



ARCHIVE

# NEUROMEDICIN

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# EPILEPSY

1. What is the Best diagnostic test for seizure?

- a. MRI
- b. EEG
- c. CT scan
- d. EMG
- e. ECG

Answer: b

2. What is the First Line drug for tonic-clonic seizure seizure?

- a. Valproic acid
- b. Phenytoin??
- c. Phenobarbital
- d. Carbamazepine ??
- e. Benzodiazepines

Answer: a

3. All of the following are examples of generalized seizures except:

- a. tonic-clonic
- b. Absence seizures
- c. Automatism
- d. Tonic
- e. Atonic

Answer: c

4. An 18-year-old female patient with juvenile myoclonic epilepsy is taking valproic acid. Due to weight gain, lamotrigine was added to her treatment. After three weeks, she developed a skin rash. What is the next step?

- a. Continue the same treatment and administer antihistamines.
- b. Refer her to the primary healthcare physician.
- c. Discontinue lamotrigine.
- d. Discontinue valproic acid.
- e. Check the serum levels of valproic acid and lamotrigine.

Answer: c

5. Which of the following is not a cause of acute symptomatic seizure:

- a. transverse myelitis
- b. Stroke
- c. Acute CNS infection
- d. Subarachnoid hemorrhage
- e. Subdural hemorrhage

Answer: a

6. A patient presented with status epilepticus, he was given 10 mg of diazepam but didn't get better he was given another 10 mg, but it also didn't work. What is the next step

- a. 20mg of phenytoin + saline for 2minutes
- b. 20mg of phenytoin + glucose infusion
- c. 20 mg of phenytoin + saline infusion
- d. 20 mg of phenytoin + glucose infusion for 2 minutes
- e. Propofol

Answer: c

7. About antiepileptic drugs choose the false combination

- a. Topiramate : kidney stone
- b. Carbamazepine : hepatotoxicity
- c. Phenytoin : gum hyperplasia
- d. lamotrigine: Steven jones syndrome
- e. Levetiracetam: mood stabilizer

Answer: e

# EPILEPSY

8. Which of the following is wrong about epilepsy drugs?

- a. Absence epilepsy can be treated by carbamazepine and valproic acid
- b. Benzodiazepines are the first-line treatment for status epilepticus
- c. Valproic acid is known as a mood stabilizer
- d. Phenytoin causes hyperplasia

**Answer: a**

9. A patient presents with a tonic-clonic seizure that was associated with head and eye deviation. Which of the following is true?

- a. The seizure likely originated from the Parietal lobe.
- b. The seizure likely originated from the occipital lobe.
- c. The head and eye deviation suggest a temporal lobe origin.
- d. The head and eye deviation indicate a non-epileptic event.
- e. Frontal eye field is affected

**Answer: e**

10. patient complained of one seizure, which statement is true?

- a. EEG could be normal
- b. A normal EEG rules out the possibility of epilepsy.
- c. Immediate antiepileptic drug (AED) therapy is always required after a first seizure.
- d. Neuroimaging (e.g., MRI) is unnecessary if the neurological exam is normal.

**Answer: a**

11. patient complained of one seizure, which statement is true?

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- d. Neuroimaging (e.g., MRI) is unnecessary if the neurological exam is normal.

**Answer: a**

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Pt wants to get pregnant she has epilepsy and on carbamazepine, and she is afraid of AED risks in pregnancy, what is your management?

- A. Continue carbamazepine
- B. Reduce then stop
- C. Switch to phenytoin
- D. Stop & recontinue in second trimester.

**Answer: a**

Which of the following drugs is a hepatic enzyme inhibitor?

- a) Carbamazepine
- b) Phenytoin
- c) Phenobarbital
- d) Valproic acid
- e) Topiramate

**Answer: d**

Pt given 10 mg iv diazepam ... then repeated, what's next step?

**Phenytoin... with normal saline infusion**

Pt had loss of consciousness, urine incontinence, true statement:

**legs may be normal**

# EPILEPSY

Wrong about epilepsy :

**Olfactory hallucinations in neocortical temporal lobe epilepsy**

Which of the following is the incorrectly matched couple of seizure semiology/feature and its most commonly associated brain region?

- A) Olfactory hallucinations = orbitofrontal cortex
- B) Fencing posturing = supplementary motor area
- C) Versive seizure = occipital lobe
- D) Auditory hallucinations = neocortical temporal lobe

Answer : c

All of the following are generally indicative of a good seizure prognosis EXCEPT:

- A) Normal IQ
- B) Normal imaging
- C) Normal EEG with medication
- D) Multiple seizures

Answer : D

Which of the following is wrong about generalized tonic-clonic seizure?

- A) Tonic phase
- B) Clonic phase
- C) Post-ictal confusion
- D) Automatism

Answer : D

Which of the following is most essential for the initial diagnosis of epilepsy?

- a) EEG findings
- b) Detailed patient history and neurological examination
- c) Neuroimaging (e.g., MRI)
- d) Genetic testing

Answer : b

Choose the FALSE combination:

- A) Athetosis is slow writhing movement
- B) Tics are semivoluntary movement
- C) Hemiballismus due to contralateral lesion in subthalamic nucleus
- D) Myoclonus is regular jerk

Answer : D

Antiepileptic drug that has a risk for fatal hemorrhagic pancreatitis?

- A) Valproic acid
- B) Lamotrigine
- C) Carbamazepine
- D) Phenytoin
- E) Levetiracetam

Answer : A

Mismatch :

Athetosis :irregular,violent movement due to lesion in subthalamic nucleus

A child came to the ER with his parents, has an absence seizure, he is taking carbamazepine for the last 2 months, his parents said that he is staring from one hour ago until now, what is the most likely cause:

- A- Carbamazepine
- B- URTI
- C- Fever
- D- Brain hypoxia

Answer : A

# PARKINSON'S DISEASE

1-About Parkinson's Which of the following suggest diagnosis rather than Parkinson's?

- a. Resting tremor
- b. Decrease the tremor with action
- c. Urine incontinence
- d. Cog wheel rigidity
- e. Asymmetrical tremor

Answer: c

2. 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

Answer: b

3. 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

Answer: e

4. 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

Answer: e

5. Which of the following is Wrong regarding Parkinson's signs:

- a. Cogwheel rigidity
- b. Bradykinesia
- c. Monotonic speech
- d. asymmetric tremor
- e. Symmetrical tremor

Answer: e

6. All are features of Parkinson Disease, Except ?

- A. Bradykinesia
- B. Tremor
- C. Rigidty
- D. Hypotonia
- E. Shuffling gait

Answer: d

7. Which of the following is a Long term complication of levodopa treatment for Parkinson's?

- a. Dyskinesia
- b. Glaucoma
- c. diarrhea
- d. Hypertensive crisis
- e. Serotonin syndrome

Answer: a

# PARKINSON'S DISEASE

8. What best describes the tremor of Parkinson's disease??

- a. Unilateral resting tremor
- b. Bilateral resting tremor
- c. intention tremor
- d. Essential tremor
- e. Physiological tremor

Answer: a

9. A patient with Parkinson's disease on long-term levodopa therapy develops a sudden onset of motor symptoms that also remit spontaneously.

What is the most likely etiology?

- a. Levodopa-induced dyskinesia
- b. "On-Off" phenomenon
- c. Serotonin syndrome
- d. Dopamine agonist withdrawal syndrome
- e. Acute dystonic reaction

Answer: b

10. All of the following can occur in a patient with Parkinson's disease, except:

- a. Hypophonia
- b. Dysphagia
- c. reduced blinking rate
- d. Vertical gaze palsy
- e. Dysarthria

Answer: d

11. Which of the following is more characteristic of Parkinson's disease than drug-induced parkinsonism?

- a. Cogwheel rigidity
- b. Mask-like facial expression
- c. Bilateral involvement
- d. Flexed posture
- e. Restlessness in hands and legs

Answer: E

13. Which of the following is true about Dopa Decarboxylase Inhibitors (DDCIs)?

- a. Decrease extracerebral (peripheral) side effects
- b. Increase levodopa's effect on the substantia nigra
- c. Decrease the risk of dyskinesia
- d. They increase the risk of peripheral side effects of levodopa

Answer: A

13. what is the most common nonmotor clinical feature of Parkinson:

- a. depression
- b. Dementia
- c. Sexual dysfunction
- d. Hypotension

Answer: A

False matching:

- A. Cataplexy: antipsychotics
- B. Akathisia: continuous urge to move
- C. Upper&Lower motor neuron signs: motor neuron disease
- D. Dystonia: continuous muscle contraction

Answer : A

# PARKINSON'S DISEASE

فایل

Parkinson diagnosis .. worsening in his speech will manifest as ?

Word salad

Non audible speech

Neologism

**Non fluent speech**

Which true about idiopathic Parkinson?

A) Titubation

B) Slow movement

C) Intention tremor

D) Tremors Decreased with sleep

E) Unilateral tremor

**Answer: E**

Neurotransmitter produce in substantia nigra : **dopamine**

Long term complication of levodopa treatment for parkinsons? **Dyskinesia**

Which of the following is NOT true about Parkinson's disease?

A. It is mainly sporadic

B. It is caused by increased excitatory activity in the motor cortex \*\*\*

C. It typically presents with unilateral tremor

D. It may be associated with autonomic symptoms

## Clinical features of parkinson disease

- Tremor (pill-rolling tremor at rest)
- Rigidity (can be lead pipe or cogwheel)
- Akinesia (or bradykinesia)
- Postural instability
- Shuffling gait
- Small handwriting (micrographia)

# HEADACHE

1. One of the following is not used as a treatment for cluster headache:

- a. Lithium
- b. Steroids
- c. indomethacin
- d. Propranolol
- e. Methysergide

Answer: c

2. All the following are risk factors of Headache of intracranial hypertension except:

- a. Male sex
- b. Nalidix acid
- c. Nitrofurantoin
- d. Keptoprofen
- e. Withdrawal from glucocorticoids

Answer: a

3. One of the following is wrong about Paroxysmal hemicrania:

- 1. Severe stabbing or sometimes throbbing headache
- 2. Periorbital or temporal area
- 3. Each attack lasts from 2 to 60 seconds.
- 4. May have upto 12 or 15 episodes per day
- 5. Strictly unilateral and always occurring on the same side

Answer: c

4. Paroxysmal hemicrania treatment:

- a. Indomethacin
- b. Carbamazepine
- c. Methysergide
- d. Paracetamol
- e. Naproxen

Answer: a

5. Which of the following statements is incorrect about migraine?

- a. Squeezing type of pain
- b. Triptans are contraindicated in patients with coronary artery disease.
- c. Migraine without aura is more common than migraine with aura.
- d. Visual symptom is the most common form of aura

Answer: a

6. Which of the following is the least useful treatment for cluster headaches?

- a. Propranolol
- b. Lithium
- c. Valproate
- d. Melatonin

Answer: a

7. All of the following are true about headache types except:

- a. Hemicrania continua responds to indomethacin treatment.
- b. Paroxysmal hemicrania may have up to 100 episodes per day.
- c. Migraine pain is usually unilateral and throbbing

Answer: b

8. Which of the following features best differentiates cluster headache from trigeminal neuralgia?

- a. Unilateral pain
- b. Periorbital location
- c. Association with photophobia
- d. Association with nausea
- e. Longer duration of attack

Answer: e

8. 50 years old female pt came to ER with progressive severe headache, your initial investigation to do:

- a. ESR and CRP
- b. spinal cord MRI
- c. CSF analysis
- d. brain CT scan

Answer: a

# HEADACHE

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One of the following is true

**Paroxysmal Hemicrania and cluster headache are both associated with autonomic feature on affected side**

Woman 12 migranes in a month, what is proper management (prophylaxis)

**Amitryptiline hydrochloride**

One of the following is NOT used as a treatment for cluster headache:

- A) High flow O2
- B) Steroid
- C) Lithium
- D) Morphine sulfate tablets
- E) Sumatriptan

**Answer: D**

All of the following about headache are true except :

- A) Migraine is strictly unilateral.
- B) Migraine may increase with head movement.
- C) Migraine may be associated with nausea.
- D) Migraine pain is typically throbbing.
- E) Aura, if present, typically precedes the headache phase

**Answer: A**

Female , severe headache 2 times/week not respond to paracetamol  
**give prophylactic**

Female with headache for 2 months, relieved by paracetamol , bilateral?  
**- tension headache**

Male patient came with sever headache started when he moving the couch, he mentioned also that the pain increase when he try to move his neck, what is the best next step:

- A- lumber puncture (Case of SAH)
- B- Empirical therapy for meningitis
- C- Analgesia and discharge
- D- High dose steroid

**Answer: A**

# ACQUIRED MYOPATHY (MINI-OSCE)

3- What is the diagnosis ?

- a. Curschmann-Steinert disease
- b. proximal myotonic myopathy
- c. Polymyositis
- d. Dermatomyositis
- e. Duchenne muscular dystrophy



Answer: d

Rash of dermatomyositis

**Heliotrope rash**

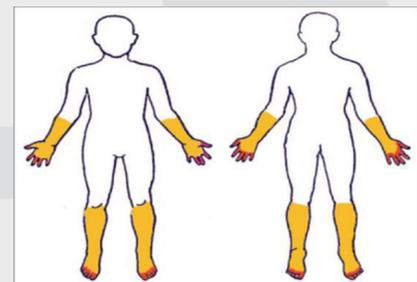
37-Mismatch

**Myclonus--- sudden jerky regular contraction**

# ACQUIRED NEUROPATHY (MINI-OSCE)

All of the following can cause this condition except:

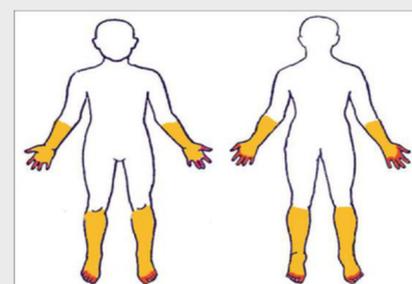
- a. DM
- b. Drug induced neuropathy
- c. Chronic polyneuropathy
- d. Severe thyroid disease
- e. Mononeuritis multiplex



Answer: e

All of the following can cause this condition except:

- a. Diabetic neuropathy
- b. Chronic polyneuropathy
- c. Brown sequard syndrome
- d. Stroke
- e. MS



Answer: c

# ACQUIRED NEUROPATHY (FINAL)

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

- a. Brain lesion
- b. Spinal cord lesion
- c. Upper Cervical Syringomyelia
- d. Peripheral polyneuropathy
- e. Diffuse L5 S1 disc prolapses

Answer: d

Alcoholic man with ataxia , nystagmus ,giving first ?

**Thiamine**

# HORNER SYNDROME & OPTIC.N

1. All the following conditions are associated with Horner except:

- a. Pontine lesion
- b. Carotid dissection
- c. Pancoast tumor
- d. Parasympathetic denervation
- e. Sympathetic chain Schwannoma's



Answer: d

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Wrong about oculomotor injury ?

**Accommodation is normal**

One of the following isnt in bulbar ?

**Jaw jerk hyperreflexia**

All of these are associated with optic neuritis except .

**Homonymous hemianopia**

All of these in examination of cn8 except .

**Pupillary reflex**

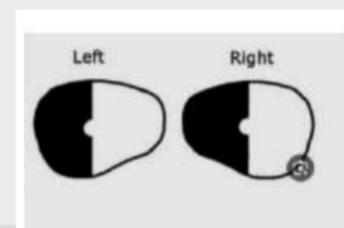
Pt with temporal arteritis ... true about it :

**Normal temporal artery biopsy doesnt rule out it**

**Brain MRI isnot necessary**

picture lesion in

**Occipital lobe**



1All the following are optic nerve examinations except:

- A) Visual acuity test
- B) Fundoscopy
- C) Pupillary light reflex
- D) Corneal reflex

Answer: d

All these muscle supplied by oculomotor nerve except : **dilator pupillae**

Temporal arteritis ( 50 year old ,2 weeks headche tinnitus , decrease visual aquity )

False >> **ESR specific for diagnosis**

# STROKE

1. Which of the following is not a risk factor for stroke ? Select one :

- a. Mitral valve regurgitation
- b. Infective endocarditis
- c. Anterior wall hypokinesia
- d. Atrial hypertrophy
- e. DVT with Patent foramen ovale

Answer: a

2. Which of the following statements about brain imaging is correct?

- a. CT scans provide better soft tissue resolution than MRI.
- b. CT scans are unable to detect intracranial hemorrhage.
- c. A normal brain CT scan does not rule out early ischemic stroke.
- d. Contrast-enhanced CT is more sensitive than MRI for detecting gray and white matter lesions.
- e. PET and SPECT are purely structural imaging modalities without functional data.

Answer: c

3. One of the following is wrong regarding stroke :

- a. ischemic stroke is associated with abnormal CT scan in first few hours
- b. 90% of acute infarctions are identified with diffusion-weighted imaging
- c. 40% of the time TIA exhibit neuroanatomically relevant DWI and ADC changes despite symptomatic resolution

Answer: a

4. Which of the following is the most important single risk factor for stroke? (Asked twice on exams)

- a. Smoking
- b. Hyperlipidemia
- c. Diabetes Mellitus
- d. Hypertension

Answer: d

5. What is the best diagnostic test for ischemic stroke?

- a. MRI with DWI
- b. Non-contrast CT scan
- c. Contrast CT-scan
- d. MRV

MRI (magnetic resonance imaging): 90% of acute infarctions are identified with diffusion-weighted imaging (DWI) and apparent diffusion coefficient (ADC) mapping.

Answer: a

Best diagnostic test for ischemic stroke?

- A) Lumbar puncture
- B) Electroencephalogram (EEG)
- C) brain CT
- D) Conventional X-ray

Answer: c

7. All of the following are acute management of ischemic stroke except:

- a. tPA
- b. Carotid endarterectomy
- c. Aspirin
- d. Acute endovascular interventional procedures
- e. Clonidine

Answer: e

8. Which of the following is not used in acute stroke management ?

- a. Statin
- b. Heparin
- c. Thrombolytic
- d. Aspirin

Answer: b

# STROKE

9. All of the following are causes of embolic stroke except:

- a. Atrial fibrillation (AFib)
- b. Paradoxical emboli
- c. Internal carotid artery (ICA) atherosclerosis
- d. Infective endocarditis
- e. Diabetes mellitus (DM)

Answer: e

10. Which of the following is NOT a risk factor for stroke?

- a. Hormone replacement therapy (HRT)
- b. Regular physical exercise
- c. Hypertension (HTN)
- d. Obesity

Answer: b

11. What is the treatment of vasospasms in SAH?:

- a. tPA
- b. Nimodipine

Answer: b

12. There is suspected subarachnoid hemorrhage but normal CT, what is next step?

- a. CSF analysis
- b. EEG
- c. Cerebral angiography
- d. MRI

Answer: a

13. Choose the correct answer about this lesion:

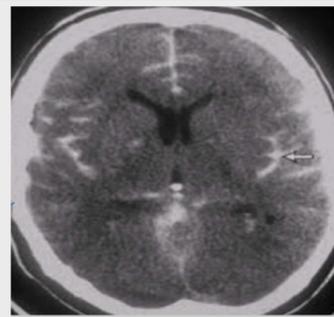
- a. Nimodipine treatment for one week
- b. Mostly caused by rupture of aneurysm
- c. Mostly caused by hypertension



Answer: b

14. what is the diagnosis?

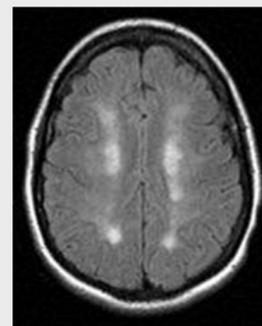
- a. Subarachnoid hemorrhage
- b. Subdural
- c. Epidural
- d. Intraparenchymal



Answer: a

15. What is the cause of this lesion:

- a. Severe hypotension
- b. Embolus
- c. Hypertension
- d. OCP use



Answer: a

16. Which of the following should be avoided while treating this patient:

- a. Clipping of aneurysm
- b. tPA



Answer: b

# STROKE

Choose the correct answer about this lesion

- A. Nimodipine treatment for one week.
- B. Mostly caused by rupture of aneurysm.
- C. Mostly caused by hypertension



**ANSWER: B**

21 hypodense lesion cross suture line?

- A. chronic subdural
- B. Acute subdural
- C. Intracranial hemorrhage

**ANSWER: A**

22 hemorrhage in sylvian fissure -

**ANS: subarachnoid**

23 suspected subarachnoid hemorrhage but normal CT, what is next step-

**ANS: CSF analysis?**

All of the following consider for treatment of this case EXCEPT :

- A. Antiepileptic drug
- B. Angiography
- C. Nimodopine
- D. Warfarin



**ANSWER: D**

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What is the best diagnostic test for an extradural hematoma?

- A) X-ray of the skull
- B) Lumbar puncture
- C) Computed Tomography (CT) scan of the brain without contrast
- D) Magnetic Resonance Imaging (MRI) of the brain
- E) Electroencephalogram (EEG)

**ANSWER: C**

Indication of evacuation in intracerebral hemorrhage:

- A) Lower limb weakness
- B) Intractable headache
- C) Cerebellar hemorrhage more than 5 cm
- D) Fever
- E) Frequent seizure

**ANSWER: C**

Which of the following is NOT a common cause of embolic stroke?

- A) AFib
- B) Paradoxical emboli
- C) ICA
- D) Infective endocarditis
- E) HTN

**ANSWER: E**

Cushing triad? **htn, bradycardia, irregular respiration**

Which of the following medications is least commonly used in the acute treatment of Subarachnoid Hemorrhage (SAH)?

- A) Nimodipine
- B) Tranexamic acid
- C) Heparin
- D) Vit K
- E) Statin

**ANSWER: C**

A patient sustained a head injury in a football match and started to experience headache etc (symptoms were indicative of intracranial hypotension), wrong statement?

**Surgical intervention is the treatment of choice in all cases**

A child had head trauma, lost his consciousness followed by complete recovery then he was drowsy again with headache and vomiting, what's the cause?

**\*lucid interval of epidural hematoma\* this note not mentioned in question  
Bleeding from middle meningeal artery**

23 year female came with progressive headache and vomiting, papilledema was found during examination, she is taking OCPs, CT was done and it's normal, what is the best next step:

- A- MRV (it's typical case of cerebral venous thrombosis)
- B- MRA
- C- ESR and CRP
- D- Referred her to ophthalmologist
- E- Lumbar puncture

**ANSWER: A**

Occlusion in what artery causes wallenberg syndrome?

- A. Anterior inferior cerebellar artery
- B. Vertebral
- C. Basilar

**ANSWER: B**

Pt with right stroke after travelling to usa before 2 days ... what is the most common risk factor in this case?

**Patent foramen ovale**

Pt can move arm against gravity but not resistance, power is :

**3**

32- Pt after stroke abnormal speech , cannot understand, repetition is affected , what is affected

**Broca and wernicke**

# DIZZINES AND VERTIGO

1. Peripheral vertigo is associated with:

- a. Fatigable nystagmus
- b. non-fatigable nystagmus
- c. CVA
- d. TIA
- e. Stroke

Answer: a

2. All of the following are causes of Central vertigo except:

- a. CVA
- b. TIA
- c. Stroke
- d. MS
- e. Labyrinthitis

Answer: e

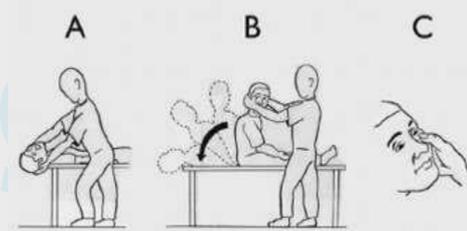
3. The condition caused by excessive endolymph is called ?

- a. Meniere's disease

Answer: a

4. What is the name of this test?

- a. Romberg test
- b. Rebound test
- c. Dix-hallpike test
- d. Tandem test
- e. Heel-knee-chin test



Answer: c

5. Which is the key distinction between vestibular neuritis and labyrinthitis ?

- a. Direction of nystagmus
- b. Sensation of rotation
- c. Undulating ground
- d. Hearing loss
- e. Loss of balance

Answer: d

6. Which disease causes unilateral sensorineural hearing loss and tinnitus ?

- a. Meniere's disease
- b. Benign paroxysmal positional vertigo (BPPV)
- c. Vestibular neuritis
- d. Labyrinthitis
- e. Multiple sclerosis

Answer: a

7. If this test is positive, what does it mean ?

- a. Excessive endolymph
- b. Space occupying lesion in the acoustic meatus
- c. Otoliths in posterior semicircular canal
- d. Otoliths in middle semicircular canal
- e. Otoliths in Anterior semicircular canal



Answer: c

8. Select the incorrect choice

- a. Central nystagmus is a non fatigable nystagmus
- b. Epley's maneuver is diagnostic for BPPV
- c. Meniere's disease is a causes unilateral sensorineural hearing loss

Answer: b

9. All of the following cause peripheral vertigo except:

- a. Gentamycin
- b. Benign positional paroxysmal vertigo
- c. Labyrinthitis
- d. Vestibular neuritis
- e. TIAs

Answer: e

# DIZZINES AND VERTIGO

10. what is the name of the test:

- a. Tandem test
- b. Romberg test
- c. Heel-knee-chin test
- d. Dix-hallpike test
- e. Rebound test



**Answer: a**

All To assess Vestibulocochlear nerve EXCEPT ?? :

- A.Fukuda test
- B.Whisper test from behind
- C.Weber +Rinne test.
- D.Heel-to-Shin Test**
- E.Head pulse te

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بجنتنة

# SPEECH ABNORMALITIES

1. Which of the following is wrong about pseudobulbar palsy ?

- a. Absent jaw jerk
- b. Spastic tongue
- c. Difficulty in pronunciation

**Answer: a**

2. Which of the following is wrongly paired ?

- a. Broca's aphasia - Impaired grammar
- b. Sensory aphasia - Preserved comprehension
- c. Transcortical aphasia - Preserved repetition
- d. Wernicke's aphasia - Fluent speech

**Answer: b**

3. A patient presents with non-fluent speech and grammatical errors but preserved comprehension. Which type of aphasia is most likely?

- a. Broca's aphasia
- b. Wernicke's aphasia
- c. Transcortical aphasia
- d. Global aphasia
- e. Conduction aphasia

**Answer: a**

4. Patient with Conductive Aphasia, the artery responsible for that ?

- a. Anterior Cerebral artery
- b. Posterior Cerebral artery
- c. Superior middle Cerebral artery
- d. Inferior middle Cerebral artery

**Answer: C**

5. A 75-year-old male presents with acute stroke, right-sided weakness, spontaneous speech with occasional paraphasic errors, intact comprehension, and severely impaired repetition. Which type of aphasia best explains his speech pattern?

- a. Broca's aphasia
- b. Transcortical aphasia
- c. Conduction aphasia
- d. Wernicke's aphasia
- e. Global aphasia

**Answer: c**

6. Patient came after stroke. Cannot follow your commands, cannot repeat and has grammar mistakes. What is the lesion producing his symptoms?

- a. Brocas area
- b. Wernicke's area
- c. Conductive lesion
- d. Global aphasia

**Answer: e**

# GAIT ABNORMALITIES

1. What is the name of this test ?

- a. Tandem test
- b. Romberg
- c. Rebound



Answer: b

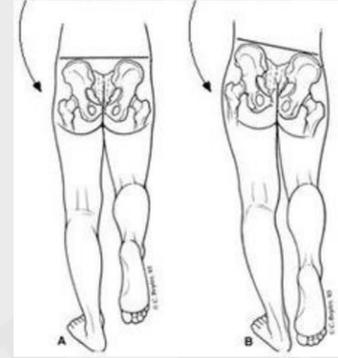
2. Which of the following result in a positive Romberg test ?

- a. Dorsal column lesion
- b. Vit. B12 deficiency
- c. Diabetic neuropathy
- d. Impaired proprioception
- e. All of the above

Answer: e.

3. What is the name of this test ?

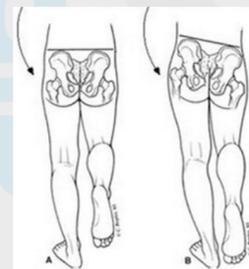
- a. Rebound test
- b. tandem test
- c. Romberg test
- d. Trendelenburg's test



Answer: d.

4. Which of the following is wrong?

- a. This is Trendelenburg s test
- b. Due to proximal muscles weakness
- c. Due to sciatic nerve palsy
- d. Due to superior gluteal nerve palsy
- e. Result from gluteus minimums injure



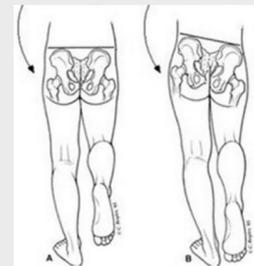
Answer: c

wrong ?

Neuropathic gait-bilateral proximal muscle weakness

which nerve is affected?

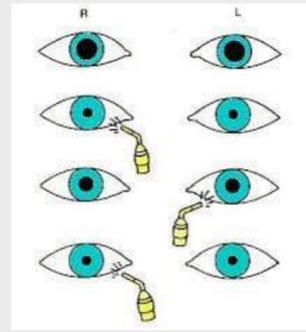
Superior gluteal nerve



# CRANIAL NERVE EXAMINATIONS

1. What is a possible cause for this ?

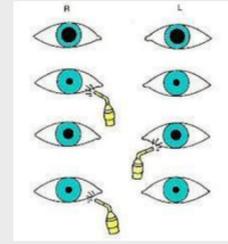
- a. Right optic neuritis
- b. Left optic neuritis
- c. Right oculomotor nerve (CN III) palsy
- d. Left oculomotor nerve (CN III) palsy
- e. Horner's syndrome



Answer: b

2. What is the name of this test ?

- a. pupillary light reflex test



Answer: a

3. A patient has a complete oculomotor nerve (CN III) palsy. Which of the following statements about this condition is incorrect?

Options:

- a. The eye is depressed due to superior rectus weakness.
- b. The eye is abducted due to medial rectus weakness.
- c. Ptosis occurs due to Müller's muscle weakness.
- d. Mydriasis results from constrictor pupillae weakness.
- e. Accommodation is impaired due to ciliary body weakness



Answer: c

4. A patient has a complete oculomotor nerve (CN III) palsy. Which of the following statements about this condition is incorrect?

Options:

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- b. The eye is abducted due to medial rectus weakness.
- c. Ptosis occurs due to Müller's muscle weakness.
- d. Mydriasis results from constrictor pupillae weakness.
- e. Accommodation is impaired due to ciliary body weakness

Answer: c

5. A patient presents with a downward and outward eye position and an intact pupillary light reflex. This presentation is most consistent with:

Options:

- a. Medical (pupil-sparing) 3rd nerve palsy
- b. Surgical (pupil-involving) 3rd nerve palsy
- c. Horner's syndrome
- d. Trochlear nerve palsy
- e. Abducens nerve palsy



Answer: a

6. A patient is found to have a right relative afferent pupillary defect (RAPD). Which of the following statements is true?

Options:

- 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's finding

Answer: b

7. The examination of the oculomotor nerve (CN III) includes all of the following except which one?

Options:

- a. Assessment of ptosis
- b. Pupillary light reflex
- c. Accommodation reflex
- d. Corneal reflex
- e. Examination of eye movements

Answer: d

# CRANIAL NERVE EXAMINATIONS

8. The right eye is abnormal, which nerve is affected?

- a. Right Trochlear nerve (CN IV)
- b. Right oculomotor nerve
- c. Right optic nerve
- d. Left oculomotor nerve



Answer: a

9. Which nerve is affected and on which side? the patient was asked to look right

- a. Right Trochlear nerve (CN IV)
- b. Right oculomotor nerve
- c. Right optic nerve
- d. Right abducent nerve



Answer: d

10. This lesion can be in one of the following except ? the patient was asked to look right

- a. Right medial rectus
- b. left medial rectus
- c. Myasthenia gravis
- d. Space occupying lesion
- e. Increased ICP



Answer: b

11. During lateral gaze test, the patient left eye developed nystagmus, Where is the lesion and which side ?

- a. Right medial longitudinal fasciculus



Answer: a

12. What is the affected muscle ?

- a. Left pterygoid muscle
- b. Right pterygoid muscle



Answer: a

13. What is the name of the test?

- a. Jaw-jerk test



Answer: a

14. The examination of the trigeminal nerve (CN V) includes all of the following except which one?

- a. Pupillary reflex
- b. Somatic sensation from the tongue
- c. Jaw movement
- d. Corneal reflex
- e. Jaw jerk reflex

Answer: a

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Which of the following statements about neurological reflexes is correct?

- A) The accommodation reflex is preserved in oculomotor nerve palsy.
- B) Facial nerve palsy causes jaw deviation.
- C) Pupillary reflex can be preserved in oculomotor nerve injury.
- D) Glossopharyngeal nerve palsy or lesion causes tongue deviation

Answer: c

Ptosis with down and outward deviation of eye :

**third nerve palsy.**

# CRANIAL NERVE EXAMINATIONS

Which of the following true?

- A) Dysarthria caused by Wernicke's lesion
- B) Sensory and motor impaired repetition
- C) Sensory lesion associated grammatically errors
- D) Motor lesion with fluent
- E) Weakness tongue muscles cause expressive aphasia

**Answer: b**

One of the following cause to this pt found?

- A. Rt Vagus nerve injury
- B. Lt Vagus nerve injury
- C. Rt Glossopharyngeal nerve injury
- D. Lt Glossopharyngeal nerve
- E. Hypoglossal nerve injury



**Answer : A**

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# MULTIPLE SCLEROSIS

A patient's symptom worsened after a hot bath this is called:

**Uhthoff phenomenon**

MS pt was even pyrdstigmine and die work what should we give her?

**ANS: prednisone**

true about MS?

**ANS: F: M 3:1.**

MS presentation except

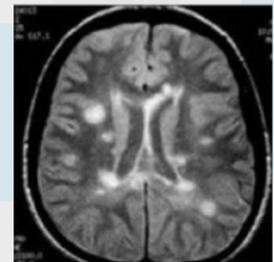
**US**

MS patient lower limb stiffness which drug important

**ANS: baclofen**

Paient with right lower limb weakness and this image presentation what is the next step

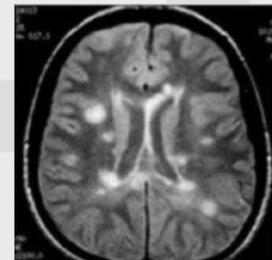
- A. Repeat MRI after 6-12 months
- B. Considered clinically isolated syndrome
- C. Considred radiologically isolated syndrome



**ans:a**

patient had head trauma and MRI was performed as seen in picture. what is the patient diagnosis?

- a. Relapsing remitting multiple sclerosis
- b. Clinically isolated syndrome
- c. Radiologically isolated syndrome
- d. Possible multiple sclerosis
- e. Probable multiple sclerosis



**ans:c**

فاینل

female with MS ... spastic bladder ... on flexion of neck she will have ?  
Electric shock like radiations down her spine and legs

Pt disseminated in space but not in time whats next step .

**Repeat after 6 to 12 mths**

Woman has weakness and fatiguability especially at night , occasional nasal regurg.. what physical finding support your diagnosis?

**Ptosis**

Patient presented with lower limb weakness and sensory impairment. MRI showed multiple lesions resembling those seen in Multiple Sclerosis. The patient also had a history of being treated for optic neuritis last year, What the most likely diagnosis?

- A. Multiple sclerosis**
- B. Clinically isolated syndrome**
- C. radiologically isolated syndrome**
- D. repeat MRI after one year**

Which of the following is the least common presentation of Multiple Sclerosis (MS)?

- A) Numbness or tingling in the limbs.**
- B) Vision problems (e.g., optic neuritis or double vision).**
- C) Weakness or difficulty walking.**
- D) Hypotonia.**

**Answer: D**

-A female patient had head trauma and MRI was performed. Lesions consistent with multiple sclerosis were seen in her MRI. Her last medical record was checked and it's turned out that she had a treatment for optic neuritis. Diagnosis?

- a. Relapsing remitting multiple sclerosis**
- b. Clinically isolated syndrome**
- c. Radiologically isolated syndrome**
- d. Possible multiple sclerosis**
- e. Probable multiple sclerosis**

**Answer: A**

Shock like sensation upon flexion of neck ?  
**multiple sclerosis in the cervical area**

In MS one is wrong:

**3:1 female to male ratio in primary progressive MS**

# MYASTHENIA GRAVIS

The disease that get worse during pregnancy is?

- A. Myasthenia gravis
- B. MS
- C. Epilepsy
- D. migraine

ans:a

فاینل

A patient experiencing a crisis presents with several symptoms. Which of the following signs is characteristic of a myasthenic crisis but not typically seen in a cholinergic crisis?

- A) Miosis
- B) Bradycardia
- C) Normal pupil
- D) Fasciculations

ans:C

## Myasthenic Crisis and Cholinergic Crisis

Myasthenic crisis vs. cholinergic crisis		
	Myasthenic crisis	Cholinergic crisis
Shared symptoms	<ul style="list-style-type: none"><li>• Muscle weakness</li><li>• Dyspnea</li><li>• Sweating</li><li>• Agitation</li><li>• Disorientation</li><li>• Drowsiness</li><li>• Urinary and fecal urgency</li></ul>	
Pupil	<ul style="list-style-type: none"><li>• Normal</li></ul>	<ul style="list-style-type: none"><li>• Miosis</li></ul>
Fasciculations	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Present</li></ul>
Heart rate	<ul style="list-style-type: none"><li>• Tachycardia</li></ul>	<ul style="list-style-type: none"><li>• Bradycardia</li></ul>
Skin	<ul style="list-style-type: none"><li>• Cold and faint</li></ul>	<ul style="list-style-type: none"><li>• Warm and flushed</li></ul>
Bronchial secretion	<ul style="list-style-type: none"><li>• Normal</li></ul>	<ul style="list-style-type: none"><li>• Increased</li></ul>

# GULLIAN BARRE SYNDROME

not related to GBS:

- A. progressive
- B. muscle wasting
- C. ascending symmetrical limb weakness
- D) Proximal more than distal weakness

ANS: D

treatment for GBS except :

ANS: corticosteroid

Q24: One of the following is not a management of GBS

ans:corticosteroid

The most common type from Gullian barre syndrome

- A. Miller fisher syndrome
- B. Acute inflamatory demyelinating disorder
- C. Chronic inflamatory demilinating disorder
- D multifocal motor neuron

ans:b

• Which Guillain-Barre variant is associated with ophthalmoplegia, ataxia and areflexia and tends to be associated with GQ16 antibodies?

- a. Sensory GBS
- b. Acute inflammatory demyelinating polyneuropathy
- c. Acute motor sensory axonal polyneuropathy
- d. Miller-Fisher syndrome
- e. Acute motor axonal polyneuropathy

ans:d

Q13: One of the following is not a Miller fisher syndrome symptom

the ans mostly weakness

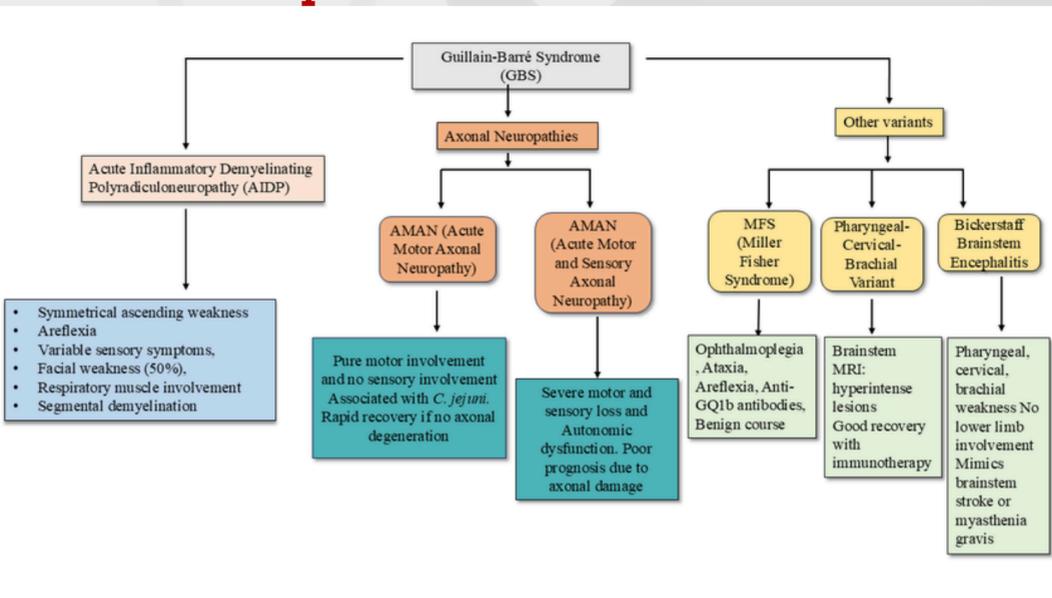


Table 20.3 Miller Fisher syndrome.

Ophthalmoplegia	1	Triad
Ataxia	2	
Areflexia	3	
Little or no weakness		
Association with a specific antiganglioside antibody		

Q25: One of the following is not associated with GBS

the photo show what associates with MG ; so one of them is the ans ; mostly thymoma

## Associated conditions

- Thymoma (the most common primary tumor in the anterior mediastinum) in 10–15% of patients
- Thymic hyperplasia in 85% of patients

Association with other autoimmune diseases, including: ° Hashimoto thyroiditis ° Rheumatoid arthritis ° Sarcoidosis ° Systemic lupus erythematosus

Pt with weakness in lower extremities than upper , hyporeflexia , next step  
**Csf analysis**

Most common variant of Guillain-Barré syndrome:  
**Acute inflammatory demyelinating polyneuropathy**

Which of the following is not a Miller Fisher syndrome symptom?

- A) Ataxia
- B) Ophthalmoplegia
- C) Loss of deep tendon reflexes
- D) Sensory level

**Answer : D**

Patient complaint of upper and lower weakness, progressed over the last two weeks, associated with asymmetrical bilateral facial weakness, on examination there is flaccid paralysis of both upper and lower with areflexia, what is the best next step:

**CSF analysis \*(it's Guillian Barre syndrome**

**Very important  
MCQ & MiniOsce**



**Table 20.3 Miller Fisher syndrome.**

Ophthalmoplegia	1	
Ataxia	2	Triad
Areflexia	3	
Little or no weakness		
Association with a specific antiganglioside antibody		

# MENINGITIS AND ENCEPHALITIS

Q5: Encephalitis most common causative organism:

**HSV-1**

Q25: A CSF yellowish and viscous indicates

**fungal meningitis**

24 bacterial CSF except

**Ans:high glucose**

25 acute complication of meningitis except -

A.Abscess formation

B.Hydrocephalus

C.Septic shock

D.mental retardation

E.immune complex mediated

**ans:d**

Q10:Most common site of encephalitis

**ans:medial temporal lobe**

Q34- These are CSF results, what do you expect the cause of these findings in A and in B? تكرر

1. A: TB & B: Bacterial

2. A: Fungal & B: TB

3. A: TB & B: Viral

4. A: Viral & B: Bacterial

5. A: Bacterial & B: TB

	A	B
Opening pressure	elevated	elevated
WBCs	Elevated mainly lymphocytes	Elevated mainly neutrophils
RBCs	none	few
Glucose	Marginally significantly low	low
Protein	high	high
Appearance	turbid	turbid

**ans:1**

Q34 Patient come to ER with fever, headache, neck stiffness on physical examination produce this sign. Which of the following is false about his condition

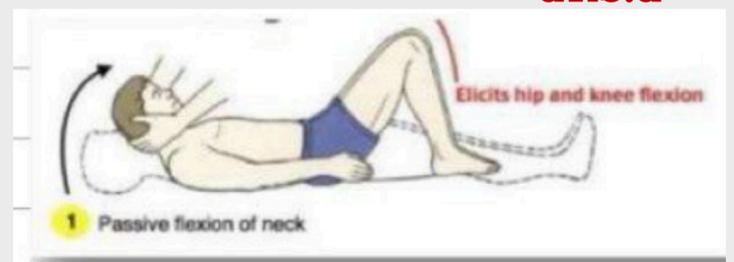
A. EEG is abnormal in 50% of patient

B. CSF analysis after two hours from given it antibiotic

**ans:a**

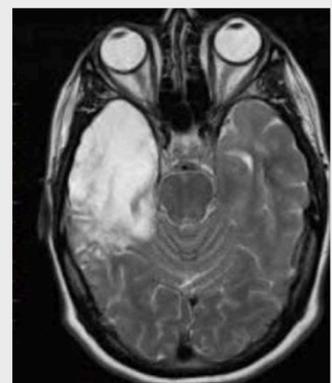
Name of test?

**Brudzinski test**



The most common organism is?

**Herpes simplex virus**



# MENINGITIS AND ENCEPHALITIS

22- patient came with fever and headache, if this sign was positive One of the following is wrong?

**Give iv steroid**



6. Csf analysis found : lymphocytosis and slight increase in protein and slight decrease in sugar, what is the least diagnosis of this condition ?

- A. Lyme disease
- B. TB
- C. Bacterial meningitis
- D. Viral

**ans:c**

Q21: Management of Viral meningitis

✓ 1. Supportive Treatment (mainstay)

- Fluids (IV or oral)
- Analgesics/antipyretics – paracetamol, NSAIDs
- Rest
- Control nausea/vomiting if needed

✓ 2. Antiviral Therapy (only in specific cases)

Not all viral meningitis needs antivirals. They are used when a treatable virus is suspected:

Acyclovir

- For HSV-1, HSV-2, and VZV meningitis

فایل

17yr old boy , recurrent infectious meningitis 8 times in previous 3 year, recurrent meningitis occurs in which of these conditions:

- A. Otitis media
- B. Ms
- C. Csf leak

**Answer: c**

Pt with fever, convulsion csf analysis shoes lymphocytes 100, elevated protein and xanthocromia . appropriate treatment?

**Acyclovir**

Woman was sitting on couch then when she stood, sudden severe unilateral headache , ct was normal what is next step ?

**Lumber puncture (SAH)**

# MENINGITIS AND ENCEPHALITIS

Which of the following is NOT a cause of lymphocytic-predominant CSF with elevated protein?

- a) Viral meningitis
- b) Tuberculous meningitis
- c) Fungal meningitis
- d) Partially treated bacterial meningitis
- e) Neisseria meningitidis

**Answer : e**

What is the most common site of encephalitis?

- A) Brainstem
- B) Spinal Cord
- C) Temporal lobes
- D) Cerebellum
- E) Occipital lobe

**Answer : C**

Pt with normal pressure hydroceph, she underwent drainage and now she walks well , what do you expect to see in csf analysis?

**No abnormalities**

40-Wrong regarding meningitis

**CSF analysis can be reliable after days of antibiotics**

Regarding the management of viral meningitis, all of the following statements are generally correct, EXCEPT:

- A) Antibiotic therapy is mandatory for all confirmed cases.
- B) Pain and fever management are crucial for patient comfort.
- C) Antiviral medication is usually unnecessary, unless specific viral etiologies are suspected (e.g., Herpes Simplex Virus).
- D) Hospitalization may be considered for patients with severe symptoms or complications.
- E) Management is primarily supportive care

**Answer : A**

Wrong about viral meningitis CSF analysis? **Opening pressure is high**

55 male patient with suspected meningitis, which antibiotics you will give him:

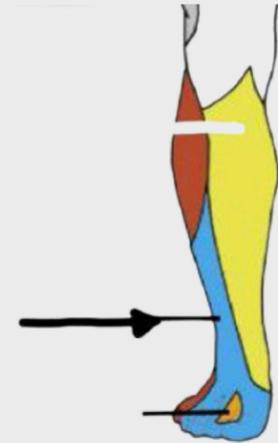
**Vancomycin, ceftriaxone and ampicillin**

suspected meningitis next step? **IV antibiotics**

# DERMATOME AND MYOTOME

Which the nerve supply the blue area

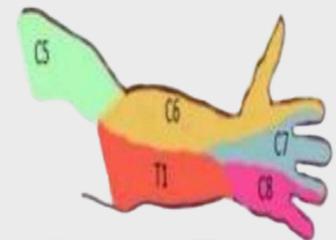
- A. Superficial peroneal nerve
- B. Deep peroneal nerve
- C. Saphenous nerve
- D. sural nerve



ans:a

Sensation loss over the area of blue color, where is the lesion?

C7 radiculopathy



Q1. patient has sensory loss in the highlighted area, most likely clinical sign found:

- A. Weakness of anterior tibialis
- B. Weak eversion
- C. Plantar flexion upward



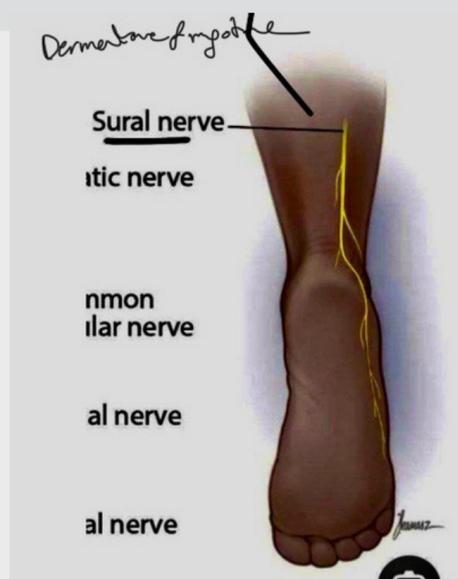
ANSWER:a

Pt has loss of sensation in this area

- a clinical sign will have ?
- A. Weak eversion
  - B. Plantar flexion upward
  - C. Foot drop



ANSWER:c

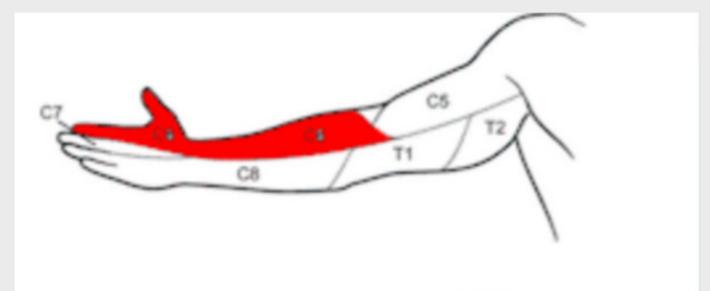


Periumbilical area is innervated by.

T10

Pt complain loss sensation in red area :

C6 compression



# EXAMINATION

1) Achilles reflex origin?

**Answer : S1-S2? (There is no answer with S1 alone)**

2) About sensory examination on of the following is false

**Answer : A power reflex is affected**

3) All of the following cause positive rombergs test except :

- A) Dorsal column lesion
- B) Diabetic polyneuropathy
- C) Large fibers polyneuropathy
- D) Impaired proprioception
- E) Small fiber polyneuropathy



**Answer : E**

4) The name of test:

- A) Tandem test
- B) Romberg's test
- C) Trendelenburg's test
- D) Heel-knee-shin test
- E) Babinski's sign



**Answer : A**

5) All of these test are for cerebellum except :

- a. Finger to nose tes
- b. Heel to shin test
- c. Rapid alternating movement
- d. Rebound test
- e. Romberg test

**Answer : e**

6) Patient came with weakness and numbness of lower extremities more than upper extremities, with hyperreflexia The most important next step in diagnosis will be:

- a. Nerve conduction study
- b. Perform spinal MRI

**Answer : b**

7) False matching:

**akathesia = cerebral lesion ??not sure newo exam**

8) All of the following tests are used in examination of cerebellar function except :

- a. Reboundtest
- b. Tandemtest
- c. Rapidalternatingmovement.
- d. Trendelenburg' stest
- e. Nystagmus.

**Answer : d**

9) According to the sensory examination. One of the following is False?

**Answer: small nerve neuropathy lead to balance problem .**

10) On examination patient can flex arm against gravity but not against resistance what is the power of elbow flexors?

**Answer : 3**

11) Which of the following is true regarding sensory examination?

**Ans: if you suspect Syringomyelia, you should test the pain and temperature sensation**

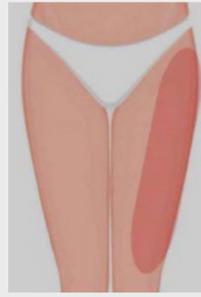
All are true about mini mental status examination except?

- A. MMSE is 30 points screening tool
- B. used to diagnose dementia
- C. 100-7 -> Registration
- D. score of 23 risk for mild dementia
- E. It's affected by the patient educatio

**Answer : C**

12)Pt comes with loss of sensation over this area,what is true?

- a. Power of lower limb is not affected
- b. Sural nerve injury.
- c. Pudendal nerve injury



Answer : a

13)Which of the following is wrong about pseudobulbar palsy? news exam

- a. Absent jaw jerk
- b. Spastic tongue
- c. Difficulty in pronunciation

Answer : a

14)The score or degree of power if the patient can do active movement with gravity eliminated ?

- A- 2
- B- 3
- C- 4
- D- 1

Answer : a

16)All of the following tests are used in examination of cerebellar function except :

- A. Rebound test
- B. Tandem test
- C. Rapid alternating movement
- D. Trendelenburg's test
- E. Nystagmus

ANSWER: D

17)Patient can perform active movements when gravity is eliminated, power score :

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5

ANSWER: B

18)All of the following about this condition is true except

- A. Inherited
- B. Cause symmetrical homogenous lesion
- C. Cause hyperflexia
- D. Cause sensory loss



ANSWER: c

19)In NCS (nerve conduction study) the patient showed demyelination so what's the diagnosis?

Ans: Charcot-Marie-Tooth disease



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20)Patellar reflex ?

L4 L3

21)Woman cannot grip her bike, nerve damaged ?

- A. Ulnar nerve
- B. Anterior interosseous
- C. Median nerve

22)Pt with fine fasciculation below tongue, atrophy of one side of tongue ?

Pseudobulbar

Denervation of CN12

Answer : C

23)Pt has problem in proprioception and vibration, he has lesion affecting tract that decussates at which level:

Medulla

24)When inspecting the hand as part of a physical examination, all of the following are typically assessed or looked for, EXCEPT:

- A) Scars
- B) Wasting of muscles
- C) Involuntary movements
- D) Fibrillation
- E) Tremor

**ANSWER: d**

25)A patient demonstrates full range of motion of their left upper limb against gravity and resistance. Based on the Medical Research Council (MRC) scale for muscle power, what grade would you assign to this patient's left upper limb strength?

- A) Grade 2
- B) Grade 3
- C) Grade 4
- D) Grade 5

**ANSWER: C**

One is not in sensory examination?

- A) Pain
- B) Vibration
- c) Joint position
- D) Temperature
- E) heel to shin

**ANSWER: E**

abduction after 15 : **axillary nerve**

Lower lip numbness?

- Inferior alveolar nerve
- Mandibular nerve
- Trigeminal nerve
- Facial nerve
- Glossopharyngeal

**Answer: Inferior alveolar nerve**

Eye open to pain, Incomprehensible sound, decerebrate posture :

**GCS = 6**

result from brain stem injury except : **aphasia**

What nerve injury cause poor extension of fingers and radial deviation?

**posterior interosseous nerve**

Patient has nystagmus when he looks to the right, the fast phase is to the right, what is the type of nystagmus:

**Right jerky nystagmus**

back pain + sensory loss of the lateral thigh and medial leg + absent ankle reflex:

**L4 compression**

MMSE test :

**attention and calculation**

The patient does not follow commands, poor speech with paraphasic errors and poor repetition: **Global Aphasia**

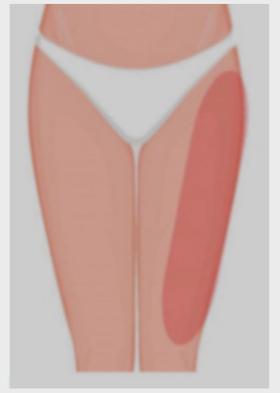
Pt had bells palsy.. treated with acyclovir and steroids ... now came with fine twitch of angle of mouth probable etiology is ?

**Abberant reinnervation of facial nerve**

Pt comes with loss of sensation over this area

What is true ?

- A. Sural nerve injury
- B. Power of limb is affected
- C. affect only sensory nerve
- D. Affect only motor nerve



Answer : C

Motor neuron signs			
SIGN	UMN LESION	LMN LESION	COMMENTS
Weakness	+	+	Lower motor neuron (LMN) = everything lowered (less muscle mass, ↓ muscle tone, ↓ reflexes, downgoing toes)
Atrophy	-	+	
Fasciculations	-	+	Upper motor neuron (UMN) = everything up (tone, DTRs, toes)
Reflexes	↑	↓	
Tone	↑	↓	Fasciculations = muscle twitching Positive Babinski is normal in infants
Babinski	+	-	
Spastic paresis	+	-	
Flaccid paralysis	-	+	
Clasp knife spasticity	+	-	

## MRC Muscle Power Scale

Score	Description
0	No contraction
1	Flicker or trace of contraction
2	Active movement, with gravity eliminated
3	Active movement against gravity
4	Active movement against gravity and resistance
5	Normal power

Response	Scale	Score
Eye Opening Response	Eyes open spontaneously	4 Points
	Eyes open to verbal command, speech, or shout	3 Points
	Eyes open to pain (not applied to face)	2 Points
	No eye opening	1 Point
Verbal Response	Oriented	5 Points
	Confused conversation, but able to answer questions	4 Points
	Inappropriate responses, words discernible	3 Points
	Incomprehensible sounds or speech	2 Points
	No verbal response	1 Point
Motor Response	Obeys commands for movement	6 Points
	Purposeful movement to painful stimulus ( <i>localize pain</i> )	5 Points
	Withdraws from pain	4 Points
	Abnormal (spastic) flexion, decorticate posture	3 Points
	Extensor (rigid) response, decerebrate posture	2 Points
	No motor response	1 Point

Minor Brain Injury = 13-15 points; Moderate Brain Injury = 9-12 points; Severe Brain Injury = 3-8 points

لن يَضِيع ثَوَاب زَفْرَةِ أَلْمِ، أَوْ لِحْظَةِ سَهْرِ، أَوْ تَنْهِيدَةِ كَرْبِ، سَتُفَاجِئُكَ يَوْمَ الْحِسَابِ وَتُسَعَّدُ بِهَا عَلَى رُؤُوسِ الْأَشْهَادِ.

- د. خالد أبو شادي

هَوْنُ اللَّهِ أَيامَكُمْ يَا رَوْحَ ... لَا تَنْسُونَا مِنْ صَالِحِ دَعَاءِكُمْ