Mid-Term Assignment

Course Title: Human Physiology II

Rad 2nd semester section A

Instructor: Dr. M .Shahzeb khan (PT)

Marks: 30

Note:

- **Attempt all questions, all questions carry equal marks.**
- **Answer Briefly and to the point, avoid un-necessary details**

Q1: (A) A post stroke patient come to clinic, during examination you found that patient is unable to speak nor understand, what you are talking (Global Aphasia), in such case which lobes of brain could be involved?

Explain that lobes and write down its function.

(B) A post stroke patient come to clinic, during examination you found that patient have difficulty in walking including problem with balance and also have tremor. Which part of brain could be involved in this patient? Explain that part and write down its function.

Q 2: (A) During assessment of post stroke patient, you found that patient have sensory loss over skin of forehead, eye lids and nose as well as teeth of upper jaw, moreover also have motor loss in mylohyoid muscle and in anterior belly of digastric. Which cranial nerve involve in this patient?

Write down function and its different component.

(B) Post stroke patient come to clinic, during assessment you found that patient have lost general and taste sensation in posterior 1/3 of tongue. Which cranial nerve involve?

Write down its function and components.

Q3: (A) What is accommodation in eye and explain its relation with lens of eye?

(B) How stimulus of light goes through eye ball and reach up to Brain? Explain in detail

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Bs radiology

Section A

Physiology

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QNO1.. A

ANS... GLOBAL APHASIA

- Global aphasia is a disorder is cause by damage to the part of our Brian that control language
- A person with global may only able to produce and understand a handful of word.
  CAUSE..
- Stroke. Head injury. Brian tumor.
  SYMPTOMS…
- Inability of speak
- Making grammatical mistake
- Trouble understanding
  LOBE INVOLVED IN SPEECH OR SPEAK ARE OF THE FOLLOWING
- Each has also divided into four rigon called lobe. frontal lobe. Temporal lobe. Occipital lobe and particle lobe but here temporal and frontal lobe are primly involved in speaking and understanding.
  TEMPORAL LOBE…
- The Brian is divided into distinctive lobe.
- The temporal lobe is located behind your car and extend to both sides of the Brian
  FRONTAL LOBE…
- Some of the many other function the frontal lobe play is daily function
- Speech and language production

QNO1B.

ANS...

- The majority of the stroke injury the motor fiber connected to moments.
- There are four types of cause linked to walking difficulty
- 1… injured or trauma
- 2…muscular joint or spine
- 3…neurological issue
  Medical professional used different techniques to diagnose and find the Couse of walking. I hearing test 2 CCsean..3ones car scan
  PART OF BRIAN IVOLOD IN WALKING…
  Cerebrum…
- Cerebrum is the back of Brian..

- Second largest Brian rigon
  FUNCTION..
- Function to Maintain muscles tone control balance equilibrium control walking..

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QNO3A..

ANS.. ACCOMMODATION IN EYE...

- The lens bend thicker or thinner in order of focus the light into a shape image focusing is called accommodation
- Accommodation is the mechanisms by which the eye change refractive power by altering the shape of lenses in order to focus object at variable distance..
- Or process by which the eye increase optical power to maintain a clear image (focus) on an object as it crow near the eye….

QNO3B

ANS…There is a very simplified description of the many Wonder in the eye...

- The eye ball of the eye white is sclera..
- Inside that is the black spot the pupil..
- Behind the pupil the light trivial through the eye..
- Light enter front of the eye through the pupil and is focused by the lens into the retina
  TWO TYPE OF CELL..
  RODE CELL…
- Rode cell on the Fatima responded to the light and send massage through the optic nerve..

CONE CELL...

- These are less cone cell
- They see color
- The light image is then carried into the and nerve in the retina and in to the light center in the Brian..
- So in this way the light reach to the Brian..

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QNO2 A

ANS… There is a very simplified description of the many Wonder in the eye.

- Eyes ball the white of the eye is the sclera
- Inside that is the black spot the pupil.
- The retina is the thin layer of tissues that line the back of the eye on the inside.
- Light pass into the eye ball through the pupil which can enlarge or shrink.
- Behind the pupil the light line travel through the line

- Etc..

TWO TYPES OF CELL

- Ride cell
- Cone cell

RODE CELL..

- Rode cell on the retina respond to the light and send massage through the optic nerve..

CONE CELL...

- There are less cone cell
- They see color
- The light image is then carried into the cell and nerves In the retina and in to the light center in the Brian..
- So in the way the light reach to the Brian..

QNO2 A..
ANS..

- One the sixth cranial nerve effect eye moment to the side and the other the seventh cranial nerve. Affect facial movement a stroke on one side of the pone will affect this nerve causing the eye and facial muscle weakness
- Sensory cranial nerves help by the person to see sleep and hear
- Motor cranial nerve help control muscle moment in the head

OLFACTORY NERVE..

- Olfactory nerve transmit information to the Brian regarding a person sense of smell

OCULOMOTOR NERVE..

- It is motor nerve
- Its supply to ocular muscle
- This rise upper eye light
- It tone our eye ball
- Etc..

TRIGEMINAL NARVE...

- This nerve are both sensory and motor
- Help in facial sensation and chewing moment
- It supply to skin
- It supply to anterior belly of digastric
- It also supply to myeloid muscle
- Etc…

FACIAL NARIVE..

- Its mix nerve.
- Supply occur in muscle in muscle if the face
- Supply posterior valley of digastric
- Facial nerve are move in frontal lobe of the Brian
- So injury to the facial nerve loss sensation of skin.
- Etc.,

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