# NBRC SLEEP DISORDERS SPECIALTY (SDS) PRACTICE EXAM (SAMPLE)

## STUDY GUIDE

Prepare with structure. Pass with confidence

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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 of the following conditions is associated with sleep paralysis?**

A. Sleep Apnea

B. Hypersomnia

C. Narcolepsy

D. Insomnia

**2. What is another name for sleepwalking?**

A. Somnambulism

B. Insomnia

C. Parasomnia

D. Sleep inertia

**3. If a patient calls complaining of water in the tubing of their CPAP, what is the best instruction for the sleep tech to provide?**

A. Decrease humidity temperature setting

B. Drain the water from the tubing prior to each use

C. Return the equipment to the DME for replacement

D. Clean the interface exhalation ports

**4. Which medication is specifically indicated for narcolepsy and cataplexy?**

A. Modafinil

B. Xyrem

C. Melatonin

D. Armodafinil

**5. Which of the following combinations best describes rhythmic movement disorder?**

A. Minimum frequency of 0.1Hz and Max frequency of 1.5Hz

B. Minimum frequency of 0.3Hz and Max frequency of 2.0Hz

C. Minimum number of 3 rhythmic movements

D. Maximum frequency of 2.5Hz and Minimum number of 5 rhythmic movements

**6. What type of therapy is NOT recommended first for a patient with a high number of central apneas?**

A. CPAP therapy

B. Oxygen therapy

C. BiLevel therapy

D. Medication therapy

**7. What should a sleep technician do when they note spikelike waves in the EEG and EOG channels during a PSG?**

A. Replace electrode wire

B. Reference the electrodes

C. Apply 60Hz notch filter

D. Reduce the room temperature

**8. What is the range of the Epworth Sleepiness Scale for a normal classification?**

A. 1 - 6

B. 7 - 8

C. 9 - 12

D. 13 - 24

**9. Which of the following is not a typical number of naps taken during an MSLT?**

A. 2 naps

B. 4 naps

C. 5 naps

D. 6 naps

**10. What is the minimum duration for which the event must last to be classified as a hypopnea?**

A. 5 seconds

B. 10 seconds

C. 15 seconds

D. 20 seconds

# Answers

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

# Explanations

## 1. Which of the following conditions is associated with sleep paralysis?

A. Sleep Apnea

B. Hypersomnia

C. Narcolepsy

D. Insomnia

*Sleep paralysis is most commonly associated with narcolepsy, which is a neurological sleep disorder characterized by excessive daytime sleepiness, sudden sleep attacks, and disturbances in the regulation of sleep-wake cycles. In individuals with narcolepsy, sleep paralysis occurs when a person is either falling asleep or waking up, leading to an inability to move or speak temporarily. This phenomenon can occur alongside other symptoms of narcolepsy, such as cataplexy, which is a sudden loss of muscle tone, often triggered by strong emotions. The other conditions listed do not have a direct or prominent association with sleep paralysis. For example, sleep apnea involves repeated interruptions in breathing during sleep, hypersomnia refers to excessive daytime sleepiness without the sudden sleep attacks seen in narcolepsy, and insomnia is characterized primarily by difficulty falling or staying asleep. While all of these conditions can disrupt sleep quality, they do not typically present with the specific occurrence of sleep paralysis as seen in narcolepsy.*

## 2. What is another name for sleepwalking?

A. Somnambulism

B. Insomnia

C. Parasomnia

D. Sleep inertia

*Sleepwalking is medically referred to as somnambulism. This term specifically describes the condition wherein individuals perform complex behaviors while still in a state of partial arousal from deep sleep, often without any recollection of the event upon waking. Somnambulism typically occurs during non-rapid eye movement (NREM) sleep, usually in the first third of the night, when individuals may get up and walk around, perform routine activities, or even engage in conversations while still asleep. Insomnia, on the other hand, refers to difficulty in falling asleep or staying asleep and does not involve any sleepwalking behavior. Parasomnia encompasses a variety of abnormal behaviors or experiences during sleep, including sleepwalking, but it is a broader category that includes other phenomena such as night terrors and sleep talking. Sleep inertia entails the grogginess and disorientation often felt upon waking from sleep but is unrelated to sleepwalking itself. Thus, the designation of sleepwalking as somnambulism is accurate and reflects its unique clinical characteristics and manifestations.*

**3. If a patient calls complaining of water in the tubing of their CPAP, what is the best instruction for the sleep tech to provide?**

A. Decrease humidity temperature setting

B. Drain the water from the tubing prior to each use

C. Return the equipment to the DME for replacement

D. Clean the interface exhalation ports

*When a patient experiences water in the tubing of their CPAP machine, adjusting the humidity temperature setting is often the most appropriate action. CPAP machines typically utilize a heated humidifier to add moisture to the air delivered to the patient. If the humidity level is too high, condensation can occur, leading to water accumulation in the tubing. By decreasing the humidity temperature setting, the level of moisture can be adjusted to prevent condensation and ensure a comfortable therapy experience for the patient. Draining water from the tubing before each use may provide a temporary fix, but it does not address the underlying issue of humidity control, which is key to preventing the problem from recurring. Replacing equipment through a durable medical equipment provider may be unnecessary unless there are persistent issues beyond just condensation, and cleaning the interface exhalation ports, while important for overall hygiene and effectiveness, does not resolve the issue of condensation in the tubing. Thus, adjusting the humidity temperature setting is the best instruction in this scenario.*

**4. Which medication is specifically indicated for narcolepsy and cataplexy?**

A. Modafinil

B. Xyrem

C. Melatonin

D. Armodafinil

*The medication specifically indicated for the treatment of narcolepsy and cataplexy is Xyrem, which contains the active ingredient sodium oxybate. This medication is used to reduce excessive daytime sleepiness and to alleviate the occurrence of cataplexy, which is a sudden loss of muscle tone often triggered by strong emotions. Xyrem is unique in its classification; it is a central nervous system depressant that promotes deep and restorative sleep, which can significantly help patients manage the symptoms of narcolepsy. Modafinil and armodafinil, while effective in managing excessive daytime sleepiness associated with narcolepsy, do not specifically target cataplexy. Melatonin, on the other hand, is primarily used for regulating sleep-wake cycles and is not indicated for narcolepsy or cataplexy. Understanding the specific indications for these medications is vital in managing narcolepsy effectively.*

## 5. Which of the following combinations best describes rhythmic movement disorder?

A. Minimum frequency of 0.1Hz and Max frequency of 1.5Hz

B. Minimum frequency of 0.3Hz and Max frequency of 2.0Hz

C. Minimum number of 3 rhythmic movements

D. Maximum frequency of 2.5Hz and Minimum number of 5 rhythmic movements

*Rhythmic movement disorder is characterized by repetitive, rhythmic movements usually occurring during sleep or falling asleep, often involving large muscle groups. The frequency range mentioned in this context is essential for understanding and identifying the disorder. The combination that accurately describes rhythmic movement disorder within typical clinical definitions is one that encompasses a frequency range pertinent to these movements. The range of a minimum frequency of 0.3 Hz and a maximum frequency of 2.0 Hz captures the typical behavior seen in rhythmic movement disorders, as these movements often fall within this frequency range, allowing for proper identification and categorization. This frequency range aligns with clinical observations of such disorders, where movements can be rhythmic and repetitive but do not extend beyond the specified limits. Thus, this option provides the best match to the recognized characteristics of rhythmic movement disorder.*

## 6. What type of therapy is NOT recommended first for a patient with a high number of central apneas?

A. CPAP therapy

B. Oxygen therapy

C. BiLevel therapy

D. Medication therapy

*In the context of treating a patient with a high number of central apneas, BiLevel therapy is not typically recommended as the first line of treatment. Central apneas are characterized by a lack of respiratory effort due to a failure in the brain's signals for breathing, and managing these conditions often requires addressing the underlying causes. CPAP (Continuous Positive Airway Pressure) therapy is often the first choice for obstructive sleep apnea but is not as effective for central apneas. Oxygen therapy may be considered in acute settings for hypoxemia, while medication therapy can sometimes be used to stimulate breathing or address underlying conditions contributing to central apnea. BiLevel therapy, which provides two levels of pressure for inhalation and exhalation, might be suitable in certain scenarios, particularly for complex sleep apnea syndromes, but it is not the standard initial approach for patients presenting with a high incidence of central apneas. This makes BiLevel therapy less ideal as a primary treatment option in these cases.*

## 7. What should a sleep technician do when they note spikelike waves in the EEG and EOG channels during a PSG?

A. Replace electrode wire

B. Reference the electrodes

C. Apply 60Hz notch filter

D. Reduce the room temperature

*When spikelike waves are noted in the EEG and EOG channels during a polysomnography (PSG) recording, referencing the electrodes is the correct course of action. This process involves checking the electrode connections and ensuring that they are functioning properly, which helps to confirm whether the observed spikelike waves are a result of an issue with the electrodes or an actual physiological phenomenon. Proper referencing is crucial in EEG to minimize artifacts and ensure that the recorded signals accurately reflect the brain's electrical activity. In cases where spikelike waves are present, it is essential to determine whether these are legitimate signals indicating a potential neurological issue or if they are artifacts caused by poor electrode contact or wiring issues. By referencing the electrodes, the technician can assess the quality of the signals and make adjustments if needed. The other options might not address the immediate concern of identifying the source of the spikelike waves. For instance, replacing electrode wire may not be necessary if the issue is related to electrode placement or contact. Applying a 60Hz notch filter is typically used to eliminate power line interference and may not resolve issues related to spikelike waves. Reducing room temperature does not relate to the integrity of the EEG or EOG recordings and is unlikely to influence the observed*

## 8. What is the range of the Epworth Sleepiness Scale for a normal classification?

A. 1 - 6

B. 7 - 8

C. 9 - 12

D. 13 - 24

*The Epworth Sleepiness Scale (ESS) is a widely used tool for measuring an individual's general level of daytime sleepiness. It assesses the likelihood of falling asleep in various everyday situations by asking respondents to rate their chances of dozing off on a scale from 0 to 3 for each scenario, resulting in a total score that can range from 0 to 24. A normal classification on the ESS typically indicates minimal sleepiness. Scores ranging from 1 to 6 are generally considered indicative of normal daytime alertness. Individuals within this range are less likely to experience excessive daytime sleepiness, suggesting that they do not have significant sleep-related issues affecting their daily functioning. Higher scores, such as those in the ranges of 7 to 8, 9 to 12, and 13 to 24, signify increasing levels of daytime sleepiness, with scores above 10 often indicating a greater risk of sleep disorders such as sleep apnea or narcolepsy. Therefore, the chosen answer reflects the optimal range for normal classifications on the Epworth Sleepiness Scale.*

## 9. Which of the following is not a typical number of naps taken during an MSLT?

A. 2 naps

B. 4 naps

C. 5 naps

D. 6 naps

*In the context of a Multiple Sleep Latency Test (MSLT), which is conducted to assess daytime sleepiness and diagnose conditions such as narcolepsy, the typical protocol involves a specific number of naps in a controlled setting. The standard test usually consists of five nap opportunities provided throughout the day, with each nap spaced two hours apart. This structure allows for a comprehensive assessment of a person's ability to fall asleep in a laboratory environment. Having two naps would not be sufficient for gathering the data necessary for an accurate diagnosis or assessment, as the limited opportunity may not fully capture a person's sleep latency patterns and overall sleep propensity. Thus, five naps are standard to determine the average latency to sleep across multiple opportunities, making the presence of two naps an atypical scenario for this testing protocol.*

## 10. What is the minimum duration for which the event must last to be classified as a hypopnea?

A. 5 seconds

B. 10 seconds

C. 15 seconds

D. 20 seconds

*The minimum duration for an event to be classified as a hypopnea is 10 seconds. This duration is significant because it ensures that the event is pronounced enough to have a measurable impact on the patient's oxygen saturation levels and overall sleep quality. In clinical practice, hypopnea is characterized by a reduction in airflow (typically defined as a decrease of at least 30% from baseline) that occurs alongside an associated desaturation of oxygen or an arousal from sleep. The 10-second threshold helps in standardizing the diagnosis across sleep studies, ensuring that hypopneas are not only transient but also significant enough to warrant clinical attention. Hence, recognizing the importance of duration in the definition aids in accurately assessing and managing sleep disorders.*

# 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://nbrcsds.examzify.com

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