

AMSSM SPORTS MEDICINE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 crystal material is associated with gout?**
 - A. Calcium pyrophosphate
 - B. Monosodium urate
 - C. Hydroxyapatite
 - D. Diphosphate
- 2. What is Sinding-Larsen-Johansson syndrome?**
 - A. Osteoporosis of the spine
 - B. Osteochondrosis of the inferior pole of patella
 - C. Inflammation of the Achilles tendon
 - D. A stress fracture of the patella
- 3. What is the normal QT interval range?**
 - A. ≤ 400 msec
 - B. ≤ 430 msec
 - C. ≤ 440 msec
 - D. ≤ 460 msec
- 4. What artery is located in the quadrilateral space alongside the axillary nerve?**
 - A. Anterior humeral circumflex artery
 - B. Posterior humeral circumflex artery
 - C. Subclavian artery
 - D. Deep brachial artery
- 5. What diagnostic finding is consistent with ARVD?**
 - A. Presence of Q waves
 - B. Epsilon wave
 - C. Prolonged PR interval
 - D. Normal QT interval
- 6. At what age does Sever's disease commonly occur in males?**
 - A. 7 years
 - B. 9 years
 - C. 11 years
 - D. 13 years

- 7. What is the only FDA-approved use of lidocaine patches?**
- A. Chronic pain relief
 - B. Post-herpetic neuralgia
 - C. Muscle strain
 - D. Back pain
- 8. In the case of second-degree AV block, which type is considered normal in athletes?**
- A. Mobitz type 1
 - B. Mobitz type 2
 - C. Complete block
 - D. Transient block
- 9. What distinguishes transient osteoporosis of the hip from avascular necrosis in physical exams?**
- A. Preserved range of motion
 - B. Pain upon stretching
 - C. Limitations in hip rotation
 - D. Swelling in the hip area
- 10. Which of the following describes a ketogenic diet?**
- A. Low fat, low carbohydrate, normal protein
 - B. High protein, low carbohydrate, high fat
 - C. High fat, low carbohydrates, normal protein
 - D. Balanced macronutrients

Answers

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

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Explanations

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1. What crystal material is associated with gout?

- A. Calcium pyrophosphate
- B. Monosodium urate**
- C. Hydroxyapatite
- D. Diphosphate

The crystal material that is primarily associated with gout is monosodium urate. Gout is a type of inflammatory arthritis characterized by the accumulation of uric acid crystals in the joints, particularly in the big toe. When there is an excess of uric acid in the body, it can crystallize as monosodium urate, leading to the painful and swollen joint symptoms of gout. The presence of these crystals triggers a strong inflammatory response in the body, which is why gout attacks can be sudden and severe. Diagnosing gout often involves identifying these monosodium urate crystals in synovial fluid or other joint spaces. The treatment and management of gout focus on lowering uric acid levels to prevent the formation of these crystals and further attacks.

2. What is Sinding-Larsen-Johansson syndrome?

- A. Osteoporosis of the spine
- B. Osteochondrosis of the inferior pole of patella**
- C. Inflammation of the Achilles tendon
- D. A stress fracture of the patella

Sinding-Larsen-Johansson syndrome refers specifically to osteochondrosis of the inferior pole of the patella. This condition is characterized by pain and inflammation at the inferior part of the patella, typically seen in adolescents involved in sports that require running, jumping, or other activities that place stress on the knees. It occurs due to repetitive traction or tension on the growth plate at the knee, leading to irritation and potential damage to the cartilage and underlying bone. The condition is named after the medical professionals who identified it, and it manifests as localized pain, swelling, and tenderness, particularly during activities that stress the knee joint. Diagnosis is often confirmed through clinical evaluation and imaging studies. Understanding this syndrome is vital for sports medicine practitioners as early recognition and appropriate management can prevent complications and allow for a quicker return to activity for young athletes.

3. What is the normal QT interval range?

- A. ≤ 400 msec
- B. ≤ 430 msec
- C. ≤ 440 msec**
- D. ≤ 460 msec

The normal QT interval range is generally recognized to be up to 440 milliseconds in adult males and can extend to 460 milliseconds in adult females. This span takes into account various factors that can influence the QT interval, such as heart rate, age, and gender. Therefore, a QT interval of up to 440 milliseconds is considered normal for males, making this the appropriate choice for the question. Understanding this threshold is important as prolongation of the QT interval can increase the risk of serious arrhythmias, underscoring the significance of monitoring it in clinical practice. Additionally, the factors mentioned above are critical for accurately interpreting an individual's QT interval, as deviations from the norm may prompt further investigation or management.

4. What artery is located in the quadrilateral space alongside the axillary nerve?

- A. Anterior humeral circumflex artery
- B. Posterior humeral circumflex artery**
- C. Subclavian artery
- D. Deep brachial artery

The posterior humeral circumflex artery is indeed located in the quadrilateral space, which is an anatomical area bordered by the teres minor and major muscles, the long head of the triceps brachii, and the humerus. It travels alongside the axillary nerve, making this combination key to understanding the neurovascular anatomy in this region. This artery arises from the axillary artery and supplies blood to the shoulder and surrounding muscles, which is essential for maintaining the vascular supply during arm movements. The presence of both the posterior humeral circumflex artery and the axillary nerve in this space is clinically significant, particularly in injuries or shoulder surgeries, as they can both be affected. The other choices do not travel through the quadrilateral space. The anterior humeral circumflex artery is typically positioned more anteriorly and does not share the same pathway. The subclavian artery is proximal and does not enter the quadrilateral space, while the deep brachial artery, which primarily supplies the posterior compartment of the arm, lies more distal and does not interact with the structures in the quadrilateral space. Understanding the relationships of these vessels and nerves is crucial for diagnosing and managing shoulder-related pathologies.

5. What diagnostic finding is consistent with ARVD?

- A. Presence of Q waves
- B. Epsilon wave**
- C. Prolonged PR interval
- D. Normal QT interval

Arrhythmogenic right ventricular dysplasia (ARVD) is a condition characterized by the replacement of right ventricular myocardium with fatty and fibrous tissue, leading to arrhythmias. The epsilon wave is a unique electrocardiographic finding associated with ARVD. It manifests as a small positive deflection that occurs after the QRS complex and is typically seen in lead V1. The presence of an epsilon wave suggests changes in the right ventricular myocardium and is a strong indicator of ARVD, enhancing the diagnostic accuracy for this condition. These waves can be detected even in asymptomatic individuals and are integral to the diagnosis when combined with other clinical and imaging findings. This makes the epsilon wave a hallmark of the disease itself. Other findings, such as Q waves, might be indicative of other cardiac conditions, and while a prolonged PR interval or a normal QT interval can occur in various cardiac conditions, they are not specific to ARVD. Thus, the identification of the epsilon wave is critical in the context of diagnosing ARVD specifically.

6. At what age does Sever's disease commonly occur in males?

- A. 7 years
- B. 9 years
- C. 11 years**
- D. 13 years

Sever's disease, also known as calcaneal apophysitis, is an overuse injury that affects the growth plate of the heel in children and adolescents. This condition is typically seen in physically active kids, especially those involved in sports that involve running and jumping. This condition usually presents in males between the ages of 8 and 15 years, with a peak incidence around 11 years. The reason for this age range is closely related to the growth patterns of children, as it coincides with periods of rapid growth spurt where the heel's growth plate can become inflamed due to increased tension from the Achilles tendon. The age of 11 years is significant as it often corresponds to those who are beginning to participate more heavily in organized sports, leading to increased physical activity and stress on the heel. Therefore, identifying this age helps healthcare providers recognize the likely onset of Sever's disease and advise accordingly on management and activity modifications.

7. 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.

8. In the case of second-degree AV block, which type is considered normal in athletes?

- A. Mobitz type 1**
- B. Mobitz type 2
- C. Complete block
- D. Transient block

In athletes, particularly those who engage in regular cardiovascular conditioning, second-degree AV block type 1, known as Mobitz type 1 or Wenckebach, can often be observed and is generally considered a normal physiological adaptation. This type of block is characterized by a progressive lengthening of the PR interval until a beat is dropped. This pattern can occur due to heightened vagal tone, which is common in well-conditioned athletes. Increased vagal tone can lead to a delay in conduction through the AV node, resulting in the characteristics of Mobitz type 1. It is often asymptomatic and does not typically require intervention. In contrast, Mobitz type 2, which presents with a consistent PR interval followed by non-conducted beats, is less benign and can result from more serious conduction system problems. Complete block and transient block would not be classified as normal findings in the athletic population. Transient block, while it can occur, does not have the same typical presentation as Mobitz type 1 and does not specifically align with the characteristic adaptations seen in athletes. Thus, Mobitz type 1 is the standard that is recognized for athletes and is seen as a benign finding amidst the cardiovascular adaptations that accompany rigorous training.

9. What distinguishes transient osteoporosis of the hip from avascular necrosis in physical exams?

- A. Preserved range of motion**
- B. Pain upon stretching
- C. Limitations in hip rotation
- D. Swelling in the hip area

Transient osteoporosis of the hip is characterized by a temporary condition where the hip experiences significant bone loss and decreased density, often preceding recovery without permanent effects. One of the key distinguishing features in physical examinations is that it typically maintains a preserved range of motion. This means that although the patient may experience pain, especially with weight-bearing activities, they do not exhibit significant limitations in their overall joint mobility during the exam. In contrast, avascular necrosis involves the death of bone tissue due to a lack of blood supply, leading to structural changes in the bone that can severely affect joint function. This condition often results in significant limitations in the range of motion, characterized by pain and stiffness, especially in hip rotation and other movements, making the differentiation crucial during a physical examination. Therefore, the preservation of range of motion in transient osteoporosis highlights its differentiating factor from avascular necrosis, where mobility is often compromised due to more severe joint pathology.

10. Which of the following describes a ketogenic diet?

- A. Low fat, low carbohydrate, normal protein
- B. High protein, low carbohydrate, high fat
- C. High fat, low carbohydrates, normal protein
- D. Balanced macronutrients

A ketogenic diet is characterized by a high intake of fats, a low intake of carbohydrates, and a moderate intake of protein. This dietary approach aims to shift the body's metabolism away from carbohydrates and towards fat as the primary source of energy through a metabolic state known as ketosis. In this state, the body converts fats into ketone bodies, which serve as an alternative fuel. The restriction of carbohydrates is essential to initiate and maintain ketosis, which is why the diet is defined by its low carbohydrate content. The emphasis on high fat consumption provides the necessary caloric intake while still allowing adequate protein to maintain muscle mass, thus falling into the 'normal' protein category instead of high protein. This composition differentiates a ketogenic diet from other diet types, including those that might prioritize protein or have a balanced macronutrient profile.

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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:

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

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