

Medical Surgical Neurosensory 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

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- 1. Diabetes insipidus results from an inadequate release of which hormone?**
 - A. Aldosterone**
 - B. Calcitonin**
 - C. Insulin**
 - D. Antidiuretic hormone**

- 2. In acute angle-closure glaucoma, which symptom might prompt urgent medical evaluation?**
 - A. Abdominal pain**
 - B. Severe eye pain**
 - C. Rash**
 - D. Shortness of breath**

- 3. Dysphagia can result from damage to which cranial nerves?**
 - A. II and III**
 - B. IX and X**
 - C. V and VII**
 - D. XI and XII**

- 4. Which of the following is an adverse effect of LASIK surgery?**
 - A. Ear ringing**
 - B. Nosebleed**
 - C. Hair loss**
 - D. Dry eyes**

- 5. Autonomic dysreflexia can present with which sign?**
 - A. Severe sweating**
 - B. Severe throbbing headache**
 - C. Nausea**
 - D. Dizziness**

- 6. In the ABC priority framework, which component is the first priority?**
- A. Airway**
 - B. Breathing**
 - C. Circulation**
 - D. Disability**
- 7. Which framework is described as prioritizing actions based on the greatest safety risk?**
- A. ABC priority-setting framework**
 - B. Maslow's Hierarchy of Needs**
 - C. Safety and risk reduction priority-setting framework**
 - D. Nursing process**
- 8. Which description best defines Cheyne-Stokes respirations?**
- A. Cycles of deep and shallow breathing with periods of apnea**
 - B. Continuous rapid breathing**
 - C. Slow shallow breathing**
 - D. Irregular, gasping breaths**
- 9. Which statement indicates understanding after cataract surgery with intraocular lens implant?**
- A. I should rub my eye if it itches**
 - B. I can resume driving immediately**
 - C. I will avoid bending over**
 - D. I should lift heavy objects daily**
- 10. Mastoiditis refers to inflammation of which bone?**
- A. Frontal bone**
 - B. Temporal bone**
 - C. Occipital bone**
 - D. Sphenoid bone**

Answers

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

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Explanations

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1. Diabetes insipidus results from an inadequate release of which hormone?

- A. Aldosterone**
- B. Calcitonin**
- C. Insulin**
- D. Antidiuretic hormone**

Antidiuretic hormone controls water reabsorption in the kidney, acting on the collecting ducts to insert aquaporin channels and concentrate urine. When there isn't enough ADH released, the kidneys reabsorb less water, producing large volumes of dilute urine and triggering increased thirst. This pattern defines diabetes insipidus from a deficiency of ADH, specifically central DI where the posterior pituitary fails to release adequate ADH. The other hormones don't drive this condition: aldosterone mainly regulates sodium and water balance indirectly, calcitonin handles calcium regulation, and insulin controls glucose metabolism. So the inadequate release of antidiuretic hormone explains the polyuria and dilute urine seen in diabetes insipidus.

2. In acute angle-closure glaucoma, which symptom might prompt urgent medical evaluation?

- A. Abdominal pain**
- B. Severe eye pain**
- C. Rash**
- D. Shortness of breath**

Acute angle-closure glaucoma is a medical emergency because the pressure inside the eye rises rapidly, leading to sudden, severe eye pain and rapid vision changes. This intense pain signals the need for urgent evaluation to lower the intraocular pressure and prevent irreversible optic nerve damage. Severe eye pain is the most telling symptom of an acute attack and drives immediate care. The other options don't fit AACG. Abdominal pain, rash, and shortness of breath are not typical manifestations of an acute eye emergency and would suggest other medical issues.

3. Dysphagia can result from damage to which cranial nerves?

- A. II and III**
- B. IX and X**
- C. V and VII**
- D. XI and XII**

Swallowing is controlled mainly by the glossopharyngeal and vagus nerves. The glossopharyngeal nerve provides sensory input from the oropharynx and the posterior third of the tongue, helping to trigger the swallow reflex. The vagus nerve supplies motor commands to the pharyngeal constrictors, soft palate, and laryngeal muscles, driving bolus propulsion and protecting the airway during swallowing. Damage to either disrupts the coordinated swallow, producing dysphagia. Other nerves listed aren't the primary drivers of swallowing: the optic and oculomotor nerves govern vision and eye movements; the trigeminal and facial nerves mainly handle facial sensation, mastication, and facial expression; the spinal accessory nerve isn't a key swallowing contributor; and while the hypoglossal nerve (tongue movement) can affect swallowing, the most characteristic impairment from cranial nerve damage is due to IX and X.

4. Which of the following is an adverse effect of LASIK surgery?

- A. Ear ringing**
- B. Nosebleed**
- C. Hair loss**
- D. Dry eyes**

Dry eyes after LASIK are common because the procedure involves creating a corneal flap and reshaping the surface with a laser, which can disrupt the corneal nerves that stimulate tear production. This nerve disruption reduces tear reflex and tear film stability, leading to dryness, gritty or burning sensations, and fluctuating vision in the early postoperative period. The dryness may be temporary, lasting weeks to months, or in some cases longer, and is managed with regular artificial tears, ocular lubricants, and sometimes anti-inflammatory or immunomodulatory drops or punctual plugs if needed. The other options don't fit because ear ringing, nosebleeds, and hair loss aren't typical adverse effects of corneal laser refractive surgery, which primarily affects the eye and tear film.

5. Autonomic dysreflexia can present with which sign?

- A. Severe sweating**
- B. Severe throbbing headache**
- C. Nausea**
- D. Dizziness**

Autonomic dysreflexia occurs when a noxious stimulus below a spinal cord injury triggers an excessive sympathetic response, causing a sudden and dangerous rise in blood pressure. The most characteristic sign is a severe, pounding headache that reflects this acute hypertension. Sweating can occur, especially above the injury level, and nausea or dizziness may appear, but the pounding headache is the clearest indicator of this crisis. Recognizing it promptly prompts urgent actions to lower blood pressure and identify the trigger, such as checking for bladder distension or bowel impaction and removing the irritant.

6. In the ABC priority framework, which component is the first priority?

- A. Airway**
- B. Breathing**
- C. Circulation**
- D. Disability**

Securing the airway is the first priority because oxygen must reach the lungs and be delivered to tissues before you can effectively address breathing or circulation. If the airway is blocked or a patient cannot protect it due to reduced consciousness or facial trauma, hypoxia can develop rapidly and worsen brain injury and other organ damage. In neurologic emergencies, loss of airway reflexes, secretions, edema, or facial injuries can make obstruction even more likely, so securing the airway takes precedence. Begin by assessing awareness and airway patency, then open the airway with techniques appropriate for suspected spinal injury (for example, a jaw-thrust rather than head-tilt). Clear any secretions, blood, or vomitus with suction, and use airway adjuncts or prepare for advanced airway management if needed. Once the airway is open and protected, you can move on to evaluating and supporting breathing and circulation.

7. Which framework is described as prioritizing actions based on the greatest safety risk?

- A. ABC priority-setting framework**
- B. Maslow's Hierarchy of Needs**
- C. Safety and risk reduction priority-setting framework**
- D. Nursing process**

Focusing on actions by greatest safety risk means you assess what could most likely harm the patient if you don't intervene now, and you address that highest-risk issue first. This approach uses a risk lens—evaluating how likely something bad could occur and how severe the outcome would be, then prioritizing interventions to avert the most dangerous possibilities. It's about reducing harm across the care environment, not just treating symptoms or following a stepwise procedure. That's why this framework is the best fit here: it explicitly centers on safety and risk reduction, guiding nurses to intervene where the potential for harm is greatest. In contrast, other frameworks are more oriented toward different goals—like addressing immediate life threats in a fixed order (airway, breathing, circulation), following a general problem-solving nursing process, or addressing human needs as a hierarchy—without a primary emphasis on comparing and mitigating safety risks.

8. Which description best defines Cheyne-Stokes respirations?

- A. Cycles of deep and shallow breathing with periods of apnea**
- B. Continuous rapid breathing**
- C. Slow shallow breathing**
- D. Irregular, gasping breaths**

Cheyne-Stokes respirations are a pattern where breathing waxes and wanes in a cycle, with breaths that become deeper and faster, then shallower and slower, and followed by a period of apnea. This cyclical rise and fall, plus the pauses between phases, is the hallmark description. It often occurs in conditions such as advanced heart failure, neurological injury, or near-death states, reflecting a disrupted respiratory drive and heart-brain timing. Seeing cycles of deep and shallow breathing with pauses best matches the description. By contrast, continuous rapid breathing describes tachypnea, slow shallow breathing describes hypoventilation, and irregular, gasping breaths describe agonal respiration.

9. Which statement indicates understanding after cataract surgery with intraocular lens implant?

- A. I should rub my eye if it itches**
- B. I can resume driving immediately**
- C. I will avoid bending over**
- D. I should lift heavy objects daily**

Protecting the healing eye by avoiding activities that raise intraocular pressure is key after cataract surgery with an intraocular lens implant. Bending over increases venous pressure and intraocular pressure, which can stress the surgical wound, risk displacement of the implant, or delay healing. Saying you will avoid bending over shows you understand this important precaution for early recovery. Rubbing the eye is discouraged because it can irritate or injure the healing surface. Driving immediately is unsafe due to fluctuating vision and the risk of sudden eye movements or pressure changes. Lifting heavy objects daily also elevates intraocular pressure and strains the eye, which isn't advised during the healing period.

10. Mastoiditis refers to inflammation of which bone?

- A. Frontal bone**
- B. Temporal bone**
- C. Occipital bone**
- D. Sphenoid bone**

Mastoiditis is an inflammation of the mastoid process, which is part of the temporal bone located behind the ear. The mastoid contains air-filled cells communicating with the middle ear, so infection from otitis media often spreads here, causing localized swelling and pain behind the ear. The frontal, occipital, and sphenoid bones don't contain the mastoid air cell system, so they aren't the bones involved in mastoiditis. That connection to the mastoid air cells within the temporal bone makes this the correct choice.

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://medsurgneurosensory.examzify.com>

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

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