

NPTE NEUROLOGICAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 bilateral upper-extremity coordination task is described as symmetrical?**
 - A. RAM
 - B. Alternating knee to shoulder
 - C. Clapping
 - D. Finger to nose
- 2. Postpolio syndrome is defined as**
 - A. Rapid progression after polio
 - B. Respiratory failure exclusively
 - C. New slowly progressive weakness after a stable period
 - D. Deterioration in cognitive function
- 3. Which statement best describes the protective extension reflex?**
 - A. Disrupt BOS
 - B. Arms or legs extend to catch balance
 - C. Head righting
 - D. No movement
- 4. Which sensory modality does not relay through thalamic nuclei and is the exception in thalamic sensory routing?**
 - A. Vision
 - B. Hearing
 - C. Smell
 - D. Touch
- 5. Which reflex may be normally absent in some individuals?**
 - A. Gag reflex
 - B. Moro reflex
 - C. Rooting reflex
 - D. Plantar grasp

- 6. What is the inverse stretch (myotatic) reflex?**
- A. Stimulus is muscle contraction
 - B. Multiple sensory receptors activate inhibitory interneuron to muscle of origin (polysynaptic)
 - C. Provides reciprocal facilitation to agonist
 - D. Monosynaptic arc to agonist
- 7. Cortical disorders commonly present with which of the following?**
- A. Tics
 - B. Tremor
 - C. Epileptic seizures
 - D. Athetosis
- 8. Which lobe is primarily associated with processing touch, attention, and cognitive processing?**
- A. Frontal lobe
 - B. Parietal lobe
 - C. Temporal lobe
 - D. Occipital lobe
- 9. Traumatic brain injury is caused by which mechanism?**
- A. Mechanism of injury is contact forces to skull and rotational acceleration forces, causing varying degrees of injury to the brain
 - B. Genetic factors with no external forces
 - C. Isolated contusions without diffuse injury
 - D. Head injuries always involve skull fracture
- 10. Which impairment is commonly observed across cerebellar lesions?**
- A. Hypertonia
 - B. Seizures
 - C. Hypotonia
 - D. Hyperreflexia

Answers

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

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Explanations

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1. Which bilateral upper-extremity coordination task is described as symmetrical?

- A. RAM
- B. Alternating knee to shoulder
- C. Clapping**
- D. Finger to nose

Bilateral upper-extremity coordination that is symmetrical means both arms move together in the same pattern, at the same time, with similar speed and range. Clapping exemplifies this because both hands move in harmony, striking together with matched amplitude and rhythm. Rapid alternating movements test coordination by requiring quick, alternating actions, which emphasizes timing and smoothness of switching movements rather than simultaneous symmetry. Finger-to-nose is typically performed with one arm at a time and focuses on accuracy and proprioception rather than synchronized dual-arm action. Alternating knee to shoulder isn't an upper-extremity task and doesn't illustrate symmetric bimanual coordination. So clapping best shows symmetrical bilateral coordination.

2. Postpolio syndrome is defined as

- A. Rapid progression after polio
- B. Respiratory failure exclusively
- C. New slowly progressive weakness after a stable period**
- D. Deterioration in cognitive function

Postpolio syndrome is defined by the appearance of new, slowly progressive weakness after a long period of stability following the original polio infection. After poliomyelitis, surviving motor neurons sprout to reinnervate muscles, which allows recovery, but those enlarged motor units can later deteriorate or fail, leading to renewed weakness and reduced endurance years or decades after the initial illness. This late, gradual decline is the hallmark, and it's not an acute relapse, nor is it primarily about respiratory failure or cognitive changes—although respiratory muscles can be affected, the defining feature is the new, progressive weakness after a stable interval. Patients often also notice fatigue, muscle atrophy, joint or muscle pain, and sleep disturbances, especially in previously involved muscles.

3. Which statement best describes the protective extension reflex?

- A. Disrupt BOS
- B. Arms or legs extend to catch balance**
- C. Head righting
- D. No movement

Protective extension is a rapid postural response to losing balance, where the arms (and sometimes legs) extend to reach out and catch or support the body to prevent a fall. This helps bring the center of gravity back over the base of support when balance is threatened, especially with forward displacement. The statement that arms or legs extend to catch balance directly describes this protective reaction, which is distinct from head righting (reorienting the head to vertical) and from having no movement. In development and clinical assessment, this reflex is a key mechanism by which the body protects itself from falls.

4. Which sensory modality does not relay through thalamic nuclei and is the exception in thalamic sensory routing?

- A. Vision
- B. Hearing
- C. Smell**
- D. Touch

Most sensory information is routed through the thalamus before reaching the cortex, making it a central relay hub. Visual signals go from the retina to the lateral geniculate nucleus and then to the primary visual cortex. Auditory signals travel to the medial geniculate nucleus and onward to the auditory cortex. Somatosensory information passes through the ventral posterior nucleus (VPL and VPM) before reaching the somatosensory cortex. Olfaction is the exception: odorant signals travel from the nasal epithelium to the olfactory bulb and then directly to primary olfactory cortex and related limbic areas, with thalamic relay not required for the initial perception. While thalamic involvement can occur later in higher-order processing, the primary routing bypasses the thalamus. Therefore, smell is the modality that does not relay through thalamic nuclei.

5. Which reflex may be normally absent in some individuals?

- A. Gag reflex
- B. Moro reflex
- C. Rooting reflex
- D. Plantar grasp**

Primarily, this is about infantile reflexes and how they change with development. The plantar grasp reflex is triggered by touching the sole, causing toe flexion. It is present at birth but should fade as the nervous system matures, typically integrating by about one year. Because its persistence is not needed for mature function, some individuals may show little to no plantar-grasp response later on, and that absence can be considered normal in those individuals. In contrast, the gag reflex, rooting reflex, and Moro reflex are more consistently tied to protective or essential feeding functions in infancy, and their absence or abnormal persistence is less likely to be considered normal variation.

6. What is the inverse stretch (myotatic) reflex?

- A. Stimulus is muscle contraction
- B. Multiple sensory receptors activate inhibitory interneuron to muscle of origin (polysynaptic)**
- C. Provides reciprocal facilitation to agonist
- D. Monosynaptic arc to agonist

The inverse stretch reflex, also known as the Golgi tendon reflex, is a polysynaptic protective reflex that responds to high tension in a muscle. Golgi tendon organs located in the tendon sense muscle force rather than length. When tension is excessive, Ib afferent fibers transmit signals to inhibitory interneurons in the spinal cord, which then inhibit the alpha motor neurons to the same muscle (the muscle of origin). This causes that muscle to relax, reducing tension and protecting the tendon from injury. Because the pathway involves an interneuron, it is polysynaptic rather than monosynaptic. The net effect is relaxation of the contracting muscle, with potential facilitation of the antagonist via reciprocal inhibition.

7. Cortical disorders commonly present with which of the following?

- A. Tics
- B. Tremor
- C. Epileptic seizures**
- D. Athetosis

Cortical dysfunction tends to produce a hyperexcitable cortex that can generate abnormal, synchronized electrical discharges. This neurophysiological change is the hallmark of epileptic seizures, making seizures the most characteristic presentation of cortical disorders. When the cortex is irritated or damaged—by stroke, tumor, infection, trauma, or developmental malformations—neurons can fire in a dysregulated, repetitive pattern that spreads within cortical and thalamocortical networks, leading to focal or generalized seizures that may manifest with motor convulsions, altered consciousness, or sensory phenomena. Tremor, athetosis, and tics are more closely tied to subcortical circuits, particularly the basal ganglia and related pathways, rather than primary cortical irritability. Tremor reflects dysfunction in basal ganglia–thalamocortical loops or cerebellar connections; athetosis involves slow, writhing movements linked to basal ganglia disorders; tics are often associated with tic disorders involving frontal-basal ganglia circuitry. Thus, epileptic seizures best fit the cortical disorder pattern.

8. Which lobe is primarily associated with processing touch, attention, and cognitive processing?

- A. Frontal lobe
- B. Parietal lobe**
- C. Temporal lobe
- D. Occipital lobe

Touch is mapped in the parietal lobe's primary somatosensory cortex (postcentral gyrus), which receives tactile and proprioceptive input from the opposite side of the body. The parietal lobe also handles attention and visuospatial processing through its association areas, helping to orient and respond to stimuli. While the frontal lobe emphasizes motor planning and executive function, the temporal lobe deals with memory and language, and the occipital lobe with vision. Because it centrally processes touch and supports attention and sensory integration for higher-level cognition, the parietal lobe is the best fit.

9. Traumatic brain injury is caused by which mechanism?

- A. Mechanism of injury is contact forces to skull and rotational acceleration forces, causing varying degrees of injury to the brain**
- B. Genetic factors with no external forces
- C. Isolated contusions without diffuse injury
- D. Head injuries always involve skull fracture

Traumatic brain injury results from external mechanical forces that transfer energy to the brain. Direct contact forces to the skull combined with rotational acceleration create deformation and shear within brain tissue, leading to a spectrum of injury from focal contusions to diffuse axonal injury. Rotational movement is especially damaging because it causes shear forces in white matter tracts, producing widespread injury even when the skull remains intact. That's why this mechanism is the best explanation. Genetic factors without external forces cannot cause TBI, and head injuries do not always involve a skull fracture. Contusions can occur as part of TBI, but they don't define the mechanism, which is the external energy transfer from forces to the head.

10. Which impairment is commonly observed across cerebellar lesions?

- A. Hypertonia
- B. Seizures
- C. Hypotonia**
- D. Hyperreflexia

Cerebellar lesions disrupt the brain's ability to fine-tune movement, which often leads to a drop in muscle tone. The cerebellum normally modulates the activity of motor pathways to maintain appropriate tone while coordinating movements. When this modulation is lost, muscles become less stiff, producing hypotonia. Clinically, this presents as decreased resistance to passive movement and an ataxic, unsteady coordination pattern. Reflexes are typically normal or decreased rather than increased, so hypertonia and hyperreflexia are not typical of cerebellar damage. Seizures are not a common feature. So hypotonia best explains the impairment commonly observed with cerebellar lesions.

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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://npteneurological.examzify.com>

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

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