SG CSD PREQUALIFYING EXAM PRACTICE (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 are the five components of language commonly referenced in language disorders?

A. Pragmatics, Semantics, Syntax, Morphology, Phonology

B. Phonetics, Phonology, Morphology, Syntax, Semantics

C. Pragmatics, Lexicon, Semantics, Phonology, Prosody

D. Pragmatics, Semantics, Morphology, Orthography, Syntax

2. Which muscles are the vocal fold adductors in Adductor SD?

A. Lateral Cricoarytenoid, Interarytenoid, Thyroarytenoid

B. Posterior Cricoarytenoid

C. Cricothyroid

D. Superior Thyroarytenoid

3. Which two muscles are primarily responsible for tongue base retraction?

A. Genioglossus and Styloglossus

B. Genioglossus and Hyoglossus

C. Palatoglossus and Genioglossus

D. Styloglossus and Hyoglossus

4. Which statement about FEES is true?

A. FEES relies on fluoroscopy to visualize swallowing.

B. FEES can be as sensitive as videofluoroscopy for detecting aspiration.

C. FEES cannot evaluate silent aspiration.

D. FEES provides visualization of the esophageal phase better than the pharyngeal phase.

5. A thin liquid is consumed and sits above the vocal folds but does not clear. How is this classified?

A. Aspiration

B. Penetration

C. Supraglottic swallowing

D. None of the above

6. AOS: Which disorder describes deficits in planning and programming of speech movements?

A. Apraxia of Speech

B. Aphasia

C. Dysarthria

D. Stuttering

7. Which statement accurately describes ALS?

A. Affects only sensory neurons.

B. Affects autonomic neurons leading to blood pressure changes.

C. Degeneration of upper and lower motor neurons.

D. Affects cranial nerves only.

8. Which parameter is determined by the rate at which air passes between the vocal folds during phonation?

A. Subglottal pressure (Psub)

B. Phonation threshold pressure (PTP)

C. S/z ratio

D. Average airflow rate

9. The phonetic level is related to the surface level form, while the phonemic level is related to:

A. speech sounds

B. the phonemic inventory

C. distinctive features

D. the underlying form

10. Which of the following describes mixed hearing loss on an audiogram?

A. AC abnormal; BC abnormal; Air-bone gap ≥ 15 dB

B. AC abnormal; BC normal; Air-bone gap ≥ 15 dB

C. AC normal; BC abnormal; No air-bone gap

D. AC abnormal; BC abnormal; Air-bone gap ≥ 15 dB

Answers

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

Explanations

1. Which are the five components of language commonly referenced in language disorders?

A. Pragmatics, Semantics, Syntax, Morphology, Phonology

B. Phonetics, Phonology, Morphology, Syntax, Semantics

C. Pragmatics, Lexicon, Semantics, Phonology, Prosody

D. Pragmatics, Semantics, Morphology, Orthography, Syntax

Five language domains commonly referenced in language disorders are phonology, morphology, syntax, semantics, and pragmatics. Phonology deals with the sound system and rules for combining sounds. Morphology looks at the smallest meaningful units of language and how words are formed. Syntax governs how words are arranged into sentences. Semantics is about meaning and how words and sentences convey ideas. Pragmatics involves language use in context—the social rules, intentions, and practical aspects of communication. The option that includes exactly these five domains—Pragmatics, Semantics, Syntax, Morphology, Phonology—fits best, since it lists the standard five areas in a different order. Other options mix in elements not typically counted as the five core language domains. Phonetics is about producing and perceiving speech sounds rather than the linguistic system itself. Lexicon refers to vocabulary knowledge and isn't usually treated as a separate core domain. Prosody concerns rhythm and intonation, often considered part of phonology or pragmatic use rather than a standalone domain. Orthography deals with spelling, which relates to writing rather than the spoken language structure.

2. Which muscles are the vocal fold adductors in Adductor SD?

A. Lateral Cricoarytenoid, Interarytenoid, Thyroarytenoid

B. Posterior Cricoarytenoid

C. Cricothyroid

D. Superior Thyroarytenoid

In Adductor SD, the voice becomes strained because the vocal folds are pulled together by the adductor muscles. The muscles that actually close the glottis are the lateral cricoarytenoid, the interarytenoid, and the thyroarytenoid (including the vocalis portion). Lateral cricoarytenoid rotates the arytenoids toward the midline, bringing the vocal processes together. Interarytenoid fibers run between the arytenoids to help seal the posterior glottis. Thyroarytenoid lies within the vocal folds and shortens/thickens them, aiding edge-to-edge contact. Together, these muscles produce the adduction characteristic of Adductor SD. The posterior cricoarytenoid is the main abducter, pulling the vocal folds apart, so it's not responsible for the excessive closing seen in this condition. The cricothyroid mainly lengthens and tenses the vocal folds to adjust pitch, not to close the glottis. A muscle term sometimes encountered as superior thyroarytenoid isn't typically treated as a separate primary adductor in standard descriptions; the key adductors are the lateral cricoarytenoid, interarytenoid, and thyroarytenoid.

3. Which two muscles are primarily responsible for tongue base retraction?

A. Genioglossus and Styloglossus

B. Genioglossus and Hyoglossus

C. Palatoglossus and Genioglossus

D. Styloglossus and Hyoglossus

Tongue base retraction is about pulling the back part of the tongue toward the back of the mouth. The muscles that accomplish this most effectively are the styloglossus and the hyoglossus. The styloglossus runs from the styloid process to the sides of the tongue and, when it contracts, pulls the tongue back and upward, helping to retract the base. The hyoglossus comes from the hyoid bone to the sides of the tongue and, when it contracts, depresses and pulls the tongue back as well. In contrast, the genioglossus mainly protrudes the tongue, not retracts the base, while the palatoglossus elevates the posterior tongue and helps seal the oral cavity rather than actively retracting the base. So the combination that best explains tongue base retraction is styloglossus and hyoglossus.

4. Which statement about FEES is true?

A. FEES relies on fluoroscopy to visualize swallowing.

B. FEES can be as sensitive as videofluoroscopy for detecting aspiration.

C. FEES cannot evaluate silent aspiration.

D. FEES provides visualization of the esophageal phase better than the pharyngeal phase.

FEES uses a flexible endoscope to directly visualize the larynx and pharynx during swallowing, not fluoroscopy. This direct view lets clinicians see whether material enters the airway, which makes FEES highly capable of detecting airway invasion. With careful technique and evaluation across different textures and volumes, its sensitivity for identifying aspiration can be comparable to videofluoroscopy. FEES also has the advantage of revealing silent aspiration, since there's no need for a patient to cough for airway invasion to be observed. However, it doesn't visualize the esophageal phase as well as videofluoroscopy, which is a limitation. So the statement that FEES can be as sensitive as videofluoroscopy for detecting aspiration is the best fit.

5. A thin liquid is consumed and sits above the vocal folds but does not clear. How is this classified?

A. Aspiration

B. Penetration

C. Supraglottic swallowing

D. None of the above

Understanding swallow safety terminology: the key distinction is where the material goes relative to the vocal folds. If liquid enters the laryngeal vestibule but stays above the vocal folds, it's called penetration. If it goes below the vocal folds into the trachea, that's aspiration. In this case, the thin liquid sits above the vocal folds and does not clear, so this is penetration. Supraglottic swallowing is a technique used to protect the airway, not a classification of a swallow event, so it doesn't apply here. None of the above isn't correct because penetration accurately describes the situation.

6. AOS: Which disorder describes deficits in planning and programming of speech movements?

A. Apraxia of Speech

B. Aphasia

C. Dysarthria

D. Stuttering

Planning and programming the sequence of movements needed to produce speech is a motor planning function. When this planning is impaired, the muscles can work, but organizing the precise order and timing of articulator movements for syllables and words becomes faulty. This leads to Apraxia of Speech, where speech shows inconsistent errors, groping for sounds, and difficulty initiating or sequencing words, even though language comprehension and overall intelligence are typically preserved. Aphasia, in contrast, involves language processing problems like understanding or forming meaningful speech, not the motor sequencing of speech. Dysarthria involves neuromuscular execution problems—weakness, slurring, or incoordination of the speech muscles—rather than planning the motor sequence. Stuttering is primarily a fluency issue with interruptions in the flow of speech, not a pure deficit in planning the sequence of speech movements.

7. Which statement accurately describes ALS?

A. Affects only sensory neurons.

B. Affects autonomic neurons leading to blood pressure changes.

C. Degeneration of upper and lower motor neurons.

D. Affects cranial nerves only.

ALS is a motor neuron disease in which both the brain's upper motor neurons and the spinal cord/brainstem's lower motor neurons progressively degenerate. This dual loss disrupts voluntary movement in two ways: upper motor neuron damage causes spasticity, weakness, and exaggerated reflexes, while lower motor neuron loss leads to flaccid weakness, muscle atrophy, and fasciculations. Because both systems are affected, people develop a mixed picture of motor impairment rather than problems limited to sensation or to a single nerve type. Sensory pathways are typically spared, autonomic changes are not the defining feature, and ALS is not limited to cranial nerves; it commonly involves limbs as well as bulbar muscles. The description that emphasizes degeneration of both upper and lower motor neurons best captures the condition.

8. Which parameter is determined by the rate at which air passes between the vocal folds during phonation?

A. Subglottal pressure (Psub)

B. Phonation threshold pressure (PTP)

C. S/z ratio

D. Average airflow rate

Airflow through the glottis during phonation is the average airflow rate—the amount of air passing per unit time as the vocal folds vibrate. The speed and duration of air passage set how much air leaves the lungs each second, which is exactly what this measure captures. Subglottal pressure is the driving force behind that flow, influencing how much air can pass but not itself quantifying the flow. Phonation threshold pressure is the minimum pressure needed to start phonation, not the ongoing flow rate. The S/z ratio relates to voice quality and articulation, not the actual glottal air passage.

9. The phonetic level is related to the surface level form, while the phonemic level is related to:

A. speech sounds

B. the phonemic inventory

C. distinctive features

D. the underlying form

The phonemic level deals with abstract units that distinguish meaning—the underlying form that phonology uses to encode words. Phonetics handles surface realization, the actual speech sounds you hear. The underlying form is what phonology operates on to generate the various surface realizations (allophones) through rules. For example, the English /t/ can surface as [t] or [t] depending on context, but the underlying form remains the same. So the phonemic level is tied to the underlying form rather than the concrete sounds, the inventory of phonemes, or the feature details of sounds.

10. Which of the following describes mixed hearing loss on an audiogram?

A. AC abnormal; BC abnormal; Air-bone gap ≥ 15 dB

B. AC abnormal; BC normal; Air-bone gap ≥ 15 dB

C. AC normal; BC abnormal; No air-bone gap

D. AC abnormal; BC abnormal; Air-bone gap ≥ 15 dB

Understanding mixed hearing loss on an audiogram means recognizing a combination of conductive and sensorineural problems. In this pattern, both air-conduction (AC) and bone-conduction (BC) thresholds are abnormal, and there is an air-bone gap (the difference between AC and BC) of at least about 15 dB. That gap shows that part of the hearing loss comes from the conductive pathway (outer/middle ear) while the abnormal BC reveals a sensorineural component (inner ear or nerve). So the description AC abnormal, BC abnormal, and a significant air-bone gap is the hallmark of mixed hearing loss. If you see AC abnormal with BC normal, that points to conductive loss; if BC abnormal with no gap, that's sensorineural loss; if both are abnormal but without a gap, that's typically sensorineural as well.

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://sgcsdprequalifying.examzify.com

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