

# AFAP Board Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. In the management of frostbite, which practice is recommended?**
  - A. Leaving simple, non-tense areas of clear blistering intact**
  - B. Heating the area quickly with hot water**
  - C. Removing all blisters immediately**
  - D. Applying ice directly to the skin**
- 2. In a 70-year-old male with fatigue and anemia, what treatment option is most appropriate given his lab findings?**
  - A. Ferrous sulfate orally**
  - B. Erythropoietin injections**
  - C. Cobalamin injections**
  - D. Bone marrow transplant**
- 3. What complication is associated with hypoparathyroidism?**
  - A. Refractory heart failure**
  - B. Acute kidney injury**
  - C. Respiratory failure**
  - D. Gastrointestinal bleeding**
- 4. What is the recommended therapy for a 55-year-old female with a 5.8% risk of atherosclerotic cardiovascular disease?**
  - A. High-intensity statin therapy**
  - B. Moderate-intensity statin therapy**
  - C. No medication**
  - D. Low-dose aspirin therapy**
- 5. What is the most likely cause of increased creatinine in a patient with a recent increase in blood pressure and renal function tests?**
  - A. Dehydration**
  - B. Acute tubular necrosis**
  - C. Bilateral renal artery stenosis**
  - D. Chronic kidney disease**

- 6. What initial diagnostic procedure is recommended for a woman with progressive left lower quadrant abdominal pain suspected to be acute diverticulitis?**
- A. Ultrasound of the abdomen**
  - B. CT of the abdomen and pelvis**
  - C. X-ray of the abdomen**
  - D. Magnetic resonance imaging**
- 7. For a 3-year-old male with ear pain and moderate bulging of the tympanic membrane, what is the most appropriate initial management according to pediatric guidelines?**
- A. Watchful waiting**
  - B. Amoxicillin, 80-90 mg/kg for 10 days**
  - C. Topical ear drops**
  - D. Ibuprofen for pain relief**
- 8. Which metabolic marker is elevated in a case of vitamin B12 deficiency, even when vitamin B12 levels are borderline low?**
- A. Methylmalonic acid**
  - B. Homocysteine**
  - C. Folic acid**
  - D. Serum iron**
- 9. For a pregnant patient with controlled hypertension and a blood pressure of 145/95 mm Hg, what is the best management approach according to the latest guidelines?**
- A. Prescribe antihypertensive medication**
  - B. Schedule frequent office visits**
  - C. Admit the patient for induction of labor**
  - D. Monitor at home and return if symptoms worsen**

**10. If a patient has hyperplastic polyps less than 10 mm found during a colonoscopy, when should their next colonoscopy be scheduled?**

- A. 2 years later**
- B. 5 years later**
- C. 10 years later**
- D. 20 years later**

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## **Answers**

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

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## **Explanations**

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**1. In the management of frostbite, which practice is recommended?**

- A. Leaving simple, non-tense areas of clear blistering intact**
- B. Heating the area quickly with hot water**
- C. Removing all blisters immediately**
- D. Applying ice directly to the skin**

Leaving simple, non-tense areas of clear blistering intact is recommended in the management of frostbite because these blisters serve as a natural barrier protecting the underlying tissue from infection. The presence of clear blisters indicates that the tissue may still have some viability and that disrupting these blisters could worsen the injury and lead to complications such as infection. By protecting the blisters, healthcare providers can help facilitate healing and reduce the risk of long-term damage to the skin and deeper tissues. The approach encourages a conservative management strategy, as any intervening with clear blisters, particularly through drainage or removal, can expose the injury further and potentially increase the likelihood of secondary issues. In cases of frostbite, preserving existing blisters is essential for optimal recovery and tissue preservation.

**2. In a 70-year-old male with fatigue and anemia, what treatment option is most appropriate given his lab findings?**

- A. Ferrous sulfate orally**
- B. Erythropoietin injections**
- C. Cobalamin injections**
- D. Bone marrow transplant**

In the context of a 70-year-old male presenting with fatigue and anemia, the most appropriate treatment option among those provided is the oral administration of ferrous sulfate. Iron deficiency is a common cause of anemia, particularly in older adults, and can lead to symptoms such as fatigue, weakness, and pallor. Ferrous sulfate is a well-established oral iron supplement that helps replenish iron stores in the body and is typically the first line of treatment for iron deficiency anemia. When the anemia is suspected to be due to a lack of iron, initiating treatment with oral ferrous sulfate can lead to a response that includes improved hemoglobin levels and alleviation of fatigue. Other treatment options, while beneficial in specific contexts, may not be the first line when dealing with suspected iron deficiency anemia. For example, erythropoietin injections are typically used in cases of anemia related to chronic kidney disease or certain types of cancer, rather than straightforward iron deficiency. Cobalamin injections are administered for vitamin B12 deficiency anemia rather than iron deficiency, which is not indicated in this scenario unless there is specific evidence of low vitamin B12 levels. A bone marrow transplant is an invasive procedure reserved for specific conditions such as certain leukemias or severe aplastic anemia, not

### 3. What complication is associated with hypoparathyroidism?

- A. Refractory heart failure**
- B. Acute kidney injury**
- C. Respiratory failure**
- D. Gastrointestinal bleeding**

Hypoparathyroidism is a condition characterized by low levels of parathyroid hormone, leading to decreased calcium levels in the blood (hypocalcemia) and potential complications arising from this deficiency. One of the notable complications associated with hypoparathyroidism includes cardiac issues, particularly related to calcium dynamics. When calcium levels are low, it can affect cardiac function, leading to potential complications such as refractory heart failure. This happens because calcium plays a critical role in the contractility of cardiac muscles and overall heart function. The impaired calcium homeostasis can result in arrhythmias, decreased myocardial contractility, and eventually heart failure, particularly when the body cannot compensate for the low calcium levels. The other options do not have a direct, commonly acknowledged link with hypoparathyroidism. For instance, acute kidney injury may arise from other causes but is not a typical complication of hypoparathyroidism. Similarly, respiratory failure and gastrointestinal bleeding also do not typically arise as direct sequelae of hypoparathyroidism. Hence, refractoriness in heart failure is a relevant concern for patients with inadequate parathyroid hormone levels due to its integral role in maintaining proper calcium levels for cardiac health.

### 4. What is the recommended therapy for a 55-year-old female with a 5.8% risk of atherosclerotic cardiovascular disease?

- A. High-intensity statin therapy**
- B. Moderate-intensity statin therapy**
- C. No medication**
- D. Low-dose aspirin therapy**

In the context of managing atherosclerotic cardiovascular disease (ASCVD) risk, the recommendation for a moderate-intensity statin therapy aligns with current guidelines for individuals with a 5.8% 10-year ASCVD risk, particularly for those who are 40 to 75 years old and have one or more risk factors such as hypertension, dyslipidemia, diabetes, or smoking. Moderate-intensity statin therapy is generally recommended for this group as it has been shown to effectively reduce the risk of cardiovascular events without exposing the patient to the higher risks associated with high-intensity therapy. High-intensity statins are typically reserved for patients who are at a higher risk of ASCVD, such as those with established cardiovascular disease, significantly elevated LDL cholesterol levels, or those with a higher risk score. While no medication may be appropriate for certain individuals with very low ASCVD risk or for those where lifestyle changes are sufficient, the moderate-intensity statin therapy is beneficial in striking a balance between efficacy and safety for someone at a 5.8% risk level. Likewise, low-dose aspirin therapy is not universally recommended for primary prevention due to potential bleeding risks outweighing its benefits in individuals with low to moderate risk profiles.

**5. What is the most likely cause of increased creatinine in a patient with a recent increase in blood pressure and renal function tests?**

- A. Dehydration**
- B. Acute tubular necrosis**
- C. Bilateral renal artery stenosis**
- D. Chronic kidney disease**

An increase in creatinine levels, particularly in the context of recently elevated blood pressure and changes in renal function tests, often suggests a decrease in kidney perfusion or damage to the kidneys. Bilateral renal artery stenosis can lead to ischemia of the renal tissue due to compromised blood flow. In this scenario, when there's significant narrowing of the renal arteries, it can lead to secondary hypertension as the kidneys sense low perfusion pressure, activating the renin-angiotensin-aldosterone system (RAAS) and resulting in further increases in blood pressure. As the stenosis progresses, renal function deteriorates, leading to increased creatinine levels as the kidneys are unable to adequately filter waste products from the blood. The identification of bilateral renal artery stenosis is crucial in this context since it directly links the recent elevation in blood pressure to the kidney's ability to maintain normal function, ultimately highlighting that both blood pressure increases and elevated creatinine levels occur due to insufficient blood supply to the kidneys.

**6. What initial diagnostic procedure is recommended for a woman with progressive left lower quadrant abdominal pain suspected to be acute diverticulitis?**

- A. Ultrasound of the abdomen**
- B. CT of the abdomen and pelvis**
- C. X-ray of the abdomen**
- D. Magnetic resonance imaging**

The initial diagnostic procedure recommended for a woman with progressive left lower quadrant abdominal pain suspected to be acute diverticulitis is a CT of the abdomen and pelvis. This imaging modality is preferred because it provides detailed cross-sectional images of the gastrointestinal tract, allowing for the visualization of diverticula, inflammation, and potential complications such as abscess formation or perforation. CT scans are highly sensitive and specific for diagnosing diverticulitis and can also help rule out other causes of abdominal pain. This makes CT not only a diagnostic tool but also a way to assess the severity of the condition. Additionally, CT pelvis scans are non-invasive and can be performed quickly, which is crucial in situations where timely diagnosis and management are necessary. In comparison to other imaging techniques, such as ultrasound, X-ray, or MRI, CT is superior for accurately diagnosing diverticulitis. Ultrasound may be less effective due to operator dependency and difficulty in visualizing the entire abdomen, particularly in overweight patients. X-rays lack the detail needed to diagnose diverticulitis and are not routinely used for this condition. Lastly, MRI, while useful in certain contexts (especially in pregnant patients to avoid radiation), is not the first-line imaging choice for diverticulitis due to cost and availability considerations.

**7. For a 3-year-old male with ear pain and moderate bulging of the tympanic membrane, what is the most appropriate initial management according to pediatric guidelines?**

**A. Watchful waiting**

**B. Amoxicillin, 80-90 mg/kg for 10 days**

**C. Topical ear drops**

**D. Ibuprofen for pain relief**

In the case of a 3-year-old male experiencing ear pain and moderate bulging of the tympanic membrane, the most appropriate initial management involves the use of antibiotics, specifically amoxicillin at a dosage of 80-90 mg/kg for 10 days. This recommendation is based on pediatric guidelines that address the need to treat acute otitis media (AOM), particularly when there is clear evidence of moderate to severe symptoms, which includes noticeable tympanic membrane bulging. The presence of moderate bulging indicates a higher likelihood of bacterial infection, warranting antibiotic therapy to help reduce symptoms and prevent complications. The effectiveness of amoxicillin for AOM is well established, as it targets the most common pathogens responsible for such infections in children. In contrast, options like watchful waiting might be appropriate for milder cases without significant symptoms, but this scenario suggests moderate severity, making immediate antibiotic treatment more suitable. Topical ear drops would not address the underlying infection and are not a standard treatment for AOM, while ibuprofen may help with pain relief but does not treat the infection itself. Therefore, initiating antibiotic therapy is the best course of action for this particular clinical presentation.

**8. Which metabolic marker is elevated in a case of vitamin B12 deficiency, even when vitamin B12 levels are borderline low?**

**A. Methylmalonic acid**

**B. Homocysteine**

**C. Folic acid**

**D. Serum iron**

In cases of vitamin B12 deficiency, one of the key metabolic markers that becomes elevated is methylmalonic acid. When vitamin B12 levels are low, even if they are only borderline low, the body struggles to convert methylmalonic acid into succinyl-CoA due to insufficient B12 coenzyme activity. This leads to an accumulation of methylmalonic acid in the blood, making it a specific and sensitive marker for vitamin B12 deficiency. While homocysteine can also be elevated in vitamin B12 deficiency, it is not as specific since it can increase in other conditions as well, such as folate deficiency. Vitamin B12 and folate are involved in the same metabolic pathways, but the distinction lies in the fact that methylmalonic acid directly reflects the impairment caused by vitamin B12 deficiency. Folic acid and serum iron do not provide relevant information regarding vitamin B12 status. Folic acid levels do not typically rise in response to vitamin B12 deficiency, and serum iron is unrelated to B12 metabolism. Therefore, the elevation of methylmalonic acid serves as a reliable indicator of vitamin B12 deficiency, highlighting its diagnostic significance.

**9. For a pregnant patient with controlled hypertension and a blood pressure of 145/95 mm Hg, what is the best management approach according to the latest guidelines?**

- A. Prescribe antihypertensive medication**
- B. Schedule frequent office visits**
- C. Admit the patient for induction of labor**
- D. Monitor at home and return if symptoms worsen**

The best management approach for a pregnant patient with controlled hypertension displaying a blood pressure of 145/95 mm Hg is to monitor the situation closely while ensuring the patient's health and the safety of the fetus are prioritized. This blood pressure reading indicates hypertension but does not necessarily warrant immediate intervention like induction of labor unless there are additional concerning factors affecting the pregnancy or signs of severe hypertension. Prescribing antihypertensive medication is generally recommended for pregnant patients when maintaining blood pressure below certain thresholds is critical for maternal and fetal health; however, in a case where the hypertension is controlled and not severely elevated, medication may not be the first-line response. Scheduling frequent office visits can be a component of monitoring, but it does not address the immediate risks associated with elevated blood pressure levels or provide active management of the condition. Home monitoring without worsening symptoms can be effective for patients who display controlled hypertension, allowing for a balance between clinical oversight and comfort. Therefore, careful evaluation of the clinical context is essential, and in cases where the blood pressure presents risks or there are symptoms indicating severe complications, inducing labor can be considered as part of the management plan. However, merely based on the blood pressure reading provided without immediate pathological risks, induction may not be the most appropriate next step, reinforcing

**10. If a patient has hyperplastic polyps less than 10 mm found during a colonoscopy, when should their next colonoscopy be scheduled?**

- A. 2 years later**
- B. 5 years later**
- C. 10 years later**
- D. 20 years later**

The correct answer is that the next colonoscopy should be scheduled 10 years later for a patient with hyperplastic polyps that are less than 10 mm in size. This scheduling follows established guidelines indicating that hyperplastic polyps, particularly when they are small, have a low risk of progressing to colorectal cancer. As such, they do not require frequent surveillance like other types of polyps may. Patients with small hyperplastic polyps are typically placed in a lower risk category for colorectal cancer, which allows for extended intervals between screenings. The rationale behind waiting 10 years is grounded in the understanding that these polyps are generally considered benign and do not significantly increase a patient's risk for colorectal cancer when they are small and well-characterized. In contrast, shorter intervals like 2 or 5 years would be unnecessary and potentially burdensome due to the low risk associated with these types of polyps, while an interval of 20 years would exceed recommended guidelines, as routine screening still remains important to ensure that any new or different polyp formations are monitored adequately for any potential risk. Thus, scheduling the next colonoscopy for 10 years later strikes the appropriate balance between effective surveillance and patient burden.