

American Board of Family Medicine (ABFM) 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

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- 1. What is the most common cause of hypoglycemia in previously stable diabetic patients who have not changed their diet or insulin dosage?**
 - A. Renal disease**
 - B. Increased physical activity**
 - C. Dietary changes**
 - D. Medication non-compliance**

- 2. A 45-year-old male presents with a fine-scaled rash that shows a coral-red fluorescence under a Wood's light. What is the most likely diagnosis?**
 - A. Candidiasis**
 - B. Tinea cruris**
 - C. Erythrasma**
 - D. Inverse psoriasis**

- 3. Which population should be closely screened for Hepatitis B?**
 - A. Homeless individuals**
 - B. Household contacts of individuals with chronic hepatitis B**
 - C. Patients with asthma**
 - D. Individuals with high cholesterol**

- 4. Which antibiotic is recommended for children aged 5 to 16 years with CAP?**
 - A. Amoxicillin**
 - B. Azithromycin**
 - C. Ceftriaxone**
 - D. Doxycycline**

- 5. A patient presents with episodic rectal pain occurring every 3-6 weeks and resolving in 1-15 minutes. What is the likely diagnosis?**
 - A. Hemorrhoids**
 - B. Proctalgia fugax**
 - C. Anal fissure**
 - D. Rectal cancer**

6. Before initiating oral combined hormonal contraception, which test is essential?

- A. Bimanual pelvic examination**
- B. Blood pressure measurement**
- C. Cervical cytology and HPV screening**
- D. Weight measurement**

7. What is an essential criterion for diagnosing fibromyalgia?

- A. Examination for tender points**
- B. Detailed symptom history**
- C. Laboratory testing**
- D. Physical examination results**

8. In the context of BMI for children, which range is categorized as overweight?

- A. Less than 5th percentile**
- B. 5th - 85th percentile**
- C. 85th - 94th percentile**
- D. Greater than 95th percentile**

9. Which antibiotic is recommended for the treatment of acute pyelonephritis?

- A. Cipro**
- B. Azithromycin**
- C. Amoxicillin**
- D. Metronidazole**

10. Which medication is typically prescribed for acute exacerbations of COPD?

- A. Prednisone, 20 mg daily for 3 days**
- B. Prednisone, 40 mg daily for 5 days**
- C. Albuterol nebulizer treatment**
- D. ICS/LABA combination inhaler**

Answers

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

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Explanations

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1. What is the most common cause of hypoglycemia in previously stable diabetic patients who have not changed their diet or insulin dosage?

- A. Renal disease**
- B. Increased physical activity**
- C. Dietary changes**
- D. Medication non-compliance**

In previously stable diabetic patients who have not changed their diet or insulin dosage, the most common cause of hypoglycemia is often related to increased physical activity. When patients increase their levels of physical activity without adjusting their insulin regimens, they may utilize more glucose for energy, which can lead to hypoglycemic episodes if their insulin dosage remains unchanged. During physical activity, the body uses glucose at a higher rate, which, in turn, can lower blood sugar levels more rapidly than anticipated. Since the patients have not made changes to their diet or medication, the unanticipated increase in glucose consumption through exercise becomes a significant factor leading to low blood glucose levels. Renal disease, while it can affect glucose metabolism and insulin clearance, is not as commonly associated with acute episodes of hypoglycemia as changes in physical activity levels are. Additionally, medication non-compliance typically leads to poorly controlled diabetes and potential hyperglycemia, rather than hypoglycemia, unless it involves insufficient dosing of insulin or medications that lower blood sugar. Dietary changes are also ruled out since the scenario specifies that there have been no alterations in diet. Hence, increased physical activity is the most straightforward and common reason for experiencing hypoglycemia in this patient population under the specified conditions.

2. A 45-year-old male presents with a fine-scaled rash that shows a coral-red fluorescence under a Wood's light. What is the most likely diagnosis?

- A. Candidiasis**
- B. Tinea cruris**
- C. Erythrasma**
- D. Inverse psoriasis**

The presentation of a fine-scaled rash that demonstrates coral-red fluorescence under a Wood's light is highly indicative of erythrasma. This condition is caused by the bacterium *Corynebacterium minutissimum*, which produces porphyrins that fluoresce under UV light. The coral-red color observed is a classic finding in cases of erythrasma, particularly in intertriginous areas such as the groin or between the toes. In the context of other potential conditions: - Candidiasis typically presents with a more moist, whitish appearance and does not typically show the characteristic fluorescence under Wood's light. It often has distinct satellite lesions and a different clinical presentation. - Tinea cruris is a fungal infection that usually shows a more ring-like, scaly appearance and can sometimes have similar patterns closer to the groin area but does not exhibit coral-red fluorescence. - Inverse psoriasis presents as well-defined, red, shiny lesions, often located in skin folds. This condition does not produce fluorescence under Wood's light. Hence, the combination of the patient's age, the clinical appearance of the rash, and the specific fluorescence observed under Wood's light strongly point to erythrasma as the most likely diagnosis.

3. Which population should be closely screened for Hepatitis B?

- A. Homeless individuals
- B. Household contacts of individuals with chronic hepatitis B**
- C. Patients with asthma
- D. Individuals with high cholesterol

The population that should be closely screened for Hepatitis B includes household contacts of individuals with chronic hepatitis B. This screening is crucial because Hepatitis B is a viral infection that primarily spreads through contact with infectious body fluids, including blood and other bodily secretions. Living with someone who has chronic Hepatitis B increases the risk of transmission through shared items like razors or toothbrushes and through unprotected intimate contacts. Household contacts are at a significantly higher risk due to the close nature of their living arrangements, which facilitates potential exposure to the virus. Therefore, proactive screening and vaccination efforts in this population are essential for preventing the spread of the virus and protecting the health of those who may be at risk of acquiring it. The other populations mentioned, while they may have their health concerns, do not have the same level of defined risk for Hepatitis B transmission as household contacts of those who are chronically infected. For instance, the homeless population may have varied health challenges, but they are not specifically at increased risk of Hepatitis B unless they also have connections to carriers of the virus. Similarly, patients with asthma and individuals with high cholesterol do not have a direct association with Hepatitis B transmission, making screening them for this virus less of a priority.

4. Which antibiotic is recommended for children aged 5 to 16 years with CAP?

- A. Amoxicillin
- B. Azithromycin**
- C. Ceftriaxone
- D. Doxycycline

In the context of treating community-acquired pneumonia (CAP) in children aged 5 to 16 years, azithromycin is recommended because it is effective against common pathogens associated with this age group, particularly those caused by atypical bacteria like *Mycoplasma pneumoniae* and *Chlamydophila pneumoniae*. These atypical pathogens are more prevalent in school-aged children and adolescents compared to younger children. Azithromycin offers the advantage of targeting these organisms while also possessing a favorable safety profile and dosing convenience. It is usually well tolerated, and its once-daily dosing regimen can improve adherence in pediatric patients. While other antibiotics might be effective against typical bacterial causes of pneumonia, such as *Streptococcus pneumoniae*, azithromycin's spectrum of activity against both atypical and some typical organisms positions it as a sensible choice for this age demographic, where atypical pneumonia is more likely to be part of the diagnostic consideration.

5. A patient presents with episodic rectal pain occurring every 3-6 weeks and resolving in 1-15 minutes. What is the likely diagnosis?

- A. Hemorrhoids**
- B. Proctalgia fugax**
- C. Anal fissure**
- D. Rectal cancer**

The clinical presentation of episodic rectal pain occurring every 3-6 weeks, with each episode resolving in a relatively short time frame of 1-15 minutes, is characteristic of proctalgia fugax. This condition is defined as sudden, severe rectal pain that occurs intermittently and spontaneously and is often described as cramping or sharp. The episodes of pain can awaken the patient from sleep and typically resolve quickly. In this scenario, the timing of the pain episodes, as well as the brief duration, aligns well with proctalgia fugax rather than other potential diagnoses. Hemorrhoids might cause discomfort or pain but are typically associated with bowel movements and could have a longer duration. Anal fissures are also related to bowel movements and can cause significant pain but correlate with the act of defecation rather than episodic pains. Rectal cancer would present with more persistent symptoms, such as changes in bowel habits, rectal bleeding, or weight loss, rather than isolated, brief episodes of sharp rectal pain. Thus, the presentation of this patient strongly suggests proctalgia fugax as the most fitting diagnosis.

6. Before initiating oral combined hormonal contraception, which test is essential?

- A. Bimanual pelvic examination**
- B. Blood pressure measurement**
- C. Cervical cytology and HPV screening**
- D. Weight measurement**

Before starting oral combined hormonal contraception, measuring blood pressure is essential due to the potential vascular risks associated with hormonal contraceptives. These contraceptives can increase the risk of thromboembolic events, particularly in individuals with elevated blood pressure. High blood pressure can also exacerbate the risk of complications such as stroke and cardiovascular disease when using estrogen-containing contraceptives. Monitoring blood pressure ensures that a healthcare provider can identify any hypertension issues prior to the initiation of the medication. If significant hypertension is detected, alternative contraceptive methods might be recommended that pose less risk. While other tests like a bimanual pelvic examination or cervical cytology can be part of routine reproductive health assessments, they are not specifically required for the initiation of hormonal contraception. Weight measurement may be monitored for various health reasons but does not directly impact the safety or effectiveness of hormonal contraceptive methods in the same way that blood pressure does.

7. What is an essential criterion for diagnosing fibromyalgia?

- A. Examination for tender points
- B. Detailed symptom history**
- C. Laboratory testing
- D. Physical examination results

The diagnosis of fibromyalgia primarily relies on a comprehensive understanding of the patient's symptoms and history. A detailed symptom history is essential because fibromyalgia is characterized by widespread pain lasting longer than three months, along with other symptoms such as fatigue, sleep disturbances, cognitive difficulties (often referred to as "fibro fog"), and mood issues. These subjective experiences are critical to forming a diagnosis, as they differentiate fibromyalgia from other conditions that may present with similar symptoms. While examination for tender points has traditionally been associated with the diagnosis, the most current criteria emphasize the importance of symptom reporting and duration rather than a strict count of tender points. Laboratory testing is not typically performed for fibromyalgia, as there are no definitive laboratory markers for the condition, and physical examination results alone do not provide sufficient evidence for diagnosis. Thus, understanding the nuanced and broad range of symptoms reported by patients is key to appropriately diagnosing fibromyalgia.

8. In the context of BMI for children, which range is categorized as overweight?

- A. Less than 5th percentile
- B. 5th - 85th percentile
- C. 85th - 94th percentile**
- D. Greater than 95th percentile

In the context of Body Mass Index (BMI) for children, the classification for being categorized as overweight specifically refers to those whose BMI falls between the 85th and 94th percentiles. This means that children within this range have a higher BMI than 85% to less than 95% of children in the same age and sex group, indicating that they are heavier than the typical child without being classified as obese. The CDC growth charts are often used for this classification and provide the percentiles that help healthcare providers assess a child's weight status. Therefore, identifying the 85th to 94th percentile as the overweight range is important for healthcare professionals to monitor and create appropriate health plans for children at risk of becoming obese. Other classifications exist outside of this range: children below the 5th percentile are considered underweight, those between the 5th and 85th percentile are categorized as normal weight, and those in the greater than 95th percentile are classified as obese. Understanding these thresholds is crucial for determining the health risks associated with various weight categories in children.

9. Which antibiotic is recommended for the treatment of acute pyelonephritis?

- A. Cipro**
- B. Azithromycin**
- C. Amoxicillin**
- D. Metronidazole**

Acute pyelonephritis is a bacterial infection of the kidney that often requires effective antibiotic treatment to resolve the infection and prevent complications. The recommended antibiotic for treating acute pyelonephritis is an agent that provides adequate coverage against the bacteria commonly responsible for the condition, typically including *Escherichia coli* and other enteric gram-negative bacteria. Ciprofloxacin, a fluoroquinolone antibiotic, is often a first-line choice for uncomplicated acute pyelonephritis because it has excellent oral bioavailability and good penetration into renal tissues, including the kidney. It is effective against gram-negative organisms and can be used in patients with mild to moderate symptoms who do not require hospitalization. Other antibiotics listed are not ideal choices for treating acute pyelonephritis. Azithromycin is mainly effective against atypical bacteria and is not suitable for treating common uropathogens. Amoxicillin, while it can be used for certain urinary tract infections, does not provide broad enough coverage for the typical pathogens involved in pyelonephritis. Metronidazole is effective against anaerobic bacteria and some protozoa, but it does not target the primary pathogens responsible for pyelonephritis. Therefore, the choice of ciprofloxacin aligns well

10. Which medication is typically prescribed for acute exacerbations of COPD?

- A. Prednisone, 20 mg daily for 3 days**
- B. Prednisone, 40 mg daily for 5 days**
- C. Albuterol nebulizer treatment**
- D. ICS/LABA combination inhaler**

For acute exacerbations of Chronic Obstructive Pulmonary Disease (COPD), the use of corticosteroids such as prednisone is a common practice to reduce inflammation and improve airflow. The choice of dose and duration is critical in managing exacerbations effectively. Prescribing prednisone at 40 mg daily for 5 days is an appropriate intervention for acute exacerbations as it allows a higher anti-inflammatory effect compared to lower doses. This regimen helps to quickly address the inflammation associated with a COPD exacerbation, facilitating recovery and potentially reducing the severity and duration of the episode. While the lower doses or short durations of treatment may provide some benefit, using a higher dose for a limited time is generally more effective in managing acute exacerbations. The guideline to use systemic corticosteroids in such cases supports this approach, emphasizing that a standard 5-day course of higher-dose oral corticosteroids can lead to significant improvement in symptoms and lung function. Other options, such as an albuterol nebulizer treatment, would provide bronchodilation to relieve acute symptoms but do not adequately address the inflammatory component of COPD exacerbations. Similarly, an ICS/LABA combination inhaler is typically used for maintenance therapy rather than for the acute management of exacerbations. Therefore, the use of a higher-dose

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://abfm.examzify.com>

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

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