|  |  |  |  |
| --- | --- | --- | --- |
| كلية الطب  جامعة مؤتة | |  | Faculty of Medicine,  Mu’tah University |
| Fifth-year Neuromedicine Exams | | | |

**This folder contains NeuromedicineMCQ questions from :  
 2018,2019,2020,2021 & Four unknown years**

**مع ملاحظة أن الدكتور عمر الرواشدة كان هو رئيس القسم منذ 2018  
وهو من وضع امتحانات 2018+2019+2020+2021+2022، وما قبل ذلك دكاترة آخرين ..**

**قام بجمع وترتيب هذه الأسئلة أحمد الخطايبة لغاية امتحانات سنة 2017 ..  
 وتم إضافة و تنسيق الإمتحانات حتى2019 عن طريق طارق أبولبدة و عمار العضايلة ..**

**و امتحان 2020 عمل عبدالرحمن الوردات و ساجدة الذنيبات ..**

**وامتحان 2021 عمل لينا الهوادي و محمد بدوان وعبدالرحمن بدير  
 وبإشراف لجنة الطب والجراحة ..**



**2022**

1. **Which is the key distinction between vestibular neuritis and labyrinthitis? Select one:**
2. Direction of nystagmus
3. Sensation of rotation
4. Cundulating ground
5. Hearing loss
6. loss of balance
7. A 36 years old with a history of gastric bypass. Surgery developed numbness in the his legs Ove later he started to have falls and then urine incontinence. he has reduced vibration and position good power. He has brisk knee reflexes and absent ankle reflexes. Which of the following is the Select one:
8. Vit B12
9. Vit D
10. Vit B6
11. Vit B1
12. Vit C
13. Which of the following is the FALSE match? Select one:
14. posterior interosseous nerve lesion: wrist drop
15. Upper brachial plexus roots lesion: Klumpke's paralysis (lower brachial)
16. Ulnar nerve: Claw hand
17. lateral femoral cutaneous nerve: Meralgia parasthetica
18. Peroneal nerve lesion: foot drop
19. Mention three objects in mini mental examination. Most closely test which one: (new)
20. Attention
21. Concentration
22. Memory
23. Registration

1. A patient presented with symmetrical loss of position, touch, vibration sensations of both feet up to the ankle joints. He is likely suffering from: Select one:
2. Brain lesion
3. Spinal cord lesionUpper
4. Cervical Syringomyia
5. Peripheral polyneuropathy (ascending pattern)
6. Diffuse L5 S1 disc prolapses
7. The patient Unable to perform new learned motor skills (new)
   1. Apraxia
   2. Dyslexia
   3. Dysarthria
   4. Dysgraphia
8. ***Semi***voluntary movement
   1. Chorea
   2. Athetosis
   3. Tics
   4. …
9. A 60 year old male with known history of terminal prostate malignancy. He presented to the emergency room unconscious. On examination he has pinpoint pupils After the airways, breathing, and circulation were restored, what would be the next step in management Select one:
   1. Flumazenil administration
   2. Naloxone administration
   3. Thiamine administration
   4. Normal saline administration
   5. Observation
10. Which of the following is FALSE regarding muscle dystrophies? Select one:
    1. Duchene muscular dystrophy is x linked associated with absent dystrophin
    2. Becker's muscular dystrophy is x linked associated with deficient dystrophin
    3. Myotonic dystrophy is associated with normal facial muscles.
    4. Cardiac involvement is common in Duchene muscular dystrophy
    5. Myotonic dystrophy is characterized by myotonia.
11. About seizures. Select the TRUE ????????
    1. Prolactin level is important for the diagnosis
    2. MRI is not mandatory for typical
12. A patient had shoulder trauma, he was found to have flaccid paralysis of the right hand with miosis and ptosis. Which of the following nerve roots is involved in his injury Select one:
    1. C5
    2. C6
    3. C7
    4. C8
    5. T1
13. What is the GCS of a patient, who opens his eyes to pain, withdraw from pain and produce incomprehensible sounds Select one:
    1. 6
    2. 7
    3. 8
    4. 9
    5. 10
14. About Alzheimer disease what is wrong:
    1. …
    2. Has neurofibrillary tangle
    3. Loss of the long term memory early in the course of the disease
    4. .
    5. .
15. Patient came after stroke. Cannot follow your commands, cannot repeat and has grammar mistakes. What is the lesion producing his symptoms?
    1. Broca’s area
    2. Werneck’s area
    3. Conductive lesion
    4. Global aphasia
16. A patient was found to have right relative afferent pupillary defect. Which of the following is true? Select one:
    1. right complete optic nerve injury
    2. right partial optic nerve injury
    3. right complete oculomotor nerve injury
    4. right partial oculomotor nerve injury
    5. none of the above correctly describe the patient finding
17. The most common bacterial cause of meningitis for neonates (LESS THN 1 year??) Select one:
    1. Group B Streptococcus
    2. Haemophilus influenza
    3. Neisseria meningitides
    4. Pseudomonas aeruginosa
    5. staphylococcus aureus
       * I think 1 year was a mistake
18. Syncope is different from epilepsy in that Select one:
    1. Syncope is not associated with any warning signs ??
    2. Syncope is not associated with any involuntary movements
    3. Syncope never occurs in sitting position
    4. Syncope is usually associated with brief post ictal symptoms
    5. Syncope has no complete loss of consciousness
19. Which medications are the best choice for empiric treatment of bacterial meningitis in a 30 years old male patient who is otherwise healthy? Select one:
    1. third-generation cephalosporin, and vancomycin
    2. dexamethasone, third-generation cephalosporin, and vancomycin
    3. dexamethasone third-generation cephalosporin and vancomycin and ampicillin
    4. Ampicillin and ceftriaxone
    5. acyclovir, third-generation cephalosporin and vancomycin.
20. Subacute sclerosing pan encephalitis is the name for a chronic infection with which of the following viruses? Select one:
    1. Measles virus
    2. Mumps virus
    3. Rubella virus
    4. Varicella virus
    5. Herpes
21. What is the muscle innervated by posterior interossei nerve?
    1. Extensor carpi radialis
    2. Extensor digitorum
    3. Adductor pollicis longus
    4. Pronator teres muscle
    5. ..
22. About Myasthenia Grave’s disease
    1. .
    2. Administration of corticosteroid cause remission of the disease
    3. .
    4. .
23. A 48 years old female awakens with a severe thunderclap headache and a stiff neck. She was taken to hospital and the brain CT reveals no haemorrhage.Which of the following is the next step? Select one
    1. Lumbar Puncture
    2. angiogram
    3. start ergotamine therapy
    4. start Nimodipine
    5. venography
24. 35 y old female patient has MS from 15 y. from one year she was able to walk 300m now she came on wheelchair. What is the type of his disease?
    1. Primary progressive MS
    2. Secondary progressive MS
    3. Relapsing remitting MS
    4. Progressive releasing MS
25. Secondary progressive MS result in:
    1. Irreversible damage
    2. .
    3. .
    4. .
    5. .
26. MS
    1. D
    2. .
27. A female patient came with eye pain and burring of vision for the last few days. On examination is no defect. brain MRI was normal. what is the best next option? Select one:
    1. IV methylprednisolone followed by oral tapering
    2. Oral prednisolone
    3. lumbar puncture
    4. Brain MRI with contrast
    5. Repeat MRI in 6 months
28. Regarding epilepsy. Select the true one:
    1. Frontal lobe is associated with oroalimantary automatism
    2. It is.
    3. .
    4. .
    5. .
29. auditory seizures such as humming or buzzing sound arise from which area? Select one
    1. frontal lobe
    2. frontoorbital area
    3. lateral temporal lobe
    4. mesial temporal lobe
    5. parietal lob
30. Which of the following is TRUE regarding temporal arteritis ? Select one :
    1. It is episodic where each episode lasts few hours
    2. ESR is a useful screening test
    3. Temporal artery biopsy has 100% sensitivity
    4. it affects only extracranial vessels
    5. It does not lead to focal neurological deficits
31. Which of the following is the correct order for treatment of status epilepticus ? Select one :
    1. Benzodiazepine - Phenytoin - Phenobarbital - coma
    2. Phenytoin - Phenobarbital - coma - Benzodiazepine
    3. Phenobarbital - coma - Benzodiazepine - Phenytoin
    4. Phenytoin - Phenobarbital- Benzodiazepine - coma
    5. Phenytoin - Benzodiazepine - Phenobarbital – coma
32. Which of the following is not a risk factor for stroke ? Select one :
    1. Mitral valve regurgitation
    2. Infective endocarditis
    3. Anterior wall hypokinesia
    4. Atrial hypertrophy
    5. DVT with Patent foramen ovale
33. Select the incorrect choice:
    1. Central nystagmus: is a non-fatigable nystagmus
    2. Eply’s maneuver: is diagnostic for BPPV
34. Weekend … female .. personality changes with low grade fever
    1. Referral to psychiatry
    2. Give IV acyclovir 10mg/ kg
    3. Take CSF sample under general anesthesia to exclude meningitis and encephalitis
35. Ascending loss of sensation to the chest . on examination normal power and reflexes with loss of the sensation..
    1. Give IVIG
36. About brain death which is true:
    1. .
37. About Parkinson’s Which of the following suggest diagnosis rather than Parkinson’s?
    1. Resting tremor
    2. Decrease the tremor with action
    3. Urine incontinence
    4. Cog wheel rigidity
    5. Asymmetrical tremor
38. d

**Which of the following disorders is most likely to occur during action rather during rest? Select one:**

a. Athetosis

b. Chorea

c tics

d. Parkinson tremor

e stereotypies

**2021**

1. **CSFanalysis: Clear, colorless fluid. Total protein 2.8 g/L (0.15-0.45). Glucose 3 mmol/L (3.3-4.4 Lymphocyte count 90%. Gram stain No organisms seen. What is the most likely diagnosis? Select one:**

a. bacterial meningitis

b. Guillain-Barre syndrome

C. subarachnoid hemorrhage

d. tuberculous meningitis

e. viral meningitis

2**. an 18 years old female patient is taking Valproic acid for juvenile myoclonic epilepsy. Because she was gaining weight, she was prescribed lamotrigine. After three weeks she developed skin rash. what is the next step? Select one:**

a. continue same treatment and give antihistamines

b. send her to the primary health care physician

C. stop lamotrigine

d. stop valproic acid

e. check levels of valproic acid and lamotrigine

3**. Choose the FALSE combination: Select one:**

a. Chorea: Dancing like movement

b. Athetosis : Writhing movement

C. Parkinson: rest tremor

d. Cerebellar Disease: contralateral action tremor

e. Myoclonus: involuntary sudden jerks

4**. Spelling WORD backward in mental status examination most closely tests which of the Select one:**

a. Attention

b. concentration

C. memory

d abstraction

e Executive function.

5**. Which is the key distinction between vestibular neuritis and labyrinthitis? Select one:**

a. Direction of nystagmus

b. Sensation of rotation

C. undulating ground

d. Hearing loss

e. loss of balance

6. **A 36 years old with a history of gastric bypass. Surgery developed numbness in the his legs Ove later he started to have falls and then urine incontinence. he has reduced vibration and position good power. He has brisk knee reflexes and absent ankle reflexes. Which of the following is the Select one:**

a. Vit B12

b. Vit D

C. Vit B6

d Vit B1

e Vit C

**7. Which of the following is the FALSE match? Select one:**

a. posterior interosseous nerve lesion: wrist drop

b. Upper brachial plexus roots lesion: Klumpke's paralysis

c. Ulnar nerve: Claw hand

d. lateral femoral cutaneous nerve: Meralgia parasthetica

e. Peroneal nerve lesion: foot drop

**8. A patient presented with symmetrical loss of position, touch, vibration sensations of both feet up to the ankle joints. He is likely suffering from: Select one:**

a Brain lesion

b. Spinal cord lesion

c. Upper Cervical Syringomyia

d. Peripheral polyneuropathy

e. Diffuse L5 S1 disc prolapses

**9. Which Guillain-Barre variant is associated with opthalmoplegia, ataxia and a reflexia and tends to be associated with GQ16 antibodies? Select one:**

a. sensory GBS

b. A cute inflammatory demyelinating polyneuropathy

C. acute motor sensory axonal polyneuropathy

d. Miller-Fisher syndrome

e. acute motor axonal polyneuropathy

**10. Which of the following disorders is most likely to occur during action rather during rest? Select one:**

a. Athetosis

b. Chorea

c tics

d. Parkinson tremor

e stereotypies

**11. A 60 year old male with known history of terminal prostate malignancy. He presented to the emergency room unconscious. On examination he has pinpoint pupils After the airways, breathing, and circulation were restored, what would be the next step in management Select one:**

a. Flumazenil administration

b. Naloxone administration

c. Thiamine administration

d. Normal saline administration

e. Observation

**12. Which of the following results from excess endolymphatic fluid? Select one:**

a. Meniere's Disease

b. Vestibular neuritis

C. Being paroxysmal positional vertigo

d. Opsoclonus-Myoclonus

e. labyrinthitis

**13. Which of the following is FALSE regarding muscle dystrophies? Select one:**

a. Duchene muscular dystrophy is x linked associated with absent dystrophin

b. Becker's muscular dystrophy is x linked associated with deficient dystrophin

C. Myotonic dystrophy is associated with normal facial muscles.

d. Cardiac involvement is common in Duchene muscular dystrophy

e. Myotonic dystrophy is characterized by myotonia.

**14. 24 years old female came with unprovoked seizure. which of the following is False? Select one**

a. an electroencephalogram is recommended after the first seizure

b. neuroimaging is mandatory after the first seizure

C. prolactin level is important for prognostic purposes

d. a complete metabolic profile and lumbar puncture are recommended

e. antiepileptic’s are not usually prescribed after the first unprovoked seizure

**15. A patient had shoulder trauma, he was found to have flaccid paralysis of the right hand with miosis and ptosis. Which of the following nerve roots is involved in his injury Select one:**

a. C5

b. C6

C. C7

d. C8

e. T1

**16. 75 years old male came with acute stroke. He has right side weakness. He has spontaneous speech with occasional paraphrasic errors. He can understand and follow commands but repetition is severely affected. Which of the following best explains his speech pattern? Select one:**

a. Broca aphasia

b. Transcortical aphasia

C. conduction aphasia

d. Wernicke aphasia

e. Global aphasia

**17. The inability to write is called? Select one:**

a. Dyspraxia

b. Dyslexia

C. Dysgraphia

d. Dyscalculia

e. Dysarthria

**18. which of the following is not an a characteristic of Alzheimer disease? Select one:**

a. Episodic memory is usually affected early

b. Impaired immediate recall

C. Difficulty managing finances

d. Impaired procedural memory is usually affected early

e. It is associated with neurofibrillary tangles

**19. A 60 years old notes increasingly severe pain on the right side of the face followed by eruption of a vesicular lesion on the area. Which of the following may be at risk of experiencing? Select one:**

a. Ocular complications

b. disseminated infection

C. Cavernous sinus thrombosis

d. Meningitis

e. Trigeminal neuralgia ??

**20. What is the GCS of a patient, who opens his eyes to pain, withdraw from pain and produce incomprehensible sounds Select one:**

a. 6

b. 7

c. 8

d. 9

e. 10

**21. A patient was found to have right relative afferent pupillary defect. Which of the following is true? Select one:**

a. right complete optic nerve injury

b. right partial optic nerve injury

C. right complete oculomotor nerve injury

d. right partial oculomotor nerve injury

e. none of the above correctly describe the patient finding

**22. The most common bacterial cause of meningitis for neonates(LESS THN 3 MONTHS) Select one:**

a. Group B Streptococcus

b. Haemophilus influenza

C. Neisseria meningitides

d. Pseudomonas aeruginosa

e. staphylococcus aureus

**23. Syncope is different from epilepsy in that Select one:**

a. Syncope is not associated with any warning signs ??

b. Syncope is not associated with any involuntary movements

C. Syncope never occurs in sitting position

d. Syncope is usually associated with brief post ictal symptoms

e. Syncope has no complete loss of consciousness

**24. Which medications are the best choice for empiric treatment of bacterial meningitis in a 30 years old male patient who is otherwise healthy? Select one:**

a. third-generation cephalosporin, and vancomycin

b. dexamethasone, third-generation cephalosporin, and vancomycin

c. dexamethasone third-generation cephalosporin and vancomycin and ampicillin

d. Ampicillin and ceftriaxone

e. acyclovir, third-generation cephalosporin and vancomycin.

**25. A patient had head trauma and MRI was performed. Lesions consistent with multiple sclerosis were seen in his MRI. what I: the patient diagnosis? Select one:**

a. Relapsing remitting multiple sclerosis

b. dinically isolated syndrome

c radiologically isolated syndrome

d. possible multiple sclerosis

e probable multiple sclerosis

**26. Which of the following suggests that a patient may have a diagnosis other than Parkinson disease: Select one:**

a. asymmetric tremor

b. tremor improves with action

c. Cogwheel rigidity

d. responds well to dopamine therapy

e. early gait instability

**27. Subacute sclerosing pan encephalitis is the name for a chronic infection with which of the following viruses? Select one:**

a. Measles virus

b. Mumps virus

C. Rubella virus

d. Varicella virus

e. Herpes

**28. Which of the following is innervated by the anterior interosseous nerve? Select one:**

a. Abductor pollicis brevis

b. Pronator teres

c. Extensor indices proprius

d. Flexor pollicis longus

e. First dorsal interosseous

**29. Features of syringomyelia include all of the following EXCEPT: Select one:**

a. It causes bilateral but not symmetrical pain and temperature loss.

b. proprioception and vibration sense are not affected eary in the disease.

C. it usually causes gloves and stocking sensory loss distribution.

d. Cranial nerves may be affected with syringobulbia

e. syringobulbia can cause Horner’s syndrome.

**30. All of the following regarding myasthenia gravis are true except? Select one:**

a. myasthenia crisis occurs early in the course of the disease

b. initiation of steroids can trigger myasthenia crisis

C Anticholinesterase medications should be continued while treating myasthenia crisis

d. respiratory function in Myasthenia crisis is assessed by respirometry

e. Thymectomy is recommended for young patients with generalized myasthenia gravis

**31. Trigeminal neuralgia is characterized by all of the following except: Select one:**

a. Sharp or electric shooting pain

b. Can be rarely bilateral but not simultaneous

C. its aggaravated by chewing and talking

d. it is always primary

e. it does not respond well to simple analgesia

**32. A 48 years old female awakens with a severe thunderclap headache and a stiff neck. She was taken to hospital and the brain CT reveals no haemorrhage.Which of the following is the next step?**

**Select one**

a Lumbar Puncture

b angiogram

C start ergotamine therapy

d start Nimodipine

e venography

**33. Which of the following is not a type of multiple sclerosis:**

**Select one:**

a. Primary progressive MS

b. Secondary progressive MS with relapses

c. Relapsing remitting MS

d. Intermittend progressive

e. progressive releasing

**34. A female patient came with eye pain and burring of vision for the last few days. On examination is no defect. brain MRI was normal. what is the best next option?**

**Select one:**

a. IV methylprednisolone followed by oral tapering

b. Oral prednisolone

c. lumbar puncture

d. Brain MRI with contrast

e. Repeat MRI in 6 months

**35. Regarding neurophysiological studies , which of the following statements is FALSE ?**

**Select one :**

a . The typical EEG finding in epilepsy is spikes and waves activity

b . Epileptic EEG record can be obtained from normal individuals

c . Normal EEG does not exclude epilepsy

d . In nerve condcution study, demyelination show reduced amplitude while axonal loss shows reduced velocity

e. Nerve conduction study can diagnose peripheral axonal polyneuropathy

**36. Elemantary auditory seizures such as humming or buzzing sound arise from which area ?**

**Select one**

a . frontal lobe

b . frontoorbital area

c . lateral temporal lobe

d . mesial temporal lobe

e . parietal lobe

**37. Which of the following is TRUE regarding temporal arteritis ?**

**Select one :**

a . It is episodic where each episode lasts few hours

b . ESR is a useful screening test

C. Temporal artery biopsy has 100% sensitivity

d . it affects only extracranial vessels

e . It does not lead to focal neurological deficits

**38. Which of the following is the correct order for treatment of status epilepticus ?**

**Select one :**

a . Benzodiazepine - Phenytoin - Phenobarbital - coma

b . Phenytoin - Phenobarbital - coma - Benzodiazepine

c. Phenobarbital - coma - Benzodiazepine - Phenytoin

d . Phenytoin - Phenobarbital- Benzodiazepine - coma

e . Phenytoin - Benzodiazepine - Phenobarbital - coma

**39. Cluster headache is different from Trigeminal neuralgia in that :**

Select one :

a . It is unilateral

b . it is periorbital

c . it is associated with photophobia

d.it is associated with nausea

e Longer duration

**40. Which of the following is not a risk factor for stroke ?**

Select one :

a . Lipman sacks syndrome

b . Infective endocarditis

c. Anterior wall hypokinesia

d . Atrial hypertrophy

e Patent foramen ovale

**2020**

**QUESTION 1 : A patient presented to the neurology clinic with bilateral lower limb weakness. He also complains of urinary urgency and frequency. On examination there was spasticity of both lower limbs and hyperreflexia of the ankles and knees. The most important next step in diagnosis will be:**

**Select one:**

a. Perform brain MRI

b. Perform lumbar MRI

c. To examine for sensory level

d. Examine for dermtomal sensory loss

e. Examine for glove and stocking sensory loss

**Question 2 :A 17 year old female presented with attacks of loss of consciousness. Before each attack, she experiences blurring of vision for seconds then collapse for 10 -20 seconds with brief involuntary movements of the upper limbs. Patient regains consciousness and feels tired for few minutes before she returns back to normal activity. The patient is mostly suffering from:**

**Select one:**

a. Vasovagal syncope

b. Epilepsy

c. Vertigo

d. Labyrinthitis

e. Arrhythmias

**Question 3 :****A 60 year old male with known history of terminal prostate malignancy. He presented to the emergency room unconscious. On examination he has pinpoint pupils. After the airways, breathing, and circulation were restored, what would be the next step in management:**

**Select one:**

a. Flumazenil administration

b. Naloxone administration

c. Thiamine administration

d. Normal saline administration

e. Observation

**Question 4 :****Migraine is characterised by all of the following except:**

**Select one:**

a. Always unilateral

b. Mostly throbbing in nature

c. Can be associated with nausea and vomiting

d. Photophobia and phonophobia are typical

e. It is not usually associated with autonomic symptoms

**Question 5 :Central vertigo can be associated with all of the following conditions EXCEPT:**

**Select one:**

a. Multiple sclerosis

b. Stroke

c. Brain tumour

d. Brain haemorrhage

e. labyrinthitis

**Question6 :regarding neurophysiological studies, which of the following statements is FALSE?**

**Select one:**

a. Normal EEG excludes epilepsy

b. Epileptic EEG record can be obtained from normal individuals

c. EMG study can differentiate between neuronal or muscular diseases

d. Optic neuritis shows delay with Visual evoked potentials

e. Nerve conduction study can diagnose peripheral nerve demyelination

**Question 7: Partial epilepsy is characterised by all of the following except:**

**Select one:**

a. Temporal lobe epilepsy can be associated with aura

b. Temporal lobe epilepsy can be associated with automatism

c. Partial epilepsy may progress to loss of consciousness

d. Partial epilepsy can be associated with temporary paralysis of the limb (Todds paralysis)

e. It does not progress to secondary generlisation

**Question 8 :Syncope is different from epilepsy in that:**

**Select one:**

a. Syncope is not associated with warning signs

b. Syncope is not associated with involuntry movement

c. Syncope never occur in sitting position

d. Syncope is usually not associated with prolonged post ictal sleepiness

e. Syncope has no complete loss of consciousness

**Question 9 :CSFanalysis: Clear, colourless fluid. Total protein 2.8 g/L (0.15–0.45). Glucose 0.5 mmol/L (3.3–4.4). White cell count 180/µL (=5). Lymphocyte count 90%. Gram stain No organisms seen. What is the most likely diagnosis?**

**Select one:**

a. bacterial meningitis

b. Guillain–Barr´e syndrome

c. subarachnoid haemorrhage

d. tuberculous meningitis

e. viral meningitis

**Question 10 :medical third nerve palsy can be distinguished from surgical third palsy by?**

**Select one:**

a. Ptosis

b. The affected eye is down and out position

c. Preserved pupillary reflex

d. Dilated pupils

e. Presence of other chronic diseases

**Question 11: Trigeminal nerve examination may include all of the following EXCEPT?**

**Select one:**

a. Pupillary reflex

b. Somatic sensation from the tongue

c. Jaw movement

d. Corneal reflex

e. Jaw reflex

**Question 12 :Subacute sclerosing panencephalitis is the name for a chronic infection with which of the following viruses?**

**Select one:**

a. Measles virus

b. Mumps virus

c. Rubella virus

d. Varicella virus

e. Herpes

**Question 13 :Which of the following is FALSE regarding Muscle dystrophies?**

**Select one:**

a. Duchenne muscular dystrophy is x linked associated with absent dystrophin

b. Becker’s muscular dystrophy is x linked associated with deficient dystrophin

c. Myotonic dystrophy is associated with facial weakness

d. Cardiac involvement is very rare in Duchene muscular dystrophy

e. Myotonic dystrophy is associated delayed relaxation of muscles called myotonia

**Question 14 : Choose the INCORRECT statement:**

**Select one:**

a. Huntington disease onset is between 35 and 50

b. Huntington disease is usually associated with caudate atrophy and brain atrophy

c. Wilson disease is inherited as autosomal recessive

d. Wilson disease is associated with high plasma copper and ceruloplasmin

e. Friendreich’s ataxia is inherited as autosomal recessive

**Question 15 :What is the GCS of a patient, who cannot open his eyes to pain, withdraw from pain and produce incomprehensible sounds**

**Select one:**

a. 4

b. 5

c. 6

d. 7

e. 8

**Question 16: Regarding Primary generalised epilepsy, which of the following statements is FALSE?**

**Select one:**

a. Typically tonic clonic

b. Associated with loss of consciousness

c. Incontinence does not occur

d. Patient may remain tired for several hours after the attack

e. Patient may bite his tongue

**Question 17 :Which of the following statements is TRUE regarding multiple sclerosis:**

**Select one:**

a. Multiple sclerosis is caused by a genetic anomaly of MHC gene

b. There is no effect of environmental factors on multiple sclerosis prevalence

c. Multiple sclerosis affects mainly old people

d. The disease affects the white matter and the grey matter

e. Optic nerves are rarely affected by multiple sclerosis

**Question 18 :Which medications are used for empiric treatment of bacterial meningitis in patients younger than 50 years old who are otherwise healthy?**

**Select one:**

a. A second-generation cephalosporin and vancomycin

b. Dexamethasone, a third-generation cephalosporin, and vancomycin

c. Ceftriaxone alone

d. Ampicillin and ceftriaxone

e. acyclovir

**Question 19 :Which of the following is TRUE regarding temporal arteritis?**

**Select one:**

a. The duration lasts for minutes

b. ESR is a specofoc test for temporal arteritis

c. Diagnosis can only be confirmed by biopsy

d. It does not respond to steroids

e. It is usually benign and does not lead to focal neurological deficits

**Question 20 :Which of the following is the correct order for treatment of status epilepticus?**

**Select one:**

a. Benzodiazepine-Phenytoin- Phenobarbital-coma

b. Phenytoin- Phenobarbital-coma -Benzodiazepine

c. Phenobarbital-coma -Benzodiazepine-Phenytoin-

d. Phenytoin- Phenobarbital- Benzodiazepine-coma

e. Phenytoin-Benzodiazepine- Phenobarbital-coma

**Question 21 :Which of the following is FALSE regarding Guillain-Barre syndrome?**

**Select one:**

a. It is commonly preceded by infection

b. It is acute peripheral neuropathy that results in ascending numbness and paralysis

c. It can affect sensory and motor fibers

d. One of the most common findings is areflexia

e. Once diagnosis is suspected, high dose corticosteroid should be given

**Question 22 :Regarding brain imaging, which of the following is TRUE?**

**Select one:**

a. The CT scan is superior to MRI in soft tissue imaging

b. CT scans cannot diagnose haemorrhage

c. Brain CT scan can be normal in early ischaemic stroke

d. Brain CT with contrast is superior to MRI in detecting white mater and grey mater lesions

e. PET and SPECT are structural brain imaging and do not provide functional information

**Question 23 : Choose the FALSE combination:**

**Select one:**

a. Chorea: Dancing like movement

b. Athetosis : Writhing movement

c. Parkinson : resting tremor

d. Cerebellar disease: action tremor

e. Myoclonus: semivoluntary movement

**Question 24 :All of the followings are manifestation of cauda equina compression EXCEPT:**

**Select one:**

a. Lower limbs weakness

b. Reduced or absent reflexes

c. Urinary retention

d. Sensory loss

e. Clonus

**Question 25 : The most common course of multiple sclerosis is:**

**Select one:**

a. Primary progressive MS

b. Secondary progressive MS

c. Relapsing remitting MS

d. Neuromyelitis optica

e. Relapsing on top of primary progressive

**Question 26 : Features of syrngomyelia include all of the following EXCEPT:**

**Select one:**

a. It causes bilateral pain and temperature loss

b. prorioception and vibration sense are affected early in the disease

c. It is called syringobulbia when it extends to the medulla

d. Cranial nerves may be affected with syringobulbia

e. syringobulbia can cause Horners syndrome

**Question 27 : All of the following are part of the motor examination except:**

**Select one:**

a. Power

b. Reflexes

c. Coordination

d. Tone

e. Vibration

**Question 28 : All of the following regarding myasthenia gravis are true except?**

**Select one:**

a. It is commonly autoimmune disease

b. It is usually associated with circulating acetylcholine receptor antibodies

c. Patient can present with ocular, bulbar and skeletal muscles weakness

d. It can be associated with thymoma

e. Thymectomy is not recommended for young patients with myasthenia gravis

**Question 29 :Which of the following statements is FALSE regarding absence epilepsy (petit mal)?**

**Select one:**

a. Typically starts in childhood

b. Females are more affected

c. Child has becomes fatigue and tired for several hours after the attack

d. Characterised by daily attacks each lasting for seconds

e. Associated with 3 H-z generalised symmetrical spike-wave complexes

**Question 30: Trigeminal neuralgia is characterised by all of the following except:**

**Select one:**

a. Sharp or electric shooting pain

b. Typically lasts for seconds

c. May be secondary

d. Common in MS patients

e. Responds well to simple analgesia

**Question 31 : Which of the following Vit deficiency is associated with subacute degeneration of the cord:**

**Select one:**

a. Vit B12

b. Vit D

c. Vit B6

d. Vit B1

e. Vit C

**Question 32 : Which of the following is FALSEA regarding myasthenia crisis?**

**Select one:**

a. it is acute respiratory muscle weakness that affects breathing

b. Cholinergic crisis is different from myasthenia crisis by the presence of hypersalivation, lacrimation, increased sweating,

c. It can be treated with IV immunoglobulins

d. It can be treated with Plasma exchange

e. Treatment of myasthenia crisis is the same as cholinergic crisis

**Question 33 :A patient with multiple sclerosis is being treated with interferon. She presented to the neurology clinic with a positive pregnancy test. The most appropriate next step is:**

**Select one:**

a. Stop interferon

b. Continue same dose of interferon

c. Increase dose of interferon’

d. Reduced dose of interferon

e. Continue interferon but with monthly brain MRI to monitor disease progression

**Question 34 : In the treatment of meningitis, ampicillin is added to antibiotic regimens to treat which of the following organisms?**

**Select one:**

a. Group B Streptococcus

b. Haemophilus influenza

c. Klebsiella pneumonia

d. Listeria monocytogenes

e. Herpes Simplex

**Question 35 : Parkinson is characterised by all of the following features EXCEPT:**

**Select one:**

a. Bradykinesia

b. Lead pipe Rigidity

c. Cogwheel rigidity

d. Monotonic speech

e. Bilateral symmetrical resting tremor

**Question 36 : Regarding alzheimers disease, choose the FALSE statement:**

**Select one:**

a. The most common form of dementia

b. Associated with neurofibrillay tangles

c. Associated initially with forgetfulness of long term memories

d. Later stage is associated with Personality disintegration

e. There is also neuritic plaques and neuronal loss

**Question 37 :The least important observation in the diagnosis of multiple sclerosis is:**

**Select one:**

a. Disseminated brain demyelinating lesions in time and space

b. Demyelinating round to oval periventricular and perivenular lesions

c. The presence ofdemyelinating lesions in the cervical spinal cord

d. The presence of oligoclonal bands

e. Lhermitte phenomenon



**Question 38 :A 45 year old male patients presented with numbness and pins and needles on the lateral aspect of the leg and the dorsum of the left foot. There is no history of low back pain. He is most likely suffering from:**

**Select one:**

a. Disc prolapse L5 S1

b. Disc proalpse L4 L5

c. Left Sciatica

d. Diabetic polyneuropathy

e. Left common peroneal neuropathy

**Question 39 :A patient presented with loss of position, touch, vibration sensations of both feet up to the ankle joints. He is most likely suffering from:**

**Select one:**

a. Brain lesion

b. Spinal cord hemisection

c. Upper Cervical Syringomyia

d. Peripheral polyneuropathy

e. Diffuse L5 S1 disc prolapsed

**Question 40 :Which of the following is the FALSE match?**

**Select one:**

a. Radial nerve lesion: wrist drop

b. Upper roots lesion: Erbs paralysis

c. Lower roots lesion: Klumpke’s paralysis

d. L3-L4 disc prolapse: Meralgia parasthetica

e. Peroneal nerve lesion: foot drop

**2019**

**1- Subacute combined degeneration seen in :  
 B12 deficiency**

**2- 17 year old female with syncope and abnormal movement at upper limb after the attack she complained of fatigue and confusion :  
Epilepsy ( most likely partial type ).**

**3- Subacutesclerosingpanencephalitis is a complication of which virus :  
Measles**

**4- Case of Prostate cancer on opioids , came complained of respiratory depression , pin point puple ( opioid toxicity ) , what is the next step in management :  
 Naloxone**

**5- One of the following is wrong regarding stroke :   
ischemic stroke is associated with abnormal CT scan in first few hours**

**6- Most common type of MS :   
relapsing remitting**

**7- True regarding Giant cell arteritis :  
proven only by biopsy**

**8- Wrong statement :  
Wilson’s disease is associated with high level of Cu and ceruloplasmin**

**9- Cannot open eye to pain, withdral to pain, incomprehensible sounds :   
GCS : 7**

**10- Wrong regarding Alzheimer :  
Autosomal dominant inheritance**

**11- Why we add ampicillin to treatment regimen of 60 year old patient :  
 to cover Listeria**

**12- Which of the folloing is least important sign to diagnose MS patient :  
Ihermite’s sign**

**13-60 year old male with meiningitis, empirical treatment :  
ampicillin+ vanco+ 3rd generation cephalosporin**

**14- Not a sign of Caudaequina syndrome :  
 Clonus**

**15- Loss vibration and propriocetion limited to ankle joint:   
polyneuropathy**

**16-How to differentiate between medical and surgical type of 3rd nerve palsy :  
Pupillary reflex**

**17- Not a part of 3rd nerve examination :   
corneal reflex**

**18-Wrong match?   
Disc prolapse L3/4 - meralgiaparastitca**

**19-Myoclonus :  
semivoluntery sudden jerky movement**

**20- Cluster differs from Migraine :   
lacrimation and nasal congestion**

**21- One of the following is incorrect regarding the peripheral vertigo:   
non fatigable nystagmus**

**22- Pregnant on Topiramate , what you will do :  
 Stop Topiramate**

**23- Wrong about Syrinx ?   
affect propriception, vibration early.**

**24- bilateral lower limb paralysis and UMNL , Investigation :  
Lumbar MRI ( to exclude conusmedularis syndrome ? )**

**25- Case of Meiningitis , LP : high proteint , High WBCs (lymphocytes ) and low sugar , Dx :  
 TB meningitis**

**26- Wrong regarding Parkinson's sign :   
symmetrical resting tremor**

**27- Wrong regarding Muscular Dystrophy :   
At duchene heart rarely affected**

**28- Wrong regarding Guallin-barre syndrome :  
 Once we diagnose it we start the patient on high dose corticosteroid**

**29- Wrong regarding Mysthenia gravis :  
same treatment of Mysthenia crisis and Cholinergic crisis**

**30-Not part of facial nerve examination :  
Jaw Jerk reflex**

**31- Syncope & Epilepsy difference :   
Epilepsy takes more time or something like that ??**

**32- Wrong about Absence seizure :  
post ictal state takes hours**

**33- Wrong statment :   
we can't differentiate between muscular and neuronal problems by EMG**

**34- parasthesia at 4th and 5th fingers , medial forearme , arm caused by :  
Disc prolapse at C8-T1(not ulnar nerve palsy )**

**35- Wrong regarding Myasthenia gravis:   
O2 sat is the predictor of respiratory affection by the disease   
( Pulmonary function test is the predictor )**

**36-Wrong about Multiple sclerosis :   
optic neuritis is rare**

**37- Sequence of treatment of status epilepticus :  
Benzodiazpines -Phenytoin-Phenobarb**

**38- Regarding trigeminal neuralgia , what is the wrong :  
 It responds well to simple analgesia**

**39-All of the following about generalized epilepsy are true, EXCEPT:**

A. Composed of tonic and clonic stages.

B. There is loss of consciousness.

C. Post ictal state lasting for few minutes.

D. Urinary incontinence occurs during clonic stage.

E. EEG may confirm the diagnosis

**40- one is wrong regarding partial epilepsy ?  
There is no loss of consciousness .**

**2018**

1. **degeneration of spinal cord ...  
   vit b12**
2. **17 yrs old female recurrent attacks of LOC lasting for seconds, involuntarily movement in upper limb , after that she returns normal DX?  
   Vasovagal attacks**
3. **Subacutesclerosingpanencephalitis ass with which virus?  
   Measeles**
4. **MS pt taking interferon became pregenet, what to do next ?   
   Stop interferon**
5. **Prostate cancer associated with pain....  
   naloxone**
6. **Correct about neuroimaging?   
    ct can be normal in early stroke**
7. **Terminal stage prostate cancer, came to ER with pinpoint pupils resp depression, what to do?  
   Give naloxone**
8. **Pt with loss of sensation, proprioception, vibration from foot to knee ankle? DX?  
   peripheral Neuropathy**
9. **common type of MS is....  
   relapsing remmiting**
10. **True regarding temporal arteritis:  
    only proven by biopsy**
11. **True about degenerative diseases?  
     in Wilson there is increase in serum Cu and cerluplasmin?**
12. **Cannot open eye to pain, withdral to pain, incomprehensible sounds >>  
    GCS 7**
13. **Wrong about Alzheimer?   
    There is loss of long term memory early in disease**
14. **Ampicilin is added in tx of meningitis to cover?  
    Listeria**
15. **Least diagnostic importance in ms :  
    lhermite's sign**
16. **Impiricaltx of in bacterial meningitis in pt less than 50 yrs otherwise normal include which of the following?  
    Dexa , 3rd generation and vanco**
17. **Not a cause of central vertigo:  
    labrynthitis**
18. **True :  
    Normal EEG exclude epilepsy**
19. **Equina involve all except?  
    clonus**
20. **Deffrentiate between medical / surgical cause of 3rd CN palsy?  
    Pupillary reflex**
21. **Not related to 5th CN exam?  
    Pupillary reflex**
22. **Wrong match?   
    Disc prolapse L3/4 + meralgiaparastitca**
23. **Whats false :   
    myoclonus : semivoluntery movement?(Not sure)**
24. **Migrane false :  
    Always unilateral**
25. **Migrane false :  
    assoc. with autonomic**
26. **Lateral leg + foot drop:  
    Sensory loss on the lateral leg and dorsum of foot: left common peroneal**
27. **Wrong about Syrinx ?  
    affect propriception, vibration early in the course**
28. **patient with UMNL signs , what to do next  
    Lumbar MRI**
29. **Multiple sclerosis what’s wrong ?   
    optic neuritis is rare**

**File 1**

**Q1) All are risk for cerebral sinus Thrombosis, Except :**

A. Polycythemia

B. Dehydration

C. Pregnancy

D. OCP

**E. Alcohol \*\***

**Q2) Most single risk factor for stroke:** (Q X 2 )

A. Smoking

B. Hyperlipidemia

C. D.M.

**D. Hypertension \*\***

**Q3) which one of the following anti-epileptic drugs needs measuring of its blood levels:**

**- phenytoin**

**Q4) which one of the following is wrong in treatment of Epilepsy**

**- carbamazepine and petit mal**

**Q5) Expected lesion in the Left parietal lobe will develop**

A. Paraplegia

B. Left Hemiparesis

**C. Global aphasia \*\***

D. Left Monoplegia

E. Fasculaion

**Q6) condition not Associated with Horner**

**- Cauda equine**

**Q7) Mortality lowest following :**

**A. Lacunar Infarction \*\***

B. Hemorrhagic Stroke

C. Embolism

D. Thrombotic Infarcion

E. TIA

**Q8) A 35 old women working on the computer (Typing on the Keyboard) complained wrist pain, which nerve is expected to be damaged?**

**- Median Nerve**

**Q9) Most common cause of mononeuropathy multiplex is:**

**A. DM \*\***

B. temporal arteritis

C. SLE

D. Sarcoidosis

E. Lyme disease

**Q10) visual hallucinations is seen in:**

**A. Dementia with Lewy body \*\***

B. picks disease

C. parkinsons

D. alzehimer dementia

**Q11) All are features of Parkinson Disease, Except ?**

A. Bradykinesia

B. Tremor

C. Rigidty

**D. Hypotonia \*\***

E. Shuffling gait

**Q12) Efferent fibers for the Corneal Reflex in which cranial Nerve ?**

**- Facial nerve VII**

**Q13) what is false regarding B12 deficiency ?**

**- Treatment will cure the condition completely and reverse the damage.**

**Q14) All true regarding B12 deficiency, Except ?**

**- Cognition Functions are not affected (Intact) .**

**Q15) All the following are true regarding Lambert-Eaton myasthenic syndrome (LEMS), Except ?**

A. Part of Paraneoplastic Syndrome , 40% of cases Cancer is found.

B. Pt. experience Autonomic changes.

**C. Affect the Distal muscles with absent reflexes. \*\***

D. affect the presynaptic membrane. E. Age 60 yrs

**Q16) Pyridostigmine overdose have all these effect, Except ?**

**- Pupil Dilation**

**Q17) Cafe au lait spots is associated with**

**- Neurofibroma**

**Q18) 71 year old male has left hemiplegia and left neglect, where is the site of infarct ?**

- Right Parietal lobe

**Q19) How to exclude Radial nerve palsy ?**

A. loss of extension at the elbow

B. cannot flex the arm in pronation position

C. loss of the Triceps jerk

**D. normal sensation at snuff box \*\***

E. Cannot adduct the thumb

**Q20) Bitemporal Homonymous Hemianopia asscociated with lesion in ?**

A. central part of the optic chiasm

B. Lateral part of the optic chiasm

C. Optic nerve

D. Optic tract

**Q21) Radial nerve is responsible about all of the following , Ecxcept ?**

**- Flexion of the arm when pronated**

**Q22) All of the following drug are for treating spasticity, Except ?**

A. Baclofen

B. Dantrolene

C. Tizanidine

D. Diazepam

**E. Oxybutenin \*\***

**Q23) all true about motor neuron disease, Except ?**

**A. Familial cases are seen \*\***

B. Predominantly in equater area

C. Brainstem MRI is diagnostic

D. Common in <50 yrs

E. Life expectancy since its diagnosed is 20 years

**Q24) all about is true Syringomyelia, Except ?**

A. loss of pain and temperature sensation in cap distribution

**B. loss of touch sensation in cap distribution \*\***

C. central canal dilation

D. compression on fibers dorsal spinothalamic tract

E. compression on fibers Ventral spinothalamic tract

**Q25) All true about MS, Except?**

A. INO is pathognomonic

B. optic neuritis is the most common presentation

**C. Uveitis has higher incidence \*\***

D. 15% of MS patients have affected relative

E. Fatigue is a common symptom

**Q26) Transient neuro deficit, contralateral to Seizure site?**

**- Todd's Paralysis**

**Q27) Patient with Coma with cheyne– stoke breathing, all are true Except ?**

A. Pupil responses is spared by Alcohol and metabolic disorder

B. raised ICP cause coma by decrease blood flow

C. LP is contraindicated for unconscious patient

**Q28) Dementia feature of all Except ?**

A. AIDS

B. Syphilis

**C. Brainstem encephalitis \*\***

D. Cereberal Amyloid Angiopathy

E. NPH

**Q29) At what level the posterior column decussate?**

**- Medulla**

**Q30) all are feature of III cranial nerve palsy, Except ?**

**- unilateral facial sweating absence**

**Q31) Dysphagia with nasal regurgitation ?**

**A. Bulbar \*\***

B. PseudoBalbar

C. oesophagial carcinoma

D. sinusitis

E. laryngitis

**Q32) Limb girdle Dystrophy ?**

A. expression in either male or female

B. muscle pseudohypertrophy and or contracture are common

C. usually autosomal recessive and less frequently autosomal dominant

D. involvement of distal muscles with variable rates of progression

E. family history and muscle biopsy are helpful in diagnosis

**Q33) Lateral medullary Syndrome all are clinical feature, Except?**

**A. Ipsilateral sensory loss ( temperature and crude pain) \*\***

B. may be Horner syndrome

**Q34) all are true regarding the CSF, Except?**

A. Formation rate 20ml / hour

B. absorption are through Archanoid villi

**C. lower chloride level than serum \*\***

D. in GBS the CSF is acellular with high protein content

**Q35) all are true regarding Alzheimer Disease, Except?**

A. insidious onset

**B. less than 1% has family history \*\***

**Q36) Branch of the Vertebral artery?**

A. Anterior cerebellar artery

B. AICA

**C. PICA \*\***

D. Posterior cerebral artery

**Q37) Most common bacteria causing meningitis in Adult ?**

**A. Pneumococcus \*\***

B. Meningococci

**Q38) Patient with Conductive Aphasia, the artery responsible for that ?** (QX2)

A. Anterior Cerebral artery

B. Posterior Cerebral artery

C. superior middle Cerebral artery

**D. Inferior middle Cerebral artery \*\***

**Q39) which of the following is not a cerebellar sign?**

A. Ataxia

B. intention tremor

**C. Hyperreflexia \*\***

D. Nystagmus

**Q40) Most Common nerve affected by cervical Spondylosis?**

A. C4

B. C5

C. C6

**D. C7 \*\***

E. T1

**Q41) All are generalized seizure, Except?**

A. Tonic clonic

**B. Temporal lobe seizure \*\***

C. Atonic seizure

D. Absence seizure

E. Myoclonic seizure

**Q42) All of the following can cause VII (Facial) cranial nerve palsy, except ?**

A. Guillain–Barré syndrome

B. Lyme Disease

**C. Myasthenia Gravis \*\***

D. Sarcoidosis

E. Sphinoidal ring meningioma

**Q43) contraindication for Lumbar Puncture ?**

A. Papilledema

B. Unconscious patient

C. ??

**Q44) Extrapyramidal lesion include all, Except ?**

A. Dystonia

B. Hypertonia

C. Tremor

**Q45) Common site for intracerberal bleeding from Hypertension?**

A. Pons

**B. Putamen \*\***

C. Frontal lobe

D. Thalamus

E. Midbrain

**Q46) when you focused a light beam on the left pupil and the right pupil constrict, that require all the following Except?**

A. Left optic nerve

B. Optic Chiasm

C. Right Edinger*-*Westphal*nucleu*s

**D. Left optic Radiation \*\***

E. Right Oculomoter Nerve

**Q47) All of the following found in the floor of 4th ventricle nucleus, Except?**

A. Abducent nucleus

**B. Facial nerve nucleus \*\***

C. Hypoglossal nucleus

D. Dorsal vagus nucleus

**Q48) All of the following are features of UMNL, Except ?**

**- Hypotonia**

**Q49) Side effect of Phyntoin, Except ?**

A. Hirsutism

B. Lymphadenopathy

C. Osteomalcia

**D. Anosmia \*\***

E. megaloplastic anemia

**Q50) All are sign of Pontine Hemoorhage, Except:**

A. Deep coma

B. Decerebrate

**C. Dilated pupils \*\***

D. Death after a few hours

E. Lateral eye movement evoked by caloric test impaired

**Q51) Central canal of the Spinal cord communicate with?**

A. Cerebral aquidact

B. 3rd ventricle

**C. 4th ventricle \*\***

D. Subarachnoid space

E. Lumbar Cistern

**Q52) Gait in drop foot paralysis is**:

- High Steppage gait

**Q53) lateral ventricle communicate with the 3rd ventricle via :**

**A. foramen of Monro\*\***

B. foramen of Magendi

C. foramen of Luschka

D. Cerebral Aquidact

**Q54) on of the following cause of Left side Hemiparesis :**

**- Right internal capsule Infarction**

**Q55) Most common cause for dementia**

**- Alzheimer Disease**

**Q56) Which is Antosomal dominant:**

A. Tuberous sclerosis

B. Wilson

C. Gaucer

D. phenylketomurea

**Q57) Mild ptosis + Myosis are caused by**

**- Sympathetic injury**

**File 2**

1\_muscles & their innervation (deltoid, brachioradialis, ECRL, EDC, ADM, Hamstring, quadriceps)  
2\_hamstring muscle??   
3\_ pos. inteross. nerve is pure motor, sensory, mixed??  
4\_parkison disease cardinal s&s, late &early manifistation??   
5\_causes of parkinsonism and he asked me about each cause ??  
6\_amiodarone mechanism of action &side effect??

......

1- Cerebellar signs  
2- trigeminal nerve sensory and motor innervation and site of it's nucleus  
3- treatment of trigeminal neuralgia  
4- side effect of carbamazepine  
5- Carbamazepine lead to hyponatremia ( mechanism )  
6- Clinical manifestations , causes , diagnosis and treatment of bacterial meningitis  
7- Realative and absolute contraindications of lumbar puncture  
8- Metabolic causes of myopathy  
9- Drug that cause myopathy

1 Muscle innervation by third nerve,, 2 type of third nerve palsy and difference between it(surgery / medical) and why?,,,  
3red flags in headache,,, 4 cerebellar baller sign,,, 5 MG type(تقريبا كل اشي)،،، 6pseudotumorcerebri(كمان كل اشي) ,,, 7 normal csf pressure

...

Cerebellar sign ,gb disease emergencyكامل , examination optic nerve , red flag for headache , upper lower motor nerve فرق ،

...

Upper and lower facial nerve palsy  
Epilepsy definition and types   
Treatment of partial epilepsy  
Use of ethusoximide  
Side effects of sodium valproate  
Types of partial epilepsy

...

Trigeminal nerve examination  
Treatment of trigeminal neuralgia (carbamazepine) and side effect of it ( كلهم )  
Type of epilepsy  
Treatment of partial epilepsy  
Side effect of sodium valporat  
Different btw simple and complex partial  
Contraindication of lumber puncture ( if it relative or absolute)  
Side effect of LP (decrease ICP so it cause headache ( the treatment of it ( caffeine iv fluid blood patch )  
Triad of parkinson and other symptoms

....

Optic nerve function test  
Stroke causes and clinical features  
How to differentiate between anterior and middle cerebral artery infarction  
Metabolic and drug causes of myopathy

**File 3**

NOTE: these questions are probably useless for you guys now since the nueromedicine doctor left Mutah university, if you take the course in Medical City in Amman it is probably best if you ask al Hashimiya students there since they take the same course by the same doctors.

1- third nerve palsy which muscles affected and which muscle more affected (medial rectus)  
 2- surgical & medical third nerve palsy cause , which type spare pupil why (medical spare pupil ) surgical damage the parasympathetic fiber .  
 3. in myasthenia gravis al investigations , when we do striated muscle anti body analysis ( in thymoma) .  
4.finding in EMG there is decrease in amplitude   
5.all treatment of MG why do not give corticosteroid 1 mg direct why (exacerbating symptom) .  
6.when we can give direct (if patient has iv immunoglobulin)  
7.tensilon test should done with atropine & CPR .  
8. anti musk where is common ( female) type of manifestation (bulbar manifestation).  
Mysthenia gravis:\_definetion, treatment, digonosis  
Facial nerve pulsy.. Examination and diffrentiat between upper and lower.   
Two patient with facial nerve pulsy and both complining of left side face weaknesses and the first one with left body weaknesses and the second with right side weaknesses.. detect where the lision on each patient  
The difference between myopathy and neuropathy  
Medication cause myopathy  
Diseases causes myopathy  
-Classification and causes of epilepsy  
-LM sign

-30 years old man came to ER with a severe headache for 1 hour

(free CT- does not improve with 100% oxygen- have photophobia and neck muscle pain )

هستوري كانت عن ال subarachoidheamorrageوشو بدنا نعمل فيها تشخيص وشو نطلب فحوصات وشوتريتمت ادرسوها بتدقيق منيح ..

شوcerabellar signs

شو ادويه بتعملtremer

شو نوع ال tremer لما بكون عند المريض مرض بال cerabellum ..

كلشي بخصوص ال MS من تعريف وشو ادويه وشو الانواع تبعته ..

في كمان سؤالين ناسييتهم

1- Different between myopathy and neuropathy ..

2- Causes and drug that cause myopathy

3- Clinical features of MS

4- Lower motor function sign

- Cerebellar signs

- extra-ocular muscles and innervation ,

- Classification and causes of epilepsy,

- complication of stroke ( كل وحده وليش) ,

- diplopia ( وين ممكن تشوفها( , TIA vertebrobasilar

في سؤال كان عن gaits

- facial nerve examination

- myopathy vs neuropathy ,

- UM signs ,

Different btw myopathy and neuropathy .... ....cause about epilepsy and best choose drug for treatment and side effect for drug of epilepsy ...........and different btw rigidity and spaisticity and any disease can be found ...............LM sign and UM sign ...power gread.

difference between upper and lowe facial palsy

carpal tunnel sydrome , radial and ulnar palsy

trigeminal nerve examination

difference between myopathy and neuropathy

L dopa side effect

- Femoral nerve innervation and function of this muscles

- Language skill exam

- peroneoal nerve innervation , function of the supplied muscles and foo­­­t drop

- Difference betweeb lower and upper motor neurone palsy and why in the upper motor palsy the upper part of the face is preserved

- LMNS O UMNS

- ­­­­­­DIFFERENCE between myopathy and neuropathy

- Classification of MS and treatment o s2lne 3n Elside effect l koleldrugs tb3 el MS

- Grading of tendon reflexs

- Muscle that supply by accessory nerve

- Triad of parkinson disease وشرح كامل عن المرض

- Metabolic cause of myopathy

- Name muscles inervated by facial nerve.

- Facial n. Palsy (upper & lower.. Why?"

- Myasthenia gravis كل اشي

- Side effects of carbamazapine

- muscles innervated by tibial nerve & muscles innervated by radial nerve

- upper & lower motor neuron lesion signs

- causes of myopathy

- browns squard syndrome & anterior cord syndrome symptoms

1\_muscles & their innervation (deltoid, brachioradialis, ECRL, EDC, ADM, Hamstring, quadriceps)

2\_hamstring muscle??

3\_ pos. inteross. nerve is pure motor, sensory, mixed??

4\_parkison disease cardinal s&s, late &early manifistation??

5\_causes of parkinsonism and he asked me about each cause ??

6\_amiodarone mechanism of action &side effect??

......

1- Cerebellar signs

2- trigeminal nerve sensory and motor innervation and site of it's nucleus

3- treatment of trigeminal neuralgia

4- side effect of carbamazepine

5- Carbamazepine lead to hyponatremia ( mechanism )

6- Clinical manifestations , causes , diagnosis and treatment of bacterial meningitis

7- Realative and absolute contraindications of lumbar puncture

8- Metabolic causes of myopathy

9- Drug that cause myopathy

...

1 Muscle innervation by third nerve,, 2 type of third nerve palsy and difference between it(surgery / medical) and why?,,,

3red flags in headache,,, 4 cerebellar baller sign,,, 5 MG type(تقريبا كل اشي)،،، 6 pseudotumorcerebri (كمان كل اشي) ,,, 7 normal csf pressure

...

Cerebellar sign , gb disease emergencyكامل , examination optic nerve , red flag for headache , upper lower motor nerve فرق ،

...

Upper and lower facial nerve palsy

Epilepsy definition and types

Treatment of partial epilepsy

Use of ethusoximide

Side effects of sodium valproate

Types of partial epilepsy

...

Trigeminal nerve examination

Treatment of trigeminal neuralgia (carbamazepine) and side effect of it ( كلهم )

Type of epilepsy

Treatment of partial epilepsy

Side effect of sodium valporat

Different btw simple and complex partial

Contraindication of lumber puncture ( if it relative or absolute)

Side effect of LP (decrease ICP so it cause headache ( the treatment of it ( caffeine iv fluid blood patch )

Triad of parkinson and other symptoms

....

Optic nerve function test

Stroke causes and clinical features

How to differentiate between anterior and middle cerebral artery infarction

Metabolic and drug causes of myopathy

Cerebellar signs

Definition of rebound phenomenon

Type of seizur

Classificcation of MS

Case : 26 old female Patient came to ER with R. Limb anasthesia. What your approach

gait types

headache red flags

case : obese woman presented to the clinic with headache , on fundoscopy she has grade 2 papilledema , your approach

power sho stages....the dif between anterior and middle cereb.arteries stroke clinicallly(answer is in anterior the weakness in lower limb in middle in face and upper) side effect of sodium valpruate the side effect of iv immunoglubulin

\_Stroke risk factors

\_stroke classification

\_How to differentiate between thrombotic and embolic stroke in presentation

-stroke management

\_how to differentiate between ACA and MCA occlusion

\_language skill exam

-aphasia types and site of lesion for each

Case: 50 year old male medically free presents with bilateral ptosis and bilateral facial weakness, on examination there's right pronator drift, ur approach

Difference between UMN & LMN, upper limb muscle innervation, mention all muscles of facial expression, Case about headache, psuedocerebral headache(risk factors) and approach of patient with headach

headache red flags

case: a man with bilateral weakness of his legs (progressive) your approach

Cerebellar signs .. Retrobulbar neuritis ..optic neuritis... Rebound sign .. Ms presentation and classification+ age for each category ... Lhrmitte and uhthoff phenomena .. Ttt...side effects of mitoxantrone

UMN vs LMN of the facial nerve ?

Pt with bilateral lower limb parasthesia , your approah

bell's palsy/ case: 30year old female with unilateral ptosis -> your approach/ management of GBS/ side effect of immunoglobulin

Metabolic causes of myopathies and neuropathies

Differences between myopathy and neuropathy

Differences between seizure and psudoseizure

UMN and LMN signs ..... case of patient with very severe and sudden headache , your approach .... epilepsy classification , generalized epilepsy classification , ttt of myoclonus , SE. of valproaic acid ..... fundoscopic signs of long standing HTN ... contraindication of LP

**File 4**

L dopa side effect

Femoral nerve innervation and function of this muscles

Language skill exam

peroneoal nerve innervation , function of the supplied muscles and foot drop

Difference betweeb lower and upper motor neuronepalsy and why in the upper motor palsy the upper part of the face is preserved

LMNS O UMNS

DIFFERENCE between myopathy and neuropathy o 7keet kolelneuropathy

Classification of MS and treatment o s2lne 3n Elside effect l koleldrugs tb3 el MS

1- Grading of tendon reflexs

2- Muscle that supply by accessory nerve

3- Triad of parkinson disease وشرح كامل عن المرض

4- Metabolic cause of myopathy

Name muscles inervated by facial nerve.

Facial n. Palsy (upper &lower.. Why?"

Myasthenia gravis كل اشي

Side effects of carbamazepine

1- muscles innervated by tibial nerve & muscles innervated by radial nerve

2- upper & lower motor neuron lesion signs

3- causes of myopathy

4- browns squard syndrome & anterior cord syndrome symptoms

What are the types of 3rd nerve palsy ..dif between them and name disease cause them

What is the action of the deltoid and what is the nerve supply of it

What are the classification of epilepsy and the different between partial and complex and the other types and their tx and seall

What are the class of ms and the types and the tx and the dx

What type of cs we give and why ?

Mystheniagravis:\_definetion, treatment, digonosis

Facial nerve pulsy.. Examination and diffrentiat between upper and lower ..

Two patient with facial nerve pulsy and both complining of left side face weaknesses and the first one with left body weaknesses and the second with right side weaknesses.. detect where the lision on each patient .

The difference between myopathy and neuropathy

Medication cause myopathy

Diseases causes myopathy

Classification and causes of epilepsy

-LM sign

-30 years old man came to ER with a severe headache for 1 hour

(free CT- does not improve with 100% oxygen- have photophobia and neck muscle pain )

ستوري كانت عن الsubarachoidheamorrageوشو بدنا نعمل فيها تشخيص وشو نطلب فحوصات وشوتريتمت ادرسوها بتدقيق منيح ..

شوcerabellar signs

شو ادويه بتعملtremer

شو نوع الtremerلما بكون عند المريض مرض بالcerabellum ..

كلشي بخصوص ال MS من تعريف وشو ادويه وشو الانواع تبعته ..

Different between myopathy and neuropathy ..

2- Causes and drug that cause myopathy

3- Clinical features of MS

4- Lower motor function sign

Cerebellar signs

- extra-ocular muscles and innervation ,

- Classification and causes of epilepsy,

- complication of stroke ( كل وحده وليش) ,

- diplopia ( وين ممكن تشوفها( , TIA vertebrobasilar

في سؤال كان عن gaits

- facial nerve examination

- myopathy vs neuropathy ,

- UM signs ,

Different btw myopathy and neuropathy .... ....cause about epilepsy and best choose drug for treatment and side effect for drug of epilepsy ...........and different btw rigidity and spaisticity and any disease can be found ...............LM sign and UM sign ...power gread.

1. third nerve palsy which muscles affected and which muscle more affected (medial rectus) . 2. surgical & medical third nerve palsy cause , which type spare pupil why (medical spare pupil ) surgical damage the parasympathetic fiber . 3. in myasthenia gravis al investigations , when we do striated muscle anti body analysis ( in thymoma) . 4.finding in EMG there is decrease in amplitude 5.all treatment of MG why do not give corticosteroid 1 mg direct why (exacerbating symptom) . 6.when we can give direct (if patient has iv immunoglobulin) 7.tensilon test should done with atropine & CPR . 8. anti musk where is common ( female) type of manifestation (bulbar manifestation).