AASM Sleep Technologist Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here’s how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don’t just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Lithium has which sleep effect?

A. REM latency increases

B. SWS decreases

C. REM density increases

D. TST increases

2. To calculate the apnea/hypopnea index, which metric must be known?

A. Oxygen desaturation index

B. Total sleep time

C. Total number of limb movements

D. Heart beats per hour of sleep

3. A bipolar derivation utilizes which of the following?

A. One electrode that overlies an electrically active area

B. Two electrodes that overlie an electrically active area

C. One electrode over an active and one over an inactive area

D. Two electrodes that overlie an electrically inactive area

4. Which statement about hypopneas in the dataset is correct?

A. Hypopneas = 14

B. Hypopneas = 16

C. Hypopneas = 2

D. Hypopneas = 4

5. What is the RECOMMENDED number of observed hypopneas needed in an adult patient before increasing pressure during a titration?

A. 3

B. 1

C. 2

D. 4

6. In an EKG, the P wave represents which event?

- **A. Atrial contraction**
- **B. Atrial depolarization**
- **C. Ventricular contraction**
- **D. Ventricular depolarization**

7. According to the American Academy of Sleep Medicine, which should all patients receive before a PAP titration begins?

- **A. Informational packet and calming therapy**
- **B. Adequate PAP education, hands-on demonstration, careful mask fitting and acclimatization**
- **C. Careful mask fitting and calming therapy**
- **D. A course on how to use CPAP and a hands-on demonstration**

8. Which option best completes this statement: 'Supplemental oxygen should be initiated during PAP titration if SpO2 falls below 88% for greater than 15 minutes'?

- **A. True**
- **B. False**
- **C. Only with physician approval**
- **D. Only if the patient reports symptoms**

9. Maxillomandibular Advancement treats OSA by:

- **A. Enlarging and stabilizing the upper airway**
- **B. Pulling the tongue forward**
- **C. Bilateral reshaping of the jaw bone**
- **D. Modifying the alignment of the upper jaw**

10. Which sleep stage is characterized by sleep spindles and K-complexes?

- **A. N1 sleep**
- **B. N2 sleep**
- **C. REM sleep**
- **D. N3 sleep**

Answers

1. A
2. B
3. B
4. B
5. C
6. A
7. B
8. A
9. C
10. B

Explanations

1. Lithium has which sleep effect?

A. REM latency increases

B. SWS decreases

C. REM density increases

D. TST increases

Lithium tends to alter sleep architecture by delaying the onset of REM sleep. REM latency is the time from sleep onset to the first REM period, and lithium lengthens this interval. This means the first REM occurs later in the night, which is the most consistently observed sleep change with lithium. While REM density may decrease and other aspects of sleep can be affected, the key, most reliable effect described is an increase in REM latency.

2. To calculate the apnea/hypopnea index, which metric must be known?

A. Oxygen desaturation index

B. Total sleep time

C. Total number of limb movements

D. Heart beats per hour of sleep

The apnea/hypopnea index is a rate: you count the breathing interruptions (apneas and hypopneas) and divide by how long the patient actually slept. To express this per hour, you must know the total sleep time during the study. Without the amount of sleep, you can't convert the events into a per-hour rate. The other metrics measure different things—oxygen desaturation index tracks desaturation events per hour, limb movements relate to periodic limb movement disorders, and heart rate is not part of the AHI calculation. So knowing total sleep time is essential to compute the correct AHI.

3. A bipolar derivation utilizes which of the following?

A. One electrode that overlies an electrically active area

B. Two electrodes that overlie an electrically active area

C. One electrode over an active and one over an inactive area

D. Two electrodes that overlie an electrically inactive area

A bipolar derivation is a differential recording that uses two electrodes to measure the voltage difference between two sites on the scalp. The goal is to capture local cortical activity while suppressing broad, nonlocal noise that both electrodes pick up. That's why the best choice is two electrodes that overlie electrically active areas. With both electrodes placed over active cortex, the difference reflects true regional activity and reduces common noise, giving a clearer picture of local EEG rhythms. If one electrode were over an inactive area or if both were over inactive areas, the recorded difference would be weak or dominated by noise and would not represent localized brain activity. Using a single active electrode with a distant reference would be a monopolar setup, not a bipolar one, and would not emphasize the local differential signal.

4. Which statement about hypopneas in the dataset is correct?

A. Hypopneas = 14

B. Hypopneas = 16

C. Hypopneas = 2

D. Hypopneas = 4

Understanding how hypopneas are defined and counted is key here. A hypopnea is a partial reduction in breathing that lasts at least 10 seconds and is accompanied by either a 3% oxygen desaturation or an arousal, with the decrease in flow typically being at least 30% from baseline. When you apply this criterion to the dataset, you identify every event that shows a substantial drop in airflow or respiratory effort for the required duration and also has the desaturation or arousal, and you make sure it's truly a hypopnea and not another event like a central apnea or a respiratory effort-related arousal without the necessary flow reduction. In this dataset, the number of events meeting those criteria adds up to 16, which is why the correct answer is 16. The other numbers would result from using a different desaturation threshold (for example, counting only 4% desaturations), or from counting events that don't meet the full hypopnea definition, which is not consistent with the standard criteria used here.

5. What is the RECOMMENDED number of observed hypopneas needed in an adult patient before increasing pressure during a titration?

A. 3

B. 1

C. 2

D. 4

Two hypopneas at the current pressure indicate the airway is still collapsing despite the level in use, so the pressure should be increased. This threshold helps avoid adjusting for a single event or random fluctuation and ensures the titration responds to a repeating pattern of obstruction. When you observe two hypopneas, you raise the pressure slightly and continue monitoring to see if further changes are needed to suppress obstructive events.

6. In an EKG, the P wave represents which event?

A. Atrial contraction

B. Atrial depolarization

C. Ventricular contraction

D. Ventricular depolarization

The P wave reflects atrial depolarization, the electrical activation that precedes atrial contraction. In other words, it's the electrical signal telling the atria to activate and prepare to squeeze blood into the ventricles. The actual mechanical contraction (atrial systole) happens a short time after this electrical event, during the latter part of the P wave into the PR interval. The QRS complex is ventricular depolarization, and the T wave is ventricular repolarization. So the P wave is best understood as atrial depolarization—the electrical activity that triggers atrial contraction, not the contraction itself.

7. According to the American Academy of Sleep Medicine, which should all patients receive before a PAP titration begins?

A. Informational packet and calming therapy

B. Adequate PAP education, hands-on demonstration, careful mask fitting and acclimatization

C. Careful mask fitting and calming therapy

D. A course on how to use CPAP and a hands-on demonstration

Before a PAP titration begins, patients should be prepared with a comprehensive setup that includes education about PAP, a hands-on demonstration of how to use the device, careful mask fitting to ensure a good seal and comfort, and acclimatization to the therapy so they can experience the sensation and get used to it before the actual titration. This combination helps patients understand the process, know what to expect, feel confident handling the equipment, achieve a proper seal, and tolerate the therapy, all of which support a successful titration. Other options miss one or more of these essential elements. An informational packet with calming therapy lacks hands-on practice and acclimatization. Only mask fitting and calming therapy omit formal education and acclimatization. A course plus hands-on demonstration covers education and practice but may not ensure proper acclimatization before titration.

8. Which option best completes this statement: 'Supplemental oxygen should be initiated during PAP titration if SpO2 falls below 88% for greater than 15 minutes'?

A. True

B. False

C. Only with physician approval

D. Only if the patient reports symptoms

The main idea here is how to protect oxygenation during PAP titration by responding to sustained low oxygen levels. If the pulse oximetry shows SpO2 below 88% for more than 15 minutes, that signals clinically significant hypoxemia during sleep. Sustained desaturation can put the patient at risk for hypoxemia-related complications, so starting supplemental oxygen at that point helps maintain adequate arterial oxygenation while PAP settings are adjusted. This approach prioritizes safety and allows the titration to continue without letting oxygen deprivation persist. It's about acting on a persistent, clinically important desaturation rather than waiting for symptoms or needing a separate physician order, though clinicians still oversee and document the plan overall.

9. Maxillomandibular Advancement treats OSA by:

A. Enlarging and stabilizing the upper airway

B. Pulling the tongue forward

C. Bilateral reshaping of the jaw bone

D. Modifying the alignment of the upper jaw

Maxillomandibular advancement treats OSA by enlarging the pharyngeal airway through forward movement of both jaws. surgically advancing the maxilla and mandible and fixing them in place pulls the tongue and soft tissues forward, increasing the space behind the soft palate and tongue. This enlarged airway reduces collapse during sleep. It's not simply about reshaping the jaw bones, and while changing jaw position does affect overall alignment, the therapeutic effect comes from expanding and stabilizing the airway, not from repositioning only the upper jaw.

10. Which sleep stage is characterized by sleep spindles and K-complexes?

A. N1 sleep

B. N2 sleep

C. REM sleep

D. N3 sleep

Spindles and K-complexes are the hallmark features of N2 non-REM sleep. In this stage, you see brief bursts of 12–14 Hz activity called sleep spindles, along with large, sharp K-complex waves that can occur spontaneously or in response to stimuli. These features help protect sleep from external arousal and support memory processes as sleep deepens from lighter to deeper non-REM stages. Other stages have different signatures: N1 shows lighter, theta-dominated activity with little to no spindles or K-complexes; N3 is dominated by delta waves indicating deep slow-wave sleep; REM sleep features rapid eye movements and a distinct, more mixed-frequency pattern with little to no spindles or K-complexes.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://aasmsleeptechnologist.examzify.com

We wish you the very best on your exam journey. You've got this!