
1. Patient localization below the larynx is indicative of:

   A. Zenkers diverticulum
   B. tracheal web
   C. esophageal etiology
   D. oropharyngeal dysphagia

2. Schatzki’s ring is located:

   A. along the striated muscle of the esophagus
   B. just proximal to the gastroesophageal juncture
   C. in the hypopharynx
   D. distal to the cricopharyngeus

3. SLPs should refer patients to GI for further evaluation when:

   A. patients have a history of GERD and complain of dysphagia
   B. evaluation results do not explain the type or severity of the symptoms
   C. patients demonstrate clinical signs of aspiration
   D. patients complain of food sticking in the throat above the larynx

4. Achalasia:

   A. affects only children
   B. is characterized by exaggerated relaxation of the lower esophageal sphincter
   C. has a well-defined etiology
   D. is the classic primary esophageal dysmotility

5. Eosinophilic esophagitis presents:

   A. most commonly in boys or young men
   B. most commonly in girls or young women
   C. only in children
   D. only in infants
Article 2. Management of Esophageal Dysphagia: The Otolaryngologist’s Perspective

6. Esophageal stricture is:
   A. the most common esophageal manifestation of gastroesophageal reflux
   B. the easiest esophageal manifestation of gastroesophageal reflux to diagnose
   C. easily distinguishable from esophageal neoplasms
   D. frequently manifested by patient weight loss

7. Which of the following diagnostic tests is a “best choice” for evaluation of esophageal dysphagia, when the patient exhibits anemia, mass, dysphagia, weight loss, and vomiting?
   A. endoscopy (EGD)
   B. H. Pylori screening
   C. lower esophageal manometry
   D. combined esophageal impedance manometry

8. Which of the following diagnostic tests is a “best choice” for evaluation of esophageal dysphagia, to investigate the relationship between bolus transit and lower esophageal relaxation?
   A. endoscopy (EGD)
   B. H. Pylori screening
   C. lower esophageal manometry
   D. combined esophageal impedance manometry

9. Which of the following diagnostic tests is a “best choice” for evaluation of esophageal dysphagia, to investigate heartburn and dysphagia, associated with pain and weight loss, and which is exacerbated by stress and alleviated by carbonated beverages?
   A. endoscopy (EGD)
   B. H. Pylori screening
   C. lower esophageal manometry
   D. polysomnography

10. Evidence of therapeutic response to lifestyle change:
    A. is remarkably scant
    B. is well-documented in the research literature
    C. indicates that cessation of tobacco use is effective in reducing gastroesophageal reflux
    D. indicates that cessation of alcohol consumption is effective in reducing gastroesophageal reflux
Article 3. Fluoroscopic Assessment of Dysphagia: Which Radiological Procedure is Best for Your Patient?

11. The best method of assessing reflux is the:
   A. double contrast esophagram  
   B. single contrast esophagram  
   C. combination of MBS and esophagram  
   D. combination of double and/or single contrast esophagram

12. The purpose of the modified barium swallow study is to:
   A. make sure the LES is working properly  
   B. make sure that all the food passes from the oral phase through the LES in a timely and safe manner  
   C. look for reflux  
   D. make sure the UES is working properly

13. The major purpose of providing gas crystals during an esophagram is to:
   A. allow the patient to burp and move the food through the esophagus  
   B. dilate the esophagus open for ease in viewing the lumen  
   C. allow the barium to move through the lumen quickly  
   D. make it easier for the barium to move through the esophagus

14. The best method of viewing the integrity of the esophagus and its primary wave is the:
   A. supine RAO position  
   B. upright LPO position  
   C. upright anterior posterior view  
   D. upright RAO position

15. Fluid should pass through the entire esophageal phase in:
   A. 2-6 seconds  
   B. 6-10 seconds  
   C. 10-14 seconds  
   D. 14-20 seconds

Article 4. Treatment of Dysphagic Symptoms Resulting From Esophageal Disorders

16. Which of the following statements is true regarding esophageal disorders?
   A. They are never seen in patients with oropharyngeal swallowing disorders.  
   B. Structural and motor disorders of the esophagus can co-exist.  
   C. They are easily distinguishable from oropharyngeal disorders on the basis of the clinical history and physical examination.  
   D. Treatment for esophageal disorders always improves oropharyngeal function.
17. Which of the following statements is true regarding esophageal pill injury?

A. Acetaminophen is the most common agent causing injury.
B. Esophageal pill retention does not occur with healthy individuals.
C. Patients at risk for pill injury should swallow these pills dry while lying down.
D. Patients with pre-existing esophageal disorders are at risk for developing additional pill injury.

18. Which of the following statements is true regarding eosinophilic esophagitis?

A. The incidence of the disease has been decreasing.
B. Most patients respond well to treatments for reflux disease.
C. Treatment of the disorder can cause yeast infections of the esophagus.
D. Esophageal biopsy does not help in making the diagnosis.

19. Which of the following statements is true regarding treatment of structural esophageal disorders?

A. Suppression of acid production by the stomach reduces the need for repeat dilation of strictures caused by acid reflux.
B. Dilation of esophageal cancer strictures provides long-lasting relief of dysphagia.
C. All strictures should be injected with corticosteroids before dilation.
D. Complex strictures should be dilated blindly with the largest size dilator available.

20. Which of the following statements is true regarding esophageal motor disorders?

A. Ice-cold beverages improve symptoms of dysphagia.
B. Systemic pharmacotherapy works the best when there is significant impairment of esophageal emptying by dysfunction of the lower esophageal sphincter.
C. Myotomy can be complicated by the development of peptic strictures.
D. Available treatments work to normalize neuromuscular function.


21. A potential laryngopharyngeal sign or signs of supraesophageal reflux is/are:

A. belching
B. altered taste
C. sneezing
D. laryngeal edema, granuloma, strictures, apnea

22. Successful esophageal transport is achieved by:

A. gravity
B. peristalsis
C. controlling bolus viscosity
D. controlling bolus temperature
23. Abnormal esophageal structure and motility can be manifest clinically as pain or discomfort in the:

A. stomach  
B. mouth  
C. chest or throat  
D. abdomen

24. Diagnostic procedures used to assess frequency, duration, and extent of reflux are:

A. impedance and pH testing  
B. manometry, impedance testing, and pH studies  
C. manometry  
D. videofluorography

25. SLPs should:

A. have sufficient knowledge and skills to treat esophageal disorders  
B. have sufficient knowledge about the anatomy and physiology of the upper aerodigestive system to appropriately refer a patient with esophageal disorders for assessment and care  
C. not be concerned with esophageal disorders  
D. treat oropharyngeal dysphagia in isolation