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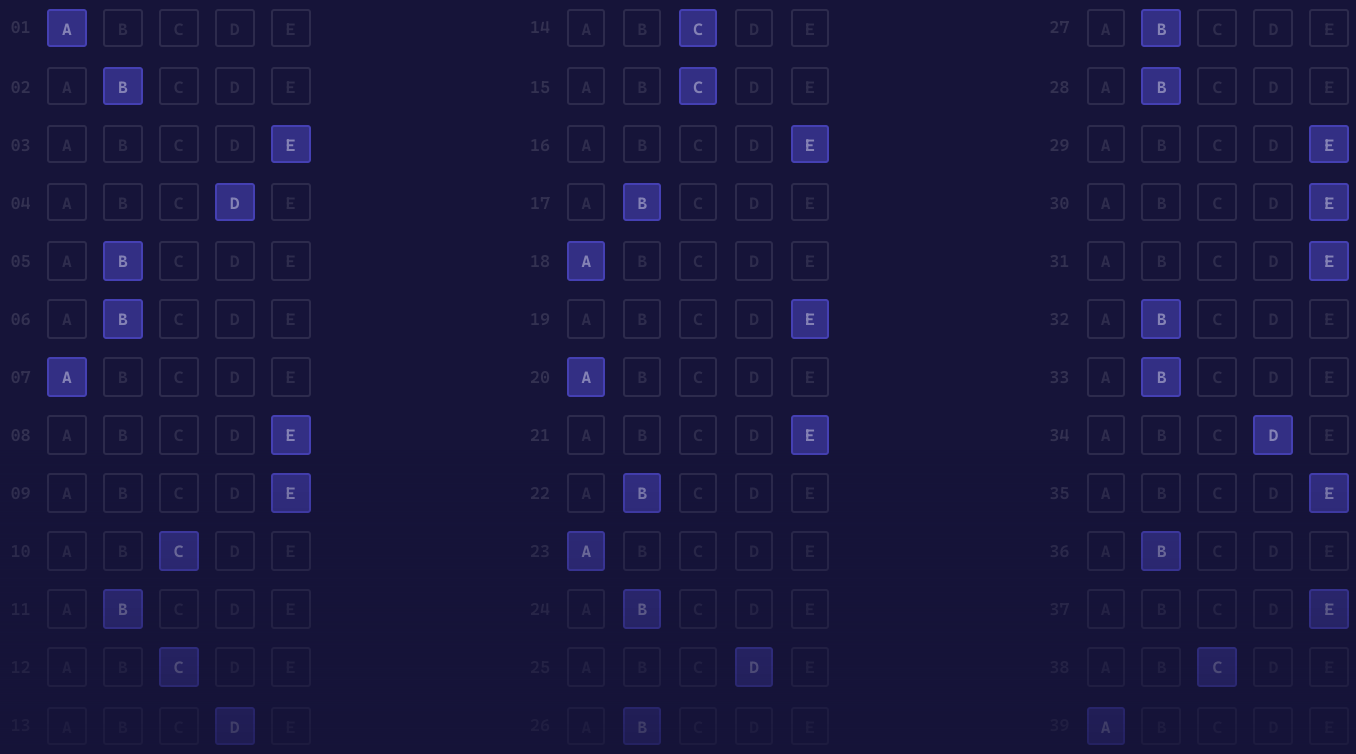

PRACTICE QUESTIONS

American Board of Spine Surgery (ABSS)

ABSS

Part I Written Examination American Board of Spine Surgery

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Board of Spine Surgery (ABSS) `ABSS`, 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, `ABSS`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 MULTIPLE CHOICE

A 43-year-old patient has neck pain, arm pain in a C6 dermatomal distribution, triceps weakness, and a diminished biceps brachii reflex. Which findings would most strongly support cervical radiculopathy as the working diagnosis? (Choose two.)

A **Reproduction of arm symptoms with Spurling testing**

B A normal neurologic examination

C **Corresponding cervical nerve-root dysfunction on examination**

D Relief of symptoms with abdominal palpation

ANSWER **A · C**

WHY Cervical radiculopathy typically presents with pain and sensory or motor deficits corresponding to a specific cervical nerve root. Spurling testing may reproduce the radicular arm symptoms, while a normal neurologic examination and relief with abdominal palpation would not support the diagnosis.

QUESTION 2 MULTIPLE CHOICE

Which two clinical features are most characteristic of neurogenic claudication associated with lumbar spinal stenosis? (Choose two.)

A **Symptoms worsen with standing or walking and improve with flexion or sitting**

B Symptoms consistently improve with lumbar extension

C Symptoms are relieved only by prolonged standing

D **Symptoms commonly involve the buttocks and lower extremities**

ANSWER **A · D**

WHY Neurogenic claudication from lumbar spinal stenosis commonly causes buttock and lower-extremity discomfort with standing or walking, often improving with lumbar flexion, sitting, or leaning forward. Lumbar extension generally increases symptoms.

QUESTION 3 SINGLE CHOICE

A 35-year-old patient has acute lumbar radiculopathy caused by a disc herniation, with no motor deficit, cauda equina symptoms, or progressive neurologic loss. What is the most appropriate initial management?

A Immediate surgical discectomy

B **Observation with nonoperative care, including activity modification and appropriate analgesia**

C Long-term spinal fusion

D Routine intrathecal steroid injection

ANSWER **B**

WHY In the absence of cauda equina syndrome, progressive neurologic deficit, or significant weakness, acute lumbar radiculopathy from disc herniation is generally managed initially with nonoperative treatment. Surgery is reserved for selected patients with persistent symptoms or specific neurologic indications.

QUESTION 4 SINGLE CHOICE

Which symptom or sign requires urgent evaluation for possible cauda equina syndrome?

A Low back pain that improves with rest

B **New urinary retention or incontinence with saddle anesthesia**

C Mild paraspinal muscle tightness

D Intermittent leg pain relieved by sitting

ANSWER **B**

WHY New bladder or bowel dysfunction, urinary retention, and saddle anesthesia are red flags for cauda equina syndrome and require urgent assessment and treatment. The other findings are not specific for this condition.

QUESTION 5 SINGLE CHOICE

A 67-year-old patient presents with hand clumsiness, gait imbalance, hyperreflexia, and bilateral lower-extremity stiffness. Which condition is the most likely diagnosis?

A **Cervical myelopathy**

B Isolated lumbar spinal stenosis

C Simple mechanical neck strain

D Peripheral neuropathy limited to the hands

ANSWER A

WHY Cervical myelopathy commonly produces upper-extremity clumsiness, gait disturbance, spasticity, and hyperreflexia from cervical spinal cord compression. The combination of hand and gait findings is particularly characteristic.

QUESTION 6 SINGLE CHOICE

Which patient is at greatest risk for postoperative spinal infection?

A A healthy patient undergoing a brief elective procedure with no comorbidities

B **A patient with poorly controlled diabetes undergoing a prolonged spinal operation**

C A patient with no surgical exposure

D A patient undergoing surgery for an isolated, uncomplicated traumatic fracture without other risk factors

ANSWER B

WHY Poorly controlled diabetes and prolonged operative duration are recognized risk factors for surgical-site infection after spinal surgery. The other patients do not have the same combination of major risk factors.

QUESTION 7 SINGLE CHOICE

What is the first priority in the initial management of a patient with a suspected spinal injury?

A Obtain a complete history only after definitive imaging

B **Maintain spinal motion restriction and assess airway, breathing, and circulation**

C Perform elective surgical planning before the primary survey

D Administer antibiotics before evaluating neurologic function

ANSWER **B**

WHY Initial trauma care follows airway, breathing, and circulation priorities, with spinal motion restriction maintained when a spinal injury is suspected. Neurologic assessment and appropriate imaging follow stabilization.

QUESTION 8 SINGLE CHOICE

Which finding is most likely to require urgent surgical decompression in a patient with spinal cord compression?

A Stable, long-standing sensory loss without weakness

B **Progressive motor weakness or a new major neurologic deficit**

C Isolated low back pain with normal neurologic examination

D Mild symptoms that improve with rest

ANSWER **B**

WHY Progressive weakness or a new major neurologic deficit in the setting of spinal cord compression is an urgent indication for decompression. Stable mild symptoms without neurologic deterioration may allow further evaluation and nonurgent treatment.

QUESTION 9 SINGLE CHOICE

Which feature favors vascular claudication over neurogenic claudication?

A Symptoms are relieved by leaning forward

B Symptoms occur with walking and improve after standing still, without a positional change

C Symptoms are worsened by lumbar extension

D Symptoms are associated with a positive straight-leg-raise test

ANSWER B

WHY Vascular claudication is typically triggered by walking and relieved by stopping activity, even while remaining upright. Neurogenic claudication is more affected by spinal posture and commonly improves with flexion, sitting, or leaning forward.