

NBME Form 9 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

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- 1. In a child older than 3 years, an umbilical hernia measuring 1 cm is most likely to:**
 - A. Spontaneously close**
 - B. Continue enlarging**
 - C. Require surgical repair**
 - D. Remain unchanged**

- 2. Worsening stable angina is reclassified as which condition?**
 - A. Stable angina**
 - B. Unstable angina**
 - C. Myocardial infarction**
 - D. Variant angina**

- 3. In obstetrics, forceps or vacuum delivery requires the fetal station to be at least at which level?**
 - A. -2**
 - B. -1**
 - C. 0**
 - D. At least 0**

- 4. Which statement accurately describes the relationship between stable and unstable angina?**
 - A. It is reclassified from stable angina when symptoms worsen.**
 - B. It is the same as stable angina.**
 - C. It never requires hospitalization.**
 - D. Troponin is always elevated.**

- 5. Osteosarcoma is most commonly diagnosed in patients in which age range?**
 - A. 30-50**
 - B. <30**
 - C. 50-70**
 - D. >70**

- 6. Which lipid assessment combination can be sufficient to evaluate cardiovascular risk in some patients?**
- A. HDL and total cholesterol**
 - B. LDL alone**
 - C. Triglycerides alone**
 - D. Lipoprotein(a) alone**
- 7. A 48-year-old woman presents with abnormal uterine bleeding and a 2.5 cm submucosal fibroid on imaging. What is the diagnosis and most appropriate management?**
- A. Fibroid; myomectomy**
 - B. Endometrial cancer; endometrial sampling**
 - C. Ovarian cyst; oophorectomy**
 - D. Cervical cancer; conization**
- 8. Which statement best describes pediatric idiopathic pulmonary hypertension?**
- A. It is common in children.**
 - B. It is unlikely to be seen in children.**
 - C. It never causes right heart failure.**
 - D. It always presents with a loud P2.**
- 9. Twenty-four-year-old woman, 28 hours after vaginal delivery, presents with fever and diffuse tenderness on bimanual exam and a tender uterus. Most likely diagnosis and next step?**
- A. Endometritis; IV antibiotics**
 - B. Uterine atony; IV fluids**
 - C. Pelvic abscess; surgical drainage**
 - D. Wound infection; oral antibiotics**
- 10. Arrest of labor should be managed with C-section.**
- A. True**
 - B. Only if there is fetal distress**
 - C. Not recommended**
 - D. False**

Answers

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

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Explanations

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1. In a child older than 3 years, an umbilical hernia measuring 1 cm is most likely to:

- A. Spontaneously close**
- B. Continue enlarging**
- C. Require surgical repair**
- D. Remain unchanged**

Small umbilical hernias in children often close on their own as the abdominal wall strengthens with growth. When a child older than 3 has a small defect, about 1 cm, the likelihood of spontaneous closure is high. Therefore observation is the appropriate approach rather than immediate surgery. Surgical repair is typically reserved for hernias that persist beyond early childhood (often after age 4-5) or are larger or symptomatic. In this scenario, spontaneous closure is the most likely outcome.

2. Worsening stable angina is reclassified as which condition?

- A. Stable angina**
- B. Unstable angina**
- C. Myocardial infarction**
- D. Variant angina**

When angina becomes worse than the patient's usual pattern, it shifts from stable to unstable. Stable angina is predictable, provoked by exertion, and relieved by rest or nitro. If the pain appears more frequently, lasts longer, occurs at rest, or is new in onset, this is unstable angina—an acute coronary syndrome reflecting more precarious coronary blood flow. Unstable angina indicates ongoing ischemia without evidence of myocardial necrosis yet, so troponin is typically not elevated. By contrast, a myocardial infarction would show troponin elevation due to heart muscle damage, and variant angina is caused by vasospasm with transient ECG changes rather than progression of atherosclerotic plaque. So worsening stable angina is best categorized as unstable angina.

3. In obstetrics, forceps or vacuum delivery requires the fetal station to be at least at which level?

- A. -2**
- B. -1**
- C. 0**
- D. At least 0**

Operative vaginal delivery is safe only when the presenting part is sufficiently descended to allow proper placement and controlled traction with instruments. The fetal station is measured from the ischial spines, with negative values indicating the head is above the spines, 0 at the spines, and positive values below. The minimum level at which forceps or a vacuum can be considered, in this context, is -2. That means the head is two centimeters above the spines, which provides enough access and visibility to apply the instrument and maneuver the head safely. If the head is higher than that (e.g., -3 or more above), there isn't adequate space for safe instrumentation; if it's at 0 or lower, it's more descended and generally more favorable, but -2 is the threshold the question is testing.

4. Which statement accurately describes the relationship between stable and unstable angina?

- A. It is reclassified from stable angina when symptoms worsen.**
- B. It is the same as stable angina.
- C. It never requires hospitalization.
- D. Troponin is always elevated.

Unstable angina represents a change from stable angina in which symptoms worsen or occur at rest, or there is a new or more frequent/intense pattern of chest pain. When this happens, the condition is reclassified as unstable angina, part of the acute coronary syndrome spectrum. In stable angina, chest pain is predictable with exertion and relieved by rest or nitroglycerin, due to a fixed atherosclerotic plaque causing reversible ischemia. Unstable angina results from a rupture of a plaque with thrombosis, leading to new or worsening ischemia that can occur even at rest. The key distinction is this change in pattern and the implication that it may progress to myocardial infarction if not treated; troponin levels may be normal in unstable angina, whereas they rise if myocardial injury occurs (NSTEMI or STEMI). This is why the statement about reclassification is the best description of their relationship.

5. Osteosarcoma is most commonly diagnosed in patients in which age range?

- A. 30-50
- B. <30**
- C. 50-70
- D. >70

Osteosarcoma most often arises during periods of rapid bone growth, which is in children and adolescents. The peak incidence occurs in the teen years (roughly 10-20), with cases continuing into early adulthood but becoming much less common after that. This makes the under-30 range the best fit for the most common diagnosis. In older adults, osteosarcoma is rarer and often secondary to conditions like Paget disease or prior radiation, which explains why higher age ranges are much less typical. So, the age range under 30 is the one in which this tumor is most commonly diagnosed.

6. Which lipid assessment combination can be sufficient to evaluate cardiovascular risk in some patients?

- A. HDL and total cholesterol**
- B. LDL alone
- C. Triglycerides alone
- D. Lipoprotein(a) alone

In evaluating cardiovascular risk with lipids, a simple pairing of total cholesterol and HDL often provides enough information to stratify risk. Total cholesterol reflects overall cholesterol burden, while HDL is the protective fraction; together they allow you to assess the balance between atherogenic and protective lipids. You can also derive non-HDL cholesterol (total minus HDL), which serves as a useful predictor of risk, especially when triglycerides are elevated or when LDL calculation is less reliable. Other single measures like LDL alone don't capture the full balance of risk, triglycerides alone aren't a strong standalone predictor, and lipoprotein(a) adds independent risk information but isn't sufficient by itself to gauge overall lipid-related risk.

7. A 48-year-old woman presents with abnormal uterine bleeding and a 2.5 cm submucosal fibroid on imaging. What is the diagnosis and most appropriate management?

A. Fibroid; myomectomy

B. Endometrial cancer; endometrial sampling

C. Ovarian cyst; oophorectomy

D. Cervical cancer; conization

Abnormal uterine bleeding in a perimenopausal patient requires evaluating the endometrium for cancer or hyperplasia, not assuming the bleeding is only due to a fibroid. In women around this age, the risk of endometrial pathology rises, so the next best step is to obtain tissue for histology to rule out malignancy. A submucosal fibroid can contribute to bleeding, but it does not exclude endometrial cancer, and imaging alone cannot differentiate benign from malignant endometrial processes. Therefore, endometrial sampling (endometrial biopsy) is the most appropriate immediate management because it provides a definitive diagnosis and guides further treatment. If pathology shows cancer, management would then proceed with definitive oncologic treatment; if benign, care would shift to addressing the fibroid-related symptoms.

8. Which statement best describes pediatric idiopathic pulmonary hypertension?

A. It is common in children.

B. It is unlikely to be seen in children.

C. It never causes right heart failure.

D. It always presents with a loud P2.

Pediatric idiopathic pulmonary hypertension is rare in children. In kids, pulmonary hypertension more often stems from congenital heart disease, lung disease, or systemic conditions, so the idiopathic form is an uncommon finding. That's why the statement that it is unlikely to be seen in children best describes the situation. The other ideas aren't accurate: while elevated pulmonary pressures can indeed change the heart's dynamics, idiopathic pulmonary hypertension can still lead to right-sided heart strain and even failure as it progresses; and a loud P2 is a feature that may be present but is not universal, so saying it always presents with a loud P2 isn't correct.

9. Twenty-four-year-old woman, 28 hours after vaginal delivery, presents with fever and diffuse tenderness on bimanual exam and a tender uterus. Most likely diagnosis and next step?

- A. Endometritis; IV antibiotics**
- B. Uterine atony; IV fluids**
- C. Pelvic abscess; surgical drainage**
- D. Wound infection; oral antibiotics**

Postpartum fever with a tender, diffusely tender uterus is classic for endometritis, an infection of the endometrium after delivery. The combination of fever and uterine tenderness several hours after birth points toward an infectious process in the uterus rather than atony (which causes heavy bleeding from a noncontracting uterus) or a wound infection (which would involve the incision area). The appropriate next step is to start broad-spectrum IV antibiotics that cover the usual postpartum pathogens, including anaerobes and gram-negatives. A common regimen is IV clindamycin plus gentamicin, with alternatives like ampicillin-sulbactam depending on local protocols and allergy history. If there's poor response or concern for an abscess or sepsis, further evaluation and possible imaging or intervention would be needed.

10. Arrest of labor should be managed with C-section.

- A. True**
- B. Only if there is fetal distress**
- C. Not recommended**
- D. False**

Arrest of labor is a stall in progress, not an automatic reason to perform a cesarean. The management hinges on what is causing the stall and the current labor conditions. First, assess contractions: if they're inadequate, the next step is to augment with oxytocin to try to restore progress. If contractions are adequate and there is true arrest, cesarean becomes more likely, but it isn't the only option. If the baby's condition is reassuring and the head is low with the cervix fully dilated, an instrumental vaginal delivery (forceps or vacuum) can be attempted. Only when efforts to progress fail or fetal status is nonreassuring is cesarean typically indicated.

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://nbmeform9.examzify.com>

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

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