

CPEP Traumatic Brain
Injury (TBI) Examination



Please read each question carefully and click on the circle next to the correct answer. When you have finished all the questions, click the Submit button at the bottom of the screen to record your answers.

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

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

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

- 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

- 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

- 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

- 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

- 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

- 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 comon initial and long-term symptom
- 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
- 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
- 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
- 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

- 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
- 15. In the first 3 months after mild TBI, headaches**
- a. Are the most common post-concussive symptom
 - b. Are usually associated with pre-morbid or psychogenic causes
 - c. May represent one of the common seizure types
 - d. Are usually disabling and difficult to control
- 16. Return to driving after TBI**
- a. Should always be formally be re-evaluated with road testing
 - b. Is rarely impacted by the presence of a seizure disorder
 - c. Is unusual given the cognitive and physical limitations commonly seen
 - d. Is common after mild TBI
- 17. Insomnia after TBI**
- a. Is commonly caused by sleep apnea
 - b. Is usually time-limited
 - c. Is inversely related to injury severity
 - d. Is best treated with methylphenidate
- 18. Three months after mild TBI, an individual's capacity to make medical and/or financial decisions**
- a. Is rarely impaired
 - b. Always requires a Mental Health evaluation to determine
 - c. Can be assumed to be impaired based on the injury
 - d. Will be normal if the initial GCS was 13 or higher

19. Return to work after a mild TBI

- a. Should be delayed for at least 3 months to allow full recovery
- b. Should be encouraged as soon as symptoms allow
- c. Should occur only after comprehensive neuropsychological testing is completed
- d. Should proceed as soon as all cognitive complaints resolve

20. Memory for the events that caused the TBI

- a. Is likely to cause PTSD symptoms and should be avoided
- b. May be influenced what the individual is told by professionals
- c. Is impossible if a confirmed TBI has occurred
- d. Is best measured using the Glasgow Coma Scale

21. When differentiating between the effects of TBI and PTSD, it is important to remember that

- a. PTSD cannot occur when there is no recall for the specific injury
 - b. Nightmares related to the injury event are more common with PTSD
 - c. Short term memory deficits are diagnostic for TBI
 - d. TBI is a real injury and PTSD is psychogenic
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