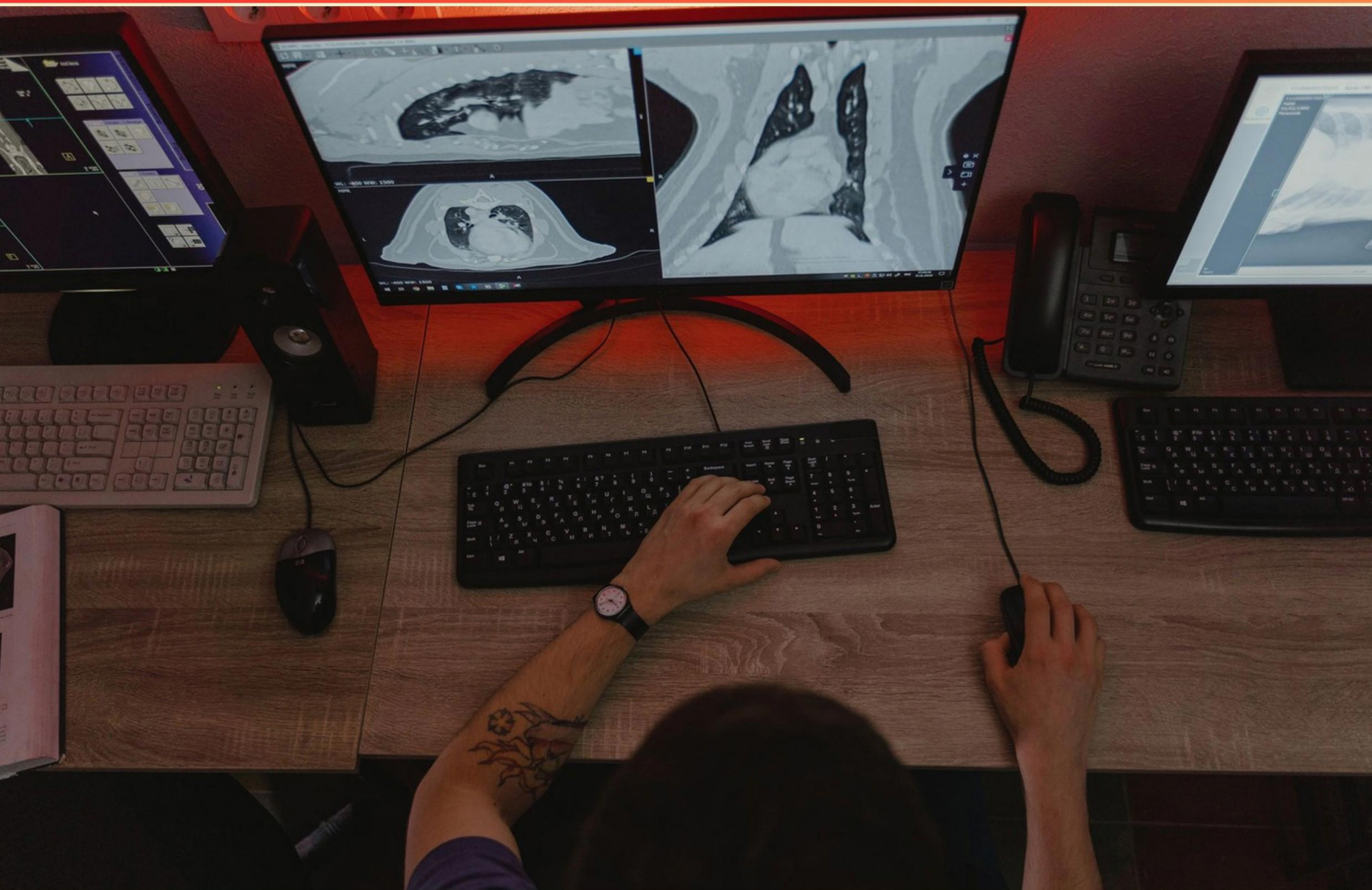


NEUROPSYCHOLOGY PRACTICE TEST (SAMPLE)

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. Which statement describes a hallmark feature of Broca's aphasia?**
 - A. Fluent speech with poor comprehension
 - B. Impaired repetition with fluent speech
 - C. Nonfluent speech with relatively preserved comprehension
 - D. Global loss of language
- 2. Which term describes cognitive functions that rely more on one hemisphere than the other?**
 - A. Hemispheric Dominance
 - B. Lateralization
 - C. Localization
 - D. Neuroplasticity
- 3. Which historical case is famous for personality changes after frontal lobe damage?**
 - A. H.M.
 - B. Clive Wearing
 - C. Phineas Gage
 - D. Patient S
- 4. Define the dysexecutive syndrome and name two hallmark features.**
 - A. A memory dysfunction with amnesia.
 - B. A language impairment.
 - C. A motor disorder.
 - D. A syndrome of impaired executive functions due to frontal lobe damage; hallmark features include poor planning/organization and inhibitory control problems (perseveration, disinhibition).
- 5. Name two widely used visuospatial tests.**
 - A. WAIS Digit Symbol; Stroop.
 - B. Rey-Osterrieth Complex Figure (copy and recall); Block Design (WAIS).
 - C. Wisconsin Card Sorting Test; Trail Making.
 - D. RAVLT; Corsi Block Tapping.

- 6. In temporal lobe epilepsy with mesial temporal sclerosis, what memory impairment is most commonly observed?**
- A. Episodic (anterograde) memory impairment due to hippocampal involvement
 - B. Procedural memory impairment
 - C. Semantic memory impairment
 - D. No memory impairment
- 7. Which brain region contains the cerebellum, pons, and medulla and regulates autonomic functions like respiration and heart rate?**
- A. Forebrain
 - B. Hindbrain
 - C. Midbrain
 - D. Cerebellum
- 8. Which noninvasive imaging method provides structural detail of the brain without ionizing radiation?**
- A. Angiography
 - B. PET Scan
 - C. EEG
 - D. MRI
- 9. In rehabilitation, what is the difference between recovery and compensation?**
- A. Recovery is regaining lost function; compensation is using alternative strategies or devices to perform tasks.
 - B. Recovery and compensation are the same.
 - C. Recovery refers to using assistive devices; compensation refers to regaining function.
 - D. Compensation occurs only after therapy.
- 10. Which imaging technique visualizes brain activity by detecting where a radioactive form of glucose goes while the brain performs a given task?**
- A. PET Scan
 - B. MRI
 - C. EEG
 - D. Angiography

Answers

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

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Explanations

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1. Which statement describes a hallmark feature of Broca's aphasia?

- A. Fluent speech with poor comprehension
- B. Impaired repetition with fluent speech
- C. Nonfluent speech with relatively preserved comprehension**
- D. Global loss of language

A hallmark of Broca's aphasia is nonfluent, effortful speech with relatively preserved comprehension. The damage in the left frontal language area produces short, telegraphic phrases with missing function words and simplified grammar, so producing speech is laborious. Yet understanding spoken language—especially simple sentences—remains comparatively intact, so the person can often grasp what is being said. Repetition and naming are frequently impaired because the same frontal language networks support fluent production and syntactic processing. This combination helps distinguish it from other aphasias: fluent speech with poor comprehension describes Wernicke's aphasia; fluent speech with impaired repetition points to conduction aphasia; and a global loss of language reflects widespread language-area damage.

2. Which term describes cognitive functions that rely more on one hemisphere than the other?

- A. Hemispheric Dominance
- B. Lateralization**
- C. Localization
- D. Neuroplasticity

Lateralization describes the idea that certain cognitive functions are more strongly supported by one hemisphere than the other. This reflects hemispheric asymmetry in the brain, where processes like language often rely more on the left side for many people, while other abilities such as certain spatial or holistic tasks lean more on the right. It's understood as a spectrum with variation across individuals, rather than an absolute split. Hemispheric dominance is a related notion about which hemisphere tends to dominate a given function, but lateralization is the standard term used to describe the cognitive asymmetry across hemispheres. Localization, on the other hand, refers to where in the brain a function is implemented at the level of specific regions rather than across hemispheres. Neuroplasticity describes the brain's ability to reorganize connections, not the hemispheric distribution of functions.

3. Which historical case is famous for personality changes after frontal lobe damage?

- A. H.M.
- B. Clive Wearing
- C. Phineas Gage**
- D. Patient S

Frontal lobe damage can profoundly alter personality and social behavior, showing that this brain region governs impulse control, planning, and how we adapt to social norms. Phineas Gage's case is the iconic example: after a tamping iron blasted through his skull and damaged much of his frontal cortex, observers noted a dramatic shift in temperament—from a reliable, sociable, practical worker to someone impulsive, irritable, and socially inappropriate. This stark transformation helped establish a clear link between the frontal lobes and personality, highlighting the role of areas involved in regulating impulses and social conduct. By contrast, other famous cases like H.M. and Clive Wearing are celebrated for severe amnesia due to temporal lobe damage, not personality changes. So the case best known for personality changes after frontal lobe damage is Phineas Gage.

4. Define the dysexecutive syndrome and name two hallmark features.

- A. A memory dysfunction with amnesia.
- B. A language impairment.
- C. A motor disorder.
- D. A syndrome of impaired executive functions due to frontal lobe damage; hallmark features include poor planning/organization and inhibitory control problems (perseveration, disinhibition).**

Dysexecutive syndrome is a cluster of problems that follow damage to the frontal lobes, where the brain's executive functions reside. These functions include planning, organizing, problem-solving, working memory, cognitive flexibility, and especially inhibitory control. The two hallmark features are poor planning and organization, meaning difficulty setting goals, sequencing steps, and monitoring progress; and inhibitory control problems, which show up as perseveration (sticking to a single response or pattern despite feedback) and disinhibition (impulsive or socially inappropriate actions). This combination captures the core issue: trouble guiding goal-directed behavior and regulating responses. Other listed issues don't fit because memory problems (amnesia) point to different brain systems, language impairments (aphasia) arise from language networks, and motor disorders involve movement pathways—none specifically describe the frontal-lobe-driven executive control deficit seen in dysexecutive syndrome.

5. Name two widely used visuospatial tests.

- A. WAIS Digit Symbol; Stroop.
- B. Rey-Osterrieth Complex Figure (copy and recall); Block Design (WAIS).**
- C. Wisconsin Card Sorting Test; Trail Making.
- D. RAVLT; Corsi Block Tapping.

Visuospatial ability involves perceiving spatial relationships and constructing or manipulating visual information in space. The Rey-Osterrieth Complex Figure is a classic example: you copy a complex figure and later reproduce it from memory. The copy phase measures how well you plan, organize, and execute a visuospatial construction, while the recall phase taps visuospatial memory and the ability to retrieve that constructed representation. Block Design, a WAIS subtest, presents patterns to reproduce by arranging colored blocks. This task emphasizes visuospatial synthesis, perceptual organization, and nonverbal problem solving under time pressure. Together, these two tests are widely used because they cover complementary aspects of visuospatial processing—how you build a visual-spatial plan and how you remember and reproduce spatial layouts—within familiar, standard neuropsychological batteries. Other options mix tests that lean more toward processing speed, executive control, verbal memory, or only tangentially involve visuospatial construction, so they don't pair two core visuospatial measures as effectively.

6. In temporal lobe epilepsy with mesial temporal sclerosis, what memory impairment is most commonly observed?

- A. Episodic (anterograde) memory impairment due to hippocampal involvement**
- B. Procedural memory impairment
- C. Semantic memory impairment
- D. No memory impairment

The main idea is that the hippocampus, a key structure in the mesial temporal lobe, is essential for forming new episodic memories. When mesial temporal sclerosis affects this region, the brain has trouble encoding or storing new experiences, leading to anterograde amnesia. In temporal lobe epilepsy, this episodic memory impairment—specifically for new events and information after a seizure—is the most consistently observed deficit. Procedural memory (how to ride a bike or tie shoes) relies on different brain networks like the basal ganglia and cerebellum and is usually preserved. Semantic memory (facts and general knowledge) can be affected later or with more extensive temporal involvement, but it's not as uniformly impaired as episodic memory in this condition. Retrograde memory for older events may vary, but the common, early issue in mesial temporal sclerosis is difficulty forming new episodic memories.

7. Which brain region contains the cerebellum, pons, and medulla and regulates autonomic functions like respiration and heart rate?

- A. Forebrain
- B. Hindbrain**
- C. Midbrain
- D. Cerebellum

Think of the brain in three major divisions: forebrain, midbrain, and hindbrain. The hindbrain includes the cerebellum, pons, and medulla, forming the brainstem that sits at the base of the brain. Autonomic control for vital functions like breathing and heart rate is centered mainly in the medulla, with the pons also contributing to respiratory rhythm. Since all three structures—the cerebellum, pons, and medulla—are located in the hindbrain, this region best fits the description. The other regions don't contain all three structures, and the cerebellum by itself isn't the whole region involved in these autonomic mechanisms.

8. Which noninvasive imaging method provides structural detail of the brain without ionizing radiation?

- A. Angiography
- B. PET Scan
- C. EEG
- D. MRI**

Structural imaging of the brain without ionizing radiation is best provided by MRI. MRI uses strong magnetic fields and radiofrequency pulses to produce high-resolution pictures of brain anatomy, clearly showing gray and white matter, cortical folds, and detailed structures without exposing you to X-ray–based radiation. This makes it ideal for assessing brain structure and identifying abnormalities like tumors, malformations, or demyelinating plaques. Angiography involves X-rays and contrast to visualize blood vessels and can be invasive, with exposure to ionizing radiation. PET scans use radioactive tracers to map metabolic activity, which also involves radiation and focuses more on function than pure anatomy. EEG measures electrical activity and offers excellent temporal resolution, but it does not provide detailed structural images of the brain.

9. In rehabilitation, what is the difference between recovery and compensation?

- A. Recovery is regaining lost function; compensation is using alternative strategies or devices to perform tasks.**
- B. Recovery and compensation are the same.
- C. Recovery refers to using assistive devices; compensation refers to regaining function.
- D. Compensation occurs only after therapy.

Recovery means regaining lost function through restoration of neural and motor abilities toward pre-injury levels. Compensation means adopting alternative strategies or devices to accomplish tasks despite persistent impairments. In rehabilitation, you aim to promote recovery while also teaching compensatory methods so daily activities can be done effectively even if full restoration isn't possible. For example, you might relearn finger grip strength (recovery) and, at the same time, use built-up utensils or adaptive equipment to eat independently (compensation). The two ideas aren't the same, and compensation isn't limited to a post-therapy stage—it's a practical approach used alongside recovery efforts to maintain independence.

10. Which imaging technique visualizes brain activity by detecting where a radioactive form of glucose goes while the brain performs a given task?

- A. PET Scan**
- B. MRI
- C. EEG
- D. Angiography

The imaging method described is positron emission tomography. In PET, a radioactive form of glucose (typically FDG) is injected, and active brain regions that need more energy take up more of the tracer. As the tracer decays, its radiation is detected and used to create images showing where glucose is being metabolized during the task. This directly maps metabolic activity tied to neural function, giving a functional view of brain activity rather than just structure. By contrast, MRI primarily shows anatomy and, in its functional form, blood flow changes (fMRI) rather than direct glucose uptake; EEG records electrical signals on the scalp with high temporal but low spatial resolution; angiography focuses on blood vessels and vascular anatomy. So the described technique is PET.

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://neuropsychology.examzify.com>

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

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