

PARKINSON'S DISEASE (PD) NEUROLOGICAL II PRACTICE EXAM (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. What term describes rapid, continuous twitching of resting muscle without movement?**
 - A. Fasciculation
 - B. Dystonia
 - C. Athetosis
 - D. Chorea

- 2. To test _____ extremities, instruct your patient to relax their muscles. Hold one of your patient's hands with yours, while supporting the elbow, flex and extend the patient's fingers, wrist, elbow and put the shoulder through moderate range of motion. Perform on both sides**
 - A. Upper
 - B. Lower
 - C. Both
 - D. Trunk

- 3. Pathological reflexes are indicative of lesion in which neural pathway?**
 - A. Lower motor neuron lesion
 - B. Cerebellar lesion
 - C. Upper motor neuron lesion in corticospinal tract
 - D. Peripheral neuropathy

- 4. Which sign is not a standard meningeal sign?**
 - A. Romberg sign
 - B. Nuchal rigidity
 - C. Brudzinski sign
 - D. Kernig sign

- 5. Paralysis of both legs is called?**
 - A. Monoplegia
 - B. Hemiplegia
 - C. Paraplegia
 - D. Quadriplegia

- 6. During the cremasteric reflex, what observation indicates a positive response?**
- A. Flexion of knee
 - B. Abduction of hip
 - C. Elevation of the testicle on the stimulated side
 - D. Dorsiflexion of the foot
- 7. Which tremor is most prominent at rest and often diminishes with voluntary movement?**
- A. Postural Tremor
 - B. Intention Tremor
 - C. Oral-Facial Dyskinesias
 - D. Resting Tremor
- 8. In the Hoffman reflex, what type of response is seen with flexion of the terminal phalanx of the thumb or index finger?**
- A. Negative
 - B. Positive
 - C. Inconclusive
 - D. Absent
- 9. Asterixis is commonly described on exam as what sign?**
- A. Liver flap
 - B. Flapping tremor
 - C. Resting tremor
 - D. Intention tremor
- 10. Which best defines clonus?**
- A. Rhythmic, involuntary muscle contractions following a sudden stretch
 - B. A single brisk reflex
 - C. A resting tremor
 - D. A voluntary repetitive movement

Answers

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

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Explanations

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1. What term describes rapid, continuous twitching of resting muscle without movement?

A. Fasciculation

B. Dystonia

C. Athetosis

D. Chorea

Fasciculation is spontaneous, brief twitches of the muscle fibers within a motor unit that occur when the muscle is at rest. These twitches are visible under the skin as a fine, rapid ripple but do not cause actual movement of the limb because they are small and unsynchronized. This distinguishes fasciculations from other movement problems: dystonia involves sustained or repetitive muscle contractions that produce abnormal postures; athetosis features slow, writhing movements; chorea consists of quick, irregular jerks that flow from one muscle group to another. There's also fibrillation, a related but subtler phenomenon detected by EMG, where individual muscle fibers contract spontaneously and are not visible clinically. So the description of rapid, continuous twitching of a resting muscle without movement best fits fasciculations.

2. To test _____ extremities, instruct your patient to relax their muscles. Hold one of your patient's hands with yours, while supporting the elbow, flex and extend the patient's fingers, wrist, elbow and put the shoulder through moderate range of motion. Perform on both sides

A. Upper

B. Lower

C. Both

D. Trunk

This sequence is assessing the upper extremities. By holding the hand, supporting the elbow, and passively moving the shoulder through a moderate range while flexing and extending the fingers, wrist, and elbow, you're examining the joints of the arm—shoulder, elbow, wrist, and finger joints. These components belong to the upper limb, not the lower limbs or the trunk. Doing it on both sides lets you compare range of motion and detect any asymmetry, rigidity, or limitations that might be present. The instruction to let the patient relax ensures the movement is passive, which is key for accurately gauging true joint ROM without active muscle resistance.

3. Pathological reflexes are indicative of lesion in which neural pathway?

A. Lower motor neuron lesion

B. Cerebellar lesion

C. Upper motor neuron lesion in corticospinal tract

D. Peripheral neuropathy

Pathological reflexes arise when the brain's inhibitory control over spinal reflexes is lost due to damage to the upper motor neurons. The corticospinal tract is the main upper motor neuron pathway that modulates voluntary movement and reflex arcs. When this pathway is disrupted, you get the upper motor neuron syndrome: increased tone, hyperreflexia, and the emergence of primitive or pathological reflexes such as the Babinski sign. These signs indicate a lesion above the level of the final common pathway, i.e., in the corticospinal tract. In contrast, lower motor neuron lesions produce flaccidity and decreased reflexes, cerebellar lesions cause coordination problems, and peripheral neuropathies affect nerves outside the CNS without producing the classic UMN pathological reflex signs.

4. Which sign is not a standard meningeal sign?

- A. Romberg sign
- B. Nuchal rigidity
- C. Brudzinski sign
- D. Kernig sign

The question tests understanding which signs indicate meningeal irritation versus other causes of ataxia or balance problems. Classic signs of meningeal irritation include nuchal rigidity (stiff neck) and the reflexive responses known as Brudzinski and Kernig signs. Romberg sign, by contrast, is not about irritation of the meninges. It is a test of proprioception and balance: a patient stands with feet together and eyes closed to see if they lose balance due to dorsal column (proprioceptive) or vestibular problems. Because it reflects proprioceptive/ balance dysfunction rather than meningitis-related irritation, Romberg sign is not a standard meningeal sign.

5. Paralysis of both legs is called?

- A. Monoplegia
- B. Hemiplegia
- C. Paraplegia
- D. Quadriplegia

Paralysis of both legs is called paraplegia. This term describes loss of motor function in the lower half of the body, typically due to damage or disease affecting the spinal cord below the neck. The upper body, including the arms, usually remains less or differently affected, which distinguishes paraplegia from other types. Monoplegia means paralysis of a single limb; hemiplegia is paralysis on one side of the body; quadriplegia involves all four limbs. In paraplegia, leg movement is impaired while arm movement is preserved, though sensation and autonomic functions below the level of injury may also be affected.

6. During the cremasteric reflex, what observation indicates a positive response?

- A. Flexion of knee
- B. Abduction of hip
- C. Elevation of the testicle on the stimulated side
- D. Dorsiflexion of the foot

The cremasteric reflex is a superficial reflex where stimulation of the upper inner thigh triggers contraction of the cremaster muscle, pulling the testicle upward on the same side. A positive response is the elevation of the testicle on the stimulated side, indicating an intact reflex arc through the L1–L2 nerves (afferent from the ilioinguinal/genitofemoral pathways and efferent via the genital branch of the genitofemoral nerve to the cremaster muscle). This is distinct from movements like knee flexion, hip movements, or ankle dorsiflexion, which involve different muscles and reflexes.

7. Which tremor is most prominent at rest and often diminishes with voluntary movement?

- A. Postural Tremor
- B. Intention Tremor
- C. Oral-Facial Dyskinesias
- D. Resting Tremor**

The key idea is that this tremor is present when the limb is at rest and tends to lessen as the person makes a deliberate movement. That pattern—a tremor that shows up when the hand is relaxed and fades with voluntary action—is classic for resting tremor, a hallmark feature of Parkinson disease. It's often described as a pill-rolling motion of the fingers and thumb and can be most noticeable when the limb is supported and not engaged in a task. In contrast, postural tremor happens when holding a position against gravity, and intention tremor worsens during a targeted movement. Oral-facial dyskinesias are not a tremor type. So the resting tremor description best fits the pattern asked.

8. In the Hoffman reflex, what type of response is seen with flexion of the terminal phalanx of the thumb or index finger?

- A. Negative
- B. Positive**
- C. Inconclusive
- D. Absent

The Hoffmann sign is about corticospinal tract excitability. When you flick the distal phalanx of the middle finger, a brisk flexion of the distal phalanx of the thumb or index finger is produced. That brisk, specific finger flexion is called a positive Hoffmann sign and indicates upper motor neuron (pyramidal) tract involvement. It reflects disinhibition and increased reflex activity in the spinal circuits controlled by the cortex, similar in concept to the Babinski sign in the leg. In healthy individuals the response may be absent or minimal, but a definite flexion of the thumb or index finger's distal joint after flicking the middle finger is the positive finding.

9. Asterixis is commonly described on exam as what sign?

- A. Liver flap
- B. Flapping tremor
- C. Resting tremor
- D. Intention tremor**

Asterixis is described as a liver flap or flapping tremor. It's a negative motor phenomenon seen in metabolic encephalopathy (most classically hepatic failure). When you have the patient extend their arms and dorsiflex the wrists, the hands show brief, irregular lapses in tone and flap up and down instead of maintaining steady posture. This is not a true tremor. This helps distinguish it from other tremors: a resting tremor occurs when the limb is not moved (as in Parkinson disease), and an intention tremor worsens with purposeful movement and points to cerebellar dysfunction. So the sign most often described in exams is the liver flap or flapping tremor.

10. Which best defines clonus?

- A. Rhythmic, involuntary muscle contractions following a sudden stretch
- B. A single brisk reflex
- C. A resting tremor
- D. A voluntary repetitive movement

Clonus is a sign of upper motor neuron hyperexcitability, where a sudden passive stretch triggers a chain of rhythmic, involuntary muscle contractions. When a quick stretch is applied (for example, rapid ankle dorsiflexion), instead of a single brief reflex, the muscle contracts and then relaxes in repeated cycles for several beats. This happens because inhibitory control from the brain over spinal reflex circuits is reduced, making the alpha motor neurons more easily discharging in response to stretch (via the Ia afferents). This distinguishes clonus from a single brisk reflex, which is just an exaggerated but non-rhythmic muscle contraction. It also differs from a resting tremor, which occurs at rest due to basal ganglia problems, and from a voluntary repetitive movement, which is intentional rather than involuntary and stimulus-driven.

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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://pdneuro2.examzify.com>

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

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