AMSSM Sports Medicine Practice Exam (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. Don’t worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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 physical exam maneuver is used to assess hypothenar hammer syndrome?**
   - **A. Phalen's test**
   - **B. Allen test**
   - **C. Finkelstein test**
   - **D. Tinel's sign**

2. **How does the helmet and shoulder pad complex in football affect the neck position when supine?**
   - **A. It places the neck in slight flexion**
   - **B. It places the neck in extension**
   - **C. It places the neck neutral**
   - **D. It does not affect the neck position**

3. **When is surgical intervention indicated for spondylolisthesis?**
   - **A. Asymptomatic Grade 1**
   - **B. Symptomatic Grade 3**
   - **C. Only in athletes**
   - **D. All grades 1-2**

4. **Which metatarsals are stated to be the second most common location for Morton's neuroma?**
   - **A. 1st and 2nd metatarsals**
   - **B. 2nd and 3rd metatarsals**
   - **C. 3rd and 4th metatarsals**
   - **D. 4th and 5th metatarsals**

5. **What is the anatomical mechanism of internal snapping hip syndrome?**
   - **A. Iliopsoas snaps over the femoral head**
   - **B. Iliotibial band snaps over the greater trochanter**
   - **C. Pectineus snaps over the pubic bone**
   - **D. Tensor fascia lata snaps over the femur**

6. What is the timeframe for the early development of myositis ossificans?

A. 1-2 weeks

B. 2-4 weeks

C. 4-8 weeks

D. 8+ weeks

7. What is the gold-standard diagnostic test for HSV-1?

A. Viral culture

B. Serological testing

C. PCR (Polymerase Chain Reaction)

D. ELISA testing

8. Where does bleeding occur in an epidural hematoma?

A. Within the brain tissue

B. Between the dura and skull

C. Within the subdural space

D. Between the arachnoid layer and the brain

9. What is the main structure evaluated by the lift-off test?

A. Teres minor

B. Subscapularis

C. Biceps brachii

D. Rotator cuff

10. What maneuver is used to test for posterior tibialis tendon dysfunction?

A. Resisted inversion and plantarflexion

B. Active dorsiflexion and eversion

C. Passive inversion and plantarflexion

D. Squatting and jumping

Answers

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

Explanations

1. What physical exam maneuver is used to assess hypothenar hammer syndrome?

A. Phalen's test

B. Allen test

C. Finkelstein test

D. Tinel's sign

The Allen test is the appropriate maneuver for assessing hypothenar hammer syndrome. This condition typically arises from repetitive trauma or compression to the ulnar artery, often seen in individuals who perform manual work or activities that exert pressure on the base of the palm. In the Allen test, the clinician evaluates the patency of the radial and ulnar arteries. The test involves occluding both arteries followed by the release of one while observing the return of blood flow to the hand. In patients with hypothenar hammer syndrome, there may be inadequate blood flow to the hand or altered perfusion due to the compromised ulnar artery, thus revealing the presence of the syndrome based on the capillary refill or color change of the hand. Understanding this context highlights the importance of differentiating between these various physical exam maneuvers. For instance, while Phalen's test is used to assess carpal tunnel syndrome by checking for symptoms when the wrists are flexed, and Finkelstein's test is used for De Quervain's tenosynovitis by eliciting pain on thumb movement, neither directly evaluates the vascular implications associated with hypothenar hammer syndrome. Tinel's sign similarly assesses for nerve irritation, specifically in carpal tunnel syndrome, making the Allen test

2. How does the helmet and shoulder pad complex in football affect the neck position when supine?

A. It places the neck in slight flexion

B. It places the neck in extension

C. It places the neck neutral

D. It does not affect the neck position

The helmet and shoulder pad complex in football is designed to provide protection during contact but also plays a significant role in the positioning of the neck when an athlete is in a supine position (lying flat on the back). When an athlete is supine with this equipment on, the helmet tends to support a more neutral alignment of the neck. This neutral position is crucial, as it helps maintain the natural curvature of the cervical spine without excessive flexion or extension. A neutral neck position is important for protecting the spinal cord and preventing potential injuries, as extreme flexion or extension could lead to significant trauma in the event of a fall or collision. In contrast, positions that involve flexion or extension would create undue stress on the spinal column and could increase the risk of injury in a sport where impacts are common. Therefore, understanding how the equipment affects neck position is vital for ensuring not only player safety but also effective performance on the field.

3. When is surgical intervention indicated for spondylolisthesis?

A. Asymptomatic Grade 1

B. Symptomatic Grade 3

C. Only in athletes

D. All grades 1-2

Surgical intervention for spondylolisthesis is indicated primarily in cases where the patient experiences significant symptoms that do not respond to conservative management. This is most evident in symptomatic cases of higher-grade spondylolisthesis, specifically Grade 3 and above. Grade 3 spondylolisthesis involves a substantial slippage of the vertebra, which can lead to increased instability and more severe symptoms such as persistent pain, neurological deficits, or impaired function. In patients graded as Grade 3, conservative treatments like physical therapy, pain management, and activity modification may fail to provide relief, making surgery a necessary option to restore stability and alleviate symptoms. Higher-grade spondylolisthesis poses a greater risk of complications and can significantly impair the patient's quality of life, reinforcing the need for surgical intervention when the situation is symptomatic. In contrast, asymptomatic Grade 1 cases usually don't require surgery, and surgical intervention is not universally needed for athletes, as would be implied in one of the options, nor is it typically indicated for all grades, especially when the patient is asymptomatic or when conservative measures are effective. Thus, the focus on symptomatic Grade 3 cases is justified and underscores the importance of careful assessment of the patient's

4. Which metatarsals are stated to be the second most common location for Morton's neuroma?

A. 1st and 2nd metatarsals

B. 2nd and 3rd metatarsals

C. 3rd and 4th metatarsals

D. 4th and 5th metatarsals

Morton's neuroma is a condition that results from the irritation or compression of the plantar digital nerves, commonly found between the metatarsal bones of the foot. The second and third metatarsals are identified as the second most common location for Morton's neuroma due to the anatomical layout of the metatarsal bones and the surrounding soft tissues. This region is particularly susceptible to compression because of the biomechanics of the foot, especially during activities that involve repetitive stress or pressure on the forefoot, such as running or wearing narrow shoes. The nerve that runs between these metatarsals can become pinched or inflamed, leading to the characteristic pain and discomfort associated with Morton's neuroma. In this context, the 2nd and 3rd metatarsal region is a critical area for understanding the presentation and management of this condition in sports medicine settings. Recognizing this common anatomic site helps clinicians make accurate diagnoses and develop effective treatment strategies for patients experiencing foot pain.

5. What is the anatomical mechanism of internal snapping hip syndrome?

A. Iliopsoas snaps over the femoral head

B. Iliotibial band snaps over the greater trochanter

C. Pectineus snaps over the pubic bone

D. Tensor fascia lata snaps over the femur

Internal snapping hip syndrome is primarily associated with the movement of the iliopsoas tendon as it crosses over the femoral head. This condition typically occurs during hip flexion and extension, where the iliopsoas muscle, which consists of the iliacus and psoas major, can create a snapping sound or sensation when it moves past the anterior aspect of the hip joint. This snapping can be felt as the tendon comes into contact with structures around the hip joint, most notably the femoral head. It typically occurs in individuals who engage in activities that involve repetitive hip flexion, such as running or dancing. The recognition of this snapping sound or sensation is important for clinicians as it can be associated with hip pain or a potential impingement, and differentiating it from other hip-related conditions is vital for appropriate management. The other options, while they may involve tendons or structures around the hip, do not specifically relate to internal snapping hip syndrome. The iliotibial band primarily relates to lateral hip issues, pectineus snapping is less commonly encountered, and tensor fascia lata mechanisms involve different interactions not associated with internal snapping.

6. What is the timeframe for the early development of myositis ossificans?

A. 1-2 weeks

B. 2-4 weeks

C. 4-8 weeks

D. 8+ weeks

Myositis ossificans is characterized by the abnormal formation of bone tissue within muscle or soft tissue, typically following trauma or repetitive injury. The early development of myositis ossificans generally occurs within a timeframe of 2 to 4 weeks post-injury. During this period, there is an initial inflammatory response that may lead to calcification within the soft tissue. At around 2 to 4 weeks, imaging modalities like X-rays may start to reveal early signs of bone development, although it might not be fully apparent until a later stage. Understanding this timeframe is crucial for diagnosis and management, as early recognition can help guide treatment and potentially mitigate complications related to excessive ossification. The other timeframes provided do not align with the typical progression of myositis ossificans. Development occurring in 1-2 weeks would be too early for significant changes to take place, while 4-8 weeks indicates a later stage where more pronounced changes are observed. Any timeframe beyond 8 weeks would typically represent established myositis ossificans rather than early development.

7. What is the gold-standard diagnostic test for HSV-1?

A. Viral culture

B. Serological testing

C. PCR (Polymerase Chain Reaction)

D. ELISA testing

The gold-standard diagnostic test for HSV-1 is PCR (Polymerase Chain Reaction). PCR is a highly sensitive and specific molecular technique that detects the presence of viral DNA in a sample. This method allows for the rapid identification of the virus, even in cases with low viral loads, which makes it particularly valuable for diagnosing herpes simplex virus infections. The sensitivity of PCR is significantly greater than that of traditional methods like viral cultures, which can sometimes yield false negatives, especially if the sample is not taken during an active outbreak. PCR can also provide results faster, which is crucial in clinical settings where timely diagnosis and treatment can impact patient outcomes. Serological testing, while useful for detecting antibodies against HSV-1, cannot confirm active infection or specify which type of HSV is present (i.e., HSV-1 vs. HSV-2) as it only indicates a past exposure to the virus. Similarly, ELISA testing is used for serological assays to measure antibody levels but shares the same limitations as serological testing regarding active infection detection. Thus, due to its accuracy and ability to detect the virus during an active infection, PCR is considered the gold standard for diagnosing HSV-1.

8. Where does bleeding occur in an epidural hematoma?

A. Within the brain tissue

B. Between the dura and skull

C. Within the subdural space

D. Between the arachnoid layer and the brain

Bleeding in an epidural hematoma occurs between the dura mater and the skull. This type of hematoma is typically associated with trauma, such as a skull fracture, that tears blood vessels in this area, leading to the accumulation of blood. The collection of blood can create pressure on the brain, potentially leading to serious neurological consequences. Understanding the location of an epidural hematoma is crucial for diagnosis and treatment. Clinically, this can present as a brief loss of consciousness, followed by a "lucid interval," and then a rapid decline in neurological status as the hematoma expands and increases intracranial pressure. Other conditions like subdural hematomas and intraparenchymal hemorrhages occur in different areas of the central nervous system; thus, recognizing the correct location of an epidural hematoma is essential for effective medical management and intervention.

9. What is the main structure evaluated by the lift-off test?

A. Teres minor

B. Subscapularis

C. Biceps brachii

D. Rotator cuff

The lift-off test is primarily used to assess the function of the subscapularis muscle, which is one of the four rotator cuff muscles. This test evaluates the strength and integrity of the subscapularis specifically, as it is responsible for internal rotation of the shoulder. During the lift-off test, a patient places their hand behind their back and attempts to lift it away from the back while the examiner resists the motion. Difficulty or inability to execute this movement suggests a possible tear or weakness in the subscapularis muscle. Assessing this muscle is crucial because it plays a vital role in shoulder stability and function, particularly during overhead activities. While the rotator cuff includes several muscles, the lift-off test specifically targets the subscapularis rather than the entire group. Other muscles and structures may be tested through different maneuvers, but the lift-off test is distinct in its focus on the subscapularis.

10. What maneuver is used to test for posterior tibialis tendon dysfunction?

A. Resisted inversion and plantarflexion

B. Active dorsiflexion and eversion

C. Passive inversion and plantarflexion

D. Squatting and jumping

Resisted inversion and plantarflexion is the correct maneuver to test for posterior tibialis tendon dysfunction. This tendon is crucial for foot mechanics, providing support for the medial arch and assisting with foot inversion and plantarflexion. During the resisted inversion and plantarflexion test, the clinician asks the patient to perform these movements against resistance, which isolates the function of the posterior tibialis tendon. If there is weakness or pain during this maneuver, it indicates possible dysfunction of the tendon, suggesting a pathology such as tendinitis, tears, or other injuries associated with the posterior tibialis. The other options do not specifically isolate the posterior tibialis tendon or are not indicative of its function. Active dorsiflexion and eversion primarily test the anterior tibialis or the peroneal tendons rather than the posterior tibialis. Passive inversion and plantarflexion may not accurately demonstrate the strength or integrity of the tendon since they do not involve active muscle engagement. Squatting and jumping involve multiple muscle groups and dynamic functions of the lower extremity, which would not specifically highlight issues with the posterior tibialis tendon.

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://amssmsportsmed.examzify.com

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