

# ETS Praxis Speech-Language Pathology (5331) Form 2 Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. Which of the following muscles is responsible for changing vocal pitch?**
  - A. Posterior cricoarytenoid**
  - B. Thyroarytenoid**
  - C. Lateral cricoarytenoid**
  - D. Cricothyroid**
- 2. What role does impaired distension of the upper esophageal sphincter play in chronic dysphagia?**
  - A. It is the only factor contributing to pneumonia risk**
  - B. It can significantly worsen swallowing difficulties**
  - C. It is less critical than oral hygiene in pneumonia risk**
  - D. It can be managed with dietary changes alone**
- 3. Which aspect of articulation is a focus when conducting a phonologic assessment?**
  - A. Repetitions**
  - B. Prolongations**
  - C. Rhyming words**
  - D. Word substitutions**
- 4. In children, what age typically marks the mastery of phonemes /m/ and /n/?**
  - A. Before age 2**
  - B. Around age 3**
  - C. By age 4**
  - D. By age 5**
- 5. Which condition is characterized by premature closure of the sutures of the skull?**
  - A. A. Craniosynostosis**
  - B. B. Craniopharyngioma**
  - C. C. Deformational plagiocephaly**
  - D. D. Positional plagiocephaly**

- 6. What benchmark corresponds with research on typical communication development in 3-year-old children?**
- A. Understanding approximately 1,000 words**
  - B. Using irregular third-person-singular verb forms**
  - C. Having a mean length of utterance in morphemes of six**
  - D. Producing approximately ten consonant phonemes accurately**
- 7. What is a common impact of a TBI on patients with aphasia?**
- A. Improved comprehension abilities**
  - B. Enhanced verbal communication skills**
  - C. Metacognitive problems affecting recovery**
  - D. Increased social interactions**
- 8. What assessment task primarily evaluates alternating attention?**
- A. Sorting playing cards by color, then by number, and then by color again**
  - B. Focusing on hearing a person speaking while the television is on**
  - C. Listening to a list of spoken words for a target word**
  - D. Mental solving of a complex math problem**
- 9. What provides the most direct view for evaluating swallowing in a patient with suspected recurrent laryngeal nerve damage?**
- A. Fiberoptic endoscopic evaluation of swallowing (FEES)**
  - B. Videofluoroscopic swallowing study (VFSS)**
  - C. Upper gastrointestinal (GI) series**
  - D. Videostroboscopic examination**
- 10. Which of the following indicates the severity of a stroke and its impact on prognosis?**
- A. Patient's age**
  - B. Length of hospital stay**
  - C. Severity scale results**
  - D. Type of stroke**

## **Answers**

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

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## **Explanations**

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**1. Which of the following muscles is responsible for changing vocal pitch?**

- A. Posterior cricoarytenoid**
- B. Thyroarytenoid**
- C. Lateral cricoarytenoid**
- D. Cricothyroid**

The cricothyroid muscle is primarily responsible for changing vocal pitch. It accomplishes this by adjusting the tension of the vocal cords. When the cricothyroid muscle contracts, it tilts the thyroid cartilage forward relative to the cricoid cartilage, effectively elongating and tightening the vocal folds. This increased tension of the vocal cords leads to higher pitch sounds. Understanding the role of the cricothyroid muscle is crucial for anyone studying speech-language pathology, as pitch modulation is essential in both speech and singing. The ability to manipulate pitch not only affects vocal performance but also plays a vital role in communication and emotional expression.

**2. What role does impaired distension of the upper esophageal sphincter play in chronic dysphagia?**

- A. It is the only factor contributing to pneumonia risk**
- B. It can significantly worsen swallowing difficulties**
- C. It is less critical than oral hygiene in pneumonia risk**
- D. It can be managed with dietary changes alone**

Impaired distension of the upper esophageal sphincter can significantly worsen swallowing difficulties in individuals with chronic dysphagia. The upper esophageal sphincter (UES) is essential for normal swallowing as it connects the pharynx to the esophagus and should open properly to allow food and liquid to pass through during swallowing. When the UES does not distend effectively, it can lead to obstructive symptoms, increased effort to swallow, and a higher risk of aspiration, which may ultimately complicate the swallowing process further. Although considerations such as oral hygiene might contribute to pneumonia risk, they do not negate the significant impact that impaired UES distension has on dysphagia. This factor is critical in understanding swallowing mechanics and addressing dysphagia effectively. Therefore, focusing solely on oral hygiene oversimplifies the complex interaction of various factors involved in swallowing challenges, including the role of the UES. In managing dysphagia, it is important to consider structural and functional impairments alongside other aspects like nutrition and hygiene.

**3. Which aspect of articulation is a focus when conducting a phonologic assessment?**

**A. Repetitions**

**B. Prolongations**

**C. Rhyming words**

**D. Word substitutions**

In a phonologic assessment, the primary focus is on the patterns and processes associated with the sound system of a language rather than on the physical aspects of speech production. Rhyming words serve to evaluate phonological awareness, which is crucial for understanding and developing literacy skills. While repetitions and prolongations pertain to disfluencies and dysfluencies in speech, they are more aligned with fluency disorders rather than phonological processing. Word substitutions relate to a child's simplification strategies when producing complex words. Rhyming words specifically target the child's ability to recognize, produce, and manipulate sounds within words, assessing their understanding of sound structure and relationships. This aspect is central to phonologic assessments, making it a vital component in evaluating a child's phonological skills.

**4. In children, what age typically marks the mastery of phonemes /m/ and /n/?**

**A. Before age 2**

**B. Around age 3**

**C. By age 4**

**D. By age 5**

The mastery of phonemes /m/ and /n/ in children typically occurs around age 3. At this age, children have progressed significantly in their speech development and begin to produce a wider variety of sounds more consistently. Phonemes /m/ and /n/ are considered early developing sounds and generally appear in children's speech as they refine their articulatory skills. While some children may begin to use these sounds earlier than age 3, it is at this age that most children are expected to articulate them accurately in the majority of their speech, leading to greater clarity in communication. This development aligns with the normal progression of phonological acquisition, where children first learn to produce easier, more frequently occurring sounds before mastering more complex ones.

**5. Which condition is characterized by premature closure of the sutures of the skull?**

- A. A. Craniosynostosis**
- B. B. Craniopharyngioma**
- C. C. Deformational plagiocephaly**
- D. D. Positional plagiocephaly**

Craniosynostosis is the condition characterized by the premature closure of one or more sutures in the skull. Normally, the sutures are flexible and allow for growth of the skull as the brain develops. When these sutures close too early, it can lead to problems with skull shape, restrict brain growth, and potentially result in increased intracranial pressure. The condition specifically impacts the normal development of the skull and can affect the overall appearance of the head, often leading to distinctive shapes associated with the type of sutures involved. Addressing craniosynostosis usually involves surgical intervention to correct the shape of the skull and to allow for adequate brain growth. The other conditions listed do not involve the premature closure of skull sutures. While craniopharyngioma is a type of tumor that can affect the pituitary gland and lead to hormonal imbalances, deformational plagiocephaly and positional plagiocephaly refer to skull shape deformities caused by external pressure on the skull, not by premature suture fusion.

**6. What benchmark corresponds with research on typical communication development in 3-year-old children?**

- A. Understanding approximately 1,000 words**
- B. Using irregular third-person-singular verb forms**
- C. Having a mean length of utterance in morphemes of six**
- D. Producing approximately ten consonant phonemes accurately**

The benchmark that corresponds with research on typical communication development in 3-year-old children is the understanding of approximately 1,000 words. By this age, children typically have a rapidly expanding vocabulary and demonstrate significant comprehension of language. Research indicates that 3-year-olds can usually understand and follow simple instructions, recognize many familiar words, and engage in basic conversations. In contrast, using irregular third-person singular verb forms is a more advanced grammatical skill that is often not fully developed until later in childhood, around age 4 to 5. The mean length of utterance in morphemes of six is more characteristic of older preschoolers, typically around 4 to 5 years old, indicating that while a 3-year-old will have a reasonable utterance length, it may not reach that mean. Producing approximately ten consonant phonemes accurately may also be an underestimation of a 3-year-old's abilities, as many children can articulate a larger variety of sounds by this age, though intelligibility may still be developing.

**7. What is a common impact of a TBI on patients with aphasia?**

- A. Improved comprehension abilities**
- B. Enhanced verbal communication skills**
- C. Metacognitive problems affecting recovery**
- D. Increased social interactions**

A common impact of a traumatic brain injury (TBI) on patients with aphasia is metacognitive problems affecting recovery. This reflects how individuals with aphasia may struggle to recognize their own cognitive capabilities, leading to difficulties in self-monitoring and self-regulating their communication efforts. Metacognition encompasses the awareness of one's thought processes and the ability to evaluate one's cognitive performance. In the context of TBI and aphasia, these metacognitive challenges can manifest as difficulties in planning, strategizing, and adapting language use based on the context or feedback from others. This can hinder effective communication and slow the recovery process, as the individual may not accurately perceive their own limitations or strengths, potentially impacting their motivation and engagement in therapy. The other options suggest improvements or increases in specific areas that are generally not associated with TBI-related aphasia. They imply a level of recovery or enhancement in language abilities or social skills that may not align with the common cognitive challenges faced by these individuals.

**8. What assessment task primarily evaluates alternating attention?**

- A. Sorting playing cards by color, then by number, and then by color again**
- B. Focusing on hearing a person speaking while the television is on**
- C. Listening to a list of spoken words for a target word**
- D. Mental solving of a complex math problem**

The task that primarily evaluates alternating attention is sorting playing cards by color, then by number, and then by color again. This task requires the individual to shift focus between different categories and tasks that require different cognitive processes. Alternating attention is the ability to switch focus back and forth between different tasks or stimuli while maintaining cognitive control over both. In this scenario, an individual needs to mentally categorize the cards multiple times in different ways, which involves adjusting their focus and organizing their processing strategies. This ability to switch between tasks while still remembering the previous criteria demonstrates a higher level of cognitive processing, essential for effective communication and problem-solving. Other choices focus on steady attention or specific listening skills, which are important but do not incorporate the same level of task switching that characterizes alternating attention. By evaluating how a person can manage changes in focus with clear shifts in task demands, the card sorting task serves as a precise measure for assessing this cognitive function.

**9. What provides the most direct view for evaluating swallowing in a patient with suspected recurrent laryngeal nerve damage?**

**A. Fiberoptic endoscopic evaluation of swallowing (FEES)**

**B. Videofluoroscopic swallowing study (VFSS)**

**C. Upper gastrointestinal (GI) series**

**D. Videostroboscopic examination**

Fiberoptic endoscopic evaluation of swallowing (FEES) is the best choice for providing a direct view of the swallowing process, particularly in patients with suspected recurrent laryngeal nerve damage. This technique involves the insertion of a flexible endoscope through the nose and into the throat, allowing clinicians to visualize the anatomy and function of the larynx and surrounding structures in real-time as the patient swallows. FEES is particularly adept at assessing aspects such as laryngeal movement, coordination, and the presence of aspiration or penetration during swallowing. In cases of recurrent laryngeal nerve damage, which affects the movement of the vocal cords and can lead to aspiration, the detailed visualization offered by FEES allows for a more accurate evaluation of these crucial areas. While videofluoroscopic swallowing studies (VFSS) provide a dynamic assessment of swallowing, they use radiographic imaging and may not offer the same level of direct observation of laryngeal function as FEES. Other options, such as upper gastrointestinal series and videostroboscopic examinations, are not focused on evaluating swallowing dynamics or the specific functioning of the laryngeal structures related to nerve damage. Thus, FEES stands out as the most effective method for directly assessing swallowing in

**10. Which of the following indicates the severity of a stroke and its impact on prognosis?**

**A. Patient's age**

**B. Length of hospital stay**

**C. Severity scale results**

**D. Type of stroke**

The severity scale results are crucial in assessing the impact of a stroke on prognosis because they provide a standardized way to evaluate the extent of neurological deficits caused by the stroke. Commonly used scales, such as the National Institutes of Health Stroke Scale (NIHSS), include specific criteria that measure various aspects, such as motor function, language abilities, and level of consciousness. By quantifying the severity of impairment, healthcare providers can predict outcomes more accurately, tailor rehabilitation approaches, and determine the likely trajectory of recovery. In contrast, while a patient's age can influence recovery potential, it is not a direct measure of stroke severity. The length of hospital stay may reflect the treatment course or complications but does not inherently communicate the severity of the stroke itself. Although the type of stroke (ischemic versus hemorrhagic) is important in understanding the underlying cause, it does not provide a comprehensive assessment of the functional impact on the patient. Therefore, the severity scale results offer a more direct indication of the stroke's impact on prognosis.