ADVANCED VOICE & UPPER AIRWAY DISORDERS PRACTICE EXAM (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.

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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!

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Questions

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1. What muscle receives motor innervation from the SLN?

A. Cricothyroid

B. Thyroarytenoid

C. Posterior cricoarytenoid

D. Lateral cricoarytenoid

2. Which muscle is NOT primarily innervated by the recurrent laryngeal nerve?

A. Cricothyroid

B. Thyroarytenoid

C. Lateral cricoarytenoid

D. Interarytenoid

3. What muscles are primarily innervated by the RLN?

A. Thyroarytenoid (TA), Lateral cricoarytenoid (LCA), Interarytenoid (IA), and Posterior cricoarytenoid (PCA)

B. Cricothyroid only

C. All intrinsic laryngeal muscles

D. None of the intrinsic muscles

4. When a patient complains of shortness of breath, what should you ask about?

A. Activities of daily living (ADLs) and how breathing affects functional activities

B. Diet and nutrition

C. Eye color

D. Sleep quality

5. Why is pulmonary function testing performed?

A. To evaluate HR and general health

B. To evaluate respiratory function/gas exchange and identify pulmonary disease

C. To test hearing

D. To evaluate speech articulation

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6. How does male pitch typically change with aging?

A. It becomes unpredictable

B. It becomes higher

C. It remains unchanged

D. It becomes lower

7. What is a vocal fold hemorrhage?

A. Rupture of a blood vessel within the vocal fold

B. Tear in the epithelium

C. Inflammation of mucosa

D. Fracture of cartilage

8. In the source-filter model of voice production, which structure serves as the source?

A. Pharynx

B. Larynx

C. Trachea

D. Lungs

9. Which layer forms the outer surface of the vocal fold from a surgical perspective?

A. Superficial layer of the lamina propria

B. Deep lamina propria

C. Epithelium

D. Vocalis muscle

10. Where do granulomas typically occur?

A. Posterior/cartilaginous portion of the vocal folds

B. Anterior third of the vocal folds

C. Along the medial edge of the vocal folds

D. In the false vocal folds

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Answers

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

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Explanations

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1. What muscle receives motor innervation from the SLN?

A. Cricothyroid

B. Thyroarytenoid

C. Posterior cricoarytenoid

D. Lateral cricoarytenoid

Motor control of the cricothyroid is provided by the external branch of the superior laryngeal nerve. This branch specifically innervates cricothyroid to tense the vocal folds and raise pitch. All other intrinsic laryngeal muscles—the thyroarytenoid (and vocalis), posterior cricoarytenoid, and lateral cricoarytenoid—receive motor input from the recurrent laryngeal nerve. So the cricothyroid is the muscle that gets motor innervation from the SLN.

2. Which muscle is NOT primarily innervated by the recurrent laryngeal nerve?

A. Cricothyroid

B. Thyroarytenoid

C. Lateral cricoarytenoid

D. Interarytenoid

Understanding innervation of intrinsic laryngeal muscles is key. The recurrent laryngeal nerve supplies all intrinsic laryngeal muscles except the cricothyroid, which is innervated by the external branch of the superior laryngeal nerve. The thyroarytenoid, lateral cricoarytenoid, and interarytenoid muscles are all controlled by the recurrent laryngeal nerve, supporting vocal fold adduction and fine-tuned closure. The cricothyroid, on the other hand, lengthens and tenses the vocal cords to raise pitch and relies on the external branch of the superior laryngeal nerve. Therefore, the muscle not primarily innervated by the recurrent laryngeal nerve is the cricothyroid. Clinically, this distinction explains why RLN injury causes hoarseness (affecting the other muscles) while cricothyroid function is preserved unless the external superior laryngeal nerve is damaged.

3. What muscles are primarily innervated by the RLN?

A. Thyroarytenoid (TA), Lateral cricoarytenoid (LCA), Interarytenoid (IA), and Posterior cricoarytenoid (PCA)

B. Cricothyroid only

C. All intrinsic laryngeal muscles

D. None of the intrinsic muscles

The recurrent laryngeal nerve supplies motor control to all intrinsic laryngeal muscles except one. Specifically, it innervates the thyroarytenoid, lateral cricoarytenoid, interarytenoid, and posterior cricoarytenoid muscles. These muscles regulate vocal fold tension and position: posterior cricoarytenoid opens the glottis (abducts), while lateral cricoarytenoid and interarytenoid close the vocal folds (adduct), and thyroarytenoid modulates tension and shortening of the vocal folds. The cricothyroid muscle, which stretches and tensions the vocal cords, is supplied not by the recurrent laryngeal nerve but by the external branch of the superior laryngeal nerve. So the muscles primarily innervated by the RLN are the thyroarytenoid, lateral cricoarytenoid, interarytenoid, and posterior cricoarytenoid.

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4. When a patient complains of shortness of breath, what should you ask about?

A. Activities of daily living (ADLs) and how breathing affects functional activities

B. Diet and nutrition

C. Eye color

D. Sleep quality

When someone reports shortness of breath, the most informative question is how breathing affects everyday activities. Asking about activities of daily living reveals exactly how dyspnea limits a person in real life—whether it shows up with climbing stairs, dressing, bathing, walking a block, or grocery shopping. This practical insight quantifies the level of impairment, helps gauge severity, and guides subsequent workup, treatment, and rehabilitation plans. Diet and nutrition, while important for overall health, don't directly measure how breathing difficulty interferes with daily function, and eye color is unrelated. Sleep quality can matter in cases of nocturnal dyspnea, but it doesn't replace understanding the everyday functional impact.

5. Why is pulmonary function testing performed?

A. To evaluate HR and general health

B. To evaluate respiratory function/gas exchange and identify pulmonary disease

C. To test hearing

D. To evaluate speech articulation

Pulmonary function testing is used to quantify how well the lungs move air and how effectively oxygen passes into the blood. It provides a numerical way to assess ventilatory function and gas exchange, which helps identify whether a patient has a pulmonary disease and what type it is. Through spirometry, we measure speeds and volumes of air exhaled, notably FVC and FEV1, and their ratio helps distinguish obstructive patterns (airflow limitation) from restrictive ones (reduced lung volumes). Measuring lung volumes (like TLC and RV) shows the overall size of the lungs and any restriction or air trapping. Diffusion capacity (DLCO) evaluates how efficiently gas transfers from the alveoli into the bloodstream, which can be diminished in conditions such as emphysema or interstitial lung disease. These tests guide diagnosis, help stage disease and monitor progression or response to treatment, and are useful for assessing surgical risk. They are not used to evaluate heart rate, hearing, or speech, which lie outside pulmonary function testing.

6. How does male pitch typically change with aging?

A. It becomes unpredictable

B. It becomes higher

C. It remains unchanged

D. It becomes lower

As men age, structural changes in the larynx alter how the vocal folds vibrate. The fundamental frequency of voice—what we perceive as pitch—depends on the mass, tension, and length of the vocal folds. With aging, there tends to be loss of muscle mass and thinning of the vocal fold tissue, which reduces the mass per unit length. At the same time, the tissues can stiffen in some ways. With less mass to move, the folds can vibrate faster, producing a higher fundamental frequency. The net result is a tendency toward a higher-pitched voice in older men, even though other aging changes (like breathiness or reduced loudness) may also be present. This is not about the pitch changing unpredictably or staying the same, and the common age-related trend for many men is toward a higher pitch rather than a lower one.

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7. What is a vocal fold hemorrhage?

A. Rupture of a blood vessel within the vocal fold

B. Tear in the epithelium

C. Inflammation of mucosa

D. Fracture of cartilage

Vocal fold hemorrhage is rupture of a blood vessel within the vocal fold. When a vessel in the delicate vascular network just beneath the surface epithelium tears, blood leaks into the tissue, forming a hematoma or a visible red spot. This bleeding disrupts the normal vibration of the vocal fold, leading to abrupt changes in voice quality such as sudden hoarseness or breathiness, especially after vocal overuse or trauma. This differs from a tear in the epithelium, which would be a surface skin break without internal bleeding; from inflammation of the mucosa, which involves swelling and mucus without a defined bleeding into the tissue; and from fracture of cartilage, which is a structural break in the laryngeal cartilage rather than bleeding within the fold itself.

8. In the source-filter model of voice production, which structure serves as the source?

A. Pharynx

B. Larynx

C. Trachea

D. Lungs

In the source-filter view of voice, the source is the vibrating vocal folds inside the larynx. When air from the lungs builds up pressure and flows through the glottis, the vocal folds come together and part rapidly, creating a periodic glottal waveform that becomes the raw sound energy. That vibration in the larynx is where the sound originates, making the larynx the source. The surrounding vocal tract—the pharynx, oral cavity, and nasal cavities—acts as a filter, shaping that sound by resampling it into distinct resonances (formants). The lungs provide the driving air but do not generate the sound waveform themselves, and the pharynx does not supply the source—its role is resonant shaping.

9. Which layer forms the outer surface of the vocal fold from a surgical perspective?

A. Superficial layer of the lamina propria

B. Deep lamina propria

C. Epithelium

D. Vocalis muscle

The outer surface of the vocal fold is formed by the epithelium. From a surgical perspective, this thin, continuous epithelial layer provides the protective barrier and the smooth mucosal surface that interacts with airflow to create the mucosal wave during phonation. Beneath it sits the superficial lamina propria, which contributes to pliability and vibration, but it is not the outermost layer. Deeper structures—the deep lamina propria and the vocalis muscle—lie further inward and influence stiffness and mass rather than the surface covering. Preserving or repairing the epithelium is crucial because epithelial damage can lead to scarring that disrupts the mucosal wave and voice quality.

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10. Where do granulomas typically occur?

A. Posterior/cartilaginous portion of the vocal folds

B. Anterior third of the vocal folds

C. Along the medial edge of the vocal folds

D. In the false vocal folds

Granulomas form as a reaction to chronic irritation at the posterior glottis, where the true vocal folds contact the arytenoid cartilages. This posterior, cartilaginous portion endures repeated contact and exposure to irritants (like reflux or trauma), triggering inflammation and granulation tissue development. That specific location is why granulomas appear there rather than in the anterior third, along the medial edge, or on the false vocal folds.

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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:

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

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