NMS DIAGNOSIS I PALMER EXAM 3 PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which statement about treatment of restless legs syndrome is true?

A. Pharmacotherapy has no role

B. Lifestyle changes are ineffective

C. May not be needed if symptoms are mild or sporadic

D. Treatment is tailored to the patient's specific symptoms and may involve pharmacotherapy

2. What is a key risk associated with second impact syndrome?

A. It can be fatal if a second concussion occurs before full recovery from the first

B. It is unrelated to head injury

C. It always resolves without any risk

D. It only causes temporary dizziness

3. What is the first form of CTE symptoms?

A. Seizures

B. Dementia around age 60

C. Short-term memory loss

D. Early mood swings and behavioral problems

4. Which term describes bleeding between the skull and the outer membranes of the brain?

A. Epidural hematoma

B. Subdural hematoma

C. Intracerebral hematoma

D. Subarachnoid hemorrhage

5. Which group is NOT commonly listed as experiencing CTE?

A. Football players

B. Hockey players

C. Veterans

D. Basketball players

6. In subarachnoid hemorrhage management, which option is the immediate priority for a patient with airway concerns or coma?

A. Draining tube placed to relieve pressure

B. Life support

C. Special positioning

D. Airway protection

7. Which statement best reflects Florida concussion protocol for children returning to play?

A. A coach can clear after 24 hours if symptoms resolved.

B. A school nurse can clear after a brief check.

C. Parents can authorize return-to-play without medical clearance.

D. An MD or DO must evaluate and clear before return-to-play.

8. A head trauma is also known as which term?

A. Concussion

B. Contusion

C. Traumatic brain injury (TBI)

D. Skull fracture

9. Which feature is characteristic of cluster headaches but not typical of migraines?

A. Attacks occur at the same time each day/night

B. Aura is present before onset

C. Severe unilateral pain with restlessness during attacks

D. Pain lasting several days without relief

10. Which of the following is a characteristic of lower motor neuron lesions?

A. Flaccid

B. Spastic

C. Hypertonic

D. Hyperreflexic

Answers

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

Explanations

1. Which statement about treatment of restless legs syndrome is true?

A. Pharmacotherapy has no role

B. Lifestyle changes are ineffective

C. May not be needed if symptoms are mild or sporadic

D. Treatment is tailored to the patient's specific symptoms and may involve pharmacotherapy

Managing restless legs syndrome is about tailoring treatment to how the symptoms affect the patient, especially sleep and daily function. A plan often starts with lifestyle measures and addressing iron status, but the need for medication depends on how bothersome the symptoms are and any other health issues. Medications commonly used include dopamine agonists or gabapentinoids, and iron supplementation is given if ferritin is low; the dosage and choice are adjusted to the individual's response and risk of side effects or augmentation. This makes the statement that treatment is individualized and may involve pharmacotherapy the best fit. It recognizes that some patients may do well with nonpharmacologic measures alone, while others require meds to relieve symptoms and improve quality of life. The other options are less accurate because pharmacotherapy does have a role, lifestyle changes can be beneficial, and even mild cases may still be managed with a tailored approach rather than a blanket stance.

2. What is a key risk associated with second impact syndrome?

A. It can be fatal if a second concussion occurs before full recovery from the first

B. It is unrelated to head injury

C. It always resolves without any risk

D. It only causes temporary dizziness

Second impact syndrome centers on the danger of a second concussion occurring before the brain has fully recovered from the first. When that recovery window is not complete, a new head hit can cause rapid brain swelling, rising intracranial pressure, and potential brain herniation, which can be fatal. This fatal risk is what makes SIS the critical concern in head injury management. The other ideas don't fit: SIS is directly related to a head injury and its recovery state, it does not always resolve without serious risk, and it isn't limited to temporary dizziness.

3. What is the first form of CTE symptoms?

A. Seizures

B. Dementia around age 60

C. Short-term memory loss

D. Early mood swings and behavioral problems

The earliest signs of chronic traumatic encephalopathy (CTE) are neuropsychiatric in nature. After repeated head impacts, individuals typically first show mood and behavioral changes—such as irritability, impulsivity, aggression, depression, or apathy—before cognitive problems become prominent. Memory loss and other cognitive declines usually appear later in the disease course, and dementia at a later age is not the initial presentation. Therefore, early mood swings and behavioral problems best describe the first form of CTE symptoms.

4. Which term describes bleeding between the skull and the outer membranes of the brain?

A. Epidural hematoma

B. Subdural hematoma

C. Intracerebral hematoma

D. Subarachnoid hemorrhage

This describes an epidural hematoma, because the bleed is located between the skull and the dura mater, the outer membrane surrounding the brain. The term epidural (or extradural) specifically refers to blood collecting in that space. This is different from a subdural hematoma, which occurs between the dura and the arachnoid layer; an intracerebral hematoma, which is within brain tissue itself; and a subarachnoid hemorrhage, which is in the subarachnoid space around the brain. Epidural bleeds are typically arterial in origin (often from a middle meningeal artery injury, such as with a temporal bone fracture) and can expand rapidly, leading to quick clinical deterioration if not addressed. Imaging commonly shows a lens-shaped, biconvex collection that abuts the skull.

5. Which group is NOT commonly listed as experiencing CTE?

A. Football players

B. Hockey players

C. Veterans

D. Basketball players

CTE is linked to repeated head trauma over time, so groups with lots of head impacts are the ones most often listed. Football and hockey players experience frequent collisions and head hits, which is why they're commonly associated with CTE. Veterans are included because repeated blast exposures and concussive events also contribute to the risk. Basketball players, while they can sustain concussions, don't encounter the same pattern or frequency of repetitive head trauma, so they aren't commonly listed as experiencing CTE.

6. In subarachnoid hemorrhage management, which option is the immediate priority for a patient with airway concerns or coma?

A. Draining tube placed to relieve pressure

B. Life support

C. Special positioning

D. Airway protection

The most urgent focus is life support because when a patient with subarachnoid hemorrhage is at risk for airway compromise or is unconscious, maintaining airway, breathing, and circulation comes first. Securing the airway and ensuring adequate ventilation are the immediate steps to prevent hypoxia and secondary brain injury; in practice, this often means airway protection via intubation as part of life-support measures. Only after the airway and breathing are stabilized do you address intracranial issues with drains or pressure-relief strategies, or consider positioning. So the immediate priority in this scenario is ensuring life support.

7. Which statement best reflects Florida concussion protocol for children returning to play?

A. A coach can clear after 24 hours if symptoms resolved.

B. A school nurse can clear after a brief check.

C. Parents can authorize return-to-play without medical clearance.

D. An MD or DO must evaluate and clear before return-to-play.

In Florida, returning to play after a concussion must be overseen by a licensed physician. The student athlete is removed from play after a suspected concussion and may not return until they have been evaluated and medically cleared by an MD or DO. This ensures a proper medical assessment and a safe, stepwise return-to-play plan. Coaches, nurses, or parents cannot grant clearance on their own. They can monitor symptoms, but completion of the graduated return-to-play process and formal medical clearance is required before resuming sports. This protection helps prevent worsening injury or a second impact while the brain is still recovering, which is why physician clearance is the best answer.

8. A head trauma is also known as which term?

A. Concussion

B. Contusion

C. Traumatic brain injury (TBI)

D. Skull fracture

Head trauma that involves injury to brain tissue is described by the term traumatic brain injury. This term covers the full range of brain injuries caused by external force—from mild cases like concussions to more severe brain damage—whereas a concussion is only one mild form of TBI, a contusion is a bruise of the brain tissue (also a type of TBI), and a skull fracture is an injury to the skull bone rather than the brain itself. So the most encompassing term for head trauma with brain involvement is traumatic brain injury.

9. Which feature is characteristic of cluster headaches but not typical of migraines?

A. Attacks occur at the same time each day/night

B. Aura is present before onset

C. Severe unilateral pain with restlessness during attacks

D. Pain lasting several days without relief

The key idea is how patients behave during an attack. In cluster headaches, the pain is extremely severe and commonly drives the person to move around—restlessness or agitation is typical as they pace or shift positions to cope with the intensity. This contrasts with migraines, where many people prefer to lie still in a dark, quiet space to minimize discomfort. That urge to move during cluster headaches is a characteristic feature and helps distinguish them from migraines. Other aspects, like aura or the duration of pain, can overlap or differ, but the restlessness during attacks is the standout behavioral trait that points to cluster headaches.

10. Which of the following is a characteristic of lower motor neuron lesions?

A. Flaccid

B. Spastic

C. Hypertonic

D. Hyperreflexic

Lower motor neuron lesions produce a floppy, weak paralysis because the final pathway from the spinal cord to the muscle is disrupted. This leads to reduced muscle tone (hypotonia) and diminished or absent reflexes (areflexia). In chronic cases you may also see muscle atrophy and fasciculations. So, a characteristic flaccid state best fits LMN lesions. The other terms describe increased tone or reflex activity that results from upper motor neuron damage, such as spasticity, hypertonia, and hyperreflexia.

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!