Dysphagia and Regurgitation 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. Which of the following is a protective reflex involved in swallowing?

A. gag reflex

B. coughing reflex

C. hiccup reflex

D. sneeze reflex

2. Which approach might be used to address delayed esophageal transit in regurgitation care?

A. Help the sluggish movement of esophagus

B. Change consistency of food and water

C. Place feeding tube

D. Let gravity help

3. Which structure is included among the anatomical players and connects to the stomach?

A. Gastroesophageal junction

B. Tongue

C. Pharynx

D. Esophagus

4. For video fluoroscopic swallow study, what are the prep steps as described?

A. 12 hour fast

B. General anesthesia

C. Both 12 hour fast and general anesthesia

D. None

5. Which of the following is a salivary gland inflammation that can be a differential for GI symptoms?

A. Trauma

B. Sialodenitis

C. Temporomandibular Joint Disease

D. Masticatory Myositis

6. What drives the pharyngeal phase?

A. Swallowing center

B. Cerebral cortex

C. Spinal cord

D. Brainstem reflex center

7. Which swallowing disorder is characterized by difficult, painful swallowing, with localization based on the phase inhibited by disease?

A. Dysphagia

B. Regurgitation

C. Odynophagia

D. Aphagia

8. What best describes oropharyngeal dysphagia?

A. Difficulty initiating swallowing due to the oral or pharyngeal phase

B. Difficulty with esophageal peristalsis

C. Reflux of gastric contents

D. Passive expulsion of food

9. Which condition listed is a salivary gland disorder that can present like an obstruction in the GI tract?

A. Megaesophagus

B. Sialocele

C. Esophagitis

D. Esophageal Diverticula

10. Which strategy is a recommended component of supportive treatment and nutritional management for dysphagia and regurgitation?

A. Change consistency of food and water

B. Let gravity help

C. Place feeding tube

D. Increase fiber intake

Answers

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

Explanations

1. Which of the following is a protective reflex involved in swallowing?

A. gag reflex

B. coughing reflex

C. hiccup reflex

D. sneeze reflex

The gag reflex is a protective mechanism that guards the airway during swallowing. When the back of the tongue or the pharynx is stimulated, sensory input travels via the glossopharyngeal nerve and triggers a motor response through the vagus nerve, producing pharyngeal constriction and sometimes a retching-like reaction. This helps prevent material from entering the airway and supports safe swallowing by quickly stopping or modulating the swallow if something threatens aspiration. Other reflexes listed are more about clearing the airway after material has entered it (cough), or are not directly tied to protecting swallowing (hiccup, sneeze), making the gag reflex the most directly protective in this context.

2. Which approach might be used to address delayed esophageal transit in regurgitation care?

A. Help the sluggish movement of esophagus

B. Change consistency of food and water

C. Place feeding tube

D. Let gravity help

When esophageal transit is delayed, the goal is to improve the esophagus's ability to move the bolus along, addressing the underlying motility issue rather than just compensating in other ways. Supporting or enhancing esophageal movement reduces stasis and regurgitation by promoting quicker clearance through peristalsis, which directly targets the problem. So the best approach is to help the sluggish movement of the esophagus, such as with strategies that boost esophageal motility or peristaltic efficiency. Changing the texture of foods can help with swallowing safety and ease of passage in the oropharyngeal phase, but it doesn't fix the slowed esophageal propulsion. Placing a feeding tube bypasses the esophagus entirely and is more about nutrition when swallowing is unsafe or insufficient, not about treating delayed transit. Letting gravity help is a passive aid and may offer some assistance, but it doesn't address the root motor delay.

3. Which structure is included among the anatomical players and connects to the stomach?

A. Gastroesophageal junction

B. Tongue

C. Pharynx

D. Esophagus

Where the esophagus meets the stomach is the gastroesophageal junction. This junction marks the direct connection to the stomach and includes the lower esophageal sphincter, which opens to allow a swallowed bolus into the stomach and then closes to prevent reflux. The tongue and pharynx are involved earlier in swallowing but do not constitute the direct link to the stomach, and while the esophagus ends at this boundary, naming the gastroesophageal junction specifically highlights the actual connection point to the stomach.

4. For video fluoroscopic swallow study, what are the prep steps as described?

A. 12 hour fast

B. General anesthesia

C. Both 12 hour fast and general anesthesia

D. None

The main idea is to prepare the swallow study in a way that keeps the swallow physiology as close to normal as possible and minimizes risk. For video fluoroscopic swallow study, being NPO for about 12 hours is standard because an empty oropharynx reduces the risk of aspiration during the test and helps the clinician clearly visualize the swallow with the contrast. General anesthesia, on the other hand, is not used in standard VFSS because anesthesia can suppress or alter swallowing reflexes, which would distort the results and make it hard to assess true swallow function. In some very rare pediatric situations, mild sedation might be considered, but it's not a routine or universal prep step. So the typical prep focuses on a 12-hour fast, not anesthesia.

5. Which of the following is a salivary gland inflammation that can be a differential for GI symptoms?

A. Trauma

B. Sialodenitis

C. Temporomandibular Joint Disease

D. Masticatory Myositis

Salivary gland inflammation can mimic digestive complaints because problems in the mouth and salivary apparatus can affect eating, swallowing, and overall comfort during meals, leading to symptoms that resemble GI issues. Sialadenitis is inflammation of a salivary gland (often the parotid), and it typically presents with a tender, swollen gland, fever, and sometimes purulent discharge from the duct. When a patient has GI-like symptoms, clinicians should consider that local oral or glandular inflammation can contribute to or masquerade as digestive problems, especially if pain during meals or reduced oral intake leads to dehydration or nonspecific GI upset. The other options describe different structures or tissues: trauma refers to injury, temporomandibular joint disease involves the jaw joint rather than a gland, and masticatory myositis is inflammation of the jaw muscles. None of these are salivary gland inflammations, so they don't fit as the differential for a salivary gland–related GI symptom scenario.

6. What drives the pharyngeal phase?

A. Swallowing center

B. Cerebral cortex

C. Spinal cord

D. Brainstem reflex center

The pharyngeal phase is driven by the swallowing center in the brainstem (medulla). Sensory input from the oropharynx activates this center, which then rapidly coordinates the reflex sequence: pharyngeal constrictor muscles contract to push the bolus downward, the larynx elevates and the airway closes to protect it, and the upper esophageal sphincter relaxes to allow entry into the esophagus. This pattern is generated as a brainstem reflex via a central pattern generator, so the phase proceeds automatically after the swallow is triggered. The cerebral cortex can initiate swallowing, but the pharyngeal phase itself is controlled by this brainstem center, not by higher cortical input.

7. Which swallowing disorder is characterized by difficult, painful swallowing, with localization based on the phase inhibited by disease?

A. Dysphagia

B. Regurgitation

C. Odynophagia

D. Aphagia

Dysphagia is the term used for difficulty swallowing. When the swallow is hard to initiate or to propel through the esophagus, patients describe trouble with swallowing, which is the hallmark of this disorder. Painful swallowing is called odynophagia, which points more specifically to mucosal injury or inflammation of the esophagus. The phrase "difficult, painful swallowing" can occur together, but the condition that names the swallowing problem is dysphagia. Knowing the phase affected (oropharyngeal vs esophageal) helps narrow causes: odynophagia suggests esophageal mucosal disease, regurgitation describes backflow rather than the act of swallowing, and aphagia is an inability to swallow. So describing the core issue as dysphagia best fits the idea of a swallowing difficulty.

8. What best describes oropharyngeal dysphagia?

A. Difficulty initiating swallowing due to the oral or pharyngeal phase

B. Difficulty with esophageal peristalsis

C. Reflux of gastric contents

D. Passive expulsion of food

Oropharyngeal dysphagia occurs when the problem lies in moving the bolus from the mouth through the pharynx into the esophagus, due to weakness or discoordination of the oral and pharyngeal muscles and reflexes. The hallmark is difficulty initiating the swallow—the tongue and pharyngeal muscles fail to trigger a timely, coordinated swallow—often with coughing, choking, or nasal regurgitation as the bolus enters the airway. This highlights a disruption in the oral or pharyngeal phase, before the bolus reaches the esophagus. In contrast, trouble with esophageal peristalsis describes a problem downstream in the esophagus, with sensations of food sticking, usually during or after the swallow and often affecting solids more than liquids. Reflux of gastric contents relates to GERD, not the initiation of swallowing. Passive expulsion of food suggests regurgitation without an active swallow, which is a different phenomenon from the initiation difficulty seen in oropharyngeal dysphagia.

9. Which condition listed is a salivary gland disorder that can present like an obstruction in the GI tract?

A. Megaesophagus

B. Sialocele

C. Esophagitis

D. Esophageal Diverticula

A salivary gland issue can look like a digestive tract obstruction when a saliva-filled swelling forms in the mouth or neck and physically blocks the passage of food or triggers gagging and regurgitation. A sialocele is a collection of saliva resulting from rupture or blockage of a salivary duct. When it enlarges, it creates a soft mass in the floor of the mouth or neck that can interfere with swallowing, making signs resemble an upper GI obstruction. Other conditions listed involve the esophagus itself rather than a salivary problem. Megaesophagus is a motor problem of the esophagus causing regurgitation of undigested food without a neck mass. Esophagitis is inflammation of the esophagus leading to swallowing discomfort, not a salivary collection. Esophageal diverticula are pouch-like projections in the esophagus that can trap food and cause regurgitation, but the origin is within the esophagus, not from a salivary gland issue.

10. Which strategy is a recommended component of supportive treatment and nutritional management for dysphagia and regurgitation?

A. Change consistency of food and water

B. Let gravity help

C. Place feeding tube

D. Increase fiber intake

Modifying how food and fluids are prepared is a foundational approach to supporting safe swallowing in dysphagia. By changing the consistency and texture, you directly influence how the bolus moves through the mouth, pharynx, and esophagus. Thicker liquids and softer or puréed foods travel more slowly and require less oral-motor effort, giving the swallow more time to coordinate and protect the airway. This reduces the likelihood of aspiration and can also lessen regurgitation episodes during meals by preventing large, poorly controlled bolus movements. The choice of texture is individualized and often tested by a clinician to find the safest level, sometimes using a progression from thin to thicker consistencies as needed, while also pairing with other supportive measures like proper seating, small bites, and paced eating to maintain nutrition and hydration. Letting gravity do the work isn't a reliable primary strategy for safety during swallowing, and placing a feeding tube is used only when oral intake cannot meet nutritional needs. Increasing fiber targets digestion rather than swallowing mechanics, so it doesn't address the core issue in dysphagia management.

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://dysphagiaregurgitation.examzify.com

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