NBME FORM 25 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 of the following infections is most commonly associated with cryoglobulinemia?**

   A. HIV

   B. Tuberculosis

   C. Chronic hepatitis C virus

   D. Streptococcal infection

2. **What is a potential sequela of radiotherapy for malignant conditions?**

   A. Bronchial dilatation

   B. Interstitial lung disease

   C. Radiation pneumonitis

   D. Pulmonary fibrosis

3. **Which of the following is NOT typically a symptom of COPD?**

   A. Shortness of breath

   B. Chronic cough

   C. Wheezing

   D. Severe chest pain

4. **How does a mutation in the LDL receptor affect cholesterol transport?**

   A. Increased transport of LDL across membranes

   B. Normal binding of LDL but inability to transport it

   C. Complete absence of LDL receptor function

   D. Enhanced metabolism of LDL in the liver

5. **What is the primary mechanism behind Familial Hypercholesterolemia (Type II)?**

   A. Increased production of HDL

   B. Decreased clearance of LDL by the liver

   C. Increased metabolism of cholesterol

   D. Defective synthesis of triglycerides

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6. Grouping by fiber type is primarily identified during what physiological condition?

A. Chronic training

B. Denervation and reinnervation

C. Aging of muscle

D. Acute injury

7. What might be a presenting symptom of nephrogenic diabetes insipidus?

A. Oliguria

B. Polydipsia

C. Hematuria

D. Proteinuria

8. What condition is characterized by inflammation of the costochondral and chondrosternal junctions?

A. Costochondritis

B. Pleurisy

C. Muscle strain

D. Thoracic outlet syndrome

9. Within the context of amino acid metabolism, what key transformation occurs in the intestinal mucosa?

A. Conversion to proteins

B. Deamination of amino acids

C. Digestion of dipeptides and tripeptides to free amino acids

D. Formation of amines

10. Which symptom is commonly associated with mitochondrial myopathy?

A. Numbness in extremities

B. Proximal muscle weakness

C. Hyperactive reflexes

D. Joint swelling

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Answers

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

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Explanations

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1. Which of the following infections is most commonly associated with cryoglobulinemia?

A. HIV

B. Tuberculosis

C. Chronic hepatitis C virus

D. Streptococcal infection

Cryoglobulinemia is a condition characterized by the presence of cryoglobulins in the blood, which are abnormal proteins that can precipitate in cooler temperatures and cause various symptoms, including vasculitis and kidney dysfunction. Among the infections listed, chronic hepatitis C virus infection is the most commonly associated with cryoglobulinemia. Hepatitis C virus can lead to the formation of mixed cryoglobulinemia, particularly in patients with chronic infection, due to the immune complexes formed in response to the virus. The immunological response can result in the production of cryoglobulins, which are often linked to vascular inflammation and tissue damage. While infections like HIV, tuberculosis, and streptococcal infections can have their own complications and may even lead to a form of cryoglobulinemia, they are not as strongly or directly associated with the condition as hepatitis C virus. This makes chronic hepatitis C the leading infection related to cryoglobulinemic symptoms and complications.

2. What is a potential sequela of radiotherapy for malignant conditions?

A. Bronchial dilatation

B. Interstitial lung disease

C. Radiation pneumonitis

D. Pulmonary fibrosis

One of the potential sequelae of radiotherapy for malignant conditions is radiation pneumonitis. This condition arises due to inflammation of the lung tissue as a result of exposure to radiation during cancer treatment. It typically occurs several weeks to months after the completion of radiotherapy and can present with symptoms such as cough, dyspnea, fever, and chest discomfort. The pathophysiology involves a complex inflammatory response triggered by radiation, leading to the recruitment of immune cells and resultant lung tissue damage. Radiation pneumonitis is an important concern, especially in patients receiving thoracic radiation, as it can significantly impact their quality of life and lung function. Management of radiation pneumonitis often includes corticosteroids to reduce inflammation and supportive care, and recognizing this condition is critical for effective intervention and patient management after radiotherapy.

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3. Which of the following is NOT typically a symptom of COPD?

A. Shortness of breath

B. Chronic cough

C. Wheezing

D. Severe chest pain

In chronic obstructive pulmonary disease (COPD), the hallmark symptoms commonly include shortness of breath, chronic cough, and wheezing. These symptoms arise due to obstructive lung pathology, where airflow is limited, leading to difficulty in breathing, mucus production, and airway narrowing. Shortness of breath frequently occurs, particularly during physical activities, as the lungs struggle to expel air effectively. The chronic cough is often a result of persistent irritation in the airways, typically due to smoking or exposure to pollutants, and is a key feature of COPD. Wheezing, which is a high-pitched sound during breathing, indicates narrowing of the airways and can occur during exacerbations or even at rest in more advanced cases. Severe chest pain is not a typical symptom of COPD. While individuals may experience some discomfort due to increased work of breathing or chest tightness, sharp or severe chest pain is more indicative of other conditions, such as cardiac issues or acute respiratory conditions, rather than COPD itself. Thus, noting the significance of symptoms helps differentiate between various respiratory and cardiovascular diseases.

4. How does a mutation in the LDL receptor affect cholesterol transport?

A. Increased transport of LDL across membranes

B. Normal binding of LDL but inability to transport it

C. Complete absence of LDL receptor function

D. Enhanced metabolism of LDL in the liver

A mutation in the LDL receptor primarily affects cholesterol transport by compromising its ability to facilitate the binding and internalization of low-density lipoprotein (LDL) particles from the bloodstream into cells, particularly liver cells. In a scenario where the mutation allows for normal binding of LDL but hampers its transport, the receptor can attach to LDL, but the subsequent steps that enable the uptake of LDL into the cell are disrupted. This results in a buildup of LDL particles in the bloodstream because they are not efficiently taken up by cells for metabolism or storage. The cells still recognize LDL due to the functional binding site; however, the internalization process is flawed, leading to an accumulation of cholesterol-rich LDL in circulation. This condition is associated with increased cardiovascular risk, as high levels of LDL cholesterol are linked to the development of atherosclerosis. Considering this, the specific mutation leads to a situation where, despite having the capability to bind LDL, the transport mechanism is ineffectual, illustrating the critical role of the LDL receptor in regulating cholesterol homeostasis in the body.

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5. What is the primary mechanism behind Familial Hypercholesterolemia (Type II)?

A. Increased production of HDL

B. Decreased clearance of LDL by the liver

C. Increased metabolism of cholesterol

D. Defective synthesis of triglycerides

Familial Hypercholesterolemia (Type II) primarily results from a genetic defect that affects the body's ability to clear low-density lipoprotein (LDL) cholesterol from the bloodstream. This condition is often caused by mutations in the LDL receptor gene, which lead to reduced numbers of functional LDL receptors on liver cells. As a result, there is decreased uptake of LDL by the liver, causing elevated levels of LDL cholesterol in the plasma. The inability to effectively remove LDL leads to a plethora of clinical manifestations, including premature cardiovascular disease due to the accumulation of cholesterol in the arteries. Individuals with Familial Hypercholesterolemia can have significantly increased levels of total cholesterol and LDL cholesterol, which is a hallmark of this genetic disorder. The other choices do not accurately reflect the primary mechanism involved in Familial Hypercholesterolemia. For instance, increased production of HDL does not directly relate to the condition, and while metabolism of cholesterol can be altered in other contexts, it does not encapsulate the key issue of LDL clearance. Similarly, defective synthesis of triglycerides is not the central abnormality in this disorder; instead, the focus is on LDL cholesterol retention due to impaired receptor function.

6. Grouping by fiber type is primarily identified during what physiological condition?

A. Chronic training

B. Denervation and reinnervation

C. Aging of muscle

D. Acute injury

The process of grouping by fiber type is primarily identified during the physiological condition of denervation and reinnervation. When a muscle fiber is denervated, it loses its nerve supply, which can lead to changes in the muscle's characteristics. Following denervation, if the nerve is restored, the muscle can undergo reinnervation, a process where the original nerve or a different nerve re-establishes the connection with the muscle fibers. During this period, the muscle fibers can change their characteristics based on the type of nerve that innervates them. For example, fast-twitch fibers may adopt characteristics of slow-twitch fibers and vice versa, resulting in the clustering or grouping of similar fiber types rather than a more mixed population that might exist in other contexts, such as during chronic training or aging. This phenomenon can be visually represented through histological analysis and is a significant consideration in muscle physiology and rehabilitation. Other conditions, such as chronic training or aging, lead to adaptations in muscle fibers but do not primarily result in the clear reorganization or grouping of fiber types as seen during denervation and reinnervation. Acute injury can cause localized damage and inflammation but typically does not lead to the broad rewiring of muscle fiber types associated with denervation and subsequent

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7. What might be a presenting symptom of nephrogenic diabetes insipidus?

A. Oliguria

B. Polydipsia

C. Hematuria

D. Proteinuria

Nephrogenic diabetes insipidus is characterized by the kidneys' inability to respond to the hormone vasopressin (also known as antidiuretic hormone). When the kidneys do not respond to this hormone, they fail to concentrate urine, leading to the production of large volumes of dilute urine. Consequently, individuals experience significant fluid loss, prompting them to feel extremely thirsty. This overwhelming thirst is known as polydipsia, which is a classic presenting symptom of nephrogenic diabetes insipidus. It is the body's compensatory mechanism to mitigate dehydration that results from excessive urination. In contrast, oliguria represents a decrease in urine output, which does not occur in nephrogenic diabetes insipidus. Hematuria refers to the presence of blood in the urine and is not directly linked to this condition. Proteinuria indicates the presence of protein in the urine, which is typically associated with glomerular disease rather than nephrogenic diabetes insipidus. Therefore, polydipsia stands out as the key symptom associated with this disorder, as it results from the body's response to the inability to concentrate urine.

8. What condition is characterized by inflammation of the costochondral and chondrosternal junctions?

A. Costochondritis

B. Pleurisy

C. Muscle strain

D. Thoracic outlet syndrome

The condition characterized by inflammation of the costochondral and chondrosternal junctions is costochondritis. This inflammation typically presents as localized pain and tenderness in the chest area, particularly where the ribs meet the sternum. The discomfort may worsen with movement, deep breathing, or palpation of the affected areas, which are the costochondral (where the rib meets the cartilage) and chondrosternal (where the cartilage meets the sternum) joints. Costochondritis is often benign and self-limited, commonly resulting from trauma or repetitive strain, but its distinct feature is the specific location of the inflammation at these junctions. In contrast, pleurisy involves inflammation of the pleura of the lungs, resulting in sharp chest pain that worsens with breathing but is not limited to the costochondral regions. Muscle strain typically involves broader muscle groups and does not isolate to the costochondral junctions. Thoracic outlet syndrome involves compression of nerves or blood vessels in the thoracic outlet region, leading to different symptoms such as upper extremity pain, numbness, or weakness, and is not primarily an inflammatory condition of the costochondral junctions.

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9. Within the context of amino acid metabolism, what key transformation occurs in the intestinal mucosa?

A. Conversion to proteins

B. Deamination of amino acids

C. Digestion of dipeptides and tripeptides to free amino acids

D. Formation of amines

The intestinal mucosa plays a crucial role in the digestion and absorption of nutrients, particularly proteins. During this process, dietary proteins are broken down into smaller peptides, specifically dipeptides and tripeptides. The enzymes present in the brush border of the intestinal mucosa facilitate the further digestion of these small peptides into free amino acids, which can then be easily absorbed into the bloodstream. This transformation is vital because amino acids are the building blocks for various proteins needed by the body for growth, repair, and numerous metabolic functions. Free amino acids can be transported across the intestinal lining into circulation, where they contribute to protein synthesis and other metabolic pathways in various tissues. The other processes mentioned, such as conversion to proteins, deamination, and formation of amines, do not primarily occur in the intestinal mucosa but rather in other tissues and stages of amino acid metabolism. Therefore, the digestion of dipeptides and tripeptides to free amino acids is the key transformation that happens specifically in the intestinal mucosa, reflecting its primary function during nutrient absorption.

10. Which symptom is commonly associated with mitochondrial myopathy?

A. Numbness in extremities

B. Proximal muscle weakness

C. Hyperactive reflexes

D. Joint swelling

Mitochondrial myopathy is a type of muscle disease that arises from dysfunction in the mitochondria, which are the energy-producing structures within cells. One of the hallmark symptoms of mitochondrial myopathy is proximal muscle weakness. This weakness typically manifests as difficulty in performing tasks that require the use of proximal muscles, such as lifting the arms, standing from a seated position, or climbing stairs. The proximal muscles, which include those in the hips, thighs, and shoulders, often exhibit weakness due to the high energy demands of muscle contraction and the compromised energy production in mitochondrial diseases. Since the muscles require a significant amount of ATP (adenosine triphosphate) to function properly, any disruption in mitochondrial function can lead to fatigue and weakness in these muscle groups. In contrast, other symptoms not associated with mitochondrial myopathy include numbness in extremities, which points more towards peripheral neuropathies; hyperactive reflexes, which can indicate upper motor neuron involvement or other neurological issues; and joint swelling, generally more indicative of inflammatory or arthritic conditions rather than primary muscle issues. Therefore, proximal muscle weakness is the key symptom linked to the dysfunction of mitochondrial energy production, making it the correct answer.

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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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