NBME FORM 10 STEP 2 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 therapy is used as a disease-modifying treatment for multiple sclerosis?

A. Glucocorticoids

B. Interferon beta therapy

C. Natalizumab

D. Plasmapheresis

2. Which acid-base disturbance is most characteristic of diarrheal losses?

A. Hyperchloremic Metabolic Acidosis Due To Bicarbonate Loss

B. Metabolic Alkalosis Due To Bicarbonate Retention

C. Respiratory Acidosis Due To CO2 Retention

D. Metabolic Alkalosis From Vomiting

3. Postoperative infections most commonly arise from which sites?

A. Meningitis

B. Sinusitis

C. Pneumonia, urinary tract infection, or wound infection

D. Gastroenteritis

4. Diverticulosis is typically asymptomatic. Which statement is true?

A. It Is Usually Asymptomatic

B. It Commonly Causes Bloody Diarrhea

C. It Presents With Fever And LLQ Pain

D. It Requires Immediate Surgery In Most Patients

5. Which finding is characteristic of acute interstitial nephritis?

A. Eosinophils in the urine

B. Hematuria

C. Proteinuria

D. Bacteria in urine

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6. Which condition is characterized by proximal muscle weakness with pseudohypertrophy and a positive Gower sign?

A. Duchenne muscular dystrophy

B. Spinal muscular atrophy

C. Myotonic dystrophy

D. Becker muscular dystrophy

7. A patient presents within 3 hours of sudden onset left hemiparesis and aphasia. What is the next step in management?

A. Non-contrast head CT to exclude hemorrhage, then consider IV alteplase if no contraindications and within window.

B. Begin IV alteplase immediately without imaging

C. MRI brain first

D. Start antiplatelet therapy

8. Which finding is NOT part of Tetralogy of Fallot?

A. Ventricular septal defect

B. Overriding aorta

C. Atrial septal defect

D. Pulmonary stenosis

9. In chronic kidney disease, which routine test is most appropriate to assess proteinuria and kidney function?

A. Complete blood count

B. 24-hour urine collection

C. Serum calcium

D. Liver function tests

10. Which pharmacologic strategy is commonly used to support a patient in cardiogenic shock?

A. Dopamine

B. Norepinephrine plus dobutamine

C. Vasopressin infusion only

D. Positive inotropic support alone

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Answers

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

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Explanations

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1. Which therapy is used as a disease-modifying treatment for multiple sclerosis?

A. Glucocorticoids

B. Interferon beta therapy

C. Natalizumab

D. Plasmapheresis

The main idea is that disease-modifying therapies for multiple sclerosis aim to slow the immune-driven damage in the CNS, reducing relapse frequency and slowing disability progression over time. Interferon beta therapy fits this role best here because it modulates the immune response to the CNS, decreasing inflammatory activity. Clinically, this translates into fewer relapses and a slower accumulation of disability with long-term use. Glucocorticoids, by contrast, are used to treat acute MS relapses and speed recovery, but they don't change the long-term disease course. Plasmapheresis is a rescue option for severe, steroid-refractory relapses rather than a chronic disease modifier. Natalizumab is another disease-modifying option but carries higher risks (like progressive multifocal leukoencephalopathy) and is not the classic first-line choice in many exam contexts. So interferon beta therapy is the best fit as a disease-modifying treatment.

2. Which acid-base disturbance is most characteristic of diarrheal losses?

A. Hyperchloremic Metabolic Acidosis Due To Bicarbonate Loss

B. Metabolic Alkalosis Due To Bicarbonate Retention

C. Respiratory Acidosis Due To CO2 Retention

D. Metabolic Alkalosis From Vomiting

Diarrheal losses remove bicarbonate from the body in stool, so serum bicarbonate falls and pH drops, producing a metabolic acidosis. Because chloride rises to keep electroneutrality as bicarbonate is lost, this becomes a hyperchloremic, non anion gap metabolic acidosis. The respiratory system tries to compensate by increasing ventilation to blow off CO2, but the primary disturbance remains metabolic acidosis. Vomiting, in contrast, removes hydrogen and chloride, leading to metabolic alkalosis with increased bicarbonate, which is why that scenario does not fit diarrheal losses. Respiratory acidosis would arise from CO2 retention due to hypoventilation, not from GI bicarbonate loss.

3. Postoperative infections most commonly arise from which sites?

A. Meningitis

B. Sinusitis

C. Pneumonia, urinary tract infection, or wound infection

D. Gastroenteritis

Postoperative infections most commonly arise from the lungs, the urinary tract, and the surgical wound. After surgery, factors like pain, anesthesia, and immobility impair coughing and clearance of secretions, increasing the risk of postoperative pneumonia. Urinary catheters, often used around the time of surgery, are a major source of bacteriuria and symptomatic UTIs. The incisional wound is a breach of the skin barrier, so skin flora can invade and cause wound infection. In contrast, meningitis, sinusitis, or gastroenteritis are less typical sources of postoperative infections.

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4. Diverticulosis is typically asymptomatic. Which statement is true?

A. It Is Usually Asymptomatic

B. It Commonly Causes Bloody Diarrhea

C. It Presents With Fever And LLQ Pain

D. It Requires Immediate Surgery In Most Patients

Diverticulosis means there are diverticula in the colon, and most people with this finding have no symptoms. The problem arises only when these diverticula become inflamed or bleed. So the statement that diverticulosis is usually asymptomatic is true. Bloody diarrhea isn't a typical feature of uncomplicated diverticulosis. When bleeding occurs, it's usually a painless rectal bleeding from diverticular sources, not diarrhea. Fever and left lower quadrant pain point to diverticulitis, not benign diverticulosis. And most patients with diverticulosis do not need immediate surgery; surgery is reserved for complicated cases such as perforation, abscess, obstruction, or uncontrollable bleeding.

5. Which finding is characteristic of acute interstitial nephritis?

A. Eosinophils in the urine

B. Hematuria

C. Proteinuria

D. Bacteria in urine

Acute interstitial nephritis is a drug-triggered hypersensitivity reaction affecting the kidney interstitium. A key urinary clue is eosinophils in the urine, often seen on special stains (Hansel stain). This reflects the eosinophilic inflammatory infiltrate in the interstitium and supports the diagnosis in the right clinical context (recent new medication, fever or rash, elevated creatinine). While hematuria or proteinuria can occur in various renal conditions and are not specific, the presence of eosinophils in the urine is particularly characteristic for this condition. Bacteria in the urine would point toward a bacterial infection rather than AIN, which is typically sterile pyuria.

6. Which condition is characterized by proximal muscle weakness with pseudohypertrophy and a positive Gower sign?

A. Duchenne muscular dystrophy

B. Spinal muscular atrophy

C. Myotonic dystrophy

D. Becker muscular dystrophy

Proximal muscle weakness with calf pseudohypertrophy and a positive Gower sign points to a dystrophinopathy that begins in childhood. In Duchenne muscular dystrophy, a mutation leads to absent or nonfunctional dystrophin, a protein that normally stabilizes muscle cell membranes during contraction. Without dystrophin, muscle fibers are damaged and gradually replaced by fat and connective tissue, causing the calves to look enlarged (pseudohypertrophy) even though the muscles are weakened. The weakness mainly affects proximal hip and thigh muscles, so children have trouble getting up from the floor and use their arms to push up (Gower sign). This contrasts with other conditions: spinal muscular atrophy is a motor neuron disease with muscle atrophy rather than fatty replacement and the typical pseudohypertrophy and Gower maneuver are not defining features; myotonic dystrophy features myotonia (delayed muscle relaxation) and often distal weakness with systemic findings; Becker muscular dystrophy has a dystrophin mutation like Duchenne but with later onset and a slower, milder progression.

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7. A patient presents within 3 hours of sudden onset left hemiparesis and aphasia. What is the next step in management?

A. Non-contrast head CT to exclude hemorrhage, then consider IV alteplase if no contraindications and within window.

B. Begin IV alteplase immediately without imaging

C. MRI brain first

D. Start antiplatelet therapy

In acute stroke management, the priority is to decide quickly whether the event is ischemic and treat within the therapeutic window, while ruling out conditions where thrombolysis would be dangerous. The first step is a non-contrast head CT. This test is fast and widely available and is used to exclude a hemorrhage, which would be a contraindication to IV thrombolysis. If the CT shows no bleed and there are no other contraindications, IV alteplase can be given within the 3-hour window. Starting thrombolysis without imaging would risk catastrophic bleeding if the stroke were hemorrhagic, so imaging before treatment is essential. An MRI could provide more detail, but it takes longer and would delay therapy in this time-critical scenario. Starting antiplatelet therapy right away isn't the initial move when thrombolysis is being considered, because the main urgent action is to reperfuse the brain with tPA if eligible, and adding antiplatelets too soon can increase bleeding risk. Therefore, the best next step is to obtain a non-contrast head CT to exclude hemorrhage, then proceed with IV alteplase if there are no contraindications within the allowed window.

8. Which finding is NOT part of Tetralogy of Fallot?

A. Ventricular septal defect

B. Overriding aorta

C. Atrial septal defect

D. Pulmonary stenosis

Tetralogy of Fallot arises from abnormal development of the infundibular portion of the interventricular septum, producing four related problems that together cause right-to-left shunting and cyanosis. The defining features are a large ventricular septal defect, an overriding aorta that receives blood from both ventricles, and obstruction of the right ventricular outflow tract (pulmonary stenosis) with resultant right ventricular hypertrophy. An atrial septal defect is not part of this quartet; it's a separate defect that can coexist but does not define Tetralogy of Fallot. So the finding that is not part of Tetralogy of Fallot is an atrial septal defect.

9. In chronic kidney disease, which routine test is most appropriate to assess proteinuria and kidney function?

A. Complete blood count

B. 24-hour urine collection

C. Serum calcium

D. Liver function tests

Measuring how much protein is lost in the urine over a full day directly reflects glomerular injury and helps gauge CKD severity and progression. A 24-hour urine collection provides a complete, quantitative measure of protein excretion, giving a reliable assessment of proteinuria and, with the urine sample's creatinine, a reasonable estimate of kidney function. Other tests don't quantify protein loss or kidney filtration: a complete blood count looks for anemia common in CKD but doesn't measure proteinuria; serum calcium checks mineral bone disorder risk rather than protein loss; liver function tests assess hepatic status. So, quantifying daily protein excretion with a 24-hour urine collection is the most appropriate routine test for proteinuria and kidney function in CKD.

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10. Which pharmacologic strategy is commonly used to support a patient in cardiogenic shock?

A. Dopamine

B. Norepinephrine plus dobutamine

C. Vasopressin infusion only

D. Positive inotropic support alone

In cardiogenic shock the goal is to restore perfusion by both boosting the heart's output and maintaining adequate blood pressure. The most effective approach is a combination: a vasopressor to raise systemic vascular resistance and mean arterial pressure, and an inotrope to improve heart contractility and stroke volume. A common choice is norepinephrine to support pressure, with adding dobutamine if cardiac output remains low. This dual strategy addresses the low output and the hypotension that drive tissue hypoperfusion. Relying on inotropic support alone can improve contractility but won't reliably raise blood pressure, leaving organs underperfused. Single-agent vasopressors or other options without addressing both components are less effective in this scenario.

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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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