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Question: 1

How is calculus related to plaque?

A. It is a harder form of plaque.
B. It is a softer form of plaque.
C. Calculus advances to plaque.
D. They are not related.

Answer: A

Explanation:
Calculus, in the context of dentistry, refers to dental calculus or tartar, which is a hardened form of dental plaque. Dental plaque is a soft, sticky film that builds up on the teeth and contains bacteria. It forms naturally on tooth surfaces and along the gumline. Plaque can accumulate from food, fluids, and saliva, and it harbors bacteria that can contribute to tooth decay and gum disease.
If plaque remains on the teeth for an extended period without being removed through regular brushing and flossing, it can mineralize into calculus. This calcification process is facilitated by the calcium and phosphate ions present in saliva. As plaque absorbs these minerals, it transforms into a much harder and more crystalline form of deposit known as calculus.
Calculus is significantly harder than plaque and cannot be removed by ordinary brushing and flossing. Its rough surface further attracts more plaque and provides an ideal surface for additional plaque accumulation, compounding the problem. The presence of calculus can lead to more serious gum problems such as periodontitis if not professionally removed during dental cleanings.
Thus, the relationship between calculus and plaque is one of progression and transformation. Plaque, when left unchecked, evolves into calculus, presenting more severe dental hygiene challenges. In summary, while both are related to oral hygiene, calculus is essentially a hardened, more problematic form of plaque.

Question: 2

After about a year, when the gum and bone tissue have healed from orthodontic treatment, retainers are then worn:

A. One or two nights a week.
B. Two or three nights a week.
C. At night only.
D. Full time.

Answer: B

Explanation:

The correct answer to the question of how often retainers should be worn after about a year from the completion of orthodontic treatment is "Two or three nights a week." Let's expand on why this is recommended and the importance of retainer use post-treatment.
After orthodontic treatment, such as braces, the teeth have been moved into new positions. However, the gums and bone tissue supporting the teeth need time to adapt to these changes. Initially, retainers are worn full-time to ensure that the teeth do not revert to their original positions. Over time, as the new alignment stabilizes, the duration for wearing retainers can be reduced.
Approximately one year after the removal of braces or other fixed orthodontic appliances, the bone and gums around the teeth would have largely adapted to their new positions. However, the stabilization is not entirely permanent and the risk of teeth shifting remains. To mitigate this risk and maintain the alignment achieved through orthodontic treatment, it is advised that patients continue to wear their retainers.
The recommendation to wear retainers two or three nights a week after the first year is a balance between practicality and precaution. Wearing the retainer this frequently helps ensure that the teeth remain in their desired positions without the inconvenience of full-time wear. This reduced schedule is typically sufficient to prevent significant movement of teeth, while also being more manageable for the patient.
It's important to note that the exact retainer wear schedule can vary depending on individual factors such as the original severity of misalignment, the type of treatment performed, and how teeth have responded to the treatment. Orthodontists will provide personalized advice based on these factors.
Continued retainer use, even at a reduced frequency like two or three nights a week, is crucial for maintaining orthodontic results. Teeth have a natural tendency to shift over time, and without the use of retainers, this can lead to a gradual relapse back to their original positions, undermining the time, effort, and resources invested in orthodontic treatment. Therefore, following the orthodontist's recommendations for retainer wear is essential for long-term success.

Question: 3

Final set point for gypsum materials typically occurs _____.

A. 20-30 minutes from start of mixing.
B. 8-12 minutes after the start of mixing.
C. 35-45 minutes from the start of mixing.
D. 45-62 minutes from the start of mixing.

Answer: D

Explanation:
When discussing the final set point for gypsum materials, it's important to understand the timeline and characteristics of the setting process. Gypsum materials are commonly used in the medical, dental, and architectural fields for creating detailed, solid models from impressions. The setting of gypsum material is a critical factor that determines the quality and usability of the final cast.
The final set point refers to the stage at which the gypsum material has hardened sufficiently so that the impression or model can be separated from the casting without any distortion or damage. This point is crucial because premature removal can lead to inaccuracies and defects in the final product. For gypsum materials, this set point typically occurs between 45 and 62 minutes from the start of mixing. This time

frame allows the material to undergo a series of chemical reactions that transition it from a fluid state to a solidified form.
The process begins when water is mixed with the powdered gypsum, initiating a reaction known as hydration. During hydration, the water reacts with calcium sulfate hemihydrate present in the gypsum to form calcium sulfate dihydrate, which crystallizes to form a hard matrix. The first few minutes after mixing are critical as the material transforms from a liquid slurry to a more gel-like state in what is called the initial set.
However, reaching the initial set does not mean the material is fully set. After this stage, the material continues to harden and gain strength. By the time it reaches the final set point, typically within 45 to 62 minutes, the material has achieved sufficient rigidity and dimensional stability. This timeline ensures that the material is strong enough to handle without deforming, providing an accurate and stable reproduction of the original impression.
Understanding this timeline is vital for professionals using gypsum materials to ensure they allow enough time for the material to reach its final set point, thus guaranteeing the quality and precision of the final casts. Any deviation from this time frame could compromise the structural integrity and detail fidelity of the cast model, leading to potential errors in the application, whether it be in dental applications, architectural models, or other uses where gypsum casts are essential.

Question: 4

A commercial polishing agent which is flavored and comes premixed in jars is known as which of the following?

A. Nupro.
B. Kieselguhr.
C. ProCare.
D. Pacemaker.

Answer: A

Explanation:
The correct answer to the question about a commercial polishing agent that is flavored and comes premixed in jars is Nupro.
Nupro is a well-known brand in the field of commercial polishing agents. It is distinct because it offers a variety of flavors, which is not a common characteristic of polishing agents. This feature makes it more appealing in settings where taste could be a factor, such as in dental applications.
Additionally, Nupro is available in different levels of abrasiveness. This allows users to choose the appropriate grade depending on the sensitivity and the specific requirements of the surface being polished. The availability of options caters to a broader range of needs, enhancing its usability and effectiveness.
Another key feature of Nupro is that it is premixed and packaged in jars. This premixed formulation ensures consistency in the mixture, providing reliability in its performance. Users benefit from the convenience of not having to mix the product themselves, which can save time and reduce errors in mixing proportions.
In summary, Nupro stands out as a commercial polishing agent due to its unique flavored options, varying levels of abrasiveness, and its ready-to-use premixed packaging. These characteristics make Nupro a practical and preferred choice in various professional and commercial environments.

Question: 5

Abscesses which occur at the root of the tooth are known as which of the following?

A. Gingival abscess.
B. Periodontal abscess.
C. Periapical abscess.
D. Alveolar abscess.

Answer: C

Explanation:
Abscesses which occur at the root of the tooth are known as periapical abscesses. A periapical abscess is a localized infection that occurs at the apex, or tip, of the root of a tooth. This type of abscess typically arises due to bacterial invasion, which can happen following dental decay, trauma, or as a result of deep dental caries that reach the pulp of the tooth.
When bacteria invade the dental pulp, which contains the tooth's blood vessels, nerves, and connective tissue, it can lead to an infection that may spread down to the root of the tooth, creating an abscess at the periapical area. This manifests as a collection of pus and is often accompanied by pain, swelling, and sometimes fever and a bad taste in the mouth.
Accurate charting of abscesses, particularly periapical abscesses, in dental records is crucial for diagnosis and treatment planning. This is typically done by marking a circle at the root of the affected tooth on the dental chart. Recognizing the location of the abscess helps dentists to determine the most appropriate treatment, which may include procedures like root canal treatment to remove the infected tissue and possibly antibiotics to help control the infection.
It is important to differentiate periapical abscesses from other types of dental abscesses such as periodontal abscesses, which occur in the gums alongside the tooth and are associated with gum disease. The treatment and prognosis for different types of abscesses can vary significantly, making accurate diagnosis and charting essential for effective dental care.

Question: 6

Structures that allow the passage of X-rays and appear dark on the film are:

A. Radiopaque structures.
B. Fogged structures.
C. Shadows.
D. Radiolucent structures.

Answer: D

Explanation:
*In the context of X-ray imaging, understanding the difference between radiopaque and radiolucent structures is crucial in interpreting the results effectively. When X-rays are used to image the body or

any other object, they penetrate different materials and structures at varying degrees based on the density and composition of those materials. *
*Radiolucent structures are those that allow X-rays to pass through them with minimal absorption. This characteristic means that more X-rays reach the detection film or sensor behind the structure, resulting in a darker appearance on the X-ray film or digital image. Common examples of radiolucent materials in the human body include tissues like fat and muscles, as well as substances like air. Because these materials do not block the X-rays significantly, they are imaged as darker areas. *
*On the other hand, radiopaque structures are dense and do not allow X-rays to pass through them easily. They absorb or block the X-rays, resulting in fewer X-rays reaching the detection film or sensor. Consequently, these areas appear lighter or white on the X-ray film. Typical radiopaque materials include metals like gold and lead, as well as bone in medical imaging. These materials are effective at blocking the penetration of X-rays, thereby appearing lighter on the film. *
*It is important to note that the contrast between radiolucent and radiopaque areas is what allows for the detailed visualization of various structures in an X-ray image. This contrast helps in diagnosing a wide range of conditions and in assessing the structural integrity of various materials in non-medical applications. Understanding these differences is foundational in fields like radiology, materials science, and security screening.

Question: 7

What removes debris from roller transports?

A. Autoclave.
B. Dental fixer.
C. Clean-up film.
D. Replenisher.

Answer: C

Explanation:
In machines with roller transports, particularly in automatic machinery used in various industries like printing, photography, and healthcare, maintaining the cleanliness of the internal mechanisms is crucial for reliable operation. One of the challenges faced by these machines is the accumulation of debris, such as lint, dust, and other residual particles that can interfere with their functionality.
The correct answer to the question of what removes debris from roller transports is "Clean-up film." This material is specially designed to adhere to and remove particles and residue that might have built up on the rollers during previous operations. The use of clean-up film is a preventative maintenance practice, ensuring that the rollers remain clean without the need for more invasive cleaning procedures.
Each time the machine is turned on, the clean-up film is passed through the roller transport system. As it moves, it effectively picks up lint, dust, and other types of debris from the surfaces of the rollers. This process not only cleans the rollers but also helps in extending the operational life of the machine by preventing the build-up of materials that could potentially cause damage or inefficiency.
In contrast, other options like the autoclave, dental fixer, and replenisher serve different functions. An autoclave is used for sterilizing equipment using high pressure and steam, which is unrelated to cleaning mechanical debris. A dental fixer is a chemical solution used in the photographic processing of x-ray films, not for cleaning machinery. Similarly, a replenisher is used to maintain the chemical balance in

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solutions used for processing films in photography and does not have a cleaning function for mechanical parts.
Therefore, clean-up film is the appropriate and effective solution for removing unwanted materials from roller transports in various automatic machines, ensuring that they operate smoothly and efficiently without the hindrance of mechanical debris.

Question: 8

The choice of sealants vary according to the patient's needs. The MOST common sealant used is the:

A. Glass ionomer-based.
B. Ceramic-based.
C. Resin-based.
D. Acrylic-based.

Answer: C

Explanation:
Dental sealants are a preventive measure used to protect teeth from cavities and decay. They are commonly applied to the chewing surfaces of the back teeth (molars and premolars) where decay occurs most often. The main types of dental sealants include glass ionomer-based, ceramic-based, acrylic-based, and resin-based sealants. Each type has specific properties that make it suitable for different dental needs.
Glass ionomer-based sealants are known for their ability to release fluoride, which can help to prevent further decay. However, they are less durable compared to resin-based sealants and are more prone to wear and tear. Ceramic-based sealants are strong and aesthetically pleasing but can be more costly and less commonly used in general dental practice. Acrylic-based sealants are another option but are generally less popular due to their inferior properties compared to resin-based sealants.
Resin-based sealants are the most common type used in dental practices today. They are favored for their durability and effectiveness in sealing the deep grooves and pits in teeth. Resin-based sealants can be either filled or unfilled. Filled sealants contain small particles that make them more resistant to wear and are usually preferred for their longevity. Unfilled sealants, while slightly less durable, are still effective and may be used in certain situations depending on the dentist's assessment.
The choice of sealant largely depends on the patient's specific dental conditions and the dentist's recommendation. However, resin-based sealants are generally preferred for their balance of cost, durability, and protective capabilities. They are particularly effective in preventing tooth decay and are a reliable choice in most scenarios, which explains their widespread use in dental practices globally.

Question: 9

After applying topical ointment with an applicator, how should the applicator be disposed of if there is no visible bleeding in the area?

A. As hazardous biomedical waste.
B. In the sharps container.
C. With other non-hazardous waste.

D. In a special receptacle.

Answer: C

Explanation:
When considering the disposal of applicators used for applying topical ointments, it is important to determine the level of contamination involved. If the applicator was used on an area without any visible bleeding or open wounds, it is typically considered to be non-hazardous. This means that the risk of transmitting infectious agents is minimal.
In such cases, the used applicator can be disposed of with regular, non-hazardous waste. This method of disposal is not only practical but also aligns with standard waste management protocols which aim to minimize the risk of contamination and spread of infections. It is crucial, however, to ensure that the waste is handled according to local regulations concerning non-hazardous waste disposal to avoid environmental contamination.
On the other hand, if the applicator comes into contact with blood, bodily fluids, or other potentially infectious materials, it should be treated as hazardous biomedical waste. Such waste requires careful disposal in designated containers for infectious or hazardous waste to prevent the risk of disease transmission. This is in accordance with health and safety regulations which mandate specific handling and disposal procedures for items contaminated with infectious agents.
Therefore, for most scenarios involving topical applications where there is no visible contamination with bodily fluids, the applicator can be safely disposed of with regular non-hazardous waste. This approach helps in managing waste effectively while ensuring compliance with health safety standards.

Question: 10

A rare skin reaction to fluoride in which the patient develops raised, red area on the skin is known as which of the following?

A. Dermal fluorosis.
B. Urticaria.
C. Edema.
D. Fluorite dermatitis.

Answer: B

Explanation:
Urticaria, commonly known as hives, is a skin condition characterized by the sudden appearance of raised, red, and itchy welts on the skin. These welts can vary in size and shape, and they may appear and fade repeatedly as the reaction runs its course. Urticaria is typically caused by an allergic reaction to a substance, which the body perceives as harmful. This reaction leads to the release of histamine and other inflammatory chemicals from skin cells, which cause the blood vessels in the skin to leak fluid, leading to swelling and the formation of hives.
In rare cases, urticaria can be triggered by an allergic reaction to fluoride. Fluoride is a chemical commonly found in dental products like toothpaste and mouthwashes, and it is added to many public water supplies because of its benefits in preventing tooth decay. However, some individuals may

develop an allergic response to fluoride. When this occurs, the immune system mistakenly identifies fluoride as a threat and mounts an inflammatory response that can result in urticaria.

The symptoms of fluoride-induced urticaria are similar to those of hives resulting from other causes. The skin reaction typically involves redness, swelling, and itching. Each individual welt may last a few hours before fading, but new welts can appear as others disappear. Although uncomfortable, urticaria itself is usually not life-threatening. However, it can be associated with more severe allergic reactions, such as angioedema (deep tissue swelling) or anaphylaxis, especially if the allergic reaction is severe.

Diagnosis of fluoride-induced urticaria involves a careful assessment of the patient's history and symptoms, as well as potentially an elimination test, where fluoride-containing products are removed from the patient’s use to see if symptoms improve. In some cases, allergy testing may be conducted to confirm the sensitivity to fluoride.

Management of fluoride-induced urticaria typically involves avoiding fluoride-containing products and taking medications such as antihistamines to relieve symptoms. In cases where avoidance is not completely possible, such as with fluoride in drinking water, alternatives such as water filters or bottled water without added fluoride might be considered. It is also important for patients to inform their dentist of their fluoride allergy to avoid exposure during dental treatments.

In conclusion, while fluoride is beneficial for dental health, it can, in rare cases, cause an allergic reaction such as urticaria in sensitive individuals. Recognizing and managing this allergy is crucial for preventing recurrent episodes of hives and maintaining overall skin health.

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