AMERICAN BOARD OF FAMILY MEDICINE (ABFM) 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. A 54-year-old male presents with hearing loss and tinnitus. Which additional characteristic indicates the need for an MRI of the brain?

A. A rapid onset of symptoms

B. Unilateral symptoms

C. Association with pain and otorrhea

D. Exposure to loud noise shortly before symptoms

2. What is the recommended screening method for abdominal aortic aneurysm (AAA) in males aged 65 to 75 who have a history of smoking?

A. CT scan

B. MRI

C. One-time abdominal duplex ultrasound

D. X-ray

3. Can a child with head lice attend school if they are receiving treatment with permethrin shampoo?

A. No, they must stay home until fully clear

B. Yes, as long as home remedies are continued

C. Yes, but only if they wear a hat

D. No, they cannot return until nits are removed

4. How many arteries and veins are present in the umbilical cord?

A. 1 artery, 2 veins

B. 2 arteries, 1 vein

C. Only arteries

D. Only veins

5. What is a common misconception regarding the treatment of RSV infections?

A. Corticosteroids are routinely used

B. RSV infections are mainly diagnosed via serology

C. RSV infections are often associated with bacterial co-infections

D. RSV occurs primarily in winter

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6. What is the most common source of chest pain among children?

A. Cardiac

B. Musculoskeletal

C. Pulmonary

D. Gastroesophageal

7. Which of the following symptoms is associated with hypoparathyroidism?

A. Fatigue

B. Muscle twitching

C. Weight loss

D. Tachycardia

8. Which of the following indicates the diagnosis of sepsis?

A. High WBC count

B. High WBC count and organ dysfunction

C. Hypotension refractory to IV fluids

D. Hyperlactatemia

9. A patient with low energy, menstrual irregularities, and a history of stress fractures likely has which condition?

A. Polycystic ovary syndrome

B. The female athlete triad

C. Hypothyroidism

D. Anemia

10. What is the purpose of screening for asymptomatic bacteriuria in pregnant women?

A. Preventing symptomatic urinary tract infections

B. Diagnosing gestational diabetes

C. Enhancing prenatal screening

D. Reducing complications in labor

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Answers

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

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Explanations

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1. A 54-year-old male presents with hearing loss and tinnitus. Which additional characteristic indicates the need for an MRI of the brain?

A. A rapid onset of symptoms

B. Unilateral symptoms

C. Association with pain and otorrhea

D. Exposure to loud noise shortly before symptoms

In the context of hearing loss and tinnitus, the presence of unilateral symptoms is particularly concerning for certain pathologies, such as vestibular schwannoma (acoustic neuroma) or other intracranial lesions. These tumors often present with asymmetric sensorineural hearing loss and can lead to additional neurological signs or symptoms over time, necessitating imaging to rule out significant underlying conditions. When a patient presents with unilateral hearing loss and tinnitus, it raises the suspicion of a possible lesion affecting the auditory pathway or structures related to balance and hearing, which is why an MRI of the brain is warranted. This imaging helps in visualizing any masses or abnormalities that could be causing the symptoms. Rapid onset of symptoms might suggest a more acute process that could need immediate intervention, but it is not specific enough to necessitate an MRI. Similarly, the presence of pain and otorrhea could indicate an ear infection or other otologic issues rather than central nervous system involvement. Finally, previous exposure to loud noise may lead to temporary hearing issues or noise-induced hearing loss, but it doesn't necessitate an MRI unless accompanied by unilateral symptoms. Thus, the emphasis on unilateral symptoms directly correlates with a higher risk of serious underlying conditions, making it the key factor for further imaging evaluation

2. What is the recommended screening method for abdominal aortic aneurysm (AAA) in males aged 65 to 75 who have a history of smoking?

A. CT scan

B. MRI

C. One-time abdominal duplex ultrasound

D. X-ray

The recommended screening method for abdominal aortic aneurysm (AAA) in males aged 65 to 75 who have a history of smoking is a one-time abdominal duplex ultrasound. This screening is particularly targeted at this demographic due to their increased risk for AAA, which is significantly higher among older men who have a history of tobacco use. The abdominal duplex ultrasound is effective because it is a non-invasive, safe, and cost-effective method to visualize the aorta and detect any aneurysms. This method uses sound waves to produce images of the blood vessels and assess the size of the aorta, allowing for timely diagnosis and management of AAA. While CT scans and MRIs can provide detailed images of vascular structures and may be used for further evaluation if an aneurysm is suspected, they are not recommended as initial screening tools due to factors such as cost, exposure to radiation (in the case of CT), and accessibility in screening programs. X-rays, on the other hand, are not suitable for accurately assessing AAA as they do not provide adequate detail of the aorta and its condition. Thus, the one-time abdominal duplex ultrasound stands out as the appropriate and effective screening choice for this specific population.

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3. Can a child with head lice attend school if they are receiving treatment with permethrin shampoo?

A. No, they must stay home until fully clear

B. Yes, as long as home remedies are continued

C. Yes, but only if they wear a hat

D. No, they cannot return until nits are removed

The guidance regarding head lice management emphasizes that children can return to school after they have started treatment, such as with permethrin shampoo. While it's important to continue monitoring the child and possibly applying additional treatments, the key factor is that they are undergoing an effective treatment protocol. Many school policies do not require that all nits (eggs) be removed before a child is allowed back, as the primary concern is to prevent the spread of head lice, and treatment effectively reduces that risk. Home remedies may support the treatment, but they are not mandatory for school attendance as long as a recognized treatment is being used. This understanding aligns with the approach that prioritizes the wellbeing of the child while also addressing public health concerns regarding the spread of lice in school environments. In contrast, the other choices suggest stricter conditions for school attendance, which may not be consistent with public health guidelines or current common practices regarding head lice.

4. How many arteries and veins are present in the umbilical cord?

A. 1 artery, 2 veins

B. 2 arteries, 1 vein

C. Only arteries

D. Only veins

In a normal umbilical cord, there are typically two arteries and one vein. This anatomical arrangement is crucial for the proper functioning of the placenta and fetal circulation. The two arteries in the umbilical cord carry deoxygenated blood from the fetus back to the placenta, where it can release carbon dioxide and other waste products and absorb oxygen and nutrients. Conversely, the single umbilical vein is responsible for transporting oxygenated blood, rich in nutrients, from the placenta to the fetus. Understanding this configuration is vital for healthcare professionals, as deviations from this norm, such as the presence of a single umbilical artery, can indicate potential fetal anomalies or complications. Observations during prenatal ultrasounds often include examining the umbilical cord structure to ensure it is developing normally.

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5. What is a common misconception regarding the treatment of RSV infections?

A. Corticosteroids are routinely used

B. RSV infections are mainly diagnosed via serology

C. RSV infections are often associated with bacterial co-infections

D. RSV occurs primarily in winter

Corticosteroids are not routinely used in the treatment of Respiratory Syncytial Virus (RSV) infections, which is a significant misconception. The management of RSV primarily focuses on supportive care, such as hydration and respiratory support, rather than pharmacological intervention with corticosteroids. The use of corticosteroids was more common historically, but current guidelines now discourage their use due to a lack of evidence supporting their efficacy in improving outcomes for RSV infections. When addressing the other options, it's important to note that serology is not the primary diagnostic tool for RSV; instead, rapid antigen testing and PCR are preferred methods. While RSV can indeed lead to secondary bacterial infections, the belief that they are commonly associated may not always align with clinical reality, as most cases are viral. Additionally, RSV does have a seasonal pattern, primarily occurring in the winter months, so it's a misconception to consider it does not follow this trend. Understanding these aspects is crucial for correct clinical practice and patient management.

6. What is the most common source of chest pain among children?

A. Cardiac

B. Musculoskeletal

C. Pulmonary

D. Gastroesophageal

Musculoskeletal pain is recognized as the most common source of chest pain among children. In children and adolescents, chest pain is frequently due to conditions related to the chest wall, such as costochondritis or muscle strain, rather than cardiac issues. The growing musculoskeletal system, combined with high levels of physical activity, can lead to injuries and inflammation that manifest as pain in the chest area. Although various causes of chest pain exist, such as cardiac or pulmonary conditions, these are less common in the pediatric population. Cardiac ailments are notably rarer in children and often involve specific risk factors or underlying congenital issues. Similarly, pulmonary causes, such as pneumonia or asthma, can lead to chest discomfort but also occur less frequently than musculoskeletal problems. Gastroesophageal issues, including reflux or esophagitis, can be involved in chest pain as well but typically do not dominate the landscape of chest pain complaints in young individuals. Hence, due to the frequency of musculoskeletal injuries and conditions among children, this option stands out as the most prevalent source of chest pain in this age group.

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7. Which of the following symptoms is associated with hypoparathyroidism?

A. Fatigue

B. Muscle twitching

C. Weight loss

D. Tachycardia

Hypoparathyroidism is characterized by an insufficient secretion of parathyroid hormone (PTH), leading to low levels of calcium in the blood (hypocalcemia). One of the hallmark symptoms associated with hypoparathyroidism is muscle twitching, or tetany. This occurs because low calcium levels increase neuromuscular excitability, resulting in involuntary muscle contractions and spasms. Fatigue can occur in various conditions, but it is too nonspecific to be considered a direct symptom of hypoparathyroidism. While it may be experienced by some patients, it is not as definitive or classic as muscle twitching. Weight loss is not typically associated with hypoparathyroidism. Instead, it tends to occur in conditions where metabolism is increased or in situations involving significant systemic illness. Tachycardia may be observed in several disorders, particularly those involving the cardiovascular system or hyperthyroid conditions, but it is not a direct consequence of hypoparathyroidism. Instead, the condition is more associated with bradycardia or a slower heart rate due to effects on muscle tone and nerve conductivity from low calcium levels. Thus, muscle twitching is the most distinctive and relevant symptom when considering hypoparathyroidism, as

8. Which of the following indicates the diagnosis of sepsis?

A. High WBC count

B. High WBC count and organ dysfunction

C. Hypotension refractory to IV fluids

D. Hyperlactatemia

The most definitive indication for the diagnosis of sepsis involves both a high white blood cell (WBC) count and organ dysfunction. Sepsis is characterized by a systemic inflammatory response to infection, which can manifest through various signs, including an altered WBC count. However, the condition is clinically defined by a combination of symptoms including organ dysfunction. The presence of a high WBC count alone does not fulfill the criteria for sepsis, as elevated WBC counts can occur in various other conditions and do not indicate the severity or systemic impact of an infection. Sepsis is diagnosed when there is evidence of an infection alongside organ dysfunction — for instance, altered mental status, acute respiratory distress, renal impairment, hypotension, or metabolic abnormalities. While hypotension refractory to IV fluids can be associated with septic shock, it is not by itself a diagnostic criterion for sepsis without confirming infection and dysfunction. Hyperlactatemia, although a sign of tissue hypoperfusion and a potential marker for sepsis and its severity, is also not definitive without considering the overall clinical picture, including the presence of infection and organ dysfunction. In summary, a diagnosis of sepsis requires specific criteria that include not just an elevated WBC count, but also the presence of infection

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9. A patient with low energy, menstrual irregularities, and a history of stress fractures likely has which condition?

A. Polycystic ovary syndrome

B. The female athlete triad

C. Hypothyroidism

D. Anemia

The presentation of low energy, menstrual irregularities, and a history of stress fractures suggests the female athlete triad as the most likely condition. The female athlete triad is characterized by the interrelationship between energy availability, menstrual function, and bone health. When an athlete experiences low energy availability, often due to insufficient caloric intake relative to their energy expenditure (common in those competing in endurance sports or maintaining a low body weight), it can lead to menstrual irregularities known as amenorrhea. The lack of regular menstruation has implications for bone density, which can result in osteoporosis or increase the risk of stress fractures due to the hormonal changes and energy deficits affecting bone health. In this case, the history of stress fractures indicates a decline in bone density, which ties back to the potential consequences of the female athlete triad. While other conditions, like polycystic ovary syndrome, hypothyroidism, and anemia, can also cause fatigue and menstrual irregularities, they do not fully encompass all aspects of this patient's presentation, particularly the stress fractures. Therefore, the combination of symptoms points specifically toward the female athlete triad as the most fitting diagnosis.

10. What is the purpose of screening for asymptomatic bacteriuria in pregnant women?

A. Preventing symptomatic urinary tract infections

B. Diagnosing gestational diabetes

C. Enhancing prenatal screening

D. Reducing complications in labor

The purpose of screening for asymptomatic bacteriuria in pregnant women primarily revolves around the prevention of symptomatic urinary tract infections (UTIs). Asymptomatic bacteriuria, which refers to the presence of bacteria in the urine without accompanying symptoms, is relatively common among pregnant women. If left untreated, it can lead to symptomatic infections, which may pose significant health risks for both the mother and the developing fetus. By identifying and treating asymptomatic bacteriuria during pregnancy, healthcare providers can significantly reduce the incidence of symptomatic UTIs. This intervention is important because pregnant women with symptomatic UTIs are at a higher risk for complications, including pyelonephritis (a serious kidney infection), which can lead to preterm labor and low birth weight. Screening and subsequently treating identified cases can help ensure better pregnancy outcomes and enhance maternal health. This proactive approach is supported by various clinical guidelines and is considered a standard part of prenatal care.

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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:

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

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