Written Q

1. Def spasticity and its mechanism?

2. Effect and mechanism of lesion in internal capsule in ms tone ?

3. Effect and mechanism of UMNL , LMNL on ms tone ?

4. Def and causes of Babinski sign ?

5. Def debnervation supersensitivity ?

6. Compare () fasciculation and fibrillation ?

7. Def reaction of degeneration ?

MCQ

1. UMNL is characterized by: *a) lead pipe rigidity.* *b) hypotonia.* *c) localized paralysis.* *d) clasp-knife rigidity = spasticity* *e) hyporeflexia.*	**D**
2. LMNL: *a) is wide spread.* *b) is in opposite side.* *c) can recover.* *d) leads to no marked atrophy.* *e) leads to hemiplegia.*	**C**
3. Upper motor neuron lesion is characterized by: *a) decreased muscle tone.* *b) decreased tendon jerk.* *c) babinski's sign.* *d) absence of planter reflex.* *e) marked atrophy of the paralyzed muscle.*	**C**

4. Signs of UMNL: *a) Hyporeflexia* *b) Fibrillation* *c) Flaccidity* *d) Clonus* *e) Hypotonia*	***D***
5. Lower motor neuron lesions cause all the following, except: *a) decreased number of transmitter receptors in the denervated muscle* *b) atrophy of the denervated muscle* *c) flaccid paralysis of the denervated muscle* *d) loss of flexion withdrawal reflex*	***A***
6. The most dramatic effects of an UMN lesion occurs with lesions at the level of: *a) 1ry motor area* *b) internal capsule* *c) medullary pyramids* *d) lateral column of spinal white mater*	***B***
7. Motor defects that result from an internal capsular lesion include: *a) Paralysis of all skeletal muscles on the opposite side-of the body* *b) Paralysis of all skeletal muscles on the same side of the body* *c) paresis of axial muscles on the same side of the body* *d) paralysis of the distal muscles on the opposite side of the body*	***D***
8. In UMN lesions the response to plantar reflex: *a) becomes exaggerated* *b) becomes inhibited* *c) becomes modified* *d) is absent*	***C***

9. In UMN lesions response of the paralyzed muscles to electrical stimulation is: *a) exaggerated* *b) inhibited* *c) not changed* *d) is absent*	**C**
10. Spasticity of the paralyzed muscles in UMN lesions is associated with: *a) inhibition of tendon jerks* *b) remarkable wasting of the muscle* *c) clonus* *d) non of the above*	**C**
11. The Babinski's sign: *a) Always indicates presence of disease* *b) Occurs in the lower motor neuron lesions.* *c) Indicates damage of the pyramidal tract* *d) Occurs in the thalamic syndrome* *e) Is normally negative in adults deep anesthesia*	**C**
12. In a case of L.M.N.L all the following is true except: *a) There is damage of the alpha motor neurons or their axons.* *b) There is paralysis and atrophy of muscles on same side of the lesion.* *c) It is often localized to one limb producing monoplegia.* *d) The muscle tone and tondon jerks are lost.* *e) There is spatic paralysis in chronic cases.*	***E***
13. An upper motor neuron lesion (UMNL): *a) Is usually the result of destruction of the pyramidal fibers only* *b) Results only from lesions affecting the internal capsule.* *c) Due to hemi-section of the spinal cord causes muscle paralysis on the side of loss of the spino-thalamic sensations* *d) Due to damage of internal capsule results in Ipsilateral monoplegia.* *e) Causes exaggerated MSR (ms spindle reflexes) in long standing cases*	***E***

14. A lower motor neuron lesion LMNL: *a) Is characterized by loss of voluntary movements and preservation of reflex. movements* *b) Is a later stage of an U.M.N.L.* *c) Shows a normal response to electric stimuli in the affected muscles.* *d) Causes hypertonia but a normal size of the affected muscles* *e) Is commonly the result of poliomyelitis.*	***E***
15. What is a characteristic feature of lower motor neuron lesions? *A) Hyperreflexia* *B) Muscle atrophy* *C) Spasticity* *D) Clonus*	***B***
16. Which of the following symptoms is commonly associated with LMNL? *A) Increased muscle tone* *B) Flaccid paralysis* *C) Positive Babinski sign* *D) Increased deep tendon reflexes*	***B***
17. Where do lower motor neurons originate? *A) In the brainstem and spinal cord* *B) In the cerebral cortex* *C) In the thalamus* *D) In the peripheral nervous system only*	***A***
18. What type of reflex response is typically seen in lower motor neuron lesions? *A) Hyperactive reflexes* *B) Absent or diminished reflexes* *C) Normal reflexes* *D) Exaggerated reflexes*	***B***

19. Which of the following signs is indicative of lower motor neuron damage? *A) Babinski sign* *B) Hoffmann's sign* *C) Muscle fasciculations* *D) Clonus*	**C**
20. In which of the following situations would you expect to see lower motor neuron signs? *A) After a cerebrovascular accident (CVA)* *B) In a patient with poliomyelitis* *C) In a patient with a traumatic brain injury* *D) In multiple sclerosis*	***B***
21. Which of the following would NOT be a clinical finding in LMNL? *A) Weakness in affected muscles* *B) Hypotonia (decreased muscle tone)* *C) Spasticity* *D) Muscle wasting*	**C**
22. In the context of LMNL, fasciculations are typically indicative of: *A) Muscle hypertrophy* *B) Nerve regeneration* *C) Lower motor neuron damage* *D) Upper motor neuron lesions*	**C**