Praxis Dysphagia Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

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. **The signs of anterior tongue movements and reduced tongue elevation observed during a swallow trial after a brainstem stroke most strongly indicate a disorder of which phase?**

   A. Oral Phase

   B. Pharyngeal Phase

   C. Esophageal Phase

   D. None

2. **Which of the following is NOT reliably determined during a non-instrumental bedside screening assessment of swallowing?**

   A. Patient's Attention to the Task of Eating

   B. Aspiration

   C. Efficiency of Mastication

   D. Ability to Follow Directions

3. **Which infant behavior describes sucking with no swallowing, often used for self-soothing with a pacifier?**

   A. Mouthing

   B. Sequential sucking

   C. Non-nutritive sucking

   D. Nutritive sucking

4. **Which laryngeal muscle is tested for motor function because its function (or lack thereof) will provide an understanding of swallowing sensory integrity?**

   A. Thyrocricoid

   B. Cricothyroid

   C. Arytenoids

   D. Cricoarytenoid

5. **At approximately what gestational age can suckling and swallowing sustain nutritional needs in a healthy infant?**

   A. 32 weeks

   B. 34 weeks

   C. 36 weeks

   D. 38 weeks

6. A 73-year-old man after a stroke with drooling, gurgly voice, and a weak cough: which step is the most appropriate diagnostic next step?

A. Test trial swallows with liquids and pastes

B. Directly refer for a videofluoroscopic examination

C. Remain on nasogastric tube and re-evaluate later

D. Recommend use of the chin-tuck position

7. Which statement about the oral (oral transit) phase is true?

A. It is under voluntary control.

B. It is initiated after the pharyngeal swallow begins.

C. It relies on laryngeal elevation to protect the airway.

D. It takes longer than the pharyngeal phase.

8. Which statement describes the pathophysiology of achalasia during swallowing?

A. The LES opens to allow bolus entry

B. The LES fails to open during swallowing

C. Peristalsis is absent but the LES opens

D. The LES contracts to prevent reflux

9. 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

10. Which muscle is the main mover of tongue protrusion?

A. Stylohyoid

B. Hyoglossus

C. Genioglossus

D. Palatoglossus

Answers

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

Explanations

1. The signs of anterior tongue movements and reduced tongue elevation observed during a swallow trial after a brainstem stroke most strongly indicate a disorder of which phase?

A. Oral Phase

B. Pharyngeal Phase

C. Esophageal Phase

D. None

The key idea is that this pattern points to an oral-phase problem. The oral phase is the voluntary stage where the tongue shapes and propels the bolus toward the back of the mouth for swallowing. Efficient anterior-to-posterior tongue movement and adequate tongue elevation are essential for forming, containing, and pushing the bolus posteriorly. If a brainstem stroke affects the tongue muscles—often via involvement of the hypoglossal nerve—the result is tongue weakness or impaired elevation and abnormal anterior tongue movements. These deficits disrupt bolus control and propulsion in the oral phase, which is exactly what would show up during a swallow trial. In contrast, the pharyngeal phase involves airway protection and pharyngeal constriction after the swallow is triggered, and the esophageal phase is about peristalsis in the esophagus, not tongue motion, so they wouldn't be the primary explanations for these signs.

2. Which of the following is NOT reliably determined during a non-instrumental bedside screening assessment of swallowing?

A. Patient's Attention to the Task of Eating

B. Aspiration

C. Efficiency of Mastication

D. Ability to Follow Directions

The key idea is that a non-instrumental bedside screening can observe how a person handles eating and follows instructions, but it cannot reliably determine whether material enters the airway. You can judge attention to the task, ability to follow directions, and how efficiently someone chews, but aspiration requires seeing the swallowing mechanism in action and the airway's protective response. People can aspirate silently without obvious signs, so without instrumental visualization or imaging, you can't confirm aspiration. Tests that actually visualize the swallow (like FEES or videofluoroscopic swallow study) are needed to determine if aspiration occurs.

3. Which infant behavior describes sucking with no swallowing, often used for self-soothing with a pacifier?

A. Mouthing

B. Sequential sucking

C. Non-nutritive sucking

D. Nutritive sucking

Non-nutritive sucking is the soothing sucking infants do on a pacifier or finger without swallowing any milk. It helps calm and regulate the baby between feeds. Nutritive sucking, by contrast, happens during feeding and includes swallowing. Mouthing is more about exploring with the mouth and isn't defined by a pacifier-based, swallow-free pattern. So the behavior described—sucking with no swallowing, often used for self-soothing with a pacifier—fits non-nutritive sucking.

4. Which laryngeal muscle is tested for motor function because its function (or lack thereof) will provide an understanding of swallowing sensory integrity?

A. Thyrocricoid

B. Cricothyroid

C. Arytenoids

D. Cricoarytenoid

The main idea is to assess the superior laryngeal nerve (SLN) function by testing a muscle that is uniquely innervated by its external branch. The cricothyroid is the only intrinsic laryngeal muscle supplied by the external branch of the SLN. If cricothyroid movement can be elicited, it indicates the external SLN is intact. Since the SLN carries sensory fibers that contribute to swallow safety (via its internal branch), confirming the motor function of cricothyroid provides a practical proxy that the nerve pathway involved in swallowing sensation is preserved. In contrast, the other options are controlled by the recurrent laryngeal nerve or are not specific muscle targets for SLN motor testing, so they don't specifically inform about swallowing sensory integrity.

5. At approximately what gestational age can suckling and swallowing sustain nutritional needs in a healthy infant?

A. 32 weeks

B. 34 weeks

C. 36 weeks

D. 38 weeks

Oral feeding depends on coordinated suck, swallow, and breathing. As the nervous system and oral-motor structures mature, preterm infants begin to coordinate these actions well enough to take in enough milk by mouth. This coordination typically becomes adequate around the late preterm period, about 34 weeks gestation. Before this point, the suck-swallow-breath pattern is less mature, so many infants cannot sustain nutrition orally and need tube feedings or supplemental support. After about 34 weeks, most healthy infants can meet their nutritional needs through suckling and swallowing with breathing, making oral feeding reliably possible.

6. A 73-year-old man after a stroke with drooling, gurgly voice, and a weak cough: which step is the most appropriate diagnostic next step?

A. Test trial swallows with liquids and pastes

B. Directly refer for a videofluoroscopic examination

C. Remain on nasogastric tube and re-evaluate later

D. Recommend use of the chin-tuck position

Early after a stroke, signs like drooling, a gurgly voice, and a weak cough point to possible oropharyngeal dysphagia with airway risk. The best next step is an instrumental swallow study because it provides a dynamic, real-time view of how the swallow works from the mouth through the larynx. This test can reveal whether material enters the airway (penetration or aspiration), the timing of swallow triggering, laryngeal closure, and any residue after the swallow. It gives precise information to guide safety strategies, diet texture, and targeted therapy, which bedside observations or trial swallows alone may miss—especially if aspiration is silent. Relying on a bedside trial of liquids and pastes carries the risk of missing aspiration and doesn't quantify the underlying physiology. Keeping the patient on a nasogastric tube and re-evaluating later delays critical diagnostic information about swallowing safety. A chin-tuck is a compensatory technique used during feeding but does not provide diagnostic data or a comprehensive view of swallow function to guide treatment.

7. Which statement about the oral (oral transit) phase is true?

A. It is under voluntary control.

B. It is initiated after the pharyngeal swallow begins.

C. It relies on laryngeal elevation to protect the airway.

D. It takes longer than the pharyngeal phase.

The main idea here is that the oral transit phase is under voluntary control. In this stage, you consciously use the tongue, lips, and jaw to chew, form a cohesive bolus, and propel it posteriorly toward the oropharynx. This propulsion is a voluntary, cortically controlled action, which is why this phase is described as under voluntary control. As the bolus is prepared and the tongue drives it back, the swallow is triggered at the point where the bolus head reaches the appropriate position in the back of the mouth (often near the faucial arches). Once triggered, the pharyngeal phase begins and proceeds largely reflexively, with airway protection mechanisms such as laryngeal elevation coming into play during that reflexive phase. That's why the statement about airway protection relying on laryngeal elevation applies to the pharyngeal phase, not the oral phase. The other statements are inconsistent with how swallowing is organized: the pharyngeal swallow is not initiated only after the pharyngeal phase has begun; rather, the pharyngeal phase begins as the swallow reflex is triggered toward the end of the oral phase. Also, airway protection activities are associated with the pharyngeal phase, not the oral transit. And while the durations of each phase can vary, it isn't accurate to claim the oral phase universally takes longer than the pharyngeal phase.

8. Which statement describes the pathophysiology of achalasia during swallowing?

A. The LES opens to allow bolus entry

B. The LES fails to open during swallowing

C. Peristalsis is absent but the LES opens

D. The LES contracts to prevent reflux

Achalasia specifically disrupts the swallow at the level of the gastroesophageal junction. The lower esophageal sphincter fails to relax in response to a swallow because inhibitory neurons in the esophageal wall are lost. Normally, a swallowed bolus triggers the LES to relax and the esophageal body to propel the bolus into the stomach. In achalasia, the LES remains contracted and does not open, creating a functional obstruction at the opening to the stomach. With impaired or absent peristalsis in the esophagus, the bolus cannot pass efficiently, leading to difficulty swallowing liquids and solids and progressive dilation above the narrowed junction. So the statement that best describes the pathophysiology during swallowing is that the LES fails to open.

9. 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.

10. Which muscle is the main mover of tongue protrusion?

A. Stylohyoid

B. Hyoglossus

C. Genioglossus

D. Palatoglossus

The main mover of tongue protrusion is the genioglossus. This extrinsic tongue muscle arises from the mandible and fans into the tongue. When both sides contract, especially the posterior portion, the tongue is pushed forward out of the mouth. If only the anterior fibers contract, the tip or the center of the tongue can be depressed or pulled back, which shows how the same muscle can produce different movements depending on which fibers fire. The other muscles listed have different roles: one helps move the hyoid bone and has limited direct tongue protrusion, another depresses and retracts the tongue, and the last elevates the posterior part of the tongue and assists with swallowing. The genioglossus is specifically specialized for protrusion and is innervated by the hypoglossal nerve.

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!