REVIEW OF RELATED DISEASES (RRD) 10 – DISORDERS OF THE NEUROLOGICAL SYSTEM 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 role of dexamethasone in cerebral edema due to tumors?

A. Increases edema and worsens symptoms

B. Reduces vasogenic edema and improves neurologic symptoms; monitor for hyperglycemia and infection risk

C. Has no effect on edema

D. Cures tumor

2. Maintenance of cerebral blood flow depends on balancing which two forces?

A. Cerebral perfusion pressure (CPP) and intracranial pressure (ICP)

B. Mean arterial pressure (MAP) and venous pressure

C. Oxygen delivery and carbon dioxide tension

D. Cerebral metabolic rate and blood viscosity

3. Glaucoma is best described as which of the following?

A. An inflammatory disease of the conjunctiva.

B. A degenerative condition of the retina unrelated to pressure.

C. A sudden acute condition causing immediate central vision loss.

D. An age-related disease process in which there is an elevation of intra-ocular pressure that results in a loss of visual fields and can eventually lead to blindness.

4. Which statement describes a key feature of closed-angle glaucoma?

A. The angle closes suddenly and unexpectedly.

B. It typically presents with painless, gradual vision loss.

C. It is primarily a problem with color vision deterioration.

D. It improves with rest and topical antihistamines.

5. In AMD, the central vision loss is described as which of the following?

A. A reversible central vision loss.

B. A central vision loss due to macula destruction that can improve with treatment.

C. Severe and irreversible central vision loss due to macula destruction.

D. Vision remains unaffected.

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6. Which of the following is NOT a non-motor symptom commonly seen early in Parkinson disease?

A. Olfactory loss

B. REM sleep behavior disorder

C. Autonomic dysfunction

D. Tremor

7. What are typical post-ictal state characteristics?

A. The patient is typically energetic and alert after a seizure.

B. The patient is often dazed, confused, and may be combative; brain circuits are not back to normal.

C. There is immediate complete memory recall.

D. There is continuous muscle contractions after seizure.

8. Mydriasis is defined as which of the following?

A. pupillary constriction in bright light.

B. pupillary dilation in response to more light.

C. pupillary dilation due to parasympathetic activation.

D. pupillary dilation that usually occurs equally in both pupils upon exposure to less light as a result of the SNS releasing norepinephrine.

9. If intracranial pressure rises while mean arterial pressure remains constant, what happens to cerebral perfusion pressure?

A. CPP decreases

B. CPP increases

C. CPP stays the same

D. CPP becomes negative

10. Which statement accurately describes hemorrhagic stroke?

A. It involves rupture of a cerebral vessel leading to intracerebral or subarachnoid bleeding

B. It is caused by arterial occlusion leading to ischemia

C. It never presents with sudden focal deficits

D. It is always reversible with treatment

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Answers

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

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Explanations

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1. What is the role of dexamethasone in cerebral edema due to tumors?

A. Increases edema and worsens symptoms

B. Reduces vasogenic edema and improves neurologic symptoms; monitor for hyperglycemia and infection risk

C. Has no effect on edema

D. Cures tumor

Dexamethasone helps in tumor-related cerebral edema because the edema is mainly vasogenic, caused by disruption of the blood-brain barrier and leakage of fluid into the surrounding brain tissue. Dexamethasone strengthens the barrier, reduces capillary permeability, and dampens inflammatory mediators, which together shrink the edema and lessen mass effect. That reduction usually translates into quicker relief of symptoms like headaches and focal neurologic deficits, and often improved awareness or function. It's chosen for this role because it acts rapidly and has potent anti-edema effects with relatively low mineralocorticoid activity, making it a preferred option for brain tumor edema. But its benefits come with risks: it can raise blood glucose and suppress immune function, increasing the chances of hyperglycemia and infection. So monitoring glucose levels and infection risk is essential while using it. Remember, this helps manage symptoms and edema but does not cure the tumor.

2. Maintenance of cerebral blood flow depends on balancing which two forces?

A. Cerebral perfusion pressure (CPP) and intracranial pressure (ICP)

B. Mean arterial pressure (MAP) and venous pressure

C. Oxygen delivery and carbon dioxide tension

D. Cerebral metabolic rate and blood viscosity

Cerebral perfusion is driven by the pressure difference pushing blood into the brain, which is cerebral perfusion pressure (CPP) = mean arterial pressure (MAP) minus intracranial pressure (ICP). Keeping CPP in a range that brain vessels can autoregulate ensures stable cerebral blood flow; if ICP rises or MAP falls, CPP drops and blood flow to the brain diminishes. Conversely, if ICP is not elevated and MAP is adequate, CPP supports sufficient perfusion. This is why the balance between MAP and ICP is the key factor. While factors like oxygen delivery, CO_2 tension, vascular resistance, or venous pressure can influence flow, they do not describe the principal driving gradient across the intracranial space that determines cerebral blood flow.

3. Glaucoma is best described as which of the following?

A. An inflammatory disease of the conjunctiva.

B. A degenerative condition of the retina unrelated to pressure.

C. A sudden acute condition causing immediate central vision loss.

D. An age-related disease process in which there is an elevation of intra-ocular pressure that results in a loss of visual fields and can eventually lead to blindness.

Glaucoma involves elevated intraocular pressure that damages the optic nerve, leading to progressive loss of visual fields and, if untreated, can result in blindness. This pressure buildup usually stems from impaired drainage of aqueous humor, causing optic nerve fibers—especially those responsible for peripheral vision—to deteriorate over time. It's a chronic, pressure-related optic neuropathy rather than an inflammatory surface disease or a retinal degeneration, and it isn't defined by a sudden, central vision loss (except in rare acute cases like angle-closure glaucoma). The description here captures the hallmark sequence: higher eye pressure causing optic nerve damage and gradual, irreversible peripheral vision loss that can lead to blindness if not managed.

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4. Which statement describes a key feature of closed-angle glaucoma?

A. The angle closes suddenly and unexpectedly.

B. It typically presents with painless, gradual vision loss.

C. It is primarily a problem with color vision deterioration.

D. It improves with rest and topical antihistamines.

The situation hinges on recognizing that acute angle-closure glaucoma involves a sudden blockage of the drainage angle, causing a rapid and dramatic rise in intraocular pressure. This produces a sudden, painful attack with symptoms like severe eye pain, halos around lights, headache, nausea, vomiting, a red eye, and a mid-dilated pupil. That abrupt angle closure is the defining feature, so the statement that the angle closes suddenly and unexpectedly best describes closed-angle glaucoma. The other descriptions don't fit this condition: a painless, gradual vision loss is more typical of open-angle glaucoma; color vision deterioration isn't the primary or defining problem in this emergency; and glaucoma wouldn't improve with rest and antihistamines.

5. In AMD, the central vision loss is described as which of the following?

A. A reversible central vision loss.

B. A central vision loss due to macula destruction that can improve with treatment.

C. Severe and irreversible central vision loss due to macula destruction.

D. Vision remains unaffected.

Central vision loss in AMD comes from damage to the macula, the area of the retina that provides fine detail vision. In advanced AMD, the macula is destroyed by atrophy or scar from new vessels, so the central photoreceptors and supporting cells are permanently lost. That's why the loss is severe and irreversible—the tissue responsible for sharp central vision is gone, even if treatments can slow progression or reduce swelling in some cases. Peripheral vision usually remains intact, so overall eyesight isn't completely lost, but the central acuity cannot be restored once the macula is destroyed.

6. Which of the following is NOT a non-motor symptom commonly seen early in Parkinson disease?

A. Olfactory loss

B. REM sleep behavior disorder

C. Autonomic dysfunction

D. Tremor

In Parkinson disease, many symptoms that appear early are non-motor and reflect involvement of systems outside the dopaminergic motor pathways. Olfactory loss commonly shows up well before diagnosis, indicating early impact on the olfactory structures. REM sleep behavior disorder is another non-motor prodrome that often precedes motor symptoms and signals brainstem dysfunction linked to PD. Autonomic dysfunction, such as constipation or blood pressure changes, also tends to occur early and reflects autonomic nervous system involvement. Tremor, on the other hand, is a motor symptom arising from nigrostriatal pathway degeneration and typically appears as part of the motor motor syndrome rather than as an early non-motor prodrome. While tremor can be seen early in some patients, it is classified as a motor feature, not a non-motor one. Therefore, tremor is the best answer for something that is not a non-motor symptom commonly seen early in Parkinson disease.

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7. What are typical post-ictal state characteristics?

A. The patient is typically energetic and alert after a seizure.

B. The patient is often dazed, confused, and may be combative; brain circuits are not back to normal.

C. There is immediate complete memory recall.

D. There is continuous muscle contractions after seizure.

After a seizure ends, the brain often needs time to recover, leading to a post-ictal state of transient dysfunction. The typical picture is that the person is dazed, confused, and may be combative or agitated, with reduced awareness and orientation. Memory for the event is usually impaired or incomplete because the brain circuits are not yet fully back to normal and neuronal activity is still settling. Over minutes to hours, cognition and responsiveness gradually improve as normal brain function resumes. You might also see a temporary focal weakness on one side (Todd's paralysis) during this recovery phase. This aligns with the choice that describes someone who is dazed and confused and may be combative, with brain circuits not yet fully recovered. Other options don't fit: being energetic and alert after a seizure is uncommon in the post-ictal period; complete immediate memory recall is unlikely due to amnesia surrounding the event; and ongoing continuous muscle contractions after the seizure would indicate ongoing seizure activity or status epilepticus, not the post-ictal recovery phase.

8. Mydriasis is defined as which of the following?

A. pupillary constriction in bright light.

B. pupillary dilation in response to more light.

C. pupillary dilation due to parasympathetic activation.

D. pupillary dilation that usually occurs equally in both pupils upon exposure to less light as a result of the SNS releasing norepinephrine.

Pupil size is controlled by two opposing autonomic pathways: sympathetic input dilates the pupil by acting on the radial iris muscle, releasing norepinephrine to stimulate alpha-1 receptors, while parasympathetic input constricts the pupil via the sphincter pupillae. Mydriasis is dilation, typically occurring in low light and usually affecting both pupils equally. The mechanism described—dilation in response to less light due to sympathetic activation releasing norepinephrine—fits this definition perfectly. In bright light, the pupil should constrict (miosis) via parasympathetic activity, not dilate. Dilation caused by parasympathetic activation would be incorrect, and dilation in more light would contradict the normal response.

9. If intracranial pressure rises while mean arterial pressure remains constant, what happens to cerebral perfusion pressure?

A. CPP decreases

B. CPP increases

C. CPP stays the same

D. CPP becomes negative

Cerebral perfusion pressure is the pressure gradient that drives blood flow to the brain, calculated as mean arterial pressure minus intracranial pressure. If ICP rises while MAP stays the same, the driving force for blood entering the brain decreases, so CPP falls. This drop in CPP reduces cerebral blood flow and can lead to ischemia if ICP continues to rise. It would only become negative if ICP exceeded MAP, which is an extreme case. So, the outcome is a decrease in cerebral perfusion pressure.

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10. Which statement accurately describes hemorrhagic stroke?

A. It involves rupture of a cerebral vessel leading to intracerebral or subarachnoid bleeding

B. It is caused by arterial occlusion leading to ischemia

C. It never presents with sudden focal deficits

D. It is always reversible with treatment

Hemorrhagic stroke happens when a cerebral vessel ruptures, spilling blood into brain tissue or the subarachnoid space. That bleeding directly injures brain tissue and can raise pressure inside the skull, leading to a sudden change in neurologic function that often includes focal deficits aligned with the area of bleed. This mechanism is distinct from ischemic stroke, which results from an arterial block that cuts off blood supply without causing bleeding. So describing hemorrhagic stroke as caused by arterial occlusion is not accurate. Hemorrhagic strokes are not inherently reversible—outcomes depend on bleed size and location and how quickly treatment begins. Diagnosis typically uses imaging to confirm the presence of bleeding, and management focuses on stabilizing the patient, controlling blood pressure, reversing any anticoagulation, and addressing the bleeding source with surgical or endovascular means when appropriate.

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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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