Parkinson’s Disease (PD) Neurological II Practice Exam (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. The anocutaneous reflex involves afferent and efferent pathways from which spinal segments?

A. L2-L4

B. S2-S4

C. C5-C8

D. T12-L1

2. Chorea is most commonly associated with which disease?

A. Huntington's disease

B. Parkinson's disease

C. Alzheimer's disease

D. Multiple Sclerosis

3. Which tract transmits sensory information about vibration?

A. Spinothalamic tract

B. Posterior column

C. Spinothalamic tract and posterior column

D. Proprioception

4. What is the normal Babinski plantar response?

A. Big toe remain neutral or plantarflexed

B. Big toe dorsiflexes

C. Toes splay laterally

D. No movement of toes

5. Which are considered types of reflexes?

A. Deep tendon reflexes, superficial reflexes, pathological reflexes

B. Only deep tendon reflexes

C. Autonomic reflexes, somatic reflexes, cranial reflexes

D. Volitional reflexes, emotional reflexes, reflex arcs

6. The straight leg raise maneuver is used to test for which condition?

A. Lumbosacral radiculopathy

B. Peripheral vascular disease

C. Cervical radiculopathy

D. Myopathy

7. What is the term for a subset of tics involving repetitive vocal sounds that lack social function?

A. Complex tics

B. Simple tics

C. Motor tics

D. Vocal tics

8. Which type of seizure involves the entire brain and typically causes loss of consciousness?

A. Focal seizure

B. Generalized seizures

C. Nonepileptic seizures

D. Partial seizures

9. Dermatomal distribution is best explained by involvement of which anatomical structure?

A. Cranial nerves

B. Spinal nerve roots

C. Brain

D. Peripheral nerves

10. Which statement describes a normal finding of the Doll's Eyes Test?

A. Eyes move with the head

B. No movement

C. Eyes deviate to the opposite direction

D. Eyes move only diagonally

Answers

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

Explanations

1. The anocutaneous reflex involves afferent and efferent pathways from which spinal segments?

A. L2-L4

B. S2-S4

C. C5-C8

D. T12-L1

The anocutaneous (anal wink) reflex is a sacral spinal reflex driven by the pudendal nerve. Its afferent input from the perianal skin travels to the spinal cord at the sacral levels, and the efferent output to the external anal sphincter travels back out from those same levels. Both limbs of the reflex arc rely on the nerve roots S2 to S4. If these pathways are intact, the reflex can be elicited; if there's a lesion or dysfunction in S2–S4 or the pudendal nerves, the reflex may be diminished or absent. The other spinal level options don't contribute to the pudendal nerve or anal sphincter control (L2–L4 relates to the femoral nerve, C5–C8 to the upper limb, and T12–L1 to thoracolumbar).

2. Chorea is most commonly associated with which disease?

A. Huntington's disease

B. Parkinson's disease

C. Alzheimer's disease

D. Multiple Sclerosis

Chorea is a rapid, irregular, dance-like movement produced by disruption of the basal ganglia circuits that normally modulate movement. In Huntington's disease, there is degeneration of the striatal GABAergic neurons in the caudate nucleus and putamen. This reduces inhibitory output from the striatum to the thalamus, allowing excessive thalamocortical excitation and resulting in choreiform movements. This combination of characteristic movement plus the known pattern of striatal degeneration makes Huntington's disease the classic condition associated with chorea. In contrast, Parkinson's disease mainly presents with bradykinesia, rigidity, and resting tremor; Alzheimer's disease is primarily a cognitive disorder; and multiple sclerosis can cause a variety of motor symptoms but chorea is not its hallmark feature.

3. Which tract transmits sensory information about vibration?

A. Spinothalamic tract

B. Posterior column

C. Spinothalamic tract and posterior column

D. Proprioception

Vibration is carried by the dorsal (posterior) column–medial lemniscus pathway. These columns convey fine touch, vibration, two-point discrimination, and proprioception from the body, ascending ipsilaterally to the medulla where they synapse and then relay through the thalamus to the cortex. The spinothalamic tract carries pain and temperature, not vibration, which is why it isn't correct. Proprioception is part of the same dorsal column system, but the tract best described for vibration is the posterior column.

4. What is the normal Babinski plantar response?

A. Big toe remain neutral or plantarflexed

B. Big toe dorsiflexes

C. Toes splay laterally

D. No movement of toes

The plantar reflex tests the corticospinal tract. In a healthy adult, stroking the sole elicits plantar flexion of the toes—the toes curl downward—or they may stay neutral but do not extend upward. This is why the big toe remaining neutral or plantarflexed is the normal response. Dorsiflexion of the big toe with spreading of the other toes is the Babinski sign and points to upper motor neuron dysfunction. In infants, the reflex can appear as toe dorsiflexion with toe spreading and is considered normal for that age due to immature corticospinal pathways.

5. Which are considered types of reflexes?

A. Deep tendon reflexes, superficial reflexes, pathological reflexes

B. Only deep tendon reflexes

C. Autonomic reflexes, somatic reflexes, cranial reflexes

D. Volitional reflexes, emotional reflexes, reflex arcs

Reflexes are automatic responses to stimuli, and in clinical neurology they're grouped into three main types for practical examination. Deep tendon reflexes are stretch responses mediated by the muscle spindle through a monosynaptic arc; they help assess specific spinal segments and peripheral nerves. Superficial reflexes are cutaneous responses, like abdominal or plantar reactions, that test how cortical and subcortical control influences reflex pathways and the integrity of sensory and motor routes. Pathological reflexes, such as the Babinski sign, indicate loss of normal inhibitory control from the cortex over brainstem and spinal circuits, pointing to upper motor neuron involvement. This combination—deep tendon, superficial, and pathological reflexes—is the standard way clinicians categorize reflexes on exam. Other groupings either don't align with how reflexes are assessed in practice or describe concepts (like volitional or emotional reflexes) that don't reflect actual reflex pathways.

6. The straight leg raise maneuver is used to test for which condition?

A. Lumbosacral radiculopathy

B. Peripheral vascular disease

C. Cervical radiculopathy

D. Myopathy

The straight leg raise targets lumbosacral radiculopathy. When the leg is raised with the patient supine, the nerve roots exiting the lower spine are tensionsed. If this reproduces pain that travels down the leg below the knee in a dermatomal pattern, it suggests irritation or compression of a lumbar nerve root—most often from a herniated disc (often at L4–L5 or L5–S1). This distinguishes nerve-root problems from other issues: cervical radiculopathy would involve the neck, myopathy would cause proximal muscle weakness without radicular pain on nerve stretch, and peripheral vascular disease would cause claudication with vascular symptoms rather than nerve-root–driven leg pain.

7. What is the term for a subset of tics involving repetitive vocal sounds that lack social function?

A. Complex tics

B. Simple tics

C. Motor tics

D. Vocal tics

Tics are categorized by the type of output, with vocal tics specifically referring to sounds produced by the voice. These are repetitive vocalizations—like throat clearing, grunting, sniffing, or barking—that aren't used for communication or social interaction. The key idea is the lack of intentional meaning behind the sound; it's an involuntary tic rather than a purposeful utterance. While there are simple versus complex forms, the defining label for repetitive vocal sounds that aren't socially directed is vocal tics.

8. Which type of seizure involves the entire brain and typically causes loss of consciousness?

A. Focal seizure

B. Generalized seizures

C. Nonepileptic seizures

D. Partial seizures

Seizure type is defined by extent of brain involvement. Generalized seizures engage both hemispheres from the onset, disrupting widespread networks and typically causing loss of consciousness with bilateral symptoms. Focal or partial seizures start in a single brain region and may stay localized or spread later, but they do not begin with full-brain involvement. Nonepileptic seizures arise from non-epileptic processes and don't reflect epileptic brain activity.

9. Dermatomal distribution is best explained by involvement of which anatomical structure?

A. Cranial nerves

B. Spinal nerve roots

C. Brain

D. Peripheral nerves

Dermatomes map the skin areas that receive sensory input from a single spinal nerve root. When a nerve root is affected—such as in radiculopathy or shingles—the resulting sensory changes (pain, numbness, or paresthesia) follow a belt-like pattern that corresponds to that specific root's dermatome. Brain lesions disrupt sensation in a more generalized or cortical pattern and do not respect dermatomal boundaries. Cranial nerves explain sensory findings in the face and head regions served by those nerves, not the typical body dermatomes. Peripheral nerves produce sensory territories tied to that nerve's distribution, which can cross dermatomal lines and don't align with the organized dorsal root map. Therefore, involvement of spinal nerve roots best explains dermatomal distribution.

10. Which statement describes a normal finding of the Doll's Eyes Test?

A. Eyes move with the head

B. No movement

C. Eyes deviate to the opposite direction

D. Eyes move only diagonally

The Doll's Eyes test checks the brainstem's oculomotor pathways via the vestibulo-ocular reflex. A normal finding is eyes that move in the opposite direction to the head when the head is rotated. This opposite movement shows the reflex is intact and the brainstem circuits controlling eye movement are functioning. If the eyes move with the head, or there is no movement, the reflex is impaired, indicating brainstem dysfunction. Diagonal eye movement isn't the expected normal response. So, the normal finding is eyes moving opposite to the head.

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://pdneuro2.examzify.com

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