

DHA SPEECH THERAPIST PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://dhaspeechtherapist.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. What role does the velum play at rest concerning resonance?**
 - A. It prevents airflow into the nasal cavity
 - B. It allows airflow into the nasal cavity
 - C. It changes the pitch of vocal sounds
 - D. It enhances the oral cavity's vibrations
- 2. A client has a loss of hearing due to a disease of his middle ear, which has affected sound transmission. What type of hearing loss does this patient have?**
 - A. Sensory neural
 - B. Conductive
 - C. Central auditory processing
 - D. Functional
- 3. Children are more likely to develop aphasia after ____.**
 - A. Stroke
 - B. Head trauma
 - C. Seizures
 - D. Infection
- 4. This is a type of aphasia where formerly healthy children 3-7 lose their ability to comprehend and later speak language:**
 - A. Wernicke's aphasia
 - B. Landau-Kleffner Syndrome
 - C. Broca's aphasia
 - D. Global aphasia
- 5. What is the expected outcome of speech therapy for individuals with stuttering?**
 - A. Complete elimination of stuttering
 - B. Improvement in frequency and severity of stuttering episodes
 - C. Increased anxiety around speaking
 - D. Development of alternative communication methods

- 6. Where is someone likely to find speakers of Standard American English (SAE)?**
- A. Southern California
 - B. New England
 - C. Northern Midwest
 - D. Texas
- 7. How many types of vocal cord paralysis are there?**
- A. 1
 - B. 2
 - C. 3
 - D. 4
- 8. When working with clients, speech language pathologists must do which of the following?**
- A. Provide immediate therapy
 - B. Document and store information correctly
 - C. Limit interaction with clients
 - D. Share client information publicly
- 9. Presbycusis is considered to be what type of hearing loss?**
- A. Genetic hearing loss
 - B. Aging-related hearing loss
 - C. Acquired hearing loss
 - D. Congenital hearing loss
- 10. Which of the following disorders is classified as a neurogenic speech disorder?**
- A. Fluency disorder
 - B. Hesitation phenomena
 - C. Speech sound disorder
 - D. Articulation disorder

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What role does the velum play at rest concerning resonance?

- A. It prevents airflow into the nasal cavity
- B. It allows airflow into the nasal cavity**
- C. It changes the pitch of vocal sounds
- D. It enhances the oral cavity's vibrations

The role of the velum, or soft palate, at rest is indeed to allow airflow into the nasal cavity, making the choice that indicates this function accurate. When the velum is in a relaxed position, it lowers, which opens the connection between the oral cavity and the nasal cavity. This configuration is crucial during nasal sounds, such as the phonemes /m/, /n/, and /ŋ/, where airflow is directed through the nose to produce the characteristic resonance associated with these sounds. In typical speech production, the velum adjusts its position to either obstruct or permit the airflow to the nasal cavity based on the phonetic demands. When it is raised, airflow is primarily directed through the oral cavity, thereby preventing nasal resonance, which is essential for producing most oral sounds. However, when the velum is at rest and open, it supports the production of nasal sounds without obstructing airflow, contributing to the overall functionality of speech dynamics. The other options do not correctly reflect the velum's role at rest. For instance, preventing airflow into the nasal cavity would be contrary to its resting position, while changing pitch and enhancing the oral cavity's vibrations are not direct functions of the velum when it is relaxed. Hence, recognizing the velum's

2. A client has a loss of hearing due to a disease of his middle ear, which has affected sound transmission. What type of hearing loss does this patient have?

- A. Sensory neural
- B. Conductive**
- C. Central auditory processing
- D. Functional

The patient is experiencing conductive hearing loss, which occurs when there is an issue with the outer or middle ear that hinders the transmission of sound to the inner ear. In this case, the disease affecting the middle ear is impeding the mechanical processes that facilitate sound transfer, clearly indicating that the loss of hearing is due to a problem in the conduction pathway. Conductive hearing loss can result from various conditions, such as ear infections, fluid build-up, perforated eardrums, or issues with the ossicles (the tiny bones of the middle ear). The diagnosis focuses on the physical mechanisms of sound conduction rather than the inner ear or auditory nerve pathways, which are involved in other types of hearing loss. The other types, such as sensory neural hearing loss, involve damage to the inner ear or auditory nerve, and central auditory processing disorders relate to how the brain processes auditory information. Functional hearing loss is typically associated with psychological factors rather than a biological or mechanical issue. Thus, the nature of the middle ear disease directly correlates to conductive hearing loss, making it the correct classification in this scenario.

3. Children are more likely to develop aphasia after ____.

- A. Stroke
- B. Head trauma**
- C. Seizures
- D. Infection

Aphasia typically results from damage to the areas of the brain responsible for language, most commonly due to a stroke. Stroke can lead to a significant loss of blood flow to specific brain regions, such as Broca's area or Wernicke's area, which are critical for speech and language processing. Children, although less commonly affected than adults, can still experience aphasia following a stroke, particularly if there is an underlying condition that predisposes them to cerebrovascular accidents. While head trauma can indeed lead to language deficits, the specific term "aphasia" is most strongly associated with injuries that affect the language centers directly through cerebrovascular incidents like strokes. Other options like seizures or infections might affect cognition or communication, but the direct link to aphasia, as characterized by fluent or non-fluent speech, is most evident with strokes.

4. This is a type of aphasia where formerly healthy children 3-7 lose their ability to comprehend and later speak language:

- A. Wernicke's aphasia
- B. Landau-Kleffner Syndrome**
- C. Broca's aphasia
- D. Global aphasia

Landau-Kleffner Syndrome is characterized by the loss of language skills in children who were previously developing normally. This condition typically affects children between the ages of 3 and 7 years. Initially, they may experience a sudden or gradual decline in their ability to comprehend spoken language, and over time, they may also lose the ability to speak. The exact cause of this syndrome is not fully understood, but it is generally believed to be related to seizures that affect the language centers of the brain. In contrast, the other types of aphasia mentioned generally pertain to adults who have suffered brain injuries or strokes and do not typically apply to children in this way. Thus, Landau-Kleffner Syndrome is the most appropriate term for this form of language loss in otherwise healthy young children.

5. What is the expected outcome of speech therapy for individuals with stuttering?

- A. Complete elimination of stuttering
- B. Improvement in frequency and severity of stuttering episodes**
- C. Increased anxiety around speaking
- D. Development of alternative communication methods

The expected outcome of speech therapy for individuals with stuttering is primarily centered around improvement rather than complete elimination. While the goal may differ among individuals, most therapy focuses on reducing the frequency and severity of stuttering episodes. Many clients learn various strategies and techniques through speech therapy that help them manage their speech more effectively, which can lead to a notable decrease in the number of occurrences and an easing of the physical struggles associated with stuttering. Improvement might also include increasing the ability to communicate more fluently and with greater confidence, facilitating more effective interactions in various settings. In contrast, the idea of completely eliminating stuttering, while an admirable goal, is not typically realistic for many individuals; therefore, therapy aims for manageable and sustainable progress. Also, the development of increased anxiety around speaking or alternative communication methods does not align with the primary goals of speech therapy, which strives to empower individuals to communicate more freely and with less fear.

6. Where is someone likely to find speakers of Standard American English (SAE)?

- A. Southern California
- B. New England
- C. Northern Midwest**
- D. Texas

Speakers of Standard American English (SAE) are most commonly found in regions where there is a strong educational system and certain socio-economic factors that promote the use of this dialect. The Northern Midwest is notable for having a population that tends to adhere more closely to the linguistic norms of SAE, often characterized by a lack of distinct regional accents compared to other areas. In the Northern Midwest, you can observe a general tendency towards clearer enunciation and a more uniform dialect influenced by historical patterns of migration and settlement. This area is often associated with more homogeneous communities that have facilitated the maintenance and promotion of SAE as a standard form of communication. While other regions, such as Southern California, New England, and Texas, do have SAE speakers, they are also heavily influenced by various local dialects and multicultural interactions. These influences can lead to variations that deviate from the standardized form of American English, distinguishing those regions from the Northern Midwest.

7. How many types of vocal cord paralysis are there?

- A. 1
- B. 2**
- C. 3
- D. 4

Vocal cord paralysis is primarily categorized into two types: unilateral and bilateral. Unilateral vocal cord paralysis occurs when one vocal cord is affected, leading to issues such as hoarseness, difficulty breathing, and changes in voice quality, depending on the position of the paralyzed cord. This type is more common and can arise from various conditions, including nerve damage from surgery or trauma, viral infections, or tumors. Bilateral vocal cord paralysis, on the other hand, occurs when both vocal cords are paralyzed. This can result in severe respiratory difficulties, as both cords may fail to move apart during breathing, potentially causing life-threatening airway obstruction. It can also affect voice production and swallowing, further complicating the patient's condition. While there are additional nuances and conditions related to vocal cord function and dysfunction, such as varying degrees of paralysis or additional classifications based on the underlying cause, the fundamental understanding of the types of vocal cord paralysis centers on the distinction between unilateral and bilateral. This two-class framework is crucial for diagnosing and determining appropriate therapeutic interventions.

8. When working with clients, speech language pathologists must do which of the following?

- A. Provide immediate therapy
- B. Document and store information correctly**
- C. Limit interaction with clients
- D. Share client information publicly

Documentation and proper storage of information are fundamental responsibilities for speech language pathologists. This practice ensures that client records are maintained accurately, which is crucial for continuity of care and for monitoring a client's progress over time. It serves as a legal record that can be referenced in future sessions and provides significant information to any other professionals involved in the client's care. Proper documentation also protects client confidentiality and adheres to ethical and legal standards, including HIPAA guidelines regarding patient privacy. This helps to ensure that sensitive information remains secure and is only accessible to authorized personnel, promoting trust between the therapist and the client. In contrast, the other options do not align with the professional standards expected of speech language pathologists. For instance, providing immediate therapy might not always be appropriate, as effective therapy often requires assessment, planning, and a tailored approach. Limiting interaction with clients could hinder progress and negatively impact therapeutic relationships, and sharing client information publicly is a breach of confidentiality. Therefore, emphasizing appropriate documentation and information management underpins a responsible and ethical practice.

9. Presbycusis is considered to be what type of hearing loss?

- A. Genetic hearing loss
- B. Aging-related hearing loss**
- C. Acquired hearing loss
- D. Congenital hearing loss

Presbycusis specifically refers to the gradual hearing loss that occurs as individuals age. It is a natural part of the aging process and typically affects both ears to varying degrees. The underlying causes can include changes in the inner ear structures, as well as changes in the auditory nerve pathways. This type of hearing loss often manifests as difficulty in hearing higher frequencies, leading to challenges in understanding speech, especially in noisy environments. While there are other categories of hearing loss, presbycusis is characterized by its connection to aging, distinguishing it from genetic conditions, which are rooted in hereditary factors, and congenital hearing loss, which is present at birth. Acquired hearing loss encompasses a broader range of conditions that may develop later in life for various reasons, such as noise exposure or infections, but presbycusis is specifically tied to the age-related decline in auditory function.

10. Which of the following disorders is classified as a neurogenic speech disorder?

- A. Fluency disorder
- B. Hesitation phenomena**
- C. Speech sound disorder
- D. Articulation disorder

The classification of a neurogenic speech disorder refers to speech issues that arise from neurological conditions affecting the brain, nerves, or muscles responsible for speech production. Hesitation phenomena, which can manifest as disfluencies or breaks in speech rhythm, often stem from neurological issues, making them characteristic of neurogenic speech disorders. In contrast, other disorders listed, such as fluency disorders, speech sound disorders, and articulation disorders, could be related to developmental, psychological, or other non-neurological origins. For instance, fluency disorders might include stuttering, which is not specifically neurogenic but rather can be influenced by a variety of factors. Similarly, speech sound disorder refers to difficulties in producing speech sounds, and articulation disorders involve the misproduction of specific sounds, which can occur for developmental reasons that are not necessarily neurological. In summary, hesitation phenomena stand out as a disorder more directly linked to the neurological underpinnings of speech production, thereby qualifying it as a neurogenic speech disorder.

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://dhaspeechtherapist.examzify.com>

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

SAMPLE