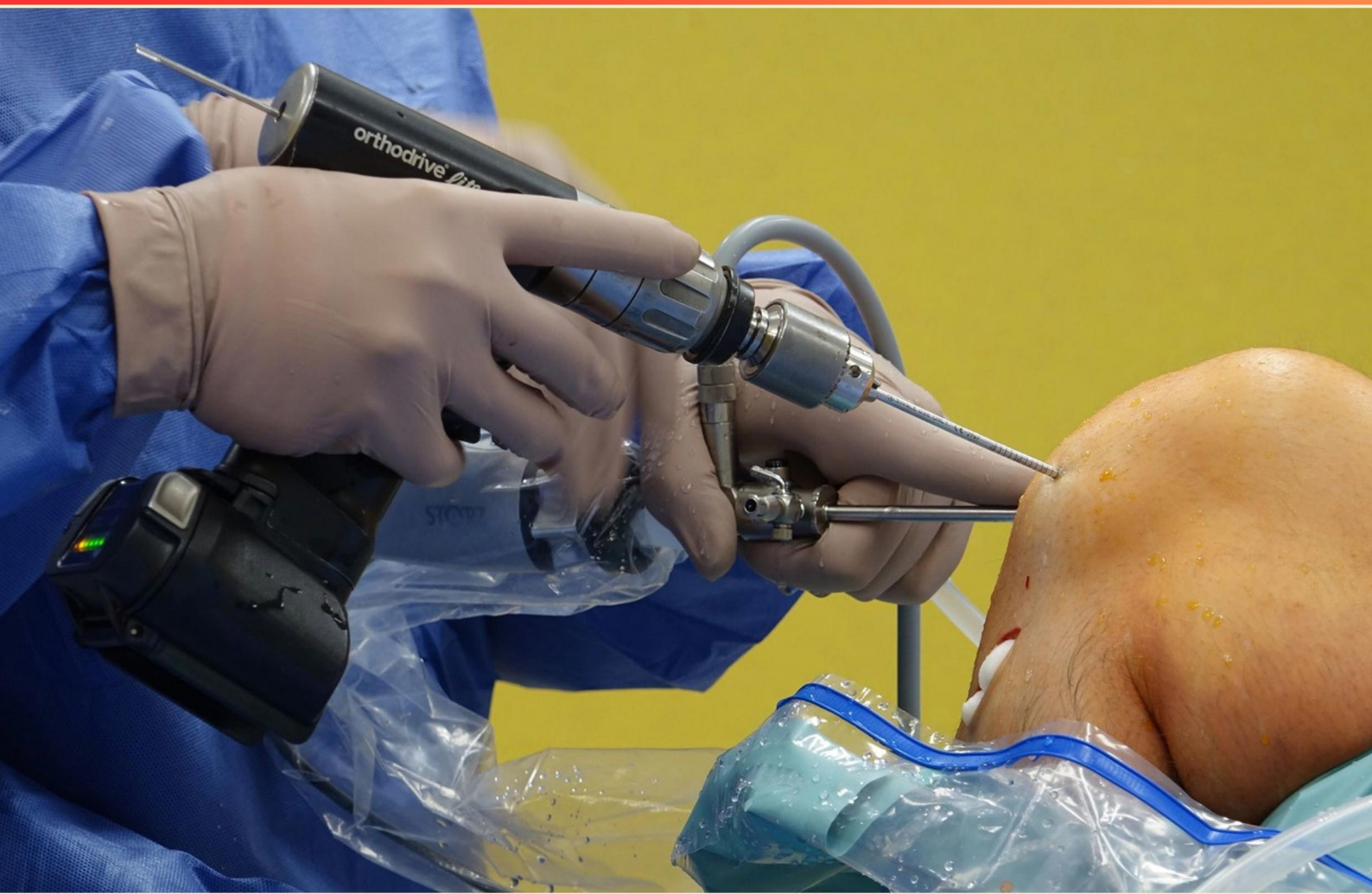


AMERICAN BOARD OF SURGICAL ASSISTANTS (ABSA) ORTHOPEDIC PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
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 nerve may be injured in posterior dislocation of the hip?**
 - A. Femoral nerve
 - B. Common peroneal nerve
 - C. Sciatic nerve
 - D. Obturator nerve

- 2. Which form of skin traction is specifically known as Bucks extension?**
 - A. Bucks extension
 - B. Russels traction
 - C. Skin traction
 - D. Pelvic traction

- 3. What is the primary purpose of a surgical drape during an orthopedic procedure?**
 - A. To maintain a sterile field and prevent contamination of the surgical site
 - B. To provide warmth to the patient during surgery
 - C. To absorb blood during the procedure
 - D. To secure the patient in a fixed position

- 4. What is a common long-term complication of a poorly healed humeral shaft fracture?**
 - A. Osteoarthritis
 - B. Rotator cuff tear
 - C. Shoulder impingement syndrome
 - D. Periarthritis

- 5. What is the medical term for infection involving all or part of a bone?**
 - A. Sequestrum
 - B. Osteomyelitis
 - C. Osteoarthritis
 - D. Osteosarcoma

- 6. What is the significance of a pre-operative checklist in orthopedic procedures?**
- A. To ensure all necessary equipment, consent forms, and patient assessments are completed before surgery
 - B. To schedule follow-up appointments
 - C. To prepare patients nutritionally
 - D. To monitor patient's medication intake
- 7. Which of the following joints operates mainly through flexion and extension?**
- A. Shoulder joint
 - B. Knee joint
 - C. Ankle joint
 - D. Wrist joint
- 8. What is the goal of physical therapy following orthopedic surgery?**
- A. To encourage long-term bed rest
 - B. To restore function, strength, and mobility
 - C. To minimize patient interaction
 - D. To promote surgical intervention
- 9. Intercondylar fractures of the lower humerus usually result from which of the following?**
- A. Direct blow to the shoulder
 - B. Blow or fall directly on the elbow
 - C. Twisting motion of the arm
 - D. Fall on an outstretched hand
- 10. What type of cast is applied for a fracture of the cervical or upper thoracic vertebrae?**
- A. Short arm cast
 - B. Long leg cast
 - C. Minerva jacket
 - D. Half body cast

Answers

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

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Explanations

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1. What nerve may be injured in posterior dislocation of the hip?

- A. Femoral nerve
- B. Common peroneal nerve
- C. Sciatic nerve**
- D. Obturator nerve

In the context of a posterior dislocation of the hip, the sciatic nerve is particularly vulnerable due to its anatomical proximity to the hip joint. When the hip is dislocated posteriorly, the force that causes the dislocation can directly impact the sciatic nerve or can alter the typical alignment of structures, leading to potential compression or stretching of the nerve. This can result in a characteristic set of symptoms, including weakness in knee flexion and foot drop, due to the nerve's role in innervating the muscles that control these movements. The sciatic nerve is the largest nerve in the body and runs posteriorly to the hip joint, making it at risk during posterior dislocations. Recognition of this potential injury is critical for appropriate diagnosis and management in orthopedic practice.

2. Which form of skin traction is specifically known as Bucks extension?

- A. Bucks extension**
- B. Russels traction
- C. Skin traction
- D. Pelvic traction

Bucks extension is a specific type of skin traction that is commonly used in orthopedic treatment, particularly for managing fractured femurs or hip injuries. This method involves the application of a pull on the affected limb to help maintain proper alignment and reduce pain. By anchoring the traction to the foot or distal limb and providing a counterbalance, Bucks extension effectively relieves muscle spasm and stabilizes the fracture site. The clarity of this method lies in its simplicity and effectiveness. It's often preferred for its ease of application and minimal invasiveness compared to more complex traction systems. The primary goal of Bucks extension is to provide alignment and stabilization through external means, using the skin as the interface to transmit the pulling force. Other forms of traction mentioned, while related in concept, serve different purposes or mechanisms. Russell's traction, for example, involves a more complex setup that includes both lower limb traction and countertraction, while pelvic traction typically targets the back and pelvis rather than the limbs. Therefore, identifying Bucks extension directly correlates with an established technique specifically recognized within the orthopedic field.

3. What is the primary purpose of a surgical drape during an orthopedic procedure?

- A. To maintain a sterile field and prevent contamination of the surgical site**
- B. To provide warmth to the patient during surgery
- C. To absorb blood during the procedure
- D. To secure the patient in a fixed position

The primary purpose of a surgical drape during an orthopedic procedure is to maintain a sterile field and prevent contamination of the surgical site. Surgical drapes are specifically designed to create a barrier against microorganisms, reducing the risk of infection and ensuring that the area where the surgery will be performed remains clean. This is crucial in orthopedic surgeries, where the use of implants and the exposure of bone can increase the risk of postoperative infections. While providing warmth to the patient, absorbing blood, and securing the patient are important considerations during surgery, they are not the primary roles of a surgical drape. Drape materials are not specifically engineered for insulation or absorption; rather, their main function focuses on creating a controlled environment that is free from contaminants. This preservation of sterility is essential for patient safety and successful surgical outcomes.

4. What is a common long-term complication of a poorly healed humeral shaft fracture?

- A. Osteoarthritis
- B. Rotator cuff tear
- C. Shoulder impingement syndrome

D. Periarthritis

A poorly healed humeral shaft fracture can lead to a variety of complications, one of which is periarthritis, specifically referred to as frozen shoulder or adhesive capsulitis. This condition occurs due to inflammation and stiffness around the shoulder joint, often caused by disuse after an injury. When the humeral shaft doesn't heal properly, the surrounding soft tissues such as muscles, tendons, and the joint capsule can become tight and restricted. This limitation in motion can lead to pain and decreased function in the shoulder over time. The other options, while they may be associated with shoulder issues, are not direct complications stemming from a poorly healed humeral shaft fracture. Osteoarthritis typically results from joint wear over time and is more influenced by factors like age and previous joint injuries rather than a specific fracture healing poorly. A rotator cuff tear often arises from acute injuries or degenerative changes rather than directly from a humeral shaft fracture. Shoulder impingement syndrome can occur in various contexts but is not as definitively linked to the complications from a poorly healed fracture as periarthritis is.

5. What is the medical term for infection involving all or part of a bone?

- A. Sequestrum
- B. Osteomyelitis**
- C. Osteoarthritis
- D. Osteosarcoma

The correct term for an infection involving all or part of a bone is osteomyelitis. This condition typically arises when bacteria or fungi invade the bone tissue, leading to inflammation and sometimes the destruction of bone. It can occur after an injury or surgical procedure or may arise from the bloodstream in the case of systemic infections. In understanding osteomyelitis, it's also important to differentiate it from other terms. A sequestrum refers to a piece of dead bone that has become separated from healthy bone tissue, often as a result of osteomyelitis but does not itself define the infection. Osteoarthritis refers to the degeneration of joint cartilage and underlying bone, primarily due to wear and tear, and does not involve an infection. Osteosarcoma is a type of malignant bone tumor and is unrelated to infection processes in bone.

6. What is the significance of a pre-operative checklist in orthopedic procedures?

- A. To ensure all necessary equipment, consent forms, and patient assessments are completed before surgery**
- B. To schedule follow-up appointments
- C. To prepare patients nutritionally
- D. To monitor patient's medication intake

The significance of a pre-operative checklist in orthopedic procedures primarily lies in its role in ensuring that all necessary equipment, consent forms, and patient assessments are completed before surgery. This comprehensive approach is critical because it helps to prevent errors and complications that could arise during the surgical process. By systematically reviewing all aspects before the surgery begins, the healthcare team can confirm that the right equipment and instruments are available, that the surgical site is marked correctly, and that all necessary consents have been obtained. Additionally, thorough patient assessments—such as evaluating medical history, allergies, and current medications—are fundamental to tailoring the surgical approach and ensuring patient safety. Addressing scheduling follow-up appointments, preparing patients nutritionally, or monitoring medication intake, while all important aspects of patient care, are not the primary focus of the pre-operative checklist, which is specifically designed to ensure readiness for surgery on the day of the procedure.

7. Which of the following joints operates mainly through flexion and extension?

- A. Shoulder joint
- B. Knee joint**
- C. Ankle joint
- D. Wrist joint

The knee joint is primarily designed to facilitate movements of flexion and extension. This hinge joint allows the leg to bend (flexion) at the knee to create an angle between the thigh and the lower leg, and to straighten (extension) to return to a straight position. This action is essential for various activities such as walking, running, and jumping, where the bending and straightening of the knee are crucial for mobility. In contrast, while other joints like the shoulder, ankle, and wrist also engage in flexion and extension, they are not limited to just these movements and allow for a wider range of motions. The shoulder joint, for instance, is a ball-and-socket joint capable of movements in multiple directions, including rotation. The ankle joint enables dorsiflexion and plantarflexion but also supports some degree of side-to-side movement. The wrist joint allows for flexion and extension, as well as radial and ulnar deviation, contributing to a more complex range of motion.

8. What is the goal of physical therapy following orthopedic surgery?

- A. To encourage long-term bed rest
- B. To restore function, strength, and mobility**
- C. To minimize patient interaction
- D. To promote surgical intervention

The goal of physical therapy following orthopedic surgery is to restore function, strength, and mobility. After surgery, patients often experience limitations due to pain, swelling, and reduced range of motion. Physical therapy plays a crucial role in facilitating recovery by implementing individualized exercise programs, manual therapy techniques, and modalities aimed at alleviating pain and enhancing movement. Restoring function involves regaining the ability to perform daily activities and return to pre-injury levels of activity or participation in sports. Strengthening exercises help rebuild muscle around the affected joint or area, which is important for overall stability and support. Mobility exercises, including stretching and range-of-motion activities, are essential to prevent stiffness and promote healing. While some recovery protocols may involve initial periods of rest, the overarching aim of physical therapy is active rehabilitation rather than long-term bed rest. Similarly, minimizing patient interaction or promoting further surgical intervention goes against the fundamental principles of rehabilitation that emphasize patient engagement in a recovery-focused program. By prioritizing the restoration of function, strength, and mobility, physical therapy sets the foundation for long-term health and improved quality of life following orthopedic procedures.

9. Intercondylar fractures of the lower humerus usually result from which of the following?

- A. Direct blow to the shoulder
- B. Blow or fall directly on the elbow**
- C. Twisting motion of the arm
- D. Fall on an outstretched hand

Intercondylar fractures of the lower humerus typically occur due to a blow or fall directly on the elbow. This injury is characterized by the unique anatomical structure of the elbow joint, where significant force applied to the area can lead to fractures in the critical region between the two condyles of the humerus. The impact directly affects the elbow joint, causing a fracture to the intercondylar region, which can destabilize the joint and impair its function. While other mechanisms like falls on an outstretched hand might contribute to different types of injuries in the upper limb, they are less specific to intercondylar fractures. A direct blow to the shoulder or a twisting motion of the arm would not typically isolate the forces to the region of the humerus in a manner that would result in intercondylar fractures. Thus, the specific nature of the impact to the elbow area is paramount in understanding the cause of such fractures.

10. What type of cast is applied for a fracture of the cervical or upper thoracic vertebrae?

- A. Short arm cast
- B. Long leg cast
- C. Minerva jacket**
- D. Half body cast

A Minerva jacket is a specialized orthotic device designed to provide immobilization and support for the cervical and upper thoracic spine. This type of cast is crucial for treating fractures in this area because it effectively restricts movement, which is vital for the healing process and for maintaining spinal stability. The design of the Minerva jacket envelops the upper body and extends from the chin down to the thorax, offering a comprehensive approach to immobilization. This limits mobility in the cervical and upper thoracic regions, minimizing the risk of further injury and promoting healing. In contrast, other types of casts, such as the short arm cast, long leg cast, and half body cast, are not suited for immobilizing the cervical or upper thoracic regions. They are designed for different parts of the body or types of injuries, thus making them ineffective for addressing fractures in this specific area of the spine. The Minerva jacket is, therefore, the appropriate choice for ensuring both immobilization and protection during recovery from cervical or upper thoracic vertebral fractures.

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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://orthopedic-absa.examzify.com>

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

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