

ATI Neurosensory Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

- 1. What are major causes of visual field loss?**
 - A. Glaucoma, retinal detachment, and stroke**
 - B. Diabetes and chronic fatigue**
 - C. High blood pressure and anxiety disorders**
 - D. Nutritional deficiencies and migraines**
- 2. What is the priority action for a nurse observing decerebrate positioning in a client with a traumatic brain injury?**
 - A. Notify the physician**
 - B. Provide supplemental oxygen**
 - C. Assess neurological function**
 - D. Administer IV fluids**
- 3. To ensure electrode adherence during an EEG, what should be done to the client's hair?**
 - A. Style it with gel**
 - B. Leave it unwashed**
 - C. Shampoo and avoid hair products**
 - D. Cut it short before the procedure**
- 4. What does withdrawal of the hand in response to nailbed pressure indicate in a sedated client?**
 - A. Coma response**
 - B. Reflex response**
 - C. Awareness of pain**
 - D. Arousal**
- 5. After checking vital signs in a client with autonomic dysreflexia, what is the next action a nurse should take?**
 - A. Administer antihypertensive medication**
 - B. Place the client in a high-Fowler's position**
 - C. Check for any signs of infection**
 - D. Reassure the client to calm them down**

- 6. What position should a client be placed in following a frontal craniotomy?**
- A. Flat on back**
 - B. Semi-Fowlers**
 - C. Supine**
 - D. Prone**
- 7. A nurse is caring for a client who had a cerebrovascular accident (CVA) and shows alertness but does not respond verbally. How should the nurse document this observation?**
- A. Expressive aphasia**
 - B. Receptive aphasia**
 - C. Global aphasia**
 - D. Dysarthria**
- 8. Which neurotransmitter is often associated with the modulation of sensory information?**
- A. Serotonin**
 - B. Dopamine**
 - C. Acetylcholine**
 - D. Norepinephrine**
- 9. Which condition is indicated by sclerosis of the ossicles, leading to tinnitus?**
- A. Sensory-neural hearing loss**
 - B. Otosclerosis**
 - C. Meniere's disease**
 - D. Acoustic neuroma**
- 10. What symptom should a nurse anticipate in a client diagnosed with acute angle-closure glaucoma?**
- A. Loss of peripheral vision**
 - B. Severe eye pain**
 - C. Increased light sensitivity**
 - D. Blurred vision**

Answers

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

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Explanations

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1. What are major causes of visual field loss?

- A. Glaucoma, retinal detachment, and stroke**
- B. Diabetes and chronic fatigue**
- C. High blood pressure and anxiety disorders**
- D. Nutritional deficiencies and migraines**

Visual field loss can occur due to a variety of medical conditions, and among the choices provided, the major causes include glaucoma, retinal detachment, and stroke. Glaucoma is a condition characterized by increased pressure within the eye, which can lead to damage of the optic nerve and gradual loss of peripheral vision. As the disease progresses, it can result in significant gaps in the visual field. Retinal detachment occurs when the retina separates from its underlying supportive tissue, leading to a sudden loss of vision in part of or all of the visual field. This is considered a medical emergency that can result in permanent vision loss if not promptly treated. A stroke, particularly one affecting areas of the brain responsible for visual processing, can lead to a significant and sudden loss of vision in specific fields, often referred to as homonymous hemianopsia. These conditions are well-established causes of visual field loss, making this choice the most accurate and relevant among the options given.

2. What is the priority action for a nurse observing decerebrate positioning in a client with a traumatic brain injury?

- A. Notify the physician**
- B. Provide supplemental oxygen**
- C. Assess neurological function**
- D. Administer IV fluids**

In the context of decerebrate positioning, which indicates severe brain injury and possible deterioration of neurological function, providing supplemental oxygen is critical. This type of posturing suggests that the client may have compromised brain function with a risk of insufficient oxygen supply to the brain. Administering supplemental oxygen can help ensure that the brain receives adequate oxygenation, which is vital for sustaining brain activity and preventing further neurological damage. Addressing oxygenation needs takes precedence because hypoxia can exacerbate the brain injury and lead to more severe outcomes. While assessing neurological function, notifying the physician, and administering IV fluids are also relevant actions in the management of a patient with a traumatic brain injury, they may not have the immediate impact on the client's condition as ensuring proper oxygen levels. Providing oxygen directly addresses a critical need that could stabilize the patient and prevent further complications.

3. To ensure electrode adherence during an EEG, what should be done to the client's hair?

- A. Style it with gel**
- B. Leave it unwashed**
- C. Shampoo and avoid hair products**
- D. Cut it short before the procedure**

To ensure proper electrode adherence during an EEG, it is essential that the client's hair is clean and free from any styling products. When hair is washed with shampoo and all hair products are avoided, the scalp is less likely to interfere with the electrical signals that the electrodes need to detect. Excess oils, hair products, or dirt can create resistance and inhibit the recording quality of the EEG. A clean scalp provides the best surface for electrode adhesion and helps maintain good contact for accurate readings during the procedure. Choosing to leave the hair unwashed or using gel can lead to complications such as poor signal quality. Cutting the hair short may not be necessary or effective; rather, ensuring the hair is clean is a more direct approach to maintaining electrode adherence.

4. What does withdrawal of the hand in response to nailbed pressure indicate in a sedated client?

- A. Coma response**
- B. Reflex response**
- C. Awareness of pain**
- D. Arousal**

The withdrawal of the hand in response to nailbed pressure in a sedated client indicates arousal. This response suggests that the client's nervous system is still partially functioning and capable of processing stimuli, even if they are not fully conscious. Arousal in this context reflects the body's ability to respond to painful stimuli through a reflex action. In situations where a person is sedated, responses may vary from a complete lack of movement to withdrawal responses. The fact that the client withdraws their hand shows an intact neural pathway that can sense the discomfort, thus demonstrating some level of arousal to the stimulus despite the sedation. It is important to distinguish this from other states such as coma or awareness of pain, which may imply a deeper level of consciousness and cognitive processing.

5. After checking vital signs in a client with autonomic dysreflexia, what is the next action a nurse should take?

A. Administer antihypertensive medication

B. Place the client in a high-Fowler's position

C. Check for any signs of infection

D. Reassure the client to calm them down

The next action after checking vital signs in a client with autonomic dysreflexia is to place the client in a high-Fowler's position. This position helps to decrease blood pressure by facilitating venous return and promoting easier respiratory function, which is crucial in managing any hypertensive crisis associated with autonomic dysreflexia. In this condition, an overactive autonomic nervous system leads to severe hypertension, typically in response to a noxious stimulus below the level of injury, such as a full bladder or bowel impaction. By elevating the client's head above the heart, the risk of stroke or other vascular complications can be mitigated while further interventions, such as identifying and treating the underlying cause, are initiated. While managing blood pressure and monitoring for infection are critical components of care, positioning the client effectively addresses the immediate risk of high blood pressure resulting from this syndrome. The high-Fowler's position is a priority intervention that directly impacts the client's safety and stability.

6. What position should a client be placed in following a frontal craniotomy?

A. Flat on back

B. Semi-Fowlers

C. Supine

D. Prone

After a frontal craniotomy, the client should be placed in the semi-Fowler's position. This position involves elevating the head of the bed to an angle between 30 to 45 degrees, which is beneficial for several reasons. Firstly, semi-Fowler's position helps to reduce intracranial pressure (ICP). Following brain surgery, there is a risk of swelling and fluid accumulation in the brain, and elevating the head can promote venous drainage and reduce the overall pressure. Additionally, this position can enhance respiratory function, making it easier for the client to breathe deeply and reducing the risk of aspiration. Furthermore, the semi-Fowler's position provides comfort and reduces strain on the surgical site, which is crucial for recovery. It also allows for better monitoring of neurological status, as changes in consciousness or physical response can be more readily observed when the client is in an elevated position. Overall, positioning the client in semi-Fowler's after a frontal craniotomy is key to promoting healing and minimizing potential complications.

7. A nurse is caring for a client who had a cerebrovascular accident (CVA) and shows alertness but does not respond verbally. How should the nurse document this observation?

A. Expressive aphasia

B. Receptive aphasia

C. Global aphasia

D. Dysarthria

The most appropriate documentation choice for a client who is alert but does not respond verbally after a cerebrovascular accident (CVA) is expressive aphasia. This condition typically occurs when there is damage to the regions of the brain responsible for language production, often affecting the ability to speak or write, while comprehension may still be intact. The patient may understand questions or statements, but struggles to formulate and articulate their responses verbally. In this case, the client's alertness indicates that they are aware of their surroundings and can process information, which aligns with expressive aphasia, where the individual has difficulty with verbal expression rather than comprehension. This distinction is critical in the assessment of language deficits following a stroke. The other options represent different types of language disturbances that do not accurately describe the client's presentation of being alert but non-verbal.

8. Which neurotransmitter is often associated with the modulation of sensory information?

A. Serotonin

B. Dopamine

C. Acetylcholine

D. Norepinephrine

Serotonin plays a crucial role in modulating sensory information. It is involved in various functions within the central nervous system, including the regulation of mood, anxiety, and sensory perception. Serotonin helps fine-tune the processing of sensory input, influencing how we perceive and respond to different stimuli. Its presence can either enhance or inhibit sensory signal transmission, thereby shaping our experiences of the world around us. Dopamine, while important in reward processing and motor control, is less directly involved in sensory modulation compared to serotonin. Acetylcholine is primarily associated with motor control and cognitive functions, and norepinephrine primarily impacts arousal and alertness levels but does not directly modulate sensory information to the same extent as serotonin does.

9. Which condition is indicated by sclerosis of the ossicles, leading to tinnitus?

- A. Sensory-neural hearing loss**
- B. Otosclerosis**
- C. Meniere's disease**
- D. Acoustic neuroma**

The condition characterized by sclerosis of the ossicles, which can lead to symptoms such as tinnitus, is otosclerosis. Otosclerosis involves abnormal bone growth in the middle ear, specifically around the stapes bone, which can impede its ability to vibrate and transmit sound effectively. This dysfunction can result in conductive hearing loss and is often accompanied by tinnitus, a ringing or buzzing in the ears that occurs due to changes in hearing or damage to the auditory system. In contrast, sensory-neural hearing loss typically arises from issues in the inner ear or auditory pathways and does not primarily involve the ossicular chain. Meniere's disease is associated with fluid buildup in the inner ear, leading to episodes of vertigo and fluctuating hearing loss, but is not directly related to sclerosis of the ossicles. Acoustic neuroma is a benign tumor affecting the auditory nerve, manifesting hearing loss and balance issues, rather than sclerosis of ossicles. Thus, the unique connection of ossicular sclerosis and resulting tinnitus clearly identifies otosclerosis as the correct condition.

10. What symptom should a nurse anticipate in a client diagnosed with acute angle-closure glaucoma?

- A. Loss of peripheral vision**
- B. Severe eye pain**
- C. Increased light sensitivity**
- D. Blurred vision**

In a client diagnosed with acute angle-closure glaucoma, severe eye pain is a symptom that would be anticipated due to the sudden increase in intraocular pressure associated with this condition. Acute angle-closure glaucoma occurs when the drainage angle in the eye becomes blocked, leading to rapid and significant pressure build-up. This increased pressure can cause a range of symptoms, with intense pain being particularly prominent. Severe eye pain in this context is often described as sharp or throbbing and can be accompanied by other symptoms like nausea and vomiting. It is important for healthcare providers to recognize this symptom quickly, as acute angle-closure glaucoma is a medical emergency requiring immediate treatment to prevent permanent vision loss. Identifying severe eye pain as a key symptom helps in the early diagnosis and management of this serious condition.

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://atineurosensory.examzify.com>

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