Board Exam Desk

Speech-Language Pathology Reviewer

Speech-Language Pathology Licensure Examination | PRC | 120 original questions

2026 Edition | Updated November 2026

Original board-style practice questions with an answer key.

Practice questions

Anatomy and Physiology of Speech and Hearing

1. A patient has hoarseness after thyroid surgery. Which nerve supplies every intrinsic laryngeal muscle except the cricothyroid?

A. Recurrent laryngeal nerve
B. External superior laryngeal nerve
C. Glossopharyngeal nerve
D. Hypoglossal nerve

2. Which intrinsic laryngeal muscle is the only one that abducts the vocal folds?

A. Lateral cricoarytenoid
B. Posterior cricoarytenoid
C. Interarytenoid
D. Thyroarytenoid

3. A singer is asked to glide up to a higher pitch. Which muscle mainly lengthens and tenses the vocal folds to do this?

A. Thyroarytenoid
B. Lateral cricoarytenoid
C. Cricothyroid
D. Posterior cricoarytenoid

4. On protrusion, a patient's tongue deviates to the right and the right side shows atrophy and fasciculations. Where is the lesion most likely?

A. Right hypoglossal nerve
B. Left hypoglossal nerve
C. Right facial nerve
D. Left trigeminal nerve

5. Broca's area, important for speech motor planning and expressive language, is located in which region of the dominant hemisphere?

A. Posterior superior temporal gyrus
B. Posterior inferior frontal gyrus
C. Angular gyrus of the parietal lobe
D. Precentral gyrus near the vertex

6. Which white matter tract links the posterior temporal language area with the inferior frontal language area?

A. Corpus callosum
B. Corticospinal tract
C. Internal capsule genu
D. Arcuate fasciculus

7. Which muscle is the main elevator of the soft palate for velopharyngeal closure?

A. Tensor veli palatini
B. Levator veli palatini
C. Palatoglossus
D. Palatopharyngeus

8. A child with a cleft palate has repeated middle ear effusions. Which muscle normally opens the Eustachian tube?

A. Levator veli palatini
B. Tensor veli palatini
C. Superior pharyngeal constrictor
D. Stylopharyngeus

9. During quiet breathing at rest, which muscle does most of the work of inspiration?

A. Internal intercostals
B. Rectus abdominis
C. Diaphragm
D. Sternocleidomastoid

10. According to the myoelastic-aerodynamic theory, what brings the vocal folds back together after subglottal pressure blows them apart in each cycle?

A. A separate nerve impulse for every cycle
B. Tissue elasticity plus the Bernoulli effect
C. Active posterior cricoarytenoid contraction
D. Rhythmic cricothyroid contraction each cycle

11. High-frequency sounds produce maximum displacement in which part of the basilar membrane?

A. The apex, near the helicotrema
B. The base, near the oval window
C. The middle turn of the cochlea
D. The whole membrane equally

12. Which ossicle has a footplate that sits in the oval window?

A. Stapes
B. Incus
C. Malleus
D. Lenticular process

13. A patient cannot puff out the cheeks, has weak lip closure on one side, and has drooping at the mouth corner. Which cranial nerve is most likely involved?

A. Trigeminal nerve (V)
B. Vagus nerve (X)
C. Facial nerve (VII)
D. Accessory nerve (XI)

14. Treat an adult vocal tract as a tube 17.5 cm long, closed at the glottis and open at the lips. With the speed of sound at 35,000 cm/s, what is the first formant?

A. 500 Hz
B. 1,000 Hz
C. 250 Hz
D. 2,000 Hz

15. Which bone supports the tongue base and larynx but does not articulate with any other bone?

A. Mandible
B. Hyoid bone
C. Thyroid cartilage
D. Sphenoid bone

Speech Sound Disorders

16. A 5-year-old says "tat" for "cat" and "doe" for "go." Which phonological process is shown?

A. Stopping
B. Backing
C. Velar fronting
D. Final consonant deletion

17. A child says "nana" for "banana" and "puter" for "computer." Which process is this?

A. Weak syllable deletion
B. Initial consonant deletion
C. Reduplication
D. Cluster reduction

18. A child says "wed" for "red" and "yeyo" for "yellow." Which process is this?

A. Vowelization
B. Stopping of fricatives
C. Deaffrication
D. Gliding of liquids

19. A child says "tun" for "sun" and "dip" for "zip." Which process is this?

A. Stopping
B. Fronting
C. Gliding
D. Assimilation

20. A 4-year-old says "bu" for "bus" and "ca" for "cat" but produces the same consonants at the start of words. Which process is this?

A. Final consonant deletion
B. Initial consonant deletion
C. Weak syllable deletion
D. Epenthesis

21. A child says "top" for "stop" and "pay" for "play." Which process is this?

A. Cluster reduction
B. Stopping
C. Epenthesis
D. Metathesis

22. A 7-year-old puts the tongue tip between the teeth for /s/ and /z/ in all word positions and has no other errors. How is this best classified?

A. A phonological pattern disorder
B. Childhood apraxia of speech
C. An articulation (phonetic) disorder
D. A language difference

23. Which finding most supports childhood apraxia of speech over a phonological disorder?

A. Consistent fronting of all velar sounds
B. Errors limited to late-developing sounds
C. Correct /s/ in words but not in sentences
D. Inconsistent errors on repeated tries of the same word

24. In a connected speech sample, a child attempts 120 consonants and produces 87 correctly. What is the Percentage of Consonants Correct (PCC)?

A. 72.5%
B. 27.5%
C. 87.0%
D. 66.7%

25. A listener understands 96 of the 150 words in a child's conversational sample. What is the intelligibility score?

A. 36%
B. 56%
C. 75%
D. 64%

26. For a child who fronts velars, which minimal pair best contrasts the error with the target?

A. key - sea
B. cap - cat
C. key - tea
D. go - no

27. A highly unintelligible child shows several phonological patterns. Which approach targets each pattern for a set time, moves on, and recycles patterns as needed?

A. Traditional articulation approach
B. Cycles approach
C. Core vocabulary approach
D. Oral-motor exercise approach

28. Which consonant is a voiced labiodental fricative?

A. /v/
B. /f/
C. /b/
D. /ð/

29. An adult from Bulacan whose first language is Tagalog says "pan" for "fan" in English. Hearing and oral structures are normal. How should the SLP interpret this?

A. A phonological disorder needing therapy
B. A language difference from first-language phonology
C. Childhood apraxia of speech persisting into adulthood
D. A dysarthria affecting labiodental contact

30. A child who misarticulates /k/ produces it correctly when given a model and a visual cue. What does this good stimulability suggest?

A. That the sound needs no further goals
B. A better prognosis for that sound
C. A structural cause for the error
D. That the sound should be targeted last

Language Disorders

31. A 3-year-old's sample has 50 utterances with 155 morphemes in total. What is the mean length of utterance (MLU)?

A. 3.1
B. 2.9
C. 3.5
D. 1.55

32. Using Brown's rules, how many morphemes are in "The dogs jumped"?

A. 3
B. 4
C. 5
D. 6

33. A stroke patient speaks in short, effortful phrases with few function words, understands conversation fairly well, and repeats poorly. Which aphasia fits best?

A. Broca's aphasia
B. Wernicke's aphasia
C. Conduction aphasia
D. Transcortical sensory aphasia

34. A patient talks fluently with normal rate but uses many paraphasias and neologisms, follows few commands, and seems unaware of the errors. Which aphasia fits best?

A. Broca's aphasia
B. Wernicke's aphasia
C. Anomic aphasia
D. Transcortical motor aphasia

35. A patient has fluent speech and good comprehension but makes many phonemic errors when asked to repeat phrases. Which aphasia is most likely?

A. Global aphasia
B. Conduction aphasia
C. Broca's aphasia
D. Transcortical sensory aphasia

36. A patient's spontaneous speech is sparse and nonfluent, but comprehension is good and the patient repeats long sentences accurately. Which aphasia is this?

A. Broca's aphasia
B. Conduction aphasia
C. Wernicke's aphasia
D. Transcortical motor aphasia

37. A patient's speech is fluent and grammatical, with good comprehension and repetition, but is full of pauses and phrases like "that thing you use." Which aphasia fits?

A. Conduction aphasia
B. Anomic aphasia
C. Wernicke's aphasia
D. Global aphasia

38. Shown a picture of a spoon, a patient with aphasia says "fork." What type of error is this?

A. Semantic paraphasia
B. Phonemic paraphasia
C. Neologism
D. Perseveration

39. A 5-year-old has persistent problems with grammar and vocabulary, with normal hearing, nonverbal intelligence in the typical range, and no autism or neurological condition. Which term fits best?

A. Language disorder linked to autism
B. Receptive aphasia
C. Language difference
D. Developmental language disorder

40. A 9-year-old has good vocabulary and grammar but often interrupts, drifts off topic, and misses listeners' signs of boredom. Which language domain is mainly affected?

A. Morphology
B. Phonology
C. Semantics
D. Pragmatics

41. Of these grammatical morphemes from Brown's sequence, which is typically mastered first?

A. Present progressive -ing
B. Contractible auxiliary
C. Third person irregular
D. Uncontractible copula

42. After hearing a new word once in a game, a toddler later picks the right object when it is named. Which process does this show?

A. Fast mapping
B. Overextension
C. Echolalia
D. Bootstrapping by syntax

43. After a right hemisphere stroke, a patient talks fluently but misses jokes, takes idioms literally, and ignores the left side of the page. What does this best reflect?

A. Right hemisphere cognitive-communication disorder
B. Broca's aphasia with apraxia
C. Mild conduction aphasia
D. Flaccid dysarthria

44. A young adult with a traumatic brain injury forgets session content, loses track in conversation, and has trouble planning tasks, but tests near normal on naming and grammar. What is the main problem?

A. Fluent aphasia
B. Developmental language disorder
C. Cognitive-communication deficits
D. Apraxia of speech

45. Which assessment approach best reduces bias when testing a child whose home language and culture differ from the test's norm group?

A. Dynamic assessment (test-teach-retest)
B. Norm-referenced testing in English only
C. Using the norms of a similar country
D. Translating the test word for word

Fluency Disorders

46. In a 400-syllable sample, a client stutters on 22 syllables. What is the percentage of syllables stuttered?

A. 2.2%
B. 4.0%
C. 18.2%
D. 5.5%

47. Which set lists the core behaviors of stuttering?

A. Eye blinks, head nods and jaw jerks
B. Interjections, revisions and pauses
C. Repetitions, prolongations and blocks
D. Word avoidance, circumlocution and fear

48. A teenager who stutters blinks hard and jerks the head to escape a block. How are these behaviors classified?

A. Core stuttering behaviors
B. Typical disfluencies
C. Secondary (escape) behaviors
D. Cluttering features

49. A client speaks very fast and irregularly, collapses syllables, has disorganized discourse, and is mostly unaware of the problem. Which disorder is most likely?

A. Developmental stuttering
B. Cluttering
C. Neurogenic stuttering
D. Spasmodic dysphonia

50. An SLP teaches easy onsets, light articulatory contacts and slow prolonged speech to build stutter-free talking. Which treatment approach is this?

A. Stuttering modification
B. Fluency shaping
C. Desensitization therapy
D. Lidcombe operant therapy

51. In the middle of a block, a client eases out of it by slowing down and loosening tension before finishing the word. Which stuttering modification technique is this?

A. Cancellation
B. Preparatory set
C. Pull-out
D. Voluntary stuttering

52. Which treatment for preschool children who stutter is delivered mainly by parents, using verbal contingencies for stutter-free and stuttered speech?

A. Camperdown Program
B. Van Riper's MIDVAS
C. Lidcombe Program
D. Delayed auditory feedback

53. For a preschooler who has begun to stutter, which factor raises the risk that stuttering will persist?

A. Being a girl rather than a boy
B. A relative with persistent stuttering
C. Onset less than six months ago
D. Strong speech sound skills

54. A client reads the same passage aloud five times in a row and stutters less with each reading. What is this called?

A. Adaptation effect
B. Consistency effect
C. Expectancy effect
D. Carryover effect

55. Across repeated readings of a passage, a client tends to stutter on the same words each time. What is this called?

A. Consistency effect
B. Adaptation effect
C. Adjacency effect
D. Spontaneous recovery

56. A 62-year-old with no history of stuttering starts having repetitions on content and function words after a stroke, with little anxiety about them. What is most likely?

A. Developmental stuttering
B. Neurogenic stuttering
C. Cluttering
D. Psychogenic voice disorder

57. Which disfluency in a 3-year-old's speech is most suggestive of stuttering rather than typical disfluency?

A. Phrase repetitions such as "I want, I want"
B. Interjections such as "um" between words
C. Tense part-word repetitions such as "b-b-b-ball"
D. Revisions such as "I went, I mean ran"

58. A client produces 540 syllables in 3 minutes of conversation. What is the speaking rate?

A. 180 syllables per minute
B. 160 syllables per minute
C. 270 syllables per minute
D. 120 syllables per minute

59. Why might an SLP have an adult client stutter on purpose in easy, relaxed ways?

A. To reduce fear and avoidance of stuttering
B. To raise the rate of fluent speech directly
C. To strengthen the respiratory muscles
D. To measure the client's baseline severity

60. Why does speaking under delayed auditory feedback often reduce stuttering for a while?

A. It masks all speech so feedback is lost
B. It permanently changes speech motor control
C. It speeds speech and shortens blocks
D. It makes the speaker slow down and prolong sounds

Voice and Resonance Disorders

61. A public school teacher has gradual hoarseness. Laryngoscopy shows bilateral, symmetrical lesions where the anterior and middle thirds of the folds meet. What is most likely?

A. Unilateral vocal fold polyp
B. Laryngeal papilloma
C. Contact ulcer
D. Vocal fold nodules

62. After thyroidectomy, a patient has a breathy, weak voice and one vocal fold stays near the midline-to-open position. What is the likely cause?

A. Adductor spasmodic dysphonia
B. Bilateral vocal nodules
C. Unilateral vocal fold paralysis
D. Muscle tension dysphonia

63. A patient has a strained, strangled voice with sudden breaks, and the voice is near normal when laughing or singing. Which condition and usual medical treatment fit best?

A. Vocal nodules; surgical removal
B. Adductor spasmodic dysphonia; botulinum toxin injection
C. Abductor paralysis; thyroplasty
D. Reflux laryngitis; voice rest

64. A client sustains /s/ for 18 seconds and /z/ for 9 seconds. What is the s/z ratio, and what does it suggest?

A. 0.5; possible vocal fold pathology
B. 2.0; normal laryngeal function
C. 0.5; normal laryngeal function
D. 2.0; possible vocal fold pathology

65. A child with a repaired cleft palate sounds hypernasal and has audible nasal air escape on /p/ and /s/. What is the most likely cause?

A. Adenoid hypertrophy
B. Vocal fold paralysis
C. Velopharyngeal insufficiency
D. Chronic nasal congestion

66. A child with large adenoids says "bobby" for "mommy" and "dice" for "nice." What does this indicate?

A. Hypernasality
B. Nasal emission
C. Cul-de-sac resonance from VPI
D. Hyponasality

67. A child with cleft palate replaces oral stops with glottal stops. What is the best explanation?

A. A typical developmental phonological process
B. A sign of hearing loss in the low frequencies
C. A motor planning error from apraxia
D. A compensatory articulation for poor oral pressure

68. A patient with Parkinson's disease has a soft, monotone voice. Which program focuses on intensive training of loud, healthy voicing?

A. Melodic Intonation Therapy
B. LSVT LOUD
C. Lidcombe Program
D. Vocal Function Exercises for singers

69. A call center agent in Makati has hoarseness linked to long shifts. Which vocal hygiene advice fits best?

A. Whisper forcefully during shifts
B. Speak at a lower pitch than is comfortable
C. Drink coffee often to stay alert
D. Drink water often and cut back habitual throat clearing

70. A 17-year-old male with a normal larynx still uses a high, thin falsetto voice long after puberty. Which condition is most likely?

A. Adductor spasmodic dysphonia
B. Unilateral vocal fold paralysis
C. Mutational falsetto (puberphonia)
D. Ventricular phonation

71. After total laryngectomy, which alaryngeal option sends lung air from the trachea into the esophagus through a one-way valve?

A. Electrolarynx placed on the neck
B. Esophageal speech by air injection
C. Tracheoesophageal puncture with prosthesis
D. Intraoral pneumatic artificial larynx

72. In both esophageal and tracheoesophageal speech, which structure vibrates to make the voice?

A. Remaining true vocal folds
B. False vocal folds
C. Soft palate and uvula
D. Pharyngoesophageal segment

73. In acoustic voice analysis, what does jitter measure?

A. Cycle-to-cycle variation in amplitude
B. Ratio of harmonics to noise
C. Cycle-to-cycle variation in frequency
D. Average fundamental frequency

74. Each vocal fold vibratory cycle in a sample lasts 5 milliseconds. What is the fundamental frequency?

A. 500 Hz
B. 50 Hz
C. 200 Hz
D. 20 Hz

75. A patient who uses the voice heavily has chronic hoarseness, frequent throat clearing, a lump sensation in the throat, and redness of the posterior larynx. Which condition is most likely?

A. Unilateral vocal fold paralysis
B. Spasmodic dysphonia
C. Mutational falsetto
D. Laryngopharyngeal reflux

Dysphagia

76. Which phase of swallowing begins when the swallow reflex is triggered and is mainly involuntary?

A. Oral preparatory phase
B. Oral transit phase
C. Pharyngeal phase
D. Anticipatory phase

77. During a videofluoroscopic study, barium passes below the true vocal folds. What is this called?

A. Penetration
B. Aspiration
C. Residue
D. Regurgitation

78. During a videofluoroscopic swallow study, contrast passes below the vocal folds and the patient does not cough or react. What does this show?

A. Laryngeal penetration only
B. Silent aspiration
C. Normal airway protection
D. Esophageal reflux

79. On the 8-point Penetration-Aspiration Scale, which score means material passes below the vocal folds with no effort to eject it?

A. 1
B. 5
C. 8
D. 7

80. A patient's swallow is triggered late, and liquid spills into the airway before the swallow. Which posture is commonly tried first?

A. Head tilt back
B. Chin tuck (chin down)
C. Lying flat on the back
D. Head tilt to the stronger side

81. A patient has weakness on the left side of the pharynx, with residue on that side. Which posture helps most?

A. Turning the head to the right
B. Turning the head to the left
C. Tilting the head back
D. Lying on the left side

82. Which maneuver has the patient hold the larynx at its highest point for several seconds during the swallow to prolong upper esophageal sphincter opening?

A. Supraglottic swallow
B. Effortful swallow
C. Mendelsohn maneuver
D. Masako maneuver

83. A patient is told to take a breath, hold it, swallow, then cough right away. Which maneuver is this, and what is it for?

A. Supraglottic swallow; closing the vocal folds before and during the swallow
B. Mendelsohn maneuver; prolonging laryngeal elevation
C. Effortful swallow; increasing tongue base pressure
D. Shaker exercise; strengthening the suprahyoid muscles

84. A patient has residue in the valleculae from weak tongue base retraction. Which maneuver targets this directly?

A. Chin tuck against resistance only
B. Head turn toward the stronger side
C. Effortful swallow
D. Supraglottic swallow

85. The patient lies on the back and lifts the head to look at the toes without raising the shoulders. What does this exercise aim to improve?

A. Velopharyngeal closure
B. Vocal fold adduction
C. Upper esophageal sphincter opening
D. Lip seal strength

86. Which is an advantage of FEES over a videofluoroscopic swallow study?

A. No radiation, and it can be done at bedside
B. It shows the whole swallow without whiteout
C. It clearly shows the oral and esophageal phases
D. It measures bone density of the cervical spine

87. During the Masako (tongue-hold) maneuver, the patient swallows with the tongue held between the teeth. Which statement is correct?

A. It is done with large boluses to build strength
B. It mainly improves lip closure for drinking
C. It prolongs vocal fold closure during the swallow
D. It targets posterior pharyngeal wall movement and is done without food

88. In the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, which level is thin liquid?

A. Level 0
B. Level 2
C. Level 4
D. Level 7

89. During a bedside swallow evaluation, which sign after a sip most strongly suggests the airway may have been entered?

A. A dry mouth before the trial
B. A clear, strong voice
C. Mild drooling between meals
D. A wet, gurgly voice quality

90. A patient swallows normally in the mouth and throat but feels food stick behind the breastbone several seconds later. What is the best next step?

A. Refer for a medical or gastroenterology workup
B. Start lip and tongue strengthening drills
C. Begin the Mendelsohn maneuver at once
D. Change all liquids to IDDSI Level 4

Audiology

91. A client's air conduction thresholds are 35 dB HL at 500 Hz, 45 dB HL at 1000 Hz and 55 dB HL at 2000 Hz. What is the three-frequency pure-tone average?

A. 40 dB HL
B. 50 dB HL
C. 135 dB HL
D. 45 dB HL

92. An audiogram shows normal bone conduction thresholds with air conduction thresholds about 30 dB poorer. What type of hearing loss is this?

A. Sensorineural
B. Conductive
C. Mixed
D. Central auditory

93. Air and bone conduction thresholds are both 50 dB HL across frequencies, with no air-bone gap. What type of loss is this?

A. Conductive
B. Sensorineural
C. Mixed
D. Normal hearing

94. A 4-year-old has a flat Type B tympanogram with normal ear canal volume. What is most likely?

A. Eardrum perforation
B. Ossicular discontinuity
C. Normal middle ear
D. Middle ear effusion

95. A tympanogram peaks at markedly negative pressure. What does this usually suggest?

A. Ossicular discontinuity
B. Perforated eardrum
C. Eustachian tube dysfunction
D. Cochlear hair cell loss

96. An adult with a progressive conductive loss has a normal-pressure tympanogram with very shallow compliance (Type As). Which condition fits best?

A. Ossicular discontinuity
B. Otosclerosis
C. Acute otitis media with effusion
D. Noise-induced hearing loss

97. A patient has a conductive hearing loss in the left ear only. Where will the Weber tuning fork test lateralize?

A. To the right ear
B. To the midline
C. To neither ear
D. To the left ear

98. On a Rinne test, a patient hears the fork longer by bone conduction than by air conduction in one ear. What does this suggest for that ear?

A. Normal hearing
B. Conductive hearing loss
C. Mild sensorineural loss
D. Retrocochlear lesion

99. A factory worker's audiogram shows a dip at 4000 Hz with better thresholds at 8000 Hz in both ears. What is the most likely cause?

A. Noise-induced hearing loss
B. Otosclerosis
C. Middle ear effusion
D. Meniere's disease in its early stage

100. A 78-year-old has gradual, bilateral, symmetrical hearing loss that slopes down in the high frequencies, with no air-bone gap. Which condition fits best?

A. Otosclerosis
B. Unilateral acoustic neuroma
C. Otitis media with effusion
D. Presbycusis

101. Otoacoustic emissions mainly reflect the function of which structures?

A. Inner hair cells of the cochlea
B. Auditory nerve fibers
C. Outer hair cells of the cochlea
D. Auditory cortex neurons

102. A newborn has present otoacoustic emissions but an absent auditory brainstem response. Which condition is suggested?

A. Conductive hearing loss
B. Normal hearing
C. Outer hair cell damage
D. Auditory neuropathy spectrum disorder

103. Which Philippine law requires hearing loss screening for newborns?

A. Republic Act 9709
B. Republic Act 9288
C. Republic Act 7277
D. Republic Act 10173

104. A child has a mild loss limited to 4000 to 8000 Hz. Which speech sound is the child most likely to miss?

A. /s/
B. /m/
C. /u/
D. /b/

105. In a free field, a talker's voice is 70 dB SPL at 1 meter. About how loud is it at 2 meters?

A. 64 dB SPL
B. 35 dB SPL
C. 67 dB SPL
D. 76 dB SPL

Professional Practice and Ethics

106. A child's class adviser calls an SLP clinic and asks for a copy of the child's speech evaluation report. What should the SLP do first?

A. Email the report since the adviser is staff
B. Read the results over the phone only
C. Send only the summary page
D. Get the parent's or guardian's written consent

107. An adult has had hoarseness for six weeks and asks to start voice therapy right away. What should the SLP do?

A. Start vocal function exercises that day
B. Prescribe medicine for reflux
C. Advise complete voice rest for three months
D. Refer for laryngeal examination by an ENT first

108. Which therapy objective is written in the most measurable form?

A. Ana will improve her /s/ sound during therapy
B. Ana will understand how to make a better /s/
C. Ana will say /s/ at the start of words with 80% accuracy in three sessions in a row
D. Ana will work hard on her speech at home

109. Evidence-based practice in speech-language pathology combines which three elements?

A. Research evidence, clinical expertise and client values
B. Test scores, physician orders and insurance rules
C. Textbook norms, peer opinion and clinic policy
D. Parent reports, teacher reports and checklists

110. An SLP wants to know whether a child has mastered a set of /k/ words, regardless of how peers perform. Which type of measure fits best?

A. Norm-referenced test
B. Standardized percentile ranking
C. Age-equivalent score table
D. Criterion-referenced measure

111. On a language test with a mean of 100 and a standard deviation of 15, a child scores 70. How far is this from the mean?

A. 1 standard deviation below
B. 2 standard deviations below
C. 3 standard deviations below
D. 1.5 standard deviations below

112. A test given to the same children two weeks apart produces nearly identical scores. What does this show?

A. Good content validity
B. High sensitivity
C. Good predictive validity
D. Good test-retest reliability

113. An SLP must assess an elderly Cebuano-speaking patient but speaks only Tagalog and English. Which option is most appropriate?

A. Ask the patient's 10-year-old grandchild to translate
B. Assess in English and note the patient's language
C. Skip the language tests and observe only
D. Use a trained interpreter and brief them beforehand

114. A hearing aid supplier offers an SLP a cash payment for every client referred. What is the ethical response?

A. Accept, as long as the clients benefit
B. Accept, and share the amount with the clinic
C. Decline, because referral fees create a conflict of interest
D. Accept, but only for clients who pay in cash

115. A student clinician under supervision makes an error in a client's therapy plan. Who is ultimately responsible for the client's care?

A. The student clinician alone
B. The licensed supervising SLP
C. The client's family
D. The school registrar

116. An SLP plans to give therapy through video calls to a child in a far-flung province. Which consideration matters most?

A. Use any free app, since rules differ online
B. Shorten sessions so less consent is needed
C. Skip assessment, since video limits testing
D. Use a secure platform and keep the same standard of care

117. Which Philippine law first set out the rights of persons with disabilities, including rehabilitation and accessibility services?

A. Republic Act 9709
B. Republic Act 7277
C. Republic Act 10173
D. Republic Act 9288

118. An SLP measures a client's target behavior over a baseline phase, treats, withdraws treatment, then treats again. Which research design is this?

A. Multiple baseline across behaviors
B. Randomized controlled trial
C. ABAB withdrawal design
D. Pretest-posttest group design

119. Under the WHO International Classification of Functioning, Disability and Health (ICF), a child who no longer joins class recitations because of stuttering shows what?

A. An impairment of body structure
B. An environmental facilitator
C. A participation restriction
D. A personal health condition code

120. A speech screening identifies 45 of the 50 children who truly have a disorder. What is its sensitivity?

A. 10%
B. 45%
C. 95%
D. 90%

Answer key

Speech-Language Pathology

1. A. Recurrent laryngeal nerve

The recurrent laryngeal branch of the vagus innervates all intrinsic laryngeal muscles except the cricothyroid, and it runs close to the thyroid gland.

2. B. Posterior cricoarytenoid

The posterior cricoarytenoid rotates the arytenoids outward and opens the glottis. The other three listed muscles adduct or shorten the folds.

3. C. Cricothyroid

Contraction of the cricothyroid tilts the thyroid cartilage forward, which lengthens and tenses the folds and raises fundamental frequency.

4. A. Right hypoglossal nerve

With a lower motor neuron lesion of cranial nerve XII, the tongue deviates toward the weak side, and atrophy with fasciculations points to the nerve on that same side.

5. B. Posterior inferior frontal gyrus

Broca's area occupies the posterior part of the inferior frontal gyrus (Brodmann areas 44 and 45) in the language-dominant hemisphere.

6. D. Arcuate fasciculus

The arcuate fasciculus connects Wernicke's and Broca's areas. Damage to it is classically linked to conduction aphasia.

7. B. Levator veli palatini

The levator veli palatini pulls the velum up and back against the posterior pharyngeal wall, the main movement in velopharyngeal closure.

8. B. Tensor veli palatini

The tensor veli palatini opens the Eustachian tube. Its abnormal insertion in cleft palate contributes to poor middle ear ventilation.

9. C. Diaphragm

The diaphragm contracts and descends, enlarging the thoracic cavity. Accessory muscles such as the sternocleidomastoid help mainly during forced breathing.

10. B. Tissue elasticity plus the Bernoulli effect

The folds close passively through their elastic recoil and the drop in pressure from fast airflow through the glottis. The nerve-impulse idea belongs to the rejected neurochronaxic theory.

11. B. The base, near the oval window

The basilar membrane is narrow and stiff at the base, so it responds best to high frequencies. The wider, looser apex responds to low frequencies.

12. A. Stapes

The footplate of the stapes fits into the oval window and passes vibrations into the fluid of the inner ear.

13. C. Facial nerve (VII)

The facial nerve supplies the muscles of facial expression, including the orbicularis oris and buccinator used for lip seal and cheek puffing.

14. A. 500 Hz

A tube closed at one end resonates at c/4L. 35,000 / (4 x 17.5) = 35,000 / 70 = 500 Hz.

15. B. Hyoid bone

The hyoid is suspended by muscles and ligaments and has no bony joint. The thyroid is cartilage, not bone.

16. C. Velar fronting

The velars /k/ and /g/ are replaced by the alveolars /t/ and /d/, which moves the place of articulation forward.

17. A. Weak syllable deletion

The unstressed syllable of each word is dropped, which is weak syllable deletion.

18. D. Gliding of liquids

The liquids /r/ and /l/ are replaced by the glides /w/ and /j/, which is gliding.

19. A. Stopping

The fricatives /s/ and /z/ are replaced by the stops /t/ and /d/, which is stopping.

20. A. Final consonant deletion

The word-final consonants are left out while the same sounds appear word-initially, which is final consonant deletion.

21. A. Cluster reduction

One member of each consonant cluster is omitted, which is cluster reduction.

22. C. An articulation (phonetic) disorder

One consistent motor distortion of a sound class (an interdental lisp) points to an articulation disorder rather than a rule-based phonological pattern.

23. D. Inconsistent errors on repeated tries of the same word

Inconsistent errors on repeated productions, disrupted transitions between sounds and syllables, and atypical prosody are core features of childhood apraxia of speech.

24. A. 72.5%

PCC = correct consonants / consonants attempted x 100 = 87 / 120 x 100 = 72.5%.

25. D. 64%

Intelligibility = 96 / 150 x 100 = 64%.

26. C. key - tea

"Key" and "tea" differ only by /k/ versus /t/, the very contrast the child collapses when fronting.

27. B. Cycles approach

The cycles approach works through deficient patterns in time-limited cycles and repeats the cycle until the patterns emerge in spontaneous speech.

28. A. /v/

/v/ is made with the lower lip against the upper teeth, with turbulent airflow and vocal fold vibration. /f/ is its voiceless counterpart.

29. B. A language difference from first-language phonology

/f/ is not part of native Tagalog phonology, so substituting /p/ reflects transfer from the first language rather than a disorder.

30. B. A better prognosis for that sound

A sound that is stimulable with cues usually responds faster to treatment, so stimulability is a positive prognostic sign.

31. A. 3.1

MLU = total morphemes / number of utterances = 155 / 50 = 3.1.

32. C. 5

the (1) + dog (1) + plural -s (1) + jump (1) + past -ed (1) = 5 morphemes.

33. A. Broca's aphasia

Nonfluent, agrammatic output with relatively spared comprehension and impaired repetition is the classic Broca's profile.

34. B. Wernicke's aphasia

Fluent but empty speech with paraphasias, poor comprehension and reduced self-monitoring is typical of Wernicke's aphasia.

35. B. Conduction aphasia

Repetition that is far worse than spontaneous speech and comprehension is the hallmark of conduction aphasia.

36. D. Transcortical motor aphasia

Nonfluent output with good comprehension and preserved repetition defines transcortical motor aphasia. In Broca's aphasia, repetition is impaired.

37. B. Anomic aphasia

Word-finding difficulty with otherwise intact fluency, comprehension and repetition is anomic aphasia.

38. A. Semantic paraphasia

Substituting a word from the same meaning category is a semantic (verbal) paraphasia.

39. D. Developmental language disorder

A language disorder that is not associated with a known biomedical condition such as hearing loss, autism or intellectual disability is called developmental language disorder.

40. D. Pragmatics

Turn-taking, topic maintenance and reading listener cues are social uses of language, which fall under pragmatics.

41. A. Present progressive -ing

Present progressive -ing is first in Brown's order of 14 morphemes. The other three are mastered much later, and the contractible auxiliary is last.

42. A. Fast mapping

Fast mapping is forming a quick, partial link between a new word and its meaning after very little exposure.

43. A. Right hemisphere cognitive-communication disorder

Problems with inference, humor, figurative language and left neglect, with basic language intact, are typical of right hemisphere damage.

44. C. Cognitive-communication deficits

Attention, memory and executive function problems that disrupt communication after a TBI are cognitive-communication deficits, not primary aphasia.

45. A. Dynamic assessment (test-teach-retest)

Dynamic assessment looks at how readily a child learns with mediation, which separates a true disorder from limited exposure.

46. D. 5.5%

%SS = 22 / 400 x 100 = 5.5%.

47. C. Repetitions, prolongations and blocks

Core behaviors are the involuntary disruptions themselves. Physical concomitants and avoidance are secondary behaviors.

48. C. Secondary (escape) behaviors

Learned movements used to end or escape a moment of stuttering are secondary behaviors.

49. B. Cluttering

Rapid or irregular rate, telescoped syllables and low awareness are hallmarks of cluttering.

50. B. Fluency shaping

Fluency shaping changes the overall speech pattern to make fluent speech, rather than changing individual moments of stuttering.

51. C. Pull-out

A pull-out changes a stutter while it is happening. Cancellation comes after the stutter, and a preparatory set comes before it.

52. C. Lidcombe Program

The Lidcombe Program is a parent-delivered operant treatment for young children. The Camperdown Program is for adolescents and adults.

53. B. A relative with persistent stuttering

A family history of persistent stuttering is a known risk factor for persistence. Being female and having recent onset point toward natural recovery.

54. A. Adaptation effect

The drop in stuttering across repeated oral readings of the same material is the adaptation effect.

55. A. Consistency effect

Stuttering on the same words across readings is the consistency effect.

56. B. Neurogenic stuttering

Stuttering that begins after neurological injury in adulthood, spreads across word types and comes with little concern fits neurogenic stuttering.

57. C. Tense part-word repetitions such as "b-b-b-ball"

Part-word repetitions with several iterations and tension are stuttering-like. Phrase repetitions, interjections and revisions are common typical disfluencies.

58. A. 180 syllables per minute

Rate = 540 syllables / 3 minutes = 180 syllables per minute.

59. A. To reduce fear and avoidance of stuttering

Voluntary stuttering desensitizes the client to stuttering, which lowers fear, tension and avoidance.

60. D. It makes the speaker slow down and prolong sounds

Delayed auditory feedback tends to slow speech and stretch syllables, which reduces stuttering, but the effect usually fades without other treatment.

61. D. Vocal fold nodules

Nodules form bilaterally at the point of greatest impact, the junction of the anterior and middle thirds, usually from chronic phonotrauma.

62. C. Unilateral vocal fold paralysis

Injury to the recurrent laryngeal nerve during thyroid surgery can paralyze one fold, leaving a glottal gap and a breathy voice.

63. B. Adductor spasmodic dysphonia; botulinum toxin injection

Adductor spasmodic dysphonia is a focal laryngeal dystonia causing spasms that close the folds. Botulinum toxin injection is the standard medical treatment.

64. D. 2.0; possible vocal fold pathology

s/z = 18 / 9 = 2.0. A ratio well above about 1.4 suggests poor glottal closure during voicing, so possible fold pathology.

65. C. Velopharyngeal insufficiency

Hypernasality and nasal emission on pressure consonants mean the velopharyngeal port is not closing, which is velopharyngeal insufficiency.

66. D. Hyponasality

Nasal consonants sound like oral stops when airflow through the nose is blocked, which is hyponasality.

67. D. A compensatory articulation for poor oral pressure

When the child cannot build oral pressure, the valving moves to the larynx. Glottal stops are a common compensatory error that needs speech therapy.

68. B. LSVT LOUD

LSVT LOUD is an intensive, high-effort program aimed at the hypophonia of Parkinson's disease.

69. D. Drink water often and cut back habitual throat clearing

Hydration and reducing phonotraumatic habits like throat clearing protect the vocal folds. Forced whispering and pushing pitch down add strain, and caffeine can dry the folds.

70. C. Mutational falsetto (puberphonia)

Persistent high pitch after laryngeal growth at puberty, with normal structure, is mutational falsetto. It often responds well to voice therapy that finds the lower pitch.

71. C. Tracheoesophageal puncture with prosthesis

A tracheoesophageal voice prosthesis routes pulmonary air into the esophagus when the stoma is covered, which drives the vibrating segment.

72. D. Pharyngoesophageal segment

The larynx is removed, so the pharyngoesophageal segment acts as the new sound source.

73. C. Cycle-to-cycle variation in frequency

Jitter is frequency perturbation from one cycle to the next. Shimmer is the matching measure for amplitude.

74. C. 200 Hz

F0 = 1 / period = 1 / 0.005 s = 200 Hz.

75. D. Laryngopharyngeal reflux

Throat clearing, globus sensation and posterior laryngeal redness are typical of laryngopharyngeal reflux.

76. C. Pharyngeal phase

The pharyngeal phase is reflexive. Once triggered, it closes the velopharynx and airway and opens the upper esophageal sphincter.

77. B. Aspiration

Material below the true vocal folds is aspiration. Material in the airway above the folds is penetration.

78. B. Silent aspiration

Aspiration with no cough or other response is silent aspiration, which bedside screening can miss.

79. C. 8

A score of 8 is the most severe: aspiration below the folds with no attempt to clear it. A score of 1 means material does not enter the airway.

80. B. Chin tuck (chin down)

Chin down widens the valleculae and narrows the airway entrance, which helps hold the bolus until the swallow is triggered.

81. B. Turning the head to the left

Turning the head toward the weak side closes off that side of the pharynx and directs the bolus down the stronger side.

82. C. Mendelsohn maneuver

The Mendelsohn maneuver lengthens laryngeal elevation, which keeps the upper esophageal sphincter open longer.

83. A. Supraglottic swallow; closing the vocal folds before and during the swallow

Holding the breath closes the vocal folds before and during the swallow, and the cough clears any material that entered the laryngeal vestibule.

84. C. Effortful swallow

Swallowing hard with all the muscles increases tongue base retraction and pharyngeal pressure, which reduces vallecular residue.

85. C. Upper esophageal sphincter opening

The Shaker (head lift) exercise strengthens the suprahyoid muscles, which improves hyolaryngeal movement and upper esophageal sphincter opening.

86. A. No radiation, and it can be done at bedside

FEES uses an endoscope rather than X-rays and is portable, but the view whites out at the height of the swallow.

87. D. It targets posterior pharyngeal wall movement and is done without food

The tongue hold makes the posterior pharyngeal wall work harder. Because it can raise aspiration risk, it is practiced with saliva only.

88. A. Level 0

IDDSI drinks run from Level 0 (thin) to Level 4 (extremely thick). Level 7 is regular food.

89. D. A wet, gurgly voice quality

A wet or gurgly voice after swallowing suggests material is pooled at or near the vocal folds, a clinical sign of possible penetration or aspiration.

90. A. Refer for a medical or gastroenterology workup

Food sticking at the level of the sternum suggests an esophageal-phase problem, which needs medical evaluation rather than oropharyngeal exercises.

91. D. 45 dB HL

PTA = (35 + 45 + 55) / 3 = 135 / 3 = 45 dB HL.

92. B. Conductive

An air-bone gap with normal bone conduction means the problem is in the outer or middle ear, which is a conductive loss.

93. B. Sensorineural

Equal elevation of air and bone conduction with no gap points to the cochlea or auditory nerve, a sensorineural loss.

94. D. Middle ear effusion

A flat trace with normal volume suggests fluid behind an intact eardrum. A flat trace with large volume would suggest a perforation or open tube.

95. C. Eustachian tube dysfunction

A Type C tympanogram reflects negative middle ear pressure, usually from poor Eustachian tube ventilation.

96. B. Otosclerosis

Stapes fixation in otosclerosis stiffens the middle ear system, which lowers compliance at normal pressure. Discontinuity gives abnormally high compliance.

97. D. To the left ear

In a unilateral conductive loss, the Weber lateralizes to the poorer ear because room noise is blocked and bone conduction is relatively stronger there.

98. B. Conductive hearing loss

Normally air conduction is heard longer than bone conduction. Bone conduction being better (a negative Rinne) suggests a conductive loss.

99. A. Noise-induced hearing loss

A notch around 3000 to 6000 Hz, usually deepest at 4000 Hz, with recovery at 8000 Hz is the typical pattern of noise exposure.

100. D. Presbycusis

Age-related hearing loss is typically bilateral, symmetrical, sensorineural and worse at high frequencies.

101. C. Outer hair cells of the cochlea

OAEs are sounds produced by the active movement of outer hair cells. That makes them quick screening tools for cochlear function.

102. D. Auditory neuropathy spectrum disorder

Working outer hair cells with abnormal neural synchrony is the pattern of auditory neuropathy spectrum disorder.

103. A. Republic Act 9709

RA 9709 is the Universal Newborn Hearing Screening and Intervention Act of 2009. RA 9288 covers newborn metabolic screening.

104. A. /s/

/s/ has most of its energy in the high frequencies, while nasals, back vowels and voiced stops carry more low-frequency energy.

105. A. 64 dB SPL

By the inverse square law, doubling distance lowers level by 20 log10(2), about 6 dB: 70 - 6 = 64 dB SPL.

106. D. Get the parent's or guardian's written consent

Health information is sensitive personal information under the Data Privacy Act (RA 10173), so it needs the guardian's consent before release.

107. D. Refer for laryngeal examination by an ENT first

Persistent hoarseness needs laryngeal visualization by a physician to rule out serious disease before voice therapy begins.

108. C. Ana will say /s/ at the start of words with 80% accuracy in three sessions in a row

A measurable objective states the behavior, the condition and a criterion that can be observed and counted.

109. A. Research evidence, clinical expertise and client values

EBP combines the best available research, the clinician's expertise and the client's own perspectives and preferences.

110. D. Criterion-referenced measure

A criterion-referenced measure compares performance with a set standard of mastery rather than with a norm group.

111. B. 2 standard deviations below

z = (70 - 100) / 15 = -30 / 15 = -2.0, which is 2 standard deviations below the mean, about the 2nd percentile.

112. D. Good test-retest reliability

Stable scores across repeated testing show test-retest reliability. Validity is about whether the test measures what it claims to measure.

113. D. Use a trained interpreter and brief them beforehand

A trained, briefed interpreter protects accuracy and confidentiality. Child relatives may change or leave out content.

114. C. Decline, because referral fees create a conflict of interest

Payment for referrals puts the clinician's gain ahead of the client's welfare, which is a conflict of interest.

115. B. The licensed supervising SLP

The licensed supervisor holds professional responsibility for the services that students or assistants deliver under their supervision.

116. D. Use a secure platform and keep the same standard of care

Telepractice is held to the same standards as in-person care, including privacy, informed consent and suitable assessment.

117. B. Republic Act 7277

RA 7277 (1992), the Magna Carta for Disabled Persons, later renamed the Magna Carta for Persons with Disability, sets out rehabilitation and accessibility rights.

118. C. ABAB withdrawal design

Alternating baseline (A) and treatment (B) phases twice is an ABAB withdrawal design, a single-subject design that shows experimental control.

119. C. A participation restriction

Reduced involvement in life situations such as class recitation is coded as a participation restriction in the ICF.

120. D. 90%

Sensitivity = true positives / all with the disorder = 45 / 50 = 90%.

Topics to review

• Typical speech and language development

• Assessment of speech, voice, fluency and language

• Swallowing and neurogenic communication disorders

• Intervention planning and professional ethics

Online question banks and study resources

Speech-Language Pathology - Pass Harbor (Question bank)

Official PRC board information

Current PRC exam programs

Independent study material prepared by Board Exam Desk.