

EXAM MASTER NEURO PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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	16

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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

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- 1. What condition does a patient exhibit if they present with numbness in the medial aspect of the right hand and mild weakness of the abductor minimi digiti?**
 - A. Compressive ulnar neuropathy at the elbow
 - B. Carpal tunnel syndrome
 - C. Radial nerve palsy
 - D. Median nerve entrapment

- 2. In a case of suspected Alzheimer's disease, which cognitive deficit is commonly observed?**
 - A. Agnosia
 - B. Aphasia
 - C. Executive dysfunction
 - D. All of the above

- 3. In a patient experiencing tension headaches, what is a common trigger noted during the assessment?**
 - A. Bright lights
 - B. Food allergies
 - C. Loud noises
 - D. Changes in weather

- 4. What is the likely diagnosis for an elderly woman with a year-long history of memory loss, inability to perform daily activities, and behavioral changes?**
 - A. Vascular dementia
 - B. Dementia of Alzheimer's disease
 - C. Major depression
 - D. Frontotemporal dementia

- 5. What is the expected prognosis for a patient with Guillain-Barré syndrome following proper treatment?**
 - A. Recovery with significant deficits
 - B. Recovery with little to no motor or sensory deficits
 - C. Partial recovery with chronic pain
 - D. No recovery

- 6. What factor commonly exacerbates symptoms of myasthenia gravis?**
- A. Stress
 - B. Dehydration
 - C. Increased exercise
 - D. Low temperature
- 7. What is the best first-line agent for the treatment of essential tremor?**
- A. Primidone
 - B. Botulinum toxin
 - C. Propranolol
 - D. Citalopram
- 8. In cases of suspected child abuse presenting with neurological distress, what is the immediate next step in management?**
- A. Admission to a pediatric unit
 - B. Notify social services
 - C. Perform a CT scan and skeletal survey
 - D. Provide supportive care
- 9. What finding would you expect on a CT scan for a patient with a cerebral contusion?**
- A. Multiple small isolated hemorrhages with edema
 - B. Large area of cortical necrosis
 - C. Single large hematoma
 - D. Widespread brain atrophy
- 10. What condition is commonly associated with the presence of nystagmus and fluctuating fatigue?**
- A. Multiple sclerosis
 - B. Myasthenia gravis
 - C. Guillain-Barre Syndrome
 - D. Parkinson's disease

Answers

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

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Explanations

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1. What condition does a patient exhibit if they present with numbness in the medial aspect of the right hand and mild weakness of the abductor minimi digiti?

A. Compressive ulnar neuropathy at the elbow

B. Carpal tunnel syndrome

C. Radial nerve palsy

D. Median nerve entrapment

The presentation of numbness in the medial aspect of the right hand, along with mild weakness of the abductor digiti minimi, strongly indicates compressive ulnar neuropathy at the elbow. The ulnar nerve controls sensation in the medial part of the hand, particularly the little finger and the adjacent half of the ring finger, as well as motor functions in the intrinsic hand muscles, including the abductor digiti minimi, which is responsible for abduction of the little finger. In this case, the symptoms align well with ulnar nerve involvement, particularly when compressed at the cubital tunnel, which is a common site where the nerve can become entrapped. Patients might experience numbness or tingling in the affected areas and may exhibit weakness in muscles innervated by the ulnar nerve. Other potential conditions presented in the choices would not produce the same specific symptom profile. For example, carpal tunnel syndrome typically presents with symptoms in the median nerve distribution, affecting the thumb, index, and middle fingers. Radial nerve palsy primarily causes wrist drop due to loss of wrist extensors, which does not relate to the symptoms described. Median nerve entrapment also leads to distinct patterns of numbness and weakness focused around

2. In a case of suspected Alzheimer's disease, which cognitive deficit is commonly observed?

A. Agnosia

B. Aphasia

C. Executive dysfunction

D. All of the above

In the context of Alzheimer's disease, all the listed cognitive deficits can be observed, making the selection encompassing various impacts of the disease on cognitive function accurate. Agnosia refers to the inability to recognize objects, people, or sounds despite the sensory pathways being intact. Individuals with Alzheimer's might struggle with recognizing familiar faces or objects due to the disease's effect on memory and visual processing. Aphasia, which involves difficulties in language processing, is also prevalent in Alzheimer's patients. This could manifest as trouble finding words, forming sentences, or understanding spoken language. As the disease progresses, these symptoms become more pronounced. Executive dysfunction is another hallmark of Alzheimer's disease, reflecting difficulties in planning, decision-making, and executing tasks. Patients may find themselves unable to organize their thoughts or actions efficiently, impacting their everyday functioning. Altogether, these deficits encapsulate the cognitive decline commonly experienced by individuals suffering from Alzheimer's, as the disease affects multiple areas of cognition and daily living. The inclusion of all these deficits in the correct answer underscores the complex and multifaceted nature of cognitive impairment seen in Alzheimer's patients.

3. In a patient experiencing tension headaches, what is a common trigger noted during the assessment?

- A. Bright lights
- B. Food allergies
- C. Loud noises**
- D. Changes in weather

In the context of tension headaches, loud noises can indeed trigger an episode or exacerbate existing symptoms. Tension headaches are often associated with stress, muscle tension, and environmental factors, with noise being a potential irritant that can heighten the perception of pain. Patients may find that the noise contributes to a feeling of increased anxiety or stress, which can, in turn, lead to more pronounced headache symptoms. While bright lights, food allergies, and changes in weather may influence headache conditions, they are more closely associated with other types of headaches, such as migraines. Tension headaches, however, are more directly impacted by stressors in the environment, making noise a more relevant trigger in this case.

4. What is the likely diagnosis for an elderly woman with a year-long history of memory loss, inability to perform daily activities, and behavioral changes?

- A. Vascular dementia
- B. Dementia of Alzheimer's disease**
- C. Major depression
- D. Frontotemporal dementia

The symptoms described—a year-long history of memory loss, difficulties with daily activities, and behavioral changes—strongly indicate a cognitive decline characteristic of neurodegenerative disorders. Alzheimer's disease is the most common cause of dementia in the elderly and typically presents with gradual memory loss that impairs functional abilities and affects behavior. In the case of Alzheimer's disease, the memory loss often progresses from short-term memory problems into more significant difficulties with language, orientation, and routine tasks. Behavioral changes can include confusion, agitation, and withdrawal from social interactions, which align with the patient's symptoms. While vascular dementia can also result from cognitive decline, it is often accompanied by a history of strokes or specific vascular risk factors and tends to have a more stepwise progression. Major depression can cause cognitive symptoms known as pseudodementia, which typically improve with treatment but does not usually manifest with the same gradual decline over the year. Frontotemporal dementia, on the other hand, often leads to changes in personality and behavior before memory issues become prominent, which contrasts with the symptom chronology presented here. The combination of prolonged memory loss, decline in daily living activities, and behavioral changes suggests that the most fitting diagnosis for this patient's presentation is indeed dementia of Alzheimer's disease.

5. What is the expected prognosis for a patient with Guillain-Barré syndrome following proper treatment?

- A. Recovery with significant deficits
- B. Recovery with little to no motor or sensory deficits**
- C. Partial recovery with chronic pain
- D. No recovery

In Guillain-Barré syndrome, which is an acute inflammatory demyelinating polyneuropathy, timely treatment such as intravenous immunoglobulin (IVIG) or plasma exchange is crucial and has shown to greatly improve outcomes. The expected prognosis for patients receiving appropriate treatment is generally favorable, with many individuals experiencing recovery with little to no lasting motor or sensory deficits. During the recovery phase of Guillain-Barré syndrome, most patients regain the strength and function they had prior to the onset of symptoms. While it is possible for some patients to experience residual issues, the majority will return to their pre-illness level of functioning without significant deficits. This positive recovery trajectory is attributed to the mechanism of the syndrome and how prompt intervention can mitigate nerve damage. The natural course of the illness often sees patients improving within weeks to months, supporting the expectation of substantial recovery. This understanding of Guillain-Barré syndrome emphasizes the importance of early recognition and treatment, leading to outcomes that allow many patients to thrive post-illness with minimal long-term effects.

6. What factor commonly exacerbates symptoms of myasthenia gravis?

- A. Stress**
- B. Dehydration
- C. Increased exercise
- D. Low temperature

Stress is a known factor that commonly exacerbates symptoms of myasthenia gravis. This autoimmune disorder affects the communication between nerves and muscles, leading to decreased muscular function and fatigue. Stress can intensify the overall immune response and neuromuscular transmission issues in individuals with myasthenia gravis. When a person experiences stress, it can lead to increased muscle fatigue and a worsening of symptoms due to the heightened physiological demands placed on the body. Stress may increase the release of certain hormones, such as cortisol, which can affect muscle function and immune regulation, thus contributing to the exacerbation of symptoms. While dehydration, increased exercise, and low temperature are factors that could impact general health and well-being, they do not specifically exacerbate the symptoms of myasthenia gravis to the same extent as stress does. Hydration, for instance, is important for overall muscle function but is not a direct trigger for symptom exacerbation in this condition. Increased exercise can actually improve muscle strength in some cases, provided it is carefully managed. Low temperatures might lead to discomfort but are not known to significantly worsen the clinical manifestations of myasthenia gravis in the same way that stress does.

7. What is the best first-line agent for the treatment of essential tremor?

- A. Primidone
- B. Botulinum toxin
- C. Propranolol**
- D. Citalopram

Propranolol is widely regarded as the first-line treatment for essential tremor because of its effectiveness in managing the condition's symptoms. Essential tremor is a movement disorder characterized by uncontrollable shaking, typically occurring in the hands and arms. Propranolol, a non-selective beta-adrenergic antagonist, helps to reduce the tremors by dampening the nervous system's response that contributes to muscle tremors. This medication has gained strong clinical support for its ability to significantly decrease tremor amplitude and frequency without causing sedation or cognitive side effects, which are concerns with other treatments. Furthermore, propranolol is particularly beneficial for patients who experience tremors during specific activities, such as writing or holding objects. While other treatments like primidone can also be effective, propranolol is often preferred as a first-line agent due to its well-documented safety and efficacy profile. Botulinum toxin is sometimes used for localized treatment but is not a first-line choice for essential tremor as a whole. Citalopram is an antidepressant and not relevant for the management of this specific movement disorder.

8. In cases of suspected child abuse presenting with neurological distress, what is the immediate next step in management?

- A. Admission to a pediatric unit
- B. Notify social services
- C. Perform a CT scan and skeletal survey**
- D. Provide supportive care

In cases of suspected child abuse that involve neurological distress, the immediate next step in management is to perform a CT scan and skeletal survey. This approach is crucial because it allows for the rapid evaluation of any potential traumatic injuries, such as intracranial hemorrhages or fractures, which may not be immediately visible through physical examination alone. Performing a CT scan helps in identifying any acute intracranial changes that necessitate urgent intervention, while a skeletal survey aids in detecting old and new fractures or other signs of abuse. This dual approach ensures that a comprehensive assessment of the child's injuries can be made quickly, facilitating timely medical and protective interventions. Immediate imaging and evaluation are critical in these scenarios, as they not only address the child's current neurological status but also provide essential forensic evidence if abuse is confirmed. Managing suspicions of child abuse delicately and purposefully is vital to ensure the safety and well-being of the child while fulfilling mandatory reporting obligations to child protective services.

9. What finding would you expect on a CT scan for a patient with a cerebral contusion?

- A. Multiple small isolated hemorrhages with edema**
- B. Large area of cortical necrosis
- C. Single large hematoma
- D. Widespread brain atrophy

In the case of a cerebral contusion, a CT scan typically reveals multiple small hemorrhages associated with edema. This is characteristic of how contusions occur; they are bruising of the brain tissue, often resulting from blunt trauma. The impact leads to localized bleeding, which may manifest as small areas of hemorrhage on imaging. The surrounding edema is a result of the inflammatory response to injury, indicating increased fluid around the site of hemorrhage and contributing to the symptoms experienced by the patient. In contrast, a large area of cortical necrosis is more indicative of severe injury or conditions like ischemia rather than a contusion. A single large hematoma tends to represent a different type of injury, such as a subdural or epidural hematoma. Widespread brain atrophy relates to chronic neurodegenerative processes rather than acute trauma, and would not be expected in a case of cerebral contusion. Thus, the presence of multiple small isolated hemorrhages with edema is a defining feature of a cerebral contusion on CT imaging.

10. What condition is commonly associated with the presence of nystagmus and fluctuating fatigue?

- A. Multiple sclerosis
- B. Myasthenia gravis**
- C. Guillain-Barre Syndrome
- D. Parkinson's disease

The presence of nystagmus and fluctuating fatigue is most commonly associated with multiple sclerosis. Multiple sclerosis is a demyelinating disease of the central nervous system that can have a variety of neurological symptoms, including visual disturbances like nystagmus, which is characterized by involuntary eye movements. In addition to nystagmus, people with multiple sclerosis often experience fatigue that can vary in intensity, which can be exacerbated by factors such as heat or exertion. While myasthenia gravis does present with muscle weakness that can lead to fatigue, it typically does not cause nystagmus. Myasthenia gravis is primarily characterized by fluctuating muscle strength and fatigue, particularly with repeated use of muscles, but not eye movement abnormalities like nystagmus. Guillain-Barre Syndrome, primarily known for causing rapid-onset muscle weakness and other neurological impairments, also does not typically present with nystagmus. Parkinson's disease is associated with movement disorders, tremors, and rigidity, but nystagmus is not a characteristic feature. Thus, the correct association between nystagmus, fluctuating fatigue, and the underlying condition points to multiple sclerosis as the most likely answer.

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:

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

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