Chapter 20: Cardiovascular System: The Heart

I. Functions of the Heart

A.	Lis	st and describe the four functions of the heart:
	1.	
	2.	
	3.	
	4.	
l. Siz	ze,	Shape, and Location of the Heart
A.		ze and Shape
		The adult heart is shaped like a
		The adult heart is approximately the size of
	3.	What is the apex?
	4.	What is the base?
B.	Lo	cation
	1.	The heart is located in the cavity between
	2.	The midline partition containing the heart is called the
	3.	The heart lies in the
		a. The base is directed
		b. The apex is directed
	4.	The apex is directed to the and approximately
		of the heart lies to the
	5.	The base lies deep to and extends to

	6.	The apex is approximately of the sternum and is
II. Ar	nato	my of the Heart
A.	Pe	ericardium or Pericardial Sac
	1.	Structurally is described as a
	2.	What is the fibrous pericardium?
	3.	What is the serous pericardium?
	4.	Functionally the fibrous pericardium prevents
		within the
	5.	Where is the parietal pericardium?
	6.	Where is the visceral pericardium?
		a. The visceral pericardium is also called
	7.	The space between the two layers of serous pericardium is called
		a. The space is filled with a
		b. Functionally this fluid
В.	Не	eart Wall
	1.	The epicardium is a
		a. This layer of the heart wall is also called
	2.	The myocardium is the of the heart
		a. It is composed of
		b. The myocardium is responsible for
	3.	The endocardium is of the heart chambers
		a. It is composed of
		b. Functionally the smooth surface
		c. The heart valves are formed
		1. Therefore a valve has a double layer of with
		between
	4.	What are the musculi pectinati?
	5	What are the trabeculae carnae?

C. External Anatomy and Coronary Circulation

Т.	Cr	nambers
	a.	How many chambers does the heart have?
		1. There are and
	b.	Describe the atria and their location
	C.	Describe the ventricles and their location
	d.	What are the auricles?
2.	Blo	ood Vessels
	a.	What veins empty blood into the right atrium?
		1
		2
		3
	b.	What veins empty blood into the left atrium?
	C.	What artery carries blood from the left ventricle to the body?
	d.	What artery carries blood from the right ventricle to the lungs?
3.		ternal Landmarks
		What is a sulcus?
	b.	Where is the coronary sulcus?
	C.	Extending inferiorly from the coronary sulcus:
		On the anterior surface of the heart is
		2. On the posterior surface of the heart is
		a. These indicate the division between
	d.	These sulci are normally covered by
4.		pronary Circulation
	a.	The two major arteries supplying the heart are called:
		1
		2

		b.	Th	ese	e arteries branch off	_just
		C.	Br	anc	hes of the Left Coronary Artery:	
			1.	Ar	terior interventricular artery or also	called
				a.	It is located	
				b.	It supplies blood to	
			2.	Le	ft marginal artery	
				a.	Supplies blood to	
			3.	Ci	cumflex artery	
				a.	Extends	
				b.	It supplies blood to	
		d.	Ri	ght	Coronary Artery and its Branches:	
			1.	Ri	ght coronary artery	
				a.	Lies within	and extends from
					around to	
			2.	Ri	ght marginal artery	
				a.	Supplies blood to	
			3.	Po	sterior interventricular artery	
				a.	It is located	
				b.	It supplies blood to	
		e.	Mo	ost (of the myocardium receives blood f	rom
		f.	W	hat	is an anastomoses?	
		g.	W	hat	effect does aerobic exercise have o	on coronary blood vessels?
		h.	Mo	ost (of the left side of the heart is draine	d by
		i.	Mo	ost (of the right side of the heart is drain	ed by
		j.	Th	ese	e two veins join together forming the	e
D.	He	art	Ch	aml	pers and Valves	
	1.	Ri	ght	and	I Left Atria	
		a.	Th	e ri	ght atrium receives blood through t	hree major openings from the:
			1.			-
			2.			

		3
	b.	The left atrium receives blood through four openings from the:
		1
	C.	What is the interatrial septum?
	d.	What is the fossa ovalis?
	e.	What is the foramen ovale?
2.	Ri	ght and Left Ventricles
	a.	The atria are connected to the ventricles through
	b.	The right ventricle opens into the
	C.	The left ventricle opens into the
	d.	What is the interventricular septum?
3.	Atı	rioventricular Valves
	a.	One is located in each
	b.	The valve is composed of or
	C.	The atrioventricular valves:
		1. Allow blood
		2. Prevent blood
	d.	Where is the tricuspid valve?
		Why is it called tricuspid?
	e.	Where is the bicuspid valve?
		Why is it called bicuspid?
		2. The bicuspid is also called the valve
	f.	Describe papillary muscles
		Where are the papillary muscles located?
	g.	Papillary muscles are connected to cusps by
	h.	Functionally papillary muscles
	i.	Blood flowing from the atria to ventricles
	j.	When the ventricle contracts
		The atrioventricular canal is closed

		4.	Se	milunar Valves	
			a.	The semilunar valves are located:	
				1. In the	and is called
				2. In the	and is called
			b.	Each semilunar valve consists of _	
			c.	Blood flow is blocked when	
			d.	Blood flowing from the ventricles _	
			e.	Blood flowing toward the ventricles	3
V.	. Ro	ute	of	Blood Flow Through the Heart	
				_	e
				•	uspid valve to
				action of the right ventricle:	
				oses the	
				pens the	
				is allows blood to flow into	and
				entually to the	
	D.	Blo			through the four
	E.	Th	e b	lood is then passed through the mit	ral valve to
	F.	Сс	ntra	action of the left ventricle:	
		1.	Clo	oses the	
		2.	Op	pens the	
		3.	Th	is allows blood to enter the	and be distributed to
۷.	His	sto	log	y	
				Skeleton	
		1.	Сс	onsists of a	
				prous rings are formed around	
				Provides	for valves

	3.	Functionally the heart skeleton:
		a. Serves as
		b. Provides
В.	Ca	ardiac Muscle
	1.	Describe cardiac muscle cells
	2.	Cardiac muscle cells contain & arranged to form
		that join end to end to form
	3.	What causes striations in cardiac muscle cells?
	4.	The smooth sarcoplasmic reticulum:
		a. Is not as arranged
		b. Is not as as in skeletal muscle
		c. No are present
		d. Comes into close association with
	5.	T-tubules are than in skeletal muscle
		a. Found near the
	6.	Slow onset of contraction and prolonged contraction phase are caused by:
		a. Loose association
		b. Depolarizations of the plasma membrane are not
		c. Calcium must
		d. A substantial number of
	7.	Energy for cardiac muscle cell contraction is provided by
	8.	Cardiac muscle cells are rich in which make
	9.	The extensive capillary network
1	0.	Cardiac muscle cells are organized in
1	1.	What are intercalated disks?
1	2.	What are desmosomes?
1	3.	What is the function of gap junctions?
1	4	Electrically the cardiac muscle cells

C.	Сс	onducting System
	1.	Consists of
	2.	Where is the sinoatrial (SA) node?
	3.	Where is the atrioventricular (AV) node?
	4.	The atrioventricular bundle arises from the
	5.	At the top of the interventricular septum the bundle divides to form:
		a
		b
		These extend inferiorly to the
	6.	The bundle branches form terminal branches called
		a. These are large-diameter
	7.	Why do action potentials travel faster in Purkinje fibers?
	8.	Why is the SA node called the pacemaker?
	9.	The heart contracts &
1	0.	Once action potentials are produced:
		a. They spread from to
		b. Preferential pathways conduct action potentials from to the
		at greater
		c. Within the AV node action potentials
		d. The total delay allows
		e. The action potential is passed from the AV node to the
		through the & branches and finally
		reaches the in the ventricular myocardium
1	1.	The first part of the ventricular myocardium to be stimulated is the:
1	2.	The spiral arrangement of muscle layers results in
		that proceeds from the toward

VI. Electrical Properties

A.

Ac	tior	n Potentials
1.	W	hat is the plateau phase?
2.	De	epolarization Phase
	a.	Results when or open
	b.	This allows causing rapid depolarization
	C.	Depolarization causes to close
		This decreases membrane permeability to
	d.	Depolarization also causes or or
		to begin to open
3.	Ea	rly repolarization occurs when:
	a.	Voltage close
		Movement of into the cell stops
	b.	A small number of open
		1 move out of the cell
4.	Pla	ateau phase occurs as:
	a.	Voltage continue to open
		1. The movement of into the cell counteracts the movement
		out of the cell
5.	Pla	ateau phase ends and final repolarization begins as:
	a.	Voltage close
		1 stops diffusing into the cell
	b.	Many more open
		Tendency for to diffuse out of the cell
6.	Th	is causes the membrane potential to
Au	torl	nythmicity of Cardiac Muscle
1.	Th	e heart is said to be autorhythmic because it:
	a.	
	b.	
2.	W	hat is a prepotential?

B.

	3.	For a prepotential to reach threshold:
		a. Na ⁺ moves into the pacemaker cells through
		b. Fewer move out of the pacemaker cells
		c. The depolarization opens
		d. When the prepotential reaches threshold many ope
		e. The movement of into the cells is primarily
		responsible for depolarization
	4.	Repolarization occurs when:
		aclose
		bopen
	5.	After the resting membrane potential is reestablished
	6.	What is an ectopic focus?
C.		efractory Period of Cardiac Muscle
	1.	During the absolute refractory period
		During the relative refractory period
	3.	The refractory period is prolonged because
	4.	This ensures that after contraction
		a. This prevents in cardiac muscle
D.	Ele	ectrocardiogram (ECG or EKG)
		Electrodes placed on the skin detect
	2.	The ECG is not a direct measurement of
		The ECG can not provide information about or
	4.	Each deflection in the ECG indicates
		a. Correlates with a
	5.	The P wave is the result of
		a. Signals the onset of
	6.	The QRS complex results from
		a. Signals the onset of

7.	The T wave represents
	a. Precedes
8.	Why is there no wave representing atrial repolarization?
9.	What is the PQ (PR) interval?
	a. What mechanical events occur during this time period?
10.	At the end of the PR interval
11.	What is the QT interval?
	a. What mechanical events occur during this time period?
	· -
VII. Card	iac Cycle
A. Ge	eneral
1.	Functionally the atrial primer pumps
2.	Functionally the ventricular power pumps
3.	Cardiac cycle refers to
4.	Define the following terms:
	a. Systole
	b. Diastole
	c. Atrial systole
	d. Atrial diastole
	e. Ventricular systole
	f. Ventricular diastole
5.	Conditions just before ventricular systole begins include:
	a. Atria and ventricles are
	b. Ventricles are
	c. Semilunar valves are
	d. AV valves are
6.	As ventricular systole begins:
	a. Ventricular pressure

	b. Causing blood to flow &
	c. Ventricular pressure continues to
	Why is this called period of isovolumic contraction?
	d. When ventricular pressure is greater than the pressure in the pulmonary
	trunk and aorta the are pushed open
	Why is this called period of ejection?
7.	As ventricular diastole begins:
	a. The ventricles relax and ventricular pressure
	below that in the &
	b. Blood begins to flow back toward the ventricles causing
	c. Ventricular pressure continues to
	Why is this called period of isovolumic relaxation?
8.	During this entire time the atria are and blood flows into them
9.	When ventricular pressure falls below atrial pressure open
	a. Blood flows from
	Why is this called passive filling?
	2. How much ventricular filling is passive?
10.	When the atria contract it causes atrial pressure
	a. Blood flows into the
	Why is this called active filling?
11.	What is end-diastolic volume?
12.	What is end-systolic volume?
В. Не	eart Sounds
1.	The first heart sound:
	a. Is described as a
	b. It is caused by
2.	The second heart sound:
	a. Is described as a

		b. It is	s caused by	 			
	3.		d heart sound is ca				
			essure Curve				
	1.	During	g the period of eje	ection the			
			ortic pressure rema				
	2.		ntricular pressure				
			ood flows				
			This causes the				
			Pressure within t				
			a. This is also ca	alled an			
	3	Aortic	pressure then gra				
	٠.						
			rial Blood Pressu ean arterial pressu	ure			
۸.	De	efine me	ean arterial pressi	ure			
۸.	De	efine me	ean arterial presso	ure ure (MAP):			
۸.	De	It is pr	ean arterial presso	ure ure (MAP):	times _		
۸.	De	It is pragations a	ean arterial presson roportional to:	ure ure (MAP): output?	times _		
۸.	De — 1.	It is pra	roportional to: What is cardiac o	ure ure (MAP): output? ral resistance?	times _		
۸.	De	It is prate a1. 2. The fo	roportional to: What is cardiac of What is peripherapermula for mean a	ure ure (MAP): output? ral resistance?	times _		
3.	1. 2.	It is pra1. 2. The formula Control of the co	roportional to: What is cardiac of the work what is peripherate for mean a Dutput	ure ure (MAP): output? ral resistance? arterial pressure	times e is:		
3.	1. 2.	It is pra1. 2. The formal cardiac C	roportional to: What is cardiac of the work of the wo	ure ure (MAP): output? ral resistance? arterial pressure	times e is: t	imes	
3.	1. 2.	It is pra 1. 2. The formal cardiac Cardiac a. Wh	roportional to: What is cardiac of What is peripheratormula for mean a Dutput ac output is equal that is heart rate?	ure (MAP): output? ral resistance? arterial pressure	times e is:t	imes	
3.	2. Ca 1.	It is pra 1. 2. The formal Cardiac Cardiac a. When the control of the cont	roportional to: What is cardiac of What is peripheratormula for mean a Dutput ac output is equal that is heart rate?	ure ure (MAP): output? ral resistance? arterial pressure to	times e is:t	imes	
3.	2. Ca 1.	It is pra 1. 2. The formation of the control	roportional to: What is cardiac of What is peripheratormula for mean a Dutput ac output is equal that is heart rate?	ure ure (MAP): output? ral resistance? arterial pressure to me? ated as	times e is:t	imes	
3.	2. Ca 1.	It is pra 1.	roportional to: What is cardiac of What is peripheratormula for mean a Dutput ac output is equal that is heart rate? I hat is stroke volume is calculated.	ure ure (MAP): output? ral resistance? arterial pressure to me? ated as ncreased by:	times	imes	

		4.	During exercise:	
			a. End-diastolic volume beca	ause of
			b. End-systolic volume beca	use the
		5.	What is cardiac reserve?	
		6.	How is cardiac reserve effected by exercis	e?
IX.	. Re	gu	ation of the Heart	
	A.	Int	rinsic Regulation	
		1.	What is venous return?	
		2.	As venous return increases	increases
		3.	This results in	of the ventricular walls
			a. This is sometimes called	
			Increased preload causes	
			Decreased preload causes	
		4.	Cardiac muscle exhibits a	similar to
			skeletal muscle	
			a. Therefore an increased preload causes	sstretch
			b. Causes the muscle fibers to	
			c. Producing a	
			This relationship is known as	
		5.	What is afterload?	
			a. Ventricles are very	to changes in afterload
	В.	Ex	trinsic Regulation	
		1.	Parasympathetic Control	
			a. Parasympathetic stimulation has an	on the heart
			Primarily by	
			b. During resting conditions the heart rece	eives
			that inhibits the heart to a	

	C.	During exercise the heart rate in part because	e of						
	d.	Parasympathetic stimulation can decrease heart rate							
	e.	Acetylcholine binds to							
		Makes the membrane more permeable to							
		2. This the membrane							
		Heart rate decreases because							
2.	Sy	Sympathetic Control							
	a.	Sympathetic stimulation of the heart both the							
		1 &							
		2							
	b.	The heart rate can increase to							
	C.	The increased force of contraction causes							
	d.	. If the heart rate is too fast diastole is too short to							
	e.	During resting conditions sympathetic stimulation is important for							
	f.	Norepinephrine binds to recepto	rs						
		Makes the membrane more permeable to	by						
3.	Нс	Hormonal Control							
	a.	Result of the adrenal medulla releasing &							
	b.	Both increase the &							
	C.	Adrenal medulla secretes epinephrine and norepinephrine in response	to:						
		1. Physical							
		2. Emotional							
		3. Stressful							
	d.	Epinephrine takes a longer time to act on the heart but							

X. Heart and Homeostasis

ΕT	rect of Blood Pressure	
1.	Baroreceptor reflexes detect	and
2.	The sensory receptors of baroreceptors are	
	a. They are found in large arteries like the:	
	1	
	2	
3.	They are innervated by cranial nerves:	
	a. IX	
	b. X	
4.	Nerves from the baroreceptors go to the	that is
	located in the	
	a. Functionally the cardioacceleratory center _	
	b. Functionally the cardioinhibitory center	
5.	At normal blood pressure the medulla receives	action potentials at
6.	When blood pressure increases:	
	a. The arterial walls are	
	b. Afferent action potential	
	c. In response the baroreceptor reflex:	
	1 sympathetic &	parasympathetic stimulatio
	a. Causing the heart rate to	
7.	When blood pressure decreases:	
	a. The arterial walls are	
	a. The arterial walls areb. Afferent action potential	
	b. Afferent action potentialc. In response the baroreceptor reflex:	
	b. Afferent action potential	sympathetic stimulatio

В.	Eff	fect	of pH, Carbon Dioxide, and Oxygen
	1.	Cr	nemoreceptors sensitive to changes in pH and carbon dioxide exist
	2.	A	drop in pH and a rise in carbon dioxide:
		a.	parasympathetic stimulation of the heart &
		b.	sympathetic stimulation of the heart
			1. Resulting in:
			a &
			b
		C.	The increased blood flow through the lungs:
			1. Eliminates
			2. Helps to
	3.	In	the aorta and carotid bodies are chemoreceptors sensitive to
	4.	Th	e chemoreceptors are activated by a
	5.	In	isolated experiments it is shown that these chemoreceptors cause:
		a.	Decrease in
		b.	Increase in
			This would promote blood
	6.	W	hen all regulatory mechanisms function together, the effect of a large,
		pro	olonged decrease in oxygen is to
	7.	Lo	w oxygen levels increase inflation of the lungs:
		a.	Stimulates in the lungs
		b.	Influence the cardioregulatory center and causes
C.	Eff	fect	of Extracellular Ion Concentration
	1.	Po	otassium
		a.	Excess K ⁺ in cardiac muscle tissue:
			1
			2
		b.	What is heart block?
			1. It can be caused by
		C.	A decrease in extracellular K ⁺ results in

			1. Because the
	2.	Ca	alcium
		a.	An increase in extracellular Ca ²⁺ produces:
			1. Increase
			a. Because of a greater
		b.	Elevated blood Ca ²⁺ levels have an indirect effect on heart rate because:
			1. Reduce
			2. Generally
		C.	Significantly low blood Ca ²⁺ levels
			1. This is because open resulting in
			2. Why do low Ca ²⁺ levels usually not effect heart rate?
D.	Ef	fect	of Body Temperature
	1.	Sn	nall increases in cardiac muscle temperature
			ecreases in temperature
XI. Ef	fec	ts o	of Aging on the Heart
			trophy of the Left Ventricle
	•		adual increase in pressure in the aorta as a result of:
			Decrease in resulting in an
	2.	Ca	ardiac muscle tissue becomes stiffer and less compliant due to:
		a.	Accumulation of
			Increase in
В.	He		Rate
			ere is a decrease in the maximum heart rate related to:
			Increase in the rate
			Decrease in the rate of
			Decrease in the maximum rate
			Epinephrine and norepinephrine
		u.	LPINEPININE AND NOIEPINEPININE

C.	He	art Valves
	1.	Connective tissue of valves
	2.	Ca ²⁺ deposits on valves
D.	Со	nduction System
	1.	Altered by:
		a & of the left bundle branch
		b of SA node cells
	2.	Lead to a higher rate of