

AMERICAN PODIATRIC MEDICAL LICENSING EXAMINATION (APMLE) PART 3 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 roles do offloading and perfusion optimization play in Charcot management?**
 - A. Offloading reduces repetitive stress; perfusion optimization supports healing and infection control; both are essential
 - B. Offloading is optional and perfusion optimization is unnecessary
 - C. Perfusion optimization alone is sufficient; offloading is unnecessary
 - D. Offloading increases repetitive stress and delays healing
- 2. Refsum's disease is characterized by increased excretion of which compound?**
 - A. Phytanic acid
 - B. Palmitic acid
 - C. Stearic acid
 - D. Sebacic acid
- 3. Which agent is a direct arteriolar vasodilator used in hypertensive crisis?**
 - A. Hydralazine
 - B. Clonidine
 - C. Nifedipine
 - D. Lisinopril
- 4. Which management strategy is essential to guide offloading in diabetic foot care?**
 - A. Identify high-pressure zones for targeted offloading
 - B. Assess dietary intake only
 - C. Ignore plantar pressures
 - D. Ignore gait analysis
- 5. Which statement about Wagner classification is true regarding its limitations?**
 - A. Interobserver reliability can be poor.
 - B. It includes vascular status.
 - C. It assesses infection severity.
 - D. It is unaffected by soft tissue viability.

- 6. Penicillin V is administered by which route?**
- A. PO only
 - B. IM
 - C. IV
 - D. Subcutaneous
- 7. For disseminated Lyme disease when oral therapy is insufficient, which antibiotic is commonly used?**
- A. Doxycycline
 - B. Amoxicillin
 - C. Azithromycin
 - D. Ceftriaxone
- 8. Ekbom's syndrome is another name for which condition?**
- A. Restless leg syndrome
 - B. Carpal tunnel syndrome
 - C. Peripheral neuropathy
 - D. Amblyopia
- 9. Redundant skin over the sinus tarsi in TEV results from which mechanism?**
- A. Edema due to venous congestion
 - B. Excess skin from rapid growth
 - C. Atrophy of skin from persistent pressure of the talar head from within
 - D. Infection
- 10. What is the typical initial management for an open Lisfranc injury with soft tissue injury?**
- A. Definitive fixation first, then antibiotics.
 - B. Prompt irrigation/debridement, broad-spectrum IV antibiotics, and definitive fixation once soft tissue condition allows.
 - C. Immediate weight-bearing.
 - D. Observation.

Answers

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

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Explanations

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1. What roles do offloading and perfusion optimization play in Charcot management?

- A. Offloading reduces repetitive stress; perfusion optimization supports healing and infection control; both are essential
- B. Offloading is optional and perfusion optimization is unnecessary
- C. Perfusion optimization alone is sufficient; offloading is unnecessary**
- D. Offloading increases repetitive stress and delays healing

Offloading and perfusion optimization work together to manage Charcot neuroarthropathy. Relieving pressure on the affected foot minimizes repetitive trauma and mechanical overload, which helps prevent further collapse of the arches and deformity and creates a safer environment for healing. At the same time, improving perfusion supports tissue healing, reduces infection risk, and enhances the delivery of immune cells and medications to the affected area. If you only offload, healing can be slowed by poor blood flow; if you only optimize perfusion, ongoing mechanical stress can continue to damage the joints. The best approach uses both strategies: protect the foot from stress while ensuring adequate blood flow and dressings/therapy to promote healing and infection control.

2. Refsum's disease is characterized by increased excretion of which compound?

- A. Phytanic acid**
- B. Palmitic acid
- C. Stearic acid
- D. Sebacic acid

Refsum disease results from a deficiency of the enzyme that initiates the alpha-oxidation of branched-chain fatty acids, specifically phytanic acid. Because this step is blocked, phytanic acid cannot be properly processed for beta-oxidation, so it accumulates in tissues and is excreted in much larger amounts in urine. Phytanic acid is the branched-chain fatty acid derived from dietary chlorophyll (found in dairy and ruminant fats), making its urinary excretion a hallmark of the disorder. The other fatty acids listed are not characteristic findings of Refsum disease and do not reflect the specific block in alpha-oxidation of phytanic acid.

3. Which agent is a direct arteriolar vasodilator used in hypertensive crisis?

- A. Hydralazine**
- B. Clonidine
- C. Nifedipine
- D. Lisinopril

In a hypertensive crisis you want a drug that lowers blood pressure quickly by directly relaxing the small arteries, reducing afterload. Hydralazine fits this role because it acts directly on arteriolar smooth muscle to cause dilation, which rapidly lowers systemic vascular resistance when given intravenously. This fast onset makes it a classic choice for hypertensive emergencies, though it can trigger reflex tachycardia and fluid retention, so it's often paired with a beta-blocker or diuretic and carefully monitored. Clonidine works by central nervous system effects that decrease sympathetic outflow, not by directly dilating arterioles, so it isn't the preferred agent for rapid crisis control. Nifedipine is a calcium channel blocker that dilates arteries, but the rapid-acting oral form used in crises can cause unpredictable BP drops, making it less favorable in hypertensive emergencies. Lisinopril lowers BP by inhibiting angiotensin II formation rather than direct arteriolar dilation, and its effects are slower, also making it less suitable for immediate crisis management.

4. Which management strategy is essential to guide offloading in diabetic foot care?

- A. Identify high-pressure zones for targeted offloading**
- B. Assess dietary intake only
- C. Ignore plantar pressures
- D. Ignore gait analysis

Offloading effectiveness comes from pinpointing where the plantar pressure is highest so you can redirect load away from those areas. In neuropathic feet, ulcers tend to form at spots where the force during walking concentrates, often under specific metatarsal heads or the heel. By using dynamic plantar pressure analysis or gait assessment, you map how pressure is distributed as the person walks. With that map, you implement strategies that shift pressure off the problem sites, such as total-contact casts, well-fitted offloading boots, or custom orthoses that redistribute load. The goal is to minimize repetitive stress on the vulnerable tissue to promote healing and reduce recurrence. Dietary considerations don't address mechanical loading, and ignoring plantar pressures or gait analysis would miss the main factor driving tissue damage in diabetic feet.

5. Which statement about Wagner classification is true regarding its limitations?

- A. Interobserver reliability can be poor.**
- B. It includes vascular status.
- C. It assesses infection severity.
- D. It is unaffected by soft tissue viability.

Interobserver reliability can be poor. Wagner's system grades ulcers mainly by depth and the presence of gangrene, but the depth and extent of tissue involvement are judged subjectively. Different clinicians may interpret the same ulcer differently, especially when edema, presence of necrotic tissue, callus, or deep structures are hard to assess, leading to inconsistent grading across observers. This scale also doesn't account for vascular status or infection severity, and it doesn't explicitly quantify soft tissue viability beyond what is implied by depth. That's why statements asserting vascular status or infection severity are included in or excluded by the scale aren't accurate, and why the option about reliability best reflects a real limitation.

6. Penicillin V is administered by which route?

- A. PO only**
- B. IM
- C. IV
- D. Subcutaneous

Penicillin V is the acid-stable penicillin used for oral therapy. Its chemical stability in gastric acid allows it to be absorbed when taken by mouth, providing effective systemic levels with oral administration. The alternative routes are not used for penicillin V because there isn't a standard parenteral formulation, and penicillin G is the acid-labile form that is given by injection (IM or IV) to avoid stomach destruction. So, the appropriate route for penicillin V is oral administration only.

7. For disseminated Lyme disease when oral therapy is insufficient, which antibiotic is commonly used?

- A. Doxycycline
- B. Amoxicillin
- C. Azithromycin
- D. Ceftriaxone**

*When disseminated Lyme disease requires escalation beyond oral therapy, the goal is to use an antibiotic that achieves high concentrations in the blood and central nervous system to effectively eradicate *Borrelia burgdorferi*. Ceftriaxone, given intravenously, fits this need because it has excellent tissue and CSF penetration and is reliably active against the organism in more serious or neurologic manifestations. This is why it's the common choice when oral regimens are insufficient—for example, in neurologic involvement, meningitis, cranial neuritis, radiculopathy, or severe disseminated disease requiring IV therapy. In contrast, doxycycline and amoxicillin are oral options suited to earlier stages or less severe disseminated disease, and azithromycin is less effective and not preferred for disseminated infection. The IV ceftriaxone course is typically 14 to 28 days, tailored to the specific clinical presentation.*

8. Ekbom's syndrome is another name for which condition?

- A. Restless leg syndrome**
- B. Carpal tunnel syndrome
- C. Peripheral neuropathy
- D. Amblyopia

Ekbom's syndrome is Restless legs syndrome, a sensorimotor issue characterized by an uncomfortable urge to move the legs, often described as crawling, tingling, or creeping sensations. These symptoms start or worsen at rest and in the evening or night, and they are relieved by movement. The experience can interfere with sleep, and many people with this condition have periodic limb movements during sleep. This pattern helps distinguish it from other conditions: carpal tunnel syndrome affects the hands with numbness and tingling from nerve compression, not a leg-centered urge to move; peripheral neuropathy produces numbness and burning in the feet or legs but typically lacks the compelling urge to move or the clear evening-worsening pattern; amblyopia is a vision problem, unrelated to leg sensations. The term honors the physician Karl-Axel Ekbom who described the syndrome. Treatment focuses on correcting iron deficiency if present and using medications that target dopaminergic pathways or nerve excitability, along with good sleep hygiene.

9. Redundant skin over the sinus tarsi in TEV results from which mechanism?

- A. Edema due to venous congestion
- B. Excess skin from rapid growth
- C. Atrophy of skin from persistent pressure of the talar head from within**
- D. Infection

In TEV, the talar head sits abnormally against the sinus tarsi from within, so the skin directly over that area endures ongoing pressure. That sustained internal pressure reduces blood flow to the overlying skin and leads to thinning and atrophy of the epidermis and dermis. When the skin becomes thinner, it can buckle and look redundant over the sinus tarsi, which is the visible result in clubfoot. This isn't swelling from venous congestion, nor excess skin from growth, nor infection, but a localized skin atrophy driven by persistent internal pressure from the talar head.

10. What is the typical initial management for an open Lisfranc injury with soft tissue injury?

- A. Definitive fixation first, then antibiotics.
- B. Prompt irrigation/debridement, broad-spectrum IV antibiotics, and definitive fixation once soft tissue condition allows.**
- C. Immediate weight-bearing.
- D. Observation.

In open Lisfranc injuries with soft tissue damage, preventing infection and protecting the soft tissue envelope is the priority. The typical initial approach is to perform prompt irrigation and surgical debridement to remove contaminated and nonviable tissue, begin broad-spectrum IV antibiotics to cover common pathogens, and temporize fixation until the soft tissue condition improves. Delaying definitive fixation allows the swollen, potentially compromised skin to recover, reducing the risk of wound complications and hardware infection. Once the soft tissues are in better condition, definitive stabilization of the midfoot can be performed.

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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://apmlepart3.examzify.com>

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

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