

NBME Form 10 Step 2 Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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.

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 suspected decompensated heart failure, which test is NOT part of the initial workup?**
 - A. Chest X-ray**
 - B. Cardiac biomarkers**
 - C. Echocardiography**
 - D. Coronary angiography**

- 2. Which antibiotic is contraindicated in pregnancy for Lyme disease?**
 - A. Doxycycline**
 - B. Ceftriaxone**
 - C. Amoxicillin**
 - D. Azithromycin**

- 3. Which statement is true regarding hydatidiform mole variants?**
 - A. Partial mole has no fetal parts**
 - B. Complete mole has no fetal parts**
 - C. Complete mole has fetal parts**
 - D. Partial mole has fetal parts**

- 4. In a neonate with conjugated hyperbilirubinemia, which imaging study is used to evaluate biliary atresia?**
 - A. Abdominal ultrasound**
 - B. MRI**
 - C. CT scan**
 - D. Endoscopy**

- 5. What is another name for muddy brown casts observed in urine?**
 - A. Hyaline casts**
 - B. White blood cell casts**
 - C. Pigmented granular casts composed of renal tubular epithelial cells**
 - D. Epithelial casts**

- 6. What is the most common gestational trophoblastic neoplasia form following a pregnancy?**
- A. Choriocarcinoma**
 - B. Placental site trophoblastic tumor**
 - C. Epithelioid trophoblastic tumor**
 - D. Invasive mole**
- 7. 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**
- 8. Which pattern best characterizes interstitial cystitis?**
- A. Recurrent Suprapubic Pain Relieved By Voiding With Urgency/Frequency**
 - B. Acute Fever And Flank Pain**
 - C. Dysuria Relieved By Urination**
 - D. Hematuria With Clots**
- 9. If H. pylori testing is positive in a patient with dyspepsia, what is the next recommended step?**
- A. Treat H. pylori eradication therapy**
 - B. Endoscopy**
 - C. Increase PPI dose indefinitely**
 - D. Stop NSAIDs**
- 10. A 28-year-old woman with heavy menstrual bleeding and iron-deficiency anemia. What is a long-term management option to reduce menses-related blood loss?**
- A. Hormonal therapy such as combined oral contraceptives or LNG-IUD; treat iron deficiency with supplementation**
 - B. Iron supplementation only**
 - C. Hysterectomy**
 - D. NSAIDs only**

Answers

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

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Explanations

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1. In suspected decompensated heart failure, which test is NOT part of the initial workup?

- A. Chest X-ray
- B. Cardiac biomarkers
- C. Echocardiography
- D. Coronary angiography**

When evaluating suspected decompensated heart failure, the aim is to confirm the diagnosis and gauge severity using noninvasive, readily available tests. A chest X-ray helps you see signs of congestion such as pulmonary edema or cardiomegaly, supporting the HF diagnosis. Cardiac biomarkers, including natriuretic peptides, aid in distinguishing heart failure from other causes of dyspnea and can indicate severity, while troponin helps assess for concomitant myocardial injury. Echocardiography is essential because it provides detailed information on ventricular function, valvular disease, and filling pressures, which directly guides therapy. Coronary angiography, on the other hand, is an invasive procedure used to visualize the coronary arteries and assess for obstructive coronary disease. It is not part of the initial evaluation of suspected decompensated heart failure; it's reserved for cases where there is a strong concern for ischemia or when revascularization would change management.

2. Which antibiotic is contraindicated in pregnancy for Lyme disease?

- A. Doxycycline**
- B. Ceftriaxone
- C. Amoxicillin
- D. Azithromycin

Doxycycline is avoided in pregnancy because tetracyclines cross the placenta and bind to calcium in the developing teeth and bones, leading to permanent enamel staining and potential effects on fetal bone growth. For Lyme disease in pregnancy, safer options include amoxicillin or a cephalosporin (such as cefuroxime), with intravenous ceftriaxone reserved for more severe cases. Azithromycin isn't a preferred choice due to limited efficacy against *Borrelia*. So the antibiotic that should not be used in pregnancy for Lyme disease is doxycycline.

3. Which statement is true regarding hydatidiform mole variants?

- A. Partial mole has no fetal parts**
- B. Complete mole has no fetal parts**
- C. Complete mole has fetal parts**
- D. Partial mole has fetal parts**

Hydatidiform mole variants differ by whether fetal tissue is present. A complete mole results when an empty egg is fertilized, usually by a single sperm that duplicates, producing a conceptus with only paternal genetic material (often 46,XX). Without maternal DNA, there is no embryo or fetal tissue, and the placental tissue shows diffuse hydropic villi with marked trophoblastic proliferation. This is why the statement that there are no fetal parts in a complete mole is true. In contrast, a partial mole arises from fertilization of a normal egg by two sperm (or a sperm that duplicates), leading to triploidy with some fetal tissue present, though the fetus is abnormal and not viable. So partial mole often contains fetal tissue, starkly contrasting with complete mole.

4. In a neonate with conjugated hyperbilirubinemia, which imaging study is used to evaluate biliary atresia?

- A. Abdominal ultrasound**
- B. MRI**
- C. CT scan**
- D. Endoscopy**

When a newborn has conjugated hyperbilirubinemia, biliary atresia is a critical diagnosis to consider because it requires timely surgical management. Abdominal ultrasound is the imaging study used to evaluate for biliary atresia. It's noninvasive, safe for neonates, and quickly available, making it the best initial test. On ultrasound, clinicians look for signs such as a nonvisualized or abnormally small gallbladder and the triangular cord sign at the porta hepatis, which reflects fibrous tissue encasing the biliary remnant. These findings help distinguish biliary atresia from other causes of neonatal cholestasis, like neonatal hepatitis, where the gallbladder may be present and the triangular cord sign is absent. If ultrasound doesn't provide a definitive answer, further testing like hepatobiliary scintigraphy or MRCP can be used, and surgical exploration with intraoperative cholangiography ultimately confirms the diagnosis. Other imaging modalities, such as CT, are less favored in this setting due to radiation and limited added value, and endoscopic procedures are not first-line for initial evaluation in neonates.

5. What is another name for muddy brown casts observed in urine?

A. Hyaline casts

B. White blood cell casts

C. Pigmented granular casts composed of renal tubular epithelial cells

D. Epithelial casts

Muddy brown casts are pigmented granular casts formed by necrotic renal tubular epithelial cells and pigment debris. In acute tubular necrosis, tubular epithelial cells slough into the tubular lumen, and pigment from cell breakdown (and sometimes hemoglobin or myoglobin) makes these casts appear dark and granular—hence the muddy brown look. This is why the best description is pigmented granular casts composed of renal tubular epithelial cells. Hyaline casts are colorless and nonspecific, often seen with low urine flow or dehydration. White blood cell casts point to inflammation or infection of the kidneys (pyelonephritis or interstitial nephritis). Epithelial casts can occur with tubular injury but lack the pigmented granular appearance that characterizes muddy brown casts.

6. What is the most common gestational trophoblastic neoplasia form following a pregnancy?

A. Choriocarcinoma

B. Placental site trophoblastic tumor

C. Epithelioid trophoblastic tumor

D. Invasive mole

Choriocarcinoma is the form most often seen after a pregnancy among gestational trophoblastic neoplasias. This malignant tumor arises from trophoblastic tissue and can develop after any pregnancy—molar, normal, or after abortion—making it the most common GTN encountered in this setting. It typically produces very high levels of human chorionic gonadotropin (hCG), which helps in both diagnosis and monitoring. Because it tends to spread hematogenously early, especially to the lungs, prompt recognition and chemotherapy are crucial, and outcomes are often good with appropriate treatment. Invasive mole, placental site trophoblastic tumor, and epithelioid trophoblastic tumor are far less common, which is why choriocarcinoma stands out as the most frequent GTN after pregnancy.

7. 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.

8. Which pattern best characterizes interstitial cystitis?

- A. Recurrent Suprapubic Pain Relieved By Voiding With Urgency/Frequency**
- B. Acute Fever And Flank Pain**
- C. Dysuria Relieved By Urination**
- D. Hematuria With Clots**

Interstitial cystitis is a chronic noninfectious bladder pain syndrome characterized by pelvic or suprapubic pain with urinary urgency and frequency, often worsened by bladder filling and sometimes relieved by voiding. A key feature is sterile urine and absence of fever or systemic signs, helping distinguish it from infections. The pattern that fits this condition best is recurrent suprapubic pain linked to bladder filling and relief with emptying, occurring with urgency and frequency, rather than fever with flank pain, dysuria from infection, or hematuria with clots. Hematuria with clots points to other bladder disorders (like stones or tumors) and not interstitial cystitis.

9. If *H. pylori* testing is positive in a patient with dyspepsia, what is the next recommended step?

- A. Treat *H. pylori* eradication therapy**
- B. Endoscopy**
- C. Increase PPI dose indefinitely**
- D. Stop NSAIDs**

When *H. pylori* testing is positive in a patient with dyspepsia, the next step is to eradicate the infection with a proton pump inhibitor-based combination therapy (for example, a PPI plus two antibiotics for about 10-14 days, with the exact regimen chosen based on local resistance patterns). Treating the infection often resolves dyspepsia and prevents peptic ulcers and related complications. After completing therapy, confirm eradication with a noninvasive test. Endoscopy is reserved for patients with alarm features (such as weight loss, GI bleeding, progressive dysphagia) or those who do not respond to eradication therapy.

10. A 28-year-old woman with heavy menstrual bleeding and iron-deficiency anemia. What is a long-term management option to reduce menses-related blood loss?

- A. Hormonal therapy such as combined oral contraceptives or LNG-IUD; treat iron deficiency with supplementation**
- B. Iron supplementation only**
- C. Hysterectomy**
- D. NSAIDs only**

The main idea is controlling heavy menstrual bleeding with a long-term approach that reduces cycle blood loss. Hormonal therapy does this by suppressing ovulation and thinning the endometrium, which greatly decreases how much bleeding occurs each month. Options like combined oral contraceptives or a levonorgestrel-releasing intrauterine device are effective for reducing menses, and they also help with iron-deficiency anemia by limiting ongoing blood loss. Iron supplementation is important to treat the existing anemia, but it doesn't address the underlying heavy bleeding over time. NSAIDs can help modestly but aren't as durable or impactful as hormonal options. Hysterectomy is a drastic step not appropriate for a young patient when less invasive, effective long-term therapies exist.

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://nbmeform10step2.examzify.com>

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

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