

# NCLEX Neurological Disorders 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. Which care measure is appropriate for trigeminal neuralgia?**
  - A. Offer lukewarm food and have the patient chew on the unaffected side**
  - B. Limit oral hygiene to once daily**
  - C. Keep room temperature cold to numb pain**
  - D. Avoid increased protein intake**
  
- 2. Which cranial nerve is responsible for lateral eye movements (look to the right and left)?**
  - A. Abducens**
  - B. Oculomotor**
  - C. Trochlear**
  - D. Optic**
  
- 3. What diagnostic procedure is used to locate the site of bleeding after a subarachnoid hemorrhage?**
  - A. Cerebral angiogram**
  - B. Abdominal ultrasound**
  - C. Echocardiogram**
  - D. Pelvic X-ray**
  
- 4. Which type of footwear is recommended for a Parkinson's patient to reduce fall risk?**
  - A. Tennis shoes**
  - B. Leather-bottom shoes**
  - C. Slippers**
  - D. High-heeled sandals**
  
- 5. Autonomic dysreflexia occurs in spinal cord injuries at or above which level?**
  - A. T6 or higher**
  - B. L1 or higher**
  - C. C7 or higher**
  - D. T12 or higher**

- 6. What are the risk factors for glaucoma?**
- A. Family history, age over 40, diabetes, and history of ocular problems**
  - B. Regular exercise and healthy diet**
  - C. Smoking only**
  - D. No known risk factors**
- 7. Subarachnoid hemorrhage is commonly associated with rupture of an aneurysm at which location?**
- A. Circle of Willis**
  - B. Carotid artery**
  - C. Basilar artery**
  - D. Middle cerebral artery**
- 8. Stapedectomy involves removing bones from which part of the ear?**
- A. Bones from the inner ear are removed and replaced with artificial ones**
  - B. Removal of outer ear bones**
  - C. Replacement of auditory nerve**
  - D. Removal of middle ear air cells**
- 9. Which individuals may be at risk when using TENS therapy?**
- A. Pregnant, demand-type cardiac pacemaker, bladder stimulator, metal plates or pins, diabetes, or heart disease**
  - B. Healthy individuals with no implants**
  - C. Children under 5 only**
  - D. People with normal nerve function**
- 10. Which symptom is not typical of a left hemisphere CVA?**
- A. Right-Sided Weakness**
  - B. Aphasia**
  - C. Left-Sided Neglect**
  - D. Speech Difficulties**

## **Answers**

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

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## **Explanations**

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**1. Which care measure is appropriate for trigeminal neuralgia?**

- A. Offer lukewarm food and have the patient chew on the unaffected side**
- B. Limit oral hygiene to once daily**
- C. Keep room temperature cold to numb pain**
- D. Avoid increased protein intake**

Trigeminal neuralgia causes sudden, severe facial pain that is triggered by stimulation of the facial nerves, especially during chewing. To reduce pain triggers, choose foods that are not extremes in temperature and chew on the side of the mouth that is not affected. Lukewarm foods minimize temperature-related nerve stimulation, and chewing on the unaffected side decreases input to the painful trigeminal nerve during chewing, making this a practical, patient-centered care measure. Other options don't address the trigger mechanism: a cold room can provoke pain rather than numb it, limiting oral hygiene to once daily neglects dental health and doesn't alleviate triggers, and there's no direct link between protein intake and trigeminal neuralgia pain.

**2. Which cranial nerve is responsible for lateral eye movements (look to the right and left)?**

- A. Abducens**
- B. Oculomotor**
- C. Trochlear**
- D. Optic**

The ability to move the eye outward, to look to the right or left, is produced by the lateral rectus muscle. That muscle is innervated by the abducens nerve, so this nerve is responsible for lateral eye movements. If the abducens is functioning, the eye can abduct (move away from the midline) when you look to either side. In contrast, the oculomotor nerve controls several other eye muscles, including the medial rectus which moves the eye inward toward the nose, as well as lifting the eyelid and constricting the pupil. The trochlear nerve mainly controls the superior oblique, which helps with intorsion and depression when the eye is adducted. The optic nerve is involved in vision in general, not motor movement of the eye muscles. So, the nerve that enables looking to the right and left by abducting the eye is the abducens nerve.

**3. What diagnostic procedure is used to locate the site of bleeding after a subarachnoid hemorrhage?**

- A. Cerebral angiogram**
- B. Abdominal ultrasound**
- C. Echocardiogram**
- D. Pelvic X-ray**

Visualizing the brain's blood vessels is how you locate where a subarachnoid hemorrhage is coming from. A cerebral angiogram directly images the cerebral arteries by threading a catheter and injecting contrast, revealing aneurysms, arteriovenous malformations, or other ruptured vessels. This precise mapping is what guides treatment choices like surgical clipping or endovascular coiling. The other tests look at areas outside the brain and won't show intracranial vessels or the source of bleeding, so they aren't used to locate the bleed after SAH.

**4. Which type of footwear is recommended for a Parkinson's patient to reduce fall risk?**

- A. Tennis shoes**
- B. Leather-bottom shoes**
- C. Slippers**
- D. High-heeled sandals**

Footwear that minimizes fall risk in Parkinson's disease focuses on traction, stability, and a secure fit. Parkinson's can cause gait disturbances, bradykinesia, and postural instability, so the shoe needs a firm, non-slip sole and good support to maintain a stable base during walking and reduce the chance of slipping or losing balance. A closed-toe shoe with a snug fit and secure fastening helps keep the foot aligned and protected, especially if freezing episodes or sudden changes in pace occur. Slippers are not ideal because they often have loose backs, insufficient tread, and poor fit, which can come off or slip during movement and increase the risk of a fall. High-heeled sandals and leather-bottom shoes may lack the needed stability or traction, further raising fall risk. The safest choice is a sturdy, well-fitting shoe with a non-slip sole and solid support—like a tennis-style walking shoe or similar closed, supportive footwear.

**5. Autonomic dysreflexia occurs in spinal cord injuries at or above which level?**

- A. T6 or higher**
- B. L1 or higher**
- C. C7 or higher**
- D. T12 or higher**

High spinal cord injuries disrupt the brain's ability to dampen the sympathetic reflexes that run below the injury. When the injury is at or above T6, a noxious stimulus below the level of injury (such as bladder distension or bowel issues) can trigger a massive, unregulated sympathetic discharge. This causes widespread vasoconstriction below the lesion and a dangerous rise in blood pressure. The parasympathetic system can respond above the level of injury (often seen as bradycardia or flushing above the lesion), but it cannot counteract the intense sympathetic activity below the injury. If the injury is below T6, descending control is less compromised, making this syndrome much less likely. So autonomic dysreflexia occurs with spinal cord injuries at or above T6.

## 6. What are the risk factors for glaucoma?

- A. Family history, age over 40, diabetes, and history of ocular problems**
- B. Regular exercise and healthy diet**
- C. Smoking only**
- D. No known risk factors**

Glaucoma risk rises when factors increase the likelihood of optic nerve damage from elevated eye pressure or reduced nerve perfusion. Family history signals genetic susceptibility, so having relatives with glaucoma raises your personal risk. Age over 40 reflects cumulative changes in eye drainage and nerve resilience, making older individuals more prone. Diabetes contributes to microvascular changes and altered optic nerve blood flow, which can heighten risk. A history of ocular problems, such as prior eye trauma or chronic eye conditions, can disrupt normal intraocular pressure balance or optic nerve vulnerability, increasing the chance of glaucoma. Regular exercise and a healthy diet support overall health but are not direct risk factors for glaucoma. Smoking has some associations with eye health, but it isn't established as a definitive, standalone risk factor in the same way as the combination above. Saying there are no known risk factors is incorrect because several well-recognized factors raise the likelihood of developing glaucoma. So, the combination of family history, age over 40, diabetes, and a history of ocular problems best describes the risk factors for glaucoma.

## 7. Subarachnoid hemorrhage is commonly associated with rupture of an aneurysm at which location?

- A. Circle of Willis**
- B. Carotid artery**
- C. Basilar artery**
- D. Middle cerebral artery**

Rupture of a berry aneurysm most often occurs at the Circle of Willis because these arterial bifurcations at the base of the brain are prone to weaknesses that form aneurysms. When such an aneurysm ruptures, blood spills into the subarachnoid space, producing the sudden, severe headache and neck stiffness seen with subarachnoid hemorrhage. While aneurysms can develop on other arteries, the circle of Willis is the classic and most common site for SAH-related ruptures.

**8. Stapedectomy involves removing bones from which part of the ear?**

- A. Bones from the inner ear are removed and replaced with artificial ones**
- B. Removal of outer ear bones**
- C. Replacement of auditory nerve**
- D. Removal of middle ear air cells**

Stapedectomy targets the middle ear's small bones called the auditory ossicles. In otosclerosis, the stapes (one of these bones) becomes fixed and can't move, so vibrations from the eardrum don't effectively reach the inner ear. The procedure removes the immobilized stapes and plugs in a prosthetic device that transmits vibrations directly to the oval window, restoring sound transmission into the fluid-filled inner ear. It does not involve removing inner-ear bones, outer-ear bones, replacing the auditory nerve, or removing middle ear air cells—those are not part of this surgery.

**9. Which individuals may be at risk when using TENS therapy?**

- A. Pregnant, demand-type cardiac pacemaker, bladder stimulator, metal plates or pins, diabetes, or heart disease**
- B. Healthy individuals with no implants**
- C. Children under 5 only**
- D. People with normal nerve function**

TENS therapy uses electrical impulses applied to the skin to relieve pain, so safety depends on how electricity interacts with the body and any devices or conditions present. Certain situations raise the risk of adverse effects or device interference. Implants or devices that rely on electronics—such as a demand-type cardiac pacemaker or a bladder stimulator—can be affected by external electrical currents, potentially causing malfunction or inappropriate stimulation. Metal hardware like plates or pins at the stimulation site can alter current flow or heat up, increasing the chance of skin burns. Pregnancy is considered a precaution because electrical stimulation near the abdomen or chest could affect maternal or fetal tissues, even though some uses may be supervised in specific settings. Diabetes can bring neuropathy, which blunts sensation and can mask early signs of skin irritation or burns, while heart disease may heighten risk if the stimulation influences cardiovascular function or is applied in a way that affects cardiac status. Because of these considerations, the group described—pregnant individuals, those with implanted electronic devices, people with metal implants, and individuals with diabetes or heart disease—are the ones who may be at risk when using TENS therapy. The other options describe populations without these risk factors.

**10. Which symptom is not typical of a left hemisphere CVA?**

**A. Right-Sided Weakness**

**B. Aphasia**

**C. Left-Sided Neglect**

**D. Speech Difficulties**

Left hemisphere strokes typically disrupt language and control the right side of the body. Language centers are usually in the left hemisphere, so aphasia and speech difficulties are common, and right-sided weakness often follows due to contralateral motor deficits. Left-sided neglect, on the other hand, results from damage to the non-dominant (usually right) hemisphere and is a hallmark of right-hemisphere strokes. So the symptom that does not fit a left hemisphere CVA is left-sided neglect.

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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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nclexneurodisorders.examzify.com>**

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

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