

AFAP BOARD PRACTICE EXAM (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

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- 1. What is the indicated treatment for an acute exacerbation of multiple sclerosis involving ataxia and dysarthria?**
 - A. Interferon-beta
 - B. Azathioprine
 - C. Methylprednisolone
 - D. Glatiramer acetate
- 2. Which condition is most likely associated with recurrent uveitis in a young female patient?**
 - A. Multiple sclerosis
 - B. Sarcoidosis
 - C. Lupus
 - D. Rheumatoid arthritis
- 3. A patient with mitral valve prolapse and no history of endocarditis requires dental cleaning. What is the recommended prophylaxis?**
 - A. No prophylaxis
 - B. Amoxicillin
 - C. Clindamycin
 - D. Vancomycin
- 4. What is the first step in evaluating for cardiac complications in a child with symptoms consistent with Kawasaki disease?**
 - A. Chest X-ray
 - B. Transthoracic echocardiogram
 - C. Administer aspirin
 - D. Complete blood count
- 5. What is the most appropriate initial treatment for an 18-month-old with fecal impaction?**
 - A. Manual disimpaction
 - B. Enemas
 - C. Polyethylene glycol 3350
 - D. Bisacodyl rectal suppositories

- 6. At which gestational weeks is a glucose test typically checked in pregnant women?**
- A. 20-22 weeks
 - B. 24-26 weeks
 - C. 25-28 weeks
 - D. 30-32 weeks
- 7. For a patient post-myocardial infarction displaying signs of hopelessness, what is the most appropriate immediate assessment tool?**
- A. Beck Depression Inventory
 - B. Patient Health Questionnaire
 - C. Hamilton Anxiety Scale
 - D. Coping Strategies Inventory
- 8. Which group is NOT recommended for screening for chronic hepatitis B infection?**
- A. All newborns
 - B. Individuals with chronic kidney disease
 - C. Pregnant women
 - D. Household contacts of chronic Hep B patients
- 9. What characteristic of a child with persistent fever, rash, and red eyes suggests Kawasaki disease?**
- A. Age above 5 years
 - B. Bilateral nonpurulent conjunctivitis
 - C. History of recent immunization
 - D. Presence of a productive cough
- 10. What is the optimal treatment for a patient presenting with regular narrow-complex tachycardia and hypotension?**
- A. Oral beta-blockers
 - B. Intravenous adenosine
 - C. Cardioversion
 - D. Aspirin

Answers

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

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Explanations

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1. What is the indicated treatment for an acute exacerbation of multiple sclerosis involving ataxia and dysarthria?

- A. Interferon-beta
- B. Azathioprine
- C. Methylprednisolone**
- D. Glatiramer acetate

Methylprednisolone is the indicated treatment for an acute exacerbation of multiple sclerosis, particularly when patients present with symptoms such as ataxia and dysarthria. These symptoms can emerge during a relapse or exacerbation of the disease, reflecting increased inflammation and demyelination in the central nervous system. Methylprednisolone is a corticosteroid that helps to reduce the inflammatory process associated with these acute exacerbations. By administering high doses intravenously, it can quickly diminish the severity and duration of symptoms, leading to a more rapid recovery for the patient. The rapid action of corticosteroids makes them particularly useful in the management of active relapses, helping to stabilize neurological function. Other treatment options like interferon-beta, azathioprine, and glatiramer acetate are typically utilized for long-term management and disease-modifying therapy rather than for immediate exacerbation recovery. These therapies focus on reducing the frequency and severity of future relapses or slowing disease progression rather than addressing acute symptoms.

2. Which condition is most likely associated with recurrent uveitis in a young female patient?

- A. Multiple sclerosis
- B. Sarcoidosis**
- C. Lupus
- D. Rheumatoid arthritis

Recurrent uveitis in a young female patient is most commonly associated with sarcoidosis. This condition is a systemic granulomatous disease that can affect multiple organs, including the eyes. Uveitis is inflammation of the uvea, which can occur in sarcoidosis due to the presence of granulomas. The characteristic presentation of uveitis in sarcoidosis often includes bilateral involvement and can be chronic, contributing to its recurrence. Sarcoidosis is particularly noted for its impact on young adults, especially women, making it a strong consideration in this demographic. The relationship between sarcoidosis and uveitis is well documented in medical literature, highlighting the importance of considering this diagnosis when faced with recurrent inflammatory eye conditions in younger individuals. Understanding the pathophysiology and epidemiology of sarcoidosis is crucial, as it helps healthcare professionals guide treatment options and manage potential complications that arise from both the systemic nature of the disease and the ocular manifestations.

3. A patient with mitral valve prolapse and no history of endocarditis requires dental cleaning. What is the recommended prophylaxis?

A. No prophylaxis

B. Amoxicillin

C. Clindamycin

D. Vancomycin

In the context of a patient with mitral valve prolapse who has no history of endocarditis, the current guidelines indicate that no prophylaxis is necessary for dental cleaning. This is because mitral valve prolapse without associated risk factors does not typically increase the risk of bacterial endocarditis during routine dental procedures. Prophylactic antibiotics are advised for patients with specific cardiac conditions that pose a higher risk for endocarditis, such as those with prosthetic heart valves, previous history of infective endocarditis, certain congenital heart conditions, or cardiac transplant recipients with valvulopathy. Since the patient in this scenario has mitral valve prolapse without any previous episodes of endocarditis, they are not considered to be at increased risk, and thus, no prophylactic antibiotic treatment is recommended before dental work.

4. What is the first step in evaluating for cardiac complications in a child with symptoms consistent with Kawasaki disease?

A. Chest X-ray

B. Transthoracic echocardiogram

C. Administer aspirin

D. Complete blood count

The first step in evaluating for cardiac complications in a child with symptoms consistent with Kawasaki disease is performing a transthoracic echocardiogram. This imaging study is critical because Kawasaki disease can lead to serious cardiovascular complications such as coronary artery aneurysms. The echocardiogram allows clinicians to assess the structure and function of the heart and the blood vessels surrounding it, providing essential information about any potential complications that may arise from the disease. Evaluating the heart early with echocardiography is vital, as it aids in immediate management decisions and helps establish a baseline for future assessments. Early detection of vascular involvement can significantly influence the choice of treatment, such as the initiation of intravenous immunoglobulin (IVIG) therapy, which is aimed at reducing inflammation and preventing coronary artery damage. Other options, such as a chest X-ray, can provide valuable information about pulmonary issues but are not specific for cardiac evaluation related to Kawasaki disease. Administering aspirin is part of the treatment protocol but does not assess cardiac status. A complete blood count can help identify overall inflammatory markers but lacks specificity for evaluating heart complications associated with Kawasaki disease. Thus, a transthoracic echocardiogram is the most appropriate first step to directly evaluate potential cardiac complications.

5. What is the most appropriate initial treatment for an 18-month-old with fecal impaction?

- A. Manual disimpaction
- B. Enemas
- C. Polyethylene glycol 3350**
- D. Bisacodyl rectal suppositories

The most appropriate initial treatment for fecal impaction in an 18-month-old is the use of polyethylene glycol 3350. This osmotic laxative works effectively by drawing water into the stool, which helps to soften it and promote bowel movements. Polyethylene glycol is especially suitable for young children as it is generally well-tolerated and has a low risk of side effects. Additionally, the gradual and gentle action of polyethylene glycol makes it a preferred choice for managing fecal impaction without causing discomfort or distress to the child. It's important to consider the age and delicate gastrointestinal system of young children when selecting a treatment option. Many healthcare providers recommend polyethylene glycol as a safe and effective first-line therapy for constipation and fecal impaction in pediatric patients. In the context of the other treatment options: while manual disimpaction can be effective, it is often more invasive and can be uncomfortable for the patient. Enemas can also be effective but may pose risks of discomfort and are usually not the first-line treatment, especially in young children. Bisacodyl rectal suppositories may stimulate a bowel movement but are generally considered after first attempting gentler methods like polyethylene glycol.

6. At which gestational weeks is a glucose test typically checked in pregnant women?

- A. 20-22 weeks
- B. 24-26 weeks
- C. 25-28 weeks**
- D. 30-32 weeks

The glucose test in pregnant women, often referred to as the glucose challenge test or the oral glucose tolerance test, is typically conducted between 24 and 28 weeks of gestation. This screening is crucial for identifying gestational diabetes, a condition that can develop during pregnancy and affect both maternal and fetal health. The timing of the test is based on the increased insulin resistance that typically occurs during the second trimester. By 24 weeks, the placenta has developed sufficiently to begin influencing maternal metabolism, making this an optimal time to assess the mother's glucose levels. Testing before this window, such as at 20-22 weeks, may miss cases of gestational diabetes, while testing at 30-32 weeks may come too late for effective management. Therefore, the choice indicating the testing period of 25-28 weeks aligns perfectly with standard medical guidelines for screening gestational diabetes, making it the correct answer.

7. For a patient post-myocardial infarction displaying signs of hopelessness, what is the most appropriate immediate assessment tool?

- A. Beck Depression Inventory
- B. Patient Health Questionnaire**
- C. Hamilton Anxiety Scale
- D. Coping Strategies Inventory

In the context of a patient who has recently experienced a myocardial infarction and is exhibiting signs of hopelessness, the Patient Health Questionnaire (PHQ) emerges as the most suitable immediate assessment tool. The PHQ is specifically designed to screen for depression and related anxiety symptoms within a primary care context, making it particularly valuable for patients who may already be under considerable stress from medical conditions such as a heart attack. Given that patients post-myocardial infarction are at an elevated risk for both psychological distress and physical complications, the PHQ provides a quick yet comprehensive evaluation of depressive symptoms. This assessment can facilitate timely intervention and management of any identified mood disorders, which are crucial for the patient's overall recovery and well-being. While the Beck Depression Inventory is also a valid tool for assessing depression, it is typically more suitable for longer-term evaluations rather than immediate assessments in acute care settings. The Hamilton Anxiety Scale would focus on anxiety rather than hopelessness specifically, and the Coping Strategies Inventory, although useful in understanding how individuals manage stress and adversity, does not directly address the symptoms of depression or hopelessness that are critical in this scenario. Thus, the PHQ is best positioned to quickly identify and address the patient's psychological state in light of their recent cardiac event.

8. Which group is NOT recommended for screening for chronic hepatitis B infection?

- A. All newborns**
- B. Individuals with chronic kidney disease
- C. Pregnant women
- D. Household contacts of chronic Hep B patients

The correct answer highlights that not all newborns need to be routinely screened for chronic hepatitis B infection. While all newborns are generally vaccinated against hepatitis B, routine screening is not universally recommended for this group unless specific risk factors are present. In contrast, individuals with chronic kidney disease, pregnant women, and household contacts of chronic hepatitis B patients constitute groups at higher risk of infection or disease progression. They are therefore recommended for screening to ensure timely detection and management of hepatitis B, which can help prevent transmission and improve health outcomes. Individuals with chronic kidney disease are at elevated risk due to factors like frequent healthcare interactions and potential exposure during treatments like dialysis. Pregnant women are screened to prevent mother-to-child transmission during childbirth, while household contacts may also be tested as they are at greater risk of contracting the virus from someone in their environment who is already infected. Thus, the focus on these specific populations enhances public health efforts aimed at controlling hepatitis B infection.

9. What characteristic of a child with persistent fever, rash, and red eyes suggests Kawasaki disease?

- A. Age above 5 years
- B. Bilateral nonpurulent conjunctivitis**
- C. History of recent immunization
- D. Presence of a productive cough

The presence of bilateral nonpurulent conjunctivitis is a key characteristic that suggests Kawasaki disease in a child experiencing persistent fever, rash, and red eyes. Kawasaki disease is a vasculitis that primarily affects children and is characterized by a prolonged fever lasting more than five days, along with a constellation of clinical signs that can include rash, conjunctival injection, cervical lymphadenopathy, and changes in the lips and oral cavity. Bilateral nonpurulent conjunctivitis, which refers to redness and inflammation in both eyes without pus, is particularly indicative. This symptom, when combined with the other clinical features of Kawasaki disease, helps in distinguishing it from other illnesses that may present similarly, such as viral infections or other forms of vasculitis. In contrast, factors such as the age of the child or history of recent immunization are not definitive indicators of Kawasaki disease. While the condition most commonly affects children under 5 years old, it can also occur in older children, and thus age alone cannot be used to confirm or rule out the disease. A productive cough is typically associated with respiratory infections and does not align with the characteristics of Kawasaki disease. Therefore, the combination of specific symptoms, particularly bilateral nonpurulent conjunctivitis, plays a critical role in the

10. What is the optimal treatment for a patient presenting with regular narrow-complex tachycardia and hypotension?

- A. Oral beta-blockers
- B. Intravenous adenosine**
- C. Cardioversion
- D. Aspirin

The optimal treatment for a patient presenting with regular narrow-complex tachycardia and hypotension is intravenous adenosine. In the context of a tachycardia, adenosine acts as a rapid-acting antiarrhythmic medication that can effectively terminate supraventricular tachycardias (SVT). When a patient exhibits hypotension associated with regular narrow-complex tachycardia, it typically indicates a hemodynamically unstable rhythm, necessitating immediate intervention to restore normal heart rhythm and improve blood flow. Adenosine works quickly, allowing for immediate assessment of the underlying rhythm changes. If the tachycardia is due to a reentrant circuit (as found in many SVTs), adenosine can restore a normal sinus rhythm by interrupting the conduction pathway. Other medications, such as oral beta-blockers, take longer to exert their effects and are not suitable for acute treatment in a hypotensive patient. Cardioversion is appropriate in cases of severe instability; however, adenosine is typically the first-line treatment for regular narrow-complex tachycardias. Aspirin is more relevant for anti-platelet therapy and does not address the acute arrhythmia or hypotension in this context.

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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