ABFAS BOARDS – REARFOOT AND FOREFOOT 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.

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

1. Technetium-99m bone imaging relies on binding to what structure to visualize high bone turnover?

A. It binds to white blood cells

B. It binds to plasma proteins

C. It binds to inflammatory cytokines

D. It binds to hydroxyapatite and shows areas of high bone turnover

2. Which polydactyly type is the most common?

A. Central polydactyly

B. Preaxial polydactyly

C. Postaxial polydactyly

D. Mesaxial polydactyly

3. During the Lapidus procedure, which structure is most at risk?

A. Tibialis Posterior Tendon

B. Flexor Hallucis Longus

C. Peroneus Longus

D. Flexor Digitorum Longus

4. Sesamoids in the foot function as pulleys for which muscle?

A. Flexor Digitorum Longus

B. Abductor Hallucis

C. Flexor Digitorum Brevis

D. Flexor Hallucis Brevis

5. What is the term for transverse magnetization decay?

A. T2

B. T1

C. T2*

D. T1rho

6. Tension band wiring is not effective for which fracture pattern?

A. Greenstick fractures

B. Oblique fractures

C. Transverse fractures

D. Comminuted fractures

7. For metatarsalgia, what level of orthotic rigidity is described as appropriate?

A. No orthotic required

B. Full length rigid or semirigid

C. Partial length soft insert

D. Flexible soft orthotic

8. Which arch is primarily supported by a Thomas heel modification?

A. Lateral longitudinal arch

B. Medial longitudinal arch

C. None of the above

D. Transverse arch

9. What is the primary purpose of a SACH heel in an orthotic?

A. Energy store

B. Reduces abrasion

C. Shock absorber

D. Improves toe clearance

10. What imaging modality is best for evaluating fibrous calcaneonavicular coalition?

A. MRI

B. CT scan

C. Standard radiographs

D. Ultrasound

Answers

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

Explanations

1. Technetium-99m bone imaging relies on binding to what structure to visualize high bone turnover?

A. It binds to white blood cells

B. It binds to plasma proteins

C. It binds to inflammatory cytokines

D. It binds to hydroxyapatite and shows areas of high bone turnover

Tc-99m bone imaging uses diphosphonate radiotracers that attach to hydroxyapatite crystals in bone. These tracers have a strong affinity for exposed hydroxyapatite surfaces, so they localize where bone remodeling and turnover are high. Areas of active osteoblastic activity—such as healing fractures, metastases, osteomyelitis, or inflammatory arthritis—accumulate more tracer and appear as hot spots on the scan. The uptake mechanism is tied to binding to hydroxyapatite, not to white blood cells, plasma proteins, or inflammatory cytokines, which is why those processes don't explain the imaging pattern.

2. Which polydactyly type is the most common?

A. Central polydactyly

B. Preaxial polydactyly

C. Postaxial polydactyly

D. Mesaxial polydactyly

Polydactyly is classified by where the extra digit appears relative to the central axis of the hand or foot. The most common form occurs on the ulnar side of the hand, producing an extra little finger or digits on the side opposite the thumb. This is the postaxial type. Epidemiology across populations shows that postaxial polydactyly is far more frequent than the other forms, which are much rarer. Central (or mesaxial) polydactyly happens infrequently, and preaxial polydactyly (on the thumb side) is less common overall than postaxial. So the postaxial form best matches the typical presentation and is the correct choice.

3. During the Lapidus procedure, which structure is most at risk?

A. Tibialis Posterior Tendon

B. Flexor Hallucis Longus

C. Peroneus Longus

D. Flexor Digitorum Longus

The important idea here is how the first tarsometatarsal (TMT) joint is accessed during a Lapidus procedure. To fuse this joint, the surgeon works around the base of the first metatarsal and the medial cuneiform, where the flexor hallucis longus tendon travels toward the plantar aspect of the foot to reach the distal phalanx of the big toe. Because this tendon courses right in the area of exposure and is encountered, retracted, or manipulated during the procedure, it is most at risk for injury or irritation. The other tendons mentioned are not as closely involved in the surgical corridor for the 1st TMT fusion, so they're less at risk.

4. Sesamoids in the foot function as pulleys for which muscle?

A. Flexor Digitorum Longus

B. Abductor Hallucis

C. Flexor Digitorum Brevis

D. Flexor Hallucis Brevis

Sesamoid bones under the first metatarsophalangeal joint act as pulleys to redirect the pull of the muscle that flexes the big toe. The tendon of flexor hallucis brevis runs around these two sesamoids as it crosses the MTP joint, so the sesamoids change the line of pull and increase the tendon's moment arm. This setup improves mechanical advantage for flexing the big toe and reduces friction during toe-off in gait. The other muscles listed don't use these sesamoids in the same pulley-like way. Flexor digitorum brevis and flexor digitorum longus act on the other toes, and abductor hallucis is involved in abduction of the big toe rather than flexion at the MTP joint via the sesamoids.

5. What is the term for transverse magnetization decay?

A. T2

B. T1

C. T2*

D. T1rho

Transverse magnetization decay is described by T2 relaxation. After excitation, spins lose phase coherence with each other due to spin–spin interactions, and the transverse signal decays exponentially with time constant T2. This decay is intrinsic to the tissue and largely independent of magnetic field inhomogeneities. In real imaging, extra dephasing from field inhomogeneities adds to this decay, giving the apparent rate T2, which is always faster than T2. Other relaxation processes include T1, which is the recovery of longitudinal magnetization along the main field, and T1rho, relaxation in the rotating frame during a spin-lock. So the term for transverse magnetization decay is T2.*

6. Tension band wiring is not effective for which fracture pattern?

A. Greenstick fractures

B. Oblique fractures

C. Transverse fractures

D. Comminuted fractures

Tension band wiring works by converting distracting bending forces into compressive forces at the fracture site. The wire is placed so that when the limb bends, the tension in the wire pulls the fracture fragments toward each other, creating compression across the fracture. This mechanism relies on a simple configuration with two main fragments that can be pressed together along a single plane, which is why it's most reliable for transverse or short oblique fractures. In a comminuted fracture, there are multiple small fragments with no single plane of contact to compress. A single tension band cannot effectively secure or compress all the pieces, so the fixation is unstable and reduction is likely to be lost. For these patterns, more robust methods such as plating or other fixation strategies that can stabilize many fragments are preferred.

7. For metatarsalgia, what level of orthotic rigidity is described as appropriate?

A. No orthotic required

B. Full length rigid or semirigid

C. Partial length soft insert

D. Flexible soft orthotic

For metatarsalgia, the aim of an orthosis is to offload pressure under the metatarsal heads by providing a stiff, supportive plantar surface that redistributes load and stabilizes the forefoot during gait. A full-length rigid or semirigid orthosis does this best because it covers the entire plantar surface, supports the arch, and limits forefoot motion enough to reduce repetitive loading at the met heads. Soft, flexible inserts, or partial-length or purely soft devices, don't offer the same level of stabilization or pressure redistribution, so they're less effective for this condition. Not wearing an orthotic at all leaves the forefoot under constant high pressure.

8. Which arch is primarily supported by a Thomas heel modification?

A. Lateral longitudinal arch

B. Medial longitudinal arch

C. None of the above

D. Transverse arch

The Thomas heel is a heel modification designed to support the inside of the foot. By building up the medial side of the heel, it raises and stabilizes the medial longitudinal arch, helping to control overpronation and maintain arch height during stance. Because its purpose is to reinforce the medial column of the foot, the primary arch affected is the medial longitudinal arch. The lateral longitudinal arch and the transverse arch aren't the main targets of this modification, which is why they aren't the focus of its design.

9. What is the primary purpose of a SACH heel in an orthotic?

A. Energy store

B. Reduces abrasion

C. Shock absorber

D. Improves toe clearance

The main job of a SACH heel is to absorb shock at heel strike. When the heel contacts the ground, the cushioned heel compresses and dampens the impact, smoothing the rollover into midstance and reducing the peak forces transmitted to the residual limb. This cushioning makes walking more comfortable and stable. It's not designed to store and return energy for propulsion, nor to significantly affect toe clearance, so energy storage and toe clearance are less relevant to the SACH heel's purpose.

10. What imaging modality is best for evaluating fibrous calcaneonavicular coalition?

A. MRI

B. CT scan

C. Standard radiographs

D. Ultrasound

Assessing fibrous calcaneonavicular coalition hinges on identifying the tissue that forms the bridge and any associated joint or soft-tissue changes. MRI provides superior soft-tissue contrast and can differentiate fibrous tissue from cartilaginous or osseous bridging. On MRI, a fibrous coalition appears as a band of low signal bridging the calcaneus and navicular, which helps confirm nonosseous (fibrous) continuity. MRI also reveals any adjacent marrow edema, inflammatory changes, cartilage involvement, or subtalar joint pathology that may accompany symptoms, all of which guide treatment decisions. Standard radiographs often miss fibrous coalitions because there is no bone bridge to visualize; CT excels at detailing bony (osseous) coalitions but is less informative about fibrous tissue. Ultrasound has limited utility for deep tarsal coalitions. Hence, MRI is the best choice for evaluating fibrous calcaneonavicular coalition.

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://abfasboardsrarefootforefoot.examzify.com

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