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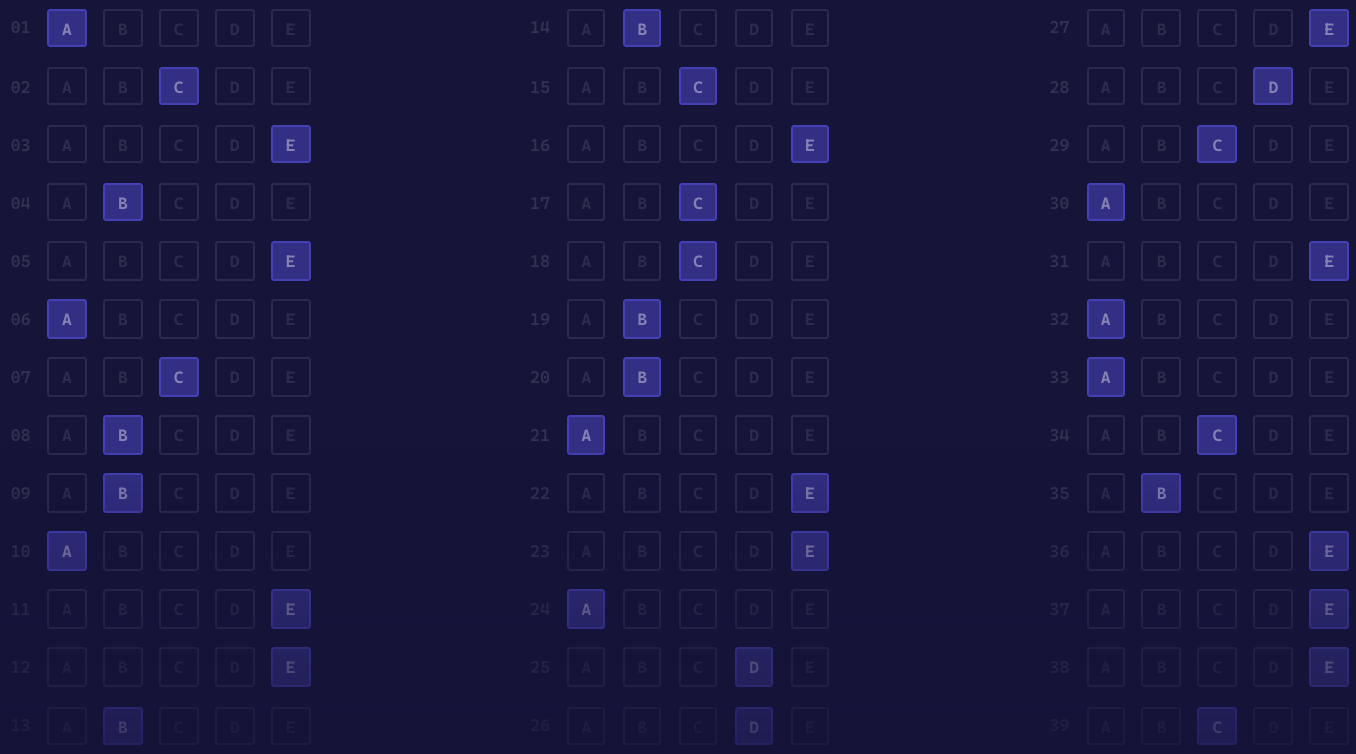

PRACTICE QUESTIONS

United States Medical Licensing Exam® (USMLE)

STEP2

Step 2 - United States Medical Licensing Examination

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for United States Medical Licensing Exam® (USMLE) `STEP2`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `STEP2`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

A 52-year-old man is diagnosed with type 2 diabetes mellitus. He tells the physician, "I don't want to know any of this — just give me a pill." Which of the following is the most appropriate initial response by the physician?

A Insist that the patient must learn about his disease before any medication is prescribed.

B **Acknowledge the patient's feelings, explore his concerns, and clarify what he does and does not want to discuss at this visit.**

C Document that the patient lacks decision-making capacity because he refuses information.

D Refer the patient immediately to an endocrinologist for further counseling.

ANSWER **B**

WHY Patient-centered communication begins by acknowledging the patient's emotional state and exploring his preferences rather than confronting him. Patients have the right to limit the information they receive, but this should be clarified through a respectful dialogue. Option A is paternalistic, option C incorrectly invokes capacity, and option D avoids the physician's own responsibility to engage the patient.

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QUESTION 2 SINGLE CHOICE

A 47-year-old woman with no significant past medical history asks whether she should be screened for colorectal cancer. According to current U.S. Preventive Services Task Force (USPSTF) recommendations, which of the following is the most appropriate screening strategy for this average-risk patient?

A Annual fecal occult blood testing beginning at age 40

B Colonoscopy every 10 years beginning at age 45

C Colonoscopy every 10 years beginning at age 50

D CT colonography every 5 years beginning at age 60

ANSWER B

WHY The USPSTF recommends screening for colorectal cancer in average-risk adults aged 45 to 75 years. Acceptable strategies include colonoscopy every 10 years, flexible sigmoidoscopy every 5 years (or every 10 years with annual FIT), FIT or FOBT annually, FIT-DNA every 1 to 3 years, or CT colonography every 5 years. Beginning at age 40 is too early for average-risk screening, age 50 reflects older guidelines, and beginning at age 60 would miss the recommended window.

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QUESTION 3 SINGLE CHOICE

A 68-year-old man presents with sudden, severe chest pain radiating to the back. His blood pressure is 180/110 mm Hg in the right arm and 140/80 mm Hg in the left arm. A diastolic murmur is heard at the left sternal border. Which of the following is the most likely diagnosis?

A Acute anterior myocardial infarction

B Aortic dissection involving the aortic arch

C Pulmonary embolism

D Acute pericarditis

ANSWER B

WHY The combination of severe, sudden chest pain radiating to the back, a blood pressure differential between the upper extremities (>20 mm Hg), and a diastolic murmur at the left sternal border (consistent with aortic regurgitation) is classic for an aortic dissection involving the aortic arch (Stanford type A). Acute MI typically presents with substernal pressure without a BP differential; pulmonary embolism usually causes pleuritic pain and dyspnea with tachycardia; pericarditis produces sharp pain that improves when leaning forward.

QUESTION 4 SINGLE CHOICE

A new screening test for disease X is evaluated in a population of 1,000 people. The disease has a prevalence of 10%. The test has a sensitivity of 90% and a specificity of 80%. Approximately how many false-positive results would be expected in this population?

A 10

B 90

C 180

D 720

ANSWER C

WHY With a prevalence of 10%, 100 of the 1,000 people have the disease and 900 do not. The specificity is 80%, so the false-positive rate is 20%. Applying this to the 900 disease-free individuals: 0.20 × 900 = 180 false positives. (Option A corresponds to the false negatives: 10% × 100 = 10.)

QUESTION 5 SINGLE CHOICE

A 28-year-old woman presents with a 5-day history of cough, fever, and pleuritic chest pain. Examination shows decreased breath sounds and dullness to percussion at the right lower lung base. Chest radiograph confirms a pleural effusion. Thoracentesis reveals an exudative fluid with a pH of 7.1, glucose of 35 mg/dL, and a positive Gram stain. Which of the following is the most appropriate next step in management?

A Observe and repeat imaging in 1 week

B Initiate empiric antibiotics for community-acquired pneumonia alone

C Place a chest tube for drainage in addition to antibiotics

D Begin corticosteroid therapy

ANSWER C

WHY A complicated parapneumonic effusion is defined by a pleural fluid pH <7.2, glucose <60 mg/dL, or positive Gram stain/culture. These findings indicate the need for drainage with a chest tube in addition to antibiotic therapy to prevent progression to empyema and fibrosis. Observation is inadequate, antibiotics alone are insufficient because the fluid is loculated and infected, and corticosteroids are not indicated.

QUESTION 6 SINGLE CHOICE

A 26-year-old woman at 32 weeks gestation presents with painless vaginal bleeding. The uterus is soft and nontender, and fetal heart tones are normal. Which of the following is the most likely diagnosis?

A Placental abruption

B Placenta previa

C Vasa previa

D Preterm labor

ANSWER B

WHY Painless vaginal bleeding in the third trimester with a soft, nontender uterus is characteristic of placenta previa. Placental abruption typically presents with painful bleeding and a firm, tender uterus. Vasa previa presents with painless bleeding immediately after rupture of membranes and is associated with fetal bradycardia. Preterm labor is characterized by regular contractions, not isolated painless bleeding.

QUESTION 7 SINGLE CHOICE

A 17-year-old girl comes to the clinic requesting contraception. She does not want her parents to know. Which of the following is the most appropriate course of action by the physician?

A Refuse to provide contraception and insist on parental involvement

B Provide contraception and maintain confidentiality, while encouraging communication with parents

C Notify the parents because the patient is a minor

D Refer the patient to another physician without addressing the request

ANSWER B

WHY In the United States, minors generally have the right to confidential reproductive health services, including contraception, without parental consent. The physician should respect confidentiality while encouraging, but not requiring, parental involvement. Refusing care, automatically notifying parents, or transferring care without addressing the request are all inappropriate.

QUESTION 8 SINGLE CHOICE

A 35-year-old woman presents with fatigue, weight gain, cold intolerance, and constipation. Laboratory studies show a TSH of 12 mIU/L (normal 0.4–4.0) and a free T4 of 0.6 ng/dL (normal 0.8–1.8). Anti-thyroid peroxidase antibodies are elevated. Which of the following is the most likely diagnosis?

A Subclinical hypothyroidism

B Primary overt hypothyroidism due to Hashimoto thyroiditis

C Secondary (central) hypothyroidism

D Thyroid hormone resistance

ANSWER B

WHY This patient has both an elevated TSH and a low free T4, confirming overt primary hypothyroidism. The presence of anti-thyroid peroxidase antibodies points to autoimmune (Hashimoto) thyroiditis as the cause. Subclinical hypothyroidism would have a normal free T4; central hypothyroidism would have a low or inappropriately normal TSH with low T4; thyroid hormone resistance typically presents with elevated T4 and nonsuppressed TSH.

QUESTION 9 MULTIPLE CHOICE

A 64-year-old man with a history of myocardial infarction, hypertension, and heart failure with reduced ejection fraction is being evaluated for additional therapy. Which of the following medication classes have been shown to reduce all-cause mortality in patients with heart failure with reduced ejection fraction (HFrEF)? (Choose three.)

A **Angiotensin-converting enzyme (ACE) inhibitors**

B Loop diuretics

C **Evidence-based beta blockers (e.g., carvedilol, metoprolol succinate, bisoprolol)**

D **Mineralocorticoid receptor antagonists (e.g., spironolactone, eplerenone)**

E Calcium channel blockers (e.g., diltiazem, amlodipine for systolic dysfunction)

ANSWER **A · C · D**

WHY ACE inhibitors (or ARNI/ARB), evidence-based beta blockers (carvedilol, metoprolol succinate, bisoprolol), and mineralocorticoid receptor antagonists all reduce all-cause mortality in HFrEF and form the cornerstone of guideline-directed medical therapy. Loop diuretics improve symptoms of congestion but have not been shown to reduce mortality. Non-dihydropyridine calcium channel blockers (e.g., diltiazem) are contraindicated in systolic dysfunction; amlodipine is hemodynamically neutral but does not improve survival.

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