AMERICAN BOARD OF FAMILY MEDICINE (ABFM) ITE 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 definitive treatment for preeclampsia?

A. Delivery.

B. Magnesium sulfate therapy alone.

C. Antihypertensive therapy alone.

D. Bed rest.

2. In RSV bronchiolitis, what is the recommended hydration approach for infants with tachypnea and poor feeding?

A. Administer nasogastric or intravenous fluids

B. Do nothing

C. Oral rehydration at all times

D. With poor feeding, oral rehydration is recommended

3. Which test is used to assess tubal patency in infertility work-up?

A. Hysterosalpingography (HSG) or Laparoscopy

B. Semen analysis

C. Pelvic ultrasound

D. CA-125 testing

4. When initial evaluation suggests secondary causes of pediatric hypertension, which additional measurement may be indicated?

A. Plasma renin and catecholamine levels

B. Serum bicarbonate

C. Serum calcium

D. Thyroid-stimulating hormone

5. Which cancer is most commonly diagnosed in the United States?

A. Basal cell carcinomas

B. Lung cancer

C. Breast cancer

D. Prostate cancer

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6. Is imaging generally required to diagnose a Baker's cyst?

A. Imaging is generally not needed

B. MRI is required for confirmation

C. X-ray is definitive for diagnosis

D. Ultrasound is required to rule out other pathologies

7. Which BMI percentile defines underweight in children?

A. Below 1st percentile

B. Below 10th percentile

C. Below 5th percentile

D. Below 25th percentile

8. Which BMI criterion qualifies for bariatric surgery according to the guidelines?

A. BMI ≥50 kg/m2 with no comorbidities

B. BMI ≥35 kg/m2 with one or more severe obesity-related comorbidities

C. BMI ≥40 kg/m2 without coexisting medical problems

D. BMI ≥30 kg/m2 with no comorbidity

9. Which combination of medications is associated with an increased risk of osteoporosis?

A. Ranitidine, Thiazolidinediones (glitazones)

B. Metformin

C. Alendronate

D. Calcium carbonate

10. In evaluating the usefulness of a diagnostic test for endometrial cancer, which statistic is most useful?

A. Likelihood ratio

B. Positive predictive value

C. Negative predictive value

D. Sensitivity

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Answers

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

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Explanations

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1. What is the definitive treatment for preeclampsia?

A. Delivery.

B. Magnesium sulfate therapy alone.

C. Antihypertensive therapy alone.

D. Bed rest.

Preeclampsia is driven by placental dysfunction, so removing the placenta—delivering the baby and placenta—addresses the root cause and is the definitive cure. After delivery, maternal blood pressure and symptoms typically improve, and proteinuria resolves over days to weeks. Medications like magnesium sulfate are crucial for seizure prevention, and antihypertensives help control blood pressure, but they do not cure the condition. Bed rest has no proven benefit. The timing of delivery depends on gestational age and how severely the mother and fetus are affected, but the definitive treatment remains delivery.

2. In RSV bronchiolitis, what is the recommended hydration approach for infants with tachypnea and poor feeding?

A. Administer nasogastric or intravenous fluids

B. Do nothing

C. Oral rehydration at all times

D. With poor feeding, oral rehydration is recommended

Maintaining hydration is the key idea. In RSV bronchiolitis with tachypnea and poor feeding, oral intake is often unreliable and insufficient, so dehydration can develop quickly. Giving fluids through a nasogastric tube or intravenously provides reliable hydration and electrolyte support when the infant cannot drink enough. This approach helps prevent dehydration and supports recovery, especially when respiratory distress makes oral feeding impractical. If the child could tolerate adequate oral fluids and maintain hydration, oral rehydration might be considered, but with poor feeding and faster breathing, relying on oral rehydration alone isn't enough. Choosing no treatment for hydration would risk dehydration and potential clinical deterioration.

3. Which test is used to assess tubal patency in infertility work-up?

A. Hysterosalpingography (HSG) or Laparoscopy

B. Semen analysis

C. Pelvic ultrasound

D. CA-125 testing

Testing tubal patency in infertility is typically done with imaging or direct visualization to determine if the fallopian tubes are open. Hysterosalpingography uses contrast injected through the cervix and uses X-ray imaging to track the flow through the uterus into the tubes. If the contrast spills freely into the peritoneal cavity, the tubes are patent; if there's no spill or delayed flow, a blockage is suggested. This approach is less invasive and can be done in an outpatient setting, though it can cause cramps and carries a small risk of infection. If the results are unclear or a more definitive assessment is needed, laparoscopy with chromopertubation is performed. In this procedure, a camera is placed in the abdomen to directly visualize the pelvis, and dye is injected through the cervix to observe whether the dye passes through the tubes. This not only confirms patency but also evaluates other pelvic factors such as endometriosis or adhesions, making it the most definitive test for tubal and peritoneal factors. Other options in infertility work-up, like semen analysis, assess male factor infertility; pelvic ultrasound can detect structural abnormalities but does not reliably prove tubal patency; CA-125 is a tumor marker and not used to assess tubal openness.

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4. When initial evaluation suggests secondary causes of pediatric hypertension, which additional measurement may be indicated?

A. Plasma renin and catecholamine levels

B. Serum bicarbonate

C. Serum calcium

D. Thyroid-stimulating hormone

When you suspect a secondary cause of hypertension in a child, look for renal-related metabolic problems that could be driving the high blood pressure. A practical next measurement is serum bicarbonate because it screens for metabolic acidosis, which often accompanies renal disease or renal tubular disorders. Detecting a low bicarbonate supports a renal/metabolic source of hypertension and guides further workup (such as urinalysis for protein, kidney function tests, and imaging). If bicarbonate is normal, it doesn't rule out all secondary causes, but it helps prioritize evaluation toward renal and metabolic etiologies. Other measurements, like plasma renin and catecholamines or thyroid and calcium tests, target more specific endocrine conditions and aren't as broadly informative in the initial assessment focused on renal contributors.

5. Which cancer is most commonly diagnosed in the United States?

A. Basal cell carcinomas

B. Lung cancer

C. Breast cancer

D. Prostate cancer

Basal cell carcinoma is the most commonly diagnosed cancer in the United States because its incidence—the number of new cases each year—is much higher than for any other cancer. These skin cancers arise from epidermal basal cells and are strongly linked to sun exposure. Although they typically grow slowly and rarely metastasize, their sheer frequency means they outnumber breast, prostate, and lung cancers in new diagnoses. In exams this fact is often highlighted to contrast high-incidence cancers with those that may be more deadly or widely publicized.

6. Is imaging generally required to diagnose a Baker's cyst?

A. Imaging is generally not needed

B. MRI is required for confirmation

C. X-ray is definitive for diagnosis

D. Ultrasound is required to rule out other pathologies

Baker's cysts are usually diagnosed clinically when there is a palpable mass behind the knee associated with knee joint effusion. In typical cases, imaging isn't required to make the diagnosis, since the history and exam are often enough. Imaging has a role, but not for routine diagnosis. Ultrasound can confirm the cyst, show its size, and help differentiate it from other masses or from deep vein issues if there's diagnostic uncertainty or if aspiration is being considered. MRI is reserved for atypical presentations, unclear diagnosis, or when detailed assessment of underlying intra-articular pathology is needed. X-ray doesn't visualize a Baker's cyst, though it may reveal degenerative knee changes. So, imaging is generally not needed to diagnose a Baker's cyst.

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7. Which BMI percentile defines underweight in children?

A. Below 1st percentile

B. Below 10th percentile

C. Below 5th percentile

D. Below 25th percentile

In children, BMI is interpreted with age- and sex-specific percentiles. Being underweight is defined as a BMI-for-age below the 5th percentile. This threshold means the child's BMI is lower than about 95% of peers, signaling potential undernutrition or other health concerns and prompting further evaluation. The other cutoffs aren't used to define underweight: a BMI below the 1st percentile would indicate more severe underweight, while below the 10th or below the 25th percentile do not meet the standard definition. If a child falls under the 5th percentile, consider assessing growth velocity, nutritional intake, and possible chronic illness.

8. Which BMI criterion qualifies for bariatric surgery according to the guidelines?

A. BMI ≥50 kg/m2 with no comorbidities

B. BMI ≥35 kg/m2 with one or more severe obesity-related comorbidities

C. BMI ≥40 kg/m2 without coexisting medical problems

D. BMI ≥30 kg/m2 with no comorbidity

Bariatric surgery eligibility is based on BMI thresholds, with the presence of obesity-related comorbidities lowering the BMI at which intervention is considered. The standard guidelines allow either a BMI of 40 kg/m^2 or higher, or a BMI of 35 kg/m^2 or higher if there is one or more severe obesity-related comorbidities (such as type 2 diabetes, hypertension, sleep apnea, or dyslipidemia). The statement describing a BMI of 35 or more with one or more severe obesity-related comorbidities best fits that commonly cited criterion, making it the most applicable answer. The other options do not align with the typical thresholds tied to the role of comorbidities in expanding eligibility.

9. Which combination of medications is associated with an increased risk of osteoporosis?

A. Ranitidine, Thiazolidinediones (glitazones)

B. Metformin

C. Alendronate

D. Calcium carbonate

Medications can influence bone health by affecting how bone is built and maintained. Thiazolidinediones activate PPAR-γ in bone and shift mesenchymal stem cells away from becoming osteoblasts (the cells that form bone) toward becoming fat cells. This reduces bone formation and can lead to weaker bones and more fractures, especially in older individuals. If you add a medication that lowers stomach acidity, like ranitidine, calcium absorption can be less efficient because calcium carbonate needs stomach acid to dissolve properly. So this combination can compound the risk: impaired bone formation from the thiazolidinedione plus potentially reduced calcium availability from the acid-suppressing drug, both contributing to osteoporosis risk. Metformin generally does not increase fracture risk and may be bone-neutral or even beneficial in some contexts. Alendronate and calcium carbonate, on the other hand, are used to prevent or treat osteoporosis and would not be expected to raise fracture risk.

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10. In evaluating the usefulness of a diagnostic test for endometrial cancer, which statistic is most useful?

A. Likelihood ratio

B. Positive predictive value

C. Negative predictive value

D. Sensitivity

The key idea is how well the test detects disease when it is truly present. Sensitivity measures the proportion of people with endometrial cancer who have a positive test result. A test with high sensitivity has few false negatives, so a negative result strongly argues against cancer. In evaluating a diagnostic tool, especially for a serious condition like endometrial cancer, missing cases is particularly problematic, so a high-sensitivity test is especially valuable because it helps ensure cancers aren't overlooked and identifies who needs further evaluation. Predictive values (PPV and NPV) depend heavily on how common the disease is in the population, so they can vary with prevalence and aren't as universally applicable across settings. Likelihood ratios combine sensitivity and specificity, but interpreting them requires considering pretest probability and can be less intuitive in routine practice. While those concepts are important, sensitivity directly reflects the test's ability to catch disease and its negative result's utility, making it the best single statistic in this context.

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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://abfmite.examzify.com

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

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