


**МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ
ОШСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ ФАКУЛЬТЕТ**

Кафедра клинических дисциплин 3

РАССМОТРЕНО

на заседании кафедры КД 3
Прот. № 1 от 01.09. 2023г.
Зав.каф., к.м.н.,
Б.О.Абдурахманов 

УТВЕРЖДАЮ 

Председатель УМС ММФ,
доцент., Базиева А.М.
“ ” _____ 2023г.

ФОНД ТЕСТОВЫХ ЗАДАНИЙ

Для итогового контроля по дисциплине

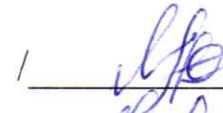
“Неврология”

На 2023-2024 учебный год

Направление: 560001-лечебное дело (GM)

Курс– 3, семестр- 6

Наименование дисциплины	Всего	Кредит	Аудиторные занятия (45)		СРС
			Лекции	Практические	
Неврология	120	4	24	36	60
Количество тестовых вопросов	400				

Составители: к.м.н. Машрапов Ш. Ж м /  /

Абдыкалыкова Н.С /  /

Абдыкайымова Г.А. /  /

Жусупова А.Б. /  /

Эксперт-тестелог: ФИО Барбашев И.С подпись /  /

ЭКСПЕРТНОЕ ЗАКЛЮЧЕНИЕ БАНКА ТЕСТОВЫХ ЗАДАНИЙ

кафедры « Психологическая психология 3 »

от « » 2023 г.

на разработанные тестовые задания по дисциплине
« Психология »
наименование дисциплины

к.п.н. Маширапов Ш. И.

/указать должность, ученую степень, Ф.И.О. автора (авторов)/

Тестовые задания проверены членом экспертной группы тестологов

Барбошев Ш. И.

/указать должность, ученую степень, Ф.И.О./

Направления проведения оценки структуры и содержания тестового задания

№	Направление экспертизы	Оценка экспертов	
		Соответствует	Не соответствует
1	Соответствие задания программам и стандартам обучения	Соответствует ✓	Не соответствует
2	Включение в тесты только наиболее важных, базовых знаний	Соответствует ✓	Не соответствует
3	Ясность смысла тестовой ситуации и представления ТЗ	ясно ✓	Не ясно
4	Правильность ответа на вопрос ТЗ	Соответствует ✓	Не соответствует
5	Значимость содержания тестового задания (0-сомнительный, 1-допустимый, 2-важный, 3-существенный)	<u>3</u> балл(ов)	
6	Соответствие необходимому числу заданий по каждому разделу дисциплины исходя из его важности и числа часов, отведенных на его изучение в программе.	Соответствует ✓	Не соответствует

Членом экспертной группы выявлены следующие недостатки в тестовом задании не выделяет вопросы в ТЗ.

Членом экспертной группы внесены следующие исправления (корректировки) в тестовое задание не вносить в ТЗ.

На основании представления тестовых заданий автором (авторами) и проведенной проверки сделала следующее заключение:

1) Содержание тестовых заданий соответствует (не соответствует) содержанию УМКД (нужное подчеркнуть)

2) Представленные тестовые задания в следующем объеме 400 вопросов: соответствуют (не соответствуют) требованиям, предъявляемым к количеству, уровням сложности и формам заданий для составления тестов. (нужное подчеркнуть)

Тестолог

Барбошев Ш. И.

подпись

дата

Ознакомлен зав. кафедрой

Абдурахманов Б.О.

подпись

дата

Выписка из протокола №3
заседания кафедры “Клинических дисциплин 3” международного
медицинского
факультета Ошского государственного университета

От ”__” _____ 2023 г.

Время: 15:00

Место: ауд. 406 ММФ

ПОВЕСТКА ДНЯ:

Утверждение экзаменационных вопросов по дисциплинам кафедры за VI семестр 2023-2024 учебного года.

Слушали: зав. кафедрой, к.м.н .Абдурахманова Б.О., который ознакомил присутствующих количеством, структурой и содержанием экзаменационных тестовых вопросов за осенний семестр текущего учебного года.

Подробно остановился на каждом предмете по каждой специальности отдельно:

Об утверждении экзаменационных тестов по неврологии и нейрохирургии.

Сетка часов по учебному плану:

Дисциплина	Всего час	Количество часов			СРС	Отчетность
		Аудиторные занятия				
		Ауд.зан.	Лекция	Практ.		
Неврология						
VI семестр	120	4кр	24	36	60	Экзамен
Количество экзаменационных тестов		400				

Выступили: к.м.н Машрапов Ш.Ж. и преподаватель по неврологии и нейрохирургии Абдыкайымова Г.К которые единогласно поддержали количество, структуру и содержание экзаменационных тестовых вопросов по предметам кафедры.

Решили: Утвердить экзаменационные тестовые вопросы по предметам кафедры за осенний семестр 2023-2024 учебного года. Утвердить обращение кафедры на имя УМС факультета.

Постановили:

1. Принять к сведению выступление зав. кафедрой, к.м.н., Абдурахманов Б.О.;
2. Рекомендовать обращение кафедры на рассмотрение УМС факультета;
3. Ходатайствовать перед УМС факультета об утверждении экзаменационных тестовых вопросов по предметам кафедры за осенний семестр 2023-2024 учебного года;

Председатель: Абдурахманов Б.О. / 

Секретарь: Нурмамат кызы Н / 

1) LOCATION OF THE PRAXIS CENTER

- a) in the front central gyrus
- b) in the parietal lobe, in the supra marginal gyrus
- c) in the mediobasal parts of the temporal lobe
- d) in the fissure of the occipital lobe

2) NOT FOR CHARACTERISTIC ATAXIA

- a) occurs on the opposite side of the outbreak
- b) manifests itself in a violation of standing and walking (astasia-abasia)
- c) "drunken gait"
- d) there is no possibility of compensation for coordination violations

3) PECULIARITIES OF MANIFESTATION OF CORTICAL CENTRAL PARESIS ON THE BRACHYCEPHALY TYPE

- a) occurs when the upper central anterior gyrus is affected
- b) develops on the side of the lesion
- c) manifested by hemiplegia
- d) manifested by paresis of the lower half of the face and central paresis of the arm

4) THE BASIC TYPES OF AGNOSIS DO NOT APPLY IN

- a) auditory
- b) taste, olfactory
- c) visual
- d) motor

5) THE BASIC SYMPTOM OF THE HORNER-CLAUDE BERNARD SYNDROME IS NOT

- a) miosis
- b) mydriasis
- c) narrowing of the palpebral fissure
- d) enophthalmos

6) THE BASIC SYMPTOM OF A SYMPATO-ADRENAL CRISIS IS NOT

- a) tachycardia
- b) increase in blood pressure
- c) lowering blood pressure
- d) a sense of fear of death

7) HYPOTHALAMIC SYNDROME IS NOT

- a) neuro-exchange-endocrine
- b) autonomic vascular
- c) vegetative-visceral
- d) akinetic-rigid

8) Symptoms of the defect of parasympathetic nuclei of the oculomotor nerve

- a) mydriasis
- b) divergent strabismus

- c) exophthalmos
- d) diplopia

9) THE BASIC SYMPTOM CHARACTERISTIC FOR THE GENERAL CEREBRAL VASCULAR CRISIS IS NOT

- a) headache
- b) dizziness
- c) noise in the head
- d) monoparesis

10) The segmentary device of the sympathetic department of the vegetative nervous system is represented by neurons of the lateral horns of the spinal cord at the level of segments

- a) C5-T10
- b) T1-T12
- c) C8-L3
- d) T6-L4

11) SEGMENTAL PARASYMPATHIC DEVICE INCLUDES

- a) lateral horns of the spinal cord
- b) paravertebral chain
- c) vegetative nuclei of the thalamus and limbic brain
- d) the vegetative nuclei of the brain stem and the spinal pelvic center of S1-S3 segments

12) Vegetative formations of the spinal cord are

- a) front horns
- b) side horns
- c) back horns
- d) rear pillars

13) DIAPHRAGMAL CENTER LOCATED AT

- a) C4
- b) C2-C3
- c) Th1
- d) Th4

14) CEREBRAL FLUID IS PRODUCED

- a) pachyon granulation
- b) choroid plexuses of the ventricles of the brain
- c) by the membranes of the brain
- d) diploic veins

15) WHICH IS NOT CHARACTERISTIC FOR THE NORMAL COMPOSITION OF CSF

- a) cerebrospinal fluid pressure 150-200mm. water Art.
- b) cytosis 2-3 cells. in 1 mm³
- c) protein 0.23-0.33 g / l
- d) the level of sugar in the cerebrospinal fluid is equal to the level of sugar in the blood

16) WHICH IS NOT A CONTRAINDICATION FOR A LUMBAR PUNCTURE

- a) bradycardia
- b) respiratory failure

- c) impaired function of the nuclei of the brain stem (bulbar section)
d) disorder of consciousness
- 17) A LUMBAR PUNCTURE IS BETWEEN THE ACRUST PROJECTS OF THE CALLS
- a) L1 - L2
b) L2 - L3
c) L3 - L4
d) Th1-L1
- 18) Symptoms testify to the increase in the tone of the parasympathetic nerve system
- a) miosis
b) mydriasis
c) bradycardia
d) arterial hypotension
- 19) TONUS OF THE PARASIMPATHIC NERVOUS SYSTEM INCREASE MEDIATORS
- a) acetylcholine
b) adrenaline
c) norepinephrine
d) dopamine
- 20) Second order neuron in superficial sensitivity tract is localized:
- a) In the dorsal root ganglion
b) In the dorsal horn of the spinal cord
c) In the anterior horn of the spinal cord
d) Medulla
- 21) Second order neuron in deep sensitivity tract is localized:
- a) In the dorsal root ganglion
b) In the dorsal horn of the spinal cord
c) In the anterior horn of the spinal cord
d) In the medulla oblongata
- 22) Lesion in primary sensory cortex leads to:
- a) Contralateral monoanesthesia
b) Contralateral hemianesthesia
c) Alternating hemianesthesia
d) Contralateral hemianesthesia and thalamic pain
- 23) Lesion in medulla oblongata leads to:
- a) Contralateral monoanesthesia
b) Contralateral hemianesthesia
c) Alternating hemianesthesia
d) Contralateral hemianesthesia and thalamic pain
- 24) To examine proprioceptive musculo-skeletal sensitivity one should:
- a) Slowly move the phalanx of the patient up and down
b) Touch a soft brush at the symmetrical points of the extremities
- c) Apply a tube with hot and cold water alternately at the symmetric points of the extremities
d) Ask the patient to define an object with closed eyes just with the touch
- 25) Hyperpathia - is:
- a) Lack of sensitivity to painful stimuli
b) The appearance of the excruciating pain on painful and non-painful stimuli
c) "Crawling" sensation
d) Increased sensitivity to non-painful stimuli
- 26) Distinguished part of the anterior horn is:
- a) α - large cells
b) α - small cells
c) γ - cells
d) all of the above is true.
- 27) Deep reflexes include:
- a) Tendon reflex
b) Corneal reflex
c) Abdominal reflex
d) Periosteal reflex
- 28) Taking a normal, awake person who is lying supine with head slightly elevated (30°) and irrigating one external auditory meatus with warm water will induce
- a) Tonic deviation of the eyes toward the ear that is stimulated
b) Nystagmus in both eyes toward the ear that is stimulated
c) Tonic deviation of the ipsilateral eye toward the ear that is stimulated
d) Nystagmus in both eyes away from the ear that is stimulated
- 29) A 33-year-old woman has the acute onset of right orbital pain after a tennis match. The following morning, her 10-year-old son comments that her right eye looks funny. On examination, she has a mild right ptosis and anisocoria. The right pupil is 2 mm smaller than the left, but both react normally to direct light stimulation. Visual acuity, visual fields, and eye movements are normal. The site of injury is due to interruption of fibers from which of the following structures?
- a) Optic tract
b) Optic chiasm
c) Cranial nerve III
d) Superior cervical ganglion
- 30) Magnetic resonance imaging (MRI) of the head and neck in this patient would be expected to show which of the following?
- a) Increased T2 signal in a periventricular distribution
b) Contrast enhancement along the tentorial margin
c) Increased T1 signal in the wall of the right carotid artery
d) Enlarged optic nerve in the orbit
- 31) A 15-year-old boy developed a left Bell's palsy over the course of 1 week. He was treated with acyclovir and prednisone. Over the next 3 months he seemed to recover almost fully. However, he has noticed involuntary twitching at the left corner

of the mouth each time he tries to blink the left eye. This is most likely caused by

- a) A habit spasm
- b) Cerebellar damage producing impaired coordination
- c) Aberrant regeneration of the facial nerve
- d) Trigeminal neuralgia

32) SEGMENTAL DISSOCIATED SENSITIVITY DISORDERS ARISE DUE TO THE DAMAGE OF

- a) peripheral nerve
- b) intervertebral spinal ganglion
- c) dorsal root
- d) dorsal horn

33. THE BASIC SIGN OF PHANTOMIC PAIN SYNDROME

- a) hypesthesia in the cult of the limb
- b) a feeling of pain in a non-existent part of the removed limb
- c) swelling and cyanosis of the limb stump
- d) the burning nature of pain

34. CHARACTERISTIC SIGNS OF CAUSALGIC PAIN

- a) intense burning pain that does not correspond to the zone of innervation of the affected nerve
- b) severe pain with pressure on the nerve trunk
- c) the shooting nature of pain
- d) severe pain when pulling a nerve

35. SENSITIVITY DISEASES BY TYPE "GLOVE" AND "SOCKS" ARISE DUE TO THE DAMAGE OF

- a) peripheral nerves
- b) brachial and lumbar plexus
- c) spinal cord
- d) the brain stem

36) IN THE LOWER FOOT OF THE CEREBELLUM, THE CONDUCTIVE WAY DOES NOT PASS THROUGH

- a) the spinocerebellar path of Flexig
- b) the Govers spinocerebellar path
- c) the vestibulo-cerebellar path
- d) the path from the beams of Gaulle and Burdach

37) THE PALLIDARY SYSTEM DOES NOT APPLY THE BRAIN

- a) globus pallidus
- b) red nuclei and black substance
- c) reticular formation
- d) dentate and emboliformis of the cerebellum

38) CHARACTERISTIC OF CHOREIC HYPERKINESIS

- a) "drunken gait"
- b) "dancing" gait; involuntary muscle twitches in various muscle groups with limb displacement
- c) involuntary twitching in various muscle groups with displacement of limbs with loss of consciousness
- d) "shuffling" gait

39) WHICH OF THE FOLLOWING DOES NOT APPLY TO THE SYMPTOMS OF DEFECT OF THE PALLIDONIGRA SYSTEM

- a) plastic muscle hypertension
- b) intentional tremor;
- c) hypokinesia, bradykinesia, oligokinesia
- d) rest tremor

40) THE BASIC TYPES OF HYPERKINESIS DOES NOT APPLY TO

- a) choreic hyperkinesia
- b) epileptic seizures
- c) athetosis
- d) myoclonus

41) THE MAIN SYMPTOMS OF DAMAGE OF THE CEREBELLUM DOES NOT APPLY TO

- a) ataxia, "drunk" gait
- b) "shuffling" gait, hypomimia, hypokinesia
- c) intentional tremor
- d) horizontal nystagmus

42) Symptoms of the defect of the striatal system

- a) increased tendon reflexes
- b) bradykinesia
- c) hypomimia
- d) hyperkinesia (chorea, athetosis, torsion dystonia)

43) BASIC SIGNS OF TORSION DYSTONIA

- a) flexor posture
- b) sharp, jerky movements of the limbs
- c) "corkscrew-like", violent movements of the body with its rotation around the axis, arising from arbitrary movements, while walking
- d) slow, "worm-like" movements of fingers and hands

44) THE BASIC MEDIATOR OF NEURONS OF THE BLACK SUBSTANCE

- a) acetylcholine
- b) norepinephrine
- c) dopamine
- d) adrenaline

45) BASIC SIGNS OF TREMOR

- a) rhythmic violent movements arising from the alternation of muscle tension of agonists and antagonists
- b) one-sided gross, sweeping movements of the limbs, more often than arms, usually carried out by proximal muscle groups
- c) stereotypically recurring clonic contractions of one muscle or muscle group
- d) short lightning-fast clonic twitches of individual muscles or muscle groups, so fast that there is no movement of limbs in space

- 46) WHICH SYMPTOM IS NOT CHARACTERISTIC FOR INJURY OF THE CEREBELLUM
- muscle hypertension
 - muscle hypotension
 - ataxia
 - asynergy
- 47) WHICH SPEECH DISORDER IS CHARACTERISTIC FOR INJURY OF THE CEREBELLUM
- Scanning speech
 - aphonia
 - monotonous speech
 - aphasia
- 48) WHICH SYMPTOM IS NOT CHARACTERISTIC FOR THE PALIDO-NIGRAL SYSTEM
- amimia
 - muscle stiffness as a "gear"
 - muscle stiffness as a "folding knife"
 - bradykinesia
- 49) WHICH TREMOR SPECIFIC IS CHARACTERISTIC FOR INJURY OF THE CEREBELLUM
- tremor of rest
 - myoclonus
 - intentional tremor
 - chanted speech
- 50) WHICH MOTOR DISORDER IS CHARACTERISTIC FOR CHILD INJURY
- ataxia
 - central paralysis
 - peripheral paralysis
 - apraxia
- 51) CHOREIC HYPERKINESIS CAUSES DUE TO THE DAMAGE OF
- paleostriatum
 - neostriatum
 - the medial globus pallidus
 - lateral globus pallidus
- 52) INSTABILITY IN THE POSTER OF THE ROMBERG AT CLOSING THE EYES INCREASES AT ATAXIA
- cerebellar
 - sensitive
 - vestibular
 - cortical
- 53) ATAXIA OBSERVED IN CEREBELLAR VERMIS
- dynamic
 - vestibular
 - static
 - sensitive
- 54) INTENTIONAL SHAKING AND WAVING WHEN EXECUTING A FINGER-NOSE SAMPLE IS CHARACTERISTIC FOR
- static locomotor ataxia
 - dynamic ataxia
 - static ataxia
 - sensitive
- 55) TO EXPLAIN SENSITIVE ATAXIA, WHAT SHOULD YOU ASK TO A PATIENT
- get on your heels
 - stand in the Romberg pose with eyes closed
 - standing, leaning back
 - go with your eyes closed
- 56) IF A PATIENT HAS ATAXIA, ATONIA, ASYNERGY , WHAT MAY BE SUSPECTED
- frontal lobe
 - temporal lobe
 - occipital lobe
 - cerebellum
- 57) THE BASIC MEDIATOR OF NEURONS OF THE BLACK SUBSTANCE
- acetylcholine
 - norepinephrine
 - dopamine
 - adrenaline
- 58) THE BASIC TYPES OF HYPERKINESIS DOES NOT APPLY TO
- choreic hyperkinesis
 - epileptic seizures
 - torsion dystonia
 - athetosis
- 59) STRIAR SYSTEM DAMAGE IS CHARACTERIZED BY
- ataxia
 - hyperkinesis
 - hemiparesis
 - parkinsonism syndrome
- 60) PALLIDARY SYSTEM DAMAGE IS CHARACTERIZED BY
- Wernicke-Mann pose
 - parkinsonism syndrome
 - ataxia
 - hyperkinesis
- 61) WHICH ONE OF THE FOLLOWING IS NOT CHARACTERISTIC OF PARKINSONISM SYNDROME
- stiffness of movements
 - plastic hypertension
 - rest tremor
 - choreic hyperkinesis

62) WHICH ONE OF THE FOLLOWING IS NOT CHARACTERISTIC FOR HYPERKINETIC SYNDROME

- a) high muscle tone
- b) low muscle tone
- c) a decrease in symptoms in a dream and aggravation with excitement
- d) excessive motor activity

63) IN THE MIDDLE PEDUNCLES OF THE CEREBELLUM, THE CONDUCTIVE WAYS ARE PASSED THROUGH

- a) paths from the cores of the Gol and Burdakh beams
- b) Flexig ways
- c) the vestibulo-cerebellar path
- d) the occipital-temporal-pontine-cerebellar path

64) TO KIND THE CEREBELLA CHARACTERISTIC

- a) scanning speech, "drunken walk", intentional trembling
- b) low muscle tone, obsessive movements
- c) stiffness, rigidity, shuffling gait, rest tremor
- d) tearfulness, irritability, "pretentious gait"

65) CEREBRAL FLUID IS PRODUCED

- a) pachyon granulation
- b) choroid plexuses of the ventricles of the brain
- c) by the membranes of the brain
- d) diploic veins

66) Which pathway pass through the lower leg of cerebellum?

- a) Spino- cerebellaris (Flexig`s)
- b) Rubro-spinalis
- c) Dento-rubralis
- d) Spino- cerebellaris (Hovers`s)

67) Lesion of what structure will cause loss of sensation on face according to the peripheral type?

- a) Internal capsule
- b) tractus Thalamo – corticalis
- c) Maxillar nerve
- d) nucleus tractus spinalis of Trigeminal nerve

68) Lesion of what structure will cause loss of sensation on face according to the peripheral type?

- a) Internal capsule
- b) tractus Thalamo – corticalis
- c) Mandibular nerve
- d) nucleus tractus spinalis of Trigeminal nerve

69) What alternating syndromes are observed at Pons lesion?

- a) Foville
- b) Weber
- c) Jackson
- d) Clodt

70) What are the primary cortical hearing centers?

- a) Upper hills of laminae quadrigeminae
- b) Lower hills of laminae quadrigeminae
- c) Medial corpus geniculatum
- d) Heshlia zone

71) What are the symptoms of Abducens nerve lesion?

- a) Inward cross eye
- b) The absence of pupils reaction
- c) Outward cross eye
- d) Ptosis

72) What are the symptoms of Trochlear nerve lesion?

- a) Outward cross eye
- b) Diplopia while looking outside
- c) Diplopia while looking downward
- d) Light inward cross eye

73) What function is provided by parasympathetic eye innervation?

- a) Midriasis
- b) Convergence
- c) Myosis
- d) Tears

74) What function is provided by parasympathetic eye innervation?

- a) Accommodation
- b) Convergence
- c) Midriasis
- d) Tears

75) What is the earliest and common symptom of III and VI Cranial nerves lesion?

- a) Diplopia
- b) Binocular vision disorders
- c) Limited range of eye bulb movements
- d) Sight paresis

76) What is the level of Hypoglossal nerve?

- a) Thalamus
- b) Peduncle of the brain
- c) Pons
- d) Oblong brain

77) What is the localization of pathological focus at peripheral paresis of tongue?

- a) Nucleus of Glossopharyngeal nerve
- b) Trunc of Glossopharyngeal nerve
- c) Nucleus of Hypoglossal nerve
- d) Tractus cortico-nuclearis

78) What is the localization of pathological focus at central paresis of tongue muscles?

- a) Upper part of Precentral gyrus

- b) Tractus cortico-nuclearis
- c) Nucleus of Hypoglossal nerve
- d) Hypoglossal nerve

79) What is the localization of pathological focus at pseudobulbar syndrome?

- a) Peduncle of the brain
- b) Pons
- c) Oblong brain
- d) Tractus cortico-nuclearis in both hemispheres of brain

80) What is the sign of Bulbar syndrome?

- a) Reflexes of oral automatism
- b) Increased gag reflex
- c) Absent gag reflex
- d) Involuntary laughing or crying

81) What is the sign of Bulbar syndrome?

- a) Reflexes of oral automatism
- b) Increased gag reflex
- c) Involuntary laughing or crying
- d) Atrophy of tongue muscles

82) What is the sign of Bulbar syndrome?

- a) Reflexes of oral automatism
- b) Increased leg reflex
- c) Involuntary laughing or crying
- d) Dysphagia

83) What is the sign of Bulbar syndrome?

- a) Reflexes of oral automatism
- b) Increased leg reflex
- c) Involuntary laughing or crying
- d) Dysarthria

84) What is the sign of Bulbar syndrome?

- a) Reflexes of oral automatism
- b) Increased leg reflex
- c) Involuntary laughing or crying
- d) Fibrillation of tongue muscles

85) What is the symptom of Oculomotor nerve lesion?

- a) Nystagmus
- b) Enophthalmus
- c) Myosis
- d) Exophthalmus

86) What is the symptom of Oculomotor nerve lesion?

- a) Inward cross eye
- b) Myosis
- c) Enophthalmus
- d) Mydriasis

87) What is the symptom of Oculomotor nerve lesion?

- a) Inward cross eye

- b) Ptosis
- c) Enophthalmus
- d) Myosis

88) What speech disorder is typical for Bulbar syndrome?

- a) Aphasia
- b) Scanning speech
- c) Dysarthria
- d) Mutism

89) What speech disorder is typical for the lesion of Hypoglossal nerve?

- a) Aphasia
- b) Scanning speech
- c) Dysarthria
- d) Mutism

90) What symptom is common for bulbar and pseudobulbar syndromes?

- a) Dysphagia
- b) Atrophy of tongue muscles
- c) Decreased gag reflex
- d) Reflexes of oral automatism

91) Gyrus lingualis represents:

- a) Lower quadrants of visual fields
- b) Upper quadrants of visual fields
- c) Visual agnosia
- d) Temporal parts of visual fields

92) How many types of apraxia do you know?

- a) 3
- b) 2
- c) 4
- d) 5

93) What function is located in left upper temporal lobe?

- a) Center of gnosis
- b) Auditory zone
- c) Smell zone
- d) Wernicke center

94) What function is located in middle part of middle frontal gyrus?

- a) Motor activity on the opposite side of the body
- b) Motor activity on the same side of the body
- c) Center of writing
- d) Center of eye movements in the opposite side

95) What function is located in postcentral gyrus of parietal lobe?

- a) Motor activity on the opposite side of the body
- b) Motor activity on the same side of the body
- c) Sensitivity on the opposite side of the body
- d) Sensitivity on the same side of the body

96) What function is located in posterior part of left lower frontal gyrus?

- a) Center of Broca
- b) Motor activity on the left side of the body
- c) Motor activity on the right side of the body
- d) Center of eye movements in the opposite side

97) What function is located in posterior part of left lower frontal gyrus?

- a) Motor activity on the left side of the body
- b) Motor activity on the right side of the body
- c) Center of straight walking and standing
- d) Center of motor expressive speech

98) What function is located in posterior part of middle frontal gyrus?

- a) Motor activity on the opposite side of the body
- b) Motor activity on the same side of the body
- c) Sensitivity on the opposite side of the body
- d) Center of eye movements in the opposite side

99) What function is located in posterior part of right lower frontal gyrus?

- a) Motor activity on the left side of the body
- b) Motor activity on the right side of the body
- c) Center of music
- d) Center of eye movements in the opposite side

100) The patient that lies on his back was being counted heart rate. After that he was proposed to stand up and counted his pulse rate again. What test is that?

- a) Stukkey
- b) Aschner
- c) Ortostatic
- d) Clinostatic

101) The patient that lies on his back was being counted heart rate. After that he was proposed to stand up and counted his pulse rate again. What is normal reaction in this case?

- a) decreased pulse on 12 units
- b) increased pulse on 18 units
- c) increased pulse on 12 units
- d) decreased pulse on 18 units

102) The patient lost parasympathetic innervation of eye. What function will be lost?

- a) Direct reaction of pupil to the light
- b) Convergence
- c) Dilatation of pupil
- d) Lacrimation of eye

103) The lesion in cuneus causes:

- a. Lower quadrant hemianopsia
- b. Upper quadrant hemianopsia
- c. Homonymous hemianopsia
- d. Scotoma

104) The lesion of posterior part of lower frontal gyrus causes:

- a) Central paralysis and paresis
- b) Agraphia
- c) Cortical gaze paralysis
- d) Broca's aphasia

105) The receptors of postganglionic autonomic nerve endings at sudoriferous glands are:

- a) muscarinic
- b) nicotinic
- c) alfa-adrenergic
- d) beta-adrenergic

106) Where are the cell bodies that convey painful impulses from the heart located

- a) Ganglia located in cardiac plexus
- b) Upper thoracic dorsal root ganglia
- c) Substantia gelatinosa of thoracic spinal cord
- d) Upper thoracic sympathetic ganglia

107) Which of the following autonomic nerve plexuses is situated near the bifurcation of abdominal aorta

- a) Superior hypogastric
- b) Inferior hypogastric
- c) Superior mesenteric
- d) Inferior mesenteric

108) The white rami communicantes contain fibers from:

- a) Paravertebral sympathetic ganglia to spinal nerve
- b) Paravertebral sympathetic ganglia to viscera
- c) Spinal cord to paravertebral sympathetic ganglia
- d) Viscera to paravertebral sympathetic ganglia

109) The usual number of pairs of thoracic ganglia is:

- a) 8
- b) 9
- c) 10
- d) 11

110) Broca's area is located in:

- a) Superior temporal gyrus
- b) Inferior parietal lobule
- c) Inferior frontal gyrus
- d) Angular gyrus

111) Lesions of Brodmann's area results in :

- a) Auditory agnosia
- b) Astereognosis
- c) Visual agnosia
- d) Alexia

112) On the superolateral surface of the cerebrum, which sulcus limits the primary visual area:

- a) Calcarine
- b) Parieto-occipital
- c) Lunate

d) Lateral occipital

113) Which of the following sulci is related to the primary visual area(17):

- a) Calcarine
- b) Parieto-occipital
- c) Occipito-temporal
- d) Lateral occipital sulcus

114) Central sulcus separates the following two lobes in the cerebral cortex

- a) Frontal and Parietal
- b) Parietal and occipital
- c) Occipital and Temporal
- d) Temporal and Parieta

115) Maintenance of balance is a function of

- a) Cerebral cortex
- b) Cerebellum
- c) Medulla
- d) Pons

116) Language is a function of

- a) Cerebral cortex
- b) Cerebellum
- c) Medulla
- d) Pons

117) Primary motor cortex is a part of the following lobe

- a) Frontal
- b) Parietal
- c) Occipital
- d) Temporal

118) Basal nuclei consists of

- a) caudate nucleus, thalamus, globus pallidus and claustrum
- b) caudate nucleus, putamen, globus pallidus and claustrum
- c) caudate nucleus, hypothalamus, globus pallidus and claustrum
- d) caudate nucleus, putamen, copus callosum and claustrum

119) Which of the following gland has both neuronal and glandular regions?

- a) Adrenal
- b) Pituitary
- c) Thyroid
- d) Thymus

120) The following subcortical structure functions as a link between the autonomic nervous system and endocrine system and regulates the homeostatic functions?

- a) Hypophysis
- b) Hypothalamus
- c) Thalamus
- d) Mesencephalon

121) The following subcortical structure acts as a synaptic integrating center and screens sensory input to the cortex

- a) Hypophysis
- b) Hypothalamus
- c) Thalamus
- d) Mesencephalon

122) Diencephalon consists of

- a) Thalamus, globus, putamen and subthalamus
- b) Thalamus, hypothalamus, globus and putamen
- c) Putamen, hypothalamus, epithalamus and globus
- d) Thalamus, hypothalamus, epithalamus and subthalamus

123) Language comprehension is a function of

- a) Auditory cortex
- b) Broca's area
- c) Visual cortex
- d) Wernicke's area

124) Speech production and articulation is a function of

- a) Auditory cortex
- b) Broca's area
- c) Visual cortex
- d) Wernicke's area

125) THE BRAIN REMAINS

- a) hypothalamus
- b) thalamus
- c) inner capsule
- d) Varoliev bridge

126) The Pyramid Way Crosses

- a) in the anterior gray commissure of the spinal cord
- b) in the waroline bridge
- c) on the border of the medulla oblongata with the spinal cord
- d) in the inner capsule

127) PERIPHERAL NEURONS BODIES ARE LOCATED

- a) in the anterior horn of the spinal cord
- b) in the horn of the spinal cord
- c) in the visual tubercle
- d) in the front roots

128) SIGNS OF CENTRAL PARALYSIS are RELATED TO

- a) tendon reflex hyporeflexia
- b) spastic type muscle hypertension
- c) hyporeflexia of skin reflexes
- d) fibrillar muscle twitching

129) SIGNS OF PERIPHERAL PARALYSIS DO NOT APPLY

- a) synkinesia - friendly movements
- b) areflexion of tendon reflexes
- c) muscle atony
- d) muscle atrophy

130) BASIC SIGNS OF THE BROWN-SECAR SYNDROME

- a) spastic tetraparesis, conduction tetranesthesia
- b) central paralysis on one side, disorder of deep sensitivity on the side of paralysis and superficial - on the opposite
- c) peripheral paralysis of the hands and central paralysis of the legs
- d) peripheral tetraparesis, distal anesthesia

131) BASIC SYMPTOMS OF JACKSON EPILEPSY

- a) paroxysmal clonic convulsions starting with a specific muscle group, with the preservation of consciousness
- b) generalized cramps in all muscle groups with loss of consciousness
- c) persistent cramps in a specific muscle group while maintaining consciousness
- d) short-term shutdown of consciousness without falling and cramps

132) MAIN CAUSES OF ALTERNATING PARALYSIS

- a) with the defeat of the pyramidal path in the precentral gyrus
- b) with the defeat of the pyramidal pathway in the inner capsule
- c) with damage to the pyramidal pathway in the brain stem in combination with the motor nuclei of the FMN
- d) with damage to the lateral columns of the spinal cord

133) Symptoms of the defect of a peripheral motor neuron

- a) spastic tone
- b) muscle hypertension
- c) increase in tendon reflexes
- d) "bioelectric silence" on EMG

134) Symptoms of the defect of the pyramid pathway

- a) hemiparesis
- b) muscle atrophy
- c) decreased tendon reflexes
- d) decreased muscle tone

135) SYMPTOMS OF THE HEMI SECTION OF THE SPINAL CORD

- a) intentional tremor
- b) hemiplegia
- c) Brown-Sequer syndrome
- d) hemianesthesia

136) THE CENTRAL PARESIS OF THE LEFT HAND ARISES WHEN LOCALIZING THE FOCUS in

- a) in the upper sections of the anterior central gyrus on the left
- b) in the lower sections of the anterior central gyrus on the right
- c) in the back thigh of the inner capsule
- d) in the middle section of the anterior central gyrus on the right

137) THE BASIC PATHOLOGICAL REFLEX OF BENDING TYPE IS REFLEX

- a) Babinsky
- b) Oppenheim
- c) Rossolimo
- d) Gordon

138) CLOSING THE ARC OF REFLEX FROM THE TENDON OF THE TWO-HEADED SHOULDER MUSCLE HAPPENS AT THE LEVEL OF SEGMENT OF THE SPINAL CORD:

- a) C3-C4
- b) C5-C6
- c) C7-C8
- d) C8-Th1

139) FOR PERIPHERAL PARALYSIS, CHARACTERISTIC features

- a) clonuses
- b) high muscle tone, high reflexes
- c) Wernicke-Mann pose
- d) muscle atrophy, low reflexes, low tone

140. FOR CENTRAL PARALYSIS ,CHARACTERISTIC features

- a) muscle atrophy, low reflexes, low tone
- b) hyperkinesia
- c) ataxia
- d) spasticity, high reflexes

141. THE CENTRAL NEURON FOR THE MOTOR WAY IS

- a) red core
- b) the core of the tent
- c) pyramidal cells of the anterior central gyrus
- d) motor nuclei of the brain stem

142. THE PERIPHERAL NEURON FOR THE CORTICO-NUCLEAR WAY IS

- a) thalamus cells
- b) hypothalamic cells
- c) motor core
- d) red core

143. BASIC SYMPTOMS OF DEFENSE OF THE SPINAL CORE AT THE LEVEL OF CERVICAL THICKNESS

- a) central tetraparesis
- b) flaccid tetraparesis
- c) flaccid paresis of the hands and central legs
- d) lower flaccid paraparesis

144. BASIC SYMPTOMS OF DEFRACTION OF THE LUMBAR THICKNESS OF THE SPINAL

- a) central tetraparesis
- b) flaccid tetraparesis
- c) flaccid paresis of the hands and central legs
- d) lower flaccid paraparesis

145. BASIC SYMPTOMS OF THE BROWN-SEQUER SYNDROME

- a) spastic tetraparesis and conduction tetraesthesia
- b) central hemiparesis, pain, temperature and partially tactile hemianesthesia on the opposite side; disorder of deep types of sensitivity on the side of paresis
- c) flaccid paresis of the hands and central legs
- d) flaccid paresis of the legs and pelvic dysfunction on the peripheral type

146. The lumbar plexus is formed by the anterior branches of the spinal nerves.

- a) T12 - L4
- b) L4 - L5
- c) T11 - L5
- d) L1 - L4

147. SACRED Plexus is formed by the anterior branches of the spinal nerves.

- a) S1 - S3
- b) S1 - S5
- c) L4 - S3
- d) L3 - S5

148. INCREASING TENDON REFLEXES IS A SIGN OF DAMAGE

- a) spinal cord
- b) peripheral nerves
- c) cerebellum
- d) muscles

149. THE BASIC SIGN OF DAMAGE TO THE VISUAL BUGER IS NOT

- a) hemianesthesia
- b) hemianopsia
- c) hemiplegia
- d) hemataxia

150. MAIN SIGN OF PERIPHERAL PARALYSIS OF MIMIC MUSCULARITY

- a) lack of movement in the muscles of half the face
- b) lack of movement in the muscles of the lower face
- c) lagophthalmus
- d) Bell phenomenon

151. CENTRAL PARALYSIS OF THE FACIAL NERVOUS IS CAUSED DUE TO THE DAMAGE OF

- a) nerve nuclei
- b) nerve root
- c) the nerve itself
- d) supranuclear lesions of the cortico-nuclear pathway

152. BABINSKY'S PATHOLOGICAL REFLEX IS A SIGN OF A LOSS

- a) the thalamic path
- b) the pyramidal path
- c) rubro-spinal path
- d) cerebrospinal tract

153. BASIC PATHOLOGICAL REFLEX OF BENDING TYPE

- a) Babinsky
- b) Oppenheim
- c) Ankylosing spondylitis
- d) Gordon

154. BASIC PATHOLOGICAL REFLEXES OF EXTENSIVE TYPE

- a) Rossolimo
- b) Ankylosing spondylitis
- c) Zhukovsky
- d) Schaeffer

155. SIGNS OF PERIPHERAL PARALYSIS

- a) muscle atrophy
- b) increase tendon reflexes
- c) the presence of pathological reflexes
- d) increased muscle tone

156. PSEUDOBULAR SYNDROME IS DEVELOPING WITH THE COMBINED DEFECT

- a) the pyramidal and cerebellar paths of the dominant hemisphere
- b) the pyramidal and cerebellar paths of the non-dominant hemisphere
- c) pyramidal and extrapyramidal paths of the non-dominant hemisphere

157. KNEE TENDON REFLEX INCLUDES FEMORAL NERVA FIBERS STARTING IN SEGMENTS

- a) S1 - S4;
- b) S2 - S3;
- c) L4 - L5;
- d) L2 - L3.

158) LOWER SPASTIC PARAPARESIS ARISES WITH 2 SIDED DAMAGE OF

- a) lateral pyramidal tract in the thoracic spinal cord
- b) internal capsules
- c) cervical thickening
- d) lumbar thickening

159) THE WAY OF SURFACE SENSITIVITY DOES NOT PASS THROUGH

- a) peripheral nerve
- b) back horn
- c) the lateral column of the spinal cord
- d) the posterior column of the spinal cord

160) THE WAY OF DEEP SENSITIVITY DOES NOT PASS THROUGH

- a) peripheral nerve
- b) rear pillar
- c) visual tubercle
- d) striatum

161) CENTRAL TYPE OF SENSITIVITY DISORDER

- a) conductor type
- b) neuritic type
- c) polyneuritic
- d) radicular

162) WHEN THE BRAIN IS DAMAGED, WHICH ONE DOES NOT APPEAR

- a) conductor paraesthesia
- b) monoesthesia
- c) hemianesthesia
- d) an alternating type of sensitivity disorder

163) SEGMENTAL SENSITIVITY DISORDERS ARISE IN DAMAGE

- a) rear pillars
- b) back horns
- c) side horns
- d) front spine

164) CAUSALGIC SYNDROME ARISES WHEN WHICH OF THE FOLLOWING NERVES IS AFFECTED

- a) elbow
- b) median
- c) fibula
- d) femoral

165) CHARACTERISTIC OF A POLYNEURITIC TYPE OF SENSITIVITY DISORDER

- a) sensitivity disorders in the corresponding dermatomes
- b) anesthesia in the distal extremities
- c) hemihypesthesia
- d) "dissociated" type of sensitivity disorder

166) FIBERS OF DEEP SENSITIVITY JOIN FIBERS OF SURFACE SENSITIVITY (SPINE-THALAMIC TRACT) AT

- a) the medulla oblongata
- b) in the waroline bridge
- c) in the legs of the brain
- d) in the visual tubercle

167) DISSOCIATED SENSITIVITY DISORDERS BY SEGMENTARY TYPE AT SYRINGOMELIA ARE CHARACTERIZED BY

- a) prolapse deep and surface preservation
- b) loss of pain while maintaining temperature
- c) preservation of pain in case of deep prolapse

d) loss of pain and temperature while maintaining a deep

168. CHARACTERISTIC TYPE OF PAIN IN DAMAGE OF THE REAR ROT IS

- a) local
- b) projection
- c) radiating
- d) reflected

169. CHARACTERISTIC TYPE OF PAIN IN INJURY OF INTERNAL BODIES IS

- a) local
- b) radiating
- c) projection
- d) reflected

170) SENSORY ATAXIA ARISES DUE TO THE INJURY OF

- a) the anterior pillars of the spinal cord
- b) visual tubercle
- c) the lateral columns of the spinal cord
- d) cerebellum

171) TASTE RESEARCH IS NOT CONDUCTED BY WHICH OF THE FOLLOWING SUBSTANCES

- a) sweet
- b) salted
- c) acidic
- d) bitter

172) WHICH OF THE FOLLOWING DOES NOT APPLY TO THE BASIC TYPES OF DISORDERS OF VISION FIELDS

- a) amblyopia
- b) homonymous hemianopsia
- c) opposite hemianopsia
- d) quadrant hemianopsia

173) The main symptoms of the defect of the vestibular nerve

- a) systemic dizziness, accompanied by nausea and vomiting
- b) hearing loss
- c) decreased vision
- d) unsystematic dizziness

174) which of the following DOESN'T APPLY TO THE BASIC SYMPTOMS OF DAMAGE TO THE PONTINE CORNER

- a) peripheral paresis of facial muscles
- b) hearing impairment
- c) unsteadiness when walking
- d) atrophy of the muscles of the tongue

175) PARALYSIS DOES NOT APPEAR OF THE FACIAL Nerve

- a) the circular muscle of the eye

- b) the circular muscle of the mouth
- c) muscle lifting the upper eyelid
- d) buccal muscles

176) THE MAIN TYPES OF APHASIA DO NOT APPLY TO

- a) touch
- b) dysarthria;
- c) motor;
- d) amnesic

177) BASIC SYMPTOMS OF FRONTAL LOBE FRACTURE

- a) auditory, olfactory, taste hallucinations
- b) amnesic aphasia
- c) sensory aphasia
- d) changes in the psyche and behavior

178) Symptoms of the defect of the temporal lobe

- a) dysarthria
- b) motor aphasia
- c) olfactory and auditory hallucinations and epileptic seizures
- d) central paralysis

179) The most common cause of vegetative crises are:

- a) collagenosis
- b) traumatic brain injury
- c) anxiety neurotic disorders
- d) hypothalamus lesions

180) The most typical neurological syndrome that complicates the course of diabetes is:

- a) convulsive syndrome
- b) encephalopathy
- c) myelopathy
- d) polyneuropathy

181) Contraindications for magnetic resonance imaging are:

- a) open traumatic brain injury
- b) presence of foreign metal bodies
- c) Allergy to iodine
- d) severe intracranial hypertension

182) Crucial in the diagnosis of meningitis is:

- a) disseminated intravascular coagulation
- b) infectious-toxic shock syndrome
- c) changes in the cerebrospinal fluid
- d) acute onset of the disease with an increase in temperature

183) Trigeminal neuralgia (TN) is also called?

- a) Prosopalgia
- b) Fothergil's disease

- c) Tiodouloureux
- d) All of the above

184) Which of the following about Trigeminal nerve is false?

- a) Trigeminal nerve is the largest of the cranial nerves.
- b) Trigeminal nerve is predominantly sensory\
- c) its motor innervation is exclusively in mandibular V3 division
- d) None of the above

185) Which of the following is best related to trigeminal ganglion?

- a) Uhthoff's phenomenon
- b) Möbius' syndrome
- c) Meckel's cave
- d) Cave of septum pellucidum

186) Which of the following is false about trigeminal ganglion?

- a) Largest ganglion in the peripheral nervous system
- b) Named after JL Gasser, also called semilunar ganglion
- c) Analogous to a dorsal root ganglion
- d) None of the above

187) A small lesion in the anterior part of the right paracentral lobule will result in:

- a) exaggerated right patellar reflex
- b) paralysis of finger movement in the left hand
- c) right lower facial weakness
- d) left extensor plantar response

188) Condition 1 is the result of damage to the:

- a) right oculomotor nerve
- b) left trochlear nerve
- c) right abducens nerve
- d) left corticobulbar tract

189) Condition 2 is the result of damage to the:

- a) right primary motor cortex
- b) right posterior limb internal capsule
- c) right cerebral crus
- d) right pyramidal tract

190) The lesion is in the:

- a) midbrain
- b) rostral pons
- c) caudal pons
- d) rostral medulla

191) This condition is known as:

- a) superior alternating hemiplegia
- b) middle alternating hemiplegia
- c) inferior alternating hemiplegia
- d) Wallenberg syndrome

192) A male patient presents with abnormal and involuntary brisk, jerky movements of the limbs bilaterally. Mental status was normal. He reported that his father had a similar disorder before he died. Sections of his father's brain were collected at autopsy and histologically processed. Based on your observations and the patient's history, you most likely would expect to observe neuronal degeneration in the:

- a) thalamic ventral anterior nucleus
- b) subthalamic nucleus
- c) substantia nigra pars compacta
- d) striatum

193) A small vascular lesion in the brain on the right side results in hemiballismus. As the result of this stroke, you would expect to observe:

- a) anterograde axonal degeneration in the ipsilateral striatum
- b) neuronal degeneration in the medial part of the ipsilateral globus pallidus
- c) abnormal impulse activity in the ipsilateral ventral lateral nucleus
- d) abnormal impulse activity in the ipsilateral pyramidal tract

194) Positive signs of basal ganglia disorders include involuntary abnormal movements. The underlying pathophysiological basis for these abnormal involuntary movements may be the result of:

- a) increased impulse activity in subthalamopallidal projections
- b) decrease impulse activity in pallidosubthalamic projections
- c) decreased impulse activity in pallidothalamic projections
- d) increased impulse activity in ventral anterior thalamocortical projections

195) Passively moving the forearm of a patient with dopamine depletion in the stratum evokes a series of abnormal ratcheting-type movements regardless of the direction (flexion or extension) of the movement. This ratcheting is characterized as:

- a) the clasp-knife response
- b) clonus
- c) dysmetria
- d) cogwheeling

196) In a patient with Huntington disease, the clinical course of presentation of the symptoms would not include:

- a) sudden onset
- b) bilateral manifestation
- c) temporally protracted progression
- d) temporally progressive increase in severity of symptoms

197) A patient presents with uncoordinated movements of the left lower limb as indicated by the inability to rub the left heel smoothly against the right shin. In addition, the patient

has a right spastic hemiplegia. This symptomatology would result from a single lesion in the:

- a) left spinal cord at C2
- b) left lateral rostral closed medulla
- c) left lateral medulla at the level of the hypoglossal nucleus
- d) left lateral pons at the level of the facial nucleus

198) Ataxia can occur as the result of:

- a) damage to peripheral axons
- b) damage to the dorsal part of the lateral funiculus in the spinal cord
- c) damage to the inferior cerebellar peduncle
- d) all of the above

199) During neurological examination, a patient presents a speech pattern characterized by loud, forceful expression of words that may be broken into individual syllables. This condition, defined as explosive speech, reflects damage to:

- a) cerebellar anterior lobe
- b) fastigial nuclei bilaterally
- c) interposed nuclei bilaterally
- d) flocculonodular lobe

200) The subthalamic nucleus activates which inhibitory structure?

- a) Globus pallidus internal segment
- b) Nucleus accumbens
- c) Striatum
- d) Thalamus

201) Fill in the blank: In the basal ganglia direct pathway, the striatum sends GABAergic projections to the_____.

- a) Globus pallidus externa
- b) Globus pallidus internal segment and substantia nigra pars reticularis
- c) Subthalamic nucleus
- d) Thalamus

202) Fill in the blank: The basal ganglia indirect pathway involves _____ and then the_____.

- a) The globus pallidus externa and then the subthalamic nucleus
- b) The globus pallidus interna and then the subthalamic nucleus
- c) The substantia nigra pars compacta and then the substantia nigra pars reticularis
- d) The raphe nucleus and then the substantia nigra pars compacta

203) Which of the following disorders is most likely to be suppressible?

- a) Chorea

- b) Stereotypies
- c) Tics
- d) Tremor

204) Which of the following disorders is most likely to occur during action rather than during rest?

- a) Athetosis
- b) Chorea
- c) Tics
- d) Stereotypies

205) Which is the most accurate term for the occurrence of an unintentional movement along with a voluntary movement?

- a) Athetosis
- b) Overflow
- c) Myoclonus
- d) Ballism

206) Which of the following descriptions is more characteristic of rigidity than spasticity?

- a) There is velocity- independent resistance to passive movement.
- b) It has a “clasp- knife” quality.
- c) It affects upper extremity flexors more than extensors.
- d) Resistance is delayed if the direction of passive movement is reversed rapidly.

207) What is the most prevalent primary headache disorder in the general population?

- a) Migraine with aura
- b) Migraine without aura
- c) Tension-type headache
- d) Cluster headache

208) Concerning the autonomic ganglia, all the following is true except:

- a) They act as distributing centres.
- b) They are 3 types.
- c) Their chemical transmitter is acetylcholine.
- d) Their receptors are specifically blocked by atropine.

209) The sympathetic preganglionic nerve fibres:

- a) Arise from the cervical segments of the spinal cord.
- b) Originate at the autonomic ganglia.
- c) Are myelinated nerve fibres belonging to the B group of the nerve Fibres
- d) Show minimal divergence (branching) in the autonomic ganglia.

210) In the autonomic N.S., all the following is correct Except:

- a) In sympathetic ganglia, the ratio of preganglionic fibres to postganglionic fibres is 1:32.
- b) In parasympathetic ganglia, the ratio of preganglionic fibres to Postganglionic fibers is 1:32.
- c) The splanchnic nerves contain sympathetic preganglionic fibres.
- d) Stimulation of Oculomotor nerve produces accommodation.

211. The upper motor neuron impairment produces the following change of muscles tone:

- a) flaccidity
- b) spasticity
- c) “cog wheel” rigidity
- d) myoclonia

212. The muscular wasting (hypotrophy) usually develops with disease in:

- a) upper motor neuron
- b) lower motor neuron
- c) cerebellar
- d) caudate

213) APHASIA'S VIEW IN DEFECT OF THE FRONT SHORT OF THE DOMINANT HEMISPHERE

- a) motor aphasia
- b) sensory aphasia
- c) amnesic aphasia
- d) semantic aphasia

214) FOR damage THE FRONTAL LOBE, WHICH IS NOT CHARACTERISTIC

- a) motor aphasia
- b) ataxia
- c) euphoria
- d) hemianopsia

215) ASTEREOGNOSIS APPEARS IF WHICH OF THE FOLLOWING IS DAMAGED

- a) frontal lobe
- b) temporal lobe
- c) the parietal lobe
- d) occipital lobe

216) BASIC SYMPTOMS OF VISUAL AGNOSIA

- a) poorly sees surrounding objects, but recognizes them
- b) sees objects well, but the shape seems distorted
- c) does not see objects on the periphery of vision
- d) sees objects, but does not recognize them

217) BASIC SYMPTOMS OF MOTOR AFASIA

- a) understands the addressed speech, but cannot speak
- b) does not understand the addressed speech and cannot speak
- c) can speak, but does not understand the speech addressed
- d) can speak, but speech is chanted

218) BASIC SYMPTOMS OF SENSOR APHASIA

- a) cannot speak and does not understand the addressed speech
- b) understands the addressed speech, but cannot speak
- c) can speak, but forgets the names of objects
- d) does not understand the addressed speech and does not control his own

219) APRAXIA APPEARS IF WHICH OF THE FOLLOWING lobes

- a) frontal lobe
- b) temporal lobe
- c) the parietal lobe
- d) occipital lobe

220) LOCATION OF THE DAMAGE CENTER IN THE DOMINANT HEMISPHERE AT MOTOR APHASIA

- a) in the upper frontal gyrus
- b) in the front central gyrus
- c) in the posterior sections of the lower frontal gyrus
- d) in the posterior sections of the middle frontal gyrus

221) TO IDENTIFY CONSTRUCTIVE APRAXIA, what SHOULD you OFFER to A PATIENT

- a) raise your hand
- b) touch the left hand with your right hand
- c) add a given figure from matches
- d) perform various movements to follow

223) TO IDENTIFY ASYNERGY WITH THE SAMPLE OF BABINSKY, what SHOULD you OFFER to A PATIENT

- a) touch the tip of the nose with your finger
- b) to carry out rapid pronation-supination of outstretched arms
- c) standing, leaning back
- d) to sit down from a supine position with arms crossed on his chest

224) Symptoms of the defect of the frontal lobe of the dominant hemisphere in the right

- a) alexia, acalculia
- b) dysarthria
- c) sensory aphasia
- d) right hemiparesis

225) JACKSON'S SEIZURE APPEARS

- a) with irritation of the pyramidal cells of the anterior central gyrus
- b) with irritation of stellate cells of the posterior central gyrus
- c) in the destruction of commissural relations
- d) in the destruction of associative relations

226) PLACE OF THE FOCUS OF THE DAMAGE AT THE ORIGIN OF AUTOTOPAGNOSIS, PSEUDOMELIA, ANOSOGNOSIES

- a) premotor area
- b) right parietal lobe

- c) the left temporal lobe
- d) the right occipital lobe

227) IT IS NOT CHARACTERISTIC TO DESTROY THE TEMPORARY PART OF THE Dominant Hemisphere

- a) sensory aphasia
- b) ataxia
- c) olfactory, gustatory and auditory hallucinations
- d) right hemiparesis

228) A FEELING OF "ALREADY SEEN" AND "NEVER SEEN" APPEARS IN AN IRRITATION OF WHICH LOBE

- a) the parietal lobe
- b) occipital lobe
- c) hippocampus
- d) temporal lobe

229) NOT RECOGNITION OF OBJECTS TO FEEL WITH CLOSED EYES IS CALLED

- a) anosognosia
- b) astereognosis
- c) apraxia
- d) anesthesia

230) PATIENT WITH MOTOR APRAXIA CAN'T

- a) call your fingers
- b) execute the movement to follow
- c) draw a simple diagram
- d) execute a simple command

231) OBLIGATORY HALLUCINATIONS ARISE IN A DAMAGE OF

- a) olfactory nerve
- b) olfactory tract
- c) temporal lobe
- d) the parietal lobe

232) LOCATION CORTICAL END OF HEARING ANALYZER

- a) in the frontal lobe
- b) in the parietal lobe
- c) in the temporal lobe
- d) in the occipital lobe

233) BASIC FUNCTION OF THE SYMPATHIC OF THE VEGETATIVE NERVOUS SYSTEM

- a) ergotropic
- b) trophotropic
- c) autonomic vascular
- d) integrative

234) BASIC FUNCTION OF THE PARASIMPATIC NS OF THE VEGETATIVE NERVOUS SYSTEM

- a) ergotrotsnaya

- b) trophotropic
- c) integrative
- d) psycho-vegetative

235) The temperature & pin sense loss usually develops with disease in:

- a) anterior horns of spinal cord
- b) posterior horns of spinal cord
- c) lateral horns of spinal cord
- d) posterior columns of spinal cord

236) A glove-&-stocking pattern of sensory disturbance usually develops with disease in:

- a) peripheral nerves
- b) the spinal cord
- c) the brainstem
- d) the thalamus

237) Babinsky response usually develops with damage in:

- a) upper motor neuron
- b) lower motor neuron
- c) cerebellar
- d) thalamus

238) WHICH OF THE FOLLOWING LISTED SYMPTOMS ARE CHARACTERISTIC FOR ATAXY

- a) shakiness when walking towards the affected hemisphere
- b) the fragility does not coincide with the paresis side
- c) difficulty in standing and walking (astasia, abasia)
- d) intentional jitter

239) FORCED "CORKWAY" MOVEMENTS OF THE BODY ARISING WHEN WALKING ARE CHARACTERISTIC FOR

- a) torsion dystonia
- b) chorea
- c) myoclonus
- d) localized spasm

240) INFRINGEMENT OF FRIENDLY MOVEMENTS OF VARIOUS MUSCLE GROUPS FOR WHICH MOVEMENT BECOMES UNGRADED IS CALLED

- a) ataxia
- b) paralysis
- c) paresis
- d) asynergy

241) HYPERKINESIS AS A QUICK, UNEXPECTED MOVEMENT IN VARIOUS EXTREMITY MUSCLES AND A PERSON WITH A "DANCING Gait" BECAUSE OF

- a) athetosis
- b) torsion dystonia
- c) chorea
- d) hemiballism

242) HAND TREMOR UNDERLY USUALLY DEVELOPES IF DAMAGED

- a) visual tubercle
- b) caudate nucleus
- c) black substance
- d) spinal cord

243) IMPOSSIBILITY TO PASS ON DIRECT, ALTERNATING THE ONE FOOT TO OF THE OTHER FOOT IS RELATED TO

- a) cerebellar dysfunction
- b) lesion of the parietal lobe
- c) lesion of the temporal lobe
- d) loss of sensation in the legs

244) INTENTIONAL SHAKING AND WALKING DURING PERFORMANCE OF THE FINGER SALVAGE IS CHARACTERISTIC FOR

- a) static locomotor ataxia
- b) dynamic ataxia
- c) frontal ataxia
- d) sensitive ataxia

245) HYPERKINESIS IN THE FORM OF SPONTANEOUS MOVING MOVEMENTS IN THE FINGERS OF HANDS, STRENGTHENING WITH MOVEMENT is called

- a) chorea
- b) athetosis
- c) torsion dystonia
- d) tics

246) HYPERKINESIS TYPE ATHETOSIS IN THE FINGERS OF THE HANDS ARISES DUE TO THE DAMAGE OF

- a) caudate nucleus
- b) red nucleus
- c) black substance
- d) pale chara

247) Gait, when a patient excessively raises his legs while walking and with excessive strength, they are lowered, this is called

- a) stamping
- b) atactic
- c) paretic
- d) steppage

248) RELATING TO SENSORY smell loss in cranial nerves

- a) anosmia
- b) anesthesia
- c) amblyopia
- d) amaurosis

249) THE CORTICAL END OF THE OPPOSITE ANALYZER IS LOCATED at

- a) in the frontal lobe

- b) in the parietal lobe
- c) in the temporal lobe
- d) in the occipital lobe

250) SYMPTOMS CHARACTERISTIC FOR DEFECT OF CHIASM

- a) blindness in one eye
- b) heteronymous: bitemporal or binasal hemianopsia
- c) homonymous hemianopsia
- d) quadrant hemianopsia

251) WHICH OF THE FOLLOWING SYMPTOMS IS NOT CHARACTERISTIC FOR INJURY OF THE NECK FRACTURE

- a) quadrant hemianopsia
- b) negative scotoma
- c) binasal or bitemporal hemianopsia
- d) micropsy, macropsy, metamorphopsia

252) Symptoms of the defect of the oculomotor nerve does not apply to

- a) ptosis
- b) mydriasis
- c) miosis
- d) divergent strabismus

253) CHARACTERISTIC SYMPTOMS FOR ALTERNATIVE WEBER PARALYSIS

- a) paralysis of the III pair on the side of the lesion and central hemiplegia on the opposite side
- b) paralysis of the VI pair on the side of the outbreak and central hemiplegia on the opposite side
- c) paralysis of VI and VII pairs of cranial nerves on the side of the focus and central hemiplegia on the opposite side
- d) amaurosis on the groan of the focus and central hemiplegia on the opposite side

254) LEFT HOMONOMIC HEMIANOPSY IS CHARACTERISTIC FOR DAMAGE IN

- a) left optic nerve
- b) the retina of the left eye
- c) the right optic tract
- d) chiasma

255) IF THE TOP SECTIONS OF THE TRIGEMINAL NERVE NUCLEI ARE DAMAGED, WHAT WILL HAPPEN

- a) hypesthesia in the oral zones of Zelder
- b) hypesthesia in the lateral zones of Zelder
- c) hypesthesia in region I of the trigeminal nerve branch
- d) hypesthesia in the field of I and II branches of the trigeminal nerve

256) Combination of swallowing disorders and phonation, dysarthria, paresis of soft palate, the absence of pharyngeal reflex and tetraparesis indicate a lesion in

- a) the legs of the brain
- b) medulla oblongata
- c) brain bridge
- d) bridge-cerebellar angle

257) RIGHT VISUAL TRACT CONTAINS

- a) nerve fibers from the left halves of the retina of both eyes
- b) nerve fibers from the right halves of the retina of both eyes
- c) nerve fibers from the temporal halves of the retina of both eyes
- d) nerve fibers from the retina of the right eye

258) FACIAL NERVE, FUNCTION IS

- a) motor
- b) sensitive
- c) vegetative
- d) mixed

259) LOCATION OF BODIES OF CENTRAL NEURONS FOR INNERVATION OF MUSCLE HEADS

- a) in the brain stem
- b) in the entire precentral gyrus
- c) in the lower parts of the precentral gyrus
- d) in the upper parts of the precentral gyrus

260) PLACE OF EXIT OF THE FACE NERVE ON THE BASIS OF THE BRAIN

- a) between the pyramid and the olive
- b) in the pontine-cerebellar corner
- c) on the border of the medulla oblongata and the bridge, at the level of the pyramids
- d) between the bridge and the leg of the brain

261) Hearing disorder in case of damage to the cortex of the temporal lobe of the brain on one side

- a) deafness in one ear
- b) deafness in both ears
- c) hearing loss
- d) dysarthria

262) Cranial and cerebral nerves of the caudal group

- a) I, II, VI, VIII
- b) III-IV-VI
- c) V, IV, VII
- d) IX, X, XI, XII

263) LOCATION OF PERIPHERAL MOTONEURONS BODIES FOR NERVES OF THE FACE, LANGUAGE, LARYNX AND THROAT

- a) in the nuclei of VII, IX, X and XII nerves
- b) in the inner capsule
- c) in a pale ball
- d) in the middle brain

264) SYMPTOMS OF ALTERNATING PARALYSIS AT THE PONTINE LEVEL

- a) blindness in one eye on the side of the focus and central hemiplegia on the opposite side
- b) paralysis of the III pair and central hemiplegia on the side of the outbreak
- c) paralysis of the VI pair and central hemiplegia on the side of the outbreak
- d) paralysis of VI and VII pairs on the side of the outbreak; and central hemiplegia on the opposite side

265) SYMPTOMS OF ALTERNATING PARALYSIS AT THE LENGTH OF THE LENGTH BRAIN

- a) central paresis of pairs VII and XII and central hemiplegia on the opposite side
- b) peripheral paresis of IX, X and XII pairs on the side of the outbreak and central hemiplegia on the opposite side
- c) dysarthria, deviation of the tongue to the left, atrophy and fibrillar twitching of the muscles of the left half of the tongue
- d) peripheral paralysis of the VII pair on the side of the focus and central hemiplegia on the opposite side

266) BASIC SYMPTOMS OF BULBAR PARALYSIS

- a) high pharyngeal reflex
- b) smoothness of the nasolabial fold
- c) dysphagia, dysphonia, dysarthria
- d) reflexes of oral automatism

267) WHICH OF THE FOLLOWING DOES NOT APPLY TO THE SYMPTOMS OF INJURY OF THE OCULOMOTOR NERVE

- a) convergent strabismus
- b) mydriasis
- c) restriction of the movement of the eyeball up and inside
- d) divergent strabismus

268) SYMPTOMS CHARACTERISTIC FOR FACILITY OF THE FACIAL NERVE

- a) dysphagia, dysphonia
- b) paresis of the facial muscles of half the face
- c) ptosis
- d) facial pain

269) PLACE OF DAMAGE AT HETERONYM HEMIANOPSY

- a) chiasm
- b) the external cranked body
- c) optic nerve
- d) optic tract

270) WHICH OF THE FOLLOWING DOES NOT APPLY TO TYPES OF VISION DISORDER

- a) amaurosis
- b) amblyopia
- c) color blindness
- d) diplopia

271) BASIC SYMPTOMS OF DAMAGE OF THE BRAIN

- a) aphasia
- b) alternating syndrome
- c) visual agnosia
- d) hyperkinesia

272) MAIN SIGNS OF FACIAL NERVE DAMAGE

- a) decrease in surface sensitivity in half of the face
- b) paresis of facial muscles
- c) divergent strabismus
- d) a decrease in the pharyngeal reflex

273) BINASAL HEMIANOPSY COMES WITH

- a) the central sections of the optic chiasm
- b) the external sections of the intersection of the optic tracts
- c) visual radiance
- d) optic nerves

274) BITEMPORAL HEMIANOPSY IS OBSERVED IN DAMAGE OF

- a) the central sections of the optic chiasm
- b) the outer sections of the intersection of tracts
- c) optic tract
- d) visual radiance from two sides

275) Combination of swallowing disorders and phonation, dysarthria, paresis of soft palate, the absence of pharyngeal reflex and tetraparesis indicate a lesion in

- a) the legs of the brain
- b) medulla oblongata
- c) brain pons
- d) bridge-cerebellar angle

276) THE REASON FOR HORNER'S SYNDROME IS

- a) spinal cord injury (C8-T1)
- b) spinal cord injury (C2-T2)
- c) damage to the abducent nerve
- d) damage to the oculomotor nerve

277) Which Is Not Included In The Composition Of The Mid Brain

- a) red nucleus
- b) black substance
- c) the nucleus of the block nerve
- d) nuclei of the abducent nerve

278) UNPAIR NERVOUS MOTION NERVE (PERLEA NUCLEUS) provides a pupil reaction to

- a) light
- b) pain irritation
- c) convergence
- d) for accommodation

279) ALTERNATIVE PARALYSIS IS CALLED

- a) damage to the motor path at the level of the internal capsule

- b) damage to the motor path at the level of the large occipital foramen
- c) damage to the motor structures of the spinal cord (front horns, side columns)
- d) damage at the level of the brain stem (motor nuclei of the FMN and the pyramidal path)

280) The gray matter of cerebral cortex consists of

- a) Cell bodies, dendrites and axons
- b) Cell bodies, axons and glial cells
- c) Cell bodies, dendrites and glial cells
- d) Axons, dendrites and glial cells

281) Touch receptors :

- a) are found only in the skin
- b) are all encapsulated receptors
- c) include two-element receptors
- d) are stimulated by vibration

282) Tactile receptors include all the following receptors, except :

- a) free nerve endings
- b) hair follicle receptors
- c) hair cell receptors
- d) Ruffini nerve endings

283) During a neurological examination a 49-year old woman's Romberg's test is positive. Which of the following is the major structure that has been affected?

- a) Spinal nucleus of V
- b) Ventral commissure of spinal cord
- c) Ventral horn of spinal cord
- d) Dorsal columns

284) The loss of pain and thermal sensations on the right side of the body (excluding the face) is most likely the result of damage to which of the following structures?

- a) Anterolateral system fibers on the left
- b) Anterolateral system fibers on the right
- c) Anterior trigeminothalamic fibers on the left
- d) Medial lemniscus on the left

285) A 92-year-old woman is brought to the emergency department by her caregiver. The woman had suddenly become drowsy and confused. The examination revealed no cranial nerve deficits and age-normal motor function, but a loss of pain, thermal, vibratory, and discriminative touch sensations on one side of the body excluding the head. CT shows a small infarcted area. (i) Which of the following structures is the most likely location of this lesion?

- a) Anterolateral system
- b) Medial geniculate nucleus
- c) Subthalamic nucleus
- d) Ventral posterolateral nucleus

286) Damage to which of the following fiber bundles or tracts would most likely explain the loss of vibratory sensation of the left lower limb?

- a) Anterolateral system on the right
- b) Cuneate fasciculus on the left
- c) Cuneate fasciculus on the right
- d) Gracile fasciculus on the left

287) The Cortico - Spinal Pyramid Pathway Does Not Pass Through

- a) front central gyrus
- b) inner capsule
- c) visual tubercle
- d) brain stem

288) ALTERNATIVE PARALYSIS OF IS CALLED

- a) peripheral paresis of the facial and abducent nerve on one side and central hemiparesis on the other
- b) peripheral paresis of the facial nerve on one side and central hemiparesis on the other
- c) peripheral paresis of the oculomotor nerve on one side and central hemiparesis on the other
- d) peripheral paresis of the accessory nerve on one side and central hemiparesis on the other

289) CLINICAL PICTURE OF CLAUDE-BERNARD-HORNER SYNDROME INCLUDES

- a) divergent strabismus, mydriasis, ptosis
- b) convergent strabismus
- c) ptosis, miosis, enophthalmos
- d) rotator nystagmus, anisocoria

290) CLINICAL PICTURE OF OCCASION OF THE OCULOMOTOR NERVE

- a) amaurosis
- b) ptosis, miosis, enophthalmos
- c) ptosis, mydriasis, divergent strabismus
- d) double vision when looking down

291) Symptoms of pseudobulbar paralysis

- a) atrophy of the muscles of the tongue
- b) dysphonia
- c) dysphagia
- d) increased pharyngeal reflexes

292) Symptom of the defect in the oculomotor nerve

- a) ptosis
- b) horizontal nystagmus
- c) convergent strabismus
- d) mydriasis

293) FOR CENTRAL PAREASIS OF MIMIC MUSCULARITY CHARACTERISTIC

- a) paralysis of the lower face

- b) lagophthalmos
- c) narrowing of the palpebral fissure
- d) strabismus

294) ALTERNATIVE WEBER SYNDROME IS CHARACTERIZED BY INVOLVEMENT IN THE PATHOLOGICAL PROCESS

- a) oculomotor nerve
- b) abduction nerve
- c) block nerve
- d) facial nerve

295) AT DAMAGE OF EXTERNAL SECTIONS OF CROSSING OF VISUAL NERVES, WHICH OF THE FOLLOWING CONDITIONS ARISES

- a) lower quadrant hemianopsia
- b) bitemporal hemianopsia
- c) binasal hemianopsia
- d) upper quadrant hemianopsia

296) BULBAR PARALYSIS ARISES WHEN A COMBINATION OF DAMAGE

- a) IV-V-VI
- b) VII-VIII-IX
- c) III-IV-VI
- d) IX-X-XII

297) SIGNS OF PSEUDBULAR PARALYSIS ARE RELATED TO

- a) atrophy of the muscles of the tongue
- b) a decrease in the pharyngeal reflex
- c) impaired breathing and cardiac activity
- d) reflexes of oral automatism

298) PSEUDBULAR PARALYSIS ARISES WITH

- a) bilateral lesion of the cortical-nuclear pathways
- b) unilateral lesion of the cortical-nuclear pathways
- c) bilateral lesions of the corticospinal tract
- d) unilateral lesion of the corticospinal tract

299) COMBINATION IS THE NERVES OF THE PONTO-CEREBELLAR CORNER

- a) V, VI, VII
- b) V, VI, VII, VIII
- c) IV, V, VI
- d) IX, X, XII

300) ATROPHY OF ONE HALF MUSCLE OF THE TONGUE ARISES DUE TO THE DAMAGE OF WHICH CRANIAL NERVE

- a) V
- b) VII
- c) IX
- d) XII

301) ATROPHY OF ONE HALF MUSCLE OF THE TONGUE ARISES DUE TO THE DAMAGE OF WHICH CRANIAL NERVE

- a) VII
- b) IX
- c) X
- d) XII

302) CLINICAL PICTURE AT LOCALIZATION OF THE PATHOLOGICAL SURFACE IN THE AREA OF THE FRONT CENTRAL CORK OF THE RIGHT

- a) lower spastic paraparesis
- b) flaccid tetraparesis
- c) peripheral monoparesis
- d) attacks like "Jackson's spasms" in the left extremities

303) A 22-year-old woman reports a scotoma progressing across her left visual field over the course of 30 min, followed by left hemicranial throbbing pain, nausea, and photophobia. Her brother and mother have similar headaches. Which of the following is present in classic migraine but not in common migraine?

- a. Photophobia
- b. Familial pattern
- c. Visual aura
- d. Hemicranial pain

304) Basilar migraine differs from classic migraine in the

- a. Sex of the persons most often affected
- b. Resistance of the visual system to involvement
- c. Severity of symptoms
- d. Duration of the aura

305) A 43-year-old woman complains of lancinating pains radiating into the right side of her jaw. This discomfort has been present for more than 3 years and has started occurring more than once a week. The pain is paroxysmal and routinely triggered by cold stimuli, such as ice cream and cold drinks. She has sought relief with multiple dental procedures and has already had two teeth extracted. Multiple neuroimaging studies reveal no structural lesions in her head. Assuming there are no contraindications to the treatment, a reasonable next step would be to prescribe

- a. Clonazepam (Klonopin) 1 mg orally three times daily
- b. Diazepam (Valium) 5 mg orally two times daily
- c. Divalproex sodium (Depakote) 250 mg orally three times daily
- d. Carbamazepine (Tegretol) 100 mg orally three times daily

306) A 23-year-old woman has had 1 week of worsening facial pain. She describes it as an intense shooting pain that comes and goes. It is only present on her right face. Which of the following is most likely to be this patient's underlying problem?

- a. Multiple sclerosis
- b. Tolosa-Hunt syndrome
- c. Migraine
- d. Anterior communicating artery aneurysm

307) Both trigeminal neuralgia and atypical facial pain involve pain that may be

- a. Lancinating
- b. Paroxysmal
- c. Associated with anesthetic patches
- d. Unilateral

308) Central paresis, loss of proprioceptive sensation on one side & loss of exteroceptive sensation on the opposite form the following syndrome:

- a) Lambert-Iton
- b) Matskevich-Shtrumpel
- c) Argile-Robertson
- d) Brown-Sequard

309) The polyneuropathic pattern of sensory loss suggests presence of the following syndrome:

- a) numbness & pain in distal parts of extremities
- b) numbness & analgesia in half of the body
- c) pain & sensory ataxia in half of the body
- d) analgesia & sensory ataxia in proximal parts of extremities

310) The presence of hemianesthesia, hemianopia & sensory hemiataxia suggests damage to the following:

- a) internal capsule
- b) thalamus opticus
- c) spinal cord
- d) black substance

311) The presence of Laseuge sign suggests damage to the following:

- a) meninges of the brain
- b) spinal roots C5-C8 or radial nerve
- c) spinal roots L5-S1 or sciatic nerve
- d) anterior horns at the level L5-S1

312) The affection of cerebellar may produce any of the following EXCEPT:

- a) nystagmus
- b) ataxia
- c) dysmetria
- d) dyspraxia

313) The presence of dysdiadochokinesis suggests damage to the following:

- a) black substance
- b) spinal cord
- c) cerebellar
- d) occipital lobe

314) The presence of Parkinsonism suggests damage to the following:

- a) caudate nucleus
- b) black substance
- c) cerebellar
- d) frontal lobe

315) In initial stage of Parkinson disease the most typical involuntary movement is the following:

- a) chorea
- b) atetosis

- c) tremor
- d) dystonia

316) The autonomic nervous system includes any of the following EXCEPT:

- a) hypothalamus
- b) paravertebral sympathetic trunk
- c) vagal nerve
- d) cerebral cortex

317) One of the most important functions of the autonomic nervous system is the following:

- a) regulation of homeostasis
- b) voluntary movements
- c) coordination of movements
- d) involuntary movements

318) Any of the following cranial nerves has the parasympathetic nucleus EXCEPT:

- a) vagal
- b) oculomotor
- c) glossopharyngeal
- d) olfactory

319) The presence of anosmia suggests damage to the following cranial nerve:

- a) II
- b) I
- c) III
- d) V

320) Trigeminal nerve impairment produces the following symptoms:

- a) plegia in half of the face
- b) ache paroxysm in half of the face
- c) disturbance of swallowing
- d) ache in half of the head

321) The presence of Bell's palsy suggests damage to the following cranial nerve:

- a) facial
- b) optic
- c) olfactory
- d) vestibular

322) Dysphagia, dyphonia, dysarthria together with tongue atrophy & depressed "gag" reflex is called like following:

- a) bulbar palsy
- b) Bell's palsy
- c) pseudobulbar palsy
- d) bulbus olfactorius

323) The disturbance of purposive movement in absence of paresis & dyscoordination suggests the presence of the following:

- a) dyslexia
- b) dysgnosia
- c) dyspraxia
- d) dysphasia

324) The damage to IX, X & XII cranial nerves produce:

- a) bulbar palsy
- b) pseudobulbar palsy
- c) Brown-Sequard syndrome
- d) Argyle-Robertson syndrome

325) Dysphasia suggests the impairment of:

- a) speech
- b) gait
- c) swallowing
- d) movement

326) The patient with apraxia cannot:

- a) name his fingers
- b) carry out an imagined act
- c) draw simple diagrams
- d) speak fluently

327) Any of the following syndromes is the involuntary movement EXCEPT:

- a) chorea
- b) tic
- c) tremor
- d) paresis

328) Pathological reflex, occurred in central paralysis (upper motor neuron lesion) is the following:

- a) Brudzinsky
- b) Nery
- c) Babynsky
- d) Brown-Sequard

329) Tremor in the hands that is most obvious when the patient is awake and trying to perform an action is most likely due to disease in which of the following structures?

- a) Thalamus
- b) Cerebellum
- c) Substantia nigra
- d) Spinal cord

330) In the person with parkinson's disease, the tremor that is evident when a limb is at rest changes in what way when the patient falls asleep?

- a) It becomes more rapid
- b) Its amplitude increases
- c) It generalizes to limbs that were uninvolved when the patient was awake
- d) It disappears

331) A 25-year-old woman with a history of epilepsy presents to the emergency room with impaired attention and unsteadiness of gait. Her phenytoin level is 37. She has white blood cells in her urine and has a mildly elevated tsh. Examination of the eyes would be most likely to show which of the following?

- a) Weakness of abduction of the left eye
- b) Lateral beating movements of the eyes
- c) Impaired convergence
- d) Papilledema

332) A 75-year-old generally healthy man has noticed worsening problems maneuvering over the past 4 months. He

has particular trouble getting out of low seats and off toilets. He most likely has which of the following?

- a) Poor fine finger movements
- b) Poor rapid alternating movements
- c) Distal muscle weakness
- d) Proximal muscle weakness

333) A 50-year-old woman is being examined for hearing loss. A vibrating tuning fork is applied to the center of her forehead. This helps to establish which ear.

- a) Has the wider range of frequency perception
- b) Has the larger external auditory meatus
- c) Has infection of the external ear canal
- d) Has conductive or sensorineural hearing loss

334) A 67-year-old woman says that she is having problems with dizziness. A more careful history reveals that she has an abnormal sensation of movement intermittently. Which of the following tests would be most helpful in determining the cause of episodic vertigo?

- a) CSF
- b) C-spine MRI
- c) Visual evoked response (VER)
- d) Electronystagmography (ENG)

335) This patient develops increased sensitivity to sound in her left ear, and a brain MRI reveals a posterior fossa mass. This symptom may develop in one ear with damage to the ipsilateral cranial nerve

- a) V
- b) VII
- c) VIII
- d) IX

336) A 42-year-old woman is being evaluated for gait difficulties. On examination, it is found that her ability to walk along a straight line touching the heel of one foot to the toe of the other is impaired. This finding is most common with which of the following?

- a) Cerebellar dysfunction
- b) Parietal lobe damage
- c) Temporal lobe damage
- d) Ocular motor disturbances

337) A 55-year-old woman is being examined. The clinician notices the presence of fine twitching movements beneath the surface of the tongue and wasting of one side of the tongue. This finding suggests damage to cranial nerve

- a) V
- b) VII
- c) IX
- d) XII

338) A 46-year-old longshoreman complains of lower back pain radiating down the posterior aspect of his left leg, and paresthasias in the lateral aspect of his left foot. This has been present for 6 months. Strength and bowel and bladder function have been normal. Examination would be most likely to show which of the following?

- a) Left Babinski sign

- b) Loss of pinprick sensation over the webspace between the first and second digits of the left foot
- c) Hyperreflexia at the left knee jerk
- d) Hyporeflexia in the left Achilles tendon reflex

339) A 28-year-old graduate student presents with confusion and mild right hemiparesis developing over the course of an evening. His girlfriend relates that he has been complaining of severe headaches each morning for the past 2 weeks. While being evaluated in the emergency room, he has a generalized tonic—clonic seizure. When examined 2 h later, he is lethargic and unable to recall recent events, has difficulty naming, and has a right pronator drift. There is mild weakness of abduction of the eyes bilaterally. Funduscopic examination might be expected to show which of the following?

- a) Pigmentary degeneration of the retina
- b) Hollenhorst plaques
- c) Retinal venous pulsations
- d) Blurring of the margins of the optic disc

340) "STAMPING" Gait ARISES AT WHICH ATAXIA

- a) cerebellar
- b) sensitive
- c) vestibular
- d) cortical

341) Pyramidal tract involvement with absent ankle jerk is seen in:

- a) Friedreich's ataxia
- b) Subacute combined degeneration of the spinal cord
- c) Lathyrism
- d) Tabes dorsalis

342) Motor neuron disease, TRUE is:

- a) Sensory involvement
- b) Ocular motility is spared
- c) Involvement of anterior and lateral columns of spinal cord
- d) Intellectual improvement

343) All are features of pyramidal tract lesion, Except.

- a. Involuntary movement
- b. Positive Babinski's sign
- c. Spasticity
- d. Increased deep tendon reflexes

344) All of the following are features of Pseudobulbar palsy, except:

- a) Dysarthria
- b) Dysphagia
- c) Emotional lability
- d) Hypoactive jaw jerk

345) During ultrasonography if the shape of cerebellum shows "banana sign" it suggests:

- a) Anencephaly
- b) Hydrocephaly

- c) Spina bifida
- d) Neoplasm

346) In correct about cerebellar disease is:

- a) Rhomberg sign
- b) Rebound phenomenon
- c) Dysaidokinesia
- d) Dysmetria

347) The triad of strabismus, diplopia and ptosis are caused damage of which nerves:

- a) Oculomotor
- b) Trochlear
- c) Abducent
- d) Cervical sympathetic trunk

348) Left lobe of the brain is responsible for:

- a) Enjoying music
- b) Spatial orientation
- c) Fine motor movement
- d) Processing of speech

349) Single limb paralysis due to lesion in:

- a) Area 4
- b) Thalamus
- c) Brainstem
- d) Internal capsule

350) Neurotransmitter in striatal pathway is:

- a) Glutamine
- b) Glycine
- c) Serotonin
- d) Dopamine

351) Type of sensation lost on same side in Brown- sequard syndrome is:

- a) Pain
- b) Touch
- c) Proprioception
- d) Temperature

352) Spastic paraplegia is caused by all, except:

- a) Vitamin B12 deficiency
- b) Cervical spondylosis
- c) Lead poisoning
- d) Motor neuron disease

353) Cranial Nerve 8 palsy causes all except?

- a) Gag Reflex
- b) Vertigo
- c) Motion sickness
- d) Tinnitus

354) "Prosopagnosia" is characterized by:

- a) Inability to read

- b) Inability to identify faces
c) Inability to write
d) Inability to speak
- 355) Cranial nerve most commonly compressed by intra cranial aneurysm:
- a) Oculomotor
b) Facial
c) Optic
d) Trigeminal
- 356) Cluster headache is characterized by all, except:
- a) Affects predominantly females.
b) Unilateral headache.
c) Onset typically in 20-50years of life.
d) Associated with conjunctival congestion.
- 357) What is drug of choice for acute attack of migraine
- a) Methysergide
b) Caffeine
c) Amitriptyline
d) Sumatriptan
- 358) A young female presents with severe headache and neck stiffness of abrupt onset. She says , she has never had such severe headache before. She also complains of associated nausea and photophobia. Likely diagnosis:
- a) Subarachnoid hemorrhage (SAH)
b) Migraine
c) Viral Encephalitis
d) Hydrocephalus
- 359) Sumatriptan is contraindicated in all except:
- a) Basilar migraine
b) Ischemic heart disease
c) Pregnancy
d) Ergot alkaloids in last one week.
- 360) The presence of dysidiadochokinesis suggests damage to the following:
- a) black substance
b) spinal cord
c) cerebellar
d) occipital lobe
- 361) The presence of Parkinsonism suggests damage to the following:
- a) caudate nucleus
b) black substance
c) cerebellar
d) frontal lobe
- 362) One of the most important functions of the autonomic nervous system is the following:
- a) regulation of homeostasis
b) voluntary movements
c) coordination of movements
d) involuntary movements
- 363) The presence of anosmia suggests damage to the following cranial nerve:
- a) II
b) I
c) III
d) V
- 364) Trigeminal nerve impairment produces the following symptoms:
- a) plegia in half of the face
b) ache paroxysm in half of the face
c) disturbance of swallowing
d) ache in half of the head
- 365) The presence of Bell's palsy suggests damage to the following cranial nerve:
- a) facial
b) optic
c) olfactory
d) vestibular
- 366) Dysphagia, dyphonia, dysarthria together with tongue atrophy & depressed "gag" reflex is called like following:
- a) bulbar palsy
b) Bell's palsy
c) pseudobulbar palsy
d) bulbus olfactorius
- 367) The disturbance of purposive movement in absence of paresis & dyscoordination Suggests the presence of the following:
- a) dyslexia
b) dysgnosia
c) dyspraxia
d) dysphasia
- 368) Meningeal syndrome suggests any of the following, EXCEPT:
- a) neck stiffness
b) headache
c) photophobia
d) Babynsky response
- 369) There are two kind of cerebellar ataxia:
- a) Static and dynamic
b) Vestibular and static
c) Cortical and dynamic
d) Sensitive and cerebellar
- 370) The main sign of Pons Varolii lesion:
- a) Central tetraparesis
b) Alternating hypalgesia
c) Babinski symptom in both sides
d) Hyperreflexion on feet
- 371) Where is the localization of the motor zone in the cerebral cortex?
- a) Frontal lobe
b) Cerebellum
c) Occipital lobe
d) Temporal lobe
- 372) The main sign of the lesion of the peripheral motor neuron:

- a) The Protective reflexes
- b) Pathological reflexes
- c) Clonus
- d) Hypotonia

373) The characteristic sign of irritation of the central frontal sulcus is:

- a) Sensory aphasia
- b) Simple visual hallucinations
- c) Hemianopsia
- d) Jackson's motor seizures (local, partial)

374) The characteristic sign of the motor zone lesion of the cerebral cortex is:

- a) The atrophy of optic nerve
- b) Anosmia
- c) Spastic monoparesis
- d) Semantic aphasia

375) Which pathway of cerebellum is afferent one:

- a) Cortico-spinalis
- b) Cerebello-tegmentalis
- c) Spino-thalamicus
- d) Spino-cerebellaris ventralis (Hover's)

376) Which pathway of cerebellum is afferent one:

- a. Cortico-spinalis
- b. Spino-cerebellaris dorsalis (Flexig's)
- c. Spino-thalamicus
- d. Cerebello-tegmentalis

377) Which of the following is related to trigeminal motor dysfunction?

- a) Nystagmus
- b) Hearing loss
- c) Tongue for atrophy/fasciculations
- d) Jaw drop

378) Which of the following muscles originate from the skull base?

- a) Masseter
- b) Temporalis
- c) Pterygoids
- d) All of the above

379) Trigeminal nerve supplies which of the following muscles?

- a) Anterior belly of digastric
- b) Tensor veli palatini
- c) Tensor tympani
- d) All of the above

380) Motor part of trigeminal (fifth cranial) nerve innervates which of the following muscle?

- a) Orbicularis oculi
- b) Posterior auricular

- c) Pterygoid
- d) Sternocleidomastoid

381) Mandibular sensory fibers of trigeminal nerve enter the skull through?

- a) A Superior orbital fissure
- b) B Foramen ovale
- c) C. Foramen rotundum
- d) D. Meckel's cave

382) Motor and principal sensory nuclei of trigeminal nerve located in?

- a) Upper pons
- b) Mid pons
- c) Lower pons
- d) Midbrain

383) Which cranial nerve carries the efferent limb of jaw jerk reflex?

- a) Oculomotor
- b) Trigeminal
- c) Trochlear
- d) Facial

384) Which of the following is a test for trigeminal nerve?

- a) Stemutatory reflex
- b) Comeal reflex
- c) Jaw reflex
- d) All of the above

385) Which of the following is a cause of jaw drop?

- a) Myasthenia gravis
- b) ALS
- c) Kennedy's disease
- d) All of the above

386) Which of the following is useful in treatment of Bells palsy?

- a) Glucocorticoids
- b) IV ig
- c) Plasmapheresis
- d) All of the above

387) Locate the lesion if there is ipsilateral peripheral facial weakness; lacrimation, salivation, and taste intact; tinnitus, facial numbness, ataxia, nystagmus?

- a) Cortex subcortical region
- b) Pons
- c) Cerebellopontine angle

d) All of the above

388) Locate the lesion if there is ipsilateral peripheral facial weakness; lacrimation, salivation, and taste likely to be involved, tinnitus, nystagmus, hearing loss?

- a) Cortex, subcortical region
- b) Pons
- c) Cerebellopontine angle
- d) Facial nerve in internal auditory canal proximal to or involving geniculate ganglion

389) Which of the following about facial palsy is false?

- a) Hyperacusis results from paralysis of stapedius muscle
- b) Lesions proximal to geniculate ganglion have permanent loss of taste and are unable to produce less
- c) Aberrant regeneration of nerve fibres is the cause of syndrome of crocodile tears
- d) None of the above

390) A patient with damage to the "final common path" refers to a lesion of:

- a) pyramidal neurons
- b) pallidal neurons
- c) compact nigral neurons
- d) alpha motor neurons

391) The ventral root at C7 is damaged. Muscle weakness (paresis)/paralysis would be most pronounced in the:

- a) deltoid muscle
- b) triceps muscle
- c) flexor digitorum profundus muscle
- d) interossei muscles

392) A patient complains of difficulty in swallowing. This difficulty may result from damage to the:

- a) trigeminal nerve rootlets
- b) facial nerve rootlets
- c) spinal accessory nerve rootlets
- d) glossopharyngeal nerve rootlets

393) Upper motor neurons in primary motor cortex are activated by inputs from the:

- a) premotor cortex
- b) primary somatosensory cortex
- c) secondary somatosensory cortex
- d) all of the above

394) A patient with a corticobulbar tract lesion may find it difficult to:

- a) close both eyes
- b) gaze to the right and to the left
- c) protrude the tongue
- d) retract both corners of the mouth

395) A 23-year-old man awoke this morning with weakness in his legs and loss of sensation. Examination showed weakness in both legs, brisk lower limb tendon reflexes, and extensor plantar responses bilaterally below the umbilicus. Where is the spinal lesion?

- a) C8
- b) T4
- c) T8
- d) T10

396) Which of the following does not apply to the symptoms of defect of the pallidonigra system

- a) plastic muscle hypertension
- b) intentional tremor;
- c) hypokinesia, bradykinesia, oligokinesia
- d) rest tremor

397) THE BASIC TYPES OF HYPERKINESIS DOES NOT APPLY TO

- a) choreic hyperkinesia
- b) epileptic seizures
- c) athetosis
- d) myoclonus

398) THE MAIN SYMPTOMS OF DAMAGE OF THE CEREBELLUM DOES NOT APPLY TO

- a) ataxia, "drunk" gait
- b) "shuffling" gait, hypomimia, hypokinesia
- c) intentional tremor
- d) horizontal nystagmus

399) Symptoms of the defect of the striatal system

- a) increased tendon reflexes
- b) bradykinesia
- c) hypomimia
- d) hyperkinesia (chorea, athetosis, torsion dystonia)

400) BASIC SIGNS OF TORSION DYSTONIA

- a) flexor posture
- b) sharp, jerky movements of the limbs
- c) "corkscrew-like", violent movements of the body with its rotation around the axis, arising from arbitrary movements, while walking
- d) slow, "worm-like" movements of fingers and hands