APEA NEUROLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. The aphasia characterized by difficulty speaking and understanding words and an inability to read or write is called which type?

A. Broca's aphasia

B. anomic aphasia

C. Wernicke's aphasia

D. global aphasia

2. The test in which the patient closes eyes and you move the big toe to indicate direction assesses which sensation?

A. Pain sensation in the big toe

B. Vibration of the big toe

C. Proprioception of the big toe

D. Light touch sensation in the big toe

3. Symptoms of a subdural hematoma include which finding on imaging?

A. Noticeable Bleeding Between the Dura and the Skull on X-Ray

B. Appropriate Responses to Questions

C. Noticeable Bleeding Between the Dura and the Cerebrum on X-Ray

D. Absent Retinal Hemorrhages

4. The maneuver described as placing the patient supine, lifting the relaxed leg with hip flexion, and dorsiflexing the foot is known as which test?

A. Kernig's sign

B. The straight-leg raise

C. The plantar response

D. The ankle reflex

5. Which lacunar infarct syndrome classically presents with pure motor weakness?

A. Pure motor stroke due to occlusion of the lenticulostriate arteries (internal capsule/pontine region).

B. Pure sensory stroke due to thalamic lacune.

C. Ataxic-hemiparesis.

D. Dysarthria-clumsy hand syndrome.

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6. A febrile patient with pink papules on the upper chest and trunk, along with petechiae and ecchymosis, may indicate which condition?

A. Leukemia

B. Hemorrhagic pancreatitis

C. Neurofibromatosis

D. Meningococcemia

7. Which sign is elicited by extending the knee with the hip flexed, indicating meningeal irritation?

A. Kernig's sign

B. Brudzinski's sign

C. Nuchal rigidity sign

D. Babinski sign

8. Anti-NMDA receptor encephalitis is most classically associated with which tumor?

A. Testicular teratoma

B. Lung carcinoma

C. Ovarian teratoma

D. Breast cancer

9. What does the ASIA impairment scale assess?

A. Sensory and motor function after spinal cord injury to determine level and completeness of injury.

B. Autonomic function after spinal cord injury.

C. Cognitive function following brain injury.

D. Blood pressure response after spinal trauma.

10. At what age is it considered normal for a child to pick up objects using the palm of the hand only?

A. At 2 months of age

B. At 6 months of age

C. At 12 months of age

D. At 18 months of age

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Answers

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1. D
2. C
3. C
4. B
5. A
6. A
7. A
8. C
9. A
10. B

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Explanations

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1. The aphasia characterized by difficulty speaking and understanding words and an inability to read or write is called which type?

A. Broca's aphasia

B. anomic aphasia

C. Wernicke's aphasia

D. global aphasia

When both production and comprehension are severely impaired, and reading and writing are also lost, the pattern points to a global disruption of language function. This typically results from a large left-hemisphere lesion affecting most of the language cortex, often due to a middle cerebral artery stroke. In this scenario, spontaneous speech is minimal or absent, understanding spoken language is poor, and reading and writing are severely affected as well. Other aphasia types leave some language abilities intact—for example, Broca's aphasia has nonfluent speech with relatively preserved comprehension, Wernicke's aphasia has fluent but meaningless speech with poor comprehension, and anomic aphasia primarily harms naming while comprehension and repetition are relatively preserved. Thus, the described presentation best fits global aphasia.

2. The test in which the patient closes eyes and you move the big toe to indicate direction assesses which sensation?

A. Pain sensation in the big toe

B. Vibration of the big toe

C. Proprioception of the big toe

D. Light touch sensation in the big toe

Proprioception, the sense of limb position and movement, is what this test evaluates. With the eyes closed, visual input is removed, so the brain must rely on internal feedback from muscles and joints to know where the big toe is and which way it's moved. Indicating the direction requires intact proprioceptive pathways and receptors in the toe and its associated nerves, so this test specifically assesses position sense. This is distinct from vibration sense (tested with a tuning fork), pain sensation (pinprick), or light touch (filaments or brushing).

3. Symptoms of a subdural hematoma include which finding on imaging?

A. Noticeable Bleeding Between the Dura and the Skull on X-Ray

B. Appropriate Responses to Questions

C. Noticeable Bleeding Between the Dura and the Cerebrum on X-Ray

D. Absent Retinal Hemorrhages

Subdural hematoma results from tearing of bridging veins, causing blood to collect in the space between the dura and the brain surface. The telltale imaging finding is a crescent-shaped collection that lies along the surface of the brain, occupying the space between the dura and the cerebral cortex. This shape allows it to extend across sutures, unlike epidural bleeds, which are lens-shaped and confined between skull and dura. Other options don't describe an imaging finding of the brain: one describes a skull-dura bleed, another is about responses to questions, and the last about retinal findings, which aren't imaging features of a subdural bleed.

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4. The maneuver described as placing the patient supine, lifting the relaxed leg with hip flexion, and dorsiflexing the foot is known as which test?

A. Kernig's sign

B. The straight-leg raise

C. The plantar response

D. The ankle reflex

This maneuver tests for nerve root irritation from a lumbar disc herniation, typically L5–S1. Lifting the leg with the knee extended stretches the sciatic nerve and lumbosacral nerve roots; if radicular pain radiates down the leg, especially below the knee, it's a positive sign. Dorsiflexing the foot during the maneuver increases nerve tension and can bring on or amplify the pain, strengthening the finding of nerve involvement. This helps distinguish radicular pain from simple local muscle pain. Kernig's sign involves loading the meninges and presents differently, often with hamstring discomfort and pain upon knee extension after hip/knee flexion, not a nerve root stretch. The plantar response and ankle reflex assess different neural pathways (upper motor neuron signs and reflexes) and do not specifically test lumbar nerve root tension.

5. Which lacunar infarct syndrome classically presents with pure motor weakness?

A. Pure motor stroke due to occlusion of the lenticulostriate arteries (internal capsule/pontine region).

B. Pure sensory stroke due to thalamic lacune.

C. Ataxic-hemiparesis.

D. Dysarthria-clumsy hand syndrome.

Lacunar infarcts from small vessel disease cause pure motor weakness when the lesion involves the lenticulostriate arteries supplying the posterior limb of the internal capsule (or basis pontis). The corticospinal fibers there mediate motor output to the face, arm, and leg, so occlusion yields contralateral weakness in these regions without cortical signs such as aphasia, neglect, or cortical sensory loss. This deep, small infarct pattern is the classic pure motor lacunar stroke, often linked to hypertension-driven lipohyalinosis. The other lacunar syndromes describe different signs: a thalamic lacune gives pure sensory loss; an infarct causing ataxic-hemiparesis includes motor weakness with ipsilateral incoordination; a lesion in the ventral pons or genu of the internal capsule can produce dysarthria with a clumsy hand.

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6. A febrile patient with pink papules on the upper chest and trunk, along with petechiae and ecchymosis, may indicate which condition?

A. Leukemia

B. Hemorrhagic pancreatitis

C. Neurofibromatosis

D. Meningococcemia

The main idea is that skin bleeding with fever points to a problem with platelet function or production. In leukemia, the marrow is crowded with malignant cells, reducing megakaryocytes and causing thrombocytopenia. That leads to spontaneous petechiae and ecchymoses, often seen on the trunk and proximal surfaces, and fever can accompany infection or the leukemia itself. Pink papules can reflect small-vessel bleeding or cutaneous involvement from the disease, so this combination of fever with trunk-predominant petechiae and bruising fits leukemia best. Meningococcemia can also feature fever and a petechial/purpuric rash, but it typically presents as an acutely ill patient with rapidly evolving, often purpuric lesions and signs of sepsis or meningitis. Hemorrhagic pancreatitis would show abdominal findings and flank ecchymoses, not a trunk-wide papular rash. Neurofibromatosis presents with characteristic pigmented skin lesions and nodules, not an acute febrile rash with bleeding.

7. Which sign is elicited by extending the knee with the hip flexed, indicating meningeal irritation?

A. Kernig's sign

B. Brudzinski's sign

C. Nuchal rigidity sign

D. Babinski sign

Kernig's sign demonstrates meningeal irritation. When the hip is flexed to 90 degrees, extending the knee stretches the dura and spinal nerve roots. If the meninges are irritated, this stretch provokes pain and a resistance to full knee extension, sometimes felt as pain in the posterior thigh or lower back. A positive Kernig's sign points toward meningitis or other causes of meningeal irritation. For context, Brudzinski's sign involves involuntary flexion of the hips and knees when the neck is passively flexed, and nuchal rigidity is pure neck stiffness. Babinski sign is an upper motor neuron finding with an extensor plantar response, not a meningeal sign.

8. Anti-NMDA receptor encephalitis is most classically associated with which tumor?

A. Testicular teratoma

B. Lung carcinoma

C. Ovarian teratoma

D. Breast cancer

Anti-NMDA receptor encephalitis is most classically linked to ovarian teratomas, especially in young women. Teratomas can contain neural tissue that expresses NMDA receptors, which can provoke an immune response that makes antibodies against these receptors. Those antibodies then target NMDA receptors in the brain, leading to the rapid development of psychiatric symptoms, seizures, movement disorders, autonomic instability, and sometimes respiratory compromise. Identifying and removing the teratoma often improves outcomes and reduces relapse risk, with immunotherapy (steroids, IVIG, plasmapheresis) used as well. In men, a related association can occur with testicular germ cell tumors, but the classic, most recognized tumor is ovarian teratoma. Lung or breast cancers are not typically associated with this condition.

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9. What does the ASIA impairment scale assess?

A. Sensory and motor function after spinal cord injury to determine level and completeness of injury.

B. Autonomic function after spinal cord injury.

C. Cognitive function following brain injury.

D. Blood pressure response after spinal trauma.

The ASIA impairment scale is used to classify spinal cord injury by assessing sensory and motor function to determine both the level of the injury and whether the injury is complete or incomplete. Clinically, sensory testing uses pinprick and light touch across key dermatomes on both sides to establish the sensory level, while motor testing evaluates strength in key muscles corresponding to specific myotomes to establish the motor level. The most caudal level with preserved function, especially if sacral S4-S5 function is present, indicates an incomplete injury; if there is no preserved function below the injury, it is considered complete. This framework places injuries along a spectrum from complete to normal (with the categories reflecting the remaining function below the injury). Other aspects like autonomic function, cognitive function after brain injury, or blood pressure responses after spinal trauma are not the primary focus of this scale and are assessed with different tools or in different contexts.

10. At what age is it considered normal for a child to pick up objects using the palm of the hand only?

A. At 2 months of age

B. At 6 months of age

C. At 12 months of age

D. At 18 months of age

The ability to pick up objects using the palm of the hand reflects the palmar grasp that emerges as infants gain voluntary hand control. Early on there is a reflexive grasp when an object touches the palm, but that isn't a mature, voluntary action. As the nervous system matures, a palm-based grip appears around the age of 4 to 6 months, where the object is held in the palm with the fingers wrapping around it and the thumb not yet opposing the object. This stage comes before the more precise grasps that use the thumb and fingers together, which develop later (around 9–12 months). So, around 6 months is the normal time to see the palm-alone grasp appear.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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