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ZAPORIZHZHIA STATE MEDICAL UNIVERSITY
Department of nervous diseases

Collection of test for topical diagnostic for practical employments for the students of the 4th course of II international faculty

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INTRODUCTION

Further progress of higher medical education requires implementing new forms of both teaching methods and knowledge control. These new forms intensify the learning process and develop student’s practical diagnostic.

In the collection of tasks on topical diagnostics test tasks for practical exercises are presented to prepare for modular tests with answer standards the collection can be used both for independent work of students and teachers in the process of practical exercises.

Topical neurology

1. At patient has dysphonia, dysphagia, dysarthria, phageal reflex absent.

What type of syndrome?

A. *Bulbar syndrome.

B. Jackson’s syndrome.

C. Pseudobulbar syndrome.

D. Schmidt’s syndrome.

E. Central syndrome.

2. Does the alternating syndrome of Avellis’s except for a central hemiparesis, suppose the defeat of what cranial nerves?

A. IX and XII.

B. IX, X, XII.

C. X and IX.

D. *X and XII.

E. X.

3. At patient has complaints about the one-sided decline of ear on the right, on the same side the defeat of function facial and trigeminal nerves, dizziness and ataxia, is exposed at walking.

What is the syndrome?

A. Pseudobulbar syndrome.

B. Dejerine-Roussy’s syndrome.

C. Syndrome internal capsule.

D. *Syndrome of ponto-cerebellum angle.

E. Tolos-Khant’s syndrome

4. At patient has fotom’s and visual agnosia, periodical development attacks with aura (example, flash, fire and shadow).

Where is the focus of irritation located?

A. Frontal lobe.

B. Thalamus.

C. Occipital lobe.

D. *Temporal lobe.

E. Parietal lobe.

5. A patient grumbles about the loss of usual skills (cannot be independently dressed), can not read, write, consider, does not know objects by touch. Objectively: violation of all of types of sensitiveness on a right arm and right half of person, apraxia, agraphia, typhlolexia, acalculia, amnestic aphasia.

What is localization of focus defeat?

A. Occipital lobe on the left.

B. Occipital lobe on the right.

C. Frontal lobe on the right.

D. *Parietal lobe on the left.

E. Temporal lobe on the left.

6. A patient is delivered in a clinic with an allolalia, weakness in right extremities, instability at standing and walking. Objectively: a motor aphasia, hemiparesis, is in right extremities, astasia-abasia. The grabbing phenomenon of Yanishevskiy is positive.

What is localization of focus defeat?

A. *Frontal lobe on the left.

D. Frontal lobe on the right.

C. Temporal lobe on the left.

D. Right hemisphere of cerebellum.

E. Parietal lobe on the left.

7. At patient of complaint about a paropsis, unrecognition of the acquainted objects. Objectively: visual agnosia, quadrant hemianopsia.

What is localization of focus defeat?

A. *Occipital lobe.

B. Frontal lobe.

C. Parietal lobe.

D. Temporal lobe.

E. Brain steam.

8. At patient has disturbance of purposeful movements which is not due to elementary motor or sensory impairments.

What the type of violation?

A. Agnosia

B. Agraphia

C. Aphasia

D. *Apraxia

E. Acalculia

9. At patient of complaint about headache with an irradiation in an eye socket, change of sense of smell. Oculist: primary atrophy of disk of visual nerve on the side of focus and presence of stagnant disk of visual nerve on other side.

What is localization of focus defeat?

A. Lateral departments of bark of temporal lobe.

B. *Mediobazal departments of frontal lobe.

C. Syndrome defeats of postcentral gurus.

D. Occipital lobe.

E. Defeat upper parietal lobe.

10. At patient grumbles about worsening of ear, dizziness, feeling of «falling of ceiling, wall». Objectively: auditory agnosia, dynamic ataxia is in left extremities.

What is localization of focus defeat?

A. Frontal lobe on the right.

B. Parietal lobe on the right.

C. *Temporal lobe on the right.

D. Hemispheres of cerebellum on the right.

E. Occipital lobe on the left.

11. For a defeat, what structure is a homonymous hemianopsia characteristic?

A. Frontal lobe.

B. Parietal lobe.

C. *Occipital lobe.

D. Temporal lobe.

E. Corpus collosum.

12. Patient complaint about visual hallucinations as «lightning's», «sparkling stars».

What kind of syndrome is this?

A. Visual illusions

B. Complex visual hallucinations.

C. *Simple visual hallucinations

D. Homonymous of scotoma.

E. Homonymous hemianopsia.

13. The relatives of patient paid a regard to, inadequate conduct untidiness patient, depression replaced euphoria, after a weakness joined in left extremities. Objectively: reflexes of oral automatism are positive, hemiparesis in left extremities; positive phenomenon of Yanishevskiy, criticism is lowering.

What is localization of focus defeat?

A. Frontal lobe on the left.

B. *Temporal lobe on the right.

C. Frontal lobe on the right

D. Corpus collosum.

E. Temporal lobe on the left.

14. At patient has an attack convulsive for that stars with the turn of head and eyes to the right. Cramps generalized in future.

What is localization of focus defeat?

A. Medial surface of occipital lobe on the left.

B. Postcentral gurus on the left.

C. *Back department of middle frontal gurus of left hemisphere.

D. Parietal lobe

E. Temporal lobe.

15. A patient grumbles about the change of gait, shaking in overhead extremities, change of handwriting. Objectively: hypomymya, bradikynesia, tremor of type is «rolling of pills». The Noika syndrome is positive from 2-th sides.

What syndrome developed at a patient?

A. Athetosis.

B. Syndrome defeats of cerebellum.

C. *Syndrome Parkinsonism.

D. Chorea.

E. Gemybalism.

16. What type of tremor is characteristic for the defeat of cerebellum?

A. Parkinson tremor.

B. *Intension tremor.

C. Alcohol tremor.

D. Essencial tremor.

E. Functional tremor.

17. For a child with illness of Fridreykh's slow, unsynchronous vermiform fanciful motions appeared in the distal departments of extremities.

What type of hyperkinesia at a patient?

A. Chorea.

B. Mioklonia.

C. Hemiballism.

D. *Athetosis.

E. Torsion spasm.

18. For a patient the intension shaking is marked at implementation of finger-nose test on the right, hypotonia of muscles in right extremities, ataxia in the Romberg pose with rejection to the right.

Where is the focus of defeat localized?

A. Thalamus on the right.

B. Capsule internal.

C. *Cerebellum on the right.

D. Mesencephalon.

E. Frontal lobe.

19. A sick complaint about dizziness unsteadiness at walking. Objectively: deflexion in the Romberg poses, hyperemia of person, hyperhidros, sonitus and decline of ear.

What type of ataxia?

A. *Vestibular.

B. Cerebellum.

C. Functional.

D. Cortical.

E. Sensitive.

20. At patient have hemianestesia, sensitive hemiataxia, hemianopsia and choreatetosia of right arm. What is the diagnosis?

A. Syndrome defeats of radiant crown on the left.

B. Postcentral gyrus.

C. Internal capsule on left.

D. *Thalamus on the left.

E. Brain stem on the left.

21. A patient unbalances upended (shaking at standing), gait of «drunk», hypotonia of muscles.

Where is the focus of defeat localized?

A. Hemispheres of cerebellum.

B. Temporal lobe.

C. Pontino-cerebellar angle syndrom.

D. *Vermis of cerebellum.

E. Frontal lobe.

22. Patient has pains in area of buttocks, crotch, including pains of position, and also disorders Exam: disorders motor function of extremities absent, muscular pelvic organs atrophy of buttock, anesthesia of anogenital zone, bed sore (decubitus)

Where localization pathologic focus?

A. *Cone.

B. Cauda ecvina

C. Lumbar bulge.

D. Lower thoracic redgio.

E. Epicone.

23. Patient has disorders of visual (diplopia), weakness of muscles of right half of face; disorders motions opposite side. Examination: paresis VI and VII pair of cranial nerves on peripheral type – right, left side – spastic hemiparesis.

How is a syndrome named?

A. Jackson's syndrome.

B. *Foville's syndrome.

C. Avellis's syndrome.

D. Millard-Gubler's syndrome

E. Schmidt's syndrome.

24. Patient has absent of pain and temperature sensory on the right of level of nipple to the level of belly-button. Other types of deep sensory not disorders.

Where is a focus of defeat?

A. Lateral horns of $D_9 – D_{10}$.

B. Anterior radix of spinal cords of $D_9 – D_{10}$.

C. Posterior radix of spinal cord of $D_9 – D_{10}$.

D. Anterior horns of $D_9 – D_{10}$.

E. *Dorsal horns of $D_9 – D_{10}$.

25. Patient has violation of coordination tests on the right, adiadochokinesis and intention tremor on the right and Romberg's test positive on the right.

Where is a focus of defeat?

A. Brain cortex of the left

B. Brain cortex of right.

C. *Vermix of the cerebellum.

D. Hemisphere of cerebellum in the left.

E. Hemisphere of cerebellum in the right.

26. Patient has altered behaviour including social disinhibition loss of initiative and interest. Examination: ataxia, gaze paresis in left, sucking and palmomental reflex positive.

Where is the focus of defeat located?

A. *Frontal lobe on the right.

B. Radiate crown on the right.

C. Internal capsule on the right.

D. Internal capsule on the left.

E. Parietal lobe on the right.

27. Patient has violations of sensitiveness and motions in right extremities, paropsiss. Examination: right-side hemiplegia, hemianesthesia, hemianopsia, central paresis of mimic musculature and tongue on the right.

Where is a pathological focus located?

A. *Internal capsule.

B. Thalamus.

C. Radiate crown.

D. Pons cerebelli.

E. Medulla oblongata.

28. A patient has ptosis, miosis, exophthalmus, tetraparesis peripheral in upper extremities, spastic in lower extremities, radicular pains.

Where is the focus of defeat localized?

A. Lumbar bulge.

B. Thoracic part.

C. *Cervical part bulge.

D. Anterior cervical part.

E. Dorsal horns of spinal cord.

29. At the patient of complaint about disorder of motions (shows up impossibility to walk, stand). Objectively: astasia-abasia, paresis of look in an opposite from a focus side.

Where is the focus of defeat localized?

A. Internal capsule.

B. Vermis cerebellum.

C. Parietal lobe.

D. *Frontal lobe.

E. Hemispheres cerebellum.

30. What syndrome is not characteristic for the defeat of cerebellum?

A. Adiadochokinesia.

B. Dysmetria.

C. Ataxia.

D. *Symptom Noic-Haneva

E. Hypotension muscles.

31. At a patient the syndrome Horner's is determined.

What clinical displays does this syndrome have?

A. Ptosis, diplopia, outside cross-eye.

B. *Ptosis, miosis, enophthalmus.

C. Midriasis, diplopia, exophthalmus.

D. Diplopia, paralysis of convergention.

E. Diplopia, ipsilateral eye is turned in toward the nose.

32. At patient has the deviation of the tongue in left, twitches and atrophy of muscles tongue, right-side hemiparesis with pathological foot signs.

How is a syndrome named?

A.Foville's syndrome.

B. *Jackson's syndrome.

C. Schmidt's syndrome.

D. Millard-Gubler's syndrome

E. Avellis's syndrome.

33. At the inspection of patient has absence of Achilles reflex's is on the left. What level of defeat?

A. L_5-S_1.

B. *S_1-S_2.

C. L_4-L_2.

D. L_3-L_4.

E. S_2-S_5.

34. At the patient of complaint about the change of speech, violation of swallowing, change of voice. Objectively: elements of dysarthria, dysphonia, dysphagia, gullet reflex is absent, fasciculation's twitches of muscles of language.

What syndrome developed at a patient?

A. Pseudobulbar syndrome.

B. *Bulbar syndrome.

C. Foville's syndrome.

D. Jackson's syndrome.

E. Millard-Gubler syndrome

35. At patient with a stroke there is peripheral paresis of facial nerve on the side of focus in the trunk of brain, on opposite hemiplegia.

What syndrome developed at a patient?

A. Schmidt's syndrome

B. Avellis's syndrome.

C. *Millard-Gubler syndrome

D. Foville's syndrome.

E. Benedict's syndrome

36. At patient has active rheumatic process and hyperkinesis characterized different on force and consist of rapid, jerky movements affecting the face, trunk and limbs.

What is the type of hyperkinesis?

A. Myoclonus.

B. Cervical dystonia.

C. Athetosis.

D. Hemiballismus.

E. *Chorea.

37. At patient has oculomotor nerve palsy opposite side choreoatetosis and intention tremor.

What alternate syndrome?

A. *Benedict’s syndrome

B. Clodt’s syndrome

C. Schmidt’s syndrome.

D. Weber’s syndrome.

E. Jackson’s syndrome.

38. At patient has left-side hemiplegia with the increase of muscle tonus and tendon reflexes, pathological foot signs present. Peripheral paresis of face on the right.

How is a syndrome named?

A. *Millard-Gublera syndrome.

B. Foville’s syndrome.

C. Jackson syndrome.

D. Avellis’s syndrome

E. Schmidt’s syndrome.

39. At patient right-side lagophthalmos, syndrome Bella, from the same side is absent reduction of muscles of person (eyebrow, forehead, cheek, corner of mouth), violation of ear, co-ordination, periodic pains in the right half of person.

What syndrome developed at a patient?

A. *Cerebellopontine angle syndrome

B. Millard-Gubler syndrome

C. Wallenberg's-Zakcharchenko syndrome.

D. Benedict's syndrome

E. Weber's syndrome.

40. A patient with the diagnosis amyotrophic lateral sclerosis in neurological status: dysarthria dysphonia, partial dysphagia, pharyngeal reflex is the high, violent laughter, reflexes of oral automatism.

What syndrome developed at a patient?

A. *Pseudobulbar syndrome.

B. Bulbar syndrome.

C. Wallenberg's-Zakcharchenko syndrome.

D. Schmidt's syndrome

E. Dejerine-Roussy syndrome

41. At the patient of complaint about involuntary motions in right extremities. Objectively: on the left is ptosis of overhead age, dyplopia, going away cross-eye, decline of reaction of pupil on light. In right extremities – choreatetos, intention tremor.

What syndrome developed at a patient?

A. Weber's syndrome.

B. *Benedict's syndrome

C. Avellis's syndrome.

D. Tolos-Khant’s syndrome.

E. Monakov’s syndrome.

42. At the patient of complaint about drilling pain in area of left eye socket, violation of sight, a week ago extraction of tooth. Objectively: ophthalmoplegia,

enophthalmos, hyperesthesia in the area of innervation of the I branch of trigeminus nerve, redness, and edema round an eye socket.

What syndrome is this clinical picture characteristic for?

A. Weber's syndrome.

B. Wallenberg's-Zakcharchenko syndrome.

C. Foster-Kennedy syndrome.

D. Benedict's syndrome

E. *Tolos-Khant’s syndrome.

43. What is characteristic for the defeat of trachlear nerve?

What syndrome developed at a patient?

A. Outside cross-eye.

B. Amaurosis.

C. *Diplopia at the look downward.

D. Diplopia at the look aside.

E. Enophthalmos.

44. At a sick complaint on pain in area of face, is sometimes provoked by eating, supercooling. Objectively: herpetic pouring (herpes zoster) out in area of forehead, fall of corneal, conjctival reflexes, sickliness at palpation of superciliary region.

What syndrome developed at a patient?

A. Defeats of facial nerve syndrome.

B. *Defeats of gasserov knot syndrome.

C. Defeats of thalamus syndrome.

D. Tolos-Khant’s syndrome.

E. Defeats Wallenberg's-Zakcharchenko syndrome.

45. At patient with a diagnosis leptomeningitis basal complaints about doubling of objects. Objectively: dyplopia at the look to the right, converging cross-eye.

By the defeat, what nerve is this symptomatology conditioned?

A. Optic nerve on the right.

B. *Abducens nerve on the right.

C. Oculomotor nerve on the right.

D. Facial nerve on the left.

E. Trochlear nerve on the left.

46. A patient suddenly has the attacks of somnolence, lasting to 10-15 minutes, sometimes and pains. Awakening a patient is possible easily. Tone of muscles goes down during sleep, paternal to the patient falls sometimes.

Where is the focus of defeat located?

A. Capsule interna.

B. *Hypothalamus

C. Upper-cervical department.

D. Temporal lobe.

E. Frontal stake.

47. At patient has peripheral paraplegia of upper extremities, spastic lower paraplegia, disorders of all kinds' sensory conductive type; periodical incontinence of urine, radix pains in upper extremities, Bernard-Horner's syndrome.

What level defeat?

A. Brainstem.

B. *Syndrome neck bulge.

C. Syndrome upper neck segments.

D. Syndrome thalamus.

E. Syndrome defeats of medulla oblongat

48. A patient with spinal tabes has «cock» gait and violation of deep sensitiveness from lower extremities with ataxia – increase at the eyes closed worse at the closed eyes.

You will define the type of violation.

A. Vestibular ataxia.

B. Astesia -abasia.

C. *Sensitive ataxia.

D. Cerebellum ataxia.

E. Cortex ataxia.

49. At patient complaint about a weakness in feet, decline of sensitiveness in them, violation of sensitiveness in area of crotch, disorders of pelvic organs, and intense fulgurate pain in lumbar area of girdle character. Examination: lower peripheral paraplegia, anesthesia extremities and area of crotch.

Where is the hearth of defeat located?

A. Pectoral segments.

B. Epiconus of spinal cord.

C. Lumbar nub.

D. *Cauda equna

E. Cone of spinal cord.

50. At patient after road accident violation of pain and temperature sensitiveness on an conductive type on an opposite side.

What syndrome of defeat developed at a patient?

A. Syndrome defeats of dorsal funiculus.

B. Syndrome of defeat of dorsal horns.

C. Syndrome defeats of anterior white joint.

D. *Syndrome of defeat of lateral funiculus.

E. Syndrome of defeat of thalamus.

51. At patient has a left-side hemiplegia and right side ptosis, diplopia, exophthalmus, paralysis of convergention mydriasis.

What alternate syndrome?

A. Schmidt’s syndrome.

B. Avellis's syndrome.

C. Benedict's syndrome.

D. Millard-Gubler's syndrome.

E. *Weber's syndrome.

52. The patient has right-side spastic hemiplegia, hemianaesthesia, hemiaanousia, Werdning-Manns gait.

Where is a focus of defeat?

A. Brain stem.

B. *Internal capsule on the left.

C. Radiate crown on the right.

D. Internal capsule on the right.

E. Precentral gyrus.

53. The patient has ischemic stroke with localization in a brainstem. Examination: on the side focus – Bell's symptom, peripheral palsy of facial muscles and contralateral – hemiplegia.

What is it a syndrome?

A. Pontino-cerebellar angle syndrome.

B. Fovilles's syndrome.

C. Weber's syndrome.

D. *Millard-Gubler's syndrome.

E. Gasperini's syndrome.

54. Patient has infection disease after this disease was develop parasthesia in feet, peripheral tetraparesis in proximal parts of extremities respiratory disorders sings Lasseg's, Neri's positive, function of pelvic organs was not lesion, tachycardia. CSF: protein cell dissociation.

What is the diagnosis?

A. Amyotrophic lateral sclerosis.

B. Guillant-Barre polyneuropathy.

C. Charcot-Marie neural amyotrophy.

D. Poliomyelities.

E. Myasthenia.

55. For the defeat dorsal horn's the typical is lesion of the sensory:

A. *Pain, temperature sense.

B. Discrimination sense.

C. Touch, joint sense.

D. Vibration and eight senses.

E. Vision, kinesthetic sense.

56. At patient has paresthesia of right hand and face, agnosia, apraxia, alexia, acalculia.

Where is the focus of defeat located?

A. Cervical bulge of spinal cord.

B. Temporal lobe of the left hemisphere.

C. *Parietal lobe of the left hemisphere.

D. Occipital lobe of the left hemisphere.

E. Frontal lobe of the left hemisphere.

57. At patient have insilateral anosmia, optic atrophy and contrlateral papilledema.

How is this syndrome named?

A. Millard-Gubler's syndrome

B. Jackson's syndrome.

C. *Foster-Kennedy's syndrome.

D. Argyll-Robertson's syndrome

E. Schmidt's syndrome.

58. A patient has noise in a head, visual hallucinations, sleepiness states, ataxia and disorders of speech. Examination: ataxia, right-side homonimus hemianopsia, sensory aphasia.

Where is the focus of defeat located?

A. Thalamus on the left.

B. Occipital lobe of the left hemisphere.

C. Frontal lobe of right hemisphere.

D. *Temporal lobe of the left hemisphere.

E. Parietal lobe of the left hemisphere.

59. At man has attacks of headache in area of eyeball, attacks has paroxysmal and one-sided type, by duration about 1,5 hour. During an attack photophobia, locrimation herpetic eruption of skin face. What is the diagnosis?

A. *Syndrome of ciliaris knot.

B. Migraine, visual form.

C. Tolos-Khant’s syndrome.

D. Syndrome of pterygopalatine knot.

E. Trigeminal neuralgia.

60. What type of sensitiveness behaves to the deep sensitiveness?

A. Pain.

B. Temperature.

C. *Joint sense.

D. Touch sense.

E. Localizations sense.

61. Where is the primary cortex field of sensible analyzer located?

A. *Postcentral gurus.

B. Nucleus of thalamus.

C. Of spinal cord pain.

D. Brainstem.

E. Lateralis funicul

62. At engaging in the pathological process of the second branch of trifacial (pulpit) can be been in pain in the area of innervation of the third branch (lower jaw).

What type of pain is characteristic?

A. Local pain.

B. Projection pain.

C. Phantom.

D. Reflected.

E. *Irradiating pains

63. What disorders are in cose at defection of dorsal posterior horn?

A. Joint and kinesthesia senses, myasthenia.

B. *Pain and temperature senses.

C. Touch vibration.

D. Senses of are localization, discrimination.

E. Graphism sense, stereognosis.

64. At a patient, suffering during 10 years saccharine diabetes, produces complaints about numbness, sense of «crawl of small ants» in the distal parts of extremities. Objectively: violation of sensitiveness on the type of «socks» and «gloves».

What type of violation of sensitiveness is characteristic?

A. The peripheral type.

B. *Polyneuritis type.

C. Counterfoil radicular.

D. Dissociation type.

E. Explorer conductive.

65. At a patient hemianesthsia, hemianopsia, hemiplegia is determined.

What syndrome developed at a patient?

A. Syndrome defeat thalamus.

B. Syndrome of radiant crown defeat.

C. Syndrome of brainstem defeat.

D. *Syndrome of internal of capsule defeat.

E. Syndrome of cerebellum defeats.

66. At a patient a pain and temperature sensitiveness is absent, touch sensitiveness not broken.

Where is the focus of defeat localized?

A. Anterior horns.

B. Thalamus.

C. *Dorsal horns of spinal cord.

D. Radiate crown.

E. Internal capsule.

67. At patient spastic tetraplegia, violations of breathing, fall of all kinds to the sensitiveness is conductive type, disorders of pelvic organs on a central type, pains in area of neck at motion.

Where is the focus of defeat located?

A. Syndrome defeats of neck bulge.

B. Syndrome defeats of medulla oblongata.

C. *Syndrome defeats of upper neck segments.

D. Syndrome defeats of brain stem.

E. Syndrome defeats of Brown-Sequard.

68. What does behave to the syndrome of irritation occipital lobe?

A. Dysarthria

B. *Visual hallucinations.

C. Epileptic attacks.

D. Anesthesia

E. Hemiplegia

69. At patient has left peripheral paresis VII c.n., VIII c.n., noise and decline of ear, dizziness, nystagmus, ataxia, pain of face.

What is the syndrome?

A. Vermis of cerebellum syndrome.

B. Hemispheres of cerebellum syndrome.

C. *Ponto-cerebellum syndrome.

D. Bonne syndrome.

E. Baranu's syndrome.

70. At patient has ipsilateral primatory atrophy of optic nerve, anosmia, apposite – papiledema.

What is the syndrome?

A. *Foster-Kennedy's syndrome.

B. Tolos-Khant's syndrome.

C. Sphenoid crack syndrome.

D. Weber's syndrome.

E. Opticochiamatic syndrome.

71. What syndrome this sings behaves to: opposite hemianesthesia, athetosis, posturing of the hand (thalamic hand)?

A. Tolos-Hant's syndrome.

B. *Dejerine-Rossy's syndrome.

C. Brown-Sequard's syndrome.

D. Foster-Kennedy's syndrome.

E. Frontal lobe syndrome.

72. At patient has carrying a cardioembolic stroke. Examination: defeat of function n.oculomtorius on side lesion, opposite – hemiplegia and hemianastesia.

What is the syndrome?

A. *Weber's syndrome.

B. Benedict's syndrome.

C. Foville's syndrome.

D. Raynaud's syndrome.

E. Clod's syndrome.

73. Attack defeat sensitiveness: paresthesia in half left face.

Where is the focus of irritation localized?

A. The postcentral gurus, upper part.

B. Internal capsule.

C. *The postcentral gurus, lower part.

D. The postcentral gurus, middle part.

E. Brainstem.

74. At a patient the hyperreflexia of knee-jerks is exposed.

Specify the level of shorting.

A. *$L_3 – L_4$

B. $S_1 – S_2$

C. $Th_7 – Th_8$

D. $L_5 – S_1$

E. $L_1 – L_2$

75. Esophageal reflex absent a patient.

Specify the level of shorting.

A. Middle brain.

B. *Oblong brain.

C. $C_5 – C_6$

D. $L_2 – L_4$

E. $C_5 – C_8$

76. A patient in neurology status: left-side hemiplegia, hemianesthesia, hemianopsia, pose Vernic-Mann's send.

Where is the focus of defeat localized?

A. Internal capsule on the left.

B. *Internal capsule on the right.

C. Thalamus on the left.

D. Radiate crown on the right.

E. Syndrome defeats of brainstem.

77. It is determined at a patient: on the right in a leg central paralysis, violation of deep sensitiveness, on the left from the level of costal arc and violation of superficial sensitiveness.

What syndrome developed at a patient?

A. Syndrome defeats of anterior horns.

B. Syndrome defeats of dorsal horns.

C. *Syndrome of Brown-Sequard's.

D. Syndrome of transversal defeat of spinal cord.

E. Syndrome defeats of internal capsule.

78. What type of sensitiveness does behave to the superficial sensitiveness?

A. Localizations.

B. Vibration.

C. Discriminations.

D. *Pain.

E. Stereognosis.

79. At patient determined: right-side hemianopsia, hemiataxia, hemianesthesia.

Where is the focus of defeat localized?

A. Of internal capsule on the left.

B. *Thalamus on the left.

C. Of internal capsule on the right.

D. Radiate crown.

E. Postcentral gurus.

80. At after stress situation loading complaints a patient about numbness a «crawl of small ants» in the right half of trunk. Objectively: violation of sensitiveness is not determined. According to the area of anesthesia passes a patient on a middle line.

What variant of violation of sensitiveness is characteristic?

A. Cerebral.

B. *Functional.

C. Segmental

D. Conductive.

E. Polyneuritis.

81. At patient after road accident violation of pain and temperature sensitiveness on an conductive type on an opposite side.

What syndrome of defeat developed at a patient?

A. Syndrome defeats of dorsal funiculus.

B. Syndrome of defeat of dorsal horns.

C. Syndrome defeats of anterior white joint.

D. *Syndrome of defeat of lateral funiculus.

E. Syndrome of defeat of thalamus.

82. At patient of complaint about numbness in lower extremities, overhead extremities. In anamnesis: alcoholism. Objectively: hypoesthesia of distal departments of extremities. Skin of brushes and feet dry, thinned.

What defeat is type?

A. The peripheral type.

B. *Polyneuritis type.

C. Cortical type.

D. Ganglionary.

E. Posterior horns of spinal cord.

83. At a patient the hyperreflexia of ankle reflexes is exposed.

Specify the level of shorting.

A. $L_3 – L_4$

B. L_5 - S_1

C. *S_1 - S_2

D. S_4 - S_5

E. Th_7 - Th_8

84. What from the indicated reflexes does not behave to superficial?

A. Pharyngeal

B. Corneal.

C. Plantar.

D. *Knee jerk or patellar reflex.

E. Cremasteric.

85. A patient grumbles about the loss of usual skills (can not be independently dressed), can not read, write, consider, does not know objects by touch. Objectively: violation of all of types of sensitiveness on a right arm and right half of person, apraxia, agraphia, typhlolexia, acalculia, lateral aphasia.

What is localization of focus defeat?

A. Occipital lobe on the left.

B. Occipital lobe on the right.

C. Frontal lobe on the right.

D. *Parietal lobe on the left.

E. Temporal lobe on the left.

86. A patient is delivered in a clinic with an allolalia, weakness in right extremities, instability at standing and walking. Objectively: a motor aphasia, hemiparesis, is in right extremities, astasia-abasia. The grabbing phenomenon of Yanishevskiy is positive.

What is localization of focus defeat?

A. *Frontal lobe on the left.

D. Frontal lobe on the right.

C. Temporal lobe on the left.

D. Right hemisphere of cerebellum.

E. Parietal lobe on the left.

87. At patient of complaint about a paropsis, unrecognition of the acquainted objects. Objectively: visual agnosia, quadrant hemianopsia.

What is localization of focus defeat?

A. *Occipital lobe.

B. Frontal lobe.

C. Parietal lobe.

D. Temporal lobe.

E. Brain steam.

88. At patient has disturbance of purposeful movements which is not due to elementary motor or sensory impairments.

What the type of violation.

A. Agnosia

B. Agraphia

C. Aphasia

D. *Apraxia

E. Akalculia

89. At patient of complaint about headache with an irradiation in an eye socket, change of sense of smell. Oculist: primary atrophy of disk of visual nerve on the side of focus and presence of stagnant disk of visual nerve on other side.

What is localization of focus defeat?

A. Lateral departments of bark of temporal lobe.

B. *Mediobazal departments of frontal lobe.

C. Syndrome defeats of postcentral gurus.

D. Occipital lobe.

E. Defeat upper parietal lobule.

90. At patient grumbles about worsening of ear, dizziness, feeling of «falling of ceiling, wall». Objectively: auditory agnosia, dynamic ataxia is in left extremities.

What is localization of focus defeat?

A. Frontal lobe on the right.

B. Parietal lobe on the right.

C. *Temporal lobe on the right.

D. Hemispheres of cerebellum on the right.

E. Occipital lobe on the left.

91. For a defeat, what structure is a homonymous hemianopsia characteristic?

A. Frontal lobe.

B. Parietal lobe.

C. *Occipital lobe.

D. Temporal lobe.

E. Corpus collosum.

92. Patient complaint about visual hallucinations as «lightning's», «sparkling stars».

What kind of syndrome is this?

A. *Visual illusions

B. Complex visual hallucinations.

C. Simple partial attack convulses.

D. Homonymous of scotoma.

E. Homonymous hemianopsia.

93. The relatives of patient paid a regard to, inadequate conduct untidiness patient, depression replaced euphoria, after a weakness joined in left extremities. Objectively: reflexes of oral automatism are positive, hemiparesis in left extremities, positive phenomenon of Yanishevskiy, criticism is lower.

What is localization of focus defeat?

A. Frontal lobe on the left.

B. Temporal lobe on the right.

C. *Frontal stake on the right

D. Corpus collosum.

E. Temporal lobe on the left.

94. At patient has an attack convulsive for that stars with the turn of head and eyes to the right. Cramps generalized in future.

What is localization of focus defeat?

A. Medial surface of occipital lobe on the left.

B. Postcentral gurus on the left.

C. *Back department of middle frontal gurus of left hemisphere.

D. Parietal lobe

E. Temporal lobe.

95. At patient grumbles about headache, weakness in left extremities, unsteadiness at walking, for help. CT: tumor of brain. During examination for a patient an attack happened with the concord turn of head and eyes.

What is localization of focus defeat?

A. Parietal lobe.

B. Occipital lobe.

C. *Frontal lobe.

D. Temporal lobe.

E. Brain steam.

96. At patient is delivered in a neurologic clinic from a street. A contact with a patient is limited from an allolalia. In neurologic status: motor aphasia, alexia, paresis of look aside opposite a focus, right-side hemiparesis.

What is localization of focus defeat?

A. Parietal lobe on the left.

B. Parietal lobe on the right.

C. Brainstem.

D. *Frontal lobe on the left.

E. Frontal lobe on the right.

97. At patient has astereognosis, motor apraxia, violation of chart of body.

What is localization of focus defeat?

A. Frontal stake.

B. Temporal lobe.

P. *Parietal lobe.

D. Occipital lobe.

E. Reticular formation.

98. For a patient ability of understanding of speech is lost, an ear is stored.

What is localization of focus defeat?

A. Frontal lobe.

B. *Temporal lobe.

C. Parietal lobe.

D. Occipital lobe.

E. Postcentral gurus.

99. A patient grumbles about appearance before the eyes of asterisks, flashings sparks.

What is the syndrome of irritation?

A. Sleep the state.

B. Parastesia.

C. *Photopsia.

D. Metamorfopsia.

E. Metafotopsia.

100. At patient has ischemic stroke in right hemisphere. In neurologic status: homonumous hemianopsia.

What is localization of focus defeat?

A. Frontal lobe.

B. Parietal lobe.

C. *Occipital lobe.

D. Brainstem.

E. Temporal stake.

101. Patient has of autotopognosia.

What is localization of focus defeat?

A. Frontal lobe

B. Temporal lobe

C. Corpus collosum.

D. Brainstem.

E. *Parietal lobe.

102. Patient has complaint about the attacks of pains in the half of face (to the supramaxilla, teeth, round the orbit of root of nose) of irradiation in a body, shoulder-blade. Objectively: hyperemia of face, oedema, rinorea.

What is localization of focus defeat?

A. Trigeminal nerve.

B. Nasociliary knot.

C. Aural knot.

D. Facial nerve.

E. *Pterygopalatine knot.

103. At patient allolalia, dysphonia, disphagia, oesophageal reflex absents.

What is the type of allolalia?

A. Motor aphasia.

B. Sensor aphasia.

C. Amnestic aphasia.

D. *Disartria.

E. Corpus collosum.

104. At patient has hemiparesis left-side, astesia, abasia, apatic frontal mental disordes. Positive grabbing phenomen on of Yanishevskiy.

What is localization of focus defeat?

A. Frontal lobe on the left.

B. Temporal lobe on the left.

C. *Frontal lobe on the right.

D. Temporal lobe on the right.

E. Corpus collosum.

105. A diagnosis is proposed a patient: An ischemic stroke is in counter-clockwise hemisphere. In neurological status: hemiataxia on the right, homonymous upper quadrant hemianopsia, sensory aphasia.

What is localization of focus defeat?

A. Frontal lobe.

B. Occipital lobe.

C. Brainstem.

D. Parietal lobe.

E. *Temporal lobe.

106. At patient one-sided hyposmia, euphoria, pathological untidiness, increase of tone of muscles and reflexes, is marked in counter-clockwise extremities, lip reflex and grabbing reflexes.

What is localization of focus defeat?

A. Temporal lobe.

B. *Frontal lobe.

C. Brainstem.

D. Occipital lobe.

E. Corpus collosum.

107. At patient convulsive attacks are begun with the turn of head and eyes to the right, cramps generalized in future.

What is localization of focus defeat?

A. *Back department of middle frontal bend of counter-clockwise hemisphere.

B. Medial surface of occipital lobe.

C. Deep departments of parietal-temporal area of right hemisphere.

D. Corpus collosum.

E. Brainstem.

108. At patient auditory and visual hallucinations, convulsive attacks are begun with auditory hallucinations, dreamlike state, ataxia, sensory aphasia. A patient right-handed.

What is localization of focus defeat?

A. Frontal lobe.

B. *Temporal lobe.

C. Occipital lobe.

D. Parietal lobe.

E. Corpus collosum.

109. At patient can not name the object produced him, but his setting knows.

Name a symptom.

A. Sensor aphasia.

B. Motor aphasia.

C. Apraxia.

D. Alexia

E. *Amnestic aphasia.

110. At patient of autotopognosia, pseudomelia, anosognosia, apraxia.

What is localization of focus defeat?

A. Frontal lobe.

B. Temporal lobe.

C. *Parietal lobe.

D. Brainstem.

E. Occipital lobe.

111. At patient festering meningitis.

Name a characteristic symptom.

A. Albumino-cytologic dissociation.

B. *Cyto-albuminic dissociation.

C. Haemorrhagic symptom.

D. Cerebrospinal fluid without features.

E. Symptom of cerebrospinal hypertensia.

112. Whatever syndrome does behave to meningeal?

A. Lesazh's syndrome

B. Muscular rigidity of the occiput.

C. Kernig's syndrome.

D. Brudzinski's overhead syndrome.

E. *Adiadochokinesia.

113. That characteristically for the defeat of frontal lobe of brain?

A. Pseudomelia.

B. Visual hallucinations.

C. *Prehensile phenomenon of Yanishevskiy.

D. Dreamlike state.

E. Nothing characteristically.

114. A patient, 28 years, appealed with complaints about a weakness in extremities. Marks that the first symptoms of illness appeared 5 years back, when feet became weak, after hands began to weaken, in the last months of muscle of person and trunk. Objectively: «face of myopathic», lips of Tapir, transversal smile. A thorax is incrassate, asymmetric atrophy.

What hypothetical diagnosis?

A. Erba-Rott's myodystrophy

B. Dyushen's myodystrophy.

C. *Landouzy-Dejerine myodystrophy.

D. Myasthenia, general form.

E. Spinal amyotrophy.

115. At the patient of complaint about the change of speech, violation of swallowing, change of voice. Objectively: elements of dysarthria, dysphonia, dysphagia, gullet reflex is absent, fasciculations twitches of muscles of language.

What syndrome developed at a patient?

A. Pseudobulbar syndrome.

B. *Bulbar syndrome.

C. Foville's syndrome.

D. Jackson’s syndrome.

E. Millard-Gubler syndrome

116. At a patient with a stroke there is peripheral paresis of facial nerve on the side of focus in the brain stem, on opposite hemiplegia.

What syndrome developed at a patient?

A. Schmidt's syndrome

B. Avellis's syndrome.

C. *Millard-Gubler syndrome

D. Foville's syndrome.

E. Benedict's syndrome

117. At a patient right-side lagoftalm, syndrome Bella, from the same side is absent reduction of muscles of person (eyebrow, forehead, cheek, corner of mouth), violation of ear, co-ordination, periodic pains in the right half of person.

What syndrome developed at a patient?

A. *Cerebellopontine angle syndrome

B. Millard-Gubler syndrome

C. Wallenberg's-Zakcharchenko syndrome.

D. Benedict's syndrome

E. Weber's syndrome.

118. At a patient with the diagnosis amyotrophic lateral sclerosis in neurological status: dysarthria dysphonia, partial dysphagia, pharyngeal reflex is the high, violent laughter, reflexes of oral automatism.

What syndrome developed at a patient?

A. *Pseudobulbar syndrome.

B. Bulbar syndrome.

C. Wallenberg's-Zakcharchenko syndrome.

D. Schmidt's syndrome

E. Dejerine-Roussy syndrome

119. At the patient of complaint about involuntary motions in right extremities. Objectively: on the left is ptosis of overhead age, dyplopia, going away cross-eye, decline of reaction of pupil on light. In right extremities – choreatetos, intention tremor.

What syndrome developed at a patient?

A. Weber's syndrome.

B. *Benedict's syndrome

C. Avellis's syndrome.

D. Tolos-Khant’s syndrome.

E. Monakov’s syndrome.

120. At the patient of complaint about drilling pain in area of left eye socket, violation of sight, a week ago extraction of tooth. Objectively: ophthalmoplegia, enophthalmos, hyperesthesia in the area of innervation of the I branch of trigeminus nerve, redness, edema round an eye socket.

What syndrome is this clinical picture characteristic for?

A. Weber's syndrome.

B. Wallenberg's-Zakcharchenko syndrome.

C. Foster-Kennedy syndrome.

D. Benedict's syndrome

E. *Tolos-Khant’s syndrome.

121. What is characteristic for the defeat of trochlear nerve?

What syndrome developed at a patient?

A. Outside cross-eye.

B. Amaurosis.

C. *Diplopia at the look downward.

D. Diplopia at the look aside.

E. Enophthalmos.

122. At a sick complaint on pain in area of fase, is sometimes provoked by eating, supercooling. Objectively: herpetic pouring (herpes zoster) out in area of forehead, fall of corneal, conjctival reflexes, sickliness at palpation of superciliary region.

What syndrome developed at a patient?

A. Defeats of facial nerve syndrome.

B. *Defeats of gasserov knot syndrome.

C. Defeats of thalamus syndrome.

D. Tolos-Khant’s syndrome.

E. Defeats Wallenberg's-Zakcharchenko syndrome.

123. At a patient with a diagnosis leptomeningitis basal complaints about doubling of objects. Objectively: dyplopia at the look to the right, converging cross-eye.

By the defeat, what nerve is this symptomatology conditioned?

A. Optic nerve on the right.

B. *Abducens nerve on the right.

C. Oculomotor nerve on the right.

D. Facial nerve on the left.

E. Trochlear nerve on the left.

124. A patient suddenly have the attacks of somnolence, lasting to 10-15 minutes, sometimes and pains. Awakening a patient is possible easily. Tone of muscles goes down during sleep, paternal to the patient falls sometimes.

Where is the hearth of defeat located?

A. Capsule interna.

B. *Hypothalamus

C. Upper-cervical department.

D. Temporal lobe.

E. Frontal stake.

125. At a patient a diagnosis is proposed: Ischemic stroke in the trunk of brain steim vertebrobazyl pool. Objectively: ipsilateral – diplopia, going away cross-eye, mydriasis, ptosis, contrlateral – intention tremor, cheoatotosis.

What syndrome developed at a patient?

A. Weber's syndrome.

B. *Benedict's syndrome

C. Avellis's syndrome.

D. Klodt’s syndrome.

E. Foville's syndrome.

126. At the patients of complaint on choke at eating, nasality. Objectively: elements of dysartria, dysphonia, dysphagia, pharyngeal reflex abs, fibrillar twitches of language.

What syndrome developed at a patient?

A. Pseudobulbar syndrome.

B. *Bulbar syndrome.

C. Wallenberg's-Zakcharchenko syndrome.

D. Millard-Gubler syndrome.

E. Foville's syndrome.

127. At patient converging cross-eye, dyplopia at the look downward.

For the defeat, what nerve is this clinical picture characteristic?

A. Abducens nerve.

B. Facial nerve.

C. Oculomotor nerve.

D. *Trochlear nerve.

E. Optic nerve.

128. A patient has the right-side peripheral paralysis of mimic musculature, dryness of eye, hyperacusia, violation of taste on front a 2/3 language.

For what localization of hearth characteristic?

A. *Defeat facial nerve.

B. Defeat trigeminal nerve.

C. Defeat vestibule-cochlar nerve.

D. Defeat of facial nerve.

E. Defeat trigeminus nerve.

129. A patient has the Foster's-Kennedy syndrome.

How does this syndrome show up clinically?

A. Primary atrophy of visual nerve.

B. Neuritis of visual nerve.

C. Stagnaut disks of visual nerve.

D. Positive skotoma.

E. *On side of focus primary atrophy, on opposite are stagnant disks.

130. A patient has the peripheral paralysis of mimic muscles and outward muscle of eye, kontrlateral spastic hemiparesis hemianesthesia.

What syndrome developed at a patient?

A. Millard-Gubler syndrome.

B. Graine syndrome.

C. Brissaud-Sicard syndrome

D. *Foville's syndrome.

E. Avellis's syndrome.

131. At the patient amyotrophic lateral sclerosis appeared dysarthria, dysphonia, dysphagia,, pharyngeal reflex is the high, violent weeping.

What syndrome developed at a patient?

A. *Pseudobulbar syndrome.

B. Bulbar syndrome.

C. Schmidt's syndrome.

D. Jackson’s syndrome.

E. Wallenberg's-Zakcharchenko syndrome.

132. The defeat, what pair of cranial nerves is characteristic for the Schmidt's syndrome:

A. V, IX, X pair of cranial nerves.

B. *XII, XI, X pair of cranial nerves.

C. VII, VI pair of cranial nerves.

D. II, V, XII, X pair of cranial nerves.

E. VII, VIII, V pair of cranial nerves.

133. At a patient suffering by a tick encephalitis, syndrome of «hanging down head».

What cranial nerve is this syndrome characteristic for?

A. X pair of cranial nerves.

B. *XI pair of cranial nerves.

C. III pair of cranial nerves.

D. XII pair of cranial nerves.

E. IX pair of cranial nerves.

134. At a patient pain in the right half of person appeared after extraction of tooth, was swollen round an eye socket, ophthalmoplegia, ptosis, violation of sight.

What syndrome developed at a patient?

A. Weber's syndrome.

B. *Tolos-Khant’s syndrome.

C. Benedict's syndrome

D. Klodt’s syndrome.

E. Cerebellopontine angle syndrome

135. At a patient with encephalopathy in neurological status: dysarthria, dysphonia, dysphagia, high pharingeal reflex, reflexes of oral automatism, violent weeping.

What syndrome developed at a patient?

A. Bulbar syndrome.

B. Schmidt's syndrome.

C. Jackson’s syndrome.

D. Avellis's syndrome.

E. *Pseudobulbar syndrome.

136. A patient has the peripheral paralysis of language, soft palate, vocal cords on the right; lateral - high tendon reflexes, pathological reflexes, hemyparesis in combination with hemianesthesia.

What syndrome developed at a patient?

A. Schmidt's syndrome.

B. *Avellis's syndrome.

C. Bulbar syndrome.

D. Wallenberg's-Zakcharchenko syndrome.

E. Pseudobulbar syndrome.

137. A patient has pathology of main vessels, cerebral atherosclerosis. After the physical loading at a patient hemianesthesia appeared on face, paresis of muscles

of soft palate and vocal fold, the Horner's syndrome, cerebellum ataxia in extremities, contrlateral – hemianesthesia, hemyparesis.

What syndrome developed at a patient?

A. *Wallenberg's-Zakcharchenko syndrome.

B. Benedict's syndrome

C. Cerebellopontine angle syndrome

D. Schmidt's syndrome.

E. Weber's syndrome.

138. A patient has the Foville's syndrome.

What pair of cranial nerves is involved in a pathological process?

A. *VII, VI pair of cranial nerves.

B. III, VI pair of cranial nerves.

C. V, IX, X pair of cranial nerves.

D. VII pair of cranial nerves.

E. V, VI pair of cranial nerves.

139. At the patient of leptomeningitis after craniocerebral trauma. In neurological status: peripheral paresis of mimic musculature on the left, pains on the of the same name side of fase, noise in ears, dizziness, nystagmus.

What syndrome is characteristic for this type of leptomeningits?

A. Syndrome defeats of cerebellum.

B. Opticochiasmatic syndrome.

C. *Cerebellopontine angle syndrome.

D. Weber's syndrome.

E. Argyll Robertson syndrome.

140. A patient has Syphilis. In neurological status: absence of direct and concord reaction of pupils on light at safety reactions on convergence and accommodation, anisocoria, deformation of pupil.

What syndrome developed at a patient?

A. Foster-Kennedy syndrom.

B. *Argyll Robertson syndrome.

C. Adie's syndrome

D. Klodt’s-Bernar-Gorner syndrome.

E. Bruns' syndrome

141. A patient has neurology of facial nerve. Objectively: peripheral paresis of mimic musculature on the left, violation of taste on front a 2/3 language, feeling of dryness in to the mouth.

Specify the level of defeat of facial nerve.

A. Defeat facial nerve.

B. Defeat is higher than moving nerve to stapedius muscle

C. *Defeat is higher than moving tympanichord.

D. Defeat in around of inside acoustic duct.

E. Defeat is higher than moving greater petrosal nerve

142. At a patient converging cross-eye, dyplopia in a right side.

Is a function, what nerve broken?

A. Abducens nerve on the left.

B. Oculomotor nerve.

C. *Abduncens nerve on the right.

D. Trochlear on the right.

E. Trochlear on the left.

143. At a sick complaint about periodic pains in area of face (drilling), is sometimes provoked by eating. Objectively: sickliness at palpation of the supraorbital undercuting, suborbital channel, segmentar type of violation of sensitiveness (pain, temperature).

Is the defeat, what nerve characteristic?

A. Facial nerve.

B. *Trigeminal nerve.

C. Hipogeossal nerve.

D. Glassophary nerve.

E. Accessory nerve.

144. On the side of defeat: change of sonority and timbre of voice, paresis vocal cords, laying, hanging down of soft palate, violation of swallowing, takhykardyya, arrhythmia, vegetative-visceral violations motive et al.

What cranial nerve is foregoing sings characteristic for?

A. Vacus nerve.

B. Facial nerve.

C. Sublingual nerve.

D. Glossopharyngeal nerve.

E. Trigeminal nerve.

145. What type of sensitivity behaves to the deep sensitivity?

A. Pain.

B. Temperature.

C. *Joint sense.

D. Touch sense.

E. Localizations sense.

146. Where is the primary cortex field of sensible analyzer located?

A. *Postcentral gurus.

B. Nucleus of thalamus.

C. Of spinal cord.

D. Brainstem.

E. Lateral funiculus.

147. At engaging in the pathological process of the second branch of trigeminal nerve can be been in pain in the area of innervation of the third branch (lower jaw). What type of pain is characteristic?

A. Local pain.

B. Projectional pain.

C. Phantom.

D. Reflected.

E. *Irradiating pains

148. The lesion of dorsal of spinal cord. What disorders?

A. Joint and kinesthesia senses, myasthenia.

B. *Pain and temperature senses.

C. Touch vibration.

D. Localization, discrimination sense.

E. Graphism sense, stereognosis.

149. At a patient, suffering during 10 years diabetes, produces complaints about numbness, sense of «crawl of small ants» in the distal parts of extremities. Objectively: violation of sensitiveness on the type of «socks» and «gloves».

What type of violation of sensitiveness?

A. The peripheral type.

B. *Polyneuritis type.

C. Radicular type.

D. Dissociation type.

E. Conductiv typee.

150. The patient has hemianesthsia, hemianopsia, hemiplegia.

What syndrome developed at a patient?

A. Syndrome defeat of thalamus.

B. Syndrome defeat of radiant crown.

C. Syndrome defeat of brainstem.

D. *Syndrome defeat of internal of capsule.

E. Syndrome of cerebellum defeats.

151. At a patient a pain and temperature sensitiveness is absent, touch sensitiveness not broken.

Where is the pathologic focus localized?

A. Anterior horns of spinal cord.

B. Thalamus.

C. *Dorsal horns of spinal cord.

D. Radiate crown.

E. Internal capsule.

152. Attack defeat sensitiveness: paresthesia in half face on the left side.

Where is the focus of irritation localized?

A. The postcentral gurus, upper part.

B. Internal capsule.

C. *The postcentral gurus, lower part.

D. The postcentral gurus, middle part.

E. Brainstem.

153. The patient has the hyperreflexia of knee-jerks.

Specify the level of shorting.

A. *$L_3 – L_4$

B. $S_1 – S_2$

C. $Th_7 – Th_8$

D. $L_5 – S_1$

E. $L_1 – L_2$

154. Pharyngeal reflex absent a patient.

Specify the level of shorting.

A. Middle brain.

B. *Oblong brain.

C. $C_5 – C_6$

D. $L_2 – L_4$

E. $C_5 – C_8$

155. The patient in neurology status: left-side hemiplegia, hemianesthesia, hemianopsia, pose Vernic-Mann's send.

Where is the pathologic focus localized?

A. Internal capsule on the left.

B. *Internal capsule on the right.

C. Thalamus on the left.

D. Radiate crown on the right.

E. Brainstem.

156. The patient has central paralysis of right leg, lesion of deep sensation; on the left from the level of costal arch lesion of superficial sensation.

What syndrome developed at a patient?

A. Syndrome defeats of anterior horns.

B. Syndrome defeats of dorsal horns.

C. *Syndrome of Brown-Sequard's.

D. Syndrome of transversal defeat of spinal cord.

E. Syndrome defeats of internal capsule.

157. What type of sensitiveness does behave to the superficial sensitiveness?

A. Localizations.

B. Vibration.

C. Discriminations.

D. *Pain.

E. Stereognosis.

158. For a patient determined: right-side hemianopsia, hemiataxia, hemianesthesia.

Where is the pathologic focus localized?

A. Of internal capsule on the left.

B. *Thalamus on the left.

C. Of internal capsule on the right.

D. Radiate crown.

E. Postcentral gurus.

159. At after stress situation loading complaints a patient about numbness a «crawl of small ants» in the right half of trunk. Objectively: violation of sensitiveness is not determined. According to the area of anesthesia passes a patient on a middle line.

What variant of violation of sensitiveness is characteristic?

A. Cerebral.

B. *Functional.

C. Segmental

D. Conductive.

E. Polyneuritis.

160. The patient after road accident violation of pain and temperature sensitiveness on an conductive type on an opposite side.

What syndrome of defeat developed at a patient?

A. Syndrome defeats of dorsal funiculus.

B. *Syndrome of defeat of dorsal horns.

C. Syndrome defeats of anterior white joint.

D. Syndrome of defeat of lateral funiculus.

E. Syndrome of defeat of thalamus.

161. The patient in neurologic status: the symmetric, two-sided segmentar dissociated violation of pain and temperature sensitiveness, lower type “butterfly”.

Where is the focus of defeat localized?

A. Dorsal horns.

B. Syndrome defeats of dorsal funiculus.

C. *Syndrome defeats of anterior grey commisure.

D. Syndrome of defeat of lateral funiculus.

E. Syndrome defeats of spinal ganglion.

162. The patient has complaint about numbness in lower extremities, upper extremities. In anamnesis: alcoholism. Objectively: hypoesthesia of distal departments of extremities. Skin of brushes and feet dry, thinned.

What defeat is type?

A. The peripheral type.

B. *Polyneuritis type.

C. Cortical type.

D. Ganglionar.

E. Posterior horns of spinal cord.

163. The patient has hyperreflexia of ankle reflexes is exposed.

Specify the level of shorting.

A. $L_3 – L_4$

B. L_5 - S_1

C. *S_1 - S_2

D. S_4 - S_5

E. Th_7 - Th_8

164. What from the indicated reflexes does not behave to superficial?

A. Pharyngeal

B. Corneal.

C. Plantar.

D. *Knee jerk or patellar reflex.

E. Cremasteric.

166. The patient has defeat of joint sense in the fingers of feet, femoral joints is broken, does not feel displacement of fold on both feet and trunk, a touch sensitiveness is absent.

What is a structure of defeat?

A. Dorsal horns.

B. Postcentral gyrus.

C. *Dorsal funiculus.

D. Front white commisure

E. Lateral horns.

167. The patient has spastic paralysis of right foot, violation of joint sense, from this side; analgesia on the left (pain, temperature)

Name a syndrome.

A. Syndrome defeats of lateral roots.

B. Syndrome defeats of dorsal roots.

C. Syndrome Brown-Sequard.

D. *Syndrome defeat of dorsal horns.

E. Syndrome defeats of frontal horns.

168. A patient has the hyperreflection of plantar reflexes.

What the level of shorting?

A. *L5 – S1

B. Th7 – Th8

C. L3 – L4

D. S1-S2

E. C7 – C8

169. What reflexes behave to deep, periostal?

A. *Knee jerk

B. Plantar

C. Carporadial

D. Palatal

E. Achilles (ankle jerk)

170. The patient of has hyperpathia on the right and pains in right extremities, hemianopsia, hemiataxia, hemianasthesia. Violent is laughter.

When localization focus lesion?

A. Internal capsule on the left.

B. *Thalamus on the left

C. Radiate crown on the right.

D. Thalamus on the right.

E. Crain steam.

171. A patient has dissociation of lesion syperficial of sensation: pain and temperature absent, deep sense present..

Where localization of focus?

A. *Dorsal horns.

B. Anterior horns.

C. Lateral roots of spinal cord.

D. Internal capsule.

E. Thalamus.

172. Corneal reflex is absent.

Where the level of shorting?

A. Midbrain.

B. C5 – C8

C. *Medulla oblongata and pons.

D. S1 – S2

E. L5 – S1

173. Paroxysmal sense of numbness and «crawl of small ants» in area of left foot and shin, spreading on a thigh, all half of body and is accompanied by cramps in left, and then and right extremities.

Where is thefocusof irritation located?

A. Upper part of post-central gyrus on the right.

B. Lower part of post-central gyrus on the right.

C. *Upper part of post-central gyrus on the left.

D. Middle part of post-central gyrus on the right.

E. Internal capsules on the right.

174. The patient has complaints about pain in left lower extremity. In anamnesis: as trauma right extremity at the level of thigh is amputated.

What type of pain is characteristic?

A. Local.

B. Irradiating.

B. Causalgia.

D. Reactive.

E. *Phantom.

175. What type of ataxia is characteristic at the defeat of dorsal roots?

A. Cerebellum.

B. Vestibular.

C. *Sensetive

D. Cortex.

E. Functional.

176. The patient has convulsive attacks beginning from a right foot with distribution on a shin and thigh.

Where is the focus of defeat localized?

A. Lower part of pre-central gyrus on the right.

B. *Upper part of pre-central gyrus on the left

C. Lower part of pre-central gyrus on the right.

D. Middle part of pre-central gyrus on the left.

E. Lower part of pre-central gyrus on the left.

177. The patient has hemianopsia, hemianesthesia, hemiplegia, central paresis lower part of face.

Where is the focus localization??

A.Brain brain.

B. Post-central gyrus.

C. *Internal capsule.

D. Anterior horns.

E. Dorsal horns

178. A patient has peripheral paresis of lower extremities.

What is not characteristic?

A. *Spastic hypertonia.

B. Fasciculation twitches.

C. Deep reflex absent

D. Hypotonia.

E. Pathological reflexes absent.

179. What pathological reflex behaves to the group of flexing?

A. Babinski

B. Oppenheim’s.

C. Gordon’s.

D. *Rossolimo.

E. Chaddock’s

180. For defeat of lateral funiculus:

A. Defeat of cranial nerve side of lesion: central plegia of opposite

B. Peripheral paresis of segmental type on the side defeat.

C. Spastic hemiplegia on an opposite side.

D. Monoplegia or monoparesis.

E. *Central paralysis on the side of lesion.

181. A child is diagnosis: Poliomyelitis. At examination: areflexes, hypotonia, hypotrophy, fasciculation of muscles.

What structures is the defeat?

A. Internal capsule.

B. Postcentral gyrus.

C. Thalamus.

D. *Frontal horns.

E. Dorsal horns.

182. The patient has tendon deep reflexes are increased, defenses reflex, decreased abdominal reflex

About development, what syndrome does it testify?

A. Syndrome defeats of peripheral nerve.

B. Syndrome defeats of dorsal horn.

C. Syndrome defeats of frontal horns.

D. Internal capsule.

E. *Syndrome defeats of central motor neuron.

183. The patient has violation of pain and temperature sensitiveness on the left on the type «half jacket».

What type of lesion of sensory?

A. Neural.

B. Polyneuritic.

C. *Segmentar.

D. Conductive.

E. Functional

184. The patient has a flassid lower paraplegia (more of feet) with atrophy of muscles, anaesthesia on a segmentar type (on the internal surface of thighs), great pains in feet, violation function of pelvic organs.

Where is the focus of defeat localized?

A. Lumbar bulge.

B. Thoracal part.

C. *Cauda ecvina

D. Upper cervical part.

E. Syndrome Brown-Sequard.

185. First neurons of explorer deep sensation presented in sells:

A. *Ganglion spinal.

B. Holl’s and Burdach’s nuclear of oblong brain.

C. Thalamus.

D. Internal capsule.

E. Dorsal horns.

186. Motion of fibres of a deep sensitiveness to the spinal cord is analogical passing of fibres pain and temperature, but they enter not into dorsal horns, but:

A. Anterior horn.

B. *Holl’s and Burdach’s nuclear of oblong brain.

C. Dorsal funiculus.

D. Lateral funiculus.

E. Dorsal horns.

187. What type of sensation is not behaved for a deep?

A. *Temperature.

B. Joint sense.

C. Pressure and weight.

D. Cinesthesia of skin.

E. Vibration sense.

188. The patient has loss of all types of sensitiveness on a conductive type on an opposite side, combining with hemiplegia and hemianopsia. Where is a focus of defeat?

A. *Internal capsule.

B. Thalamus.

C. Brain stem

D. Post-central gyrus.

E. Dorsal horns.

189. What type of sensation behaves at the defeat of one peripheral nerve?

A. Polyneuritic.

B. Radicular.

C. Segmental.

D. *Mononeuritic.

E. Cerebral

190. At patient complete loss of all of types of sensitiveness. How is this type of sensitiveness named?

A. Hyperpathia.

B. *Anesthesia.

C. Hyperesthesia.

D. Poliesthesia.

E. Causalgia

191. What type of sensitiveness is not characteristic for a superficial sensitiveness?

A. Temperature.

B. Pain.

C. *Vibration.

D. Touch (tactile).

192. What reflex does behave to deep?

A. Mandibular reflex.

B. Biceps reflex.

C. *Pharyngeal reflex.

D. Knee-jerk.

E. Ankle.

193. Achilles reflex absents for a patient, a reflex arc is locked:

A. *S1-S2.

B. L4-L5.

C. L3-L4.

D. C5-C6.

E. S4-S5

194. From what the second neuron takes beginning (way of superficial sensitiveness):

A. Anterior horn.

B. Thalamus.

C. *Dorsal horns.

D. Precentral gyrus.

E. Internal capsule.

195. Cell of the first of sensation neuron is localized:

A. Thalamus.

B. *Spinal neuroganglion.

C. Dorsal horns.

D. Front white commissure.

E. Lateral horns

196. A lateral, anterios and central spinothalamic tract is formed:

A. *Anterios white commissure.

B. Dorsal horns.

C. Dorsal funiculus.

D. Lemniscus.

E. Anterior horns.

197. Where is the III neuron of explorers of pain and temperature sensation localized?

A. Front white joint.

B. *Thalamus.

C. Brainstem.

D. Capsule internal.

E. Post-central gyrus

198. Mandibular lower reflex, a arc locked:

A. C5-C6

B. C5-C8

C. L3-L4

D. *Medulla oblongata, pons of brain

E. Postcentral gyrus

199. What type of sensitation does behave for a complicated sensitation?

A. Pain.

B. Touch.

C. *Localization sense.

D. Joint sense.

E. Visual

200. The localization of focus in dorsal horns has:

A. Hemianesthesia, hemiplegia.

B. Explorer violations of sensitiveness.

C. Segmental-dissociated violations.

D. Segmentar anaesthesia, pain.

E. Sensory epileptic attacks

201. Axsons of the III neurons of explorers of deep sensation is ends:

A. Back thigh of internal capsule.

B. Radiation crown.

C. *The IV layer of postcentral gyrus.

D. Brainstem.

E. Medial lemniscus

202. Violation of extremities distal part as type of «gloves» and «socks» of on legs on arm.

Name the type of violation of sensation:

A. Mononeuritic pattern.

B. Segmental.

C. *Polyneuritis pattern.

D. Radicular pattern.

E. Cerebral

203. The syndrome of dorsal funiculus is having violation of sensation in a kind:

A. Loss of pain and temperature sensation on an explorer type on an opposite side.

B. *On the side of defeat joint sense, vibration on an explorer type is lost.

C. Loss on the side of defeat of joint sense, vibration, touch, graphism at safety by pain and temperature.

D. Dissociated symmetric anesthesia.

E. Sensory epileptic attacks

204. Where is the III neuron (deep sensation) localized?

A. Brainstem.

B. Dorsal horns.

C. *Thalamus.

D. Holl's and Burdach's nuclear of oblong brain.

E. Internal capsula

205. This analgesia:

A. Loss of deep joint sense.

B. *Loss of pain sense.

C. Lowering of sensation.

D. Loss of a temperature.

E. Loss of visual sense

206. What reflex behaves to superficial?

A. Scapula-humeral.

B. *Palatal.

C. Triceps (extensor ulnar)

D. Achilles (ankle jerk).

E. Knee

207. What types of sensation belong to deep?

A. Pain sense.

B. Touch sense

C. *Joint sense.

D. Localization.

E. Testate

208. The thalamic pattern (at a lesion of thalamus) is observed:

A. *Hemihypoesthesia.

B. Sensory convulsive attacks.

C. Superfacial reflex absent.

D. Lession sensation «jacket» type.

E. Hemiplegia

209. Patient has stroke, localization of internal capsule:

A. *Hemianesthesia, hemianopsia, hemiplegia.

B. Hemianesthesia sensitive hemiataxia, hemianopsia.

C. Monoanesthesia on the opposite side.

D. Polyneuropathy.

E. Sensory epileptic attack

210. Pharyngeal reflex absent, reflex arch is localization:

A. C5-C6.

B. L5-S1.

C. *Medulla oblongata.

D. Th9-Th10.

E. Midbrain

211. Cells of second neuron of syperficial sensation localized:

A. Thalamus.

B. Brainstem.

C. Capsule internal.

D. *Dorsal horn.

E. Anterior horns

212. The syndrome lesion of lateral funiculies of spinal cord:

A. Pain and temperature sense drops out on the opposite side, conductive type.

B. Dissociated disorders of sensation symmetric on the both sides.

C. *On the side of the focus deep sense drops out according to the conductive type from level of lesion and opposite side lesion pain and temperature sense.

D. Hemianesthesia, hemialgia.

E. Sensetive ataxia

213. Upper superficial abdominal reflex absent, reflex arch is localization:

A. C5-C6.

B. L1-L2.

C. Th9-Th10.

D. *Th7-Th8.

E. Th11-Th12

214. The syndrome of defeat of dorsal horn:

A. Violation of touch sensitivity

B. *To the pain and temperature sensitivity

C. Peripheral paresises.

D. Violation of joint sense.

E. Central paresis

215. The cellls of the second neuron (explorers of superficial sensitiveness) are located:

A. *Dorsal horns.

B. Front horns.

C. Lateral horns.

D. Internal capsule.

E. Thalamus

216. The defeat of thalamus is characterized the followings violations of sensitiveness:

A. Dissociated violation of sensitivity: loss superficial, at safety of deep.

B. Loss of joint sense, to the vibration sensitiveness.

C. *Loss of all of types of sensitiveness on an explorer type on an opposite side.

D. Nothing of the offered variants.

E. Loss of sens, type “glowes”, “soks”

217. For the irritation of postcentral gyrus is having:

A. Hemianesthesia.

B. *Sensory disorders as paresthesia.

C. Defeat of cranial nerves on the side of focus on opposite is a hemianesthesia.

D. Emotional paresis of mimic musculature.

E. Monoanesthesia.

218. At localization of focus of irritation in the lower part of post-central gyrus characteristical:

A. *Paresthesias are in the right half of face.

B. Paresthesias in area of left limbs.

C. Paresthesias in area of right limbs.

D. Nothing of above enumerated.

E. Hemiparesis

219. The first neuron of explorer deep sensitiveness is presented:

A. Thalamus.

B. Holl’s and Burdach’s nuclear of oblong brain.

C. *Spinal neuroganglion.

D. Internal capsule.

E. Lateral horns.

220. Carporadial reflex cause the blow of hammer to the stiloid process of radial bone. Where is a level of shorting of reflex arc?

A. L3-L4

B. C5-C6

C. C7-C8

D. *C5-C8

E. L5-S1

221. What types of sensation belong to complex sensitivity?

A. Pain.

B. *Stereognosis

C. Vibration sensation

D. Touch.

E. Visual

222. Sensitiv ataxia is characteristic at a defeat:

A. Dorsal horns

B. Lateral funiculus

C. Dorsal funiculus

D. *Dorsal roots

E. Internal capsule

223. What reflex behaves to superficial reflex?

A. Knee jerk

B. *Corneal

C. Carporadial reflex (brachioradial)

D. Achilles

E. Mandibular lower

224. What type of sensation is not characteristic for simple sensation?

A. Temperature

B. Visual.

C. Pain.

D. Joint sense

E. *Localization.

225. First neuron of deep sensation is also presented by nerve cells:

A.Thalamus

B. Internal capsule

C. Dorsal horns

D. Thalamus

E. *Spinal ganglion

226. From what the second neuron takes beginning (way of superficial sensition)

A. Spinal ganglion

B. Dorsal funicuulus

E. *Dorsal horns

D. Thalamus

E. Internal capcule

227. At patient has tumor brain, localisation of postcentral gurus, left clinical sings:

A. Hemianestesia, hemiplegia

B. *Sensory epileptic attacks, parasthesia

C. Hemiataxia, hemianosia.

D. Loss of pain, temperature sensative.

E. Violation of sensitivity on the type of “socks” and “glower”.

228. The patient in neurology statuus has pains, parasthesia, and lesion of distal part of feet and hand type “socks” and “glower”. Where is the pathologic focus localized?

A. Internal capsule

B. Perepheral nerve

C. Plexus

D. *Perepheral nerves

E. Dorsal root

229. Corneal reflex absents level of the spinal reflex arches lockin:

A. Medulla oblongata

B. Toracica part of spinal cord

C. *Pons of brain

D. Segment C5-C6

E. Segment C7-C8

230. The patient has part focus off thalamus, what clinical syndromes?

A. *Loss of all types of sensetive, thalamic pain hemiataxia.

B. Hemiaanastesia, hemiplegia, hemianopsia

C. Sensory epileptic attacks

D. Loss sensation type of “glover” and “socks”

E. Disordes of joint and vibration sense

231. What reflex behaves to deep periostal reflex?

A. *Brachioradial

B. Achilles (ankle)

C. Anal

D. Corneal

E. Plantar

232. What types of sensation belong to deep?

A. Pain sense

B. Toch sense

C. Stereognosis

D. *Feeling of pressure

E. Acoustical.

233. The patient has defeat sensitivity: parasthesia on the lower limbs on the leftt. Where is the focus irritation localized?

A. Internal capsula

B. Thalamus

C. Postcentral gysus, middle part

D. *Postcentral gysus, apper part

E. Postcentral gysus, lower part.

234. The decrease of tendon reflex. What is the lesion?

A. Sensory way.

B. *Peripheral motor neurons.

C. Cerebellum

D. Vegetative system

E. Central neuron.

235. The patient has low knee jerk reflex. What is he lesion?

A. Sensry way.

B. *Pyramidal way.

C. Cerebellum.

D. Extrapyramidal system.

E. Vegetative system.

236. Patient has low of bicepc jerk. What level of closing?

A. Thoracal segments.

B. Medula oblongata.

C. *Segnent of spinal cord of C5-C6.

D. Segments of spinal cord of C6-C7.

E. Pons of brain.

237. Patient has bulbar syndrom, pharyageal reflex absent. What level of closing?

A. Pons of brain.

B. *Medulla oblongata.

C. Segments of spinal cord C5-C6

D. Midbrain.

E. Cerebellum.

238. Patient has multiple sclerosis, examination: lover abdominal reflex absent/ what level of closing?

A. Medulla oblongata

B. Toracal segment T7-T8

C. Toracal segment T9-T10

D. *Toracal segment T11-T12

E. Segment L1-L2

239. The peculiarity of the unconditioned reflexes that they:

A. Arise as a result of frequent repetition

B. Genetically programmed

C. Characteristic of all individuals of a species

D. *Species are innate

E. Form skills

240. Centers of conditioned reflexes in contrast to the uncoditional are the man:

A. *Brain cortex

B. Medulla oblongata

C. Cerebellum

D. Segmentar department of vegetative nervous system

E. Middle brain

241. Salivation in humans in the form of lemon-reflex:

A. *Conditional

B. Unconditional

C. Protective

D. Focused

E. Pathological

242. Patient has in anamnesis: diabetis. Examination: disorders of all sesation kinds occur symmetrically by the type of “gloves” and “socks”. What type of violation of sensitiveness?

A. Polyneuritic

B. Moneuritic

C. Plexal

D. *Segmental disosia

E. Segmental radicular

243. Patient has violation of sensory: temperature and pain, on the type “half jacket”. Where the localization of the pathological focus? What violation type sensitivity?

A. Mononeuritic

B. *Polyneuritic

C. Plexal

D. Segmental radicular

E. Segmental dissociated

244. With the defeat of the posterior horns is disturbed sensitivity:

A. *Pain and temperature

B. Touch and temperature

C. Vibration and joints

D. Vision and hearing

E. smell and touch

245. Whith the defeat of the internal capsule:

A. *Hemianesthesia, hemiplegia, hemianopsia.

B. Disturbed sensitivity: pain and temperature

C. Hemianesthesia, sensitive hemiataxia

D. Sensory type of Jackson epilepsy

E. Peripheral paresis of lower limbs

246. Whith the defeat of the thalamus is disturbed sensiivity:

A. Deep sensory

B. Superficial sensory

C. Specific sensation

D. *Superficial and deep sensory

E. Complication

247. Where is the body of the first sensory neuron of all types of sensitivity localized?

A. Spinal cord lateral horn

B. Spinal cord upper horn

C. Thalamus

D. *Spinal ganglion

E. Burdach’s and Goll’s nuclei

248. Patient has neurosyphilis. Examination: ataxia is enhanced witn the eyes closed. Where the localization of the patholigical focus?

A. Internal capsule

B. Thalamus

C. Medial lemniscus

D. *Spinal posterior funiculus

E. Lateral funiculus

249. The patient lost all kinds of sensitivity, have is this a violation.

A. Hyperesthisa

B. Hypesthesia

C. *Anesthesia

D. Dysaesthesia

E. Parosthesia

250. Patient has hyposthesia of pain and temperature in the upper limbs touch saved. What type of sensitivity disorders?

A. Neural type.

B. *Segmental dissociated type

C. Polineuritic type

D. Conductive type

251. Patient has hyposthesia of pain and temperature in the upper limbs touch saved. Where the localization of the path foor?

A. Anterior horns of the spinal cord in segments C5-T1

B. *Posterior horns of the spinal cord in segments C5-T1

C. Internal capsula

D. Posterior funiculus of the spinal cord segments C5-T1

E. Lateral horns of the spinal cord C5-T1

252. Patient has trauma of spinal cord. Examination: side of focus loss of deep sensitivity; opposite side loss of the pain and temperature. Where the localization of the pathological focus?

A. Posterior horns

B. Lateral horns

C. Internal capsule

D. *Lateral funiculus

E. Thalamus

253. The patient in the left leg decreased strength, increase in knee, Achilles reflex, and reflex Babinski, in right legs and torsoloss pain and temperature sensation, from the level of Th10. What is syndrome?

A. Central paresis of left legs.

B. Peripheral paresis of the right.

C. *Sementar dissosiation numbers.

D. Sensetive ataxia.

E. Conductive types of membness.

254. Patient has muscular atrophy in the hands and feet, fasciciliary weakness of muscules, increases of muscular tone, type “spastic”, patological reflex (legs and hands). What is syndrome?

A. *Mixed paresis of upper and lower limbs

B. Mixed paresis of lower limbs

C. Central paresis of lower limbs

D. Peripheral paresis of upper limbs.

255. Lesion of lateral funiculus. What motor lesion of spinal cord?

A. *Central paresis side of focus, opposite side-pain and temperature sensory.

B. Deep sensory

C. Peripheral paresis side of the focus

D. Hemiparalysis, hemianopsia, hemihypestesia opposite side

E. Peripheral paalysis of the muscle, innervated by this nerve

256. The patient has peripheral paraparesis of lover limbs, lesion of sensory (conductive type) and pelvic disorders. Where localization pathology focus?

A. Upper cervical part of spinal cord

B. Cervical bulge of spinal cord

C. *Lumbar part of spinal cord

D. Epicone S1-S2

E. Toracic part Th3-Th2

257. Patient has stroke. Examination: cental hemiparesis with centar mimic muscles an tongue paresis, hemianestesia, hemianopsia on the opposite side, Wernicke-Manns position. Where localization pathology focus?

A. Brain stem

B. *Internal capsule

C. Thalamus

D. Poscentral gyrus

E. Dorsal horn

258. Patient has central paraparesis of lower limbs pelvic disorders conductive type sensory lesion. Where localization pathology focus?

A. *Thoracic part of spinal cord

B. Cada equina

C. Cervical bulge of spinal cord

D. Capsule internal

E. Lumbar part of spinal cord

259. Patient has diabetic. She complains muscle weakness of the legs, during the examination: loss of deep tendon and perioctal reflex on the hands and legs, hypostesia of all sorts sensivity – on the type polyneuritic. What impressed?

A. Central motor neuron

B. *Peripheral motor neuron

C. Dorsal funiculus

D. Thalmus

E. Posterior horns

260. Patient periodically, without loss of consciousness there are attacs of clonic seizures in left leg lasting a few seconds. Where localization psthology focus?

A. Thalamus on the left

B. *Upper part of precentral gyrus on the right

C. Upper part of postcentral gyrus on the right

D. Lower part of precentral gyrus on the right

E. Middle part of precentral gyrus on the right

261. For central paralysis is characterized by:

A. *Increasing muscular tone, type of spastic

B. Atrophia of muscles

C. Hyporeflexia

D. *Present of pathology reflex

E. Fasciculation of muscles

262. For peipheral paralysis is characterized:

A*. Atrophia of muscles.

B. Increasing musclular tonr

C. Skin reflex absent

D*. Muscular atonia

E. Hypertonic muscles.

263. Central palysis occure in lesion is:

A. Postcentral gyrus

B. Precentral gyrus

C. *Anterior horns of spinal cord

D. *Lateral horns of spinal cord

E. Posterior horns of spinal cord

264. Fasciculation of muscles is characterized by:

A. Lateral funiculus of spinal cord

B. Precentral gyrus

C. *Anterior horns of spinal cord

D. Posterior horns of spinal cord

E. Brain steam

265. It the damage is right side lateral funiculus of the spinal cord at the level of the thoracic segments is marked:

A. *Hemyparalysis on the right

B. Hemyparalysis on the left

C. *Paralysis of the legs on the right

D. Paralysis of the legs on the left

E. Lower paraparesis

266. It the damage is internal capsule usuelly observerd

A. Monoparesis of upper limbs

B. Monoparesis of lower limbs

C*. Hemiparesis

D. Lower paraparesis

E. Tetraparesis

267. Symptoms of central paresis:

A. *Babinski’s reflex

B. Kernig’s sign

C. Brudzinski’s low sign

D. Neck stiffness

E. Brudzinski’s upper sings

268. The patient has polyomielitus examination: peripheral paresis of legs on the right. Where pathology localization focus?

A. Brain cortex.

B. *Anterior horns of spinal cordd

C. Brain steam

D. Posterior horns of spinal cord.

E. Lateral horns of spinal cord.

269. Pathology focuses localization of precentral gyrus. What clinical symptoms is typical (iritation syndrome):

A. Monoparesis

B. Hypoanestesia

C. *Motor jacksom epilepsy

D. Sensory jacksom epilepsy

E. Crossed paralysis

270. Peripheral paresis develops in the defeat:

A. Precentral gyrys

B. Radiant corona

C. *Anterior radix of spinal cord

D. Postcentral gyrys

E. Internal capsule

271. The patient has a flassid lower paraparesis, loss of sensitivity on the conductive type, disfunction of pelvic organs. Trophic disorders. Where localization pathological focus?

A. Upper cervical part spinal cord

B. *Lumbar part of spinal cord

C. Thoracic part of spinal cord

D. Cauda equine

E. Epicone S1-S4

272. The patient has central paraparesis of lower limbs with conductivity corts and pelvic disorders. Where localization pathological focus?

A. Lumbar part of spinal cord

B. Cervical bulge of spinal cord

C. Upper cervical part of spinal cord

D. Brain steam

E. *Thoracica part

273. The patient has central hemiparesis on the right, with conductive damage of all sensesitivity corts. Where localization parts focus?

A. Lumbar part of spinal cord

B. *Upper cervical part of right

C. Thoracic part

D. Brain stem

274. Pathological focus localization on lumbar bulge. What clinical signs?

A. Peripheral paresis of upper cervical part (bulge)

B. *Conductive type lesion of sensitivity

C. *Peripheral paresis of lower part (bulge)

D. *Dysfunction of pelvic organs

E. Ataxia cerebellar

275. Of anterior horns of spinal cord. What clinical symptoms?

A. *Paresis of muscles

B. *Reflex absent

C. *Fasciculations

D. Disorders sensitive segmentar dissociated type

E. Disorders of sensitive on conductive type/

276. Syndrome Horne characteristic with the defeat:

A. C4-C3

B. C6-C7

C. *C8-Th1

D. Th2-Th3

E. Th4-Th5

277. With the defeat of the right half of the cervical enlargement is found:

A. *Peripheral paresis of right hand

B. Loss deep sensitivity on left leg

C. *Loss deep sensitivity right leg

D. *Central paresis on right leg

E. *Defeat of pelvic organs

278. The imperative urge to urinate can be two sided:

A. Anterior horns of cervical bulge

B. Anterior horns of lumbar bulge

C. Anterior funiculus of spinal cord

D. Posterior funiculus of spinal cord

E. *Lateral funiculus of spinal cord

279.True incontinence occurs when you lose:

A. Cervical bulge

B. Lumbar bulge

C. *Medullary cone

D. Thoracic part

E. *Cauda equine

280. The chld of 10-years who is sick with rheumatism come sweeping sudden violet motion in the facial muscles of the limbs.emotional mimic and reactive movement dramatically strengthened. What the name of this syndrome?

A. Athetosis

B.* Chorea

C. Hemibalism

D. Facial cramp

E. Torsion spasm

281. The patient no paresis and paralysis, but the movements are slow it is difficult, paradoxical kinesis. What the name of this syndrome?

A. Athetosis

B. Chorea

C. *Parkinson syndrome

D. Dejerines-Rusi syndrome

E. Hemibalism

282. What type of syndrome is not charactiristic thr hypotonic-hypercinetic?

A. Tics

B.Chorea

C. Athetosis

D. Choreoathetosis

E. *Parcinson syndrome

283. What syndrome is not characteristic for syndrome of parkinsons?

A. Syndrome “air pillow”

B. Syndrome Noik’s

C.Tremor of “pill-roling”

D. Propylsia

E. *Scanning spech

284. Patient has rhythmic twiching of half face muscles. What the name of this syndrome?

A. *Hemispasm of the face

B. Paraspasm of the face

C. Torsion dystonia

D. Tics

E. Chorea

285. The patient has encephalitis in anamnesis. Te had involutary movements in the muscles of the neck and trunk muscle tone in the extremities reduced. What the name of this syndrome?

A. Tics

B. Chorea

C. *Torsion dystonia

D. Athetosis

E. Parcinsons symdrome.

286. The patient 21 yeas have any imoluntary mvementc in the muscles of the neck, which resemble a violent rotation of head in the direction opposite side. Muscle tension of these.

A. Chorea

B. Tics

C. *Spastic of neck toricais

D. Torsion dystonia

E. Paraspasm of the face

287. Patient has Parkinson’s syndrome. What are the clinical symptoms not characteristic?

A. Hemiparesis

B. Bradylalia

C. Micrographia

D. Tremor of “pill-rolling”

E. * Syndrome “handing head”

288. The patient slowly arose stiffiness when moving the pose of the “applicant”, hypomima, soft speech, rhytmic tremor of the finger. What the name of this syndrome?

A. Chorea

B. *Parkinson’s syndrome

C. Tics

D. Internal capsule syndrome

E. Choreoathetosis

289. The patient has worm-like slow movements in distal part of the limbs the muscle hypotonus, disorder of hepar function. Which structures are impaired?

A. Sybstantia nigra

B. *Caudata nucleus

C. Thalamus

D. Putamen

E. Vestibular nucleus

290. What not characteristic lesions of the cerebellum?

A. Ataxia

B. Loss of muscules tone

C. *Paresis

D. Nystagmus.

E. Scanning speech

291. Patient has tumor brain, examination standing and walking disorders. When localization pathology focus?

A. * Cerebellum, vermix

B. Ceredellum hemispheres

C. Brain stem, n.vestibulo-coxlearis

D. Posterior roots

E. Frontal lobe

292. Patient has sensitive ataxia. That affected?

A. Internal capsula

B. Brain stem

C. *Posterior funiculus

D. Frontal lobe

293. For cerebellar ataxia characterized by:

A. *Intention tremor

B. Disorders of proprioceptive sensation

C. *Nystagmus

D. Parasympathic reactions

E. *Muscular hypotonia

294. Senseetive ataxia may accur when you lose:

A. Cerebellum

B. Lateral funiculus of spinal cord

C. Tempiral lobe

D. *Peripheral nerves

E. *Thalamus

295. Which the defeat of the left cerebellar hemispheres observed?

A. Hypereflexia in right arm (hand)

B. Hyperreflexia in left arm

C. Intention tremor left arm

D. *Dysdiadochokinesis

E. *Intention tremor left arm

296. The patient has hypostenia in lower limbs on the type “socks” absent of ankles reflex, Romberg test – unstable, ataxia when walking and increases with closed eyes. What neurology disorders?

A. *Sensetive ataxia

B. Lower paraparesis, central

C. Polyneural syndrome

D. Cerebelluar ataxia

E. Vestibular ataxia

297. For the vestibular ataxia characteristic:

A. *Nystagmus

B. Intentional tremor

C. *Nausea, vomiting

D. *Appearance of vertigo

E. Dysdiadochokinesia

298. Specity coordinator see test:

A. *Finger-nasal test

B. Upper, lower Barre’s test

C. Reflexia exam

D. Sensory exam

E*. Romberg test

299. Olfactory hallucinations disorders:

A. Olfactory cells thatare located in the mucosa

B. Olfactory bulb

C. Olfactory tracts

D. *Temporal lobe

E. Occipitel lobe

300. Syndrome Argyll-Robertons this (2):

A. Decrease in visual acuty

B. *Loss of pupil response to accommodation

C. *Loss of the direct reaction of pupil to light

D. Pupillotonia

E. Preservation of the reaction of the pupil.

301. Symptomes disorders of n.oculomotor (2):

A. *Ptosis

B. *Paresis of internal

C. Paresis upper

D. Myosis

302. Syndrome of Weber this (2):

A. Lesion of n.abducens

B. *Lesion of n.oculomotor

C. Lesion of n.trochlear

D. *Alternating hemiparesis

E. Alternating hemiataxia.

303. Patient has syndrome Fofille. Symptoms of defeat: (3):

A. *Diplopia, convergent strabism

B. *Peripheral paresis of mimic muscules

C. *Opposite side – hemiparesis

D. Hemianopsia

304. Symptoms bilateral lesions of abducens nerve (2)

A *Convergent strabismus

B. Divergent strabismus

C. Restriction of movements of the eyeballs inward

D. *Restriction of movements of the eyeballs iautward

E. Myosis

305. Patient has divergent strabismus, restriction movements of the in all directions except outdoor. Where localization lesion?

A. *N.oculomotor right

B. N.abducens right

C. N.trochelear right

D. Capsula interna right.

306. Patient has of the left n.oculomotor lesion, in the right – hemiataxia. Where localization lesion and name syndrome?

A. *Midbrain left side

B. Pons left side

C. Thalamus of the left

D. Precentral gyrus left

E. Hemisphera cerebellum left side.

307. Symptoms lesion of ponto-cerebellum angle (3 correct answers):

A. *Sensorineural hearing loss

B. Sensetive ataxia

C. *Impaired of sensation on the face

D. *Paresis of mimic muscules of on the peripheral

E. Dysphagia, dysphonia

308. Patient has herpetic rush on the skin of forehead and cheek reduction of all kinds of sensetivity on the half of face. Where localization of lesion?

A. *Trigeminal ganglion (gasserian)

B. First branch (ophtalmic nerve) of V cranial nerve

C. Second branch (maxillary nerve) of V cranial nerve

D. Third branch (mandibular) of V cranial nerve

E. Right side of pons

309. Patient has pain, reduction oa all kinds of sensitivity in firehead and upper eyelid on the right. Where localization of lesion?

A. Gasserin ganglion of the right

B. *I branch of trigeminal nerve

C. II branch of trigeminal nerve

D. III branch of trigeminal nerve

E. Pons of the right of brain steam

310. For the vestibular vertigo characterized (3 correct answers):

A. *Sensation of rotation of one’s own body

B. *Increased dizzines wher head changes

C. *Noisis, vomiting

D. Imtension tremor in upper limbs

E. Intension tremor is lower limbs

311. Patient has in anamnesis: Leptomenigitis. Examination: peripheral paresis of mimic muscules, pain of face, dizziness, loss of hearing, conververgent strabismus, diplopia. Where localization of lesion and name syndroms?

A. *Brain cortex, motor aphasia, cerebello-ponto angle syndrome

B. Brain stem, ponto-cerebellar angle syndrome

C. Brain stem, Mllard-Gubler syndrome

D. Brain stem, Foville's syndrome

E. Brain stem, Weber's syndrome

312. Patient has flasid paralysis of the mimic muscles, the convergent strabismus, diplopiabside of lesion, opposite side – central hemiparesis. Where localization of lesion?

A. Brain cortex, frontal lobe

B. Cerebellum hemisphere

C. *Brain stem, pons

D. Brain stem, medulla oblogata

E. Precentral gyrus on the right

313. Patient has flasid paralysis of the mimic muscles, the convergent strabismus, diplopia side of lesion, opposite side – central hemiparesis. What name syndromes?

A. Avellis's syndrome

B. *Foville's syndrome

C. Millard's-Gubler syndrome

D. Jackson syndrome

E. Weber syndrome

314. Central paralysis of muscles of face occurs when affected:

A. *Nucleus of the facialis

B. Root of the facialis nerve

C. Nerve facialis in fallopian canal

D. Precentral gyrus

E. Geniculum of internal capsule

315. Patient has dysarthria, deviation of the tongue on the left. Where localization lesion?

A. Hypoglossal left

B. *Hypoglossal right

C. Pathway cortical-nuclear left

D. Pathway cortical-nuclear right

E. Right side of brain stem

316. Patient has atrophia of traperoid and sternocledomastoid muscles on the right, omission of the right shoulder, difficulty in turning the head. Where localization lesion?

A. Accessory left

B. *Accessory right

C. Cortico-nuclear pathway left

D. Cortico-nuclear tract right

E. Left side of medulla oblongata

317. Bulbar syndrome occurs when one is affected:

A. Accessory nerve

B. *Glossopharyngeal and vagus hypoglossi nerves

C. Roots of upper cervical part of spinal cord

D. Medulla oblongata

E. Tract cortical-nuclear of the two sides

318. Pseudo bulbar syndrome occurs when one is affected:

A. Accessory nerve
B. Glossopharyngeal and vagus nerve
C. Hypoglossal nerve
D. *Tract cortical-nuclear of the two sides
E. Medulla oblongata

319. Patient has ischemic stroke. Examination: palate paresis, ocal cord paresis, trapezius and sternocleidomastoideus muscles peripheral paresis, tongue peripheral paresis ipsilateral. Contrlateral – central hemiparesis. Where localization lesion and name syndrome?
A. Peduncule, Weber's syndrome
B. Pontine, Foville's syndrome
C. *Medullary, Schmidt's syndrome
D. Medullary, Avellis's syndrome
E. Medullary, Jackson's syndrome

320. Patient has palatal paresis vocal cord paresis, Horner's syndrome, segmental loss of pain and temperature, sensation on the face, hemiataxia; contrlateral side – hemihypalgesia, hemiparesis. What name syndrome?
A. Schmidt's syndrome
B. Jackson's syndrome
C. *Walenberg-Zakcharchenko syndrome
D. Cervical bulge
E. Syndrome lesion of cerebellum

321. After surgery on the thyroid gland the patient had hoarseness, with laryngoscopy reveled paralysis of the right vocal cord. The nerve branch was injured.
A. n.Hypoglossus
B. n. Accessorius

C. *n.Vagus

D. n.Facialis

E. n. Glossopharyngeus

322. For peripheral tongue paresis is characteristic, in contrast central paresis:

A. Central paresis of limbs

B. Peripheral paresis of limbs

C. *Atrophy and fibrillation of the tongue

D. Dysarthria

E. Dysphagia

323. Symptom of unilateral defeat of the cortical – nuclear pathway:

A. Violent laughter

B. Violent crying

C. Pharyngeal reflex present

D. The jaw reflex is animated

E. *Paresis of half of the tongue of the central type

324. Right: aesthesia face hypoesthesia in the outer zone of Zelder, the paresis of the soft palate and vocal cords, syndrome Gorner's. Where localization lesion and name syndrome?

A. Medullary, Schimdt's syndrome

B. Medullary, Avellis's syndrome

C. Pontine, Millard-Gubler's

D. *Medullard, Wallenber-Zakcharchenko syndrome

E. Syndrome ponto-cerebellum angle

325. Aphasia it:

A. Illegibility of speech in result unclear pronunciation

B. Breach recognition sensor images

C. Memory disorders on current image

D. Disorders of complex purposeful movements

E. *Loss speech abilities as a means of expression of idea

326. Signs of damage frontal lobes of cortex (2):

A. *A dynamics aphasia

B. Disorders of the body schema

C. *Verbal and motor perseverative

D. Anosmia

E. Dysarthria

327. Disorders of the higher cerebral function – it (3):

A. *Acalculia

B. *Aphasia

C. Central paralysis

D. Ataxia

E. *Agnosia

328. Syndrome disorders of the temporal lobe dominant side (3):

A. *Auditory agnosia

B. *Sensory aphasia

C. Amnestic aphasia

D. Motor aphasia

E. Autotopognosia

329. Syndrome disorders of the parietal lobe (2):

A. Acalculia, alexia, agraphia

B. Motor aphasia

C. Olfactory agnosia

D. *Apraxia

E. Homonimus hemianopsia

330. Syndrome disorders of the occipital lobe:

A. Homonimus hemianopsia, visual agnosia

B. *Motor aphasia, hemiparesis

C. Sensory aphasia, ataxia

D. Vestibular vertigo

E. Autotopognosia apraxia

331. Cerebrospinal: liquied produces:

A. Vessels of pia mater

B. Vessels of dura mater encephalitis

C. *Cerebral plexus located in the lateral, third and fourth ventricles

D. Pahyon granulations

E. Venous sinuses of the brain

332. Protein-cells dissociation in cerebrospinal laquid typical of:

A. Ischemic stroke

B. Hemorrhages stroke

C. Purulent meningitis

D. Serous meningitis

E. *Tumor brain

333. Neurons of the parasympathetic autonomic nervous system localization (2):

A. Cerebral hemispheres

B. Brain stem

C. *Cervical part of spinal cord

D. *Lumbar part of spinal cord

E. Socral part of spinal cord

334. Parasympathic nervous system does not participate in innervation 92):

A. Pupil

B. Stomach

C. *Sweat glands

D. *Arteries

E. Interstines

335. Sympathetic nervous system does not participate in innervation (2):

A. *Lacrimal glands

B. *Glands of nasopharyngeal

C. Bronchi

D. Stomach

E. Heat

336. Methods research provingg the existence of peripheral syndrome autonomic failure (1)

A. X-ray computed tomography of the brain

B. Magnetic resonance tomography of the spinal cord

C. Electroencephalography

D. Needle EMG

E. *Orthostatic test

337. For peripheral autonomic insufficiency is characteristic (3)

A. *Fainting

B. Pathological muscle fatifue

C. *Impotence

D. *General weakness

E. The weight loss

338. Ciliospinal center is located in the lateral horns of spinal cord on level (1)

A. C1-C4

B. C5-C7

C. *C8-Th1

D. Th2-Th4

E. Th5-Th7

339. Horner’s syndrome occurs in lesions of (3)

A. *Medulla oblongata

B. Upper cervical part of spinal cord

C. *Internal carotid artery

D. *Apex of lung

E. Thalamus

340. Syndrome Horner’s includes (3):

A. *Ptosis

B. Lacrimation (watery eyes)

C. Dryness of the eyes

D. *Constriction of pupil

E. *The retraction of the eyeball

341. Spinal center of urination, located of the level

A. Th8-Th12

B.L1-L2

C. L3-L4

D. L5-S1

E. *S2-S4

342. The presence of epilation activity on EEG reliably indicates:

A. Inflammation process of the brain.

B. Tumor of brain

C. Cerebrovascular pathology of brain

D. None of the above

E. *All of the above

343. Electroencephalography that:

A. Method allows to brain activity

B. *Check of bioelectrical brain activity

C. Method allows assessing central hemodynamic

D. Method allows assessing electrical recording of muscle activity

E. Method allows to assessing selective imaging of blood vessels

344. The most informative method of examination the diagnosis of brain tumor are:

A. EEG

B. Computed tomography

C. X-ray of skills

D. Ultrasonography

E. *MRI

345. Using MRI lesion of the ischemic stroke of the brain is revealed in the following terms:

A. Through 1 hour

B. Through 3 hour

C. Through 6 hour

D. *To the end of the first day

E. Through 2 hour

346. For monitoring of vasospasm in patient with subarachnoid hemorrhage most appropriate to use:

A. *CT-angiography

B. Reoencephalogria

C. Computed tomography

D. Transcranial Doopler

E. MRI

347. The horware method of the study of brain activity through recording of electically active of brain cells:

A. EMG (myography)

B. TCDG (Doopler)

C. *EEG (electrjencephalography)

D. Ehoencephalography

E. MRI

348. Method of the study electrical activity of muscles:

A.EEG

B. MRI

C. Echoencephalography

D. *EMG

E. Ehocardioscopia

349. Indicate the pathology where the encephalography complexes "spike - wave" appear:

A. *Epilepsy

B. Meningitis

C. Multiple sclerosis

D. Acute myelitis

E. Stroke

350. Name normal rhythm in adults in the awake with closed eyes:

A. Spikes

B. *Alpha rhythm

C. Sharp waves

D. Delta rhythm

E. Theta rhythm

351. Electromyography is the additional method for diagnostic of:

A. Epilepsy

B. Brain tumors

C. *Myopathies

D. Meningitis

E. Stroke

352. Indicate the deep tendon reflex:

A. *Achilles (ankle)

B. Plantar

C. Corneal

D. Abdominal

E. Anal

353. Indicate the pathology foot reflex:

A. Palm-mental

B. *Babinski

C. Knee jerk

D. Plantar

E. Cremasteric

354. Symptom of Babinski left occurs when affected (2):

A. *Internal capsule right

B. Left pedunculi of cerebellum

C. *Lateral funiculus of spinal cord right

D. Thalamus right

E. Frontal funiculus of spinal cord left

355. Lower spastic paraparesis occurs when affected:

A. Frontal horns of spinal cord from both sides

B. Peripheral nerves of lower limbs

C. *Lateral funiculus of spinal cord from both sides

D. Posterior funiculus of spinal cord from both sides

E. Internal capsule left

356. Patient has hemianopsia, hemianesthesia, hemiplegia – on the right side, Wernicke-Mann gait. Occur when affected:

A. Thalamus left

B. *Internal capsule left

C. Thalamus right

D. Internal capsule right

E. Brain steam left

357. Patient was poliomyelitis examination: peripheral palsy, muscular weakness, atrophy, fasciculation's and loss of tendon reflex, without sensitive disorders. Occur when affected:

A. *Anterior horns of spinal cord

B. Imternal capsule

C. Posterior horns of spinal cord

D. Thalamus

E. Postcentral gyrus

358. Syndrome of the "two hemi": hemianesthesia, sensitive, hemiataxia. Occur when affected:

A. *Medial lemniscus

B. Internal capsule

C. Postcentral gyrus

D. Posterior horns of spinal cord

E. Anterior horns of spinal cord

359. Syndrome of spinal posterior funiculus disorders”

A. Segmental dissociated disorders type of pain and temperature

B. *Loss of proprioceptive and vibration, sensitive ataxia

C. Alternate epileptic seizure

D. Sensory epileptic seizure

E. Hemiplegia, hemiataxia

360. Patient has Parkinson’s after stroke. Occur when affected:

A. *Extrapyramidal system, substatia nigra

B. Extrapyramidal system, globus pallidus dorsalis

C. Brain steam pons

D. Capsule interna

E. Thalamus

361. Patient 12 years old in history: rheumatism. Examination: non-stereotypic, chaotic involuntary movements in different muscular groups against the back-ground of the low muscular tonus. Grimacing and lip-smacking present. Name syndrome, occur when affected:

A. * Extrapyramidal system, chorea

B. Extrapyramidal system, athetosis

C. Brain steam, bulbar syndrome

D. Extrapyramidal system, Parkinson’s syndrome

E. Extrapyramidal system, tics

362. Patient has nystagmus, scanning speech, intention tremor, muscular hypotonia, macrographia, drunken gait. Occur when affected:

A. Capsule internal

B. Thalamus

C. *Cerebellum, hemispheres

D. Cerebellum, vermix

E. Spinal posterior funiculus

363. Patient has appearance of vertigo, horizontal nystagmus, may be nausea vomiting, vegetative disorders: pale skin, hypergydrosis and over. What type of ataxia?

A. Sensitive ataxia

B. *Vestibular ataxia

C. Cerebellar ataxia

D. Cortical ataxia

E. Functional ataxia

364. Patient has neurosyphilis. Examination: syndrome of Argull-Robertson. What clinical symptoms?

A. Diplopia, nystagmus, mydriasis, divergent strabismus

B. *The absence of the direct and consensual pupillary light reflex but presense of the pupillary reaction to convergence and accomodation.

C. Side focus – oculomotor nerve palsy and contrlateral – ataxia, intention tremor.

D. Ipsilateral side – primary atrophy of nerve opticus, contrlateral – congestion of nerve opticus disk.

365. Patient has ipsilateral – peripheral paralysis of mimic muscles, contrlateral: central hemiparesis. What is name syndrome? What level of localization pathology focus?

A. Medullary, Avellis

B. Pontine, Foville

C. *Pontine Millard-Gubler

D. Peduncle, Weber

E. Medullary Jackson

366. Patient has stroke, localization of brain steam. Examination: dysartria, dysphonia, aphasia, pharyngeal and palatal reflex are decreased, the tongue atrophied, breathing disturbances. What is name syndrome?

A. Pseudobulbar syndrome

B. Jackson syndrome

C. *Bulbar syndrome

D. Ponto-cerebellar syndrome

E. Wallenberg-Zakcharcheko syndrome

367. Young woman has amenorrhea, diabetic insipidus, trophic disturbaces and insomnia. What is name syndrome?

A. Syndrome defeat of thalamus

B. Syndrome defeat of frontal lobe

C. *Syndrome defeat of hypothalamus

D. Syndrome defeat of temporal lobe

E. Syndrome defeat of brain stem

368. The patient has central paresis of right half of facialis muscles and motor aphasia. Where is the lesion located?

A. *Left frontal lobe, inferior frontal gyrus (Broca’s)

B. Temporal lobe, posterior part of the left

C. Inferior part of parietal lobe

D. Thalamus of the left

E. Brain stem, medulla oblongata

369. In the patient has right superior cervical sympathetic node is affected. What clinical manifestations will the patient have?

A. *Ptosis, miosis, enophalmos, homolateral angidrosis of face.

B. Midriasis, exophtalmos

C. Pain ophalmoplegia, odema of eye lids

D. Attack of the dissinese, vegetative lesion

E. Ipsilateral side – primary atrophy of n.opticus, contrlateral – congestion of n.opticus disk

370. Where is the pathological lesion in the case of visual hallucination localized?

A. A poscentral gyrus

B. Thalamus

C. *Occipital lobe

D. Temporal lobe

E. Optic nerve

371. A patient can't name objects but can explain what use them for. How is this speech disorder called?

A. Motor aphasia

B. Sensory aphasia

C. *Amnestic aphasia

D. Dysarthria

E. Scanning speech

372. A patient with purulent otitis complains of severe headache and nausea. Body temperature is 39,5^{0}C. There is neck muscle stiffness, Kernig's sing is positive. What syndrome is observed in the patient?

A. *Meningeal syndrome

B. Bulbar syndrome

C. Ponto-cereblar syndrome

D. Pseudobulbar syndrome

E. Sympathoadrenal crisis

373. A patient electroencephalogram revealed 3 per second complex “peak-slow wave”. What disease do the changers characterize?

A. Stroke

B. Multiple sclerosis

C. Meningitis

D. Brain tumor

E. *Epilepsy

374. A young men complains of the weakness in the muscles of the left hand as well as atrophy and fibrillar twitching in these muscles. What additional tests should be prescribed?

A. *Electromyography and MRI

B. Lumbar puncture, MRI

C. Ultrasound Doppler, MRI

D. Electroencephalography, CT

E. Angiography, electromyography

375. The CSF of patient suffering from long-standing headache and papilledema was taken for investigation. The study showed 2,3 g/l of protein 5 cells in 1 mm^3 of CSF. What changes in CSF in this patient?

A. Cell-protein dissociation

B. *Protein dissociation

C. Hemorrhagic syndrome

D. None of suggested answers

E. All of the above

376. What additional method is used for the election of stenosis or occlusion of the cerebral vessels?

A. EEG

B. EMG

C. MRI

D. *Duplex ultrasonography

E. Computed tomography of the brain

377. When bilateral lesion of accessory nerve is observed?

A. *Hanging head syndrome

B. Peripheral paralysis of the upper limbs

C. Central paralysis of the upper limbs

D. Dysarthria, dysphonia

E. Dysphagia

378. A 15 years old patient has been suffering from partial epilepsy for 2 years. Which research method should be assigned to him?

A. *EEG

B. MRI of brain

C. CT of brain

D. EMG

E. Angiography.

379. The patient with spinal cord injury has transection lesion at the C3-C4 level. What motor and sensory disorders upper?

A. *Central tetraplegia, bilateral anesthesia, conductive type of all kinds of sensory.

B. Peripheral paresis upper limb conductive type of all kind of sensory

C. Central paresis of lower limbs and bilateral anesthesia, conductive type of all kind of sensitive

D. Complex tetraplegia (upper limbs-peripheral, lower limb – central) bilateral anesthesia conductive type of all kinds of sensitivity

E. Central hemiparesis on the left, conductive type of all kinds of sensitivity

380. Left side: hemiplegia, hemianesthesia, hemianopia, central paresis of mimic muscles of face, poses Vernic-Mann sed. Where is the focus localization?

A. Thalamus on the right

B. Thalamus on the left

C. *Internal capsule on the right

D. Internal capsule on the left

E. Brain stem

381. Patient has pain ophtalmoplegia, retroperiorbital pain, irradiating in temporal region disorders of oculomotorius (ptosis, diplopia, exophthalmos), edema of eyelids. What name syndromes?

A. Foster-Kennedy syndromes

B. *Tolosa-Hunt syndromes

C. Argyll-Robertson syndromes

D. Weber syndromes

E. Benedict syndromes

382. Indicate the signs of the posterior root lesion

A. Sharp pain, segmental anesthesia

B. Fascicular twitching, peripheral paresis of the extremities

C. High reflexes, central paresis of the extremities

D. Dissociative anesthesia, the herpetic rash

E. *Conductive type of sensitive disorders

383. What are the clinical signs of the facial nerve neuropathy?

A. Enophthalmos

B. Central mimic muscles paresis

C. *Peripheral mimic muscles paresis

D. Peripheral masticatory muscles paresis

E. Normal supraorbital reflex

384. The most informative additional method of examination in cass of syspected parasitic disease of the nervous system?

A. Cerebrospinal fluid analysis

B. EEG

C. Gneral analisis of blood

D. X-Ray

E*. Computed tomography

385. To clinical signs hypertension liquor symdrome are:

A. The absence of reflexes in the limbs

B. Sensetive ataxia

C. The present of sensitivity disorders

D*. Headache, vomiting

E. Dissorders of speech

386. At patient has peripheral paraplegia of upper extremities, spastic lower paraplegia, disorders of all kinds' sensory conductive type; periodical incontinence of urine, radix pains in upper extremities, Bernard-Horner's syndrome. What level defeat?

A. Syndrome upper neck segments.

B. Syndrome defeats of medulla oblongata

C. * Syndrome neck bulge.

D. Brainstem.

E. Syndrome thalamus.

387. At patient has left-side hemiplegia with the increase of muscle tonus and tendon reflexes, pathological foot signs present. Peripheral paresis of face on the right. How is a syndrome named?

A. Avellis's syndrome

B. *Millard-Gublera syndrome.

C. Jackson syndrome.

D. Schmidt's syndrome.

E. Foville's syndrome.

388. For the defeat dorsal horn's the typical is lesion of the sensory:

A. Vibration and eight senses.

B. *Pain, temperature sense.

C. Touch, joint sense.

D. Discrimination sense.

E. Vision, kinesthetic sense.

389. At patient has paresthesia of right hand and face, agnosia, apraxia, alexia, acalculia. Where is the focus of defeat located?

A. *Temporal lobe of the left hemisphere.

B. Cervical bulge of spinal cord.

C. Frontal lobe of the left hemisphere.

D. Occipital lobe of the left hemisphere.

E. Parietal lobe of the left hemisphere.

390. Where is the pathological lesion in the case of visual hallucinations localized?

A. Temporal lobe

B. Subcortical optic centers

C. Optic nerve

D. Postcentral gyrus

E. *Occipital lobe

391. Does the alternating syndrome of Avellis's, except for a central hemiparesis, suppose the defeat of what cranial nerves?

A. X.

B. X and XII.

C. *X and IX.

D. IX and XII.

E. IX, X, XII.

392. In what part of the brain cortex the projection of a hand sensitive innervation is presented?

A. *Postcentral gyrus middle part

B. Precentral gyrus upper part

C. Postcentral gyrus upper part

D. Postcentral gyrus lower part

E. Precentral gyrus middle part

393. Patient has violations of sensitiveness and motions in right extremities, paropsiss. Examination: right-side hemiplegia, hemianesthesia, hemianopsia, central paresis of mimic musculature and tongue on the right. Where is a pathological focus located?

A. Medulla oblongata.

B. Radiate crown.

C. Thalamus.

D. Pons cerebelli.

E. * Internal capsule.

394. Indicate the abducens nerve damage symptoms

A. Absence of pupil reaction, enophthalmia

B. Divergent strabismus, double vision

C. *Convergent strabismus, double vision

D. Ptosis of upper eyelid, mydriasis

E. Peripheral paresis of mimic muscules, sensitive disorder on the face

395. What structures damage can cause sensitive disorders by the segmental type?

A. Postcentral gyrus, internal capsule

B. * Spinal cord posterior horn, spinal ganglion

C. Thalamus, medial loop

D. Spinal cord lateral and posterior funicles

E. Peripheral nerve, anterior root

396. At patient has fotom's and visual agnosia, periodical development attacks with aura (example, flash, fire and shadow). Where is the focus of irritation located?

A. Frontal lobe.

B. Thalamus.

C. Temporal lobe.

D. * Occipital lobe.

E. Parietal lobe.

397. What are the main symptoms of polyneuropathies?

A. * Peripheral paresis and sensitive disorders of hands and feet

B. Disorders of sphincters function

C. Dissociative sensitive disorders of the hands and feet

D. Central paresis of extremities

E. Pathologic reflexes and conductive sensitive disorders

398. At patient has left peripheral paresis VII c.n., VIII c.n., noise and decline of ear, dizziness, nystagmus, ataxia, pain of face. What is the syndrome?
A. Bonne syndrome.
B. *Ponto-cerebellum syndrome.
C. Hemispheres of cerebellum syndrome.
D. Baranu's syndrome.
E. Vermis of cerebellum syndrome.

399. Patient has altered behaviour including social disinhibition loss of initiative and interest. Examination: ataxia, gaze paresis in left, sucking and palmomental reflex positive. Where is the focus of defeat located?
A. Internal capsule on the right.
B. Internal capsule on the left.
C. Radiate crown on the right.
D. *Frontal lobe on the right.
E. Parietal lobe on the right.

400. At patient spastic tetraplegia, violations of breathing, fall of all kinds to the sensitiveness is conductive type, disorders of pelvic organs on a central type, pains in area of neck at motion. Where is the focus of defeat located?
A. Syndrome defeats of brain stem.
B. Syndrome defeats of Brown-Sequard.
C. Syndrome defeats of neck bulge.
D. * Syndrome defeats of upper neck segments.
E. Syndrome defeats of medulla oblongata.

401. What pathology you will see when precentral gyrus Is damaged?

A. * Monoplegia

B. Olfactory agnosia

C. Tactile amnesia

D. Hemianesthesia

E. Hemianopsia

402. At patient has complaints about the one-sided decline of ear on the right, on the same side the defeat of function facial and trigeminal nerves, dizziness and ataxia, is exposed at walking. What is the syndrome?

A. Dejerine-Roussy's syndrome.

B. * Syndrome of ponto-cerebellum angle.

C. Tolos-Khant's syndrome

D. Pseudobulbar syndrome.

E. Syndrome internal capsule.

403. At patient have hemianestesia, sensitive hemiataxia, hemianopsia and choreatetosia of right arm. What is the diagnosis?

A. * Thalamus on the left.

B. Brainstem on the left.

C. Internal capsule on left.

D. Postcentral gyrus.

E. Syndrome defeats of radiant crown on the left.

404. A patient has noise in a head, visual hallucinations, sleepiness states, ataxia and disorders of speech. Examination: ataxia, right-side homonimus hemianopsia, sensory aphasia. Where is the focus of defeat located?

A. Occipital lobe of the left hemisphere.

B. *Temporal lobe of the left hemisphere.

C. Frontal lobe of right hemisphere.

D. Thalamus on the left.

E. Parietal lobe of the left hemisphere.

405. At patient has complains acute headache, dizziness, nausea, vomiting increase of temperature 390C, myalgia, weakness in both hands. In anamnesis was in wood. Examination: meningeal syndrome positive, peripheral paresis of muscles of neck ("handing head") and mimic muscles. CSF: lymphocytic pleocytosis, increase of protein to 0,63 gr/l, pressure to 300 mm. What is the diagnosis?
A. Stroke.
B. Leptomeningitis.
C. Meningitis.
D. Epidemic encephalitic.
E. Spring-summer encephalitis.

406. Patient has absent of pain and temperature sensory on the right of level of nipple to the level of belly-button. Other types of deep sensory not disorders. Where is a focus of defeat?
A. Anterior radix of spinal cords of D9 – D10.
B. Lateral horns of D9 – D10.
C. Anterior horns of D9 – D10.
D. Posterior radix of spinal cord of D9 – D10.
E. * Dorsal horns of D9 – D10.

407. At patient has paresthesia of right hand and face, agnosia, apraxia, alexia, acalculia. Where is the focus of defeat located?
A. Occipital lobe of the left hemisphere.
B. Temporal lobe of the left hemisphere.
C. *Parietal lobe of the left hemisphere.
D. Cervical bulge of spinal cord.
E. Frontal lobe of the left hemisphere.

408. Indicate the localization of the pathological center in the case of alternating Weber syndrome

A. Pons

B. Abducens nerve

C. Oculomotor nerve

D. Medulla

E. * Cerebri peduncle

409. Does the alternating syndrome of Avellis’s, except for a central hemiparesis, suppose the defeat of what cranial nerves?

A. X and IX.

B. IX and XII.

C. X.

D. * IX, X, XII.

E. X and XII.

410. Indicate the deep periosteal reflex:

A. Biceps

B. *Supraorbital

C. Corneal

D. Plantar

E. Knee

411. Where is the body of the first sensory neuron of all types of sensitivity localized?

A. Spinal cord posterior horn

B. Burdach's and Goll's nuclei

C. Thalamus

D. Spinal cord lateral horn

E. * Spinal ganglion

412. At patient have insilateral anosmia, optic atrophy and contrlateral papilledema. How is this syndrome named?

A. Millard-Gubler's syndrome

B. Schmidt's syndrome.

C. * Foster-Kennedy's syndrome.

D. Jackson's syndrome.

E. Argyll-Robertson's syndrome

413. In what part of the brain cortex the projection of a hand sensitive innervation is presented?

A. Precentral gyrus middle part

B. Postcentral gyrus lower part

C. Postcentral gyrus upper part

D. * Postcentral gyrus middle part

E. Precentral gyrus upper part

414. What are the functions of the cerebellum?

A. Realization of conditioned reflexes, coordination of movements

B. Keep organism ready for movements, realization of voluntary movements

C. Keep organism ready for movements, realization of voluntary movements

D. Performing of mimic expression, miostatic regulation

E. *Coordination of movements, regulation of the muscular tone, regulation of equilibrium

415. Where are unconditioned reflexes locked?

A. In the limbic system

B. In the thalamus

C. * In the segmental part of the spinal cord, brain steam

D. In the cerebellum

E. In the cerebral cortex

416. Prescribere medicine for treatment of status epilepticus.

A. Ethosuximide

B. *Diazepam

C. Lamotrigine

D. Carbamazepine

E. Levetiracetam

417. What additional diagnostic method confirms subarachnoid hemorrhage?

A. Cranial x-ray examination

B. Electroencephalography

C. *Lumbar punction

D. Ophtalmoscopy

E. Echoencephaloscopy

418. What are the symptoms of cerebellum impairment?

A. Muscular rigidity, micrographia

B. *Scanning speech, intention tremor

C. High reflexes, muscular rigidity

D. High reflexes,' presence of pathological reflexes

E. Myoclonus, hearing disorder

419. At patient has oculomotor nerve palsy opposite side choreoatetosis and intention tremor. What alternate syndrome?

A. Weber’s syndrome.

B. Clodt’s syndrome

C. Jackson’s syndrome.

D. Schmidt’s syndrome.

E. *Benedict’s syndrome

420. Indicate the clinical sign of the brain concussion

A. Agnosia

B. Motor aphasia

C. Pareses and paralyses

D. *Loss of consciousness

E. Increasing, of the corneal reflexes

421. Point to the signs of the central palsies:

A. Muscle atrophy, deep reflexes hyperreflexia

B. Hyperesthesia, hyperpathia

C. * Muscle hypertonus, pathological reflexes

D. Reflexia, muscle atonia

E. Deep reflexes areflexia, muscle atrophy

422. A patient has active rheumatic process and hyperkinesis characterized different on force and consist of rapid, jerky movements affecting the face, trunk and limbs. What is the type of hyperkinesis?

A. * Chorea.

B. Myoclonus.

C. Hemiballismus.

D. Cervical dystonia.

E. Athetosis.

423. Indicate signs of cerebellar ataxia

A. Dysarthria, high reflexes

B. Hearing disorder, micrographia

C. High reflexes, the presence of pathological reflexes

D. Muscular rigidity, micrographia

E. * Dysmetria, missing the mark with coordination tests

424. At patient has fotom's and visual agnosia, periodical development attacks with aura (example, flash, fire and shadow). Where is the focus of irritation located?

A. Parietal lobe.

B. Thalamus.

C. Temporal lobe.

D. * Occipital lobe.

E. Frontal lobe.

425. At patient has carrying a cardioembolic stroke. Examination: defeat of function n.oculomtorius on side lesion, opposite – hemiplegia and hemianastesia. What is the syndrome?

A. Benedict's syndrome.

B. *Weber's syndrome.

C. Clod's syndrome.

D. Raynaud's syndrome.

E. Foville's syndrome.

426. At patient has left peripheral paresis VII c.n., VIII c.n., noise and decline of ear, dizziness, nystagmus, ataxia, pain of face. What is the syndrome?

A. Vermis of cerebellum syndrome.

B. Hemispheres of cerebellum syndrome.

C. Baranu's syndrome.

D. *Ponto-cerebellum syndrome.

E. Bonne syndrome.

427. Indicate signs of cerebellar ataxia

A. Muscular rigidity, micrographia

B. High reflexes, the presence of pathological reflexes

C. Dysarthria, high reflexes

D. Hearing disorder, micrographia

E. *Dysmetria, missing the mark with coordination tests

428. Damage to what part of the visual analyzer is the cause of amaurosis?

A. Thalamus

B. * Optic nerve

C. Internal capsule

D. Occipital lobe

E. Optic tract

429. Indicate the localization of the pathological center in the case of alternating We¬ber syndrome

A. Medulla

B. * Cerebri peduncle

C. Oculomotor nerve

D. Pons

E. Abducens nerve

430. At patient has a left-side hemiplegia and right side ptosis, diplopia, exophthalmus, paralysis of convergention mydriasis. What alternate syndrome?

A. Millard-Gubler’s syndrome.

B. Avellis’s syndrome.

C. Schmidt’s syndrome.

D. *Weber’s syndrome.

E. Benedict’s syndrome.

431. Where is the end of the first sensitivity neuron of deep sensitivity localized?

A. Thalamus

B. Spinal cord lateral horn

C. * Burdach's and Goll's nuclei

D. Spinal cord posterior horn

E. Postcentral gyrus

432. Patient has altered behaviour including social disinhibition loss of initiative and interest. Examination: ataxia, gaze paresis in left, sucking and palmomental reflex positive. Where is the focus of defeat located?

A. Internal capsule on the left.

B. * Frontal lobe on the right.

C. Parietal lobe on the right.

D. Radiate crown on the right.

E. Internal capsule on the right.

433. Where is the pathological lesion in the case of visual hallucinations localized?

A. Optic nerve

B. Postcentral gyrus

C. * Occipital lobe

D. Temporal lobe

E. Subcortical optic centers

434. Where are unconditioned reflexes locked?

A. In the thalamus

B. In the limbic system

C. In the cerebellum

D. *In the segmental part of the spinal cord

E. In the cerebral cortex

435. At patient has paresthesia of right hand and face, agnosia, apraxia, alexia, acalculia. Where is the focus of defeat located?

A. Cervical bulge of spinal cord.

B. Temporal lobe of the left hemisphere.

C. Frontal lobe of the left hemisphere.

D. Occipital lobe of the left hemisphere.

E. *Parietal lobe of the left hemisphere.

436. Does the alternating syndrome of Avellis's, except for a central hemiparesis, suppose the defeat of what cranial nerves?

A. X.

B. IX and XII.

C. *IX, X, XII.

D. X and IX.

E. X and XII.

437. Indicate the abducens nerve damage symptoms

A. Peripheral paresis of mimic muscules, sensitive disorder on the face

B. Ptosis of upper eyelid, mydriasis

C. *Convergent strabismus, double vision

E. Absence of pupil reaction, enophthalmia

438. What are the main symptoms of polyneuropathies?

A. Central paresis of extremities

B. * Peripheral paresis and sensitive disorders of hands and feet

C. Dissociative sensitive disorders of the hands and feet

D. Disorders of sphincters function

E. Pathologic reflexes and conductive sensitive disorders

439. Patient has violations of sensitiveness and motions in right extremities, paropsiss. Examination: right-side hemiplegia, hemianesthesia, hemianopsia, central paresis of mimic musculature and tongue on the right. Where is a pathological focus located?

A. Thalamus.

B. Pons cerebelli.

C. * Internal capsule.

D. Radiate crown.

E. Medulla oblongata.

440. At patient complaint about a weakness in feet, decline of sensitiveness in them, violation of sensitiveness in area of crotch, disorders of pelvic organs, and intense fulgurate pain in lumbar area of girdle character. Examination: lower peripheral paraplegia, anesthesia extremities and area of crotch.

Where is the hearth of defeat located?

A. Pectoral segments.

B. Epiconus of spinal cord.

C. Cone of spinal cord.

D. Lumbar nub.

E. * Cauda equna

441. What kinds of sensitivity will be impaired if peripheral nerves are damaged multiply?

A. Only touch sense

B. Only kinesthesia

C. *All kinds

D. Only vibration sense

E. Only pain and temperature sense

442. At patient has left peripheral paresis VII c.n., VIII c.n., noise and decline of ear, dizziness, nystagmus, ataxia, pain of face. What is the syndrome?

A. Bonne syndrome.

B. Baranu's syndrome.

C. Hemispheres of cerebellum syndrome.

D. *Ponto-cerebellum syndrome.

E. Vermis of cerebellum syndrome.

443. What pathology you will see when precentral gyrus Is damaged?

A. Hemianopsia

B. Olfactory agnosia

C. Tactile amnesia

D. Hemianesthesia

E. * Monoplegia

444. Where Is the epileptic lesion in a seizure with motor aura?

A. In the postcentral gyrus

B. In the parietal lobe

C. In the occipital lobe

D. In the temporal lobe

E. *In the'precentral gyrus

445. Patient has violation of coordination tests on the right, adiadochokinesis and intention tremor on the right and Romberg's test positive on the right. Where is a focus of defeat?

A. * Hemisphere of cerebellum in the right.

B. Brain cortex of right.

C. Vermix of the cerebellum.

D. Brain cortex of the left

E. Hemisphere of cerebellum in the left.

446. At patient spastic tetraplegia, violations of breathing, fall of all kinds to the sensitiveness is conductive type, disorders of pelvic organs on a central type, pains in area of neck at motion. Where is the focus of defeat located?

A. Syndrome defeats of brain stem.

B. Syndrome defeats of medulla oblongata.

C. Syndrome defeats of upper neck segments.

D. *Syndrome defeats of neck bulge.

E. Syndrome defeats of Brown-Sequard.

447. Patient has absent of pain and temperature sensory on the right of level of nipple to the level of belly-button. Other types of deep sensory not disorders. Where is a focus of defeat?

A. Lateral horns of D9 – D10.

B. Posterior radix of spinal cord of D9 – D10.

C. Anterior radix of spinal cords of D9 – D10.

D. Anterior horns of D9 – D10.

E. *Dorsal horns of D9 – D10.

448. At patient has carrying a cardioembolic stroke. Examination: defeat of function n.oculomtorius on side lesion, opposite – hemiplegia and hemianastesia. What is the syndrome?

A. *Weber’s syndrome.

B. Clod’s syndrome.

C. Foville’s syndrome.

D. Benedict’s syndrome.

E. Raynaud’s syndrome.

449. At patient has the deviation of the tongue in left, twitches and atrophy of muscles tongue, right-side hemiparesis with pathological foot signs. How is a syndrome named?

A. *Jackson’s syndrome.

B. Millard-Gubler’s syndrome

C. Schmidt’s syndrome.

D. Avellis’s syndrome.

E. Foville’s syndrome.

450. At patient has dysphonia, dysphagia, dysartria, phageal reflex absent. What type of syndrome?

A. Schmidt’s syndrome.

B. *Bulbar syndrome.

C. Pseudobulbar syndrome.

D. Jackson’s syndrome.

E. Central syndrome.

451. Choose the symptoms of Parkinson disease

A. Peripheral paresis of the extremities, hyperkinesis

B. Central paresis of the extremities, hyperkinesis

C. The upper muscular tone, peripheral paresis of the extremities

D. Central paresis of the extremities, hyperkinesis

E. *Propulsions, monotonous speech

452. Damage to what part of the visual analyzer is the cause of amaurosis?

A. *Optic nerve

B. Optic tract

C. Occipital lobe

D. Internal capsule

E. Thalamus

1310. Patient has disorders of visual (diplopia), weakness of muscles of right half of face; disorders motions opposite side. Examination: paresis VI and VII pair of cranial nerves on peripheral type – right, left side – spastic hemiparesis. How is a syndrome named?

A. Avellis's syndrome.

B. *Foville's syndrome.

C. Jackson's syndrome.

D. Millard-Gubler's syndrome

E. Schmidt's syndrome.

453. At patient has ipsilateral primatory atrophy of optic nerve, anosmia, apposite – papiledema. What is the syndrome?

A. Opticochiamatic syndrome.

B. Weber's syndrome.

C. Sphenoid crack syndrome.

D. * Foster-Kennedy's syndrome.

E. Tolos-Khant's syndrome.

454. Indicate the deep periosteal reflex:

A. Corneal

B. Biceps

C. Plantar

D. * Supraorbital

E. Knee

455. Where Is the epileptic lesion in a seizure with motor aura?

A. In the occipital lobe

B. In the parietal lobe

C. In the temporal lobe

D. *In the'precentral gyrus

E. In the postcentral gyrus

456. Indicate signs of cerebellar ataxia

A. High reflexes, the presence of pathological reflexes

B. Hearing disorder, micrographia

C. Dysarthria, high reflexes

D. Muscular rigidity, micrographia

E. *Dysmetria, missing the mark with coordination tests

457. At patient has paresthesia of right hand and face, agnosia, apraxia, alexia, acalculia. Where is the focus of defeat located?

A. Cervical bulge of spinal cord.

B. Frontal lobe of the left hemisphere.

C. Occipital lobe of the left hemisphere.

D. Temporal lobe of the left hemisphere.

E. * Parietal lobe of the left hemisphere.

458. A patient has active rheumatic process and hyperkinesis characterized different on force and consist of rapid, jerky movements affecting the face, trunk and limbs. What is the type of hyperkinesis?

A. Athetosis.

B. Myoclonus.

C. Cervical dystonia.

D. Hemiballismus.

E. *Chorea.

459. Patient has pains in area of buttocks, crotch, including pains of position, and also disorders Exam: disorders motor function of extremities absent, muscular

pelvic organs atrophy of buttock, anesthesia of anogenital zone, bed sore (decubitus). Where localization pathologic focus?

A. Lower thoracic regio.

B. Lumbar bulge.

C. Cone.

D. Epicone.

E. *Cauda ecvina

460. Patient has violation of coordination tests on the right, adiadochokinesis and intention tremor on the right and Romberg's test positive on the right. Where is a focus of defeat?

A. Vermix of the cerebellum.

B. *Hemisphere of cerebellum in the right.

C. Hemisphere of cerebellum in the left.

D. Brain cortex of the left

E. Brain cortex of right.

461. Point to signs of the peripheral palsies:

A. * Areflexia, muscle atonia

B. Muscle hypertonus, oral automatism

C. Pathological reflexes

D. Deep reflexes hyperi eflexia

E. Hypoesthesia, anesthesia

462. What are the functions of the cerebellum?

A. Keep organism ready for movements, realization of voluntary movements

B. Realization of conditioned reflexes, coordination of movements

C. *Coordination of movements, regulation of the musci ilar tone, regulation of equilibrium

D. Keep organism ready for movements, realization of voluntary movements

E. Performing of mimic expression, miostatic regulation

463. At patient have hemianestesia, sensitive hemiataxia, hemianopsia and choreatetosia of right arm. What is the diagnosis?

A. Internal capsule on left.

B. Syndrome defeats of radiant crown on the left.

C. Brainstem on the left.

D. *Thalamus on the left.

E. Postcentral gyrus.

464. At patient has ipsilateral primatory atrophy of optic nerve, anosmia, apposite – papiledema. What is the syndrome?

A. *Foster-Kennedy’s syndrome.

B. Tolos-Khant’s syndrome.

C. Opticochiamatic syndrome.

D. Sphenoid crack syndrome.

E. Weber’s syndrome.

465. Indicate the localization of the pathological center in the case of alternating We¬ber syndrome

A. Cerebri peduncle

B. Abducens nerve

C. * Oculomotor nerve

D. Pons

E. Medulla

466. What are the symptoms of cerebellum impairment?

A. Myoclonus, hearing disorder

B. *Scanning speech, intention tremor

C. High reflexes,' presence of pathological reflexes

D. High reflexes, muscular rigidity

E. Muscular rigidity, micrographia

467. At patient has fotom's and visual agnosia, periodical development attacks with aura (example, flash, fire and shadow). Where is the focus of irritation located?

A. Thalamus.

B. Temporal lobe.

C. Frontal lobe.

D. Parietal lobe.

E. *Occipital lobe.

468. A patient with spinal tabes has «cock» gait and violation of deep sensitiveness from lower extremities with ataxia – increase at the eyes closed worse at the closed eyes. You will define the type of violation.

A. Vestibular ataxia.

B. Astesia -abasia.

C. Cerebellum ataxia.

D. Cortex ataxia.

E. * Sensitive ataxia.

469. At patient has the deviation of the tongue in left, twitches and atrophy of muscles tongue, right-side hemiparesis with pathological foot signs. How is a syndrome named?

A. Foville's syndrome.

B. Avellis's syndrome.

C. Millard-Gubler's syndrome

D. Schmidt's syndrome.

E. *Jackson's syndrome.

470. At the inspection of patient has absence of Achilles reflex's is on the left. What level of defeat?

A. L5-S1.

B. L4-L2.

C. L3-L4.

D*S1-S2.

471. Indicate the deep periosteal reflex:

A. Corneal

B. * Supraorbital

C. Knee

D. Biceps

E. Plantar

472. At patient has peripheral paraplegia of upper extremities, spastic lower paraplegia, disorders of all kinds' sensory conductive type; periodical incontinence of urine, radix pains in upper extremities, Bernard-Horner's syndrome. What level defeat?

A. Syndrome thalamus.

B. Syndrome defeats of medulla oblongata

C. *Syndrome neck bulge.

D. Syndrome upper neck segments.

E. Brainstem.

473. Patient has disorders of visual (diplopia), weakness of muscles of right half of face; disorders motions opposite side. Examination: paresis VI and VII pair of cranial nerves on peripheral type – right, left side – spastic hemiparesis. How is a syndrome named?

A. Schmidt's syndrome.

B. * Foville's syndrome.

C. Millard-Gubler’s syndrome

D. Avellis’s syndrome.

E. Jackson’s syndrome.

474. Patient has violation of coordination tests on the right, adiadochokinesis and intention tremor on the right and Romberg’s test positive on the right. Where is a focus of defeat?

A. Brain cortex of right.

B. Hemisphere of cerebellum in the left.

C. * Hemisphere of cerebellum in the right.

D. Vermix of the cerebellum.

E. Brain cortex of the left

475. A patient has active rheumatic process and hyperkinesis characterized different on force and consist of rapid, jerky movements affecting the face, trunk and limbs. What is the type of hyperkinesis?

A. Athetosis.

B. Cervical dystonia.

C. *Chorea.

D. Myoclonus.

E. Hemiballismus.

476. Point to the signs of the central palsies:

A. Muscle atrophy, deep reflexes hyperreflexia

B. *Muscle hypertonus, pathological reflexes

C. Reflexia, muscle atonia

D. Hyperesthesia, hyperpathia

E. Deep reflexes areflexia, muscle atrophy

477. At patient has left-side hemiplegia with the increase of muscle tonus and tendon reflexes, pathological foot signs present. Peripheral paresis of face on the right. How is a syndrome named?

A. Jackson syndrome.

B. Avellis's syndrome

C. Foville's syndrome.

D. Schmidt's syndrome.

E. * Millard-Gublera syndrome.

478. At patient has paresthesia of right hand and face, agnosia, apraxia, alexia, acalculia. Where is the focus of defeat located?

A. Cervical bulge of spinal cord.

B. *Parietal lobe of the left hemisphere.

C. Frontal lobe of the left hemisphere.

D. Occipital lobe of the left hemisphere.

E. Temporal lobe of the left hemisphere.

479. At patient has dysphonia, dysphagia, dysartria, phageal reflex absent. What type of syndrome?

A. * Bulbar syndrome.

B. Pseudobulbar syndrome.

C. Jackson's syndrome.

D. Central syndrome.

E. Schmidt's syndrome.

480. What syndrome this sings behaves to: opposite hemianesthesia, athetosis, posturing of the hand (thalamic hand)?

A. Tolos-Hant's syndrome.

B. Frontal lobe syndrome.

C. *Dejerine-Rossy's syndrome.

D. Foster-Kennedy’s syndrome.

E. Brown-Sequard’s syndrome.

481. Where is the source of damage localized in the case of central paresis of mimic muscles?

A. Facial nerve

B. *Corticonuclear tract

C. Facial nerve nucleus

D. Trigeminal nerve

E. Abducens nerve

482. At patient spastic tetraplegia, violations of breathing, fall of all kinds to the sensitiveness is conductive type, disorders of pelvic organs on a central type, pains in area of neck at motion. Where is the focus of defeat located?

A. Syndrome defeats of Brown-Sequard.

B. *Syndrome defeats of upper neck segments.

C. Syndrome defeats of brain stem.

D. Syndrome defeats of medulla oblongata.

E. Syndrome defeats of neck bulge.

483. At patient has complaints about the one-sided decline of ear on the right, on the same side the defeat of function facial and trigeminal nerves, dizziness and ataxia, is exposed at walking. What is the syndrome?

A. Syndrome internal capsule.

B. Dejerine-Roussy’s syndrome.

C. Pseudobulbar syndrome.

D. * Syndrome of ponto-cerebellum angle.

E. Tolos-Khant’s syndrome

484. A patient has noise in a head, visual hallucinations, sleepiness states, ataxia and disorders of speech. Examination: ataxia, right-side homonimus hemianopsia, sensory aphasia. Where is the focus of defeat located?

A. Thalamus on the left.

B. Occipital lobe of the left hemisphere.

C. Parietal lobe of the left hemisphere.

D. Frontal lobe of right hemisphere.

E. * Temporal lobe of the left hemisphere.

485. A patient with spinal tabes has «cock» gait and violation of deep sensitiveness from lower extremities with ataxia – increase at the eyes closed worse at the closed eyes. You will define the type of violation.

A. * Sensitive ataxia.

B. Cerebellum ataxia.

C. Vestibular ataxia.

D. Astesia -abasia.

E. Cortex ataxia.

486. At patient has complaints about the one-sided decline of ear on the right, on the same side the defeat of function facial and trigeminal nerves, dizziness and ataxia, is exposed at walking. What is the syndrome?

A. Pseudobulbar syndrome.

B. Dejerine-Roussy’s syndrome.

C. *Syndrome of ponto-cerebellum angle.

D. Syndrome internal capsule.

E. Tolos-Khant’s syndrome

487. Patient has disorders of visual (diplopia), weakness of muscles of right half of face; disorders motions opposite side. Examination: paresis VI and VII pair of

cranial nerves on peripheral type – right, left side – spastic hemiparesis. How is a syndrome named?

A. Millard-Gubler's syndrome

B. Jackson's syndrome.

C. Schmidt's syndrome.

D. Avellis's syndrome.

E. * Foville's syndrome.

488. What kind of speech disorder appears in the case of cerebellum impairment?

A. Silent speech

B. Dysarthria

C. *Scanning speech

D. Aphasia

E. Anarthria

489. At patient has oculomotor nerve palsy opposite side choreoatetosis and intention tremor. What alternate syndrome?

A. Jackson's syndrome.

B. Schmidt's syndrome.

C. *Clodt's syndrome

D. Benedict's syndrome

E. Weber's syndrome.

490. At patient has peripheral paraplegia of upper extremities, spastic lower paraplegia, disorders of all kinds' sensory conductive type; periodical incontinence of urine, radix pains in upper extremities, Bernard-Horner's syndrome. What level defeat?

A. Syndrome defeats of medulla oblongata

B. Brainstem.

C. Syndrome neck bulge.

D. Syndrome thalamus.

E. *Syndrome upper neck segments.

491. Damage to what part of the visual analyzer is the cause of amaurosis?

A. * Optic nerve

B. Occipital lobe

C. Thalamus

D. Internal capsule

E. Optic tract

492. Patient has altered behaviour including social disinhibition loss of initiative and interest. Examination: ataxia, gaze paresis in left, sucking and palmomental reflex positive. Where is the focus of defeat located?

A. Internal capsule on the left.

B. Radiate crown on the right.

C. *Frontal lobe on the right.

D. Internal capsule on the right.

E. Parietal lobe on the right.

493. The patient has ischemic stroke with localization in a brainstem. Examination: on the side focus – Bell's symptom, peripheral palsy of facial muscles and contralateral – hemiplegia. What is it a syndrome?

A. Gasperini's syndrome.

B. Weber's syndrome.

C. Pontino-cerebellar angle syndrome.

D. Fovilles's syndrome.

E. *Millard-Gubler's syndrome.

494. At patient has dysphonia, dysphagia, dysartria, phageal reflex absent. What type of syndrome?

A. Pseudobulbar syndrome.

B. Schmidt’s syndrome.

C. Central syndrome.

D. Jackson’s syndrome.

E. *Bulbar syndrome.

495. Indicate the abducens nerve damage symptoms

A. Divergent strabismus, double vision

B. Peripheral paresis of mimic muscules, sensitive disorder on the face

C. Absence of pupil reaction, enophthalmia

D. Ptosis of upper eyelid, mydriasis

E. *Convergent strabismus, double vision

496. Where is the end of the first sensitivity neuron of deep sensitivity localized?

A. Thalamus

B. Spinal cord posterior horn

C. Spinal cord lateral horn

D. *Burdach's and Goll's nuclei

E. Postcentral gyrus

497. At patient has dysphonia, dysphagia, dysartria, phageal reflex absent. What type of syndrome?

A. Jackson’s syndrome.

B. Central syndrome.

C. Pseudobulbar syndrome.

D. Schmidt’s syndrome.

E. * Bulbar syndrome.

498. At patient has complaints about the one-sided decline of ear on the right, on the same side the defeat of function facial and trigeminal nerves, dizziness and ataxia, is exposed at walking. What is the syndrome?

A. Syndrome internal capsule.

B. Dejerine-Roussy's syndrome.

C. Pseudobulbar syndrome.

D. Tolos-Khant's syndrome

E. *Syndrome of ponto-cerebellum angle.

499. At patient has on pain and defeat of sensory in right arm. Examination: disorders of superficial sensitiveness, as a «jacket» on the right, tracks from burns, deformation of thorax. What is the diagnosis?

A. Plexitis

B. * Syringomyelia.

C. Brain tumor.

D. Amyotrophic lateral sclerosis.

E. Myelitis.

500. The patient has ischemic stroke with localization in a brainstem. Examination: on the side focus – Bell's symptom, peripheral palsy of facial muscles and contralateral – hemiplegia. What is it a syndrome?

A. Pontino-cerebellar angle syndrome.

B. Weber's syndrome.

C. Fovilles's syndrome.

D. *Millard-Gubler's syndrome.

E. Gasperini's syndrome.

501. For the defeat dorsal horn's the typical is lesion of the sensory:

A. Discrimination sense.

B. Vision, kinesthetic sense.

C. Touch, joint sense.

D. * Pain, temperature sense.

E. Vibration and eight senses.

502. At patient has ipsilateral primatory atrophy of optic nerve, anosmia, apposite – papiledema. What is the syndrome?

A. Weber's syndrome.

B. Opticochiamatic syndrome.

C. Sphenoid crack syndrome.

D. *Foster-Kennedy's syndrome.

E. Tolos-Khant's syndrome.

503. At patient has fotom's and visual agnosia, periodical development attacks with aura (example, flash, fire and shadow). Where is the focus of irritation located?

A. Temporal lobe.

B. Thalamus.

C. Parietal lobe.

D. * Occipital lobe.

E. Frontal lobe.

504. What additional diagnostic method can prove the diagnosis of epilepsy?

A. Myelography

B. Pneumoencephalography

C. Radioisotope method

D. *Electroencephalography

E. Echoencephaloscopy

505. Indicate additional diagnostic methods for patients with myopathy?

A. Analysis of copper concentration in the blood

B. *Electromyography

C. Myelography

D. Brain CT and MRl scanning

E. Electroencephalography

506. At patient complaint about a weakness in feet, decline of sensitiveness in them, violation of sensitiveness in area of crotch, disorders of pelvic organs, and intense fulgurate pain in lumbar area of girdle character. Examination: lower peripheral paraplegia, anesthesia extremities and area of crotch.
Where is the hearth of defeat located?

A. * Cauda equna

B. Pectoral segments.

C. Epiconus of spinal cord.

D. Cone of spinal cord.

E. Lumbar nub.

507 At patient has paresthesia of right hand and face, agnosia, apraxia, alexia, acalculia. Where is the focus of defeat located?

A. * Parietal lobe of the left hemisphere.

B. Temporal lobe of the left hemisphere.

C. Frontal lobe of the left hemisphere.

D. Occipital lobe of the left hemisphere.

E. Cervical bulge of spinal cord.

508. A patient has noise in a head, visual hallucinations, sleepiness states, ataxia and disorders of speech. Examination: ataxia, right-side homonimus hemianopsia, sensory aphasia. Where is the focus of defeat located?

A. Thalamus on the left.

B. *Temporal lobe of the left hemisphere.

C. Frontal lobe of right hemisphere.

D. Occipital lobe of the left hemisphere.

E. Parietal lobe of the left hemisphere.

GLOSSARY

Accomodation – the increase in thickness of the lens needed to focus a near external object on the retina

Ageusia – loss of the sense of taste (gustation)

Agnosia – lack of the sensory – perceptional ability to recognize objects: visual, auditory and tactile agnosia

Agrafia – defeat of write

Akinesia – absence of loss of the power of voluntary motion seen in Parkinson's disease

Alexia – visual aphasia, word or text blindness, loss of the ability to grasp the meaning of written or printed words

Alternating hemiparesis – an ipsilateral cranial nerve palsy and a conralateral hemiparesis of extremities

Amnesia – disturbance or loss of memory

Amyatrophy – muscle wasting or atrophy (eg. ALS)

Anesthesia – loss of sensation

Analgesia – insensibility to painful stimuli

Anisocoria – pupils that are unequal in size

Anosmia – loss of the sense of smell (olfactory anesthesia)

Aphonis – loss of the voice

Apraxia – a disorder of voluntary movement

Areflexia – absence of reflex

Astereognosis – tactile amnesia

Ataxia – incoordination

Athetosis – slow, writing, involuntary movements seen in Huntington's disease

Autotopagnosia – the inability to recognize any part of the body, seen with lesion ob the parietal lobe

Babinski's sign – extension of the great toe in response to plantar stimulation pathology reflex (lesion of pyramidal tract)

Ballism – dyskinesia resulting from damage to the subthalamic nucleus

Bell's palsi – facial nerve paralysis

Chorea – irregular, spasmodic, purposeless, involuntary movements of the limbs and facial muscles, seen in Huntington's disease

Choreoathetosis – abnormal movements of the body of combined choreic and athetoid patterns

Diplopia – double vision

Diplegia – paralisis of both sides of the body

Dysartria – disturbance of articulation caused by paralysis (eg.Vagus nerve paralisis)

Dysesthesia – impairment of sensation

Dyskinesia – movement disorders (lesion of extrapyramidal system)

Dysphagia – difficulty in swallowing

Dysphonia – difficulty in speaking, hoarseness

Enophthamus – recession of the eyeball within the otbit

Epilepsy – a chronic disorders characterized by paroxysmal brain dysfunction caused by excessive neuronal discharge (seizure)

Extrapyramidal (motor) system – system including the striatum caudate nucleus and putamen, globus palling, subthalamic nucleus and substantia nigra

Fasciculations – visible twitching of muscle fibers seen in lower (peripheral) neuron disease

Flaccid paralysis – a complete loss of muscle power or tone resulting from a lower motor neuron

Global aphasia – difficulty with comprehension, repetition and speech

Hemiballism – dyskinesia resulting from damage to the subthalamic nucleus; consists of violent flinging movements of the contralateral extremities

Hemiparesis – slight paralysis affecting one side of the body; seen in stroke involving the internal capsule

Hemiplegia – paralysis of one side of the body

Hydrosis – sweating, perspiration, diaphoresis

Horner's syndrome – oculosympathetic paralysis consisting of miosis, hemianhydrosis, mild ptosis and apparent enophthalmos

Hypacusis – hearing impairment

Hypalgesia – decreased sensibility to pain

Hyperacusis – abnormal acuteness of hearing the result of a facial nerve paralysis (e.g. Bell's palsy)

Hypokinesia – diminished or slow movement; seen in Parkinsosn's disease

Intention tremor – a tremor that accurs when a voluntary movement is made; a cerebral tremor

Kerning sign – subject lies on back with thigh flexed to a right angle, then tries to extend leg. The movement is imposible with meningitis

Kinesthesia – the sensory perception of movement the muscular sense; it is mediated by the dorsal column – medial lemniscuses system

Lhermitte sign – flexing the head result in electric like snocks extending down the spine

Macrographis – megalographia; large hand writing seen in cerebellar disease

Micrographia – small hand writing seen in Parkinsonism

Millard-Gubler syndrome – an alternating faciad hemiparesis, an ipsilateral seventh nerve palsy and a contralateral hemiparesis

Myopathy – disease of the muscle

Neuralgia – nerve pain

Nystagmus – to-and-fro oscillations of the eyeballs; it is named after the fast component; ocular dystaxia as seen in cerebellar disease

Papilledema – choked disk; edema of the optic disk; caused by increased intracranial pressure (e.g. tumor, epi-or subdural hematoma)

Paraplegia – paralysis of both lower extremities

Pill-rolling tremor – a tremor at rest seen in Parkinson's disease

Pseudobulbar palsy – pseudobulbar supranuclear palsy; an upper motor neuron syndrome resulting from bilateral lesion that interrupts the corticobullar tracts; symptoms include difficulties with articulation, mastication and deglutition; results from repeated bilateral vascular lesions

Psychosis – a severe mental thought disorder

Ptosis – drooping of the upper eyelid; seen in Horner's syndrome and oculomotor nerve paralysis

Quadrantonopsia – loss vision in one quadrant of the visual field of one or both eyes

Quadriplegia – tetraplegia; paralysis of all four limbs

Retrobulbar neuritis – optic neuritis frequently caused by demyelinative disease multiple sclerosis

Rigidity – increased muscle tone in both extensors and flexors

Romberg sign – subject stands with feet together, when subject closes his eyes he loses his balance; this a sign of dorsal column ataxia

Scanning speech – scanning dysarthia; word are broken up into syllables; typical of a cerebellar disorders

Scotoma – a blind spot in the visual field

Strabismus – lack of parallelism of the visual axes of the eyes; squint, heterotropia

Syringomyelia – cavitations of the cervical spinal cord result in bilateral loss of pain and temperature sensation and wasting of the intrinsic muscles of the hand

Tabes dorsalis – locomotor ataxia, progressive demyelination and sclerosis of the dorsal columns and dorsal roots seen neurosyphils

Tactile agnosia – inability to recognize objects by touch

Tremor – an involuntary, rhythmic, oscillatory movement

Vertigo – a sensation of whirling motion due to disease of the vestibular system

Visual agnosia – inability to recognize objects by sight

Wernicke's aphasia – difficulty in comprehending spoken language, also called receptive, posterior, sensory, or fluent aphasia

RECOMMENDED LITERATURE

Basic

1. Neurology : textbook for students in higher education institutions IV level of accreditation that master academic subjects in English / I. A. Hryhorova [et al.] ; ed. by.: L. Sokolova, I. A. Hryhorova. - Vinnytsya : Nova Knyha Publishers, 2017. - 624 p.
2. Neurology: Clinic Cases / L. Sokolova [et al.] ; ed. by.: L. Sokolova. – Kyiv: AUS Medicine Publishing, 2016. – 95 p.
3. Kolenko O. I. Neurology: General Neurology : educational book / O. I. Kolenko. - Sumy : Sumy State University Publ., 2010. - 169 p.
4. Rohkamm, Reinhard. Color atlas of neurology / R. Rohkamm. - New York ; Stuttgart : Thieme, 2004. - 440 p.
5. Waclawik A. Neurology Pearls / A.J. Waclawik, T.P. Sutula. - Philadelphia : Hanley @ Belfus, 2000. - 228 p.
6. Campbell, W. W. Dejong's. The Neurologic Examination / William W. Campbell. - India : Lippincott Williams & Wilkins, 2013. - 818 p.

Additional

1. Afifi A K. Functional Neuroanatomy / A. K. Afifi, R. A. Bergman. - New York : McGraw-Hill, 2001. - 230 p.
2. Biller J. Practical Neurology / J. Biller. - 2nd ed. - Philadelphia : Lippincott-Raven, 2008. - 846 p.
3. Biazis P. W. Localization in Clinical Neurology / P. W. Brazis, J. C. Masdeu, J. Biller. - 5th ed. - Philadelphia : Lippincott Williams & Wilkins, 2007. - 422 p.
4. Brillman J. In a page Neurology / J. Brillman, S. Kahan. - Lippincott Williams & Wilkins, 2005. - 232 p.

5. Burks J. Multiple Sclerosis: Diagnosis, Medical Management, and Rehabilitation / J. Burks, K. Johnson. - Demos Medical Publishing, 2000. - 598 p.
6. Compston A. McAlpine's Multiple Sclerosis / A. Compston, I. R. McDonald, J. Nose- worthy, H. Lassmann [et al.]. - 4th ed. - Churchill Livingstone, 2005. - 1008 p.
7. Dyck P. J. Peripheral neuropathy / P. J. Dyck, P. K. Thomas, J. W. Griffin [et al.]. - 3th ed. - Philadelphia : Saunders, 2003. -140 p.
8. Engel A. G. Myasthenia gravis and myasthenic disorders / A. G. Engel. - Oxford : Oxford University Press, 2003. - 140 p.
9. Factor S. A. Parkinson's Disease. Diagnosis and Clinical Management / S. A. Factor, W. J. Weiner. - New York: Demos Medical Publishin, 2002. - 180 p.
10. Fahn S. Principles and practice of movement disorders / S. Fahn, J. Jankovic, M. A. Stanley, M. Hallett. - 2nd ed. - Elsevier, 2011. - 556 p.
11. Glick T. Neurologic skills: examination and diagnosis / T. Glick. - 5th ed. — New York : J. B. Lippincott, 2002. - 363 p.
12. Goetz C. G. Textbook of Clinical Neurology / C. G. Goetz. - Saunders, 2003. - 1306 p.
13. Greenberg D. A. Clinical Neurology / D. A. Greenberg, M. J. Aminoff, R. P. Simon [et al.]. - 5th ed. - New York: Lange Medical Books; McGraw-Hill, 2002. — 390 p.
14. Griggs R. C. Evaluation and treatment of myopathies / R. C. Griggs, J. R. Mendell, R. G. Miller. - Philadelphia : Davis, 2005. - 150 p.
15. Gryb V.A. Clinical neurology / V.A.Gryb – Kyiv, 2017 – 287 p.
16. Laws E. П. Brain Tumors: An Encyclopedic Approach / E. R. Laws, A. H. Kaye. - 3th ed. - W.B. Saunders, 2011. - 916 p.
17. Low P. A. Clinical Autonomic Disorders / P. A. Low, E. E. Benarrocli. — 3th ed. - Lippincott Williams & Wilkins, 2008. - 768 p.
18. Martelletti P. Handbook of Headache. Practical Management / P. Martelletti, T. J. Steiner. - Springer Press, 2011. - 760 p.

19. Mowzoon N. Neurology Board Review (An Illustrated Study Guide) / N. Mowzoon, K. Fleming. - Informa Healthcare, 2007. - 1003 p.
20. Mumenthaler M. Neurology / M. Mumenthaler, H. Mattle. - 4th ed. - Thieme, 2004. - 992 p.
21. Nolte J. The Human Brain: An Introduction to Its Functional Anatomy / J. Nolte. - 6,h ed. - Philadelphia (PA): Mosby; Elsevier, 2009. - 720 p.
22. Panayiotopoulos C. P. The Epilepsies. Seizures, Syndromes, and Management / C. P. Panayiotopoulos. - Bladon Medical Publishing, 2005. 190 p.
23. Patten J. Neurological Differential Diagnosis / J. Patten. - 2nd ed. - London : Springer-Verlag, 2005. - 452 p.
24. Rolikamm R. Color atlas of Neurology / R. Rolikamm. -Thieme, 2004. - 440 p.
25. Rowland L. P. Merritt's Textbook of Neurology / L. P. Rowland. -10th ed. - Philadelphia : Lippincott Williams & Wilkins, 2000. -180 p.
26. Schelfl W. M. Infections of the Central Nervous System / W. M. Scheld, R. J. Whitley, M. Marra. - 3,d ed. - Lippincott Williams & Wilkins, 2004. - 960 p.
27. Shkrobot S. I. Neurology in lectures / S. I.SIikrobot, I. I. Hara. - Ukimedknyha, 2008. - 319 p.
28. Victor M. Adams and Victor's Principles of neurology / M. Victor, A. H. Ropper. - 7th ed. - New Yor: McGraw-Hill, 2000. - 1692 p.
29. Warlow C. P, Stroke: a practical guide to management / C. P. Warlow, M. S. Dennis). van Gijn [et al.]. - 2nd ed. - Maiden (Mass) : Blackwell Science, 2001. - 420 p.