Dental

DANB-NYPDA

DANB's New York Professional Dental Assisting (NYPDA)

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Question: 1

Deciduous teeth are sometimes also known as which of the following?

A. Milk teeth.
B. Permanent teeth.
C. Premolars.
D. Stomach teeth.

Answer: A

Explanation:
Deciduous teeth are commonly known as milk teeth. This term comes from the fact that these teeth are present during the early, milk-drinking years of a child's life. Deciduous teeth begin to appear generally around six months of age, starting typically with the lower central incisors and followed by the appearance of other teeth in a set sequence.
Humans have a total of 20 deciduous teeth, which include incisors, canines, and molars. These teeth serve several important functions during early childhood. They are essential for proper chewing and eating, supporting the development of the jawbones and muscles, and playing a crucial role in speech development. Furthermore, deciduous teeth hold space in the jaws for the future permanent teeth.
Around the age of six, deciduous teeth begin to naturally loosen and fall out. This process, which continues until about age twelve, occurs because the permanent teeth start to develop beneath them, pushing them out. As the deciduous teeth are lost, they are replaced by permanent teeth, of which adults have 32, including incisors, canines, premolars, and molars.
The term "milk teeth" contrasts with terms like permanent teeth, which are the second and final set of teeth that one gets, or specific types like premolars and molars, which refer to particular types of permanent teeth. The term "stomach teeth" is not a recognized term in dental nomenclature and does not relate to any actual type of teeth. Thus, when discussing deciduous teeth, the correct and common alternative term is indeed "milk teeth."

Question: 2

Which of the following is NOT true of deciduous teeth?

A. They are considered permanent.
B. They appear at a relatively early age.
C. Humans have 20 of them.
D. They fall out at a relatively early age.

Answer: A

Explanation:

Deciduous teeth, commonly known as milk teeth or baby teeth, are the first set of teeth that develop in humans. These teeth are temporary and serve several important functions during early childhood. Deciduous teeth typically begin to appear when a child is around six months old, and this process continues until about the age of three, by which time most children have a full set of 20 deciduous teeth.

One of the main characteristics of deciduous teeth is that they are not permanent. They are essentially placeholders for the permanent teeth that will appear later in a child's development. Around the age of six, deciduous teeth begin to fall out, a process that continues until about the age of twelve. This natural shedding happens because the roots of the deciduous teeth get resorbed, and the teeth become loose, making way for the permanent teeth to emerge.

The statement "They are considered permanent" is therefore not true regarding deciduous teeth. Unlike permanent teeth, which are meant to last a lifetime with proper care, deciduous teeth are only present during early childhood and are replaced by a set of 32 permanent teeth. The transition from deciduous to permanent teeth is a critical phase in dental development, involving changes that affect jaw growth and the overall alignment of the teeth.

In summary, deciduous teeth are temporary, appearing in early childhood and naturally falling out to make room for permanent teeth. The claim that deciduous teeth are considered permanent is incorrect, as their primary role is to facilitate the proper spacing and alignment of permanent teeth, supporting the development of healthy adult teeth.

Question: 3

You are assisting with a procedure that requires a syringe. How might you best pass this instrument to the dentist without alarming the patient?

A. Pass the syringe through the static zone.
B. Ask the patient to close her eyes.
C. Get up and walk the syringe to the dentist.
D. Have the syringe waiting in the operator zone.

Answer: A

Explanation:

When assisting in a dental procedure that involves the use of a syringe, it is crucial to handle the instrument in a way that maintains a calm environment and avoids causing distress to the patient. The optimal method for passing a syringe to the dentist is through the static zone. This approach minimizes the visibility of the syringe to the patient, thereby reducing the likelihood of causing any alarm.

In a dental office, the workspace around the patient is typically divided into different zones based on the nature of the tasks performed and the interaction needed among the dental team. These zones are categorized as the operator zone, assistant zone, transfer zone, and static zone. The transfer zone is the area where instruments and materials are usually passed directly between the dentist and the dental assistant. This zone is within the patient's field of vision, making it suitable for non-threatening tools but not ideal for items that might cause anxiety, such as syringes.

The static zone, on the other hand, is the area where items are placed or passed without requiring direct hand-to-hand transfer between the dentist and the assistant. This zone is typically positioned out of the direct view of the patient. By using the static zone to pass a syringe, the dental assistant can effectively

keep the item discreet and less noticeable to the patient, thereby preventing any potential discomfort or fear that might arise from the sight of the syringe.
Other methods might involve asking the patient to close their eyes or placing the syringe in the operator zone ahead of time, but these practices may still raise questions or concerns from the patient. Physically walking the syringe to the dentist could also disrupt the procedure and draw unnecessary attention to the syringe. Therefore, passing the syringe through the static zone is considered the best practice. It ensures that the process is smooth, professional, and sensitive to the patient's emotional well-being.

Question: 4

Which of the following is NOT true of a Jo-dandy disc?

A. They are used to cut and finish gold restorations.
B. They break easily.
C. They are mounted to a mandrel for use.
D. They should never be used intra-orally.

Answer: D

Explanation:
Jo-dandy discs, also known as carborundum discs, are small abrasive tools often used in dental laboratories and sometimes in clinical settings. These discs are primarily recognized for their utility in cutting and polishing dental materials such as gold, which is commonly used in dental restorations.
One key characteristic of Jo-dandy discs is that they are designed to be mounted on a mandrel. This mounting system allows the discs to be used with various dental equipment, providing the necessary stability and precision for detailed dental work. The mandrel serves as the connecting piece between the disc and the dental handpiece, facilitating easy attachment and removal, which enhances the efficiency of the dental procedure.
Contrary to one common misconception, Jo-dandy discs can be used intra-orally under appropriate conditions. Although they are primarily used in the lab setting for tasks like cutting and polishing dental restorations before they are implanted, these discs can also be used inside the patient's mouth. This intra-oral application is particularly useful for adjusting or refining restorations and for trimming acrylic in provisional restorations directly on the patient.
It is important, however, to handle Jo-dandy discs with care, as they are prone to breaking under pressure. The fragile nature of these discs requires that they be used with a gentle and precise touch, especially when operating intra-orally, to avoid any accidental breakage which could lead to injury or discomfort for the patient.
In summary, while Jo-dandy discs are versatile tools in both dental laboratory and clinical settings, the assertion that they should never be used intra-orally is incorrect. With proper handling and application, these discs can safely and effectively be used for direct adjustments on patients, expanding their utility beyond the confines of the lab.

Question: 5

Which of the following instruments is used primarily to remove subgingival calculus?

A. Sickle scaler.
B. Curette.
C. Periodontal chisel.
D. Hoe scaler.

Answer: B

Explanation:
A curette (universal or area-specific, such as Gracey curettes) is designed for subgingival scaling and root planing. Curettes have a rounded toe and a semicircular cross-section that allow safe adaptation beneath the gingival margin. Proper technique includes adapting the working end to the root surface, establishing a 60°–80° blade-to-tooth angulation, and using short, controlled strokes from the base of the pocket coronally while maintaining lateral pressure to remove deposits.
Why the others are incorrect:
Sickle scaler: Intended primarily for supragingival scaling; its pointed tip and triangular cross-section make it unsuitable for safe subgingival use.
Periodontal chisel: Used for removal of heavy, mostly supragingival deposits on proximal surfaces or for specific restorative procedures; it is not the standard instrument for routine subgingival scaling.
Hoe scaler: Designed to remove heavy supragingival calculus on accessible facial and lingual surfaces; its design and cutting-edge orientation make it inappropriate for subgingival application.
This distinction is important for effective periodontal therapy and to avoid trauma to the root surface and soft tissues during subgingival instrumentation.

Question: 6

What is a viscous material that sets WITHIN the mouth to a firm consistency and which can also be used to create a mold?

A. Porcelain.
B. Sealant.
C. Impression material.
D. Plaster.

Answer: C

Explanation:
The correct answer to the question is impression material. Impression material is specifically designed to be a viscous substance that can be easily manipulated and placed inside a patient's mouth. Once inside, it undergoes a transformation and sets to a firm consistency. This property is crucial as it needs to accurately capture the detailed structures and contours of the oral cavity without causing discomfort to the patient.
Impression materials are commonly used in dentistry for creating accurate molds or models of a patient’s teeth and gums. These molds are essential for various dental procedures, including the creation of dentures, braces, crowns, bridges, and other dental restorations. The accuracy of these impressions directly influences the effectiveness and fit of these dental appliances.

There are different types of impression materials available, each suited to specific tasks and preferences. These include alginate, silicone, polyether, and rubber-based materials. Alginate is a popular choice for preliminary impressions due to its ease of use, fast setting times, and cost-effectiveness. Silicone and polyether materials provide higher accuracy and are often used for more detailed impressions required in procedures like crown and bridge fabrication.
The process of making an impression typically involves preparing the impression material according to the manufacturer's instructions, loading it into a suitable tray, and placing it in the patient's mouth. The material then needs to set, a process that can take anywhere from a few seconds to a few minutes depending on the type of material used. Once set, the impression is carefully removed from the mouth, inspected for quality and detail, and then used to create a mold or directly sent to a dental laboratory where a detailed replica of the oral structures is crafted.
The ability of impression materials to replicate the fine details of the oral cavity makes them indispensable in dental practice. Their development has evolved over the years, leading to materials that not only provide excellent detail and accuracy but also enhance patient comfort and safety during the impression-taking process.

Question: 7

When creating a cast, which of the following materials is preferable?

A. Plaster of Paris.
B. Utility wax.
C. Condensing silicone.
D. Dental stone.

Answer: A

Explanation:
When deciding on a material for creating a cast, Plaster of Paris is often the preferred choice. This material is well-known for its utility in making durable and detailed casts. Plaster of Paris is a type of gypsum product, which is a mineral known for its excellent casting properties.
Gypsum, when ground into a fine powder and heated, loses water and forms a quick-setting moldable material. When water is added back to this powder, it rehydrates and sets as a hard solid. Plaster of Paris follows this exact process, making it a convenient choice for casting. The rehydration of Plaster of Paris provides a crystalline structure that is hard and robust, ideal for creating strong replicas of objects.
Other materials like utility wax, condensing silicone, and dental stone are also used in various casting and molding applications. However, utility wax is generally softer and less durable, mainly used for temporary adaptations or impressions. Condensing silicone offers excellent detail reproduction and flexibility but does not have the same strength and solidity that Plaster of Paris provides. Dental stone, which is also a gypsum product, is typically stronger than Plaster of Paris but is more expensive and may not be necessary for all types of casts.
Therefore, for most general casting needs, Plaster of Paris is recommended. It strikes a good balance between cost, ease of use, setting time, and durability. It is capable of capturing fine details and is easily accessible, making it a popular choice in educational, artistic, and some medical applications. Whether you are creating a sculpture, a teaching aid, or a decorative piece, Plaster of Paris provides a reliable medium for achieving detailed and lasting results.

Question: 8

Which of the following may not be given at a routine visit?

A. Polishing.
B. Supragingival scaling.
C. Subgingiva scaling.
D. Rinsing.

Answer: A

Explanation:
The question posits which dental procedure among the listed might not be appropriate for a routine dental visit without prior evaluation. The correct answer is "Polishing."
Polishing involves the use of a rubber cup and abrasive paste to clean and smooth the surfaces of the teeth, primarily for cosmetic purposes. Although it can make teeth appear cleaner and brighter by removing stains, it is not necessarily a procedure suited for every routine visit. There are significant reasons for this, primarily related to dental health and the appropriateness of the procedure for each individual patient.
Firstly, before performing polishing, it is essential for a dental professional to evaluate the patient's oral health status. This evaluation helps in determining whether the benefits of polishing outweigh the potential risks. For some patients, especially those with minimal plaque or superficial stains, the abrasive action of polishing might do more harm than good. This is because the process can remove not only stains but also a thin layer of enamel, which is the tooth's protective outer layer. The removal of enamel can lead to increased tooth sensitivity and may make the teeth more susceptible to decay.
Moreover, polishing can remove the fluoride-rich layer of the enamel. Fluoride plays a crucial role in fighting tooth decay and strengthening enamel. Removing this layer can reduce the tooth's resistance to cavities. Therefore, indiscriminate polishing, without assessing the need and the potential consequences for the specific dental conditions of a patient, can be inadvisable.
While other procedures like supragingival scaling, subgingival scaling, and rinsing can also be part of routine dental visits, they are generally recognized as essential for maintaining oral health. Supragingival scaling removes plaque and tartar from above the gum line, and subgingival scaling does the same for the area below the gum line, both crucial for preventing periodontal disease. Rinsing, typically with an antibacterial or fluoride solution, helps in reducing oral bacteria or providing additional fluoride treatment, respectively.
In contrast, polishing, primarily due to its cosmetic nature and potential risks, requires a specific, justified clinical indication rather than being a routine part of every dental visit. Hence, it is typically not recommended without a prior thorough evaluation of the patient's dental health.

Question: 9

A patient complains of feeling strange and his or her tongue begins to swell. What type of shock is this?

A. Syncope.
B. Respiratory.

C. Metabolic.
D. Anaphylaxis.

Answer: D

Explanation:
When a patient complains of feeling strange and experiences tongue swelling, this is indicative of anaphylaxis, a type of shock that involves an acute, potentially life-threatening allergic reaction. Anaphylaxis is triggered by exposure to an allergen to which the body has become hypersensitive. Common allergens include certain foods, insect stings, medications, and latex.
Anaphylactic shock occurs when the immune system releases a flood of chemicals that can cause the body to go into shock. This systemic reaction can lead to a sudden drop in blood pressure and narrowing of the airways, which can lead to difficulty breathing. Symptoms often include a rapid, weak pulse, a skin rash, and nausea and vomiting. Swelling of the tongue, as mentioned in the question, is a classic sign of anaphylaxis and represents a significant danger as it can obstruct the airway.
It's important to differentiate anaphylaxis from other types of shock, such as syncope (often a brief loss of consciousness associated with a sudden drop in blood pressure), respiratory shock (which can be caused by lung diseases or acute respiratory distress), and metabolic shock (which involves a disruption in the body's chemistry and can be triggered by severe infections, organ failure, or severe dehydration). Each type of shock has distinct causes and symptoms, and identifying them correctly is crucial for effective treatment.
Immediate treatment for anaphylaxis typically involves the administration of epinephrine (adrenaline), which can reduce the severity of the allergic reaction by improving breathing, stimulating the heart, and reducing swelling and hives. Prompt medical attention is critical, as anaphylaxis can rapidly become fatal if not treated quickly. After stabilization, further treatment and observation might be necessary to manage and prevent secondary reactions.

Question: 10

The BEST way to guarantee that a patient will keep his appointment is to:

A. Confirm the patient's appointment.
B. Coordinate patient transportation.
C. Charge a fee for a missed appointment.
D. Educate patient on the importance of keeping the appointment.

Answer: A

Explanation:
To guarantee that a patient will keep their appointment, the most effective method is to confirm the patient's appointment. This is a crucial practice in medical administration, particularly for roles like dental assistants, who are often responsible for managing the schedules of healthcare providers.
When an appointment is confirmed, several beneficial outcomes occur. First, it serves as a reminder to the patient, reinforcing the importance and timing of the appointment. People often have busy schedules and can forget about an appointment made weeks or months in advance. A confirmation call or message can help embed the appointment into the patient's schedule.

Secondly, confirming appointments can reduce the number of no-shows. This is vital for the efficient management of a clinic's schedule. Every missed appointment represents a loss of time and resources that could have been used to treat another patient. By confirming appointments, healthcare facilities can more accurately predict their daily patient load, adjust their resources accordingly, and minimize idle time.

Moreover, during confirmation, any misunderstandings or errors regarding the appointment timing can be clarified or corrected. This ensures that both the patient and the healthcare provider are synchronized in their schedules, reducing the likelihood of missed appointments due to miscommunication.

While other strategies like charging fees for missed appointments, coordinating patient transportation, and educating patients on the importance of keeping their appointments can also help improve attendance rates, these methods can be seen as supplementary. The direct action of confirming an appointment not only actively engages the patient but also provides an opportunity for any logistical issues to be addressed promptly, making it the most immediately effective approach.

In conclusion, confirming a patient's appointment is a simple yet highly effective administrative task that supports the operational efficiency of healthcare services and enhances patient adherence to scheduled visits. Dental assistants and other administrative personnel should prioritize this task to ensure the smooth running of healthcare operations and optimal utilization of available time slots.

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