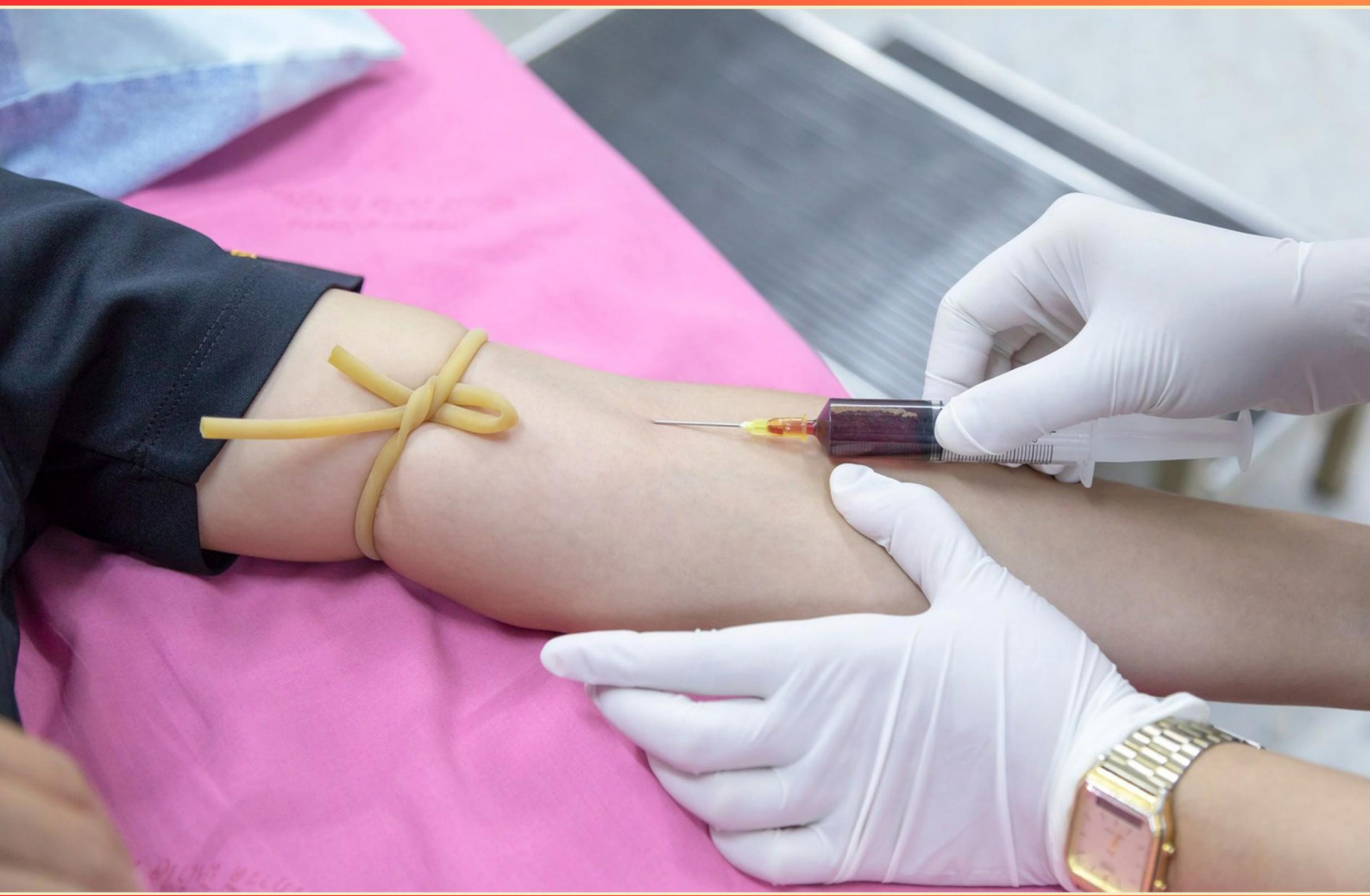
MOVEMENT DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 mood disorder commonly occurs in Parkinson disease?

A. Depression

B. Anxiety

C. Apathy

D. Mania

2. Which beta-blocker is commonly used for essential tremor?

A. Metoprolol

B. Atenolol

C. Propranolol

D. Nadolol

3. Which gene contains the CAG repeat expansion responsible for Huntington disease?

A. HTT gene

B. APP gene

C. CFTR gene

D. MAPT gene

4. What may happen to a functional movement disorder if the patient is distracted?

A. There is no movement

B. The movement may significantly change or resolve

C. The movement remains unchanged

D. The movement worsens

5. The acronym CBD stands for which condition?

A. Cortical Basal Demyelination

B. Cortical Basal Degeneration

C. Corticobasal Degeneration

D. Cortical Basal Disorder

6. In REM sleep behavior disorder, what occurs during sleep?

A. The patient experiences sleep paralysis on waking

B. The patient wakes frequently during the night

C. The patient acts out dreams

D. The patient snores loudly

7. A patient with 34 CAG repeats would be described as having what risk category?

A. Full penetrance

B. Reduced penetrance

C. At risk for anticipation

D. No risk

8. What hand movement is commonly used to test bradykinesia?

A. Finger tapping

B. Hand clenching

C. Writing

D. Buttoning

9. Which behavioral therapy can be used for Tourette syndrome?

A. Exposure therapy

B. CBT

C. Psychoanalysis

D. Meditation

10. Huntington disease is the most common adult-onset hereditary cause of chorea.

A. Huntington disease

B. Alzheimer disease

C. Dystonia

D. Myoclonus

Answers

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

Explanations

1. What mood disorder commonly occurs in Parkinson disease?

A. Depression

B. Anxiety

C. Apathy

D. Mania

Depression is the mood disturbance most commonly seen in Parkinson disease. The disease affects brain areas and neurotransmitter systems involved in mood regulation, including dopamine pathways in the reward circuits and changes in serotonin and norepinephrine. This combination often produces a persistent low mood, loss of interest or pleasure, fatigue, sleep changes, and social withdrawal. These depressive symptoms can appear at any stage of Parkinson disease and may be overlooked because they resemble general aging or the motor illness itself, yet they are more prevalent than other mood issues in this condition. Anxiety and apathy also occur in Parkinson, but they are distinct phenomena (anxiety is an anxiety disorder, apathy is a lack of motivation) and mania is not a typical feature except in rare medication-related circumstances. Recognizing and treating depression can markedly improve quality of life for people with Parkinson.

2. Which beta-blocker is commonly used for essential tremor?

A. Metoprolol

B. Atenolol

C. Propranolol

D. Nadolol

Propranolol is preferred for essential tremor because it is a non-selective beta-blocker that readily crosses into the central nervous system. Its lipophilicity allows it to affect brain pathways that contribute to tremor, reducing the amplitude of the action tremor seen with movement. In contrast, metoprolol and atenolol are cardioselective (primarily blocking beta-1 receptors) and have less CNS penetration, making them less effective for tremor control. Nadolol is non-selective as well, but it is less lipophilic than propranolol, so its central effects are weaker and it's used less often for tremor. This combination of effective central action and robust peripheral blockade makes propranolol the most commonly used beta-blocker for essential tremor. Remember to monitor for bradycardia, hypotension, bronchospasm risk in asthma/COPD, and potential masking of hypoglycemia.

3. Which gene contains the CAG repeat expansion responsible for Huntington disease?

A. HTT gene

B. APP gene

C. CFTR gene

D. MAPT gene

Huntington disease is caused by a CAG trinucleotide repeat expansion in the HTT gene that encodes the huntingtin protein. When repeats exceed a threshold, the polyglutamine tract in huntingtin becomes abnormally long, causing the protein to misfold and form aggregates that damage neurons, especially in the striatum. This leads to the characteristic movement disorder (chorea), along with psychiatric and cognitive symptoms, and larger repeat lengths typically mean earlier onset due to anticipation. The other genes listed are linked to different conditions—APP with Alzheimer's disease, CFTR with cystic fibrosis, and MAPT with tau-related dementias—so they do not underlie Huntington disease. Thus, the gene carrying the Huntington-related CAG expansion is HTT.

4. What may happen to a functional movement disorder if the patient is distracted?

A. There is no movement

B. The movement may significantly change or resolve

C. The movement remains unchanged

D. The movement worsens

Distraction modulates functional movement disorders because these symptoms are shaped by attention and cognitive state rather than fixed brain pathology. When the patient's focus is diverted, the abnormal movement can lessen greatly or even disappear for a period. This distractibility is a hallmark of functional symptoms: the motor pattern is not locked in by structural damage, so changing what the patient pays attention to can change the symptom's expression. For example, a tremor that seems inconsistent, variable, or collapsible when the person is distracted fits with a functional pattern, whereas organic disorders tend to persist despite distraction. So, it's common to see the movement significantly change or resolve when the patient is engaged in a competing task or otherwise distracted.

5. The acronym CBD stands for which condition?

A. Cortical Basal Demyelination

B. Cortical Basal Degeneration

C. Corticobasal Degeneration

D. Cortical Basal Disorder

Corticobasal Degeneration is what CBD stands for. It's a progressive neurodegenerative tauopathy that classically presents with asymmetric motor and cortical signs, such as apraxia, cortical sensory loss, dystonia, myoclonus, and sometimes the alien limb phenomenon. The other options aren't standard terms used for this condition—cortical basal demyelination implies a demyelinating process, and cortical basal degeneration or cortical basal disorder aren't established names for CBD.

6. In REM sleep behavior disorder, what occurs during sleep?

A. The patient experiences sleep paralysis on waking

B. The patient wakes frequently during the night

C. The patient acts out dreams

D. The patient snores loudly

REM sleep normally involves atonia, a marked reduction in muscle tone, so you don't act out dreams. In REM sleep behavior disorder, that protective paralysis is lost or reduced, allowing the body to move, gesture, or even physically enact dreams during sleep. This dream enactment can include talking, punching, or thrashing, and it often corresponds to vivid, action-filled dreams. That's why the description "acts out dreams" best fits REM sleep behavior disorder. Other descriptions fit different problems: sleep paralysis on waking can occur with narcolepsy or REM intrusion, waking frequently at night points to insomnia or fragmented sleep, and loud snoring suggests obstructive sleep apnea.

7. A patient with 34 CAG repeats would be described as having what risk category?

A. Full penetrance

B. Reduced penetrance

C. At risk for anticipation

D. No risk

In Huntington disease genetics, the number of CAG repeats in the HTT gene determines how likely someone is to develop the disease and how it may behave across generations. Normal alleles are usually in the low range; as repeats increase, the risk of disease rises and the age of onset can shift earlier in descendants due to anticipation. A repeat length of 34 sits in the intermediate range: it is typically not enough to cause disease in the person themselves, but it is unstable and can expand when passed to offspring. This means the person is at risk for anticipation in their children, who may inherit a larger repeat and develop Huntington disease earlier. So, a 34-repeat allele is not considered full penetrance, and it's not the typical reduced penetrance range either. It also isn't no risk, because the allele is above normal levels. The idea of being "at risk for anticipation" captures the potential for disease to appear earlier in the next generation due to expansion of the repeat.

8. What hand movement is commonly used to test bradykinesia?

A. Finger tapping

B. Hand clenching

C. Writing

D. Buttoning

Bradykinesia shows up as slowness in both starting and carrying out movements. The most straightforward way to measure this at the bedside is with rapid alternating movements, especially finger tapping. Have the patient tap the index finger against the thumb as fast as possible for a short burst. This task directly gauges how quickly and with what precision a simple movement can be executed. In bradykinesia, you'll typically see a slower tapping rate, reduced movement amplitude, and sometimes an irregular rhythm or a diminishing tempo over the task—the sequence effect. Because it's quick, objective, and sensitive to subtle slowing, finger tapping is a standard test for bradykinesia. Hand clenching mainly tests grip strength and rigidity rather than speed of movement. Writing can reveal micrographia and bradykinesia, but it's more variable and less standardized as a quick bedside measure.

9. Which behavioral therapy can be used for Tourette syndrome?

A. Exposure therapy

B. CBT

C. Psychoanalysis

D. Meditation

The idea being tested is that a specialized behavioral therapy designed for Tourette syndrome—CBIT, a form of Cognitive Behavioral Therapy—can help manage tics. CBIT uses habit reversal training: the person learns to notice the moment a tic is coming on (the premonitory urge) and then implements a competing, non-tic response, which over time reduces tic frequency and disrupts the tic circuit. It also teaches strategies to cope with urges, modify triggers in daily life, and reduce stress that can worsen tics, leading to better daily functioning. Other approaches like exposure therapy target different conditions (anxiety or OCD-related fears), psychoanalysis lacks solid evidence for Tourette, and while meditation can aid overall well-being, it isn't the established structured behavioral therapy for tic disorders.

10. Huntington disease is the most common adult-onset hereditary cause of chorea.

A. Huntington disease

B. Alzheimer disease

C. Dystonia

D. Myoclonus

Huntington disease is the classic hereditary source of chorea in adults. It's an autosomal dominant neurodegenerative disorder caused by a CAG repeat expansion in the HTT gene. The hallmark presentation is choreiform movements in adulthood, often with accompanying psychiatric changes and later cognitive decline. Because of its autosomal inheritance with high penetrance, it stands as the most common hereditary cause of adult-onset chorea. Other options may involve movement abnormalities or dementia, but they do not present as the primary hereditary cause of chorea in adults in the same way.

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://movementdisorders.examzify.com

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