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PRACTICE QUESTIONS

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QUESTION 1

SINGLE CHOICE

A 45-year-old man presents with fatigue, weight loss, and hyperpigmentation of his oral mucosa. His blood pressure is 90/60 mm Hg. Laboratory tests reveal hyponatremia and hyperkalemia. Which of the following is the most appropriate next step in management?

- ☒ **A** Begin intravenous hydrocortisone immediately
- ☐ **B** Order an ACTH stimulation test
- ☐ **C** Obtain a plasma aldosterone concentration
- ☐ **D** Perform a CT scan of the adrenal glands

ANSWER A

WHY The clinical presentation is classic for primary adrenal insufficiency (Addison disease): fatigue, weight loss, oral hyperpigmentation (due to elevated ACTH/MSH), hypotension, hyponatremia, and hyperkalemia. When adrenal crisis is suspected based on clinical findings, empiric treatment with IV hydrocortisone should not be delayed for confirmatory testing, as untreated adrenal crisis is life-threatening. The ACTH stimulation test is the gold standard for diagnosis but should be performed after stabilization. CT imaging and aldosterone measurement are not first-line steps in acute management.

QUESTION 2

SINGLE CHOICE

A 62-year-old man with a history of hypertension and diabetes presents to the emergency department with crushing substernal chest pain for 45 minutes. His ECG shows ST elevations in leads II, III, and aVF. Which of the following is the most appropriate initial management?

- ☒ **A** Administer aspirin and clopidogrel and arrange for primary percutaneous coronary intervention
- ☐ **B** Begin intravenous thrombolytic therapy with tenecteplase
- ☐ **C** Order a stress echocardiogram before initiating treatment
- ☐ **D** Administer sublingual nitroglycerin and discharge if pain resolves

ANSWER A

WHY ST elevations in leads II, III, and aVF indicate an inferior wall ST-elevation myocardial infarction (STEMI), most commonly due to right coronary artery occlusion. The guideline-recommended initial management is dual antiplatelet therapy (aspirin plus a P2Y12 inhibitor such as clopidogrel) plus primary percutaneous coronary intervention (PCI) within 90 minutes of first medical contact. Thrombolytics are reserved for situations when PCI is unavailable within 120 minutes. Stress testing is contraindicated in acute STEMI. Nitroglycerin alone is insufficient and discharge would be dangerous.

QUESTION 3

SINGLE CHOICE

A 35-year-old man who recently went hiking in the Northeast United States presents with a red, expanding annular rash with central clearing on his thigh, mild fever, and arthralgias. Which of the following is the most likely diagnosis?

- ☐ A Erythema multiforme
- ☒ B Early localized Lyme disease
- ☐ C Cellulitis due to group A Streptococcus
- ☐ D Granuloma annulare

ANSWER B

WHY Erythema migrans is the characteristic rash of early localized Lyme disease, caused by *Borrelia burgdorferi* transmitted by *Ixodes scapularis* ticks. It typically appears 3 to 30 days after a tick bite as an expanding erythematous annular lesion with central clearing, often accompanied by constitutional symptoms such as fever, malaise, and arthralgias. Erythema multiforme produces target lesions on the extremities. Cellulitis is typically warm, tender, and lacks central clearing. Granuloma annulare is a chronic, asymptomatic condition without systemic symptoms.

QUESTION 4

SINGLE CHOICE

A new screening test for colorectal cancer is evaluated in 1,000 patients. Of the 200 patients with biopsy-confirmed cancer, 180 test positive. Of the 800 patients without cancer, 720 test negative. What is the sensitivity of this test?

- ☒ **A** 90%
- ☐ **B** 72%
- ☐ **C** 80%
- ☐ **D** 18%

ANSWER A

WHY Sensitivity is the proportion of patients WITH disease who test positive: True Positives / (True Positives + False Negatives). Of 200 patients with cancer, 180 tested positive, so sensitivity = $180/200 = 90\%$. Specificity would be $720/800 = 90\%$ in this dataset. The 72% figure represents the negative predictive value-adjacent calculation; 80% is the overall accuracy (true results / total); and 18% reflects the false-negative rate or its inverse confusion.

QUESTION 5

SINGLE CHOICE

A 4-year-old boy is brought to the clinic for a well-child visit. His mother reports that he has been limping for the past two weeks and has pain in his right knee. Examination of the hip reveals limited internal rotation and abduction. A plain radiograph of the pelvis is shown. Which of the following is the most likely diagnosis?

- ☐ A Septic arthritis of the hip
- ☐ B Slipped capital femoral epiphysis
- ☒ C Legg-Calvé-Perthes disease
- ☐ D Transient synovitis

ANSWER C

WHY Legg-Calvé-Perthes disease is an idiopathic avascular necrosis of the femoral head that typically presents in boys aged 4 to 8 years with insidious onset of a painless limp and referred knee or thigh pain. Examination shows decreased hip abduction and internal rotation, and radiographs may reveal a flattened, fragmented, or sclerotic femoral head. SCFE typically occurs in obese adolescents. Septic arthritis presents acutely with fever, severely limited motion, and refusal to bear weight. Transient synovitis is self-limited, lasting only days to a week.

QUESTION 6

SINGLE CHOICE

A 68-year-old man with severe COPD presents with increased dyspnea and purulent sputum for three days. He is afebrile, his respiratory rate is 24/min, and oxygen saturation is 88% on room air. Arterial blood gas shows pH 7.32, PaCO₂ 55 mm Hg, and PaO₂ 58 mm Hg. Which of the following is the most appropriate initial management?

- ☐ A Intubate and initiate mechanical ventilation
- ☒ B Administer supplemental oxygen via Venturi mask to target SpO₂ of 88-92%
- ☐ C Initiate bilevel positive airway pressure (BiPAP) immediately
- ☐ D Administer high-flow nasal cannula at 50 L/min

ANSWER B

WHY In a COPD exacerbation with acute hypercapnic respiratory failure, the initial step is controlled supplemental oxygen via a Venturi mask titrated to an SpO₂ of 88-92% (PaO₂ around 60 mm Hg). Excessive oxygen can blunt hypoxic respiratory drive and worsen hypercapnia. Intubation is reserved for patients with impending respiratory arrest, severe acidosis (pH < 7.25), or failure of noninvasive ventilation. BiPAP is appropriate for selected patients with persistent hypercapnia after oxygen titration but is not the first intervention. High-flow nasal cannula is used for hypoxemic respiratory failure rather than acute hypercapnic respiratory failure.

QUESTION 7

SINGLE CHOICE

A 78-year-old woman with mild cognitive impairment is brought to the office by her daughter. The patient needs a cholecystectomy and the surgeon believes she has decision-making capacity. The daughter requests that the surgeon not tell her mother about the small risk of bile duct injury because it will 'upset her.' Which of the following is the most appropriate course of action?

- ☐ A Honor the daughter's request to avoid distressing the patient
- ☐ B Obtain informed consent from the daughter as the legal surrogate
- ☒ C Provide complete information to the patient and obtain her own informed consent
- ☐ D Refer the case to the hospital ethics committee before proceeding

ANSWER C

WHY Informed consent requires that information be disclosed directly to the patient with decision-making capacity, regardless of family preferences. Mild cognitive impairment does not, by itself, preclude capacity; capacity is decision-specific and must be assessed by the clinician. The daughter has no legal authority to consent for or restrict information given to a capacitated adult. Deferring to the daughter violates the principle of autonomy and the legal requirement of disclosure. An ethics consultation is unnecessary for a routine capacity determination.

QUESTION 8

MULTIPLE CHOICE

A 30-year-old primigravida at 34 weeks' gestation presents with blood pressure 162/112 mm Hg, proteinuria, headache, and visual scotomas. Laboratory studies show elevated transaminases and a platelet count of 78,000/mm³. Which of the following are appropriate components of immediate management? (Choose three.)

- ☒ **A** Administer intravenous magnesium sulfate
- ☒ **B** Initiate antihypertensive therapy with labetalol or hydralazine
- ☒ **C** Plan for delivery of the fetus
- ☐ **D** Perform a lumbar puncture to evaluate the headache
- ☐ **E** Administer a high-dose corticosteroid course for fetal lung maturity

ANSWER A - B - C

WHY This patient meets criteria for preeclampsia with severe features (BP $\geq$ 160/110, thrombocytopenia $<$ 100,000, elevated transaminases, and cerebral/visual symptoms), placing her at risk for eclampsia. Immediate management includes: (1) IV magnesium sulfate for seizure prophylaxis; (2) antihypertensive therapy with IV labetalol or hydralazine to lower severe BP; and (3) delivery planning, which is the definitive treatment for preeclampsia with severe features at $\geq$ 34 weeks. A lumbar puncture is unnecessary—headache is explained by severe hypertension. Antenatal corticosteroids for fetal lung maturity are indicated only when delivery is anticipated before 34 weeks; this patient is at 34 weeks, so they are not part of the immediate management triad (though they may still be considered if delivery can be briefly delayed).

QUESTION 9

MULTIPLE CHOICE

An 81-year-old woman with atrial fibrillation not on anticoagulation presents with sudden onset right hemiparesis, aphasia, and left gaze deviation. CT of the head shows no hemorrhage. Which of the following are appropriate next steps in management? (Choose two.)

- ☒ **A** Administer intravenous alteplase within the appropriate time window if eligible
- ☒ **B** Perform CT angiography to evaluate for large vessel occlusion
- ☐ **C** Initiate aspirin 325 mg and observe for 24 hours before anticoagulation
- ☐ **D** Begin therapeutic anticoagulation with warfarin immediately

ANSWER A - B

WHY This patient has an acute ischemic stroke. Standard initial management includes evaluating eligibility for IV thrombolysis (alteplase/tenecteplase) within 4.5 hours of symptom onset, and obtaining vessel imaging (CT angiography) to identify large vessel occlusion that may require endovascular thrombectomy. Aspirin is reasonable within 24-48 hours but is not the primary next step for a patient potentially eligible for thrombolysis. Therapeutic anticoagulation is contraindicated acutely in ischemic stroke and is not initiated at presentation—anticoagulation for atrial fibrillation is typically started 2 weeks after stroke depending on infarct size.