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suring me	eans	1page of 28
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CONTROL AND MEASURING MEANS

Discipline: Neurology

Discipline code: Neur 5306

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

Total hours/credit: 150h./5 credits

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

Control and measuring means

Shymkent 2023y.

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Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery 044-56/116	
Control and measuring means 2page of 28	

Questions of the program for border control 1

- 1. Brief anatomical and physiological overview of the central and peripheral nervous system.
- 2. Reflex sphere.
- 3. Movements and their disorders.
- 4. Sensitivity and semiotics of sensory disorders.
- 5. Spinal cord injury syndromes at various levels.
- 6. Cerebellar function and semiotics of cerebellar disorders.
- 7. The brain stem.
- 8. Syndromes of damage to the caudal group of cranial nerves.
- 9. Bulbar and pseudobulbar syndrome.
- 10. Alternating syndromes.
- 11. Midbrain.
- 12. Oculomotor nerve damage syndromes.
- 13. Olfactory and visual analyzers.

Compiled by: ________assistant of the department Ysetova A.A. ___________assistant of the department Abdraimova S.O Head of the Department, PhD, Professor ________Zharkinbekova N.A.

Protocol No $_$ « $_$ « $_$ » $_$ 20 $_$ 3 y.

Questions of the program for border control 2

- 1. Semiotics of defeat.
- 2. The cerebral cortex.
- 3. Syndromes of damage to higher brain functions.
- 4. Symptoms of damage to the autonomic nervous system and their studies.
- 5. The meninges.
- 6. Cerebrospinal fluid.
- 7. Meningeal syndrome.
- 8. Diseases of the peripheral nervous system.
- 9. Anatomical and physiological features of blood supply to the brain. Clinical symptoms of ischemia in the carotid and vertebral arteries.
- 10. Classification of ischemic brain lesions.
- 11. Ischemic hemorrhagic strokes. Etiology' pathogenesis' clinic' difdiagnostics.
- 12. Epilepsy and other convulsive syndromes. Classification' diagnosis' course' treatment.

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Control and me	asuring me	eans	3page of 28
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Ticket questions for intermediate certification (examination session) Examination ticket № 1

1. Peripheral and central sections of the somatosensory system.

2. Case study: Examination of the neurological status of the patient revealed: increased reflexes, increased muscle tone in the right extremities - arm and leg, foot clonus in the right leg, positive Babinsky, Gordon, Rossolimo symptom in the right leg, decrease in the strength of all muscle groups in the right extremities by 2,5 points.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate a study of tension symptoms in the patient.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 2

1. Higher mental functions and syndromes of violation in the defeat of the cortex.

2. Case study: Examination of the neurological status of the patient revealed: increased reflexes, increased tone in the legs, clonus of the feet of both legs, positive symptom of Babinsky, Gordon, Rassolimo, Bekhterev and decreased reflexes in the hands, muscle tone decreased, muscle strength in the hands decreased by 3 points, trophic changes in the muscles of the distal arms.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient a study of reflexes: corneal, palatal, pharyngeal.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 3

1. Higher mental functions and syndromes of violation in the defeat of the cortex.

2. Case study: Examination of the neurological status of the patient revealed: increased reflexes,

increased tone in the arms and legs, clonus of the feet of both legs, positive symptom of Babinsky, Gordon, Rossolimo, Bekhterev in the arms and legs, decrease in the strength of all muscle groups in the upper and lower extremities by 1 point .

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient a study of reflexes: corneal, palatal, pharyngeal.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 4

1. Functions of the cerebrospinal fluid.

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Department of Neurology, Psychiatry, Re Control and mea		ogy and Neurosurgery	044-56/116 4page of 28

Case study: Examination of the neurological status of the patient revealed: a decrease in temperature and pain sensitivity from the level of the navel on the right side and in the right leg, an increased knee and foot reflex in the left leg, a decrease in strength by 0-1 points, a pathological Babinsky reflex.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient a trigeminal nerve examination.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 5

1. Functions of the cerebrospinal fluid.

Case study: Examination of the neurological status of the patient revealed: divergent squint on the right, dilated pupil in the right eye.

1. What symptoms did you find in the patient?

- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

3. Demonstrate on the patient a study of Romberg's pose, pointing (finger-nose) test and heel-knee test.

- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 6

1. Blood supply to the brain.

2. Case study: Examination of the neurological status of the patient revealed: in the left eye, limitation of the movement of the eyeball outward.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

3. Demonstrate on the patient a study of neck muscle stiffness, Kernig symptom, Brudzinski symptom (upper, middle, lower).

- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket N_{2} 7

- 1. General cerebral symptoms.
- 2. Case study: Examination of the neurological status of the patient revealed: gait disturbance, deviation to the right side in the Romberg position, finger-nose test performed with missing right hand, complex deep sensitivity was preserved.
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Conducting and evaluating neuropsychological testing (praxis, gnosis)
- 4. Describe video and answer the next question:

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Department of Neurology, Psychiatry, Re	ehabilitology and Neurosurgery	044-56/116
Control and mea	asuring means	5page of 28

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

- 1. The autonomic nervous system.
- 2. Case study: Examination of the patient's neurological status revealed that he wasn't stable in the Romberg position with his eyes closed, a steppage gait, and there was no deep sensitivity.
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient a vestibulo-cochlear nerve examination.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 9

1. The central nervous system.

2. Case study: Examination of the neurological status of the patient revealed: the pupil in the left eye is dilated, the eyelid slightly covers the eye, there are no reflexes in the arms and legs, a decrease in strength and tone in all muscle groups by 2 points.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient a study of localization sense and two-dimensional sense.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 10

- 1. Sympathetic and parasympathetic nervous system.
- 2. Case study: Examination of the patient's neurological status revealed: in the right eye the eyelid is slightly lowered, the pupil is narrowed, the eyeball slightly sinks into the eye.
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient a facial nerve examination.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 11

1. Cortico-spinal and cortico-nuclear pathways.

2. Case study: Examination of the neurological status of the patient revealed: in the left eye, when looking down - double vision of an object is determined, limitation of the movement of the eyeball outward.

1. What symptoms did you find in the patient?

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Department of Neurology, Psychiatry, Rel	habilitology and Neurosurgery	044-56/116
Control and measured	suring means	6page of 28

- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient the study of reflexes: carporadial, biseps and triceps reflexes.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

1. The structure and role of the extrapyramidal system in human motor function.

2. Case study: Examination of the patient's neurological status revealed: a decrease in temperature and pain sensitivity of the body on both sides from the level of the nipples, deep sensitivity is preserved.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate a study of meningeal symptoms in the patient
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 13

1. Syndromes of the defeat of the central part of the pyramidal system.

2. Case study: Examination of the patient's neurological status revealed: a decrease in temperature and pain sensitivity in the distal parts of the extremities according to the type of "gloves and socks".

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate the study of the extrapyramidal system in the patient.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 14

1. The peripheral division of the pyramidal system and syndromes of its defeat.

2. Case study: Examination of the patient's neurological status revealed: a decrease in temperature and pain sensitivity in the right half of the body and extremities

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Conducting and evaluating neuropsychological testing (speech, writing, reading, counting)
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 15

1. Cerebellum. The internal structure of the cerebellum.

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Department of Neurology, Psychiatry, R	ehabilitolo	ogy and Neurosurgery	044-56/116
Control and me	asuring me	eans	7page of 28

Case study: Examination of the neurological status of the patient revealed: loss of visual fields on the left, lack of temperature, pain, vibration and kinesthetic sense, increased reflexes and increased muscle tone in the left extremities - arm and leg, foot clonus in the left leg, positive Babinsky, Gordon and Rossolimo symptoms in the left leg, decrease in the strength of all muscle groups in the left extremities by 2.5 points.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient the study of reflexes: flexor-elbow, extensor-elbow.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 16

1. Topical diagnosis of extrapyramidal system lesions.

Case study: Examination of the patient's neurological status revealed that the pharyngeal reflex was not triggered on both sides, the palatal reflex was absent on both sides, choked when eating liquid food, and nasal speech.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

3. Demonstrate on the patient a study of neck muscle stiffness, Kernig symptom, Brudzinski symptom (upper, middle, lower).

- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 17

- 1. CN 1: nuclei, composition and functions
- 2. Case study: Examination of the neurological status of the patient revealed: violent laughter, crying, a positive symptom of Marinescu-Radovici on the right, an increased pharyngeal reflex on the right, palatal reflex evoked, monotonous speech.
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient a study of abdominal reflexes: upper, middle, lower.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 18

1. CN 2: nuclei, composition and functions

2. Case study: Examination of the patient's neurological status revealed: the impossibility of extending the foot in the ankle joint and fingers on the left, the left foot hanging and rotated inward.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient a study sense of two-point discrimination and stereognosis

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Department of Neurology, Psychiatry, Re	ehabilitolo	gy and Neurosurgery	044-56/116
Control and measuring means			8page of 28

- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

1. Pons function and syndromes of its defeat

2. Case study: Examination of the patient's neurological status revealed: loss of external visual fields on both sides.

- 1. What syndrome have you identified in the patient?
- 2. Where is the lesion located?
- 3. Demonstrate on the patient oculomotor, trochlear and abducens nerves examination.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 20

1. Cerebellar function and syndromes of its defeat

2. Case study: Examination of the patient's neurological status revealed: loss of internal visual fields from both sides.

- 1. What syndrome have you identified in the patient?
- 2. Where is the lesion located?
- 3. Demonstrate on the patient the accessory and hypoglossal nerves examination
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 21

1. 1. CN3,4 and 6: nuclei, composition and functions

2. Case study: Examination of the neurological status of the patient revealed: visual impairment in the form of a black spot in the upper quadrants of the left visual field.

- 1. What syndrome have you identified in the patient?
- 2. Where is the lesion located?
- 3. Conducting and evaluating neuropsychological testing (memory, thinking)
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 22

1. Pyramidal tract.

2. Case study: Examination of the neurological status of the patient revealed: visual impairment in the form of a black spot in the upper quadrants of the left visual field.

- 1. What syndrome have you identified in the patient?
- 2. Where is the lesion located?
- 3. Demonstrate on the patient a facial nerve examination
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?

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Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery	044-56/116
Control and measuring means	9page of 28

- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

1. N 5: nuclei, composition and functions

2. Case study: Examination of the neurological status of the patient revealed: involuntary, braking movements in the left hand.

- 1. 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient Pathological reflex.
- 4. Describe video and answer the next question
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 24

1. 1. CN 7: nuclei, composition and functions

2. Case study: Examination of the neurological status of the patient revealed: he understands addressed speech, but pronunciation of words is impaired while the ability to reproduce sounds is preserved.

- 1. 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient oculomotor, trochlear and abducens nerves examination.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 25

- 1. Bulbar group of CN: nuclei, composition and functions
- 2. Case study: Examination of the patient's neurological status revealed that he did not understand the speech addressed to him, but spoke many words not on the topic of the dialogue.
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient the study of reflexes: Babinsky, Oppenheim.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 26

1. Symptoms of bulbar paralysis.

2. Case study: Examination of the patient's neurological status revealed that he cannot identify an object when touched with closed eyes.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient the olfactory and optic nerves examination.

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Control and mea	suring me	eans	10page of 28
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- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

1. Symptoms of pseudo bulbar paralysis.

2. Case study: Examination the neurological status of the patient revealed that he could not name the object and the name of the person depicted in the picture or photograph.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate methods of examining the cerebellum.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 28

1. Symptoms of peripheral paralysis

2. Case study: Examination the neurological status of the patient revealed: out of 5 words spoken to him, he remembered only 2 words.

- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient the study of reflexes: proboscis and Marinescu-Rodovici.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 29

1. The main clinical syndromes of extrapyramidal system lesion: akinetic-rigid syndrome.

2. Case study: Examination of the neurological status of the patient revealed: the presence of motor function in the extremities, but he cannot get out of bed and stand, the mentally behavior is inadequate.

1. What symptoms did you find in the patient?

- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?
- 3. Demonstrate on the patient a trigeminal nerve examination.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

Examination ticket № 30

1. The main clinical syndromes of extrapyramidal system lesion: hyperkinetic syndrome.

2. Case study: Examination of the neurological status of the patient was found to be unable to put on a dress in tights, button up a jacket, while maintaining the volume of movements.

1. What symptoms did you find in the patient?

2. What syndrome have you identified in the patient?

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Department of Neurology, Psychiatry, R	ehabilitolo	ogy and Neurosurgery	044-56/116
Control and mea	asuring me	eans	11page of 28

- 3. Where is the lesion located?
- 3. Demonstrate on the patient a study of abdominal reflexes: upper, middle, lower.
- 4. Describe video and answer the next question:
- 1. What symptoms did you find in the patient?
- 2. What syndrome have you identified in the patient?
- 3. Where is the lesion located?

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Protocol № ∠	«LA» OB	20 <u>23</u> y.		

Test tasks for boundary control 1

<question> The current source of infection in SARS-CoV-2 <variant> sick person <variant> rodents <variant> birds <variant> insects <variant> fish <question> The main type of biomaterial for laboratory studies in infection caused by SARS-CoV-2 <variant> nasopharyngeal and/or oropharyngeal smear material <variant>blood serum <variant> whole blood <variant> cal <variant> urine <question>The main method of laboratory diagnosis of infection caused by SARS-CoV-2 <variant> polymerase chain reaction <variant> serological tests <<variant>immuno chromatographic samples <variant>virological tests <variant> coombs test

<<question>Immunity in infections caused by coronavirus <variant>unstable, possible re-infection <variant> for 7-10 years <variant> throughout life <variant>for 3-5 years <variant>for 5-6 years <question>In patients with infection caused by SARS-CoV-2, it is often detected on chest radiography <variant>double-sided drain infiltrative dimming <variant>cavern formation <variant>unilateral infiltrative changes <variant>unilateral abscess <variant>focal process <question> A means of respiratory protection when taking biomaterials suspected of containing coronavirus COVID-19 is ...

<variant>FFP2 type respirator <variant>medical mask <variant>filter gas mask <variant>gauze bandage <variant>filter half mask

<question> The main measure in identifying a patient with suspected Covid-19 is <variant> hospitalization in boxed rooms/wards of an infectious hospital <<variant> use of disposable medical masks that must be replaced every 2 hours <variant> transportation of patients by special transport <variant> compliance with cough hygiene by patients <variant> the use of disposable medical products <<question>Pulse oximetry allows <variant> identify patients with hypoxemia who need respiratory support <<variant>determine the development of heart failure <<variant>determine the presence of pneumonia <<variant>determine internal bleeding <variant>monitor blood pressure <question>The pathological reflexes of the upper extremities include <variant> Rossolimo

OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY SOUTH KAZAKHSTAN MEDICAL ACADEMY

«Оңтүстік Қазақстан медицина академиясы» АҚ 🛛 🖓 АО «Южно-Казахстанская медицинская академия»

<variant> spastic tone

Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery	044-56/09
Control Measuring Means for undergraduate specialty "General Medicine" in the subject	12стр. из 15
"Neurology"	

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<variant> Oppenheim <variant>Babinsky <<variant>Crank <variant> Schaeffer <question>Muscle hypotrophy is characteristic of the lesion reflexes <variant>of the peripheral motor neuron <variant>of the central motor neuron <variant>cerebellum <variant>of the corticonuclear pathway <variant>of the spinal ganglion <question>Pathological reflexes are characteristic of the lesion <variant>of the central motor reflexes neuron <variant>of the peripheral motor neuron <variant>cerebellum <<variant>of the spinal ganglion reflexes <variant>of the front spine <question>When the peripheral reflexes motor neuron is affected, the trophic muscles <variant>reduced <variant>increased <variant>not changed <variant>combined with hypertension <variant>combined with reflexes hyperreflexion <question>Cerebrospinal fluid is produced.... reflexes <variant>vascular plexuses of the cerebral ventricles <variant>pachyonic granulations <variant>arachnoid meninges <variant>soft meninges <variant>dura mater <question>A sign of a lesion of the inner capsule is <variant>hemiparesis <variant>paraparesis reflexes <variant>lagophthalmos <variant>monoplegia <variant>tetraparesis

<question>A sign of the defeat of the pyramid path is <variant> increased muscle tone <variant> decreased muscle tone <variant> reduction of tendon <variant> pathological reflexes <variant> increased skin reflexes <question> A sign of damage to the anterior horns of the spinal cord is <variant> fibrillar twitching <variant> pathological reflexes <variant> muscle hypertrophy <variant> pathological synkinesia <variant> increased tendon <question> A sign of damage to the anterior horns of the spinal cord is <variant> a decrease in tendon <variant> increased tendon <variant> clones <variant> muscle hypertrophy <variant> muscle hypertension <question> A sign of damage to the anterior horns of the spinal cord is <variant> the absence of tendon <variant>muscle hypertonia <variant> increased tendon <variant> clones <variant> muscle hypertrophy <question> A sign of damage to the anterior horns of the spinal cord is <variant> muscle hypotension <variant> pathological reflexes <variant>muscle hypertonia <variant> increased tendon <variant> clones <question> A sign of peripheral motor neuron damage is <variant> muscle hypotrophy

<variant> muscle hypertension <variant> increased tendon reflexes <variant>presence of pathological reflexes <question> The area of the brain stem where the nucleus of the oculomotor nerve is located is <variant> brain stem <variant>sylvian water supply <variant>varoliev bridge <variant> medulla oblongata <variant>IV ventricle <question> Ptosis is observed when ... a pair of cranial nerves is affected. <variant> III <variant> V <variant> VII <variant> IV <variant>VI <question> Dysphagia occurs when ... a pair of cranial nerves is affected. <<variant>IX-X chmn pairs <<variant>V-VII chmn pairs <variant>VII-XIPARYCHMN <variant>VI-Xparychmn <variant>VI-X chmn pairs <question> Dysarthria occurs when... a pair of cranial nerves is affected. <variant> XII pairs of chmn <variant> XI pairs of chmn <variant> V chmn pairs <variant> III chmn pairs <variant>X chmn pairs <question> Swallowing disorder occurs when <variant>soft palate muscles <variant> of the masticatory muscles <variant> circular eye muscle <variant> of facial muscles <variant> circular muscles of the mouth

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Control Measuring Means for undergraduate specialty "General Medicine" in the subject "Neurology"

13стр. из 15

<question> Bulbar paralysis is characterized by the following symptoms: <variant>there is no pharyngeal reflex <variant>pharyngeal reflex increased <variant>violent crying and laughing <variant>proboscis reflex <variant>hypertrophy of the tongue <question> A sign characteristic of the lesion of the facial nerve is <variant> smoothness of frontal and nasolabial folds <variant> dysphagia <variant> ptosis <<variant> Marinescu-Radovici symptom <variant>dysphonia <question> A sign characteristic of the lesion of the oculomotor nerve <variant> divergent strabismus <variant>myosis <variant> restriction of eyeball movement from the outside <variant> convergent strabismus <variant> diplopia down <question> Damage to the cerebellum leads to impaired movement in the form of <variant>ataxia <variant>paresis <variant>hyperkinesis <variant>mydriasis <variant>cerebellum <question> Muscle tone in the defeat of the cerebellum <variant> is being lowered <variant> increases <variant> does not change <variant> disappears <variant> is accelerating <question> Hyperkinesis occurs when the lesion <variant>of the extrapyramidal system

<variant>of the pyramid system <variant>temporal lobe cortex <variant>of the brain stem <variant>of the caudate nucleus <question> When the extrapyramidal system is affected, <variant>akinesia <variant>hypesthesia <variant>apraxia <variant>cuts <variant>hemianopsia <question> The red core is part of the... system. <variant>pallido-nigral <variant>sensitive <variant>striar <variant>pyramid <variant>vegetative <question> When the cerebellum is <variant> sensitive affected, speech <variant> chanted <variant>dvsarthric <variant> athonia <variant> monotonous <variant> in the form of "verbal diarrhea" <question> Muscle tone in pallidonigral syndrome is primarily <variant> hypertension <variant>dysmetry <variant> hypotension <variant> does not change <variant> combined with paresis <question> When the striatal system is affected, muscle tone <variant> is being lowered <variant> disappears <variant> increases <variant> does not change <variant> combined with paresis <question>For damage to the cerebellum is not characteristic <variant> dysarthria <variant> chanted speech <variant> dysmetry <variant> atony <variant> ataxia

<question> When the inner capsule is affected . sensitive disorders occur in the form of <variant>hemianesthesia <variant>monoanesthesia <variant> of phantom pains <variant> paresthesia <variant> root pains <question> When the posterior columns of the spinal cord are affected, there are violations of ... sensitivity. <variant> vibration <variant> temperature <variant> tactile <variant> painful <variant> koreshkovoy <question> When the visual mound is affected, ataxia occurs. <variant> dynamic <variant> cerebellar <variant> vestibular <variant> frontal <question> For the "polyneuritic" type of sensitivity disorder , the most characteristic symptoms are <variant> pain in the extremities <<variant> sensitivity disorder in the corresponding dermatomes <variant> vestibular disorders <variant> meningeal disorders <variant> hemianesthesia <question> With the defeat of the Gasser node on the face, there are <variant> sensitivity disorders along the branches of the V nerve and herpetic rashes <variant> sensitivity disorders along V nerve segments and herpetic rashes <variant> hemianesthesia <variant> herpetic rashes without sensitivity disorders <variant> mimic paresis

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

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Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery Control Measuring Means for undergraduate specialty "General Medicine" in the subject "Neurology"

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SKMA

044-56/09 15стр. из 15

<variant>of pachyonic granulations <question> The meningeal syndrome is characterized by the symptom <variant> Kernig <variant> Babinsky <variant> Babinsky's asinergy <variant> Oppenheim <variant> Poussep <question>Gorner's syndrome is characterized by <variant> narrowing of the eye slit <variant> expansion of the eve slit <variant> convergent strabismus <variant> divergent strabismus <variant> convergence weakness <question>In meningeal syndrome, <question> A dangling foot is there is a symptom of <variant>Kernig <variant>Neri <variant>Lasega <variant>Wasserman-Mackiewicz <variant> Rossolimo <question>The symptoms of tension include the symptom <variant>Lasega <variant>Babinsky <variant>Rossolimo <variant>Brudzinsky <variant>Grossman <question> The symptoms of tension include the symptom <variant>Neri <variant>Kernig <variant>Oppenheim <variant> Zhukovsky <variant> of gordon <question> Trigeminal neuralgia is characterized by the presence of <variant> trigger zones

<variant>Zakharyin-Ged zones <variant>lesions of the visual intersection <variant>lesions of hypothalamic nuclei <variant>basal nucleus lesions <question> "Clawed paw" is characteristic of the lesion of ... nerve. <variant> elbow <variant> of the beam <variant> of the median <variant> femoral <variant> sciatic <question> The knee reflex falls out when the... nerve is affected. <variant> femoral <variant> of the beam <variant> elbow <variant> of the median <variant> sciatic characteristic of a lesion of... a nerve. <variant> fibular <variant> elbow <variant> femoral <variant> of the tibial <variant> of the median <question> "Cock-like gait" is <variant> fibular <variant> of the tibial <variant> femoral <variant> elbow <variant> of the beam <<question>Polyneuropathy is a lesion <variant> multiple nerves <variant> roots <variant> of one nerve <variant> ganglion <variant> of plexuses <question> Polyneuropathies are characterized by the type of gait ...

<variant> "steppage"

<variant> atactic <variant> hemiparetic <variant> "dollhouse" <variant> gentle <question> The duration of a painful attack with trigeminal neuralgia is <variant> from a few seconds to a few minutes <variant> from several hours <variant> from several hours to 12 hours <variant> up to 24 hours <variant> from several days <question> Trigeminal neuralgia must be differentiated from <variant> acute pulpitis <variant>facial nerve neuropathies <variant> acute otitis media <variant> hypoglossal nerve lesions <variant> olfactory nerve lesions <question> A sign characteristic of the lesion of the facial nerve is <variant> smoothness of frontal and nasolabial folds <variant> dysphagia <variant> ptosis <<variant> Marinescu-Radovici symptom <variant>dysphonia <question> A sign characteristic of observed when ... nerve is affected. the lesion of the oculomotor nerve <variant> divergent strabismus <variant>myosis <variant> restriction of eyeball movement from the outside <variant> convergent strabismus <variant> diplopia down <question> Symptoms characteristic of the alternating Weber syndrome <variant> divergent strabismus <variant>myosis <variant> convergent strabismus <variant>lagophthalmos <variant>paraparesis

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Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery	044-56/09
Control Measuring Means for undergraduate specialty "General Medicine" in the subject	16стр. из 15
"Neurology"	

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<question> Static depends on normal activity <variant> cerebellum <variant> of the thalamus <variant> of the caudate nucleus <variant> of the black substance <variant> of the blue spot <question> Damage to the cerebellum leads to impaired movement in the form of <variant>ataxia <variant>paresis <variant>hyperkinesis <variant>mydriasis <variant> cerebellum <question>The defeat of the facial nerve is characterized by the presence of such a symptom as . . . <variant>lagophthalmos <variant>burning pains in half of the face <variant>weakness of the chewing muscles <variant>hypo-infusion <variant>nasal congestion <question>When the Gasser node is affected , it is observed . . . <variant>reduction of all types of sensitivity and herpetic rashes on the same side of the face <variant>central paresis of facial muscles <variant>reduction of surface sensitivity on the same side <variant>chewing muscle paresis <variant>peripheral paresis of facial muscles <question>The patient has shooting paroxysmal pains in the right frontal-parietal part of the head, in the right eyeball, hypesthesia in these areas, a decrease in the corneal reflex on the right.

Most likely, the pathological focus is located. . . <variant>in 1 branch of the trigeminal nerve <variant>in the upper branches of the facial nerve <variant>in the oculomotor nerve <variant>in the nucleus of the spinal tract of the trigeminal nerve <variant>in the midbrain core <<question>The etiological factor of ganglionitis of the cranial node is . . . <variant>herpes virus <variant>staphylococcus aureus <variant>beta-hemolytic streptococcus <variant>adenoviruses <variant>Epstein-Barr virus <question>The patient has paralysis of facial muscles and lacrimation. The most likely level of defeat is . . . <variant>shilosocular orifice <variant>bridge cerebellar angle <variant>varoliev bridge <variant>fallopian canal <variant>inner ear canal <question>Facial hemispasm must be differentiated from <variant>facial contracture <variant>facial nerve neuropathy <variant>trigeminal neuralgia <variant>ganglionitis of the cranial node <variant>ganglionitis of the trigeminal node <question> Cervical thickening form . . .

<variant> V-VII cervical segments and I-II thoracic segments <variant> I-VII cervical segments III-V <variant> sacral coccygeal segments and segments <<variant> IV lumbar and I-II sacral segments <variant> X-XII thoracic and I-V lumbar segments <question> The clinical Gorner symptom of syndrome is . . . <variant>narrowing of the eve slit <variant>widening of the eye slit <variant>convergent strabismus <variant>divergent strabismus <variant>convergence weakness <question> The fibers of temperature pain and sensitivity are attached to the fibers of deep and tactile sensitivity in . . . <variant> visual bump <variant> medulla oblongata <variant> brain bridge <variant>brain legs <variant> spinal cord <question> The composition of the midbrain includes . . . <variant> red cores <variant> the nucleus of the abductor nerve <variant> block nerve nuclei <variant> oculomotor nerve nuclei <variant> pyramid path <question> It is uncharacteristic for Wallenberg-Zakharchenko syndrome...

OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY SOUTH KAZAKHSTAN MEDICAL ACADEMY

АКАDEMIASY АСАDEMY «Оңтүстік Қазақстан медицина академиясы» АҚ АО «Южно-Казахстанская медицинская академия»

affected

grasping

hemisphere,

mental

reflex.

Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery 044-56/09 Control Measuring Means for undergraduate specialty "General Medicine" in the subject "Neurology" 17стр. из 15

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<variant> hemiplegia <variant> ptosis, myosis, enophthalmos <variant>dysphonia, dysphagia <variant> alternating hemianesthesia <variant>vestibular ataxia <question> When small cell nuclei of the oculomotor nerve are affected, <variant>myosis <variant> reflex immobility of the pupil <variant> no pupil reaction to light <variant> enophthalmos <variant>mydriasis <question> Gait in Parkinsonian syndrome . . . <variant>shuffling, small steps <variant> spastic <variant>spastic-atactic <variant>hemiparetic <variant> atactic <question> It is characteristic of frontal ataxia <<variant> tilting or falling to the side, ipsilateral to the affected hemisphere. reflex, grasping mental changes, violation of the sense of smell <variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus <variant> staggering when walking, legs wide apart, gait is sharply flanking disrupted, there is no vision control <variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait,

vision control

<variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide. discoordination extends to the arms, chest muscles and face <question> Sensitive ataxia is characterized by... <variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait, vision control <<variant> tilting or falling to the side, ipsilateral to the hemisphere, affected reflex. mental grasping changes, violation of the sense of smell <variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus <variant> staggering when walking, legs wide apart, gait is sharply flanking disrupted, there is no vision control <variant> uncertain, clumsy gait. deviating from the center to the sides and putting his feet wide, discoordination extends to the arms, chest muscles and face <question> Vestibular ataxia is characterized by... <variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus <variant> instability when legs walking, bend excessively in the hip and knee joints, stamping gait, vision control <<variant> tilting or falling to the side, ipsilateral to the

changes. violation of the sense of smell <variant> staggering when walking, legs wide apart, flanking gait is sharply disrupted, there is no vision control <variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide. discoordination extends to the arms, chest muscles and face <question> Spinal ataxia includes . . . <variant>sensitive <variant>frontal <variant>cerebellar <variant>vestibular <variant>temporal <question> A patient with motor aphasia. . . <<variant> understands the addressed speech, but cannot speak <<variant> does not understand the addressed speech and cannot speak <variant> can speak, but does not understand the addressed speech <variant> can speak, but the speech is chanted <variant> can speak, but does not pronounce consonant letters <question> A patient with sensory aphasia. . . <<variant> does not understand the addressed speech and does not control his own speech <variant> cannot speak and does not understand the

converted speech

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Department of Neurology, Psychiatry, R	ehabilitolo	ogy and Neurosurgery	044-56/09
Control Measuring Means for undergraduate spec	cialty "Gei	neral Medicine" in the subject	18стр. из 15
"Neurolog	y"		

<<variant> understands the addressed speech, but cannot speak

<variant> can speak, but forgets the names of items <<variant> does not understand the addressed speech, but controls its own speech

<question>Amnesic aphasia is observed in the lesion . . .

<variant> junction of temporal and parietal lobes <variant> of the frontal lobe <variant> of the parietal lobe <variant> the junction of the frontal and parietal lobes <variant> the junction of the parietal and occipital lobes

<question>Ideatory apraxia is characteristic of the lesion <variant>supramental gyrus of the dominant hemisphere <variant> angular gyrus of the dominant hemisphere <variant> of the corpus callosum <variant> of the frontal lobe of the dominant hemisphere <variant> of the temporal the dominant lobe of hemisphere <question> Constructive apraxia is characterized by <variant> inability to construct a whole from a part <variant> inability to build <variant> the impossibility of repeating the action shown <variant> the inability to perform an action due to a violation of coordination <variant> the inability to perform an action due to a violation of stereognosis <question> Computed tomography of the brain does not allow <variant> differentiate the histological structure of the tumor <variant> differentiate the gray and white matter of the brain <variant> determine the state of the liquor pathways <variant> identify areas of ischemia and hemorrhage <variant> determine the zone of perifocal edema

CAup_assistant of the department Abdraimova S.O Head of the Department, PhD, Professor _____ Zharkinbekova N.A.

and implement an action

Protocol No $_$ « $_$ « $_$ » $_$ 20 $_$ 3 y.

program

<question> The current source of infection in SARS-CoV-2 <variant> sick person <variant> rodents <variant> birds <variant> insects <variant> fish

Test tasks for boundary control 2

<question> The main type of biomaterial for laboratory studies in infection caused by SARS-CoV-2 <variant> nasopharyngeal and/or oropharyngeal smear material <variant>blood serum <variant> whole blood <variant> cal <variant> urine <question>The main method of laboratory diagnosis of infection caused by SARS-CoV-2 OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY

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Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery Control Measuring Means for undergraduate specialty "General Medicine" in the subject "Neurology"

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SKMA

044-56/09 19стр. из 28

<variant> polymerase chain reaction <variant> serological tests <<variant>immuno chromatographic samples <variant>virological tests <variant> coombs test <<question>Immunity in infections caused by coronavirus <variant>unstable, possible reinfection <variant> for 7-10 years <variant> throughout life <variant>for 3-5 years <variant>for 5-6 years <question>In patients with infection caused by SARS-CoV-2, it is often detected on chest radiography <variant>double-sided drain infiltrative dimming <variant>cavern formation <variant>unilateral infiltrative changes <variant>unilateral abscess <variant>focal process <question> A means of respiratory protection when taking biomaterials suspected of containing coronavirus COVID-19 is <variant>FFP2 type respirator <variant>medical mask <variant>filter gas mask <variant>gauze bandage <variant>filter half mask <question> The main measure in identifying a patient with suspected Covid-19 is <variant> hospitalization in boxed rooms/wards of an infectious hospital <<variant> use of disposable medical masks that must be replaced every 2 hours <variant> transportation of patients by special transport

<variant> compliance with cough hygiene by patients <variant> the use of disposable medical products <<question>Pulse oximetry allows <question>Cerebrospinal fluid is <variant> identify patients with hypoxemia who need respiratory support <<variant>determine the development of heart failure <<variant>determine the presence o<variant>dura mater pneumonia <<variant>determine internal bleeding <variant>monitor blood pressure <question>The pathological reflexe<<variant>lagophthalmos of the upper extremities include <variant>monoplegia <variant> Rossolimo <variant> Oppenheim <variant>Babinsky <<variant>Crank <variant> Schaeffer <question>Muscle hypotrophy is characteristic of the lesion <variant>of the peripheral motor neuron <variant>of the central motor neuron <variant>cerebellum <variant>of the corticonuclear pathway <variant>of the spinal ganglion <question>Pathological reflexes are<variant> pathological synkinesia characteristic of the lesion <variant>of the central motor neuron <variant>of the peripheral motor neuron <variant>cerebellum <<variant>of the spinal ganglion <variant>of the front spine <question>When the peripheral motor neuron is affected, the trophic muscles <variant>reduced <variant>increased <variant>not changed

<variant>combined with hypertension <variant>combined with hyperreflexion produced.... <variant>vascular plexuses of the cerebral ventricles <variant>pachyonic granulations <variant>arachnoid meninges <variant>soft meninges <question>A sign of a lesion of the inner capsule is <variant>hemiparesis <variant>paraparesis <variant>tetraparesis <question>A sign of the defeat of the pyramid path is <variant> increased muscle tone <variant> decreased muscle tone <variant> reduction of tendon reflexes <variant> pathological reflexes <variant> increased skin reflexes <question> A sign of damage to the anterior horns of the spinal cord is ... <variant> fibrillar twitching <variant> pathological reflexes <variant> muscle hypertrophy <variant> increased tendon reflexes <question> A sign of damage to the anterior horns of the spinal cord is ... <variant> a decrease in tendon reflexes <variant> increased tendon reflexes <variant> clones <variant> muscle hypertrophy <variant> muscle hypertension <question> A sign of damage to the anterior horns of the spinal cord is ... <variant> the absence of tendon

reflexes

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	MEDISINA (SKMA) MEDICAL			
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	ychiatry, Rehabilitology and Neurosurgery	044-56/09		
Control Measuring Means for underg	raduate specialty "General Medicine" in the	subject 20стр. из 28		
	"Neurology"			
<variant>muscle hypertonia</variant>	<variant>X chmn pairs</variant>	<variant> is being lowered</variant>		
<variant> increased tendon reflexes</variant>		<variant> is being towered <variant> increases</variant></variant>		
<variant> clones</variant>	occurs when	<variant> does not change</variant>		
<variant> muscle hypertrophy</variant>	<variant>soft palate muscles</variant>	<variant> disappears</variant>		
<question> A sign of damage to the</question>	-	<variant> is accelerating</variant>		
anterior horns of the spinal cord is .	•	<question> Hyperkinesis occurs</question>		
	<variant> circular eye muscle</variant>	when the lesion		
<variant> muscle hypotension</variant>	<variant> of facial muscles</variant>	<variant>of the extrapyramidal</variant>		
<variant> pathological reflexes</variant>	<variant> circular muscles of the</variant>	system		
<variant>muscle hypertonia</variant>	mouth	<variant>of the pyramid system</variant>		
<variant> increased tendon reflexes</variant>		<variant>temporal lobe cortex</variant>		
<variant> clones</variant>	characterized by the following	<variant>of the brain stem</variant>		
<question> A sign of peripheral</question>	symptoms:	<variant>of the caudate nucleus</variant>		
motor neuron damage is	<variant>there is no pharyngeal</variant>	<question> When the</question>		
<variant> muscle hypotrophy</variant>	reflex	extrapyramidal system is affected		
<variant> spastic tone</variant>	<variant>pharyngeal reflex</variant>			
<variant> muscle hypertension</variant>	increased	<variant>akinesia</variant>		
<pre><variant> increased tendon reflexes <variant>violent crying and <variant>hypesthesia</variant></variant></variant></pre>				
<variant>presence of pathologicallaughing<variant>apraxiareflexes<variant>proboscis reflex<variant>cuts</variant></variant></variant></variant>				
<pre><question> The area of the brain</question></pre>	<pre><variant>probosels reflex <variant>hypertrophy of the tongue</variant></variant></pre>			
stem where the nucleus of the	<question> A sign characteristic of</question>	-		
oculomotor nerve is located is	the lesion of the facial nerve is	1 1		
<variant> brain stem</variant>	<variant> smoothness of frontal and</variant>	-		
<variant>sylvian water supply</variant>	nasolabial folds	<variant>sensitive</variant>		
<variant>varoliev bridge</variant>	<variant> dysphagia</variant>	<variant>striar</variant>		
<variant> medulla oblongata</variant>	<variant> ptosis</variant>	<variant>pyramid</variant>		
<variant>IV ventricle</variant>	< <variant> Marinescu-Radovici</variant>	<variant>vegetative</variant>		
<pre><question> Ptosis is observed when symptom</question></pre> <question> When the cerebellum is</question>				
a pair of cranial nerves is affected	• •	affected, speech		
<variant> III</variant>	<question> A sign characteristic of</question>			
<variant> V</variant>	the lesion of the oculomotor nerve	-		
<variant> VII</variant>	·	<variant> athonia</variant>		
<variant> IV</variant>	<variant> divergent strabismus</variant>	<variant> monotonous</variant>		
<variant>VI <question> Dysphagia occurs when</question></variant>	<variant>myosis</variant>	<variant> in the form of "verbal diarrhea"</variant>		
a pair of cranial nerves is affected		<question> Muscle tone in pallido</question>		
	<pre><variant> convergent strabismus</variant></pre>	nigral syndrome is primarily		
< <vr></vr> variant>V-VII chmn pairs	<variant> convergent strabisinus <variant> diplopia down</variant></variant>	<pre><variant> hypertension</variant></pre>		
<variant>VII-XIPARYCHMN</variant>	<question> Damage to the</question>	<variant> hypertension <variant>dysmetry</variant></variant>		
<variant>VI-Xparychmn</variant>	cerebellum leads to impaired	<variant> hypotension</variant>		
<variant>VI-X chmn pairs</variant>	movement in the form of	<variant> does not change</variant>		
<question> Dysarthria occurs</question>	<variant>ataxia</variant>	<variant> combined with paresis</variant>		
when a pair of cranial nerves is	<variant>paresis</variant>	<question> When the striatal syste</question>		
affected.	<variant>hyperkinesis</variant>	is affected, muscle tone		
<variant> XII pairs of chmn</variant>	<variant>mydriasis</variant>	<variant> is being lowered</variant>		
<variant> XII pairs of chmn <variant> XI pairs of chmn</variant></variant>	<variant>cerebellum</variant>	<variant> disappears</variant>		
<variant> XII pairs of chmn</variant>	•	-		

о́́ити́stik-qazaqstan MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ SOUTH KAZAKHSTAN MEDICAL ACADEMY AO «Южно-Казахстанся	ая медицинская академия»
Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery	044-56/09
Control Measuring Means for undergraduate specialty "General Medicine" in the sub	ject 21стр. из 28
"Neurology"	

	(· · · · · · · · · · · · · · · · · · ·
<variant> combined with paresis</variant>	<variant> sensitivity disorders alor</variant>	-
<question>For damage to the</question>	V nerve segments and herpetic	<question> The general cerebral</question>
cerebellum is not characteristic		symptom is
<variant> dysarthria</variant>	<variant> hemianesthesia</variant>	<variant> headache</variant>
<variant> chanted speech</variant>	<variant> herpetic rashes without</variant>	<variant> speech disorder</variant>
<variant> dysmetry</variant>	sensitivity disorders	<variant>violation of short-term</variant>
<variant> atony</variant>	<variant> mimic paresis</variant>	memory
<variant> ataxia</variant>	<question> Gorner 's syndrome is</question>	<variant>semantic aphasia</variant>
	e not characterized by the presence of	
is affected, sensitive disorders occ	u	<question> The patient frowns,</question>
in the form of	<variant> exophthalmos</variant>	grimaces, his movements are
<variant>hemianesthesia</variant>	<variant> headache</variant>	sweeping, they increase with
<variant>monoanesthesia</variant>	<variant> ptosis</variant>	excitement, calm down in a dream.
<variant> of phantom pains</variant>	<variant>mimosa</variant>	Such symptoms are characteristic of
<variant> paresthesia</variant>	<variant> enophthalmos</variant>	
<variant> root pains</variant>	<question> The meninge</question>	eakvariant> of choreic hyperkinesis
<question> When the posterior</question>		he variant> athetosis
columns of the spinal cord are	symptom	<variant>myoclonia</variant>
affected, there are violations of	<variant>Lasega</variant>	<variant> of ticks</variant>
sensitivity.	<variant>rigidity of the occipit</variant>	
<variant> vibration</variant>	muscles	<question>Violent turns, rotational</question>
<variant> temperature</variant>	<variant>Kernig</variant>	character, hyperkinesis increases
<variant> tactile</variant>	<variant>Brudzinsky</variant>	with movements, are characteristic
<variant> painful</variant>	<variant>Lesage</variant>	of
<variant> koreshkovoy</variant>	-	nsvariant> of torsion dystonia
<pre><question> When the visual mound</question></pre>		<variant> of choreic hyperkinesis</variant>
is affected, ataxia occurs.	<pre>variant>rigidity of the occipit</pre>	• •
<pre><variant> sensitive</variant></pre>	muscles	<variant> attectosis <variant>choreoathetosis</variant></variant>
<variant> sensitive <variant> dynamic</variant></variant>	<variant>Oppenheim</variant>	<variant>emiballism</variant>
<variant> dynamic <variant> cerebellar</variant></variant>	<variant>oppennenn <variant>of gordon</variant></variant>	<question> Distal sensitivity</question>
<variant> vestibular</variant>	<variant>or gordon</variant>	disorders are most characteristic of
<variant> frontal</variant>	<variant>Babinsky</variant>	type.
<question> For the "polyneuritic"</question>	<question> Violent movements in</question>	1
type of sensitivity disorder	the fingers of the hands in the form	
, the most characteristic symptoms	of "counting coins" or "rolling pills	1 0
are	are observed when	<variant> of the conductor</variant>
<variant> pain in the extremities</variant>	<variant>parkinsonism syndrome</variant>	<variant> of the cortical</variant>
< <variant> sensitivity disorder in</variant>	<variant> spastic torticollis</variant>	<question> The patient has a</question>
the corresponding dermatomes	<variant>intentional tremor</variant>	disorder of deep sensitivity of
<variant> vestibular disorders</variant>	<variant> choree</variant>	the conductor type on the right
<variant> meningeal disorders</variant>	<variant>athetose</variant>	leg, characteristic of the lesion
<variant> hemianesthesia</variant>	<question> Violent movements,</question>	
<question> With the defeat of the</question>	changing localization in the face,	<variant> of the Gaulle bundle</variant>
Gasser node on the face, there are		<variant> of the peripheral</variant>
	hand - this is	nerve
<variant> sensitivity disorders alor</variant>	g <variant> chorea</variant>	<variant> of the back spine</variant>
the branches of the V nerve and	<variant> rest tremor</variant>	<variant> of the rear horn</variant>
herpetic rashes	<variant> spastic torticollis</variant>	<variant> of the spinothalamic</variant>
	<variant>intentional tremor</variant>	pathway

ОŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	SKMA -1979- ,,1/,,-	SOUTH KAZAKHSTAN MEDICAL ACADEMY AO «Южно-Казахстанская медиц	инская академия»
Department of Neurology, Psychiatry, Re	ehabilitolo	ogy and Neurosurgery	044-56/09
Control Measuring Means for undergraduate specialty "General Medicine" in the subject "Neurology"		22стр. из 28	

<question> A segmental type of disorder of all types of sensitivity with pain syndrome in the area of the affected segment is observed when <variant> of the back spine</variant></question>	<variant> of the vascular membran <variant> of the arachnoid mening <variant> of pachyonic granulation <question> The meningeal syndrome is characterized by the symptom</question></variant></variant></variant>	ezones s <variant>lesions of the visual intersection <variant>lesions of hypothalamic nuclei</variant></variant>
<variant> of the peripheral nerve</variant>	<variant> Kernig</variant>	<variant>basal nucleus lesions</variant>
<variant> of the rear horn</variant>	<variant> Babinsky</variant>	<question> "Clawed paw" is</question>
<variant> of the spinothalamic</variant>	<variant> Babinsky's asinergy</variant>	characteristic of the lesion of
pathway	<variant> Oppenheim</variant>	nerve.
<variant> of the Gaulle bundle</variant>	<variant> Poussep</variant>	<variant> elbow</variant>
<question>A complex kind of</question>	<question>Gorner's syndrome</question>	<variant> of the beam</variant>
sensitivity is	is characterized by	<variant> of the median <variant> femoral</variant></variant>
<variant>stereognostic sense</variant>	<variant> narrowing of the</variant>	<variant> remoral <variant> sciatic</variant></variant>
<variant>joint-muscle feeling <variant>vibration sensitivity</variant></variant>	eye slit <variant> expansion of the eye</variant>	<question> The knee reflex falls out</question>
<variant>vioration sensitivity <variant>temperature sensitivity</variant></variant>	slit	when the nerve is affected.
<variant>temperature sensitivity</variant>	<variant> convergent</variant>	<pre><variant> femoral</variant></pre>
<question> The conductor type of</question>	-	<variant> removal <variant> of the beam</variant></variant>
surface sensitivity disorder develop		<variant> elbow</variant>
with the defeat of	strabismus	<variant> of the median</variant>
<variant>of the spinothalamic</variant>	<variant> convergence</variant>	<variant> sciatic</variant>
pathway	weakness	<question> A dangling foot is</question>
<variant>of the rear horn</variant>	<question>In meningeal syndrome</question>	
<variant> of the peripheral nerve</variant>	there is a symptom of	nerve.
<variant>of the back spine</variant>	<variant>Kernig</variant>	<variant> fibular</variant>
<variant> of the Gaulle bundle</variant>	<variant>Neri</variant>	<variant> elbow</variant>
<question> The peripheral type of</question>		<variant> femoral</variant>
sensitivity disorder develops when	<variant>Wasserman-Mackiewicz</variant>	
the peripheral nerves are affected .	<variant> Rossolimo</variant>	<variant> of the median</variant>
<variant></variant>	<question>The symptoms of tension</question>	
<variant>of the rear horn</variant>	include the symptom	observed when nerve is affected.
<variant>of the brain stem</variant>	<variant>Lasega</variant>	<variant> fibular</variant>
<variant>of the Gaulle bundle</variant>	<variant>Babinsky</variant>	<variant> of the tibial</variant>
<variant>of the spinothalamic</variant>	<variant>Rossolimo</variant>	<variant> femoral</variant>
pathway	<variant>Brudzinsky</variant>	<variant> elbow</variant>
<question> Pain and temperature</question>	<variant>Grossman</variant>	<variant> of the beam</variant>
anesthesia, as well as tactile	<question> The symptoms of</question>	< <question>Polyneuropathy is a</question>
hypesthesia to the right below the	tension include the symptom	lesion
nipple line is type.	<variant>Neri</variant>	<variant> multiple nerves</variant>
<variant>conductor</variant>	<variant>Kernig</variant>	<variant> roots <variant> of one nerve</variant></variant>
<variant>peripheral</variant>	<variant>Oppenheim</variant>	
<variant>segmental <variant>segmented-dissociated</variant></variant>	<variant> Zhukovsky <variant> of gordon</variant></variant>	<variant> ganglion <variant> of plexuses</variant></variant>
<variant>segmented-uissociated</variant>	<question> Trigeminal</question>	<question> Polyneuropathies are</question>
<question>Inflammation develops</question>	neuralgia is characterized by	characterized by the type of gait
with meningitis	the presence of	<variant> "steppage"</variant>
<pre><variant> of the soft meninges</variant></pre>	<pre><variant> trigger zones</variant></pre>	<variant> steppage</variant>
<variant> of the soft menninges <variant> dura mater</variant></variant>		<variant> hemiparetic</variant>
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OŃTÚSTIK-QAZAQSTAN MEDISINA АКАDEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ SOUTH KAZAKHSTAN MEDICAL

АСАДЕМҮ АО «Южно-Казахстанская медицинская академия»

Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery	044-56/09
Control Measuring Means for undergraduate specialty "General Medicine" in the subject	23стр. из 28
"Neurology"	

<variant> "dollhouse"</variant>	<variant> of the caudate nucleus</variant>	<variant>in the upper</variant>
<variant> gentle</variant>	<variant> of the black substance</variant>	branches of the facial nerve
<question> The duration of a painf attack with trigeminal neuralgia is</question>		<variant>in the oculomotor</variant>
attack with trigennial neuraigia is	cerebellum leads to impaired	erve evariant>in the nucleus of the
<variant> from a few seconds to a</variant>	-	spinal tract of the trigeminal
few minutes	<pre></pre>	nerve
<pre><variant> from several hours</variant></pre>	<variant>ataxia <variant>paresis</variant></variant>	<pre><variant>in the midbrain core</variant></pre>
<pre><variant> from several hours <variant> from several hours to 12</variant></variant></pre>	1	<question>The etiological</question>
hours	<variant>mydriasis</variant>	factor of ganglionitis of the
<variant> up to 24 hours</variant>	<variant>inyunasis <variant> cerebellum</variant></variant>	cranial node is
<variant> dip to 24 hours <variant> from several days</variant></variant>	<question>The defeat of the</question>	<variant>herpes virus</variant>
<question> Trigeminal neuralgia</question>	facial nerve is characterized	<variant>staphylococcus</variant>
must be differentiated from	by the presence of such a	aureus
<variant> acute pulpitis</variant>	symptom as	<variant>beta-hemolytic</variant>
<pre><variant>facial nerve neuropathies</variant></pre>	• •	streptococcus
<variant> acute otitis media</variant>	<variant>burning pains in half</variant>	<variant>adenoviruses</variant>
<variant> hypoglossal nerve lesion</variant>	• •	<variant>Epstein-Barr virus</variant>
<variant> olfactory nerve lesions</variant>	<variant>weakness of the</variant>	<question>The patient has</question>
<question> A sign characteristic of</question>		paralysis of facial muscles and
the lesion of the facial nerve is	-	lacrimation. The most likely
<variant> smoothness of frontal an</variant>		level of defeat is
nasolabial folds	<question>When the Gasser</question>	<variant>shilosocular orifice</variant>
<variant> dysphagia</variant>	node is affected, it is	<variant>bridge cerebellar</variant>
<variant> ptosis</variant>	observed	angle
< <variant> Marinescu-Radovici</variant>	<variant>reduction of all types</variant>	<variant>varoliev bridge</variant>
symptom	of sensitivity and herpetic	<variant>fallopian canal</variant>
<variant>dysphonia</variant>	rashes on the same side of the	<variant>inner ear canal</variant>
<question> A sign characteristic of</question>		<question>Facial hemispasm</question>
the lesion of the oculomotor nerve	-	must be differentiated from
	facial muscles	••
<variant> divergent strabismus</variant>	<variant>reduction of surface</variant>	<variant>facial contracture</variant>
<variant>myosis</variant>	sensitivity on the same side	<variant>facial nerve</variant>
<variant> restriction of eyeball</variant>	<variant>chewing muscle</variant>	neuropathy
movement from the outside	paresis	<variant>trigeminal neuralgia</variant>
<variant> convergent strabismus</variant>	<variant>peripheral paresis of</variant>	<variant>ganglionitis of the</variant>
<variant> diplopia down</variant>	facial muscles	cranial node
<question> Symptoms characterist</question>		<variant>ganglionitis of the</variant>
of the alternating Weber syndrome		trigeminal node
 <variant> divergent strabismus</variant>	the right frontal-parietal part of the head, in the right	<question> Cervical thickening form</question>
<variant> divergent strabisinus <variant>myosis</variant></variant>	eyeball, hypesthesia in these	<pre><variant> V-VII cervical</variant></pre>
<variant>inyosis <variant> convergent strabismus</variant></variant>	areas, a decrease in the corneal	segments and I-II thoracic
<variant> convergent strabismus <variant>lagophthalmos</variant></variant>	reflex on the right. Most	segments and 1-11 thoracle
<variant>paraparesis</variant>	likely, the pathological focus	<variant> I-VII cervical</variant>
<pre><question> Static depends on</question></pre>	is located	segments
normal activity	<pre><variant>in 1 branch of the</variant></pre>	<variant> III-V sacral</variant>
<variant> cerebellum</variant>	trigeminal nerve	segments and coccygeal
<variant> of the thalamus</variant>		segments
		-

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Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery	044-56/09
Control Measuring Means for undergraduate specialty "General Medicine" in the subject	24стр. из 28
"Neurology"	

sacral segments <variant> X-XII thoracic and lumbar I-V segments clinical <question> The symptom of Gorner syndrome is <variant>narrowing of the eye slit <variant>widening of the eye slit <variant>convergent strabismus <variant>divergent strabismus <variant>convergence weakness <question> The fibers of pain and temperature sensitivity are attached to the fibers of deep and tactile sensitivity in . . . <variant> visual bump <variant> medulla oblongata <variant> brain bridge <variant>brain legs <variant> spinal cord <question> The composition of the midbrain includes . . . <variant> red cores <variant> the nucleus of the abductor nerve <variant> block nerve nuclei <variant> oculomotor nerve nuclei <variant> pyramid path <question> It is uncharacteristic for Wallenberg-Zakharchenko syndrome.... <variant> hemiplegia <variant> ptosis, myosis, enophthalmos <variant>dysphonia, dysphagia <variant> alternating hemianesthesia <variant>vestibular ataxia <question> When small - cell nuclei of the oculomotor nerve are affected

<<variant> IV lumbar and I-II

<variant>myosis <variant> reflex immobility of the pupil <variant> no pupil reaction to light <variant> enophthalmos <variant>mydriasis <question> Gait in Parkinsonian syndrome . . . <variant>shuffling, small steps <variant> spastic <variant>spastic-atactic <variant>hemiparetic <variant> atactic <question> It is characteristic of frontal ataxia <<variant> tilting or falling to the side, ipsilateral to the affected hemisphere, grasping mental changes, reflex. violation of the sense of smell <variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus <variant> staggering when walking, legs wide apart, flanking gait is sharply disrupted, there is no vision control <variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait, vision control <variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide. discoordination extends to the arms, chest muscles and face <question> Sensitive ataxia is characterized by... <variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait, vision control <<variant> tilting or falling to the side, ipsilateral to the

affected hemisphere, grasping mental reflex. changes, violation of the sense of smell <variant> systemic dizziness, randomly staggers or falls, nausea, vomiting and horizontal nystagmus <variant> staggering when walking, legs wide apart, flanking gait is sharply disrupted, there is no vision control <variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide. discoordination extends to the arms, chest muscles and face <question> Vestibular ataxia is characterized by... <variant> systemic dizziness, randomly staggers or falls, vomiting nausea. and horizontal nystagmus <variant> instability when walking, legs bend excessively in the hip and knee joints, stamping gait, vision control <<variant> tilting or falling to the side, ipsilateral to the affected hemisphere, grasping reflex, mental changes. violation of the sense of smell <variant> staggering when walking, legs wide apart, flanking gait is sharply disrupted, there is no vision control <variant> uncertain, clumsy gait, deviating from the center to the sides and putting his feet wide. discoordination extends to the

discoordination extends to the arms, chest muscles and face <question> Spinal ataxia includes . . .

<variant>sensitive

<variant>frontal

<variant>cerebellar

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can

speak,

but

<variant>

<variant>vestibular

<variant>temporal

<question> A patient with motor aphasia. . .

<<variant> understands the addressed speech, but cannot speak

<<vuriant> does not understand the addressed speech and cannot speak

<variant> can speak, but does not understand the addressed speech

<variant> can speak, but the speech is chanted

<variant> can speak, but does not pronounce consonant letters

<question> A patient with sensory aphasia...

<<variant> does not understand the addressed speech and does not control his own speech

<variant> cannot speak and does not understand the converted speech

<<vuriant> understands the addressed speech, but cannot speak forgets the names of items <<variant> does not the understand addressed speech, but controls its own speech <question>Amnesic aphasia is observed in the lesion . . . <variant> junction of temporal and parietal lobes <variant> of the frontal lobe <variant> of the parietal lobe <variant> the junction of the frontal and parietal lobes <variant> the junction of the parietal and occipital lobes <question>Ideatory apraxia is characteristic of the lesion . . .

<variant>supramental gyrus of the dominant hemisphere <variant> angular gyrus of the dominant hemisphere <variant> of the corpus callosum <variant> of the frontal lobe of the dominant hemisphere <variant> of the temporal lobe of the dominant hemisphere <question> Constructive apraxia is characterized by . . .

<variant> inability to construct a whole from a part <variant> inability to build implement an action and program <variant> the impossibility of repeating the action shown <variant> the inability to perform an action due to a violation of coordination <variant> the inability to perform an action due to a violation of stereognosis <question> Computed tomography of the brain does not allow <variant> differentiate the histological structure of the tumor <variant> differentiate the gray and white matter of the brain <variant> determine the state of the liquor pathways <variant> identify areas of ischemia and hemorrhage <variant> determine the zone of perifocal edema

CAup_assistant of the department Abdraimova S.O Head of the Department, PhD, Professor _____ Zharkinbekova N.A. Protocol № L «LA» OB 20L3 y.

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

N⁰	Name of skill	Points		
	Normal reflexes (surface)	1	0,5	0

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-1979 \|/ АКАDEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ АО «Южно-Казахстанская медицинская академия»

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Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery

044-56/09 26стр. из 28 Control Measuring Means for undergraduate specialty "General Medicine" in the subject "Neurology"

1	Corneal reflex			
$\frac{1}{2}$	Palatal reflex			
3	Glottic reflex			
4	Upper abdominal reflex			
5	Middle abdominal reflex			
	Lower abdominal reflex			
<u>6</u> 7	Crimaster reflex			
-	Plantar reflex			
<u>8</u> 9	Anal reflex			
<u>9</u> 10		1	0,5	0
10	Muscle strength assessment Assessment of muscle tone	1	/	•
11		1	0,5	0
10	Normal reflexes (deep)	1	0,5	0
12	Overhead reflex			
13	Mandibular reflex			
14	Flexion-elbow reflex		-	ļ
15	Extensor-elbow reflex			
16	Carpo-radial reflex			
17	Scapulo-shoulder reflex			
18	Knee reflex			
19	Achilles reflex			
20	Mayer reflex			
21	Leri reflex		0.	
	Pathological oral automatism reflexes	1	0,5	0
22	Astvatsaturov nasolabial reflex			
23	Trunk reflex			
24	Sucking reflex			
25	Marinescu-Radovici palm-mouth reflex			
	Pathological hand reflexes	1	0,5	0
26	Rossolimo's reflex			
27	Bekhterev's reflex 1			
28	Bechterev's reflex 2			
29	Zhukovsky reflex			
30	Hoffman reflex			
31	Janiszewski grip reflex			
32	Jacobson-Laske reflex			
	Pathological foot reflexes	1	0,5	0
33	Babinski reflex			
34	Oppenheim reflex			
35	Gordon reflex			
36	Schaeffer reflex			
37	Pussep reflex			
38	Grossman's reflex			
39	Cheddock reflex			
40	Rossolimo's reflex			
41	Bekhterev's reflex 1			
42	Bekhterev's reflex-2			
43	Zhukovsky reflex			
44	Synkinesias are Types of synkinesias	1	0,5	0

OŃTÚSTIK-QAZAQSTAN MEDISINA AKADEMIASY SOUTH KAZAKHSTAN MEDICAL ACADEMY

АО «Южно-Казахстанская медицинская академия»

«Оңтүстік Қазақстан медицина академиясы» АҚ AO «Южно-Казахст Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery

Control Measuring Means for undergraduate specialty "General Medicine" in the subject "Neurology"

-caps

044-56/09 27стр. из 28

45	Clonus is	1	0,5	0
	Sensory sphere (superficial)	1	0,5	0
46	Tactile			
47	Temperature			
48	Pain			
	Sensory sphere (deep)	1	0,5	0
49	Musculoskeletal feeling			
50	Vibration			
51	Sense of pressure and weight			
52	Skin kinesthesia			
	Sensory sphere (complex types)	1	0,5	0
53	Localization			
54	Two-dimensional-spatial			
55	Discrimination			
56	Stereognosis			
	Cranial nerves	1	0,5	0
57	I pair - olfactory nerve			
58	II pair - optic nerve			
59	III, IV, VI pairs - oculomotor nerve, block nerve, withdrawal nerve			
60	V pair - trigeminal nerve			
61	VII pair - facial nerve			
62	VII pair - auditory nerve			
63	IX, X pairs - lingual-pharyngeal and vagus nerves			
64	XI pair - accessory nerve			
65	XII pair - hyoid nerve			
	Coordinator tests	1	0,5	0
66	Romberg test			
67	Nasal-finger test			
68	Heel-knee test			
69	Diadochokinesis test			
70	Pronator test			
71	Babinski's assynergy			
72	Identification of ataxia types			
	Cognitive disorders	1	0,5	0
73	Cognitive impairments			
74	Carrying out the "drawing of the clock" test			
75	Speech disorders			
	Meningeal symptoms	1	0,5	0
76	Stiffness of the neck muscles			
77	Kerning's symptom			
78	Brudzinski's symptom			
79	Bekhterev's zygomatic symptom			
80	Guillain's symptom			
81	General cerebral symptoms			

OŃTÚSTIK-QAZAQSTAN 🕺	
MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ АО «Южно-Казахстанска	ая медицинская академия»
Department of Neurology, Psychiatry, Rehabilitology and Neurosurgery	044-56/09
Control Measuring Means for undergraduate specialty "General Medicine" in the subje	ect 28стр. из 28
"Neurology"	
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Protocol $N_{\underline{0}} \stackrel{/}{=} (\underline{2} \stackrel{/}{\underline{1}} \times \underline{0} \stackrel{/}{\underline{1}} \xrightarrow{1} \underbrace{1} \underbrace{1} \underbrace{1} \stackrel{/}{\underline{1}} \underbrace{1} \stackrel{/}{\underline{1}} \stackrel$