ABFAS BOARDS – REARFOOT AND FOREFOOT PRACTICE TEST (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 is the recommended steroid dose for moderate surgical stress prior to incision?

A. 100 mg prior to incision and then 50 mg every 8 hours for 2 days

B. 50 mg prior to incision and then 25 mg every 8 hours for 1 day

C. 10 mg prior to incision and then 5 mg every 8 hours for 1 day

D. 25 mg prior to incision and then 12.5 mg every 8 hours for 2 days

2. PIMP in talar OCD lesions describes which shape?

A. Deep Cup-shaped

B. Wafer-shaped

C. Dome-shaped

D. Flat

3. Which action is recommended for morning basal insulin?

A. 1/2 dose of basal (slow acting)

B. Hold basal entirely

C. Increase basal dose by 50%

D. Continue full basal dose

4. In Chopart amputations, which tendon is rerouted to the neck of the talus?

A. Tibialis Anterior

B. Tibialis Posterior

C. Extensor Hallucis Longus

D. Peroneus Longus

5. What is the minimal ankle-brachial index value associated with healing after amputation?

A. 0.25

B. 0.60

C. 0.45

D. 0.90

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6. Which action is avoided when managing fracture blisters?

A. Aspiration

B. Leave intact and dress

C. De-roof the blister

D. Incision and drainage

7. In the open kinetic chain midtarsal joint, which axis is associated with supination?

A. Oblique axis

B. Longitudinal axis

C. Both axes

D. Neither axis

8. Charcot reconstruction aims to achieve what outcome?

A. To achieve a braceable deformity and stable plantigrade foot.

B. To create a nonbraceable foot deformity.

C. To remove the need for bracing entirely.

D. To avoid surgical intervention.

9. What is the meaning of 'russianing' in external fixation technique?

A. Applying a bend to the wire to cause compression

B. Increasing tension on the wire to distract

C. Cutting the wire to allow movement

D. Replacing fixator components

10. Adjustment to X-rays for X-ray through cast?

A. 1.5x

B. 0.5x

C. 1x

D. 2x

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Answers

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

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Explanations

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1. What is the recommended steroid dose for moderate surgical stress prior to incision?

A. 100 mg prior to incision and then 50 mg every 8 hours for 2 days

B. 50 mg prior to incision and then 25 mg every 8 hours for 1 day

C. 10 mg prior to incision and then 5 mg every 8 hours for 1 day

D. 25 mg prior to incision and then 12.5 mg every 8 hours for 2 days

Perioperative corticosteroid coverage is tied to how much surgical stress is expected. For moderate surgical stress, the standard approach is hydrocortisone given as 50 mg IV before the incision, followed by 25 mg IV every 8 hours for about 24 hours, then taper as needed. This dosing provides enough glucocorticoid support to handle the stress response without excessive exposure. That's why the regimen with a 50 mg preoperative dose and 25 mg every 8 hours for one day is the best fit. The other patterns either use too high a total dose and longer duration (more like major stress) or too low/short dosing (more like minor stress or insufficient coverage).

2. PIMP in talar OCD lesions describes which shape?

A. Deep Cup-shaped

B. Wafer-shaped

C. Dome-shaped

D. Flat

Understanding how talar osteochondral defects are described helps you visualize what the imaging shows. PIMP denotes a pattern where the lesion appears as a deep, cup-shaped cavity in the talar dome. This is a concave, contained crater in the subchondral bone, often with the articular cartilage overlying the area still recognizable but sitting above a substantial void beneath. This shape stands in contrast to other morphologies: a wafer-shaped lesion is thin and plate-like, a dome-shaped lesion is more spherical or raised, and a flat lesion lacks notable depth. The deep cup-shaped appearance is the hallmark of the PIMP description, indicating a pronounced concavity that guides considerations for management and prognosis.

3. Which action is recommended for morning basal insulin?

A. 1/2 dose of basal (slow acting)

B. Hold basal entirely

C. Increase basal dose by 50%

D. Continue full basal dose

Basal insulin provides a steady, background level of insulin to suppress hepatic glucose production between meals. When you're morning fasting or not eating (such as before a procedure or if breakfast is skipped), the same full morning basal dose can push glucose too low because there's less incoming dietary glucose to balance it. Reducing the morning basal to about half helps maintain a safe glucose level by still providing baseline insulin without tipping into hypoglycemia. Holding it entirely risks a rise in fasting glucose and can complicate glucose management later, while increasing or maintaining the full dose increases the chance of hypoglycemia with no oral intake to offset it. When eating plans resume, adjust back to the usual dose and continue monitoring glucose to guide any further changes.

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4. In Chopart amputations, which tendon is rerouted to the neck of the talus?

A. Tibialis Anterior

B. Tibialis Posterior

C. Extensor Hallucis Longus

D. Peroneus Longus

Rerouting the tibialis anterior tendon to the neck of the talus in Chopart amputation is done to preserve active dorsiflexion and control of the hindfoot after midfoot disarticulation. The tibialis anterior is the primary dorsiflexor of the foot, and moving its pull to the talar neck allows its contraction to lift the forefoot relative to the hindfoot, producing dorsiflexion of the residual limb and helping position the foot for weight bearing with a prosthesis. This setup also helps prevent equinus contracture and yields a more stable, plantigrade residual limb. Tendons like tibialis posterior, extensor hallucis longus, or peroneus longus don't provide the same reliable dorsiflexion effect or hindfoot stabilization in this procedure.

5. What is the minimal ankle-brachial index value associated with healing after amputation?

A. 0.25

B. 0.60

C. 0.45

D. 0.90

Healing after amputation relies on adequate arterial inflow to the residual limb, which the ankle-brachial index measures. An ABI around 0.45 represents the lower bound at which sufficient perfusion is typically available to support stump healing. Values well below this indicate poor blood flow and a high risk of nonhealing, while higher values—such as 0.60 or 0.90—show better perfusion but do not define the minimal threshold. So, the minimal ABI value associated with healing is about 0.45.

6. Which action is avoided when managing fracture blisters?

A. Aspiration

B. Leave intact and dress

C. De-roof the blister

D. Incision and drainage

Fracture blisters indicate significant soft-tissue injury, and protecting the fragile skin around the fracture is the priority. De-roofing the blister removes the protective roof, exposing raw, compromised skin that heals poorly in the setting of a fracture and fixation. This greatly increases the risk of infection, skin necrosis, and wound complications once surgery proceeds. Because of that, this action is avoided. The preferred approach is to keep the blister intact and cover it with a nonadherent dressing, immobilize to reduce further trauma, and delay definitive fixation until soft tissues have settled. If needed to relieve pressure, aspiration of the blister contents can be considered to reduce tension while preserving the roof. Incision and drainage would also breach the protective skin envelope and is not favored.

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7. In the open kinetic chain midtarsal joint, which axis is associated with supination?

A. Oblique axis

B. Longitudinal axis

C. Both axes

D. Neither axis

In the open kinetic chain midtarsal joint, there are two principal axes of rotation: a longitudinal axis and an oblique axis. Supination is the combination of inversion, plantarflexion, and adduction. This set of motions aligns with rotation about the longitudinal axis, which drives the forefoot to invert and plantarflex while moving medially. The oblique axis, by contrast, handles the other pattern of coupled motions (more closely associated with pronation components such as eversion with dorsiflexion and abduction). So, for OKC midtarsal supination, the rotation occurs around the longitudinal axis.

8. Charcot reconstruction aims to achieve what outcome?

A. To achieve a braceable deformity and stable plantigrade foot.

B. To create a nonbraceable foot deformity.

C. To remove the need for bracing entirely.

D. To avoid surgical intervention.

Charcot reconstruction aims to convert a rapidly collapsing, unstable Charcot foot into an architecture that can bear weight safely with a brace. The main outcome is a braceable deformity and a stable plantigrade foot, meaning the sole is flat on the ground and the hindfoot–midfoot alignment is corrected enough to distribute loads evenly during walking. This setup reduces the risk of recurrent deformity and ulcers, and it allows the foot to be protected with orthotics and footwear during healing and afterwards. The surgery typically involves realigning bones, fusing joints to prevent further collapse, and using fixation to maintain alignment through the healing process. It is not about creating a nonbraceable foot or eliminating the need for bracing entirely, and it usually requires surgical intervention when conservative measures aren't sufficient.

9. What is the meaning of 'russianing' in external fixation technique?

A. Applying a bend to the wire to cause compression

B. Increasing tension on the wire to distract

C. Cutting the wire to allow movement

D. Replacing fixator components

Russiann ing is the technique of bending a transosseous wire so that, when the wire is tightened in external fixation, the bend acts across the fracture to convert the tensile force into interfragmentary compression. The bend sits at or near the fracture line, so as you tension the wire, the bent portion pulls the bone fragments toward each other, stabilizing the fracture and promoting healing. That's why this option is best: it describes creating a bend to generate compression at the fracture site during tightening. Merely increasing tension to distract would do the opposite and spread the fragments. Cutting the wire or replacing fixator parts don't achieve the intentional compressive effect across the fracture.

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10. Adjustment to X-rays for X-ray through cast?

A. 1.5x

B. 0.5x

C. 1x

D. 2x

When a cast sits in the way of the x-ray beam, it absorbs some of the radiation, so the image reader receives less signal and the image can look underpenetrated or too pale. To counter this, you raise the exposure by a moderate amount to restore adequate image density while avoiding unnecessary radiation. This adjustment is chosen to compensate for the extra attenuation from the cast material (plaster vs fiberglass, with plaster causing more attenuation). Too little increase leaves the image underexposed; too much increases dose without a clear imaging benefit. A moderate increase provides sufficient penetration to yield a diagnostically useful image without excessive exposure. So the best approach is a moderate increase in exposure when imaging through a cast, rather than no change or a large overexposure.

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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:

https://abfasboardsrarefootforefoot.examzify.com

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

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