

ABFAS BOARDS – REARFOOT AND FOREFOOT PRACTICE TEST (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.

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. What is the optimal glucose level for surgery?**
 - A. 60-100 mg/dl
 - B. 70-160 mg/dl
 - C. 80-180 mg/dl
 - D. 200-240 mg/dl

- 2. Which joint is most likely to progress to nonunion after a triple arthrodesis?**
 - A. Subtalar
 - B. Tibiotalar
 - C. Calcaneocuboid
 - D. Talonavicular

- 3. Which substance commonly causes allergic reactions to ester local anesthetics?**
 - A. Lidocaine
 - B. Epinephrine
 - C. PABA
 - D. Benzocaine

- 4. What is the minimum degree of malunion to warrant surgical revision of a bunionectomy?**
 - A. 5 degrees
 - B. 15 degrees
 - C. 10 degrees
 - D. 25 degrees

- 5. Which of the following describes a function of the soleus muscle?**
 - A. Deceleration of internal rotation of the tibia
 - B. Deceleration of calcaneal eversion
 - C. Slows down anterior motion of the tibia
 - D. All of the above

- 6. Why must the ankle be in neutral position when suturing the FHL and FDL together during a tibialis posterior reconstruction?**
- A. It will cause hammertoes if not in neutral
 - B. It will cause foot drop
 - C. It increases ankle stiffness
 - D. It lengthens the flexor tendons
- 7. What is the effect of opioids on bones?**
- A. They may improve bone remodeling
 - B. Opioids may increase risk of osteoporosis.
 - C. Opioids reduce bone density
 - D. They have no effect on bones
- 8. Action of FDB?**
- A. Flexion of DIP joints
 - B. Plantarflexion of PIPJ and MTPJ
 - C. Dorsiflexion of MTPJ
 - D. Abduction of toes
- 9. Which statement describes ropivacaine compared to bupivacaine?**
- A. Less cardiotoxicity, but much more expensive
 - B. Higher potency
 - C. Longer duration with lower toxicity
 - D. Lower cost
- 10. Common pain med that may weaken bone/slow bone healing**
- A. Ibuprofen
 - B. Hydrocodone
 - C. Acetaminophen
 - D. Naproxen

Answers

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

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Explanations

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1. What is the optimal glucose level for surgery?

- A. 60-100 mg/dl
- B. 70-160 mg/dl
- C. 80-180 mg/dl**
- D. 200-240 mg/dl

During surgery the body experiences a stress response that raises blood glucose, while anesthesia can mask signs of low glucose. The goal is to stay in a safe window that prevents both hypoglycemia and hyperglycemia. Maintaining glucose around 80-180 mg/dL achieves this balance: it minimizes the risk of hypoglycemia, which can cause brain injury and hemodynamic instability under anesthesia, and it also reduces the complications of hyperglycemia, such as impaired immune function, poor wound healing, and higher infection risk. Extremely low targets (toward the 60s to 100s) increase the chance of dangerous hypoglycemia, while making glucose stay very high (above about 180) during surgery promotes infection and other complications. A mid-range target like 80-180 mg/dL is widely recommended for intraoperative and perioperative glucose control, providing a safe compromise that supports recovery.

2. Which joint is most likely to progress to nonunion after a triple arthrodesis?

- A. Subtalar
- B. Tibiotalar
- C. Calcaneocuboid
- D. Talonavicular**

The key idea is that after a triple arthrodesis, the joint most likely to fail to unite is the talonavicular joint. This joint carries a lot of stress after fusion because it sits at the hub of hindfoot motion and bears substantial weight and shear forces. Its healing surface is large, and achieving perfect apposition across that surface with solid cancellous bone contact can be challenging, especially if bone quality is poor or fixation isn't optimal. The result is a higher risk of persistent motion at the fusion site and, consequently, nonunion. In contrast, the subtalar and calcaneocuboid joints tend to heal more reliably due to relatively better bone contact and vascular supply at those sites, provided the fixation is solid and biologic factors are favorable. So, while nonunion can occur at any fused site, the talonavicular joint is the most common weak link in a triple fusion.

3. Which substance commonly causes allergic reactions to ester local anesthetics?

- A. Lidocaine
- B. Epinephrine
- C. PABA**
- D. Benzocaine

Allergic reactions to ester local anesthetics are most commonly linked to para-aminobenzoic acid, PABA. Esters are hydrolyzed in the body to PABA, and in some individuals PABA can act as a sensitizing agent, triggering hypersensitivity reactions. Because of this, the presence of PABA is the classic culprit behind true allergies to ester local anesthetics. In contrast, many amide local anesthetics (like lidocaine) do not produce PABA, and epinephrine is a vasoconstrictor added to mixtures rather than an allergen. While benzocaine is itself an ester, the well-known allergenic association with ester anesthetics centers on PABA rather than the ester drug itself.

4. What is the minimum degree of malunion to warrant surgical revision of a bunionectomy?

- A. 5 degrees
- B. 15 degrees**
- C. 10 degrees
- D. 25 degrees

The main idea is that a residual deformity after bunion correction becomes clinically significant enough to consider revision once it reaches about 15 degrees. After bunionectomy, proper realignment of the first metatarsal and hallux is essential for normal load distribution across the first ray. If the hallux valgus angle (and related alignment) remains around 15 degrees or more, the abnormal pressures persist, which can cause continued pain, metatarsalgia, cosmetic concerns, and a higher risk of recurrence. Therefore, 15 degrees is the commonly used threshold at which surgeons begin to seriously consider surgical revision to restore alignment and improve function. Smaller residual angles, such as 5 or 10 degrees, may be tolerated or managed nonoperatively if symptoms are mild, while a markedly larger malalignment (like 25 degrees) would also prompt revision, but the standard minimum level cited is 15 degrees.

5. Which of the following describes a function of the soleus muscle?

- A. Deceleration of internal rotation of the tibia
- B. Deceleration of calcaneal eversion
- C. Slows down anterior motion of the tibia
- D. All of the above**

The soleus is a powerful plantarflexor that also helps stabilize the leg during weight-bearing by influencing tibial and hindfoot movements. When the foot is fixed and the body moves over it, the soleus can act eccentrically to slow forward, or anterior, motion of the tibia relative to the foot, helping control the progression of the tibia during stance. Its posterior position and pull on the posterior tibia also contribute to resisting internal rotation of the tibia, since a backward-tending pull counteracts the tibia rotating inward as the body moves. In addition, its attachment to the calcaneus via the Achilles tendon means it helps stabilize the hindfoot and decelerate calcaneal eversion, aiding in maintaining a more neutral subtalar position during stance. Taken together, these roles show the soleus participates in decelerating internal tibial rotation, slowing calcaneal eversion, and limiting anterior tibial motion. Therefore, all of the described functions describe what the soleus does, making that option the best answer.

6. Why must the ankle be in neutral position when suturing the FHL and FDL together during a tibialis posterior reconstruction?

- A. It will cause hammertoes if not in neutral**
- B. It will cause foot drop
- C. It increases ankle stiffness
- D. It lengthens the flexor tendons

Stability of tendon tension depends on the angle of the ankle when you set the grafts. When reconstructing the tibialis posterior using slips of the FHL and FDL, you're re-establishing a balanced arch-supporting pull. If the ankle isn't in neutral during suturing, the length and tension of those transferred tendons will be set at an abnormal angle. That means, after healing, the toes can be pulled into a flexed position more than intended, which can lead to toe deformities such as hammer toes as the foot moves through gait. Placing the ankle in neutral gives a balanced, physiologic length-tension relationship for the grafts in the resting position, so the toe flexors aren't chronically over-tensioned or under-tensioned. This helps maintain proper toe alignment and reduces the risk of developing hammertoes postoperatively.

7. What is the effect of opioids on bones?

- A. They may improve bone remodeling
- B. Opioids may increase risk of osteoporosis.**
- C. Opioids reduce bone density
- D. They have no effect on bones

Chronic opioid use can weaken bone health through hormonal and activity-related pathways. Long-term opioids suppress the hypothalamic-pituitary-gonadal axis, lowering sex hormones like estrogen and testosterone that are essential for maintaining bone density. With less of these hormones, bone formation slows and resorption can outpace formation, increasing the risk of osteoporosis. Added to this, opioid-related sedation and reduced physical activity can lead to falls and further fractures. So opioids may increase osteoporosis risk rather than improve remodeling or have no effect.

8. Action of FDB?

- A. Flexion of DIP joints
- B. Plantarflexion of PIPJ and MTPJ**
- C. Dorsiflexion of MTPJ
- D. Abduction of toes

The action of the Flexor digitorum brevis is to bend the proximal joints of the toes. It pulls on the middle phalanges to flex the proximal interphalangeal joints (toe PIPs) and also helps curl the toes by flexing the metatarsophalangeal joints (MTPs). That makes the description of plantarflexion at the PIP and MTP joints the best match for its effect. It does not flex the distal interphalangeal joints (that's the flexor digitorum longus), nor does it cause toe abduction or MTP dorsiflexion. The muscle originates on the calcaneus and plantar fascia and inserts on the sides of the middle phalanges, with innervation from the medial plantar nerve.

9. Which statement describes ropivacaine compared to bupivacaine?

- A. Less cardiotoxicity, but much more expensive**
- B. Higher potency
- C. Longer duration with lower toxicity
- D. Lower cost

Ropivacaine is designed to be a safer alternative to bupivacaine in terms of cardiac toxicity. It's the pure S(-)-enantiomer and has lower lipid solubility, which means it interacts less with cardiac sodium channels at toxic concentrations. That translates to less risk of cardiotoxic effects for a given level of local anesthesia. The trade-off is cost: producing and marketing the pure enantiomer is more expensive, so ropivacaine tends to be pricier than bupivacaine. Potency and duration are not markedly better; ropivacaine is usually less potent and has a similar (or slightly shorter) duration of action compared with bupivacaine. So the statement describing ropivacaine as having less cardiotoxicity but much more expensive best captures the key difference.

10. Common pain med that may weaken bone/slow bone healing

- A. Ibuprofen
- B. Hydrocodone**
- C. Acetaminophen
- D. Naproxen

The idea being tested is how different pain meds interact with bone healing. Healing after a fracture relies on inflammatory signals, including prostaglandins, to drive the early repair processes. Drugs that block those signals, like nonsteroidal anti-inflammatory drugs, can blunt this inflammatory cascade and in some cases delay callus formation and healing. Acetaminophen doesn't have anti-inflammatory activity, so it's generally gentler on bone healing, though it may be less effective for strong pain. Opioids, such as hydrocodone, provide strong pain relief without directly blocking the inflammatory pathways involved in bone repair, so they're less likely to slow the healing process themselves. Therefore, in a context where slowing bone healing is a concern, a strong analgesic from the opioid class is often considered a safer choice compared to NSAIDs.

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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:

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

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