

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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- ❖ **2nd Semester (Section A)**
- ❖ **Paper: Human Physiology II**
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Q No.1:(A)

Ans:..... Global aphasia:

- ❖ Global aphasia is a disorder caused by damage to the part of our brain that control language
- ❖ A parson with Global aphasia may only able to produce and understand a handful of word.

❖ Cause

- ❖ *Stroke. Head ingaury. Brain tumor*

❖ *So what is stroke. Stroke is most common cause of aphasia. A blood flow to the Brain cause stroke. It can permeant damage your language. Speak*

❖ Symptoms

- ❖ **. Inability to speak**
- ❖ **. Making garmitical mistake**
- ❖ **. Trouble understand**

Lobe involved in speech or speak are of the following.

➤ *Each cerebrum has also derived into four region called lobe. Frontal lobe. Temporal lobe. Occipital lobe and partial lobe. But here temporal and frontal lobe are primely involved in speaking and understanding*

● Temporal lobe

- *The Brian is divide into distinctive love.*
- *The Temporal lobe is located behind your ear and extend to both sides of the Brian.*

● Function

- *The Temporal lobe is involved in speaking. Vision and language so this is the function of Temporal lobe.*

● Frontal lobe

- *The frontal lobe of the brain is vital to our conciseness as well as function that appear unlikely human such as spoken, Language, Understanding*

● Function

- *Some of the many other functions the frontal lobe play is daily function.*
- *Speech and Language production.*



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Q No.1: (B)

Ans:.....

- *The majority of the stroke injury The motor fiber connected to movement .*
- *Typically stroke damage portion of the one side of Brian and effect the opposite side of the body. A stroke can make one side of the body weak paralyzed making it difficult or impossible to walk.*
- *A patient balance may also be Shakey if the cerebellum the part of the brian that control equilibrium is injured and along with the paralysis, Weakness and loss of balance.*

There are four type of cause linked to walking difficult.

- 1. Injured or trauma***
- 2. Muscular joint or spine***
- 3. Neurological issue***

Medical professional used deferent techniques to diagnose and find the cause of walking.

- 1. Hearing test*
- 2. CT scan*
- 3. Inner ear Scan*

Part of the brian involved in walking

❖ **Cerebellum**

- *Cerebellum are the back of the brain*
- *Second largest brain region*

❖ **Function**

Function to maintain muscle tone, control balance equilibrium, control walking.



Q No.2: (A)

Ans: ...One... the sixth cranial Nerve effect eye movement to the side and other the seventh cranial nerve, Affect facial movement, a stroke on one side of the pone will affect this never causing the eye and facial muscle weakness

- Sensory cranial Nerve help ba parson to see smeel, and hear.
- Motor cranial Nerve help control muscle movement in the head
- Olfactory Nerve
- Olfactory Nerve transmit information to the Brain regarding a person's sense of smeel
- When a person inhale fragments molecule olfactory receptor with in the nosal passage send the impulse to the cranial cavity.
- It help sensory never
- It help in sensation of smeel
- So injury to olfactory never causing disorder of loss of nose sensation
- It is sensory sensation because it is sensory never.

➤ **Trigeminal nerve**

- This never are both sensory and moter

- Help in facial sensation and chewing movement
- Symptoms of damage to the trigeminal nerve are mainly loss of the sensation of the face.
- It supply to skin
- It also supply to mylohyoid muscle

➤ Oculomotor nerve

- It is motor nerve
- It supply to extra ocular muscles
- This raise upper eyelid
- It tone our eye ball
- So injury to the oculomotor muscle cause loss of teeth of upper jaw.

➤ Facial nerve

- **It is mix nerve**
- **Supply occurs in muscle of the face**
- **Supply posterior valley of digastric**
- **Facial nerve are move in frontal lobe of the Brain**
- **So injury to the facial nerve loss sensation of skin**



Q No.2: (B)

Ans: Glossopharyngeal Nerve

- *It is mix never*
- *Mix nerve mean sensory and motor nerve*
- *And in pharynx there is stylophorngéal muscle which helps in swallowing*
- *It sensory supply to posterior 1/3 of tongue*
- *It moter supply to our pharynx*
- *Demage to the glossopharyngeal nerve can results in loss of taste sensation to*

clear image of near object and for object know as accommodation of eye power of eye. Etc.

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Q No.3: (B)

Ans: *There is a very simplified description of the many Wonder in the eye.*

- *Eye ball whait of the eye is the sclera*
- *Inside the it is the black spot, the pupils*
- *The retina is a thin layer of tissues lines of the back of the eye one the inside.*
- *Light into the front of the eye through the pupils and it is focused by the lens into the retina.*

Two types of cell

- Rode cell...
- ***Rode cell is the retina responded to the light and send the massage through the optic nerve***
- Cone cell
- ***There are less are cone cell***
- ***They see color***
- ***The light image is then carried into the cell and never in the retina and in to the light center in the brain***
- ***So in this way the light reach to the Brain***

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