

AMERICAN BOARD OF FAMILY MEDICINE (ABFM) 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. Which test is most commonly used to assess for meniscus tears?**
 - A. McMurray test
 - B. Thessaly test
 - C. Apley test
 - D. Direct percussion test

- 2. In patients with ankylosing spondylitis, what effect does exercise have on their condition?**
 - A. Exercise has no significant effect
 - B. Exercise tends to worsen symptoms
 - C. Exercise improves symptoms
 - D. Exercise is only recommended for advanced stages

- 3. In muscle strength grading, what does a grade of 0 indicate?**
 - A. Unable to contract muscle
 - B. Contract muscle but no movement
 - C. Move but not against gravity
 - D. Move against gravity

- 4. What is the first-line treatment for acute parotitis?**
 - A. Amoxicillin
 - B. Amoxicillin/clavulanate
 - C. Ciprofloxacin
 - D. Clindamycin

- 5. 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

- 6. Which dietary recommendation is commonly suggested for managing high blood pressure?**
- A. Increase caffeine intake
 - B. Limit sodium to 2400 mg/day
 - C. Reduce protein intake
 - D. Increase saturated fat intake
- 7. What is the initial screening test for hemochromatosis?**
- A. Testing for the HFE gene
 - B. Serum transaminases
 - C. Ferritin and transferrin saturation
 - D. A CBC and a serum iron level
- 8. What would be an expected side effect of initiating treatment with mirtazapine in a depressed patient?**
- A. Increased appetite
 - B. Decreased sleep
 - C. Loss of libido
 - D. Weight loss
- 9. What is the first-line treatment for fecal impaction in infants?**
- A. Oral osmotic agent like polyethylene glycol 3350
 - B. Enema with saline
 - C. Dietary fiber increase
 - D. Laxatives
- 10. In the treatment of external genital warts during pregnancy, what aspect is important to consider?**
- A. Warts should not be treated at all
 - B. Some treatments might cause fetal harm
 - C. Treat with surgical excision only
 - D. Complete clearance of warts is guaranteed

Answers

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

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Explanations

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1. Which test is most commonly used to assess for meniscus tears?

- A. McMurray test
- B. Thessaly test**
- C. Apley test
- D. Direct percussion test

The Thessaly test is widely recognized for assessing meniscus tears due to its effectiveness in detecting both medial and lateral meniscal damage. During this test, the patient stands on one leg and rotates their body, which loads the meniscus while simultaneously putting the knee in a valgus or varus position. This loading, along with the rotational movement, puts stress on the meniscus, reproducing pain or eliciting a clicking sensation if a tear is present. The Thessaly test is particularly useful because it can be performed with the patient bearing weight, providing a more functional and realistic assessment of knee stability and pain compared to other tests. Other tests, such as the McMurray test and Apley test, are also used to evaluate meniscus injuries but are not as frequently applied in clinical practice as the Thessaly test. The McMurray test involves passive movement of the knee while feeling for a click or pop, which can indicate a meniscal tear. Similarly, the Apley test applies compression and rotation to the knee to detect tears. However, the Thessaly test's emphasis on weight-bearing makes it a more practical and reliable choice in many clinical settings. The direct percussion test is typically used to evaluate fracture rather than meniscal injuries,

2. In patients with ankylosing spondylitis, what effect does exercise have on their condition?

- A. Exercise has no significant effect
- B. Exercise tends to worsen symptoms
- C. Exercise improves symptoms**
- D. Exercise is only recommended for advanced stages

In patients with ankylosing spondylitis, engaging in regular exercise is considered beneficial and is known to improve symptoms. Exercise helps in maintaining flexibility, enhancing spinal mobility, and improving overall physical condition, which can alleviate stiffness and pain associated with the disease. Physical activity can also aid in maintaining posture and potentially slowing disease progression, particularly in the early stages of the condition when patients might be more reluctant to move due to discomfort. By promoting movement and strength, exercise can contribute positively to the physical and emotional well-being of those affected by ankylosing spondylitis, making it an essential component of management and therapy for the condition. Understanding the role of exercise in this context allows healthcare providers to encourage patients to adopt active lifestyles, which may help mitigate the adverse effects of the disease.

3. In muscle strength grading, what does a grade of 0 indicate?

- A. Unable to contract muscle**
- B. Contract muscle but no movement
- C. Move but not against gravity
- D. Move against gravity

A grade of 0 in muscle strength grading indicates the absence of any muscle contraction. This means that the muscle fails to exhibit even the slightest contraction, which can signify a complete loss of function in that particular muscle or muscle group. This would typically occur in situations involving nerve injury, severe muscle damage, or neurological conditions that impair muscle function. Assessing muscle strength is vital in diagnosing neuromuscular diseases, and understanding that a grade of 0 signifies no muscular activity helps healthcare providers identify potential underlying issues affecting the patient's movement capabilities. This grade is typically part of a standardized 0-5 grading scale used in clinical practice to evaluate muscle strength effectively.

4. What is the first-line treatment for acute parotitis?

- A. Amoxicillin
- B. Amoxicillin/clavulanate**
- C. Ciprofloxacin
- D. Clindamycin

Acute parotitis, often resulting from viral infections or bacterial infections, primarily affects the parotid glands. In adults, bacterial parotitis is frequently caused by *Staphylococcus aureus*. The first-line treatment for this condition typically involves the use of antibiotics that are effective against the organisms most likely to cause this infection. Amoxicillin/clavulanate is a favored choice in this context because it covers a broad spectrum of bacteria, including both aerobic and anaerobic organisms. This is significant because acute parotitis can also involve mixed flora, especially in cases associated with poor oral hygiene or obstruction. The addition of clavulanate enhances the effectiveness of amoxicillin against penicillin-resistant bacteria, which is particularly relevant in the treatment of infections caused by *Staphylococcus aureus*. The other choices do not provide as comprehensive coverage for the common pathogens responsible for acute parotitis. Amoxicillin alone might not address all potential pathogens, especially resistant ones. Ciprofloxacin, while effective against certain bacteria, does not provide the necessary coverage for common oral flora. Clindamycin is often used for certain skin infections or specific anaerobic infections but is not typically the first-line choice for acute parotitis. Thus, the combination of am

5. 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

6. Which dietary recommendation is commonly suggested for managing high blood pressure?

- A. Increase caffeine intake
- B. Limit sodium to 2400 mg/day**
- C. Reduce protein intake
- D. Increase saturated fat intake

Limiting sodium intake to 2400 mg per day is a commonly suggested dietary recommendation for managing high blood pressure. High sodium consumption is linked to an increase in blood pressure levels, as it can promote fluid retention and lead to increased blood volume. Reducing sodium intake helps decrease the pressure on blood vessel walls, contributing to overall cardiovascular health. Dietary approaches to stop hypertension (DASH) suggest an even lower limit of sodium, ideally around 1500 mg per day, especially for those with higher blood pressure. This recommendation is part of a broader strategy that includes other lifestyle changes, such as increasing potassium and magnesium intake, eating more fruits and vegetables, and reducing overall calorie and fat consumption, but limiting sodium is a central component. Other options such as increasing caffeine intake, reducing protein intake, and increasing saturated fat intake would not typically be recommended for managing high blood pressure and may contribute adversely to health management in this context.

7. What is the initial screening test for hemochromatosis?

- A. Testing for the HFE gene
- B. Serum transaminases
- C. Ferritin and transferrin saturation**
- D. A CBC and a serum iron level

The initial screening test for hemochromatosis focuses on determining the body's iron stores and iron levels, which are critical in diagnosing this condition. The measurement of ferritin and transferrin saturation provides a clear indication of how much iron is stored in the body and how well it is being transported in the blood. Ferritin is a protein that stores iron, and elevated levels of ferritin usually indicate excess iron storage commonly seen in hemochromatosis. Transferrin saturation reflects the percentage of transferrin (the main iron transport protein in the blood) that is saturated with iron. Elevated transferrin saturation levels can indicate iron overload, which is characteristic of hemochromatosis. In summary, screening using ferritin and transferrin saturation is recognized as the most effective initial approach for identifying hemochromatosis due to the direct correlation to iron metabolism and storage in the body. Other tests, while helpful in further evaluating liver function or genetic predisposition, would not serve as the primary screening strategy.

8. What would be an expected side effect of initiating treatment with mirtazapine in a depressed patient?

- A. Increased appetite**
- B. Decreased sleep
- C. Loss of libido
- D. Weight loss

Initiating treatment with mirtazapine, which is an atypical antidepressant, is commonly associated with increased appetite as a side effect. Mirtazapine enhances noradrenergic and serotonergic activity, which often leads to appetite stimulation. This side effect can be quite pronounced, particularly in the early stages of treatment, making it an expected outcome for many patients. In contrast, the other options do not typically align with mirtazapine's pharmacological profile. For instance, the medication is known to be sedating due to its antihistaminergic effects, so decreased sleep would be less common. Loss of libido may occur with many antidepressants, but mirtazapine is generally not known for causing this side effect to the same degree as other classes of antidepressants. While some patients do experience weight loss as part of their depression, mirtazapine is more often associated with weight gain due to the increased appetite. Therefore, increased appetite, as a side effect when beginning treatment with mirtazapine, is consistent with its known profile and the experiences reported by many patients.

9. What is the first-line treatment for fecal impaction in infants?

- A. Oral osmotic agent like polyethylene glycol 3350**
- B. Enema with saline
- C. Dietary fiber increase
- D. Laxatives

The first-line treatment for fecal impaction in infants is an oral osmotic agent such as polyethylene glycol 3350. This approach is favored because osmotic agents draw water into the intestines, softening the stool and promoting its passage. This mechanism is effective and generally safe for infants, making it an ideal initial treatment option. While other treatments can be beneficial in managing constipation or fecal impaction, they may not be as appropriate as the oral osmotic agent in this specific scenario. For instance, while enemas can provide immediate relief, they may not be suitable for regular use in infants due to the risk of dehydration or electrolyte imbalances. Increasing dietary fiber is more of a preventive measure rather than an immediate treatment for an already existing impaction. Similarly, while certain laxatives can have their place in treatment, they might not be the first-line choice due to their potential side effects and the specific needs of the infant's gastrointestinal system. Overall, the use of an oral osmotic agent effectively addresses fecal impaction while being gentle enough for an infant's developing system.

10. In the treatment of external genital warts during pregnancy, what aspect is important to consider?

- A. Warts should not be treated at all
- B. Some treatments might cause fetal harm**
- C. Treat with surgical excision only
- D. Complete clearance of warts is guaranteed

Focusing on the treatment of external genital warts during pregnancy, it is crucial to acknowledge that certain treatments can pose risks to fetal development. Many common treatments employed for genital warts are contraindicated during pregnancy due to the potential for causing fetal harm. For instance, some topical medications that are effective in treating warts may have teratogenic effects, meaning they could disrupt fetal growth or development when absorbed transdermally. Moreover, since pregnancy leads to physiological changes, health care providers typically adopt a cautious approach and may recommend observation rather than aggressive treatment to limit any risk to the fetus. While the presence of warts can be distressing, the safety of both the mother and baby is paramount when considering management options. It's also essential for providers to stay informed about which treatments are safe or unsafe during pregnancy to ensure the well-being of their patients and their unborn children.

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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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