

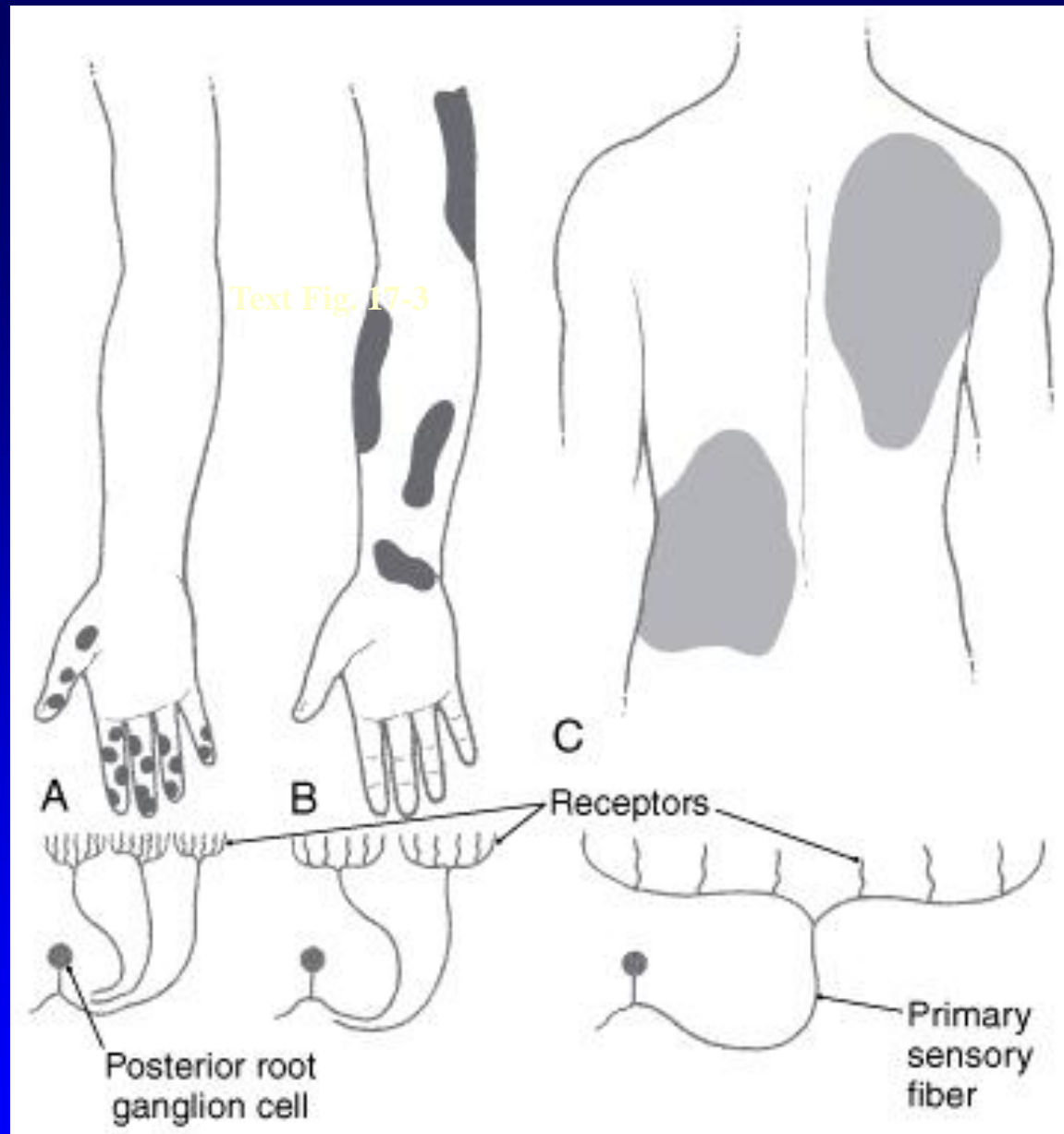
# Physiology of the sensory system

# Two-point discrimination

---

❖ **Number receptors / area**

**(receptive field of the receptor )**

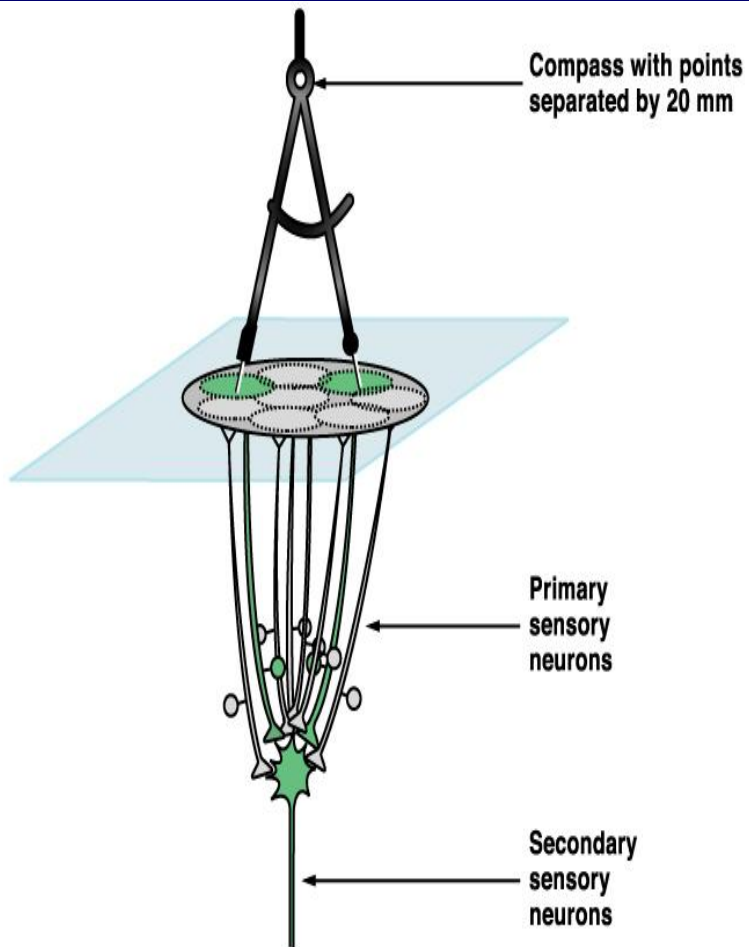


Smaller the receptive fields, greater the density of receptors.  
This relationship allows for greater discrimination in sensory inputs.

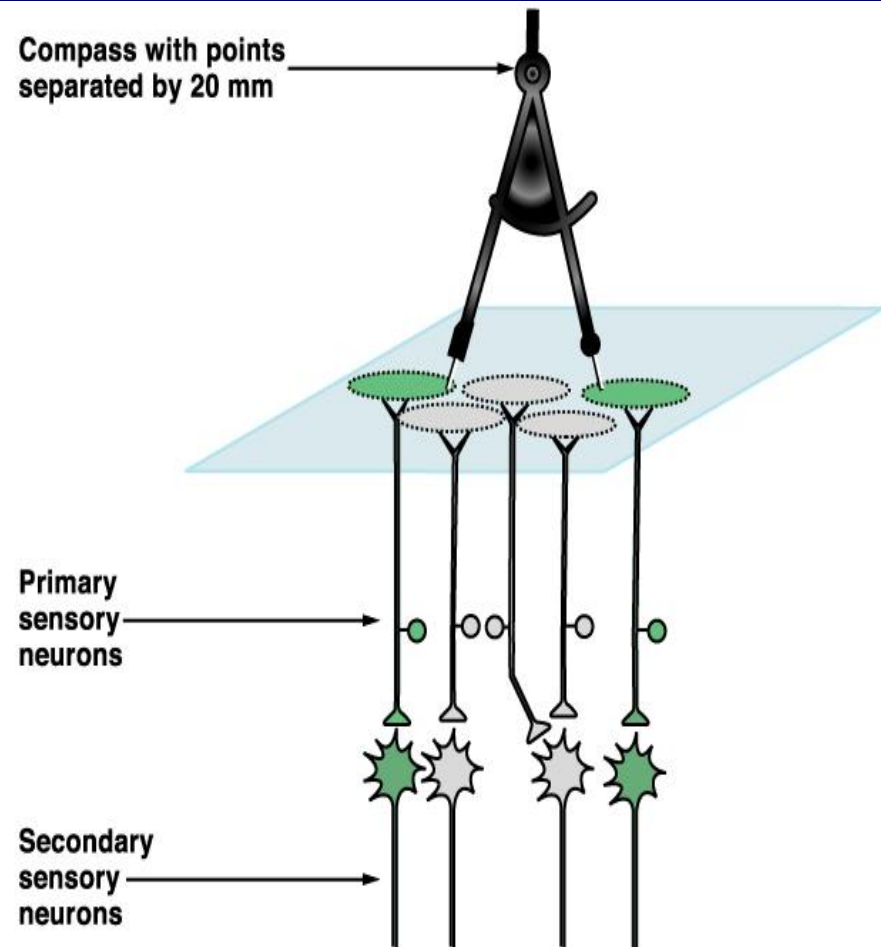
# Two-point discrimination

---

- ❖ **Number receptors / area**
- ❖ **Pathway arrangement**

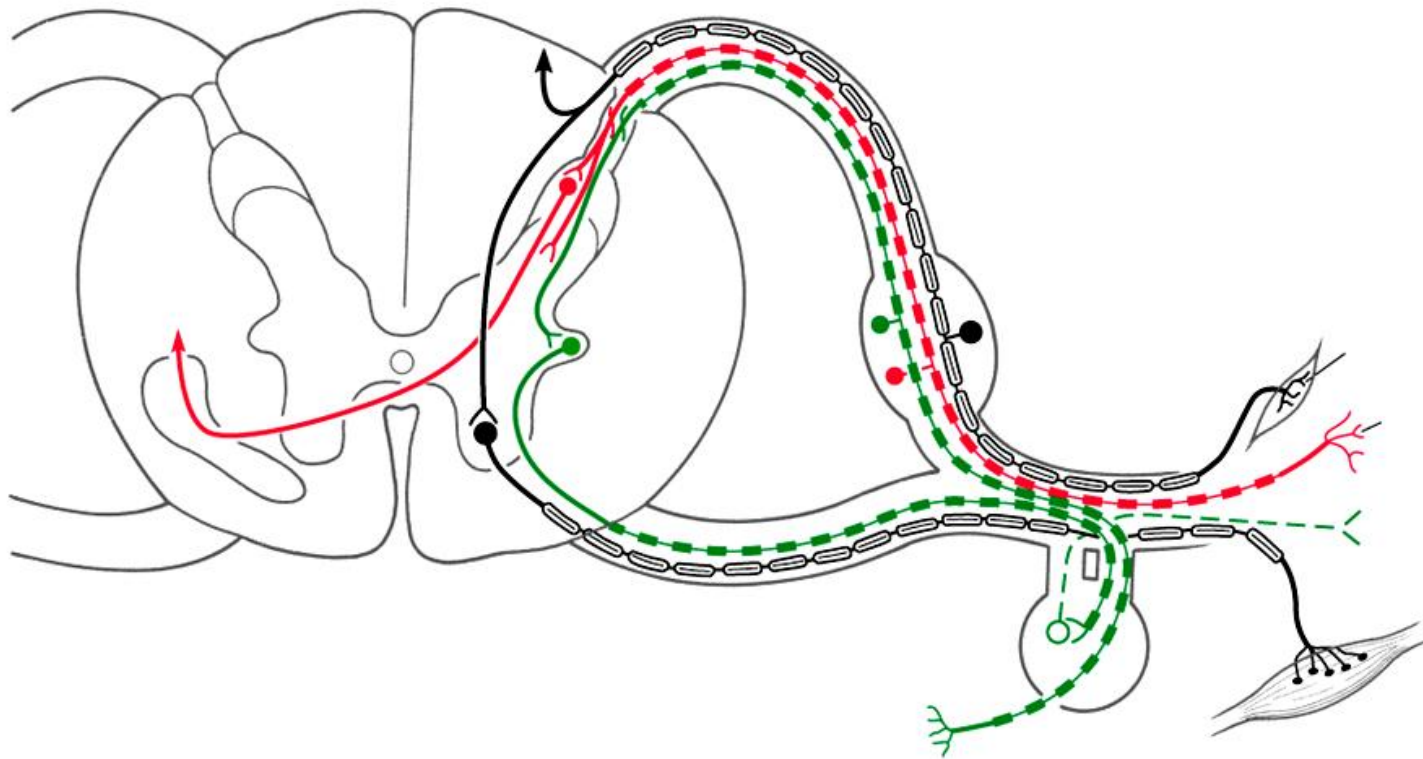


One signal goes to the brain



Two signals go to the brain

# The Spinal Nerve



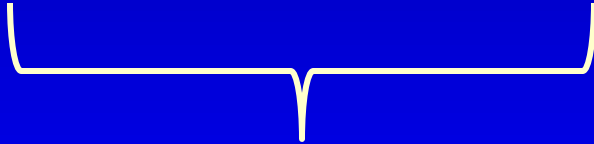
Text Fig. 9-6, Anatomical Orientation

# Sensations modalities

---

## Fast

- 2-point discrimination
- Vibration
- Proprioception



Posterior Column-Medial lemniscus  
Pathway  
(PCML)

## Slow

- Crud touch (itch & rub)
- Temperature
- Pain

# Sensations modalities

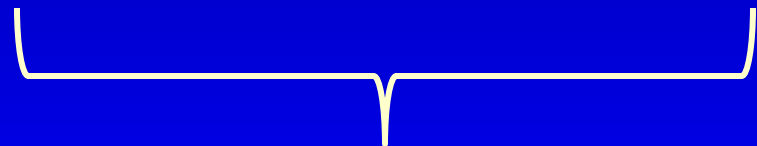
---

## Fast

- 2-point discrimination
- Vibration
- Proprioception

## Slow

- Temperature
- Crud touch (itch & rub)
- Pain



Antero-lateral system (ALS)

Other name: Spinothalamic pathway

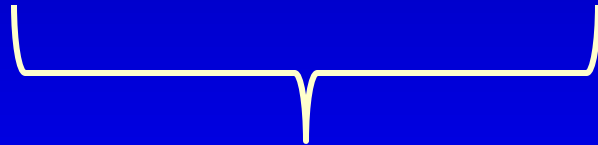


# Sensations modalities

---

## Fast

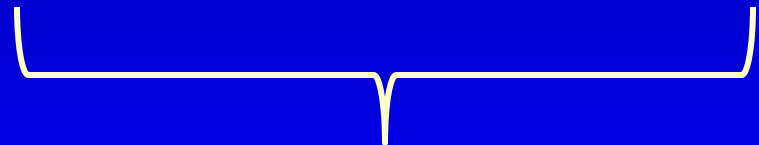
- 2-point discrimination
- Vibration
- Proprioception



Posterior Column-Medial lemniscus  
Pathway  
(PCML)

## Slow

- Temperature
- Crud touch (itch & rub)
- Pain



Antero-lateral system (ALS)  
Other name: Spinothalamic pathway

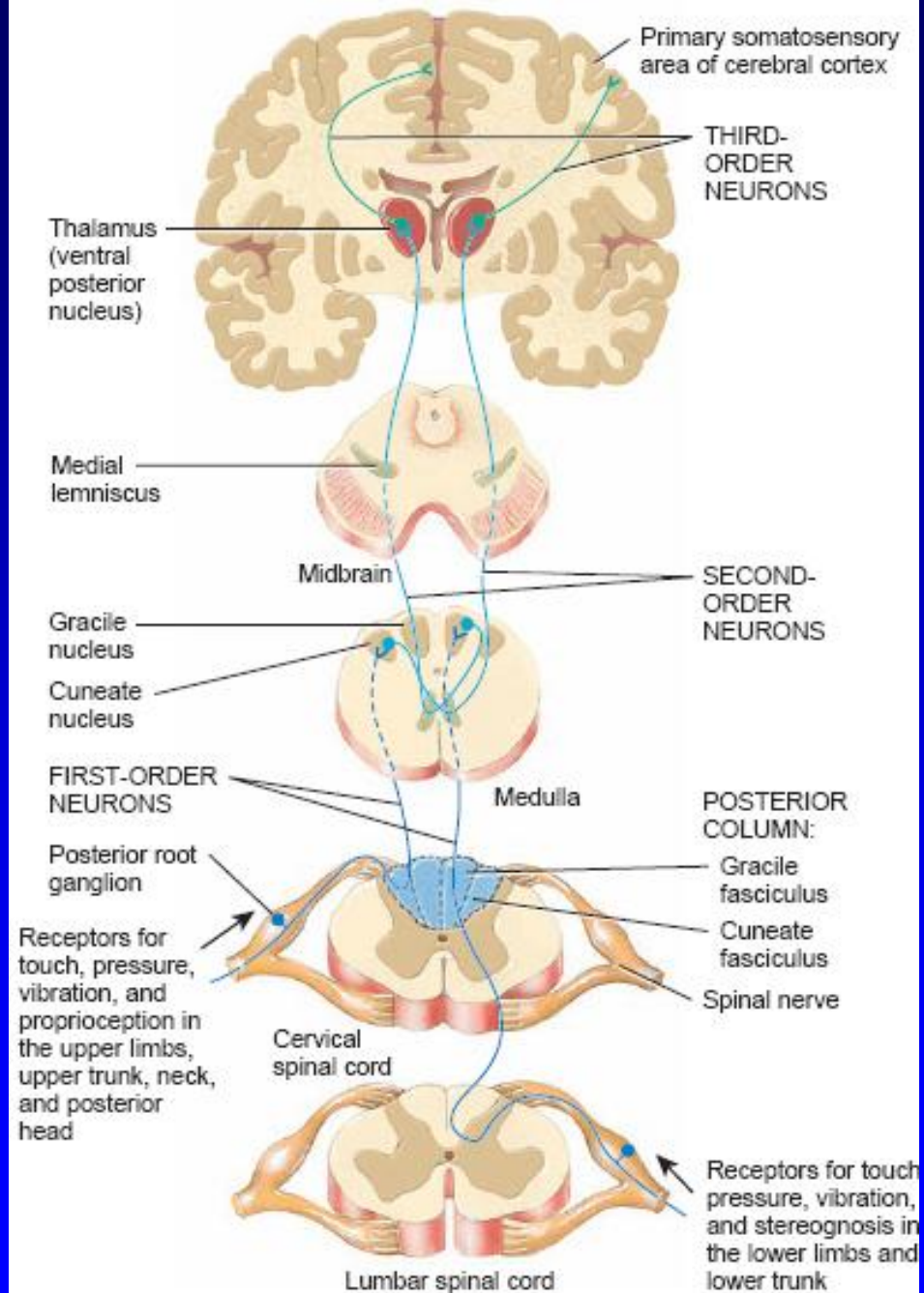
Pressure ??????

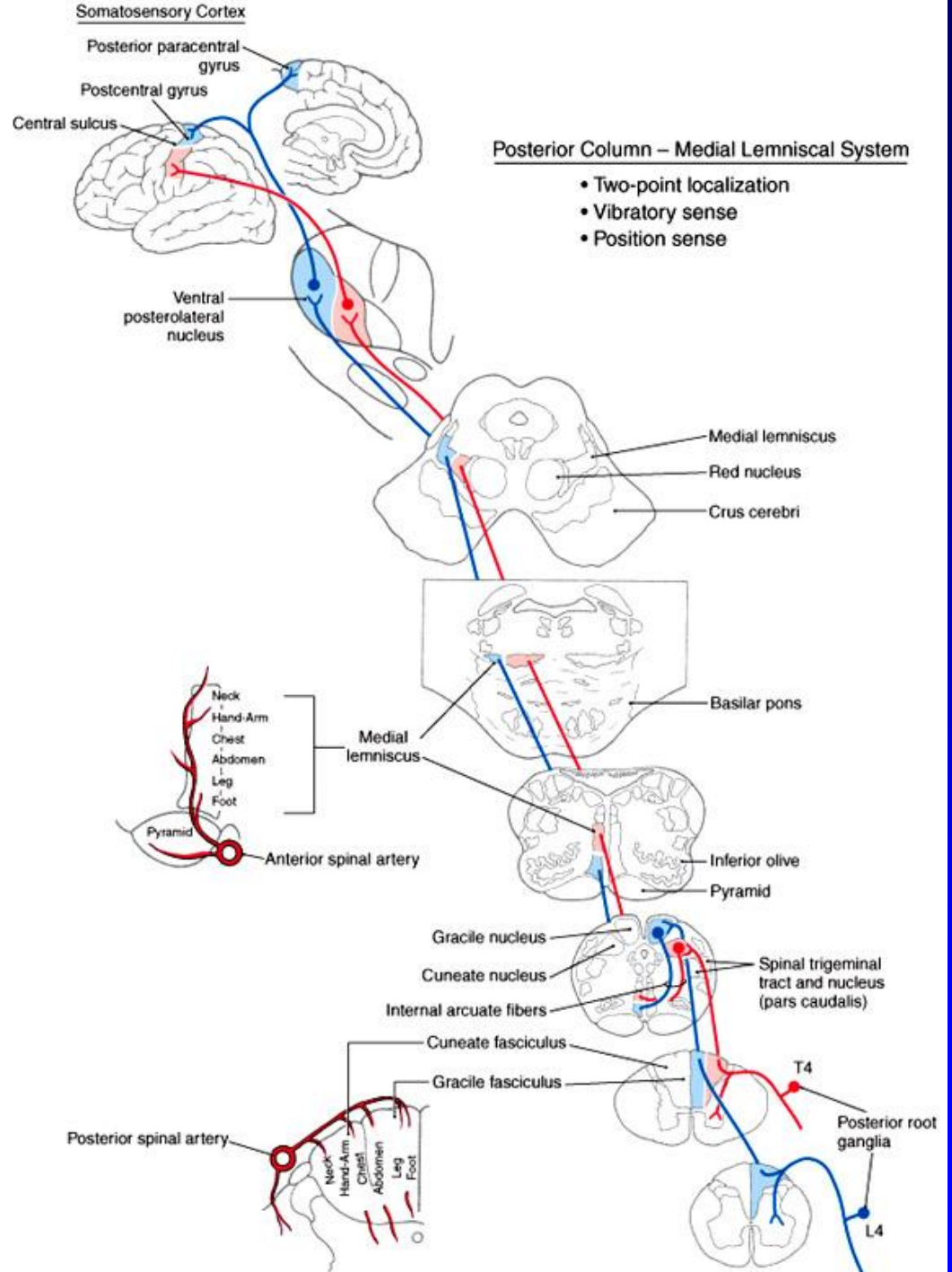
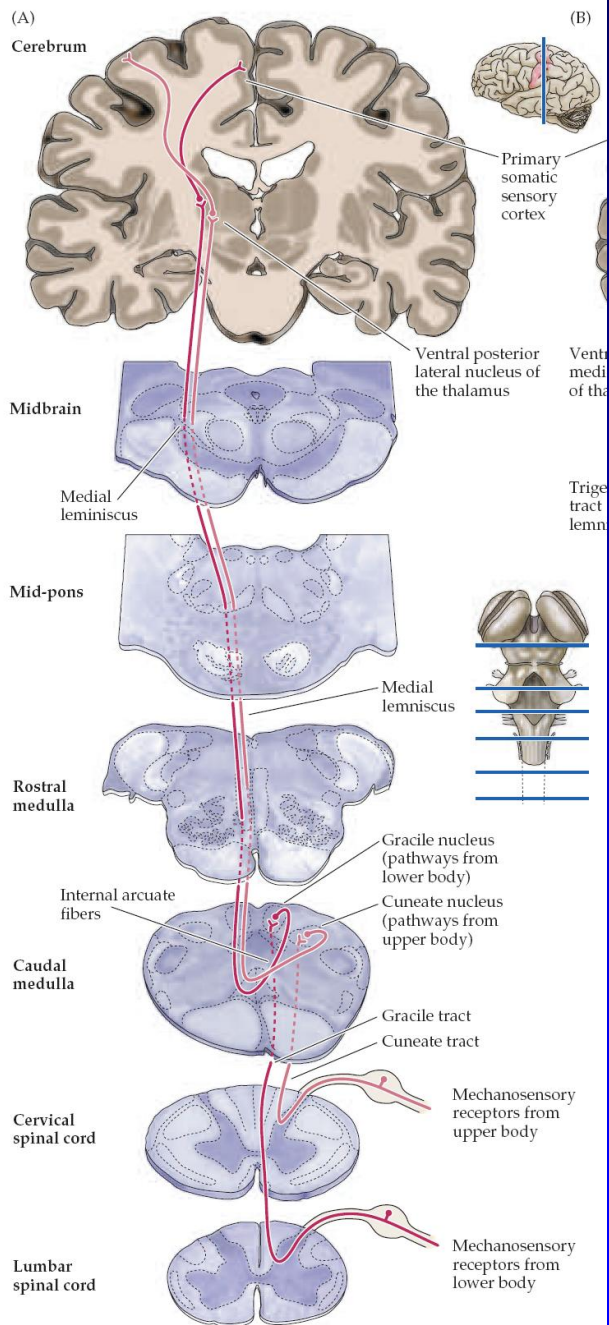
# Posterior Column-Medial lemniscus Pathway (PCML)

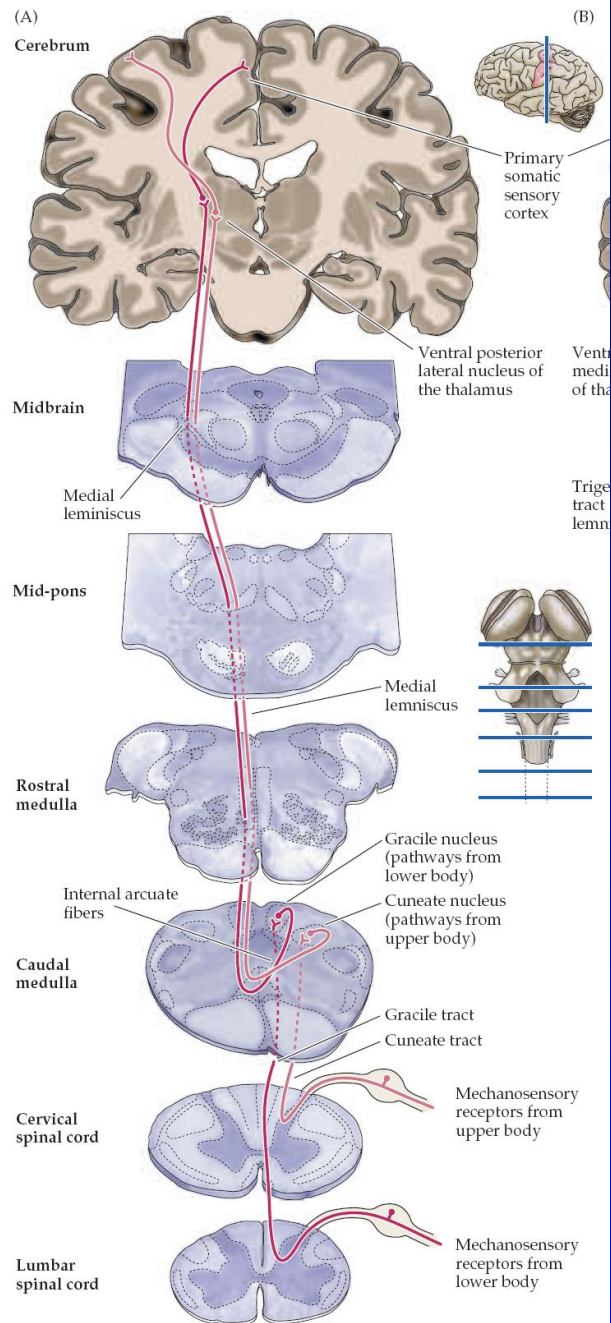
---

RIGHT SIDE  
OF BODY

LEFT SIDE  
OF BODY

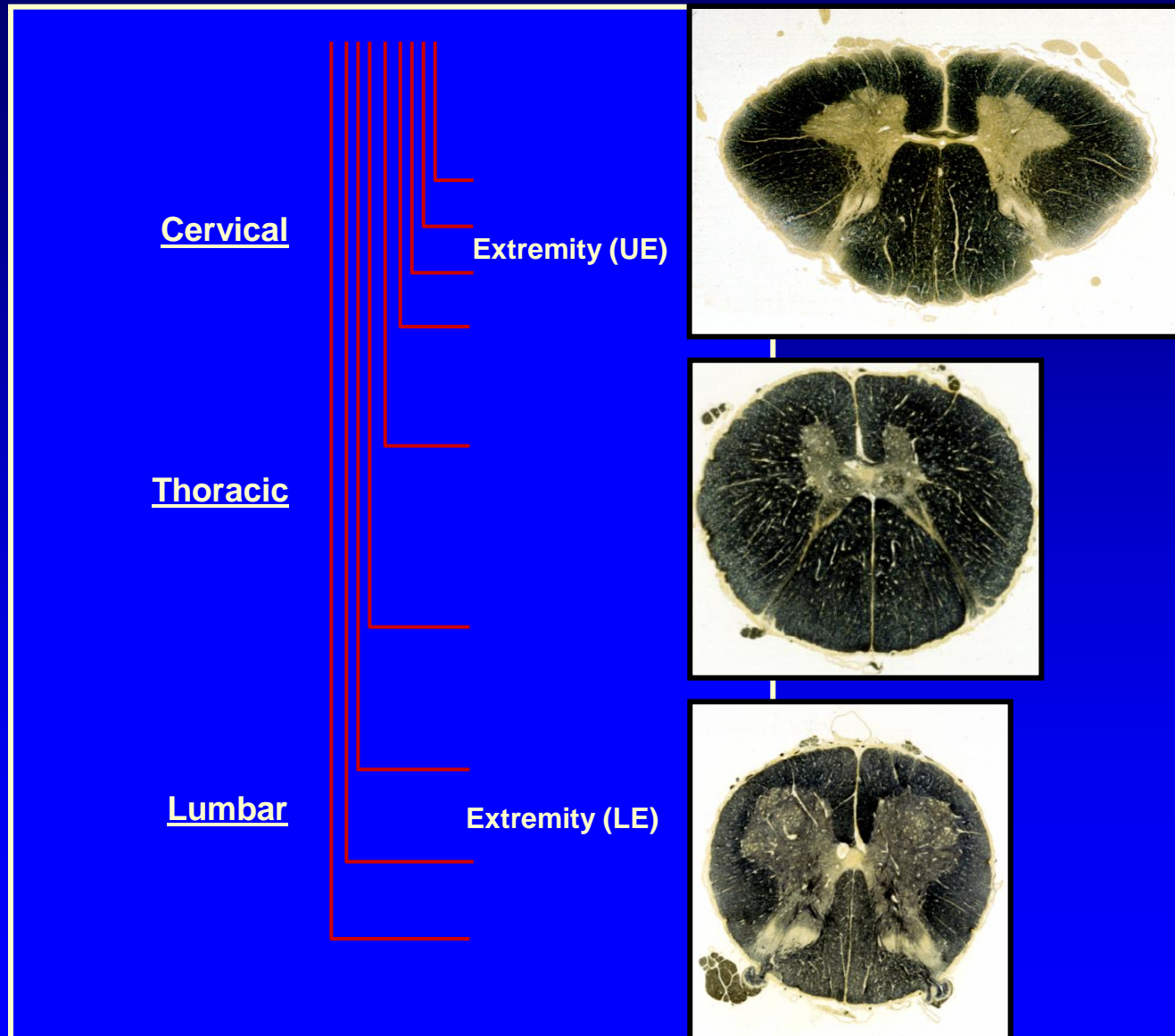




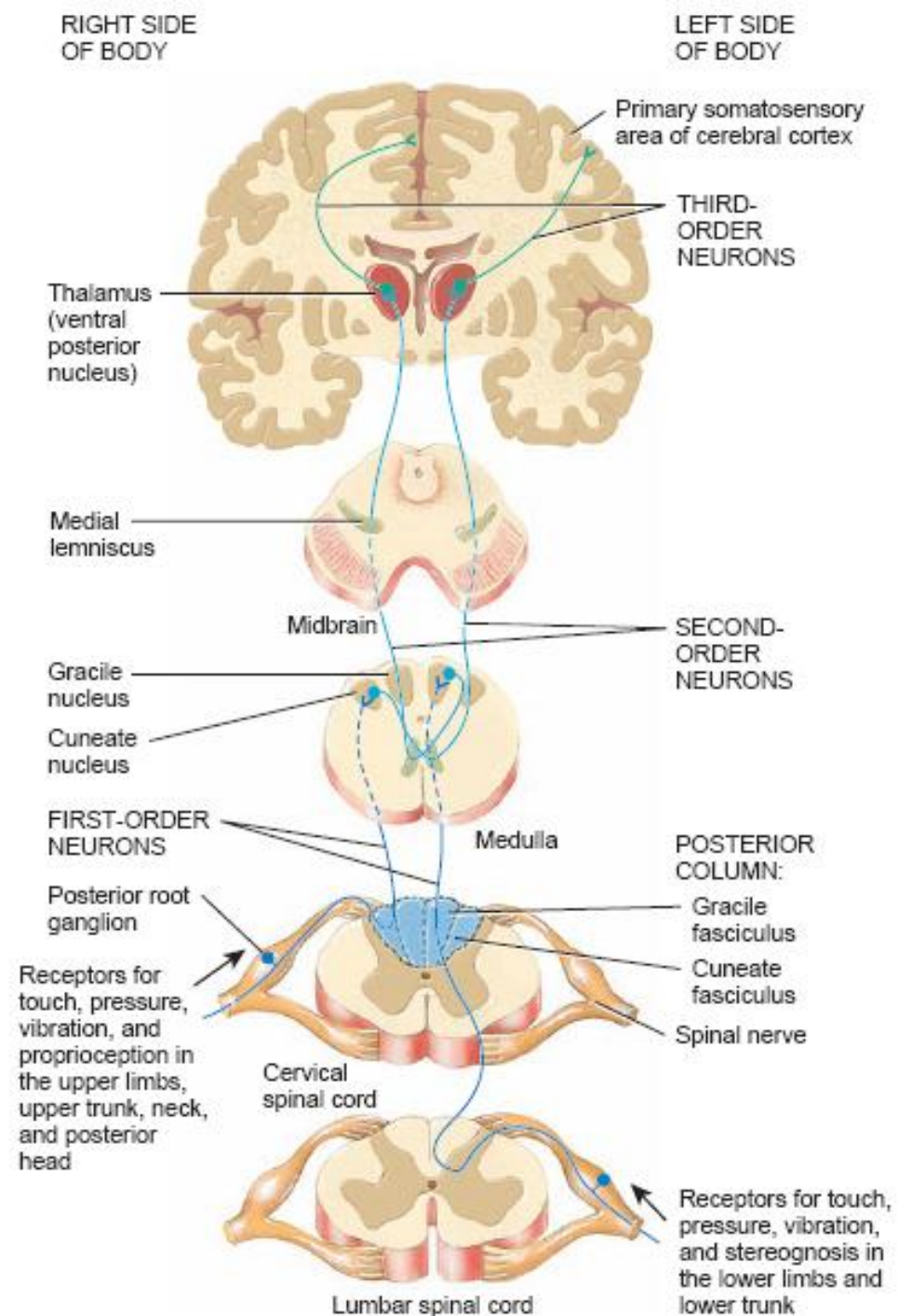
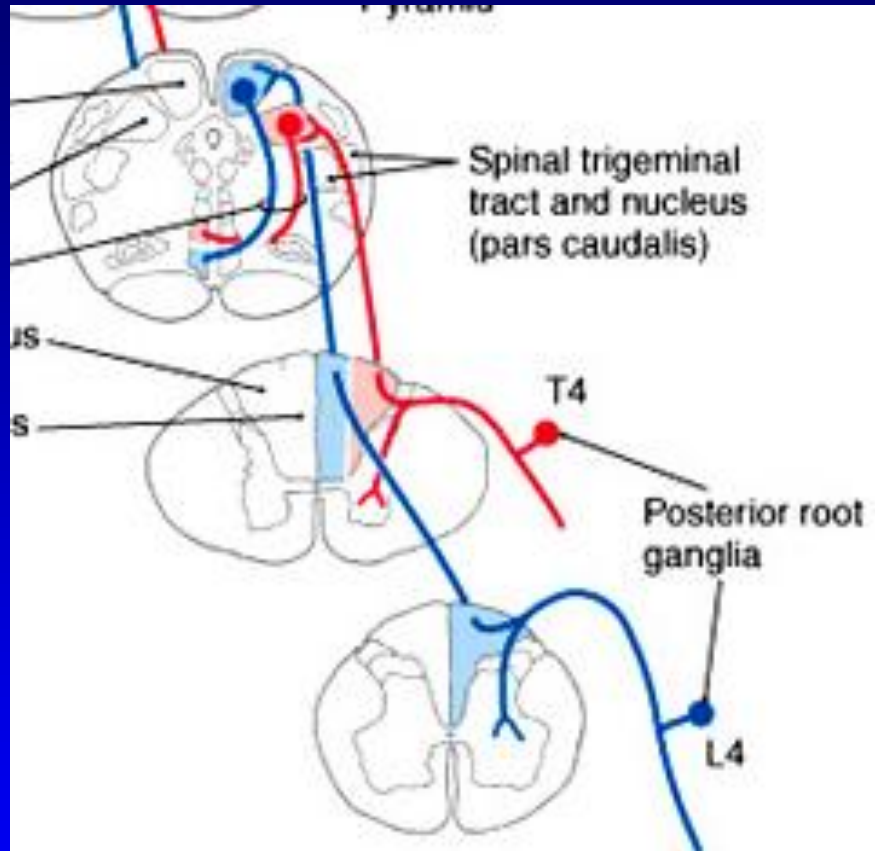




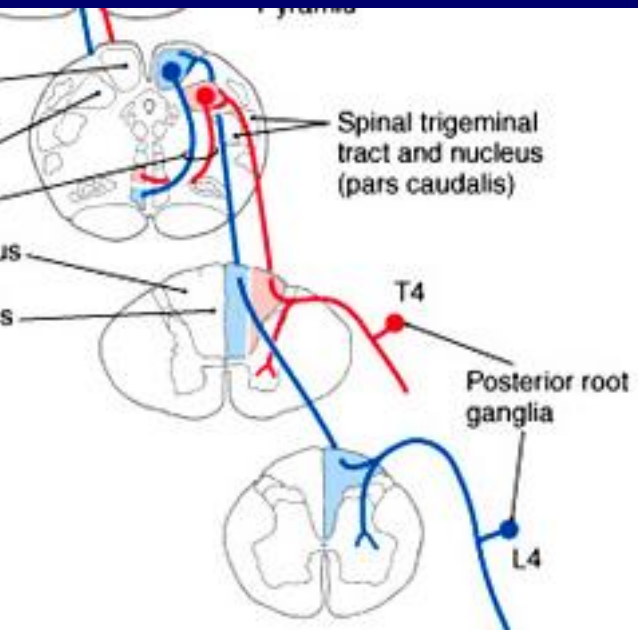
# Ascending and Descending Tracts of the Spinal Cord



# PCML Pathway



# PCML Pathway



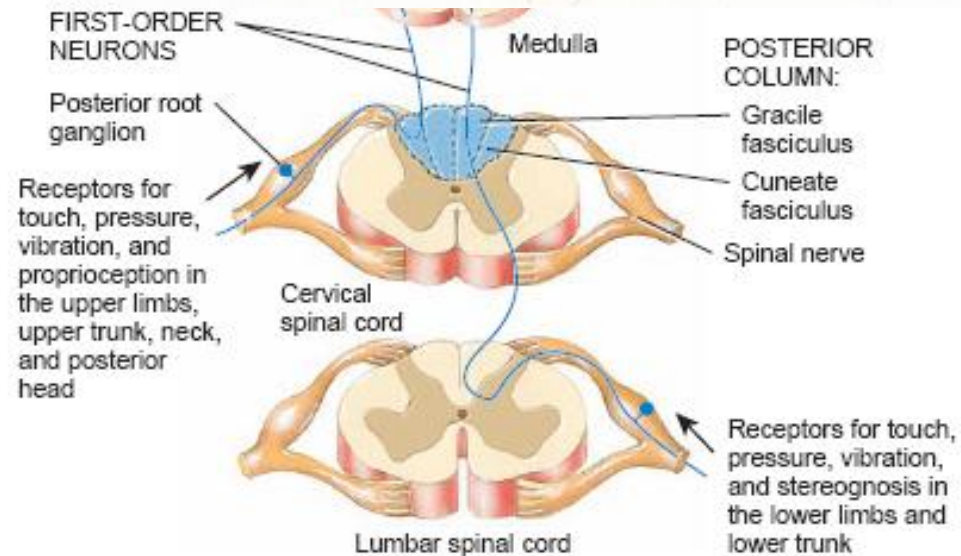
RIGHT  
OF B

Thalar  
(ventral  
posterior  
nucleus)

Medial  
lemniscus

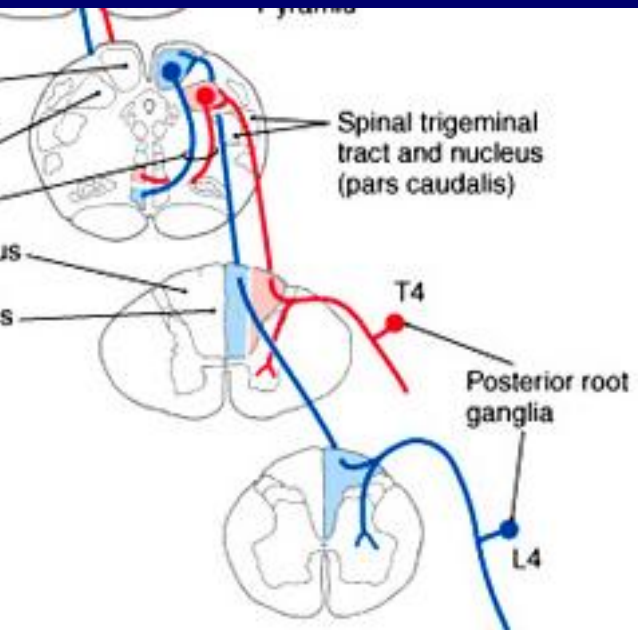
Gracile  
nucleus

Cuneate  
nucleus





# PCML Pathway



RIGHT  
OF B

Thalamus (ventral posterior nucleus)

Medial lemniscus

Gracile nucleus

Cuneate nucleus

SECOND-ORDER NEURONS

Posterior root ganglion

Receptors for touch, pressure, vibration, and proprioception in upper limbs, trunk, neck, and posterior

Medulla

POSTERIOR COLUMN:

Gracile fasciculus

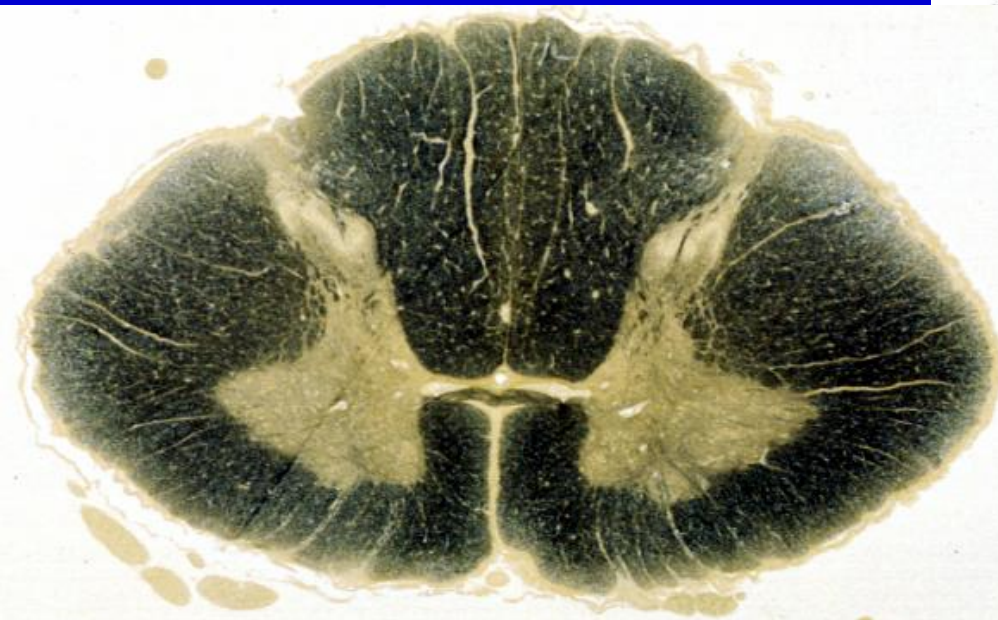
Cuneate fasciculus

Spinal nerve

Cervical spinal cord

Lumbar spinal cord

Receptors for touch, pressure, vibration, and stereognosis in the lower limbs and lower trunk





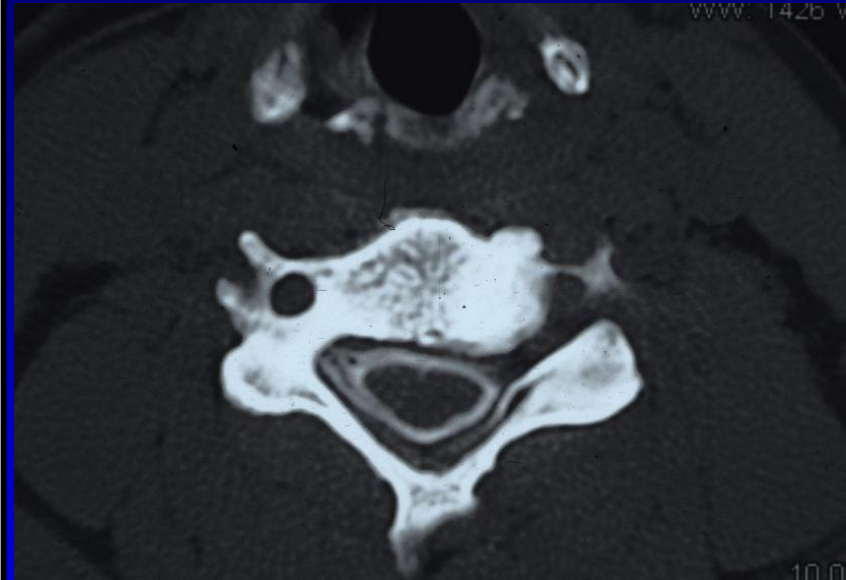
# Lumbar Levels



## Thoracic Levels

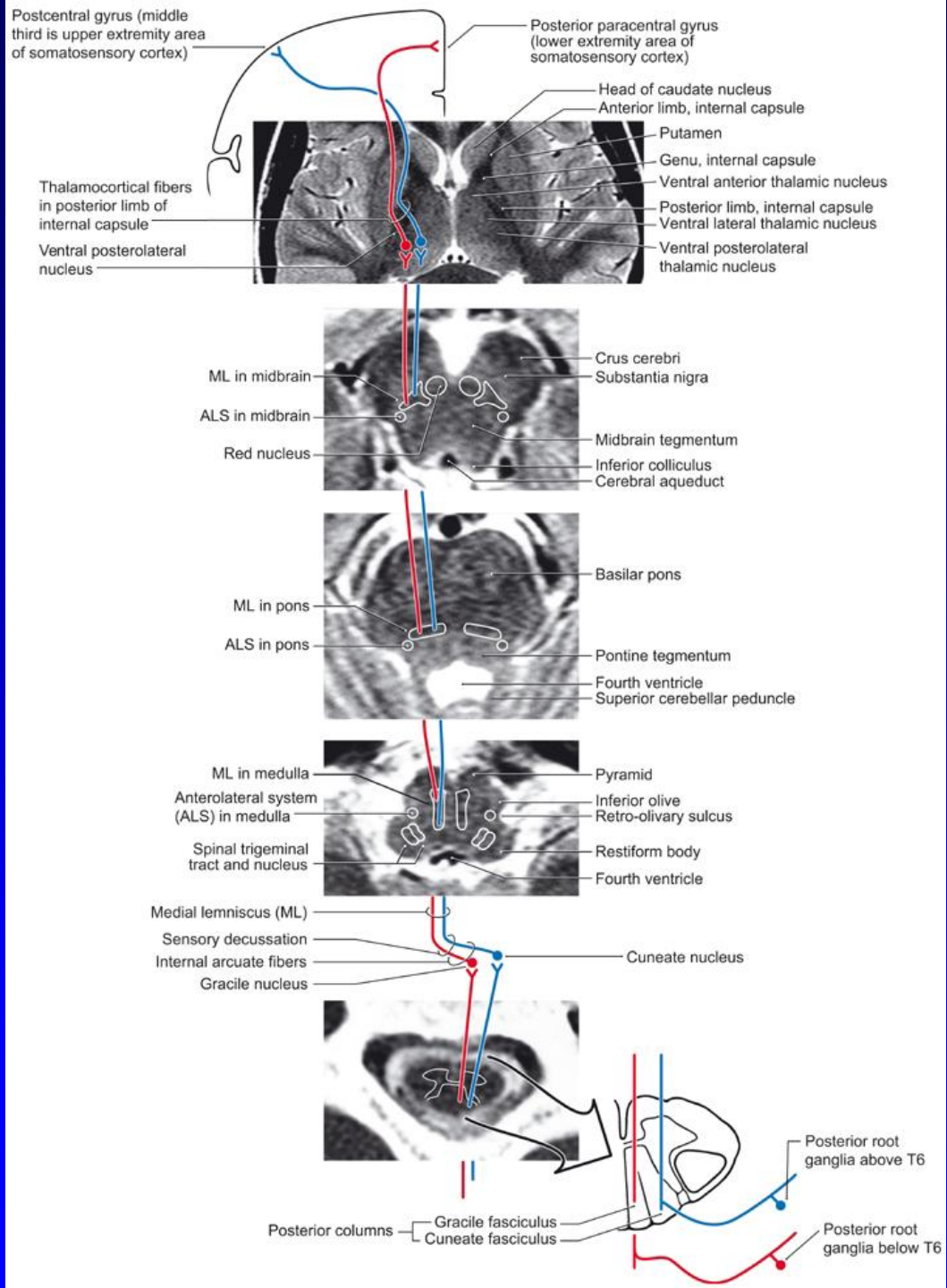


## Cervical Levels

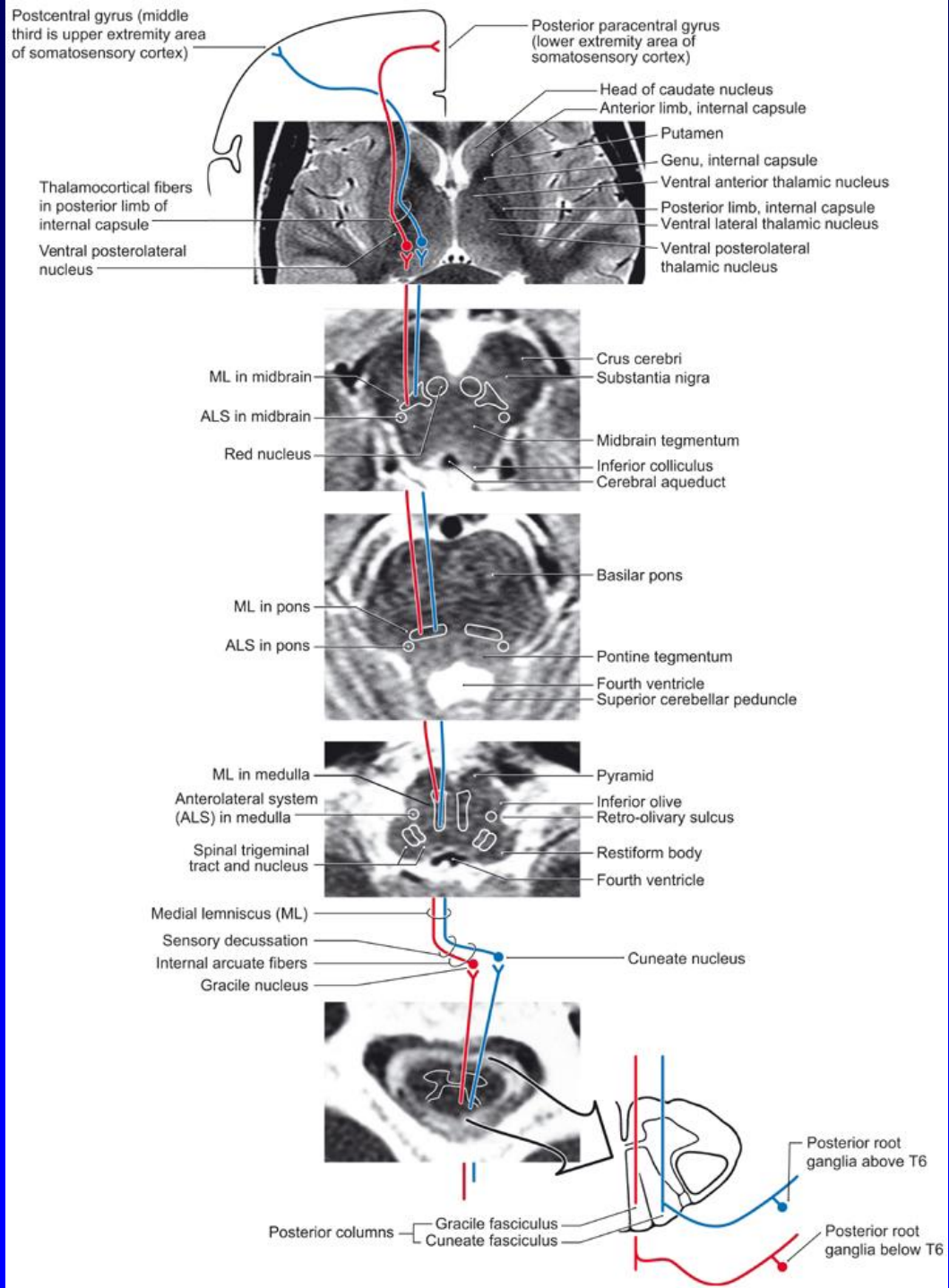




# MRI of PCML

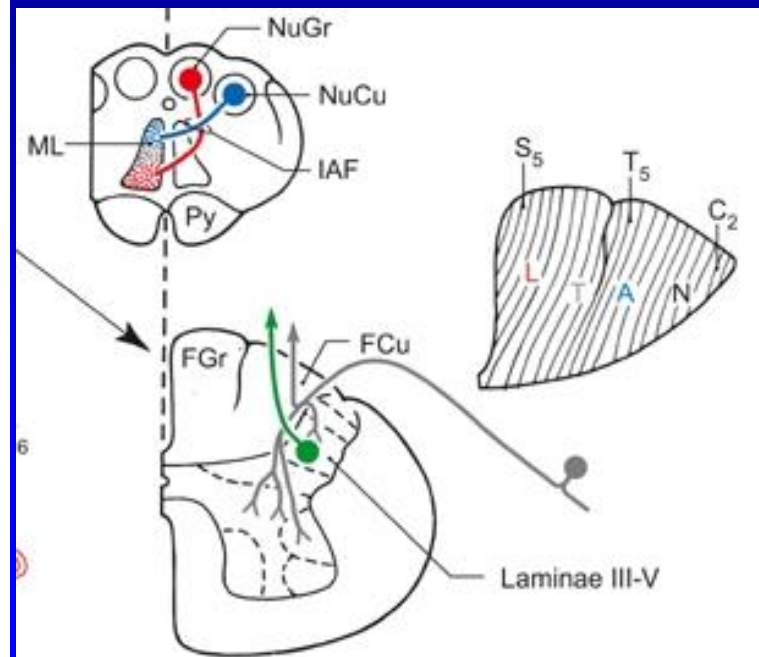
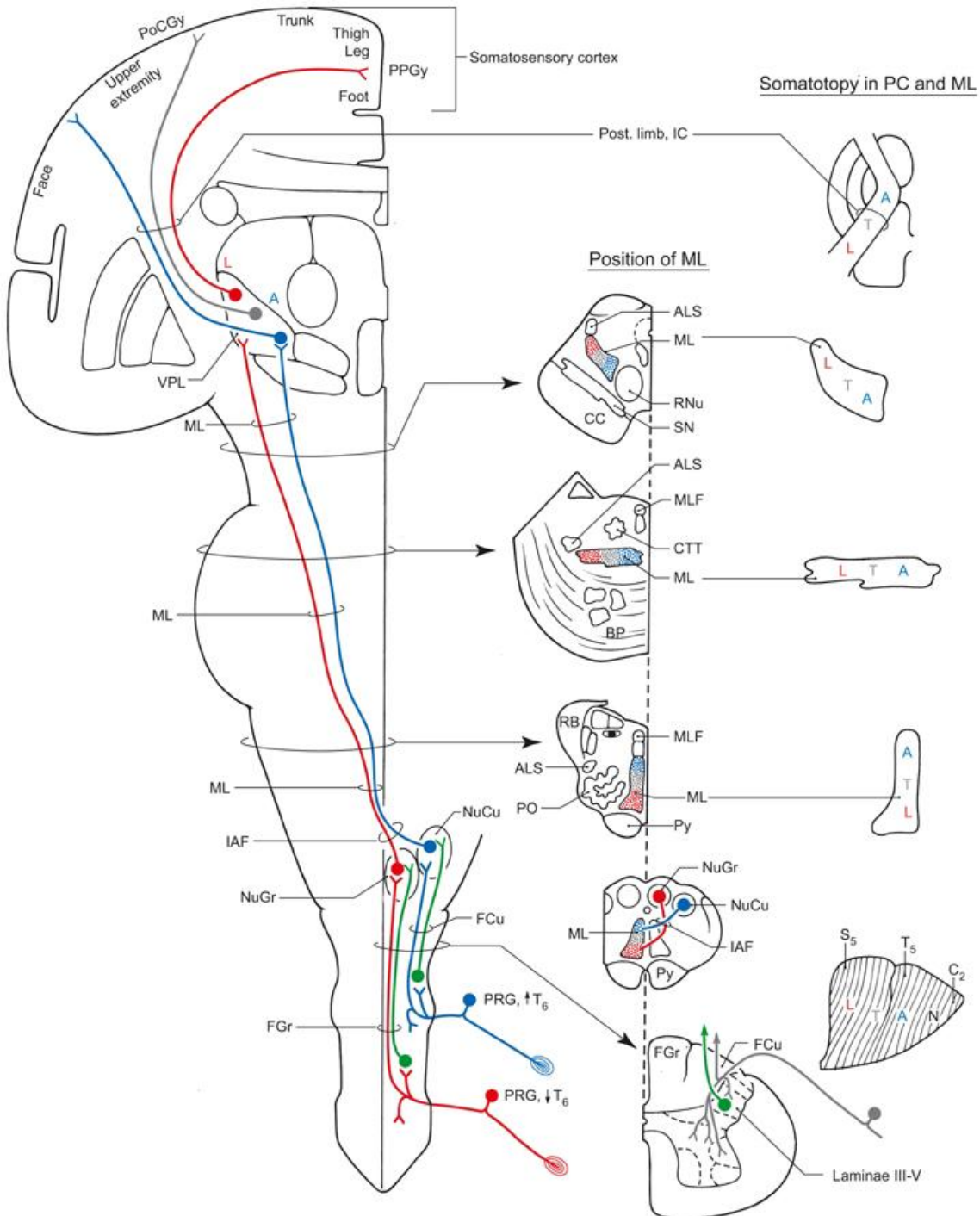


# MRI of PCML

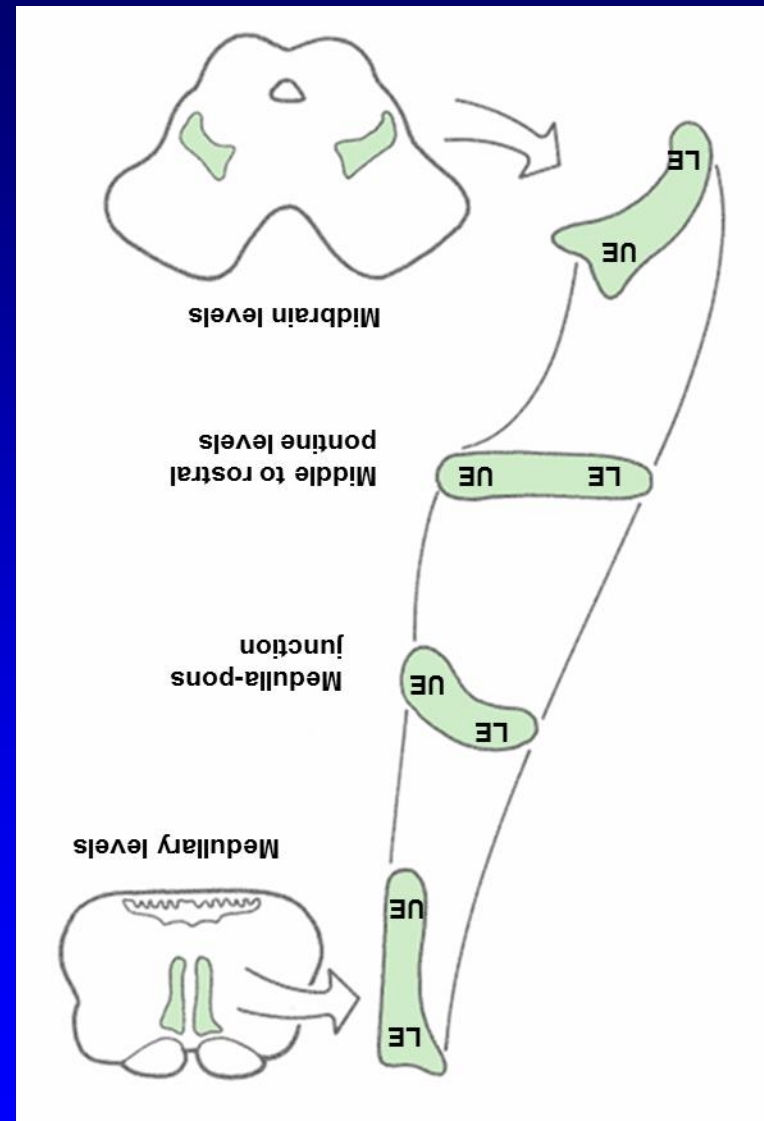
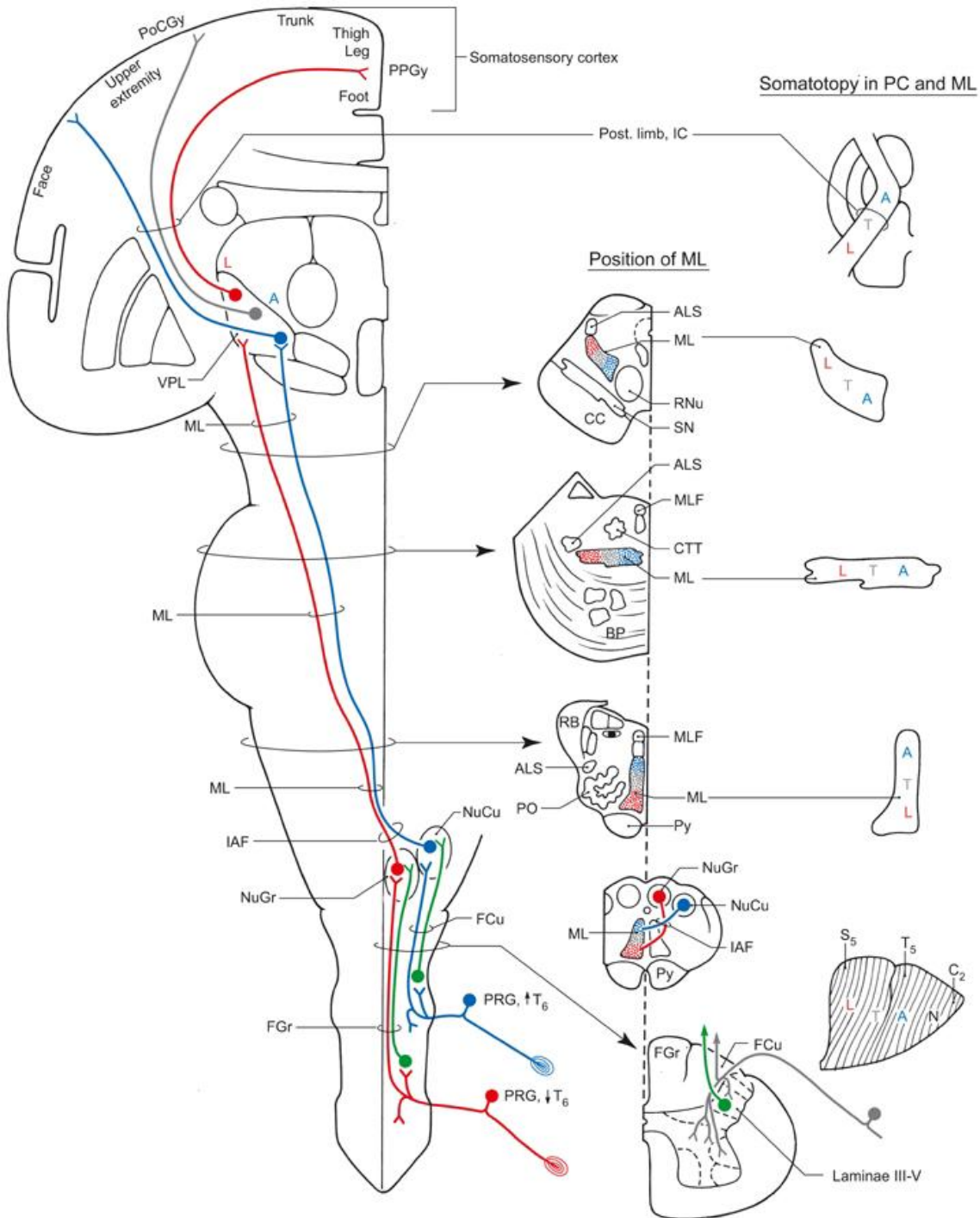


# Somatotopic organization of (PCML)

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# PCML Function

---

- 2-point discrimination
- Vibration
- Proprioception

# PCML Function

---

- 2-point discrimination
- Vibration
- Proprioception

❖ **STEREOGNOSIS**

# PCML Function

---

- 2-point discrimination
- Vibration
- Proprioception

❖ **STEREOGNOSIS**

❖ **GRAPHESTHESIA**

# PCML Function

---

- 2-point discrimination
- Vibration
- Proprioception

❖ **STEREOGNOSIS**

❖ **GRAPHESTHESIA**

❖ **Help in movement and Weight  
recognition**

# PCML lesion associated symptoms

---

- Loss of 2-point discrimination sensation
- loss of Vibration sensation
- Loss Proprioception sensation

# PCML lesion associated symptoms

---

- Loss of 2-point discrimination sensation
- loss of Vibration sensation
- Loss Proprioception sensation

❖ **ASTEREOGNOSIS / STEREOGNOSIA**

# PCML lesion associated symptoms

---

- Loss of 2-point discrimination sensation
- loss of Vibration sensation
- Loss Proprioception sensation

❖ **ASTEREOGNOSIS / STEREOGNOSIA**

❖ **AGRAPHESIA**

❖ **ANOSAGNOSIS**

❖ **SENSORY ATAXIA**



# PCML lesion associated symptoms

---

- Loss of 2-point discrimination sensation
- loss of Vibration sensation
- Loss Proprioception sensation

❖ **ASTEREOGNOSIS / STEREOGNOSIA**

❖ **AGRAPHESIA**

❖ **ANOSAGNOSIS**

❖ **SENSORY ATAXIA**

# PCML lesion associated symptoms

---

- Loss of 2-point discrimination sensation
- loss of Vibration sensation
- Loss Proprioception sensation

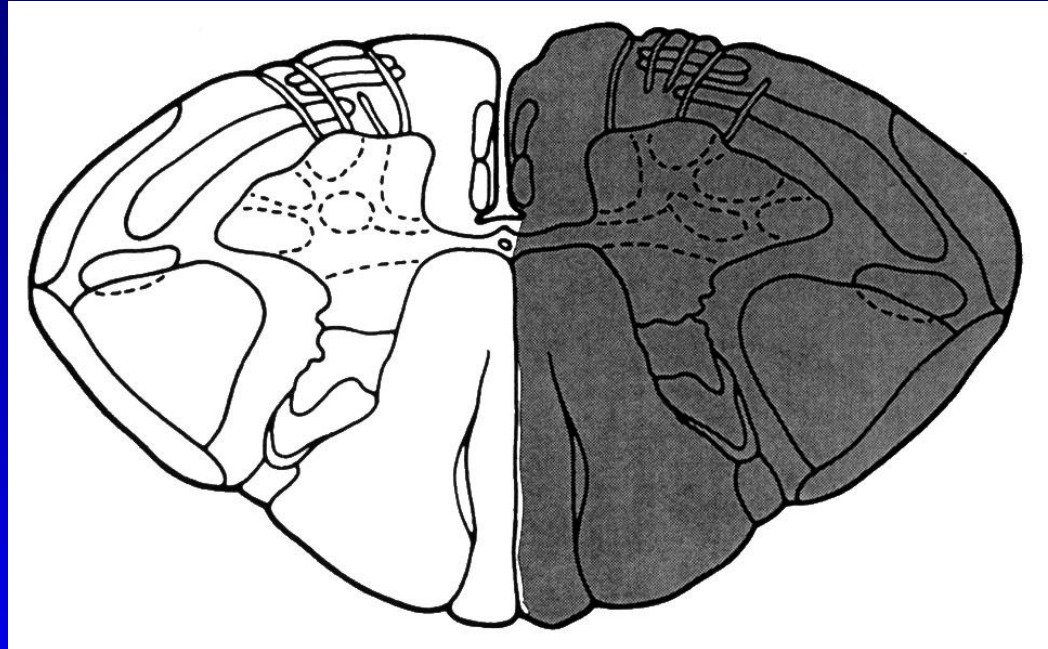
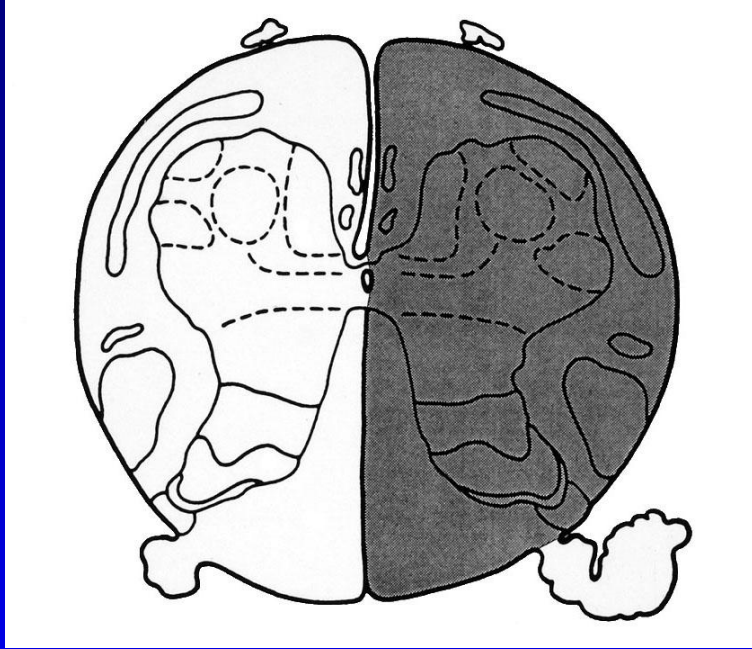
❖ **ASTEREOGNOSIS / STEREOGNOSIA**

❖ **AGRAPHESIA**

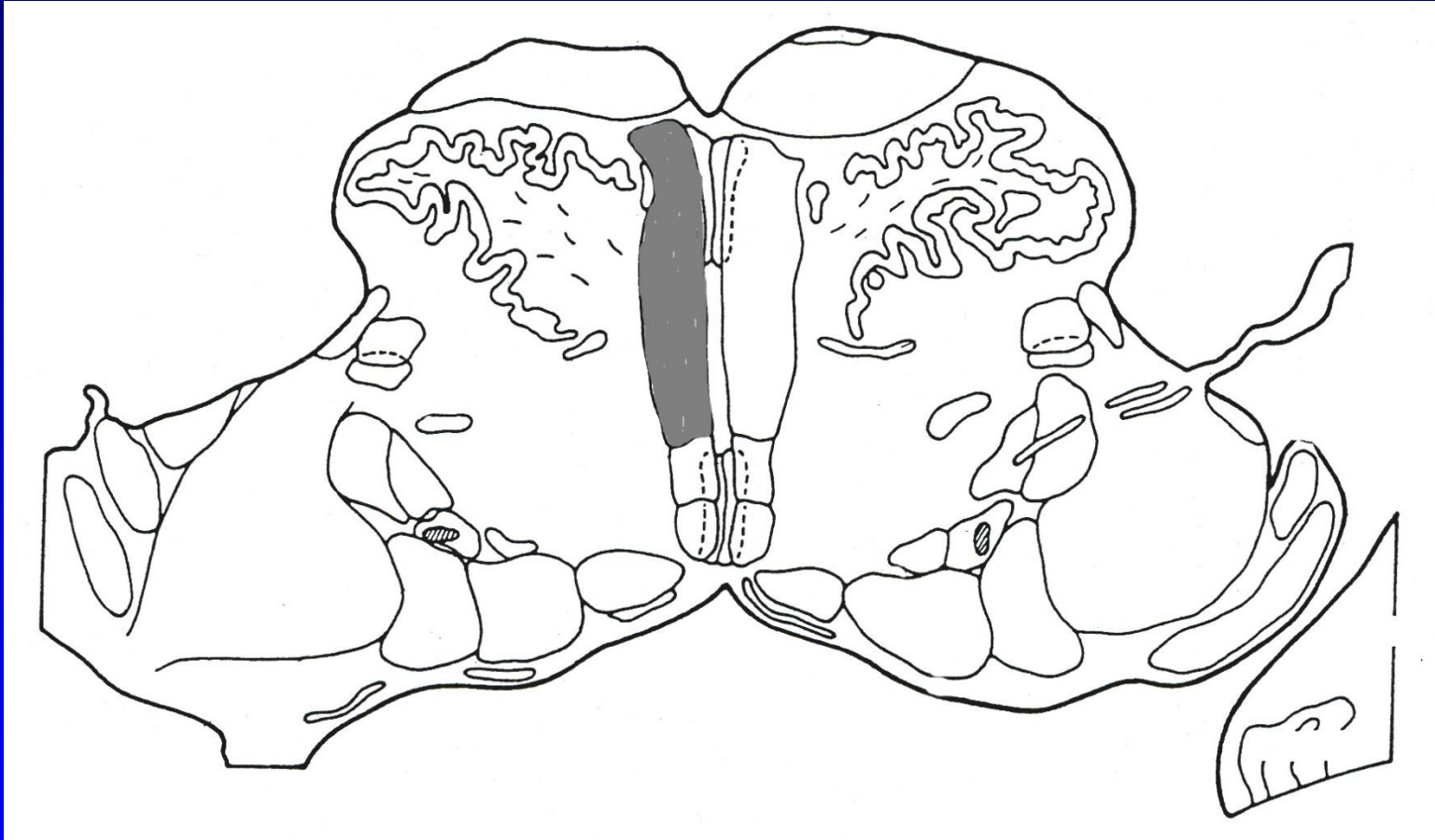
❖ **ANOSAGNOSIS**

❖ **SENSORY ATAXIA**

# Case Study



# Case Study



# Antero-lateral system (ALS)

---

# Sensations modalities

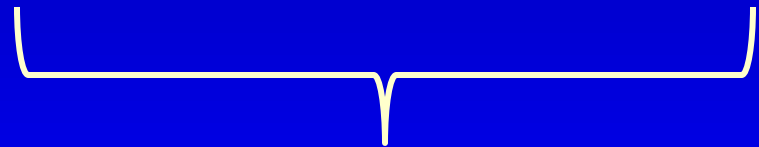
---

## Fast

- 2-point discrimination
- Vibration
- Proprioception

## Slow

- Temperature
- Crud touch (itch & rub)
- Pain

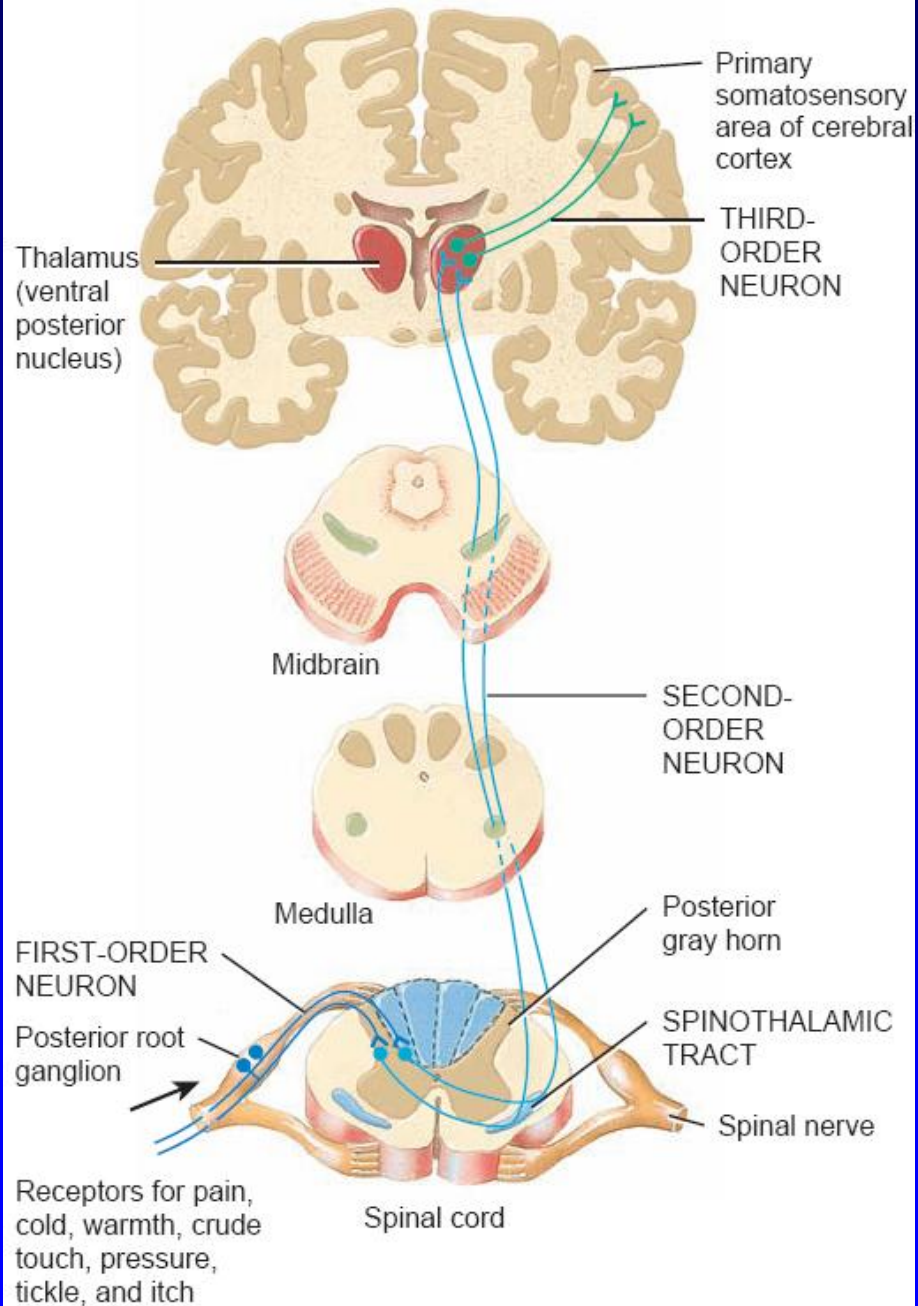


Antero-lateral system (ALS)

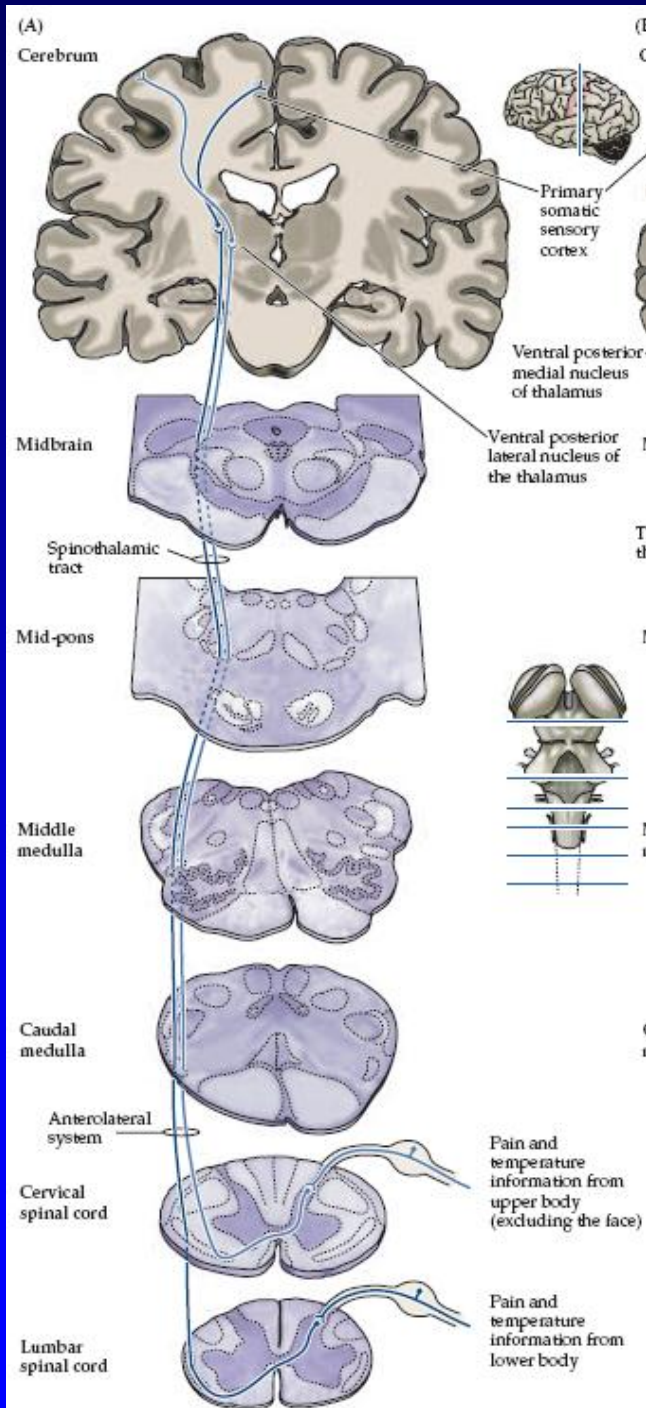
Other name: Spinothalamic pathway

RIGHT SIDE  
OF BODY

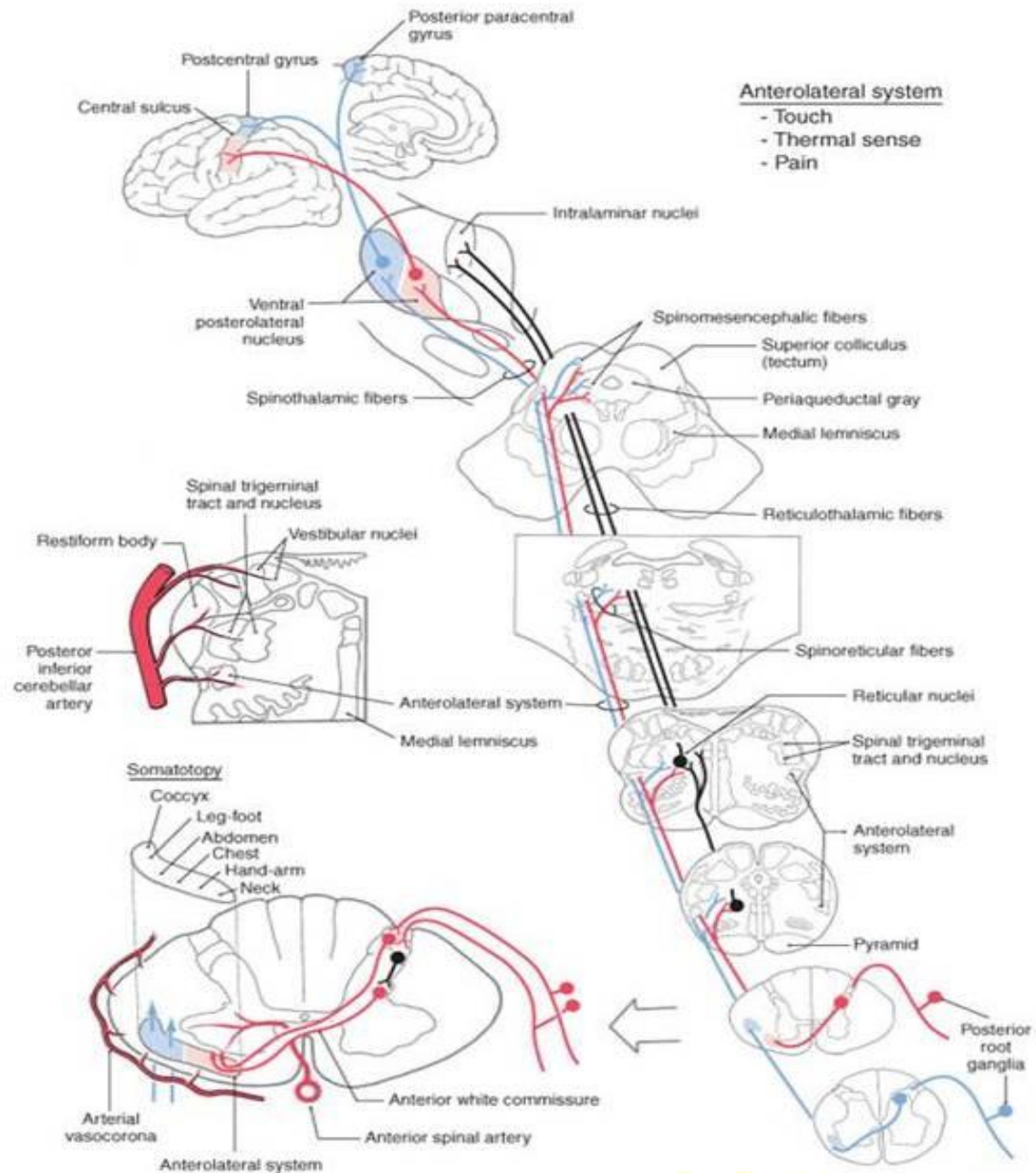
LEFT SIDE  
OF BODY





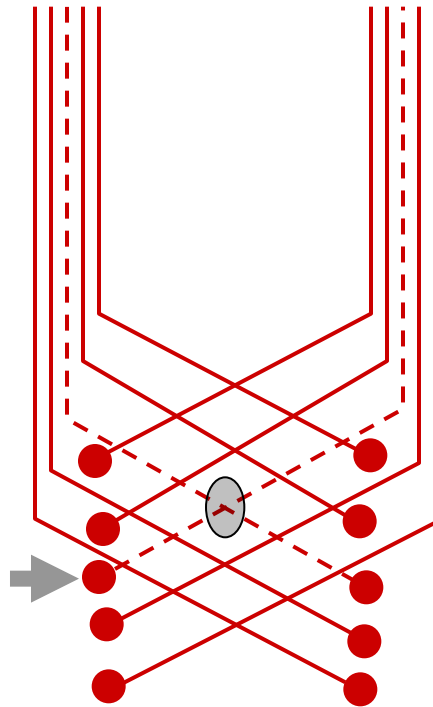




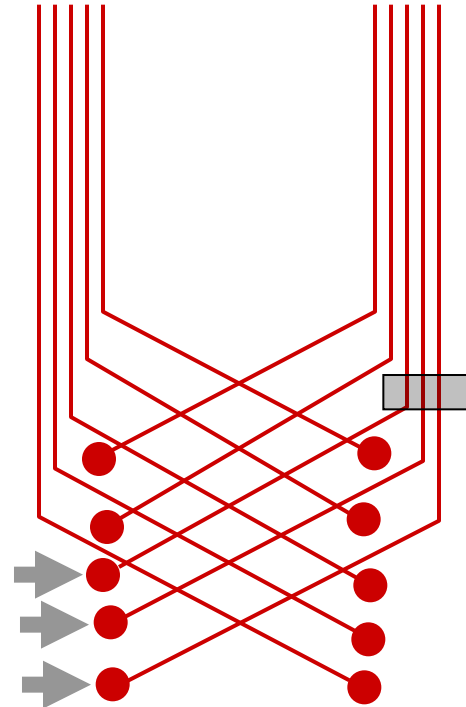


Text Fig. 18-9

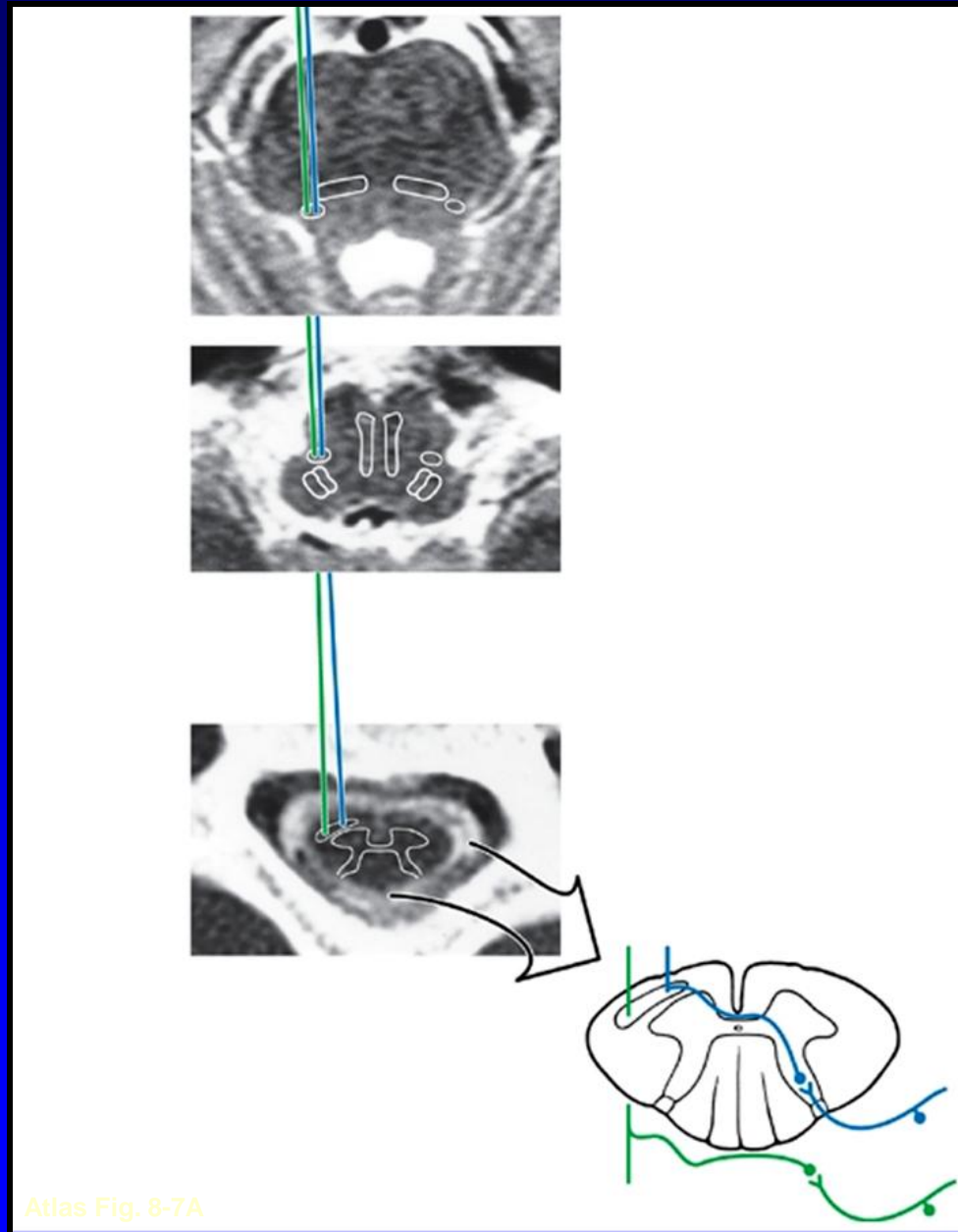
## Syringomyelia and the ALS



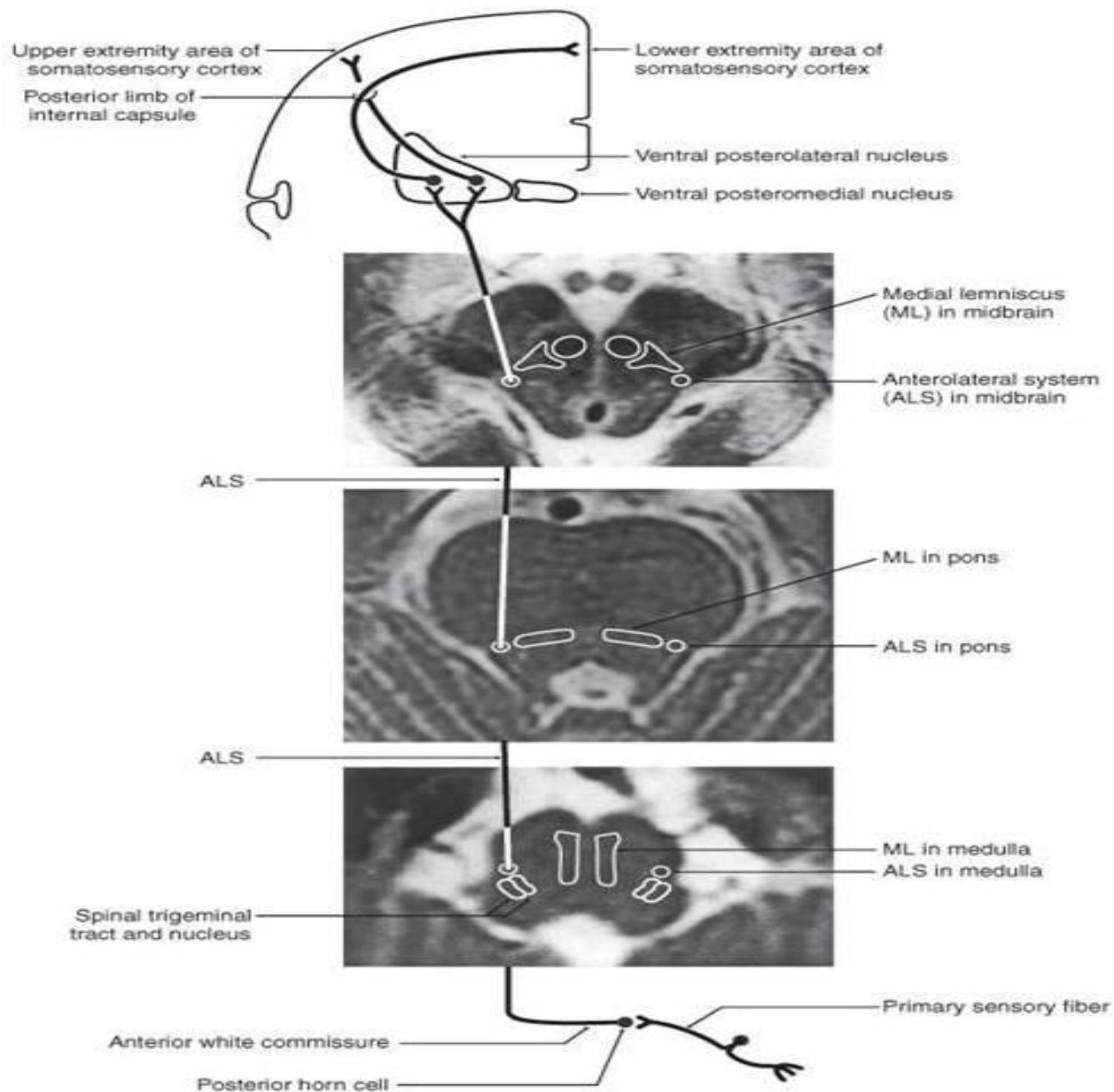
## Spinal cord Hemisection and the ALS



# The ALS in the Spinal Cord, Medulla and Pons

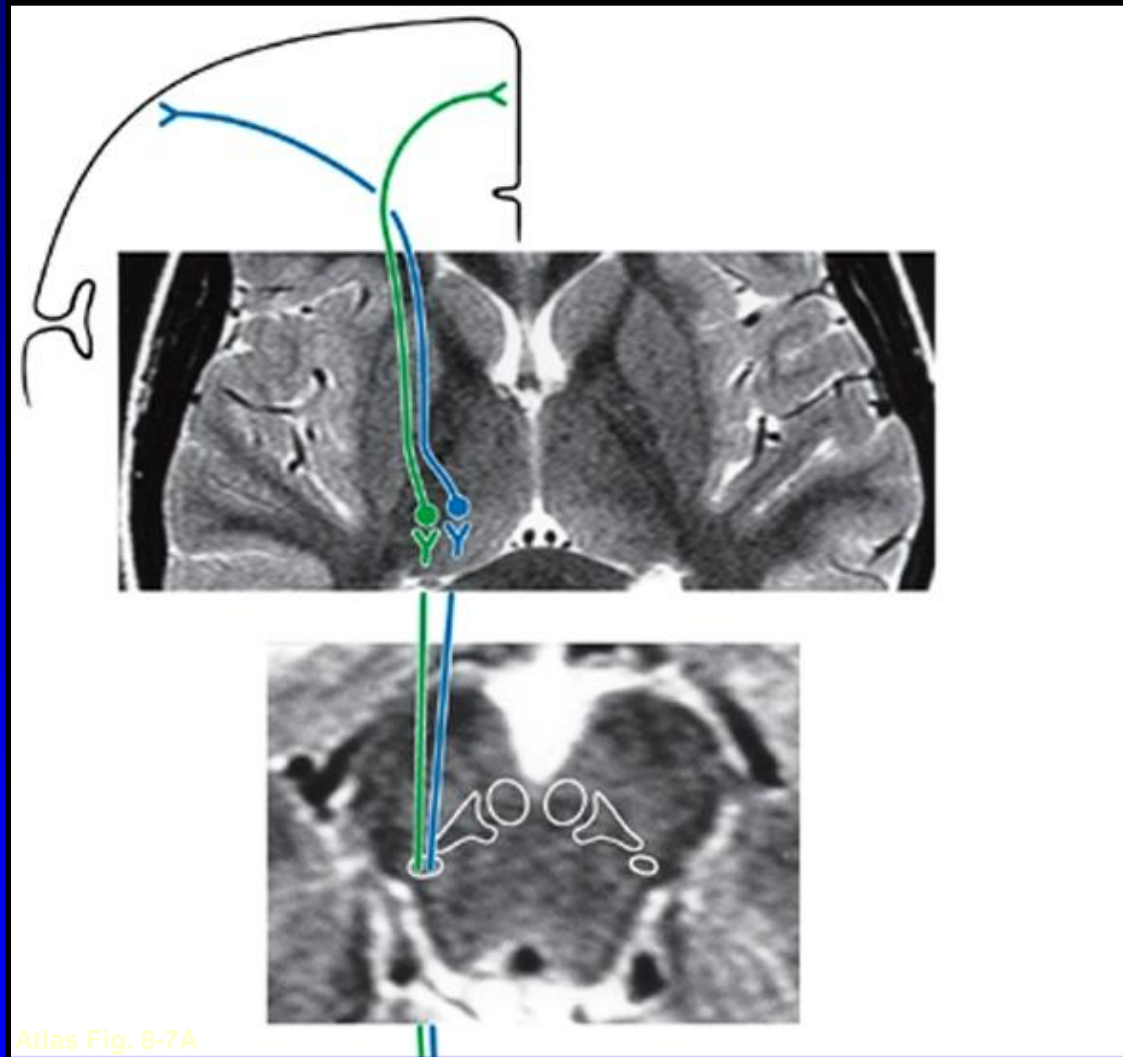


Atlas Fig. 8-7A



Text Fig. 18-11

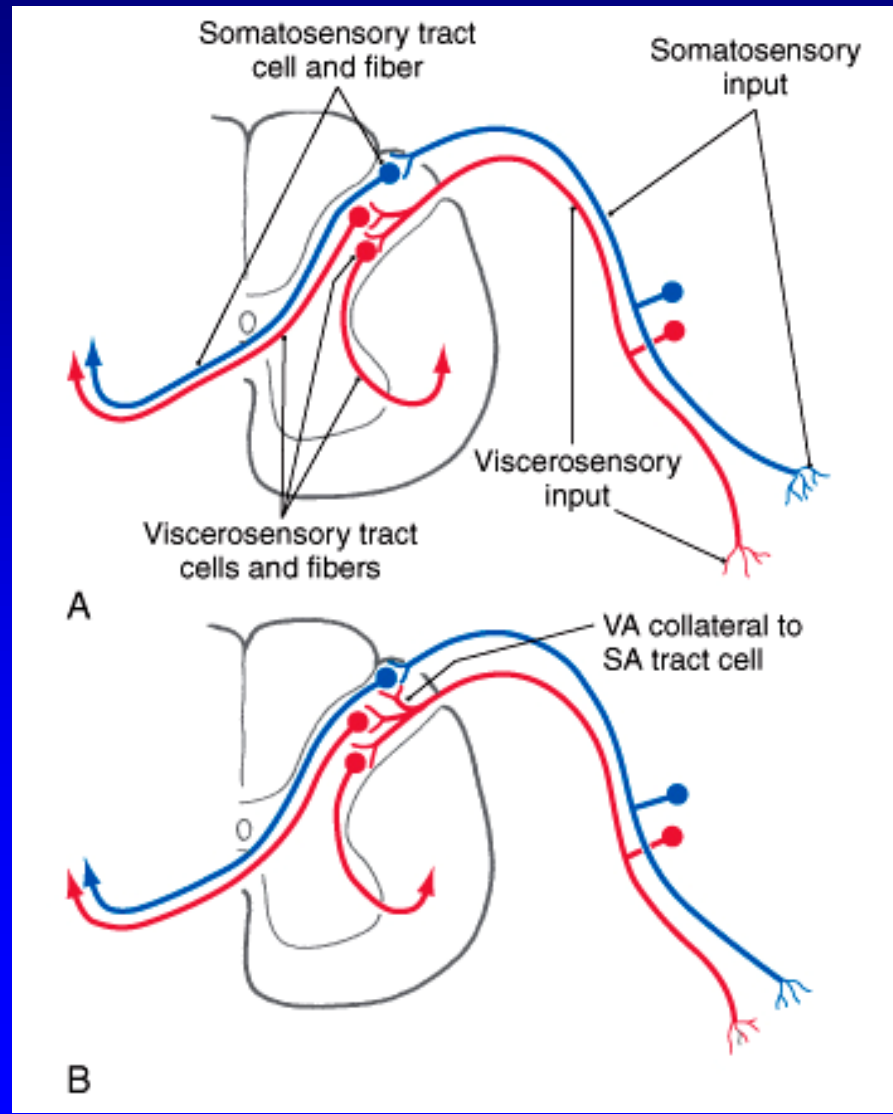
# The ALS in the Midbrain, Thalamus and Cerebral Hemisphere



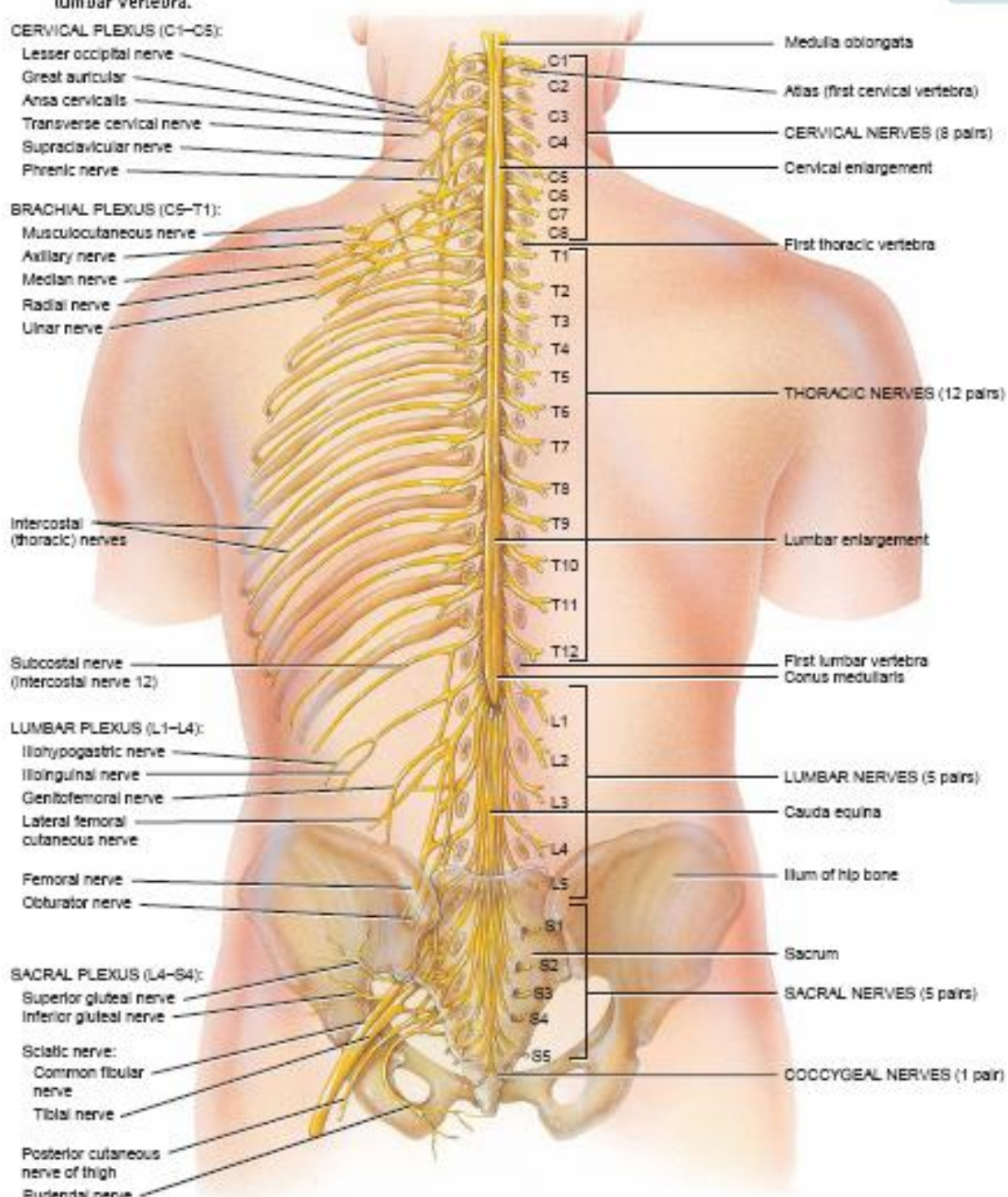
# Dermatomes

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# Dermatomes

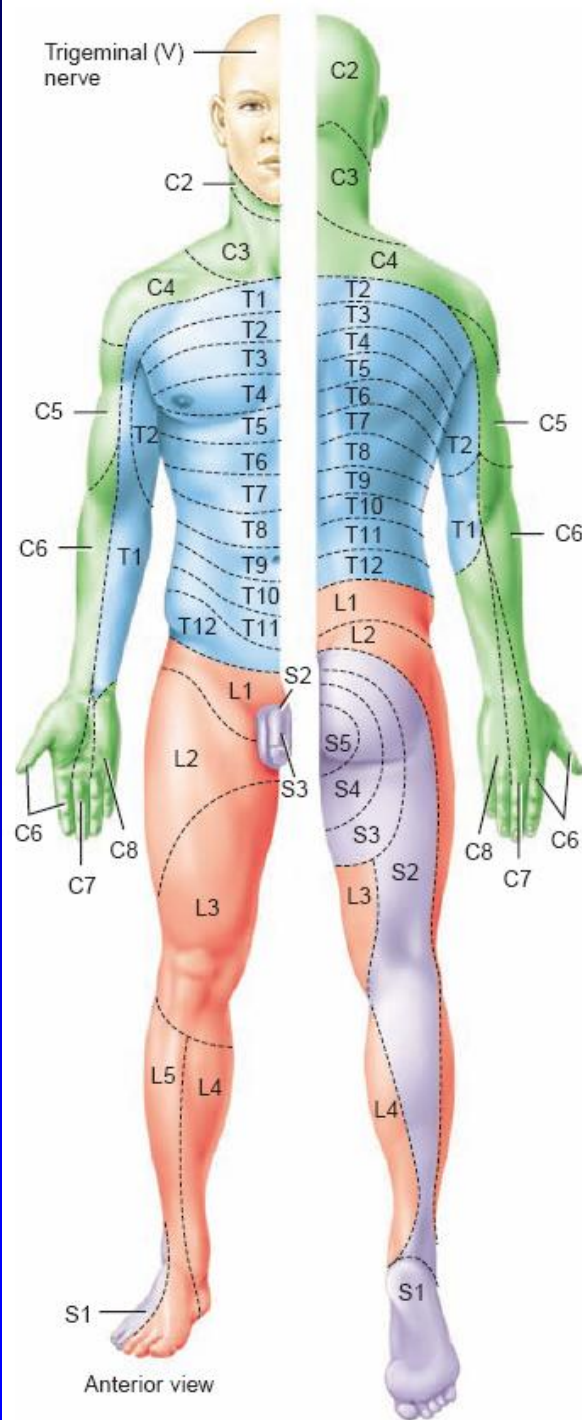




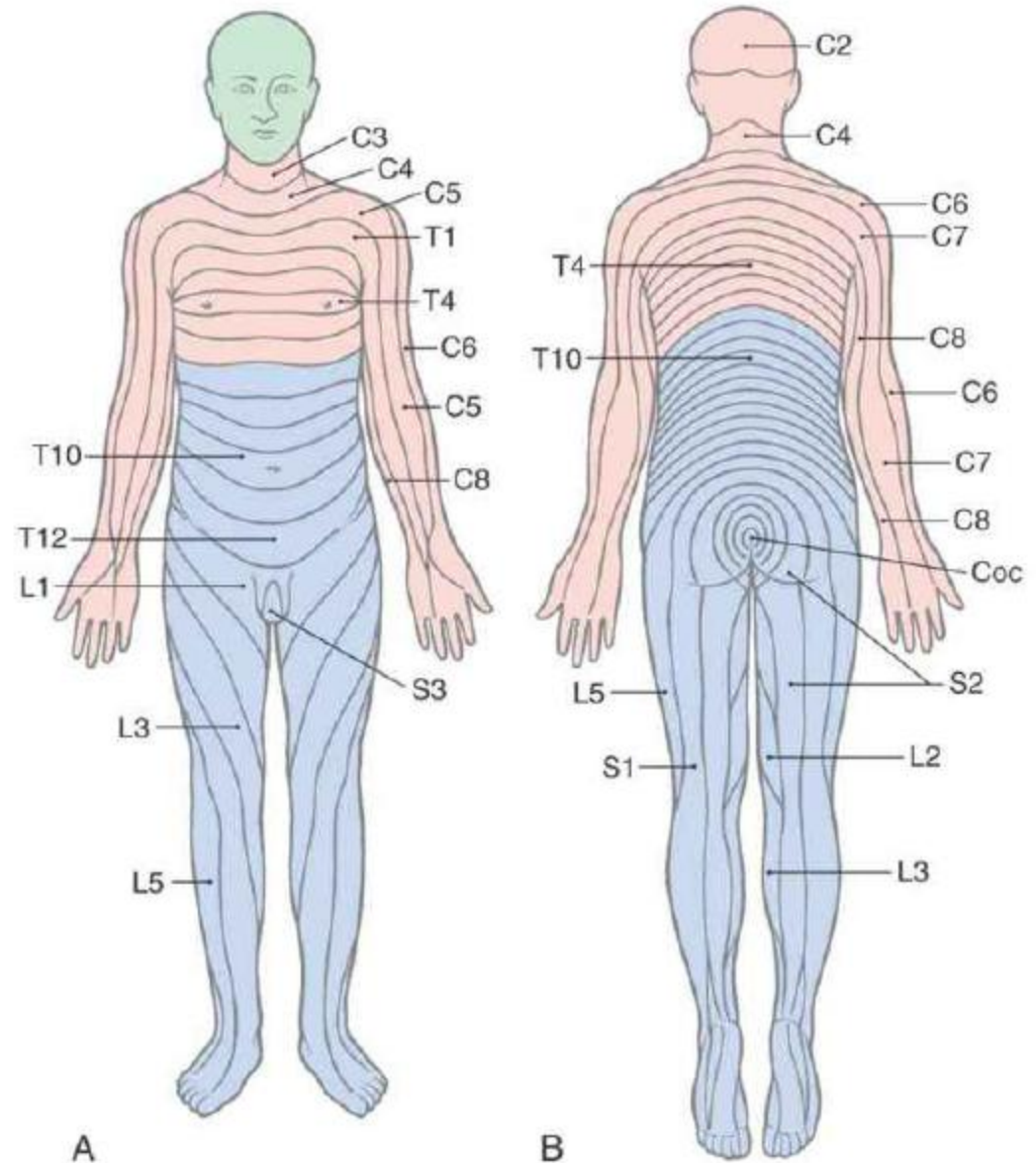




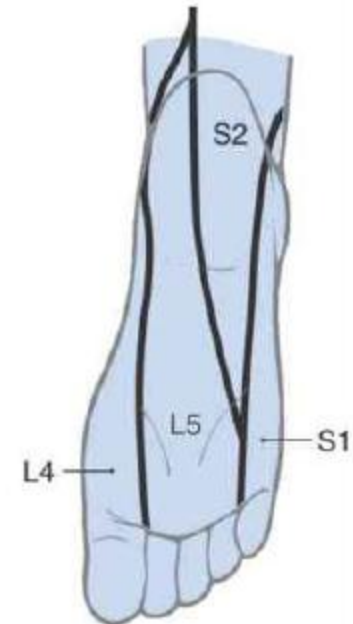
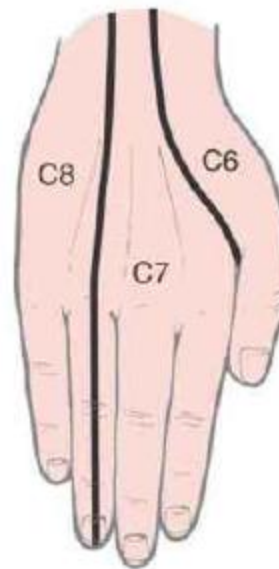
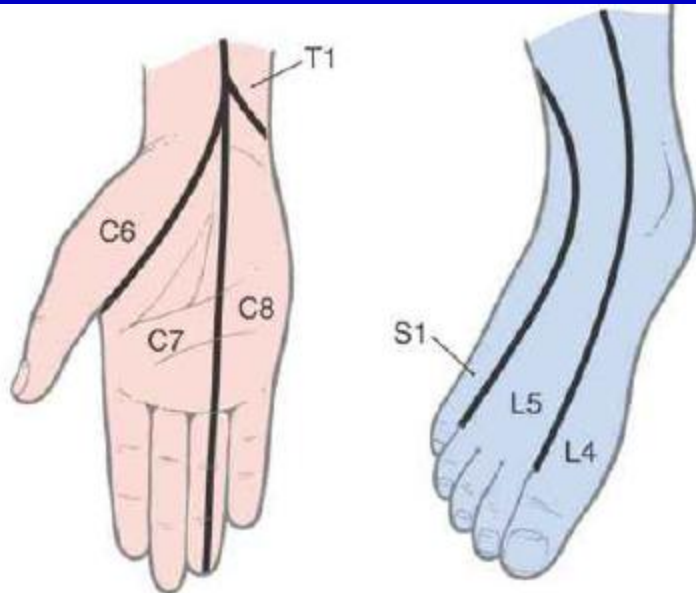
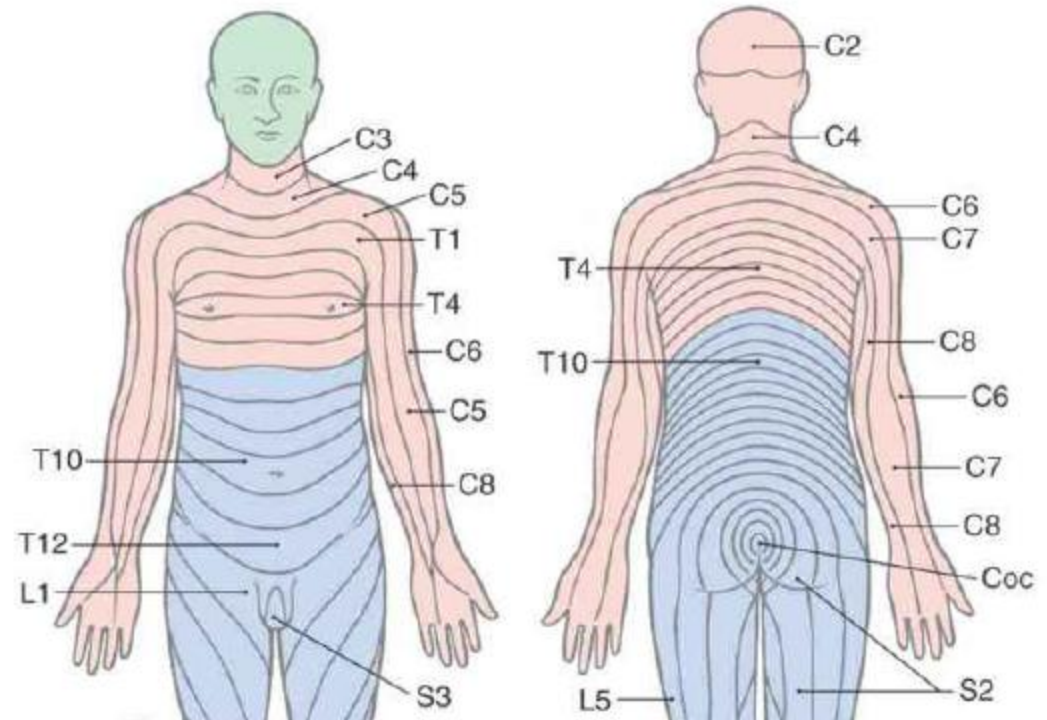
# Dermatomes



# Dermatomes



# Dermatomes



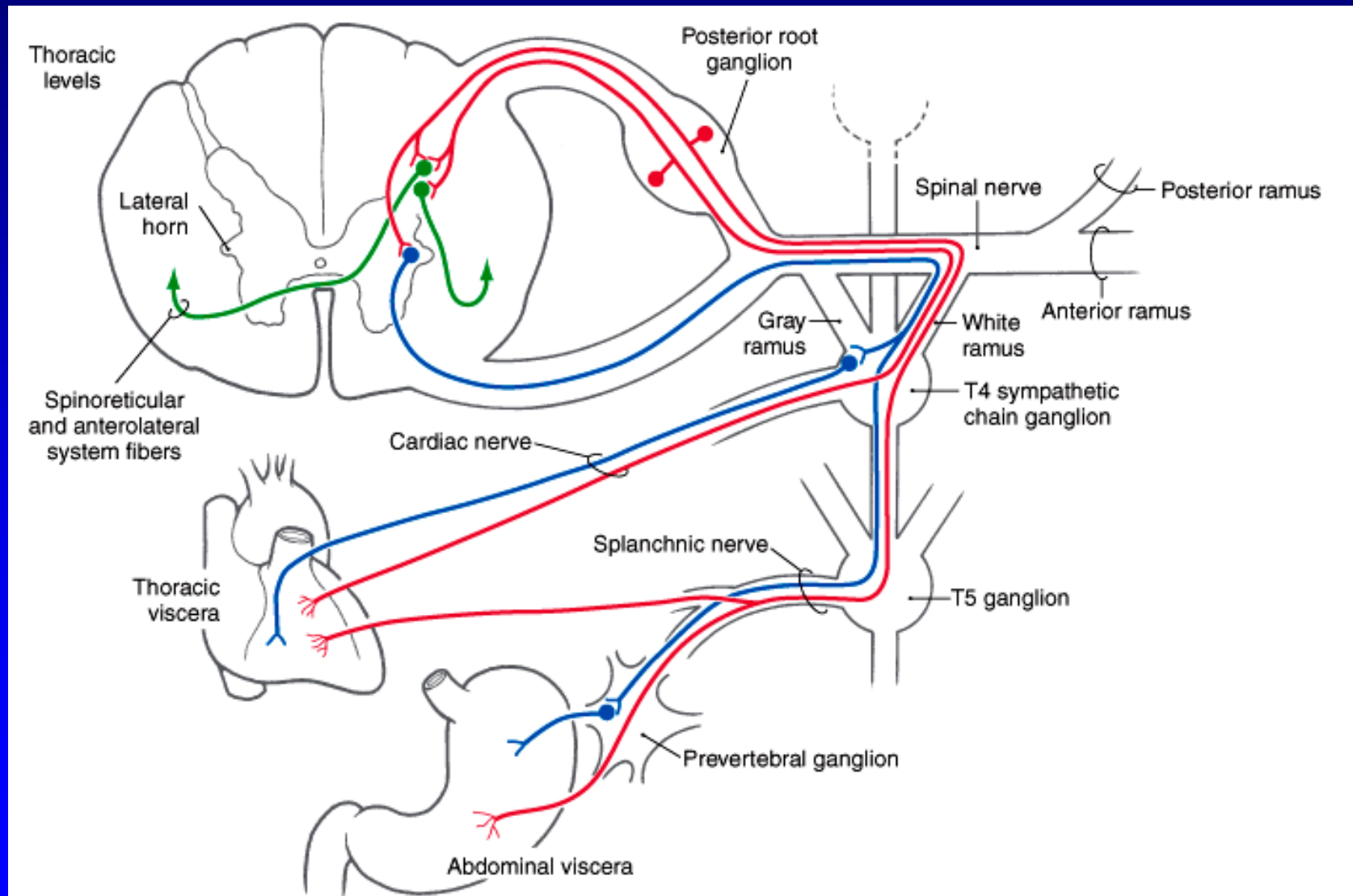
# Dermatomes

- Shoulder (C5-C6)
- Hand (C6-C8): 6= thumb the, 7= index finger, 8= small finger
- Nipple (T4),
- Umbilicus (T10),
- Inguinal region (T12-L1),
- Along the pelvic rim L1
- knee (L3, L4),
- The big toe (L4-L5)
- The genitalia and anus (S4 and S5)

# Visceral sensory & referred pain

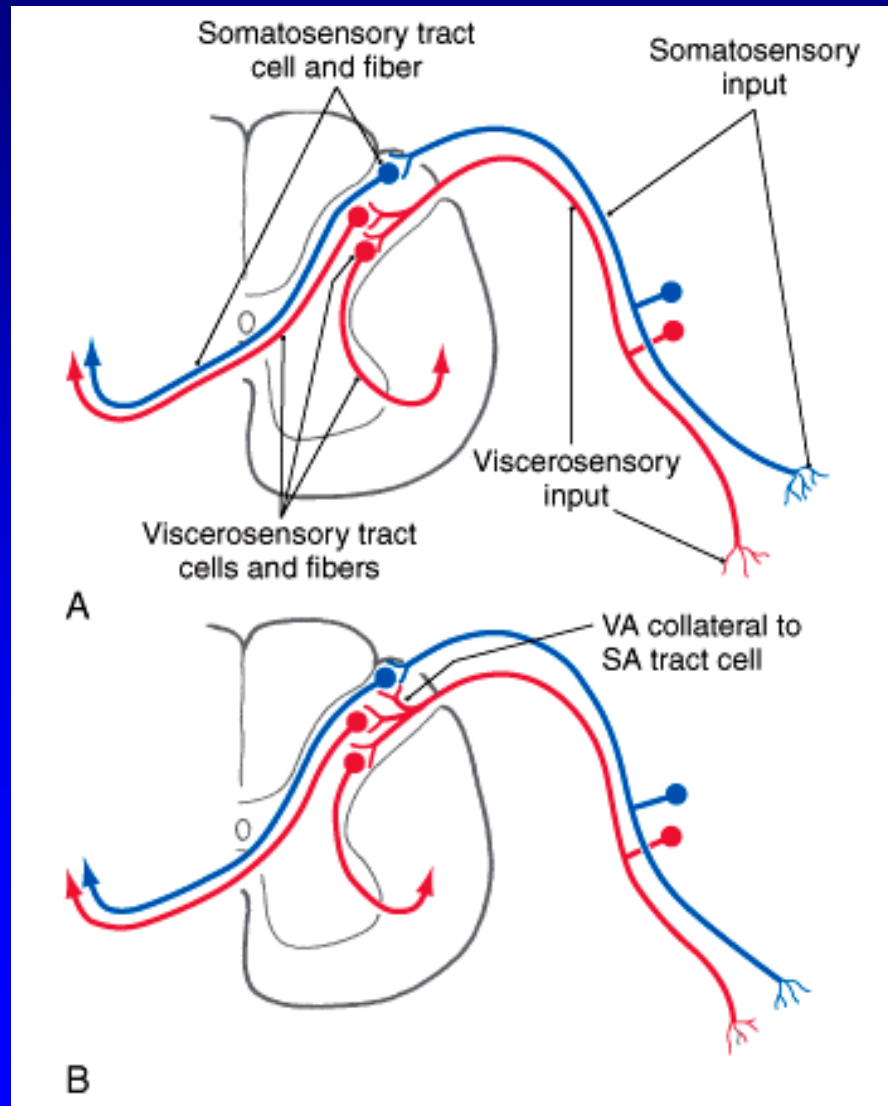
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# Visceral sensory & referred pain

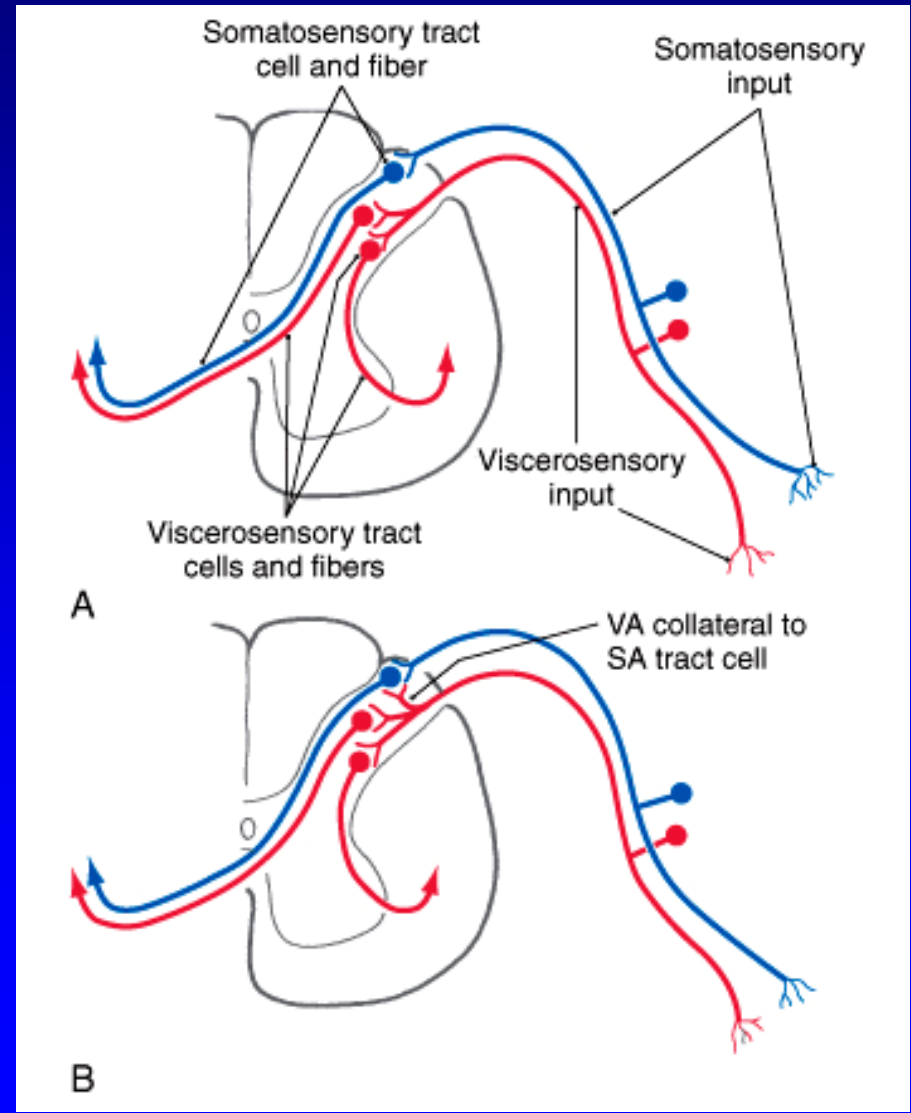
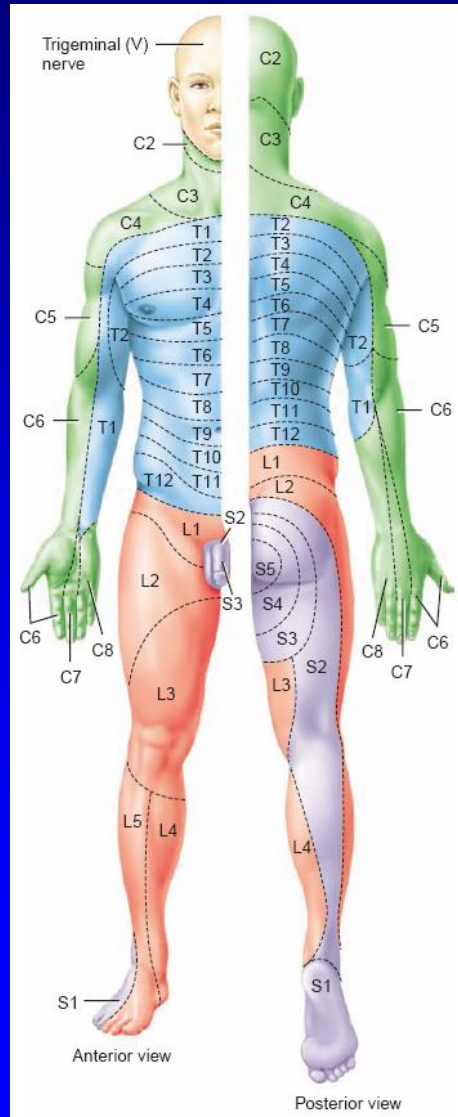




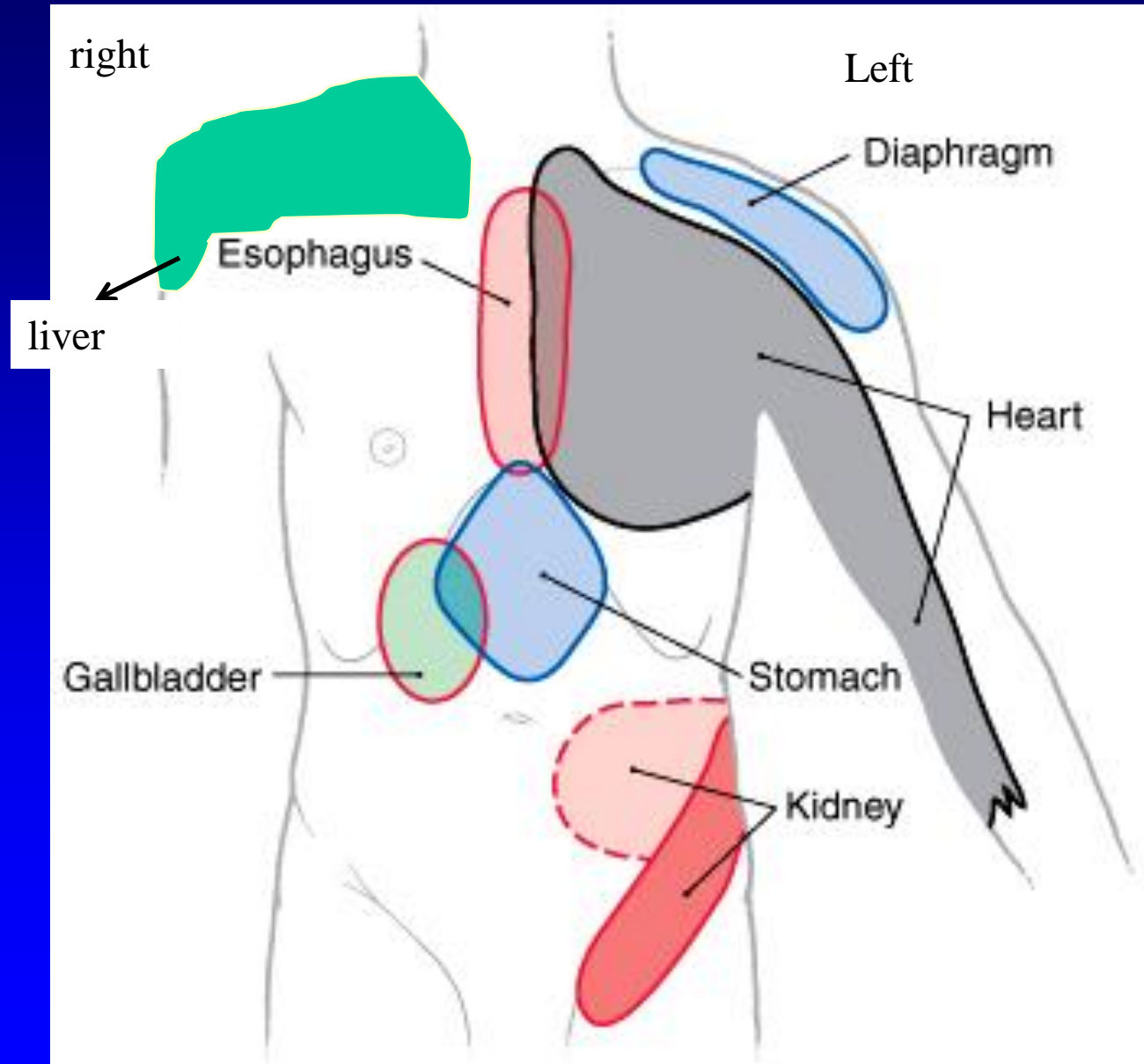
# Visceral sensory & referred pain



# Visceral sensory & referred pain

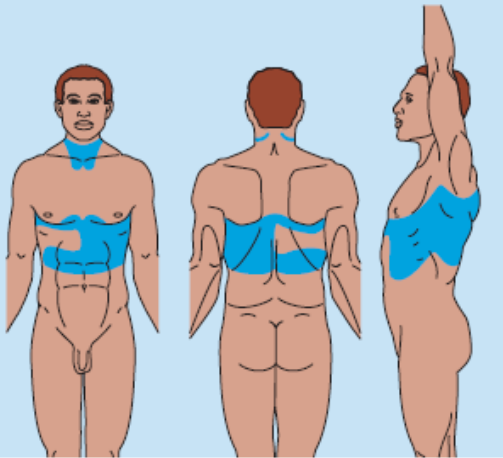


# Referred pain

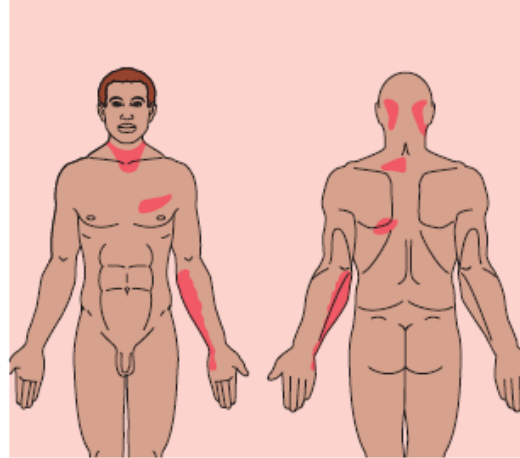


# Visceral sensory & referred pain

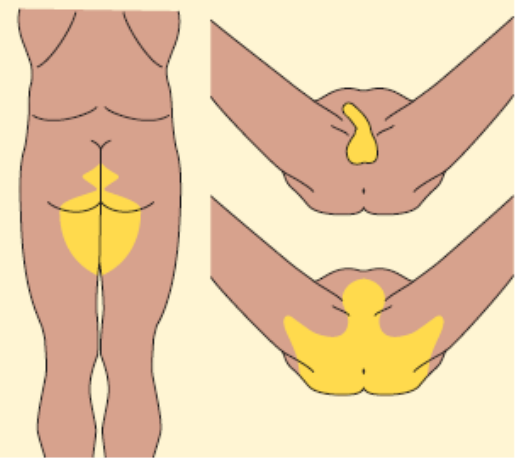
Esophagus



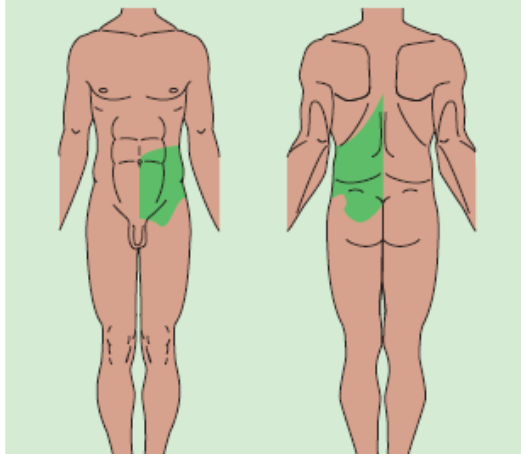
Heart



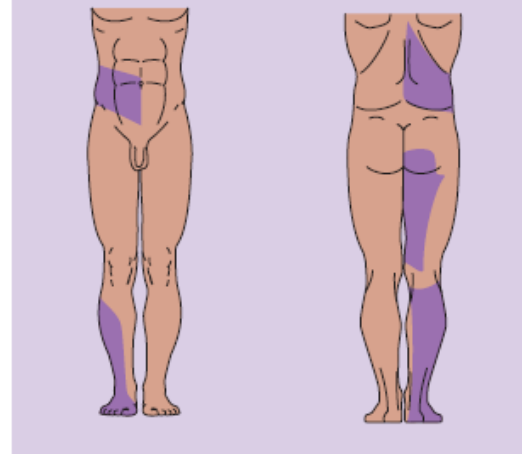
Urinary/bladder



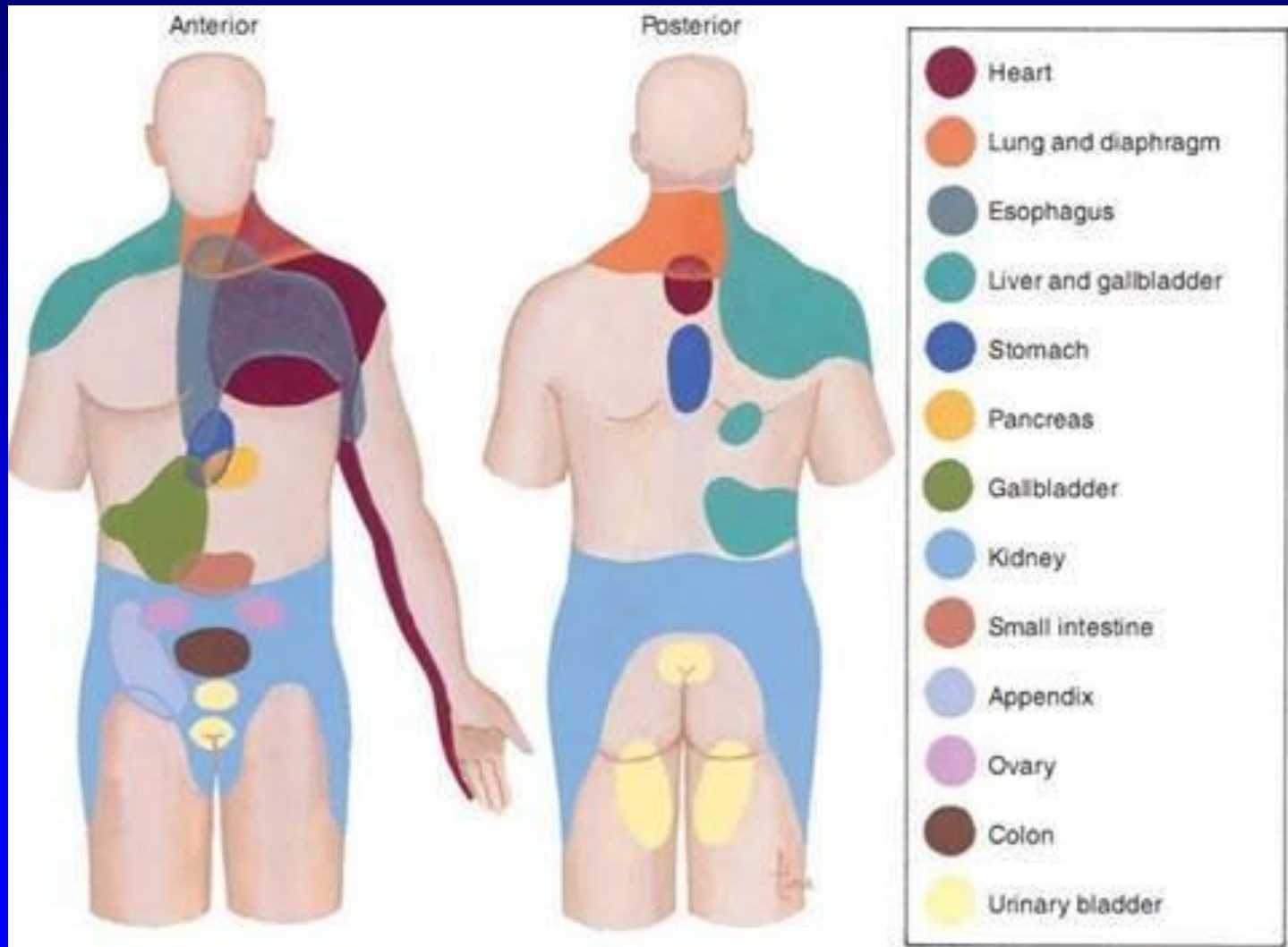
Left ureter



Right prostate



# Visceral sensory & referred pain



Referred pain. The sites for referred pain from various organs are shown.