

# American Board of Family Medicine (ABFM) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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!**

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## **Questions**

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- 1. When should a patient with newly diagnosed type 2 diabetes receive education on self-monitoring blood glucose?**
  - A. Immediately after diagnosis**
  - B. After 6 months of treatment**
  - C. At the time of insulin initiation**
  - D. Only when complications arise**
  
- 2. What condition is characterized by proximal muscle weakness with elevated serum creatinine kinase levels that improve with steroids?**
  - A. Duchenne's muscular dystrophy**
  - B. Myasthenia gravis**
  - C. Polymyositis**
  - D. Amyotrophic lateral sclerosis**
  
- 3. For a patient diagnosed with short-term and long-term SVTs, what is a recommended class of medication?**
  - A. Beta-blockers**
  - B. ACE inhibitors**
  - C. Calcium channel blockers**
  - D. Diuretics**
  
- 4. Can a child with head lice attend school if they are receiving treatment with permethrin shampoo?**
  - A. No, they must stay home until fully clear**
  - B. Yes, as long as home remedies are continued**
  - C. Yes, but only if they wear a hat**
  - D. No, they cannot return until nits are removed**
  
- 5. A patient with obesity, diabetes, peripheral neuropathy, and a seizure disorder has been newly diagnosed with depression. Which medication is recommended?**
  - A. Bupropion**
  - B. Citalopram**
  - C. Duloxetine**
  - D. Nortriptyline**

**6. What is the purpose of screening for asymptomatic bacteriuria in pregnant women?**

- A. Preventing symptomatic urinary tract infections**
- B. Diagnosing gestational diabetes**
- C. Enhancing prenatal screening**
- D. Reducing complications in labor**

**7. A patient presents with a rash in the belt region after walking in the woods. What is the likely cause?**

- A. Poison ivy exposure**
- B. Chigger mite larvae**
- C. Tick bite allergy**
- D. Fungal infection**

**8. What is the dosage of ceftriaxone for the treatment of gonorrhea?**

- A. 500 mg IM**
- B. 1 g IM**
- C. 250 mg IM**
- D. 750 mg IM**

**9. What is the safest first-line medication for pain management in a patient with chronic kidney disease?**

- A. Acetaminophen**
- B. Celecoxib (Celebrex)**
- C. Oxycodone (OxyContin)**
- D. Tramadol (Ultram)**

**10. What is a common complication of hypoparathyroidism?**

- A. Hyperkalemia**
- B. Somnolence**
- C. Hypocalcemia**
- D. Muscle flaccidity**

## **Answers**

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

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## **Explanations**

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**1. When should a patient with newly diagnosed type 2 diabetes receive education on self-monitoring blood glucose?**

- A. Immediately after diagnosis**
- B. After 6 months of treatment**
- C. At the time of insulin initiation**
- D. Only when complications arise**

Providing education on self-monitoring blood glucose immediately after a diagnosis of type 2 diabetes is crucial for empowering patients to take an active role in managing their condition. Early education helps patients understand the importance of monitoring their blood glucose levels, which can inform their daily decision-making regarding diet, exercise, and medication adherence. When patients are educated right at the onset of their diagnosis, they can learn how to use a glucometer effectively and interpret their results, reinforcing lifestyle changes and medication plans as needed. This proactive approach not only fosters better glycemic control but also enhances patients' confidence in managing their diabetes, ultimately leading to improved long-term outcomes.

Delaying this education until later, such as after six months of treatment or only when insulin is initiated, may lead to missed opportunities for timely interventions and adjustments in management. Additionally, restricting education to instances of complication overlooks the potential benefits of equipping patients with the knowledge and skills necessary to manage their conditions proactively, preventing complications from arising in the first place.

**2. What condition is characterized by proximal muscle weakness with elevated serum creatinine kinase levels that improve with steroids?**

- A. Duchenne's muscular dystrophy**
- B. Myasthenia gravis**
- C. Polymyositis**
- D. Amyotrophic lateral sclerosis**

The condition characterized by proximal muscle weakness with elevated serum creatinine kinase levels that improve with steroids is polymyositis. This disease is an inflammatory myopathy primarily affecting the skeletal muscles, leading to weakness, particularly in the proximal muscles such as those of the hips, thighs, and shoulders. The increase in serum creatinine kinase is indicative of muscle damage, which is a hallmark of muscle inflammation seen in polymyositis. Steroids, specifically corticosteroids, are a cornerstone of treatment for polymyositis and can lead to significant improvement in muscle strength and function. This responsiveness to steroids is a key feature that helps differentiate polymyositis from other muscular disorders, such as Duchenne's muscular dystrophy, which is a genetic disorder leading to progressive muscle degeneration and does not typically respond to steroid treatment in terms of muscle strength recovery. Understanding the presentation and management of polymyositis is crucial, as it allows for timely intervention that can significantly improve a patient's quality of life. The condition needs to be distinguished from other neuromuscular disorders, such as myasthenia gravis and amyotrophic lateral sclerosis, which have different underlying pathologies and treatment approaches.

**3. For a patient diagnosed with short-term and long-term SVTs, what is a recommended class of medication?**

- A. Beta-blockers**
- B. ACE inhibitors**
- C. Calcium channel blockers**
- D. Diuretics**

In the management of short-term and long-term supraventricular tachycardias (SVTs), the use of calcium channel blockers is particularly beneficial. These medications are effective at slowing down conduction through the atrioventricular (AV) node, which is crucial in controlling heart rate in patients experiencing SVTs. By reducing the heart rate and allowing for better ventricular filling, they help alleviate symptoms and improve the hemodynamics in these patients. Calcium channel blockers can provide rapid rate control during acute episodes of SVT and are also useful for long-term management in specific cases, especially in patients with certain characteristics or comorbidities. They can help to prevent recurrences of these tachycardic episodes when used appropriately. While beta-blockers are also utilized in managing SVTs, especially for their heart rate reduction effects and symptom control, calcium channel blockers tend to be favored in certain situations depending on the underlying rhythm and patient's overall health profile. ACE inhibitors and diuretics play different roles, primarily in heart failure or hypertension, and are not first-line treatments for controlling SVTs.

**4. Can a child with head lice attend school if they are receiving treatment with permethrin shampoo?**

- A. No, they must stay home until fully clear**
- B. Yes, as long as home remedies are continued**
- C. Yes, but only if they wear a hat**
- D. No, they cannot return until nits are removed**

The guidance regarding head lice management emphasizes that children can return to school after they have started treatment, such as with permethrin shampoo. While it's important to continue monitoring the child and possibly applying additional treatments, the key factor is that they are undergoing an effective treatment protocol. Many school policies do not require that all nits (eggs) be removed before a child is allowed back, as the primary concern is to prevent the spread of head lice, and treatment effectively reduces that risk. Home remedies may support the treatment, but they are not mandatory for school attendance as long as a recognized treatment is being used. This understanding aligns with the approach that prioritizes the wellbeing of the child while also addressing public health concerns regarding the spread of lice in school environments. In contrast, the other choices suggest stricter conditions for school attendance, which may not be consistent with public health guidelines or current common practices regarding head lice.

**5. A patient with obesity, diabetes, peripheral neuropathy, and a seizure disorder has been newly diagnosed with depression. Which medication is recommended?**

- A. Bupropion**
- B. Citalopram**
- C. Duloxetine**
- D. Nortriptyline**

Duloxetine is recommended in this scenario due to its dual action as both a serotonin-norepinephrine reuptake inhibitor (SNRI) and its benefits for patients with certain conditions like diabetes and neuropathy. It has been shown to help manage depression while also providing significant relief for neuropathic pain, which is particularly beneficial for someone with peripheral neuropathy. Additionally, Duloxetine does not carry the same risks of seizure as bupropion, making it suitable for patients with a seizure disorder. Unlike nortriptyline, which is a tricyclic antidepressant often avoided in patients with obesity due to its anticholinergic side effects and risks of weight gain, Duloxetine is weight-neutral or may even aid in weight management, aligning well with the patient's obesity. While citalopram is also an effective antidepressant, it does not address the neuropathic pain component, which is a significant concern in this patient's case.

**6. What is the purpose of screening for asymptomatic bacteriuria in pregnant women?**

- A. Preventing symptomatic urinary tract infections**
- B. Diagnosing gestational diabetes**
- C. Enhancing prenatal screening**
- D. Reducing complications in labor**

The purpose of screening for asymptomatic bacteriuria in pregnant women primarily revolves around the prevention of symptomatic urinary tract infections (UTIs). Asymptomatic bacteriuria, which refers to the presence of bacteria in the urine without accompanying symptoms, is relatively common among pregnant women. If left untreated, it can lead to symptomatic infections, which may pose significant health risks for both the mother and the developing fetus. By identifying and treating asymptomatic bacteriuria during pregnancy, healthcare providers can significantly reduce the incidence of symptomatic UTIs. This intervention is important because pregnant women with symptomatic UTIs are at a higher risk for complications, including pyelonephritis (a serious kidney infection), which can lead to preterm labor and low birth weight. Screening and subsequently treating identified cases can help ensure better pregnancy outcomes and enhance maternal health. This proactive approach is supported by various clinical guidelines and is considered a standard part of prenatal care.

**7. A patient presents with a rash in the belt region after walking in the woods. What is the likely cause?**

- A. Poison ivy exposure**
- B. Chigger mite larvae**
- C. Tick bite allergy**
- D. Fungal infection**

The presence of a rash in the belt region after walking in the woods is suggestive of exposure to chigger mite larvae. Chiggers, which are the larval stage of certain mites found in grassy or wooded areas, can attach to the skin and cause localized pruritic rashes. The rash typically appears as small, red, itchy welts and commonly occurs in areas where clothing fits tightly, such as around the belt line. The timing of the rash relative to the recent outdoor activity strongly points to chigger exposure, as this type of rash often develops within hours to days after contact with infested vegetation. Other conditions, like poison ivy exposure, would usually present with a different appearance and develop in a more variable pattern depending on the amount of exposure. Tick bite allergies can result in a rash, but they are less common and would often be associated with other systemic symptoms. Fungal infections, while they can cause rashes, are typically associated with different risk factors and exposure scenarios. Overall, the context of walking in the woods and the characteristics of the rash align most closely with chigger mite larvae as the likely cause.

**8. What is the dosage of ceftriaxone for the treatment of gonorrhea?**

- A. 500 mg IM**
- B. 1 g IM**
- C. 250 mg IM**
- D. 750 mg IM**

For the treatment of gonorrhea, the recommended dosage of ceftriaxone is 250 mg administered intramuscularly (IM). This dosage aligns with current clinical guidelines, which dictate that a single dose of ceftriaxone is effective for uncomplicated gonococcal infections. The 250 mg dose is specifically formulated for the management of gonorrhea to ensure the proper balance between efficacy and minimizing the risk of adverse effects. The use of a single-dose regimen is particularly advantageous in treating gonorrhea, as it not only improves patient adherence but also helps to combat the issue of antibiotic resistance. Ceftriaxone, a broad-spectrum cephalosporin antibiotic, works by inhibiting bacterial cell wall synthesis, leading to the death of the bacteria causing the infection. While higher doses exist, they are not standard for gonorrhea treatment and are generally reserved for other indications or more severe infections. Therefore, using 250 mg IM effectively adheres to recommended practices for gonorrhea management.

**9. What is the safest first-line medication for pain management in a patient with chronic kidney disease?**

- A. Acetaminophen**
- B. Celecoxib (Celebrex)**
- C. Oxycodone (OxyContin)**
- D. Tramadol (Ultram)**

Acetaminophen is considered the safest first-line medication for pain management in patients with chronic kidney disease. This is primarily because acetaminophen does not have significant effects on renal function, unlike nonsteroidal anti-inflammatory drugs (NSAIDs) like celecoxib, which can negatively impact kidney function. In patients with compromised renal function, NSAIDs can lead to further decline, including acute kidney injury and fluid retention due to decreased glomerular filtration rate. Additionally, opioid medications such as oxycodone and tramadol are often used for managing pain but carry risks for patients with kidney disease. Oxycodone may require dose adjustments due to its dependence on renal clearance, and tramadol can cause seizures, particularly in patients with renal impairment. Therefore, acetaminophen stands out as a reliable and safe analgesic for managing pain in these patients without exacerbating their kidney condition.

**10. What is a common complication of hypoparathyroidism?**

- A. Hyperkalemia**
- B. Somnolence**
- C. Hypocalcemia**
- D. Muscle flaccidity**

Hypoparathyroidism is characterized by insufficient production of parathyroid hormone (PTH), which plays a crucial role in regulating calcium levels in the body. When PTH levels are low, the body's ability to maintain normal calcium levels is compromised. This leads to hypocalcemia, a condition where calcium levels in the blood are abnormally low. The symptoms of hypocalcemia can include tingling in the fingers and toes, muscle cramps, and in severe cases, tetany, which is painful muscle spasm. The direct connection between low PTH and decreased serum calcium levels makes hypocalcemia a common and significant complication of hypoparathyroidism. In contrast, hyperkalemia (high potassium levels) is primarily related to kidney function and does not directly associate with hypoparathyroidism. Somnolence, or excessive sleepiness, is not a specific complication of this condition and often relates to various other metabolic or neurological conditions. Muscle flaccidity can occur in different contexts but is not directly linked as a complication of hypoparathyroidism. Therefore, hypocalcemia stands out as the primary complication associated with this disorder, reflecting the essential role of parathyroid hormone in calcium homeostasis.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://abfm.examzify.com>**

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

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