

Dentalelle Tutoring

ANSWER KEY – Mock Exam

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1. What are the ways of administering anesthetic?

- a. **Block, infiltration, ligament, pulpal**
- b. Block with infiltration, gentle technique, pulpal and around the tooth
- c. Block, ligament, gentle, filtration
- d. All of the above

Rationale – A is the only correct answer. Keep in mind the dentist must always be gentle when applying anesthetic but this is not a ‘way’ of administration

2. What is paresthesia?

- a. Allergic reaction
- b. Becoming paralyzed in both legs
- c. **Possible side effect of local anesthetic**
- d. Normal reaction but will go away

Rationale – C is the correct answer. This could happen anytime local anesthetic is given and is a loss of sensation that lasts for long period of time or even permanently.

3. Why are vasoconstrictors added to some anesthetics?

- a. Increase induction time
- b. **Decrease bleeding and produce a longer duration**
- c. Produce a longer duration
- d. Increases bleeding

Rationale – B is the correct answer. Decreases bleeding AND produces a longer duration. Induction time refers to the period from when the anesthetic is injected until complete anesthesia is produced

4. What are the stages of anesthesia?

- a. Excitement, Analgesia, Surgical Anesthesia, Respiratory Paralysis

b. Analgesia, Excitement, Surgical Anesthesia, Respiratory Paralysis

- c. Analgesia, Excitement, Plane 1, Plane 2, Respiratory Paralysis
- d. Respiratory Paralysis, Analgesia, Excitement, Surgical

Rationale – B is the correct answer. Analgesia – patient is relaxed and conscious (Nitrous), Excitement – patient is less aware and can become unconscious (vomiting may occur), Surgical Anesthesia – plane 1 (eye reflex lost), plane 2 (eyes fixed, pupils small), plane 3 (pupil reflexes lost), plane 4 (respiration depressed. General anesthesia produced. Respiratory Paralysis – patient could die if this is not reversed quickly, lungs and heart slow down.

5. What is background radiation?

- a. Similar to scatter radiation
- b. Relates to the primary beam and secondary radiation
- c. All radiation other than man-made**
- d. Man-made

Rationale – C is the correct answer. Primary radiation and secondary/scatter radiation are part of something different. Background radiation is all radiation other than man-made radiation. This consists of cosmic radiation (sun), from the earth and the air.

6. What does 'injurious effects of x-rays are cumulative' mean?

- a. Happens over time, radiation builds up**
- b. Can happen quickly
- c. Radiation disappears from the body after 10-20 years
- d. Chronic radiation or acute

Rationale – A is the correct answer. Cumulative means radiation that builds up over time, important to note when exposing patients. This is a direct definition of cumulative. Over-exposure can be either acute or chronic yes, but this is another category altogether.

7. What does HARP stand for?

- a. Healing Act Radiation Protector
- b. Healing Act Radiation Protection
- c. Healing Arts Radiation Protection**
- d. Healer Arts Radiation Protector

Rationale – C is the correct answer. Direct definitions so please review.

8. Discuss the differences between filtration needed and the collimation

- a. Filtration needs to reduce useless radiation and collimation restricts the size of the primary beam**
- b. Collimation is needed to reduce useless radiation and filtration restricts the size of the primary beam
- c. Filtration is needed but collimation is not necessary
- d. Inherent collimation and added filtration is necessary

Rationale – A is the correct answer. Both are needed, filtration (2.5mm total added filtration is necessary) and collimation to restrict the size of the beam.

9. What is a safe distance that the operator needs to be away from the tube head when exposing radiation?

- a. 8 feet
- b. 6 feet**
- c. 5 feet
- d. 10 feet

Rationale – B is the correct answer. It could be 6-8 feet but minimum 6 feet. Remember that preferable the DA must be behind a safety barrier (lead lined wall), outside the x-ray room.

10. What is the difference between a bitewing film, periapical, occlusal, and panoramic?

- a. Bite wing shows interproximal, occlusal shows occlusion, periapical is a vertical bitewing and a panoramic is a lateral view of the patients skull
- b. Bite wing shows the upper arch interproximally, occlusal film shows the upper or lower arch, periapical shows the root of the tooth and panoramic shows the entire view of the arches, jaw joints, sinuses, etc.
- c. Bite wing shows the upper and lower arch interproximal, periapical shows the root of the tooth, occlusal shows upper or lower arch occlusally, and panoramic shows all the teeth included surrounding areas**
- d. Bite wing shows the bite, periapical shows the root sinuses, occlusal shows how the teeth close together, panoramic shows the skull

Rationale – C is the correct answer. The other answers are designed to trick you, so if you were unsure please review this chapter of your radiography text to ensure accuracy on the exam.

11. What is the generic name of a drug?

- a. **Official name, not capitalized**
- b. Determined by the chemical structure
- c. Drug name approved for marketing
- d. Example: Valium

Rationale – A is the best answer. Chemical – determined by chemical structure. Brand (Trade) – drug name approved for marketing. Examples include:

Chemical = 2-diethylamino-2,6

Generic = lidocaine

Brand = Xylocaine

12. What is the smallest amount of a drug that will produce the desired therapeutic effect?

- a. Maximum
- b. Lethal dose
- c. Toxic dose
- d. **Minimum**

Rationale – D is the best answer. Maximum is the largest amount required to produce the desired effect without toxicity, lethal is the amount that will cause death and toxic is the amount that will produce poisoning.

13. Drug response depends on:

- a. Absorption, metabolism, excretion
- b. Absorption, excretion
- c. Metabolism, excretion
- d. **None of the above**

Rationale- D is the correct answer. Absorption, distribution, metabolism, and excretion are all dependent in drug response.

14. Injection subcutaneously means:

- a. **Injecting under the skin**
- b. Immediate effect over the skin
- c. Around nerve endings
- d. Around the muscles

Rationale – A is the correct answer. Trigeminal nerve involves freezing around the nerve endings, intra-muscular involves being absorbed quickly into the muscles, intra-venous is an immediate effect, into plasma blood.

15. What is true regarding topical anesthetic?

- a. Can come in a variety of forms (spray, gel, etc.)
- b. Is used prior to injection of general anesthetic
- c. Is used prior to injection of local anesthetic
- d. **A and B**
- e. A and C

Rationale – D is the correct answer. Topical is applied to the mucosa, skin, and or teeth.

16. What drug needs to be applied sublingually?

- a. Nitrous
- b. **Nitroglycerin**
- c. Inhalers
- d. Children's Tylenol

Rationale – B is the correct answer. Nitrous refers to nitrous oxide (inhaled through the nose), and inhalers are inhaled through the mouth.

17. When you need a substance to 'kill' the bacteria vs. inhibit it, what are you looking for?

- a. Something that is resistant to bacteria
- b. Something that is bacteriostatic

c. Something that is bactericidal

d. Something with the antagonism effect

Rationale – C is the correct answer. Bacteriostatic inhibits multiplication of bacteria, Resistance refers to the ability of the microorganism to be unaffected by an agent, and antagonism is when one drug works better alone than 2 combined.

18. If a patient has had recent surgery for a knee replacement, and has an appointment to get their teeth cleaned, what are you going to tell them?

a. No antibiotics are necessary for a cleaning but any other procedure antibiotics are required

b. Prophylactic antibiotics are necessary

c. Penicillin must be given prior to all dental procedures

d. All of the above

Rationale – B is the correct answer. Prophylactic antibiotic coverage (also known as premedication) is recommended for all procedures that are likely to cause gingival bleeding, including a professional cleaning.

19. If a child presents with fluorosis, would you administer fluoride treatment?

a. No

b. Yes, but only topical

c. Yes, but only systemic

d. *Ask the Dentist*

Rationale – A is the correct answer. If a patient presents with dental fluorosis, this has happened from too much fluoride so we would not, under any circumstances, administer more.

20. If a child has composite fillings, what type of fluoride would you administer?

a. 1.23% APF

b. 2% Neutral Fluoride

c. Stannous Fluoride

d. Fluoride varnish on selected teeth without the fillings

Rationale – B is the correct answer. 1.23% APF is normally the foam or gel type applied in trays that is best for most children IF no fillings are present. 2% is most commonly a rinse but can be

in other forms, used for those children with fillings (to prevent etching of the composites), Stannous fluoride is a higher percentage (can be 8% most commonly) and not used in the dental office anymore, and Fluoride varnish is a localized technique commonly used on areas of recession to prevent sensitivity.

21. What are antihypertensives prescribed for?

- a. Chest pain
- b. Heart condition
- c. High blood pressure**
- d. Blood clotting

Rationale – C is the correct answer. If a patient has high blood pressure that cannot be controlled, they need to be put on antihypertensives.

22. What is the use of an antitussive?

- a. Controls cough**
- b. Controls vomiting
- c. Controls sneezing
- d. Controls mucous

Rationale – A is the correct answer. Keep in mind that antihistamines are prescribed for allergies and expectorants are prescribed to bring up mucous.

23. Scurvy happens when you are low on:

- a. Iron
- b. Vitamin C**
- c. Vitamin K
- d. Potassium

Rationale – B is the correct answer. Please review your nutrient notes to know the differences, information dependent on the text.

24. How must you treat Pernicious Anemia?

- a. Vitamin B12**
- b. Any Vitamin B

- c. Vitamin A
- d. In hospital only

Rationale – A is the best and only answer; vitamin B12 is also called cobalamin.

25. What is glossitis?

- a. Inflammation of the eye
- b. Inflammation of the tongue**
- c. Redness and inflammation of the nose
- d. Redness and inflammation of the finger

Rationale – B is the best answer. Remember anything ending in ‘itis’ means inflammation.

26. The dentist is exploring around a tooth, and suddenly exudate comes out. This could be a sign of an abscess and you are asked to take a periapical radiograph. What is exudate?

- a. Water
- b. Calculus
- c. Pus**
- d. Blood

Rationale – C is the best answer – exudate is the outpouring of a substance such as pus, tissue, and/or fluid

27. When the Dental Assisting is performing sealants on a child, a HVE or saliva ejector can be used. What is a saliva ejector?

- a. High volume suction
- b. Low volume suction**
- c. Surgical suction
- d. Can be high or low volume

Rationale – B is the best answer. Saliva ejectors are used mainly for controlling the saliva level of the mouth. High volume suction is more for removing saliva, blood, water, and debris from the mouth.

28. When looking at the transfer zone, where instruments and dental materials are exchanged, and what clock position is this?

- a. 7-12 o'clock
- b. 12-2 o'clock
- c. 4-7 o'clock**
- d. 12 o'clock

Rationale – C is the correct answer. The operator zone is where the dentist is seated (7-12), and the static zone is where portable equipment is placed (12-2).

29. In your office, you have several dentists working and often you are under general supervision. What does this mean?

- a. The dentist is present outside the room, but not necessarily inside the room
- b. The dentist allows you to take radiographs but you are now responsible for them
- c. The dentist does not have to be present**
- d. The dentist does not have to be present and is not responsible

Rationale – C is the best answer. Direct supervision implies that the dentist authorizes the procedure and remains in the office, afterwards evaluating.

30. What is needed for informed consent?

- a. Risks explained, benefits presented, alternatives, what will happen if patient refuses, presented in a way that the patient understands**
- b. Risks explained, the patient should already know the benefits, a written statement if the patient refuses, presented in both English and any other language the patient understands
- c. Risks written down, benefits written down, stressing the need for the patient to accept the treatment, presented in English and French

Rationale – A is the correct answer. Written consent is another form; informed consent does not need to be written.

31. You are in for an interview and they make you aware that the office utilizes six-handed dentistry, what does this mean?

- a. Six dental assistants altogether working to set up and prepare for each patient
- b. Two dental assistants altogether working with the dentist**

- c. Three dental assistants altogether working with the dentist
- d. This is a trick question, there is no such thing

Rationale – B is the correct answer. A third person (two dental assistants and one dentist) can be known as the coordinating assistant.

32. The dentist has asked you to move the foot control over so that he can reach it, what can this also be called?

- a. Cuspidor
- b. Cupider
- c. Rheostatic
- d. Rheostat**

Rationale – D is the best answer. Cuspidor is the mini-sink that is something used in dental offices, placed near the patient for rinsing.

33. What are the proper ergonomics for the Dental Assistant?

- a. Seated lower than the dentist with the abdominal bar in place
- b. The abdominal bar should be placed behind the DA if they need to sit back
- c. Seated higher than the dentist**
- d. Operating field is at the operators elbow

Rationale – C is the correct answer. The DA should be seated 5-6 inches higher than the dentist, back straight and the abdominal bar must be in place, feet firmly on the rest, hips/thighs are level with the floor.

34. When looking at your patient, the tooth 26 is considered:

- a. Maxillary right
- b. Maxillary left**
- c. A premolar
- d. An Incisor

Rationale – B is the correct answer. Maxillary right is Quad 1 and 26 is a molar tooth.

35. When approaching an instrument, what does the DA need to do?

- a. Reach slightly above the instrument to grasp it

- b. Grasp the instrument firmly
- c. The pinky finger is extended**
- d. Grasp the instrument with both hands

Rationale – C is the correct answer. The pinky is extended during the approach, and the new instrument is grasped by the shaft on the opposite end to that which the dentist will use. Important to remember that when passing an instrument to the dentist, have the working end of the instrument tip directed upwards or downwards for the maxillary or mandibular arch. Both hands are not used because the right hand is kept free for oral evacuation.

36. When you are performing PDA duties, you notice latch-type hand pieces and screw on-type hand pieces in the drawer. Why is this important?

- a. The hand piece is important in choosing the correct rubber cup for polishing**
- b. You must choose a screw-on type because the latch-type is no longer used in dentistry
- c. The latch-type can take both types of rubber cups if needed, however you will need a certain tip
- d. A and B

Rationale – A is the correct answer. Both types of rubber cups are still used, depending on what the office needs and what is ordered.

37. Your patient is concerned with the amalgams in her mouth and feels they are adding too much mercury to her system. How do you respond?

- a. You discuss the benefits and risks of amalgam
- b. You make her aware mercury is released when removing the amalgams**
- c. Tell her you understand her concern but she's fine
- d. Tell her from now on the dentist will use only composite

Rationale – B is the correct answer. Mercury is released when the amalgam is heated via using the high speed hand piece. Studies have shown that amalgams present in the mouth are safe.

38. After triturating the amalgam chair side, you notice it is crumbly, powdery, and dull. What happened?

- a. Over mixed
- b. Under mixed**
- c. Expired

- d. Needs to be condensed

Rationale – B is the correct answer. Over mixed amalgam is difficult to remove from the capsule with a soupy appearance. Condensing happens once the amalgam is placed in the cavity preparation.

39. When setting up the restorative tray, the dentist asks you to set up a few pins as well. Why would the dentist ask you to do this?

- a. Pins are only needed for composite fillings, so the restorative tray must be for composites
- b. A crown will be placed after the tooth is prepared with a filling
- c. A bridge may be placed, this is a precaution
- d. To add strength**

Rationale – D is the correct answer. Pins are needed for any tooth that requires extra strength.

40. When is it necessary to polish an amalgam filling?

- a. 12 hours after
- b. 24 hours after**
- c. 2 days later
- d. Anytime with a week

Rationale – B is the correct answer. Polishing is done 24-28 hours after carving the restoration. Polishing too soon will weaken the filling.

41. When would you need to set up a matrix band?

- a. On any restorative tray, even for occlusal fillings
- b. Restorative and sealants
- c. For any tooth needing to be filled 2 or more surfaces**
- d. None of the above

Rationale – C is the correct answer. Any tooth requiring an MO, DO, MOD, etc. will need a matrix band to properly mold the filling to the tooth. Occlusal fillings never require a matrix band.

42. If a composite needs to be hardened by a blue light but also sets while mixing, what is this called?

- a. Dual cured**

- b. Cured 2x
- c. Light cured
- d. Self-cured

Rationale – A is the correct answer. Light cured is hardening by the blue light, and self-cured sets after hours (24-28 full set).

43. A patient complains to you that often when eating pasta, she experiences a sharp pain from the fork. What could this be?

- a. An abscess
- b. Galvanic shock**
- c. Cold sore present in the mouth
- d. Cavity

Rationale – B is the correct answer. Galvanic shock can happen if amalgams present. An abscess can only be diagnosed from a radiograph and a cavity would be more sweets-sensitive against the tooth. A cold sore would be obvious.

44. What material can you not use when placing composite?

- a. Fluoride
- b. Etch
- c. ZOE**
- d. IRM

Rationale – C is the correct answer. ZOE contains oil of gloves and is contraindicated when using composite fillings. Etch is always used prior to bonding.

45. What is important to remember when mixing IRM?

- a. The finished product must be mixed within 5 seconds
- b. The IRM must be firm (but not too hard), and rolled into a ball when given to the dentist**
- c. The IRM will change color when it sets
- d. The IRM will be soft when set

Rationale – B is the correct answer. The IRM must be firm, but not rock solid so that it can be manipulated into the cavity prep, and often rolled into a ball for easy transfer. IRM does not change color (white) and setting time is longer than 5 seconds.

46. When mixing DYCAL chair side, what is important to remember regarding the catalyst and the base?

- a. The base is always dispensed in a large 'blob' whereas the catalyst is a large line
- b. The catalyst and the base is dispensed depending on the setting time needed
- c. The same amount of catalyst and base is dispensed**
- d. B and C are correct

Rationale – C is the correct answer. Do not attempt to control setting time by increasing or decreasing the amount of the catalyst dispensed. The product is regulated to provide a consistent working time as long as the correct amounts of both catalyst and base are dispensed. The ball-pointed instrument is the best applicator to use when applying DYCAL.

47. What is COPALITE?

- a. A varnish**
- b. A cement
- c. A luting agent
- d. A type of fluoride

Rationale – A is the best answer. COPALITE is commonly used under amalgam fillings and applied to the dentin surface and dried.

48. The dentist is working on the tooth 35 to prepare it for a MO composite filling. You have been asked to place the rubber dam, which of the following is correct?

- a. The rubber dam clamp must be placed on the 35 using the 13A clamp
- b. You do not need to 'invert' the rubber dam because you are working on the 35
- c. The clamp must be placed on the tooth mesial to the 35
- d. The clamp must be placed on the tooth distal to the 35**

Rationale – D is the correct answer. When placing the rubber dam, the clamp must always be placed on the tooth distal to the tooth being worked out. Occlusal fillings are an exception; they can be placed directly over the tooth if needed.

49. What is true about infiltration anesthesia?

- a. It is used primarily for mandibular teeth
- b. Injected quickly into the soft tissues near the root apex
- c. Takes longer to produce an effect
- d. Injected slowly near the root apex of the involved tooth**

Rationale – D is the correct answer. Infiltration anesthesia involves slowly injecting the anesthetic solution into the soft tissues near the root apex of the involved tooth. Used primarily for maxillary teeth.

50. When giving a mandibular block injection, what must the dentist be careful of?

- a. Hitting the tooth too quickly
- b. Not to inject into a blood vessel**
- c. Not to inject into the sulcus
- d. Freezing half the tongue

Rationale – B is the correct answer. The bone of the mandible is very dense and compact. In block anesthesia, the solution is deposited near the nerve which serves most of the structures of half the lower jaw. Half the tongue ‘should’ feel frozen to the patient afterwards, as well as half the lip. Injecting into a blood vessel could cause serious problems for the patient so the dentist must be extremely careful with this.

51. Where must needles be disposed of after use?

- a. A special garbage the dental office has for needles only
- b. A clear container marked ‘NEEDLES’
- c. Sharps container**
- d. A red sharps container

Rationale – C is the correct answer. Needles (or anything sharp) need to be disposed of in the proper sharp container, and remember the sharp container needs to be disposed of properly (will be picked up) when the container receives its maximum peak with contents. The container should never be over-filled.

52. When looking at the anesthetic syringe, what part makes aspiration possible?

- a. Harpoon**
- b. Piston rod
- c. Threaded tip
- d. Barrel of the syringe

Rationale – A is the correct answer. The harpoon looks and acts like a fish hook. When the harpoon is hooked into the rubber stopper of the cartridge, the rubber stopper can be pulled back with the piston rod. It is this action that makes the aspiration possible.

53. If your patient has a severe gag reflex, what could be used?

- a. Local anesthetic
- b. General anesthetic
- c. Sugar on the tongue
- d. Nitrous oxide**

Rationale – D is the correct answer. Nitrous oxide can be used, the patient is more relaxed. Sugar is NEVER used (salt on the tip of the tongue may help). Topical anesthetic may also help if placed on the palate but local anesthetic and general anesthetic is too invasive.

54. What is the clamp 13a used for?

- a. Quad 1**
- b. Quad 2
- c. Anteriors
- d. Bicuspid

Rationale – A is the correct answer. 13a can be used for quads 1 and 3. 12a can be used for quads 2 and 4. Clamps 8 and 14 can be used for quads 1 and 2 and clamps 7 can be used for 3 and 4 (clamp 14 can also be used for quads 3 and 4). Bicuspid often use clamps 2, 2a, 0, and 00. Anterior endo clamps are 212, and 9.

55. What is hole #5 used for on the rubber dam?

- a. Tooth 27**
- b. Tooth 36
- c. 13
- d. 45

Rationale – A is the correct answer. #4 – first molar, #3 – premolars and canines, #2 – incisors.

56. When mixing alginate, what is the proper way to start?

- a. Add water to powder
- b. Add powder to water**
- c. Add hot water to powder
- d. Add powder to very cold water

Rationale – B is the correct answer. The water should be room temperature, keeping in mind the colder the water will take longer to set and the warmer the water it will set more rapidly. Powder to water is always done first.

57. What is important in evaluating an alginate impression?

- a. No tears or voids
- b. Tray was centered
- c. Not over seated
- d. All of the above**

Rationale – D is the correct answer. All of the above are correct. Also sharp detailing is important, and has all the anatomic features necessary.

58. When sterilizing the high speed or slow speed hand piece, what steps are taken?

- a. Remove the bur, place in the ultrasonic, dried, and placed into the sterilizer
- b. Remove the bur, place in a package and then the sterilizer**
- c. Remove the bur, and then place in the sterilizer under the plastics cycle
- d. Remove the bur, and then placed in the cold soak to sterilize

Rationale – B is the best answer. The bur is always removed, cleanse with a soft brush and water (if needed), lubricate, sterilize, and dry (if necessary). The hand piece may be placed in a bag prior to sterilizing or put in the sterilizer on its own, depends on the manufacturer. Some hand pieces need to be lubricated after each use and others on a daily basis.

59. Which restorations are held together by mechanical retention?

- a. Crowns
- b. Onlays
- c. Amalgams**
- d. Composites

Rationale – C is the correct answer. The only restorations held together by mechanical retention are amalgams. This is due to the fact that amalgams do not adhere to the tooth surface.

60. What is an important function of a good contact point when doing an MOD filling?

- a. Making sure the contact point is now open so food can easily pass through
- b. Making sure there is no contact point
- c. Making sure the contact point is touching so that food will not get trapped**
- d. Making sure the contact point is slightly below

Rationale – C is the correct answer. The functions of the contact point are to keep food from being trapped in between the teeth, to help hold the teeth firmly in alignment, and to protect the interdental papilla.

61. Why is acid etching used when placing a composite filling?

- a. To smoothen the surface of the enamel
- b. To roughen the surface of the enamel**
- c. To add fluoride onto the surface of enamel
- d. To moisten that layer above the enamel

Rationale – B is the correct answer. Enamel bonding, or acid etching is a technique where the acid is used to dissolve some of the inter-rod substances between the enamel prisms and this creates a rough surface consisting of enamel tags. When the resin is placed, it flows around the enamel tags and this hardens to form a strong mechanical bond with the enamel.

62. How do you know the etched enamel has been etched accordingly?

- a. Smooth, chalky white appearance
- b. Rough, chalky white appearance**
- c. Smooth, white appearance
- d. Rough, clear appearance

Rationale – B is the correct answer. If it is not a rough, chalky white appearance then the process must be repeated. The surface could have gotten contaminated with water or saliva.

63. What procedure is Formocresol used for?

- a. Extractions
- b. Amalgams
- c. Surgery
- d. Pulpotomy**

Rationale – D is the correct answer. Formocresol is not used for any other procedure, and remember to close the lid tightly after use as it has a very strong odor.

64. If the patient wants to save the tooth, but irreversible pulpitis is present, what do you tell them?

- a. They must have the tooth extracted
- b. They must get a crown

c. They must get a root canal

d. They must go on antibiotics

Rationale – C is the correct answer. Indications for a root canal procedure includes when irreversible pulpitis (inflammation of the pulp) is present. However, if the tooth has broken beyond repair it will need to be extracted.

65. What is true regarding pulp capping?

a. Direct pulp capping is carried out on unexposed pulp

b. Direct pulp capping is carried out on exposed pulp

c. Indirect pulp capping is carried out on exposed pulp

d. None of the above are correct

Rationale – B is the correct answer. Indirect pulp capping is carried out on unexposed pulp.

66. What is true regarding apexification?

a. Treatment of a young permanent tooth when it is no longer vital and when the development of the root is incomplete

b. The goal is to stimulate closure of the apex by stimulating formation of cementum

c. Canals are irrigated with sodium hypochlorite

d. A and B

e. All of the above

Rationale – E is the correct answer. All of the above are correct. The opposite term ‘apexogenesis’ refers to the treatment of the pulp either by capping or Pulpotomy in order to give the young root enough time to develop and close normally.

67. What is another term for ‘bruising’?

a. Nodule

b. Ecchymosis

c. Neoplasma

d. Pustule

Rationale – B is the correct answer. Nodule refers to a solid lesion above or below the surface. Neoplasma is a tumor and pustule is similar to a blister containing pus (think pimple).

68. Which of the following are true statements?

- a. Anodontia refers to absence of teeth and microdontia refers to abnormally small teeth
- b. Supernumerary teeth refers to more teeth than normal and dens in dente refers to a tooth within a tooth
- c. Fusion results in a reduced number of teeth and impacted teeth remain unerupted in the arch
- d. All of the above are correct**

Rationale – D is the correct answer. Please refer to your notes and review all anomalies that may be present at any given time in the mouth.

69. What occlusion classification happens when the lower jaw (mandible) is protruded superior to the maxilla?

- a. Class I
- b. Class II
- c. Class II Div II
- d. Class III**

Rationale – D is the correct answer. Please refer to your notes on all classifications of occlusion and memorize!

70. If you have a HEP B patient in your chair, how would you sterilize the instruments after use?

- a. Same as anyone else**
- b. Sterilize once, then again
- c. Disinfect and then sterilize
- d. Wrapped in package and sent out with the sharps

Rationale – A is the correct answer. Always used standard precautions! Every patient is considered infectious at all times regardless of medical history.

71. When sterilizing instruments, what are the proper gloves that need to be worn?

- a. Latex
- b. Non-latex if an allergy is present
- c. Overgloves
- d. Utility gloves**

Rationale – D is the correct answer. Latex (or non-latex) gloves are worn during treatment, over gloves are worn if needed to write in the chart quickly or grabbing something during a procedure.

72. What is the most important action that can be taken to prevent the transmission of microorganisms from one person to another?

- a. Using a rubber dam
- b. Sterilizing properly
- c. Hand washing**
- d. Dental assisting training

Rationale – C is the correct answer. Hands need to be washed before and after every patient as well as after using gloves. Keep in mind that new studies have been showing the use of an alcohol based sanitizer is ‘just as’ effective as hand washing, given the correct percentage of alcohol is present (60%-70% at least) and hands are not visibly soiled.

73. What does MSDS stand for in WHMIS?

- a. Material Safe and Data Sterilizing
- b. Maternal Safe Delay Sheets
- c. Material Safety Data Sterilizing
- d. Material Safety Data Sheets**

Rationale – D is the correct answer. The MSDS is the backup to the label. The label alerts the worker with a brief profile of a hazardous material. The MSDS contains detailed information about the product.

74. When looking at hazard symbols, what is Class A?

- a. Flammable combustible material
- b. Compressed gas**
- c. Oxidizing material
- d. A and C

Rationale – B is the correct answer. Class B is flammable combustible material and Class C is oxidizing material.

75. The tooth 62 is:

- a. Maxillary left of a primary tooth**
- b. Maxillary left of a permanent tooth

- c. Maxillary right of a primary tooth
- d. Maxillary left of a permanent tooth

Rationale – A is the correct answer. Quads 5,6,7,8 are primary teeth (Similar to Quads 1,2,3,4 for permanent dentition).

1. b. Composite should always be layered due to shrinkage upon curing. The layering technique prevents voids in the fill of the restoration.

2. d. A precise series of steps must be followed while preparing and placing a composite restoration into the tooth for a proper, long-lasting bond.

3. c. A Class III restoration is located on the anterior interproximal surfaces. While placing the composite restoration, a mylar strip must be placed in between the prepared tooth and the tooth next to it to avoid bonding the two interproximal surfaces together. A mylar strip allows the ultraviolet light from the curing unit to access and penetrate the uncured composite material.

4. b. A hollenback carver is used in amalgam procedures to carve the interproximal surfaces of a freshly placed amalgam restoration. It does not polish a composite restoration.

5. b. A curing light emits ultraviolet light, which causes polymerization to occur in the resin-based materials.

6. c. In dental terminology, cured means to set or harden. This occurs with many of the light-sensitive and/ or resin-based materials.

7. a. Composites and other resin-based materials are typically very sensitive to moisture. It is recommended by composite manufacturers that a rubber dam be utilized while placement of this type of material is occurring. Saliva, water, and moisture from the patient's breath can all contaminate the bond strength of the composite restoration. The rubber dam aids in preventing this.

8. b. The term flash refers to excess bonding and composite materials remaining on the tooth structure following the curing process. Since bonding and composite materials are tooth colored, excess material is difficult to see. Flash is usually located during the polishing process.

9. d. A discoid-cleoid is a carving instrument used on the occlusal surface of freshly placed amalgam. It is not classified as a hand carver or a rotary instrument capable of tooth preparation or decay removal.

10. b. A base is placed on the floor of a tooth preparation to soothe and insulates the pulp from hot and cold temperatures.

11. c. Always follow the manufacturer's instructions when mixing any dental material. The instructions will be included with each package.

12. e. Cavity varnishes seal the dentinal tubules, are liquid so they flow easily, evaporate quickly, and should not be placed under a glass ionomer or a resin restoration because they inhibit the bond strength of the material.

13. c. Calcium hydroxide is known in dentistry as a liner that stimulates secondary dentin. It is placed on the floor of the cavity preparation just above the pulp.

14. c. One of the benefits of using glass ionomers is that they contain fluoride, which makes them anticariogenic. This continual release of fluoride strengthens the enamel and dentin.

15. b. Oil of cloves is an ingredient in ZOE that is very soothing to the pulp.

16. e. Gypsum materials are various types of plasters and stones with varying strengths, which are utilized for different purposes in dentistry.

17. e. Either ZOE or non-eugenol temporary cement would be acceptable when cementing an aluminum temporary restoration. The permanent restoration may be an all-porcelain crown and, in that case, temporary cement with no eugenol should be used. Answers a and b are both permanent cements, and should not be used for temporary restorations.

18. e. Either ZOE or non-eugenol temporary cement would be acceptable when cementing a polycarbonate temporary restoration. The permanent restoration may be an all-porcelain crown and, in that case, temporary cement with no eugenol should be used. Answers a and b are both permanent cements, and should not be used for temporary restorations.

19. c. According to the manufacturer, temporary cement is designed to last up to six months. However, most temporary cements are used for only two weeks until the permanent cast restoration is made by the lab.

20. b. This is the correct sequence for placing an amalgam restoration.

21. d. This is the sequence of instrumentation for an amalgam restoration.

22. d. Sealant material is a preventive measure used to prevent occlusal decay.

23. e. This is the correct sequence for placement of a sealant.
24. a. Gutta percha is the only dental material available that will flow into the canals of root-canal-treated teeth when heated.
25. e. Periodontal dressings are supplied as light-cured materials; they can be eugenol-based and non-eugenol based.
26. b. A bite registration is taken after the tooth is prepped to demonstrate to the lab the amount of clearance from the prepped tooth to the surrounding natural teeth and anatomy of the occlusion.
27. c. The patient needs to apply intraoral force to the permanent crown during cementation to ensure the restoration has seated all the way to the margin. An orangewood stick or cotton roll is helpful in exerting proper intraoral forces along the cast restoration.
28. b. A slightly high occlusion can be adjusted by the dentist at the chair. The other examples would need to be repaired at the lab with the expertise of the lab technician.
29. b. A gingival margin trimmer is a hand-cutting instrument used during tooth preparation. It does not have a place on a crown and bridge cementation setup.
30. a. An onlay is a cast restoration that covers the cusps of the tooth but leaves the facial and lingual aspects of the tooth intact.
31. a. Alginate is not used as a final impression material because it is not an accurate elastomeric material. Final impressions must be extremely accurate.
32. e. The largest size retraction cord is a size 3. It is used in large sulcular areas.
33. c. Heavy- or medium-bodied impression material is also known as “tray” material because it is placed in a tray by the assistant just prior to placement in the mouth.
34. c. Acid etch, also known as tooth conditioner, should be placed on the prepared tooth for 15–20 seconds. If left longer, the acid etch could over-etch the tooth structure, causing sensitivity. If rinsed off too soon, it will cause compromised bond strength, and the restoration could fail.
35. a. currently, ten years is the approximate life span of a properly placed sealant. The sealant will be examined at each six-month recall.
36. a. Trituration is the process of mixing. Amalgam capsules are placed into a triturator or amalgamator to combine the mercury and alloy powder to make the amalgam restoration.

37. c. It is not advised to look at the curing light when curing a resin-based material. Prolonged and frequent staring at this light over time will cause damage to the retina.
38. c. Sealant material is a form of flowable composite. This makes application easier, as it will flow into the fissures and grooves on the occlusal surfaces of posterior teeth.
39. c. The lathe is a machine to which a rag wheel is attached. The lathe spins in a circular motion and uses lab pumice to create a polished, smooth, and shiny appearance to the new temporary crown.
40. a. The smear layer is secreted by the dentinal tubules when they have been cut by the hand piece and bur. The dentin is trying to repair itself. This smear layer is removed by etching prior to placement of a resin based material.
41. b. A final or master impression is obtained with elastomeric impression material and is capable of giving the best reproduction of the prepared margin.
42. d. Sealants are placed on the occlusal surfaces of posterior teeth into the pits and fissures.
43. e. PVS, polyether, and polysulfide are the three elastomeric impression materials used in dentistry for final impressions.
44. c. Sealants are a preventive restoration to prevent decay from occurring on the occlusal surfaces of posterior teeth.
45. a. Slow but steady increments from one side of the impression is the proper way to pour plaster into the impression and lessen the number of air bubbles in the set model.
46. c. A vibrator is used to lessen the amount of air trapped in the plaster or stone mixture just prior to pouring into an impression.
47. a. A vacuum former, also known as a “suck down” machine, is used to soften the bleach tray material by heating the material slowly. It then provides a rush of air to seal the material around the model, creating a custom bleach tray for the patient.
48. d. Bite registration wax is the wax of choice when using wax for this purpose. Alternatively, bite registration can also be taken with a PVS elastomeric material.
49. c. Glass particles, silicate, and quartz are all additives placed in filled resins. They add extra strength to the composite material itself. The operator will choose a filled or unfilled resin, based on his or her preferences. One is not better than the other.

50. e. An in-office bleach procedure will always have a higher percentage concentration than the take-home variety. This provides the dental office the opportunity to produce rapid results within an hour or two. The take-home bleach concentration ranges from 5% to 20% and up.