1. True statements about attention deficit disorder (ADD) include:
   A. All children with ADD are hyperactive.
   B. Genetic influences are important in its genesis.
   C. Findings on routine neurologic examination are usually normal.
   D. Specific EEG abnormalities are evident in nearly half of the affected children.
   E. A positive response to stimulant medication proves the diagnosis.

2. According to DSM III, inattention criteria include:
   A. Is extremely excitable.
   B. Needs a calm, quiet atmosphere or is unable to work or concentrate.
   C. Easily distracted.
   D. Talks excessively.
   E. Hears but does not seem to listen.

3. Relative exclusion criteria for ADD include:
   A. Any degree of mental retardation.
   B. Deafness.
   C. Pervasive developmental disorder.
   D. Petal mal epilepsy.
   E. Fetal alcohol syndrome.

4. In children with ADD, stimulant medication has been documented to:
   A. Improve performance in fine motor tasks.
   B. Prove sustained effects on learning.
   C. Reduce noisy behavior.
   D. Reduce non-task-oriented activities.
   E. Reduce activity in a structured classroom situation.

5. The drug of first choice in the pharmacologic management of ADD is:
   A. D-Amphetamine.
   B. Imipramine.
   C. Pemoline (Cylert).
   D. Methylphenidate (Ritalin).
   E. Phenyltoin (Dilantin).

6. A newborn with Erb's palsy typically has a/an:
   A. Abducted and externally rotated shoulder.
   B. Extended elbow.
   C. Asymmetric Moro reflex.
   D. Poor palmar grasp reflex.
   E. Insignificant sensory deficit.

7. Neonates with Klumpke's paralysis usually have:
   A. Elbow flexion.
   B. Wrist extension.
   C. "Clawing" of the hand.
   D. Increased triceps reflex.
   E. Good palmar grasp response.

8. A 15-year-old boy had a weakness of his right arm noted right after birth. The arm is now shortened and thinned. His hand is functionless with decreased sensation. He has supination and flexion contractions about his elbow. The single most likely diagnosis is:
   A. Spinal cord injury.
   B. Radial nerve injury.
   C. Neurapraxia.
   D. Klumpke's paralysis.
   E. Erb's palsy.

9. Relatively favorable prognostic signs in a young infant with a brachial plexus injury include:
   A. Erb's palsy as compared with Klumpke's paralysis.
   B. Associated Horner's syndrome.
   C. Associated periscapular muscle paralysis.
   D. Involvement of the entire plexus.
   E. Spontaneous potentials demonstrated at rest by electromyography.

10. True statements about the treatment of brachial plexus injuries include:
    A. Results of surgical repair of severed nerves have not been satisfactory.
    B. Passive exercises should begin within a few days after birth.
    C. Splints should not be used.
    D. Exercises should be continued throughout the years of growth.
    E. Electrical stimulation significantly diminishes muscular atrophy.

11. Orthomolecular treatment of children with Down syndrome has been proven to:
    A. Increase intelligence.
    B. Improve personality.
    C. Increase growth.
    D. Improve facial appearance.
    E. None of the above.

12. Children with Down syndrome often benefit from treatment with:
    A. Pyridoxine.
    B. 5-Hydroxytryptophan.
    C. Thyroid hormone.
    D. Growth hormone.
    E. None of the above.