

# USMLE STEP 2 CLINICAL KNOWLEDGE (CK) 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 diagnostic imaging for pancreatic cancer?**
  - A. X-ray
  - B. Ultrasound
  - C. CT abdomen
  - D. MRCP
  
- 2. Which symptom is commonly associated with adenomyosis?**
  - A. Palpitations
  - B. Dysmenorrhea
  - C. Hot flashes
  - D. Infertility
  
- 3. What should be assessed before and after the reduction of a supracondylar fracture in children?**
  - A. Radial pulse
  - B. Medial nerve function
  - C. Capillary refill time
  - D. Emotion response
  
- 4. What potential complication is associated with cocaine overdose that could lead to acute kidney injury?**
  - A. Pulmonary edema
  - B. Rhabdomyolysis
  - C. Cerebral hemorrhage
  - D. Cardiac arrest
  
- 5. What is a common cause of analgesic nephropathy?**
  - A. Acetaminophen
  - B. NSAIDs
  - C. Antibiotics
  - D. Opioids

- 6. Which condition is associated with hepatitis and peripheral neuropathy requiring pyridoxine supplementation?**
- A. Chronic bronchitis
  - B. Inflammatory bowel disease
  - C. Autoimmune hepatitis
  - D. Isoniazid (INH) induced
- 7. What condition can arise as a complication after amniocentesis or delivery?**
- A. Amniotic fluid embolism
  - B. Placental abruption
  - C. Gestational diabetes
  - D. Preterm labor
- 8. Which genetic abnormality is commonly associated with chronic myeloid leukemia?**
- A. t(14;18)
  - B. t(9;22)
  - C. t(8;21)
  - D. t(15;17)
- 9. What is the primary treatment approach for small cell carcinoma?**
- A. Surgery
  - B. Chemo, not surgery
  - C. Radiation therapy
  - D. Targeted therapy
- 10. What condition is characterized by eczema, thrombocytopenia, and recurrent infections?**
- A. Wiskott-Aldrich syndrome
  - B. McCune-Albright syndrome
  - C. Neurofibromatosis Type 2
  - D. Peutz-Jeghers syndrome



## **Answers**

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

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## **Explanations**

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## 1. What is the first-line diagnostic imaging for pancreatic cancer?

- A. X-ray
- B. Ultrasound
- C. CT abdomen**
- D. MRCP

The first-line diagnostic imaging for pancreatic cancer is computed tomography (CT) of the abdomen. This imaging modality is preferred because it provides detailed images of the pancreas and surrounding structures, helping to identify tumors and assess their size, location, and extent of spread. A CT scan also allows for the evaluation of other abdominal organs and can detect complications associated with pancreatic cancer, such as metastasis or obstruction. CT imaging is particularly useful in staging pancreatic cancer, which is crucial for determining the appropriate course of treatment. It can also help differentiate pancreatic adenocarcinoma from other types of pancreatic lesions and conditions that might mimic pancreatic cancer on imaging, such as pancreatitis or cystic lesions. While other imaging modalities like abdominal ultrasound and MRCP (Magnetic Resonance Cholangiopancreatography) have their roles in the evaluation of pancreatic conditions, they are typically not the first-line methods for diagnosing pancreatic cancer. Ultrasound is often used as an initial screening tool, especially in certain settings, but it lacks the sensitivity and specificity of CT. MRCP, although effective for visualizing the biliary and pancreatic ducts, is more specialized and not routinely used for initial cancer diagnosis. Therefore, CT of the abdomen is the gold standard for the diagnosis and evaluation of suspected

## 2. Which symptom is commonly associated with adenomyosis?

- A. Palpitations
- B. Dysmenorrhea**
- C. Hot flashes
- D. Infertility

Adenomyosis is a condition where the inner lining of the uterus, known as the endometrium, grows into the muscular wall of the uterus (the myometrium). One of the hallmark symptoms of this condition is dysmenorrhea, which refers to painful menstrual periods. This occurs due to the abnormal positioning of the endometrial tissue, leading to increased uterine contractions and, consequently, heightened pain during menstruation. In addition to dysmenorrhea, individuals with adenomyosis may also experience heavy menstrual bleeding, but the characteristic symptom that distinguishes it from other conditions is indeed the presence of significant pelvic pain associated with menstrual cycles. This pain can be severe and debilitating, serving as a key indicator for the diagnosis of adenomyosis. Other symptoms listed, such as palpitations, hot flashes, and infertility, are either not associated or are less directly related to adenomyosis. While some menstrual disorders can affect fertility, dysmenorrhea remains the most prominent symptom typically seen with this condition. Understanding this connection helps clinicians recognize and manage adenomyosis more effectively.

**3. What should be assessed before and after the reduction of a supracondylar fracture in children?**

- A. Radial pulse**
- B. Medial nerve function
- C. Capillary refill time
- D. Emotion response

*In the context of managing a supracondylar fracture in children, particularly before and after reduction, it is essential to assess the radial pulse. This is crucial because the radial pulse provides information about the vascular status of the affected limb. Analyzing the presence and quality of the radial pulse can help clinicians evaluate whether the blood flow to the hand is compromised due to possible vascular injury, which can occur with such fractures. After a reduction is performed, re-evaluating the radial pulse allows the clinician to ensure that the vascular status has returned to normal and that there is no persistent injury to the vessels. This check is vital in preventing complications like limb ischemia, which can lead to serious long-term consequences. While assessing nerve function, capillary refill time, and emotional response might be relevant in a broader clinical context of trauma or injury management, the primary focus immediately related to the vascular order of operations in cases of supracondylar fractures is the assessment of the radial pulse.*

**4. What potential complication is associated with cocaine overdose that could lead to acute kidney injury?**

- A. Pulmonary edema
- B. Rhabdomyolysis**
- C. Cerebral hemorrhage
- D. Cardiac arrest

*Cocaine overdose can lead to several complications, one of which is rhabdomyolysis. This condition occurs when muscle tissue breaks down and releases myoglobin into the bloodstream. Cocaine causes powerful vasoconstriction and can lead to increased muscle metabolism and damage, particularly during excessive physical exertion or in cases of prolonged immobilization. When myoglobin is released from damaged muscle cells, it can be nephrotoxic to the kidneys as the filtered myoglobin can obstruct renal tubules, leading to acute kidney injury. This is especially concerning in the context of cocaine use, as patients may experience significant muscle breakdown due to factors such as increased agitation, hyperactivity, and seizures that can occur during intoxication. While other options such as pulmonary edema, cerebral hemorrhage, and cardiac arrest all relate to severe complications of a cocaine overdose, they do not have a direct link to acute kidney injury in the same manner that rhabdomyolysis does. Hence, recognizing rhabdomyolysis as a critical complication of cocaine overdose is essential for understanding how it can result in acute kidney injury.*

## 5. What is a common cause of analgesic nephropathy?

- A. Acetaminophen
- B. NSAIDs**
- C. Antibiotics
- D. Opioids

*Analgesic nephropathy is primarily associated with the chronic use of nonsteroidal anti-inflammatory drugs (NSAIDs). These medications can lead to renal injury primarily through their effects on renal blood flow and prostaglandin synthesis. Prostaglandins play a crucial role in maintaining renal perfusion, especially in situations where blood flow to the kidneys might be compromised. Chronic exposure to NSAIDs can inhibit the production of these protective prostaglandins, resulting in decreased renal blood flow, interstitial nephritis, and the eventual development of analgesic nephropathy. In contrast, acetaminophen while commonly used for pain relief, is not typically identified as a cause of analgesic nephropathy. Its nephrotoxic effects occur primarily with acute overdose rather than chronic use. Antibiotics generally target infectious agents and are not classic causes of analgesic nephropathy, though certain classes may have renal side effects, they are not considered a common cause in this context. Opioids, while contributing to analgesia, do not usually result in nephrotoxicity or nephropathy in the same way that NSAIDs do.*

## 6. Which condition is associated with hepatitis and peripheral neuropathy requiring pyridoxine supplementation?

- A. Chronic bronchitis
- B. Inflammatory bowel disease
- C. Autoimmune hepatitis
- D. Isoniazid (INH) induced**

*Isoniazid (INH) is an antibiotic used primarily for the treatment of tuberculosis. One of the known side effects of isoniazid is its ability to interfere with vitamin B6 (pyridoxine) metabolism. This interaction can lead to peripheral neuropathy, as vitamin B6 is crucial for proper nerve function. The mechanism involves isoniazid binding to the enzyme pyridoxal kinase, which reduces the levels of pyridoxal phosphate, the active form of vitamin B6. This depletion can result in neurological symptoms, particularly peripheral neuropathy. To mitigate this side effect, patients receiving isoniazid are often given pyridoxine supplementation to maintain adequate levels of vitamin B6 and prevent the development of neuropathy. Additionally, isoniazid can cause hepatotoxicity, leading to hepatic symptoms, which further links this drug to both hepatitis and peripheral neuropathy. Therefore, the association between isoniazid, hepatitis, and peripheral neuropathy requiring pyridoxine supplementation is well established in clinical practice.*

**7. What condition can arise as a complication after amniocentesis or delivery?**

**A. Amniotic fluid embolism**

B. Placental abruption

C. Gestational diabetes

D. Preterm labor

*Amniotic fluid embolism is a rare but serious condition that can arise as a complication following procedures like amniocentesis or during delivery. It occurs when amniotic fluid, fetal cells, or other debris enter the mother's circulation, leading to a severe inflammatory response. The resulting clinical picture can include respiratory distress, cardiovascular collapse, and coagulopathy. This complication is considered an obstetric emergency, and recognizing the risk associated with procedures that may breach the amniotic sac is crucial for monitoring and timely intervention. While other conditions such as placental abruption, gestational diabetes, and preterm labor are relevant to the perinatal period, they are either not directly related to the specific actions of amniocentesis or delivery or are more commonly associated with other risk factors and not as immediate life-threatening events. Amniotic fluid embolism remains a distinctive concern tied specifically to these situations.*

**8. Which genetic abnormality is commonly associated with chronic myeloid leukemia?**

A. t(14;18)

**B. t(9;22)**

C. t(8;21)

D. t(15;17)

*Chronic myeloid leukemia (CML) is predominantly associated with the Philadelphia chromosome, which results from a translocation between chromosome 9 and chromosome 22, denoted as t(9;22). This genetic abnormality leads to the formation of the BCR-ABL fusion gene, which encodes a tyrosine kinase that promotes cell proliferation and inhibits apoptosis, contributing to the pathogenesis of CML. The presence of the BCR-ABL fusion gene is a hallmark of CML and is used as a key diagnostic marker for the disease. In patients with CML, this genetic abnormality can be detected in the majority of cases and has significant implications for treatment, as it can be targeted by specific therapies such as tyrosine kinase inhibitors. Understanding the Philadelphia chromosome's role in CML is crucial, as it is a critical component of the disease's molecular basis and influences management strategies, ultimately improving patient outcomes.*

## 9. What is the primary treatment approach for small cell carcinoma?

- A. Surgery
- B. Chemo, not surgery**
- C. Radiation therapy
- D. Targeted therapy

*Small cell carcinoma, particularly small cell lung cancer (SCLC), is known for its aggressive nature and propensity for early metastasis. The primary treatment approach for this type of carcinoma is chemotherapy rather than surgery. This is because small cell lung cancer typically involves widespread disease at diagnosis, making surgical resection often impractical as it may not effectively treat the entire disease burden. Chemotherapy is utilized as it can address microscopic disease that may not yet be evident and reduce tumor burden significantly. It is often administered as a combination of drugs to increase efficacy. In limited-stage small cell lung cancer, radiation therapy could also be incorporated, especially after chemotherapy, but the cornerstone of treatment remains chemotherapy. Surgery is usually reserved for localized disease, and even then, it is less common due to the typical presentation of small cell carcinoma. Radiation therapy, while a component of treatment regimens, particularly for symptom relief and in combination with chemotherapy, is not considered the primary therapy. Targeted therapies have not shown the same effectiveness in small cell carcinoma compared to non-small cell lung cancer, which is why chemotherapy remains the primary treatment modality for SCLC.*

## 10. What condition is characterized by eczema, thrombocytopenia, and recurrent infections?

- A. Wiskott-Aldrich syndrome**
- B. McCune-Albright syndrome
- C. Neurofibromatosis Type 2
- D. Peutz-Jeghers syndrome

*The condition characterized by eczema, thrombocytopenia, and recurrent infections is Wiskott-Aldrich syndrome. This is an X-linked recessive immunodeficiency disorder primarily affecting males. The triad of symptoms seen in this syndrome includes eczema, which presents as an atopic dermatitis; thrombocytopenia, indicating a low platelet count that increases the risk for bleeding; and recurrent infections due to the underlying immunologic dysfunction, particularly affecting the humoral immunity and leading to an increased susceptibility to encapsulated bacteria. The immunologic aspect of this disorder is tied to a mutation in the WAS gene, which is responsible for the proper functioning of T cells and platelets. In patients with Wiskott-Aldrich syndrome, the combination of these symptoms not only highlights the hematologic and dermatologic issues but also the increased risk for autoimmune diseases and malignancies later in life. Other conditions listed do not present with this specific triad of symptoms. McCune-Albright syndrome is associated with fibrous dysplasia, café-au-lait spots, and endocrine abnormalities. Neurofibromatosis Type 2 primarily involves bilateral vestibular schwannomas and doesn't include eczema or thrombocytopenia. Peutz-Jeghers syndrome is characterized by gastrointestinal*



## 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](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

<https://usmleststep2ck.examzify.com>

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

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