NCLEX NEUROLOGICAL DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE

Prepare with structure. Pass with confidence

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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 3 kinds of therapy will someone with a post CVA receive?

A. Occupational therapy, activities of daily living; Physical therapy, ambulation; Speech therapy, speech and swallowing

B. Respiratory therapy; Cardiac rehabilitation; Dental therapy

C. Occupational therapy; Cardiology; Dermatology

D. Physical therapy; Occupational therapy; Ophthalmology

2. Which statement best describes motor (expressive) aphasia?

A. Inability to understand spoken language, though speech is fluent

B. Inability to speak or write, with comprehension intact

C. Fluent speech with impaired comprehension

D. Difficulty with word repetition only

3. What is the first step in applying a negative pressure wound therapy system?

A. Clean wound with saline solution

B. Clean and dry area around wound

C. Trim sponge to fit entire wound bed but not overflow

D. Fill wound with sponge

4. Which statement about proper wound measurement is correct?

A. Measure length from 12 to 6 o'clock and width from 3 to 9 o'clock, measure depth from surface to deepest point, using millimeters or centimeters

B. Use only subjective terms such as small or large

C. Do not insert any instrument into the wound

D. Measure only length and ignore depth

5. Which deficit is typical of a left hemisphere stroke?

A. Right-Sided Weakness and Aphasia

B. Left-Sided Weakness and Neglect

C. Bilateral Sensory Loss

D. Visual Field Deficits Only

6. Is Meniere's disease considered a priority disease requiring immediate life-saving intervention?

A. Yes

B. No

C. Sometimes

D. Only in elderly

7. Which instrument is used to assess wound depth during measurement?

A. A sterile 6" cotton-tipped applicator

B. A metal ruler

C. A thermometer

D. A sterile syringe

8. What is a cataract?

A. A condition in which the lens becomes opaque or cloudy and vision is difficult; usually a slow, gradual loss; common in elderly and may be caused by corticosteroids.

B. An infection of the cornea

C. Inflammation of the iris

D. Detachment of the retina

9. Which nerve groups primarily control the lower body and bowel/bladder functions?

A. Lumbar and Sacral

B. Thoracic

C. Cervical

D. Coccygeal

10. How long should the patient remain on the side after administration?

A. 5-10 minutes

B. 1-2 minutes

C. 15-20 minutes

D. 30 minutes

Answers

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

Explanations

1. What 3 kinds of therapy will someone with a post CVA receive?

A. Occupational therapy, activities of daily living; Physical therapy, ambulation; Speech therapy, speech and swallowing

B. Respiratory therapy; Cardiac rehabilitation; Dental therapy

C. Occupational therapy; Cardiology; Dermatology

D. Physical therapy; Occupational therapy; Ophthalmology

After a stroke, rehabilitation focuses on restoring function and safety by addressing movement, daily activities, and communication/swallowing. The three core therapies are: - Physical therapy to improve movement, strength, balance, and the ability to walk independently. - Occupational therapy to help regain independence with activities of daily living such as dressing, bathing, feeding, and managing household tasks. - Speech therapy to improve communication and to manage swallowing difficulties that often accompany a stroke. Other therapies listed aren't the typical trio used to address the main post-stroke deficits: respiratory or cardiac rehab targets different systems, and dermatology, dentistry, or ophthalmology address specialty issues not central to standard stroke rehabilitation.

2. Which statement best describes motor (expressive) aphasia?

A. Inability to understand spoken language, though speech is fluent

B. Inability to speak or write, with comprehension intact

C. Fluent speech with impaired comprehension

D. Difficulty with word repetition only

Motor (expressive) aphasia comes from damage to Broca's area in the left hemisphere, leading to nonfluent, effortful speech and often impaired writing. The key feature is that understanding spoken language is preserved, so the person can comprehend what is said but struggles to produce words and sentences. That's why a statement describing an inability to speak or write while comprehension remains intact best fits this type of aphasia. Patterns that don't fit come from other aphasias: receptive (Wernicke's) aphasia involves fluent but—often—meaningless speech with poor comprehension; Conduction aphasia features fluent speech with good comprehension but difficulty repeating phrases; and some language production issues are characterized by impaired repetition rather than a global inability to speak.

3. What is the first step in applying a negative pressure wound therapy system?

A. Clean wound with saline solution

B. Clean and dry area around wound

C. Trim sponge to fit entire wound bed but not overflow

D. Fill wound with sponge

Cleaning the wound with saline creates a clean, moist base for the NPWT dressing, helping remove debris and reduce bacterial load so the foam can sit flush against the wound bed and the seal can form properly. This initial cleansing minimizes contamination and sets up effective therapy. After this step, you would dry the surrounding skin, trim the foam to fit the wound bed without overflowing, and then place the foam and apply the dressing. Choosing saline specifically avoids introducing cytotoxic substances and keeps the wound environment safe for healing.

4. Which statement about proper wound measurement is correct?

A. Measure length from 12 to 6 o'clock and width from 3 to 9 o'clock, measure depth from surface to deepest point, using millimeters or centimeters

B. Use only subjective terms such as small or large

C. Do not insert any instrument into the wound

D. Measure only length and ignore depth

Accurate wound measurement relies on capturing three dimensions in a standardized way to track healing and guide care. Measure the wound's length along its greatest span from 12 o'clock to 6 o'clock, and its width from 3 o'clock to 9 o'clock. Assess depth from the wound surface down to the deepest point, using millimeters or centimeters for precise, reproducible data. This combination provides a complete, objective picture of wound size and how it changes over time, which is essential for monitoring progress and adjusting treatment. Using subjective terms like small or large lacks precision, so it doesn't reliably track healing. Not using any instrument to assess depth misses a critical dimension of wound size. Measuring only length leaves out depth, giving an incomplete assessment.

5. Which deficit is typical of a left hemisphere stroke?

A. Right-Sided Weakness and Aphasia

B. Left-Sided Weakness and Neglect

C. Bilateral Sensory Loss

D. Visual Field Deficits Only

Left hemisphere strokes commonly disrupt language centers, because, for most people, language functions are located in the left hemisphere. When those areas are damaged, aphasia can occur, causing trouble with speaking, understanding, reading, or writing. At the same time, motor pathways cross to the opposite side, so injury in the left hemisphere often produces weakness on the right side of the body. This combination—right-sided weakness with language impairment—is the typical presentation for a left hemisphere stroke. If weakness is left-sided or if neglect is present, that pattern points toward a right hemisphere stroke. Bilateral sensory loss isn't the classic single-hemisphere pattern, and visual field deficits can occur with various stroke locations but aren't the hallmark of a left-hemisphere stroke.

6. Is Meniere's disease considered a priority disease requiring immediate life-saving intervention?

A. Yes

B. No

C. Sometimes

D. Only in elderly

The key idea is distinguishing life-threatening emergencies from non-urgent conditions. Meniere's disease is an inner ear disorder that causes episodes of vertigo, tinnitus, fluctuating hearing loss, and a feeling of fullness in the ear. While these episodes can be extremely uncomfortable and increase fall risk, they do not pose an immediate threat to life or airway, so they do not require life-saving intervention right away. The appropriate nursing focus is on safety during vertigo (helping the patient avoid falls), managing symptoms with prescribed antiemetics or vestibular suppressants, and addressing long-term management (such as a low-sodium diet and diuretics) to reduce episode frequency. The options suggesting it's sometimes life-threatening or dependent on age aren't accurate, and claiming it requires immediate life-saving action would be misleading.

7. Which instrument is used to assess wound depth during measurement?

A. A sterile 6" cotton-tipped applicator

B. A metal ruler

C. A thermometer

D. A sterile syringe

Assessing wound depth requires a sterile, flexible instrument that can reach the wound bed. A sterile cotton-tipped applicator is designed for this purpose. Gently inserting the tip into the deepest part of the wound until you meet resistance allows you to determine how far the wound extends; you then note the length of the applicator that remains within the wound (often by how wet or stained the tip becomes). This method preserves sterile technique, minimizes tissue trauma, and provides a practical measure of depth, even in irregularly shaped wounds. The other items aren't suited for depth probing: a metal ruler can measure surface dimensions but isn't a sterile depth probe and may not reach into the bed; a thermometer is for temperature assessment; a sterile syringe is used for irrigation or injecting medications, not measuring depth.

8. What is a cataract?

A. A condition in which the lens becomes opaque or cloudy and vision is difficult; usually a slow, gradual loss; common in elderly and may be caused by corticosteroids.

B. An infection of the cornea

C. Inflammation of the iris

D. Detachment of the retina

Cataracts occur when the lens becomes opaque or cloudy, which blocks and scatters light entering the eye and leads to blurred or dim vision. This change is usually slow and painless, and it's most common in older adults, with long-term corticosteroid use being a known risk factor. Because the problem lies in the lens, vision loss is not due to issues with the cornea or retina. Other eye conditions involve different structures: a corneal infection affects the front surface of the eye; inflammation of the iris causes redness and light sensitivity; and retinal detachment involves the retina and presents with sudden changes such as a shadow or curtain over part of the vision. The definitive treatment for cataracts is surgical removal of the cloudy lens, often with implantation of an artificial intraocular lens, since nonsurgical measures can only help temporarily.

9. Which nerve groups primarily control the lower body and bowel/bladder functions?

A. Lumbar and Sacral

B. Thoracic

C. Cervical

D. Coccygeal

Lower body and bowel/bladder control come from the lumbar and sacral nerve groups that form the lumbosacral plexus. These nerve roots extend to the legs and to the pelvic organs, providing motor and sensory input as well as autonomic signals needed for bladder and bowel function. The thoracic nerves mainly innervate the trunk, the cervical nerves handle the neck and upper limbs, and the coccygeal nerves play a minor role with limited impact on major lower-body or pelvic functions. Thus, lumbar and sacral regions are the ones primarily responsible for these functions.

10. How long should the patient remain on the side after administration?

A. 5-10 minutes

B. 1-2 minutes

C. 15-20 minutes

D. 30 minutes

The main idea is giving the rectal medication enough time to melt, be absorbed, and stay in place. After inserting a rectal suppository, the patient should remain on their side for about 5–10 minutes. This short period allows the suppository to contact the rectal mucosa so the drug can start absorbing, and staying on the side helps prevent leakage that could wash it away or expel it prematurely. The left-side (Sims/left lateral) position is typically used because it aligns with the anatomy and helps retention. Shorter times, like 1–2 minutes, may not allow full dissolution; longer times, such as 15–20 or 30 minutes, aren't necessary and can be uncomfortable or increase leakage risk.

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://nclexneurodisorders.examzify.com

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