

# ABFAS Boards - Rearfoot and Forefoot Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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.

# 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!**

## Questions

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- 1. Prolonged bleeding time is most classically associated with which condition?**
  - A. Aplastic anemia**
  - B. Thrombocytopenia**
  - C. Von Willebrand disease**
  - D. Vitamin K deficiency**
  
- 2. Which orthotic is designed to evenly distribute plantar foot weight in pes planus?**
  - A. UCB wedge**
  - B. Shaffer plate**
  - C. Carbon fiber insert**
  - D. Metatarsal pad**
  
- 3. A common post-operative complication of EPF is which of the following?**
  - A. Deep vein thrombosis**
  - B. Wound infection**
  - C. Urinary tract infection**
  - D. Calcaneal cuboid joint discomfort**
  
- 4. Which fixation approach provides compression and promotes osteogenesis?**
  - A. Lag screws**
  - B. External fixation**
  - C. K-wires**
  - D. Lag screws and dynamic compression plates**
  
- 5. Berndt Hardy Stage 3 is characterized by which finding?**
  - A. Small subchondral compression**
  - B. Partial detachment**
  - C. Complete detachment but not displaced**
  - D. Displaced fragment**

- 6. How is the talocrural angle defined on radiographs?**
- A. Line drawn parallel to the tibial plafond and line through the malleolar tips.**
  - B. Line drawn perpendicular to the tibial plafond and another line between the tips of the malleoli.**
  - C. Line perpendicular to the calcaneus and line through the malleoli.**
  - D. Line along the tibial axis and line through the malleolar tips.**
- 7. Which ligament disruption is linked to the common complication after Evans procedure?**
- A. Long plantar ligament**
  - B. Spring ligament**
  - C. Deltoid ligament**
  - D. Bifurcating ligament**
- 8. Adjustment to X-rays for X-ray through cast?**
- A. 1.5x**
  - B. 0.5x**
  - C. 1x**
  - D. 2x**
- 9. During a Coleman block test, if the calcaneus everts, what cavus type and procedure are indicated?**
- A. Forefoot driven cavus; dorsiflexory osteotomy of 1st ray**
  - B. Rearfoot driven cavus; lateralizing calcaneal osteotomy**
  - C. Forefoot driven cavus; metatarsal osteotomy**
  - D. Rearfoot driven cavus; first metatarsal fusion**
- 10. Pernicious anemia is due to deficiency of which factor?**
- A. Intrinsic factor**
  - B. Vitamin B12**
  - C. Folate**
  - D. Iron**

## Answers

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

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## **Explanations**

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**1. Prolonged bleeding time is most classically associated with which condition?**

- A. Aplastic anemia**
- B. Thrombocytopenia**
- C. Von Willebrand disease**
- D. Vitamin K deficiency**

Prolonged bleeding time reflects a defect in primary hemostasis, where the platelet plug fails to form properly at sites of injury. The most classic condition causing this type of defect is von Willebrand disease, in which deficient or dysfunctional von Willebrand factor impairs platelet adhesion to exposed subendothelium via the GPIb receptor. This delays plug formation and lengthens bleeding time. Vitamin K deficiency mainly disrupts the coagulation cascade, prolonging PT (and sometimes PTT) but not bleeding time. Aplastic anemia or severe thrombocytopenia can extend bleeding time due to low platelet numbers, but the hallmark, most characteristic association, is the impaired platelet adhesion seen in von Willebrand disease.

**2. Which orthotic is designed to evenly distribute plantar foot weight in pes planus?**

- A. UCB wedge**
- B. Shaffer plate**
- C. Carbon fiber insert**
- D. Metatarsal pad**

In pes planus, spreading the load across the entire plantar surface helps reduce peak pressures from the collapsed arch. The Shaffer plate is designed as a plantar component that provides broad contact with the bottom of the foot, helping to support the arch and distribute weight more evenly across the midfoot and hindfoot. This makes it well suited for flatfoot conditions where uniform plantar loading is desired. The other options serve different purposes: a medial wedge primarily realigns the hindfoot, not distribute plantar pressure across the sole; a carbon fiber insert adds stiffness for propulsion but isn't specifically aimed at even plantar weight distribution; a metatarsal pad offloads the metatarsal heads rather than distributing load across the entire plantar surface.

**3. A common post-operative complication of EPF is which of the following?**

- A. Deep vein thrombosis**
- B. Wound infection**
- C. Urinary tract infection**
- D. Calcaneal cuboid joint discomfort**

After this type of hindfoot procedure, the most common localized problem is pain and discomfort at the calcaneocuboid (calcaneal-cuboid) joint. The surgery often involves manipulation or adjustment of the lateral column and the posterior facet of the hindfoot, which changes how the calcaneocuboid joint bears and transfers load. Postoperative swelling, scar tissue, and subtle shifts in alignment can increase contact stress or alter joint kinematics at this joint during weight-bearing. That combination—local tissue irritation around the joint plus altered mechanics—tends to produce the most frequent postoperative symptom in this scenario. Systemic complications like deep vein thrombosis, wound infection, or urinary tract infection can occur after any surgery, but they are not the site-specific issue most closely tied to this procedure.

**4. Which fixation approach provides compression and promotes osteogenesis?**

- A. Lag screws**
- B. External fixation**
- C. K-wires**
- D. Lag screws and dynamic compression plates**

Compression across the fracture site is essential for promoting osteogenesis because it creates stable contact between fragments, minimizes gaps, and reduces micromotion to encourage primary bone healing. Lag screws achieve this by threading into one fragment and through the other so that when tightened they pull the fragments together, producing direct interfragmentary compression at the fracture line. Dynamic compression plates maintain and distribute that compression as the construct is tightened, giving a stable, ongoing compressive force across the fracture during healing. Using both together combines these effects: the lag screw provides focused compression at a specific fracture interface, and the plate maintains overall compression and stability across the site, optimizing conditions for bone formation. External fixation and K-wires do not provide the same reliable, sustained interfragmentary compression across the fracture, making them less ideal for promoting osteogenesis in this context.

**5. Bernt Hardy Stage 3 is characterized by which finding?**

- A. Small subchondral compression**
- B. Partial detachment**
- C. Complete detachment but not displaced**
- D. Displaced fragment**

In this staging, the key idea is how attached the osteochondral fragment is to its bed. Here, the fragment has become completely detached from the underlying bone, but it has not moved from its original spot within the joint surface. So you'd see a totally separated piece that remains seated in the crater rather than having shifted to a new position. This sits between partial detachment and a displaced loose body, reflecting a more severe lesion than a small compression or a partially detached fragment but not yet displaced.

## 6. How is the talocrural angle defined on radiographs?

- A. Line drawn parallel to the tibial plafond and line through the malleolar tips.
- B. Line drawn perpendicular to the tibial plafond and another line between the tips of the malleoli.**
- C. Line perpendicular to the calcaneus and line through the malleoli.
- D. Line along the tibial axis and line through the malleolar tips.

The talocrural angle is defined on AP ankle radiographs by two landmarks: a line drawn perpendicular to the distal tibial articular surface (the tibial plafond) and a line that connects the tips of the medial and lateral malleoli. The angle between these two lines reflects the ankle mortise alignment relative to the tibia. This is the best choice because it uses a stable, consistent reference to the tibial plafond and the malleolar tips to gauge mortise orientation. Using a line parallel to the tibial plafond would not provide a reliable reference for tilt, and a line perpendicular to the calcaneus or a line along the tibial axis would measure different relationships that don't correspond to the talocrural angle.

## 7. Which ligament disruption is linked to the common complication after Evans procedure?

- A. Long plantar ligament**
- B. Spring ligament
- C. Deltoid ligament
- D. Bifurcating ligament

The Evans procedure lengthens the lateral column of the foot to correct a flexible flatfoot. This change in length and the stresses it places on the plantar structures can put the long plantar ligament under traction. The long plantar ligament runs from the posterior aspect of the calcaneus to the bases of the 2nd-5th metatarsals and provides key plantar support for the lateral column. If this ligament is stretched or disrupted during or after the osteotomy and graft placement, lateral column stability can be compromised, leading to a common postoperative complication such as loss of correction or persistent lateral instability. The other ligaments listed are less directly implicated by this procedure. The spring ligament supports the medial arch via the talar head; disruption is more associated with medial arch collapse rather than complications after lateral column lengthening. The deltoid ligament stabilizes the medial ankle, and the bifurcating ligament (Y ligament) is involved in midfoot stability but is not the typical structure stressed to the point of a recognized common complication after this specific operation.

## 8. Adjustment to X-rays for X-ray through cast?

- A. 1.5x**
- B. 0.5x
- C. 1x
- D. 2x

When imaging through a cast, you must compensate for the extra attenuation the cast material adds to the X-ray beam. The cast acts like an additional dense layer that reduces the amount of radiation reaching the film, so the image can come out underexposed if you use standard exposure factors. To counter this, increase the exposure by about 1.5 times. In practice, that means raising the mA or exposure time (mAs) by roughly 50% while keeping the kVp appropriate for bone detail. This 1.5x adjustment is a commonly used general rule to obtain adequate receptor exposure through a cast, though the exact factor can vary with the material (plaster vs fiberglass) and cast thickness.

## 9. During a Coleman block test, if the calcaneus everts, what cavus type and procedure are indicated?

- A. Forefoot driven cavus; dorsiflexory osteotomy of 1st ray**
- B. Rearfoot driven cavus; lateralizing calcaneal osteotomy
- C. Forefoot driven cavus; metatarsal osteotomy
- D. Rearfoot driven cavus; first metatarsal fusion

Coleman block testing distinguishes whether the cavus deformity is driven by the forefoot or the hindfoot. If, when the forefoot is unloaded with the block, the hindfoot (calcaneus) everts, that shows the hindfoot is flexible and the primary deformity comes from the forefoot. This is forefoot-driven cavus. To correct that forefoot component, the appropriate procedure is a dorsiflexion osteotomy of the first ray. By dorsiflexing the first ray, you reduce the plantarflexed forefoot contribution to the cavus, allowing the hindfoot to align more normally under load. A hindfoot procedure would be chosen only if the hindfoot were the driver, which isn't the case here. A first metatarsal fusion or a non-specific metatarsal osteotomy wouldn't target the forefoot deformity as effectively as a first-ray dorsiflexion osteotomy.

## 10. Pernicious anemia is due to deficiency of which factor?

- A. Intrinsic factor**
- B. Vitamin B12
- C. Folate
- D. Iron

Intrinsic factor is the carrier protein produced by gastric parietal cells that binds vitamin B12 and enables its absorption in the terminal ileum. Pernicious anemia arises when intrinsic factor production is deficient, usually from autoimmune destruction of parietal cells or antibodies against intrinsic factor. Without this factor, vitamin B12 cannot be absorbed properly, leading to B12 deficiency and the characteristic megaloblastic anemia with potential neurological symptoms. The other options involve nutrients or deficiencies that don't hinge on the absorption carrier: folate and iron deficiencies cause different anemias, and vitamin B12 deficiency can occur from many causes other than intrinsic factor loss, but pernicious anemia specifically centers on the lack of intrinsic factor.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://abfasboardsrarefootforefoot.examzify.com>**

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

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