

NBME GROSS ANATOMY HIGH YIELD PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. Nerve injured with wrist drop?

- A. Median
- B. Radial
- C. Ulnar
- D. Axillary

2. Which structure limits the spread of ascitic fluid in the left paracolic gutter?

- A. Gastrohepatic ligament
- B. Heporenal ligament
- C. Phrenicocolic ligament
- D. Phrenicopleural membrane

3. Which nerves traverse the internal acoustic meatus?

- A. CN II and VIII
- B. CN V and VIII
- C. CN VII and VIII
- D. CN IX and X

4. Which artery is the major supplier to internal head structures, including deep facial regions?

- A. Superficial temporal
- B. Maxillary
- C. Posterior auricular
- D. Occipital

5. Which structure separates the deep perineal space from the superficial perineal space?

- A. Perineal membrane (inferior fascia of UGD)
- B. Inferior fascia of UG diaphragm
- C. Deep perineal fascia
- D. Pelvic diaphragm

- 6. Which muscle compresses the crus of the penis?**
- A. Bulbospongiosus
 - B. Ischiocavernosus
 - C. Superficial transverse perineal
 - D. External anal sphincter
- 7. Which nerve provides sensory innervation to the external surface of the tympanic membrane?**
- A. Lesser occipital nerve
 - B. Great auricular nerve
 - C. Trigeminal nerve Ophthalmic branch
 - D. Auriculotemporal nerve
- 8. Which nerve is at risk when repairing a patent ductus arteriosus?**
- A. Right recurrent laryngeal nerve
 - B. Vagus nerve
 - C. Phrenic nerve
 - D. Left recurrent laryngeal nerve
- 9. The inferior extent of the lung at the midclavicular line is at which rib?**
- A. Fifth rib
 - B. Sixth rib
 - C. Seventh rib
 - D. Eighth rib
- 10. Which nerve provides taste to the anterior two-thirds of the tongue?**
- A. Lingual nerve
 - B. Chorda tympani
 - C. Glossopharyngeal
 - D. Vagus

Answers

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

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Explanations

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1. Nerve injured with wrist drop?

- A. Median
- B. Radial**
- C. Ulnar
- D. Axillary

Wrist drop is caused by paralysis of the extensor muscles in the posterior forearm, which are supplied by the radial nerve. When the radial nerve is injured—classically with a humeral shaft fracture or compression in the arm—the extensors can no longer extend the wrist and fingers. The hand then rests in a flexed position at the wrist because the flexors, innervated by other nerves, overpower the weakened extensors. The deep branch, or posterior interosseous nerve, specifically innervates most of the finger and wrist extensors, so its disruption produces this characteristic drop. By contrast, injuries to the median, ulnar, or axillary nerves produce other deficits (loss of thumb opposition/thenar function, interossei/claw hand, or deltoid abduction, respectively) and not the classic wrist drop.

2. Which structure limits the spread of ascitic fluid in the left paracolic gutter?

- A. Gastrohepatic ligament
- B. Heporenal ligament
- C. Phrenicocolic ligament**
- D. Phrenicopleural membrane

The spread of ascitic fluid within the peritoneal cavity is shaped by peritoneal reflections and gutters. The left paracolic gutter runs near the left colic flexure and can convey fluid upward toward the subphrenic space, but a barrier formed by the phrenicocolic ligament blocks this ascent. This ligament extends from the left colic flexure to the diaphragm, creating a shelf that prevents fluid in the left paracolic gutter from moving into the left subphrenic (subdiaphragmatic) space. Thus it best limits the spread of ascitic fluid in that region. Other structures listed don't form such a barrier relevant to the left paracolic gutter: the gastrohepatic ligament connects liver to stomach and isn't a restraining shelf for left-gutter fluid; the hepatorenal ligament anchors liver to the kidney but doesn't impede gutter spread; the phrenicopleural membrane separates pleural and peritoneal cavities and isn't the peritoneal barrier in this context.

3. Which nerves traverse the internal acoustic meatus?

- A. CN II and VIII
- B. CN V and VIII
- C. CN VII and VIII**
- D. CN IX and X

The internal acoustic meatus is a passage in the petrous part of the temporal bone that transmits the nerves dealing with hearing and balance, along with the facial nerve. The nerve carrying sound and balance information, the vestibulocochlear nerve, traverses this canal to reach the brainstem. Alongside it, the facial nerve also passes through the internal acoustic meatus as it travels within the facial canal before continuing to its exit point. This canal does not carry the optic nerve, which goes through the optic canal; it does not carry the branches of the trigeminal nerve that exit through the superior orbital fissure or foramina like the foramen ovale or foramen rotundum; and it is not involved with the IX and X nerves, which pass through the jugular foramen. Therefore, the nerves that traverse the internal acoustic meatus are the facial nerve and the vestibulocochlear nerve.

4. Which artery is the major supplier to internal head structures, including deep facial regions?

- A. Superficial temporal
- B. Maxillary**
- C. Posterior auricular
- D. Occipital

Maxillary artery stands out because it travels deep into the infratemporal and pterygopalatine regions and gives off branches that reach the teeth, palate, nasal cavity, and infraorbital area, as well as the middle meningeal artery that enters the cranial cavity to supply the dura mater. This makes it the major arterial source to deep facial structures and intracranial coverings. The other arteries listed mainly supply superficial scalp and external ear regions and do not provide the same deep or intracranial supply.

5. Which structure separates the deep perineal space from the superficial perineal space?

- A. Perineal membrane (inferior fascia of UGD)**
- B. Inferior fascia of UG diaphragm
- C. Deep perineal fascia
- D. Pelvic diaphragm

The perineal membrane, also known as the inferior fascia of the urogenital diaphragm, is the dividing sheet that separates the deep perineal space from the superficial perineal space. This fibrous membrane spans the UGD, forming the inferior boundary, so the space below it (toward the skin) is the superficial perineal pouch, while the space above it (toward the pelvic cavity) is the deep perineal pouch. The pelvic diaphragm sits above the deep pouch, and the deep perineal fascia lines the walls of the deep pouch, but neither defines the boundary between the two spaces in the same way the perineal membrane does.

6. Which muscle compresses the crus of the penis?

- A. Bulbospongiosus
- B. Ischiocavernosus**
- C. Superficial transverse perineal
- D. External anal sphincter

Ischiocavernosus is the muscle that lies around the crura of the penis and actively compresses them. When it contracts, it squeezes the crura of the corpora cavernosa, increasing intracavernosal pressure and helping to maintain penile rigidity by restricting venous outflow through the deep dorsal veins. This action is essential for achieving and sustaining erection. The muscle is innervated by the perineal branch of the pudendal nerve. In contrast, the bulbospongiosus mainly surrounds the bulb of the penis and acts on the proximal erectile tissue of the corpus spongiosum, contributing to erection and ejaculation differently; the superficial transverse perineal is a perineal floor muscle with no direct role in compressing the crus, and the external anal sphincter controls the anal canal rather than penile erection.

7. Which nerve provides sensory innervation to the external surface of the tympanic membrane?

- A. Lesser occipital nerve
- B. Great auricular nerve
- C. Trigeminal nerve Ophthalmic branch

D. Auriculotemporal nerve

The outer surface of the tympanic membrane is supplied by sensory fibers from the auriculotemporal nerve, a branch of the mandibular division of the trigeminal nerve (V3). This nerve travels with vessels in the region and provides sensation to the skin over the temporal region, parts of the external ear, and the outer surface of the tympanic membrane. The inner surface, by contrast, is innervated by the tympanic nerve, a branch of glossopharyngeal nerve (IX). The other nerves listed mainly supply skin around the ear or scalp and do not innervate the external surface of the tympanic membrane.

8. Which nerve is at risk when repairing a patent ductus arteriosus?

- A. Right recurrent laryngeal nerve
- B. Vagus nerve
- C. Phrenic nerve

D. Left recurrent laryngeal nerve

During a patent ductus arteriosus repair, the left recurrent laryngeal nerve is particularly at risk because its path closely surrounds the aortic arch near the ligamentum arteriosum, the fibrous remnant of the ductus arteriosus. After looping under the arch, the left recurrent laryngeal nerve ascends in the tracheoesophageal groove to the larynx to innervate the vocal folds. Injury to this nerve can lead to hoarseness from vocal cord paralysis. The right recurrent laryngeal nerve, which loops under the right subclavian artery, travels higher up and away from the PDA region, making it less susceptible. While the vagus and phrenic nerves are in the mediastinum, the most specific and well-known risk in this surgery is injury to the left recurrent laryngeal nerve due to its intimate relationship with the aortic arch and ligamentum arteriosum.

9. The inferior extent of the lung at the midclavicular line is at which rib?

- A. Fifth rib
- B. Sixth rib**
- C. Seventh rib
- D. Eighth rib

Lung borders can be mapped by surface landmarks on the chest wall. The inferior edge of the lung runs along the chest wall and reaches different rib levels depending on the location around the thorax. At the midclavicular line, the lung's lower border sits opposite the sixth rib. This reflects how the diaphragmatic dome and the pleural reflections position the lung differently along the anterior surface compared with the lateral and posterior surfaces (where the base can reach lower—about the eighth rib at the midaxillary line and the tenth rib posteriorly). So, at the midclavicular line, the inferior extent is at the sixth rib.

10. Which nerve provides taste to the anterior two-thirds of the tongue?

- A. Lingual nerve
- B. Chorda tympani**
- C. Glossopharyngeal
- D. Vagus

Taste from the anterior two-thirds of the tongue is carried by the chorda tympani, a branch of the facial nerve. It contains special visceral afferent (taste) fibers that join the lingual nerve (a branch of V3) to reach the tongue. This is why taste travels with the chorda tympani into the tongue rather than with the lingual nerve itself, which provides only general sensation (touch, pain, temperature). The posterior one-third is served by the glossopharyngeal nerve, and taste to the epiglottis is via the vagus. So the chorda tympani is the nerve responsible for taste in that anterior region.

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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://nbmegrossanatomyhighyield.examzify.com>

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

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