APEA Management Orthopedics Practice Test (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

1. Which age group is most commonly affected by Osgood-Schlatter disease?

A. Infants

B. Toddlers

C. Teenagers

D. Elderly

2. Which management option is reasonable for plantar fasciitis?

A. NSAIDs should be used initially.

B. Rigid orthotics could be ordered for his shoes.

C. Heel support in his shoes.

D. All of the above

3. A 12-year-old male with hip pain presents to the NP clinic. Hip pain has occurred with activity for the past 4-6 weeks, but his pain is worse and now involves the knee. There is no history of trauma. How should the workup be initiated?

A. Order a hip and knee X-ray

B. Order a hip X-ray and a sed rate

C. Perform Trendelenburg's test in the office

D. Have the child squat in the office to assess the hips

4. A 6-week-old is suspected of having developmental dysplasia of the hip. Which test would best assess this?

A. Barlow and Ortolani

B. Galeazzi and Klisic

C. Trendelenburg pelvic tilt test

D. Romberg balance test

5. An ankle inversion injury stretches which ligaments?

A. Deltoid ligaments (medial)

B. Lateral malleolar ligaments

C. Posterior tibiofibular ligaments

D. Anterior talofibular ligament

6. Which statement is true regarding NSAIDs for low back pain?

A. They are equally efficacious as acetaminophen for pain.

B. They are associated with more side effects than acetaminophen.

C. They provide superior relief of symptoms at one week post injury.

D. They should not be used to treat acute low back pain.

7. Which statement about the Galeazzi and Klisic tests is true?

A. They are better indicators of DDH than instability after 3 months of age

B. They assess knee stability

C. They diagnose scoliosis

D. They evaluate elbow stability

8. Which patient should be screened for osteoporosis?

A. 60-year-old male with rheumatoid arthritis

B. 50-year-old Caucasian female

C. 65-year-old male who is otherwise healthy

D. 62-year-old postmenopausal female

9. Which statement is true regarding newborn screening techniques for developmental dysplasia of the hip?

A. Galeazzi is best for newborns.

B. Galeazzi is best after 3 months.

C. Barlow and Ortolani maneuvers are used to assess hip stability in newborns up to 3 months of age.

D. Trendelenburg testing is used in newborns.

10. A patient with shoulder pain has a positive drop arm test. What is the most likely diagnosis?

A. Peripheral neuropathy

B. Shingles

C. Broken clavicle

D. Torn rotator cuff

Answers

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

Explanations

1. Which age group is most commonly affected by Osgood-Schlatter disease?

A. Infants

B. Toddlers

C. Teenagers

D. Elderly

Osgood-Schlatter disease arises from irritation of the tibial tubercle where the patellar tendon attaches, driven by repetitive traction during growth. This scenario most often occurs in adolescence when growth spurts are ongoing and many kids are active in jumping and running sports. The insertion site at the tibial tubercle has an open growth plate during these years, making it susceptible to traction injuries from the quadriceps. That combination—open growth plates plus high activity in the teenage years—explains why teenagers are the most commonly affected group. Infants and toddlers don't have this growth-plate–driven vulnerability at the tibial tubercle, and elderly individuals usually present with different knee conditions, so they're not the typical pattern.

2. Which management option is reasonable for plantar fasciitis?

A. NSAIDs should be used initially.

B. Rigid orthotics could be ordered for his shoes.

C. Heel support in his shoes.

D. All of the above

Plantar fasciitis is best managed with conservative, multi-factor treatment that lowers inflammation, reduces strain on the fascia, and improves foot mechanics. Using NSAIDs helps control pain and inflammation in the early phase. Providing rigid orthotics gives strong arch support and limits excessive foot pronation, which decreases the tensile load on the plantar fascia over time. Adding heel support in the shoes cushions the heel and reduces fascia stretch during heel strike, helping with morning pain and daily activity. Together, these approaches address different aspects of the problem—pain control, mechanical offloading, and supportive footwear—making a combined strategy a reasonable and common initial plan.

3. A 12-year-old male with hip pain presents to the NP clinic. Hip pain has occurred with activity for the past 4-6 weeks, but his pain is worse and now involves the knee. There is no history of trauma. How should the workup be initiated?

A. Order a hip and knee X-ray

B. Order a hip X-ray and a sed rate

C. Perform Trendelenburg's test in the office

D. Have the child squat in the office to assess the hips

When a child has hip pain that also involves the knee, a focused in-office exam of hip function is the best first step. The Trendelenburg test checks hip abductor strength, mainly the gluteus medius, by having the child stand on one leg and watching the pelvis. If the pelvis drops on the opposite side, it signals weakness of the stance leg's hip abductors and suggests a problem in the hip or its surrounding structures. In a 12-year-old, this finding raises concern for hip pathology that can present with knee pain, such as SCFE or Legg-Calvé-Perthes disease, and it indicates that imaging of the hip is warranted to evaluate for those conditions. This approach is preferred because it uses a quick, noninvasive bedside assessment to guide next steps. A normal Trendelenburg test doesn't rule out hip pathology, but a positive sign is a clear reason to obtain hip radiographs (typically AP pelvis with a frog-leg lateral) to look for slipped capital femoral epiphysis or avascular necrosis of the femoral head, whereas starting with imaging in every case would expose the patient to radiation without first confirming the exam findings. The squatting test isn't as specific for this scenario, and inflammatory markers like a sed rate aren't the initial step when the key issue is hip stability and weakness revealed by a simple physical exam.

4. A 6-week-old is suspected of having developmental dysplasia of the hip. Which test would best assess this?

A. Barlow and Ortolani

B. Galeazzi and Klisic

C. Trendelenburg pelvic tilt test

D. Romberg balance test

In a young infant, confirming hip stability relies on maneuvers that can reveal dislocation or the ability to reduce it. The best approach is the Barlow and Ortolani tests. The Barlow maneuver checks if a hip that feels stable can be dislocated by adducting the thigh and applying gentle posterior pressure; a positive result means the hip is unstable. The Ortolani maneuver then tries to reduce a dislocated hip by abducting the thigh with anterior pressure, and a palpable "clunk" indicates a reducible dislocation. These maneuvers are most informative in the first months of life when the joint is still cartilaginous and ligaments are lax, before radiographs become helpful. Other tests don't directly assess hip stability in a newborn: the Galeazzi test looks at knee-height differences, not hip stability; the Klisic test is less reliable; Trendelenburg and Romberg tests assess gait, hip abductor strength, or balance in older individuals, not infants.

5. An ankle inversion injury stretches which ligaments?

A. Deltoid ligaments (medial)

B. Lateral malleolar ligaments

C. Posterior tibiofibular ligaments

D. Anterior talofibular ligament

Inversion sprains load the ligaments on the outside of the ankle. The lateral ligaments, attached to the fibula (the lateral malleolus), are stretched when the foot rolls inward. This lateral ligament complex includes the anterior talofibular, calcaneofibular, and posterior talofibular ligaments, which together resist inversion. The medial deltoid ligaments on the inside are stressed by eversion, not inversion. The distal tibiofibular ligaments (posterior tibiofibular) are more involved in higher ankle sprains with outward rotation or widening of the mortise, rather than a simple inversion. So the ligaments stretched in an inversion injury are the lateral malleolar ligaments.

6. Which statement is true regarding NSAIDs for low back pain?

A. They are equally efficacious as acetaminophen for pain.

B. They are associated with more side effects than acetaminophen.

C. They provide superior relief of symptoms at one week post injury.

D. They should not be used to treat acute low back pain.

In acute low back pain, the important distinction is how these drugs compare in safety, since their pain-relieving effects are fairly similar. NSAIDs carry more potential adverse effects, especially on the gastrointestinal tract and kidneys, and they can affect blood pressure and interact with other medications. Acetaminophen generally has fewer GI and renal risks, though it can cause serious liver injury at high doses or in liver disease. Because of this safety difference, the statement that NSAIDs are associated with more side effects than acetaminophen is the true, best-supported point. Regarding efficacy, there isn't consistent evidence that NSAIDs outperform acetaminophen at one week, and NSAIDs remain a common option when used with appropriate caution, but the safety profile is the key factor here.

7. Which statement about the Galeazzi and Klisic tests is true?

A. They are better indicators of DDH than instability after 3 months of age

B. They assess knee stability

C. They diagnose scoliosis

D. They evaluate elbow stability

These signs are used to screen for developmental dysplasia of the hip in infants. The Galeazzi sign checks for a leg-length discrepancy when the child is supine with hips and knees flexed; if one knee sits lower, it suggests a dislocated or shallow hip on that side. The Klisic sign helps assess the position of the femoral head relative to the acetabulum by feeling landmarks and how the femoral head moves with hip and thigh manipulation. After about 3 months of age, the routine instability tests (which depend on neonatal laxity that often resolves) become less reliable, so these hip-focused signs provide more dependable clues to DDH. They are not about knee stability, scoliosis, or elbow stability, so those options don't fit.

8. Which patient should be screened for osteoporosis?

A. 60-year-old male with rheumatoid arthritis

B. 50-year-old Caucasian female

C. 65-year-old male who is otherwise healthy

D. 62-year-old postmenopausal female

Osteoporosis screening is guided by factors that raise fracture risk, not just age or sex alone. Chronic inflammatory diseases and their treatments, like rheumatoid arthritis, markedly increase bone loss and fracture risk, so people with RA are strong candidates for bone density testing even if they aren't within the traditional age range. In men, routine screening isn't as early as in women, but the presence of risk factors such as RA or long-term steroid use shifts the threshold toward testing sooner. So the 60-year-old male with rheumatoid arthritis has clear indications for a screening DXA scan to assess bone density and guide prevention or treatment. The other patients, while some have risk factors (postmenopausal status, race, or age), do not have as strong a combination of risk factors for automatic screening as the man with RA, given typical guideline thresholds.

9. Which statement is true regarding newborn screening techniques for developmental dysplasia of the hip?

A. Galeazzi is best for newborns.

B. Galeazzi is best after 3 months.

C. Barlow and Ortolani maneuvers are used to assess hip stability in newborns up to 3 months of age.

D. Trendelenburg testing is used in newborns.

In newborn screening for developmental dysplasia of the hip, the key assessment is hip stability during the early weeks when the joint is lax and the femoral head is still developing. The Barlow maneuver and the Ortolani maneuver are specifically designed for this window: they test whether the hip can be displaced (Barlow) and then reduced (Ortolani) in a newborn or very young infant. Because this stability is most clearly assessed before about three months of age, these maneuvers are described as evaluating hip stability in newborns up to that age. Galeazzi (Allis) sign can indicate a hip issue by comparing knee heights, but it's not the primary newborn screening test and tends to be more informative as infants grow. The Trendelenburg test checks hip abductor strength during standing and is used in older children, not newborns. Therefore, the true statement is that the Barlow and Ortolani maneuvers are used to assess hip stability in newborns up to about three months of age.

10. A patient with shoulder pain has a positive drop arm test. What is the most likely diagnosis?

A. Peripheral neuropathy

B. Shingles

C. Broken clavicle

D. Torn rotator cuff

The drop arm test targets the rotator cuff, especially the supraspinatus tendon. When the arm is abducted to about 90 degrees, the patient is asked to lower it slowly. If the arm cannot be controlled and suddenly drops or the patient has pain that prevents lowering, this is a positive sign. That pattern points to a tear in the rotator cuff, most often a supraspinatus tear, which weakens the ability to eccentrically control the descent from the abducted position. In contrast, peripheral neuropathy would produce more diffuse nerve-related weakness and sensory changes rather than a specific inability to control a 90-degree abduction; shingles would present with a dermatomal rash and neuropathic pain; a broken clavicle would show deformity and prominent swelling after trauma. Thus, a torn rotator cuff best explains a positive drop arm sign in a patient with shoulder pain.

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://apeamgmtortho.examzify.com

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