

# NPTE Neurological Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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 typical for a 10-15-month-old?**
  - A. Neat pincer grasp**
  - B. Unassisted walking**
  - C. Tricycle**
  - D. Dresses self**
  
- 2. How is the olfactory nerve typically tested?**
  - A. Present familiar odor in each nostril separately and ask the patient to identify.**
  - B. Observe scalp hair.**
  - C. Test by hearing a tone.**
  - D. Check pupil reflex.**
  
- 3. What is typical of a 20-month-old?**
  - A. Ascends stairs step to pattern**
  - B. Self-feeding**
  - C. Cries at strangers**
  - D. Runs well**
  
- 4. Which description best defines coma?**
  - A. A state of unconsciousness from which the patient cannot be aroused, eyes remain closed**
  - B. A patient who is awake and oriented**
  - C. Aroused from sleep with gentle stimuli**
  - D. Return of sleep/wake cycles with cognitive responsiveness**
  
- 5. Short duration dizziness with hearing loss is indicative of which condition?**
  - A. Labyrinthitis**
  - B. Vestibular neuritis**
  - C. BPPV**
  - D. Menière's disease**

- 6. Which statement best describes feedback learning?**
- A. Afferent information sent by various sensory receptors to control centers.**
  - B. A motor command that originates in the brain and travels to muscles.**
  - C. A reflex action triggered by a stimulus.**
  - D. An external cue guiding movement.**
- 7. Which stage of Parkinson's disease is characterized by impaired balance and some restriction in activity?**
- A. Stage I**
  - B. Stage II**
  - C. Stage III**
  - D. Stage IV**
- 8. Which finding is characteristic of Posterior Cord Syndrome?**
- A. Loss of dorsal columns bilaterally**
  - B. Preservation of motor function, pain, and light touch**
  - C. Bilateral loss of proprioception, vibration, pressure, and epicritic sensations**
  - D. Loss of spinothalamic tract**
- 9. Trigeminal neuralgia results from a lesion of which cranial nerve?**
- A. CN VII**
  - B. CN V**
  - C. CN IX**
  - D. CN XII**
- 10. Dysmetria is best defined as which impairment?**
- A. Impaired rapid movement**
  - B. Inability to maintain balance**
  - C. Impaired ability to judge the distance or range of movement**
  - D. Loss of proprioception**

## Answers

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

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## **Explanations**

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## 1. What is typical for a 10-15-month-old?

- A. Neat pincer grasp**
- B. Unassisted walking**
- C. Tricycle**
- D. Dresses self**

At 10-15 months, the hand skills are dominated by refining fine motor control, especially in the fingers. The neat pincer grasp—tip-to-tip contact of the thumb and index finger to pick up tiny objects—reflects this stage of development. It shows that the infant has moved beyond a crude, whole-hand grasp to precise control, which enables more deliberate object manipulation, finger feeding, and exploring small items. Walking is still developing for many kids in this window; some are starting to walk independently, but others may still be cruising or taking first steps with support. The other activities listed—dressing oneself or riding a tricycle—appear much later in early childhood, typically after the second year and well into the preschool years. So the neat pincer grasp best fits the typical abilities seen around 10-15 months.

## 2. How is the olfactory nerve typically tested?

- A. Present familiar odor in each nostril separately and ask the patient to identify.**
- B. Observe scalp hair.**
- C. Test by hearing a tone.**
- D. Check pupil reflex.**

Smell perception is the function evaluated by the olfactory nerve. To test it, present a familiar odor to each nostril separately and ask the patient to identify it. This approach isolates each nostril to detect unilateral loss and requires both intact olfactory receptors and proper central processing to name the odor. Using common scents like coffee, vanilla, or peppermint helps ensure the patient can recognize and name the smell rather than merely detecting it. It's also important to rule out nasal blockage, since congestion or a blocked airway can mimic an olfactory deficit. If odor identification is impaired, this suggests olfactory dysfunction, which can result from trauma to the olfactory pathway, nasal disease, or neurodegenerative conditions. The other options don't assess olfactory function: observing scalp hair is unrelated; hearing a tone tests the vestibulocochlear nerve; and pupil reflex testing involves the optic and oculomotor nerves rather than smell.

## 3. What is typical of a 20-month-old?

- A. Ascends stairs step to pattern**
- B. Self-feeding**
- C. Cries at strangers**
- D. Runs well**

At about 20 months, a child commonly climbs stairs using a step-to pattern, meaning both feet land on a step before moving to the next one, usually with support. This reflects growing balance and leg strength, while independent, reciprocal stair climbing (one foot per step) and carefree running are usually seen a bit later. Self-feeding is progressing around this age, but the stair-climbing pattern is a clearer typical milestone for this time. Crying at strangers is more characteristic of earlier infancy, and running well tends to come a bit later as speed and coordination continue to develop.

**4. Which description best defines coma?**

- A. A state of unconsciousness from which the patient cannot be aroused, eyes remain closed**
- B. A patient who is awake and oriented**
- C. Aroused from sleep with gentle stimuli**
- D. Return of sleep/wake cycles with cognitive responsiveness**

Coma is unarousable unresponsiveness: the person cannot be awakened by voice or painful stimuli, and the eyes remain closed. There is no purposeful movement or cognitive response to stimuli. This distinguishes coma from states with any level of wakefulness or responsiveness—for example, someone who is awake and oriented shows full arousal and awareness; someone aroused from sleep with gentle stimuli may be in stupor, where limited responsiveness can be induced; and the return of sleep-wake cycles with cognitive responsiveness indicates recovery or emergence from a coma. Therefore, the description provided matches coma most accurately.

**5. Short duration dizziness with hearing loss is indicative of which condition?**

- A. Labyrinthitis**
- B. Vestibular neuritis**
- C. BPPV**
- D. Menière's disease**

Dizziness that occurs in brief vertigo episodes but is accompanied by hearing loss points to inner ear pathology affecting both balance and hearing. In this scenario, the pattern is most consistent with Menière's disease, which arises from abnormal fluid dynamics in the inner ear (endolymphatic hydrops). That fluid imbalance produces recurrent episodes of vertigo that last minutes to hours, along with fluctuating sensorineural hearing loss, tinnitus, and a sensation of fullness in the affected ear. Other conditions in this set have different profiles: vestibular neuritis causes vertigo without hearing loss; BPPV causes brief spinning vertigo triggered by head movements with no hearing loss; labyrinthitis involves vertigo with hearing loss but typically follows a more acute course and often lasts longer, reflecting inflammation of the labyrinth. The combination of recurrent vertigo with hearing loss most specifically aligns with Menière's disease.

**6. Which statement best describes feedback learning?**

- A. Afferent information sent by various sensory receptors to control centers.**
- B. A motor command that originates in the brain and travels to muscles.**
- C. A reflex action triggered by a stimulus.**
- D. An external cue guiding movement.**

Feedback learning is about how sensory information is used to adjust movement. A reflex action triggered by a stimulus shows this closed-loop control in its simplest form: a stimulus is detected by sensory receptors, signals travel to the CNS, a rapid motor response is produced, and that response alters the limb's state to correct or protect it. This automatic loop demonstrates how the nervous system uses feedback to guide action without conscious effort. The other statements describe parts of the system (sensory input, outgoing motor commands) or external cues, which don't illustrate the automatic adjustment process as clearly as a reflex does.

**7. Which stage of Parkinson's disease is characterized by impaired balance and some restriction in activity?**

- A. Stage I**
- B. Stage II**
- C. Stage III**
- D. Stage IV**

Staging Parkinson's disease with the Hoehn and Yahr scale shows the transition from little or no balance issue to observable postural instability as the disease progresses. In the middle stage, balance impairment becomes evident and daily activities begin to feel more limited, even though the person can still walk and function independently with some effort. This combination—postural instability plus a mild to moderate restriction in activity—is the hallmark of that stage. Earlier stages involve unilateral symptoms or bilateral symptoms without balance problems, while later stages involve more severe disability.

**8. Which finding is characteristic of Posterior Cord Syndrome?**

- A. Loss of dorsal columns bilaterally**
- B. Preservation of motor function, pain, and light touch**
- C. Bilateral loss of proprioception, vibration, pressure, and epicritic sensations**
- D. Loss of spinothalamic tract**

Damage to the dorsal columns disrupts epicritic sensation—proprioception, vibration, and fine touch—on both sides below the lesion. In Posterior Cord Syndrome, these dorsal-column modalities are lost bilaterally while motor function and pain/temperature (carried by the spinothalamic tract) are preserved. That pattern—bilateral loss of proprioception and vibration with preserved strength and pain/temperature—is the hallmark. The other descriptions don't fit: loss of spinothalamic function would produce pain/temperature loss, which isn't seen here; claiming preservation of motor function and light touch ignores the dorsal-column loss; and including "pressure" as a dorsal-column modality isn't the typical presentation.

**9. Trigeminal neuralgia results from a lesion of which cranial nerve?**

- A. CN VII**
- B. CN V**
- C. CN IX**
- D. CN XII**

Trigeminal neuralgia is a disorder of the trigeminal nerve, the main sensory nerve of the face (cranial nerve V). When this nerve is affected, patients experience sudden, severe, electric-shock-like pain in the facial regions it supplies—often in the ophthalmic, maxillary, or mandibular divisions. The hallmark pain pattern reflects loss of normal trigeminal sensory function, sometimes with a focal demyelination or vascular compression at the nerve's root entry zone, which can be precipitated by light touch or routine facial movements. Other cranial nerves listed control different functions—facial movement, swallowing, or tongue movements—and do not produce the characteristic paroxysmal facial pain of trigeminal neuralgia, making the trigeminal nerve the correct association.

**10. Dysmetria is best defined as which impairment?**

- A. Impaired rapid movement**
- B. Inability to maintain balance**
- C. Impaired ability to judge the distance or range of movement**
- D. Loss of proprioception**

Dysmetria reflects a miscalibration of movement amplitude controlled by the cerebellum. The cerebellum integrates sensory input to plan and scale how far and how fast a movement should go. When this system is impaired, a person can't accurately judge the distance or range of movement toward a target, so their reach overshoots (hypermetria) or undershoots (hypometria). You can see this in tasks like reaching for the nose or tracing a heel-to-shin, where the limb doesn't stop precisely at the intended point and may show an intention tremor as the movement concludes. This specific deficit is distinct from merely losing sensation (which would cause sensory ataxia) or from general balance problems, and it's different from difficulties with rapid alternating movements or other proprioceptive issues.

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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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://npteneurological.examzify.com>**

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

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