

NBME FORM 5 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.

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!

Questions

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- 1. In women with multiple sclerosis, when do symptoms tend to remit?**
 - A. Postpartum
 - B. Pregnancy
 - C. Menopause
 - D. Lactation
- 2. In the context of middle ear effusions, what anatomical mechanism commonly leads to fluid accumulation?**
 - A. Cochlear nerve damage
 - B. Tympanic membrane perforation
 - C. Otosclerosis
 - D. Eustachian tube dysfunction
- 3. In a teenage patient with uncontrolled type 1 diabetes, which complication is at greatest risk?**
 - A. Retinopathy
 - B. Myocardial infarction
 - C. Sepsis
 - D. Stroke
- 4. An 82-year-old female with DNR and acute cholecystitis; a guardian agrees to cholecystectomy. What is the next step?**
 - A. Proceed with operation immediately
 - B. Ask the guardian to temporarily suspend the DNR order and proceed
 - C. Reconfirm DNR and cancel surgery
 - D. Seek a court order to override the guardian
- 5. Which of the following are extracardiac manifestations of infective endocarditis?**
 - A. Roth spots
 - B. Osler nodes
 - C. Janeway lesions
 - D. All of the above

- 6. What is another name for Crohn's disease?**
- A. Ulcerative colitis
 - B. Irritable bowel syndrome
 - C. Pseudomembranous colitis
 - D. Granulomatous colitis
- 7. What is the typical prognosis of Tourette syndrome?**
- A. Progressive deterioration into adulthood
 - B. Resolution by age 5
 - C. Chronic, relapsing-remitting course during childhood and adolescence, though many improve during teen years and remit by adulthood
 - D. No change over time
- 8. A 5-year-old girl with recurrent sore throat and positive rapid strep test; is this typical?**
- A. No, this is not typical.
 - B. Yes, most children have 7-9 URIs per year.
 - C. Yes, this indicates immune deficiency.
 - D. No, this is only seen in adults.
- 9. In cervical trauma, arterial dissection can lead to thromboembolic events; what is the next step in management?**
- A. Emergent neuroimaging (MRI/MRA) of the cervical spine and brain
 - B. Start broad-spectrum antibiotics
 - C. Physical therapy
 - D. Schedule routine follow-up
- 10. Which medication provides rapid symptom relief for BPH as an alpha-1 blocker?**
- A. Finasteride
 - B. Tadalafil
 - C. Doxazosin
 - D. Terazosin

Answers

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

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Explanations

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1. In women with multiple sclerosis, when do symptoms tend to remit?

- A. Postpartum
- B. Pregnancy**
- C. Menopause
- D. Lactation

During pregnancy, multiple sclerosis activity is typically reduced because hormonal and immune changes dampen autoimmune attack on myelin. Higher levels of estrogen and progesterone promote a shift toward a Th2-dominant immune response and greater immune regulation, which lessens inflammatory relapses and can lead to symptom remission. This protective effect is strongest in the later stages of pregnancy, while after delivery the risk of relapse increases in the postpartum period. Menopause and lactation do not consistently produce the same remission pattern, so pregnancy is the best explanation for symptom improvement.

2. In the context of middle ear effusions, what anatomical mechanism commonly leads to fluid accumulation?

- A. Cochlear nerve damage
- B. Tympanic membrane perforation
- C. Otosclerosis
- D. Eustachian tube dysfunction**

Fluid buildup in the middle ear occurs most often because the Eustachian tube isn't functioning properly. This tube normally ventilates and equalizes pressure between the middle ear and the nasopharynx. When it fails to open, air can't reach the middle ear, creating negative pressure that draws fluid out of the mucosa and capillaries, leading to a middle ear effusion. This often follows upper respiratory infections or allergic inflammation that block the tube and promote fluid accumulation, which can muffle hearing and predispose to infection. In contrast, damage to the cochlear nerve causes sensorineural hearing loss without fluid buildup; a tympanic membrane perforation would typically lead to drainage rather than accumulation; and otosclerosis involves stiffening of the ossicles, causing conductive loss without middle-ear effusion.

3. In a teenage patient with uncontrolled type 1 diabetes, which complication is at greatest risk?

- A. Retinopathy**
- B. Myocardial infarction
- C. Sepsis
- D. Stroke

Prolonged high blood glucose in type 1 diabetes damages small blood vessels, especially in the retina. The retina's delicate vasculature is particularly susceptible to hyperglycemia, so retinopathy is the most likely complication to develop in a teenage patient with poor glycemic control. The process involves thickened capillary basement membranes and damage to retinal vessels, leading to microaneurysms, hemorrhages, and potential neovascularization that can threaten vision. By contrast, macrovascular events like heart attack or stroke typically occur after many years of diabetes and are more common in adults, and while infection risk is higher with poor control, it's not as immediate or likely a complication in teens as retinopathy.

4. An 82-year-old female with DNR and acute cholecystitis; a guardian agrees to cholecystectomy. What is the next step?

- A. Proceed with operation immediately
- B. Ask the guardian to temporarily suspend the DNR order and proceed**
- C. Reconfirm DNR and cancel surgery
- D. Seek a court order to override the guardian

A Do-Not-Resuscitate order applies only to CPR and does not automatically block other medical interventions, including surgery, when a surrogate decision-maker consents. In this case, the patient cannot decide, a guardian is the authorized surrogate, and the guardian has agreed to the cholecystectomy. The appropriate next step is to have the DNR temporarily suspended for the planned procedure, with clear documentation and informed consent, so the surgery can proceed. After the operation, the DNR status can be resumed or re-evaluated based on the patient's or surrogate's decisions and the clinical situation.

5. Which of the following are extracardiac manifestations of infective endocarditis?

- A. Roth spots
- B. Osler nodes
- C. Janeway lesions
- D. All of the above**

Infective endocarditis often produces systemic, extracardiac signs due to immune complex-mediated vascular phenomena and septic emboli. The listed findings are classic peripheral manifestations of this condition. Roth spots are retinal hemorrhages with pale centers caused by microvascular immune complex deposition in the retina. Osler nodes are tender, raised nodules on the fingers or toes from immune complex-mediated vascular occlusion. Janeway lesions are painless, erythematous macules on the palms or soles resulting from septic emboli. Because all of these are recognized extracardiac manifestations of infective endocarditis, the best answer is that all of the above are correct.

6. What is another name for Crohn's disease?

- A. Ulcerative colitis
- B. Irritable bowel syndrome
- C. Pseudomembranous colitis
- D. Granulomatous colitis**

*Crohn's disease is an inflammatory bowel disease characterized by granulomatous, transmural inflammation. When it involves the colon, it's often described as granulomatous colitis because the tissue shows granulomas—noncaseating clusters of immune cells—throughout the wall. This label reflects the distinctive granulomatous inflammation that helps differentiate Crohn's from ulcerative colitis, which is limited to the mucosa and typically lacks granulomas. The other conditions listed are different entities—ulcerative colitis is mucosal, irritable bowel syndrome is functional, and pseudomembranous colitis is usually due to *C. difficile* infection with pseudomembranes. Granulomatous colitis remains a historical, yet useful, way to refer to Crohn's disease affecting the colon.*

7. What is the typical prognosis of Tourette syndrome?

- A. Progressive deterioration into adulthood
- B. Resolution by age 5
- C. Chronic, relapsing-remitting course during childhood and adolescence, though many improve during teen years and remit by adulthood**
- D. No change over time

Tourette syndrome typically begins in childhood and is characterized by tics that wax and wane over time. The usual course is chronic and fluctuating, with many individuals seeing a reduction in tic severity during adolescence and a substantial number achieving remission by adulthood. Some people may continue to have mild tics, but the overall trajectory is not progressive deterioration, nor is it typically resolved by age 5, nor is it a constant, unchanging condition. This combination of a relapsing-remitting course during development with possible remission by adulthood best matches the described prognosis.

8. A 5-year-old girl with recurrent sore throat and positive rapid strep test; is this typical?

- A. No, this is not typical.
- B. Yes, most children have 7-9 URIs per year.**
- C. Yes, this indicates immune deficiency.
- D. No, this is only seen in adults.

Frequent upper respiratory infections in young children are common because their immune systems are still maturing and they're exposed to many pathogens in settings like daycare and school. In preschoolers, having several colds per year is typical, and a figure around seven to nine respiratory infections annually is a classic point often cited. A positive rapid strep test just confirms a streptococcal throat infection; recurrent episodes of throat symptoms with strep can occur within the normal variability of pediatric illnesses and does not by itself indicate an immune deficiency. Immune problems would usually present with unusual or very severe or persistent infections, not simply a pattern of common colds plus occasional strep. It's not something confined to adults—children regularly experience these infections too. So, this pattern aligns with typical pediatric experience, making the statement that most children have about seven to nine URIs per year the best answer.

9. In cervical trauma, arterial dissection can lead to thromboembolic events; what is the next step in management?

- A. Emergent neuroimaging (MRI/MRA) of the cervical spine and brain**
- B. Start broad-spectrum antibiotics
- C. Physical therapy
- D. Schedule routine follow-up

Urgent neuroimaging is essential because cervical arterial dissection after trauma can propagate thromboembolism and cause stroke even when symptoms are subtle. Imaging with MRI and MR angiography (or CT angiography) quickly reveals the dissection, assesses vessel patency and the extent of wall injury, and shows any early brain ischemia or perfusion deficits. This information is crucial to guide treatment, such as initiating appropriate antithrombotic therapy or considering endovascular options if indicated. Broad-spectrum antibiotics, physical therapy, or routine follow-up do not address the acute vascular injury or prevent embolic events, so they are not the next step.

10. Which medication provides rapid symptom relief for BPH as an alpha-1 blocker?

- A. Finasteride
- B. Tadalafil
- C. Doxazosin

D. Terazosin

Alpha-1 adrenergic blockers relieve BPH symptoms quickly by relaxing smooth muscle in the bladder neck and prostatic urethra, which lowers urethral resistance and improves urine flow. They work fast, often within days to a couple of weeks, because they address the dynamic component of obstruction rather than shrinking the prostate. Finasteride works by shrinking the prostate over months, not providing rapid relief. Tadalafil is a PDE5 inhibitor, not an alpha-1 blocker, so it's a different mechanism. Among alpha-1 blockers, doxazosin is a classic choice that produces rapid improvement in urinary symptoms, making it the best fit for the question.

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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:

<https://nbmeform5.examzify.com>

We wish you the very best on your exam journey. You've got this!

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