

STEP 2 UWORLD SELF-ASSESSMENT (UWSA) 2 PRACTICE EXAM (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. What is the first-line treatment for Kawasaki disease?**
 - A. Intravenous immunoglobulin (IVIG) and high-dose aspirin
 - B. Antibiotics alone
 - C. Steroids alone
 - D. Anticoagulation therapy

- 2. Cupping of the optic disc is most characteristic of which condition?**
 - A. Retinal detachment
 - B. Macular degeneration
 - C. Cupping of the optic disc due to loss of retinal ganglion cell axons
 - D. Cataract

- 3. In a 39-year-old woman with a history of spontaneous abortion, symmetric uterine enlargement and a red vascular nodule in the posterior fornix that bleeds easily, the most likely diagnosis is which?**
 - A. Endometrial carcinoma
 - B. Ovarian cystadenocarcinoma
 - C. Choriocarcinoma
 - D. Leiomyosarcoma

- 4. In a patient with acute gout who recently had a drug-eluting stent placed and is hospitalized for congestive heart failure, which anti-gout medication is preferred?**
 - A. Colchicine
 - B. NSAIDs
 - C. Corticosteroids
 - D. Allopurinol

- 5. Initial management of an acute upper GI bleed with hemodynamic instability includes which of the following?**
 - A. Immediate surgery with no resuscitation
 - B. Rapid IV fluids and blood products as needed; PPI infusion; urgent endoscopy within 24 hours
 - C. Oral rehydration and observation
 - D. No intervention until hemodynamics stabilize

- 6. Delayed wound healing is most closely associated with deficiency of which vitamin?**
- A. Vitamin C deficiency
 - B. Vitamin A deficiency
 - C. Vitamin D deficiency
 - D. Vitamin K deficiency
- 7. Failure of closure of which structure is associated with hydrocele formation?**
- A. Processus vaginalis
 - B. Transversalis fascia
 - C. Conjoint tendon
 - D. Inguinal ligament
- 8. In uncal herniation, which cranial nerve is compressed first, producing a blown pupil?**
- A. Cranial nerve II
 - B. Third cranial nerve compression causing a dilated pupil
 - C. Cranial nerve IV
 - D. Cranial nerve VI
- 9. What is the characteristic EEG finding in absence seizures?**
- A. Generalized tonic-clonic seizures
 - B. Focal onset seizures
 - C. Generalized 3 Hz spike-and-wave
 - D. Absence seizures with 2 Hz waves
- 10. What is essential in evaluating a diabetic patient with suspected myocardial infarction who has silent symptoms?**
- A. Single ECG at presentation
 - B. CTA coronary angiography
 - C. Only echocardiography
 - D. Serial ECGs and troponin measurements

Answers

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

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Explanations

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1. What is the first-line treatment for Kawasaki disease?

- A. Intravenous immunoglobulin (IVIG) and high-dose aspirin
- B. Antibiotics alone
- C. Steroids alone
- D. Anticoagulation therapy

Kawasaki disease is a pediatric vasculitis where the biggest danger is getting coronary artery aneurysms if the inflammation isn't quickly controlled. The best first-line approach combines intravenous immunoglobulin with high-dose aspirin. IVIG rapidly dampens the exaggerated immune response and substantially lowers the risk of coronary complications when given early in the illness. High-dose aspirin helps relieve inflammation and fever during the acute phase, and after fever subsides, low-dose aspirin provides an antiplatelet effect to reduce thrombosis risk in inflamed coronary vessels. Antibiotics alone won't address the vascular inflammation, so they aren't first-line. Steroids can be helpful in certain situations or as an adjunct, but they're not typically the initial sole therapy. Anticoagulation therapy isn't used as first-line treatment and is reserved for specific high-risk coronary artery situations.

2. Cupping of the optic disc is most characteristic of which condition?

- A. Retinal detachment
- B. Macular degeneration
- C. Cupping of the optic disc due to loss of retinal ganglion cell axons
- D. Cataract

Cupping of the optic disc reflects loss of retinal ganglion cell axons with thinning of the neuroretinal rim, causing the optic cup to enlarge relative to the disc. This pattern is most characteristic of glaucomatous optic neuropathy, where damage to the retinal ganglion cells and their axons from elevated intraocular pressure leads to progressive cupping and visual field loss. Retinal detachment affects the retina, macular degeneration targets the macula and central vision, and cataract involves lens opacity—not the optic nerve or cup-to-disc ratio. A normal cup-to-disc ratio is about 0.3; a larger cup suggests glaucomatous damage.

3. In a 39-year-old woman with a history of spontaneous abortion, symmetric uterine enlargement and a red vascular nodule in the posterior fornix that bleeds easily, the most likely diagnosis is which?

- A. Endometrial carcinoma
- B. Ovarian cystadenocarcinoma
- C. Choriocarcinoma
- D. Leiomyosarcoma

This scenario points to a gestational trophoblastic neoplasm, specifically choriocarcinoma, arising after a pregnancy event. Choriocarcinoma is highly vascular and secretes large amounts of hCG, so the uterus becomes symmetrically enlarged and vaginal or cervical metastases are common. A red, friable vascular nodule in the posterior fornix that bleeds easily is a classic appearance of a vaginal metastasis from this tumor. Endometrial carcinoma would more typically present with abnormal uterine bleeding in an older patient and not with a friable vaginal vascular lesion. Ovarian cystadenocarcinoma would usually present with an adnexal mass and ascites rather than a vascular vaginal nodule. Leiomyosarcoma causes rapid uterine enlargement and uterine symptoms but lacks the characteristic hemorrhagic vaginal metastasis. So, the presentation aligns best with choriocarcinoma.

4. In a patient with acute gout who recently had a drug-eluting stent placed and is hospitalized for congestive heart failure, which anti-gout medication is preferred?

- A. Colchicine**
- B. NSAIDs
- C. Corticosteroids
- D. Allopurinol

Colchicine is favored for an acute gout flare when heart failure and recent drug-eluting stent placement are in play because it relieves inflammation without the fluid-retaining, kidney-impairing, or bleeding risks tied to NSAIDs in congestive heart failure and while on dual antiplatelet therapy. Colchicine works by inhibiting neutrophil chemotaxis and inflammasome-driven inflammation, which dampens the acute joint attack without affecting platelet function. NSAIDs are avoided here because they can worsen heart failure course by causing sodium and water retention and reduce renal perfusion, plus they raise GI bleeding risk when a patient is on antiplatelet therapy after stent placement. Corticosteroids can be used if NSAIDs are unsuitable, but they carry risks like fluid retention and hyperglycemia that may complicate heart failure. Allopurinol is aimed at long-term urate lowering and isn't used to treat an acute flare, since starting urate-lowering therapy during an attack can prolong symptoms.

5. Initial management of an acute upper GI bleed with hemodynamic instability includes which of the following?

- A. Immediate surgery with no resuscitation
- B. Rapid IV fluids and blood products as needed; PPI infusion; urgent endoscopy within 24 hours**
- C. Oral rehydration and observation
- D. No intervention until hemodynamics stabilize

When there is an acute upper GI bleed with hemodynamic instability, the priority is to restore perfusion and control ongoing blood loss while preparing for diagnostic and therapeutic intervention. Begin with rapid IV fluid resuscitation and administer blood products as needed to stabilize circulation and oxygen delivery. A high-dose IV proton pump inhibitor is given to elevate gastric pH and stabilize clots, reducing the risk of rebleeding. Once the patient is hemodynamically stable enough for endoscopic evaluation, perform urgent endoscopy within 24 hours to identify the source and provide definitive hemostasis if possible. Delaying intervention or relying on oral rehydration alone would leave the patient at persistent risk, and proceeding to surgery without resuscitation is unsafe. This sequence optimizes survival and shortens the time to source control.

6. Delayed wound healing is most closely associated with deficiency of which vitamin?

- A. Vitamin C deficiency**
- B. Vitamin A deficiency
- C. Vitamin D deficiency
- D. Vitamin K deficiency

The ability to form stable collagen is essential for wound repair, especially in the proliferative phase where new connective tissue and blood vessels are laid down. Vitamin C is a critical cofactor for the enzymes that hydroxylate proline and lysine residues in collagen. This hydroxylation is needed for the collagen triple helix to form properly and for stable cross-linking of collagen fibers. Without enough vitamin C, collagen synthesis is defective, leading to weaker tissue and slower, delayed wound healing. Other vitamins influence related processes but don't primarily drive collagen synthesis in the same way. Vitamin A supports epithelial regeneration and immune function; its deficiency can impair healing but is not the classic cause of delayed wound repair. Vitamin K affects coagulation factors, influencing bleeding risk rather than the repair of the wound matrix. Vitamin D has roles in immunity and bone health but is not the main driver of collagen-based wound healing.

7. Failure of closure of which structure is associated with hydrocele formation?

- A. Processus vaginalis**
- B. Transversalis fascia
- C. Conjoint tendon
- D. Inguinal ligament

Hydrocele formation happens when the processus vaginalis fails to close. This structure is an outpouching of peritoneum that accompanies the testis as it descends into the scrotum and normally obliterates after descent. If it remains patent, peritoneal fluid can pass into the scrotal cavity, filling the space around the testis and creating a hydrocele. If the opening stays large, there can be a communication with the peritoneal cavity (a communicating hydrocele), which can be associated with an indirect inguinal hernia. The other structures listed are not the source of hydrocele formation.

8. In uncal herniation, which cranial nerve is compressed first, producing a blown pupil?

- A. Cranial nerve II
- B. Third cranial nerve compression causing a dilated pupil**
- C. Cranial nerve IV
- D. Cranial nerve VI

Uncal herniation most early compresses the third cranial nerve because its parasympathetic fibers that constrict the pupil lie on the surface of the nerve and are vulnerable when the temporal lobe herniates toward the tentorial notch. When these fibers are affected, the pupil loses constriction, producing a dilated, nonreactive (blown) pupil on the same side. Motor fibers may be hit next, leading to ptosis and the eye resting "down and out." Visual pathways aren't the initial target, and nerves controlling other eye movements can be affected later, but the earliest sign is pupil dilation from CN III compression.

9. What is the characteristic EEG finding in absence seizures?

- A. Generalized tonic-clonic seizures
- B. Focal onset seizures
- C. Generalized 3 Hz spike-and-wave**
- D. Absence seizures with 2 Hz waves

Absence seizures show a generalized, synchronous 3 Hz spike-and-wave pattern on EEG. This 3 Hz activity reflects synchronized thalamocortical bursting that occurs during the brief lapse of consciousness typical of these events. Other patterns—such as focal onset discharges or patterns associated with generalized tonic-clonic seizures—do not fit the classic EEG hallmark of absence. A 2 Hz spike-and-wave pattern is not characteristic for typical absence.

10. What is essential in evaluating a diabetic patient with suspected myocardial infarction who has silent symptoms?

- A. Single ECG at presentation
- B. CTA coronary angiography
- C. Only echocardiography
- D. Serial ECGs and troponin measurements**

Diabetic patients often have silent myocardial infarction due to autonomic neuropathy, so you can't rely on symptoms or a single test snapshot. The safest way to diagnose MI in this setting is to look for evidence of myocardial injury over time. Serial ECGs can reveal evolving ischemia or infarction that a one-time tracing might miss, and serial troponin measurements detect myocardial necrosis as it develops—even when symptoms are minimal. Troponin rises within hours and remains elevated, so repeating it over several hours increases diagnostic sensitivity and helps guide urgent management. Imaging like CTA or echocardiography can add information, but they don't replace the need for ongoing ECG monitoring and biomarker assessment in suspected silent MI.

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://step2uwsa2.examzify.com>

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

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