AMERICAN PODIATRIC MEDICAL LICENSING EXAMINATION (APMLE) PART 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://apmlepart2.examzify.com

Table of Contents

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. The number of electromagnetic waves that pass a given point per unit time is referred to as which of the following?

A. Wavelength

B. Wave frequency

C. Photon length

D. Speed of propagation

2. CK is typically measured in which specimen to assess muscle disorders?

A. Urine

B. Serum

C. CSF

D. Synovial Fluid

3. A custom molded shoe is the primary treatment option for which condition?

A. Severe osteoarthritis of the tarsus

B. Multiple sclerosis

C. Metatarsal stress fracture

D. Advanced Charcot foot deformity

4. Which statement about the talocalcaneal angle is true?

A. It is 8-10 degrees in the normal foot.

B. It is increased in a flatfoot deformity.

C. It is increased in a supinated foot deformity.

D. It is decreased in a pronated foot deformity.

5. Which of the following is NOT a retractor?

A. Key

B. Senn

C. Seeburger

D. Army-Navy

6. Which antibiotic prophylaxis is most appropriate when implant surgery is performed?

A. First-generation cephalosporins

B. Third-generation cephalosporins

C. Aminoglycosides

D. Quinoline

7. Which examination technique would be most appropriate for a suspected tibialis posterior tendinitis?

A. Side-to-side compression of the calcaneus

B. Supination of the subtalar joint against resistance

C. A calf squeeze

D. Coleman block test

8. Osteopetrosis is also known as marble bone disease. Which option names this condition?

A. Osteoporosis

B. Osteopetrosis

C. Osteitis deformans

D. Osteomalacia

9. Crossing the physis with hardware in a pediatric fracture increases the risk of what complication?

A. Infection

B. Physeal arrest

C. Nonunion

D. Neurovascular injury

10. What is the best treatment for a dermatofibroma on the anterior ankle?

A. Fulguration or laser ablation

B. Salicylic acid treatments with debridement

C. Surgical excision and pathological examination

D. Wide excision, pathological examination, and probable chemotherapy

Answers

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

Explanations

1. The number of electromagnetic waves that pass a given point per unit time is referred to as which of the following?

A. Wavelength

B. Wave frequency

C. Photon length

D. Speed of propagation

Frequency is the number of wave cycles that pass a fixed point each second, measured in hertz. This is exactly what the question is asking—the rate at which wave crests reach a point per unit time. Wavelength is the distance between successive crests, not how many pass per second, and the speed of propagation describes how fast the wave travels (c in vacuum) but not the count per time. Photon length isn't a standard term, though photon energy relates to frequency via E = hf. In vacuum, frequency also ties to wavelength through f = c/λ, linking how often waves occur with how long each wave takes to pass a point.

2. CK is typically measured in which specimen to assess muscle disorders?

A. Urine

B. Serum

C. CSF

D. Synovial Fluid

The main idea is that CK is a muscle-enzyme released into the bloodstream when muscle fibers are damaged, so its level in the blood serves as a marker of muscle injury. CK is highly concentrated inside skeletal muscle cells and also in cardiac muscle; when muscle tissue is damaged in conditions like muscular dystrophy, inflammatory myopathies, or rhabdomyolysis, CK leaks into the interstitial fluid and then into the blood. Measuring it in serum (blood) provides a convenient, reliable, and widely available way to assess the extent of muscle involvement and to monitor disease activity over time. Urine can show myoglobin in cases of severe muscle breakdown but is not the standard for evaluating muscle disorders. CSF and synovial fluid are not relevant sources for detecting muscle-derived enzymes. The total CK level in serum is used first, with isoenzyme testing (like CK-MM) helping to further characterize muscle versus cardiac involvement if needed.

3. A custom molded shoe is the primary treatment option for which condition?

A. Severe osteoarthritis of the tarsus

B. Multiple sclerosis

C. Metatarsal stress fracture

D. Advanced Charcot foot deformity

Advanced Charcot foot deformity requires protection of fragile neuropathic joints while preserving ambulation, making offloading footwear the mainstay of treatment. A custom molded shoe provides precise offloading of high-pressure areas, distributes forces more evenly across the plantar surface, and accommodates the foot's deformity with a supportive, stable sole. This helps prevent skin breakdown and ulcers, which are a major risk in neuropathic feet. In contrast, severe osteoarthritis of the tarsus often needs surgical fusion or other interventions to restore alignment and function; multiple sclerosis is a systemic condition not addressed by shoe design alone; and metatarsal stress fractures are typically treated with rest and immobilization rather than long-term customized footwear.

4. Which statement about the talocalcaneal angle is true?

A. It is 8-10 degrees in the normal foot.

B. It is increased in a flatfoot deformity.

C. It is increased in a supinated foot deformity.

D. It is decreased in a pronated foot deformity.

The talocalcaneal angle reflects how the hindfoot is aligned at the subtalar joint. When the foot pronates and the hindfoot everts, the talar and calcaneal axes diverge, so the angle between them becomes larger. This is what happens in a flatfoot deformity, where hindfoot valgus increases the talocalcaneal angle. In a supinated foot, the hindfoot is inverted and the axes align more closely, so the angle decreases. The normal value is not as small as 8–10 degrees, so that specific figure isn't accurate. The idea that the angle decreases with pronation is also incorrect. Hence, the statement that the talocalcaneal angle is increased in a flatfoot deformity is the true one.

5. Which of the following is NOT a retractor?

A. Key

B. Senn

C. Seeburger

D. Army-Navy

Retractors are instruments that hold back tissue to expose the surgical field. In podiatry, you'll see Senn, Seeburger, and Army-Navy retractors used to pull soft tissue aside and keep the area clear. The Senn is a small, dual-ended tool with a curved blade for superficial tissue. The Seeburger is longer with a curved blade suited for deeper tissue in tighter spaces. The Army-Navy retractor is a sturdy two-pronged blade used for larger exposures. The instrument called a Key is not used to retract tissue; it's typically used as an elevator or for other tasks that don't involve holding tissue back. So it isn't categorized as a retractor.

6. Which antibiotic prophylaxis is most appropriate when implant surgery is performed?

A. First-generation cephalosporins

B. Third-generation cephalosporins

C. Aminoglycosides

D. Quinoline

For implant surgery, the goal is to protect against the organisms most likely to contaminate the surgical site—primarily skin flora such as Staphylococcus aureus and coagulase-negative staphylococci. A first-generation cephalosporin provides reliable coverage of these gram-positive cocci, while offering good tissue and bone penetration, a favorable safety profile, and cost-effectiveness. Using a third-generation cephalosporin would widen the spectrum to more gram-negatives and anaerobes without improving protection against the usual implant pathogens, and it increases costs and the potential for resistance. Aminoglycosides focus more on gram-negative organisms and carry risks like nephrotoxicity and ototoxicity, making them less suitable for routine prophylaxis. Quinolones are not preferred for this setting due to resistance concerns and less dependable outcomes for implant-related pathogens. Therefore, the best choice is a first-generation cephalosporin.

7. Which examination technique would be most appropriate for a suspected tibialis posterior tendinitis?

A. Side-to-side compression of the calcaneus

B. Supination of the subtalar joint against resistance

C. A calf squeeze

D. Coleman block test

To evaluate suspected tibialis posterior tendinitis, you want a test that directly loads the posterior tibial tendon. Having the patient invert the foot against resistance (testing subtalar joint inversion) does just that: it loads the tendon as it functions to invert and stabilize the hindfoot. If the tendon is inflamed or torn, this resisted inversion will reproduce focal tenderness along the posteromedial ankle and may reveal weakness in inversion, making this the most specific exam for tibialis posterior tendon pathology. The other maneuvers don't isolate this tendon. Side-to-side compression of the calcaneus targets calcaneal injuries or hindfoot stability rather than tendon function. A calf squeeze assesses the gastrocnemius-soleus complex and Achilles tendon rather than tibialis posterior. The Coleman block test helps differentiate hindfoot deformity sources in flatfoot and isn't a direct test for tibialis posterior tendinitis, though it can inform management in certain deformities.

8. Osteopetrosis is also known as marble bone disease. Which option names this condition?

A. Osteoporosis

B. Osteopetrosis

C. Osteitis deformans

D. Osteomalacia

Marble bone disease is osteopetrosis. It's a hereditary disorder where osteoclasts don't resorb bone properly, so bones become unusually dense (sclerotic) on imaging. Despite this density, the bones are fragile and prone to fracture, and marrow space can be reduced, causing hematologic issues and nerve compression in some cases. This name wouldn't fit the other conditions: osteoporosis involves loss of bone mass, osteitis deformans refers to Paget disease with abnormal remodeling, and osteomalacia is softening of bones from defective mineralization.

9. Crossing the physis with hardware in a pediatric fracture increases the risk of what complication?

A. Infection

B. Physeal arrest

C. Nonunion

D. Neurovascular injury

Crossing the growth plate with hardware disrupts the cartilage area where bones normally lengthen in kids. If the physis is damaged or bridged by hardware, it can close early, causing physeal arrest. That premature closure stops growth at the affected site, leading to limb-length discrepancy and potential angular deformities as the child grows. So crossing the physis is specifically linked to growth disturbances, which is why physeal arrest is the key complication to watch for. Other issues like infection or nonunion can happen with fracture fixation in general, but they aren't uniquely caused by crossing the growth plate.

10. What is the best treatment for a dermatofibroma on the anterior ankle?

A. Fulguration or laser ablation

B. Salicylic acid treatments with debridement

C. Surgical excision and pathological examination

D. Wide excision, pathological examination, and probable chemotherapy

Dermatofibroma is a benign fibrous histiocytic lesion that can resemble other more serious skin tumors, especially when located on a sun-exposed and functionally important area like the anterior ankle. Because you want a definitive diagnosis and complete removal, the best approach is surgical excision with pathological examination. Excision gives you a specimen to review under the microscope, confirming the benign nature of the lesion and ruling out melanoma or other malignancies that can mimic dermatofibroma. It also tends to provide clear margins and a definitive treatment, with a low risk of recurrence when fully removed. Fulguration or laser ablation might remove visible tissue but does not provide a tissue diagnosis and can leave residual lesion or confusing histology. Salicylic acid with debridement targets warts and hyperkeratotic lesions, not dermatofibromas. A very wide excision with chemotherapy is unnecessary and inappropriate for a benign lesion like this.

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://apmlepart2.examzify.com

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