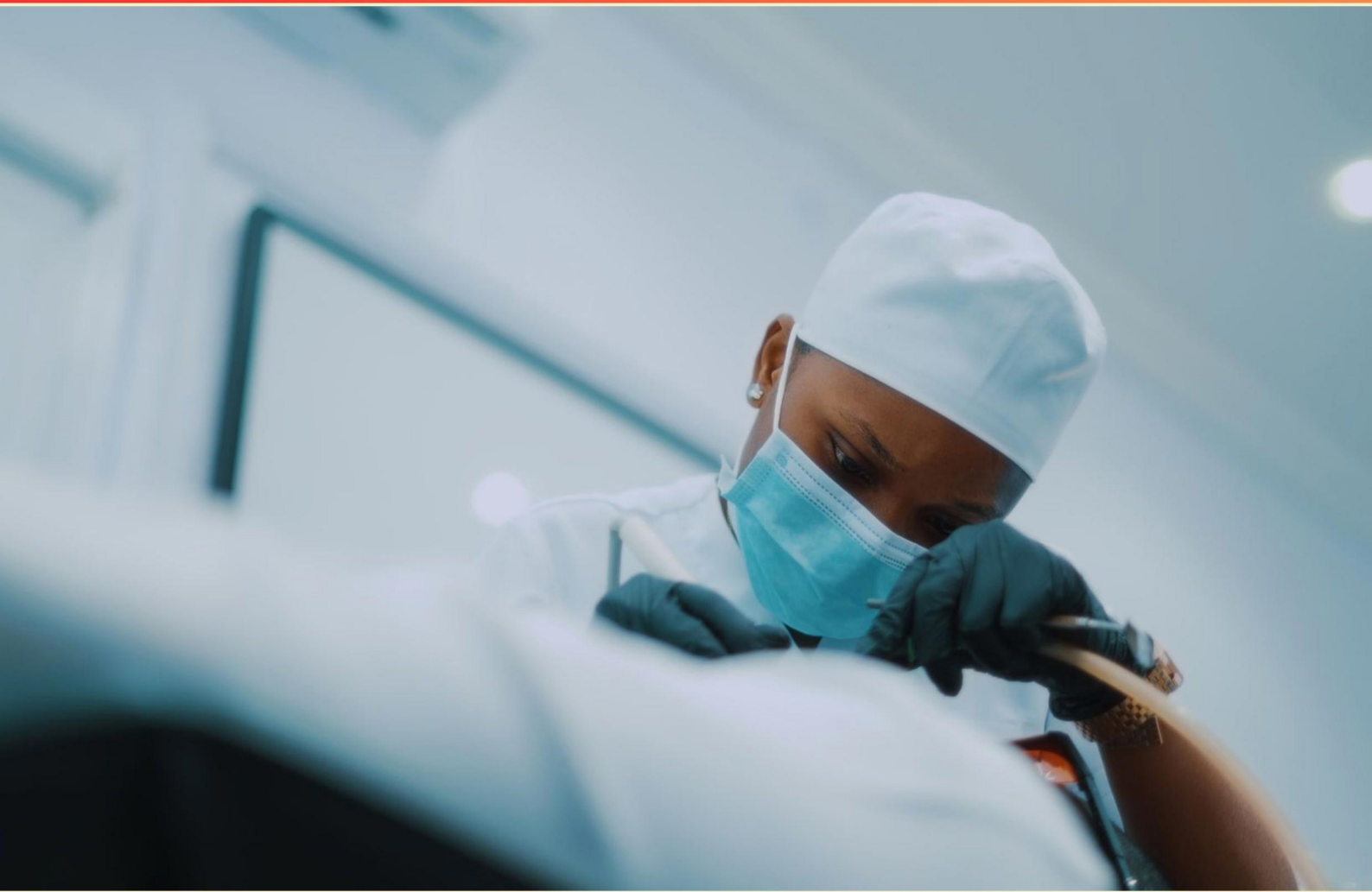


AMSSM SPORTS MEDICINE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://amssmsportsmed.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. What is a primary preventive measure for High Altitude Pulmonary Edema (HAPE)?**
 - A. Rapid ascent to altitude
 - B. Use of steroids
 - C. Gradual ascent above 2500m
 - D. Immediate descent to sea level
- 2. What imaging modalities should be used if negative plain films are found in cases of lumbosacral pars interarticularis stress fractures?**
 - A. Ultrasound and MRI
 - B. Bone scan with SPECT and CT scan
 - C. X-ray and CBC
 - D. Physical exam only
- 3. What duration of moderate intensity exercise is beneficial for health?**
 - A. Less than 10 minutes
 - B. 20-30 minutes
 - C. 30-60 minutes
 - D. More than 60 minutes
- 4. What is a common sign indicating a serious injury when the carpal bone is unstable?**
 - A. Severe swelling
 - B. Pain during internal rotation
 - C. Thumb range of motion
 - D. Delayed swelling
- 5. Which diagnostic test is preferred for evaluating proximal tibiofibular dislocation?**
 - A. X-ray
 - B. CT
 - C. MRI
 - D. Ultrasound

- 6. What muscle is often classified as a "fifth compartment" of the lower extremity?**
- A. Fascial layer around the tibialis anterior
 - B. Fascial layer around the peroneus longus
 - C. Fascial layer around the posterior tibialis
 - D. Fascial layer around the flexor digitorum
- 7. What is a common epiphyseal bone tumor found in 10 to 25-year-olds?**
- A. Ewing's sarcoma
 - B. Chondroblastoma
 - C. Giant cell tumor
 - D. Osteosarcoma
- 8. What is the growth rate for the proximal tibia?**
- A. 3 mm/yr
 - B. 6 mm/yr
 - C. 9 mm/yr
 - D. 12 mm/yr
- 9. What risk does the vascular type of Ehlers-Danlos syndrome present in athletics?**
- A. Increased risk of joint dislocation
 - B. Risk of aortic rupture
 - C. Increased likelihood of chronic pain
 - D. Risk of tendon rupture
- 10. What should be avoided in the management of traumatic hyphema?**
- A. Non-steroidal anti-inflammatory drugs
 - B. Cold compresses
 - C. Eye movement
 - D. All of the above

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is a primary preventive measure for High Altitude Pulmonary Edema (HAPE)?

- A. Rapid ascent to altitude
- B. Use of steroids
- C. Gradual ascent above 2500m**
- D. Immediate descent to sea level

Gradual ascent above 2,500 meters is a primary preventive measure for High Altitude Pulmonary Edema (HAPE) because it allows the body to acclimatize to decreased oxygen levels effectively. Altitude sickness, including HAPE, is more likely to occur when individuals ascend too quickly, as the body does not have adequate time to adjust to the changes in atmospheric pressure and oxygen availability. Acclimatization involves physiological adjustments such as increased respiratory rate, enhanced oxygen transport, and improved blood flow, all of which can help mitigate the risk of developing altitude-related illnesses. By ascending gradually, individuals give their bodies the opportunity to adapt, which significantly reduces the likelihood of experiencing HAPE. This method of prevention stands in contrast to the other options; for instance, rapid ascent can lead to a higher risk of HAPE as it does not allow for necessary acclimatization. The use of steroids, while sometimes indicated in the treatment of severe altitude illnesses, is not a preventive measure for HAPE. Additionally, while immediate descent to sea level can be an effective treatment for HAPE, it does not aid in the prevention of the condition itself.

2. What imaging modalities should be used if negative plain films are found in cases of lumbosacral pars interarticularis stress fractures?

- A. Ultrasound and MRI
- B. Bone scan with SPECT and CT scan**
- C. X-ray and CBC
- D. Physical exam only

In cases where negative plain films are identified yet there's a high suspicion of lumbosacral pars interarticularis stress fractures, using a bone scan with SPECT (Single Photon Emission Computed Tomography) and CT (Computed Tomography) scan is crucial. Stress fractures, especially in the pars interarticularis region, may not be visible on initial X-ray imaging because they often have not yet progressed to the point of causing visible bony changes. A bone scan can detect increased osteoblastic activity associated with the stress response even before structural changes appear on X-rays. The addition of SPECT enhances the specificity by localizing the increased blood flow and metabolic activity more accurately to the fracture site. Meanwhile, a CT scan offers detailed imaging that can show the fracture in the context of the bony anatomy and help diagnose subtle fractures that may be missed on other imaging modalities. Therefore, the combination of a bone scan with SPECT and a CT scan is the best approach in this scenario, as it maximizes the chances of identifying the subtle changes that indicate the presence of a pars interarticularis stress fracture. Other options, such as ultrasound or relying solely on physical examination, wouldn't provide the necessary detailed imaging to confirm or

3. What duration of moderate intensity exercise is beneficial for health?

- A. Less than 10 minutes
- B. 20-30 minutes**
- C. 30-60 minutes
- D. More than 60 minutes

The duration of 20-30 minutes of moderate intensity exercise is widely recognized as beneficial for health based on evidence from various health organizations and studies. Engaging in moderate intensity exercise for this period can significantly improve cardiovascular health, aid weight management, enhance mental well-being, and decrease the risk of chronic diseases, such as type 2 diabetes and certain types of cancer. This duration fits well within the guidelines often recommended for adults, which suggest at least 150 minutes of moderate intensity exercise per week, broken down into sessions of at least 10 minutes. Sessions lasting 20-30 minutes allow for a consistent workout routine that many individuals find manageable and sustainable, promoting adherence to exercise as part of a healthy lifestyle. While exercises lasting less than 10 minutes may have some benefits, they typically do not provide enough time to achieve the same cardiovascular or health improvements. Longer durations, such as 30-60 minutes or more than 60 minutes, may benefit those with higher fitness levels or specific training goals, but they are not necessary for the average person aiming for general health improvements. Thus, 20-30 minutes of moderate intensity exercise strikes an ideal balance for health benefits without being overly demanding for most individuals.

4. What is a common sign indicating a serious injury when the carpal bone is unstable?

- A. Severe swelling**
- B. Pain during internal rotation
- C. Thumb range of motion
- D. Delayed swelling

Severe swelling is a significant indicator of a serious injury, particularly in cases involving unstable carpal bones. When a carpal bone is unstable, it typically suggests a fracture or ligament injury, both of which can lead to substantial inflammation in the surrounding tissues. This swelling may be due to the body's inflammatory response to tissue damage, and it can signal that the injury is severe enough to warrant further medical evaluation. In the context of sports medicine, immediate recognition of severe swelling can help differentiate between minor injuries and those requiring more intensive treatment or intervention, such as imaging studies or surgical consultation. The presence of significant swelling often correlates with a greater likelihood of complicated injuries, which is why it is considered a common sign indicating a serious issue. Other factors, such as pain during internal rotation or thumb range of motion, may indicate discomfort or limited function, but they do not inherently convey the same level of concern as severe swelling does. Delayed swelling can occur in some injuries and may be relevant, but it usually does not provide an immediate assessment of the injury severity.

5. Which diagnostic test is preferred for evaluating proximal tibiofibular dislocation?

- A. X-ray
- B. CT**
- C. MRI
- D. Ultrasound

The preferred diagnostic test for evaluating a proximal tibiofibular dislocation is a CT scan. This imaging modality provides a detailed view of the complex anatomy around the knee and can accurately demonstrate the relationship between the tibia and fibula, as well as any associated fractures or soft tissue injuries. CT scans are particularly useful in cases where there may be subtle changes that X-rays could miss, as they offer cross-sectional imaging that can reveal bony abnormalities and dislocations that are not visible in standard radiographic views. In the context of proximal tibiofibular dislocations, where clear delineation of anatomical structures is crucial for assessment and planning for potential intervention, a CT scan is preferred. While X-rays can be a first step in evaluating potential dislocations, they are limited in their ability to visualize complex injuries in this area. MRI, on the other hand, is excellent for soft tissue evaluation but may not provide the best details regarding bony alignment and integrity in acute cases of dislocation. Ultrasound can be useful in some acute injuries, particularly in the context of soft tissue evaluation, but it is not the definitive imaging modality for diagnosing proximal tibiofibular dislocations. Therefore, CT stands out as the most effective option in this scenario.

6. What muscle is often classified as a "fifth compartment" of the lower extremity?

- A. Fascial layer around the tibialis anterior
- B. Fascial layer around the peroneus longus
- C. Fascial layer around the posterior tibialis**
- D. Fascial layer around the flexor digitorum

The muscle often classified as a "fifth compartment" of the lower extremity is the posterior tibialis. This classification stems from the anatomical and functional significance of the posterior tibialis muscle in relation to the other four recognized compartments of the lower leg. The posterior tibialis plays a crucial role in maintaining the integrity of the foot's arch and facilitating various movements, including inversion and plantar flexion. The term "fifth compartment" highlights its distinct functional and anatomical characteristics, which are somewhat separate from but complement the primary muscle compartments of the leg: the anterior, lateral, superficial posterior, and deep posterior compartments. Understanding this classification helps in the assessment and management of conditions such as compartment syndrome and other pathologies affecting the lower leg. By recognizing the posterior tibialis as a fifth compartment, clinicians can better appreciate the musculoskeletal dynamics at play and tailor their diagnostic and therapeutic approaches accordingly.

7. What is a common epiphyseal bone tumor found in 10 to 25-year-olds?

- A. Ewing's sarcoma
- B. Chondroblastoma**
- C. Giant cell tumor
- D. Osteosarcoma

Chondroblastoma is indeed a common epiphyseal bone tumor typically seen in individuals aged 10 to 25 years. It is a benign tumor that arises from cartilage-forming cells and is often located at the ends of long bones, most frequently around the knee or in the hip region. The age distribution fits well with the demographic profile for this type of tumor, and it commonly presents with localized pain and swelling, often in young adults and adolescents. Understanding the characteristics of chondroblastoma is important for differentiating it from other bone tumors that might be considered. For instance, Ewing's sarcoma usually affects a younger demographic, specifically adolescents and young adults, but it is more common in the diaphysis (shaft) of long bones rather than the epiphysis. Giant cell tumors, which often occur around the knee in young adults, can also occur occasionally near the epiphysis, but they are more prevalent in those aged 20 to 40 years. Osteosarcoma, while a prominent bone tumor in adolescents, typically originates in metaphyseal regions rather than the epiphyseal areas. Recognizing chondroblastoma's specific age range and location is crucial for accurate diagnosis and treatment, highlighting its significance among epiphy

8. What is the growth rate for the proximal tibia?

- A. 3 mm/yr
- B. 6 mm/yr**
- C. 9 mm/yr
- D. 12 mm/yr

The growth rate for the proximal tibia is generally accepted to be around 6 mm per year. This rate is significant because it reflects the normal growth patterns during childhood and adolescence, which is crucial for understanding the development of the skeletal system in young athletes and patients. The proximal tibia is involved in weight-bearing and is crucial for activities that put stress on the lower extremities. Understanding its growth is vital for diagnosing and managing conditions related to growth plate injuries, developmental disorders, and planning surgical interventions if necessary. Variations in growth rates can depend on several factors, including age, sex, and overall health, but the approximate average for the proximal tibia is recognized in sports medicine literature as 6 mm per year.

9. What risk does the vascular type of Ehlers-Danlos syndrome present in athletics?

- A. Increased risk of joint dislocation
- B. Risk of aortic rupture**
- C. Increased likelihood of chronic pain
- D. Risk of tendon rupture

The vascular type of Ehlers-Danlos syndrome is characterized by a defect in collagen synthesis that significantly impacts the connective tissues, particularly those surrounding blood vessels. This genetic disorder can lead to a structural weakness in vascular walls, making individuals more susceptible to serious complications. In athletics, this presents a notable risk of aortic rupture. The physical demands and stresses associated with peak athletic performance can exacerbate the underlying vascular fragility in affected individuals. The increased blood pressure and vascular tension during strenuous exercise may predispose someone with this condition to life-threatening complications such as aortic dissection or rupture, which can occur even with relatively minor physical exertion. While other types of Ehlers-Danlos syndrome may present risks related to joint or tendon integrity, the vascular form specifically implicates the cardiovascular system, making aortic rupture the most critical concern in athletes. Thus, recognizing this risk is essential for proper management and safeguarding the health of individuals engaged in athletic activities.

10. What should be avoided in the management of traumatic hyphema?

- A. Non-steroidal anti-inflammatory drugs
- B. Cold compresses**
- C. Eye movement
- D. All of the above

In the management of traumatic hyphema, the use of cold compresses is generally beneficial as it can help reduce swelling and discomfort associated with the injury. This makes it a suitable option in treatment. On the other hand, certain actions should be avoided to ensure proper healing and to prevent further complications. For instance, the use of non-steroidal anti-inflammatory drugs (NSAIDs) can increase the risk of bleeding and should typically be avoided in cases of hyphema. Additionally, allowing unrestricted eye movement can lead to additional damage and bleeding due to increased intraocular pressure and movement of blood within the anterior chamber. Understanding these nuanced aspects of treatment helps guide the appropriate management for patients experiencing traumatic hyphema. By avoiding NSAIDs and limiting eye movement, one can mitigate potential complications while still providing necessary supportive care like cold compresses.

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!

SAMPLE