



Course Regime

Course: Physiology for dental medicine

Study Programme: Dental Medicine

Year of the Course: 2nd

Semester: Winter and Summer

Course type: Compulsory

Number of ECTS credits: 12

Lecturer(s): prof. Žarko Finderle PhD, prof. Ksenija Cankar PhD, Assoc. prof. Helena Lenasi PhD

Participating Organisational Units (Departments and Institutes): Institute of Physiology

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A. General part (*applies to compulsory and elective courses*)

1. Course objectives

The course in physiology is based on the lessons learned from biophysics, biochemistry, biology and normal morphology. The student learns about the normal functioning of the organism. She or he acquires the basic concepts in physiology and learns the principles of measurements in physiology. She or he is encouraged in accordance with the concepts, to interpret the results of the measurements. The aims of physiology course are that a student develops the critical thinking and ability of solving problems independently and it encourages the habit of self-education.

2. Comprehensive outline of the course organisation

All notifications about physiology class for students of the Medicine and Dental Medicine program will be published on the Physiology sub-site on the website of the Faculty of Medicine and in online classroom.

2.1 LECTURES:

The terms and titles of lectures will be published on the Physiology sub-site on the website of the Faculty of Medicine and in the online classroom.

2.2 TUTORIALS AND INSTRUCTIONS FOR TUTORIALS:

Tutorials and instructions for tutorials are mandatory. The terms of tutorials and instructions for tutorials are published together with the schedule of lectures. Student performs tutorials in groups, which are determined in advance. The list of groups will be to announced on the website of the Faculty of Medicine on the site of Physiology and will be valid for all subjects of the second year. When a student is unable to perform a tutorial in his own group because of illness or other justifiable reason, he can do it with another group, but only after prior arrangement with the teaching assistant. In each semester, a student can perform one exercise, at which he was not present for justifiable reasons, during the repetitive exercises. A student who is unreasonably absent from the tutorial cannot replace the tutorial. The tutorial is done when the following conditions are accomplished: standby, active participation, skills acquired, and passed protocol.

2.3 SEMINARS:

Each student must complete seminars.

Instructions for preparing a seminar:

A student or group of students prepares the content of the assigned seminar on 1 slide in a .ppt format. The slide must present a shortened title and a maximum of 1 diagrams and 5 paragraphs for the subject of the seminar, font size at least 24. The footnotes should include the names of the students. Oral presentation of the seminar lasts for 15 minutes and includes a short presentation (up to 5 minutes) and a discussion where the seminar leader interrogates the students. Students submit a .ppt file (in Office 2003 version and not newer !!) to the seminar leader by email no later than 3 working days before the seminar. The file should have title with the name of one of the seminarists name and a seminar physio (example: JKovac_seminar_fizio.ppt). Exchange of individual students among groups is possible, but only after prior arrangement with the leader of the seminar. A student who wants to replace a group must find the appropriate replacement for himself. Topics of seminars will be published on the Physiology sub-site on the website of the Faculty of Medicine and on online classroom.

3. Description of on-going assessment of knowledge and skills

3.1 PARTIAL EXAMS:

Student must have completed all three mandatory partial exams.

The first partial exam covers the content of the following tutorials: Blood, Nerve and Muscle, and ECG,

The second partial exam covers the content of the tutorials: Special Senses, Neurophysiological Measurements, Blood Pressure, and Cardiovascular system

The third partial exam covers the tutorials: Respiration, The Respiratory Function of the Blood, Kidney, Metabolism

An absence in the mandatory partial exams must be apologized in the secretariat of the Institute of Physiology. Before each (except for the first) exam, there is a repetitive partial exam, which can be attended by students, who did not reach an average of 60,00 % of the three partial exams during the year or who did not take part in the partial exam from justified reasons during the year.

Student who wants to do a repetitive partial exam must apply by an e-mail addressed to the secretary of the Institute of Physiology no later than three working days before the deadline. Repetitive partial exam covers the contents of all tutorials.

3.2 SEMINARS:

All students in the group who are attending a seminar must be prepared for the seminar. They must answer to the questions that are similar to the exam questions. Student's appropriate knowledge is a prerequisite for the seminar approval. The seminar is evaluated with done/not done.

4. Required conditions for the final examination (Course Exam)

In accordance with the Paragraph 23 of the Rules, prerequisites for attending the exam are:

- all tutorials must have been attended and approved,
- an average of three partial exams must be at least 60,00 %,
- approved seminars.

5. Final assessment and examination of knowledge and skills (Course Exam)

Student knowledge is evaluated by a written test exam (multiple choice questions). Students which passed the written exam must then pass the oral part of the exam.

Evaluation of the written examination:

- For a positive result of a written examination, at least 60,00 % of points are required.
- A positive evaluation of the written examination is a prerequisite to attend an oral examination, except for the third to the fifth/sixth attempt of written examination, where every student has the right to attend the oral examination. In the fourth, fifth and sixth performance of the exam, the oral part of the examination is conducted in front of a commission. The Commission exam is conducted in accordance with the Rules on the assessment and Assessment of knowledge and skills of a uniform master's program in medicine and dental medicine.
- A bonus is given to the result of the written examination. Bonus is a positive part of the average grade of three regular partial exams, weighted by one third. The bonus is only given in the current academic year. Example: if the student receives an average grade of 90 % in partial exams, the positive part of the assessment is 30 % ($90 \% - 60 \% = 30 \%$). Dividing the positive part of the assessment by 3, we get a value of a bonus which in this case comprises 10%. The received bonus (10 %) is added to the result that the student obtained in the written examination. For example: when the result of a written exam is 60 %, this bonus improves the student's mark by 10 %; the final result of the written exam (after taking into account also the student's bonus) is 70 %. The bonus is added to the result of the written exam only when the result of the written exam is equal to or higher than 60,00 %.

Applications and check-outs for written exams must be managed over the VIS Information System.

Students must apply for inspections of written exams to the secretary of the Institute of Physiology by an e-mail no later than seven days after the exam. Registered students will be notified via email of the exact date of inspections.

Written exams are available for inspections only after oral examinations have been completed. Inspections of the written exams are not intended to reveal the correct answers. For such or similar questions that relate to the professional content of the course, pedagogical workers are available throughout the year during their office hours (after prior announcement).

During inspection of written exams, in addition to his exam, the student gets a table, which shows whether he answered the question correctly or incorrectly. Student must check the consistency of his answers from the exam and table. If he wants to have a personal interview with the teacher, student must fill in a form in which he writes a consecutive number of exam question, as well as comments / objection / explanation why he thinks that the question was misjudged. The teacher then contacts the student via email, where he provides an explanation. They can also arrange an individual interview.

6. Other provisions

Article 34 of the Rules on the Verification and Assessment of Knowledge and Skills for the Uniform Master's Study Program Medicine and Dental Medicine shall apply.

Students with special needs must provide a certificate and confirmed status to the secretariat of the Institute of Physiology at the beginning of the school year (not later than 14th October or at the latest 14 days after they have acquired their status).

7. Fundamental study material and Supplement reading

Boron WF, Boulpaep EL. Concise Medical Physiology

Bruce M. Koeppen & Bruce A. Stanton: Berne & Levy Physiology

Boron WF, Boulpaep EL. Medical Physiology

John E. Hall PhD: Guyton and Hall Textbook of Medical Physiology

8. Exam topics, clinical presentations and skills

SUBJECT	SUBJECT DETAILS
Homeostasis	Maintaining constant internal environment. Regulated quantities, overview.
Transport of substances across cell membrane	Facilitated diffusion Secondary and primary active transport. Ion channels and transporters.
Transport of water, osmosis	Osmosis: general features – tonicity, osmolarity.
Membrane potential	General example: membrane is permeable for two types of cations – electrochemical non-equilibrium. Goldman's equation (of a constant field).
Electrical communication	Excitability and types of stimuli and responses (local response, action potential).
Skeletal muscle: macroscopic description	Observing and defining contractions (concentric, eccentric, isometric, isotonic contraction). Physical quantities describing mechanical functioning of a muscle (length, velocity, tension) and muscle's characteristics (muscle force and power). Types of muscle activation (twitch, tetanus, contracture). Mechanical characteristics of skeletal muscle.

	Force – velocity relationship. Length – tension relationship (isometric contraction).
Microscopic description, excitation-contraction coupling	Sarcomere as a basic unit of contractile apparatus, its elements and function. Role of cross-bridges in contraction. Activation of contractile apparatus with calcium and sensitivity to calcium. Excitation-contraction coupling.
Energetics of muscle contraction	Energy sources and metabolism.
Smooth muscle	Structural differences compared to skeletal muscle (size, contractile apparatus, cell-to-cell contact, sarcoplasmic reticulum), transfer of force. Smooth muscle contraction, mechanical characteristics and mechanism of activation. Electromechanical relationships in smooth muscle.
Cardiovascular system Overview, divisions	Elements of circulation and their function. Distribution of cross-sectional area, velocity, volume of blood and blood pressure along the cardiovascular circuit. Flow through vessels arranged in series versus in parallel.
The cardiac pump: the cardiac cycle	The cardiac cycle, description with a synoptic picture. Mechanism of function of cardiac valves and heart sounds.
Electrical activity of the heart – types of potentials, conduction velocity, excitability	Importance of conduction system for the cardiac function. Description of monophasic action potential for fast-response and slow-response fibers. Ionic basis for fast-response and slow-response fibers (functioning of sodium channel and calcium channels). Conduction of cardiac action potential and factors that affect conduction velocity. Excitability, its role, mechanisms.
Normal excitation of the heart, ECG	Electrocardiogram, what information do we get. Description of ECG waves and what they represent. ECG recording, leads, determining the electrical axis (preclinical practical courses).
Cardiac muscle cell, energetics of heart	Structure of cells (myocytes), tissue (myocardium) and function. Maximal (isometric) force – length relationship, Starling's law. Homeometric and heterometric regulation. Contraction velocity – load relationship. Excitation-contraction coupling, calcium cycling. Contraction mechanics, preload, afterload. Analogy between muscle fibre and ventricle. Contractility. Energy consumption in the heart, factors that influence it.
Control of cardiac function, effect of heart rate	Definition of cardiac output, heart index, units. Control of heart rate, normo-, tachy- and bradycardia, heart rate variability. Characteristics of pacemakers. Effects of autonomic nervous system: effect of sympathetic input and parasympathetic input, Baroreceptive reflex, Bainbridge reflex and atrial volume receptors, ventricular receptors, chemoreceptor reflex, stimulation of visceral organs. Respiratory sinus arrhythmia.
Control of cardiac function, effects of preload, afterload and contractility	Regulation of diastolic ventricular filling and effect of filling pressure, ventricular compliance, filling time. Regulation of end-systolic volume. Starling's law, experiments on an isolated heart (changing of ventricular filling and load). Homeometric regulation, induced by heart rate or load. Extrinsic control of cardiac function (nervous and humoral factors) and changing of contractility.
p-V diagram	Regulation of cardiac function, effects of filling, load and contractility.

Hemodynamics	<p>Use of conservation laws to describe blood flow (Bernoulli equation).</p> <p>Flow through rigid tubes, laminar flow and Poiseuille's law.</p> <p>Deviations from Poiseuille's law in different vessels, demonstration with flow – perfusion pressure relationship.</p> <p>Turbulent flow, description and criteria (Reynold's number).</p> <p>Flow through elastic tubes, definition of compliance.</p> <p>Effect of compliance of arterial and venous system on shift of blood between them.</p> <p>"Windkessel" concept, pulsatile flow.</p>
Arteries (pulsations, compliance)	<p>Arterial compliance and effect on arterial blood pressure, changes associated with ageing.</p> <p>Factors that determine mean arterial pressure and pulse pressure.</p> <p>Changing of pulse wave amplitude on periphery and causes.</p> <p>Measuring arterial blood pressure.</p>
Veins (and collapsible vessels)	<p>Description of flow through collapsible vessels.</p> <p>Effect of gravitational forces on blood flow (redistribution of blood, vascular resistance).</p> <p>Venous valves, anatomical and functional.</p> <p>Accessory pumps in circulation.</p> <p>Flow of lymph and problems with driving forces.</p>
Microcirculation (exchange, regulation)	<p>Functions of endothelial and smooth muscle cells and their coupling (mediators).</p> <p>Microvascular dynamics and influences (hemorheologic properties of blood, flow-induced vasodilation, autoregulation).</p> <p>Microcirculatory transport, diffusion.</p> <p>Filtration – reabsorption and factors that influence them (Starling's law of capillary exchange).</p> <p>Local regulation of microcirculatory transport (myogenic and metabolic).</p> <p>Active and reactive hyperaemia.</p> <p>Extrinsic regulation of microcirculatory transport, vascular reflexes.</p>
Regulation of cardiac output (venous return = cardiac output)	<p>Characteristics of venous system that influence blood flow.</p> <p>Concept of mean circulatory pressure and venous return, advantages and disadvantages.</p> <p>Vascular function curves and factors that influence them.</p> <p>Coupling between the cardiac and vascular function curves and regulation of cardiac output (Guyton's analysis).</p>
Regulation of arterial pressure	<p>What determines arterial pressure?</p> <p>Regulation of arterial blood pressure and circulatory reflexes.</p> <p>Circulatory response to erect posture and to exercise.</p>
Blood flow through particular vascular networks	<p>Coronary circulation.</p> <p>Cutaneous circulation.</p> <p>Fetal circulation.</p>
Link between structure and function	<p>Functions of respiratory system, basic definition (hyper- and hypoventilation, eupnea, tachypnea, hyper- and hypocapnia, hypoxemia, hypoxia).</p> <p>General characteristics of airways according to their function (conducting and respiratory zones), cross-section, resistance.</p> <p>Physical laws to describe transport of gasses (dissolution of gasses, dilution of gasses at inspiration).</p>
Ventilation	<p>Respiratory volumes and capacities, measuring with spirometry, gas dilution and body plethysmography.</p> <p>Lung ventilation and alveolar ventilation, relationship to frequency and depth of breathing.</p> <p>Dead space (anatomical, physiological) and measuring alveolar ventilation.</p> <p>Effect of alveolar ventilation on partial pressures of carbon dioxide and oxygen in alveoli.</p>
Mechanics of breathing	<p>Respiratory muscle and their function.</p> <p>Pressures in lungs and thorax, differences between them and their role for lung function.</p> <p>Elastic features of lungs and thorax.</p> <p>Surface tension of alveoli and its consequences for lung function.</p> <p>Compliances of lungs and thorax and factors that affect them.</p> <p>Airway resistance in different lung compartments.</p>

	Dynamic airway compression during exhalation.
Diffusion in lungs	Laws of diffusion, its components (diffusion coefficient, diffusion area, alveolar wall thickness and pressure difference across alveolocapillary membrane) and effects of different physiological situations. Diffusion capacity for gasses, definition. Coupling of diffusion and convection (blood flow) and distribution of partial pressures along pulmonary capillary. *Diffusion-limited and perfusion-limited transport of gasses, examples.
Pulmonary circulation	Characteristics of pressures in pulmonary circulatory network. Factors that regulate pulmonary vascular resistance. Pressures in pulmonary circulation, their relationship with hydrostatic pressure and consequences. Hypoxic vasoconstriction and hypocapnic bronchoconstriction.
Transport of gasses in blood	Oxyhaemoglobin dissociation curve, dependency of its shape on type of haemoglobin. Capacity of blood for transport of oxygen. Physiological shifts of HbO ₂ dissociation curve and their role. Ways of CO ₂ transport in blood and CO ₂ binding curve.
Coupling of ventilation, diffusion, perfusion	Effects of ventilation and perfusion on oxygen concentration in arterial blood. Mixing of oxygenated and non-oxygenated blood in lungs, physiologic shunt and impact on pO ₂ . Factors that affect oxygen deliver to tissues.
Control of respiration	Definition of system for exchange of oxygen and CO ₂ and regulatory centre. Respiratory centre and generators of breathing pattern. Characteristics of central and peripheral chemoreceptors and factors that affect them. Mechanoreceptors, other receptors and influence of higher centres on breathing. Ventilation response to pCO ₂ and metabolic hyperbola and regulation of breathing. Factors that affect ventilation response to pCO ₂ and metabolic hyperbola.
Kidney Link between structure and function	Structure of a nephron in the view of basic mechanisms – filtration and reabsorption. Microscopic structure of vessels, capillary network and juxtaglomerular apparatus. Distal parts of urinary system (ureter, urinary bladder, urethra).
Renal circulation	Capillary dynamics, factors that affect pressure in glomerular capillary (influence of a. afferens and a. efferens). Autoregulation of blood flow through capillaries (definition with a diagram, role, mechanisms). Oxygen consumption in kidneys and its relationship to load on kidneys.
Glomerular filtration	Glomerular filtration (GF), definition and values, characteristics of ultrafiltrate. Renal plasma flow (RPF), estimation with clearance. Capillary filtration (in comparison with systemic capillaries) and filtration fraction. Factors that affect GF (filtration pressure, characteristics of glomerular membrane, RPF, oncotic pressure). Renin-angiotensin-aldosterone system, effects, control of secretion. Regulation of GF and RPF.
Kidney function tests, clearance	Basic mechanisms for tubular reabsorption and secretion. Excretion of substances in kidneys and its relationship to filtered load, transport maximum and threshold for excretion, factors that affect it. Definition of clearance, units, measurement. Clearance for substances which are only filtered, totally or partially reabsorbed or secreted. Relationship of clearance to filtered load.
Transepithelial transport (solute, water): proximal tubule	Types of transmembrane transport and their features (active, passive, electrical, solvent drag). Model of cellular epithelium for tubular reabsorption (TR) in proximal tubule and membrane transporters. Reabsorption of sodium and solutes in proximal tubule. Forces that determine TR in proximal tubule. Relationship between proximal TR of water and sodium and other solutes – glomerulotubular balance.

	Tubuloglomerular feedback and its role.
Transepithelial transport (solutes, water): distal tubule	Definition of proximal and distal nephron. Reabsorption capabilities of proximal and distal nephron.
Countercurrent	Features of transtubular transport in Henle's loop. Role of distal nephron in urine dilution. Production of concentrated urine. Role of ADH. Description of countercurrent mechanism. Renal medulla and role of urea (abilities of mechanism according to time scale). Diuresis, antidiuresis, water diuresis.
Water balance in the body, control of osmolarity	Water balance in the body, sources and excretion of water. Shifts of fluid between ECT and ICT and influences, demonstration and analysis with diagrams. Control mechanisms for regulation of osmolarity of body fluids. Osmotic and other stimuli for ADH secretion. Measuring of renal diluting ability, osmolar clearance and free water clearance. Link between regulation of osmolarity and volume of body fluids.
Transport of sodium and water in the body	General principles that enable transport of salt and water in the body. Body's response to higher salt excretion (time graphs of changes of body weight and water intake and excretion). Receptors for homeostasis of body fluids (volume receptors in circulation). Systemic effectors (sympathetic nervous system and AII). *Regulators of sodium reabsorption in kidneys according to changes in osmolarity. *Effectors of regulation in kidneys – principles of function (changes of glomerular hemodynamics, renal nerves, transtubular ionic gradient, composition of medullary interstitium and blood flow through kidneys, stimulation of sodium reabsorption in collecting ducts with aldosterone).
Renal excretion of potassium	Functions of potassium and potassium turnover in the body (balance, intake – excretion). Distribution of potassium between ECT and ICT and factors that influence sudden shifts. Potassium shifts according to acid-base status in ECT. *Renal excretion and factors that affect distal tubule and collecting duct (aldosterone concentration, dietary potassium, delivery of sodium to distal tubule, tubular fluid flow in distal tubule, delivery of sodium with impermeant anion to distal nephron)
Acid-base physiology – buffers and Davenport diagram	Role of regulation of hydrogen ion concentration, expression with pH and physiological threshold values. Definitions of acidemia, acidosis, alkalemia and alkalosis. *Titration of non-volatile buffers in the body with H ⁺ . *Volatile buffers – bicarbonate buffer system (titration with acid or base, titration with CO ₂ , titration with CO ₂ in presence of nonvolatile buffers). *Titration with H ⁺ in presence of volatile and nonvolatile buffers. Davenport diagram and its use.
Acid-base physiology – kidneys and regulation of pH in the body	Determining amount of H ⁺ excreted in urine, titratable acid. Characteristics of a nephron that enable excreting large amounts of H ⁺ . Transport systems for excreting H ⁺ in the body (bicarbonate, phosphate and ammonia) and buffers in urine. H ⁺ balance in the body, excretion of H ⁺ in the lungs and kidneys and impact on pH in the body. *Filtration of bicarbonate in kidneys and impact on pH in the body.
Erythrocytes	Definition and measurement of haematocrit. Measuring of haemoglobin concentration. Measuring of erythrocyte concentration. Erythrocyte parameters and their calculation.
Blood groups	Blood group types and role of determination. Comparison of erythrocyte blood group systems AB0 and Rh.

Haemostasis	<p>Definition of haemostasis.</p> <p>Stages and components of haemostasis.</p> <p>Role of vasculature in haemostasis.</p> <p>Role of platelets.</p> <p>Coagulation of blood plasma, mechanisms of activation.</p> <p>Fibrinolysis, mechanisms of activation.</p> <p>Tests of haemostasis, bleeding time, clotting time.</p>
Metabolism of substances and transformation of energy in the body	<p>Role of metabolism and energy for homeostasis of cellular function.</p> <p>Transformations of energy substrates, intake and storage.</p> <p>Features of metabolic processes digestive and fasting stages.</p>
Organism's basal metabolic rate	<p>Principle of determining basal metabolic rate.</p> <p>Basal conditions and standardization of measured values.</p>
Energy balance in organism	<p>Transformation of energy and energy storage in the body.</p> <p>Energy balance and physiological conditions.</p> <p>Diet-induced thermogenesis.</p> <p>Regulation of body mass.</p>
Regulation of body temperature	<p>Body's mechanisms for thermogenesis and thermolysis.</p> <p>Regulation of body temperature.</p>
Overview of digestive processes	<p>Structural and functional features of digestive tract.</p> <p>Role of enteric and autonomic nervous system in regulation of processes of motility and secretion.</p> <p>Gastrointestinal reflexes.</p> <p>Structural and functional features of processes of digestion and absorption.</p>
Gastrointestinal motility	<p>Chewing and swallowing, neural control.</p> <p>Gastric motility, neural control.</p> <p>Endocrine, paracrine and neuropeptide regulation of motility.</p> <p>Gastrointestinal reflexes.</p> <p>Haustrations and mass movements.</p>
Salivary secretion	<p>Overview of salivary glands, structural and functional features of salivon.</p> <p>Composition and functions of saliva.</p> <p>Electrolyte transport in salivon.</p> <p>Neural control of salivation.</p>
Secretion, digestion and absorption in stomach	<p>Composition and functions of gastric juice.</p> <p>Mechanism for secretion of acid and enzymes in stomach.</p> <p>Regulation of gastric secretion in different stages.</p> <p>Absorption of nutrients in stomach.</p>
Pancreatic secretion	<p>Composition and functions of pancreatic juice.</p> <p>Stages of pancreatic secretion.</p> <p>Neural and hormonal regulation of secretion.</p> <p>Secretion of bile, composition, regulation of secretion.</p>
Secretion, digestion and absorption in small and large intestine	<p>Secretion in small intestine, regulation of secretion.</p> <p>Digestion in duodenum and small intestine.</p> <p>Absorption of nutrients in small intestine.</p> <p>Digestion and absorption of lipids.</p> <p>Absorption of water and electrolytes in small intestine.</p> <p>Absorption of water and electrolytes in large intestine.</p>
Endocrine system – principles of function	<p>Ways of acting of amine, peptide and steroid hormones.</p> <p>Regulation of hormone secretion.</p> <p>Physiological and pharmacological effects of hormones.</p>

Neuroendocrinology	Hypothalamo-hypophyseal system. Hormonal feedback loops. Examples of regulatory loops. Neurohypophyseal hormones.
Thyroid hormones	Hypothalamic control of thyrotropin (TRH) synthesis. Regulation of thyroid growth and synthesis of hormones (TSH, TSI). Thyroid gland's responsiveness to TSH. Effects of thyroid hormones on basal metabolism and tissue growth.
Calcium homeostasis and physiology of bones	Daily Ca ²⁺ balance, intake, storage, excretion. Vitamin D metabolism and absorption of Ca ²⁺ in GIT. Regulation of plasma concentrations of calcium and phosphate (parathormone, calcitonin). Effects of parathormone and calcitonin on bones, kidneys and digestive system. Role of calcium homeostasis for growth of bones and teeth.
Hormones of adrenal cortex	Mineralocorticoids (regulation of tubular Na ⁺ reabsorption). Glucocorticoids (effect on metabolism of carbohydrates, proteins and lipids). Cortical androgens. Hypothalamo-hypophyseal regulation of cortisol secretion. Hyper- and hypofunction of adrenal cortex and role of adrenocortical hormones in medicine.
Hormones of adrenal medulla	Adrenomedullary hormones (synthesis, regulation of synthesis and release). Physiological and psychological factors that affect catecholamine release. Physiological effects of catecholamines.
Gonadal steroids	Testicular hormones. Hormonal regulation of testicular function. Physiological effects of androgens. Ovarian hormones. Hormonal regulation of ovarian cycle, role of hypothalamo-hypophyseal axis in regulation. Placental hormones.
Pregnancy	Physiology of conception. Hormonal control of pregnancy (oestrogens, progesterone, hCG, hCS). Physiological role of placenta, amniocentesis. Foetal development during pregnancy.
Parturition and lactation	Control of beginning of parturition. Factors that regulate uterine contractions. Hypothalamo-hypophyseal control of mammary glands during pregnancy and after parturition. Suckling, milk let-down and control of oxytocin release.
Synaptic transmission	Types of synapses. Chemical synapse – mechanism of function. Neurotransmitters. Neuromuscular junction.
Homeostasis of neural function	Role of blood–brain barrier. Types and roles of glial cells. Regulation of cerebral circulation. Relationship between neural activity, local metabolism and blood flow.
General features of sensory systems	Receptor events: transduction, transformation, adaptation. Receptive field concept; role of peripheral inhibition.
Somatosensory system	Types of mechanoreception on skin and mucosa. Proprioceptors and their role. Role of cerebral cortex in analysis of somatosensory information.
Physiology of pain	Reception of pain.

	Special features of transmission and processing of nociceptive signals. Systems for pain modulation.
Optics of vision	Eye's optic apparatus. Accommodation of vision. Pupillary reflex. Principles of depth perception (monocular, binocular).
Neurophysiology of vision	Photoreception in rods. Photoreception in cones. Typical retinal structure, role of horizontal and vertical connections. Retinal processing of achromatic signals. Retinal processing of chromatic signals; trichromacy theory, antagonism of pathways for color vision. Retinal functional specialization: magno- and parvocellular system.
Cortical processing of visual information	Functional specialization of visual pathway. Selective processing of visual stimuli: shape, colour, movement, depth perception.
Psychophysics of vision	Measuring fields of vision. Measuring visual acuity.
Transmission of sound to inner ear	Physical features of sound. Air vs. bone conduction of sound.
Neurophysiology of hearing	Mechanisms for excitation of hair cells in inner ear. Principles of tone analysis. Principles of loudness analysis. Principles of sound direction analysis.
Psychophysics of hearing	Intensity-frequency field of hearing. Physiological basics of subjective audiometry.
Vestibular apparatus	Sensory reception in sacculus, utriculus and cristae ampullares. Roles of vestibular apparatus. Control of head position in space, with vision, without vision.
Olfaction	Principles of substance differentiation with olfaction. Sensory processes in olfaction, mechanism for coding. Olfactory pathways.
Taste	Principles of substance differentiation with tasting. Sensory processes in tasting, mechanism for coding. Gustatory pathways.
Motor system – overview	Types of movements and their features (reflex, rhythmic, voluntary).
Motor role of spinal cord (reflex excitability)	Types of motor units. Basic mechanisms for modulation of force of muscular contraction. General scheme of a reflex, types of reflexes. Myotatic reflex. Inverse myotatic reflex. Role of muscle spindle and gamma motor neurons. Flexion reflexes. Comparison of myotatic reflex and polysynaptic reflexes. Physiological basics of EMG.
Descending motor pathways	Types and physiological characteristics of descending motor pathways. Origin and role of lateral motor pathways. Origin and role of medial motor pathways.
Motor role of brainstem (control of posture)	Postural reflexes. Control of rhythmic movements.

Cortical control of motor function	Stages of initiation and execution of voluntary movement. Typical cortical areas involved in initiation of voluntary movements. Function of primary motor cortex. Role of premotor and supplementary motor area. Role of parietal association cortex in voluntary movement.
Role of cerebellum	Role of cerebellum.
Motor functions of basal ganglia	Typical connections of basal ganglia, direct vs indirect pathway. Typical neurotransmitters in basal ganglia.
Integrative functions of brainstem	Functions of cranial nerves. Functional aspects of reticular formation, modulation of motor and sensory functions and level of consciousness. Typical modulatory neurotransmitter systems that originate from brainstem. Control of qualitative aspect of consciousness; wakefulness, sleep. Stages of sleep. Physiological basis of EEG.
Role of autonomic nervous system	Sympathetic vs. parasympathetic nervous system. Enteric nervous system. Examples of autonomic control of function in different organs.
Control of speech	Simplified scheme of control of speech (comparison with general motor scheme).

9. Other information

The Pedagogical College of the Institute of Physiology is responsible for questions regarding physiology education.

The official hours of the secretariat of the Institute of Physiology are from Monday to Friday from 9.30 to 10.30.

B. Elective Courses (*considered as Elective Course Announcement*)

- 1. Participating main and guest lecturers**
- 2. Estimated time period in the semester**
- 3. Maximum number of students for the elective course (if the number of students able to attend the course is limited)**
4. Please specify if the elective course is available in English for incoming international students (Erasmus + and others). Please specify any additional conditions in the case that the elective course is available for visiting students.

Additional explications and notes:

1. The Course Regime enters in force on the date of issue and remains valid until its revocation or alteration. The Course Regime may not be altered during the academic year. Any changes to the Course Regime may only enter into force starting with the next academic year (changes must be submitted no later than 14 days prior to the start of the academic year as the **new Course Regime**).
2. The Course Regime for *compulsory courses* must be published no later than 14 days prior to the start of the academic year.
3. The Course Regime for *elective courses* is also considered the Elective Course Announcement and must be published no later than the 30th of July prior to the start of the academic year in which it enters in force.
4. The Course Regime must be published in Slovenian and English.
5. In the Course Regime, the »Regulations for the Assessment of Knowledge and Skills for the Single-Cycle Master Study Programmes Medicine and Dental Medicine« will be referred to as "*Regulations*".

In case of any further questions, please contact the Study Affairs Commission of the UL MF, via e-mail: ksz@mf.uni-lj.si.

Ta navodila pred shranjevanjem pobrišite:

- **Za izpolnjevanje tega obrazca uporabite pisavo Garamond, 12pt.**
- **Dokument shranite v .pdf.**