

LEVEL 3 ANATOMY AND PHYSIOLOGY

MODULE 8 THE NERVOUS SYSTEM

ASSESSMENT WORKBOOK





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| DELEGATE NAME |
| CIBTAC REGISTRATION NUMBER |



LEVEL 3 ANATOMY AND PHYSIOLOGY - MODULE 8 THE NERVOUS SYSTEM

ASSESSMENT WORKBOOK

Write your answers in the table below. The spacing will expand as you type.

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| **LEARNING OBJECTIVES** **5.1 to explain the structure and function of the nervous system**  |
| **QUESTION L3 A&P M8/01****In your own words,** BRIEFLY describe the structure and function of the component parts of the nervous system listed below.  |
| **YOUR ANSWER*** the central nervous system
* the peripheral nervous system and its sub-categories
* the spinal nerves
* the medulla oblongata
* the pons
* the thalamus
* the hypothalamus
* the cerebellum
* the amygdala
* the corpus callosum
* the meninges
 | **TUTOR COMMENT** |
| **QUESTION L3 A&P M8/02**Use bullet points to list the function of each of the lobes of the cerebral cortex.  |
| **YOUR ANSWER** * the frontal lobe
*
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*
*
*
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* the parietal lobe
*
*
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*
*
* the occipital lobe
* the temporal lobe
*
*
*
 | **TUTOR COMMENTS** |

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| **QUESTION L3 A&P M8/03****In your own words**, describe the structure of a neurone. |
| **YOUR ANSWER** * the cell body
* the dendrites
* the axon
* the myelin sheath
* the synapses
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| **LEARNING OBJECTIVE** **5.2 to describe the main diseases and disorders of the nervous system** |
| **QUESTION L3 A&P M8/04**Using your notes, textbooks and internet sources, write notes to explain **(in your own words)** the causes and symptoms of the following diseases and disorders of the nervous system. |
| * neuritis
* Bell’s palsy
* neuralgia
* Parkinson’s disease
* myalgic encephalomyelitis (ME)
* cerebral palsy
* multiple sclerosis
* sciatica
* motor neurone disease
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| **You have now completed the Level 3 Anatomy and Physiology Workbook Module 8.****Check your work thoroughly and then email it in WORD Format to marking@sallydurant.com.** |
| **FOR TUTOR COMPLETION ONLY**Overall Pass Y / NAreas of referral: Actions to be taken:Date for resubmission:Tutor Signature: Name:Date work marked: Date work returned: |