

NBME Form 26 Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. Which statement is appropriate when discussing possible abuse with a patient?**
 - A. "Did you bring records from the emergency room?"**
 - B. "How did this neck bruising happen?"**
 - C. "Can you demonstrate how this happened?"**
 - D. "Did someone choke you?"**
- 2. What is the median blood glucose concentration from the following values: 70, 75, 85, 90, 95, 100, 105, 110, 120, 120, 140, 145, 190?**
 - A. 95**
 - B. 105**
 - C. 110**
 - D. 125**
- 3. A patient experiencing hyporeflexia has symptoms consistent with neuropathy. Which medication is often associated with similar symptoms?**
 - A. Cisplatin**
 - B. Doxorubicin**
 - C. Paclitaxel**
 - D. Vincristine**
- 4. In patients with constrictive pericarditis, which of the following does NOT serve as a cause?**
 - A. Infective endocarditis**
 - B. Rheumatic heart disease**
 - C. Radiation therapy**
 - D. Tuberculosis**
- 5. In patients with leukocyte adhesion deficiency (LAD), which function remains intact despite the defect?**
 - A. Bacterial killing**
 - B. Phagocytosis**
 - C. Chemotaxis**
 - D. Margination**

- 6. In a healthy young man, which substance has the greatest fraction excreted by the kidneys?**
- A. Glucose**
 - B. Sodium**
 - C. Urea**
 - D. Water**
- 7. Which of the following is an essential characteristic of myasthenia gravis regarding acetylcholine?**
- A. Increased sensitivity of all muscle receptors**
 - B. Antibody-mediated destruction of nicotinic receptors**
 - C. Excess acetylcholine in the synaptic cleft**
 - D. Normal function of acetylcholine receptors**
- 8. A 63-year-old woman with an arteriovenous fistula is experiencing heart failure symptoms. What cardiovascular finding is expected?**
- A. Decreased arterial oxygen saturation**
 - B. Decreased stroke volume**
 - C. Decreased mixed venous oxygen saturation**
 - D. Increased resting cardiac output**
- 9. What physical finding is most likely in a patient with a tension pneumothorax resulting from a knife wound?**
- A. Decreased fremitus**
 - B. Increased fremitus**
 - C. Crackles**
 - D. Hyperresonant percussion**
- 10. What type of heart failure is likely in a patient with a high-output state due to an arteriovenous fistula?**
- A. Heart failure with reduced ejection fraction**
 - B. Heart failure with preserved ejection fraction**
 - C. High-output heart failure**
 - D. Cardiogenic shock**

Answers

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

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Explanations

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1. Which statement is appropriate when discussing possible abuse with a patient?

- A. "Did you bring records from the emergency room?"
- B. "How did this neck bruising happen?"**
- C. "Can you demonstrate how this happened?"
- D. "Did someone choke you?"

When discussing possible abuse with a patient, it is crucial to approach the conversation with sensitivity and care. The selected statement, "How did this neck bruising happen?" is appropriate because it encourages the patient to provide their account of the situation in a non-confrontational manner. This open-ended question allows the patient to share their experience without feeling pressured or judged. It opens the door for a dialogue that can facilitate trust and honesty, which is essential in sensitive discussions about potential abuse. This approach acknowledges the visible injury while allowing the patient the autonomy to explain in their own words how it occurred. It is vital to use neutral language and avoid leading questions, which could shape the patient's response or make them feel defensive. By asking for an explanation, the clinician can gather pertinent information while also providing a supportive environment for the patient to disclose any necessary details about their experience.

2. What is the median blood glucose concentration from the following values: 70, 75, 85, 90, 95, 100, 105, 110, 120, 120, 140, 145, 190?

- A. 95
- B. 105**
- C. 110
- D. 125

To determine the median blood glucose concentration from the provided values, it is essential to first organize the data in ascending order. The values given are already sorted: 70, 75, 85, 90, 95, 100, 105, 110, 120, 120, 140, 145, and 190. In a set of numbers, the median is defined as the middle value. To find the median in a dataset with an odd number of entries, you can identify the value located at the center position. In this instance, there are 13 values in total. To find the median, you can use the formula for the position of the median in an ordered list, which is given by $(n + 1) / 2$, where n is the number of observations. Here, n is 13, so the median position is $(13 + 1) / 2 = 7$. The seventh value in the sorted array is 105. Thus, in this set, the median blood glucose concentration effectively represents the central tendency of this data set, indicating that 105 is the middle value when ordered from lowest to highest, which makes it the correct answer.

3. A patient experiencing hyporeflexia has symptoms consistent with neuropathy. Which medication is often associated with similar symptoms?

A. Cisplatin

B. Doxorubicin

C. Paclitaxel

D. Vincristine

Vincristine is frequently associated with peripheral neuropathy, which can manifest as hyporeflexia and other symptoms like numbness, tingling, and weakness. This is due to its mechanism of action which disrupts microtubule function, ultimately affecting axonal transport in neurons and leading to neuropathic symptoms. The neurotoxic effects of vincristine are well-documented, and its use in treatment regimens for certain cancers raises the likelihood of patients experiencing these specific neurological deficits. While other chemotherapeutic agents can also lead to neuropathy, the characteristic peripheral neuropathy seen with vincristine sets it apart. In contrast, agents like cisplatin, doxorubicin, and paclitaxel have different primary toxicities and mechanisms that lead to other types of side effects, making vincristine the most closely related to the symptoms described in this scenario.

4. In patients with constrictive pericarditis, which of the following does NOT serve as a cause?

A. Infective endocarditis

B. Rheumatic heart disease

C. Radiation therapy

D. Tuberculosis

In constrictive pericarditis, the pericardial sac becomes thickened and fibrotic, leading to impaired filling of the heart during diastole. The most common causes of this condition include infections (particularly tuberculosis), prior cardiac surgery, radiation therapy, and various inflammatory diseases. Infective endocarditis typically causes damage primarily to the heart valves and is associated with valvular dysfunction rather than structural changes in the pericardium itself. Although it may lead to secondary complications that can affect the heart, it is not directly associated with the development of constrictive pericarditis. On the other hand, rheumatic heart disease is known to lead to inflammatory changes in the heart, which can contribute to pericarditis. Similarly, radiation therapy has been established as a risk factor for later development of constrictive pericarditis due to scarring and fibrosis of the pericardium. Tuberculosis is a well-recognized infectious cause of constrictive pericarditis, especially in regions where the disease is prevalent. Therefore, among the listed options, infective endocarditis does not serve as a cause of constrictive pericarditis.

5. In patients with leukocyte adhesion deficiency (LAD), which function remains intact despite the defect?

- A. Bacterial killing**
- B. Phagocytosis**
- C. Chemotaxis**
- D. Margination**

In leukocyte adhesion deficiency (LAD), a primary defect occurs in the ability of leukocytes to adhere to blood vessel endothelium, which is crucial for their migration into tissues during an immune response. This defect is primarily caused by mutations affecting the integrins on the surface of leukocytes. While phagocytosis, chemotaxis, and margination are all processes that are significantly affected by this adhesion defect, antibacterial activity, or bacterial killing, remains largely intact. This is because once leukocytes are in the site of infection, they can still use their intracellular mechanisms to kill bacteria. The problem primarily arises during the initial steps of the immune response—when leukocytes attempt to exit the bloodstream and reach the site of infection. Thus, despite the difficulties faced in adhering and migrating to areas of infection due to the defect, the actual process of killing bacteria is still functional, allowing for some level of immune response to continue. This distinction highlights that LAD primarily affects the movement and localization of immune cells rather than their innate ability to eliminate pathogens once they are present in tissues.

6. In a healthy young man, which substance has the greatest fraction excreted by the kidneys?

- A. Glucose**
- B. Sodium**
- C. Urea**
- D. Water**

In a healthy young man, urea is the substance that has the greatest fraction excreted by the kidneys. The kidneys play a vital role in the excretion of waste products from the metabolism of proteins, and urea is a primary nitrogenous waste product formed from the breakdown of amino acids. While glucose and sodium are typically reabsorbed efficiently by the renal tubules, under normal healthy conditions, the entire amount of glucose is usually reabsorbed until the renal threshold is reached. Sodium, although excreted, is also extensively reabsorbed, primarily in the proximal tubule and loop of Henle, meaning that a relatively small fraction is actually excreted compared to the total amount filtered. Water is crucial for maintaining homeostasis and is regulated based on hydration status. The kidneys adjust water excretion based on the body's needs, which can vary significantly; thus, not all filtered water is necessarily excreted. In contrast, urea is excreted in considerable amounts relative to its filtration and is a key component in the regulation of nitrogen balance. This process means that a larger fraction of urea is found in the urine compared to glucose, sodium, or water, making it the correct answer in terms of the substance with

7. Which of the following is an essential characteristic of myasthenia gravis regarding acetylcholine?

- A. Increased sensitivity of all muscle receptors**
- B. Antibody-mediated destruction of nicotinic receptors**
- C. Excess acetylcholine in the synaptic cleft**
- D. Normal function of acetylcholine receptors**

Myasthenia gravis is primarily characterized by the immune system producing antibodies that target and inhibit nicotinic acetylcholine receptors at the neuromuscular junction. This leads to a reduction in the number of available receptors, which means that acetylcholine released from the presynaptic terminal has fewer receptors to bind to, resulting in decreased muscle contraction and strength over time. The antibody-mediated destruction of nicotinic receptors directly affects the communication between nerve and muscle cells. When these receptors are blocked or destroyed, the overall ability of acetylcholine to initiate muscle contraction is impaired. This is essential to understanding the pathophysiology of myasthenia gravis, as the condition is primarily a disorder of transmission at the neuromuscular junction due to the autoantibodies targeting these receptors. In contrast, the other options do not accurately describe the pathophysiological mechanism of myasthenia gravis. They either imply a different mechanism or do not reflect the actual changes occurring at the neuromuscular junction in the disease. Thus, the correct answer highlights the crucial role of antibody interference in the function of nicotinic acetylcholine receptors.

8. A 63-year-old woman with an arteriovenous fistula is experiencing heart failure symptoms. What cardiovascular finding is expected?

- A. Decreased arterial oxygen saturation**
- B. Decreased stroke volume**
- C. Decreased mixed venous oxygen saturation**
- D. Increased resting cardiac output**

In a patient with an arteriovenous fistula, blood is shunted from the arterial system directly into the venous system, bypassing the capillary beds. This results in a significant increase in blood flow returning to the heart, which can lead to a compensatory increase in cardiac output as the heart works to manage the increased volume of blood. As the heart experiences this increased preload, it responds by increasing stroke volume initially, and thus the overall cardiac output rises. This mechanism is particularly relevant in this scenario, especially considering the patient is experiencing heart failure symptoms. The heart, although compromised, attempts to accommodate the increased workload and volume through enhanced output. Therefore, the expectation of increased resting cardiac output aligns with the pathophysiology of arteriovenous fistulas and the physiological adaptations seen in heart failure. In contrast, the other choices do not reflect the expected changes in this situation. Decreased arterial oxygen saturation and decreased mixed venous oxygen saturation are generally observed in conditions causing low cardiac output or severe hypoxia, which isn't the primary concern here. Lastly, while decreased stroke volume may occur in severe heart failure, the initial response to the increased volume load from the arteriovenous fistula would typically be an increase, not

9. What physical finding is most likely in a patient with a tension pneumothorax resulting from a knife wound?

- A. Decreased fremitus**
- B. Increased fremitus**
- C. Crackles**

D. Hyperresonant percussion

In the case of a tension pneumothorax, the accumulation of air in the pleural space leads to increased intrathoracic pressure, which causes the affected lung to collapse and can also push the mediastinum towards the opposite side. One of the key physical findings associated with a tension pneumothorax is hyperresonance upon percussion of the affected side. When percussing the thorax, normal lung and pleural tissue produce a dull or resonance sound. However, when air is trapped in the pleural space, as in a tension pneumothorax, the sound becomes hyperresonant. This occurs because the presence of excess air creates an abnormal resonance that is more pronounced than that of normal lung or fluid-filled structures, indicating that there is a significant amount of air present. The degree of hyperresonance can vary depending on the amount of air trapped, but it is a classic finding associated with this condition and helps clinicians differentiate it from other thoracic issues. This characteristic sound is why hyperresonant percussion is the correct choice in this scenario.

10. What type of heart failure is likely in a patient with a high-output state due to an arteriovenous fistula?

- A. Heart failure with reduced ejection fraction**
- B. Heart failure with preserved ejection fraction**

C. High-output heart failure

D. Cardiogenic shock

In the context of an arteriovenous fistula, which is a direct connection between an artery and a vein, the patient experiences increased blood flow returning to the heart. This results in a high-output state, as the heart must work harder to accommodate the increased volume of blood. High-output heart failure occurs when the heart cannot maintain adequate circulation despite having an increased volume load, typically seen in conditions where there is a significant demand placed on the heart due to factors like anemia, hyperthyroidism, or, in this case, an arteriovenous fistula. This type of heart failure differs from the more commonly known low-output failure, where the heart's ejection fraction is compromised. In high-output heart failure, the ejection fraction can be preserved or even elevated, but the heart becomes inefficient as it struggles to keep up with the excessive blood flow requirements. Thus, choosing high-output heart failure as the answer appropriately describes the physiological situation presented in the question, making it the most relevant and accurate option in relation to the impact of an arteriovenous fistula on cardiac function.

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://nbmeform26.examzify.com>

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