ETS PRAXIS SPEECH-LANGUAGE PATHOLOGY (5331) FORM 3 PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 example best illustrates a syntactic feature of Spanish-influenced English?**

   A. She no do laundry today.

   B. He is going?

   C. Lady her shoes.

   D. She be runnin' fast.

2. **Which disorder is most accurately diagnosed when a patient presents with impaired single-word retrieval but has preserved single-word comprehension?**

   A. Broca's aphasia

   B. Anomic aphasia

   C. Primary progressive aphasia

   D. Transcortical motor aphasia

3. **What intervention technique is used when a clinician vocalizes a child's actions during play?**

   A. The mand model

   B. Reauditorization

   C. Self-talk

   D. Parallel talk

4. **What approach to stuttering treatment may involve observing family interactions?**

   A. Parent-child interaction therapy

   B. Family systems therapy

   C. Individualized stuttering therapy

   D. Behavioral modification therapy

5. **Which condition is indicated by a short lingual frenulum and heart-shaped tongue tip?**

   A. Bulbar palsy

   B. Ankyloglossia

   C. Glossoptosis

   D. Congenital lip pits

6. During a videofluoroscopic evaluation, what might it indicate if pyriform sinuses refill quickly after swallowing?

A. Inadequate pharyngeal stripping

B. Presence of pharyngeal pouches

C. Insufficient hyolaryngeal elevation

D. Tracheoesophageal fistula presence

7. What statement reflects the truth about the proposed AAC assessment process for a patient with severe nonfluent aphasia?

A. The success of AAC intervention is largely dependent upon the support of people close to the patient

B. AAC devices are effective only if operated independently by the patient

C. AAC intervention does not require input from family or friends

D. The SLPS L P must determine all goals without patient involvement

8. Which nerve provides efferent innervation to the stylopharyngeus muscle?

A. The trigeminal nerve

B. The hypoglossal nerve

C. The vagus nerve

D. The glossopharyngeal nerve

9. When should an SLP refer a child for further assessment of speech sound disorders?

A. When a parent expresses concerns

B. When the child has not improved in therapy

C. When the child is below age norms for speech

D. When the child is older than five years

10. 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

Answers

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

Explanations

1. Which example best illustrates a syntactic feature of Spanish-influenced English?

A. She no do laundry today.

B. He is going?

C. Lady her shoes.

D. She be runnin' fast.

The example that best illustrates a syntactic feature of Spanish-influenced English is "She no do laundry today." This construction reflects a common pattern found in Spanish grammar, where negation is often expressed differently than in English. In Spanish, a phrase can be constructed with a negative word directly preceding the verb, as in "Ella no hace la colada hoy," which translates to "She no do laundry today." This reflects a direct transfer of linguistic structures from Spanish to English, showcasing how speakers might maintain some grammatical elements from their primary language while speaking English. The other options do not clearly demonstrate this syntactic influence. For instance, "He is going?" is simply a standard English interrogative structure and lacks any elements particularly indicative of Spanish syntax. "Lady her shoes" presents a non-standard phrase that does not align with typical structures in either English or Spanish. "She be runnin' fast" could reflect elements of African American Vernacular English (AAVE) rather than Spanish syntax. Thus, "She no do laundry today" stands out as the most representative of Spanish syntactic characteristics in English usage.

2. Which disorder is most accurately diagnosed when a patient presents with impaired single-word retrieval but has preserved single-word comprehension?

A. Broca's aphasia

B. Anomic aphasia

C. Primary progressive aphasia

D. Transcortical motor aphasia

In this scenario, the most accurate diagnosis is anomic aphasia. Anomic aphasia is characterized primarily by difficulties in retrieving words or names while individuals maintain intact comprehension of single words. Patients often know what they want to say but struggle to find the correct word, reflecting a focus on the expressive component of language. This clear distinction in anomic aphasia—between impaired word retrieval and preserved comprehension—makes it the most fitting choice in this context. Individuals with this condition frequently exhibit preserved ability to understand spoken and written language, which aligns with the symptoms described. Other types of aphasia mentioned would not align as closely with the symptomatology presented. For example, Broca's aphasia typically involves both expressive and receptive language difficulties, leading to impaired comprehension alongside expressive challenges. Primary progressive aphasia encompasses various syndromes that generally involve more than just a word retrieval issue, including progressive deterioration in language abilities. Transcortical motor aphasia shares some similarities with Broca's aphasia but is less focused on single-word retrieval and can involve more severe comprehension deficits. Thus, the specificity of impaired single-word retrieval alongside preserved comprehension distinctly points to anomic aphasia as the correct and most accurate diagnosis.

3. What intervention technique is used when a clinician vocalizes a child's actions during play?

A. The mand model

B. Reauditorization

C. Self-talk

D. Parallel talk

The correct answer is parallel talk, which involves the clinician describing or vocalizing what a child is doing as they play. This technique provides a running commentary on the child's actions, which helps to enhance the child's language development by modeling language and vocabulary in context. It allows children to hear descriptive language and encourages them to connect words to their activities, effectively supporting their expressive language skills. In this scenario, the clinician's verbalization serves to not only enrich the child's language exposure but also makes the play experience more interactive and engaging. The child is able to relate the spoken words to their actions, which facilitates learning and encourages them to express their thoughts and feelings verbally as they play. The other techniques listed have different focuses: the mand model typically involves prompting a child to request something they want, reauditorization refers to the clinician repeating or echoing what a child has said to validate their communication, and self-talk involves the clinician narrating their own actions to model language while engaging in an activity themselves. Each of these techniques serves distinct purposes in language development but does not match the specific intervention of vocalizing a child's actions during play like parallel talk does.

4. What approach to stuttering treatment may involve observing family interactions?

A. Parent-child interaction therapy

B. Family systems therapy

C. Individualized stuttering therapy

D. Behavioral modification therapy

Family systems therapy is focused on understanding and improving the dynamics of family relationships and interactions. In the context of stuttering treatment, this approach emphasizes the importance of family interactions and communication patterns in influencing a child's stuttering. By observing these interactions, therapists can identify how family communication styles may contribute to the child's experiences with stuttering. Family systems therapy seeks to address and modify any negative dynamics that may be impacting the child's speech and emotional responses. This type of therapy can involve working with the entire family to foster a supportive environment that encourages open communication and reduces pressure or anxiety related to speaking, which can be crucial in the treatment of stuttering. By involving family members, the therapy can help develop strategies that promote healthier communication patterns and lessen the potential for stuttering exacerbation. Other approaches, while valuable in their own right, may not focus as significantly on the familial context. Individualized stuttering therapy typically targets the individual without the same level of family involvement. Behavioral modification therapy focuses on altering specific behaviors and may not involve family dynamics, and parent-child interaction therapy is centered specifically on the parent-child relationship rather than a broader family systems perspective.

5. Which condition is indicated by a short lingual frenulum and heart-shaped tongue tip?

A. Bulbar palsy

B. Ankyloglossia

C. Glossoptosis

D. Congenital lip pits

A short lingual frenulum, often referred to as "ankyloglossia" or tongue tie, can result in a heart-shaped tongue tip when the individual attempts to protrude their tongue. This characteristic appearance occurs because the restricted movement of the tongue due to the shortened frenulum does not allow the tongue to fully extend or flatten. Consequently, the tip of the tongue may take on a heart-like shape as it is pulled back into the mouth. Ankyloglossia can lead to various speech and feeding difficulties, as the limited mobility of the tongue affects the ability to articulate certain sounds and perform actions such as sucking and swallowing effectively. It is important to recognize this condition because, in some cases, intervention such as frenotomy or frenuloplasty may be necessary to improve functional outcomes for the individual. The other conditions mentioned do not specifically correlate with the presentation of a short lingual frenulum and a heart-shaped tongue tip. For instance, bulbar palsy typically involves muscle weakness affecting speech and swallowing but is unrelated to frenulum length. Glossoptosis refers to a condition where the tongue is positioned abnormally, often seen in certain craniofacial syndromes, and congenital lip pits are a different structural abnormality with no link to

6. During a videofluoroscopic evaluation, what might it indicate if pyriform sinuses refill quickly after swallowing?

A. Inadequate pharyngeal stripping

B. Presence of pharyngeal pouches

C. Insufficient hyolaryngeal elevation

D. Tracheoesophageal fistula presence

The correct interpretation of quick refilling of the pyriform sinuses during a videofluoroscopic evaluation suggests the presence of pharyngeal pouches. This phenomenon can often indicate that there is a space within the pharyngeal anatomy that is able to collect and retain material, leading to rapid refilling of the pyriform sinuses after the bolus passes. In normal swallowing, the pyriform sinuses should empty fairly completely before swallowing begins and then refill slowly as residue is cleared. Quick refilling could suggest that materials are being retained, perhaps due to a structure like a pharyngeal pouch, which could prevent effective swallowing and result in a rapid accumulation of fluid or food, reflecting dysfunction. Other options, while they may relate to issues in swallowing, do not directly correlate in the same way with the observation of quick refilling. For instance, inadequate pharyngeal stripping typically indicates a slower clearing of material, insufficient hyolaryngeal elevation would affect airway protection and swallowing dynamics in a different context, and the presence of a tracheoesophageal fistula does not specifically signify quick refilling of the pyriform sinuses; it usually indicates more complex interactions between the airway and esophagus.

7. What statement reflects the truth about the proposed AAC assessment process for a patient with severe nonfluent aphasia?

A. The success of AAC intervention is largely dependent upon the support of people close to the patient

B. AAC devices are effective only if operated independently by the patient

C. AAC intervention does not require input from family or friends

D. The SLPS L P must determine all goals without patient involvement

The statement reflecting the truth about the proposed AAC assessment process for a patient with severe nonfluent aphasia is that the success of AAC intervention is largely dependent upon the support of people close to the patient. This acknowledges the crucial role that family members, caregivers, and other communication partners play in facilitating effective communication for individuals using Augmentative and Alternative Communication (AAC) systems. Support from close contacts can enhance the patient's chances of successfully using AAC by providing reinforcement, modeling communication behaviors, and assisting with the use of the device. When communication partners are actively involved and supportive, they create a positive environment that fosters the patient's engagement and confidence in using AAC. Furthermore, effective AAC intervention often relies on collaboration to ensure that the device and strategies used are fitting to the patient's needs and daily communication contexts. In contrast, the other statements incorrectly minimize the importance of support systems, collaborative goal setting, and patient involvement in the AAC assessment and intervention process.

8. Which nerve provides efferent innervation to the stylopharyngeus muscle?

A. The trigeminal nerve

B. The hypoglossal nerve

C. The vagus nerve

D. The glossopharyngeal nerve

The glossopharyngeal nerve is responsible for providing efferent innervation to the stylopharyngeus muscle. This muscle plays a crucial role in the swallowing process, as it helps elevate the pharynx and larynx. The glossopharyngeal nerve, also known as cranial nerve IX, has motor functions that specifically include innervation to muscles involved in swallowing, including the stylopharyngeus. Understanding the specific innervations of cranial nerves is important in the field of speech-language pathology, particularly when considering the anatomical and physiological aspects of swallowing and speech. The other nerves listed do not primarily innervate the stylopharyngeus, as their functions are associated with other muscles or sensations. For example, the trigeminal nerve deals mainly with sensory functions and mastication, while the hypoglossal nerve is focused on tongue movements, and the vagus nerve has a broader role in autonomic functions, including some aspects of speech and swallowing.

9. When should an SLP refer a child for further assessment of speech sound disorders?

A. When a parent expresses concerns

B. When the child has not improved in therapy

C. When the child is below age norms for speech

D. When the child is older than five years

Referring a child for further assessment of speech sound disorders when the child is below age norms for speech is a sound practice because it indicates that the child may not be developing speech skills typical for their age. Standardized assessments often provide age-related benchmarks for speech and language development, helping clinicians determine if a child's speech sound production is appropriate for their developmental stage. If a child is significantly below these norms, it may warrant a more in-depth evaluation to assess the potential for a speech sound disorder. This decision aligns with early intervention principles, as timely assessment and intervention can greatly enhance a child's communication skills and overall development. Additionally, it is critical for speech-language pathologists (SLPs) to use these benchmarks as metrics for identifying children who may need more targeted support to avoid potential academic and social challenges associated with untreated speech sound disorders.

10. 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

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:

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