

Chapter 16: Nervous System

Building a Medical Terminology Foundation 2e – Student Companion by Kimberlee Carter; Marie Rutherford; and Connie Stevens

This book is intended as a companion to *Building a Medical Terminology Foundation 2e* (<https://ecampusontario.pressbooks.pub/medicalterminology2/>).

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Nervous System

If you would like to review the textbook chapter content, please visit **Chapter 16: Nervous System [New Tab]**.

Learning Objectives

- Identify the anatomy of the nervous system and describe the main functions of the nervous system
- Analyse, translate, and define medical terms and common abbreviations of the nervous system and use correct abbreviations
- Practice the spelling and pronunciation of nervous system terminology
- Identify the medical specialties associated with the nervous system and explore common diseases, disorders, and procedures related to the nervous system

Key Word Components

Identify meanings of key word components of the nervous system:

Prefixes

- a- (absence of, without, no, not)
- an- (absence of, without, no, not)
- pan- (all, total)
- post- (after)
- para- (beside, beyond, around, abnormal)
- pre- (before)
- sub- (below, under)
- dys- (painful, abnormal, difficult, labored)

- intra- (within)
- hemi- (half)
- hyper- (above, excessive)
- inter- (between)
- poly- (many, much)

Combining Forms

- alg/o (sensitivity to pain)
- cephal/o (head)
- cerebell/o (cerebellum)
- cerebr/o (cerebrum)
- dur/o (dura mater, hard)
- encephal/o (brain)
- esthesi/o (sensation, sensitivity)
- gangli/o (ganglion)
- ganglion/o (ganglion)
- gli/o (glia, gluey substance)
- mening/o (meninges)
- meningi/o (meninges)
- ment/o (mind)
- mon/o (one, single)
- myel/o (spinal cord)
- neur/o (nerve)
- phas/o (speech)
- poli/o (gray matter)
- pont/o (pons- structure in the brain)
- psych/o (mind)
- quadr/i (four)
- radic/o (nerve root)
- radicul/o (nerve root)
- rhiz/o (nerve root)
- thalam/o (thalamus)
- thec/o (sheath)
- vag/o (vagus nerve)

Suffixes

- -al (pertaining to)
- -algia (pain)
- -algesia (sensitivity to pain)

- -cele (hernia, protrusion)
- -cyte (cell)
- -ectomy (excision, surgical removal, cutting out)
- -genic (producing, originating, causing)
- -gram (the record, radiographic image)
- -graph (instrument used to record)
- -graphy (process of recording, radiographic imaging)
- -ia (condition of, diseased state or abnormal state)
- -ic (pertaining to)
- -iatrist (specialist, physician)
- -iatry (specialty, treatment)
- -ictal (seizure, attack)
- -itis (inflammation)
- -lepsy (seizure)
- -logist (specialist, physician)
- -logy (study of)
- -lysis (loosening, dissolution, separating)
- -malacia (softening)
- -oid (resembling)
- -oma (tumor)
- -osis (abnormal condition)
- -paresis (slight paralysis)
- -pathy (disease)
- -phasia (speech)
- -plasty (surgical repair)
- -plegia (paralysis)
- -praxia (to perform, action)
- -sclerosis (hardening)
- -rrhaphy (suturing, repairing)
- -tomy (incision, cut into)

Nervous System Words

Nervous System Medical Terms (Text Version)

Practice the following **nervous system** words by breaking into word parts and pronouncing.

1. **quadriplegia**

- quadr/i/plegia
 - paralysis of four (limbs)
2. **neurectomy**
- neur/ectomy
 - excision of nerves
3. **poliomyelitis**
- poli/o/myel/itis
 - inflammation of gray matter of the spinal cord
4. **intracerebral**
- intra/cerebr/al
 - pertaining to within the cerebrum
5. **encephalosclerosis**
- encephal/o/sclerosis
 - hardening of the brain
6. **interictal**
- inter/ictal
 - occurs between seizures or attacks
7. **rhizotomy**
- rhiz/o/tomy
 - incision into a nerve root
8. **hyperesthesia**
- hyper/esthesi/a
 - excessive sensitivity to stimuli
9. **mental**
- ment/al
 - pertaining to the brain
10. **neuralgia**
- neur/algia
 - pain of the nerves
11. **radiculopathy**
- radicul/o/pathy
 - disease of the nerve roots
12. **panplegia**

- pan/plegia
- total paralysis

13. **monoparesis**

- mon/o/paresis
- slight paralysis of one (limb)

14. **duritis**

- dur/itis
- inflammation of the dura mater

15. **anesthesia**

- an/esthesi/a
- without (loss of) feeling or sensation

16. **cerebellitis**

- cerebell/itis
- inflammation of the cerebellum

17. **encephalomalacia**

- encephal/o/malacia
- softening of the brain

18. **cerebral thrombosis**

- cerebr/al thromb/osis
- Abnormal condition of blood clot pertaining to the cerebrum (blood clot in a blood vessel in the brain)

19. **craniocerebral**

- crani/o/cerebr/al
- pertaining to the cranium and cerebrum

20. **glioma**

- gli/oma
- tumour composed of the glial tissue

21. **psychiatrist**

- psych/iatrist
- physician who studies and treats disorders of the mind

22. **cephalgia**

- ceph/algia
- *rebel does not follow the rules*

- Pain in the head (headache)

23. **neuroma**

- neur/oma
- tumour made up of nerve (cells)

24. **psychogenic**

- psych/o/genic
- originating in the mind

25. **polyneuropathy**

- poly/neur/o/pathy
- disease of many nerves

26. **psychosis**

- psych/osis
- abnormal condition of the mind

27. **mononeuropathy**

- mon/o/neur/o/pathy
- disease affecting a single nerve

28. **electroencephalograph**

- electr/o/encephal/o/graph
- instrument used to record electrical activity of the brain

29. **radicotomy**

- radic/o/tomy
- incision into a nerve root

30. **aphasia**

- a/phas/ia
- condition of without speaking

31. **poliomyelitis**

- poli/o/myel/itis
- inflammation of the gray matter of the spinal cord

32. **gangliitis**

- gangli/itis
- inflammation of the ganglion

33. **hemiplegia**

- hemi/plegia
 - paralysis of half (right or left) side of the body
34. **subdural hematoma**
- sub/dur/al hemat/oma
 - tumour filled with blood pertaining to below the dura mater
35. **dysphasia**
- dys/phas/ia
 - condition of difficulty speaking
36. **encephalitis**
- encephal/itis
 - inflammation of the brain
37. **subdural**
- sub/dur/al
 - pertaining to below the dura mater
38. **neurology**
- neur/o/logy
 - study of nerves
39. **CT myelography**
- CT myel/o/graphy
 - process of recording the spinal cord with computed tomography
40. **glioblastoma**
- gli/o/blast/oma
 - tumour composed of developing glial tissue
41. **neuroid**
- neur/oid
 - resembling a nerve
42. **neuroarthropathy**
- neur/o/arthr/o/pathy
 - disease of the nerves and joints
43. **meningitis**
- mening/itis
 - inflammation of the meninges
44. **hemiparesis**

- hemi/paresis
- slight paralysis of half (right or left) side of the body

45. **neurorrhaphy**

- neur/o/rrhaphy
- suturing of a nerve

46. **psychology**

- psych/o/logy
- study of the mind

47. **neurologist**

- neur/o/logist
- specialist who studies and treats the nervous system

48. **neuroplasty**

- neur/o/plasty
- surgical repair of a nerve

49. **psychopathy**

- psych/o/pathy
- disease of the mind

50. **preictal**

- pre/ictal
- occurs before a seizure or attack

51. **radiculitis**

- radicul/itis
- inflammation of the nerve roots

52. **electroencephalography**

- electr/o/encephal/o/graphy
- process of recording the electrical activity of the brain

53. **cerebral angiography**

- cerebr/al angi/o/graphy
- process of recording (blood) vessel pertaining to the cerebrum

54. **psychiatry**

- psych/iatry
- specialty of the mind

55. **psychosomatic**

- psych/o/somat/ic
- pertaining to the mind and body

56. **neurotomy**

- neur/o/tomy
- incision into a nerve

57. **cerebral**

- cerebr/al
- pertaining to the brain

58. **neuropathy**

- neur/o/pathy
- disease of (peripheral) nerves

59. **myelomalacia**

- myel/o/malacia
- softening of the spinal cord

60. **encephalomyeloradiculitis**

- encephal/o/myel/itis
- inflammation of brain, spinal cord and nerve roots

61. **monoplegia**

- mon/o/plegia
- paralysis of one (limb)

62. **meningomyelocele**

- mening/o/myel/o/cele
- protrusion of the meninges and spinal cord

63. **paresthesia**

- par/esthesi/a
- * rebel does not follow the rules*
- abnormal sensation in the extremities

64. **psychologist**

- psych/o/logist
- specialist of the mind

65. **postictal**

- post/ictal
- occurs after a seizure or attack

66. **meningioma**

- meningi/oma
- tumour of the meninges

67. **neurolysis**

- neur/o/lysis
- dissolution of nerve (for pain management)

68. **electroencephalogram**

- electr/o/encephal/o/gram
- the record of electrical activity of the brain

69. **gliocyte**

- gli/o/cyte
- glial cell

70. **polyneuritis**

- poly/neur/itis
- inflammation of many nerves

71. **neuritis**

- neur/itis
- inflammation of the nerves

72. **ganglionectomy**

- ganglion/ectomy
- excision of a ganglion

73. **meningocele**

- mening/o/cele
- protrusion of the meninges

74. **rhizomeningomyelitis**

- rhiz/o/mening/o/myel/itis
- inflammation of the nerve root, meninges and spinal cord

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Pronouncing and Defining Commonly Abbreviated Nervous System Terms

Practice pronouncing and defining these commonly abbreviated nervous system terms:

- AD (Alzheimer's disease)
- ADHD (attention deficit hyperactivity disorder)
- ALS (amyotrophic lateral sclerosis)
- CNS (central nervous system)
- CP (cerebral palsy)
- CSF (cerebrospinal fluid)
- CTE (chronic traumatic encephalopathy)
- CVA (cerebrovascular accident)
- EEG (electroencephalogram)
- EP studies (evoked potential studies)
- LP (lumbar puncture)
- MRI (magnetic resonance imaging)
- MS (multiple sclerosis)
- OCD (obsessive-compulsive disorder)
- PD (Parkinson's disease)
- PET (positron emission tomography)
- PNS (peripheral nervous system)
- PTSD (post-traumatic stress disorder)
- SAH (subarachnoid hemorrhage)
- TIA (transient ischemic attack)

Sorting Terms

Sort the terms from the word lists above into the following categories:

- **Disease and Disorder** (terms describing any deviation from normal structure and function)
- **Diagnostic** (terms related to process of identifying a disease, condition, or injury from its signs and symptoms)
- **Therapeutic** (terms related to treatment or curing of diseases)

- **Anatomic** (terms related to body structure)

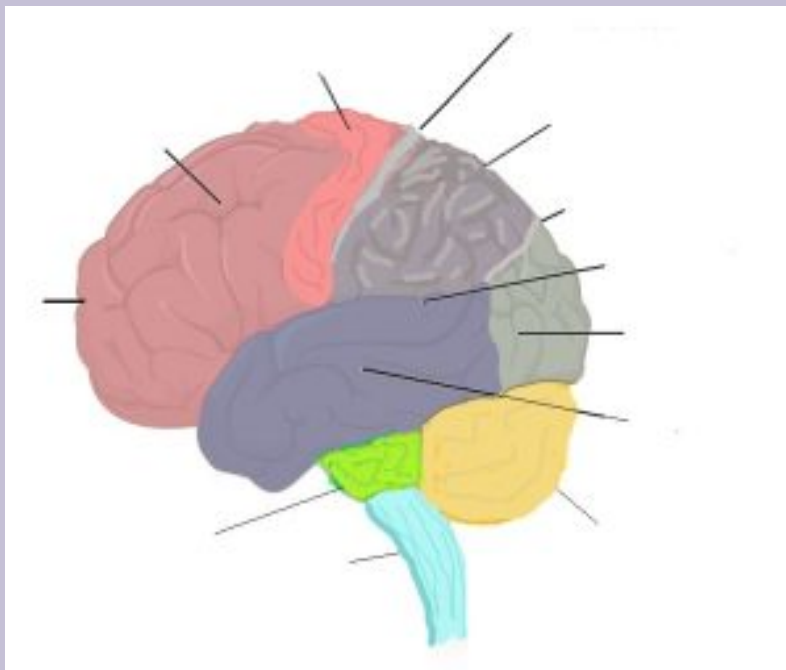
Nervous System Structures

Label the following nervous system anatomy:

Nervous System Brain Anatomy Labeling Activity (Text Version)

Label the diagram with correct words listed below:

- | | | |
|---|-------------------|------------------------------|
| 1. Central sulcus, longitudinal fissure | 5. Occipital lobe | 9. Brainstem |
| 2. Pons | 6. Cerebrum | 10. Parietal lobe |
| 3. Precentral gyrus | 7. Cerebellum | 11. Temporal lobe |
| 4. Frontal Lobe | 8. Lateral Sulcus | 12. parieto-occipital sulcus |



Nervous System Brain Anatomy Labeling Activity Diagram (Text Version)

This diagram shows the lateral view of the brain and the major lobes which are labeled. From the front of the brain (left): _____[Blank 1] is responsible for thought processes, followed by a raised surface area known as _____[Blank 2], a deep groove known as the _____[Blank 3], and another raised area known as _____[Blank 4]. The _____[Blank 5] is responsible for processes senses such as the sense of touch, followed by the _____[Blank 6] which is another deep groove on the surface of the brain. The _____[Blank 7] processes visual fields and the _____[Blank 8], which is responsible for memory capacity. The _____[Blank 9] is responsible for balance, followed by the _____[Blank 10], which is often referred to as the medulla

oblongata, and finally is the _____,[Blank 11] which is known as the bridge connecting the cerebrum to the cerebellum. The _____ [Blank 12] is a deep groove on the surface of the cerebrum.

Check your answers ¹

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Medical Terms in Context

Place the following medical terms in context to complete the scenario below:

Neurological System – History and Physical Examination (Text version)

Use the words below to fill in the history and physical examination form:

- festination
- depression
- fatigue
- postural
- rigidity
- cognition
- downgoing
- q.i.d

PATIENT NAME: Susan LOGAN

AGE: 62

SEX: Female

DOB: March 24

DATE OF ASSESSMENT: December 10

ADMITTING PHYSICIAN: Martin Lewis, MD, Neurology

DIAGNOSIS: Parkinson disease

HISTORY: This pleasant and co-operative 62-year-old woman has advanced parkinsonism which presents for more than 10 years. It is affecting her daily living to a great degree. She has minor difficulty with ADLs noted in difficulty dressing and meal preparation. She has had frequent falls occasionally related to freezing or to _____[Blank 1] but also occurring without any apparent cause. She has marked hesitancy on changing direction and unsteadiness after exertion and develops _____[Blank 2]. She has a minor problem with sialorrhea, eating, and swallowing. She can maintain basic personal hygiene without any difficulty. However, showering or bathing requires assistance. She has had some symptoms of anxiety and _____[Blank 3] along with her Parkinson disease.

PHYSICAL EXAMINATION: On neurologic exam, she did have mild-to-moderate impairment in _____[Blank 4] and short-time memory, although she is alert and oriented x3. She has pronounced tremor, worse in the left arm than the right. She has marked _____[Blank 5] in the upper left extremity; mild in the right. She has marked reduction of movement with long delays in initiating movement and frequent freezing. She has a moderately-flexed posture and cannot straighten to command. She has

_____ [Blank 6] instability. Her speech is mildly dysarthric. She has paucity of spontaneous facial expression. She has an unsteady and erratic gait characterized by shuffling strides with festination in propulsion. She can arise from a chair with difficulty only after multiple attempts. Deep tendon reflexes (DTRs) are symmetrical, and toes are _____ [Blank 7]. Cranial nerves are intact and unremarkable.

TREATMENT AND PLAN: She has been on Sinemet 25/100 t.i.d. for the last 7 years or so. She will be going on vacation soon, and I do not wish to start a second antiparkinsonian medication while she away from medical supervision. However, I have asked her to increase her Sinemet dose to _____ [Blank 8]. We will see how she does with Sinemet and plan to add bromocriptine 1 mg per day when she returns.

FOLLOW UP: The patient has been scheduled for follow up in 3 weeks, upon her return from vacation. Her treatment regimen will be adjusted at that time.

Martin Lewis, MD, Neurology

Note: Report samples (H5P and Pressbooks) are to encourage learners to identify correct medical terminology and do not represent the Association for Health Documentation Integrity (AHDI) formatting standards.

Check your answers: ²

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Medical Terms in Context

Place the following medical terms in context to complete the scenario below:

Neurological System – Consultation Report (Text version)

Use the word below to fill in the consultation report:

- cognition
- dementia
- hypertension
- downgoing
- neurological
- symptomatic
- MRI
- stroke
- blurred

NEUROLOGICAL SYSTEM – CONSULTATION REPORT

PATIENT NAME: Robert BROWN

AGE: 74

SEX: Male

DOB: July 5

DATE OF CONSULTATION: April 15

CONSULTING PHYSICIAN: Martin Lewis, MD, Neurology

REASON FOR CONSULTATION: Assessment of cognitive changes and testing.

HISTORY: The patient presented a few days ago with a marked change in _____[Blank 1] identified by his family members and care staff. The reports describe two episodes of the patient presenting a somewhat confused state, instability with a “holding of the temples” and a report of blurring vision. The patient was also observed holding on to walls and furniture to walk around. This seems to have been two transient episodes and has not recurred since. Prior to that, he had maintained excellent cognitive abilities with full lingual ability, no signs of aphasia, _____[Blank 2] or loss of consciousness. The cognitive decline noticed was not of gradual onset but rather an acute change within hours to a day. The time span is unclear as the patient lives alone and there was a time lapse between a family visit and the arrival of a personal care assistant.

The patient is a good historian to questioning and does admit to some recent occasional headaches and _____[Blank 3] vision. These are new to him as he reports never having “had a headache” in his “whole life”. He reports that the blurring is not constant but only seems to occur when he turns his head to right or left suddenly. There is a “tilting sensation” like he will fall but this clears when he brings his head back to center. He has no history of epilepsy or seizure disorders. No history of TM or ear trauma.

PHYSICAL EXAMINATION: HEENT: Head is normocephalic. EYES: PERRLA. EARS: Auditory exam reveals intact TMs bilaterally. No erythema. The nose and throat exam is unremarkable. NECK: JVD appears normal. VITAL SIGNS: Blood pressure is 132/86 with no previous history of _____[Blank 4]. Pulse is 83 and resp. 22 but the patient does admit to feeling anxious during the assessment. Temperature 37C.

NEURO: Orientation and language are normal. Extremity strength testing show some minimal weakness in the right upper. Reflexes are normal. Toes are _____[Blank 5] bilaterally. Has difficulty with heel-and toe-walk and is unable to tandem walk. The gait is alternately normal and minimally spastic.

IMPRESSION: What appears to be a transient or acute cognitive change with altered awareness, headache and cephalo-positional blurring of vision. There is some _____[Blank 6] change, although minimal and not clinically diagnostic, as evidenced by the slight changes in gait during testing but it does not remain consistently. This is puzzling.

PLAN: It is still not clear to me what these spells are. Some of the neurological possibilities to be considered are TIA, _____[Blank 7], brain and spinal cord tumors, inflammation, infection, vascular irregularities, and some neurodegenerative disorders. I have ordered a stat cerebral _____[Blank 8], electroencephalogram (EEG) and blood levels for CBC, chem panel. However, I feel we should also rule out the more common possibilities of pseudo-seizure, vertigo, and inner ear anomalies and am in the process of making these appropriate bookings.

I have booked a follow up with this patient in 10 days to review the results. He and his family have been advised to contact me immediately if he has another “spell” or to present to the ER where we can complete testing when the patient is _____[Blank 9].

Thank you for this most interesting referral. I will be in touch after I have reviewed the patient.

Martin Lewis, MD, Neurology

Note: Report samples (H5P and Pressbooks) are to encourage learners to identify correct medical

terminology and do not represent the Association for Health Documentation Integrity (AHDI) formatting standards.

Check your answers: ³

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Medical Terms in Context

Place the following medical terms in context to complete the scenario below:

Neurological System – Follow Up Report (Text version)

Use the words below to fill in the follow-up report:

- electroencephalogram
- balance
- pathology
- vertigo
- coordination
- white matter
- hemorrhagic
- wasting
- calcifications
- mass
- somnolence
- symptomatic

PATIENT NAME: Randy NORTON

AGE: 74

SEX: Male

DOB: October 14

DATE OF ASSESSMENT: January 18

ASSESSING PHYSICIAN: Martin Lewis, MD, Neurology

REASON FOR ASSESSMENT: Follow up assessment of cognitive changes and testing.

HISTORY: This 74-year-old patient was seen in consultation 10 days ago for assessment of cognitive changes. He underwent prescribed testing in the forms of cerebral MRI, _____[Blank 1] (EEG) and blood was drawn for CBC and chem panel. The patient was seen by our local ENT for inner ear and _____[Blank 2] testing. Test results showed normal hearing. No evidence of an inner ear _____[Blank 3] that might have contributed to the _____[Blank 4] or lack of balance and _____[Blank 5] reported as part of the presenting symptoms.

TEST RESULTS: Cerebral MRI reveals a few T2 hyperintensities in the _____[Blank 6] in the left temporal lobe. The right hemisphere shows some diffuse _____[Blank 7] and some occipital wasting. There are multiple, small dark _____[Blank 8] areas and a few areas indicative of ischemia.

EEG: This showed some depressive effect indicative of an encephalopathy. The patient did not sleep during the exam but did show some signs of _____[Blank 9]. CBC and chem panels were normal.

IMPRESSIONS: This patient present with testing result that may be warning for Alzheimer wasting and also, some localized hemorrhagic events that have since stopped. This type of “leakage” is often not _____[Blank 10], and I do not feel that they are connected to his presenting complaints. I see no signs of tumor or _____[Blank 11] formation nor infectious process.

On repeat verbal assessment, the patient reports he has not experienced any more of the spells. We will follow him closely in regards to the _____[Blank 1]2 with a repeat MRI and perhaps a CT also in 3 months for results comparison to see whether the wasting has advanced or receded.

Thank you for asking me in on this most interesting case.

Martin Lewis, MD, Neurology

Note: Report samples (H5P and Pressbooks) are to encourage learners to identify correct medical terminology and do not represent the Association for Health Documentation Integrity (AHDI) formatting standards.

Check your answers: ⁴

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Test Your Knowledge

Test your knowledge by answering the questions below:

Nervous System Glossary Reinforcement Activity (Text version)

1. The outer gray matter covering the forebrain, marked by wrinkles and folds known as gyri and sulci is called the _____[Blank 1].
 - a. Multipolar
 - b. Cerebral cortex
 - c. Dendrite
2. The single process of the neuron that carries an electrical signal (action potential) away from the cell body toward a target cell is called the _____[Blank 2].
 - a. Axon
 - b. Cauda equina

- c. Cerebrum
3. The large opening in the occipital bone of the skull through which the spinal cord emerges and the vertebral arteries enter the cranium is called the _____[Blank 3].
 - a. Foramen magnum
 - b. Corpus callosum
 - c. Dura mater
 4. The disruption of blood flow to the brain because blood cannot flow through blood vessels as a result of a blockage or narrowing of the vessel is called _____[Blank 4].
 - a. Ischemic stroke
 - b. Embolus
 - c. Initial segment
 5. The major region of the diencephalon that is responsible for coordinating autonomic and endocrine control of homeostasis is called the _____[Blank 5].
 - a. Hypothalamus
 - b. Myelin
 - c. Neuron

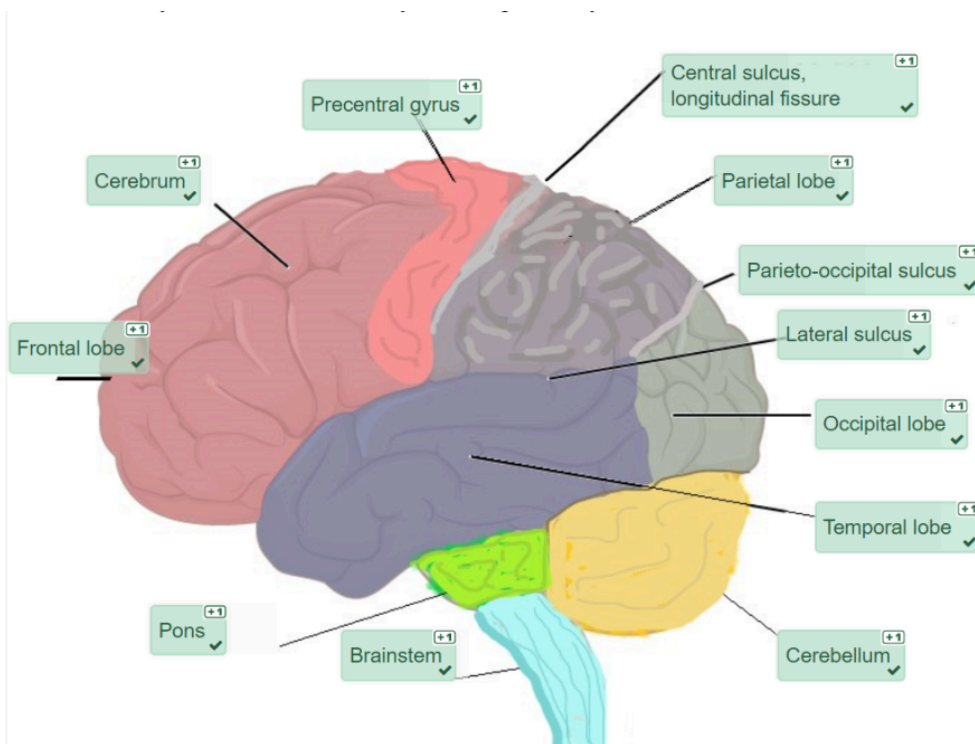
Check your answers: ⁵

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Notes



1.

Check

your answers: Nervous System Brain Anatomy labeling activity Diagram (Text Version) This diagram shows the lateral view of the brain and the major lobes which are labeled. From the front of the brain (left): **frontal lobe** is responsible for thought processes and is part of the **cerebrum**, followed by a raised surface area known as **precentral gyrus**, a deep groove known as the **central sulcus**, and another raised area known as **postcentral gyrus**. The **parietal lobe** is responsible for processes senses such as the sense of touch, followed by the **lateral sulcus** which is another deep groove on the surface of the brain. The **occipital lobe** processes visual fields and the **temporal lobe**, which is responsible for memory capacity. The **cerebellum** is responsible for balance, followed by the **brainstem** which is often referred to as the medulla oblongata, and finally is the **pons**, which is known as the bridge connecting the cerebrum to the cerebellum. The **parieto-occipital sulcus** is a deep groove on the surface of the cerebrum.

2. 1.festination, 2.fatigue, 3.depression, 4.cognition, 5.rigidity, 6.postural, 7.dwngoing, 8.q.i.d,
3. 1.cognition, 2.dementia, 3.blurred, 4.hypertension, 5.dwngoing, 6.neurological, 7.stroke, 8.MRI, 9.symptomatic
4. 1.electroencephalogram, 2.balance, 3.pathology, 4.vertigo, 5.coordination, 6.white matter, 7.calcifications, 8.hemorrhagic, 9.somnolence, 10.symptomatic, 11.mass, 12.wasting
5. 1. a) Cerebral cortex, 2.a) Axon, 3. a) Foramen magnum, 4. a) Ischemic stroke, 5. a) Hypothalamus