

ADEX OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which condition is often characterized by cystic bone lesions, also known as Recklinghausen's disease?**
 - A. Hypoparathyroidism
 - B. Hyperparathyroidism
 - C. Paget's disease
 - D. Osteoporosis
- 2. What is the minimum space requirement for a locator implant overdenture?**
 - A. 10-12 mm
 - B. 8.5 mm
 - C. 13-14 mm
 - D. 15 mm
- 3. Which syndrome is characterized by micrognathia and glossoptosis, often leading to airway complications?**
 - A. DiGeorge's syndrome
 - B. Pierre Robin syndrome
 - C. Achondroplasia
 - D. Cystic fibrosis
- 4. What is characteristic of fibrous dysplasia?**
 - A. Presence of scarring tissue replacing bone
 - B. High occurrence of radiolucent lesions
 - C. Necrotic bone tissue
 - D. Marked inflammation of surrounding tissues
- 5. What is a common feature of adenoid cystic carcinoma?**
 - A. Typically located in the jawbone
 - B. Commonly found in minor salivary glands
 - C. Associated primarily with the mandible
 - D. Rapid growth and metastasis

- 6. What disease is primarily associated with delayed tooth eruption and retention of primary teeth?**
- A. Osteomalacia
 - B. Cleft palate
 - C. Cleidocranial dysplasia
 - D. Hypophosphatasia
- 7. In Dentinal dysplasia type 1, which of the following is consistently seen?**
- A. Normal length roots
 - B. Thistle-shaped pulp chamber
 - C. No roots
 - D. Presence of pulp necrosis
- 8. What is the most common cause of hypoparathyroidism?**
- A. Accidental excision during thyroidectomy
 - B. Congenital DiGeorge's syndrome
 - C. Autoimmune disease
 - D. Vitamin D deficiency
- 9. What is the required rest seat depth at the marginal ridge?**
- A. 1 mm
 - B. 1.5 mm
 - C. 2 mm
 - D. 2.5 mm
- 10. Which of the following statements about monostotic fibrous dysplasia is correct?**
- A. Affects multiple bones simultaneously
 - B. Involves only a single bone
 - C. Always results in significant pain
 - D. Only occurs in the mandible

Answers

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

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Explanations

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1. Which condition is often characterized by cystic bone lesions, also known as Recklinghausen's disease?

- A. Hypoparathyroidism
- B. Hyperparathyroidism**
- C. Paget's disease
- D. Osteoporosis

Recklinghausen's disease, also known as neurofibromatosis type 1, is characterized by various manifestations, including the presence of cystic bone lesions. However, the condition commonly associated with cystic bone lesions in the context of hyperparathyroidism is actually not Recklinghausen's disease but rather related to the effects of elevated parathyroid hormone (PTH) levels on bone metabolism. Hyperparathyroidism leads to increased osteoclastic activity, resulting in bone resorption and the development of bone lesions, which may appear cystic or as brown tumors. These lesions are often a direct consequence of the overactivity of the parathyroid glands, leading to disturbances in the calcium and phosphate balance in the body, and subsequently affecting bone structure. While other conditions listed, such as osteoporosis and Paget's disease, do involve alterations in bone density and structure, they do not specifically relate to the cystic lesions seen in hyperparathyroidism, which result from pathological changes associated with increased PTH levels. Hypoparathyroidism is characterized by low PTH levels and is not associated with the hyper-resorptive changes seen in hyperparathyroidism.

2. What is the minimum space requirement for a locator implant overdenture?

- A. 10-12 mm
- B. 8.5 mm**
- C. 13-14 mm
- D. 15 mm

The minimum space requirement for a locator implant overdenture is 8.5 mm. This measurement takes into consideration the necessary dimensions for the locator attachment system to function properly, including the space required for the implant itself, the vertical height of the abutment, and the overdenture base. Ensuring adequate space is crucial for the proper placement of the implant as well as for the retention and stability of the overdenture. Inadequate space may lead to complications with the fit and function of the overdenture, potentially affecting patient comfort and satisfaction. Thus, achieving a minimum of 8.5 mm is essential for successful treatment outcomes with locator implant overdentures.

3. Which syndrome is characterized by micrognathia and glossoptosis, often leading to airway complications?

- A. DiGeorge's syndrome
- B. Pierre Robin syndrome**
- C. Achondroplasia
- D. Cystic fibrosis

Pierre Robin syndrome is characterized by a specific triad of features, including micrognathia (a congenital condition where the jaw is smaller than normal), glossoptosis (downward displacement or retraction of the tongue), and often has associated cleft palate. These anatomical abnormalities can significantly impact the airway, leading to complications such as obstructive sleep apnea or respiratory distress, especially in neonates. In this syndrome, the underdevelopment of the mandible leads to the tongue being positioned further back in the oropharynx, which can obstruct the airway. This presents significant challenges at birth and requires careful management to ensure adequate ventilation and feeding. Other syndromes listed may have their own unique characteristics, but they do not typically present with the combination of micrognathia and glossoptosis that is most definitive for Pierre Robin syndrome. This makes Pierre Robin syndrome the correct answer in the context of airway complications associated with these specific features.

4. What is characteristic of fibrous dysplasia?

- A. Presence of scarring tissue replacing bone**
- B. High occurrence of radiolucent lesions
- C. Necrotic bone tissue
- D. Marked inflammation of surrounding tissues

Fibrous dysplasia is characterized by the replacement of normal bone tissue with fibrous tissue, which can lead to the formation of lesions that are radiolucent on imaging studies. This change results in a bone that is weaker and more prone to deformity or fracture. The condition does not primarily involve inflammation or necrosis; rather, its hallmark is the abnormal accumulation of fibrous tissue within the bones, leading to a specific clinical and radiographic appearance. The presence of scarring tissue substituting normal bone in fibrous dysplasia is what distinguishes it from other bone pathologies. The fibrous tissue may also contain immature bony trabecular elements, but it does not exhibit the characteristics of a true bone regenerate or mature bone structure. This unique presentation affects how the condition is diagnosed and managed, emphasizing the importance of recognizing the underlying histopathological changes.

5. What is a common feature of adenoid cystic carcinoma?

- A. Typically located in the jawbone
- B. Commonly found in minor salivary glands**
- C. Associated primarily with the mandible
- D. Rapid growth and metastasis

Adenoid cystic carcinoma is a type of cancer that often arises from glandular tissues. One of the most distinctive and common features of this carcinoma is its frequent occurrence in minor salivary glands. These glands are scattered throughout various tissues in the oral cavity, including the palate and the upper respiratory tract. The tumor is known for its slow growth and propensity to invade surrounding tissues, but it can present in a variety of locations, with the minor salivary glands being a significant site for the development of this cancer. The fact that adenoid cystic carcinoma typically arises from minor salivary glands rather than being predominantly associated with other structures, such as the jawbone or the mandible, highlights its unique presentation in the realm of head and neck neoplasms. Understanding this characteristic is essential for diagnosis and management, as it helps differentiate this carcinoma from other types of oral or salivary gland tumors.

6. What disease is primarily associated with delayed tooth eruption and retention of primary teeth?

- A. Osteomalacia
- B. Cleft palate
- C. Cleidocranial dysplasia**
- D. Hypophosphatasia

The correct answer is cleidocranial dysplasia, which is a genetic disorder that significantly impacts the development of bones and teeth. One of the hallmark features of this condition is the delayed eruption of permanent teeth and the retention of primary teeth. Individuals with cleidocranial dysplasia often have missing or underdeveloped collars on their teeth due to the abnormal development of the dental follicles, leading to an overall delay in achieving the normal dental pattern. This condition is caused by mutations in the RUNX2 gene, which plays a crucial role in bone and tooth development. The clinical manifestations include not only dental abnormalities but also skeletal anomalies such as hypoplasia of the clavicles, widening of the suture lines in the skull, and features associated with short stature. Other options listed have different primary characteristics. Osteomalacia typically involves softening of the bones due to vitamin D deficiency and does not specifically relate to tooth eruption. Cleft palate primarily affects the oral cavity and may be associated with dental anomalies, but it does not specifically cause delayed eruption of teeth. Hypophosphatasia affects bone mineralization and can lead to tooth loss, but it does not specifically describe the retention of primary teeth as a key feature. Therefore, cle

7. In Dentinal dysplasia type 1, which of the following is consistently seen?

- A. Normal length roots
- B. Thistle-shaped pulp chamber
- C. No roots**
- D. Presence of pulp necrosis

In Dentinal Dysplasia Type 1, the defining characteristic is the abnormal development and morphology of the teeth, particularly affecting the roots. One of the notable features of this condition is the absence of roots, which leads to a significant effect on the overall structure of the teeth. This condition results from a developmental issue where the dental pulp does not properly form or is absent altogether, leading to the characteristic lack of roots. The other choices do not accurately represent the typical findings in Dentinal Dysplasia Type 1. For example, normal length roots or thistle-shaped pulp chambers are not consistent with this condition, as the dysplasia typically leads to very short or absent roots and abnormal root morphology. Similarly, while pulp necrosis can occur in various dental conditions, it is not a defining characteristic of Dentinal Dysplasia Type 1 and may not be present in all cases. Therefore, the presence of no roots is consistently associated with Dentinal Dysplasia Type 1 and is a direct consequence of the dental development issues inherent in this condition.

8. What is the most common cause of hypoparathyroidism?

A. Accidental excision during thyroidectomy

B. Congenital DiGeorge's syndrome

C. Autoimmune disease

D. Vitamin D deficiency

The most common cause of hypoparathyroidism is indeed accidental excision during thyroidectomy. During thyroid surgery, especially when the thyroid gland is enlarged or has nodules, there is a risk of inadvertently damaging or removing the parathyroid glands, which are responsible for regulating calcium levels. This can lead to a deficiency of parathyroid hormone (PTH) and resultant hypoparathyroidism. The context of why this is particularly relevant is that with the increased prevalence of thyroid surgeries, surgeons must be acutely aware of the potential for this complication. Effective surgical technique and identification of parathyroid glands during the procedure can significantly reduce the risk of hypoparathyroidism. While congenital conditions such as DiGeorge syndrome can cause hypoparathyroidism, they are less common compared to surgical complications. Autoimmune diseases, while they can affect parathyroid function, also do not occur as frequently as accidental excision during surgery. Vitamin D deficiency primarily leads to low calcium levels but does not directly cause hypoparathyroidism itself, which is specifically related to the dysfunction of the parathyroid glands. Therefore, the link between surgical removal or damage to the parathyroid glands during thyroid operations makes accidental excision the predominant cause in

9. What is the required rest seat depth at the marginal ridge?

A. 1 mm

B. 1.5 mm

C. 2 mm

D. 2.5 mm

The required rest seat depth at the marginal ridge is typically set at 1.5 mm. This depth is essential for several reasons in prosthodontics, particularly when designing removable partial dentures. A depth of 1.5 mm for rest seats allows for adequate support of the denture base while maintaining the necessary strength and stability required during function. It provides enough space to accommodate the rest, ensuring that it fits securely against the tooth structure without compromising the health of the supporting teeth. The depth must be sufficient to prevent stress concentrations that could lead to failure of the restoration or damage to the remaining tooth structure. Moreover, this depth helps in distributing occlusal forces evenly across the abutment teeth. It effectively minimizes the risks of pulpal irritation or periodontal issues by not over-trimming or under-preparing the tooth structure, which can happen if the rest seat is either too shallow or too deep. Understanding the importance of the correct rest seat depth at the marginal ridge is crucial for achieving an optimal fit and function in partial dentures. This ensures that the prosthesis performs well and contributes to the patient's overall oral function and health.

10. Which of the following statements about monostotic fibrous dysplasia is correct?

- A. Affects multiple bones simultaneously
- B. Involves only a single bone**
- C. Always results in significant pain
- D. Only occurs in the mandible

Monostotic fibrous dysplasia is characterized by the involvement of only a single bone, which is precisely why the correct choice in this scenario is that it involves just one bone. This condition is a type of fibrous dysplasia where abnormal fibrous tissue replaces normal bone, and it can occur in various bones throughout the body. However, when it is classified as "monostotic," it indicates that it affects one specific bone, distinguishing it from polyostotic fibrous dysplasia, which involves multiple bones. This condition can manifest in various bones, including the ribs, femur, and craniofacial bones. While it may lead to localized pain or discomfort depending on the area and extent of involvement, significant pain is not a guaranteed feature, and it may vary among individuals. Additionally, it can affect any bone in the body, and it is not restricted to the mandible. Therefore, recognizing that monostotic fibrous dysplasia pertains strictly to a single bone is crucial for understanding the nature and diagnosis of this condition.

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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:

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

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