

01	☐ A	☐ B	☐ C	☐ D	☒ E
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34	☐ A	☐ B	☒ C	☐ D	☐ E
35	☐ A	☐ B	☐ C	☒ D	☐ E
36	☐ A	☐ B	☐ C	☒ D	☐ E
37	☐ A	☐ B	☐ C	☒ D	☐ E
38	☐ A	☐ B	☐ C	☒ D	☐ E
39	☒ A	☐ B	☐ C	☐ D	☐ E

PRACTICE QUESTIONS

**NBME® Subject Examination Program, Medical School Services (MSS),
including International Foundations of Medicine (IFOM)**

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Clinical Neurology

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

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9 practice questions for NBME® Subject Examination Program, Medical School Services (MSS), including International Foundations of Medicine (IFOM) CLNEU , 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.

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Send us three things and we will check it:

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

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QUESTION 1

SINGLE CHOICE

A 62-year-old man develops sudden weakness of the right lower face and right arm, with relative sparing of the right lower extremity. Language function is intact. Which vascular territory is most likely involved?

- ☐ A Right middle cerebral artery
- ☐ B Left anterior cerebral artery
- ☒ C Left middle cerebral artery, superior division
- ☐ D Left posterior cerebral artery

ANSWER C

WHY Contralateral face and arm weakness with leg sparing and intact language localizes to the lateral frontal cortex supplied by the superior division of the left middle cerebral artery. The anterior cerebral artery supplies the medial frontal leg area, the right MCA would cause left-sided deficits, and the PCA supplies occipital/temporal territory.

QUESTION 2

SINGLE CHOICE

A patient presents with bilateral leg weakness, a sensory level at the umbilicus, and urinary retention. Which anatomic level is the most likely lesion site?

- ☐ A Cervical cord
- ☒ B Thoracic cord at T10
- ☐ C Conus medullaris
- ☐ D Cauda equina

ANSWER B

WHY A sensory level at the umbilicus corresponds to the T10 dermatome, and combined motor/sensory/autonomic dysfunction below that level localizes to the thoracic cord. Cervical lesions would affect arms as well, conus medullaris typically produces saddle anesthesia with mixed upper/lower motor neuron signs, and cauda equina produces asymmetric lower motor neuron findings without a true sensory level.

QUESTION 3

SINGLE CHOICE

A 24-year-old has recurrent episodes of sudden motionless staring, lip smacking, and fumbling hand movements lasting 1 to 2 minutes, followed by confusion. Which seizure type best characterizes these events?

- ☐ A Typical absence seizure
- ☒ B Complex partial (focal impaired awareness) seizure
- ☐ C Generalized tonic-clonic seizure
- ☐ D Myoclonic seizure

ANSWER B

WHY Focal seizures with impaired awareness (formerly complex partial) commonly arise from the temporal lobe and feature automatisms such as lip smacking and manual fumbling, with postictal confusion. Typical absence seizures are brief (seconds), occur in children, lack automatisms of this complexity, and have no postictal state. The events described are too prolonged for absence and lack tonic-clonic or myoclonic features.

QUESTION 4

SINGLE CHOICE

A 70-year-old woman with atrial fibrillation presents with sudden right hemiparesis, aphasia, and right homonymous hemianopia. Which is the most appropriate initial step in management?

- ☒ **A** Immediate intravenous thrombolysis with alteplase after non-contrast head CT excludes hemorrhage
- ☐ **B** Begin intravenous heparin regardless of imaging
- ☐ **C** Perform lumbar puncture to exclude subarachnoid hemorrhage
- ☐ **D** Obtain a carotid duplex before any other evaluation

ANSWER A

WHY For acute ischemic stroke presenting within the time window and without contraindications, non-contrast head CT is performed first to exclude hemorrhage, and intravenous alteplase (or tenecteplase) is given if the patient meets criteria. Heparin is not routinely given in acute cardioembolic stroke, lumbar puncture is contraindicated in acute stroke and is not the initial step, and carotid imaging does not precede urgent CT and reperfusion assessment.

QUESTION 5

SINGLE CHOICE

A 68-year-old man presents with a resting tremor, bradykinesia, rigidity, and postural instability. He also reports acting out his dreams and progressive visual hallucinations. Which finding is most likely on examination?

- ☒ **A** Sustained improvement of parkinsonism with low-dose levodopa
- ☐ **B** Absent resting tremor with prominent action (kinetic) tremor
- ☐ **C** Vertical gaze palsy
- ☐ **D** Autosomal dominant family history of early-onset parkinsonism

ANSWER A

WHY REM sleep behavior disorder (acting out dreams) and visual hallucinations are characteristic features of Lewy body dementia, which overlaps clinically and pathologically with Parkinson disease. In idiopathic Parkinson disease and Lewy body spectrum disorders, parkinsonian motor signs characteristically respond to levodopa. The vignette describes resting (not action) tremor, gaze palsy suggests progressive supranuclear palsy, and early-onset autosomal dominant parkinsonism (PARKIN) does not typically cause dementia with hallucinations.

QUESTION 6

SINGLE CHOICE

A 28-year-old woman presents with pain on eye movement and blurred vision in one eye, followed weeks later by ascending numbness and weakness of the legs with bladder dysfunction. CSF shows oligoclonal bands. MRI demonstrates periventricular and spinal cord lesions with Dawson's fingers. Which is the most likely diagnosis?

- ☐ A Acute disseminated encephalomyelitis
- ☐ B Neuromyelitis optica spectrum disorder
- ☒ C Multiple sclerosis
- ☐ D Guillain-Barré syndrome

ANSWER C

WHY The combination of optic neuritis, a myelopathy disseminated in time and space from the visual event, CSF oligoclonal bands, and periventricular/spinal MRI lesions with Dawson's fingers is classic for multiple sclerosis. ADEM is typically monophasic with encephalopathy; NMOSD targets optic nerve and spinal cord without periventricular lesions; Guillain-Barré is a peripheral demyelinating polyneuropathy without CNS lesions or optic neuritis.

QUESTION 7

SINGLE CHOICE

A 35-year-old woman reports fluctuating ptosis and proximal weakness that worsens with use and improves with rest. Repetitive nerve stimulation shows a decremental response at 2–3 Hz, and antibodies against the postsynaptic acetylcholine receptor are positive. Which is the most appropriate initial therapy?

- ☐ A Intravenous methylprednisolone for optic neuritis
- ☒ B Plasmapheresis or intravenous immunoglobulin plus a cholinesterase inhibitor
- ☐ C High-dose vitamin B12 replacement
- ☐ D Beta-interferon therapy

ANSWER B

WHY Anti-acetylcholine receptor antibody–positive myasthenia gravis with fatigable weakness and a decremental response on repetitive stimulation is treated symptomatically with a cholinesterase inhibitor (pyridostigmine), and acute exacerbations or myasthenic crisis are managed with plasma exchange or IVIG. Steroids here target optic neuritis (a different disease), B12 is for subacute combined degeneration, and beta-interferon is used for multiple sclerosis.

QUESTION 8

SINGLE CHOICE

A 32-year-old woman has recurrent unilateral throbbing headaches lasting 6 to 24 hours, associated with photophobia, phonophobia, and nausea. Between attacks, she is asymptomatic, and the neurologic examination is normal. Which prophylactic medication is most appropriate as first-line therapy to reduce attack frequency?

- ☒ **A Propranolol**
- ☐ B Sumatriptan at headache onset
- ☐ C Acetaminophen combined with an antiemetic
- ☐ D Indomethacin

ANSWER A

WHY This is the clinical picture of migraine without aura. Propranolol is a first-line migraine prophylactic agent. Sumatriptan and analgesics/antiemetics are acute abortive treatments, not prophylactics. Indomethacin is the treatment of choice for paroxysmal hemicrania and other trigeminal autonomic cephalalgias, not migraine.

QUESTION 9

MULTIPLE CHOICE

Which of the following findings are characteristic of a unilateral cerebellar hemisphere lesion? (Choose two.)

- ☒ **A Ipsilateral limb ataxia and dysmetria on finger-to-nose testing**
- ☐ B Contralateral hemiparesis with upper motor neuron signs
- ☒ **C Intention tremor and dysdiadochokinesia on the same side as the lesion**
- ☐ D Bilateral, symmetric loss of vibration sense in the lower extremities

ANSWER A - C

WHY The cerebellum controls ipsilateral limb coordination, so a unilateral cerebellar hemisphere lesion produces ipsilateral limb ataxia, dysmetria, intention tremor, and dysdiadochokinesia. Contralateral hemiparesis with upper motor neuron signs localizes to the contralateral corticospinal tract, and symmetric loss of vibration sense suggests dorsal column disease (e.g., tabes dorsalis or subacute combined degeneration), not cerebellar disease.