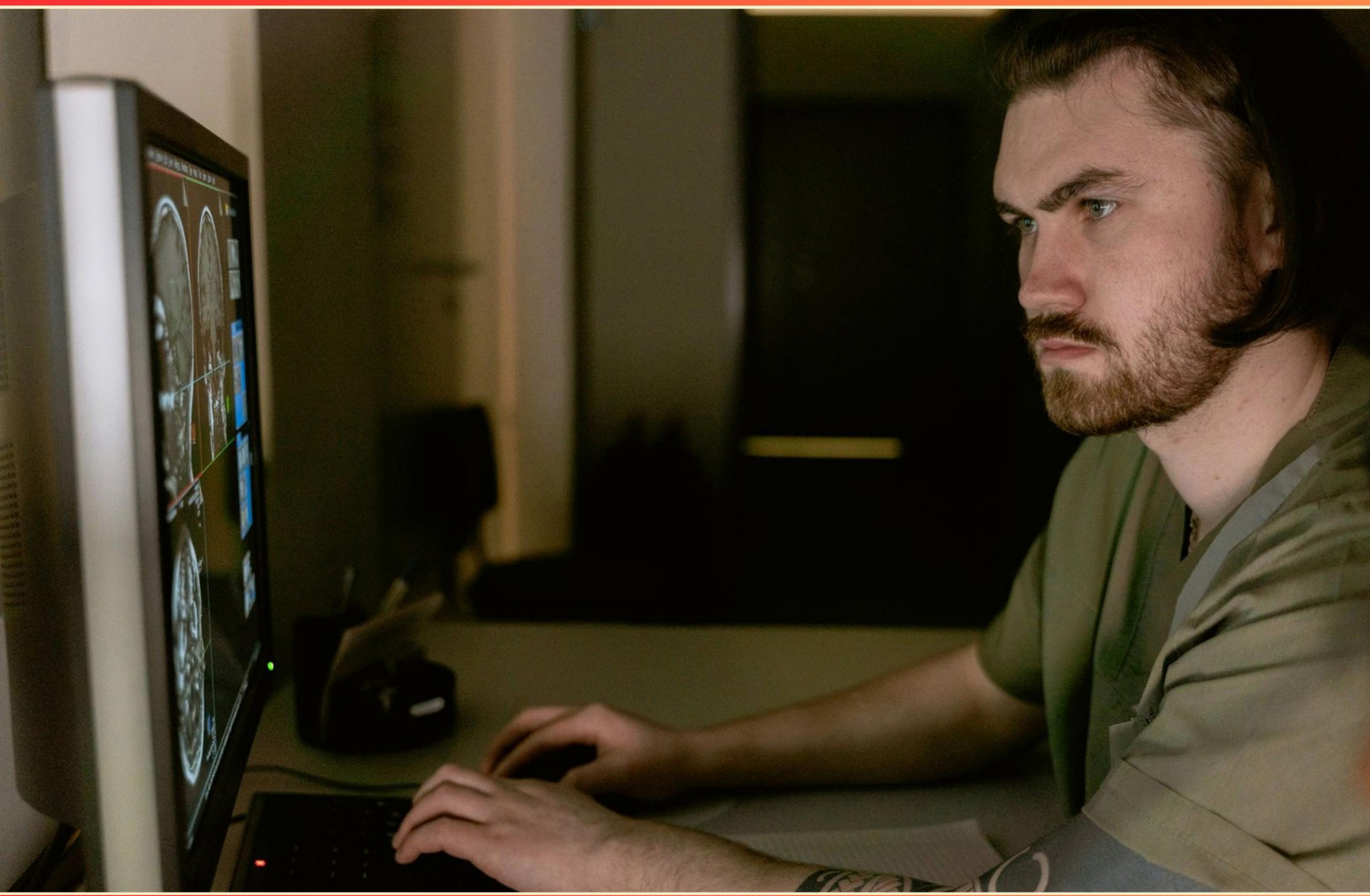
CLINICAL NEUROPSYCHOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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https://clinicalneuropsychology.examzify.com

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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. The Bruce and Young (1986) model of face processing is helpful for understanding which issue?

A. Enabling the understanding of face recognition disorders in childhood

B. The cognitive neuropsychology of arithmetic processing

C. Language comprehension disorders in adolescence

D. Visual-spatial neglect

2. Which plane divides the brain from a frontal view, separating anterior and posterior portions?

A. Coronal plane

B. Sagittal plane

C. Horizontal plane

D. Transverse plane

3. Semantic memory stores?

A. Personal experiences

B. General knowledge about the world

C. Motor skills

D. Short-term items

4. Which test assesses cognitive flexibility?

A. Tower of Hanoi

B. Stroop

C. Wisconsin Card Sorting

D. Bechara's Gambling Task

5. In medieval times, loss of memory in old age was thought to depend on the balance of moisture and temperature of which brain structure?

A. Third ventricle

B. Cerebral cortex

C. Cerebellum

D. Thalamus

6. Which of the following is an example of an intransitive gesture?

A. Saluting

B. Brushing teeth

C. Brushing hair

D. Combing hair

7. Phenylketonuria is best described as which of the following?

A. A genetic error of metabolism that disrupts myelination

B. An autoimmune disease causing demyelination

C. A chromosomal deletion resulting in cognitive impairment

D. A progressive neurodegenerative disorder

8. Which structure is NOT typically considered part of the basal ganglia circuit?

A. Caudate nucleus

B. Putamen

C. Globus Pallidus

D. Amygdala

9. The coronal plane divides the body into which portions?

A. Front and Back

B. Left and Right

C. Upper and Lower

D. Anterior and Posterior

10. Which of the following is an example of a transitive movement?

A. Brushing teeth

B. Saluting

C. Waving goodbye

D. Nodding

Answers

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

Explanations

1. The Bruce and Young (1986) model of face processing is helpful for understanding which issue?

A. Enabling the understanding of face recognition disorders in childhood

B. The cognitive neuropsychology of arithmetic processing

C. Language comprehension disorders in adolescence

D. Visual-spatial neglect

The main concept this question tests is how a structured model of face processing links perception to recognizing identity and retrieving related knowledge. The Bruce and Young framework lays out stages—from perceiving facial features to matching them with stored representations and then accessing biographical information about the person. This organization lets us understand where a face-recognition deficit arises: if someone can see a face but can't identify who it is, or if they can name the person without recalling contextual details, those patterns map onto disruptions at specific stages of the processing stream. That makes the model especially useful for explaining face recognition disorders, including those seen in childhood, such as congenital prosopagnosia or early-acquired prosopagnosia. The other options don't align with this model's focus. It isn't about arithmetic processing, language comprehension, or visual-spatial neglect, which involve different cognitive systems and neuropsychological theories.

2. Which plane divides the brain from a frontal view, separating anterior and posterior portions?

A. Coronal plane

B. Sagittal plane

C. Horizontal plane

D. Transverse plane

Dividing the brain into front and back sections is done with the coronal plane, often called the frontal plane. This vertical plane runs from ear to ear and is perpendicular to the sagittal plane. From a frontal view, a coronal cut separates anterior structures (like the frontal lobes) from posterior structures (such as the occipital region). By contrast, a sagittal plane slices left from right, and a horizontal (transverse) plane slices top from bottom. So for separating anterior and posterior portions, the coronal plane is the one that fits.

3. Semantic memory stores?

A. Personal experiences

B. General knowledge about the world

C. Motor skills

D. Short-term items

Semantic memory stores general knowledge about the world—facts, concepts, and vocabulary that you can recall without tying them to any specific event. It includes knowing that Paris is the capital of France, what a dog is, or what a triangle has three sides. This is different from episodic memory, which holds personal experiences and specific events, and from procedural memory, which underlies how to perform tasks like riding a bike. It's also long-term memory, not the short-term or working memory that temporarily holds information for immediate use. That's why general world knowledge is the best description of semantic memory.

4. Which test assesses cognitive flexibility?

A. Tower of Hanoi

B. Stroop

C. Wisconsin Card Sorting

D. Bechara's Gambling Task

Cognitive flexibility is the ability to adapt thinking and behavior when rules change or when feedback indicates the current approach isn't effective. The Wisconsin Card Sorting Test is built to measure exactly that adaptability. In this task, you don't get told the sorting rule upfront. You sort cards by color, shape, or number and you receive feedback on whether your choice is correct. After a while, the rule unexpectedly shifts to another dimension, and you must recognize the change, inhibit sticking with the old rule, and figure out and switch to the new rule. People who can shift smoothly show strong cognitive flexibility, while perseveration or difficulty shifting signals a specific deficit in this area. Tower of Hanoi mainly taps planning and problem-solving with working memory, not the flexible rule-shifting aspect. The Stroop task isolates the ability to inhibit a prepotent response and manage interference, which is about inhibitory control rather than switching strategies. Bechara's Gambling Task examines decision-making under ambiguity and reward processing, not the capacity to shift between abstract sorting rules.

5. In medieval times, loss of memory in old age was thought to depend on the balance of moisture and temperature of which brain structure?

A. Third ventricle

B. Cerebral cortex

C. Cerebellum

D. Thalamus

In medieval thought, memory and other mental functions were explained through humoral theory, where the brain's internal fluids were believed to influence cognition. The third ventricle was seen as the central chamber whose balance of moisture and temperature supposedly governed cognitive faculties like memory. When old age brought memory loss, it was attributed to an imbalance of these fluids specifically in that ventricle, rather than in other brain regions. The other structures mentioned—cerebral cortex, cerebellum, and thalamus—are important in modern neuroscience, but they fit contemporary explanations rather than medieval humoral ones, which focused on the ventricles as the key regulators of mental function.

6. Which of the following is an example of an intransitive gesture?

A. Saluting

B. Brushing teeth

C. Brushing hair

D. Combing hair

An intransitive gesture is performed without using any object. Saluting fits this because it is a hand movement done to convey a message or sign, without gripping or manipulating a tool. The other options require handling objects—a toothbrush, a hairbrush, or a comb—so they are considered transitive actions. In clinical practice, this distinction helps differentiate routines that rely on tool use from those that are purely symbolic or communicative.

7. Phenylketonuria is best described as which of the following?

A. A genetic error of metabolism that disrupts myelination

B. An autoimmune disease causing demyelination

C. A chromosomal deletion resulting in cognitive impairment

D. A progressive neurodegenerative disorder

Phenylketonuria is a genetic metabolic disorder caused by mutations in the gene for phenylalanine hydroxylase, leading to an inability to convert phenylalanine to tyrosine. This causes elevated phenylalanine levels that, if not treated in infancy, interfere with brain development and can disrupt myelin formation in the central nervous system. It is inherited in an autosomal recessive pattern, making it a genetic error of metabolism rather than an autoimmune process or a chromosomal deletion. It is not a progressive neurodegenerative disorder; rather, the major issues arise from metabolic toxicity during development, which can be prevented or minimized with early detection and dietary management that limits phenylalanine intake. The other descriptions don't fit PKU because they describe autoimmune demyelination, a chromosomal deletion, or a progressive degenerative course, none of which capture the genetic enzymatic defect and its treatable metabolic nature.

8. Which structure is NOT typically considered part of the basal ganglia circuit?

A. Caudate nucleus

B. Putamen

C. Globus Pallidus

D. Amygdala

Understanding basal ganglia circuits means recognizing a network that forms cortico-basal ganglia-thalamo-cortical loops involved in motor control and learned movement. The core players are the caudate nucleus and putamen together (the striatum), plus the globus pallidus, subthalamic nucleus, and substantia nigra. The amygdala, on the other hand, belongs to the limbic system and drives emotion and memory processing. It isn't a primary node in the classic motor-related basal ganglia loops, even though it does connect with other brain regions. So, the amygdala isn't typically considered part of the basal ganglia circuit, making it the correct choice.

9. The coronal plane divides the body into which portions?

A. Front and Back

B. Left and Right

C. Upper and Lower

D. Anterior and Posterior

The coronal plane is a vertical plane that runs from side to side, dividing the body into front (anterior) and back (posterior) portions. It's also known as the frontal plane, which helps distinguish structures on the front from those on the back. This is different from the sagittal plane, which splits the body into left and right, and from the transverse (horizontal) plane, which splits it into upper and lower parts. In practice, a coronal view shows what lies in front of the plane versus behind it, clarifying anterior versus posterior relationships.

10. Which of the following is an example of a transitive movement?

A. Brushing teeth

B. Saluting

C. Waving goodbye

D. Nodding

Transitive movements are actions performed with or toward an object, using a tool to affect that object. Brushing teeth fits this because you hold a toothbrush and move it to interact with the teeth, aiming to clean them. The other options are gestures that don't involve manipulating an object: saluting, waving goodbye, and nodding are communicative body movements that don't require a tool or object to be acted upon.

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!