

AMERICAN BOARD OF PODIATRIC MEDICINE (ABPM) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://podiatricmedabpm.examzify.com>



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

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

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. What type of osteotomy is used in Koutsogiannis procedure?**
 - A. Medial displacement oblique
 - B. Lateral displacement oblique
 - C. Distal chevron
 - D. Proximal crescentic

- 2. Which procedure is used for transverse plan correction of pes planus?**
 - A. Subtalar arthroereisis
 - B. Evans procedure
 - C. Kidner procedure
 - D. Lapidus procedure

- 3. What condition is NOT typically associated with high levels of PTH?**
 - A. Primary hyperparathyroidism
 - B. Chronic kidney disease
 - C. Osteomalacia
 - D. Vitamin D deficiency

- 4. What deformity is linked to adult acquired pes planus?**
 - A. Achilles contracture
 - B. Morton's neuroma
 - C. Metatarsal stress fracture
 - D. Plantar fasciitis

- 5. Why does Metformin potentially lead to lactic acidosis?**
 - A. By promoting gluconeogenesis
 - B. By inhibiting pyruvate carboxylase
 - C. By increasing lactate production
 - D. By increasing renal absorption of glucose

- 6. What is the highest risk associated with linear porokeratosis?**
 - A. Melanoma
 - B. Basal cell carcinoma
 - C. Squamous cell carcinoma
 - D. Actinic keratosis

- 7. Which of the following conditions can be associated with Chondrosarcoma?**
- A. Rickets
 - B. Ollier disease
 - C. Paget's disease
 - D. Osteogenesis imperfecta
- 8. What is an indicator of low sensitivity in X-ray imaging after a stress fracture?**
- A. The area appears abnormal
 - B. The area appears normal
 - C. The area shows multiple bone lesions
 - D. The area indicates a fracture
- 9. Which location is noted for tumors that commonly metastasize to the bone?**
- A. Breast
 - B. Heart
 - C. Stomach
 - D. Spleen
- 10. Which of the following muscles is included in the dorsal interossei?**
- A. 3 Plantar interossei
 - B. 4 Dorsal interossei
 - C. 2 Lumbricals
 - D. 1 Flexor digitorum brevis

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What type of osteotomy is used in Koutsogiannis procedure?

- A. Medial displacement oblique**
- B. Lateral displacement oblique
- C. Distal chevron
- D. Proximal crescentic

The Koutsogiannis procedure is specifically designed for correcting certain foot deformities, particularly flexible flatfoot or other types of hindfoot alignment issues. This surgical technique incorporates a medial displacement oblique osteotomy, which is characterized by performing an oblique cut in the bone that allows for the medial sliding or shifting of the bone fragment. By using a medial displacement oblique osteotomy, the procedure facilitates realigning the talus in relation to the calcaneus to improve medial arch support and thus enhance the overall function of the foot. The strategic placement and angling of the cut allows for effective correction of the alignment by reorienting the weight-bearing axis of the foot, which is crucial in treating conditions that involve excessive pronation or flatfoot deformities. This technique's focus on medial displacement is essential for achieving optimal biomechanical results, emphasizing the importance of the proper selection of osteotomy type based on specific anatomic and functional needs of the patient.

2. Which procedure is used for transverse plan correction of pes planus?

- A. Subtalar arthroereisis
- B. Evans procedure**
- C. Kidner procedure
- D. Lapidus procedure

The Evans procedure is specifically designed to address transverse plane correction for pes planus, commonly known as flatfoot. This surgical intervention focuses on performing a lateral calcaneal sliding osteotomy, which effectively increases the height of the medial arch and stabilizes the subtalar joint. By shifting the position of the calcaneus, the Evans procedure restores the alignment of the foot, providing better support to the medial longitudinal arch and improving overall foot function. It is particularly suitable for addressing deformities that may contribute to a flatfoot condition, allowing for a more appropriate distribution of weight during ambulation. The correction achieved through this procedure aids in reducing pain and improving overall mobility in patients suffering from pes planus. Other procedures mentioned have different indications and are not primarily focused on transverse plane correction. For instance, the Lapidus procedure is more geared toward stabilizing first tarsometatarsal joint alignment and is often used for bunion (hallux valgus) correction rather than pes planus. The Kidner procedure is specifically used to address accessory navicular pain or associated deformities. Subtalar arthroereisis is utilized to control excessive pronation but does not directly perform the same corrective function as the Evans procedure for pes planus.

3. What condition is NOT typically associated with high levels of PTH?

- A. Primary hyperparathyroidism
- B. Chronic kidney disease
- C. Osteomalacia**
- D. Vitamin D deficiency

Osteomalacia is not typically associated with high levels of parathyroid hormone (PTH). This condition is characterized by the softening of bones due to a deficiency of vitamin D, calcium, or phosphate. In cases of osteomalacia, the underlying issue is often a lack of vitamin D, which leads to decreased intestinal absorption of calcium. In response to low calcium levels, the parathyroid glands may secrete PTH to help restore calcium balance by mobilizing calcium from the bones and increasing renal tubular reabsorption of calcium. However, in osteomalacia, there is an inadequate mineralization of the bone matrix, leading to a state where high PTH levels would not be directly correlated with the diagnosis, especially since the low calcium levels, due to vitamin D deficiency, do not trigger elevated PTH production in the same manner. In contrast, primary hyperparathyroidism is characterized by hypersecretion of PTH, chronic kidney disease often results in secondary hyperparathyroidism due to impaired calcium metabolism, and vitamin D deficiency can lead to compensatory rises in PTH levels as the body attempts to maintain calcium homeostasis.

4. What deformity is linked to adult acquired pes planus?

- A. Achilles contracture**
- B. Morton's neuroma
- C. Metatarsal stress fracture
- D. Plantar fasciitis

Adult acquired pes planus, commonly referred to as adult flatfoot, is characterized by the gradual loss of the medial longitudinal arch of the foot. This condition can lead to several associated deformities and complications, with Achilles contracture being a notable consequence. When the medial longitudinal arch collapses, the positioning of the foot changes, which can place increased tension on the Achilles tendon. If the tendon and calf muscles adapt to this altered foot biomechanics, they may become shortened or tight, resulting in an Achilles contracture. This condition is characterized by limited ankle dorsiflexion and may contribute to further biomechanical issues and pain in the foot and ankle. Additionally, the other conditions listed, such as Morton's neuroma, metatarsal stress fractures, and plantar fasciitis, can also occur in individuals with pes planus but are not directly linked to the structural changes caused by adult acquired pes planus. Morton's neuroma typically results from nerve compression, metatarsal stress fractures often relate to repetitive loading, and plantar fasciitis is commonly associated with overuse or inflammation of the plantar fascia. While these conditions might be seen alongside adult acquired pes planus, they are not the direct deformities linked to the loss of the arch

5. Why does Metformin potentially lead to lactic acidosis?

- A. By promoting gluconeogenesis
- B. By inhibiting pyruvate carboxylase**
- C. By increasing lactate production
- D. By increasing renal absorption of glucose

Metformin is a medication primarily used to manage type 2 diabetes by improving insulin sensitivity and decreasing hepatic glucose production. The mechanism through which Metformin can potentially lead to lactic acidosis is related to its impact on cellular metabolism, specifically in the context of pyruvate metabolism. When Metformin inhibits pyruvate carboxylase, it disrupts the normal conversion of pyruvate into oxaloacetate within the gluconeogenesis pathway. This inhibition can lead to the accumulation of pyruvate, which is then converted into lactate through anaerobic glycolysis. As a result, this increased production of lactate can overwhelm the body's ability to clear it, especially in cases where there are renal implications or other factors like tissue hypoxia, leading to lactic acidosis. The other answer choices do not accurately reflect the mechanisms involved with Metformin and lactic acidosis. For instance, promoting gluconeogenesis would typically not lead to lactic acidosis but rather to increased glucose production. Increasing lactate production is a consequence of pyruvate accumulation rather than a direct action of Metformin. Lastly, increasing renal absorption of glucose is not a mechanism associated with lactic acidosis and is not relevant to how Metformin operates. Instead

6. What is the highest risk associated with linear porokeratosis?

- A. Melanoma
- B. Basal cell carcinoma
- C. Squamous cell carcinoma**
- D. Actinic keratosis

Linear porokeratosis is a rare skin disorder characterized by the presence of a linear arrangement of cornoid lamellae, which can appear as a thin keratotic line on the skin. The most significant risk associated with linear porokeratosis is the potential development of squamous cell carcinoma (SCC). This risk arises because the abnormal keratinization and chronic irritation in porokeratosis can lead to dysplastic changes in the keratinocytes. Over time, these changes may progress to invasive SCC, especially in areas of the skin that are subjected to chronic sun exposure or irritation. On the other hand, while melanoma, basal cell carcinoma, and actinic keratosis have their own associations with skin changes and sun exposure, they do not have the same direct relationship with linear porokeratosis as squamous cell carcinoma. Melanoma typically arises from melanocytic lesions and involves different pathophysiological processes. Basal cell carcinoma is more associated with basal layer abnormalities and often appears in sun-damaged skin but is not directly linked to linear porokeratosis. Actinic keratosis represents precancerous lesions that result from sun damage but are distinct from the changes seen in porokeratosis. In summary,

7. Which of the following conditions can be associated with Chondrosarcoma?

- A. Rickets
- B. Ollier disease**
- C. Paget's disease
- D. Osteogenesis imperfecta

Chondrosarcoma is a type of cancer that arises in cartilage-forming cells. Ollier disease, which is characterized by multiple enchondromas (benign cartilaginous tumors), is indeed associated with an increased risk of developing chondrosarcoma. The presence of multiple enchondromas can lead to malignant transformation over time, which is why individuals with Ollier disease need to be monitored closely for any signs of malignant change. The other conditions listed do not have a direct link to the development of chondrosarcoma. Rickets is a condition caused by vitamin D deficiency, leading to weakened bones but does not inherently promote cartilage tumors. Paget's disease involves abnormal bone remodeling but is more associated with osteosarcoma than chondrosarcoma. Osteogenesis imperfecta is a genetic disorder that primarily affects collagen formation and bone fragility, with no significant connection to the formation of chondrosarcoma. Thus, Ollier disease stands out as the condition that significantly associates with chondrosarcoma due to its inherent risk of tumor development from cartilage lesions.

8. What is an indicator of low sensitivity in X-ray imaging after a stress fracture?

- A. The area appears abnormal
- B. The area appears normal**
- C. The area shows multiple bone lesions
- D. The area indicates a fracture

In the context of X-ray imaging, low sensitivity refers to the ability of the imaging technique to accurately detect a condition when it is present. After a stress fracture, if the area appears normal on an X-ray, this is an indicator of low sensitivity. This means that even though a stress fracture may be present, the imaging does not reveal any abnormalities, thus failing to identify the injury accurately. X-rays typically have limitations in detecting certain types of fractures, particularly stress fractures, which may not show clear evidence until some time has passed or the fracture progresses. This is why a normal appearance on an X-ray can often lead to missed diagnoses and underscores the importance of clinical correlation and possibly further imaging modalities, like MRI or bone scans, which can detect these injuries more effectively in their early stages. In contrast, if the area appears abnormal or shows evidence of a fracture, it suggests that the imaging is successfully identifying pathological changes, indicating higher sensitivity. Similarly, the presentation of multiple bone lesions or indications of a fracture would also denote a more accurate detection capability of the imaging methods used.

9. Which location is noted for tumors that commonly metastasize to the bone?

A. Breast

B. Heart

C. Stomach

D. Spleen

The breast is a location known for tumors that frequently metastasize to the bone. Breast cancer, in particular, can spread to bone tissue, making it one of the most common sources of bone metastases. This propensity for breast cancer to invade the skeletal system is seen in cases where the primary tumor has progressed and poses a risk for developing secondary lesions in areas such as the spine, pelvis, and ribs. The mechanisms behind this metastasis involve various biological factors, such as the ability of cancer cells to migrate through the bloodstream and establish colonies in the bone marrow. Additionally, the microenvironment of bone may promote the survival and proliferation of these metastatic cells. Therefore, understanding the patterns of metastatic spread in breast cancer is crucial for managing treatment and anticipating possible complications. In contrast, other choices such as the heart, stomach, and spleen are less commonly associated with bone metastases. While tumors from these organs can metastasize, they do not have the same frequency or clinical significance in relation to bone involvement as breast tumors do.

10. Which of the following muscles is included in the dorsal interossei?

A. 3 Plantar interossei

B. 4 Dorsal interossei

C. 2 Lumbricals

D. 1 Flexor digitorum brevis

The dorsal interossei are a specific group of muscles located in the foot, which play a significant role in the abduction of the toes and contribute to the overall function of the foot. There are four dorsal interossei muscles, specifically responsible for the abduction of the second, third, and fourth toes, while also assisting in flexing the metatarsophalangeal joints. The correct response highlights the presence of these four dorsal interossei muscles, distinguishing them from other muscles in the foot, such as the plantar interossei, lumbricals, or the flexor digitorum brevis. Each of these other muscle groups serves different functions; for instance, while the plantar interossei aid in adduction of the toes, the lumbricals primarily assist in flexing the toes at the metatarsophalangeal joints and extend them at the interphalangeal joints. The flexor digitorum brevis acts to flex the proximal phalanges of the toes but does not contribute to the interosseous function. Therefore, the identification of the correct answer emphasizes an understanding of the distinct anatomy and purpose of the muscles in the foot, specifically recognizing how the dorsal interossei contribute to toe movements

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://podiatricmedabpm.examzify.com>

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

SAMPLE