Dental

DANB-ORB

DANB's Oregon Basic Dental Assisting (ORB)

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Question: 1

Which of the following is a tissue of the tooth that is uncalcified?

A. Bud
B. Pulp
C. Cap
D. Bell

Answer: B

Explanation:
The correct answer to the question of which tissue in the tooth is uncalcified is "Pulp." The human tooth is composed of several tissues, namely enamel, cementum, dentin, and pulp. Out of these, enamel, cementum, and dentin are calcified tissues, meaning they are hardened by the deposition of calcium and other minerals. These calcified tissues provide strength and rigidity to the tooth, helping it withstand the forces of chewing and biting.
In contrast, pulp is the only uncalcified tissue within the tooth structure. It is composed of soft connective tissue that contains blood vessels, nerves, and lymphatic vessels. The primary function of the pulp is to nourish the tooth and provide sensory function. It is located in the center of the tooth and extends down through the root canals to the tip of the roots. The presence of nerves within the pulp is responsible for the tooth's sensitivity to temperature, pressure, and pain.
The other answer choices listed—Bud, Cap, and Bell—do not refer to tissues but rather to stages of tooth development. The bud stage is the initial stage where the tooth begins as a growth from oral epithelium cells. The cap stage follows, where the tooth bud begins to take on a cap-like shape, and the bell stage is when the developing tooth resembles a bell, with differentiation of the enamel organ, dental papilla, and dental sac which later form the enamel, dentin, and cementum, respectively.
Understanding these stages of development and the composition of tooth tissues is crucial in dentistry and helps in the diagnosis and treatment of various dental conditions. The uncalcified nature of the pulp makes it unique among tooth tissues and critical in the overall health and function of the tooth.

Question: 2

How many steps are there in proper hand washing?

A. 4
B. 6
C. 5
D. 3

Answer: C

Explanation:
There are five essential steps to proper hand washing according to the Centers for Disease Control and Prevention (CDC). These steps are designed to ensure comprehensive cleaning of the hands, which is crucial for preventing the spread of germs and maintaining good hygiene.
The first step is 'wet.' You should begin by wetting your hands with clean, running water. The temperature of the water doesn't necessarily affect germ removal, so you can use warm or cold water based on your preference. This initial wetting is crucial as it preps the hands for soap application.
The second step is 'lather.' Apply a generous amount of soap to the wet hands. Soap is important as it binds physically to germs and dirt, allowing them to be washed away. Ensure you cover all surfaces of your hands with soap, including the backs of your hands, between your fingers, and under your nails where germs often hide.
The third step is 'scrub.' Once your hands are lathered, scrub them together for at least 20 seconds. This action is vital as the mechanical process of rubbing the hands together helps lift dirt and microbes from the skin. An easy way to time this is to hum the "Happy Birthday" song from beginning to end twice.
The fourth step is 'rinse.' Rinse your hands thoroughly under clean, running water to remove the soap, along with the loosened dirt and microbes. It's important to keep your hands lower than your elbows during this process to prevent contaminated water from moving up the arms.
The fifth and final step is 'dry.' Dry your hands using a clean towel or air dry them. Drying is an important step because germs can be transferred more easily to and from wet hands. If using a towel, it's also advisable to use it to turn off the faucet, especially in public restrooms, to avoid recontaminating your hands.
Following these five steps each time you wash your hands is essential for effective hand hygiene, helping to prevent the spread of infections and maintaining overall health.

Question: 3

A veneer which uses ceramic materials, and which involves the removal of some surface material to make room for the veneer, is known as which of the following?

A. Direct veneer.
B. Overlay.
C. Composite veneer.
D. Indirect veneer.

Answer: D

Explanation:
The correct answer to the question is "Indirect veneer." Indirect veneers are a type of dental veneer that utilizes ceramic materials, predominantly porcelain, to enhance the aesthetic appearance of teeth. Unlike direct veneers, which are typically applied and sculpted directly onto the tooth's surface using composite resin, indirect veneers are fabricated outside of the mouth in a dental laboratory.
The process of installing an indirect veneer involves several steps. Initially, the dentist must prepare the tooth by removing a minimal amount of tooth structure. This is necessary to create space for the veneer so that it fits seamlessly and looks natural once placed on the tooth. The amount of tooth structure removed is typically minimal but is more than what would be removed for a direct veneer.
After the tooth has been prepared, an impression of the teeth is taken, which is then sent to a dental laboratory where the actual veneer is crafted. During this time, the patient may be given a temporary

veneer to protect the prepared tooth. Once the indirect veneer is ready, the patient returns to the dentist's office, where the veneer is permanently bonded to the original tooth.
Indirect veneers are known for their durability and superior aesthetic qualities, as they are made from high-quality ceramic materials that mimic the translucency and texture of natural teeth. They are considered a permanent solution and, as such, require careful consideration and commitment. Additionally, they tend to be more costly than direct veneers due to the materials used and the additional laboratory work required.
In summary, indirect veneers represent a more permanent and aesthetically pleasing solution for improving dental appearance, involving a more invasive preparatory process and a higher cost compared to direct veneers. However, their durability and natural appearance make them a popular choice for long-term dental enhancements.

Question: 4

The tooth's pulp plays a role in:

A. Supporting dentin
B. Positioning dentin
C. The emission of dentin
D. Encasing dentin

Answer: A

Explanation:
The tooth's pulp is a crucial component situated within the innermost part of the tooth, known as the dental pulp chamber. It comprises soft connective tissue, blood vessels, and nerves. The primary role of the tooth's pulp is to support the development and health of dentin, the hard tissue that forms the bulk of the tooth's structure beneath the enamel.
Dentin is essential for the overall integrity of the tooth, providing the necessary hardness and structure that gives a tooth its shape and strength. The cells responsible for creating dentin are called odontoblasts, which are located within the pulp. These odontoblasts are continuously active in secreting new dentin throughout a person's life, although the rate may decrease with age or disease.
The relationship between the pulp and dentin is symbiotic. While the pulp supports the formation and maintenance of dentin, the dentin, in turn, protects the delicate pulp from external stimuli and potential infections. The dentin layer transmits necessary nutrients from the pulp to the rest of the tooth, including the enamel which, although the hardest tissue in the body, does not contain living cells and thus relies on the underlying dentin and pulp for nourishment and moisture.
Contrary to some misconceptions, the pulp does not play a direct role in positioning or encasing dentin. The shape and placement of dentin are determined during the tooth’s development in early life. The pulp's role is more about ongoing maintenance and health of the dentin rather than its structural arrangement or external protection. The odontoblasts produce dentin from within the pulp chamber outward, ensuring that the dentin remains viable and capable of performing its protective and structural roles.
In summary, the tooth's pulp is essential for supporting dentin by nourishing it and maintaining its health through the actions of odontoblasts. This relationship is vital for the overall health and functionality of teeth, emphasizing the importance of maintaining good oral hygiene to prevent diseases that could compromise the pulp and its ability to support dentin.

Question: 5

Which of the following is NOT likely to cause the patient to gag during a maxillary impression?

A. Using water that is cool but not cold
B. Using very cold water.
C. Overfilling the tray
D. Using a slow-set algaenate.

Answer: A

Explanation:
The question asks which option is NOT likely to cause a patient to gag during a maxillary impression. The correct answer is: Using water that is cool but not cold. This choice is correct because using cool water, as opposed to very cold water, is less likely to trigger a gag reflex during the impression process.
Very cold water can cause discomfort and stimulate the gag reflex, making it difficult for the patient during the impression-taking process. Therefore, it is advisable to use water that is cool but comfortably warm to minimize the risk of gagging. This is particularly important in dental procedures where patient comfort is essential to ensure successful outcomes.
Other factors that can cause gagging during maxillary impressions include using fast-set alginate and overfilling the impression tray. Fast-set alginate sets quickly, which can be advantageous in reducing the time the tray is in the mouth, thus potentially minimizing gagging. However, if the setting time is too rapid, it might not provide enough working time, which can also lead to discomfort and gagging.
Overfilling the tray is another common cause of gagging. If the impression material overflows excessively from the tray, it can reach the back of the throat and trigger the gag reflex. Careful filling of the tray, ensuring that the material adequately covers the necessary dental structures without excessive overflow, is crucial to patient comfort and the success of the impression.
In summary, using water that is cool but not cold helps prevent gagging by providing a comfortable temperature for the patient. It is important to balance other factors such as the setting speed of the alginate and the amount of material in the tray to create a comfortable experience for the patient while obtaining an accurate dental impression.

Question: 6

All of the following are true of controlled substances EXCEPT for they:

A. Require a dentist's or doctor's prescription.
B. Must be stored in a locked cabinet.
C. Must be inventoried and records kept of the inventory.
D. Do not require special reporting.

Answer: D

Explanation:

Controlled substances, as regulated by various governmental authorities, are subject to strict regulatory controls due to their potential for abuse and dependency. This includes prescription drugs that can be prescribed by licensed professionals such as dentists or doctors.
One common misconception about controlled substances is that they do not require special reporting. This is incorrect as controlled substances are under stringent reporting and regulatory requirements to prevent misuse and illegal distribution. Here are the facts regarding the regulations that govern controlled substances:
Prescription Requirement: Controlled substances require a valid prescription from a licensed healthcare provider, such as a dentist or doctor. This prescription must be written in accordance with both federal and state laws, specifying the dosage and the quantity prescribed.
Storage Requirements: These substances must be securely stored to prevent theft, loss, and unauthorized access. Typically, this means keeping the substances in a locked cabinet or a secure storage area that is regularly monitored.
Inventory and Record Keeping: Entities that handle controlled substances must maintain accurate inventory records. These records should detail the quantities received, dispensed, wasted, or otherwise disposed of. The records help in tracking the movement of these substances and ensuring that they are used for legitimate medical purposes.
Mandatory Reporting: Contrary to the statement that controlled substances do not require special reporting, these substances actually require routine reporting to appropriate governmental agencies, such as the Drug Enforcement Administration (DEA) in the United States. The reports must include information on stock levels, transactions, and discrepancies in the inventory. This helps in monitoring and preventing the diversion of drugs to the illegal market.
Therefore, the correct assertion is that controlled substances indeed require special reporting, among other regulatory obligations. This oversight is crucial for maintaining the integrity of healthcare practices and safeguarding public health.

Question: 7

According to OSHA, what is the first step to be observed when employees eyes come in contact with microorganisms or hazardous materials?

A. Call 911.
B. Flush eyes with water.
C. Take an antibiotic.
D. Blink rapidly to remove the material.

Answer: B

Explanation:
According to the Occupational Safety and Health Administration (OSHA), the initial response when an employee's eyes come into contact with microorganisms or hazardous materials is to flush the eyes with water. This immediate action is crucial as it helps to minimize the potential damage and discomfort caused by the contaminants. The process of flushing the eyes involves using a steady stream of water to wash out the hazardous substances. This should be done as quickly as possible to effectively reduce the exposure and limit the risk of serious injury or infection.
The rationale behind this protocol is based on the need to dilute and remove the hazardous materials from the eye area before they can cause more severe harm. The presence of chemicals, biological

agents, or other harmful materials can lead to irritation, chemical burns, or even more serious conditions such as blindness if not promptly and properly addressed. Flushing the eyes provides an immediate way to cleanse the area, thereby reducing the concentration of the harmful substance.
It is recommended that the flushing process should continue for at least 15 minutes, using clean, lukewarm water if available. This duration ensures that the eyes are thoroughly rinsed, and any residual hazardous material is washed away. Employees should be trained on how to use emergency eyewash stations effectively, which are typically required in workplaces where there is a risk of exposure to harmful substances.
Following the initial flushing, it is advisable to seek medical attention, especially if the irritation or pain persists, or if the visual clarity is affected. Professional medical evaluation is crucial as some chemical injuries might not show immediate symptoms, or there might be particles trapped under the eyelids that require professional removal.
In summary, the first step according to OSHA when employees' eyes come into contact with microorganisms or hazardous materials is to flush the eyes with water. This immediate action is essential in mitigating the effects of the exposure and is a critical component of workplace safety protocols. Further medical evaluation should be pursued as necessary, depending on the severity and persistence of symptoms following the incident.

Question: 8

Which of the following is NOT true of lower incisors?

A. The have a prominent basal ridge.
B. They may be worn down by contact with upper teeth.
C. They are somewhat beveled.
D. They have no cingulum.

Answer: A

Explanation:
To answer the question of which statement is NOT true about lower incisors, we need to evaluate each statement provided in the context of dental anatomy:
The first statement says, "They have a prominent basal ridge." This statement is NOT true. In dental anatomy, lower incisors typically do not have a prominent basal ridge. A basal ridge is more commonly found on molars, not incisors. Lower incisors are characterized by their smooth, flattened lingual surface, which makes the statement incorrect.
The second statement, "In the lower incisors, the cingulum is absent," is true. The cingulum, a raised, rounded area on the lingual surface of the tooth, is generally absent in lower incisors. This feature is more prominent in upper incisors and canines.
The third statement, "The lower incisors, particularly the central incisors, are the smallest of all the incisors," is also true. Among all incisors, the mandibular central incisors are typically the smallest in terms of dimensions.
The fourth statement, "They are somewhat beveled, as they are worn down by contact with upper teeth," reflects a true characteristic. Lower incisors often show signs of bevelling on their incisal edges due to occlusal wear from the opposing upper teeth.

In summary, the statement about lower incisors having a "prominent basal ridge" is not true and is the correct answer to the question. The other statements accurately describe typical features of lower incisors in human dental anatomy.

Question: 9

Areas that may be touched in the radiation room that need to be disinfected, are MOST likely touched by whom?

A. The dentist.
B. The patient.
C. The assistant.
D. The operator.

Answer: D

Explanation:
In radiation rooms, where procedures involving radiographic equipment are performed, maintaining a sterile environment is crucial to prevent the spread of infections. Among the individuals who access this room, the operator, often a radiologic technologist, dental hygienist, or other healthcare professional, is the most likely to touch various surfaces and equipment.
The operator is responsible for handling the radiographic equipment, adjusting machinery, positioning patients, and manipulating controls to obtain the necessary diagnostic images. This active role requires the operator to come into contact with more surfaces within the radiation room compared to patients or other personnel, such as dentists or assistants who might only be present intermittently or have less direct interaction with the equipment.
Given the frequency and variety of surfaces touched by the operator—from control panels, and door handles, to patient support devices—it is imperative that these surfaces are thoroughly disinfected. This practice helps to prevent any potential cross-contamination that can occur if microorganisms are transferred from one surface to another. Regular disinfection after each patient ensures that the environment remains safe and sterile for both healthcare providers and patients.
In summary, due to the nature of their duties, operators in radiation rooms interact with numerous surfaces, making them the primary individuals whose touch points need to be regularly disinfected to maintain optimal hygiene and safety standards in medical settings.

Question: 10

Which type of floss is less likely to shred on a patient who has tight contact points?

A. PTFE floss.
B. Waxed nylon floss.
C. Unwaxed nylon floss.
D. Flavored floss.

Answer: A

Explanation:
The best type of dental floss for patients with tight contact points between their teeth is PTFE (polytetrafluoroethylene) floss. Tight contact points can make flossing challenging, as the space between the teeth is minimal, which often causes floss to shred or break. PTFE floss, known for its smooth and strong single-strand design, is particularly effective in these situations. Unlike nylon floss, which is composed of multiple strands twisted together, PTFE floss does not unravel or shred easily.
PTFE floss is also known for its ability to glide smoothly between teeth, which further reduces the risk of shredding, even in areas with very tight spaces. This feature makes it a preferred choice for maintaining oral hygiene without causing discomfort or frustration that might occur with other types of floss. Moreover, because it does not shred, using PTFE floss can be more efficient and effective, ensuring that the flossing process thoroughly cleans the spaces between teeth without leaving behind fragments of floss.
In comparison, nylon floss, whether waxed or unwaxed, consists of many tiny filaments twisted together. While generally effective, when used on teeth with tight contact points, these filaments can separate and shred. Waxed nylon floss does have a coating that makes it easier to slide between tight spaces, but it still carries a higher risk of shredding compared to PTFE floss. Unwaxed nylon floss, lacking this smooth coating, is even more prone to catching and tearing.
Flavored flosses, which can be either nylon or PTFE, offer the same characteristics as their unflavored counterparts in terms of performance. The choice between flavored and unflavored floss generally comes down to personal preference and does not influence the likelihood of shredding.
Overall, for patients with tight contact points, PTFE floss is the most reliable option to ensure effective cleaning between the teeth without the inconvenience of shredding. This choice helps maintain dental hygiene routines comfortably and efficiently.

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