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Test task for diagnostic testing in the discipline:

NEUROLOGY, NEUROSURGERY AND MEDICAL GENETICS, SEMESTER 8

Code, direction of preparation	05.31.01 General Medicine
Directivity (profile)	General Medicine
Form of study	Full-time
Department-developer	Cardiology
Graduate department	Internal diseases

Competency tested	Exercise	Answer options	Question difficulty type
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Choose one correct answer:</i> Muscle tone in peripheral motor neuron lesions:	a. Decreasing b. Increasing V. Doesn't change d. Decreases, then increases	short
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Choose one correct answer:</i> Muscle tone with damage to the central motor neuron:	a. Decreasing b. Increasing V. Doesn't change d. Increases, then decreases	short
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Choose one correct answer:</i> Pathological reflexes are characteristic of the lesion:	a) Peripheral motor neuron b) Central motoneuron c) Cerebellum d) Mosta	short
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Choose one correct answer:</i> Sign of damage to the internal capsule:	a) Hemiparesis b) Paraparesis c) Monoplegia d) Alexia	short
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4	<i>Choose one correct answer:</i> Bulbar palsy develops when the cranial nerves are damaged:	a) IX, X, XII b) IX, X, XI c) VIII, IX, X d) VI, VII, VIII	short

PC-8.2			
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<p><i>Choose one correct answer:</i></p> <p>The patient has no active movements in the legs. Muscle tone and tendon reflexes in them are increased, clonus of the feet and patella calyces, pathological reflexes of Babinsky and Rossolimo on both sides.</p> <p>Abdominal reflexes are preserved. Where can the pathological be localized? focus and what is the name of the syndrome?</p>	<ol style="list-style-type: none"> 1. Brain stem 2. Central hemiparesis 3. Spinal cord at level C1-C4 4. Upper third of the anterior central gyrus on both sides 5. Lower spastic paraparesis 6. Spinal cord at level D12 	average
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<p><i>Choose one correct answer:</i></p> <p>The patient has sharply reduced strength in the legs, atony and muscle atrophy are noted gluteal region, back of the thighs, legs and feet. Anal the reflex is evoked, the knee reflexes are reduced, and the Achilles reflexes are absent.</p> <p>A “saddle-shaped” anesthesia is detected along the back of the thighs and legs and heels, urinary retention of stool is noted. Where is the pathological hearth?</p>	<ol style="list-style-type: none"> 1. Spinal cord at level S3-S5 2. Spinal cord at the level of the lumbar enlargement 3. Spinal cord at level D1 4. Spinal cord at L4-S2 level 	average
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<p><i>Choose one correct answer:</i></p> <p>The patient exhibits horizontal nystagmus, when abducted eyeballs to the sides. The gait is unsteady, with increasing unsteadiness as turns, especially to the right. During the Romberg test, he falls to the right side.</p> <p>Missing and intentional trembling are noted when performing finger-nose test on the right, adiadochokinesis on the right, change in handwriting (megalography). Reduced muscle tone on the right. Paresis of the limbs</p> <p>No. Where is the lesion located?</p>	<ol style="list-style-type: none"> 1. Left hemisphere of the cerebellum 2. Cerebellar vermis 3. Frontal lobe on the left 4. Right hemisphere of the cerebellum 5. Frontal lobe on the right 	average
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4	<p><i>Choose one correct answer:</i></p> <p>The patient has no active movements in the legs. Muscle tone and</p>	<ol style="list-style-type: none"> 1. Spinal cord at level S3-S5 2. Spinal cord at the level of the lumbar enlargement 3. Spinal cord at level D1 	average

PC-5.1; PC-5.2; PC-5.4 PC-8.2	tendon reflexes in them are increased, clonus of the feet and patella calyces, pathological reflexes of Babinsky and Rossolimo on both sides. Abdominal reflexes are preserved. Where can the pathological be localized? focus and what is the name of the syndrome?	4. Spinal cord at L4-S2 level	
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Choose one correct answer:</i> The patient has horizontal nystagmus, when the eye is abducted apples to the sides. There are no paresis. Cannot walk or stand independently, Romberg's pose falls. Diffuse muscle hypotonia. Sensitivity saved. Where is the lesion located?	1. Left hemisphere of the cerebellum 2. Cerebellar vermis 3. Frontal lobe on the left 4. Right hemisphere of the cerebellum 5. Frontal lobe on the right	average
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Choose one correct answer:</i> Symptoms of bulbar palsy include:	a) The pharyngeal reflex is caused b) There is no pharyngeal reflex c) Peripheral paresis of the hypoglossal nerve d) Symptoms of oral automatism e) Dysphagia f) Dysarthria g) Aphonia Answers: 1) a, d, e 2) b, c, g 3) a, c, d 4) a, f, g	average
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Select multiple correct answers:</i> Signs characteristic of damage to the facial nerve: Answer options:	a) Dysphagia b) Smoothness of the frontal and nasolabial folds c) Lagophthalmos d) Bell's sign e) Difficulty protruding the tongue f) "Sail" symptom g) Impossibility of whistling h) Hyperacusis i) Decreased brow reflex Answers: 1) a, c, d 2) b, f, h 3) a, g, h 4) b, d, i	average

PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Select multiple correct answers:</i> Signs characteristic of damage to the oculomotor nerve:	a) Convergent strabismus b) Mydriasis c) Limitation of upward movement of the eyeball d) Restriction of outward movement of the eyeball e) Divergent strabismus f) Ptosis g) Diplopia Answers: 1) c, d, f, g 2) a, b, d, f 3) b, d, f, g 4) a, b, c, d	average
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Select multiple correct answers:</i> Symptoms characteristic of Weber's alternating syndrome:	a) Mydriasis b) Convergent strabismus c) Divergent strabismus d) Diplopia e) Ptosis f) Lagophthalmos g) Hemiplegia Answers: 1) a, b, c 2) c, e, f 3) b, d, g 4) a, b, e	average
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Select multiple correct answers:</i> Strabismus occurs when the cranial nerve is damaged:	a) 1.III b) 2.VI c) 3.VII d) 4.II Answers: 1) a, b 2) a, d 3) b, c 4) c, d	average
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Select multiple correct answers:</i> Signs of damage to the central motor neuron:	a) Fibrillation b) Hyporeflexia c) Muscle atony d) Pathological reflexes e) Protective reflexes e) Synkinesis f) Clonus g) Absence of skin reflexes h) Absence of tendon reflexes	high
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Select multiple correct answers:</i> Signs of peripheral nerve damage	a) Muscle wasting b) Pathological reflexes c) Protective reflexes d) Areflexia	high
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4	<i>Select multiple correct answers:</i> Signs of damage to the pyramidal tract:	a) Hemiparesis b) Increased muscle tone in paretic muscles c) Increased tendon reflexes d) Decreased muscle tone	high

PC-8.2		e) Decreased skin reflexes e) Protective reflexes	
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Select multiple correct answers:</i> Signs of peripheral motor neuron damage:	a) Spastic tone b) Muscle hypotension c) Decreased tendon reflexes d) Muscle wasting e) Reaction of muscle degeneration during the study of electrical excitability	high
PC-1.1; PC-1.2 PC-3.1; PC-3.2; PC-3.3; PC-3.4 PC-5.1; PC-5.2; PC-5.4 PC-8.2	<i>Select multiple correct answers:</i> Signs of damage to the anterior horns of the spinal cord:	a) Muscle hypotension b) Fibrillar twitching c) Absence of tendon reflexes d) Muscle wasting e) Pathological reflexes	high