PATHOPHYSIOLOGY CRITERIA NEUROCOGNITIVE AND DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 of the following is NOT a Cluster B disorder?

A. Antisocial
B. Borderline
C. Histrionic
D. Dependent

2. Magical thinking and odd beliefs are most characteristic of which disorder?

A. Paranoid
B. Schizoid
C. Schizotypal
D. Dependent

3. Which combination defines Parkinson's disease diagnostic criteria?

A. Bradykinesia in combination with resting tremor or rigidity
B. Resting tremor alone
C. Gait changes alone
D. Cognitive impairment

4. Which statement best defines physical abuse?

A. Intentional use of physical force causing injury
B. Exposure to sexual activity or materials
C. Verbal aggression and degradation
D. Isolation from support systems

5. Which symptom is a primary motor symptom of Huntington's disease?

A. Chorea
B. Depression
C. Weight gain
D. Anxiety

6. Which statement best describes essential tremor criteria?

A. Isolated bilateral upper limb action tremor lasting at least three years
B. Tremor with parkinsonian features
C. Tremor in infancy
D. Tremor at rest

7. After at least one panic attack, Panic Disorder requires:

A. A period of at least six months of persistent distress

B. Persistent concern or worry about additional panic attacks or their consequences

C. A diagnosis of social anxiety disorder

D. A requirement of derealization during attacks

8. Delusional Disorder requires delusions of at least how long?

A. ≥1 month

B. ≥6 months

C. ≥2 weeks

D. ≥3 months

9. Which statement about Alzheimer's diagnostic criteria is true?

A. There is insidious onset and gradual progression of impairment in at least two cognitive domains

B. Sudden onset with rapid progression

C. Recovery after treatment

D. Only memory affected

10. Brief Psychotic Disorder duration criteria falls between which time frame?

A. At least 2 weeks

B. Exactly 3 months

C. At least 1 day but <1 month

D. At least 6 months

Answers

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

Explanations

1. Which of the following is NOT a Cluster B disorder?

A. Antisocial

B. Borderline

C. Histrionic

D. Dependent

In this question, the idea is to recognize how personality disorders are grouped into clusters that reflect similar patterns of behavior. Cluster B is the dramatic, emotional, and erratic group, and it includes antisocial, borderline, histrionic, and narcissistic personality disorders. The option described as dependent personality disorder does not fit that cluster; it belongs to Cluster C, which is characterized by anxious or fearful behaviors. Dependent personality disorder involves a pervasive pattern of submissiveness and clinging to others, with a strong need to be cared for, difficulty making autonomous decisions, and distress when alone or when relationships end. This contrasts with the Cluster B patterns: antisocial involves disregard for others' rights; borderline features intense instability in mood and relationships; histrionic shows excessive emotionality and attention-seeking; narcissistic involves grandiosity and a need for admiration. Because dependent personality disorder aligns with uncertainty, fear of separation, and reliance on others, it is not a Cluster B disorder.

2. Magical thinking and odd beliefs are most characteristic of which disorder?

A. Paranoid

B. Schizoid

C. Schizotypal

D. Dependent

Magical thinking and odd beliefs point to schizotypal personality disorder. In this condition, people often hold unusual beliefs that influence behavior, along with eccentric speech, odd or peculiar behavior, and ideas that others might find strange or unsupported by shared cultural norms. They may also experience suspicion or paranoid thoughts and feel awkward in close relationships, yet they don't have the full-blown psychosis seen in schizophrenia. Paranoid personality disorder centers on pervasive distrust and suspicion of others, which is different from holding magical or odd beliefs. Schizoid personality disorder features social withdrawal and reduced emotional expression, not unusual beliefs. Dependent personality disorder involves excessive need to be taken care of and clinginess, not magical thinking. So the presence of magical thinking and odd beliefs makes schizotypal the best fit.

3. Which combination defines Parkinson's disease diagnostic criteria?

A. Bradykinesia in combination with resting tremor or rigidity

B. Resting tremor alone

C. Gait changes alone

D. Cognitive impairment

Parkinson's disease is diagnosed when there is clear bradykinesia—slowness of movement with reduced amplitude—plus at least one of the classic parkinsonian signs: resting tremor or rigidity. Bradykinesia is the essential feature, and the presence of either resting tremor or rigidity supports the diagnosis by reflecting the underlying dopaminergic deficit in the basal ganglia circuits. Resting tremor alone can occur in other tremor disorders and gait changes or cognitive impairment can arise from many conditions, so they do not establish PD on their own. Together, the combination of bradykinesia with resting tremor or rigidity best defines the diagnostic criteria.

4. Which statement best defines physical abuse?

A. Intentional use of physical force causing injury

B. Exposure to sexual activity or materials

C. Verbal aggression and degradation

D. Isolation from support systems

Physical abuse is defined by the intentional use of physical force against a person that causes injury or harm. This focuses on the purposeful contact meant to hurt, which distinguishes it from other forms of maltreatment. The key elements are intentionality and physical harm from force, such as hitting or pushing, which is why this statement best captures the concept. Exposure to sexual activity or materials describes sexual abuse, not physical abuse. Verbal aggression and degradation describe emotional or psychological abuse, not physical harm. Isolation from support systems relates to neglect or social abuse, not direct physical harm.

5. Which symptom is a primary motor symptom of Huntington's disease?

A. Chorea

B. Depression

C. Weight gain

D. Anxiety

Chorea is the main motor finding in Huntington's disease. These involuntary, rapid, irregular, dance-like movements occur because neurons in the striatum (caudate and putamen) deteriorate, especially affecting the indirect pathway of the basal ganglia. This loss reduces inhibitory control over thalamocortical circuits, leading to excessive, uncoordinated movements that can involve the face, limbs, and trunk. While depression, anxiety, and weight changes are common in Huntington's, they are non-motor symptoms. So, the hallmark motor feature that Best identifies the motor phenotype is chorea.

6. Which statement best describes essential tremor criteria?

A. Isolated bilateral upper limb action tremor lasting at least three years

B. Tremor with parkinsonian features

C. Tremor in infancy

D. Tremor at rest

Essential tremor is best characterized by an action (postural/kinetic) tremor that involves both hands/arms in a bilateral, isolated pattern, usually without rest tremor or other neurological signs. This reflects the core feature that the tremor emerges with voluntary movement and sustained posture rather than at rest, and it tends to persist and be progressive over time. The option describing an isolated bilateral upper limb postural/kinetic tremor lasting for years fits these criteria, since it emphasizes tremor during movement, bilateral involvement, and a chronic course, which are hallmarks of essential tremor. Tremor with parkinsonian features would point toward Parkinson disease or a parkinsonian syndrome, which includes resting tremor plus bradykinesia and rigidity rather than the action tremor pattern of essential tremor. Tremor in infancy is not typical for essential tremor, which usually presents in adulthood. Tremor at rest is the defining feature of rest tremor and is not characteristic of essential tremor, which is specifically an action tremor.

7. After at least one panic attack, Panic Disorder requires:

A. A period of at least six months of persistent distress

B. Persistent concern or worry about additional panic attacks or their consequences

C. A diagnosis of social anxiety disorder

D. A requirement of derealization during attacks

After experiencing a panic attack, Panic Disorder is defined by the development of persistent anticipatory anxiety—specifically, ongoing concern or worry about having another attack or about what the attack might mean for one's life, often with a change in behavior to avoid future attacks. This persistent worry must last for at least one month, which is the key timeframe in the diagnostic criteria. That's why the best answer is the persistent concern or worry about future attacks or their consequences. The six-month duration described in the other option belongs to different patterns of anxiety (such as generalized worry seen in other disorders), not Panic Disorder. A diagnosis of social anxiety disorder is a separate condition and isn't required for Panic Disorder. Derealization during attacks can occur but is not a diagnostic requirement for Panic Disorder, so it isn't what defines the disorder.

8. Delusional Disorder requires delusions of at least how long?

A. ≥1 month

B. ≥6 months

C. ≥2 weeks

D. ≥3 months

Durations of delusional symptoms are the deciding factor here. Delusional Disorder requires that delusions be present for at least one month, with functioning not markedly impaired outside the impact of those delusions. This one month threshold helps distinguish it from Brief Psychotic Disorder, where symptoms are shorter than one month, and from schizophrenia-spectrum conditions, where a broader pattern of symptoms and longer illness duration are typical. So, the delusions must persist for at least a month to meet this diagnosis. Shorter durations (like a few weeks) point to Brief Psychotic Disorder, while much longer durations with additional psychotic features would steer evaluation toward other schizophrenia-spectrum categories.

9. Which statement about Alzheimer's diagnostic criteria is true?

A. There is insidious onset and gradual progression of impairment in at least two cognitive domains

B. Sudden onset with rapid progression

C. Recovery after treatment

D. Only memory affected

Alzheimer's disease typically begins with an insidious, progressive decline in cognition, and it usually affects more than one cognitive domain over time. Early on, memory problems are prominent, but as the disease advances, skills such as language, visuospatial abilities, and executive function become impaired as well. This pattern—slow onset, gradual worsening, and involvement of at least two cognitive domains—fits the characteristic trajectory of Alzheimer's better than abrupt changes or reversible conditions. In contrast, a sudden onset with rapid progression is more typical of other causes (such as vascular events or delirium), recovery after treatment is not expected in a degenerative dementia, and having only memory affected would not capture the multi-domain deterioration that often accompanies Alzheimer's as it progresses.

10. Brief Psychotic Disorder duration criteria falls between which time frame?

A. At least 2 weeks

B. Exactly 3 months

C. At least 1 day but <1 month

D. At least 6 months

The key feature being tested is how long the psychotic symptoms last. Brief psychotic disorder is defined by a sudden onset of one or more psychotic symptoms (such as delusions, hallucinations, or disorganized thinking) that lasts at least one day but less than one month, with full return to premorbid functioning. If symptoms continue beyond one month, the diagnosis changes to a longer-duration psychotic disorder (schizophreniform disorder when they're between one and six months, or schizophrenia if six months or more). That's why the correct timeframe is "at least 1 day but less than 1 month."

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:

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