

<p>Mechanoreceptors (4 types) - Small vs. large receptive fields? - Fast vs. slow adapting? - Superficial or deep? (May be useful to make a table here)</p> <p>Two-point discrimination - What does it measure? - What does it say about receptive field size?</p> <p>Smaller receptive fields = more or less acuity? More or less cortical magnification?</p> <p>Primary afferents (4 types) - What kind of information is carried by each? - Which is most myelinated? Least myelinated? - Which is fastest? Slowest?</p>	
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Dermatomes: know the order and what general areas they innervate

DCML Pathway

- What sensations does it process?
- Be able to sketch the pathway
- Where does it decussate?

Give one example that cortical maps are plastic, not rigidly static.

Phantom limb sensations:
what are they, and provide a
neurobiological explanation.

Posterior parietal cortex
(association areas)
- What are they responsible
for?
- What can happen with
damage to these areas?

Define analgesia and
hyperalgesia.
- What is primary
hyperalgesia? Secondary
hyperalgesia?

Contrast fast and slow pain.

- Which fibers?
- Intensity? Localization?

Sketch the spinothalamic/anterolateral pathway for pain. Indicate structures and location of decussation.

- Be able to contrast this with the DCML pathway!

<p>Define referred pain. What is a likely neurobiological explanation for this?</p>	
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