

USMLE STEP 2 CK HIGH-YIELD PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. When considering treatment options for a 55-year-old man diagnosed with prostate cancer, which of the following is not typically included?
 - A. Surgical resection
 - B. Wait-and-see approach
 - C. Radiation therapy
 - D. Chemotherapy as first-line treatment
2. What physical exam finding may indicate bladder rupture or urethral injury?
 - A. Lower abdominal pain
 - B. Blood in the urethral meatus
 - C. High-riding prostate
 - D. Both blood in the urethral meatus and high-riding prostate
3. Which laboratory finding is indicative of acute tubular necrosis?
 - A. Maltese crosses
 - B. Waxy casts
 - C. Granular casts
 - D. Neutrophils in urine
4. What laboratory finding would predominantly indicate the efficacy of warfarin therapy?
 - A. Increased platelet count
 - B. Prolonged prothrombin time
 - C. Prolonged aPTT
 - D. Increased thrombin time
5. "Dewdrops on a rose petal" is a classic description of lesions associated with which condition?
 - A. Varicella
 - B. Herpes Simplex
 - C. Shingles
 - D. Impetigo

- 6. When is supportive care and steroids particularly indicated?**
- A. In cases of tuberculosis
 - B. In moderate pneumonia
 - C. In diffuse interstitial pulmonary fibrosis
 - D. In acute asthma attacks
- 7. Which organisms are primarily responsible for diarrhea in AIDS patients?**
- A. Yersinia
 - B. Isospora and Cryptosporidium
 - C. E coli O157:H7
 - D. S aureus
- 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. What factor is used to explain the term 'mortality rate'?**
- A. Population size
 - B. Population health status
 - C. Population demographics
 - D. Population age
- 10. Which syndrome is indicated by a port-wine stain in the V1 distribution, along with intellectual disability and seizures?**
- A. Sturge-Weber syndrome
 - B. Neurofibromatosis type 1
 - C. Klippel-Trenaunay syndrome
 - D. Asherman's syndrome

Answers

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

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Explanations

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1. When considering treatment options for a 55-year-old man diagnosed with prostate cancer, which of the following is not typically included?

- A. Surgical resection
- B. Wait-and-see approach
- C. Radiation therapy

D. Chemotherapy as first-line treatment

In the management of prostate cancer, especially in early-stage cases, the typical treatment options include surgical resection, a wait-and-see approach (active surveillance), and radiation therapy. These options are based on the cancer's stage, grade, and the patient's overall health, as well as their preferences. Surgical resection involves the removal of the prostate and surrounding tissues, which can be curative and is commonly performed in localized disease. The wait-and-see approach is appropriate for patients with less aggressive forms of prostate cancer, where immediate treatment may not be necessary, and monitoring the cancer's progression is adequate. Radiation therapy is another standard treatment for localizations and can be offered as an alternative to surgery. Chemotherapy is generally not considered a first-line treatment for early-stage or localized prostate cancer. It is typically reserved for advanced prostate cancer or cases that have become resistant to hormonal therapies. Therefore, chemotherapy as a first-line treatment is not usually included in the standard treatment protocols for newly diagnosed prostate cancer, making it the correct answer in this context.

2. What physical exam finding may indicate bladder rupture or urethral injury?

- A. Lower abdominal pain
- B. Blood in the urethral meatus
- C. High-riding prostate

D. Both blood in the urethral meatus and high-riding prostate

The presence of blood in the urethral meatus and a high-riding prostate are both significant physical exam findings that may indicate possible injuries to the bladder or urethra. Blood at the urethral meatus is a classic sign that warrants careful evaluation, often indicating trauma to the urethra, particularly in cases of pelvic fractures. It's critical to assess this finding during the physical examination before attempting any urethral catheterization because if there is a complete urethral injury, catheterization could exacerbate the injury or cause further complications. A high-riding prostate, which is typically evaluated using a rectal examination, suggests that there may be significant pelvic trauma. In the setting of pelvic fractures, the prostate can be displaced superiorly. This finding is concerning for a possible urethral injury, as the relationship between the prostate and the urethra is anatomically significant. The prostate is normally positioned closer to the pelvic floor; thus, its elevation can indicate disruption in the normal anatomical arrangement due to injury. Combining these two findings—blood in the urethral meatus and a high-riding prostate—highlights the potential severity of the situation. When both are observed in a trauma patient, there is an increased likelihood

3. Which laboratory finding is indicative of acute tubular necrosis?

- A. Maltese crosses
- B. Waxy casts
- C. Granular casts**
- D. Neutrophils in urine

Granular casts are indicative of acute tubular necrosis (ATN) because they represent renal tubular damage and are formed when there is cellular necrosis and sloughing of renal tubular epithelium. In ATN, the tubules become injured due to various causes such as ischemia or nephrotoxins, leading to the disintegration of the renal tubular cells. As these cells die and shed, their remnants aggregate to form granular casts, which can be seen on urine microscopy. Maltese crosses are typically associated with lipiduria, often seen in conditions such as nephrotic syndrome, rather than ATN. Waxy casts, on the other hand, generally indicate chronic kidney disease or advanced renal failure, reflecting longstanding damage rather than the acute processes seen in ATN. Neutrophils in urine may indicate an infectious process, such as pyelonephritis, rather than tubular necrosis. Thus, the presence of granular casts is a classic finding that aligns with the cellular and pathological changes occurring in acute tubular necrosis.

4. What laboratory finding would predominantly indicate the efficacy of warfarin therapy?

- A. Increased platelet count
- B. Prolonged prothrombin time**
- C. Prolonged aPTT
- D. Increased thrombin time

The efficacy of warfarin therapy is primarily monitored through the prothrombin time (PT), and more specifically, the International Normalized Ratio (INR), which standardizes PT results. Warfarin is an anticoagulant that works by inhibiting vitamin K-dependent clotting factors, which include factors II (prothrombin), VII, IX, and X. As warfarin is administered, the production of these factors is decreased, resulting in a prolonged PT. A prolonged prothrombin time indicates that the blood is taking longer to clot, which reflects the anticoagulant effect of warfarin. Monitoring PT or INR allows healthcare providers to adjust the dosage of warfarin to maintain therapeutic anticoagulation, thereby reducing the risk of thromboembolic events, such as stroke or deep vein thrombosis. While other lab tests mentioned could provide information regarding coagulation, they are not primarily used for monitoring warfarin's effectiveness. Increased platelet count is not directly related to warfarin activity, and the activated partial thromboplastin time (aPTT) is typically more relevant for monitoring heparin therapy. Increased thrombin time may indicate abnormalities in the clotting cascade or the presence of direct thrombin inhibitors.

5. "Dewdrops on a rose petal" is a classic description of lesions associated with which condition?

- A. Varicella
- B. Herpes Simplex
- C. Shingles
- D. Impetigo

The phrase "dewdrops on a rose petal" vividly describes the appearance of the lesions associated with varicella, also known as chickenpox. This condition typically presents with a characteristic vesicular rash that includes small, fluid-filled blisters (vesicles) that look like dewdrops resting on a smooth skin surface. These vesicles often appear in crops, evolving from macules to papules and finally to vesicles, which can break and form crusts. In contrast, herpes simplex and shingles lesions can also present with vesicles, but they are not described using the same imagery. Herpes simplex typically leads to grouped vesicles on an erythematous base that are more clustered and may ulcerate, while shingles (or herpes zoster) usually presents in a dermatomal distribution with vesicles that can also develop into crusts but lacks the "rose petal" description. Impetigo, primarily a bacterial skin infection, shows honey-colored crusts and does not exhibit vesicles resembling dewdrops. Therefore, the associated description of lesions clearly aligns with varicella, making it the correct choice.

6. When is supportive care and steroids particularly indicated?

- A. In cases of tuberculosis
- B. In moderate pneumonia
- C. In diffuse interstitial pulmonary fibrosis
- D. In acute asthma attacks

Supportive care and steroids are particularly indicated in cases of diffuse interstitial pulmonary fibrosis, which represents a group of lung diseases characterized by scarring (fibrosis) of the lungs. This condition can lead to a progressive decline in pulmonary function and hypoxemia, causing significant distress for the patient. In such instances, corticosteroids can help reduce inflammation, improve symptoms, and potentially slow down disease progression. Supportive care is also critical as it addresses the various needs of the patient, such as oxygen therapy to relieve hypoxemia, pulmonary rehabilitation to enhance exercise tolerance, and management of any secondary complications that may arise. The combination of steroid therapy and supportive measures plays a significant role in optimizing patient outcomes in diffuse interstitial lung diseases. In contrast, while supportive care is also important in conditions like tuberculosis, moderate pneumonia, and acute asthma attacks, the role of steroids is more focused and strategic in the context of diffuse interstitial pulmonary fibrosis due to the inflammatory component of the disease and the potential for rapid deterioration without appropriate intervention.

7. Which organisms are primarily responsible for diarrhea in AIDS patients?

- A. Yersinia
- B. Isospora and Cryptosporidium**
- C. E coli O157:H7
- D. S aureus

In AIDS patients, the primary organisms responsible for diarrhea are Isospora belli and Cryptosporidium parvum. Both of these pathogens are opportunistic infections that commonly affect immunocompromised individuals, such as those with HIV/AIDS. Cryptosporidium is a protozoan that can lead to significant watery diarrhea, and its persistence in immunocompromised hosts can cause dehydration and further complications. The organism is transmitted through contaminated water or food, and is particularly notorious for causing outbreaks, especially in settings where water sanitation is inadequate. Isospora belli, another protozoan, also leads to chronic diarrhea in patients with AIDS. It causes watery diarrhea and can contribute to weight loss and malnutrition in these vulnerable patients. The infection is typically associated with a CD4 count below 200 cells/mm³, reflecting the degree of immunosuppression. Yersinia species and E. coli O157:H7 generally do not have a strong association with opportunistic infections in AIDS. Yersinia can cause gastrointestinal illness but is not specifically linked to AIDS-related diarrhea. E. coli O157:H7 is primarily associated with foodborne outbreaks and hemolytic uremic syndrome rather than being an opportunistic infection in immunocompromised patients.

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. What factor is used to explain the term 'mortality rate'?

- A. Population size**
- B. Population health status
- C. Population demographics
- D. Population age

Mortality rate refers to the measure of the number of deaths in a given population over a specific period, typically expressed per 1,000 or 100,000 individuals. The essential factor that defines mortality rate is population size, as this metric provides the denominator for calculating the rate. When assessing mortality, the size of the population allows for a standardized understanding of how many people are affected relative to the overall number of individuals within that population. For instance, if a population has a mortality rate of 10 deaths per 1,000 people, understanding that this is against a population of 10,000 tells us there are 100 deaths in total, whereas if the same rate is reported in a population of 1,000, it would only involve 10 deaths. While other factors—such as health status, demographics, and age—can influence mortality and provide important context for public health considerations, they do not fundamentally alter what mortality rate signifies. The precise expression and calculation of mortality rates hinge on the concept of population size.

10. Which syndrome is indicated by a port-wine stain in the V1 distribution, along with intellectual disability and seizures?

- A. Sturge-Weber syndrome**
- B. Neurofibromatosis type 1
- C. Klippel-Trenaunay syndrome
- D. Asherman's syndrome

The presence of a port-wine stain in the V1 distribution, coupled with intellectual disability and seizures, is characteristic of Sturge-Weber syndrome. This condition is a neurocutaneous disorder that arises from a vascular malformation due to abnormalities in the development of the mesodermal derivatives, leading to facial capillary malformations, typically seen as port-wine stains, and neurological involvement. In Sturge-Weber syndrome, the port-wine stain often correlates with underlying leptomeningeal angiomas, resulting in the aforementioned neurological symptoms, including seizures and varying degrees of intellectual disability. The neurological implications arise from the presence of abnormal blood vessels in the brain that can create a chronic vascular insult, leading to cortical atrophy, seizures, and developmental delay. Other syndromes described in the choices do have cutaneous or neurological manifestations but do not specifically correlate with the combination of features provided. For instance, neurofibromatosis type 1 primarily includes neurofibromas and café-au-lait spots, and does not prominently feature the classic port-wine stain. Klippel-Trenaunay syndrome involves capillary malformations primarily affecting the limbs or trunk, and Asherman's syndrome relates to intrauterine adhesions with no direct

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!

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