

# Pediatric Neurology Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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!**

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## **Questions**

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- 1. What is the onset age for symptoms of myasthenia gravis in children typically?**
  - A. Birth**
  - B. Infancy**
  - C. Childhood and adolescence**
  - D. Adulthood**
- 2. What is commonly used to assess cognitive function in children with neurological disorders?**
  - A. Intelligence Quotient (IQ) tests**
  - B. Behavioral assessments**
  - C. Developmental screenings**
  - D. Motor skill evaluations**
- 3. What is the probable basis for the difficult parenting issues associated with a child diagnosed with cerebral palsy?**
  - A. High medical costs**
  - B. Loss of the expected healthy child**
  - C. Frequent hospital visits**
  - D. Social stigma associated with disabilities**
- 4. What is the primary treatment modality for children with epilepsy who do not respond to medication?**
  - A. Physical therapy**
  - B. Cognitive behavioral therapy**
  - C. Surgical intervention**
  - D. Medication adjustment**
- 5. What developmental condition is characterized by significant delays in multiple areas of development including communication and social interaction?**
  - A. Autism spectrum disorder**
  - B. Attention deficit hyperactivity disorder**
  - C. Learning disabilities**
  - D. Down syndrome**

**6. Which nursing intervention would be beneficial for a child diagnosed with Reye syndrome?**

- A. Initiate hyperventilation**
- B. Administer aspirin**
- C. Increase hydration**
- D. Monitor blood pressure closely**

**7. What is the primary concern in children diagnosed with Chiari malformation?**

- A. Cerebellar tonsillar herniation and its effects**
- B. Spinal cord injury**
- C. Seizure disorders**
- D. Neuropathy**

**8. What is the gold standard test for assessing metabolic causes of seizures in children?**

- A. CT scan**
- B. Magnetic resonance imaging**
- C. Lumbar puncture**
- D. EEG**

**9. What type of cerebral palsy results in symptoms affecting mobility without speech or cognitive impairment?**

- A. Mixed cerebral palsy**
- B. Athetoid cerebral palsy**
- C. Spastic cerebral palsy**
- D. Hypotonic cerebral palsy**

**10. In terms of neurological assessment, what is a critical aspect to monitor in infants?**

- A. Response to stimuli**
- B. Skin integrity**
- C. Weight gain**
- D. Feeding habits**

## **Answers**

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

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## **Explanations**

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## 1. What is the onset age for symptoms of myasthenia gravis in children typically?

- A. Birth
- B. Infancy
- C. Childhood and adolescence**
- D. Adulthood

Myasthenia gravis is an autoimmune neuromuscular disorder that can indeed manifest during childhood and adolescence, which aligns with the correct response. In this context, children typically start experiencing symptoms between the ages of 2 and 15 years. This age range is significant because it highlights when the condition often becomes noticeable, affecting various muscle groups, including those responsible for eye movement and facial expressions. While symptoms can appear at various ages, the nuances of myasthenia gravis suggest that its onset is not usually tied to infancy or birth, as these stages typically do not exhibit the same autoantibody activity or muscle weakness patterns seen in older children. Similarly, adulthood is distinctly associated with a different peak occurrence, mainly in women between ages 20 and 40. Therefore, the emphasis on childhood and adolescence is crucial for understanding the typical presentation of this condition in a pediatric context.

## 2. What is commonly used to assess cognitive function in children with neurological disorders?

- A. Intelligence Quotient (IQ) tests
- B. Behavioral assessments
- C. Developmental screenings**
- D. Motor skill evaluations

Developmental screenings are essential tools used to assess cognitive function in children with neurological disorders. These screenings provide a comprehensive evaluation of a child's ability to meet typical developmental milestones across various domains, including cognitive, social, emotional, language, and motor skills. In children with neurological disorders, it is crucial to identify delays or abnormalities in development as early as possible so that timely interventions can be made.

Developmental screenings typically use standardized tools to compare a child's performance to age-appropriate benchmarks, allowing for an understanding of their cognitive functioning relative to peers. While intelligence quotient (IQ) tests measure specific aspects of cognitive ability, they may not fully capture the multifaceted nature of development, especially in children with neurological issues. Behavioral assessments provide insights into how a child interacts with their environment and peers, but they do not focus exclusively on cognitive function. Motor skill evaluations primarily measure physical abilities and coordination rather than cognitive performance. Thus, developmental screenings serve as the most relevant approach for assessing cognitive function in this context.

**3. What is the probable basis for the difficult parenting issues associated with a child diagnosed with cerebral palsy?**

- A. High medical costs**
- B. Loss of the expected healthy child**
- C. Frequent hospital visits**
- D. Social stigma associated with disabilities**

The probable basis for the difficult parenting issues associated with a child diagnosed with cerebral palsy largely revolves around the grief experienced from the loss of the expected healthy child. When parents learn that their child has cerebral palsy, they often go through a mourning process for the child they had envisioned—a child without disabilities or health complications. This sense of loss can manifest in various ways, including feelings of sadness, frustration, and even guilt, making the parenting experience significantly more challenging. The adjustment to the realities of cerebral palsy requires parents to confront many emotional hurdles, as well as the practical challenges of creating an appropriate environment and system of support for their child. This is compounded by the need to advocate for their child's needs within the healthcare and educational systems. While high medical costs, frequent hospital visits, and social stigma are all significant factors that can impact families raising a child with disabilities, the emotional and psychological ramifications of unmet expectations make the grieving process a profound and challenging aspect of parenting a child with cerebral palsy. This emotional journey becomes a pivotal aspect of how parents respond to and manage their child's condition.

**4. What is the primary treatment modality for children with epilepsy who do not respond to medication?**

- A. Physical therapy**
- B. Cognitive behavioral therapy**
- C. Surgical intervention**
- D. Medication adjustment**

For children with epilepsy who do not respond to medication, the primary treatment modality is surgical intervention. This approach is typically considered when a child experiences persistent seizures despite trying multiple appropriate anti-epileptic drugs. Surgery can be particularly effective when the seizures are localized to a specific area of the brain that can be safely removed. Surgical options may include resective surgery, where the area of the brain responsible for seizures is surgically excised, or techniques like corpus callosotomy or hemispherectomy in more severe cases. The decision for surgery usually involves a comprehensive evaluation, including video EEG monitoring and neuroimaging studies to accurately identify the seizure focus. The other treatment options, such as medication adjustment, are usually the first line of treatment for epilepsy, but in cases where those adjustments fail, surgical intervention becomes a critical next step. Physical therapy and cognitive behavioral therapy may provide supportive care, but they do not directly address the underlying neurological condition that causes the seizures. Instead, they may be used to help manage associated issues like behavioral problems or developmental delays.

**5. What developmental condition is characterized by significant delays in multiple areas of development including communication and social interaction?**

- A. Autism spectrum disorder**
- B. Attention deficit hyperactivity disorder**
- C. Learning disabilities**
- D. Down syndrome**

The developmental condition characterized by significant delays in multiple areas of development, particularly in communication and social interaction, is autism spectrum disorder. This condition encompasses a range of symptoms and behaviors that affect how individuals interact with others, communicate, and process information. Children with autism may struggle with understanding social cues, expressing their thoughts and feelings, and developing relationships, which can lead to challenges in various areas of their lives. Additionally, autism spectrum disorder is defined by its spectrum nature, which means it can vary widely in severity and presentation. Some individuals may have significant challenges, while others might have milder symptoms. The emphasis on communication and social interaction distinctly sets it apart from other developmental conditions. In contrast, attention deficit hyperactivity disorder primarily involves issues with attention regulation and impulsivity rather than social communication deficits. Learning disabilities relate more specifically to difficulties with particular skills, such as reading or math, rather than broad developmental delays. Down syndrome is a genetic condition that can influence cognitive and physical development but does not inherently define delays specifically in communication and social interaction the way autism does.

**6. Which nursing intervention would be beneficial for a child diagnosed with Reye syndrome?**

- A. Initiate hyperventilation**
- B. Administer aspirin**
- C. Increase hydration**
- D. Monitor blood pressure closely**

In the context of Reye syndrome, supportive and cautious management is critical, given the condition's association with the use of aspirin and severe liver dysfunction. Initiating hyperventilation is not an appropriate intervention for Reye syndrome, as it is generally indicated for managing specific metabolic or respiratory complications rather than routine care for this condition. The correct nursing intervention would involve increasing hydration. Children with Reye syndrome often experience significant metabolic disturbances that can lead to dehydration. Adequate hydration helps to support kidney function, promote the excretion of toxins, and maintain overall metabolic stability. Moreover, maintaining proper hydration can be crucial in the treatment of any child experiencing neurological issues or altered mental status, as dehydration can exacerbate these symptoms. While monitoring blood pressure is generally important in any acute condition, it does not specifically address the primary issues associated with Reye syndrome. As for aspirin, administration is contraindicated in Reye syndrome, as the condition is characterized by hepatic encephalopathy following aspirin use in the context of a viral infection. Therefore, increasing hydration stands out as the intervention that directly supports the management of Reye syndrome.

## 7. What is the primary concern in children diagnosed with Chiari malformation?

- A. Cerebellar tonsillar herniation and its effects**
- B. Spinal cord injury**
- C. Seizure disorders**
- D. Neuropathy**

In children diagnosed with Chiari malformation, the primary concern revolves around cerebellar tonsillar herniation and its effects. Chiari malformation is characterized by the downward displacement of the cerebellar tonsils through the foramen magnum into the spinal canal, which can lead to various neurological symptoms. This herniation can obstruct the flow of cerebrospinal fluid (CSF), potentially resulting in increased intracranial pressure, headaches, dizziness, and coordination problems. These effects are particularly significant as they can lead to further complications, such as syringomyelia (the development of a cyst in the spinal cord) and other related neurological deficits. The focus on this herniation highlights the critical link between anatomical changes in Chiari malformation and their functional consequences, which can profoundly impact a child's neurological development and overall health. Monitoring and addressing these issues are central to the management of children with this condition, emphasizing the importance of early diagnosis and intervention.

## 8. What is the gold standard test for assessing metabolic causes of seizures in children?

- A. CT scan**
- B. Magnetic resonance imaging**
- C. Lumbar puncture**
- D. EEG**

The gold standard test for assessing metabolic causes of seizures in children is a lumbar puncture. This procedure allows for the analysis of cerebrospinal fluid (CSF), which can reveal specific metabolic disturbances, infections, or other abnormalities that might be causing the seizures. Metabolic causes of seizures can include conditions such as hypoglycemia, hyponatremia, or infections like encephalitis or meningitis. By obtaining CSF, healthcare professionals can check for the presence of pathogens, measure glucose and protein levels, and assess for other biochemical markers. This comprehensive assessment is critical because some metabolic disturbances need immediate intervention to prevent further neurological damage. While imaging techniques such as CT scans and MRI can identify structural abnormalities in the brain, they do not provide information regarding metabolic states. EEGs are valuable for assessing electrical activity in the brain and can help classify seizure types, but they do not directly evaluate metabolic conditions. Therefore, lumbar puncture is essential for diagnosing potential metabolic reasons behind seizures.

**9. What type of cerebral palsy results in symptoms affecting mobility without speech or cognitive impairment?**

- A. Mixed cerebral palsy**
- B. Athetoid cerebral palsy**
- C. Spastic cerebral palsy**
- D. Hypotonic cerebral palsy**

Athetoid cerebral palsy, also known as dyskinetic cerebral palsy, is primarily characterized by involuntary, uncontrolled movements that can affect various parts of the body. Individuals with this type of cerebral palsy typically exhibit difficulties with mobility due to these involuntary movements. Importantly, while mobility is significantly impacted, cognitive function and speech are often preserved, meaning that these individuals can have normal intelligence and clear communication abilities. This differentiates athetoid cerebral palsy from other types that might also be associated with cognitive or speech impairments. For instance, spastic cerebral palsy can impact mobility significantly, but may also be accompanied by other neurological challenges depending on the severity and areas affected. Mixed cerebral palsy might include symptoms from both spastic and athetoid types, which can complicate the clinical picture. Hypotonic cerebral palsy involves decreased muscle tone and weakness, also affecting mobility, but might not align with the specific symptomatology outlined in the question regarding cognitive and speech preservation. By recognizing the specific motor symptoms of athetoid cerebral palsy and its typical association with preserved cognitive and speech abilities, it becomes evident why this choice correctly answers the question.

**10. In terms of neurological assessment, what is a critical aspect to monitor in infants?**

- A. Response to stimuli**
- B. Skin integrity**
- C. Weight gain**
- D. Feeding habits**

Monitoring an infant's response to stimuli is crucial in neurological assessments as it provides key insights into their neurological development and functioning. Infants communicate and interact with their environment primarily through their responses to various stimuli, such as light, sound, and touch. Assessing how an infant reacts allows clinicians to evaluate the integrity of their sensory pathways and identify any potential neurodevelopmental disorders. For instance, an appropriate response to auditory stimuli, like responses to voices or sounds, can indicate healthy auditory processing and cognitive function. Similarly, visual tracking and reactions to visual stimuli help assess visual capabilities and motor responses. A lack of response or abnormal responses can signal concerns that may require further evaluation or intervention, making this aspect of assessment critical. While skin integrity, weight gain, and feeding habits are important for overall health and development, they do not specifically provide direct information about the neurological status of an infant. These factors are more related to general pediatric health rather than the specific assessment of neurological function. Thus, focusing on response to stimuli is essential for identifying issues related to the nervous system early in an infant's life.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://pediatricneuro.examzify.com>**

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

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