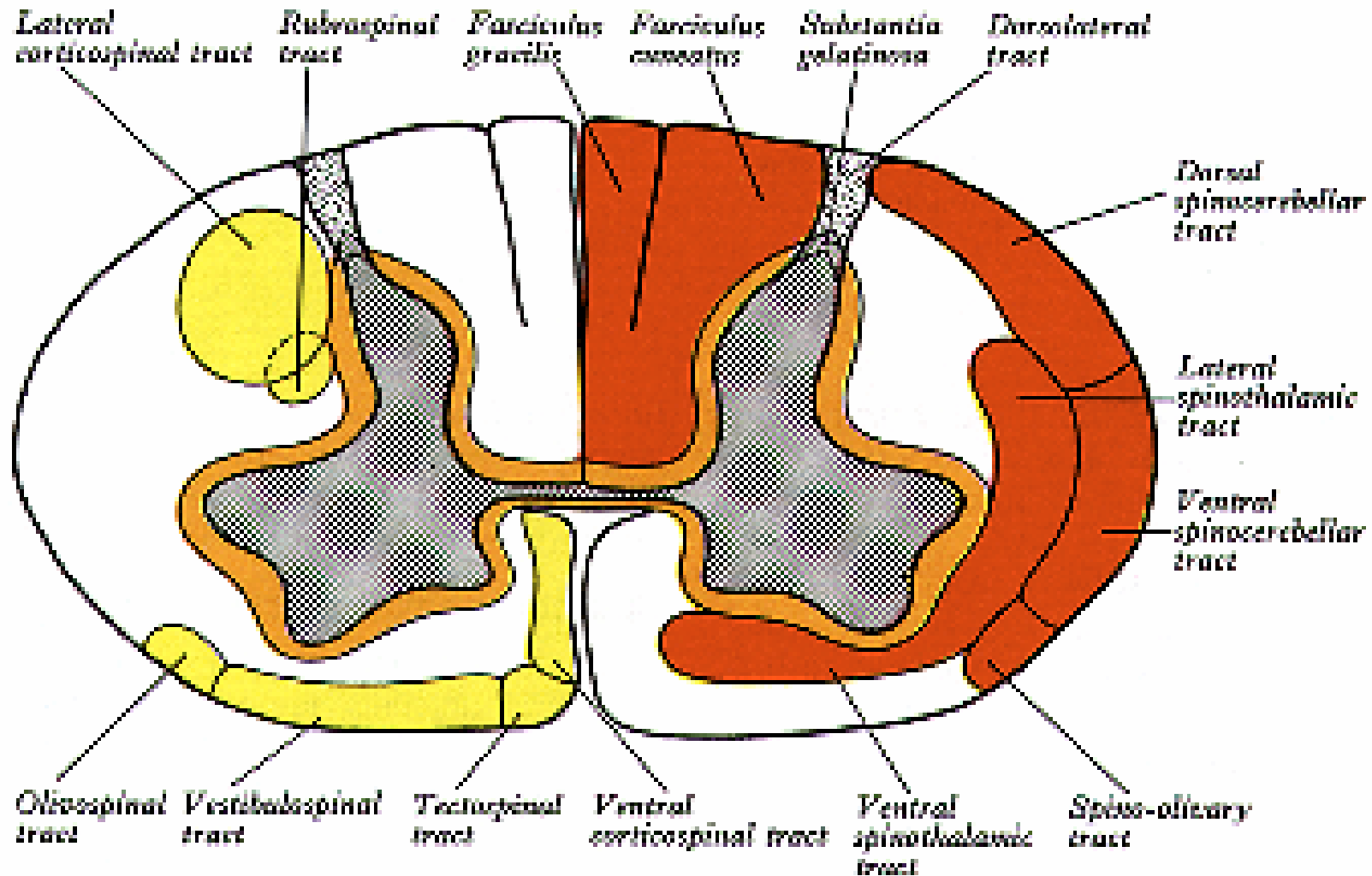
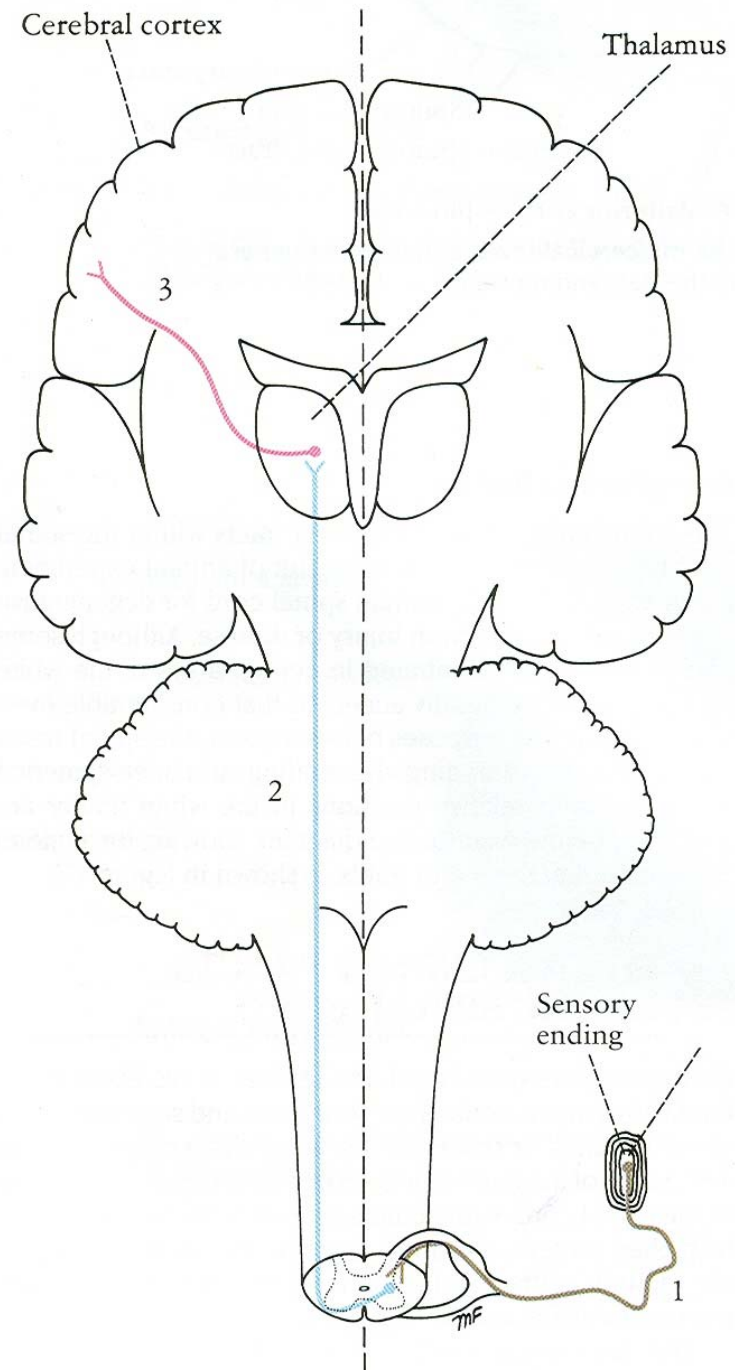


ASCENDING TRACTS



Anatomical organisation of ascending sensory pathway



Posterior column

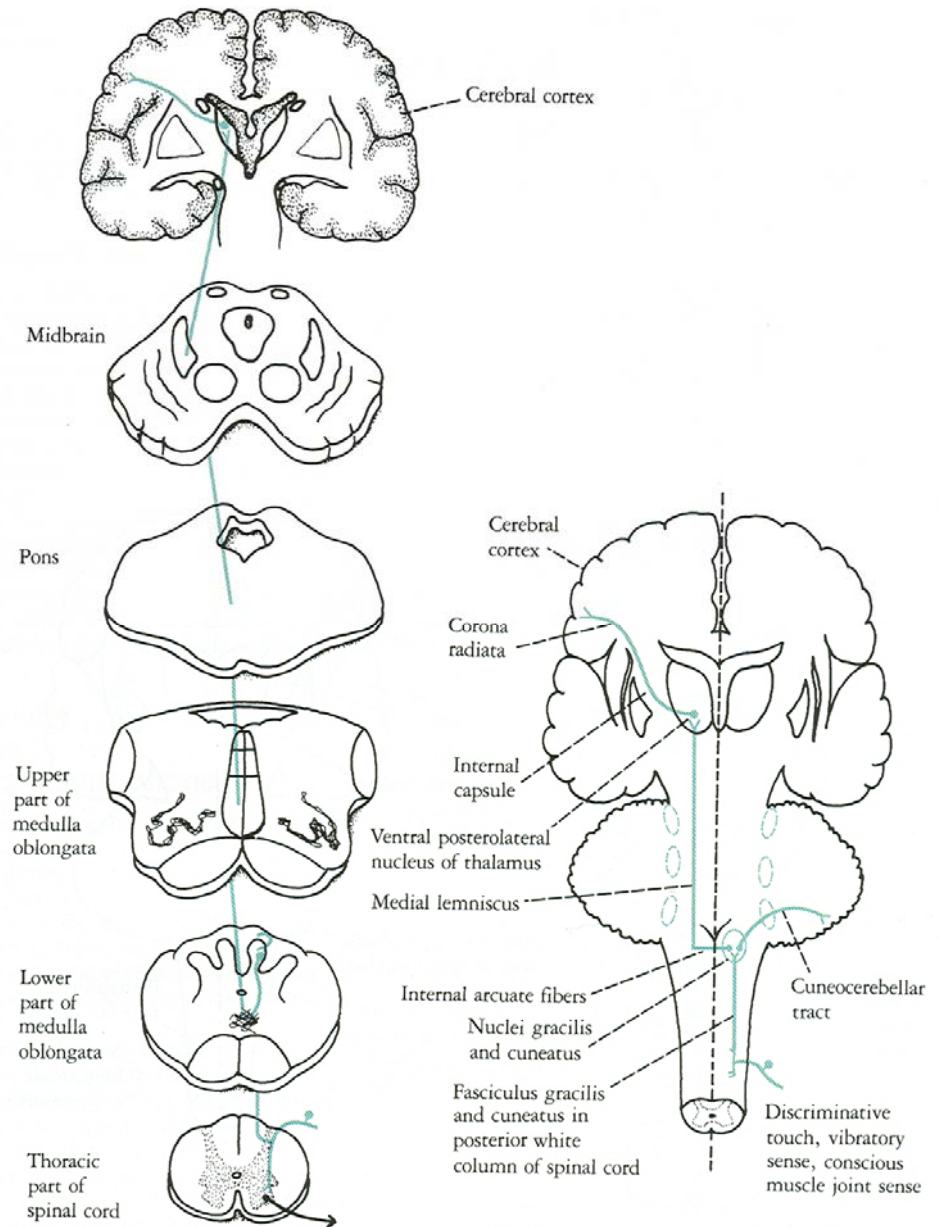
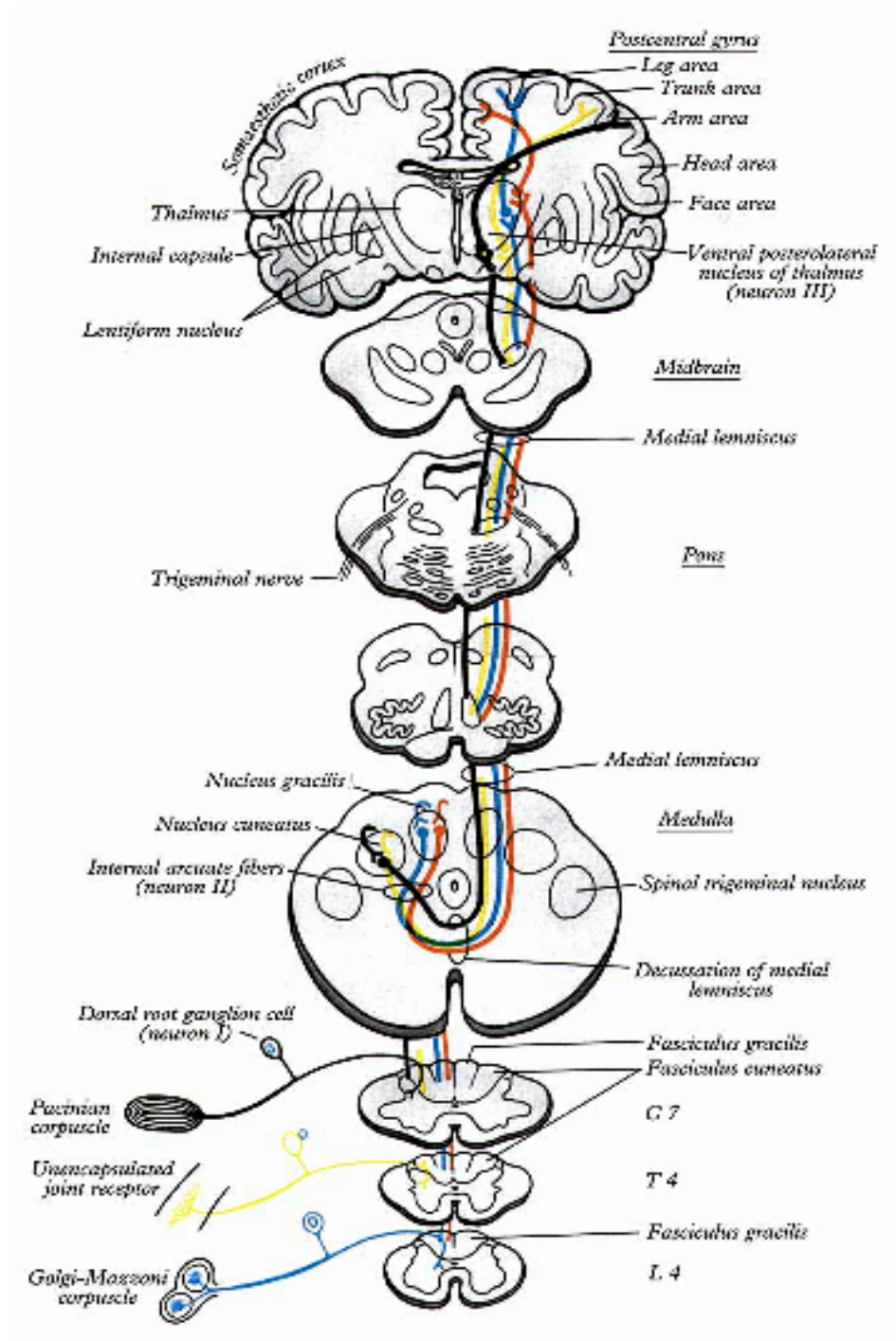
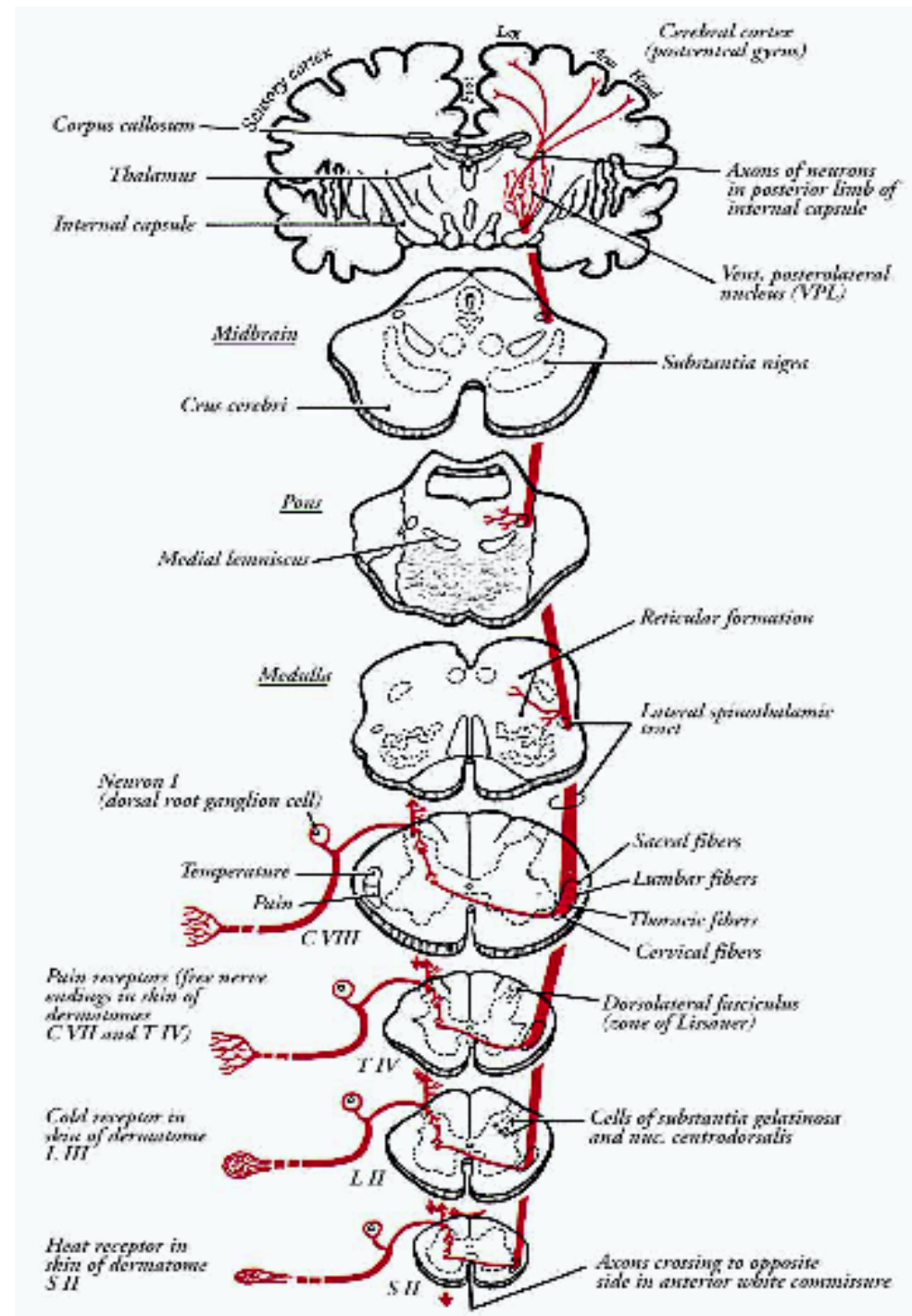


Figure 4-12 Discriminative touch, vibratory sense, and conscious muscle joint sense pathways.

Posterior column (medial lemniscus) tracts



Lateral spinothalamic tract



Lateral spinothalamic tract

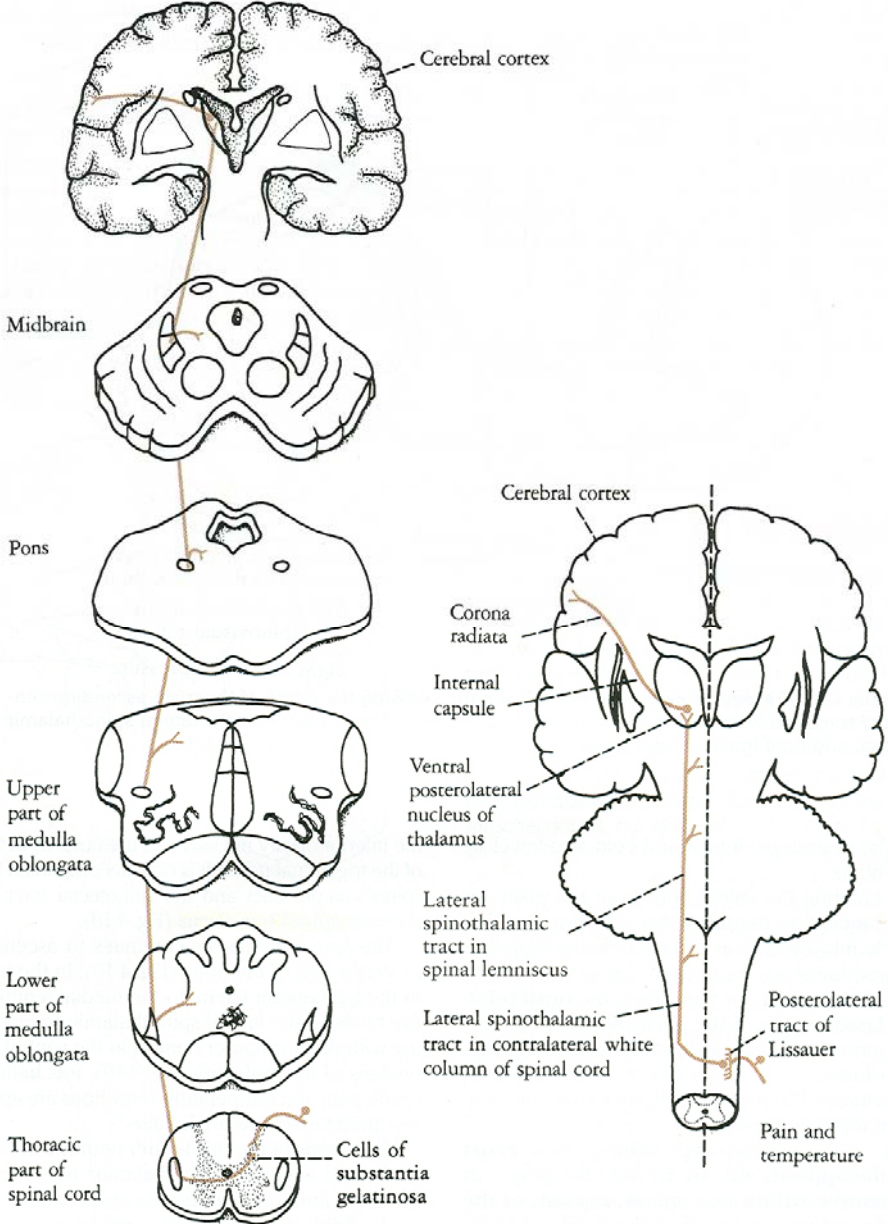


Figure 4-10 Pain and temperature pathways.

Anterior spinothalamic tract

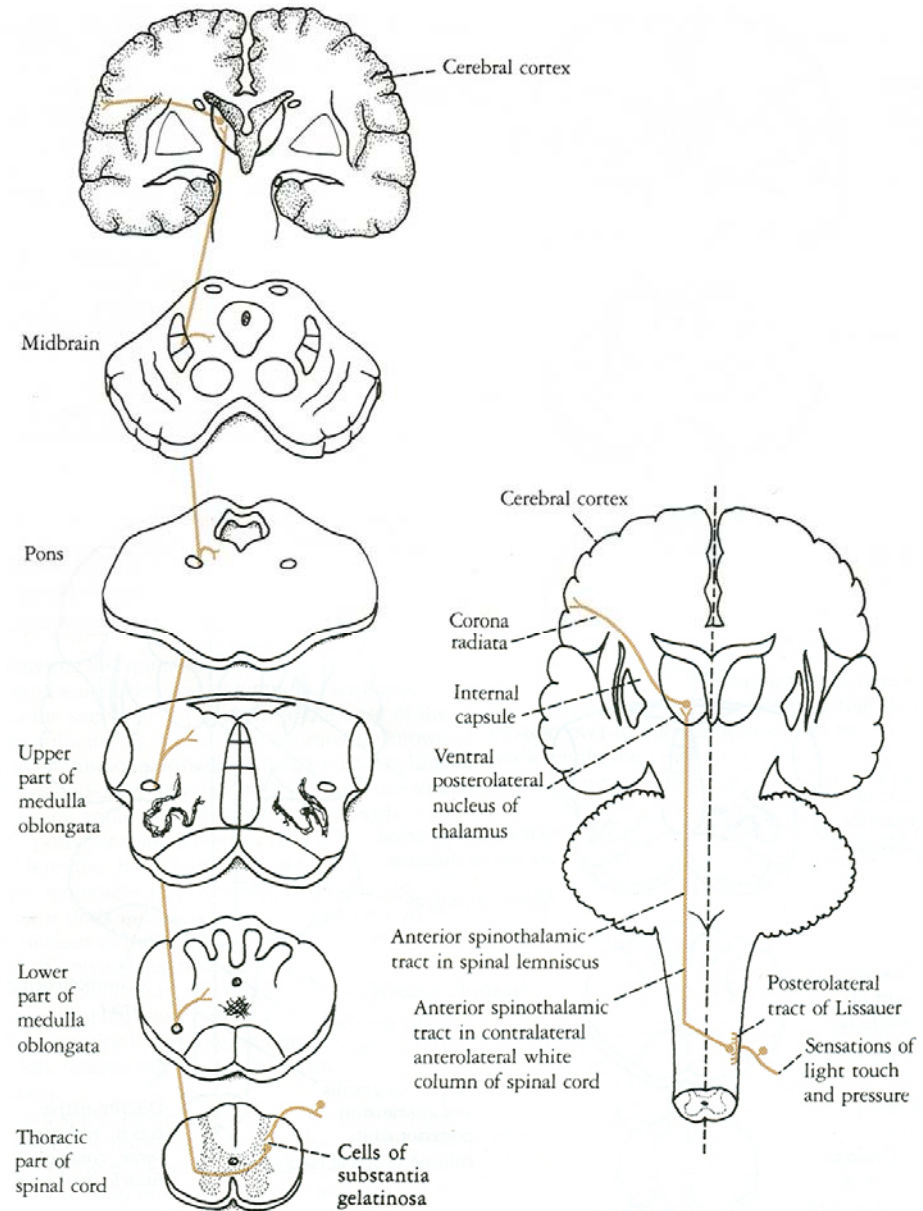
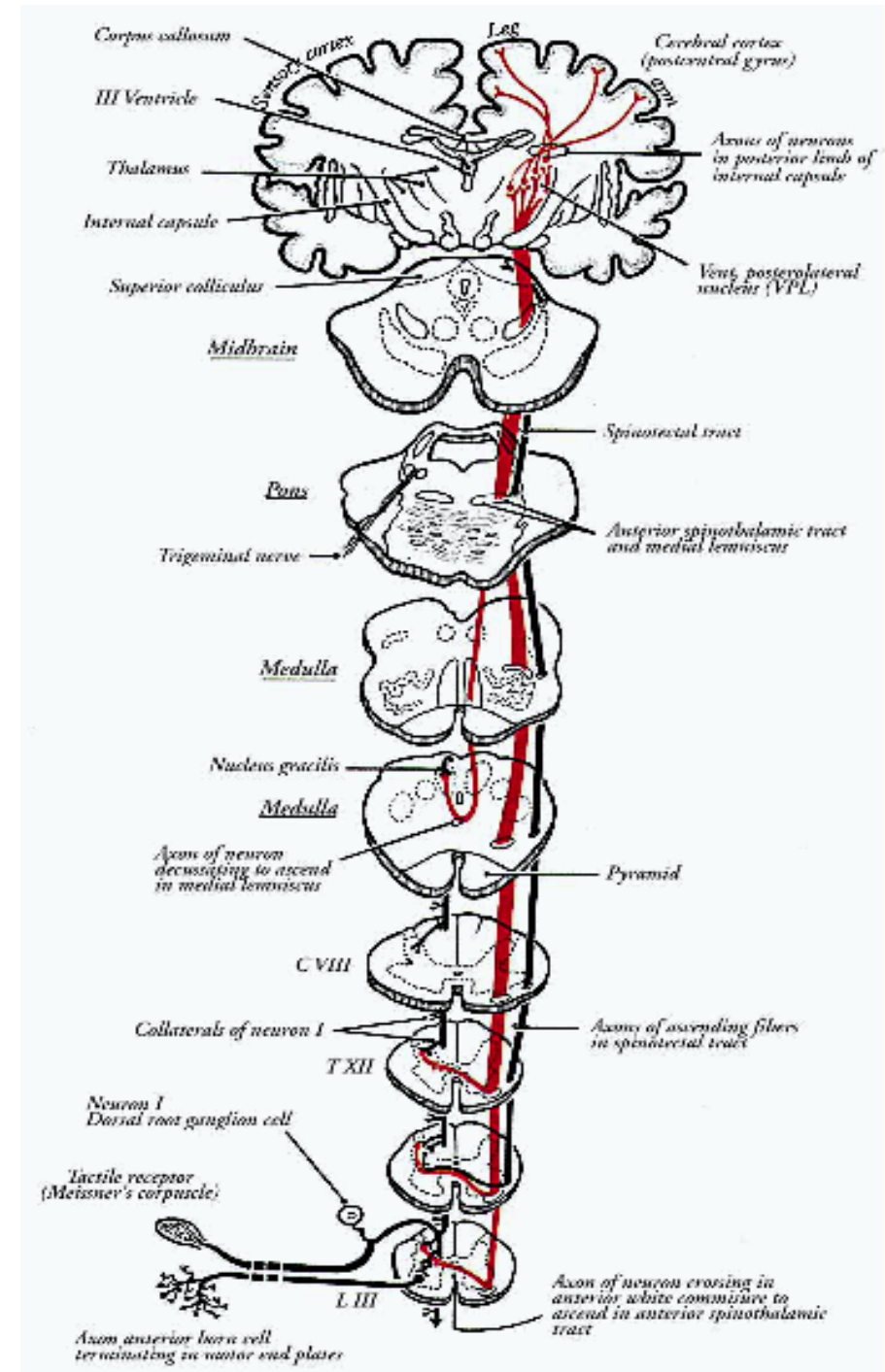
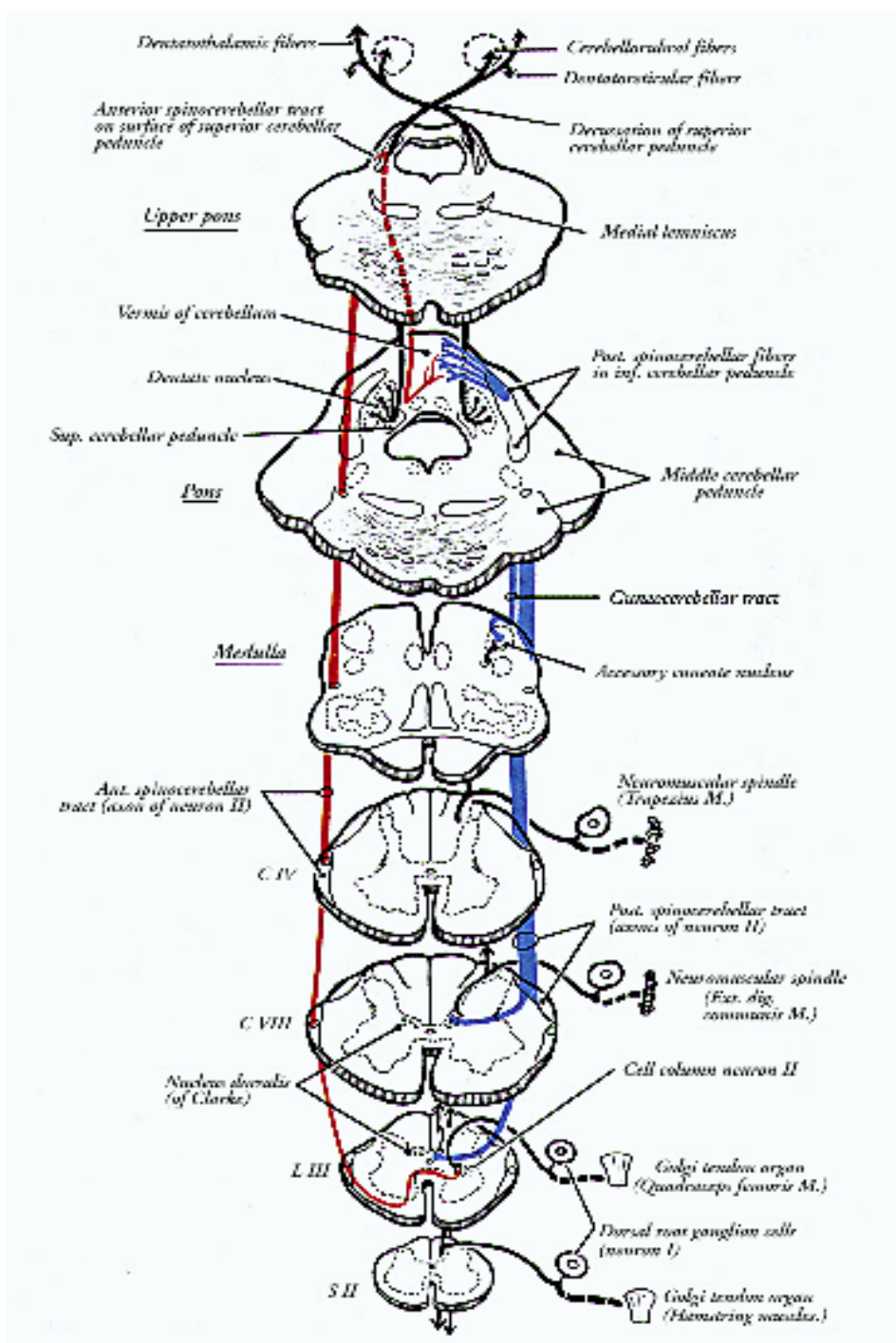


Figure 4-11 Light touch and pressure pathways.

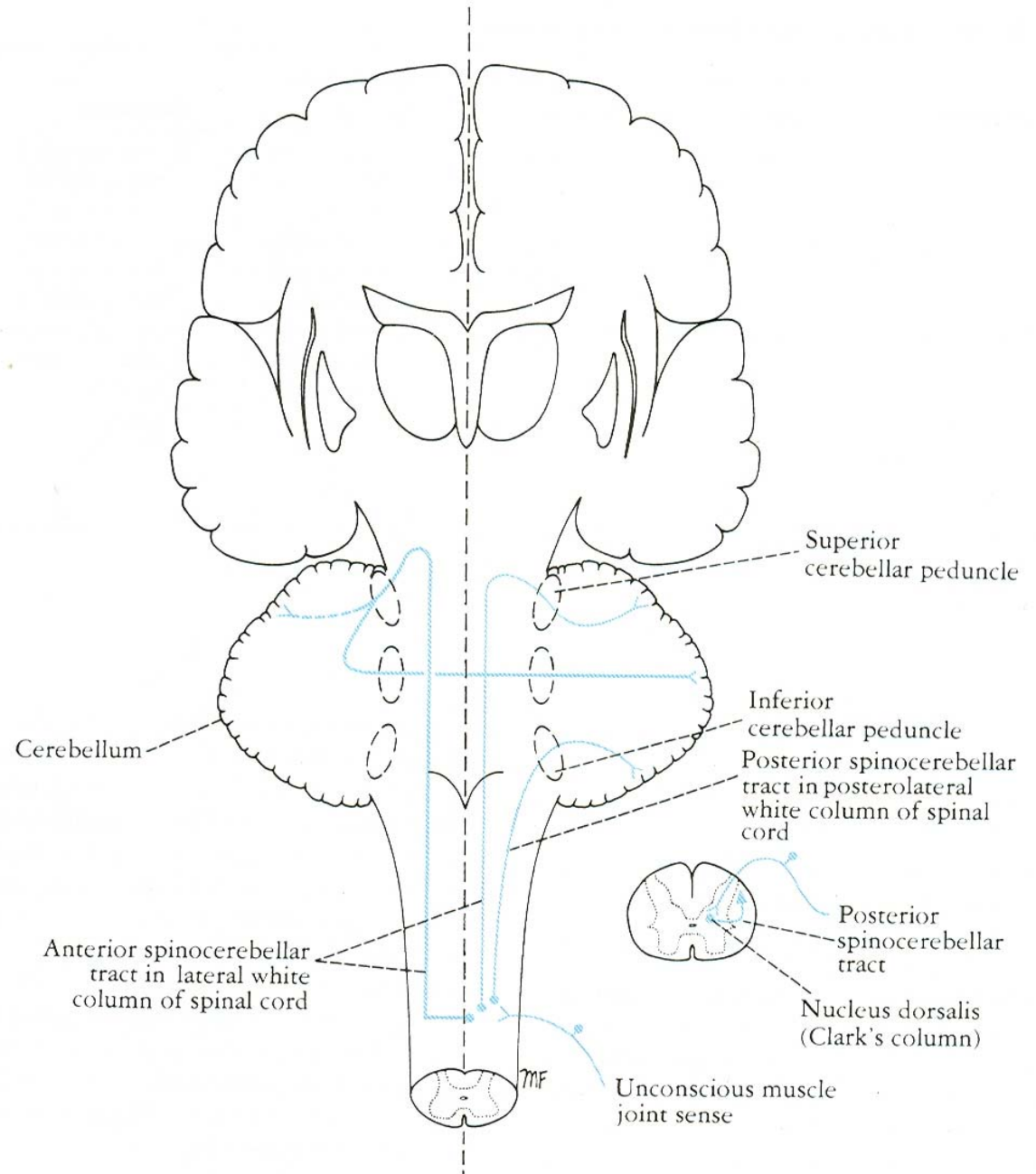
Anterior spinothalamic tracts

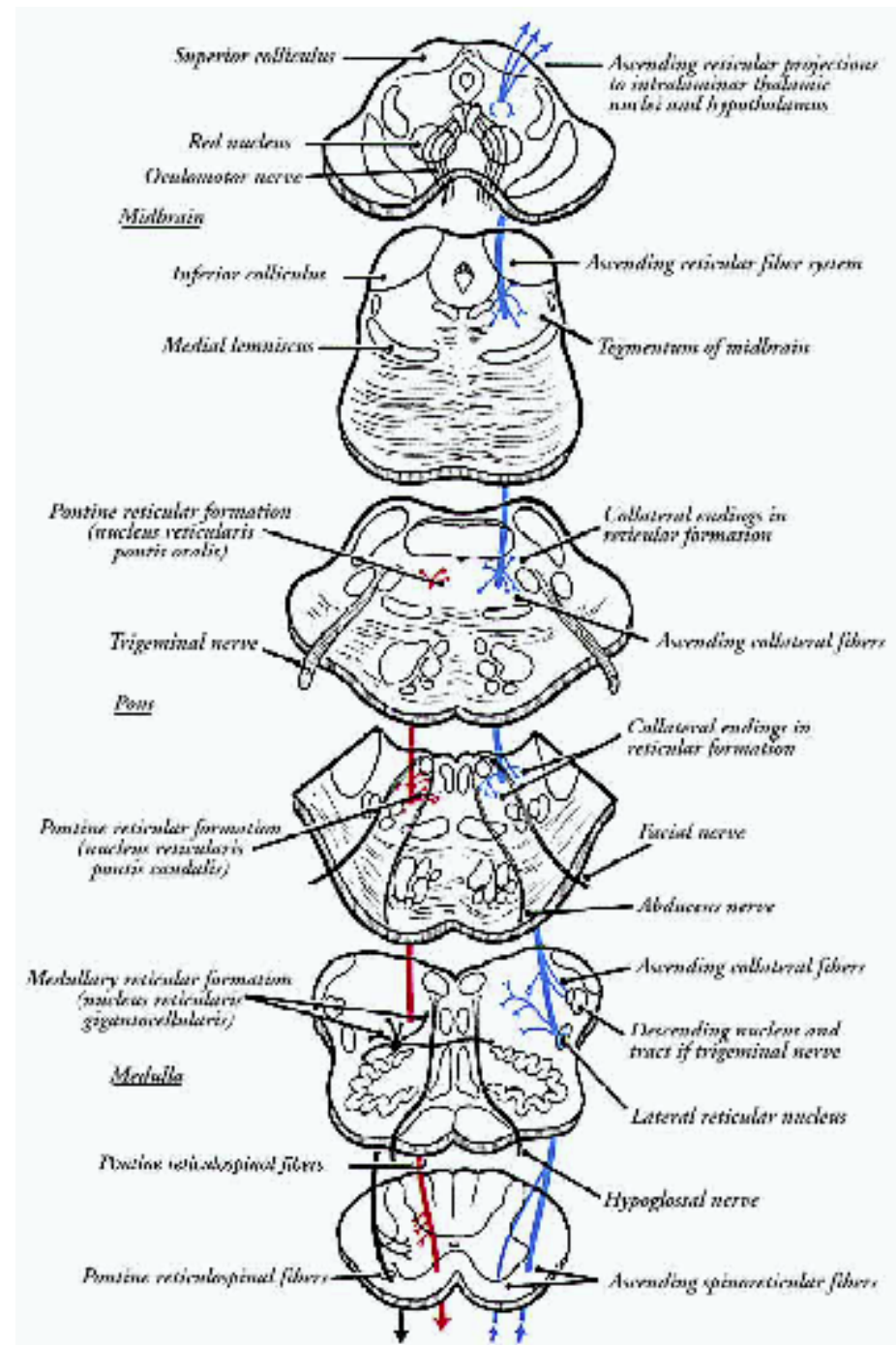


Cuneo-cerebellar tract

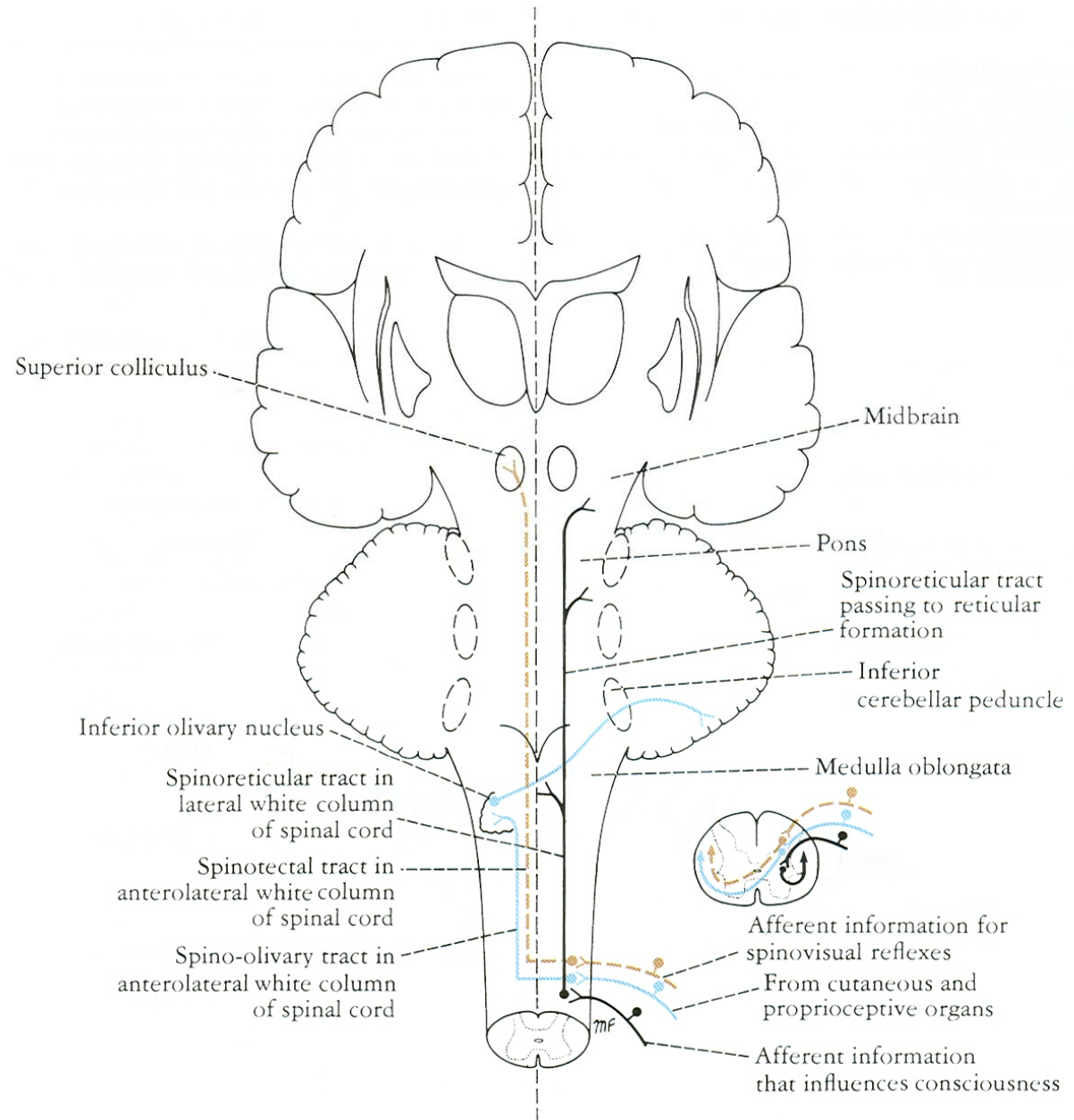


Spinocerebellar tracts

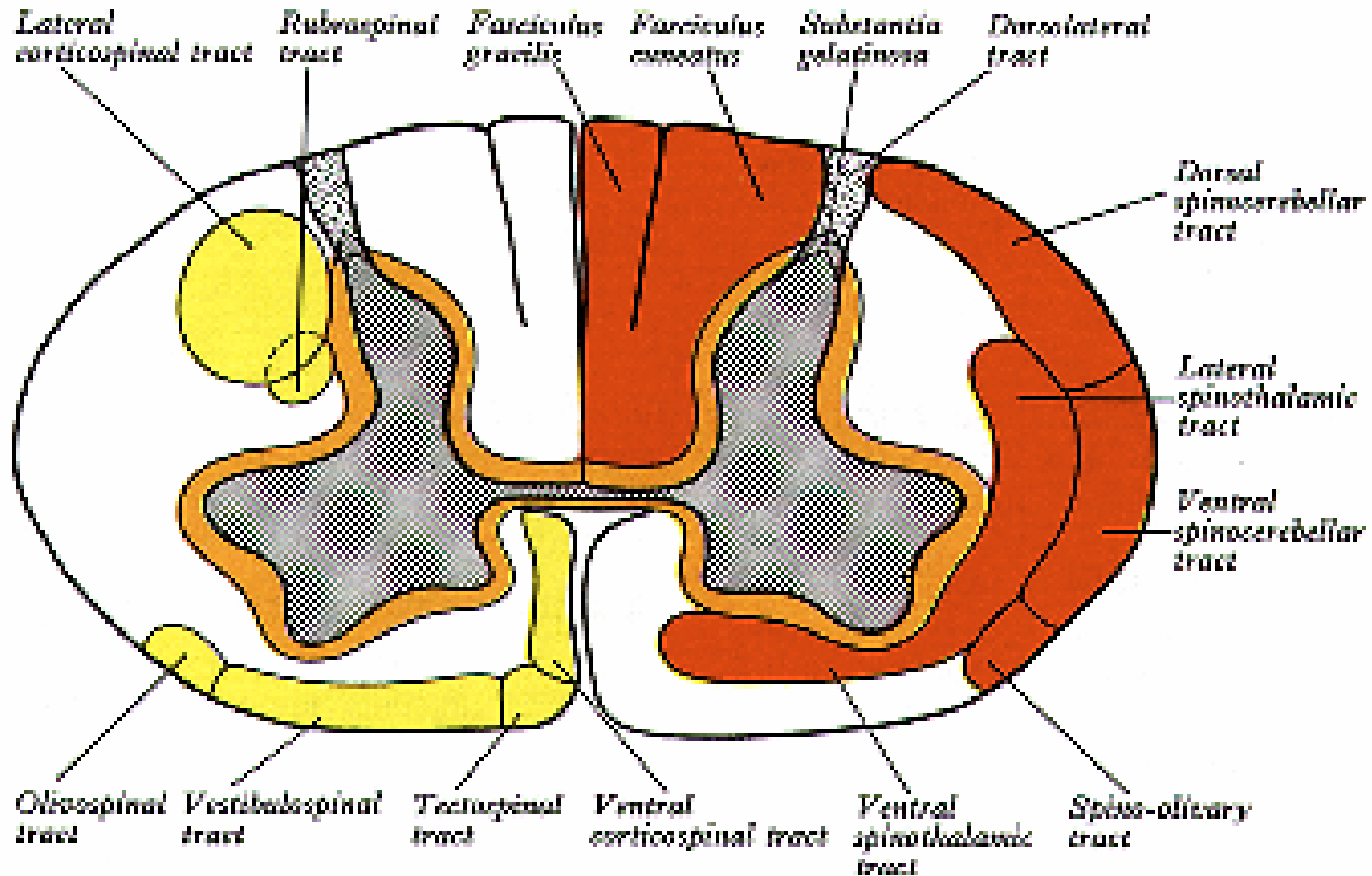




Other ascending tracts



DESCENDING TRACTS



Descending motor pathway

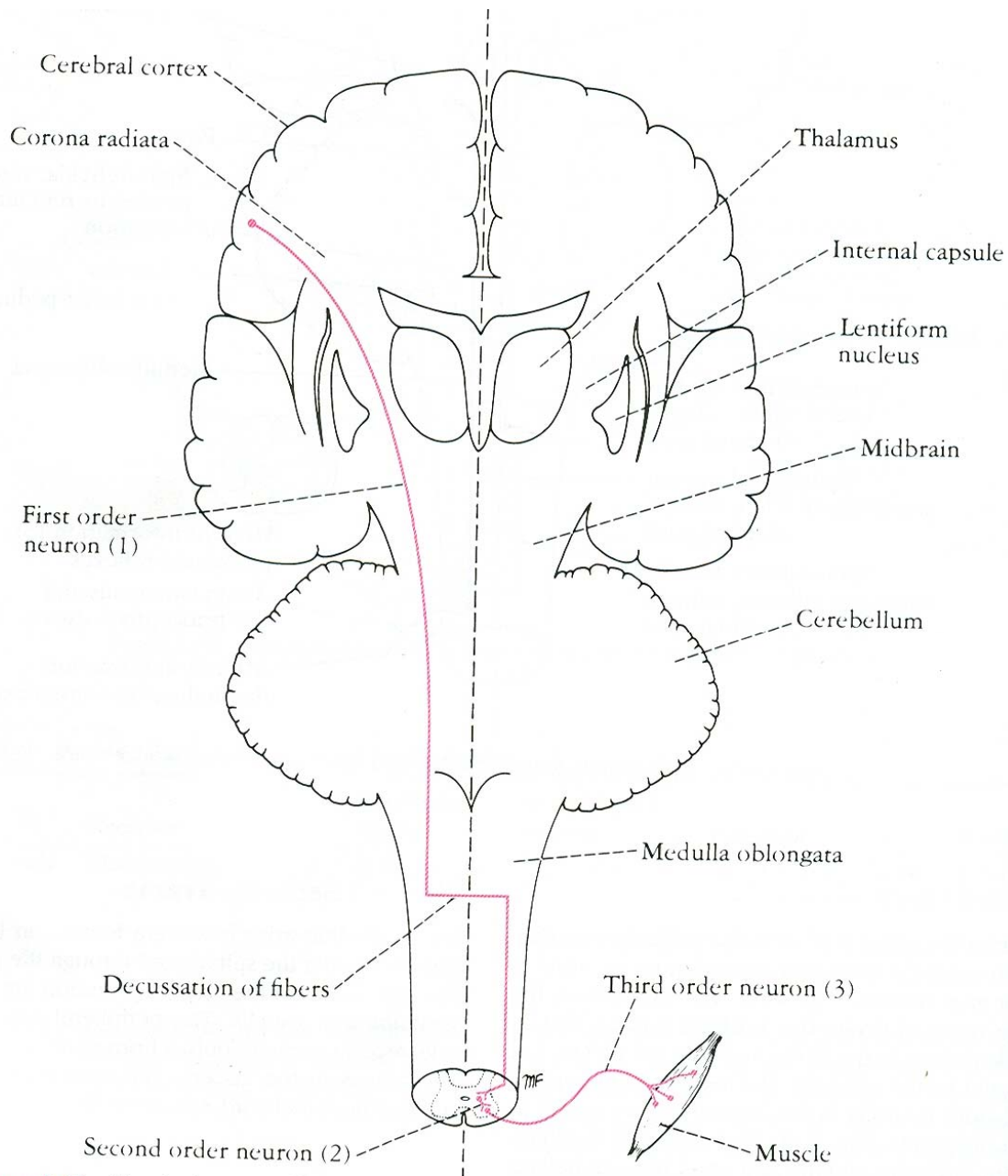
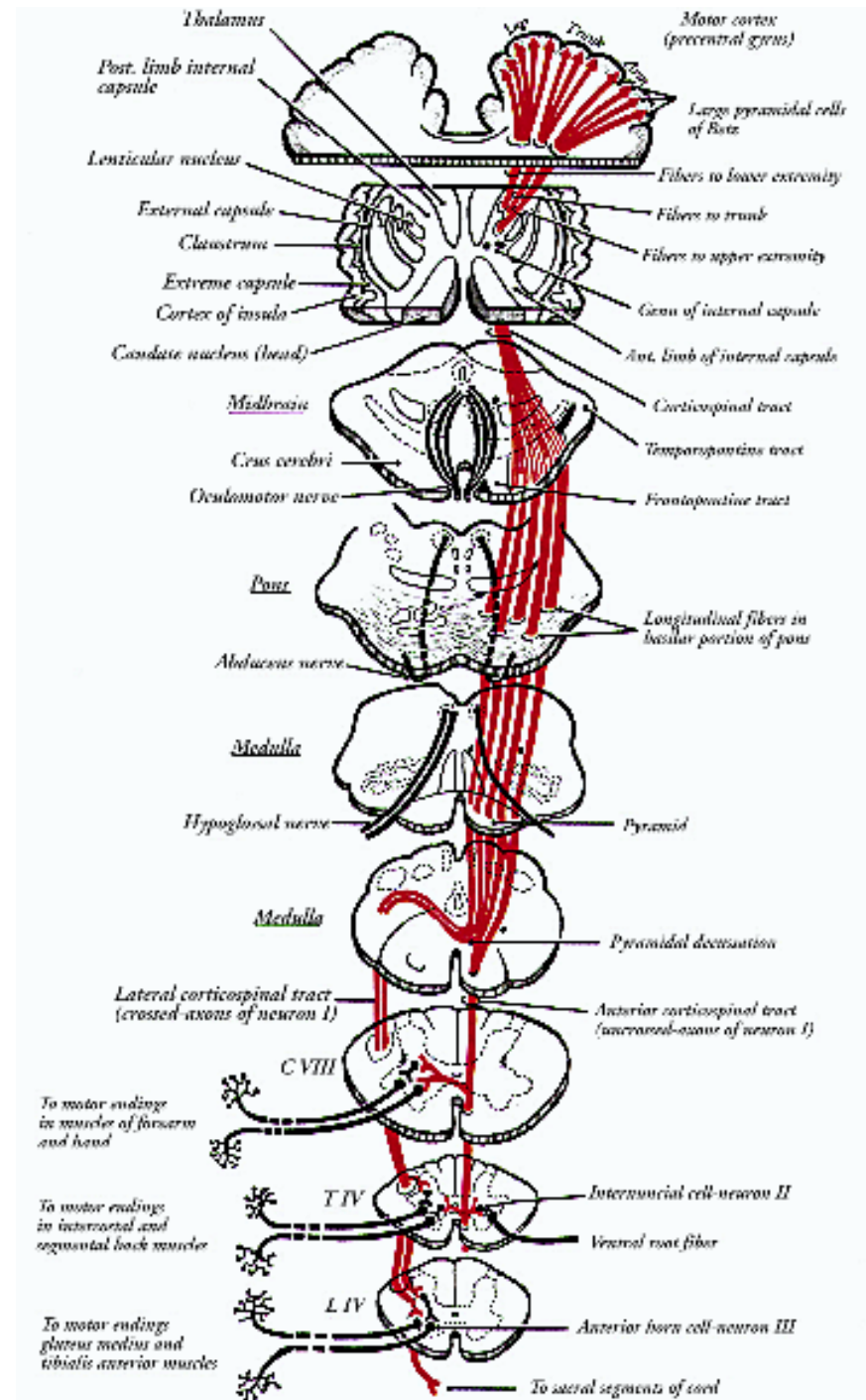
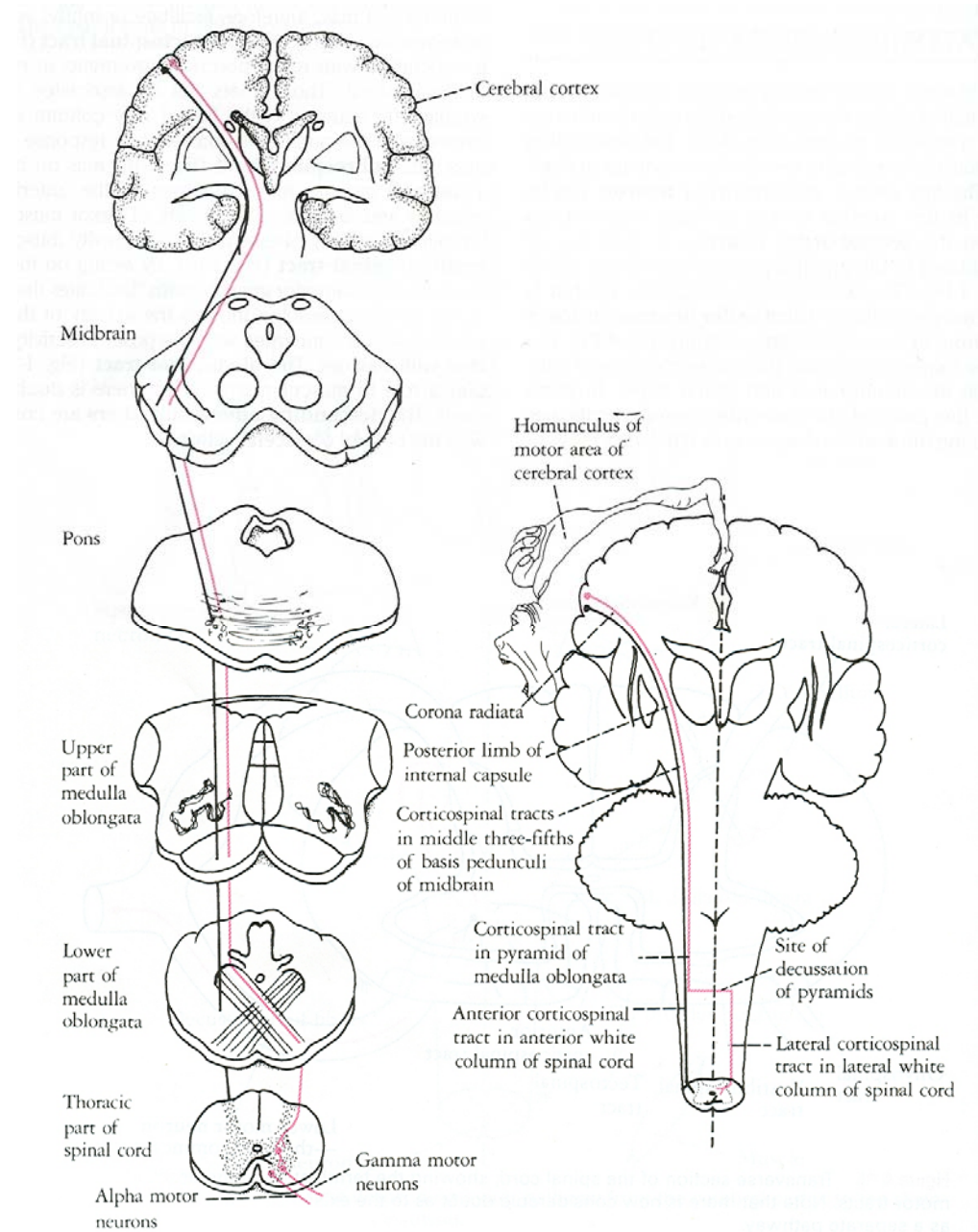


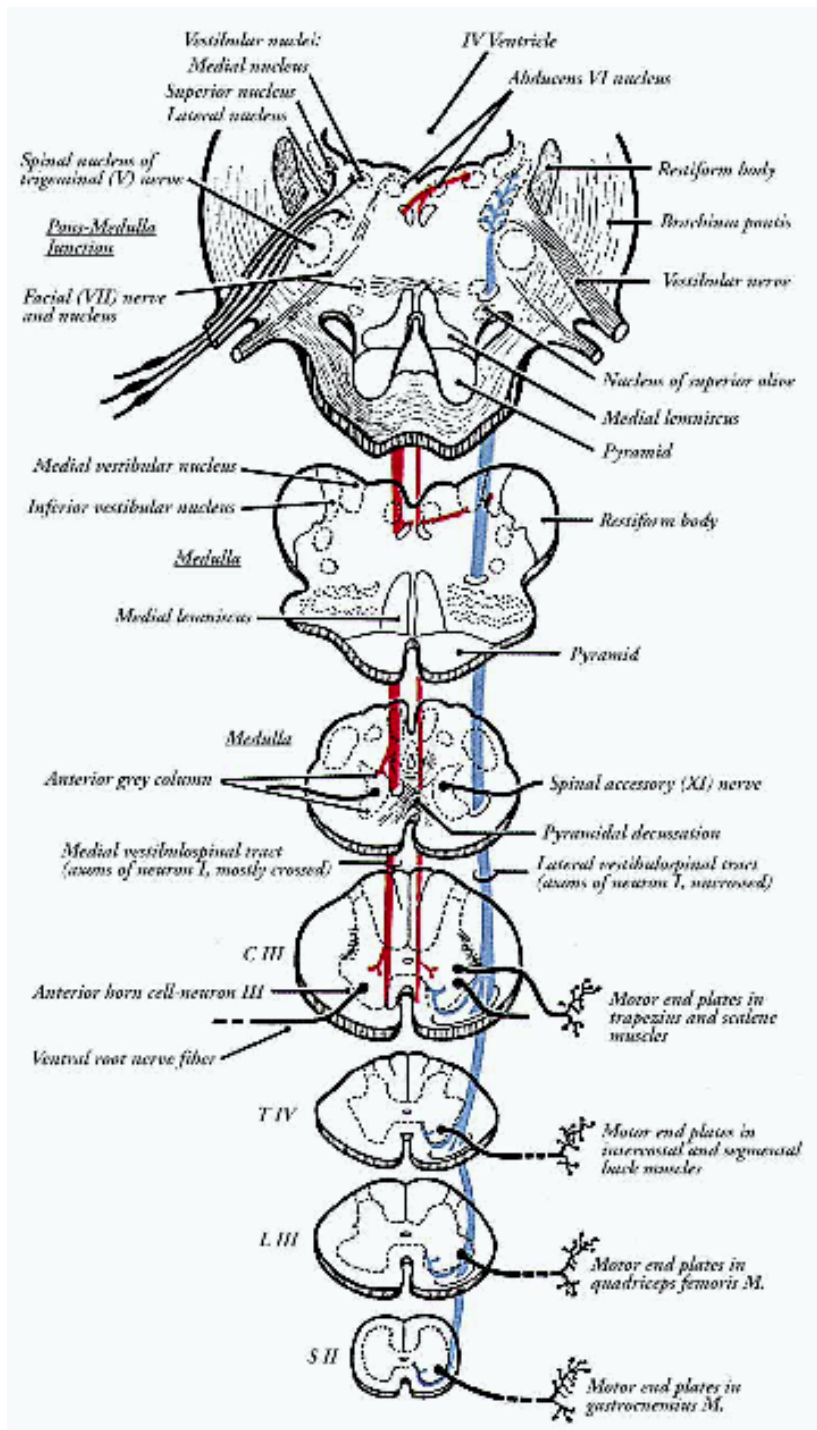
Figure 4-15 Simple form of the descending motor pathway from the cerebral cortex to the skeletal muscle. Note the three neurons involved.

Corticospinal tract

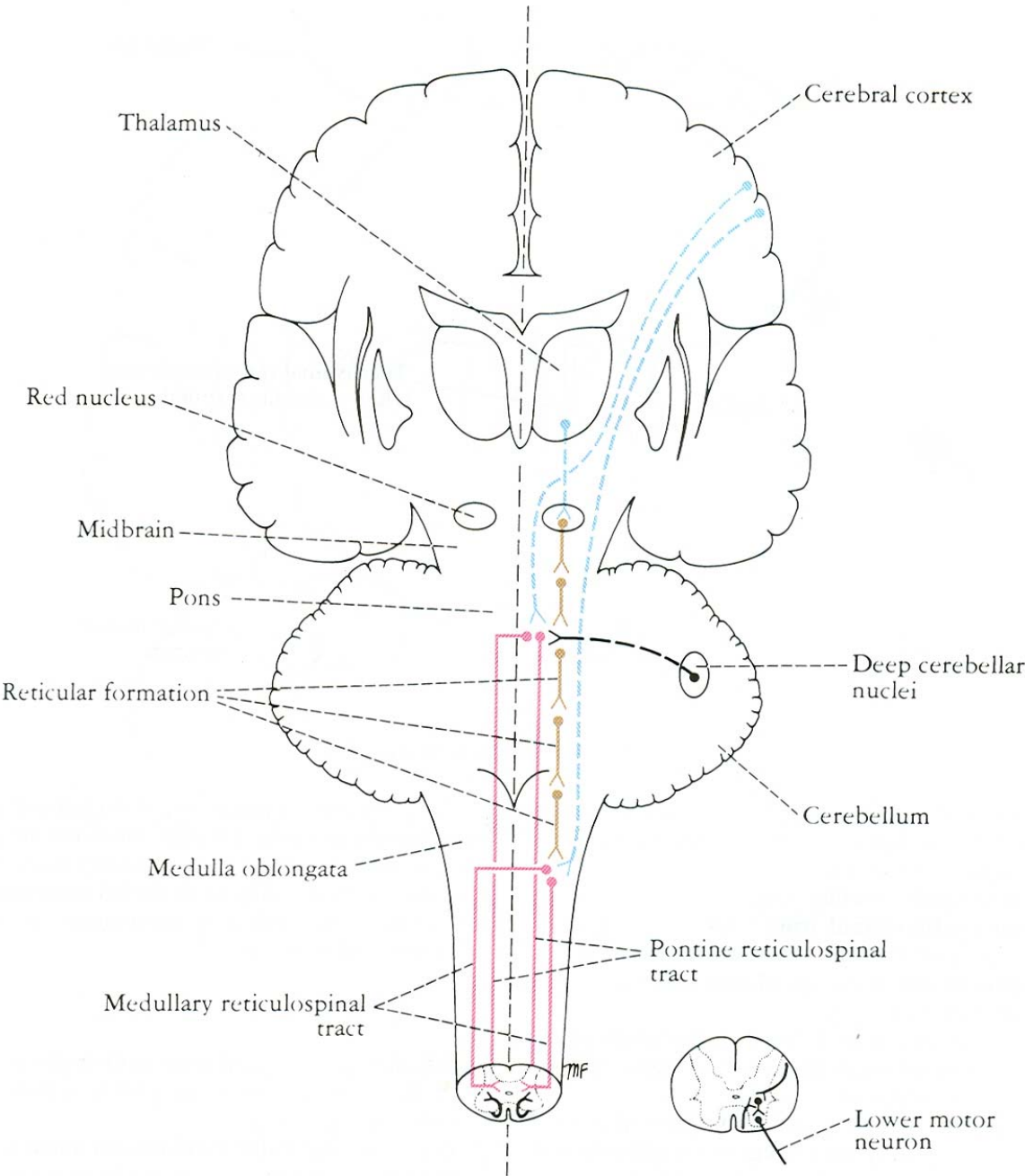


Corticospinal tract

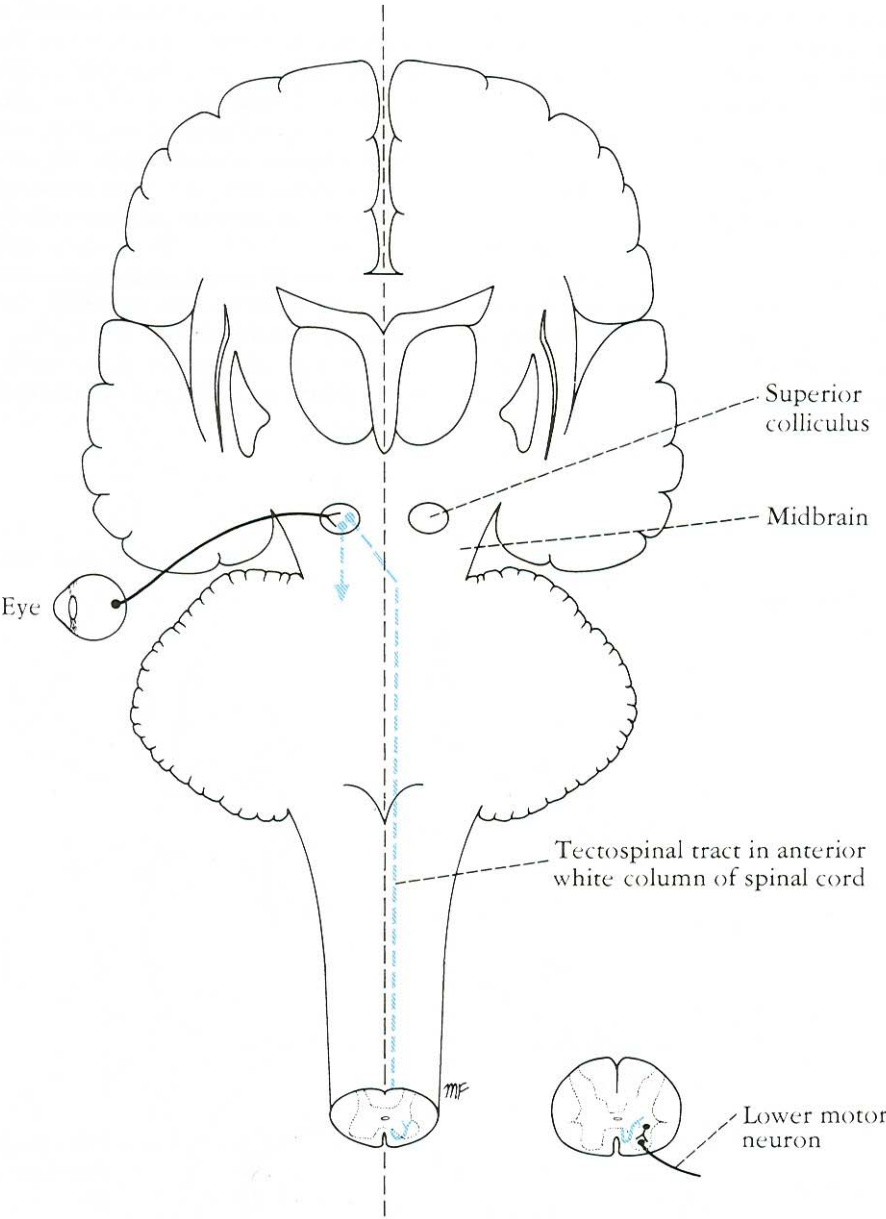




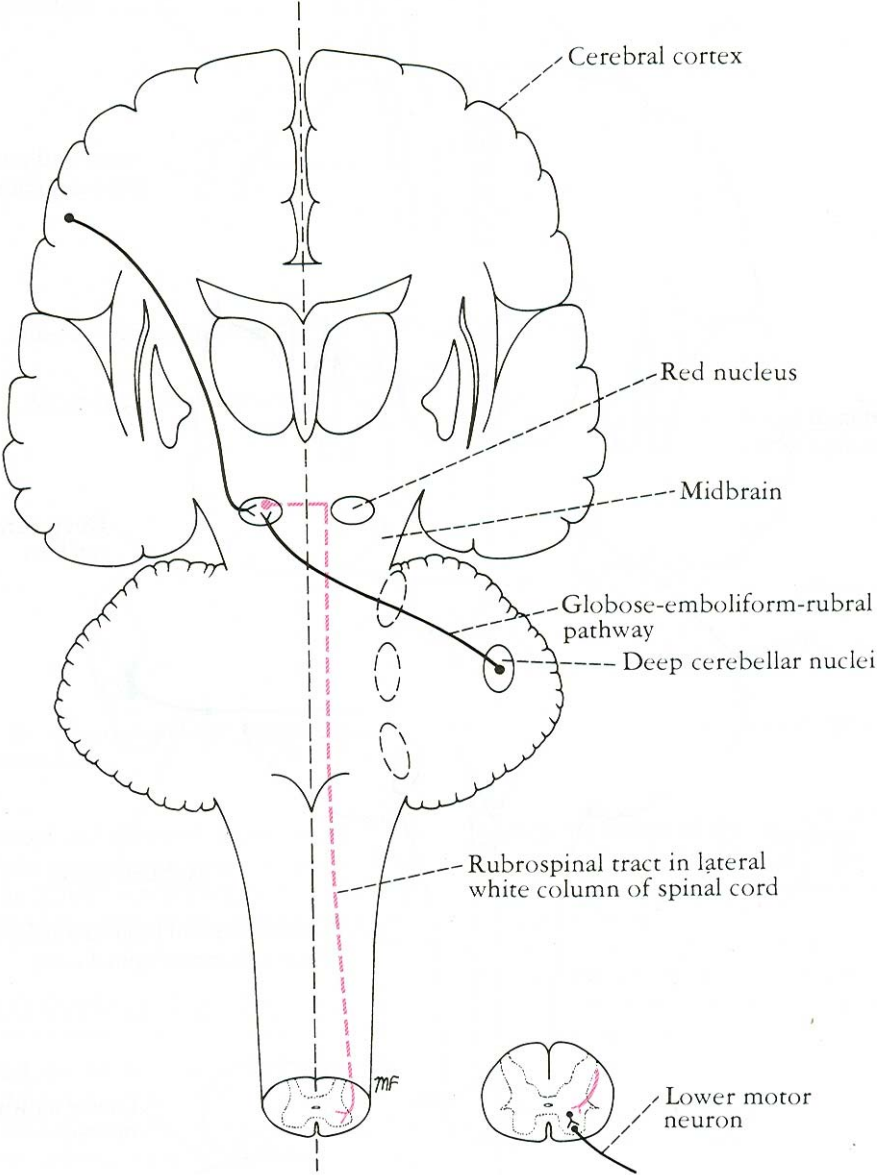
Reticulospinal tract



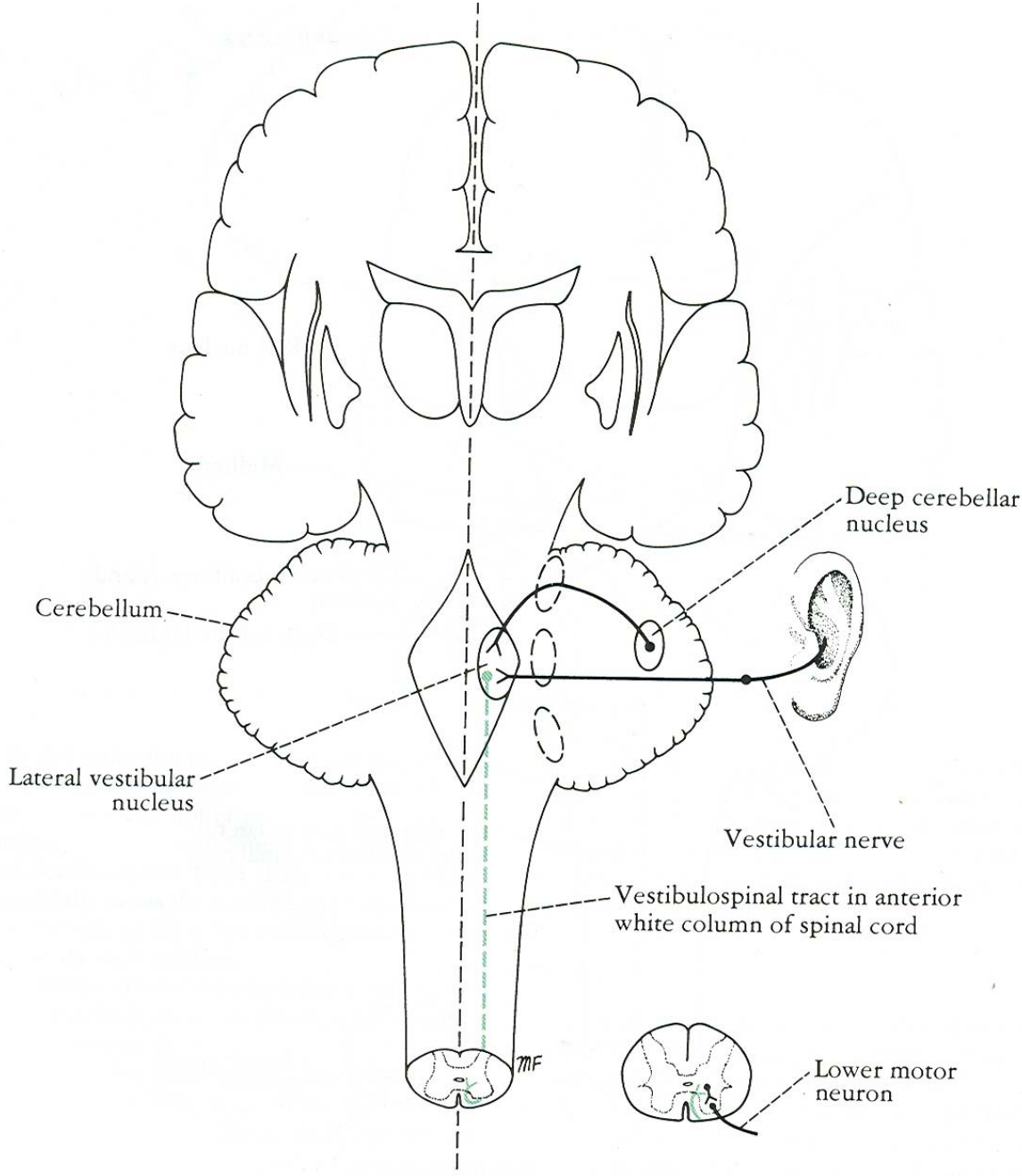
Tectospinal tract



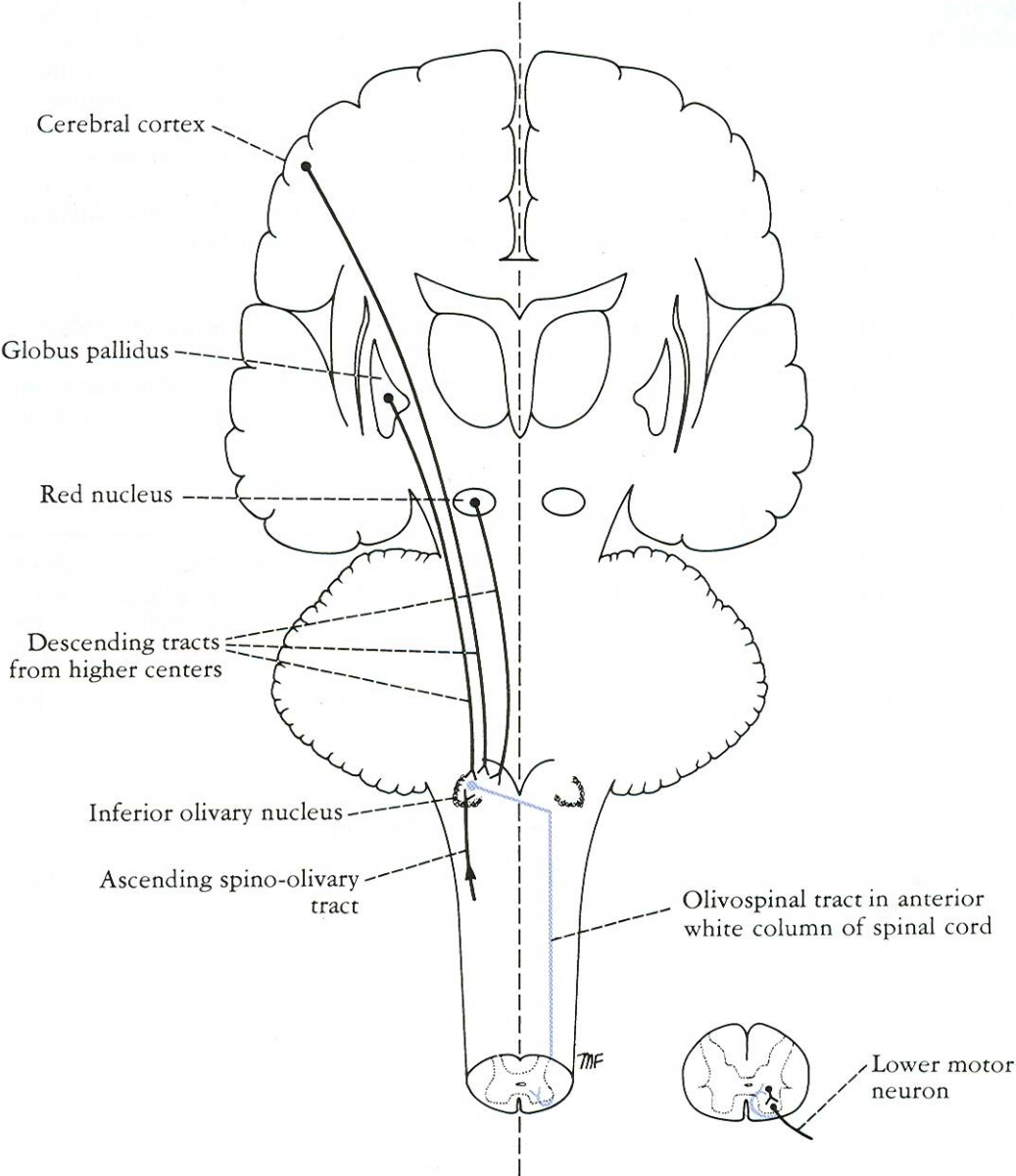
Rubrospinal tract



Vestibulospinal tract



Olivospinal tract



Applied anatomy

- **Upper motor neuron disease:**

if lesion is above pyramid, effect is contralateral; if below pyramid –ipsilateral

Sudden: flaccid hemiplegia

spastic hemiparesis involving loss of tendon reflex, muscle tone.

After effects: Muscle tone increases progressively

Spasticity (hyperflexia)

Absence of abdominal reflexes

- **Lower motor neuron disease:**

Weakness

Wasting

Loss of tendon reflex

Fasciculation

Fibrillations