CONTROL AND MEASURING MEANS

Discipline: Neurology

Discipline code: Neur 5306

Name of the educational program: 6B10101"General Medicine"

Total hours/credit: 150h./5 credits

Course and semester of study: 5th year/IX semester

Shymkent 2025y.

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Protocol №1 «27» 08 2025y

Test questions for intermediate certification (examination session)
Examination ticket № 1

<question> In facial nerve neuropathy, the following therapy is contraindicated:
<variant> Hemostatic therapy
<variant> Anti-inflammatory therapy
<variant> Dehydration therapy
<variant> Vascular therapy
<variant> Anticholinesterase therap
<question> A 68-year-old patient complains of severe pain in the area of the right ear, radiating to the right side of the face and occiput. Examination reveals herpetic eruptions on the right side of the external auditory canal, auricle, and soft palate. The most probable diagnosis is:
<variant> Geniculate ganglionitis
<variant> Facial nerve neuropathy
<variant> Herpetic ganglionitis of the trigeminal ganglion
<variant> Trigeminal nerve neuropathy
<variant> Dental plexalgia
<question> A woman diagnosed with geniculate ganglionitis has been prescribed treatment. In the treatment of geniculate ganglionitis, the drug used is:
<variant> Acyclovir
<variant> Streptomycin
<variant> Botulinum toxin
<variant> Mannitol
<variant> Kanamycin
<question> A 28-year-old patient complains of pain in the right masticatory muscles and clicking in the right temporomandibular joint. These symptoms have persisted for 3 weeks and are associated with emotional stress. Examination reveals clicking and pain during jaw movement, swelling and tenderness in the area of the right TMJ. The most probable diagnosis is:
<variant> Myofascial facial pain syndrome
<variant> Progressive hemifacial hypertrophy
<variant> Hemifacial spasm
<variant> Facial paraspasm
<variant> Trigeminal ganglionitis
<question> In temporomandibular joint dysfunction, the most appropriate treatment is:
<variant> Nonsteroidal anti-inflammatory drugs
<variant> Digitalis preparations
<variant> Narcotic analgesics
<variant> Antihistamines
<variant> Antioxidants
<question> A 30-year-old patient complains of pain in the left ear area and inability to fully open the mouth when speaking or chewing. He has been ill for a month and associates the condition with bruxism. Examination reveals tension and tenderness in the left masticatory muscles, and limited mouth opening. The most appropriate drug for this condition is:
<variant> Ibuprofen
<variant> Morphine
<variant> Novocaine
<variant> Metamizole
<variant> Motherwort tincture
<question> A 56-year-old female patient complains of involuntary contractions of the muscles around the eye on the right side of the face. The drug used in the treatment of hemifacial spasm is:
<variant> Carbamazepine
<variant> Ampicillin

<variant> Perindopril
<variant> Novocaine
<variant> Triamcinolone
<question> Hemifacial spasm must be differentiated from:
<variant> Facial contracture
<variant> Facial nerve neuropathy
<variant> Trigeminal neuralgia
<variant> Geniculate ganglionitis
<variant> Trigeminal ganglionitis
<question> A 23-year-old woman complains of thinning of the skin and muscles on the right side of the face, hair loss on the right side of the scalp, and dry skin. History: ill since age 11, the disease progresses slowly. On examination: facial asymmetry, skin on the right side of the face is thinned, wrinkled, and blood vessels are visible through it. The most probable diagnosis is:
<variant> Hemiatrophy of the face
<variant> Facial contracture
<variant> Facial nerve neuropathy
<variant> Trigeminal neuralgia
<variant> Sjögren's syndrome
<question> A 32-year-old patient experiences paroxysmal burning pain in the root of the tongue and right tonsil, triggered by talking or eating. On examination: tenderness upon palpation behind the right angle of the mandible. The most probable diagnosis is:
<variant> Glossopharyngeal neuralgia
<variant> Ciliary neuralgia
<variant> Pterygopalatine ganglion neuralgia
<variant> Trigeminal neuralgia
<variant> Submandibular ganglion lesion
<question> In the treatment of glossopharyngeal neuralgia, the most appropriate drug group is:
<variant> Anticonvulsants
<variant> Antibiotics
<variant> Sedatives
<variant> Antihistamines
<variant> Antivirals
<question> A 23-year-old female patient complains of paroxysmal, dull, bursting pain in the area of the right orbit and nasal bridge, radiating to the frontal and occipital areas. On examination: tearing from the right eye, rhinorrhea on the right, hyperemia and swelling of the right cheek. The most probable diagnosis is:
<variant> Pterygopalatine ganglion neuralgia
<variant> Trigeminal neuralgia
<variant> Glossopharyngeal neuralgia
<variant> Otic ganglion neuralgia
<variant> Geniculate ganglionitis
<question> A 45-year-old female teacher developed ptosis, divergent strabismus, and right-sided mydriasis, along with left-sided spastic hemiparesis, against the background of elevated blood pressure. The woman has an alternating syndrome of:
<variant> Weber
<variant> Claude
<variant> Jackson
<variant> Millard–Gubler
<variant> Wallenberg–Zakharchenko
<question> A 63-year-old man gradually developed weakness in the left arm and leg, and the right eye stopped closing. Objectively: BP 200/100 mmHg, signs of lagophthalmos, “sail sign,” and “exclamation mark” on the right, left-sided spastic hemiparesis. Most likely, the patient has:
<variant> Millard–Gubler syndrome
<variant> Weber syndrome
<variant> Capsular syndrome
<variant> Meningeal syndrome
<variant> Thalamic syndrome
<question> A 38-year-old man was admitted to the clinic complaining of headaches, weight loss, general weakness, and increased fatigue. Neurological findings: convergent strabismus, diplopia, neck stiffness. History: had pulmonary tuberculosis a year ago. The most likely cause of the strabismus is damage to the … nerve.
<variant> Abducent
<variant> Oculomotor
<variant> Vagus
<variant> Accessory
<variant> Facial
<question> A 44-year-old man has been suffering for 2 years from attacks of severe, "knife-like" pain on the right side of the face — in the forehead, orbit, cheek, and nasal wing area. The pain feels like an electric shock and is triggered by touching the face, eating, or talking. The most appropriate drug to prescribe is:

<variant> Carbamazepine
<variant> Analgin
<variant> Ergotamine
<variant> Indomethacin
<variant> Pentoxifylline
<question> A 53-year-old man was admitted to the clinic with complaints of headache, weakness, fever up to 39°C, muscle pain in the neck and limbs. Objectively: neck stiffness, eye movement pain, paresis of the upper shoulder girdle. History: returned from a mountain trip 10 days ago. CSF: clear, lymphocytic pleocytosis. The specific antiviral treatment involves:
<variant> Ribonuclease
<variant> Proserin
<variant> Erythromycin
<variant> Streptokinase
<variant> Penicillin
<question> A 48-year-old man presents with increased oiliness of the skin on the face and scalp, amimia, weak convergence, pronounced stiffness in all limbs, increased muscle tone of the "cogwheel" type (more pronounced in the legs), hand tremor, slow speech, monotonous quiet voice, and a shuffling gait. History: two years ago he had a respiratory viral infection with significant drowsiness and fever. The most likely neurochemical change in the brain is:
<variant> Decreased dopamine levels
<variant> Increased dopamine levels
<variant> Increased norepinephrine levels
<variant> Decreased glutamate levels
<variant> Increased serotonin levels
<question> A 32-year-old woman, a teacher, complains of decreased vision and double vision, fatigue, distraction, headaches, dizziness, poor sleep, irritability, and tearfulness. Examination reveals absence of abdominal reflexes and vestibular disturbances. Fundus exam: temporal pallor of the optic disc. The most likely form of suspected multiple sclerosis is:
<variant> Optic
<variant> Brainstem
<variant> Cerebellar
<variant> Spinal
<variant> Cerebrospinal
<question> A 15-year-old boy developed symptoms of cerebral syndrome, meningeal syndrome, bulbar paralysis, spastic paraparesis, and cerebellar ataxia after a viral infection. The most likely diagnosis is:
<variant> Acute disseminated encephalomyelitis (ADEM)
<variant> Multiple sclerosis
<variant> Poliomyelitis
<variant> Meningococcal meningitis
<variant> Enteroviral meningitis
<question> A 21-year-old student developed an epileptic seizure against a background of behavioral changes, followed by a psychotic state with hallucinations and delusions. Fundus exam shows signs of congestion. CSF shows protein-cell dissociation. MRI shows diffuse demyelination in brain lobes and the corpus callosum. The most likely diagnosis is:
<variant> Schilder's leukoencephalitis
<variant> Multiple sclerosis
<variant> Hemorrhagic stroke
<variant> Brain tumor
<variant> Acute disseminated encephalomyelitis (ADEM)
<question> A 20-year-old man is found on examination to have horizontal nystagmus, ataxic gait, instability in Romberg’s position, absence of abdominal reflexes, intention tremor, hyperactive knee reflexes, and foot clonus. The most appropriate treatment is:
<variant> Glucocorticoids
<variant> Cytostatics
<variant> Tranquilizers
<variant> Antibiotics
<variant> Estrogenic steroid agents
<question> A 35-year-old woman is found on examination to have horizontal nystagmus, dysarthria, euphoria, urgency to urinate, paresthesias in the legs, spastic paresis of the lower limbs, and absence of abdominal reflexes. After treatment, all symptoms resolved. In the remission phase, the most appropriate treatment is:
<variant> Beta-interferon
<variant> Alpha-interferon
<variant> Hormonal drugs
<variant> Antihypertensive drugs
<variant> Antiplatelet agents
<question> A 40-year-old woman was admitted to the clinic complaining of dizziness and unsteadiness while walking. Objectively: blood

pressure up to 210/130 mmHg, nystagmus when looking to the sides, instability in the Romberg position, and ataxia on finger-nose and heel-knee tests on both sides. After 10 minutes, all pathological signs regressed. The most probable diagnosis is:
<variant> Transient ischemic attack in the vertebrobasilar circulation
<variant> Hypertensive cerebral crisis
<variant> Acute hypertensive encephalopathy
<variant> Transient ischemic attack in the middle cerebral artery territory
<variant> Transient ischemic attack in the anterior cerebral artery territory
<question> A 45-year-old woman was admitted to the hospital with complaints of increasing headache, nausea, vomiting, and visual disturbances (“floaters”). Objectively: stupor, cranial nerves are unremarkable, reflexes symmetrically increased, Babinski sign on both sides. MRI: ventricles of the brain are dilated. CSF: clear, opening pressure 300 mmH_2O, no changes in composition. Fundoscopy: dilated veins. The most probable diagnosis is:
<variant> Acute hypertensive encephalopathy
<variant> Hypertensive cerebral crisis
<variant> Subarachnoid hemorrhage
<variant> Ischemic stroke
<variant> Mixed stroke
<question> A 55-year-old man, against a background of elevated BP up to 180/100 mmHg, developed headache, nausea, and dizziness. Objectively: conscious, symmetrical face, tongue midline. Reflexes are symmetrically increased. No coordination disturbances. MRI: brain ventricles are symmetrically dilated. The most probable diagnosis is:
<variant> Hypertensive crisis
<variant> Ischemic stroke
<variant> Transient ischemic attack
<variant> Acute hypertensive encephalopathy
<variant> Early manifestations of cerebrovascular insufficiency
<question> A 45-year-old man developed weakness in his right leg and clumsiness against a background of BP rise to 140/90 mmHg, lasting 20 minutes. Upon admission: symmetrical face, tongue midline. Right leg monoparesis with hyperreflexia and Babinski sign. After 20 minutes, leg strength returned to normal, reflexes are symmetric, no pathological signs. The most appropriate etiological therapy is:
<variant> Nootropics
<variant> Coagulants
<variant> Anticoagulants
<variant> Anticonvulsants
<variant> Anticholinesterase agents
<question> A 60-year-old woman complains of memory decline, fatigue, dull headaches, non-systemic dizziness, poor sleep, tearfulness, and difficulty shifting from one activity to another. Objectively: depressed mood, intact intellect, distractibility, irritability, oral automatism signs, hyperreflexia. The most appropriate etiological therapy is:
<variant> Neurometabolic agents
<variant> Diuretics
<variant> Coagulants
<variant> Antiplatelet agents
<variant> Antihypertensive drugs
<question> In an 80-year-old woman, neurological examination revealed: right-sided hyperreflexia, Babinski sign on the right, plastic hypertonia, facial hypomimia, quiet and slow speech. The most appropriate medication for her is:
<variant> Antihypoxants
<variant> Anabolics
<variant> Coagulants
<variant> Antiviral agents
<variant> Anticholinesterase agents
<question> For chronic neuropathic pain, the most appropriate medication is:
<variant> Anticonvulsants
<variant> NSAIDs
<variant> Vitamins
<variant> Analgesics
<variant> Antispasmodics
<question> A 44-year-old man with a history of chronic alcoholism complains of burning pain and weakness in the hands and feet. Examination reveals sensory disturbance in a “glove and stocking” distribution. The most probable diagnosis is:
<variant> Polyneuropathy
<variant> Neurosis
<variant> Neuralgia

<variant> Mononeuropathy
<variant> Tunnel syndrome
<question> A 32-year-old man, who has been taking anti-tuberculosis drugs for a long time, began to notice weakness in his arms and legs. On examination, there is sensory disturbance in a “glove and stocking” distribution, decreased strength, hypotrophy, and hypotonia in the distal parts of the limbs. The most probable diagnosis is:
<variant> Polyneuropathy
<variant> Neurosis
<variant> Neuralgia
<variant> Mononeuropathy
<variant> Tunnel syndrome
<question> A 30-year-old man presents with facial asymmetry: on the left side, the forehead and nasolabial fold are smoothed, the corner of the mouth is drooping, unable to perform facial expressions, and on attempting to tightly close the eyes, the left eyeball rolls upward, with visible sclera (“Bell’s phenomenon”), tearing from the left eye, left palpebral fissure wider than the right, infrequent blinking on the left, and loss of taste on the anterior two-thirds of the tongue on the left. The most likely preliminary diagnosis is:
<variant> Left-sided facial nerve neuropathy
<variant> Left-sided trigeminal neuralgia
<variant> Left-sided trigeminal nerve neuropathy
<variant> Left-sided glossopharyngeal nerve neuropathy
<variant> Left-sided oculomotor nerve neuropathy
<question> A 65-year-old woman suddenly developed speech disturbance (“slurred speech”) and weakness in her right limbs. Upon examination one month after onset: tongue deviates to the left on protrusion, atrophy of the left half of the tongue, decreased strength and movement in the right limbs (3 out of 5), hyperactive tendon reflexes and Babinski sign on the right. The most likely neurological syndrome is:
<variant> Jackson syndrome
<variant> Weber syndrome
<variant> Millard–Gubler syndrome
<variant> Foville syndrome
<variant> Wallenberg–Zakharchenko syndrome
<question> A 52-year-old woman complains of numbness, tingling, and pain in her hands, especially on the palmar surface of the first three fingers. The pain has been present for five years and gradually worsening. It intensifies during sleep and with hand activity (ironing, knitting). Over the past year, weakness and wasting of the hands have developed. On examination, bilateral hypotrophy of the thenar muscles, weakness in thumb abduction and opposition, weakness in flexion of the first three fingers, positive Tinel’s sign, and decreased sensation (all modalities) on the palmar surface of the first three fingers are noted. The most likely diagnosis is:
<variant> Median nerve neuropathy
<variant> Plexitis
<variant> Polyneuropathy
<variant> Radial nerve neuropathy
<variant> Ulnar nerve neuropathy
<question> A 43-year-old man, a plumber, noticed weakness in his right hand in the morning after sleep. The previous evening, he had consumed a large amount of alcohol and fell asleep at the end of the gathering. On examination, there is weakness of wrist and finger extensors, brachioradialis muscle, weakness of thumb extension and abduction, decreased sensation in the anatomical snuffbox, and reduced triceps reflex. The most likely preliminary diagnosis is:
<variant> Right radial nerve neuropathy
<variant> Right Dejerine–Klumpke plexitis
<variant> Right median nerve neuropathy
<variant> Right Duchenne–Erb plexitis
<variant> Ulnar nerve neuropathy
<question> A 38-year-old man complains of numbness along the medial surface of the left forearm, hand, and little finger. Neurological examination of the left hand reveals: decreased sensation of all types along the inner surface of the forearm, hand, little finger, and ring finger; hypotrophy of the hypothenar and interosseous muscles; decreased strength in the flexors of the little and ring fingers and in the muscle that abducts the little finger. The most likely preliminary diagnosis is:
<variant> Left ulnar nerve neuropathy

<variant> Left radial nerve neuropathy
<variant> Left Dejerine–Klumpke plexitis
<variant> Left median nerve neuropathy
<variant> Left Duchenne–Erb plexitis
<question> A 22-year-old man complains of pain in the right gluteal region radiating along the posterolateral surface of the thigh and leg, as well as numbness, tingling in the foot, and weakness in the foot. The day before, he fell asleep sitting on a chair while intoxicated, and afterward, these complaints developed. On examination: tenderness on palpation of the right piriformis muscle, positive Lasègue sign on the right, decreased sensation of all types along the outer surface of the leg and foot on the right, weakness in the muscles responsible for both dorsiflexion and plantarflexion of the right foot, and absence of the right Achilles reflex. Your clinical diagnosis:
<variant> Right sciatic nerve neuropathy
<variant> Right plexitis
<variant> Right femoral nerve neuropathy
<variant> Right tibial nerve neuropathy
<variant> Right peroneal nerve neuropathy
<question> Muscle hypotrophy is characteristic of a lesion of the:
<variant> Peripheral motor neuron
<variant> Central motor neuron
<variant> Cerebellum
<variant> Corticonuclear pathway
<variant> Spinal ganglion
<question> Pathological reflexes are characteristic of damage to the:
<variant> Central motor neuron
<variant> Peripheral motor neuron
<variant> Cerebellum
<variant> Spinal ganglion
<variant> Anterior root
<question> Deep tendon reflexes in peripheral motor neuron damage:
<variant> Decrease
<variant> Increase
<variant> Remain unchanged
<variant> Disappear
<variant> Are accompanied by pathological reflexes
<question> Cerebrospinal fluid is produced by:
<variant> Choroid plexuses of the brain ventricles
<variant> Pacchionian granulations
<variant> Arachnoid mater
<variant> Pia mater
<variant> Dura mater
<question> Signs of internal capsule lesion:
<variant> Hemiparesis
<variant> Paraparesis
<variant> Lagophthalmos
<variant> Monoplegia
<variant> Tetraparesis
<question> Signs of pyramidal tract damage:
<variant> Increased muscle tone
<variant> Decreased muscle tone
<variant> Decreased tendon reflexes
<variant> Pathological reflexes
<variant> Increased skin reflexes
<question> Signs of anterior horn damage of the spinal cord:
<variant> Fibrillar twitching
<variant> Pathological reflexes
<variant> Muscle hypertrophy
<variant> Pathological synkineses
<variant> Increased tendon reflexes
<question> Signs of anterior horn damage of the spinal cord:
<variant> Muscle atrophy
<variant> Increased tendon reflexes
<variant> Clonus
<variant> Muscle hypertrophy
<variant> Muscle hypertonia
<question> Signs of anterior horn damage of the spinal cord:
<variant> Absence of tendon reflexes
<variant> Muscle hypertonia
<variant> Increased tendon reflexes
<variant> Clonus
<variant> Muscle hypertrophy

<question> Signs of anterior horn damage of the spinal cord:
<variant> Muscle hypotonia
<variant> Pathological reflexes
<variant> Muscle hypertonia
<variant> Increased tendon reflexes
<variant> Clonus
<question> Signs of peripheral motor neuron damage:
<variant> Muscle hypotrophy
<variant> Spastic tone
<variant> Muscle hypertonia

<variant> Increased tendon reflexes
<variant> Pathological reflexes
<question> Ptosis is observed when which cranial nerve is affected:
<variant> III
<variant> V
<variant> VII
<variant> IV
<variant> VI
<question> Dysphagia is...
<variant> A swallowing disorder
<variant> A speech disorder
<variant> A personality disorder
<variant> A stomach disorder
<variant> An intestinal disorder
<question> Dysarthria occurs with damage to which cranial nerve pair:
<variant> XII cranial nerve pair
<variant> XI cranial nerve pair
<variant> V cranial nerve pair
<variant> III cranial nerve pair
<variant> X cranial nerve pair
<question> Swallowing disorders occur with damage to the muscles of the:
<variant> Soft palate
<variant> Masticatory muscles
<variant> Orbicularis oculi
<variant> Facial muscles
<variant> Orbicularis oris
<question> Bulbar paralysis is characterized by the following symptoms:
<variant> Absence of the pharyngeal reflex
<variant> Increased pharyngeal reflex
<variant> Involuntary crying and laughter
<variant> Snout reflex
<variant> Tongue hypertrophy
<question> A sign characteristic of facial nerve damage:
<variant> Smoothing of the forehead and nasolabial folds
<variant> Dysphagia
<variant> Ptosis
<variant> Marinescu–Radovici sign
<variant> Dysphonia
<question> A sign characteristic of oculomotor nerve damage:
<variant> Divergent strabismus
<variant> Miosis
<variant> Limited outward eye movement
<variant> Convergent strabismus
<variant> Downward diplopia

<question> Cerebellar damage causes movement disorders in the form of:
<variant> Ataxia
<variant> Paresis
<variant> Hyperkinesis
<variant> Mydriasis
<variant> Monoparesis
<question> Muscle tone in cerebellar lesions:
<variant> Decreases
<variant> Increases
<variant> Does not change
<variant> Disappears
<variant> Accelerates
<question> Hyperkinesias occur when which area is affected:
<variant> Extrapyramidal system
<variant> Pyramidal system
<variant> Temporal lobe cortex
<variant> Brainstem
<variant> Caudate nucleus
<question> What occurs with extrapyramidal system lesion
<variant> akinesia
<variant> hypesthesia
<variant> apraxia
<variant> paresis
<variant> hemianopsia
<question> What is the characteristic speech with cerebellar lesion
<variant> scanning speech
<variant> dysarthric speech
<variant> aphonia
<variant> monotonous
<variant> like «word diarrhea»
<question> Muscle tone in pallido-nigral syndrome is primarily:
<variant> hypertonia
<variant> dysmetria
<variant> hypotonia
<variant> unchanged
<variant> combined with paresis
<question> Symptoms not characteristic for cerebellar lesion:
<variant> dysarthria
<variant> scanning speech
<variant> dysmetria

<variant> atonia
<variant> ataxia
<question> Sensory disturbances with internal capsule lesion manifest as:
<variant> hemianesthesia
<variant> monoanesthesia
<variant> phantom pain
<variant> paresthesia
<variant> radicular pain\
<question> Sensory disturbances with lesion of the posterior columns of the spinal cord include:
<variant> vibration
<variant> temperature
<variant> tactile
<variant> pain
<variant> radicular
<question> What type of ataxia occurs with lesion of the thalamus
<variant> sensory
<variant> dynamic
<variant> cerebellar
<variant> vestibular
<variant> frontal
<question> Which symptoms are most characteristic of «polyneuritic» sensory disturbance
<variant> limb pain
<variant> sensory disturbance in corresponding dermatomes
<variant> vestibular disorders
<variant> meningeal disorders
<variant> hemianesthesia
<question> With lesion of the Gasserian (trigeminal) ganglion, the following are observed:
<variant> sensory disturbances along branches of the V nerve and herpetic rash
<variant> sensory disturbances along segments of the V nerve and herpetic rash
<variant> hemianesthesia
<variant> herpetic rash without sensory disturbance
<variant> facial paresis
<question> Which is not characteristic of hypothalamic area lesion
<variant> hemiparesis
<variant> thermoregulation disturbance
<variant> sleep-wake disorders
<variant> neuroendocrine disorders
<variant> increased blood pressure
<question> Which symptom does not belong to meningeal symptoms
<variant> Lasegue’s sign
<variant> neck muscle rigidity
<variant> Kernig’s sign
<variant> Brudzinski’s sign
<variant> Lessage’s sign
<question> Which symptom belongs to meningeal symptoms
<variant> neck muscle rigidity
<variant> Oppenheim’s sign
<variant> Gordon’s sign
<variant> Bauer’s sign
<variant> Babinski’s sign
<question> Involuntary finger movements in the form of "counting coins" or "rolling pills" are observed in:
<variant> Parkinsonism syndrome
<variant> spastic torticollis
<variant> intention tremor
<variant> chorea
<variant> athetosis
<question> The generalized brain symptom includes:
<variant> headache
<variant> speech disorders
<variant> short-term memory impairment
<variant> semantic aphasia
<variant> visual hallucinations
<question> Involuntary twisting, rotational movements, hyperkinesia that intensify with movement are characteristic of:
<variant> torsion dystonia
<variant> choreic hyperkinesia
<variant> athetosis
<variant> choreoathetosis
<variant> hemiballismus
<question> A patient has deep sensation impairment of the conduction type in the right leg, characteristic for lesion of the … .
<variant> Goll’s fasciculus
<variant> peripheral nerve
<variant> posterior root
<variant> posterior horn
<variant> spinothalamic tract
<question> Segmental type disorder of all types of sensation with pain syndrome in the affected segment is observed with lesion of:
<variant> posterior root
<variant> peripheral nerve
<variant> posterior horn
<variant> spinothalamic tract
<variant> Goll’s fasciculus

<question> Complex type of sensation is:
<variant> stereognostic sense
<variant> joint-muscle sense
<variant> vibration sensitivity
<variant> temperature sensitivity
<variant> pain sensitivity
<question> Conduction-type disorder of superficial sensation develops with lesion of:
<variant> spinothalamic tract
<variant> posterior horn
<variant> peripheral nerve
<variant> posterior root
<variant> Goll's fasciculus
<question> Horner's syndrome is characterized by:
<variant> narrowing of the palpebral fissure
<variant> widening of the palpebral fissure
<variant> convergent strabismus
<variant> divergent strabismus
<variant> weakness of convergence
<question> A tension symptom includes:
<variant> Lasegue's sign
<variant> Babinski's sign
<variant> Rossolimo's sign
<variant> Brudzinski's sign
<variant> Grossman's sign
<question> Trigeminal neuralgia is characterized by the presence of … .
<variant> trigger zones
<variant> Zakharin-Ged zones
<variant> optic chiasm zones
<variant> hypothalamic zones
<variant> basal nuclei zones
<question> "Claw hand" is characteristic of nerve lesion:
<variant> ulnar nerve
<variant> radial nerve
<variant> median nerve
<variant> femoral nerve
<variant> sciatic nerve
<question> Knee reflex is lost with lesion of the nerve:
<variant> femoral nerve
<variant> radial nerve
<variant> ulnar nerve
<variant> median nerve
<variant> sciatic nerve
<question> Foot drop is characteristic of lesion of the nerve:
<variant> common peroneal nerve
<variant> ulnar nerve
<variant> femoral nerve
<variant> tibial nerve
<variant> median nerve
<question> "Steppage gait" ("cock gait") is observed with lesion of the nerve:
<variant> common peroneal nerve
<variant> tibial nerve
<variant> femoral nerve
<variant> ulnar nerve
<variant> radial nerve
<question> Polyneuropathy is lesion of:
<variant> multiple nerves
<variant> roots
<variant> single nerve
<variant> ganglia
<variant> plexuses
<question> For polyneuropathies, the characteristic gait is:
<variant> "steppage"
<variant> ataxic
<variant> hemiparetic
<variant> "puppet-like"
<variant> sparing
<question> Duration of a painful attack in trigeminal neuralgia:
<variant> from several seconds to several minutes
<variant> several hours
<variant> from several hours up to 12 hours
<variant> up to 24 hours
<variant> several days
<question> With lesion of the peripheral motor neuron, muscle trophism is:
<variant> decreased
<variant> increased
<variant> unchanged
<variant> combined with hypertonia
<variant> combined with hyperreflexia
<question> Posture depends on normal functioning of:
<variant> cerebellum
<variant> thalamus
<variant> caudate nucleus
<variant> substantia nigra
<variant> locus coeruleu
<question> With lesion of Gasserian ganglion, there is ... .
<variant> decrease of all types of sensation and herpetic eruptions on the ipsilateral side of the face
<variant> central paralysis of the mimic muscles
<variant> decrease of superficial sensation on the

ipsilateral side
<variant> paralysis of the masticatory muscles
<variant> peripheral paralysis of the mimic muscles
<question> A patient has shooting paroxysmal pains in the right fronto-parietal part of the head, in the right eyeball, hypesthesia in these zones, decreased corneal reflex on the right. The most likely pathological focus is located ... .
<variant> in the 1st branch of the trigeminal nerve
<variant> in the upper branches of the facial nerve
<variant> in the oculomotor nerve
<variant> in the nucleus of the spinal tract of the trigeminal nerve
<variant> in the midbrain nucleus
<question> Cervical enlargement is formed by ... .
<variant> cervical segments V-VII and thoracic segments I-II
<variant> cervical segments I-VII
<variant> sacral segments III-V and coccygeal segments
<variant> lumbar segments I-V and sacral segments I-II
<variant> thoracic segments X-XII and lumbar segments I-V

<question> The midbrain includes ... .
<variant> red nuclei
<variant> nuclei of the abducens nerve
<variant> nuclei of the trochlear nerve
<variant> nuclei of the oculomotor nerve
<variant> pyramidal tract

<question> Wallenberg-Zakharchenko syndrome is not characterized by ... .
<variant> hemiplegia
<variant> ptosis, miosis, enophthalmos
<variant> dysphonia, dysphagia
<variant> alternating hemianesthesia
<variant> vestibular ataxia
<question> With lesion of the small-cell nuclei of the oculomotor nerve, the following are not characteristic …
<variant> miosis
<variant> reflex pupil immobility
<variant> absence of pupil light reflex
<variant> enophthalmos
<variant> mydriasis
<question> Gait in Parkinson’s syndrome is ... .
<variant> shuffling, with small steps
<variant> spastic
<variant> spastic-ataxic
<variant> hemiparetic
<variant> ataxic
<question> Frontal ataxia is characterized by … .
<variant> instability on the side of the lesion
<variant> instability on the side opposite to the lesion, paresis of limbs on the side opposite to the lesion
<variant> paresis on the side of the lesion, vision control
<variant> absence of vision control
<variant> paresis on the side of the lesion
<question> Sensory ataxia is characterized by ... .
<variant> occurs with lesion of the fasciculi of Goll and Burdach, the patient watches their own gait, walks with raised legs, poorly feels the ground underfoot
<variant> hypotonia
<variant> lesion of Flechsig’s pathways
<variant> paresis on the contralateral side of the lesion
<variant> absence of vision control
<question> Spinal ataxia includes ... .
<variant> sensory
<variant> frontal
<variant> cerebellar
<variant> vestibular
<variant> temporal
<question> In motor aphasia, the patient ... .
<variant> understands words but cannot speak
<variant> does not understand words and cannot speak
<variant> can speak but does not understand words
<variant> can speak but words are scanned
<variant> can speak but cannot pronounce consonants
<question> Astereognosis is associated with damage to … .
<variant> parietal lobe
<variant> occipital lobe
<variant> temporal lobe

<variant> frontal lobe
<variant> cerebellum
<question> Patients with sensory aphasia exhibit disturbances in:
<variant> speech comprehension
<variant> hearing
<variant> vision
<variant> speech reproduction
<variant> motor function
<question> A patient with amnestic aphasia has impaired ability to:
<variant> name an object
<variant> perceive external stimuli
<variant> describe properties and purpose of an object
<variant> identify an object by touch
<variant> perceive hearing
<question> A patient with apraxia has impaired purposeful actions due to:
<variant> disturbance of action sequence and schema
<variant> sensory aphasia
<variant> paresis
<variant> disturbance of speed and smoothness of action
<variant> hearing impairment
<question> Constructive apraxia is described as … .
<variant> inability to assemble a whole from parts
<variant> inability to create and implement an action program
<variant> inability to imitate indicated actions
<variant> inability to complete an action due to lack of coordination
<variant> inability to perform actions due to stereognosis disturbance
<question> In discogenic radiculitis, it is not recommended to prescribe:
<variant> antiplatelet agents
<variant> strict bed rest and traction therapy
<variant> diuretics
<variant> muscle relaxants and sedatives
<variant> novocaine blockades
<question> Causes of polyneuropathy include:
<variant> diabetes mellitus
<variant> kidney diseases
<variant> rheumatism
<variant> pernicious anemia
<variant> hypertension
<question> Loss of all types of sensation in the area of the lower eyelid and upper lip is observed with lesion of:
<variant> 2nd branch of the trigeminal nerve
<variant> 1st branch of the trigeminal nerve
<variant> 3rd branch of the trigeminal nerve
<variant> middle part of the nucleus of the descending root of the trigeminal nerve
<variant> lower part of the nucleus of the descending root of the trigeminal nerve
<question> Resting hand tremor, symptoms like "air cushion" are observed in … .
<variant> Parkinsonism syndrome
<variant> spastic torticollis
<variant> intention tremor
<variant> chorea
<variant> athetosis
<question> Involuntary movements with changing localization, sometimes in the face, sometimes in the shoulder, sometimes in the hand – this is … .
<variant> chorea
<variant> resting tremor
<variant> spastic torticollis
<variant> intention tremor
<variant> athetosis
<question> An indication for traction therapy in cervical osteochondrosis is syndrome:
<variant> reflex muscle-tonic
<variant> instability of the vertebral segment
<variant> spinal circulation disorder
<variant> sharply expressed radicular pain syndrome
<variant> vertebrobasilar insufficiency
<question> The limbic-reticular complex does not include:
<variant> substantia nigra (black substance)
<variant> hippocampus
<variant> amygdala
<variant> mammillary bodies
<variant> reticular formation
<question> Attacks of finger tip blanching followed by cyanosis are characteristic of:
<variant> Raynaud's disease
<variant> Guillain-Barré polyneuropathy
<variant> Tolosa-Hunt syndrome
<variant> Wegener's granulomatosis
<variant> multiple sclerosis
<question> Computed tomography (CT) of the brain does not allow:

<variant> differentiation of tumor histological structure
<variant> differentiation of gray and white matter
<variant> assessment of cerebrospinal fluid pathways
<variant> determination of ischemic and hemorrhagic areas
<variant> determination of perifocal edema zone
<question> The patient frowns, distorts his face, movements are sharp, increase with excitement, calm down when falling asleep, these signs are characteristic of … .
<variant> choreic hyperkinesis
<variant> athetosis
<variant> myoclonus
<variant> tics
<variant> hemiballismus
<question> Involuntary rotational movements, increased hyperkinesia during movement, are characteristic signs of … .
<variant> torsion dystonia
<variant> choreic hyperkinesis
<variant> athetosis
<variant> choreoathetosis
<variant> hemiballismus
<question> The patient has symmetric dissociated sensory loss in the form of a girdle, characteristic for lesion of:
<variant> anterior gray commissure
<variant> posterior horn
<variant> spinothalamic tract
<variant> posterior root
<variant> dorsal column (Goll's tract)
<question> Lesion of the posterior roots causes a type of:
<variant> radicular
<variant> polyneuritic
<variant> mononeuropathic
<variant> conductive
<variant> spinal-segmental
<question> Peripheral type of sensory disorder develops with lesion of:
<variant> peripheral nerves
<variant> posterior horn
<variant> brainstem
<variant> dorsal column (Goll's tract)
<variant> spinothalamic tract
<question> Pain and temperature anesthesia, as well as tactile hypesthesia on the right below the mastoid line, is a type of:
<variant> conductive
<variant> peripheral
<variant> segmental
<variant> segmental-dissociated
<variant> cortical
<question> The pyramidal tract passes through:
<variant> anterior two-thirds of the internal capsule
<variant> posterior third of the internal capsule
<variant> globus pallidus
<variant> thalamus
<variant> cerebellum
<question> The flexor pathological symptoms include:
<variant> Rossolimo
<variant> Babinski
<variant> Oppenheim
<variant> Gordon
<variant> Schaeffer
<question> The arc of the Achilles reflex passes through:
<variant> S1 - S2
<variant> C4 - C5
<variant> C7 - C8
<variant> D5 - D6
<variant> L2 - L3
<question> To excite the sympathetic part of the autonomic nervous system, the drug required is:
<variant> adrenaline
<variant> ergotamine
<variant> acetylcholine
<variant> atropine
<variant> kordiamin
<question> To excite the parasympathetic part of the autonomic nervous system, the drug required is:
<variant> acetylcholine
<variant> ergotamine
<variant> adrenaline
<variant> atropine
<variant> kordiamin
<question> A clinical symptom of Horner's syndrome is ... .
<variant> narrowing of the palpebral fissure
<variant> widening of the palpebral fissure
<variant> convergent strabismus

<variant> divergent strabismus
<variant> weakness of convergence
<question> To assess the state of the autonomic nervous system, it is not characteristic to use:
<variant> Babinski reflex
<variant> orthostatic reflex
<variant> Danini-Aschner pupillocardiac reflex
<variant> dermographism
<variant> pilo-motor reflex
<question> A common cause of spinal root compression is:
<variant> disc herniation
<variant> myelitis
<variant> encephalomyelopolyradiculoneuritis
<variant> spinal circulation disorder
<variant> pelvic organ tumor
<question> A symptom of tension includes the symptom:
<variant> Neri
<variant> Kernig
<variant> Oppenheim
<variant> Zhukovsky
<variant> Gordon
<question> A symptom of tension includes the symptom:
<variant> Sikar
<variant> Lasègue
<variant> Gordon
<variant> Schaeffer
<variant> Rossolimo
<question> A symptom of tension includes the symptom:
<variant> Wassermann
<variant> Argyll-Robertson
<variant> Bell
<variant> Grossman
<variant> Oppenheim
<question> For diagnosis of lumbosacral radiculitis, the following is not used:
<variant> electroencephalography
<variant> radiography
<variant> MRI
<variant> myelography
<variant> computed tomography
<question> The following are not characteristic for trigeminal neuralgia:
<variant> drooping of the corner of the mouth
<variant> painful paroxysms
<variant> painful tics
<variant> trigger zones
<variant> autonomic manifestations
<question> Painful paroxysms of trigeminal neuralgia are not provoked by:
<variant> falling asleep
<variant> eating
<variant> talking
<variant> coughing
<variant> washing face
<question> Trigeminal neuralgia needs to be differentiated from:
<variant> neuralgia of acute pulpitis
<variant> facial nerve neuropathy
<variant> acute otitis
<variant> hypoglossal nerve lesion
<variant> olfactory nerve lesion
<question> Characteristic sign of oculomotor nerve lesion:
<variant> divergent strabismus
<variant> miosis
<variant> limitation of inward movement of the eyeball
<variant> convergent strabismus
<variant> descending diplopia
<question> Symptoms characteristic of Weber's alternating syndrome:
<variant> divergent strabismus
<variant> miosis
<variant> convergent strabismus
<variant> lagophthalmos
<variant> paraparesis
<question> Generalized dryness of mucous membranes (oral cavity, eyes) occurs in ... .
<variant> Sjögren's syndrome
<variant> stomatitis
<variant> trigeminal neuralgia
<variant> facial nerve neuropathy
<variant> Rossolimo-Melkerson-Rosenthal syndrome
<question> Treatment of Sjögren's syndrome includes the use of ... .
<variant> pilocarpine
<variant> atropine
<variant> actovegin
<variant> nitroglycerin
<variant> etamsylate sodium
<question> Characteristic for facial nerve lesion:
<variant> lagophthalmos
<variant> burning pain in one half of the face

<variant> weakness of masticatory muscles
<variant> hypoacusis
<variant> nasal congestion
<question> Sensitivity is impaired with lesions of the posterior horns:
<variant> exteroceptive
<variant> two-dimensional-spatial
<variant> proprioceptive
<variant> interoceptive
<variant> stereognostic
<question> Sensitivity is impaired with lesions of the posterior horn:
<variant> temperature and pain
<variant> tactile and temperature
<variant> two-dimensional-spatial
<variant> pain and tactile
<variant> stereognostic
<question> Astasia-abasia occurs with damage to the ... .
<variant> frontal lobes
<variant> thalamus
<variant> caudate nucleus
<variant> cerebellum
<variant> locus coeruleus
<question> Symptoms of facial nerve paresis:
<variant> smoothing of the forehead and nasolabial folds, hypoacusis
<variant> dysphagia
<variant> ptosis
<variant> Marinescu-Radovici symptoms
<variant> dysphonia
<question> Cerebellar damage can lead to ... .
<variant> dysmetria, ataxia
<variant> paresis
<variant> hyperkinesia
<variant> mydriasis
<variant> neuropathies
<question> Polyneuropathy is ... .
<variant> "glove and stocking" symptom
<variant> mononeuropathy
<variant> hemiparesis
<variant> "hand puppet" symptom
<variant> monoparesis
<question> Cerebral conduction type of superficial sensitivity disorder develops with damage to:
<variant> thalamus
<variant> lateral column of the spinal cord
<variant> peripheral nerve
<variant> posterior root
<variant> Goll's fasciculus
<question> Superficial type of sensitivity is:
<variant> pain sensitivity
<variant> stereognostic sensation
<variant> joint-muscle sensation
<variant> vibration sensitivity
<variant> vascular wall
<question> The segmental type of all kinds of sensory disorders accompanied by pain syndromes in the affected segment is called ...
<variant> dissociated anesthesia
<variant> peripheral nerve
<variant> posterior horn
<variant> spinal cord
<variant> Goll's para
<question> Distal resting hand tremor, "air cushion" symptoms – this is ...
<variant> parkinsonism syndrome
<variant> spastic deformity
<variant> intention tremor
<variant> chorea
<variant> athetosis
<question> Writing in a patient with lesion of the pallido-nigral system:
<variant> micrographia
<variant> macrographia
<variant> unchanged
<variant> megagraphia
<variant> mixed
<question> Speech in lesion of the pallido-nigral system:
<variant> calm monotonous
<variant> scanned
<variant> dysarthria
<variant> hyperactive
<variant> aphasia
<question> Gait in lesion of the pallido-nigral system:
<variant> shuffling, small steps
<variant> spastic
<variant> spastic-ataxic
<variant> hemiparetic
<variant> normal
<question> Pathological reflex found in the legs is called the … reflex
<variant> Babinski
<variant> Quickenstedt
<variant> Babkin

<variant> Bekhterev
<variant> Argyll Robertson
<question> Pathological extensor reflex is:
<variant> Babinski reflex
<variant> Bekhterev reflex
<variant> Zhukovsky reflex
<variant> Rossolimo reflex
<variant> Hirschberg reflex
<question> Pathological extensor reflex is:
<variant> Oppenheim reflex
<variant> Bekhterev reflex
<variant> Zhukovsky reflex
<variant> Rossolimo reflex
<variant> Hirschberg reflex
<question> Pathological extensor reflex is:
<variant> Schaeffer reflex
<variant> Bekhterev reflex
<variant> Zhukovsky reflex
<variant> Rossolimo reflex
<variant> Hirschberg reflex
<question> Pathological extensor reflex is:
<variant> Chaddock reflex
<variant> Bekhterev reflex
<variant> Zhukovsky reflex
<variant> Rossolimo reflex
<variant> Hirschberg reflex
<question> Pathological extensor reflex is:
<variant> Posse reflex
<variant> Bekhterev reflex
<variant> Zhukovsky reflex
<variant> Rossolimo reflex
<variant> Hirschberg reflex
<question> Pathological flexor reflex refers to the reflex:
<variant> Rossolimo
<variant> Posse
<variant> Babinski
<variant> Chaddock
<variant> Oppenheim
<question> Pathological flexor reflex refers to the reflex:
<variant> Bekhterev's floor
<variant> Posse
<variant> Babinski
<variant> Chaddock
<variant> Oppenheim
<question> Pathological flexor reflex refers to the reflex:
<variant> lower Zhukovsky
<variant> Posse
<variant> Babinski
<variant> Chaddock
<variant> Oppenheim
<question> Pathological flexor reflex refers to the reflex:
<variant> Hirschberg
<variant> Posse
<variant> Babinski
<variant> Chaddock
<variant> Oppenheim
<question> To study cerebellar function, we use the test ... .
<variant> finger-to-nose test
<variant> Posse
<variant> Babinski
<variant> Chaddock
<variant> Oppenheim
<question> Symptoms of brain dysfunction include:
<variant> asymmetry
<variant> hypoglycemia
<variant> "exclamation mark"
<variant> hypertrophy
<variant> diplopia
<question> Symptoms of brain dysfunction include:
<variant> megagraphia
<variant> micrographia
<variant> "exclamation mark"
<variant> hypertrophy
<variant> astereognosis
<question> Symptoms of brain dysfunction include:
<variant> static ataxia
<variant> frontal ataxia
<variant> sensory ataxia
<variant> vestibular ataxia
<variant> astereognosis
<question> Symptoms of brain dysfunction include:
<variant> dynamic ataxia
<variant> frontal ataxia
<variant> sensory ataxia
<variant> vestibular ataxia
<variant> astereognosis
<question> Symptoms of brain dysfunction include:
<variant> Babinski's asynergia
<variant> micrographia
<variant> "exclamation mark"

<variant> hypertrophy
<variant> vestibular ataxia
<question> The following instrumental examination method is used to detect peripheral nerve lesions:
<variant> electroneuromyography
<variant> echoencephalography
<variant> rheoencephalography
<variant> electroencephalography
<variant> Doppler ultrasound of brain vessels
<question> A patient diagnosed with coordination disorder, swaying while walking. Right-sided intention tremor in finger-to-nose and heel-to-knee tests. Instability in Romberg's position, leaning to the right. Determine the current localization: ... .
<variant> right cerebellar hemisphere
<variant> right semi-horizontal part of the spinal cord
<variant> posterior part of the spinal cord
<variant> horizontal spinal cord
<variant> cerebellar vermis
<question> At a 12-year-old girl with chronic angina, joint and heart pains appeared, hyperkinesias as "authoritative gait", decreased muscle tone. What is the prognosis:
<variant> rheumatic chorea
<variant> Huntington's chorea
<variant> Parkinson's disease
<variant> dystonia
<variant> Thomson's disease
<question> A 25-year-old man admitted with chorea, hyperkinesias, gait disturbance, athetosis, mental degradation, which were present in every generation of the paternal family. What is the prognosis:
<variant> Huntington's chorea
<variant> Thomson's disease
<variant> rheumatic chorea
<variant> Strümpell disease
<variant> Wilson-Konovalov disease
<question> A 45-year-old man complains of involuntary movements in the right hand, resembling throwing a shot put or ball. The symptom is called:
<variant> hemiballismus
<variant> vertical
<variant> athetosis
<variant> chorea
<variant> torsion dystonia
<question> A 66-year-old man is diagnosed with instability and swaying while walking. There is intentional tremor in the finger-to-nose and heel-to-shin tests. In the Romberg test, he falls forward and backward. These symptoms indicate damage to the following structures:
<variant> cerebellum
<variant> partial transverse spinal cord injury
<variant> spinal cord
<variant> frontal lobe
<variant> cerebral hemispheres
<question> The patient sways to the right when walking, his right hand trembles while eating, and his handwriting changes. On examination: decreased muscle tone in the right limb, adiadochokinesia, and hyperemia of the right wrist, intentional tremor in the finger-to-nose and heel-to-shin tests. This syndrome is called:
<variant> dynamic cerebellar ataxia
<variant> static cerebellar ataxia
<variant> frontal ataxia
<variant> sensory ataxia
<variant> vestibular ataxia
<question> A 40-year-old man after a stroke cannot close his eyes and cannot touch objects smoothly. The type of sensory disturbance is:
<variant> stereognostic
<variant> musculoskeletal
<variant> vibration
<variant> temperature
<variant> pain
<question> Sensory disturbance in the form of a segmental "half-vest" pattern is observed with damage to:
<variant> posterior horn of the spinal cord
<variant> anterior column of the spinal cord
<variant> facial nerve nucleus
<variant> internal capsule
<variant> visual tubercle
<question> Sensory spinal ataxia is observed with damage to:
<variant> posterior column
<variant> posterior root
<variant> posterior horn of the spinal cord
<variant> spinal cord
<variant> spinal ganglia
<question> During examination, the patient was found to have superficial sensory disturbance in a "belt" pattern in the dermatome area of Th8-Th10. Deep sensation is preserved.

The following diagnostic method should be used:
<variant> spinal MRI
<variant> EEG
<variant> REG (rheoencephalography)
<variant> Doppler ultrasound of cerebral vessels
<variant> brain MRI
<question> A man complains of pain in the right forehead and the appearance of blisters, as well as the development of keratitis. The most effective medication to prescribe is:
<variant> antiviral
<variant> antibiotic
<variant> hormonal
<variant> vascular
<variant> nootropic
<question> The patient cannot recognize a closed eye by touch with his right hand but can describe its properties. No superficial sensory disturbances were found. This symptom is called:
<variant> astereognosis
<variant> apraxia
<variant> anakusis
<variant> agnosia
<variant> aphasia
<question> After a stab wound to the spine, the patient developed paralysis of the right leg and impaired joint-muscle sensation, with reduced pain in the left leg. The following diagnostic method should be used to clarify the diagnosis:
<variant> spinal MRI
<variant> spinal CT
<variant> electroencephalography
<variant> electroneuromyography
<variant> X-ray
<question> During examination, the patient was diagnosed with deep sensory disturbances and unsteadiness when walking. When the eyes are closed, the gait disturbance becomes obvious. The following diagnostic method is most effective:
<variant> spinal MRI
<variant> lumbar puncture
<variant> spinal CT
<variant> electromyography
<variant> electroencephalography
<question> Patient K., 89 years old, suffers from hypertension and sudden loss of movement in the right limb. Objectively: right-sided spastic hemiplegia and hemianesthesia are detected. The following syndrome can be diagnosed in the patient:
<variant> central hemiparesis
<variant> peripheral sensory disturbance
<variant> mild hemiparesis
<variant> peripheral hemiparesis
<variant> mixed syndrome
<question> Patient D., 48 years old, gradually developed weakness and numbness in the right limbs, speech disturbances. Objectively: right nasolabial fold is smoothed, tongue deviated to the right, dysarthria, increased tone and reflexes in the right limb. Determine the brain lesion location:
<variant> internal capsule
<variant> temporal lobe
<variant> medulla oblongata
<variant> pons
<variant> frontal lobe
<question> On examination, the patient has muscle hypotrophy in the arms, decreased reflexes and muscle strength, and muscle fibrillation in the arms. His gait has changed; he “drags” his legs while walking. Significant increase in limb reflexes, positive Babinski and Oppenheim pathological reflexes bilaterally. The following spinal region should be examined to determine the pathological process:
<variant> cervical vertebrae
<variant> vertebral column
<variant> thoracic vertebrae
<variant> lumbar vertebrae
<variant> sacral region
<question> The patient has muscle nutrition disturbances in the arms, decreased reflexes and muscle strength, muscle fibrillation in the arms. His gait has changed; he “drags” his legs while walking. At the end, there is a marked increase in reflexes, with positive Babinski and Oppenheim pathological reflexes on both sides. The syndrome is called:
<variant> combined tetraparesis
<variant> spastic tetraplegia
<variant> central lower paraplegia
<variant> peripheral tetraplegia
<variant> upper central paraparesis

<question> A 44-year-old man has suffered for 2 years from severe “knife-like” pain in the right cheek, forehead, eye socket, face, and wings of the nose. The pain feels like an electric shock and worsens with touching the face, eating, and talking. The most effective medication to prescribe is:
<variant> carbamazepine
<variant> analgin
<variant> ergotamine
<variant> indomethacin
<variant> pentoxifylline
<question> A 62-year-old woman suddenly developed weakness in the right limbs and facial asymmetry. Objectively: inward facial deviation, left eye does not close, left nasolabial folds are smoothed, “sail sign,” the left corner of the mouth remains when showing teeth, tongue midline, spastic hemiparesis. The most effective diagnostic method is:
<variant> brain MRI
<variant> EEG
<variant> echocardiography
<variant> vascular Doppler ultrasound
<variant> spinal MRI
<question> A 64-year-old man is diagnosed with difficulties walking and speaking, with resting tremor. Objectively: amygdala, bradylalia, low voice, muscle rigidity, increased plastic tone, hypokinesia. The following medication should be prescribed:
<variant> L-Dopa medication
<variant> coagulants
<variant> cytostatics
<variant> antibiotics
<variant> immunomodulators
<question> A 45-year-old patient gradually developed the following symptoms: hearing loss in the right ear, pain in the right trigeminal nerve, paralysis of the facial muscles on the right. The most likely topographic diagnosis:
<variant> lesion of the right side of the pons
<variant> lesion of the cerebral cortex
<variant> lesion of the subcortical nuclei
<variant> lesion of the brainstem
<variant> lesion of the left side of the pons
<question> The sensation of a “living creature” in the stomach is:
<variant> visceral hallucinations
<variant> cenesthopathies
<variant> true hallucinations
<variant> illusions
<variant> autometamorphopsias
<question> The etiological factor of ganglionitis of the knee joint is:
<variant> herpes virus
<variant> Staphylococcus aureus
<variant> beta-hemolytic streptococcus
<variant> adenoviruses
<variant> Epstein-Barr virus
<question> For dysfunction of the lower limbs, it is recommended to use:
<variant> nonsteroidal anti-inflammatory drugs
<variant> medications
<variant> narcotic analgesics
<variant> antihistamines
<variant> antioxidants
<question> The etiological factor of temporomandibular joint dysfunction:
<variant> jaw disease
<variant> limb injuries
<variant> trigeminal neuralgia
<variant> premature closure
<variant> hypersalivation
<question> The patient has paralysis of the facial muscles. The maximal possible level of lesion:
<variant> angle of the pons
<variant> internal capsule
<variant> pons
<variant> Fallopian canal
<variant> internal auditory canal
<question> A 55-year-old patient complains of burning in the mouth and tongue, pain, insomnia when eating, decreased taste sensation, dry mouth. History: feels ill for 6 months since the above symptoms appeared, associates no cause with the disease. Objectively: conscious, emotionally labile, prone to depression. No pathology on the brain MRI. Mouth is slightly dry, oral cavity disinfected. The most likely diagnosis is:
<variant> stomalgia
<variant> lingual nerve neuropathy
<variant> lingual nerve neuralgia
<variant> ganglionitis of the knee joint
<variant> dental plexalgia
<question> A 60-year-old woman complains of burning pain in the tongue. The most probable cause of glossalgia:

<variant> mechanical irritation by dentures
<variant> antibiotic intake
<variant> food intake
<variant> HIV infection
<variant> herpes simplex virus
<question> For stomalgia, it is necessary to perform differential diagnosis:
<variant> with lingual nerve neuralgia
<variant> with trigeminal neuralgia
<variant> with trigeminal ganglionitis
<variant> with ganglionitis of the knee joint
<variant> with facial nerve neuropathy
<question> In patients complaining of stabbing sensations in the limbs, with disease of the ..., sensitivity disturbances of the “gloves” and “socks” type develop:
<variant> peripheral nerves
<variant> brachial plexus
<variant> spinal cord
<variant> brainstem
<variant> visual bulge
<question> Horner’s syndrome describes:
<variant> narrowing of the palpebral fissure (eye opening)
<variant> widening of the palpebral fissure
<variant> divergent strabismus
<variant> downward strabismus
<variant> weakness of convergence
<question> Not characteristic for assessing the autonomic nervous system state:
<variant> Babinski reflex
<variant> orthostatic reflex
<variant> oculo-cardiac reflex of Danini-Aschner
<variant> dermatographism
<variant> pilomotor reflex
<question> The limbic-reticular complex does not include:
<variant> substantia nigra
<variant> hippocampus
<variant> amygdala
<variant> relay nuclei
<variant> reticular formation
<question> For lesions of the small-cell nuclei of the oculomotor nerve, the following is not characteristic:
<variant> miosis
<variant> reflex pupil immobility
<variant> lack of pupil light reflex
<variant> enophthalmos
<variant> mydriasis
<question> The neurotransmitter of the sympathetic nervous system is:
<variant> adrenaline, noradrenaline
<variant> acetylcholine
<variant> serotonin
<variant> thyroxine
<variant> GABA
<question> Signs of increased excitability of the sympathetic nervous system include:
<variant> rapid heartbeat, arterial hypertension, pupil dilation
<variant> bradycardia
<variant> rapid pulse, decreased blood pressure, pupil dilation
<variant> slow pulse, sweating
<variant> decreased blood pressure, pupil constriction
<question> The neurotransmitter of the parasympathetic nervous system is:
<variant> acetylcholine
<variant> gamma-aminobutyric acid (GABA)
<variant> thyroxine
<variant> leukotrienes
<variant> pituitrin
<question> The sympathetic nervous system is inhibited by:
<variant> bromide
<variant> adrenaline
<variant> acetylcholine
<variant> thyroxine
<variant> serotonin
<question> The parasympathetic nervous system is inhibited by the substance:
<variant> scopolamine
<variant> pilocarpine
<variant> muscarine
<variant> parathyroid hormone
<variant> warfarin
<question> Increased tone of the sympathetic nervous system indicates the following type of dermatographism:
<variant> white
<variant> red
<variant> mixed
<variant> blue
<variant> pink
<question> The main functions of the limbic system:

<variant> motivation structure
<variant> muscle tone regulation
<variant> vascular tone regulation
<variant> coordination of movements
<variant> regulation of endocrine secretion
<question> Brown-Séquard syndrome is characterized by:
<variant> central paralysis below the lesion on the ipsilateral side, musculoskeletal disturbances on the lesion side, and loss of superficial sensitivity on the contralateral side
<variant> central paralysis below the lesion on the lesion side, loss of joint and muscle sensitivity on the contralateral side
<variant> central paralysis below the lesion on the contralateral side and loss of deep and superficial sensitivity
<variant> central hemiparesis
<variant> mute tetraparesis
<question> Symptoms of the alternating Millard-Gubler syndrome include:
<variant> peripheral paralysis of the facial muscles, contralateral hemiplegia or hemiparesis
<variant> symptoms of lesions on the side of the focus in cranial nerves IX, X, XI, XII, contralateral spastic hemiplegia
<variant> focal facial muscle spasm and hemiparesis or hemiplegia on the opposite side
<variant> sciatic nerve lesion on the affected side, contralateral hemiparesis
<variant> cranial nerve XII lesion on the affected side, contralateral hemiplegia
<question> Symptoms of the alternating Foville syndrome include:
<variant> Peripheral facial muscle paralysis and contralateral hemiparesis
<variant> Central facial muscle paralysis and ipsilateral hemiparesis
<variant> Peripheral oculomotor muscle paresis and tremor
<variant> Aphasia, hemiplegia, and ataxia
<variant> Hyperkinesia and sensory aphasia
<question> Dysphagia occurs with damage to cranial nerves:
<variant> IX-X
<variant> V-VII
<variant> VII-XI
<variant> VI-X
<variant> VI-X
<question> Dysarthria occurs with damage to cranial nerve:
<variant> XII
<variant> XI
<variant> V
<variant> III
<variant> X
<question> Symptoms of pyramidal tract lesions are:
<variant> increased muscle tone
<variant> decreased muscle tone
<variant> slowed tendon reflexes
<variant> pathological reflexes
<variant> increased skin reflexes
<question> Damage to the anterior horns of the spinal cord results in:
<variant> fibrillary contractions
<variant> pathological reflexes
<variant> muscle hypertrophy
<variant> pathological synkinesis
<variant> increased tendon reflexes
<question> In peripheral motor dysfunction due to neuron damage, the following is observed:
<variant> muscle weakness
<variant> spastic tone
<variant> muscle hypertonia
<variant> increased tendon reflexes
<variant> pathological reflexes
<question> Bulbar paralysis develops with damage to cranial nerves:
<variant> IX, X, XII
<variant> IX, X, XI, V
<variant> VIII, IX, X
<variant> X, XI, IV
<variant> V, IX, VII
<question> Unilateral innervation of roots occurs in the nuclei of cranial nerves:
<variant> XII, VII
<variant> XII, X
<variant> VII, X
<variant> X, XI
<variant> V
<question> Ptosis occurs with damage to cranial nerve:
<variant> III
<variant> V
<variant> VII
<variant> IV
<variant> VI

<question> Localization of the 1st neuron of the pyramidal tract:
<variant> in the precentral gyrus
<variant> in the postcentral gyrus
<variant> in the brainstem
<variant> in the internal capsule
<variant> in the cerebellum
<question> When a man is examined by a doctor, he notices a pathology of the left wrist called "claw hand." The patient may have more damage in the:
<variant> ulnar nerve
<variant> spinal cord
<variant> septum
<variant> digital nerve
<variant> trigeminal nerve
<question> The main clinical forms of neuroses are:
<variant> neurasthenia
<variant> manic-depressive psychosis
<variant> dyscirculatory encephalopathy
<variant> vascular dementia
<variant> ataxia
<question> The main principles of treating neuroses include:
<variant> psychotherapy
<variant> vitamin therapy
<variant> anticholinesterase drugs
<variant> nootropic drugs
<variant> therapeutic physical training
<question> A 19-year-old woman suffers from periodic headaches of stereotyped nature, accompanied by mood changes and photopsias, occurring 3-4 times a month. Rheoencephalography shows impaired venous outflow. CT shows no organic brain lesions. Choose the preliminary clinical diagnosis:
<variant> migraine
<variant> brain tumor
<variant> Tolosa-Hunt syndrome
<variant> facial nerve neuritis
<variant> trigeminal neuralgia
<question> A 58-year-old woman, an accountant, suffered a closed traumatic brain injury and brain contusion 2 years ago. Since then, she complains of headaches, poor memory, and rapid fatigue. Objectively: conscious, horizontal nystagmus, oral automatism symptoms, no paresis, no meningeal signs. Clinical diagnosis: … encephalopathy.
<variant> traumatic
<variant> metabolic
<variant> alimentary-toxic
<variant> vascular
<variant> infectious
<question> Drugs used in case of a migraine attack:
<variant> sumatriptan
<variant> amitriptyline
<variant> verapamil
<variant> sandomigran
<variant> dexon
<question> Indicate forms of sleep disorders:
<variant> hypersomnia
<variant> neurasthenia
<variant> drug addiction
<variant> hysteria
<variant> depression
<question> A 29-year-old woman complains of periodically occurring headaches in the right side of the head accompanied by left-sided hemianopsia lasting about two hours. The most likely diagnosis:
<variant> associated migraine
<variant> transient ischemic attack
<variant> brain tumor
<variant> classic migraine
<variant> hypertensive crisis
<question> A 23-year-old woman complains of paroxysmal headache in the temporal area, unilateral, intense, accompanied by vomiting. Before the attack, fatigue and irritability are noted. Objectively: pale face, the patient lies on her side. No organic nervous system lesions. The most likely diagnosis:
<variant> migraine with aura
<variant> tension headache
<variant> cluster headache
<variant> classic migraine
<variant> brain tumor
<question> A 22-year-old woman after flu developed paroxysmal pains in the right lower jaw lasting 2-3 seconds. Attacks occur during talking, chewing, washing. Neurological status: tenderness at the exit point of the 3rd branch of the right trigeminal nerve, trigger zone at the right corner of the mouth. No other neurological symptoms. Choose additional examination:

<variant> panoramic X-ray of the lower jaw
<variant> craniography
<variant> cervical spine X-ray
<variant> brain CT
<variant> Stenvers view X-ray of the temporal bone pyramid
<question> Extrapyramidal system lesion causes:
<variant> akinesia
<variant> hypesthesia
<variant> apraxia
<variant> paresis
<variant> hemianopsia
<question> Aura of classic (ophthalmic) migraine is characterized by …
<variant> "flickering" scotomas
<variant> divergent strabismus
<variant> convergent strabismus
<variant> ptosis
<variant> nystagmus
<question> Symptom of occipital lobe lesion is …
<variant> visual agnosia
<variant> motor aphasia
<variant> astereognosis
<variant> central paralysis
<variant> oral automatism symptom
<question> Cerebellar lesion causes …
<variant> scanning speech
<variant> motor aphasia
<variant> sensory aphasia
<variant> pseudobulbar dysarthria
<variant> amnestic aphasia
<question> Hormetonia is a condition characterized by …
<variant> increased muscle tone in the flexors of upper limbs and extensors of lower limbs
<variant> repeated paroxysms of increased muscle tone in extensors
<variant> generalized muscle hypotonia combined with respiratory rhythm disturbance
<variant> increased muscle tone in extensors of upper limbs and flexors of lower limbs
<variant> increased muscle tone in flexors of upper and lower limbs
<question> The most common cause of autonomic crises is …
<variant> anxiety neurotic disorders
<variant> traumatic brain injury
<variant> hypothalamic lesions
<variant> mitral valve prolapse
<variant> collagen diseases
<question> Drugs used to stop migraine attacks …
<variant> triptan derivatives
<variant> anticoagulants
<variant> antibiotics
<variant> nootropics
<variant> vitamins
<question> Basic therapy for autonomic crises includes the following drugs …
<variant> clonazepam
<variant> β-blockers
<variant> bellataminal
<variant> neuroleptics
<variant> nootropics
<question> Autonomic crises are often accompanied by the following psychopathological manifestations …
<variant> agoraphobia and restrictive behavior
<variant> anticipatory anxiety
<variant> agoraphobia
<variant> restrictive behavior
<variant> hysteria
<question> Patient S., 54 years old, notes weakness in the left limbs, swallowing difficulties, hoarseness, dizziness, numbness in the right side of the face and left half of the body. Objectively: soft palate paresis (deviation of soft palate to the left during phonation), hypophonia, miosis, ptosis, exophthalmos, hemiataxia, dysmetria, on the opposite side — hemiparesis, hemihypesthesia. Indicate which vascular territory is affected:
<variant> posterior inferior cerebellar artery territory
<variant> anterior inferior cerebellar artery territory
<variant> Weber’s alternating syndrome
<variant> anterior cerebral artery territory
<variant> Avellis syndrome
<question> Excitation of the sympathetic part of the autonomic nervous system requires …
<variant> adrenaline
<variant> ergotamine
<variant> acetylcholine
<variant> atropine
<variant> cordiamin
<question> Excitation of the parasympathetic part of the autonomic nervous system requires

…
<variant> acetylcholine
<variant> ergotamine
<variant> adrenaline
<variant> atropine
<variant> kordiamin
<question> Paroxysmal myoplegia is characterized by …
<variant> paroxysmal paralysis
<variant> sensory disturbances
<variant> muscle atrophy
<variant> hyporeflexia, areflexia
<variant> increased K and Na levels in blood
<question> A 50-year-old woman came to the clinic complaining of dull, pressing headaches. The pain is described as a "tight band"—bilateral, localized in the parietal-occipital-temporal region. The pain usually occurs in the second half of the day, lasting 1-2 hours. Has been ill for two months, associates it with stress. Neurological exam shows no focal symptoms. The most likely preliminary diagnosis is …
<variant> tension-type headache
<variant> migraine
<variant> right trigeminal neuralgia
<variant> epilepsy
<variant> transient ischemic attack
<question> A 78-year-old man with chronic brain ischemia. According to relatives, recently his ability to plan and control actions has worsened. He struggles with tasks but can still use prompts. Signs of reduced social adaptation noted. Choose the rehabilitation method …
<variant> cognitive rehabilitation
<variant> occupational therapy
<variant> speech therapy
<variant> kinesiotherapy
<variant> medication therapy
<question> A 25-year-old man reports progressive muscle weakness and fatigue over a year. Neurological exam shows muscle hypotonia, distal limb hypotrophy, reduced strength, and diminished tendon reflexes. Choose the optimal instrumental diagnostic methods …
<variant> EMG (electromyography)
<variant> Doppler ultrasound of carotid arteries
<variant> EEG (electroencephalography)
<variant> brain MRI
<variant> brain CT
<question> In treating vegetative-vascular dystonia in the form of craniocerebral venous insufficiency, the significant advantage belongs to:
<variant> xanthine derivatives
<variant> anticoagulants
<variant> antiplatelet agents
<variant> beta-adrenergic blockers
<variant> nootropic agents
<question> In decompensted hypertensive dyscirculatory encephalopathy, prescribing dehydrating agents is inappropriate if there is:
<variant> hypercoagulation
<variant> general cerebral symptoms
<variant> arterial hypertension
<variant> hypertensive headache
<variant> papilledema (optic disc edema)
<question> A patient complains of inability to close the right eye, tearing, left mouth corner distortion, and loss of taste sensation. Provide the preliminary diagnosis:
<variant> right facial nerve neuropathy
<variant> left facial nerve neuropathy
<variant> diabetic polyneuropathy
<variant> bilateral facial nerve neuropathy
<variant> Erb-Duchenne palsy
<question> Characteristics of trigeminal nerve neuropathy include …
<variant> decreased corneal reflex
<variant> taste disturbance on the posterior third of the tongue
<variant> hypoalgesia in the inner zone of Zelder
<variant> hypertrophy of masticatory muscles
<variant> weakness of masticatory muscles
<question> The following are not typical for facial nerve lesion at the pontocerebellar angle:
<variant> hyperacusis, conjunctival dryness
<variant> decreased corneal reflex
<variant> taste disturbance on the anterior 2/3 of the tongue
<variant> combined lesion of cranial nerve III
<variant> ptosis
<question> The following are not typical for vagus nerve lesion:
<variant> taste disturbance
<variant> dysphagia
<variant> cardiac rhythm disturbances

<variant> dysphonia
<variant> ptosis
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<variant> tension-type headache
<variant> migraine
<variant> right trigeminal neuralgia
<variant> epilepsy
<variant> transient ischemic attack
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<variant> combined lesion of cranial nerve III
<variant> ptosis
<question> The following are not typical for vagus nerve lesion:
<variant> taste disturbance
<variant> dysphagia
<variant> cardiac rhythm disturbances
<variant> dysphonia
<variant> ptosis

<question> During the exacerbation of trigeminal neuralgia, the following are used …
<variant> diadynamic currents to the nerve branch exit area and novocaine electrophoresis to the nerve branch exit area
<variant> mud applications to the collar zone
<variant> hot compresses to the neck-collar zone
<variant> muscle stimulation and warming of the affected side facial muscles
<variant> hot shower once a day
<question> The most effective method of pathogenetic therapy for trigeminal neuralgia is the administration of …
<variant> anticonvulsants
<variant> antispasmodics
<variant> analgesics
<variant> muscle relaxants
<variant> NSAIDs
<question> The syndrome of the inferior oblique muscle of the head is characterized by …
<variant> cochleovestibular and visual disturbances
<variant> constant pain in the occipital region and hypoalgesia in the innervation zone of the greater occipital nerve
<variant> hypoalgesia in the innervation zone of the greater occipital nerve
<variant> increased pain in the forearm
<variant> hyperalgesia in the innervation zone of the greater occipital nerve
<question> The scalene muscle syndrome (scalene syndrome) is characterized by …
<variant> increased pain in the forearm and in the 1st fingers of the hand when turning the head to the healthy side and asymmetry of blood pressure and pulse on the radial artery
<variant> decreased sensitivity in the neck
<variant> absent pulse in the arm
<variant> increased pain syndrome when placing the hand behind the back
<variant> symmetrical blood pressure on the radial artery
<question> The syndrome of the pectoralis minor muscle is characterized by …
<variant> pain along the anterolateral chest wall radiating to the arm and increased pain syndrome when placing the hand behind the back
<variant> increased pain syndrome when placing the hand behind the back
<variant> decreased blood pressure on the brachial artery when turning the head to the healthy side and during deep inhalation
<variant> osteoarthritis of the humeral head
<variant> osteoporosis of the humeral head
<question> Shoulder scapular periarthritis is characterized by …
<variant> atrophy of soft tissues surrounding the shoulder joint and limitation of shoulder joint mobility
<variant> decreased reflexes of biceps and triceps brachii
<variant> limitation of shoulder joint mobility
<variant> narrowing of the shoulder joint space
<variant> pain in all movements of the shoulder joint
<question> The "shoulder-hand" syndrome is characterized by …
<variant> vegetative-trophic disturbances of the hand
<variant> asymmetry of blood pressure
<variant> hypotrophy of the sternocleidomastoid muscle
<variant> limitation of shoulder joint mobility
<variant> pain in all movements of the shoulder joint
<question> The posterior cervical sympathetic syndrome is characterized by …
<variant> combination of cochleovestibular, visual, vestibulocerebellar disturbances with pulsating, burning unilateral headache
<variant> combination of bilateral occipital headache with root sensory disturbances in the ulnar region
<variant> combination of burning pain in the supraclavicular region with attacks of muscle weakness in the arm
<variant> pain in all movements of the shoulder joint
<variant> limitation of shoulder joint mobility
<question> Among the listed antibiotics, the greatest ability to penetrate the blood-brain barrier is possessed by …
<variant> ceftriaxone (Longacef)
<variant> clindamycin (Dalacin)
<variant> rifampicin (Benemicin)
<variant> cephalothin (Keflin)
<variant> ciprofloxacin

<question> Method to detect postural disturbance:
<variant> Romberg test
<variant> diadochokinesis test
<variant> hypermetria test
<variant> finger-nose test
<variant> Babinski test
<question> Characteristic of frontal ataxia:
<variant> unsteadiness on the side opposite to the lesion, paresis of limbs on the side opposite to the lesion
<variant> unsteadiness on the side of the lesion
<variant> paresis on the side of the lesion, visual control
<variant> absence of visual control
<variant> paresis on the side of the lesion
<question> Characteristic of sensory ataxia:
<variant> damage to the Goll and Burdach tracts, patient controls gait by vision, walks with high steps, poor sensation of ground under feet
<variant> hypotonia
<variant> damage to Flechsig tract
<variant> paresis on the contralateral side to the lesion
<variant> absence of visual control
<question> Spinal ataxias include:
<variant> sensory, spinocerebellar
<variant> frontal, cerebellar
<variant> cerebellar, vestibular
<variant> vestibular, temporal
<variant> temporal, cerebellar
<question> The basis for classification of polyneuropathies is:
<variant> etiology of disease
<variant> disease course characteristics
<variant> clinical picture characteristics
<variant> identification of main criteria
<variant> clinical course of disease
<question> The factor determining nerve damage in diphtheric polyneuropathy is:
<variant> toxic
<variant> infectious
<variant> vascular
<variant> metabolic
<variant> viral
<question> Polyneuropathy syndrome manifests as:
<variant> sensory disturbance in distal limbs and autonomic dysfunction in hands and feet
<variant> sensory disturbance in distal limbs
<variant> autonomic dysfunction in hands and feet
<variant> weakness of proximal limbs
<variant> deep sensory disturbance
<question> Alcoholic polyneuropathy is characterized by:
<variant> predominant involvement of lower limbs and pain in calves and feet
<variant> predominant involvement of upper limbs
<variant> pain in calves and feet
<variant> pain in forearms and hands
<variant> disturbance of deep sensation
<question> Drug-induced polyneuropathies are most often caused by:
<variant> cytostatics and antituberculosis drugs
<variant> antihypertensive drugs
<variant> antiepileptic drugs
<variant> NSAIDs
<variant> broad-spectrum antibiotics
<question> Not characteristic for diphtheric polyneuropathy is:
<variant> pelvic disorders
<variant> bulbar disorders
<variant> deep sensory disturbances
<variant> accommodation disorders
<variant> sensory ataxia
<question> Diabetic polyneuropathy develops due to:
<variant> damage to peripheral nerve vessels and impaired glucose metabolism
<variant> impaired glucose metabolism
<variant> toxic damage to peripheral nerve myelin
<variant> numbness in limbs
<variant> reduced serum iron in blood
<question> Lead polyneuropathy is characterized by:
<variant> predominant paresis of upper limbs and limb pain
<variant> predominant paresis of lower limbs
<variant> limb pain
<variant> numbness in limbs
<variant> damage to peripheral nerve vessels
<question> Arsenic polyneuropathy is characterized by the presence of …
<variant> predominant nerve lesions in the legs and white bands on the nails
<variant> purplish-blue bands on the shins

<variant> white bands on the nails
<variant> toxic damage to the myelin of peripheral nerves
<variant> purplish-blue bands on the soles and palms
<question> A concomitant symptom of polyneuropathy in pernicious anemia is …
<variant> funicular myelosis
<variant> decreased serum iron in the blood
<variant> hyperacid gastritis
<variant> autonomic disorders
<variant> glucose metabolism disorders
<question> Polyneuropathies associated with vitamin B1 deficiency occur in …
<variant> chronic alcoholism
<variant> porphyria
<variant> pellagra
<variant> gout
<variant> type 2 diabetes
<question> For diabetic polyneuropathy, it is not characteristic:
<variant> predominant involvement of nerves in the upper limbs
<variant> autonomic disorders
<variant> cranial nerve involvement
<variant> impairment of vibratory sensation
<variant> numbness in the limbs
<question> Name the reflex that is not part of the superficial reflexes:
<variant> Achilles
<variant> Corneal
<variant> Pharyngeal
<variant> Palatal
<variant> Conjunctival
<question> Name the deep periosteal reflexes:
<variant> Supraorbital
<variant> Flexor of the elbow (ulnar)
<variant> Achilles
<variant> Knee
<variant> Extensor of the elbow (ulnar)
<question> Name the reflex that does not belong to the subcortical group:
<variant> Mandibular
<variant> Snout
<variant> Distance-oral
<variant> Marinescu-Radovici reflex
<variant> Nasolabial
<question> The corticospinal tract originates in which area of the cerebral cortex:
<variant> Upper two-thirds of the precentral gyrus
<variant> Posterior part of the inferior frontal gyrus
<variant> Lower part of the precentral gyrus
<variant> Posterior part of the superior temporal gyrus
<variant> Lower part of the postcentral gyrus
<question> In which area of the cortex is the hand movement projection represented
<variant> Middle part of the precentral gyrus
<variant> Upper part of the precentral gyrus
<variant> Lower part of the precentral gyrus
<variant> Middle part of the postcentral gyrus
<variant> Lower part of the postcentral gyrus
<question> In which part of the internal capsule do the corticospinal fibers pass
<variant> Anterior two-thirds of the posterior limb
<variant> Anterior limb
<variant> Posterior part of the anterior limb
<variant> Posterior third of the posterior limb
<variant> Genu (knee)
<question> The main pyramidal tract decussates at the level of:
<variant> Midbrain
<variant> Junction of the medulla oblongata and spinal cord
<variant> Pons (Varolii bridge)
<variant> Medulla oblongata
<variant> Anterior white commissure of the spinal cord
<question> Which of the following is not characteristic of central paralysis:
<variant> Hyporeflexia
<variant> Muscle hypertension
<variant> Presence of pathological reflexes
<variant> Clonus of the foot
<variant> Hyperreflexia of tendon and periosteal reflexes
<question> What is a typical sign of lesion of the precentral gyrus:
<variant> Monoparesis on the contralateral side
<variant> Monoparesis on the side of the lesion
<variant> Hemiparesis on the contralateral side
<variant> Hemiparesis on the side of the lesion
<variant> Sensory impairment corresponding to hemitype
<question> Which syndrome corresponds to transverse spinal cord lesion at the cervical enlargement level

<variant> Peripheral paralysis of the arms and central paralysis of the legs
<variant> Central paralysis of the legs
<variant> Peripheral lower paraplegia
<variant> Peripheral tetraplegia
<variant> Central tetraplegia
<question> With a hemisection of the spinal cord at the level of Th4, which will not be observed:
<variant> Peripheral plegia of the right leg
<variant> Decreased joint-muscle sensation in the right leg
<variant> Central plegia of the right leg
<variant> Anesthesia of pain and temperature sensation from Th4 on the left
<variant> Loss of superficial sensation in the Th4 segment on the right
<question> A 12-year-old boy with cerebral palsy shows pathological extensor plantar reflexes, specifically:
<variant> Babinski reflex
<variant> Rossolimo reflex
<variant> Bekhterev reflex
<variant> Marinescu-Radovici reflex
<variant> Zhukovsky reflex
<question> A 45-year-old man gradually develops weakness in the arms. Neurological status: muscle strength decreased to 3/5 in arms, fibrillary twitching in shoulder muscles, muscle hypotrophy and hypotonia in arms. Tendon reflexes decreased in arms, normal in legs. Determine the syndrome.
<variant> Upper peripheral paraparesis
<variant> Upper central paraplegia
<variant> Upper central paraparesis
<variant> Upper peripheral paraplegia
<variant> Peripheral tetraparesis
<question> A 17-year-old boy diagnosed with upper peripheral paraparesis and fibrillary twitching in shoulder muscles. Which nervous system structures are affected
<variant> Anterior horns of the spinal cord at levels C4-Th1
<variant> Peripheral nerves
<variant> Anterior horns of the spinal cord at levels Th2-Th7
<variant> Posterior horns of the spinal cord at levels C4-Th1
<variant> Posterior horns of the spinal cord at levels Th2-Th7
<question> After a car accident, the patient complains of weakness in the right limbs. Neurological exam: decreased strength in right limbs to 3/5; reflexes on right arms and legs are increased; abdominal reflexes on the right are absent; positive flexor pathological reflexes on the right. What is the syndrome
<variant> Right-sided central hemiparesis
<variant> Right-sided hemiplegia
<variant> Combined tetraparesis
<variant> Central tetraparesis
<variant> Right-sided peripheral hemiparesis
<question> A 25-year-old man after traumatic brain injury shows pathological plantar reflexes of the flexor type. What syndrome is identified
<variant> Rossolimo
<variant> Oppenheim
<variant> Marinescu-Radovici
<variant> Strümpell
<variant> Babinski
<question> All the following structures belong to the extrapyramidal system except:
<variant> Substantia nigra
<variant> Caudate nucleus
<variant> Lentiform nucleus
<variant> Red nucleus
<variant> Reticular formation of the brainstem
<question> Which of the following belongs to the extrapyramidal system of the spinal cord:
<variant> Caudate nucleus
<variant> Globus pallidus
<variant> Gamma-motoneurons
<variant> Substantia nigra
<variant> Red nucleus
<question> Lesions of the neostriatal system are characterized by:
<variant> Hyperkinesias
<variant> Muscle hypertonia
<variant> Hypomimia
<variant> Quiet monotone speech
<variant> Propulsion
<question> Which of the following is not characteristic of Parkinsonism:
<variant> Muscle hypotonia
<variant> Quiet monotone speech
<variant> Oligokinesia
<variant> Rigidity outside of flexors
<variant> Static tremor
<question> Which of the following disorders is not classified as a hyperkinesia

<variant> Intention tremor
<variant> Chorea
<variant> Athetosis
<variant> Myoclonus
<variant> Hemiballismus
<question> Speech disorders characteristic of Parkinsonism include:
<variant> Quiet, monotone speech
<variant> Mutism
<variant> Aphasia
<variant> Scanning speech
<variant> Dysarthria
<question> A patient complains of unsteady gait, systemic dizziness, nausea, inability to stand straight. Horizontal nystagmus is observed. The patient falls in the Romberg test. The affected area is:
<variant> Vestibular apparatus
<variant> Cerebellar vermis
<variant> All parts of the cerebellum
<variant> Cerebellar hemispheres
<variant> Posterior columns of the spinal cord
<question> Cerebellar nuclei include:
<variant> Fastigial and dentate nuclei
<variant> Nuclei of Goll and Burdach
<variant> Caudate nucleus
<variant> Red nucleus and Schwabe's nucleus
<variant> Deiters' and Bechterew's nuclei

<question> Which of the following pathways passes through the inferior cerebellar peduncle:
<variant> Spinocerebellar pathway of Flechsig
<variant> Spinocerebellar pathway of Gowers
<variant> Frontopontine pathway
<variant> Rubrospinal pathway
<variant> Occipitopontine pathway

<question> Which of the following pathways passes through the inferior cerebellar peduncle:
<variant> Spinocerebellar pathway of Gowers
<variant> Olivocerebellar pathway
<variant> Pontocerebellar pathway
<variant> Vestibulocerebellar pathway
<variant> Reticulocerebellar pathway

<question> The mechanism of Parkinson’s syndrome development is:
<variant> Dopamine metabolism disorder
<variant> Copper metabolism disorder
<variant> Phenylalanine metabolism disorder
<variant> Carbohydrate metabolism disorder
<variant> Lipid metabolism disorder
<question> Resting tremor, especially when awakening, usually develops with damage to the:
<variant> Substantia nigra
<variant> Caudate nucleus
<variant> Thalamus
<variant> Spinal cord
<variant> Internal capsule of the brain
<question> Adiadochokinesis is a disturbance of:
<variant> Synchronous hand movements
<variant> Sequential finger movements
<variant> Heel-to-toe walking
<variant> Tremor suppression
<variant> Coordination of tongue muscles
<question> Uncertainty and staggering when walking in darkness and in good lighting, characteristic of ataxia:
<variant> Sensory
<variant> Dynamic cerebellar
<variant> Vestibular
<variant> Static-locomotor cerebellar
<variant> Cortical (frontal)
<question> Which of the following is not a function of the cerebellum:
<variant> Postural tone
<variant> Coordination of movements
<variant> Regulation of muscle tone
<variant> Synergy of movements
<variant> Body equilibrium
<question> For the treatment of Parkinson’s syndrome, prescribe:
<variant> Cyclodol, Nakom
<variant> Nootropic drugs
<variant> Anticholinesterase drugs
<variant> Glucocorticosteroids (GCS)
<variant> Sedatives
<question> Indicate which lesion of the olfactory pathway causes unilateral anosmia:
<variant> Olfactory tract
<variant> Lateral geniculate body
<variant> Optic tract
<variant> Parahippocampal gyrus
<variant> Hippocampus
<question> Which symptom is not observed in optic nerve lesions:
<variant> Exophthalmos
<variant> Decreased visual acuity

<variant> Amaurosis
<variant> Amblyopia
<variant> Hemianopsia
<question> Lesion of the trochlear nerve causes the symptom:
<variant> Diplopia when looking downward
<variant> Ptosis of the upper eyelid
<variant> Strabismus
<variant> Diplopia when looking outward
<variant> Miosis
<question> Lesion of the facial nerve after exiting the stylomastoid foramen is characterized by:
<variant> Peripheral paralysis of mimic muscles
<variant> Loss of taste on the anterior 2/3 of the tongue
<variant> Dryness of the eye
<variant> Central paralysis of mimic muscles
<variant> Hyperacusis
<question> Where is the lesion located in central paralysis of the mimic muscles
<variant> Lower part of the precentral gyrus
<variant> Facial nerve root
<variant> Trigeminal nerve
<variant> Corticospinal tract
<variant> Facial nerve nucleus
<question> Which symptom does not occur with lesions of the cerebellopontine angle:
<variant> Cerebellar disturbances on the side opposite to the lesion
<variant> Peripheral paralysis of mimic muscles
<variant> Hearing loss
<variant> Cerebellar disturbances on the side of the lesion
<variant> Pain and reduction of all types of facial sensitivity
<question> Indicate the localization of cortical projection zones of the auditory analyzer:
<variant> Heschl's gyrus
<variant> Cuneus
<variant> Postcentral gyrus
<variant> Occipital lobe
<variant> Frontal lobe
<question> Dysphonia is observed with lesion of:
<variant> Cranial nerve X
<variant> Cranial nerve III
<variant> Cranial nerve VI
<variant> Cranial nerve VII
<variant> Cranial nerve XII
<question> Signs that do not occur with peripheral paralysis of the tongue muscles:
<variant> Deviation of the tongue to the side opposite the lesion
<variant> Deviation of the tongue to the side of the lesion
<variant> Atrophy of tongue muscles
<variant> Fasciculations of the tongue
<variant> Dysarthria
<question> Indicate the location of the pathological focus in peripheral paralysis of tongue muscles:
<variant> Hypoglossal nerve nucleus
<variant> Lower part of the precentral gyrus
<variant> Cerebral peduncle
<variant> Glossopharyngeal nerve nucleus
<variant> Trunk of the glossopharyngeal nerve
<question> Which of the following symptoms are **not** common to both bulbar and pseudobulbar syndromes
<variant> Oral automatism reflexes
<variant> Dysarthria
<variant> Nasal speech
<variant> Dysphagia
<variant> Dysphonia
<question> Indicate the speech disorder that occurs with a lesion in the left frontal lobe:
<variant> Motor aphasia
<variant> Mutism
<variant> Aphonia
<variant> Sensory aphasia
<variant> Semantic aphasia
<question> Indicate the speech disorder that occurs with a lesion in the left temporal lobe:
<variant> Sensory aphasia
<variant> Autotopagnosia
<variant> Motor aphasia
<variant> Aphonia
<variant> Scanning speech
<question> Indicate signs of a lesion in the parietal lobe of the **right hemisphere:**
<variant> Autotopagnosia
<variant> Amnesia
<variant> Alexia
<variant> Agraphia
<variant> Aphasia
<question> Name signs of a lesion in the parietal lobe of the **left hemisphere:**

<variant> Apraxia
<variant> Amusia
<variant> Motor aphasia
<variant> Agraphia
<variant> Anosmia
<question> What arises from a lesion in the **left inferior parietal lobule**
<variant> Apraxia
<variant> Motor aphasia
<variant> Sensory aphasia
<variant> Anosognosia
<variant> Agraphia
<question> Indicate clinical signs of a lesion in the **left temporal lobe:**
<variant> Sensory aphasia
<variant> Motor aphasia
<variant> Anosognosia
<variant> Amusia
<variant> Autotopagnosia
<question> Indicate the clinical signs of a lesion in the **right frontal lobe** of the brain (in a left-handed person):
<variant> Motor aphasia
<variant> Acalculia
<variant> Hemianopsia
<variant> Sensory aphasia
<variant> Amnestic aphasia
<question> All of the following are types of agnosia, **except:**
<variant> Motor
<variant> Visual
<variant> Auditory
<variant> Olfactory
<variant> Gustatory
<question> Indicate the structures that produce cerebrospinal fluid:
<variant> Choroid plexuses of the brain ventricles
<variant> Epineurium
<variant> Dura mater
<variant> Pia mater
<variant> Endoneurium
<question> Indicate the physiological role of cerebrospinal fluid:
<variant> Mechanical protection of the brain
<variant> Neuroendocrine function
<variant> Thermoregulation
<variant> Hormonal
<variant> Brain blood supply
<question> Cerebrospinal fluid outflow occurs through the following systems, **except:**
<variant> Abdominal aorta
<variant> Lymphatic system
<variant> Venous system
<variant> Arterial system
<variant> Perineural and perivascular spaces
<question> Indicate which medications may cause polyneuropathy:
<variant> Isoniazid
<variant> Penicillin
<variant> Bicillin
<variant> Streptomycin
<variant> B vitamins
<question> Indicate for which type of meningitis low glucose and chloride levels in cerebrospinal fluid are typical:
<variant> Tuberculous
<variant> Herpetic
<variant> Mumps-related
<variant> Choriomeningitis
<variant> Enteroviral
<question> Indicate the signs of migraine:
<variant> Pulsating nature of pain
<variant> Physical activity is not impaired
<variant> No nausea
<variant> Diffuse pain
<variant> Bilateral
<question> The diagnosis of migraine is based on:
<variant> Episodes of unilateral, pulsating headache, vomiting
<variant> Congested optic discs
<variant> Primary optic disc atrophy
<variant> Presence of psychological trauma
<variant> First symptoms after age 50
<question> Indicate the form of migraine with aura:
<variant> Ophthalmic
<variant> Trembling
<variant> Hyperkinetic
<variant> Hypokinetic
<variant> Ocular
<question> Which of the listed types of sensitivity are considered complex:
<variant> Deep proprioceptive and vibratory
<variant> Pain
<variant> Temperature
<variant> Localization sense
<variant> Tactile

<question> Indicate where the cell bodies of the first-order neurons of all types of sensitivity are located:
<variant> Dorsal root ganglion
<variant> Lateral horns of the spinal cord
<variant> Dorsal horns of the spinal cord
<variant> Nuclei of Goll and Burdach
<variant> Thalamus
<question> Indicate where the second-order neurons of all types of sensitivity terminate:
<variant> Thalamus
<variant> Lateral horns of the spinal cord
<variant> Nuclei of Goll and Burdach
<variant> Dorsal horns of the spinal cord
<variant> Postcentral gyrus
<question> Indicate which part of the cerebral cortex contains the projection of sensory innervation of the head:
<variant> Lower part of the postcentral gyrus
<variant> Upper part of the postcentral gyrus
<variant> Upper part of the precentral gyrus
<variant> Middle part of the postcentral gyrus
<variant> Lower part of the precentral gyrus
<question> What is **not** a sign of dorsal root ganglion lesion:
<variant> Anesthesia of polyneuritic type
<variant> Segmental anesthesia
<variant> Pain
<variant> Anesthesia of all types of sensitivity
<variant> Herpetic eruptions
<question> Indicate which part of the nervous system is affected when hemianesthesia, hemiataxia, and hemianopia occur:
<variant> Thalamus
<variant> Medial lemniscus
<variant> Optic chiasm
<variant> Cortex of the occipital lobe
<variant> Postcentral gyrus
<question> Indicate the symptoms typical for a lesion of the postcentral gyrus cortex:
<variant> Monoanesthesia on the opposite side
<variant> Hemianesthesia on the same side as the lesion
<variant> Hemianesthesia on the opposite side
<variant> Monoanesthesia on the same side as the lesion
<variant> Hemiplegia of the opposite limbs
<question> Sensory disturbance in a “glove and stocking” pattern, along with patient complaints of tingling sensations in the arms and legs, usually occurs in diseases of:
<variant> Multiple peripheral nerves
<variant> Posterior spinal roots
<variant> Lateral columns of the spinal cord
<variant> Spinal cord
<variant> Thalamus
<question> A 45-year-old male has left-sided central paralysis of the lower limb, combined with impaired superficial sensation on the right side of the body and disturbed proprioception in the left leg. What syndrome does the patient have
<variant> Horner’s syndrome
<variant> Jackson’s alternating syndrome
<variant> Parkinson’s syndrome
<variant> Brown-Séquard syndrome
<variant> Argyll Robertson syndrome
<question> A 15-year-old girl with diphtheria developed pain and numbness in her arms and legs; all types of sensation are impaired in the distal parts of the arms and legs. What is the type of sensory disturbance in this case
<variant> Polyneuritic
<variant> Mononeuritic
<variant> Spinal tract
<variant> Cerebral tract
<variant> Segmental
<question> A 28-year-old woman complains of a crawling (pins and needles) sensation on her right arm and the right side of her face. What are these disorders called
<variant> Paresthesias
<variant> Anesthesia
<variant> Hypesthesia
<variant> Paresis
<variant> Hyperesthesia
<question> Which cranial nerve is responsible for upward, downward, and inward eye movements
<variant> III pair (n. oculomotorius)
<variant> IV pair (n. trochlearis)
<variant> VI pair (n. abducens)
<variant> II pair (n. opticus)
<variant> V pair (n. trigeminus)
<question> The main neurotransmitter of the extrapyramidal system associated with Parkinson's disease:
<variant> Dopamine
<variant> Serotonin
<variant> Norepinephrine

<variant> GABA
<variant> Acetylcholine
<question> What is most characteristic of posterior column lesions in the spinal cord?
<variant> Impaired deep sensation
<variant> Spastic paresis
<variant> Hyperkinesia
<variant> Decreased pain sensation
<variant> Aphasia
<question> Babinski sign indicates:
<variant> Pyramidal tract lesion
<variant> Cerebellar lesion
<variant> Peripheral nerve lesion
<variant> Extrapyramidal system lesion
<variant> Sensory impairment

<question> Which brain region is primarily responsible for coordination of movements?
<variant> Cerebellum
<variant> Medulla oblongata
<variant> Thalamus
<variant> Hypothalamus
<variant> Frontal cortex
<question> Classic symptom of myasthenia gravis:
<variant> Muscle fatigue worsening with exertion
<variant> Muscle rigidity
<variant> Seizures
<variant> Hyperkinesia
<variant> Ataxia
<question> Leading etiological factor of stroke:
<variant> Arterial hypertension
<variant> Chronic bronchitis
<variant> Liver cirrhosis
<variant> Gout
<variant> Glaucoma
<question> Which seizure type is characteristic of a generalized epileptic attack
<variant> Tonic-clonic
<variant> Myoclonic without loss of consciousness
<variant> Focal sensory
<variant> Psychogenic
<variant> Absence
<question> What is typical of Horner's syndrome
<variant> Ptosis, miosis, enophthalmos
<variant> Exophthalmos, mydriasis, lagophthalmos
<variant> Ptosis, mydriasis, diplopia
<variant> Exophthalmos, miosis, nystagmus
<variant> Ptosis, lagophthalmos, strabismus
<question> Frontal lobe damage most often causes:
<variant> Behavioral changes and loss of judgment
<variant> Alexia
<variant> Hemianopia
<variant> Ataxia
<variant> Hearing loss
<question> What is the gold standard for diagnosing acute ischemic stroke
<variant> Brain CT
<variant> Lumbar spine MRI
<variant> EEG
<variant> Lumbar puncture
<variant> Lower limb angiography
<question> Which disease is characterized by the triad: tremor, rigidity, bradykinesia
<variant> Parkinson’s disease
<variant> Multiple sclerosis
<variant> Huntington’s chorea
<variant> Myasthenia
<variant> ALS
<question> What sign is typical of lower motor neuron lesion
<variant> Muscle atrophy
<variant> Spastic tone
<variant> Hyperreflexia
<variant> Pathological reflexes
<variant> Cognitive decline
<question> Leading sign of multiple sclerosis:
<variant> Multiple demyelinating lesions
<variant> Facial nerve neuropathy
<variant> Epileptic seizures
<variant> Migraine headache
<variant> Vascular malformations
<question> What symptom is most often seen in cerebellar damage
<variant> Intention tremor
<variant> Aphasia
<variant> Hemianopia
<variant> Spastic paresis
<variant> Hyperreflexia
<question> Which cranial nerve is responsible for facial muscles
<variant> VII pair (facial nerve)
<variant> V pair (trigeminal nerve)
<variant> IX pair (glossopharyngeal nerve)

<variant> X pair (vagus nerve)
<variant> XI pair (accessory nerve)
<question> Which part of the nervous system regulates the function of internal organs?
<variant> Autonomic nervous system
<variant> Somatic nervous system
<variant> Extrapyramidal system
<variant> Sensory system
<variant> Cerebellar system
<question> Leading pathogenic mechanism in myasthenia gravis:
<variant> Autoimmune damage to acetylcholine receptors
<variant> Dopamine deficiency
<variant> Increased serotonin
<variant> Demyelination
<variant> Vascular occlusion
<question> Classic symptom of cerebellar lesion:
<variant> Ataxia
<variant> Spastic paresis
<variant> Aphasia
<variant> Hemianopsia
<variant> Seizures
<question> Which cranial nerve is responsible for hearing and balance
<variant> VIII pair
<variant> V pair
<variant> VII pair
<variant> IX pair
<variant> X pair
<question> What is typical of hemorrhagic stroke?
<variant> Sudden onset with headache and vomiting on the background of hypertension
<variant> Gradual onset, mild symptoms
<variant> Seizure without focal symptoms
<variant> Spinal cord involvement
<variant> Slowly progressing dementia
<question> Main diagnostic method for epilepsy:
<variant> EEG
<variant> CT
<variant> MRI
<variant> Lumbar puncture
<variant> Angiography
<question> Which cranial nerve controls tongue movement
<variant> XII pair
<variant> IX pair
<variant> X pair
<variant> VII pair
<variant> V pair
<question> Alzheimer’s disease is characterized by:
<variant> Progressive memory loss and cognitive decline
<variant> Tremor and rigidity
<variant> Seizures
<variant> Ataxia
<variant> Myopathy
<question> What type of sensation is primarily affected when the spinothalamic tract is damaged
<variant> Pain and temperature
<variant> Deep sensation
<variant> Vibratory sensation
<variant> Proprioception
<variant> Visual sensation
<question> What is the most informative method in diagnosing multiple sclerosis
<variant> MRI of brain and spinal cord
<variant> Chest CT
<variant> EEG
<variant> Lumbar puncture
<variant> Angiography
<question> Which cranial nerve is responsible for swallowing
<variant> IX pair
<variant> V pair
<variant> VII pair
<variant> VIII pair
<variant> XII pair
<question> Main type of speech disturbance in lesion of the left temporal lobe:
<variant> Sensory aphasia
<variant> Motor aphasia
<variant> Dysarthria
<variant> Rhinolalia
<variant> Alalia
<question> What is the leading factor in Wernicke–Korsakoff syndrome
<variant> Thiamine (vitamin B1) deficiency
<variant> Vitamin D deficiency
<variant> Excess calcium
<variant> Iron deficiency
<variant> Elevated copper level
<question> Damage to the pyramidal tract is characterized by:
<variant> Spastic paresis

<variant> Cerebellar ataxia
<variant> Aphasia
<variant> Peripheral hypotonia
<variant> Hyperkinesia
<question> Which cranial nerve is responsible for the sense of smell
<variant> I pair
<variant> II pair
<variant> V pair
<variant> VII pair
<variant> IX pair
<question> What is characteristic of amyotrophic lateral sclerosis (ALS)
<variant> Combination of upper and lower motor neuron signs
<variant> Isolated ataxia
<variant> Tremor and bradykinesia
<variant> Seizures
<variant> Visual impairment
<question> Which cranial nerve innervates the masticatory muscles
<variant> V pair
<variant> VII pair
<variant> IX pair
<variant> XI pair
<variant> XII pair
<question> Most characteristic symptom of a brain tumor:
<variant> Morning headache with vomiting
<variant> Seizures without focal signs
<variant> Gait ataxia
<variant> Speech disorder
<variant> Hearing loss
<question> Damage to the posterior cranial fossa most commonly impairs:
<variant> Coordination of movements
<variant> Memory
<variant> Vision
<variant> Hearing
<variant> Smell
<question> What is characteristic of meningitis
<variant> Neck stiffness
<variant> Ataxia
<variant> Tremor
<variant> Aphasia
<variant> Seizures as main symptom
<question> Classic symptom of polyneuropathy:
<variant> “Glove and stocking” pattern of sensory disturbance
<variant> Focal aphasia
<variant> Unilateral paresis
<variant> Hemianopsia
<variant> Hyperkinesia
<question> Main mechanism in ischemic stroke:
<variant> Vessel occlusion by thrombus or embolus
<variant> Vessel rupture
<variant> Demyelination
<variant> Autoimmune inflammation
<variant> Tumor growth
<question> Which nerve is affected in carpal tunnel syndrome
<variant> Median nerve
<variant> Ulnar nerve
<variant> Radial nerve
<variant> Brachial plexus
<variant> Sciatic nerve
<question> Which type of headache is characterized by aura
<variant> Migraine
<variant> Cluster headache
<variant> Tension-type headache
<variant> Symptomatic headache from tumor
<variant> Hypertensive headache
<question> Which CSF finding is characteristic of subarachnoid hemorrhage
<variant> Xanthochromia
<variant> Elevated protein without cells
<variant> Clear CSF
<variant> Low pressure
<variant> Lymphocytic pleocytosis
<question> What is typical for Gilles de la Tourette syndrome
<variant> Multiple tics and vocalizations
<variant> Ataxia
<variant> Aphasia
<variant> Dementia
<variant> Spastic paraparesis
<question> Main symptom of Huntington’s disease:
<variant> Choreic hyperkinesia
<variant> Bradykinesia
<variant> Seizures
<variant> Ataxia
<variant> Aphasia
<question> Most informative method for diagnosing cerebral aneurysms:
<variant> Angiography

<variant> EEG
<variant> Lumbar puncture
<variant> Carotid artery ultrasound
<variant> Echoencephalography
<question> Lesion of the optic chiasm results in:
<variant> Bitemporal hemianopsia
<variant> Homonymous hemianopsia
<variant> Central scotoma
<variant> Amblyopia
<variant> Hypermetropia
<question> Stroke in the middle cerebral artery territory is characterized by:
<variant> Contralateral hemiparesis and aphasia
<variant> Horner’s syndrome
<variant> Dysarthria and ataxia
<variant> Hemianopsia
<variant> Paraparesis
<question> Which vitamin is critically important for preventing polyneuropathy in alcoholics
<variant> Vitamin B1
<variant> Vitamin A
<variant> Vitamin C
<variant> Vitamin K
<variant> Vitamin D
<question> What is characteristic of cerebellar hemisphere lesions
<variant> Dysmetria and dysarthria
<variant> Hyperreflexia
<variant> Aphasia
<variant> Seizures
<variant> Peripheral paresis
<question> Common symptom in multiple sclerosis:
<variant> Nystagmus
<variant> Mydriasis
<variant> Ptosis
<variant> Hemianopsia
<variant> Aphasia
<question> What is typical of a right hemisphere stroke in a right-handed person
<variant> Spatial neglect and anosognosia
<variant> Aphasia
<variant> Dysarthria
<variant> Apraxia
<variant> Amnesia
<question> Which symptom is characteristic of peripheral nerve damage
<variant> Flaccid paresis with muscle atrophy
<variant> Spastic paresis
<variant> Hyperreflexia
<variant> Babinski sign
<variant> Pathological laughter/crying
<question> The main cause of choreic hyperkinesias in children:
<variant> Rheumatic fever
<variant> Epilepsy
<variant> Myasthenia
<variant> Polyneuropathy
<variant> Parkinson's disease
<question> Which symptom is characteristic of posterior cranial fossa lesions
<variant> Vertigo and ataxia
<variant> Aphasia
<variant> Seizures
<variant> Arm paresis
<variant> Hearing loss
<question> What is characteristic of Guillain–Barré syndrome
<variant> Ascending flaccid paralysis
<variant> Spastic paraparesis
<variant> Seizures
<variant> Hyperkinesias
<variant> Aphasia
<question> Which cranial nerve is responsible for taste in the anterior two-thirds of the tongue
<variant> VII pair
<variant> IX pair
<variant> V pair
<variant> XII pair
<variant> X pair
<question> Symptom characteristic of hypertensive crisis with encephalopathy:
<variant> Headache, nausea, vomiting, seizures
<variant> Seizures without elevated blood pressure
<variant> Hearing loss
<variant> Muscle hypotonia
<variant> Apraxia
<question> Lesion of the lumbar enlargement of the spinal cord results in:
<variant> Flaccid paraparesis of the legs
<variant> Spastic paraparesis
<variant> Hyperkinesias
<variant> Aphasia
<variant> Ataxia
<question> What is characteristic of syringomyelia

<variant> Dissociated sensory loss
<variant> Aphasia
<variant> Seizures
<variant> Rigidity
<variant> Resting tremor
<question> Main feature of absence seizures:
<variant> Brief loss of consciousness
<variant> Seizures
<variant> Aphasia
<variant> Tremor
<variant> Ataxia
<question> Which symptom is characteristic of optic nerve damage
<variant> Amaurosis
<variant> Diplopia
<variant> Exophthalmos
<variant> Ptosis
<variant> Ataxia
<question> Most characteristic for a pituitary tumor:
<variant> Bitemporal hemianopsia
<variant> Seizures
<variant> Dysarthria
<variant> Aphasia
<variant> Ptosis
<question> Symptom of cerebellar vermis lesion:
<variant> Unsteady gait
<variant> Aphasia
<variant> Amnesia
<variant> Seizures
<variant> Resting tremor
<question> What is often seen in subdural hematoma
<variant> "Lucid interval" of consciousness
<variant> Status epilepticus
<variant> Amnesia
<variant> Aphasia
<variant> Tremor
<question> Which symptom is typical for premotor cortex lesion
<variant> Apraxia
<variant> Aphasia
<variant> Seizures
<variant> Dementia
<variant> Tremor
<question> Which symptom is typical of a cerebellar tumor
<variant> Ataxia and nystagmus
<variant> Seizures
<variant> Aphasia
<variant> Dementia
<variant> Amnesia
<question> Stroke in the vertebrobasilar territory often presents with:
<variant> Dysarthria and ataxia
<variant> Aphasia
<variant> Seizures
<variant> Amnesia
<variant> Paraparesis
<question> What is characteristic of a pyramidal tract lesion at the internal capsule level
<variant> Contralateral hemiparesis
<variant> Hemianopsia
<variant> Aphasia
<variant> Dysarthria
<variant> Amnesia
<question> Which symptom is typical of thoracic spinal cord lesions
<variant> Spastic paraparesis of the legs
<variant> Flaccid paraparesis of the legs
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<question> Which finding is typical of thalamic damage
<variant> Thalamic pain syndrome
<variant> Aphasia
<variant> Dementia
<variant> Seizures
<variant> Ptosis
<question> What is typical of hypothalamic lesions
<variant> Thermoregulation and endocrine disorders
<variant> Seizures
<variant> Aphasia
<variant> Dementia
<variant> Tremor
<question> Which symptom is characteristic of basal ganglia lesions
<variant> Hyperkinesias
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Amnesia
<question> What is characteristic for a stroke in the posterior cerebral artery territory
<variant> Homonymous hemianopia

<variant> Aphasia
<variant> Seizures
<variant> Dysarthria
<variant> Paraparesis
<question> What is typical for a cerebellar stroke
<variant> Ataxia, nystagmus, dizziness
<variant> Aphasia
<variant> Seizures
<variant> Amnesia
<variant> Hemianopia
<question> The main sign of parkinsonism is:
<variant> Resting tremor
<variant> Seizures
<variant> Ataxia
<variant> Aphasia
<variant> Hyperkinesias
<question> Which symptom is characteristic of occipital lobe lesions
<variant> Hemianopia
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Tremor
<question> Brown-Séquard syndrome is characterized by:
<variant> Half spinal cord lesion
<variant> Cerebellar tumor
<variant> Stroke in the left MCA
<variant> Thalamic syndrome
<variant> Paraplegia
<question> Which symptom is characteristic of myopathy
<variant> Progressive muscle weakness without sensory impairment
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Tremor
<question> What often develops with frontal lobe lesions
<variant> Motor aphasia
<variant> Sensory aphasia
<variant> Ataxia
<variant> Seizures
<variant> Dementia
<question> Which symptom is characteristic for amyotrophic lateral sclerosis
<variant> Combination of spasticity and muscle atrophy
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Tremor
<question> The main symptom of essential tremor is:
<variant> Intensification with voluntary movements
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Amnesia
<question> Encephalitis is characterized by:
<variant> Fever, headache, and focal neurological symptoms
<variant> Isolated ataxia
<variant> Aphasia without fever
<variant> Seizures without CSF changes
<variant> Apraxia
<question> What is most often observed with temporal lobe lesions
<variant> Hearing and memory impairment
<variant> Ataxia
<variant> Seizures
<variant> Motor aphasia
<variant> Tremor
<question> Which symptom is characteristic of anterior horn spinal cord lesions
<variant> Flaccid paresis and muscle atrophy
<variant> Spastic paresis
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<question> What is characteristic of Arnold-Chiari syndrome
<variant> Herniation of cerebellar tonsils into the foramen magnum
<variant> Demyelination
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<question> Parinaud syndrome (dorsal midbrain) is characterized by:
<variant> Upward gaze palsy
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Tremor
<question> What is typical for myelitis?
<variant> Paralysis and sensory impairment

below the lesion level
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Tremor
<question> Which symptom is characteristic of corpus callosum lesions
<variant> Impairment of interhemispheric connections (disconnection syndrome)
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Amnesia
<question> Miller-Fisher syndrome triad includes:
<variant> Ophthalmoplegia, ataxia, areflexia
<variant> Seizures, aphasia, dementia
<variant> Tremor, rigidity, bradykinesia
<variant> Dysmetria, dysarthria, nystagmus
<variant> Amnesia, apraxia, aphasia
<question> Which symptom is characteristic of hydrocephalus
<variant> Triad: dementia, ataxia, urinary incontinence
<variant> Seizures
<variant> Aphasia
<variant> Tremor
<variant> Apraxia
<question> What is characteristic of anterior spinal artery syndrome
<variant> Motor and pain sensation impairment
<variant> Isolated ataxia
<variant> Seizures
<variant> Aphasia
<variant> Vision impairment
<question> Wallenberg syndrome (lateral medulla) is characterized by:
<variant> Dysphagia, dysarthria, ataxia, Horner syndrome
<variant> Aphasia
<variant> Seizures
<variant> Hemianopia
<variant> Amnesia
<question> Epidural hematoma is characterized by:
<variant> Lucid interval and rapid deterioration
<variant> Seizure syndrome
<variant> Aphasia
<variant> Ataxia
<variant> Dementia
<question> Which symptom is characteristic of optic radiation lesions
<variant> Homonymous hemianopia
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Amnesia
<question> What is characteristic of temporal lobe tumor
<variant> Epileptic seizures
<variant> Ataxia
<variant> Motor aphasia
<variant> Paraparesis
<variant> Hemianopia
<question> Claude-Bernard-Horner syndrome is characterized by:
<variant> Ptosis, miosis, enophthalmos
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Amnesia
<question> Which symptom is characteristic of spinal cord lesion at the cervical enlargement
<variant> Paralysis of the arms and spastic paraparesis of the legs
<variant> Isolated ataxia
<variant> Seizures
<variant> Aphasia
<variant> Amnesia
<question> What is characteristic of stroke in the left middle cerebral artery in right-handed individuals
<variant> Aphasia
<variant> Ataxia
<variant> Seizures
<variant> Hemianopia
<variant> Dementia
<question> Which symptom is characteristic of lesions in the precentral gyrus
<variant> Contralateral paresis
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Tremor
<question> What symptom is most characteristic for posterior cranial fossa tumors in children
<variant> Ataxia
<variant> Seizures
<variant> Aphasia

<variant> Hemianopia
<variant> Amnesia
<question> Which symptom is characteristic of occipital lobe lesions in right-handed individuals
<variant> Visual agnosia
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Tremor
<question> What is characteristic of stroke in the anterior cerebral artery territory
<variant> Contralateral paraparesis of the legs
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Amnesia
<question> Which symptom is characteristic of orbitofrontal cortex lesions
<variant> Behavioral changes and decreased insight
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Tremor
<question> Klüver-Bucy syndrome is characterized by:
<variant> Hypersexuality, oral automatisms, loss of fear
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Amnesia
<question> Which symptom is characteristic of spinal cord lesion at the level of the cauda equina
<variant> Flaccid paralysis of the legs, pelvic disorders
<variant> Spastic paraparesis
<variant> Aphasia
<variant> Seizures
<variant> Amnesia
<question> Which symptom is most characteristic of frontal lobe tumors
<variant> Personality changes
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Amnesia

<question> What is characteristic of Pick's disease
<variant> Frontotemporal dementia
<variant> Resting tremor
<variant> Seizures
<variant> Ataxia
<variant> Motor aphasia
<question> Lesion of the spinal cord at the C5–C6 level causes:
<variant> Paralysis of the arms and spastic paraparesis of the legs
<variant> Isolated paraparesis of the legs
<variant> Seizures
<variant> Aphasia
<variant> Amnesia
<question> Which symptom is characteristic of stroke in the right middle cerebral artery in right-handed individuals
<variant> Spatial agnosias
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Amnesia
<question> What is characteristic of degenerative cerebellar diseases
<variant> Progressive ataxia
<variant> Seizures
<variant> Aphasia
<variant> Amnesia
<variant> Resting tremor
<question> Weber syndrome (lesion of the cerebral peduncle) is characterized by:
<variant> Alternating syndrome: oculomotor nerve palsy and contralateral hemiparesis
<variant> Aphasia
<variant> Seizures
<variant> Ataxia
<variant> Dementia

<question> What is characteristic of pituitary gland lesions (adenoma)
<variant> Visual disturbances and endocrine disorders
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Amnesia
<question> Lesion of cerebellar pathways is characterized by:
<variant> Dysdiadochokinesia

<variant> Aphasia
<variant> Seizures
<variant> Amnesia
<variant> Hyperreflexia
<question> Which symptom is characteristic of premotor cortex lesion
<variant> Impaired movement programming (apraxia)
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Amnesia
<question> What is characteristic of migraine with aura
<variant> Visual disturbances before the attack
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Amnesia
<question> Stroke in the posterior cerebral artery territory may cause:
<variant> Cortical blindness
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Amnesia
<question> What is characteristic of parietal lobe tumors
<variant> Sensory disturbances and apraxia
<variant> Motor aphasia
<variant> Seizures
<variant> Ataxia
<variant> Amnesia
<question> What is characteristic of Wernicke encephalopathy
<variant> Ophthalmoplegia, ataxia, confusion
<variant> Seizures
<variant> Aphasia
<variant> Tremor
<variant> Amnesia
<question> Lhermitte's sign, often seen in multiple sclerosis, manifests as:
<variant> Electric shock sensation when bending the neck
<variant> Seizures
<variant> Aphasia
<variant> Ataxia
<variant> Amnesia

Test tasks for boundary control 1

<question> The current source of infection in SARS-CoV-2
<variant> sick person
<variant> rodents
<variant> birds
<variant> insects
<variant> fish
<question> The main type of biomaterial for laboratory studies in infection caused by SARS-CoV-2 ... .
<variant> nasopharyngeal and/or oropharyngeal smear material
<variant>blood serum
<variant> whole blood
<variant> cal
<variant> urine
<question>The main method of laboratory diagnosis of infection caused by SARS-CoV-2 ... .
<variant> polymerase chain reaction
<variant> serological tests
<<variant>immuno chromatographic samples
<variant>virological tests
<variant> coombs test
<<question>Immunity in infections caused by coronavirus ... .
<variant>unstable, possible re-infection
<variant> for 7-10 years
<variant> throughout life
<variant>for 3-5 years
<variant>for 5-6 years
<question>In patients with infection caused by SARS-CoV-2, it is often detected on chest radiography ... .
<variant>double-sided drain infiltrative dimming
<variant>cavern formation
<variant>unilateral infiltrative changes
<variant>unilateral abscess
<variant>focal process
<question> A means of respiratory protection when taking biomaterials suspected of containing coronavirus COVID-19 is ... .
<variant>FFP2 type respirator
<variant>medical mask
<variant>filter gas mask
<variant>gauze bandage
<variant>filter half mask
<question> The main measure in identifying a patient with suspected Covid-19 is ... .
<variant> hospitalization in boxed rooms/wards of an infectious hospital
<<variant> use of disposable medical masks that must be replaced every 2 hours

<variant> transportation of patients by special transport
<variant> compliance with cough hygiene by patients
<variant> the use of disposable medical products
<<question>Pulse oximetry allows .
<variant> identify patients with hypoxemia who need respiratory support
<<variant>determine the developm of heart failure
<<variant>determine the presence pneumonia
<<variant>determine internal bleeding
<variant>monitor blood pressure
<question>The pathological reflex of the upper extremities include ... .
<variant> Rossolimo
<variant> Oppenheim
<variant>Babinsky
<<variant>Crank
<variant> Schaeffer
<question>Muscle hypotrophy is characteristic of the lesion ... .
<variant>of the peripheral motor neuron
<variant>of the central motor neur
<variant>cerebellum
<variant>of the corticonuclear pathway
<variant>of the spinal ganglion
<question>Pathological reflexes ar characteristic of the lesion ... .
<variant>of the central motor neur
<variant>of the peripheral motor neuron
<variant>cerebellum
<<variant>of the spinal ganglion
<variant>of the front spine
<question>When the peripheral mc neuron is affected , the trophic muscles ... .
<variant>reduced
<variant>increased
<variant>not changed
<variant>combined with hypertens
<variant>combined with hyperreflexion
<question>Cerebrospinal fluid is produced. . . .
<variant>vascular plexuses of the cerebral ventricles
<variant>pachyonic granulations
<variant>arachnoid meninges
<variant>soft meninges
<variant>dura mater
<question>A sign of a lesion of the inner capsule is ... .
<variant>hemiparesis
<variant>paraparesis
<variant>lagophthalmos
<variant>monoplegia
<variant>tetraparesis
<question>A sign of the defeat of t pyramid path is ... .
<variant> increased muscle tone
<variant> decreased muscle tone
<variant> reduction of tendon refle
<variant> pathological reflexes
<variant> increased skin reflexes
<question> A sign of damage to th anterior horns of the spinal cord is
<variant> fibrillar twitching
<variant> pathological reflexes
<variant> muscle hypertrophy
<variant> pathological synkinesia
<variant> increased tendon reflexe
<question> A sign of damage to th anterior horns of the spinal cord is
<variant> a decrease in tendon reflexes
<variant> increased tendon reflexe
<variant> clones
<variant> muscle hypertrophy
<variant> muscle hypertension
<question> A sign of damage to th anterior horns of the spinal cord is
<variant> the absence of tendon reflexes
<variant>muscle hypertonia
<variant> increased tendon reflexe
<variant> clones
<variant> muscle hypertrophy
<question> A sign of damage to th anterior horns of the spinal cord is ... .
<variant> muscle hypotension
<variant> pathological reflexes
<variant>muscle hypertonia
<variant> increased tendon reflexes
<variant> clones
<question> A sign of peripheral motor neuron damage is ... .
<variant> muscle hypotrophy
<variant> spastic tone
<variant> muscle hypertension
<variant> increased tendon reflexes
<variant>presence of pathological reflexes
<question> The area of the brain stem where the nucleus of the oculomotor nerve is located is ... .
<variant> brain stem
<variant>sylvian water supply
<variant>varoliev bridge
<variant> medulla oblongata
<variant>IV ventricle
<question> Ptosis is observed when ... a pair of cranial nerves is affected.
<variant> III
<variant> V
<variant> VII
<variant> IV
<variant>VI
<question> Dysphagia occurs when ... a pair of cranial nerves is affected.
<<variant>IX-X chmn pairs
<<variant>V-VII chmn pairs
<variant>VII-XIPARYCHMN
<variant>VI-Xparychmn
<variant>VI-X chmn pairs
<question> Dysarthria occurs when... a pair of cranial nerves is affected.
<variant> XII pairs of chmn
<variant> XI pairs of chmn
<variant> V chmn pairs
<variant> III chmn pairs
<variant>X chmn pairs
<question> Swallowing disorder occurs when ... .
<variant>soft palate muscles
<variant> of the masticatory muscles
<variant> circular eye muscle
<variant> of facial muscles

<variant> circular muscles of the mouth
<question> Bulbar paralysis is characterized by the following symptoms:
<variant>there is no pharyngeal ref
<variant>pharyngeal reflex increas
<variant>violent crying and laughi
<variant>proboscis reflex
<variant>hypertrophy of the tongu
<question> A sign characteristic of the lesion of the facial nerve is ... .
<variant> smoothness of frontal an nasolabial folds
<variant> dysphagia
<variant> ptosis
<<variant> Marinescu-Radovici symptom
<variant>dysphonia
<question> A sign characteristic of the lesion of the oculomotor nerve
<variant> divergent strabismus
<variant>myosis
<variant> restriction of eyeball movement from the outside
<variant> convergent strabismus
<variant> diplopia down
<question> Damage to the cerebell leads to impaired movement in the form of ... .
<variant>ataxia
<variant>paresis
<variant>hyperkinesis
<variant>mydriasis
<variant>cerebellum
<question> Muscle tone in the defe of the cerebellum ... .
<variant> is being lowered
<variant> increases
<variant> does not change
<variant> disappears
<variant> is accelerating
<question> Hyperkinesis occurs wl the lesion ... .
<variant>of the extrapyramidal system
<variant>of the pyramid system
<variant>temporal lobe cortex
<variant>of the brain stem
<variant>of the caudate nucleus
<question> When the extrapyramic system is affected , ...
<variant>akinesia
<variant>hypesthesia
<variant>apraxia
<variant>cuts
<variant>hemianopsia
<question> The red core is part of the... system.
<variant>pallido-nigral
<variant>sensitive
<variant>striar
<variant>pyramid
<variant>vegetative
<question> When the cerebellum is affected , speech ... .
<variant> chanted
<variant>dysarthric
<variant> athonia
<variant> monotonous
<variant> in the form of "verbal diarrhea"
<question> Muscle tone in pallido-nigral syndrome is primarily ... .
<variant> hypertension
<variant>dysmetry
<variant> hypotension
<variant> does not change
<variant> combined with paresis
<question> When the striatal syste is affected , muscle tone ... .
<variant> is being lowered
<variant> disappears
<variant> increases
<variant> does not change
<variant> combined with paresis
<question>For damage to the cerebellum is not characteristic ... .
<variant> dysarthria
<variant> chanted speech
<variant> dysmetry
<variant> atony
<variant> ataxia
<question> When the inner capsule affected , sensitive disorders occur the form of ... .
<variant>hemianesthesia
<variant>monoanesthesia
<variant> of phantom pains
<variant> paresthesia
<variant> root pains
<question> When the posterior columns of the spinal cord are affected, there are violations of ... sensitivity.
<variant> vibration
<variant> temperature
<variant> tactile
<variant> painful
<variant> koreshkovoy
<question> When the visual mound is affected, ataxia occurs.
<variant> sensitive
<variant> dynamic
<variant> cerebellar
<variant> vestibular
<variant> frontal
<question> For the "polyneuritic" type of sensitivity disorder , the most characteristic symptoms are ... .
<variant> pain in the extremities
<<variant> sensitivity disorder in the corresponding dermatomes
<variant> vestibular disorders
<variant> meningeal disorders
<variant> hemianesthesia
<question> With the defeat of the Gasser node on the face , there are ... .
<variant> sensitivity disorders along the branches of the V nerve and herpetic rashes
<variant> sensitivity disorders along V nerve segments and herpetic rashes
<variant> hemianesthesia
<variant> herpetic rashes without sensitivity disorders
<variant> mimic paresis
<question> Gorner 's syndrome is not characterized by the presence of ... .
<variant> exophthalmos
<variant> headache
<variant> ptosis
<variant>mimosa
<variant> enophthalmos

<question> The meningeal symptoms do not include the symptom ... .
<variant>Lasega
<variant>rigidity of the occipital muscles
<variant>Kernig
<variant>Brudzinsky
<variant>Lesage
<question>Meningeal symptoms include the symptom ... .
<variant>rigidity of the occipital muscles
<variant>Oppenheim
<variant>of gordon
<variant>bauer
<variant>Babinsky
<question> Violent movements in the fingers of the hands in the form of "counting coins" or "rolling pills" are observed when ... .
<variant>parkinsonism syndrome
<variant> spastic torticollis
<variant>intentional tremor
<variant> choree
<variant>athetose
<question> Violent movements, changing localization in the face, then in the shoulder, then in the hand - this is ... .
<variant> chorea
<variant> rest tremor
<variant> spastic torticollis
<variant>intentional tremor
<variant>athetosis
<question> The general cerebral symptom is ... .
<variant> headache
<variant> speech disorder
<variant>violation of short-term memory
<variant>semantic aphasia
<variant>nonsense
<question> The patient frowns, grimaces, his movements are sweeping, they increase with excitement, calm down in a dream. Such symptoms are characteristic of ... .
<variant> of choreic hyperkinesis
<variant> athetosis
<variant>myoclonia
<variant> of ticks
<variant>hemiballism
<question>Violent turns, rotational character, hyperkinesis increases with movements, are characteristic of ...
<variant> of torsion dystonia
<variant> of choreic hyperkinesis
<variant> athetosis
<variant>choreoathetosis
<variant>hemiballism
<<question> Distal sensitivity disorders are most characteristic of ... type.
<variant> of the polyneuritic
<variant> of the root
<variant> spinal segmental
<variant> of the conductor
<variant> of the cortical
<question> The patient has a disorder of deep sensitivity of the conductor type on the right leg, characteristic of the lesion ... .
<variant> of the Gaulle bundle
<variant> of the peripheral nerve
<variant> of the back spine
<variant> of the rear horn
<variant> of the spinothalamic pathway
<question> A segmental type of disorder of all types of sensitivity with pain syndrome in the area of the affected segment is observed when ... .
<variant> of the back spine
<variant> of the peripheral nerve
<variant> of the rear horn
<variant> of the spinothalamic pathway
<variant> of the Gaulle bundle
<question>A complex kind of sensitivity is ... .
<variant>stereognostic sense
<variant>joint-muscle feeling
<variant>vibration sensitivity
<variant>temperature sensitivity
<variant>pain sensitivity
<question> The conductor type of surface sensitivity disorder develops with the defeat of ... .
<variant>of the spinothalamic pathway
<variant>of the rear horn
<variant> of the peripheral nerve
<variant>of the back spine
<variant> of the Gaulle bundle
<question> The peripheral type of sensitivity disorder develops when the peripheral nerves are affected ... .
<variant>
<variant>of the rear horn
<variant>of the brain stem
<variant>of the Gaulle bundle
<variant>of the spinothalamic pathway
<question> Pain and temperature anesthesia, as well as tactile hypesthesia to the right below the nipple line is ... type.
<variant>conductor
<variant>peripheral
<variant>segmental
<variant>segmented-dissociated
<variant>cortical
<question>Inflammation develops with meningitis ... .
<variant> of the soft meninges
<variant> dura mater
<variant> of the vascular membrane
<variant> of the arachnoid meninges
<variant>of pachyonic granulations
<question> The meningeal syndrome is characterized by the symptom ... .
<variant> Kernig
<variant> Babinsky
<variant> Babinsky's asinergy
<variant> Oppenheim
<variant> Poussep
<question>Gorner's syndrome is characterized by ... .
<variant> narrowing of the eye slit
<variant> expansion of the eye slit

<variant> convergent strabismus
<variant> divergent strabismus
<variant> convergence weakness
<question>In meningeal syndrome, there is a symptom of ... .
<variant>Kernig
<variant>Neri
<variant>Lasega
<variant>Wasserman-Mackiewicz
<variant> Rossolimo
<question>The symptoms of tension include the symptom ... .
<variant>Lasega
<variant>Babinsky
<variant>Rossolimo
<variant>Brudzinsky
<variant>Grossman
<question> The symptoms of tension include the symptom ... .
<variant>Neri
<variant>Kernig
<variant>Oppenheim
<variant> Zhukovsky
<variant> of gordon
<question> Trigeminal neuralgia is characterized by the presence of ... .
<variant> trigger zones
<variant>Zakharyin-Ged zones
<variant>lesions of the visual intersection
<variant>lesions of hypothalamic nuclei
<variant>basal nucleus lesions
<question> "Clawed paw" is characteristic of the lesion of ... nerve.
<variant> elbow
<variant> of the beam
<variant> of the median
<variant> femoral
<variant> sciatic
<question> The knee reflex falls out when the... nerve is affected.
<variant> femoral
<variant> of the beam
<variant> elbow
<variant> of the median
<variant> sciatic
<question> A dangling foot is characteristic of a lesion of... a nerv
<variant> fibular
<variant> elbow
<variant> femoral
<variant> of the tibial
<variant> of the median
<question> "Cock-like gait" is observed when ... nerve is affected.
<variant> fibular
<variant> of the tibial
<variant> femoral
<variant> elbow
<variant> of the beam
<<question>Polyneuropathy is a lesion ... .
<variant> multiple nerves
<variant> roots
<variant> of one nerve
<variant> ganglion
<variant> of plexuses
<question> Polyneuropathies are characterized by the type of gait ...
<variant> "steppage"
<variant> atactic
<variant> hemiparetic
<variant> "dollhouse"
<variant> gentle
<question> The duration of a painf attack with trigeminal neuralgia is .
<variant> from a few seconds to a minutes
<variant> from several hours
<variant> from several hours to 12 hours
<variant> up to 24 hours
<variant> from several days
<question> Trigeminal neuralgia must be differentiated from ... .
<variant> acute pulpitis
<variant>facial nerve neuropathies
<variant> acute otitis media
<variant> hypoglossal nerve lesions
<variant> olfactory nerve lesions
<question> A sign characteristic of the lesion of the facial nerve is ... .
<variant> smoothness of frontal and nasolabial folds
<variant> dysphagia
<variant> ptosis
<<variant> Marinescu-Radovici symptom
<variant>dysphonia
<question> A sign characteristic of the lesion of the oculomotor nerve ... .
<variant> divergent strabismus
<variant>myosis
<variant> restriction of eyeball movement from the outside
<variant> convergent strabismus
<variant> diplopia down
<question> Symptoms characteristic of the alternating Weber syndrome ... .
<variant> divergent strabismus
<variant>myosis
<variant> convergent strabismus
<variant>lagophthalmos
<variant>paraparesis
<question> Static depends on normal activity ... .
<variant> cerebellum
<variant> of the thalamus
<variant> of the caudate nucleus
<variant> of the black substance
<variant> of the blue spot
<question> Damage to the cerebellum leads to impaired movement in the form of ... .
<variant>ataxia
<variant>paresis
<variant>hyperkinesis
<variant>mydriasis
<variant> cerebellum
<question>The defeat of the facial nerve is characterized by the presence of such a symptom as . . . .
<variant>lagophthalmos
<variant>burning pains in half of the face
<variant>weakness of the chewing muscles
<variant>hypo-infusion
<variant>nasal congestion

<question>When the Gasser node is affected , it is observed . . . .
<variant>reduction of all types of sensitivity and herpetic rashes on the same side of the face
<variant>central paresis of facial muscles
<variant>reduction of surface sensitivity on the same side
<variant>chewing muscle paresis
<variant>peripheral paresis of facial muscles
<question>The patient has shooting paroxysmal pains in the right frontal-parietal part of the head, in the right eyeball, hypesthesia in these areas, a decrease in the corneal reflex on the right. Most likely, the pathological focus is located. . . .
<variant>in 1 branch of the trigeminal nerve
<variant>in the upper branches of the facial nerve
<variant>in the oculomotor nerve
<variant>in the nucleus of the spinal tract of the trigeminal nerve
<variant>in the midbrain core
<<question>The etiological factor of ganglionitis of the cranial node is . . . .
<variant>herpes virus
<variant>staphylococcus aureus
<variant>beta-hemolytic streptococcus
<variant>adenoviruses
<variant>Epstein-Barr virus
<question>The patient has paralysis of facial muscles and lacrimation. The most likely level of defeat is . . . .
<variant>shilosocular orifice
<variant>bridge cerebellar angle
<variant>varoliev bridge
<variant>fallopian canal
<variant>inner ear canal
<question>Facial hemispasm must be differentiated from . . . .
<variant>facial contracture
<variant>facial nerve neuropathy
<variant>trigeminal neuralgia
<variant>ganglionitis of the cranial node
<variant>ganglionitis of the trigeminal node
<question> Cervical thickening form . . . .
<variant> V-VII cervical segments and I-II thoracic segments
<variant> I-VII cervical segments
<variant> III-V sacral segments and coccygeal segments
<<variant> IV lumbar and I-II sacral segments
<variant> X-XII thoracic and I-V lumbar segments
<question> The clinical symptom of Gorner syndrome is . . . .
<variant>narrowing of the eye slit
<variant>widening of the eye slit
<variant>convergent strabismus
<variant>divergent strabismus
<variant>convergence weakness
<question> The fibers of pain and temperature sensitivity are attached to the fibers of deep and tactile sensitivity in . . . .
<variant> visual bump
<variant> medulla oblongata
<variant> brain bridge
<variant>brain legs
<variant> spinal cord
<question> The composition of the midbrain includes . . . .
<variant> red cores
<variant> the nucleus of the abductor nerve
<variant> block nerve nuclei
<variant> oculomotor nerve nuclei
<variant> pyramid path
<question> It is uncharacteristic for Wallenberg-Zakharchenko syndrome. . . .
<variant> hemiplegia
<variant> ptosis, myosis, enophthalmos
<variant>dysphonia, dysphagia
<variant> alternating hemianesthesia
<variant>vestibular ataxia
<question> When small - cell nuclei of the oculomotor nerve are affected , ...
<variant>myosis
<variant> reflex immobility of the pupil
<variant> no pupil reaction to light
<variant> enophthalmos
<variant>mydriasis
<question> Gait in Parkinsonian syndrome . . . .
<variant>shuffling, small steps
<variant> spastic
<variant>spastic-atactic
<variant>hemiparetic
<variant> atactic
<question> It is characteristic of frontal ataxia .. . .
<<variant> tilting or falling to the side, ipsilateral to the affected hemisphere, grasping reflex, mental changes, violation of the sense of smell
<variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus
<variant> staggering when walking, legs wide apart,

flanking gait is sharply disrupted, there is no vision control
<variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait, vision control
<variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide,
discoordination extends to the arms, chest muscles and face
<question> Sensitive ataxia is characterized by...
<variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait, vision control
<<variant> tilting or falling to the side, ipsilateral to the affected hemisphere, grasping reflex, mental changes, violation of the sense of smell
<variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus
<variant> staggering when walking, legs wide apart, flanking gait is sharply disrupted, there is no vision control
<variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide,
discoordination extends to the arms, chest muscles and face
<question> Vestibular ataxia is characterized by...
<variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus
<variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait, vision control
<<variant> tilting or falling to the side, ipsilateral to the affected hemisphere, grasping reflex, mental changes, violation of the sense of smell
<variant> staggering when walking, legs wide apart, flanking gait is sharply disrupted, there is no vision control
<variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide,
discoordination extends to the arms, chest muscles and face
<question> Spinal ataxia includes . . . .
<variant>sensitive
<variant>frontal
<variant>cerebellar
<variant>vestibular
<variant>temporal
<question> A patient with motor aphasia. . . .
<<variant> understands the addressed speech, but cannot speak
<<variant> does not understand the addressed speech and cannot speak
<variant> can speak, but does not understand the addressed speech
<variant> can speak, but the speech is chanted
<variant> can speak, but does not pronounce consonant letters
<question> A patient with sensory aphasia. . . .
<<variant> does not understand the addressed speech and does not control his own speech
<variant> cannot speak and does not understand the converted speech
<<variant> understands the addressed speech, but cannot speak
<variant> can speak, but forgets the names of items
<<variant> does not understand the addressed speech, but controls its own speech
<question>Amnesic aphasia is observed in the lesion . . . .
<variant> junction of temporal and parietal lobes
<variant> of the frontal lobe
<variant> of the parietal lobe
<variant> the junction of the frontal and parietal lobes
<variant> the junction of the parietal and occipital lobes
<question>Ideatory apraxia is characteristic of the lesion . . . .
<variant>supramental gyrus of the dominant hemisphere
<variant> angular gyrus of the dominant hemisphere
<variant> of the corpus callosum
<variant> of the frontal lobe of the dominant hemisphere
<variant> of the temporal lobe of the dominant hemisphere
<question> Constructive apraxia is characterized by . . . .
<variant> inability to construct a whole from a part
<variant> inability to build and implement an action program
<variant> the impossibility of repeating the action shown
<variant> the inability to perform an action due to a violation of coordination
<variant> the inability to perform an action due to a violation of stereognosis
<question> Computed tomography of the brain does not allow ... .
<variant> differentiate the histological structure of the tumor
<variant> differentiate the gray and white matter of the brain
<variant> determine the state of the liquor pathways

<variant> identify areas of ischemia and hemorrhage
<variant> determine the zone of perifocal edema

Compled by PhD doctor Polukchi T.V.
assistant of the department Yesetova A.A.
Head of the Department, PhD, Professor Zharkinbekova N.A.
Protocol №1 «27» 08 2025y

Test tasks for boundary control 2

<question> The current source of infection in SARS-CoV-2
<variant> sick person
<variant> rodents
<variant> birds
<variant> insects
<variant> fish
<question> The main type of biomaterial for laboratory studies in infection caused by SARS-CoV-2 ... .
<variant> nasopharyngeal and/or oropharyngeal smear material
<variant>blood serum
<variant> whole blood
<variant> cal
<variant> urine
<question>The main method of laboratory diagnosis of infection caused by SARS-CoV-2 ... .
<variant> polymerase chain reaction
<variant> serological tests
<<variant>immuno chromatographic samples
<variant>virological tests
<variant> coombs test
<<question>Immunity in infections caused by coronavirus ... .
<variant>unstable, possible re-infection
<variant> for 7-10 years
<variant> throughout life
<variant>for 3-5 years
<variant>for 5-6 years
<question>In patients with infection caused by SARS-CoV-2, it is often detected on chest radiography ... .
<variant>double-sided drain infiltrative dimming
<variant>cavern formation
<variant>unilateral infiltrative changes
<variant>unilateral abscess
<variant>focal process
<question> A means of respiratory protection when taking biomaterials suspected of containing coronavirus COVID-19 is ... .
<variant>FFP2 type respirator
<variant>medical mask
<variant>filter gas mask
<variant>gauze bandage
<variant>filter half mask
<question> The main measure in identifying a patient with suspected Covid-19 is ... .
<variant> hospitalization in boxed rooms/wards of an infectious hospital
<<variant> use of disposable medical masks that must be replaced every 2 hours
<variant> transportation of patients by special transport
<variant> compliance with cough hygiene by patients
<variant> the use of disposable medical products
<<question>Pulse oximetry allows ... .
<variant> identify patients with hypoxemia who need respiratory support
<<variant>determine the development of heart failure
<<variant>determine the presence of pneumonia
<<variant>determine internal bleeding
<variant>monitor blood pressure
<question>The pathological reflexes of the upper extremities include ... .
<variant> Rossolimo
<variant> Oppenheim
<variant>Babinsky
<<variant>Crank
<variant> Schaeffer
<question>Muscle hypotrophy is characteristic of the lesion ... .
<variant>of the peripheral motor neuron
<variant>of the central motor neuron
<variant>cerebellum
<variant>of the corticonuclear pathway
<variant>of the spinal ganglion
<question>Pathological reflexes are characteristic of the lesion ... .

<variant>of the central motor neuron
<variant>of the peripheral motor neuron
<variant>cerebellum
<<variant>of the spinal ganglion
<variant>of the front spine
<question>When the peripheral motor neuron is affected , the trophic muscles ... .
<variant>reduced
<variant>increased
<variant>not changed
<variant>combined with hypertension
<variant>combined with hyperreflexion
<question>Cerebrospinal fluid is produced. . . .
<variant>vascular plexuses of the cerebral ventricles
<variant>pachyonic granulations
<variant>arachnoid meninges
<variant>soft meninges
<variant>dura mater
<question>A sign of a lesion of the inner capsule is ... .
<variant>hemiparesis
<variant>paraparesis
<variant>lagophthalmos
<variant>monoplegia
<variant>tetraparesis
<question>A sign of the defeat of the pyramid path is ... .
<variant> increased muscle tone
<variant> decreased muscle tone
<variant> reduction of tendon reflexes
<variant> pathological reflexes
<variant> increased skin reflexes
<question> A sign of damage to the anterior horns of the spinal cord is ... .
<variant> fibrillar twitching
<variant> pathological reflexes
<variant> muscle hypertrophy
<variant> pathological synkinesia
<variant> increased tendon reflexes
<question> A sign of damage to the anterior horns of the spinal cord is ..... .
<variant> a decrease in tendon reflexes
<variant> increased tendon reflexes
<variant> clones
<variant> muscle hypertrophy
<variant> muscle hypertension
<question> A sign of damage to the anterior horns of the spinal cord is ... .
<variant> the absence of tendon reflexes
<variant>muscle hypertonia
<variant> increased tendon reflexes
<variant> clones
<variant> muscle hypertrophy
<question> A sign of damage to the anterior horns of the spinal cord is ... .
<variant> muscle hypotension
<variant> pathological reflexes
<variant>muscle hypertonia
<variant> increased tendon reflexes
<variant> clones
<question> A sign of peripheral motor neuron damage is ... .
<variant> muscle hypotrophy
<variant> spastic tone
<variant> muscle hypertension
<variant> increased tendon reflexes
<variant>presence of pathological reflexes
<question> The area of the brain stem where the nucleus of the oculomotor nerve is located is ... .
<variant> brain stem
<variant>sylvian water supply
<variant>varoliev bridge
<variant> medulla oblongata
<variant>IV ventricle
<question> Ptosis is observed when ... a pair of cranial nerves is affected
<variant> III
<variant> V
<variant> VII
<variant> IV
<variant>VI
<question> Dysphagia occurs when ..... a pair of cranial nerves is affected.
<<variant>IX-X chmn pairs
<<variant>V-VII chmn pairs
<variant>VII-XIPARYCHMN
<variant>VI-Xparychmn
<variant>VI-X chmn pairs
<question> Dysarthria occurs when... a pair of cranial nerves is affected.
<variant> XII pairs of chmn
<variant> XI pairs of chmn
<variant> V chmn pairs
<variant> III chmn pairs
<variant>X chmn pairs
<question> Swallowing disorder occurs when ... .
<variant>soft palate muscles
<variant> of the masticatory muscles
<variant> circular eye muscle
<variant> of facial muscles
<variant> circular muscles of the mouth
<question> Bulbar paralysis is characterized by the following symptoms:
<variant>there is no pharyngeal reflex
<variant>pharyngeal reflex increased
<variant>violent crying and laughing
<variant>proboscis reflex
<variant>hypertrophy of the tongue
<question> A sign characteristic of the lesion of the facial nerve is ... .
<variant> smoothness of frontal and nasolabial folds
<variant> dysphagia
<variant> ptosis
<<variant> Marinescu-Radovici symptom
<variant>dysphonia
<question> A sign characteristic of the lesion of the oculomotor nerve ... .
<variant> divergent strabismus
<variant>myosis

<variant> restriction of eyeball movement from the outside
<variant> convergent strabismus
<variant> diplopia down
<question> Damage to the cerebellum leads to impaired movement in the form of ... .
<variant>ataxia
<variant>paresis
<variant>hyperkinesis
<variant>mydriasis
<variant>cerebellum
<question> Muscle tone in the defeat of the cerebellum ... .
<variant> is being lowered
<variant> increases
<variant> does not change
<variant> disappears
<variant> is accelerating
<question> Hyperkinesis occurs when the lesion ... .
<variant>of the extrapyramidal system
<variant>of the pyramid system
<variant>temporal lobe cortex
<variant>of the brain stem
<variant>of the caudate nucleus
<question> When the extrapyramidal system is affected , ...
<variant>akinesia
<variant>hypesthesia
<variant>apraxia
<variant>cuts
<variant>hemianopsia
<question> The red core is part of the... system.
<variant>pallido-nigral
<variant>sensitive
<variant>striar
<variant>pyramid
<variant>vegetative
<question> When the cerebellum is affected , speech ... .
<variant> chanted
<variant>dysarthric
<variant> athonia
<variant> monotonous
<variant> in the form of "verbal diarrhea"
<question> Muscle tone in pallido-nigral syndrome is primarily ... .
<variant> hypertension
<variant>dysmetry
<variant> hypotension
<variant> does not change
<variant> combined with paresis
<question> When the striatal system is affected , muscle tone ... .
<variant> is being lowered
<variant> disappears
<variant> increases
<variant> does not change
<variant> combined with paresis
<question>For damage to the cerebellum is not characteristic ... .
<variant> dysarthria
<variant> chanted speech
<variant> dysmetry
<variant> atony
<variant> ataxia
<question> When the inner capsule ... is affected , sensitive disorders occu in the form of ... .
<variant>hemianesthesia
<variant>monoanesthesia
<variant> of phantom pains
<variant> paresthesia
<variant> root pains
<question> When the posterior columns of the spinal cord are affected, there are violations of ... sensitivity.
<variant> vibration
<variant> temperature
<variant> tactile
<variant> painful
<variant> koreshkovoy
<question> When the visual mound is affected, ataxia occurs.
<variant> sensitive
<variant> dynamic
<variant> cerebellar
<variant> vestibular
<variant> frontal
<question> For the "polyneuritic" type of sensitivity disorder , the most characteristic symptoms are ... .
<variant> pain in the extremities
<<variant> sensitivity disorder in the corresponding dermatomes
<variant> vestibular disorders
<variant> meningeal disorders
<variant> hemianesthesia
<question> With the defeat of the Gasser node on the face , there are ... .
<variant> sensitivity disorders along the branches of the V nerve and herpetic rashes
<variant> sensitivity disorders along V nerve segments and herpetic rashes
<variant> hemianesthesia
<variant> herpetic rashes without sensitivity disorders
<variant> mimic paresis
<question> Gorner 's syndrome is not characterized by the presence of ... .
<variant> exophthalmos
<variant> headache
<variant> ptosis
<variant>mimosa
<variant> enophthalmos
<question> The meningeal symptoms do not include the symptom ... .
<variant>Lasega
<variant>rigidity of the occipital muscles
<variant>Kernig
<variant>Brudzinsky
<variant>Lesage
<question>Meningeal symptoms include the symptom ... .
<variant>rigidity of the occipital muscles
<variant>Oppenheim
<variant>of gordon
<variant>bauer
<variant>Babinsky
<question> Violent movements in the fingers of the hands in the form

of "counting coins" or "rolling pills" are observed when ... .
<variant>parkinsonism syndrome
<variant> spastic torticollis
<variant>intentional tremor
<variant> choree
<variant>athetose
<question> Violent movements, changing localization in the face, then in the shoulder, then in the hand - this is ... .
<variant> chorea
<variant> rest tremor
<variant> spastic torticollis
<variant>intentional tremor
<variant>athetosis
<question> The general cerebral symptom is ... .
<variant> headache
<variant> speech disorder
<variant>violation of short-term memory
<variant>semantic aphasia
<variant>nonsense
<question> The patient frowns, grimaces, his movements are sweeping, they increase with excitement, calm down in a dream. Such symptoms are characteristic of ... .
<variant> of choreic hyperkinesis
<variant> athetosis
<variant>myoclonia
<variant> of ticks
<variant>hemiballism
<question>Violent turns, rotational character, hyperkinesis increases with movements, are characteristic of ... .
<variant> of torsion dystonia
<variant> of choreic hyperkinesis
<variant> athetosis
<variant>choreoathetosis
<variant>hemiballism
<<question> Distal sensitivity disorders are most characteristic of ... type.
<variant> of the polyneuritic
<variant> of the root
<variant> spinal segmental
<variant> of the conductor
<variant> of the cortical
<question> The patient has a disorder of deep sensitivity of the conductor type on the right leg, characteristic of the lesion ... .
<variant> of the Gaulle bundle
<variant> of the peripheral nerve
<variant> of the back spine
<variant> of the rear horn
<variant> of the spinothalamic pathway
<question> A segmental type of disorder of all types of sensitivity with pain syndrome in the area of the affected segment is observed when ... .
<variant> of the back spine
<variant> of the peripheral nerve
<variant> of the rear horn
<variant> of the spinothalamic pathway
<variant> of the Gaulle bundle
<question>A complex kind of sensitivity is ... .
<variant>stereognostic sense
<variant>joint-muscle feeling
<variant>vibration sensitivity
<variant>temperature sensitivity
<variant>pain sensitivity
<question> The conductor type of surface sensitivity disorder develops with the defeat of ... .
<variant>of the spinothalamic pathway
<variant>of the rear horn
<variant> of the peripheral nerve
<variant>of the back spine
<variant> of the Gaulle bundle
<question> The peripheral type of sensitivity disorder develops when the peripheral nerves are affected ... .
<variant>
<variant>of the rear horn
<variant>of the brain stem
<variant>of the Gaulle bundle
<variant>of the spinothalamic pathway
<question> Pain and temperature anesthesia, as well as tactile hypesthesia to the right below the nipple line is ... type.
<variant>conductor
<variant>peripheral
<variant>segmental
<variant>segmented-dissociated
<variant>cortical
<question>Inflammation develops with meningitis ... .
<variant> of the soft meninges
<variant> dura mater
<variant> of the vascular membrane
<variant> of the arachnoid meninges
<variant>of pachyonic granulations
<question> The meningeal syndrome is characterized by the symptom ... .
<variant> Kernig
<variant> Babinsky
<variant> Babinsky's asinergy
<variant> Oppenheim
<variant> Poussep
<question>Gorner's syndrome is characterized by ... .
<variant> narrowing of the eye slit
<variant> expansion of the eye slit
<variant> convergent strabismus
<variant> divergent strabismus
<variant> convergence weakness
<question>In meningeal syndrome, there is a symptom of ... .
<variant>Kernig
<variant>Neri
<variant>Lasega
<variant>Wasserman-Mackiewicz
<variant> Rossolimo
<question>The symptoms of tension include the symptom ... .
<variant>Lasega
<variant>Babinsky

<variant>Rossolimo
<variant>Brudzinsky
<variant>Grossman
<question> The symptoms of tension include the symptom ... .
<variant>Neri
<variant>Kernig
<variant>Oppenheim
<variant> Zhukovsky
<variant> of gordon
<question> Trigeminal neuralgia is characterized by the presence of ... .
<variant> trigger zones
<variant>Zakharyin-Ged zones
<variant>lesions of the visual intersection
<variant>lesions of hypothalamic nuclei
<variant>basal nucleus lesions
<question> "Clawed paw" is characteristic of the lesion of ... nerve.
<variant> elbow
<variant> of the beam
<variant> of the median
<variant> femoral
<variant> sciatic
<question> The knee reflex falls out when the... nerve is affected.
<variant> femoral
<variant> of the beam
<variant> elbow
<variant> of the median
<variant> sciatic
<question> A dangling foot is characteristic of a lesion of... a nerve.
<variant> fibular
<variant> elbow
<variant> femoral
<variant> of the tibial
<variant> of the median
<question> "Cock-like gait" is observed when ... nerve is affected.
<variant> fibular
<variant> of the tibial
<variant> femoral
<variant> elbow
<variant> of the beam
<<question>Polyneuropathy is a lesion ... .
<variant> multiple nerves
<variant> roots
<variant> of one nerve
<variant> ganglion
<variant> of plexuses
<question> Polyneuropathies are characterized by the type of gait ... .
<variant> "steppage"
<variant> atactic
<variant> hemiparetic
<variant> "dollhouse"
<variant> gentle
<question> The duration of a painfu attack with trigeminal neuralgia is ... .
<variant> from a few seconds to a few minutes
<variant> from several hours
<variant> from several hours to 12 hours
<variant> up to 24 hours
<variant> from several days
<question> Trigeminal neuralgia must be differentiated from ... .
<variant> acute pulpitis
<variant>facial nerve neuropathies
<variant> acute otitis media
<variant> hypoglossal nerve lesions
<variant> olfactory nerve lesions
<question> A sign characteristic of the lesion of the facial nerve is ... .
<variant> smoothness of frontal and nasolabial folds
<variant> dysphagia
<variant> ptosis
<<variant> Marinescu-Radovici symptom
<variant>dysphonia
<question> A sign characteristic of the lesion of the oculomotor nerve ... .
<variant> divergent strabismus
<variant>myosis
<variant> restriction of eyeball movement from the outside
<variant> convergent strabismus
<variant> diplopia down
<question> Symptoms characteristic of the alternating Weber syndrome ... .
<variant> divergent strabismus
<variant>myosis
<variant> convergent strabismus
<variant>lagophthalmos
<variant>paraparesis
<question> Static depends on normal activity ... .
<variant> cerebellum
<variant> of the thalamus
<variant> of the caudate nucleus
<variant> of the black substance
<variant> of the blue spot
<question> Damage to the cerebellum leads to impaired movement in the form of ... .
<variant>ataxia
<variant>paresis
<variant>hyperkinesis
<variant>mydriasis
<variant> cerebellum
<question>The defeat of the facial nerve is characterized by the presence of such a symptom as . . . .
<variant>lagophthalmos
<variant>burning pains in half of the face
<variant>weakness of the chewing muscles
<variant>hypo-infusion
<variant>nasal congestion
<question>When the Gasser node is affected , it is observed . . . .
<variant>reduction of all types of sensitivity and herpetic rashes on the same side of the face
<variant>central paresis of facial muscles
<variant>reduction of surface sensitivity on the same side
<variant>chewing muscle paresis

<variant>peripheral paresis of facial muscles
<question>The patient has shooting paroxysmal pains in the right frontal-parietal part of the head, in the right eyeball, hypesthesia in these areas, a decrease in the corneal reflex on the right. Most likely, the pathological focus is located. . . .
<variant>in 1 branch of the trigeminal nerve
<variant>in the upper branches of the facial nerve
<variant>in the oculomotor nerve
<variant>in the nucleus of the spinal tract of the trigeminal nerve
<variant>in the midbrain core
<<question>The etiological factor of ganglionitis of the cranial node is . . . .
<variant>herpes virus
<variant>staphylococcus aureus
<variant>beta-hemolytic streptococcus
<variant>adenoviruses
<variant>Epstein-Barr virus
<question>The patient has paralysis of facial muscles and lacrimation. The most likely level of defeat is . . . .
<variant>shilosocular orifice
<variant>bridge cerebellar angle
<variant>varoliev bridge
<variant>fallopian canal
<variant>inner ear canal
<question>Facial hemispasm must be differentiated from . . . .
<variant>facial contracture
<variant>facial nerve neuropathy
<variant>trigeminal neuralgia
<variant>ganglionitis of the cranial node
<variant>ganglionitis of the trigeminal node
<question> Cervical thickening form . . . .
<variant> V-VII cervical segments and I-II thoracic segments
<variant> I-VII cervical segments
<variant> III-V sacral segments and coccygeal segments
<<variant> IV lumbar and I-II sacral segments
<variant> X-XII thoracic and I-V lumbar segments
<question> The clinical symptom of Gorner syndrome is . . . .
<variant>narrowing of the eye slit
<variant>widening of the eye slit
<variant>convergent strabismus
<variant>divergent strabismus
<variant>convergence weakness
<question> The fibers of pain and temperature sensitivity are attached to the fibers of deep and tactile sensitivity in . . . .
<variant> visual bump
<variant> medulla oblongata
<variant> brain bridge
<variant>brain legs
<variant> spinal cord
<question> The composition of the midbrain includes . . . .
<variant> red cores
<variant> the nucleus of the abductor nerve
<variant> block nerve nuclei
<variant> oculomotor nerve nuclei
<variant> pyramid path
<question> It is uncharacteristic for Wallenberg-Zakharchenko syndrome. . . .
<variant> hemiplegia
<variant> ptosis, myosis, enophthalmos
<variant>dysphonia, dysphagia
<variant> alternating hemianesthesia
<variant>vestibular ataxia
<question> When small - cell nuclei of the oculomotor nerve are affected , ...
<variant>myosis
<variant> reflex immobility of the pupil
<variant> no pupil reaction to light
<variant> enophthalmos
<variant>mydriasis
<question> Gait in Parkinsonian syndrome . . . .
<variant>shuffling, small steps
<variant> spastic
<variant>spastic-atactic
<variant>hemiparetic
<variant> atactic
<question> It is characteristic of frontal ataxia .. . .
<<variant> tilting or falling to the side, ipsilateral to the affected hemisphere, grasping reflex, mental changes, violation of the sense of smell
<variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus
<variant> staggering when walking, legs wide apart, flanking gait is sharply disrupted, there is no vision control
<variant> instability when walking, legs bend excessively

in the hip and knee joints, stamping gait, vision control
<variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide,
discoordination extends to the arms, chest muscles and face
<question> Sensitive ataxia is characterized by...
<variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait, vision control
<<variant> tilting or falling to the side, ipsilateral to the affected hemisphere, grasping reflex, mental changes, violation of the sense of smell
<variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus
<variant> staggering when walking, legs wide apart, flanking gait is sharply disrupted, there is no vision control
<variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide,
discoordination extends to the arms, chest muscles and face
<question> Vestibular ataxia is characterized by...
<variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus
<variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait, vision control
<<variant> tilting or falling to the side, ipsilateral to the affected hemisphere, grasping reflex, mental changes, violation of the sense of smell
<variant> staggering when walking, legs wide apart, flanking gait is sharply disrupted, there is no vision control
<variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide,
discoordination extends to the arms, chest muscles and face
<question> Spinal ataxia includes . . . .
<variant>sensitive
<variant>frontal
<variant>cerebellar
<variant>vestibular
<variant>temporal
<question> A patient with motor aphasia. . . .
<<variant> understands the addressed speech, but cannot speak
<<variant> does not understand the addressed speech and cannot speak
<variant> can speak, but does not understand the addressed speech
<variant> can speak, but the speech is chanted
<variant> can speak, but does not pronounce consonant letters
<question> A patient with sensory aphasia. . . .
<<variant> does not understand the addressed speech and does not control his own speech
<variant> cannot speak and does not understand the converted speech
<<variant> understands the addressed speech, but cannot speak
<variant> can speak, but forgets the names of items
<<variant> does not understand the addressed speech, but controls its own speech
<question>Amnesic aphasia is observed in the lesion . . . .
<variant> junction of temporal and parietal lobes
<variant> of the frontal lobe
<variant> of the parietal lobe
<variant> the junction of the frontal and parietal lobes
<variant> the junction of the parietal and occipital lobes
<question>Ideatory apraxia is characteristic of the lesion . . . .
<variant>supramental gyrus of the dominant hemisphere
<variant> angular gyrus of the dominant hemisphere
<variant> of the corpus callosum
<variant> of the frontal lobe of the dominant hemisphere
<variant> of the temporal lobe of the dominant hemisphere
<question> Constructive apraxia is characterized by . . . .
<variant> inability to construct a whole from a part
<variant> inability to build and implement an action program
<variant> the impossibility of repeating the action shown
<variant> the inability to perform an action due to a violation of coordination
<variant> the inability to perform an action due to a violation of stereognosis
<question> Computed tomography of the brain does not allow ... .
<variant> differentiate the histological structure of the tumor
<variant> differentiate the gray and white matter of the brain

<variant> determine the state of the liquor pathways <variant> identify areas of ischemia and hemorrhage <variant> determine the zone of perifocal edema

List of practical skills in the discipline
Assessment of bachelor's practical skills

№	Name of skill	Points		
	Normal reflexes (surface)	**1**	**0,5**	**0**
1	Corneal reflex			
2	Palatal reflex			
3	Glottic reflex			
4	Upper abdominal reflex			
5	Middle abdominal reflex			
6	Lower abdominal reflex			
7	Crimaster reflex			
8	Plantar reflex			
9	Anal reflex			
10	Muscle strength assessment	**1**	**0,5**	**0**
11	Assessment of muscle tone	**1**	**0,5**	**0**
	Normal reflexes (deep)	**1**	**0,5**	**0**
12	Overhead reflex			
13	Mandibular reflex			
14	Flexion-elbow reflex			
15	Extensor-elbow reflex			
16	Carpo-radial reflex			
17	Scapulo-shoulder reflex			
18	Knee reflex			
19	Achilles reflex			
20	Mayer reflex			
21	Leri reflex			
	Pathological oral automatism reflexes	**1**	**0,5**	**0**
22	Astvatsaturov nasolabial reflex			
23	Trunk reflex			
24	Sucking reflex			
25	Marinescu-Radovici palm-mouth reflex			
	Pathological hand reflexes	**1**	**0,5**	**0**
26	Rossolimo's reflex			
27	Bekhterev's reflex 1			
28	Bechterev's reflex 2			
29	Zhukovsky reflex			
30	Hoffman reflex			
31	Janiszewski grip reflex			
32	Jacobson-Laske reflex			
	Pathological foot reflexes	**1**	**0,5**	**0**
33	Babinski reflex			

34	Oppenheim reflex			
35	Gordon reflex			
36	Schaeffer reflex			
37	Pussep reflex			
38	Grossman's reflex			
39	Cheddock reflex			
40	Rossolimo's reflex			
41	Bekhterev's reflex 1			
42	Bekhterev's reflex-2			
43	Zhukovsky reflex			
44	Synkinesias are... Types of synkinesias	**1**	**0,5**	**0**
45	Clonus is...	**1**	**0,5**	**0**
	Sensory sphere (superficial)	**1**	**0,5**	**0**
46	Tactile			
47	Temperature			
48	Pain			
	Sensory sphere (deep)	**1**	**0,5**	**0**
49	Musculoskeletal feeling			
50	Vibration			
51	Sense of pressure and weight			
52	Skin kinesthesia			
	Sensory sphere (complex types)	**1**	**0,5**	**0**
53	Localization			
54	Two-dimensional-spatial			
55	Discrimination			
56	Stereognosis			
	Cranial nerves	**1**	**0,5**	**0**
57	I pair - olfactory nerve			
58	II pair - optic nerve			
59	III, IV, VI pairs - oculomotor nerve, block nerve, withdrawal nerve			
60	V pair - trigeminal nerve			
61	VII pair - facial nerve			
62	VII pair - auditory nerve			
63	IX, X pairs - lingual-pharyngeal and vagus nerves			
64	XI pair - accessory nerve			
65	XII pair - hyoid nerve			
	Coordinator tests	**1**	**0,5**	**0**
66	Romberg test			
67	Nasal-finger test			
68	Heel-knee test			
69	Diadochokinesis test			
70	Pronator test			
71	Babinski's assynergy			
72	Identification of ataxia types			
	Cognitive disorders	**1**	**0,5**	**0**
73	Cognitive impairments			
74	Carrying out the "drawing of the clock" test			
75	Speech disorders			

	Meningeal symptoms	1	0,5	0
76	Stiffness of the neck muscles			
77	Kerning's symptom			
78	Brudzinski's symptom			
79	Bekhterev's zygomatic symptom			
80	Guillain's symptom			
81	General cerebral symptoms			

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Protocol №1 «27» 08 2025y