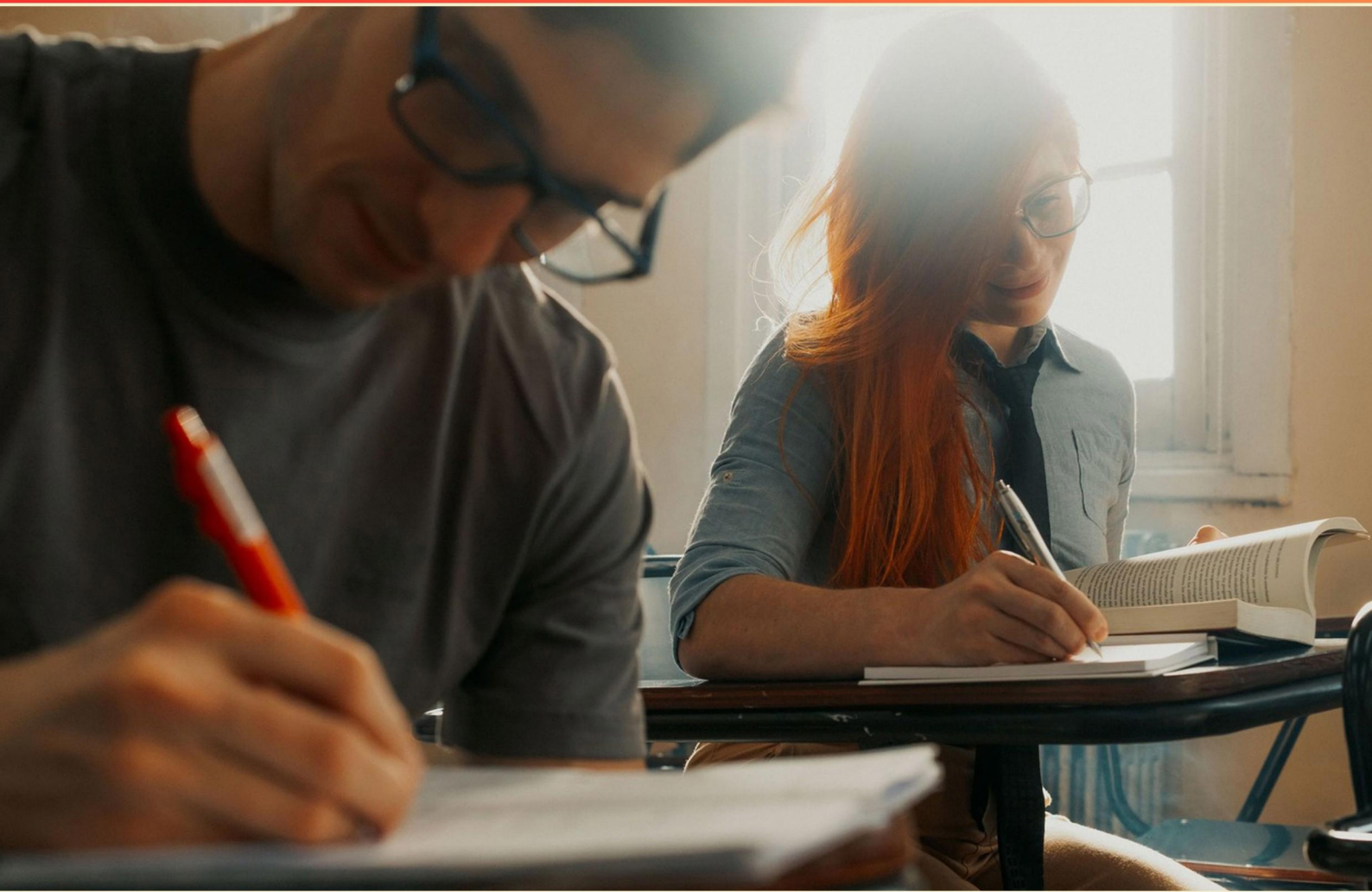


AMERICAN PODIATRIC MEDICAL LICENSING EXAMINATION (APMLE) PART 1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which of the following best describes Palivizumab?**
- A. Palivizumab is a humanized monoclonal antibody against a protein on the surface of the RSV virus.
 - B. Palivizumab is a small-molecule antiviral that inhibits RSV polymerase.
 - C. Palivizumab is a live attenuated vaccine against RSV.
 - D. Palivizumab is an immune stimulant used for general viral infections.
- 2. Doxycycline belongs to which class and what is notable about its elimination?**
- A. It is a macrolide that inhibits 50S.
 - B. It is a tetracycline that inhibits 30S; eliminated mainly in feces; effective against bacillary dysentery.
 - C. It inhibits DNA gyrase.
 - D. It is a beta-lactam.
- 3. Which SERM is antagonist at breast and endometrium and agonist at bone?**
- A. Raloxifene
 - B. Tamoxifen
 - C. Clomiphene
 - D. Diethylstilbesterol
- 4. Dalfopristin and Quinupristin belong to which class of antibiotics?**
- A. Aminoglycosides
 - B. Polymyxins
 - C. Streptogramins
 - D. Macrolides
- 5. Which anti-malarial is associated with corneal deposits and ocular toxicity at high doses due to tissue concentrations in melanin-containing structures?**
- A. Primaquine
 - B. Quinine
 - C. Doxycycline
 - D. Chloroquine

- 6. Theophylline exerts bronchodilation primarily by which mechanism?**
- A. Activation of adenylate cyclase
 - B. Inhibition of calcium channels
 - C. Inhibition of leukotriene synthesis
 - D. Inhibition of phosphodiesterase, increasing cAMP
- 7. Methimazole blocks thyroid synthesis by inhibiting which step?**
- A. Inhibits iodination of tyrosine.
 - B. Stimulates T4 to T3 conversion.
 - C. Increases release of thyroid hormones.
 - D. Inhibits storage of thyroid hormone as thyroglobulin.
- 8. Which of the following is a therapeutic use of glucocorticoids?**
- A. Antibiotic effect
 - B. Replacement therapy
 - C. Vasodilation
 - D. Hyperglycemia
- 9. Bacitracin is commonly used in what form and what is a notable toxicity?**
- A. Oral antibiotic; hepatotoxicity.
 - B. Topical antifungal; hepatotoxicity.
 - C. Over-the-counter topical antibiotic; nephrotoxicity with systemic use.
 - D. Intravenous antibiotic; neurotoxicity.
- 10. Which antiviral is a neuraminidase inhibitor used to treat influenza by preventing viral release?**
- A. Oseltamivir
 - B. Acyclovir
 - C. Amantadine
 - D. Ribavirin

Answers

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

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Explanations

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1. Which of the following best describes Palivizumab?

- A. Palivizumab is a humanized monoclonal antibody against a protein on the surface of the RSV virus.**
- B. Palivizumab is a small-molecule antiviral that inhibits RSV polymerase.
- C. Palivizumab is a live attenuated vaccine against RSV.
- D. Palivizumab is an immune stimulant used for general viral infections.

Palivizumab is a targeted antibody therapy used to prevent RSV disease in high-risk infants. It is a humanized monoclonal antibody that binds specifically to the RSV F protein on the virus's surface. By attaching to this fusion protein, it neutralizes the virus and blocks entry into host cells, reducing the likelihood of infection and severe disease. This is not a small-molecule antiviral that inhibits viral enzymes, nor a live attenuated vaccine, nor a general immune stimulant for viral infections. The best description is a humanized monoclonal antibody against a surface protein of RSV.

2. Doxycycline belongs to which class and what is notable about its elimination?

- A. It is a macrolide that inhibits 50S.
- B. It is a tetracycline that inhibits 30S; eliminated mainly in feces; effective against bacillary dysentery.**
- C. It inhibits DNA gyrase.
- D. It is a beta-lactam.

Doxycycline is a tetracycline, so its effect comes from binding to the 30S ribosomal subunit and blocking the attachment of aminoacyl-tRNA, which stops bacterial protein synthesis. A key pharmacokinetic feature is its elimination: it is excreted mainly via the feces, with minimal renal excretion. This makes it particularly useful in patients with renal impairment and helps explain why it's chosen for certain enteric infections. It's also effective against bacillary dysentery because it covers the typical enteric pathogens involved. This differs from other antibiotic classes: macrolides inhibit the 50S subunit, beta-lactams disrupt cell wall synthesis, and fluoroquinolones (DNA gyrase inhibitors) target DNA replication. Remember, the elimination route and the 30S mechanism are the two points this option emphasizes.

3. Which SERM is antagonist at breast and endometrium and agonist at bone?

- A. Raloxifene**
- B. Tamoxifen
- C. Clomiphene
- D. Diethylstilbesterol

SERMs have tissue-specific actions: a drug can act as an estrogen receptor agonist in one tissue and as an antagonist in another. The ideal profile for preventing osteoporosis while reducing breast and endometrial cancer risk is an agonist in bone and antagonists in breast and endometrium. Raloxifene fits this perfectly—it's an estrogen receptor agonist in bone, helping maintain or increase bone density, while acting as an antagonist in both breast and endometrium, lowering proliferation risk there and avoiding endometrial stimulation. Tamoxifen also blocks estrogen in breast but can stimulate the endometrium, which is why it carries endometrial cancer risk. Clomiphene mainly modulates the hypothalamic-pituitary axis with less relevance to bone protection. Diethylstilbestrol is a pure estrogen and not a SERM.

4. Dalfopristin and Quinupristin belong to which class of antibiotics?

- A. Aminoglycosides
- B. Polymyxins
- C. Streptogramins**
- D. Macrolides

Dalfopristin and quinupristin belong to the streptogramin class. They are used together because they act synergistically to block bacterial protein synthesis by binding to the 50S ribosomal subunit at different sites. Dalfopristin binding alters the ribosome in a way that increases quinupristin's binding, and together they halt elongation of the polypeptide chain, producing a bactericidal effect against many Gram-positive pathogens, including MRSA and vancomycin-resistant Enterococcus. This mechanism and spectrum distinguish streptogramins from other 50S-targeting drugs like macrolides (which are typically bacteriostatic and have a different spectrum), from aminoglycosides (which target the 30S subunit), and from polymyxins (which disrupt membranes).

5. Which anti-malarial is associated with corneal deposits and ocular toxicity at high doses due to tissue concentrations in melanin-containing structures?

- A. Primaquine
- B. Quinine
- C. Doxycycline
- D. Chloroquine**

The question is about an anti-malarial that accumulates in melanin-rich eye tissues, causing corneal deposits and potential ocular toxicity with higher or long-term dosing. Chloroquine fits this pattern because it concentrates in pigmented structures in the eye, including the cornea and retina. This leads to corneal deposits that can be seen on exam and, with higher doses or prolonged use, retinal toxicity (often related to melanin binding in the retinal pigment epithelium). Corneal changes are usually reversible after stopping the drug, while retinal toxicity raises concerns for lasting vision effects if therapy is continued or used chronically. The other options don't share this ocular-deposition profile. Primaquine mainly causes hemolysis in G6PD deficiency. Quinine is known for cinchonism and other systemic effects rather than pigmented-eye deposits. Doxycycline is associated with photosensitivity and other side effects, not corneal deposition from melanin binding.

6. Theophylline exerts bronchodilation primarily by which mechanism?

- A. Activation of adenylate cyclase
- B. Inhibition of calcium channels
- C. Inhibition of leukotriene synthesis
- D. Inhibition of phosphodiesterase, increasing cAMP**

Theophylline bronchodilation mainly comes from inhibiting phosphodiesterase, which prevents the breakdown of cyclic AMP in airway smooth muscle. With higher cAMP levels, protein kinase A is activated, reducing calcium sensitivity and promoting muscle relaxation, leading to bronchodilation. This mechanism is distinct from activating adenylate cyclase (which would raise cAMP by production, not by preventing its breakdown), blocking calcium channels, or inhibiting leukotriene synthesis. Thus, inhibiting phosphodiesterase and increasing cAMP best explains the bronchodilatory effect.

7. Methimazole blocks thyroid synthesis by inhibiting which step?

- A. Inhibits iodination of tyrosine.**
- B. Stimulates T4 to T3 conversion.
- C. Increases release of thyroid hormones.
- D. Inhibits storage of thyroid hormone as thyroglobulin.

Methimazole is a thionamide that inhibits thyroid peroxidase, the enzyme responsible for iodinating tyrosine residues on thyroglobulin and for the coupling of these iodinated residues to form T3 and T4. By blocking iodination of tyrosine, the organification step of hormone synthesis is halted, so little new thyroid hormone is produced. It does not enhance peripheral conversion of T4 to T3, nor does it promote release or storage of hormone—the drug's primary action is stopping the iodination step. Therefore, the inhibition of iodination of tyrosine is the correct mechanism.

8. Which of the following is a therapeutic use of glucocorticoids?

- A. Antibiotic effect
- B. Replacement therapy**
- C. Vasodilation
- D. Hyperglycemia

Glucocorticoids can be used to replace deficient cortisol in adrenal insufficiency. When the body can't produce enough cortisol, as in Addison's disease or pituitary/adrenal disorders, giving glucocorticoids serves as essential hormone replacement to maintain metabolism, vascular response, and stress adaptation. Among the options, this replacement therapy is the legitimate therapeutic use because it directly substitutes a missing hormone's function. The other choices don't reflect a therapeutic use: glucocorticoids do not have an antibiotic effect; they aren't used to cause vasodilation; and while they can raise blood glucose as a side effect, managing hyperglycemia is not a therapeutic aim of glucocorticoids.

9. Bacitracin is commonly used in what form and what is a notable toxicity?

- A. Oral antibiotic; hepatotoxicity.
- B. Topical antifungal; hepatotoxicity.
- C. Over-the-counter topical antibiotic; nephrotoxicity with systemic use.**
- D. Intravenous antibiotic; neurotoxicity.

Bacitracin is used as a topical antibiotic, typically found in over-the-counter ointments (often in a triple antibiotic combination). It is not given orally or IV for routine use. The notable toxicity is nephrotoxicity if it enters the systemic circulation, which is why systemic administration is limited and topical use is preferred. Topical application has minimal absorption, making it suitable for skin infections, while systemic exposure poses kidney toxicity risks.

10. Which antiviral is a neuraminidase inhibitor used to treat influenza by preventing viral release?

A. Oseltamivir

B. Acyclovir

C. Amantadine

D. Ribavirin

Neuraminidase inhibitors halt influenza spread by stopping the release of new viral particles from infected cells. Influenza viruses rely on neuraminidase to cleave sialic acid on the cell surface, allowing budding virions to detach and spread. By blocking this enzyme, the drug keeps virions attached to the cell and limits further infection, which helps shorten the illness when started early. Oseltamivir is an oral neuraminidase inhibitor used to treat influenza A and B by this mechanism. It's most effective when begun within about 48 hours of illness onset and can reduce symptom duration and viral shedding. The other drugs work differently: acyclovir targets herpesviruses by inhibiting viral DNA polymerase; amantadine blocks the M2 ion channel to prevent influenza A uncoating (less effective now due to resistance); ribavirin is a nucleoside analog with activity against other viruses like RSV and some hepatitis C contexts, not a neuraminidase inhibitor.

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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:

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

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