

# NBME Form 14 Step 2 Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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**SAMPLE**

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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

- 1. What laboratory finding is typically associated with familial hypocalciuric hypercalcemia?**
  - A. Hypophosphatemia**
  - B. Hypercalciuria**
  - C. Hypomagnesemia**
  - D. Hypocalcemia**
- 2. What is the role of acyclovir in chronic herpes infections?**
  - A. Prevention of initial infections**
  - B. Reduction of symptom severity**
  - C. Long-term suppression of viral activity**
  - D. Immediate cure of the infection**
- 3. Factor VIII deficiency is primarily associated with which type of inheritance?**
  - A. Autosomal dominant**
  - B. X-linked recessive**
  - C. Autosomal recessive**
  - D. Y-linked recessive**
- 4. Which treatment has been shown to decrease major depressive disorder in transgender individuals?**
  - A. Electroconvulsive therapy**
  - B. Gender-affirming treatment**
  - C. Cognitive behavioral therapy**
  - D. SSRIs**
- 5. What is the recommended management for meniscus tears without severe symptoms?**
  - A. Surgical intervention immediately**
  - B. Conservative management with rest and physical therapy**
  - C. Injections of corticosteroids**
  - D. Extended bed rest with no activity**

- 6. What is the primary risk factor for nonspecific vulvovaginitis in prepubertal patients?**
- A. Poor genital hygiene**
  - B. Hormonal changes**
  - C. Recent antibiotic use**
  - D. Sexual activity**
- 7. What is the first-line treatment for acute bacterial sinusitis?**
- A. Amoxicillin**
  - B. Clarithromycin**
  - C. Azithromycin**
  - D. Trimethoprim-sulfamethoxazole**
- 8. What infection does endomyometritis typically result from?**
- A. Viral infection**
  - B. Polymicrobial infection**
  - C. Bacterial infection only**
  - D. Fungal infection**
- 9. What diagnostic procedure is indicated for palpable thyroid masses with a normal TSH concentration?**
- A. CT scan of the neck**
  - B. Ultrasonography of the thyroid gland**
  - C. Fine-needle aspiration biopsy**
  - D. MRI of the thyroid**
- 10. Which of the following conditions is characterized by prolonged bleeding and hemarthrosis?**
- A. Factor VII deficiency**
  - B. Factor VIII deficiency**
  - C. Factor V deficiency**
  - D. Factor X deficiency**

## **Answers**

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

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## **Explanations**

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**1. What laboratory finding is typically associated with familial hypocalciuric hypercalcemia?**

- A. Hypophosphatemia**
- B. Hypercalciuria**
- C. Hypomagnesemia**
- D. Hypocalcemia**

Familial hypocalciuric hypercalcemia is a genetic condition characterized by elevated levels of calcium in the blood (hypercalcemia) and low levels of calcium in the urine. This condition arises due to a mutation in the calcium-sensing receptor that leads to an abnormality in how the body regulates calcium levels. The correct association with familial hypocalciuric hypercalcemia is hypophosphatemia. This occurs because hypercalcemia can lead to a reduced reabsorption of phosphate in the kidneys, resulting in lower phosphate levels in the serum. This sets up an imbalance, as higher calcium levels can inhibit the reabsorption of phosphate, thereby causing hypophosphatemia. The other choices stem from conditions that do not align with the pathophysiology of familial hypocalciuric hypercalcemia. For example, hypercalciuria, which implies an excess of calcium in the urine, would be expected in conditions where calcium is excreted excessively; however, in this disorder, urinary calcium excretion is typically low. Similarly, hypomagnesemia and hypocalcemia do not fit the clinical picture of this condition, which primarily features elevated serum calcium levels.

**2. What is the role of acyclovir in chronic herpes infections?**

- A. Prevention of initial infections**
- B. Reduction of symptom severity**
- C. Long-term suppression of viral activity**
- D. Immediate cure of the infection**

Acyclovir is an antiviral medication that is particularly effective in managing herpes simplex virus (HSV) infections, including both initial outbreaks and chronic recurrences. In the context of chronic herpes infections, the primary role of acyclovir is to provide long-term suppression of viral activity. This means that when patients with recurrent herpes infections take acyclovir regularly, it helps to reduce the frequency and severity of outbreaks by inhibiting viral replication. The long-term suppression is particularly important for individuals experiencing frequent recurrences, as it can significantly improve their quality of life by lowering the likelihood of symptomatic outbreaks. Acyclovir does not cure the infection; rather, it helps control it, allowing the body to manage the virus more effectively. This mechanism of action makes acyclovir a cornerstone in the management of chronic herpes infections, providing sustained therapeutic effects that help to maintain the patient's health and well-being over time.

**3. Factor VIII deficiency is primarily associated with which type of inheritance?**

- A. Autosomal dominant**
- B. X-linked recessive**
- C. Autosomal recessive**
- D. Y-linked recessive**

Factor VIII deficiency, which leads to hemophilia A, is primarily associated with X-linked recessive inheritance. This means that the gene responsible for Factor VIII production is located on the X chromosome. Males, having one X and one Y chromosome, are more severely affected by this condition because they have only one copy of the X chromosome. If that X chromosome carries the mutation affecting Factor VIII, they will manifest symptoms of hemophilia. In contrast, females have two X chromosomes, so even if one X chromosome carries the mutation, the presence of a second normal X can often compensate for the loss of function, resulting in milder symptoms or even being asymptomatic carriers. This pattern of inheritance is a hallmark of many X-linked conditions, and it explains why hemophilia A predominantly affects males while females can serve as carriers, transmitting the gene to their offspring.

**4. Which treatment has been shown to decrease major depressive disorder in transgender individuals?**

- A. Electroconvulsive therapy**
- B. Gender-affirming treatment**
- C. Cognitive behavioral therapy**
- D. SSRIs**

Gender-affirming treatment has been shown to significantly improve mental health outcomes, including reducing symptoms of major depressive disorder, in transgender individuals. This type of treatment includes a range of medical and psychological interventions aimed at aligning an individual's physical characteristics and social identity with their gender identity. Research indicates that individuals undergoing gender-affirming therapies, which may include hormone replacement therapy and surgical interventions, often report improvements in their overall well-being, quality of life, and mental health. This positive impact is attributed to the reduction of gender dysphoria and the affirmation of one's identity, which can alleviate feelings of distress and depression that are commonly experienced by transgender individuals before receiving appropriate care. In comparison, while other treatments like cognitive behavioral therapy, SSRIs, and electroconvulsive therapy are effective for treating depression in general, they do not specifically address the underlying issues related to gender identity distress. Therefore, gender-affirming treatment stands out as the most effective approach for this population, directly targeting the core concerns related to gender identity and promoting better mental health outcomes.

**5. What is the recommended management for meniscus tears without severe symptoms?**

**A. Surgical intervention immediately**

**B. Conservative management with rest and physical therapy**

**C. Injections of corticosteroids**

**D. Extended bed rest with no activity**

For meniscus tears that are not associated with severe symptoms, the recommended approach is conservative management, which includes rest and physical therapy. This strategy is based on the understanding that many meniscus tears, especially those without significant locking or debilitating pain, can heal with non-invasive treatments. Conservative management typically involves activity modification to avoid aggravating the injury, as well as physical therapy to strengthen the surrounding muscles and improve function. This approach helps restore range of motion and stability to the knee joint without the risks associated with surgical intervention. Moreover, by allowing for the body's natural healing processes and focusing on rehabilitation, many patients experience improvement in their symptoms and functionality over time. In cases where surgery is not immediately warranted, conservative treatments are often effective and can prevent unnecessary risks and complications associated with surgical procedures. This is particularly relevant for patients who may not experience clear-cut indications for surgery, such as significant mechanical symptoms or persistent pain that does not improve with basic interventions.

**6. What is the primary risk factor for nonspecific vulvovaginitis in prepubertal patients?**

**A. Poor genital hygiene**

**B. Hormonal changes**

**C. Recent antibiotic use**

**D. Sexual activity**

The primary risk factor for nonspecific vulvovaginitis in prepubertal patients is poor genital hygiene. In this age group, young girls may not have developed proper habits for personal hygiene, which can lead to the accumulation of irritants, pathogens, and moisture in the vaginal area. This unclean environment can foster inflammation and irritation of the vulva and vagina, resulting in symptoms of vulvovaginitis. In prepubertal girls, hormonal changes are not a significant factor, as they have not yet experienced the onset of puberty. Recent antibiotic use can alter normal flora but is not a primary cause in this demographic. Sexual activity is also not applicable in prepubertal patients, as it is generally not present in this age group. Thus, maintaining good hygiene is crucial in preventing the occurrence of vulvovaginitis in young girls.

**7. What is the first-line treatment for acute bacterial sinusitis?**

- A. Amoxicillin**
- B. Clarithromycin**
- C. Azithromycin**
- D. Trimethoprim-sulfamethoxazole**

Amoxicillin is considered the first-line treatment for acute bacterial sinusitis, particularly in adults. This is primarily due to its effectiveness against the most common pathogens responsible for the condition, such as *Streptococcus pneumoniae* and *Haemophilus influenzae*. Amoxicillin works well because it is a penicillin-type antibiotic that targets bacterial cell wall synthesis, leading to cell lysis and death of the bacteria. Given its safety profile, efficacy, and relatively low cost, it is often preferred. The recommended duration of treatment is typically 5 to 7 days, but if symptoms persist, the course may be extended or an alternative antibiotic may be considered. Other antibiotics listed, such as clarithromycin and azithromycin, are alternatives that can be used in patients with penicillin allergies or specific contraindications. However, they are not first-line due to the increased risk of resistance and concerns about adverse effects. Trimethoprim-sulfamethoxazole can be effective against some bacterial infections but is not a preferred first-line choice for acute bacterial sinusitis. Resistance patterns, effectiveness, and the overall safety profile of the antibiotic all influence why amoxicillin is favored in these cases.

**8. What infection does endomyometritis typically result from?**

- A. Viral infection**
- B. Polymicrobial infection**
- C. Bacterial infection only**
- D. Fungal infection**

Endomyometritis is an infection that commonly occurs in the context of childbirth, especially after delivery. This infection is characterized by inflammation of the endometrium and the myometrium, which are the inner and muscular layers of the uterus, respectively. The typical cause of endomyometritis is a polymicrobial infection, which means that it is usually caused by a mixture of different types of bacteria. During labor and delivery, the protective barriers of the uterus can be disrupted, allowing a variety of microbes that normally reside in the vaginal flora, along with any introduced during the delivery process, to enter the uterine cavity. This can include a range of aerobic and anaerobic bacteria, often leading to a polymicrobial infection rather than a single bacterial strain. The diverse nature of the pathogens involved can complicate diagnosis and treatment, as the infection is not solely attributed to one type of microorganism. Given this context, the choice indicating polymicrobial infection accurately reflects the complex nature of endomyometritis and its typical etiological factors.

**9. What diagnostic procedure is indicated for palpable thyroid masses with a normal TSH concentration?**

- A. CT scan of the neck**
- B. Ultrasonography of the thyroid gland**
- C. Fine-needle aspiration biopsy**
- D. MRI of the thyroid**

For a palpable thyroid mass with a normal TSH concentration, the most appropriate diagnostic procedure is fine-needle aspiration biopsy. This method is crucial in the evaluation of thyroid nodules, particularly when there are concerns about the potential for malignancy. Fine-needle aspiration biopsy is a minimally invasive procedure that involves using a thin needle to extract cells from the thyroid nodule. These cells are then examined histologically to determine whether the nodule is benign or malignant. The procedure is favored in this context because it provides a reliable way to obtain cellular material for cytological evaluation, allowing for early detection of thyroid cancer. In cases where there is a normal TSH level, it indicates that the function of the thyroid gland is normal, but it does not eliminate the possibility of malignancy in a palpable mass. Therefore, obtaining a definitive diagnosis through a fine-needle aspiration biopsy is warranted to appropriately guide management. Other imaging modalities like ultrasonography, CT scans, or MRI can provide additional information about the characteristics of the thyroid mass, but they do not provide a definitive diagnosis. Specifically, while ultrasonography is useful for guiding the biopsy and assessing the nodule size and features, it is not a definitive diagnostic procedure on its own. CT and MRI are

**10. Which of the following conditions is characterized by prolonged bleeding and hemarthrosis?**

- A. Factor VII deficiency**
- B. Factor VIII deficiency**
- C. Factor V deficiency**
- D. Factor X deficiency**

Prolonged bleeding and hemarthrosis are classical features of hemophilia, which are primarily caused by deficiencies in certain clotting factors. Among the options given, Factor VIII deficiency is specifically associated with hemophilia A and is well-known for causing excessive bleeding, particularly in the joints (hemarthrosis). Patients with Factor VIII deficiency often present with spontaneous joint bleeds, especially in weight-bearing joints like knees and ankles. This results in significant morbidity and pain, as repeated episodes can lead to chronic joint damage. The bleeding tendency is due to the impaired formation of the fibrin clot, as Factor VIII is crucial for the activation of Factor X in the intrinsic pathway of coagulation. Factor VII, Factor V, and Factor X deficiencies can lead to bleeding as well, but they do not typically present with the same pattern of joint bleeding as seen in hemophilia A. For instance, Factor VII deficiency is more likely to cause bleeding in mucosal areas and is not specifically associated with hemarthrosis. Factor V deficiency presents with a bleeding phenotype but lacks the recurrent joint bleeds characteristic of hemophilia. Factor X deficiency can lead to severe bleeding issues but does not have the hallmark joint bleeding found in Factor VIII deficiency. Therefore, the condition

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nbmeform14step2.examzify.com>**

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