Praxis Dysphagia 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

1. **A 45-year-old woman develops difficulty in mastication following irradiation due to fibrosis of the muscles involved in chewing. This condition is called:**

   A. trismus

   B. osteoradionecrosis

   C. necrosis

   D. mucositis

2. **Which of the following statements about the LES is true?**

   A. The LES opens during swallowing

   B. The LES closes off the esophagus from the stomach

   C. The LES relaxes during sleep

   D. The LES remains contracted at all times

3. **Who has the final decision-making authority in a treatment plan when multiple options exist for a patient with intact cognition?**

   A. The speech-language pathologist providing information

   B. The patient

   C. The patient's family

   D. The physician leading the care team

4. **Left buccal residue with limited left lower face movement but intact bilateral forehead indicates a lesion in which location?**

   A. Left cortical lesion

   B. Right cortical lesion

   C. Left peripheral lesion

   D. Right peripheral lesion

5. **After total laryngectomy, which complication would be least of concern?**

   A. Aspiration of the bolus

   B. Stricture of the UES

   C. Abnormal tissue pockets in the pharynx

   D. Development of a fistula

6. Louise is an 85-year-old with severe pharyngeal phase dysphagia and NPO; the surgeon is considering a more permanent non-oral feeding method. Louise is most likely receiving nutrition via which non-oral feeding method?

A. Esophagostomy

B. Gastrostomy

C. Nasogastric

D. Pharyngostomy

7. A 5-month-old demonstrates involuntary protrusion of the tongue during oropharyngeal transit. What is the best course of action?

A. Change texture to a thinner solid

B. Place the food on the hard palate

C. Train the parent in oral motor exercises to reduce tongue thrust

D. Wait to see if this behavior disappears by 7 months

8. A 49-year-old man after partial glossectomy shows which finding most likely on videofluoroscopic evaluation?

A. Difficulty Propelling Liquids Through the Oral Cavity

B. Reduced Labial Seal

C. Aspiration During the Swallow

D. Difficulty Propelling Solids Through the Oral Cavity

9. In a hospital patient with brainstem stroke who shows anterior tongue movements and residue in the anterior and lateral sulci, premature swallow, and reduced range of tongue elevation, which swallow phase is most likely affected?

A. Oral Phase

B. Pharyngeal Phase

C. Esophageal Phase

D. None of the Above

10. Which statement best differentiates nutritive from non-nutritive sucking?

A. Nutritive sucking involves more sucking and less swallowing.

B. Non-nutritive sucking uses the suck-swallow-breath sequence.

C. Nutritive sucking involves more swallowing relative to sucking.

D. Non-nutritive sucking requires complex coordination with breathing.

Answers

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

Explanations

1. A 45-year-old woman develops difficulty in mastication following irradiation due to fibrosis of the muscles involved in chewing. This condition is called:

A. trismus

B. osteoradionecrosis

C. necrosis

D. mucositis

Trismus is the restriction of jaw opening caused by fibrosis of the muscles of mastication after radiation therapy. When the masseter, temporalis, and pterygoid muscles become fibrotic, they lose elasticity and can't generate normal jaw movement, leading to difficulty in opening the mouth and chewing. This explains the patient's difficulty with mastication after irradiation. Osteoradionecrosis would involve bone death and pain, mucositis is inflammation of the mucosal lining, and necrosis is a broader term for tissue death—none of these specifically describe the impaired jaw opening due to muscle fibrosis.

2. Which of the following statements about the LES is true?

A. The LES opens during swallowing

B. The LES closes off the esophagus from the stomach

C. The LES relaxes during sleep

D. The LES remains contracted at all times

The lower esophageal sphincter serves as a barrier at the junction where the esophagus meets the stomach, staying tightly closed to prevent stomach contents from refluxing upward. The true statement highlights this barrier function: it closes off the esophagus from the stomach. When a swallow begins, the LES undergoes a brief, transient relaxation to let the food bolus pass into the stomach, then it tightens again to reestablish the barrier. It is not correct to say it remains contracted at all times, nor to say it stays open during swallowing; the opening is a controlled, temporary relaxation, not a permanent state. While LES tone can vary with sleep, the essential point to grasp is its role as a barrier that relaxes briefly to allow swallowing and then seals again.

3. Who has the final decision-making authority in a treatment plan when multiple options exist for a patient with intact cognition?

A. The speech-language pathologist providing information

B. The patient

C. The patient's family

D. The physician leading the care team

The key idea is patient autonomy in deciding treatment when the person has decision-making capacity. When someone with intact cognition is faced with multiple options, they have the ability to understand the information, appreciate how each option could affect their life, reason through the benefits and risks, and communicate a clear preference. Because of that capacity, the patient is the one who ultimately decides which path to take, after the clinician provides thorough information and answers questions. The speech-language pathologist can explain how chosen options might impact communication or swallowing, and the family can offer support and help articulate values, but they do not have the authority to override the patient's choice. The physician coordinates care and ensures recommendations are medically appropriate, but the patient's informed preference determines the plan.

4. Left buccal residue with limited left lower face movement but intact bilateral forehead indicates a lesion in which location?

A. Left cortical lesion

B. Right cortical lesion

C. Left peripheral lesion

D. Right peripheral lesion

The pattern being tested is how facial weakness localizes a lesion using upper motor neuron versus lower motor neuron pathways. Forehead movement is bilaterally innervated, so a unilateral cortical (or corticobulbar) lesion typically spares the forehead but weakens the lower face on the opposite side. In this case, the left lower face is weak while the forehead moves normally on both sides, which points to a lesion in the right hemisphere's cortex or its corticobulbar connections. That right-sided lesion would produce contralateral (left) oral and lower-face weakness, matching the left buccal residue and limited left lower-face movement. A left cortical lesion would cause right lower-face weakness, not left, and a peripheral facial nerve lesion would distort both forehead and lower-face movements on the same side, which is not seen here.

5. After total laryngectomy, which complication would be least of concern?

A. Aspiration of the bolus

B. Stricture of the UES

C. Abnormal tissue pockets in the pharynx

D. Development of a fistula

After total laryngectomy the airway and the esophagus are separated, so swallowing no longer poses a direct risk of material entering the lungs. This makes aspiration of the bolus largely unlikely and thus the least concern among the listed possibilities. However, other issues can still arise: scarring at the upper esophageal sphincter can narrow that junction (a stricture), causing difficulty with the passage of the bolus; abnormal tissue pockets in the pharynx can form and trap material, leading to residue and clearance problems; and a pharyngocutaneous fistula can develop, creating an abnormal link between the pharynx and the skin and posing infection and healing challenges.

6. Louise is an 85-year-old with severe pharyngeal phase dysphagia and NPO; the surgeon is considering a more permanent non-oral feeding method. Louise is most likely receiving nutrition via which non-oral feeding method?

A. Esophagostomy

B. Gastrostomy

C. Nasogastric

D. Pharyngostomy

Non-oral feeding routes are used when swallowing safety is compromised, so nutrition can reach the stomach without going through the mouth or pharynx. In severe pharyngeal phase dysphagia, the risk of aspiration is high, and a tube that bypasses the swallowing process is needed. A nasogastric tube enters through the nose into the stomach, delivering calories directly into the gastrointestinal tract with minimal invasiveness and without surgery. It's typically used in the short to intermediate term while clinicians assess prognosis and plan for a longer-term solution. More permanent options like gastrostomy, pharyngostomy, or esophagostomy require surgical or endoscopic procedures and are considered when longer-term feeding is anticipated. So, Louise would most commonly be receiving nutrition via a nasogastric tube, especially as a bridging method or when a quick, non-surgical route is appropriate.

7. A 5-month-old demonstrates involuntary protrusion of the tongue during oropharyngeal transit. What is the best course of action?

A. Change texture to a thinner solid

B. Place the food on the hard palate

C. Train the parent in oral motor exercises to reduce tongue thrust

D. Wait to see if this behavior disappears by 7 months

A tongue protrusion during swallowing in a 5-month-old is often a normal, developmentally driven tongue thrust that tends to integrate as oral motor control matures. Because this reflex can resolve on its own as coordination of the lips, jaw, and tongue improves, the best course is to monitor and re-evaluate around seven months to confirm it has disappeared. Interventions aimed at changing texture or teaching oral-motor exercises aren't indicated for a self-limited reflex in an otherwise healthy infant, and they don't reliably alter development. Altering textures or manipulating the palate won't address the underlying reflex and could complicate feeding. If the tongue thrust persists beyond the usual window or is accompanied by feeding difficulties (coughing, choking, poor intake, or weight gain concerns), then a formal evaluation would be warranted.

8. A 49-year-old man after partial glossectomy shows which finding most likely on videofluoroscopic evaluation?

A. Difficulty Propelling Liquids Through the Oral Cavity

B. Reduced Labial Seal

C. Aspiration During the Swallow

D. Difficulty Propelling Solids Through the Oral Cavity

The key idea is how the tongue drives the oral phase of swallowing. The tongue is the main propeller for moving the bolus from the front of the mouth toward the back. After a partial glossectomy, there's reduced tongue bulk and mobility, which makes forming and pushing a cohesive bolus from solids much more difficult. Solids require grinding and careful shaping into a cohesive bolus and then anterior-to-posterior propulsion; with less tongue control, this propulsion through the oral cavity is impaired, and residue is more likely to remain. Liquids, while still relying on tongue motion, rely less on the extensive bolus shaping and can often be moved posteriorly with the remaining tongue and flow, so they're less affected than solids in this scenario. Therefore, the most likely videofluoroscopic finding is difficulty propelling solids through the oral cavity. Reduced labial seal and aspiration during the swallow can occur in other contexts, but the tongue's impairment after partial glossectomy most directly disrupts solid propulsion in the oral stage.

9. In a hospital patient with brainstem stroke who shows anterior tongue movements and residue in the anterior and lateral sulci, premature swallow, and reduced range of tongue elevation, which swallow phase is most likely affected?

A. Oral Phase

B. Pharyngeal Phase

C. Esophageal Phase

D. None of the Above

The key idea is that the oral phase depends on the tongue to gather, hold, and propel the bolus toward the back of the mouth. Anterior tongue movements with residue in the anterior and lateral sulci show the bolus isn't being formed or moved effectively within the oral cavity. A reduced range of tongue elevation further limits the ability to elevate and press the bolus posteriorly, impairing oral propulsion and containment. Premature swallow reflects poor oral control, where the swallow is triggered before the bolus is properly prepared, which again points to the oral stage rather than a failure of the pharyngeal swallow. In contrast, problems with the pharyngeal phase would present with airway protection issues or residues in the pharyngeal recesses, and esophageal problems would show signs downstream, not described here. So the findings best indicate an impairment of the oral phase.

10. Which statement best differentiates nutritive from non-nutritive sucking?

A. Nutritive sucking involves more sucking and less swallowing.

B. Non-nutritive sucking uses the suck-swallow-breath sequence.

C. Nutritive sucking involves more swallowing relative to sucking.

D. Non-nutritive sucking requires complex coordination with breathing.

Nutritive sucking is the pattern you see when an infant is actually feeding milk. It requires coordinated sucking and swallowing, so swallows occur repeatedly within feeding bursts. As a result, there are more swallows relative to the number of sucks, and breathing often aligns with this suck-swallow sequence. Non-nutritive sucking, used for comfort, involves mainly sucking with little or no swallowing, so the swallowing rate is much lower and breathing coordination is less complex. This is why the best differentiator is that nutritive sucking involves more swallowing relative to sucking.

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://praxisdysphagia.examzify.com

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