

Medical Technology

*DANB-OA
Orthodontic Assisting Certification Exam*



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Question: 1

When the orthodontic assistant is reviewing the patient's clinical record, which one of the following should NOT be found in that record?

- A. The insurance provider
- B. The sequence of past appointments
- C. Treatment plans
- D. Dental radiographs

Answer: A

Explanation:

The insurance provider should not be included in the patient's clinical record. Any finance-related information should not be included in the clinical record because it should contain only information related to the clinical care of the patient. This includes the dental chart and any notations about the dentition and treatment provided. Current and previous treatment plans will also be found in the chart, as well as detailed notes about the patient's history. Any dental images captured will also be part of the clinical chart. It is beneficial to keep these separate to avoid any discrimination or service interruption due to finance-related concerns during patient care.

Question: 2

MRI would be most effective for

- A. diagnosis of disease of the salivary glands.
- B. diagnosis of facial fracture.
- C. evaluation of orthodontic prosthesis.
- D. evaluation of malocclusion.

Answer: A

Explanation:

The best use of the MRI would be to diagnose disease of the salivary gland. The MRI provides excellent visualization of soft tissues but CT and standard radiographs provide better visualization of hard tissues, so the MRI would not be used to diagnose facial fractures. MRI may be contraindicated if the patient has a metal-containing orthodontic prosthesis. MRI is expensive and time-consuming, so other methods should be used to evaluate a condition, such as malocclusion, when appropriate.

Question: 3

One important role of an orthodontic assistant is to ligate the arch wire. What is the purpose of ligating the arch wire?

- A. To bend the arch wire for placement
- B. To remove any cement from the arch wire
- C. To hold the arch wire in place
- D. To prepare the arch wire for removal

Answer: C

Explanation:

Ligating the arch wire is a method of ensuring that the wire stays in place throughout the treatment. It is the force from this wire that is placed in each bracket on each tooth that moves the teeth to their desired position. If the arch wire consistently falls off the teeth, the patient would be visiting the orthodontic office almost daily, which would not result in good patient relations nor effective dental treatment. There are several materials that the dental team can use for this process including wire and elastic ties.

Question: 4

The orthodontist has asked the orthodontic assistant to capture an image that will give more information about the patient's facial anatomy as well as the projected growth patterns that need to be accounted for prior to orthodontic therapy. Which one of the following types of images will show this information?

- A. Posteroanterior
- B. Lateral cephalometric
- C. Temporomandibular
- D. Panoramic

Answer: B

Explanation:

The image that will show the orthodontist the current state of the patient's facial anatomy is the lateral cephalometric image. By viewing where the structures are currently located, the orthodontist can make estimates on how the orthodontic therapy should work and may use this image to determine the exact type of orthodontic therapy to administer to the patient. Posteroanterior, temporomandibular, and panoramic images are all valuable in dentistry, but they do not have the ability to show the facial structures in the views needed to accurately assess a patient's orthodontic needs.

Question: 5

What is the first step when using light-cure adhesives with phosphoric acid etchant to bond brackets to a tooth?

- A. Dry tooth.
- B. Polish tooth with pumice.
- C. Cover tooth surface with etchant.
- D. Place cheek retractors.

Answer: B

Explanation:

The first step is to thoroughly polish the surface of the tooth with pumice and then rinse. Cheek retractors are placed and the tooth dried before it is covered with etchant, which is left in place for about 20-30 seconds and then rinsed for about 10 seconds using air and water combination, being careful to suction the solution so that the etchant does not contact tissue. The tooth should be protected from saliva and dried thoroughly and then sealant applied to the tooth and adhesive to the bracket. After application, the adhesive is light cured for 10-40 seconds.

Question: 6

The orthodontic assistant is conducting an exam on a new patient prior to the orthodontist coming into the operatory. The patient mentions noticing a white line on the roof of the mouth and asks the orthodontic assistant what that is. The orthodontic assistant knows that this line is referred to as what?

- A. Tuberosity
- B. Mental protuberance
- C. Medial palatal suture
- D. Lacrimal bone

Answer: C

Explanation:

The white line that the patient and the orthodontic assistant are noticing on the roof of the patient's mouth is called the medial palatal suture. This is the place where the two bones that form the roof of the mouth joined during formation, and the white line indicates the area where the tissue connected and joined together. The tuberosity, mental protuberance, and lacrimal bone are other bones found in the skull that can be identified during a radiographic exam.

Question: 7

The orthodontic assistant is setting up before starting a treatment to place separators in a patient and realizes that the standard plastic separators commonly used for this procedure are out of stock. Which one of the following is an acceptable alternative?

- A. Steel separating springs
- B. Composite embrasure brackets
- C. Avoiding the separators and moving forward to orthodontic bands

D. Resin interproximal spacers

Answer: A

Explanation:

The acceptable alternative for standard orthodontic separators are steel separating springs. The separators and steel separating springs can both be inserted between the teeth and will provide a very small shift in the teeth, allowing for a greater space between the teeth that needs bands to be placed. This is not an aspect of orthodontic therapy that can be avoided because, if this step is not completed, the orthodontist may not be able to properly place the bands needed to hold the arch wire to move and guide the teeth.

Question: 8

When considering the development of radiation protection mechanisms, it is important to understand which tissues of the body have high and low sensitivity to radiation. Of the following tissues, which one has the lowest sensitivity to ionizing radiation?

- A. Bone marrow
- B. Connective tissue
- C. Oral mucosa
- D. Nerve tissue

Answer: D

Explanation:

Nerve tissue is classified as having low sensitivity to ionizing radiation. This means that when exposed to radiation, the negative effects or changes that take place to nerve tissue are minimal. It does not mean that it is safe to expose nerve tissue to radiation, because no radiation exposure is safe, but less damage can be done. Bone marrow is a type of tissue that is highly sensitive to radiation exposure and has a higher chance of being negatively impacted if exposed. Connective tissue and oral mucosa are grouped and identified to have medium sensitivity to ionizing radiation.

Question: 9

What does it mean when the orthodontic assistant must perform functions under direct supervision?

- A. The orthodontist must be physically present in the orthodontic office when the procedure is performed.
- B. The orthodontist must be aware of the procedure but does not need to be physically present in the office.
- C. The orthodontist does not need to authorize the procedure but must be present in the office when it is performed.
- D. The orthodontist must be next to the orthodontic assistant and must watch the procedure from beginning to end.

Answer: A

Explanation:

When the orthodontic assistant is performing procedures under direct supervision, this means that the procedures that have been authorized by the orthodontist can be done as long as the orthodontist is present in the office. The orthodontist does not need to be next to the orthodontic assistant and does not need to watch every step of the procedure, but he or she must be present in the office while it is being performed. The orthodontist must authorize every procedure that takes place in his or her practice because it is his or her license that any auxiliary staff members are working under. For procedures that fall under the direct supervision category, the orthodontist is also required to meet with and examine the patient before the patient leaves the clinic in order to review the work completed by the auxiliary staff member.

Question: 10

When assisting during an orthodontic procedure, if the orthodontist is right-handed and positioned in the operator's activity zone at approximately the 9 to 12 O'clock position (patient's head at 12 O'clock), where is the assistant positioned?

- A. 12 to 2 O'clock
- B. 2 to 4 O'clock
- C. 4 to 6 O'clock
- D. 7 to 9 O'clock

Answer: B

Explanation:

The assistant is positioned at 2 to 4 O'clock. Both the operator and the assistant must be positioned so they have a clear view of the patient's mouth. There are 4 working zones about the patient with the patient's head considered the 12 O'clock position: the operator's zone (9 to 12 o'clock), the static zone (12 to 2 O'clock), the assistant's zone (2 to 4 O'clock) and the transfer zone (4 to 9 O'clock).

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