

APEA 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.

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 is the pharmacologic hallmark of diagnosis or treatment response in myasthenia gravis?**
 - A. Improvement in weakness after administration of acetylcholinesterase inhibitors.
 - B. Worsening of weakness after acetylcholinesterase inhibitors.
 - C. Immunotherapy is always required for diagnosis.
 - D. Improvement in weakness only after immunoglobulin therapy.

- 2. An example of tandem walking is having the patient:**
 - A. walk across the room.
 - B. walk heel-to-toe.
 - C. walk on the toes, then on the heels.
 - D. walk with a shallow knee bend.

- 3. A progressive disorder of the nervous system that affects movement is known as:**
 - A. delirium
 - B. functional impairment
 - C. Parkinson's disease
 - D. Alzheimer's disease

- 4. Abnormal right biceps reflex localizes to which cervical segments?**
 - A. Lumbar 2, 3, and 4
 - B. Cervical 6 and 7
 - C. Cervical 5 and 6
 - D. Sacral 1

- 5. The component of the Glasgow Coma Scale that assesses motor function is which of the following?**
 - A. Auditory response
 - B. Cranial nerve response
 - C. Pupillary response
 - D. Motor response

- 6. The Evans index is defined as the ratio of which measurements?**
- A. The ratio of the width of the lateral ventricles to the skull diameter
 - B. The ratio of brain parenchymal volume to skull volume
 - C. The ratio of the width of the frontal horns to the maximum internal diameter of the skull
 - D. The ratio of hippocampal height to skull width
- 7. Anomic aphasia is primarily characterized by what deficit?**
- A. Broca's aphasia
 - B. Anomic aphasia
 - C. Wernicke's aphasia
 - D. Global aphasia
- 8. An older adult presenting with undernutrition, slowed motor performance, and loss of muscle mass is most consistent with which condition?**
- A. frailty
 - B. depression
 - C. Parkinson's disease
 - D. Alzheimer's disease
- 9. Which imaging measure supports a diagnosis of normal pressure hydrocephalus?**
- A. Enlarged sulci without ventriculomegaly.
 - B. Demyelinating plaques in periventricular white matter.
 - C. Mass effect with midline shift.
 - D. Ventriculomegaly with an Evans index >0.3 , ventricles enlarged out of proportion to sulci.
- 10. According to the migraine criteria provided, how many of the five symptoms must be present to classify the headache as a migraine?**
- A. One of the five
 - B. Two of the five
 - C. Three of the five
 - D. Four of the five

Answers

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

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Explanations

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1. What is the pharmacologic hallmark of diagnosis or treatment response in myasthenia gravis?

- A. Improvement in weakness after administration of acetylcholinesterase inhibitors.
- B. Worsening of weakness after acetylcholinesterase inhibitors.
- C. Immunotherapy is always required for diagnosis.
- D. Improvement in weakness only after immunoglobulin therapy.**

The key idea is that acetylcholinesterase inhibitors improve muscle strength in myasthenia gravis. In MG, antibodies reduce the number or function of acetylcholine receptors at the neuromuscular junction, so transmission is weak and fatigable weakness occurs. When you give an acetylcholinesterase inhibitor, acetylcholine is increased in the synaptic cleft, temporarily enhancing receptor activation and strengthening the muscle response. This pharmacologic response—improved weakness after AChE inhibition—has historically been used to support a MG diagnosis and guides therapy with drugs like pyridostigmine. Immunoglobulin therapy, while important for crisis management or perioperative care, is not a diagnostic or hallmark pharmacologic response. Worsening after acetylcholinesterase inhibitors is not characteristic of MG and would prompt consideration of other issues such as a cholinergic crisis or different neuromuscular disorder.

2. An example of tandem walking is having the patient:

- A. walk across the room.
- B. walk heel-to-toe.**
- C. walk on the toes, then on the heels.
- D. walk with a shallow knee bend.

Tandem walking is a balance and coordination test that uses a narrow base of support by having the patient place the heel of one foot directly in front of the toes of the other foot, forming a straight, narrow line. This precise alignment taxes motor planning, proprioception, and dynamic balance, so even mild cerebellar dysfunction or sensory ataxia shows up as unsteadiness, swaying, or stepping off the line. Walking heel-to-toe demonstrates this exact pattern, making it the best example. In contrast, walking across the room uses a wider base of support and isn't challenging in the same way; walking on the toes and then the heels misses the continuous straight-line sequence; and walking with a shallow knee bend alters gait mechanics without embodying the tight heel-to-toe progression.

3. A progressive disorder of the nervous system that affects movement is known as:

- A. delirium
- B. functional impairment
- C. Parkinson's disease**
- D. Alzheimer's disease

A progressive nervous system disorder that affects movement is best described by Parkinson's disease. It is a neurodegenerative condition characterized by the gradual loss of dopamine-producing neurons in the substantia nigra, which disrupts the nigrostriatal pathway and leads to motor symptoms such as resting tremor, rigidity, slowness of movement (bradykinesia), and postural instability. These features define a movement-dominant, progressively worsening picture. Delirium is an acute, fluctuating disturbance of consciousness and cognition, not a chronic neurodegenerative movement disorder. Alzheimer's disease is primarily a dementia with early problems in memory and cognition, though it can progress to involve movement later; its hallmark is cognitive decline rather than the movement-centric presentation described here. Functional impairment is a broad term referring to decreased ability to perform tasks and does not name a specific progressive movement disorder.

4. Abnormal right biceps reflex localizes to which cervical segments?

- A. Lumbar 2, 3, and 4
- B. Cervical 6 and 7
- C. Cervical 5 and 6**
- D. Sacral 1

The biceps reflex is mediated by the musculocutaneous nerve through spinal cord segments C5 and C6, so an abnormal reflex on the right points to dysfunction at those cervical roots. This is why the correct localization is C5-C6. The knee reflex involves lumbar segments L2-L4, the ankle reflex involves S1, and a focus on C6-C7 would not correspond to the primary innervation of the biceps reflex, making C5-C6 the best answer.

5. The component of the Glasgow Coma Scale that assesses motor function is which of the following?

- A. Auditory response
- B. Cranial nerve response
- C. Pupillary response
- D. Motor response**

Movement is assessed by the motor response portion of the Glasgow Coma Scale. This part specifically looks at the patient's best motor response to commands or to a painful stimulus, with a score range from 6 (obeys commands) down to 1 (no movement). It's distinct from eye opening (how the eyes respond) and verbal response (what the patient can say or articulate). Pupillary or cranial nerve status aren't part of the GCS scoring. So the component that measures motor function is the motor response.

6. The Evans index is defined as the ratio of which measurements?

- A. The ratio of the width of the lateral ventricles to the skull diameter
- B. The ratio of brain parenchymal volume to skull volume
- C. The ratio of the width of the frontal horns to the maximum internal diameter of the skull**
- D. The ratio of hippocampal height to skull width

The key idea is a simple, head-size-normalized measure of how dilated the ventricles are. Evans index uses the width of the frontal horns of the lateral ventricles on an axial image and divides it by the maximum internal diameter of the skull on the same plane. This ratio flags ventriculomegaly when the frontal-horn width is large relative to skull size, which helps distinguish hydrocephalus-related dilation from normal-sized ventricles in a small head or from brain atrophy. In practice, a value around 0.3 or higher suggests ventriculomegaly. This is why the defined measurement is the width of the frontal horns to the maximum internal skull diameter. Other measurements involve brain parenchymal volume, hippocampal height, or a different ventricular measurement, which do not define Evans index.

7. Anomic aphasia is primarily characterized by what deficit?

- A. Broca's aphasia
- B. Anomic aphasia**
- C. Wernicke's aphasia
- D. Global aphasia

Anomic aphasia centers on a word-finding problem. The defining feature is notable difficulty naming objects or retrieving specific words, even though speech remains fluent and the person usually understands speech well and can repeat phrases. People with this type often describe items or use circumlocutions to get around the missing word, but the core issue is impaired lexical retrieval. This pattern distinguishes it from other aphasia: Broca's aphasia is nonfluent with agrammatism and relatively preserved comprehension; Wernicke's aphasia features fluent but empty-seeming speech with poor comprehension; global aphasia involves widespread language disruption affecting both production and comprehension.

8. An older adult presenting with undernutrition, slowed motor performance, and loss of muscle mass is most consistent with which condition?

- A. frailty**
- B. depression
- C. Parkinson's disease
- D. Alzheimer's disease

Frailty syndrome in older adults is suggested by a combination of unintended weight loss, slowed physical performance, and loss of muscle mass. These features reflect reduced physiological reserve and increased vulnerability to stressors. Unintentional weight loss points to undernutrition, slowed motor performance corresponds to decreased gait speed or overall slowness, and loss of muscle mass (sarcopenia) is a core component. While depression, Parkinson's disease, or Alzheimer's disease can have overlapping features, their hallmark signs differ—mood changes for depression, tremor/rigidity and bradykinesia for Parkinson's, and progressive cognitive decline for Alzheimer's. The pattern described aligns best with frailty.

9. Which imaging measure supports a diagnosis of normal pressure hydrocephalus?

- A. Enlarged sulci without ventriculomegaly.
- B. Demyelinating plaques in periventricular white matter.
- C. Mass effect with midline shift.
- D. Ventriculomegaly with an Evans index >0.3, ventricles enlarged out of proportion to sulci.**

Imaging for normal pressure hydrocephalus is focused on showing ventriculomegaly that stands out compared with the cortical sulci, quantified by the Evans index. The Evans index is the ratio of the maximum width of the frontal horns to the maximum inner diameter of the skull. When this index is greater than 0.3, it supports hydrocephalus. In normal pressure hydrocephalus, the ventricles enlarge disproportionately to the sulci, so you see prominent ventricular enlargement with relatively preserved or less-widened cortical sulci. This pattern helps distinguish NPH from brain atrophy (where sulci are markedly enlarged) and from other conditions like demyelinating plaques or mass lesions, which don't show this specific ventricular-to-sulcal disproportion.

10. According to the migraine criteria provided, how many of the five symptoms must be present to classify the headache as a migraine?

- A. One of the five
- B. Two of the five
- C. Three of the five**
- D. Four of the five

Three of the five hallmark symptoms are needed to classify a headache as migraine. The five features typically taught are unilateral location, pulsating quality, moderate to severe pain, aggravation by routine physical activity, and the presence of associated symptoms such as nausea/vomiting or photophobia/phonophobia. If at least three of these are present, the headache fits migraine criteria, which allows for variability in how migraines present while avoiding overcalling other headache types. Aura, if present, is not required.

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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://apeaneurology.examzify.com>

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

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