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.

<table>
<thead>
<tr>
<th>Question #</th>
<th>Question</th>
<th>Distracters</th>
<th>Correct Answer</th>
<th>Remediation (if applicable)</th>
</tr>
</thead>
</table>
| 1.         | Which of the following elements of history, physical and diagnostic testing are necessary to make a diagnosis of TBI?                     | a. A Loss of Consciousness  
b. A period of amnesia for at least 24 hours  
c. A defined traumatic event that could have affected the brain  
d. A focal neurologic deficit that can resolve within as early as 24 hours | 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 | a. A clear rule out for a TBI of any severity  
b. Evidence for a concussion  
c. Psychologic causes for the symptoms  
d. No detectable structural abnormality | d. No detectable structural abnormality                                                   | N/A                         |
| 3.         | The term concussion describes                                                                                                           | a. A mild TBI  
b. A symptomatic brain injury  
c. A syndrome of persistent symptoms after TBI  
d. Any trauma to the head or body                                                   | a. A mild TBI                                                                  | N/A                         |
| 4.         | The vast majority of individuals who sustain a mild TBI                                                                                 | a. Have recurring nightmares about the event  
b. Have no demonstrable difficulties after 3 months  
c. Will have deficits on neuropsychological testing after 6 months  
d. Are unable to recall any events surrounding the injury | b. Have no demonstrable difficulties after 3 months                               | N/A                         |
| 5.         | A detailed neurological evaluation performed approximately 1 year after a mild TBI typically                                               | a. Is completely normal  
b. Demonstrates subtle abnormalities in balance  
c. Is significant for upper motor neuron signs  
d. Is usually limited by persistent cognitive limitations | a. Is completely normal                                                       | N/A                         |
| 6.         | The most common cognitive limitations seen after mild TBI are in                                                                           | a. Short and long-term memory deficits  
b. Spelling and arithmetic calculation  
c. Attention and Concentration  
d. Visual scanning and olfactory sense | c. Attention and Concentration                                                   | N/A                         |
| 7.         | The most common behavioral deficits seen after mild TBI are in                                                                             | a. Emotional lability and depression  
b. Irritability and social interaction  
c. Dissociative thinking and paranoia Nightmares and insomnia | b. Irritability and social interaction                                               | N/A                         |
### 8. Simple, posterior headaches that begin 6 months after a clearly diagnosed mild TBI are
- a. Likely to be related to this TBI
- b. Caused by intermittent muscular spasm of the strap musculature
- c. Not causally linked to this TBI
- d. A common precursor to cluster migraine headaches
- c. Not causally linked to this TBI

### 9. The natural history of insomnia following a mild TBI is
- a. A rare initial but common long-term symptom
- b. A rare initial and long-term symptom
- c. A common initial but rare long-term symptoms
- d. A common initial and long-term symptom
- c. A common initial but rare long-term symptoms

### 10. Long-term balance deficits following mild TBI can be best described as
- a. Atypical
- b. Unable to be measured by physical examination
- c. Best assessed using the 2-step retropulsion test
- d. A marker of initial injury severity
- a. Atypical

### 11. Seizure activity following TBI
- a. Is rarely seen in mild TBI
- b. Occurs in about half of all severe TBI patients
- c. Is common but most often psychogenic in nature
- d. Is idiosyncratic and therefore permanently disabling
- a. Is rarely seen in mild TBI

### 12. Limb spasticity after TBI
- a. Is more often seen in the arms after mild TBI
- b. Is a sign of upper motor neuron syndrome after TBI
- c. May indicate an undetected root level or nerve injury
- d. Is a common sign of malingering after TBI
- b. Is a sign of upper motor neuron syndrome after TBI

### 13. In diagnosing a presumed mild TBI at 6 months, if medical records regarding the initial injury are unavailable, then
- a. It is not reasonable to make a definitive diagnosis of TBI
- b. TBI severity can be determined by self-reported symptoms
- c. Taking a history from the patient is the most appropriate assessment method
- d. Obtaining an MRI would be the most useful diagnostic tool
- c. Taking a history from the patient is the most appropriate assessment method

### 14. TBI severity is assessed by
- a. Size and number of intracranial lesions on initial CT scan
- b. Initial alteration or loss of consciousness duration
- c. Mechanism of injury
- d. Number of symptoms acutely
- b. Initial alteration or loss of consciousness duration
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>A. Are the most common post-concussive symptom</th>
<th>B. Are usually associated with pre-morbid or psychogenic causes</th>
<th>C. May represent one of the common seizure types</th>
<th>D. Are usually disabling and difficult to control</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>In the first 3 months after mild TBI, headaches</td>
<td>A. Should always be formally be re-evaluated with road testing</td>
<td>B. Is rarely impacted by the presence of a seizure disorder</td>
<td>C. Is unusual given the cognitive and physical limitations commonly seen</td>
<td>D. Is common after mild TBI</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Return to driving after TBI</td>
<td>A. Is commonly caused by sleep apnea</td>
<td>B. Is usually time-limited</td>
<td>C. Is inversely related to injury severity</td>
<td>D. Is best treated with methylphenidate</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Insomnia after TBI</td>
<td>A. Is rarely impaired</td>
<td>B. Always requires a Mental Health evaluation to determine</td>
<td>C. Can be assumed to be impaired based on the injury</td>
<td>D. Will be normal if the initial GCS was 13 or higher</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Three months after mild TBI, an individual’s capacity to make medical and/or financial decisions</td>
<td>A. Should be delayed for at least 3 months to allow full recovery</td>
<td>B. Should be encouraged as soon as symptoms allow</td>
<td>C. Should occur only after comprehensive neuropsychological testing is completed</td>
<td>D. Should proceed as soon as all cognitive complaints resolve</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Return to work after a mild TBI</td>
<td>A. Is likely to cause PTSD symptoms and should be avoided</td>
<td>B. May be influenced what the individual is told by professionals</td>
<td>C. Is impossible if a confirmed TBI has occurred</td>
<td>D. Is best measured using the Glasgow Coma Scale</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Memory for the events that caused the TBI</td>
<td>A. Are the most common post-concussive symptom</td>
<td>B. Is usually time-limited</td>
<td>C. Is usually associated with pre-morbid or psychogenic causes</td>
<td>D. May be influenced what the individual is told by professionals</td>
<td></td>
</tr>
</tbody>
</table>
21. When differentiating between the effects of TBI and PTSD, it is important to remember that

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>PTSD cannot occur when there is no recall for the specific injury</td>
</tr>
<tr>
<td>b.</td>
<td>Nightmares related to the injury event are more common with PTSD</td>
</tr>
<tr>
<td>c.</td>
<td>Short term memory deficits are diagnostic for TBI</td>
</tr>
<tr>
<td>d.</td>
<td>TBI is a real injury and PTSD is psychogenic</td>
</tr>
<tr>
<td>b.</td>
<td>Nightmares related to the injury event are more common with PTSD</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>