

DrP Neurological Remediation Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. Which dietary element is known to support brain function?**
 - A. High sugar intake**
 - B. Omega-3 fatty acids**
 - C. Excessive caffeine**
 - D. Processed foods**
- 2. How does peer modeling specifically enhance motivation among learners?**
 - A. By creating a sense of rivalry**
 - B. By providing clear examples to emulate**
 - C. By emphasizing group work only**
 - D. By discouraging independent learning**
- 3. In a client with myasthenia gravis, what is the expected response when assessing muscle strength over time?**
 - A. Strength remains constant**
 - B. Strength increases progressively**
 - C. Strength decreases with repeated muscle use**
 - D. Strength varies only with fatigue**
- 4. Which clinical finding is most likely to be identified in a client diagnosed with myasthenia gravis?**
 - A. Difficulty swallowing saliva**
 - B. Weight loss**
 - C. Frequent headaches**
 - D. Impaired vision**
- 5. What assessment should be prioritized for a client recovering from a stroke?**
 - A. Pain management**
 - B. Speech and language evaluation**
 - C. Mobility assessment**
 - D. Swallowing ability check**

- 6. What type of shock is associated with a ruptured abdominal aneurysm?**
- A. Cardiogenic shock**
 - B. Neurogenic shock**
 - C. Hypovolemic shock**
 - D. Septic shock**
- 7. What should be the nurse's priority intervention for a client experiencing numbness in the left hand while taking anticholinergic medication for Parkinsonism?**
- A. Review medication side effects**
 - B. Encourage the client to relax**
 - C. Make arrangements for further medical evaluation**
 - D. Teach the client breathing exercises**
- 8. What is one way that mindfulness techniques are implemented in remediation?**
- A. By emphasizing rigid task performance**
 - B. Through promoting self-awareness and emotional understanding**
 - C. By minimizing participant feedback**
 - D. By increasing task pressure**
- 9. In the context of grief, what stage is a client who denies their terminal diagnosis experiencing?**
- A. Anger**
 - B. Acceptance**
 - C. Bargaining**
 - D. Denial**
- 10. A nurse should anticipate prescribing which medication to alleviate physiological responses in a client with Parkinson disease?**
- A. Ropinirole**
 - B. Selegiline**
 - C. Levodopa**
 - D. Pramipexole**

Answers

SAMPLE

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

SAMPLE

Explanations

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1. Which dietary element is known to support brain function?

- A. High sugar intake
- B. Omega-3 fatty acids**
- C. Excessive caffeine
- D. Processed foods

Omega-3 fatty acids are recognized for their significant role in supporting brain function. These essential fats are crucial components of neuronal cell membranes and have been linked to various aspects of brain health, including improved cognitive function, memory, and mood regulation. They contribute to the formation and functioning of synapses, which are vital for communication between neurons. Research has shown that diets rich in omega-3 fatty acids, often found in fatty fish like salmon, as well as in flaxseeds and walnuts, can reduce the risk of cognitive decline and may help in the prevention of neurodegenerative diseases. Additionally, omega-3 fatty acids have anti-inflammatory properties that can further benefit brain health by protecting against oxidative stress and inflammation, factors that can negatively impact cognitive function. In contrast, high sugar intake, excessive caffeine, and processed foods have been associated with negative effects on brain function. High sugar consumption can lead to issues like insulin resistance, which may impair cognitive performance, while excessive caffeine can disrupt sleep patterns, impacting overall brain health. Processed foods, often lacking in essential nutrients and rich in unhealthy fats and sugars, can contribute to inflammatory processes that negatively affect cognitive function.

2. How does peer modeling specifically enhance motivation among learners?

- A. By creating a sense of rivalry
- B. By providing clear examples to emulate**
- C. By emphasizing group work only
- D. By discouraging independent learning

Peer modeling enhances motivation among learners primarily by providing clear examples to emulate. When learners observe their peers successfully engaging in a task or demonstrating a particular skill, they can visualize what success looks like, which can significantly boost their confidence and motivation to attempt the same behaviors. This process often involves social learning theory, where individuals learn not just through personal experiences but also by observing the actions and outcomes of others, especially those perceived as relatable or similar to themselves. When learners see peers overcoming challenges or achieving goals, they may be inspired to adopt similar strategies and persist in their own efforts. This observational learning can lead to a greater desire to succeed and a sense of belonging within a learning environment, thereby increasing overall motivation. It creates a supportive atmosphere where learners feel encouraged to take risks and engage actively in their learning process, seeing that their peers are capable of achieving similar successes.

3. In a client with myasthenia gravis, what is the expected response when assessing muscle strength over time?

- A. Strength remains constant**
- B. Strength increases progressively**
- C. Strength decreases with repeated muscle use**
- D. Strength varies only with fatigue**

In individuals with myasthenia gravis, muscle strength is known to initially improve with rest but then decreases with repeated use due to the nature of the condition. Myasthenia gravis affects the communication between nerves and muscles, leading to a decrease in the efficiency of neuromuscular transmission. When muscles are repeatedly activated, the available acetylcholine at the neuromuscular junction becomes insufficient to maintain muscle contraction, resulting in a decline in strength over time. This characteristic of muscle fatigue is a hallmark of myasthenia gravis, where a person may feel strong at first but quickly experiences increased weakness during sustained activity. Recognizing this pattern is crucial for understanding the management and treatment of the condition, allowing for the implementation of strategies that help conserve muscle strength throughout the day.

4. Which clinical finding is most likely to be identified in a client diagnosed with myasthenia gravis?

- A. Difficulty swallowing saliva**
- B. Weight loss**
- C. Frequent headaches**
- D. Impaired vision**

Myasthenia gravis is an autoimmune disorder characterized by weakness and rapid fatigue of voluntary muscles. One of the cardinal symptoms of this condition is difficulty with muscle control, particularly in areas that require fine motor skills or sustained effort, such as swallowing. The muscle weakness in myasthenia gravis often affects the muscles responsible for facial expressions and swallowing, making difficulties with swallowing saliva a prominent clinical finding. This occurs because the neuromuscular junctions, where nerve impulses communicate with muscles, are compromised, leading to inadequate muscle contraction necessary for swallowing. While other symptoms may also be associated with myasthenia gravis and could potentially affect the client's overall wellbeing, such as the possibility of weight loss due to difficulty eating or drinking, or impaired vision from ocular muscle involvement, these are not as directly linked to the primary nature of the muscle weakness seen in myasthenia gravis. Frequent headaches are not a typical symptom of this condition. Therefore, difficulty swallowing saliva stands out as the clinical finding that closely aligns with the primary characteristics of myasthenia gravis.

5. What assessment should be prioritized for a client recovering from a stroke?

- A. Pain management**
- B. Speech and language evaluation**
- C. Mobility assessment**
- D. Swallowing ability check**

Prioritizing a mobility assessment for a client recovering from a stroke is crucial because mobility directly impacts the individual's ability to perform daily activities, maintain independence, and improve overall quality of life. Following a stroke, many patients experience varying degrees of physical weakness, balance issues, and coordination challenges. Assessing mobility helps healthcare providers identify the extent of these limitations and establish an appropriate rehabilitation plan that may include physical therapy, strength training, or mobility aids. Additionally, a thorough mobility assessment can provide valuable insight into safety concerns, such as fall risk, which is significant for stroke survivors. It allows healthcare providers to tailor interventions to enhance mobility and functional recovery, ultimately supporting the client's journey towards regaining autonomy and returning to their pre-stroke activities. The other options, while important, usually come after mobility is evaluated, as the ability to move impacts speech, swallowing, and overall participation in therapies. Addressing mobility first can help facilitate better outcomes in other areas of recovery.

6. What type of shock is associated with a ruptured abdominal aneurysm?

- A. Cardiogenic shock**
- B. Neurogenic shock**
- C. Hypovolemic shock**
- D. Septic shock**

In the context of a ruptured abdominal aneurysm, hypovolemic shock is the correct type of shock associated with this condition. When an abdominal aneurysm ruptures, it leads to significant internal bleeding, resulting in a substantial loss of blood volume. This loss can cause decreased venous return to the heart and subsequently diminish cardiac output. The body's compensatory mechanisms attempt to maintain blood pressure and perfusion to vital organs, but if the blood loss is severe enough, these mechanisms can fail, leading to hypovolemic shock. In contrast, cardiogenic shock is primarily related to the heart's inability to pump effectively, while neurogenic shock usually results from spinal cord injury leading to the loss of vascular tone. Septic shock is caused by a severe infection leading to sepsis and subsequent vasodilatory phenomena. These conditions do not relate specifically to the immediate consequences of a ruptured abdominal aneurysm, which predominantly causes hypovolemic shock due to the acute and significant blood loss.

7. What should be the nurse's priority intervention for a client experiencing numbness in the left hand while taking anticholinergic medication for Parkinsonism?

- A. Review medication side effects**
- B. Encourage the client to relax**
- C. Make arrangements for further medical evaluation**
- D. Teach the client breathing exercises**

In the scenario presented, focusing on the priority intervention for a client displaying numbness in the left hand is essential, especially given their use of anticholinergic medication for Parkinsonism. Numbness can be indicative of various underlying issues, including neurological complications or side effects from the medication. Therefore, it becomes critical to make arrangements for further medical evaluation. This step is paramount since numbness may signify more serious conditions such as peripheral neuropathy, which can emerge as a side effect of some medications, or it may point to other neurological issues that require prompt attention. By facilitating further evaluation, the healthcare team can assess the client's symptoms comprehensively, rule out serious concerns, and adjust the treatment plan accordingly. Reviewing medication side effects or teaching calming techniques such as relaxation or breathing exercises may be beneficial, but they do not address the immediate need for more extensive clinical assessment regarding the numbness experienced by the client. Prioritizing medical evaluation ensures that any significant health issues are resolved swiftly and appropriately, providing a necessary balance in managing both the client's Parkinsonism and any potential complications arising from the prescribed treatment.

8. What is one way that mindfulness techniques are implemented in remediation?

- A. By emphasizing rigid task performance**
- B. Through promoting self-awareness and emotional understanding**
- C. By minimizing participant feedback**
- D. By increasing task pressure**

Mindfulness techniques are effectively implemented in remediation by promoting self-awareness and emotional understanding. This approach encourages individuals to pay attention to their thoughts, feelings, and bodily sensations in a non-judgmental way, which can enhance their awareness of personal experiences and emotional responses. By fostering this heightened self-awareness, individuals are better equipped to recognize and manage their emotional states, leading to improved cognitive and emotional regulation. This aspect of mindfulness is particularly beneficial in remediation contexts, as it supports individuals in developing strategies to cope with challenges and enhances overall mental resilience. The other options do not align with the principles of mindfulness. Emphasizing rigid task performance contradicts the flexible and adaptive nature of mindfulness, while minimizing participant feedback detracts from the self-reflective processes that mindfulness encourages. Similarly, increasing task pressure goes against the mindfulness principle of creating a supportive and relaxed environment conducive to learning and self-discovery.

9. In the context of grief, what stage is a client who denies their terminal diagnosis experiencing?

- A. Anger**
- B. Acceptance**
- C. Bargaining**
- D. Denial**

The client experiencing denial in the context of grief is demonstrating a natural reaction to receiving distressing information, such as a terminal diagnosis. Denial serves as a defense mechanism, helping the individual to cope with overwhelming emotions and the shock of such a significant change in their reality. This stage allows the individual time to process the initial impact of their diagnosis, providing a temporary respite from feelings of fear and helplessness. During this phase, individuals may refuse to acknowledge the diagnosis, instead believing it to be a mistake or an exaggeration. This reaction can serve as a protective barrier, making it easier to avoid immediate emotional distress. It is a common experience in the grieving process, as denial can precede the acceptance of painful news and the gradual journey towards reconciling with reality. Understanding that denial is a critical part of the grieving process helps in supporting clients as they navigate through their feelings and begin to move towards other stages of grief, such as anger or acceptance. In contrast, the other stages such as anger, bargaining, and acceptance represent different responses to grief that occur after denial has been addressed. Each stage has its unique characteristics and emotional responses, showing how individuals process grief differently.

10. A nurse should anticipate prescribing which medication to alleviate physiological responses in a client with Parkinson disease?

- A. Ropinirole**
- B. Selegiline**
- C. Levodopa**
- D. Pramipexole**

Levodopa is a cornerstone treatment for Parkinson's disease and is considered the most effective medication for alleviating the motor symptoms associated with the condition. Parkinson's disease is characterized by a deficiency of dopamine in the brain due to neurodegeneration, leading to symptoms such as tremors, rigidity, and bradykinesia (slowness of movement). Levodopa works by replenishing the dopamine levels in the brain, thereby improving the motor symptoms more effectively than other medications. When administered, it crosses the blood-brain barrier and is converted to dopamine, thus directly addressing the underlying issue of dopamine deficiency and helping restore more normal movement control. Other medications listed serve different purposes or functions in the management of Parkinson's disease. For instance, Ropinirole and Pramipexole are dopamine agonists, meaning they mimic the action of dopamine; they are often used in conjunction with Levodopa or for patients who may not yet require Levodopa therapy. Selegiline is a monoamine oxidase-B inhibitor that prevents the breakdown of existing dopamine but does not replace it like Levodopa does. While these drugs can be valuable in a comprehensive treatment plan, Levodopa is typically the drug of choice for immediately alleviating physiological