

USMLE Step 2 CK High-Yield 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. What condition is indicated by a young patient experiencing angina at rest with ST-segment elevation and normal cardiac enzymes?**
 - A. Myocardial infarction**
 - B. Prinzmetal's angina**
 - C. Stable angina**
 - D. Aortic dissection**

- 2. What skin manifestation is characterized by dirty, velvety patches often found on the neck in an obese patient?**
 - A. Acanthosis nigricans**
 - B. Hidradenitis suppurativa**
 - C. Lichen planus**
 - D. Skin tags**

- 3. Which test is considered the diagnostic test for hereditary spherocytosis?**
 - A. Bone marrow biopsy**
 - B. Osmotic fragility test**
 - C. Coombs test**
 - D. Hemoglobin electrophoresis**

- 4. Which condition would most likely be indicated by the presentation of muscle rigidity and autonomic instability after starting antipsychotic medications?**
 - A. Neuroleptic malignant syndrome**
 - B. Serotonin syndrome**
 - C. Delirium**
 - D. Acute dystonic reaction**

- 5. Which findings are classic for endocarditis?**
 - A. Chest pain and hemoptysis**
 - B. Fever and heart murmur**
 - C. Weight loss and night sweats**
 - D. Abdominal pain and jaundice**

6. Which type of skin infection is described as honey-crusted lesions?

- A. Cellulitis**
- B. Impetigo**
- C. Folliculitis**
- D. Herpes simplex**

7. What is the diagnosis for a 35-year-old man experiencing recurrent episodes of palpitations, diaphoresis, and fear of going crazy?

- A. Panic disorder**
- B. Generalized anxiety disorder**
- C. Social anxiety disorder**
- D. Agoraphobia**

8. What is the initial presentation of cutaneous anthrax?

- A. Soft white plaques on the tongue**
- B. Pruritic papule with regional lymphadenopathy**
- C. Local swelling and fever**
- D. Exudative sore throat**

9. A newborn girl presenting with a posterior neck mass and swelling of the hands could indicate which condition?

- A. Turner's syndrome**
- B. Down syndrome**
- C. Congenital hypothyroidism**
- D. Neural tube defect**

10. What does coarctation of the aorta lead to in terms of blood flow patterns?

- A. Increased flow to the lower body**
- B. Decreased flow to the lower body**
- C. Normal flow distribution**
- D. Increased flow to the upper body and reduced to lower body**

Answers

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

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Explanations

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1. What condition is indicated by a young patient experiencing angina at rest with ST-segment elevation and normal cardiac enzymes?

- A. Myocardial infarction**
- B. Prinzmetal's angina**
- C. Stable angina**
- D. Aortic dissection**

The scenario described involves a young patient who experiences angina at rest, shows ST-segment elevation on an electrocardiogram (EKG), and has normal cardiac enzyme levels. This clinical presentation is characteristic of Prinzmetal's angina, also known as variant angina. Prinzmetal's angina is caused by coronary artery spasm, which can lead to transient ischemic episodes, particularly at rest. The ST-segment elevation observed on the EKG during an episode is indicative of this ischemia due to the temporary occlusion of blood flow, but it is usually reversible and does not result in permanent myocardial damage, which is why cardiac enzyme levels remain normal. In contrast, myocardial infarction would typically present with elevated cardiac enzymes due to tissue necrosis, and stable angina is often induced by exertion and does not typically present with ST-segment elevation. Aortic dissection may cause chest pain but would not typically be confused with these other presentations regarding EKG changes or enzyme levels. Thus, the combination of angina at rest, ST-segment elevation, and normal cardiac enzymes aligns perfectly with the diagnosis of Prinzmetal's angina.

2. What skin manifestation is characterized by dirty, velvety patches often found on the neck in an obese patient?

- A. Acanthosis nigricans**
- B. Hidradenitis suppurativa**
- C. Lichen planus**
- D. Skin tags**

The skin manifestation characterized by dirty, velvety patches often found on the neck, particularly in obese individuals, is known as acanthosis nigricans. This condition typically presents as thickened, darkened areas of skin that can resemble dirt and is most commonly associated with insulin resistance, obesity, and metabolic syndrome. Acanthosis nigricans can also occur in association with certain endocrine disorders, such as polycystic ovary syndrome (PCOS) and Cushing's syndrome, but its strong association with obesity and insulin resistance makes it a key finding in such patients. The appearance of these patches is due to epidermal hyperplasia and increased melanin production, which gives the skin its velvety texture and color. In contrast, hidradenitis suppurativa is a chronic inflammatory condition that leads to painful lumps, abscesses, and sinus tracts primarily in areas where skin rubs together, such as the armpits and groin. Lichen planus is an inflammatory condition characterized by purple, itchy, flat-topped lesions on the skin and mucous membranes, rather than dirty patches. Skin tags are benign, soft growths that appear on the skin, commonly found in areas of friction, but they

3. Which test is considered the diagnostic test for hereditary spherocytosis?

- A. Bone marrow biopsy**
- B. Osmotic fragility test**
- C. Coombs test**
- D. Hemoglobin electrophoresis**

The osmotic fragility test is the diagnostic test for hereditary spherocytosis because it specifically evaluates the integrity of red blood cells (RBCs) in response to hypotonic solutions. In hereditary spherocytosis, RBCs have an abnormal membrane due to hereditary defects in proteins such as spectrin or ankyrin. These defects result in a loss of surface area relative to volume, causing the cells to become spherical rather than biconcave. When these spherocytic cells are placed in a diluent that is lower in salt concentration (hypotonic), they swell and burst more easily than normal red blood cells. Therefore, a significant increase in osmotic fragility in the test indicates that the cells are spherocytes and confirms the diagnosis of hereditary spherocytosis. Other tests mentioned, such as a bone marrow biopsy, are generally not useful or necessary for diagnosing hereditary spherocytosis since this condition is primarily a cytoskeletal defect in red blood cells rather than a bone marrow production issue. The Coombs test is used to differentiate autoimmune hemolytic anemia and is not directly diagnostic for hereditary spherocytosis. Hemoglobin electrophoresis helps assess different hemoglobin types and is more relevant for conditions like

4. Which condition would most likely be indicated by the presentation of muscle rigidity and autonomic instability after starting antipsychotic medications?

- A. Neuroleptic malignant syndrome**
- B. Serotonin syndrome**
- C. Delirium**
- D. Acute dystonic reaction**

The presentation of muscle rigidity and autonomic instability following the initiation of antipsychotic medications is most indicative of neuroleptic malignant syndrome (NMS). NMS is a potentially life-threatening condition that can occur after the administration of antipsychotic drugs, particularly the first-generation (typical) antipsychotics. The classic symptoms of NMS include severe muscle stiffness, altered mental status, autonomic dysregulation (which may manifest as changes in heart rate, blood pressure, sweating, and temperature dysregulation), and elevated creatine kinase levels due to muscle breakdown. The onset of these symptoms typically occurs within hours to days after starting or increasing the dose of antipsychotic medication. The mechanism involves dopamine receptor blockade in the central nervous system, leading to the acute presentation of these symptoms. Recognizing NMS is crucial for prompt diagnosis and management, which includes the immediate discontinuation of the offending medication and supportive care. In severe cases, medications such as dantrolene or bromocriptine may be employed to help reduce muscle rigidity and improve symptoms. In comparison, other conditions listed in the options present with different clinical features or arise from various causes, which do not align as closely with the symptoms seen in NMS

5. Which findings are classic for endocarditis?

- A. Chest pain and hemoptysis
- B. Fever and heart murmur**
- C. Weight loss and night sweats
- D. Abdominal pain and jaundice

The classic findings for endocarditis typically include fever and the presence of a new or changed heart murmur. Endocarditis is an infection of the inner lining of the heart, usually involving the heart valves. The infection can lead to the formation of vegetations on the valves, which can result in changes to the way blood flows through the heart, leading to new murmurs or changes in previously existing murmurs. Fever is a common systemic response to infection and is often pronounced in cases of endocarditis. The combination of these two findings—fever and a heart murmur—forms a classic presentation that prompts further investigation for potential endocarditis, especially in patients with predisposing factors such as a history of valvular heart disease, prosthetic heart valves, or intravenous drug use. Other symptoms, such as weight loss, night sweats, or abdominal pain, may occur but are less specific and do not form the classic triad with fever and murmur that is characteristic of endocarditis. Chest pain and hemoptysis can also occur due to embolic phenomena, but they are not typical findings directly associated with endocarditis itself.

6. Which type of skin infection is described as honey-crusted lesions?

- A. Cellulitis
- B. Impetigo**
- C. Folliculitis
- D. Herpes simplex

Honey-crusted lesions are characteristic of impetigo, a highly contagious bacterial skin infection commonly seen in children. Impetigo is primarily caused by *Streptococcus pyogenes* (Group A *Streptococcus*) and *Staphylococcus aureus*. The lesions typically start as small vesicles or pustules that eventually rupture, leading to the formation of superficial erosions. These lesions are often covered by a thick crust that has a golden, honey-like appearance, which is particularly indicative of this infection. The honey-colored crust is due to the drying of exudate from the lesion, which has a mixture of serum, bacteria, and immune cells. Impetigo often appears on the face, particularly around the mouth and nose, but can also occur on other parts of the body. Treatment generally involves topical or systemic antibiotics, depending on the extent of the infection. In contrast, cellulitis presents with a more diffuse area of redness, swelling, and warmth in the skin and subcutaneous tissue without the characteristic crusting seen in impetigo. Folliculitis usually involves inflammation of hair follicles and presents as small red bumps or pustules around hair follicles rather than the honey-crusted lesions indicative of impetigo. Herpes simplex infections typically cause ves

7. What is the diagnosis for a 35-year-old man experiencing recurrent episodes of palpitations, diaphoresis, and fear of going crazy?

- A. Panic disorder**
- B. Generalized anxiety disorder**
- C. Social anxiety disorder**
- D. Agoraphobia**

The symptoms described—a 35-year-old man experiencing recurrent episodes of palpitations, diaphoresis (sweating), and fear of going crazy—are characteristic of panic disorder. This condition is marked by spontaneous and unexpected panic attacks, which are intense periods of overwhelming fear or discomfort that typically include physiological symptoms like a racing heart and sweating, as well as psychological symptoms, such as a fear of losing control or going insane. Often, individuals may develop a fear of having additional panic attacks, which can lead to avoidance behaviors and impact their daily functioning. The episodic nature of the symptoms, particularly the combination of physical manifestations (palpitations, sweating) and the intense fear associated with the episodes, aligns closely with panic disorder, distinguishing it from other anxiety-related conditions listed. While generalized anxiety disorder involves persistent and excessive worry about various aspects of life, it does not typically present with the acute and intense episodes seen in panic disorder. Social anxiety disorder focuses on fear related to social situations, and agoraphobia is characterized by a fear of being in places where escape might be difficult or help unavailable, usually leading to avoidance of such situations. In contrast, panic disorder specifically involves the recurrent, unexpected appearance of panic attacks themselves.

8. What is the initial presentation of cutaneous anthrax?

- A. Soft white plaques on the tongue**
- B. Pruritic papule with regional lymphadenopathy**
- C. Local swelling and fever**
- D. Exudative sore throat**

The initial presentation of cutaneous anthrax typically starts with a pruritic papule that resembles an insect bite. As the infection progresses, this papule develops into a vesicle and eventually forms an ulcer with a characteristic black eschar (necrotic tissue) at the center, known as an eschar. Regional lymphadenopathy is also common, indicating the body's immune response to the infection. This progression aligns with the pathophysiology of *Bacillus anthracis*, as it enters through breaks in the skin, often following contact with infected animals or contaminated animal products. The local immune response leads to swelling and lymphatic involvement. Therefore, the combination of a pruritic papule and regional lymphadenopathy effectively captures the early signs associated with cutaneous anthrax. Other possible signs or presentations, such as soft white plaques on the tongue, local swelling and fever, or exudative sore throat, do not typically represent the initial phase of cutaneous anthrax. These options relate more to other types of infections or conditions, reinforcing the distinct clinical picture of cutaneous anthrax.

9. A newborn girl presenting with a posterior neck mass and swelling of the hands could indicate which condition?

- A. Turner's syndrome**
- B. Down syndrome**
- C. Congenital hypothyroidism**
- D. Neural tube defect**

The presentation of a posterior neck mass and swelling of the hands in a newborn girl is suggestive of Turner's syndrome. This condition is characterized by the presence of a partial or complete absence of one of the X chromosomes in females, leading to various physical manifestations. The posterior neck mass, often referred to as a cystic hygroma, is a common finding in Turner's syndrome. It occurs due to developmental anomalies in the lymphatic system and can be detected through imaging before or after birth. Additionally, swelling of the hands (lymphedema) is also noted in Turner's syndrome, further linking these clinical features to this condition. Infants with Turner's syndrome may also present with short stature, webbed neck, and coarctation of the aorta, among other complications, which can be evaluated as they grow. Recognizing these clinical features in a newborn is crucial for early diagnosis and management of potential associated health issues.

10. What does coarctation of the aorta lead to in terms of blood flow patterns?

- A. Increased flow to the lower body**
- B. Decreased flow to the lower body**
- C. Normal flow distribution**
- D. Increased flow to the upper body and reduced to lower body**

Coarctation of the aorta is a congenital condition characterized by a narrowing of the aorta, usually occurring distal to the left subclavian artery. This anatomical abnormality creates a significant impact on blood flow dynamics in the body. When coarctation occurs, the segment of the aorta below the coarctation (including branches supplying the lower body) experiences lower pressure and, therefore, reduced blood flow. In contrast, the blood vessels supplying the upper body (head and arms, especially the branches from the aorta before the coarctation) continue to receive normal or increased flow due to the pressure gradient created by the narrowing. This results in classic clinical signs such as hypertension in the upper body and hypotension in the lower body. The increased flow to the upper body and decreased flow to the lower body can lead to various complications and symptoms, including blood pressure discrepancies in different extremities, chest pain, or heart failure in severe cases. Recognizing this blood flow pattern is critical for diagnosis and treatment, including surgical intervention or balloon angioplasty, aimed at relieving the obstruction to normalize blood flow distribution.

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:

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

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