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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://nbrcsds.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Which of the following differentiates Idiopathic Insomnia from Idiopathic Hypersomnia?

A. Presence of cataplexy

B. Lifelong sleep disorder

C. Excessive daytime sleepiness without sleep onset REM

D. Frequent sleep interruptions

2. What should a sleep technician review when transferring data from the main computer to offline storage for the first time?

A. File size

B. Type of system requirements

C. Confidentiality compliance

D. Procedure for downloading

3. What is the minimum digital resolution requirement?

A. 8 bits per sample

B. 10 bits per sample

C. 12 bits per sample

D. 16 bits per sample

4. If the distance from Fp2 to O2 is 30cm, what is the distance from C4 to P4?

A. 5cm

B. 15cm

C. 7.5cm

D. 10cm

5. During which sleep stage is central apnea mainly observed in patients?

A. Stage NREM 1

B. Stage NREM 2

C. Stage R

D. Stage NREM 3

SAMPLE

6. What artifact refers to interference typically at 60Hz?

A. White Noise

B. Line Noise

C. Signal Jitter

D. Phase Shift

7. Why is it important to verify new CPAP settings with a physician before proceeding?

A. Ensures patient safety

B. Increases technician accountability

C. Reduces equipment malfunction

D. Improves coding for billing

8. If a patient is supine with intermittent snoring and an SpO2 of 79%, what should the sleep tech do after observing this for 10 minutes?

A. Complete the study and document results

B. Administer O2 at 1L NC

C. Wake the patient to verify SpO2 reliability

D. Initiate CPAP protocol

9. What information is most useful following a CPAP trial?

A. Perceived awakenings

B. Quantity of sleep

C. Tolerance of therapy

D. Recall of dreams

10. When does the first nap in an MSLT typically commence after the overnight PSG concludes?

A. 0.5 to 1 hour

B. 1 to 2 hours

C. 1.5 to 3 hours

D. 3 to 4 hours

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which of the following differentiates Idiopathic Insomnia from Idiopathic Hypersomnia?

A. Presence of cataplexy

B. Lifelong sleep disorder

C. Excessive daytime sleepiness without sleep onset REM

D. Frequent sleep interruptions

The distinction between Idiopathic Insomnia and Idiopathic Hypersomnia hinges on the characteristics and clinical presentations of each disorder. The option indicating that both conditions are lifelong sleep disorders underscores a crucial aspect of their classification. Idiopathic Insomnia is characterized primarily by difficulties in initiating or maintaining sleep, typically resulting in inadequate sleep and consequent daytime impairment. This condition often results in long-term sleep disruption and can be considered lifelong for many individuals. Conversely, Idiopathic Hypersomnia is characterized by excessive daytime sleepiness despite adequate or even prolonged nocturnal sleep. Individuals with this condition may experience long sleep durations but still face significant challenges with excessive sleepiness during the day, which is not alleviated by the usual sleep measures. The correct choice emphasizes that both disorders can manifest lifelong traits, distinguishing them from different classifications of sleep disorders where acute or situational factors might apply. While both conditions might seem like chronic issues, the specifics of their symptoms and the experiences of individuals with these disorders offer critical insights into their differentiation beyond just their duration. Other options discuss symptom characteristics or specific phenomena associated with other disorders rather than highlighting the lifelong nature of both conditions, failing to capture the essence of how these two specific conditions are differentiated.

2. What should a sleep technician review when transferring data from the main computer to offline storage for the first time?

A. File size

B. Type of system requirements

C. Confidentiality compliance

D. Procedure for downloading

When transferring data from the main computer to offline storage for the first time, it is essential for a sleep technician to review the procedure for downloading. Understanding the correct procedure ensures that the data is transferred accurately and securely, minimizing the risk of data loss or corruption. Proper adherence to the established protocols during the transfer process is crucial, especially when handling sensitive sleep study data which may contain personally identifiable information and health records. This step also includes knowledge of software interfaces and any necessary permissions that might need to be established before the transfer can occur. Familiarity with the procedure helps in efficiently navigating the system, ensuring that data integrity is maintained throughout the process. The other options, while relevant to the overall data management scenario, do not specifically address the immediate actions required for conducting a safe and accurate data transfer.

SAMPLE

3. What is the minimum digital resolution requirement?

A. 8 bits per sample

B. 10 bits per sample

C. 12 bits per sample

D. 16 bits per sample

The minimum digital resolution requirement in the context of sleep study data refers to the level of detail that can be captured in the recorded signals. In various medical and technical applications, including sleep studies, higher bit depths allow for more precise representation of the analog signals collected from various physiological parameters. A resolution of 12 bits per sample means that each sample can represent 4096 different values (2^12). This level of resolution is generally adequate for capturing the complex and nuanced data that practitioners need to analyze for sleep disorders. It provides a balance between detail and manageable data size, ensuring that important features of the signal are retained without overwhelming storage and processing requirements. In the realm of sleep studies, accurate quantification of signals such as EEG, EOG, and EMG is crucial for diagnosis and assessment of sleep disorders. Therefore, the 12 bits per sample standard is typically employed to ensure clinical efficacy while maintaining data fidelity.

4. If the distance from Fp2 to O2 is 30cm, what is the distance from C4 to P4?

A. 5cm

B. 15cm

C. 7.5cm

D. 10cm

To determine the distance from C4 to P4 given that the distance from Fp2 to O2 is 30 cm, it's essential to understand the general layout of the 10-20 system of electrode placement used in EEG. The distance between electrodes on the same lateral axis can be proportional based on their placement. In the 10-20 system, the sections of the head from Fp to O, and subsequently from C to P, represent specific sections of the scalp that generally follow a consistent anatomical proportion based on average head measurements. The distance from C4 to P4 is generally shorter than the distance from Fp2 to O2 due to their anatomical positioning and grouping within the 10-20 system. Specifically, the distance between C4 and P4 is approximately one-fourth of the distance from Fp2 to O2 because the C and P electrodes are placed more closely together compared to the frontal and occipital electrodes. In this case, if the distance from Fp2 to O2 is 30 cm, we can derive that the distance from C4 to P4, being approximately one-fourth, is 7.5 cm. This proportionality in the 10-20 system underpins the

5. During which sleep stage is central apnea mainly observed in patients?

A. Stage NREM 1

B. Stage NREM 2

C. Stage R

D. Stage NREM 3

Central apnea is primarily observed during the REM (Rapid Eye Movement) sleep stage. This is significant because during REM sleep, there is a decrease in the brain's regulation of breathing, leading to an increased susceptibility to disruptions in respiration. In this stage, muscle tone is at its lowest, which includes the muscles involved in breathing, contributing to the occurrence of central apnea, where the brain temporarily stops sending signals to the muscles that control breathing. Additionally, REM sleep is characterized by more irregular patterns of breathing compared to non-REM stages, further facilitating events of central apnea. Understanding this connection is crucial for diagnosing and managing sleep-related breathing disorders, where central apnea can significantly affect overall sleep quality and health.

SAMPLE

6. What artifact refers to interference typically at 60Hz?

A. White Noise

B. Line Noise

C. Signal Jitter

D. Phase Shift

The correct answer is line noise, which refers to electrical interference that usually manifests as a 60Hz hum in the context of sleep studies and other electronic recordings. This interference typically originates from electrical power sources and can contaminate the data collected from physiological signals, such as EEG or EKG, making it difficult to interpret the true signals. Line noise can pose significant challenges in sleep studies; it may mask important electrical activity related to sleep patterns and other phenomena. Identifying and mitigating line noise is crucial in ensuring the accuracy of the recorded data, which is why this term is emphasized in sleep disorder assessments. Other potential options, while relevant in their contexts, do not pertain specifically to the type of interference described here. White noise refers to a consistent sound across various frequencies that is often used therapeutically to provide a masking effect. Signal jitter describes variations in signal timing, often due to digital signal processing issues, and phase shift involves a time delay between signal components. These terms do not specifically characterize the 60Hz interference that defines line noise.

7. Why is it important to verify new CPAP settings with a physician before proceeding?

A. Ensures patient safety

B. Increases technician accountability

C. Reduces equipment malfunction

D. Improves coding for billing

Verifying new CPAP settings with a physician before proceeding is essential primarily because it ensures patient safety. The adjustment of CPAP (Continuous Positive Airway Pressure) settings can significantly affect the patient's therapeutic outcomes and overall well-being. Incorrect settings can lead to ineffective treatment, worsening of sleep apnea symptoms, or even potential complications such as cardiovascular issues or respiratory distress. A physician's input assures that the adjustments made align with the patient's specific medical history and current condition, thereby optimizing therapeutic efficacy while minimizing risk. The other aspects, such as technician accountability, equipment functioning, and billing codes, while relevant in healthcare practices, do not take precedence over the critical importance of patient safety. Maintaining a collaborative approach with healthcare providers is vital for delivering safe and effective patient care in sleep medicine.

SAMPLE

8. If a patient is supine with intermittent snoring and an SpO2 of 79%, what should the sleep tech do after observing this for 10 minutes?

A. Complete the study and document results

B. Administer O2 at 1L NC

C. Wake the patient to verify SpO2 reliability

D. Initiate CPAP protocol

In this scenario, the patient's low oxygen saturation (SpO2 of 79%) coupled with intermittent snoring while in the supine position indicates significant respiratory compromise, likely consistent with obstructive sleep apnea or other forms of hypoventilation. Waking the patient serves a critical purpose in ensuring the accuracy of the SpO2 readings. It allows the sleep technician to determine if the low saturation is a transient event or if it is a reliable indication of the patient's oxygenation status. Taking this step helps rule out any potential issues with the monitoring equipment or the patient's state (such as movement or interference with the sensor) that might inaccurately reflect their true oxygen levels. While administering oxygen or initiating CPAP could help manage the low saturation, those interventions might not address whether the reading is valid. Additionally, completing the study without verifying the reliability of the reading could lead to inaccurate conclusions about the patient's condition. Thus, waking the patient to evaluate SpO2 before moving forward with treatment options ensures a more accurate assessment of the situation and informs better clinical decision-making for subsequent interventions.

9. What information is most useful following a CPAP trial?

A. Perceived awakenings

B. Quantity of sleep

C. Tolerance of therapy

D. Recall of dreams

The most useful information following a CPAP trial is the tolerance of therapy. During a CPAP trial, it is crucial to assess how well the patient adapts to the continuous positive airway pressure treatment. Tolerance can include factors such as the patient's comfort with the CPAP mask, adherence to using the device throughout the night, and any side effects experienced. If a patient struggles with tolerance, it may indicate a need for modifications to the treatment plan, such as changing equipment or troubleshooting issues with mask fit or pressure settings. Evaluating tolerance is essential for the long-term success of the therapy, as poor tolerance can lead to reduced compliance, which ultimately affects the effectiveness of CPAP in treating sleep apnea. Gaining insight into the patient's comfort level and ability to use the equipment regularly can guide healthcare providers in making necessary adjustments to improve the patient's experience and adherence to therapy.

SAMPLE

10. When does the first nap in an MSLT typically commence after the overnight PSG concludes?

A. 0.5 to 1 hour

B. 1 to 2 hours

C. 1.5 to 3 hours

D. 3 to 4 hours

The first nap in a Multiple Sleep Latency Test (MSLT) typically begins 1.5 to 3 hours after the overnight polysomnography (PSG) concludes. This timing is crucial because the MSLT is designed to measure how quickly a person falls asleep in a quiet environment during the day, thereby assessing their level of daytime sleepiness. Starting the MSLT within this 1.5 to 3-hour window allows the effects of the previous night's sleep to diminish, offering a clearer picture of the patient's daytime sleep propensity. If the first nap were to occur too soon, the individual might not yet be experiencing normal levels of daytime sleepiness due to residual sleepiness from the overnight study. Conversely, waiting too long might introduce factors such as increased alertness or fatigue from extended wakefulness that could skew the results of the test. This strategic timing ensures that the results are more reliable in evaluating conditions such as narcolepsy, idiopathic hypersomnia, or other disorders affecting sleep-wake regulation.

SAMPLE

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!

SAMPLE