PANCE 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. What is the maximum total score on the Glasgow Coma Scale?

A. 12

B. 15

C. 18

D. 21

2. How do myoclonic seizures present?

A. Brief muscle contractions or jerks

B. Prolonged loss of consciousness

C. Stiffening of head and trunk for minutes

D. Postictal confusion after a seizure

3. How do generalized tonic-clonic seizures typically present?

A. Loss of consciousness muscle contraction/rigidity rhythmic jerking postictal phase

B. Brief contractions without loss of consciousness

C. Aura followed by brief convulsions

D. Loss of orientation without motor symptoms

4. Which statement best describes a migraine headache?

A. Usually unilateral but can be both; throbbing, pulsating; worse with physical activity; photophobia and phonophobia

B. Headache with fever and neck stiffness

C. Chronic daily headache with dull pressure

D. Migraine is usually bilateral but pain is dull and not worsened by activity

5. Diagnostic test of choice for hemorrhagic stroke?

A. MRI

B. Noncontrast CT

C. EEG

D. Carotid duplex

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6. Which symptom is commonly associated with optic neuritis in MS?

A. Painful vision loss in one eye

B. Bilateral hearing loss

C. Facial numbness

D. Peripheral neuropathy of the feet

7. What describes the role of valproic acid and Levetiracetam as prophylaxis?

A. They are used for prophylaxis of seizures

B. They are used for rescue therapy

C. They are sedatives

D. They are diagnostic biomarkers

8. In Alzheimer's disease, which neurotransmitter system is preferentially affected?

A. Acetylcholine deficiency

B. Serotonin deficiency

C. Norepinephrine excess

D. Dopamine excess

9. Definite confirmation of Parkinson disease on autopsy is the presence of Lewy bodies in which location?

A. In the brainstem

B. In the cortex

C. Lewy bodies in the substantia nigra

D. In peripheral nerves

10. What is the abortive treatment for cluster headaches?

A. NSAIDs

B. Corticosteroids

C. Abortive: 100% oxygen or sumatriptan

D. Propranolol

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Answers

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

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Explanations

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1. What is the maximum total score on the Glasgow Coma Scale?

A. 12

B. 15

C. 18

D. 21

The highest possible score on the Glasgow Coma Scale is 15. It combines three parts of the exam—eye opening, verbal response, and motor response. Each part has its own maximum: eye opening scores up to 4 when the eyes open spontaneously; verbal response scores up to 5 when the patient is oriented and speaks coherently; and motor response scores up to 6 when the patient obeys commands or purposefully localizes pain. If each part reaches its maximum, the total is 4 + 5 + 6 = 15. This represents the best level of consciousness. Clinically, higher scores mean less impairment, with scores typically interpreted as mild, moderate, or severe based on the total.

2. How do myoclonic seizures present?

A. Brief muscle contractions or jerks

B. Prolonged loss of consciousness

C. Stiffening of head and trunk for minutes

D. Postictal confusion after a seizure

Myoclonic seizures present as sudden, brief muscle contractions or jerks. These movements are very rapid and last only a fraction of a second, can involve a single muscle or multiple muscles, and often occur in clusters. Consciousness is usually preserved during the jerks, and the person may not have a prolonged interruption of awareness. In contrast, prolonged loss of consciousness describes tonic-clonic seizures with a longer-lasting impairment, stiffening of the head and trunk for minutes points to tonic seizures, and postictal confusion is a common after-effect after convulsive seizures rather than a defining feature of myoclonus. So, the hallmark presentation is the brief, sudden muscle jerks.

3. How do generalized tonic-clonic seizures typically present?

A. Loss of consciousness muscle contraction/rigidity rhythmic jerking postictal phase

B. Brief contractions without loss of consciousness

C. Aura followed by brief convulsions

D. Loss of orientation without motor symptoms

Generalized tonic-clonic seizures involve widespread brain activity and usually start with a sudden loss of consciousness. From there, the body often goes through a tonic phase with muscle stiffening, then a clonic phase with rhythmic jerking, and finally a postictal period of confusion or sleepiness as the brain recovers. This sequence—loss of consciousness, tonic rigidity, rhythmic jerking, then a postictal phase—best matches the typical presentation. Other patterns describe different seizure types: brief contractions without loss of consciousness are more consistent with myoclonic or focal motor events; an aura followed by brief convulsions suggests a focal onset with limited generalization; and loss of orientation without motor symptoms points to impaired awareness without the classic motor phases of a generalized tonic-clonic seizure.

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4. Which statement best describes a migraine headache?

A. Usually unilateral but can be both; throbbing, pulsating; worse with physical activity; photophobia and phonophobia

B. Headache with fever and neck stiffness

C. Chronic daily headache with dull pressure

D. Migraine is usually bilateral but pain is dull and not worsened by activity

Migraine headaches typically present with unilateral, throbbing or pulsating pain that worsens with physical activity and is accompanied by sensitivity to light and sound (photophobia and phonophobia). This combination of features—pulsating quality, aggravation by movement, and sensory sensitivities—is characteristic of migraine and helps distinguish it from other headache disorders. The statement described matches these hallmark features. In contrast, fever with neck stiffness suggests an infectious process like meningitis, chronic daily dull pressure points to tension-type headache, and migraines are not usually described as bilateral with dull pain and no activity-related worsening.

5. Diagnostic test of choice for hemorrhagic stroke?

A. MRI

B. Noncontrast CT

C. EEG

D. Carotid duplex

In suspected hemorrhagic stroke, the fastest, most reliable way to confirm bleeding and guide urgent management is a noncontrast CT scan of the head. It quickly shows acute blood as a hyperdense area and can reveal intraparenchymal or subarachnoid hemorrhage, helping distinguish hemorrhagic from ischemic stroke—a distinction with major treatment implications. While MRI can detect certain bleeds more sensitively and later bleed characteristics, it isn't the initial test in the emergency setting because it takes longer and may delay critical decisions. EEG isn't used to diagnose stroke, since it measures electrical activity rather than structure, and carotid duplex assesses carotid artery disease rather than acute intracranial bleeding.

6. Which symptom is commonly associated with optic neuritis in MS?

A. Painful vision loss in one eye

B. Bilateral hearing loss

C. Facial numbness

D. Peripheral neuropathy of the feet

Optic neuritis in MS typically presents as painful, monocular vision loss due to inflammation and demyelination of the optic nerve. The pain, especially with eye movements, arises from inflammation of the optic nerve sheath and surrounding tissues, and vision loss is usually subacute. Color vision is often reduced as well, and an afferent pupillary defect may be seen on exam. This combination—unilateral vision loss that is painful with movement—is characteristic of optic neuritis and is a common initial manifestation of MS. The other symptoms listed don't specifically reflect optic nerve involvement: hearing loss points to the auditory system, facial numbness suggests trigeminal or cortical pathways, and peripheral neuropathy implies a more peripheral process.

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7. What describes the role of valproic acid and Levetiracetam as prophylaxis?

A. They are used for prophylaxis of seizures

B. They are used for rescue therapy

C. They are sedatives

D. They are diagnostic biomarkers

Preventing seizures in at-risk patients is the goal of prophylaxis. Valproic acid and levetiracetam are anticonvulsants that fit this role by reducing the likelihood of future seizures rather than stopping an ongoing one. They're used to lower recurrence risk in people with epilepsy or after brain injuries or neurosurgical procedures where seizure risk is elevated. Valproic acid provides broad-spectrum protection against many seizure types, which makes it a versatile option for long-term prevention, though it carries risks such as hepatotoxicity and teratogenicity. Levetiracetam is particularly valued for prophylaxis because it has a favorable side effect profile and few drug interactions, and it can be given intravenously or orally, which is convenient in perioperative or inpatient settings. These drugs are not rescue therapies meant to abort an active seizure, nor are they sedatives or diagnostic biomarkers.

8. In Alzheimer's disease, which neurotransmitter system is preferentially affected?

A. Acetylcholine deficiency

B. Serotonin deficiency

C. Norepinephrine excess

D. Dopamine excess

Alzheimer's disease preferentially reduces acetylcholine signaling because the basal forebrain cholinergic neurons that project to the hippocampus and cortex degenerate. Acetylcholine is crucial for encoding and consolidating memories, so loss of cholinergic input to memory-related regions leads to the prominent memory impairment seen in this disease. This is why acetylcholinesterase inhibitors—which raise acetylcholine levels—can provide modest cognitive improvement. Other neurotransmitter systems can be affected later or to a lesser extent, but the earliest and most characteristic change is a deficiency of acetylcholine.

9. Definite confirmation of Parkinson disease on autopsy is the presence of Lewy bodies in which location?

A. In the brainstem

B. In the cortex

C. Lewy bodies in the substantia nigra

D. In peripheral nerves

Definite confirmation of Parkinson disease on autopsy comes from finding Lewy bodies in the substantia nigra. These Lewy bodies are abnormal intracellular inclusions, rich in alpha-synuclein, that accumulate in the dopaminergic neurons of the nigrostriatal pathway. When Lewy bodies populate the substantia nigra pars compacta, the nearby loss of dopamine neurons leads to the classic motor symptoms of Parkinson disease, such as tremor, rigidity, and bradykinesia. Lewy bodies in other locations tell a different story: cortical Lewy bodies are more associated with dementia with Lewy bodies, and Lewy bodies in peripheral nerves are not diagnostic for PD. So the key diagnostic hallmark on autopsy is Lewy bodies in the substantia nigra.

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10. What is the abortive treatment for cluster headaches?

A. NSAIDs

B. Corticosteroids

C. Abortive: 100% oxygen or sumatriptan

D. Propranolol

Abortive treatment for cluster headaches is about stopping a attack quickly when it starts. The most effective options are high-flow, 100% oxygen and a triptan. Inhaled oxygen at a high flow rate (about 12–15 L/min) delivered with a nonrebreather mask can relieve the pain within minutes and is favored because it's fast and well tolerated. Triptans, especially subcutaneous sumatriptan or intranasal sumatriptan, act quickly by constricting cranial vessels and dampening trigeminal nerve activation, often providing relief within about 10–15 minutes. These approaches are preferred for aborting an ongoing attack. By comparison, NSAIDs aren't reliably effective for cluster attacks, corticosteroids are useful for short-term prevention or bridging during a cluster period, and propranolol isn't a standard abortive option.

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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://panceneurology.examzify.com

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

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