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QUESTIONS AND ANSWERS

FOR **DENTAL
ASSISTING**

SECOND EDITION

EDITED BY

Betty Ladley Finkbeiner

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AND
2. Current CPR from a DANB-accepted provider

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AND
2. Minimum of 3,500 hours of approved work experience
AND
3. Current CPR from a DANB-accepted provider

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AND
2. Current CPR from a DANB-accepted provider

*There are no prerequisites to take DANB's Radiation Health and Safety (RHS) or Infection Control exams (ICE).

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REVIEW
QUESTIONS AND ANSWERS
FOR **DENTAL**
ASSISTING
S E C O N D E D I T I O N

REVISED REPRINT

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REVIEW QUESTIONS AND ANSWERS FOR DENTAL ASSISTING,
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Preface

The purpose of this book is to provide a steadfast review for the dental assisting student preparing for course review, local or state exams, or national certification. Three comprehensive tests are included in the format, all common to national exams for dental assistants. Tests are divided into the following categories:

- General Chairside (360 questions total/ 120 questions per test)
- Radiation Health and Safety (300 questions total/ 100 questions per test)
- Infection Control (300 questions total/ 100 questions per test)

For added convenience, each question is repeated in the answer key with the rationale for the correct choice so the results can be checked.

The companion Evolve website will allow you to test yourself electronically and includes an additional 640 practice questions (the equivalent of two full national board-style exams) with an additional 500 questions devoted specifically to expanded functions in dental assisting, divided by both topic and states in which they are approved for practice.

ABOUT THE EVOLVE WEBSITE

The companion Evolve website provides more opportunities to review specific topics. All 960 questions in the book plus an additional 640 questions (1,600 total) are available electronically; this is the equivalent of five full national board-style exams. The program lets you choose to practice in one of two ways: (1) in practice mode or (2) in exam mode.

In practice mode, you can choose the overall topic (General Chairside, Radiation Health and Safety, or Infection Control) as well as the subtopics into which those categories are divided (e.g., “Collection and Recording of Clinical Data” or “Chairside

Dental Procedures” within the General Chairside exam), as well as how many questions you want to practice of the total provided. For instance, the database of questions for the Infection Control exam contains 50 questions on the topic of “Patient and Health Care Worker Education,” and you can choose to practice from 1 to 50 questions in this category. Questions are randomized from each test so you will not necessarily see the questions in the same order in which they appear in the book. Immediate feedback is given after an answer is selected.

In exam mode, you can choose to have the site’s test generator auto-create a simulated exam from the bank of 1,600 questions; this exam would match the number and distribution of questions per category within the CDA exam to provide targeted preparation and help build your confidence. A test timer is included to help you manage your test-taking time allotment, and feedback is provided after you complete the exam to easily show you where your strengths and weaknesses lie.

In addition, the website includes a separate section of 500 questions on a variety of expanded functions in dental assisting. Questions can be selected by topic or by state. If you choose the state option, the program will randomize questions for each topic approved for practice in the state selected.

EXPANDED FUNCTIONS IN DENTAL ASSISTING

It should be noted that expanded functions (EF) vary by state. The EF questions that are included have not been written for any particular location. We urge all users of this product to be familiar with the current approved EF for their states by contacting the appropriate boards of dentistry or other governing agencies.

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Preparing for a Credentialing Examination—Guidelines for the Candidate

Betty Ladley Finkbeiner

As you open this book, you may be asking yourself, “Why am I doing this?” You may think, “I don’t need to do this to have a job as a dental assistant.” That may be true in some situations, but in many regions of the country you need a validated standard of performance in accordance with state dental laws. However, there are many reasons that you should have a professional credential. Anyone who tells you otherwise is not thinking about your professional worth or the importance of such a credential to your patients.

The first and foremost reason for a credential is to practice legally. As a dental assistant, you should be familiar with the dental law within the state in which you are employed. Many states require documentation of a professional credential to prove your performance in one or more areas of dental assisting. A list of national organizations and contacts for each state’s board of examiners is included in the back of this book.

Patients who are in the care of a licensed dentist expect the dentist to employ qualified personnel. Further, they should expect that each of these employees will have completed all of the necessary education and, where applicable, secured a professional credential. By obtaining a recognized professional credential in dentistry, you have proven that you have the minimal qualifications to practice the duties that are legally delegable in your state. The credential should be posted where patients can visibly recognize your professional status.

By completing the Dental Assisting National Board (DANB) Certified Dental Assistant (CDA®) Infection Control or Radiography examination, you

have validated that you are familiar with the basic concepts of a technical, safe practice. This is important to your employer and to the patients who come under your care. Today’s patients are concerned with their safety and are aware of potential hazards that exist in health care. You can allay some of their fears if you demonstrate knowledge in the areas of infection control, radiography, and quality assurance. Further, putting into practice these concepts and the appropriate guidelines from various governing agencies can only serve to protect you, the dental staff, and the patients.

Finally, having a credential that recognizes your knowledge and skills can only serve to increase your self-esteem. For some, this is most important because it shows that you have a documented base of knowledge that is recognized by the dental profession and you have become an important member of the dental health team....it could also result in a salary increase.

GETTING READY

What is the most important thing a student should do to prepare for an exam?

- a. Get a good night’s sleep before the exam and eat only a light breakfast.
- b. Take two aspirin or ibuprofen before entering the exam room to ward off the distraction of a possible headache.
- c. Develop a positive attitude of cautious optimism—that is, “I know I will pass this exam.”
- d. Develop a thorough understanding of the body of knowledge and concepts to be covered by the exam.

If you chose “d,” you are off to a good start in preparing yourself for any exam, particularly those like the DANB or the state board credentialing exams. There is only one way to conquer a well-developed

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exam—to know the answers to the questions. The “trick” to obtaining good test scores is primarily to retain and apply the knowledge and skills learned in formal course work and in clinical applications. Various ways of helping you develop this strategy will be discussed later.

If you selected “c,” you chose an important response but not the “best” one. It *is* important to go into any exam with a positive attitude and minimal anxiety, but such an attitude is realistic only if you do have a good command of the subject.

If you chose “a,” then perhaps you interpreted the words “prepare for an exam” to mean only those things that should be done on the day before and the day of an exam. But preparation for an exam begins on the day you learn the first vocabulary word or the first concept associated with any area of learning. Exams are just one phase in the total ongoing learning process.

Answer “b” in the opening example is not a suitable response. It should be obvious that aspirin, ibuprofen, or any other drug cannot compensate for knowledge.

Before beginning to study for any type of exam, there are at least three things to do: (1) Secure a set of objectives for the area or areas that the examination is designed to evaluate, (2) secure a set of sample questions that are similar to the ones to be used on the examination for which you will be studying, and (3) review the materials in 1 and 2 thoroughly.

LEARNING ABOUT THE EXAMINATION

Whether you are preparing for a national certification examination such as the DANB or a state board or regional credentialing exam you need to be familiar with the material that will be covered. During the application process, you will be provided with an outline of the content and rules to follow on exam day. Pay close attention to the content outline and to the number of questions to be asked on each topic. (For information about the DANB exam, visit the website at www.danb.org and click on the DANB Exam button on the left.)

If you are taking a state board or regional exam that includes a clinical component, thoroughly review the list of materials you are to bring. If a patient is part of the clinical component, review the clinical requirements of the patient to ensure that your patient meets the criteria for the exam procedure. You should become familiar with the patient before the exam and not be forced to work with an

unfamiliar patient. Do not wait until the day before the test to prepare your clinical tray or box because you may find that you do not have access to some material or instrument and may need to buy or borrow some device.

EXAMINATION FORMAT

In addition to knowing the content to be covered, it is important to know that written exams are usually multiple choice. All questions are apt to be in that format, with one best answer for each question. Many multiple choice questions are written with distracters (responses that are not the answers) that are partially correct or that are correct but not the best answer.

Some critics of multiple choice tests claim that you can score well on such a test by memorizing facts and learning some tricks to answering these types of questions. Such criticism is not true for any well-developed national or state credentialing exam. The test you take will have been prepared by test specialists. Each test question will have been tried out in regular testing situations with students in classes for dental assistants. You will be taking a great risk if you assume that skillful “guessing” will produce a passing score.

No written exam can test your ability to apply the knowledge or the understanding that you must possess to function as a dental assistant. Some state credentialing exams are apt to include a practical or clinical test, a test in which you will be asked to “demonstrate” what you have learned by doing such things as producing a full crown or intracoronal interim restoration or placing a rubber dam. Any of the clinical tasks, especially expanded functions that you have learned to do, may serve as a “situational” test in which your actual performance is observed and graded. It provides final evidence of whether a candidate can “put it all together” and function satisfactorily in a setting that simulates real life in a dental office.

When planning to take a practical clinical exam, you must prepare yourself to provide a variety of armamentarium. You will likely be required to provide a patient on whom to perform a given task, provide instruments, and sometimes purchase a model or two on which you may perform a specific task. In such cases, you should read the application thoroughly and understand the preparation long before the exam. In fact, it is wise to read over the list of materials and the patient requirements more than once to be certain you have not overlooked an item

or a certain criterion for the patient. These materials should be obtained long before the exam and prepared in a container for transporting them safely to the exam. Avoid storing the materials in your vehicle because temperatures in some zones may alter the setting time of many dental materials you need to provide. Do not wait until the last week to prepare for such an exam because you may find yourself unable to obtain these materials at the last minute.

The purpose of any credentialing exam is to determine the extent to which each candidate has mastered the knowledge, concepts, and skills necessary to perform satisfactorily as a dental assistant. No exam, either written or practical, can be long enough to actually cover every concept or skill. Therefore, test developers must select questions and practical situations that are typical of the total body of knowledge and skills in dental assisting. As a candidate, you will not know what specific concepts and skills you will be tested on. The only solution is to be well prepared in all aspects of dental assisting.

For written exams, the multiple choice questions are considered the most versatile. They are a good method for measuring the knowledge of technical vocabulary and specific information that dental assistants must possess. They are also an effective method of measuring your understanding of relationships and interrelationships (whether things go together). It may be used for measuring your application of knowledge to situations that are different from ones you may have experienced previously.

About the only type of cognitive skill that is *not* measured well by multiple choice questions is creativity. Although credentialing exams are designed to find out whether you have mastered the basic fundamental skills of a subject area, they are not designed to discover potential talent for creative innovations.

On any certification, registry, or licensure exam, you will be tested on how well you have acquired and internalized the basic language, concepts, and skills of dental assisting—the things that must become second nature to you as a practicing dental assistant.

STUDYING

The best preparation for a credentialing exam is to be prepared for every dental assisting class that you take. The required textbooks for courses in dental assisting should be studied carefully, not only for immediate acquisition of knowledge, but particularly for internalization and retention of that knowledge. Many students find it helpful to highlight key passages in a text so they can go back and skim those

passages easily. This same marking system also works if you have taken online courses and have downloaded lectures. Sometimes the author(s) of a text will emphasize important points for you by paragraph headings or by italicized sentences. Acquisition and retention of important concepts require repetition for most people. Therefore, taking the time during an initial reading to make review work easy is time well spent.

Taking good class notes is a very important study skill. Many instructors spend some time making key points and quite a lot of time illustrating these points. Most students are well advised to concentrate on writing down the key points without trying to take notes verbatim. It may be helpful to write down some of your instructor's examples, but only if these examples seem necessary to remember the discussion. If the instructor provides outlines or copies of PowerPoint slide presentations, use a colored marker to highlight important points.

Some students find it difficult to review their own notes after a lecture. It is wise to date the notes, make a heading title on the page, review the notes as soon as possible, and, when necessary, recopy the notes for better understanding. If after you have reviewed and edited your notes you have doubts about a concept or basic information, be sure to ask your instructor for clarification as soon as possible.

In addition to identifying the key concepts from text materials, lectures, and notes, it is important to develop a thorough understanding of the dental vocabulary. Every profession has its own vocabulary—not only the technical words that identify important materials, concepts, rules, and ideas—but also the words commonly used to communicate in the profession. Technical vocabulary will be tested in any written or practical exam. In addition, the questions that you will be asked on any credentialing exam will be worded in the day-to-day language of the profession. To progress through the test efficiently, it is essential that you understand quickly and completely each question that you are asked. If you do not understand a question, it will be difficult to answer it correctly.

In addition to the general suggestions for learning and studying throughout your education, there are other options that may be helpful as you review material in preparation for a credentialing exam. Some schools provide review sessions or classes to prepare you. However, if these are not available, one of the most effective steps you can take is to develop cooperative study sessions with one or two friends.

Such sessions are best conducted as much like a classroom situation as possible; that is, each person should develop a series of questions to ask the other(s) along with the materials necessary to answer the questions before the joint study session. If your colleagues miss any of the questions, you should be prepared to explain the answer to them and vice versa. Teaching a concept or skill to someone else is one of the best learning techniques to acquire familiarity with that concept or skill yourself. Consequently, your weakest area is the best one to teach to others. Naturally, study sessions such as these are not comparable with a formal class, but they should be conducted in a businesslike fashion. If these study sessions become just a social outing among friends, you may enjoy them, but they will cease to contribute much to your exam preparation.

Regardless of whether you take a formal review class or develop a study session with colleagues, such an experience will likely be very beneficial. A bonus of these sessions is enhanced confidence in your ability to do well on an exam. Nothing builds confidence as much as feeling that you have mastered some area of knowledge or skill so well that you can help others understand it as well.

FRAME OF MIND

It is wise and prudent to prepare yourself physically for an exam by getting at least 8 hours of sleep and avoiding caffeine. Keep in mind that the test you are taking in dental assisting is to measure your mental abilities and not your physical prowess. Studying all night before an exam is not a recommended behavior. Physical fatigue can depress test-taking efficiency. The best physical preparation is simply to avoid any major variation from your normal routine.

Preparing for a good mental attitude means that you develop confidence that you have adequately prepared yourself and that you expect to do well. You may approach an exam with some degree of anxiety, like an athlete who enters a competition. This feeling is not necessarily bad. Research indicates that some test anxiety, as long as it is not severe, may help to produce a positive result.

There is a myth that large numbers of students “clutch” when taking exams, particularly written exams. No doubt there are some individuals who have developed psychological blocks to taking tests, but from my teaching experience, I have noted that many (probably most) students who claim that a low test score was caused by an inability to perform well

on tests have not developed the requisite knowledge and skills to answer the questions.

Sometimes repeated practice on similar written exams will be helpful. But if you feel you have a serious test-taking problem, it may be necessary to seek some professional counseling to overcome this situation. Some of the following suggestions may help if you have difficulty taking tests.

- Bring all of the necessary admission and testing materials with you. Follow the guidelines provided for you by the testing agency.
- When entering the testing room, choose a seat that will be comfortable for you, unless you are assigned a seat or location.
- Read carefully the printed directions given to you.
- Listen carefully to the verbal directions. Do not assume that because you have taken many exams that the directions will be the same for this one.
- If the directions are not completely clear to you, ask the examiner in charge of the session to explain exactly what is required.
- Understand completely the mechanics that you are expected to follow during the exam.
- In a written test, you will be given multiple choice questions in a booklet and a separate answer sheet.
 - Do not make responses hurriedly or carelessly.
 - Be certain you place your answer on the correct form, on the correct line, and in the space provided.
- On a computer test, you will enter your answers on the screen.
 - Be certain that your selection is placed in the correct space provided.
- Be cautious when you correct an answer that your previous answer has either been erased or deleted in either the paper or computer testing format.
- Be certain to answer every question.
 - Most computer test formats will alert you if you have not answered specific questions and you can then scroll back to these questions.
 - In a written format, you will need to review your answer sheet for blank spaces to ensure that you have entered an answer for every question.
 - You must arrive at one correct or one “best” answer.
 - If you must, “guess” between two alternatives or eliminate the two or three answers you know are wrong first.

- If you can eliminate any responses as incorrect based on your knowledge, you will not be guessing randomly but will be exercising “informed guessing.”
 - In a clinical exam, you may be expected to select instruments, arrange instruments, and/or perform some other task.
 - Acquaint yourself with the physical facility.
 - If the required procedures are not clear to you, ask for clarification.
 - Whether you are taking a written or clinical exam, budget your time.
 - Make a quick overview of the number of tasks required in the clinical exam or the number of questions to be answered in a written exam.
 - Think of the pace you will need to allow the appropriate amount of time to complete each section.
 - Remember that some tasks or questions may require more time than others.
 - Many test takers find it wise to work all the way through a written exam at a fairly rapid pace by first answering all the questions they “know” or to which they can work out the answer fairly quickly.
 - This method suggests skipping the tough questions the first time through and coming back to them later.
 - It helps you to build on your own success.
 - Success can help to lessen fears or concerns that you may have about the testing situation.
 - Sometimes the reading of a question in the middle or toward the end of an exam may trigger your mind with the answer or provide an important clue to an earlier question.
 - Be certain that if you skip a question you take caution in entering the next answer in the appropriate space; double check the question number with the number on the answer sheet or the computer screen.
 - Be cautious when reviewing your answer sheet to not make arbitrary changes in your answers.
 - Be certain to review the question thoroughly before making an answer change.
 - Limited research available suggests that “abler” students tend to increase their test scores “a bit” by carefully reviewing items, whereas lower-scoring students do not. Go back over questions primarily to check that you have not made some obvious error in such things as reading or marking.
 - When taking a clinical exam, many of the same principles apply.
 - Proceed cautiously and deliberately, making sure that you understand the task being presented.
 - Be certain to review your work to ensure it meets the clinical criteria before indicating you have completed the tasks.
- The credentialing exams available for dental assistants have been designed to allow students to demonstrate knowledge and show their proficiency in skills essential to begin work as dental professionals. Think of the credentialing exam in dental assisting as an opportunity to demonstrate professional competency in your chosen field. Preparation for such an exam is preparation for your chosen profession.

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General Chairside, Radiation Health and Safety, and Infection Control

General Chairside

Directions: Select the response that is the best answer to each of the following questions.

Only one response is correct.

1. The position of the body standing erect with the feet together and the arms hanging at the sides with the palms facing forward is referred to as the _____ position.
 - a. resting
 - b. anatomic
 - c. supine
 - d. postural

2. In the illustration shown, Dr. Curtis was assisted by Debbie May Ross to complete operative treatment for this patient. What required data are missing from the chart?
 - a. file number or "NA" if not used, date of the appointment, dentist's initials
 - b. time of the appointment, amount of cavity medication used, dentist's initials
 - c. type of dental material, amount of cavity medication used, assistant's initials
 - d. file number or "NA" if not used, assistant's initials

PROGRESS NOTES			
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3. The examination technique in which the examiner uses his or her fingers to feel for size, texture, and consistency of hard and soft tissue is called:
 - a. determination
 - b. palpation
 - c. inspection
 - d. assessment

4. Which type of consent is given when a patient enters a dentist's office?
 - a. informed consent
 - b. implied consent
 - c. implied consent for minors
 - d. informed refusal

5. Consent is:
 - a. an involuntary act of submission to dental procedures
 - b. a voluntary acceptance of what is planned or done by another person
 - c. only necessary for surgical procedures involving general anesthesia
 - d. only legal if the patient is older than 21 years of age

6. A patient's chart that denotes a congenital absence of some or all of the teeth would indicate:
 - a. micrognathia
 - b. ankylosis
 - c. macrognathia
 - d. anodontia

7. The tooth-numbering system that begins with the maxillary right third molar as tooth # 1 and ends with the mandibular right third molar as tooth # 32 is the _____ system.
 - a. Universal
 - b. Palmer Notation
 - c. Fédération Dentaire Internationale
 - d. Global Numbering

8. An abbreviation used in the progress notes or chart to indicate a mesioocclusobuccal restoration is:
 - a. BuOcM
 - b. BOM
 - c. MOD
 - d. MOB

9. A developmental abnormality characterized by the complete bonding of two adjacent teeth caused by irregular growth is:
 - a. germination
 - b. fusion
 - c. ankylosis
 - d. concrescence

10. A(n) _____ tooth is any tooth that is prevented from reaching its normal position in the mouth by tissue, bone, or another tooth.
 - a. avulsed
 - b. impacted
 - c. ankylosed
 - d. fused

11. An oral habit consisting of involuntary gnashing, grinding, and clenching of the teeth is:
 - a. erosion
 - b. bruxism
 - c. attrition
 - d. abrasion

12. A horizontal or transverse plane divides the body into:
 - a. superior and inferior portions
 - b. dorsal and ventral portions
 - c. anterior and posterior portions
 - d. medial and lateral portions

13. The cells associated with bone formation are known as:
 - a. osteoclasts
 - b. cancellous cells
 - c. cortical cells
 - d. osteoblasts

14. The air/ water syringe should be flushed for _____ at the beginning and end of each day.
- 30 seconds
 - 2 minutes
 - 5 minutes
 - 30 minutes
15. One of the functions of the paranasal sinuses is to:
- aid in digestion
 - warm inspired air
 - assist in smelling
 - absorb bacteria
16. The air/ water syringe should be flushed for at least _____ between patients.
- 30 seconds
 - 3 minutes
 - 5 minutes
 - 30 minutes
17. Which zone corresponds to the 4 o'clock to 7 o'clock region?
- transfer zone
 - activity zone
 - assisting zone
 - static zone
18. A 10-year-old patient would likely have which of the following teeth?
- permanent mandibular central and lateral incisors, primary second molars, permanent mandibular canines, and permanent first molars
 - permanent mandibular central and lateral incisors, permanent first and second premolars, primary second molars, and permanent first molars
 - primary mandibular central and lateral incisors, primary second molars, permanent canines, and permanent first molars
 - permanent mandibular canines, primary central and lateral incisors, primary second molars, and permanent first molars
19. What is the average range of the body's oral resting temperature?
- 93.5° F to 99.5° F
 - 95° F to 99.5° F
 - 96.5° F to 100° F
 - 97.6° F to 99° F
20. In dentistry the acronym HVE represents:
- high-volume evacuation
 - high-velocity emigration
 - high-velocity evacuation
 - high-volume emigration
21. The primary step in preventing a medical emergency is to be certain the patient has _____ before treatment is begun.
- eaten
 - taken all assigned medications
 - completed and updated his or her medical history
 - signed a consent form

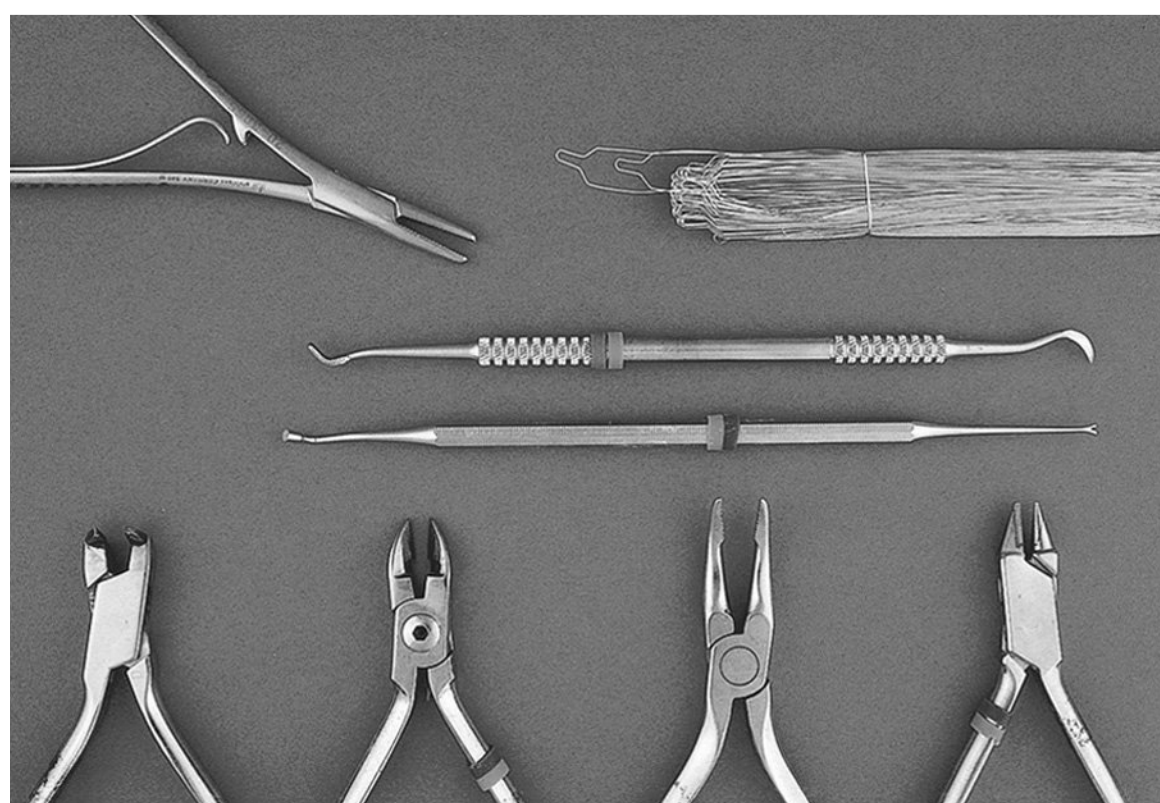
22. What are the symptoms a patient would display when experiencing a cerebrovascular accident?
- paralysis, speech problems, and vision problems
 - hunger, sweating, and mood change
 - itching, erythema, and hives
 - coughing, wheezing, and increased pulse rate
23. The most current adult basic life support protocol (CAB) is an acronym for:
- compressions, airway, breathing
 - circulation, assess, breathing
 - compressions, assess, breathing
 - call, assess, breathing
24. The most frequently used substance in a medical emergency is:
- glucose
 - oxygen
 - epinephrine
 - ammonia inhalant
25. The leading cause of heart attack is:
- rheumatic fever
 - valvular heart disease
 - infective endocarditis
 - coronary artery disease
26. Which of the following is precipitated by stress and anxiety; may manifest in rapid, shallow breathing, lightheadedness, a rapid heartbeat, and a panic-stricken appearance; and is treated by having the patient breathe into a paper bag or cupped hands?
- asthma attack
 - hyperventilation
 - allergic reaction
 - angina
27. While you are providing dental treatment for a patient in her third trimester of pregnancy, the patient suddenly feels dizzy and short of breath. How should the patient be repositioned in the dental chair?
- supine
 - tilted to the left side
 - subsupine
 - parallel to the floor
28. To ensure that a medical emergency is observed immediately, it is important for the dental assistant to:
- check the patient's pulse periodically during treatment
 - check the patient's blood pressure periodically during treatment
 - be alert to continuously observe the patient to note any potential problems
 - ask the patient periodically how he or she feels
29. What are the symptoms a patient would display when experiencing hypoglycemia?
- paralysis, speech problems, and vision problems
 - hunger, sweating, and mood change
 - itching, erythema, and hives
 - coughing, wheezing, and increased pulse rate

30. In relation to ergonomics in a dental business office, there are how many classifications of motion?
- four
 - five
 - three
 - two
31. The distance between the operator's face and the patient's oral cavity should be approximately _____ inches.
- 6
 - 10
 - 16
 - 24
32. While positioned in the dental assisting stool, the dental assistant should rest his or her feet:
- on the floor
 - on the tubular bar around the base of the stool
 - on the legs of the dental stool
 - with one foot on the floor and one foot on the stool leg
33. Which of the following medical conditions is considered a contraindication for nitrous oxide analgesia?
- severe emotional disturbances
 - high blood pressure
 - epilepsy
 - diabetes
34. Motion economy is the concept that encourages the dental health care worker to:
- increase the number and length of motions at chairside
 - decrease the number and length of motions at chairside
 - use quick motions to save energy
 - use slow, deliberate motions that exercise the arm to reduce stress
35. Which of the following instruments would be found on a prophylaxis tray setup?
- spoon excavator
 - burnisher
 - scaler
 - pocket marker
36. The lowest level of Maslow's hierarchy of needs is:
- physiologic
 - security
 - social
 - self-actualization
37. Which of the following should be done if the patient has thick, heavy saliva that adheres to the prophylaxis cup during the polishing procedure?
- place a saliva ejector in the mouth instead of using the HVE tip
 - keep the HVE tip as close as possible to the polishing cup
 - do not polish the teeth
 - have the patient rinse out in the sink after all the polishing is done

38. Plaster of Paris and dental stone are examples of:
- impression materials
 - intermediary materials
 - gypsum products
 - impression trays
39. The portion of a bridge that replaces the missing tooth is called a(n):
- denture
 - abutment
 - pontic
 - root
40. Which of the following instruments would be used to measure the depth of the gingival sulcus?
- periodontal probe
 - cowhorn explorer
 - right angle explorer
 - shepherd's hook
41. Which of the following instruments is used to scale an area specific deep periodontal pocket?
- Gracey curette
 - sickle scaler
 - spoon excavator
 - hoe scaler
42. The HVE system is used:
- to remove liquids slowly
 - to remove large volumes of fluid and debris from the mouth
 - primarily during surgical procedures
 - most commonly during a prophylaxis
43. Which of the following instruments can be used to invert the rubber dam?
- explorer
 - spoon excavator
 - svedopter
 - floss
44. If treatment is to be performed on tooth # 13, the clamp is placed on which tooth?
- # 14 and # 14 through # 11 are isolated.
 - # 15 and # 15 through # 12 are isolated.
 - # 13 and # 14 through # 11 are isolated.
 - # 12 and # 12 through # 15 are isolated.
45. You are assisting a right-handed operator in a procedure performed on the patient's left side. The HVE tip and A/ W syringe are being used. The operator signals for a transfer. You must:
- return the A/ W to the dental unit, hold onto the HVE, and pick up the new instrument to be transferred
 - transfer the A/ W syringe to the right hand, retain the HVE tip in the right hand, and pick up the new instrument to be transferred
 - lay both the HVE and A/ W syringe across your lap and pick up the new instrument to be transferred
 - give a signal to the dentist or operator that you are unable to make the transfer at this time

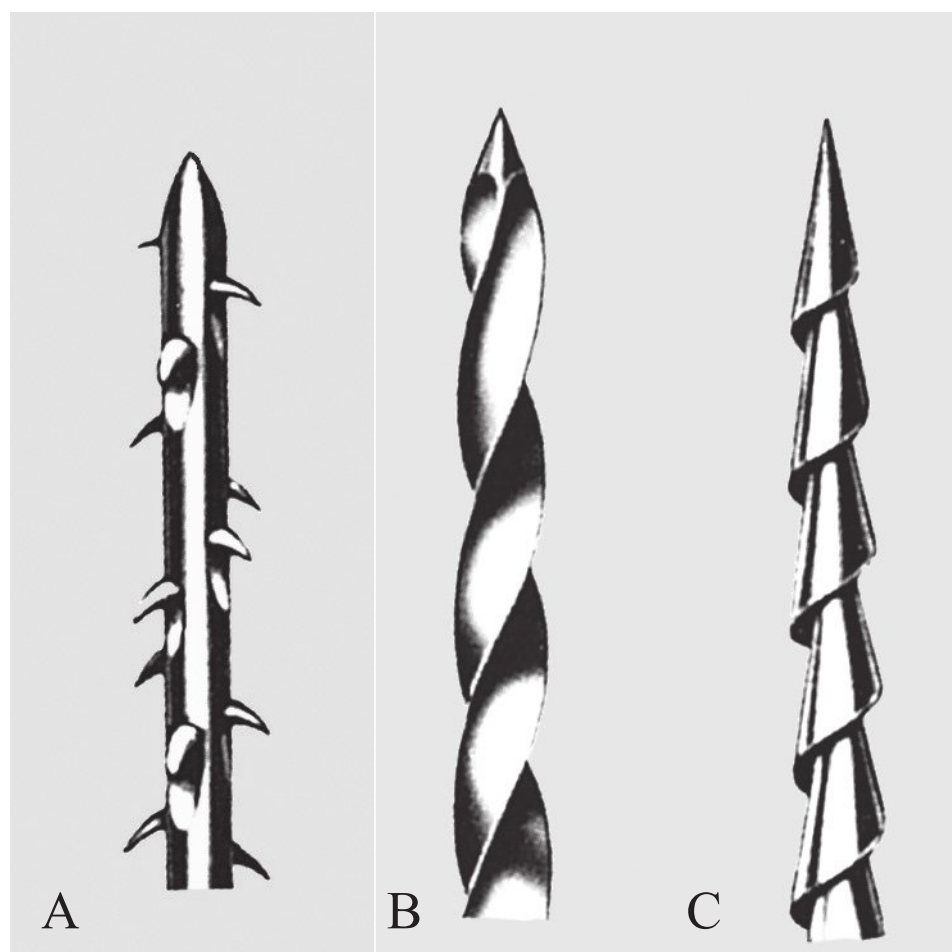
46. Which of the following is the correct statement regarding the seating position of the operator?
- The operator's thighs are parallel to the floor.
 - The operator is seated as far forward on the stool as possible.
 - The operator is always seated at the 12 o'clock position.
 - The operator's feet rest on the stool legs.
47. When placing the amalgam into the preparation for a 31^{DO} restoration, the first increment should be placed into the:
- distoocclusal region
 - proximal box
 - mesioocclusal region
 - midocclusal region
48. Which of the following instruments would be used to grasp tissue or bone fragments during a surgical procedure?
- hemostat
 - locking endodontic pliers
 - periosteal elevator
 - rongeur forceps
49. Which of the following is the common choice in providing for retention in a cavity preparation?
- no. 34 high speed
 - no. 57 low speed
 - no. 2, 3, or 6 low speed
 - no. ½ on low or high speed
50. What type of matrix is used for an anterior esthetic restoration?
- celluloid strip
 - straight metal matrix
 - contoured metal matrix
 - finishing strip
51. When placing a composite restoration on the buccal cervical of tooth # 30, which is the choice of matrix?
- universal circumferential metal matrix
 - class V composite matrix
 - celluloid strip
 - celluloid crown
52. The most common form of anesthesia used in operative dentistry is:
- local
 - conscious sedation
 - inhalation
 - general
53. For dental professionals, the safest allowable amount of N₂O is _____ parts per million.
- 50
 - 75
 - 100
 - 1000

54. Which of the following medical conditions is a contraindication to using a vasoconstrictor in the local anesthesia during operative treatment?
- diabetes
 - recent heart attack
 - pregnancy
 - epilepsy
55. _____ is frequently used on the mandibular teeth and is injected near a major nerve that anesthetizes the entire area served by that nerve branch.
- Block anesthesia
 - Infiltration anesthesia
 - Innervation anesthesia
 - Induction anesthesia
56. Nitrous oxide oxygen administration always begins and ends with:
- the patient deep breathing
 - the patient breathing 100% oxygen
 - taking the patient's blood pressure and temperature
 - providing a glass of water or other cold beverage
57. When there is not enough teeth structure to hold a prosthetic crown, a _____ is used to aid in retention.
- matrix band
 - core buildup
 - celluloid strip
 - retention pin
58. The tray setup in the photograph is used to:
- place separators
 - fit and cement orthodontic bands
 - directly bond orthodontic bands
 - place and remove ligature ties



59. To control swelling after a surgical procedure, the patient should be instructed to:
- place a cold pack in a cycle of 20 minutes on and 20 minutes off for the first 24 hours
 - place a cold pack in a cycle of 60 minutes on and 60 minutes off for the first 12 hours
 - place a cold pack in a cycle of 20 minutes on and 20 minutes off for the first 12 hours and then apply heat in the same form for the next 12 hours
 - place a heat pack in a cycle of 20 minutes on and 20 minutes off for the first 24 hours

60. The painful condition that can result from the premature loss of a blood clot after a tooth extraction is known as:
- periodontitis
 - alveolitis
 - hemostasis
 - gingivitis
61. It may take _____ to complete a dental implant procedure.
- 1 month
 - 6 to 8 weeks
 - 3 to 9 months
 - 1 year
62. A metal frame that is placed under the periosteum and on top of the bone is called a(n):
- endosteal implant
 - subperiosteal implant
 - transosteal implant
 - triseptal implant
63. The natural rubber material used to obturate the pulp canal after treatment is completed is called:
- silver point
 - gutta-percha
 - glass ionomer
 - endodontic filler
64. In this photograph, which instrument is a barbed broach?



65. A common solution used for irrigation during the debridement procedure in endodontic treatment is:
- sodium chloride
 - sterile saline solution
 - sodium hypochlorite
 - sterile water