

# 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. 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 tendons are housed within the carpal tunnel?**
  - A. Extensor tendons**
  - B. Finger flexor tendons**
  - C. Abductor tendons**
  - D. Adductor tendons**
  
- 2. What is the only FDA-approved use of lidocaine patches?**
  - A. Chronic pain relief**
  - B. Post-herpetic neuralgia**
  - C. Muscle strain**
  - D. Back pain**
  
- 3. What is the primary imaging method for assessing stable laryngotracheal injuries?**
  - A. X-ray**
  - B. CT scan**
  - C. Magnetic Resonance Imaging (MRI)**
  - D. Flexible fiberoptic laryngoscopy**
  
- 4. What is the maximum recommended percentage of body weight loss per week?**
  - A. No more than 1.5%**
  - B. No more than 2%**
  - C. No more than 3%**
  - D. No more than 4%**
  
- 5. What is the primary treatment for middle ear barotrauma?**
  - A. Antibiotics**
  - B. Surgical intervention**
  - C. Symptomatic relief**
  - D. Intranasal corticosteroids**

**6. What characteristic ECG finding is associated with Brugada syndrome?**

- A. Complete RBBB**
- B. J-wave with ST elevations**
- C. Ventricular hypertrophy**
- D. Short QT interval**

**7. Where does compression of the suprascapular nerve commonly occur?**

- A. Rotator cuff area**
- B. Suprascapular notch**
- C. Axilla**
- D. Deltoid muscle**

**8. What is the treatment protocol for a navicular stress fracture?**

- A. Rest and ice for 2 weeks**
- B. Non-weight bearing for 6 weeks**
- C. Surgery**
- D. Physical therapy only**

**9. In a supracondylar fracture, what nerve is most at risk of injury?**

- A. Radial nerve**
- B. Ulnar nerve**
- C. Median nerve**
- D. Axillary nerve**

**10. What benefit does COX-2 selective NSAIDs have over COX-2 specific NSAIDs?**

- A. Increased pain relief**
- B. Decreased GI side effects**
- C. Lower cost**
- D. Improved efficacy**

## **Answers**

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

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## **Explanations**

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## 1. Which tendons are housed within the carpal tunnel?

- A. Extensor tendons
- B. Finger flexor tendons**
- C. Abductor tendons
- D. Adductor tendons

The tendons housed within the carpal tunnel primarily include the flexor tendons of the fingers, specifically the flexor digitorum superficialis and flexor digitorum profundus tendons. These tendons play a crucial role in finger flexion by allowing the fingers to curl and grasp. The carpal tunnel is a narrow passageway located in the wrist, bordered by the carpal bones and the flexor retinaculum, and it contains the median nerve alongside these finger flexor tendons. This anatomical arrangement is significant because the median nerve provides sensation and motor function to parts of the hand, which can be affected in conditions such as carpal tunnel syndrome. Conversely, the extensor tendons, which are responsible for extending the fingers, travel outside of the carpal tunnel and are located in a separate compartment. Abductor and adductor tendons also pertain to wrist and finger movements but do not pass through the carpal tunnel. Thus, the identification of finger flexors as the correct answer is essential for understanding the anatomy relevant to wrist and hand function.

## 2. What is the only FDA-approved use of lidocaine patches?

- A. Chronic pain relief
- B. Post-herpetic neuralgia**
- C. Muscle strain
- D. Back pain

Lidocaine patches are specifically approved by the FDA for the management of post-herpetic neuralgia, which is a painful condition that follows an outbreak of shingles caused by the varicella-zoster virus. The formulation of lidocaine in a transdermal patch allows for localized delivery of the medication, providing analgesia directly at the site of pain while minimizing systemic absorption and potential side effects. In the case of post-herpetic neuralgia, patients experience pain in the dermatome where the shingles occurred, and lidocaine patches work effectively to reduce this pain. The FDA's approval for this specific indication is based on clinical trials demonstrating efficacy in relieving the neuropathic pain associated with this condition. While lidocaine can be applied in various contexts relating to pain management, the approval for use with lidocaine patches is not extended to generalized chronic pain relief, muscle strains, or back pain. These conditions may be managed with other treatments or medications, but they do not have the same specific indication for lidocaine patches as seen with post-herpetic neuralgia.

**3. What is the primary imaging method for assessing stable laryngotracheal injuries?**

- A. X-ray**
- B. CT scan**
- C. Magnetic Resonance Imaging (MRI)**
- D. Flexible fiberoptic laryngoscopy**

The primary imaging method for assessing stable laryngotracheal injuries is flexible fiberoptic laryngoscopy. This technique allows for direct visualization of the larynx and trachea, providing critical information regarding the integrity of these structures in real-time. It is especially useful in evaluating the presence of lesions, swelling, or other injuries that may not be adequately demonstrated on imaging studies. Additionally, fiberoptic laryngoscopy enables physicians to assess functional aspects, such as airway patency and vocal cord movement, which are particularly important when managing injuries to the laryngotracheal complex. Other methods like X-rays and CT scans may provide some information about the surrounding structures and any accompanying bony injuries, but they do not offer the same level of direct assessment of the laryngeal and tracheal tissues as fiberoptic laryngoscopy. Magnetic Resonance Imaging (MRI) is generally less beneficial in acute trauma cases involving the airway due to its limited utility in evaluating bone and air-filled structures. Thus, fiberoptic laryngoscopy is preferred for its effectiveness in diagnosing and managing stable laryngotracheal injuries.

**4. What is the maximum recommended percentage of body weight loss per week?**

- A. No more than 1.5%**
- B. No more than 2%**
- C. No more than 3%**
- D. No more than 4%**

The maximum recommended percentage of body weight loss per week is often advised to be no more than 1.5%. This guideline is rooted in promoting a sustainable and healthy approach to weight loss, minimizing the risk of negative health effects. Losing weight at a rate greater than this can lead to muscle loss, nutritional deficiencies, and can potentially cause metabolic disturbances, which may result in long-term difficulties in maintaining weight loss. Aiming for a more conservative percentage also allows for better adherence to lifestyle changes, as rapid weight loss solutions are frequently associated with high rates of weight regain. A gradual loss not only helps in preserving lean body mass but also encourages behavioral modifications that can lead to long-term weight management. In the context of sport and exercise performance, maintaining optimal body composition is crucial, making the adherence to this guideline particularly relevant for athletes. Therefore, focusing on a loss of no more than 1.5% of body weight per week is aligned with best practices in sports medicine and nutrition for both performance and overall health.

## 5. What is the primary treatment for middle ear barotrauma?

- A. Antibiotics**
- B. Surgical intervention**
- C. Symptomatic relief**
- D. Intranasal corticosteroids**

The primary treatment for middle ear barotrauma focuses on providing symptomatic relief. Middle ear barotrauma occurs when there is a pressure differential between the external environment and the middle ear, often experienced during activities such as flying or scuba diving. This can lead to discomfort, ear pain, and possible temporary hearing loss due to the inability to equalize pressure. Symptomatic relief typically involves measures such as the Valsalva maneuver or Toynbee maneuver, which help to equalize the pressure in the middle ear. Additionally, over-the-counter pain relievers can be suggested to manage pain and discomfort. Since barotrauma is often self-limiting, these conservative approaches are usually sufficient to allow the eustachian tube to function and restore normal pressure. In contrast, other management strategies like antibiotics are not necessary unless there is a secondary infection, which is not a common consequence of barotrauma itself. Surgical intervention would generally only be considered in severe, chronic cases or if there are complications such as a perforated tympanic membrane. Intranasal corticosteroids may help reduce inflammation and improve eustachian tube function but are not considered the first-line treatment specifically for barotrauma. Therefore, the focus remains on symptomatic relief to aid recovery and

## 6. What characteristic ECG finding is associated with Brugada syndrome?

- A. Complete RBBB**
- B. J-wave with ST elevations**
- C. Ventricular hypertrophy**
- D. Short QT interval**

Brugada syndrome is characterized by a specific ECG finding known as the "Brugada pattern," which includes a J-wave followed by a concave ST-segment elevation, particularly in the right precordial leads V1 to V3. This characteristic finding is crucial for the diagnosis of Brugada syndrome and is indicative of an increased risk for ventricular arrhythmias and sudden cardiac death. The presence of the J-wave with ST elevations in this syndrome reflects an abnormality in the ion channels of the heart, particularly in the sodium channels, leading to a distinctive electrical signature that can be seen on an ECG. Recognizing this abnormal pattern is vital for clinicians to identify individuals at risk for potentially lethal arrhythmias. Understanding this unique ECG finding is essential for diagnosing and managing individuals with Brugada syndrome effectively, as it helps differentiate this condition from other cardiac issues that may present with abnormal ECGs.

**7. Where does compression of the suprascapular nerve commonly occur?**

- A. Rotator cuff area**
- B. Suprascapular notch**
- C. Axilla**
- D. Deltoid muscle**

The suprascapular nerve commonly becomes compressed at the suprascapular notch, which is a bony groove located on the superior border of the scapula. This anatomical location is critical as the nerve travels from the upper trunk of the brachial plexus and passes underneath the superior transverse scapular ligament. When there is an anatomical variant or a pathological condition, such as swelling or trauma, it can lead to impingement of the nerve in this area, resulting in pain and dysfunction in the muscles it innervates, namely the supraspinatus and infraspinatus muscles. Understanding the dynamics of how the suprascapular nerve travels and what structures surround it helps clarify why compression is most frequently noted at the suprascapular notch compared to other areas like the rotator cuff area, axilla, or deltoid muscle. Other locations lack the distinct anatomical constraints seen at the notch, making them less likely candidates for nerve compression.

**8. What is the treatment protocol for a navicular stress fracture?**

- A. Rest and ice for 2 weeks**
- B. Non-weight bearing for 6 weeks**
- C. Surgery**
- D. Physical therapy only**

The treatment protocol for a navicular stress fracture primarily involves non-weight bearing for an extended period, typically around 6 weeks. This approach allows the fractured bone to heal without the stress of weight bearing, which could otherwise impede recovery and exacerbate the injury. Mobility restrictions are crucial in ensuring that the healing process is not disrupted, as the navicular bone is vital in the structure and function of the foot, particularly in activities that involve running or jumping. Rest and ice may contribute to symptom management, but they are not sufficient alone for addressing the healing needs of a navicular stress fracture. Surgery is usually not the first course of treatment unless there are complications or the fracture is significantly displaced, which is generally uncommon in stress fractures. Similarly, while physical therapy may be beneficial for rehabilitation after initial healing, it is not the primary treatment in the acute phase of a navicular stress fracture. Therefore, non-weight bearing for 6 weeks is the most appropriate and evidence-based approach in this scenario.

**9. In a supracondylar fracture, what nerve is most at risk of injury?**

- A. Radial nerve**
- B. Ulnar nerve**
- C. Median nerve**
- D. Axillary nerve**

In a supracondylar fracture of the humerus, the median nerve is at the highest risk of injury due to its anatomical location. The median nerve runs anterior to the elbow, lying close to the humeral shaft and the distal joint. In cases of supracondylar fractures, particularly those that are displaced, the fracture fragments can shift and impinge on the median nerve, leading to potential neuropathy. The median nerve is responsible for the innervation of several muscles in the forearm and hand, and damage can result in issues such as a loss of thumb opposition and impaired sensation in the palm and fingers. This illustrates the importance of assessing median nerve function when evaluating a patient with a supracondylar fracture, as prompt identification and management of nerve injuries are crucial for optimal recovery outcomes. The other nerves listed, although they may be involved in different types of injuries around the elbow, are not at the same level of risk in the context of a supracondylar fracture specifically. The radial nerve, for example, is more commonly injured in mid-shaft humeral fractures. The ulnar nerve generally runs posterior to the medial epicondyle and is not typically at risk with this type of fracture. The axillary nerve is not typically at risk with this type of fracture.

**10. What benefit does COX-2 selective NSAIDs have over COX-2 specific NSAIDs?**

- A. Increased pain relief**
- B. Decreased GI side effects**
- C. Lower cost**
- D. Improved efficacy**

COX-2 selective NSAIDs are designed to minimize gastrointestinal (GI) side effects compared to traditional non-steroidal anti-inflammatory drugs (NSAIDs) that inhibit both COX-1 and COX-2 enzymes. The primary reason for this is that COX-1 plays a crucial role in maintaining the protective lining of the stomach and intestines. By selectively inhibiting COX-2, which is primarily associated with inflammatory processes, these medications reduce inflammation and pain while significantly decreasing the risk of ulcers and other GI complications often associated with non-selective NSAIDs. This advantage makes COX-2 selective NSAIDs especially suitable for patients who are at higher risk for gastrointestinal issues, such as the elderly or those with a history of GI problems. Other options do not accurately reflect the primary benefits of COX-2 selective NSAIDs. Increased pain relief and improved efficacy are more reflective of the overall therapeutic action, which can vary based on individual response rather than being a specific benefit of COX-2 selectivity. Lower cost is also not a distinguishing feature of COX-2 selective NSAIDs, as they can often be more expensive than traditional NSAIDs. Thus, the decreased GI side effects remain a key benefit that highlights the clinical

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://amssmssportsmed.examzify.com>**

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

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