

ALTERATIONS OF NEUROLOGICAL FUNCTIONS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. What does "dysphagia" refer to?**
 - A. Difficulties in speaking
 - B. Difficulty swallowing
 - C. A type of memory loss
 - D. A condition affecting vision
- 2. What neurotransmitter is primarily affected in Parkinson's disease?**
 - A. Norepinephrine
 - B. Dopamine
 - C. Serotonin
 - D. Acetylcholine
- 3. Which part of the autonomic nervous system is responsible for the 'fight or flight' response?**
 - A. Parasympathetic nervous system
 - B. Sympathetic nervous system
 - C. Central nervous system
 - D. Somatic nervous system
- 4. What are common signs of increased intracranial pressure?**
 - A. Vision loss and seizures
 - B. Headache, vomiting, altered mental status, and visual changes
 - C. Memory loss and aphasia
 - D. Pain in the neck and shoulders
- 5. Which type of headache is often characterized by severe, one-sided pain?**
 - A. Cluster headache
 - B. Tension headache
 - C. Migraine
 - D. Sinus headache

- 6. Which type of memory is most likely affected in those with severe traumatic brain injury?**
- A. Short-term memory
 - B. Procedural memory
 - C. Implicit memory
 - D. Long-term memory
- 7. Which of the following are considered major types of head injuries?**
- A. Mild concussion and brain edema
 - B. Mild concussion and cerebral contusions
 - C. Cerebral contusions and skull fractures
 - D. Diffuse axonal injury and mild concussion
- 8. Describe the primary symptoms of Huntington's disease.**
- A. Uncontrolled movements, emotional disturbances, and cognitive decline
 - B. Loss of sensation and extreme fatigue
 - C. Acute psychiatric episodes and seizures
 - D. Joint pain and muscle cramps
- 9. Describe the Glasgow Coma Scale.**
- A. A scale for measuring emotional responses
 - B. A scale used to assess eye, verbal, and motor responses
 - C. A method for evaluating psychiatric conditions
 - D. A scale for measuring pain intensity
- 10. Which symptom is NOT commonly associated with spinal cord injury?**
- A. Loss of sensation
 - B. Muscle weakness
 - C. Increased reflexes
 - D. Improved balance and coordination

Answers

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

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Explanations

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1. What does "dysphagia" refer to?

- A. Difficulties in speaking
- B. Difficulty swallowing**
- C. A type of memory loss
- D. A condition affecting vision

Dysphagia specifically refers to difficulty swallowing. This condition can involve a range of problems, from the inability to swallow at all to pain or discomfort while swallowing. It can arise from various neurological disorders, muscular issues, or structural abnormalities in the throat or esophagus. Understanding dysphagia is important in clinical settings because it can lead to serious complications, including malnutrition, dehydration, and respiratory issues due to aspiration. It often requires careful assessment and management by healthcare professionals to ensure safe swallowing and adequate nutrition. The relevance of recognizing this term is crucial in the context of neurological function, as many conditions that affect swallowing are tied to dysfunction in the nervous system.

2. What neurotransmitter is primarily affected in Parkinson's disease?

- A. Norepinephrine
- B. Dopamine**
- C. Serotonin
- D. Acetylcholine

In Parkinson's disease, the primary neurotransmitter that is affected is dopamine. This neurodegenerative disorder is characterized by the degeneration of dopamine-producing neurons in a specific area of the brain known as the substantia nigra. Dopamine plays a crucial role in regulating movement, mood, and coordination. The loss of dopamine leads to the hallmark symptoms of Parkinson's disease, which include tremors, stiffness, and bradykinesia (slowness of movement). Dopamine deficiency disrupts the balance between excitatory and inhibitory signals in the brain, thereby impairing motor control. As such, therapies for Parkinson's often focus on restoring dopamine levels or mimicking its action to alleviate the symptoms of the disease. Understanding dopamine's vital role in Parkinson's is crucial for grasping how this condition affects neurological function and movement.

3. Which part of the autonomic nervous system is responsible for the 'fight or flight' response?

- A. Parasympathetic nervous system
- B. Sympathetic nervous system**
- C. Central nervous system
- D. Somatic nervous system

The sympathetic nervous system is responsible for the 'fight or flight' response, which prepares the body to react in stressful or emergency situations. When activated, this part of the autonomic nervous system induces several physiological changes: it increases heart rate, dilates airways, and redirects blood flow away from digestive organs toward muscles, enhancing physical performance and alertness. This response is crucial for survival as it allows individuals to either confront or escape from threatening situations. In contrast, the parasympathetic nervous system facilitates a 'rest and digest' state, promoting relaxation and recovery. The central nervous system, comprising the brain and spinal cord, does play a role in processing information and coordinating responses but does not directly regulate the bodily changes associated with the 'fight or flight' mechanism. Additionally, the somatic nervous system controls voluntary movements and sensory information but is not involved in automatic responses to stress.

4. What are common signs of increased intracranial pressure?

- A. Vision loss and seizures
- B. Headache, vomiting, altered mental status, and visual changes**
- C. Memory loss and aphasia
- D. Pain in the neck and shoulders

Increased intracranial pressure (ICP) can manifest in several ways, and the combination of headache, vomiting, altered mental status, and visual changes is particularly characteristic. A headache is often one of the first signs patients experience due to the pressure exerted on the surrounding structures within the skull. Vomiting can occur as a secondary response to increased pressure and irritation of the brain or as a consequence of dysfunction in the central nervous system. Altered mental status indicates that the brain's ability to function and process information is being affected; this can range from confusion to decreased responsiveness. Visual changes, which may include blurred vision or double vision, occur because increased ICP can compress the optic nerve and affect the areas of the brain responsible for vision. This set of symptoms reflects the body's response to elevated pressure within the cranial cavity and serves as a crucial warning sign for potential serious conditions that require prompt medical evaluation and intervention.

5. Which type of headache is often characterized by severe, one-sided pain?

- A. Cluster headache
- B. Tension headache
- C. Migraine**
- D. Sinus headache

The type of headache that is often characterized by severe, one-sided pain is a migraine. Migraines are known for their debilitating nature and can feature intense throbbing or pulsating sensations, often localized to one side of the head. They may also be accompanied by other symptoms such as nausea, vomiting, and sensitivity to light and sound. The unilateral pain experienced during a migraine can significantly differ from other types of headaches, which may not present with such pronounced lateralization. In contrast, cluster headaches, while also causing severe pain, typically follow a pattern of frequent episodes, often occurring during specific periods known as cluster periods, and are usually localized around one eye rather than the entire head. Tension headaches are more common and usually involve a band-like sensation of tightness, often affecting both sides of the head rather than being strictly one-sided. Sinus headaches typically present with pain linked to sinus pressure and congestion, usually affecting both sides of the forehead and cheeks rather than being unilateral. Thus, migraines stand out as the distinctive type associated with severe, one-sided pain.

6. Which type of memory is most likely affected in those with severe traumatic brain injury?

- A. Short-term memory**
- B. Procedural memory
- C. Implicit memory
- D. Long-term memory

In cases of severe traumatic brain injury, short-term memory is significantly affected due to the location and extent of the injury. The brain regions primarily responsible for short-term memory, such as the prefrontal cortex and parts of the limbic system, can sustain damage during trauma. This often results in difficulties with holding onto new information for brief periods or recalling recent events. Short-term memory functions as a temporary storage system for information before it is encoded into long-term memory. After severe brain injury, individuals may find it challenging to maintain attention and focus, which are essential for short-term memory consolidation. Additionally, the disruption of neural pathways involved in immediate recall contributes to these memory difficulties. In contrast, procedural memory – which pertains to motor skills and tasks learned through repetition – and implicit memory, which involves memory that occurs without conscious awareness, can remain intact because they are primarily associated with more basal ganglia functions and less reliant on the frontal regions that short-term memory relies upon. Long-term memory may also be affected but often remains more stable unless there is extensive damage to the hippocampus or surrounding areas responsible for its storage and retrieval.

7. Which of the following are considered major types of head injuries?

- A. Mild concussion and brain edema
- B. Mild concussion and cerebral contusions**
- C. Cerebral contusions and skull fractures
- D. Diffuse axonal injury and mild concussion

The selection of mild concussion and cerebral contusions as major types of head injuries is accurate because both conditions can significantly impact brain function and are commonly discussed in the context of head trauma. Mild concussion represents a type of traumatic brain injury that results from a blow to the head or a sudden jolt to the body that causes the brain to move within the skull. Symptoms can range from a brief loss of consciousness to confusion and memory problems, and even though classified as "mild," it can have profound effects on an individual's cognitive and physical capabilities. Cerebral contusions refer to bruising of the brain tissue itself due to trauma, which can lead to bleeding and swelling in the brain. This injury is typically more severe than a concussion and can result in long-lasting neurological deficits, depending on its size and location. In contrast, other choices either include injuries that do not fit the most common categorization of major head injuries or combine less severe forms of trauma that do not represent the most critical types of head injuries that clinicians often focus on. For example, brain edema is a secondary consequence of injury rather than a primary type of injury itself. Skull fractures are significant but are not always classified in the same category as concussions and bruises,

8. Describe the primary symptoms of Huntington's disease.

A. Uncontrolled movements, emotional disturbances, and cognitive decline

B. Loss of sensation and extreme fatigue

C. Acute psychiatric episodes and seizures

D. Joint pain and muscle cramps

The primary symptoms of Huntington's disease encompass a triad of key areas: uncontrolled movements, emotional disturbances, and cognitive decline. Huntington's disease is a genetic neurodegenerative disorder characterized by the gradual breakdown of nerve cells in the brain. Uncontrolled movements, often referred to as chorea, are a hallmark of the disease and manifest as jerky, irregular motions that can affect the limbs, face, and trunk. These movements can become progressively more severe as the disease advances. Emotional disturbances are also prevalent in individuals with Huntington's disease, including mood swings, irritability, anxiety, and depression. These psychological symptoms can significantly impact the patient's quality of life and the emotional well-being of those around them. Cognitive decline is another critical aspect of Huntington's disease, with patients experiencing difficulties with planning, organizing, and maintaining focus. This cognitive impairment can lead to significant challenges in everyday functioning and increase dependence on caregivers over time. In summary, the correct choice captures the essential and defining characteristics of Huntington's disease, aligning with its clinical presentation and progression, making it the most accurate representation of the disorder's primary symptoms.

9. Describe the Glasgow Coma Scale.

A. A scale for measuring emotional responses

B. A scale used to assess eye, verbal, and motor responses

C. A method for evaluating psychiatric conditions

D. A scale for measuring pain intensity

The Glasgow Coma Scale is specifically designed to assess a person's level of consciousness following a head injury or other medical conditions affecting neurological function. It evaluates three key components: eye opening, verbal response, and motor response. Each component is scored individually, and the total score helps clinicians determine the severity of a patient's condition and guides treatment decisions. This scale is crucial in emergency and critical care settings, where rapid assessment of consciousness can inform immediate interventions. For example, a higher score indicates a better level of consciousness and responsiveness, while a lower score may indicate a more severe impairment. The other options, although relevant in their contexts, do not pertain to the Glasgow Coma Scale. Emotional responses, psychiatric evaluations, and pain intensity measurements are assessed using entirely different frameworks and scales, focusing on areas distinct from the evaluation of consciousness and neurological function.

10. Which symptom is NOT commonly associated with spinal cord injury?

- A. Loss of sensation
- B. Muscle weakness
- C. Increased reflexes
- D. Improved balance and coordination**

Improved balance and coordination is not typically a symptom associated with spinal cord injury. In fact, spinal cord injuries often lead to a range of neurological deficits, which can severely impact balance and coordination. Patients with spinal cord injury frequently experience loss of sensation, muscle weakness, and increased reflexes, which are all direct consequences of the damage to the spinal cord and its communication with the brain. Loss of sensation occurs due to disrupted pathways that carry sensory information, while muscle weakness is a result of impaired motor function due to damage to motor pathways. Increased reflexes can occur due to a lack of inhibitory signals from the brain, leading to hyperactive reflex responses in the areas below the injury. Improved balance and coordination would typically require intact neurological function and motor control, which are often compromised following a spinal cord injury, making this answer distinct from the other options related to common symptoms of such an injury.

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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://alterationsofneurofunctions.examzify.com>

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

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