

Motor Speech AOS 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

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- 1. Which statement correctly differentiates AOS from aphasia?**
 - A. AOS has consistent errors; aphasia's errors are inconsistent**
 - B. AOS has inconsistent errors; aphasia's errors are consistent**
 - C. Both disorders have identical error patterns**
 - D. AOS and aphasia are unrelated to speech production errors**

- 2. Which focus is emphasized when applying principles for treating apraxia of speech?**
 - A. Concentrating on functional and useful words**
 - B. Emphasizing only rare, nonfunctional words**
 - C. Avoiding self-monitoring**
 - D. Ignoring family counseling**

- 3. PROMPT therapy uses which combination of cues to guide sequencing of oral movements?**
 - A. Proprioceptive, pressure, and kinesthetic cues**
 - B. Visual cues alone**
 - C. Auditory cues alone**
 - D. Tactile cues only**

- 4. Which statement about language abilities helps differentiate AOS from other disorders?**
 - A. A difference between expressive and receptive language abilities is usually found in disorders other than AOS.**
 - B. AOS typically shows a large expressive-receptive gap.**
 - C. Language is always normal in AOS.**
 - D. Language differences are essential for diagnosing AOS.**

- 5. AOS is primarily a disorder of which speech aspects?**
 - A. Articulation and prosody**
 - B. Syntax**
 - C. Semantics**
 - D. Voice quality**

- 6. Which statement about prompts for restructuring oral muscular targets is true?**
- A. It is a type of articulatory kinematic treatment**
 - B. It is a form of pharmacologic therapy**
 - C. It relies exclusively on non-speech gestures**
 - D. It is unrelated to apraxia of speech therapy**
- 7. Which statement is true about the differences between apraxia of speech and dysarthria?**
- A. AOS errors increase with length and complexity of utterances, whereas dysarthric errors remain fairly constant.**
 - B. AOS always involves deficits in muscle ROM and tone, while dysarthria does not.**
 - C. AOS affects all five speech domains, whereas dysarthria affects only articulation.**
 - D. AOS never coexists with aphasia, whereas dysarthria always coexists with aphasia.**
- 8. Which brain region is commonly associated with apraxia of speech?**
- A. Left perisylvian region**
 - B. Right occipital lobe**
 - C. Medulla oblongata only**
 - D. Cerebellum exclusively**
- 9. In apraxia of speech (AOS), errors of respiration are most likely to appear as:**
- A. Difficulty taking a deep breath on command.**
 - B. Seldom issues with respiration.**
 - C. Erratic resonance and phonation.**
 - D. Errors occur only during reading tasks.**
- 10. Which statement describes slow speech rate with pauses and lengthened vowels and consonants?**
- A. Slow speech rate with pauses and with lengthened production of vowels and consonants.**
 - B. Short periods of error-free speech.**
 - C. Automatic speech better than propositional.**
 - D. Limb apraxia or nonverbal oral apraxia.**

Answers

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

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Explanations

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1. Which statement correctly differentiates AOS from aphasia?

- A. AOS has consistent errors; aphasia's errors are inconsistent**
- B. AOS has inconsistent errors; aphasia's errors are consistent**
- C. Both disorders have identical error patterns**
- D. AOS and aphasia are unrelated to speech production errors**

The main idea here is how errors behave when the same word or utterance is attempted again and again. In apraxia of speech, the difficulty is in planning and programming the movements for speech, so the wrong articulation tends to repeat in a stable, recognizable way across trials—errors are consistent. In aphasia, the trouble lies in language formulation, so the errors can shift from one attempt to the next—different paraphasias or word-finding failures appear on repeats. This contrast—consistent errors in AOS versus variable errors in aphasia—makes the chosen statement the best fit. The other notions clash with how motor planning versus language processing contribute to speech errors.

2. Which focus is emphasized when applying principles for treating apraxia of speech?

- A. Concentrating on functional and useful words**
- B. Emphasizing only rare, nonfunctional words**
- C. Avoiding self-monitoring**
- D. Ignoring family counseling**

In treating apraxia of speech, the most effective focus is on functional and useful words. The goal is to improve everyday communication, so therapy targets words and phrases that the person actually needs to say in daily life—basic requests, greetings, common actions, and everyday objects. When practice centers on high-utility vocabulary, progress translates into noticeable, real-world improvements and supports generalization beyond the clinic. Choosing only rare, nonfunctional words would limit practical communication and make progress feel less meaningful. Self-monitoring is valuable in motor speech therapy because noticing and correcting errors helps refine articulation over time, rather than letting mistakes go unchecked. Involving family counseling provides strategies and support for practicing at home, which reinforces skills and promotes consistency. So, focusing on functional and useful words aligns therapy with everyday communication goals, making gains more meaningful and transferable.

3. PROMPT therapy uses which combination of cues to guide sequencing of oral movements?

- A. Proprioceptive, pressure, and kinesthetic cues**
- B. Visual cues alone**
- C. Auditory cues alone**
- D. Tactile cues only**

PROMPT therapy relies on guiding how the mouth moves using a set of somatosensory cues that work together to shape the sequence of articulatory gestures. Proprioceptive cues help the person feel the position of the lips, jaw, and tongue in space; kinesthetic cues convey the sense of movement and how those muscles should flow from one position to another; pressure cues indicate how much contact or force is being applied during the movements. This combination is delivered through tactile and manual input from the therapist to location-specific oral muscles, providing essential guidance for the correct sequencing of movements. Visual or auditory cues alone don't supply the necessary somatic feedback to organize the motor sequence, and using tactile cues alone would miss the broader proprioceptive and kinesthetic information that helps the learner feel the intended order of movements.

4. Which statement about language abilities helps differentiate AOS from other disorders?

- A. A difference between expressive and receptive language abilities is usually found in disorders other than AOS.**
- B. AOS typically shows a large expressive-receptive gap.**
- C. Language is always normal in AOS.**
- D. Language differences are essential for diagnosing AOS.**

AOS is defined by a motor planning/problem in producing speech, while language content and understanding are typically preserved. Because of that, you don't usually see a clear split between what someone can understand (receptive) and what they can express (expressive) due to the motor nature of the issue. In many other language disorders, like aphasia, a gap between expressive and receptive abilities is common, so recognizing that mismatch helps differentiate them from AOS. This is why the statement about there typically being a difference in expressive versus receptive language in disorders other than AOS is the best choice. The other options misrepresent AOS: language is not always normal (it can co-occur with language disorders), AOS does not characteristically show a large expressive-receptive gap, and language differences are not essential for diagnosing AOS since the diagnosis centers on motor speech symptoms.

5. AOS is primarily a disorder of which speech aspects?

A. Articulation and prosody

B. Syntax

C. Semantics

D. Voice quality

AOS centers on motor planning and programming of speech movements. It disrupts the sequencing of articulatory gestures needed to form speech sounds, which shows up as distorted, inconsistent articulation and altered rhythm or intonation—prosody. The problem isn't with the content of language (syntax or semantics), which relate to meaning and grammar and are typically intact in AOS. Similarly, voice quality depends on phonation; in pure AOS that aspect is usually preserved unless another disorder is present. So articulation and prosody best describe what AOS mainly affects.

6. Which statement about prompts for restructuring oral muscular targets is true?

A. It is a type of articulatory kinematic treatment

B. It is a form of pharmacologic therapy

C. It relies exclusively on non-speech gestures

D. It is unrelated to apraxia of speech therapy

Prompts for restructuring oral muscular targets use tactile and kinesthetic input to guide the movements of the lips, tongue, jaw, and other oral structures toward target speech articulations. This makes it an articulatory-kinematic treatment, because the emphasis is on shaping the actual movement patterns and muscle activation needed for speech. In apraxia of speech, where motor planning and programming are disrupted, guiding articulatory movements at the muscle level helps retrain the motor system toward more accurate speech production. It is not pharmacologic therapy, with no drugs involved. It is not about non-speech gestures alone; the prompts are designed to produce correct speech movements, not just broad gestures.

7. Which statement is true about the differences between apraxia of speech and dysarthria?

- A. AOS errors increase with length and complexity of utterances, whereas dysarthric errors remain fairly constant.**
- B. AOS always involves deficits in muscle ROM and tone, while dysarthria does not.**
- C. AOS affects all five speech domains, whereas dysarthria affects only articulation.**
- D. AOS never coexists with aphasia, whereas dysarthria always coexists with aphasia.**

Understanding the difference here hinges on planning versus execution. Apraxia of speech is a motor planning problem: the brain struggles with sequencing the movements needed for speech. As utterances get longer or more complex, the planning demands grow, so errors become more frequent and groping or inconsistent sound substitutions appear, especially with longer sequences. Dysarthria, on the other hand, is a neuromuscular execution problem—weakness, reduced range of motion, or poor coordination of the articulators. Because the difficulty is in muscle execution rather than planning, the articulation errors tend to be more steady across utterance length and complexity. That’s why the statement about errors increasing with length in AOS while dysarthric errors stay relatively constant best captures the key distinction. The other choices don’t fit as well: muscle ROM and tone deficits are a feature of dysarthria, not AOS; AOS can occur with aphasia and dysarthria is not required to co-occur with aphasia; and both disorders can affect more than just articulation, not neatly narrowing to one domain for one condition.

8. Which brain region is commonly associated with apraxia of speech?

- A. Left perisylvian region**
- B. Right occipital lobe**
- C. Medulla oblongata only**
- D. Cerebellum exclusively**

AOS stems from a problem in planning and programming the sequences of movements needed for speech. The left perisylvian region, which includes areas around the Sylvian fissure such as parts of the inferior frontal gyrus and nearby networks, is essential for organizing the motor plans that produce fluent speech. When this left, language-dominant area is damaged, people often show inconsistent articulatory errors, sound substitutions, and groping as they try to sequence the correct movements for syllables and words. The other regions listed don’t typically cause this planning-level disruption: the right occipital lobe is mainly involved in vision; the medulla oblongata would affect basic life-sustaining functions and voice control rather than the planning of complex speech; and the cerebellum affects coordination and timing but not the core planning of speech sequences characteristic of AOS. Therefore, the left perisylvian region best explains apraxia of speech.

9. In apraxia of speech (AOS), errors of respiration are most likely to appear as:

- A. Difficulty taking a deep breath on command.**
- B. Seldom issues with respiration.**
- C. Erratic resonance and phonation.**
- D. Errors occur only during reading tasks.**

The key idea is that apraxia of speech disrupts the planning and sequencing of movements needed for speech, which can affect how breathing is coordinated with speaking. When someone with AOS is asked to take a deep breath on command, the motor plan for coordinating that inhalation with the upcoming speech can be impaired, leading to difficulty initiating a strong, controlled breath. This reflects a planning/programming problem in producing the necessary respiratory support for speech, rather than a primary issue with the lungs or with voice quality. Seldom issues with respiration would imply breathing is usually fine, which isn't what AOS emphasizes. Erratic resonance and phonation point more to voice or laryngeal control problems typical of dysarthria rather than planning for speech sequences. Any errors limited to reading tasks miss the broader impact of AOS on spontaneous and volitional speech initiation and planning, which doesn't fit the typical pattern.

10. Which statement describes slow speech rate with pauses and lengthened vowels and consonants?

- A. Slow speech rate with pauses and with lengthened production of vowels and consonants.**
- B. Short periods of error-free speech.**
- C. Automatic speech better than propositional.**
- D. Limb apraxia or nonverbal oral apraxia.**

The thing being described is a pattern typical of apraxia of speech: a disrupted ability to program the precise sequence and timing of oral movements for speech. When this planning is off, speaking becomes slower, with noticeable pauses between sounds and lengthened vowels and consonants as the speaker searches for the right articulatory gestures. This combination—slow rate plus lengthened segments and hesitations—is the hallmark feature of AOS. The other statements don't fit this description as well. Short stretches of fluent speech can occur in other fluency disorders and don't capture the characteristic slowed rate with lengthened sounds. Automatic speech often differs from propositional speech in people with AOS, but that observation doesn't specifically describe the rate and segment lengthening. Limb apraxia or nonverbal oral apraxia involve planning problems for non-speech movements or nonverbal oral tasks, not the speech timing and articulation sequence itself.

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://motorspeechaos.examzify.com>

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

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