

REVIEW OF RELATED DISEASES (RRD) 10 – DISORDERS OF THE NEUROLOGICAL SYSTEM PRACTICE TEST (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. Papilledema refers to which of the following?

- A. Infection of the iris.
- B. Degeneration of the optic nerve.
- C. Edema and inflammation of the optic nerve where it enters the retina due to increased ICP.
- D. Inflammation of the cornea.

2. Diplopia is best defined as which of the following?

- A. double vision.
- B. loss of color vision.
- C. difficulty focusing at near distances.
- D. blurred vision not accompanied by double vision.

3. What are normal, expected sensorimotor findings in a neurological assessment?

- A. Normal sensation, muscle tone, and movement that is symmetric bilaterally.
- B. Asymmetric facial weakness with drooping.
- C. Hyperactive reflexes on one side only.
- D. Loss of sensation on one limb.

4. FAST stands for which components in stroke assessment?

- A. Face Drooping, Arm Weakness, Speech Difficulty, Time to Call Emergency Services
- B. Fever, Aches, Sensitivity, Time to Call
- C. Facial movement, Arm strength, Speech tempo
- D. Face, Arm, Speech, Temperature

5. What is the therapeutic time window for IV tPA in eligible patients?

- A. Within 4.5 hours of onset
- B. Within 2 hours
- C. Within 6 hours
- D. Within 12 hours

- 6. What is the purpose of an electroencephalogram (EEG) in epilepsy evaluation?**
- A. To assess brain blood flow
 - B. To detect epileptiform activity and help classify seizure type
 - C. To measure brain metabolism
 - D. To evaluate muscle activity during seizures
- 7. What CT finding would raise concern for acute hemorrhage?**
- A. Hyperdense (bright) area indicating acute blood
 - B. Hypodense lesion
 - C. Ring-enhancing lesion
 - D. Calcified plaque
- 8. Delirium is defined as?**
- A. An acute state of confusion due to problems such as high fever, electrolyte imbalances, etc.
 - B. A chronic memory loss
 - C. A mood disorder with persistent sadness
 - D. A chronic neurodegenerative disease
- 9. Which statement is true about closed-angle glaucoma emergency status?**
- A. It is a non-emergency condition.
 - B. It requires urgent medical care due to sudden angle closure.
 - C. It does not affect vision.
 - D. It is self-limiting.
- 10. What is first-line pharmacotherapy for symptomatic Parkinson disease?**
- A. Selegiline
 - B. Bromocriptine
 - C. Levodopa combined with carbidopa
 - D. Ropinirole

Answers

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

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Explanations

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1. Papilledema refers to which of the following?

- A. Infection of the iris.
- B. Degeneration of the optic nerve.
- C. Edema and inflammation of the optic nerve where it enters the retina due to increased ICP.**
- D. Inflammation of the cornea.

Papilledema is swelling of the optic disc caused by increased intracranial pressure. When ICP rises, the pressure is transmitted along the optic nerve sheath, disrupting axoplasmic flow at the optic nerve head as it enters the retina, leading to edema of the optic disc. This is a hallmark sign and is typically bilateral. It is not an infection of the iris, not degeneration of the optic nerve, and not inflammation of the cornea. The description of edema of the optic nerve head due to increased ICP best fits papilledema.

2. Diplopia is best defined as which of the following?

- A. double vision.**
- B. loss of color vision.
- C. difficulty focusing at near distances.
- D. blurred vision not accompanied by double vision.

Seeing two images of a single object is what diplopia means. This occurs when the eyes don't align or when there's an issue with the eye muscles or nerves, so the brain ends up receiving two separate images instead of one fused image. Diplopia can be binocular, where the double image goes away if one eye is closed, or monocular, where the double image persists even with one eye closed. The other options describe different problems: loss of color vision is a color-vision deficiency, difficulty focusing at near distances is an accommodation issue, and blurred vision without double vision is single-image blur from refraction or other causes.

3. What are normal, expected sensorimotor findings in a neurological assessment?

- A. Normal sensation, muscle tone, and movement that is symmetric bilaterally.**
- B. Asymmetric facial weakness with drooping.
- C. Hyperactive reflexes on one side only.
- D. Loss of sensation on one limb.

Normal sensorimotor findings mean the patient has intact sensation, normal muscle tone, and symmetric movement on both sides. This reflects no focal deficits and coordinated function across the body. When everything is working normally, there shouldn't be unilateral weakness, sensory loss, or abnormal reflex patterns. If you see asymmetric facial weakness, that points to a cranial nerve or corticobulbar tract issue rather than a normal finding. Hyperactive reflexes on one side suggest an upper motor neuron lesion affecting that side of the brain or spinal cord. Loss of sensation in a limb indicates a disruption of sensory pathways. These are signs of pathology, not baseline normalcy. So the best choice captures the idea of a healthy, balanced sensorimotor exam: intact sensation, normal tone, and movement that is symmetric bilaterally.

4. FAST stands for which components in stroke assessment?

- A. Face Drooping, Arm Weakness, Speech Difficulty, Time to Call Emergency Services
- B. Fever, Aches, Sensitivity, Time to Call
- C. Facial movement, Arm strength, Speech tempo
- D. Face, Arm, Speech, Temperature

FAST is a quick stroke screening mnemonic used to recognize warning signs and act quickly. Face drooping indicates facial weakness on one side; have the person smile and look for asymmetry. Arm weakness means trouble raising both arms or one arm drifting downward when held straight ahead. Speech difficulty involves slurred speech, trouble speaking, or confusion; ask simple questions and listen for clarity. Time to call emergency services emphasizes urgent action, because swift medical treatment within a narrow window can reduce brain damage. These components together help identify a possible stroke fast, prompting immediate EMS activation, as opposed to signs like fever or temperature that are not stroke indicators.

5. What is the therapeutic time window for IV tPA in eligible patients?

- A. Within 4.5 hours of onset
- B. Within 2 hours
- C. Within 6 hours
- D. Within 12 hours

Treating an acute ischemic stroke with IV tPA is highly time-dependent. The accepted therapeutic window for giving IV alteplase in eligible patients is within 4.5 hours from when symptoms began. Treating within this period maximizes the chance of dissolving the clot before irreversible brain damage occurs, helping to preserve function. Trials showed strong benefit early on, and an extended window to 4.5 hours is allowed for carefully selected patients who meet specific criteria and have no contraindications, with imaging used to rule out hemorrhage. Beyond 4.5 hours, the risk of symptomatic intracranial hemorrhage rises and the potential benefit declines, so IV tPA is generally not given in that later window.

6. What is the purpose of an electroencephalogram (EEG) in epilepsy evaluation?

- A. To assess brain blood flow
- B. To detect epileptiform activity and help classify seizure type
- C. To measure brain metabolism
- D. To evaluate muscle activity during seizures

EEG in epilepsy evaluation aims to detect epileptiform activity and help classify seizure type. By recording the brain's electrical activity with scalp electrodes, it can reveal spikes, sharp waves, or spike-and-wave patterns that indicate a tendency to seize. These patterns help distinguish focal onset from generalized onset and guide treatment decisions, including whether surgical options might be considered for localized epilepsy. EEG complements clinical history and imaging in confirming epilepsy and differentiating it from non-epileptic events. It doesn't measure blood flow or metabolism—that's the realm of other imaging studies—nor does it assess muscle activity—that's EMG. Sometimes seizures aren't captured on a short recording, so longer or video-EEG monitoring may be needed to improve detection.

7. What CT finding would raise concern for acute hemorrhage?

- A. Hyperdense (bright) area indicating acute blood
- B. Hypodense lesion
- C. Ring-enhancing lesion
- D. Calcified plaque

Fresh blood on CT stands out as a hyperdense (bright) region compared with surrounding brain tissue. This increased density reflects the attenuation of fresh clotted blood, making it the clearest sign that a hemorrhage is ongoing. Over time, blood evolves and becomes isodense to or hypodense relative to brain as it breaks down and edema develops, which is why the bright appearance is specifically associated with acute bleeding. Other CT patterns—hypodense areas from edema or infarct, ring-enhancing lesions from surrounding capsule or infection, and calcified plaques from chronic vascular changes—do not indicate an acute bleed.

8. Delirium is defined as?

- A. An acute state of confusion due to problems such as high fever, electrolyte imbalances, etc.
- B. A chronic memory loss
- C. A mood disorder with persistent sadness
- D. A chronic neurodegenerative disease

Delirium is an acute, fluctuating disturbance of attention and awareness usually caused by an underlying medical condition or physiological disturbance. The description that fits this best is an acute state of confusion arising from problems such as high fever or electrolyte imbalances. Delirium tends to develop over hours to days, with symptoms that vary in intensity over the course of a day, and it is often reversible if the underlying cause is identified and treated. This rapid, fluctuating change in consciousness and attention distinguishes delirium from other conditions. In contrast, the other options describe chronic conditions. Chronic memory loss points to dementia, a long-term decline in cognitive function. A mood disorder with persistent sadness describes depression, which affects mood more than it presents as an acute, fluctuating disturbance of consciousness. A chronic neurodegenerative disease refers to ongoing progressive conditions like Alzheimer's disease, which are not characterized by an abrupt, reversible onset tied to an acute medical issue.

9. Which statement is true about closed-angle glaucoma emergency status?

- A. It is a non-emergency condition.
- B. It requires urgent medical care due to sudden angle closure.
- C. It does not affect vision.
- D. It is self-limiting.

Acute angle-closure glaucoma is an ophthalmic emergency because the drainage angle closes abruptly, causing a rapid and dangerous rise in intraocular pressure. That sudden pressure spike can quickly damage the optic nerve and blur or loss of vision if not treated right away. The correct statement reflects the need for urgent medical care to relieve the pressure and reopen the angle, often starting with medications to lower the IOP and proceeding to urgent ophthalmology intervention such as laser peripheral iridotomy or surgery to prevent permanent vision loss. It's not a non-emergency condition, it does affect vision, and it is not self-limiting.

10. What is first-line pharmacotherapy for symptomatic Parkinson disease?

- A. Selegiline
- B. Bromocriptine
- C. Levodopa combined with carbidopa**
- D. Ropinirole

Levodopa combined with carbidopa is the best first-line option for relieving the motor symptoms of Parkinson disease because it directly replenishes brain dopamine, which is lacking in PD. Dopamine itself cannot cross the blood–brain barrier, so providing the true precursor (L-dopa) is necessary to restore central dopamine levels and improve movement. Adding carbidopa inhibits the enzyme that converts L-dopa to dopamine outside the brain, so more L-dopa reaches the brain and peripheral side effects (like nausea and vomiting) are reduced. This combination yields the strongest and most reliable symptomatic relief. Other drugs listed have important roles but are not as effective as this combination for established motor symptoms. Selegiline, an MAO-B inhibitor, modestly supports dopaminergic function or helps delay levodopa therapy. Dopamine agonists like bromocriptine or ropinirole can be used, especially in younger patients, to postpone levodopa, but they generally provide less robust symptom control and carry other side effects.

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://rrd10.examzify.com>

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

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