

MEDICAL-SURGICAL II (MSII) NEURO 1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://ms2neuro1.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

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- 1. For a patient with Parkinson's disease during meals, which practice supports safety and accuracy of swallowing?**
 - A. Serve large portions to finish quickly
 - B. Instruct the patient to speak while chewing
 - C. Provide foods that require long chewing
 - D. Allow ample time, minimize distractions, and offer small bites
- 2. Which statement accurately describes thymectomy considerations in myasthenia gravis?**
 - A. Thymectomy is standard first-line therapy for all MG patients
 - B. Thymectomy is never considered in MG
 - C. Thymectomy is considered in thymoma-associated MG
 - D. Thymectomy cures MG regardless of thymoma presence
- 3. On the Glasgow Coma Scale, a verbal response score of 5 indicates the patient is...**
 - A. Disoriented to person
 - B. Incomprehensible sounds
 - C. Oriented to person, place, and time
 - D. Uses inappropriate words
- 4. Which cranial nerve innervates the sternocleidomastoid and trapezius muscles?**
 - A. Accessory nerve
 - B. Facial nerve
 - C. Trochlear nerve
 - D. Glossopharyngeal nerve
- 5. A client has a Glasgow Coma Scale with eye opening 3, verbal 5, motor 5. Which conclusion is most appropriate based on eye opening score?**
 - A. Eyes open to speech
 - B. Eyes open spontaneously
 - C. Eyes open to pain
 - D. No eye opening

- 6. Which cranial nerve controls tongue movement essential for swallowing?**
- A. Hypoglossal nerve (CN XII)
 - B. Trigeminal nerve (CN V)
 - C. Facial nerve (CN VII)
 - D. Glossopharyngeal nerve (CN IX)
- 7. In dealing with a patient with Parkinson's disease, bradykinesia is commonly accompanied by which symptom?**
- A. Rigidity
 - B. Tremor at rest
 - C. Hyperactivity
 - D. Weight loss
- 8. What characterizes neurogenic shock after spinal cord injury?**
- A. Hypotension and bradycardia due to loss of sympathetic tone, with warm dry skin
 - B. Hypertension and tachycardia due to sympathetic overactivity
 - C. Fever and dehydration
 - D. Seizures with posturing
- 9. A 45-year-old patient with myasthenia gravis is brought to the emergency room. Which statement would you assess first in the initial assessment?**
- A. Eyelid drooping and double vision
 - B. Weakness of muscles of the extremities
 - C. Difficulty chewing or swallowing
 - D. Bladder and bowel incontinence
- 10. A client has ingested poison and is now having seizures. Which of the following requires priority action by the nurse?**
- A. Maintain patent airway
 - B. Administer antidote as available
 - C. Induce emesis
 - D. Administer activated charcoal

Answers

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

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Explanations

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1. For a patient with Parkinson's disease during meals, which practice supports safety and accuracy of swallowing?

- A. Serve large portions to finish quickly
- B. Instruct the patient to speak while chewing
- C. Provide foods that require long chewing
- D. Allow ample time, minimize distractions, and offer small bites**

Managing swallowing safety in Parkinson's during meals relies on pacing, small bite sizes, and a calm mealtime environment. Parkinson's can slow and poorly coordinate the muscles used for chewing and swallowing, so giving the patient ample time helps ensure thorough chewing and a complete swallow before the next bite. Offering small bites keeps the bolus manageable, reduces fatigue of the jaw, and lowers the chance of residual food slipping into the airway. Minimizing distractions helps the patient focus on each swallow, improving timing and coordination and reducing the risk of mis-timed swallows or coughing. In contrast, large portions, foods that require prolonged chewing, or trying to speak while chewing can disrupt airway protection and increase the risk of aspiration.

2. Which statement accurately describes thymectomy considerations in myasthenia gravis?

- A. Thymectomy is standard first-line therapy for all MG patients
- B. Thymectomy is never considered in MG
- C. Thymectomy is considered in thymoma-associated MG**
- D. Thymectomy cures MG regardless of thymoma presence

Thymus involvement in MG is central to how the disease is managed when a thymic tumor is present. A thymoma can drive the autoimmune process that attacks the acetylcholine receptors, so removing the thymus tumor is an oncologic necessity and often helps the MG as well. Therefore, thymectomy is considered in thymoma-associated MG because it addresses the tumor burden and can reduce the immune drive behind MG, with potential improvement in symptoms. This isn't a universal first-line therapy for every MG patient, and it doesn't guarantee a cure. Many MG patients start with symptomatic treatment or immunosuppression, and thymectomy may be added based on factors like age, MG subtype, and antibody status. In those without thymoma, thymectomy can still be considered for select patients, but the benefit is not guaranteed and varies by individual.

3. On the Glasgow Coma Scale, a verbal response score of 5 indicates the patient is...

- A. Disoriented to person
- B. Incomprehensible sounds
- C. Oriented to person, place, and time**
- D. Uses inappropriate words

A verbal score of five means the patient is fully oriented. They can speak coherently and correctly answer questions about who they are, where they are, and the current time or situation. For example, they might say, "I'm Maria, I'm in the hospital, it's Tuesday." If they were not oriented or could only speak inappropriately or incomprehensibly, the verbal score would be lower.

4. Which cranial nerve innervates the sternocleidomastoid and trapezius muscles?

- A. Accessory nerve**
- B. Facial nerve
- C. Trochlear nerve
- D. Glossopharyngeal nerve

The accessory nerve (cranial nerve XI) supplies the sternocleidomastoid and trapezius muscles. These two muscles are responsible for turning the head and shrugging the shoulders, and they receive motor input from CN XI, which is primarily motor and uniquely involved with these neck muscles. Clinically, testing this nerve involves having the patient shrug the shoulders against resistance and turn the head against resistance to assess strength of the trapezius and sternocleidomastoid, respectively. The other nerves listed do not innervate these muscles: the facial nerve controls facial expression muscles; the trochlear nerve innervates the superior oblique muscle of the eye; and the glossopharyngeal nerve supplies stylopharyngeus (and several sensory functions), not the SCM or trapezius.

5. A client has a Glasgow Coma Scale with eye opening 3, verbal 5, motor 5. Which conclusion is most appropriate based on eye opening score?

- A. Eyes open to speech**
- B. Eyes open spontaneously
- C. Eyes open to pain
- D. No eye opening

Eye opening score of 3 on the Glasgow Coma Scale means the patient opens eyes in response to verbal stimuli. The scale assigns: 4 for spontaneous eye opening, 3 for eye opening to speech, 2 for eye opening to pain, and 1 for no eye opening. Therefore, the most appropriate conclusion is that the patient opens eyes to speech. This indicates some arousal and responsiveness to verbal input, which fits with a total GCS of E3 V5 M5 (total 13), suggesting moderate impairment rather than no consciousness.

6. Which cranial nerve controls tongue movement essential for swallowing?

- A. Hypoglossal nerve (CN XII)**
- B. Trigeminal nerve (CN V)
- C. Facial nerve (CN VII)
- D. Glossopharyngeal nerve (CN IX)

Tongue movement essential for swallowing is controlled by the hypoglossal nerve. This nerve provides motor supply to all intrinsic tongue muscles and to most extrinsic tongue muscles, enabling the tongue to protrude, retract, and precisely shape and push the bolus toward the pharynx during the oral phase of swallowing. When CN XII is intact, the tongue can coordinate these movements smoothly to form a cohesive bolus and propel it posteriorly for swallowing. Understanding the other nerves helps confirm why this is the correct motor control for the tongue. The trigeminal nerve mainly handles muscles of mastication and sensation to the face, with only limited, indirect influence on tongue sensation, not the primary tongue muscles required for swallowing. The facial nerve primarily controls facial expression and supplies taste to the anterior two-thirds of the tongue via the chorda tympani, but it does not drive tongue movements needed for swallowing. The glossopharyngeal nerve provides taste and sensation to the posterior tongue and innervates a pharyngeal muscle (stylopharyngeus) involved in swallowing, but it does not move the tongue itself. If the tongue's motor control were compromised, you'd see difficulties with bolus formation and propulsion, tongue weakness, fasciculations, or deviation of the tongue toward the side of weakness when protruded, reflecting loss of CN XII function.

7. In dealing with a patient with Parkinson's disease, bradykinesia is commonly accompanied by which symptom?

- A. Rigidity
- B. Tremor at rest**
- C. Hyperactivity
- D. Weight loss

Bradykinesia in Parkinson's disease most often occurs together with a resting tremor. This tremor, often described as pill-rolling, sits in the hands when the muscles are at rest and tends to lessen with purposeful movement. The combination reflects the core disruption of basal ganglia circuits from dopaminergic neuron loss, which slows initiation and execution of movement while also producing involuntary tremor when not actively moving. Rigidity frequently accompanies bradykinesia as part of the parkinsonian syndrome, but the resting tremor is the hallmark pairing clinicians notice early on. Hyperactivity is not characteristic, and weight loss is nonspecific to this motor pattern.

8. What characterizes neurogenic shock after spinal cord injury?

- A. Hypotension and bradycardia due to loss of sympathetic tone, with warm dry skin**
- B. Hypertension and tachycardia due to sympathetic overactivity
- C. Fever and dehydration
- D. Seizures with posturing

Neurogenic shock after spinal cord injury arises when the descending sympathetic pathways are disrupted. Without sympathetic outflow, there is widespread vasodilation which lowers systemic vascular resistance and drops blood pressure. At the same time, the heart is left under unopposed parasympathetic (vagal) influence, leading to bradycardia. Because the sympathetic effect on skin vessels is lost, the skin becomes warm and dry rather than cool and clammy. This combination—hypotension with bradycardia and warm, dry skin—best characterizes the condition. Hypertension with tachycardia would suggest sympathetic overactivity, fever and dehydration point to other processes, and seizures with posturing indicate a different neurologic problem altogether.

9. A 45-year-old patient with myasthenia gravis is brought to the emergency room. Which statement would you assess first in the initial assessment?

- A. Eyelid drooping and double vision**
- B. Weakness of muscles of the extremities
- C. Difficulty chewing or swallowing
- D. Bladder and bowel incontinence

In myasthenia gravis, weakness is fatigable and the ocular muscles are often affected first. Eyelid drooping (ptosis) and double vision (diplopia) arise early because the extraocular muscles are highly active and particularly susceptible to impaired neuromuscular transmission. These ocular signs are typically the most readily observable and characteristic at the initial assessment, signaling disease activity before more generalized or bulbar symptoms develop. While breathing and airway status are always critical to assess in an emergency, among the given options the earliest and most informative clue to document for a known MG patient is eye movement and eyelid weakness. Later, weakness of the limb muscles or bulbar difficulties like trouble chewing or swallowing may indicate progression, and bladder/bowel incontinence is not a typical MG feature.

10. A client has ingested poison and is now having seizures. Which of the following requires priority action by the nurse?

- A. Maintain patent airway**
- B. Administer antidote as available
- C. Induce emesis
- D. Administer activated charcoal

Securing the airway is the immediate priority. When a client is seizing, the risk of airway obstruction and aspiration is high, and hypoxia can rapidly occur. Ensuring a patent airway protects oxygenation and provides a safe window to administer other treatments after airway protection. After the airway is secured, breathing and circulation can be evaluated and addressed, and toxin-specific measures can be considered. Inducing emesis is not appropriate during seizures due to the high risk of aspiration and harm to the airway. Activated charcoal can be useful to limit absorption, but only once the airway and ventilation are protected; during active seizures it is unsafe. Administering an antidote depends on the specific toxin and timing, and it is not the first step while the patient is seizing.

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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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