# AMERICAN BOARD OF PODIATRIC MEDICINE (ABPM) 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. What is Homan's sign used to diagnose?**

A. Arthritis

B. Deep vein thrombosis (DVT)

C. Plantar fasciitis

D. Gout

**2. What is nihilism characterized by?**

A. A total acceptance of established laws

B. A total rejection of established laws

C. A belief in moral absolutism

D. A perspective that prioritizes societal norms

**3. Which condition is NOT associated with an increased Partial Thromboplastin Time (PITT)?**

A. Hemophilia A

B. Von Willebrand disease

C. Liver disease

D. Arterial thrombus

**4. What is the best description of the prevalence rate of a disorder?**

A. The average duration of the disorder per population

B. The number of new cases per year in a population

C. The total number of cases suffering from a disorder divided by the total population

D. The total number of deaths due to a disorder in a population

**5. What characterizes a Stage 3A Gustilo Anderson fracture?**

A. Bone exposure with periosteal stripping

B. Adhesive capsulitis

C. Minor soft tissue trauma

D. Intramedullary fracture

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**6. Which type of tumor is commonly associated with hyperparathyroidism?**

A. Osteosarcoma
B. Giant cell tumor
C. Chondrosarcoma
D. Fibrosarcoma

**7. What is the significance of a positive C-ANCA test result?**

A. Suggests infection
B. Indicates the need for immediate surgery
C. Associated with autoimmune vasculitis
D. Reflects normal immune response

**8. What does a Type 4 fracture in the Rowe Classification involve?**

A. Extra-articular fracture
B. Intra-articular fracture
C. Comminuted fracture
D. Simple fracture

**9. Which phase follows inflammation in wound healing?**

A. Proliferation
B. Remodeling
C. Granulation
D. Contraction

**10. What complication is most commonly caused by lidocaine toxicity?**

A. Hypertension
B. Bradycardia
C. Severe headache
D. Nausea

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# Answers

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

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# Explanations

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## 1. What is Homan's sign used to diagnose?

A. Arthritis

B. Deep vein thrombosis (DVT)

C. Plantar fasciitis

D. Gout

*Homan's sign is specifically used to help diagnose deep vein thrombosis (DVT). The test involves the clinician dorsiflexing the foot while observing for pain in the calf. If pain is experienced in the calf upon dorsiflexion, it may indicate the presence of a thrombus in the deep veins. While this sign is not definitive and can result in false positives, it remains a clinical tool historically used in assessing patients who may have DVT, especially in settings where venous ultrasound or other diagnostic imaging may not be immediately available. The other conditions listed—arthritis, plantar fasciitis, and gout—are associated with different symptoms and diagnostic approaches. Arthritis involves joint inflammation and is assessed through a different clinical examination, imaging, and laboratory tests. Plantar fasciitis is characterized by heel pain and is diagnosed through history and physical examination focused on foot mechanics. Gout, a type of inflammatory arthritis, is typically diagnosed through the observation of crystal deposition in joint fluid or elevated uric acid levels. Each of these conditions has distinct pathologies and requires alternative diagnostic criteria or examinations, making Homan's sign irrelevant in those contexts.*

## 2. What is nihilism characterized by?

A. A total acceptance of established laws

B. A total rejection of established laws

C. A belief in moral absolutism

D. A perspective that prioritizes societal norms

*Nihilism is a philosophical viewpoint that is primarily characterized by a total rejection of established laws, values, and beliefs. This perspective posits that life lacks inherent meaning, purpose, or intrinsic value, leading individuals to dismiss societal constructs, moral absolutes, and traditional norms. Under this framework, nihilists may view established laws and social conventions as arbitrary constructs, rather than universally applicable truths. This rejection can manifest in various domains, such as ethics, politics, and existential thought, where nihilists argue that accepted principles do not hold objective validity. Thus, the correct choice reflects nihilism's core tenet of skepticism toward accepted beliefs and structures, which contributes to a broader philosophical discourse on meaning and existence. In contrast to the other choices, which suggest acceptance of established norms, moral absolutism, or societal priorities, the essence of nihilism lies in its counter-argument to these frameworks, reinforcing its fundamental characteristics of dissent and skepticism.*

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## 3. Which condition is NOT associated with an increased Partial Thromboplastin Time (PITT)?

A. Hemophilia A

B. Von Willebrand disease

C. Liver disease

D. Arterial thrombus

*An increased Partial Thromboplastin Time (PTT) is typically observed in conditions where there is a disruption in the intrinsic pathway of coagulation or a deficiency in the factors involved in this pathway. Hemophilia A, Von Willebrand disease, and liver disease are all associated with such disruptions. Hemophilia A is a genetic disorder characterized by a deficiency in clotting factor VIII, which leads to prolonged PTT due to impaired ability to form a stable fibrin clot. Likewise, Von Willebrand disease impacts factor VIII function as well as platelet adhesion, resulting in an increased PTT. Liver disease affects the synthesis of multiple clotting factors responsible for hemostasis, which can lead to prolonged PTT and represents a broader issue in coagulation and liver function. In contrast, the presence of an arterial thrombus does not lead to an increased PTT. Instead, arterial thrombosis is more commonly associated with the activation of the extrinsic pathway and often relates to tissue factor exposure. This scenario typically does not affect the intrinsic pathway, and as a result, the PTT remains normal or unaffected. Thus, the condition that is not associated with an increased PTT is the presence of an arterial thrombus.*

## 4. What is the best description of the prevalence rate of a disorder?

A. The average duration of the disorder per population

B. The number of new cases per year in a population

C. The total number of cases suffering from a disorder divided by the total population

D. The total number of deaths due to a disorder in a population

*The prevalence rate of a disorder is defined as the total number of existing cases of that disorder in a specific population at a given time, divided by the total number of individuals in that population. This calculation provides insight into how widespread a disorder is within that population, reflecting both new and previously existing cases. This measure is particularly useful in public health and epidemiology for understanding the burden of a disease and can inform healthcare planning and resource allocation. It contrasts with incidence rates, which focus solely on new cases that arise within a particular timeframe, making it distinct in its scope. Thus, the description correlates directly with the definition of prevalence as it encompasses all existing cases, offering a comprehensive view of the disorder's impact on the population. Other answer choices may reflect various health metrics, such as incident rates or mortality rates, but they do not accurately describe prevalence, as they involve factors that may not represent the total cases of a disorder within the population at a given time.*

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## 5. What characterizes a Stage 3A Gustilo Anderson fracture?

A. Bone exposure with periosteal stripping

B. Adhesive capsulitis

C. Minor soft tissue trauma

D. Intramedullary fracture

*A Stage 3A Gustilo Anderson fracture is characterized by significant soft tissue injury along with the presence of an open fracture. In this specific stage, there is bone exposure that occurs as a result of a high-energy trauma, and the periosteum – the membrane surrounding the bone – may be stripped away from the underlying bone. However, the important distinction in Stage 3A is that despite the considerable soft tissue injury, there is adequate blood supply to the soft tissue, allowing for the potential for healing. The other options do not accurately describe the characteristics of a Stage 3A fracture. Adhesive capsulitis pertains to a condition affecting the shoulder and is not relevant to the classification of fractures. Minor soft tissue trauma does not align with the severity seen in a Stage 3A injury, which involves significant damage. Intramedullary fractures refer to a fracture pattern related to the medullary cavity of a bone and do not apply to the description of Gustilo Anderson classifications, which focus more on the nature of soft tissue and bone injury in open fractures.*

## 6. Which type of tumor is commonly associated with hyperparathyroidism?

A. Osteosarcoma

B. Giant cell tumor

C. Chondrosarcoma

D. Fibrosarcoma

*Giant cell tumors are frequently associated with hyperparathyroidism due to the influence of elevated parathyroid hormone (PTH) levels on bone metabolism. In hyperparathyroidism, increased levels of PTH can lead to bone resorption and subsequent formation of giant cell tumors, particularly in the epiphyseal regions of long bones. These tumors are characterized by the presence of multinucleated giant cells and can occur in the context of increased osteoclastic activity that follows the hormonal changes induced by hyperparathyroidism. Other types of tumors listed do not have a strong or direct link to hyperparathyroidism. Osteosarcoma, chondrosarcoma, and fibrosarcoma have distinct pathophysiological mechanisms that are not influenced the same way by hormonal levels, and they typically arise due to different factors such as changes in bone turnover, genetic predisposition, or previous conditions such as Paget's disease, rather than a direct consequence of altered parathyroid hormone activity.*

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## 7. What is the significance of a positive C-ANCA test result?

A. Suggests infection

B. Indicates the need for immediate surgery

C. Associated with autoimmune vasculitis

D. Reflects normal immune response

*A positive C-ANCA (cytoplasmic anti-neutrophil cytoplasmic antibodies) test result is primarily associated with autoimmune vasculitis, particularly granulomatosis with polyangiitis (formerly known as Wegener's granulomatosis). This condition is characterized by inflammation of blood vessels (vasculitis), which can lead to damage in various organs, including the lungs and kidneys. The presence of C-ANCA antibodies indicates an autoimmune response where the body's immune system mistakenly targets its own neutrophils, leading to inflammation and tissue damage. This makes it a crucial marker for diagnosing and monitoring autoimmune diseases. Other potential explanations for test results, such as infection or normal immune responses, do not apply directly to the context of C-ANCA. Infection typically involves different antibody responses, while a normal immune response would not yield a positive C-ANCA result, as these antibodies are indicative of an abnormal autoimmune process. Immediate surgery is also not typically warranted solely based on a C-ANCA test result; rather, comprehensive clinical evaluation and additional tests would guide such a decision.*

## 8. What does a Type 4 fracture in the Rowe Classification involve?

A. Extra-articular fracture

B. Intra-articular fracture

C. Comminuted fracture

D. Simple fracture

*A Type 4 fracture in the Rowe Classification specifically refers to an intra-articular fracture. This classification system is used primarily for the assessment of fractures around the ankle and foot, particularly in relation to the bimalleolar and trimalleolar fractures. Intra-articular fractures, as categorized in this context, are those that extend into the joint space, which can significantly affect joint stability and function. This type of fracture is critical to identify, as it may require surgical intervention to restore the normal alignment and integrity of the joint, in contrast to extra-articular fractures that do not involve the joint space. Understanding the Rowe Classification is essential for accurately diagnosing and developing a treatment plan for patients with fractures, particularly those affecting the ankle and foot. Intra-articular involvement typically necessitates a different approach compared to non-articular fractures, which can influence both healing and rehabilitation processes.*

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## 9. Which phase follows inflammation in wound healing?

A. Proliferation

B. Remodeling

C. Granulation

D. Contraction

*In wound healing, the phase that follows inflammation is the proliferation phase. During this phase, the body focuses on tissue formation and healing. It involves several key processes, including the formation of granulation tissue, re-epithelialization, and the initial healing of the wound. During inflammation, the body responds to injury by increasing blood flow to the area, influx of immune cells, and secretion of various cytokines to manage the healing process. Once this acute inflammatory response subsides, the proliferation phase takes over to rebuild the tissue. One important aspect of this phase is the formation of granulation tissue, which consists of new connective tissue and blood vessels that emerge at the site of the wound. This tissue provides a scaffold for new cells and promotes healing. Additionally, fibroblasts proliferate and synthesize collagen and extracellular matrix components, aiding in the structural integrity of the new tissue. Thus, the proliferation phase is crucial for repairing the wound and restoring the integrity of the skin or affected tissue following the inflammatory phase.*

## 10. What complication is most commonly caused by lidocaine toxicity?

A. Hypertension

B. Bradycardia

C. Severe headache

D. Nausea

*Lidocaine toxicity can lead to various cardiovascular effects, with bradycardia being one of the most significant and commonly observed complications. Bradycardia refers to an abnormally slow heart rate, which can result from lidocaine's mechanism of action as a sodium channel blocker. At toxic levels, lidocaine can interfere with the normal conduction pathways in the heart, leading to impaired cardiac excitability and rhythmicity. This can manifest as bradycardia and, in more severe cases, can progress to more critical cardiac arrhythmias. While other options like hypertension, severe headache, and nausea can occur due to various factors in different contexts, they are not as directly linked to lidocaine toxicity as bradycardia is. Hypertension is not a typical consequence of lidocaine toxicity; in fact, lidocaine can often lower blood pressure due to its vasodilatory properties. Severe headache and nausea can also occur for various other reasons, but they do not have the same direct relationship with lidocaine toxicity that bradycardia has. This makes bradycardia the most appropriate and common complication to associate with lidocaine toxicity.*

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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://podiatricmedabpm.examzify.com

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

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