

NBME FORM 9 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://nbmeform9.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	15

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. Progesterone therapy in amenorrheic patients is given and withdrawn. If menses does NOT occur after withdrawal, then the most likely cause is _____.**
- A. Structural abnormality, uterus abnormality, or estrogen deficiency
 - B. Ovarian failure
 - C. Hypothalamic-pituitary-ovarian axis impairment
 - D. Pregnancy
- 2. Arrest of labor should be managed with C-section.**
- A. True
 - B. Only if there is fetal distress
 - C. Not recommended
 - D. False
- 3. Protraction of labor during active labor should be managed initially with C-section.**
- A. False
 - B. True
 - C. Only if fetal distress
 - D. After prolonged observation
- 4. Which condition describes abnormal placental attachment to the myometrium?**
- A. Placenta previa
 - B. Placenta accreta
 - C. Placental abruption
 - D. Vasa previa
- 5. First-line therapy for ulcerative colitis?**
- A. Prednisone
 - B. Azathioprine
 - C. Mesalamine
 - D. Infliximab

6. Which medication among the following is commonly used as a mood stabilizer in bipolar disorder?
- A. Lamotrigine
 - B. Fluoxetine
 - C. Haloperidol
 - D. Quetiapine
7. CT scan is better for nephrolithiasis than plain X-ray.
- A. True
 - B. False
 - C. Not proven
 - D. Inconclusive
8. A patient with a first-degree relative who had colon cancer before age 60 has what relative risk compared to average?
- A. Similar risk
 - B. No risk
 - C. Increased risk
 - D. Decreased risk
9. Cephalosporins are often used for surgical prophylaxis and in the treatment of skin and soft tissue infections.
- A. Cefazolin
 - B. Amoxicillin
 - C. Erythromycin
 - D. Doxycycline
10. A patient with bicarbonate of 25, high CO₂, and low pH is likely to have ____ respiratory failure.
- A. Acute
 - B. Chronic
 - C. Acute on chronic
 - D. Metabolic acidosis

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Progesterone therapy in amenorrheic patients is given and withdrawn. If menses does NOT occur after withdrawal, then the most likely cause is _____.

A. Structural abnormality, uterus abnormality, or estrogen deficiency

B. Ovarian failure

C. Hypothalamic-pituitary-ovarian axis impairment

D. Pregnancy

The key idea is the progesterone (progestin) withdrawal test used to evaluate estrogen status and endometrial integrity. If progesterone is given and a withdrawal bleed occurs after stopping it, the endometrium was adequately primed by estrogen and the amenorrhea is due to anovulation. If there is no withdrawal bleed, the endometrium didn't proliferate, which points to insufficient estrogen or a uterine/outflow tract problem that prevents shedding. Therefore, the most likely cause is a situation where either estrogen deficiency or a structural/uterine abnormality is preventing the bleed. Options that reflect estrogen deficiency or uterine/structural issues fit best, whereas pregnancy or pure ovarian failure without considering the estrogen/uterine context would not as directly explain a lack of withdrawal bleed in this scenario.

2. 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.

3. Protraction of labor during active labor should be managed initially with C-section.

A. False

B. True

C. Only if fetal distress

D. After prolonged observation

Protraction in the active phase means cervical dilation is progressing more slowly than expected despite regular contractions. The best first step is to optimize labor, often by augmenting contractions with IV oxytocin and addressing reversible factors such as hydration, analgesia, fatigue, and maternal position. Cesarean delivery is not the initial management for protraction. It becomes appropriate if, after adequate augmentation and optimization, the labor still does not progress (arrests) or if there is nonreassuring fetal status or other contraindications to vaginal delivery. So the initial approach is to augment labor rather than proceed straight to a cesarean.

4. Which condition describes abnormal placental attachment to the myometrium?

- A. Placenta previa
- B. Placenta accreta**
- C. Placental abruption
- D. Vasa previa

Abnormal placental attachment to the myometrium occurs when placental villi attach directly to the muscular wall of the uterus rather than being anchored in the decidua basalis. This is placenta accreta. It can exist on a spectrum where the villi invade the myometrium (incretta) or even through it to surrounding organs (percreta) in more severe cases. The key idea is abnormal adhesion to the myometrium rather than proper separation at delivery, which can lead to heavy postpartum bleeding and retained placenta. Placenta previa describes a placenta implanted over the cervical opening, which can cause painless bleeding in pregnancy. Placental abruption is the premature separation of the placenta from the uterine wall, causing vaginal bleeding and abdominal pain. Vasa previa involves fetal blood vessels crossing the cervix, posing risk of fetal hemorrhage during rupture of membranes.

5. First-line therapy for ulcerative colitis?

- A. Prednisone
- B. Azathioprine
- C. Mesalamine**
- D. Infliximab

Starting therapy for mild to moderate ulcerative colitis is typically with a 5-aminosalicylic acid agent, specifically mesalamine, because it directly reduces mucosal inflammation in the colon with a strong safety profile and can be used for maintenance to prevent relapse. Mesalamine acts locally in the colon, limiting systemic effects while effectively controlling mild-to-moderate disease activity. Prednisone is reserved for induction of remission during flares or when mesalamine alone isn't enough, but it carries systemic side effects that make it unsuitable as a first-line long-term option. Azathioprine is an immunomodulator used mainly as a steroid-sparing agent or for maintenance in steroid-dependent or refractory disease, and it has a slower onset. Infliximab is a biologic used for moderate-to-severe disease or refractory cases after conventional therapy fails, and it's not a first-line choice due to cost, infection risk, and need for monitoring.

6. Which medication among the following is commonly used as a mood stabilizer in bipolar disorder?

- A. Lamotrigine**
- B. Fluoxetine
- C. Haloperidol
- D. Quetiapine

Stabilizing mood in bipolar disorder means preventing relapses and keeping mood around a steady state over the long term, with particular attention to preventing depressive episodes. Lamotrigine fits this role well because it is widely used for maintenance therapy and is particularly effective at preventing depressive recurrences. It helps sustain euthymia over time, which is a central goal of bipolar management. However, it isn't typically the choice for acutely treating a manic episode; its strength lies in long-term stabilization and prevention. An antidepressant like fluoxetine acts on mood differently and can risk triggering mania when used alone in bipolar disorder, so it's not a mood stabilizer. Haloperidol is an antipsychotic used mainly for acute agitation or psychosis in mania, not for maintenance mood stabilization. Quetiapine is an antipsychotic with mood-stabilizing effects and is used in bipolar to treat both mania and depression, but lamotrigine is especially emphasized for ongoing depressive stabilization and maintenance, which is why it is commonly chosen as a mood stabilizer in this context. Remember to titrate lamotrigine slowly to minimize the risk of a serious rash, including Stevens-Johnson syndrome, especially when starting or increasing the dose.

7. CT scan is better for nephrolithiasis than plain X-ray.

- A. True**
- B. False
- C. Not proven
- D. Inconclusive

Non-contrast CT has higher sensitivity and specificity for detecting nephrolithiasis than plain X-ray. It identifies nearly all stones, regardless of composition, size, or location, and can show signs of obstruction and other potential causes of pain. Plain radiographs only visualize a subset of stones—radiopaque ones—and can miss radiolucent stones like uric acid stones or small stones, leading to false negatives. Because of this broader detectability and localization, CT is the preferred initial imaging for suspected kidney stones.

8. A patient with a first-degree relative who had colon cancer before age 60 has what relative risk compared to average?

- A. Similar risk
- B. No risk
- C. Increased risk**
- D. Decreased risk

Having a first-degree relative with colon cancer raises your risk compared with the general population. When that relative was diagnosed before age 60, it suggests a potential genetic predisposition, which makes the risk increase even more than with later-onset disease. In practical terms, this scenario pushes your relative risk above average, often described as roughly doubled to tripled, rather than remaining similar or lower. This is why the correct description is an increased risk.

9. Cephalosporins are often used for surgical prophylaxis and in the treatment of skin and soft tissue infections.

- A. Cefazolin**
- B. Amoxicillin
- C. Erythromycin
- D. Doxycycline

Cefazolin is the best choice because it's a first-generation cephalosporin with strong activity against the most common skin flora responsible for surgical-site and soft tissue infections—Staphylococcus aureus (including MSSA) and streptococci. It penetrates well into soft tissues, has a favorable safety and pharmacokinetic profile, and is easy to use for perioperative prophylaxis (often given as a single preoperative dose). Its limited anaerobic and MRSA activity makes it ideal for clean surgical prophylaxis and routine skin/soft tissue infections, but not when MRSA coverage or anaerobic coverage is specifically required. Amoxicillin isn't ideal for this setting because Staph aureus coverage is unreliable due to beta-lactamase, and it's typically given orally rather than as a perioperative IV prophylaxis. Erythromycin and doxycycline are not preferred for surgical prophylaxis due to resistance concerns and less reliable coverage for the organisms most associated with these infections.

10. A patient with bicarbonate of 25, high CO₂, and low pH is likely to have ____ respiratory failure.

- A. Acute**
- B. Chronic
- C. Acute on chronic
- D. Metabolic acidosis

High CO₂ with a low pH indicates respiratory acidosis. The bicarbonate is normal, which means there hasn't been time for renal compensation to raise bicarbonate. In acute respiratory failure, CO₂ rises quickly and pH falls before the body can adjust bicarbonate levels. If it were chronic, bicarbonate would be elevated due to metabolic compensation; if it were metabolic acidosis, bicarbonate would be low and the CO₂ pattern would reflect respiratory compensation rather than primary hypercapnia. So this presentation fits acute respiratory failure.

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!

SAMPLE