

# American Board of Internal Medicine (ABIM) Certification Practice Exam (Sample)

## Study Guide



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

**Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

**No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.**

**Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.**

**SAMPLE**

# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>16</b>

SAMPLE

# 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**

SAMPLE

- 1. Which vaccine should be administered routinely to HIV patients at least 2 months old?**
  - A. Quadrivalent meningococcal vaccine**
  - B. HPV vaccine**
  - C. Pneumococcal vaccine**
  - D. Influenza vaccine**
- 2. What is an effective method for directly treating latent TB infection?**
  - A. Home-administered daily medications**
  - B. Directly observed therapy with isoniazid and rifapentine once weekly**
  - C. Self-managed rifampin course**
  - D. Telehealth consultation only**
- 3. What is the surgical intervention indicated for hepatocellular adenomas larger than 5 cm?**
  - A. Mild resection**
  - B. Watchful waiting**
  - C. Surgical resection**
  - D. Microwave ablation**
- 4. What white blood cell count is associated with fulfilling fulminant C. diff criteria?**
  - A. Greater than 10,000**
  - B. Greater than 15,000**
  - C. Greater than 20,000**
  - D. Greater than 25,000**
- 5. What spirometry pattern is indicative of asthma?**
  - A. Restrictive pattern**
  - B. Obstructive pattern**
  - C. Normal pattern**
  - D. Mixed pattern**

**6. What is a common extracutaneous feature associated with SSc?**

- A. Psoriasis**
- B. Asthma**
- C. Dysphagia**
- D. Hypertension**

**7. What specific clinical feature is a hallmark of cellulitis caused by *Vibrio vulnificus*?**

- A. Pustular lesions**
- B. Hemorrhagic bullae**
- C. Ulcerative lesions**
- D. Necrotizing fasciitis**

**8. For patients experiencing rebleeding after initial endoscopy, what is the recommended approach?**

- A. Routine second-look endoscopy**
- B. A second attempt at endoscopic therapy**
- C. Full surgical intervention**
- D. Discharge and outpatient management**

**9. What should be done for patients with a positive tuberculin skin test?**

- A. Perform a biopsy**
- B. Conduct chest radiography to rule out active infection**
- C. Start treatment with antibiotics immediately**
- D. Conduct a mental health evaluation**

**10. What is a common finding on imaging for patients with pneumoconiosis due to asbestos exposure?**

- A. Ground-glass opacity**
- B. Interstitial fibrosis**
- C. pleural plaques**
- D. Bronchial dilation**

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. Which vaccine should be administered routinely to HIV patients at least 2 months old?**

- A. Quadrivalent meningococcal vaccine**
- B. HPV vaccine**
- C. Pneumococcal vaccine**
- D. Influenza vaccine**

HIV patients are recommended to receive vaccinations that help prevent infections that can be particularly severe or opportunistic in the context of their immunocompromised status. The quadrivalent meningococcal vaccine is designed to protect against four strains of meningococcal disease, which can be especially dangerous for individuals with compromised immune systems, including those with HIV. The Centers for Disease Control and Prevention (CDC) specifically advises the routine administration of this vaccine to individuals who are at increased risk for meningococcal disease, including those with certain medical conditions such as HIV. In particular, these patients should be immunized due to their heightened vulnerability to infections and complications that can arise from meningitis. While the HPV vaccine, pneumococcal vaccine, and influenza vaccine are also critical vaccinations for individuals with HIV, the quadrivalent meningococcal vaccine is explicitly indicated for routine administration at the specified age in this question. This ensures that the vaccinated individual has adequate protection against this severe infectious disease before they potentially encounter risk factors that could lead to exposure.

**2. What is an effective method for directly treating latent TB infection?**

- A. Home-administered daily medications**
- B. Directly observed therapy with isoniazid and rifapentine once weekly**
- C. Self-managed rifampin course**
- D. Telehealth consultation only**

The effective method for directly treating latent TB infection involves directly observed therapy using isoniazid and rifapentine administered once weekly. This approach ensures adherence to the treatment regimen, which is crucial for achieving the desired outcome in managing latent tuberculosis. By having a healthcare provider observe the patient take the medication, it minimizes the risk of noncompliance, which can lead to treatment failure and the potential development of active TB. Isoniazid and rifapentine are effective agents used in combination to combat latent TB. Their use under direct observation is particularly beneficial because it facilitates monitoring for side effects and provides an opportunity for education about the disease and treatment, further improving adherence. This structured treatment approach aligns with guidelines from public health organizations emphasizing the importance of ensuring patients complete their therapy without gaps or missed doses. Other methods, such as home-administered daily medications or self-managed courses, may present challenges regarding patient compliance and monitoring of adverse reactions. Telehealth consultations, while valuable for follow-up and support, do not replace the need for direct observation during the administration of TB treatment. Thus, the chosen method represents a comprehensive strategy for effectively managing latent TB infection while promoting adherence and safety.

**3. What is the surgical intervention indicated for hepatocellular adenomas larger than 5 cm?**

- A. Mild resection**
- B. Watchful waiting**
- C. Surgical resection**
- D. Microwave ablation**

The recommended surgical intervention for hepatocellular adenomas larger than 5 cm is surgical resection. Hepatocellular adenomas are benign liver tumors, but those larger than 5 cm carry a significant risk of complications, including hemorrhage and potential malignant transformation. Surgical resection is preferred for these larger adenomas, as it allows for the complete removal of the tumor and mitigates these risks. In cases where the adenomas are small or asymptomatic, watchful waiting might be considered; however, for tumors exceeding the 5 cm threshold, the potential complications necessitate a proactive surgical approach. Microwave ablation is another possible treatment modality, typically more suitable for smaller lesions or those in patients who cannot undergo surgery, but it is not the first line for larger adenomas due to the increased risk of incomplete treatment and recurrence. Therefore, surgical resection is the definitive management strategy for these larger, potentially problematic lesions.

**4. What white blood cell count is associated with fulfilling fulminant C. diff criteria?**

- A. Greater than 10,000**
- B. Greater than 15,000**
- C. Greater than 20,000**
- D. Greater than 25,000**

Fulminant Clostridium difficile infection (CDI), which is a severe and potentially life-threatening manifestation of C. difficile colitis, is characterized by specific clinical and laboratory criteria. A crucial component of the diagnostic criteria for fulminant CDI includes an elevated white blood cell (WBC) count, reflecting significant inflammation and the body's response to infection. In this context, a WBC count greater than 15,000 cells per microliter is specifically associated with fulfilling the criteria for fulminant CDI. This threshold is indicative of a severe infection and helps distinguish fulminant cases from less severe forms of CDI. Additionally, patients presenting with such high WBC counts often have more severe symptoms, including profuse diarrhea and abdominal pain, and may require more aggressive management. Establishing this elevated WBC count as a criterion is critical because it informs clinicians about the severity and potential complications of the infection, guiding timely treatment decisions that can improve patient outcomes. Therefore, the identification of a WBC count greater than 15,000 serves as a key indicator in the vigilance for fulminant C. difficile colitis.

## 5. What spirometry pattern is indicative of asthma?

- A. Restrictive pattern
- B. Obstructive pattern**
- C. Normal pattern
- D. Mixed pattern

Asthma is characterized by a reversible obstructive pattern on spirometry. In an obstructive pattern, the hallmark finding is a reduced forced expiratory volume in one second (FEV1) compared to forced vital capacity (FVC), resulting in a lower FEV1/FVC ratio. This reflects the difficulty in exhaling air from the lungs, which is a primary feature of asthma. The obstruction in airflow seen in asthma is usually reversible, meaning that symptoms can improve significantly with bronchodilators, further solidifying the diagnosis. In contrast, a restrictive pattern is typically seen in conditions where lung volume is reduced, such as in interstitial lung disease or pulmonary fibrosis, where the FEV1 and FVC proportionally decrease, keeping the FEV1/FVC ratio relatively normal. A normal pattern would indicate that there is no obstructive or restrictive pathology present, while a mixed pattern indicates features of both obstruction and restriction, often seen in complex cases but not characteristic of asthma alone. Therefore, the identification of an obstructive pattern during spirometry is key to diagnosing asthma.

## 6. What is a common extracutaneous feature associated with SSc?

- A. Psoriasis
- B. Asthma
- C. Dysphagia**
- D. Hypertension

Systemic sclerosis (SSc), also known as scleroderma, is a complex autoimmune disease that is characterized by skin thickening and fibrosis, but it can also have a variety of extracutaneous manifestations. One common extracutaneous feature associated with systemic sclerosis is dysphagia, which refers to difficulty swallowing. This symptom arises due to involvement of the esophagus, which can become fibrotic in patients with SSc. The esophageal smooth muscle can be affected, leading to decreased peristalsis and resulting in dysmotility. As a result, patients may experience sensations of food getting stuck or have difficulties during the swallowing process. The other options, while they may be associated with other conditions or could occur in patients with diverse health issues, are not specific or particularly common features of SSc. Psoriasis is primarily a skin condition, asthma is a respiratory issue, and hypertension can occur due to various reasons but is not a characteristic feature of SSc itself. Therefore, dysphagia stands out as a notable extracutaneous symptom indicative of the disease's impact beyond the skin.

**7. What specific clinical feature is a hallmark of cellulitis caused by *Vibrio vulnificus*?**

- A. Pustular lesions**
- B. Hemorrhagic bullae**
- C. Ulcerative lesions**
- D. Necrotizing fasciitis**

When it comes to cellulitis caused by *Vibrio vulnificus*, the presence of hemorrhagic bullae is a key clinical feature. *Vibrio vulnificus* is a halophilic bacterium often associated with wound infections and seafood consumption, particularly in individuals with compromised immune systems or liver disease. The hallmark of infections caused by this organism is the development of hemorrhagic bullae, which are fluid-filled sacs that can appear bruised or filled with blood. These bullae usually arise following initial erythema and edema in the infected area, providing a significant clue as to the underlying infection. This feature is clinically significant as it indicates a more severe soft tissue infection compared to other pathogens that may cause cellulitis. Early recognition of this manifestation is crucial for timely and appropriate management, given *Vibrio vulnificus*'s potential to lead to serious complications. Recognizing this clinical presentation can help differentiate infections by *Vibrio vulnificus* from those caused by other bacteria, which might not produce hemorrhagic bullae.

**8. For patients experiencing rebleeding after initial endoscopy, what is the recommended approach?**

- A. Routine second-look endoscopy**
- B. A second attempt at endoscopic therapy**
- C. Full surgical intervention**
- D. Discharge and outpatient management**

In cases where patients experience rebleeding after an initial endoscopy, a second attempt at endoscopic therapy is often considered the most effective management strategy. This approach allows for a direct intervention at the site of bleeding using endoscopic techniques, which can include thermal coagulation, band ligation, or clipping to achieve hemostasis. Endoscopy is usually favored because it is less invasive compared to surgical interventions and can often effectively control the source of bleeding without the need for more aggressive operations. Moreover, rebleeding indicates a persistent problem that can usually be addressed during an endoscopic procedure. The rebleeding might provide clearer visibility of the bleeding source, allowing the endoscopist to apply more targeted interventions compared to the initial procedure. In contrast, surgical intervention is typically reserved for cases where endoscopic techniques have failed or when there are complications such as anatomical abnormalities or extensive lesions that cannot be managed endoscopically. Discharging the patient for outpatient management would not be appropriate in an acute setting where rebleeding has occurred, as this would expose the patient to significant risk. Routine second-look endoscopy may not be beneficial without specific indications because it does not intervene on the source of active bleeding directly. Thus, opting for a second attempt at

## 9. What should be done for patients with a positive tuberculin skin test?

- A. Perform a biopsy**
- B. Conduct chest radiography to rule out active infection**
- C. Start treatment with antibiotics immediately**
- D. Conduct a mental health evaluation**

For patients with a positive tuberculin skin test, conducting chest radiography is a crucial step to assess for active tuberculosis (TB) infection. The tuberculin skin test indicates exposure to the TB bacteria, but it does not distinguish between latent TB infection and active disease. Chest radiography is performed to identify any signs of active pulmonary TB, such as cavitary lesions or other abnormalities in the lung fields. If active tuberculosis is suspected based on the chest X-ray findings, further evaluation and treatment, such as starting antibiotic therapy, would then be warranted. This step is essential to ensure that patients with latent TB are appropriately managed without overlooking cases of active disease that could require immediate treatment and isolation to prevent transmission to others. In contrast, performing a biopsy is not routinely indicated solely based on a positive skin test. Starting antibiotics immediately without assessing for active disease could risk mismanagement. Conducting a mental health evaluation does not directly address the immediate concerns associated with a positive tuberculin test in the context of TB evaluation. Hence, performing chest radiography is the most appropriate action to ensure the patient's health and public safety.

## 10. What is a common finding on imaging for patients with pneumoconiosis due to asbestos exposure?

- A. Ground-glass opacity**
- B. Interstitial fibrosis**
- C. pleural plaques**
- D. Bronchial dilation**

In patients with pneumoconiosis resulting from asbestos exposure, a common imaging finding is the presence of pleural plaques. These pleural plaques, which are areas of fibrosis, are specifically associated with asbestos exposure and often appear as well-defined, calcified areas on chest radiographs. They typically manifest along the diaphragm and the lateral chest wall and are significant as they indicate chronic exposure to asbestos, though they may not necessarily correlate with pulmonary function impairment. The identification of pleural plaques on imaging is particularly important because they can serve as a marker for asbestos-related diseases, including asbestosis and mesothelioma, even in the absence of substantial interstitial lung disease. This feature plays a crucial role in both the diagnosis and management of patients exposed to asbestos. Other options might present findings that are not typical for asbestos-related lung conditions. For instance, interstitial fibrosis can occur in various types of pneumoconiosis, but it is a more generalized finding and not as specific as pleural plaques for those exposed to asbestos. Additionally, ground-glass opacities and bronchial dilation are not characteristic findings associated with asbestos exposure. Ground-glass opacities are usually seen in different forms of lung pathology, such as inflammation or early neoplasia, while bronchial

# 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://abim.examzify.com>**

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

**SAMPLE**