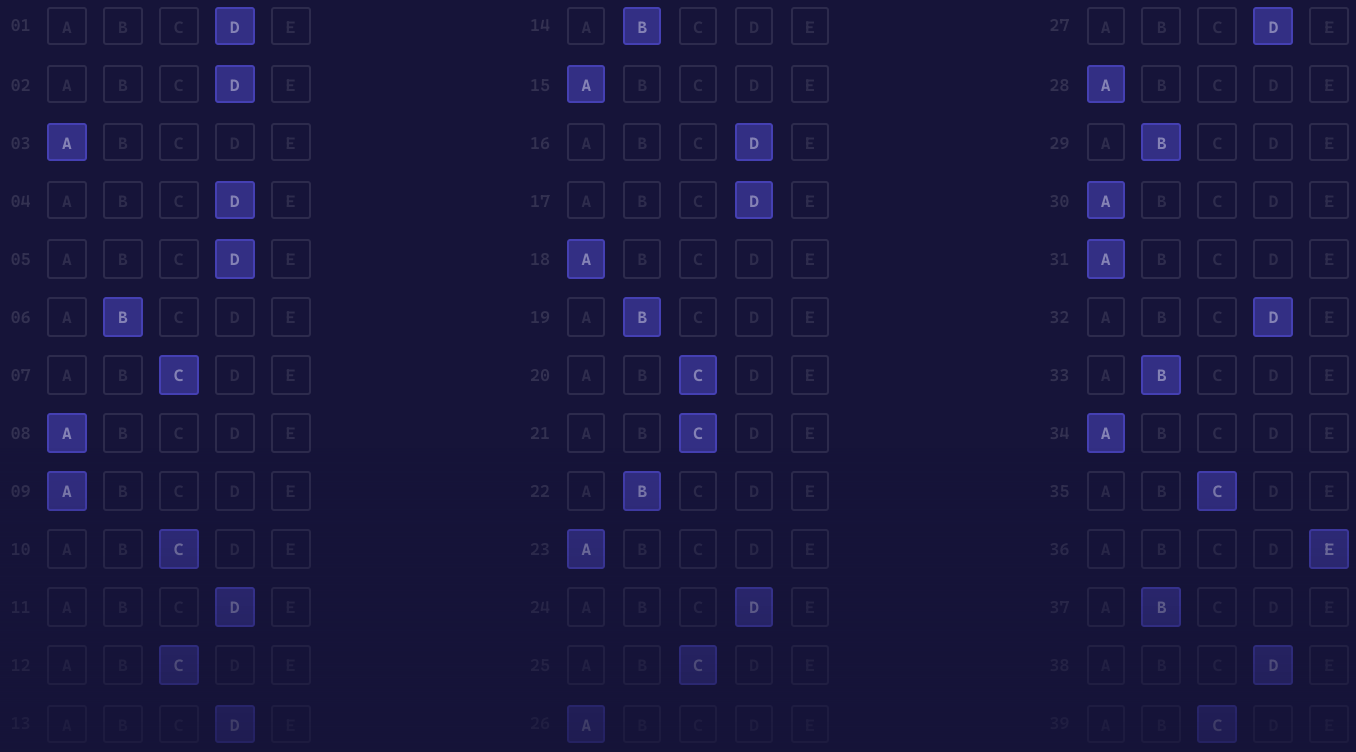
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

Association of Movement Disorder Advanced Practice Providers (AMDAPP)

CMRD

Certification Examination in Movement and Related Disorders

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Association of Movement Disorder Advanced Practice Providers (AMDAPP) `CMRD`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `CMRD`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A 68-year-old man presents with a 2-year history of progressive gait disturbance, early postural instability, and urinary incontinence. Examination shows a wide-based magnetic gait, vertical gaze palsy, and axial rigidity that is greater than his appendicular rigidity. He has not responded to levodopa. Which of the following is the most likely diagnosis?

A Idiopathic Parkinson disease

B Multiple system atrophy, parkinsonian type (MSA-P)

C **Progressive supranuclear palsy (PSP)**

D Corticobasal degeneration (CBD)

ANSWER C

WHY The combination of early postural instability with falls, axial-predominant rigidity, vertical (especially downgaze) supranuclear palsy, and poor levodopa response is the classic presentation of progressive supranuclear palsy (PSP). Idiopathic Parkinson disease typically responds well to levodopa early on, and gait difficulties appear later. MSA-P features autonomic failure and cerebellar or parkinsonian features with a poorer levodopa response but does not classically produce vertical gaze palsy. CBD is characterized by asymmetric apraxia, cortical sensory loss, alien limb, and dystonia rather than vertical gaze palsy.

QUESTION 2 SINGLE CHOICE

A 62-year-old woman with Parkinson disease for 8 years has been taking carbidopa/levodopa 25/100 mg every 4 hours. She now reports that medication begins to wear off about 90 minutes before her next dose, and she develops a sustained twisting posture in her right foot roughly 30 minutes after each dose. Which motor complication best describes the post-dose twisting posture?

A Off-period freezing of gait

B Peak-dose dyskinesia

C Diphasic (beginning- and end-of-dose) dyskinesia

D Wearing-off akinesia

ANSWER B

WHY Peak-dose dyskinesia is choreiform or dystonic involuntary movement that occurs when plasma levodopa is at its highest level, typically 30–120 minutes after a dose, and reflects pulsatile dopamine receptor stimulation. Wearing-off refers to return of parkinsonism before the next dose (the patient's other complaint). Off-period freezing is a gait phenomenon in the medication-off state. Diphasic dyskinesia occurs as the dose is rising and again as it is falling, classically as lower-extremity ballistic or stereotyped movements, and is less common than peak-dose dyskinesia.

QUESTION 3 SINGLE CHOICE

A 9-year-old boy has had recurrent, brief, non-rhythmic motor tics (eye blinking and shoulder shrugging) and occasional vocal tics (throat clearing) for 14 months. The tics wax and wane in frequency and intensity but have persisted for more than 1 year. Which diagnosis best fits this presentation?

A Provisional tic disorder

B Persistent (chronic) motor and vocal tic disorder

C Tourette syndrome

D Functional tic-like behavior

ANSWER C

WHY Tourette syndrome is defined by both multiple motor tics AND at least one vocal (phonic) tic — not necessarily concurrently — for more than 1 year, with onset before age 18, and tics that wax and wane. By DSM-5-TR criteria, persistent (chronic) tic disorder involves only motor OR only vocal tics for more than 1 year. Provisional tic disorder requires duration less than 1 year. Functional tic-like behavior typically has abrupt onset in adolescence or adulthood and is triggered by social media exposure, and movements are not preceded by a premonitory urge, which would not be specified here.

QUESTION 4 SINGLE CHOICE

A 42-year-old man presents with chorea, irritability, depression, and executive dysfunction. His father died in his 50s after developing similar movement and behavioral changes. Genetic testing reveals an expanded CAG repeat in the HTT gene on chromosome 4. Which of the following statements about this condition is correct?

A It is inherited in an autosomal recessive pattern

B Larger CAG repeat expansions are associated with earlier onset of symptoms

C Tetrabenazine and deutetrabenazine typically worsen the chorea

D Predictive genetic testing is recommended for all at-risk children under age 12

ANSWER B

WHY Huntington disease is autosomal dominant with anticipation, meaning larger CAG repeat sizes correlate with earlier disease onset, and paternal transmission more often produces anticipation due to instability of the repeat during spermatogenesis. Tetrabenazine and deutetrabenazine are VMAT2 inhibitors that REDUCE chorea. Predictive testing guidelines recommend against testing minors for an adult-onset condition absent a preventive intervention, so testing all at-risk children under 12 is not recommended.

QUESTION 5 SINGLE CHOICE

A 25-year-old man with schizophrenia is brought to the emergency department 2 days after starting haloperidol. He has hyperthermia (40.2°C), generalized rigidity, autonomic instability (tachycardia, labile blood pressure), and an elevated creatine kinase of 8,000 U/L. He is also confused. Which of the following is the most appropriate immediate intervention?

A Increase the haloperidol dose to control agitation

B Administer intramuscular biperiden and continue haloperidol

C **Discontinue haloperidol, provide supportive cooling and intravenous fluids, and consider dantrolene or bromocriptine**

D Give oral tetrabenazine

ANSWER C

WHY This is classic neuroleptic malignant syndrome (NMS): hyperthermia, 'lead-pipe' rigidity, autonomic dysfunction, and elevated CK, typically within days of dopamine antagonist exposure. The most important step is immediate withdrawal of the offending dopamine antagonist, aggressive supportive care (cooling, IV fluids, electrolyte and renal monitoring), and in moderate-to-severe cases pharmacologic therapy with dantrolene (a muscle relaxant) and/or bromocriptine or amantadine (dopamine agonists). Continuing or increasing haloperidol would be harmful. Biperiden is an anticholinergic used for acute dystonia, not NMS. Tetrabenazine is a dopamine-depleting agent and would worsen NMS.

QUESTION 6 SINGLE CHOICE

A 61-year-old man with idiopathic Parkinson disease for 12 years continues to have good cognitive function (MoCA 28/30) but has motor fluctuations with wearing-off and troublesome dyskinesias despite optimization of oral medications. Which of the following best describes his candidacy for deep brain stimulation (DBS)?

A He is not a candidate because he is over age 60

B He is a good candidate; age, motor fluctuations, dyskinesia, and preserved cognition support DBS referral

C He is not a candidate because he has dyskinesia

D He is not a candidate because his disease duration is too long

ANSWER B

WHY Ideal DBS candidates have idiopathic Parkinson disease with good levodopa responsiveness, motor complications (fluctuations and dyskinesia) that are no longer controlled medically, disease duration generally ≥4 years to allow atypical parkinsonism to declare itself, age under ~75 in most programs (age alone is not an exclusion), and importantly preserved cognition and absence of significant psychiatric disease (e.g., depression, impulse control) or atypical features such as poor levodopa response, which would predict poor DBS benefit. This patient meets the major criteria: idiopathic disease, levodopa-responsive, troublesome fluctuations and dyskinesia, and intact cognition.

QUESTION 7 SINGLE CHOICE

A 70-year-old man reports a progressive unilateral tremor of the right hand at rest that disappears with voluntary movement. Examination shows a 4–5 Hz 'pill-rolling' tremor of the right hand that is present at rest, cogwheel rigidity at the right wrist, and bradykinesia with decrement on finger tapping. Which of the following is the most appropriate next step?

A Order a dopamine transporter (DaT) SPECT scan to confirm Parkinson disease

B Start a trial of propranolol for essential tremor

C Diagnose Parkinson disease clinically and discuss treatment options, including a levodopa trial

D Order a serum ceruloplasmin to evaluate for Wilson disease

ANSWER C

WHY Asymmetric rest tremor with rigidity and bradykinesia is sufficient for a clinical diagnosis of Parkinson disease by International Parkinson and Movement Disorder Society (MDS) clinical criteria; a trial of levodopa is both diagnostically and therapeutically useful. DaT SPECT can support differentiation from essential tremor when clinical features are ambiguous, but is not needed in this classic presentation. Propranolol treats action tremor, not rest tremor. Wilson disease typically presents before age 40 and with hepatic, ocular (Kayser-Fleischer rings), and dystonic features.

QUESTION 8 SINGLE CHOICE

A 34-year-old woman with schizophrenia on long-term haloperidol presents with involuntary chewing, lip-smacking, and tongue protrusion that began several months ago and persists at rest. She has no bradykinesia or rigidity. Examination reveals no tremor and normal tone. Which of the following best describes this movement disorder?

A Acute dystonia

B Akathisia

C Tardive dyskinesia

D Parkinsonism

ANSWER C

WHY Oro-buccal-lingual (orofacial) stereotyped involuntary movements appearing after months to years of dopamine receptor blockade are characteristic of tardive dyskinesia. Acute dystonia occurs within hours to days of exposure, typically as sustained posturing (e.g., torticollis, oculogyric crisis). Akathisia is a subjective inner restlessness with inability to sit still, not stereotyped orofacial movements. Drug-induced parkinsonism features bradykinesia, rigidity, and sometimes rest tremor — which this patient lacks.

QUESTION 9 SINGLE CHOICE

A 7-year-old child has multiple motor tics and at least one vocal tic that have occurred nearly every day for more than one year, with no tic-free interval longer than three months. Which diagnosis is most appropriate?

A Provisional tic disorder

B Persistent (chronic) motor or vocal tic disorder

C Tourette syndrome

D Stereotypic movement disorder

ANSWER C

WHY Tourette syndrome requires both multiple motor tics and one or more vocal tics, although they need not occur simultaneously. The tics must persist for more than one year, recur nearly daily or intermittently, and are not attributable to another condition or substance. A tic-free period of no more than three months supports this diagnosis.