

American Board of Surgical Assistants (ABSA) Orthopedic Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

- 1. What is a common treatment method for managing osteoporosis?**
 - A. Increased calcium intake**
 - B. Application of external fixation**
 - C. Administration of analgesics**
 - D. Surgical intervention**
- 2. In the differential diagnosis of fracture versus dislocation, which clinical sign is NOT present with dislocation?**
 - A. Point tenderness**
 - B. Deformity**
 - C. Local swelling**
 - D. Crepitus**
- 3. Which type of fracture involves one broken bone wedging into another?**
 - A. Comminuted**
 - B. Greenstick**
 - C. Impacted**
 - D. Transverse**
- 4. In orthopedic terminology, what does 'nonunion' refer to?**
 - A. A successful healing of a fracture**
 - B. A failure of fracture ends to heal appropriately**
 - C. A type of surgical fixation**
 - D. A method of fracture reduction**
- 5. Which condition is characterized by an inflammation of the synovium surrounding a tendon?**
 - A. Tenosynovitis**
 - B. Arthritis**
 - C. Capsulitis**
 - D. Bursitis**

- 6. What replaces the blood clot during the fracture healing process?**
- A. Granulation tissue**
 - B. Scar tissue**
 - C. Fibrous tissue**
 - D. Cartilage**
- 7. What is the first step in the fracture healing process?**
- A. Granulation formation**
 - B. Callus formation**
 - C. Blood clot formation**
 - D. Bone remodeling**
- 8. What is a common benefit of using cryotherapy after surgery?**
- A. Increased inflammation**
 - B. Decreased pain and swelling**
 - C. Faster bone healing**
 - D. Improved muscle relaxation**
- 9. When is a plaster bandage roll considered ready for application?**
- A. When it is warm to the touch**
 - B. When it is dry to the touch**
 - C. When air bubbles cease to appear**
 - D. When it has a glossy appearance**
- 10. Which artery is typically affected in the case of Volkmann's contracture?**
- A. Brachial artery**
 - B. Radial artery**
 - C. Ulnar artery**
 - D. Femoral artery**

Answers

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

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Explanations

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1. What is a common treatment method for managing osteoporosis?

- A. Increased calcium intake**
- B. Application of external fixation**
- C. Administration of analgesics**
- D. Surgical intervention**

A common treatment method for managing osteoporosis is increased calcium intake. Osteoporosis is a condition characterized by weakened bones that are more susceptible to fractures. Adequate calcium is essential for bone health, as it helps to build and maintain bone density. Calcium plays a critical role in the remodeling process of bones, allowing them to stay strong and resilient. In cases where patients are diagnosed with osteoporosis, increasing dietary calcium or using supplements can provide the necessary building blocks for bone strength. It is often recommended in conjunction with vitamin D, which aids in calcium absorption and is also important for bone health. While other treatment methods can be used in the overall management of osteoporosis, such as medication and lifestyle changes, increasing calcium intake remains a foundational approach in preventing further bone density loss and supporting healthy bone maintenance.

2. In the differential diagnosis of fracture versus dislocation, which clinical sign is NOT present with dislocation?

- A. Point tenderness**
- B. Deformity**
- C. Local swelling**
- D. Crepitus**

When considering the differential diagnosis between a fracture and a dislocation, the presence of certain clinical signs can help differentiate the two. In the case of a dislocation, crepitus, which refers to the grating or cracking sound produced by bone fragments moving against each other, is typically not present. This is primarily because a dislocation involves the displacement of bones at a joint without the continuity of the bone being broken. Point tenderness, deformity, and local swelling are all signs more commonly associated with dislocations as they indicate that there is an abnormal positioning of the joint and associated soft tissue inflammation. Point tenderness occurs due to the stress and trauma on the surrounding ligaments and cartilage. Deformity often becomes apparent upon inspection, as the joint may appear misaligned. Local swelling can result from the body's inflammatory response to the injury. In contrast, crepitus is more characteristic of fractures where there is actual bone fracture, causing the ends of the broken bone to rub against each other or other structures within the joint space. Therefore, the absence of crepitus is a key distinguishing feature in dislocations compared to fractures.

3. Which type of fracture involves one broken bone wedging into another?

- A. Comminuted**
- B. Greenstick**
- C. Impacted**
- D. Transverse**

An impacted fracture occurs when one broken bone fragment is driven into another, which typically happens as a result of a significant force during an impact or fall. This type of fracture is characterized by the ends of the broken bones being compressed and interlocked, which can often lead to stability at the fracture site, although it may complicate treatment due to the positioning of the bones. In contrast, a comminuted fracture is defined by the bone being shattered into several pieces, making the fracture management more complicated, while a greenstick fracture is an incomplete fracture commonly seen in children where the bone bends and partially breaks on one side. A transverse fracture involves a horizontal break across the bone but does not feature the wedging aspect characteristic of impacts. Understanding these distinctions is crucial in both identifying fractures and determining appropriate treatment strategies.

4. In orthopedic terminology, what does 'nonunion' refer to?

- A. A successful healing of a fracture**
- B. A failure of fracture ends to heal appropriately**
- C. A type of surgical fixation**
- D. A method of fracture reduction**

In orthopedic terminology, 'nonunion' specifically refers to the failure of the ends of a fractured bone to heal together appropriately. This condition can occur for various reasons, including inadequate blood supply, infection, instability at the fracture site, or insufficient immobilization. When a fracture does not heal successfully, it can lead to ongoing pain, mobility issues, and other complications. Differentiating from the other options, successful healing of a fracture would indicate proper union, while surgical fixation and methods of fracture reduction are interventions aimed at ensuring healing occurs. Nonunion is primarily a complication that indicates that these interventions may not have succeeded, making understanding its implications critical for managing orthopedic injuries effectively.

5. Which condition is characterized by an inflammation of the synovium surrounding a tendon?

A. Tenosynovitis

B. Arthritis

C. Capsulitis

D. Bursitis

Tenosynovitis is characterized by the inflammation of the synovium, which is the protective sheath surrounding a tendon. This condition can result from repetitive use, injury, or infection, leading to symptoms such as pain, swelling, and difficulty moving the affected tendon. The inflammation specifically targets the synovial lining, which can restrict mobility and cause discomfort. In contrast, arthritis typically refers to the inflammation of joints rather than the synovium, which is a broader category encompassing various types of joint disease. Capsulitis involves the inflammation of the joint capsule itself, rather than the synovium around tendons. Bursitis, on the other hand, involves the inflammation of the bursae, small fluid-filled sacs that cushion bones, tendons, and muscles near joints, rather than the surrounding synovial sheaths of tendons. Thus, the primary focus of tenosynovitis on the synovial sheath makes it the correct identification for this condition.

6. What replaces the blood clot during the fracture healing process?

A. Granulation tissue

B. Scar tissue

C. Fibrous tissue

D. Cartilage

During the fracture healing process, granulation tissue plays a crucial role as it replaces the initial blood clot. After a fracture occurs, the body responds by forming a blood clot at the injury site, which serves to stabilize the fracture and prevent blood loss. As healing progresses, the blood clot is gradually replaced by granulation tissue. This type of tissue is characterized by a network of collagen and new blood vessels, which create a scaffold for further healing. Granulation tissue is essential because it facilitates the next stages of healing, including the formation of callus, where the fracture gap is bridged by new bone tissue. It also provides a rich supply of nutrients and oxygen necessary for the repair process. The presence of this tissue indicates a shift from the inflammatory phase to the more reparative phase of healing, which is critical for restoring the integrity of the bone. While other options such as scar tissue, fibrous tissue, and cartilage can all be part of the broader healing process, they do not specifically replace the blood clot as granulation tissue does. Scar tissue often forms later in the healing timeline as part of the stabilization but does not directly serve to replace the clot in the initial stages. Fibrous tissue may contribute to the formation of a fibrous union.

7. What is the first step in the fracture healing process?

- A. Granulation formation**
- B. Callus formation**
- C. Blood clot formation**
- D. Bone remodeling**

The first step in the fracture healing process is blood clot formation. When a bone fractures, the immediate response of the body involves the disruption of blood vessels at the injury site, leading to bleeding. The body responds by forming a blood clot, which serves both to stop the bleeding and create a scaffold for the subsequent healing processes. This clot consists of platelets and fibrin, which form a temporary bridge across the fracture. This blood clot is crucial for providing the initial stability to the fracture site and facilitating the inflammatory response that follows, which is essential for healing. Once the clot has formed, the body initiates further healing processes, including the formation of granulation tissue and callus, followed by remodeling of the bone. However, without the formation of the blood clot, these subsequent steps could not occur effectively. Thus, blood clot formation is the critical first step in establishing an environment conducive to proper fracture healing.

8. What is a common benefit of using cryotherapy after surgery?

- A. Increased inflammation**
- B. Decreased pain and swelling**
- C. Faster bone healing**
- D. Improved muscle relaxation**

The common benefit of using cryotherapy after surgery is its ability to decrease pain and swelling. Cryotherapy involves applying cold therapy to an area of the body, which causes vasoconstriction, or the narrowing of blood vessels. This response reduces blood flow to the affected area, contributing to a decrease in both swelling and inflammation. The cold also has a local anesthetic effect, which can significantly help in managing pain levels post-surgery. By effectively managing pain and minimizing swelling, cryotherapy facilitates better recovery conditions for the surgical site and can enhance mobility and function. This approach is particularly beneficial in orthopedic surgeries, where managing inflammation and pain is crucial for rehabilitation and overall patient comfort. Other potential benefits like faster bone healing or improved muscle relaxation are not direct outcomes of cryotherapy; rather, they may depend on several factors, including the nature of the injury, type of surgery, and other therapeutic interventions being employed.

9. When is a plaster bandage roll considered ready for application?

- A. When it is warm to the touch**
- B. When it is dry to the touch**
- C. When air bubbles cease to appear**
- D. When it has a glossy appearance**

A plaster bandage roll is considered ready for application when air bubbles cease to appear during the mixing process. This indicates that the plaster has been adequately wetted and activated, leading to a consistent mixture that will adhere properly during application. The formation of air bubbles suggests that there are still dry areas that need to be saturated with water; once these bubbles stop appearing, you can be confident that the plaster is fully prepared to bond to the surface it is being applied to, providing effective support and stabilization. The reaction of gypsum plaster during mixing involves a chemical process where water is absorbed, and once the mixture reaches a certain level of hydration without air pockets, it becomes ready for use. This preparation is crucial to ensure the strength and integrity of the final cast.

10. Which artery is typically affected in the case of Volkmann's contracture?

- A. Brachial artery**
- B. Radial artery**
- C. Ulnar artery**
- D. Femoral artery**

Volkmann's contracture is a condition characterized by the permanent shortening of muscles in the forearm, resulting from ischemia, or restricted blood flow, typically following a fracture in the elbow region. The artery most commonly involved in this scenario is the brachial artery. When there is a fracture or other injuries that lead to compartment syndrome, the brachial artery can be compressed or injured, leading to a decrease in blood flow to the forearm muscles. This condition can result in necrosis of muscle tissue, leading to the characteristic contraction and deformity seen in Volkmann's contracture. It's crucial to recognize that prompt diagnosis and management of any forearm injury are essential to preserving muscle function and preventing this serious complication. The other arteries mentioned do not have the same direct involvement in the pathophysiology of Volkmann's contracture.

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://orthopedic-absa.examzify.com>

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