

ADA AND DIRECT ACCESS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. In ADA ramp design, what does a slope of 1:12 indicate?**
 - A. 12 inches vertical for 1 inch horizontal
 - B. 1 inch vertical for every 12 inches horizontal
 - C. 6 inches vertical for every 1 inch horizontal
 - D. 1 inch vertical for every 6 inches horizontal

- 2. Which of the following is a best practice for patient communication in Direct Access?**
 - A. Do not discuss any referral processes.
 - B. Explain only the licensed dentist's opinion, not the hygienist's limits.
 - C. Clearly disclose the limits of the hygienist's authority, obtain informed consent, and explain referral processes when needed.
 - D. Provide all information only in writing after the visit.

- 3. Under Title IV, what must televisions 13 inches or larger have?**
 - A. Closed captioning is optional
 - B. CC is required for all televisions
 - C. CC capability is not required
 - D. Televisions 13 inches or larger must have CC ability

- 4. Which statement correctly describes the supervision of Direct Access procedures?**
 - A. Direct Access procedures must be performed under proper supervision by a dentist who can supervise and attest to the care plan
 - B. No supervision is required at any time
 - C. Supervision by a physician is required
 - D. Supervision is only required for radiographs

- 5. Which spaces require accessible seating in public assemblies?**
 - A. Public seating areas must include accessible seating options for individuals with disabilities.
 - B. Accessible seating is optional.
 - C. Only backstage seating require accessible.
 - D. Accessible seating is required only in theaters.

- 6. Which statement best describes accessibility signage?**
- A. Signs with high contrast, tactile characters, and Braille where appropriate; mounted at accessible heights
 - B. Signs colored in blue only
 - C. Signs placed only at doorways
 - D. Signs without any text
- 7. Why must signage have mounting height considerations as part of accessibility?**
- A. To ensure signs are readable by individuals of different heights.
 - B. To ensure signs are readable by people who stand.
 - C. To ensure signs are readable by individuals of different heights and those using wheelchairs.
 - D. To ensure signs are decorative only.
- 8. Which ADA title prohibits discrimination against individuals with disabilities in places of public accommodation and commercial facilities?**
- A. Title IV
 - B. Title II
 - C. Title III
 - D. Title I
- 9. What is Title IV's relay service and how does it support accessibility?**
- A. A video relay service enabling sign language interpretation between callers.
 - B. A text messaging service for general inquiries.
 - C. A live captioning service for audio content only.
 - D. A telecommunication relay service enabling people who are deaf or hard of hearing to communicate via a relay operator with others.
- 10. Which statement about management when a patient is improving and has no treating health care professional is correct?**
- A. It is appropriate to proceed without further referrals.
 - B. You must obtain a formal diagnosis before continuing.
 - C. You should always notify a physician before continuing.
 - D. You should discontinue PT therapy.

Answers

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1. D
2. C
3. D
4. A
5. A
6. C
7. C
8. C
9. D
10. C

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Explanations

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1. In ADA ramp design, what does a slope of 1:12 indicate?

- A. 12 inches vertical for 1 inch horizontal
- B. 1 inch vertical for every 12 inches horizontal
- C. 6 inches vertical for every 1 inch horizontal
- D. 1 inch vertical for every 6 inches horizontal**

The key idea is how to read the ratio as rise over run. A slope of 1:12 means you gain 1 inch of vertical height for every 12 inches of horizontal travel. In other words, for each foot you move forward, you rise about 1 inch, which is about an 8.3% grade. This is the standard maximum slope used in ADA ramp design to keep ramps accessible for wheelchairs. If you need to rise more than a small amount, you must add landings to keep each section within that 1:12 limit. For example, a 6-inch rise requires 72 inches (6 feet) of ramp run. The other options describe steeper or different ratios that do not match the 1:12 standard.

2. Which of the following is a best practice for patient communication in Direct Access?

- A. Do not discuss any referral processes.
- B. Explain only the licensed dentist's opinion, not the hygienist's limits.
- C. Clearly disclose the limits of the hygienist's authority, obtain informed consent, and explain referral processes when needed.**
- D. Provide all information only in writing after the visit.

In Direct Access, clear patient communication must include transparency about what the hygienist can and cannot do. The best practice is to openly disclose the limits of the hygienist's authority, obtain informed consent before moving forward, and explain what steps will happen if a referral to a dentist is needed. This approach helps patients understand who is responsible for different parts of their care, which procedures are within the hygienist's scope, and when a dentist's evaluation or intervention is required. Obtaining informed consent ensures the patient understands the proposed care, alternatives, potential risks, and benefits, so they can make a voluntary, knowledgeable decision. Explaining referral processes when necessary gives patients a clear roadmap for follow-up care, continuity of treatment, and follow-through with the appropriate clinician. Doing this builds trust, supports patient autonomy, and helps protect both the patient and the provider within the regulatory framework of Direct Access. Providing information only after the visit or focusing solely on the dentist's opinion deprives patients of timely, relevant details needed to participate actively in their care.

3. Under Title IV, what must televisions 13 inches or larger have?

- A. Closed captioning is optional
- B. CC is required for all televisions
- C. CC capability is not required
- D. Televisions 13 inches or larger must have CC ability**

Under Title IV, accessibility for people who are deaf or hard of hearing is addressed by requiring built-in closed captioning capability in TV receivers that are 13 inches or larger. This means those bigger TVs must be able to display closed captions without needing an extra device. That's why the statement that televisions 13 inches or larger must have CC ability is the right one. The other options either imply captions aren't mandatory, apply to all sizes, or say CC isn't required, which doesn't reflect the specific size threshold and built-in capability mandated by the rule.

4. Which statement correctly describes the supervision of Direct Access procedures?

- A. Direct Access procedures must be performed under proper supervision by a dentist who can supervise and attest to the care plan
- B. No supervision is required at any time
- C. Supervision by a physician is required
- D. Supervision is only required for radiographs

Direct Access procedures are carried out with a dentist overseeing the care, ensuring there's a supervising clinician who can supervise and attest to the care plan. This maintains accountability and professional responsibility for diagnosing, planning, and guiding treatment, even if the procedure can start without the dentist being present for every step. The dentist must be able to review the case, approve the plan, and attest that the care provided meets standard standards. Why the other statements don't fit: it's not correct to say no supervision is required, because the dentist remains responsible for the overall care and must supervise or attest to the plan. Supervision by a physician isn't the typical model in dentistry, since dentists lead dental care decisions. And supervision isn't limited to radiographs; Direct Access encompasses a broader range of procedures that still require dentist oversight and validation of the treatment plan.

5. Which spaces require accessible seating in public assemblies?

- A. Public seating areas must include accessible seating options for individuals with disabilities.
- B. Accessible seating is optional.
- C. Only backstage seating require accessible.
- D. Accessible seating is required only in theaters.

Public seating areas must include accessible seating options for individuals with disabilities. This reflects the ADA requirement that venues open to the public provide accessible seating distributed throughout the seating area, with spaces for wheelchair users and accompanying persons, plus unobstructed routes and proper sightlines. These rules apply to a wide range of public assembly venues— theaters, arenas, stadiums, auditoriums, concert halls, and similar spaces—not just one type or backstage areas. Accessibility isn't optional and isn't limited to theaters, so ensuring accessible seating across public assembly spaces ensures equal access for everyone attending events.

6. Which statement best describes accessibility signage?

- A. Signs with high contrast, tactile characters, and Braille where appropriate; mounted at accessible heights
- B. Signs colored in blue only
- C. Signs placed only at doorways
- D. Signs without any text

Accessibility signage should be legible and usable by people with a range of abilities. It should combine clear visual design with tactile access: high contrast for quick visual reading, and tactile characters with Braille where appropriate so someone who cannot see can read by touch. Signs must be mounted at accessible heights so individuals in wheelchairs or with limited reach can read them without strain. Color alone isn't enough, since color vision deficiencies and lighting conditions can hide important information, so signs shouldn't rely on color as the sole cue. They should include text (and simple symbols) and be placed at multiple decision points throughout a space, not only at doorways, to guide people effectively.

7. Why must signage have mounting height considerations as part of accessibility?

- A. To ensure signs are readable by individuals of different heights.
- B. To ensure signs are readable by people who stand.
- C. To ensure signs are readable by individuals of different heights and those using wheelchairs.**
- D. To ensure signs are decorative only.

Signage must be readable and reachable by people at different heights and with mobility devices. Mounting signs at the appropriate height ensures that someone standing can read the information, while someone seated in a wheelchair or with limited reach can also access the text and any tactile features like raised letters or Braille. This inclusive placement aligns with accessibility expectations that information be perceivable and usable by a broad range of users, not just those who stand. If a sign is placed too high or too low, it becomes inaccessible to wheelchairs and others who can't align with a tall, standing reading height, which is why including both height variations and wheelchair users is essential. The option that focuses only on standing readers or describes the sign as decorative misses the core goal of making information usable by all.

8. Which ADA title prohibits discrimination against individuals with disabilities in places of public accommodation and commercial facilities?

- A. Title IV
- B. Title II
- C. Title III**
- D. Title I

Title III prohibits discrimination on the basis of disability in places of public accommodation and commercial facilities. This means private businesses and places that are open to the public—like restaurants, hotels, stores, theaters, doctors' offices, gyms, and similar facilities—must be accessible to people with disabilities and must make reasonable modifications to policies and practices to accommodate them. It also covers requirements for accessible design in new construction and major alterations, along with steps to remove barriers when readily achievable or provide alternatives if removal isn't possible. The focus here is on access and equal enjoyment of services by the general public in those private spaces. The other titles address different areas: Title II covers state and local government programs and services; Title I protects employment rights for individuals with disabilities; Title IV deals with telecommunications accessibility. So the one that specifically targets public accommodations and commercial facilities is Title III.

9. What is Title IV's relay service and how does it support accessibility?

- A. A video relay service enabling sign language interpretation between callers.
- B. A text messaging service for general inquiries.
- C. A live captioning service for audio content only.
- D. A telecommunication relay service enabling people who are deaf or hard of hearing to communicate via a relay operator with others.**

Title IV relay service is a telecommunications relay service designed to help people who are deaf or hard of hearing communicate with others. It works through a relay operator who facilitates the conversation, relaying messages between the user and the other party so both sides can participate in real time. Depending on the needs and mode, the user might speak and the operator types, or the user types and the operator voices the message, enabling two-way communication over standard phone networks or internet calls. This setup directly removes barriers to telephone conversations for those with hearing or speech disabilities. The other options describe specific formats or narrower services, such as sign-language video interpretation, captioning, or general texting, but the essential Title IV service is the relay operator-enabled communication itself.

10. Which statement about management when a patient is improving and has no treating health care professional is correct?

- A. It is appropriate to proceed without further referrals.
- B. You must obtain a formal diagnosis before continuing.
- C. You should always notify a physician before continuing.**
- D. You should discontinue PT therapy.

When there isn't an ongoing treating health care professional, you must notify a physician before continuing therapy. This ensures medical oversight and safe, coordinated care, because there could be medical factors or changes in the patient's condition that would alter the plan of care. Even though the patient is improving, informing a physician helps address any new symptoms, risks, or needs for referral, and it clarifies who is responsible for medical decisions. Therefore, the best approach is to notify a physician before continuing. Proceeding without any medical input isn't appropriate, since there's no one to confirm medical stability or authorize further treatment. Requiring a formal diagnosis before continuing isn't necessary in this context—the focus is on securing medical oversight for ongoing care. Discontinuing PT therapy isn't warranted simply because there's no treating professional, and discontinuation would deprive the patient of beneficial care.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://adadirectaccess.examzify.com>

We wish you the very best on your exam journey. You've got this!

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