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

## Study Guide


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

**Sample study guide. For the full version with hundreds of questions, visit: https://abim.examzify.com**

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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.**

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# 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!**

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# Questions

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1. **Which drug is used for the treatment of allergic bronchopulmonary aspergillosis?**

   **A. Caspofungin**

   **B. Micafungin**

   **C. Voriconazole**

   **D. Itraconazole**

2. **Which organism is associated with skin infections in patients who frequent nail salons using contaminated footbaths?**

   **A. Staphylococcus aureus**

   **B. Mycobacterium fortuitum**

   **C. Escherichia coli**

   **D. Clostridium difficile**

3. **What is the echo surveillance recommendation for mild and moderate mitral stenosis?**

   **A. Every 1-2 years**

   **B. Every 3-5 years**

   **C. Yearly**

   **D. Every 6-12 months**

4. **What is the recommended follow-up time for patients with small, asymptomatic meningiomas after their initial MRI?**

   **A. 1 to 2 months**

   **B. 3 to 6 months**

   **C. 6 to 12 months**

   **D. 12 to 18 months**

5. **When diagnosing primary CNS lymphoma, what method can aid in confirmation?**

   **A. CT imaging of the abdomen**

   **B. Polymerase chain reaction of cerebrospinal fluid**

   **C. MRI of the brain**

   **D. Bone marrow biopsy**

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**6. What is the therapeutic approach for panic disorder according to standard recommendations?**

**A. Medication alone**

**B. Psychoeducation alone**

**C. Combination therapy**

**D. Supportive therapy alone**

**7. To prevent the progression of moderate dry age-related macular degeneration, patients should be treated with:**

**A. Low-dose steroids**

**B. High-dose antioxidants**

**C. Dietary changes only**

**D. Vitamin A supplements**

**8. What is typically the initial test for diagnosing bladder cancer?**

**A. CT urogram**

**B. Ultrasound**

**C. Cystoscopy with biopsy**

**D. Urinalysis**

**9. What does a positive Neer test suggest?**

**A. Rotator cuff tendinitis**

**B. Infraspinatus tear**

**C. Adhesive capsulitis**

**D. Bicipital tendinitis**

**10. Which of the following is least associated with FSGS?**

**A. Diabetes Mellitus**

**B. Obesity**

**C. Hypertension**

**D. HIV infection**

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# Answers

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

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# Explanations

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## 1. Which drug is used for the treatment of allergic bronchopulmonary aspergillosis?

**A. Caspofungin**

**B. Micafungin**

**C. Voriconazole**

**D. Itraconazole**

**Allergic bronchopulmonary aspergillosis (ABPA) is a hypersensitivity reaction associated with the presence of the fungus Aspergillus, particularly Aspergillus fumigatus, in the bronchial tree. It primarily occurs in patients with asthma or cystic fibrosis and can lead to significant lung inflammation and damage. Itraconazole, an antifungal medication, is commonly utilized in treating ABPA due to its ability to inhibit the growth of Aspergillus species and reduce the fungal burden in the lungs. It works by interfering with the synthesis of ergosterol, an essential component of fungal cell membranes, leading to cell death. In ABPA, itraconazole not only helps to control the fungal component of the disease but also alleviates symptoms by reducing inflammation. Furthermore, it is often used as a step-down therapy for patients who have shown improvement with steroids, as long-term steroid use can have substantial side effects. In contrast, the other drugs listed—caspofungin, micafungin, and voriconazole—are not typically first-line treatments for ABPA. While voriconazole can be used for certain fungal infections and has activity against Aspergillus, it is less effective than itraconazole for**

## 2. Which organism is associated with skin infections in patients who frequent nail salons using contaminated footbaths?

**A. Staphylococcus aureus**

**B. Mycobacterium fortuitum**

**C. Escherichia coli**

**D. Clostridium difficile**

**Mycobacterium fortuitum is a type of non-tuberculous mycobacterium that is commonly associated with skin infections, particularly in individuals who have undergone procedures involving water, such as those found in contaminated footbaths at nail salons. The organism is part of a group of rapidly growing mycobacteria that can be present in environmental sources, including water systems. When footbaths are not properly cleaned or are contaminated, they can serve as a reservoir for Mycobacterium fortuitum, posing a risk to individuals who frequently use these services. Infections can manifest as lesions or ulcerations on the skin, particularly in individuals with compromised skin integrity. The other organisms listed do not share the same level of association with nail salon-related infections. For instance, while Staphylococcus aureus is a common skin pathogen, it is not specifically linked to these types of infections. Escherichia coli, primarily associated with gastrointestinal infections, and Clostridium difficile, known for its role in antibiotic-associated diarrhea, are not typically associated with skin infections from footbaths. Thus, Mycobacterium fortuitum stands out as the correct organism linked to this specific scenario.**

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## 3. What is the echo surveillance recommendation for mild and moderate mitral stenosis?

**A. Every 1-2 years**

**B. Every 3-5 years**

**C. Yearly**

**D. Every 6-12 months**

**In the management of mild and moderate mitral stenosis, echo surveillance is typically recommended every 3 to 5 years. This frequency is based on the understanding that mild and moderate mitral stenosis often has a slower progression compared to more severe forms of the condition. Regular echocardiographic assessments allow for monitoring changes in valve morphology and hemodynamics, ensuring that any deterioration in the patient's condition can be identified without the need for more frequent imaging. The rationale behind this interval is to balance the need for monitoring disease progression with the minimal risk that mild or moderate stenosis presents. In patients with more severe or symptomatic mitral stenosis, more frequent echocardiographic evaluations would be warranted to guide potential interventions. Thus, choosing a surveillance interval of every 3 to 5 years is adequate for patients with mild to moderate disease who are asymptomatic.**

## 4. What is the recommended follow-up time for patients with small, asymptomatic meningiomas after their initial MRI?

**A. 1 to 2 months**

**B. 3 to 6 months**

**C. 6 to 12 months**

**D. 12 to 18 months**

**The appropriate follow-up time for patients with small, asymptomatic meningiomas after their initial MRI is typically within a range of 3 to 6 months. This time frame is recommended because it allows for monitoring any potential growth of the tumor while recognizing that many small meningiomas may remain stable for long periods without intervention. In the context of clinical guidelines, patients with small, asymptomatic meningiomas are often managed conservatively with periodic imaging. The initial follow-up interval of 3 to 6 months allows for an early reassessment of the tumor, as this is a period during which changes may be observed. Subsequent follow-up intervals can often be extended if no significant changes in the size or characteristics of the meningioma are noted. This approach balances the need for active surveillance with the understanding that many meningiomas have a relatively slow growth rate, thereby minimizing unnecessary imaging and anxiety for patients. In contrast, shorter follow-up intervals may lead to overtreatment or procedures that are not warranted due to a lack of growth, while longer intervals could risk missing significant growth that might require timely intervention.**

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## 5. When diagnosing primary CNS lymphoma, what method can aid in confirmation?

**A. CT imaging of the abdomen**

**B. Polymerase chain reaction of cerebrospinal fluid**

**C. MRI of the brain**

**D. Bone marrow biopsy**

**When diagnosing primary CNS lymphoma, polymerase chain reaction (PCR) of cerebrospinal fluid (CSF) can provide valuable confirmation. This method is particularly useful because it can detect the presence of specific genetic material or DNA sequences associated with lymphoma cells. In cases of CNS lymphoma, malignant lymphoid cells may shed DNA into the CSF, allowing PCR techniques to identify these cells even if they are not easily visible on imaging studies. While MRI of the brain is a critical imaging modality that can help characterize brain lesions and assess their location, size, and potential features typical of lymphoma, it does not provide definitive confirmation of the diagnosis. Rather, MRI findings can suggest lymphoma based on characteristics such as contrast enhancement and edema, but they cannot establish the diagnosis alone. CT imaging of the abdomen primarily helps evaluate for systemic disease or other causes of symptoms, but it is not useful for confirming primary CNS lymphoma. Similarly, a bone marrow biopsy is not directly relevant in the diagnosis of CNS lymphoma, as this procedure is more appropriate for assessing hematologic conditions where bone marrow involvement is suspected. Thus, the utilization of PCR is a powerful tool in confirming the diagnosis of primary CNS lymphoma by identifying the presence of lymphoma-specific genetic material directly in the cerebrospinal fluid.**

## 6. What is the therapeutic approach for panic disorder according to standard recommendations?

**A. Medication alone**

**B. Psychoeducation alone**

**C. Combination therapy**

**D. Supportive therapy alone**

**The recommended therapeutic approach for panic disorder is combination therapy, which involves both medication and psychotherapy. This dual approach addresses the complex nature of panic disorder, as it often benefits from the immediate symptom relief provided by pharmacological treatments, such as selective serotonin reuptake inhibitors (SSRIs) or benzodiazepines, alongside the long-term coping skills and cognitive restructuring offered through psychotherapy, particularly cognitive-behavioral therapy (CBT). Combination therapy not only enhances the effectiveness of treatment by targeting different aspects of the disorder but also helps reduce the likelihood of relapse once treatment is concluded. Evidence shows that while medication can alleviate symptoms quickly, psychotherapy can equip individuals with the strategies needed to manage anxiety and prevent future panic attacks. This comprehensive approach aligns with standard recommendations, making it the most effective strategy for treating panic disorder.**

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## 7. To prevent the progression of moderate dry age-related macular degeneration, patients should be treated with:

**A. Low-dose steroids**

**B. High-dose antioxidants**

**C. Dietary changes only**

**D. Vitamin A supplements**

**The use of high-dose antioxidants is supported by evidence from clinical trials, particularly the Age-Related Eye Disease Study (AREDS) and its follow-up study (AREDS2). These studies demonstrated that specific combinations of antioxidants and zinc can significantly reduce the risk of progression to advanced stages of age-related macular degeneration (AMD), particularly in patients with moderate dry AMD. Antioxidants like vitamins C and E, beta-carotene, and zinc work synergistically to combat oxidative stress and support retinal health. The formulation recommended in the AREDS trials includes a combination that has been shown to slow the progression of AMD in individuals at high risk. Other options, such as low-dose steroids and vitamin A supplements, have not shown a significant impact on the progression of dry AMD. Dietary changes, while important for overall health, do not provide the specific protective effect demonstrated by high-dose antioxidants in this context. Therefore, high-dose antioxidants are the primary intervention recommended to prevent the progression of moderate dry age-related macular degeneration.**

## 8. What is typically the initial test for diagnosing bladder cancer?

**A. CT urogram**

**B. Ultrasound**

**C. Cystoscopy with biopsy**

**D. Urinalysis**

**Cystoscopy with biopsy is considered the initial standard for diagnosing bladder cancer because it allows for direct visualization of the bladder's interior lining. This procedure is essential for identifying any suspicious lesions or growths that may be indicative of cancer. During cystoscopy, a thin, flexible tube equipped with a camera is inserted through the urethra into the bladder, enabling the clinician to see abnormalities and obtain tissue samples for histological examination. While imaging techniques like CT urogram or ultrasound may help in assessing the urinary tract and detecting larger masses, they do not provide definitive diagnoses of bladder cancer by themselves. Urinalysis can detect blood in the urine and other abnormalities, but it is not specific to bladder cancer and cannot confirm a diagnosis. Therefore, cystoscopy with biopsy is the most definitive initial test to accurately diagnose bladder cancer and guide further management.**

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## 9. What does a positive Neer test suggest?

**A. Rotator cuff tendinitis**

**B. Infraspinatus tear**

**C. Adhesive capsulitis**

**D. Bicipital tendinitis**

**A positive Neer test indicates the presence of rotator cuff tendinitis. The test is performed by stabilizing the scapula and raising the arm forward in the shoulder's flexion arc. If pain is elicited during this maneuver, it suggests that the rotator cuff tendons, particularly the supraspinatus tendon, may be inflamed or irritated. Rotator cuff tendinitis, often due to repetitive overhead activities, can lead to impingement of the tendons as the arm is raised. The Neer test specifically assesses for this pain associated with the movement of the shoulder which can help in diagnosing shoulder pain attributed to rotator cuff pathology. Other conditions may present with shoulder pain as well, but they do not specifically correlate with the Neer test's mechanisms or the pain it elicits. For instance, while bicipital tendinitis also causes shoulder pain, it is more involved with tenderness in the bicipital groove rather than the specific movement assessed by the Neer test. Similarly, adhesive capsulitis and infraspinatus tears would not typically be indicated by this particular test, making a positive Neer test a more specific indicator of rotator cuff tendinitis.**

## 10. Which of the following is least associated with FSGS?

**A. Diabetes Mellitus**

**B. Obesity**

**C. Hypertension**

**D. HIV infection**

**Focal segmental glomerulosclerosis (FSGS) is a complex and multifactorial kidney disease characterized by scarring in some segments of the kidney's filtering units. Among the listed conditions, diabetes mellitus is more commonly related to the development of various kidney diseases, including diabetic nephropathy, which can lead to FSGS. Obesity, hypertension, and HIV infection are all established risk factors known to contribute to the development or exacerbation of FSGS. Obesity is linked to a state of glomerular hyperfiltration and inflammation, often leading to a higher incidence of kidney disease. Hypertension is frequently seen in patients with FSGS as it can lead to further damage to the glomeruli. HIV infection has been identified as a strong risk factor for FSGS, particularly in individuals with the virus who may develop kidney complications as part of their systemic illness. Therefore, diabetes mellitus is least associated with FSGS compared to obesity, hypertension, and HIV infection, which have more direct connections to the disease's pathophysiology and progression.**

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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:**

**https://abim.examzify.com**

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

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