AASM SLEEP TECHNOLOGIST PRACTICE TEST (SAMPLE)

STUDY GUIDE

Prepare with structure. Pass with confidence

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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. If a sleep tech identifies a 3-second pause in heart rate during monitoring, the recommended first action is to

A. Assess patient and document

B. Immediately call for help

C. Ignore if asymptomatic

D. Order a 12-lead ECG

2. The patients medical history indicates the patient has been taking tricyclic antidepressants for the past 5 years. The tech should anticipate the patients may have an increased likelihood of:

A. Complex partial seizures

B. Central sleep apnea

C. REM sleep behavior disorder

D. Restless leg syndrome

3. In communicating with deaf patients, the interviewer should:

A. Announce his or her presence by speaking, to see if the patient can lip-read

B. Face the interpreter

C. Eat when speaking to the patient

D. Do none of the above

4. Leg EMG leads are placed on which muscles and at what distance apart?

A. Calf muscles, 4 cm apart

B. Anterior tibialis, 2 cm apart

C. Calf muscles, 2 cm apart

D. Anterior tibialis, 6 cm apart

5. On CPAP, central apneas appear at 15 cwp. What is the most likely cause?

A. The CPAP pressure is too low

B. The CPAP pressure is too high

C. There is a mask leak

D. This is natural and isnt a concern

6. Which task is NOT required before beginning a PSG study?

A. The patient signs a consent form

B. Biocalibrations are performed by the tech

C. A pre-sleep questionnaire is completed by the patient

D. The patient is given a beverage, which is put on the bed side table

7. Central apnea is characterized by which of the following?

A. Cessation of both airflow and respiratory effort

B. Airflow cessation with continued respiratory effort

C. Cessation of respiratory effort only

D. Normal breathing during brief pauses

8. According to recommended guidelines for titrating supplemental oxygen during PAP titration, which statement is correct?

A. Target SpO2 should be between 88-94%

B. Supplemental oxygen should be initiated at 2L/min then titrated upward

C. Supplemental oxygen should be connected directly to the PAP mask

D. Supplemental oxygen can be added when SpO2 is less than 88% for greater than 15 minutes

9. Which action is NOT appropriate when a patient experiences a seizure in the sleep lab?

A. Remove any objects nearby that could injure the patient

B. Avoid placing anything in the patient's mouth or prying the mouth open

C. Hold the patient down to prevent injury

D. Avoid giving liquids during or just after the seizure

10. What is the normal NREM to REM cycle?

A. 90-120 minutes

B. 60-80 minutes

C. 180 minutes

D. 60 minutes

Answers

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

Explanations

1. If a sleep tech identifies a 3-second pause in heart rate during monitoring, the recommended first action is to

A. Assess patient and document

B. Immediately call for help

C. Ignore if asymptomatic

D. Order a 12-lead ECG

When you see a pause in heart rate on sleep monitoring, the first step is to assess the patient and document what you're seeing. The priority is safety and accurate data. Quickly check the patient's condition: are they awake and oriented, breathing normally, and free from distress? Look for signs of instability such as chest discomfort, shortness of breath, dizziness, or fainting. If the patient appears unstable or symptomatic, follow your lab's escalation protocol immediately. While you're assessing, verify that the pause is real and not due to a measurement artifact. Inspect the leads and sensors to make sure they're properly attached and that there isn't movement or signal interference. Cross-check with other available data channels (for example, pulse oximetry or an ECG strip) to confirm the pause's presence and duration. Document the event meticulously: note the exact time, the duration of the pause, which monitoring channels showed it, any symptoms reported by the patient, and any potential sources of artifact or electrode issues. This creates a reliable record for the supervising clinician to review. Only after assessing and documenting should you notify the appropriate clinician or initiate escalation per protocol. Ordering additional testing like a 12-lead ECG is a physician decision and not the immediate action a sleep tech is expected to take in this situation. The key idea is to stabilize and verify, then document for further evaluation.

2. The patients medical history indicates the patient has been taking tricyclic antidepressants for the past 5 years. The tech should anticipate the patients may have an increased likelihood of:

A. Complex partial seizures

B. Central sleep apnea

C. REM sleep behavior disorder

D. Restless leg syndrome

Antidepressants, including tricyclics, can alter REM sleep in a way that unmasked or worsened REM-related motor activity. REM sleep behavior disorder occurs when the normal muscle atonia that should accompany REM sleep is absent, so a person acts out dreams, sometimes with movements, yelling, or kicking. Long-term use of TCAs can increase the likelihood of this phenomenon, particularly in older adults, so the sleep tech should be alert for dream enactment and safety concerns. In polysomnography you'd expect REM periods with reduced or absent chin EMG tone (REM without atonia), often accompanied by movements during REM sleep. Clinically, patients or bed partners may report vivid dreams and enactment behaviors. Management focuses on safety, and treatment options include melatonin or low-dose clonazepam, plus reassessing the medication regimen if feasible. Other conditions listed—central sleep apnea, complex partial seizures, or restless legs syndrome—do not align as closely with long-term tricyclic antidepressant effects; they have different typical causes and diagnostic features.

3. In communicating with deaf patients, the interviewer should:

A. Announce his or her presence by speaking, to see if the patient can lip-read

B. Face the interpreter

C. Eat when speaking to the patient

D. Do none of the above

Effective communication with deaf patients relies on clear, appropriate methods rather than testing lip-reading. Announcing your presence by speaking to see if they can lip-read is unreliable and can lead to miscommunication. Simply facing the interpreter isn't enough; when an interpreter is present, you should direct your conversation to the patient and arrange so both the patient and interpreter can see you, ensuring the message is accurately conveyed. Eating while speaking obviously undermines communication by muffling or obscuring words. None of those actions represent best practice. In real practice, greet the patient, use a qualified interpreter if needed, position so the patient can see both you and the interpreter, speak clearly and at a normal pace, and verify understanding, using written materials if helpful.

4. Leg EMG leads are placed on which muscles and at what distance apart?

A. Calf muscles, 4 cm apart

B. Anterior tibialis, 2 cm apart

C. Calf muscles, 2 cm apart

D. Anterior tibialis, 6 cm apart

Think about what leg movements are most reliably captured and where the signal stays clean. For leg EMG in sleep studies, the target is the anterior tibialis muscle, which sits along the shin and is activated prominently during typical leg movements like dorsiflexion. Placing electrodes over this muscle provides a strong, specific signal of the movement without picking up too much from nearby muscles. The recommended spacing between the two electrodes is about 2 cm. This distance is wide enough to avoid direct overlap of nearby muscle activity (crosstalk) but close enough to pick up the motor unit potentials from the tibialis anterior clearly, giving a clear measurement of leg movement activity. Using calf muscles (the gastrocnemius/soleus) is less ideal because they are thicker and produce signals that can be more variable and harder to interpret in routine leg movement analysis. A spacing of 4 cm or 6 cm would reduce signal specificity and amplitude, making it harder to detect the brief bursts typical of leg movements. So, the standard setup is electrodes over the anterior tibialis with about 2 cm between them to optimally detect leg movements with clean, interpretable EMG signals.

5. On CPAP, central apneas appear at 15 cwp. What is the most likely cause?

A. The CPAP pressure is too low

B. The CPAP pressure is too high

C. There is a mask leak

D. This is natural and isnt a concern

When central apneas appear only at high CPAP pressures, the likely cause is that the pressure is too high. Elevating airway pressure can suppress the brain's drive to breathe by lowering arterial CO2 below the level needed to stimulate ventilation, leading to brief pauses in respiratory effort known as central apneas. This phenomenon is often called therapy-emergent central sleep apnea, where the treatment itself destabilizes breathing at higher pressures. If the pressure were too low, you'd expect ongoing obstructive events rather than central pauses. A mask leak tends to cause poor delivery or movement artifacts rather than true central apneas. Calling it natural wouldn't fit the pattern of central events triggered specifically by a relatively high pressure. Therefore, reducing the CPAP pressure is the most appropriate step.

6. Which task is NOT required before beginning a PSG study?

A. The patient signs a consent form

B. Biocalibrations are performed by the tech

C. A pre-sleep questionnaire is completed by the patient

D. The patient is given a beverage, which is put on the bed side table

Before starting a PSG, the focus is on safety and accurate data collection: obtaining informed consent, calibrating the recording equipment, and gathering relevant patient information through a pre-sleep questionnaire. Consent ensures the patient agrees to monitoring and understands any risks. Biocalibrations by the technologist are essential so that sensors for EEG, EOG, EMG, respiratory effort, oxygen saturation, and other measures provide true readings. A pre-sleep questionnaire helps identify factors that could influence sleep or interpretation, such as medications, prior sleep complaints, and daily habits. Giving the patient a beverage at the bedside is not part of standard pre-study requirements and doesn't aid in data collection or safety, so it's the task not required before beginning a PSG.

7. Central apnea is characterized by which of the following?

A. Cessation of both airflow and respiratory effort

B. Airflow cessation with continued respiratory effort

C. Cessation of respiratory effort only

D. Normal breathing during brief pauses

Central apnea occurs when the brain's drive to breathe temporarily stops, so the respiratory muscles do not activate and there is no airflow. This results in the absence of both respiratory effort and airflow for a period long enough to meet sleep-scoring criteria (typically about 10 seconds or more). That makes the option describing cessation of both airflow and respiratory effort the best fit. If the airway collapses but effort continues, airflow stops but chest and abdominal movements persist—that's obstructive apnea. If there is only a cessation of respiratory effort without the accompanying pattern of central drive failure, or if breathing resumes normally during short pauses, those do not match central apnea.

8. According to recommended guidelines for titrating supplemental oxygen during PAP titration, which statement is correct?

A. Target SpO2 should be between 88-94%

B. Supplemental oxygen should be initiated at 2L/min then titrated upward

C. Supplemental oxygen should be connected directly to the PAP mask

D. Supplemental oxygen can be added when SpO2 is less than 88% for greater than 15 minutes

Titrating supplemental oxygen during PAP titration aims to keep the patient's oxygenation within a safe, stable range while PAP therapy treats airway collapse. The recommended target SpO2 is 88–94% because it provides enough oxygen to prevent desaturation without pushing saturations too high, which can be unnecessary and, in susceptible patients (like those with COPD), may blunt the respiratory drive and risk CO2 retention. Oxygen should be delivered through the PAP circuit via the device's oxygen port so the flow mixes properly with the inspiratory air and remains consistent despite mask leaks and PAP pressures. Starting at a fixed higher flow and simply increasing it later is not ideal; begin with the lowest effective flow and titrate up only as needed to keep SpO2 in the 88–94% range. Desaturation should be addressed as it occurs rather than waiting a fixed duration, and adjustments should be guided by continuous SpO2 monitoring to maintain the target range throughout the titration.

9. Which action is NOT appropriate when a patient experiences a seizure in the sleep lab?

A. Remove any objects nearby that could injure the patient

B. Avoid placing anything in the patient's mouth or prying the mouth open

C. Hold the patient down to prevent injury

D. Avoid giving liquids during or just after the seizure

The main idea is safety without restraining. In a sleep-lab seizure, the team should prevent injury and protect the airway by letting the seizure run its course, not by holding the person down. Holding someone down can cause physical injury, make breathing harder, and impede the natural course of the event, which is why this action is not appropriate. Instead, clear the area of hard or sharp objects, cushion the head, loosen tight clothing, and stay nearby to supervise. Do not place anything in the mouth or pry the jaws open, as this is dangerous and ineffective. Do not give liquids during the seizure because of the risk of choking or aspiration. Time the seizure and monitor breathing and color. When the seizure ends, help the patient into a side-lying recovery position, ensure the airway is open, and observe as they recover. Only offer fluids once they are fully awake and oriented.

10. What is the normal NREM to REM cycle?

A. 90-120 minutes

B. 60-80 minutes

C. 180 minutes

D. 60 minutes

Normal sleep architecture unfolds in repeating cycles that begin with NREM sleep (stages N1–N3) and progress into REM sleep. Each cycle lasts about 90 minutes in adults, and across the night the REM portion tends to lengthen while deep NREM (N3) shortens. Because of natural individual variation, a typical NREM-to-REM cycle is in the range of roughly 90 to 120 minutes. That's why the 90-120 minute range best describes the normal cycle. Shorter estimates around 60–80 minutes miss the full progression of a complete cycle, while 180 minutes is longer than usual for a single cycle.

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!