

AFAP Board Practice Exam (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

- 1. Which laboratory finding is likely to correlate with restless leg syndrome in a female patient?**
 - A. High serum calcium level**
 - B. Normal serum ferritin level**
 - C. Low serum ferritin level**
 - D. Normal serum potassium level**
- 2. What change in pharmacokinetics is increased in geriatric patients?**
 - A. Blood volume**
 - B. Renal clearance**
 - C. The percentage of body fat**
 - D. Liver size**
- 3. In a right-hand-dominant male with elbow pain after volleyball, which injury is most consistent with his symptoms?**
 - A. Lateral epicondylitis**
 - B. Olecranon bursitis**
 - C. UCL injury**
 - D. Radial tunnel syndrome**
- 4. In a 2-day-old infant with flesh-colored papules with an erythematous base, what is the most appropriate management?**
 - A. Immediate treatment**
 - B. Observation only**
 - C. Referral to a specialist**
 - D. Topical treatment**
- 5. What is the most likely cause of elevated WBC count with reactive lymphocytes in an otherwise healthy 24-year-old?**
 - A. Bacterial infection**
 - B. Viral infection**
 - C. Allergic reaction**
 - D. Chronic inflammatory condition**

- 6. Which of the following is a common symptom of hyperaldosteronism?**
- A. High potassium levels**
 - B. Low potassium levels**
 - C. High magnesium levels**
 - D. Normal blood pressure**
- 7. What medication is NOT recommended for treating restless leg syndrome?**
- A. Iron supplements**
 - B. L-DOPA**
 - C. SSRIs**
 - D. Antihistamines**
- 8. Which type of intrauterine device is preferred for patients with severe cirrhosis?**
- A. Copper T 380A (ParaGard)**
 - B. Levonorgestrel-releasing (Mirena)**
 - C. Hormonal contraceptives**
 - D. Emergency contraceptive pills**
- 9. Which condition is associated with the appearance of a herald patch?**
- A. Eczema**
 - B. Psoriasis**
 - C. Pityriasis rosea**
 - D. Contact dermatitis**
- 10. What does the USPSTF recommend regarding newborn screening for hemoglobinopathies?**
- A. Screening for thalassemia**
 - B. Screening for sickle cell disease**
 - C. Screening for cystic fibrosis**
 - D. No screening recommended**

Answers

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

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Explanations

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1. Which laboratory finding is likely to correlate with restless leg syndrome in a female patient?

- A. High serum calcium level**
- B. Normal serum ferritin level**
- C. Low serum ferritin level**
- D. Normal serum potassium level**

Restless leg syndrome (RLS) is often associated with iron deficiency, which can lead to or exacerbate symptoms. In particular, low serum ferritin levels are significant because ferritin is a protein that stores iron in the body. A low serum ferritin level indicates a reduced iron storage capacity, which is frequently observed in patients with RLS. Iron plays a crucial role in dopamine metabolism, which is essential for regulating movement and is believed to be involved in the pathophysiology of RLS. Thus, in female patients, especially those who may have higher risks for iron deficiency (such as those with heavy menstrual bleeding or dietary insufficiencies), a low serum ferritin level is a key finding that could correlate with the syndrome. This relationship underscores the importance of evaluating iron status in patients presenting with symptoms of restless leg syndrome, as addressing iron deficiency can often alleviate symptoms.

2. What change in pharmacokinetics is increased in geriatric patients?

- A. Blood volume**
- B. Renal clearance**
- C. The percentage of body fat**
- D. Liver size**

In geriatric patients, the percentage of body fat generally increases due to age-related changes in body composition. As individuals age, there is often a decrease in lean body mass and total body water, while the percentage of body fat rises. This change in body composition can significantly impact the pharmacokinetics of medications. For instance, many medications are lipophilic (fat-soluble) and can have an increased volume of distribution in patients with higher body fat, leading to prolonged half-lives and a potential for accumulation. Consequently, adjustments in dosage may be necessary to avoid toxicity or adverse drug reactions in geriatric patients with higher fat percentages. In contrast, blood volume typically decreases with age, renal clearance often declines, and liver size may also decrease, which does not align with the question regarding what changes are increased in geriatric patients. Understanding these pharmacokinetic changes is crucial for safe and effective medication management in the older population.

3. In a right-hand-dominant male with elbow pain after volleyball, which injury is most consistent with his symptoms?

- A. Lateral epicondylitis**
- B. Olecranon bursitis**
- C. UCL injury**
- D. Radial tunnel syndrome**

In the context of a right-hand-dominant male experiencing elbow pain after playing volleyball, a UCL (ulnar collateral ligament) injury is particularly relevant. The UCL is crucial for stabilizing the elbow during overhead activities, such as those required in volleyball, where throwing motions or spiking can exert significant stress on the ligament. When players perform repetitive overhead motions, they can place substantial strain on the UCL, which may lead to injury, particularly in someone who is consistently engaged in these activities. Symptoms commonly associated with a UCL injury include medial elbow pain, tenderness, swelling, and potential instability of the elbow joint. Given the activity described and the resulting elbow pain, a UCL injury aligns well with the mechanism of injury and the typical presentation of symptoms. The other conditions may present differently or associate with different activities or injury profiles, making UCL injury the most consistent with the symptoms described in this scenario.

4. In a 2-day-old infant with flesh-colored papules with an erythematous base, what is the most appropriate management?

- A. Immediate treatment**
- B. Observation only**
- C. Referral to a specialist**
- D. Topical treatment**

In the scenario of a 2-day-old infant with flesh-colored papules having an erythematous base, the most appropriate management is observation only. This is indicative of a common and benign condition known as "erythema toxicum neonatorum," which typically manifests as transient papules and macules in neonates. This condition does not require immediate treatment as it usually resolves spontaneously within a week or so without any intervention. The key factor in management is monitoring, since these lesions are not harmful and do not indicate any underlying pathology. Referring the infant to a specialist or initiating topical or immediate treatment would be unnecessary and could introduce risk or stress without benefit. Therefore, the safe and appropriate approach is to observe the infant's condition, supporting the rationale that such cases can typically be expected to improve on their own.

5. What is the most likely cause of elevated WBC count with reactive lymphocytes in an otherwise healthy 24-year-old?

- A. Bacterial infection**
- B. Viral infection**
- C. Allergic reaction**
- D. Chronic inflammatory condition**

Elevated white blood cell (WBC) counts with the presence of reactive lymphocytes are often indicative of a viral infection. In otherwise healthy individuals, particularly younger adults, the immune system responds to viral pathogens by increasing the number of lymphocytes, which are a type of white blood cell that play a crucial role in the immune response. Reactive lymphocytes, which may appear larger and more abundant than typical lymphocytes, suggest that the body is actively responding to a viral infection, such as infectious mononucleosis or other viral illnesses. While bacterial infections can also cause an increase in WBC count, they typically result in neutrophilia (an increase in neutrophils) rather than lymphocytic predominance. Allergic reactions usually elevate eosinophils and do not primarily involve a significant lymphocytic response. Chronic inflammatory conditions may also lead to elevated WBC counts, but these conditions typically involve a more complex picture of immune response, often with varying types of leukocyte involvement rather than a specific increase in reactive lymphocytes. Thus, the context provided by the age of the individual, their otherwise healthy status, and the specific pattern of lymphocyte elevation strongly points to a viral cause as the most likely explanation.

6. Which of the following is a common symptom of hyperaldosteronism?

- A. High potassium levels**
- B. Low potassium levels**
- C. High magnesium levels**
- D. Normal blood pressure**

In hyperaldosteronism, the adrenal glands produce excessive amounts of aldosterone, a hormone that plays a crucial role in regulating sodium and potassium levels in the body. One of the hallmark effects of increased aldosterone secretion is the reabsorption of sodium and the excretion of potassium by the kidneys. This imbalance typically leads to hypokalemia, which is characterized by low potassium levels in the blood. As a result, individuals with hyperaldosteronism commonly present with low potassium levels. The condition may also lead to a variety of symptoms related to electrolyte imbalance, such as muscle weakness, fatigue, and abnormal heart rhythms due to the decreased potassium. High potassium levels, high magnesium levels, and normal blood pressure do not align with the typical clinical presentation of hyperaldosteronism. Instead, the hypersecretion of aldosterone tends to cause elevated sodium levels and increased blood pressure, along with the aforementioned decrease in potassium. Thus, understanding the physiological impact of aldosterone highlights why low potassium levels are a common symptom of hyperaldosteronism.

7. What medication is NOT recommended for treating restless leg syndrome?

- A. Iron supplements**
- B. L-DOPA**
- C. SSRIs**
- D. Antihistamines**

Restless leg syndrome (RLS) is a neurological disorder characterized by an uncontrollable urge to move the legs, usually due to uncomfortable sensations. It can severely impact sleep and quality of life. When considering the treatment options, the selection of medications is crucial for effectively managing the symptoms. SSRIs, or selective serotonin reuptake inhibitors, are primarily used as antidepressants and target serotonin pathways in the brain. While they can be beneficial for mood disorders, they are not effective at addressing the specific dopaminergic dysregulation or iron deficiency that often contributes to the symptoms of RLS. In some instances, SSRIs may even exacerbate RLS symptoms due to their potential effects on sleep and leg movement. In contrast, L-DOPA is commonly used in RLS treatment due to its ability to replenish dopamine, which can alleviate symptoms. Iron supplements may also be recommended, particularly if there is a deficiency, as adequate iron levels are crucial for dopamine synthesis. Antihistamines can provide temporary relief for some patients due to their sedative properties; however, they are not first-line treatments and can interfere with sleep quality over time. Thus, SSRIs are not recommended for treating restless leg syndrome, as they do not address the underlying causes of the

8. Which type of intrauterine device is preferred for patients with severe cirrhosis?

- A. Copper T 380A (ParaGard)**
- B. Levonorgestrel-releasing (Mirena)**
- C. Hormonal contraceptives**
- D. Emergency contraceptive pills**

The Copper T 380A (ParaGard) intrauterine device is particularly preferred for patients with severe cirrhosis due to its non-hormonal nature. In patients with liver disease, hormonal contraceptives, like the Levonorgestrel-releasing IUD (Mirena) or other hormonal contraceptives, can pose potential risks because the liver is involved in metabolizing these hormones. Patients with severe liver dysfunction may have impaired metabolism, which can lead to an increased risk of side effects and complications associated with systemic hormone therapy. On the other hand, ParaGard works by releasing copper ions that create a toxic environment for sperm, effectively preventing fertilization without influencing hormone levels. This makes it a safer option for individuals with liver disease, ensuring that they can avoid unintended pregnancy while minimizing the risk of complications related to hormone exposure. Emergency contraceptive pills are also hormonal in nature and can similarly represent risks in this population, further emphasizing the preference for a non-hormonal method like Copper T 380A.

9. Which condition is associated with the appearance of a herald patch?

- A. Eczema**
- B. Psoriasis**
- C. Pityriasis rosea**
- D. Contact dermatitis**

The condition associated with the appearance of a herald patch is pityriasis rosea. A herald patch is typically the first noticeable manifestation of this skin condition, presenting as a single, large, pink or salmon-colored lesion on the skin. This herald patch is often oval-shaped and can be mistaken for other skin conditions due to its appearance. Following the appearance of the herald patch, additional smaller patches may develop on the body in a characteristic pattern. Pityriasis rosea often resolves itself within several weeks to months and is believed to be caused by a viral infection, although the exact etiology is not well understood. Recognizing this condition early, particularly the herald patch, allows for appropriate management and reassurance to patients, as the condition is generally self-limiting. In contrast, other skin conditions such as eczema, psoriasis, and contact dermatitis have different presentations and underlying causes that do not feature the herald patch.

10. What does the USPSTF recommend regarding newborn screening for hemoglobinopathies?

- A. Screening for thalassemia**
- B. Screening for sickle cell disease**
- C. Screening for cystic fibrosis**
- D. No screening recommended**

The United States Preventive Services Task Force (USPSTF) recommends newborn screening for sickle cell disease because it is a serious condition that can lead to significant morbidity and mortality if not identified and managed early. Early detection through screening allows for timely interventions, which can greatly improve health outcomes for affected infants. The availability of effective treatments and management strategies highlights the importance of implementing screening programs to reduce complications associated with sickle cell disease. In contrast, while thalassemia and cystic fibrosis are also conditions of concern, the specific recommendation for newborn screening focuses on sickle cell disease due to the established benefits of early identification and the clear evidence supporting screening programs for this condition. Some locations may include thalassemia in their newborn screening panel, but it is not universally recommended by the USPSTF like sickle cell disease. The option indicating no screening would not align with the recognized practices due to the established benefits of screening for sickle cell disease.

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://afapboard.examzify.com>

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