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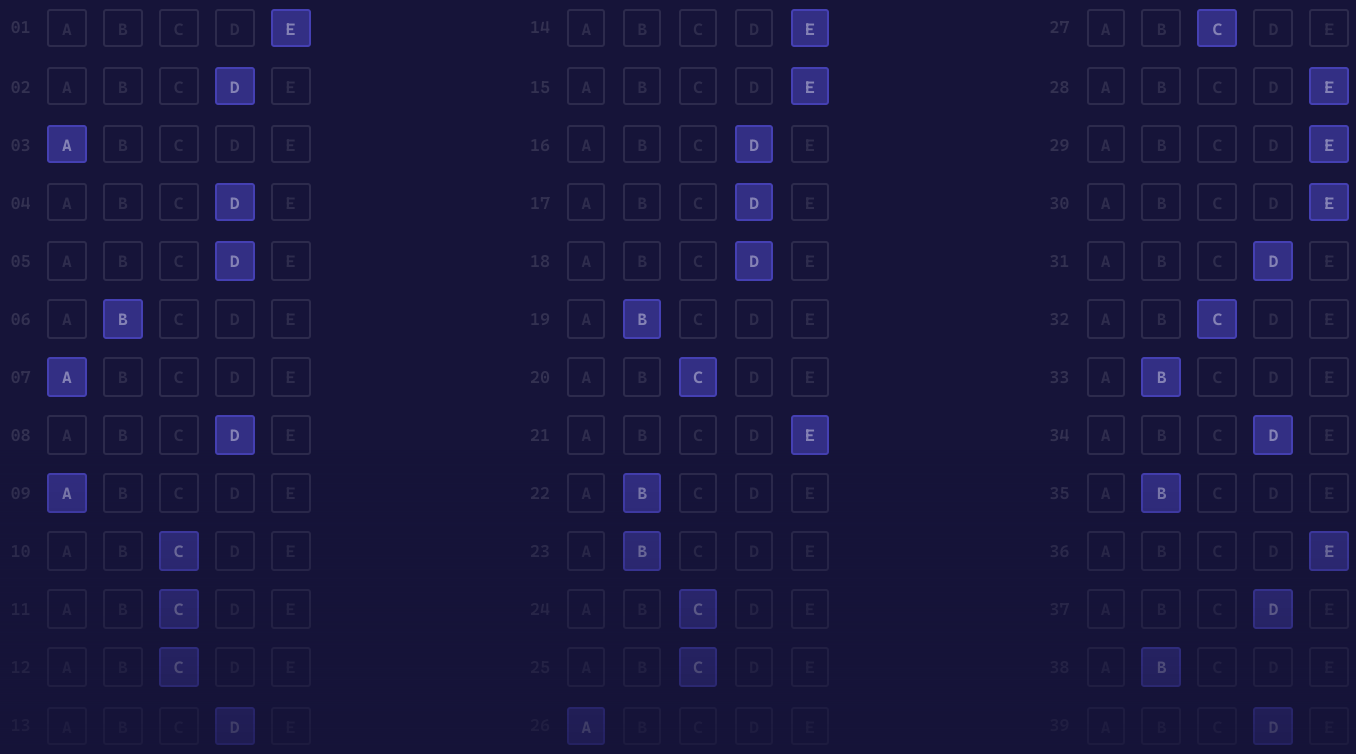

PRACTICE QUESTIONS

American Board of Family Medicine (ABFM)

SPME

Sports Medicine Exam

EDITION	QUESTIONS	ISSUED
Demo	9	September 3, 2026

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Before you begin

What this is

9 practice questions for American Board of Family Medicine (ABFM) `SPME`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `SPME`
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QUESTION 1 MULTIPLE CHOICE

Which of the following findings on the pre-participation cardiovascular screening of an athlete warrant further evaluation before clearance to participate? (Choose two.)

A Heart rate of 48 beats per minute in a trained endurance athlete with no symptoms

B Grade 2/6 systolic murmur at the left upper sternal border that decreases with standing

C Syncope during exercise with an irregular pulse on examination

D Blood pressure of 130/78 mm Hg in an 18-year-old male athlete

ANSWER C · D

WHY Syncope during exertion combined with an irregular pulse suggests a possible arrhythmia (e.g., Wolff-Parkinson-White, long QT, or hypertrophic cardiomyopathy–associated arrhythmia) and requires further cardiac evaluation before clearance. Isolated resting bradycardia in an asymptomatic endurance athlete and a small murmur that decreases with standing (suggesting a benign flow murmur) are typically not disqualifying. A blood pressure of 130/78 mm Hg is within acceptable limits for an adult athlete.

QUESTION 2 MULTIPLE CHOICE

Which of the following pharmacologic agents are appropriate for the management of exercise-induced bronchoconstriction (EIB)? (Choose two.)

A Inhaled short-acting beta-2 agonist (SABA) used 15 minutes before exercise

B Daily inhaled corticosteroid as controller therapy in athletes with persistent asthma

C Inhaled long-acting beta-2 agonist (LABA) as monotherapy before exercise

D Oral antihistamine taken 30 minutes before exercise

ANSWER A · B

WHY A short-acting beta-2 agonist inhaled 15 minutes prior to exercise is first-line therapy for preventing EIB and is the recommended pretreatment. In athletes with underlying persistent asthma, a daily inhaled corticosteroid addresses the underlying airway inflammation and reduces the frequency and severity of EIB. LABA monotherapy (without an inhaled corticosteroid) is contraindicated because of increased risk of asthma-related death. Antihistamines are useful for allergic rhinitis but are not effective primary therapy for EIB.

QUESTION 3 SINGLE CHOICE

A high school soccer player sustains a head-to-head collision and is diagnosed with a sport-related concisual concussion. According to current concussion management guidelines, which of the following best describes the appropriate return-to-play progression?

A Return to full contact play once the player is asymptomatic at rest

B Graduated return-to-play protocol with each stage lasting at least 24 hours and the player remaining asymptomatic before progression

C Immediate return to non-contact practice, with progression to full play the following day if asymptomatic

D Return to play after 7 days of rest regardless of symptom status

ANSWER B

WHY Current concussion consensus guidelines (e.g., Amsterdam Consensus, CDC HEADS UP, and AAP guidance) recommend a graduated stepwise return-to-play protocol beginning with return to daily activities, then light aerobic exercise, sport-specific exercise, non-contact training, contact training, and finally return to competition. Each step typically takes at least 24 hours, and the athlete must remain symptom-free before progressing. 'When asymptomatic at rest' is no longer sufficient, because exercise can unmask symptoms.

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QUESTION 4 SINGLE CHOICE

A swimmer presents with progressive shoulder pain and a positive Hawkins-Kennedy impingement test. Which structure is primarily being impinged beneath the coracoacromial arch in this test?

A Long head of the biceps tendon within the bicipital groove

B Supraspinatus tendon against the anterior acromion and coracoacromial ligament

C Subscapularis tendon against the coracoid process

D Infraspinatus tendon against the posterior glenoid rim

ANSWER B

WHY The Hawkins-Kennedy test positions the shoulder in forward flexion to 90 degrees with the elbow flexed, then forcibly internally rotates the humerus. This compresses the supraspinatus tendon (and subacromial bursa) against the anterior acromion and the coracoacromial ligament, reproducing pain in subacromial impingement.

QUESTION 5 SINGLE CHOICE

A basketball player plants and pivots, feels a pop in the knee, and immediately develops a large effusion within 2 hours. Which of the following is the most likely diagnosis?

A Medial collateral ligament (MCL) sprain

B Anterior cruciate ligament (ACL) tear

C Patellar dislocation

D Lateral meniscus tear

ANSWER B

WHY A non-contact pivot with a 'pop' followed by rapid, large hemarthrosis within the first few hours is the classic presentation of an ACL tear. MCL sprains typically produce localized medial pain without a large effusion; meniscal tears often cause delayed swelling (24–48 hours); patellar dislocation causes visible deformity and medial patellar pain.

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QUESTION 6 SINGLE CHOICE

A high school team physician is asked by a coach to clear a star quarterback who sustained a concussion earlier that week so the team can compete in a playoff game. Which of the following is the most appropriate action by the physician?

A Clear the athlete if he has been asymptomatic for 24 hours

B Defer the decision to the coach and athletic trainer

C Withhold clearance until the athlete has successfully completed the full graduated return-to-play protocol

D Clear the athlete if the parent signs a liability waiver

ANSWER C

WHY The team physician's primary ethical obligation is to the health and safety of the athlete. Concussion guidelines require that an athlete be asymptomatic at rest and during graded exertion, and complete a graduated return-to-play protocol before return to competition. Clearance should not be granted based on external pressures, parental waivers, or a single asymptomatic day.

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QUESTION 7 SINGLE CHOICE

A 17-year-old female distance runner presents with stress fractures of the metatarsals, irregular menses, and a restrictive eating pattern. Which of the following is the most appropriate initial step in management?

A Begin oral contraceptive therapy to restore menses

B **Increase caloric intake and address the energy deficit, with multidisciplinary nutritional and psychological support**

C Recommend bisphosphonate therapy to improve bone density

D Restrict running entirely for 6 months before further evaluation

ANSWER **B**

WHY The Female Athlete Triad / Relative Energy Deficiency in Sport (RED-S) is fundamentally caused by low energy availability. The cornerstone of treatment is to restore energy balance through increased caloric intake and nutritional counseling, often combined with psychological support and modification of training. Oral contraceptives mask rather than treat the underlying endocrine dysfunction, and bisphosphonates are not indicated in this population. Training modification is part of management but complete cessation is not first-line.

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QUESTION 8 SINGLE CHOICE

A 16-year-old baseball player is struck in the chest by a pitched ball, collapses, and is found to be pulseless. Bystander CPR is initiated. What is the most likely cause of this cardiac arrest?

A Hypertrophic cardiomyopathy

B **Commotio cordis**

C Long QT syndrome

D Aortic rupture from Marfan syndrome

ANSWER **B**

WHY Commotio cordis is sudden cardiac arrest that occurs after a low-energy, blunt, non-penetrating impact to the chest (typically from a ball or puck) during the vulnerable portion of the T-wave repolarization, producing ventricular fibrillation. It is the most likely cause in a previously healthy young athlete struck in the chest who immediately collapses in cardiac arrest. HCM, LQTS, and Marfan-related aortic events would typically have other clinical clues and are not triggered by direct chest impact.

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QUESTION 9 SINGLE CHOICE

A soccer player inverts her ankle and has swelling and ecchymosis over the lateral malleolus with tenderness over the anterior talofibular ligament. She is able to bear weight with minimal pain. What is the most appropriate initial management?

A Rigid cast immobilization for 3 weeks

B **Functional rehabilitation with early mobilization, RICE, and progressive weight bearing as tolerated**

C Immediate surgical repair of the ligament

D Plain radiographs of the ankle before any weight bearing

ANSWER **B**

WHY This is a Grade I–II lateral ankle sprain involving the anterior talofibular ligament. Functional treatment with early controlled mobilization, rest, ice, compression, elevation, and progressive weight bearing produces faster return to sport and better long-term outcomes than rigid immobilization. Surgery is reserved for chronic instability, and imaging is not required initially if the Ottawa Ankle Rules do not indicate radiography (the patient can bear weight).

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