MOVEMENT DISORDERS 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. Motor impersistence is associated with which movement disorder?

A. CBD

B. Parkinson disease

C. Chorea

D. Tardive dyskinesia

2. How is Huntington disease confirmed?

A. MRI brain imaging

B. Genetic testing

C. Blood glucose measurement

D. EEG

3. Which symptom is defined as slowness of movement with reduced amplitude?

A. Tremor

B. Bradykinesia

C. Dyskinesia

D. Akinesia

4. Which behavioral complication is associated with dopamine agonists?

A. Depression

B. Anxiety

C. Sleep disorders

D. Impulse control disorders

5. Which tremor type is characteristic of Parkinson disease?

A. Postural tremor

B. Intention tremor

C. Kinetic tremor

D. Resting tremor

6. Can Parkinson medications worsen non-motor symptoms?

A. No

B. Yes

C. Sometimes

D. Not specified

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7. What does DBS stand for?

A. Minimally invasive brain stimulation

B. Direct brain stimulation

C. Deep brain stimulation

D. Deep brain signaling

8. What jerking movement can occur in CBD?

A. Tremor

B. Dystonia

C. Myoclonus

D. Chorea

9. Which device can help patients with essential tremor by stabilizing hand movements during tasks such as eating?

A. Weighted utensils

B. Propranolol

C. Primidone

D. MRI-guided focused ultrasound

10. Tourette syndrome can be treated with which medication class?

A. Antidepressants

B. Benzodiazepines

C. Antipsychotics

D. Stimulants

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Answers

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

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Explanations

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1. Motor impersistence is associated with which movement disorder?

A. CBD

B. Parkinson disease

C. Chorea

D. Tardive dyskinesia

Motor impersistence is the inability to sustain a voluntary movement or hold a position, because the motion breaks up into brief, irregular bursts. This pattern matches chorea, where involuntary movements are quick, unpredictable, and fragmentary, interrupting any attempt to maintain a single posture or sustained action. The other disorders have different movement patterns: Parkinson disease centers on slowed movements and rigidity rather than nonrhythmic bursts; tardive dyskinesia typically shows repetitive, stereotyped movements rather than true impersistence; cortical-basal degeneration often features apraxia and dystonia more than this particular sign.

2. How is Huntington disease confirmed?

A. MRI brain imaging

B. Genetic testing

C. Blood glucose measurement

D. EEG

The key idea is that confirmation of Huntington disease comes from a genetic test that directly detects the pathogenic CAG repeat expansion in the HTT gene on chromosome 4. This change is what drives the neurodegenerative process, and its presence confirms the diagnosis, often with a clear correlation between repeat length and when symptoms are likely to appear. Imaging like MRI can show characteristic brain changes such as caudate atrophy and involvement of the basal ganglia, which support the clinical picture but cannot prove the disease on their own because similar changes can occur in other conditions. Blood glucose measurement and EEG don't diagnose Huntington disease; they may be unrelated or non-specific to this condition. Predictive genetic testing is also available for at-risk individuals, but it is done with appropriate counseling.

3. Which symptom is defined as slowness of movement with reduced amplitude?

A. Tremor

B. Bradykinesia

C. Dyskinesia

D. Akinesia

Bradykinesia is slowness of movement with reduced amplitude. It shows up as movements that are performed slowly and with smaller-than-intended size, reflecting difficulty in initiating and scaling voluntary actions. This combination—slowness plus smaller movement—helps distinguish it from other movement issues. In practice, you might notice slowed finger tapping, reduced arm swing when walking, or micrographia. Tremor, dyskinesia, and akinesia describe different phenomena: tremor is rhythmic, involuntary shaking; dyskinesia involves involuntary, often writhing movements; akinesia is the inability to initiate movement. The described symptom fits bradykinesia, a key feature of Parkinsonism due to impairment in the basal ganglia circuits and dopamine pathways.

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4. Which behavioral complication is associated with dopamine agonists?

A. Depression

B. Anxiety

C. Sleep disorders

D. Impulse control disorders

Dopamine agonists can cause behavioral disinhibition by stimulating dopaminergic pathways in the brain's reward system, especially the D3 receptors in the mesolimbic pathway. This sits at the heart of impulse control disorders, which include actions like pathological gambling, hypersexuality, compulsive shopping, and binge eating. Because of this direct link to reward processing and self-control, impulse control disorders are the most characteristic and best-supported behavioral complication of dopamine agonist therapy. Depression, anxiety, and sleep disturbances can occur with Parkinson's disease itself or as nonspecific medication effects, but they are not as directly tied to dopamine agonist treatment as impulse control disorders. If relevant, recognition of these behaviors should prompt careful medication review, possible dose adjustment or switch, and appropriate behavioral or medical management.

5. Which tremor type is characteristic of Parkinson disease?

A. Postural tremor

B. Intention tremor

C. Kinetic tremor

D. Resting tremor

Resting tremor is the tremor pattern most closely linked to Parkinson disease. It appears when the affected limb is at rest and tends to lessen with purposeful movement. A classic presentation is a pill-rolling tremor of the hand, often starting on one side and becoming more evident even when the person isn't actively moving. This contrasts with postural tremor, which shows up when holding a position against gravity, and with intention or kinetic tremor, which grows as the person moves toward a target. In Parkinson disease, this rest tremor is one feature among others like bradykinesia and rigidity, and it often responds to dopaminergic therapy.

6. Can Parkinson medications worsen non-motor symptoms?

A. No

B. Yes

C. Sometimes

D. Not specified

Medications for Parkinson's can affect non-motor symptoms, and in some people they can actually worsen them. Dopamine therapies, especially certain dopamine agonists, can provoke neuropsychiatric effects such as hallucinations, confusion, and impulse-control problems. They can also contribute to sleep disturbances like daytime sleepiness or sudden sleep attacks. Levodopa and related treatments may cause non-motor fluctuations during "on-off" periods, bringing about anxiety, fatigue, mood changes, or nausea. Because non-motor symptoms involve brain regions beyond those controlling movement, the impact of treatment isn't limited to motor benefits and can include worsening of non-motor issues in some patients. That's why the correct answer is that they can worsen non-motor symptoms.

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7. What does DBS stand for?

A. Minimally invasive brain stimulation

B. Direct brain stimulation

C. Deep brain stimulation

D. Deep brain signaling

Deep Brain Stimulation is an invasive neurosurgical therapy that uses implanted electrodes to deliver electrical pulses to deep brain structures, with the goal of modulating abnormal neural circuits that underlie movement disorders such as Parkinson's disease, essential tremor, and dystonia. The term "deep" specifies that the stimulation targets deep brain nuclei (like the subthalamic nucleus or globus pallidus internus), rather than superficial or noninvasive areas. The word "stimulation" reflects the continuous electrical pulses that alter neuronal activity to improve motor symptoms. The other phrases don't fit because they either describe noninvasive approaches (minimally invasive implies less invasive methods like TMS), are too vague about what is being done to the brain (direct brain stimulation without specifying depth or implanted hardware), or use nonstandard terminology (deep brain signaling).

8. What jerking movement can occur in CBD?

A. Tremor

B. Dystonia

C. Myoclonus

D. Chorea

In corticobasal degeneration, a jerking movement you can see is myoclonus. Myoclonus is a brief, sudden, shock-like contraction of a muscle or group of muscles, which can be focal or generalized and may be stimulus-sensitive. This helps distinguish it from tremor (a rhythmic, regular oscillation), dystonia (sustained or repetitive muscle contractions causing abnormal postures), and chorea (irregular, flowing, dance-like movements). Therefore, the jerking movement described is myoclonus.

9. Which device can help patients with essential tremor by stabilizing hand movements during tasks such as eating?

A. Weighted utensils

B. Propranolol

C. Primidone

D. MRI-guided focused ultrasound

During essential tremor, intentional movements like eating become unstable because the hand tremor disrupts fine motor control. A device that stabilizes hand movements works by adding mass to the utensil, increasing inertia and damping the tremor's effect on the tool. The heavier utensil moves more smoothly, so the hand can bring food to the mouth with less wobble. This is a practical, task-specific aid that you can use during the activity itself. Medications like propranolol or primidone reduce tremor overall but don't provide the same direct stabilization for a single task, and MRI-guided focused ultrasound is a brain treatment that lowers tremor broadly rather than acting as a wearable or handheld aid.

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10. Tourette syndrome can be treated with which medication class?

A. Antidepressants

B. Benzodiazepines

C. Antipsychotics

D. Stimulants

Tourette syndrome is driven in part by abnormal dopamine signaling that leads to motor and vocal tics. Medications that block dopamine receptors can directly reduce these tic symptoms, which is why antipsychotics are the most effective class for this purpose. Both traditional antipsychotics (which block D2 receptors) and newer atypical antipsychotics have been shown to lessen tic frequency and severity, with atypicals often preferred today for a better balance between benefit and side effects. Other drug classes don't target the tic circuitry as effectively: antidepressants may help with comorbid conditions like OCD or depression but don't reliably reduce tics themselves; benzodiazepines can help with anxiety or sleep but are not primary tic suppressants; stimulants treat ADHD but can worsen tics in some people. So, the best choice for treating the tic symptoms of Tourette syndrome is antipsychotics.

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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:

https://movementdisorders.examzify.com

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

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