

AMERICAN BOARD OF SURGERY QUALIFYING EXAM (ABS QE) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 NOT an indication for performing a Head CT scan?**
 - A. Head trauma
 - B. Discharge of CSF or blood from the ear
 - C. Regular migraines
 - D. Alcohol intoxication with trauma
- 2. An ABI of less than 0.5 is generally associated with which condition?**
 - A. Intermittent claudication
 - B. Rest pain
 - C. Normal perfusion
 - D. Active ulceration
- 3. What is the relationship between protein intake and nitrogen balance?**
 - A. 1 g of nitrogen requires 4 g of protein
 - B. 1 g of nitrogen requires 6.25 g of protein
 - C. 1 g of nitrogen requires 8 g of protein
 - D. 1 g of nitrogen requires 10 g of protein
- 4. The right recurrent laryngeal nerve loops around which anatomical structure?**
 - A. Aorta
 - B. Innominate artery
 - C. Left common carotid artery
 - D. Right subclavian artery
- 5. Which steroid is considered the least potent?**
 - A. Hydrocortisone
 - B. Dexamethasone
 - C. Methylprednisone
 - D. Prednisone
- 6. What is the primary focus of ordinal data?**
 - A. To represent categorical variables
 - B. To convey a specific mathematical value
 - C. To establish relationships between continuous variables
 - D. To express ordered categories

- 7. What is the role of V2 receptors in the action of vasopressin?**
- A. Arterial constriction
 - B. Water reabsorption at collecting ducts
 - C. Release of coagulation factors
 - D. Vasodilation
- 8. What aspect is evaluated in a Phase 4 Clinical Trial?**
- A. Identification of drug interactions
 - B. Market launch and long-term effects
 - C. Comparison with placebo
 - D. Patient recruitment strategies
- 9. Which combination of cancer types shows a very high radiosensitivity?**
- A. Sarcomas and carcinomas
 - B. Seminomas and lymphomas
 - C. Melanomas and gliomas
 - D. Ovarian and pancreatic cancers
- 10. What is the primary substrate for nitric oxide synthase in the inflammation process?**
- A. Arginine
 - B. Citrulline
 - C. Glycine
 - D. Proline

Answers

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

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Explanations

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1. What is NOT an indication for performing a Head CT scan?

- A. Head trauma
- B. Discharge of CSF or blood from the ear
- C. Regular migraines**
- D. Alcohol intoxication with trauma

In the context of medical imaging and decision-making in emergency settings, regular migraines do not warrant a head CT scan as an immediate indication. Head CT scans are primarily utilized to assess potential acute issues in the brain, such as hemorrhages, fractures, or other traumatic injuries. Regular migraines, while they may be debilitating, are considered a chronic condition that usually does not require imaging unless there are concerning new symptoms or changes in the pattern of headaches. In contrast, scenarios such as head trauma, discharge of cerebrospinal fluid (CSF) or blood from the ear, and alcohol intoxication accompanied by trauma typically raise the suspicion of serious underlying pathologies, such as skull fractures or intracranial bleeding. These conditions necessitate imaging to rule out critical injuries or complications, making a CT scan an appropriate and necessary intervention.

2. An ABI of less than 0.5 is generally associated with which condition?

- A. Intermittent claudication
- B. Rest pain**
- C. Normal perfusion
- D. Active ulceration

An Ankle-Brachial Index (ABI) of less than 0.5 is typically indicative of severe arterial insufficiency, which can lead to critical limb ischemia and associated symptoms. In this context, rest pain is a common manifestation of significantly compromised blood flow to the lower extremities, often experienced when the patient is at rest and particularly severe at night or when the legs are elevated. This condition implies that the blood supply is inadequate to meet the tissue demands even in a non-exertional state. In contrast, intermittent claudication tends to occur with efforts and is associated with higher ABI values, usually ranging from 0.5 to 0.9. Normal perfusion would correspond with an ABI greater than 1.0, indicating that the blood flow is adequate. Active ulceration might occur in the setting of poor perfusion, but typically presents along with other clinical features that reflect critical limb issues and could be associated with an ABI of less than 0.5 as well, but the most classical and direct relationship with that specific ABI is rest pain. Thus, the association of an ABI of less than 0.5 with rest pain stands as a clear indicator of significant vascular compromise.

3. What is the relationship between protein intake and nitrogen balance?

- A. 1 g of nitrogen requires 4 g of protein
- B. 1 g of nitrogen requires 6.25 g of protein**
- C. 1 g of nitrogen requires 8 g of protein
- D. 1 g of nitrogen requires 10 g of protein

The relationship between protein intake and nitrogen balance is fundamentally rooted in the metabolism of protein in the body. Proteins are made up of amino acids, and nitrogen is a key component of amino acids. In any discussion of nitrogen balance, it's useful to consider that when protein is consumed, it is eventually broken down into its constituent amino acids. Each amino acid contains nitrogen within its structure. Specifically, the average nitrogen content of dietary protein is approximately 16%. This means that for every 100 grams of protein, there are about 16 grams of nitrogen. To convert the nitrogen content to protein weight, one can use the factor of 6.25; this factor is derived from the equation that 100 grams of protein divided by 16 grams of nitrogen results in 6.25. Consequently, it follows that for every 1 gram of nitrogen, approximately 6.25 grams of protein would be required. This understanding of the nitrogen content in protein is crucial when assessing dietary needs, especially in clinical settings where protein and nitrogen balance may be closely monitored, such as in patients recovering from surgery, trauma, or illness. The foundation of this relationship helps guide nutritionists and healthcare providers in determining appropriate protein intake to ensure proper nitrogen balance and overall health

4. The right recurrent laryngeal nerve loops around which anatomical structure?

- A. Aorta
- B. Innominate artery**
- C. Left common carotid artery
- D. Right subclavian artery

The right recurrent laryngeal nerve loops around the right subclavian artery. This anatomical relationship is critical for understanding the nerve's course and potential implications during surgical procedures, particularly in the neck and thoracic regions. The right recurrent laryngeal nerve branches off the vagus nerve and descends to loop under the right subclavian artery. After this loop, it travels back up towards the larynx, which is essential for controlling vocal cord movement and function. Knowledge of this anatomy is crucial in avoiding injury to the nerve during surgical interventions, particularly when working in the vicinity of the thyroid gland or aortic arch structures. The other anatomical structures listed, such as the aorta, left common carotid artery, and innominate artery, are associated with the left recurrent laryngeal nerve or are located in a different area of the thoracic cavity. Each of these structures is important in the larger context of thoracic anatomy and the course of the vagus nerve, but they are not the looping point for the right recurrent laryngeal nerve.

5. Which steroid is considered the least potent?

- A. Hydrocortisone**
- B. Dexamethasone
- C. Methylprednisone
- D. Prednisone

Hydrocortisone is considered the least potent of the steroids listed due to its relatively low anti-inflammatory and immunosuppressive effects compared to the other options. It is essentially a form of cortisol, which is naturally occurring in the body and has a moderate level of glucocorticoid activity. When comparing hydrocortisone to dexamethasone, methylprednisolone, and prednisone, the differences in potency become clear. Dexamethasone is classified as a highly potent corticosteroid, making it significantly more effective in inflammation control. Methylprednisolone and prednisone also possess greater potency than hydrocortisone, yielding stronger therapeutic effects in various clinical applications. This relative potency is crucial in clinical settings, as healthcare providers must select appropriate steroid medications based on the severity of the condition being treated, balancing efficacy with potential side effects. Understanding the differences in potency among these corticosteroids helps guide this decision-making process.

6. What is the primary focus of ordinal data?

- A. To represent categorical variables
- B. To convey a specific mathematical value
- C. To establish relationships between continuous variables
- D. To express ordered categories**

The primary focus of ordinal data is to express ordered categories. This type of data not only allows for classification into categories but also arranges those categories in a meaningful order. For example, ordinal data might include survey responses such as "satisfied," "neutral," and "dissatisfied," where the terms signify a ranking of satisfaction levels. This ordering is crucial because it provides information about the relative position of different categories without implying precise differences between them, as would be found in interval or ratio data. Understanding that ordinal data communicates rank rather than exact quantities is essential for analyzing and interpreting findings accurately, especially in fields like social sciences, marketing, and health assessments.

7. What is the role of V2 receptors in the action of vasopressin?

- A. Arterial constriction
- B. Water reabsorption at collecting ducts**
- C. Release of coagulation factors
- D. Vasodilation

V2 receptors are integral to the mechanism of action of vasopressin, also known as antidiuretic hormone (ADH). They are primarily located in the renal collecting ducts. When vasopressin binds to V2 receptors, it triggers a signaling cascade that leads to the insertion of aquaporin-2 channels into the apical membrane of the renal tubular cells. This process enhances the reabsorption of water back into the bloodstream, which concentrates the urine and reduces urine output. Therefore, the role of V2 receptors is fundamentally linked to promoting water reabsorption, helping to regulate body fluid balance and maintain blood pressure. The other options do not accurately reflect the function of V2 receptors associated with vasopressin. Arterial constriction is primarily associated with V1 receptors. The release of coagulation factors is unrelated to vasopressin receptors, focusing instead on different hormonal responses and pathways in hemostasis. Vasodilation is also not a function of the V2 receptor; rather, it may be influenced by other pathways and receptors in the body.

8. What aspect is evaluated in a Phase 4 Clinical Trial?

- A. Identification of drug interactions
- B. Market launch and long-term effects**
- C. Comparison with placebo
- D. Patient recruitment strategies

Phase 4 clinical trials, also known as post-marketing studies, are conducted after a drug has been approved for use by regulatory agencies. The primary focus of these trials is to monitor the drug's long-term effectiveness and safety in a larger population over an extended period of time. During Phase 4 trials, researchers gather data on how the drug performs in the general public, which may include a more diverse demographic than earlier trial phases. This stage can lead to the discovery of rare side effects, interactions with other medications, or varying responses in populations that were not adequately represented in previous trials. While identification of drug interactions, comparison with a placebo, and patient recruitment strategies are important aspects of drug development and earlier clinical trials, Phase 4 trials specifically concentrate on the market launch and the long-term effects of the drug in everyday clinical practice. This helps ensure ongoing patient safety and the efficacy of the treatment in the real-world setting.

9. Which combination of cancer types shows a very high radiosensitivity?

- A. Sarcomas and carcinomas
- B. Seminomas and lymphomas**
- C. Melanomas and gliomas
- D. Ovarian and pancreatic cancers

Seminomas and lymphomas are known to have a high sensitivity to radiation therapy compared to other cancer types. This is primarily due to their cellular characteristics and the fact that they typically involve tissues that respond well to radiation. Seminomas, a type of testicular cancer, are particularly responsive because they are composed of germ cells that are highly proliferative and more susceptible to damage from ionizing radiation. This makes radiation an effective treatment modality for this cancer type, especially in early-stage disease. Lymphomas, including both Hodgkin and non-Hodgkin varieties, also exhibit high radiosensitivity. These cancers typically arise from immune system cells, often located in regions that can be effectively targeted by radiation therapy. The rapid proliferation of the neoplastic lymphocytes and their receptiveness to radiation further enhance the effectiveness of this treatment. In contrast, the other cancer combinations listed have varying levels of radiosensitivity. Sarcomas often exhibit resistance to radiation, requiring higher doses for effective treatment. Carcinomas generally also show variable responses to radiation depending on the subtype. Similarly, melanomas and gliomas have mixed responses, with melanoma being notably more resistant to radiation compared to seminomas and lymphomas. Ovarian and pancreatic cancers likewise are often less responsive.

10. What is the primary substrate for nitric oxide synthase in the inflammation process?

- A. Arginine**
- B. Citrulline
- C. Glycine
- D. Proline

The primary substrate for nitric oxide synthase (NOS) in the inflammation process is arginine. This amino acid serves as a crucial building block that NOS utilizes to produce nitric oxide (NO), a key signaling molecule involved in various physiological and pathological processes, including vasodilation, neurotransmission, and immune response during inflammation. In the context of inflammation, the production of nitric oxide plays an important role in mediating the immune response, helping to regulate blood flow, and promoting various cellular functions. Arginine is converted to citrulline in this reaction, which means that while citrulline is a product of the process, it is not the substrate that initiates the production of nitric oxide. Other amino acids listed, such as glycine and proline, do not play a direct role as substrates for nitric oxide synthase. Therefore, arginine stands out as the correct answer due to its essential role in the biosynthesis of nitric oxide in inflammatory responses.

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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://americanboardofsurgery.examzify.com>

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

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