## TEST BANK



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Reviewed by:

- 74- A more developed two-point tactile discrimination:
- a- Indicates a greater threshold distance for feeling of two points of touch applied simultaneously
- b- Is seen in the proximal regions of the body compared with the distal regions
- c- Is inversely related to the size of the receptive fields of the stimulated sensory units
- d- Depends upon the type of the involved touch receptor

answer:C

- 92- A lesion of the dorsal column pathway is most likely to affect:
- a- Fine touch
- b- Hearing
- c- Pain sensation
- d- Temperature sensation
- e- Visual acuity

answer:A

- 93-A patient complaining of loss of pain and temperature sensation in the left leg is most likely to have a lesion of the:
- a- Left corticospinal tract
- b- Left anterior spinothalamic tract
- c- Left lateral spinothalamic tract
- d- Right anterior spinothalamic tract
- e- Right lateral spinothalamic tract

answer:E

- 97-A subject suffers from right hemisection of the spinal cord shows:
- a- Upper motor neuron paralysis at the level of the hemisection
- b- Loss of pain and temperature on the right side below the level of the section.
- c- Loss of fine touch and vibration sense on the left side below the level of the section.
- d- Loss of all sensations on the same side at the level of the section

answer:D

98-Tabes doralis is:

- a- Due to virus infection of the posterior root ganglia.
- b- Accompanied with shuffling gate
- c- Accompanied with loss of crude touch.
- d- Accompanied with incoordination of voluntary movements.

Answer:D

- 101-Regarding Syrinogomyelia:
- a- Fine touch is preserved.
- b- Is due to dilatation of the central canal
- c- There is dissociated sensory loss.
- d- All of the above.

Answer:D

- 102-Damage of the posterior column may impair the following, except:
- a- The ability to stand steadily with the eyes closed.
- b- Pain sensation.
- c- Vibration sensation.
- d- Kinesthetic sensations

answer:B
104-brown-Sequard syndrome is characterized by all the following, except:
a- Loss of vibration sense on the opposite side below level of the lesion
b- Loss of voluntary movements on the same side below the level of the lesion
c- Loss of reflex movements on the same side at the level of the lesion
d- Loss of pain sensation on the opposite side below the level of the lesion answer:A
25- A tendon jerk is:
a- A dynamic stretch reflex
b- A static stretch reflex
c- Evoked by gradually stretching the muscle
d- Evoked by stimulation of tendon receptors
answer:A
26- The tendon jerk which has its center in the 5th and 6th cervical segments of the spinal cord is the:
a- Jaw jerk
b- Deltoid jerk
c- Biceps jerk
d- Triceps jerk
answer:C

27- Tendon jerks are clinically examined to asses:
a- Integrity of muscle spindles
b- Integrity of reflex pathway
c- The total reflex time of the jerk
d- Central delay time of the jerk
answer:B
28- Absence of a tendon jerk could result from any of the following conditions, except:
a- Lesions of supraspinal facilitatory centers
b- Lesions of the efferent neurons
c- Lesions of the afferent neurons
d- Lesions of the spinal nerve centers
answer:A
29- Exaggeration of tendon jerks could result from any of the following conditions . • . except:
a- Lesions of supraspinal facilitatory centers
b- Lesions of supraspinal inhibitory centers
c- Increased gamma-motor neuron discharge
d- Anxiety
answer:A

34-Clonus:
a- Is a sign of decreased supraspinal facilitation
b- Initiated by briefly stretching the tendon of the muscle
c- Is manifested as oscillating mechanical vibrations following tendon jerks
d- Associates exaggeration of tendon jerks
answer:D
37-Spinal shock is due to:
a- Severe pain felt at the site of the lesion
b- Severe hypotensive shock
c- Interruption of the ascending sensory pathways
d- Interruption of the descending facilitatory tracts
answer:D
38-The stage of spinal shock is characterized by:
a- Loss of sensations from the body
b- Paralysis of all skeletal muscles innervated by the spinal cord
c- Exaggerated tendon jerks
d- Failure of spinal reflexes below the level of the lesion
answer:D
39-In humans the usual duration of the stage of spinal shock is:
a- 2-6 hours
b- 2-6 days
c- 2-6 weeks
d- 2-6 months
Answer:C

40-Failure of spinal reflexes during the stage of spinal shock causes:
a- Automatic mictuirition
b- Hypotension
c- Babinski sign
d- Spasticity of the paralyzed muscles
answer:B
41-Complete transection of the spinal cord produces all of the following effects, except:
a- Permanent loss of all sensations mediated by the cord below level of lesion
b- Permanent loss of voluntary movements by muscles innervated by the cord below level of lesion
c- Permanent loss of reflexes mediated by the cord below level of lesion
d- Temporary loss of micturition reflexes
answer:C
42-The earliest spinal reflex that recovers after the stage of spinal shock is the:
a- Micturition reflex
b- Scratch reflex
c- Stretch reflex
d- Flexor reflex
answer:D

43-Long term consequence of transection of the spinal cord at T12 level includes: a- Paralysis of the bladder muscle and loss of the ability to defecate b- Severe drop of ABP c- Loss of the reflexes concerned with erection and ejaculation d- Severe flexor spasm on stimulation of the inner aspect of the thigh answer:D 55-Lower motor neuron lesions cause all the following, except: a- Decreased number of transmitter receptors in the denervated muscle b- Atrophy of the denervated muscle c- Flaccid paralysis of the denervated muscle d- Loss of flexion withdrawal reflex answer:A 56- A patient with long standing LMNL will have: a- Hyperesthesia b- Hyperreflexia c- Muscle wasting d- Positive Babiniski sign e- Spasticity answer:C

57-Motor defects that result from an internal capsular lesion include: a- Paralysis of all skeletal muscles on the opposite side of the body b- Paralysis of all skeletal muscles on the same side of the body c- Paresis of axial muscles on the same side of the body d- Paralysis of the distal muscles on the opposite side of the body Answer:D 58-Hypertonia of UMN lesions is characterized by: a- Increased inhibitory discharge from the premotor area b- Inhibition of pontine reticular formation c- Increased gamma-motor neuron discharge d- Decreased muscle spindle discharge answer:C 59-In UMN lesions the response to plantar reflex: a- Becomes exaggerated b- Becomes inhibited c- Becomes modified d- Is absent answer:C 60-In UMN lesions the response of the paralyzed muscles to electrical stimulation is: a- Exaggerated b- Inhibited (decreased) c- Not changed

d- Is absent

answer:C
61-Spasticity of the paralyzed muscles in UMN lesions is associated with:
a- Inhibition of tendon jerks
b- Remarkable wasting of the muscle
c- Clonus
d- None of the above
answer:C
62-Decerebrate rigidity is due to:
a- Stimulation of type I b sensory neurons
b- Loss of cerebellar inputs to the red nucleus
c- Overactivity of the medullary reticular nuclei involved in motor control
d- Unopposed activity of the pontine reticular nuclei
e- Degeneration of the nigrostriatal pathway answer:d
71-Regarding the role of the cerebellum:
a- Purkinje neurons lie in the deep cerebellar nuclei
b- The cerebellum has a direct efferent projection to the motor cortex
c- Hemiballismus is a sign of cerebellar damage.
d- The cerebellar hemispheres control and receive inputs from ipsilateral muscles
answer:D

72-Patient with motor ataxia differs from that with sensory ataxia in:
a- Being compensated for equilibrium disorder by vision
b- Having speech disorders
b- Having no abnormal gait
d- Having no cerebellar lesion
answer:B
73-The functions of the cerebellum includes:
a- Stops the movement at the precise intended point.
b- Prevents oscillation of movements.
c- Planning and timing function.
d- All of the above.
Answer:D
74-Regarding the cerebellum:
a- Has no role in maintenance of balance.
b- Neocerebellum inhibits muscle tone.
c- Paleocerebellum facilitates muscle tone.
d- Cerebellum has a predictive function during running
answer:D
75-Neocerebellum disease is associated with:
a- Shuffling gait.
b- Drunken gait.
c- Stamping gait.
d- Circumduction gate.
Answer: b

77-An abnormal Babinski reflex indicates damage to the:
a. Spinal cord
b. Brainstem
c. Cerebellum
d. Basal ganglia
e. Pyramidal tract
answer:E
78-Regarding the electroencephalogram (EEG):
a- The normal EEG of an awake active person is dominated by alpha waves.
b- During deep sleep the EEG is always dominated by delta waves.
c- The presence of theta waves in the EEG of an awaken child is indicative of cerebral pathology.
d- Hyperventilation increases the frequency of alpha waves
answer:b
79-Concerning sleep:
a- dreams are typically remembered during Non-REM sleep
b- Individuals rarely awake spontaneously from REM sleep
c- Muscle tone is markedly suppressed during REM sleep
d- Heart rate and respiratory rate typically decrease during REM sleep
answer:C

80-Correct statements regarding rapid eye movement (REM) sleep include which of the following?
a. It is the first state of sleep entered when a person falls asleep
b. It is accompanied by loss of skeletal muscle tone
c. It is characterized by a slow but steady heart rate
d. It occurs more often in adults than in children
. e. It lasts longer than periods of slow-wave sleep
Answer:b