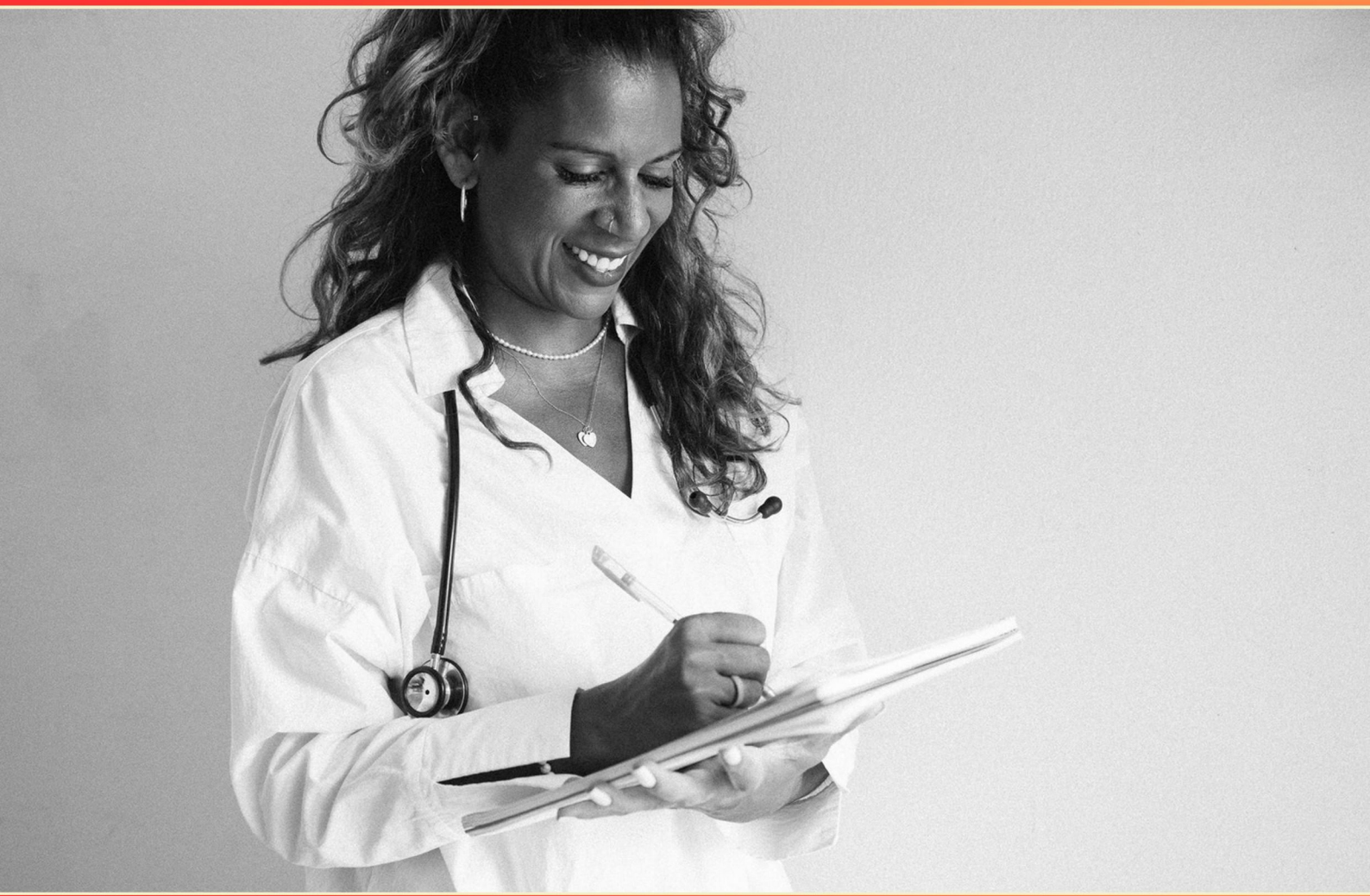
AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

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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 a possible indication for treating subclinical hypothyroidism in a patient?**

   A. History of asthma

   B. Presence of goiter

   C. Lack of obesity

   D. Low blood pressure reading

2. **What is a common characteristic finding in critical illness myopathy compared to its counterpart?**

   A. Respiratory failure

   B. High serum CK levels

   C. Prolonged recovery time

   D. Neurological deficits

3. **Which feature is NOT part of the criteria for diagnosing a migraine?**

   A. Throbbing nature

   B. Aggravation with physical activity

   C. Unilateral location

   D. Progressive increase in duration

4. **How many eosinophils per high-power field (hpf) are needed for the diagnosis of eosinophilic esophagitis?**

   A. 10 eosinophils/hpf

   B. 15 eosinophils/hpf

   C. 20 eosinophils/hpf

   D. 25 eosinophils/hpf

5. **How often should echocardiography be performed in patients with Marfan syndrome after initial diagnosis?**

   A. Every 3 months

   B. 6 months later

   C. Yearly

   D. Every 2 years

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6. What is the first step in managing shift work sleep disorder?

A. Medication adjustment

B. Addressing sleep-related behaviors and environment

C. Implementing a strict sleep schedule

D. Using bright light therapy

7. Which increase in diameter within a 6-month interval indicates a need for AAA repair?

A. 0.2 cm

B. 0.4 cm

C. 0.5 cm

D. 0.7 cm

8. Which organism is the most common cause of uncomplicated acute bacterial prostatitis?

A. Staphylococcus aureus

B. Escherichia coli

C. Enterococcus faecalis

D. Proteus mirabilis

9. In the long-term management of Parkinson's disease, which treatment may be used for patients resistant to medical therapy?

A. Palliation therapy

B. Electroconvulsive therapy

C. Deep brain stimulation (DBS)

D. Chiropractic adjustments

10. What is the primary complaint of patients suffering from adhesive capsulitis?

A. Pain with passive range of motion

B. Loss of active range of motion

C. Swelling in the shoulder joint

D. Itching around the shoulder area

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Answers

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

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Explanations

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1. What is a possible indication for treating subclinical hypothyroidism in a patient?

A. History of asthma

B. Presence of goiter

C. Lack of obesity

D. Low blood pressure reading

Treating subclinical hypothyroidism may be indicated in patients who present with a goiter. The presence of a goiter suggests that the thyroid gland is undergoing changes that may be due to an underlying thyroid condition. This enlargement can be caused by various factors, including iodine deficiency or autoimmune processes affecting thyroid function. In cases where patients have subclinical hypothyroidism and a goiter, it is essential to initiate treatment to help reduce the size of the goiter and alleviate any potential symptoms associated with enlarged thyroid tissue. Other factors, such as a history of asthma, lack of obesity, or low blood pressure, do not provide direct indications for the treatment of subclinical hypothyroidism specifically. While these conditions might influence the overall clinical picture or management of a patient, they do not establish a necessary medical intervention based solely on thyroid function. In contrast, a goiter could be indicative of thyroid dysfunction that may warrant therapeutic measures for better management of the patient's thyroid health.

2. What is a common characteristic finding in critical illness myopathy compared to its counterpart?

A. Respiratory failure

B. High serum CK levels

C. Prolonged recovery time

D. Neurological deficits

High serum creatine kinase (CK) levels are a common characteristic finding in critical illness myopathy, which is essential for distinguishing it from other conditions such as critical illness polyneuropathy. In critical illness myopathy, muscle inflammation or damage occurs, leading to elevated levels of CK in the bloodstream as muscle fibers break down. This increase in CK is significant because it indicates muscle injury, which is a hallmark of critical illness myopathy. In contrast, critical illness polyneuropathy typically does not present with elevated CK levels because it primarily affects the nerve pathways rather than causing direct muscle damage. Therefore, elevated serum CK can help clinicians identify critical illness myopathy and differentiate it from other neuromuscular disorders encountered in critically ill patients. Recognizing these elevated levels guides management strategies and can affect outcomes for affected patients.

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3. Which feature is NOT part of the criteria for diagnosing a migraine?

A. Throbbing nature

B. Aggravation with physical activity

C. Unilateral location

D. Progressive increase in duration

The criterion for diagnosing migraines typically includes specific characteristics about the nature, location, and triggers of the headache. One key aspect is that migraines often present with a throbbing or pulsating quality, which is significant in differentiating them from other types of headaches. Additionally, migraines are commonly exacerbated by physical activity, leading to increased pain when engaging in everyday activities. Unilateral location is also a crucial feature, as migraines frequently occur on one side of the head, although they can also be bilateral in some cases. However, the progressive increase in duration is not a standard feature of migraine diagnosis. While migraines can vary in duration, they typically last from 4 to 72 hours if untreated and do not consistently exhibit a progressive increase in how long each attack lasts. Thus, the fact that progressive increase in duration is not part of the criteria reinforces that the essential features used to diagnose migraines focus more on the characteristics of the headache itself rather than changes in duration over time.

4. How many eosinophils per high-power field (hpf) are needed for the diagnosis of eosinophilic esophagitis?

A. 10 eosinophils/hpf

B. 15 eosinophils/hpf

C. 20 eosinophils/hpf

D. 25 eosinophils/hpf

The diagnosis of eosinophilic esophagitis (EoE) is based on the observation of eosinophils in the esophageal tissue. A significant finding is established at the threshold of 15 eosinophils per high-power field (hpf) when examined histologically. This level indicates an abnormal influx of eosinophils, which is characteristic of EoE, distinguishing it from other conditions that may involve eosinophils in the esophagus but do not meet the diagnostic criteria for this specific disorder. The importance of this measurement lies in the implication that eosinophils, a type of white blood cell usually associated with allergic reactions and asthma, play a major role in the inflammatory process seen in EoE. The presence of 15 eosinophils/hpf serves as a critical marker in both diagnosing and guiding the therapeutic approach to managing the condition, as eosinophilic infiltration is symptomatic of an underlying allergic process. In contrast, thresholds of eosinophils that are either lower than 15 or markedly higher may denote different interpretations and clinical considerations. Thus, specifying 15 eosinophils per hpf is essential for establishing a diagnosis of eosinophilic esophagitis.

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5. How often should echocardiography be performed in patients with Marfan syndrome after initial diagnosis?

A. Every 3 months

B. 6 months later

C. Yearly

D. Every 2 years

In patients with Marfan syndrome, echocardiography plays a critical role in monitoring for cardiovascular complications, particularly aortic dilation and valvular abnormalities. After an initial diagnosis, it is recommended to perform echocardiography at regular intervals to assess any changes in the aorta's size and to evaluate heart function. The typical recommendation is to conduct echocardiograms every 6 months following the initial diagnosis. This frequency allows for timely identification of any significant changes that could require intervention, which is particularly crucial given that patients with Marfan syndrome are at increased risk for aortic dissection and other cardiovascular issues. Longer intervals between echocardiograms may not provide adequate monitoring of potential complications, while more frequent assessments, such as every 3 months, may be unnecessary unless there are specific concerns or clinical indications requiring closer observation. Therefore, performing echocardiography 6 months after the initial diagnosis aligns with established guidelines for monitoring patients with Marfan syndrome.

6. What is the first step in managing shift work sleep disorder?

A. Medication adjustment

B. Addressing sleep-related behaviors and environment

C. Implementing a strict sleep schedule

D. Using bright light therapy

The management of shift work sleep disorder typically begins with addressing sleep-related behaviors and environmental factors. This initial step is crucial because it sets the foundation for better sleep hygiene and creates a conducive environment for rest. By educating patients on healthy sleep practices, such as avoiding stimulants before bedtime, optimizing the sleep environment (like reducing noise and controlling light), and establishing a wind-down routine, patients can potentially improve their sleep quality and overall well-being. Focusing on behavioral modifications and creating an environment that fosters sleep allows individuals to identify patterns and triggers that disrupt sleep, which can be more beneficial than other interventions at the outset. Once these foundational changes are in place, other strategies, such as medication adjustments, structured sleep schedules, or light therapy, can be incorporated in a more targeted manner based on the individual's response and specific needs.

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7. Which increase in diameter within a 6-month interval indicates a need for AAA repair?

A. 0.2 cm

B. 0.4 cm

C. 0.5 cm

D. 0.7 cm

An increase in the diameter of an abdominal aortic aneurysm (AAA) is a crucial factor in determining the need for surgical intervention. According to established guidelines, a significant increase in size, particularly of 0.5 cm or more within 6 months, typically signals a high risk of rupture and therefore necessitates consideration for repair. This threshold is based on the understanding that larger and rapidly expanding aneurysms are more likely to rupture, thereby increasing the urgency for surgical management. In this context, an increase of 0.5 cm within that timeframe is clinically significant and indicates that the aneurysm may pose a threat to the patient's health if not addressed promptly. Consequently, monitoring of an AAA typically includes regular imaging studies to evaluate changes in size, and a rapid increase in diameter provides concrete evidence for selecting the appropriate timing for surgical correction. This is why the increase of 0.5 cm is acknowledged as a critical marker for AAA repair.

8. Which organism is the most common cause of uncomplicated acute bacterial prostatitis?

A. Staphylococcus aureus

B. Escherichia coli

C. Enterococcus faecalis

D. Proteus mirabilis

The most common cause of uncomplicated acute bacterial prostatitis is Escherichia coli. This organism is a Gram-negative bacterium that is normally found in the intestines but can cause various infections when it translocates to other areas of the body, such as the urinary tract and prostate. In cases of acute bacterial prostatitis, Escherichia coli has been shown to be the leading pathogen in numerous studies, particularly in younger and middle-aged men, who are most commonly affected. Infection generally arises from ascending infection from the urethra or bladder into the prostate, where E. coli can proliferate, leading to the signs and symptoms of prostatitis, which include fever, pelvic pain, and urinary difficulties. The other organisms listed, while they can cause infections under certain circumstances, are less frequently implicated in uncomplicated acute bacterial prostatitis. For instance, Staphylococcus aureus is primarily associated with systemic infections and not typically involved in uncomplicated prostatitis cases. Enterococcus faecalis is more often linked to urinary tract infections but is not as prevalent as E. coli in prostatitis. Proteus mirabilis can be present in urinary tract infections but also does not have the same prominence in causing acute bacterial prostatitis as Escherichia coli

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9. In the long-term management of Parkinson's disease, which treatment may be used for patients resistant to medical therapy?

A. Palliation therapy

B. Electroconvulsive therapy

C. Deep brain stimulation (DBS)

D. Chiropractic adjustments

Deep brain stimulation (DBS) is an established treatment option for managing Parkinson's disease, particularly for patients who do not respond well to conventional medical therapies or who experience intolerable side effects from medications. DBS involves surgically implanting electrodes into specific areas of the brain, such as the subthalamic nucleus or globus pallidus internus. These electrodes deliver electrical impulses that can help modulate brain activity associated with motor control. The use of DBS can lead to significant improvements in motor symptoms, including tremors, rigidity, and bradykinesia. It has the added benefit of reducing the need for higher doses of dopaminergic medications, which can be associated with long-term complications such as dyskinesias (involuntary movements). Because it directly targets the brain's neural circuits involved in movement, DBS is particularly valuable for patients whose symptoms are not adequately controlled by medications alone. In contrast, palliation therapy focuses on relieving symptoms without curative intent and would not be the preferred approach for addressing the underlying motor issues. Electroconvulsive therapy is not a standard treatment for Parkinson's disease and is primarily used for severe depression. Chiropractic adjustments might provide relief for musculoskeletal issues but do not address the neurological aspects of Parkinson's disease.

10. What is the primary complaint of patients suffering from adhesive capsulitis?

A. Pain with passive range of motion

B. Loss of active range of motion

C. Swelling in the shoulder joint

D. Itching around the shoulder area

The primary complaint of patients suffering from adhesive capsulitis, commonly known as frozen shoulder, is the loss of active range of motion. This condition is characterized by a gradual onset of shoulder stiffness and significant limitation in the ability to move the shoulder actively. Patients often find it difficult to perform everyday activities, such as reaching overhead or behind their back, due to this loss of motion. While pain can be associated with adhesive capsulitis, especially during movement, it is the restriction of movement that is more prominent and bothersome to the patient. In this condition, the capsule of the shoulder joint becomes thickened and tight, leading to both passive and active range of motion difficulties; however, the inability to actively move the shoulder highlights the primary functional impairment experienced by patients. Swelling around the joint can occur in some cases but is not a central complaint or characteristic feature of adhesive capsulitis. Itching is unrelated to this condition and is not a symptom experienced by patients suffering from this shoulder issue. Thus, the emphasis on loss of active range of motion helps clarify the hallmark complaint in patients with adhesive capsulitis.

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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://abim.examzify.com

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

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