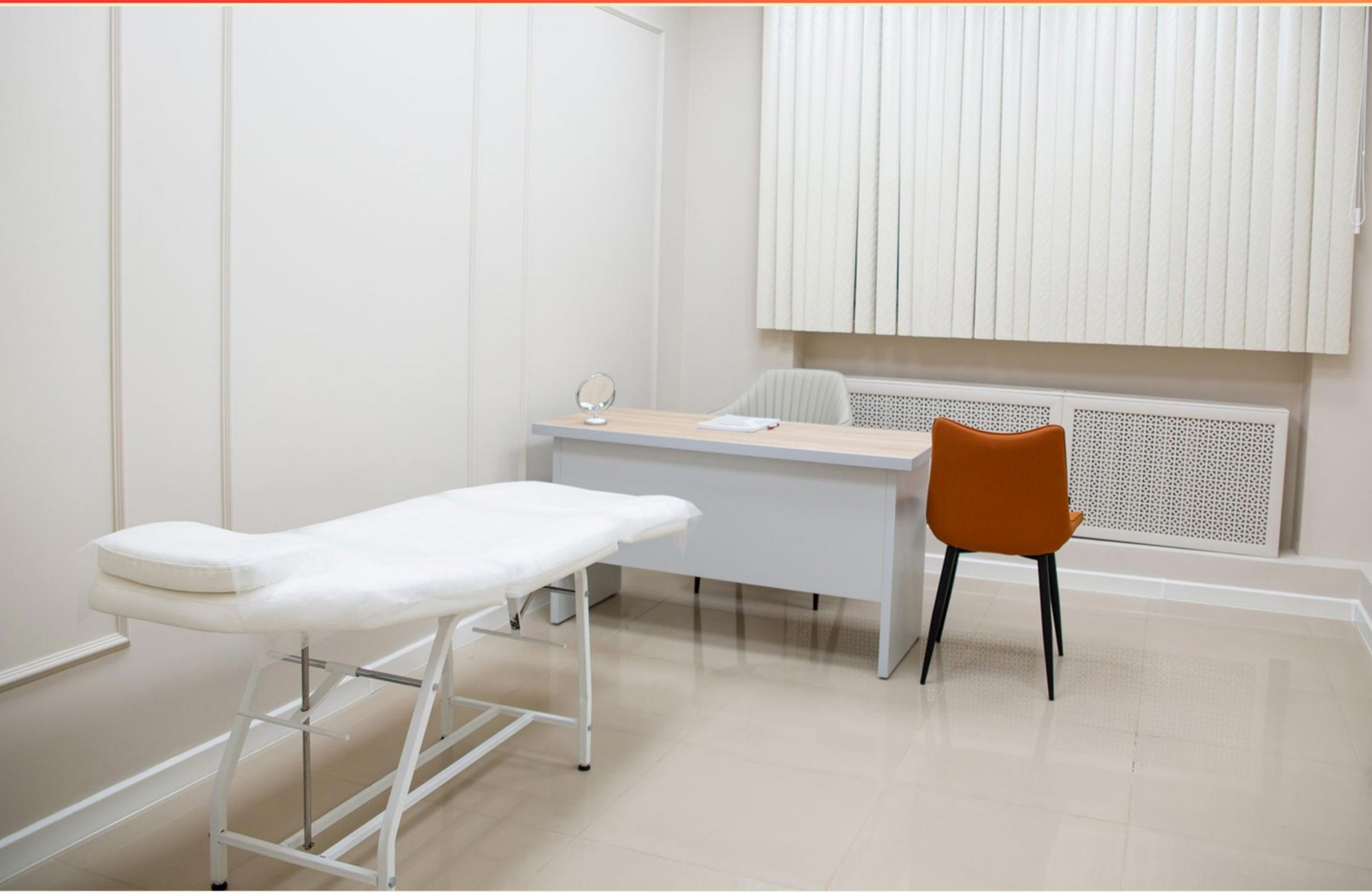


NBME FORM 31 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://nbmeform31.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. In which condition will the left renal vein be compressed?**
 - A. SMA aneurysm
 - B. AAA (abdominal aortic aneurysm)
 - C. Portal hypertension
 - D. Renal vein thrombosis
- 2. What is the mechanism of action of ursodiol?**
 - A. Increases bile acid secretion
 - B. Inhibits secretion of cholesterol into bile
 - C. Stimulates bile production
 - D. Enhances lipid absorption
- 3. In the context of clinical trials, what does a Type 1 error typically indicate?**
 - A. False negative results
 - B. False positive results
 - C. Inaccurate sample selection
 - D. Inaccurate data measurement
- 4. Golfer's elbow tendinopathy causes pain near which anatomical landmark?**
 - A. Lateral epicondyle
 - B. Medial epicondyle
 - C. Radial tuberosity
 - D. Coronoid process
- 5. A skin lesion that is pearly, dome-shaped, with central ulceration and telangiectasia is most likely what type of carcinoma?**
 - A. Melanoma
 - B. Basal cell carcinoma
 - C. Squamous cell carcinoma
 - D. Adenocarcinoma

- 6. Frameshift mutations are commonly seen in which of the following conditions?**
- A. Duchenne muscular dystrophy
 - B. Cystic fibrosis
 - C. Tay-Sachs disease
 - D. All of the above
- 7. What is the distinguishing characteristic of dysgerminoma?**
- A. Produces testosterone
 - B. Often associated with ascites
 - C. Composed of large polyhedral cells
 - D. Typically found in postmenopausal women
- 8. Which lymph nodes do the larynx drain into?**
- A. Internal jugular nodes
 - B. Cervical lymph nodes
 - C. Supraclavicular nodes
 - D. Thoracic duct nodes
- 9. What is a widespread common cause of anemia in the developing world?**
- A. Hookworm
 - B. Folic acid deficiency
 - C. Sickle cell disease
 - D. Vitamin B12 deficiency
- 10. What condition is indicated by a child presenting with bloody diarrhea, thrombocytopenia, renal failure, and hemolytic anemia with reticulocytes greater than 3%?**
- A. Thrombotic Thrombocytopenic Purpura (TTP)
 - B. Hemolytic Uremic Syndrome (HUS)
 - C. Idiopathic Thrombocytopenic Purpura (ITP)
 - D. Glanzmann Syndrome

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In which condition will the left renal vein be compressed?

- A. SMA aneurysm**
- B. AAA (abdominal aortic aneurysm)
- C. Portal hypertension
- D. Renal vein thrombosis

The left renal vein can be compressed by an abnormal anatomical structure or position, and one common condition that leads to this is an aneurysm of the superior mesenteric artery (SMA). When the SMA is enlarged or aneurysmal, it can create a compressive effect on the left renal vein as it runs posterior to the SMA before draining into the inferior vena cava. This anatomical relationship is crucial because the left renal vein is situated between the aorta and the SMA, making it particularly vulnerable to compression from any enlargement of the SMA. In terms of other conditions listed, an abdominal aortic aneurysm (AAA) typically affects the aorta directly and is less likely to cause specific compression of the left renal vein. Portal hypertension primarily involves increased pressure in the portal venous system and does not directly impact the anatomy of the renal veins in a manner that would lead to their compression. Renal vein thrombosis refers to the occlusion of the renal vein itself, which is a different pathological process and does not imply compression by surrounding structures. Understanding the anatomical relationships and how certain vascular conditions can lead to compression syndromes is critical in diagnosing issues related to renal blood flow and potential implications for renal function.

2. What is the mechanism of action of ursodiol?

- A. Increases bile acid secretion
- B. Inhibits secretion of cholesterol into bile**
- C. Stimulates bile production
- D. Enhances lipid absorption

Ursodiol, also known as ursodeoxycholic acid, primarily works through the inhibition of cholesterol secretion into bile. This mechanism is important because it helps to reduce the cholesterol saturation of bile, which can play a significant role in the prevention and dissolution of cholesterol gallstones. By decreasing the amount of cholesterol that is secreted into the bile, ursodiol effectively alters the composition of bile to favor the solubilization of cholesterol and promotes the formation of more soluble forms of bile acids. This not only aids in the dissolution of existing stones but also contributes to overall bile homeostasis. Additionally, ursodiol has various benefits in conditions such as primary biliary cholangitis and cholestasis, where it helps improve liver function by improving bile flow. Its effectiveness in these contexts further underscores the importance of its action in reducing cholesterol saturation in bile rather than enhancing secretion of bile acids, stimulating bile production, or enhancing lipid absorption.

3. In the context of clinical trials, what does a Type 1 error typically indicate?

- A. False negative results
- B. False positive results**
- C. Inaccurate sample selection
- D. Inaccurate data measurement

A Type 1 error in the context of clinical trials indicates a false positive result. This occurs when a study finds evidence of an effect or a difference when, in fact, there is none. Essentially, it means that the null hypothesis, which states there is no effect or difference, is incorrectly rejected based on the data collected. In clinical trials, controlling for Type 1 errors is crucial because it directly impacts the validity of the trial's conclusions and can lead to the adoption of ineffective or harmful treatments. Statistically, the probability of making a Type 1 error is denoted by the significance level, often set at 0.05, which implies that there is a 5% chance of concluding that there is an effect when there actually is not. Understanding this concept is key for evaluating the reliability of clinical trial results, as a high rate of Type 1 errors can lead to erroneous conclusions and undermine public trust in medical research.

4. Golfer's elbow tendinopathy causes pain near which anatomical landmark?

- A. Lateral epicondyle
- B. Medial epicondyle**
- C. Radial tuberosity
- D. Coronoid process

Golfer's elbow, also known as medial epicondylitis, is characterized by pain and inflammation in the tendons that attach to the medial epicondyle of the humerus. This condition arises from repetitive wrist flexion and forearm pronation, which often happens during activities like golfing, hence the name. The pain typically presents on the inner side of the elbow, making the medial epicondyle the primary anatomical landmark associated with this tendinopathy. In contrast, the other landmarks mentioned do not align with the symptomatology of golfer's elbow. The lateral epicondyle is associated with tennis elbow, radial tuberosity does not have direct relevance to elbow tendinopathies, and the coronoid process is related to different issues such as elbow dislocations or fractures rather than tendinopathy at the medial side. Therefore, the medial epicondyle is the correct answer as it directly correlates with the location and cause of the pain in golfer's elbow.

5. A skin lesion that is pearly, dome-shaped, with central ulceration and telangiectasia is most likely what type of carcinoma?

- A. Melanoma
- B. Basal cell carcinoma**
- C. Squamous cell carcinoma
- D. Adenocarcinoma

The characteristics described in the question—pearly, dome-shaped appearance, central ulceration, and the presence of telangiectasia—are classic features of basal cell carcinoma (BCC). BCC is the most common type of skin cancer and is typically associated with sun-exposed areas of the skin, especially in fair-skinned individuals. Pearly lesions often have a translucent quality and may display tiny blood vessels (telangiectasia) on their surface. The central ulceration observed is a common feature as the tumor grows and can result from the rapid proliferation of cancerous cells that outstrip their blood supply. Given these features, the diagnosis of basal cell carcinoma is strongly supported, as they align closely with the classic presentation of this type of skin cancer. In contrast to melanoma and squamous cell carcinoma, which can have different appearances and may include features such as asymmetry, irregular borders, varied color, or a scaly surface, basal cell carcinoma is typically more insidious and less aggressive. Adenocarcinoma, which arises from glandular tissue, usually would not present in such a manner on the skin. Thus, the characteristics of the lesion described point clearly towards basal cell carcinoma as the correct answer.

6. Frameshift mutations are commonly seen in which of the following conditions?

- A. Duchenne muscular dystrophy
- B. Cystic fibrosis
- C. Tay-Sachs disease
- D. All of the above**

Frameshift mutations are characterized by the insertion or deletion of nucleotides in a DNA sequence that alters the reading frame of the genetic code. This type of mutation can lead to the production of a completely different protein, often resulting in significant functional consequences. In Duchenne muscular dystrophy, frameshift mutations are frequently observed in the dystrophin gene. These mutations result in abnormal or truncated dystrophin protein, leading to the severe muscle weakness characteristic of the disease. Cystic fibrosis is primarily caused by mutations in the CFTR gene, many of which can also be frameshift mutations. These alterations can disrupt the normal function of the CFTR protein, which is critical for chloride ion transport across epithelial membranes, leading to the accumulation of thick mucus in various organs. Tay-Sachs disease is typically associated with a specific type of mutation in the HEXA gene, which encodes an enzyme involved in ganglioside metabolism. While the classic mutation is a point mutation, frameshift mutations can also occur in this gene, affecting the enzymatic activity necessary for proper lipid metabolism. Given that frameshift mutations can indeed be associated with Duchenne muscular dystrophy, cystic fibrosis, and Tay-Sachs disease, the correct answer encompasses all of these conditions.

7. What is the distinguishing characteristic of dysgerminoma?

- A. Produces testosterone
- B. Often associated with ascites
- C. Composed of large polyhedral cells**
- D. Typically found in postmenopausal women

Dysgerminoma is a type of germ cell tumor commonly found in the ovary and has specific histological features that distinguish it from other ovarian neoplasms. The defining characteristic of dysgerminoma is that it is composed of large polyhedral (or polygonal) cells with abundant cytoplasm and large nuclei. These characteristics are crucial for pathologists to identify dysgerminomas under the microscope. The presence of these large, well-defined cells, along with the tumor's typical lymphocytic infiltration, helps differentiate dysgerminoma from other types of ovarian tumors. This histological feature is critical for diagnosing the tumor and understanding its origin and behavior. In addition to the cellular structure, dysgerminoma is typically found in younger women, particularly those in their late teens to early thirties, rather than postmenopausal women, further elucidating why this characterization is significant. The other options mentioned do not accurately reflect the typical features or associations of dysgerminoma.

8. Which lymph nodes do the larynx drain into?

- A. Internal jugular nodes
- B. Cervical lymph nodes**
- C. Supraclavicular nodes
- D. Thoracic duct nodes

The larynx primarily drains into cervical lymph nodes. This is due to the anatomical relationship and the lymphatic drainage pathways associated with the structures of the neck. The lymphatics of the larynx follow the distribution of the branches of the superior laryngeal artery, which itself is a branch of the superior thyroid artery. Lymph from the larynx typically drains into the deep cervical lymph nodes, particularly the nodes along the internal jugular vein. These nodes are significant as they play a key role in the immune response and also in the drainage of head and neck tissues. Additionally, involvement of these lymph nodes is important in the staging of head and neck cancers, including those affecting the larynx. In this context, while it's relevant to know that there are other lymphatic structures in the body (like supraclavicular nodes or the thoracic duct), they do not primarily receive lymphatic drainage from the larynx as the cervical lymph nodes do. Therefore, the cervical lymph nodes are the correct answer for the anatomical understanding of laryngeal drainage.

9. What is a widespread common cause of anemia in the developing world?

- A. Hookworm**
- B. Folic acid deficiency
- C. Sickle cell disease
- D. Vitamin B12 deficiency

*Hookworm infestation is recognized as a prevalent cause of anemia in the developing world due to several interconnected factors. The hookworm, particularly species like *Ancylostoma duodenale* and *Necator americanus*, is a parasitic worm that infects humans primarily through contaminated soil. Once hookworms enter the body, they attach to the intestinal wall and feed on blood. This feeding mechanism can lead to significant blood loss, contributing to iron deficiency anemia, especially in populations where resources for health and nutrition are limited. In many developing countries, poor sanitation, lack of access to clean water, and inadequate health education facilitate the spread of hookworm infections, making it a common health concern. While other conditions like folic acid deficiency, sickle cell disease, and vitamin B12 deficiency can also cause anemia, they do not have the same widespread impact in developing regions as hookworm does. Folic acid and B12 deficiencies are often associated with malnutrition but are less prevalent compared to the large burden of hookworm infections. Sickle cell disease, while serious, is more prevalent in specific geographic regions and does not represent a universal cause of anemia in the broader population. In contrast, the prevalence and impact of hookworm infections make it a significant and widespread cause*

10. What condition is indicated by a child presenting with bloody diarrhea, thrombocytopenia, renal failure, and hemolytic anemia with reticulocytes greater than 3%?

- A. Thrombotic Thrombocytopenic Purpura (TTP)
- B. Hemolytic Uremic Syndrome (HUS)**
- C. Idiopathic Thrombocytopenic Purpura (ITP)
- D. Glanzmann Syndrome

*The presentation of a child with bloody diarrhea, thrombocytopenia, renal failure, and hemolytic anemia characterized by elevated reticulocyte levels greater than 3% strongly indicates Hemolytic Uremic Syndrome (HUS). This syndrome is often associated with an infection caused by certain strains of *E. coli*, particularly Enterohemorrhagic *E. coli* (EHEC), which can lead to the destruction of red blood cells and a decrease in platelet count due to the formation of microthrombi. The combination of bloody diarrhea and subsequent renal impairment establishes HUS as a diagnosis because these symptoms typically arise following the gastrointestinal infection triggered by the bacteria. The presence of hemolytic anemia, reflected by a rise in reticulocytes, indicates the bone marrow's response to the destruction of red blood cells. This condition is distinct from Thrombotic Thrombocytopenic Purpura (TTP), which has overlapping features like thrombocytopenia and hemolytic anemia but is characterized by neurological symptoms and a lack of a preceding diarrheal illness. Idiopathic Thrombocytopenic Purpura (ITP) primarily involves isolated thrombocytopenia without hemolytic anemia or renal failure, and GI*

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://nbmeform31.examzify.com>

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

SAMPLE