

BIPC FINAL PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://bipcfinal.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. Which dementia stage is characterized by behavior changes, disorientation, difficulty speaking, swallowing difficulties, and impaired walking?**
 - A. Alzheimer late stage
 - B. Vascular dementia
 - C. Lewy body dementia
 - D. Frontotemporal dementia
- 2. Which sign is associated with functional leg weakness?**
 - A. Hoover sign
 - B. Babinski sign
 - C. Romberg sign
 - D. Pronator drift
- 3. Which cluster includes Narcissistic, Histrionic, Borderline, and Antisocial personality disorders?**
 - A. Cluster B
 - B. Cluster A
 - C. Cluster C
 - D. All clusters
- 4. Which medication is listed as a pharmacologic treatment for bulimia nervosa but is known to lower the seizure threshold and should be avoided?**
 - A. Fluoxetine
 - B. Vyvanse
 - C. Bupropion
 - D. Sertraline
- 5. Which neurotransmitter is associated with depression, ADHD, and anxiety?**
 - A. Norepinephrine
 - B. Dopamine
 - C. Acetylcholine
 - D. GABA

- 6. How is onset categorized for Conduct Disorder?**
- A. Childhood onset and adolescent onset
 - B. Early onset, middle onset, late onset
 - C. Type I and Type II onset
 - D. Acute onset and chronic onset
- 7. Which term indicates the phenomenon where symptoms are especially worse at night?**
- A. Onset
 - B. Dementia
 - C. Delirium
 - D. Effect at night
- 8. Which of the following is listed as a first-line ADHD medication?**
- A. Methylphenidate
 - B. Vyvanse
 - C. Atomoxetine
 - D. Adderall
- 9. The prognosis/timeframe for Functional Neurologic Disorder is best described as:**
- A. Chronic deterioration
 - B. Persistent symptoms in most cases
 - C. Acute onset with spontaneous remission in about 2 weeks
 - D. Symptoms persist without relief
- 10. Which symptoms characterize Alzheimer's dementia according to the notes?**
- A. Seizures and flailing movements
 - B. Hallucinations and obsessive thoughts
 - C. Progressive memory loss with mood changes and difficulty performing daily tasks
 - D. Sudden weakness and loss of consciousness

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which dementia stage is characterized by behavior changes, disorientation, difficulty speaking, swallowing difficulties, and impaired walking?

- A. Alzheimer late stage**
- B. Vascular dementia
- C. Lewy body dementia
- D. Frontotemporal dementia

In late-stage Alzheimer's disease, the brain has undergone widespread degeneration that leads to a global loss of function. At this final stage you commonly see behavior changes and disorientation as memory and awareness become severely impaired. Speech becomes very limited or may be lost, swallowing can become difficult (dysphagia), and mobility declines, resulting in impaired walking. This combination of profound cognitive decline, language loss, swallowing problems, and motor impairment is characteristic of the most advanced phase of Alzheimer's. Other dementias tend to show different patterns. Vascular dementia often progresses in a stepwise fashion with more pronounced focal problems from strokes. Lewy body dementia may present earlier with fluctuations in attention, visual hallucinations, and parkinsonian motor symptoms. Frontotemporal dementia typically starts with noticeable changes in personality or language abilities rather than the broad, late-stage decline described here.

2. Which sign is associated with functional leg weakness?

- A. Hoover sign**
- B. Babinski sign
- C. Romberg sign
- D. Pronator drift

Hoover sign is used to distinguish functional (non-organic) leg weakness from true neurological weakness. When you ask the patient to flex the hip of the leg being tested, you simultaneously feel the heel of the opposite leg. In a person with genuine weakness, there is little to no pressure from the contralateral leg as the tested leg is moved. If the opposite leg does press downward into the bed or you feel deliberate pushing while the patient attempts to move the weak leg, it shows the patient is capable of generating force, suggesting the weakness is functional rather than organic. This is why Hoover sign is the best indicator for functional leg weakness.

3. Which cluster includes Narcissistic, Histrionic, Borderline, and Antisocial personality disorders?

- A. Cluster B**
- B. Cluster A
- C. Cluster C
- D. All clusters

Grouping personality disorders into clusters helps clinicians recognize shared patterns of behavior and traits. The cluster described as dramatic, emotional, and erratic includes Narcissistic, Histrionic, Borderline, and Antisocial personality disorders. Each of these disorders features prominent interpersonal challenges and intense or unstable patterns of functioning: Narcissistic with grandiosity and need for admiration; Histrionic with excessive emotionality and a strong desire to be noticed; Borderline with rapidly changing emotions and unstable relationships; and Antisocial with disregard for rules and the rights of others. Together, they form the dramatic/erratic cluster due to these common social and affective dynamics. The other clusters describe different patterns. One cluster is the odd or eccentric group, including paranoid, schizoid, and schizotypal traits, which don't align with the dramatic emphasis. Another cluster is anxious or fearful, covering avoidant, dependent, and obsessive-compulsive types, which also differ in their core presentation. Hence, the four disorders listed belong to the dramatic, emotional, and erratic cluster.

4. Which medication is listed as a pharmacologic treatment for bulimia nervosa but is known to lower the seizure threshold and should be avoided?

- A. Fluoxetine
- B. Vyvanse
- C. Bupropion**
- D. Sertraline

The key idea is safety in pharmacologic treatment for bulimia nervosa. Bupropion stands out because it lowers the seizure threshold, and in bulimia nervosa patients there are often electrolyte disturbances from purging (like low potassium or chloride) that further raise seizure risk. Because of this heightened risk, bupropion is avoided in bulimia. In contrast, fluoxetine and sertraline are SSRIs with evidence supporting their use for bulimia and they don't have the same seizure risk profile in this context. Vyvanse is a stimulant not standardly used to treat bulimia nervosa, so it isn't the medication chosen for this scenario.

5. Which neurotransmitter is associated with depression, ADHD, and anxiety?

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

Norepinephrine helps regulate mood, arousal, and attention, so it ties together depression, ADHD, and anxiety. In depression, lower norepinephrine can contribute to low energy and mood, and treatments that boost its activity (like norepinephrine reuptake inhibitors) can help lift mood and energy. In ADHD, norepinephrine supports focus and executive control; many ADHD medications increase norepinephrine in the prefrontal cortex to improve attention and impulse control. In anxiety, heightened adrenergic activity drives arousal and worry, so dysregulated norepinephrine can worsen anxious symptoms. While other neurotransmitters like dopamine, GABA, and acetylcholine play roles in related functions, norepinephrine uniquely intersects mood, attention, and arousal in this trio, making it the best answer.

6. How is onset categorized for Conduct Disorder?

- A. Childhood onset and adolescent onset**
- B. Early onset, middle onset, late onset
- C. Type I and Type II onset
- D. Acute onset and chronic onset

Onset categorization for Conduct Disorder looks at when the symptoms first appear. If symptoms are evident before age 10, it's described as a childhood-onset type; if the first symptoms emerge after age 10, it's an adolescent-onset type. This distinction matters because childhood-onset tends to be more persistent and is more strongly associated with ongoing antisocial behavior into adulthood and greater neurodevelopmental or learning-related comorbidities. Adolescent-onset cases usually have a better prognosis and may reflect a pattern that is more limited to adolescence. Other proposed labels like early/middle/late onset, Type I/II onset, or acute vs chronic onset aren't the standard framework for describing Conduct Disorder onset.

7. Which term indicates the phenomenon where symptoms are especially worse at night?

- A. Onset
- B. Dementia
- C. Delirium
- D. Effect at night**

Symptoms that get noticeably worse as night falls reflect a time of day pattern in some cognitive conditions. In clinical talk this pattern is often described as sundowning, where agitation, confusion, or other symptoms intensify in the late afternoon or evening. Among the given terms, the one that best signals this nocturnal impact is the option that marks an effect occurring at night, since it directly indicates a nighttime association of symptom worsening. The others don't capture this time-specific change: onset means when symptoms begin, dementia refers to the overall chronic condition, and delirium denotes an acute, fluctuating confusion not limited to the night. Understanding this helps guide care—for example, improving sleep routines, lighting, and evening supervision can reduce nocturnal agitation and confusion.

8. Which of the following is listed as a first-line ADHD medication?

- A. Methylphenidate
- B. Vyvanse
- C. Atomoxetine**
- D. Adderall

The main concept is that first-line ADHD medications are typically stimulants because they produce strong, rapid improvements in core symptoms like inattention, hyperactivity, and impulsivity. Medications such as methylphenidate and amphetamine-based stimulants (examples include Adderall and Vyvanse) are widely used as initial therapy because of robust efficacy, quick onset, and a well-established safety and dosing track record in both children and adults. Atomoxetine is a non-stimulant option that is usually considered after stimulants have been tried or when stimulants aren't suitable. It's used when there are contraindications to stimulants, concerns about abuse potential, or intolerable stimulant side effects. Its benefits may take longer to become evident, and the overall response can be more variable, but it can be valuable for patients with specific needs—for example, those with tic disorders, certain anxiety profiles, or where non-stimulant therapy is preferred. So, stimulants are the standard first-line approach; atomoxetine serves as an important alternative when stimulants aren't appropriate or effective.

9. The prognosis/timeframe for Functional Neurologic Disorder is best described as:

- A. Chronic deterioration
- B. Persistent symptoms in most cases
- C. Acute onset with spontaneous remission in about 2 weeks**
- D. Symptoms persist without relief

Prognosis for Functional Neurologic Disorder often hinges on how quickly symptoms can improve after onset and with appropriate management. The description of an acute onset with spontaneous remission in about two weeks captures a relatively favorable trajectory that some patients experience, especially when the condition is recognized early and treated with multidisciplinary care, reassurance, and strategies that address functional factors. This picture acknowledges that improvements can occur rapidly and without ongoing structural disease. Chronic deterioration would imply progressive decline, which isn't the typical expectation for this pattern. Saying symptoms persist in most cases or persist without relief emphasizes a unrecovering course, which is not the best-describe prognosis taught in this context. While some individuals do have persistent or relapsing symptoms, the option describing a quick, spontaneous improvement reflects the most favorable and commonly highlighted outlook.

10. Which symptoms characterize Alzheimer's dementia according to the notes?

- A. Seizures and flailing movements
- B. Hallucinations and obsessive thoughts
- C. Progressive memory loss with mood changes and difficulty performing daily tasks
- D. Sudden weakness and loss of consciousness**

The main idea is recognizing how Alzheimer's dementia typically presents over time. It starts with a progressive decline in memory and other cognitive functions, and as it advances, people have increasing trouble with daily activities and may exhibit mood or behavior changes. This pattern—memory problems that worsen and lead to difficulties in managing everyday tasks—is the hallmark of Alzheimer's dementia. Other patterns aren't as characteristic: seizures or unusual movements aren't defining features and can occur for other reasons; hallucinations can occur in some dementias but aren't the typical core feature of Alzheimer's; sudden weakness or loss of consciousness points more toward acute events like stroke or syncope rather than a gradual neurodegenerative process.

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://bipcfinal.examzify.com>

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

SAMPLE