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**QUESTION 1**

You are a second-year surgery resident and have just left work after a 30-hour shift. On your way home you witness a recent collision where there is an obviously injured pedestrian. Several bystanders are providing care for the injured victim. You elect to keep driving. A witness at the scene recognizes you as a physician and reports you to the authorities for neglecting to stop to provide care. As a consequence of your actions, which of the following will most likely happen?

- A. You will lose your medical license.
- B. You will be found guilty of negligence in a court of law.
- C. You will have your medical license suspended.
- D. You will have no legal action taken against you.
- E. You will be subject to a malpractice suit.

Correct Answer: D Section: (none)

Explanation:

As a practicing physician, you are not required to stop at an accident and care for the injured, as you have not established a doctor-patient relationship. As such, there are no legal requirements for physicians to assist in the care of accident victims outside of their employment (i.e., hospital, ER, clinic). It is also important to realize that under the Good Samaritan law, individuals who provide aid to the injured or ill are protected from prosecution for unintentional injury or wrongful death. It is also important to be familiar with local laws. For example, in some states, this law only applies to people who are trained in basic first aid. (The state of Vermont requires any bystander to render aid until proper authorities arrive). In the situation presented above, you most probably would not be faulted for not assisting in the care of the injured person and there would be no grounds for legal action.

QUESTION 2

The patient is a 26-year-old male graduate student presenting to his health maintenance organization. He is having ongoing difficulty completing his thesis. When he is working on the computer, he finds it necessary to print out and save every draft of his paper. Even though he realizes that it is unnecessary to do so, he feels compelled to read and reread all of his versions in case he made a mistake. As a result, he has been unable to move forward with his dissertation. He is consumed with doubts about his thesis, but at the same time he cannot throw away discarded sections. In fact, his apartment contains stacks of paper spread throughout his rooms. He understands that these thoughts and behaviors are "not rational," and he is greatly distressed by them and the problems they have caused.

The patient does not wish to take medication but is interested in psychotherapy. Which of the following would be the most efficacious in reducing his symptoms?

- A. behavioral therapy
- B. eye movement desensitization and reprocessing (EMDR)
- C. psychoanalysis
- D. psychodynamic psychotherapy



E. supportive therapy

Correct Answer: A Section: (none)

Explanation:

This patient has OCD. Benzodiazepines such as alprazolam may be helpful for the acute anxiety associated with OCD, but they are not a first-line medication to reduce the obsessions or compulsions. Although antipsychotics such as olanzapine are sometimes used in conjunction with other psychotropics in patients with severe, intractable OCD, they are not recommended as monotherapy given their significant side effects. Antidepressants that mostly affect norepinephrine, such as bupropion and desipramine, are not particularly effective in treating OCD. Serotonergic drugs, such as citalopram and the tricyclic clomipramine, have been proven to improve both obsessions and compulsions.

Because of this fact, OCD is thought to involve the serotonergic system. EMDR is a treatment used specifically for posttraumatic stress disorder (PTSD). Although psychoanalysis and psychodynamic (or insight-oriented) psychotherapies may be beneficial for some individuals with OCD, there have not been enough studies to document their effectiveness. Supportive psychotherapy can be useful in helping the patients to cope with their severe anxiety and limitations, but it does not particularly address the obsessions and compulsions themselves. Behavioral therapy has consistently demonstrated success in treating OCD, and studies have shown it to be as efficacious as pharmacotherapy.

QUESTION 3

A 10-year-old boy presents to your clinic with right knee pain for 2 weeks. He is physically active at school and plays soccer and basketball. He describes pain in his knees when he runs or jumps. He denies any recent trauma. His physical examination is normal except for mild edema and tenderness over the right tibial tubercle. What is the most likely diagnosis?

- A. slipped capital femoral epiphysis
- B. Osgood-Schlatter disease
- C. patellar tendonitis
- D. iliotibial band friction syndrome
- E. septic joint

Correct Answer: B Section: (none)

Explanation:

Osgood-Schlatter disease is a repetitive stress injury to the inferior end of the patellar tendon at its insertion into the tibial tubercle. These patients are usually young, athletic males between the ages 10 and 15 years. The diagnosis is made when a young male presents with knee pain that increases with exercise without a history of trauma. Treatment consists of rest, activity restriction, and anti-inflammatory agents. Slipped capital femoral epiphysis occurs most commonly in African American obese adolescent males. It refers to a slipping of the epiphysis off the metaphysis. The "slipping" is caused by weakening of the perichondral ring of the growth plate, which allows the epiphysis and metaphysis to gradually or acutely displace from each other. This results in pain in the groin, thigh, or knee as well as a limp. Treatment is primarily operative internal fixation. Patellar tendonitis is caused by injury to the patellar tendon. Most of these patients have tenderness in the inferior portion of the patella and complain of chronic anterior knee pain.



Iliotibial band friction syndrome causes lateral knee pain in runners.

QUESTION 4

A 24-year-old female presents to your office for excision of a nevus. After obtaining consent and prepping the site, you anesthetize the area with 1% lidocaine. However, as you start the procedure, you note that the patient is not sufficiently anesthetized. Your partner suggests the use of lidocaine with epinephrine. The addition of epinephrine with local anesthetics is useful because of which of the following properties?

- A. It prolongs and increases the depth of local anesthesia.
- B. It neutralizes the irritant action of the local anesthetic agent.
- C. It increases the rate of systemic absorption and therefore hastens the onset of action of the anesthetic agent.
- D. It increases the pH of the anesthetic so that less anesthetic is required to produce nerve block.
- E. It blocks neurotransmitter release (thus decreasing pain perception) via stimulation of presynaptic alpha-adrenergic receptors.

Correct Answer: A Section: (none)

Explanation:

The duration of action of a local anesthetic is proportional to its contact time with the nerves. Therefore, if the drug can be localized at the nerve, the period of analgesia should be prolonged. Using a vasoconstrictor such as epinephrine decreases the systemic absorption of the local anesthetic. Once the absorption is decreased, the anesthetic remains longer at the desired site and is systemically absorbed at a slower rate, which allows destruction by enzymes and less systemic toxicity.

QUESTION 5

A 30-year-old man is seen in the primary care clinic. He complains of 3 months of "feeling down" that began soon after his job loss 6 months ago. His appetite has decreased, and he has noticed his clothes are baggy on him. He has felt extremely distracted and fatigued. He attributes this to waking up at approximately 3:00 a.m. every day and then not falling back to sleep. While he has felt "lower than I've ever been," he denies any suicidal ideation. He does not have any past psychiatric history or current medical problems. He is prescribed mirtazepine (Remeron) 15 mg at bedtime, but he asks, "how long does the medication take to work"?

His illness is successfully treated and remits for 1 year. He returns to the clinic wishing to stop the medications. He asks whether he needs to take the medications "for the rest of my life." What should he be counseled regarding his approximate risk of recurrence if he discontinues the medication?

- A. 010%
- B. 1030%
- C. 3050%
- D. 5080%



E. 80100%

Correct Answer: D Section: (none)

Explanation: Explanations: This patient presents with a major depressive episode. He is appropriately begun on an antidepressant, namely mirtazepine. With all antidepressants, the first symptoms to improve over days to weeks will be the neurovegetative symptoms such as insomnia, anergia, appetite, and concentration. Unfortunately, the depressed mood and hopelessness are often the last symptoms of depression to remit. Like many other psychiatric as well as medical illnesses, MDD tends to be a recurrent illness. While individual episodes are very treatable, there is a high risk of recurrence without continued treatment. After having a single episode of depression, studies indicate approximately 50-85% of individuals will develop subsequent episodes of major depression.

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