AFAP BOARD PRACTICE EXAM (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. **In which population is screening for depression specifically inclusive according to the USPSTF?**

   A. Pregnant and postpartum women

   B. Children under 12

   C. Individuals with chronic illnesses

   D. Older adults only

2. **What is the most appropriate treatment for a patient diagnosed with narcolepsy?**

   A. Modafinil

   B. Methylphenidate (Ritalin)

   C. Sodium oxybate

   D. Antidepressants

3. **What is the most likely diagnosis for a patient with 2.5 mg/dL bilirubin and normal liver enzyme levels?**

   A. Hemochromatosis

   B. Gilbert's syndrome

   C. Cholecystitis

   D. Hepatitis

4. **What is the preferred treatment for preventing acute kidney injury in patients with rhabdomyolysis?**

   A. Intravenous hydration with hypertonic saline

   B. Oral hydration with water

   C. Isotonic saline infusions

   D. Dialysis

5. **What is the best initial treatment for a patient experiencing bilateral shoulder pain, stiffness, and elevated sedimentation rate?**

   A. Oral prednisone, 15 mg daily

   B. Oral acetaminophen

   C. Intravenous ketorolac

   D. Physical therapy

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6. What age does the USPSTF recommend screening for obesity in children and adolescents?

A. 4 years and older

B. 5 years and older

C. 6 years and older

D. 8 years and older

7. Which condition can falsely lower hemoglobin A1c levels?

A. Chronic kidney disease

B. Chronic hemolytic anemia

C. Diabetes mellitus

D. Hypertension

8. A pet reptile poses the highest risk of transmitting which infection to humans?

A. Listeria

B. Salmonella

C. Campylobacter

D. Escherichia coli (E. coli)

9. What is the recommended management for a child with Henoch-Schonlein purpura?

A. Antibiotics

B. Nonsteroidal anti-inflammatory drugs

C. Acetaminophen for pain

D. Steroid therapy

10. What physical examination finding is consistent with a hip labral tear?

A. Clicking sensation with specific hip movements

B. Calf swelling

C. Quadriceps weakness

D. Leg length discrepancy

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Answers

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

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Explanations

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1. In which population is screening for depression specifically inclusive according to the USPSTF?

A. Pregnant and postpartum women

B. Children under 12

C. Individuals with chronic illnesses

D. Older adults only

Screening for depression is specifically inclusive for pregnant and postpartum women according to the U.S. Preventive Services Task Force (USPSTF) guidelines. This focus is based on the recognition of the significant mental health challenges faced by women during and after pregnancy, which can impact both their well-being and that of their children. The USPSTF emphasizes the importance of early identification and treatment of depression in this population, as untreated depression can lead to adverse outcomes, including impaired functioning, difficulties in maternal-infant bonding, and developmental issues in children. The USPSTF highlights that screening in this specific group can lead to timely interventions that support maternal health and child development, which is why it stands out as a key population for such screening efforts. This approach aligns with broader public health goals of reducing the incidence of postpartum mental health issues and improving overall family health outcomes.

2. What is the most appropriate treatment for a patient diagnosed with narcolepsy?

A. Modafinil

B. Methylphenidate (Ritalin)

C. Sodium oxybate

D. Antidepressants

The most appropriate treatment for a patient diagnosed with narcolepsy is sodium oxybate. This medication is specifically approved for the treatment of narcolepsy with cataplexy and is effective in improving both excessive daytime sleepiness and cataplexy episodes. Sodium oxybate works by promoting deeper sleep and reducing nighttime awakenings, which is beneficial as individuals with narcolepsy often experience disrupted sleep patterns. While other medications such as modafinil and methylphenidate may aid in treating excessive daytime sleepiness associated with narcolepsy, they do not target the underlying condition or the cataplexy aspect as effectively as sodium oxybate does. Antidepressants can sometimes be used to address specific symptoms related to narcolepsy, but they are not first-line treatments for the disorder itself. Hence, sodium oxybate stands out as the most comprehensive treatment choice.

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3. What is the most likely diagnosis for a patient with 2.5 mg/dL bilirubin and normal liver enzyme levels?

A. Hemochromatosis

B. Gilbert's syndrome

C. Cholecystitis

D. Hepatitis

The most likely diagnosis for a patient presenting with a bilirubin level of 2.5 mg/dL and normal liver enzyme levels is Gilbert's syndrome. This condition is characterized by an isolated increase in unconjugated (indirect) bilirubin due to a genetic deficiency in the enzyme responsible for bilirubin conjugation in the liver. In Gilbert's syndrome, the bilirubin level can fluctuate, and patients often present with mild jaundice but typically have normal liver function tests, as indicated by the normal liver enzyme levels. The diagnosis of Gilbert's syndrome is confirmed when these findings are consistent and there is no other underlying liver disease. The relatively low level of bilirubin, alongside normal liver enzymes, aligns well with typical presentations of this benign condition, making it the most plausible diagnosis in this scenario. In contrast, conditions such as hemochromatosis, cholecystitis, or hepatitis would generally manifest with abnormal liver function tests or additional clinical symptoms. Thus, the presentation you provided is most compatible with Gilbert's syndrome, confirming it as the most likely diagnosis.

4. What is the preferred treatment for preventing acute kidney injury in patients with rhabdomyolysis?

A. Intravenous hydration with hypertonic saline

B. Oral hydration with water

C. Isotonic saline infusions

D. Dialysis

The preferred treatment for preventing acute kidney injury in patients with rhabdomyolysis is isotonic saline infusions. Rhabdomyolysis is a condition characterized by the release of myoglobin from damaged muscle cells into the bloodstream, which can lead to kidney damage due to myoglobinuria. Ensuring adequate hydration is crucial because it helps to dilute myoglobin in the urine, enhances renal perfusion, and promotes diuresis, all of which can help prevent kidney injury. Isotonic saline, often referred to as normal saline (0.9% sodium chloride), is the preferred choice because it closely matches the body's extracellular fluid composition. By administering isotonic saline, healthcare providers can restore fluid balance and maintain kidney function more effectively compared to other forms of hydration. Additionally, isotonic saline helps to increase urine output, which is critical in flushing out nephrotoxic substances such as myoglobin. Other methods, like hypertonic saline, are not typically used for this purpose as they can potentially lead to complications like hypernatremia or fluid overload. Oral hydration with water may not be adequate in acute situations, particularly if the patient is severely dehydrated or unable to ingest fluids. Dialysis, while a necessary treatment in cases of

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5. What is the best initial treatment for a patient experiencing bilateral shoulder pain, stiffness, and elevated sedimentation rate?

A. Oral prednisone, 15 mg daily

B. Oral acetaminophen

C. Intravenous ketorolac

D. Physical therapy

In this scenario, the patient's symptoms of bilateral shoulder pain and stiffness, coupled with an elevated sedimentation rate, suggest a possible inflammatory condition, such as polymyalgia rheumatica or another form of inflammatory arthritis. The elevated sedimentation rate indicates a systemic inflammatory response, which reinforces the likelihood of an underlying inflammatory disorder. The best initial treatment in such cases is typically a corticosteroid, such as oral prednisone. Corticosteroids effectively reduce inflammation and are rapid acting. They provide significant relief from symptoms associated with inflammatory conditions, including pain and stiffness, allowing the patient to regain mobility. Prednisone is often started at a low dose and adjusted based on the patient's response and any side effects. The other treatment options, while potentially useful in different contexts, do not address the underlying inflammation effectively. Acetaminophen is an analgesic and can help with pain relief, but it does not have anti-inflammatory properties. Intravenous ketorolac is a potent non-steroidal anti-inflammatory drug (NSAID) and might be employed for more severe pain or acute inflammatory conditions but is not typically used as a first-line chronic treatment due to its side effects and safety profile. Physical therapy can be beneficial, especially for improving mobility, but it does not address

6. What age does the USPSTF recommend screening for obesity in children and adolescents?

A. 4 years and older

B. 5 years and older

C. 6 years and older

D. 8 years and older

The United States Preventive Services Task Force (USPSTF) recommends screening for obesity in children and adolescents starting at the age of 6. This recommendation is based on evidence that early identification and treatment of obesity can lead to improved health outcomes and prevention of obesity-related health risks later in life. By screening at this age, healthcare providers can initiate discussions about healthy lifestyle changes, assess growth patterns, and potentially intervene with appropriate weight management strategies. Screening before this age may not yield as significant results since children's weight may fluctuate more dramatically during early childhood, making it harder to define obesity consistently. Consequently, focusing on children from the age of 6 helps target an age range where preventive strategies can be more effectively implemented.

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7. Which condition can falsely lower hemoglobin A1c levels?

A. Chronic kidney disease

B. Chronic hemolytic anemia

C. Diabetes mellitus

D. Hypertension

The condition that can falsely lower hemoglobin A1c levels is chronic hemolytic anemia. In chronic hemolytic anemia, there is increased destruction of red blood cells. Since hemoglobin A1c reflects the average blood glucose levels over the past two to three months by measuring the percentage of glycosylated hemoglobin in red blood cells, a decrease in the lifespan of these cells, as seen in hemolytic anemia, results in fewer red blood cells available for the formation of glycosylated hemoglobin. This leads to a misleadingly low hemoglobin A1c result, indicating better glucose control than is actually the case. In contrast, conditions like chronic kidney disease can actually lead to elevated A1c levels due to alterations in the metabolism of glucose and red blood cell characteristics. Diabetes mellitus typically results in higher hemoglobin A1c levels as it reflects poor glycemic control over time. Hypertension, while a significant health condition, does not have a direct impact on hemoglobin A1c levels in the same way that chronic hemolytic anemia does. Thus, chronic hemolytic anemia is the clear condition that can interfere with accurate A1c measurement by lowering its value.

8. A pet reptile poses the highest risk of transmitting which infection to humans?

A. Listeria

B. Salmonella

C. Campylobacter

D. Escherichia coli (E. coli)

The correct answer is Salmonella. Pet reptiles, such as turtles, lizards, and snakes, are commonly known carriers of Salmonella, which is a type of bacteria that can cause gastrointestinal illness in humans. The transmission can occur through direct contact with reptiles or their environments, as the bacteria can inhabit the reptile's skin and feces. Humans can become infected through handling these animals, cleaning their habitats, or even through indirect contact via surfaces or items that have been contaminated. The risk of Salmonella transmission is particularly heightened because many reptiles can carry the bacteria without showing any signs of illness themselves, making it difficult to identify a potential source of infection. While other pathogens listed can affect humans, they are not typically associated with reptile carriers in the same way that Salmonella is. Understanding this risk is crucial for responsible pet ownership and public health awareness regarding reptile handling and hygiene practices.

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9. What is the recommended management for a child with Henoch-Schonlein purpura?

A. Antibiotics

B. Nonsteroidal anti-inflammatory drugs

C. Acetaminophen for pain

D. Steroid therapy

The management of Henoch-Schonlein purpura (HSP), which is a small-vessel vasculitis commonly seen in children, primarily focuses on symptom relief and supportive care, as the condition often resolves spontaneously. In this context, acetaminophen is recommended for managing pain, particularly if the child is experiencing significant discomfort due to arthralgia or abdominal pain associated with HSP. Choosing acetaminophen for pain management is essential since it is generally well-tolerated and does not have the gastrointestinal side effects associated with nonsteroidal anti-inflammatory drugs (NSAIDs). Additionally, while NSAIDs can be used for pain management, they are often used cautiously in HSP cases due to the potential risk of kidney involvement which can occur in these patients. Applying this knowledge to the management of HSP, the focus is on ensuring the child is comfortable and managing pain effectively while monitoring for any complications, which may require more aggressive treatment like steroids or other therapies if the situation escalates.

10. What physical examination finding is consistent with a hip labral tear?

A. Clicking sensation with specific hip movements

B. Calf swelling

C. Quadriceps weakness

D. Leg length discrepancy

A clicking sensation with specific hip movements is a classic physical examination finding associated with a hip labral tear. The labrum plays a crucial role in stabilizing the hip joint, and when it is torn, it can cause the femoral head to move abnormally within the acetabulum, leading to a clicking or popping sound or sensation. This symptom often occurs during activities that put stress on the hip, such as hip flexion, internal or external rotation, and certain weight-bearing movements. In contrast, the other symptoms mentioned relate to different conditions or physical issues. For instance, calf swelling is more indicative of conditions affecting the lower leg, such as deep vein thrombosis or muscle injury, rather than hip problems. Quadriceps weakness typically indicates an issue with the knee or the quadriceps muscle itself rather than being a sign of a hip labral tear. A leg length discrepancy could suggest structural abnormalities in bones or joint issues but is not a direct indicator of a labral tear in the hip. This makes the clicking sensation the most relevant finding when suspecting a hip labral tear.

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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://afapboard.examzify.com

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

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