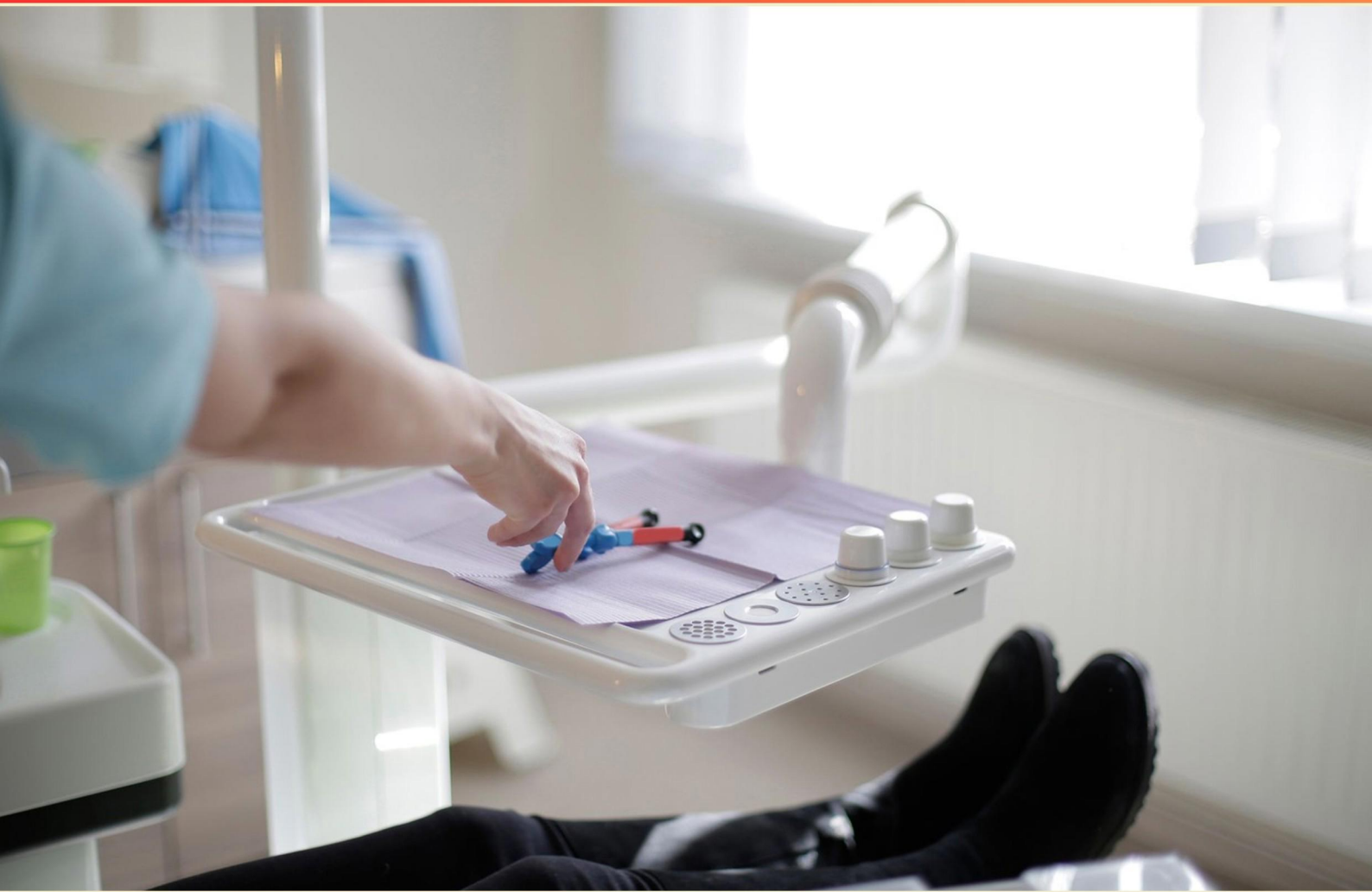


NBME FORM 16 PRACTICE TEST (SAMPLE)

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. What is the best approach when a patient with recent trauma requests additional opioid prescriptions?**
 - A. Review the medical record
 - B. Determine which drugs have been prescribed for the patient in the past
 - C. Discuss nonpharmacologic options
 - D. Refer to psychiatry
- 2. A 28-year-old woman presents with a red perianal area, itching, pain during defecation, constipation, and bright red blood on wiping. Most likely diagnosis?**
 - A. Internal hemorrhoids
 - B. Perianal abscess
 - C. Anal fissure
 - D. External hemorrhoids
- 3. An adult with fever, cough, myalgia, and headache could have been prevented by which vaccine?**
 - A. Pneumococcal vaccine
 - B. Influenza vaccine
 - C. Measles vaccine
 - D. Hepatitis B vaccine
- 4. Left atrial myxoma most commonly presents with which of the following clinical features?**
 - A. Pulmonary hypertension
 - B. Embolic phenomena and obstructive symptoms
 - C. Severe anemia
 - D. Renal failure
- 5. A 12-year-old from central Africa has severe abdominal pain and hematemesis; hepatosplenomegaly and ascites; stool shows parasite eggs. Which drug would treat this infection?**
 - A. Praziquantel
 - B. Albendazole
 - C. Metronidazole
 - D. Ivermectin

- 6. ALS involves degeneration of which neurons?**
- A. Anterior horn cells
 - B. Upper motor neurons in the corticospinal tract
 - C. Visual cortex neurons
 - D. Cerebellar Purkinje cells
- 7. Approximately what percentage of adult brain tumors are metastatic?**
- A. 10%
 - B. 50%
 - C. 75%
 - D. 5%
- 8. During radical prostatectomy, which neural structure is most at risk for injury leading to erectile dysfunction?**
- A. Pudendal nerve
 - B. Cavernous nerves
 - C. Sciatic nerve
 - D. Femoral nerve
- 9. Asplenic patients are at increased risk for meningitis due to which organism?**
- A. Streptococcus pneumoniae
 - B. Neisseria meningitidis
 - C. Haemophilus influenzae
 - D. Listeria monocytogenes
- 10. Which type of hemorrhoid typically presents with painless bleeding?**
- A. External hemorrhoids
 - B. Internal hemorrhoids
 - C. Anal fissure
 - D. Proctitis

Answers

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

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Explanations

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1. What is the best approach when a patient with recent trauma requests additional opioid prescriptions?

- A. Review the medical record
- B. Determine which drugs have been prescribed for the patient in the past**
- C. Discuss nonpharmacologic options
- D. Refer to psychiatry

When a patient with recent trauma asks for more opioids, the most important first step is to determine which drugs have been prescribed for the patient in the past. This history reveals prior opioid exposure, patterns of use, and potential risk factors such as tolerance, dependence, or misuse. It helps you gauge how aggressive a plan would be, whether there are red flags like frequent refills or high doses, and what alternatives might be safer. Checking past prescriptions also often involves reviewing the prescribed medications already in the patient's chart and, when available, data from a prescription monitoring program to get a complete picture. While reviewing the medical record is helpful, pinpointing the patient's past opioid prescriptions specifically targets the key risk information needed to guide safer decisions. Discussing nonpharmacologic options is an important part of multimodal pain management, but it doesn't directly address the immediate risk assessment involved with requests for more opioids. Referral to psychiatry is not routinely indicated unless there are signs of an opioid use disorder or other complex psychiatric issues.

2. A 28-year-old woman presents with a red perianal area, itching, pain during defecation, constipation, and bright red blood on wiping. Most likely diagnosis?

- A. Internal hemorrhoids
- B. Perianal abscess
- C. Anal fissure
- D. External hemorrhoids**

External hemorrhoids arise from dilation of the veins around the anus, producing a visible red, itchy perianal area that can be painful with defecation. Straining from constipation increases venous pressure and promotes these dilated veins, so bleeding often appears as bright red on wiping. Internal hemorrhoids, while they can bleed, are typically painless because they are above the dentate line and lack somatic pain fibers. Anal fissures cause sharp pain during stool passage and usually present with a tear in the anoderm and blood on the stool rather than a tender, visible perianal lump. A perianal abscess would present with a tender, swollen area and often fever. Therefore, the presentation most closely matches external hemorrhoids.

3. An adult with fever, cough, myalgia, and headache could have been prevented by which vaccine?

- A. Pneumococcal vaccine
- B. Influenza vaccine**
- C. Measles vaccine
- D. Hepatitis B vaccine

Protecting against influenza is the key idea here. The flu vaccine targets seasonal influenza, which in adults typically presents with fever, cough, myalgias, and headaches. Getting the influenza vaccine reduces the risk of contracting influenza and its respiratory symptoms, making it the best match for this presentation. The pneumococcal vaccine prevents pneumococcal pneumonia and other invasive pneumococcal diseases, not the flu-like syndrome described. The measles vaccine prevents measles, which starts with fever, cough, coryza, and conjunctivitis followed by a rash, not the influenza picture. The hepatitis B vaccine prevents hepatitis B, a liver infection, not respiratory symptoms. So the influenza vaccine best explains prevention of this illness. (Note: vaccines reduce risk but don't guarantee protection.)

4. Left atrial myxoma most commonly presents with which of the following clinical features?

- A. Pulmonary hypertension
- B. Embolic phenomena and obstructive symptoms**
- C. Severe anemia
- D. Renal failure

A left atrial myxoma is typically a mobile, friable mass that sits near the mitral valve. Because it can intermittently prolapse into the mitral orifice during diastole, it often causes obstruction to left ventricular filling, producing symptoms that mimic mitral stenosis—dyspnea, orthopnea, and sometimes syncope or other signs of left-sided heart failure. At the same time, its friable surface can shed tumor fragments into the systemic circulation, leading to embolic phenomena such as transient ischemic attacks or strokes, and emboli to kidneys, spleen, or limbs. So the combination of embolic events with obstructive symptoms best captures the classic presentation. Other features like severe anemia or renal failure aren't typical primary presentations, and pulmonary hypertension isn't the hallmark since this mass tends to cause systemic rather than pulmonary emboli.

5. A 12-year-old from central Africa has severe abdominal pain and hematemesis; hepatosplenomegaly and ascites; stool shows parasite eggs. Which drug would treat this infection?

- A. Praziquantel**
- B. Albendazole
- C. Metronidazole
- D. Ivermectin

Think about schistosomiasis presenting with liver and spleen involvement in someone from Africa. The combination of abdominal pain, hepatosplenomegaly, ascites, and eggs seen in stool points to infection with a Schistosoma species that causes intestinal disease (such as Schistosoma mansoni). The drug of choice for schistosomiasis is praziquantel. It works by increasing the parasite's cell membrane permeability to calcium, which leads to spastic paralysis and death of the adult worms in the mesenteric and portal venous systems. Once the adults are killed, egg production drops, reducing ongoing inflammation and portal hypertension and improving clinical symptoms. Other drugs listed target different parasites (nematodes or anaerobic protozoa) and are not as effective against Schistosoma, so praziquantel is the best choice here.

6. ALS involves degeneration of which neurons?

- A. Anterior horn cells**
- B. Upper motor neurons in the corticospinal tract
- C. Visual cortex neurons
- D. Cerebellar Purkinje cells

ALS is a motor neuron disease, so the key problem is degeneration of the neurons that control voluntary muscle movement. The most direct match here is the loss of lower motor neurons located in the anterior horn of the spinal cord and the brainstem motor nuclei. When these anterior horn cells die, you get classic LMN signs—muscle weakness, atrophy, fasciculations, and hyporeflexia. Upper motor neurons in the corticospinal tract are also affected in ALS, contributing to spasticity and brisk reflexes, but the question points to the primary neuronal population involved, which are the anterior horn cells. Visual cortex neurons aren't typically affected, so vision stays intact, and cerebellar Purkinje cells aren't the usual players in ALS, which is why they don't fit.

7. Approximately what percentage of adult brain tumors are metastatic?

- A. 10%
- B. 50%**
- C. 75%
- D. 5%

In adults, metastases to the brain are the majority of brain tumors because cancer cells from other parts of the body often spread to the brain through the bloodstream. Roughly half of intracranial tumors in adults are metastatic, with primary brain tumors (like gliomas and meningiomas) making up the rest. So the best approximate percentage is about 50%. The other numbers would under- or overestimate how commonly metastases occur in adult brain tumors. Common sources for brain metastases include lung and breast cancers, among others.

8. During radical prostatectomy, which neural structure is most at risk for injury leading to erectile dysfunction?

- A. Pudendal nerve
- B. Cavernous nerves**
- C. Sciatic nerve
- D. Femoral nerve

Penile erection requires parasympathetic signaling to the corpora cavernosa to cause smooth muscle relaxation and increased blood flow. Those parasympathetic fibers travel with the cavernous nerves in the pelvic neurovascular bundles that run along the posterolateral aspect of the prostate. During radical prostatectomy, these nerves are at risk, and injury to them disrupts the nerve signals needed to achieve an erection, leading to erectile dysfunction. The pudendal nerve provides somatic sensation and motor control to pelvic floor structures and the penis but is not the primary driver of erection; damage can affect sensation or reflexes but doesn't directly explain the loss of erectile capability. The sciatic and femoral nerves serve the lower limb, so injury to them would manifest as leg problems rather than erectile dysfunction.

9. Asplenic patients are at increased risk for meningitis due to which organism?

- A. Streptococcus pneumoniae**
- B. Neisseria meningitidis
- C. Haemophilus influenzae
- D. Listeria monocytogenes

The spleen helps clear encapsulated bacteria from the bloodstream, using opsonizing antibodies against polysaccharide capsules. When the spleen is absent or nonfunctional, people become especially susceptible to invasive infections by encapsulated organisms. Among organisms that commonly cause meningitis and are encapsulated, Streptococcus pneumoniae is the classic one tied to asplenia. This organism is a leading cause of adult meningitis, and without splenic clearance and opsonization, the risk of pneumococcal meningitis rises notably in asplenic individuals. Neisseria meningitidis can also cause meningitis and is encapsulated, but the strongest and most well-established link with asplenia is with pneumococcus. Haemophilus influenzae type b is another encapsulated pathogen that can cause meningitis, though vaccination and changing epidemiology have reduced its incidence. Listeria monocytogenes is not encapsulated and tends to affect the very young, the elderly, pregnant individuals, and those with certain immunocompromising conditions, rather than being specifically associated with absence of the spleen.

10. Which type of hemorrhoid typically presents with painless bleeding?

- A. External hemorrhoids**
- B. Internal hemorrhoids
- C. Anal fissure
- D. Proctitis

Bleeding patterns in anorectal disorders reflect where the problem is located. Internal hemorrhoids originate above the dentate line, where visceral nerves limit pain sensation, so bleeding tends to be bright red and painless during or after defecation. External hemorrhoids are below the dentate line and are innervated by somatic nerves, making them painful when swollen or thrombosed, though bleeding is not typically the defining feature. Anal fissures cause painful, often burning or tearing pain with defecation and bleeding, while proctitis usually presents with pain and discharge in addition to bleeding. Therefore, painless bleeding is characteristic of internal hemorrhoids.

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://nbmeform16.examzify.com>

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

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