ETS Praxis Speech-Language Pathology (5331) Form 3 Practice Test (Sample)

Study Guide

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Questions

1. **Following a thyroidectomy, which post-treatment follow-up evaluation is most appropriate for a patient with swallowing issues?**

   A. Completing a clinical swallow evaluation

   B. Setting up a pharyngeal manometry test

   C. Using fiberoptic endoscopic evaluation of swallowing

   D. Recording a videofluoroscopic swallow study

2. **In response to parents' concerns about their child who stutters, what is the most appropriate advocacy step for the SLP?**

   A. Offering a reading assessment to the child

   B. Recommending reassessment using silent reading

   C. Waiting for speech improvement before reassessment

   D. Encouraging the child to practice reading out loud

3. **Which aspect of voice is primarily affected by a superior laryngeal nerve injury?**

   A. Vocal quality

   B. Vocal intensity

   C. Vocal pitch

   D. Vocal resonance

4. **Which of the following represents a benefit of high vocal intensity phonation in voice therapy?**

   A. Improved vocal stamina

   B. Reduction of throat strain

   C. Lower risk of vocal damage

   D. Enhanced vocal quality

5. **Voice therapy helps patients with vocal fold paralysis by focusing on what aspect?**

   A. Articulation precision

   B. Syllable repetition

   C. Engaging the respiratory and resonatory systems

   D. Sound discrimination training

6. Which characteristic typically differentiates a speech disorder from a language disorder in children?

- **A. Difficulty forming sentences accurately**
- **B. Inability to understand verbal instructions**
- **C. Challenges in articulating specific sounds**
- **D. Lack of interest in verbal communication**

7. What intervention is effective in improving the upper esophageal sphincter opening in patients with dysphagia?

- **A. Effortful swallow**
- **B. Valsalva maneuver**
- **C. Shaker (head lift) exercise**
- **D. Lingual resistance exercise**

8. In a VFSS for a dysphagia patient, which maneuver can improve swallowing and reduce aspiration risks?

- **A. Coughing reflex activation**
- **B. Chin-down posture**
- **C. Neck extension**
- **D. Tongue thrusting**

9. Which approach helps assess the impact of a treatment plan on an adolescent's academic learning?

- **A. Reviewing standardized test results**
- **B. Administering a vocabulary test**
- **C. Analyzing performance on classroom assessments**
- **D. Using clinical language evaluations**

10. Which statement best reflects the role of stimulability in generating a prognosis for remediation of gliding in a child?

- **A. A child who is not stimulable for /r/, as in the word run, will require treatment for the sound to be acquired.**
- **B. Even if the child is not stimulable for /r/, as in the word run, the sound will still develop without treatment.**
- **C. If the child is stimulable for /l/, as in the word last, the SLP can expect the /r/, as in the word run, to improve at the same rate.**
- **D. Stimulability does not play a role in determining a prognosis for remediation of speech sound disorders.**

Answers

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

Explanations

1. Following a thyroidectomy, which post-treatment follow-up evaluation is most appropriate for a patient with swallowing issues?

A. Completing a clinical swallow evaluation

B. Setting up a pharyngeal manometry test

C. Using fiberoptic endoscopic evaluation of swallowing

D. Recording a videofluoroscopic swallow study

The most appropriate follow-up evaluation for a patient experiencing swallowing issues after a thyroidectomy is utilizing a fiberoptic endoscopic evaluation of swallowing (FEES). This method allows for direct visualization of the pharynx and larynx during the swallowing process, providing crucial information about any functional abnormalities. Following thyroid surgery, patients may have alterations in their swallowing mechanics due to changes around the larynx or pharynx, making FEES valuable for assessing the integrity and function of these structures. FEES also allows clinicians to evaluate the swallowing function in real-time and observe the effects of various food consistencies on the patient's ability to swallow safely. This detailed assessment helps identify whether there are any swallow safety issues, such as aspiration, and informs potential treatment strategies, swallowing rehabilitation, or dietary modifications. In contrast, while a clinical swallow evaluation offers preliminary insights into a patient's swallowing capabilities, it lacks the detailed visualization provided by FEES. Pharyngeal manometry tests assess pressure during swallowing but do not offer direct visualization, making them less suitable for initial evaluations of swallowing post-thyroidectomy. Similarly, a videofluoroscopic swallow study, though valuable, can be more time-consuming and may not provide the immediate visual feedback of FEES during the

2. In response to parents' concerns about their child who stutters, what is the most appropriate advocacy step for the SLP?

A. Offering a reading assessment to the child

B. Recommending reassessment using silent reading

C. Waiting for speech improvement before reassessment

D. Encouraging the child to practice reading out loud

Recommending reassessment using silent reading is a thoughtful and informed approach when addressing concerns about a child's stuttering. By utilizing silent reading as a method of reassessment, the speech-language pathologist (SLP) can evaluate the child's reading abilities in a low-pressure context, which can provide insights into their fluency without the added stress of oral production. This allows for a more comprehensive understanding of the child's communication skills since stuttering primarily affects spoken language. Silent reading can also serve as a way to assess comprehension and cognitive processing skills without the variable of fluency affecting the results. This can help in determining if the child's stuttering is impacting their literacy development or if there are separate issues present. Additionally, such an approach promotes a supportive environment for the child and can reassure parents regarding the SLP's commitment to understanding the full scope of their child's abilities. Other options, such as conducting a reading assessment that involves oral production, may not provide the same level of insight into the child's abilities while under the stress of stuttering. Waiting for speech improvement before reassessment could lead to delays in necessary support. Encouraging reading out loud could reinforce feelings of anxiety associated with stuttering, which is not beneficial in this advocacy context. Thus, the

3. Which aspect of voice is primarily affected by a superior laryngeal nerve injury?

A. Vocal quality

B. Vocal intensity

C. Vocal pitch

D. Vocal resonance

A superior laryngeal nerve injury primarily affects vocal pitch because this nerve is responsible for innervating the cricothyroid muscle, which plays a crucial role in adjusting the tension of the vocal cords. By altering the tension of the vocal folds, the cricothyroid muscle is essential for modulating pitch. When this nerve is compromised, the ability to adjust pitch is significantly impacted, leading to difficulties in producing higher or lower frequencies of sound. Other aspects of voice, such as quality, intensity, and resonance, are less directly influenced by the superior laryngeal nerve. Vocal quality refers to the characteristics of the voice, such as breathiness or harshness, which are more associated with the overall health of the vocal folds and the function of other laryngeal muscles. Vocal intensity is related to the force with which air is pushed through the vocal folds, which involves different mechanisms such as subglottic pressure. Vocal resonance is the quality of the voice that is shaped by the spaces above the larynx, including the throat, mouth, and nasal passages. While all these aspects can be affected in various ways by laryngeal nerve damage, pitch is the most directly impacted by the injury to the superior lary

4. Which of the following represents a benefit of high vocal intensity phonation in voice therapy?

A. Improved vocal stamina

B. Reduction of throat strain

C. Lower risk of vocal damage

D. Enhanced vocal quality

High vocal intensity phonation during voice therapy can indeed lead to improved vocal stamina. This approach involves the use of stronger vocal outputs, which can help in strengthening the vocal muscles. Regular practice of high-intensity phonation helps the individual build endurance in their voice, making it more resilient during prolonged speaking or singing. Moreover, as a person develops their vocal stamina, they are better equipped to control their vocal output, which can lead to more effective communication. Strengthening the voice is crucial for individuals recovering from voice disorders, as it allows them to sustain vocal production without excessive fatigue. While the other options may be relevant to vocal health, they do not directly reflect the primary benefit of high vocal intensity phonation in the context of therapy as effectively as improved vocal stamina does.

5. Voice therapy helps patients with vocal fold paralysis by focusing on what aspect?

A. Articulation precision

B. Syllable repetition

C. Engaging the respiratory and resonatory systems

D. Sound discrimination training

Voice therapy for patients with vocal fold paralysis primarily focuses on engaging the respiratory and resonatory systems because these elements are crucial for producing sound effectively and maintaining vocal quality. When vocal folds are paralyzed, individuals often experience difficulties with voicing, which can result in a weak or breathy voice. By engaging the respiratory system, patients learn to control airflow better, which is essential for generating sound. Additionally, focusing on the resonatory system helps in modifying and enhancing the voice quality, as it allows for better sound resonance and projection. Techniques might include exercises to strengthen the muscles involved in breathing and manipulating the vocal tract to facilitate sound production despite the limitations of the vocal folds. This approach can lead to improved voice function and overall communication effectiveness for those affected by this condition.

6. Which characteristic typically differentiates a speech disorder from a language disorder in children?

A. Difficulty forming sentences accurately

B. Inability to understand verbal instructions

C. Challenges in articulating specific sounds

D. Lack of interest in verbal communication

The characteristic that typically differentiates a speech disorder from a language disorder in children is related to challenges in articulating specific sounds. Speech disorders primarily involve issues with the physical aspects of producing sounds, which means a child may struggle with pronunciation, fluency, or voice quality. These issues can manifest as difficulty making certain sounds or as stuttering. On the other hand, language disorders are more concerned with the understanding and use of language itself, which encompasses a child's ability to construct sentences, understand language, and communicate effectively. While all the other choices could indicate challenges within language development or communication behaviors, the specific difficulties with articulating sounds distinctly point toward a speech disorder rather than a language disorder.

7. What intervention is effective in improving the upper esophageal sphincter opening in patients with dysphagia?

A. Effortful swallow

B. Valsalva maneuver

C. Shaker (head lift) exercise

D. Lingual resistance exercise

The Shaker (head lift) exercise is particularly effective in improving the upper esophageal sphincter (UES) opening in patients with dysphagia. This exercise involves specific head and neck movements that are designed to strengthen the muscles involved in opening the UES, facilitating easier swallowing. The rationale for its effectiveness rests on the anatomical and physiological mechanisms it targets. By engaging the suprahyoid muscles, the Shaker exercise promotes a more efficient elevation of the larynx and hyoid during swallowing, which is crucial for the proper opening of the UES. Improved UES function can lead to reduced residue in the pharynx and improved bolus passage into the esophagus, thus alleviating some of the swallowing difficulties faced by patients with dysphagia. This exercise is typically performed daily and has been shown in various studies to enhance swallow function and safety. Its structured approach allows patients to incorporate a pre-swallow routine that can lead to significant improvements over time. Other interventions, while beneficial in their respective ways, do not specifically target the UES opening in the same manner or may be designed for different aspects of dysphagia management.

8. In a VFSS for a dysphagia patient, which maneuver can improve swallowing and reduce aspiration risks?

A. Coughing reflex activation

B. Chin-down posture

C. Neck extension

D. Tongue thrusting

The chin-down posture, also known as the chin-tuck position, is a technique often utilized in swallowing therapy, particularly during a videofluoroscopic swallowing study (VFSS). This maneuver has been shown to help improve the safety and efficiency of swallowing in individuals with dysphagia. When a patient tucks their chin down toward their chest while swallowing, it creates a better alignment of the airway and the esophagus. This position can help close the airway entrance, reducing the risk of aspiration—where food or liquid enters the airway instead of the esophagus. Additionally, it can assist in better bolus control and a more efficient swallow, allowing the swallowing mechanism to function more effectively. This technique is particularly beneficial for patients with certain types of swallowing difficulties, providing a non-invasive way to support safer swallowing without the need for surgical intervention. Other options listed do not typically provide the same direct benefits in improving swallowing safety and efficiency as the chin-down posture.

9. Which approach helps assess the impact of a treatment plan on an adolescent's academic learning?

A. Reviewing standardized test results

B. Administering a vocabulary test

C. Analyzing performance on classroom assessments

D. Using clinical language evaluations

Analyzing performance on classroom assessments is the most effective approach for assessing the impact of a treatment plan on an adolescent's academic learning. This method provides direct insights into how a student's learning and comprehension skills are functioning in a real-world educational context. Classroom assessments reflect the day-to-day application of skills and knowledge, allowing for an evaluation of how well the treatment plan is supporting the student's progress in their specific academic environment. While reviewing standardized test results can provide some information about a student's overall academic performance, it may not reflect the immediate impact of a treatment plan in the classroom setting. Similarly, administering a vocabulary test measures specific knowledge but does not capture the broader academic skills or learning context needed to assess the treatment's effectiveness. Clinical language evaluations, on the other hand, focus more on language structure and usage rather than directly on academic performance. Thus, classroom assessments are the most relevant and informative for this purpose.

10. Which statement best reflects the role of stimulability in generating a prognosis for remediation of gliding in a child?

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B. Even if the child is not stimulable for /r/, as in the word run, the sound will still develop without treatment.

C. If the child is stimulable for /l/, as in the word last, the SLP can expect the /r/, as in the word run, to improve at the same rate.

D. Stimulability does not play a role in determining a prognosis for remediation of speech sound disorders.

The chosen statement highlights the significance of stimulability in understanding a child's ability to produce specific sounds, particularly in the context of gliding, where /r/ sounds may be substituted with /w/ or /j/. Stimulability refers to a child's ability to produce a sound accurately when given cues or models by a speech-language pathologist (SLP). In this case, a child who is not stimulable for the /r/ sound suggests that they cannot produce this sound correctly even with assistance, indicating that there may be underlying difficulties in articulation or phonological processes. This lack of stimulability is crucial for prognosis because it often indicates that the child may require targeted speech therapy to develop the ability to produce consonant sounds like /r/. When a child is not stimulable, it may reflect more entrenched speech errors, suggesting that without specialized intervention, the child is unlikely to spontaneously develop the correct production of /r/ over time. In relation to other options, the notion that sounds could develop without treatment in the absence of stimulability does not align with typical speech development patterns observed in children with speech sound disorders. Similarly, the premise that stimulability can predict the rate of improvement for different sounds like /l/ and /r/ fails