

Medical card

Collected By:



Lecture 1

1-To increase the thoracic cavity and keep intrapleural pressure negative, all are correct EXCEPT?

- A- Elasticity of the lung
- **B- Surface tension**
- C- Elasticity of the chest wall
- D- Lymphatic drainage
- **E-Gravity**

Answer: E

- 2-The cause of the negativity of the intrapleural pressure is?
- A) The pressure inside the alveoli during the respiratory cycle
- B) Dynamic harmonious antagonism between the chest wall and the lung
- C) Two different forces between the parietal layer which lines the thorax and visceral layer which covers the lungs

Answer: B

- 3-All the following factors would affect the intrapleural pressure EXCEPT?
- a) Elasticity of the chest wall
- b) Airways generation
- c) Lymphatic drainage

Answer: B

4 according to the physiological and pathological factors that affect the negativity of intraplural pressure all are

trueexcept?

- A) at birth (zero)
- B) Valsalva's maneuver(positive)
- C)emphysema (less negative)
- D)stab wound without valve (positive)
- E) stab wound tension pneumothorax with valve(positive)

Ans: D

5 IPPbecome positive in all of the following except:

- A)valsalva's manouver
- B)haemo-thorax
- C)tention pneumothorax
- D)muller'manouver

Ans: D

RS-Physiology Lecture 1



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Lecture 2

1-All of the following is true regarding residual volume except?

Can be measured by spirometry

2-The difference between normal inhalation and forced inhalation with maximum capacity is?

A)Inspiration reserve volume

B)vital capacity

C)Tidal volume

Answer: A

3-The volume of air the lungs can hold after maximum inhalation is called?

A)Volume capacity

B)Total lung capacity

C)Tidal volume

Answer: B

4 Medicine question: FEV1?

A-volume of air exhaled in one second

B-normal ratio is FEV1:FVC is 30%

C-3000 ml



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Lecture 3

1-Which of the following matched pairs regarding pulmonary vascular resistance (PVR) is incorrect?

- A) Decreased lung volume below normal breathing Decreased PVR
- B) Increased venous or arterial pulmonary pressure Increased PVR
- C) Distension of capillary vessels Decreased PVR

Answer: A

(Explanation: Decreased lung volume below normal breathing actually increases PVR due to the compression of extra-alveolar vessels, which leads to higher resistance.)

- 2- The average pulmonary capillary pressure is:
- A) 7 mmHg
- B) 25 mmHg
- C) 40 mmHg
- D) 15 mmHg



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Lecture 4

1-Which of the following is correct regarding the ventilation-perfusion (V/Q) ratio in the lungs?

- A) Ventilation is equal to perfusion.
- B) Ventilation is greater than perfusion in the lung apex.

Answer: B

(Explanation: In the apex of the lungs, the V/Q ratio is higher because ventilation exceeds perfusion due to gravity's effect on blood flow.)

2-Which of the following is incorrect regarding the blood-gas barrier?

- A) It is thin to allow efficient gas exchange.
- B) It is thick, hindering gas exchange.
- C) It separates the air in the alveoli from the blood in the capillaries.
- D) It consists of alveolar and capillary walls.

Answer: B

- 3-Which of the following factors helps keep the alveoli dry?
- A) Positive interstitial fluid (ISF) pressure.
- B) High plasma colloid osmotic pressure.

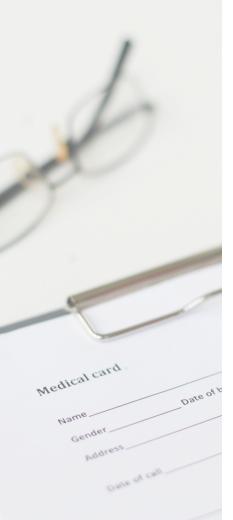
Answer: B

- 4-All of the following are edema safety factors except:
- A) High pulmonary capillary hydrostatic pressure
- B) Presence of the surfactant
- C) Negative (ISF)
- D) High osmotic pressure of the plasma proteins

Answer: A

5-What physiological factor helps keep alveoli dry?

- A) High oncotic pressure of capillary blood
- B) Low hydrostatic pressure of interstitial fluid
- C) Elevated pH of alveolar lining
- D) Increased surface tension of alveolar walls



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Lecture 5

Collected By:



Lecture 5

1. Which of the following factors does NOT cause a leftward shift in the oxygen-hemoglobin dissociation curve?

- A) Decreased temperature
- B) Decreased 2,3-DPG levels
- C) Increased temperature
- D) CO poisoning

Answer: C

- 2. Which of the following conditions increases the P50 value, indicating a reduced affinity of hemoglobin for oxygen?
- A) Exercise
- B) CO poisoning
- C) Decreased temperature
- D) Alkalosis

Answer: A

- 3. In which of the following conditions does the oxygen-hemoglobin dissociation curve shift to the left?
- A) Decreased 2,3-DPG
- B) Increased 2,3-DPG
- C) Increased temperature
- D) Exercise

Answer: A

- 4. The oxygen-hemoglobin dissociation curve shifts to the left in which of the following conditions?
- A) CO poisoning
- B) Increased temperature
- C) Acidosis
- D) Increased 2,3-DPG

Answer: A

- 5. Which condition causes a rightward shift of the oxygen-hemoglobin dissociation curve?
- A) Exercise
- B) CO poisoning
- C) Alkalosis
- D) Decreased 2,3-DPG

Lecture 5

6. Which of the following conditions increases the affinity of hemoglobin for oxygen?

- A) Increased temperature
- B) CO poisining
- C) Increased 2,3-DPG
- D) Acidosis

Answer: B

7. Which of the following statements about hemoglobin's affinity for oxygen is FALSE?

- A) Leftward shifts of the dissociation curve indicate increased O2 affinity
- B) Increased H+ binding decreases O2 affinity
- C) CO poisoning decreases O2 affinity
- D) Decreased 2,3-DPG increases O2 affinity

Answer: C

8. all of the following cause shifting the O2 dissociation curve to the right except:

A)decrease O2

B)increase temperature (fever)

C) acidosis

D)fetal hemoglobin

Answer: D

9:Allof the following cause shift to the left except: Increased temperature

10:one of the following Incerse P50: Exercise



Collected By:

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Ahmad Qawasmi



Lecture 6

Q1: Medicine question: FEV1?

A-volume of air exhaled in one second B-normal ratio is FEV1:FVC is 30% C-3000 ml

Ans: A

Q2: what happens when venous or arterial pressure rises?

Capillary distension and recruiment

Q3: Alveolar gas equation is to measure?

A Pao2 B PAo2

Ans: B

Q4:what is the best way achieve more alveolar ventilation?

A By increasing respiratory rate

B By increasing tidal volume (volume rate)

Ans: B



Collected By:

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Ahmad Qawasmi



Lecture 7

Q1: if cutting of a complete section of brain steam above pons occur this lead to?

- A)death
- B)deep& slow respiration
- C)normal autonomic respiration but without volantary control
- **D)**Apneusis

Ans: C

Q2: if bilateral vagotomy and damage of pneumotaxic center occur this lead to?

A)death

B)deep& slow respiration

C)normal autonomic respiration but without volantary control

D)Apneusis

Ans:D

Q3: the true are:

A) dorsal respiratory groups are for normal inspiration, but ventral respiratory for forced expiration.

B) dorsal respiratory groups has expiratory neurons, but ventral respiratoru groups has inspiratory.

C) ventral respiratory groups has expiratory neurons only, but dorsal has inspiratory only.

Ans:A

Q4: Pattern of normal , depth breathing:

A)ventral respiratory group

B)pnemotaxic

C)apneustic

D)midbrain centre

Ans: C

Q5: One is false about respiratory centrally..

Vagotomy will inhibit activity (may be)



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Lecture 8

Collected By:

Mohammad Mousa Ahmad Qawasmi



Lecture 8

Q1: Which oh the following isn't causes of Chyne stroke respiration?

A After voluntary Hyperventilation

B After voluntary Hypoventilation

C heart failure

ANS: B

Q2: at onest of exercise hyperventilation ,what is the stimulation of respiration?

A)increase Co2&H+

B)increase temperature ofblood

C)impulse from proprioceptors

D)decreaseO2

ANS: C





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Lecture 9

Collected By:

Mohammad Mousa Ahmad Qawasmi



Lecture 9

Q1:In high altitude?

- A)o2 tension decrease
- **B)**induce hyperventilation
- C) stimulation of 2,3 DPG synthesis
- D)alkalosis
- E)unloading oxygen
- F)All of above

ANS: F

Q2:At what concentration of deoxygenated hemoglobin in the blood does cyanosis typically become clinically apparent?(cyanosis threshold)?

- A) 2 g/dL
- B) 3 g/dL
- C) 4 g/dL
- D) 5 g/dL

Ans:D

Q3: histotoxic hypoxia include:

- A) high O2 level in the venous blood
 - B) low O2 level in the venous blood

ANS: A

Q4:Hypoxemia cause hyperventilation by directly stimulating..

A central chemoreceptors

B aortic and carotid body chemoreceptors

Ans:B