

ADHP Cariology Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. Fluoride gels are contraindicated in children under which age?**
 - A. Under 2 years old**
 - B. Under 4 years old**
 - C. Under 5 years old**
 - D. Under 6 years old**

- 2. How much toothpaste should a child over 2 be using?**
 - A. A pea-sized amount**
 - B. A rice-grain amount**
 - C. A dab the size of a pea**
 - D. Pea-sized amount**

- 3. What does primary prevention prevent?**
 - A. Caries, gingivitis, trauma**
 - B. Caries only**
 - C. Trauma only**
 - D. Gingivitis only**

- 4. Elderly people that eat cheese several times per week had a lower incidence of root caries. Which food is associated with this reduction?**
 - A. Cheese**
 - B. Bread**
 - C. Fruit juice**
 - D. Milk**

- 5. Which indices are used to quantify caries experience in an individual?**
 - A. CPI and CAL**
 - B. DMFT and DMFS**
 - C. VPI and API**
 - D. SBI and DMH**

- 6. Which statement best describes signs of root caries?**
- A. Plaque, Sticky Surface, Surface Layer May Or May Not Be Present, Acid Dissolution is Faster Under Higher pH**
 - B. Plaque Only**
 - C. Surface Layer Absent**
 - D. Acid Dissolution Slower Under Higher pH**
- 7. Using xylitol gum or mints four times daily may help prevent transmission of cariogenic bacteria to infants. True or False?**
- A. True**
 - B. False**
 - C. Only with sugar-free gum**
 - D. Only with flavored gum**
- 8. More than 70% of initial _____ are acquired from the mother.**
- A. Oral viruses**
 - B. Fungal spores**
 - C. Streptococci**
 - D. Cariogenic bacteria**
- 9. What does tertiary prevention involve?**
- A. Limitation of disability and rehabilitation.**
 - B. Elimination of disease.**
 - C. Vaccination.**
 - D. Public health surveillance.**
- 10. Which term describes caries that occur at the margin of a previous restoration?**
- A. Beginning occlusal caries**
 - B. Occlusal caries**
 - C. Recurrent caries**
 - D. Root caries**

Answers

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

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Explanations

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1. Fluoride gels are contraindicated in children under which age?

- A. Under 2 years old**
- B. Under 4 years old**
- C. Under 5 years old**
- D. Under 6 years old**

The main idea here is safety in topical fluoride applications for young children. Fluoride gels require placing a gel-filled tray in the mouth and having the patient hold it for several minutes while the gel contacts the teeth. In children under six, swallowing the gel is common because their swallowing coordination and cooperation are limited. Ingesting fluoride at a young age can lead to fluoride toxicity and, during tooth development, an increased risk of dental fluorosis. Because of this ingestion risk, fluoride gels are avoided in this age group. Instead, safer options like fluoride varnish are used for younger children, as varnish is applied in a thin layer directly to the teeth and has a much lower chance of swallowing. For children six and older who can rinse and spit reliably, gels may be considered with proper supervision and precautions.

2. How much toothpaste should a child over 2 be using?

- A. A pea-sized amount**
- B. A rice-grain amount**
- C. A dab the size of a pea**
- D. Pea-sized amount**

For a child over two, a pea-sized amount of toothpaste is the recommended amount. This size provides enough fluoride to help prevent decay while minimizing the chance of swallowing too much fluoride during brushing. Supervising brushing so they spit out the toothpaste and avoiding vigorous rinsing afterward helps fluoride stay on the teeth longer and maximize protection. As a reference, younger children use even smaller amounts (a smear or rice-grain size), but once they're past age two, the pea-sized guideline is the standard practice.

3. What does primary prevention prevent?

- A. Caries, gingivitis, trauma**
- B. Caries only**
- C. Trauma only**
- D. Gingivitis only**

Primary prevention means stopping disease before it starts. In dentistry, this means taking steps that keep teeth and gums healthy and protect teeth from injury. It targets multiple oral health issues, not just one. For caries, fluoride applications and sealants strengthen enamel and make decay less likely. For gingivitis, education on brushing, flossing, and effective plaque control helps keep gums healthy. For trauma, protective devices like mouthguards during sports reduce the risk of chipped or knocked-out teeth. Because primary prevention covers these preventive measures across different problems, the option that lists caries, gingivitis, and trauma together best captures its scope. The other choices imply protection of only a single condition, which misses the broader aim of preventing multiple common problems.

4. Elderly people that eat cheese several times per week had a lower incidence of root caries. Which food is associated with this reduction?

A. Cheese

B. Bread

C. Fruit juice

D. Milk

Eating cheese helps protect exposed root surfaces by two key actions: it temporarily raises the pH in the mouth after a sugary or acidic exposure, and it provides calcium and phosphate that support remineralization. This buffering of acids and supply of minerals makes the dentin and cementum of roots less susceptible to demineralization, which is why elderly people who eat cheese regularly show fewer root caries. Bread mainly supplies starch that can be fermented into acids and doesn't offer the same buffering or mineral benefits. Fruit juice is acidic and tends to lower pH, promoting demineralization rather than preventing it. Milk does provide calcium and phosphate, but the specific combination of post-meal buffering plus mineral delivery that cheese offers is what aligns with the observed reduction in root caries.

5. Which indices are used to quantify caries experience in an individual?

A. CPI and CAL

B. DMFT and DMFS

C. VPI and API

D. SBI and DMH

Understanding caries experience means looking at the history of caries a person has had, not only what is currently decayed. The best way to quantify this on an individual is with DMFT and DMFS. DMFT stands for decayed, missing, and filled teeth. It counts how many teeth have ever been affected by caries—whether they are currently decayed, have been lost due to caries, or have been filled because of prior decay. DMFS works similarly but counts affected tooth surfaces rather than whole teeth, giving a more detailed view of the caries experience across the mouth. Together, these indices reflect lifetime caries experience and are widely used to compare individuals and populations. The other options focus on areas such as periodontal status (gum health) or plaque/biofilm, or on indices that measure different aspects of dental health. They do not provide a direct measure of an individual's caries experience, which is why DMFT and DMFS are the best fit.

6. Which statement best describes signs of root caries?

- A. Plaque, Sticky Surface, Surface Layer May Or May Not Be Present, Acid Dissolution is Faster Under Higher pH**
- B. Plaque Only**
- C. Surface Layer Absent**
- D. Acid Dissolution Slower Under Higher pH**

Root caries signs reflect how plaque-generated acids demineralize dentin at the root surface. The most evident signs are the buildup of plaque and a sticky, soft surface on the root. In addition, you can have a surface layer that may be present or absent depending on whether the lesion is active or arrested. The key idea is that acid dissolution of dentin speeds up as the local pH drops (becomes more acidic), not as it rises. So the statement that dissolution is faster under higher pH is not consistent with the biology; the correct relationship is faster dissolution at lower pH. Among the options, the one that includes plaque, a sticky surface, and the surface layer being variable best matches what you'd observe clinically, with the pH part needing adjustment to reflect that acids act more quickly in acidic (low pH) conditions.

7. Using xylitol gum or mints four times daily may help prevent transmission of cariogenic bacteria to infants. True or False?

- A. True**
- B. False**
- C. Only with sugar-free gum**
- D. Only with flavored gum**

Regular exposure to xylitol in the mouth can lessen the amount of cariogenic bacteria, especially *Streptococcus mutans*, that a mother harbors and can pass to her infant. Xylitol is a non-fermentable sugar alcohol—bacteria like *S. mutans* cannot metabolize it, so uptake of xylitol disrupts their energy production and growth and reduces their ability to adhere to tooth surfaces. Chewing or mints also increases saliva flow, which helps wash away bacteria and distributes xylitol in the mouth more effectively. Over time, this lowers the bacterial load in the mother's saliva and plaque, reducing the likelihood of transmission to the infant during close interactions and helping prevent early childhood caries. The benefit comes from the xylitol exposure itself, not whether the product is sugar-free or flavored, though most xylitol products are sugar-free. Four exposures daily help maintain inhibitory levels in saliva for ongoing protection.

8. More than 70% of initial _____ are acquired from the mother.

- A. Oral viruses
- B. Fungal spores
- C. Streptococci
- D. Cariogenic bacteria**

The idea being tested is how cariogenic bacteria are transmitted to a child, especially from the mother. In many kids, the first bacteria that colonize the mouth come from a caregiver's saliva, and more than 70% of initial acquisition is from the mother. The bacteria involved are cariogenic ones—primarily *Streptococcus mutans* and related species—that metabolize sugars to acids and initiate the caries process. This is why the statement points to cariogenic bacteria rather than other microbes. Why this option fits best: the phrase “cariogenic bacteria” specifically names the organisms associated with tooth decay and with early colonization that influences caries risk. The other choices don't fit the concept as directly: oral viruses and fungal spores are not the agents driving dental caries, and streptococci is too broad a category (not all streptococci are cariogenic).

9. What does tertiary prevention involve?

- A. Limitation of disability and rehabilitation.**
- B. Elimination of disease.
- C. Vaccination.
- D. Public health surveillance.

Tertiary prevention focuses on what to do once disease is already present to minimize damage and restore function. It aims to limit disability and improve quality of life through rehabilitation and ongoing management, preventing further complications. In dentistry, this means restoring damaged teeth, providing prosthetic replacements when needed, and supporting continued oral function to prevent deterioration. Elimination of disease and vaccination target preventing disease from occurring in the first place (primary prevention), while public health surveillance is about monitoring and guiding population health practices rather than reducing disability after disease has developed.

10. Which term describes caries that occur at the margin of a previous restoration?

- A. Beginning occlusal caries
- B. Occlusal caries
- C. Recurrent caries**
- D. Root caries

This question targets recognizing caries that form at the edge of a previous restoration. When a restoration is placed, microgaps at the margin or undercuts can let bacteria persist and continue demineralizing the tooth right at the boundary. The result is a new lesion that starts at or beneath the restoration margin, described as recurrent (secondary) caries. The other terms refer to caries on natural tooth surfaces not adjacent to a restoration, such as initial occlusal pit caries or root surface decay, so they don't fit the scenario. Recurrent caries is the best term because it specifically denotes decay that reappears at the site of a prior restoration.

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://adhpcariology.examzify.com>

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

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