# Medical FIFTH EDITION Language IMMERSE YOURSELF

SUSAN M. TURLEY



# Medical Language

# IMMERSE YOURSELF

FIFTH EDITION

SUSAN M. TURLEY



Director of Portfolio Management:	Digital Cont
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Sciences: John Goucher	Brad Par
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York Content Development	Field Marke
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# Two Journeys

In August 2000, I began two journeys—the adoption of children into our family and the writing of this textbook. Although very different, these two journeys shared a common thread of language and communication.

The first journey was the adoption of two beautiful children, Minh and Lien (then ages 8 and 9), who joined our family from an orphanage in Vietnam in 2001. This journey of adoption involved completing much paperwork, doing research, learning a new language and culture, and traveling to an exotic land.





The second journey was the process of writing this textbook. This journey also involved paperwork and research, but I did not need to learn a new language or culture. Because of my many years of experience in the healthcare field, I already understood medical language and culture.

I did, however, need to determine the best way to convey that knowledge to each student who would study this textbook. And so, as I wrote, I drew on my own efforts and struggles to learn a new language and culture during the adoption process. Those insights helped me identify with students who are learning medical language and culture for the first time and encouraged me to include new realworld-of-medicine features that would support and strengthen students' efforts as they learned.

I am thrilled to say that each of my daughters has begun a new journey of her own in that they have chosen to follow in my footsteps and embrace the medical field as their career choice: Minh is a nursing assistant and Lien is a physician's assistant.

### Did You Know?

As I write this in late 2018, I am ever mindful of the many children in this country and around the world who are in need of help, food, and homes.

All of the royalties from this textbook are given to provide ongoing financial support to orphanages and feed-and-read school programs for destitute children in several countries, as well as to help poor and hungry children in the United States.

## **Preface** Something Different

You may have already noticed that there is something different about this book! Perhaps by thumbing through the pages, you have taken note of the abundance of real-world healthcare images. Maybe you have discovered some of the practice exercises that abound within these pages, many of which place you in your soonto-be-realized role of a healthcare professional. Or perhaps you have already begun exploring the revolutionary web-based student media materials that are rich with highly engaging and interactive activities that add a unique dimension to your learning. As you begin this exciting and important journey into the world of medical language and health care, we offer you this promise—that you will soon be immersed in a new, exciting learning experience.

As a soon-to-be healthcare professional, your knowledge, hard work, and interpersonal skills will have a direct impact on health care throughout your career. Therefore, we do everything we can to help you learn and to empower you, so you can use what you learn to positively impact the lives of others. And so, we encourage you to immerse yourself in this book and the rich variety of resources it offers to help you learn medical language, the language of your chosen career!

Let's start at the beginning and take a close look at the title of this book: *Medical Language: Immerse Yourself.* 

### Medical Language

*Medicine* is the drama of life and death, and few subjects are as compelling, profound, or worthy of study. *Language* is a method of communicating and an expression of the people, events, and culture it represents. This book is about *medical language*. As opposed to simply memorizing vocabulary words, this book offers a complete experience—the opportunity to embrace the world of health care, just as if you were learning a foreign language. Like traveling to Tokyo for a year to learn Japanese, the goal here is for you to become immersed in the sights and sounds of your new culture of health care. This book surrounds you with context that brings the medical words to life.

This book is about real medicine that affects real patients—their lives, their families, and their futures. As a healthcare professional, no matter which aspect of health care you choose, you will have important responsibilities. Therefore, we feel it is our responsibility to provide you with as realistic a view as possible of health care today. Here are some examples of how we have done this:

- The chapters in this textbook are titled as medical specialties, not just as body systems (as are other medical terminology books). This reflects the real world. For example, people with skin conditions visit a dermatologist, not an "integ-umentary system specialist." That's why the related chapter in this book is titled "Dermatology." A patient with heart problems is treated in a hospital's cardiology department and not in a "cardiovascular system department." The decision to present the chapters in this way is an example of our commitment to make this book a realistic reflection of health care as it is in the real world. This distinction was tested extensively, and instructors and students alike overwhelmingly support and validate this way to learn.
- The majority of the images in this book incorporate medical illustrations and photographs that include a diverse array of real people, instead of cartoon-like illustrations. The photographs are of real patients and real healthcare professionals in real healthcare settings.

- The chapter review exercises present real medical reports with related criticalthinking questions. There are also exercises where you play the role of the healthcare professional in interpreting a patient's condition and rephrasing it as medical language.
- The web-based student media will immerse you in the virtual world of MyLab Medical Terminology, where you will explore a variety of fun study opportunities. In one of them, you will listen to real doctors dictating real medical sentences for you to interpret.

### Immerse Yourself

You are about to begin an interactive learning experience between you, this book, and your instructor—one that will equip you and inspire you to become an expert in medical language. The goal of this book is to connect with you, to engage your visual, auditory, and kinesthetic senses, to stimulate you, and to fuel your complete understanding of medical language.

You will not be a passive reader of this book. Instead, you will be challenged to listen, speak, write, respond, examine, think, and make connections to medical language. You should consume this book by writing notes in it and filling in your answers. By being an active participant in your own learning process, the concepts presented here will come alive in vibrant color and full texture. This book is a *living* document about a *living* language. Through the features of this book and the accompanying multimedia resources, you will get a true taste of the world of health care in *living* color.

As you engage in the multisensory experience within these pages, remember to *discover*, *learn*, *know*, and *understand* the information. But—even more—experience it and *live it*! So dive in and immerse yourself!

### New to This Edition

This fifth edition maintains the best aspects of previous editions while continuing to facilitate the learner's mastery of medical language in new and exciting ways. We have revised this edition so that it provides an even more valuable teaching and learning experience. Here are the enhancements that we have made:

### New Book and Chapter Structure

- The book now includes 15 chapters designed to be taught within a 16-week semester course as one chapter per week, leaving the last week for review and the final examination. Much of the content from the three other chapters from the fourth edition (psychiatry, oncology, and radiology) has been incorporated into the 15 chapters and is included in the Index. The full content of the psychiatry chapter is available at www.pearsonhighered.com/ healthprofessionsresources.
- The chapter structure now includes numbered sections that correlate with numbered learning outcomes. These new sections are used in Chapters 2–15, giving instructors and students a consistent template that is easy to follow. These new sections include:
  - 1. Anatomy
  - **2.** Physiology
  - **3.** Diseases
  - 4. Laboratory, Diagnostic, and Radiologic Procedures
  - 5. Medical Procedures, Drugs, and Surgical Procedures

- An innovative student-centered learning format evaluates competency after each chapter section with the use of the Practice Laps exercises.
- A new design reinforces the new chapter structure for ease of use.
- A new eText format is compatible with any device that a student might use.

### Updates to Existing Content

As in every edition of *Medical Language*, we strive to improve existing content. For the fifth edition, we have:

- Improved the Anatomy and Physiology sections by revising all of the illustrations and text to improve the clarity of details concerning complex structures and functions.
- Emphasized the relationship between different body systems and how they work in conjunction to maintain homeostasis.
- Reorganized Appendix A so that it now combines all word parts and their meanings in alphabetical order to facilitate searching. The types of word parts (combining form, prefix, suffix) are indicated by color shading of the rows and by a column that indicates *CF*, *P*, or *S*. The meaning of each word part has been revised, as needed, and verified that it is consistent across all chapters.
- Provided an Answer Key, as in the fourth edition, that includes every other answer. This encourages students to think for themselves about the answers, rather than just copying them from the Answer Key. A full Answer Key is provided in the Instructor's Manual, which allows the instructor to use any chapter exercise as a homework assignment.

### Comprehensive Teaching Package

Perhaps the most gratifying part of an instructor's work is the "aha" learning moment when the light bulb goes on and a student truly understands a concept—when that connection is made. Along these lines, Pearson is pleased to help instructors foster more of these educational connections by providing a complete suite of resources to support teaching and learning. Qualified adopters are eligible to receive a wealth of tools designed to help instructors prepare, present, and assess. For more information, please contact your Pearson sales representative or visit *www.pearsonhighered.com/educator*.

### Online Instructor's Resources

- A complete chapter-by-chapter Test Bank with a full variety of test questions. It also allows instructors to generate customized exams and quizzes.
- A comprehensive, turn-key lecture package with fully narrated chapter-bychapter lectures ("Guided Lectures") in an audio format, as well as an accompanying PowerPoint presentation containing discussion points and images.
- A sample course syllabus.
- A complete image library that includes every photograph and illustration from the book.
- Articles with useful ideas, such as classroom management tips, how to construct test questions, and how to put students at ease on the first day of class.
- Ready-made worksheets that can be used for quizzes or homework assignments.
- An array of teaching pearls and tips.
- Interesting facts and anecdotes.
- Extra content, such as word origins and the stories behind anatomical structures and diseases named for someone (eponyms)—things not covered in the book.
- A complete Answer Key that includes the answers to each of the student questions in each chapter.

### What Makes This Book Different?

### We Listened

In developing this book over five editions, we have immersed ourselves in the perspective of you, our readers. We have strived to make *Medical Language* a customer-driven text by aggressively and comprehensively researching the needs and desires of current medical terminology students and instructors. We aimed to guarantee that we were "speaking the same language" as those who would ultimately be using this book. To do this, we gathered a highly qualified development team of over 170 reviewers, with over 2,250 years of teaching experience, 4 physician specialists, as well as 11 students from across the United States to help steer us toward success.

Over the past 14 years we sat in classrooms, hosted focus groups, and conducted thorough manuscript reviews. We asked for blunt and uncompromising opinions and insights. We also commissioned dozens of detailed reviews from instructors, asking them to analyze and evaluate each chapter of the textbook. They not only told us what they did and didn't like, but they identified, page by page, numerous ways in which we could refine and enhance our key features. Their invaluable feedback was compiled, analyzed, and incorporated throughout *Medical Language*, Fifth Edition.

We asked our team to imagine their ideal medical terminology book—what it should include, how it should look. We had the author meet personally with several instructors to discuss the specifics of the book's organization, layout, format, and features. We asked question after question. This book is truly the product of a successful partnership between the author, the publisher, and our development team of students and instructors. We listened.

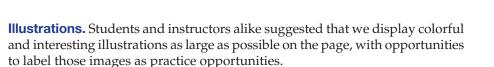
### We Learned

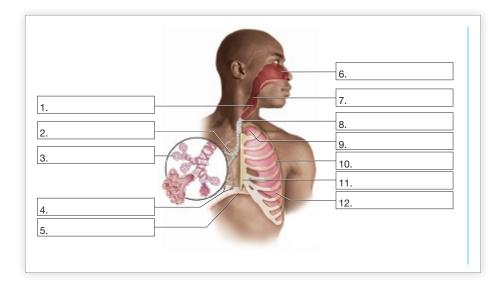
Here are some of the recommendations that we heard from our team, responded to, and included in all four editions, now updating and enhancing them even further in the new fifth edition:

• **Design.** Students and instructors alike told us they wanted an appealing, uncluttered design with an abundance of rich medical images and enough white space to allow for notetaking.



• **Exercises.** Both students and instructors suggested that we provide a greater quantity and variety of exercises than any other book, thus providing maximum opportunities to reinforce learning. Instructors asked that we only provide the answers to some of the exercises so that the exercises could also be used as graded homework assignments. In the fifth edition, we have added a set of Practice Laps exercises after each numbered section to allow students to immediately assess their knowledge of that section.





- **Special Feature Boxes.** Students asked for highlighted boxes that would help break up the reading and also provide them with opportunities to learn something new or interesting, thereby providing additional context.
- **Medical Specialties Approach.** A substantial majority (75%) of instructors told us that they wanted a medical specialties approach, rather than an approach based only on body systems.
- Focus on Word Building. Another substantial majority of instructors (over 70%) told us that they wanted a focus on word building with analysis of combining forms, suffixes, and prefixes right within the text and not just at the end of each chapter or in isolated boxes.
- **Medical Report Activities.** Instructors wanted an activity in each chapter that challenged students to analyze actual medical reports.
- Lecture Support Materials. Instructors told us about the increased challenge of creating interesting lectures and suggested that we create a fully loaded PowerPoint presentation system complete with a multitude of illustrations and photographs. In addition, we created Guided Lectures, a comprehensive auditory and visual learning experience. It includes the PowerPoint presentation coordinated with a full lecture. This is an especially helpful feature for students enrolled in online courses or for students who miss a lecture.

#### bronchopulmonary

(BRONG-koh-PUL-moh-NAIR-ee) bronch/o- bronchus pulmon/o- lung -ary pertaining to

**4.2 PRACTICE LAPS** 

cilia (SIL-ee-ah)

lung (LUNG)

pulmonary (PUL-moh-NAR-ee) pulmon/o- lung -ary pertaining to The related combining forms pneum/oand pneumon/o- mean air; lung.

lobe (LOHB)

•

• **Tools for Testing.** Instructors asked for a complete testing package that was customizable to fit their needs. Additionally, they asked for these test items to be available in online course formats.

### We Made a Commitment to Accuracy

As part of our respect for real medicine, and the importance of getting it right the first time, we made a commitment to accuracy. It was important to us to attain the highest level of accuracy possible throughout this educational package in order to match the precision required in today's healthcare environment. The author drew on her 30 years of experience in nursing, health information management, medical transcription, and medical publications and as a college instructor to provide accurate and complete information. Our development team read every page, every test question, and every vocabulary word. No less than 11 content experts read each chapter for accuracy and analyzed every bit of content in the ancillary resources. We also engaged the technical editing services of four physician specialists who carefully reviewed the chapters that correspond to their respective practices.

We welcome any and all feedback you may have to help us enhance the accuracy of this book. If you identify any errors that need to be corrected in a subsequent printing, please send them to:

Pearson Health Science Editorial Medical Terminology Corrections 221 River Street, 4th Floor Hoboken, NJ 07030

# **Our Development Team**

### About the Author

**Susan M. Turley**, **MA (Educ)**, **BSN, RN, RHIT, CMT**, is a full-time author and editor who has extensive experience in both the medical and educational fields.

As a healthcare professional, Susan has worked in a variety of healthcare settings: acute care/ICU, longterm care, physicians' offices, and managed care. She has held positions as an intensive care nurse, plasmapheresis nurse, infection control officer, physician office auditor, medical transcriptionist, director of education, and director of quality management and corporate compliance for an HMO.

As an adjunct professor in the School of Health, Wellness, and Physical Education at Anne Arundel Community College in Arnold, Maryland, Susan taught courses in medical terminology, pathophysiology, pharmacology, and medical transcription. She was instrumental in gaining initial accreditation for



the college's medical assisting program. Susan was a codeveloper of *The SUM Program for Medical Transcription Training* and reference books for Health Professions Institute. She developed the curricula for the bachelor, master's, and doctoral programs for the International Institute of Original Medicine. Susan has been a guest speaker at national seminars for accreditation of utilization management programs, medical transcription teacher training, and health information management certification examination review seminars.

Susan is also the author of the soon-to-be-released *Understanding Pharmacology for Health Professionals,* Sixth Edition (Pearson, 2021) and more than 40 articles published in medical transcription and health information management journals. With physician coauthors, she has written three nationally funded grants and two chapters in physicians' anesthesiology and ENT textbooks. Susan has also coauthored numerous abstracts and articles published in nationally known medical journals, and most recently she was the editor for an Opinion column that appeared in the *Journal of the American Medical Association*.

Susan holds a Master of Arts degree in adult education from Norwich University in Vermont, a Bachelor of Science degree in nursing from the Pennsylvania State University, and has state licensure as an RN. She is a member of and has national certification in medical transcription from the Association for Healthcare Documentation Integrity (AHDI) and is a member of and has national certification from the American Health Information Management Association (AHIMA).

### About the Illustrator

The illustrations throughout this book are the result of a close collaborative effort between the author and medical illustrator. Every figure was custom developed specifically for this book and refined to be medically accurate, precise, unique, and fresh. From a pedagogical point of view, it was important that all of the art be consistent throughout, rather than presenting a conglomeration of styles and varying levels of detail. The illustrations for the fifth edition have been revised, clarified, and updated to reflect the highest degree of medical accuracy while retaining realism and ease of understanding for students.

Anita Impagliazzo, BA, MA, CMI, is a medical and scientific illustrator in Charlottesville, Virginia. A graduate of the University of Virginia, she went on to



complete the Biomedical Illustration Graduate Program at the University of Texas Southwestern Medical Center at Dallas. She was employed for several years by companies specializing in exhibits for medical malpractice litigation before starting her own business in 2001.

Anita's regular clients now include physicians and researchers at the University of Virginia, Tulane University, University of Pittsburgh, University of Florida, the Max Planck Institute, and the Royal College of London. She also provides pro bono work to St. Jude Children's Research Hospital. She has worked on multiple textbooks, including the popular Martini series of anatomy and physiology atlases and the revered Netter Collection of Medical Illustrations. Anita is a member of the Association of Medical Illustrators and the Society for Neuroscience. Her work has won several awards. She never tires of using medical language to learn and teach about the human body: how it works, how it fails, how it is fixed, and how the fixing fails.

### About the Educational Consultant

James F. Allen, Jr., RN, MSN-Ed, MBA/HCM, JD, is an Adjunct Associate Professor at Lansing Community College in Lansing, Michigan. He earned his Master of Science in Nursing Education (MSN-Ed) at Western Governors University; his Master of Business Administration and Healthcare Management (MBA/HCM) at the University of Phoenix; and his Juris Doctorate (JD) from Thomas M. Cooley School of Law. Jim has taught courses both online and in the classroom in medical terminology, pathophysiology, pharmacology, and medical law and ethics. Since his college adopted the first edition, Jim has been an invaluable source of information and suggestions for improvement of *Medical Language*. Jim is the coauthor of *Medical Language STAT!* (Pearson, 2009) and the author of *Health Law and Medical Ethics for Healthcare Professionals* (Pearson, 2013).

### **Consultants and Contributors**

Each member of our development team has infused this book with ideas, vision, and a passion for medical language. Our team crafted the blueprints for this book and contributed to what has become a landmark educational tool. Their influence will continue to have an impact for decades to come as many students continue to study *Medical Language*. We are pleased to introduce the members of our team.

### Physician Specialist Consultants

**Stephen Caldwell, MD** Director of Hepatology Digestive Health Center of Excellence Charlottesville, Virginia

### John H. Dirckx, MD

Former Medical Director, University of Dayton Student Health Center Dayton, Ohio

Joseph Gibbons, MD Internal Medicine Physician Centennial Medical Group Elkridge, Maryland

James Michelson, MD Professor of Orthopedic Surgery George Washington University School of Medicine Washington, D.C.

### **Quality Assurance Editor**

**Garnet Tomich, BA** San Diego, California

### **Ancillary Content Providers**

James F. Allen, Jr., RN, BSN, MBA/HCM, JD, MSN-Ed Lansing Community College Lansing, Michigan

Michael Battaglia, MS, EdD Greenville Technical College Greenville, South Carolina

**Dale Brewer, BS, MEd, CMA, (AAMA)** Pensacola Junior College Pensacola, Florida

**Dean Chiarelli, MA, RD, HFS, CHES** Arizona State University Phoenix, Arizona

**Dianne Davis, BS, MS, ABD EdD** West Virginia University at Parkersburg Parkersburg, West Virginia



Sarah E.W. Finch, PhD Florida State College at Jacksonville Jacksonville, Florida

Jean M. Krueger-Watson, PhD Clark College Vancouver, Washington

Angela Moderow, PT, MPT Carolinas Rehabilitation Charlotte, North Carolina

**Janet Pandzik, MS, CMT, RMA** Good Careers Academy San Antonio, Texas

Garnet Tomich, BA San Diego, California

Katherine Twomey, MLS Greenville Technical College Greenville, South Carolina

### Manuscript Reviewers for the Fifth Edition

**Jana Allen, MT, ASCP** Volunteer State Community College Gallatin, Tennessee

**Peggy Anderson, DNP, MS, RN** Brigham Young University Provo, Utah

Michelle Cooney, MA, MT(ASCP) Moraine Valley Community College Palos Hills, Illinois

Jeffrey Crisp, MS Program Director, Allied Health Science Spartanburg Community College Spartanburg, South Carolina

Shelley Dennis, PhD, MD Rio Salado Community College Tempe, Arizona

Karalea Fisher, RHIT Central New Mexico Community College Albuquerque, New Mexico Marie Hattabaugh, MAT, RT(R)(M), CMA (AAMA) Pensacola State College Pensacola, Florida

**Rita Kealy, MM, MT(ASCP)** Moraine Valley Community College Palos Hills, Illinois

**LaShawn Lawrence, MS, RHIT, CCHP** Miami-Dade College Miami, Florida

Jennifer Michael, MSRS, RT(R) Northwestern State University Natchitoches, Louisiana

Michele Miller, PhD, CMA(AAMA) Lakeland Community College Kirtland, Ohio

**B. Jeanine Newton-Riner, MHSA, RRT, EMT-P** Chattahoochee Technical College Marietta, Georgia **Tammie Petersen, BSN, RNC-OB** Austin Community College Austin, Texas

Susan Stockmaster, OTR, CMAA (AAMA) Trident Technical College North Charleston, South Carolina

**Cheryl Travelstead, BS, AS, ASS, RT(R)(BD)** Tidewater Community College Norfolk, Virginia

**Deborah Uhlian, BS, AHI, RMA** Charles Stewart Mott Community College Flint, Michigan

**Brad Winterton, DVM, MPH, DACVPM** Weber State University Ogden, Utah

### Manuscript Reviewers for Earlier Editions

(\*Reviewer conference attendee)

**Denise M. Abrams, PT, MASS** SUNY Broome Community College Appalachian, New York

Betsy Adams, AAS, BS, MSBE Alamance Community College Graham, North Carolina

Mercedes Alafriz-Gordon, BS High Tech Institute Phoenix, Arizona

**Diana Alagna, RN, AHI, CPT** Branford Hall Career Institute Southington, Connecticut

Jana Allen, BS, MT\* Volunteer State Community College Gallatin, Tennessee

**Pam Anania, RN, APRN, MSN** Brookdale Community College Lincroft, New Jersey

**Ellen Anderson, RHIA** College of Lake County Northfield, Illinois

Judy Anderson, MEd Coastal Carolina Community College Jacksonville, North Carolina

Wendy Anderson MTI College Sacramento, California

**Lori Andreucci, MEd, CMT, CMA** Gateway Technical College Racine, Wisconsin

**Leah Beall, CST, BS** Fortis College Westerville, Ohio **Debbie Bedford, CMA, AAS** North Seattle Community College Seattle, Washington

**Tricia Berry, OTR/L** Hamilton College Urbandale, Iowa

**Sue Biederman, MSHP, RHIA** Texas State University San Marcos, Texas

**Richard Boan, BS, MS, PhD** Midlands Technical College Columbia, South Carolina

Jennifer Boles, MSN, RN, NCSN Cincinnati State Technical and Community College Cincinnati, Ohio

**Julie E. Boles, MS, RHIA** Ithaca College Ithaca, New York

Annie M. Boster, PT Bishop State Community College Mobile, Alabama

Susan A. Boulden, RN Mt. Hood Community College Aloha, Oregon

**Beth Braun, MA, PhD** Truman College Chicago, Illinois

Shannon Bruley, BAS, AEMT-IC Henry Ford Community College Dearborn, Michigan

**Juanita R. Bryant, CMA-A/C** Sierra College Penn Valley, California **Thomas Bubar, BA, MS** Erie Community College Williamsville, New York

Susan Buboltz, RN, MS, CMA Madison Area Technical College Madison, Wisconsin

**Patricia Bufalino, MA, MN, RN, FNP** Riverside Community College

**Ginger Bushway** Mendocino College Ukiah, California

Moreno Valley, California

Mary Butler, BS Collin County Community College McKinney, Texas

Toni Cade, MBA, RHIA, CCS, FAHIMA University of Louisiana at Lafayette

Lafayette, Louisiana Cara L. Carreon, BS, RRT, CMA, CPC

Ivy Tech Community College Lafayette, Indiana

**Rafael Castilla, MD** Ho Ho Kus School Ramsey, New Jersey

Julia I. Chapman, BS Stark State College of Technology North Canton, Ohio

**Dean Chiarelli, MA, RD, HFS, CHES** Arizona State University Phoenix, Arizona Kim Christmon, BS, RRT Volunteer State Community College Gallatin, Tennessee

Paula-Beth Ciolek National College of Business and Technology Richmond, Kentucky

Deresa Claybrook, MS, RHIT Oklahoma City Community College Oklahoma City, Oklahoma

Mike Cochran, BA, RT(R)(CT), ARRT, VSRT, SWDSRT Southwest Virginia Community College Richlands, Virginia

**Christine Cole, CCA** Williston State College Williston, North Dakota

Ronald Coleman, EdD Volunteer State Community College Gallatin, Tennessee

Bonnie Crist Harrison College Indianapolis, Indiana

**Cathleen Currie, RN, BS** College of Southern Idaho Twin Falls, Idaho

Dianne Davis, BS, MS, ABD EdD West Virginia University at Parkersburg Parkersburg, West Virginia Denise J. DeDeaux, AAS, BS, MBA\* Fayetteville Technical Community College Fayetteville, North Carolina

Anita Denson, BS, CMA National College of Business and Technology Danville, Kentucky

**Susan D. Dooley, CMT\*** Seminole Community College Sorrento, Florida

**Robert Fanger, MSEd** Del Mar College Corpus Christi, Texas

Sarah E.W. Finch, PhD Florida State College at Jacksonville Jacksonville, Florida

Vickie Findley, MPA, RHIA Fairmont State College Fairmont, West Virginia

Kathie Folsom, MS, BSN, RN Skagit Valley College—Whidbley Island Campus Oak Harbor, Washington

**Joyce Foster** State Fair Community College Sedalia, Missouri

**Elaine Garcia, RHIT** Spokane Community College Spokane, Washington

Suzanne B. Garrett, MSA, RHIA Central Florida Community College Ocala, Florida

**Cheryl Gates, RN, MSN, PHN** Cerro Coso Community College Ridgecrest, California

Barbara E. Geary, RN, MA North Seattle Community College Seattle, Washington

Paige Gebhardt, RMT Sussex County Community College Newton, New Jersey

Laura Ristrom Goodman, MSSW Pima Medical Institute Tucson, Arizona

Patricia Goshorn, MA, RN, CMA-AC C Cosumnes River College Sacramento, California

**Debra Griffin, RN, BSN** Tidewater Community College Virginia Beach, Virginia

**Dawn Guzicki, RN** Detroit Business Institute—Downriver Riverview, Michigan

**Paula Hagstrom, MM, RHIA** Ferris State University Big Rapids, Michigan

**Dotty Hall, RN, MSN, CST** Ivy Tech Community College Lafayette, Indiana

Karen Hardney, MSEd, RT Chicago State University Chicago, Illinois Marie Hattabaugh, RT(R)(M) Pensacola Junior College Pensacola, Florida

Tiffany Heath, CMA, CMAS, AHI, CS Porter and Chester Institute Chicopee, Massachusetts

**Barbara L. Henry, RN, BSN** Gateway Technical College Racine, Wisconsin

**Forrest Heredia** Pima Medical Institute Tucson, Arizona

**Cathy Hess, RHIA** Texas State University San Marcos, Texas

Dori L. Hess, MS, LMT, BS Stark State College of Technology Canton, Ohio

Jan C. Hess, MA Metropolitan Community College Omaha, Nebraska

**Denise M. Hightower, RHIA** Cape Fear Community College Wilmington, North Carolina

Beulah A. Hofmann, RN, MSN, CMA Ivy Tech Community College

Greencastle, Indiana Valentina Holder, MA.Ed, RHIA

Pitt Community College Winterville, North Carolina

**Joe Horan** Seacoast Career School Manchester, New Hampshire

**Pamela S. Huber, MS, MT(ASCP)** Erie Community College Williamsville, New York

James E. Hudacek, MSEd\* Loraine County Community College Amherst, Ohio

Bud W. Hunton, MA, RT (R) (QM) Sinclair Community College

Dayton, Ohio Karen Jackson, NR-CMA Remington College Garland, Texas

**Donna Jimison RN, MSN** Cuyahoga Community College Parma, Ohio

**Timothy J. Jones, MA** Oklahoma City Community College Oklahoma City, Oklahoma

Kathleen Kearney, BS, MEd, EMT-P Kent State University Kent, Ohio

**Cathy Kelley-Arney, CMA, MLTC, BSHS, AS** National College of Business and Technology Bluefield, Virginia

**Winifred Khalil, RN, MS** San Diego Mesa College San Diego, California Heather Kies, MHA Goodwin College East Hartford, Connecticut

Jan Klawitter, CMA (AAMA), CPC San Joaquin Valley College Bakersfield, California

Marsha Lalley, BSM, MSM Minneapolis Community and Technical College Minneapolis, Minnesota

**Joyce Lammers, PT, MHS, PCS** University of Findlay Findlay, Ohio

**Carol A. Lehman, ART** Hocking College Nelsonville, Ohio

Sandra Lehrke, MS, RN Anoka Technical Community College Anoka, Minnesota

Randall M. Levin, FACEP Sanford Brown College Milwaukee, Wisconsin

Maria Teresa Lopez-Hill, MS Laredo Community College Laredo, Texas Bow Valley College Calgary, Alberta Collin County Community College McKinney, Texas

**Michelle Lovings, BA** Missouri College Brentwood, Missouri

**Carol Loyd, MSN, RN** University of Arkansas Community College Morrilton, Arkansas

Patricia McLane, RHIA, MA Henry Ford Community College Dearborn, Michigan

Michael C. McMinn, MA, RRT Mott Community College Flint, Michigan

**Aimee Michaelis** Pima Medical Institute Denver, Colorado

Michelle G. Miller, M, CMA, COMT Lakeland Community College Kirtland, Ohio

Ann Minks, FAAMT Lake Washington Technical College Kirkland, Washington

Suzanne Moe, RN Northwest Technical College Bemidji, Minnesota

Barbara S. Moffet, PhD, RN Southeastern Louisiana University Hammond, Louisiana

Debby Montone, BS, RN, CCS-P, RCVT Eastwick College/Ho Ho Kus Schools Ramsey, New Jersey **Karen Myers, CPC** Pierce College Puyallup Puyallup, Washington

**Gloria Newton, MA-ED** Shasta College Redding, California

Amanda Niebur, BA Minneapolis Business College Roseville, Minnesota

**Erin Nixon, RN** Bakersfield College Bakersfield, California

Alice M. Noblin, MBA, RHIA, CCS, LHRM University of Central Florida Orlando, Florida

Wendy Oguz, AS, BA National College Indianapolis, Indiana

**Evie O'Nan, RMA** National College Florence, Kentucky

Kerry Openshaw, PhD Bemidji State University Bemidji, Minnesota

Bob Osborn Lansing Community College Lansing, Michigan

Janet Pandzik, MS, CMT, RMA Good Careers Academy San Antonio, Texas

Mirella G. Pardee, MSN, RN University of Toledo Toledo, Ohio

**Sherry Pearsall, MSN** Bryant & Stratton College Liverpool, New York

**Tina Peer, MS, RN** The College of Southern Idaho Twin Falls, Idaho

Tammie C. Petersen, RNC-OB, BSN Austin Community College Austin, Texas

**Susan Prion, EdD, RN** University of San Francisco San Francisco, California

Mary Rahr, MS, RN, CMA Northeast Wisconsin Technical College Madison, Wisconsin

**Edilberto A. Raynes, MD** Tennessee State University Nashville, Tennessee

**Deward Reece, DC** Sanford Brown College Milwaukee, Wisconsin

Joy Renfro, EdD, RHIA, CMA, CCS-P, CPC Eastern Kentucky University Richmond, Kentucky

Sheila G. Rockoff, EdD, MSN, BSN, AS, RN Santa Ana College Santa Ana, California Mary Sayles, RN, MSN Sierra College—Nevada County Campus Rocklin, California

**Jody E. Scheller, MS, RHIA** Schoolcraft College Garden City, Michigan

Patricia Schrull, MSN, MBA, MEd, RN Lorain County Community College Elyria, Ohio

Theresa R. Schuldt, MEd, HT/HTL (ASCP) Rose State College Midwest City, Oklahoma

**Jan Sesser, BS, RMA (AMT), CMA** High Tech Institute Phoenix, Arizona

Julie A. Shellenbarger, MBA, RHIA University of Northwestern Ohio Lima, Ohio

**Donna Sue Shellman, MA, CPC** Gaston College Dallas, North Carolina

Karin Sherrill, BSN Mesa Community College Gilbert, Arizona

**Paula Silver, PharmD** ECPI University Newport News, Virginia

Vicki Simpson, PhD, RN, CHES Purdue University West Lafayette West Lafayette, Indiana

Erin Sitterley North Seattle Community College Seattle, Washington

Tim J. Skaife, RT(R), MA National Park Community College Hot Springs, Arizona

Lynn G. Slack, CMA ICM School of Business and Medical Careers Pittsburgh, Pennsylvania

**Ellie Smith, RN, MSN** Cuesta College San Luis Obispo, California

Sherman K. Sowby, PhD, CHES California State University—Fresno Fresno, California

**Darla K. Sparacino, MEd, RHIA** Arkansas Tech University Russelville, Arkansas

Carolyn Stariha, BS, RHIA Houston Community College— Coleman Campus Houston, Texas

Kathy Stau, CPhT Medix School Smyrna, Georgia

Twila Sterling-Guillory, RN, MSN McNeese State University Lake Charles, Louisiana

**Deb Stockberger, MSN, RN** North Iowa Community College Mason City, Iowa Paula L. Stoltz, CMT-F Medical Transcription Education Center Fairlawn, Ohio

Faillawit, Off

Diane Swift State Fair Community College Sedalia, Missouri

J. David Taylor, PhD, PT, CSCS University of Central Arkansas Conway, Arkansas

Sylvia Taylor, CMA, CPCA Cleveland State Community College Cleveland, Tennessee

**Jean Ternus, RN, MS** Kansas City Community College Kansas City, Kansas

Cindy B. Thompson, BSRT, MA\* Alamance Community College Graham, North Carolina

**Lenette Thompson, CST** Piedmont Technical College Greenwood, South Carolina

Margaret A. Tiemann, RN, BS St. Charles Community College Cottleville, Missouri

Mary Jane Tremethick, PhD, RN, CHES Northern Michigan University Marquette, Michican

Valeria D. Truitt, BS, MAEd Craven Community College New Bern, North Carolina

Christine Tufts-Maher, MS, RHIA Seminole Community College Altamonte Springs, Florida

Pam Ventgen, CMA (AAMA), CCS-P, CPC, CPC-I University of Alaska—Anchorage Anchorage, Alaska

**Patricia Von Knorring** Tacoma Community College Gig Harbor, Washington

Jane C. Walker, BBA, PhD, RN, ASLNC-C, CPN, CNE Walters State Community College Morristown, Tennessee

Mary Warren-Oliver, BA Gibbs College Vienna, Virginia

Kristen Waterstram-Rich, MS, CNMT Rochester Institute of Technology Rochester, New York

**Kim Webb, RN, MN** Northern Oklahoma College Tonkawa, Oklahoma

Richard Weidman, RHIA, CCS-P Tacoma Community College Tacoma, Washington

Bonnie Welniak, RN, MSN Monroe County Community College Monroe, Michigan

**Connie Werner, MS, RHIA** York College of Pennsylvania York, Pennsylvania Victoria Lee Wetle, RN, EdD Chemeketa Community College Salem, Oregon

**David J. White, MA, MLIS** Baylor University Waco, Texas

Jay W. Wilborn, MEd, MT(ASCP) National Park Community College Hot Springs, Arkansas

Tammy L. Wilder, RN, MSN, CMSRN Ivy Tech Community College Evansville, Indiana

Antionette Woodall Remington College—Cleveland North Olmsted, Ohio

Scott Zimmer, MS Metropolitan Community College Omaha, Nebraska

### Focus Group Participants

Kim Anthony Aaronson, BS, DC Harry S. Truman College Harold Washington College Chicago, Illinois

Kendra J. Allen, LPN Ohio Institute of Health Careers Columbus, Ohio

**Delena Kay Austin, BTIS, CMA** Macomb Community College Clinton Township, Michigan

**Molly Baxter** Baker College—Port Huron Port Huron, Michigan

Joan Berry, RN, MSN, CNS Lansing Community College Lansing, Michigan

Kenneth Bretl, MA, RRT College of DuPage Glen Ellyn, Illinois

**Carole Bretscher** Southwestern College Bellrook, Ohio

Adrienne L. Carter, MEd, NRMA Riverside Community College Moreno Valley, California

Mary Dudash-White, MA, RHIA, CCS Sinclair Community College Dayton, Ohio

**Cathy Flite, MEd, RHIA** Temple University Philadelphia, Pennsylvania

Sherry Gamble, RN, CNS, MSN, CNOR University of Akron Akron, Ohio

Mary Garcia, BA, AD, RN Northwestern Business College Northeastern Illinois University Truman College Chicago, Illinois

Joyce Garozzo, MS, RHIA, CCS Community College of Philadelphia Philadelphia, Pennsylvania

**Patsy Gehring**, **PhD**, **RN**, **CS** Lakeland Community College Kirkland, Ohio

Michelle Heller, CMA, RMA Ohio Institute of Health Careers Columbus, Ohio

Janet Hossli Northwestern Business College Chicago, Illinois

**Trudi James-Parks, RT, BS** Lorain County Community College Elyria, Ohio

Sherry L. Jones, RN, ASN Western School of Health and Business Community College of Allegheny County Pittsburgh, Pennsylvania

Esther H. Kim Chicago State University Chicago, Illinois

**Richelle S. Laipply, PhD, CMA** University of Akron Akron, Ohio

Andrea M. Lane, CMA-C, BAS RN, MS Brookdale Community College Lincroft, New Jersey

Mary Lou Liebal, BS, RTR, MA Cuyahoga Community College Cleveland, Ohio

**Stacey Long, BS** Miami Jacobs Career College Dayton, Ohio

Anne Loochtan, MEd Columbus State Community College Cincinnati, Ohio

Anne M. Lunde, BS, CMT Waubonsee Community College Sugar Grove, Illinois

Janice Manning, MA, PCP Baker College Jackson, Michigan

Sandy Marks, RN, MS(HCA) Cerritos College Norwalk, California

Kathleen Masters, MS, RN Monroe County Community College Monroe, Michigan

Mary Morgan, MS, CNMT Columbus State Community College Columbus, Ohio

**Andrew Muniz, OT, BBA, MBA** Baker College Auburn Hills, Michigan

Michael Murphy, AAS, CMA, CLP Berdan Institute Union, New Jersey

**Stephen Nardozzi, BA** SUNY-Westchester Community College Valhalla, New York Ruth Ann O'Brien, MHA, RRT Miami Jacobs Career College Dayton, Ohio

**Donna Schnepp, MHA, RHIA** Moraine Valley Community College Palos Hills, Illinois

**Ann M. Smith, MS** Joliet Junior College Joliet, Illinois

Mark Velderrain Cerritos College Norwalk, California

Jane C. Walker, BBA, RN, ASLNC-C, CPN, CNE Walters State Community College Morristown, Tennessee **Barbara Wiggins, MT(ASCP)** Delaware Technical & Community College Georgetown, Delaware

Gail S. Williams, Ph.D., MT(ASCP)SBB, CLS(NCA) Northern Illinois University DeKalb, Illinois

**Karen Wright, RHIA, MHA** Hocking College Nelsonville, Ohio

### **Student Advisors**

**Tobi Burch** Community College of Philadelphia Philadelphia, Pennsylvania **Calvin Byrd** Temple University Philadelphia, Pennsylvania

Kimberly Clark Community College of Philadelphia Philadelphia, Pennsylvania

Susan DiMaria Brookdale Community College Lincroft, New Jersey

**Avelina Elam** Thomas Jefferson University Philadelphia, Pennsylvania

**Michael Flores** Berdan Institute Union, New Jersey **Frederick Herbert** Temple University Philadelphia, Pennsylvania

**Brenda Merlino** Thomas Jefferson University Philadelphia, Pennsylvania

**Megan Milos** Ocean County College Toms River, New Jersey

**Payam Mohadjeri** Temple University Philadelphia, Pennsylvania

Monica Narang Westchester Community College Valhalla, New York

# Thank You

### To the Pearson Development Team

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My gratitude and thanks go to Anita Impagliazzo, my medical illustrator. She embraced much more than her original role and quickly became a creative collaborator and advisor for all five editions. She is a wonderfully talented medical illustrator whose efforts made this book medically accurate, artistically unique, and without equal. By combining real-life photographs of people superimposed with medical illustrations, she created a never-before-seen level of medical realism, to the delight of the author and the awe of students and instructors alike.

My sincere thanks go to Laura S. Horowitz, York Content Development, my development editor. She expertly and seamlessly coordinated all aspects of the very complicated process of creating a new edition. Her professional expertise was a constant throughout the process, and all of the many steps and details involved would have been overwhelming and difficult to complete without her all-encompassing and timely editorial assistance and personal support.

My thanks go to Studio Montage for creating a beautiful, fresh, and inviting design and format for the fifth edition. My thanks go to all of members of the Pearson team from portfolio management assistants to project managers to marketing managers and sales representatives to the executive editors and the publisher!

My thanks go to the talented team at SPi Global, led by Patty Donovan, Project Management Team Lead/Nursing Science, Emily Tamburri, Editorial Project Manager, and Joanna Stein, Project Manager, who oversaw the extensive editing, layout, typesetting, and indexing of the fifth edition. In light of the complexity of the book, I especially appreciated their professionalism, flexibility, creative insights, and can-do approach.

My thanks go to the Pearson media team that designed and produced a spectacular array of learning applications to support my textbook.

### To Students and Instructors

As the author, my thanks go to the many classes of students who motivated me to continually research and present medical language clearly and thoroughly. It was their warm response to my teaching methods and materials that encouraged me to keep improving in the classroom and throughout all five editions of the textbook.

My thanks go to the many reviewers, instructors, and practitioners—my colleagues—who have overwhelmingly validated my efforts to write about medical language with a uniquely interesting, lively, and fresh approach. Each and every person listed played an important role in the development of this book, and I hope they share my sense of pride and accomplishment in this fifth edition.

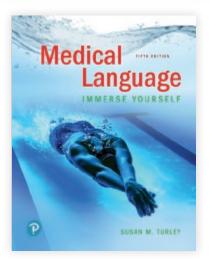
# An Overview of Medical Language

No new medical terminology book has touched the lives of so many people as profoundly as *Medical Language*. We credit the astounding success of the award-winning first edition and all subsequent editions to their special ability to meet the needs of students and instructors.

Students need to be immersed in the real world of medicine from the moment they begin to study medical terminology. That is why the chapters in *Medical Language* are named—not by body system (as is the case with anatomy textbooks and other medical terminology textbooks)—but by medical specialties, which reflects the practice of medicine in the real world. In addition, all of the text, illustrations, and photo images have been carefully revised and updated to reflect the most up-to-date medical information and the most realistic medical images available.

The emphasis on learning medical language as a language is reinforced by including see-and-say pronunciations for each bolded word in the text and providing a breakdown of each bolded word into its component word parts and their meanings.

The fifth edition builds on our commitment to excellence, and so we have once again challenged the author, our reviewers, and our development team to critique every feature, every page, every word—all to help enhance the learning and teaching process. The information in each section of a chapter is presented in a way that reflects the level of detail that the majority of instructors told us they need. The result of this feedback has been an intelligent reorganization as well as the integration of features that you, our customer, have asked for and will not find in any other medical terminology textbook.



### Chapter Format

Each chapter follows a consistent organization designed for student success.

#### Chapter Overview, Learning Outcomes, and Medical Language Key

The first page of each chapter offers a brief chapter outline to help students see the scope of the chapter as well as its special features. Each section of the chapter is numbered, and this same numbering is consistently used throughout the chapter, including in all of the exercises. The overall learning outcome for the chapter can be fulfilled by students in a very practical way by successfully completing chapter exercises. Individual learning outcomes are listed under each numbered section. The first page ends with a Medical Language Key feature box that provides a word analysis of the medical specialty described in that chapter.



The following sections are included in most chapters. The material in these sections is comprehensive in its scope but is at a level that is appropriate for a terminology textbook as opposed to an anatomy, physiology, disease, laboratory, or surgical textbook. Each section is supplemented by a rich variety of medical illustrations and photographs as well as several different Special Features, as described later.

#### Anatomy

The first section in each chapter is a comprehensive presentation of the anatomy of the body system related to that chapter's medical specialty.

### 4.1 Anatomy

#### Upper Respiratory System

bronchiolar

The upper respiratory system is in the head and neck. It includes the nose, nasal cavity, and pharynx (throat). Note: Some of these same structures—as well as others (the sinuses, adenoids, tonsils)—are part of the ears, nose, and throat (described in Chapter 15, Otolaryngology).

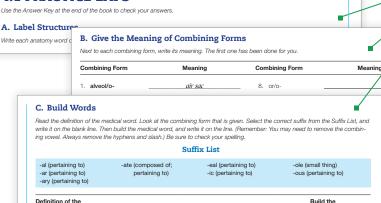
#### **4.1 PRACTICE LAPS**

### Write each anatomy word c

A. Label Structure

ledical Word

Example: Pertaining to (the)



Suffix

#### **Practice Laps**

The Anatomy section (and each subsequent numbered section) ends with a set of Practice Laps exercises that reinforce the material that has just been presented.

#### Physiology

Combining Forn

bronchiol/o-

This second section is a comprehensive presentation of the physiology of the body system related to that chapter's medical specialty.

### 4.2 Physiology

Breathing is normally an involuntary process that occurs without any conscious effort. Respiratory control centers in the brain regulate the depth and rate of respiration. Receptors in large arteries in the chest and neck send information to the brain about the level of oxygen in the blood, and receptors in the brain send information about the blood level of carbon dioxide. Based on this information, the respiratory control centers regulate the rate of respiration by sending nerve impulses to the phrenic nerve, causing the diaphragm to contract. You can voluntarily control your respiration (when you hold your breath), but eventually involuntary control takes over, forcing you to breathe.

Word or Phrase	Description	Combining Forms
	Overview	
cardiopulmonary	Pertaining to the heart and lungs	cardi/o- heart pulmon/o- lung
respiratory system	The structures of the upper respiratory system include the nose, nasal cavity, and pharynx (throat). The lower respiratory system includes the larynx (voice box), trachea (windpipe), bronchi, bronchioles, lungs, and thorax. Also known as the <b>respiratory tract</b> . The functions of the respiratory system are to bring oxygen into the body and expel carbon dioxide.	spir/o- breathe; coil
	Anatomy of the Upper Respiratory System	
mucosa	Mucous membrane that lines most of the respiratory system. It warms and humidifies incoming air. It produces <b>mucus</b> to trap foreign particles and bacteria.	muc/o- mucus
nasal cavity	ity Hollow area inside the nose. The nasal septum divides the nasal cavity into right and left sides. sept/o- dividing wall; septu	
nasopharynx is posterior to the nasal cavity, the oropharynx is posterior to the oral cavity, and the laryngopharynx is posterior to the or/o- mouth		
turbinates	Scroll-like projections of bone covered by mucous membrane on either side of the nasal cavity. They slow down and give moisture to inhaled air. Also known as <b>nasal conchae</b> .	turbin/o- scroll-like structure

#### Vocabulary Review

After the first two sections, a Vocabulary Review reinforces an understanding of anatomy and physiology with an at-a-glance review of each bolded word or phrase, its description, and related combining forms. Some chapters also contain an Abbreviation Review at this point.

#### Diseases

The third section in each chapter provides descriptions, causes, symptoms, and treatments for common diseases related to that chapter's medical specialty, again ending with a set of Practice Laps exercises.

### 4.3 Diseases

Note: Diseases of the nose, sinuses, pharynx, tonsils, adenoids, and larynx are described in Chapter 15, Otolaryngology.

Word or Phrase	Description	Pronunciation/Word Parts
Nose and P	harynx	
upper respiratory infection (URI)	Bacterial or viral infection of the nose and/or throat. Also known as a common cold or a head cold (see Figure 4-8 ). Treatment: Antibiotic drug for a bacterial infection	infection (in-FEK-shun) infect/o- disease within -ion action; condition

### 4.4 Laboratory, Diagnostic, and Radiologic Procedures

Word or Phrase	Description	Pronunciation/Word Parts	
Laboratory	Tests and Diagnostic Procedures		
arterial blood gases (ABG)	Blood test to measure the partial pressure (p) of the gases oxygen (pO <sub>2</sub> ) and carbon dioxide ( $p$ CO <sub>2</sub> ) in the arterial blood. The pH (how acidic or alkaline the blood is) is also measured. The higher the level of carbon dioxide, the more acidic the blood and the lower the pH.	arterial (ar-TEER-ee-al) arteri/o- artery -al pertaining to	

#### Laboratory, Diagnostic, and Radiologic Procedures

The fourth section describes the most common types of tests that are ordered to diagnose diseases related to that medical specialty, again ending with Practice Laps exercises.

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### 4.5 Medical Procedures, Drugs, and Surgical Procedures

### Medical Procedures, Drugs, and Surgical Procedures

The last numbered section in each chapter describes the most common medical and surgical procedures and drugs used in that medical speciality, once again ending with Practice Laps exercises.

Word or Phrase	Description	Pronunciation/Word Parts
Medical Pro	ocedures	
auscultation and percussion (A&P)	Auscultation uses a <b>stethoscope</b> to listen to breath sounds in all lobes of the lungs. Percussion uses the finger of one hand to tap over the finger of the other hand that is spread across the patient's back over a lobe of the	auscultation (aws-kul-TAY-shun) auscult/o- listening -ation being; having; process
	lung. After a few taps, the hand is moved over another lobe. Auscultation and percussion tell the physician if the lung sounds are clear or if there is duliness because of the presence of fluid or a tumor (see Figure 4-24 <b>a</b> ).	stethoscope (STETH-oh-skohp) steth/o- chest -scope instrument used to examine
		percussion (per-KUH-shun) percuss/o- tapping -ion action; condition

Abbreviations Summary			
A&P	auscultation and percussion	LUL	left upper lobe (of the lung)
ABG	arterial blood gases	MDI	metered-dose inhaler
AFB	acid-fast bacillus	MDR-TB	multidrug-resistant tuberculosis
AP	anteroposterior	MRI	magnetic resonance imaging
AQI	Air Quality Index	0 <sub>2</sub>	oxygen
ARDS	adult respiratory distress syndrome	PA	posteroanterior
BS	breath sounds	PCO <sub>2</sub> , pCO <sub>2</sub>	partial pressure of carbon dioxide
C&S	culture and sensitivity	PFT	pulmonary function test
CAT, CT	computerized axial tomography	PND	paroxysmal nocturnal dyspnea
CF	cystic fibrosis	PO <sub>2</sub> , pO <sub>2</sub>	partial pressure of oxygen
со	carbon monoxide	PPD	packs per day (of cigarettes);
CO <sub>2</sub>	carbon dioxide	PPD	purified protein derivative (TB test)
COPD	chronic obstructive pulmonary disease	RA	room air (no supplemental oxygen)
CPAP	continuous positive airway pressure	RLL	right lower lobe (of the lung)
CPAP	(pronounced "SEE-pap")	RML	right middle lobe (of the lung)

#### Abbreviations Summary

Each chapter ends with a summary of all of the abbreviations and their meanings that were used in the chapter.

#### Career Focus

#### Meet Susan, a respiratory therapist in a hospital

"I love my job. I've been doing it for 36 years. I probably could retire, but I choose not to. We treat neonates to geriatric patients. We treat asthma, COPD, and pulmonary fibrosis patients and give information to the patients' families. We also manage oxygen therapy, nebulizer therapy, and medication therapy. We do pulmonary function technology and blood gases. I feel that being a respiratory therapist allows me to feel respected and appreciated, not only by the medical staff, but by the patients because you are giving patient care. You are dealing with the patient directly, as well as the physician. You feel good at the end of the day when you leave."

- Respiratory therapists are allied health professionals who perform pulmonary function tests and administer respiratory therapy with various types of equipment that provide oxygen or respiratory assistance to a patient.
- Pulmonologists are physicians who practice in the medical specialty of pulmonology. They diagnose and treat patients with respiratory problems. Physicians can take additional training and become board certified in the subspecialty of pediatric pulmonology.
- Thoracic (or cardiothoracic) surgeons perform pulmonary surgery, including surgery for cancer.
- Oncologists treat cancer of the lungs with drugs.



therapist (THAIR-ah-pist) therap/o- treatment -ist person who specializes in

pulmonologist (PuL-moh-NAW-loh-jist) pulmon/o- lung log/o- study of; word -ist person who specializes in

oncologist (ong-KAW-loh-jist) onc/o- mass; tumor log/o- study of; word

-ist person who specializes in

#### **Career Focus**

This section orients students to a different healthcare career in each chapter.

#### **Chapter Review Exercises**

This section fortifies students with a fun and extensive variety of exercises. Dive In exercises are linked to each numbered section in the chapter and are designed for a range of learning styles. These exercises emphasize mastery of the medical information presented in each section as well as mastery of the language aspects of word parts and their meanings, building words, dividing words, singular and plural nouns, adjectives, spelling, and pronunciation. Immerse Yourself exercises emphasize the application of knowledge as students read real patient records and answer thought-provoking questions about their content.

### Chapter Review Exercises

#### Dive In: Medical Language Exercises

Test your knowledge of the chapter by completing these review exercises. Use the Answer Key at the end of the book to check your answers. Note: Each of the numbered exercise headers corresponds to a numbered learning outcome at the beginning of the chaoter.

#### 4.1 Anatomy

2. tu

MATCHING EXERCISE Match each word or phrase to its description

#### Immerse Yourself: Analyze Medical Reports

#### Electronic Patient Record #1

Task Edit View Time Scale Options Help

This is an Office Visit in the SOAP note format. Read the note and answer the questions.

#### PEARSON PRIMARY CARE ASSOCIATES

 Image: Second state
 Image: Second state

 PATIENT NAME: GUPTA, Priya

 MEDICAL RECORD NUMBER: 964-43651

 DATE OF VISIT: 11/19/xx

### MyLab Medical Terminology™

MyLab Medical Terminology is a premium online homework management system that includes a host of features to help you study. Registered users will find:

- A multitude of quizzes and activities built within the MyLab platform
- Powerful tools that track and analyze your results-allowing you to create a personalized learning experience
- Videos and audio pronunciations to help enrich your progress
- Streaming lesson presentations (guided lectures) and self-paced learning modules
- A space where you and your instructor can check your progress and manage your assignments

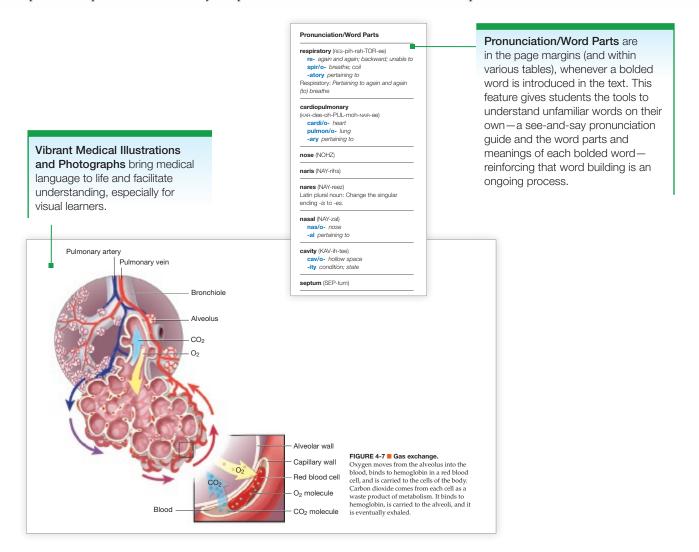
#### MyLab Medical Terminology Preview

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This end-of-chapter reminder encourages students to make use of the rich variety of online interactive activities and games to further enhance their learning experience.

### **Special Features**

"How would you describe the ideal medical terminology textbook?" That is the question we asked our development team of students and instructors. Their responses helped us craft an array of special features that make this book unique.



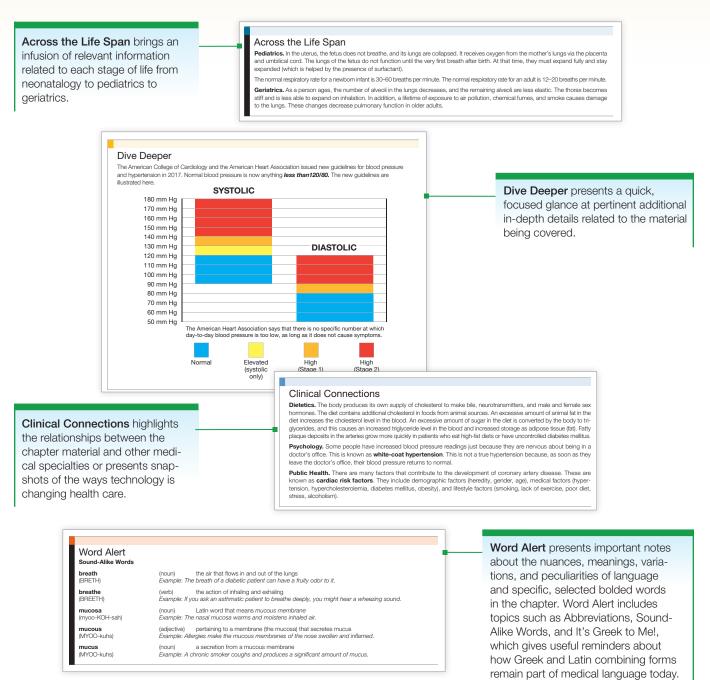
**Tables** are used whenever appropriate to present the content in avisually organized way that students can more easily understandand study.

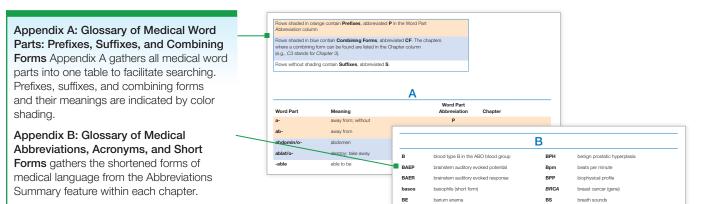
#### Table 5-3 Locations and Descriptions of the Veins

The veins are listed as they are encountered anatomically, beginning with the vena cava.

Veins	Location and Description	Pronunciation/Word Parts
superior vena cava	The <b>superior vena cava</b> brings deoxygenated blood from the head, neck, chest, and arms to the right atrium. The superior vena cava is named for its location, which is superior to the heart.	vena cava (VEE-nah KAY-vah) Latin plural noun: Change the singular ending -a to -ae. Example: The superior and inferior venae cavae
inferior vena cava	The <b>inferior vena cava</b> brings deoxygenated blood from the abdomen, pelvis, and legs to the right atrium. The inferior vena cava is named for its location, which is inferior to the heart. In the pelvic cavity in the area of the hip bones, the inferior vena cava ends as it divides to become the right and left iliac veins.	
jugular veins	The <b>jugular veins</b> bring deoxygenated blood from the head and neck to the superior vena cava. The jugular vein takes its name from a Latin word that means <i>neck</i> .	jugular (JUG-yoo-lar) jugul/o- throat -ar pertaining to
pulmonary veins	The <b>pulmonary veins</b> bring <u>oxygenated</u> blood from the lungs to the left atrium of the heart. Remember: The pulmonary veins are the exception because they are the only veins that carry <u>oxygenated</u> blood. The adjective for the lung is <i>pulmonary</i> .	pulmonary (PUL-moh-NAR-ee) pulmon/o- lung -ary pertaining to
portal veins	The <b>portal veins</b> bring deoxygenated blood from the intestines and liver to the inferior vena cava. The portal vein is named for the porta hepatis, an opening (or portal) in the liver where blood vessels enter and exit.	portal (POR-tal) port/o- point of entry -al pertaining to
fibular veins	The <b>fibular veins</b> bring deoxygenated blood from the little toe side of the lower leg to the femoral veins. The fibular vein is named for the fibula bone in the lower leg.	fibular (FIH-byoo-lar) fibul/o- fibula -ar pertaining to
saphenous veins	The <b>saphenous veins</b> bring deoxygenated blood from the lower legs to the femoral veins. The saphenous vein takes its name from a Latin word that means <i>clearly visible</i> , as this vein often can be seen through the skin on the inside lower leg.	saphenous (SAF-eh-nuhs) saphen/o- clearly visible -ous pertaining to

### **Feature Boxes** spark student interest with key details relating the material to the real world of medicine and include:





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### What Is MyLab Medical Terminology?

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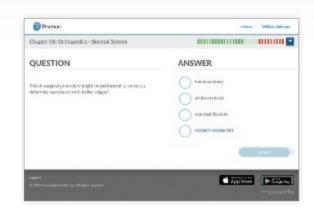
**Pre-Tests and Post-Tests.** Using questions aligned to the learning outcomes in *Medical Language*, multiple tests measure your understanding of topics.

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 Appendix B: Glossary of Medical Abbreviations, Acronyms, and Short Forms B-1

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# Medical Language and Health Care Today

Medical language (MED-ih-kal LANG-gwij) is the framework on which the practice of medicine is built. Healthcare professionals use medical language every day to communicate with each other.

Health care is the process by which trained and licensed professionals maintain or restore the health of the body and mind.

### Chapter Overview and Learning Outcomes

After you study this chapter, you should be able to demonstrate mastery of the outcomes by successfully completing the exercises.

### 1.1 Medical Language

Identify the five skills of medical language communication.

Describe the origins of medical language.

1.1 Practice Laps

#### **1.2 Medical Words: Singular and Plural Nouns and Word Parts**

Form the plural of common medical singular nouns. Identify the characteristics of word parts (combining form, suffix, prefix).

Give the meaning of common medical word parts.

1.2 Practice Laps

### **1.3 Medical Words: Divide, Build, Spell, and Pronounce**

Divide medical words into word parts. Build medical words from word parts. Spell and pronounce common medical words.

1.3 Practice Laps
Vocabulary Review

### 1.4 The Body in Health and Disease

Define *health* and *disease*. Identify body planes, directions, and positions; body cavities; and body quadrants and regions. Describe anatomy and physiology, body systems, and medical specialties. Describe categories of diseases.

1.4 Practice Laps
Vocabulary Review

### 1.5 Health Care Today

Describe categories of healthcare professionals. Describe the settings in which health care is provided. Describe techniques used to perform a physical examination. Describe the types and components of electronic health records.

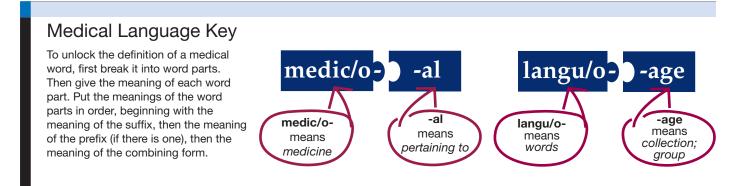
1.5 Practice Laps

### Vocabulary Review Abbreviations Summary Career Focus

#### **Chapter Review Exercises**

*Dive In:* Medical Language Exercises (Learning Outcomes 1.1–1.5) *Immerse Yourself:* Introduction to Medical Reports

3



ou are about to begin the study of medical language! Right now, medical words may seem complex, but, as you study, you will learn their meanings. Studying medical language involves time and effort, but healthcare professionals know that there is no substitute for a thorough, working knowledge of medical language. Medical language is the language of health care and medicine, and medical words are the "tools of the trade (see Figure 1-1 ." Learning medical language is the key to a successful career!

#### Pronunciation/Word Parts

medical (MED-ih-kal) medic/o- medicine -al pertaining to

language (LANG-gwij) langu/o- words -age collection; group

terminology (TER-mih-NAW-loh-jee) termin/o- boundary; end; word -logy study of

### **Dive Deeper**

Medical Language versus Medical Terminology. There are many medical terminology textbooks on the market. These textbooks teach medical terms, but not medical languagethe language that physicians, nurses, therapists, and other healthcare workers use. Medical terminology textbooks divide chapters by body systems, but Medical Language has chapters based on medical specialties, which reflects the practice of medicine in the real world. Medical Language reflects the way communication happens in medicine and health care today!



A.

#### FIGURE 1-1 Medical language.

A.These paramedics are speaking and writing medical language as they describe the condition of the patient in the ambulance to healthcare professionals in the hospital's emergency department. B. This nurse is reading and analyzing a patient's electronic medical record as she speaks to the patient's physician who is listening to her report during a teleconference. How important do you think it is for each of these healthcare professionals to have a thorough, working knowledge of medical language?

### 1.1 Medical Language

### Language Skills

**Communication** in any language consists of five language skills. These same skills apply to medical language. You need to master all five skills in order to communicate on the job with other healthcare professionals.

#### 1. Reading medical words

2. Hearing others speak medical words

processing function of a computer.

These first two skills involve receiving medical language. This is similar to input coming into a computer.

- 3. Thinking, analyzing, and understanding medical words This three-part skill involves processing medical language. This is similar to the
- 4. Writing (or typing) and spelling medical words
- 5. Speaking and pronouncing medical words

These two skills involve relaying medical language. This is similar to output coming from a computer.

All of these skills are critical to the communication of medical language. This textbook, *Medical Language*, helps you develop all of these skills by giving you many opportunities to practice until you have mastered them.

### The Origins of Medical Language

Let's start by looking at how medical language began. **Etymology** is the study of word origins. In medical language, many words came from other languages, particularly Greek and Latin. Why? Because in ancient times, both the Greeks and the Romans advanced the study and practice of medicine. They named anatomical structures, diseases, and treatments in their own languages, and many of these Greek and Latin words remain a part of medical language today. You'll be surprised to see how many of these words are familiar to you.

### Word Alert

**Word Origins.** These medical words are identical to the original Greek and Latin words.

Medical Word	Language of Origin
pelvis	Latin <i>pelvis</i>
sinus	Latin <i>sinus</i>
thorax	Greek thorax

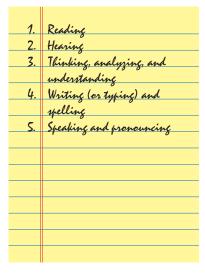
These medical words are similar to the original Greek and Latin words.

Medical Word	Language of Origin
artery	Latin arteria
muscle	Latin <i>musculus</i>
patient	Latin <i>patiens</i>
sperm	Greek sperma
urine	Latin <i>urina</i>
vein	Latin <i>vena</i>

#### Pronunciation/Word Parts

communication (koh-мyoo-nih-KAY-shun) communic/o- impart; transmit -ation being; having; process

etymology (ET-ih-MAW-loh-jee) etym/o- word origin -logy study of



These medical words are similar to words from Old English, French, or Dutch.

Medical Word	Language of Origin
bladder	Old English blaedre
drug	Old Dutch droog
heart	Old English heorte
physician	Old French physicien

It's Greek to Me! This feature appears at the end of each chapter. It lists common combining forms mentioned in that chapter, their language of origin (Greek or Latin), and how those combining forms were used in medical words in the chapter. (*Note:* You will learn about combining forms in a later section.)

Word	Greek	Latin	Medical Word Examples
intestine	enter/o-	intestin/o-	gastroenterology; gastrointestinal
nerve	neur/o-	nerv/o-	neurology; nervous system
skin	dermat/o-	integument/o-	dermatology; integumentary system

### **1.1 PRACTICE LAPS**

Use the Answer Key at the end of the book to check your answers.

### A. Matching Exercise

Match each word to its description.

- 2. drug \_\_\_\_\_ medical word that is similar to an Old French word
- 3. muscle \_\_\_\_\_ medical word that is similar to a Greek word
- 4. physician \_\_\_\_\_ medical word that is identical to a Latin word
- 5. sinus \_\_\_\_\_ medical word that is identical to a Greek word
- 6. sperm \_\_\_\_\_ medical word that is similar to an Old Dutch word
- 7. thorax \_\_\_\_\_ medical word that is similar to an Old English word

### **B. True or False Exercise**

Indicate whether each statement is true or false by writing T or F on the line.

- 1. \_\_\_\_\_ Studying medical language involves time and effort.
- 2. \_\_\_\_\_ Terminology is the study of word origins.
- 3. \_\_\_\_\_ In ancient times, both the Greeks and Romans named structures, diseases, and treatments in their own languages.
- 4. \_\_\_\_\_ All medical words originally came from the Latin language.
- 5. \_\_\_\_\_ The medical word *pelvis* and the Latin word *pelvis* are identical.
- 6. \_\_\_\_\_ Medical words are the "tools of the trade" for healthcare professionals.
- 7. \_\_\_\_\_ Communication in any language consists of five language skills.

### C. Fill in the Blank Exercise

Name the five language skills.

1.	
2.	
З.	
4.	
5.	

### 1.2 Medical Words: Singular and Plural Nouns and Word Parts

# Medical Words: Singular and Plural Nouns English Nouns

The rules for forming the plural of English words also apply to medical words. For most singular English nouns, form the plural by adding an *-s*.

Examples: *gland* becomes *glands*, *hormone* becomes *hormones*, *intestine* becomes *intestines*, *kidney* becomes *kidneys*, *lung* becomes *lungs*, *nerve* becomes *nerves*, *rib* becomes *ribs*, and *tonsil* becomes *tonsils*.

For some singular English nouns that end in *-y*, form the plural by changing the *-y* to *-ies*.

Examples: artery becomes arteries, and ovary becomes ovaries.

### **Greek and Latin Nouns**

The Greek and Latin languages are important sources of medical words. These languages had rules about how to form plural nouns, and those rules still apply today (see Table 1-1 .). *Note*: When a Greek or Latin noun appears in a chapter, there will be a note there to remind you of those rules.

### Table 1-1 Rules for Forming Greek and Latin Plural Nouns

Rule	Singular Noun	Plural Noun			
Greek Singular and Plural Nouns					
1. When a Greek singular noun ends in -is, form the plural by changing -is to -ides.	iris	irides			
2. When a Greek singular noun ends in $-nx$ , form the plural by changing $-nx$ to $-nges$ .	phalanx	phalanges			
3. When a Greek singular noun ends in -oma, form the plural by changing -oma to -omata.	carcinoma	carcinomata			
4. When a Greek singular noun ends in - <i>on</i> , form the plural by changing - <i>on</i> to -a.	ganglion	ganglia			
Latin Singular and Plural Nouns					
1. When a Latin singular noun ends in -a, form the plural by changing -a to -ae.	sclera vertebra	sclerae vertebrae			
2. When a Latin singular noun ends in -us, form the plural by changing -us to -i.	bronchus thrombus	bronchi thrombi			
3. When a Latin singular noun ends in - $um$ , form the plural by changing - $um$ to – $a$ .	atrium bacterium	atria bacteria			
4. When a Latin singular noun ends in -is, form the plural by changing -is to -es.	diagnosis testis	diagnoses testes			
5. When a Latin singular noun ends in -ex, form the plural by changing -ex to -ices.	apex cortex	apices cortices			

### Medical Word Parts

Medical words contain word parts. Most medical words have two word parts, but even the longest medical word has only three different types of word parts: a prefix, combining form, and suffix.

Type of Word Part	Description
Prefix	An optional word beginning
Combining form	The foundation of a medical word
Suffix	A word ending

### **Dive Deeper**

Learning medical language requires some memorization of word parts and their meanings.

If you know the meaning of a word part (especially a combining form), you can look at a medical word and already have an idea about its meaning because you know the meanings of its word parts.

### **Combining Forms**

Because the combining form is the foundation of a medical word, let's begin our study of word parts by learning about combining forms. A combining form has the following characteristics:

- It is a word part that is the foundation of a medical word.
- It gives a medical word its main medical meaning.
- It has a root, a forward slash, a combining vowel, and a hyphen (see Figure 1-2 ■). Usually the combining vowel is an *o*, but occasionally it is an *a*, *e*, *i*, or *y*. The hyphen shows that a combining form is a word part, not a complete word.
- The majority of medical words contain a combining form. Some contain two combining forms, one right after the other. Example: *gastrointestinal* (the combining forms are **gastr/o-** and **intestin/o-**). Some medical words (such as *blood, health, heart,* or *nurse*), do not contain a combining form or any word parts at all.
- Two combining forms can have the same medical meaning because each is from a different language (see the feature *It's Greek to Me!* described previously.)



### **FIGURE 1-2** Combining form. A combining form contains a root, forward slash, combining vowel, and

forward slash, combining vowel, and hyphen. The hyphen shows that the combining form is a word part, not a complete word. The combining form **cardi/o-** means *heart*.

### **Dive Deeper**

In *Medical Language*, each time a word part is mentioned, it is shown in **bold blue type** (see the paragraph above and Table 1-2 ). This is to help you recognize that it is a word part. *Note*: Remember, word parts are not actual medical words because they contain forward slashes and hyphens that must be removed when a medical word is formed. Now let's look at some common combining forms and their meanings.

Combining Form	Meaning		
abdomin/o-	abdomen		
arteri/o-	artery		
intestin/o-	intestine	intestine	
muscul/o-	muscle		
thyroid/o-	thyroid gland		
tonsill/o-	tonsil		
ven/o-	vein		
Combining Form Si	milar to a Common Med	ical Word	
Combining Form	Meaning	Related Word	
arthr/o-	joint	arthritis	
cardi/o-	heart	cardiac	
dermat/o-	skin	dermatologist	
gastr/o-	stomach	gastric	
mamm/o-	breast	mammogram	
nas/o-	nose	nose nasal	
Combining Form No	ot Similar to its Medical I	Meaning	
Combining Form	Meaning		
cost/o-	rib		
cyan/o-	blue		
enter/o-	intestine		
hepat/o-	liver		
apar/o-	abdomen		
		1	

### Table 1-2 Common Combining Forms and Their Meanings

### **Suffixes**

Now let's turn our attention to another type of word part: suffixes. A suffix has the following characteristics:

- It is a group of letters at the end of most medical words.
- It modifies or clarifies the medical meaning of the combining form.
- It is a word part that begins with a hyphen (see Figure 1-3 .

Occasionally, a medical word has two suffixes, one right after the other. Example: *nutritional* (the suffixes are **-ion** and **-al**). Now let's look at some common suffixes and their meanings (see Table 1-3 **■**).

Table 1-3	<b>Common Suffixes and Their Meanings</b>
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#### FIGURE 1-3 Suffix.

A suffix begins with a hyphen to show that it is a word part, not a complete word. The suffix **-ac** means *pertaining to*.

Suffix	Meaning	Medical Word Example	Definition	Notes
Suffixes for	an Adjective			
-ac	pertaining to	cardi <b>ac</b>	pertaining to (the) heart	Combining form cardi/o- means heart.
-al	pertaining to	intestin <b>al</b>	pertaining to (the) intestine	Combining form intestin/o- means intestine.
-ar	pertaining to	muscul <b>ar</b>	pertaining to (a) muscle	Combining form <b>muscul/o-</b> means <i>muscle</i> .
-ary	pertaining to	urin <b>ary</b>	pertaining to (the) urine	Combining form <b>urin/o-</b> means <i>urinary system; urine</i> .
-ic	pertaining to	pelv <b>ic</b>	pertaining to (the) pelvis	Combining form <b>pelv/o-</b> means <i>hip bone; pelvis; renal pelvis.</i>
-ine	pertaining to	uter <b>ine</b>	pertaining to (the) uterus	Combining form <b>uter/o-</b> means <i>uterus; womb</i> .
-ive	pertaining to	digest <b>ive</b>	pertaining to break down food	Combining form <b>digest/o-</b> means break down food; digest.
-ous	pertaining to	ven <b>ous</b>	pertaining to (a) vein	Combining form <b>ven/o-</b> means <i>vein</i> .
Suffixes for	a Process		L	
-ation	being; having; process	urin <b>ation</b>	process (of making) urine	Combining form urin/o- means urine; urinary system.
-ion	action; condition	digest <b>ion</b>	action (to) break down food	Combining form <b>digest/o-</b> means break down food; digest.
Suffixes for	a Disease			
-ia	condition; state; thing	pneumon <b>ia</b>	condition (of the) lung	Combining form <b>pneumon/o-</b> means air; lung.
-ism	disease from a specific cause; process	hypothyroid <b>ism</b>	<b>disease from a specific cause</b> (of) deficient thyroid gland (hormone)	Combining form <b>thyroid/o-</b> means <i>thyroid gland</i> .
-itis	infection of; inflammation of	tonsill <b>itis</b>	infection of (the) tonsil	Combining form tonsill/o- means tonsil.
-megaly	enlargement	cardio <b>megaly</b>	enlargement (of the) heart	Combining form cardi/o- means heart.
-oma	mass; tumor	neur <b>oma</b>	tumor (on a) nerve	Combining form <b>neur/o-</b> means <i>nerve</i> .
-osis	abnormal condition; process	vagin <b>osis</b>	abnormal condition (of the) vagina	Combining form <b>vagin/o-</b> means <i>vagina</i> .
-pathy	disease	arthro <b>pathy</b>	disease (of a) joint	Combining form <b>arthr/o-</b> means <i>joint</i> .
Suffixes for	a Procedure		L	
-ectomy	surgical removal	tonsill <b>ectomy</b>	surgical removal (of the) tonsils	Combining form tonsill/o- means tonsil.
-gram	picture; record	mammo <b>gram</b> (see Figure 1-4 <b>–</b> )	picture (of the) breast	Combining form <b>mamm/o-</b> means breast.
-graphy	process of recording	arterio <b>graphy</b>	process of recording (an) artery	Combining form <b>arteri/o-</b> means artery.
-metry	process of measuring	densito <b>metry</b>	process of measuring (the) den- sity (of bone)	Combining form <b>densit/o-</b> means <i>density</i> .
-scope	instrument used to examine	colono <b>scope</b>	instrument used to examine (the) colon	Combining form <b>colon/o-</b> means <i>colon</i> .
-scopy	process of using an instru- ment to examine	gastro <b>scopy</b>	process of using an instrument to examine (the) stomach	Combining form <b>gastr/o-</b> means stomach.
-tomy	process of making an incision	laparo <b>tomy</b>	process of making an incision (in the) abdomen	Combining form lapar/o- means abdomen.

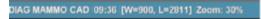
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### Table 1-3 Common Suffixes and Their Meanings

Suffix	Meaning	Medical Word Example	Definition	Notes
Suffixes for a Medical Specialty or Specialist				
-iatry	medical treatment	psych <b>iatry</b>	medical treatment (for the) mind	Combining form <b>psych/o-</b> means <i>mind</i> .
-ics	knowledge; practice	obstetr <b>ics</b>	<b>knowledge and practice</b> (of) pregnancy and childbirth	Combining form <b>obstetr/o-</b> means pregnancy and childbirth.
-ist	person who specializes in; thing that specializes in	therap <b>ist</b> (see Figure 1-5 <b>■</b> )	person who specializes in treatment	Combining form <b>therap/o-</b> means <i>treatment</i> .
-logy	study of	cardio <b>logy</b> (see Figure 1-6 <b>■</b> )	study of (the) heart	Combining form cardi/o- means heart.

#### FIGURE 1-4 Mammogram.

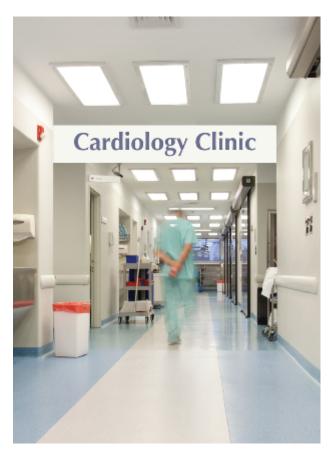
A mammogram is a picture of the breast that is created with x-rays. The suffix -gram means *picture; record*.



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**FIGURE 1-5** Therapist. This physical therapist is providing therapy to a patient. The suffix **-ist** means *person who specializes in*.



**FIGURE 1-6** Cardiology clinic. There are many types of clinics located in a hospital or in other healthcare facilities.