Clinical Neuropsychology Practice Test (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

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 does PTA stand for in neuropsychology context?**
   A. Post traumatic amnesia
   B. Post traumatic anomaly
   C. Partial traumatic amnesia
   D. Pre traumatic amnesia

2. **Damage to the orbitofrontal cortex is most likely to cause which type of deficit?**
   A. Emotional lability
   B. Improved long-term planning
   C. Heightened empathy
   D. Superior memory

3. **The sagittal plane divides the body into left and right parts.**
   A. Front and Back
   B. Left and Right
   C. Upper and Lower
   D. Anterior and Posterior

4. **What percent of the body's energy does the brain consume?**
   A. 10% of the body's energy
   B. 20% of the body's energy
   C. 30% of the body's energy
   D. 40% of the body's energy

5. **Compared to adults, child neuropsychology focuses on which goal?**
   A. Optimising ongoing development
   B. Returning to pre-morbid adult skills
   C. Isolating lesion-specific effects
   D. Standardizing adult norms

6. **How much cerebrospinal fluid does the choroid plexus produce each day?**

   A. 100 mils

   B. 250 mils

   C. 500 mils

   D. 1000 mils

7. **Which theory is considered one of the most prominent and enduring views of brain functioning?**

   A. The cell doctrine

   B. The neuron doctrine

   C. Localization of function

   D. Phrenology

8. **Which memory profile fits KF's case?**

   A. Impairment of short-term memory with intact long-term memory

   B. Long-term memory impaired with intact short-term memory

   C. Both memory systems impaired

   D. Memory preserved in both

9. **How much does the brain weigh without cerebrospinal fluid?**

   A. 25 grams

   B. 125 grams

   C. 500 grams

   D. 1 kilogram

10. **In cognitive theory, what is meant by modules?**

   A. Modules = cognitive subsystems = cognitive processors

   B. Global networks

   C. Executive functions

   D. Behavioral outputs

Answers

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

Explanations

1. What does PTA stand for in neuropsychology context?

A. Post traumatic amnesia

B. Post traumatic anomaly

C. Partial traumatic amnesia

D. Pre traumatic amnesia

Post-traumatic amnesia is the period after a head injury during which new memory formation is disrupted and the person is disoriented. It begins at the moment of injury and ends when the patient can consistently recall ongoing events and learn new information. In neuropsychology, the duration of PTA is a key indicator of injury severity and prognosis: longer PTA generally signals more extensive brain disruption and worse functional outcomes. Clinically, PTA is assessed by monitoring orientation and the ability to form new memories, often using scales that track when reliable memory and orientation return. The other terms listed aren't the standard labels used in this context.

2. Damage to the orbitofrontal cortex is most likely to cause which type of deficit?

A. Emotional lability

B. Improved long-term planning

C. Heightened empathy

D. Superior memory

Orbitofrontal cortex continually integrates emotional signals with decision-making to regulate how we express and control our affect. When this area is damaged, the ability to modulate emotions and impulses becomes impaired, leading to emotional lability—rapid, unpredictable mood changes and difficulty keeping affect in check. This disinhibition of affect is a hallmark of OFC injury, reflecting how it normally helps dampen inappropriate or exaggerated emotional responses and guide behavior according to changing reward and social cues. The other ideas don't fit with OFC function: improved long-term planning points to other prefrontal regions, especially the dorsolateral area responsible for sustained, goal-directed planning. Heightened empathy isn't a typical outcome of orbitofrontal damage; in fact, social judgment and responsiveness to social cues are often disrupted rather than heightened. Superior memory isn't primarily supported by the orbitofrontal cortex, with memory largely involving the hippocampus and related networks.

3. The sagittal plane divides the body into left and right parts.

A. Front and Back

B. Left and Right

C. Upper and Lower

D. Anterior and Posterior

The key idea is how planes in the body are named by the directions they separate. The sagittal plane is a vertical plane that runs from front to back and divides the body into left and right portions. It can pass directly down the midline to create equal left and right halves, which is called the midsagittal or median plane. Front and Back describe the frontal (coronal) plane, which separates the body into anterior (front) and posterior (back) parts. Upper and Lower refer to the transverse (horizontal) plane, which divides the body into superior (upper) and inferior (lower) parts. Anterior and Posterior describe directions rather than naming the plane itself.

4. What percent of the body's energy does the brain consume?

A. 10% of the body's energy

B. 20% of the body's energy

C. 30% of the body's energy

D. 40% of the body's energy

The brain's energy burden is extremely high because neural activity is metabolically demanding. Neurons constantly maintain and reset electrical gradients to fire signals, which requires a lot of ATP to power ion pumps like Na+/K+ ATPase. After ions flow during an action potential, these pumps work hard to restore the resting balances, and that ion-pumping workload accounts for a large portion of the brain's energy use. In addition, energy is spent on synaptic transmission, neurotransmitter synthesis and recycling, and various cellular maintenance tasks that keep neurons ready to respond. Even though the brain is only about 2% of body weight, it typically consumes around 20% of the body's energy at rest. This proportion can vary with activity and individual differences, but 20% is the standard estimate.

5. Compared to adults, child neuropsychology focuses on which goal?

A. Optimising ongoing development

B. Returning to pre-morbid adult skills

C. Isolating lesion-specific effects

D. Standardizing adult norms

The main aim in child neuropsychology is to optimize ongoing development. Because a child's brain and skills are still maturing, the focus is on supporting growth, acquiring age-appropriate milestones, and improving functioning in everyday life and school. Interventions target enhancing plasticity, developing compensatory strategies, and guiding educational and family supports so that a child reaches their full developmental potential. This differs from adults, where the goal often centers on restoring pre-illness functioning based on an established adult baseline. In practice, pediatric assessments use age-appropriate norms and emphasize how deficits affect current development and learning, rather than comparing to adult benchmarks. So, prioritizing ongoing development and maximizing developmental trajectory is the best fit.

6. How much cerebrospinal fluid does the choroid plexus produce each day?

A. 100 mils

B. 250 mils

C. 500 mils

D. 1000 mils

The key idea is the rate at which cerebrospinal fluid is produced by the choroid plexus. In a healthy adult, CSF is produced at about 0.35 mL per minute, which comes to roughly 500 mL per day. This production rate, combined with normal absorption through the arachnoid granulations, keeps the CSF volume relatively constant and ensures stable intracranial pressure. Because of that, the figure around half a liter per day is the standard reference. Options that propose much less or much more than this rate don't align with how CSF turnover works in the brain. Producing only about 100 mL or 250 mL daily would be insufficient to sustain normal CSF volume and turnover, while producing around 1000 mL daily would overwhelm absorption and could raise intracranial pressure. Therefore, the best answer reflects the typical adult production of about 500 mils per day.

7. Which theory is considered one of the most prominent and enduring views of brain functioning?

A. The cell doctrine

B. The neuron doctrine

C. Localization of function

D. Phrenology

The main concept tested is that brain functioning is best understood through neurons as discrete cells that communicate with each other at synapses. This idea, known as the neuron doctrine, posits that information flows through networks of individual nerve cells rather than through a single, undifferentiated tissue. It endures as a foundational principle because it directly ties the structure of neural circuits to function: individual neurons, their connections, and the strength of those connections shape how signals are processed, learned, and adapted. Historically, evidence from microscopic studies showing distinct nerve cells with gaps between them, along with demonstrations of synaptic transmission, solidified this view. The neuron doctrine provides a unifying framework for understanding everything from simple reflexes to complex cognition, because it explains how modular units—neurons—process and transmit information across interconnected networks. The other ideas don't capture this central organizational unit. The cell doctrine is a broad biological principle about cells composing tissues, not specifically about how neural signaling underpins brain function. Localization of function is about regional specialization in the brain, which is important but describes where processes occur rather than identifying the fundamental units and mechanisms of communication. Phrenology, an outdated theory linking skull contours to mental faculties, has been debunked and has no basis in how the brain actually works.

8. Which memory profile fits KF's case?

A. Impairment of short-term memory with intact long-term memory

B. Long-term memory impaired with intact short-term memory

C. Both memory systems impaired

D. Memory preserved in both

Dissociation between short-term (working) memory and long-term memory is illustrated by KF's case. KF had a marked difficulty with auditory-verbal short-term memory—his digit span was severely reduced and he struggled to hold spoken information briefly. Yet his ability to form and retrieve long-term memories for events and facts remained largely intact. This pattern shows that short-term memory can be impaired while long-term memory stays preserved, implying separate underlying systems. That makes this memory profile the one with impairment of short-term memory and intact long-term memory.

9. How much does the brain weigh without cerebrospinal fluid?

A. 25 grams

B. 125 grams

C. 500 grams

D. 1 kilogram

Estimating brain mass after removing cerebrospinal fluid hinges on knowing typical brain weight and how much CSF is in the skull. An adult brain with CSF present weighs about 1.3 to 1.4 kilograms. Cerebrospinal fluid volume is roughly 150 milliliters, and since CSF has a density close to water, that adds about 150 grams. Subtracting that fluid from the total leaves around 1.15 to 1.25 kilograms of brain tissue. Among common options, this is best approximated by about 1 kilogram. The smaller values (25 g, 125 g, 500 g) are far too light for an adult brain, while 1 kilogram is the closest best estimate after removing CSF.

10. In cognitive theory, what is meant by modules?

A. Modules = cognitive subsystems = cognitive processors

B. Global networks

C. Executive functions

D. Behavioral outputs

In cognitive theory, modules are specialized cognitive subsystems or processors designed to handle a particular kind of information. This view emphasizes domain-specific, relatively automatic processing that is fast and often informationally encapsulated—each module operates largely on its own data without needing all other knowledge. Describing modules as cognitive subsystems or processors captures this idea: you might have a language-grammar module, a face-recognition module, or a spatial-processing module, each tuned to its own kind of input and producing outputs that feed into higher-level systems. This stands in contrast to global networks, which imply broad, interconnected, domain-general processing; executive functions, which are higher-level control processes that coordinate operations across domains; and behavioral outputs, which are the observable actions rather than the specialized processing units themselves.

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://clinicalneuropsychology.examzify.com

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