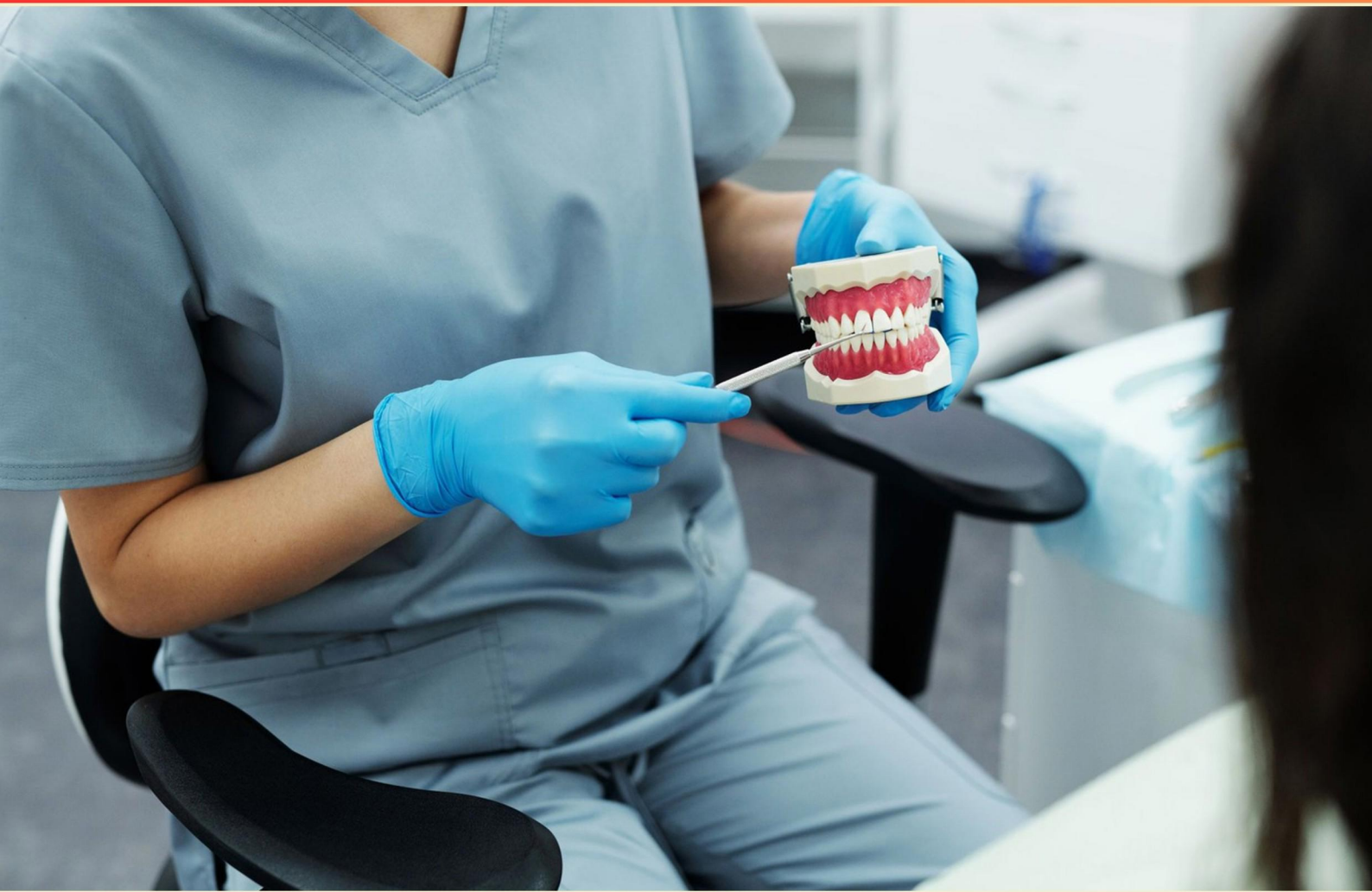


AMERICAN BOARD OF DENTAL EXAMINERS (ADEX) DENTAL HYGIENE LICENSING PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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 of the following describes dentinal dysplasia type 2?**
 - A. Thistle-shaped pulp chamber with no roots
 - B. Normal length roots with a thistle-shaped pulp chamber
 - C. Absence of the pulp chamber entirely
 - D. Short roots with large pulp chamber
- 2. What issue can cause "S" sounds to sound incorrect?**
 - A. Upper anterior teeth are too far forward
 - B. Mandibular teeth set too far posterior
 - C. Maxillary anteriors are too far palatal or palate is too thick
 - D. Denture base is too thick
- 3. Which type of clasp is appropriate for an undercut of 0.02 mm?**
 - A. Cast clasp
 - B. Wrought wire clasp
 - C. Flexible clasp
 - D. Metal clasp
- 4. Which type of gypsum is most popular today for stone dies?**
 - A. Type I
 - B. Type III
 - C. Type IV
 - D. Type V
- 5. In acute inflammation, which phase involves the release of histamine from mast cells and basophils?**
 - A. Vascular phase
 - B. Cellular phase
 - C. Hyperemic phase
 - D. Chronic phase
- 6. Where is a globulomaxillary cyst typically located?**
 - A. Between the roots of the maxillary lateral incisor and cuspid
 - B. In the posterior mandible
 - C. Above the maxillary canines
 - D. Near the mandibular incisors

7. Which drug is commonly prescribed for xerostomia?

- A. Pilocarpine
- B. Atropine
- C. Fluoride varnish
- D. Oxcarbazepine

8. What is the minimum space required between vertical components of RPD?

- A. 3 mm
- B. 4 mm
- C. 5 mm
- D. 6 mm

9. Which bone condition is associated with hyperparathyroidism?

- A. osteoporosis
- B. osteosarcoma
- C. osteomyelitis
- D. osteogenesis imperfecta

10. Which Kennedy Class describes a scenario where the dental prosthesis is supported entirely by existing teeth?

- A. Class I
- B. Class II
- C. Class III
- D. Class IV

Answers

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

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Explanations

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1. Which of the following describes dentinal dysplasia type 2?

- A. Thistle-shaped pulp chamber with no roots
- B. Normal length roots with a thistle-shaped pulp chamber**
- C. Absence of the pulp chamber entirely
- D. Short roots with large pulp chamber

Dentinal dysplasia type 2 is characterized by normal-length roots accompanied by a thistle-shaped pulp chamber. This specific morphology reflects the way dentin develops and the formation of the pulp chamber in this condition. The "thistle-shaped" appearance implies an atypical internal structure of the pulp chamber, making it distinct when compared to normal pulp chamber shapes found in healthy teeth. In contrast, other conditions or types of dentinal dysplasia may involve altered root lengths or configurations of the pulp chamber. For example, the absence of the pulp chamber entirely would indicate a more severe developmental issue that is not characteristic of type 2. Additionally, short roots with a large pulp chamber would be indicative of a different dental anomaly and does not align with the traits defined for dentinal dysplasia type 2. Similarly, a description involving roots that are absent alongside a thistle-shaped pulp chamber wouldn't accurately represent the anatomy seen in this condition. Thus, the specific features of the pulp chamber in this type of dysplasia are crucial in identifying it correctly.

2. What issue can cause "S" sounds to sound incorrect?

- A. Upper anterior teeth are too far forward
- B. Mandibular teeth set too far posterior
- C. Maxillary anteriors are too far palatal or palate is too thick**
- D. Denture base is too thick

"S" sounds, which are sibilant sounds produced by forcing air through a narrow channel formed by the tongue and the roof of the mouth, can be significantly influenced by the position of the tongue and the alignment of the teeth. When the maxillary anteriors are positioned too far palatal, it alters the oral cavity's shape and may impede the airflow necessary for producing clear "S" sounds. This positioning means that the tongue may not have adequate space to achieve the correct posture, leading to distorted or unclear sibilant sounds. Additionally, if the palate is too thick, it can further restrict the airflow and spatial configuration needed for the proper articulation of these sounds. Thus, the interplay between the dentition and the palate is crucial for accurate sound production, making this option the correct answer. In contrast, other options focus on variations in tooth positioning that may not directly interfere with "S" sound production. For instance, the anterior teeth being too far forward or the mandibular teeth being positioned too far posterior may affect bite and occlusion, but they do not necessarily impact the articulation of "S" sounds in the same way as the position of the maxillary anteriors. Similarly, a denture base that is too thick may affect

3. Which type of clasp is appropriate for an undercut of 0.02 mm?

- A. Cast clasp
- B. Wrought wire clasp**
- C. Flexible clasp
- D. Metal clasp

The appropriate choice for a 0.02 mm undercut is the wrought wire clasp. Wrought wire clasps are made from flexible materials, which allow them to adapt to slight changes in undercuts. Their ability to provide retention without being overly rigid makes them ideal for situations where a minimal undercut is present, such as 0.02 mm. Wrought wire is also known for its resilience and ability to withstand forces without deforming, making it suitable for a retentive component in removable partial dentures. This flexibility can accommodate the intricacies of oral anatomy and offers better comfort for the patient, thus making it a favored option in prosthetics where precise fit and retention are essential. In contrast, other types of clasps may not be as adaptable to such a small undercut. A cast clasp is typically more rigid and may not provide the necessary retention in this scenario. Flexible clasps are usually designed for greater undercuts or for more versatile applications, while metal clasps may not have the same degree of flexibility required for such a slight undercut.

4. Which type of gypsum is most popular today for stone dies?

- A. Type I
- B. Type III
- C. Type IV
- D. Type V**

Type IV gypsum, also known as high-strength stone or die stone, is the most popular choice for creating stone dies in dental practices. This type is preferred primarily because of its superior hardness and strength, which are essential characteristics for making precise and durable dies that can withstand the various processes involved in restorative dentistry. Type IV gypsum exhibits low expansion properties, allowing for more accurate fit of crowns, bridges, and other dental restorations. Its ability to be poured in thin sections means that it can capture fine details from dental impressions effectively, ensuring that the dies produced are both accurate and reliable for further dental work. In contrast, other types of gypsum such as Type I (impression plaster), Type III (dental stone), and Type V (high-strength, high expansion stone) have specific uses but lack the combination of strength, detail reproduction, and dimensionally stable qualities that make Type IV the preferred choice for stone dies. The unique attributes of Type IV gypsum enable the dental technician to produce higher quality work, which is crucial in achieving patient satisfaction and optimal dental outcomes.

5. In acute inflammation, which phase involves the release of histamine from mast cells and basophils?

- A. Vascular phase**
- B. Cellular phase
- C. Hyperemic phase
- D. Chronic phase

The correct choice is linked to the vascular phase of acute inflammation, during which the body responds to injury or infection by altering blood flow and increasing vascular permeability. In this phase, mast cells and basophils release histamine, a chemical mediator that causes vasodilation and increased permeability of the blood vessels. This allows essential immune cells and fluid to penetrate the affected tissues effectively, leading to redness and swelling associated with inflammation. In contrast to the vascular phase, the cellular phase involves the migration of white blood cells, such as neutrophils and macrophages, into the inflamed area to fight off pathogens and remove debris. The hyperemic phase refers to the increased blood flow to the inflamed area, a consequence of the initial vascular changes but not the specific phase in which histamine is released. The chronic phase refers to ongoing inflammation that can result from unresolved acute inflammation and typically does not involve the same initial mechanisms, including histamine release. Therefore, the vascular phase is distinctly characterized by the effects of histamine, setting the stage for subsequent biological responses in the inflammation process.

6. Where is a globulomaxillary cyst typically located?

- A. Between the roots of the maxillary lateral incisor and cuspid**
- B. In the posterior mandible
- C. Above the maxillary canines
- D. Near the mandibular incisors

A globulomaxillary cyst is typically located between the roots of the maxillary lateral incisor and the cuspid (also known as the canine). This type of cyst is considered a non-odontogenic cyst, which means it does not arise from tooth-forming tissues. Instead, it is thought to be associated with the fusion of the maxillary and medial nasal processes during embryonic development. The reason for its common presence in this specific location relates to the anatomical relationship of these teeth. The cyst can displace the roots of the adjacent teeth, leading to characteristic radiographic findings that aid in its diagnosis. Clinically, it may present as a bone lesion that can be identified through imaging studies, often appearing as a well-defined radiolucency in this region. Understanding the globulomaxillary cyst's specific positioning is crucial for dental professionals when evaluating radiographs and planning treatment, especially to differentiate it from other types of cysts or lesions that may occur in different anatomical areas.

7. Which drug is commonly prescribed for xerostomia?

- A. Pilocarpine
- B. Atropine
- C. Fluoride varnish
- D. Oxcarbazepine

Pilocarpine is commonly prescribed for xerostomia, which is a condition characterized by dry mouth due to reduced or absent saliva flow. Pilocarpine is a cholinergic agonist that stimulates the salivary glands to produce more saliva, thereby alleviating the symptoms of dry mouth. It is particularly effective for individuals who suffer from xerostomia due to conditions such as Sjögren's syndrome or as a side effect of medications. In contrast, other options do not address the core issue of xerostomia effectively. Atropine, for example, is an anticholinergic agent that actually reduces saliva production, making it unsuitable for treating dry mouth. Fluoride varnish is primarily used to prevent tooth decay rather than to increase saliva production and manage xerostomia. Oxcarbazepine is an anticonvulsant medication that does not have a role in treating dry mouth and can even contribute to the condition as a side effect. Thus, pilocarpine stands out as the appropriate choice for managing xerostomia effectively.

8. What is the minimum space required between vertical components of RPD?

- A. 3 mm
- B. 4 mm
- C. 5 mm
- D. 6 mm

The minimum space required between vertical components of a removable partial denture (RPD) is 5 mm. This dimension is crucial to ensure that the components can function effectively without interference during the movements of the jaw. Adequate space allows for the proper positioning of clasps and other components, facilitating efficient engagement during function and avoiding potential issues such as loosening or discomfort for the patient. Additionally, ensuring that there is sufficient distance between components aids in the prevention of wear or mechanical failure over time. Each consideration is vital to provide optimal support and stability for the RPD, contributing to the overall success of the prosthetic restoration. When assessing the options, the lower spacings suggested could lead to insufficient clearance, possibly resulting in complications even in routine wear of the device. Thus, establishing a minimum of 5 mm is essential in maintaining both the functionality and longevity of the removable partial denture.

9. Which bone condition is associated with hyperparathyroidism?

- A. osteoporosis**
- B. osteosarcoma
- C. osteomyelitis
- D. osteogenesis imperfecta

Osteoporosis is a bone condition that is closely associated with hyperparathyroidism due to the overproduction of parathyroid hormone (PTH). When PTH levels are elevated, it leads to increased osteoclastic activity, which results in the resorption of bone tissue. This process decreases bone density and overall bone mass, making the bones more fragile and susceptible to fractures. Hyperparathyroidism, whether it is primary or secondary, disrupts the balance of bone remodeling, favoring bone resorption over bone formation. This imbalance is a significant factor in the development of osteoporosis, particularly in postmenopausal women and individuals with chronic health conditions affecting calcium metabolism. In contrast, other conditions such as osteosarcoma, osteomyelitis, and osteogenesis imperfecta have distinct etiologies and mechanisms that do not directly involve the effects of hyperparathyroidism on bone density. Osteosarcoma is a type of bone cancer, osteomyelitis is an infection of the bone, and osteogenesis imperfecta is a genetic disorder resulting in fragile bones. Therefore, osteoporosis is the condition most directly linked to the changes induced by hyperparathyroidism.

10. Which Kennedy Class describes a scenario where the dental prosthesis is supported entirely by existing teeth?

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

The Kennedy Classification system is used to categorize various types of edentulous spaces in the mouth, specifically for removable partial dentures. Class III describes a scenario where the edentulous area is bounded anteriorly and posteriorly by natural teeth, indicating that the prosthesis is supported entirely by existing teeth. In this class, the missing teeth are not at the terminal ends of the dental arch; instead, they are situated between teeth that remain in place, allowing the partial denture to rely solely on those remaining teeth for support. This provides a stable foundation for the prosthesis and helps to evenly distribute the occlusal forces across the remaining dentition. Understanding this classification is key for dental hygiene professionals as it impacts treatment planning, design of the prosthesis, and overall management of the patient's oral health.

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://adex.examzify.com>

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

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