Medical Technology

RST

Registered Sleep Technologist Certification Exam

Latest Version: 6.0

Question: 1

What is the highest grade level at which patient education materials and consent forms for polysomnography should be written?

A. 2nd to 4th grade
B. 3rd to 4th grade
C. 4th to 6th grade
D. 6th to 8th grade

Answer: D

Explanation:
The materials should be written at a level that is not higher than a 6th to 8th grade level. Regardless of educational level achieved, the average American reads effectively at the 6th to 8th grade level. Readability index calculators, which provide an approximation of grade level and difficulty for reading materials, are available online.

Question: 2

In a patient with pseudohypertrophic Duchenne muscular dystrophy, which of the following is NOT a typical sleep-related problem?

A. Hypercapnia and oxygen desaturation during sleep
B. Decrease in vital capacity to less than 2 L
C. Central sleep apnea
D. Increasing sleep disruption

Answer: C

Explanation:
The correct answer is central sleep apnea. Patients with pseudohypertrophic Duchenne muscular dystrophy typically have obstructive sleep apnea, not central sleep apnea. Typical problems include hypercapnia and oxygen desaturation during REM sleep, progressing to non-REM sleep as the condition worsens. More typical problems include a decrease in vital capacity to less than 2 L and increasing sleep disruption.

Question: 3

Which type of waves have a frequency of 13-35 Hz, an amplitude of less than 30 gV, and are present during normal wakefulness when the patient is alert?

A. Delta waves
B. Beta waves
C. Vertex waves
D. Theta waves

Answer: B

Explanation:
The correct answer is beta waves. Delta waves are slow waves (1-4 Hz), with an amplitude of more than 75 gV, and are present in stage 3 non-REM (slow-wave) sleep in adults. Delta waves occur in the waking state of newborns and young children and may occur in adults who are intoxicated or have schizophrenia or dementia. Vertex waves are commonly found negative deflections, with amplitude typically ranging from 50-150 µV. Vertex waves are most noticeable from the vertex and frontal leads. They may have sharp contours and occur in repetitive episodes (particularly in children). By contrast, theta waves have a frequency of 4—6 Hz and oscillations of varying amplitude, and are most easily seen with central and temporal leads. Theta waves frequently occur during daydreaming and self-hypnotic states, occur in stage I non-REM sleep, and may occur during arousals.

Question: 4

During polysomnography, which of the following can be created by skin irritation, such as a rash?

A. High-frequency artifacts
B. Spike in EEG
C. High impedance
D. Slow waves

Answer: C

Explanation:
The correct answer is high impedance. A skin rash can change the skin's electrical signal.
When this occurs, the technician should reposition the electrode, avoiding the irritated skin. By contrast, vibration may cause high-frequency artifacts. Swallowing can result in slow waves on EEG, and the blink produces slow waves on EOG. Eye muscle abnormality can cause a spike on EEG.

Question: 5

Pulse oximetry measures

A. arterial oxygen saturation (Sp02)
B. electrical activity in the leg muscles
C. vertical and horizontal eye movements
D. the degree and duration of snoring

Answer: A

Explanation:
Pulse oximetry measures arterial oxygen saturation (Sp02). By contrast, anterior tibialis electromyograms (atEMGs) monitor electrical activity in the leg muscles. When the leg muscles are relaxed, electrical activity is not present. With movement. electrical activity increases. The EOG records both vertical and horizontal eye movements and helps the observer to identify periods of REM sleep. Microphones or piezo sensors are used to indicate the degree and duration of snoring.

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