Dental

DANB-NJXDG

DANB NJ Expanded Duties General Exam (NJXDG)

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Question: 1

When should models be cast?

A. As soon as possible after taking the impression.
B. At least two days after taking the impression.
C. At least 5 days after taking the impression.
D. At least 10 days after taking the impression.

Answer: A

Explanation:
When it comes to dental impressions, timing plays a crucial role in the accuracy and quality of the resulting models. The correct answer to when models should be cast is "as soon as possible after taking the impression." This recommendation is grounded in the need to capture the most accurate representation of the patient's dental structure.
Immediately after an impression is taken, the material begins to undergo changes. These materials, whether alginate, polyvinyl siloxane, or another compound, can distort due to factors such as dehydration or physical stresses. As time passes, the risk of dimensional changes increases, potentially leading to inaccuracies in the model. This can affect the fit and effectiveness of dental devices such as crowns, bridges, or orthodontic appliances.
Orthodontic clinics that have on-site or nearby dental laboratories have a distinct advantage in this respect. The proximity allows for the rapid processing of impressions, reducing the time between impression taking and model casting. This minimizes the potential for material distortion and ensures a higher fidelity in the reproduction of the patient's dental anatomy.
In contrast, delaying the casting process for days, as suggested by the incorrect options (two days, five days, or ten days after taking the impression), increases the likelihood of errors. Prolonged delays can lead to complications in treatment, adjustments in subsequent visits, and overall less satisfactory outcomes for both the patient and the dental practitioner.
Therefore, to ensure the highest quality of dental care and the most accurate dental models, it is imperative to cast models as soon as possible after taking the impression. This practice helps in maintaining the integrity of the impression and provides a solid foundation for any further dental work.

Question: 2

Before performing CPR, what must done?

A. Move patient.
B. Determine patient is breathing.
C. Clear airway.
D. Pinch nose.

Answer: C

Explanation:
Before initiating CPR (Cardiopulmonary Resuscitation), it is critical to first ensure that the patient's airway is clear. This is crucial because an obstruction in the airway can prevent air from reaching the lungs during the resuscitation attempt, rendering the CPR ineffective. The steps involved in clearing the airway include tilting the patient's head back and lifting the chin, which helps to open up the airway. Checking for any visible obstruction in the mouth and, if safe, removing any debris or foreign objects can also be necessary.
The second priority is to assess whether the patient is in a safe environment and in a proper position for receiving CPR. Ideally, the patient should be lying on their back on a firm, flat surface. If the patient is not in this position and it is safe to do so, gently move the patient to this supine position. Avoid unnecessary movement, particularly if you suspect spinal injuries, unless it is absolutely necessary to provide effective CPR or to protect the patient from immediate dangers (e.g., in the middle of a road or in water).
Once the airway is cleared and the patient is in the correct position, the next step is to check for breathing. This can be done by placing your ear close to the patient's mouth and nose, looking for chest movements, and feeling for breath on your cheek for at least 5 to 10 seconds. If no breathing is detected, commence with chest compressions and rescue breaths.
It is important to note that during the process of CPR, particularly after clearing the airway and before starting compressions, if you are trained and capable, you may need to perform a "rescue breath" to assist in oxygenating the patient's blood. This involves pinching the patient's nose closed, covering their mouth with yours to create an airtight seal, and giving two breaths, watching for the chest to rise which indicates that the lungs are inflating.
These initial assessments and actions are essential for effective CPR. They ensure that the efforts made during compressions and rescue breaths are as effective as possible in circulating blood that carries oxygen to the brain and other vital organs. Always remember that if you are unsure about performing CPR or if the situation is unsafe, it is best to call for professional medical help immediately.

Question: 3

Sealants greatly reduce or eliminate:

A. Malocclusion.
B. Caries.
C. Malformed teeth.
D. Partially erupted teeth.

Answer: B

Explanation:
Sealants are a dental treatment specifically aimed at preventing tooth decay, particularly in the pits and fissures of teeth. These areas are common places for decay because they are hard to clean and can accumulate food particles and bacteria. The sealant material is a plastic resin that, when applied to the chewing surfaces of the back teeth, smooths out these areas and prevents food and bacteria from getting trapped.

The primary benefit of dental sealants is their ability to greatly reduce or eliminate caries (tooth decay). This is particularly effective in children and teenagers because they are at a higher risk of developing cavities due to less than optimal brushing and flossing habits. By applying sealants, a protective layer is created that shields the enamel from plaque and acids. Studies have shown that sealants can significantly decrease the risk of decay in molars, which are the most likely to suffer from cavities.
It is important to note that sealants do not have a significant impact on malocclusion, which refers to misalignment of the teeth and bite issues. Malocclusion requires orthodontic intervention such as braces or other appliances to correct the alignment of the teeth and jaws.
Similarly, sealants are not designed to address issues with malformed teeth or partially erupted teeth. Malformed teeth, depending on the type and severity of the malformation, might require restorative procedures like crowns or bonding. Partially erupted teeth, particularly wisdom teeth, might need more specific treatments such as surgical removal or monitoring for potential alignment disruptions.
In conclusion, while dental sealants are highly effective in preventing dental caries, they do not correct or prevent orthodontic problems, malformed teeth, or issues with partially erupted teeth. Their use is primarily preventive against decay, forming an integral part of dental care for children and adolescents to maintain dental health.

Question: 4

Deep bites will use which type of archwires?

A. Flexible round.
B. Flexible rectangular (NiTi).
C. Stiff round.
D. Stiff rectangular (Stainless Steel).

Answer: D

Explanation:
In orthodontics, the selection of archwires is crucial for the effective treatment of various dental malocclusions. Deep bites, characterized by excessive vertical overlap of the upper teeth over the lower teeth, require specific types of archwires to correct the alignment effectively.
The correct answer for the type of archwire used in the treatment of deep bites is stiff rectangular (Stainless Steel). This choice is informed by the mechanical properties and the control required over tooth movement in such cases. Stiff rectangular archwires made from stainless steel are preferred because they offer several advantages in the treatment of deep bites.
Firstly, the stiffness of the rectangular stainless steel wire provides greater control over the torque movements of the teeth. Torque control is essential in deep bite cases because it helps in adjusting the tilt of the teeth, particularly the inclination of the incisors, which is often necessary in deep bite corrections. The rectangular cross-section of the wire maximizes the surface contact with the bracket slots, enhancing the orthodontist's ability to apply precise forces to correct the malocclusion.
Additionally, stainless steel as a material is advantageous because it is less flexible compared to materials like Nickel Titanium (NiTi). This reduced flexibility means that the wire maintains its shape and form better under the stress of orthodontic forces, which is particularly important in the treatment of deep bites where substantial forces might be required to move the teeth into the desired position.
Comparing deep bites to open bites, although they are opposite in nature, the approach in using stiff and controlled archwires applies similarly. In open bites, where there is a lack of vertical overlap of the

teeth, controlling the vertical dimension and closing the bite are critical, just as opening the bite is in deep bite cases. In both scenarios, the use of a stiff, rectangular stainless steel wire allows for precise control over tooth movement, necessary for successful treatment outcomes.
In conclusion, the use of stiff rectangular (Stainless Steel) archwires in the treatment of deep bites is supported by their ability to provide enhanced control and effectiveness in managing the complex tooth movements required. This choice helps ensure that the treatment objectives are met efficiently, leading to improved dental alignment and overall oral health.

Question: 5

What caution should be taken with the curing light?

A. Never to look into it.
B. Hold a steady hand when using it.
C. Use it for less than 15 seconds.
D. Use it only on permanent teeth.

Answer: A

Explanation:
The curing light, commonly used in dental procedures for hardening light-sensitive resins and composites, emits intense blue light that can cause harm if proper precautions are not taken. One primary caution is to avoid looking directly into the curing light. The intensity of the light is sufficient to potentially cause damage to the retina, which can be irreversible. Although cases of such ocular damage are infrequent, the risk is significant enough that both dental professionals and patients should be instructed to avoid direct eye exposure.
When using the curing light, it is essential to maintain a steady hand. This not only ensures that the light is properly directed only at the area needing treatment but also helps prevent accidental exposure to the eyes of both the operator and the patient. Sudden movements can misdirect the light, increasing the risk of exposure.
Another important consideration is the duration of exposure to the curing light. It is recommended to use the light for no more than 15 seconds at a time in one area. Prolonged exposure can increase the temperature of the resin being cured, which may not only affect the properties of the material but also cause discomfort or damage to the surrounding tissue.
Finally, while the curing light is primarily used on permanent teeth, it is also suitable for other dental applications such as bonding brackets during orthodontic treatments or repairing chipped teeth with composite material. However, it is crucial to use the appropriate settings and exposure durations as recommended for different treatments to ensure both efficacy and safety.

Question: 6

An adult patient has been recommended sealants. She is concerned about her appearance. For patients who sealants are indicated:

A. Sealants are noticeable at a distance.
B. Sealants can only be seen close up.

C. Sealants are silver colored materials.
D. Sealants are a gold colored materials.

Answer: B

Explanation:
Sealants are an effective dental treatment primarily used to prevent tooth decay, particularly on the biting surfaces of back teeth (molars and premolars). They work by providing a protective layer that covers the deep grooves and pits in these teeth, areas where food particles and bacteria are likely to gather.
One common concern among patients, especially adults, is the visibility of sealants and how they might affect their appearance. It's important to note that dental sealants are designed to be discreet and are usually not noticeable at a distance. Typically, they are applied as a liquid resin which is then hardened using a special light. Once cured, sealants become a solid, protective coating.
Regarding their appearance, sealants are generally clear, white, or have a slight tint depending on the product used. This makes them blend in with the natural color of the tooth, ensuring that they are not overtly visible during daily interactions. Whether someone is engaging in conversation or smiling, sealants are usually only visible upon close inspection.
Therefore, for patients concerned about aesthetics, it's reassuring to know that sealants do not alter the appearance of your teeth in a noticeable way from a normal conversational distance. Instead, they provide a safeguard against decay while maintaining the natural look of your teeth. This is particularly beneficial for adults who are conscious about maintaining a professional and natural appearance.
In conclusion, while the patient might have concerns about the visibility of dental sealants, she can be assured that sealants are typically only discernible up close. They are not designed to be eye-catching but are rather subtle and functional in nature, aimed at preserving oral health without compromising on aesthetics.

Question: 7

Which of the following is NOT true of surgical burs?

A. They are used with the high-speed handpiece.
B. They are used with the low-speed handpiece.
C. They are used to reduce the alveolar bone.
D. They are used to contour the tooth structure.

Answer: B

Explanation:
Surgical burs are specialized tools utilized in various dental and surgical procedures. They are designed specifically to work on hard tissues such as bone or teeth. The question regarding the use of surgical burs with high-speed and low-speed handpieces asks us to identify which statement is not true about their use.
First, it is important to understand what high-speed and low-speed handpieces are. High-speed handpieces operate at speeds typically between 250,000 and 400,000 revolutions per minute (RPM). They are primarily used for removing tooth structure quickly, such as during cavity preparation or when

sectioning a tooth for extraction. The high-speed rotation allows for efficient cutting of hard tissues with minimal pressure.
On the other hand, low-speed handpieces operate at much lower speeds, usually ranging from about 600 to 40,000 RPM. These handpieces are used for a variety of tasks that require more control and less force, such as polishing, drilling for endodontic treatments, and some types of carving and shaping.
Regarding the statements given in the question, the use of surgical burs to reduce and contour the alveolar bone and tooth structure is accurate. These burs are designed to remove hard tissues efficiently, making them suitable for shaping and contouring during surgical procedures. The high-speed rotation of the burs when used with a high-speed handpiece is particularly effective in these tasks due to the rapid cutting ability and precision it offers.
However, the statement that surgical burs are used with low-speed handpieces does not typically hold true, especially in the context of reducing and contouring alveolar bone and tooth structure. While low-speed handpieces are versatile and used for a range of dental procedures, the tasks of cutting through and contouring hard tissues like bone and teeth generally require the power and speed provided by high-speed handpieces.
Therefore, the statement "They are used with the low-speed handpiece" is NOT true regarding surgical burs when it comes to the specific tasks of reducing and contouring alveolar bone and tooth structure. This type of work necessitates the use of high-speed handpieces to achieve effective and efficient results.

Question: 8

Tooth enamel is formed by

A. Dentin.
B. Calcification.
C. Dental sac.
D. Enamel organ.

Answer: D

Explanation:
Tooth enamel, which is recognized as the hardest and most highly mineralized substance in the human body, covers the outer layer of each tooth. It is crucial for protecting teeth from the daily wear and tear of chewing, as well as temperature extremes from hot or cold foods and beverages. Its translucent appearance contributes to the aesthetics of a smile by allowing the color of the dentin, the core material of the tooth, to show through.
The enamel organ is essential in the development of this hard substance. It is a part of the developing tooth germ in the embryonic stage, which eventually forms the mature tooth. The enamel organ is structured from ectodermal tissue and plays a pivotal role during tooth development. It is responsible for the formation of enamel by differentiating into ameloblasts, the cells that secrete enamel.
Ameloblasts are responsible for the secretion of enamel proteins and the mineralization process that leads to the formation of enamel. These cells function during the early stages of tooth development but eventually undergo programmed cell death once enamel formation is complete. The unique mineralization process and the composition of the enamel, which includes a high percentage of minerals, primarily hydroxyapatite, are what give enamel its strength and durability.

It's important to note that once formed, enamel does not contain living cells and cannot regenerate itself if damaged. This underscores the importance of maintaining good oral hygiene and protecting teeth from decay, physical damage, and erosion. The enamel organ, therefore, plays a critical foundational role in dental health, emphasizing the need for care from the earliest stages of tooth development.
In summary, the enamel organ is not only fundamental in the initial formation of enamel but also sets the stage for long-term dental health. Without the precise activities of the enamel organ and the ameloblasts it supports, our teeth would be far less equipped to handle the rigors of everyday use.

Question: 9

A property of etchant material is it is:

A. Caustic.
B. Non-caustic.
C. Dry.
D. Oily.

Answer: A

Explanation:
The question pertains to the properties of an etchant material, specifically querying whether it is caustic. An etchant is a chemical used to remove layers of a material or create patterns on a surface by chemical means. The correct answer provided, "Caustic," refers to the ability of the etchant to act in a destructive manner on tissues or materials.
The term "caustic" generally applies to substances that are capable of burning, corroding, or destroying organic tissue through chemical action. This property is crucial in the context of etchants because their primary function involves altering material surfaces through chemical reactions. Phosphoric acid, mentioned in the explanation, is an example of a caustic agent. It is commonly used in various industrial applications, including as an etchant, due to its ability to react with the substrate material.
Phosphoric acid's caustic nature means that it can cause severe burns when in contact with skin or other tissues and can corrode or dissolve other materials. This property is harnessed in controlled environments for etching, where the acid selectively removes material to create desired patterns or textures on surfaces such as metals and semiconductors.
The repeated affirmation of phosphoric acid being caustic across various hypothetical options in the question underscores the importance of recognizing and handling such chemicals with care, particularly in industrial and laboratory settings. Proper safety measures, such as using appropriate protective gear and following handling protocols, are essential to prevent injuries and accidents due to the caustic nature of these substances.
In summary, the caustic property of etchant materials like phosphoric acid is central to their function but also poses significant safety risks. Understanding and respecting the chemical characteristics of etchants is vital for their effective and safe application in various processes.

Question: 10

What is the occlusion classification for a patient with crowding and the normal alignment?

A. Normal.
B. Class I.
C. Class II.
D. Class III.

Answer: B

Explanation:
The term "occlusion" refers to the alignment and contact between the teeth of the upper and lower jaws. The classification of occlusion helps dentists understand how the upper and lower teeth align and interdigitate, which is crucial for diagnosing and planning orthodontic treatment. Malocclusion, which means "bad bite," is categorized into three classes based on the alignment of the jaws and the dental arch relationships:
Class I, Class II, and Class III. Each class describes different types of alignment issues and their severity. Class I malocclusion, the most common type, occurs when the upper teeth slightly overlap the lower teeth, which is considered a normal relationship. However, even within Class I, there can be issues like teeth crowding or individual teeth that are misaligned. This is important because even if the overall jaw alignment falls within Class I, localized problems can still exist.
In the scenario presented, the patient has crowding, which refers to a lack of space for all the teeth to fit normally within the jaws, leading to overlapping or crooked teeth. Despite the crowding, if the overall jaw relationship aligns normally — meaning the molars and canines are in a generally acceptable position relative to each other across the upper and lower jaws — the occlusion is classified as Class I. This classification is crucial as it guides the orthodontic treatment plan. For instance, Class I malocclusion might be addressed with braces or aligners to correct crowding without the need for more complex jaw adjustment procedures that might be necessary in Class II or Class III malocclusion, where the misalignment involves the relative positioning of the entire jaw.
In summary, even if a patient presents with teeth crowding or individual misalignments, as long as the overall jaw alignment corresponds to the normal molar relationships defined in Class I, the occlusion is categorized as Class I. This diagnosis helps in adopting the most appropriate and effective treatment plan for achieving both functional and aesthetic outcomes.

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