

NEUROLOGICAL DYSFUNCTION PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://neurologicaldysfunction.examzify.com>



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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.

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!

Questions

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1. Which cranial nerves are motor?

- A. II, III, V
- B. I, II, VIII
- C. I, IV, VI
- D. III, IV, VI, XI, XII

2. Myoclonic seizures are best described as?

- A. Sudden and brief with short muscle spasms
- B. Loss of consciousness lasting several minutes
- C. Permanent paralysis
- D. Postictal confusion lasting hours

3. In Parkinson disease, how is the resting tremor typically described?

- A. Resting tremor that occurs at rest and may improve with movement.
- B. Intention tremor at the end of movement.
- C. Postural tremor.
- D. Tremor only during movement.

4. Bell palsy diagnosis is often described as a diagnosis of exclusion to rule out which conditions?

- A. Stroke and brain tumor
- B. Meningitis and encephalitis
- C. Guillain-Barré syndrome and stroke
- D. Stroke and infection

5. Which nursing management action is NOT listed for Parkinson's disease in the material?

- A. Enhance mobility
- B. Administer antibiotics
- C. Improve nutrition
- D. Enhance swallowing

- 6. What are the classic triad features of Parkinson disease?**
- A. Bradykinesia, rigidity, resting tremor.
 - B. Ataxia, dysdiadochokinesia, intention tremor.
 - C. Bradykinesia, rigidity, postural instability.
 - D. Tremor at rest only and no muscle rigidity.
- 7. Which imaging modality is preferred to rapidly differentiate ischemic from hemorrhagic stroke in the acute setting?**
- A. Non-contrast CT scan of the head
 - B. MRI of the head
 - C. CT angiography of the head
 - D. MRI with perfusion imaging
- 8. In meningitis nursing management, the head-of-bed should be positioned at?**
- A. 0 degrees
 - B. 30 degrees or higher
 - C. 60 degrees
 - D. 90 degrees
- 9. MS goals of treatment.**
- A. Cure the disease
 - B. Prevent any relapses at all costs
 - C. Treat acute exacerbations, delay progression, and manage chronic symptoms
 - D. Surgical management of lesions
- 10. Which multiple sclerosis subtype is defined by progression from onset with no relapses?**
- A. Secondary progressive MS
 - B. Primary progressive MS
 - C. Relapsing-remitting MS
 - D. Progressive-relapsing MS

Answers

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

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Explanations

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1. Which cranial nerves are motor?

- A. II, III, V
- B. I, II, VIII
- C. I, IV, VI
- D. III, IV, VI, XI, XII**

Understanding which cranial nerves are motor focuses on identifying those that carry efferent signals with little or no sensory input. The pure motor nerves include the three that move the eyes—oculomotor, trochlear, and abducens—and the two that control head/neck and tongue movements—spinal accessory and hypoglossal. The others either carry sensory information or are mixed, meaning they have both sensory and motor components (and sometimes parasympathetic fibers). So the set that represents motor nerves without their sensory partners comprises III, IV, VI, XI, and XII, while nerves like I, II, and VIII are sensory, and V, VII, IX, and X have significant sensory or mixed functions.

2. Myoclonic seizures are best described as?

- A. Sudden and brief with short muscle spasms**
- B. Loss of consciousness lasting several minutes
- C. Permanent paralysis
- D. Postictal confusion lasting hours

Myoclonic seizures happen as sudden, brief muscle jerks caused by abrupt muscle contractions. The key is how short the movements are—lasting only a fraction of a second to a couple of seconds—and that they appear as quick, shock-like twitches rather than sustained movements. Consciousness is typically preserved during the event, though some syndromes may have brief interruptions or accompany other seizure types. This brief, rapid jerking distinguishes myoclonic seizures from other options: longer loss of consciousness points to different seizure types, postictal confusion is the aftermath of certain seizures, and permanent paralysis isn't a transient seizure feature. So the description that matches best is the sudden, brief muscle jerks.

3. In Parkinson disease, how is the resting tremor typically described?

- A. Resting tremor that occurs at rest and may improve with movement.**
- B. Intention tremor at the end of movement.
- C. Postural tremor.
- D. Tremor only during movement.

In Parkinson disease, the tremor most often presents as a rest tremor. It appears when the limb is relaxed and not in use, and it tends to decrease or disappear when the person begins to move the limb or hold a posture. This rest-dominant, often "pill-rolling" tremor is a classic feature and is typically described as occurring at rest and easing with voluntary movement. To put it in context, other tremor patterns don't fit the Parkinson pattern: an intention tremor worsens as you approach a target and is typical of cerebellar problems; a postural tremor happens when holding a position against gravity and is common in essential tremor or other conditions; a tremor only during movement (kinetic tremor) is not the hallmark of Parkinson disease.

4. Bell palsy diagnosis is often described as a diagnosis of exclusion to rule out which conditions?

- A. Stroke and brain tumor
- B. Meningitis and encephalitis
- C. Guillain-Barré syndrome and stroke

D. Stroke and infection

Bell palsy is a peripheral facial nerve palsy, and labeling it as such requires ruling out other serious causes of facial weakness. The two main categories to exclude are stroke, a central event that can produce facial weakness and requires urgent imaging and different treatment, and infections or inflammatory processes that can involve the brain or facial nerve (for example meningitis or encephalitis) and need different, often urgent, management. Stroke is particularly important to exclude because it changes the course of care and outcomes, and distinguishing central from peripheral weakness helps guide this decision. Once stroke and infection/inflammatory causes are reasonably ruled out and the weakness is limited to one side without broader neurologic signs, Bell palsy becomes the most fitting diagnosis.

5. Which nursing management action is NOT listed for Parkinson's disease in the material?

- A. Enhance mobility
- B. Administer antibiotics**
- C. Improve nutrition
- D. Enhance swallowing

The main idea here is that nursing care for Parkinson's disease focuses on maintaining movement and safety, protecting airway and nutrition, and preventing complications. Enhancing mobility supports balance, gait, and the ability to perform daily activities, often with assistive devices or therapy to reduce falls. Improving nutrition addresses energy needs and weight, which can be affected by reduced activity and swallowing difficulties. Enhancing swallowing targets safer eating and reducing choking risk, with strategies like appropriate food textures and upright positioning during meals. Administering antibiotics, however, isn't a routine part of Parkinson's disease symptom management. Antibiotics treat infections and aren't used to manage the motor or swallowing aspects of PD, although they may be prescribed if an infection occurs.

6. What are the classic triad features of Parkinson disease?

- A. Bradykinesia, rigidity, resting tremor.
- B. Ataxia, dysdiadochokinesia, intention tremor.
- C. Bradykinesia, rigidity, postural instability.**
- D. Tremor at rest only and no muscle rigidity.

Parkinson disease presents with three core motor problems tied to nigrostriatal dopamine loss: slowness of movement (bradykinesia), stiffness (rigidity), and difficulty with maintaining balance and posture (postural instability). Resting tremor is a common feature but is not strictly required to define the classic triad; some exam formulations emphasize tremor as the third sign, while others highlight postural instability as the essential balance-related component. In the version you're studying, the triad is bradykinesia, rigidity, and postural instability because it foregrounds the progressive functional impairment and gait/balance issues that are central to Parkinson disease. This makes the combination a reliable hallmark for recognizing the motor syndrome, while tremor can be present or absent in different patients.

7. Which imaging modality is preferred to rapidly differentiate ischemic from hemorrhagic stroke in the acute setting?

A. Non-contrast CT scan of the head

B. MRI of the head

C. CT angiography of the head

D. MRI with perfusion imaging

In the acute setting, the top priority is to quickly determine whether there is intracranial hemorrhage before deciding on treatment for stroke. A non-contrast head CT is the fastest, most widely available imaging study in emergency departments, and it can detect acute bleeding as hyperdense blood in the brain or ventricles. This rapid identification (or exclusion) of hemorrhage allows immediate, appropriate decisions about thrombolysis or other interventions. While MRI and advanced imaging like CT angiography or MR perfusion provide more detail about ischemia or vessel status, they take longer to obtain and are not as universally accessible in the urgent moment. Thus, non-contrast CT of the head is the preferred initial study to rapidly differentiate ischemic from hemorrhagic stroke.

8. In meningitis nursing management, the head-of-bed should be positioned at?

A. 0 degrees

B. 30 degrees or higher

C. 60 degrees

D. 90 degrees

Raising the head of the bed helps reduce intracranial pressure by improving venous drainage from the brain, which is important in meningitis when swelling and ICP can occur. Setting the head-of-bed at about 30 degrees or higher facilitates drainage and helps maintain adequate cerebral perfusion and airway protection. A flat position can worsen ICP, while an extremely upright position isn't necessary and can cause discomfort or hemodynamic instability. Therefore, a head-of-bed position of 30 degrees or higher is preferred, typically around 30–45 degrees depending on the patient.

9. MS goals of treatment.

A. Cure the disease

B. Prevent any relapses at all costs

C. Treat acute exacerbations, delay progression, and manage chronic symptoms

D. Surgical management of lesions

In MS, treatment aims to reduce the disease's impact on function and quality of life by addressing three areas: acute relapses, long-term progression, and chronic symptoms. For acute exacerbations, high-dose intravenous corticosteroids are used to shorten the relapse and hasten recovery; if steroids are ineffective, other options like plasmapheresis may be considered. To slow progression and reduce relapses over time, disease-modifying therapies are started when possible and tailored to the patient, with the goal of altering the immune process behind MS and delaying disability. At the same time, managing chronic symptoms—fatigue, spasticity, pain, bladder issues, cognitive changes—and providing rehabilitation and supportive care helps maintain daily function and quality of life. Surgical management of MS lesions isn't a standard approach, and there is no cure, so the best strategy focuses on treating acute events, slowing progression, and controlling symptoms.

10. Which multiple sclerosis subtype is defined by progression from onset with no relapses?

- A. Secondary progressive MS
- B. Primary progressive MS**
- C. Relapsing-remitting MS
- D. Progressive-relapsing MS

Disability accumulates steadily from the very start without discrete attacks. This continuous progression from onset is the hallmark of primary progressive MS. In this form, there are no clearly defined relapses followed by full or partial remissions. Other forms involve relapses or a relapsing-remitting phase before becoming progressive, or progression with superimposed relapses. So the described pattern fits primary progressive MS.

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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://neurologicaldysfunction.examzify.com>

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

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