AMERICAN PODIATRIC MEDICAL LICENSING EXAMINATION (APMLE) PART 3 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. Which ECG change is NOT typically seen with hyperkalemia?

A. Peaked T waves

B. QRS widening

C. ST segment depression

D. Prolonged PR interval

2. Mee's lines are which pattern on nails?

A. Horizontal striations

B. Vertical ridges

C. Pitting

D. Onycholysis

3. For Lyme disease with central nervous system involvement, which antibiotic is recommended?

A. Amoxicillin

B. Doxycycline

C. Ceftriaxone

D. Azithromycin

4. In a mild diabetic foot infection, what are two reasonable oral antibiotic regimens?

A. Cephalexin plus metronidazole.

B. Amoxicillin-clavulanate; or cephalexin plus metronidazole (alternative: doxycycline if penicillin allergy).

C. Doxycycline alone.

D. Ciprofloxacin alone.

5. Which of the following is a potassium-sparing diuretic?

A. Hydrochlorothiazide

B. Furosemide

C. Spironolactone

D. Bumetanide

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6. What are the radiographic features of late-stage Charcot neuroarthropathy?

A. Joint destruction with subluxation or dislocation, deformity (rocker-bottom foot), fragmentation, and alteration of normal architecture

B. Joint space narrowing only

C. Osteolytic lesions with periosteal reaction

D. Calcaneal spur formation only

7. Which combination therapy is indicated for Bacteroides infections?

A. Metronidazole along with clindamycin and chloramphenicol

B. Penicillin G

C. Vancomycin alone

D. Aztreonam

8. Which practice is recommended for monitoring after hindfoot arthrodesis with hardware?

A. Monitor with imaging and clinical follow-up.

B. Rely solely on patient-reported pain.

C. No follow-up is required after surgery.

D. Monitor with only routine laboratory tests.

9. For TBI measurements, a value greater than 0.6 indicates which level of risk?

A. low risk

B. moderate risk

C. high risk

D. no risk

10. Which suture listed is braided?

A. Plain gut

B. PDS (polydioxanone)

C. Vicryl (polyglactin)

D. Chromic gut

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Answers

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

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Explanations

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1. Which ECG change is NOT typically seen with hyperkalemia?

A. Peaked T waves

B. QRS widening

C. ST segment depression

D. Prolonged PR interval

Hyperkalemia alters cardiac conduction and repolarization in a characteristic sequence. Early on, you see tall, peaked T waves due to faster ventricular repolarization. As potassium climbs, atrioventricular conduction slows, lengthening the PR interval. With further increases, the QRS complex widens because ventricular depolarization becomes more desynchronized. In advanced hyperkalemia, a sine-wave pattern can appear. ST segment changes aren't a typical feature of hyperkalemia; ST segment depression is more commonly associated with myocardial ischemia or other causes, not with high potassium. So the finding that doesn't fit the hyperkalemia pattern is ST segment depression.

2. Mee's lines are which pattern on nails?

A. Horizontal striations

B. Vertical ridges

C. Pitting

D. Onycholysis

Mee's lines are transverse white bands that cross the nail plate, appearing as horizontal striations. This pattern occurs when nail matrix disruption during a period of systemic stress temporarily slows nail growth; as the nail keeps growing, the brief interruption shows up as a white line extending across the nail. They're not vertical ridges (which run along the length of the nail), not pits (which are small surface depressions seen in conditions like psoriasis), and not the lifting of the nail from the bed (onycholysis).

3. For Lyme disease with central nervous system involvement, which antibiotic is recommended?

A. Amoxicillin

B. Doxycycline

C. Ceftriaxone

D. Azithromycin

When the central nervous system is involved in Lyme disease, the drug must reach therapeutic levels in the CSF to effectively eradicate Borrelia. IV ceftriaxone fits this need well because it penetrates the CSF effectively when there is inflammation and has strong clinical evidence supporting its use for neuroborreliosis. The usual course is IV treatment for about 14 to 28 days, often 2 g daily, to ensure adequate CNS exposure and clearance of infection. Oral options like amoxicillin or doxycycline are adequate for many non-neurologic manifestations, but their CSF penetration and clinical efficacy in neuroborreliosis are less reliable, making them less preferred for CNS involvement. Azithromycin has shown poorer outcomes in neuroborreliosis and is generally not recommended.

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4. In a mild diabetic foot infection, what are two reasonable oral antibiotic regimens?

A. Cephalexin plus metronidazole.

B. Amoxicillin-clavulanate; or cephalexin plus metronidazole (alternative: doxycycline if penicillin allergy).

C. Doxycycline alone.

D. Ciprofloxacin alone.

For mild diabetic foot infections, choose oral regimens that reliably cover the usual skin flora plus anaerobes, since these infections are often polymicrobial and involve anaerobic organisms. Amoxicillin-clavulanate provides broad, convenient single-agent coverage against streptococci, Staphylococcus aureus, and beta-lactamase–producing organisms including anaerobes, making it a strong first-choice option for outpatient therapy. An alternative two-drug approach is cephalexin plus metronidazole, which pairs a Beta-lactam for gram-positives with metronidazole to add anaerobic coverage. If the patient has a penicillin allergy, doxycycline can be used as an alternative in this context. Other regimens fall short for mild infections because they may lack reliable anaerobic coverage or overall breadth (for example, antibiotics given alone that don't cover anaerobes, or agents with limited activity against common diabetic-foot pathogens), which can lead to treatment failure.

5. Which of the following is a potassium-sparing diuretic?

A. Hydrochlorothiazide

B. Furosemide

C. Spironolactone

D. Bumetanide

Potassium-sparing diuretics work by reducing potassium loss in the distal nephron, either by blocking aldosterone's effects or by directly inhibiting sodium uptake in the collecting ducts. Spironolactone is a mineralocorticoid receptor antagonist; it binds aldosterone receptors in the collecting duct, leading to decreased transcription of sodium channels (ENaC) and Na+/K+-ATPase. This reduces sodium reabsorption and potassium secretion, producing diuresis while preserving potassium. Other diuretics like thiazides and loop agents promote sodium reabsorption changes that increase potassium loss, hence they are potassium-wasting. Thus spironolactone is the potassium-sparing option. Hyperkalemia is a potential risk with this class, so monitoring is important.

6. What are the radiographic features of late-stage Charcot neuroarthropathy?

A. Joint destruction with subluxation or dislocation, deformity (rocker-bottom foot), fragmentation, and alteration of normal architecture

B. Joint space narrowing only

C. Osteolytic lesions with periosteal reaction

D. Calcaneal spur formation only

Late-stage Charcot neuroarthropathy shows a destructive, deformed joint picture with loss of normal architecture. On radiographs you see extensive joint destruction with subluxation or dislocation, fragmentation of the bone around the joints, and severe deformity such as a rocker-bottom foot. This combination reflects progressive osteolysis and collapse of the tarsal and foot joints in an insensate limb, leading to abnormal alignment and architecture. Other patterns—like just joint space narrowing, osteolytic lesions with periosteal reaction, or isolated calcaneal spur formation—do not capture the extensive, disorganized destruction and deformity that characterize late-stage Charcot.

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7. Which combination therapy is indicated for Bacteroides infections?

A. Metronidazole along with clindamycin and chloramphenicol

B. Penicillin G

C. Vancomycin alone

D. Aztreonam

Bacteroides infections require strong anaerobic coverage and approaches that work even if resistance mechanisms are present. Metronidazole is exceptionally active against anaerobes like Bacteroides and often serves as the backbone of therapy. Adding clindamycin provides another anaerobic mechanism with good tissue penetration, which is particularly helpful in soft-tissue and intra-abdominal infections. Chloramphenicol broadens coverage further and can act against organisms that might be less susceptible to the other two. Using all three together gives multiple mechanisms attacking the bacteria, increasing the likelihood of effective kill in severe or mixed infections where resistance and tissue penetration are concerns.

8. Which practice is recommended for monitoring after hindfoot arthrodesis with hardware?

A. Monitor with imaging and clinical follow-up.

B. Rely solely on patient-reported pain.

C. No follow-up is required after surgery.

D. Monitor with only routine laboratory tests.

After hindfoot arthrodesis with hardware, the best monitoring approach combines imaging with clinical follow-up to track fusion progress and catch complications early. Serial radiographs (typical views of the hindfoot and ankle) over the first months help us see how the bones are uniting, whether there is any hardware loosening or malalignment, and if fusion is progressing toward completion. If the X-rays don't clearly show fusion, a CT scan can provide a more detailed view of bone bridging and help decide whether the fusion is solid. Clinical follow-up is essential to assess wound healing, signs of infection, neurovascular status, pain levels, weight-bearing tolerance, and functional recovery. These observations guide when the patient can safely increase activity or weight bearing and whether any intervention is needed. Relying solely on patient-reported pain misses important information because pain can be nonspecific and not reliably reflect fusion status or hardware issues. No follow-up would leave potential complications undetected, and routine laboratory tests alone don't provide a complete picture of bone healing or hardware integrity. Together, imaging plus clinical follow-up offers the most accurate, timely assessment for healing after hindfoot fusion.

9. For TBI measurements, a value greater than 0.6 indicates which level of risk?

A. low risk

B. moderate risk

C. high risk

D. no risk

Interpreting risk thresholds in a scoring system hinges on knowing which direction their numbers move with risk. In this TBI measurement, higher values are associated with a lower probability of brain injury, meaning the scale is constructed so that improvements or protective factors push the score upward. A threshold of 0.6 is used to separate low risk from higher risk. When the value exceeds 0.6, it crosses into the low-risk category because the score indicates a sufficiently low likelihood of significant TBI. Values at or below 0.6 would imply greater risk and typically prompt closer monitoring or further evaluation. So, a value greater than 0.6 is interpreted as low risk because the scoring system is designed such that higher scores reflect more favorable, lower-risk results.

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10. Which suture listed is braided?

A. Plain gut

B. PDS (polydioxanone)

C. Vicryl (polyglactin)

D. Chromic gut

Braided sutures are made from several filaments woven together, which gives greater knot security and flexibility but can increase tissue drag and the chance of wicking bacteria along the suture strands. Vicryl is a synthetic absorbable suture made from polyglactin 910 and is manufactured as a braided strand, so it is the braided option in this list. PDS, in contrast, is a monofilament suture (a single strand), and plain gut and chromic gut are natural collagen sutures, typically not described as the braided synthetic type.

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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://apmlepart3.examzify.com

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

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