INTRA/EXTRA ORAL EXAMINATION

Dentalelle Tutoring

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1. **If you notice a ‘typical’ finding after reviewing the head and neck on a new patient, what does this mean?**
   (a) you had expected this
   (b) within normal limits
   (c) not present in all individuals but within normal limits
   (d) found in most people
   (slide 2)

2. **In the head and neck examination categories you have the normal, typical and pathologic. Pathologic refers to infection.**
   (a) Both statements are true
   (b) Both statements are false
   (c) First statement is true, second is false
   (d) First statement is false, second is true
   (slide 2)

3. **How should the major lymph nodes be palpated?**
   (a) the patient in supine position
   (b) the patient in sub supine position
   (c) the patient upright
   (d) the patient upright OR supine
   (e) (slide 3)

4. **Are fixed nodes a concern?**
   (a) yes they can be
   (b) no never
   (c) yes they can and should be noted
   (d) if the patient is ill
   (e) (slide 3)

5. **What group of lymph nodes are common to lymph nodes being enlarged and palpable AFTER infection?**
   (a) submandibular
   (b) sublingual caruncle
   (c) lingual varacostities
   (d) submental
   (e) (slide 3)

6. **Where are the supraclavicular nodes located?**
   (a) just above the clavicle
   (b) just below the clavicle
(c) along the clavicle
(d) usually cannot be felt
(e) (slide 4)

7. Palpate the ____ nodes by pulling or rolling the tissues under the chin up and over the inferior border of the mandible. Also make sure to ask the patient to touch the roof of the mouth with the tongue, pressing firmly against the roof will allow additional access.
   (a) submandibular, TRUE
   (b) auricular, TRUE
   (c) submandibular, FALSE
   (d) auricular, FALSE
   (e) (slide 4)

8. These nodes ____ are one inch above and below the hairline
   (a) auricular
   (b) cervical chain
   (c) occipital a
   (d) occipital
   (e) (slide 4)

9. Where are the deep cervical lymph nodes?
   (a) on the neck inferior to the superficial cervical
   (b) on the neck
   (c) backside of the neck superior to the superficial cervical
   (d) None are correct
   (e) slide 5

10. What is bimanual palpation?
    (a) finger and thumb of same hand
    (b) finger and thumb from each hand
    (c) fingers of same hand
    (d) fingers from each hand
    (e) (slide 6)

11. What is bilateral palpation?
    (a) finger and thumb of same hand
    (b) fingers and thumb from each hand
    (c) two hands used at same time
    (d) one hand used at same time
    (e) (slide 6)

12. What duct is distal (behind) the parotid salivary gland?
    (a) opening of submandibular duct
    (b) parotid duct
    (c) submandibular duct
    (d) none
    (e) (slide 7)

13. How is the floor of the mouth examined?
    (a) bilateral palpation
14. What houses the Whartons duct?
   (a) lingual frenum
   (b) sublingual caruncle
   (c) sublingual folds
   (d) b and c
   (e) (slide 8)

15. What is the lingual frenum?
   (a) opening to a duct
   (b) oblique elevation
   (c) houses ducts from sublingual salivary gland
   (d) muscle attachment
   (e) (slide 8)

16. What are two oblique elevations found laterally away from the lingual frenum?
   (a) sublingual folds
   (b) sublingual caruncle
   (c) lingua frenum
   (d) whartons ducts
   (e) (slide 8)

17. Where are the papilla of the tongue located?
   (a) ventral surface of the tongue
   (b) ventral and dorsal surface of the tongue
   (c) dorsal surface of the tongue
   (d) dorsal and lateral of the tongue
   (e) (slide 9)

18. What can be found on the posterior dorsal surface of the tongue?
   (a) lingual varicosities
   (b) foliate papillae
   (c) lingual thyroid
   (d) sulcus terminalis
   (e) (slide 9)

19. What type of patients commonly have lingual varicosities?
   (a) children
   (b) adult females
   (c) seniors
   (d) senior males
   (e) (slide 9)

20. Can nutritional deficiencies cause inflammation of the tongue?
   (a) Yes
   (b) No
(c) Only in children
(slide 10)

21. What is the most common cause of oral cancer?
(a) tobacco and smoking
(b) tobacco and alcohol
(c) smokeless tobacco and alcohol
(d) a and c
(e) (slide 12)

22. Heavy exposure to the sun could lead to ____?
(a) cancer of the face
(b) cancer to the nose (first area hit by the sun)
(c) cancer of the lip
(d) cancer of the lip and nose
(e) (slide 13)

23. What is TNM system?
(a) tumor size, presence or absence of tumor in nodes, presence of absence of distant metastases
(b) tumor color and size, tumor in nodes, if metastases
(c) tumor size, tumor in submandibular nodes, malodor
(d) None
(e) (slide 15)

24. How is cancer of the oral cavity treated?
(a) chemotherapy and radiation
(b) radiation is the first step
(c) surgery after chemotherapy
(d) chemotherapy, radiation, surgery
(e) (slide 16)

25. What is the preferred method to take care of bulky tumours?
(a) radiation
(b) chemotherapy
(c) surgery - biopsy
(d) chemotherapy and radiation combined
(e) (slide 16)

26. What is the Brush Biopsy, Cytology, Velscope, and Vizilite - explain each one.
(slides 17-20)

27. What is erythroplakia?
(a) usually benign
(b) common in females
(c) can exhibit premalignancy
(d) white lesion with red border
(e) (slide 23)

28. How many teeth are in the primary dentition?
(a) 10-20
29. Where is the sublingual gland located?
(a) anterior to the submandibular gland
(b) posterior to the submandibular gland
(c) superior to the submandibular gland
(d) inferior to the submandibular gland
(e) (slide 61)

30. Where is the philtrum?
(a) the tip of the nose
(b) the space between the nose and upper lip
(c) inferior to the mentolabial sulcus
(d) near the lower lip vermillion
(e) (slide 59)

31. What is the inner canthus of the eye?
(a) folder of tissue near the labial comissures
(b) only in blue eye-individuals
(c) fold of tissue at the inner corner of the eyelids
(d) the eyelid
(e) (slide 58)

32. What papillae is at the most anterior portion of the tongue?
(a) fungiform
(b) apex of tongue
(c) filiform
(d) circumvallate
(e) (slide 57)

33. What is the incisive papilla?
(a) at the midline
(b) bright red
(c) thin keratinized tissue
(d) thick keratinized tissue
(e) (slide 54)

34. What are yellowish sebaceous glands found on the facial mucosa near the corner of the mouth?
(a) frenum
(b) alveolar mucosa
(c) lip pits
(d) fordyce granules
(e) (slide 52)

35. What is true about mouth guards?
(a) allows speaking and does not limit breathing
(b) should be cost effective
(c) includes high power absorption and power distribution throughout the expansion
(d) all of the above
(e) (slide 49)

36. After ____ hours the chance for an avulsed tooth to successfully recover full function diminish.
   (a) 1 hour
   (b) 2 hours
   (c) 3 hours
   (d) 4 hours
   (e) (slide 48)

37. What is best to use with large diastamas?
   (a) Stim-U-Dents
   (b) Proxy Brushes
   (c) Toothpicks
   (d) Floss wand
   (e) (slide 44)

38. What method of flossing is preferred for children?
   (a) loop or circle
   (b) loop
   (c) spool
   (d) floss picks
   (e) (slide 43)

39. When does plaque begin to mineralize into calculus?
   (a) 12-24 hours
   (b) 6-12 hours
   (c) 24 hours
   (d) 36 hours
   (e) (slide 41)

40. Can interproximal plaque that has been left for 24 hours be removed by floss?
   (a) yes
   (b) no
   (c) (slide 40)

41. When does the pellicle form?
   (a) immediately after brushing
   (b) immediately after a cleaning
   (c) immediately after using mouthwash
   (d) None of the above
   (e) (slide 39)

42. When the pH of saliva is 4.5-5.0 what happens?
   (a) calculus forms
   (b) demineralization
(c) caries form
(d) xerostomia
(e) (slide 35)

43. If the pulp is dead what happens?
(a) the tooth is sensitive ‘sometimes’
(b) the tooth has no response
(c) the tooth has decay
(d) the tooth needs to be removed
(e) (slide 32)
1. If you notice a ‘typical’ finding after reviewing the head and neck on a new patient, what does this mean?
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   (c) not present in all individuals but within normal limits
   (d) found in most people
   (slide 1)

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   (c) the patient upright
   (d) the patient upright OR supine
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    (a) opening of submandibular duct
    (b) parotid duct
    (c) submandibular duct
    (d) none *the parotid duct is MESIAL (infront of) to the parotid salivary gland, see image on slide 7
    (e) (slide 7)

13. How is the floor of the mouth examined?
    (a) bilateral palpation
    (b) bidigital palpation
    (c) bimanual palpation
    (d) raise the tongue
    (e) (slide 8)

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40. Can interproximal plaque that has been left for 24 hours be removed by floss?
   (a) yes
   (b) no — remember plaque is mineralized after 24 (forming calculus) and calculus CANNOT be removed by floss
   (c) (slide 40)

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