

## **Due Module 5 - Section 1 Online State Board Exam**

### **Chapters 19, 20, 21, 32, 11, 12, 28, 34, 35, 37, 26, 33**

**Directions:** Use this copy of the Section 1 State Board Exam to look up the answers to each question as you read through the Textbook Chapters that are assigned weekly in each module. As you read the assigned textbook chapters look up the answers to the Section 1 State Board Exam and mark them on a printed copy of this Exam (if you choose to print it) or write the answers to each question on a separate sheet of paper (if you choose to NOT PRINT this). These questions are listed in the exact order online as listed on this paper test. This paper test is to help you complete a few Chapters each week, so you don't have to complete all 200 questions at one time.

The order of the chapters listed on this Exam corresponds with the chapter readings assigned weekly. **Once you have looked up all the answers to this Exam, you must enter the answers to each question online in Section 1 Exam before the due date (see Course Outline for due dates).**

### **Chapter 19 - 14th Edition**

1. Which of the following is the first link in the chain of infection?
  - a. Infectious agent
  - b. Portal of entry
  - c. Immunity
  - d. Occupational exposure
2. Which of the following terms is used to describe disease-causing organisms?
  - a. Virulence
  - b. Bioburden
  - c. Pathogens
  - d. Infectious disease
3. An infection that has a rapid onset or a short course is a(n) \_\_\_\_\_ infection.
  - a. chronic
  - b. latent
  - c. acute
  - d. opportunistic
4. A(n) \_\_\_\_\_ injury is through the skin, such as a needle stick.
  - a. percutaneous
  - b. permucosal
  - c. infectious
  - d. dermatitis
5. \_\_\_\_\_ transmission means touching or contact with the patient's blood or saliva.
  - a. Direct
  - b. Indirect
  - c. Airborne
  - d. Spatter
6. Mistlike aerosols are
  - a. visible to the naked eye.
  - b. created by the prophylactic cup during dental procedures.
  - c. not capable of transmitting respiratory infections.
  - d. capable of remaining airborne for extended periods and can be inhaled.

7. Which of the following types of pathogens are carried in the blood and body fluids of infected individuals and that can be transmitted to others?
- Blood-borne
  - Parenteral
  - Virulent
  - Acquired
8. Which of the following is the most common route of patient to dental team disease transmission in the dental office?
- Droplet infection through inhaling aerosol generated by the dental handpiece
  - Direct contact with the patient's blood or saliva
  - Indirect contact with a contaminated surface
  - Indirect contact with a contaminated instrument
9. The role of \_\_\_\_\_ is to issue specific standards to protect the health of employees in the United States.
- HIPAA
  - CDC
  - OSHA
  - FDA
10. The law designed to protect employees against occupational exposure to blood-borne disease-causing organisms such as HBV, HIV, and HCV is
- the OSHA Blood-Borne Pathogens (BBP) Standard.
  - Guidelines for Infection Control in Dental Healthcare Settings.*
  - the OSHA Health and Safety Standards.
  - the exposure control plan.
11. According to the CDC, \_\_\_\_\_ Precautions represent a standard of care designed to protect healthcare providers from pathogens that can be spread by blood or any other body fluid, excretion, or secretion.
- Standard
  - Universal
  - Nationwide
  - Uniform
12. The CDC term *Standard Precautions* applies to contact with which of the following?
- Perspiration
  - All body fluids, secretions, and excretions except sweat, but only if they contain blood
  - All body fluids, secretions, and excretions except sweat, regardless of whether they contain blood
  - Intact skin
13. Who should be notified first of an exposure incident after initial first aid is provided?
- Employer
  - Employee's physician
  - Source patient
  - Workers' compensation provider
14. Which of the following is the first procedural step after an exposure incident?
- Contact the source patient.
  - Stop operations immediately.
  - Remove your gloves.
  - Wash your hands thoroughly.

15. Protective clothing should have
  - a. short sleeves and a low neckline.
  - b. short sleeves and a high neckline.
  - c. long sleeves and a low neckline.
  - d. long sleeves and a high neckline.
  
16. Which of the following is the correct sequence for handwashing and gloving?
  - a. Wash your hands before you put on gloves, but not after you remove gloves.
  - b. Wash your hands before you put on gloves and immediately after you remove gloves.
  - c. Wash your hands only after you remove gloves.
  - d. You do not need to wash your hands if you wear gloves.
  
17. Which of the following statements about reducing microbial flora is true?
  - a. Alcohol-based hand rubs are more effective at reducing microbial flora than plain soap or antimicrobial handwashes.
  - b. Plain soap or antimicrobial handwashes are more effective at reducing microbial flora than alcohol-based hand rubs.
  - c. Alcohol-based hand rubs, antimicrobial handwashes, and plain soap are equally effective at reducing microbial flora.
  - d. Plain soap is best for reducing microbial flora.
  
18. Which of the following should be removed first when removing PPE?
  - a. Gloves
  - b. Protective eyewear
  - c. Gown
  - d. Mask
  
19. CDC guidelines and the OSHA Blood-borne Pathogen Standard consider saliva to be which of the following?
  - a. A potentially infectious body fluid
  - b. A noninfectious body fluid
  - c. An infectious waste
  - d. A contaminated waste
  
20. Which of the following is the correct procedure to follow for a patient with active tuberculosis (TB)?
  - a. Have the patient rinse with a pre-procedural rinse and treat them.
  - b. Have the patient pre-medicate with an antibiotic and treat them.
  - c. Delay treatment until the patient is noninfectious.
  - d. The patient is noninfectious and should be treated just like any other patient.
  
21. When is the best time to clean and disinfect dental prostheses or impressions that will be handled in the in-office laboratory?
  - a. After they have had time to dry
  - b. As soon as possible after removal from the patient's mouth
  - c. After they are in the laboratory
  - d. Whenever you have time
  
22. Pathogens must have a pathway into the body called a(n) \_\_\_\_\_ to cause infection.
  - a. portal of entry
  - b. susceptible host
  - c. acute infection
  - d. chronic infection

23. Transmission of pathogens occurring through contact from person to another person is which of the following forms of transmission?
- Direct
  - Indirect
  - Airborne
  - Spatter
24. What type of disease transmission refers to the spread of disease through droplets of moisture that contain bacteria or viruses?
- Direct transmission
  - Aerosol transmission
  - Spray or splatter
  - Airborne transmission
25. Pathogens transmitted by means of cuts or punctures are an example of \_\_\_\_\_ transmission.
- blood-borne
  - parenteral
  - virulent
  - acquired
26. Which type of transmission of infection occurs to a dental team member through the mucosal surfaces of the eyes, nose, and mouth?
- Dental team-to-patient transmission
  - Patient-to-patient transmission
  - Patient-to-dental team infection
  - Community-to-dental office-to-patient transmission
27. Infection control measures that help to prevent disease transmission to the dental professional include
- gloves and handwashing.
  - rubber dams and the use of patient mouth rinses.
  - the use of masks.
  - All of the answer options.
28. Which infection control measures must be practiced to avoid patient-to-patient disease transmission?
- Instrument sterilization and use of sterile instruments
  - Surface barriers
  - Handwashing and the uses of gloves
  - All of the answer options
29. Who is responsible for training employees to respond properly to an exposure incident in the dental office?
- The employer
  - The office manager
  - OSHA
  - The CDC
30. \_\_\_\_\_ Precautions represent a standard of care designed to protect healthcare providers from pathogens that can be spread by blood or any other body fluid, excretion, or secretion.
- Standard
  - Universal
  - Domestic
  - Continental

31. Which type of mask is recommended for procedures with moderate to heavy amounts of fluid, spray, and aerosols generated?
- ASTM Level 1 mask
  - ASTM Level 2 mask
  - ASTM Level 3 mask
  - ASTM Level 4 mask
32. Protective Clothing Requirement Standards do *not* include
- clothing made of fluid-resistant material.
  - disposable jackets or gowns with long sleeves and high neckline.
  - minimizing the amount of uncovered skin.
  - requiring disposable gowns.
33. Protective masks are worn over the nose and mouth to protect dental personnel from all of the following except
- inhaling infectious microorganisms.
  - aerosol and spray from handpieces or an air-water syringe.
  - any accidental splashes.
  - revealing emotions.

### Chapter 20 - 14th Edition

34. The environmental surfaces that must be cleaned and decontaminated more rigorously than the others are
- housekeeping surfaces.
  - clinical contact surfaces.
  - floors and walls.
  - sinks.
35. Following OSAP protocol, surface barriers
- should be removed and discarded between patients after removal of gloves.
  - should be removed and discarded between patients while hands are still gloved.
  - should be disinfected using the spray-wipe-spray technique.
  - eliminate the need to clean and disinfect surfaces at the beginning and end of each workday.
36. Chemicals that destroy or inactivate most species of pathogenic microorganisms on inanimate surfaces are called
- disinfectants.
  - sterilants.
  - antiseptics.
  - antibiotics.
37. Each of the following is an appropriate precaution when using glutaraldehyde *except* one. Which one is the EXCEPTION?
- Avoid inhaling the fumes.
  - Always rinse instruments thoroughly prior to any intraoral use.
  - Wear PPE to protect the eyes, skin, and lungs.
  - Do not use as an immersion time of more than 5 minutes due to the potential for corrosion of surfaces.
38. Some microorganisms may survive on outside the host on environmental surfaces. The organism of concern to dentistry that can survive for weeks outside the host is
- herpes simplex.
  - herpes zoster.
  - tuberculosis.
  - lichen planus.

39. To avoid contamination in a dental treatment area, the best approach is to
- disinfect the dental treatment tray, light handles, and patient chair.
  - disinfect the light handle, chair handles, and anything the patient has touched.
  - disinfect those surfaces touched by dental instruments.
  - assume all surfaces have been contaminated.
40. The use of barriers on surfaces and equipment can prevent contamination of contact areas. The correct protocol for their use would include
- removing and discarding with gloved hands, and replacing using clean gloves between patients.
  - using a barrier that will absorb fluids.
  - disinfecting each barrier using the spray-wipe-spray technique.
  - placing 10 to 12 barriers on the surface and removing one following the treatment of each patient.
41. The agency responsible for the Blood-Borne Pathogens Standard that requires contaminated surfaces to be disinfected between patients, even if no evidence of contamination is visible is the
- Centers for Disease Control and Prevention (CDC).
  - Occupational Safety and Health Administration (OSHA).
  - Organization for Safety and Asepsis Procedures (OSAP).
  - Environmental Protection Agency (EPA).
42. Which is used to kill disease-causing microorganisms that remain on the surface after precleaning?
- Disinfectant
  - Antiseptic
  - Antimicrobial
  - Sterilization

## Chapter 21 - 14th Edition

43. Which of the following statements is true regarding the seven steps for instrument processing?
- Packaging takes place following sterilization.
  - Sterilization takes place prior to storage.
  - Storage takes place prior to packaging.
  - Storage takes place following delivery.
44. The ideal instrument-processing area should be
- large enough for several assistants to work at one time.
  - dedicated only to instrument processing.
  - part of the treatment areas and dental laboratory.
  - open to the outside through a door or windows.
45. The purpose of an instrument holding solution is to
- clean.
  - disinfect.
  - prevent the drying of blood and debris on instruments.
  - sterilize.
46. An ultrasonic cleaning solution
- should be a dilution of a surface disinfectant.
  - should have an antimicrobial activity that will disinfect the instruments.
  - should be specially formulated for use in only the ultrasonic cleaner.
  - does not have enzymatic activity.

47. An ultrasonic cleaner cleans dirty instruments using sound waves, which causes
- cavitation and implosion.
  - oscillation.
  - vibrations.
  - aerosolization.
48. The ultrasonic cleaner should be cleaned and disinfected
- every other day.
  - once a week.
  - at least once a day.
  - once every 28 days.
49. At the completion of the cleaning cycle of an ultrasonic cleaning unit, instruments should be
- bagged.
  - rinsed with clear water.
  - placed in the sterilizer.
  - put away.
50. Process indicators that change color are useful for
- biologic monitoring of sterilization.
  - identifying instrument packs that have been exposed to a certain temperature.
  - proving that all bacteria have been killed.
  - verifying that all endospores are not viable.
51. The best way to determine whether sterilization has occurred is to use
- process integrators.
  - biologic monitors.
  - process indicators.
  - color-changing sterilization bags or tape.
52. Sterilization destroys
- all microbial forms, including bacterial spores.
  - all microbial forms, except bacterial spores.
  - bacteria, including bacterial spores and viruses but not fungi.
  - bacteria, including bacterial spores and fungi but not viruses.
53. Microorganisms in a steam sterilizer are killed by
- heat.
  - pressure.
  - water vapor.
  - lack of oxygen.
54. The order of the cycles of a steam sterilizer is
- drying; heat-up; depressurization; sterilizing.
  - depressurization; heat-up; sterilizing; drying.
  - heat-up; sterilizing; depressurization; drying.
  - sterilizing; heat-up; depressurization; drying.
55. Why is it important for packages to dry inside the steam sterilizer before storage?
- Part of the sterilization cycle involves drying or desiccation of bacterial spores.
  - Wicking of bacteria can occur through wet packaging material.
  - The process indicator will not work if it is moist.
  - The process integrator will not work if it is dry.

56. Recommended methods for sterilizing dental handpieces include
- chemical liquid disinfection.
  - steam sterilization.
  - ethylene oxide sterilization.
  - wiping with gauze saturated with isopropyl alcohol.
57. Methods of preventing rust from forming on an instrument during the sterilization process include
- completely drying the instrument.
  - keeping the instrument soaking in the ultrasonic cleaner until just prior to the moment the autoclave cycle is initiated.
  - allowing the instrument to air dry in the packaging.
  - soaking the instruments in hot oil before placing them in the autoclave.
58. Dried blood remaining on dental instruments following a treatment procedure is due to improper
- packaging of dental instruments.
  - timing of the sterilization cycle.
  - loading of packages into the sterilizer.
  - cleaning of dental instruments.
59. A tear in an instrument package requires the dental assistant to
- staple the hole closed.
  - ignore the hole.
  - use a new instrument package.
  - tape the hole closed with autoclave tape.
60. The autoclave cycle that allows the steam under pressure to be released from within the chamber is the \_\_\_\_\_ cycle.
- heating
  - drying
  - sterilizing
  - depressurizing
61. Ultrasonic cleaners are used to
- loosen and remove debris from instruments.
  - disinfect instruments.
  - sterilize instruments.
  - eliminate the need to wear and mask, protective eyewear, and a protective gown as is required for hand scrubbing.
62. The minimum frequency recommended by the CDC, ADA, and OSAP for biologic monitoring of all sterilizing equipment is
- daily.
  - bi-weekly.
  - weekly.
  - monthly.
63. The best method to remove debris from the head of the handpiece is to
- wipe off with disinfectant.
  - flush the handpiece for 10 to 20 seconds.
  - place it in an ultrasonic cleaner.
  - run water through the handpiece.



64. A process indicator is placed
- inside the instrument package.
  - outside of the instrument package.
  - in a culture to determine if spores survive the sterilization cycle.
  - determine if the sterilizer gauges have been calibrated correctly.
65. All of the following will cause a sterilization failure *except*
- excessive packaging.
  - using correct packaging material.
  - overloading of sterilizer.
  - inadequate instrument cleaning.

### Chapter 32 - 14th Edition

66. All of the following specific areas of a dental office require privacy except the
- administrative/business area.
  - clinical treatment areas.
  - sterilization center.
  - dentist's private office.
67. When the dental chair is in the supine position, the
- back of the chair is positioned at a vertical 90-degree angle.
  - patient is positioned as if lying down.
  - patient's head is lower than the feet.
  - patient is in the correct position for exposure of radiographs and for taking impressions.
68. Which form of delivery provides the dentist with the easiest access to the dental handpieces without twisting his or her body?
- Front
  - Right-side
  - Left-side
  - Rear
69. The most powerful system to remove excess water from the patient's mouth is by
- having the patient rinse into a cuspidor.
  - having the patient rinse into a cup.
  - using the high-volume evacuator (HVE).
  - using the saliva ejector.
70. The goal of the evening routine for clinical areas in a dental practice is
- leaving the office as soon as patient treatment is completed for the day.
  - leaving the office ready for patient care in the morning.
  - the responsibility of the dentist to perform, in most practices.
  - the responsibility of the business office staff members to perform, in most practices.
71. How often should the tip of the air-water syringe be replaced?
- Between each patient
  - At the beginning of every day
  - At the end of every day
  - When it becomes clogged or doesn't work properly

72. Two features found on a dental assistant's stool but not on the operator's stool are the
- armrest and headrest.
  - light switch and food control device.
  - footrest and abdominal bar.
  - back cushion and abdominal bar.
73. A device used to triturate dental materials is called a(n)
- curing light.
  - dental unit.
  - handpiece.
  - amalgamator.
74. The foot-controlled device that controls the speed of a dental handpiece is called a(n)
- central vacuum.
  - curing light.
  - rheostat.
  - air-water syringe.
75. An oral evacuation system should be flushed
- biweekly.
  - monthly.
  - weekly.
  - daily.
76. An instrument used to harden or "cure" light-sensitive dental materials is a(n)
- central air compressor.
  - curing light.
  - view box.
  - amalgamator.
77. The upright chair position is used for all of the following except
- patient arrival and dismissal.
  - taking of radiographs.
  - taking of impressions.
  - restoration of cavities.

## Chapter 11 - 14th Edition

78. The human mouth is divided into two dental \_\_\_\_\_.
- quadrants.
  - arches.
  - sextants.
  - segments.
79. The anterior teeth include the
- incisors and canines.
  - incisors, canines, and premolars.
  - canines and premolars.
  - premolars and molars.
80. \_\_\_\_\_ are the longest teeth in the human dentition and are used for cutting and tearing.
- Incisors
  - Canines
  - Molars
  - Premolars

81. Which of the following is the preferred term for bicuspid?
- Molar
  - Premolar
  - Canine
  - Incisor
82. Which of the following surfaces of the maxillary anterior teeth do you mainly see when someone smiles?
- Facial
  - Lingual
  - Mesial
  - Distal
83. The area where the mesial or distal surfaces of the tooth touch the adjacent tooth in the arch is the
- embrasure.
  - contact area.
  - line angle.
  - point angle.
84. The tooth numbering system most often used in the United States is the \_\_\_\_\_ system.
- Palmer Notation
  - Universal/National
  - International Standards Organization
  - Fédération Dentaire Internationale
85. The **primary teeth** (baby teeth) are \_\_\_\_\_ in the Universal/National System.
- numbered 1 to 32
  - lettered with capital letters from A to T
  - numbered by quadrant
  - numbered with the maxillary central incisors as 18 and 28
86. Which term is used to describe the period when both primary teeth and permanent teeth are present at the same time in the oral cavity?
- Primary
  - Mixed
  - Permanent
  - Rudimentary
87. The teeth in the upper arch are set in the
- zygomatic.
  - maxilla.
  - mandible.
  - mentalis.
88. The temporomandibular joint permits movement of the
- mandible.
  - maxilla.
  - gomphosis.
  - cartilaginous joint.
89. How many quadrants are there in the mandibular dentition?
- 1
  - 2
  - 3
  - 4

90. Which of the following teeth are posterior teeth?
- Incisors and canines
  - Canines and premolars
  - Premolars and molars
  - Incisors and molars
91. The correct order of the teeth from mesial to distal in the permanent dentition is
- molars, premolars, incisors, canines.
  - incisors, canines, premolars, molars.
  - canines, incisors, premolars, molars.
  - incisors, premolars, canines, molars.
92. Which of the following surfaces is the chewing surface of posterior teeth?
- Labial
  - Lingual
  - Occlusal
  - Proximal
93. Which of the following surfaces is closest to the tongue?
- Incisal
  - Facial
  - Distal
  - Lingual
94. The tooth surface closest to the cheek on posterior teeth is the \_\_\_\_\_ surface.
- incisal
  - buccal
  - palatal
  - lingual
95. The \_\_\_\_\_ surface is the chewing surface on anterior teeth.
- incisal
  - occlusal
  - masticatory
  - lingual
96. The two tooth surfaces that are proximal surfaces are the mesial and
- distal.
  - labial.
  - incisal.
  - palatal.
97. The \_\_\_\_\_ is the exact spot where adjacent teeth actually touch each other.
- contour
  - contact area
  - height of contour
  - contact point

## Chapter 12 - 14th Edition

98. How many molars are present in the **permanent dentition**?
- 3
  - 4
  - 12
  - 16

99. Using the Universal/National Teeth-Numbering System, what are the numbers for the permanent third molars?
- 1, 16, 17, 32
  - 3, 14, 19, 30
  - 6, 11, 22, 27
  - 2, 15, 18, 31
100. Which of the following teeth are sometimes referred to as *wisdom teeth*?
- First molars
  - Premolars
  - Third molars
  - Canines
101. How many premolars are in each quadrant of the permanent dentitions?
- 2
  - 4
  - 6
  - 8
102. How many canines are in a quadrant of the permanent dentition?
- 1
  - 2
  - 4
  - 8
103. Canines are also commonly referred to as
- wisdom teeth.
  - eyeteeth.
  - cuspid.
  - bicuspids.
104. How many premolars are in one arch of the permanent dentition?
- 2
  - 4
  - 6
  - 8
105. In the Universal Numbering System, the permanent maxillary first premolars are
- #4 and #13.
  - #5 and #12.
  - #20, #21, #28, and #29.
  - #34, #35, #44, and #45.
106. In the Universal Numbering System, the four second permanent molars are
- #16, #26, #36, and #46.
  - #2, #15, #18, and #31.
  - #3, #14, #19, and #30.
  - #18, #28, #38, and #48.

## Chapter 28 - 14th Edition

107. One technique used to detect periodontal disease is
- the use of a sharp-pointed explorer.
  - periodontal probing.
  - palpation.
  - transillumination with a mouth mirror.

108. The diagram used for charting the primary teeth includes \_\_\_\_\_ primary teeth and \_\_\_\_\_ permanent teeth.
- 24; 30
  - 20; 36
  - 20; 32
  - 32; 20
109. When referring to a tooth charting diagram, the teeth are presented from the perspective of looking into the patient's mouth, and the right side of the patient's mouth appears on the \_\_\_\_\_ of the page.
- left side
  - right side
  - top
  - bottom
110. The tooth-numbering system that begins numbering the maxillary right third molar as tooth #1 and ends with the mandibular right third molar as tooth #32 is the
- Universal System.
  - Palmer Notation System.
  - International Standards Organization/Fédération Dentaire Internationale System.
  - Bracket Numbering System.
111. Charting with a color-coding system specifies that \_\_\_\_\_ is used for dental treatment that has been completed and \_\_\_\_\_ is used for dental treatment that needs to be completed.
- red; green
  - blue; red
  - red; blue
  - blue; yellow
112. The correct abbreviation for a mesio-occluso-buccal restoration is
- BuOcMe.
  - BOM.
  - MOD.
  - MOB.
113. The examination of the cheeks, mucosa, lips, palate, tonsil area, tongue, and floor of the mouth to detect any abnormalities is the \_\_\_\_\_ examination.
- soft tissue
  - oral cavity
  - hard tissue
  - oral mucosa
114. A **periodontal pocket** is recorded on the examination form when the **depth of the measurement on the periodontal probe is greater than \_\_\_\_\_ mm.**
- 1
  - 2
  - 3
  - 4
115. The first priority in formulating a treatment plan is to
- restore teeth with composite or amalgam restorations.
  - place dental implants.
  - replace missing teeth with fixed and removable prosthodontic appliances.
  - provide relief of discomfort.

116. Presentation of the treatment plan
- should be conducted at the conclusion of the clinical examination.
  - is typically scheduled as a 30-minute to 1-hour appointment in a casual atmosphere, such as at a restaurant during lunch hour.
  - should be conducted in the treatment room where the procedures will be done.
  - should be discussed using terms the patient will understand.
117. Responsibilities of the dental assistant in documenting the clinical examination include
- using the periodontal probe to determine pocket depths.
  - diagnosing caries.
  - charting the correct tooth and correct conditions.
  - determining tooth mobility.
118. Tooth mobility is evaluated and charted in the \_\_\_\_\_ examination.
- soft tissue
  - periodontal
  - extraoral
  - intraoral imaging
119. The dental assistant is involved in patient examination and treatment planning with each of the following *except*
- taking intraoral and extraoral photographs.
  - charting and recording the dentist's findings.
  - assisting the patient with completion of the patient information forms.
  - conducting the intraoral examination.
120. In the Universal Numbering System, the four lateral incisors would be identified as teeth numbers
- 7, 10, 23, and 26.
  - 6, 11, 22, and 27.
  - 8, 9, 24, and 25.
  - 7, 10, 24, and 25.
121. In treatment notation, a mesio-occlusal surface is abbreviated as
- OM.
  - MO.
  - MOD.
  - OD.
122. According to G.V. Black's classification of tooth decay, caries on the gingival third of the facial surface of tooth #13 would be considered a Class \_\_\_\_\_ cavity.
- VI
  - I
  - V
  - II
123. Treatment that needs to be completed is charted in
- black.
  - blue.
  - red.
  - green.

124. Probing and measuring the sulcus for loss of gingival attachment and loss of bone belongs to the legal duty of the
- dentist and dental assistant, using an explorer.
  - dentist and dental hygienist, using a periodontal probe.
  - dental hygienist only, using a scaler.
  - dentist and registered dental assistant, using a periodontal probe.
125. The term used to indicate grinding or clenching teeth is
- mouth breathing.
  - bruxism.
  - tongue-thrust swallowing.
  - aspiration.
126. The most important characteristic of healthy intraoral soft tissue is
- a light pink color.
  - uniform color.
  - stippling.
  - areas that appear reddened, grey, or blue.

### **Chapter 34 - 14th Edition**

127. The hand cutting instrument used to manually remove decayed tooth structure is the
- excavator.
  - chisel.
  - hatchet.
  - gingival margin trimmer.
128. The instruments most often referred to by number rather than by name are
- pliers and forceps.
  - composite placement instrument.
  - amalgam carvers.
  - amalgam carriers.
129. A preset sterile tray should be taken to the treatment area
- before seating the patient.
  - after seating the patient.
  - preset trays are stored in the treatment area.
  - first thing in the morning, before any patients arrive.
130. Types of instruments that include the ball, football, T-ball, and beavertail are
- carvers.
  - condensers.
  - burnishers.
  - spatulas.
131. The instrument that transports freshly triturated amalgam from an amalgam well to a cavity preparation is the amalgam
- condenser.
  - carver.
  - burnisher.
  - carrier.



132. The type of carver that is especially useful for carving of the occlusal surfaces is the
- discoid-cleoid carver.
  - amalgam knife.
  - Hollenback carver.
  - excavator.
133. Uses of a mouth mirror include
- providing a patient view.
  - retraction and tissue protection.
  - direct vision.
  - expressing saliva from the parotid gland.
134. The two basic setup instruments that can be transferred simultaneously using the two-handed transfer are the
- explorer and cotton pliers.
  - mouth mirror and explorer.
  - mouth mirror and excavator.
  - explorer and periodontal probe.
135. Which can be used to check a patient's bite on a new restoration?
- A gingival margin trimmer
  - A ball burnisher
  - An amalgam knife
  - Articulating paper
136. A Woodson (FP-1) is a
- single-ended instrument used for burnishing the surface of a newly placed amalgam restoration.
  - single-ended instrument that is used for carving proximal surfaces of a newly placed amalgam restoration.
  - double-ended instrument with a nib on one end and a paddle on the other end.
  - double-ended instrument with a plugger on one end and an amalgam knife on the other end.

## Chapter 35 – 14th Edition

137. The slow/low-speed handpiece motor operates at \_\_\_\_\_ rotations per minute (rpm)/ **which dental assistants can use.**
- 100 to 500
  - 1000 to 5000
  - 5,000 to 30,000
  - 10,000 to 100,000
138. The handpiece that can be used with a variety of attachments is the \_\_\_\_\_ motor.
- high-speed
  - laboratory
  - low-speed
  - laser
139. The prophylaxis angle attaches to the \_\_\_\_\_ and is used to polish the teeth.
- laser handpiece
  - laboratory handpiece
  - high-speed handpiece
  - low-speed motor

140. The \_\_\_\_\_ handpiece operates from air pressure and reaches speeds up to 400,000 rpm (which dental assistants are not allowed to use inside the patient's mouth).
- high-speed
  - Laser
  - ultrasonic
  - laboratory
141. The \_\_\_\_\_ handpiece supplies a water coolant, because it can generate enough frictional heat on a tooth to cause possible damage to the pulp.
- air abrasion
  - high-speed
  - low-speed
  - ultrasonic
142. The high-speed handpiece uses \_\_\_\_\_ burs.
- friction-grip
  - straight
  - latch
  - laboratory
143. The ultrasonic handpiece is used for
- cavity preparation.
  - polishing.
  - Scaling (removing plaque and tartar/calculus)
  - adjusting dentures.
144. When cleaning a dental handpiece, it is important to
- always lubricate the handpiece before sterilization.
  - always lubricate the handpiece after sterilization.
  - carefully follow the manufacturer's instructions.
  - never use a lubricant on the handpiece.
145. The two most common types of high-speed dental handpieces are \_\_\_\_\_ handpieces.
- air abrasion and laser
  - ultrasonic and laser
  - air-driven and electric
  - air abrasion and ultrasonic
146. Which type of bur is used to remove caries (decay) during tooth preparation (and not tooth structure when using a slow/low speed motor)?
- Round
  - Straight fissure plain-cut
  - Straight fissure cross-cut
  - Tapered fissure plain-cut
147. All of the following are uses for a slow/ low-speed motor *except*
- removal of old or faulty restorations.
  - finishing and polishing restorations.
  - root canal treatment.
  - coronal polishing and removal of stains.

148. Which of the following methods is recommended for sterilizing the high-speed handpiece?
- Immersion disinfection
  - Dry heat sterilization
  - Chemical vapor sterilization
  - Autoclaving
149. The handpiece that uses mechanical, radiant water energy and sound vibrations to create a pulsating effect on a tooth surface for the removal of calculus and stains is the \_\_\_\_\_ handpiece.
- high-speed
  - laser
  - slow/low-speed
  - ultrasonic
150. A #557 bur is a(n) \_\_\_\_\_ and is used for \_\_\_\_\_.
- round bur; gaining entrance into tooth structure
  - straight fissure cross-cut; forming internal walls of the preparation
  - inverted cone; forming retention grooves
  - pear; extending cavity preparation
151. The type of shank that fits into a contra-angle attachment for a slow/low-speed handpiece is a
- friction-grip.
  - straight.
  - latch-type.
  - round-type.
152. Air abrasion handpieces are most effective when used for
- external stain removal.
  - scaling of accretions from tooth root surfaces associated with periodontal pockets.
  - tactile feedback to identify sound dentin.

### **Chapter 37- 14th Edition**

153. *Anesthesia* is defined as
- the passage of a substance into the interior of another by solution or penetration.
  - a substance for killing microorganisms on the skin.
  - the temporary loss of feeling or sensation.
  - the act of inhalation, or ingestion, as of a foreign object.
154. The agents that provide a temporary numbing effect on nerve endings located on the surface of the oral mucosa are
- local anesthetics.
  - topical anesthetics.
  - general anesthetics.
  - antiseptics.
155. To provide optimal effectiveness, an ointment type of topical anesthetic should remain on the site of injection for a minimum of
- 2 to 5 seconds.
  - 15 to 30 seconds.
  - 2 minutes.
  - 3 to 5 minutes.
156. The most frequently used form of pain control in dentistry is
- local anesthesia.
  - topical anesthesia.
  - general anesthesia.
  - inhalation sedation.

157. Injecting the anesthetic solution directly into a small, isolated area of the tissue at the site of the dental procedure, generally used on the maxillary teeth, is called a(n)
- inferior alveolar nerve block anesthesia.
  - field block anesthesia.
  - local infiltration anesthesia.
  - incisive nerve block.
158. \_\_\_\_\_ nerve block anesthesia provides anesthesia to the buccal soft tissues closest to the mandibular molars.
- Buccal
  - Incisive
  - Inferior alveolar
  - Mandibular
159. The part of the anesthetic syringe that locks into the rubber stopper of the anesthetic cartridge so that the stopper can be retracted by pulling back on the piston rod is the
- barrel.
  - thumb ring.
  - piston rod.
  - harpoon.
160. The correct sequence for loading an anesthetic syringe is
- pull back on the plunger, load the anesthetic cartridge, place the needle.
  - pull back on the plunger, place the needle, load the anesthetic cartridge.
  - place the needle, pull back on the plunger, load the anesthetic cartridge.
  - place the needle, load the anesthetic cartridge, pull back on the plunger.
161. To be certain that the anesthetic solution is not injected into a blood vessel, the dentist
- asks the patient whether the injection is uncomfortable or not.
  - always aspirates before depositing any solution.
  - uses a periodontal ligament syringe.
  - advances the needle until bone is contacted.
162. Local anesthetic agents are not effective when injected into an area where a tooth or soft tissue is infected because
- increased swelling in tissue dilutes the anesthetic.
  - an increase of lymphocytes, in the area to combat the infection, will interfere with the effectiveness of the anesthetic solution by increasing acidity.
  - increased blood flow in an area of infection rapidly carries the anesthetic away from the area.
  - the infection causes local temperature to rise above the point where local anesthetic is effective.
163. Nitrous oxide/oxygen analgesia use in dentistry dates back to 1844 and is also known as
- electronic anesthesia.
  - general anesthesia.
  - inhalation sedation.
  - IV sedation.

164. One advantage of nitrous oxide use in a dental setting is that
- special training is not required for the dentist and dental assistant.
  - it is the only method of conscious sedation where the patient can drive herself or himself home following the appointment.
  - the patient is rendered unconscious.
  - induction and recovery are slow, which is an advantage in long procedures.
165. Which of the following must be used to protect dental personnel from the occupational risks of N<sub>2</sub>O by reducing the N<sub>2</sub>O released into the treatment room?
- Anesthetic cartridge
  - Saliva ejector
  - Scavenger-type patient masks that fit well and do not leak
  - Vasoconstrictor
166. The tank or cylinder of \_\_\_\_\_ is always color-coded blue.
- oxygen
  - nitrous oxide
  - helium
  - hydrogen
167. Used or contaminated needles and cartridges are discarded in the
- trash can.
  - biohazard bags.
  - sharps container.
  - medical waste.
168. What type of injection technique would the dentist use most frequently on tooth #6?
- Block
  - Infiltration
  - Intravenous
  - Intramuscular
169. The anesthetic syringe consists of all of the following parts except a
- harpoon.
  - rubber stopper.
  - thumb ring.
  - piston rod.
170. The vasoconstrictor added to lidocaine local anesthetic to prolong its effect is
- alcohol.
  - nitrous oxide.
  - epinephrine.
  - aspirin.
171. A 30-gauge needle would be a \_\_\_\_\_ needle than a 27-gauge needle.
- thicker
  - thinner
  - large
  - longer

## Chapter 26 - 14th Edition

172. Before treatment, a patient's overall health and dental status is recorded on a
- patient registration.
  - medical-dental health history.
  - medical alert information.
  - consent form.
173. The patient record is
- a temporary document.
  - a permanent document.
  - not considered a legal document.
  - not sufficient enough to be used as a reference tool in a forensic case.
174. A written privacy policy informing a patient that an office will not use or disclose Protected Health Information (PHI) for any purpose other than treatment, diagnosis, and billing is mandated by the
- Health Insurance Portability and Accountability Act (HIPAA).
  - Occupational Safety and Health Administration (OSHA).
  - National Institutes of Health (NIH).
  - American Dental Association (ADA).
175. A patient who reports for an initial appointment should be
- asked to provide a social security number.
  - asked to complete a medical and dental history, and be told why the information is needed.
  - asked to fill out patient forms and answer questions over the phone.
  - notified that the form does not need to be signed.
176. The medical history section includes questions regarding the patient's past medical history, present physical condition,
- and insurance benefits.
  - chronic conditions, allergies, and current medications being taken.
  - chronic conditions, and allergies.
  - and chronic conditions.
177. A patient's medical-dental history should be updated
- once a year.
  - every time the patient comes into the office.
  - every 6 months.
  - only after a major illness.
178. The most graphic and detailed part of the patient record is the
- patient registration form.
  - clinical examination form.
  - treatment plan.
  - progress notes section.
179. The clinical examination form includes
- the plan of care.
  - charting for existing restorations and present conditions.
  - progress notes.
  - informed consent.

180. Progress notes should document the
- date, tooth number, and treatment.
  - different treatment alternatives.
  - payment method.
  - use of insurance benefits for the current calendar or contract year.
181. Examples of quality assurance, vital to the delivery of dental care, include
- completing treatment in one appointment.
  - timely recall of patients to address dental need and documentation of when radiographs were taken.
  - a large clinical setting where patients are seen by many different practitioners.
  - the speed with which care is delivered.
182. The goal of obtaining medical history information from a dental patient is to ensure all of the following *except*
- become aware of any existing allergies to foods or medications.
  - be alert about any medical conditions.
  - identify special dental treatment needs of the patient.
  - provide information regarding medical care to be delivered by the dentist.
183. A treatment plan is properly sequenced to address all problems that were identified during the examination and diagnosis portion of the patient visit and can include more than one option for treatment.
- True
  - False
184. At the completion of the diagnostic gathering process, the dentist will
- review all significant findings.
  - present a diagnosis to the patient.
  - develop and document a treatment plan with input from the patient.
  - formulate an assessment from the findings of the patient's oral health status.

### **Chapter 33 -14th Edition**

185. One of the best ways to know your patients, and be better prepared for the day ahead, is to have a brief meeting or review
- as each patient arrives.
  - in the morning, during lunch, and at the end of the day.
  - each morning, before patients arrive.
  - on the following day before heading home for the evening.
186. A treatment room checklist should be completed before the patient is seated. This checklist should include
- disinfecting the room with the patient present so he or she is assured that everything has been cleaned properly.
  - having the patient's record, radiographic images, and laboratory case in place.
  - opening the sterile preset tray or autobag before the patient enters the treatment room so that patients can see all the instruments out and ready when they arrive.
  - setting out a cup filled with water before the patient enters the treatment room for the patient to use when rinsing his or her mouth.

187. Which should take place first when admitting and seating a patient?
- Initiate conversation with the patient.
  - Ask the patient whether he or she has any questions about the treatment.
  - Give the patient a magazine and leave him or her alone.
  - Place a disposable napkin over the patient's chest.
188. Team dentistry is also referred to as:
- four-handed dentistry.
  - six-handed dentistry.
  - teamwork.
  - expanded-function dentistry.
189. During four-handed dentistry, the operator must have
- easy access to the computer.
  - easy access to instruments.
  - easy access to the patient's oral cavity.
  - a comfortable stool with a footrest.
190. Using the operating zones based on the "clock concept," the assistant's zone for a **left-handed operator** is
- 8:00 to 10:00.
  - 2:00 to 4:00.
  - 10:00 to 12:00.
  - 6:00 to 4:00.
191. The transfer zone is the area where:
- the patient is moved into the dental chair.
  - the dental unit is located.
  - instruments and dental materials are exchanged.
  - rear delivery takes place.
192. For the right-handed operator, the mouth mirror is transferred with the \_\_\_\_\_ hand and the explorer is transferred with the \_\_\_\_\_ hand.
- right; right
  - right; left
  - left; right
  - left; left
193. When passing a dental instrument with the single-handed technique, the dental assistant should grasp the instrument from the tray setup
- at the working end.
  - at the end of the handle or opposite the working end.
  - using the last two fingers of the hand.
  - so that it is perpendicular to the instrument in the dentist's hand.
194. Instruments with hinges are
- transferred with the handles in the assistant's palm.
  - transferred by directing the handles into the dentist's palm.
  - picked up by the handles from the instrument tray directly by the operator.
  - Picked up by the working end from the instrument tray directly by the operator.
195. Viewing an object with a mirror is called \_\_\_\_\_ vision.
- direct
  - reflective
  - indirect
  - inverted



196. The finger rest that stabilizes the hand so that there is less possibility of slipping or traumatizing the tissue in the mouth is called a
- base rest.
  - fulcrum.
  - leverage point.
  - pivot point.
197. When performing a single-handed instrument transfer with a right-handed dentist, the dental assistant transfers the dental instrument with \_\_\_\_\_ hand.
- the right
  - the left
  - either
198. Which of the following is a clinical dental assistant who has acquired advanced training in clinical functions that have been approved by the Dental Practice Act within the state where they are practicing, provided that she or he has met state requirements for these functions?
- Registered Dental Assistant (RDA)
  - Expanded-Function Dental Assistant (EFDA)
  - Certified Dental Assistant (CDA)
  - On-The-Job (OTJ) Dental Assistant
199. What is indirect vision?
- “Straight on” visual effect
  - Viewing an object with a mirror
  - Using a computer monitor to visualize what is seen with a probe
  - Having a mentor guiding you through a procedure
200. When turning on the dental light over a patient seated and positioned in the supine position, the dental light is directed
- at the patient’s face.
  - over the operator’s head.
  - in the patient’s mouth.
  - on the patient’s chest.