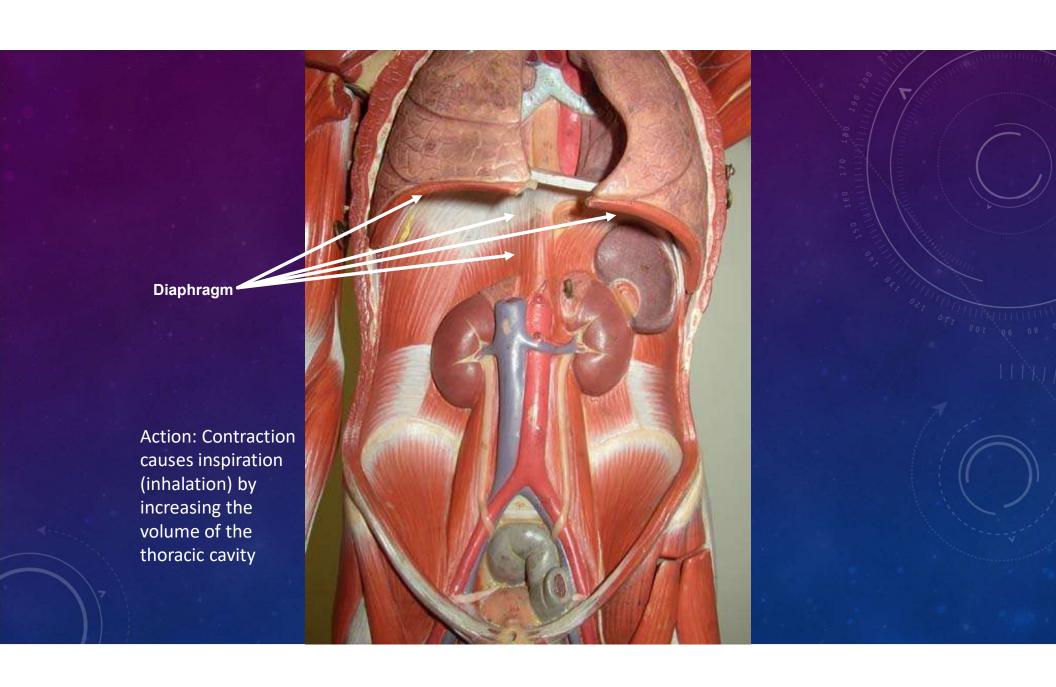


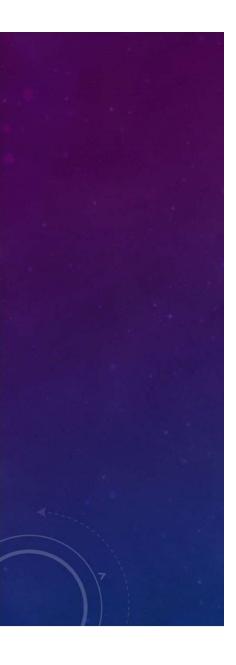








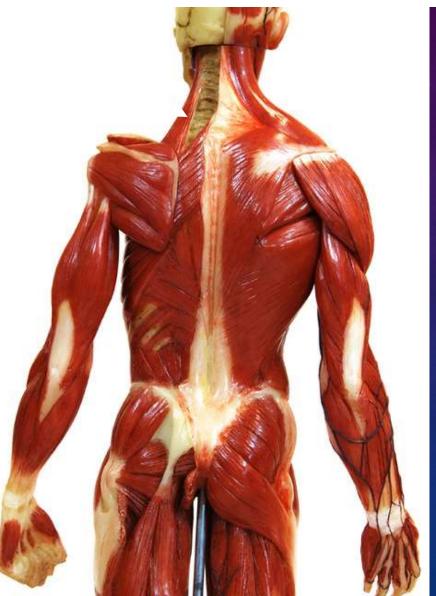




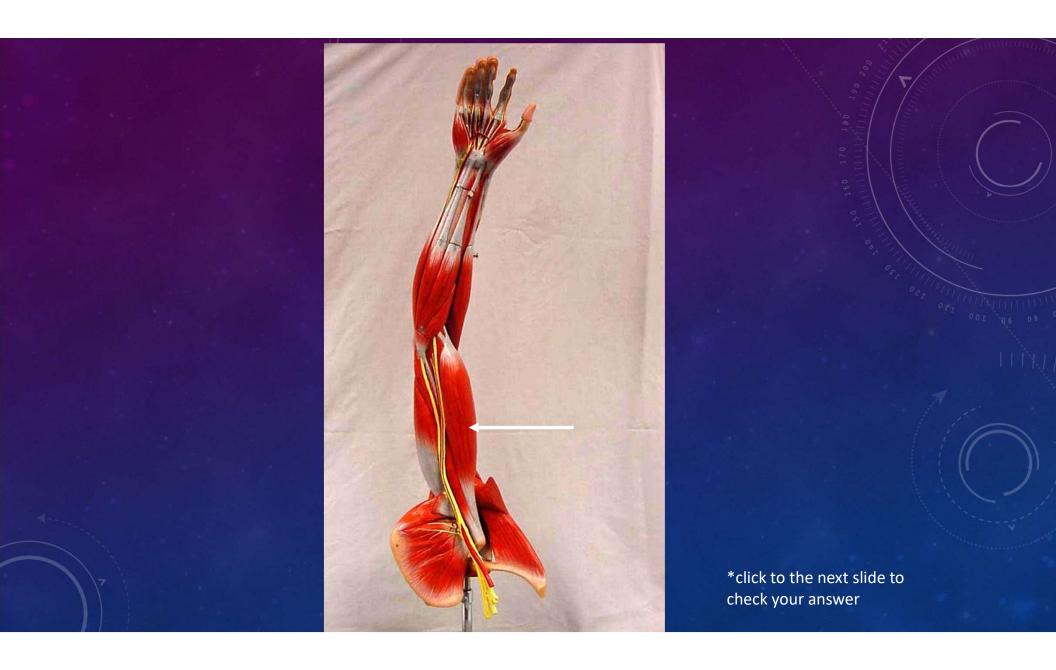


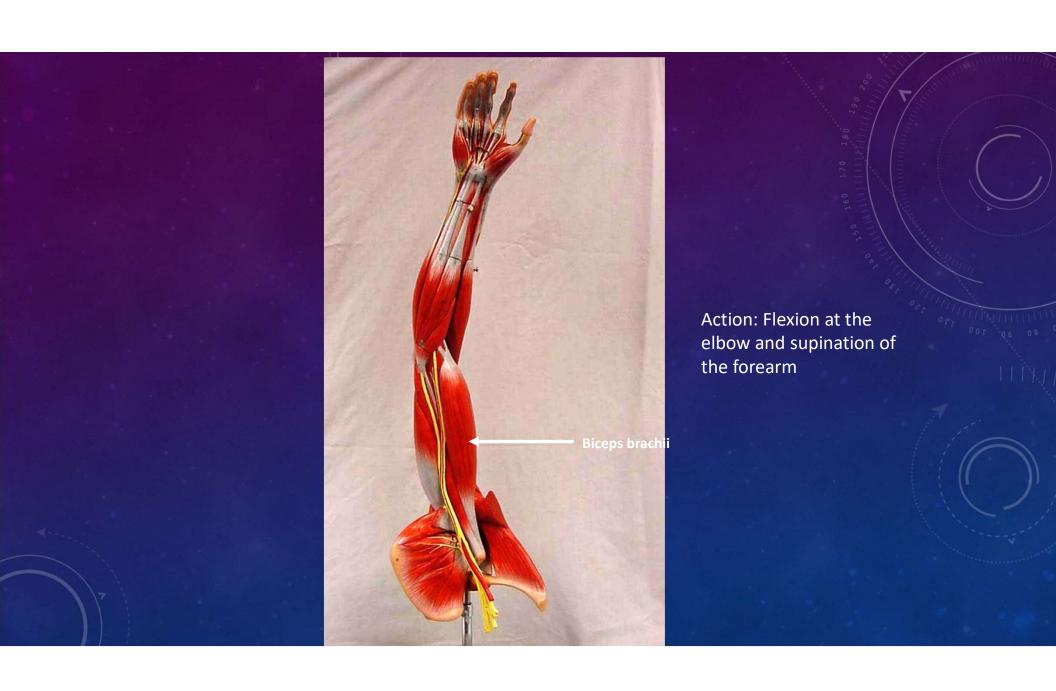


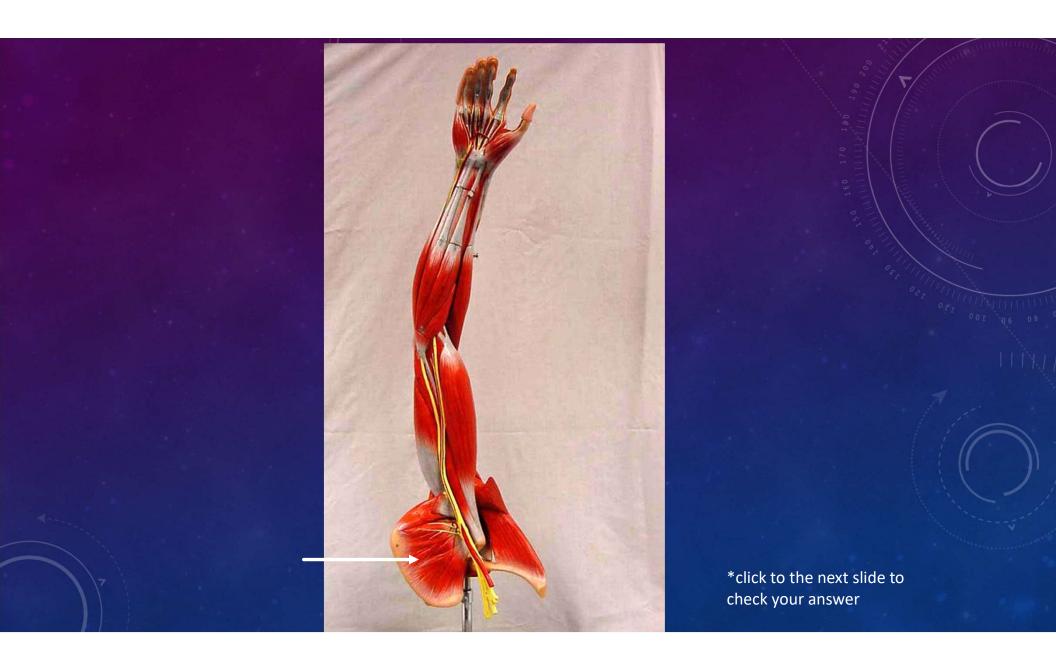


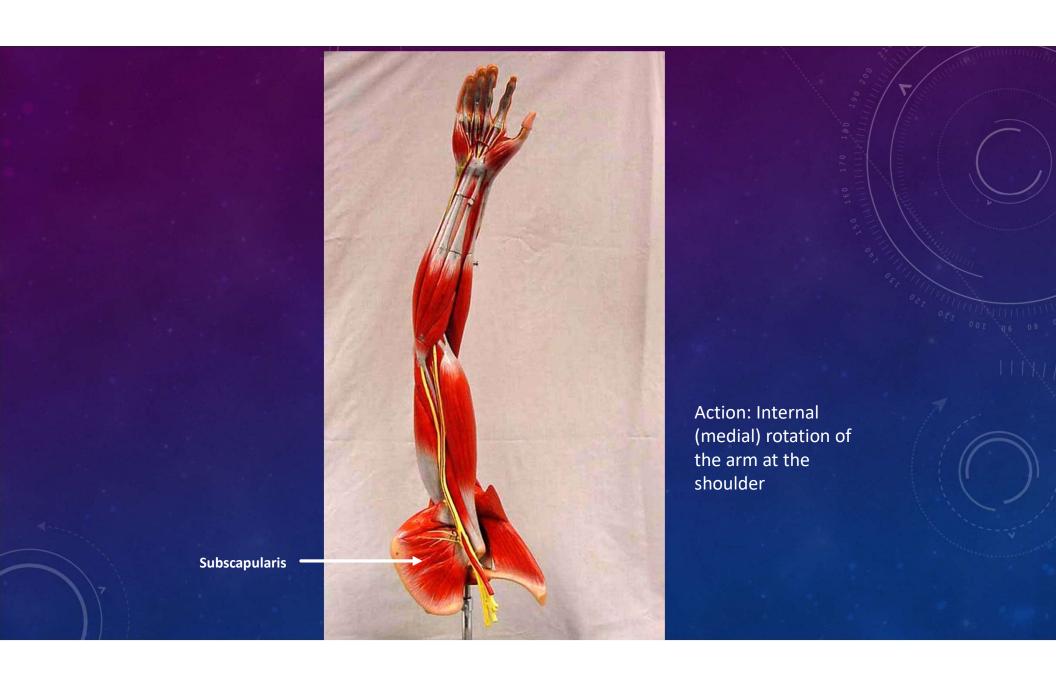


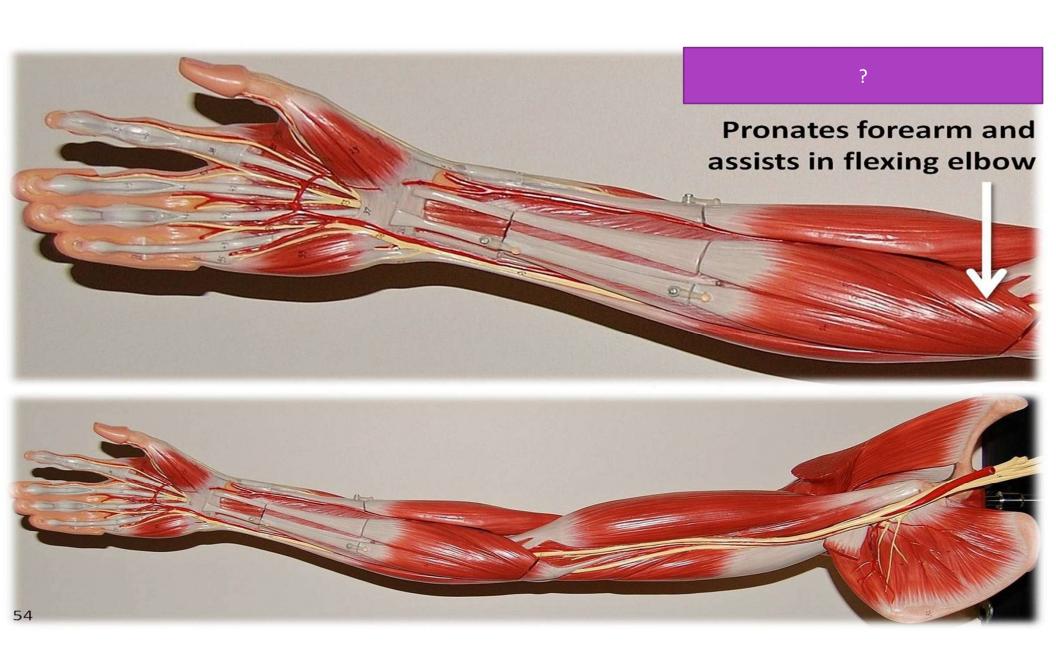


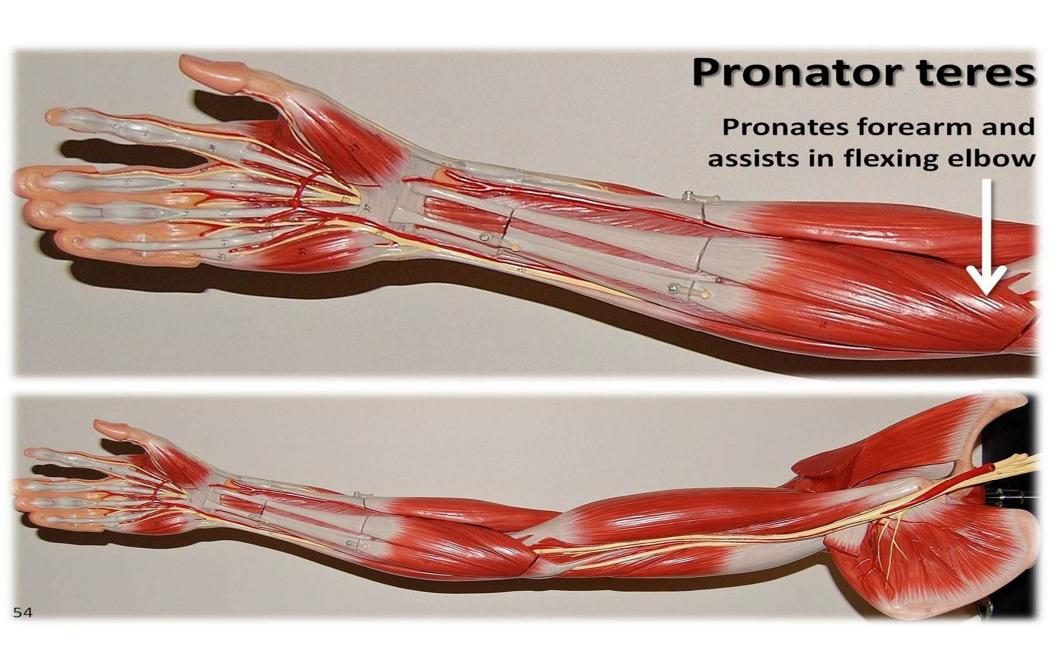


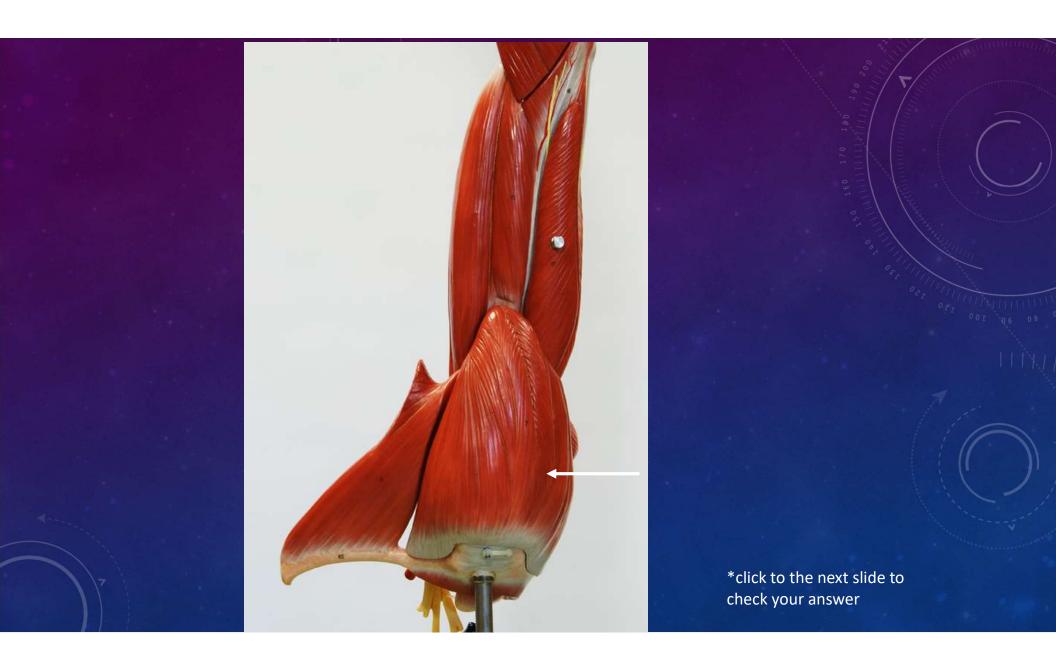


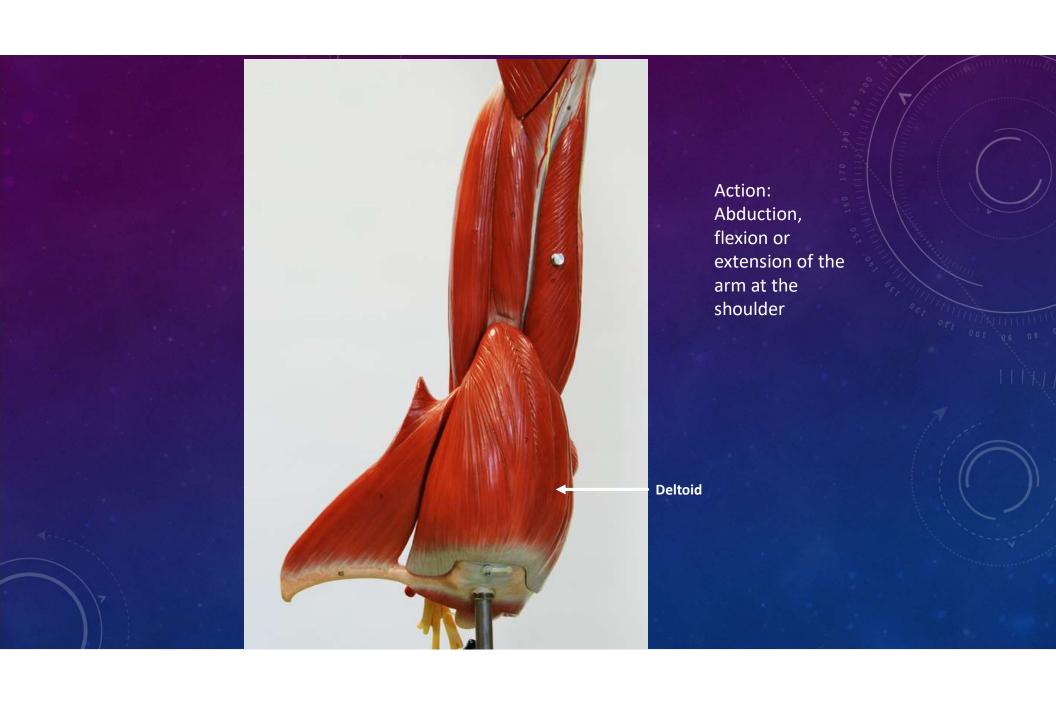




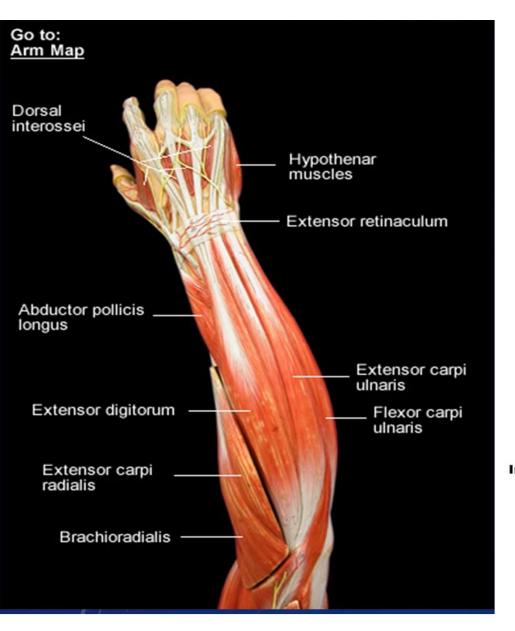


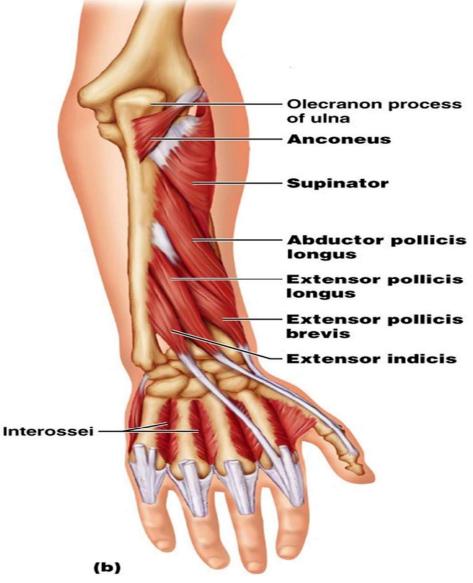




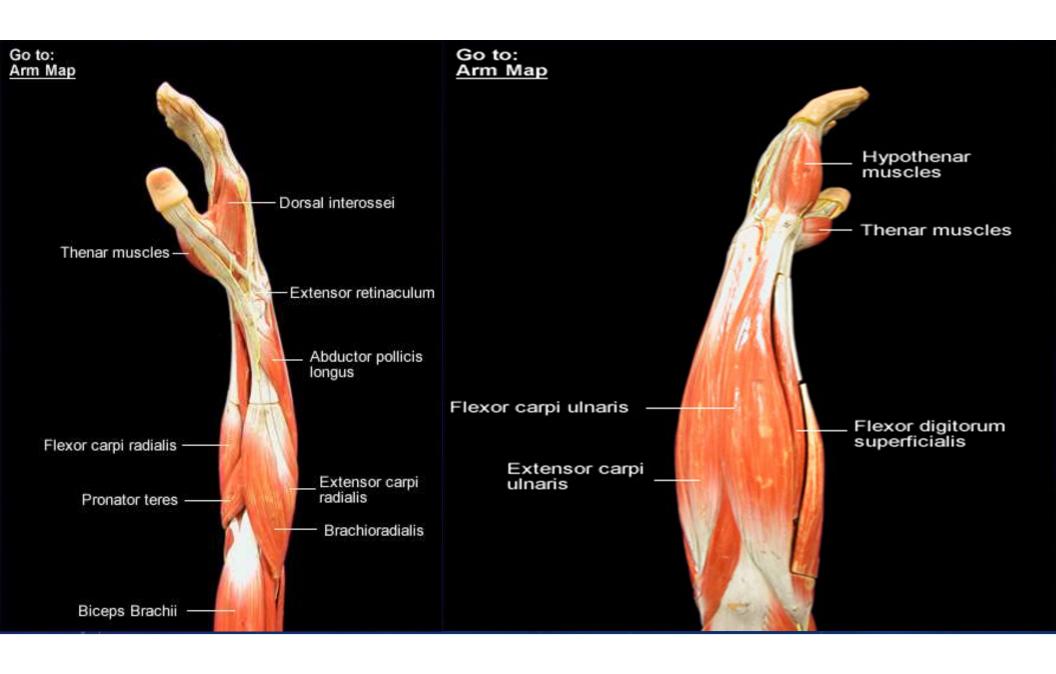


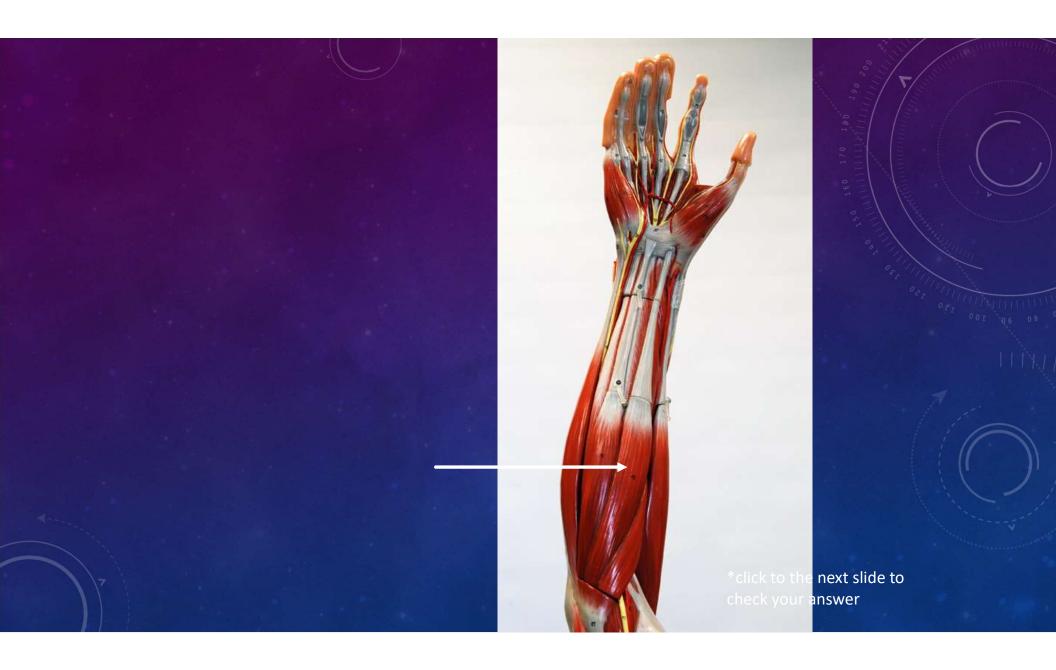


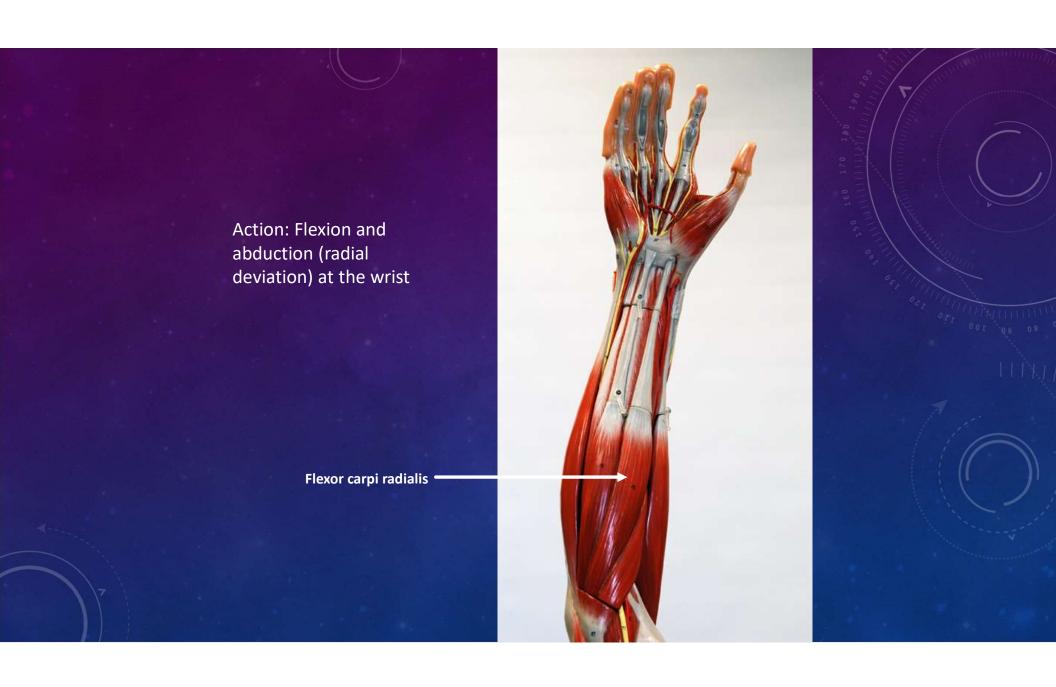


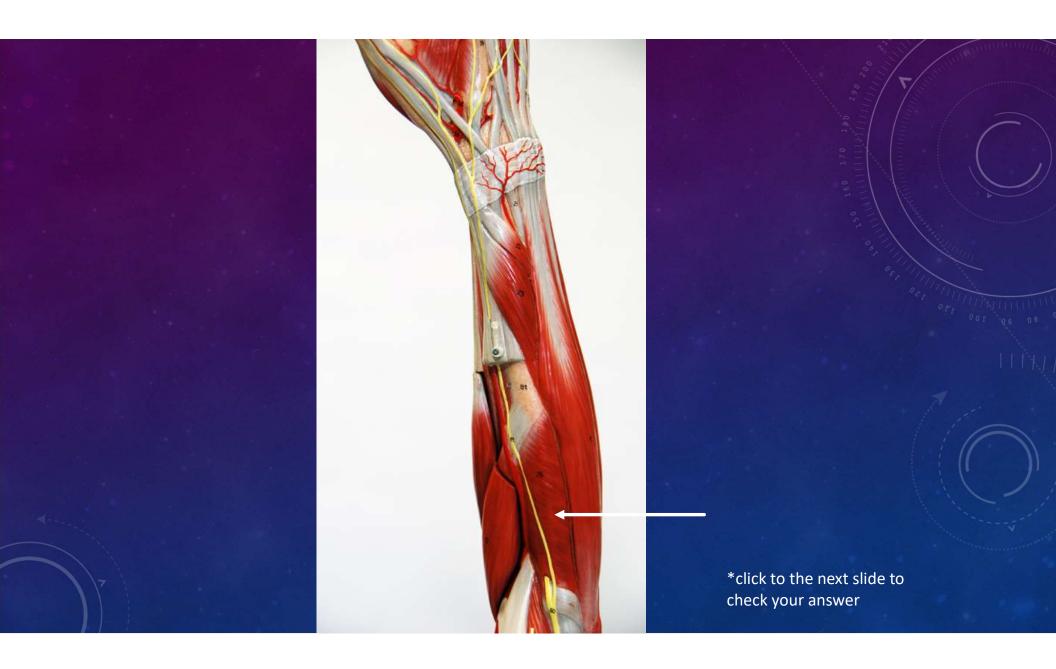


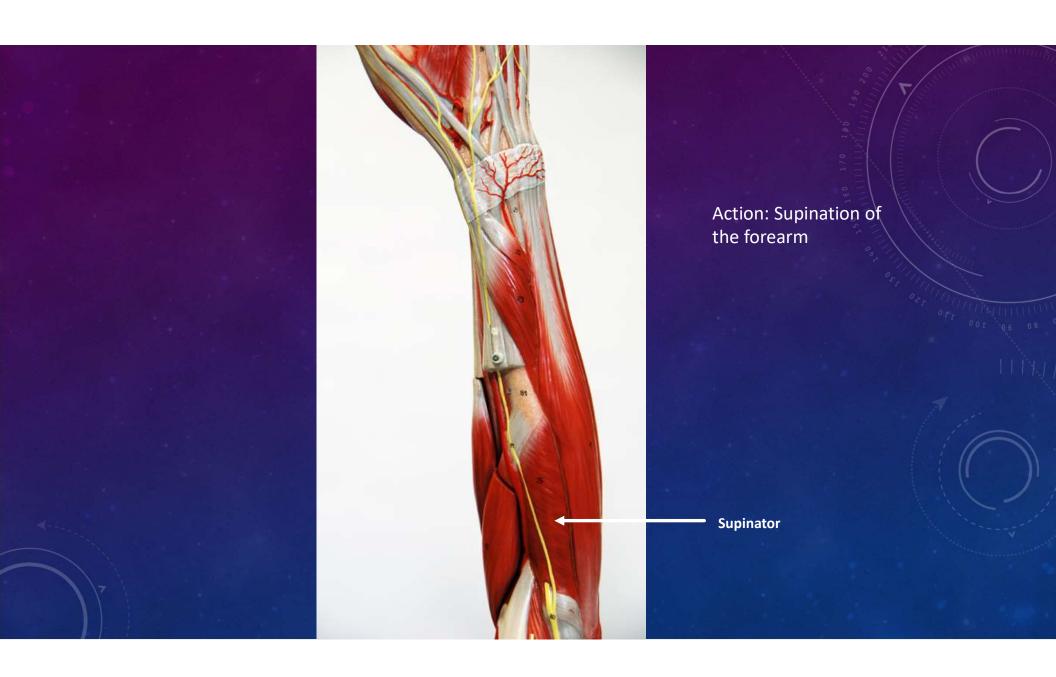


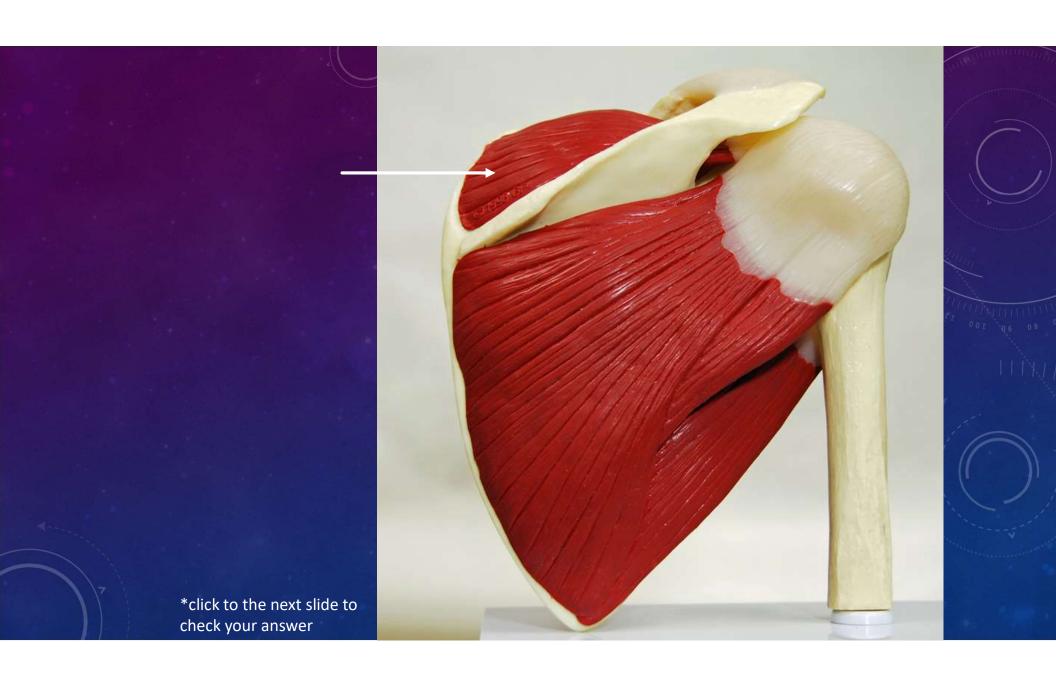


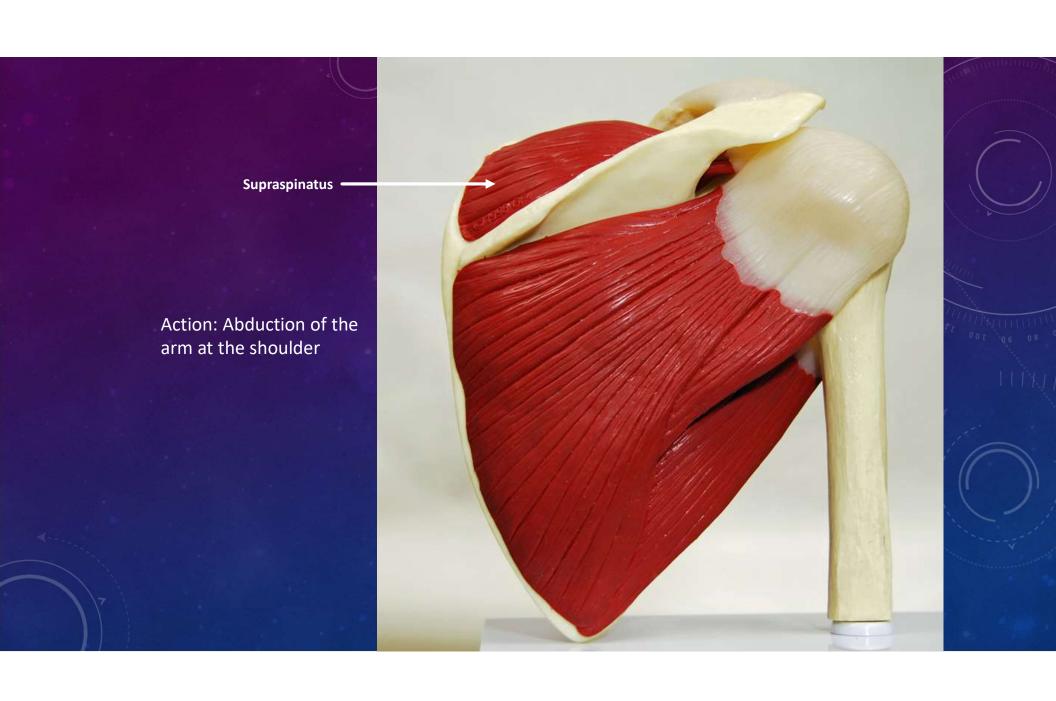


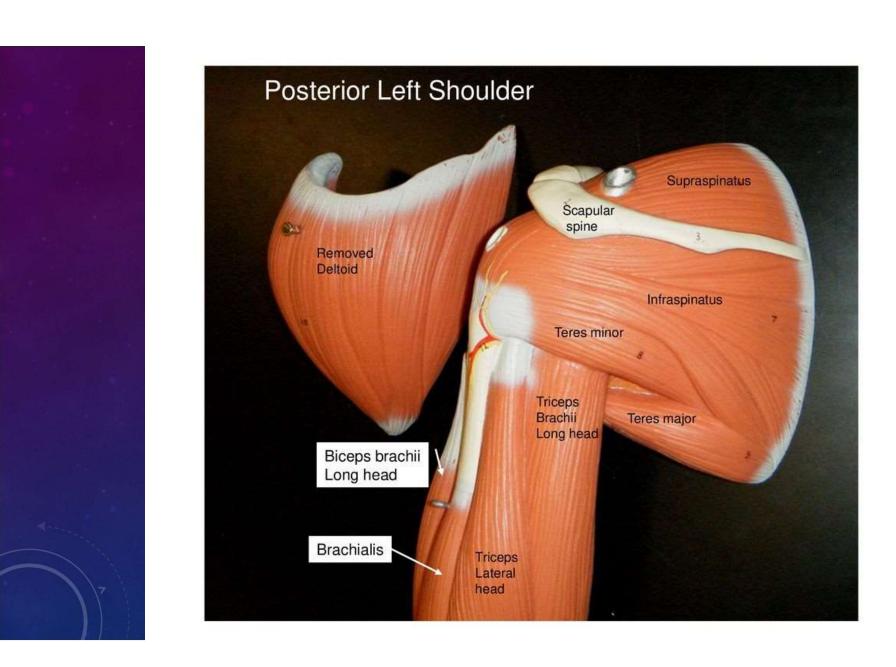






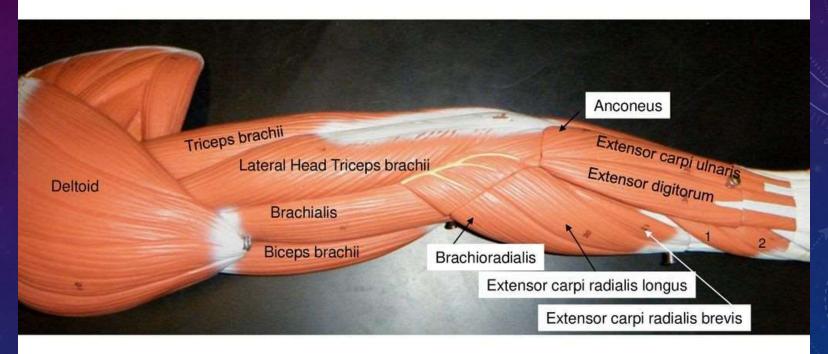






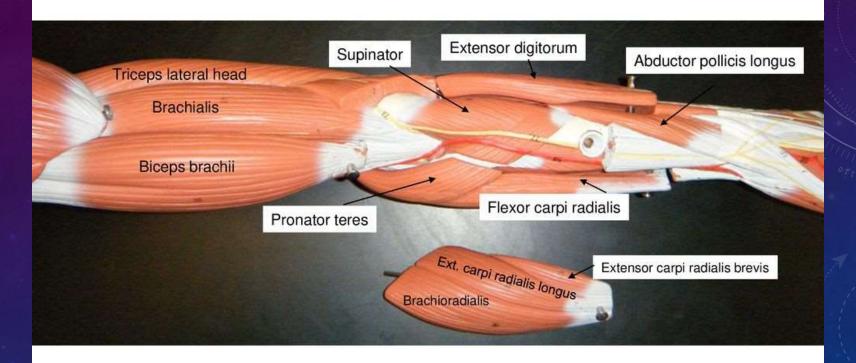


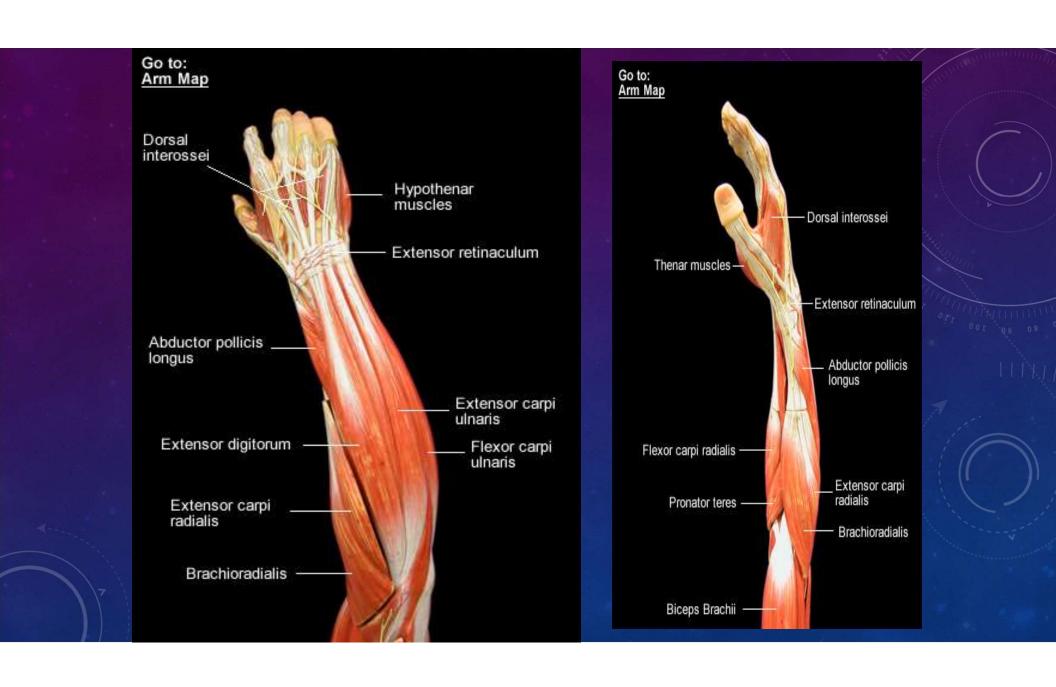
Posterior Left Arm

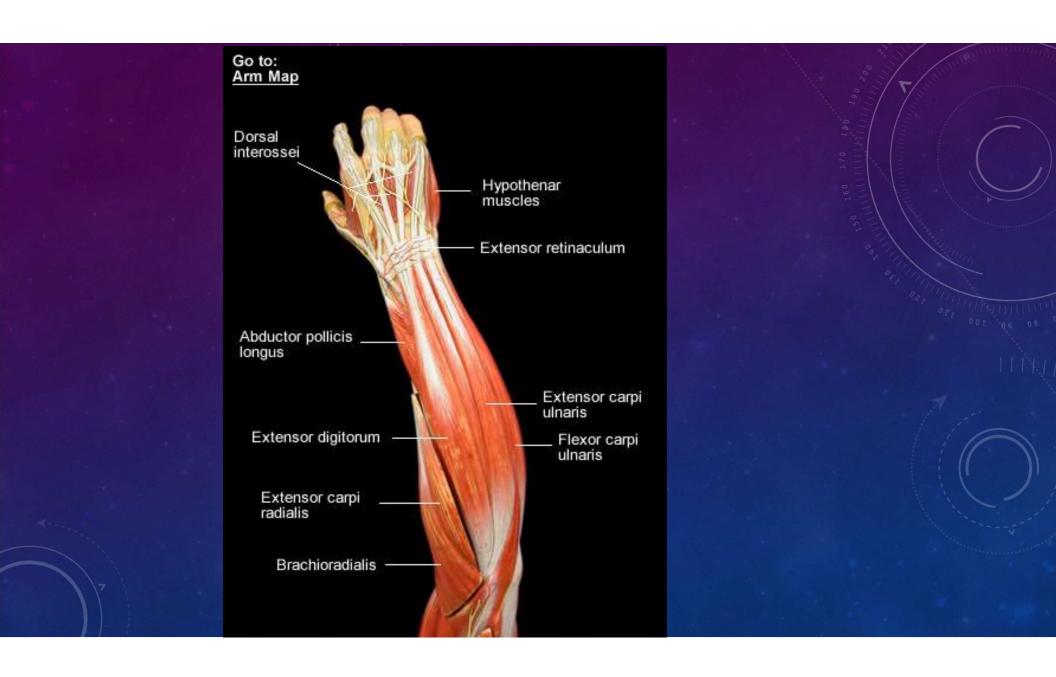


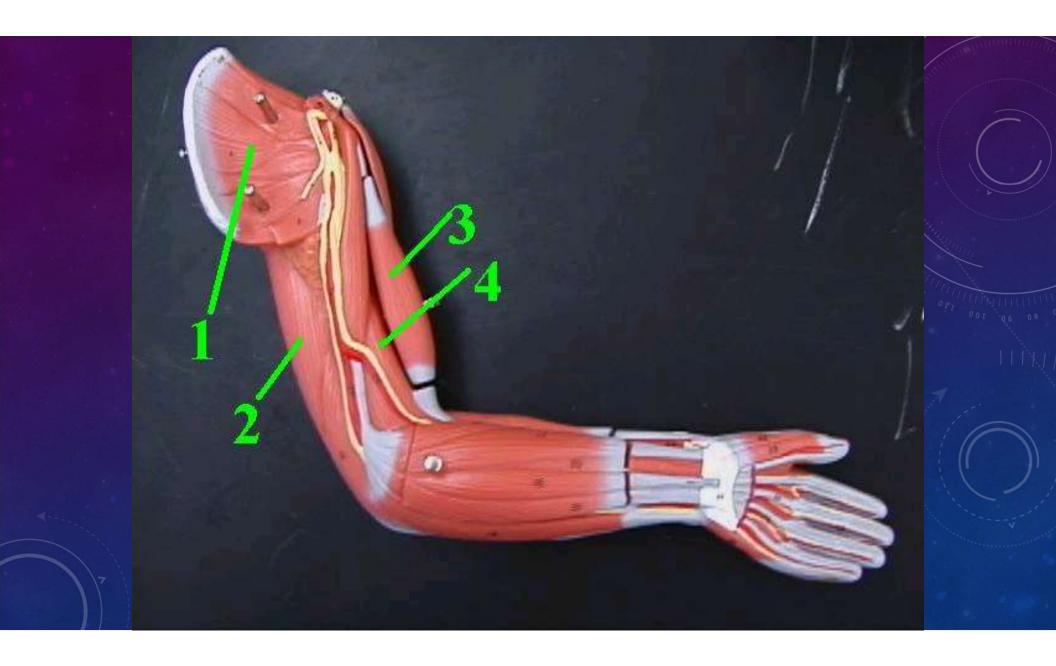
- 1. Abductor pollicis longus
- 2. Extensor pollicis longus

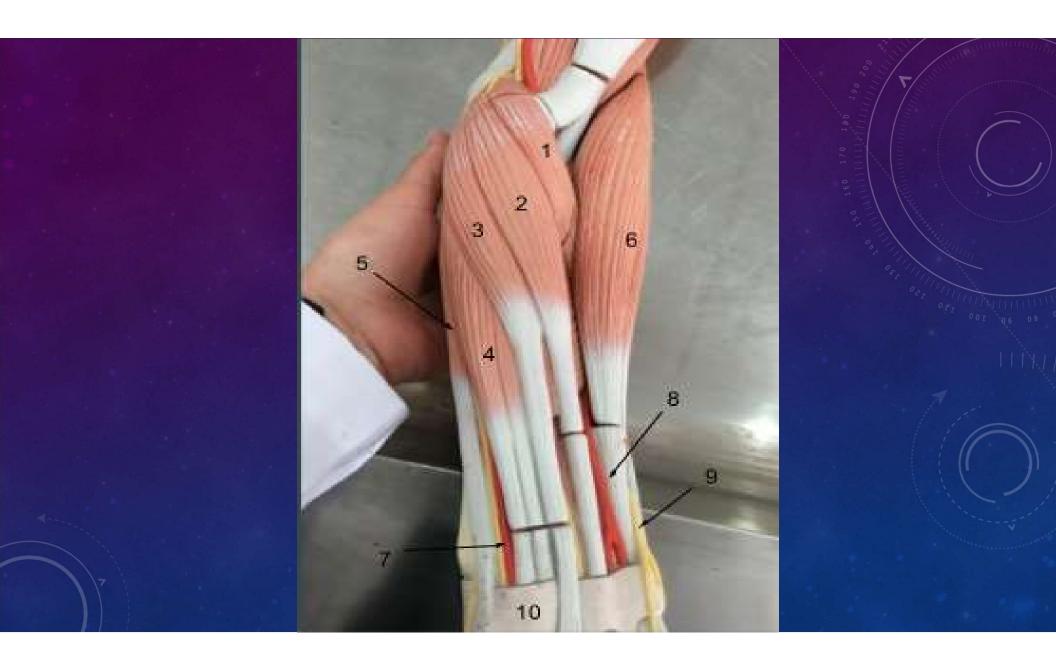
Posterior Left Arm - Superficial Lower arm muscles removed











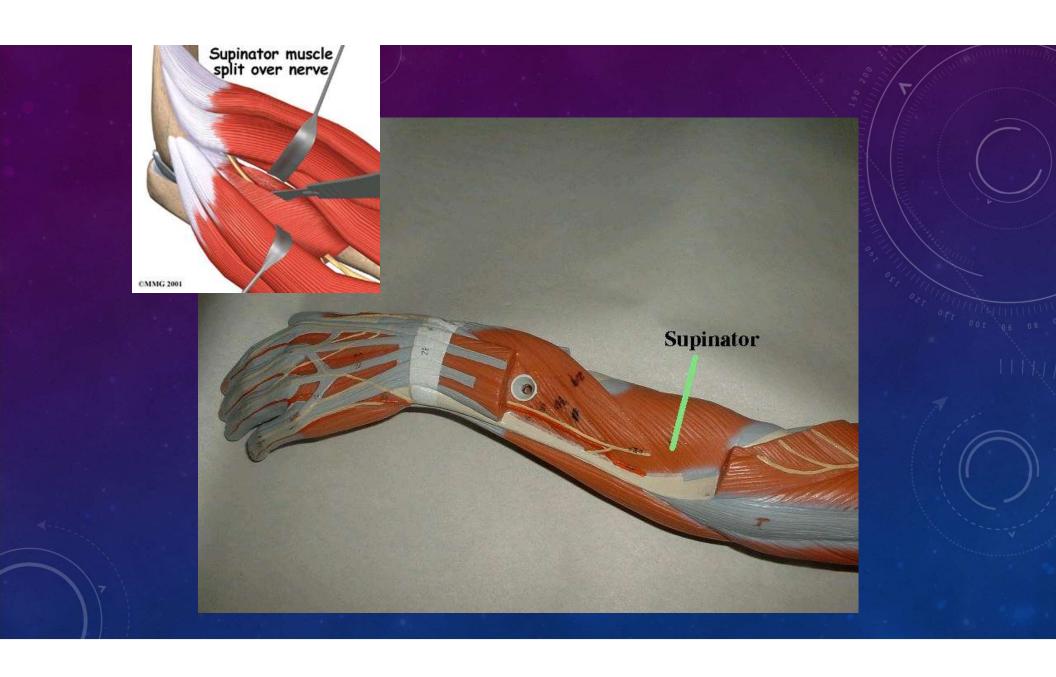
Upper limb Muscles, arteries & nerves

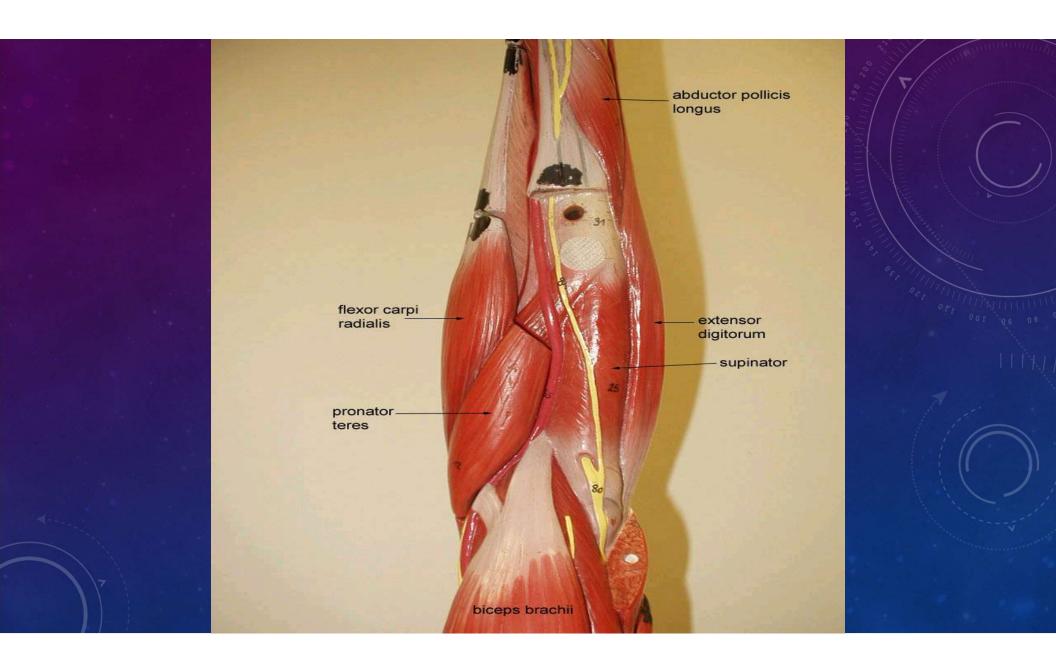
- Pronator teres
- Flexor carpi radialis
- Palmuris longus
- Flexor digitorum superficialis
- Flexor carpi ulnaris
- Brachioradialis
- Ulnar artery & nerve
- Radial artery
- Superficial branch of radial nerve
- Palmar carpal ligament

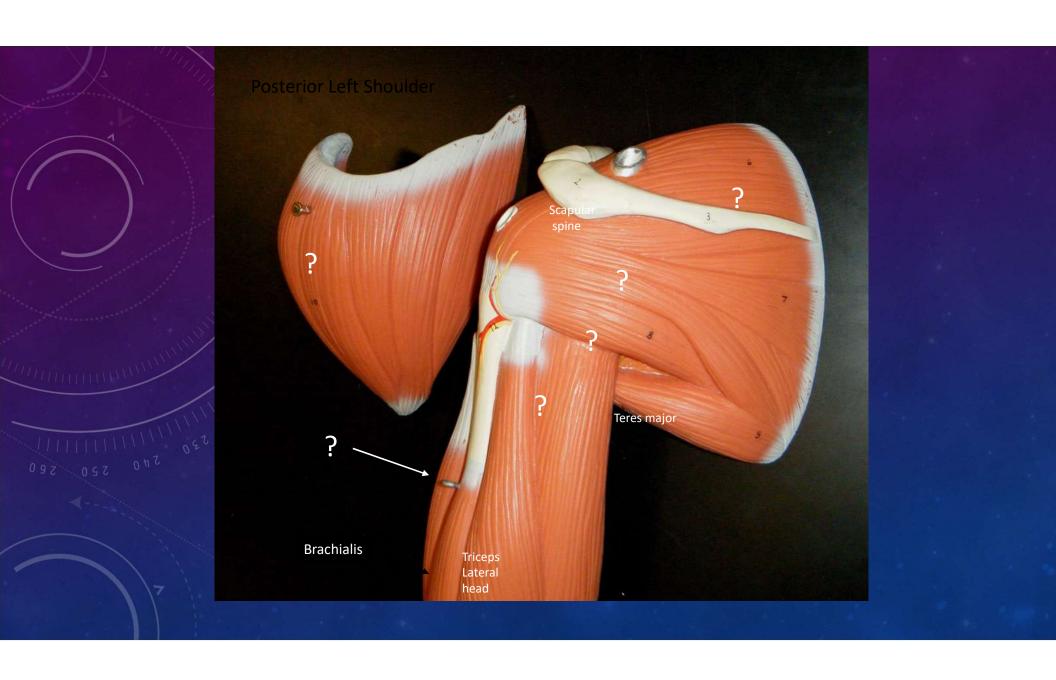


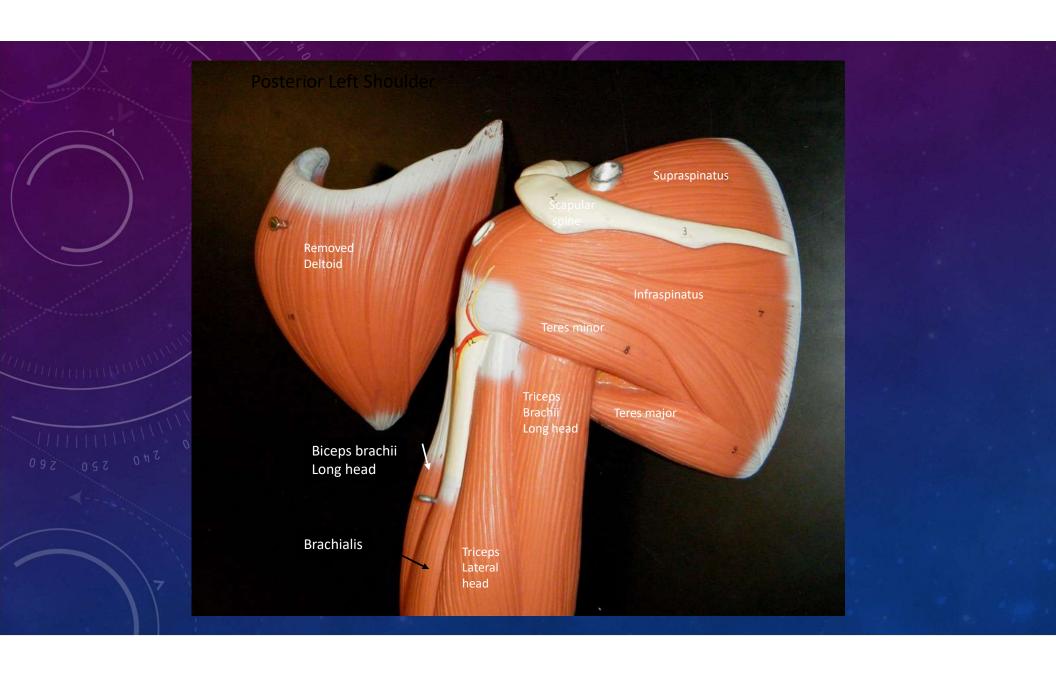


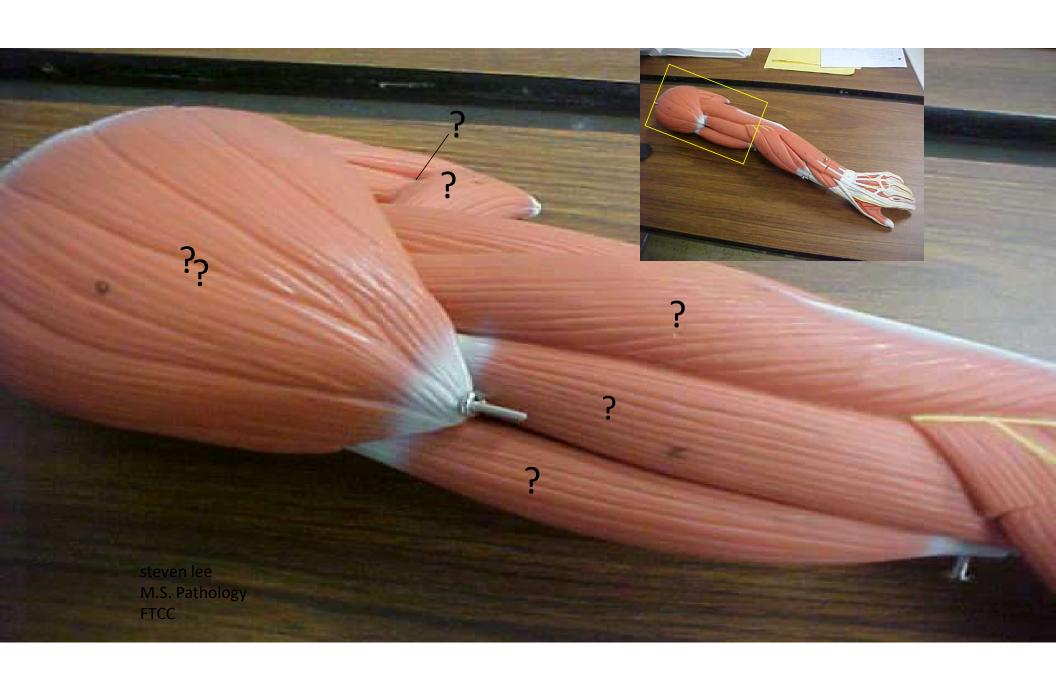
Upper limb Biceps brachii Brachialis Triceps Pronator teres 5. Flexor carpi radialis Palmaris longus Flexor carpi ulnaris Palmar carpal ligament



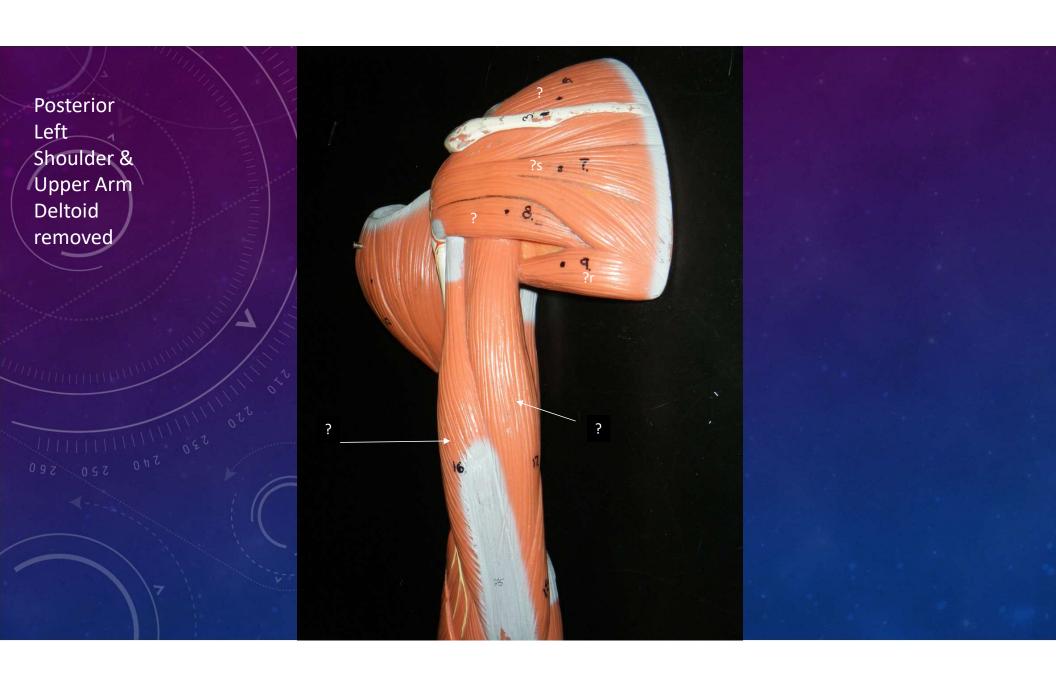


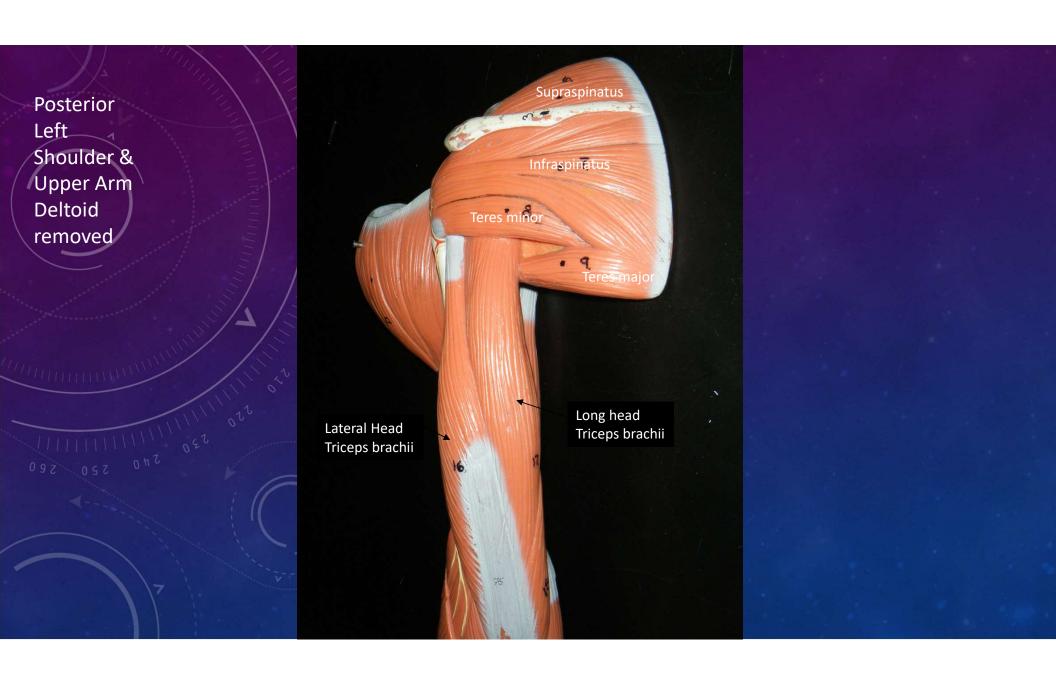


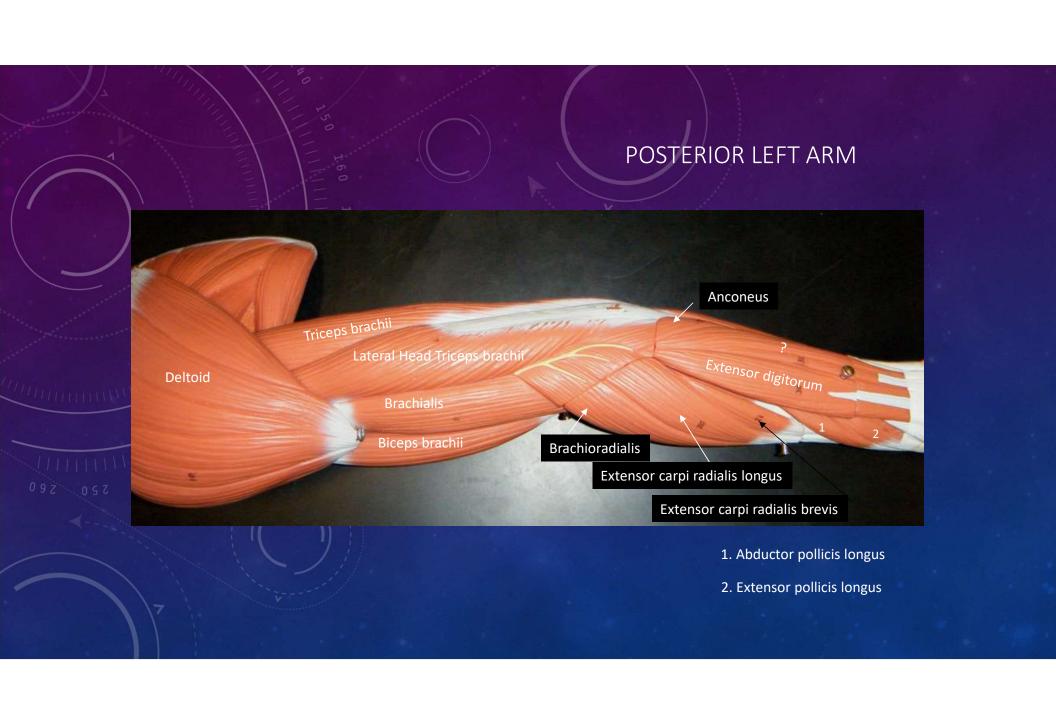


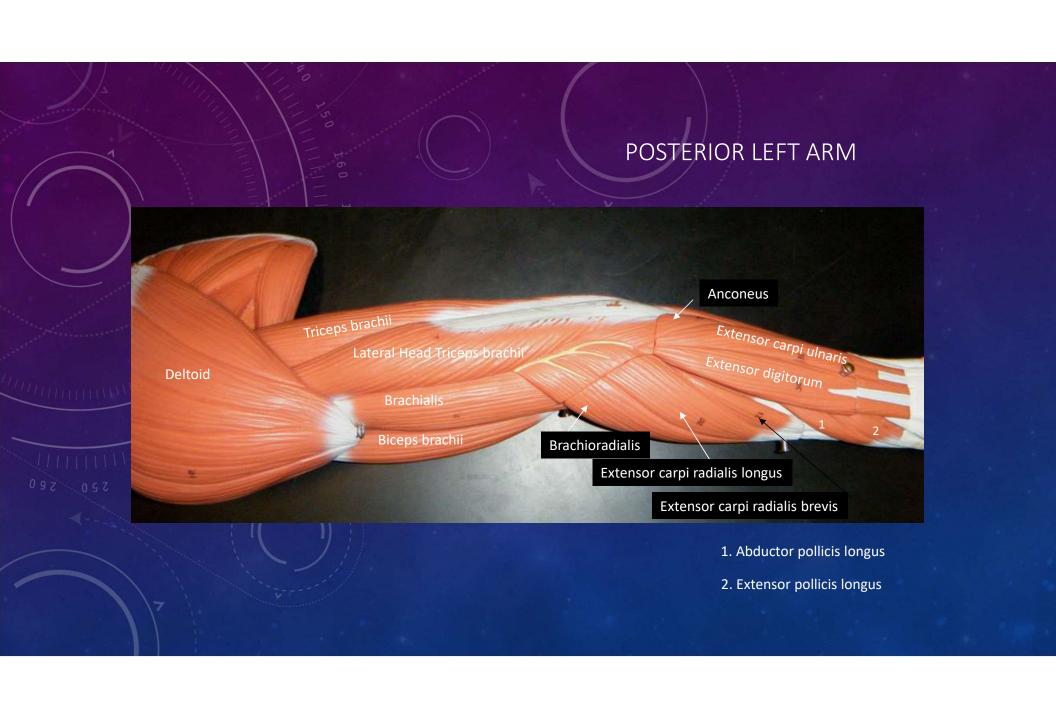


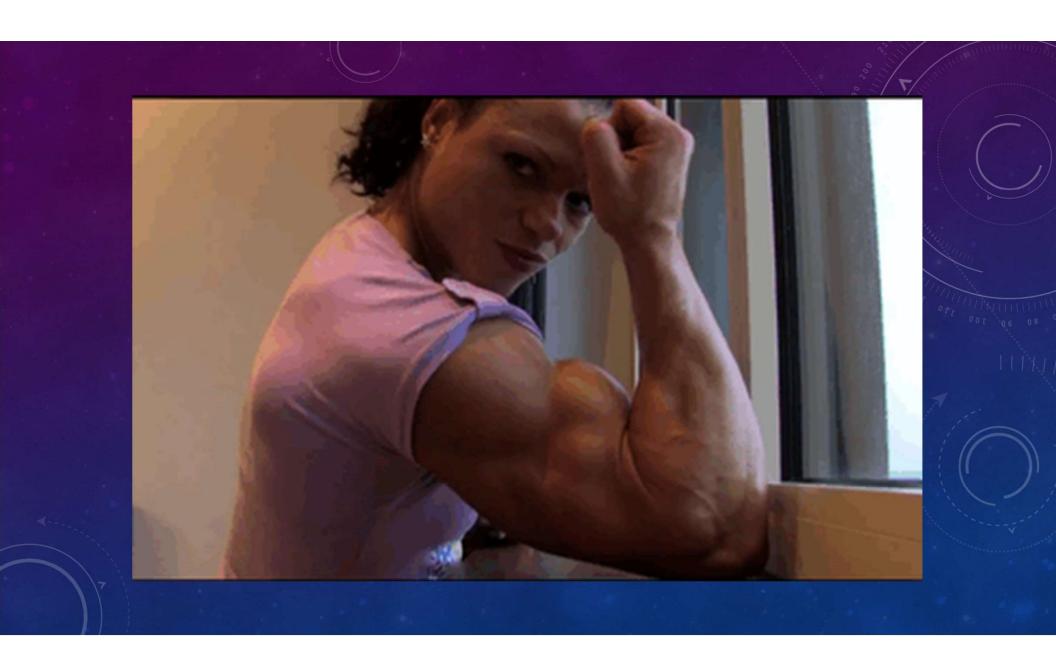


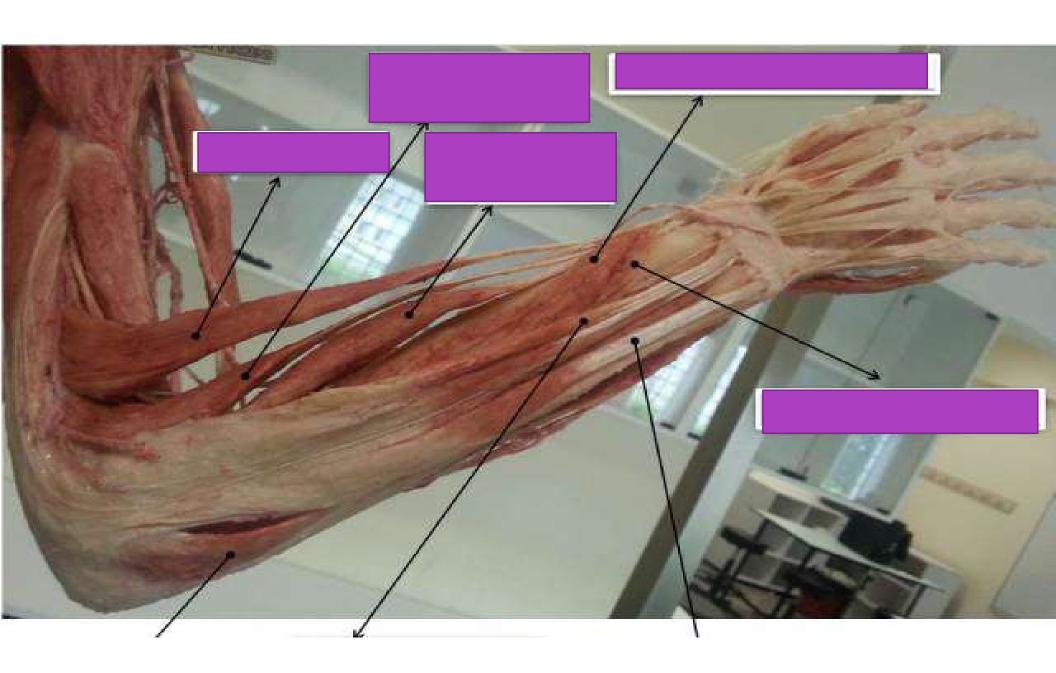


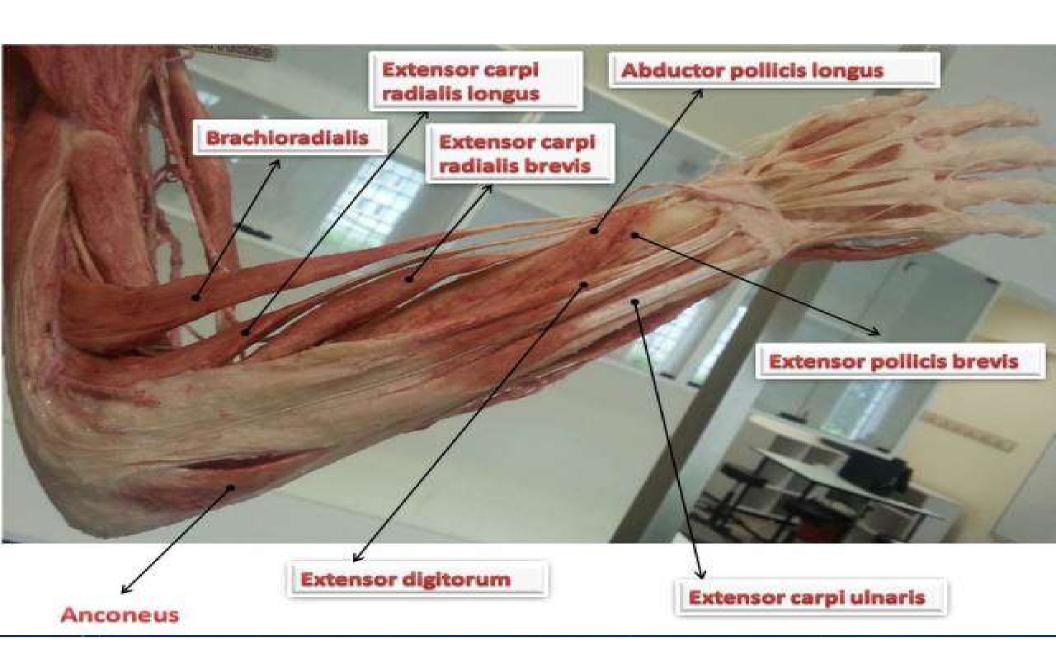




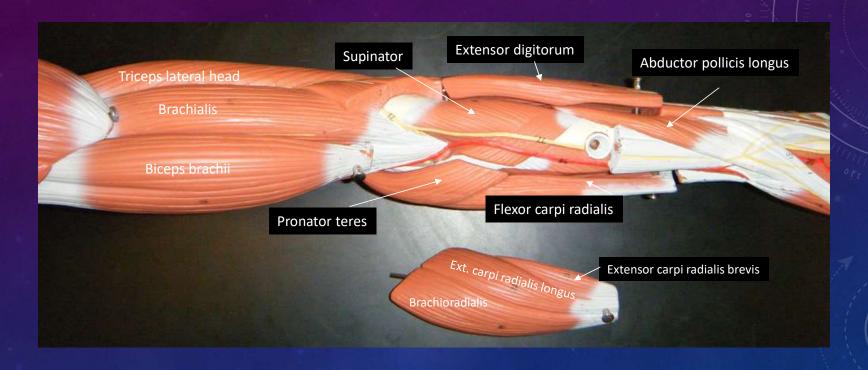




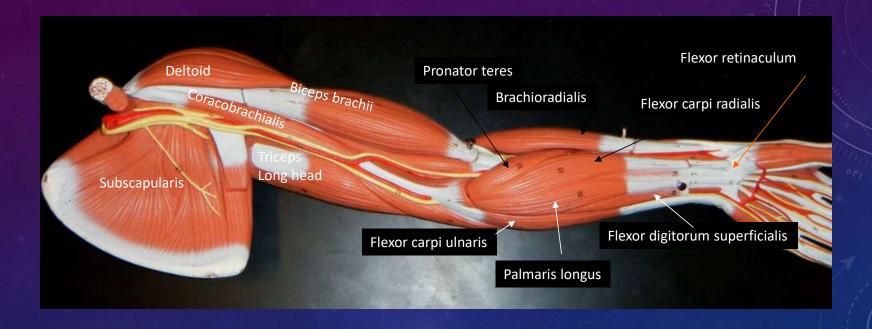




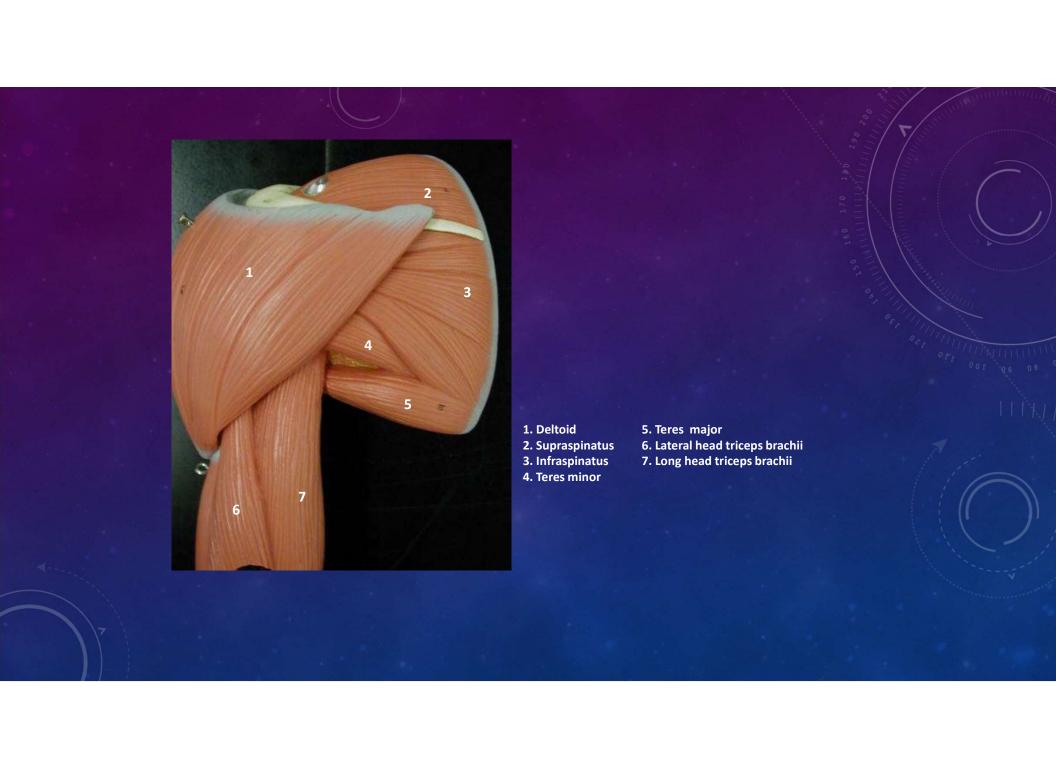
POSTERIOR LEFT ARM - SUPERFICIAL LOWER ARM MUSCLES REMOVED

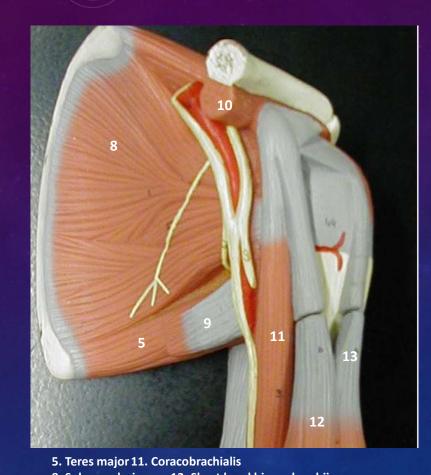


LEFT ARM ANTERIOR







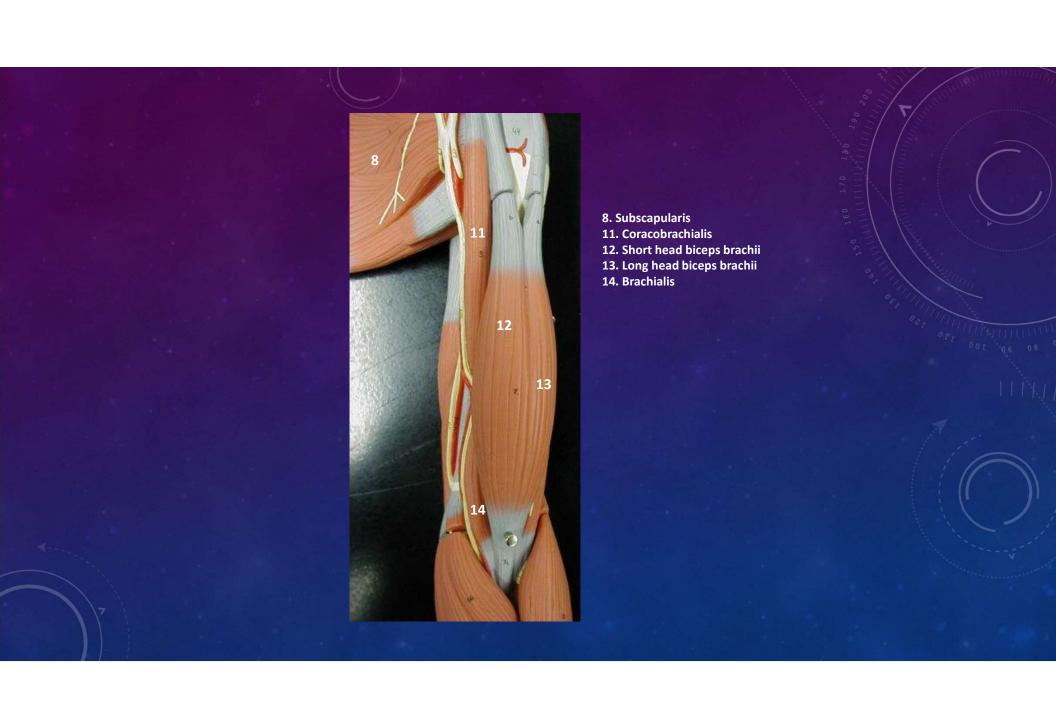


8. Subscapularis

9. Latissimus dorsi

12. Short head biceps brachii 13. Long head biceps brachii

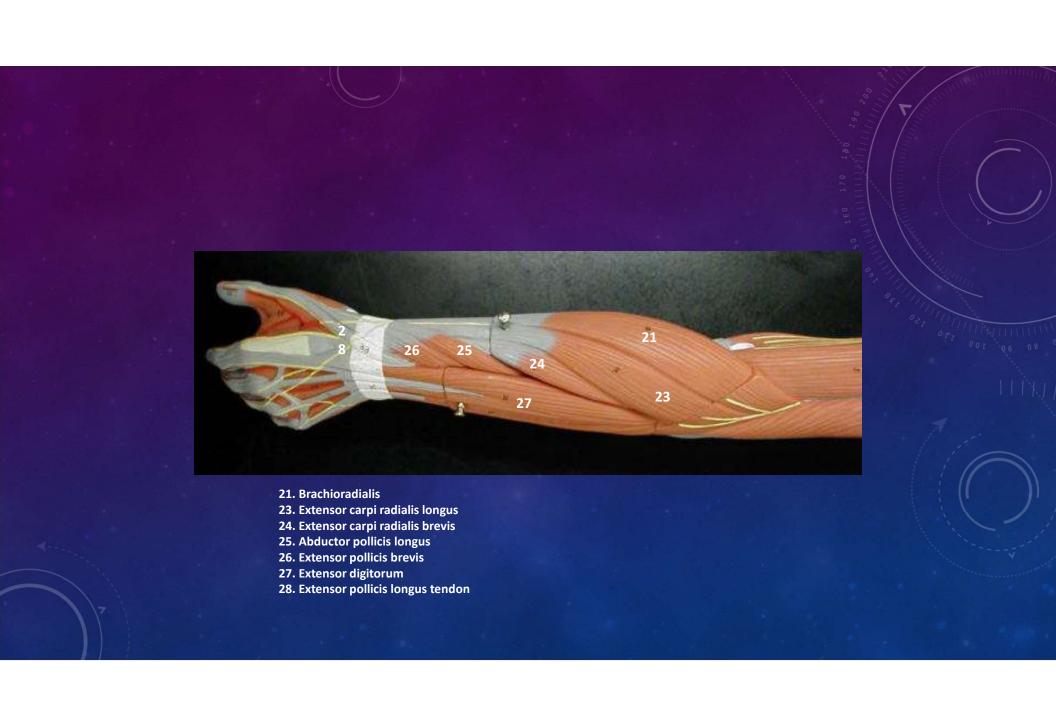
10. Subclavius





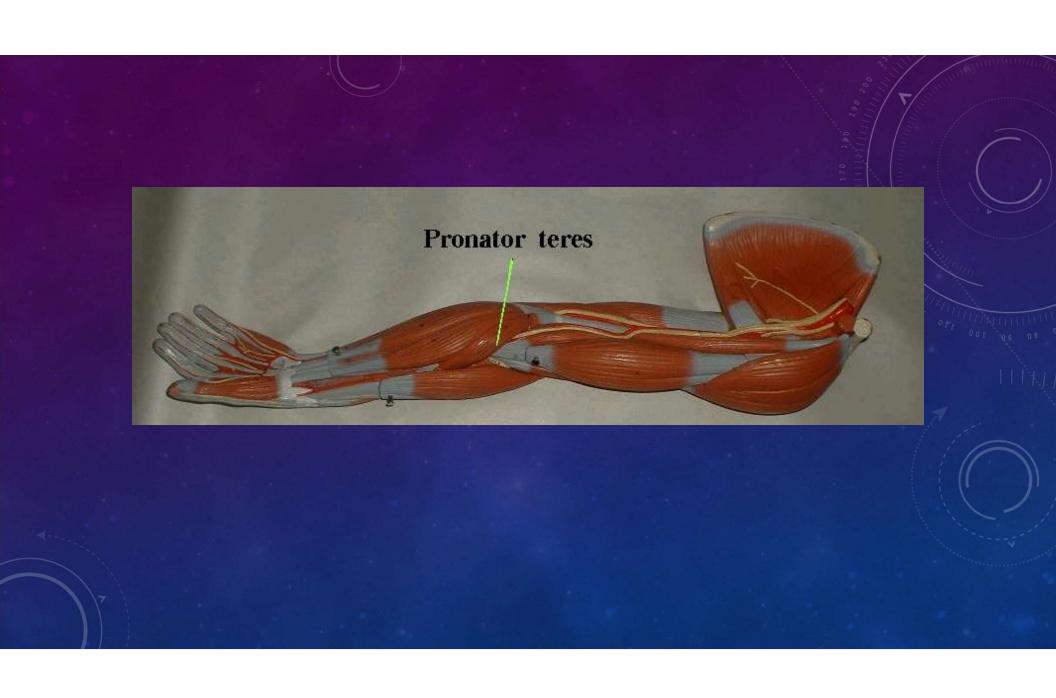


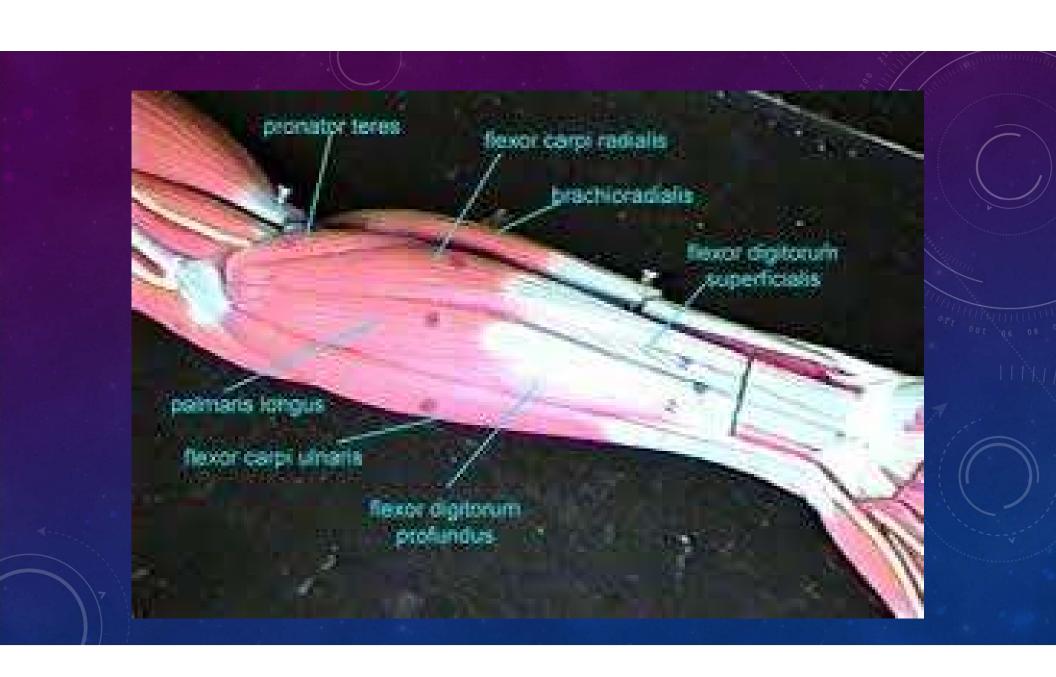


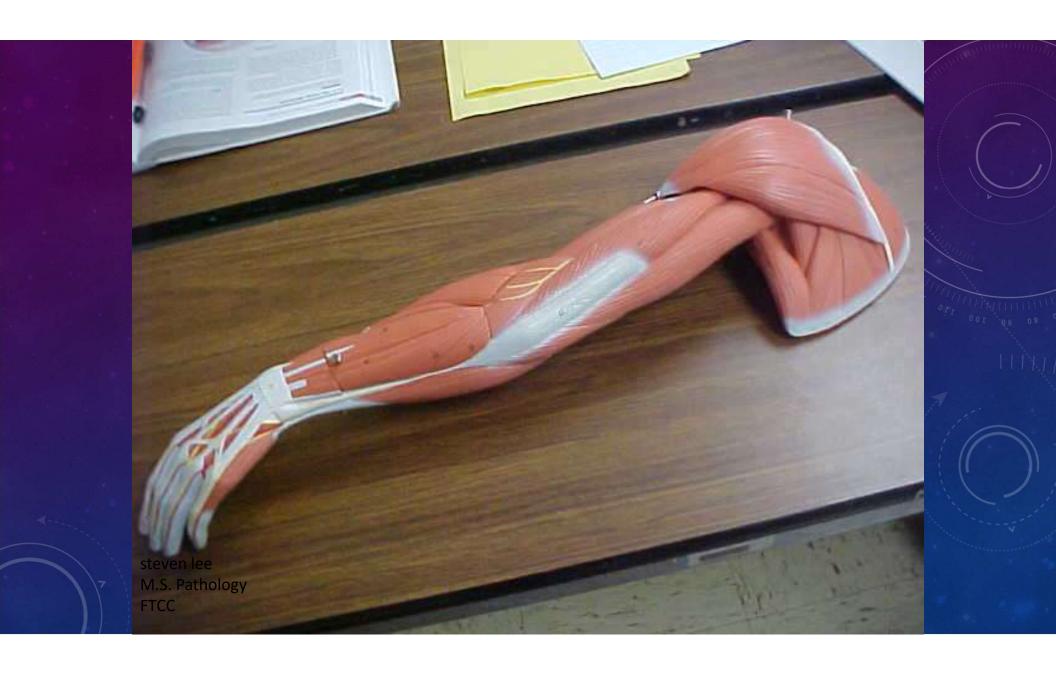


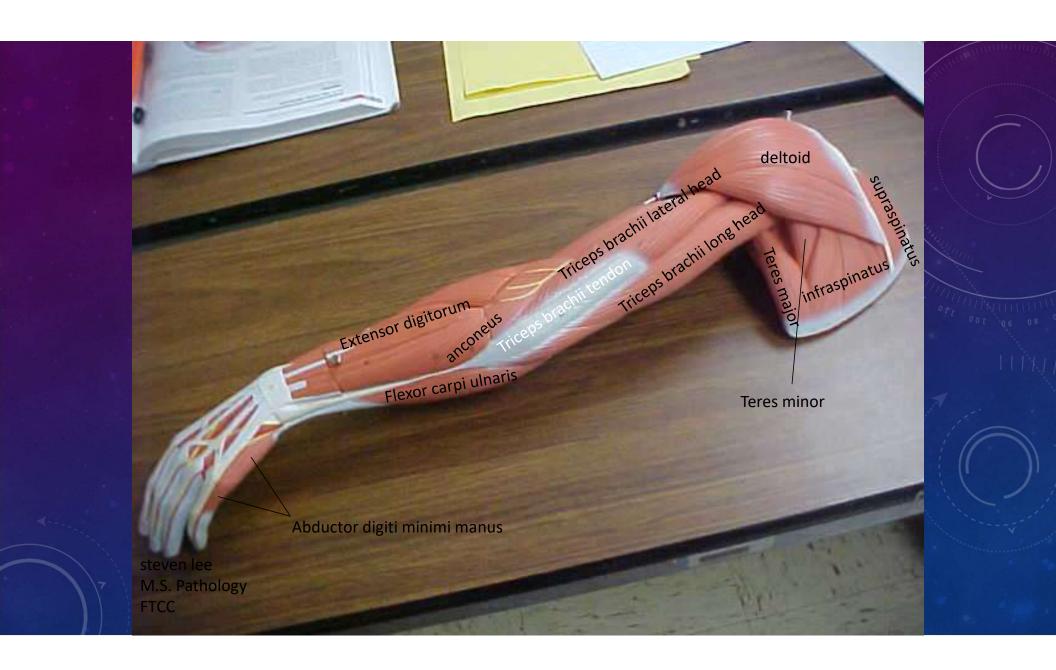




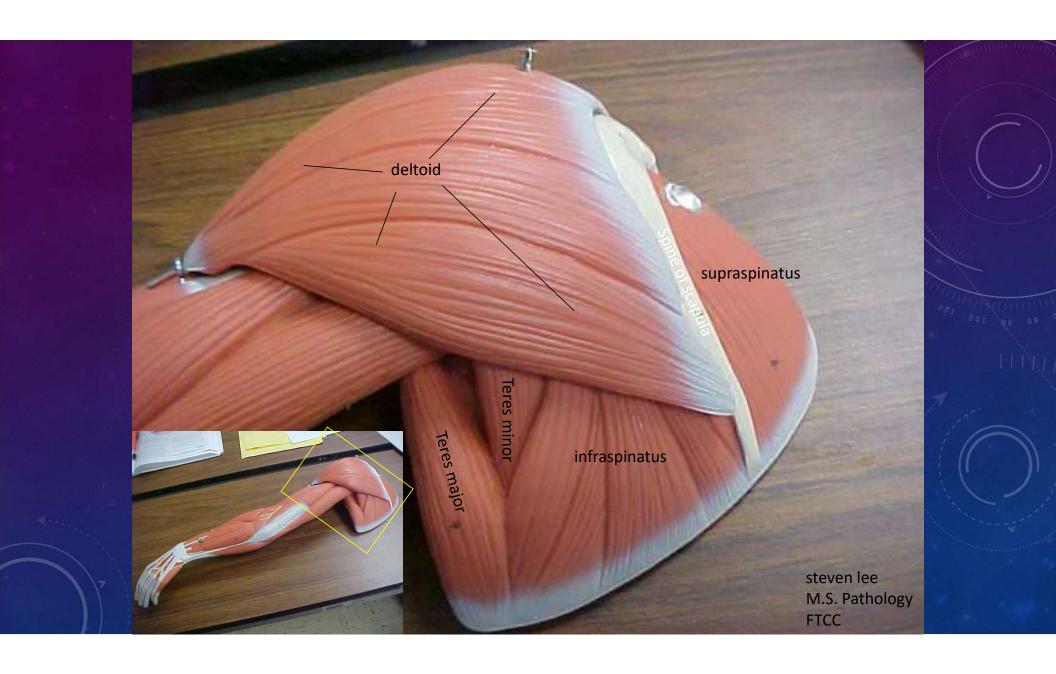




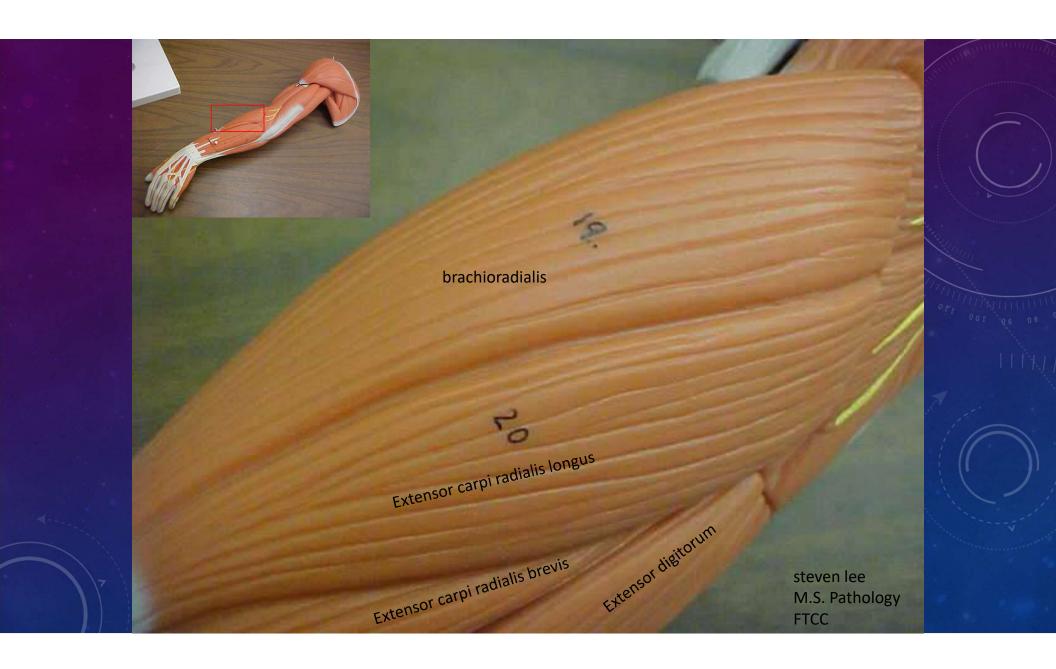


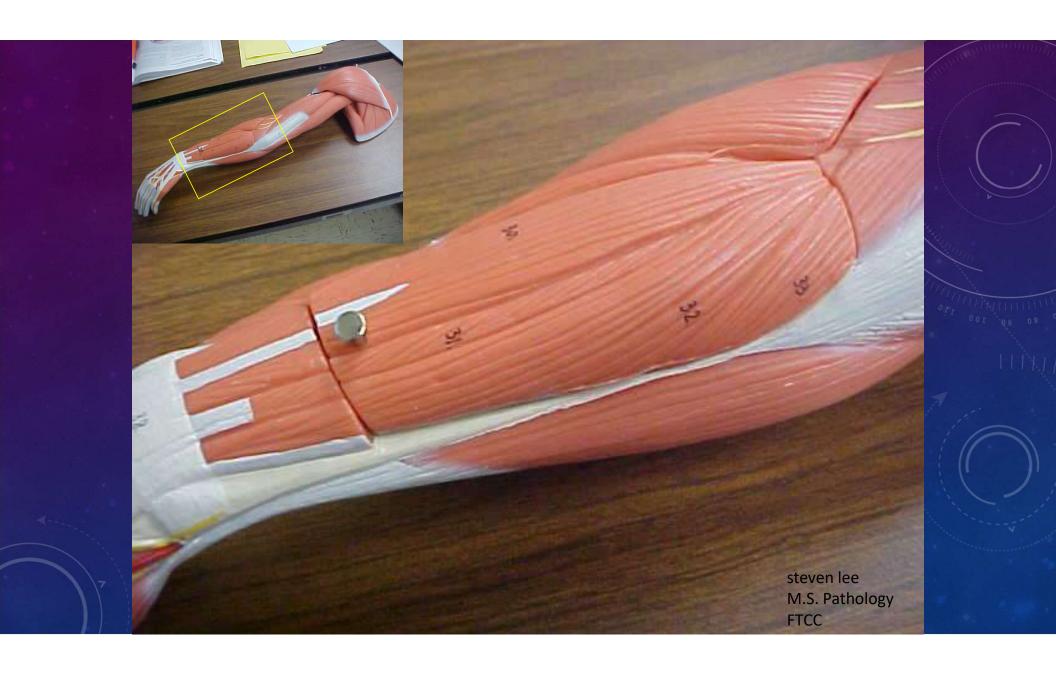


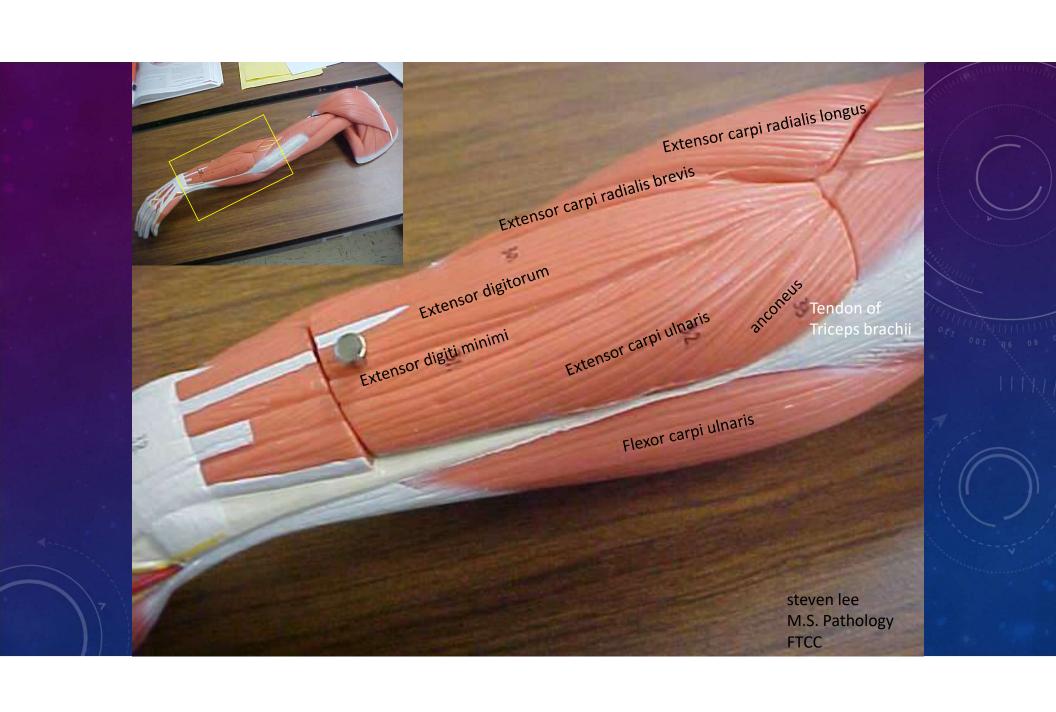




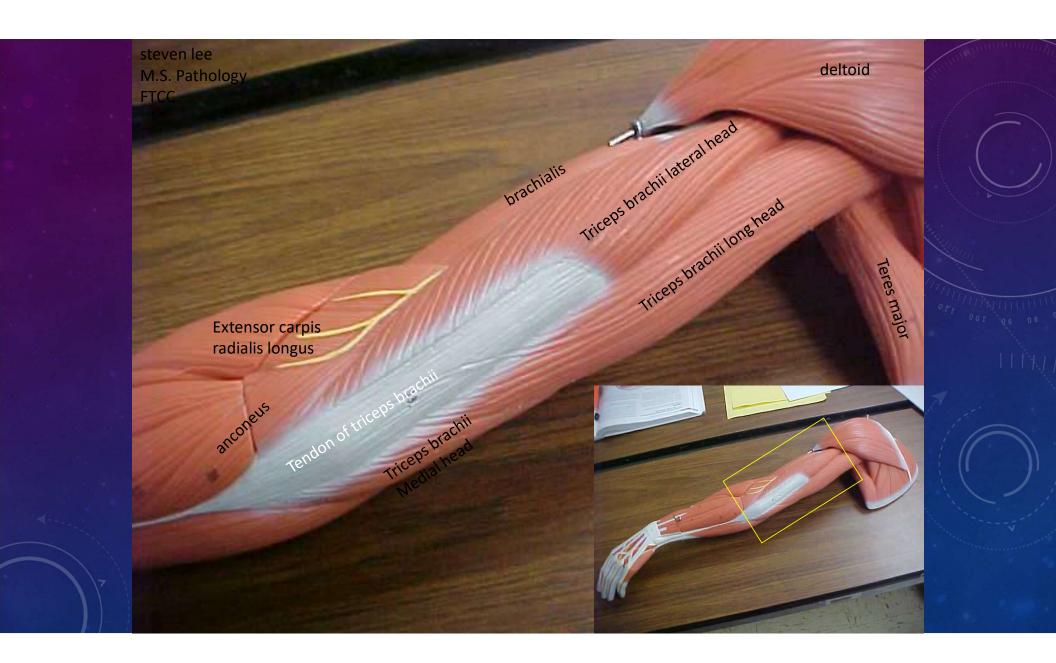


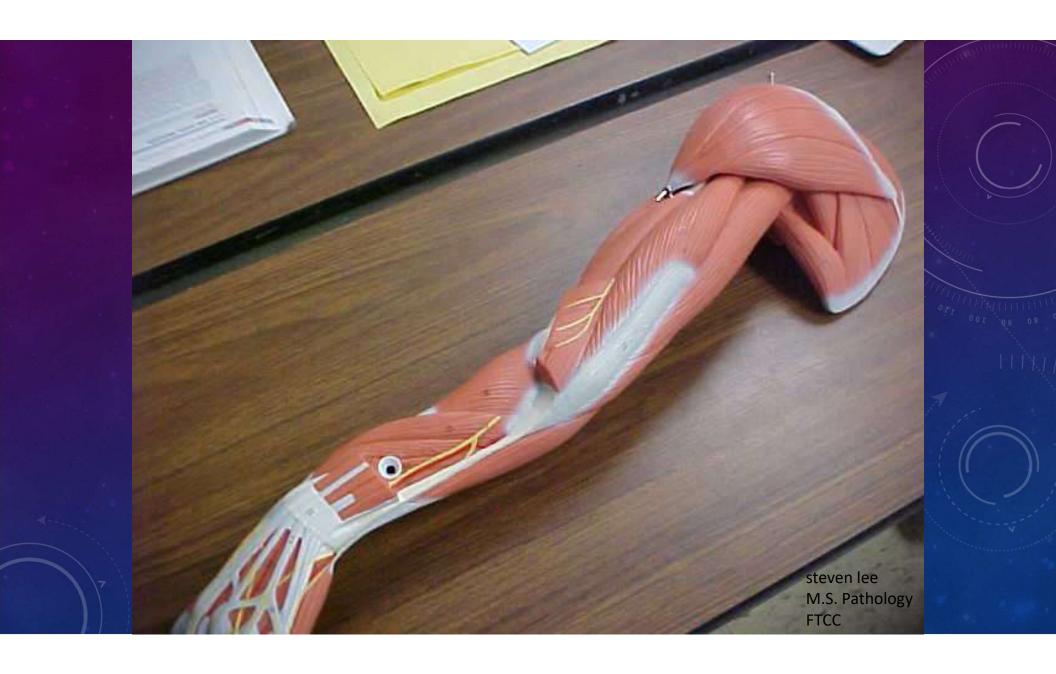


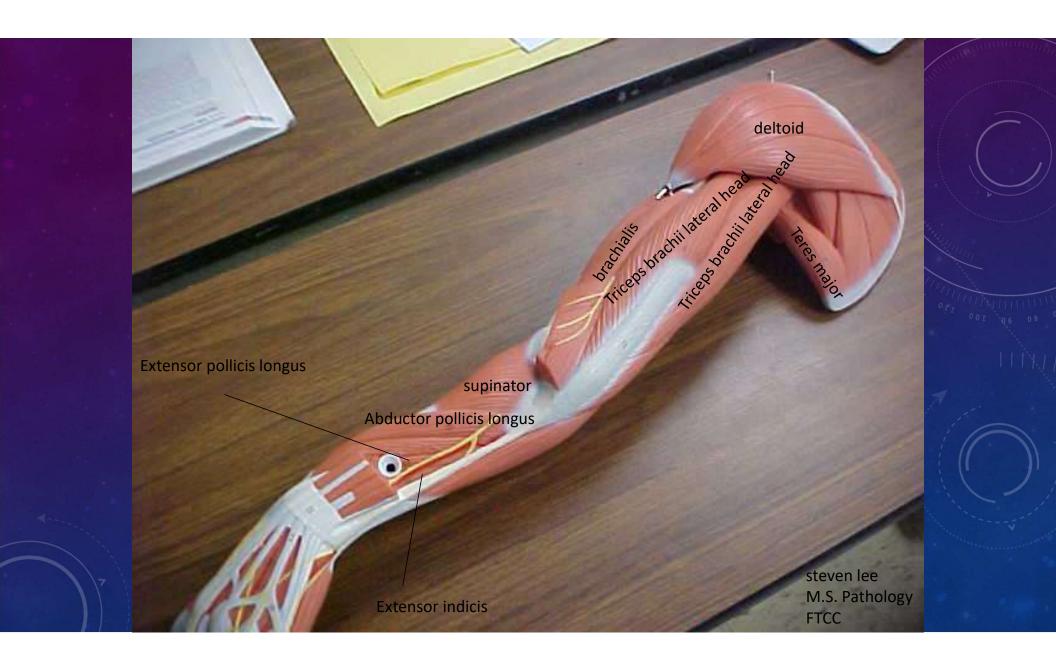




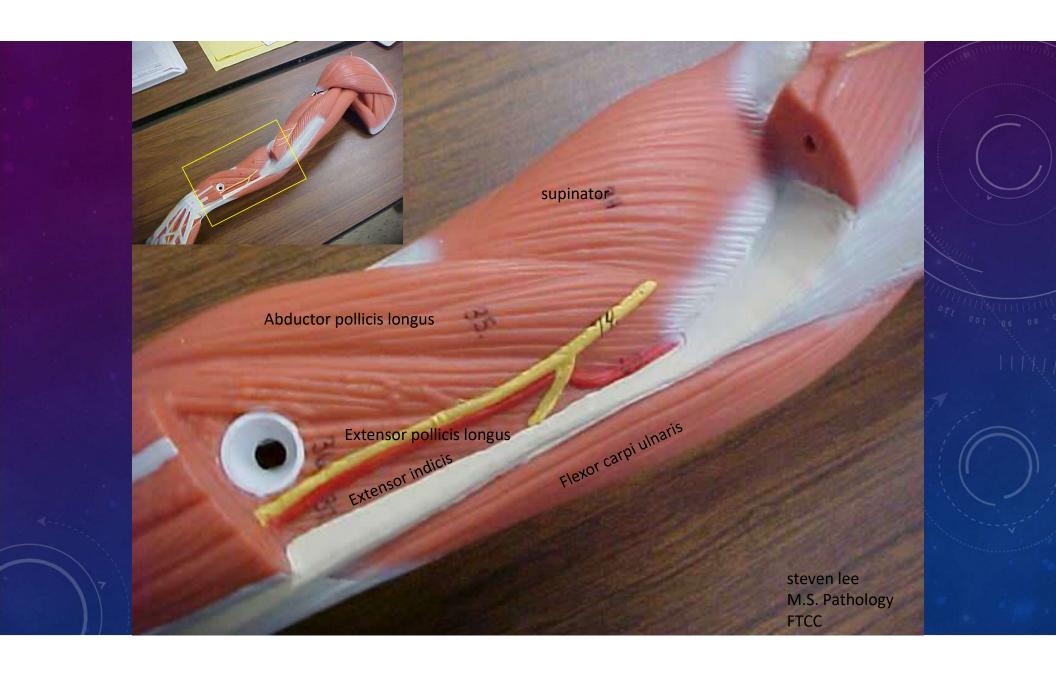


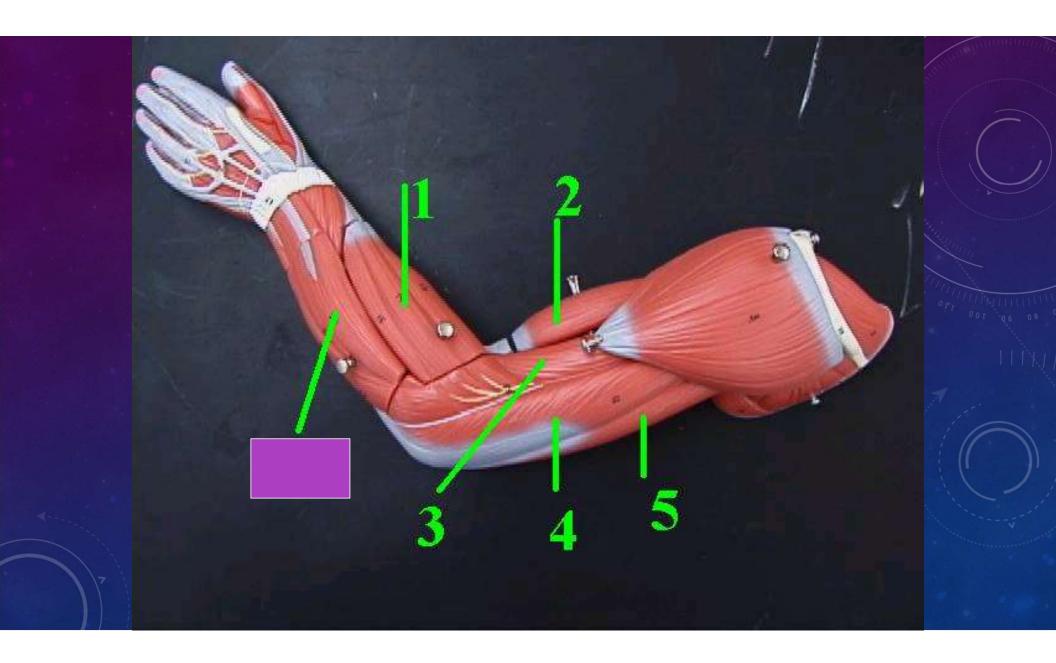


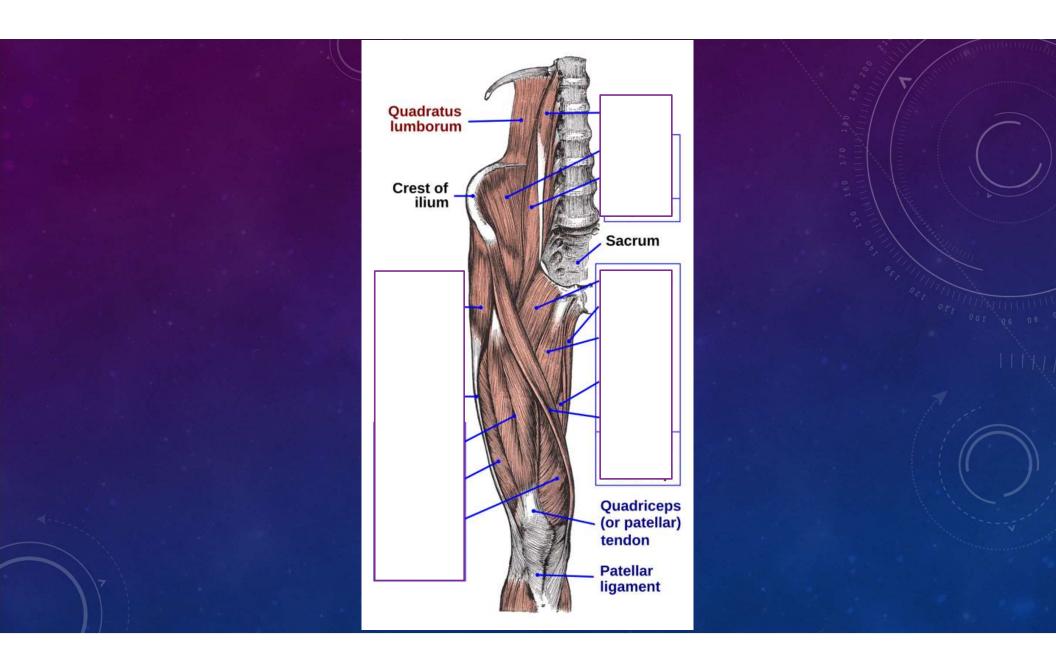


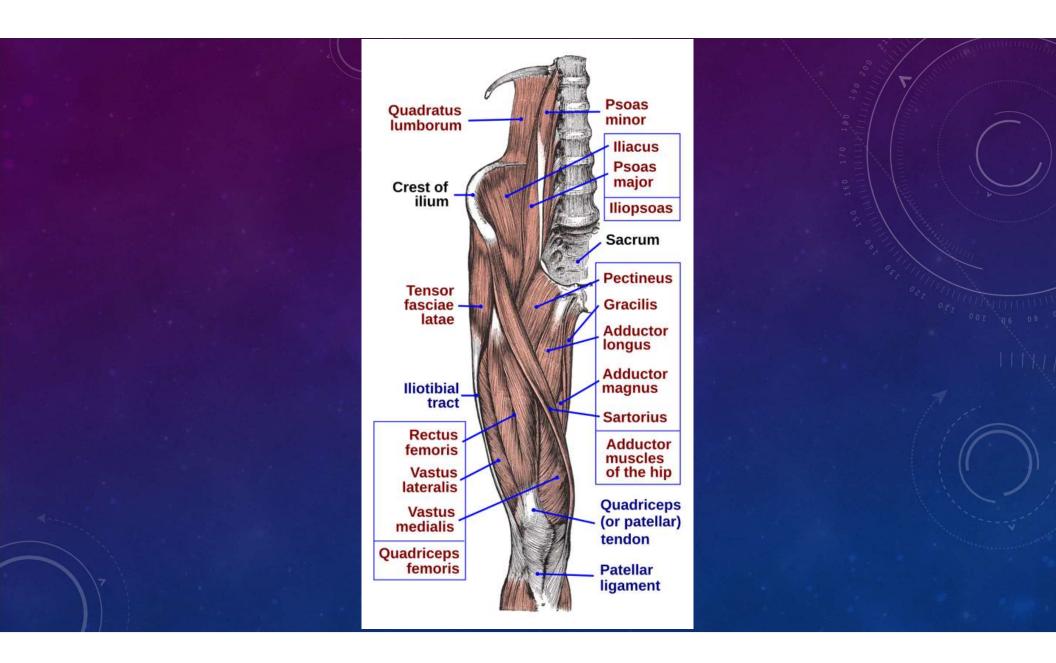


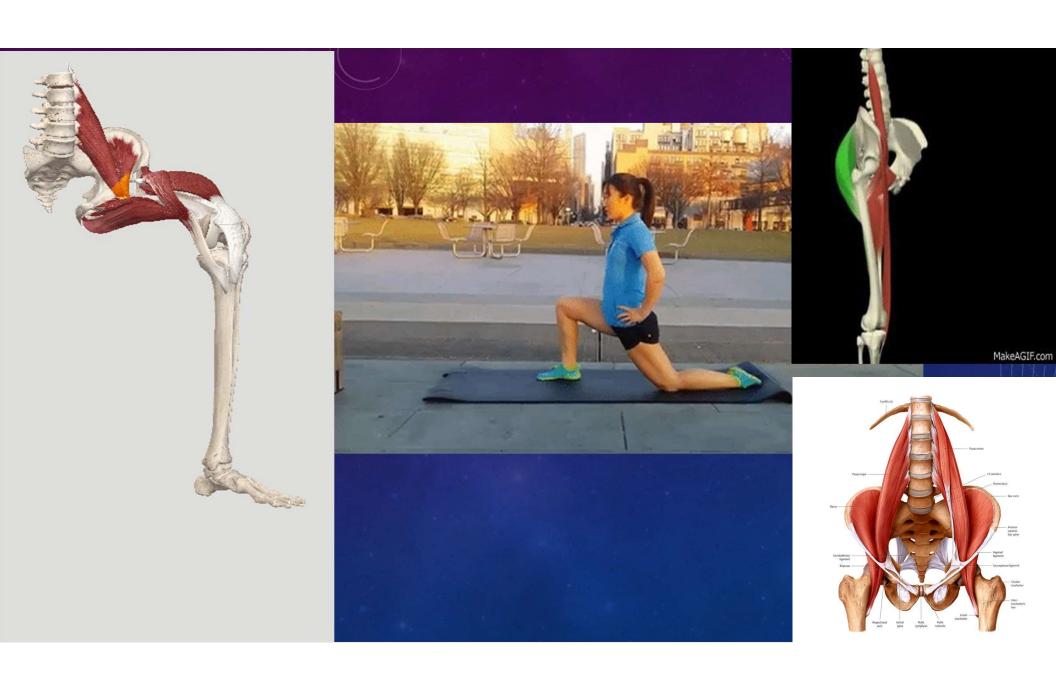








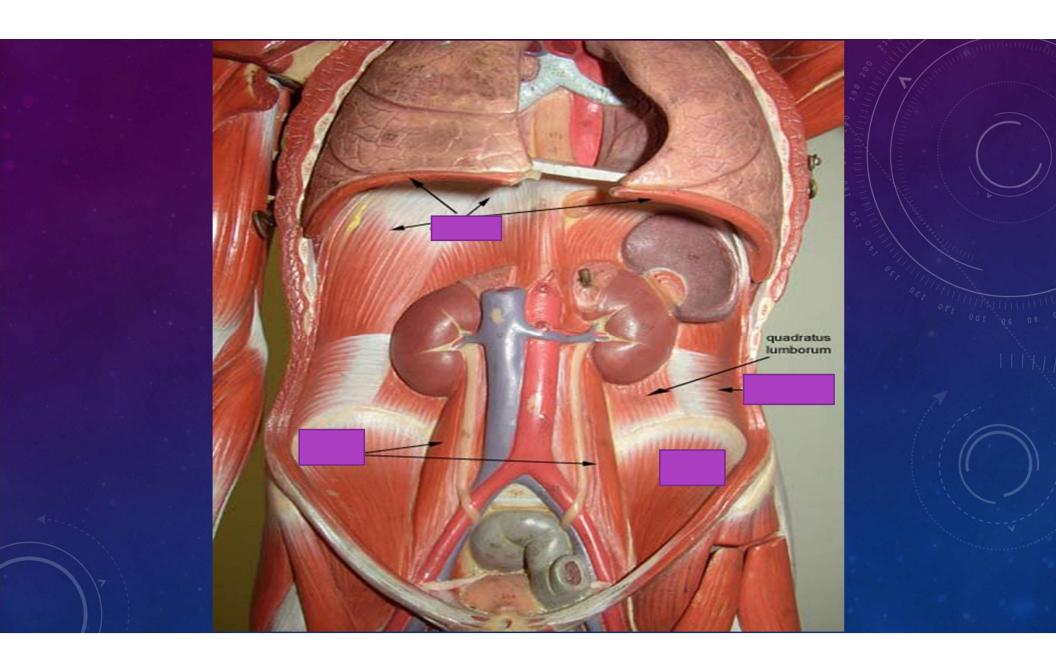


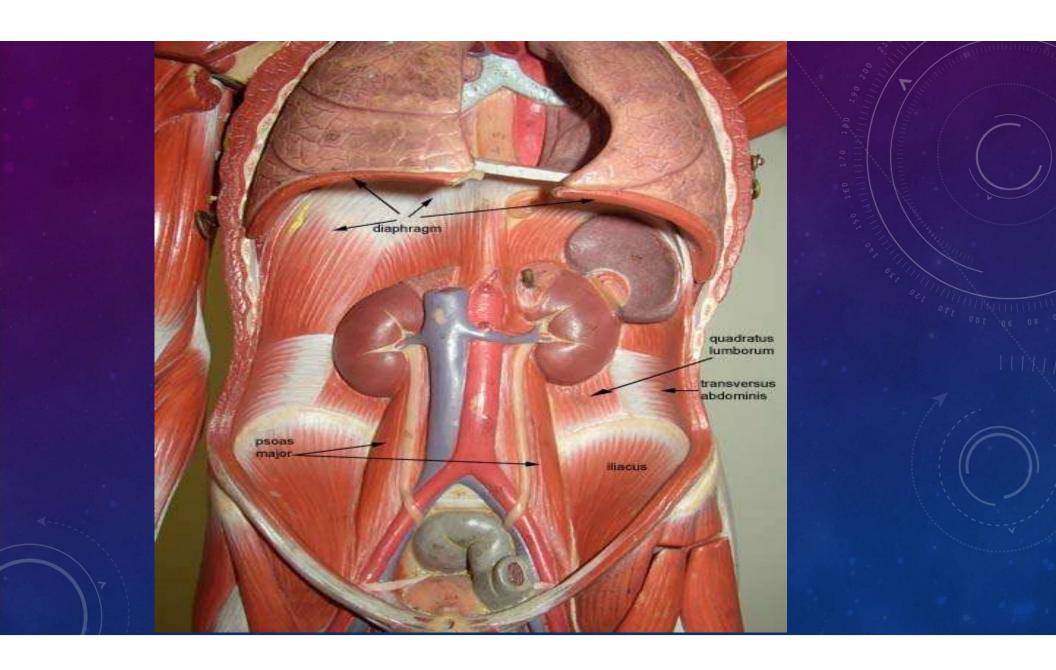


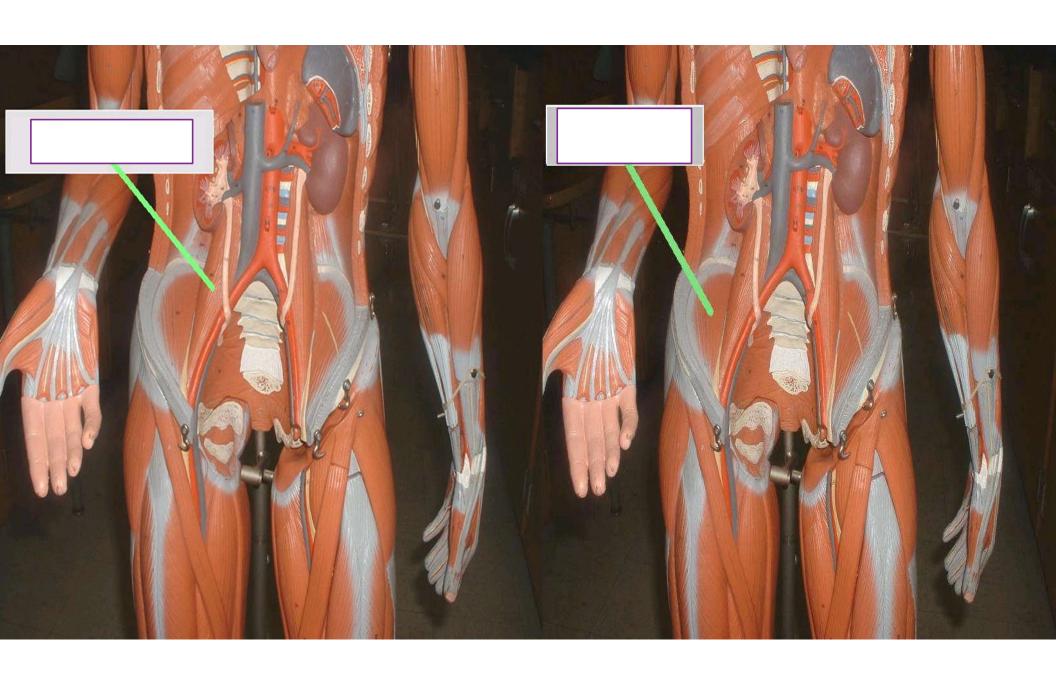


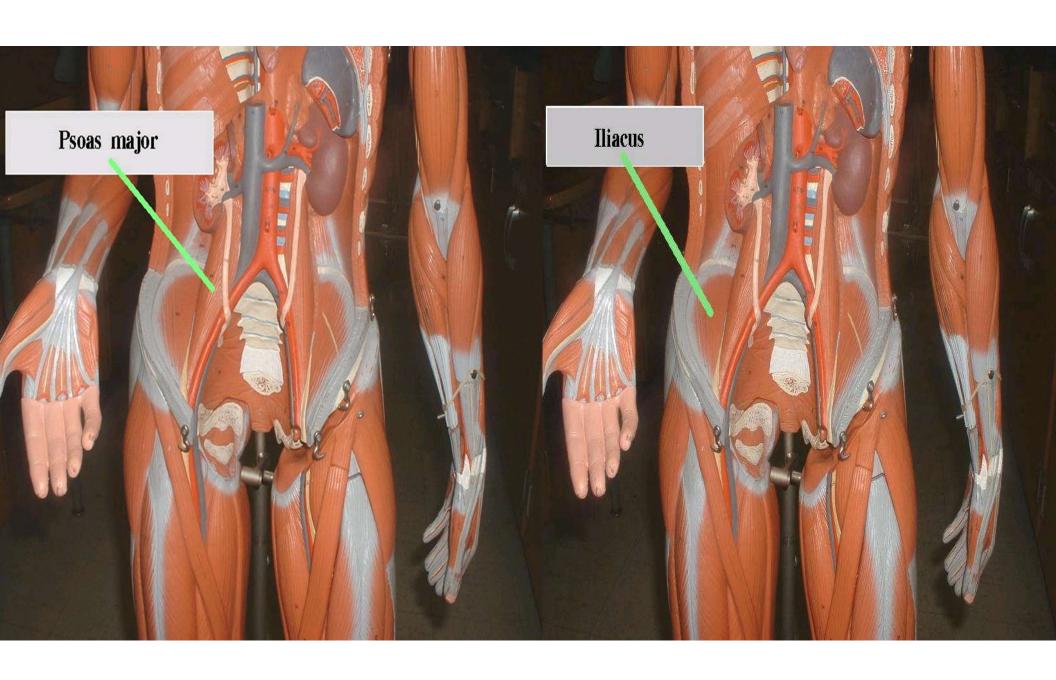
- extends through the pelvis to the femur.
- This muscle works by flexing the hip joint and lifting the upper leg towards the body.
- A common example of the movement created from this muscle is walking

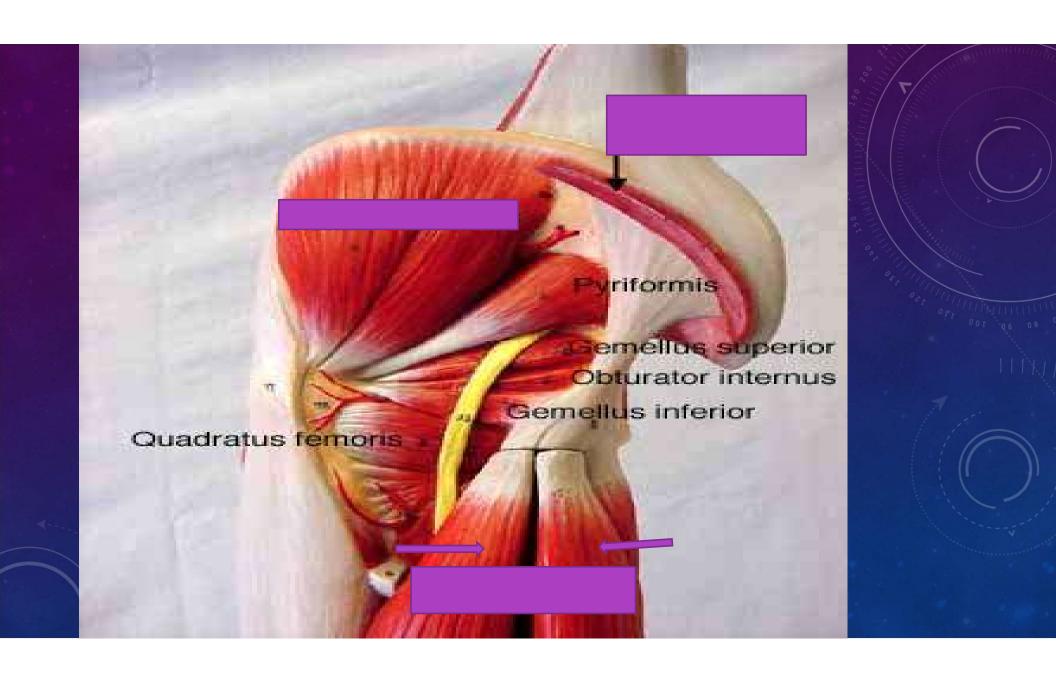


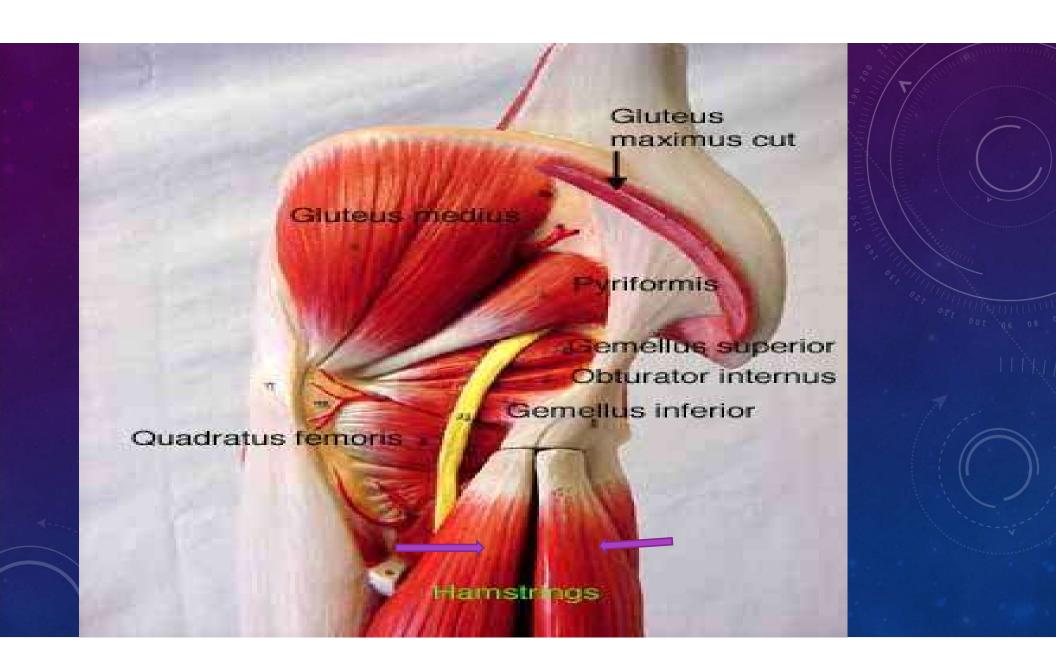


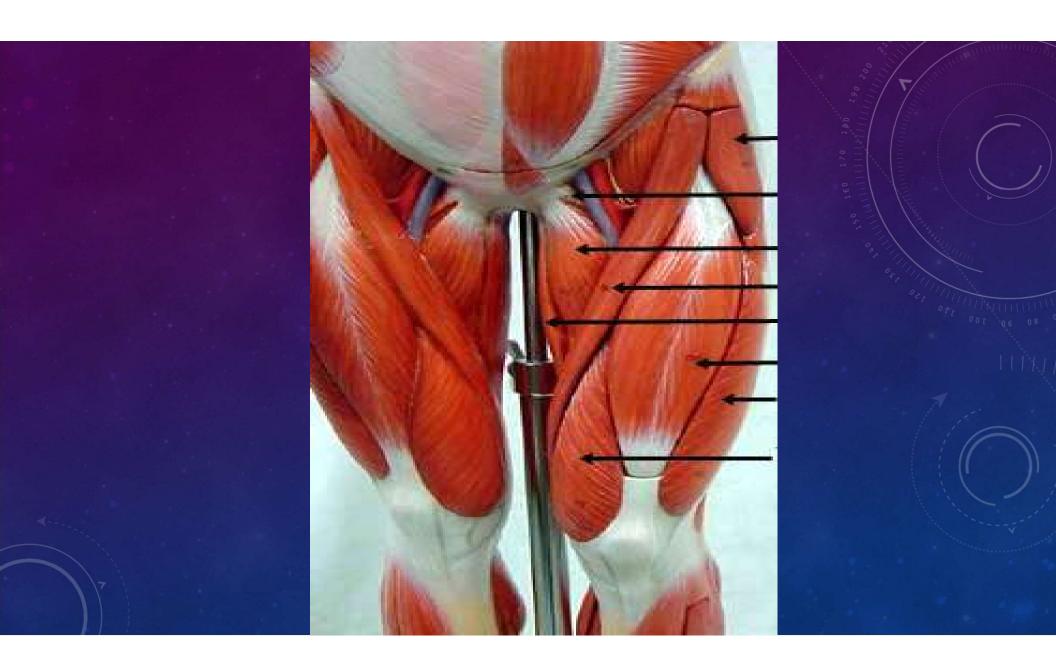


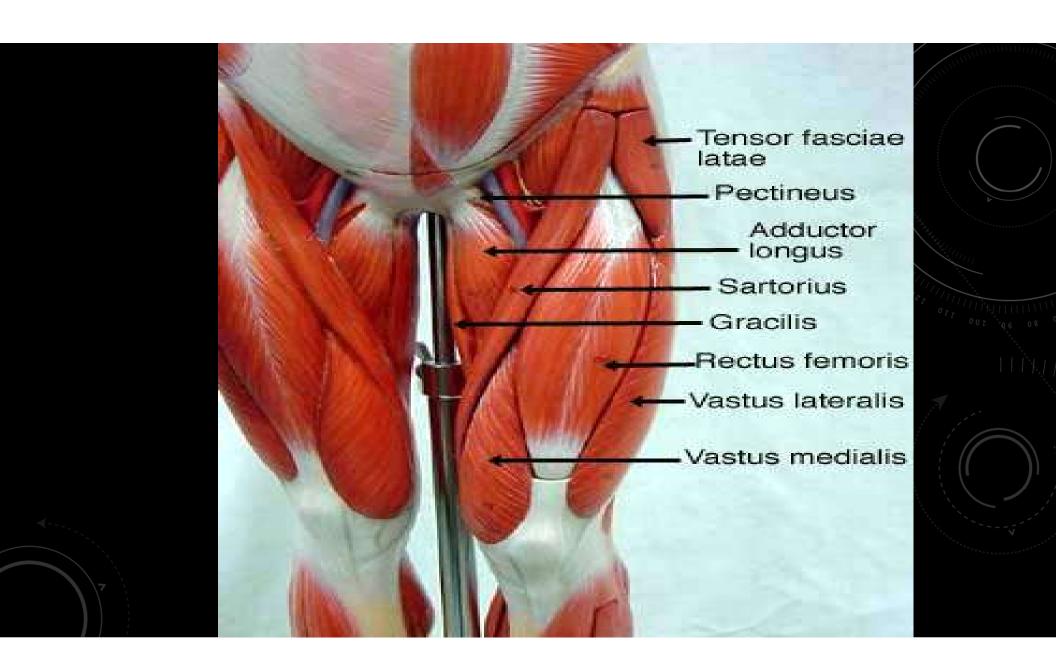


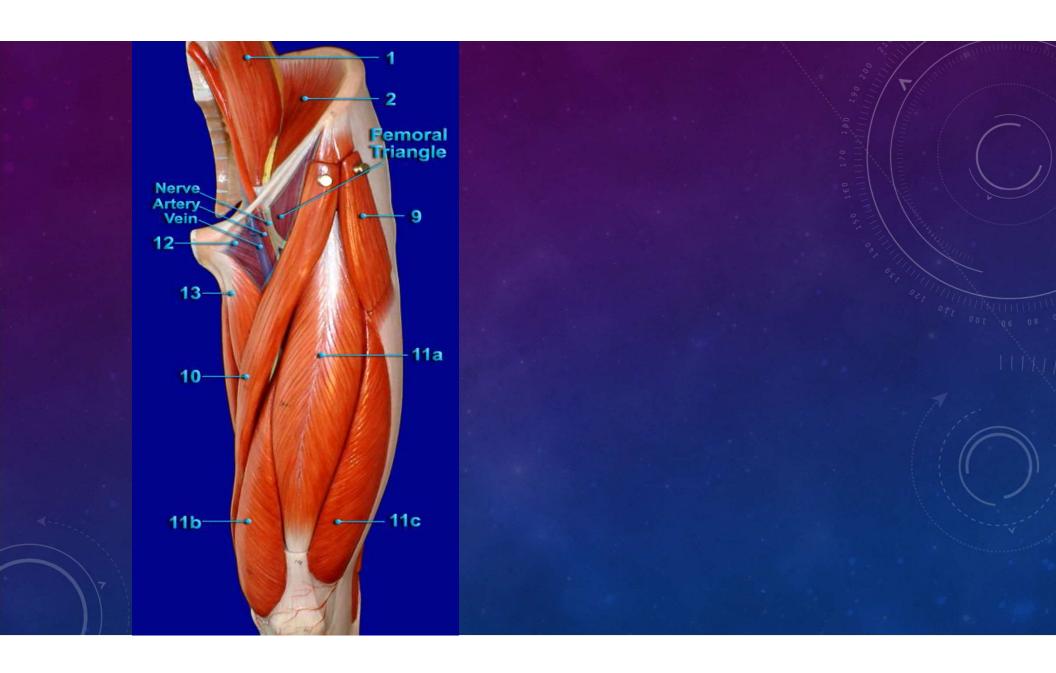


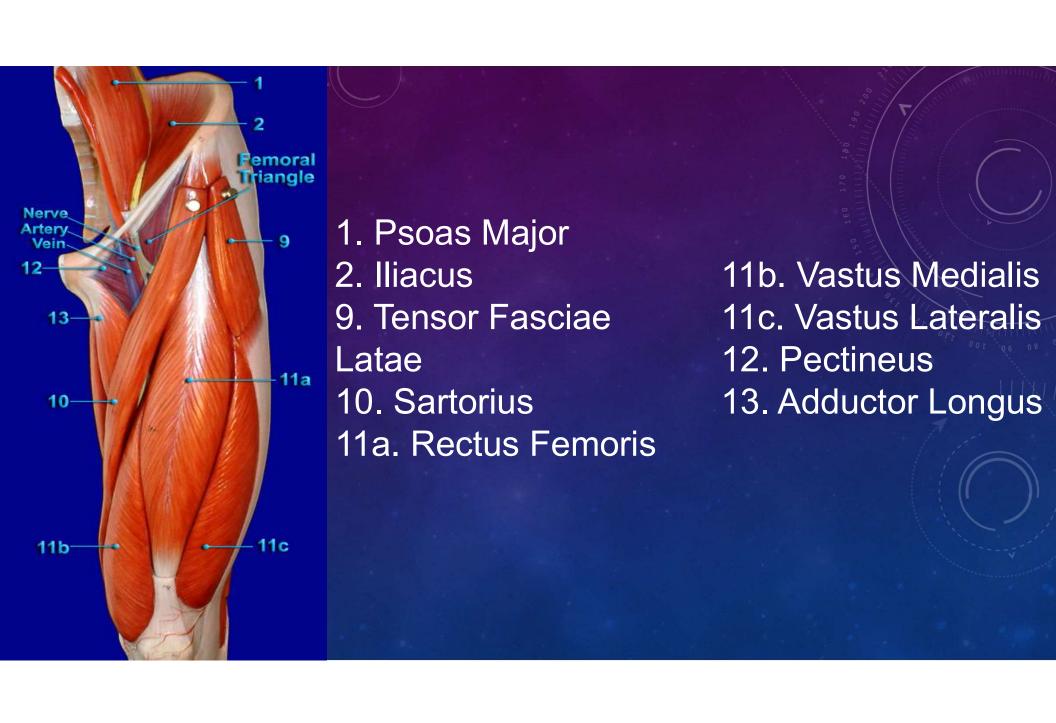


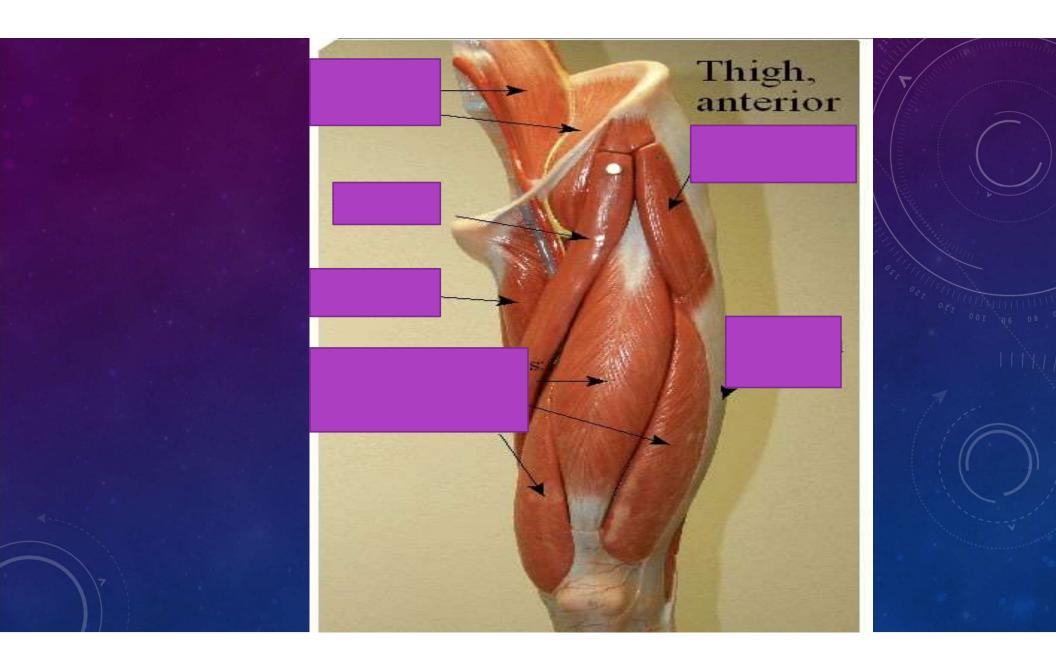


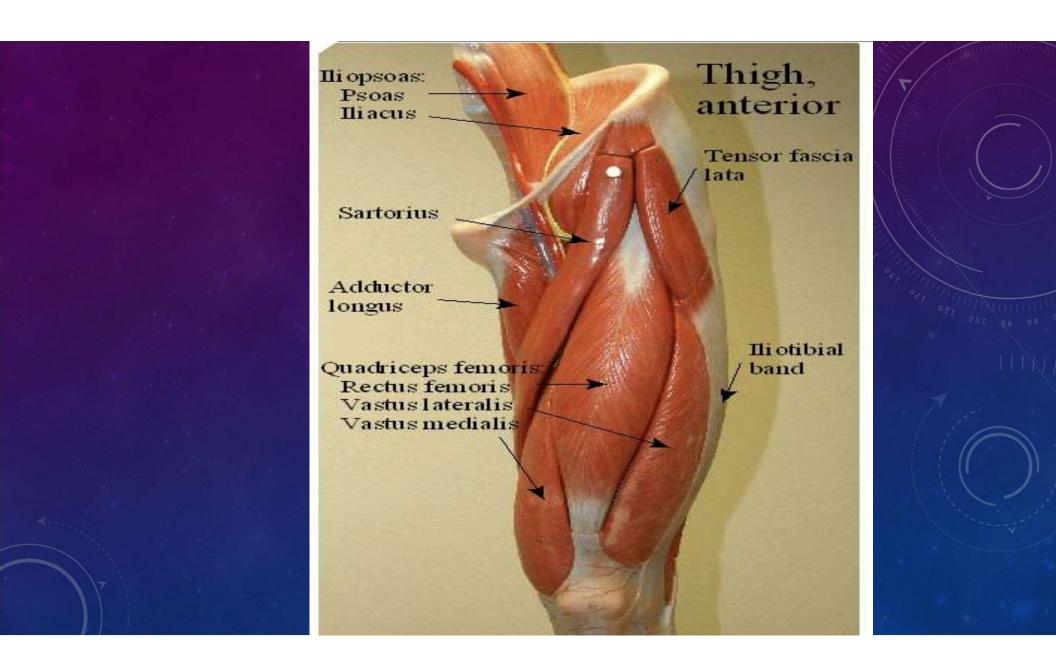


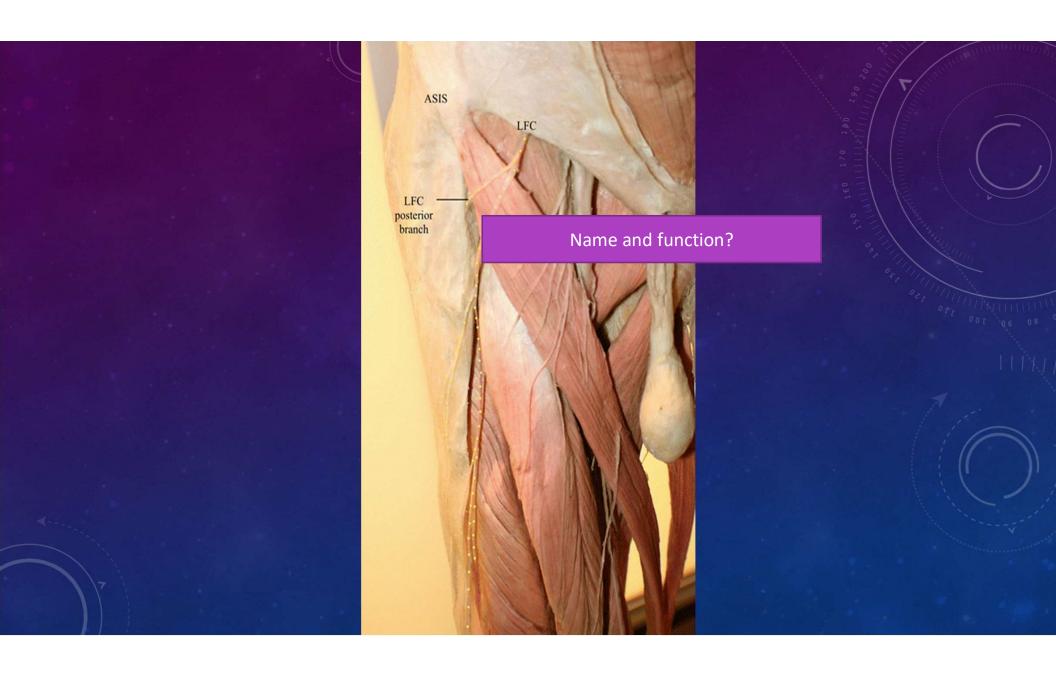


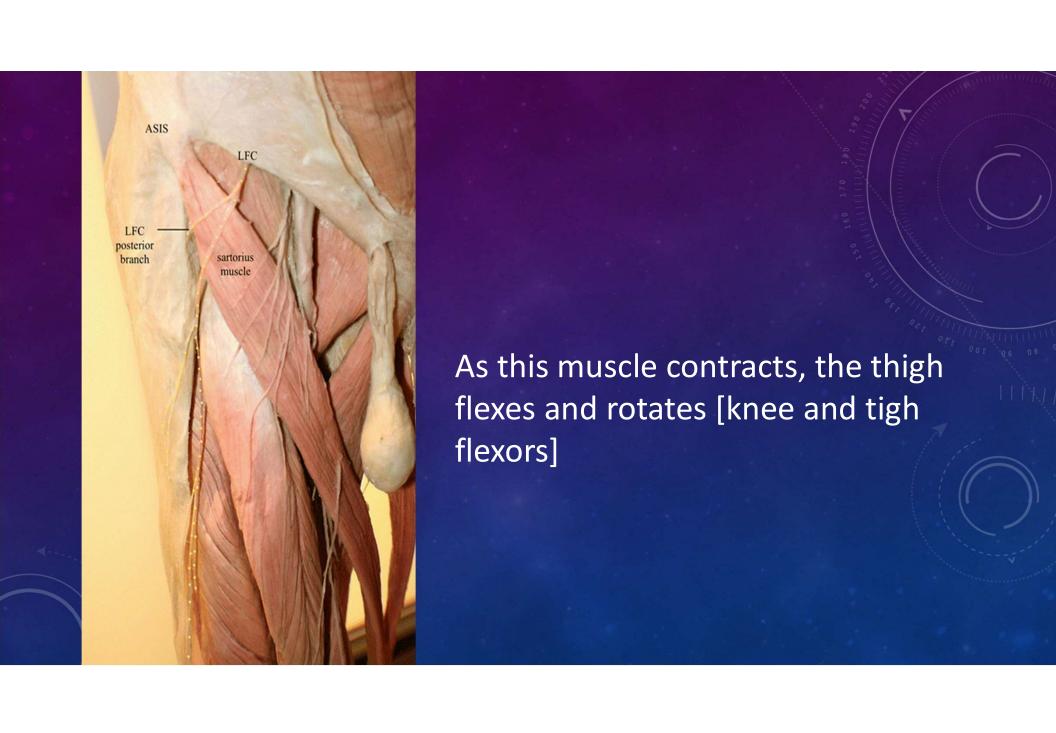


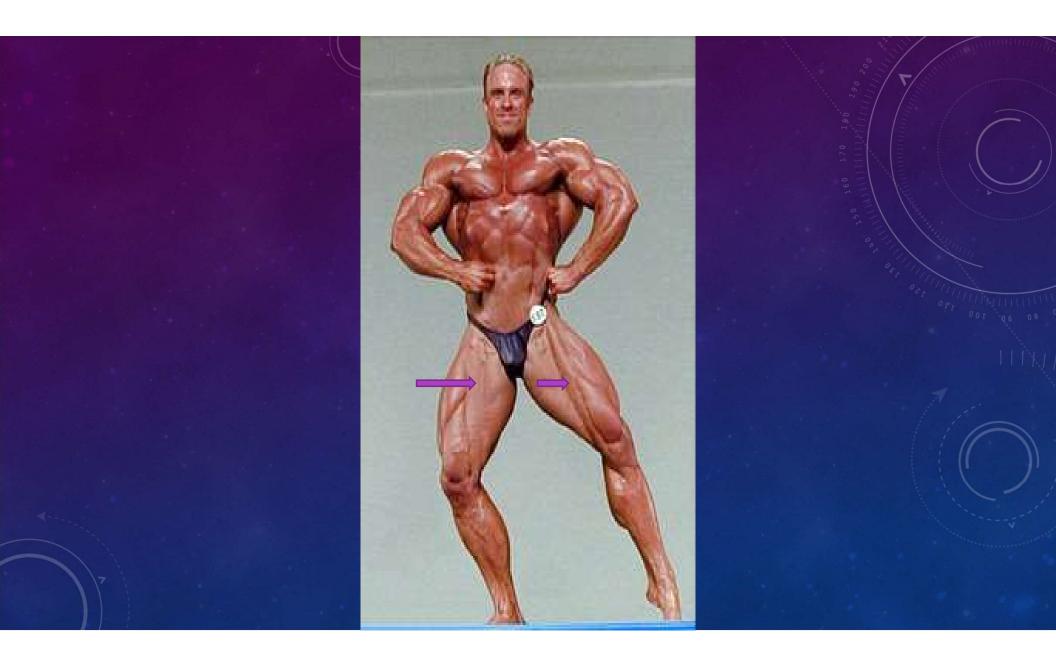


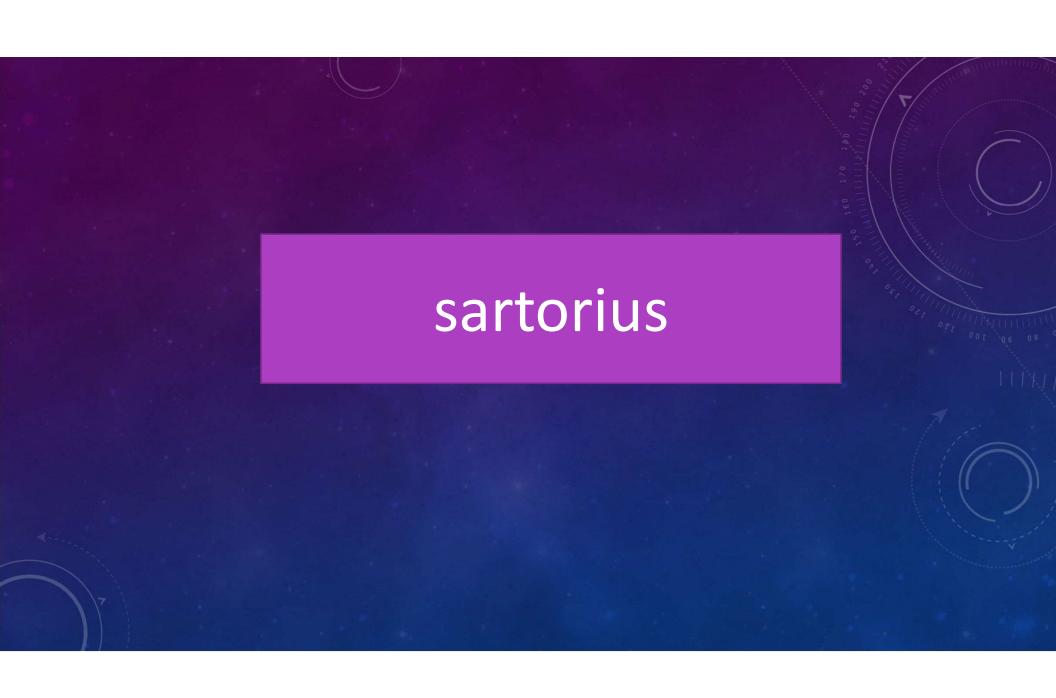


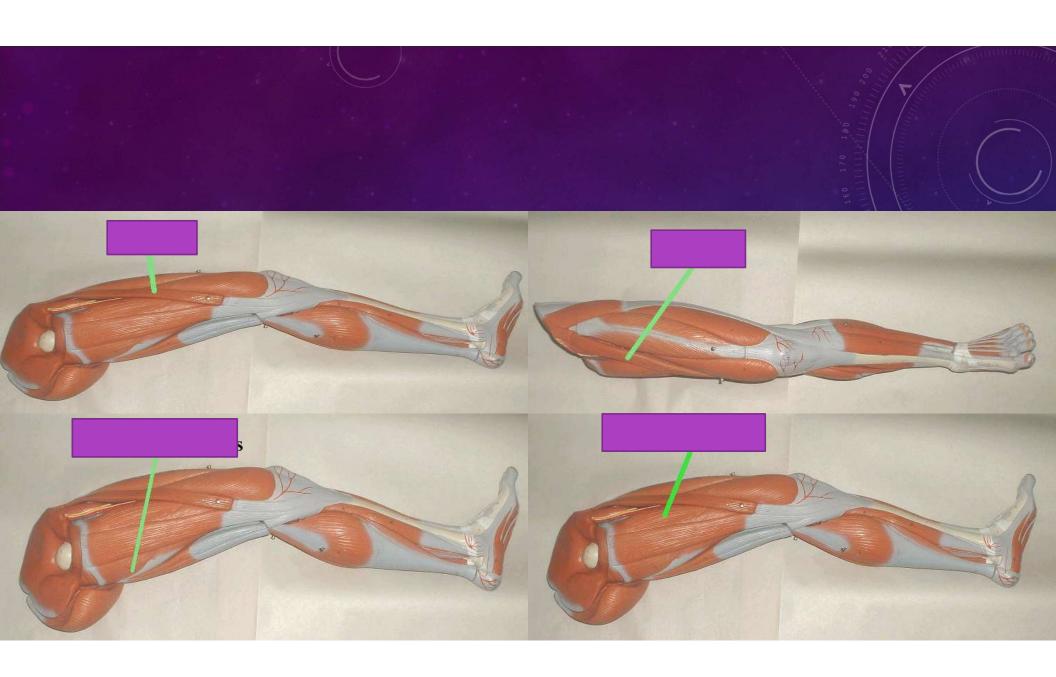


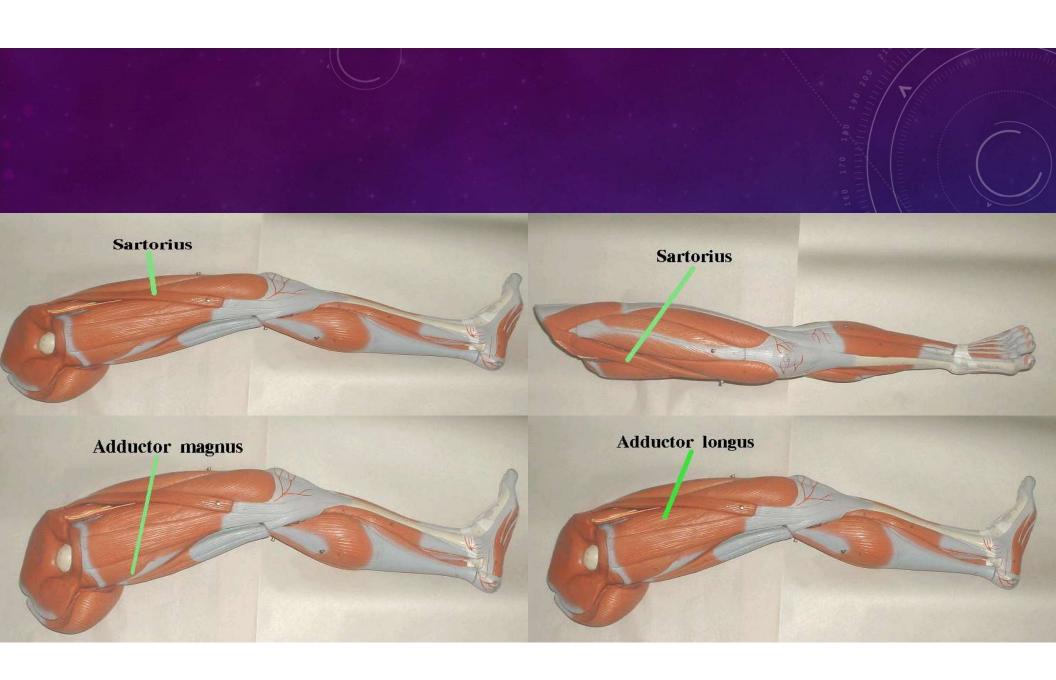


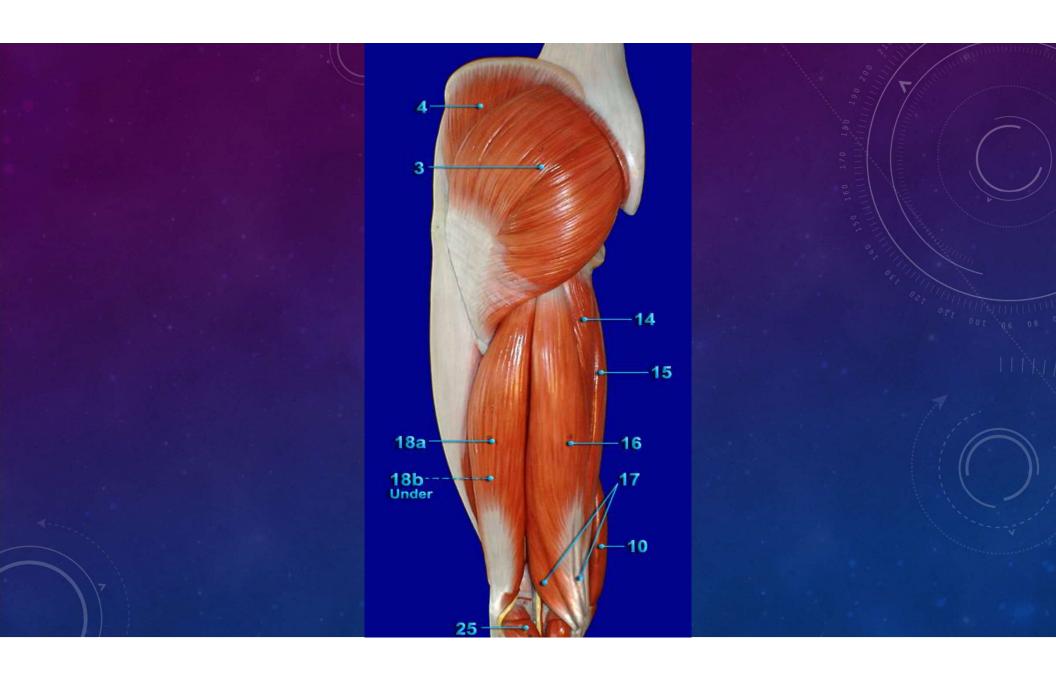


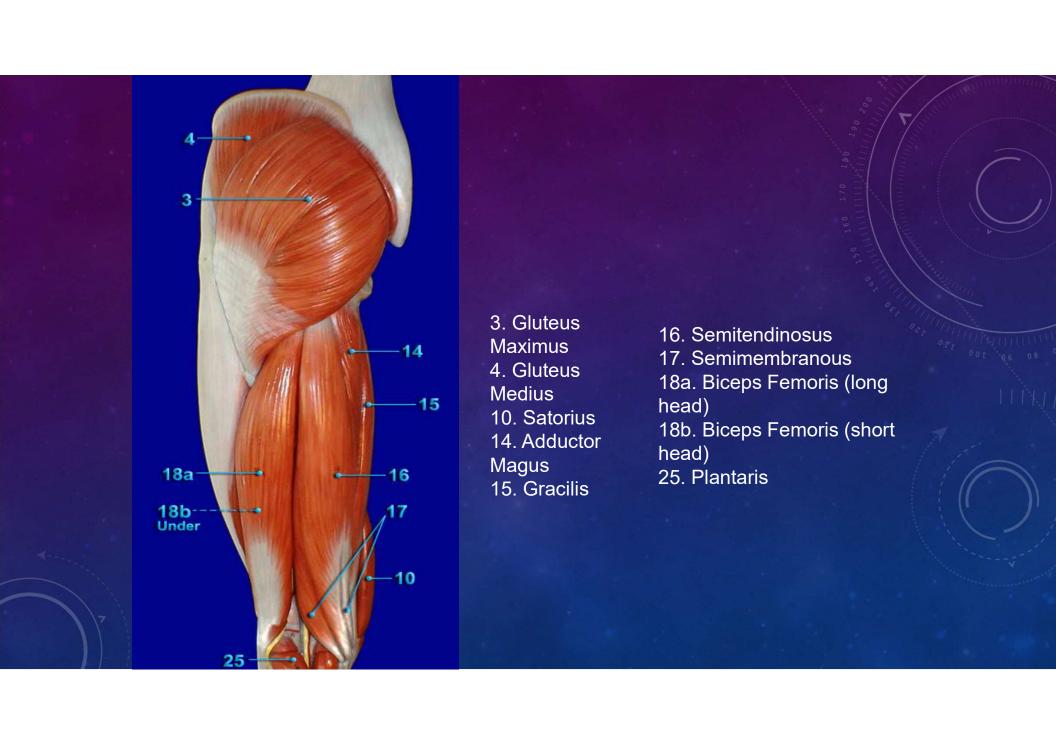


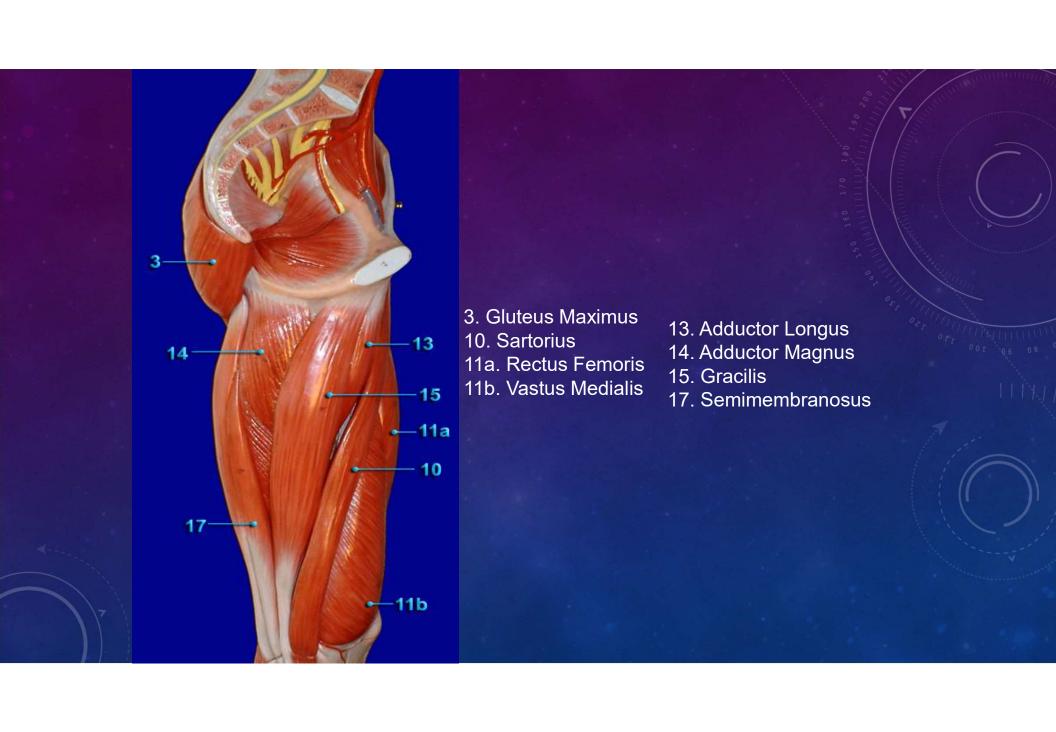


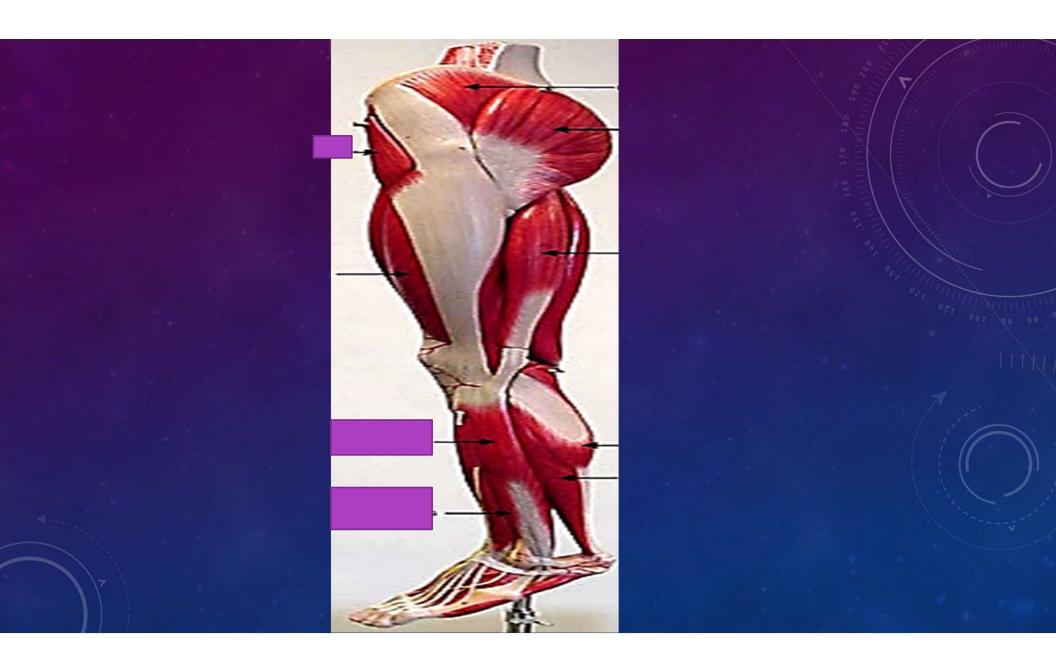




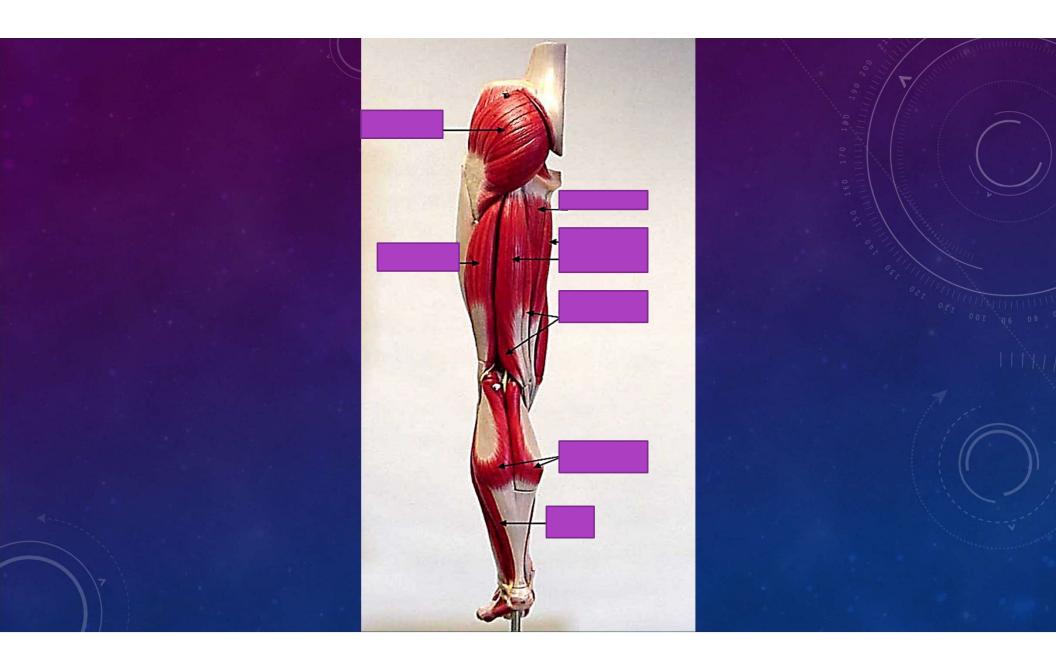


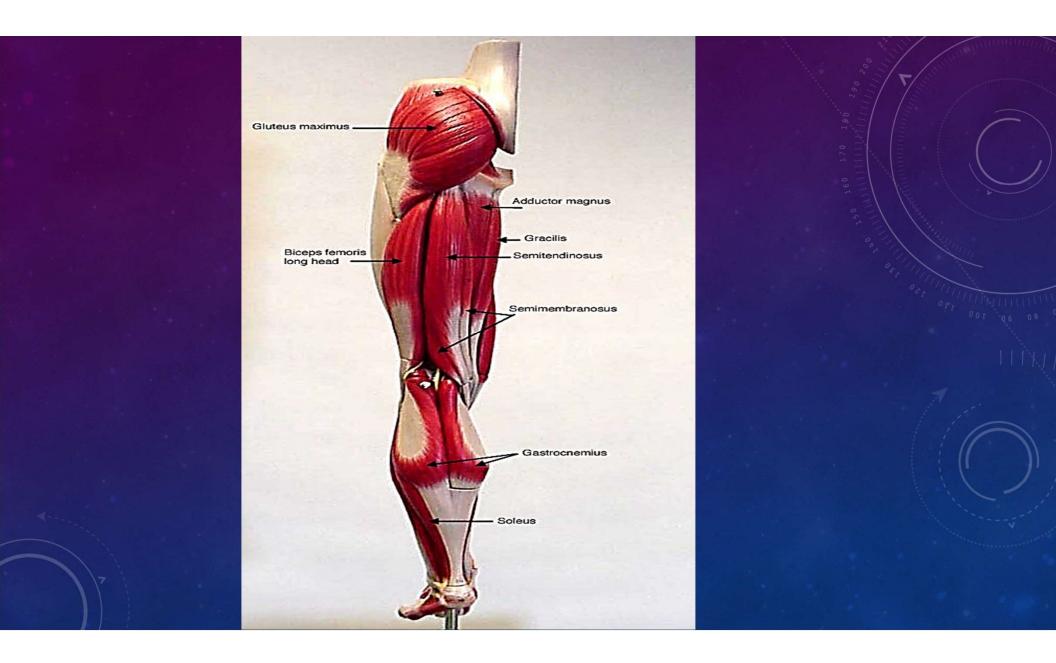


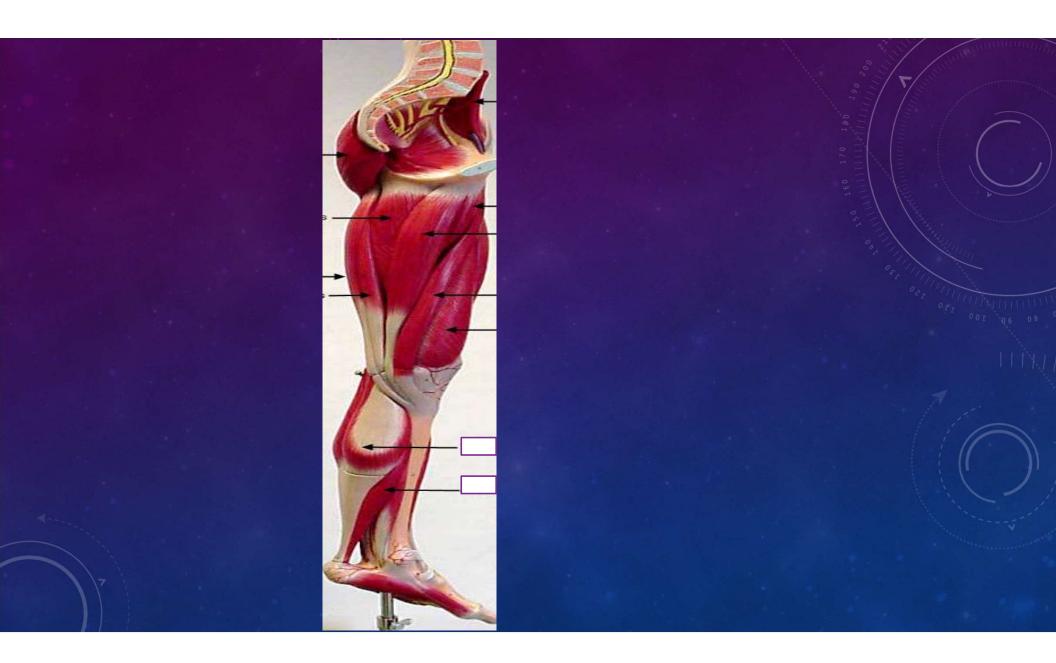


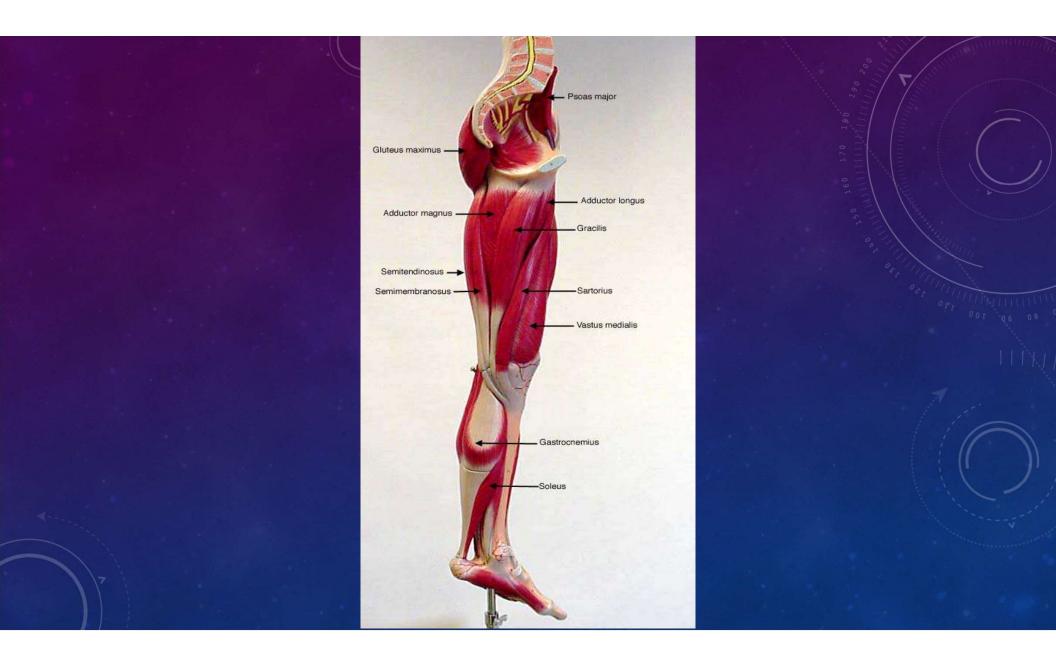


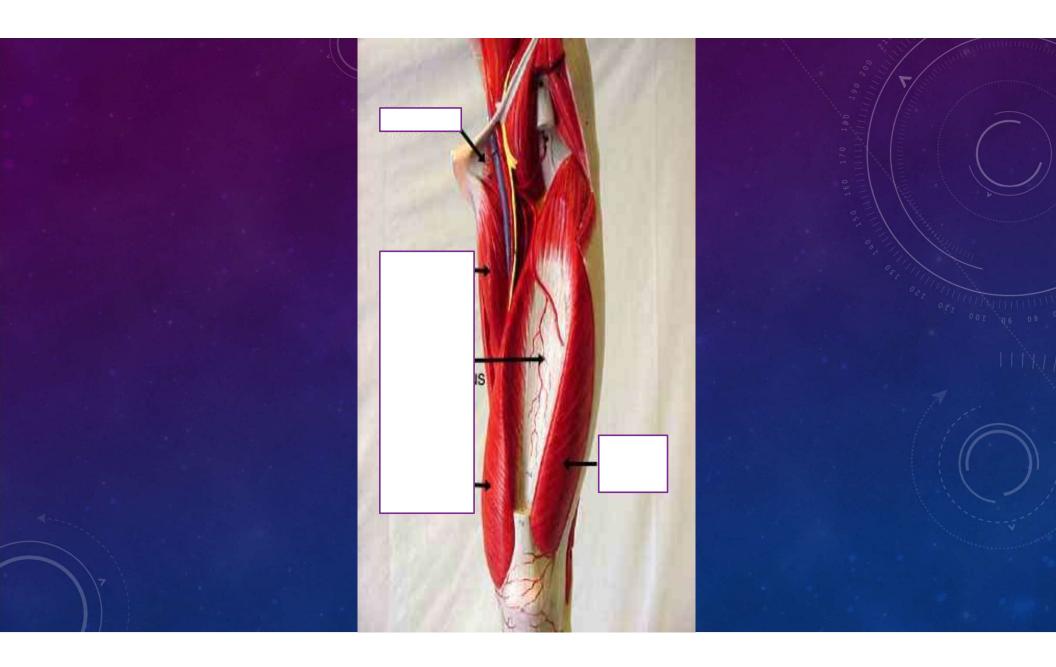


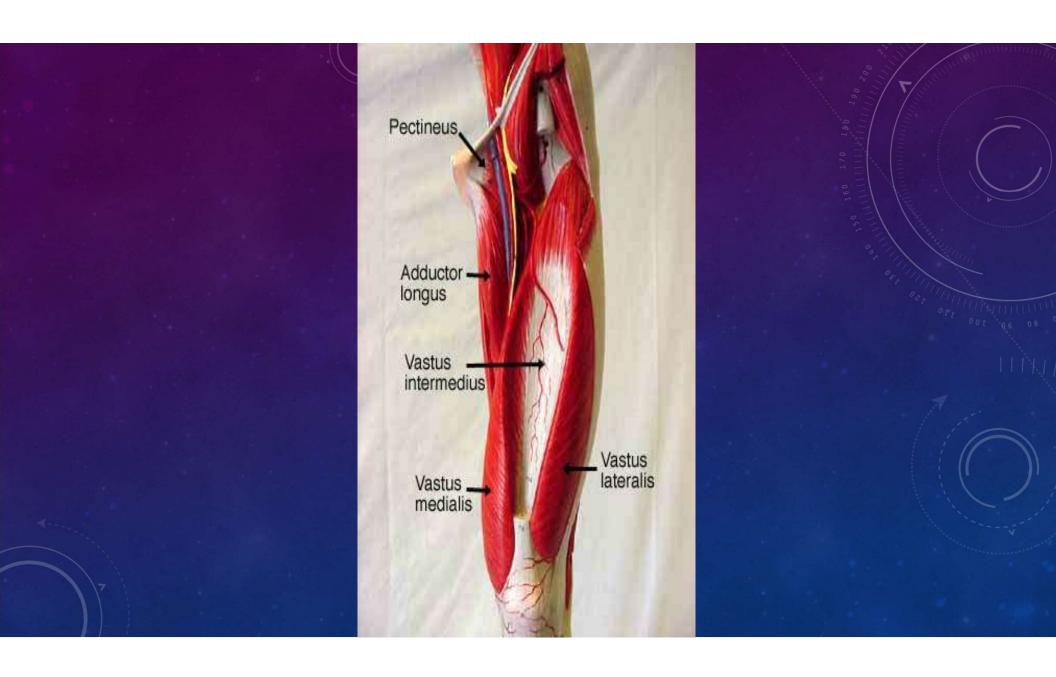


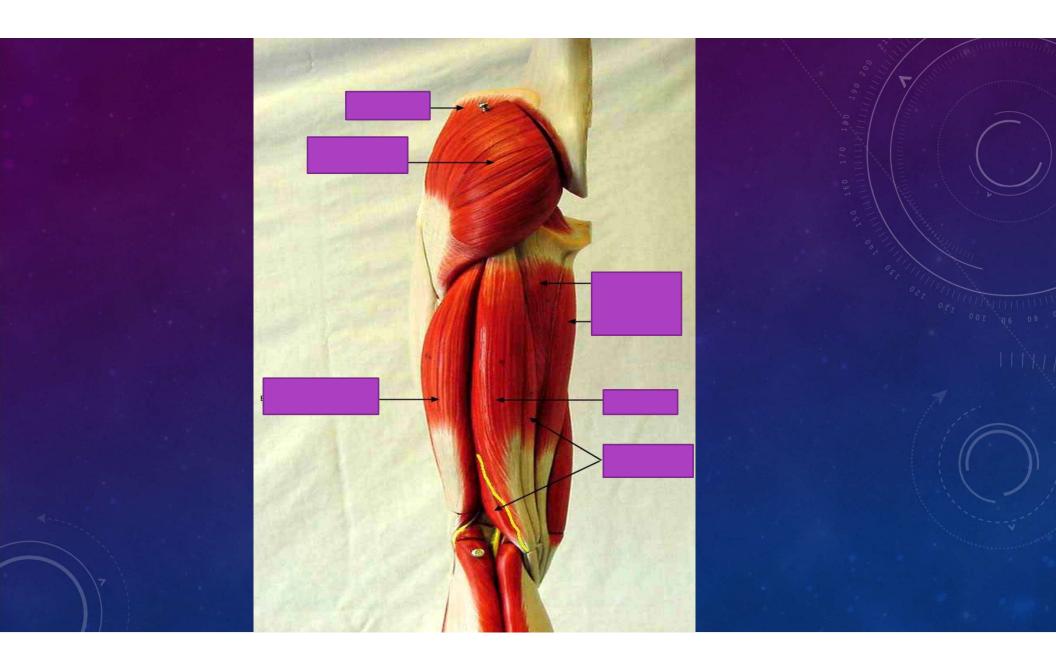


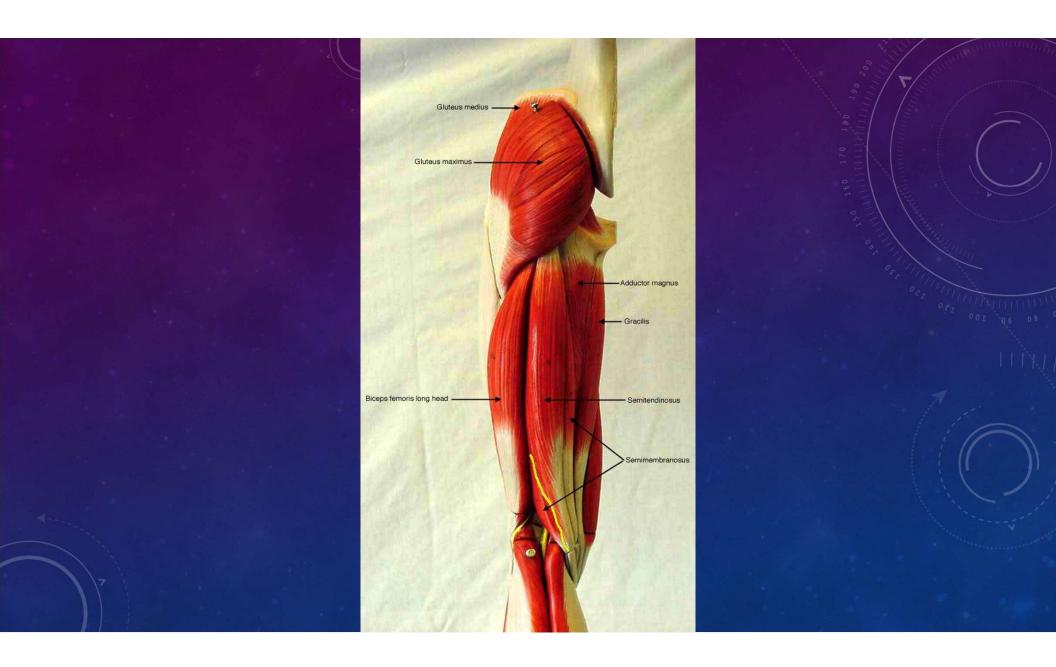


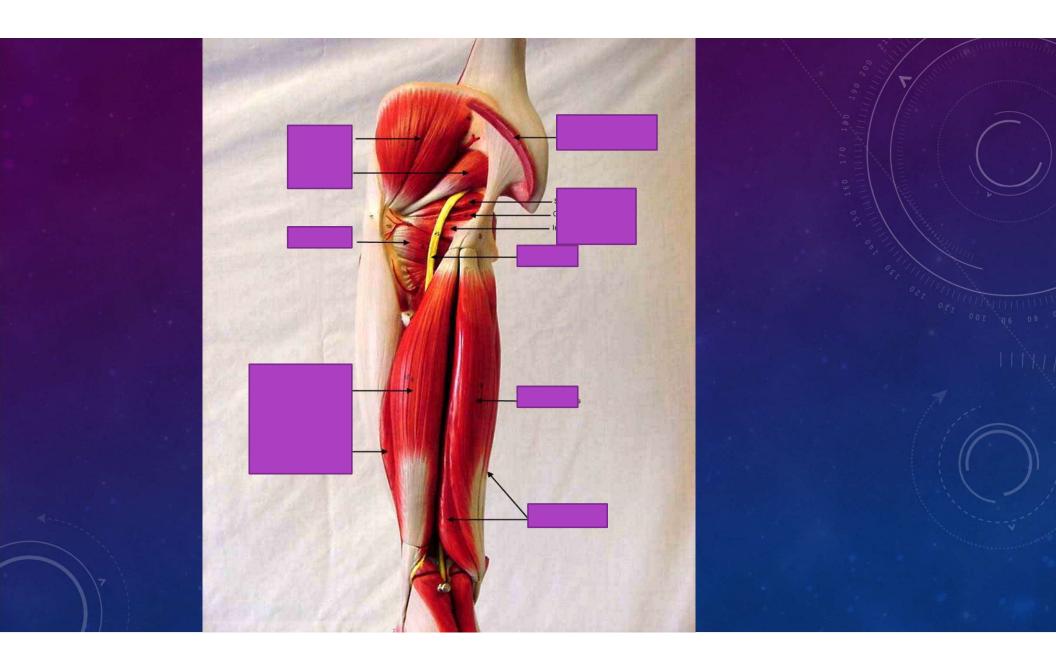


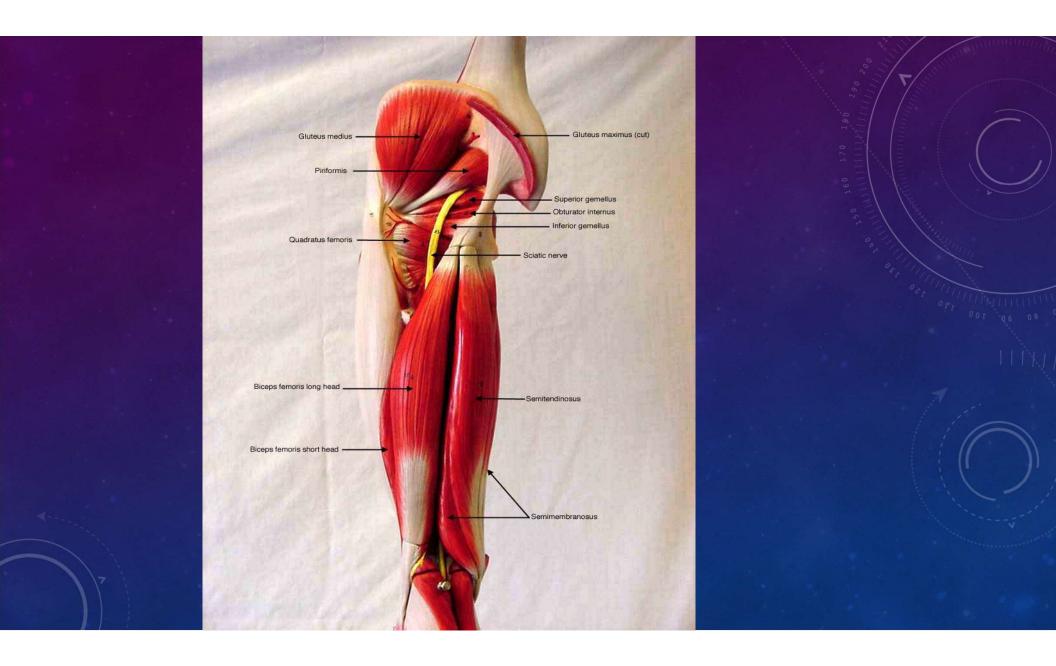






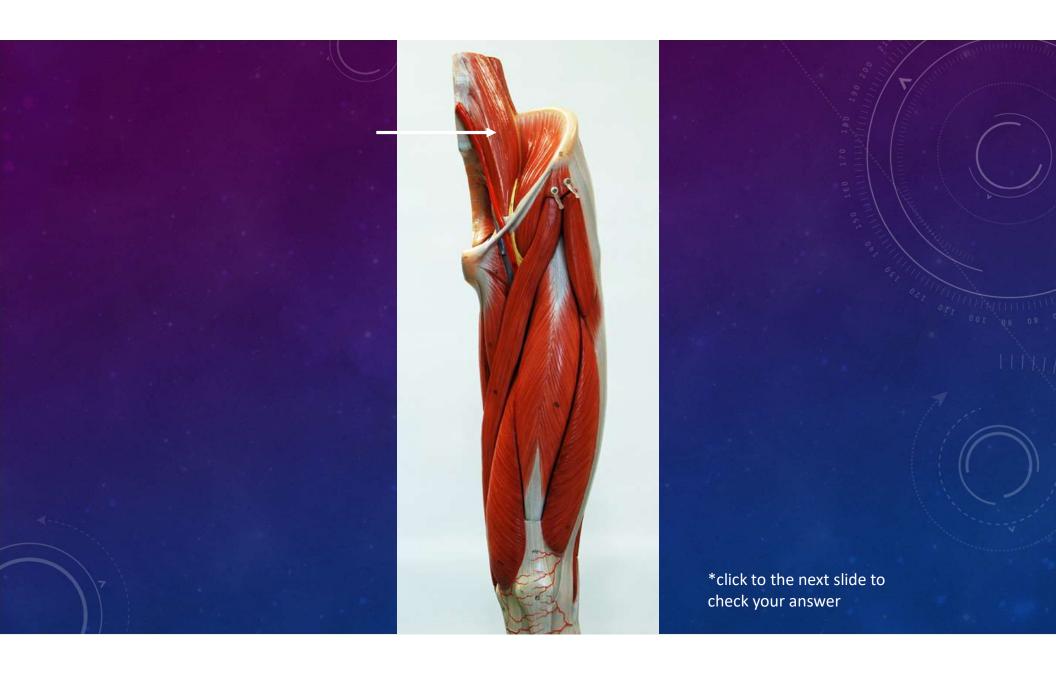


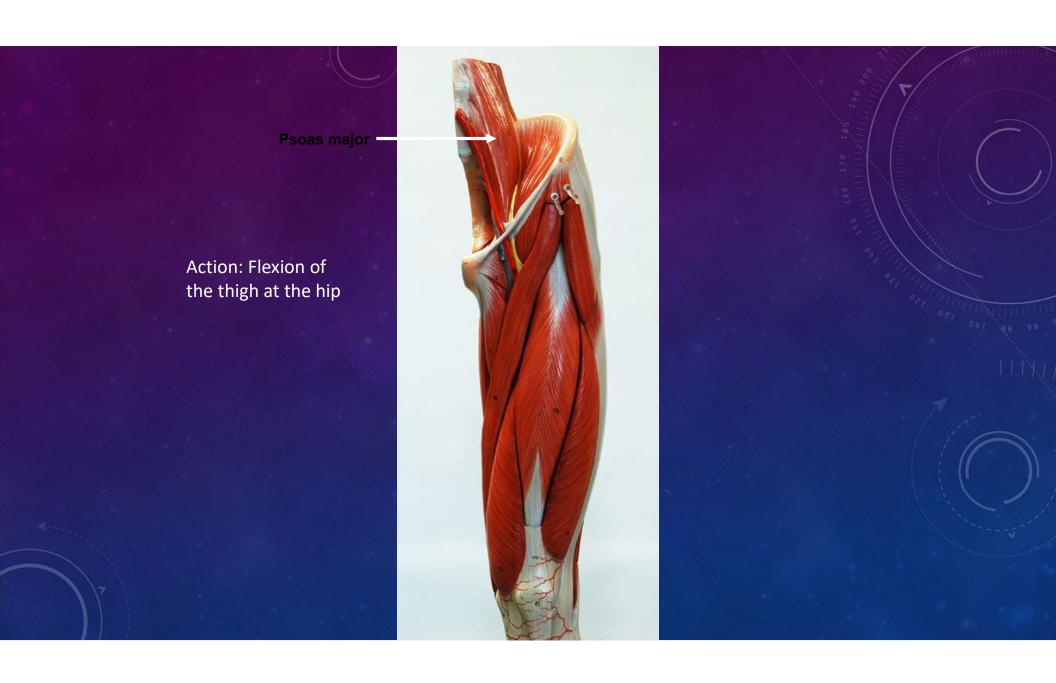


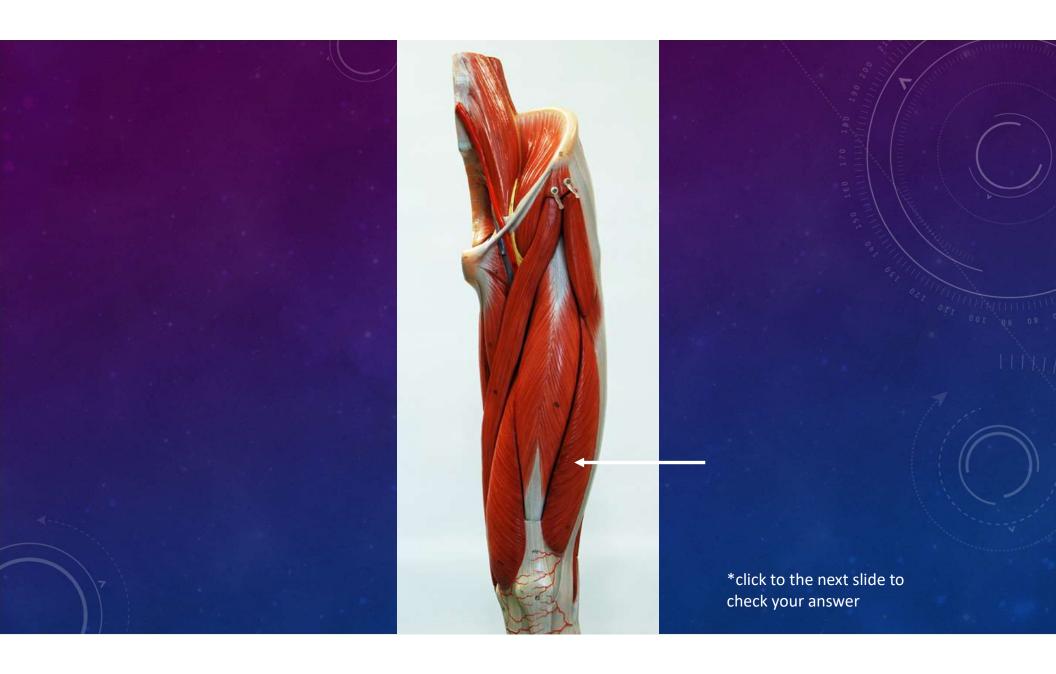


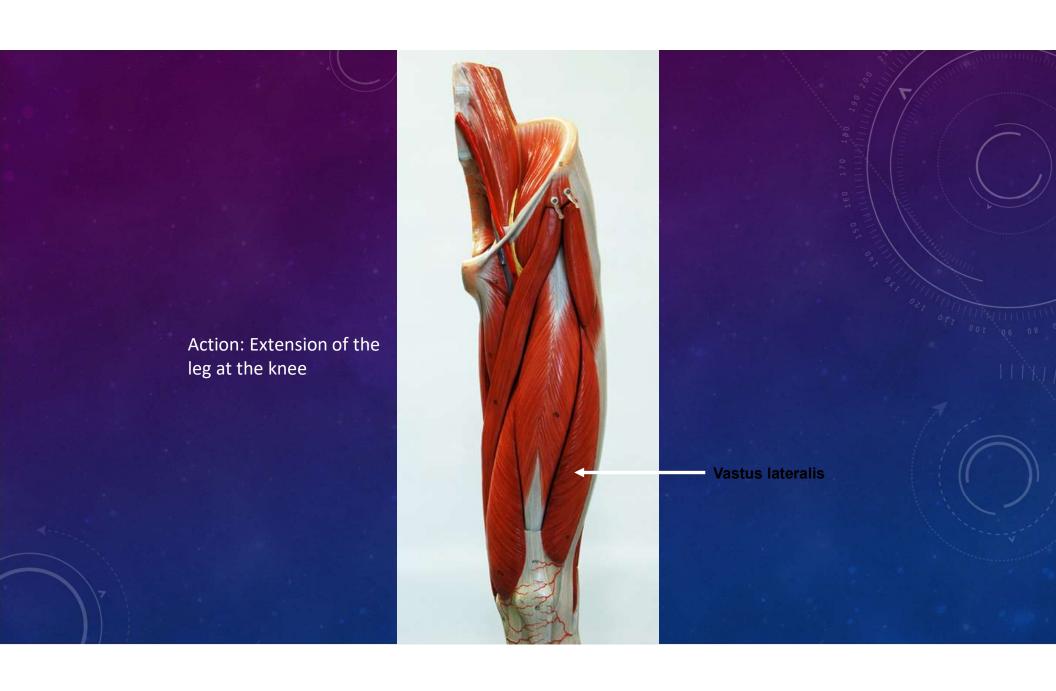


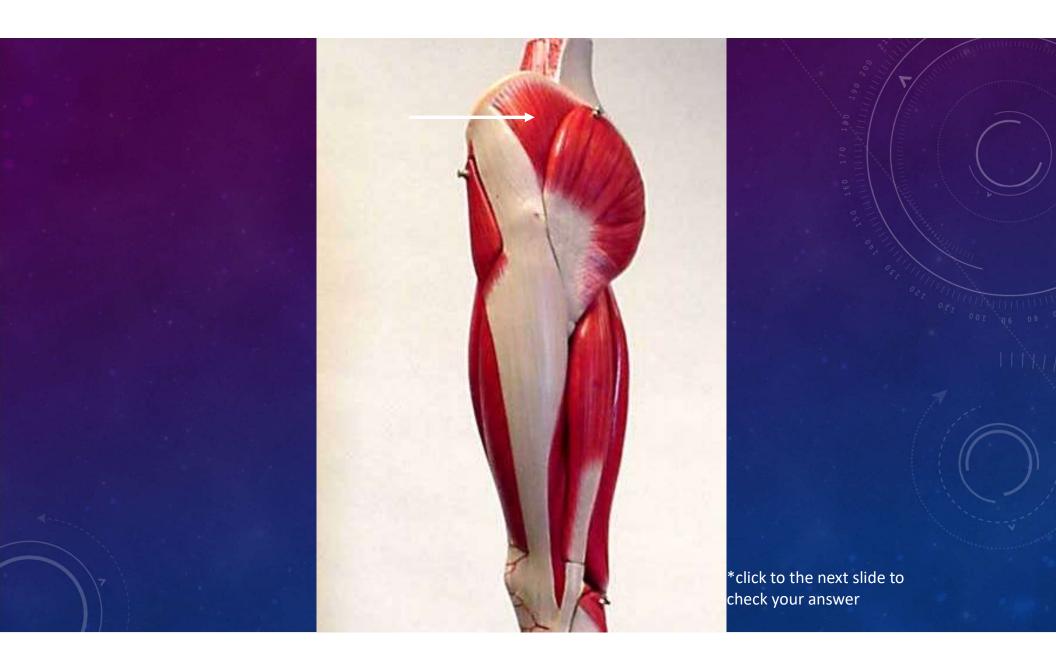




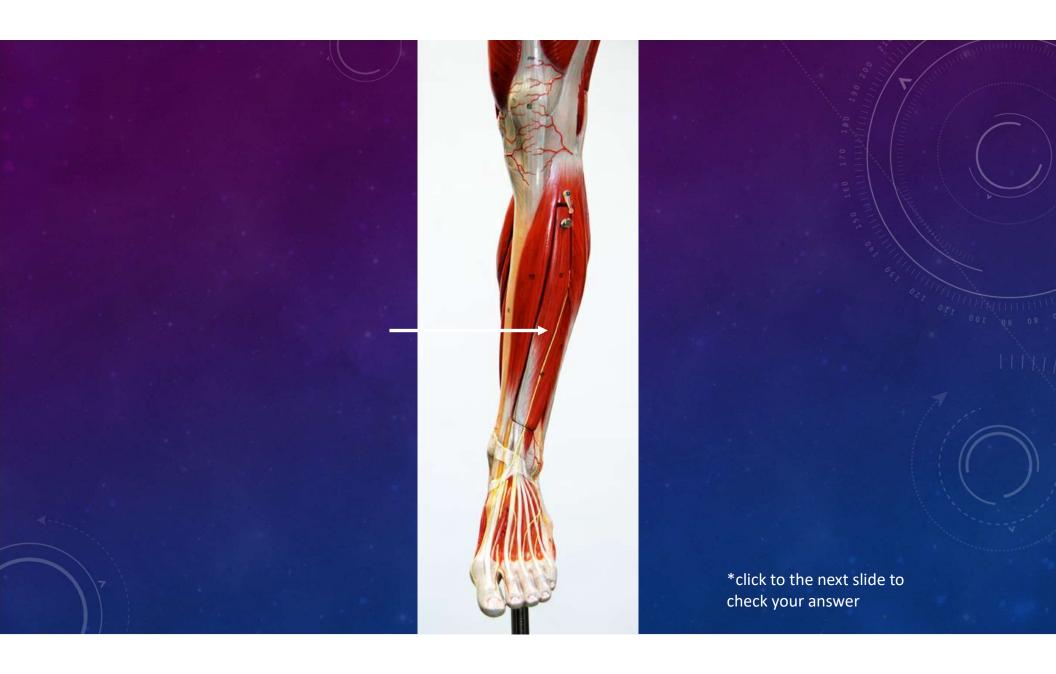


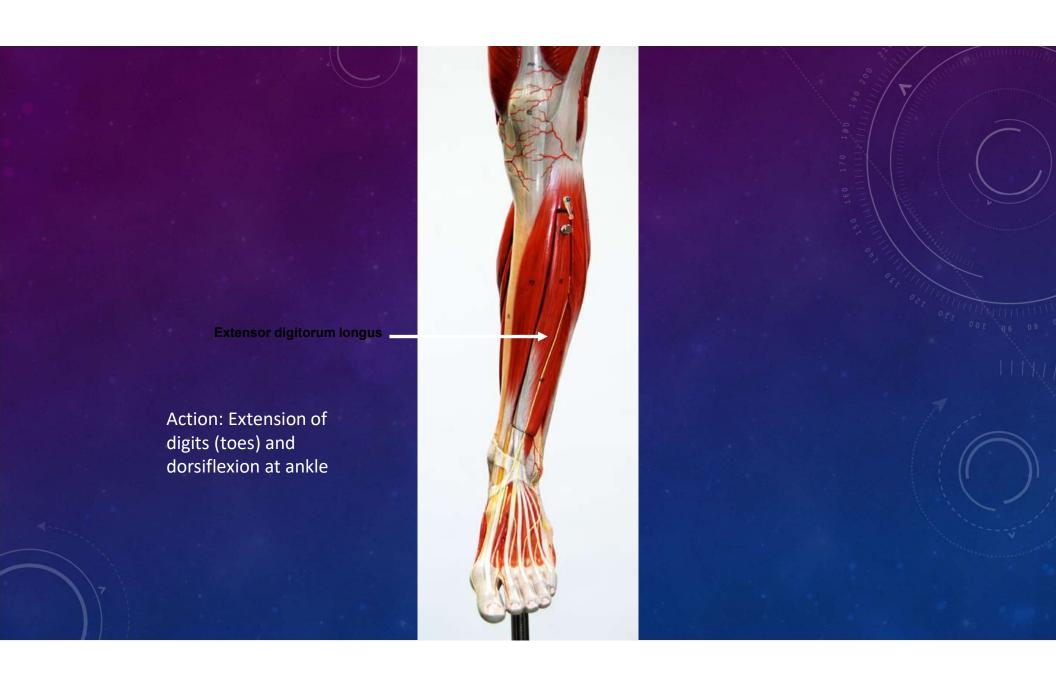


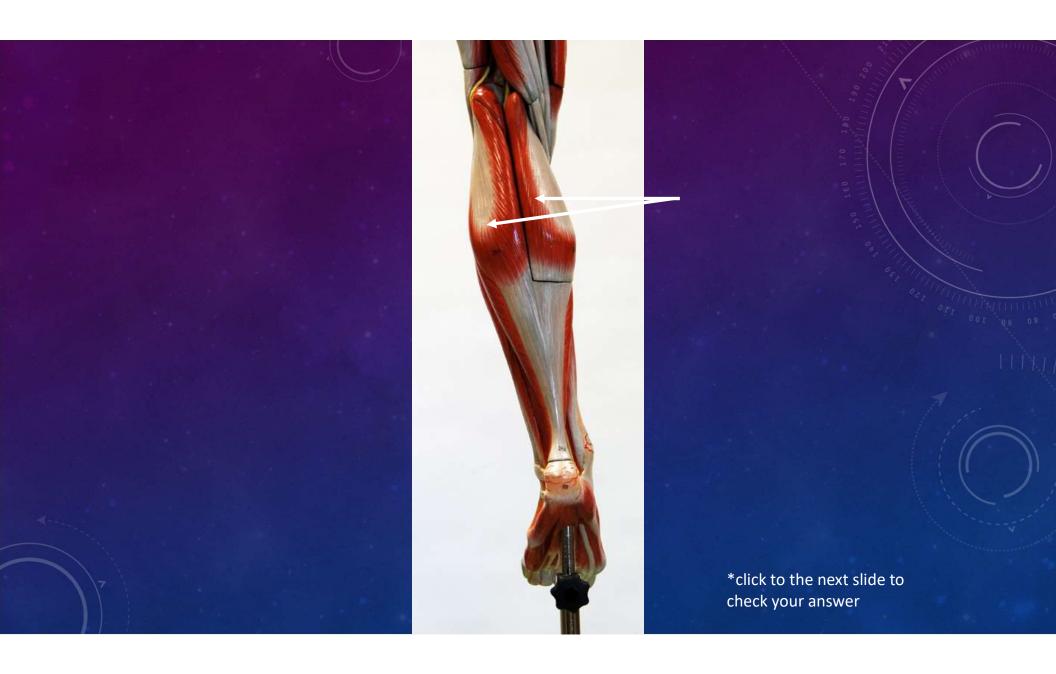


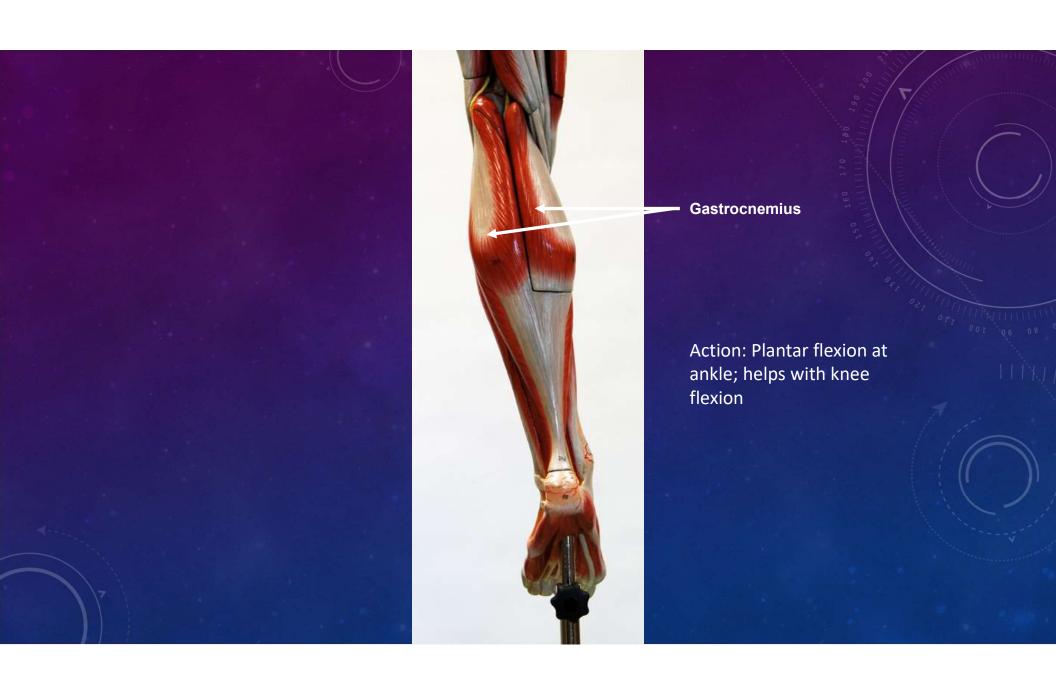


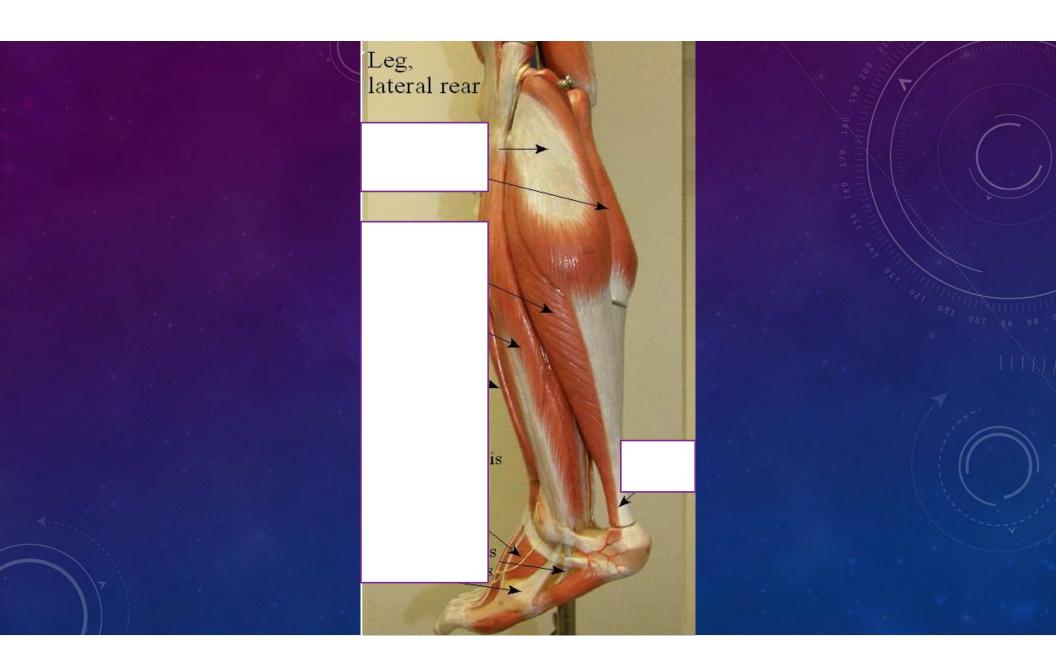


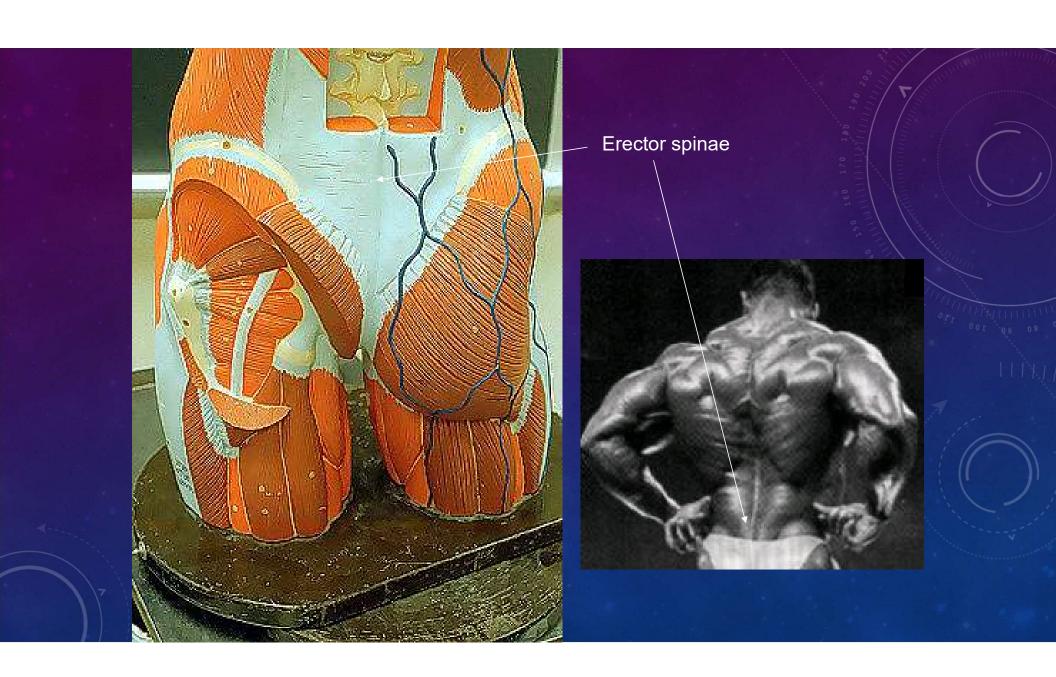


















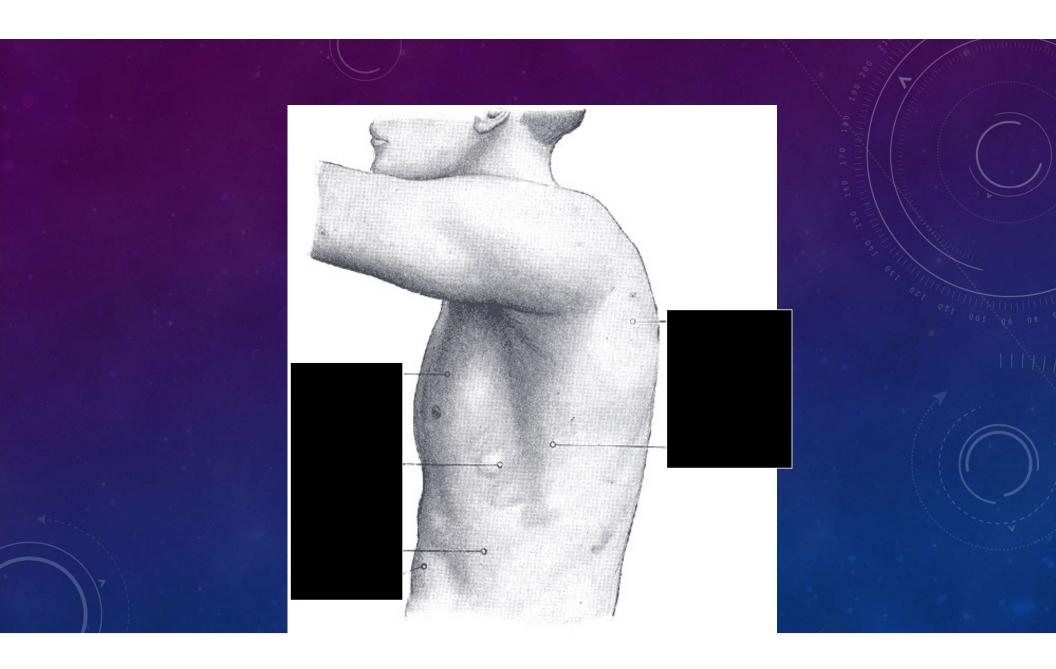


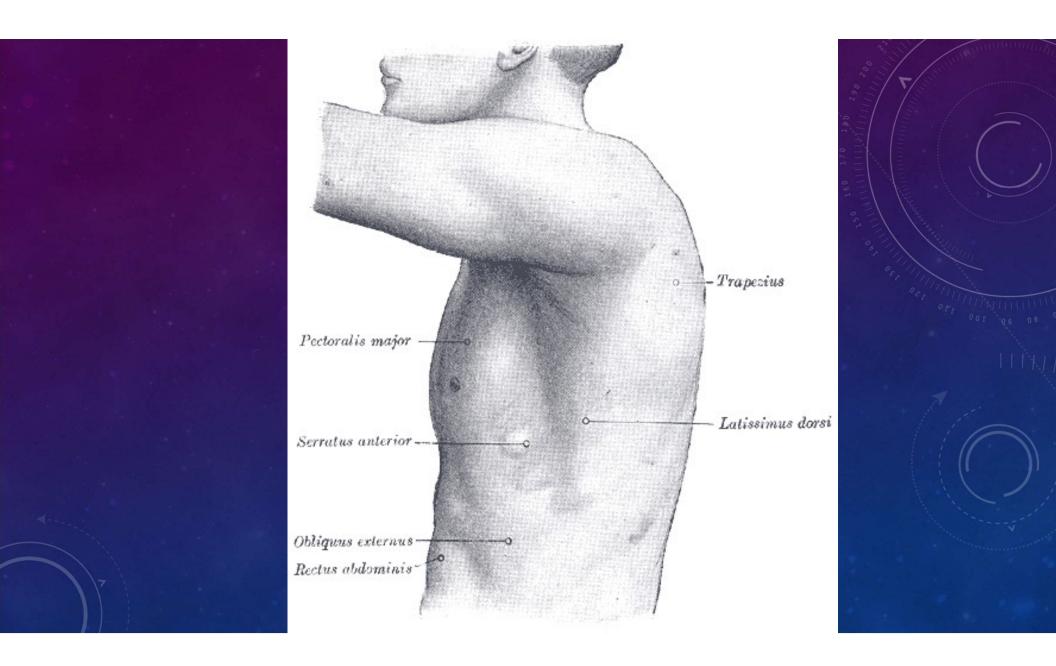




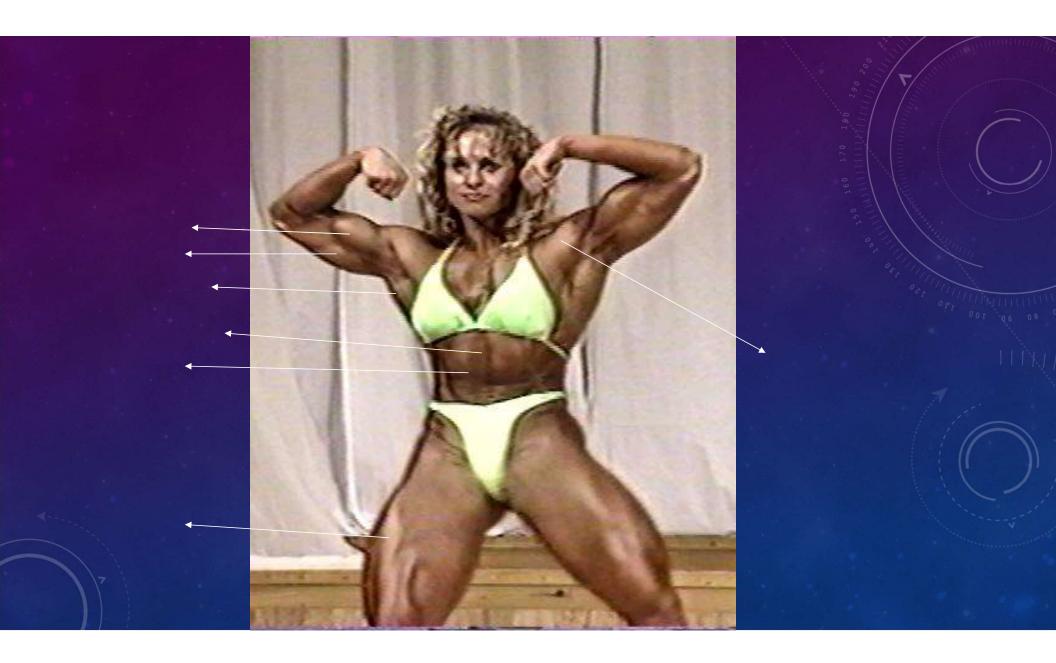


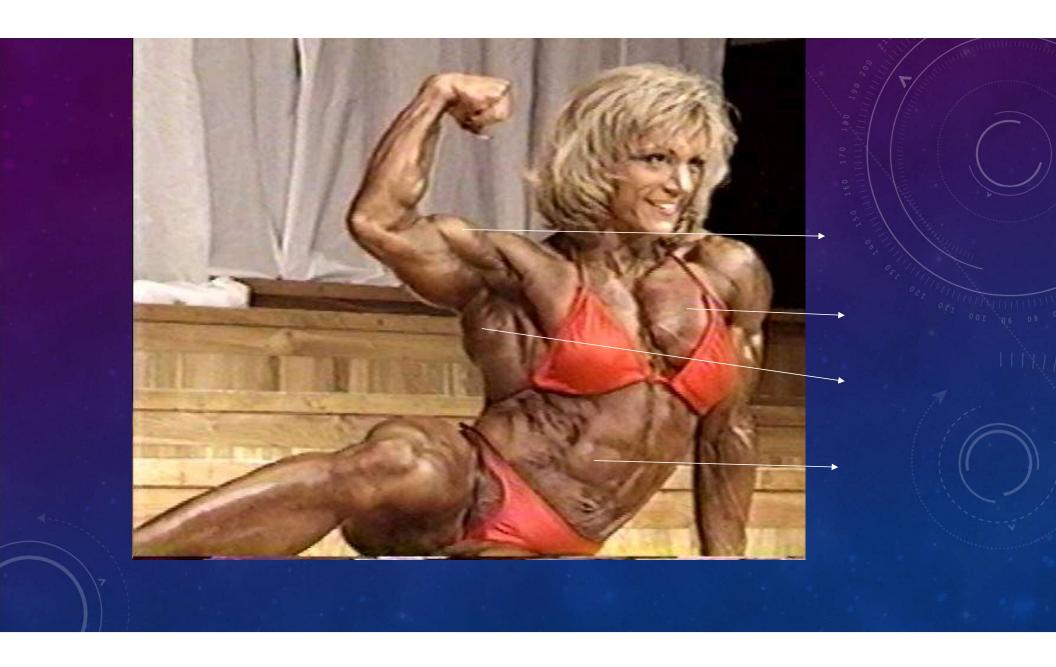


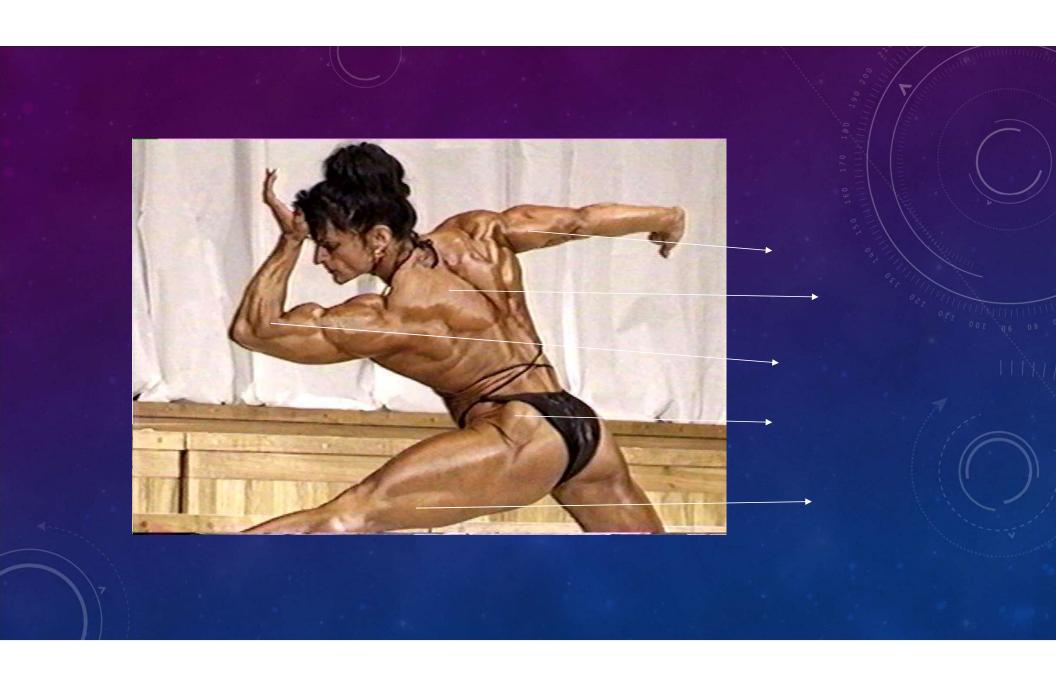


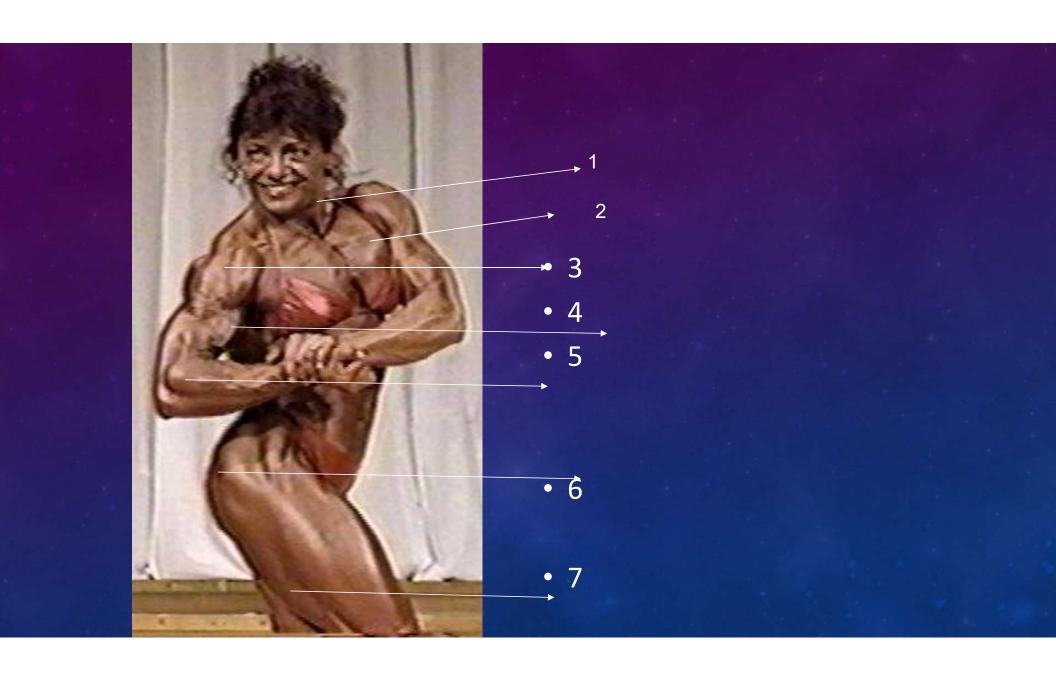


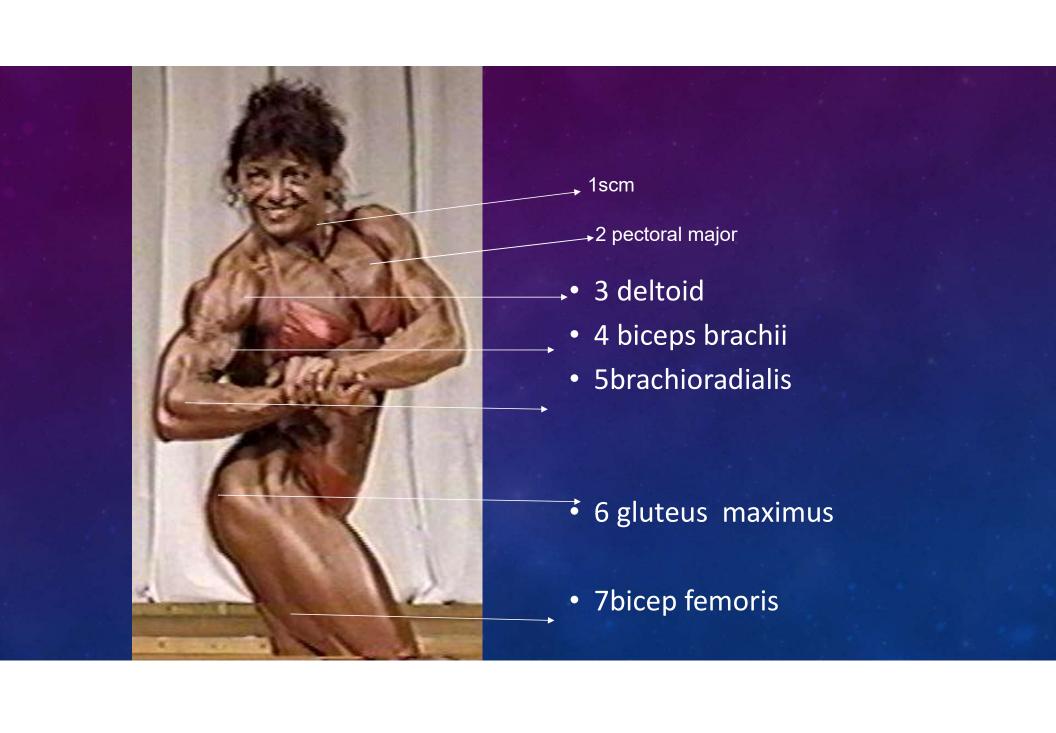




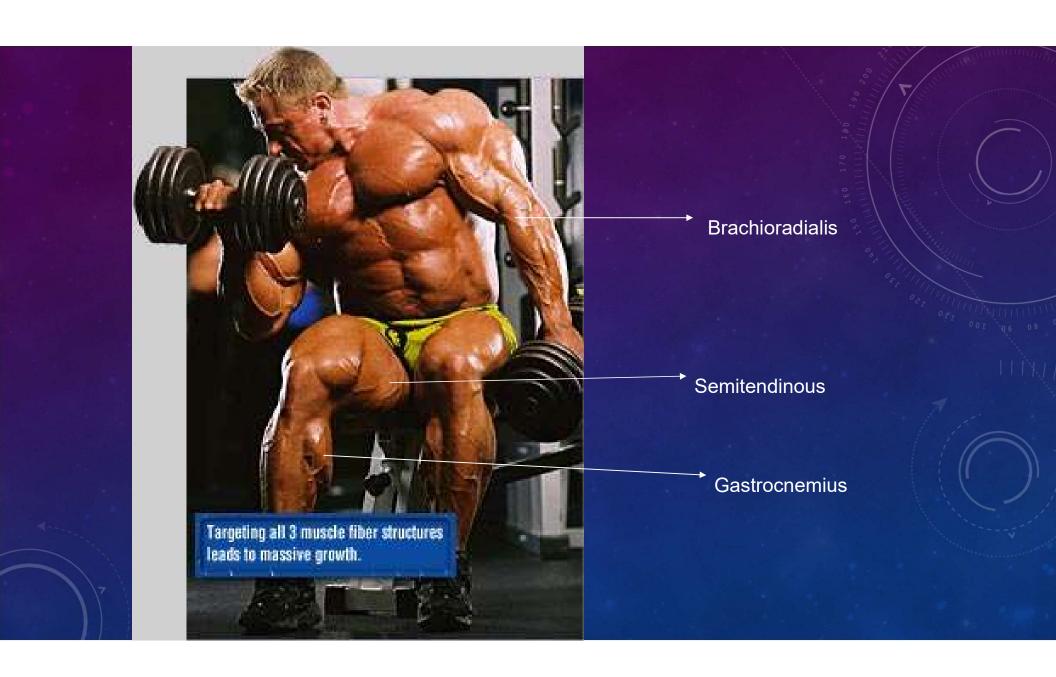


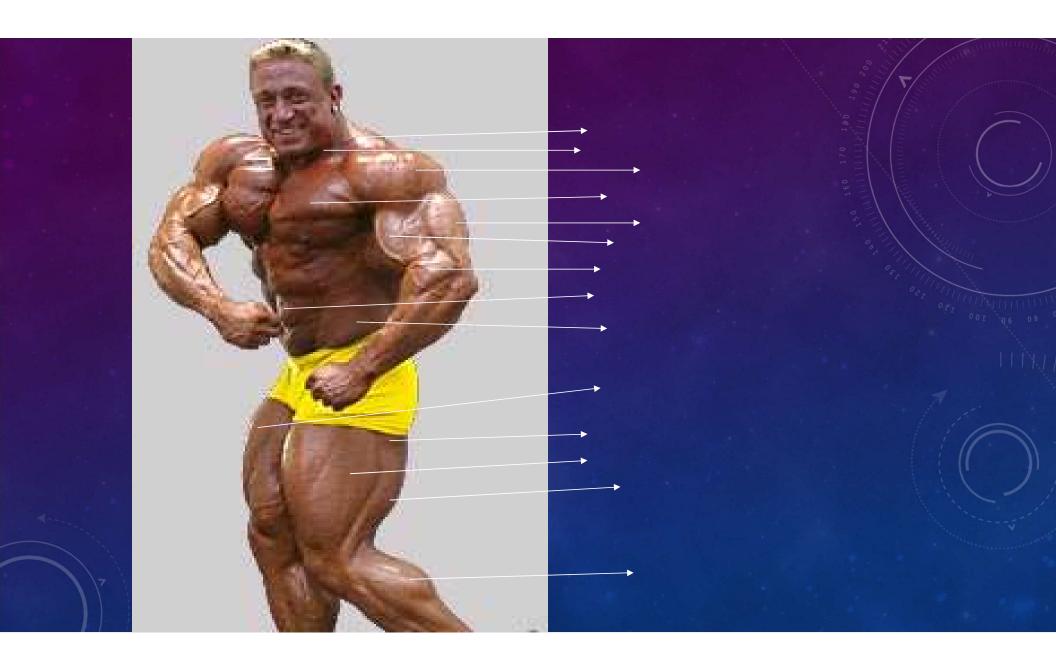


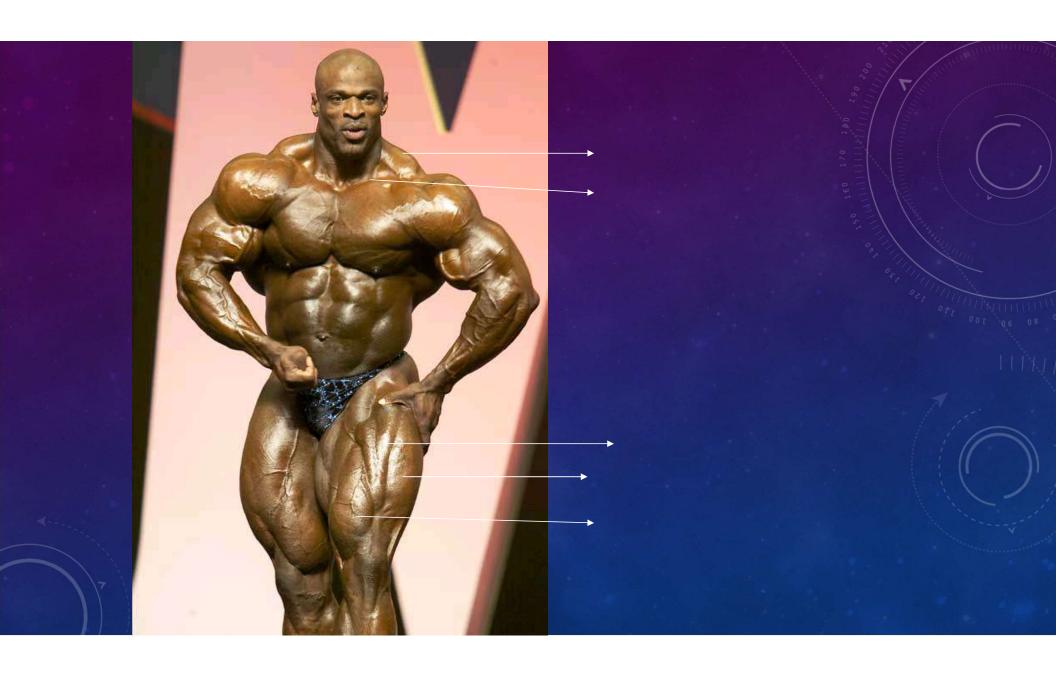


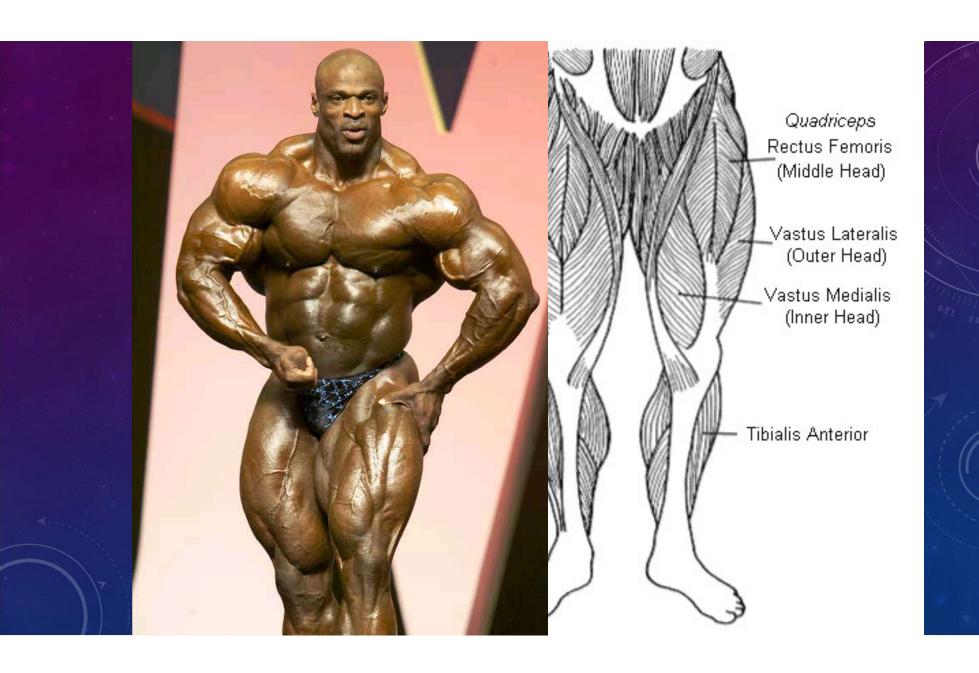








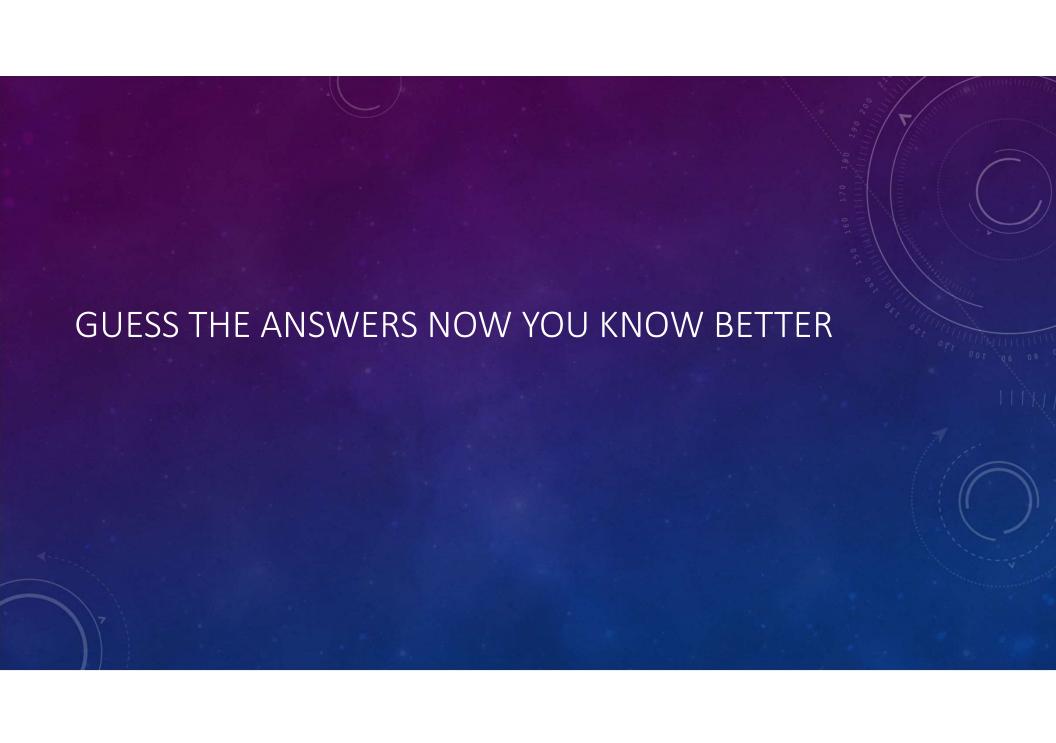


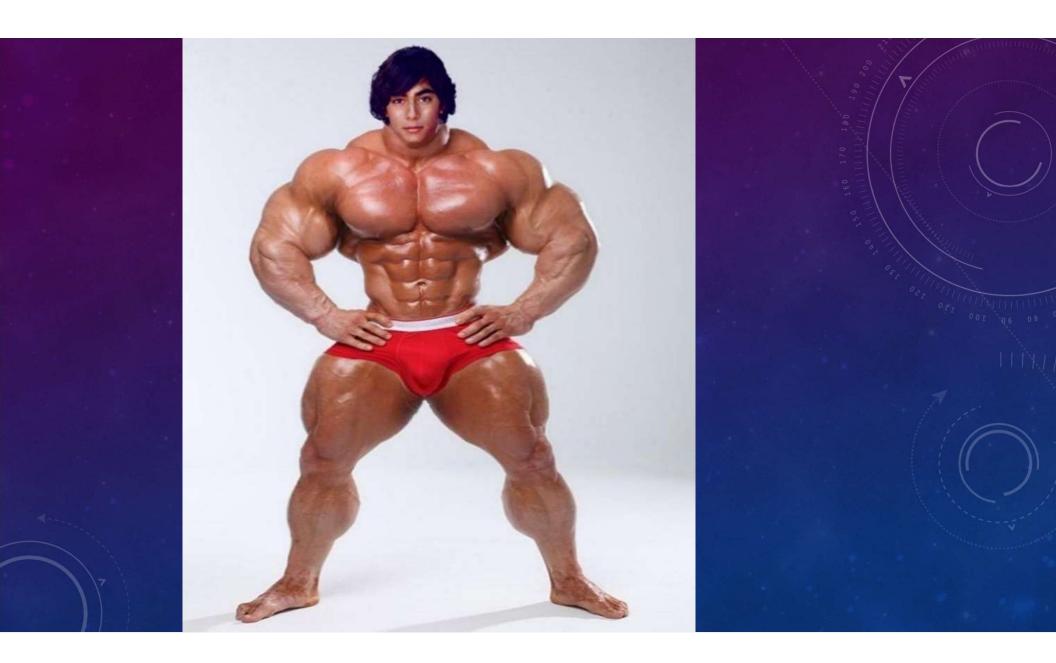






- Deltoid
- trapezius



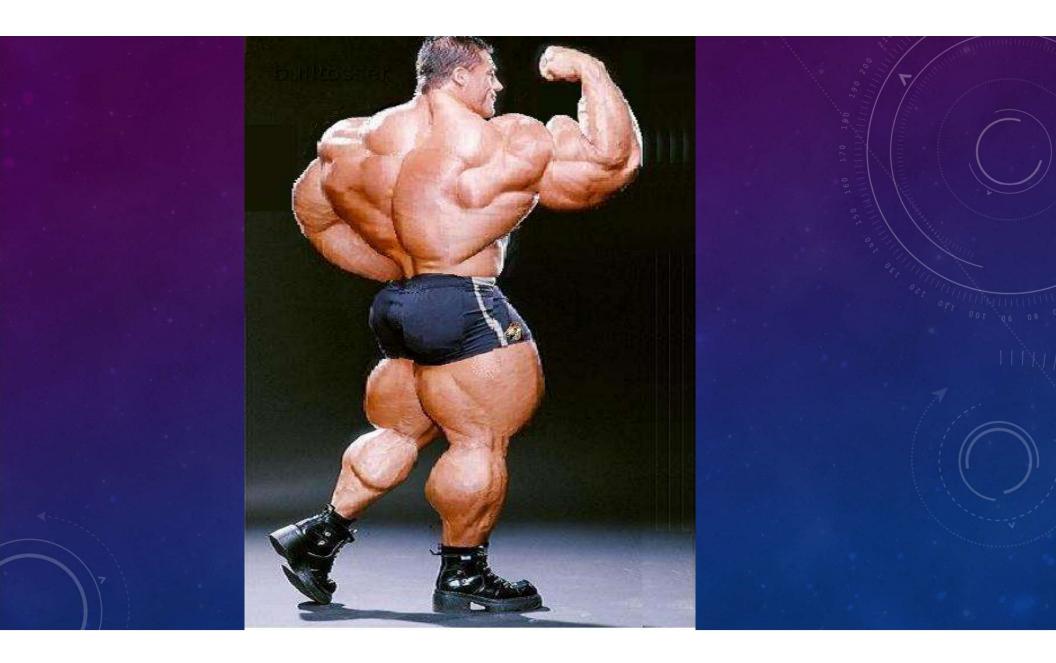


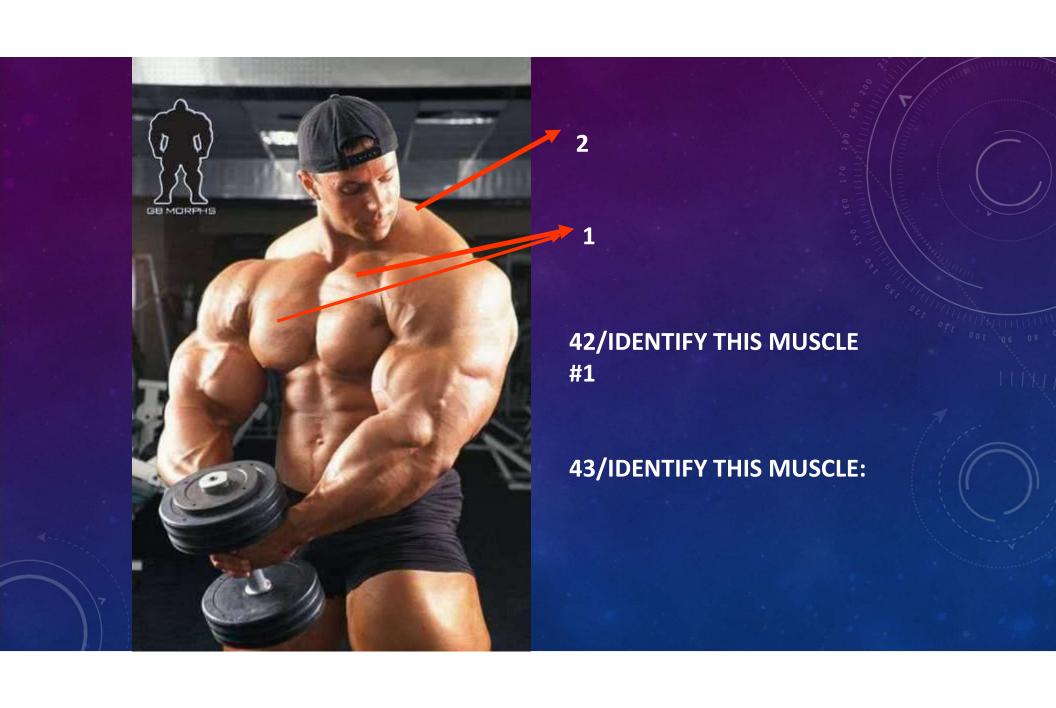




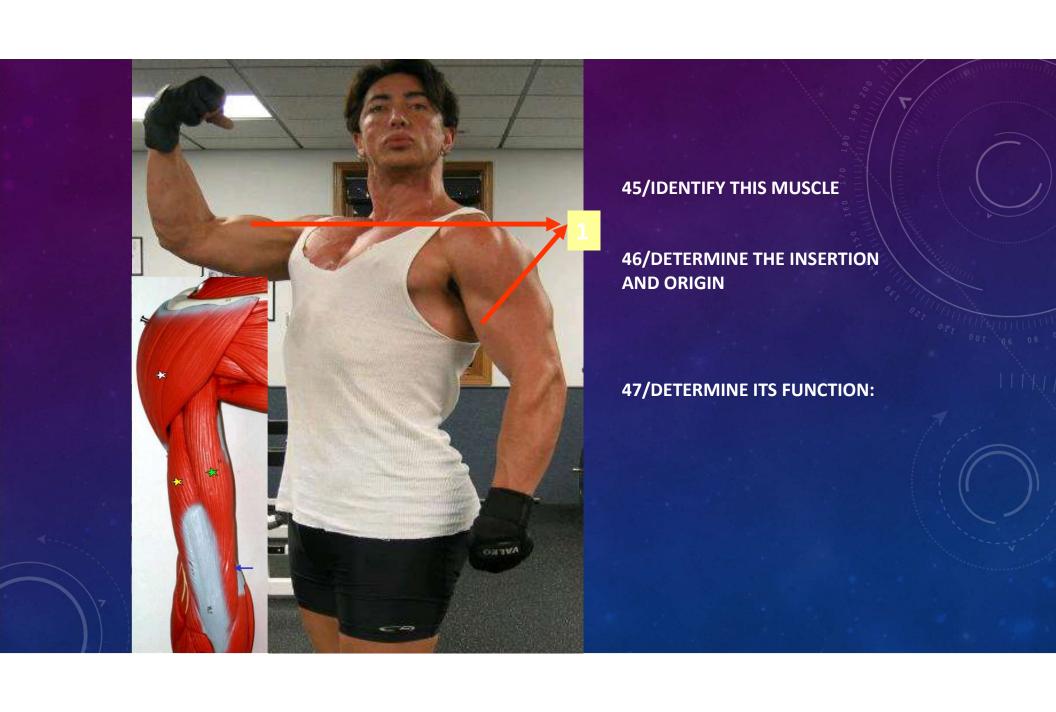


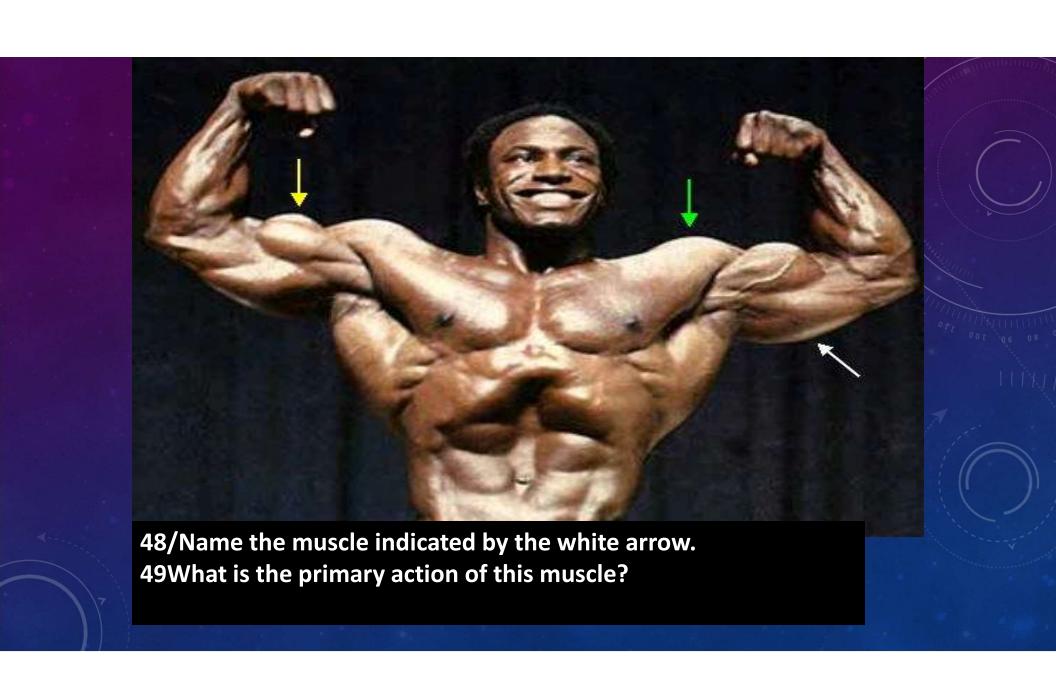


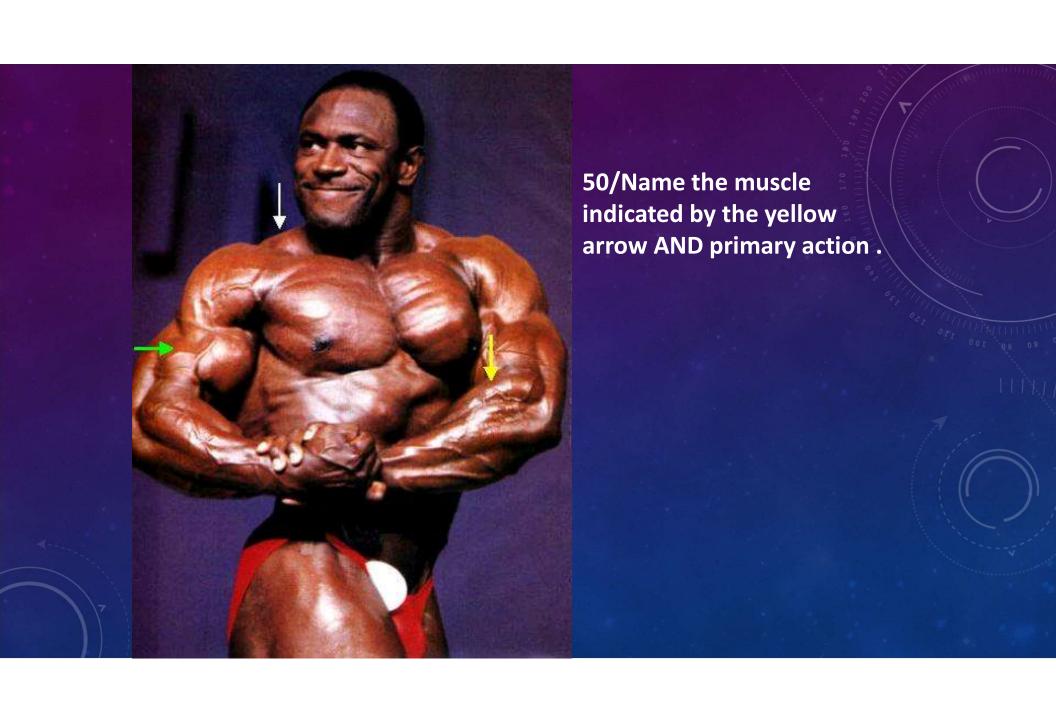


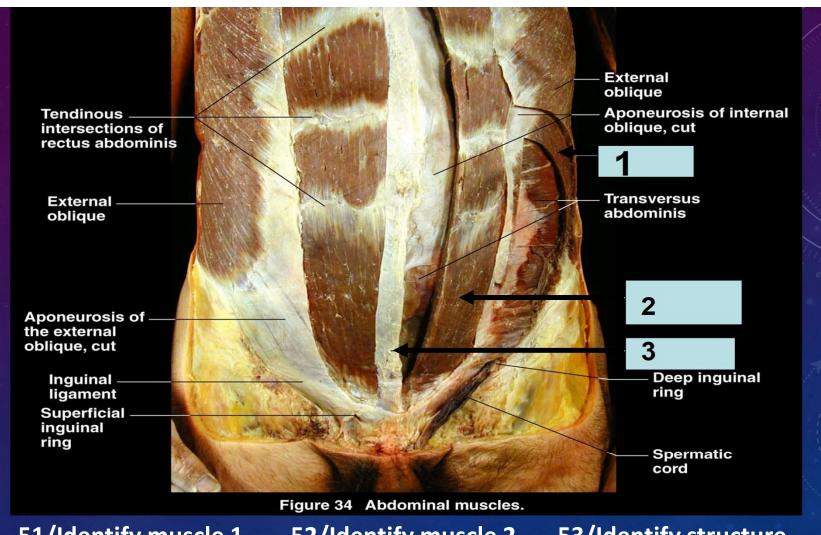








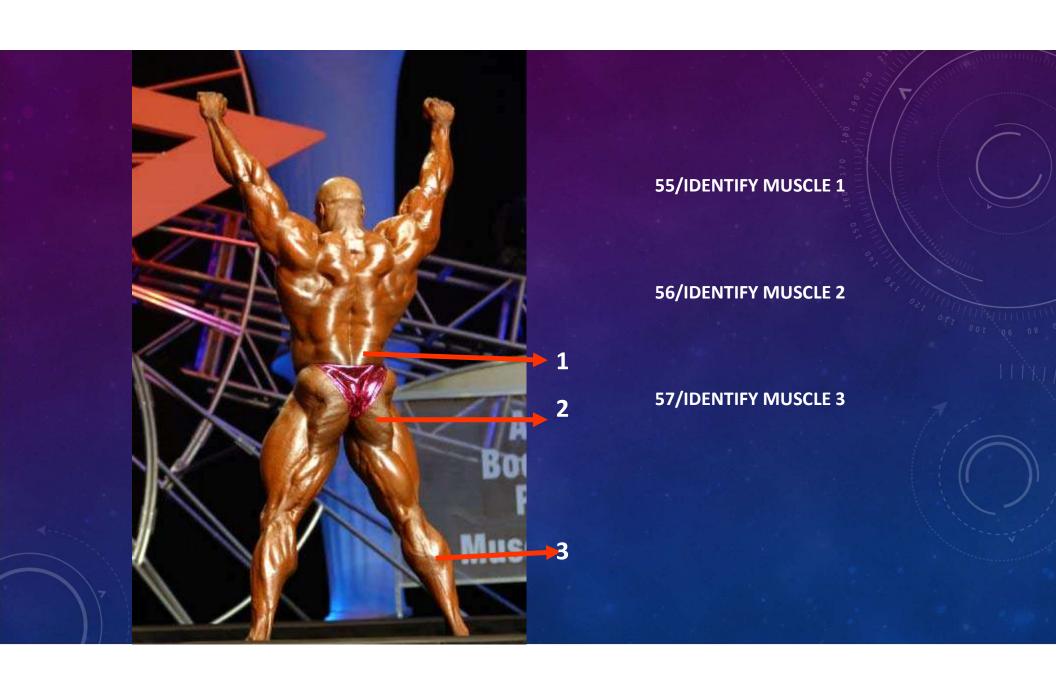


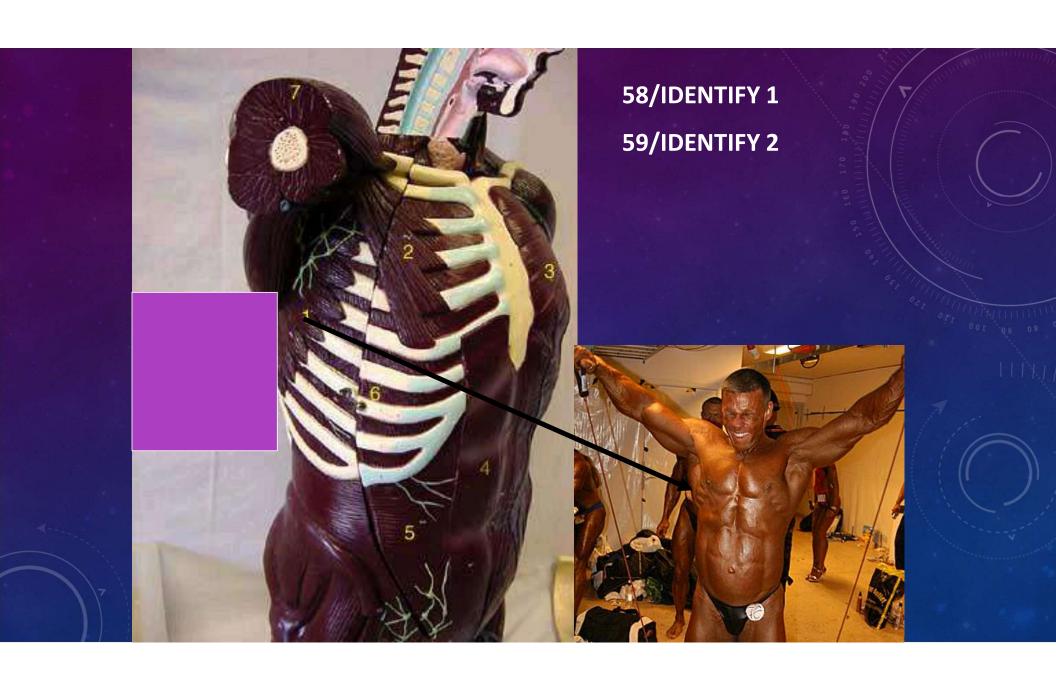


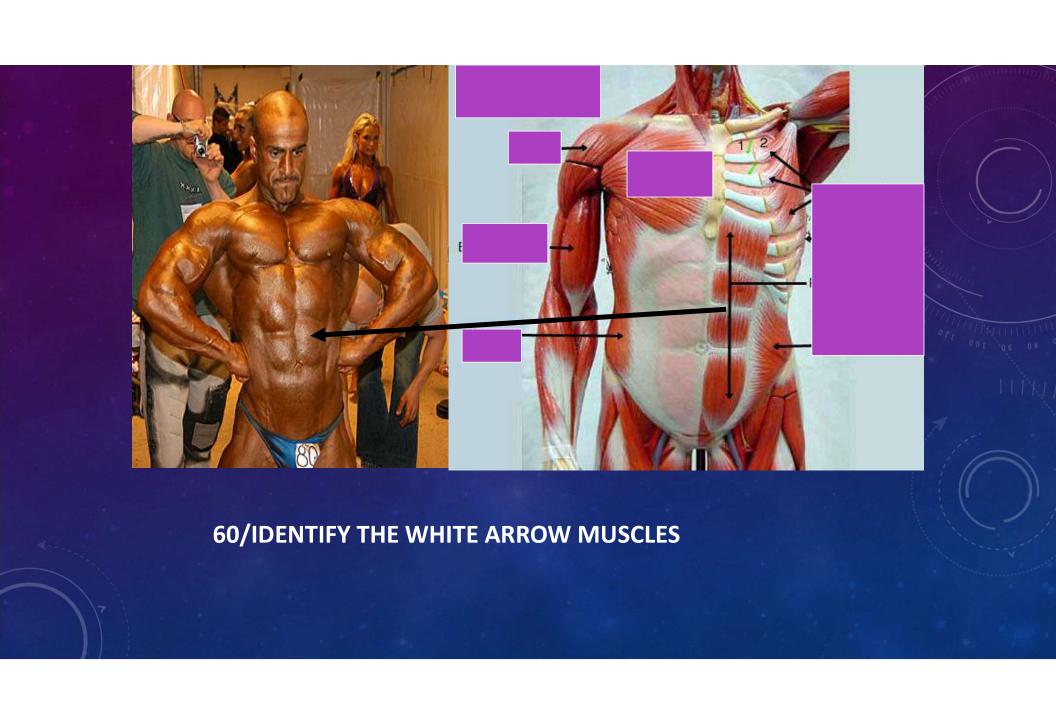
51/Identify muscle 1

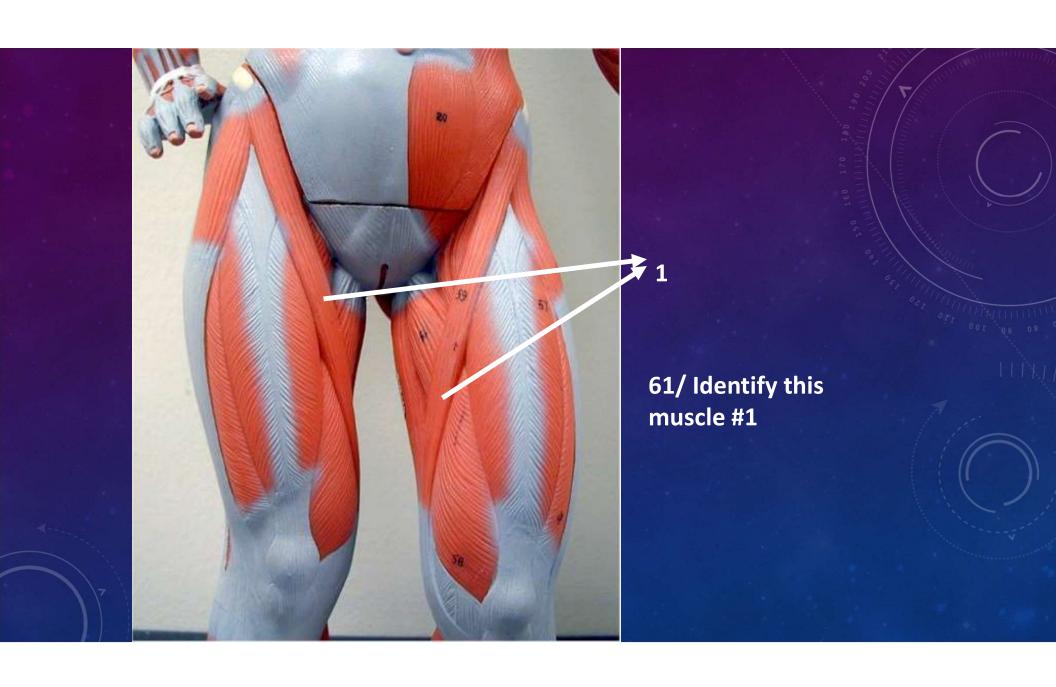
52/Identify muscle 2

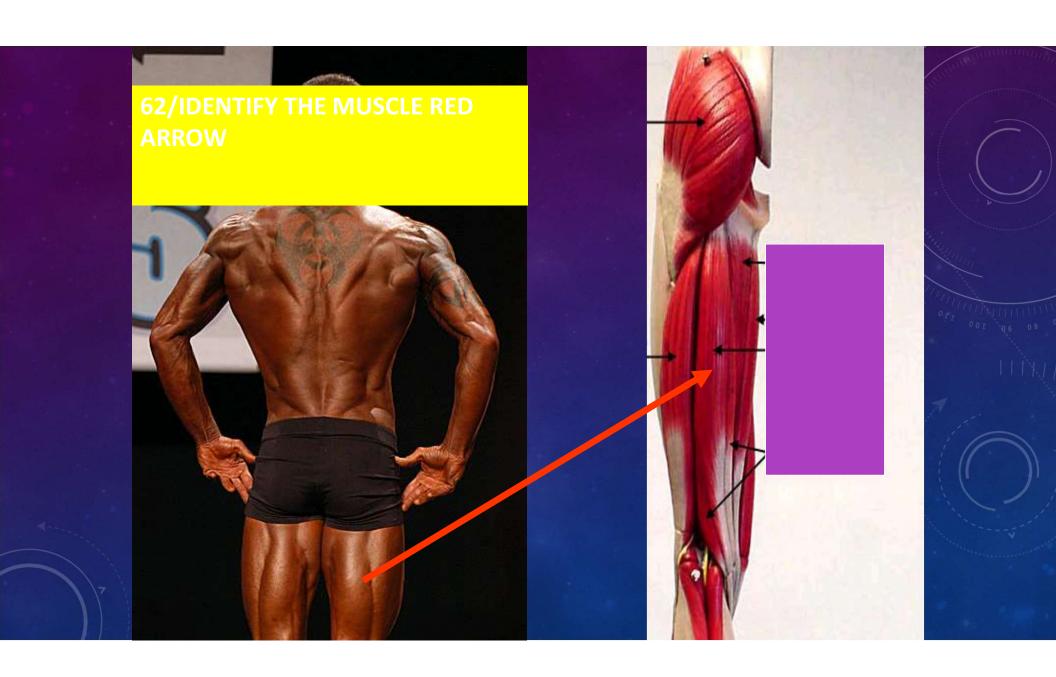
53/Identify structure

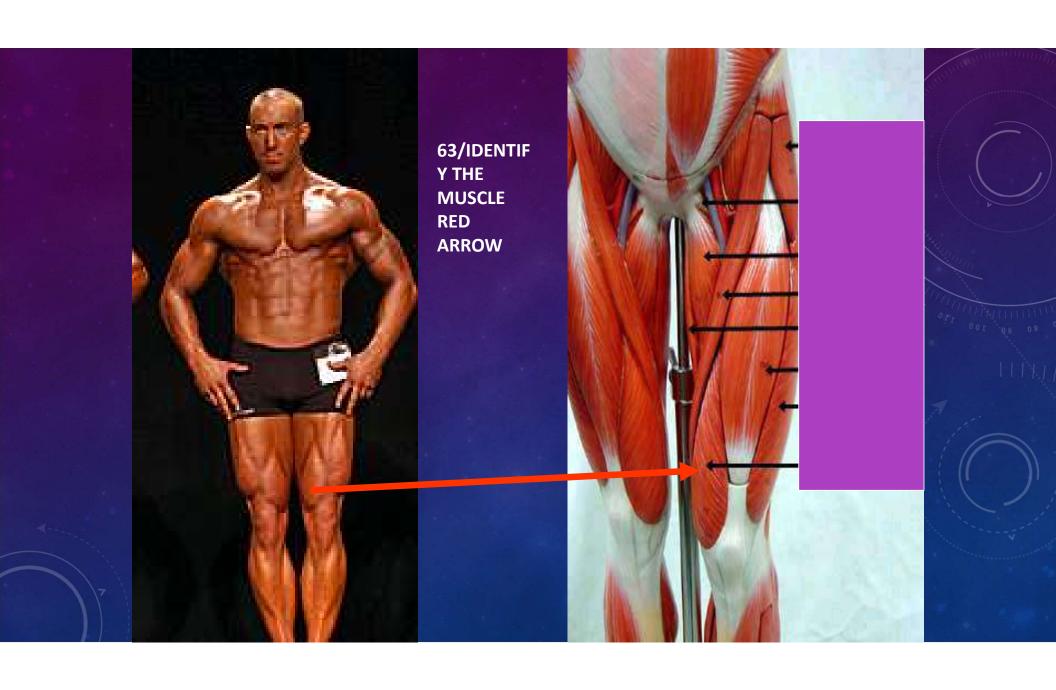


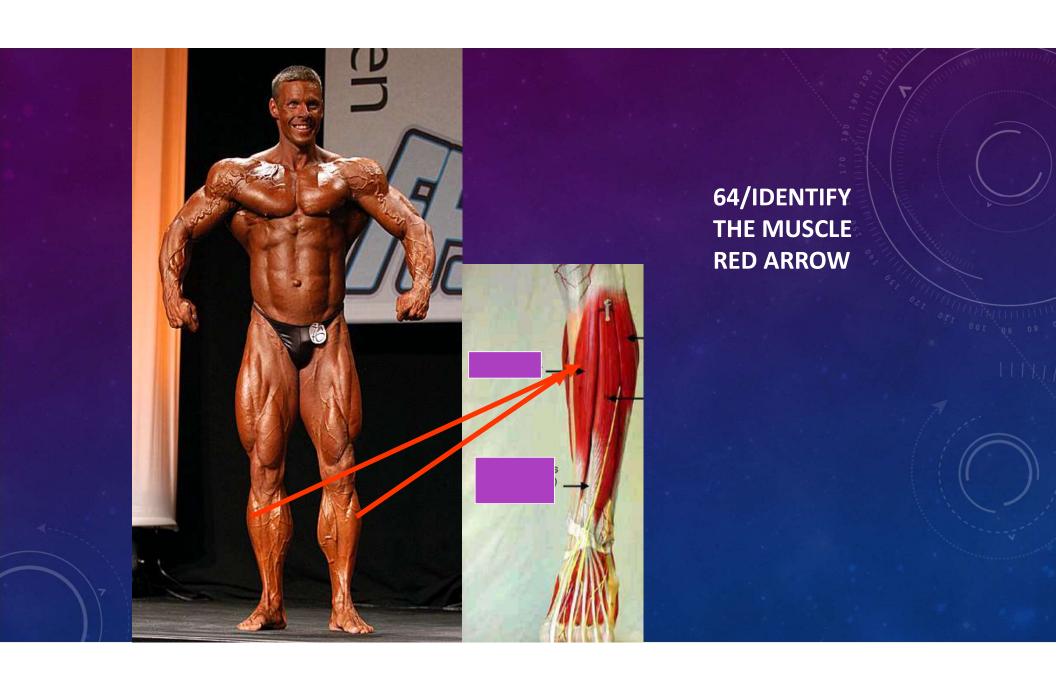


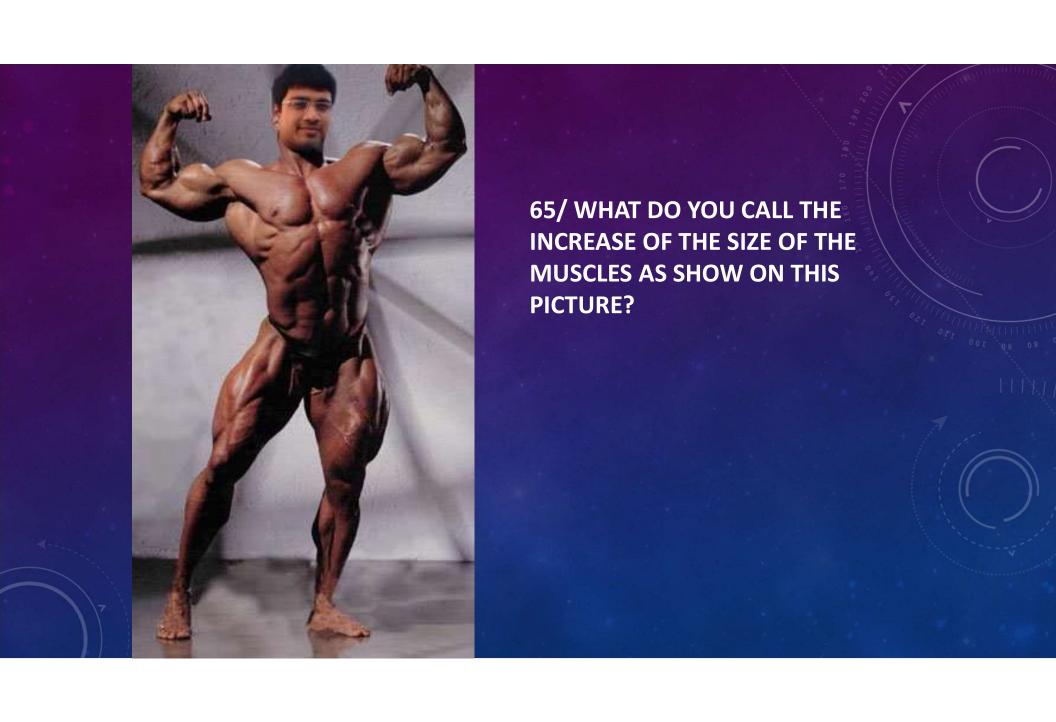


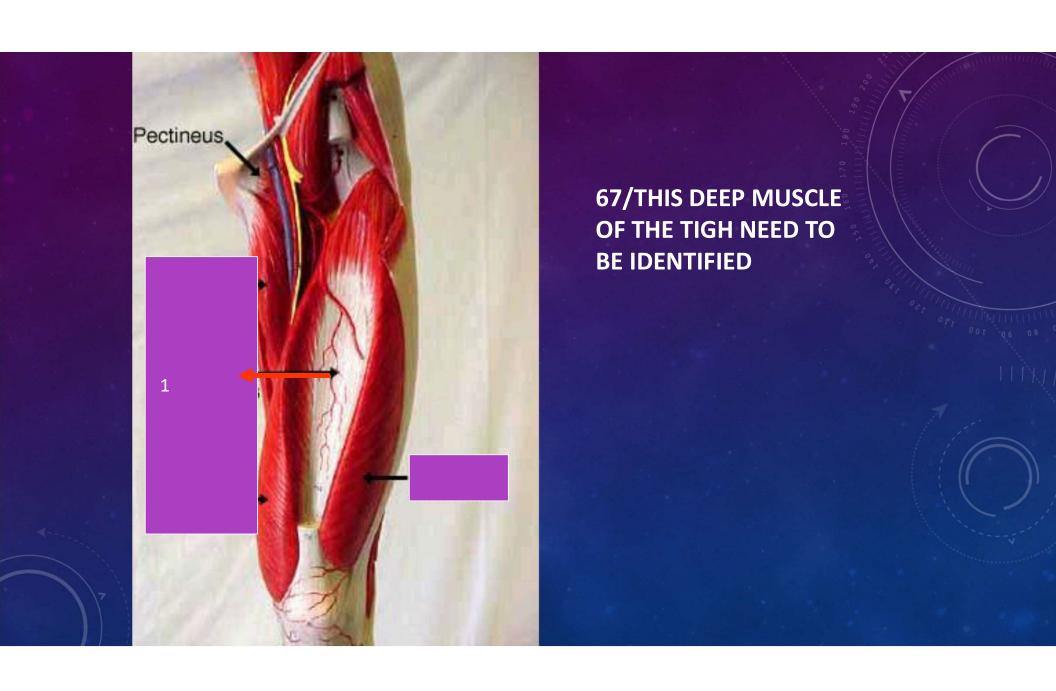


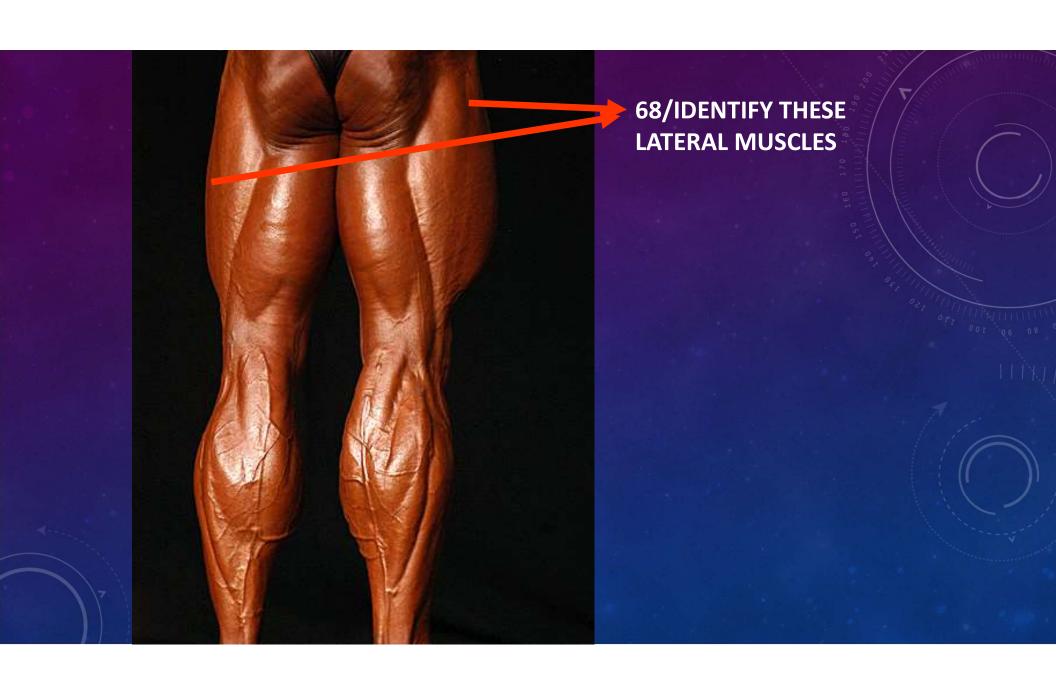




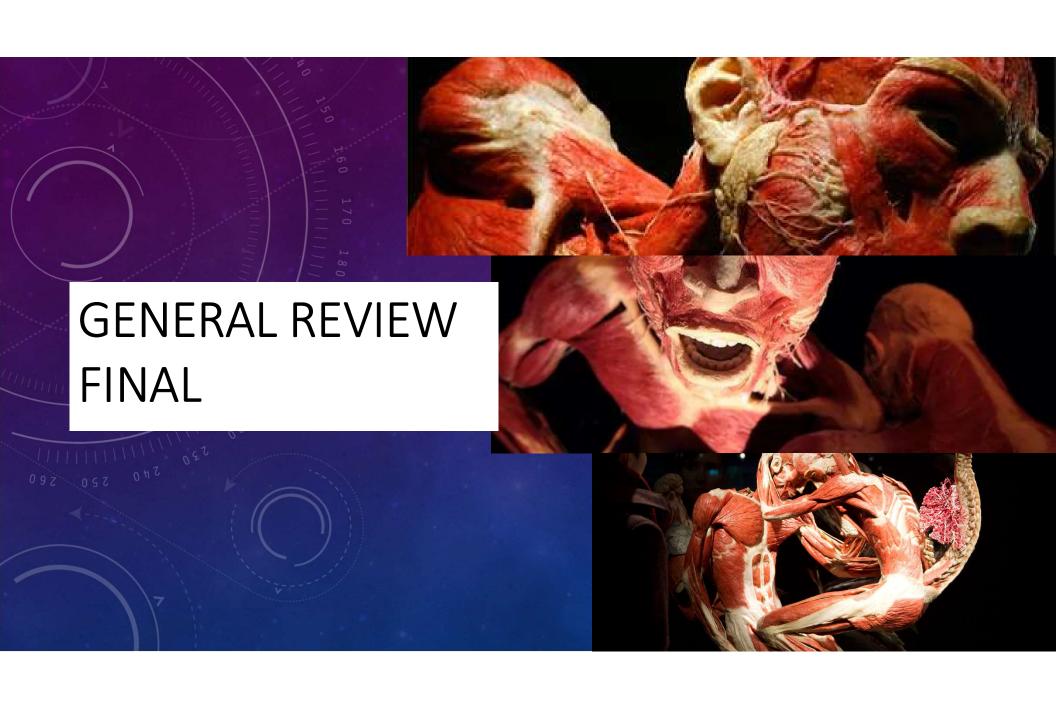


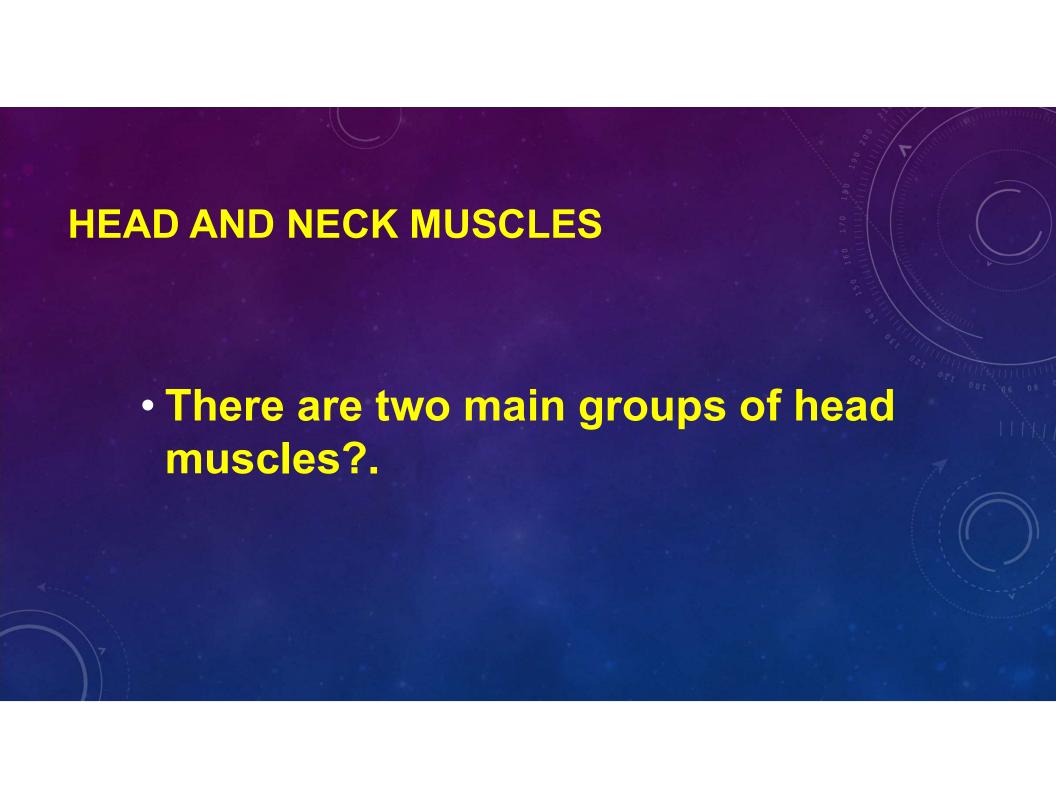












HEAD AND NECK MUSCLES

- There are two main groups of head muscles.
 - Facial muscles
 - Inserted into soft tissues
 - Pull on the skin of the face
 - Chewing muscles
 - Responsible for breaking down the foods we eat

FRONTALIS MUSCLE - FACIAL

- Originates at the cranial aponeurosis and inserts to the skin of the eyebrows.
- Raises your eyebrows.
- Wrinkles your forehead



- Fibers run circles around the eyes.
- Allows you to close your eyes, squint, blink, and wink.



- Fibers run circles around the mouth.
- Closes the mouth and protrudes the lips
- Often called the "kissing" muscle.

BUCCINATOR – FACIAL AND CHEWING

- Runs horizontally across the cheek and inserts into the orbicularis oris.
- Flattens the cheek (whistling or blowing a trumpet).
- Compresses the cheek to hold the food between the teeth during chewing.

ZYGOMATICUS - FACIAL

- Extends from the corner of the mouth to the cheekbone.
- Called the smiling muscle because it raises the corners of the mouth upward.

MASSETER - CHEWING

- Covers the angle of the lower jaw.
- Runs from the zygomatic process of the temporal bone to the mandible.
- Closes the jaw by elevating the mandible.



- Fan-shaped muscle overlying the temporal bone.
- Inserts into the mandible.
- Acts as synergist of the masseter in closing the jaw.

PLATYSMA - NECK

- Sheetlike muscle that covers the anterolateral neck
- Originates from the connective tissue covering of the chest
- Inserts into the area of the mouth.
- Pulls on the corners of the mouth to produce a downward sag.



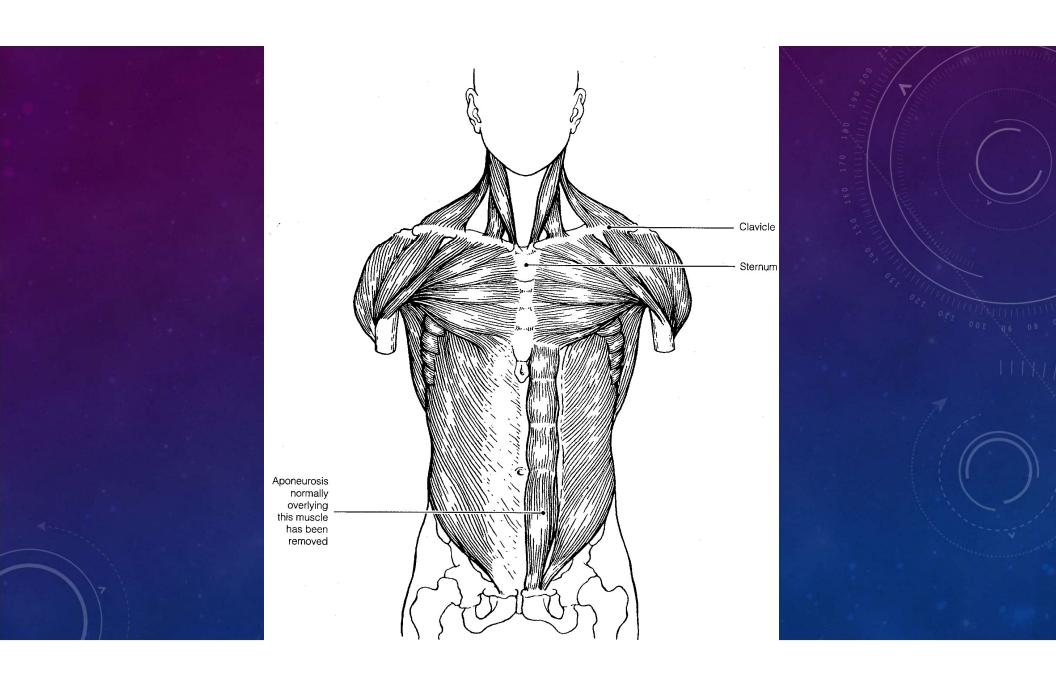
- Two-headed paired muscle.
- One head originates at the sternum and the second head originates at the clavicle.
- Heads fuse before inserting into the mastoid process of the temporal bone.
- When both are contracted, they flex the neck (often called the prayer muscle).
- When one contracts, it turns the head the opposite direction.

TRUNK MUSCLES

- 1. Those that move the vertebral column
- 2. Anterior thorax muscles (moving the ribs, head, and arms)
- 3. Abdominal wall (also move the vertebral column and form the natural girdle of the abdominal wall).

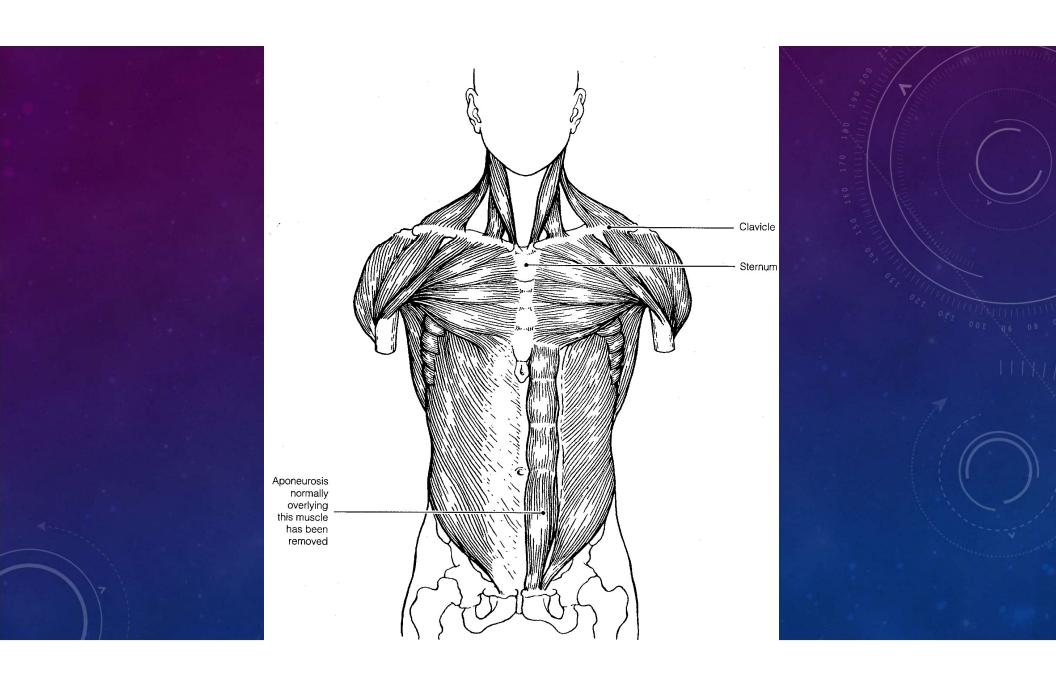
ANTERIOR THORAX (CONT.)

- Pectoralis Major
 - Large fan-shaped muscle covering the upper part of the chest.
 - Origin is from the shoulder girdle and the first six ribs
 - Inserts on the proximal end of the humerus
 - Acts to adduct and flex the arm.



ANTERIOR THORAX (CONT.)

- Deltoid
 - Triangular shaped the forms the rounded shape of your shoulders.
 - Favorite injection site (less than 5mL).
 - Originates at the scapular spine and clavicle.
 - Inserts into the proximal humerus.
 - Prime mover of arm abduction.



ANTERIOR THORAX (CONT.)

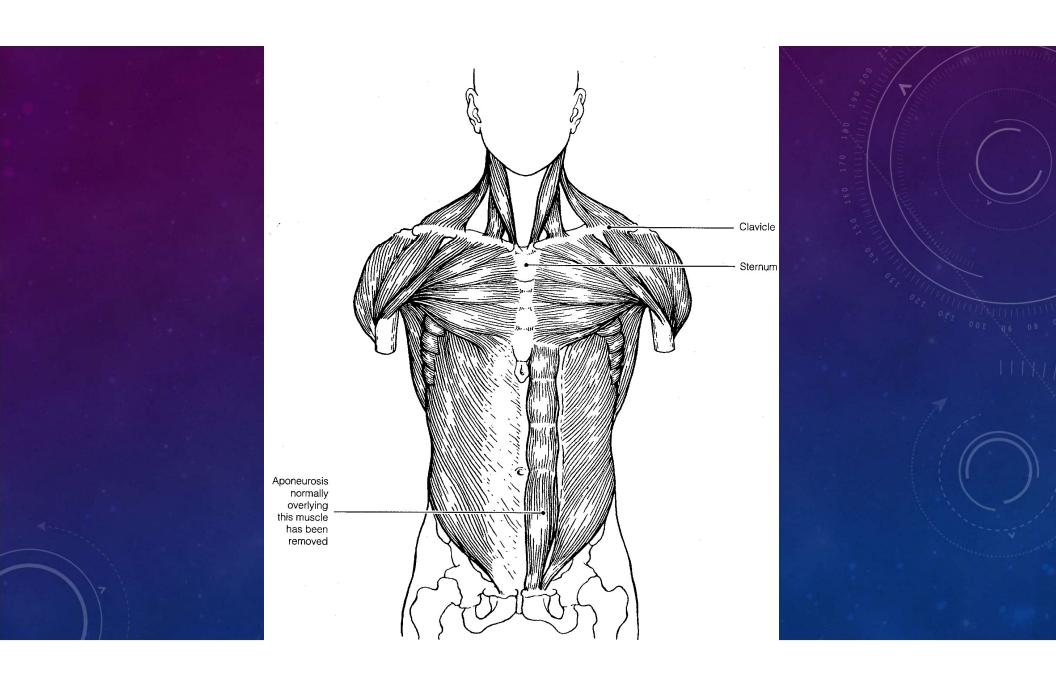
- Intercostal Muscles
 - Deep muscles between the ribs.
 - External intercostals responsible for raise the rib cage for breathing air in.
 - Internal intercostals, deep to the externals, depress the rib cage to move air out.

ANTERIOR THORAX (CONT.)

- Diaphragm
 - Single thin dome-shaped muscle.
 - Separates the thoracic cavity from the abdominal cavity.
 - Primary muscle of inspiration

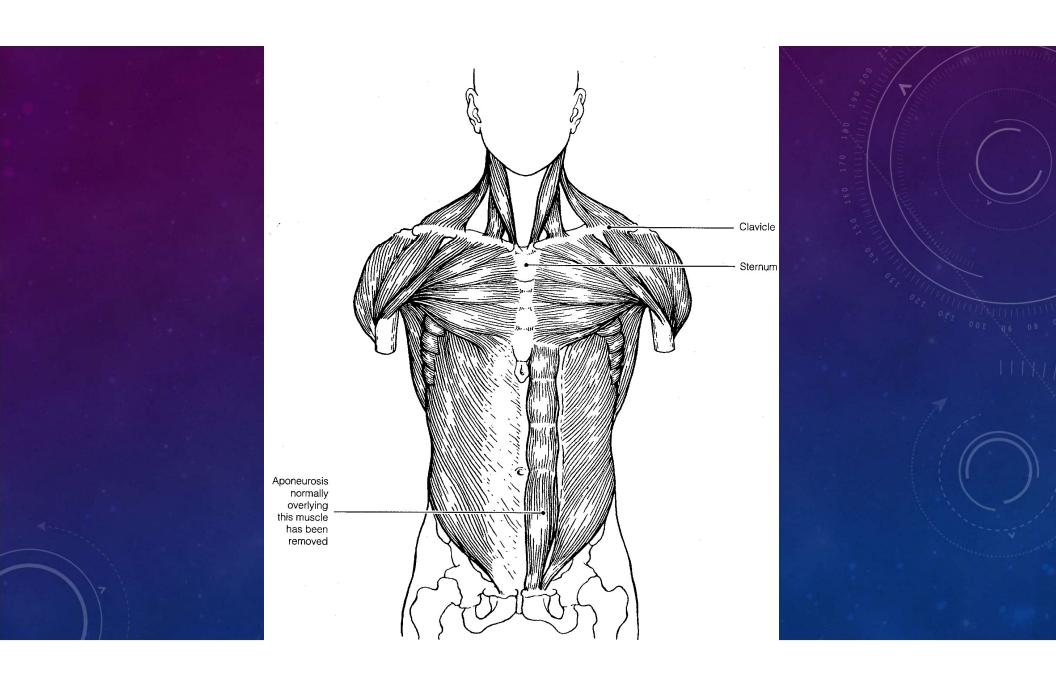


- - Paired straplike muscle
 - Most superficial of abdominal muscles
 - Run from the pubis to the rib cage
 - Main function is to flex the vertebral column.
 - They also compress the abdominal contents during defecation and childbirth.





- External Oblique
 - Paired superficial muscle that make up the lateral walls of the abdomen.
 - Fibers run downward and medially form the last eight ribs and insert into the ilium.
 - Flex the vertebral column, but also rotate the trunk and bend laterally.





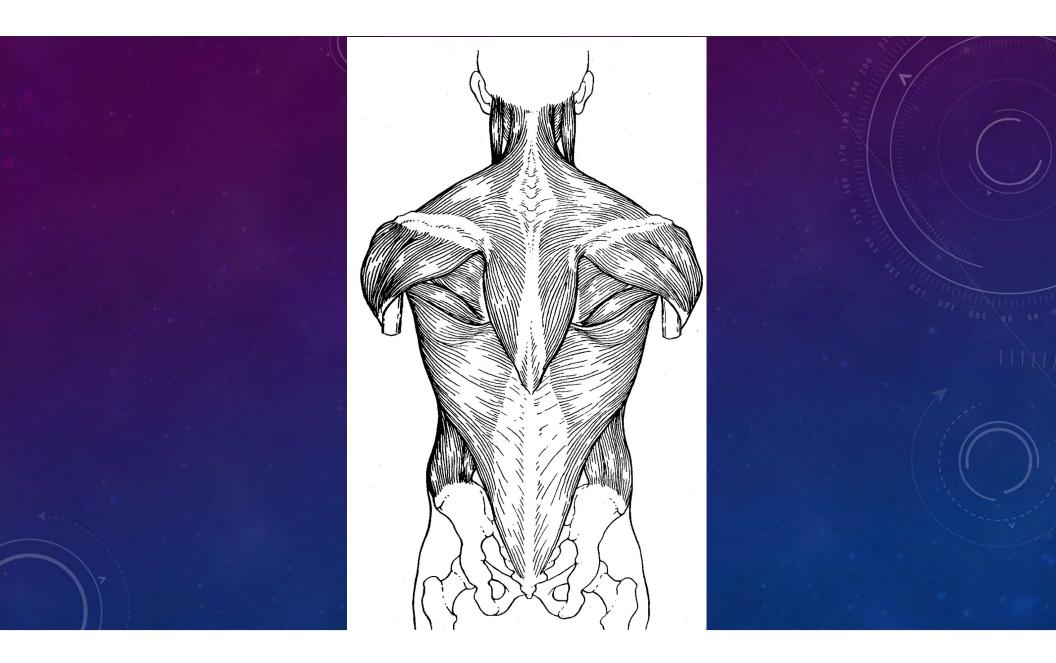
- Internal Oblique
 - Paired muscle deep to the external oblique.
 - Fibers run at right angles to external obliques.
 - Originate from the iliac crest and insert into the last three ribs.
 - Functions are same as the external obliques



- Transversus abdominis
 - Deepest muscle of the abdominal wall.
 - Fibers run horizontally across the abdomen.
 - Originates from the lower ribs and iliac crest and inserts into the pubis.
 - Function to compress the abdominal contents.

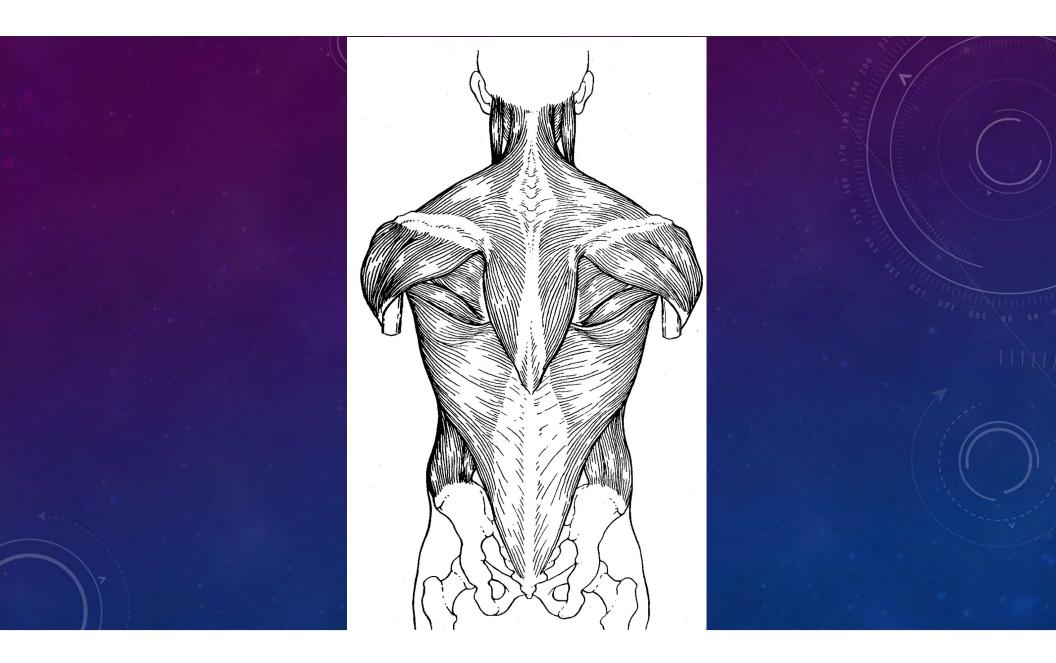
POSTERIOR THORAX

- Deltoid
 - Triangular shaped the forms the rounded shape of your shoulders.
 - Favorite injection site (less than 5mL).
 - Originates at the scapular spine and clavicle.
 - Inserts into the proximal humerus.
 - Prime mover of arm abduction.

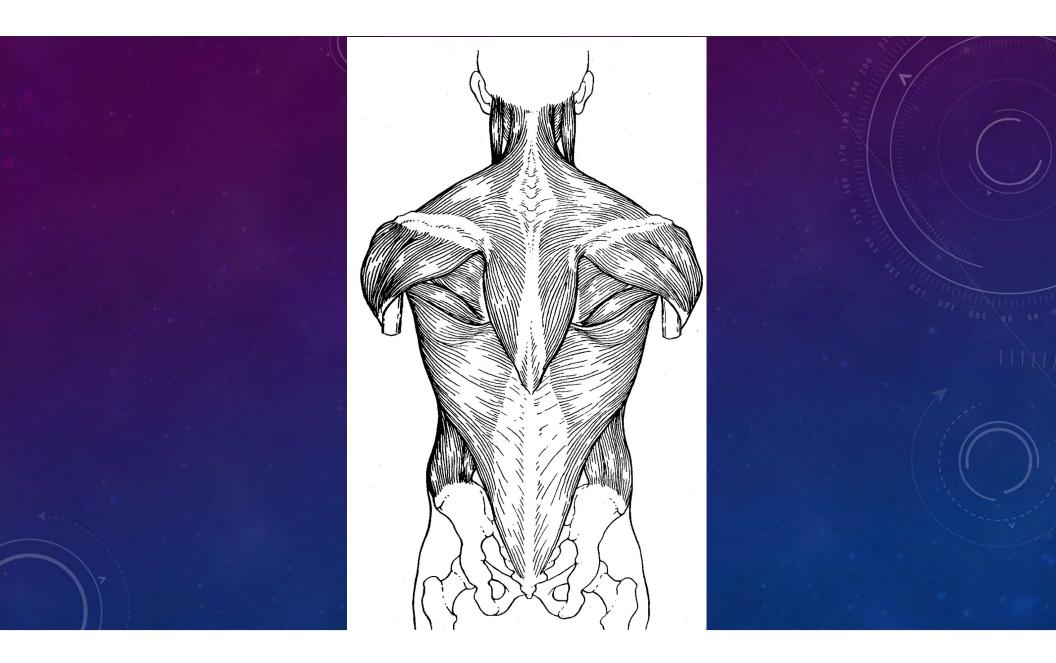


- Trapezius
 - Most superficial muscles of the posterior neck and upper trunk.
 - Together, they are diamond- or kiteshaped.
 - Both originate at the occipital bone and insert to the end of the thoracic vertebrae.
 - (CONTINUED ON THE NEXT SLIDE)

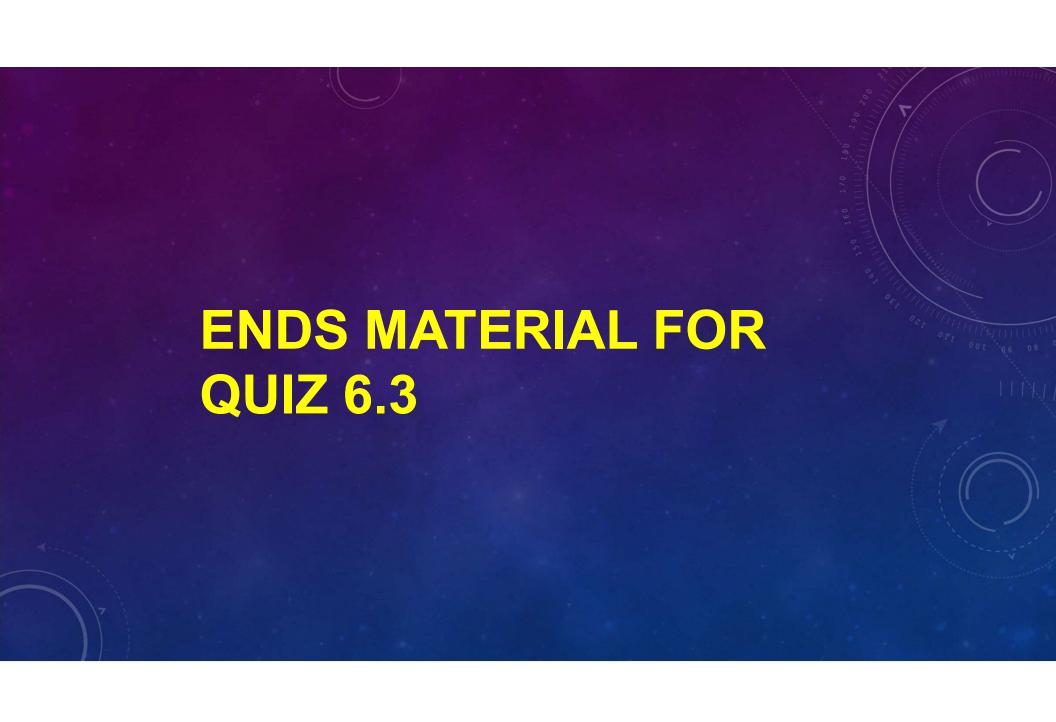
- Trapezius (cont.)
 - They flare laterally to insert on the scapular spine and clavicle.
 - They extend the head and can also elevate, depress, adduct, and stabilize the scapula (antagonist of sternocleidomastoids).

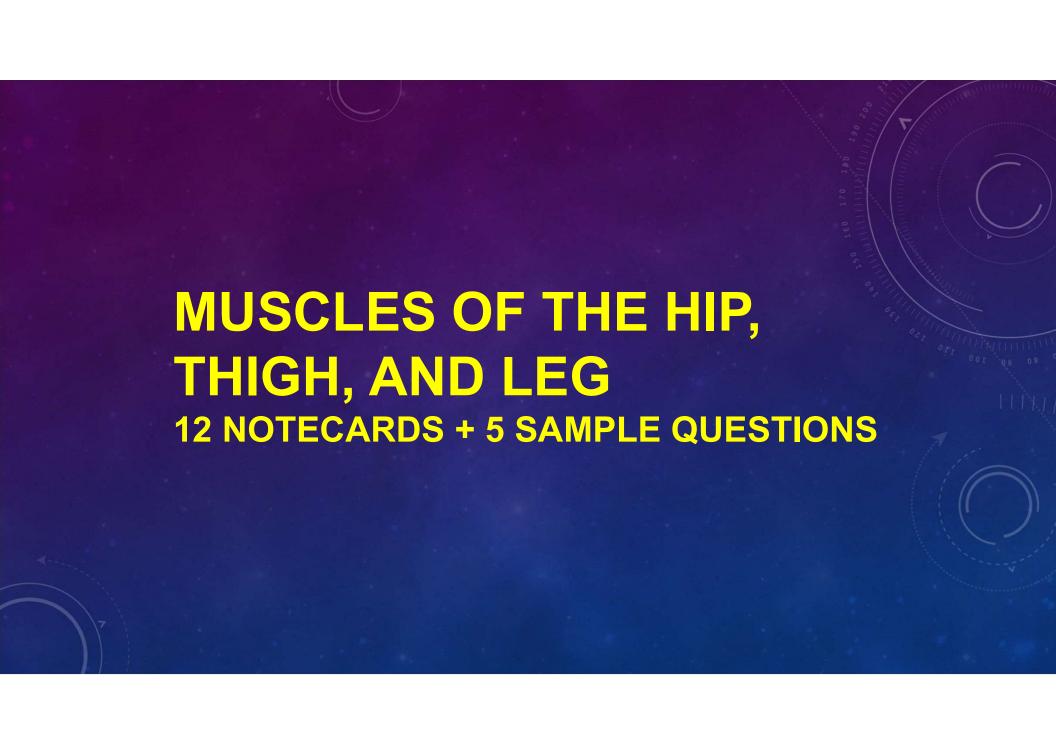


- Latissimus Dorsi
 - Large flat muscle pair the covers the lower back.
 - Originates on the lower spine and ilium and sweeps upward to insert on the proximal humerus.
 - Extends and adducts the humerus.
 - Powerful muscle for swimmers on the power stroke.

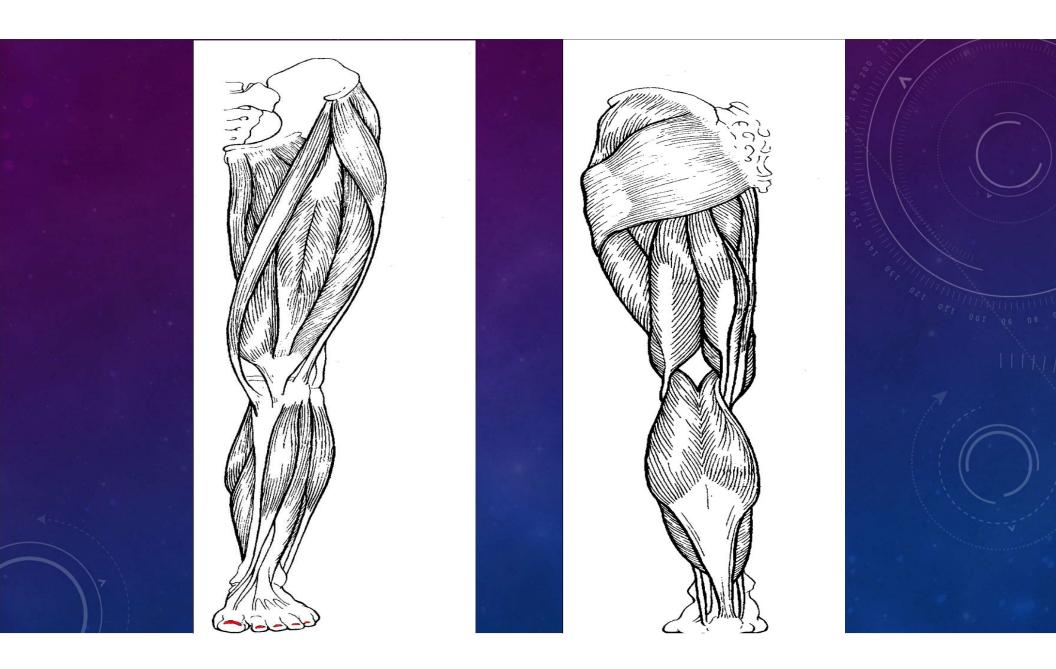


- Erector Spinae
 - Group of three deep back muscles resembling columns along the spine.
 - Prime mover of back extension.
 - Also provide resistance that helps control the action of bending over at the waist.
 - When in spasm, represent a common source of low back pain.





- Gluteus Maximus
 - · Large superficial muscle of the hip.
 - Originates from the sacrum and iliac bones and inserts on the gluteal tuberosity of the femur.
 - Powerful hip extensor that brings the thigh in a straight line with the pelvis.
 - · Used when climbing stairs and jumping.



- Gluteus Medius
 - Runs from the ilium to the femur under the gluteus maximus
 - It is a hip abductor and important in steadying the pelvis while walking.
 - Site for IM injections more than 5mL.

MUSCLES OF THE HIP, THIGH, AND LEG (CONT.) • Iliopsoas

- Originates at the iliac bone and lower vertebrae deep in the pelvis and inserts on the lesser trochanter of the femur.
- Prime mover of hip flexion.
- Acts to keep the upper torso from bending backward.

- Adductor muscles (or group)
 - Originate on the pelvis and insert on the proximal aspect of the femur.
 - Form the muscle mass on the medial aspect of the thigh.
 - They adduct the thigh (press the thighs together).
 - They tend to become flabby very easily.



- Hamstring group (3 muscles)
 - Biceps femoris
 - Semimembranosus
 - Semitendinosus
- Originate on the ischial tuberosity.
- Insert on both sides of the proximal tibia.

- Sartorius
 - Thin, straplike muscle that is not very important.
 - Most superficial muscle of the thigh.
 - Runs obliquely across the thigh from the anterior iliac crest to the medial side of the tibia.
 - Is a weak thigh flexor.

- Quadriceps group (4 muscles)
 - Rectus femoris
 - 3 vastus muscles
- Vastus muscles originate from the femur while the rectus femoris originates on the pelvis.
- (Continued on next slide)

- Quadriceps group (4 muscles) (Cont.)
- All four insert on the tibial tuberosity via the patellar ligament.
- As a whole, act to extend the knee.
- The rectus femoris can also act to flex the hip.

- Tibialis anterior.
 - Superficial muscle on the anterior leg.
 - Originates on the proximal tibia and inserts into the tarsal bones by a long tendon.
 - Dorsiflexes and inverts the foot.

- Extensor Digitorum Longus
 - Lateral to the tibialis anterior
 - Originates from the lateral tibial condyle and proximal radius and inserts into the phalanges of toes 2-5 via a long tendon.
 - Prime mover of toe extension and a dorsiflexor of the foot.

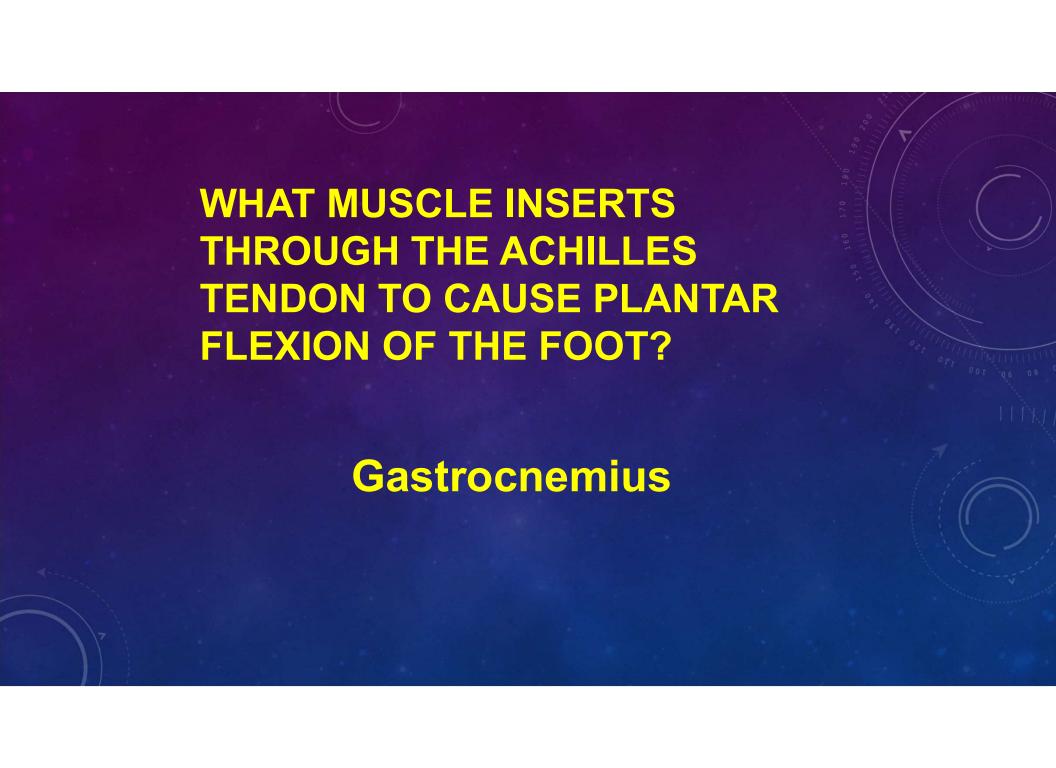


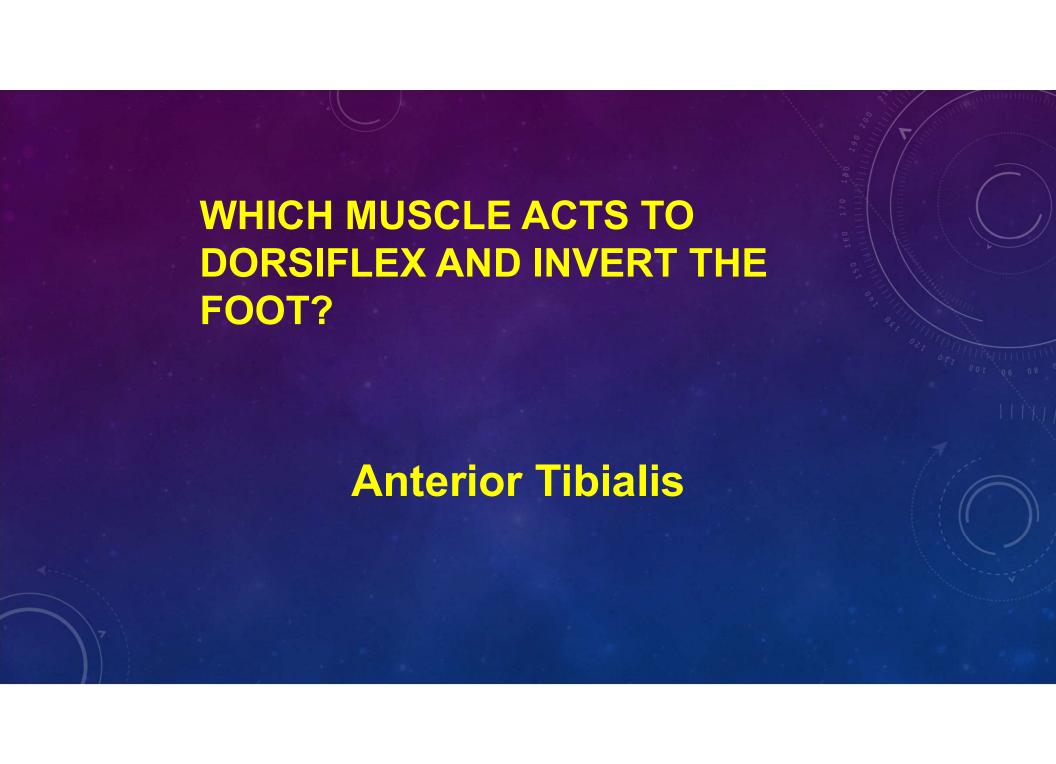
- Fibularis muscles.
 - Originate from the fibula and insert into the metatarsal bones of the foot.
 - Act to plantar flex and evert the foot.

- Gastrocnemius
 - Two-bellied muscle of the posterior leg.
 - Originates on each side of the distal femur and insert by calcaneal tendon into the calcaneus.
 - Prime mover for plantar flexion of the foot.
 - Often called the "toe dancers" muscle.

- Soleus
 - Deep to the gastrocnemius.
 - Originates on the tibia.
 - A strong plantar flexor of the foot.







WHAT GROUP OF MUSCLES ACT TO POWERFULLY EXTEND THE KNEE?

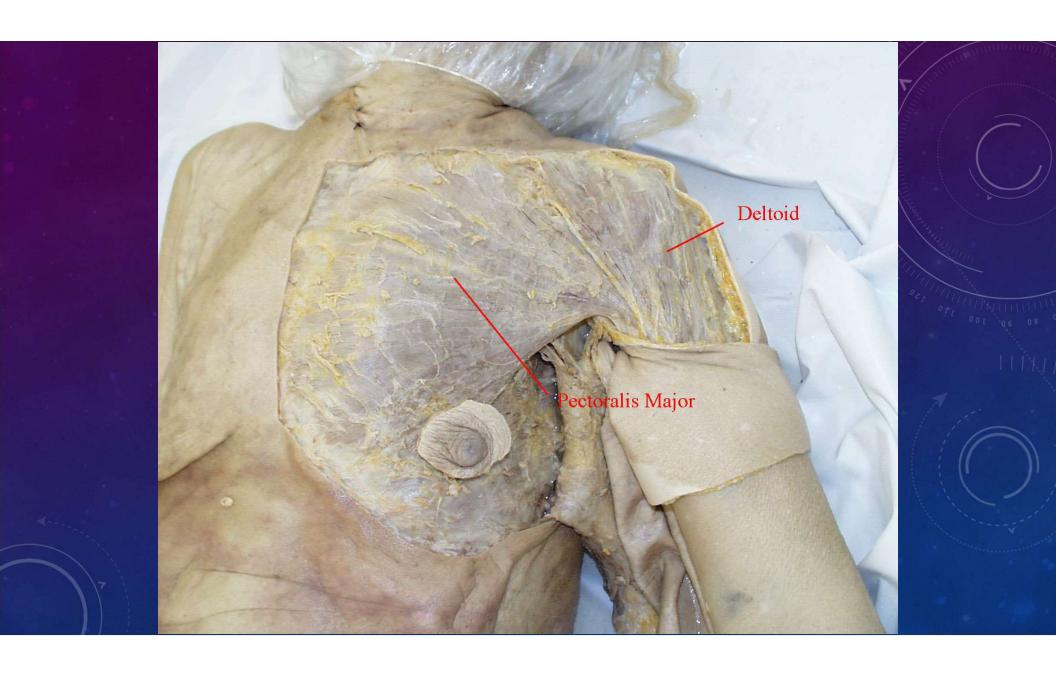
Quadriceps group

WHICH MUSCLE IS A POWERFUL HIP EXTENSOR THAT WORKS TO BRING THE THIGH IN A STRAIGHT LINE WITH THE PELVIS?

Gluteus Maximus

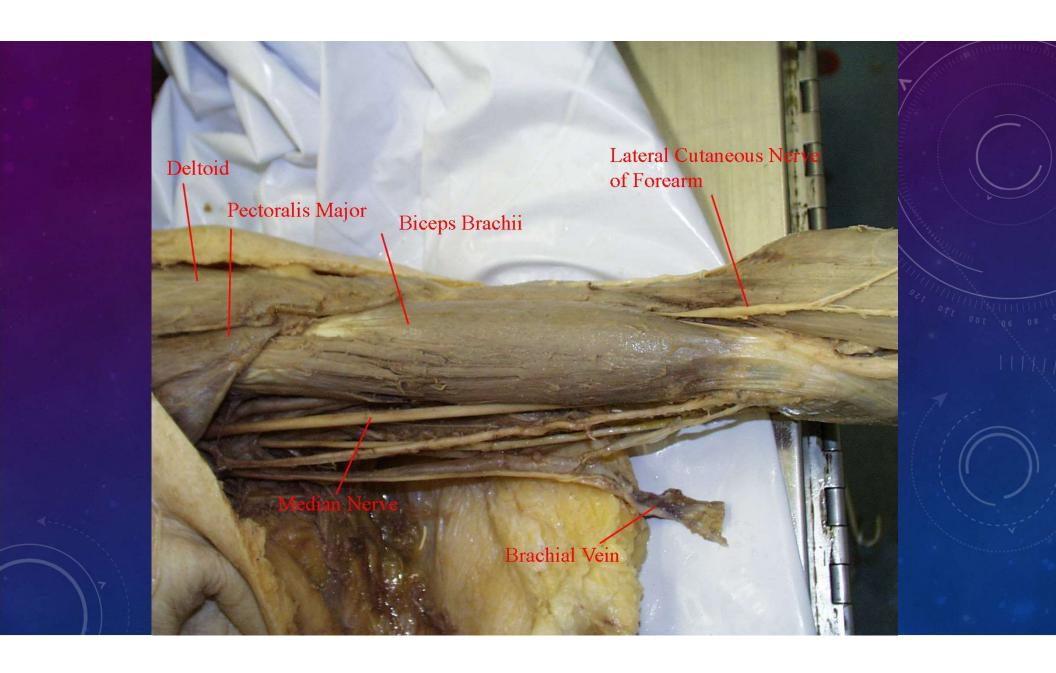
WHICH MUSCLE OF THE LOWER LIMB IS A PRIME MOVER OF HIP FLEXION AND ALSO ACTS AS A POSTURAL MUSCLE TO KEEP THE UPPER BODY FROM FALLING BACKWARD WHEN STANDING ERECT?

lliopsoas



MUSCLES OF THE ARM AND FOREARM

- Biceps Brachii
 - Originates by two heads from the shoulder girdle and inserts into the radial tuberosity.
 - Prime mover for flexion of the forearm
 - Also act to supinate the forearm.

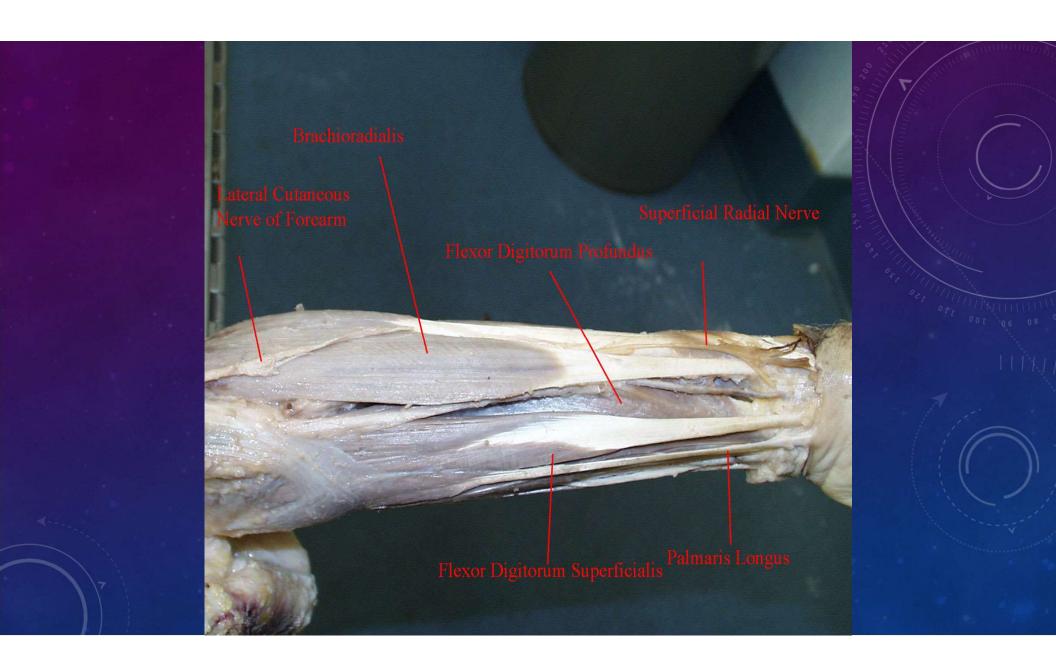


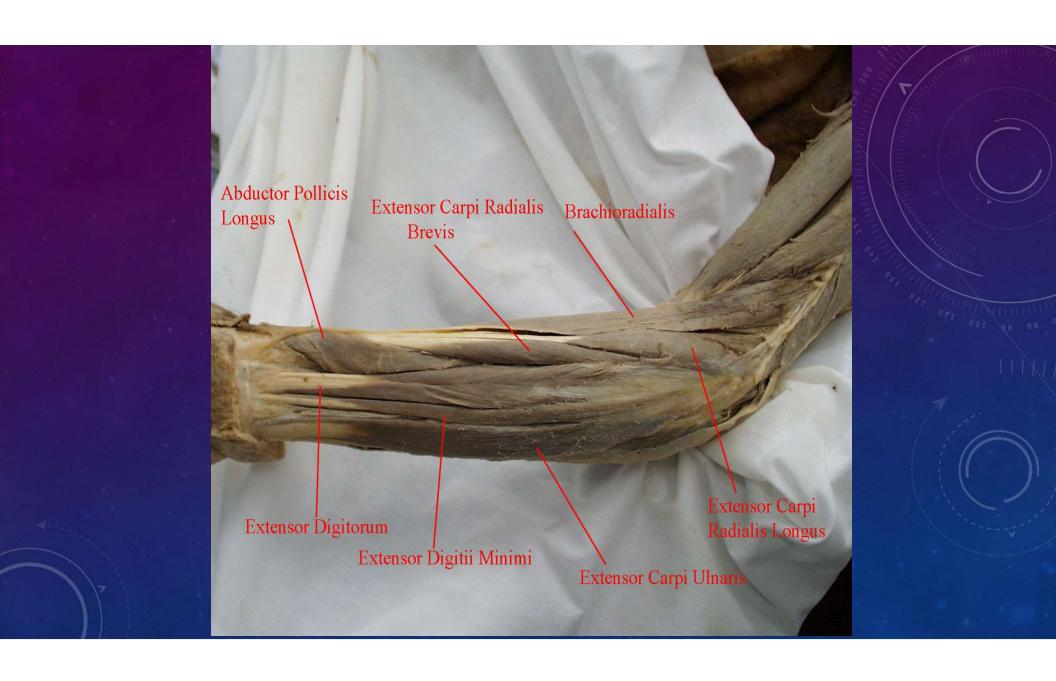


- Brachialis
 - Lies deep to the biceps muscle
 - Also acts to cause elbow flexion.

MUSCLES OF THE ARM AND FOREARM (CONT.)

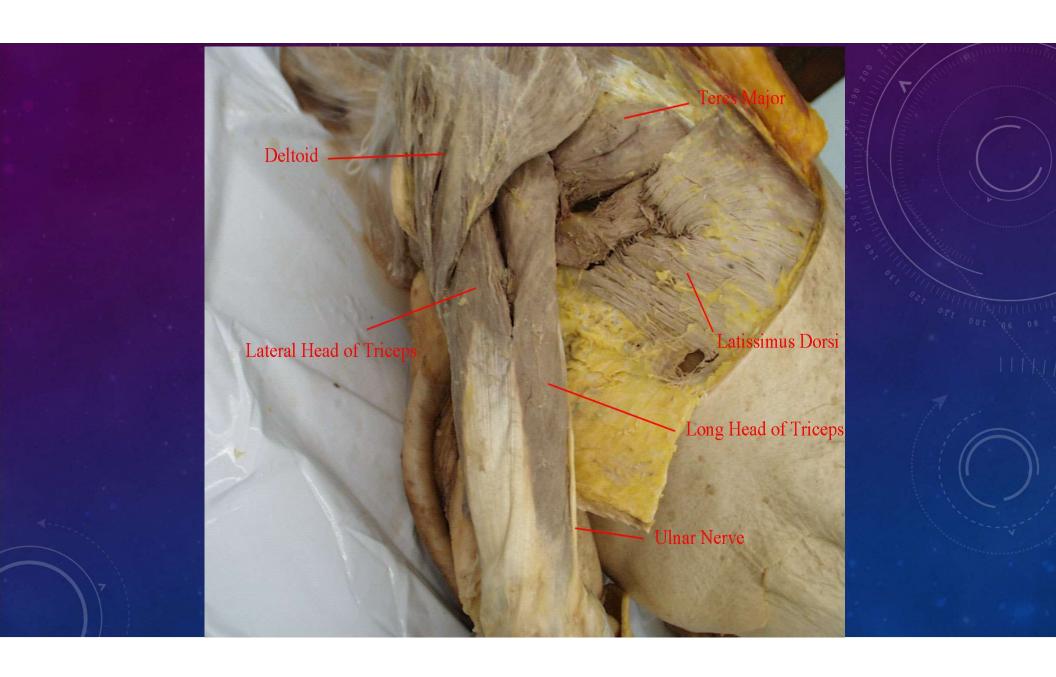
- Brachioradialis
 - Originates on the humerus and inserts into the distal forearm.
 - Assists in flexion at the elbow and also supinates/pronates the forearm.





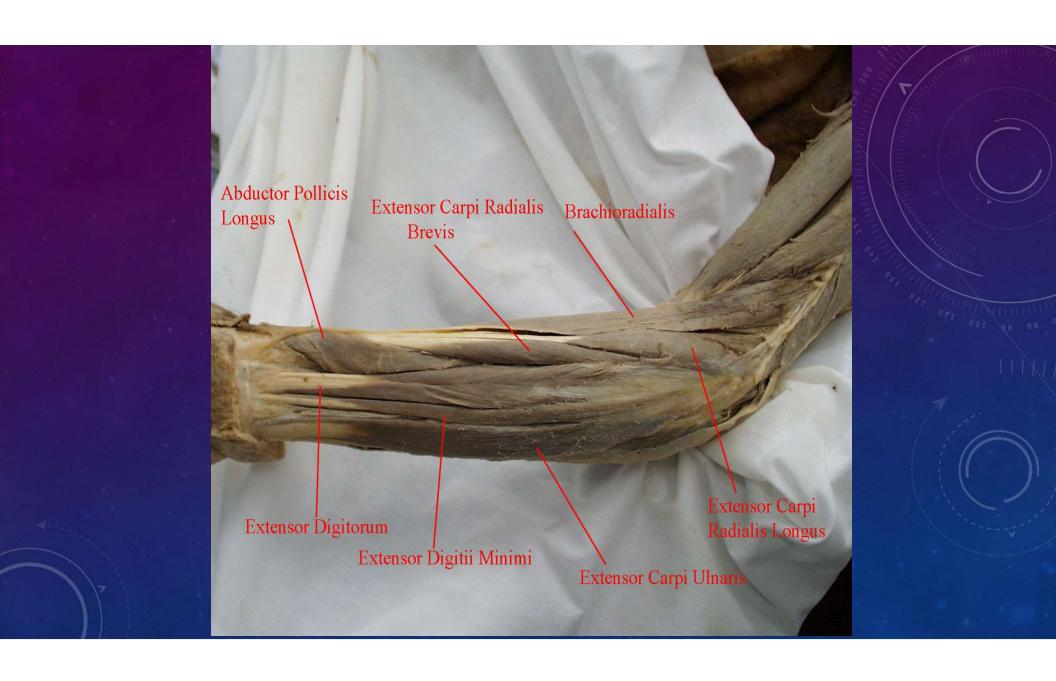
MUSCLES OF THE ARM AND FOREARM (CONT.)

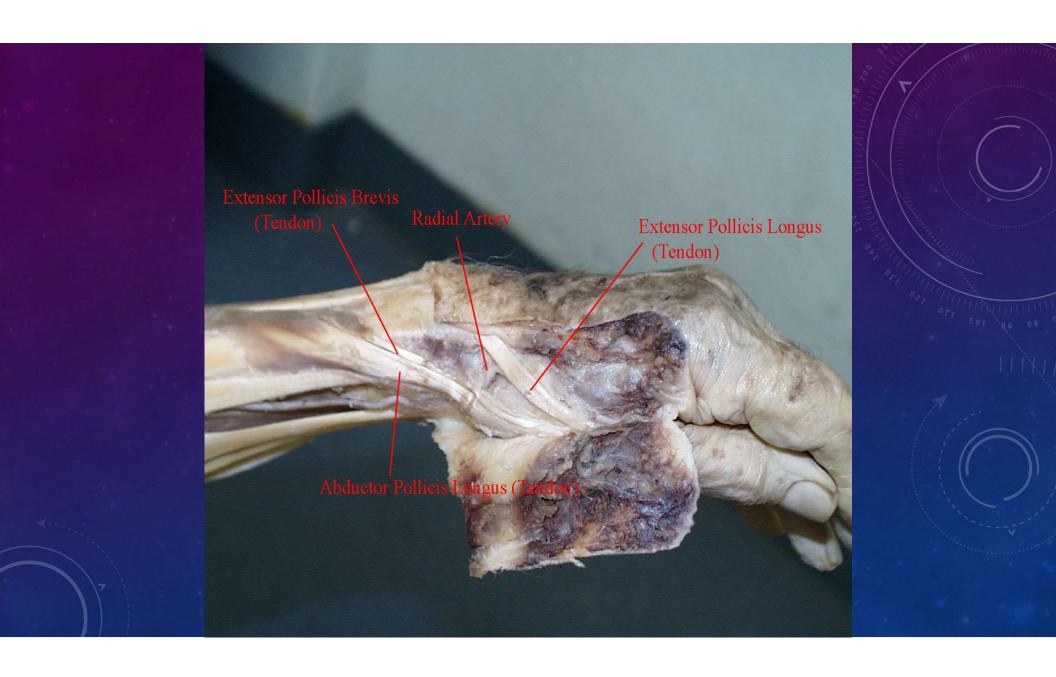
- Triceps Brachii
 - Originates from the shoulder girdle and proximal humerus.
 - Inserts into the olecranon process of the ulna.
 - Prime mover of elbow extension (also antagonist of Biceps Brachii).
 - Often called the "boxer's" muscle.

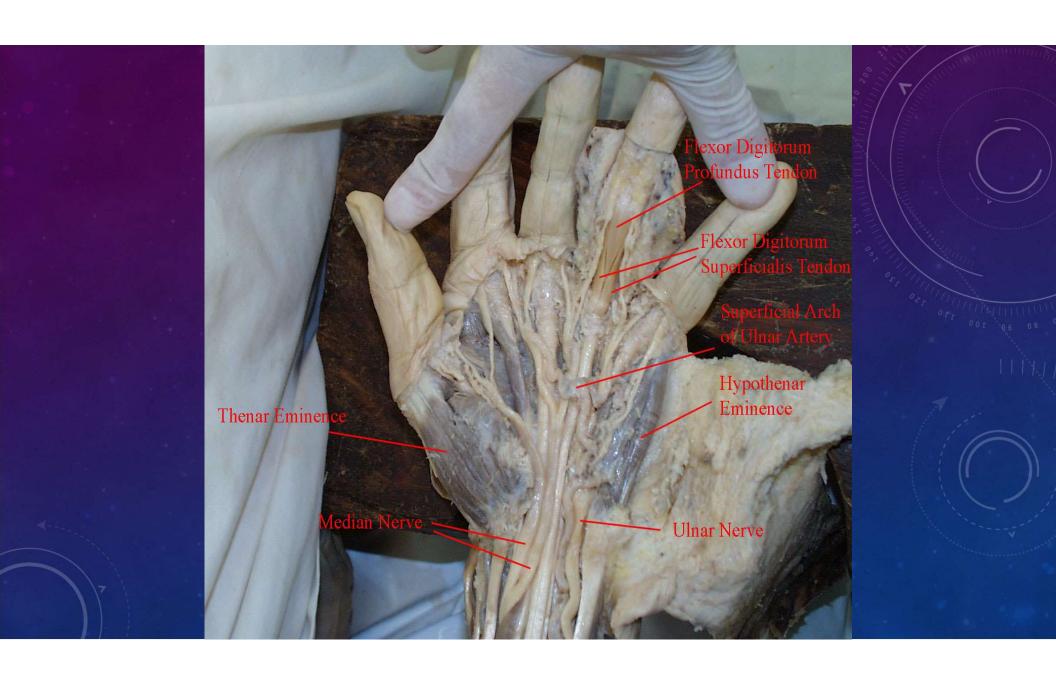


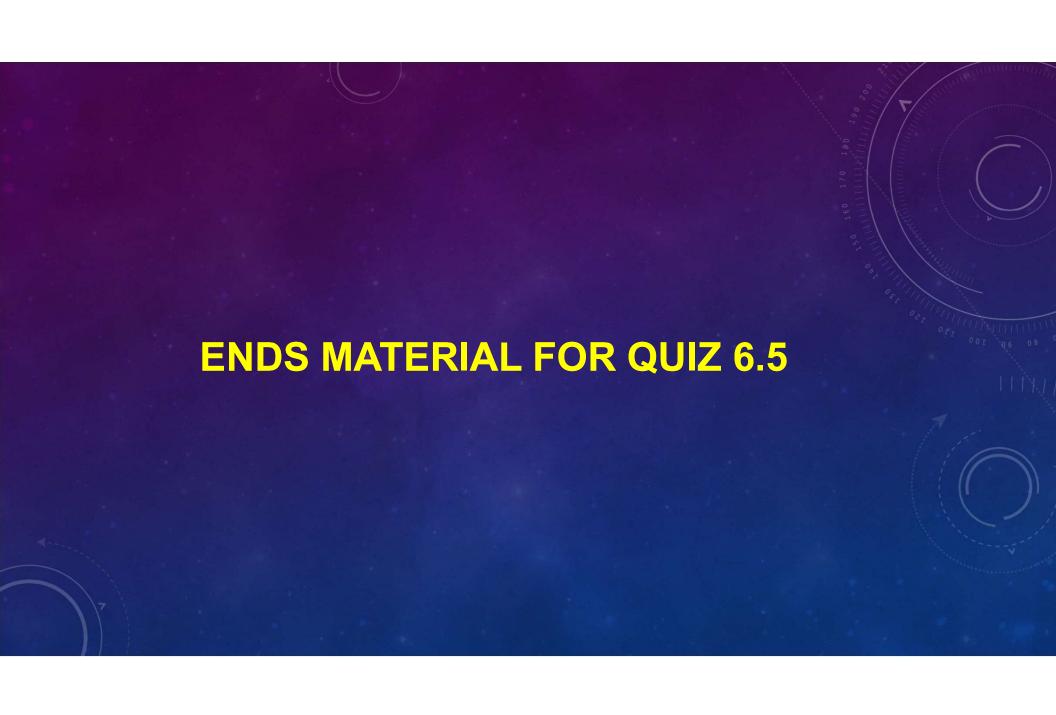
MUSCLES OF THE ARM AND FOREARM (CONT.)

- Forearm muscles
 - Extensor digitorum
 - Extensor carpi radialis
 - Flexor carpi ulnaris
 - Flexor digitorum superficialis









ARM AND FOREARM **MUSCLES REVIEW**

A MUSCLE THAT EXTENDS THE ELBOW Triceps Brachii

SHOULDER ABDUCTOR, USED TO RAISE THE ARM OVERHEAD

Deltoid

WRIST FLEXOR THAT FOLLOWS THE ULNA

Flexor carpi ulnaris

MUSCLE THAT EXTENDS THE FINGERS **Extensor digitorum**

PRIME MOVER OF ELBOW FLEXION

Biceps brachii

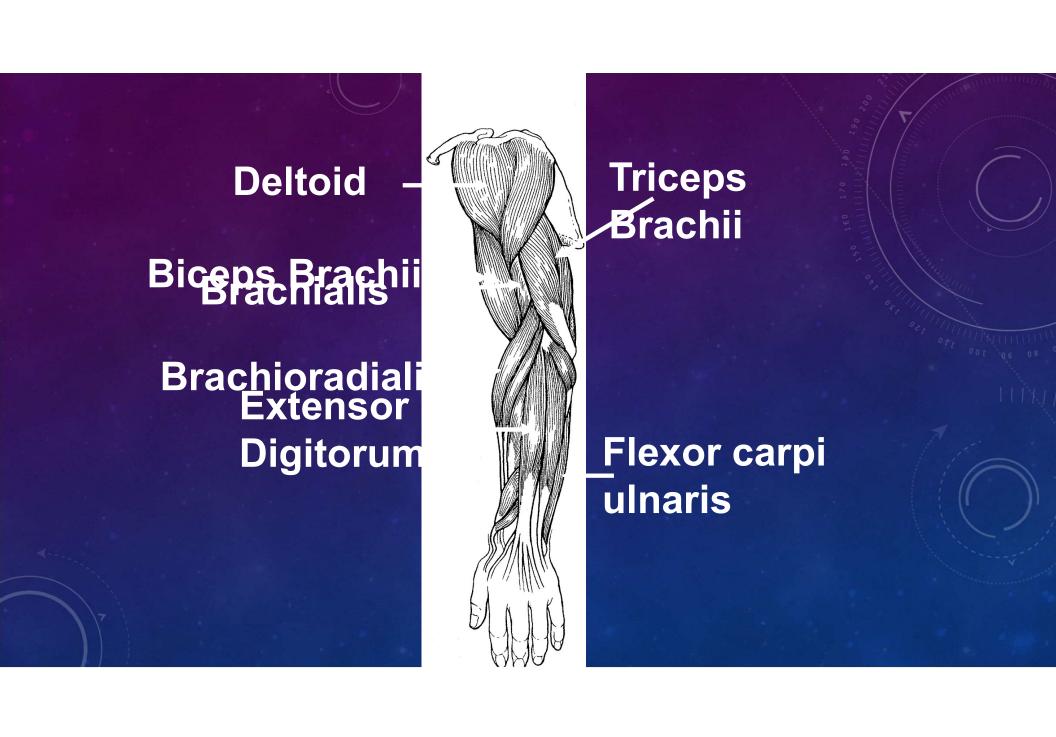


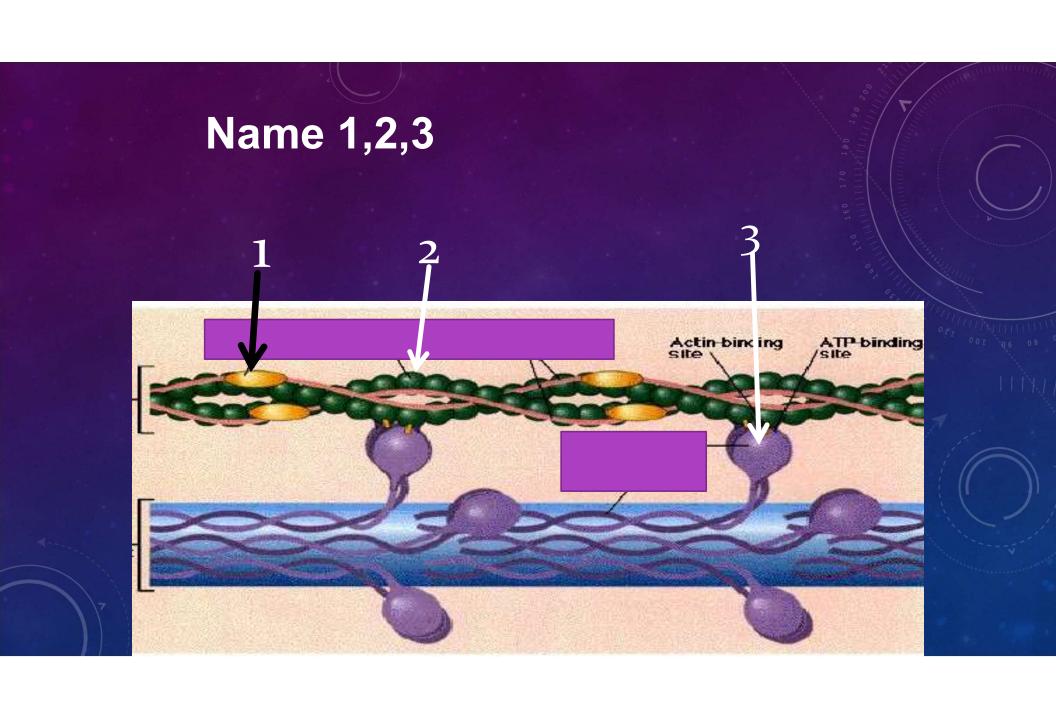
Flexor digitorum superficialis

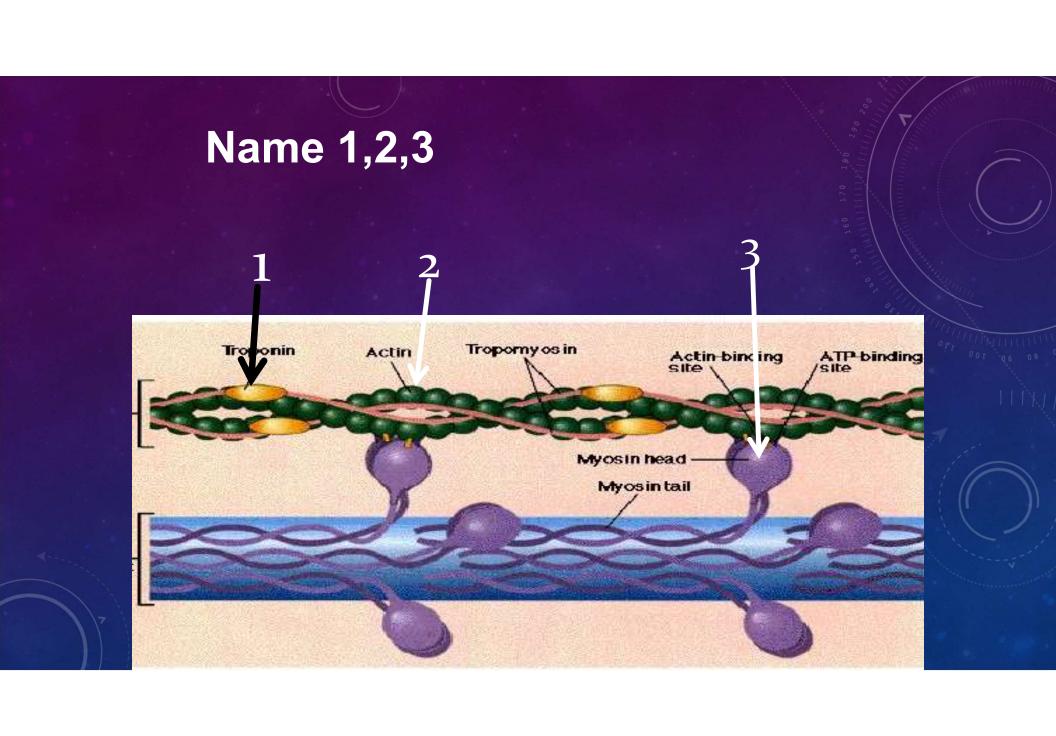
WHAT IS THE **ANTAGONIST OF THE BICEPS BRACHII?** The triceps brachii

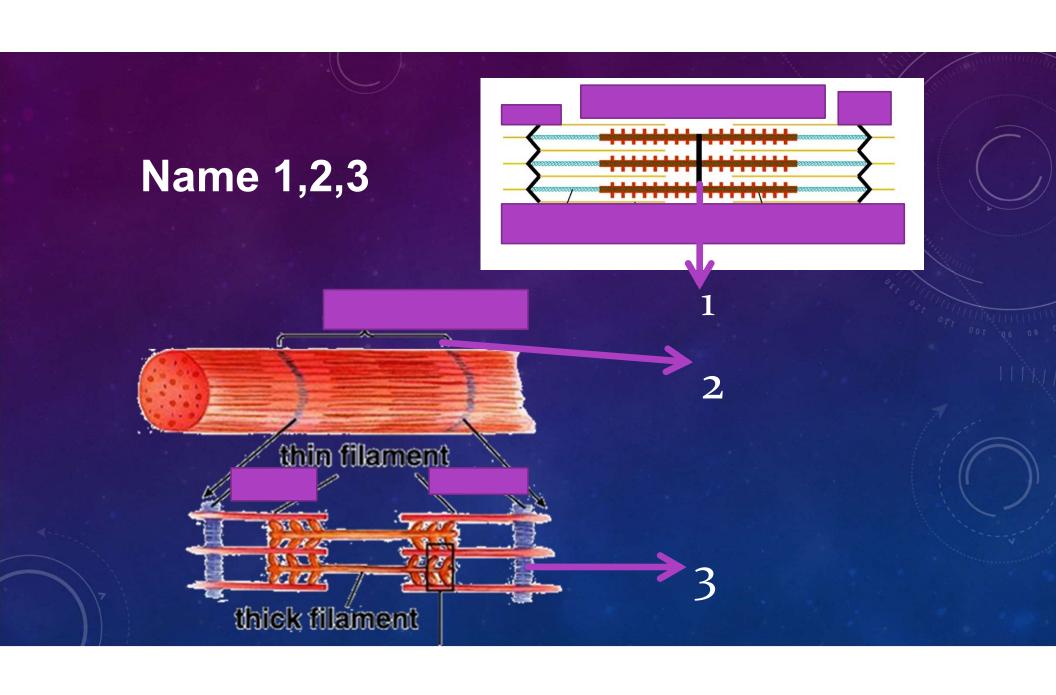
DIGIT FLEXOR MUSCLES ARE LOCATED ON THE ASPECT OF THE FOREARM.

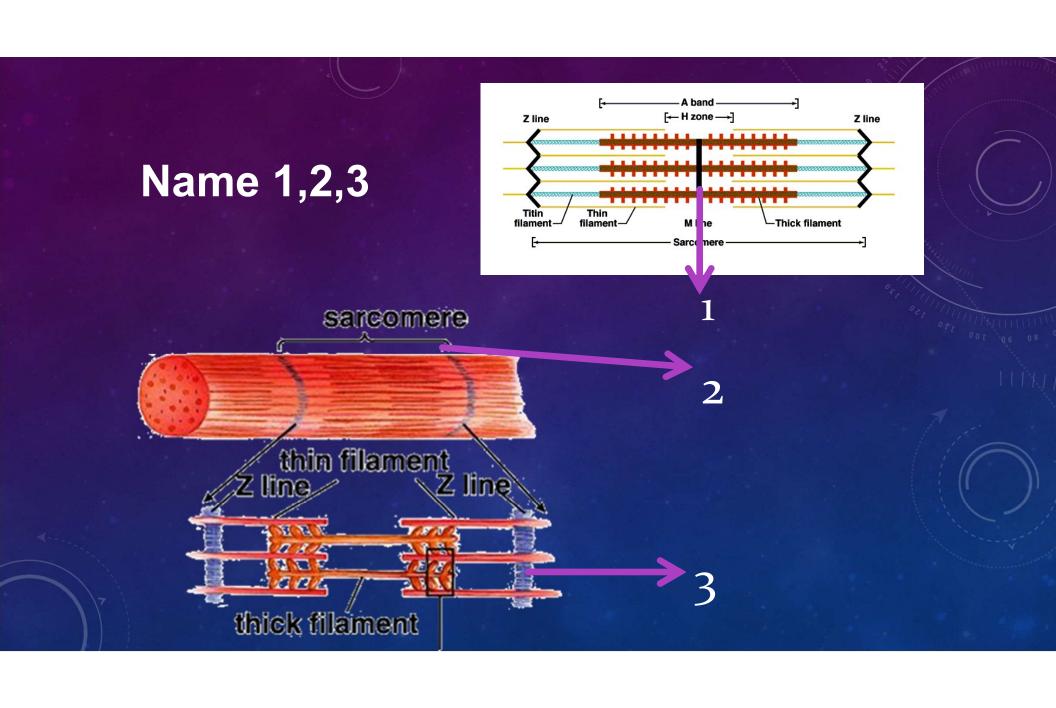
Anterior

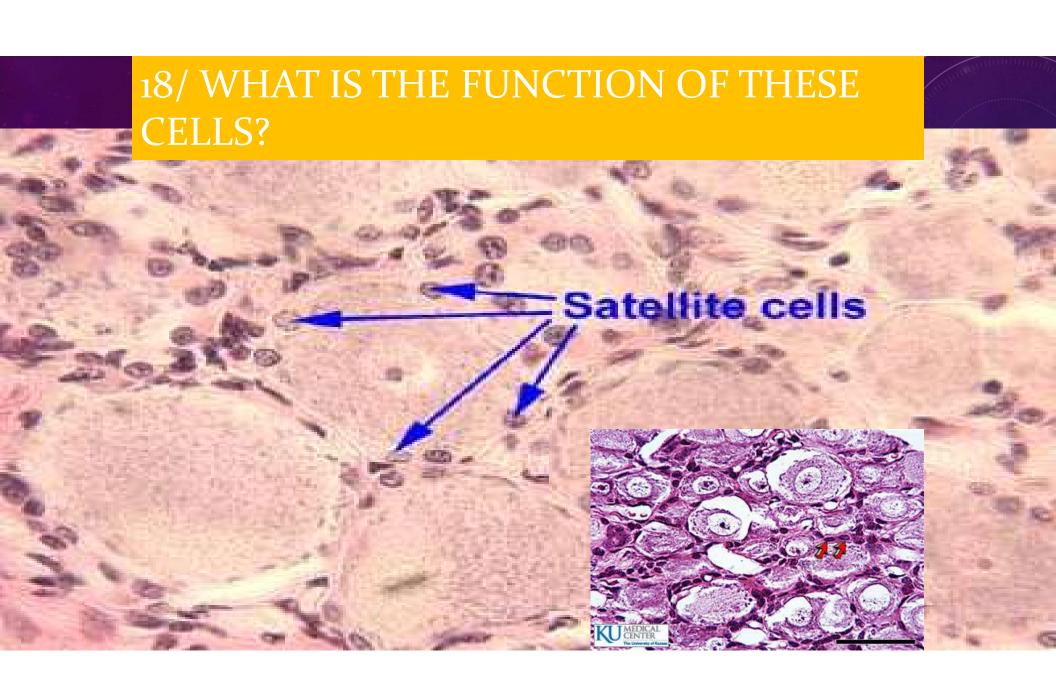


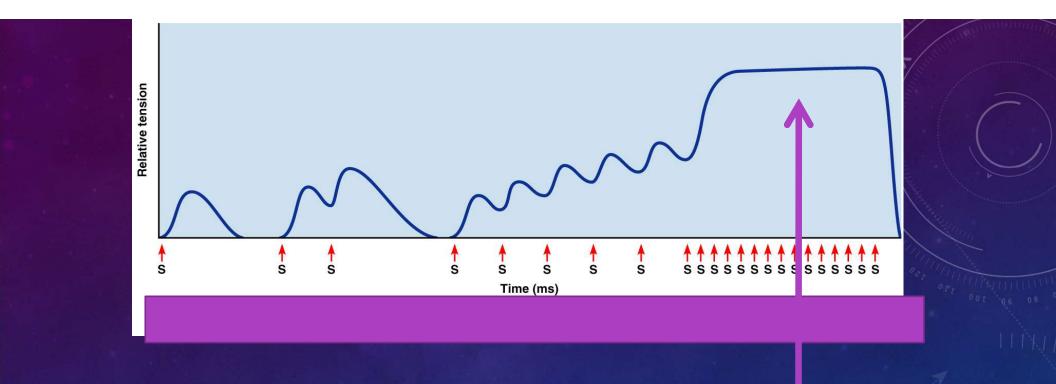




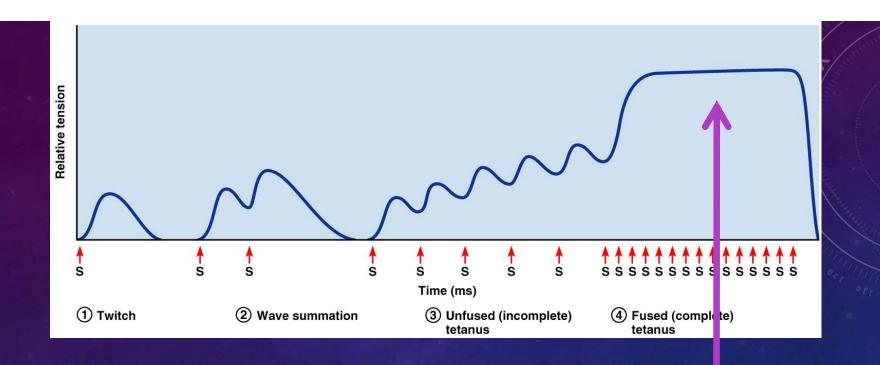








19/ WHAT IS GOING ON IN THIS PART OF THE GRAPH?



19/ WHAT IS GOING ON IN THIS PART OF THE GRAPH?

The characteristic of muscle that allows it to be passively stretched is

A. conductivity.

B. elasticity.

C. excitability.

D. extensibility.

E. contractility.

Which are possible functions of skeletal muscles?

a: Maintenance of posture

b: Both highly coordinated and localized simple movements

c: Temperature regulation

d: Support of certain body organs

e: Regulation of the movement of material through certain body tracts

A. a, b, e

B. a, b, c

C. a, b, c, e

D. a, b, c, d

E. a, b, c, d, e

The property of muscle tissue that allows an impulse to travel down the entire length of the cell membrane is

A. elasticity.

B. conductivity.

C. extensibility.

D. contractility.

E. responsibility.

The spring-like property that returns muscle to its original length after a contraction ends is

A. extensibility.

B. elasticity.

C. contractility.

D. treppe effect.

E. conductivity.

The characteristic of muscle that allows it to be passively stretched is

A. conductivity.

B. elasticity.

C. excitability.

D. extensibility

E. contractility.

Which are possible functions of skeletal muscles?

a: Maintenance of posture

b: Both highly coordinated and localized simple movements

c: Temperature regulation

d: Support of certain body organs

e: Regulation of the movement of material through certain body tracts

A. a, b, e

B. a, b, c

C. a, b, c, e

D. a, b, c, d

E. a, b, c, d, e

The property of muscle tissue that allows an impulse to travel down the entire length of the cell membrane is

A. elasticity.

B. conductivity

C. extensibility.

D. contractility.

E. responsibility.

The spring-like property that returns muscle to its original length after a contraction ends is

A. extensibility.

B. elasticity.

C. contractility.

D. treppe effect.

E. conductivity.

Which is a correct listing of the hierarchy of a skeletal muscle's components, beginning with the smallest?

a: Myofibrils

b: Muscle fiber

c: Fascicle

d: Skeletal muscle

A. a, b, c, d

B. a, c, b, d

C. d, c, b, a

D. c, b, a, d

E. b, c, a, d

The neurons that stimulate muscle contraction are called neurons.

A. sensory

B. contractile

C. inhibitory

D. motor

E. association

Which is the correct order of the connective tissue layers of a skeletal muscle, beginning with the most superficial?

a: Endomysium

b: Epimysium

c: Perimysium

A. a, b, c

B. b, a, c

C. c, a, b

D. b, c, a

E. c, b, a

Which is a correct listing of the hierarchy of a skeletal muscle's components, beginning with the smallest?

a: Myofibrils

b: Muscle fiber

c: Fascicle

d: Skeletal muscle

A. a, b, c, d

B. a, c, b, d

C. d, c, b, a

D. c, b, a, d

E. b, c, a, d

The neurons that stimulate muscle contraction are called neurons.

A. sensory

B. contractile

C. inhibitory

D. moto

E. association

Which is the correct order of the connective tissue layers of a skeletal muscle, beginning with the most superficial?

a: Endomysium

b: Epimysium

c: Perimysium

A. a, b, c

B. b, a, c

C. c, a, b

D. b, c, a

E. c, b, a

Which tissue type covers body surfaces and lines the inside of organs and body cavities?

- A. Muscle
- B. Connective
- C. Epithelial
- D. Nervous
- E. None of the choices is correct.

In what tissue would you expect to find very little, if any, extracellular matrix?

- A. Muscle tissue
- B. Nervous tissue
- C. Immune tissue
- D. Epithelial tissue
- E. Connective tissue

Which feature is *not* characteristic of epithelial tissue?

- A. Polarity
- B. Cells connected to each other by intercellular junctions
- C. High regeneration capacity
- D. Attachment to a basement membrane
- E. Large amount of extracellular matrix

Which of the following is *not* a function of epithelial tissue?

- A. Secretion
- B. Physical protection
- C. Selective permeability
- D. Sensation
- E. No exceptions; these are all functions of epithelial tissue

Which is avascular (lacks blood vessels)?

- A. Epithelial tissue
- B. Muscle tissue
- C. Nervous tissue
- D. Connective tissue
- E. All of the choices are correct.

What specialized feature of an epithelium consists of a reticular lamina, a lamina densa, and a lamina lucida?

- A. Microfilament
- B. Desmosome
- C. Fenestrated membrane
- D. Basement membrane
- E. Plasma membrane

Which tissue type covers body surfaces and lines the inside of organs and body cavities?

- A. Muscle
- B. Connective
- C. Epithelia
- D. Nervous
- E. None of the choices is correct.

In what tissue would you expect to find very little, if any, extracellular matrix?

- A. Muscle tissue
- B. Nervous tissue
- C. Immune tissue
- D. Epithelial tissue
- E. Connective tissue

Which feature is *not* characteristic of epithelial tissue?

- A. Polarity
- B. Cells connected to each other by intercellular junctions
- C. High regeneration capacity
- D Attachment to a basement membrane
- E. Large amount of extracellular matrix

Which of the following is *not* a function of epithelial tissue?

- A. Secretion
- B. Physical protection
- C. Selective permeability
- D. Sensation
- E. No exceptions; these are all functions of epithelia tissue

Which is avascular (lacks blood vessels)?

- A. Epithelial tissue
- B. Muscle tissue
- C. Nervous tissue
- D. Connective tissue
- E. All of the choices are correct.

What specialized feature of an epithelium consists of a reticular lamina, a lamina densa, and a lamina lucida?

- A. Microfilament
- B. Desmosome
- C. Fenestrated membrane
- D. Basement membrane
- E. Plasma membrane

- a. reticular
- b. b. elastic conn. tissue
- c. c. areolar
- d. d. hyaline cartilage
- e. e. dense fibrous irregular
- f. f. dense fibrous regular
- g. g. bone
- h. h. elastic cartilage
- i. i. adipose
- 21. parallel bundles of dense collagen fibers
- 22. dermis of skin
- 23. embryonic appendicular skeleton
- 24. fat storage
- 25. yellow marrow
- 26. ground substance hard due to calcium salts
- 27. packing around blood vessels

Which is *not* correct regarding articulations?

- A. An articulation is a joint between a bone and another bone, cartilage, or tooth.
- B. All articulations contain some type of cartilage.
- C. Arthrology is the scientific study of articulations.
- D. Articulations can range in motion from freely mobile to immobile.
- E. There are three structural categories of articulations.

The term "diarthrosis" refers to a joint that is

- A. immobile.
- B. freely mobile.
- C. fused.
- D. slightly mobile.
- E. dislocated.

- a. reticular
- b. b. elastic conn. tissue
- c. c. areolar
- d. d. hyaline cartilage
- e. e. dense fibrous irregular
- f. f. dense fibrous regular
- g. g. bone
- h. h. elastic cartilage
- i. i. adipose
- 21. parallel bundles of dense collagen fibers
- 22. dermis of skin
- 23. embryonic appendicular skeleton
- 24. fat storage
- 25. yellow marrow
- 26. ground substance hard due to calcium salts
- 27. packing around blood vessels

Which is not correct regarding articulations?

- A. An articulation is a joint between a bone and another bone, cartilage, or tooth.
- B. All articulations contain some type of cartilage.
- C. Arthrology is the scientific study of articulations.
- D. Articulations can range in motion from freely mobile to immobile.
- E. There are three structural categories of articulations.

The term "diarthrosis" refers to a joint that is

- A. immobile.
- B. freely mobile
- C. fused.
- D. slightly mobile.
- E. dislocated.

Answers: 21-f, 22-e, 23-d, 24-i, 25-i, 26-g, 27-c

One correct answer per question. Choices may be used more than once.

- a. stratified squamous
- b. b. pseudostratified
- c. c. transitional
- d. d. simple cuboidal
- e. e. simple columnar
- f. f. simple squamous
- 28. simple, but looks like two layers
- 29. forms epidermis
- 30. lines urinary bladder
- 31. peculiar surface cells change shape, slide orver one another
- 32. forms thin serous membranes
- 33. single layer of flattened cells

The body system that provides supp	ort and protection as well as being a site of blood cell production (h	nemopoiesis) is the
system.		
A. skeletal		
B. muscular		
C. cardiovascular		
D. respiratory		
E. lymphatic		
The system responsible for the exch	ange of gases between the blood and atmospheric air is the	system.
A. urinary		
B. respiratory		
C. cardiovascular		
D. endocrine		
E. nervous		
Which describes the anatomic positi	ion?	
A. Body is upright.		
B. Palms are facing forward.		
C. Thumbs point away from the bo	dy.	
D. Feet are flat on the floor.		
E. All of these apply.		

The body system that provides support and protection as well as being a site of blood cell production (hemopoiesis) is the B. muscular D. respiratory The system responsible for the exchange of gases between the blood and atmospheric air is the system. D. endocrine E. nervous B. Palms are facing forward. Thumbs point away from the body. D. Feet are flat on the floor.

What is the anatomic term for the hip region?

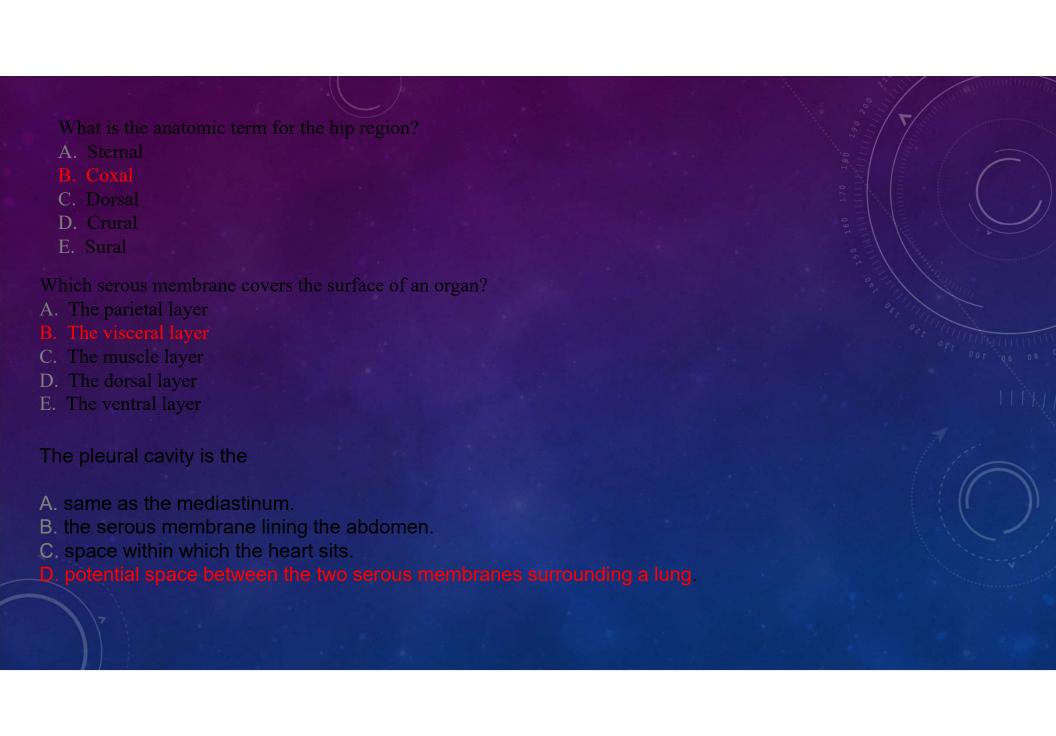
- A. Sternal
- B. Coxal
- C. Dorsal
- D. Crural
- E. Sural

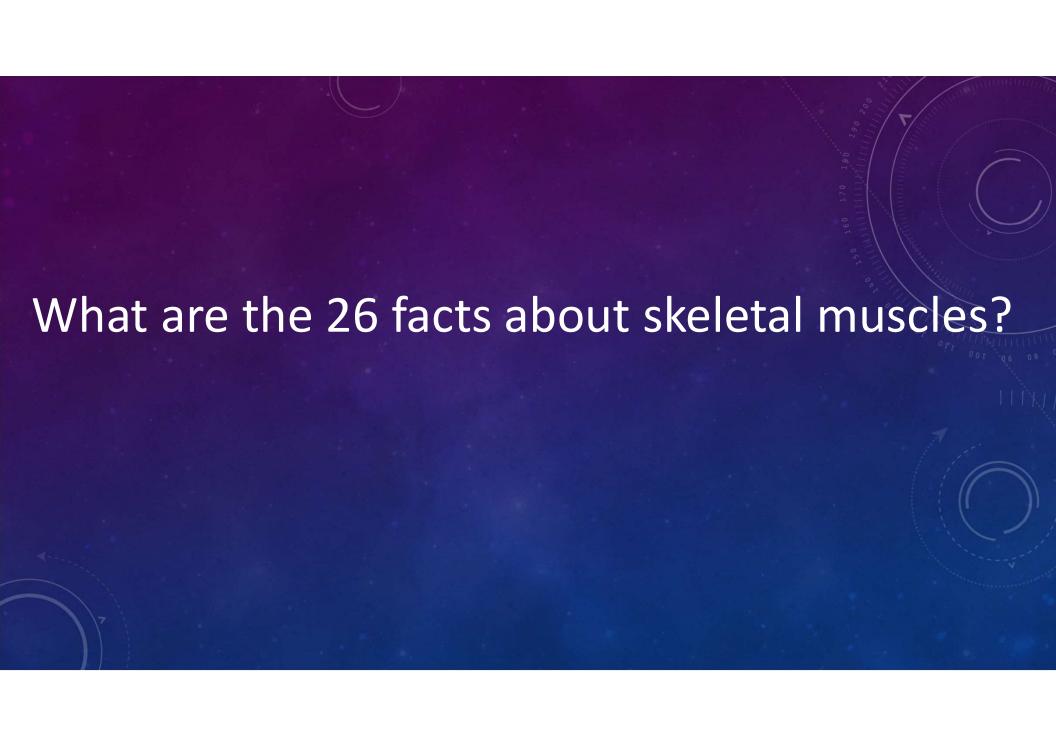
Which serous membrane covers the surface of an organ?

- A. The parietal layer
- B. The visceral layer
- C. The muscle layer
- D. The dorsal layer
- E. The ventral layer

The pleural cavity is the

- A. same as the mediastinum.
- B. the serous membrane lining the abdomen.
- C. space within which the heart sits.
- D. potential space between the two serous membranes surrounding a lung.





Skeletal Muscle Fibers?

- 1. A skeletal muscle fiber is a single muscle cell.
- 2. The sarcolemma is the plasma membrane of a muscle cell.
- 3. The sarcoplasm is the cytoplasm of a muscle cell.
- 4. The sarcoplasm contains many small nuclei, mitochondria and myofibrils.
- 5. Myofibrils are threadlike structures and are located in the sarcoplasm.
- 6. Myofibrils play a fundamental role in the muscle contraction mechanism.
- 7. Thick myofilaments are composed of myosin.
- 8. Thin myofilaments are composed of actin.
- 9. The organization of myofilaments produces the alternating light and dark striation characteristic of skeletal muscles.
- 10. A sarcomere is a repeating pattern of a myofibril.
- 11. Myofibrils may be thought of as sarcomeres joined end to end.
- 12. I bands are composed of thin actin filaments.
- 13. Z lines are structures that connect that anchor I bands.
- 14. A bands are composed of thick myosin filaments overlapping thin actin filaments.

- 15. The H zone is a central region of an A band that only contains thick filaments.
- 16. The M line is a region of an A band which consists of proteins that help hold the thick filaments in place.
- 17. Titin connects proteins that connect myosin filaments to Z lines.
- 18. A sarcomere extends from one Z line to another Z line.
- 19. Each myosin molecule consists of two twisted protein strands with globular parts called cross-bridges that project outward along their lengths.
- 20. Thin filaments consist of double strands of actin twisted into a helix.
- 21. Actin has a binding site to which the cross-bridges of a myosin molecule can attach.
- 22. Troponin and tropomyosin associate with actin filaments.
- 23. Sarcoplasmic reticulum is endoplasmic reticulum of a muscle fiber.
- 24. Transverse tubules are membranous channels that extend into the sarcoplasm as invaginations continuous with the sarcolemma and contains extracellular fluid.
- 25. Cisternae are enlarged portions of sarcoplasmic reticulum.
- 26. A triad is formed by one transverse tubule and two cisternae.