International
DHA-DT
DHA Dental Technician (DHA-DT)

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Question: 1

A dental assistant normally wears prescription eyeglasses. When working chairside, she should:

A. Wear goggles not her prescription glasses while working.
B. Wear her glasses, and if necessary goggles over her glasses.
C. Wear her prescription glasses only.
D. Wear safety glasses only.

Answer: B

Explanation:
The correct approach for a dental assistant who normally wears prescription eyeglasses when working chairside is to wear her prescription glasses and, if necessary, wear goggles over her glasses. This recommendation is based on ensuring both optimal vision and safety while performing dental procedures.
Prescription glasses are designed to correct specific vision deficiencies and are crucial for the wearer to perform tasks accurately. For a dental assistant, whose job often involves working with small tools and in fine detail, clear vision is essential. Not wearing her corrective glasses could impair her ability to see clearly, potentially leading to errors and affecting the quality of care provided to patients.
However, dental procedures often involve exposure to bodily fluids, aerosols, flying debris, and chemicals, all of which pose risks to the eyes. To protect against these hazards, additional eye protection is necessary. Standard safety goggles are designed to fit over prescription glasses comfortably. These goggles help shield the eyes from splashes, sprays, and particles, thereby providing an extra layer of protection. In some cases, side shields might also be used as an alternative to goggles. Side shields are attachments to prescription glasses that enhance protection from the peripheral directions.
It is important that the goggles or side shields used offer a good fit and do not interfere with the vision correction provided by the prescription glasses. Poorly fitted goggles might slide off or cause discomfort, which could distract the assistant during dental procedures.
In summary, for a dental assistant who wears prescription glasses, it is advisable to wear these glasses at all times for clear vision. When the dental procedure involves potential eye hazards, wearing protective goggles or adding side shields provides the necessary safety measures to protect against injuries or infections. This dual approach ensures that the assistant can perform their duties effectively while maintaining both optical clarity and eye safety.

Question: 2

A patient who has just undergone dental surgery should avoid all but which of the following things for the first 24 hours post-surgery?

A. Smoking.
B. Applying ice to the jaw.

C. Drinking through a straw.
D. Placing heat on the jaw.

Answer: B

Explanation:
The question is asking about what activities a patient should avoid after dental surgery, except for one that is permissible within the first 24 hours following the procedure. Let's break down each option:
Smoking: After dental surgery, it's crucial to avoid smoking. Smoking can impede the healing process by reducing the blood flow to the surgical site, increasing the risk of infection, and delaying recovery. Therefore, smoking is definitely something to avoid in the first 24 hours post-surgery.
Applying ice to the jaw: This is the exception in the list. Applying ice or cold packs to the jaw is recommended during the first 24 hours after dental surgery. This practice helps reduce swelling and provides pain relief. The cold temperature constricts blood vessels, which can help minimize bleeding and inflammation.
Drinking through a straw: Using a straw should be avoided after dental surgery, primarily because the sucking action can dislodge the blood clot that forms at the surgery site. This clot is essential for healing, and its removal can lead to complications such as dry socket, a painful condition that can significantly delay healing.
Placing heat on the jaw: Applying heat to the jaw immediately after surgery is not recommended. Heat can increase blood flow, which might worsen swelling and bleeding in the initial hours following the procedure. It is generally advised to wait at least 24 hours before using heat packs for pain relief.
Therefore, out of the options listed, the only activity that is recommended within the first 24 hours post-dental surgery is applying ice to the jaw. The other activities listed, such as smoking, drinking through a straw, and placing heat on the jaw, should be avoided to ensure proper healing and recovery.

Question: 3

Gingiva is attached to the underlying:

A. Bone
B. Fossa
C. Fissure
D. Ligament

Answer: A

Explanation:
Gingiva, commonly referred to as gums, plays a critical role in oral health. It is the soft tissue that surrounds the teeth and covers the alveolar part of the jawbones. The primary function of the gingiva is to provide a seal around the cervical portions of the teeth, which protects the underlying bone and the periodontal ligament from bacterial invasion and injuries.
The gingiva is mainly composed of dense fibrous connective tissue covered with a mucous membrane. This tissue is firmly attached to the periosteum of the alveolar bone, making the connection between the gingiva and the bone very secure. This attachment helps maintain the integrity of the oral cavity, preventing the teeth from becoming loose and protecting the deeper structures of the mouth.

Within the gingiva, there are two distinct areas: the attached gingiva and the free gingiva. The attached gingiva is tightly bound to the underlying bone and the cementum of the teeth. It is resilient and designed to withstand the mechanical forces that occur during activities such as chewing and brushing. On the other hand, the free gingiva is the part of the gum that forms the soft cuff or collar around the neck of the tooth. Although it is not directly attached to the bone, it is flexible and allows for the slight movement of the gums that is necessary for proper cleaning of the teeth.
In summary, the gingiva is primarily attached to the underlying bone, providing essential support and protection for the teeth and the internal components of the periodontium. This attachment is crucial for maintaining oral health and for the overall stability of the teeth within the jawbone.

Question: 4

The majority of the tooth is formed with:

A. Primary dentin
B. Secondary dentin
C. Tertiary dentin
D. Triage dentin

Answer: A

Explanation:
The correct answer to the question regarding the majority composition of a tooth is "Primary dentin." Dentin is a hard substance that forms the bulk of the tooth, located beneath the outer enamel in the crown and beneath the cementum in the root.
Primary dentin is the main type of dentin that constitutes the majority of the tooth structure. It is formed during the initial development of the tooth before it erupts into the mouth. This formation process occurs before the completion of the root's development, specifically before the apical foramen (the opening at the tip of the root) is fully formed. Primary dentin continues to be deposited until the tooth reaches functional maturity.
Following primary dentin, secondary dentin is laid down after the tooth has erupted and is in function. Secondary dentin is produced at a much slower rate and is deposited throughout the life of the tooth in response to stimuli such as wear or decay. Its formation serves as a protective mechanism to reduce the pace at which the pulp chamber is exposed to potential threats.
There is also a third type known as tertiary dentin, which is formed in response to specific stimuli like trauma or cavitation. Tertiary dentin, unlike primary or secondary, is more localized and irregular, forming as a direct response to protect the pulp in cases of injury or disease.
In summary, while a tooth consists of several types of dentin throughout its lifespan, the predominant type forming the body of the tooth is primary dentin. This foundational structure is crucial for the tooth's overall integrity and function.

Question: 5

Dental health care workers can stop the transmission of bloodborne pathogens by vaccinating against:

A. Hepatitis A.

B. Hepatitis B.
C. Hepatitis C.
D. HIV.

Answer: B

Explanation:
Dental health care workers, like all healthcare professionals, are at an elevated risk of exposure to various bloodborne pathogens due to their frequent interaction with bodily fluids. Bloodborne pathogens include viruses such as hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). These pathogens can potentially be transmitted through needle sticks, cuts, abrasions, or contact with mucous membranes and non-intact skin.
Among these viruses, hepatitis B has a vaccine available which is highly effective in preventing the infection. The Centers for Disease Control and Prevention (CDC) strongly recommends that all healthcare workers, including dental health care workers, receive the hepatitis B vaccine. The vaccine provides a critical shield against HBV, which can be transmitted through exposure to infected blood and other potentially infectious materials.
Hepatitis A, while also a liver infection caused by a virus, is primarily transmitted through ingestion of contaminated food or water, and not typically through occupational exposure in dental settings. As such, while vaccination against hepatitis A is important in general, it is not specifically targeted within the context of preventing occupational bloodborne infections in dental healthcare settings.
For hepatitis C and HIV, no preventive vaccines are currently available, which further underscores the importance of the hepatitis B vaccine for healthcare workers. In the absence of vaccines for these viruses, the focus remains on adherence to standard infection control practices, such as the use of personal protective equipment (PPE), proper handling and disposal of needles and other sharp instruments, and following rigorous sterilization procedures.
Thus, the hepatitis B vaccine is a critical component of occupational health safety protocols in dental healthcare settings, effectively reducing the risk of one of the most common and serious bloodborne infections. By getting vaccinated, healthcare workers not only protect themselves but also contribute to the overall safety and health of their work environment.

Question: 6

What should the pressure of steam reach in an autoclave?

A. 15 psi.
B. 25 psi.
C. 10 psi.
D. 5 psi.

Answer: A

Explanation:
An autoclave is a pressure chamber used to carry out industrial and scientific processes requiring elevated temperature and pressure different from ambient air pressure. Autoclaves are widely used in microbiology, medicine, podiatry, tattooing, body piercing, veterinary science, mycology, dentistry, and

prosthetics fabrication. They vary in size, shape, and functionality depending on the media and tools they need to sterilize.
The pressure inside an autoclave is a critical factor for achieving successful sterilization. The standard pressure required for an autoclave to effectively sterilize tools and materials is 15 pounds per square inch (psi) above atmospheric pressure. This pressure level is necessary to raise the boiling point of water, producing steam at a temperature higher than 100 degrees Celsius. It is the combination of this high-temperature steam and pressure that allows the autoclave to kill bacteria, viruses, fungi, and spores that would otherwise be resistant to boiling water and powerful detergents.
The reason 15 psi is specified as the required pressure for effective sterilization in an autoclave is based on scientific research and practical experience. At this pressure, the steam temperature reaches approximately 121 degrees Celsius, a temperature at which most microbial life and spores are deactivated or destroyed within about 15 to 20 minutes. Maintaining this pressure and temperature for a sufficient duration ensures that the contents are adequately sterilized.
It is important to maintain this pressure consistently throughout the designated sterilization cycle time to ensure all parts of the load are properly treated. Fluctuations in pressure and temperature can lead to incomplete sterilization, potentially allowing contaminants to survive the process. This could pose significant risks, particularly in medical and laboratory settings where sterility is paramount.
Furthermore, the autoclave must be operated according to the manufacturer's specifications, including gradual heating and cooling to avoid sudden changes that might damage the autoclave or the items being sterilized. Regular maintenance and testing of the autoclave are also essential to ensure it functions at the optimal pressure and temperature settings.
In conclusion, 15 psi is the minimum pressure required in an autoclave to ensure effective sterilization. This pressure allows the autoclave to produce steam at a temperature that is high enough to kill resistant microorganisms and ensure the safety and cleanliness of the sterilized items.

Question: 7

Which of the following is a description of an ulcer?

A. Pus filled lesion.
B. Elevated mass.
C. Open sore.
D. Solid mass.

Answer: C

Explanation:
An ulcer is best described as an open sore. This type of lesion can appear on the skin or within the mucous membranes inside the body, such as in the stomach, the lining of the gastrointestinal tract, or even the mouth. Ulcers are characterized by the breaking of the skin or mucosa which leads to the exposure of underlying tissues. This exposure can result in pain, inflammation, and sometimes bleeding.
Ulcers are distinguished from other types of skin lesions due to their open, sometimes crater-like appearance. They are not elevated like some other types of skin lesions, such as nodules or papules, which means they don't rise above the level of the surrounding skin. Additionally, ulcers are not solid masses, which differentiates them from other growths like tumors or cysts.
One notable cause of ulcers, especially genital ulcers, is syphilis—a sexually transmitted infection caused by the bacterium Treponema pallidum. Syphilitic ulcers, often referred to as chancres, typically develop

during the primary stage of syphilis. These ulcers are generally painless, which can sometimes delay diagnosis and treatment. However, ulcers in different parts of the body can have various causes, ranging from bacterial or viral infections, chronic inflammation, prolonged pressure on the skin, or even due to malignancies.
Understanding the characteristics of ulcers is important for diagnosis and treatment. The presence of an ulcer can signal various health issues, some of which require immediate medical attention. It is important to observe the duration, associated symptoms, and potential risk factors when evaluating an ulcer to ensure appropriate medical management and treatment.

Question: 8

If a safelight filter is used, prolonged exposure can do what?

A. Make the image brighter.
B. Make the image clearer.
C. Not damage film emulsion.
D. Still damage film emulsion.

Answer: D

Explanation:
A safelight filter is a critical tool in photography, especially in the darkroom where photographic films and papers are developed. It is designed to emit light that does not expose photo-sensitive materials. However, the term "safelight" can be somewhat misleading as it suggests complete safety for use around all photographic materials without risk. The truth is, while safelight filters significantly reduce the risk of accidental exposure, they are not entirely foolproof.
The primary function of a safelight filter is to filter out wavelengths of light that are most likely to cause photochemical reactions within the film emulsion. These reactions are what lead to exposure. Typically, safelight filters provide illumination that allows the photographer or technician to see within the darkroom without the light affecting the photo-sensitive material. However, this is only effective under controlled conditions.
Prolonged exposure to even safelight-filtered illumination can still cause damage to film emulsion. This is because most photographic materials are sensitive to any form of light over a long period. The safelight conditions are generally tested to ensure minimal to no exposure for short durations, but when these durations are exceeded, the cumulative effect of the low-level light can activate the photochemical processes in the emulsion, leading to fogging or other forms of degradation.
It is crucial, therefore, to understand the limitations of your specific safelight setup. Different types of photographic materials and films have varying sensitivities, and safelight filters also differ in their protective capabilities based on their color and intensity. For instance, a red safelight filter is common when working with black and white materials, but even then, the exposure time under the safelight should be minimized.
To avoid damage to film emulsion, it is advisable to work efficiently in the darkroom, keeping the exposure to the safelight as brief as possible. Always turn off the safelight when it is not necessary, and consider the film or paper's specific sensitivity. Regular testing of your safelight setup can also help determine the safest working conditions, ensuring that the intensity and duration of the safelight exposure do not compromise the integrity of photographic materials.

In conclusion, while safelight filters are indispensable in providing visibility in darkrooms without immediate risk to photographic materials, prolonged exposure under safelight can still lead to damage of film emulsion. Maintaining awareness of the time spent under safelight and regularly assessing the conditions of your darkroom are essential practices to prevent unintended exposure and ensure the quality of your photographic outputs.

Question: 9

One of the three kinds of paired major salivary glands is the:

A. Buccal
B. Parotid
C. Labial
D. Lingual

Answer: B

Explanation:
The question asks to identify one of the three paired major salivary glands. The options provided are "Buccal," "Parotid," "Labial," and "Lingual." To answer this question correctly, it is essential to understand the classification and location of the major and minor salivary glands in the human body. Salivary glands are essential components of the oral cavity and play a crucial role in the digestion process, primarily by secreting saliva which helps in moistening food and initiating digestion. These glands are categorized based on their size into two main groups: major salivary glands and minor salivary glands.
The major salivary glands consist of three pairs of larger glands. These are: 1. **Parotid Glands**: These are the largest salivary glands located just in front of the ears. They primarily produce a watery secretion rich in enzymes. 2. **Submandibular Glands**: These glands are located beneath the jaw. They produce both serous fluid and mucus. 3. **Sublingual Glands**: These are the smallest of the major glands, located under the tongue, and they mainly produce mucus.
On the other hand, minor salivary glands are smaller and are scattered throughout the mucosa of the mouth and throat. These glands include those located in the buccal (cheek), labial (lips), and lingual (tongue) areas, among others. They primarily produce mucus, which helps in lubricating the oral cavity.
Given the options in the question, "Parotid" is the correct answer as it is one of the three major salivary glands. The options "Buccal," "Labial," and "Lingual" refer to locations where minor salivary glands are found, rather than naming the major glands themselves. Thus, these options do not correctly answer the question regarding the three kinds of paired major salivary glands.

Question: 10

For which of the following would you NOT use the dental lathe?

A. Polishing a cast crown.
B. Polishing a provisional crown.
C. Contouring a custom tray.
D. Polishing removable appliances.

Answer: B

Explanation:
In dental practices, a dental lathe is a versatile and essential tool used for a variety of tasks including polishing and contouring different dental materials. It is important to understand the appropriate and inappropriate uses of this equipment to ensure both the effectiveness of treatment and the longevity of the dental materials being manipulated.
Among the options provided, let's consider each task to determine where a dental lathe should not be used: 1. **Polishing a Cast Crown**: The dental lathe is perfectly suited for this task. Cast crowns, made from durable materials like metals or ceramics, require precise polishing to ensure a smooth surface that minimizes plaque accumulation and wear on opposing teeth. The dental lathe, with its powerful motor and variable speeds, can provide the high-quality polish needed for these materials. 2. **Polishing a Provisional Crown**: This is the task for which the dental lathe should NOT be used. Provisional crowns, often made from acrylic or other less durable materials compared to permanent crowns, can be damaged by the high speeds and intense friction generated by a dental lathe. These temporary crowns are more delicate and require gentler handling, typically polished manually or with less abrasive tools to avoid material degradation or distortion. 3. **Contouring a Custom Tray**: A dental lathe is also beneficial for this task. Custom trays, used in procedures like taking dental impressions, need precise contouring for a perfect fit. The lathe's ability to handle various materials allows for effective adjustment and smoothing of the tray's edges, which enhances comfort and accuracy during impression taking. 4. **Polishing Removable Appliances**: Like cast crowns, removable appliances such as dentures or orthodontic retainers are often made from materials that can withstand the rigors of a dental lathe. Polishing these appliances ensures they are smooth and free from burrs or other imperfections that could irritate oral tissues or harbor bacteria.
In conclusion, while the dental lathe is a highly useful tool for many tasks in a dental office, it is not suitable for polishing provisional crowns due to their material sensitivity and the potential for damage under high-speed operations. For all other listed tasks—polishing cast crowns, contouring custom trays, and polishing removable appliances—the dental lathe is an appropriate and effective choice.

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