## National Board of Examinations

Question Paper Name :DrNB Neurology Paper2Subject Name :DrNB Neurology Paper2Creation Date :2023-04-26 21:36:17Duration :180Share Answer Key With Delivery Engine :NoActual Answer Key :No

## **DrNB Neurology Paper2**

**Group Number:** 1 Group Id: 327187826 **Group Maximum Duration:** 0 180 **Group Minimum Duration:** No **Show Attended Group?: Edit Attended Group?:** No **Group Marks:** 100 Is this Group for Examiner?: No **Examiner permission: Cant View Show Progress Bar?:** No

## **DrNB Neurology Paper2**

**Section Id:** 327187829

Section Number: 1

Section type: Offline

Mandatory or Optional: Mandatory

Number of Questions to be attempted: 10

Section Marks: 100

**Enable Mark as Answered Mark for Review and** 

**Clear Response:** 

Yes

**Maximum Instruction Time:** 0

Sub-Section Number: 1

**Sub-Section Id:** 327187833

**Question Shuffling Allowed:** No

Is Section Default?: null

**Question Number: 1 Question Id: 3271877342 Question Type: SUBJECTIVE Consider As** 

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. What are the neurological manifestations of deranged copper metabolism? [10]

**Question Number : 2 Question Id : 3271877343 Question Type : SUBJECTIVE Consider As** 

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

Discuss the types and management of spinal muscular atrophy in adults. [10]

Question Number: 3 Question Id: 3271877344 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

Discuss the clinical, imaging and CSF findings in idiopathic intracranial hyertension. [10]

**Question Number: 4 Question Id: 3271877345 Question Type: SUBJECTIVE Consider As** 

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

Discuss the clinical and diagnostic approach for painful neuropathies. [10]

**Question Number: 5 Question Id: 3271877346 Question Type: SUBJECTIVE Consider As** 

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

What are excecutive dysfunctions and how these can be assessed at the bedside? [10]

Question Number: 6 Question Id: 3271877347 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

Discuss bedside evaluation of autonomic functions. [10]

**Question Number: 7 Question Id: 3271877348 Question Type: SUBJECTIVE Consider As** 

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

What are the causes of secondary hypokalemic paralysis and their management? [5+5]

Question Number: 8 Question Id: 3271877349 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

What are the causes and management of excessive day time sleepiness? [10]

Question Number: 9 Question Id: 3271877350 Question Type: SUBJECTIVE Consider As

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

Discuss the causes and management approach of reversible dementias. [10]

**Question Number: 10 Question Id: 3271877351 Question Type: SUBJECTIVE Consider As** 

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Correct Marks: 10** 

Discuss the diagnosis and management of myasthenic crisis. [10]