

1. Which plane splits the body into left and right parts?

- ☐ Sagittal
- ☐ Oblique
- ☐ Transverse
- ☐ Coronal

2. How many spinal roots form the brachial plexus?

_____ roots

3. Which leg compartment turns the sole of the foot outwards (eversion)?

- ☐ Deep posterior
- ☐ Lateral
- ☐ Superficial posterior
- ☐ Anterior

4. Which nerve passes in front of the lung root?

- ☐ Vagus
- ☐ Sympathetic chain
- ☐ Phrenic
- ☐ Recurrent laryngeal

5. How many regions does the abdominal grid have?

_____ regions

6. Which muscle forms most of the pelvic floor?

- ☐ Levator ani
- ☐ Gluteus maximus
- ☐ Piriformis
- ☐ Rectus abdominis

7. How many cranial nerves move the eye?

_____ nerves

8. How many vertebrae are movable?

9. On a standard axial CT slice, where does the patient's right side appear?

- ☐ On the viewer's right
- ☐ At the top of the image
- ☐ On the viewer's left
- ☐ It depends on the scanner

10. A cut median nerve causes weakness and numbness that match a single spinal segment.

- ☐ True
- ☐ False

1. **Sagittal**

The sagittal plane runs front to back, so it separates left from right. Coronal separates front from back; transverse, top from bottom.

2. **5 roots**

C5, C6, C7, C8 and T1.

3. **Lateral**

The lateral compartment (peroneal muscles, superficial peroneal nerve) everts the foot.

4. **Phrenic**

The phrenic nerve (C3–5) runs in front of the root to reach the diaphragm; the vagus runs behind it.

5. **9 regions**

Two vertical and two horizontal lines make a 3×3 grid of nine regions; quadrants divide it into four.

6. **Levator ani**

Levator ani, with coccygeus, slings from pubis to coccyx and carries the pelvic organs.

7. **3 nerves**

III (oculomotor), IV (trochlear) and VI (abducens).

8. **24 vertebrae**

7 cervical + 12 thoracic + 5 lumbar = 24; the sacral and coccygeal ones are fused.

9. **On the viewer's left**

Axial slices are viewed as if from the patient's feet, so the patient's right is on the image's left. The convention is the same everywhere.

10. **False**

The median nerve carries fibres from several roots (C5–T1), so its lesion follows the nerve's movements and skin patch, not one segment.