APEA MANAGEMENT ORTHOPEDICS 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 typical management for a depressed tibial plateau fracture when depression is significant or there is instability?

A. Nonoperative management in all cases.

B. Surgical fixation with ORIF if depression is significant or there is instability.

C. External fixation only.

D. Total knee replacement as first-line.

2. Which test is commonly used to screen for rotator cuff tears?

A. Empty can (Jobe) test

B. Lachman test

C. McMurray test

D. Finkelstein test

3. Management of a sprained ankle includes:

A. X-rays.

B. Rest, ice, compression, elevation.

C. Anti-inflammatory medications.

D. Activity as tolerated.

4. Regarding dental prophylaxis for patients with a knee or hip replacement, which statement is supported by the material?

A. Antibiotics are required for all dental procedures at all times.

B. Antibiotics are recommended only for high-risk patients before dental procedures.

C. There are no recommendations for antibiotic prophylaxis 6 months after surgery.

D. Antibiotics should be given routinely every year before dental procedures.

5. Which synovial fluid finding is most characteristic of septic arthritis?

A. Synovial WBC often >50,000 with neutrophils and low glucose.

B. Crystals present indicate crystal arthritis.

C. Cultures are always negative.

D. Glucose is normal.

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6. Which scaphoid fracture pattern carries a high risk of nonunion and AVN, often prompting surgical fixation?

A. Distal pole fractures.

B. Waist fractures.

C. Midshaft fractures.

D. Proximal pole fractures and displaced fractures.

7. Frozen shoulder initial management and when are corticosteroid injections considered?

A. Start with physical therapy and NSAIDs; corticosteroid injections for persistent pain or limited ROM.

B. Immediate surgical release.

C. Rely solely on rest.

D. Use opioid analgesics only.

8. A young athlete is found to have a depression of the longitudinal arch of both feet. He complains of bilateral heel pain. The rest of his foot is normal and he has continued with his activities. What could be recommended for his heel pain?

A. An X-ray of the foot is needed first.

B. He needs some heel support in his shoes.

C. NSAIDs should be used initially.

D. Rigid orthotics could be ordered for his shoes.

9. According to the American College of Rheumatology, which medication is first-line for OA pain after nonpharmacologic interventions have failed?

A. Metaxalone

B. Acetaminophen

C. Ibuprofen

D. Tramadol

10. What is the recommended approach to DVT prophylaxis after orthopedic surgery?

A. No prophylaxis is needed

B. Pharmacologic prophylaxis (LMWH or DOAC) with mechanical methods as appropriate; duration depends on procedure and risk

C. Only aspirin is used

D. Antibiotics are used for DVT prophylaxis

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Answers

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

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Explanations

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1. What is the typical management for a depressed tibial plateau fracture when depression is significant or there is instability?

A. Nonoperative management in all cases.

B. Surgical fixation with ORIF if depression is significant or there is instability.

C. External fixation only.

D. Total knee replacement as first-line.

When the tibial plateau fracture has a significantly depressed articular surface or shows instability, the priority is to restore a smooth joint surface and provide stable fixation. Nonoperative approaches can't reliably elevate the depressed fragments or maintain alignment, which leads to articular incongruity, malalignment, and a high risk of post-traumatic arthritis. Open reduction and internal fixation allows direct visualization of the fracture, elevation of the depressed articular fragments, and buttress stabilization with plates and screws. If needed, bone grafts or substitutes fill the void created by elevated fragments to support the joint surface. This approach enables early knee motion and better long-term alignment and function. External fixation is often used as a temporary measure when soft-tissue swelling or injuries preclude immediate definitive fixation, but it is not the definitive treatment for depressed or unstable fractures. Total knee replacement is not typically the first-line option for acute tibial plateau fractures; it's reserved for specific cases, such as elderly patients with preexisting knee arthritis or when reconstruction of the joint surface is unlikely to be durable. So, the best-management choice in this scenario is surgical fixation with ORIF to restore the articular surface and achieve stable fixation.

2. Which test is commonly used to screen for rotator cuff tears?

A. Empty can (Jobe) test

B. Lachman test

C. McMurray test

D. Finkelstein test

The test that screens for rotator cuff tears targets the supraspinatus tendon. In the empty can test, the arm is raised about 90 degrees in the scapular plane with the shoulder internally rotated (thumb pointing downward). The patient then resists downward pressure. Pain or weakness during this resisted movement points to supraspinatus pathology, making it a commonly used screening maneuver for rotator cuff tears. For context, the other tests assess different problems: the Lachman test checks ACL stability, the McMurray test looks for meniscal tears, and the Finkelstein test evaluates de Quervain's tenosynovitis.

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3. Management of a sprained ankle includes:

A. X-rays.

B. Rest, ice, compression, elevation.

C. Anti-inflammatory medications.

D. Activity as tolerated.

In an acute ankle sprain, the priority is to limit swelling and pain while protecting the injured ligaments so they can heal. The best-fitting approach is Rest, Ice, Compression, and Elevation. Rest reduces further strain on the injured ligaments. Ice helps minimize swelling and numb painful sensations. Compression provides support and helps control edema. Elevation uses gravity to reduce swelling by encouraging fluid return away from the ankle. Together, these measures address the immediate pathophysiology of a sprain and lay the groundwork for a smoother recovery. Imaging with X-rays isn't a blanket part of initial management; it's used when there's suspicion of a fracture or red flags such as inability to bear weight, deformity, or severe swelling. Anti-inflammatory medications can help with pain and swelling but serve as adjuncts to the protective and edema-control goals of RICE rather than a stand-alone treatment. Early, non-specific "activity as tolerated" is not ideal in the initial phase because it can expose the joint to further injury; controlled, gradual rehabilitation is introduced after swelling has started to subside. So, the recommended initial management centers on Rest, Ice, Compression, and Elevation.

4. Regarding dental prophylaxis for patients with a knee or hip replacement, which statement is supported by the material?

A. Antibiotics are required for all dental procedures at all times.

B. Antibiotics are recommended only for high-risk patients before dental procedures.

C. There are no recommendations for antibiotic prophylaxis 6 months after surgery.

D. Antibiotics should be given routinely every year before dental procedures.

Prophylactic antibiotics before dental work in patients with knee or hip replacements are not routinely indicated. The risk of a dental procedure causing infection in a prosthetic joint is low, so guidelines no longer support giving antibiotics for every procedure. The statement about having no recommendations for antibiotic prophylaxis six months after surgery reflects that, once the early postoperative period has passed, there isn't a standing rule to provide antibiotics just because dental work is planned. In practice, antibiotics may be considered only for very high risk individuals on a case-by-case basis, not as a blanket yearly or universal protocol.

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5. Which synovial fluid finding is most characteristic of septic arthritis?

A. Synovial WBC often >50,000 with neutrophils and low glucose.

B. Crystals present indicate crystal arthritis.

C. Cultures are always negative.

D. Glucose is normal.

Septic arthritis tends to produce a highly inflammatory joint fluid. The most characteristic finding is a synovial fluid white blood cell count that is markedly elevated, with neutrophil predominance, along with a low glucose level. When the WBC count in the joint fluid is around or above 50,000 cells per microliter and most cells are neutrophils, this pattern strongly suggests a bacterial infection within the joint. The low glucose occurs because bacteria and inflammatory cells consume glucose, reflecting the intense inflammatory milieu in septic arthritis. Crystals can be seen in some joints, but their presence does not define septic arthritis, and crystals may coexist without excluding infection. Cultures can be positive, so they are not always negative. Glucose is not typically normal in septic arthritis; it is usually reduced due to bacterial activity and inflammation.

6. Which scaphoid fracture pattern carries a high risk of nonunion and AVN, often prompting surgical fixation?

A. Distal pole fractures.

B. Waist fractures.

C. Midshaft fractures.

D. Proximal pole fractures and displaced fractures.

The pattern with the highest risk of nonunion and avascular necrosis is fractures of the proximal pole, especially when they are displaced. The scaphoid's blood supply comes largely from vessels that enter the bone distally and travel toward the proximal pole. When a fracture occurs at the proximal pole or if a fracture is displaced, this retrograde blood flow can be disrupted, leaving the proximal fragment poorly perfused or avascular. That makes healing difficult and raises the risk of both nonunion and AVN. Because stability and blood flow are both compromised in these cases, surgical fixation is often chosen to restore alignment and provide rigid fixation that supports revascularization and healing. By contrast, distal pole fractures usually preserve most of the blood supply, and waist or midshaft fractures typically retain better perfusion to the proximal fragment, so the risk of AVN is much lower and nonoperative treatment can be successful if the fracture is nondisplaced.

7. Frozen shoulder initial management and when are corticosteroid injections considered?

A. Start with physical therapy and NSAIDs; corticosteroid injections for persistent pain or limited ROM.

B. Immediate surgical release.

C. Rely solely on rest.

D. Use opioid analgesics only.

Nonoperative management is first-line for frozen shoulder, focusing on preserving and gradually restoring range of motion while controlling pain. Begin with a structured physical therapy program that emphasizes gentle, progressive stretching and ROM exercises, paired with analgesia such as NSAIDs to help with pain and inflammation. Corticosteroid injections are considered when pain and stiffness persist after initial therapy, because the steroids can reduce intra-articular inflammation and improve ROM enough to allow more effective rehabilitation. They're typically used in the early to mid stages when pain and motion loss are limiting function. If substantial symptoms and limited ROM persist after several months of nonoperative treatment, surgical options may be explored; rest or using opioids alone do not address the underlying stiffness and are not appropriate as initial management.

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8. A young athlete is found to have a depression of the longitudinal arch of both feet. He complains of bilateral heel pain. The rest of his foot is normal and he has continued with his activities. What could be recommended for his heel pain?

A. An X-ray of the foot is needed first.

B. He needs some heel support in his shoes.

C. NSAIDs should be used initially.

D. Rigid orthotics could be ordered for his shoes.

The main idea is that heel pain in a young athlete with a depressed foot arch is often due to overuse from flat feet causing increased strain on the plantar fascia. The quickest, most effective way to relieve that mechanical stress is to provide heel support in his shoes. Adding heel cushions or a supportive insert helps distribute pressure more evenly, supports the arch, and reduces the pulling on the plantar fascia during activity, which typically lessens pain and allows continued sport participation. Imaging isn't usually needed first unless there are red flags or persistent, worsening symptoms. Nonsteroidal anti-inflammatory drugs can help with pain but don't fix the underlying mechanics. Rigid orthotics are a more definitive intervention and can be considered later if simple heel support does not adequately control symptoms.

9. According to the American College of Rheumatology, which medication is first-line for OA pain after nonpharmacologic interventions have failed?

A. Metaxalone

B. Acetaminophen

C. Ibuprofen

D. Tramadol

The main idea is that once nonpharmacologic approaches don't provide enough relief, the preferred first-line pharmacologic treatment for osteoarthritis pain is an NSAID. Ibuprofen is a typical oral NSAID and is favored because it more effectively reduces both pain and inflammation in OA compared with acetaminophen, often improving function as well. Acetaminophen has a more modest effect in OA and doesn't address inflammation, so it's not the preferred first option when NSAIDs are suitable. Muscle relaxants like metaxalone don't target OA pathology and aren't used as first-line therapy. Tramadol carries risks of dizziness, nausea, and dependence, so it's generally reserved for cases where NSAIDs can't be used or where pain remains uncontrolled after NSAIDs. In short, ibuprofen fits the role of the best initial pharmacologic choice after nonpharmacologic methods fail, used at the lowest effective dose for the shortest duration while weighing GI, renal, and cardiovascular risks.

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10. What is the recommended approach to DVT prophylaxis after orthopedic surgery?

A. No prophylaxis is needed

B. Pharmacologic prophylaxis (LMWH or DOAC) with mechanical methods as appropriate; duration depends on procedure and risk

C. Only aspirin is used

D. Antibiotics are used for DVT prophylaxis

After orthopedic surgery, there is a high risk of venous thromboembolism, so the recommended approach combines pharmacologic prophylaxis with mechanical methods when appropriate. Using low-molecular-weight heparin or a direct oral anticoagulant reduces clot formation, while devices like compression stockings or sequential compression devices help prevent blood pooling in the legs. The exact duration of prophylaxis is tailored to the specific procedure and the patient's risk factors, with longer protection for more extensive surgeries or higher-risk individuals. Relying on aspirin alone is not sufficient in most orthopedic cases, and antibiotics do not prevent DVT.

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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://apeamgmtortho.examzify.com

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

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