

USMLE Step 2 CK High-Yield Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. What treatment is NOT typically indicated for ventricular fibrillation?**
 - A. Immediate cardioversion**
 - B. CPR**
 - C. Administration of IV fluids**
 - D. Defibrillation**
- 2. Which of the following represents Charcot's triad?**
 - A. RUQ pain, fever, vomiting**
 - B. RUQ pain, jaundice, fever/chills**
 - C. Jaundice, hypotension, tachycardia**
 - D. Pain, ascites, delirium**
- 3. What is a common complication associated with a scaphoid fracture?**
 - A. Avascular necrosis**
 - B. Carpal tunnel syndrome**
 - C. Chronic pain syndrome**
 - D. Ligament tear**
- 4. What effect does chloramphenicol have on blood cell production?**
 - A. Increases red blood cell production**
 - B. Inhibits white blood cells**
 - C. Can lead to aplastic anemia**
 - D. Has no effect on blood cell production**
- 5. What is a common diagnostic tool for assessing women with urinary incontinence?**
 - A. CT scan of the abdomen**
 - B. Urodynamics**
 - C. Ultrasound of the kidneys**
 - D. Colonoscopy**

- 6. Which of the following CSF findings is associated with multiple sclerosis?**
- A. Low glucose, PMN predominance**
 - B. Increased gamma globulins**
 - C. Numerous RBCs in serial samples**
 - D. Normal glucose with lymphocytic predominance**
- 7. What is the first-line treatment for Lyme disease in adults?**
- A. Amoxicillin**
 - B. Doxycycline**
 - C. Ciprofloxacin**
 - D. Azithromycin**
- 8. An 11-year-old obese African-American boy presents with a sudden onset of limp. What should be the likely diagnosis and workup?**
- A. Osteomyelitis; bone scan**
 - B. Slipped capital femoral epiphysis; AP and frog-leg lateral x-rays**
 - C. Transient synovitis; ultrasound**
 - D. Fracture; CT scan**
- 9. Which of the following is a classic symptom of osteogenesis imperfecta?**
- A. Joint swelling**
 - B. Blue sclerae**
 - C. Limitless flexibility**
 - D. Thickened skin**
- 10. What symptom is associated with hypernatremia?**
- A. "Doughy" skin**
 - B. Puffy hands**
 - C. Dry mucous membranes**
 - D. Severe itching**

Answers

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

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Explanations

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1. What treatment is NOT typically indicated for ventricular fibrillation?

- A. Immediate cardioversion
- B. CPR
- C. Administration of IV fluids**
- D. Defibrillation

In the case of ventricular fibrillation (VF), the primary interventions focus on restoring effective cardiac rhythm as quickly as possible. Defibrillation is a critical treatment indicated for VF because it delivers a high-energy shock that can help reset the heart's electrical activity. CPR (cardiopulmonary resuscitation) is also essential to maintain blood flow to vital organs while defibrillation is being prepared or while awaiting advanced cardiovascular life support (ACLS). Immediate cardioversion, while it is used in certain arrhythmias, is specifically for cases like atrial fibrillation or atrial flutter where there is a stable tachyarrhythmia that requires correction. In VF, the situation is acutely life-threatening, thus defibrillation is preferred. The administration of IV fluids is typically not indicated for ventricular fibrillation. While IV fluids are important in many critical situations to maintain hydration or support blood pressure, they do not address the immediate life-threatening nature of VF. The focus should primarily remain on rhythm correction through defibrillation and supportive care such as CPR. Therefore, IV fluids do not play a direct role in the treatment of VF, which makes this option the one that is not typically indicated in such a scenario.

2. Which of the following represents Charcot's triad?

- A. RUQ pain, fever, vomiting
- B. RUQ pain, jaundice, fever/chills**
- C. Jaundice, hypotension, tachycardia
- D. Pain, ascites, delirium

Charcot's triad is a clinical syndrome associated with acute cholangitis, which is an infection of the bile duct system. It consists of three classic symptoms: jaundice, fever (often with chills), and right upper quadrant (RUQ) pain. The presence of jaundice indicates an elevation in bilirubin levels, usually due to obstruction of the bile duct. Fever with chills indicates an infectious process, and RUQ pain is typically due to inflammation in the liver or gallbladder area. When these three symptoms are present together, they strongly suggest a diagnosis of acute cholangitis, which can be life-threatening and often requires urgent treatment. The combination of symptoms described in the correct answer aligns perfectly with the classic definition of Charcot's triad, making it the appropriate choice among the options presented.

3. What is a common complication associated with a scaphoid fracture?

- A. Avascular necrosis**
- B. Carpal tunnel syndrome**
- C. Chronic pain syndrome**
- D. Ligament tear**

A common complication associated with a scaphoid fracture is avascular necrosis. The scaphoid bone has a unique blood supply, which is primarily from branches of the radial artery. When a scaphoid fracture occurs, particularly if it involves the waist of the bone, it can disrupt the blood flow to the proximal fragment. This compromised blood supply places the proximal portion of the scaphoid at risk for avascular necrosis, leading to bone cell death due to lack of nourishment. The risk of avascular necrosis is significant, as it can lead to subsequent complications such as nonunion or arthritis in the wrist, particularly if the fracture is not identified and immobilized early. Recognizing the potential for this complication emphasizes the importance of thorough evaluation and appropriate treatment for suspected scaphoid fractures, including the consideration of imaging studies like MRI or CT if the diagnosis is in doubt. Understanding this risk helps guide both the management of the fracture and the monitoring for potential long-term complications.

4. What effect does chloramphenicol have on blood cell production?

- A. Increases red blood cell production**
- B. Inhibits white blood cells**
- C. Can lead to aplastic anemia**
- D. Has no effect on blood cell production**

Chloramphenicol is an antibiotic known for its ability to inhibit bacterial protein synthesis. However, one of its significant side effects is its potential to cause bone marrow suppression, which can lead to aplastic anemia. This condition is characterized by the failure of the bone marrow to produce adequate amounts of blood cells, resulting in reduced numbers of red blood cells, white blood cells, and platelets. The mechanism behind this effect is that chloramphenicol can suppress the proliferation of hematopoietic stem cells, leading to an inadequate supply of mature blood cells. This side effect of aplastic anemia is particularly concerning because it can manifest as a life-threatening condition due to the decreased production of all types of blood cells, increasing the risk of infections, anemia, and bleeding. Therefore, the correct choice highlights the risk associated with chloramphenicol use in terms of its hematologic effects, making it essential for healthcare providers to monitor blood counts in patients receiving this medication.

5. What is a common diagnostic tool for assessing women with urinary incontinence?

- A. CT scan of the abdomen**
- B. Urodynamics**
- C. Ultrasound of the kidneys**
- D. Colonoscopy**

Urodynamics is a key diagnostic tool used in the evaluation of women with urinary incontinence. This test involves a series of procedures that measure the function of the bladder and urethra, providing valuable insight into how well these structures work together when the bladder fills and during urination. It can help identify issues such as bladder capacity, pressure, and the functionality of the sphincter mechanisms. This diagnostic tool is particularly useful in distinguishing between different types of urinary incontinence, such as stress incontinence, urge incontinence, and overflow incontinence. The results can guide treatment decisions and help tailor management strategies to the individual patient's needs. Other diagnostic methods mentioned, such as a CT scan of the abdomen or ultrasound of the kidneys, are not typically used for assessing urinary incontinence specifically, as they do not provide information on bladder functionality. Colonoscopy, on the other hand, is focused on gastrointestinal issues and has no relevance to urinary conditions. Thus, urodynamics stands out as the most pertinent and informative option for assessing urinary incontinence in women.

6. Which of the following CSF findings is associated with multiple sclerosis?

- A. Low glucose, PMN predominance**
- B. Increased gamma globulins**
- C. Numerous RBCs in serial samples**
- D. Normal glucose with lymphocytic predominance**

In multiple sclerosis (MS), the characteristic cerebrospinal fluid (CSF) finding is an increase in gamma globulins, which reflects the immune response and the presence of oligoclonal bands. The presence of oligoclonal bands indicates that there is intrathecal synthesis of immunoglobulins, which is a hallmark feature of MS. This immune response occurs due to the inflammatory demyelination in the central nervous system that characterizes the disease. The inflammatory process leads to various immune mediators, including an increase in immunoglobulin production specifically within the CNS, contributing to the elevated gamma globulin levels seen in the CSF of patients with MS. Other choices presented do not accurately represent the typical CSF findings in multiple sclerosis. For instance, low glucose with PMN predominance would suggest an infectious process such as bacterial meningitis rather than MS. Numerous red blood cells in serial samples could suggest hemorrhagic conditions or traumatic tap, neither of which is related to MS. Normal glucose with lymphocytic predominance might be indicative of a viral infection or a different type of neurological condition, rather than the distinctive process seen in multiple sclerosis.

7. What is the first-line treatment for Lyme disease in adults?

- A. Amoxicillin
- B. Doxycycline**
- C. Ciprofloxacin
- D. Azithromycin

Doxycycline is the first-line treatment for Lyme disease in adults due to its effectiveness against the causative organism, *Borrelia burgdorferi*. This tetracycline antibiotic has good tissue penetration and is particularly effective for the early manifestations of Lyme disease, including erythema migrans and early neurologic involvement. Additionally, doxycycline is not only effective for Lyme disease but also addresses potential co-infections that can occur, such as *Anaplasma phagocytophilum*. It is generally well-tolerated and can be administered orally, making it suitable for outpatient management of Lyme disease. While amoxicillin is an alternative for treating Lyme disease, particularly in children or pregnant women, doxycycline remains the preferred choice in adults due to its broader coverage and efficacy. Other antibiotics listed are not typically used for Lyme disease; ciprofloxacin is primarily indicated for infections like urinary tract infections and respiratory infections, whereas azithromycin is commonly used for treating atypical pneumonia and certain bacterial infections but lacks effectiveness against *Borrelia*.

8. An 11-year-old obese African-American boy presents with a sudden onset of limp. What should be the likely diagnosis and workup?

- A. Osteomyelitis; bone scan
- B. Slipped capital femoral epiphysis; AP and frog-leg lateral x-rays**
- C. Transient synovitis; ultrasound
- D. Fracture; CT scan

The presentation of an 11-year-old obese African-American boy with a sudden onset of limp is highly suggestive of slipped capital femoral epiphysis (SCFE). This condition is characterized by displacement of the femoral head due to slippage at the growth plate (physis), which is often precipitated by factors such as obesity, growth spurts, and certain hormonal changes. In terms of diagnosis, the appropriate imaging studies to confirm SCFE would include anteroposterior (AP) and frog-leg lateral x-rays of the hip. These x-rays will typically reveal the characteristic displacement of the femoral head and help in assessing the degree of slippage, which can be important for treatment planning. While other conditions such as osteomyelitis, transient synovitis, and fractures may present with similar symptoms, the specific combination of age, demographic factors, and the sudden onset of limping aligns most closely with SCFE. The workup for these other conditions would involve different imaging modalities or techniques tailored to their specific pathologies, making the approach to SCFE unique in this case.

9. Which of the following is a classic symptom of osteogenesis imperfecta?

- A. Joint swelling**
- B. Blue sclerae**
- C. Limitless flexibility**
- D. Thickened skin**

Osteogenesis imperfecta, often referred to as "brittle bone disease," is a genetic disorder characterized by fragile bones that break easily. A classic symptom of this condition is blue sclerae, which occurs due to the decreased collagen production that affects the connective tissue and leads to a translucent appearance of the sclera (the white part of the eye). This translucent quality allows the underlying choroidal pigmentation to show through, giving the sclera a bluish tint. The presence of blue sclerae is not only a key diagnostic feature but also helps differentiate osteogenesis imperfecta from other connective tissue disorders. In children with this condition, especially those with type I osteogenesis imperfecta, the blue sclerae can often be observed during early childhood. Other options listed do not pertain to the defining characteristics of osteogenesis imperfecta. For instance, joint swelling is more commonly associated with inflammatory conditions such as arthritis, limitlessly flexibility is indicative of other connective tissue disorders like Ehlers-Danlos syndrome, and thickened skin can be seen in other systemic diseases but is not a feature of osteogenesis imperfecta. Thus, blue sclerae remains a hallmark sign of the disorder, making it the correct response.

10. What symptom is associated with hypernatremia?

- A. "Doughy" skin**
- B. Puffy hands**
- C. Dry mucous membranes**
- D. Severe itching**

In the context of hypernatremia, one of the hallmark symptoms is dry mucous membranes. Hypernatremia occurs when there is an excess of sodium in the blood, typically due to a net loss of water relative to sodium. This condition can lead to dehydration, which manifests as dryness in the mucous membranes, particularly in the oral cavity. This symptom is indicative of the body's water-deficient state, resulting from factors such as inadequate fluid intake or excessive fluid loss. While "doughy" skin can be associated with other conditions, it is not a typical manifestation of hypernatremia. The other options, such as puffy hands and severe itching, do not have a specific correlation with hypernatremia either. Essentially, evaluating the symptoms associated with hypernatremia emphasizes the importance of hydration status and the physiological effects of elevated sodium levels on the body.

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://usmlestep2ckhighyield.examzify.com>

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