

NCLEX NEUROLOGICAL DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. What is ELASE?**
 - A. An enzyme that dissolves eschar
 - B. A wound dressing type
 - C. An antibiotic
 - D. A measurement tool
- 2. Which treatment is used to decrease water in the ear in Meniere's disease?**
 - A. Lasix to decrease water in ear
 - B. Benadryl, atropine, Dramamine
 - C. Decreased sodium in diet
 - D. Stop smoking
- 3. Which cranial nerve is primarily responsible for elevating the soft palate and mediating the motor aspect of swallowing?**
 - A. Glossopharyngeal
 - B. Vagus
 - C. Hypoglossal
 - D. Accessory
- 4. How many cervical spinal nerves are there, and what do they control?**
 - A. Eight cervical spinal nerves; diaphragm C1-4, chest and wall muscles, arms and shoulders
 - B. Ten cervical spinal nerves; legs
 - C. Six cervical spinal nerves; facial muscles
 - D. Nine cervical spinal nerves; swallowing
- 5. Which statement about macular degeneration is true?**
 - A. It presents with a central blind spot while peripheral vision remains intact.
 - B. It causes a global loss of vision immediately.
 - C. It primarily affects night vision.
 - D. It improves with vision therapy.

- 6. What is the correct sequence to remove an artificial eye?**
- A. Using your dominant hand, raise the upper eyelid with the thumb; Cup the nondominant hand under the lower lid; Apply slight pressure with the index finger between the brow and the artificial eye, and remove.
 - B. Use the nondominant hand to lift the lower lid and pull the prosthesis straight out.
 - C. Remove the prosthesis by pulling without lifting the lids.
 - D. Soak the prosthesis in solution and wait before removal.
- 7. Myasthenia gravis results from the autoimmune attack on which nerves?**
- A. Motor cranial nerves
 - B. Sensory nerves
 - C. Autonomic nerves
 - D. Spinal cord tracts
- 8. After cataract surgery, how should the eye be patched at night?**
- A. One eye patch over the affected eye
 - B. No patch
 - C. Two patches
 - D. Patch over the unaffected eye
- 9. People with myasthenia gravis are at risk for which life-threatening complication?**
- A. Respiratory distress
 - B. Hypertension
 - C. Hyperglycemia
 - D. Deep vein thrombosis
- 10. How far should the dropper be held above the ear when administering?**
- A. 1/2 inch above ear
 - B. 1 inch above ear
 - C. 1/4 inch above ear
 - D. 2 inches above ear

Answers

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

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Explanations

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1. What is ELASE?

A. An enzyme that dissolves eschar

B. A wound dressing type

C. An antibiotic

D. A measurement tool

In wound care, enzymatic debridement uses topical enzymes to break down dead tissue. ELASE is one of these enzymatic debridement agents designed to dissolve eschar, helping to remove nonviable tissue and prepare the wound bed for healing. It works directly on necrotic tissue by digesting proteins, rather than acting as a dressing, an antibiotic, or a measurement device. Using it correctly can speed up debridement of thick necrotic tissue, though it's applied only to nonviable tissue and per product guidelines.

2. Which treatment is used to decrease water in the ear in Meniere's disease?

A. Lasix to decrease water in ear

B. Benadryl, atropine, Dramamine

C. Decreased sodium in diet

D. Stop smoking

Excess fluid in the inner ear (endolymphatic hydrops) is what drives the vertigo and hearing changes in Menière disease, so the treatment goal is to reduce body water to lessen endolymphatic pressure. A diuretic like Lasix (furosemide) is used because it promotes salt and water loss by the kidneys, lowering overall fluid in the body and thereby decreasing the fluid in the inner ear. This direct reduction helps stabilize endolymph pressure and reduce vertigo episodes. Sodium restriction can help with fluid balance, but the diuretic provides the most direct impact on ear fluid. Other options don't target fluid balance in the ear: antiemetics or motion-sickness meds may help with nausea, but they don't reduce ear fluid; stopping smoking has general health benefits but doesn't address the fluid issue. Monitoring for dehydration and electrolyte changes, especially potassium, is important with this therapy.

3. Which cranial nerve is primarily responsible for elevating the soft palate and mediating the motor aspect of swallowing?

A. Glossopharyngeal

B. Vagus

C. Hypoglossal

D. Accessory

Elevating the soft palate and driving the motor aspect of swallowing are actions mainly carried out by the vagus nerve. The levator veli palatini, which raises the soft palate during swallowing and speech, is innervated by the pharyngeal branch of the vagus via the pharyngeal plexus. This same nerve also provides much of the motor control of the pharynx and larynx involved in swallowing. In contrast, the glossopharyngeal nerve mainly supplies the stylopharyngeus muscle and sensory innervation to the oropharynx; the hypoglossal nerve controls tongue muscles; and the accessory nerve controls neck muscles. Tensor veli palatini, which tenses the palate, is innervated by the mandibular division of the trigeminal nerve, not the vagus. So the nerve most responsible for elevating the soft palate and the motor aspect of swallowing is the vagus.

4. How many cervical spinal nerves are there, and what do they control?

- A. Eight cervical spinal nerves; diaphragm C1-4, chest and wall muscles, arms and shoulders**
- B. Ten cervical spinal nerves; legs
- C. Six cervical spinal nerves; facial muscles
- D. Nine cervical spinal nerves; swallowing

The cervical region has eight spinal nerves, labeled C1 through C8, which emerge from the neck and primarily control functions in the upper body. These nerves innervate neck and shoulder muscles and extend to the arms and hands, with breathing influenced by the diaphragm through the phrenic nerve, which mainly involves fibers from C3 to C5 (C4 is often emphasized). Therefore, the statement that there are eight cervical nerves and that they control the diaphragm along with chest wall muscles and the upper limbs best reflects the actual distribution and role of cervical nerves. The other options give incorrect counts or assign control to areas not primarily governed by the cervical nerves, such as the legs or swallowing.

5. Which statement about macular degeneration is true?

- A. It presents with a central blind spot while peripheral vision remains intact.**
- B. It causes a global loss of vision immediately.
- C. It primarily affects night vision.
- D. It improves with vision therapy.

Macular degeneration damages the macula, the part of the retina that provides sharp, detailed central vision. Because of this, a central blind spot, or scotoma, develops while the peripheral (side) vision remains relatively intact. This pattern—central vision loss with preserved outer vision—fits AMD best. It doesn't cause immediate global vision loss or primarily affect night vision, and vision therapy isn't a treatment for AMD. Management focuses on slowing progression and specific therapies for the wet form.

6. What is the correct sequence to remove an artificial eye?

- A. Using your dominant hand, raise the upper eyelid with the thumb; Cup the nondominant hand under the lower lid; Apply slight pressure with the index finger between the brow and the artificial eye, and remove.**
- B. Use the nondominant hand to lift the lower lid and pull the prosthesis straight out.
- C. Remove the prosthesis by pulling without lifting the lids.
- D. Soak the prosthesis in solution and wait before removal.

Removing an artificial eye safely depends on controlled hand coordination and gentle support of the eye socket. Use one hand to lift the upper lid with the thumb, creating clearance above the prosthesis, while the other hand cups under the lower lid to cradle and stabilize the prosthesis. Then apply slight, steady pressure with a finger between the brow and the prosthetic eye to disengage it and guide it straight out. This approach protects the surrounding tissues, prevents the prosthesis from slipping or causing trauma, and avoids twisting or pinching the eye area. Other methods can compromise safety: pulling straight out without lifting the lids loses the protective support and can injure tissues; removing with one hand or without lid elevation reduces control; and soaking before removal is a cleaning step, not the removal sequence.

7. Myasthenia gravis results from the autoimmune attack on which nerves?

A. Motor cranial nerves

B. Sensory nerves

C. Autonomic nerves

D. Spinal cord tracts

Myasthenia gravis occurs when antibodies attack acetylcholine receptors at the neuromuscular junction of skeletal muscles, reducing the ability of motor nerves to activate these muscles. This causes fatigable weakness in voluntary muscles, especially those controlled by cranial nerves such as eye movements, facial expression, and swallowing. Sensory nerves are not affected, autonomic nerves are not the primary target, and the spinal cord tracts are not involved, so the most relevant site of dysfunction is the motor end-plate of skeletal muscles served by cranial nerves.

8. After cataract surgery, how should the eye be patched at night?

A. One eye patch over the affected eye

B. No patch

C. Two patches

D. Patch over the unaffected eye

Protecting the operated eye during sleep is essential after cataract surgery to prevent rubbing or pressure that could disrupt healing or dislodge the implant. Patching the eye that had surgery at night provides this protection while keeping the other eye free for orientation and normal function. Patching the other eye or patching both eyes isn't necessary and can hinder vision or increase disorientation. The patch should be loose and not apply pressure, and follow the surgeon's specific guidance on duration and care.

9. People with myasthenia gravis are at risk for which life-threatening complication?

A. Respiratory distress

B. Hypertension

C. Hyperglycemia

D. Deep vein thrombosis

The main idea is that weakness from myasthenia gravis can involve the muscles required for breathing, so respiratory failure becomes the most dangerous potential complication. Myasthenia gravis is an autoimmune attack on the neuromuscular junction, causing fatigable weakness that worsens with activity. When the diaphragm and intercostal muscles are affected, ventilation can fail, leading to hypoventilation, rising carbon dioxide, low oxygen, and, without rapid support, respiratory arrest. This scenario—progressing shortness of breath, shallow or ineffective breathing, decreased cough effectiveness, and fatigue that limits speaking—signals an impending or actual myasthenic crisis requiring urgent airway management and interventions such as plasmapheresis or IVIG to reduce the antibody load and adjustments to therapy. Other listed concerns—hypertension, hyperglycemia, and deep vein thrombosis—are important medical issues but do not reflect the immediate, life-threatening risk specific to MG in the same way respiratory failure does.

10. How far should the dropper be held above the ear when administering?

A. 1/2 inch above ear

B. 1 inch above ear

C. 1/4 inch above ear

D. 2 inches above ear

Holding the dropper about 1/2 inch above the ear opening is the best approach. This distance lets the medication fall into the ear canal without the dropper tip touching the canal, which helps keep the ear clean and reduces irritation or infection risk. If the dropper is too close, it can contact the canal and cause discomfort or introduce germs; if it's too far away, the drops may not enter the canal effectively.

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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:

<https://nclexneurodisorders.examzify.com>

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

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