

American Board of Family Medicine (ABFM) ITE Practice Test (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

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- 1. Which of the following is a feature of gastroesophageal reflux disease in infants?**
 - A. Recurrent pneumonia**
 - B. Hypergrowth curve**
 - C. Elevated Hgb**
 - D. Hypertension**

- 2. Which treatment has been shown to improve quality of life for tinnitus?**
 - A. Sound therapy**
 - B. Counseling**
 - C. Antipsychotic medications**
 - D. Cognitive Behavioral Therapy**

- 3. Brachial cleft cysts are best described as which of the following?**
 - A. A congenital lesion, usually solitary cyst located in the lateral neck anterior to the SCM; may have sinus to skin.**
 - B. An acquired lesion usually presenting as a midline neck mass.**
 - C. A cystic lesion in the posterior neck arising from the occipital region.**
 - D. A skin tag lesion associated with trisomy 21.**

- 4. Barrett's oesophagus with no dysplasia is best managed with which surveillance strategy?**
 - A. Endoscopic surveillance every year**
 - B. Endoscopic surveillance every 2 years**
 - C. Endoscopic surveillance with periodic biopsies**
 - D. Esophagectomy**

- 5. What is the approximate time to peak analgesic effect for orally administered immediate-release opioids such as morphine?**
 - A. 30 minutes**
 - B. 1 hour**
 - C. 2-4 hours**
 - D. 6-8 hours**

- 6. Which drug is commonly used for acute termination of stable SVT due to its rapid onset and short half-life?**
- A. Digoxin**
 - B. Lidocaine**
 - C. Adenosine**
 - D. Amiodarone**
- 7. Pregnancy-related dental disorders include which of the following?**
- A. Cavities**
 - B. Gingivitis**
 - C. Periodontitis**
 - D. All of the above**
- 8. In suspected DVT, which test is most appropriate as the next step when pretest probability is high or intermediate?**
- A. D-dimer level**
 - B. Venous Doppler of lower extremities**
 - C. CT venography**
 - D. Compression ultrasonography**
- 9. Which statement accurately describes initial management of olecranon bursitis?**
- A. Aspiration is never performed.**
 - B. Systemic corticosteroids are first-line.**
 - C. Bursa should be drained surgically as first-line.**
 - D. Conservative treatment including ice, compression, activity avoidance, and, if enlarged, aspiration for relief is recommended.**
- 10. Which symptom cluster is typical of coccidioidomycosis in an otherwise healthy adult?**
- A. Pneumonia with rusty sputum**
 - B. Flu-like syndrome with fever, night sweats, dry cough, weight loss, and myalgia**
 - C. Chronic productive cough with hemoptysis**
 - D. Acute meningitis without respiratory symptoms**

Answers

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

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Explanations

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1. Which of the following is a feature of gastroesophageal reflux disease in infants?

- A. Recurrent pneumonia**
- B. Hypergrowth curve**
- C. Elevated Hgb**
- D. Hypertension**

Infants with gastroesophageal reflux disease can present with respiratory problems because refluxed stomach contents can be aspirated into the airways, leading to recurrent pneumonia. When small amounts of reflux reach the lungs, they irritate the airways and set the stage for repeated infections or inflammatory episodes, which is why recurrent pneumonia is a recognized feature in this population. The other options don't fit as characteristic GERD features in infants. A hypergrowth curve is not expected with reflux; infants more often have feeding difficulties and potential poor weight gain rather than accelerated growth. Elevated hemoglobin isn't a typical manifestation of GERD in infancy, and hypertension is not associated with reflux disease in this age group.

2. Which treatment has been shown to improve quality of life for tinnitus?

- A. Sound therapy**
- B. Counseling**
- C. Antipsychotic medications**
- D. Cognitive Behavioral Therapy**

Distress and how a person thinks about and reacts to tinnitus often drive how much it affects daily life. The most effective approach for improving quality of life in tinnitus is a therapy that changes these thoughts and coping styles. Cognitive Behavioral Therapy directly teaches patients to identify and reframe unhelpful beliefs about tinnitus, reduce excessive focus and worry, and apply practical coping strategies to sleep, concentration, and mood. This targeted, skills-based approach has robust evidence from trials showing meaningful and sometimes lasting reductions in tinnitus-related distress and improvements in overall functioning and quality of life. Sound therapy and counseling can help by providing symptoms relief or supportive coping, but their effects on quality of life are generally more variable and often less pronounced when used alone. Antipsychotic medications are not indicated for tinnitus and do not improve quality of life in this context.

3. Brachial cleft cysts are best described as which of the following?

- A. A congenital lesion, usually solitary cyst located in the lateral neck anterior to the SCM; may have sinus to skin.**
- B. An acquired lesion usually presenting as a midline neck mass.**
- C. A cystic lesion in the posterior neck arising from the occipital region.**
- D. A skin tag lesion associated with trisomy 21.**

Brachial cleft cysts are congenital lesions that arise from remnants of the branchial (pharyngeal) apparatus in the neck. They most commonly present as a solitary, smooth, painless mass located in the lateral neck along the anterior border of the sternocleidomastoid muscle, often in children or young adults. A sinus or fistulous tract to the skin may be present, explaining possible drainage. This fits best with the described scenario: a congenital lesion in the lateral neck just anterior to the SCM that may have a skin-opening sinus. Other options describe different entities: a midline neck mass is typical of thyroglossal duct cysts, which also characteristically move with swallowing or tongue protrusion; a posterior-neck or occipital-region cyst is not typical for branchial apparatus remnants; and a skin tag associated with trisomy 21 is not how brachial cleft cysts present.

4. Barrett's oesophagus with no dysplasia is best managed with which surveillance strategy?

- A. Endoscopic surveillance every year**
- B. Endoscopic surveillance every 2 years**
- C. Endoscopic surveillance with periodic biopsies**
- D. Esophagectomy**

The main idea here is how to monitor Barrett's esophagus when there is no dysplasia. The goal of surveillance is to detect any development of dysplasia or early cancer so it can be treated promptly, without subjecting a patient to unnecessary, invasive procedures or overtreatment. The best approach is endoscopic surveillance that includes periodic biopsies of the Barrett's segment. This is done using systematic sampling (the Seattle protocol) so tissue across the entire Barrett's mucosa is checked for focal areas of dysplasia that might be missed with random or limited biopsies. Regular endoscopy with biopsies allows early detection and timely management if dysplasia develops, while avoiding excessive procedures or overtreatment. Why the other options aren't as appropriate here: performing endoscopy every year would expose the patient to unnecessary procedures given the relatively low annual risk of progression in nondysplastic Barrett's. Esophagectomy is far too aggressive for nondysplastic disease and is reserved for high-grade dysplasia or cancer. Endoscopic surveillance without biopsies wouldn't reliably detect early dysplasia, which is what surveillance aims to identify. So, endoscopic surveillance with periodic biopsies best balances monitoring for progression with avoiding overtreatment.

5. What is the approximate time to peak analgesic effect for orally administered immediate-release opioids such as morphine?

- A. 30 minutes
- B. 1 hour**
- C. 2-4 hours
- D. 6-8 hours

Orally administered immediate-release opioids reach their maximum analgesic effect roughly one hour after dosing. This timing comes from the need for absorption from the gut, first-pass metabolism, and distribution to central opioid receptors. You may feel some relief sooner, but the peak pain relief is typically around the 60-minute mark. Shorter times like 30 minutes overshoot the common peak for this formulation, while 2-4 hours or 6-8 hours would be more characteristic of slower-onset effects or longer-acting formulations. Individual factors such as gastric emptying, food intake, and metabolic differences can shift timing, but about one hour is the best general estimate for peak analgesia with immediate-release oral morphine.

6. Which drug is commonly used for acute termination of stable SVT due to its rapid onset and short half-life?

- A. Digoxin
- B. Lidocaine
- C. Adenosine**
- D. Amiodarone

The key idea here is treating stable supraventricular tachycardia with a medication that acts quickly and is cleared quickly, so you can terminate the reentrant rhythm and reassess promptly. Adenosine is the drug of choice for acute termination of AV nodal-dependent SVTs because it has an extremely rapid onset and a very short half-life (often about 10 seconds). When given as a rapid IV bolus, it briefly activates A1 receptors in the atrioventricular (AV) node, increasing potassium conductance and causing a momentary AV nodal block. If the tachycardia is dependent on conduction through the AV node (as in many reentrant SVTs), this transient block interrupts the reentrant circuit and restores normal rhythm within seconds. Because its effects wear off so quickly, any arrhythmias that don't terminate can be reassessed quickly and, if appropriate, a second dose can be given. Digoxin, while useful for rate control in atrial fibrillation or flutter, has a slow onset and is not suitable for immediate termination of SVT. Lidocaine targets ventricular tissue and is used for ventricular arrhythmias, not AV nodal-dependent SVT. Amiodarone can terminate some SVTs but has a slower onset and is not the preferred agent for rapid, acute termination of stable SVT. So, the rapid-onset, short-half-life profile makes adenosine ideal for this scenario.

7. Pregnancy-related dental disorders include which of the following?

- A. Cavities**
- B. Gingivitis**
- C. Periodontitis**
- D. All of the above**

During pregnancy, hormonal changes and related behaviors can affect oral health in several ways, leading to multiple dental problems. Hormonal shifts, especially higher progesterone and estrogen, heighten the inflammatory response to dental plaque, so gums become more prone to swelling, bleeding, and gingivitis. This pregnancy-related gingival inflammation is common and often improves after delivery with good oral hygiene. Cavities can also be a concern during pregnancy. Morning sickness and vomiting expose teeth to stomach acid, contributing to enamel erosion, and cravings or frequent snacking can raise caries risk if oral hygiene isn't optimal. While pregnancy doesn't directly cause cavities, these associated factors can increase the risk. If gingivitis is not managed, it can progress to periodontitis, a deeper infection affecting the supporting structures of the teeth. Pregnancy can influence this progression and, in turn, periodontitis has been studied for possible associations with adverse pregnancy outcomes, underscoring the importance of dental care during pregnancy. All of these issues can arise in pregnancy, so the best choice is the one that includes all of them. Maintaining routine dental checkups and good oral hygiene during pregnancy is important for minimizing these risks.

8. In suspected DVT, which test is most appropriate as the next step when pretest probability is high or intermediate?

- A. D-dimer level**
- B. Venous Doppler of lower extremities**
- C. CT venography**
- D. Compression ultrasonography**

When you suspect a DVT and the pretest probability is moderate to high, the best next step is to use compression ultrasonography of the leg veins. This test directly images the veins and assesses whether they can be compressed; a vein that cannot be compressed due to a thrombus is diagnostic for DVT. It is quick, noninvasive, widely available, and does not require radiation or contrast, making it ideal for promptly confirming or excluding DVT in patients with intermediate to high likelihood. D-dimer testing is most useful when the pretest probability is low, because it helps rule out DVT in that group with a negative result. In patients with higher probability, a positive or negative D-dimer doesn't reliably rule in or rule out the condition, respectively, so imaging takes precedence. CT venography can accurately detect DVT but involves contrast and radiation and is not the preferred initial test when compression ultrasonography is available and feasible. It's more often reserved for when ultrasound is inconclusive, when there's suspicion of iliac or pelvic vein involvement, or when concomitant pulmonary embolism needs evaluation. If the compression ultrasound is negative but clinical suspicion remains high, repeat imaging or alternative strategies may be needed, depending on the symptoms and risk factors.

9. Which statement accurately describes initial management of olecranon bursitis?

- A. Aspiration is never performed.**
- B. Systemic corticosteroids are first-line.**
- C. Bursa should be drained surgically as first-line.**
- D. Conservative treatment including ice, compression, activity avoidance, and, if enlarged, aspiration for relief is recommended.**

The main idea here is that olecranon bursitis is typically managed with conservative measures first. Begin with simple, noninvasive steps to reduce inflammation and avoid irritation: apply ice to decrease swelling, limit elbow activities that press on or irritate the bursa, and use compression or an elbow pad to cushion the area. Over a short period, most noninfectious bursitis improves with these measures. If the swelling is large or persists and causes pain or functional limitation, aspirating the bursa can provide relief by decompressing it and also gives fluid for analysis to help rule out infection. Systemic steroids are not used as first-line therapy for this condition because they're not routinely beneficial for uncomplicated bursitis and carry risks. Surgical drainage is not a first-line approach and is reserved for cases that are septic or do not respond to conservative treatment. In short, initial management emphasizes rest, ice, protection, and avoidance of pressure, with aspiration reserved for symptomatic relief or diagnostic purposes when the swelling is significant.

10. Which symptom cluster is typical of coccidioidomycosis in an otherwise healthy adult?

- A. Pneumonia with rusty sputum**
- B. Flu-like syndrome with fever, night sweats, dry cough, weight loss, and myalgia**
- C. Chronic productive cough with hemoptysis**
- D. Acute meningitis without respiratory symptoms**

Coccidioidomycosis (valley fever) in an otherwise healthy adult most commonly presents as a flu-like illness after inhaling the fungal spores. The characteristic symptom cluster includes fever, night sweats, a dry cough, weight loss, and myalgias. This pattern reflects the body's short, self-limited inflammatory response to the inhaled organism, and many cases resolve without specific antifungal therapy. In some people, especially young adults, erythema nodosum or arthralgias (desert rheumatism) can accompany the systemic symptoms, which helps clue you in to this infection in endemic areas. Other presentations described in the choices align with different conditions: pneumonia with rusty sputum suggests pneumococcal pneumonia; a chronic productive cough with hemoptysis raises concern for chronic bacterial infection, TB, or bronchiectasis; acute meningitis without respiratory symptoms points away from a primary pulmonary coccidioidomycosis and toward other causes of meningitis, with coccidioidal meningitis usually part of disseminated disease and often with subacute or chronic CNS symptoms. In healthy adults, the flu-like syndrome is the most typical entry presentation for coccidioidomycosis.

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://abfmite.examzify.com>

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

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