USMLE STEP 2 CK HIGH-YIELD PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1
Table of Contents 2
Introduction 3
How to Use This Guide 4
Questions 5
Answers 8
Explanations 10
Next Steps 16

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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. What are the most common causes of hypercalcemia?

A. Thrush and diabetes

B. Malignancy and hyperparathyroidism

C. Liver failure and cirrhosis

D. Addison's disease and renal failure

2. What is the diagnosis for a middle-aged man with acute monoarticular joint pain and bilateral Bell's palsy?

A. Rheumatoid arthritis

B. Gout

C. Lyme disease

D. Reactive arthritis

3. What is the post-exposure treatment for hepatitis B virus (HBV)?

A. HBV antiviral medications

B. HBV immunoglobulin

C. Hepatitis B vaccine

D. Interferon therapy

4. In infants, what are the most common causes of meningitis and recommended treatment?

A. Pseudomonas aeruginosa, treat with ciprofloxacin

B. Mycobacterium tuberculosis, treat with rifampin

C. Pneumococcus and meningococcus, treat with cefotaxime and vancomycin

D. Adenovirus, treat with supportive care

5. What causes the murmur in hypertrophic obstructive cardiomyopathy to increase?

A. Increased afterload

B. Decreased preload

C. Increased heart rate

D. Decreased stroke volume

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6. What are Janeway lesions indicative of?

A. Arterial occlusion

B. Endocarditis

C. Thrombocytopenia

D. Pneumonitis

7. What is the term for a variable that distorts the perceived effect of the exposure on an outcome in a study?

A. Confounding variable

B. Dependent variable

C. Independent variable

D. Extraneous variable

8. What are the common causes of transudative effusion?

A. Infections and malignancy

B. Intact capillaries and cardiovascular conditions

C. Pulmonary embolism and trauma

D. Chronic obstructive pulmonary disease and pneumonia

9. What type of crystals are typically found on joint fluid aspirate in a gout patient?

A. Rhomboid-shaped crystals

B. Needle-shaped crystals

C. Amorphous crystals

D. Hexagonal crystals

10. What are some radiographic indications for surgery in patients with acute abdomen?

A. Free air under diaphragm

B. Severe bowel distention

C. Extravasation of contrast

D. All of the above

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Answers

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

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Explanations

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1. What are the most common causes of hypercalcemia?

A. Thrush and diabetes

B. Malignancy and hyperparathyroidism

C. Liver failure and cirrhosis

D. Addison's disease and renal failure

Hypercalcemia, which is an elevated level of calcium in the blood, has several common causes, among which malignancy and hyperparathyroidism are the most significant. Malignancy can lead to hypercalcemia through two primary mechanisms: osteolytic metastasis, where cancer spreads to bones and causes the release of calcium into the bloodstream, and through paraneoplastic syndromes. In these cases, certain tumors produce substances that mimic parathyroid hormone, leading to increased bone resorption and calcium release. Hyperparathyroidism is characterized by excessive secretion of parathyroid hormone (PTH), which orchestrates bone remodeling, kidney calcium reabsorption, and intestinal calcium absorption. In primary hyperparathyroidism, often due to a benign adenoma, the result is increased calcium levels in the serum. Together, these two conditions account for a significant proportion of hypercalcemia cases, particularly in adults, making them more common than the causes associated with other options. Other conditions mentioned, such as liver failure, Addison's disease, and renal failure, do not typically result in hypercalcemia and may lead to other metabolic derangements instead.

2. What is the diagnosis for a middle-aged man with acute monoarticular joint pain and bilateral Bell's palsy?

A. Rheumatoid arthritis

B. Gout

C. Lyme disease

D. Reactive arthritis

The presentation of acute monoarticular joint pain combined with bilateral Bell's palsy strongly suggests Lyme disease. This condition is caused by the bacteria Borrelia burgdorferi, which is transmitted through the bite of infected ticks. Lyme disease is known for its characteristic symptoms, including erythema migrans (a particular type of rash) and neurological manifestations such as cranial nerve palsies, including Bell's palsy. In this scenario, the joint pain indicates an inflammatory response, which can occur as part of the arthritic component of Lyme disease. While other conditions can cause joint pain or cranial nerve palsies separately, the combination of acute joint pain and bilateral facial paralysis aligns more closely with Lyme disease than with other conditions. Conditions like rheumatoid arthritis and reactive arthritis typically do not present with neurological symptoms such as Bell's palsy. Meanwhile, gout would have a different clinical presentation, often involving the big toe and typically not presenting with neurological deficits. Thus, when evaluating the symptoms together, particularly the unusual combination of monoarticular joint pain alongside bilateral Bell's palsy, Lyme disease emerges as the most fitting diagnosis.

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3. What is the post-exposure treatment for hepatitis B virus (HBV)?

A. HBV antiviral medications

B. HBV immunoglobulin

C. Hepatitis B vaccine

D. Interferon therapy

Post-exposure management for hepatitis B virus (HBV) primarily centers on the use of HBV immunoglobulin, especially in high-risk situations such as needle-stick injuries or potential exposure to infected blood. HBV immunoglobulin provides immediate passive immunity by supplying pre-formed antibodies against the virus, helping to prevent infection if administered promptly after exposure. In addition to HBV immunoglobulin, the hepatitis B vaccine is also part of the post-exposure prophylaxis protocol. The hepatitis B vaccine stimulates the body's immune system to produce its own protective antibodies against HBV, but it takes time to achieve this immune response. Therefore, while vaccination is crucial in post-exposure settings, the immediate administration of HBV immunoglobulin is what provides rapid protection. Antiviral medications and interferon therapy are not typically used in post-exposure scenarios; they are more suited for treatment of chronic hepatitis B infection rather than for immediate prophylaxis after exposure. Hence, the combination of HBV immunoglobulin and the hepatitis B vaccine ensures that individuals exposed to HBV receive both immediate and long-term protection against the virus.

4. In infants, what are the most common causes of meningitis and recommended treatment?

A. Pseudomonas aeruginosa, treat with ciprofloxacin

B. Mycobacterium tuberculosis, treat with rifampin

C. Pneumococcus and meningococcus, treat with cefotaxime and vancomycin

D. Adenovirus, treat with supportive care

In infants, the most common bacterial pathogens responsible for meningitis include Streptococcus pneumoniae (pneumococcus) and Neisseria meningitidis (meningococcus). These organisms are highly significant causes of bacterial meningitis in this age group, leading to potentially severe outcomes if not promptly addressed. The recommended treatment for meningitis in infants includes cefotaxime and vancomycin. Cefotaxime is a cephalosporin antibiotic that effectively targets both pneumococcus and meningococcus, while vancomycin is used to cover for resistant strains of pneumococcus, especially given the concerns regarding antibiotic resistance. This combination ensures broad-spectrum coverage against the most common and serious bacterial pathogens in the pediatric population. The other options do not align with the standard causes and treatments for meningitis in infants. Pseudomonas aeruginosa is not a common cause of meningitis in this age group and is treated differently, typically in cases of immunocompromise or specific types of infections. Mycobacterium tuberculosis is associated with tuberculosis meningitis but is less common than the bacterial causes mentioned, and treatment focuses on a different regimen which does not include rifampin alone for acute meningitis. Lastly, adenovirus often leads to viral mening

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5. What causes the murmur in hypertrophic obstructive cardiomyopathy to increase?

A. Increased afterload

B. Decreased preload

C. Increased heart rate

D. Decreased stroke volume

In hypertrophic obstructive cardiomyopathy (HOCM), the characteristic murmur is caused by the dynamic left ventricular outflow tract (LVOT) obstruction that occurs during systole. This obstruction is primarily due to the hypertrophied interventricular septum and the mitral valve apparatus, leading to turbulent blood flow. When preload decreases, there is reduced ventricular filling, ultimately leading to a smaller end-diastolic volume. This condition can lead to increased obstruction in the outflow tract for two reasons. First, with less blood in the ventricle, a more significant proportion of the remaining blood can be directed towards the obstructive area, increasing turbulence and enhancing the intensity of the murmur. Second, a reduction in preload can result in a higher velocity of blood flow as the heart contracts against the smaller volume, which also contributes to a more pronounced murmur. Other factors like increased afterload and increased heart rate can have varying effects in patients with HOCM, but they do not lead to the same significant increases in murmur intensity as decreased preload. Increased stroke volume might result from compensation mechanisms but does not directly increase the intensity of the murmur associated with the specific dynamics of the obstruction in HOCM.

6. What are Janeway lesions indicative of?

A. Arterial occlusion

B. Endocarditis

C. Thrombocytopenia

D. Pneumonitis

Janeway lesions are small, nontender, erythematous or hemorrhagic macules typically found on the palms and soles. They are associated specifically with infective endocarditis, particularly in cases caused by bacteremia from various organisms, including Staphylococcus aureus and Streptococcus viridans. These lesions result from septic emboli that originate from the heart valves and lodge in the dermal capillaries, causing localized ischemia and hemorrhage. The presence of Janeway lesions can help in the clinical diagnosis of endocarditis, especially when considered alongside other physical findings such as petechiae, Osler nodes, and splinter hemorrhages. Understanding the context of Janeway lesions is critical, as they represent a unique manifestation of endocarditis, differentiating it from other conditions that might cause similar skin findings but are unrelated to cardiac infections.

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7. What is the term for a variable that distorts the perceived effect of the exposure on an outcome in a study?

A. Confounding variable

B. Dependent variable

C. Independent variable

D. Extraneous variable

A confounding variable is a factor that influences both the independent variable and the dependent variable, creating a misleading association between them. In research studies, when investigating the relationship between exposure (such as a treatment or risk factor) and an outcome (like a health condition), a confounding variable can mask or falsely enhance the actual effect of the exposure on the outcome. This can lead to incorrect conclusions if not properly controlled for. For instance, if a study finds that there is an association between exercise and weight loss, a confounding variable might be diet. If individuals who exercise also tend to eat healthier, then the effect of exercise alone on weight loss may be distorted by the influence of dietary habits. Identifying and adjusting for confounding variables is essential for ensuring the validity of study findings. The other terms, such as dependent variable, independent variable, and extraneous variable, describe different concepts. The dependent variable is what the researcher measures to see if it changes due to the independent variable. The independent variable is what the researcher manipulates or changes to observe its effect. Extraneous variables are any variables other than the independent variable that may affect the dependent variable, but they do not specifically create a misleading association like a confounding variable does.

8. What are the common causes of transudative effusion?

A. Infections and malignancy

B. Intact capillaries and cardiovascular conditions

C. Pulmonary embolism and trauma

D. Chronic obstructive pulmonary disease and pneumonia

Transudative effusions are primarily caused by systemic factors that alter the pressure gradient across the pleural membranes rather than direct injury or inflammation. The key factor in the development of a transudative effusion is the presence of intact capillary membranes that allow fluid to pass based on hydrostatic and oncotic pressures. Common underlying conditions that lead to transudative effusions include congestive heart failure, cirrhosis, nephrotic syndrome, and hypoalbuminemia. These conditions typically reflect imbalances in fluid dynamics, such as increased capillary hydrostatic pressure or decreased oncotic pressure, often linked to cardiovascular issues. In contrast, exudative effusions result from inflammatory processes that affect the pleura directly, usually associated with infections, malignancies, or trauma. Therefore, the emphasis on intact capillaries and the association with cardiovascular conditions accurately represents the primary causes of transudative effusion.

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9. What type of crystals are typically found on joint fluid aspirate in a gout patient?

A. Rhomboid-shaped crystals

B. Needle-shaped crystals

C. Amorphous crystals

D. Hexagonal crystals

In patients with gout, joint fluid aspirate typically reveals needle-shaped monosodium urate crystals. These crystals form due to the precipitation of uric acid in the joint fluid when uric acid levels become excessively high, leading to the condition known as hyperuricemia. The appearance of these needle-shaped crystals under polarized light microscopy is key to diagnosing gout and differentiating it from other forms of inflammatory arthritis, such as pseudogout or arthritis due to other etiologies. Rhomboid-shaped crystals are associated with pseudogout, which is caused by calcium pyrophosphate dihydrate (CPPD) crystals. Meanwhile, amorphous crystals do not have a defined shape and are not specific indicators of gout. Hexagonal crystals are associated with cystine crystals, which are linked to cystinuria, a different metabolic disorder. Therefore, the presence of needle-shaped crystals is a definitive hallmark of gout, confirming it as the correct answer.

10. What are some radiographic indications for surgery in patients with acute abdomen?

A. Free air under diaphragm

B. Severe bowel distention

C. Extravasation of contrast

D. All of the above

In patients with an acute abdomen, radiographic findings play a critical role in determining the need for surgical intervention. Each of the mentioned findings has distinct implications that can indicate a surgical need. The presence of free air under the diaphragm suggests perforation of a hollow viscera, most commonly seen in cases of perforated peptic ulcer or diverticulitis. Identifying free air indicates that there is an urgent need for surgical repair, as it can lead to peritonitis and sepsis. Severe bowel distention can be indicative of bowel obstruction or volvulus. If the distention is significant and accompanied by signs of ischemia or perforation, this may necessitate urgent surgical exploration to relieve the obstruction and prevent further complications. Extravasation of contrast seen in imaging studies signals a breach in the gastrointestinal tract integrity. This finding implies that there is leakage of gastrointestinal contents into the peritoneal cavity, which can lead to chemical or bacterial peritonitis. In such cases, surgical exploration is often required to identify and repair the source of leakage. Collectively, these radiographic findings underscore the critical nature of the acute abdomen and the necessity for timely surgical intervention to address potentially life-threatening conditions. Therefore, the presence of any of these findings can be an

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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://usmlestep2ckhighyield.examzify.com

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

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