Disorders of the Neurological System 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 the two types of seizures?

A. General seizures: begin locally with variable consciousness.

B. Partial seizures: the patient is always unconscious.

C. General seizures: the patient is always unconscious and the movement is tonic-clonic; Partial seizures: begin locally and consciousness levels vary.

D. Absence seizures are the only type.

2. Maintenance of cerebral blood flow depends on keeping what two forces in balance?

A. Mean arterial pressure and intracranial pressure

B. Cerebral perfusion pressure and intracranial pressure

C. Cerebral spinal fluid pressure and mean arterial pressure

D. Heart rate and cerebral blood flow velocity

3. Damage to cranial nerve III will cause what to happen?

A. Excessive pupillary constriction in response to light.

B. Loss of pupillary constriction with abnormal dilation and poor light response.

C. No change in pupil size.

D. Ptosis with preserved pupil response.

4. What can cause cerebral edema?

A. Dehydration

B. Hyperglycemia

C. Ischemia from a blockage of an artery in the brain (hypoxia)

D. Low temperature

5. Normal vital signs in stroke assessment indicate which of the following about brain function?

A. Heart and lungs are functioning normally

B. Kidney function is stable

C. Brainstem functioning normally

D. There is no edema

6. What are typical s/sx of migraines?

- **A. A prodrome before the headache, which may include an aura, followed by unilateral headache with nausea, photophobia, or phonophobia.**
- **B. Headache that is always bilateral and not associated with aura.**
- **C. Headache with fever and neck stiffness.**
- **D. There is no prodrome or aura.**

7. Level of consciousness refers to which of the following?

- **A. The brain's ability to respond appropriately to the environment**
- **B. The patient’s IQ**
- **C. Memory capacity**
- **D. Motor coordination**

8. Which of the following is a risk factor for brain attack?

- **A. Regular exercise**
- **B. Low-fat diet**
- **C. Older age**
- **D. Being a non-smoker**

9. What are the two main types of brain attacks?

- **A. Ischemic brain attacks and hemorrhagic brain attacks**
- **B. Traumatic and infectious**
- **C. Metabolic and degenerative**
- **D. Allergic and autoimmune**

10. Which structure governs sensorimotor status above the shoulders in a neurological examination?

- **A. The corticospinal tracts**
- **B. The 12 cranial nerves**
- **C. The dorsal columns**
- **D. The peripheral nerves of the limbs**

Answers

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

Explanations

1. What are the two types of seizures?

A. General seizures: begin locally with variable consciousness.

B. Partial seizures: the patient is always unconscious.

C. General seizures: the patient is always unconscious and the movement is tonic-clonic; Partial seizures: begin locally and consciousness levels vary.

D. Absence seizures are the only type.

Seizures are classified by where they begin in the brain. Generalized seizures start in both hemispheres from the onset, usually producing unconsciousness and often presenting with bilateral, sweeping motor activity such as tonic-clonic movements. Partial (focal) seizures start in a specific area of the brain and may have preserved consciousness (simple partial) or impaired consciousness depending on the region involved. This distinction captures the typical contrast: generalized seizures tend to involve unconsciousness and widespread motor activity, while partial seizures begin locally with consciousness varying based on the area affected. It's worth noting there are other generalized seizure types (like absence, myoclonic, or atonic) that don't always involve tonic-clonic movements, and some focal seizures can evolve to become generalized, but the two broad categories described are the standard framework.

2. Maintenance of cerebral blood flow depends on keeping what two forces in balance?

A. Mean arterial pressure and intracranial pressure

B. Cerebral perfusion pressure and intracranial pressure

C. Cerebral spinal fluid pressure and mean arterial pressure

D. Heart rate and cerebral blood flow velocity

Cerebral blood flow hinges on the pressure gradient that drives blood into the brain being balanced against the pressure inside the skull that resists that flow. The two forces to keep in balance are the cerebral perfusion pressure (the driving force for blood flow) and the intracranial pressure (the opposing force). In other words, maintaining adequate flow depends on keeping the cerebral perfusion pressure in a safe range relative to the intracranial pressure. Cerebral perfusion pressure is roughly the mean arterial pressure minus the intracranial pressure, so changes in either can tip the balance: higher ICP lowers CPP and reduces blood flow, while too low CPP from low MAP or very high ICP can risk ischemia; autoregulation works to adjust resistance within limits, but the fundamental balance remains between CPP and ICP.

3. Damage to cranial nerve III will cause what to happen?

A. Excessive pupillary constriction in response to light.

B. Loss of pupillary constriction with abnormal dilation and poor light response.

C. No change in pupil size.

D. Ptosis with preserved pupil response.

Damage to the oculomotor nerve disrupts both the motor control of most eye muscles and the parasympathetic input to the pupil. The parasympathetic fibers that travel with this nerve normally cause the pupil to constrict in response to light and to accommodate. When these fibers are damaged, the pupil can no longer constrict, leaving unopposed sympathetic activity that makes the pupil dilate (a dilated, or blown, pupil) and reducing the pupil's response to light. Ptosis can also occur because the nerve also raises the eyelid via the levator palpebrae superioris. So you end up with a pupil that fails to constrict and a pupil that is dilated with a poor light response, which matches the described scenario. The other patterns—excessive constriction, no change in pupil size, or ptosis with a preserved pupil response—don't fit the typical outcome of full CN III damage affecting both motor and parasympathetic fibers.

4. What can cause cerebral edema?

A. Dehydration

B. Hyperglycemia

C. Ischemia from a blockage of an artery in the brain (hypoxia)

D. Low temperature

Cerebral edema happens when brain tissue swells from fluid buildup. A common trigger is ischemia from a blocked artery in the brain, which cuts off oxygen and glucose to brain cells. Without enough energy, the Na+/K+ ATPase pumps fail, causing sodium and water to flood into cells. The result is cytotoxic edema, where individual brain cells swell. If injury progresses, the blood-brain barrier can become leaky, letting fluid spill into the surrounding tissue and causing vasogenic edema. Together, these processes raise intracranial pressure and threat neural function. Dehydration tends to reduce brain water overall and can cause brain cells to shrink rather than swell, so it isn't a typical cause of edema. Hyperglycemia by itself doesn't directly produce edema, though severe osmotic or metabolic disturbances can contribute in certain contexts. Very low temperatures can lower metabolic demand and may have protective effects in some situations, not a primary cause of cerebral edema.

5. Normal vital signs in stroke assessment indicate which of the following about brain function?

A. Heart and lungs are functioning normally

B. Kidney function is stable

C. Brainstem functioning normally

D. There is no edema

Normal vital signs reflect intact brainstem autonomic control of the body's cardiovascular and respiratory systems. The brainstem contains centers that regulate heart rate, blood pressure, and breathing, so stable vitals suggest these brainstem functions are functioning normally. The other options relate to organs or processes not directly governed by brainstem autonomic centers (kidney function, edema) or are not assessed by vital signs alone, so they don't specifically indicate brainstem status.

6. What are typical s/sx of migraines?

A. A prodrome before the headache, which may include an aura, followed by unilateral headache with nausea, photophobia, or phonophobia.

B. Headache that is always bilateral and not associated with aura.

C. Headache with fever and neck stiffness.

D. There is no prodrome or aura.

Migraines typically follow a pattern where a prodrome and sometimes an aura precede the main headache, which is usually unilateral and throbbing, and is accompanied by nausea and sensitivity to light and sound. The prodrome can involve mood changes, yawning, cravings, or fatigue, and the aura consists of reversible neurological symptoms such as visual disturbances or tingling that occur before the headache in some people. The headache itself tends to be unilateral, lasts from several hours to a few days, and worsens with activity, with nausea and photophobia/phonophobia commonly present. This combination—prodrome or aura plus unilateral throbbing pain with nausea and sensitivity to light and sound—best captures the classic migraine presentation. Other options describe features that aren't typical for migraines: fever and neck stiffness suggest infection rather than a migraine; a headache that is always bilateral and without aura doesn't align with the common unilateral, sometimes aura-related pattern; and saying there is no prodrome or aura ignores the common pre-headache symptoms some patients experience, even though not every case has them.

7. Level of consciousness refers to which of the following?

A. The brain's ability to respond appropriately to the environment

B. The patient's IQ

C. Memory capacity

D. Motor coordination

Level of consciousness is about wakefulness and awareness—the brain's ability to respond appropriately to the environment. It combines arousal (are you awake and able to respond) with content of awareness (do you understand and orient yourself to people, place, and time). On exam, you'd look for whether a person is fully alert and oriented, or if they're drowsy, obtunded, stuporous, or comatose, and whether they respond to commands or to painful stimuli. This concept is separate from other cognitive or motor functions. IQ measures overall intelligence, not how awake or responsive someone is. Memory capacity refers to stored and retrieved information, not current responsiveness. Motor coordination describes how well the body moves, which can be intact even if consciousness is altered.

8. Which of the following is a risk factor for brain attack?

A. Regular exercise

B. Low-fat diet

C. Older age

D. Being a non-smoker

Age is a major non-modifiable risk factor for brain attack. As people grow older, blood vessels stiffen and accumulate atherosclerotic changes, and conditions like hypertension and atrial fibrillation become more common. These vascular changes raise the likelihood of an ischemic event from a clot or a hemorrhagic event from a weakened vessel, increasing stroke risk with advancing age. The other options are protective factors that reduce risk: regular exercise improves cardiovascular health, a low-fat diet helps prevent atherosclerosis, and not smoking lowers vascular risk.

9. What are the two main types of brain attacks?

A. Ischemic brain attacks and hemorrhagic brain attacks

B. Traumatic and infectious

C. Metabolic and degenerative

D. Allergic and autoimmune

Brain attacks, or strokes, arise from two primary mechanisms. An ischemic brain attack occurs when a blood clot blocks a brain artery, cutting off blood flow and oxygen to a region of the brain. Without quick restoration of circulation, brain tissue begins to die. A hemorrhagic brain attack happens when a blood vessel ruptures, causing bleeding into brain tissue or surrounding spaces, which increases pressure and damages cells. This distinction matters because treatments differ: ischemic strokes are often treated with clot-dissolving therapy or mechanical clot removal to restore flow within a critical time window, while hemorrhagic strokes require stopping the bleed, managing pressure, and sometimes surgical intervention. The other listed categories don't describe the main mechanisms behind most brain attacks, which are blockage-induced or bleeding-induced events.

10. Which structure governs sensorimotor status above the shoulders in a neurological examination?

A. The corticospinal tracts

B. The 12 cranial nerves

C. The dorsal columns

D. The peripheral nerves of the limbs

Sensorimotor status above the shoulders is governed by the cranial nerves because they innervate the head and neck, providing both sensory input and motor control for facial muscles, eye movements, swallowing, facial sensation, and other functions in that region. In a neurological exam, assessing the twelve cranial nerves directly tests the integrity of sensorimotor function in the head and upper face. The corticospinal tracts mainly control voluntary movement of the limbs and trunk, so they're more about the body below the neck. The dorsal columns carry fine touch and proprioception from the body below the neck, not the face. Peripheral nerves of the limbs supply only the limbs, not the head and neck. So the structure that best explains sensorimotor status above the shoulders is the cranial nerves.

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://disordersoftheneurosys.examzify.com

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