

## CPEP TBI Final Exam Questions

- The exam is **21** questions long.
- The exam will typically be presented with 10 questions per page.
- The student must answer **16** of the questions correctly.

Question #	Question	Distracters	Correct Answer	Remediation (if applicable)
1.	Which of the following elements of history, physical and diagnostic testing are necessary to make a diagnosis of TBI?	<ul style="list-style-type: none"> <li>a. A Loss of Consciousness</li> <li>b. A period of amnesia for at least 24 hours</li> <li>c. A defined traumatic event that could have affected the brain</li> <li>d. A focal neurologic deficit that can resolve within as early as 24 hours</li> </ul>	c. A defined traumatic event that could have affected the brain	N/A
2.	A normal CT or MRI scan of the brain 1 month post-trauma in an individual with persistent cognitive symptoms at 1 year is indicative of	<ul style="list-style-type: none"> <li>a. A clear rule out for a TBI of any severity</li> <li>b. Evidence for a concussion</li> <li>c. Psychologic causes for the symptoms</li> <li>d. No detectable structural abnormality</li> </ul>	d. No detectable structural abnormality	N/A
3.	The term <u>concussion</u> describes	<ul style="list-style-type: none"> <li>a. A mild TBI</li> <li>b. A symptomatic brain injury</li> <li>c. A syndrome of persistent symptoms after TBI</li> <li>d. Any trauma to the head or body</li> </ul>	a. A mild TBI	N/A
4.	The vast majority of individuals who sustain a mild TBI	<ul style="list-style-type: none"> <li>a. Have recurring nightmares about the event</li> <li>b. Have no demonstrable difficulties after 3 months</li> <li>c. Will have deficits on neuropsychological testing after 6 months</li> <li>d. Are unable to recall any events surrounding the injury</li> </ul>	b. Have no demonstrable difficulties after 3 months	N/A
5.	A detailed neurological evaluation performed approximately 1 year after a mild TBI typically	<ul style="list-style-type: none"> <li>a. Is completely normal</li> <li>b. Demonstrates subtle abnormalities in balance</li> <li>c. Is significant for upper motor neuron signs</li> <li>d. Is usually limited by persistent cognitive limitations</li> </ul>	a. Is completely normal	N/A
6.	The most common cognitive limitations seen after mild TBI are in	<ul style="list-style-type: none"> <li>a. Short and long-term memory deficits</li> <li>b. Spelling and arithmetic calculation</li> <li>c. Attention and Concentration</li> <li>d. Visual scanning and olfactory sense</li> </ul>	c. Attention and Concentration	N/A
7.	The most common behavioral deficits seen after mild TBI are in	<ul style="list-style-type: none"> <li>a. Emotional lability and depression</li> <li>b. Irritability and social interaction</li> <li>c. Dissociative thinking and paranoia Nightmares and insomnia</li> </ul>	b. Irritability and social interaction	N/A

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8.	Simple, posterior headaches that begin 6 months after a clearly diagnosed mild TBI are	<ul style="list-style-type: none"> <li>a. Likely to be related to this TBI</li> <li>b. Caused by intermittent muscular spasm of the strap musculature</li> <li>c. Not causally linked to this TBI</li> <li>d. A common precursor to cluster migraine headaches</li> </ul>	c. . Not causally linked to this TBI	N/A
9.	The natural history of insomnia following a mild TBI is	<ul style="list-style-type: none"> <li>a. A rare initial but common long-term symptom</li> <li>b. A rare initial and long-term symptom</li> <li>c. A common initial but rare long-term symptoms</li> <li>d. A common initial and long-term symptom</li> </ul>	c. A common initial but rare long-term symptoms	N/A
10.	Long-term balance deficits following mild TBI can be best described as	<ul style="list-style-type: none"> <li>a. Atypical</li> <li>b. Unable to be measured by physical examination</li> <li>c. Best assessed using the 2-step retropulsion test</li> <li>d. A marker of initial injury severity</li> </ul>	a. Atypical	N/A
11.	Seizure activity following TBI	<ul style="list-style-type: none"> <li>a. Is rarely seen in mild TBI</li> <li>b. Occurs in about half of all severe TBI patients</li> <li>c. Is common but most often psychogenic in nature</li> <li>d. Is idiosyncratic and therefore permanently disabling</li> </ul>	a. Is rarely seen in mild TBI	N/A
12.	Limb spasticity after TBI	<ul style="list-style-type: none"> <li>a. Is more often seen in the arms after mild TBI</li> <li>b. Is a sign of upper motor neuron syndrome after TBI</li> <li>c. May indicate an undetected root level or nerve injury</li> <li>d. Is a common sign of malingering after TBI</li> </ul>	b. Is a sign of upper motor neuron syndrome after TBI	N/A
13.	In diagnosing a presumed mild TBI at 6 months, if medical records regarding the initial injury are unavailable, then	<ul style="list-style-type: none"> <li>a. It is not reasonable to make a definitive diagnosis of TBI</li> <li>b. TBI severity can be determined by self-reported symptoms</li> <li>c. Taking a history from the patient is the most appropriate assessment method</li> <li>d. Obtaining an MRI would be the most useful diagnostic tool</li> </ul>	c. Taking a history from the patient is the most appropriate assessment method	N/A
14.	TBI severity is assessed by	<ul style="list-style-type: none"> <li>a. Size and number of intracranial lesions on initial CT scan</li> <li>b. Initial alteration or loss of consciousness duration</li> <li>c. Mechanism of injury</li> <li>d. Number of symptoms acutely</li> </ul>	b. Initial alteration or loss of consciousness duration	N/A

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15.	In the first 3 months after mild TBI, headaches	<ul style="list-style-type: none"> <li>a. Are the most common post-concussive symptom</li> <li>b. Are usually associated with pre-morbid or psychogenic causes</li> <li>c. May represent one of the common seizure types</li> <li>d. Are usually disabling and difficult to control</li> </ul>	a. Are the most common post-concussive symptom	N/A
16.	Return to driving after TBI	<ul style="list-style-type: none"> <li>a. Should always be formally be re-evaluated with road testing</li> <li>b. Is rarely impacted by the presence of a seizure disorder</li> <li>c. Is unusual given the cognitive and physical limitations commonly seen</li> <li>d. Is common after mild TBI</li> </ul>	d. Is common after mild TBI	N/A
17.	Insomnia after TBI	<ul style="list-style-type: none"> <li>a. Is commonly caused by sleep apnea</li> <li>b. Is usually time-limited</li> <li>c. Is inversely related to injury severity</li> <li>d. Is best treated with methylphenidate</li> </ul>	b. Is usually time-limited	N/A
18.	Three months after mild TBI, an individual's capacity to make medical and/or financial decisions	<ul style="list-style-type: none"> <li>a. Is rarely impaired</li> <li>b. Always requires a Mental Health evaluation to determine</li> <li>c. Can be assumed to be impaired based on the injury</li> <li>d. Will be normal if the initial GCS was 13 or higher</li> </ul>	a. Is rarely impaired	N/A
19.	Return to work after a mild TBI	<ul style="list-style-type: none"> <li>a. Should be delayed for at least 3 months to allow full recovery</li> <li>b. Should be encouraged as soon as symptoms allow</li> <li>c. Should occur only after comprehensive neuropsychological testing is completed</li> <li>d. Should proceed as soon as all cognitive complaints resolve</li> </ul>	b. Should be encouraged as soon as symptoms allow	N/A
20.	Memory for the events that caused the TBI	<ul style="list-style-type: none"> <li>a. Is likely to cause PTSD symptoms and should be avoided</li> <li>b. May be influenced what the individual is told by professionals</li> <li>c. Is impossible if a confirmed TBI has occurred</li> <li>d. Is best measured using the Glasgow Coma Scale</li> </ul>	b. May be influenced what the individual is told by professionals	N/A

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21.	When differentiating between the effects of TBI and PTSD, it is important to remember that	<ul style="list-style-type: none"><li>a. PTSD cannot occur when there is no recall for the specific injury</li><li>b. Nightmares related to the injury event are more common with PTSD</li><li>c. Short term memory deficits are diagnostic for TBI</li><li>d. TBI is a real injury and PTSD is psychogenic</li></ul>	b. Nightmares related to the injury event are more common with PTSD	N/A
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