NMS Diagnosis I Palmer Exam 3 Practice Test (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

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. Which test is used to assess CN IV function?

- **A. Field of gaze**
- **B. Snellen chart**
- **C. Light reflex**
- **D. Masseter strength**

2. Huntington's disease has no cure.

- **A. True**
- **B. False**
- **C. Cannot be determined**
- **D. Not enough data**

3. Which set includes items listed as symptoms of post-concussion syndrome?

- **A. Dizziness, headaches, trouble concentrating, memory issues**
- **B. Fever, rash, abdominal pain, cough**
- **C. Dizziness only**
- **D. Nausea, vomiting, neck pain, chest pain**

4. What is the prognosis of Huntington's disease?

- **A. Immediate recovery**
- **B. Progressive over time leading to disability and death; life expectancy around 20 years after onset of visible symptoms**
- **C. Curable with therapy**
- **D. Stable disease with normal lifespan**

5. Which statement best describes prognosis with treatment for giant cell arteritis?

- **A. Relief with treatment is possible, though relapse is common**
- **B. The condition typically resolves without treatment**
- **C. There is no risk of relapse after treatment**
- **D. Vision loss is always reversible with steroids**

6. Bleeding within brain tissue is called what?

A. Intracerebral hematoma

B. Epidural hematoma

C. Subdural hematoma

D. Subarachnoid hemorrhage

7. What is a primary care/treatment option for giant cell arteritis?

A. Corticosteroids-> prednisone

B. Antibiotics

C. Antivirals

D. NSAIDs

8. Migraine pain location statement: which is true?

A. It is typically behind one eye

B. It is typically bilateral across the temples

C. It is usually at the back of the head

D. It is only in the forehead

9. Which descriptor is not typically used to describe postherpetic neuralgia pain?

A. Burning

B. Stabbing

C. Gnawing

D. Itching

10. Which symptom describes reduced interest in eating or drinking in meningitis?

A. Increased appetite

B. No appetite change

C. Lack of interest in eating or drinking

D. Frequent thirst

Answers

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

Explanations

1. Which test is used to assess CN IV function?

A. Field of gaze

B. Snellen chart

C. Light reflex

D. Masseter strength

The function of the trochlear nerve is to move the eye downward and inward, which is most clearly assessed by testing eye movements in the field of gaze. This exam asks the patient to track a target through all directions, and pay particular attention to how well the eye can look down when it is adducted. If CN IV is impaired, moving the eye downward and inward is limited, producing vertical misalignment or diplopia that the patient may compensate for by head tilt. The other tests don't isolate CN IV. The Snellen chart measures visual acuity, not eye movements. The light reflex exam involves the pupil's reaction to light and relies on both the sensory and motor pathways of the optic and oculomotor nerves. Masseter strength tests the motor function of the trigeminal nerve.

2. Huntington's disease has no cure.

A. True

B. False

C. Cannot be determined

D. Not enough data

Huntington's disease is a progressive neurodegenerative genetic disorder for which no cure has been established. While we can alleviate many symptoms and improve quality of life with medications, physical and occupational therapy, and supportive care, there is no approved treatment that halts, reverses, or cures the disease. Research into disease-modifying approaches, including gene-targeting therapies, is ongoing, but none has become a cure. Therefore, the statement is true. Saying there isn't enough data would be inaccurate given the clear clinical and research evidence showing no cure currently exists.

3. Which set includes items listed as symptoms of post-concussion syndrome?

A. Dizziness, headaches, trouble concentrating, memory issues

B. Fever, rash, abdominal pain, cough

C. Dizziness only

D. Nausea, vomiting, neck pain, chest pain

Post-concussion syndrome involves persistent symptoms after a concussion, including dizziness, headaches, trouble concentrating, and memory issues. This set reflects the cognitive and neurological challenges that commonly follow a concussion and tend to linger, making it the best match for post-concussion symptoms. The other sets include signs that aren't typical of post-concussion syndrome: fever, rash, abdominal pain, and cough point to infections or systemic conditions rather than brain-injury-related symptoms; a single symptom like dizziness alone doesn't capture the broader cognitive and neurophysical impact; and nausea, vomiting, neck pain, and chest pain can occur with various injuries or illnesses but don't as clearly represent the common post-concussion pattern of cognitive and memory-related issues.

4. What is the prognosis of Huntington's disease?

A. Immediate recovery

B. Progressive over time leading to disability and death; life expectancy around 20 years after onset of visible symptoms

C. Curable with therapy

D. Stable disease with normal lifespan

Huntington's disease is a progressive neurodegenerative disorder caused by a genetic mutation, and once motor symptoms appear, the condition typically worsens over time with increasing disability and eventual death. There is no cure; treatments help manage symptoms but cannot stop or reverse the progression. Life expectancy after onset of visible symptoms is usually around 15–20 years, with many sources pointing to about twenty years. So the prognosis is a gradual decline leading to disability and death over a roughly two-decade period. The other statements don't fit because the disease is not quickly reversible, not curable with therapy, and not stable with a normal lifespan.

5. Which statement best describes prognosis with treatment for giant cell arteritis?

A. Relief with treatment is possible, though relapse is common

B. The condition typically resolves without treatment

C. There is no risk of relapse after treatment

D. Vision loss is always reversible with steroids

Giant cell arteritis typically responds quickly to treatment with high-dose steroids, which is why relief with treatment is possible. However, the disease often has a relapsing course, so symptoms can recur during tapering or after stopping therapy. This combination—good initial response but a significant chance of relapse—best describes the prognosis with treatment. Notes on the other statements: GCA can lead to serious complications like vision loss if not treated promptly, so it does not typically resolve without treatment. Relapse can occur even after treatment, so there is not a guaranteed, permanent cure. Vision loss is not always reversible with steroids; prompt treatment reduces risk and may improve outcomes, but some cases remain irreversible.

6. Bleeding within brain tissue is called what?

A. Intracerebral hematoma

B. Epidural hematoma

C. Subdural hematoma

D. Subarachnoid hemorrhage

Bleeding within brain tissue is called an intracerebral hematoma. It means blood collects directly in the brain parenchyma itself, often from hypertension, trauma, or other causes that damage small vessels inside the brain. This type of bleed disrupts brain tissue, can cause focal neurologic deficits depending on the location, and may lead to swelling and increased intracranial pressure. The other terms describe bleeding in different spaces around or near the brain, not inside the brain tissue. An epidural hematoma is bleeding between the skull and the outer layer covering the brain (the dura), usually from an arterial injury and often with a brief period of normal function followed by rapid deterioration. A subdural hematoma is bleeding between the dura and the arachnoid layer, typically from torn bridging veins, with symptoms that can develop more gradually. A subarachnoid hemorrhage is bleeding into the space surrounding the brain where the CSF circulates, commonly from a ruptured aneurysm, and often presents with a sudden, severe headache.

7. What is a primary care/treatment option for giant cell arteritis?

A. Corticosteroids-> prednisone

B. Antibiotics

C. Antivirals

D. NSAIDs

Giant cell arteritis is an inflammatory vasculitis, and the treatment that best addresses the disease process is systemic corticosteroids. Starting high-dose steroids rapidly reduces arterial inflammation and lowers the risk of irreversible vision loss. In adults, a typical starting dose is around 40–60 mg of prednisone daily (about 1 mg/kg/day for some older patients), with a gradual taper over months as symptoms improve and inflammatory markers normalize. In cases with imminent vision loss or severe symptoms, intravenous methylprednisolone may be given initially, then switched to oral prednisone. Antibiotics or antivirals don't affect the inflammatory process of GCA, and NSAIDs don't prevent vision loss or control the disease. The goal is prompt immunosuppression to protect vision, followed by careful tapering and ongoing monitoring with appropriate specialist follow-up.

8. Migraine pain location statement: which is true?

A. It is typically behind one eye

B. It is typically bilateral across the temples

C. It is usually at the back of the head

D. It is only in the forehead

Migraine pain is typically unilateral, often behind one eye. This reflects activation of the trigeminovascular pathway, which tends to produce a pulsating, throbbing sensation in the orbital or temple region and is commonly accompanied by sensitivity to light and sound, and sometimes nausea or aura. That unilateral, retro-orbital/temporal location is the hallmark that helps distinguish migraine from other headaches. Bilateral pain across the temples is more characteristic of tension-type headaches, while pain at the back of the head or confined to the forehead is less typical for migraine and suggests other causes such as occipital or frontal sinus-related issues. While migraines can occasionally present with different distributions, the most classic and characteristic location is behind one eye.

9. Which descriptor is not typically used to describe postherpetic neuralgia pain?

A. Burning

B. Stabbing

C. Gnawing

D. Itching

Postherpetic neuralgia pain is described with qualities that reflect nerve injury and neuropathic pain—burning, stabbing, and gnawing are common descriptors that patients use to convey the ongoing, often burning or sharp sensations from damaged nerves after shingles. Itching, by contrast, is a pruritus sensation, not a primary descriptor of neuropathic pain. While itching can accompany skin conditions, it does not typically describe the pain experience in postherpetic neuralgia. Understanding these descriptors helps clinicians recognize the neuropathic nature of PHN and guide appropriate management, since treatments effective for neuropathic pain (like certain anticonvulsants or antidepressants) target those burning or stabbing qualities rather than itch.

10. Which symptom describes reduced interest in eating or drinking in meningitis?

A. Increased appetite

B. No appetite change

C. Lack of interest in eating or drinking

D. Frequent thirst

In meningitis, systemic illness can dull appetite and reduce oral intake, so a lack of interest in eating or drinking directly describes the decreased intake seen with the condition. This matches the idea of being less interested in feeding or fluids due to malaise or dehydration. The other options don't fit this specific description: increased appetite is the opposite, no appetite change implies normal intake, and frequent thirst reflects dehydration but not a reduced interest in eating or drinking.

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://nmsdiagnosis1palmer3.examzify.com

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