



# USMLE Step 2 CK Medical Prep

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## Practice Questions

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**1. A 68-year-old man presents to the emergency department with sudden onset of severe chest pain radiating to his back. He describes it as tearing in quality. His blood pressure is 210/120 mmHg in the right arm and 160/90 mmHg in the left arm. What is the most likely diagnosis?**

- A. Acute myocardial infarction
- B. Pulmonary embolism
- C. Pericarditis
- D. Aortic dissection

**2. A 55-year-old man with a history of hypertension presents with dyspnea on exertion and orthopnea. Physical examination reveals bibasilar crackles, jugular venous distention, and a third heart sound. His ejection fraction is 30%. Which medication would be most appropriate to reduce mortality in this patient?**

- A. Alpha-blocker
- B. Loop diuretic
- C. ACE inhibitor
- D. Calcium channel blocker

**3. A 72-year-old woman presents with palpitations and dizziness. Her ECG shows irregularly irregular rhythm with no discernible P waves and a ventricular rate of 140 bpm. She has a history of hypertension and diabetes. Which of the following is the most appropriate initial management?**

- A. Digoxin alone
- B. Rate control with intravenous beta-blocker or calcium channel blocker
- C. Immediate electrical cardioversion
- D. Amiodarone for rhythm control

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**4. A 45-year-old man presents with new-onset chest pain that worsens with inspiration and improves when leaning forward. His ECG shows diffuse ST-segment elevation. What is the most likely diagnosis?**

- A. Acute pericarditis
- B. Acute myocardial infarction
- C. Aortic dissection
- D. Pulmonary embolism

**5. A 50-year-old man with diabetes and hypertension presents with chest pain. His ECG shows ST-segment elevation in leads II, III, and aVF. Which coronary artery is most likely occluded?**

- A. Left anterior descending artery
- B. Left circumflex artery
- C. Left main coronary artery
- D. Right coronary artery

**6. A 60-year-old woman presents with shortness of breath and lower extremity edema. Echocardiography reveals an ejection fraction of 60% with left ventricular hypertrophy and diastolic dysfunction. Which of the following is the most likely diagnosis?**

- A. Constrictive pericarditis
- B. Dilated cardiomyopathy
- C. Heart failure with preserved ejection fraction (HFpEF)
- D. Heart failure with reduced ejection fraction (HFrEF)

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**7. A 35-year-old man collapses during a basketball game. He is unconscious with no pulse. What is the most appropriate initial management?**

- A. Administer epinephrine first
- B. Immediate chest compressions and defibrillation if indicated
- C. Establish intravenous access first
- D. Check blood glucose level



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**8. A 75-year-old woman presents with exertional syncope. On examination, a harsh systolic crescendo-decrescendo murmur is heard at the right upper sternal border with radiation to the carotids. What is the most likely diagnosis?**

- A. Aortic stenosis
- B. Mitral regurgitation
- C. Aortic regurgitation
- D. Mitral stenosis

**9. A 62-year-old man with a history of myocardial infarction presents with worsening dyspnea and orthopnea. His chest X-ray shows pulmonary edema and cardiomegaly. His ejection fraction is 25%. Which medication is contraindicated in this patient?**

- A. Beta-blocker
- B. ACE inhibitor
- C. Aldosterone antagonist
- D. Non-dihydropyridine calcium channel blocker

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**10. A 40-year-old woman presents with palpitations. Her ECG shows a regular narrow complex tachycardia at 180 bpm with no visible P waves. After administration of adenosine, the rhythm converts to normal sinus rhythm. What is the most likely diagnosis?**

- A. Ventricular tachycardia
- B. Sinus tachycardia
- C. AV nodal reentrant tachycardia (AVNRT)
- D. Atrial fibrillation

**11. A 70-year-old man with a history of hypertension presents with substernal chest pressure that began 2 hours ago. His ECG shows ST-segment elevation in leads V1-V4. What is the most appropriate immediate management?**

- A. Stress testing
- B. Emergency coronary angiography with primary PCI
- C. Thrombolytic therapy
- D. CT angiography of the chest



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**12. A 50-year-old man with diabetes presents with chest pain that has been increasing in frequency over the past month, now occurring with minimal exertion. His resting ECG is normal. Which stress test would be most appropriate for this patient?**

- A. Exercise stress test with myocardial perfusion imaging
- B. Exercise ECG stress test alone
- C. Pharmacologic stress echocardiography
- D. CT coronary angiography

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**13. A 65-year-old man with a history of myocardial infarction presents with sudden onset of chest pain and dyspnea. His blood pressure is 70/40 mmHg. Cardiac examination reveals a new harsh holosystolic murmur at the apex. What is the most likely diagnosis?**

- A. Ventricular septal rupture
- B. Recurrent myocardial infarction
- C. Pericardial tamponade
- D. Acute mitral regurgitation due to papillary muscle rupture

**14. A 58-year-old man with hyperlipidemia presents with exertional chest pain that resolves with rest. His ECG during an episode shows ST-segment depression in the lateral leads. What is the most appropriate initial pharmacotherapy?**

- A. Oral warfarin
- B. Intravenous thrombolytics
- C. Sublingual nitroglycerin
- D. Intravenous morphine

**15. A 45-year-old woman presents with fatigue, orthopnea, and lower extremity edema. She has a history of rheumatic fever as a child. On examination, there is a diastolic rumble at the apex and an opening snap. What is the most likely diagnosis?**

- A. Tricuspid regurgitation
- B. Mitral stenosis
- C. Mitral regurgitation
- D. Aortic stenosis

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**16. A 75-year-old woman with atrial fibrillation is started on warfarin. What is the target INR range for this patient?**

- A. 2.0-3.0
- B. 1.5-2.5
- C. 2.5-3.5
- D. 3.0-4.0

**17. A 62-year-old man presents to the emergency department with acute onset of dyspnea and pleuritic chest pain. His D-dimer is elevated, and CT pulmonary angiography shows filling defects in the right pulmonary artery. His blood pressure is 85/50 mmHg and heart rate is 120 bpm. What is the most appropriate initial management?**

- A. Anticoagulation with heparin only
- B. Surgical embolectomy
- C. Placement of inferior vena cava filter
- D. Systemic thrombolytic therapy

**18. A 42-year-old man with HIV presents with progressive dyspnea over 3 months. Echocardiogram shows a dilated right ventricle, elevated pulmonary artery pressures, and normal left ventricular function. What is the most likely diagnosis?**

- A. Constrictive pericarditis
- B. Acute pulmonary embolism
- C. Pulmonary arterial hypertension
- D. Left heart failure

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**19. A 68-year-old man with hypertension and diabetes is found to have a blood pressure of 195/110 mmHg. He has no symptoms and no evidence of end-organ damage. What is the most appropriate initial management?**

- A. Emergency dialysis
- B. Oral antihypertensive medication with gradual blood pressure reduction
- C. Immediate IV antihypertensive therapy
- D. Observation only with close follow-up



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**20. A 55-year-old man presents with exertional dyspnea and a harsh holosystolic murmur at the apex radiating to the axilla. The murmur intensifies with handgrip. Echocardiogram shows posterior leaflet prolapse. What is the most likely diagnosis?**

- A. Mitral regurgitation
- B. Mitral stenosis
- C. Aortic regurgitation
- D. Tricuspid regurgitation

**21. A 45-year-old man presents with epigastric pain that worsens with meals and improves with antacids. He has been taking ibuprofen regularly for knee pain. Endoscopy reveals a 1 cm ulcer in the gastric antrum. H. pylori testing is positive. What is the most appropriate initial management?**

- A. PPI therapy alone for 8 weeks
- B. Discontinuation of NSAIDs and sucralfate
- C. H<sub>2</sub>-receptor antagonist and metronidazole
- D. PPI, discontinuation of NSAIDs, and triple therapy for H. pylori

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**22. A 25-year-old woman presents with chronic diarrhea, fatigue, and a 10-pound weight loss over 3 months. Colonoscopy reveals patchy inflammation with deep ulcerations and cobblestoning of the mucosa in the terminal ileum and ascending colon. What is the most likely diagnosis?**

- A. Infectious colitis
- B. Irritable bowel syndrome
- C. Crohn's disease
- D. Ulcerative colitis

**23. A 60-year-old man with alcohol use disorder presents with severe epigastric pain radiating to the back, nausea, and vomiting for 12 hours. Labs show lipase 1500 U/L, WBC 14,000/mm<sup>3</sup>, glucose 180 mg/dL, and calcium 8.0 mg/dL. According to Ranson's criteria, which finding is a poor prognostic indicator for this patient?**

- A. Calcium 8.0 mg/dL
- B. None of the listed values indicate poor prognosis per Ranson's criteria
- C. WBC 14,000/mm<sup>3</sup>
- D. Glucose 180 mg/dL



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**24. A 40-year-old woman presents with right upper quadrant pain, fever, and jaundice. Ultrasound shows gallstones and a dilated common bile duct. Lab results show elevated WBC, bilirubin, and alkaline phosphatase. What is the most appropriate next step in management?**

- A. Antibiotics and urgent ERCP
- B. Elective laparoscopic cholecystectomy
- C. Percutaneous transhepatic cholangiography
- D. Observation and ursodeoxycholic acid

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**25. A 55-year-old man with a history of heavy alcohol use presents with increasing abdominal girth, bilateral leg edema, and confusion. Physical exam reveals spider angiomas, palmar erythema, and a fluid wave on abdominal examination. What is the most likely diagnosis?**

- A. Budd-Chiari syndrome
- B. Spontaneous bacterial peritonitis
- C. Hepatocellular carcinoma
- D. Alcoholic cirrhosis with decompensation

**26. A 30-year-old woman presents with chronic diarrhea and a 15-pound weight loss. She reports bloating after consuming wheat products. Serum tests reveal positive anti-tissue transglutaminase antibodies and anti-endomysial antibodies. What is the most appropriate initial management?**

- A. Oral corticosteroids
- B. Pancreatic enzyme supplementation
- C. Gluten-free diet
- D. Broad-spectrum antibiotics

**27. A 65-year-old man with a history of smoking presents with dysphagia that has progressively worsened over 3 months, initially with solids and now with liquids. He reports a 20-pound weight loss. What is the most appropriate diagnostic test?**

- A. CT scan of the chest
- B. Upper endoscopy with biopsy
- C. Barium swallow
- D. Esophageal manometry



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**28. A 70-year-old man presents with hematochezia and left lower quadrant pain. CT scan shows thickening of the sigmoid colon wall with surrounding inflammatory changes.**

**What is the most likely diagnosis?**

- A. Acute diverticulitis
- B. Colorectal cancer
- C. Ischemic colitis
- D. Ulcerative colitis

**29. A 50-year-old man with a history of cirrhosis presents with altered mental status, asterixis, and fetor hepaticus. His ammonia level is elevated. What is the most appropriate initial management?**

- A. Urgent liver transplant evaluation
- B. Transjugular intrahepatic portosystemic shunt (TIPS)
- C. Endoscopic variceal ligation
- D. Lactulose and identification of precipitating factors

**30. A 35-year-old woman presents with recurrent episodes of severe abdominal pain after meals, especially fatty foods. Ultrasound shows multiple gallstones. What is the most appropriate management?**

- A. Extracorporeal shock wave lithotripsy
- B. Low-fat diet only
- C. Laparoscopic cholecystectomy
- D. Ursodeoxycholic acid therapy



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## Answer Key & Explanations

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### 1. D — Aortic dissection

The presentation of sudden tearing chest pain radiating to the back, along with significant blood pressure differences between arms ( $>20$  mmHg), is highly suggestive of aortic dissection. This is a vascular emergency requiring prompt diagnosis and management.

### 2. C — ACE inhibitor

This patient has heart failure with reduced ejection fraction (HFrEF). ACE inhibitors have been shown to reduce mortality in patients with HFrEF and are first-line therapy along with beta-blockers. While loop diuretics improve symptoms, they have not been proven to reduce mortality.

### 3. B — Rate control with intravenous beta-blocker or calcium channel blocker

The patient has atrial fibrillation with rapid ventricular response. In hemodynamically stable patients, the initial management is rate control with intravenous beta-blockers or calcium channel blockers. Immediate cardioversion is reserved for hemodynamically unstable patients.

### 4. A — Acute pericarditis

The clinical presentation of chest pain worsening with inspiration and improving when leaning forward, along with diffuse ST-segment elevation on ECG, is characteristic of acute pericarditis. This differs from acute MI, which typically shows ST elevation in specific coronary artery distribution.

### 5. D — Right coronary artery

ST-segment elevation in leads II, III, and aVF indicates an inferior wall myocardial infarction, which is most commonly caused by occlusion of the right coronary artery. This pattern represents the classic ECG findings of an inferior STEMI.

### 6. C — Heart failure with preserved ejection fraction (HFpEF)

The patient presents with heart failure symptoms (dyspnea, edema) but has a preserved ejection fraction ( $>50\%$ ) with evidence of diastolic dysfunction. This clinical picture is consistent with heart failure with preserved ejection fraction (HFpEF), which is commonly seen in elderly patients with hypertension.

### 7. B — Immediate chest compressions and defibrillation if indicated

In a witnessed sudden cardiac arrest, immediate chest compressions and early defibrillation if a shockable rhythm is present (VF/VT) are the most important initial interventions. These actions significantly improve survival and are prioritized in basic life support protocols.

### 8. A — Aortic stenosis

Exertional syncope with a harsh systolic crescendo-decrescendo murmur at the right upper sternal border radiating to the carotids is classic for aortic stenosis. This is particularly common in elderly patients and is one of the triad of symptoms (syncope, angina, and heart failure) that indicate severe aortic stenosis.

### 9. D — Non-dihydropyridine calcium channel blocker

Non-dihydropyridine calcium channel blockers (verapamil, diltiazem) are contraindicated in heart failure with



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reduced ejection fraction as they have negative inotropic effects that can worsen heart failure. Beta-blockers, ACE inhibitors, and aldosterone antagonists are all part of guideline-directed medical therapy for HFrEF.

**10. C — AV nodal reentrant tachycardia (AVNRT)**

A regular narrow complex tachycardia that responds to adenosine is most consistent with AV nodal reentrant tachycardia (AVNRT). This is a type of supraventricular tachycardia that uses the AV node for reentry and is commonly seen in young to middle-aged adults without structural heart disease.

**11. B — Emergency coronary angiography with primary PCI**

This patient is presenting with an anterior wall ST-elevation myocardial infarction (STEMI). The preferred reperfusion strategy is emergency coronary angiography with primary percutaneous coronary intervention (PCI) if available within 90 minutes of first medical contact. This offers better outcomes than thrombolytic therapy when timely access is available.

**12. A — Exercise stress test with myocardial perfusion imaging**

For a diabetic patient with increasing frequency of exertional chest pain (suggestive of unstable angina), exercise stress testing with myocardial perfusion imaging provides greater sensitivity and specificity than exercise ECG alone. Adding imaging is particularly valuable in patients with diabetes who have higher risk of coronary artery disease.

**13. D — Acute mitral regurgitation due to papillary muscle rupture**

The sudden onset of hemodynamic compromise with a new apical holosystolic murmur in a patient with history of MI is consistent with acute mitral regurgitation due to papillary muscle rupture. This is a mechanical complication of myocardial infarction that typically occurs 2-7 days post-MI and represents a surgical emergency.

**14. C — Sublingual nitroglycerin**

This patient has stable angina, characterized by exertional chest pain that resolves with rest and ECG changes consistent with ischemia. Sublingual nitroglycerin is the most appropriate initial pharmacotherapy for symptomatic relief of angina attacks. It acts by dilating coronary arteries and reducing preload.

**15. B — Mitral stenosis**

The combination of a diastolic rumble at the apex with an opening snap in a patient with a history of rheumatic fever is characteristic of mitral stenosis. Rheumatic heart disease is the most common cause of mitral stenosis, which typically presents with fatigue, dyspnea, and signs of heart failure.

**16. A — 2.0-3.0**

For patients with atrial fibrillation on warfarin anticoagulation, the target INR range is 2.0-3.0. This range provides effective stroke prevention while minimizing bleeding risk. A higher target range (2.5-3.5) would only be indicated for mechanical heart valves.

**17. D — Systemic thrombolytic therapy**

This patient has a massive pulmonary embolism with hemodynamic instability (hypotension, tachycardia). Systemic thrombolytic therapy is indicated for massive PE with hemodynamic compromise to rapidly restore pulmonary blood flow. Anticoagulation alone would be insufficient for this high-risk presentation.

**18. C — Pulmonary arterial hypertension**

This patient has findings consistent with pulmonary arterial hypertension (PAH), which can be associated with HIV infection. The echocardiogram shows right ventricular dilation and elevated pulmonary pressures with



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normal left heart function, which is characteristic of PAH rather than pulmonary hypertension due to left heart disease.

**19. B — Oral antihypertensive medication with gradual blood pressure reduction**

This patient has severely elevated blood pressure but without symptoms or evidence of end-organ damage, which is classified as hypertensive urgency rather than emergency. The appropriate management is oral antihypertensive medication with gradual blood pressure reduction over 24-48 hours. Rapid reduction may cause harm.

**20. A — Mitral regurgitation**

The clinical findings of a holosystolic murmur at the apex that radiates to the axilla and intensifies with handgrip, along with echocardiographic evidence of posterior leaflet prolapse, are diagnostic of mitral regurgitation. Mitral valve prolapse is a common cause of primary mitral regurgitation.

**21. D — PPI, discontinuation of NSAIDs, and triple therapy for H. pylori**

This patient has a gastric ulcer with positive H. pylori testing and NSAID use as contributing factors. First-line therapy includes proton pump inhibitor, discontinuation of NSAIDs, and H. pylori eradication therapy (typically with clarithromycin, amoxicillin, and a PPI for 14 days).

**22. C — Crohn's disease**

The presentation of patchy inflammation with deep ulcerations and cobblestoning involving the terminal ileum and ascending colon is classic for Crohn's disease. The skip lesions (patchy involvement) and transmural inflammation are distinguishing features of Crohn's disease as opposed to ulcerative colitis.

**23. B — None of the listed values indicate poor prognosis per Ranson's criteria**

This patient has acute pancreatitis. Ranson's criteria are used to assess severity. Poor prognostic indicators at admission include age >55, WBC >16,000/mm<sup>3</sup>, glucose >200 mg/dL, LDH >350 IU/L, and AST >250 IU/L. While this patient has several concerning factors, none of the values meet the threshold for poor prognosis according to Ranson's criteria among the options provided.

**24. A — Antibiotics and urgent ERCP**

This patient presents with Charcot's triad (RUQ pain, fever, and jaundice) suggestive of ascending cholangitis, a medical emergency. The most appropriate next step is ERCP to decompress the biliary system and remove the obstructing stone, after starting antibiotics and supportive care.

**25. D — Alcoholic cirrhosis with decompensation**

This patient presents with classic findings of decompensated cirrhosis, including ascites (increasing abdominal girth, fluid wave), hepatic encephalopathy (confusion), and portal hypertension (edema). The physical exam findings of spider angiomas and palmar erythema are characteristic of chronic liver disease. Alcohol is a common cause of cirrhosis.

**26. C — Gluten-free diet**

This patient has celiac disease, as evidenced by symptoms of chronic diarrhea and weight loss associated with wheat consumption, and positive celiac-specific antibodies. The initial management is a strict gluten-free diet, which is the cornerstone of treatment for celiac disease.

**27. B — Upper endoscopy with biopsy**

This patient presents with progressive dysphagia (initially for solids, then liquids) and weight loss, which are concerning for esophageal cancer, especially given his risk factor of smoking. Upper endoscopy (EGD) is the



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most appropriate initial test as it allows direct visualization and biopsy of any suspicious lesions.

**28. A — Acute diverticulitis**

The presentation of hematochezia and left lower quadrant pain in an elderly patient, along with CT findings of sigmoid colon wall thickening with surrounding inflammation, is most consistent with acute diverticulitis.

Diverticular disease is common in older adults, and inflammation of diverticula (diverticulitis) can cause these symptoms and imaging findings.

**29. D — Lactulose and identification of precipitating factors**

This patient is presenting with hepatic encephalopathy, as evidenced by altered mental status, asterixis, fetor hepaticus, and elevated ammonia in a patient with cirrhosis. Initial management includes lactulose, which reduces ammonia production and absorption in the gut, and identification and treatment of precipitating factors such as GI bleeding, infection, medications, or electrolyte abnormalities.

**30. C — Laparoscopic cholecystectomy**

This patient has symptomatic cholelithiasis (gallstones) with biliary colic triggered by fatty meals. The most appropriate management is laparoscopic cholecystectomy, which is the definitive treatment for symptomatic gallstone disease to prevent recurrent attacks and complications such as cholecystitis, pancreatitis, or cholangitis.



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