

Welcome to the Neuroanatomy Module

Tracey_Context.docx – Part 1 (🚫 Module Logistics (not examinable))

- 7 lectures + 3 × 2-hour tutorials.
 - Sequence:
 - Langfield → Sensory awareness (somatosensory & visual pathways).
 - Piper → Motor systems (4 lectures).
 - Fenlon → Limbic system (memory & emotion).
 - Lectures: pre-recorded, online.
 - Tutorials: in-person, Thursday.
 - Resources: lecture notes, recordings, tutorial notes in folders.
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★ Tracey's Framing: "Why learn neuroanatomy?"

- ★ Deficits in neuroanatomy can affect:
 - Somatosensory perception.
 - Visual acuity / visual field perception.
 - Motor control (speech, posture, body movement).
 - Cognitive functions (memory, learning, personality).
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🧠 / 🕵️ Psychology & Exam Tone




- 🕵️ Integration cue → "Sensory informs motor outputs (postures and movements)." Expect SAQs combining sensory + motor pathways.
- 🧠 Broad terms like "cognitive functions" (memory, learning, personality) may appear in stems but need concise, exam-aligned phrasing.
- 🧠 Pathology emphasis → expect stems framed clinically (e.g. "Lesion in X = which deficits?").

“Clinical Relevance – Stroke & Brain Cancer”




Background Stats (context only)

- 2018: ~387,000 Australians aged 15+ (1.6%) reported stroke history (ABS 2019).
 - 2021: ~40,700 stroke events (~112/day) in Australia (AIHW 2025).
 - 2023: **Brain cancer** — ~2,000 new cases; **second most common cancer in children (0–14 yrs)** (Cancer Australia).
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Core Definitions / Exam Anchors, some examples are but not limited to below

-  **Stroke** → blockage (ischaemic) or rupture (haemorrhagic) of cerebral vessel.
 -  **Neurological impact** → disruption or compression of brain structures → functional deficits.
 -  **Non-malignant brain tumours** → may still cause neurological deficits via compression.
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/ **Clinical Integration Cues**

-  “As future OTs/Physios, you will care for stroke patients” → expect lesion-based SAQs (anatomy ↔ deficit ↔ function).
-  Population numbers = context only (not examinable).
-  “Early signs of brain tumours” → possible clinical-vignette phrasing in SAQs.