NBDE ANATOMY PRACTICE TEST (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.

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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!

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Questions

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1. Which ligament limits posterior movement of the mandible?

A. Lateral temporomandibular ligament
B. Sphenomandibular ligament
C. Stylomandibular ligament
D. Medial temporomandibular ligament

2. Which artery has Vertebral, Internal thoracic, Thyrocervical, Costocervical, and Dorsal scapular branches?

A. Axillary
B. Common carotid
C. Subclavian
D. Brachiocephalic

3. The infraorbital nerve carries sensory information from the upper lip.

A. Mental nerve
B. Zygomatic nerve
C. Nasopalatine nerve
D. Infraorbital nerve

4. Which combination lists the primary lymphoid organs?

A. Thymus and Bone Marrow
B. Spleen and Lymph Nodes
C. Tonsils and Appendix
D. Liver and Spleen

5. Which nerve innervates the hypothenar muscles and central hand muscles?

A. Ulnar nerve
B. Median nerve
C. Radial nerve
D. Axillary nerve

6. Which nerve is sensory to the lateral neck and earlobe?

A. Great auricular nerve
B. Transverse cervical nerve
C. Lesser occipital nerve
D. Greater occipital nerve

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7. Which muscle protracts the scapula?

A. Serratus anterior

B. Levator scapulae

C. Rhomboid minor

D. Latissimus dorsi

8. The sublingual salivary glands receive postganglionic parasympathetic innervation from which ganglion?

A. Otic ganglion

B. Pterygopalatine ganglion

C. Ciliary ganglion

D. Submandibular ganglion

9. The afferent limb of the gag reflex to the pharyngeal mucosa is supplied by which nerve?

A. Glossopharyngeal

B. Vagus

C. Trigeminal

D. Hypoglossal

10. Which superficial back muscle uses the transverse process of C3 for origin or insertion?

A. Trapezius

B. Rhomboid major

C. Latissimus dorsi

D. Levator scapulae

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Answers

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

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Explanations

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1. Which ligament limits posterior movement of the mandible?

A. Lateral temporomandibular ligament

B. Sphenomandibular ligament

C. Stylomandibular ligament

D. Medial temporomandibular ligament

The ligaments around the temporomandibular joint act as checks that stabilize the mandible in different directions. The medial temporomandibular ligament sits on the inner (medial) aspect of the joint and serves as a posterior restraint. It attaches near the disc and to the neck of the mandible, so as the mandible tends to move backward toward the posterior slope of the articular fossa, this ligament becomes taut and limits further posterior displacement of the condyle. That makes it the primary structure that prevents the mandible from moving too far backward. The other ligaments have different roles: the sphenomandibular and stylomandibular ligaments act as secondary check ligaments that limit excessive opening or vertical translation, while the lateral temporomandibular ligament reinforces the capsule and helps stabilize the joint in various directions but is not the principal restraint to posterior movement.

2. Which artery has Vertebral, Internal thoracic, Thyrocervical, Costocervical, and Dorsal scapular branches?

A. Axillary

B. Common carotid

C. Subclavian

D. Brachiocephalic

The subclavian artery in the neck is the source of several important branches that supply the neck, thorax, and shoulder region. It gives off the vertebral artery, which climbs to the brain; the internal thoracic (mammary) artery along the inner chest wall; the thyrocervical trunk, which supplies thyroid- and neck-related structures; the costocervical trunk, feeding deep neck muscles and upper intercostal spaces; and the dorsal scapular artery, which travels toward the scapular region to vascularize the rhomboids and related muscles. Because all of these vessels originate from the subclavian artery (typically from its first part), that artery is the one described. Other arteries listed have different primary branches or patterns: the axillary is a continuation of the subclavian after the first rib with its own distinct branches; the common carotid mainly gives external and internal carotid branches; the brachiocephalic trunk divides into right/common carotid and right subclavian and does not encompass these branches as a single source.

3. The infraorbital nerve carries sensory information from the upper lip.

A. Mental nerve

B. Zygomatic nerve

C. Nasopalatine nerve

D. Infraorbital nerve

Sensation of the upper lip comes from a branch of the maxillary division of the trigeminal nerve. The infraorbital nerve, after traveling through the infraorbital canal, gives off superior labial branches that supply the skin and mucosa of the upper lip. This direct connection explains why feeling in the upper lip follows the path of the infraorbital nerve. The mental nerve comes from the inferior alveolar nerve and supplies the lower lip and chin, not the upper lip. The zygomatic nerve serves the lateral cheek and orbit area, not the upper lip. The nasopalatine nerve provides sensation to the nasal septum and the anterior hard palate, not the lip. Therefore, the infraorbital nerve is the correct carrier of upper lip sensory information.

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4. Which combination lists the primary lymphoid organs?

A. Thymus and Bone Marrow

B. Spleen and Lymph Nodes

C. Tonsils and Appendix

D. Liver and Spleen

Primary lymphoid organs are the sites where lymphocytes originate and complete their maturation. T cells finish their development in the thymus, while B cells complete maturation in the bone marrow. These environments provide the signals and selection processes that shape a functional, self-tolerant lymphocyte repertoire before these cells encounter antigens. In contrast, secondary lymphoid organs—such as the spleen, lymph nodes, tonsils, and appendix—are where mature lymphocytes reside and mount immune responses after encountering pathogens. The liver can participate in immune functions, but it is not considered a primary lymphoid organ. Therefore, the organs that serve as primary lymphoid sites are the thymus and bone marrow.

5. Which nerve innervates the hypothenar muscles and central hand muscles?

A. Ulnar nerve

B. Median nerve

C. Radial nerve

D. Axillary nerve

The answer rests on which nerve supplies most intrinsic hand muscles on the ulnar (medial) side. The ulnar nerve innervates the hypothenar group (abductor digiti minimi, flexor digiti minimi brevis, opponens digiti minimi) and the central hand muscles, mainly the interossei (palmar and dorsal interossei) that lie in the central palm and move the fingers. This same nerve also supplies the medial two lumbricals (to the ring and little fingers), while the lateral two lumbricals are by the median nerve. The other nerves don't cover these muscle groups: the median nerve mainly handles the thenar muscles and the lateral lumbricals, the radial nerve supplies posterior forearm extensor muscles, and the axillary nerve supplies the deltoid and teres minor. So the nerve that best accounts for both hypothenar and central hand muscle innervation is the ulnar nerve.

6. Which nerve is sensory to the lateral neck and earlobe?

A. Great auricular nerve

B. Transverse cervical nerve

C. Lesser occipital nerve

D. Greater occipital nerve

The great auricular nerve provides cutaneous sensation to the skin over the parotid region, the ear, and especially the earlobe, as well as the lateral neck. It arises from the cervical plexus (ventral rami of C2–C3) and runs superficially across the sternocleidomastoid muscle toward the ear, giving an auricular branch to the lobule. Because the question specifies the lateral neck and earlobe, this nerve best matches that distribution. The other nerves have different territories: the transverse cervical nerve supplies the anterior neck; the lesser occipital nerve covers the lateral neck and scalp behind the ear but not the earlobe; the greater occipital nerve innervates the posterior scalp and vertex.

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7. Which muscle protracts the scapula?

A. Serratus anterior

B. Levator scapulae

C. Rhomboid minor

D. Latissimus dorsi

Protraction of the scapula, or moving the shoulder blade forward along the rib cage, is produced best by the serratus anterior. This muscle originates on the upper eight or nine ribs and inserts along the anterior surface of the medial border of the scapula. When it contracts, it pulls the scapula anteriorly and keeps it tightly pressed against the thoracic wall, which is essential for forward reaching and for stabilizing the scapula during arm elevation, often working with upward rotation of the scapula. Levator scapulae mainly elevates the scapula and can assist in downward rotation. Rhomboid minor retracts the scapula and also downwardly rotates it. Latissimus dorsi primarily moves the humerus (extension, adduction, medial rotation) and does not protract the scapula.

8. The sublingual salivary glands receive postganglionic parasympathetic innervation from which ganglion?

A. Otic ganglion

B. Pterygopalatine ganglion

C. Ciliary ganglion

D. Submandibular ganglion

Postganglionic parasympathetic innervation to the sublingual glands comes from the submandibular ganglion. Preganglionic fibers originate in the facial nerve pathway, traveling with the chorda tympani and then joining the lingual nerve to reach the submandibular ganglion, where they synapse. The resulting postganglionic fibers travel with branches of the lingual nerve to reach the sublingual glands, stimulating secretion. Other ganglia have different targets: the otic ganglion serves the parotid gland, the ciliary ganglion controls pupil and ciliary muscle movements, and the pterygopalatine ganglion supplies lacrimal and some mucosal glands.

9. The afferent limb of the gag reflex to the pharyngeal mucosa is supplied by which nerve?

A. Glossopharyngeal

B. Vagus

C. Trigeminal

D. Hypoglossal

Glossopharyngeal nerve carries the sensory input for the gag reflex from the pharyngeal mucosa. When the pharyngeal walls are stimulated, the afferent fibers of CN IX transmit the signal to the brainstem, initiating the reflex. The motor response is executed by the vagus nerve, which serves as the efferent limb to activate the pharyngeal muscles. The trigeminal nerve handles sensation from the anterior oral cavity but not the pharyngeal mucosa involved here; the hypoglossal nerve moves the tongue, and the vagus nerve provides the motor output, not the sensory input.

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10. Which superficial back muscle uses the transverse process of C3 for origin or insertion?

A. Trapezius

B. Rhomboid major

C. Latissimus dorsi

D. Levator scapulae

Levator scapulae is the muscle that uses a cervical transverse process for its origin. It runs from the transverse processes of the upper cervical vertebrae (C1–C4), including the transverse process of C3, to the superior angle of the scapula. This attachment pattern distinguishes it from the other superficial back muscles: trapezius attaches to the skull, nuchal ligament, and the clavicle/scapula regions; rhomboid major originates from the spinous processes of the upper thoracic vertebrae; and latissimus dorsi arises from the thoracolumbar fascia, iliac crest, and lower ribs. Levator scapulae elevates the scapula and participates in downward rotation, and its cervical transverse-process origins explain why it's the one associated with the transverse process of C3.

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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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