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

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. **In the context of dysphagia assessment, what does a high specificity indicate?**

   A. Low likelihood of false positives

   B. High likelihood of false negatives

   C. High sensitivity

   D. Increased aspiration risk

2. **What is likely true regarding the etiology of a developmental speech delay in a 5-year-old with intellectual disability?**

   A. A genetic etiology can be assumed, and treatment can be withheld.

   B. Prenatal trauma can be assumed, requiring parental counseling.

   C. A genetic etiology can be assumed, and compensatory strategies should be taught.

   D. The information provided does not allow an assumption on etiology.

3. **A 75-year-old man presents with speech characterized by prolonged silent intervals. What is the most reasonable diagnosis?**

   A. Hypokinetic dysarthria

   B. Ataxic dysarthria

   C. Hyperkinetic dysarthria

   D. Flaccid dysarthria

4. **What procedure is best for diagnosing velopharyngeal dysfunction in a patient with flaccid dysarthria?**

   A. A nasopharyngoscopy

   B. A videofluoroscopic swallow study

   C. A laryngoscopy

   D. A manometry

5. **What characteristic is typical of spondee words?**

   A. They are phonetically balanced two-syllable words

   B. They are phonetically balanced monosyllabic words

   C. They represent twenty of the most common English words

   D. They are two-syllable words produced with equal stress

6. In matching toddler utterances to semantic relations, "Doggie eat" best matches which relation?

   A. Agent + Action

   B. Action + Object

   C. Attribute + Entity

   D. Recurrence

7. Which muscle is primarily responsible for opposing lip retraction (spreading)?

   A. Risorius

   B. Levator labii superioris

   C. Orbicularis oris

   D. Zygomaticus major

8. What substance is typically injected into the thyroarytenoid muscle to treat adductor spasmodic dysphonia?

   A. Gelfoam

   B. Collagen

   C. Botulinum toxin

   D. Autologous fat

9. Which technique can increase intrabolus pressure during a swallow?

   A. Tongue tether maneuver

   B. Mendelsohn maneuver

   C. Breath-holding with Valsalva maneuver

   D. Effortful swallow maneuver

10. What outcome does the chin-down posture NOT improve when swallowing?

   A. Aspiration after the swallow in stroke patients

   B. Pyriform sinus residue aspiration

   C. Safety of swallowing thin liquids

   D. Swallowing efficiency in patients with dysphagia

Answers

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

Explanations

SAMPLE

1. In the context of dysphagia assessment, what does a high specificity indicate?

A. Low likelihood of false positives

B. High likelihood of false negatives

C. High sensitivity

D. Increased aspiration risk

A high specificity in the context of dysphagia assessment indicates a low likelihood of false positives. This means that when a test is conducted to identify whether an individual has dysphagia, a high specificity ensures that when the test result is negative, it accurately reflects that the condition is not present. Thus, individuals who do not have dysphagia are less likely to be incorrectly identified as having it. High specificity is crucial in diagnostic tests because it helps ensure that patients are not subjected to unnecessary interventions or treatments based on incorrect assessments. In contrast, options related to likelihood of false negatives or sensitivity do not pertain directly to specificity. Sensitivity measures the test's ability to correctly identify those with the condition, and having a high sensitivity means there is a higher likelihood of capturing true positives rather than false negatives. Therefore, focusing on specificity clarifies that the emphasis is on accurately ruling out the condition in individuals who do not have it.

2. What is likely true regarding the etiology of a developmental speech delay in a 5-year-old with intellectual disability?

A. A genetic etiology can be assumed, and treatment can be withheld.

B. Prenatal trauma can be assumed, requiring parental counseling.

C. A genetic etiology can be assumed, and compensatory strategies should be taught.

D. The information provided does not allow an assumption on etiology.

The information provided in the scenario does not give sufficient details to make a definite assumption about the etiology of the developmental speech delay in the child. When evaluating cases of speech delays, particularly in children with intellectual disabilities, multiple factors can contribute to the speech delay, including genetic, environmental, prenatal, and postnatal influences. Each of these factors might result in different intervention approaches. Interventions should ideally be based on comprehensive assessments rather than assumptions about the underlying causes. Therefore, without further information regarding testing, family history, prenatal conditions, or other relevant factors, drawing conclusions about the specific etiology would be premature. This understanding reinforces the necessity of individualized approaches in assessment and treatment within speech-language pathology.

3. A 75-year-old man presents with speech characterized by prolonged silent intervals. What is the most reasonable diagnosis?

A. Hypokinetic dysarthria

B. Ataxic dysarthria

C. Hyperkinetic dysarthria

D. Flaccid dysarthria

The most reasonable diagnosis for a 75-year-old man presenting with speech characterized by prolonged silent intervals would be hypokinetic dysarthria. This type of dysarthria is commonly associated with conditions like Parkinson's disease, which can cause a reduction in movement, including the movements involved in speech. In hypokinetic dysarthria, individuals often exhibit a reduction in the amplitude of their speech and may have difficulty initiating and maintaining speech, leading to abnormal pauses or silent intervals.   In contrast, ataxic dysarthria would typically be characterized by irregular speech patterns and problems with coordination, resulting in a more uneven and variable speech rate rather than pronounced silent intervals. Hyperkinetic dysarthria involves excessive movements and can present with involuntary speech disruptions, making it unlikely for a patient to have prolonged silent intervals as a primary symptom. Flaccid dysarthria is characterized by weakness and reduced muscle tone in the speech muscles, often leading to speech that can be nasal and breathy rather than marked by significant silent intervals. Thus, the characteristics of the speech in this scenario align more closely with hypokinetic dysarthria.

4. What procedure is best for diagnosing velopharyngeal dysfunction in a patient with flaccid dysarthria?

A. A nasopharyngoscopy

B. A videofluoroscopic swallow study

C. A laryngoscopy

D. A manometry

The best procedure for diagnosing velopharyngeal dysfunction in a patient with flaccid dysarthria is nasopharyngoscopy. This procedure allows for direct visualization of the velopharyngeal mechanism, including the movement of the soft palate, which is critical in assessing how well the velopharyngeal port is functioning. In cases of flaccid dysarthria, where muscle weakness can lead to inadequate closure of the velopharyngeal port, observing these structures in real-time provides valuable diagnostic information. While the other procedures can be informative in different contexts: - A videofluoroscopic swallow study focuses mainly on swallowing mechanics and may not provide the specific information about velopharyngeal closure needed in this case. - A laryngoscopy examines the larynx and is primarily used for voice disorders rather than assessing velopharyngeal function. - Manometry measures pressures within the swallowing system but does not visualize the anatomical structures involved in velopharyngeal closure. Therefore, nasopharyngoscopy stands out as the most effective tool for diagnosing velopharyngeal dysfunction, particularly in the context of flaccid dysarthria.

5. What characteristic is typical of spondee words?

A. They are phonetically balanced two-syllable words

B. They are phonetically balanced monosyllabic words

C. They represent twenty of the most common English words

D. They are two-syllable words produced with equal stress

Spondee words are characterized by having two syllables that are produced with equal stress. This means that both syllables of the word are emphasized in the same manner, which is essential for specific assessments in speech-language pathology, particularly when evaluating speech perception and production. The equal stress on both syllables helps clinicians understand the individual's ability to process and produce speech sounds effectively, as well as to assess their articulatory precision. The other choices do not accurately capture the defining feature of spondee words. For instance, while some two-syllable words may indeed be phonetically balanced, this characteristic applies broadly and does not specifically pertain to spondees. Also, monosyllabic words are not relevant in this context, as spondees consist exclusively of two syllables. Furthermore, the claim that spondee words represent a selection of common English words does not define their nature; it is the stress pattern that is the defining characteristic. Therefore, the emphasis on equal stress makes option D the correct explanation of spondee words.

6. In matching toddler utterances to semantic relations, "Doggie eat" best matches which relation?

A. Agent + Action

B. Action + Object

C. Attribute + Entity

D. Recurrence

The utterance "Doggie eat" exemplifies the Agent + Action relation. In this context, the term "Doggie" serves as the agent or the doer of the action, while "eat" describes the action being performed. Understanding this combination is essential as it reflects how toddlers begin to construct sentences by identifying who is doing what, showcasing a fundamental aspect of language development. The other options represent different semantic relations: Action + Object would typically pair an action with the object being acted upon, such as in "Doggie eat cookie." Attribute + Entity would involve describing characteristics of entities, like "big doggie," and Recurrence would express the idea of something happening again, which does not apply here. Thus, the structure of the utterance clearly aligns with the Agent + Action relation, highlighting a significant milestone in early language acquisition.

7. Which muscle is primarily responsible for opposing lip retraction (spreading)?

A. Risorius

B. Levator labii superioris

C. Orbicularis oris

D. Zygomaticus major

The orbicularis oris muscle is indeed primarily responsible for opposing lip retraction. This muscle is a complex set of muscles that encircles the mouth and is crucial for various functions, including articulation, mastication, and facial expressions. Specifically, it allows for the closing and puckering of the lips, counteracting muscles that may pull the lips apart or retract them. In contrast, the other muscles listed have different roles. The risorius typically helps in pulling the corners of the mouth back, contributing to a smile or a grimace, and thus facilitates lip retraction rather than opposing it. The levator labii superioris assists in elevating the upper lip, which can also lead to a spreading or retraction effect. The zygomaticus major is involved in smiling and elevating the corners of the mouth, which, again, does not work against lip retraction. Therefore, the orbicularis oris stands out as the muscle specifically designed to bring the lips together and prevent them from retracting.

8. What substance is typically injected into the thyroarytenoid muscle to treat adductor spasmodic dysphonia?

A. Gelfoam

B. Collagen

C. Botulinum toxin

D. Autologous fat

The substance typically injected into the thyroarytenoid muscle to treat adductor spasmodic dysphonia is botulinum toxin. This treatment works by temporarily paralyzing the muscle to reduce its over-activity, which helps alleviate the characteristic voice breaks and strain experienced in this condition. Botulinum toxin acts at the neuromuscular junction to prevent the release of acetylcholine, leading to muscle relaxation and allowing for smoother vocal cord function. In the context of adductor spasmodic dysphonia, effective voice therapy and other less invasive treatments may sometimes help, but botulinum toxin injections are generally considered the most effective and evidence-based intervention for this disorder. The option of Gelfoam, collagen, or autologous fat would not provide the targeted neuromuscular modulation needed to address the specific spasms associated with adductor spasmodic dysphonia.

9. Which technique can increase intrabolus pressure during a swallow?

    A. Tongue tether maneuver

    B. Mendelsohn maneuver

    C. Breath-holding with Valsalva maneuver

    D. Effortful swallow maneuver

The correct answer is the Effortful swallow maneuver, which is designed specifically to increase the force and effectiveness of the swallow by enhancing muscle activity in the swallowing mechanism. This technique encourages individuals to exert more effort while swallowing, which can lead to an increase in intrabolus pressure. The increased pressure is beneficial as it helps to ensure that the bolus moves efficiently through the pharynx and into the esophagus, ultimately reducing the risk of aspiration and aiding in safe swallowing. In contrast, while other options may have their own therapeutic benefits, they do not specifically target the increase of intrabolus pressure in the same way. The Mendelsohn maneuver is primarily aimed at improving the coordination and timing of the swallow rather than directly increasing pressure. The tongue tether maneuver focuses on stabilizing the position of the tongue but may not necessarily enhance pressure. The breath-holding with Valsalva maneuver is a technique often used in different contexts, notably for strengthening respiratory control, but does not have a direct relationship with increasing intrabolus pressure during swallowing.

10. What outcome does the chin-down posture NOT improve when swallowing?

    A. Aspiration after the swallow in stroke patients

    B. Pyriform sinus residue aspiration

    C. Safety of swallowing thin liquids

    D. Swallowing efficiency in patients with dysphagia

The chin-down posture, often recommended for patients with swallowing difficulties, helps to improve certain outcomes related to swallowing safety and efficiency. This posture works by widening the valleculae and narrowing the airway entrance, which can help in reducing the risk of aspiration during the swallow and improving bolus control. When considering the various options, the chin-down posture is particularly effective in enhancing the safety of swallowing thin liquids by preventing aspiration before and during the swallow, as well as potentially reducing pyriform sinus residue aspiration. These outcomes are critical for individuals who have issues with swallowing, such as stroke patients, as they may be more at risk for aspiration due to compromised swallowing mechanics. However, the chin-down posture does not significantly improve the efficiency of swallowing in patients with dysphagia. While it can help in certain aspects of managing aspiration risk, it may not enhance the overall speed or effectiveness of the swallow process, particularly with various textures and viscosities of food. Therefore, while this posture can be beneficial for particular swallowing safety outcomes, it does not have the same positive impact on swallowing efficiency.

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://etspraxis5331form3.examzify.com

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