

PANCE Neurology 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

- 1. Which medication is listed as a second-line IV therapy for status epilepticus?**
 - A. IV Levetiracetam**
 - B. IV Diazepam**
 - C. IV Fosphenytoin**
 - D. Oral Valproic acid**
- 2. Stroke in the anterior cerebral artery (ACA) territory typically causes deficits in which region?**
 - A. Lower extremities**
 - B. Upper extremities**
 - C. Visual deficit**
 - D. Language deficit**
- 3. In suspected SAH when CT is negative, what CSF findings are expected?**
 - A. Elevated opening pressure with normal appearance**
 - B. Low protein with normal glucose**
 - C. High glucose and no cells**
 - D. Xanthochromia and red blood cells in CSF**
- 4. Which of the following lab tests is appropriate to evaluate potential underlying causes of focal seizures?**
 - A. CBC, CMP, Fingertick glucose**
 - B. Lipid panel and LFTs**
 - C. Prothrombin time and aPTT**
 - D. Only CBC**
- 5. Which MRI finding with gadolinium is characteristic of glioblastoma?**
 - A. A uniform, well-circumscribed lesion**
 - B. A heterogeneous mass with peripheral enhancement and central necrosis**
 - C. A small, calcified lesion**
 - D. A lesion without enhancement**

- 6. In the workup of TIA, which study is most helpful to evaluate carotid stenosis?**
- A. Carotid duplex ultrasound**
 - B. Echocardiography**
 - C. CT angiography**
 - D. MRI brain**
- 7. Which symptom pattern is commonly seen in carpal tunnel syndrome?**
- A. Worse at daytime**
 - B. Worse in the morning**
 - C. Worse at nighttime**
 - D. Constant symptoms with no diurnal pattern**
- 8. What is the treatment for Guillain-Barré syndrome?**
- A. Corticosteroids alone**
 - B. Intravenous immunoglobulin or plasmapheresis**
 - C. Supportive care only**
 - D. Intravenous antibiotics**
- 9. Which of the following is NOT listed as secondary stroke prevention in the material?**
- A. DAPT with Clopidogrel and Aspirin**
 - B. High intensity statin**
 - C. Anticoagulant**
 - D. Aspirin alone**
- 10. Lhermitte sign is characterized by which sensation?**
- A. Tremor during movement**
 - B. Electric shock sensation down the spine with neck flexion**
 - C. Painful eye movement causing vision loss**
 - D. Hearing impairment with neck movement**

Answers

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

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Explanations

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1. Which medication is listed as a second-line IV therapy for status epilepticus?

- A. IV Levetiracetam**
- B. IV Diazepam**
- C. IV Fosphenytoin**
- D. Oral Valproic acid**

When someone is in status epilepticus, you rapidly move from a first-line benzodiazepine to a second-line IV anticonvulsant to keep seizures from continuing. The classic second-line IV drug is fosphenytoin (the IV form of phenytoin). It works by blocking voltage-gated sodium channels, which stabilizes neuronal membranes and reduces further seizure activity. Fosphenytoin is specifically designed for IV use, allowing controlled dosing and fewer irritation issues compared with IV phenytoin, making it a reliable choice in acute management. Dosing is typically a loading amount based on phenytoin equivalents, with careful monitoring for potential adverse effects like hypotension, arrhythmias, and drug interactions. While other IV options exist (such as levetiracetam) and can be used as second-line agents, the scenario highlights fosphenytoin as the prototypical second-line choice. The listed IV diazepam is a benzodiazepine used as first-line rescue therapy, and the oral valproic acid is not appropriate for immediate IV treatment in status epilepticus.

2. Stroke in the anterior cerebral artery (ACA) territory typically causes deficits in which region?

- A. Lower extremities**
- B. Upper extremities**
- C. Visual deficit**
- D. Language deficit**

The main idea is that the anterior cerebral artery runs along the medial surface of the frontal and parietal lobes, where the leg and foot areas of the primary motor and sensory cortex lie. So a stroke in this territory disrupts contralateral motor and sensory function more in the leg than in the arm or face, leading to weakness and sensory loss in the lower extremities. You may also see changes in behavior or personality due to frontal lobe involvement, but language and vision problems are less typical of ACA strokes. Language issues point toward the dominant hemisphere supplied by the middle cerebral artery, and visual field deficits usually come from the occipital region supplied by the posterior cerebral artery. Therefore, the region most commonly affected is the lower extremities.

3. In suspected SAH when CT is negative, what CSF findings are expected?

- A. Elevated opening pressure with normal appearance**
- B. Low protein with normal glucose**
- C. High glucose and no cells**

D. Xanthochromia and red blood cells in CSF

When CT is negative but SAH is still suspected, examining the CSF for evidence of bleeding is key. Red blood cells in the CSF indicate that blood entered the subarachnoid space. However, the telltale sign of a true SAH, especially after the bleed has had time to break down, is xanthochromia—the yellow discoloration of CSF due to bilirubin from degraded hemoglobin. The combination of red blood cells and xanthochromia in the CSF strongly supports SAH. Keep in mind that xanthochromia may take several hours to develop, so very early samples might show RBCs without xanthochromia. The other patterns described—elevated opening pressure with normal appearance, low protein with normal glucose, or high glucose with no cells—do not fit the typical CSF profile of SAH.

4. Which of the following lab tests is appropriate to evaluate potential underlying causes of focal seizures?

A. CBC, CMP, Fingerstick glucose

- B. Lipid panel and LFTs**
- C. Prothrombin time and aPTT**
- D. Only CBC**

Evaluating potential underlying causes of focal seizures starts with broad, rapid screening for reversible metabolic and systemic triggers. The combination of CBC, CMP, and a fingerstick glucose covers the most common and immediately addressable issues that can provoke seizures: infections or inflammatory processes (CBC can show leukocytosis or anemia), electrolyte and organ function status (CMP reveals sodium, potassium, calcium, bicarbonate, kidney and liver function), and glucose abnormalities (a fingerstick glucose quickly rules in or out hypo- or hyperglycemia). These tests are quick, widely available, and directly inform immediate management. Other lab sets don't address this spectrum as effectively. A lipid panel and LFTs alone miss crucial acute metabolic disturbances and infection indicators; while LFTs are part of the CMP, a separate lipid panel isn't helpful for acute seizure evaluation. Coagulation studies like prothrombin time and aPTT focus on bleeding risk and clotting disorders rather than reversible seizure triggers, so they don't serve as broad initial screening for underlying causes. A CBC alone lacks information about electrolytes, glucose, and renal/hepatic function, making it less useful as a first-line evaluation for this purpose.

5. Which MRI finding with gadolinium is characteristic of glioblastoma?

- A. A uniform, well-circumscribed lesion**
- B. A heterogeneous mass with peripheral enhancement and central necrosis**
- C. A small, calcified lesion**
- D. A lesion without enhancement**

High-grade glioblastoma on gadolinium-enhanced MRI typically shows a heterogeneous mass with irregular, peripheral enhancement surrounding a central necrotic core. This ring-like enhancement arises because the tumor disrupts the blood-brain barrier, allowing contrast to accumulate at the active tumor rim while the necrotic center remains non-enhancing. The surrounding edema further accentuates the appearance and often contributes to mass effect. Other patterns don't fit as well: a uniform, well-circumscribed lesion suggests a less aggressive or extra-axial process; a small calcified lesion points toward oligodendroglioma; a lesion without enhancement is more typical of a lower-grade glioma or another non-neoplastic process.

6. In the workup of TIA, which study is most helpful to evaluate carotid stenosis?

- A. Carotid duplex ultrasound**
- B. Echocardiography**
- C. CT angiography**
- D. MRI brain**

When evaluating a TIA for carotid stenosis, you want imaging that accurately shows both the degree of narrowing and the anatomy of the carotid arteries, so you can decide on treatment. Carotid duplex ultrasound is a useful initial screen because it's noninvasive and readily available, but its accuracy can be limited by patient factors and it mainly assesses extracranial carotids without reliably detailing intracranial vessels or providing precise plaque morphology. CT angiography uses contrast-enhanced CT to visualize the carotid arteries from the neck into the skull, giving a precise measurement of stenosis, clear anatomy, and information about plaque characteristics. This comprehensive view is especially helpful for planning interventions such as carotid endarterectomy or stenting, and it can assess both extracranial and intracranial circulation in one study. MRI brain shows the extent and location of infarction but does not quantify carotid narrowing as well as CT angiography. Echocardiography looks at cardiac sources of emboli rather than carotid stenosis. So CT angiography is the best single test for evaluating carotid stenosis in the workup of a TI.

7. Which symptom pattern is commonly seen in carpal tunnel syndrome?

- A. Worse at daytime**
- B. Worse in the morning**
- C. Worse at nighttime**
- D. Constant symptoms with no diurnal pattern**

Nocturnal numbness and tingling from median nerve compression at the wrist are classic for carpal tunnel syndrome. When you sleep, the wrist often flexes or is pressed against bedding, which narrows the carpal tunnel and increases pressure on the median nerve. This causes symptoms to wake people at night, sometimes relieved by shaking the hand or flicking the wrist. While daytime symptom provocation can occur with repetitive hand use, and some people notice morning symptoms after sleep, the pattern most characteristic of carpal tunnel is worse at night. A constant, non-diurnal pattern is not typical for CTS.

8. What is the treatment for Guillain-Barré syndrome?

- A. Corticosteroids alone**
- B. Intravenous immunoglobulin or plasmapheresis**
- C. Supportive care only**
- D. Intravenous antibiotics**

Guillain-Barré syndrome is treated with immunomodulatory therapy to halt the immune attack on peripheral nerves. Intravenous immunoglobulin (IVIG) or plasmapheresis are the mainstays of treatment because they remove or neutralize the autoantibodies and inflammatory mediators driving demyelination and axonal injury, helping to shorten the paralytic course and hasten recovery. Either approach is similarly effective, and the choice depends on patient factors and resource availability. Corticosteroids alone have not shown benefit in improving outcomes for GBS, so they're not used as the sole treatment. In addition to immunotherapy, robust supportive care is essential—monitoring and supporting airway function, providing ventilatory support if needed, managing autonomic instability, preventing complications, and initiating rehabilitative therapy as the patient starts to recover. Antibiotics don't treat GBS itself unless there is a separate infection requiring them.

9. Which of the following is NOT listed as secondary stroke prevention in the material?

- A. DAPT with Clopidogrel and Aspirin**
- B. High intensity statin**
- C. Anticoagulant**
- D. Aspirin alone**

Secondary stroke prevention focuses on reducing the chance of another stroke by addressing platelets, lipids, and potential cardiac sources of embolism. The material highlights three approaches: using dual antiplatelet therapy with clopidogrel and aspirin, employing a high-intensity statin, and applying anticoagulation when a cardioembolic source is present. The combination of aspirin with clopidogrel is used for short-term prevention after a minor stroke or high-risk TIA because it lowers early recurrence more effectively than aspirin alone, though bleeding risk limits long-term use. A high-intensity statin helps stabilize plaques and lower vascular risk, and anticoagulants are key when atrial fibrillation or other cardioembolic sources are identified. Aspirin alone, while a valid antiplatelet option in many settings, isn't listed in this particular material's secondary prevention lineup, likely because the emphasis is on the stronger or more specific regimens (short-term DAPT, statin, anticoagulation) rather than aspirin monotherapy.

10. Lhermitte sign is characterized by which sensation?

- A. Tremor during movement**
- B. Electric shock sensation down the spine with neck flexion**
- C. Painful eye movement causing vision loss**
- D. Hearing impairment with neck movement**

Lhermitte sign is an electric shock-like sensation that radiates down the spine (and sometimes into the limbs) when the neck is flexed. This occurs because demyelinated or damaged fibers in the cervical spinal cord, as seen in multiple sclerosis or other cervical myelopathies, are transiently irritated by neck flexion, causing a brief conduction disturbance. The key idea is that the flexion of the neck triggers a shock-like sensation along the spine due to cervical spinal cord involvement. Other options describe symptoms not produced by neck flexion of the spinal cord: a movement tremor, pain with eye movement and vision loss, or hearing changes with neck movement.

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://panceneurology.examzify.com>

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