PARKINSON'S DISEASE (PD) NEUROLOGICAL II PRACTICE EXAM (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 cremasteric reflex is elicited by stimulating the proximal inner thigh and causes elevation of the testicle on the same side. The reflex tests which nerve?**

   A. Genitofemoral

   B. Femoral

   C. Obturator

   D. Iliohypogastric

2. **Shoulder abduction is primarily mediated by which nerve roots and muscle?**

   A. C7, C8 - triceps

   B. C5, C6 - deltoid

   C. C8, T1 - first dorsal interosseous

   D. C6, C7, C8 - extensor carpi radialis longus and brevis

3. **Patchy areas of lost sensation can be seen in which disease?**

   A. Multiple Sclerosis

   B. Parkinson's Disease

   C. Myasthenia Gravis

   D. Amyotrophic Lateral Sclerosis

4. **Which gait arises from loss of position sense in the legs due to polyneuropathy or posterior column damage?**

   A. Steppage gait

   B. Parkinsonian gait

   C. Cerebellar ataxia

   D. Sensory ataxia

5. **Which increased tone remains the same throughout ROM and is not velocity dependent, commonly seen in basal ganglia disorders such as Parkinson's disease?**

   A. Spasticity

   B. Rigidity

   C. Tremor

   D. Hypertonia

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6. Which movement disorder is classically seen in cerebral palsy?

A. Athetosis

B. Chorea

C. Tics

D. Dystonia

7. Which tremor is most prominent at rest and often diminishes with voluntary movement?

A. Postural Tremor

B. Intention Tremor

C. Oral-Facial Dyskinesias

D. Resting Tremor

8. What term describes distribution of symptoms distributed along nerve root segments?

A. Dermatomal distribution

B. Radicular distribution

C. Segmental distribution

D. Diffuse distribution

9. Essential tremor is best described as which type of tremor?

A. Postural Tremor

B. Resting Tremor

C. Intention Tremor

D. Orthostatic Tremor

10. Which elements are essential to ask when evaluating a possible seizure?

A. Tongue biting and bowel/bladder incontinence

B. Headache and nausea

C. Hearing loss

D. Visual disturbances

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Answers

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

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Explanations

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1. The cremasteric reflex is elicited by stimulating the proximal inner thigh and causes elevation of the testicle on the same side. The reflex tests which nerve?

A. Genitofemoral

B. Femoral

C. Obturator

D. Iliohypogastric

The test is about the genital branch of the genitofemoral nerve, which supplies the cremaster muscle and carries the reflex arc for the cremasteric response. When the proximal inner thigh is stroked, sensory information travels to the spinal cord at the L1–L2 level, and the motor response is to contract the cremaster muscle via the genital branch of the genitofemoral nerve, pulling the testicle upward on the same side. So this reflex specifically evaluates the integrity of the genitofemoral nerve pathway. The other nerves listed do not control the cremaster muscle's reflex pathway.

2. Shoulder abduction is primarily mediated by which nerve roots and muscle?

A. C7, C8 - triceps

B. C5, C6 - deltoid

C. C8, T1 - first dorsal interosseous

D. C6, C7, C8 - extensor carpi radialis longus and brevis

Shoulder abduction is driven most by the deltoid muscle, especially its middle fibers, once you move beyond the initial lift. The deltoid is innervated by the axillary nerve, which carries nerve roots from C5 and C6. The first ~15 degrees of abduction are done by the supraspinatus (also C5–C6), but the deltoid provides the bulk of the movement as you continue to raise the arm. So the combination of C5–C6 and the deltoid best explains the motor basis of shoulder abduction. The other options involve muscles and nerves that act on the elbow, wrist, or hand, not the primary shoulder abductor.

3. Patchy areas of lost sensation can be seen in which disease?

A. Multiple Sclerosis

B. Parkinson's Disease

C. Myasthenia Gravis

D. Amyotrophic Lateral Sclerosis

Patchy areas of lost sensation point to a process that creates multiple, discrete lesions in the central nervous system, disrupting sensory pathways in several places. Multiple sclerosis does exactly this: an autoimmune attack on CNS myelin leads to demyelinating plaques scattered in the brain and spinal cord. Because these plaques can occur at different times and in different locations, you get focal, irregular sensory deficits—numbness, tingling, or altered sensation in multiple, non-contiguous areas rather than a single, uniform loss. In contrast, Parkinson's disease mainly disrupts motor circuits and doesn't typically cause focal sensory loss. Myasthenia gravis presents with fluctuating muscle weakness without sensory impairment. Amyotrophic lateral sclerosis primarily affects motor neurons and sensory symptoms are not a defining feature. So the pattern of patchy sensory loss is most characteristic of multiple sclerosis.

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4. Which gait arises from loss of position sense in the legs due to polyneuropathy or posterior column damage?

A. Steppage gait

B. Parkinsonian gait

C. Cerebellar ataxia

D. Sensory ataxia

Proprioceptive loss in the legs disrupts the ability to know where the feet are in space. When position sense is impaired by polyneuropathy or posterior column damage, walking becomes unstable because the body can't reliably gauge limb placement. The resulting gait is broad-based and unsteady, with irregular steps and a tendency to look to the ground to compensate; this is sensory ataxia. Patients often rely on vision to guide their steps, so the gait can worsen when vision is reduced (Romberg-positive tendency). Other gaits come from different problems: a steppage gait comes from weakness of ankle dorsiflexors causing foot drop; a Parkinsonian gait features slow, shuffling steps with rigidity and festination; cerebellar ataxia reflects cerebellar dysfunction producing broad-based, irregular, and dysmetric movement with possible intention tremor. Sensory ataxia is specifically tied to loss of limb position sense, which is the hallmark here.

5. Which increased tone remains the same throughout ROM and is not velocity dependent, commonly seen in basal ganglia disorders such as Parkinson's disease?

A. Spasticity

B. Rigidity

C. Tremor

D. Hypertonia

Rigidity is an increased muscle tone that stays the same through the entire range of passive movement and is not affected by how fast you move the limb. In Parkinson's and other basal ganglia disorders, this velocity-insensitive resistance—often described as lead-pipe rigidity—fits the description in the question. Spasticity, by contrast, increases with faster movement and reflects upper motor neuron pathology. Tremor is an involuntary rhythmic movement, not a sustained change in tone. Hypertonia is a broad term for increased tone, but rigidity is the specific pattern most characteristic of PD.

6. Which movement disorder is classically seen in cerebral palsy?

A. Athetosis

B. Chorea

C. Tics

D. Dystonia

In cerebral palsy, the dyskinetic form is classically seen, characterized by athetosis—slow, continuous, writhing movements of the limbs and torso (often involving the face). This pattern reflects disruption of basal ganglia circuits during development, leading to uncontrolled, flowing movements rather than the rapid, brief jerks of chorea, the repetitive but suppressible tics, or the sustained postures of dystonia. While dystonia can occur in CP too, athetosis has long been the classic presentation associated with cerebral palsy.

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7. Which tremor is most prominent at rest and often diminishes with voluntary movement?

A. Postural Tremor

B. Intention Tremor

C. Oral-Facial Dyskinesias

D. Resting Tremor

The key idea is that this tremor is present when the limb is at rest and tends to lessen as the person makes a deliberate movement. That pattern—a tremor that shows up when the hand is relaxed and fades with voluntary action—is classic for resting tremor, a hallmark feature of Parkinson disease. It's often described as a pill-rolling motion of the fingers and thumb and can be most noticeable when the limb is supported and not engaged in a task. In contrast, postural tremor happens when holding a position against gravity, and intention tremor worsens during a targeted movement. Oral-facial dyskinesias are not a tremor type. So the resting tremor description best fits the pattern asked.

8. What term describes distribution of symptoms distributed along nerve root segments?

A. Dermatomal distribution

B. Radicular distribution

C. Segmental distribution

D. Diffuse distribution

Symptoms that trace a skin map supplied by a single spinal nerve root are described as a dermatomal distribution. Dermatomes are the skin areas innervated by one dorsal root, so when sensory changes or pain follow these band-like skin regions, it points to nerve-root–level involvement. This makes dermatomal distribution the most precise way to describe distribution along nerve root segments. Radicular distribution emphasizes pain radiating along a nerve root, which is related but focuses on the pain pathway rather than the specific skin territory; segmental distribution is broader and less specific to cutaneous nerve roots; diffuse distribution implies widespread involvement rather than a localized, root-related pattern.

9. Essential tremor is best described as which type of tremor?

A. Postural Tremor

B. Resting Tremor

C. Intention Tremor

D. Orthostatic Tremor

Tremor type here is determined by when the tremor shows up. Essential tremor is best understood as an action tremor—that is, it appears when you hold a limb in a posture or perform a movement. This makes it a postural (and often kinetic) tremor, rather than one that is present at rest. Contrast helps: resting tremor occurs when the limb is relaxed, a pattern typical of Parkinson disease; intention tremor (cerebellar) worsens as you approach a target during purposeful movement; orthostatic tremor happens in the legs when standing still. So the tremor that best fits essential tremor is the postural type, since it appears when maintaining posture and during movement, not at rest.

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10. Which elements are essential to ask when evaluating a possible seizure?

A. Tongue biting and bowel/bladder incontinence

B. Headache and nausea

C. Hearing loss

D. Visual disturbances

When evaluating a possible seizure, focus on features that most strongly point to seizure activity. Tongue biting, especially on the side of the mouth, is a classic sign that can occur during a convulsive seizure due to the intense jaw movements that accompany the event. Bowel or bladder incontinence happens when there is a loss of consciousness and control during the seizure, which is a relatively common accompaniment of generalized tonic-clonic seizures. Together, these signs raise strong suspicion for a true seizure and help differentiate it from other events such as fainting or non-epileptic phenomena. Headache and nausea are nonspecific and can be seen with many conditions (migraine, illness, or even post-seizure symptoms), so they're less informative for confirming a seizure. Hearing loss isn't typically associated with seizures, and while visual disturbances can occur with some focal seizures, they're not as universally suggestive as tongue biting and incontinence.

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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://pdneuro2.examzify.com

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

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